









MHS Coordination of Benefits (COB) 2020

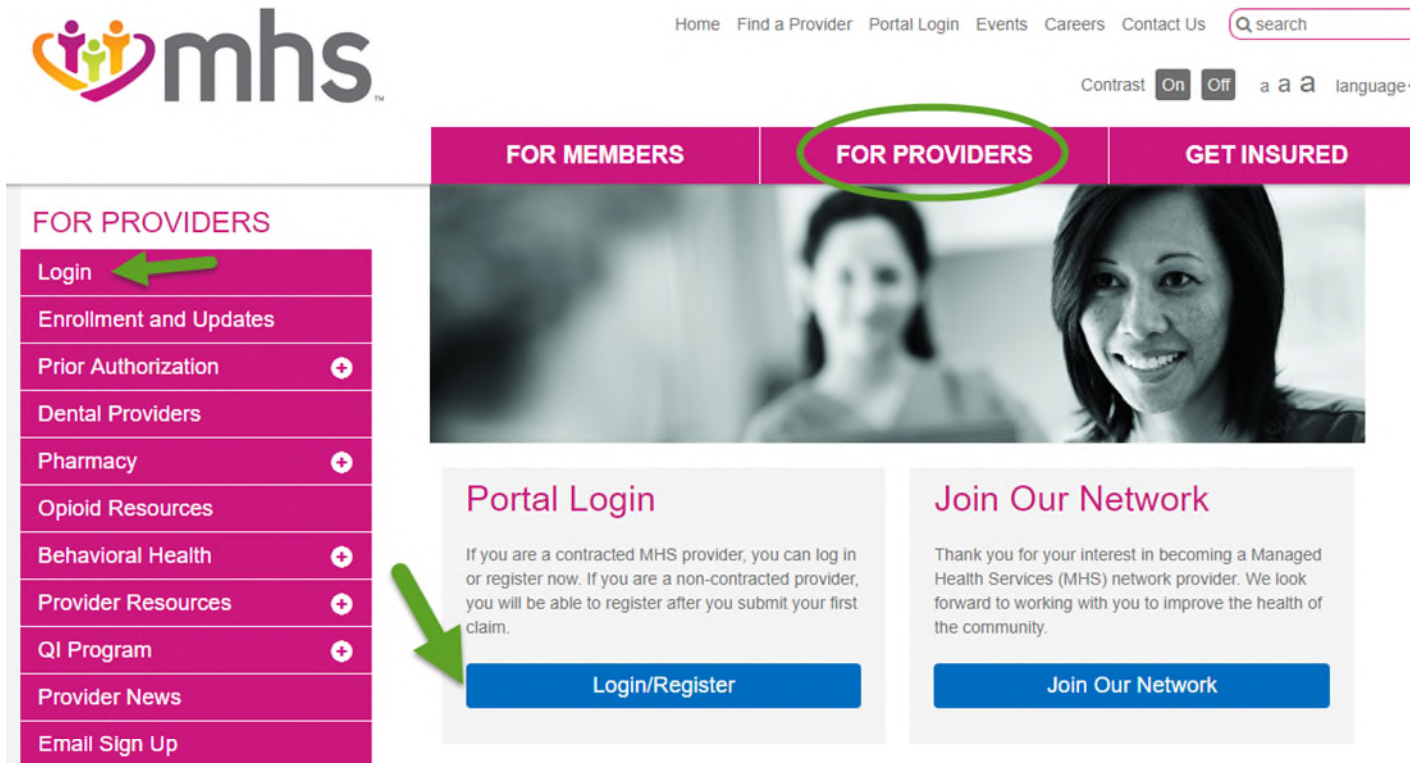


Agenda

-  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 shows the MHS website navigation and content. 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 is a pink bar with three tabs: "FOR MEMBERS", "FOR PROVIDERS" (circled in green), and "GET INSURED". On the left side, a "FOR PROVIDERS" sidebar menu lists various options, with "Login" highlighted by a green arrow. The main content area features a large image of two women. Below the image are two boxes: "Portal Login" with a "Login/Register" button (indicated by a green arrow) and "Join Our Network" with a "Join Our Network" button.

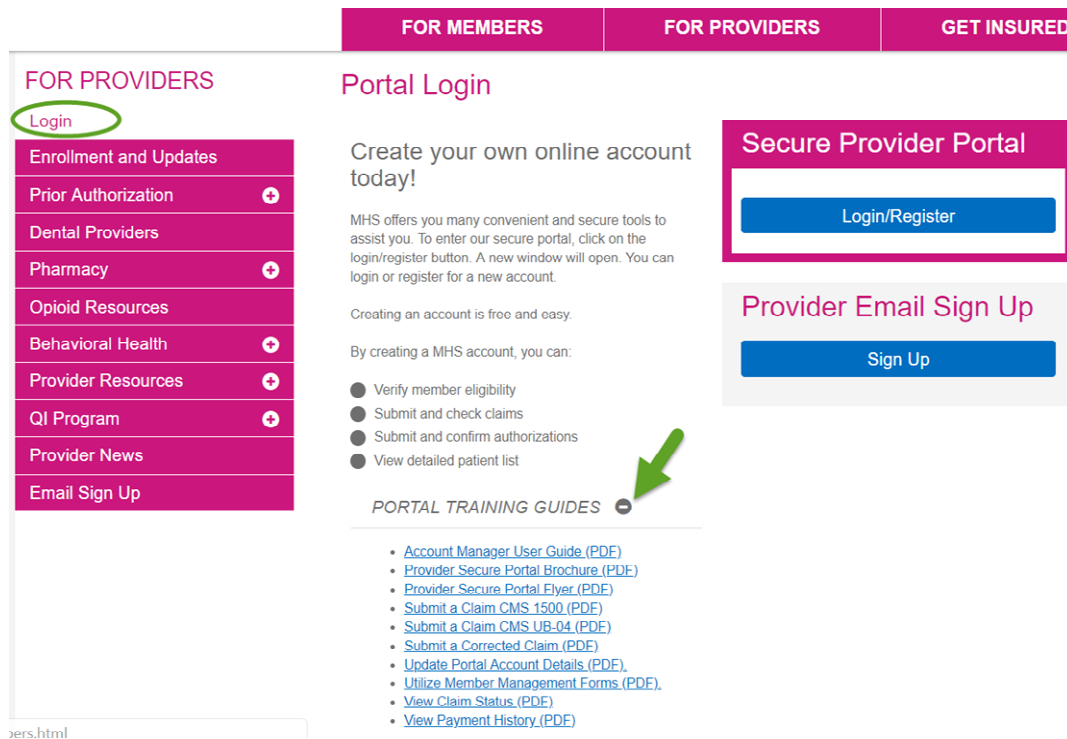
Secure Web Portal Login or Registration

 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 and provider resources. At the top, there is a search bar and utility links like 'Home', 'Find a Provider', 'Portal Login', 'Events', 'Careers', and 'Contact Us'. Below the navigation is a menu with three main categories: 'FOR MEMBERS', 'FOR PROVIDERS', and 'GET INSURED'. The 'FOR PROVIDERS' section is expanded, showing a list of links: 'Login', 'Enrollment and Updates', 'Prior Authorization', 'Dental Providers', 'Pharmacy', 'Opioid Resources', 'Behavioral Health', 'Provider Resources', 'QI Program', 'Provider News', and 'Email Sign Up'. A green arrow points to a callout box titled 'Secure Provider Portal' which contains a blue button labeled 'Login/Register'. Below this, there is a 'Provider Email Sign Up' section with a 'Sign Up' button. The main content area for 'Portal Login' includes a heading, a sub-heading 'Create your own online account today!', a paragraph explaining the benefits of the secure portal, and a list of actions that can be performed after creating an account. A 'PORTAL TRAINING GUIDES' section with a plus icon is also visible.

Web Portal Training Documents



FOR PROVIDERS

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

- [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 \(PDF\)](#)



Training Documents Include:

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

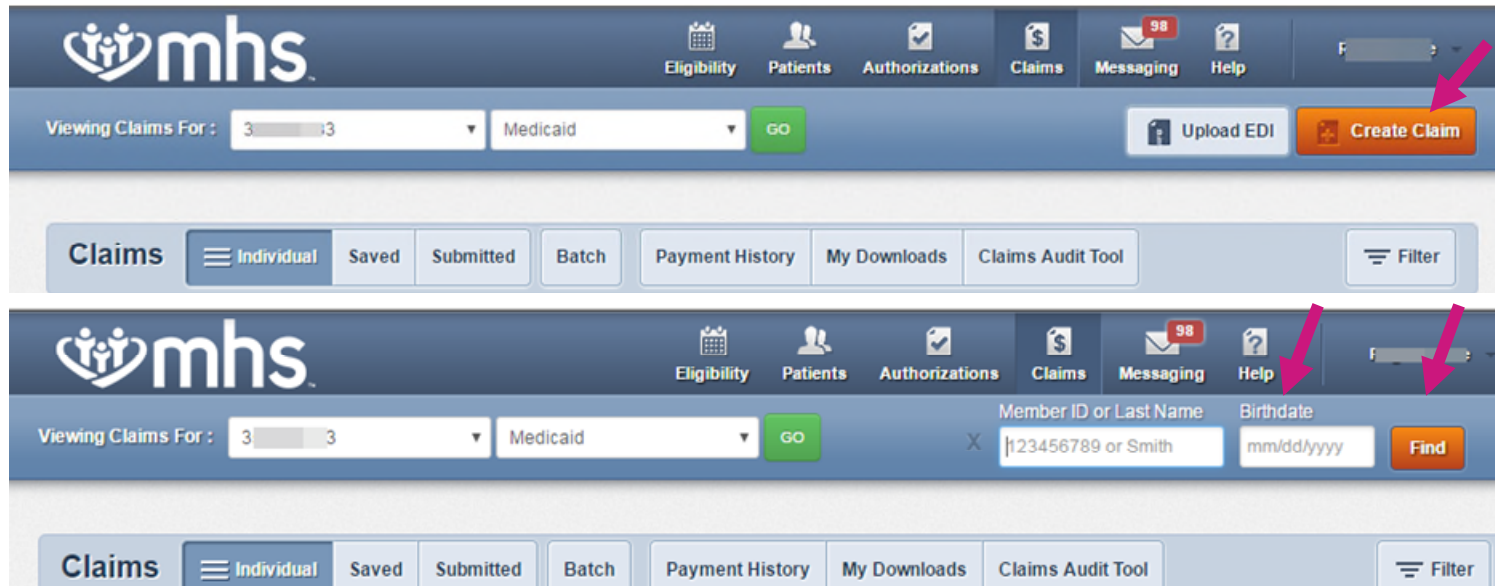
Claims

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**.

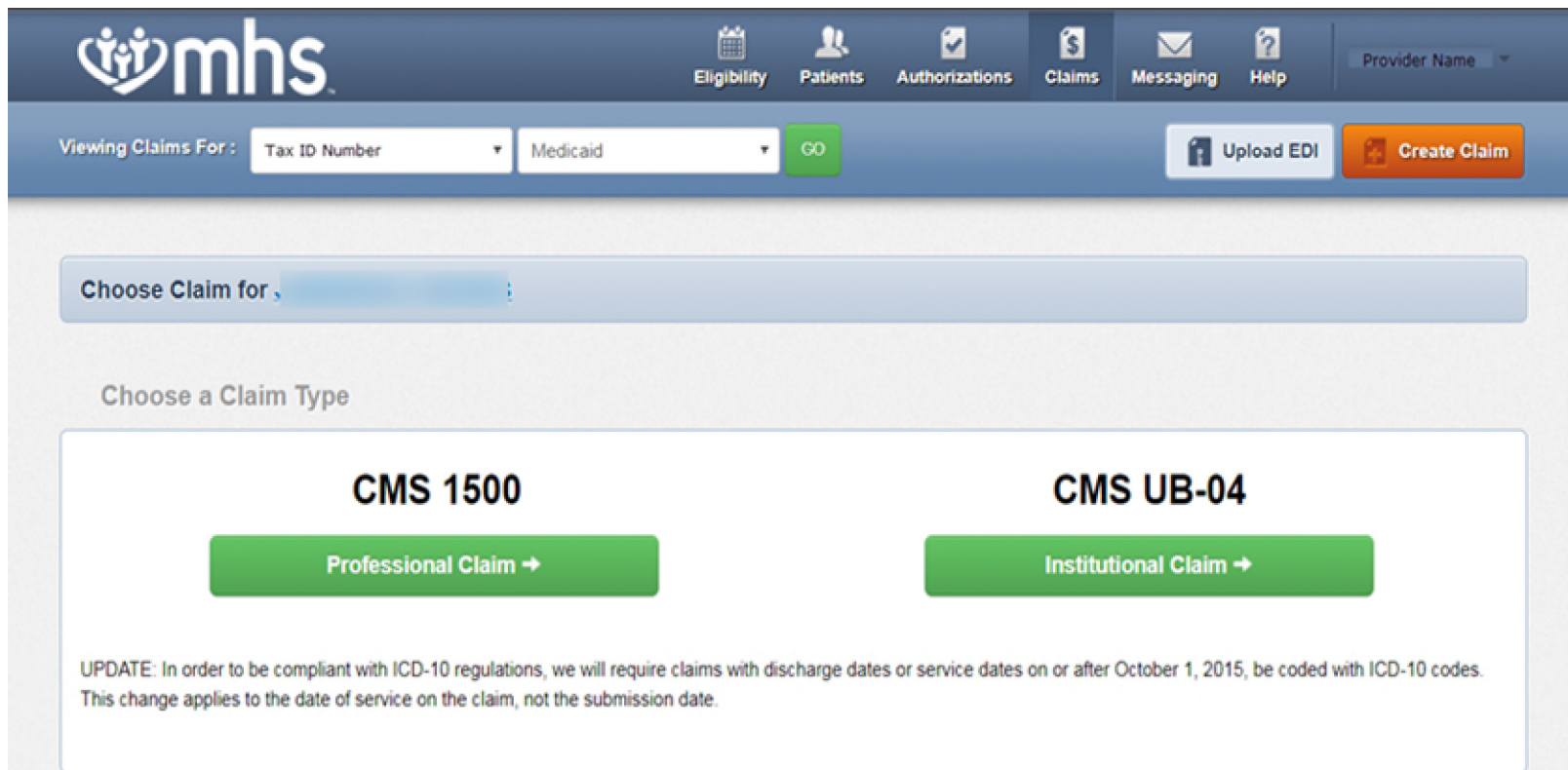


The image displays two screenshots of the MHS Claims application interface. The top screenshot shows the main navigation bar with the 'Claims' tab selected. Below the navigation bar, there are filters for 'Viewing Claims For' (set to 3) and 'Medicaid'. A 'GO' button is next to the filters. To the right, there are buttons for 'Upload EDI' and 'Create Claim'. A red arrow points to the 'Create Claim' button. The bottom screenshot shows the same interface, but with the search fields for 'Member ID or Last Name' and 'Birthdate' highlighted. A red arrow points to the 'Find' button. The search fields contain the text '|23456789 or Smith' and 'mm/dd/yyyy' respectively.

Claim Submission





 Choose the **Claim Type**.

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



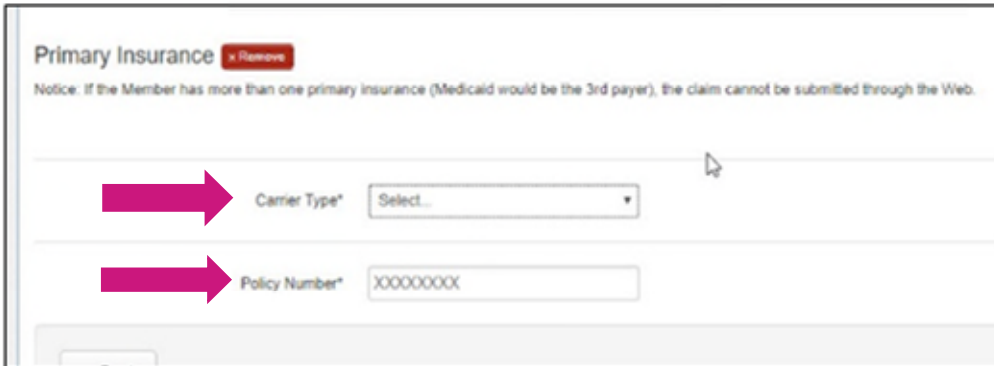
The screenshot shows the MHS Claims Submission web interface. At the top is a navigation bar with the MHS logo and menu items: Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A dropdown menu for 'Provider Name' is visible on the right. Below the navigation bar is a search area with 'Viewing Claims For:' followed by two dropdown menus: 'Tax ID Number' and 'Medicaid', and a green 'GO' button. To the right are two buttons: 'Upload EDI' and 'Create Claim'. The main content area has a light blue header 'Choose Claim for , :'. Below this is the section 'Choose a Claim Type' with two large green buttons: 'CMS 1500 Professional Claim →' and 'CMS UB-04 Institutional Claim →'. At the bottom, an update notice states: '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



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 [Member ID] Your Progress >>>>>

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

← Back Next →

Total: \$500.00 * Required Details Save / Update

→ New Service Line

PROCEDURE / CHARGES

1: 99213 / \$500.00

Now Viewing Line 1: 99213 / \$500.00

Dates of Service: From 02/01/2018 To 02/01/2018 24x

Place of Service: 11 - PROVIDER'S OFFICE 24x

Procedure Code: 99213 24x

Modifiers: XX Add Please enter the modifier and click the Add button.

Diagnosis Code(s): J1 - VEST - PERS OUTSD INDUSTR VEH INJ NT ACC 24x

Charges: 500.00 24x

Units / Minutes / Days: 1 Type: UN - LR 24x

Family Planning: Yes No EP001 24x

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 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 →

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*

Deductible

Copay

Co-insurance

Amount Paid

Service Line Denial Reasons

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

Denied Category

Denied Amount

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.



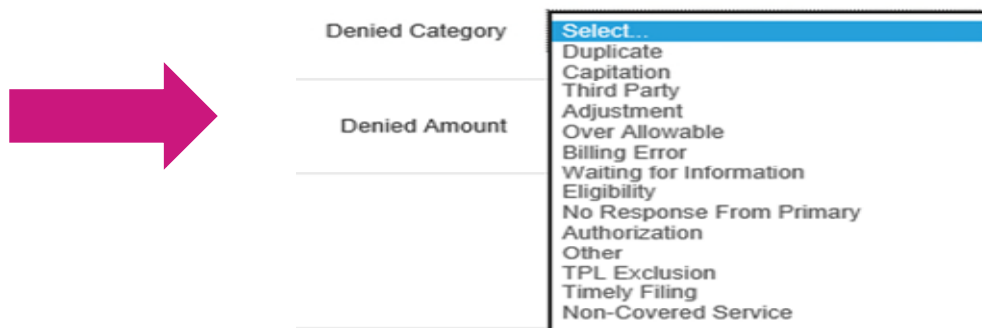
Amount Paid: this is the dollar amount the primary insurance carrier paid for this service line.

- Dollar billed must match to the penny.


COB on the Portal

Service Line Denial Reasons:

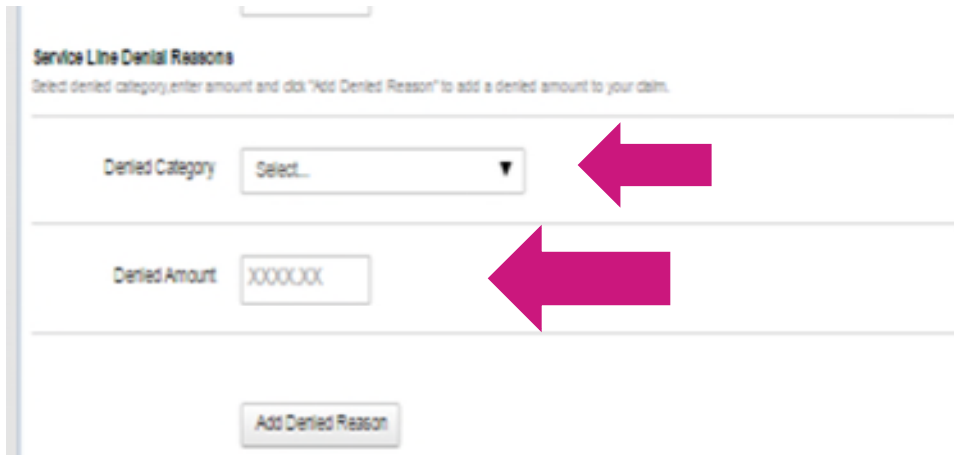
-  Select the Denied Category: Be sure to select the best category for your situation from the drop down menu.




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.)

The screenshot shows the MHS portal interface. At the top, there are navigation icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, there are dropdown menus for 'Viewing Claims For:' (set to 'Tax ID Number') and 'Medicaid'. There are buttons for 'Upload EDI' and 'Create Claim'. The main content area has a 'Claims' header with tabs for 'Individual', 'Saved', and 'Submitted'. The 'Submitted' tab is active. Below the tabs is a table with columns: SUBMITTED STATUS, DATE SUBMITTED, WEB #/ REF #, CLAIM NUMBER, CLAIM TYPE, MEMBER NAME, MEMBER ID, ORIGINAL CLAIM #, and TOTAL CHARGES. The table contains four rows of claim data. The first row has a clock icon in the status column. The second, third, and fourth rows have thumbs up/down icons and 'RTEP' labels in the final column.

SUBMITTED STATUS ↑	DATE SUBMITTED ↓	WEB #/ REF # ↓	CLAIM NUMBER ↓	CLAIM TYPE ↓	MEMBER NAME ↓	MEMBER ID ↓	ORIGINAL CLAIM # ↓	TOTAL CHARGES ↓	
	08/16/2017	8-1-17	C-1-17	CMS-1500	S-1-17	1-1-17	6	\$150.00	
	08/10/2017	8-10-17	C-10-17	CMS-1500	S-10-17	1-10-17		\$150.00	RTEP
	08/02/2017	8-2-17	C-2-17	CMS-1500	S-2-17	1-2-17		\$150.00	RTEP
	07/24/2017	7-24-17	C-24-17	CMS-1500	S-24-17	1-24-17		\$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 EX11?
 - 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

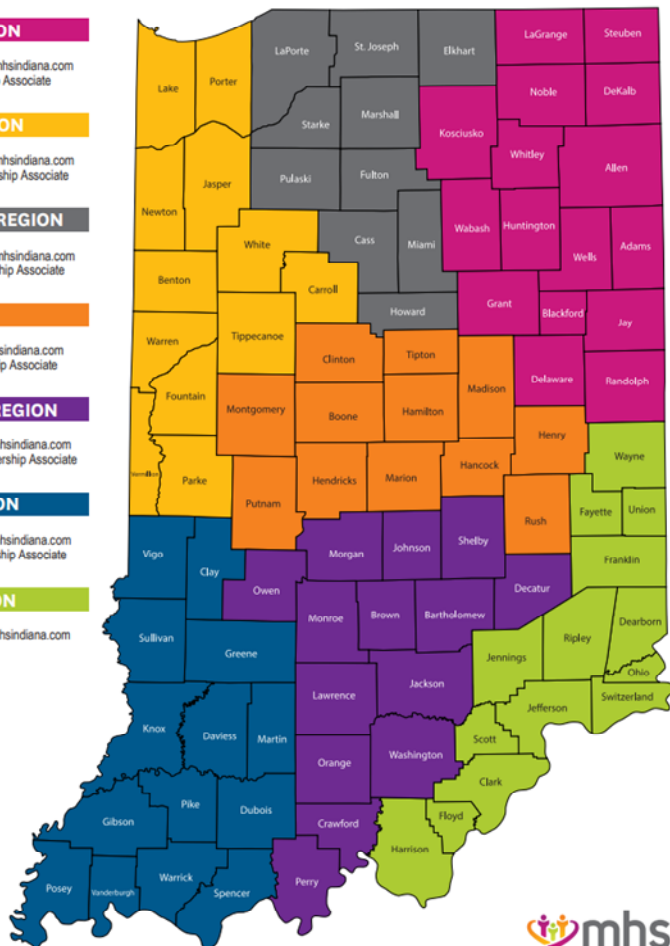
For claims issues, email:
 MHS_ProviderRelations_SC@mhsindiana.com
 Dalesia Denning, Provider Partnership Associate
 1-877-647-4848, ext. 20026

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.