# - WHAT YOU NEED TO KNOW - COVERED LIVES

### What is Covered Lives?

- The Covered Lives legislation establishes an Early Intervention Program (EIP) covered lives "pool" funded by an assessment on insurance plans
- The EIP pool funding will offset the municipal and State share of EIP services not covered by Medicaid
- EIP claims will no longer be billed to commercial insurance

### How does this impact me?

- Any claims with a date of service **prior to 1/1/2022** will need to be processed by the EIP Provider as normal
- Commercial claims with a date of service <u>on or after 1/1/2022</u> will not need to be processed by the Provider and can remain in your queue. These claims will be processed by Public Consulting Group (PCG) based on the Covered Lives legislation

## **COVERED LIVES CLAIMS PROCESS**



### Uninsured Child

### Medicaid

Claims will continue to be billed to **Medicaid** 

**Commercial Insurance** 

Claims will be sent to escrow account for payment

\*some claims may be sent to **Medicaid** if it is **secondary insurance** 

• • •
Claima will be capt to
Claims will be sent to
escrow for payment

FREQUENTLY ASKED QUESTIONS



### What if I have commercial claims in my queue to process with a date of service <u>BEFORE 1/1/2022</u>?

Providers are responsible to continue to work all claims, including commercial claims, with a date of service prior to 1/1/2022. These services are not part of the Covered Lives legislation. Any claims not worked will not be processed and paid.

### What if I have commercial claims in my queue to process with a date of service <u>ON OR</u> <u>AFTER 1/1/2022</u>?

Public Consulting Group (PCG) will perform a sweep of all claims in a provider's queue that will identify commercial claims and will process these claims based on the Covered Lives legislation. These claims will then be moved to escrow for payment.

### What if I was paid for a claim with a date of service on or after 1/1/2022?

PCG will void all claims from commercial payers that have made a payment to a claim with a date of service on or after 1/1/2022. Once voided, the claims will be moved to escrow for payment. Payers may request reimbursement of voided claims from providers directly because there are no new insurance claims to offset the voided claims. This determination is made by the Payer.

### What if a Medicaid claim is denied with a date of service after 1/1/2022?

Any Medicaid claim that is denied for coordination of benefits (CO22) with a date of service after 1/1/2022 will be automatically moved to escrow. Claims denied by Medicaid for other rejection/denial reasons still need to be worked by the provider.

### Do I need to continue documenting a child's commercial insurance information?

Yes, service coordinators should continue to document a child's insurance information as providers are required to bill Medicaid and primary insurance information is necessary to bill Medicaid appropriately.



#### Will claims be billed to Medicaid if it is listed as a child's secondary insurance?

No, when a child has primary insurance and Medicaid is secondary, claims will bypass Medicaid and be moved to escrow for payment, with the exception of service coordination and special instruction services.

### Will EI-Billing still allow explanation of benefit (EOB) entry? And for how long?

> Yes, providers can submit EOBs for processing.

#### Will the current payment report reflect my payment correctly?

Yes, claims will continue to process and there should be no impact on payment reports.

#### Will I still have to sign up for 835 remittance file for commercial claims?

Yes, the Covered Lives legislation does not impact the 835 claims process. If not signed up for e-835, providers can still remit claims by paper and will post results in EI-Billing.

