Billing Training

Medicare & Third-Party Liability

Health First Colorado
(Colorado's Medicaid Program)

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Members may be eligible for different and overlapping benefits.

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Types of Coverage

Third Party Liability (TPL)

(Commercial Insurance)

Medicare

Health First Colorado (Medicaid)

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Third-Party Liability

- The term **Third-Party Liability (TPL)** describes circumstances when a Health First Colorado member has additional health insurance

- An estimated 10% of Health First Colorado members have other health insurance resources available to pay for medical expenses

For this discussion, | Third-Party Liability | = | Commercial / Private Insurance |

Member Eligibility

Most members have Health First Colorado benefits (Title XIX [Title 19])

Some members have...

Limited benefits:
- Emergency Medicaid Services (EMS)
- Family Planning Limited (FAMPL)
- Presumptive Eligibility (PE)

Additional benefits:
- Alternative Benefits Plan (ABP)
- Home and Community-Based Services (HCBS) waivers

Benefits administered by other organizations:
- Behavioral health through the Regional Accountable Entities (RAEs)
- Managed Care Organizations (MCOs)
- Program of All-Inclusive Care for the Elderly (PACE)

Additional insurance:
- Medicare
- Third-party liability (TPL)

Member Eligibility

Medicare

- Qualified Medicare Beneficiary (QMB) programs cover any service covered by Medicare

  - ➢ Qualified Medicare Beneficiary **Plus** Medicaid (QMB+): Members also receive Health First Colorado benefits (Title XIX [Title 19])

  - ➢ Qualified Medicare Beneficiary (QMB) **Only**: Members do **not** receive Health First Colorado benefits, Health First Colorado will only pay if Medicare pays primary

- Members are only responsible for Health First Colorado co-pay

Provider Participation Agreement

All providers who enroll with Health First Colorado sign the Provider Participation Agreement (PPA)

- When a provider agrees to render service to a member, they agree to work with **all the member's forms of insurance**

- Providers working with Health First Colorado members **cannot**:

  - Bill the member the difference between the amount billed and the amount reimbursed

  - Bill the member for the co-pay or deductible assessed by the third-party liability (TPL)

If a member has…

- **Third-Party Liability (TPL)**

  ➢ Providers must be enrolled with and bill the commercial insurance as the primary payer before submitting claims to Health First Colorado

- **Medicare**

  ➢ Providers must be enrolled with and bill Medicare before submitting claims to Health First Colorado

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Quick Guide: Verifying Member Eligibility

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Verifying Member Eligibility

1. Log in to the Provider Web Portal.
2. Click the Eligibility tab.

3. Click the Eligibility Verification link.

Quick Guide: Verifying Third-Party Liability Coverage

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Quick Guides
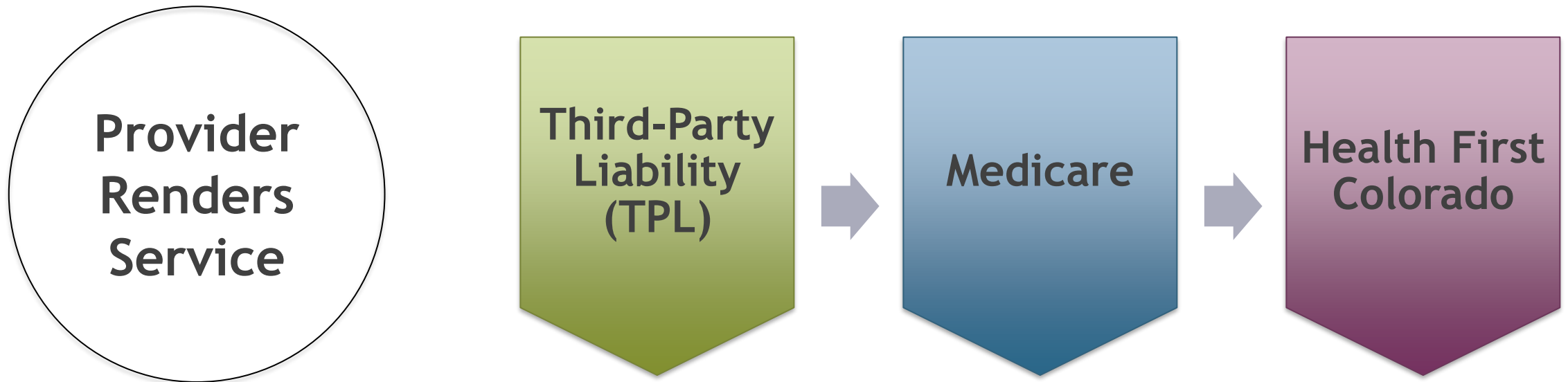
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Verify Member Eligibility and Co-Pay

- Website has a step-by-step Quick Guide with screenshots

- Shows process to verify member eligibility on the Provider Web Portal

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Health First Colorado is the payer of last resort.

Billing Sequence

Provider Renders Service

Third-Party Liability (TPL) → **Medicare** → **Health First Colorado**

Third-Party Liability (TPL)

Third-Party Liability (TPL)

- Indicate date the commercial insurance paid or denied on each claim

- Do **not** attach Explanation of Benefits (EOB) to the claim

Medicare Crossover Claims

- **Automatic** Medicare crossover process:

Medicare	Fiscal Agent (Gainwell Technologies)	Remittance Advice (RA)

- Claims that involve Medicare but were **not automatically crossed over** must be submitted directly by the provider *(this is still considered a "crossover claim")*

Provider	Fiscal Agent (Gainwell Technologies)	Remittance Advice (RA)
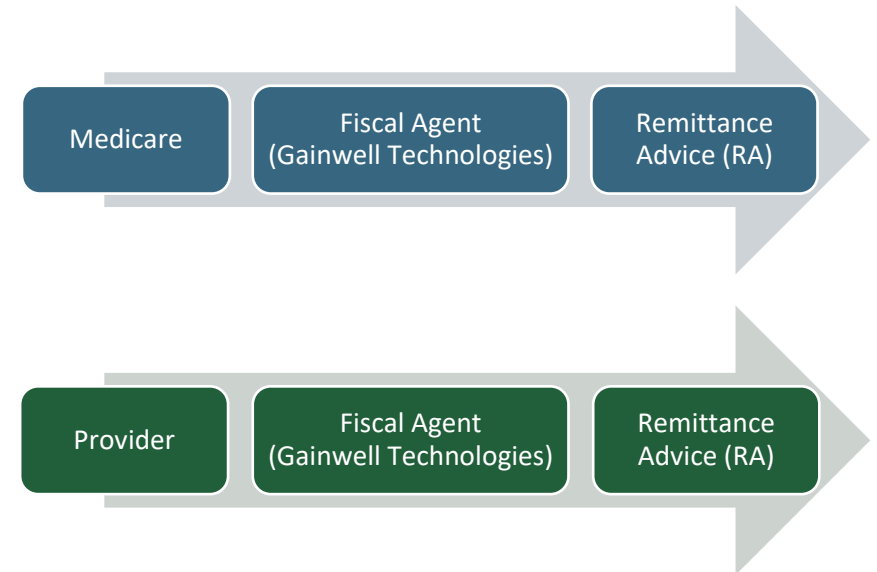
- Crossovers may not be processed by Health First Colorado if:

  - National Provider Identifier (NPI) used on Medicare claim does not match NPI enrollment with Health First Colorado

  - Member has incorrect or missing Medicare information on file

Medicare

Medicare

- Retain proof of:
  - ➢ Submission to Medicare prior to Health First Colorado
  - ➢ Medicare denial(s) for seven years

- Do **not** attach Medicare Explanation of Benefits (EOB) to claim submission

- Do **not** check box "Include Other Insurance" on Provider Web Portal

Quick Guide: Entering Other Insurance or Medicare Crossover Information

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[Quick Guides](#)

Quick Guide: Entering Other Insurance or Medicare Crossover Information

- Website has a step-by-step guide with screenshots

- Guides providers through entering information on the Provider Web Portal

Quick Guide: Entering Other Insurance or Medicare Crossover Information

- **Entering Other Insurance Information on a Claim**
  - Professional Claim with TPL
    - TPL Denied
    - TPL Applied to Deductible
  - Institutional Claim with TPL

- **Entering Medicare Crossover Information on a Claim**
  - Professional Claim with Medicare (Crossover)
  - Institutional Inpatient Claim with Medicare (Crossover)
  - Institutional Inpatient Claim with Medicare (Part B Only Crossover)
  - Institutional Outpatient Claim with Medicare (Crossover)

Providers must bill promptly after service to stay within timely filing.

Timely Filing

Provider Renders Service → Third-Party Liability (TPL) → Medicare → Health First Colorado

365 days

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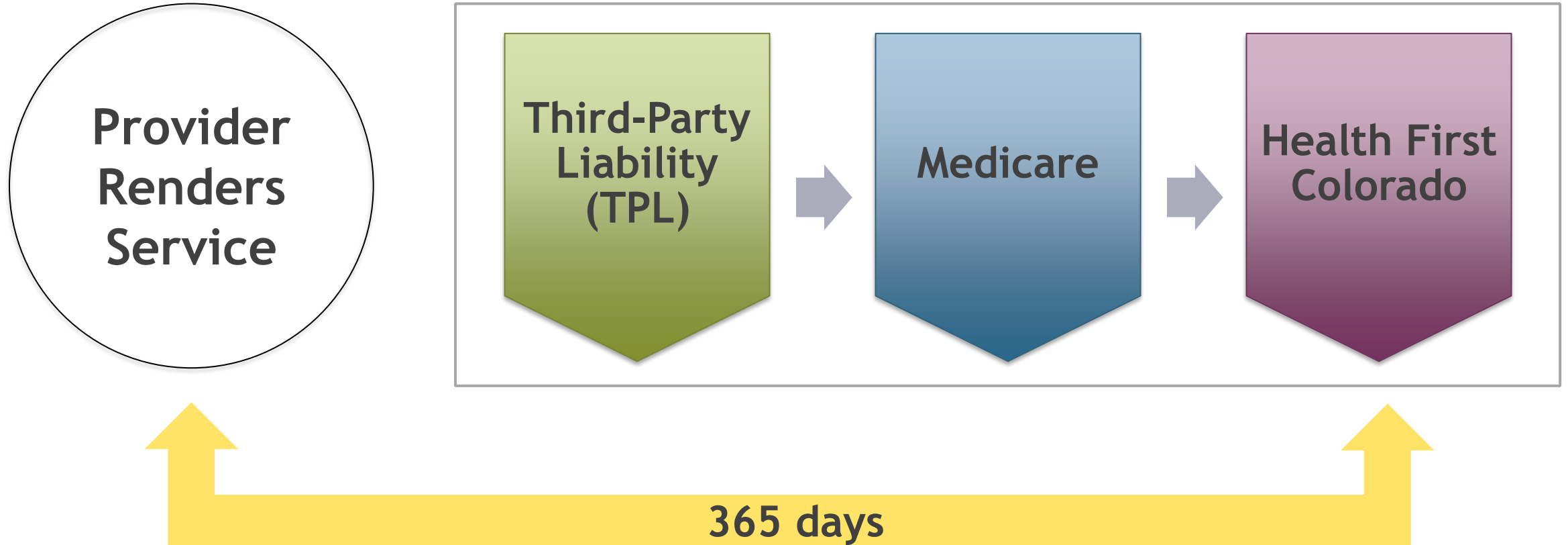
Order of Payers

When a member has **third-party liability (TPL)** *and* **Health First Colorado**:
1. Primary payer = third-party liability (TPL)
2. Secondary payer = Health First Colorado

When a member has **Medicare** *and* **Health First Colorado**:
1. Primary payer = Medicare
2. Secondary payer: Health First Colorado

When a member has **third-party liability (TPL)** *and* **Medicare** *and* **Health First Colorado**:
1. Primary payer = third-party liability (TPL)
2. Secondary payer = Medicare
3. Tertiary payer = Health First Colorado

Timely Filing: Third-Party Liability (TPL)

- Provider have 365 days, no extensions

- Providers should submit third-party liability (TPL) claims to commercial insurance carriers as soon as possible and follow up to ensure prompt response

- Insurance companies are bound by the Prompt Pay Law (CRS § 10-16-106.5), which requires payment within certain timeframes

Adjustments or Voids Initiated by the Department

If a claim is adjusted or voided **by the Department or fiscal agent** because **third-party liability (TPL)** is primary:

Providers may resubmit the claim within 60 days of the date of adjustment or void by the Department or the fiscal agent

- ➢ Include commercial insurance information, including paid or denied date, on claim

- ➢ Reference the last Internal Control Number (ICN) of the claim that was adjusted or voided

- ➢ Do not attach copy of Explanation of Benefits (EOB) or the Remittance Advice (RA)

Timely Filing: Medicare

Crossover claims submitted after the Medicare Explanation of Benefits (EOB) must be filed within 365 days of the date of service

What if I don't get an EOB from Medicare before Health First Colorado's 365-day timely filing period?

➢ If a claim involving Medicare does not cross over within 365 days, providers receive a 120-day extension to keep the claim within timely filing

Timely Filing

Is the claim within 365 days of the (final) date of service?

✗ Claim cannot be submitted after 365 days from the date of service unless:

✓ **Member's eligibility backdated by county?** Request load letter and attach to claim submitted within 60 days of letter.

Yes

Health First Colorado: Check member's eligibility (and <u>continue checking</u> in case of retroactive eligibility) and submit claim

Health First Colorado + Third-Party (Commercial Insurance): Bill commercial insurance as soon as possible and <u>follow up to ensure prompt payment</u>

Health First Colorado + Medicare: Bill Medicare first

✗ **Delayed in submitting claim and just received Explanation of Benefits (EOB) from Third-Party (Commercial Insurance)?** Claim cannot be submitted after 365 days from the date of service.

✓ **Claim voided or adjusted by fiscal agent for Third-Party Liability?** Providers have 60 days from date of void or adjustment to resubmit claim.

✓ **Just received Explanation of Benefits (EOB) from Medicare?** Providers have 120 days from Medicare Explanation of Benefits (EOB) to submit claims to Health First Colorado

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FAQ:

Timely Filing

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[Frequently Asked Questions (FAQs) and Billing Resources](Frequently Asked Questions)

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Frequently Asked Questions (FAQs) and Billing Resources

⌄ Accounts Receivable and Refunds

⌄ Electronic Funds Transfer (EFT) and Paper Check Payment

⌄ Appeals

⌄ Load Letters

⌃ Timely Filing

What is the deadline for meeting timely filing requirements?

Providers always have at least 365 days from the date of service (DOS) to submit a claim. A previous Internal Control Number (ICN) is required if a claim is submitted beyond the 365-day timely filing period.

What date is used when considering timely filing deadlines?

A claim is considered filed when the fiscal agent documents receipt of the claim.

Waiting for prior authorization or correspondence from the Department or the fiscal agent is not an acceptable reason for late filing. Phone calls and other correspondence are not proof of timely filing.

What should providers do if the initial 365-day window for timely filing is expiring?

Health First Colorado sets an allowable amount for services.

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Allowable Amounts

- "Allowable amounts" refer to the maximum payout Health First Colorado assigns to specific services

- See Provider Rates and Fee Schedule webpage for details

Medicare: Lower-of-Pricing Logic

- Health First Colorado uses "lower-of-pricing" logic

  ➢ Either coinsurance and deductible or difference between Medicare paid amount and Health First Colorado allowed amount, whichever is lower

Which side is lower? That's what is paid by Medicaid.

Medicare QMB Pricing Logic

- If the member has Qualified Medicare Beneficiary (QMB) **plus** Health First Colorado (TXIX) and Medicare pays $0

  ➢ Health First Colorado will pay in full

- If the member has QMB and **does not have** TXIX and Medicare pays $0

  ➢ Health First Colorado will pay nothing

Payment Calculations

Third-Party
Liability (TPL)

Medicare

TPL Payment Calculation 1

Charge from provider $600.00

Health First Colorado allowable amount $500.00

− amount paid by **commercial insurance**   − $400.00

= amount paid by **Health First Colorado**   = $100.00

TPL Payment Calculation 2

Charge from provider $600.00

Health First Colorado allowable amount $500.00

− amount paid by **commercial insurance**   − $500.00

= amount paid by **Health First Colorado**   = $0.00

Resources

Billing Manuals web page

- General Provider Billing Manual
- Provider-Specific Billing Manuals
- Appendix R (for a detailed list of Explanation of Benefits [EOB] codes)

Provider Web Portal Quick Guides

- Technical help for the Provider Web Portal

Provider Training web page

- Training schedule and sign-up
- Training presentations and materials

Provider Contacts web page

- Contact information for Fiscal Agent (Gainwell Technologies) and Health First Colorado vendors
- Contact information for Regional Accountable Entities (RAEs)
- Virtual Agent Fact Sheet

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Reminders

- Remember to sign up for Department of Health Care Policy & Financing communications by visiting the website and clicking "For Our Providers" and then "What's new: Bulletins, updates & emails."

- Interested in more training? Sign up by visiting the website and clicking "Provider Resources" and then "Provider Training."

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Where can I find...?

For Our Providers

- Enrollment forms
- Revalidation dates spreadsheet
- National Provider Identifier (NPI) information
- Provider types

- Fee schedules
- General Provider Information manual
- Billing manuals & appendices
- Forms
  - Prior Authorization Requests (PARs)
  - Load letters
  - Request to use paper claim form

? Why should you become a provider?	📋 Provider enrollment	📄 Provider services: Forms, rates, & billing manuals	📰 What's new: Bulletins, updates & emails

- Newsletters
- What's New?

Where can I...?

▸ CBMS: CO Benefits Management System	▸ Long-Term Services and Supports	▸ Provider Web Portal

- Check member eligibility
- Submit claims
- Review Prior Authorization Requests (PARs)
- Receive Remittance Advices (RAs)
- Complete provider maintenance requests

✓ Revalidation	? Provider contacts: Who to call for help	☰ Provider resources: Quick guides, known issues, EDI, & training

- Quick Guides for Web Portal
- Known issues
- EDI Support
- Training registration
- Information about
  - Accountable Care Collaborative & RAEs
  - Co-Pays
  - EVV

COVID-19 Provider Information	Resources for HCBS Providers

SAVE System	ColoradoPAR	DDDWeb	Value Based Payments

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Thank you for the services you provide to Health First Colorado members!