

# HOW TO SUBMIT CROSSOVER CLAIMS to Medi-Cal Plans

Under the **Coordinated Care Initiative (CCI)**, certain dual eligible beneficiaries who choose not to enroll in Cal MediConnect will still be mandatorily enrolled in Medi-Cal plans for their Medi-Cal benefits, including Medicare cost sharing. This document explains how physicians can bill the Medi-Cal payment portion for dual eligible beneficiaries in Medi-Cal plans.

For such beneficiaries Medicare should be billed as usual. Medicare will pay 80 percent of the Medicare fee schedule. The 20 percent copay cannot be billed to dual eligible patients. Instead, these “crossover claims” must go to the patient’s Medi-Cal plan, which will pay any amount owed under state Medi-Cal law. Please note that since 1982, state law has limited Medi-Cal’s reimbursement on Medicare claims to an amount that, when combined with the Medicare payment, does not exceed Medi-Cal’s maximum payment for similar services. Consequently, if the Medi-Cal rate is 80 percent or less than the Medicare rate for the service rendered, Medi-Cal will not pay anything on these crossover claims. In 2014, primary care services in Medi-Cal are paid at 100 percent of the Medicare fee schedule. For more information about how payment works for physicians serving beneficiaries in Medicare and a Medi-Cal plan, please see the physician payment fact sheets available at [www.CalDuals.org/providers](http://www.CalDuals.org/providers).

The CMS Coordination of Benefits Agreement (COBA) Program allows these crossover claims to go directly to the Medi-Cal plan after the claims have been submitted to Medicare. As most Medi-Cal plans are not yet participating in this automated process, the chart below outlines how Medicare providers should submit their Medi-Cal claims to each plan.

Providers should use the Medi-Cal eligibility verification system to identify a patient’s Medi-Cal plan. Learn more about this system at [www.Medi-Cal.ca.gov/Services.asp](http://www.Medi-Cal.ca.gov/Services.asp).

*Physicians do not need to be contracted with a Medi-Cal plan’s network to submit a crossover claim.*

HEALTH PLAN	CCI COUNTY PARTICIPATION	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
<b>ANTHEM BLUE CROSS</b> Provider Relations: (855) 817-5768	Santa Clara	Submit paper claims with Medicare EOB to: Anthem Blue Cross P.O. Box 60007, Los Angeles, CA 90060-0007
<b>CALOPTIMA</b> Provider Relations: (714) 246-8600	Orange	Cal Optima receives crossover claims automatically from Medicare. Physicians can also submit paper claims to: CalOptima CMC Crossover Claim P.O. Box 11070, Orange, CA 92856
<b>CARE1ST</b> Provider Relations: (323)-889-6638	Los Angeles, San Diego	Submit paper claims with Medicare EOB to: Care1st Health Plan Mail Stop: CL005 (Claims COB) 601 Potrero Grande Drive, Monterey Park, CA 91755

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<b>COMMUNITY HEALTH GROUP</b> Provider Relations: (619) 422-0422	San Diego	Submit paper claims to: Community Health Group Claims Payment 2420 Fenton street, Suite 100 Chula Vista CA 91914
<b>HEALTH NET</b> Provider Relations: (800) 675-6110	San Diego and Los Angeles	Submit paper claims with Medicare EOB to: Health Net Medi-Cal Claims P.O. Box 14598, Lexington, KY 40512  Health Net Medicare Claims P.O. Box 14703, Lexington, KY 40512  <b>Other Crossover Claims Procedures:</b> 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.
<b>HEALTH PLAN OF SAN MATEO</b> Provider Relations: (650) 616-2106	San Mateo	Submit paper claims with Medicare EOB to: HPSM 701 Gateway Blvd., Ste 400 South San Francisco, CA 94080
<b>INLAND EMPIRE HEALTH PLAN</b> Provider Relations: (909) 890-2054	Riverside, San Bernardino	Submit paper claims with Medicare EOB to: Inland Empire Health Plan P.O. Box 4259, Rancho Cucamonga, CA 91729-4259
<b>L.A. CARE HEALTH PLAN</b> Provider Relations: (213) 694-1250 ext 4719	Los Angeles	Submit paper claims with Medicare EOB to: L.A. Care Claims Department P.O. Box 811580 Los Angeles, CA 90081
<b>MOLINA</b> Provider Relations: (888) 665-4621	Riverside, San Bernardino, San Diego, and Los Angeles	Submit paper claims to: P.O. Box 22702, Long Beach, CA 90801  Electronic claims: Send EDI to: P.O. Box 22807, Long Beach, CA 90801  Electronic EDI Submission: EDI Vendor: EMDEON Emdeon Payer ID: 38333
<b>SANTA CLARA FAMILY HEALTH PLAN</b> Provider Relations: (408) 376-2000	Santa Clara	Submit paper claims with Medicare EOB to: SCFHP P.O. Box 5550, San Jose, CA 95150-5550  Electronic claims: Providers can electronically submit their claims as HIPAA compliant X12 837 5010 P/I transactions to our clearinghouse—Office Ally. Providers must attach the Medicare EOB or RA to allow SCFHP to coordinate benefits under Medi-Cal.