

Crossover Only Provider Form

Crossover Only providers are those providers who are enrolled in Medicare, not enrolled in Medi-Cal, and provide services to dual-eligible beneficiaries. Dual-eligible beneficiaries are those beneficiaries who are eligible for coverage by Medicare (either Medicare Part A, Part B or both) and Medi-Cal.

Typically, claims for services rendered to dual-eligible beneficiaries are processed by Medicare and then electronically sent to Medi-Cal for the applicable cost sharing amount. If the claim does not cross over automatically from Medicare, a request for authorization to bill for the claim can be submitted directly to Medi-Cal.

Effective immediately, Medicare providers wishing to obtain authorization from Medi-Cal to submit claims for reimbursement of Medicare cost sharing amounts are not required to submit a complete application package. In accordance with 42 U.S.C. §1396a(a)(10)(E)(i), the Department of Health Care Services (DHCS) has developed MC 0804 specific to Crossover Only providers seeking authorization to bill for services rendered to a dual-eligible beneficiary **AND who DO NOT wish to enroll as a provider in Medi-Cal**. Crossover Only providers need to fill out MC 0804 and submit the completed form to DHCS in order to receive the authorization to bill Medi-Cal for cost sharing amounts.

The following reminders are provided to assist with form completion:

- **This form solely applies to Crossover Only providers seeking authorization to submit claims for reimbursement of cost sharing amounts.** If you wish to enroll as a provider in the Medi-Cal program, you must submit a complete application package. Please visit the Medi-Cal website (www.medi-cal.ca.gov) Provider Enrollment link for application requirements.
- **If you are a current Medi-Cal provider and you wish to add a Medicare number to your existing file, you can submit a Medi-Cal Supplemental Changes form (DHCS 6209).** The Medi-Cal Supplemental Changes form (DHCS 6209) can be found on the Medi-Cal website (www.medi-cal.ca.gov) Provider Enrollment link.
- Ensure that all the fields in the form are completely filled out. If a field or section does not apply to you, indicate “not applicable” or “N/A”.
- A copy of your Centers for Medicare and Medicaid Services (CMS) approval letter must be submitted with your completed form. A form cannot be processed without a CMS approval letter.
- Include an original signature on the form.
- Failure to fill out a completed form and/or failure to submit a CMS approval letter can significantly delay authorization to submit claims for reimbursement.

An MC 0804 form can be obtained by contacting the Telephone Service Center at 1-800-541-5555, or by downloading the form from the Medi-Cal website (www.medi-cal.ca.gov) by clicking the “Provider Enrollment” link. The completed form along with a copy of Medicare enrollment verification should be mailed to:

Department of Health Care Services
Provider Enrollment Division
MS 4704
P.O. Box 997412
Sacramento, CA 95899-7412