

Update: Medicaid & United Healthcare (UHC) Advantage Plan Part B Denials & Provider Action

Summary of the Issue:

Claims billed to United Healthcare (UHC) Advantage Plans/United Healthcare D-SNP Plans as primary and submitted to Medicaid as secondary payer for calendar year 2023 dates of service were denied by Medicaid when the total Medicare Part B deductible amounts referenced on claims was greater than the annual Original Medicare Part B deductible amount.

Denied claims posted:

- Error Code 1058 – Medicare Deductible Amount Invalid.
- CARC 16 – Claim/service lacks information or has submission/billing error(s).
- RARC N48 – Claim information does not agree with information received from other insurance carrier.

Cause of the Issue:

Deductible rates set by CMS for UHC in calendar year 2023 were higher than the deductible rates CMS provided Wyoming Medicaid, causing error code 1058 to post and deny claims.

Actions Taken by Wyoming Medicaid:

1. On 11/8/2023, claims that were identified as entered with UHC as an other payer and with dates of service from 1/1/2023 to 10/18/2023 were either adjusted or resurrected. These claims should have appeared on provider RA/835 files beginning on 11/10/2023.
2. On 11/30/2023, error code 1058 – Medicare Deductible Amount Invalid, was set to suspend for all claim types to allow the Claims Department to review and attempt to identify them as UHC claims and process as appropriate.

How Medicaid is Identifying UHC Submitted Claims:

- HIPAA submitted claims with the following:
 - **Payer ID:** 87726 - United Healthcare, **OR**
 - **Payer Name:** United Healthcare or UHC
- DDE submitted claims with the following:
 - **Payer ID: 87726** – United Healthcare

Reminder! Wyoming Medicaid provides a list of Payer IDs for provider reference and use, refer to the [“TPL and Medicare Payer IDs”](#) list posted on the Wyoming Medicaid website for accurate Payer IDs.

Provider Action Required:

You may have UHC claims that were not reprocessed (not identified as UHC) and claims submitted after the reprocessed date that are in the statuses of denied or paid (with line denials).

Timely filing is being waived for dates of service 1/1/2023 – 12/31/2023. This includes when the payment date is older than six (6) months (180 days) for adjusted claims.

Providers must take the following steps to be reimbursed by Medicaid:

- **HIPAA Claims Submissions (837D, 837I, and 837P):**
 - For Denied claims:
 - Submit a new claim, enter the ‘Payer ID’ as 87726 and/or enter the ‘Payer Name’ as UHC or United Healthcare.
 - For Paid claims with denied lines:
 - Adjust the paid claim and update the ‘Payer ID’ to 87726, and/or enter the ‘Payer Name’ as UHC or United Healthcare.
- **DDE (Direct Data Entry) Claims:**
 - For Denied claims:
 - Submit a new claim and enter the ‘Payer ID’ as 87726.
 - For Paid claims with denied lines:
 - For professional/medical claims providers may submit the denied lines as a new claim.

- Additional information when adjusting claims via the Provider Portal:
 - Enter the TCN to adjust, if the error message, **“Warning: TCN entered is not available to be replaced or is not located in [evoBrix X]”** displays, the claim payment date is older than six (6) months and you will need to void the paid claim, submit a new claim, and update the ‘Payer ID’ to 87726.
 - If this error message does not display you may adjust the paid claim as it is within six (6) months and update the ‘Payer ID’ to 87726.

We appreciate your patience in this matter,

Deployment Information

Deployment Date: December 22, 2023

Audiences: All Providers (except for Dental)