

MHS Coordination of Benefits (COB) 2020

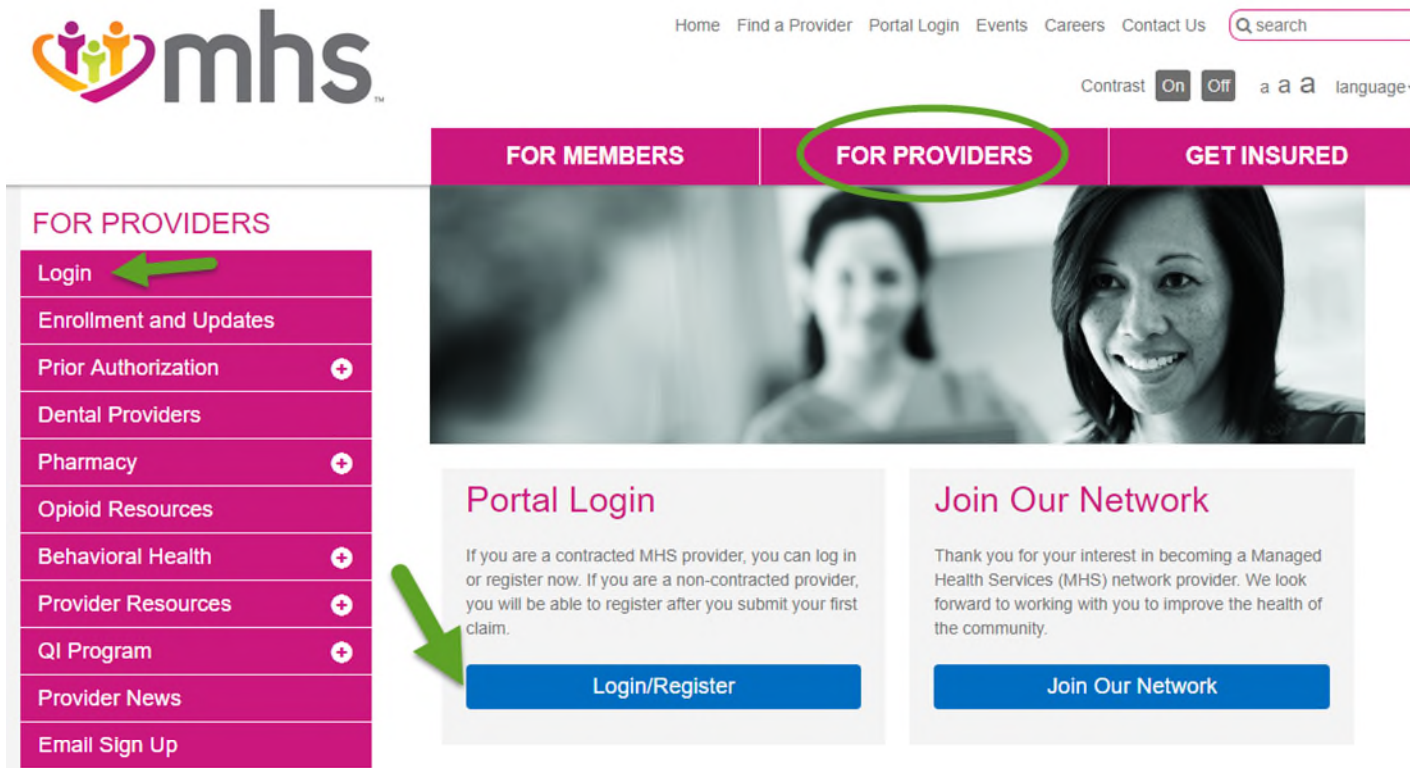


Agenda

-  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

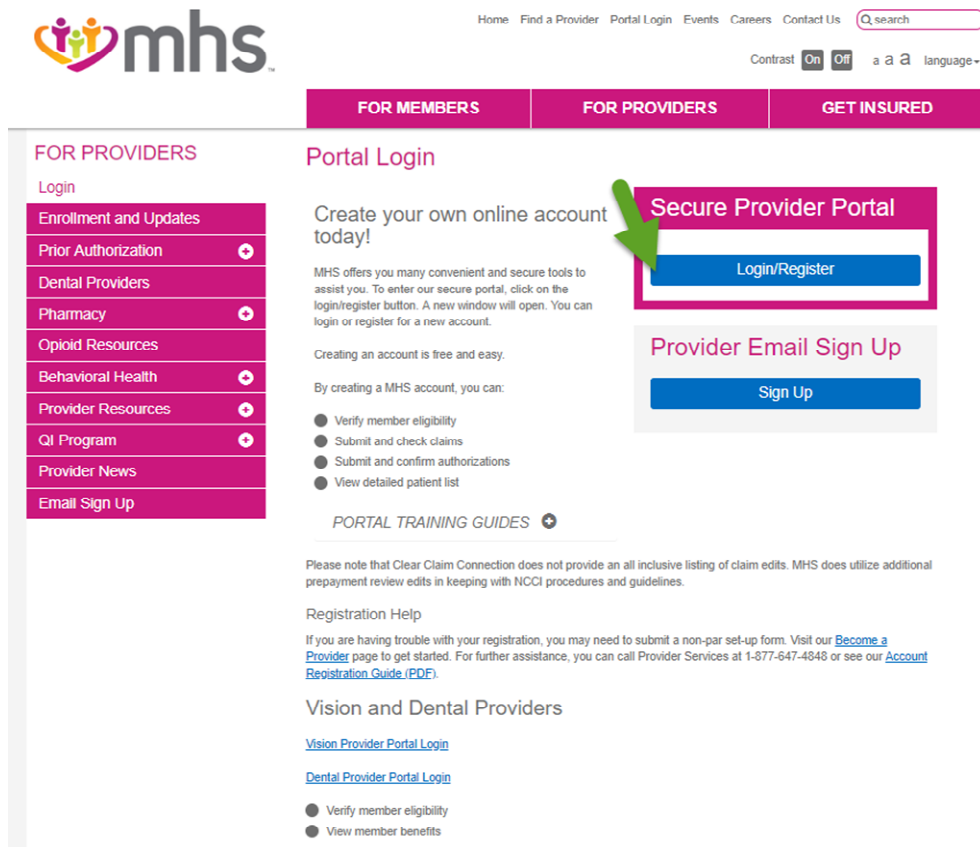
 Click on **For Providers**. Then click **Login/Register** for MHS Provider Portal on the **Login Tab** to view Vision/Dental Portal Login and Training Materials.



The screenshot displays the MHS website interface. At the top, the MHS logo is on the left, and navigation links (Home, Find a Provider, Portal Login, Events, Careers, Contact Us) and a search bar are on the right. Below the navigation bar, there are three main tabs: "FOR MEMBERS", "FOR PROVIDERS" (highlighted with a green oval), and "GET INSURED". On the left side, under the "FOR PROVIDERS" heading, a list of links is shown: "Login" (with a green arrow pointing to it), "Enrollment and Updates", "Prior Authorization", "Dental Providers", "Pharmacy", "Opioid Resources", "Behavioral Health", "Provider Resources", "QI Program", "Provider News", and "Email Sign Up". In the center, there is a large image of two women. Below the image, there are two main sections: "Portal Login" and "Join Our Network". The "Portal Login" section contains text about logging in or registering as a provider and a blue button labeled "Login/Register" (with a green arrow pointing to it). The "Join Our Network" section contains text about becoming a Managed Health Services (MHS) network provider and a blue button labeled "Join Our Network".

Secure Web Portal Login or Registration

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



The screenshot shows the MHS website's navigation bar with links for Home, Find a Provider, Portal Login, Events, Careers, and Contact Us, along with a search bar. Below the navigation bar are three main tabs: FOR MEMBERS, FOR PROVIDERS, and GET INSURED. The FOR PROVIDERS tab is selected, showing a sidebar with various provider resources and a main content area titled 'Portal Login'. The 'Portal Login' section includes a 'Secure Provider Portal' box with a 'Login/Register' button, a 'Provider Email Sign Up' box with a 'Sign Up' button, and a 'PORTAL TRAINING GUIDES' section. A green arrow points to the 'Login/Register' button in the 'Secure Provider Portal' box.

Home Find a Provider Portal Login Events Careers Contact Us

Contrast ☒ On ☐ Off a a language-

FOR MEMBERS **FOR PROVIDERS** **GET INSURED**

FOR PROVIDERS

Login

- Enrollment and Updates
- Prior Authorization +
- Dental Providers
- Pharmacy +
- Opioid Resources
- Behavioral Health +
- Provider Resources +
- QI Program +
- Provider News
- Email Sign Up

Portal Login

Create your own online account today!

MHS offers you many convenient and secure tools to assist you. To enter our secure portal, click on the login/register button. A new window will open. You can login or register for a new account.

Creating an account is free and easy.

By creating a MHS account, you can:

- Verify member eligibility
- Submit and check claims
- Submit and confirm authorizations
- View detailed patient list

Secure Provider Portal

Login/Register

Provider Email Sign Up

Sign Up

PORTAL TRAINING GUIDES +

Please note that Clear Claim Connection does not provide an all inclusive listing of claim edits. MHS does utilize additional prepayment review edits in keeping with NCCI procedures and guidelines.

Registration Help

If you are having trouble with your registration, you may need to submit a non-par set-up form. Visit our [Become a Provider](#) page to get started. For further assistance, you can call Provider Services at 1-877-647-4848 or see our [Account Registration Guide \(PDF\)](#).

Vision and Dental Providers

[Vision Provider Portal Login](#)

[Dental Provider Portal Login](#)

- Verify member eligibility
- View member benefits

Web Portal Training Documents

FOR PROVIDERS

Login

Enrollment and Updates

Prior Authorization

Dental Providers

Pharmacy

Opioid Resources

Behavioral Health

Provider Resources

QI Program

Provider News

Email Sign Up

FOR MEMBERS

FOR PROVIDERS

GET INSURED

Portal Login

Create your own online account today!

MHS offers you many convenient and secure tools to assist you. To enter our secure portal, click on the login/register button. A new window will open. You can login or register for a new account.

Creating an account is free and easy.

By creating a MHS account, you can:

- Verify member eligibility
- Submit and check claims
- Submit and confirm authorizations
- View detailed patient list

PORTAL TRAINING GUIDES

- [Account Manager User Guide.\(PDF\)](#)
- [Provider Secure Portal Brochure.\(PDF\)](#)
- [Provider Secure Portal Flyer.\(PDF\)](#)
- [Submit a Claim CMS 1500.\(PDF\)](#)
- [Submit a Claim CMS UB-04.\(PDF\)](#)
- [Submit a Corrected Claim.\(PDF\)](#)
- [Update Portal Account Details.\(PDF\)](#)
- [Utilize Member Management Forms.\(PDF\)](#)
- [View Claim Status.\(PDF\)](#)
- [View Payment History.\(PDF\)](#)

Secure Provider Portal

Login/Register

Provider Email Sign Up

Sign Up



Training Documents Include:

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

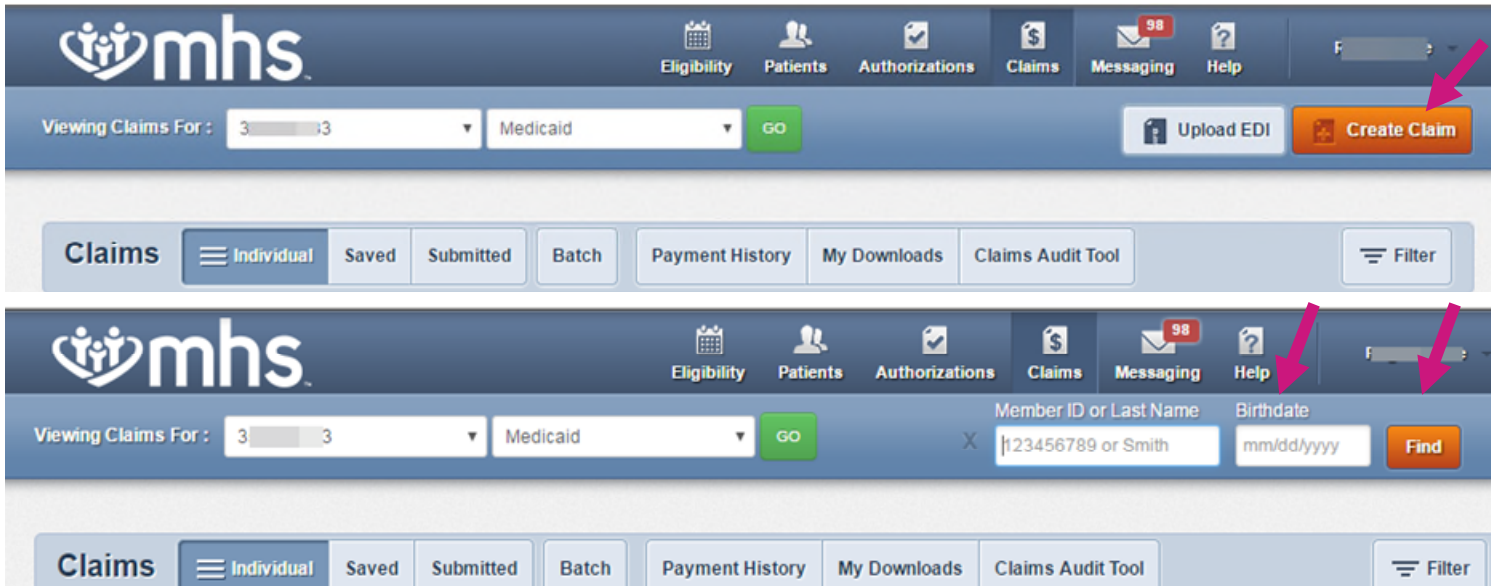
Claims

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**.

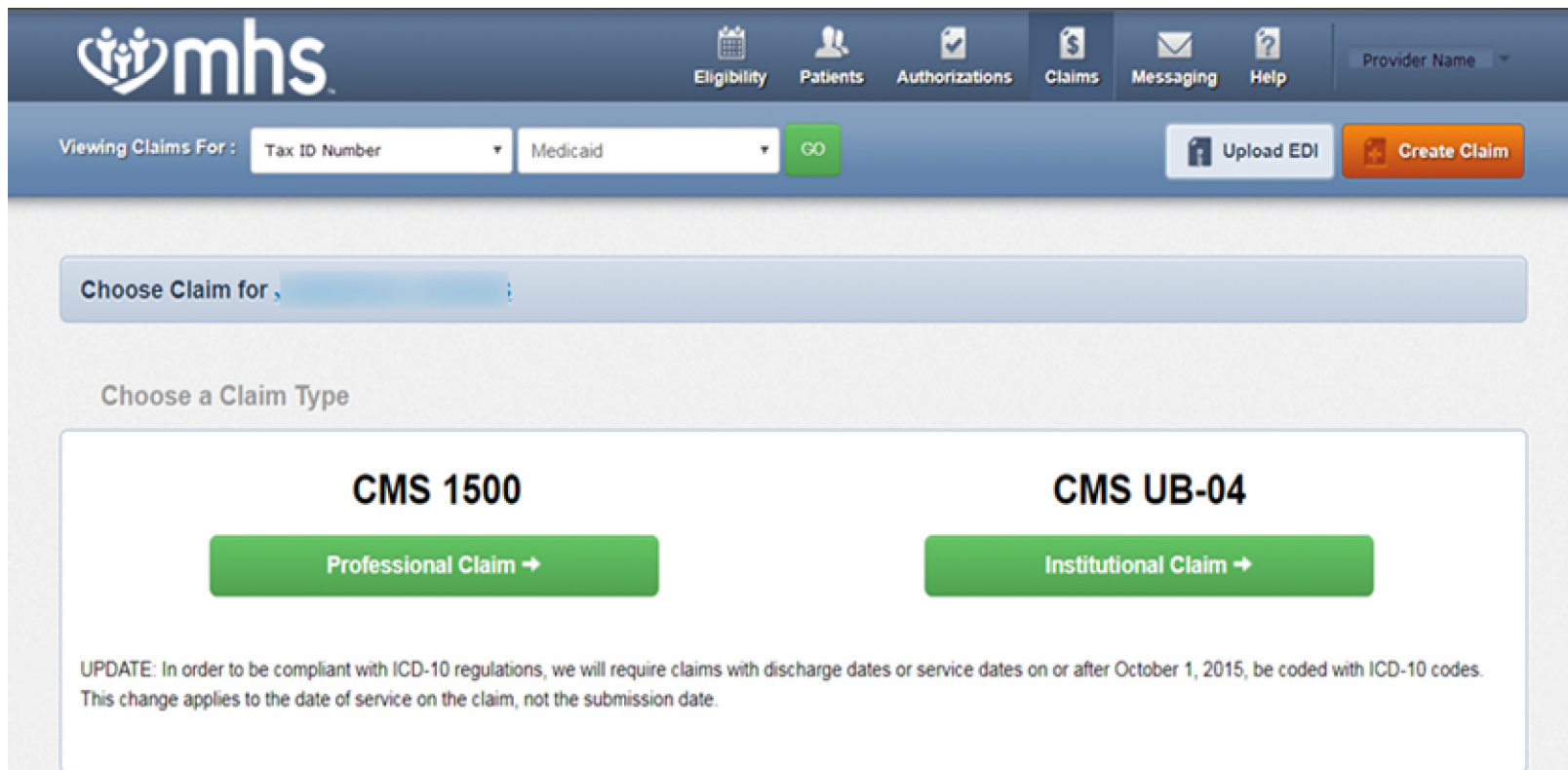


The screenshot displays the MHS Claims interface. The top navigation bar includes links for Eligibility, Patients, Authorizations, Claims, Messaging (with a 98 notification), and Help. Below this, the 'Viewing Claims For' section shows a dropdown menu set to '3' and a 'Medicaid' filter, with a 'GO' button. To the right, there is an 'Upload EDI' button and a prominent orange 'Create Claim' button, which is highlighted by a red arrow. Below the navigation bar, a secondary menu shows 'Claims' as the active tab, with sub-tabs for Individual, Saved, Submitted, Batch, Payment History, My Downloads, and Claims Audit Tool. A 'Filter' button is also present. The bottom section of the interface features a search form with fields for 'Member ID or Last Name' (containing '123456789 or Smith') and 'Birthdate' (containing 'mm/dd/yyyy'), and a 'Find' button. Red arrows point to the 'Help' link in the top navigation bar and the 'Find' button.

Claim Submission

 Choose the **Claim Type**.

- **Professional** or **Institutional** claim submission.



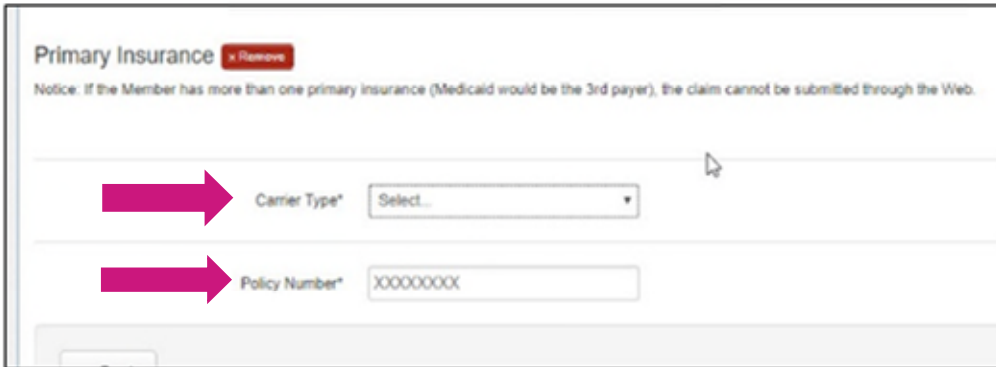
The screenshot shows the MHS web application interface for claim submission. At the top is a navigation bar with the MHS logo and icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A dropdown menu for 'Provider Name' is on the right. Below the navigation bar is a section for 'Viewing Claims For:' with two dropdown menus: 'Tax ID Number' and 'Medicaid', followed by a green 'GO' button. To the right are two buttons: 'Upload EDI' and 'Create Claim'. Below this is a light blue box with the text 'Choose Claim for ,'. Underneath is a section titled 'Choose a Claim Type' containing two columns. The left column is for 'CMS 1500' and contains a green button labeled 'Professional Claim →'. The right column is for 'CMS UB-04' and contains a green button labeled 'Institutional Claim →'. At the bottom of the form is an 'UPDATE' notice: 'UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.'

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.

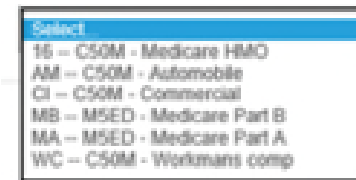
COB on the Portal

 Where to enter the primary carriers identifying information:



Select Carrier Type:

- Insurance Plan Name or Program Name



Select
16 - C50M - Medicare HMO
AM - C50M - Automobile
CI - C50M - Commercial
MB - M5ED - Medicare Part B
MA - M5ED - Medicare Part A
WC - C50M - Workmans comp



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.

Professional Claim for **ITX** Your Progress

THIS SECTION:
Service Lines
Enter maximum of 50 service lines.

[Back](#) [Next](#)

Total: \$500.00 * Required field [Delete](#) [Save / Update](#)

[New Service Line](#)

PROCEDURE / CHARGES

1: 99213 / \$500.00

Now Viewing Line 1: 99213 / \$500.00

Date of Service: From 02/01/2016 To 02/01/2016 [2x8](#)

Place of Service: 11 - PROVIDER'S OFFICE [2x8](#)

Procedure Code: 99213 [2x8](#)

Modifiers: XX [Add](#) Please enter the modifier and click the Add button.

Diagnosis Code(s): J61 - VEST - PERS OUTSD INDUSTR VEH INJ NT ACC [2x8](#)

Charge: 500.00 [2x7](#)

Units / Minutes / Days: 1 Type: UN - U [2x8](#)

Family Planning: Yes No EP001 Select... [2x8](#)

NDC: NDC [NDC](#)

Supplemental Information: Supplemental Information

Primary Insurance
Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web.

Amount Allowed: 500.00

Deductible: XXXX.XX

Copay: XXXX.XX

Co-Insurance: XXXX.XX

Amount Paid: 500.00

Service Line Dental Reasons
Select denied category, enter amount and click "Add Denied Reason" to add a denied amount to your claim.

Denied Category: Select... [▼](#)

Denied Amount: XXXX.XX

[Add Denied Reason](#)

[Delete](#) [Save / Update](#)

[Back](#) [Next](#)

COB on the Portal

Primary Insurance

Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web.

Amount Allowed* 500.00

Deductible XXXX.XX

Copay XXXX.XX

Co-Insurance XXXX.XX

Amount Paid 500.00

Service Line Denial Reasons

Select denied category, enter amount and click "Add Denied Reason" to add a denied amount to your claim.

Denied Category Select...

Denied Amount XXXX.XX

Add Denied Reason

Delete Save / Update

← Back

Next →



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:

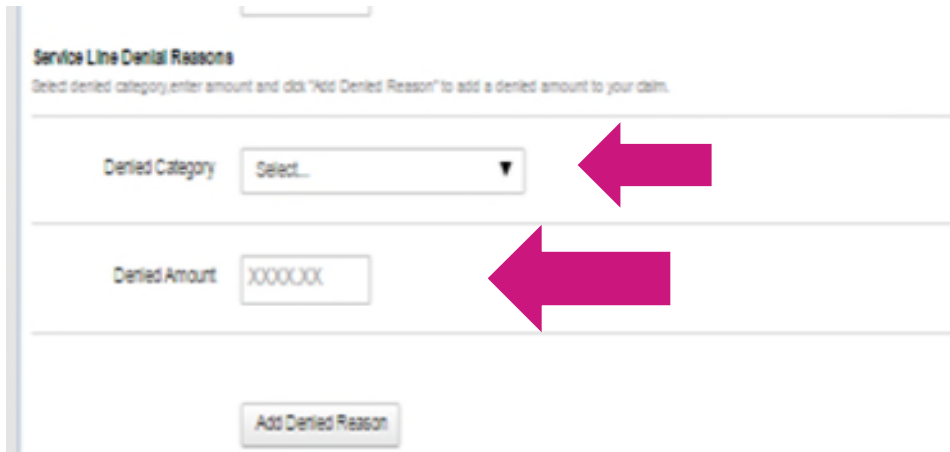
 Select the Denied Category: Be sure to select the best category for your situation from the drop down menu.



Denied Category	Select...
Denied Amount	Duplicate Capitation Third Party Adjustment Over Allowable Billing Error Waiting for Information Eligibility No Response From Primary Authorization Other TPL Exclusion Timely Filing Non-Covered Service

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

COB on the Portal



Service Line Denial Reasons
Select denied category, enter amount and click "Add Denied Reason" to add a denied amount to your claim.

Denied Category	Select...
Denied Amount	XXXXXX

Add Denied Reason



Then enter the denied dollar amount for this category reason.



Then select the add denied reason.

- If this step is missed, the dollar amount will not match and the claim will deny.

COB on the Portal

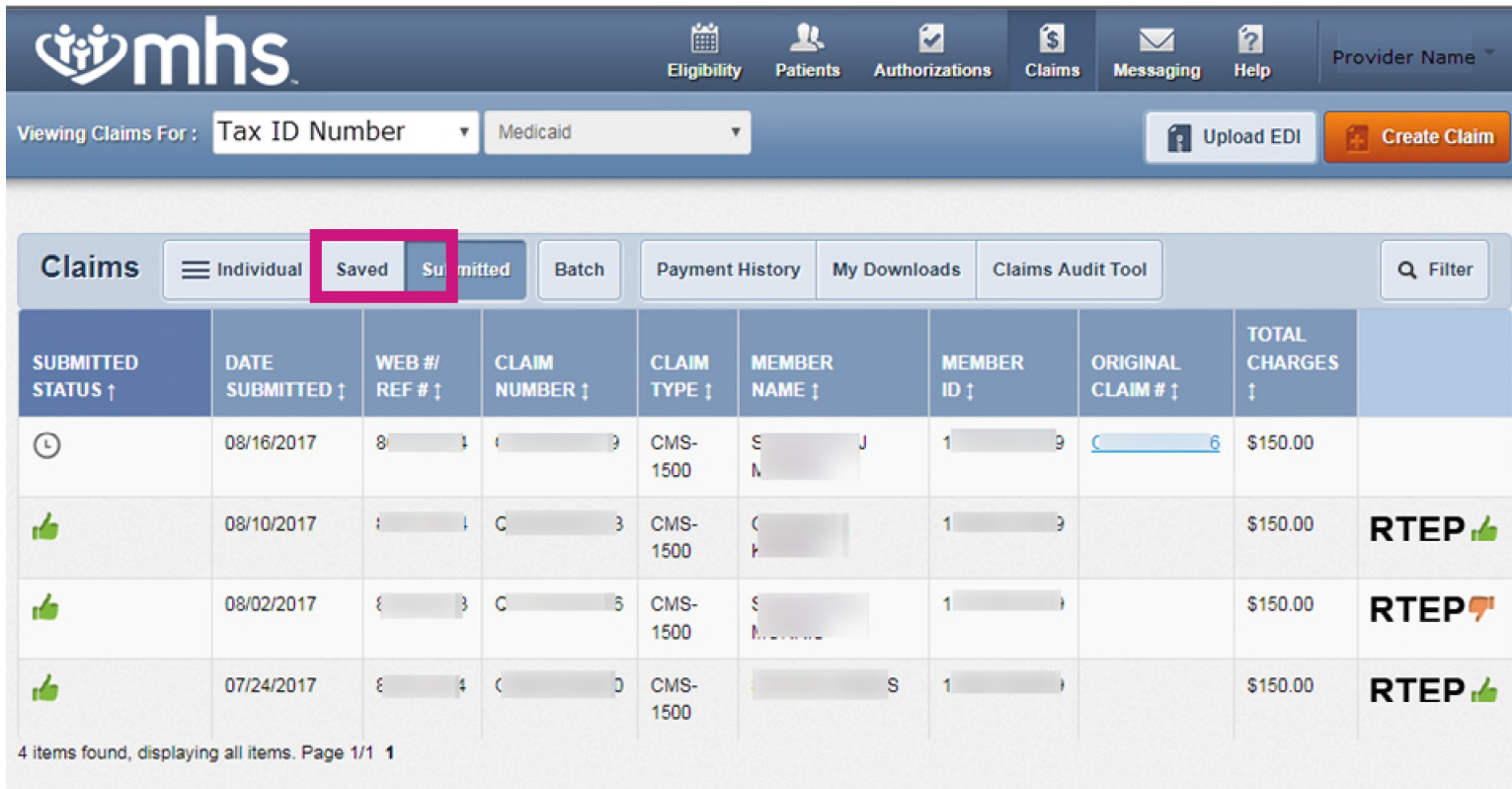
-  Once each of the claim lines have been created and the Primary Insurance Information entered. on each claim line continue on by selecting next.
-  Enter Referring and Billing provider Information, select next.
-  If no attachments are being attached select next.
 - With COB on portal you **do not** 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.)



Viewing Claims For: Tax ID Number Medicaid Upload EDI Create Claim

Claims Individual **Submitted** Batch Payment History My Downloads Claims Audit Tool Filter

SUBMITTED STATUS ↑	DATE SUBMITTED ↑	WEB #/ REF # ↑	CLAIM NUMBER ↑	CLAIM TYPE ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑	
🕒	08/16/2017	8		CMS-1500	S J	1	6	\$150.00	
👍	08/10/2017		C	CMS-1500		1		\$150.00	RTEP 👍
👍	08/02/2017		C	CMS-1500		1		\$150.00	RTEP 🚫
👍	07/24/2017		C	CMS-1500	S	1		\$150.00	RTEP 👍

4 items found, displaying all items. Page 1/1 1

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 occurrences. Tibco will validate all occurrences.)	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.

MHS Provider Network Territories

Indiana

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
1-877-647-4848, ext. 20800

SOUTH CENTRAL REGION

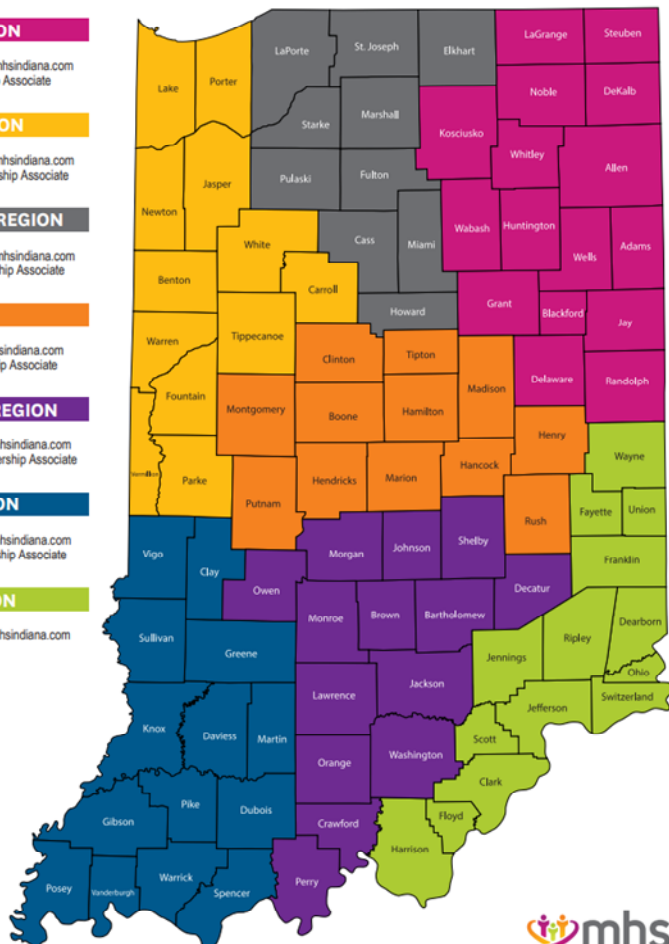
For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
Dalesia Denning, Provider Partnership Associate
1-877-647-4848, ext. 20026

SOUTHWEST REGION

For claims issues, email:
MHS_ProviderRelations_SW@mhsindiana.com
Dawn McCarty, Provider Partnership Associate
1-877-647-4848, ext. 20117

SOUTHEAST REGION

For claims issues, email:
MHS_ProviderRelations_SE@mhsindiana.com
Carolyn Valachovic Monroe
Provider Partnership Associate
1-877-647-4848, ext. 20114



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
1-877-647-4848, ext. 20800

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:
MHS_ProviderRelations_SW@mhsindiana.com
Dawn McCarty, Provider Partnership Associate
1-877-647-4848, ext. 20117

SOUTHEAST REGION

For claims issues, email:
MHS_ProviderRelations_SE@mhsindiana.com
Carolyn Valachovic Monroe
Provider Partnership Associate
1-877-647-4848, ext. 20114

Available online:

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

MHS Provider Network Territories

TAWANNA DANZIE

Provider Partnership Associate II
1-877-647-4848 ext. 20022
tdanzie@mhsindiana.com

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
1-877-647-4848 ext. 20149
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

JILL CLAYPOOL

Vice President, Network
Development & Contracting
1-877-647-4848 ext. 20855
jill.e.claypool@mhsindiana.com

NANCY ROBINSON

Senior Director, Provider Network
1-877-647-4848 ext. 20180
nrobinson@mhsindiana.com

MARK VONDERHEIT

Director, Provider Network
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mvonderheit@mhsindiana.com

NEW PROVIDER CONTRACTING

TIM BALKO

Director, Network Development & Contracting
1-877-647-4848 ext. 20120
tbalko@mhsindiana.com

MICHAEL FUNK

Manager, Network Development & Contracting
1-877-647-4848 ext. 20017
michael.j.funk@mhsindiana.com

NETWORK OPERATIONS

KELVIN ORR

Director, Network Operations
1-877-647-4848 ext. 20049
kelvin.d.orr@mhsindiana.com

ENVOLVE DENTAL, INC.

MICHAEL J. WILLIAMS

Provider Relations Specialist
1-727-437-1832
Dental Provider Services: 1-855-609-5157
Michael.Williams@EnvolveHealth.com

Back of Map

Available online:

https://www.mhsindiana.com/content/dam/centene/mhsindiana/medical/pdfs/ProviderTerritory_map_2020.pdf

Thank you for being our partner in care.