

PROVIDER ALERT

NEW: Process for Submitting Coordination of Benefit Claims with Explanation of Benefits Via the Incedo Provider Portal

September 22, 2022

Target Audience: All Behavioral Health Providers

Issue:

Coordination of benefits (COB) claims for which the other carrier has paid \$0 must currently be submitted on paper with the other carrier's explanation of benefits (EOB) via postal mail.

Resolution:

Optum Maryland has developed a process to allow electronic submission of COB claims with an EOB (when the other carrier has paid \$0) through the IPP. This functionality will be implemented on Monday, September 26, 2022.

The action that providers will need to take when submitting COB claims via the IPP will differ depending on their method of claim submission. Please see detailed instructions for each method of submission below.

Please note, a process already exists to allow providers to submit COB claims through the IPP when the other carrier has partially paid.

When submitting claims via IPP using the CMS1500 format, and the other carrier has paid \$0:

1. Enter the claim into the IPP.
2. Access the relevant "Participant Profile" and find the "Participant Documents" via the "Document" menu.
3. Upload the associated EOBs into the "Documents" section. Select the document type "Other Carrier EOB" from the available drop-down options.
4. Upload the EOB image (using the "Browse" button or "Drag it Here" functions as shown in the image below).
5. Associate the EOB image to the claim by indicating the participant's last name, first name, and date of service in the "Description" field. If submitting multiple

dates of service in a single submission, please use a date span in the description (e.g., 01.01.2022 – 03.01.2022). See the example below:

Attachment ✕

Share with Care Team Share with Provider

Browse Files URL

File:

BCBS EOB.docx

[Browse](#)

Or Drag It Here.

Description:

Last Name, First Name, mm.dd.yyyy

Document Type: Document Status:

Expired On:

OR

Note:

[Save](#) [Cancel](#)

When submitting claims via the IPP CMS1500 format and the other carrier has partially paid:

1. When the other carrier partially pays, the EOB **is not required** to be submitted.
2. On the CMS1500 form, the provider should complete:
 - a. **item “11d” (“Is there another Health Benefits Plan”)** and
 - b. **item 9, boxes “a” and “d” (“Other Insured”)**, then
 - c. complete **item 29 (“Amount Paid”)** to add the amount paid by the other carrier.

3. For details, please see the [CMS1500 training material](#) on Maryland.optum.com.

When submitting claims via 837 and the other carrier has paid \$0:

1. Upload the 837 I or P file into the IPP (or use a clearinghouse, if this is your usual process).
2. Access the relevant “Participant Profile” and find the “Participant Documents” via the “Document” menu.
3. Upload the associated EOBs to the “Documents” section of the “Participant Profile.” Select the document type of “Other Carrier EOB” from the available drop-down options.
4. Upload the EOB image (using the “Browse” button or “Drag it Here” functions as shown in the image below).
5. Associate the EOB image to the claim by indicating the participant’s last name, first name, and date of service in the “Description” field. If submitting multiple dates of service in a single submission, please use a date span in the description (e.g., 01.01.2022 – 03.01.2022) See the example below:

The screenshot shows a modal window titled "Attachment" with a close button (X) in the top right corner. The form contains the following elements:

- Two checkboxes: "Share with Care Team" (unchecked) and "Share with Provider" (unchecked).
- Two radio buttons: "Browse Files" (selected) and "URL" (unchecked).
- A "File:" label above a dashed border box. Inside the box, the text "BCBS EOB.docx" is displayed above a blue "Browse" button. Below the button, the text "Or Drag It Here." is shown in green.
- A "Description:" label above a text input field containing the placeholder text "Last Name, First Name, mm.dd.yyyy".
- Two dropdown menus: "Document Type:" with "Other Carrier EOB" selected, and "Document Status:" with "-- Select One --" selected.
- An "Expired On:" label above an empty date input field, followed by the text "OR".
- A "Note:" label above a large, empty text area.
- At the bottom right, there are two buttons: "Save" and "Cancel".

When submitting claims via 837 and the other carrier has partially paid:

1. Enter COB details in loop 2320 of the 837 I or P.
2. For **837i** details, please view pages 12-14 of the [837i Companion Guide](#).
3. For **837p** details, please view pages 11-14 of the [837p Companion Guide](#).

If you have any questions about the information in this alert, please contact Optum Maryland Customer Service at 1-800-888-1965.

Thank you,

Optum Maryland Team