



Provider Alert 10/08/07

Coordination of Benefits/TPL Billing Instructions

October 08, 2007

ValueOptions Provider,

ValueOptions Kansas would like to take this opportunity to clarify the issue of Coordination of Benefits. There have been questions regarding the payment responsibility of VO KS after third party payors reimburse providers. Coordination of benefits is applicable to both Medicaid and Block Grant funding streams.

If primary insurance pays a higher rate than the Medicaid/Block Grant allowed amount VO KS will deny the claim with a reason code “no payment is due and VO KS has no responsibility”.

If primary insurance pays at a lower rate than the Medicaid/Block Grant allowed amount, VO KS will pay the balance up to the Medicaid/Block Grant allowed amount. The explanation of benefits should be submitted to VO KS for coordination of benefits.

Provider must utilize existing network within the primary insurance. If benefits are available to member, provider must seek out reimbursement with primary insurance.

If benefits are exhausted or services are not covered, provider should submit explanation of benefits listing denial reason. ***Failure to provide complete and accurate information will result in denial of claims.***

If the service billed requires prior authorization, it is the responsibility of the provider to request a prior authorization from VO KS if any portion of the

If you have any questions about how to complete your claims, please contact the VO KS customer service line 1-866-645-8216. Thank you

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service may at any time be billed to VO KS. ***Failure to obtain prior authorization will result in denial of the claim.***

Block grant claims must be received by the 10th of the month following the date of service. Providers should submit claims to VO KS by the 10th of the following month to comply with claims processing guidelines. If other insurance is noted, provider will submit explanation of benefits (EOB) upon payment/denial and VO KS will then review claims impacted by third party liability (TPL).

Providers will need to review funding stream in KCPC and update information if member no longer has other insurance. The KCPC will be the key indicator of TPL when AAPS/Possible other Health Insurance is designated.

ValueOptions will host web training on how to submit TPL claims. Dates and technical information will follow in a separate email.

Please reference http://www.valueoptions.com/kansas/providers/pr/Kansas_Medicaid_Manual%20Claims_Section_Only.pdf if you have any questions about TPL processing.

Thank you,

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