

December 8, 2020

MCAH Project Directors, MH Coordinators, and Fiscal Coordinators:

As you are all aware, on September 19, 2019, Medicaid sent formal notice requiring all providers of prenatal services to obtain a denial from third party payers prior to billing Medicaid for clients who have private insurance coverage. Title V Maternal Health Centers (MHCs) are subject to this requirement for all maternal health services provided. Due to the unique nature of MHCs, most have been unable to credential with private insurers to obtain a denial to then receive payment from Medicaid.

IDPH staff have been working closely with IME and IDPH leadership since March of 2020 to identify possible workarounds to this issue. This included surveys to agencies, meetings with IME, and developing documents for IDPH and DHS leadership to clearly outline the barriers and possible solutions. On December 1, 2020, both Medicaid MCOs received a formal policy clarification that they must accept a letter from the insurance plan indicating that the provider does not meet credentialing requirements in order to override the third party liability edit from MHCs. The letter from the insurance carrier must be dated within 12-months from the date of service. A current letter from the insurance carrier must be submitted with each claim and the insurance plan letter must be updated on an annual basis.

Instructions for Title V agencies.

1. For all **new*** claims for clients with private insurance: include the letter (if available) with each claim for that client where the EOB documentation would typically be required.
2. For **new*** claims that are denied due to TPL which the agency was unaware of, follow MCO instructions for resubmitting with an EOB and use the letter in place of the EOB.
3. For **new*** claims that are denied due to TPL despite submission of the letter and policy clarification, follow the standard protocol of working with the MCO first, then IME Provider Outreach, then contact your regional consultant if resolution is not found through those avenues.
4. For **previously denied claims****, IME will be reaching out to MCOs to determine the appropriate course of action. We are unable to guarantee past claims will be reprocessed, but **agencies are advised to compile all claims denied for Wellmark TPL (as that is the only letter we currently have) as soon as possible**. If claims will be reprocessed there will most likely be a quick turnaround to get them submitted.

**New claims include all claims submitted after receipt of these instructions*

***Claims submitted prior to receipt of these instructions, within 12 months*

Included with this communication are both policy clarification documents and a blanket letter from Wellmark for all Maternal Health agencies. This letter will be sufficient for all Blue Cross Blue Shield plans (even out of state), as Wellmark would still be the entity credentialing the provider. Agencies will need to attempt to obtain letters from other private insurance companies. IDPH is currently in the process of attempting to get a letter from the following private insurance companies: Aetna, UnitedHealthcare, and Medica, however agencies should also attempt to obtain letters if possible (unless one is obtained at the state level). Agencies will still need to either credential or obtain a letter from a second private insurance company to fulfill the contract requirement.

We recognize the difficulty this issue has presented MHCs and we want to assure you that we have worked diligently to obtain a resolution on behalf of MHCs. Thank you for your patience as we have worked with IME to address this concern.