Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and Other Managed Care Programs

New Requirements for Certain Claims and Claim Adjustments with Other Commercial Health Insurance Indicated

This *ForwardHealth Update* announces new requirements for professional, institutional, and dental claims and claim adjustments submitted electronically via the ForwardHealth Portal or Provider Electronic Solutions (PES) software when other commercial health insurance is indicated on the claim or adjustment. Effective for claims and adjustments submitted via the Portal or PES software on and after June 16, 2014, other insurance information must be submitted at the detail level if it was processed at the detail level by the primary insurance.

ForwardHealth is changing the requirements for professional, institutional, and dental claims and claim adjustments submitted electronically via the ForwardHealth Portal or Provider Electronic Solutions (PES) software when other commercial health insurance is indicated on the claim or adjustment. Effective for claims and adjustments submitted via the Portal or PES software on and after June 16, 2014, other insurance information must be submitted at the detail level if it was processed at the detail level by the primary insurance.

Providers are reminded that, except for a few instances, Wisconsin Medicaid or BadgerCare Plus are the payer of last resort for any covered services. Therefore, providers are required to make a reasonable effort to exhaust all existing other health insurance sources before submitting claims to ForwardHealth or to a state-contracted managed care organization (MCO).

Other insurance information that is submitted at the detail level via the Portal or PES software will be processed at the detail level by ForwardHealth. Previously, all other insurance information was processed at the claim header level, regardless of how the information was submitted. At this time, ForwardHealth is not changing the way it processes other commercial health insurance information on claims and adjustments submitted on paper.

Greater Consistency in Processing of Electronic Claims and Adjustments

ForwardHealth is changing the requirements for claims and adjustments submitted electronically via the Portal or PES software to ensure greater consistency with claims and adjustments submitted electronically using the 837 Health Care Claim (837) transaction. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), claims and adjustments submitted using the 837 transaction must include detail-level information for other insurance if they were processed at the detail level by the primary insurance.

New Panels Being Added to Portal Claims

Professional, institutional, and dental claims on the Portal are being updated to allow entry of detail-level other insurance information. These updates include the creation of three new Portal panels:

- Other Insurance Header Information panel.
- Other Insurance Detail Information panel.

Department of Health Services

- Other Insurance EOB Information panel.

Other Insurance Header Information Panel

On the Other Insurance Header Information panel, providers will be required to enter header-level information for each other insurance carrier, if applicable, including the following information:
- Carrier Number.
- Carrier Name.
- Claim Filing (i.e., type of other insurance billed prior to the claim being submitted to Wisconsin Medicaid).
- Payment Date.
- Payment Amount.
- OI Circumstance. Providers will select Y from the drop-down menu in this field when the member has other insurance, but the other insurance was not billed for reasons including, but not limited to, the following:
  - ✓ The member denied coverage or will not cooperate.
  - ✓ The provider knows the service in question is not covered by the carrier.
  - ✓ The member's commercial health insurance failed to respond to initial and follow-up claims.
  - ✓ Benefits are not assignable or cannot get assignment.
  - ✓ Benefits are exhausted.

  Note: If a provider selects Y in the OI Circumstance field, the provider will not be able to add any information for that carrier in the Other Insurance Detail Information panel or the Other Insurance EOB Information panel.

When adjusting a claim, providers may click on the Add or Delete button at the bottom of the Other Insurance Header Information panel to make changes to the header-level information for other insurance carriers.

Other Insurance Detail Information Panel

On the Other Insurance Detail Information panel, providers will be required to enter other insurance-related information for the claim details, if applicable, including the following information:
- Detail (i.e., claim detail number).
- Carrier Number.
- Carrier Name.
- Payment Date.
- Payment Amount.

Note: If a provider selects Y in the OI Circumstance field in the header for a carrier, the provider will not be able to add any information for that carrier in the Other Insurance Detail Information panel.

When adjusting a claim, providers may click on the Add or Delete button at the bottom of the Other Insurance Detail Information panel to make changes to the other insurance-related information for the claim details.

Determining whether to add other insurance information to just the header, or to both the header and detail, will depend on how the other carrier(s) processed the claim:
- If the other carrier's explanation of benefits (EOB) to the provider contained detail-specific information, then the information must be added to the detail.
- If the other carrier processed the claim only at the header (no detail-specific information), then only the header information may be entered.
- If there is more than one other carrier involved, it is possible for one carrier to be entered only in the header and the other in the detail, depending on how each carrier processed the claim.

Other Insurance EOB Information Panel

On the Other Insurance EOB Information panel, providers will be required to enter information about why a carrier did not pay the billed amount, if applicable, including the following information:
- Detail (i.e., claim detail number).
- Carrier Number.
- Adjustment Amount.
- Adjustment Code (i.e., adjustment reason code).

- Group Code (i.e., group code associated with the adjustment reason code).
- Adjustment Code Description (automatically populates when the adjustment code is selected).

Note: If a provider selects Y in the OI Circumstance field in the header for a carrier, the provider will not be able to add any information for that carrier in the Other Insurance EOB Information panel.

When adjusting a claim, providers may click on the Add or Delete button at the bottom of the Other Insurance EOB Information panel to make changes to information about why a carrier did not pay the billed amount.

Changes Made to Provider Electronic Solutions Dental Claim

ForwardHealth has also updated the PES dental claim to allow entry of detail-level other insurance information. All PES claims and adjustments submitted on and after June 16, 2014, must include detail-level information for other insurance — if they were processed at the detail level by the primary insurance.

Note: The PES professional and institutional claims already allow for entry of detail-level other insurance information so no updates were required to PES professional and institutional claims.

Adjustments to Claims Submitted Prior to June 16, 2014

Providers who submit professional, institutional, or dental claim adjustments electronically on and after June 16, 2014 — for claims originally submitted prior to June 16, 2014 — will be required to submit other insurance information at the detail level on the adjustment if it was processed at the detail level by the primary insurance.

Revisions to Portal User Guides and Provider Electronic Solutions Manual

Portal user guides for professional, institutional, and dental claims are being revised to reflect the new requirements for submitting claims with other insurance information, as detailed in this *Update.* The revised Portal user guides will contain more detailed descriptions of the new Portal panels.

The revised Portal user guides will be available for download on the Portal User Guides page of the Providers area of the Portal at *www.forwardhealth.wi.gov/WIPortal/ content/Provider/userguides/userguides.htm.*

The Wisconsin Provider Electronic Solutions Manual is also being revised and will be available for download on the Provider Electronic Solutions (PES) Information page of the Trading Partners area of the Portal at *www.forwardhealth.wi.gov/WIPortal/ Default.aspx?srcUrl=PESSoftwareInfo.htm&tabid=41.*

New Provider Trainings Scheduled

ForwardHealth has scheduled upcoming provider trainings to address submission of claims with other insurance information. Refer to the Attachment of this *Update* for a list of training dates and locations.

Reminders: Claims or Adjustments Processed by Other Commercial Insurance, Medicare, or Both

Providers are reminded of the following requirements when submitting claims or adjustments processed by other commercial insurance, Medicare, or both:
- Providers are required to exhaust commercial health insurance sources and Medicare coverage, if applicable, before submitting claims or adjustments to ForwardHealth.
- Providers may not submit claims to ForwardHealth and commercial health insurance simultaneously. Submitting claims simultaneously may constitute fraud and interferes with ForwardHealth's ability to recover prior payments.
- Medicare crossover claims sent to ForwardHealth for payment of coinsurance, copayment, and deductible must be for Medicare-eligible members and for Medicare-allowed services.

- If a crossover claim is also processed by commercial health insurance that is secondary to Medicare (e.g., Medicare supplemental), the claim will not be forwarded to ForwardHealth. After the claim has been processed by the commercial health insurance, the provider should submit a provider-submitted crossover claim to ForwardHealth with the appropriate other insurance indicator.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate MCO. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

ATTACHMENT
Training Schedule
Submitting Claims with Other Health Insurance

Providers are encouraged to attend both the Understanding Member Enrollment on the Portal training and the Submitting Claims with Commercial Insurance training, both of which may be found on the Trainings page of the Providers area of the ForwardHealth Portal.

Date	Location
June 3, 2014 **Understanding Member Enrollment on the ForwardHealth Portal** Registration — 8:00 a.m. - 8:30 a.m.; Training — 8:30 a.m. - 11:30 a.m. **Submitting Claims with Commercial Insurance on the Portal** Registration — 11:30 a.m. - 11:45 a.m.; Training — 11:45 a.m. - 1:00 p.m.	Country Springs Hotel 2810 Golf Rd Pewaukee WI 53072 (262) 547-0201
June 4, 2014 **Understanding Member Enrollment on the ForwardHealth Portal** Registration — 8:00 a.m. - 8:30 a.m.; Training — 8:30 a.m. - 11:30 a.m. **Submitting Claims with Commercial Insurance on the Portal** Registration — 11:30 a.m. - 11:45 a.m.; Training — 11:45 a.m. - 1:00 p.m.	Crowne Plaza 4402 E Washington Ave Madison WI 53704 (608) 244-4703
June 10, 2014 **Understanding Member Enrollment on the ForwardHealth Portal** Registration — 8:00 a.m. - 8:30 a.m.; Training — 8:30 a.m. - 11:30 a.m. **Submitting Claims with Commercial Insurance on the Portal** Registration — 11:30 a.m. - 11:45 a.m.; Training — 11:45 a.m. - 1:00 p.m.	Holiday Inn 150 S Nicolet Rd Appleton WI 54914 (920) 735-9955
June 11, 2014 **Understanding Member Enrollment on the ForwardHealth Portal** Registration — 8:00 a.m. - 8:30 a.m.; Training — 8:30 a.m. - 11:30 a.m. **Submitting Claims with Commercial Insurance on the Portal** Registration — 11:30 a.m. - 11:45 a.m.; Training — 11:45 a.m. - 1:00 p.m.	Howard Johnson 2101 N Mountain Rd Wausau WI 54401 (715) 842-0711
June 12, 2014 **Understanding Member Enrollment on the ForwardHealth Portal** Registration — 8:00 a.m. - 8:30 a.m.; Training — 8:30 a.m. - 11:30 a.m. **Submitting Claims with Commercial Insurance on the Portal** Registration — 11:30 a.m. - 11:45 a.m.; Training — 11:45 a.m. - 1:00 p.m.	Metropolis Resort 5150 Fairview Dr Eau Claire WI 54701 (715) 852-6000