

To: Family Care providers who submit claims to Medicare:

Community Care to receive Coordination of Benefits Agreement (COBA) Medicare Part A and Medicare Part B Electronic Crossover Claims:

The Centers for Medicare and Medicaid Services (CMS) has published final regulation requiring Family Care managed care organizations (MCOs) to enter into a national Coordination of Benefits Agreement (COBA) for Medicare Part A and Medicare Part B crossover claims. CMS requires compliance with this regulation on October 1, 2020 for Family Care MCOs.

COBA Medicare Crossover Facts:

- 1) *Community Care has agreed to be a COBA trading partner with CMS.*
- 2) ***In October 2020**, Community Care's member eligibility will be sent to CMS. CMS will then automatically send electronic claims, **regardless of the date of service**, to Community Care for Medicare-enrolled members for Medicare-covered services.*
- 3) *Community Care will **only accept and process Family Care covered services** based on Family Care covered CPT-4, HCPCS and Revenue codes. Non Family Care covered codes will **NOT** be processed.*
- 4) *The provider's Medicare Remittance Advice will indicate that the claim was automatically crossed over to Community Care (**indications such as... "MA18" or Claim information forwarded to:**). When the crossed over notice appears on the Medicare Remittance Advice, **providers will NOT need to submit claims** with the Medicare Explanation of Benefits (EOMB) to Community Care.*
- 5) ***The following are cases when providers must continue to submit claims along with the EOMB to Community Care:***
 - *The automatic crossover claim is denied by Community Care and additional information is required to allow payment (such as proper dates of service, service codes, etc.)*
 - *The claim is for a member who is enrolled in Medicare and has commercial health insurance which is secondary to Medicare (e.g., Medicare Supplemental)*
 - *The claim is for a member who was not enrolled in Family Care with Community Care at the time the service was submitted to Medicare for payment, but the member was retroactively enrolled in Family Care with Community Care*
 - *The claim is for a member who is enrolled in a Medicare Advantage Plan or Medicare Cost Plan*
 - *Medicare adjusted claim*
 - *Corrected claim*
 - *When the Provider's Medicare Remittance Advice does **NOT** indicate that the claim was crossed over (**indications such as "MA18" or Claim information forwarded to:**)*