

# The Coordination of Benefits Process Specific to Behavioral Treatment Services

## Objective

To provide information and specific scenarios to behavioral treatment providers regarding the coordination of benefits (COB) process and submitting prior authorization (PA) requests and claims for members with commercial health insurance.

# Training Prerequisites

- This training assumes behavioral treatment providers have basic knowledge of the ForwardHealth COB processes.
- Providers should review webcast recorded training prior to viewing this training:
  - Overview of ForwardHealth Coordination of Benefits and the Commercial Insurance Process for basic COB concepts.
  - Key Concepts of Behavioral Treatment Claims and Prior Authorization Requests.
- Providers can access recorded trainings from the Training page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/content/provider/training/TrainingHome.htm.spage](http://www.forwardhealth.wi.gov/WIPortal/content/provider/training/TrainingHome.htm.spage).

# Agenda

- COB process
- Provider considerations
- Behavioral treatment-specific COB scenarios
- Impact on reimbursement
- Additional recorded trainings available for behavioral treatment providers regarding the COB process

# Coordination of Benefits Process

Providers should complete the following steps:

1. Verify if the member has other health insurance coverage, and report other insurance coverage discrepancies.
2. Bill the other health insurance carrier(s):
  - Exhaust other commercial health insurance sources.
  - Review outputs of other insurance processing (Remittance Advice).

## Coordination of Benefits Process (Cont.)

3. Submit the claim to ForwardHealth using one of the following methods:
  - An electronic submission containing claim adjustment reason and remark code(s) and/or payment information.
  - A paper claim and the Explanation of Medical Benefits form, F-01234, containing other insurance indicator(s), claim adjustment reason and remark code(s), and/or payment information.

## Provider Considerations

- Providers should consider the following when a member has coverage from both commercial health insurance and ForwardHealth:
  - Any PA request implications, including which code set(s) to use
  - Any claim considerations, including which code set to use and applicable effective dates

# Behavioral Treatment-Specific Coordination of Benefits Scenarios

- Scenario 1 — The member has commercial health insurance and is covered under ForwardHealth. Behavioral treatment services are covered by both entities.
- Scenario 2 — The member has commercial health insurance and is covered under ForwardHealth. Behavioral treatment services are covered by both entities; however, commercial health insurance has been exhausted during the plan year.
- Scenario 3 — The member has commercial health insurance and is covered under ForwardHealth. Behavioral treatment services are not covered by the member's commercial health insurance.



## Scenario 1

- A member has commercial health insurance and is covered under ForwardHealth. Behavioral treatment services are covered by both entities.
- PA request requirements:
  - Providers should submit a PA request to ForwardHealth even when services are covered by commercial health insurance.
  - Providers are required to use the procedure codes, modifiers, and units associated with the member's commercial health insurance on the Prior Authorization Request Form (PA/RF), F-11018, submitted to ForwardHealth.



# Scenario 1: Claims Submission

- Providers should bill the commercial health insurer using the commercial insurance policies, procedure codes, modifiers, and units.
- Once the commercial health insurer has processed a correct and complete claim, providers should:
  - Submit a claim to ForwardHealth with the same procedure codes, modifiers, and units as billed to the commercial health insurer.
  - Use the claim adjustment reason and remark code(s) and payment information received from the commercial health insurer to indicate the commercial health insurance billing outcome. (*Note: Providers should report the reason and remark code[s] at the level provided by the commercial health insurer [either the header or detail level]*).

## Scenario 1: Claims Submission (Cont.)

- When submitting claims on the Portal, providers should complete the:
  - Other Insurance Header Information tab
  - Other Insurance Detail Information tab
  - Other Insurance EOB (Explanation of Benefits) Information tab
- Refer to the Claims User Guide for more detailed information.

## Scenario 1: Claims Submission (Cont.)

- When submitting claims via the Provider Electronic Solutions (PES) software, providers should:
  - Use the Other Insurance tab.
  - Report other insurance payment information at the header level, and complete the OI Adj tab.
  - Report other insurance payment information at the detail level, and complete the Srv Adj tab.
    - Enter reason and/or remark code(s) at the header or detail level, provided by the commercial health insurer.
    - Refer to the PES manual on the Portal for more information.

## Scenario 1: Claims Submission (Cont.)

- When submitting claims via 837 Health Care Claim: Professional (837P) transactions, providers should:
  - Enter the reason and/or remark code(s) on the claim.
  - Refer to the 837P companion guide in the Trading Partner area of the Portal for more information.
- When submitting paper claims, providers should complete all sections of the Explanation of Medical Benefits form to report commercial health insurance information and submit it along with the claim.

# Scenario 1: ForwardHealth Portal — Other Insurance Header Information

**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"/>



# Scenario 1: ForwardHealth Portal — Other Insurance Detail and EOB Information

**Other Insurance Detail Information**

\*\*\* No rows found \*\*\*

Detail

Carrier Number  Payment Date

Carrier Name  Payment Amount

**Other Insurance EOB Information**

\*\*\* No rows found \*\*\*

Detail

Carrier Number  Adjustment Amount

Adjustment Code  [ Search ] Group Code

Adjustment Code Description

## Scenario 2

- The member has commercial health insurance and is covered under ForwardHealth. Behavioral treatment services are covered by both entities; however, commercial health insurance benefits have been exhausted during the plan year.
- Providers should complete the following steps in this scenario:
  1. Complete the steps for PA requests and claims submission as described in Scenario 1.



## Scenario 2 (Cont.)

2. Once the member's commercial health insurance benefits have been exhausted for the **plan year**, amend the PA request to reflect the following:
  - ForwardHealth procedure codes
  - The requested remaining units for the plan year
  - A specific requested start date for the amendment
3. Once the PA amendment request is approved, submit claims with the following:
  - Dates of service that are within the amendment-approved dates
  - ForwardHealth procedure codes

## Scenario 2 (Cont.)

- Providers should indicate other insurance information on the following claim types as follows:
  - Portal — Indicate Y
  - PES — Indicate OI-Y under the OI tab
  - 837P — Refer to the 837P Companion Guide for the OI-Y equivalent
  - Paper — Indicate “Y” in Element 11 of Section IV (Paid/Deny) of the Explanation of Medical Benefits form

## Scenario 2 (Cont.)

- When a new plan year begins, providers should:
  - Amend the current approved PA or end date the current PA.
  - Follow the instructions in scenario 1 to request a new PA.

*Note:* Plan years are specific to each commercial health insurance policy and do not necessarily run from January through December.

## Scenario 3

- The member has both commercial health insurance and is covered under ForwardHealth. Behavioral treatment services are not covered by the member's commercial health insurance.
- Once providers have verified that commercial insurance does not cover behavioral treatment services, they should follow these steps:
  1. Document any denials by the commercial health insurer for noncovered services; maintain this documentation in the member's record.

## Scenario 3 (Cont.)

2. If the commercial health insurer has not provided written documentation of denial of noncovered services, document how a lack of coverage was verified (e.g., be referring to a copy of the member's policy).

*Note:* Documentation of noncovered services must be verified at least once per **benefit plan year**, as policies can change.

- Providers are required to submit PA requests and claims using ForwardHealth procedure codes.

## Scenario 3 (Cont.)

- Providers should not submit documentation of commercial insurance denial, unless requested.
- Providers should submit claims to ForwardHealth with the other commercial health insurance information (e.g., OI-Y).

## Impact on Reimbursement

- For each service submitted on a claim, ForwardHealth calculates an allowed amount based on the ForwardHealth-established maximum allowable fee and units of service provided.
- The ForwardHealth-allowed amount for covered services is considered payment in full by ForwardHealth.

## Impact on Reimbursement (Cont.)

- Providers are reimbursed at the lesser of their billed amount and the ForwardHealth allowed amount for the service, minus any other insurance payment.
- Stated another way, if the other insurance payments exceed the ForwardHealth allowed amount, no further payment will be made by ForwardHealth.



# Impact on Reimbursement (Cont.)

## Examples

<b>Reimbursement Examples for Other Insurance Payments</b>			
<b>Explanation</b>	<b>Example</b>		
	<b>1: H0031</b>	<b>2: H2012</b>	<b>3: H2019</b>
Provider's billed amount	\$50	\$40	\$8
Other insurance paid	\$30	\$5	\$4
ForwardHealth maximum allowable fee <i>Note: Amounts listed are not actual max fee amounts</i>	\$10	\$10	\$10
Medicaid payment	\$0	\$5	\$4

# Additional Recorded Trainings Available for Behavioral Treatment Providers Regarding the Coordination of Benefits Process

- Key Concepts of Behavioral Treatment Claims and Prior Authorization Requests
- Other Coordination of Benefits Processes to Consider

**Thank You**