

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

Changes to Claims Processing for Members with Medicare Advantage and Medicare Cost Plans

Effective February 9, 2018, ForwardHealth will implement changes to the claims processing system with regard to Medicare Advantage and Medicare Cost plans. To reduce the time spent on benefit coordination, providers will be informed by Explanation of Benefits (EOB) codes of the need to bill a member's Medicare Advantage Plan or Medicare Cost Plan directly, instead of being directed to initially bill Medicare.

Medicare Advantage

Providers are required to bill the following services to the Medicare Advantage Plan before submitting claims to ForwardHealth if the member was enrolled in the Medicare Advantage Plan at the time the service was provided:

- Ambulance services
- Ambulatory surgery center services
- Chiropractic services
- Dental anesthesia services
- Home health services (excluding personal care services)
- Hospital services, including inpatient or outpatient
- Medicare-covered services
- Osteopath services
- Physician services

Providers who are not within the member's Medicare Advantage network and are not providing an emergency service or Medicare-allowed service with a referral are required to refer the member to a provider within their network. Providers who render Medicare-allowed services

out of network cannot pursue payment from Medicaid, or from the member, in accordance with Wis. Admin. Code § DHS 106.03(7)(k), the Claims for Services Denied by Commercial Health Insurance topic (topic #844), and the Definition of Commercial Health Insurance topic (topic #601) in the Commercial Health Insurance chapter of the Coordination of Benefits section of the ForwardHealth Online Handbook. For more information, refer to the Medicare chapter of the Coordination of Benefits section of the Online Handbook.

The current EOB #0771, "Member has Medicare Advantage for the Date(s) of Service," will be revised to indicate the claim was denied by ForwardHealth because it should be submitted to the member's Medicare Advantage carrier first.

Medicare Cost

Providers are required to bill the following services to the Medicare Cost Plan before submitting claims to ForwardHealth if the member was enrolled in the Medicare Cost Plan at the time the service was provided:

- Ambulance services
- Ambulatory surgery center services
- Chiropractic services
- Dental anesthesia services
- Home health services (excluding personal care services)
- Hospital services, including inpatient or outpatient
- Medicare-covered services
- Osteopath services

- Physician services

Providers who are not within the member's Medicare Cost network and are not providing an emergency service or Medicare-allowed service with a referral may submit a claim to traditional Medicare Part A or Medicare Part B for the Medicare-allowed service prior to billing ForwardHealth. For more information, refer to the Medicare chapter of the Coordination of Benefits section of the Online Handbook.

The new EOB #3082, "Member has Medicare Cost for the Date(s) of Service", will be added to all denied claims that should be directed to a member's Medicare Cost Plan. EOB #3082 will be displayed with either EOB #1256 "Member is enrolled in Medicare Part A on the Date(s) of Service" or EOB #1257 "Member is enrolled in Medicare Part B on the Date(s) of Service." A provider receiving these EOB codes should submit claims for the services listed above to the Medicare Cost carrier if they are in-network, or to Medicare Part A or Medicare Part B if they are out of network.

Post-Payment and Provider-Based Billing

Providers will also be notified of the requirement to bill Medicare Advantage, Medicare Cost, and/or Medicare Parts A and B through the post-payment and provider-based billing process. ForwardHealth will inform providers of the requirement to bill Medicare Advantage, or to bill either Medicare Cost or Medicare Parts A and B, depending on the whether the provider is in the Medicare Cost plan's network.

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 Medicaid Services, the 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, DHS.

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

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