

Institutional and professional fee-for-service Medicare crossover claims

UnitedHealthcare Community Plan of Tennessee

Effective Jan. 1, 2024, all institutional and professional fee-for-service Medicare crossover claims will transition to TennCare's Managed Care Organizations (MCOs) for adjudication. TennCare will no longer process Medicare crossover claims with date(s) of service on or after Jan. 1, 2024.

What this means for you

- The way you currently submit claims for dates of service up to **Dec. 31, 2023**, will stay the same. You don't need to change how you submit Medicare crossover claims to TennCare for those claims.
- TennCare will continue to accept new claims as well as handling adjustments and voids with dates of service before Dec. 31, 2023
- Starting Jan. 1, 2024, claims processed through CMS and DSNP plans will be forwarded to the member's assigned MCO for secondary processing and adjudication

There may be times you will need to submit a claim directly if it does not automatically crossover from Medicare or another Medicare-type plan. We offer different submission options:

- **Submit claims electronically:** Submit claims electronically to Payer ID 95378 using Electronic Data Interchange (EDI) from your facility's billing system through a clearinghouse or a web-based service
- **Provider portal:** The [UnitedHealthcare Provider Portal](#) is a secure site where you can follow the prompts to electronically submit claims, get claim updates and complete tasks online
- **Mail paper claims:** Mail paper claims for secondary payment to:
UnitedHealthcare Community Plan
P.O. Box 5240
Kingston, NY 12402-5240

Please allow up to 30 days for UnitedHealthcare Community Plan to receive payment for initial claims and adjustment requests.

Important information

- Send us claims using the UnitedHealthcare Community Plan Subscriber ID from the member's ID card
- UnitedHealthcare Community Plan is, by law, the payer of last resort for these crossover claims
- To help ensure we process your electronic claims, please follow the instructions on the portal to submit the Medicare payment information using the electronic claim form
- For paper claims, please attach a copy of the explanation of benefits (EOB) to the claim sent. The EOB must be complete to understand the paid amount or denial reason.
- If a member has both Medicare and commercial coverage, in addition to TennCare, you must include both payer EOBs in the claim submission
- UnitedHealthcare Community Plan pays Medicare copayments and coinsurance for Medicare/Medicaid dual-eligible members, according to rates from the Division of TennCare. You should not bill the member for the charges.

Questions? We're here to help.

Chat with a live advocate 7 a.m.–7 p.m. CT from the [UnitedHealthcare Provider Portal](#) or call Provider Services at **800-690-1606**.