

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: CLPM-09		Lead Department: Claims	
Policy/Procedure Title: Medicare Part B Crossover Claims		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 9/1/25		Next Review Date: 01/01/2026 Last Review Date:	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees	
Reviewing Entities:	<input type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: <i>Lisa Malvo</i>			Approval Date: 09/01/2025

I. RELATED POLICIES:
A. N/A

II. IMPACTED DEPTS:
A. Claims

III. DEFINITIONS:
A. N/A

IV. ATTACHMENTS:
A. N/A

V. PURPOSE:

To provide guidance on Medicare Part B crossover claims to Providers.

VI. POLICY / PROCEDURE:

A. Electronic Crossover Claims Billing Requirements:

Medicare Part B Professional claims will pass to Partnership electronically from State Medi-Cal for Partnership providers.

At this time, the following claims will **not** cross over electronically to Partnership from State Medi-Cal.

1. Medicare Part A claims
2. Medicare Part B outpatient facility claims
3. Medicare Part A&B Long Term Care facility claims

If Medicare has denied a service or entire claim for any reason, the claim will not cross over electronically to Partnership from the State or the CMS carrier. These claims should be submitted to Partnership along with the Medicare denial.

B. Paper Crossover Claims Billing Requirements:

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Providers who submit paper Medicare secondary claims to Partnership - Claims should be billed to Partnership with the same amount billed to Medicare. If these do not match, the claim will be denied.

C. Future:

In the future, Partnership will be working directly with the Medicare carrier to obtain all crossover claims. When that occurs, Partnership will issue an Important Provider Notice and update this page of the manual.

VII. REFERENCES:

A.

VIII. DISTRIBUTION:

A. PARTNERSHIP4ME PowerDMS Policies & Procedures

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Claims Department

X. REVISION DATES: 9/1/25