



New Medicaid Rejection on Prenatal Services and Third-Party Liability

On July 1, 2020, WellCare Health Plans will deploy a new pre-adjudication business rule edit that will reject a prenatal care submission if there is indication of a third-party insurance liability.

To avoid a rejection on prenatal care services, we ask providers to please bill a member's third-party payer first and then bill for coordination of benefits from the member's Medicaid payer, which is generally the "payer of last resort".

Rejection #12 Description: *Professional prenatal service claim (paper CMS1500 02-12 or electronic 837P X12) is billed with a member who reflects a Third-Party Liability (TPL) coverage and is missing a primary EOB. Please resubmit claim with the necessary member EOB information.*

The reason for the new edit is due to a new law signed in June 2018 from the Federal Budget Legislation Bipartisan Budget Act of 2018 modifying third-party liability (TPL) rules for payment of prenatal care. Previously, the law required the states to make payments for prenatal care and do a "pay and chase" to seek reimbursement from the liable third party for prenatal care services.

The modified law **no longer** requires Medicaid to "pay and chase" and state Medicaid plans, are instructed now to reject the submission when there is information on file that the member has a third party likely liable for the services.

CMS Resource Link:

<https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/cib060118.pdf>

Direct provider questions specific to this communication can be sent via email to our EDI Ops team at: EDI-Master@wellcare.com.

All other type of inquiries relating to claim status, claim denials, authorizations and other items should still go through our provider service team. You can get the correct phone number at www.wellcare.com, select your State and click on the "Contact Us" at the top of the page in the tool bar.

Sincerely,

WellCare Health Plans

