



4665 Business Center Drive
Fairfield, California 94534

Date: 11/11/20

Medi-Cal

Important Provider Notice: #410

Subject: Medicare Crossover Claims for FQHC/RHC/IHS Providers

Partnership HealthPlan of California (PHC) is participating in the Medicare Crossover Claims Process through a Coordination of Benefits Agreement (COBA) with CMS. Providers no longer have to submit paper claims for professional Part B services with the Medicare EOB attached for individuals who have Medicare fee-for-service and Medi-Cal through PHC.

Earlier this year, PHC Claims Department started receiving institutional claims billed by FQHC/RHC/IHS providers directly from the Benefits Coordination & Recovery Center (BCRC) for dual eligible members. We appreciate your patience as we continue to work through the final testing phase of the Medicare Crossover Claims Process for FQHC/RHC/IHS providers.

Due to testing and implementation delays, FQHC/RHC/IHS providers may start seeing denials on their Explanation of Payment (EOP). The denial codes you will receive are:

- **16** – Claim/service lacks information or has submission/billing error(s), which is needed for adjudication;
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- **MA04** – 2ndary pmnt cannot be considered w/o identity of/pmnt info from primary payor. Info was either not reported or illegible.

At this time, all FQHC/RHC/IHS providers are asked to continue to bill Medicare crossover claims to PHC via paper. Crossover claims denied for the reasons above can be rebilled to PHC as a paper claim, and no longer need to be submitted as a CIF.

Final COBA testing will be completed in the next few weeks and programming moved into production by the end of the year. PHC will send an update when the new process is ready for production for FQHC/RHC/IHS providers.

Additional information regarding this, please contact the PHC Claims Department at (707) 863-4130 or (800) 863-4155.