



An independent licensee of the Blue Cross and Blue Shield Association

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# Provider Highlights

## Submission of Medicare Secondary Claims to BCBSWY

Since January 1, 2006, all Blue Cross Blue Shield Plans including Blue Cross Blue Shield of Wyoming (BCBSWY) have been required to process Medicare crossover claims for services covered under Medigap and Medicare Supplemental products received from the Centers for Medicare & Medicaid Services (CMS). This resulted in the automatic submission of Medicare secondary claims to the Blue Plan secondary payer eliminating the need for the Provider's office or billing service to submit an additional claim to the secondary carrier. Additionally, this has also allowed Medicare crossover claims to be processed more uniformly nationwide.

**Effective April 1, 2014 when a Medicare primary claim is submitted to the Medicare intermediary, BCBSWY is asking providers to wait 30 calendar days from the Medicare remittance date before submitting the secondary claim to BCBSWY. We are asking our Wyoming providers to do this in order to give the Medicare crossover claim time to be transmitted to us from Medicare and thus reduce the number of duplicate claims processed throughout the system.**

The claims you submit to the Medicare intermediary will be crossed over to BCBSWY or another Blue Plan after the claim has been processed by the Medicare intermediary. This means that the Medicare intermediary will release the claim to the Blue Plan for processing about the same time you receive the Medicare remittance advice. By allowing the Medicare crossover claim to process with BCBSWY or another Blue Plan you will reduce your office work effort and the number of duplicate claim denials on your Provider Remittance Advice.

Providers should always submit services that are covered by Medicare directly to Medicare. Even if Medicare benefits may exhaust or have exhausted, continue to submit claims to Medicare to allow for the crossover process to occur and for the member's benefit policy to be applied.

Medicare secondary claims, including those with Medicare exhaust services, that are received by BCBSWY within 30 calendar days of the Medicare remittance date or with no Medicare remittance date may not be processed and may be returned to the Provider by BCBSWY beginning April 1, 2014.

(continued)



## **Commonly Asked Questions:**

### **How do I submit Medicare primary / Blue Plan secondary claims?**

- For members with Medicare primary coverage and Blue Plan secondary coverage, submit claims to your Medicare intermediary, a claim for the secondary Blue Plan coverage will be handled through the crossover process with Medicare.
- If you need to submit a secondary claim, it is essential that you enter the correct Blue Plan name as the secondary carrier. This may be different from the local Blue Plan. Check the member's ID card for verification and submit the secondary claim to BCBSWY.
- Be certain to include the prefix as part of the member identification number. The member's ID will include the prefix in the first three characters. The prefix is critical for confirming membership and coverage, and key to facilitating prompt payments.

### **When you receive the remittance advice from the Medicare intermediary, look to see if the claim has been automatically forwarded (crossed over) to the Blue Plan:**

- If the remittance 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 BCBSWY or another Blue Plan.
- If the remittance indicates that the claim was not crossed over, submit the claim to BCBSWY with the Medicare remittance advice.

### **Who do I contact if I have questions?**

If you have questions regarding Medicare secondary claim submissions please contact Provider Relations at [provider.relations@bcbswy.com](mailto:provider.relations@bcbswy.com) or 888-666-5188.