Billing Medicaid as a Secondary Payer

Provider Relations / Second quarter 2015
Agenda

• Other Coverage
• How to Identify Other Coverage and Request Coverage Updates
• Medicare Crossover Claims
• Third-Party Liability (TPL) Secondary Claims
• Did You Know?
• How to Get Help
Other Coverage
Other Coverage

If an Indiana Health Coverage Programs (IHCP) member has *any* other resource available to help pay for the cost of his or her medical care, this resource must be used prior to the IHCP. Other coverage/resources include, but are not limited to, the following:

- Traditional Medicare primary claims (crossovers)
- Medicare replacement plan claims (crossovers)
- Medicare supplemental plan claims
- Commercial insurance plans (group/individual)
- Liability plans (auto or homeowners' insurance, workers’ compensation, indemnity plans)
- TRICARE
Other Coverage

Where does the Indiana Health Coverage Programs (IHCP) obtain information about a member’s other coverage?

Information about a member’s other resources is reported to the IHCP from a variety of sources:

• Information collected by the Division of Family Resources (DFR) during the eligibility determination/redetermination process
• Providers report other known resources not displayed on eligibility verification
• Managed care entities (MCEs)
• Data matches conducted by Health Management Solutions (HMS)
• Members self-report
How to Identify Other Coverage and Request Coverage Updates
How to Identify Other Coverage

Eligibility Verification

- Eligibility Information
  - Medicare indicator
  - QMB indicator
  - Other private insurance
# How to Identify Other Coverage

## Eligibility Verification

<table>
<thead>
<tr>
<th>How to Obtain an ID</th>
<th>Contact Us</th>
<th>Logon</th>
<th>Logout</th>
<th>Change Password</th>
</tr>
</thead>
</table>

## Eligibility Verification Details

<table>
<thead>
<tr>
<th>Nursing Home Resident</th>
<th>Restricted</th>
<th>GMB</th>
<th>GMBS ONLY</th>
<th>Other Private Insurance</th>
<th>Patient Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

| Spenddown/GMBS Waiver Liability | None |
| Managed Care Information | None |
| Member is restricted to | None |

## Third Party Carrier Information

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Coverage Type</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## County Information

<table>
<thead>
<tr>
<th>Benefit Limits Reached For Inquiring Provider Type</th>
<th>None</th>
</tr>
</thead>
</table>
# How to Identify Other Coverage

## Eligibility Verification

<table>
<thead>
<tr>
<th>Carrier Name</th>
<th>Address</th>
<th>Group Policy Number</th>
<th>Policy Number</th>
<th>Policy Holder</th>
<th>Relationship</th>
<th>Coverage Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMANA NC PART D</td>
<td>500 WEST MAIN STREET LOUISVILLE, KY 40202</td>
<td></td>
<td></td>
<td>SELF</td>
<td></td>
<td>MEDICARE PART D</td>
</tr>
<tr>
<td>ADVANCE PCS</td>
<td>PO BOX 52116 TPL <strong>SEE COMMENTS</strong> PHOENIX, AZ 85072-2116</td>
<td></td>
<td></td>
<td>SELF</td>
<td></td>
<td>PHARMACY</td>
</tr>
<tr>
<td>ADVANCE PRESCRIPTION</td>
<td>P.O. BOX 853901 TPL RICHARDSON, TX 75085-3901</td>
<td></td>
<td></td>
<td>NONE</td>
<td></td>
<td>PHARMACY</td>
</tr>
</tbody>
</table>
How to Request . . . an Update to TPL Insurance Information

• To update a member's information on the Web interChange, click the TPL Update Request link.
  Information will be verified and the appropriate updates made.

Requested information:
  ▪ Insured’s ID
  ▪ Policyholder information
  ▪ Policy name
  ▪ Policy address
  ▪ Policy type
How to Request . . . an Update to TPL Insurance Information

TPL Update Request

To notify HP of new or updated Third Party Liability (TPL) information, please complete the following form. This information will be verified with the TPL carrier and appropriate updates will be applied within 20 days of receipt. Updates will be available via all methods of Eligibility verification. Please direct related questions to HP, Third Party Liability unit at (317) 488-5046 or (800) 457-4510.

Warning: Please do not include any protected health information (PHI) that relates to or identifies a patient, client or other individual covered by HPAA privacy regulations.

* denotes required field.

* Provider ID

Provider Name

* Person Requesting Update

* Provider Phone Number

* RID

IHCP Member Name

Insurance Carrier Name

Insurance Carrier Phone Number

Close
How to Request . . . an Update to TPL Insurance Information

Policyholder Name
Policyholder D
Policyholder SSN
Policy Number
Group Policy Number
Effective Date
Termination Date
* Multiple Family Members

Comments

Submit  Reset  Cancel
How to Request . . . an Update to TPL Insurance Information

- Liability plans are not displayed in the eligibility system
- Indemnity plans such as AFLAC are not displayed in the eligibility system
- Best practice – use **TPL update feature via Web interChange**
  - Include as much information as you have
  - The TPL Unit will update within 20 business days of request (if appropriate)
  - Updates pending verification from the primary insurance may take longer than 20 business days
How to Request . . .

an Update to TPL Insurance Information

Alternative method to submit update requests:

• Prepare a cover sheet including the requester’s contact information and include one of the following (as applicable):
  - Copy of insurance card
    ➢ If effective/end dates are not on the card, TPL Unit must verify with plan
  - Copy of insurance explanation of benefits (EOB) showing payment for new coverage or denial with "member not covered on the date of service" reason to terminate coverage
• Print member’s RID number on all attachments.
• Fax information to TPL Unit at (317) 488-5217.
How to Request . . .

an Update to Medicare Information

• The Medicare indicator on Web interChange and AVR do not make a distinction between traditional Medicare and Medicare replacement plans.
• To update Medicare, the best practice is to prepare a cover sheet with the requester’s contact information and include the following (as applicable):
  − Copy of Medicare card
  − Copy of screen print from Medicare eligibility system
  − A denial stating no Medicare coverage on the date of service
• Print member’s RID number on all attachments.
• Fax information to the TPL Unit at (317) 488-5217.
Frequently Asked Questions

• I submitted an insurance update request. The information was updated, but several months later the outdated information reappeared, causing claims to be denied. Why does this happen and what can I do?
  - HP entered the update into its system for the purposes of claims processing, but that does not update the record with the Division of Family Resources (DFR). During the member's eligibility redetermination, the member did not inform the DFR of the correct/updated insurance information. When HP receives the next daily eligibility update after redetermination, the DFR file overwrites the HP file. Remind and encourage the member to also update other insurance information with the DFR.

• I submitted an insurance update request, but the information was not changed. Why?
  - The insurance on file may not include benefits for your provider type/specialty, but is still valid and provides coverage for other provider types/specialties. The insurance information cannot be removed in these situations.
Medicare Crossover Claims
What Is a Crossover Claim?

A crossover claim is:

A claim request for payment consideration of:

- coinsurance/copayment,
- deductible
- psychiatric reduction amount

as determined by Medicare for a Medicare-covered service
How Does the IHCP Receive Crossover Claims?

• Electronic crossover from Medicare via the Coordination of Benefits (COB) process
  - Medicare replacement plan claims *do not* crossover electronically
  - Medicare supplements *do not* crossover electronically
• Receive paper claims directly from providers
• If claims are not automatically crossing from traditional Medicare to the IHCP, you can contact the Electronic Data Interchange (EDI) help desk with claim examples for assistance.
  - 1-877-877-5182
How to…
CMS-1500 paper claim Medicare/Medicare replacement plans

• Field 22 identifies the claim as a crossover
  - 22 Resubmission Code (left side) – Total of coinsurance/copayment/deductible/psychiatric reduction
  - 22 Original Ref No (right) - Total Medicare payment or $0.00 if all applied to coinsurance/copayment/deductible/psychiatric reduction
• Field 29 Amount Paid – leave blank or enter $0.00
  - Exceptions
    ➢ Medicare supplemental payments, if applicable
    ➢ Other commercial insurance payments, if applicable
How to...

CMS-1500 paper Claim Medicare/Medicare replacement plans

When is a Medicare Remittance Notice (MRN) or explanation of benefits (EOB) required?

• When the entire claim payment amount is allocated to coinsurance/copayment/deductible/psychiatric reduction
  • Field 22 Resubmission Code contains a dollar amount
  • Field 22 Original Ref No contains $0
• For Medicare replacement plans, write “Medicare Replacement Plan” at the top of the EOB.

NOTE: If the claim/CPT code is denied, it is not a crossover claim. The EOB/MRN is required.
Field 22 should be blank – no zeroes.
How to…

CMS-1500 paper claim Medicare/Medicare replacement plans

<table>
<thead>
<tr>
<th>22 Resubmission Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total coinsurance, copayment, deductible, psychiatric reduction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22 Original Ref No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total claim payment amount</td>
</tr>
</tbody>
</table>
How to…

CMS-1500 paper claim Medicare/Medicare replacement plans

Mail claims to:

HP CMS-1500 Crossover Claims
P.O. Box 7267
Indianapolis, IN 46207-7267
How to…

UB04 paper claim Medicare/Medicare replacement plans

– Identify Medicare Remittance Notice (MRN) or Medicare replacement policy EOB information in field 39 as follows:

Value Code A1 – Medicare deductible amount

Value Code A2 – Medicare coinsurance/co-payment amount

Value Code 06 – Medicare blood deductible amount

Value Code 80 – IHCP covered days
How to…
UB04 paper claim Medicare/Medicare replacement plans

• Field 50A must indicate Medicare as the payer
• Field 54A must contain the Medicare/Medicare replacement plan paid amount (actual dollars received from Medicare)
• Do not include the Medicare-allowed amount or contractual adjustment amount in field 54A
• TPL payments will continue to be reported in field 54B
How to…
UB-04 Paper Claim Medicare/Medicare Replacement Plans

Mail claims to:

HP Institutional Claims
(Crossover/UB-04 Inpatient Hospital, Home Health, Outpatient, and Long-Term Care)
P.O. Box 7271
Indianapolis, IN 46207-7271
How to… Bill Medicare Crossover Claims on Web interChange

For institutional claims only, enter group code, reason code, and amount at header.

08101 or 08102

Enter payer code.
How to… Bill Medicare on Web interChange

Medical Crossover Traditional Medicare

MA = Institutional
MB = Physician
How to… Bill Medicare Replacement Plan Crossover Claims on Web interChange
How to… Bill Medicare Replacement Plans on Web interChange

16
# How to… Bill Medicare on Web interChange

Detail Benefit Information – required for professional claims only

<table>
<thead>
<tr>
<th>Detail information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detail #</td>
</tr>
<tr>
<td>* From DOS</td>
</tr>
<tr>
<td>Place of Service</td>
</tr>
<tr>
<td>* Procedure Code</td>
</tr>
<tr>
<td>* Related Diagnosis</td>
</tr>
<tr>
<td>* Units</td>
</tr>
<tr>
<td>* Charges</td>
</tr>
<tr>
<td>* Emergency?</td>
</tr>
<tr>
<td>Line Item Control #</td>
</tr>
<tr>
<td>* EPSDT Referral</td>
</tr>
<tr>
<td>Rendering Provider</td>
</tr>
<tr>
<td>Rendering NPI</td>
</tr>
<tr>
<td>Rendering Taxonomy</td>
</tr>
<tr>
<td>NDC</td>
</tr>
<tr>
<td>Quantity</td>
</tr>
<tr>
<td>Unit of Measure</td>
</tr>
</tbody>
</table>

**Notes…** Detail Benefits Info

**Save Detail**  **Reset Detail**
How to… Bill Medicare on Web InterChange

For professional claims only, add detail benefits.

Add coinsurance, copayment, and deductible information.
Third-Party Liability (TPL)
Secondary Claims
How to… Bill TPL on CMS-1500 Paper Claims

Do **not** enter any information in Field 22.
How to… Bill TPL on CMS-1500 Paper Claim

Field 28: Total Charge

Field 29: Actual Amount Paid

Field 30: Blank (not used)
**How to… Bill TPL on UB-04 Paper Claim**

<table>
<thead>
<tr>
<th>PAYER NAME</th>
<th>HEALTH PLAN ID</th>
<th>PRIOR PAYMENTS</th>
<th>EST. AMOUNT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td>Prior Payment</td>
<td>.00 Amount Due</td>
</tr>
<tr>
<td>C</td>
<td>Medicaid</td>
<td>TPL Policy</td>
<td>Group Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy Number</td>
<td></td>
</tr>
</tbody>
</table>

**Insured’s Name**

- **TPL Policy Number**
- **Recipient ID Number**
How to... Bill TPL on Web interChange
Did You Know?

- When primary insurance pays:
  - File the claim on the web
  - No attachment required
- When primary insurance denies or pays at zero:
  - EOB is required
- When Medicare claim contains paid and denied detail:
  - Bill paid and denied charges separately
- Crossover claims have no filing limit
- Crossover claims do not require prior authorization
- Secondary filing instructions are on the Help menu of Web interChange
How to Get Help
How to Get Help

• IHCP website at indianamedicaid.com
• IHCP Provider Manual, Chapter 10, Claims Processing Procedures
• Web interChange Help Page
• HP Provider Assistance
  - 1-800-577-1278
• Your provider field consultant
  - indianamedicaid.com > Contact Us > Provider Relations Field Consultants