MHS Coordination of Benefits (COB) 2020

mhs™

ambetter.

Hoosier Healthwise

HIP HEALTHY INDIANA PLAN

Hoosier CARE CONNECT

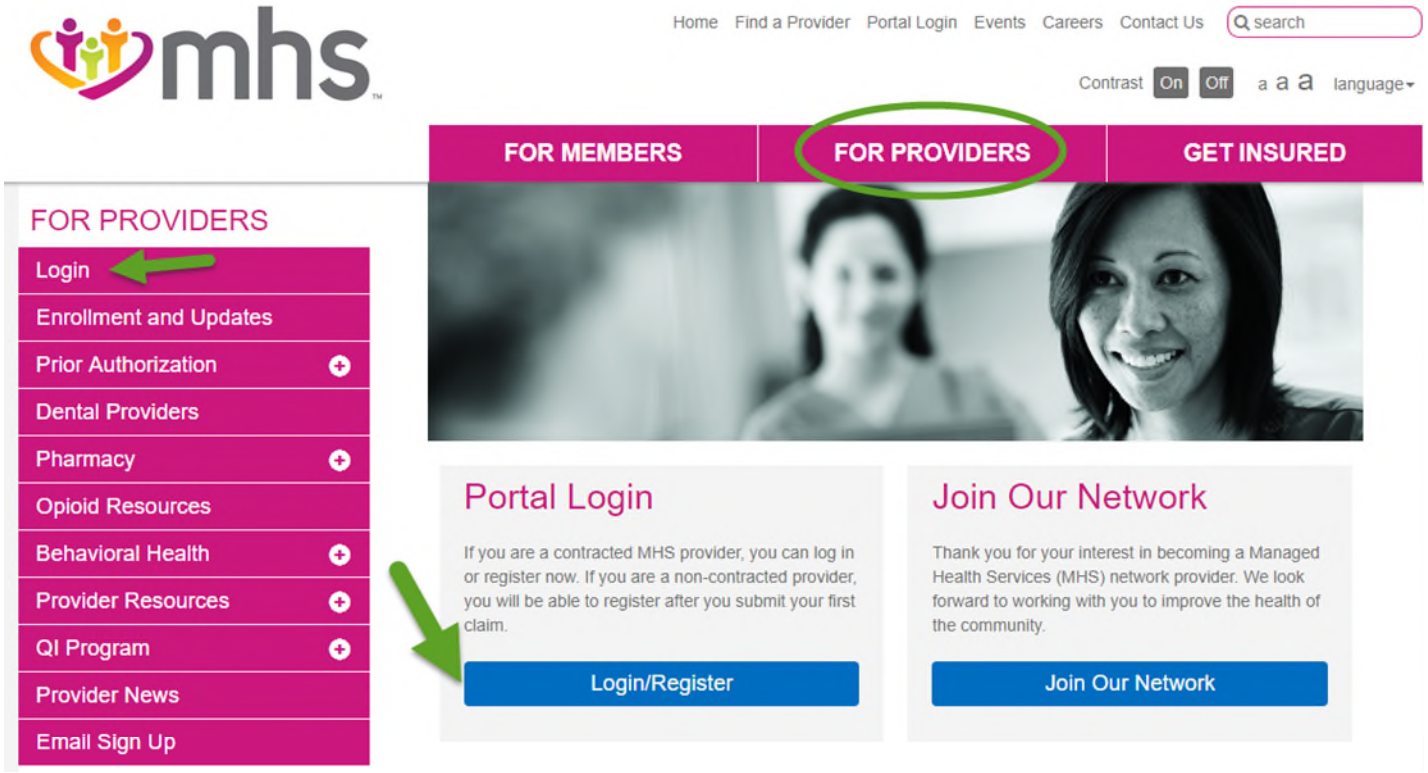
allwell.™

Agenda

- Review Portal COB Submissions
- Where to Enter Primary Insurance Policy Info
- How to Enter Primary EOP/EOB Data:
  - Allowed amount
  - Payment amount
  - Applied to deductible
  - Applied to copayment
  - Applied to coinsurance
  - Disallowed amounts
- COB Through a Clearing House
- Reminders and Denial Codes
- Questions and Answers
- MHS Territory Maps

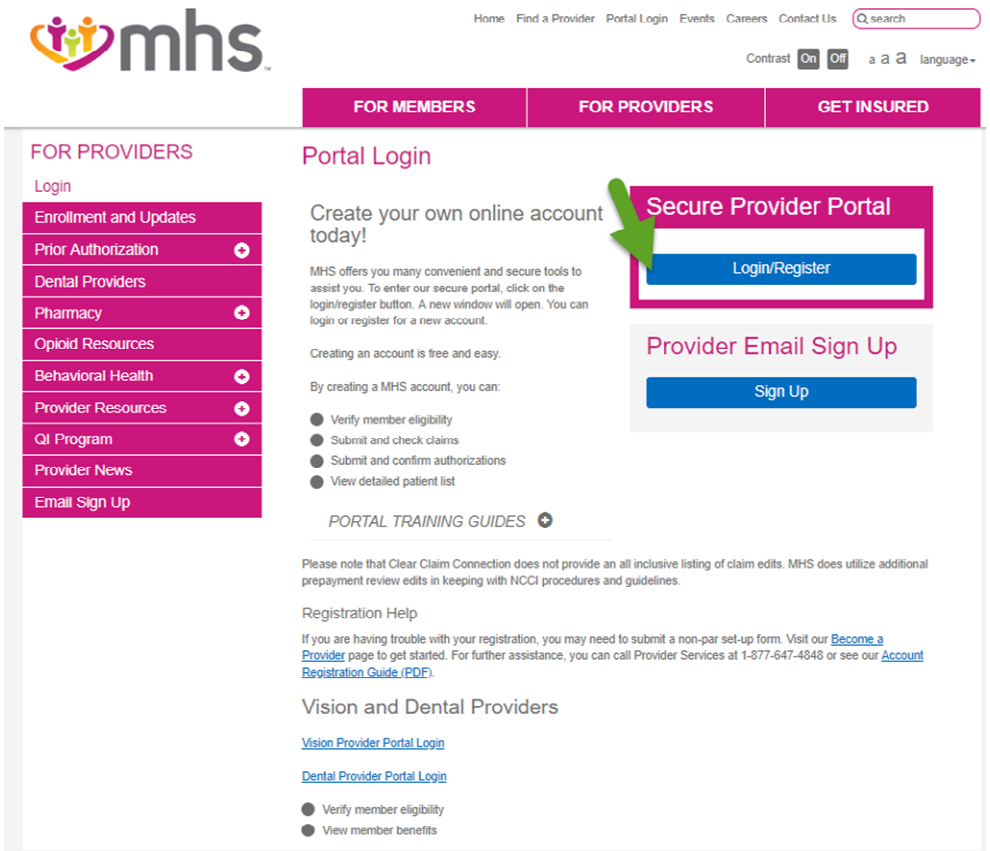
Provider Portal Login

- Click on **For Providers**. Then click **Login/Register** for MHS Provider Portal on the **Login Tab** to view Vision/Dental Portal Login and Training Materials.

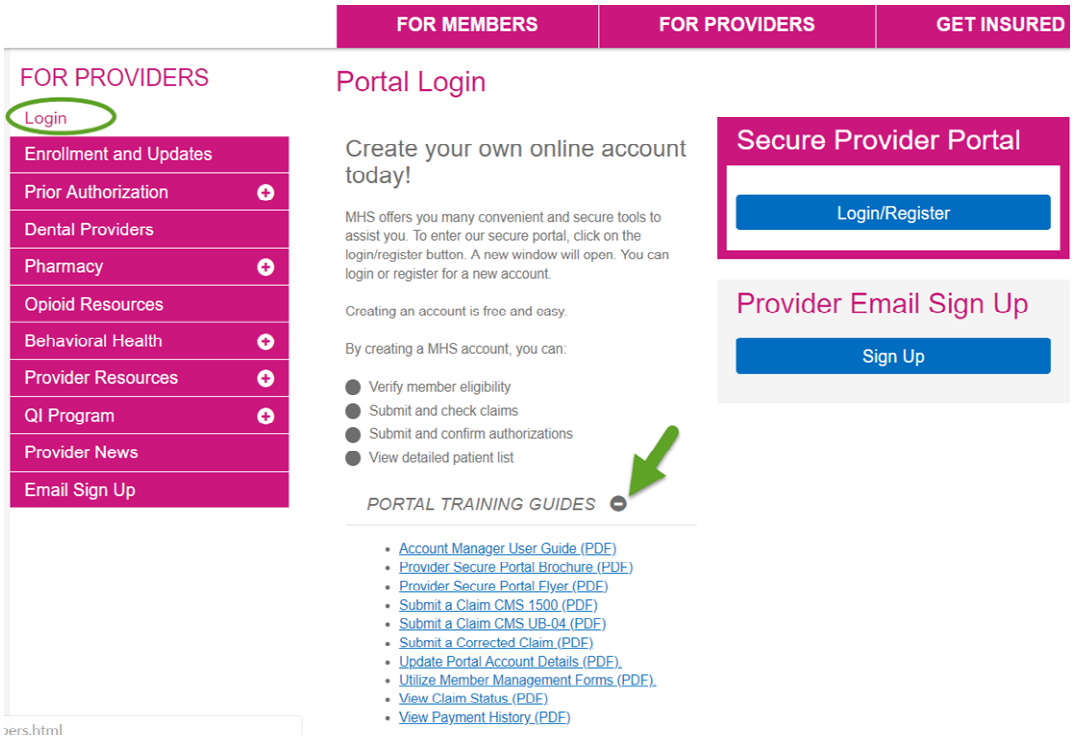


Secure Web Portal Login or Registration

- **Login/Register** is the same for **MHS**, **Ambetter from MHS, Allwell from MHS** and **Behavioral Health** Providers



Web Portal Training Documents



Training Documents Include:

- Account Manager Guide
- MHS Portal Brochure
- How To Guides:
  - Submit Claims
  - Correct Claims
  - View Payment History
  - Use Member Management Forms

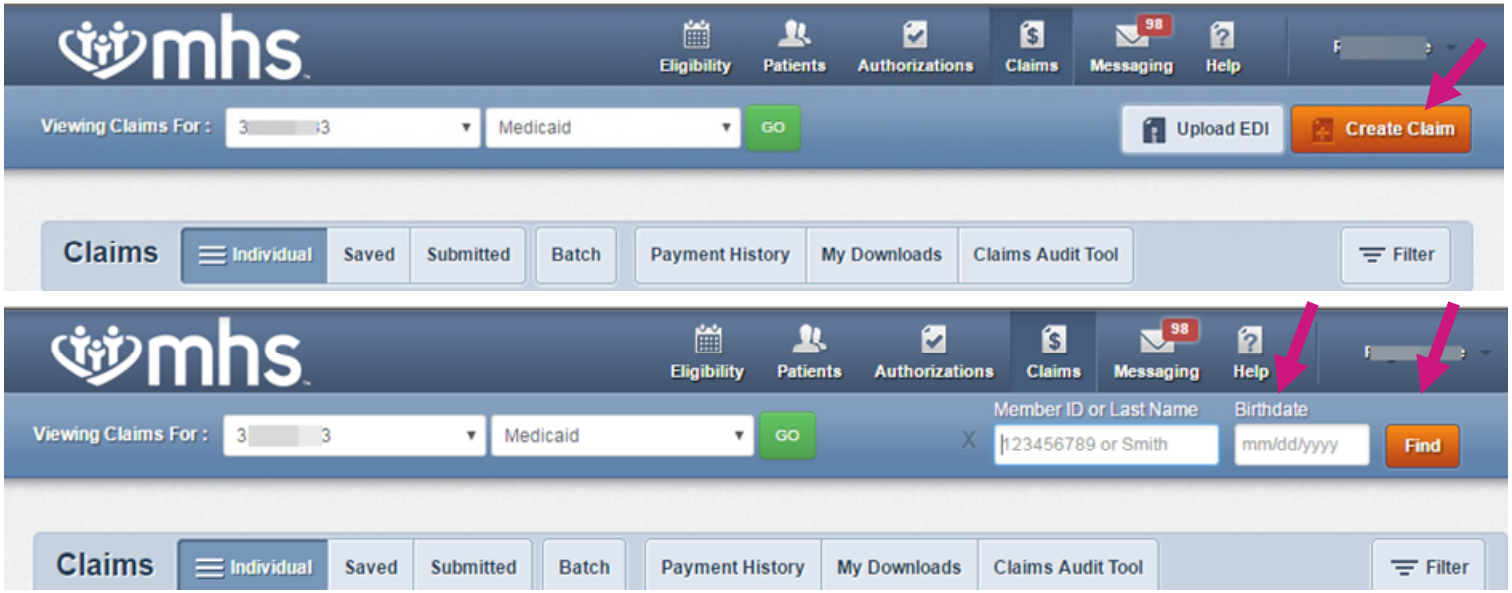
Claims

Claims Features:

- **Submit** new claim.
- **Review claims** information on file for a patient.
- **Correct** claims.
- **View payment history**.

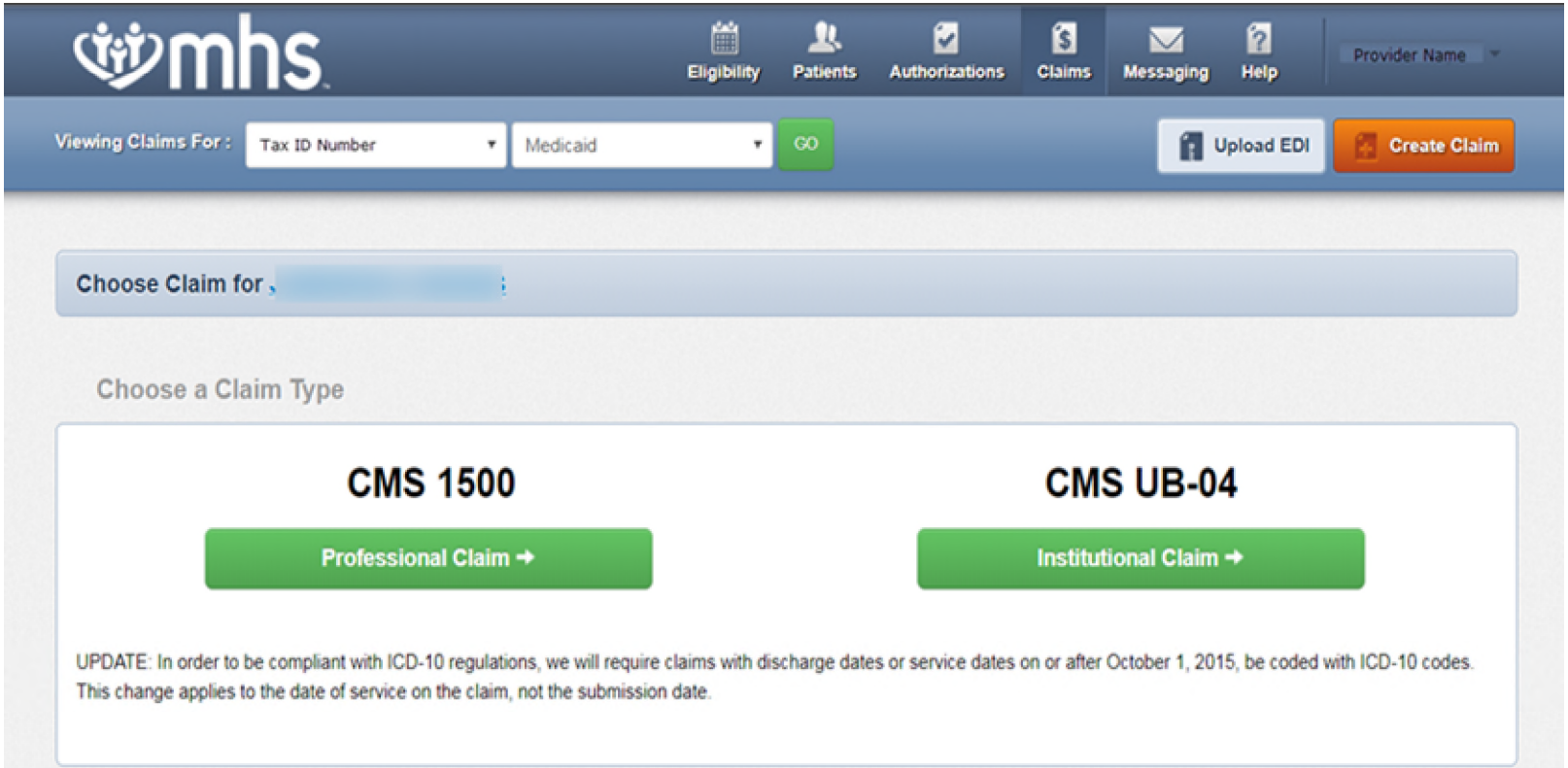
Submit a New Claim

- Click **Create Claim** and enter **Member ID** and **Birthdate.**



Claim Submission

- Choose the **Claim Type.**
  - **Professional** or **Institutional** claim submission.



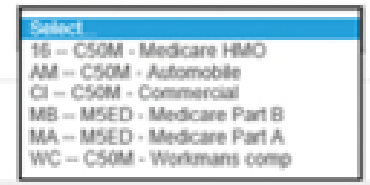
COB on the Portal

- Select the member for the claim you are submitting.
- Enter the information necessary on general info screen such as Patient's Account Number.
- Enter the Diagnosis Codes.
- On same page as Diagnosis Codes is a tab for Add Coordination of Benefits, once selected, under Primary Insurance.

COB on the Portal

- Where to enter the primary carriers identifying information:

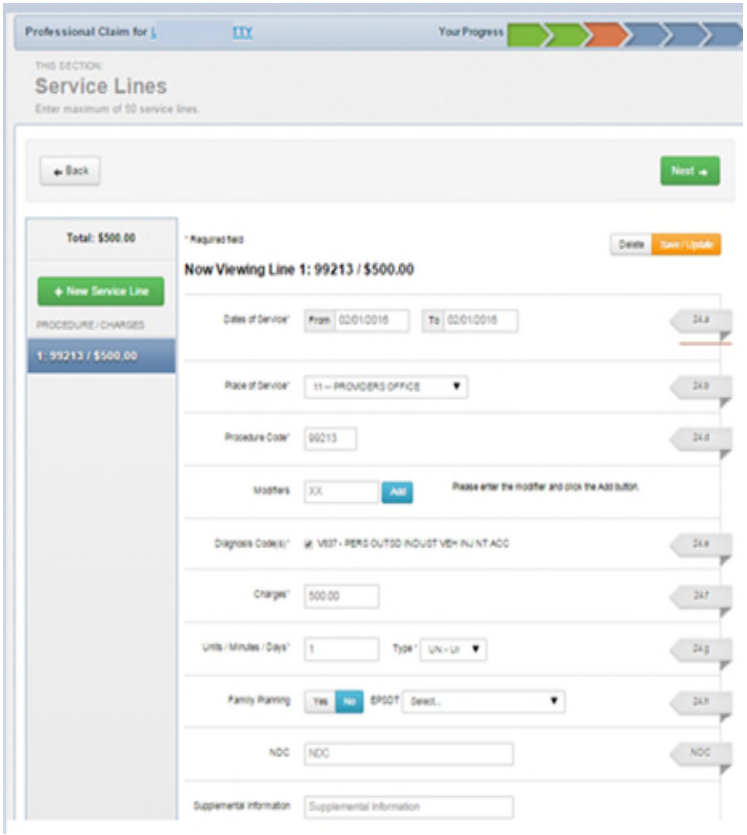
- Select Carrier Type:
  - Insurance Plan Name or Program Name

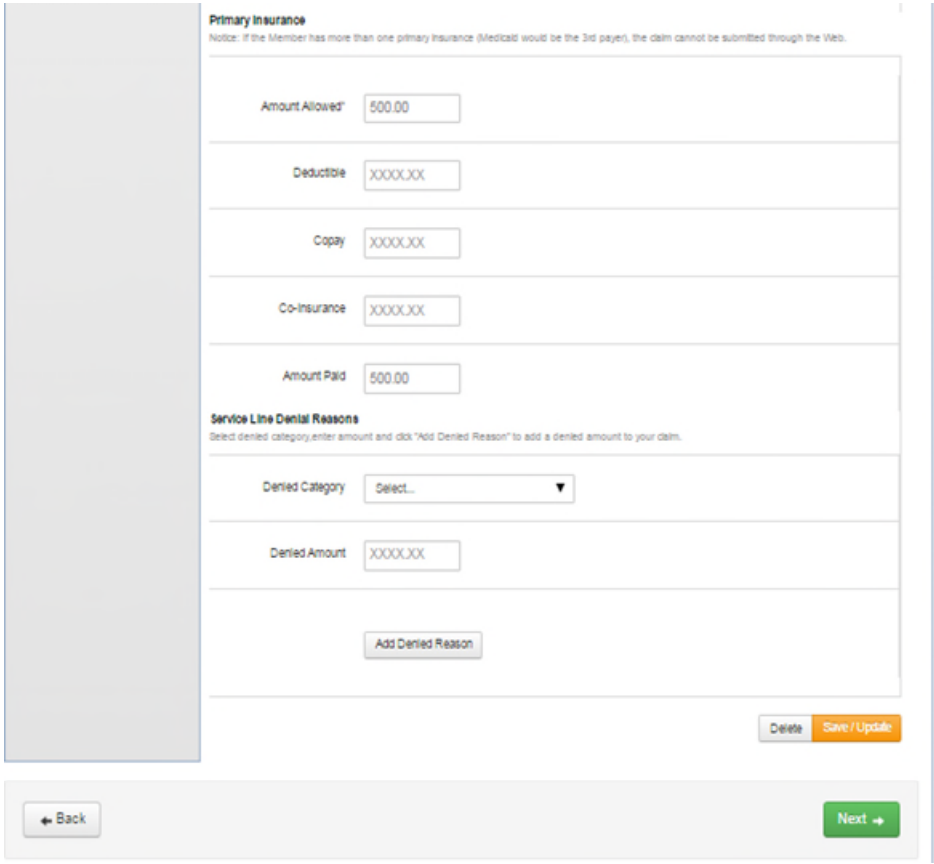


- Policy Number:
  - Enter the Primary Carriers Policy Number

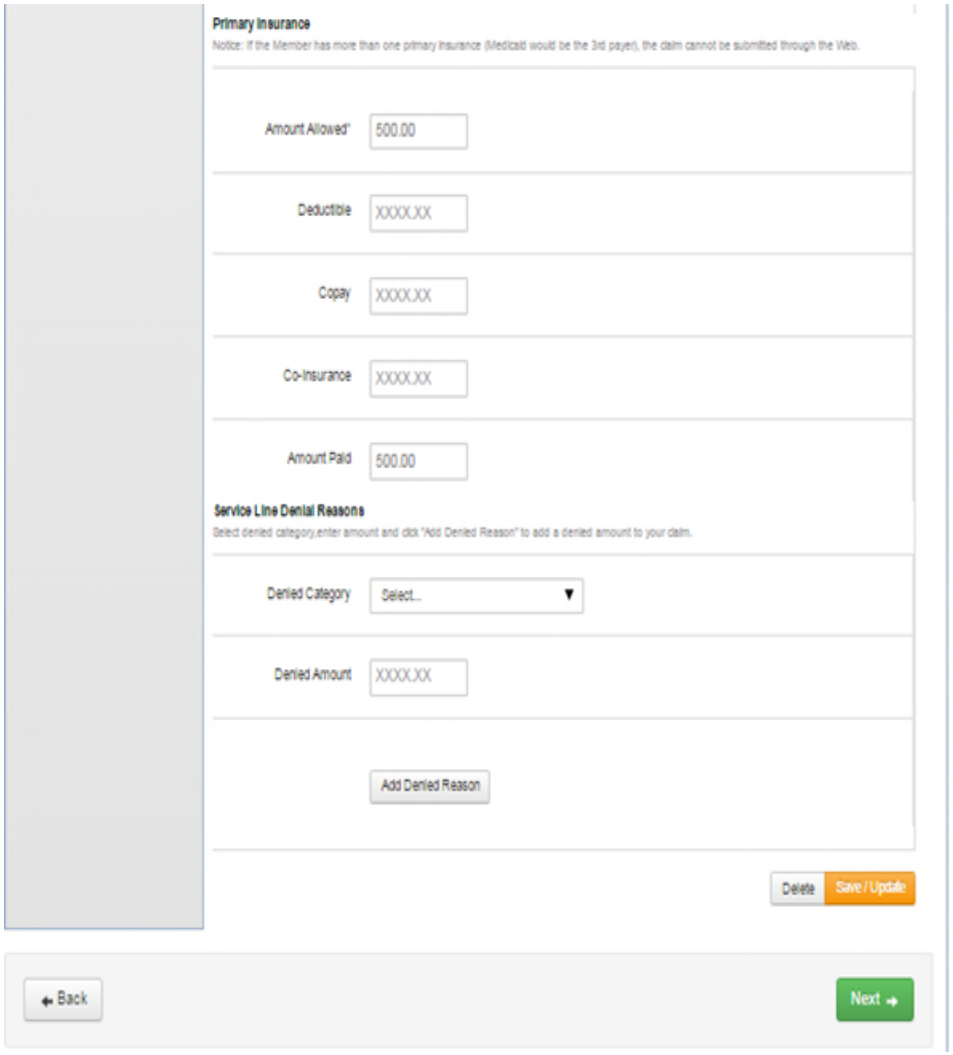
COB on the Portal

- Continue entering your claim information.
- At Service Line Detail: At the bottom of the page you will need to complete the Primary Insurance Information from the EOP/EOB.
- The next three slides will be repeated for each service line that you enter.





COB on the Portal

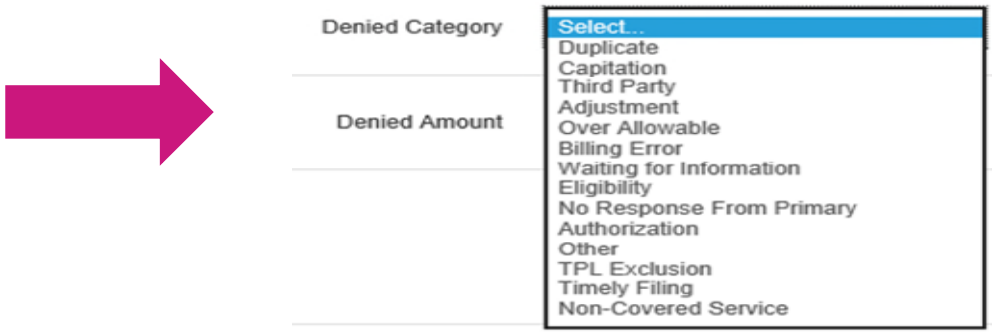


- **Amount Allowed:** approved amount the primary carrier allowed of the billed service line.
- **Deductible:** the amount primary carrier applied to the members deductible on this service line.
- **Copay:** flat dollar amount the member may owe for this service line.
- **Coinsurance:** the dollar amount the member may owe based on % owed on this service line.
- **Amount Paid:** this is the dollar amount the primary insurance carrier paid for this service line.
  - Dollar billed must match to the penny.

COB on the Portal

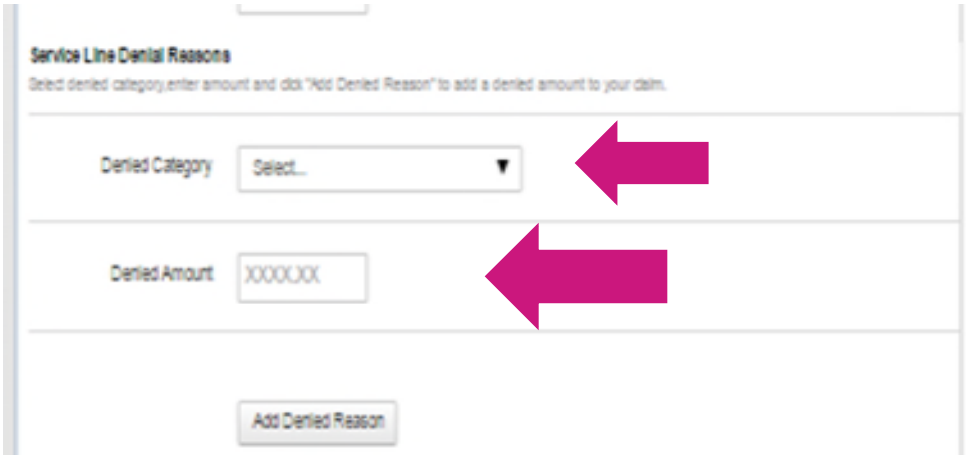
Service Line Denial Reasons:

- Select the Denied Category: Be sure to select the best category for your situation from the drop down menu.



- Example: Over allowable (the write off amount of the primary carrier).

COB on the Portal



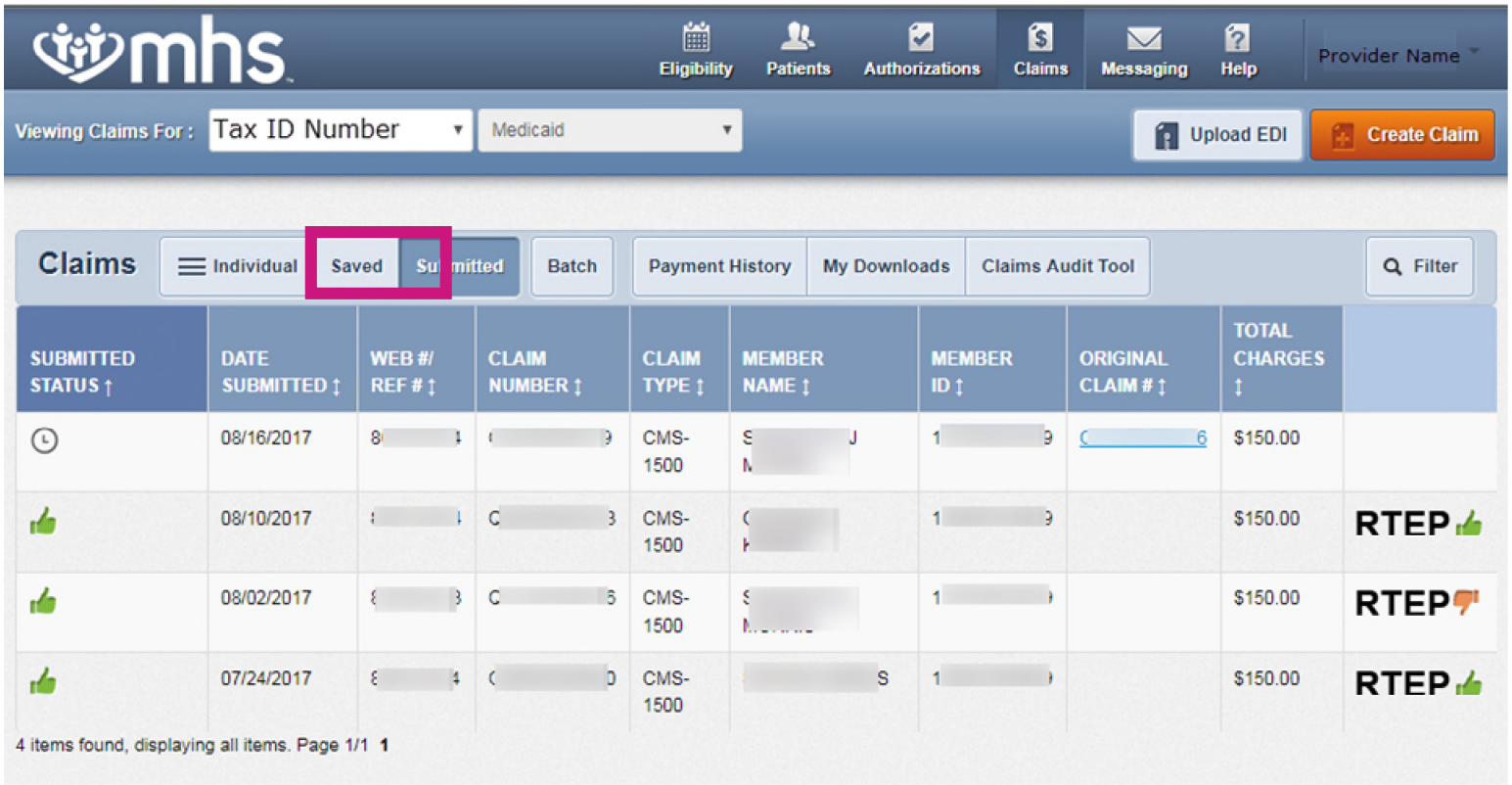
- Then enter the denied dollar amount for this category reason.
- Then select the add denied reason.
  - If this step is missed, the dollar amount with not match and the claim will deny.

COB on the Portal

- Once each of the claim lines have been created and the Primary Insurance Information entered. on each claim line continue on by selecting next.
- Enter Referring and Billing provider Information, select next.
- If no attachments are being attached select next.
  - With COB on portal you **do not** need to attach primary carriers EOP/EOB.
- This should bring you to almost done screen, verify your information is complete and submit.

COB on the Portal

- The **Submitted** tab will show only claims created via the MHS portal.
  - **Paid** is a green thumbs up
  - **Denied** is a orange thumbs down
  - **Pending** is a clock
- **RTEP** claims also show if eligible. (i.e. line 2 was submitted. But was not eligible for RTEP.)



COB Electronic Submissions Through a Clearing House

COB Electronic Submission Through Clearing House

EDI COB Mapping Guide

This table will help your internal EDI staff and your EDI vendor understand what MHS / Centene requires to allow you to submit your secondary claims to MHS / Centene electronically. If the field segment and loop are not listed below, our system can accept the field, but the field is not required for processing of your secondary claims.

COB Field Name (From the primary payer's Explanation of Payment)	**837I - Institutional EDI Segment and Loop**	**837P - Professional EDI Segment and Loop**
COB Paid Amount	2400/SVD02	2400/SVD02
COB Allowed Amount	If 2320/AMT01 = B6, map AMT02	IF 2320/AMT01 = B6, map AMT02
COB Patient Liability Amount	If 2300/CAS01 = PR, map CAS02 (This segment can have 6 occurences. Tibco will valdiate all occurences.)	IF 2320/AMT01 = F2, map AMT02
COB Discount Amount	CAS02 = 44 (prompt pay discount)	IF 2320/AMT01 = D8, map AMT02
COB Patient Paid Amount	If 2320/AMT01 = **C4**, map AMT02	IF 2320/AMT01 = **F5**, map AMT02
Total Claim Before Taxes Amount	If 2320/AMT01 = **T3**, map AMT02	IF 2320/AMT01 = **T2**, map AMT02
COB Claim Adjudication Date	IF 2330B/DTP01 = 573, map DTP03	IF 2330B/DTP01 = 573, map DTP03
COB Claim Adjustment Indicator	IF 2330B/REF01 = T4, map REF02	IF 2330B/REF01 = T4, map REF02
Patient's Full Name	If 2010BA/SBR02 = 18, map NM103, NM104 & NM105 ELSE map 2010CA/NM103, NM104 & NM105	IF 2010BA/SBR02 = 18, map NM103, NM104 & NM105 ELSE map 2010CA/NM103, NM104 & NM105
Patient's Date of Service	If 2300/DTP01 = 434, map DTP03	If 2400/DTP01 = 472, map DTP03

If you have any questions, please contact our EDI Help Desk at EDIBA@centene.com or by calling 1-800-225-2573 extension 25525.

Reminders and Denials

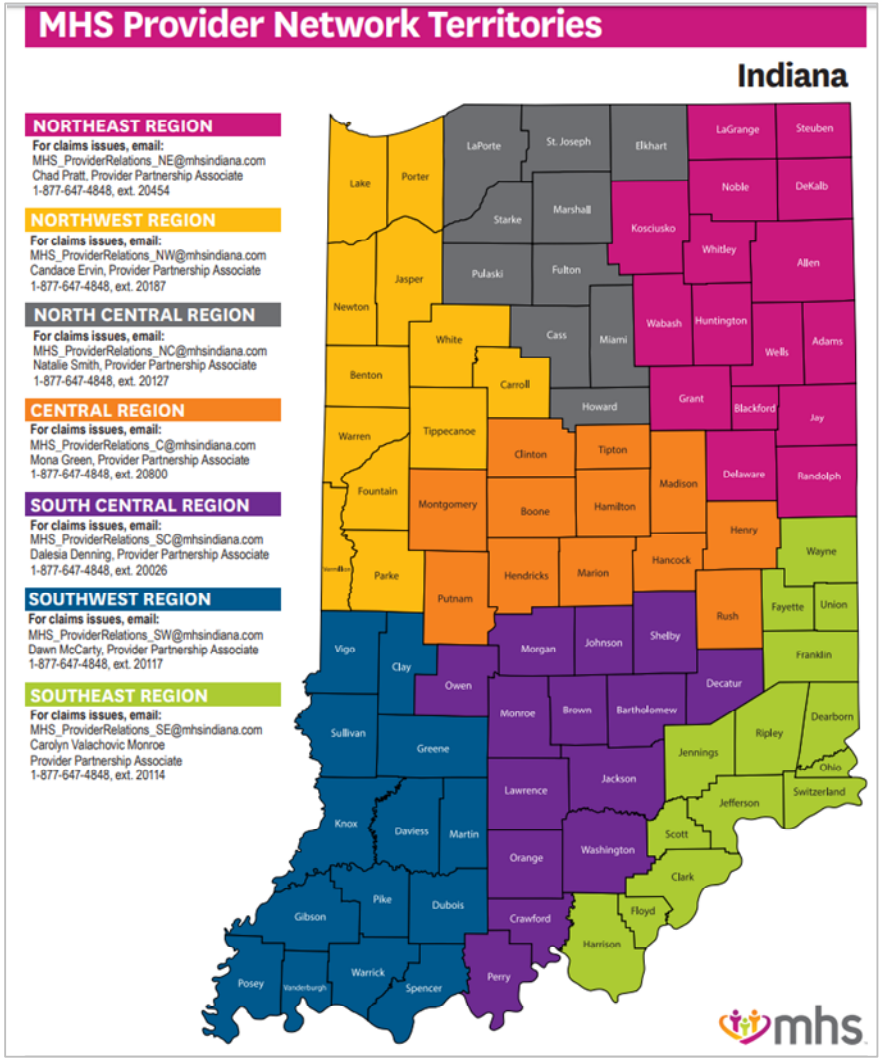
- MHS payment along with the Primary Carriers payment on a COB claim (Coordination of Benefits) can not be more than the Medicaid allowed amount.
  - If primary pays more than the Medicaid allowed, MHS will owe no additional payment. Will see EXMX process code.
- COB claim submission is 365 days from the date of service.
  - However, it is recommended to submit a claim at same time you submit to primary carrier to protect your filing timeline, in the case that primary is no longer in effect or is retro updated.

Common Denial Codes

- **EXL6:** DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB
- **EXLR:** DENY:WHEN PRIME INS RECEIVES INFO-RESUBMIT TO SECONDARY INS
- **EXMX:** PAY: MAXIMUM ALLOWABLE HAS BEEN PAID BY PRIME INS
- **EXI1:** OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT

Questions

- Why when I entered all the information in the portal did my claim deny for EXI1?
  - Verify the dollars billed to primary carrier and the dollars billed to MHS match.
  - Verify the payment and write off amounts equal to the penny what was entered. Normally the Write off amount was not added so dollars do not match.
- The state file does not indicate this member has other insurance, so why does MHS?
  - Each of the MCE's are required to do their own COB verification of other insurance. We have listed other carrier information, on the portal under the patient's information on the Coordination of Benefits tab.
  - If you believe the other insurance information listed on the portal is incorrect, please send us a request to re-verify COB by using contact us on the portal, by calling the Provider Service line, or by sending an email to the correct regional mailbox and ask us to verify this information.
  - Also notify us if the member has other insurance that may not yet be posted.



Available online:
https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2020.pdf

NORTHEAST REGION

For claims issues, email:
MHS_ProviderRelations_NE@mhsindiana.com
Chad Pratt, Provider Partnership Associate
1-877-647-4848, ext. 20454

NORTHWEST REGION

For claims issues, email:
MHS_ProviderRelations_NW@mhsindiana.com
Candace Ervin, Provider Partnership Associate
1-877-647-4848, ext. 20187

NORTH CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_NC@mhsindiana.com
Natalie Smith, Provider Partnership Associate
1-877-647-4848, ext. 20127

CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_C@mhsindiana.com
Mona Green, Provider Partnership Associate
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SOUTH CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
Dalesia Denning, Provider Partnership Associate
1-877-647-4848, ext. 20026

SOUTHWEST REGION

For claims issues, email:
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Dawn McCarty, Provider Partnership Associate
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SOUTHEAST REGION

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Carolyn Valachovic Monroe
Provider Partnership Associate
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MHS Provider Network Territories

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PROVIDER GROUPS
Beacon Medical Group
Franciscan Alliance
HealthLinc
Heart City Health Center
Indiana Health Centers
Lutheran Medical Group
Parkview Health System
South Bend Clinic

JENNIFER GARNER
Provider Partnership Associate II
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jgarner@mhsindiana.com

PROVIDER GROUPS
American Health Network of Indiana
Columbus Regional Health
Community Physicians of Indiana
HealthNet
Health & Hospital Corporation of Marion County
Indiana University Health
St. Vincent Medical Group

NETWORK LEADERSHIP

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MARK VONDERHEIT
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ENVOLVE DENTAL, INC.

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Back of Map

Available online:
https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2020.pdf

Thank you for being our partner in care.