

Satisfying CSHCN Services Program ARs Using Medicaid Funds

Information posted March 16, 2012

This is a follow-up to an article titled "[Claims Processing for Clients Who Are Eligible for Both Texas Medicaid and the CSHCN Services Program](#)," which was published on May 27, 2011, on this website.

Effective April 27, 2012, the Children with Special Health Care Needs (CSHCN) Services Program will change the way accounts receivable (AR) that are created due to a client's retroactive Medicaid eligibility are satisfied.

Overview

A service that is rendered to a CSHCN Services Program client who receives retroactive Medicaid eligibility may be reimbursed by the CSHCN Services Program or by Medicaid, but not by both.

The CSHCN Services Program is the payer of last resort. The CSHCN Services Program does not supplement a client's Medicaid benefits. However, services that are not a benefit of Medicaid may be covered by the CSHCN Services Program. If dual Medicaid and CSHCN Services Program eligibility is determined, claims that have already been paid by the CSHCN Services Program will be reprocessed under the appropriate program.

An AR is created for each CSHCN Services Program claim that is reprocessed and subsequently reimbursed under Medicaid so that the amount the CSHCN Services Program originally reimbursed can be returned to the CSHCN Services Program.

Currently, a CSHCN Services Program AR is satisfied using the provider's CSHCN Services Program payouts that are available during the week's financial cycle in which the claim was reprocessed. If that week's payouts are not sufficient to satisfy the AR, the CSHCN Services Program payouts from subsequent weeks continue to be deducted until the AR is satisfied. The provider's weekly Remittance & Status (R&S) report reflects these financial transactions.

Using Medicaid Payments to Satisfy CSHCN Services Program ARs

Effective April 27, 2012, if the CSHCN Services Program payout during the week's financial cycle in which the claim was reprocessed is not sufficient to satisfy the AR, the provider's Medicaid claim payouts will be used to satisfy the CSHCN Services Program AR.

Note: *The deduction from Medicaid claim payouts will not exceed the amount Medicaid reimbursed the provider when the CSHCN Services Program claim was reprocessed.*

If the provider's Medicaid payouts for the service were used to satisfy the CSHCN Services Program AR, the following explanation of benefits (EOB) messages will appear on the provider's R&S reports:

Code	Message
01206	Claim adjusted for CSHCN Services Program client that received retroactive Medicaid/Managed care eligibility.
01207	The amount was recouped for CSHCN Services program claims that were adjusted due to retroactive Medicaid/Managed care eligibility.

EOB 01206 will appear on the CSHCN Services Program claim that was reprocessed.

EOB 01207 will appear on the CSHCN Services Program R&S report or the Medicaid R&S report each time funds are recouped to satisfy a CSHCN Services Program AR.

If the CSHCN Services Program AR is not satisfied within 45 days, TMHP will send the provider a notice that requests repayment to the CSHCN Services Program for the remaining AR balance.

Important: *Medicaid funds will only be used to satisfy a CSHCN Services Program AR that was created because the CSHCN Services Program client received retroactive Medicaid eligibility and the claims were reprocessed and reimbursed by Medicaid. All other ARs will be satisfied using the current process.*

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.