PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

Premera Provider News Flash

Medicare crossover changes for mass adjustments

In the past we have automatically processed mass adjustment to Medicare crossover claims (local and BlueCard).However, pricing and fee schedule changes from the Centers for Medicare & Medicaid Services (CMS) retroactive to Jan. 1, 2010, have placed a significant administrative burden on payers and providers, as we reprocess thousands of small dollar claims.

Effective July 11, 2011, Premera amended its Coordination of Benefits Agreement (COBA) with CMS, to exclude these mass adjustments from our crossover process.

What Does This Mean for Providers?

Premera will reprocess its current inventory of claims that had crossed over prior to amending our COBA agreement. Due to the significance of this effort, providers can expect to receive claims adjustments beginning Aug. 29, 2011, through the end of the year.

From this point forward, when you receive the remittance advice from the Medicare intermediary, check to see if the claim has been automatically forwarded (crossed over) to the secondary Blue Cross or Blue Shield plan:

- If the remittance advice indicates that the claim was crossed over, Medicare has forwarded the claim on your behalf to the appropriate Blue plan and the claim is in process. There is no need to resubmit that claim to Premera.
- If the remittance advice indicates that the claim was not crossed over, you may submit the claim to Premera with the Medicare remittance advice. Frequency code = 7 (last position of Type of Bill) should be included on the claim to indicate the claim is a replacement of a prior claim. In some cases, the member identification card may contain a Coordination of Benefits Agreements (COBA) identification number. If so, include that number on your claim.

We apologize for any inconvenience caused by this reprocessing effort.