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.

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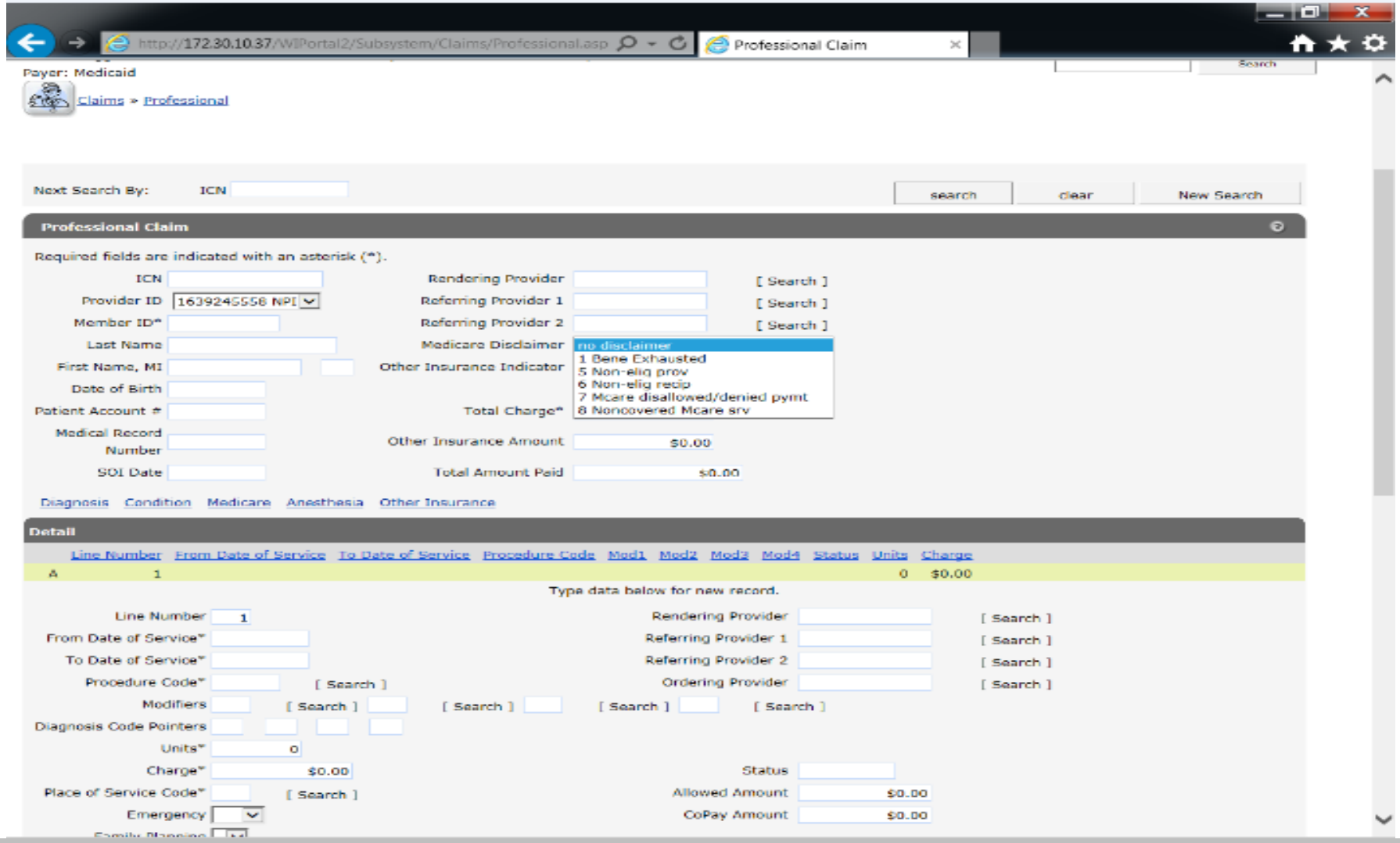
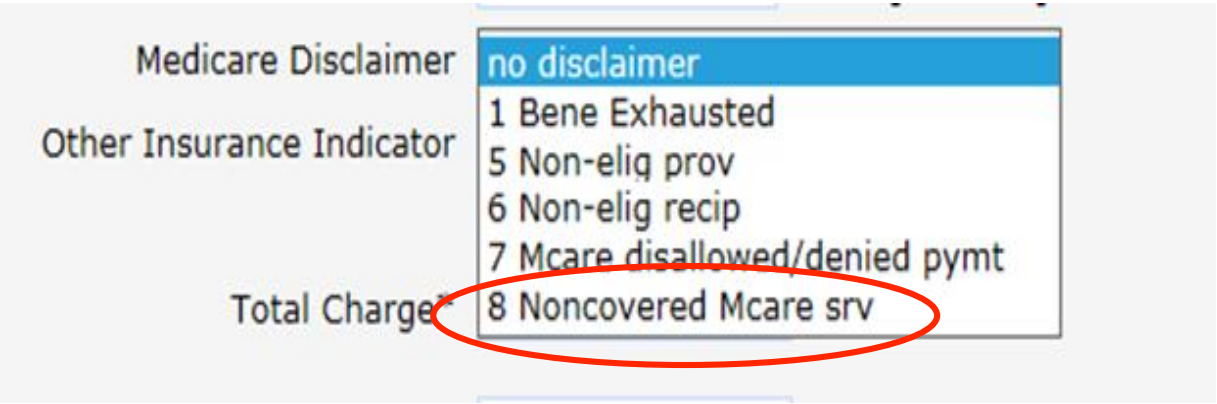
Dual Eligible Billing — Portal Medicare



Dual Eligible Billing — Portal Medicare



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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.

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Dual Eligible Billing – Medicare Qualified Beneficiary (QMB)

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
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.

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Dual Eligible Billing – Medicare Qualified Beneficiary (QMB)

- QMB and Medicaid

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
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

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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

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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

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

- SLMB with Medicaid

Benefit Plan

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

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

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
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

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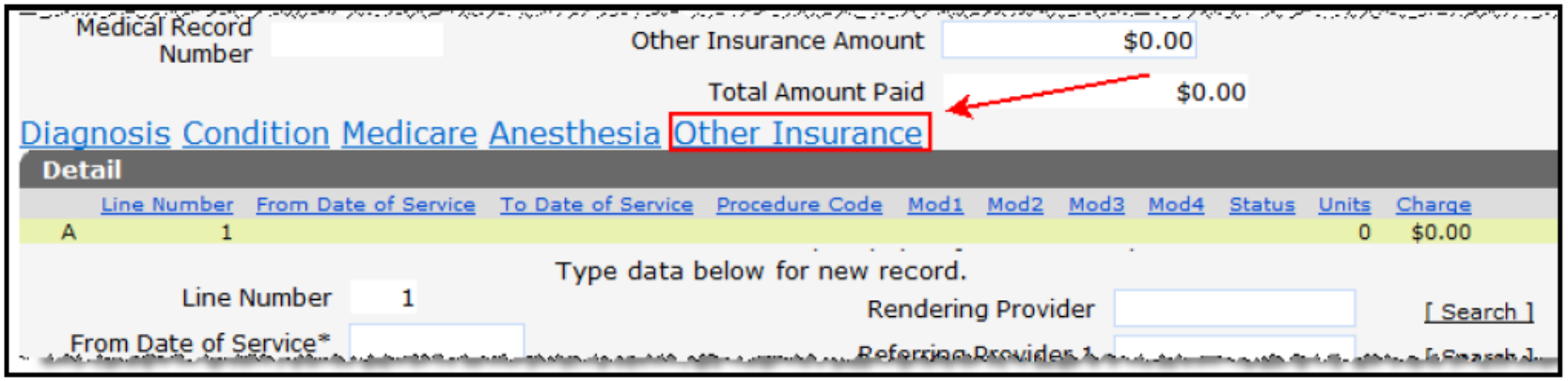
Dual Eligible Billing — Portal Commercial Health Insurance



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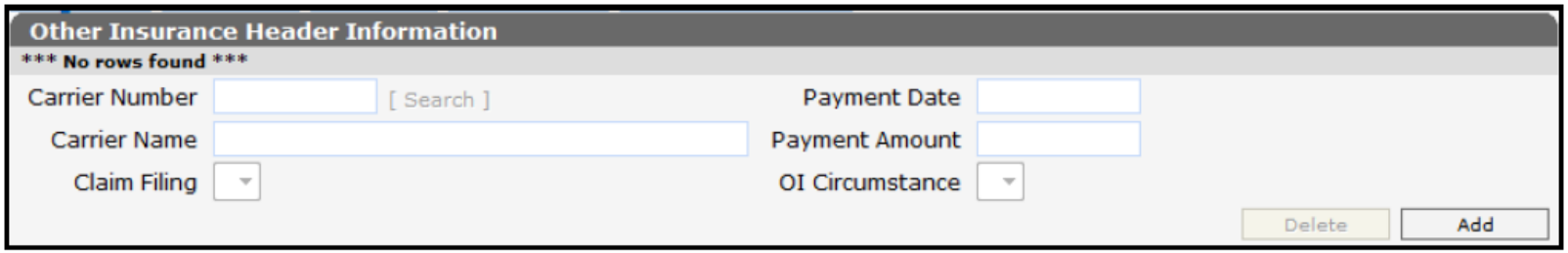
Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)



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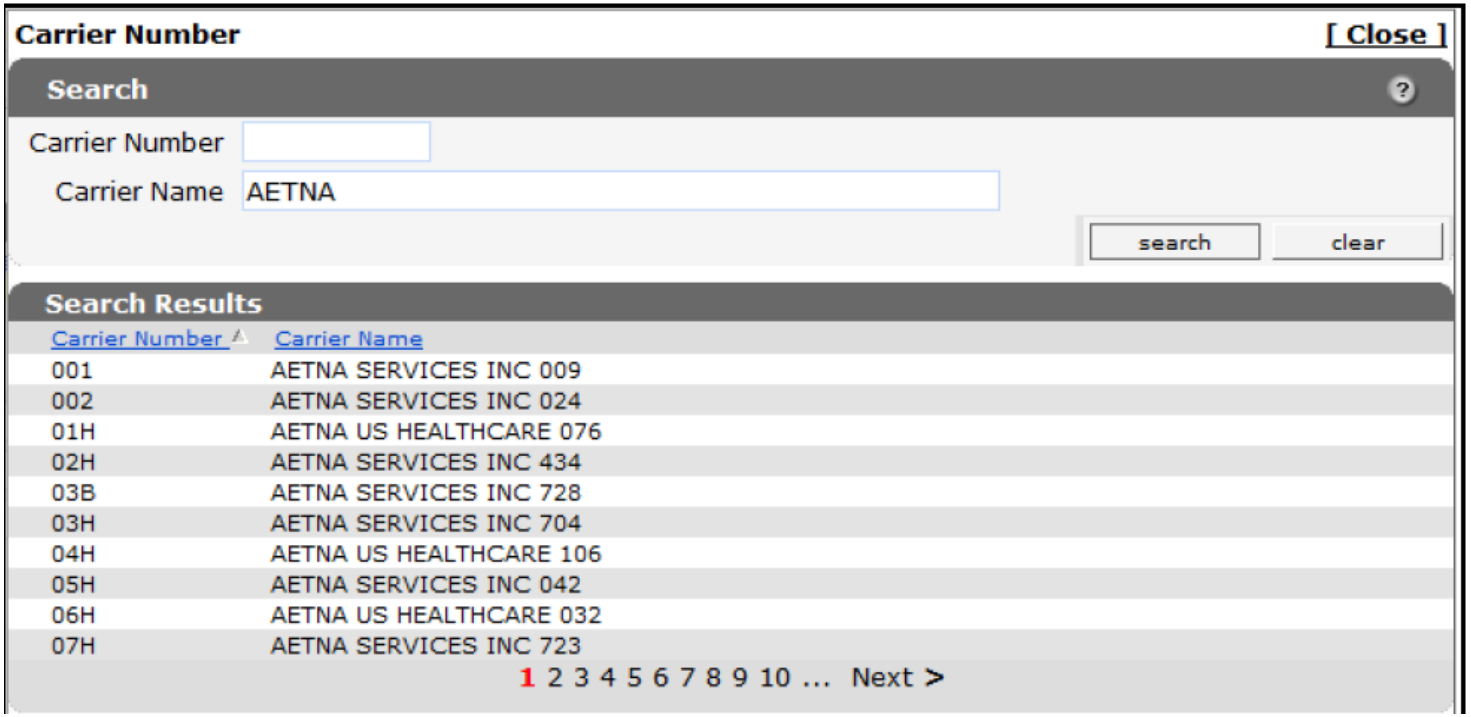
Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)



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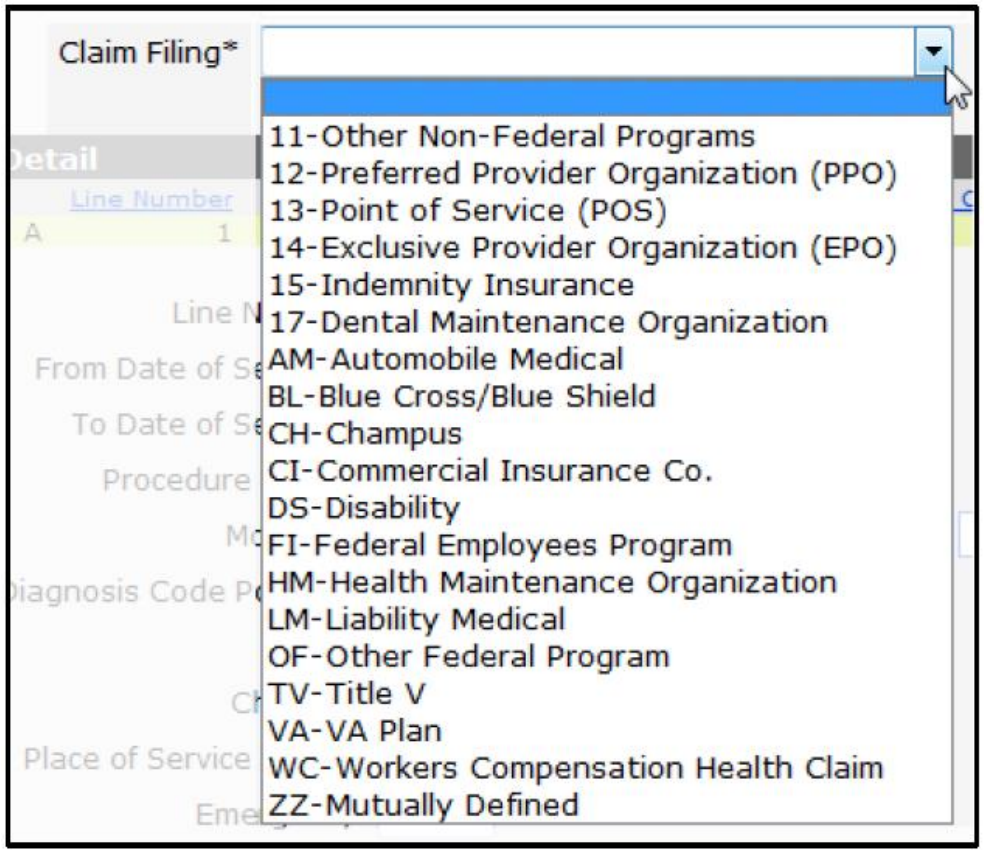
Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)



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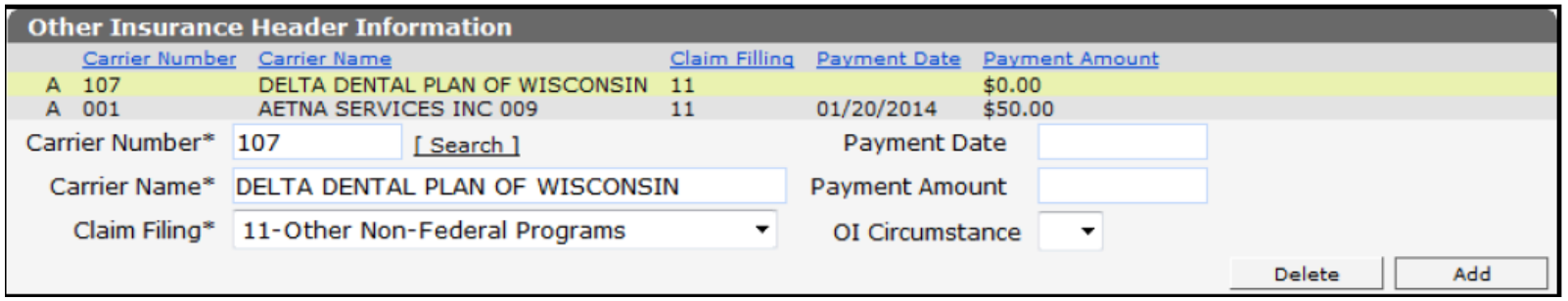
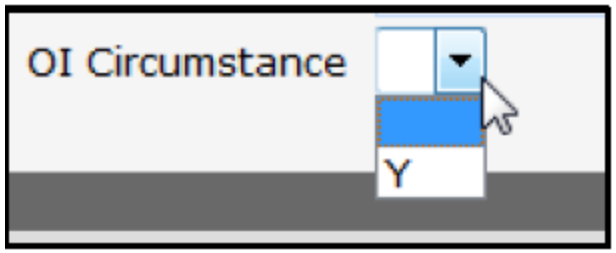
Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)





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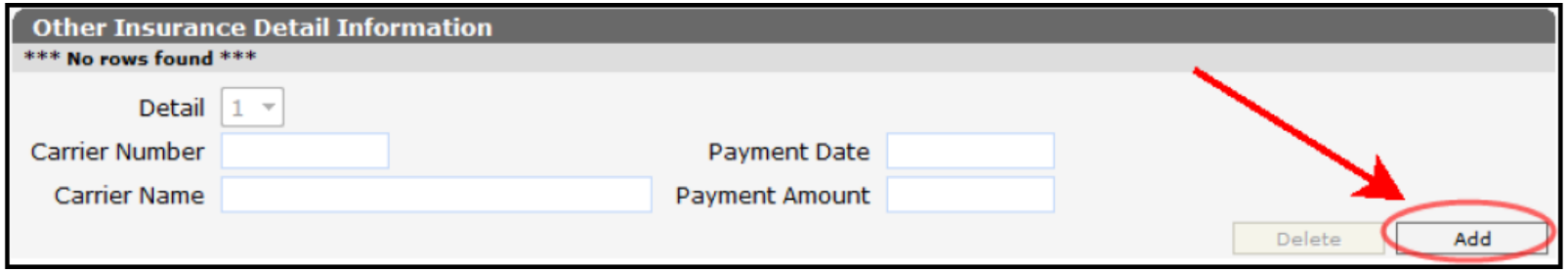
Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)



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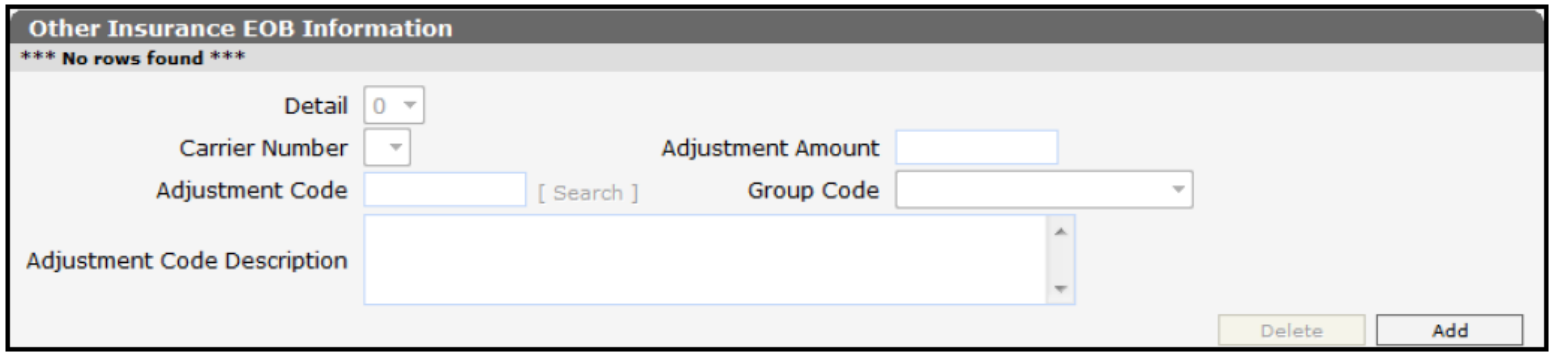

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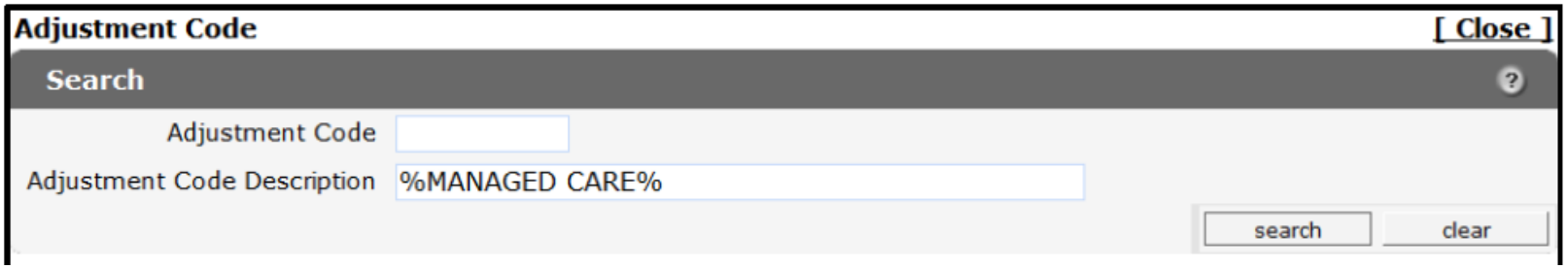
Dual Eligible Billing — Portal Commercial Health Insurance (Cont.)



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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.

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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.

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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.

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SeniorCare Spend Down and Deductible (Cont.)

Benefit Plan

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

Deductible

Payer	Benefit Plan	Services	Current Balance	Effective Date	End Date
Medicaid	SENIORCARE COST SHARE	Overall	$850.00	01/01/2019	03/31/2019

Spenddown

Payer	Benefit Plan	Current Balance	Effective Date	End Date
Medicaid	SENIORCARE COST SHARE	$156,956.45	01/01/2009	12/31/2299

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Resources

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

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Resources (Cont.)

Provider Relations Representative for MTM services

- **Teresa Heusel**
teresa.heusel@wisconsin.gov
(512) 319-4137
Counties - Milwaukee, Dodge, Washington, Ozaukee, Jefferson, Waukesha, Rock, Walworth, Racine, Kenosha

- **Kyle Robel**
kyle.robel@wisconsin.gov
(608) 421-6275
Counties - Florence, Forest, Marinette, Langlade, Menominee, Oconto, Shawano, Waupaca, Outagamie, Brown, Kewaunee, Door

- **Jennifer Watts**
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
(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

- **Natalie Stone**
natalie.stone@wisconsin.gov
(608) 421-6040
Counties- La Crosse, Monroe, Juneau, Adam, Vernon, Richland, Sauk, Crawford, Grant, Iowa, Dane, Columbia, Iowa, Lafayette, Green

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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.

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