



PROVIDER ALERT

RTC_s AND COORDINATION OF BENEFITS PAY AND CHASE

SEPTEMBER 10, 2013

Medicaid has a company under contract that can follow up with primary insurance providers if those providers have not given sufficient documentation to establish Medicaid as the payer of last resort for services not covered by the primary insurance carrier. This mechanism can be used by RTCs in situations in which the primary insurance company has not produced sufficient documentation after three documented efforts to secure it.

Following are the Pay and Chase procedures for RTCs to follow:

- A) Document three good faith efforts to secure the necessary documentation from the insurance company.
- B) Send an email to ValueOptions Provider Services at marylandproviderrelations@valueoptions.com. The provider shall submit evidence of three attempts to secure an EOB from the primary insurance plan denying the RTC benefit. The provider shall attach the benefit plan description to the email request. Please note that evidence can be either verbal or written. If verbal, the provider shall document the number called, date and time of the call, the name of the insurance carrier's representative with whom the provider spoke, and the representative's response to the request. This information shall serve as a summary response of the primary insurance carrier's denial.



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- C) ValueOptions will verify Medicaid eligibility and review the summary response and supporting documentation. ValueOptions will then coordinate with MHA on an approval or denial of the request.
- D) ValueOptions will notify the provider regarding the approval or denial of the request. If the request is approved, ValueOptions will forward the Pay and Chase request to Medicaid.
- E) Under an approved request, ValueOptions will continue to reimburse the provider. The “Pay and Chase” company will follow up with the primary insurance carrier regarding reimbursement or to retrieve adequate proof that Medicaid is the payer of last resort.