



## Frequently Asked Questions #002

To: All Providers  
From: Cindy Ehlers, MS, LPC - Vice President of Clinical Operations  
Date: March 28, 2018  
Subject: Questions and Answers to Network Communication Bulletin #024

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1. Does "third party payer" apply to all other third party payers such as BCBS, or only to Medicare?
  - ▶ ***Yes, it applies to all 3rd party payers.***
2. Does this circumstance apply to other than inpatient? We run a Partial Hospital Program and need to know whether to continue submitting TARs for clients with Medicaid secondary to other third party payers for this service.
  - ▶ ***Yes, you would continue submitting TARs and you would include with your submission a denial from the primary insurance.***
3. When a third party payer is primary and we are seeking a retroactive authorization, would we have to have complied with all Medicaid/Trillium requirements, such as completing a LOCUS, updating the PCP every 7 days for a patient in Partial Hospital, having completed the NCTOPPS, in order to receive a retroactive authorization and payment or avoid a Medicaid Payback in a post payment review? Or will Medicaid recognize that the primary, third party payer controlled our requirements?
  - ▶ ***Medicaid requirements still have to be met to receive Medicaid dollars.***
4. Would there be one retroactive authorization, or would there be several, each covering a 7 day period?
  - ▶ ***Several***
5. Some of the third party payers authorize more than 28 days of PHP. Trillium discontinues PHP coverage after 28 days. Would Medicaid allow more than 28 days under these circumstances?
  - ▶ ***We will follow clinical coverage policy.***

6. Third party payers will not give written denials unless you actually bill for services. In order to receive a denial we would have to bring a child into services, bill for the services and wait up to 45 days to receive the denial and then submit the initial TAR to Trillium requesting a retroactive authorization if I am interpreting this communication correctly. If this is correct, this means that our agency would be assuming a financial risk if Trillium were to either deny the authorization or does not approve it retroactively. Has this been considered?
- ▶ ***Trillium decision. This communication came from DMA. Yes, we are aware of this concern from providers. This is however the process for Medicaid billing when there is also third party coverage.***

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Updates on March 28, 2018