Program Memorandum Intermediaries/Carriers	**Department of Health & Human Services (DHHS)** **Centers for Medicare & Medicaid Services (CMS)**

Transmittal AB-03-121   Date: AUGUST 8, 2003

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CHANGE REQUEST 2534

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SUBJECT: **Requirement to Cross Claims Over to Multiple Supplemental Insurers**

I. GENERAL INFORMATION

A.   **Background:** Currently, you enter into trading partner agreements (TPAs) with a variety of insurers. Under these contracts, you agree, subject to specific terms and conditions worked out between the parties, to cross claims over to an insurer for all beneficiaries appearing on that insurer's submitted eligibility file.

The CMS has confirmed that some of the Medicare claims processing systems can only cross claims to one supplemental insurer entity on a beneficiary's behalf. Consequently, several supplemental insurers that have signed TPAs with Medicare contractors have reported not receiving crossover claims for Medicare beneficiary enrollees who have other insurers.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Req. #	Requirements	Resp.
2534.1	Effective with the implementation date of this Program Memorandum, all Medicare claims processing systems, with the exception of HPBSS, shall allow for the crossing over of claims to multiple supplemental insurers, subject to the terms and conditions of the TPAs that you have signed with those entities.	FIs/Carriers/ Standard Systems
2534.2	Carriers formerly associated with HPBSS shall implement this instruction once they transition to MCS.	Carriers

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Req. #	Instructions
2534.2	The HPBSS standard system and associated carriers are waived from implementing this instruction due to the impending transition to the MCS shared system.

B. Design Considerations:

X-Ref Req. #	Recommendation for Medicare System Requirements Implementation

CMS-Pub. 60AB

C. Interfaces:

X-Ref Req. #	Recommendation for Medicare System Requirements

D. Contractor Financial Reporting /Workload Impact:

E. Dependencies:

F. Testing Considerations:

IV. Attachment(s)

Implementation Date: 01/01/04 **Post-Implementation Contact:** Brian Pabst (410-786-2487) **Effective Date: 01/01/04**	**Funding:** These instructions should be implemented within your current operating budget. **Pre-Implementation Contact:** Brian Pabst (410-786-2487)