DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington

To: Indian Health Service Providers
Tribal Health Clinic Providers
Managed Care Plans

Memorandum No. 05-80 MAA
Issued: August 30, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

For information, call: 1-800-562-3022

Subject: Indian Health Services (IHS): Change in Billing Requirements for Tribal Health Encounter Claims for Dual-Eligible Clients

Effective for dates of service on and after September 1, 2005, Indian Health providers must first bill Medicare for services provided to dual-eligible clients and then bill the Medical Assistance Administration (MAA) attaching the Explanation of Medicare's Benefits (EOMB) to the claim. This memorandum explains how to correctly bill MAA for Indian Health encounters for dual-eligible clients.

How do I bill for Indian Health Encounters for dual-eligible clients?

If a client is eligible for both Medicare Parts A or B ***and*** Medical Assistance (dual-eligible), you must **first** bill Medicare and accept assignment within Medicare's time limitations.

After receiving payment/denial from Medicare, bill MAA directly [within six (6) months of Medicare's payment date or one (1) year of denial date] **exactly** as outlined below. MAA will then use the IHS encounter rates for eligible services after deducting the Medicare payment.

Paper Claims (HCFA-1500 claim form):

- Use the appropriate tribal encounter codes;
- List the words **"Tribal Medicare"** in field 19;
- List the amount paid by Medicare in field 29
- After subtracting the Medicare payment, list the balance due in field 30; and
- Attach a copy of the EOMB to the claim.

Electronic Claims:

- Use the appropriate tribal encounter codes;
- List the words "**Tribal Medicare"** in the "Comments" field;
- List the amount paid by Medicare in the "amount paid by insurance" field;
- After subtracting the Medicare payment, list the balance due in the "balance due" field; and
- Send MAA a paper copy of the EOMB.

How does MAA calculate the reimbursement for dual-eligible clients?

MAA subtracts Medicare's payment from MAA's encounter rate and pays the provider the remaining balance. If Medicare's payment is greater than MAA's encounter rate, MAA will deny the claim, because Medicare's payment exceeds MAA's allowable amount.

How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at http://maa.dshs.wa.gov (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** **link**).

To request a free paper copy from the Department of Printing:

1. **Go to: www.prt.wa.gov** (Orders filled daily.)

   a) Click ***General Store***.

   b) If a **Security Alert** screen is displayed, click **OK.**

      i. Select either ***I'm New*** or ***Been Here***.
      ii. If new, fill out the registration and click ***Register***.
      iii. If returning, type your email and password and then click ***Login***.

   c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Medical Assistance.***

   d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications,*** or ***Issuance Correction***. You will then need to select a year and then select the item by number and title.

2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)