MEDI-CAL MANAGED CARE AND MEDICARE

This toolkit is designed to give physicians information about how Medicare billing works with Medi-Cal and how to submit crossover claims to Medi-Cal plans for Medicare patients either in Original Medicare (fee-for-service) or Medicare Advantage (MA) plans.

More information about Medi-Cal managed care is available on the Medi-Cal Managed Care Enrollment webpage. Providers can email OMII@dhcs.ca.gov with any questions.

DUAL ELIGIBLE MEMBERS IN MEDI-CAL MANAGED CARE, AND CROSSOVER CLAIMS

In 2023, dual eligible members (those with both Medicare and Medi-Cal) in all counties were required to enroll in Medi-Cal managed care plans. Medi-Cal plans now handle responsibilities previously performed by the state in some counties for the administration of Medi-Cal benefits, including payment of Medicare copays and deductibles. Patients must join a Medi-Cal managed care plan for their Medi-Cal benefits (i.e., long-term care, Medicare copays) but their physician services are still primarily covered by Medicare under the Medicare fee schedule. Medi-Cal managed care plans do not authorize Medicare physician services, and do not assign primary care physicians to dual eligible members.

Key Details:
- » Medi-Cal managed care plans are responsible for reimbursing Medicare providers for Medicare cost sharing in accordance with state Medi-Cal provisions.
- » Medi-Cal is responsible for additional benefits not covered by Medicare, such as cost-sharing, long-term care, and certain supplies or equipment.
- » **For dual eligible members enrolled in a Medi-Cal managed care plan:**
  - o Medicare providers **contracted** with a Medi-Cal managed care plan should follow that plan's specific crossover process (refer to the appropriate billing tables below).

- Medicare providers **not contracted** with a Medi-Cal managed care plan and seeking cost sharing reimbursement must contact the respective Medi-Cal plan for further instructions.
- Medicare providers do not need to be contracted with the Medi-Cal managed care plan's network to receive reimbursement for any Medicare cost sharing; however, the provider must either be an active Medi-Cal provider or use the Medi-Cal plan's administrative process for a "Crossover Only" provider.

» **For dual eligible members in Medi-Cal fee-for-service members** (not enrolled in a Medi-Cal managed care plan):

- Medicare providers can register as a "Crossover Only" through the [DHCS PAVE Provider Portal](#) to receive cost sharing reimbursement. This process is not applicable to dual eligible members enrolled in a Medi-Cal managed care plan.

CROSSOVER BILLING PROCESS

Physicians should continue their usual practice for billing Medicare services. Medicare will pay the billed charges at generally 80% of the Medicare fee schedule. Regardless of the patient's Medi-Cal plan, Medi-Cal reimbursement for Medicare claims tends to be minimal or $0 due to state law and reimbursement limitations.

It is unlawful to bill dual eligible patients for Medicare-covered services.

» Patients with Original Medicare (Fee-for-Service)

- Submit primary claims to the Medicare Administrative Contractor (MAC).

- The MAC will process these claims for Medicare payment and forward them to the patient's Medi-Cal plan (or DHCS) for secondary payment.

» Patients with Medicare Advantage (MA) Plans (including Medi-Medi Plans)

- Submit primary claims to the MA plan.

- If the patient's MA plan is the same carrier as the patient's Medi-Cal plan, the same organization may process the secondary Medi-Cal claim (see Table 2 for more details about plans that automatically cross over).

- If automatic crossover is not enabled, providers must directly bill the Medi-Cal plan for secondary payment.

AVOIDING PATIENT CONFUSION

Some dual eligible patients believe they cannot continue seeing their current Medicare physicians after enrolling in a Medi-Cal plan—this is incorrect. Patients may continue to see their current physicians even if they join a Medi-Cal plan. Medicare physicians do not need to be contracted with Medi-Cal plans to see dual eligible patients.

TABLE 1: DUAL ELIGIBLE PATIENT INSURANCE STATUS AND WHERE PHYSICIANS BILL FOR SERVICES

Patient Medicare & Medi-Cal Status	Physician Contracted with Medicare Health Plan		Physician Not Contracted with Medicare Health Plan		Amount Payable
	Medicare Physician Service Claim	Medi-Cal Wrap/Copayment Crossover Claim	Medicare Physician Service Claim	Medi-Cal Wrap/Copayment Crossover Claim	
Original Medicare Fee-For-Service (FFS) & FFS Medi-Cal	Not Applicable		Bill Medicare Directly	State Medi-Cal will automatically receive and process claims	Medicare: 80% of Medicare fee schedule. Medi-Cal: Amount allowable under state law.
Original Medicare (FFS) & Medi-Cal Managed Care Plan	Not Applicable		Bill Medicare Directly	Medi-Cal managed care plan will automatically receive and process claims	Medicare: 80% of Medicare fee schedule. Medi-Cal: Amount allowable under state law.
Medicare Advantage (MA) plan & FFS Medi-Cal	Bill MA plan	Bill State Medi-Cal directly	Bill MA plan (only for continuity of care or emergency services)	Bill State directly	Medicare: Refer to MA plan contract terms. Medi-Cal: Amount allowable under state law.
Medicare Advantage (MA) plan & Medi-Cal Managed Care Plan	Bill MA plan	Bill Medi-Cal Managed care plan (no contract required). See Table 2 for Medi-Cal claims with same parent plans that automatically process.	Bill MA plan (only for continuity of care or emergency services)	Bill Medi-Cal Managed Care Plan (no contract required). See Table 2 for Medi-Cal claims with same parent plans that automatically process.	Medicare: Refer to MA plan contract terms. Medi-Cal: Amount allowable under state law.

TABLE 2: MEDI-CAL MANAGED CARE PLAN CROSSOVER BILLING CONTACT INFORMATION

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
AIDS HEALTHCARE FOUNDATION dba Positive Health Care California Claims Department: (888) 235-9274	Los Angeles	Submit paper claims with Medicare EOB to: Attn: Claims Depart., AHF/Positive Healthcare P.O. Box 46160 Los Angeles, CA 90046 Electronic claims: Providers can electronically submit their claims as HIPAA-compliant X12 837 to our clearinghouse, Change Healthcare, submitting ID 95422. Providers must attach the Medicare EOB or RA to allow MCP to coordinate benefits under Medi-Cal.
ALAMEDA ALLIANCE FOR HEALTH AAH Provider Services: (510) 747-4510	Alameda	Submit paper claims with EOB to: P.O. Box 2460 Alameda, CA 94501
ANTHEM BLUE CROSS Provider Relations: (855) 817-5786 anthem.com/provider/contact-us/email-form/	Los Angeles, Santa Clara, Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kern, Kings, Madera, Mono, Sacramento, San Francisco, Santa Clara, Tulare, Tuolumne	Submit paper claims with Medicare EOB to: Anthem Blue Cross P.O. Box 60007 Los Angeles, CA 90060-0007 Other Crossover Claims Procedures: If a crossover claim is submitted where the member is enrolled in the same plan organization for Medicare and for Medi-Cal, the claim is routed internally for processing.

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN Provider Relations: (800) 468-9935	Los Angeles (contracted with LA Care), San Diego	Submit paper claims with Medicare EOB to: Blue Shield Promise Health Plan Exela - BSCPHP P.O. Box 272660 Chico, CA 95926 Other Crossover Claims Procedures: If a crossover claim is submitted where the member is enrolled in the same plan organization for Medicare and for Medi-Cal, the claim is routed internally for processing.
CALOPTIMA Provider Relations: (714) 246-8600	Orange	Physicians can also submit paper claims to: CalOptima CMC Crossover Claim P.O. Box 11070 Orange, CA 92856 CalOptima receives crossover claims automatically from Medicare. Other Crossover Claims Procedures: If a crossover claim is submitted where the member is enrolled in the same plan organization for Medicare and for Medi-Cal, the claim is routed internally for processing.

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
CALVIVA HEALTH Customer Contact Center: (800) 675-6110	Fresno, Kings, Madera	Submit Medi-Cal paper claims with Medicare EOB to: Cal Viva Health Claims P.O. Box 9020 Farmington, MO 63640-9020 Health Net Medicare Claims P.O. Box 9030 Farmington, MO 63640-9030 Other Crossover Claims Procedures: If a crossover claim is submitted where the member has Health Net coverage for Medicare and for Medi-Cal, the claim is routed internally for processing.
CENCAL HEALTH Claims Customer Services: (805) 562-1083	San Luis Obispo, Santa Barbara	CenCal Health receives crossover claims automatically from Medicare. Physicians can also submit paper claims with a Medicare EOB to: CenCal Health Crossover Claim P.O. Box 948 Goleta, CA 93116

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH Provider Relations: (800) 700-3874 ext. 5503	Mariposa, Merced, Monterey, San Benito, Santa Cruz	Submit Medi-Cal claims to: Central California Alliance for Health, Attn: Claims P.O. Box 660015 Scotts Valley, CA 95067-0015 and Submit for Alliance Care IHSS: Central California Alliance for Health, Attn: Claims 1600 Green Hills Rd, Suite 101 Scotts Valley, CA 95066
COMMUNITY HEALTH GROUP PARTNERSHIP PLAN Provider Relations: (619) 240-8933	San Diego	Submit Medi-Cal paper claims to: Community Health Group P.O. Box 210100 Chula Vista, CA 91921 Submit Medicare paper claims to: Community Health Group P.O. Box 210157 Chula Vista, CA 91921 Other Crossover Claims Procedures: If a crossover claim is submitted where the member is enrolled in the same plan organization for Medicare and for Medi-Cal, the claim is routed internally for processing.

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY CUSTOMER CONACT CENTER: (800) 675-6110	Imperial	Submit paper claims with Medicare to: EOB CHPIV Health Claims P.O. Box 9020 Farmington, MO 63640-9020 and Health Net Medicare Claims P.O. Box 9030 Farmington, MO 63640-9030 Other Crossover Claims Procedures: If a crossover claim is submitted where the member has Health Net coverage for Medicare and for Medi-Cal, the claim is routed internally for processing.
CONTRA COSTA HEALTH PLAN Claims Department: (877) 800-7423, option 5	Contra Costa	Submit paper claims along with all required supporting documents to: CCHP Claims Department P.O. Box 5122 Lake Forest, CA 92609

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
GOLD COAST HEALTH PLAN Provider and Member Relations: (888) 301-1228	Ventura	Submit paper claims to: Gold Coast Health Plan Attn: Claims P.O. Box 9152 Oxnard, CA 93031 Gold Coast Health Plan receives electronic crossover claims directly from Medicare.
HEALTH NET Customer Contact Center: (800) 675-6110	Amador, Calaveras, Inyo, Los Angeles, Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne	Submit paper claims with Medicare EOB to: Health Net Medi-Cal Claims P.O. Box 9020 Farmington, MO 63640-9020 and Health Net Medicare Claims P.O. Box 9030 Farmington, MO 63640-9030 Other Crossover Claims Procedures: If a crossover claim is submitted where the member has Health Net coverage for Medicare and for Medi-Cal, the claim is routed internally for processing.

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
HEALTH PLAN OF SAN JOAQUIN Customer Care: (888) 936-7526	San Joaquin, Stanislaus	Submit paper claims with Medicare EOB to: P.O. BOX 211395 Eagan, MN 55121 HPSJ receives crossover ("COBA") claims automatically from CMS's Benefits and Coordination and Recovery Center in an electronic 837 (I&P) standard claims data file. Providers can electronically submit their claims as HIPAA compliant X12 837 5010 P/I transactions through a clearinghouse, Change Healthcare, Office Alley, or Claim Remedi Inc.
HEALTH PLAN OF SAN MATEO Claims Department: (650) 616-2106	San Mateo	Submit paper claims with Medicare EOB to: Health Plan of San Mateo 801 Gateway Blvd., Suite 100 South San Francisco, CA 94080 Other Crossover Claims Procedures: HPSM receives crossover claims automatically from CMS. Where the claim is not automatically forwarded by Medicare, a paper claim with the Medicare EOB can be mailed to the address above.

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
INLAND EMPIRE HEALTH PLAN Provider Relations: (909) 890-2054	Riverside, San Bernardino	Providers can submit paper claims with Medicare EOB to: Inland Empire Health Plan P.O. Box 4259 Rancho Cucamonga, CA 91729-4259 IEHP receives crossover claims automatically from the CMS' Benefits Coordination and Recovery Center. Other Crossover Claims Procedures: If a crossover claim is submitted where the member is enrolled in the same plan organization for Medicare and for Medi-Cal, the claim is routed internally for processing.

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
KAISER PERMANENTE NCAL (800) 337-0115 SCAL (800) 390-3510	Alameda, Amador, Contra Costa, El Dorado, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Marin, Mariposa, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tulare, Ventura, Yolo, Yuba	Submit paper claims with Medicare EOB to: Kaiser Permanente Claims Administration - NCAL P.O. Box 12923, Oakland, CA 94604-2923 Kaiser Permanente Claims Administration - SCAL P.O. Box 7004, Downey, CA 90242-7004 Other Crossover Claims Procedures: If a crossover claim is submitted where the member is enrolled in the same plan organization for Medicare and for Medi-Cal, the claim is routed internally for processing. Providers can electronically submit their claims as HIPAA compliant X12 837 5010 P/I transactions to our clearinghouses (listed below by region). Providers must attach the Medicare EOB or RA to allow KP to coordinate benefits under Medi-Cal. Clearinghouses: NCAL (Sacramento) ChangeHealthcare (CHC) - 94135 Office Ally - 94135 Relay Health - RH009 SSI - NKAISERCA SCAL (San Diego) ChangeHealthcare (CHC) - 94134 Office Ally - 94134 Relay Health - 94134 SSI – SKAISERCA

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
KERN FAMILY HEALTH CARE Claims Provider Liaison Reps: (800) 391-2000	Kern	Submit paper claims, with Medicare EOB/RA to: Claims Department Kern Family Health Care P.O. Box 85000 Bakersfield, CA 93380 Kern Health Systems receives crossover claims automatically from Medicare. If claim is not received from Medicare directly: Electronic claims can be submitted via HIPAA compliant X12 837 5010 P/I transactions, with the Medicare EOB or RA, through our clearinghouses: * Change Healthcare, Office Ally, or SSI (PayerID 77039) * Cognizant (Professional PayerID: KERNH; Institutional PayerID: UERNH)

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
L.A. CARE HEALTH PLAN Provider Relations: (866) 522-2736	Los Angeles	Submit paper claims with Medicare EOB to: L.A. Care Claims Department P.O. Box 811580 Los Angeles, CA 90081 Electronic Claims: Providers can electronically submit their claims as HIPAA-Compliant X12 837 to our clearinghouse, Change Healthcare, using Payer Id: LACAR or CPIDs 5988 and 6484. Providers must attach the Medicare EOB or RA to allow MCP to coordinate benefits under Medi-Cal. Other Crossover Claims Procedures: If a crossover claim is submitted where the member is enrolled in the same plan organization for Medicare and for Medi-Cal, the claim is routed internally for processing.

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
MOLINA Provider Relations: (852) 322-4075	Los Angeles, Riverside, Sacramento, San Bernardino, San Diego	Submit paper claims with Medicare EOB to: Molina Healthcare of California PO Box 22702 Long Beach, CA 90801 Electronic claims: Providers can electronically submit their claims as HIPAA compliant ANSI X 12N format (e.g., 837I for institutional claims, 837P for professional claims, and 837D for dental claims. You may submit EDI transactions through Molina's gateway clearinghouse, SSI Group, or use a clearinghouse of your choice. Molina offers additional options for electronic claims submissions if you do not have a clearinghouse. Log onto the Availity Essentials portal (https://provider.molinahealthcare.com/) for more information. Providers must attach the Medicare EOB or RA to allow Molina to coordinate benefits under Medi-Cal. Other Crossover Claims Procedures: If a crossover claim is submitted where the member is enrolled in the same plan organization for Medicare and for Medi-Cal, the claim is routed internally for processing.

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MOUNTAIN VALLEY HEALTH PLAN Customer Care: (888) 936-7526	Alpine, El Dorado	Submit paper claims with Medicare EOB to: P.O. BOX 211395 Eagan, MN 55121 Mountain Valley Health Plan / Health Plan of San Joaquin receives crossover ("COBA") claims automatically from CMS's Benefits and Coordination and Recovery Center in an electronic 837 (I&P) standard claims data file. Providers can electronically submit their claims as HIPAA compliant X12 837 5010 P/I transactions through a clearinghouse, Change Healthcare, Office Alley, or ClaimRemedi Inc.
PARTNERSHIP HEALTH PLAN OF CALIFORNIA Claims Customer Service: (707) 863-4130	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, Yuba	Submit Paper Claims with Medicare EOB to: P.O. BOX 1368 Suisun City, CA 94585-1368 Partnership does receive crossover information electronically from Medicare currently for Professional Claims. In the future we will be able to receive institutional file types.
SAN FRANCISCO HEALTH PLAN Claims Customer Service: (415) 547-7818 ext. 7115	San Francisco	Mail claims to: SFHP P.O. Box 194247 San Francisco, CA 94119 Claims Information: https://www.sfhp.org/providers/claims/claims-submission/

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
SANTA CLARA FAMILY HEALTH PLAN Provider Relations: (408) 874-1788	Santa Clara	Paper Claims: SCFHP P.O. Box 18640 San Jose, CA 95158 Providers must attach the Medicare EOB or RA to paper claims to allow SCFHP to coordinate benefits under Medi-Cal. Providers can electronically submit their claims as HIPAA compliant X12 837 5010 P/I transactions to one of our clearinghouses—Office Ally or Change Healthcare (Payor ID 24077 for both). Other Crossover Claims Procedures: If a crossover claim is submitted where the member is enrolled in the same plan organization for Medicare and for Medi-Cal, the claim is routed internally for processing.
SCAN Health Plan SCAN Provider Portal: https://www.scanhealthplan.com/providers	Los Angeles, San Bernardino, Riverside, San Diego	SCAN Connections/Connections at Home product: Claims automatically routed internally for processing. All other SCAN Products: Medicare claims are processed by SCAN. Providers are responsible to submit Medi-Cal claims to correct Medi-Cal Plan with SCAN EOP/RA.