

# Medication Therapy Management Billing Beyond Basics

Presenter: Vicky Murphy  
Date: July 17, 2019



# Agenda

- Reminders
- Dual Eligible Billing
- SeniorCare Spend Down and Deductible
- Remittance Advices (RAs)
- Common Claim Issues

## Reminders

- Effective April 1, 2017, Comprehensive Medication Review and Assessments (CMR/A) is the only Medication Therapy Management (MTM)-billable service through ForwardHealth.
- Providers are reminded to verify eligibility on the date of service.
- Providers are required to use *International Classification of Diseases, 10<sup>th</sup> Revision* (ICD-10) codes.

## Reminders (Cont.)

- Providers should use usual and customary charges on claims.
- Providers may indicate the full charge with procedure codes 99605 or 99606.
- Continue to use code 99607 for additional 15 minutes to account for entire time spent.

# 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="1639245558 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" value="1 Bene Exhausted"/>
Date of Birth <input type="text"/>	Total Charge* <input type="text" value="\$0.00"/>
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 ]	
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"/>

# Dual Eligible Billing — Portal Medicare

Medicare Disclaimer	no disclaimer
Other Insurance Indicator	1 Bene Exhausted 5 Non-elig prov 6 Non-elig recip
Total Charge <sup>SM</sup>	7 Mcare disallowed/denied pymt 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



# 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

## 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

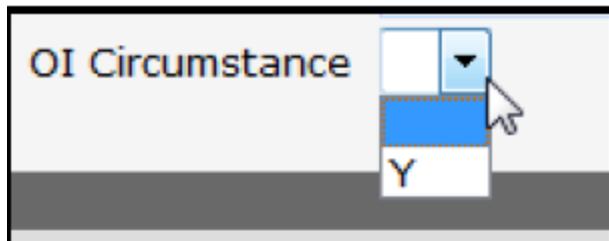
Line Number	Claim Filing*
A 1	11-Other Non-Federal Programs
	12-Preferred Provider Organization (PPO)
	13-Point of Service (POS)
	14-Exclusive Provider Organization (EPO)
	15-Indemnity Insurance
	17-Dental Maintenance Organization
	AM-Automobile Medical
	BL-Blue Cross/Blue Shield
	CH-Champus
	CI-Commercial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

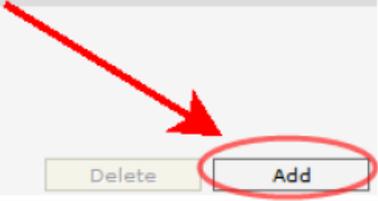
Detail

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



## RA's

- RA's are available via the secure Provider or Remittance Advice pages of the Portal.
- RA's are grouped by the type of claim and the status of the claim.
- Explanation of Benefit codes on the RA are four-digit numeric codes specific to ForwardHealth.

## RAAs (Cont.)

- RAAs are available in two formats: .txt and comma-separated value (CSV).
- Text files may be printed to produce a paper RA.
- CSV files are accepted by a wide range of computer software programs (e.g., Microsoft Excel).
- Once downloaded, the file may be saved to a user's computer and manipulated.

## RAs (Cont.)

- Each claim or adjustment request received by ForwardHealth is assigned a unique claim number (also known as the ICN).
- The ICN consists of 13 digits that identify valuable information
  - First 2 digits – Region
  - Next 2 – Year the claim or adjustment received
  - Next 3 - Julian date the claim or adjustment was received
  - Last 6 – Batch range and Sequence number – for internal processing

## RAAs (Cont.)

- Regions
  - 10 Paper Claim
  - 20 Electronic Claim
  - 22 Internet claim (Portal)
  - 25 Point-of-Service Claim
  - 50-59 Adjustments
  - 90-91 Claim requiring Special Handling
  - 11 Paper claim with attachment
  - 21 Electronic claim with attachment
  - 23 Internet claim with attachment
  - 26 Point-of-Service Claim with attachment
  - 80 Claim Resubmission (internal)

# RAs (Cont.)

wisconsin.gov home   state agencies   subject directory   department of health services

**ForwardHealth**  
Wisconsin serving you

**interChange**  
Provider

Welcome » August 23, 2011 1:50 PM [Logout](#)

Home | Search | **Providers** | Enrollment | Claims | Prior Authorization | **Remittance Advices** | Trade Files | HealthCheck  
Max Fee Home | Account | Contact Information | Online Handbooks | Site Map | Certification

You are logged in with NPI: 0987654321, Taxonomy Number: 100N00000X, Zip Code: 54449, Financial Payer: Medicaid

[Providers](#)

### What's New?

Providers can improve efficiency while reducing overhead and paperwork by using real-time applications available on the new ForwardHealth Portal. Submission and tracking of claims and prior authorization requests and amendments, on-demand access to remittance information, 835 trading partner designation, and instant access to the most current ForwardHealth information is now available.

**NEW HIPAA Version 5010 and NCPDP Version D.0 Upgrade Information.**  
**NEW** HIPAA Version 5010 Companion Guides and NCPDP Version D.0 Payer Sheet.  
**NEW** HIPAA Version 5010 Testing Packets.  
**NEW** Register for E-mail Subscription.

- New Rate Reform Part 3 Ideas/Recommendations Requested.
- Incentive Payments. . . Are you Eligible?
- ForwardHealth System Generated Claim Adjustments

### Home Page

- [Update User Account](#)
- [Customize Home Page](#)
- [Demographic Maintenance](#)
- [Electronic Funds Transfer](#)

### Quick Links

- [Register for E-mail Subscription](#)
- [Provider-specific Resources](#)
- [Designate 835 Receiver](#)
- [Online Handbooks](#)
- [ForwardHealth Updates](#)
- [Fee Schedules](#)
- [Forms](#)
- [Become a Provider](#)
- [Certification Tracking Search](#)

### Messages

Category	Subject	Date Sent	Expiration Date	Remove
----------	---------	-----------	-----------------	--------



# RAs (Cont.)

## Remittance Advices

---

ForwardHealth offers providers and MCOs two different options for obtaining their remittance advices electronically. From this page, users will be able to select the electronic RA format that best suits their needs.

### Text Report Format (.txt)

---

Use the following link to access remittance advices in text format. Users will be able to select which specific RA they would like to download or view. Text report formatted remittances are available for the past 121 days.

- [Download or view remittance advices in a text \(.txt\) report format](#)

### Comma-Separated-Values Format (.csv)

---

Use the following links to access remittance advices in CSV format. Users will be able to select which specific RA they would like to download. Users will also be able to choose which sections of the RA they would like to include in the download file. A provider or MCOs last 10 remittance advices will be available in CSV format.

- [Download remittance advices in a CSV \(.csv\) report format](#)
- [View the RA User Guide](#)
- [View the CSV file User Guide](#)
- [View EOB codes and descriptions](#)



# RAs (Cont.)

REPORT: CRA-CDDN-R RA#: 1667378 PAYER: TXIX	FORWARDHEALTH INTERCHANGE WISCONSIN FORWARDHEALTH PROVIDER REMITTANCE ADVICE COMPOUND DRUG CLAIMS DENIED	DATE: 11/12/2015 PAGE: 2
GROUP HEALTHCOOPERATIVE OF PO BOX 88619 SOUTH CENTRAL WISCON MILWAUKEE, WI 53288	PAYEE ID 69000130 MCD NPI CHECK/EFT NUMBER 000000000 PAYMENT DATE 11/13/2015	
--ICN-- RX NO. PRESCRIBING PROV	UD DAW SUB LVL EFF SERVICE DATE QUANTITY BILLED AMOUNT OTH INS AMT SPENDDOWN	
MEMBER NAME: ABC SMIT 2215316001002 3121231	MEMBER NO.: 0123456789 0 0 111111 2.000 2.00 0.00 0.00	
HEADER EOB5: 1392		
NDC 00781703939 DESCRIPTION TRIAMCINOLONE ACETONIDE	METRIC QTY BILLED AMOUNT PA NUMBER DETAIL EOB5 1.000 1.00 1144 1.000 1.00 1144	
TOTAL NO. DENIED: 1	TOTAL COMPOUND DRUG CLAIMS DENIED: 2.00 0.00 0.00	
REPORT: CRA-TRAN-R RA#: 1667378 PAYER: TXIX	FORWARDHEALTH INTERCHANGE WISCONSIN FORWARDHEALTH PROVIDER REMITTANCE ADVICE FINANCIAL TRANSACTIONS	DATE: 11/12/2015 PAGE: 3
GROUP HEALTHCOOPERATIVE OF PO BOX 88619 SOUTH CENTRAL WISCON MILWAUKEE, WI 53288	PAYEE ID 69000130 MCD NPI CHECK/EFT NUMBER 000000000 PAYMENT DATE 11/13/2015	
-----NON-CLAIM SPECIFIC PAYOUTS TO PAYEE-----		
TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE SERVICE DATE FROM THRU RELATED PROVIDER ID



Section



Claim detail information



# RAs (Cont.)

REPORT: XXX-XXXX-X  
 RA#: XXXXXXXX  
 PAYER: TXIX

FORWARDHEALTH INTERCHANGE  
 WISCONSIN FORWARDHEALTH  
 PROVIDER REMITTANCE ADVICE

DATE: 02/23/2018  
 PAGE: 4

PROFESSIONAL SERVICES CLAIMS PAID

Section

XYZ COMMUNITY HEALTH CENTER INC  
 123 MAIN ST STE 000  
 ANYTOWN, WI 55555-1111

PAYEE ID 0000000 MCD  
 NPI 1234567890  
 CHECK/EFT NUMBER XXXXXXXXX  
 PAYMENT DATE 02/26/2018

--ICN--	PCN	MRN	SERVICE DATES	BILLED AMT	OTH INS AMT	COPAY AMT	PAID AMT	
			FROM TO	ALLOWED AMT	SPENDDOWN AMT	CO-INS CB	OUTPAT DED	
MEMBER NAME: IM A MEMBER			MEMBER NO.: 0987654321					
00000000000000	000000X	0000	020118 020118	425.00	0.00	0.00	200.00	
				0.00	0.00	0.00	0.00	

Total paid for this claim

PROC CD	MODIFIERS	SERVICE DATES	ALLW	UNITS	RENDERING PROVIDER	PA NUMBER	DETAIL	E OBS
		FROM TO			BILLED AMT	ALLOWED AMT	PAID AMT	
T1015		020118 020118	1.00	MCD	77777777	200.00	200.00	3075
			0.00		200.00	200.00	200.00	
71010		020118 020118	1.00	MCD	77777777	150.00	150.00	3078
			0.00		150.00	150.00	0.00	
99211		020118 020118	1.00	MCD	77777777	75.00	75.00	3078
			0.00		75.00	75.00	0.00	

Claim detail information

## Common Claim Issues

- The procedure code on a claim does not match the code on the prior authorization (PA).
- Date of PA is **after** the date of visit on the claim.
- The patient is not eligible on the DOS.
- One or more diagnosis code is invalid for the DOS.
- Claim **paid** but with \$0 paid amount.
- Claim is in a suspend status.

# 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.

**Thank You**