



Dear UnitedHealthcare Member:

We are pleased to announce the availability of a new process for handling the submission of claims for Medicare secondary coverage administered by UnitedHealthcare. Based on agreements with Medicare, we can receive an electronic copy of your Explanation of Medicare Benefits (EOMB) statement directly from the Medicare processor. Upon receipt of the EOMB, UnitedHealthcare will process the balance of your claim under the provisions of your employer's benefit plan. This eliminates the need for you or your physician to make a copy of the EOMB and submit a second claim to UnitedHealthcare for Medicare.

To take advantage of this streamlined process, please complete the enclosed Medicare Cross-Over Enrollment Form and return it as soon as possible. Your spouse may also participate in this process if she/he is eligible for Medicare and does not have any other group medical benefits coverage from another source.

It is anticipated that this new process will be in place approximately 4 weeks after UnitedHealthcare receives the Enrollment Form. You can verify that the automated cross-over is in place if you receive an EOMB statement from your Medicare carrier which states that your claim has been forwarded to your secondary insurance carrier. Until this message appears on your EOMB, it is important that you continue to file secondary claims with UnitedHealthcare for that portion of the charges. If your Medicare carrier does not send you an EOMB, you will know that your claim was crossed over if your UnitedHealthcare Explanation of Benefits includes a summary of Medicare benefits.

This new process does not apply to prescription drug expenses. Claims for those expenses should continue to be filed as they have in the past.

Remember, in order for you to take advantage of this process for Medicare and DME secondary claims, it is important that you complete and return the Enrollment Form as soon as possible. If you have any questions, please call UnitedHealthcare's Customer Care at the number on the back of your medical ID card.

Sincerely, UnitedHealthcare

Enclosure

Sample Medicare Card

A sample Medicare Health Insurance card for Jane Doe. The card features a red header with 'MEDICARE' and 'HEALTH INSURANCE' separated by the Medicare logo. Below the header is a blue bar with the phone number '1-800-MEDICARE (1-800-633-4227)'. The beneficiary's name 'JANE DOE' is printed in bold. The Medicare claim number '000-00-0000-A' is circled in black. The card also lists 'HOSPITAL MEDICAL' with '(PART A)' and '(PART B)' sub-labels, and the effective date '07-01-1986'. A signature line at the bottom shows 'Jane Doe' written in cursive.

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY			
JANE DOE			
MEDICARE CLAIM NUMBER	SEX		
000-00-0000-A	FEMALE		
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL	(PART A)	07-01-1986	
MEDICAL	(PART B)	07-01-1986	
SIGN HERE → <i>Jane Doe</i>			



Return To:
Eligibility Operations
Medicare Cross-over Program
PO Box 30963
Salt Lake City, UT 84130-0963
or
Fax: (248) 733-6061

MEDICARE CROSS-OVER ENROLLMENT FORM

THE PORT AUTHORITY

Yes! I want to participate in the Medicare Cross-Over Program.

Retiree: (Please complete even if retiree is deceased)	(PLEASE PRINT IN BLACK OR BLUE PEN)
Name _____	
Soc. Sec. # _____ - _____ - _____	Date of Birth ____/____/____
Address _____	
City _____	State * _____
Zip _____	
Medicare Claim Number _____ - _____ - _____	
(Enter your Medicare Claim # as it appears on your Red, White and Blue Medicare Health Insurance Card)	
Spouse:	
Name _____	
Soc. Sec. # _____ - _____ - _____	Date of Birth ____/____/____
Medicare Claim Number _____ - _____ - _____	
(Enter your Medicare Claim # as it appears on your Red, White and Blue Medicare Health Insurance Card)	

