

# Understanding the Provider Base Billing Process

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# Provider-Based Billing

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The purpose of PBB is to reduce costs by ensuring that providers receive maximum reimbursement from other health insurance sources that are primary to BadgerCare Plus or Wisconsin Medicaid.

# Provider-Based Billing (Cont.)

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When a PBB claim is created, the provider will receive the following:

- A notification letter.
- A Provider-Based Billing Summary.
- A PBB claim(s).

# Provider-Based Billing (Cont.)

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## **Responding to ForwardHealth Within 120 Days**

Responding within the 120 days of the Provider-Based Billing Summary date, providers are required to submit the required documentation verifying that one of the following occurred:

- The provider discovered through the EVS that ForwardHealth has removed or enddated the other health insurance coverage from the member's file.
- The provider verified that the member's other coverage information reported by ForwardHealth is invalid.
- The other health insurance source reimbursed or partially reimbursed the PBB claim.
- The other health insurance source denied the PBB claim.
- The other health insurance source failed to respond to an initial and follow-up claim.

# Provider-Based Billing (Cont.)

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## **Responding to ForwardHealth After 120 Days**

If a response is not received within 120 days, the amount originally paid by BadgerCare Plus or Wisconsin Medicaid will be withheld from future payments. This is not a final action. To receive payment after the original payment was withheld, providers are required to submit the required documentation to the appropriate address when one of the following occurs:

- The provider discovers that ForwardHealth has removed or enddated the other insurance coverage from the member's file.
- The provider discovers that the member's other coverage information listed by ForwardHealth is invalid.
- The provider receives either full or partial reimbursement.
- The other health insurance source denies the claim.
- The commercial health insurance carrier does not respond to an initial and follow-up claim.

# Questions

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**Thank You**

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