

Medicare crossover process involving out-of-state Blue plans

What you'll learn

- Medicare crossover background
- Process for Medicare secondary claims involving out-of-state Blue plans
- Blue Shield's support services
- Resources

Medicare crossover background

- In 2003, the Centers for Medicare & Medicaid Services (CMS) announced the development of a centralized Medicare claims crossover process for Medicare beneficiaries who have Medicare as primary healthcare coverage and a Blue plan Medicare supplement plan (or Medigap) as secondary healthcare coverage.
- Since January 1, 2008, all Blue plans have processed Medicare crossover claims for services covered under Medigap and Medicare Supplemental plans through CMS. This has resulted in automatic submission of Medicare claims to the Blue plan secondary payer to eliminate the need for provider offices or billing services to submit an additional claim to the secondary carrier. Additionally, this has also allowed Medicare crossover claims to be processed in the same manner nationwide.

Medicare crossover background

- To minimize provider frustration and dissatisfaction with Medicare crossover claims impacting Medicare beneficiaries with Blue plan coverage as their secondary coverage, the BlueCross BlueShield Association (BCBSA) Board approved an approach, effective January 1, 2008, to allow flexibility for local Blue plans to answer Medicare crossover claims questions from providers about secondary claims processed by out-of-state Blue plans.

Remember: Medicare secondary claims are handled differently from standard BlueCard® claims.



Medicare crossover basics

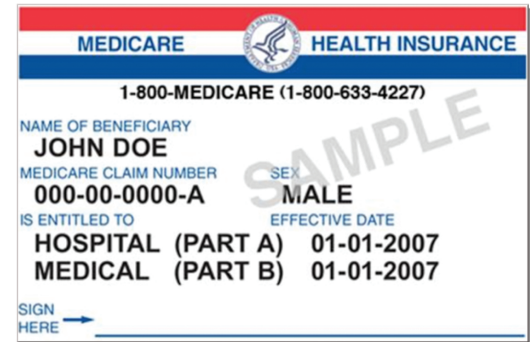
Medicare secondary claims are different from standard BlueCard claims

- **Medicare secondary claims involving out-of-state Blue plans are considered MEDICARE claims**, not BlueCard claims.
- The majority of Medicare secondary claims are processed outside of the BlueCard Program, so this explains why Blue Shield often does not have a record of Medicare secondary claims in our system.
- Medicare secondary claims are electronically sent (or “crossed over”) from California’s Medicare intermediary – Noridian Healthcare Solutions – to the Medicare beneficiaries’ Blue plans from which they get their secondary coverage.
- CMS requires that when a Medicare secondary claim has been crossed over, providers must **wait 30 calendar days** from the initial Medicare remittance date before submitting the Medicare secondary claim to the appropriate Blue plan. This will help reduce duplicate claims submissions.

Step #1: Request ID card(s)



Identify the patient's healthcare coverage by requesting and checking health ID cards. If the patient gives you a Medicare card AND a Blue plan ID card, this indicates that the patient has Medicare as their primary coverage and a Blue plan healthcare plan as their secondary coverage.



If the patient does not have ID cards available, ask them if they have Medicare coverage as well as other health plan coverage.



Step #2: Check eligibility

- For Part A and B Medicare-covered services as well as Medicare-covered **Durable Medical Equipment** services, check eligibility and benefits by accessing Noridian Healthcare Solutions, **California's Medicare intermediary**. Their online provider service site is at: www.noridianmedicare.com
- Choose the **Eligibility** tab to find information on the Medicare beneficiary's:
 - Eligibility
 - Preventive benefits
 - Inpatient coverage
 - Deductibles/caps
 - Plan coverage
- **Submit your Medicare primary claim to Noridian Healthcare Solutions**. Before submitting the claim, make sure you enter the correct Blue plan name as the secondary carrier and include the patient's complete Blue plan subscriber ID number (including the three-character prefix).

Step #3: Remittance advice

- **Over the next 14 business days, watch for receipt of the remittance advice from Noridian Healthcare Solutions.** Remark codes MA18 or N89 on the Medicare remittance will indicate that the secondary claim has been automatically forwarded (or crossed over) to the patient's Blue plan.
 - If the secondary claim was crossed over, Medicare has forwarded the claim on your behalf to the right Blue plan and the claim is being processed at the patient's Blue plan (not Blue Shield of California). There is no need to submit the secondary claim to Blue Shield of California. It may take an additional 14 to 30 business days to receive payment from the Blue plan on your secondary claim.
 - If the secondary claim was NOT crossed over, submit the secondary claim electronically to Blue Shield of California through your direct connection or clearinghouse vendor.
- **To inquire about your Medicare secondary claims, call Blue Shield's BlueCard claims unit at (800) 622-0632.** Immediately state that your call is a Medicare crossover claims inquiry. Blue Shield will answer your claims questions if we have the claims information in our system. If not, Blue Shield will transfer your call to the right Blue plan that is processing your Medicare secondary claim.

About Noridian Healthcare Solutions

- Noridian Healthcare Solutions is California's Medicare intermediary for Medicare Part A and B (Jurisdiction E) as well as for Medicare Durable Medical Equipment (DME) claims processing (Jurisdiction D).
- Their provider service website, at **www.noridianmedicare.com**, allows access to Part A, Part B, and DME Medicare claims as well as information on Medicare beneficiaries' eligibility and benefits information for their Part A, Part B, and DME coverages.
- Each jurisdiction site contains registration instructions, a thorough end-user manual, press releases and articles about Medicare claims, and education on demand modules to help you learn every aspect of using the sites and processing Medicare claims.
- For assistance, you can call Noridian Healthcare Solutions at:
 - Part A and B: (855) 609-9960
 - DME: (877) 320-0390

What if ...



You submit the primary claim to Noridian Healthcare Solutions and you haven't received a remittance advice on your initial claim submission within 14 business days?

- Check your system for any error in sending the primary claim
- Check the *Claims* or *Remittance* tabs on the Noridian Healthcare Solutions website
- Or, wait an additional 14 business days



You think the Medicare primary claim information is incorrect?

- Contact Noridian Healthcare Solutions' provider contact center by following the instructions on their respective websites.
- Submit your primary corrected claim to Medicare via Noridian.
Do not send the corrected claim to Blue Shield or another out-of-state Blue plan.



You have waited 45 days and have not yet received payment for your secondary claim from an out-of-state Blue plan?

- Contact Blue Shield's BlueCard claims unit at (800) 622-0632 and we will transfer you to the Blue plan that was sent your secondary claim.

Coordination of Benefits (COB) form

The COB form* is used to collect information from Medicare beneficiaries who have other health coverage in addition to their primary Medicare coverage.

When Medicare beneficiaries state they have Blue plan coverage in addition to Medicare primary coverage, perform one of the following two options:

1. Have the patient complete a COB form, then submit it by mail to Blue Shield's BlueCard claims unit before filing the claim.

2. Give the COB form to your patient with instructions to complete and submit the form to the member's Blue Cross Blue Shield plan.

** The COB form is located at the bottom of the Resources tab within the BlueCard Program Web page on Provider Connection at blueshieldca.com/bluecard.*

Mail completed form to:

Blue Shield of CA's BlueCard Program, P.O. Box 1505, Red Bluff, CA 96080

Blue Shield's role in the process

When Blue Shield receives a provider inquiry regarding a Medicare crossover claim, we are responsible for responding to your inquiry in this manner:

- We will take ownership of the call and respond directly to the provider if we have claim information in our system to answer your inquiry.
- If we do not have the secondary claims information in our system, we will offer one of two call options:
 - 1) A cold transfer of your call to the appropriate out-of-state Blue plan, specifically to the unit that can provide claims information. Once we connect you to a live person at the other Blue plan, the Blue Shield BlueCard representative will disconnect from the call.
 - 2) A warm transfer to the appropriate out-of-state Blue plan, specifically to the unit that can provide claims information. Once we connect you to a live person at the other Blue plan, the Blue Shield BlueCard representative will stay on the call upon the provider's request to assist with claims questions.

Per Association standards, Blue Shield is not permitted to provide the out-of-state home plan's phone number to providers.

Call our BlueCard claims unit

For Medicare crossover claims inquiries, you must call Blue Shield's BlueCard claims unit at (800) 622-0632.

- Do NOT attempt to call the Medicare beneficiary's Blue plan through the BlueCard eligibility phone number.

Call (800) 622-0632 and follow these instructions for Medicare crossover claims inquiries:

- Immediately identify that you are calling regarding a Medicare crossover claims inquiry.
- Provide details about your secondary claim to the call center representative, primarily the member's full name, date of birth, Blue plan name, and their member ID number, including the three-character prefix.
- If Blue Shield has the claim in our system, we will answer your claims inquiry.
- If Blue Shield does NOT have the claim in our system (which is often the case), you can request either a cold or warm transfer to the Medicare beneficiary's Blue plan.



Blue Shield resources to serve you

- **Medicare Crossover Directory** – This proprietary BCBSA-maintained list of Blue plans and phone numbers enables BlueCard claims unit staff to conduct cold or warm transfer calls on your Medicare crossover claim inquiries to the right Blue plan’s Medicare claims unit. The directory is refreshed weekly to ensure the accuracy of phone numbers that appear on the list.
Note: Blue Shield is not permitted to provide the out-of-state home plan’s direct phone number to providers.
- **Coordination of Benefits form** – Located at the bottom of the *Resources* tab within the BlueCard Program Web page of Provider Connection, at blueshieldca.com/bluecard.
- **BlueCard claims unit at (800) 622-0632.**



Provider resources you can use

- **Noridian Healthcare Solutions**

Jurisdiction E, Part A: <https://med.noridianmedicare.com/web/jea>

Jurisdiction E, Part B: <https://med.noridianmedicare.com/web/jeb>

Jurisdiction E, Part A and B Call Center: **(855) 609-9960**

Jurisdiction D, DME: <https://med.noridianmedicare.com/web/jddme/>

Jurisdiction D, DME Call Center: **(877) 320-0390**

- **BlueCard claims unit** for cold or warm transfer calls: **(800) 622-0632**

- **Medicare crossover claims information in Blue Shield's provider manuals**, available online at blueshieldca.com/provider

blue  of california