



# NEWSLETTER

Volume 11 No. 47

June 2001

**TO:** All Providers (Except Hospitals)

**SUBJECT:** Payment of Cost Sharing Copayment Charges for Medicaid and NJ FamilyCare Plan A Beneficiaries Enrolled in Medicare or Commercial Managed Care Coverage Programs

**EFFECTIVE:** Immediately

**PURPOSE:** To inform providers of the New Jersey Medicaid/NJ FamilyCare Plan A program policy regarding reimbursement to providers for copayment amounts resulting from primary participation in Medicare or commercial HMO programs.

**ACTION:** The New Jersey Medicaid/NJ FamilyCare Plan A programs are clarifying policy regarding the reimbursement to providers for copayment amounts on behalf of beneficiaries participating in Medicare or commercial HMO plans.

This policy applies to Medicaid/NJ FamilyCare-eligible beneficiaries who are not enrolled in a Medicaid/NJ FamilyCare managed care program, but who are accessing covered services on a fee-for-service basis and are also enrolled in a Medicare or a commercial HMO program.

Reimbursement will be based upon submission of satisfactory documentation to substantiate a Medicaid-covered service and Medicaid's responsibility as secondary payor. The reimbursement methodology will be based on the combined payment, which is not to exceed the Medicaid fee schedule or Medicare principles of reimbursement.

## GENERAL REQUIREMENTS:

1. Claims must be received by Medicaid within current timely filing limitations to be considered for payment (that is, one year from the earliest date of service).
2. Each claim for reimbursement of copayment charges must be accompanied by an "Explanation of Benefits" from the HMO/Managed Care Organization indicating the disposition of the claim by the HMO/MCO.

3. To assure accurate processing of your claim, please include the word "copayment" on your claim in the following fields:

<u>Claim Type</u>	<u>Claim Form</u>	<u>Field</u>
Practitioner	HCFA-1500	Field #19 "remarks" field
Pharmacy	MC-6	Field #20 "remarks" field
Dental	MC-10	Field #20 "remarks" field
Optical	MC-9	Field #19 "remarks" field
Transportation	MC-12	Field #18 "remarks" field
EPSDT	MC-19	Field #27 "remarks" field

4. Please note that, when billing for copayment amounts, you must be sure to list the amount of the copayment in the "charge(s)" field on the claim. Do not include any other value in a charge field on the claim except the actual copayment amount.
5. Also, you must include the appropriate insurance carrier code of the HMO on your claim in the "other health insurance coverage" field. Please refer to your fiscal agent billing supplement for the insurance carrier codes.

If you have any questions in regard to this Newsletter, please call Unisys Provider Services at 1-800-776-6334.

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(BLUE TAB MARKED "5")**