Provider Bulletin

Xerox State Healthcare
2 Pillsbury Street
Suite 200
Concord, NH 03301

To: All Providers

From: Xerox and NH Medicaid

Date: September 24, 2014

Subject: NH Medicaid's Non-Primary Payer Claim Billing Requirements

Medicaid is not the primary payer. Additional requirements may pertain to specific provider types or situations. We remind providers of the requirement to be familiar with, and abide by, all rules, regulations, billing manuals, bulletins and notices promulgated by the US Department of Health and Human Services, the State of NH, and the NH Department of Health and Human Services pertaining to the provision of care or services under NH Medicaid and the claiming of payments for those services.

When Medicaid May Be Billed

If the third party or primary insurance payment received is less than the applicable NH Medicaid Program reimbursement level and a patient responsibility amount (deductible, copay, or coinsurance) is still outstanding, then a provider may submit a claim to NH Medicaid for the patient responsibility amount.

If the primary payer denies a claim because the service is not covered by the patient's policy, then a provider may submit the claim to NH Medicaid for payment. However, providers must make every effort to pursue payment from the primary payer and must comply with the primary payer's administrative requirements. Denials due to incorrect billing, non-eligible provider, or lack of medical necessity must be resolved with the primary payer, not billed to NH Medicaid.

Medicaid Secondary to a Commercial Payer

The following instructions are intended to ensure that providers are billing and the NH Medicaid program is paying claims in accordance with federal law [42 CFR 433.139(b)].

The units and charges billed to Medicaid must match the units and charges billed to the commercial payer. NH Medicaid will pay the lesser of 1) the patient responsibility amount (deductible, copay and coinsurance), or 2) the difference between the amount paid by the primary payer and the Medicaid allowed amount. If the patient responsibility amount is "0" then Medicaid will make no payment.

If the primary payer makes a payment on the claim – the billed charge submitted to NH Medicaid on the claim must match the amount submitted to the primary payer. The payment received must be reflected on the claim submitted to NH Medicaid in the appropriate field.

Xerox State Healthcare
2 Pillsbury Street
Suite 200
Concord, NH 03301

The provider is required to submit the statement from the primary payer documenting the amount billed, the amount paid, and the patient responsibility amount.

If the primary payer pays "0" on the claim (applied to deductible, copay, or coinsurance) – the billed charge submitted to NH Medicaid on the claim must match the amount submitted to the primary payer. The amount paid field would be $0.

The provider is required to submit the statement from the primary payer documenting the amount billed, amount paid, and the patient responsibility amount.

If the primary payer denies the claim because the recipient and/or service is not covered on the date of service - the billed charge submitted to NH Medicaid on the claim must match the amount submitted to the primary payer. The amount paid field would be $0.

The provider is required to submit the statement from the primary payer documenting the billed amount and denial reason.

Medicaid Secondary to Medicare

For Part A crossover claims, and for Part B crossover claims billed on the UB-04, NH Medicaid will pay the patient responsibility amount (deductible and coinsurance).

For Part B crossover claims billed on the CMS-1500, NH Medicaid will pay the lesser of 1) the patient responsibility amount (deductible and coinsurance), or 2) the difference between the amount paid by the primary payer and the Medicaid allowed amount.

For both Part A and Part B claims, if the patient responsibility amount is "0" then Medicaid will make no payment.

The following instructions are for billing paper claims to NH Medicaid for which Medicare is the primary payer. The units and charges billed to Medicaid must match the units and charges billed to Medicare, assuming the patient was eligible for both Medicaid and Medicare for all service dates on the claim and that the services billed are covered by both programs.

If Medicare makes a payment on the claim – the billed charge submitted to NH Medicaid on the claim must match the amount submitted to Medicare. The payment received must be reflected on the claim submitted to NH Medicaid in the appropriate field.

The provider is required to submit the Medicare EOMB documenting the amount billed, amount paid, and the patient responsibility (deductible and coinsurance) amount.

Xerox State Healthcare
2 Pillsbury Street
Suite 200
Concord, NH 03301

If Medicare pays "0" on the claim (applied to deductible or coinsurance) – the billed charge submitted to NH Medicaid on the claim must match the amount submitted to Medicare. The amount paid field would be $0.

The provider is required to submit the Medicare EOMB documenting the amount billed, amount paid, and the patient responsibility (deductible and coinsurance) amount.

If Medicare denies the claim – the billed charge submitted to NH Medicaid on the claim must match the amount submitted to the primary payer. The amount paid field would be $0.

The provider is required to submit the Medicare EOMB documenting the billed amount and denial reason.

NOTE: The only circumstance under which the Medicare EOMB is not required with a paper claim for a dual eligible is when all the procedure codes being billed on the claim are codes identified as not covered by Medicare and which should be billed only to Medicaid.