

Medicaid & United Healthcare (UHC) Advantage Plan Part B Claim Denials

Claims billed to United Healthcare (UHC) Advantage Plans/United Healthcare D-SNP Plans as primary and submitted to Medicaid as secondary have been denied by Medicaid when the total Medicare Part B deductible amounts referenced on claims are greater than the annual Medicare Part B deductible amount as described below. These claims are posting Error Code 1058, Medicare Deductible Amount Invalid. Due to the complexity of the issue, it has taken time to determine the root cause and resolution to these claim denials.

Wyoming Medicaid and the Benefit Management System and Services (BMS)

The Division of Healthcare Financing, Wyoming Medicaid, and their Fiscal Agent, Acentra Health (formerly CNSI), verified the 2023 Medicare Part B deductible amount of \$226 was entered accurately into the Benefits Management System and Services (BMS) system.

*On September 27, 2022, the Centers for Medicare & Medicaid Services (CMS) released the 2023 premiums, deductibles, and coinsurance amounts for Medicare Part A and Part B programs, and the 2023 Medicare Part D income-related monthly adjustment amounts.

Each year the Medicare Part B premium, deductible, and coinsurance rates are determined according to the Social Security Act. The annual deductible for all Medicare Part B beneficiaries is \$226 in 2023, a decrease of \$7 from the annual deductible of \$233 in 2022.

***Note:** To view the complete CMS Fact Sheet: “2023 Medicare Parts A & B Premiums and Deductibles 2023 Medicare Part D Income-Related Monthly Adjustment Amounts” go to: <https://www.cms.gov/newsroom/fact-sheets/2023-medicare-parts-b-premiums-and-deductibles-2023-medicare-part-d-income-related-monthly>

The DHCF has determined that United Healthcare (UHC) has entered the Medicare deductible amount incorrectly, which is causing Wyoming Medicaid provider claims to deny when members have an active UHC Advantage Plan/United Healthcare D-SNP Plan.

Medicaid validates Medicare Part B deductible amounts on claims and will continue to deny claims when the deductible amount is exceeded.

This calculation considers a member’s claims submitted with dates of service within calendar year 2023, with CARC PR-1, and summarizes the deductible amounts entered on each claim. Once the member’s total deductible amount exceeds \$226 for the year, error code 1058 – Medicare Deductible Amount Invalid, posts and denies the claim.

Quick Summary:

- BMS is processing UHC Advantage Part B claims correctly.

- BMS is not functioning any differently than the Medicaid Management Information System (MMIS) Legacy system.
- It has been identified that UHC has the Medicare Part B deductible amount set in their system at the incorrect dollar amount of \$233 instead of \$226 for calendar year 2023.
- Wyoming Medicaid will continue to deny these claims until UHC updates their system with the correct deductible amount, reprocesses these claims, and issues corrected explanation of benefits (EOBs).

Provider Actions:

- Providers are encouraged to contact UHC, as Wyoming Medicaid is not able to assist in this matter.
- Providers should continue accepting members covered under the UHC Advantage Plan/UHC D-SNP Plans, per Wyoming Medicaid policy in the Provider Medicaid manuals, which may be discriminatory if members with a UHC policy are denied services (Chapter 3.2, Accepting Medicaid Members).
- If a Provider chooses to opt-out of participation with a health insurance or governmental insurance, Medicaid will not pay for services covered by, but not billed to, the health insurance or governmental insurance.
- Once providers receive corrected UHC EOBs they may submit new claims to Medicaid for payment.
- When entering UHC (Other Payers) information enter the “Claim Filing Indicator” as MB-Medicare Part B, this applies to physician services, outpatient hospital services, durable medical equipment, and other medical and health services not covered by Medicare Part A.

Note: Wyoming Medicaid Provider Manuals, Chapter 7, Medicare Replacement Plans

Medicare Replacement Plans are also known as Medicare Advantage Plans or Medicare Part C and are treated the same as any other Medicare claim. Many companies have Medicare replacement policies. Providers must verify whether a policy is a Medicare replacement policy. **If the policy is a Medicare replacement policy, the claim should be entered as any other Medicare claim.**

Deployment Information

Deployment Date: August 24, 2023

Audiences: All Providers (except for Day Training, Developmentally Disabled Waiver Behavior Health [ABI, DDAW, DDCW, CMHW], Long Term Waiver, and Care Management Entity [CME])