



BlueCareSM
TennCare^{Select}
CoverKids

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Frequently Asked Questions for Providers Medicare Crossover Claims

Effective **Jan. 1, 2024**, we began processing Medicare crossover claims. The start date for Dual Special Needs Plan (DSNP) crossover claims has been changed to March 1, 2024. Previously, the Division of TennCare processed these claims for the Medicare and DSNP copay, coinsurance and deductible amounts.

For all claims with a date of service of Jan. 1 and beyond, providers no longer need to submit a crossover claim for Medicare or DSNP cost-share amounts. Providers can submit one claim to Medicare or the member's DSNP. That claim will automatically cross over to us, and we'll process the copay, coinsurance and deductible amounts using pricing methods defined by the Division of TennCare.

We've developed these FAQs to share more information about this transition and what it will mean for you. We hope you find the information helpful.

Q. When will we begin processing Medicare and DSNP crossover claims?

We began processing claims from traditional Medicare on Jan. 1, 2024. We'll begin processing claims from the DSNPs on March 1, 2024. At that time, all DSNP claims with a date of service of Jan. 1, 2024, or later will automatically cross over to us.

Q. Will I have to submit a secondary claim for Medicaid services not covered by Medicare?

Yes, you'll need to submit a secondary claim until further notice. We're currently working on a solution that will allow us to process any remaining Medicaid-covered services at the same time we process the cost-share amounts for Medicare or a DSNP. We'll let you know when that process is in place, and at that time, you'll no longer need to submit a secondary claim for Medicaid services.

Q. If I don't get a response on the primary claim submitted to Medicare or the patient's DSNP, should I submit a crossover claim? How long should I wait for that response?

Please wait at least 30 days before submitting a crossover claim.

Q. If I decide to submit a crossover claim or secondary claim, can I do so electronically?

Yes. Electronic submission is the preferred method for all claims submissions. You can submit claims electronically through our Secure File Gateway or our Availity[®] provider portal. Please see our BlueCare Tennessee Provider Administration Manual (PAM) for additional details about electronic billing.

Q. Can I submit paper claims?

We only accept paper claims if you're unable to submit an electronic claim due to technical difficulties or other temporary extenuating circumstances.

Q. How much will BlueCare Tennessee pay towards the Medicare/DSNP copay, coinsurance and deductible amounts?

We're using the same pricing methods used by TennCare before the transition to price the copay, coinsurance and deductible amounts.

Q. What happens if my patient is covered by BlueCare/TennCare^{Select} but has a DSNP other than BlueCare Plus?

The patient's DSNP will send the claim to BlueCare Tennessee for processing.

Q. Who will be responsible for the coinsurance and deductible amounts if a patient is a Qualified Medicare Beneficiary (QMB) member?

QMB members will be assigned to *TennCareSelect*, and the claims will cross over from Medicare or the DSNP to *TennCareSelect* for copay, coinsurance and deductible payment.

Please note: *TennCareSelect* is only responsible for the Medicare/DSNP copay, coinsurance and deductible amounts. It's not responsible for payment of any Medicaid services filed on the crossover claim that weren't covered by Medicare or a DSNP because QMB members don't have Medicaid benefits under the *TennCare* program. *TennCare* is responsible for paying the Medicare premiums, and *TennCareSelect* will process the claims containing the copay, coinsurance and deductible amounts.

Q. What if a QMB member needs a new QMB ID card?

Until further notice, please refer QMB members to *TennCare* for a new card.

Q. What's BlueCare Tennessee's Payer ID number?

Our Payer ID number is 00390.

Q. Which Subscriber ID should I use when billing claims?

If billing a claim to Medicare, please use the member's Medicare number (also referred to as the Medicare Beneficiary Identifier (MBI)). If billing a claim to the member's DSNP, please use the Subscriber ID listed on the member's DSNP card. If filing a secondary claim to BlueCare Tennessee, please file the claim with the member's BlueCare/*TennCareSelect* Member ID number.

Q. Do I need a Medicaid number to receive payment for Medicaid-covered services billed on my claims?

Yes. *TennCare* requires all providers to register for a Tennessee Medicaid number to get payment for Medicaid-covered services.

Q. The dates of service on my claim span from 2023 to 2024. Who is responsible for paying the copay, coinsurance and deductible amounts?

TennCare is responsible for paying these amounts on institutional claims spanning from 2023 to 2024. For professional claims with spanning dates of service, *TennCare* will process the claims containing the copay, coinsurance and deductible amounts for 2023. We'll be responsible for all dates of service in 2024.

Q. Do current timely filing guidelines apply to crossover claims that don't crossover from Medicare or a DSNP?

Yes. If a provider is submitting a crossover claim to BlueCare Tennessee, they must follow the timely filing guidelines in our PAM.

Q. If a Medicaid-covered service requires prior authorization, will I need to request prior authorization for claims that cross over from Medicare and the DNSPs?

Yes. If a Medicaid-covered service requires prior authorization and the services aren't covered by Medicare or a DSNP, providers must get prior authorization from us.

Q. How can I get my RA/835 and payments?

Please contact one of our Provider Service lines listed below for assistance.

Q. Who should I contact if I have additional questions?

Please call the Provider Service line for your patient's plan:

BlueCare Provider Service – 1-800-468-9736

TennCareSelect Provider Service – 1-800-276-1978

CoverKids Provider Service – 1-800-924-7141