

Affected Programs: BadgerCare Plus, Medicaid

To: Occupational Therapists, Physical Therapists, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

Changes to Process for Submitting Birth to 3 Program Claims

This *ForwardHealth Update* announces changes to the claim submission process for Birth to 3 Program service providers that submit claims for members enrolled in the Birth to 3 Program.

Effective for dates of service (DOS) on and after November 1, 2015, Birth to 3 Programs will no longer have to pay the commercial health insurance liability for Birth to 3 Program members whose parents did not give consent to bill their commercial health insurance. Birth to 3 Program service providers will instead be able to bill the commercial health insurance liability directly to ForwardHealth.

Note: Birth to 3 Program service providers are still required to bill a member's commercial health insurance if the member's parent gave consent to do so.

When submitting claims with DOS prior to November 1, 2015, Birth to 3 Program service providers are required to indicate if the commercial health insurance liability was paid by the Birth to 3 Program.

Beginning November 1, 2015, Birth to 3 Program service providers may resubmit Birth to 3 claims that could not previously be submitted, were denied, or for which incorrect reimbursement was issued as a result of not having the updated claim submission instructions included in this *ForwardHealth Update*.

Claim Submission Instructions if Member's Parent Did Not Give Consent to Bill Commercial Health Insurance

If a Birth to 3 Program member's parent did not give consent to bill his or her commercial health insurance, the Birth to 3 Program service provider should follow the claim submission instructions below based on the submission method.

Claims Submitted on Paper

Effective for claims received by ForwardHealth on and after August 3, 2015, regardless of the DOS, Birth to 3 Program service providers are required to indicate American National Standards Institute (ANSI) reason codes on all paper claims that indicate that a Birth to 3 Program has paid or denied the commercial health insurance liability for a member enrolled in the Birth to 3 Program.

Note: This requirement is already in effect for electronic claims submitted through the ForwardHealth Portal and 837 Health Care Claim electronic transactions.

Birth to 3 Program service providers are required to submit an Explanation of Medical Benefits form, F-01234 (11/14), along with the 1500 Health Insurance Claim Form, when submitting a paper claim with other health insurance information indicated. For more information about the requirement for submitting the Explanation of Medical

Benefits form, refer to the Explanation of Medical Benefits Form Requirement topic (topic #18497) in the Commercial Health Insurance chapter of the Coordination of Benefits section of the Online Handbook on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

Birth to 3 Program service providers should follow the instructions below to complete the indicated elements on the Explanation of Medical Benefits form:

- **Element 1 — Payer Information** — Check the box to indicate commercial health insurance. Enter “B3 <name of county> county” as the carrier name.
- **Element 5 — Name — Primary Policyholder** — Leave blank.
- **Element 6 — Primary Policy ID / HICN** — Leave blank.
- **Element 7 — Policy / Group Number** — Leave blank.
- **Element 8 — Date Payer Processed** — Leave blank for DOS on and after November 1, 2015. Enter the date the Birth to 3 Program made the payment for DOS prior to November 1, 2015.
- **Element 11 — Paid / Deny** — Enter “Y” for DOS on and after November 1, 2015. Enter “P” for DOS prior to November 1, 2015.
- **Element 14 — Paid** — Leave blank for DOS on and after November 1, 2015. Enter the amount that was paid by the Birth to 3 Program for DOS prior to November 1, 2015.
- **Elements 15–21 — ANSI Reason Codes** — Leave blank for DOS on and after November 1, 2015. Enter the appropriate ANSI Reason Code for DOS prior to November 1, 2015.

For elements not included above, providers should follow the Explanation of Medical Benefits Completion Instructions, F-01234A (08/15), which are available on the Forms page of the Portal at www.forwardhealth.wi.gov/WIPortal/content/provider/forms/index.htm.spage#.

Claims Submitted Using 837 Health Care Claim Transaction or Provider Electronic Solutions Software

Birth to 3 Program service providers should follow the instructions below when submitting a claim, with other health insurance indicated, using the 837 Health Care Claim transaction or Provider Electronic Solutions (PES) software. The Wisconsin Provider Electronic Solutions Manual, which is available on the Trading Partners area of the Portal, gives detailed instructions on how to enter information into the OI tabs, either in the header or in the detail. Providers should include the following information in the fields listed below:

- **Claim Filing Indicator Code** — Enter “ZZ”.
- **Carrier Code** — Enter “000”.
- **Adjustment Group and Reason Code** — Leave blank for DOS on and after November 1, 2015. Enter the appropriate ANSI Group and Reason Codes for DOS prior to November 1, 2015.
- **OI** — Leave as “Yes” for DOS on and after November 1, 2015. Enter “No” for DOS prior to November 1, 2015.

Claims Submitted Using Direct Data Entry on the Portal

Birth to 3 Program service providers should follow the instructions below when submitting a claim, with other health insurance indicated, using Direct Data Entry on the Portal:

- **Header OI Information Panel (required):**
 - ✓ **Carrier number** — Enter “000”.
 - ✓ **Carrier name** — Enter “(name of county) County B3”.
 - ✓ **Claim filing indicator** — Select “ZZ - Mutually Defined”.
 - ✓ **Payment date** — Leave blank for DOS on and after November 1, 2015. Enter the date the Birth to 3 Program made the payment for DOS prior to November 1, 2015.
 - ✓ **Payment amount** — Leave blank for DOS on and after November 1, 2015. Enter the amount that was paid for DOS prior to November 1, 2015.

- ✓ **OI Circumstance** — Select “OI Circumstance” for DOS on and after November 1, 2015. Leave blank for DOS prior to November 1, 2015.
- **Detail OI Information Panel (required if the primary payer explanation of benefits [EOB] processed at the detail level):**
 - ✓ **Carrier number** — This information will populate from the header level.
 - ✓ **Carrier name** — This information will populate from the header level.
 - ✓ **Payment date** — Leave blank for DOS on and after November 1, 2015. Enter the date the Birth to 3 Program made the payment for DOS prior to November 1, 2015.
 - ✓ **Payment amount** — Leave blank for DOS on and after November 1, 2015. Enter the amount that was paid for DOS prior to November 1, 2015.
- **Other Insurance EOB information Panel:**
 - ✓ **Carrier number** — Select the appropriate number from the drop-down menu.
 - ✓ **Adjustment Group and Reason Codes** — Leave blank for DOS on and after November 1, 2015. Select the appropriate ANSI Group and Reason Codes from the respective drop-down lists for DOS prior to November 1, 2015.

topic (topic #744) in the Timely Filing Appeals Requests chapter of the Claims section of the Online Handbook.

For each claim being resubmitted using the timely filing appeals request process, Birth to 3 Program service providers are instructed to reference this *Update* by its number (*Update* 2015-54) in the “Briefly explain the nature of the problem and previous efforts made to resolve the claims” section of the Timely Filing Appeals Request form, F-13047 (08/15). To receive reconsideration, these requests must be received by January 1, 2016.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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Claim Submission Instructions if Member’s Parent Gave Consent to Bill Commercial Health Insurance

If the Birth to 3 Program member’s parent gave consent to bill commercial health insurance, refer to the Commercial Health Insurance chapter of the Coordination of Benefits section of the Online Handbook for more information regarding billing commercial health insurance.

Timely Filing Claim Submission

Claims to be resubmitted that have passed the 365-day claim submission deadline must be resubmitted on paper using the timely filing appeals request process. For more information about submitting a timely filing appeals request for ForwardHealth reconsideration, refer to the Submission