PROVIDER ALERT

COORDINATION OF BENEFITS (COB) UPDATE

JULY 28, 2011

When a consumer has other health insurance coverage, Maryland Medicaid is the payer of last resort. When a consumer's primary coverage has denied benefits, ValueOptions must receive a copy of the primary carrier's Explanation of Payment (EOP) that explains the reason for denial.

The EOP must include all services on the claim and match the consumer's name, date(s) of service(s) and procedure(s) code(s), and explain the denial reason(s). Providing a copy of a letter is not sufficient documentation for audit purposes, we need the actual EOP.

This applies to both facility and professional service claims. We cannot use Occurrence Code 24 (in Box 31 on the UB-04) by itself, for coordination of benefits for facility services.

Providers can submit the Explanation of Payment (EOP) information in one of three ways:

1. Submit a paper claim and attach the EOP to the claim. Paper claims are sent to:

   ValueOptions® Maryland
   P.O. Box 1950
   Latham, NY 12110

2. Submit the claim electronically and **immediately** send an inquiry through the ValueOptions' ProviderConnect system. This Inquiry should tell

ValueOptions that this is COB information for a claim that was just submitted electronically. The Inquiry needs to list the provider's name, TIN and NPI as well as the consumer's name, date of birth and date of service. Attach a copy of the EOP to the Inquiry.

3. Submit a professional claim via Direct Claim Submission (facility claims may not be entered through Direct Claim Submission). The primary insurer's EOP needs to be attached to the filing of the on-line claims. For directions on submitting attachments please refer to pages 5 through 8 of our ***ValueOptions*** **Provider Guide to using Direct Claim Submission** located on our website at: http://valueoptions.com/providers/Compliance/Guide_to_Using_Direct_Claim_Submission.pdf

These COB documentation rules are effective immediately and are required for all claims transactions (including any retroactive adjustments).