

# 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

[http://172.30.10.37/WIPortal2/Subsystem/Claims/Professional.asp](#) Professional Claim

Payer: Medicaid

Claims > Professional

Next Search By: ICN

search clear New Search

### Professional Claim

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

ICN       Rendering Provider  [ Search ]  
 Provider ID       Referring Provider 1  [ Search ]  
 Member ID\*       Referring Provider 2  [ Search ]  
 Last Name       Medicare Disclaimer   
 First Name, MI       Other Insurance Indicator   
 Date of Birth       Total Charge\*   
 Patient Account #       Other Insurance Amount   
 Medical Record Number       Total Amount Paid   
 SOI Date

[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       Rendering Provider  [ Search ]  
 From Date of Service\*       Referring Provider 1  [ Search ]  
 To Date of Service\*       Referring Provider 2  [ Search ]  
 Procedure Code\*  [ Search ]      Ordering Provider  [ Search ]  
 Modifiers  [ Search ]      [ Search ]      [ Search ]      [ Search ]  
 Diagnosis Code Pointers       [ Search ]  
 Units\*   
 Charge\*       Status   
 Place of Service Code\*  [ Search ]      Allowed Amount   
 Emergency       CoPay Amount

# 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**

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  Rendering Provider  [ Search ]  
From Date of Service\*  Referring Provider  [ 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**

<a href="#">Carrier Number</a> <sup>▲</sup>	<a href="#">Carrier Name</a>
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

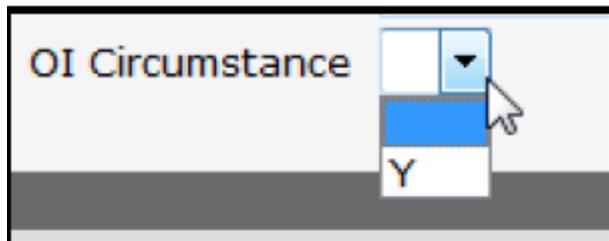
Line Number	Claim Filing*
A 1	11-Other Non-Federal Programs
	12-Preferred Provider Organization (PPO)
	13-Point of Service (POS)
	14-Exclusive Provider Organization (EPO)
	15-Indemnity Insurance
	17-Dental Maintenance Organization
	AM-Automobile Medical
	BL-Blue Cross/Blue Shield
	CH-Champus
	CI-Commercial 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					
<u>Carrier Number</u>	<u>Carrier Name</u>	<u>Claim Filing</u>	<u>Payment Date</u>	<u>Payment Amount</u>	
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"/> [ 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"/>



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

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

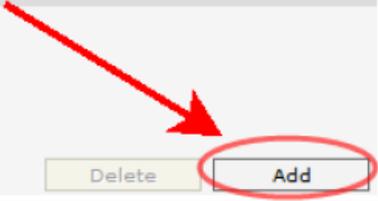
Detail

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

# 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.