

## **MEDICARE CROSSOVER PAYMENTS FROM MEDI-CAL MANAGED CARE PLANS**

When an individual has two or more health insurance plans, both may be responsible for paying the same medical claim, either in part or in full. Claims billed to a secondary payer are called crossover claims. The first payer is responsible for paying their negotiated rate for the service. The second payer generally covers the patient's cost-sharing responsibility, that is, the coinsurance and deductible.

### **Background**

For clients who are eligible for both Medicare and Medi-Cal (Medi-Medi), their claims crossover from Medicare to Medi-Cal. Once Medicare has paid the rate they have set for eligible services, the claim is automatically sent to Medi-Cal for payment of the deductible and/or coinsurance. When the client is enrolled in a Medi-Cal Managed Care Plan (MCP), the MCP pays that patient responsibility.

### **What to do**

The Department of Mental Health (DMH) typically pays the full unpaid balance of crossover claims. Providers billing Short-Doyle/Medi-Cal through DMH for the full, unpaid balance on a claim that has already been crossed over are billing Medi-Cal twice for the same service. This must be avoided.

Any payment received from DMH for a service that has been paid by the client's MCP is a duplicate payment. In order to keep the payment from DMH, the provider must return the payment to the MCP. Providers willing to accept what the MCP has sent as payment in full must either void any claims that have already been submitted for that service or not submit a Medi-Cal claim to DMH for the service.