

# Dual Eligible Billing

- Providers are required to exhaust Medicare and/or commercial health insurance sources prior to billing ForwardHealth.
- Medicare and/or commercial health insurance information can be indicated using:
  - A paper 1500 Health Insurance Claim Form and Explanation of Medical Benefits form, F-01234.
  - Electronic 837 Health Care Claim transactions.
  - Direct Data Entry (DDE) on the ForwardHealth Portal.

# Dual Eligible Billing — Portal Medicare

Browser: <http://172.30.10.37/WIPortal2/Subsystem/Claims/Professional.asp> Professional Claim

Payer: Medicaid

[Claims](#) > [Professional](#)

Next Search By: ICN

### Professional Claim

Required fields are indicated with an asterisk (\*).

|   |  |
|---|--|
| ICN <input type="text"/>                                | Rendering Provider <input type="text"/> [ Search ]             |
| Provider ID <input type="text" value="1639246558 NPI"/> | Referring Provider 1 <input type="text"/> [ Search ]           |
| Member ID* <input type="text"/>                         | Referring Provider 2 <input type="text"/> [ Search ]           |
| Last Name <input type="text"/>                          | Medicare Disclaimer <input type="text" value="no disclaimer"/> |
| First Name, MI <input type="text"/>                     | Other Insurance Indicator <input type="text"/>                 |
| Date of Birth <input type="text"/>                      | Total Charge* <input type="text" value=""/>                    |
| Patient Account # <input type="text"/>                  | Other Insurance Amount <input type="text" value="\$0.00"/>     |
| Medical Record Number <input type="text"/>              | Total Amount Paid <input type="text" value="\$0.00"/>          |
| SOI Date <input type="text"/>                           |  |

[Diagnosis](#)
[Condition](#)
[Medicare](#)
[Anesthesia](#)
[Other Insurance](#)

### Detail

| Line Number | From Date of Service | To Date of Service | Procedure Code | Mod1 | Mod2 | Mod3 | Mod4 | Status | Units | Charge |
|-------------|----------------------|--------------------|----------------|------|------|------|------|--------|-------|--------|
| A 1         |                      |                    |                |      |      |      |      |        | 0     | \$0.00 |

Type data below for new record.

|   |  |
|---|--|
| Line Number <input type="text" value="1"/>  | Rendering Provider <input type="text"/> [ Search ]   |
| From Date of Service* <input type="text"/>  | Referring Provider 1 <input type="text"/> [ Search ] |
| To Date of Service* <input type="text"/>  | Referring Provider 2 <input type="text"/> [ Search ] |
| Procedure Code* <input type="text"/> [ Search ]   | Ordering Provider <input type="text"/> [ Search ]    |
| Modifiers <input type="text"/> [ Search ] <input type="text"/> [ Search ] <input type="text"/> [ Search ] <input type="text"/> [ Search ] |  |
| Diagnosis Code Pointers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                               |  |
| Units* <input type="text" value="0"/>   |  |
| Charge* <input type="text" value="\$0.00"/>   | Status <input type="text"/>                          |
| Place of Service Code* <input type="text"/> [ Search ]  | Allowed Amount <input type="text" value="\$0.00"/>   |
| Emergency <input type="text"/>  | CoPay Amount <input type="text" value="\$0.00"/>     |
| Family Physician <input type="text"/>   |  |

# Dual Eligible Billing — Portal Medicare

|                           |                                |
|---------------------------|--------------------------------|
| Medicare Disclaimer       | no disclaimer                  |
| Other Insurance Indicator | 1 Bene Exhausted               |
|                           | 5 Non-elig prov                |
|                           | 6 Non-elig recip               |
|                           | 7 Mcare disallowed/denied pymt |
| Total Charge*             | 8 Noncovered Mcare srv         |

## Dual Eligible Billing – Qualified Medicare Beneficiary (QMB)

QMB-Only members are a limited benefit category of Medicaid members. They receive payment of the following:

- Medicare monthly premiums for Part A, Part B, or both
- Coinsurance, copayment, and deductible for Medicare-allowed services
- Members may also be enrolled in full-benefit Medicaid or BadgerCare Plus program.

## Dual Eligible Billing – Medicare Qualified Beneficiary (QMB)

| Benefit Plan |                                |                       |                 |
|--------------|--------------------------------|-----------------------|-----------------|
| <u>Payer</u> | <u>Benefit Plan</u>            | <u>Effective Date</u> | <u>End Date</u> |
| MEDICAID     | Qualified Medicare Beneficiary | 10/01/2019            | 10/01/2019      |

If a patient solely has a QMB benefit plan listed, Medicare may or may not cover the CMR/A service.

If Medicare applies the services to the deductible, there would be MTM coverage. If Medicare denies the service as non-covered, there would be no Medicaid covered benefits.

# Dual Eligible Billing – Medicare Qualified Beneficiary (QMB)

- QMB and Medicaid

| Benefit Plan |                                |                       |                 |
|--------------|--------------------------------|-----------------------|-----------------|
| <u>Payer</u> | <u>Benefit Plan</u>            | <u>Effective Date</u> | <u>End Date</u> |
| MEDICAID     | Medicaid                       | 06/11/2019            | 06/11/2019      |
| MEDICAID     | Qualified Medicare Beneficiary | 06/11/2019            | 06/11/2019      |

If the patient has a full Medicaid benefit during the same time period as the QMB, the CMR/A service will be covered

## Dual Eligible Billing – Other Limited Benefit Categories with Medicare (Cont.)

Members with limited benefit categories may also be enrolled in full-benefit Medicaid or BadgerCare Plus programs.

- QDWI - Qualified Disabled Working Individual Members
  - Members receive payment of Medicare Part A monthly premiums.
  - No other Medicaid benefits
- QI-1 - Qualifying Individual 1 Members and SLMB -Specified Low-Income Medicare Beneficiaries
  - Members receive payment of Medicare Part B monthly premiums.
  - No other Medicaid benefits

## Dual Eligible Billing – Other Limited Benefit Categories with Medicare (Cont.)

- Members with limited benefit categories may also have SeniorCare
  - Members have prescription drug assistance
  - Members may also have MTM benefits



## Dual Eligible Billing – Other Limited Benefit Categories with Medicare (Cont.)

- SLMB with Medicaid


| Benefit Plan |  |                       |                 |
|--------------|--|-----------------------|-----------------|
| <u>Payer</u> | <u>Benefit Plan</u>  | <u>Effective Date</u> | <u>End Date</u> |
| MEDICAID     | Medicaid (HPSA Recipient)                                  | 06/11/2019            | 06/11/2019      |
| MEDICAID     | Specified Low-income Medicare Beneficiary (HPSA Recipient) | 06/11/2019            | 06/11/2019      |

## Dual Eligible Billing – Other Limited Benefit Categories with Medicare (Cont.)

### Benefit Plan

| <u>Payer</u> | <u>Benefit Plan</u>                       | <u>Effective Date</u> | <u>End Date</u> |
|--------------|---|-----------------------|-----------------|
| MEDICAID     | Senior Care Level 1- 0 to 200% FPL        | 10/01/2019            | 10/01/2019      |
| MEDICAID     | Medicaid Waiver                           | 10/01/2019            | 10/01/2019      |
| MEDICAID     | Specified Low-income Medicare Beneficiary | 10/01/2019            | 10/01/2019      |

# Dual Eligible Billing — Portal Commercial Health Insurance

Medical Record Number  Other Insurance Amount   
Total Amount Paid  

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

**Detail**

| <a href="#">Line Number</a> | <a href="#">From Date of Service</a> | <a href="#">To Date of Service</a> | <a href="#">Procedure Code</a> | <a href="#">Mod1</a> | <a href="#">Mod2</a> | <a href="#">Mod3</a> | <a href="#">Mod4</a> | <a href="#">Status</a> | <a href="#">Units</a> | <a href="#">Charge</a> |
|-----------------------------|--------------------------------------|------------------------------------|--------------------------------|----------------------|----------------------|----------------------|----------------------|------------------------|-----------------------|------------------------|
| A 1                         |                                      |                                    |                                |                      |                      |                      |                      |                        | 0                     | \$0.00                 |

Type data below for new record.

Line Number  Rendering Provider  [\[ Search \]](#)  
From Date of Service\*  Referring Provider 1  [\[ Search \]](#)

# Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)

**Other Insurance Header Information**  
\*\*\* No rows found \*\*\*

|                |                      |            |                 |                      |
|----------------|----------------------|------------|-----------------|----------------------|
| Carrier Number | <input type="text"/> | [ Search ] | Payment Date    | <input type="text"/> |
| Carrier Name   | <input type="text"/> |            | Payment Amount  | <input type="text"/> |
| Claim Filing   | <input type="text"/> |            | OI Circumstance | <input type="text"/> |

# Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)

**Carrier Number** [ Close ]

**Search** ?

Carrier Number

Carrier Name

**Search Results**

| <u>Carrier Number</u> <small>▲</small> | <u>Carrier Name</u>     |
|--|-------------------------|
| 001                                    | AETNA SERVICES INC 009  |
| 002                                    | AETNA SERVICES INC 024  |
| 01H                                    | AETNA US HEALTHCARE 076 |
| 02H                                    | AETNA SERVICES INC 434  |
| 03B                                    | AETNA SERVICES INC 728  |
| 03H                                    | AETNA SERVICES INC 704  |
| 04H                                    | AETNA US HEALTHCARE 106 |
| 05H                                    | AETNA SERVICES INC 042  |
| 06H                                    | AETNA US HEALTHCARE 032 |
| 07H                                    | AETNA SERVICES INC 723  |

1 2 3 4 5 6 7 8 9 10 ... Next >

# Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)

Claim Filing\*

Detail

Line Number

A 1

Line Number

From Date of Service

To Date of Service

Procedure

Mod

Diagnosis Code

Place of Service

Emergency

11-Other Non-Federal Programs

12-Preferred Provider Organization (PPO)

13-Point of Service (POS)

14-Exclusive Provider Organization (EPO)

15-Indemnity Insurance

17-Dental Maintenance Organization

AM-Automobile Medical

BL-Blue Cross/Blue Shield

CH-Champus

CI-Commercial Insurance Co.

DS-Disability

FI-Federal Employees Program

HM-Health Maintenance Organization

LM-Liability Medical

OF-Other Federal Program

TV-Title V

VA-VA Plan

WC-Workers Compensation Health Claim

ZZ-Mutually Defined

# Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)

| Other Insurance Header Information |                                |              |              |                |
|------------------------------------|--------------------------------|--------------|--------------|----------------|
| Carrier Number                     | Carrier Name                   | Claim Filing | Payment Date | Payment Amount |
| A 107                              | DELTA DENTAL PLAN OF WISCONSIN | 11           |              | \$0.00         |
| A 001                              | AETNA SERVICES INC 009         | 11           | 01/20/2014   | \$50.00        |

|                 |   |   |                 |                      |
|-----------------|---|---|-----------------|----------------------|
| Carrier Number* | <input type="text" value="107"/>                            | <input type="button" value="[ Search ]"/> | Payment Date    | <input type="text"/> |
| Carrier Name*   | <input type="text" value="DELTA DENTAL PLAN OF WISCONSIN"/> |   | Payment Amount  | <input type="text"/> |
| Claim Filing*   | <input type="text" value="11-Other Non-Federal Programs"/>  |   | OI Circumstance | <input type="text"/> |

OI Circumstance

Y

# Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)

**Other Insurance Detail Information**

\*\*\* No rows found \*\*\*

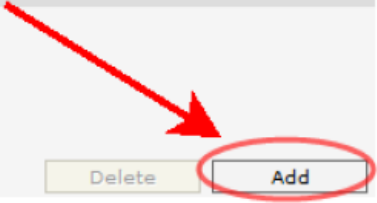
Detail

Carrier Number

Carrier Name

Payment Date

Payment Amount





# Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)

**Other Insurance EOB Information**  
\*\*\* No rows found \*\*\*

Detail

Carrier Number

Adjustment Code  [ Search ]

Adjustment Amount

Group Code

Adjustment Code Description

Delete

Add

# Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)

**Adjustment Code** [ Close ]

**Search** ?

Adjustment Code

Adjustment Code Description

# Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)

Common American National Standards Institute (ANSI) code that are used by ForwardHealth to process claims.

# Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)

## Adjustment Codes

| Code | Description  |
|------|--|
| 1    | Deductible Amount.   |
| 2    | Coinsurance Amount.  |
| 3    | Co-payment Amount.   |
| 23   | The impact of prior payer(s) adjudication including payments and/or adjustments.   |
| 24   | Charges are covered under a capitation agreement/managed care plan.  |
| 35   | Lifetime benefit maximum has been reached.   |
| 45   | Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).   |
| 66   | Blood Deductible.  |
| 96   | Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or National Council for Prescription Drug Programs Reject Reason Code.) |
| 119  | Benefit maximum for this time period or occurrence has been reached.   |
| 122  | Psychiatric reduction.   |
| 149  | Lifetime benefit maximum has been reached for this service/benefit category.   |



## Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)

- Select an adjustment code.
- Enter adjustment amounts.
- Select the group code.

Commercial insurance paid and adjustment amounts should balance to claim detail total.

# SeniorCare Spend Down and Deductible

- State law limits what pharmacies may charge SeniorCare members for covered MTM services.
- SeniorCare will track and maintain the member spenddown or deductible amounts.
- SeniorCare will inform the pharmacy of the amount to charge the member through the remittance information.
- Providers may verify current SeniorCare spend-down and deductible amounts via the Portal.

## SeniorCare Spend Down and Deductible (Cont.)

### Benefit Plan

| <u>Payer</u> | <u>Benefit Plan</u>                           | <u>Effective Date</u> | <u>End Date</u> |
|--------------|---|-----------------------|-----------------|
| MEDICAID     | Senior Care 2- Over 200% FPL (HPSA Recipient) | 03/15/2019            | 03/15/2019      |

### Deductible

| <u>Payer</u> | <u>Benefit Plan</u>   | <u>Services</u> | <u>Current Balance</u> | <u>Effective Date</u> | <u>End Date</u> |
|--------------|-----------------------|-----------------|------------------------|-----------------------|-----------------|
| Medicaid     | SENIORCARE COST SHARE | Overall         | \$850.00               | 01/01/2019            | 03/31/2019      |

### Spenddown

| <u>Payer</u> | <u>Benefit Plan</u>   | <u>Current Balance</u> | <u>Effective Date</u> | <u>End Date</u> |
|--------------|-----------------------|------------------------|-----------------------|-----------------|
| Medicaid     | SENIORCARE COST SHARE | \$156,956.45           | 01/01/2009            | 12/31/2299      |

## Resources

- ForwardHealth Portal: [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/)
- Provider Services: 800-947-9627
  - Pharmacy — for drug claim, policy, and drug authorization inquiries



# Resources (Cont.)

## Provider Relations Representative for MTM services

- **Teresa Heusel**

[teresa.heusel@wisconsin.gov](mailto:teresa.heusel@wisconsin.gov)

(512) 319-4137

Counties - Milwaukee, Dodge, Washington, Ozaukee, Jefferson, Waukesha, Rock, Walworth, Racine, Kenosha

- **Jennifer Watts**

[jennifer.watts@wisconsin.gov](mailto:jennifer.watts@wisconsin.gov)

(608) 421-6116

Counties - Marathon, Portage, Waushara, Marquette, Green Lake, Winnebago, Calumet, Manitowoc, Fond du Lac, Sheboygan

- **Natalie Stone**

[natalie.stone@wisconsin.gov](mailto:natalie.stone@wisconsin.gov)

(608) 421-6040

Counties- La Crosse, Monroe, Juneau, Adam, Vernon, Richland, Sauk, Crawford, Grant, Iowa, Dane, Columbia, Iowa, Lafayette, Green

- **Kyle Robel**

[kyle.robelt@wisconsin.gov](mailto:kyle.robelt@wisconsin.gov)

(608) 421-6275

Counties - Florence, Forest, Marinette, Langlade, Menominee, Oconto, Shawano, Waupaca, Outagamie, Brown, Kewaunee, Door

- **Natalie Stone**

[natalie.stone@wisconsin.gov](mailto:natalie.stone@wisconsin.gov)

(608) 421-6040

Counties - Douglas, Bayfield, Ashland, Iron, Vilas, Burnett, Washburn, Sawyer, Price, Oneida, Lincoln, Taylor, Rusk, Barron, Polk, St. Croix, Dunn, Chippewa, Clark, Eau Claire, Pepin, Pierce, Buffalo, Trempealeau, Jackson



## Resources (Cont.)

For assistance regarding the submission of MTM supplemental documentation on the Portal:

- Refer to the Medication Therapy Management Documentation Storage User Guide.
- Call the Portal Helpdesk 866-908-1363.