April 2023

Other Health Insurance

Other health insurance (OHI) means a member is covered under one or more private health insurance programs. For example, if a Healthy Blue member is covered under another insurance carrier, they have OHI.

As a Medicaid prepaid health plan (PHP), we process claims after OHI. When a member has more than two insurers, Medicaid acts as the payer of last resort for most services. When a Healthy Blue member has OHI, the provider needs to submit the claim to the primary health insurance company first. If there are any remaining charges, the claim would then be submitted to Blue Cross and Blue Shield of North Carolina (Blue Cross NC) to be processed accordingly.

Blue Cross NC does not require prior authorization (PA) when the member has OHI. However, a PA will be required if Healthy Blue becomes the primary payer for the service(s) rendered.

To validate OHI for Healthy Blue members, providers should navigate to Availity Essentials and use the *Eligibility and Benefits Inquiry* option located under the *Patient Registration* drop-down menu instead of NCTracks.

This document will provide guidance on OHI and the requirements when submitting an OHI secondary claim.

When a member has OHI

Providers should submit the *Explanation of Benefits* (*EOB*) from the primary insurance company along with claims to recoup the remaining expenses for Healthy Blue members who have OHI. Even if the primary insurance company covers all the services in full, providers should still submit the claim to assist in the member's continuity of care. Providers have the option to submit the primary OHI data electronically by working with their EDI vendor. There is also the option to submit a single claim submission using Availity Essentials by entering the primary payment details.

OHI secondary claims

When submitting a secondary claim for Healthy Blue members who have OHI, the following applies:

- Send the *Explanation of Payment* (*EOP*) along with the claim submission for Healthy Blue secondary. Prior to sending the *EOP* with the claim from to Healthy Blue, double check to ensure the procedure does not require a PA.

Note: Availity Essentials is an independent company providing health insurance information for Healthy Blue members on behalf of Blue Cross and Blue Shield of North Carolina.

https://provider.healthybluenc.com

NCHB-CD-018273-23 April 2023

- Providers should submit a copy of the primary insurance medical necessity denial along with the PA request to Blue Cross NC.
- If PA is received and the medical necessity denial is not attached, PA will be voided, and the provider will need to resubmit the PA with the required documentation.
- If no PA is required by the primary insurer or the procedure code or service was approved by the primary insurer, providers should submit the secondary claim with a copy of the *EOB.*
- If the procedure code or service rendered required PA from the primary insurer and the primary insurer's *EOB* shows that the provider failed to request PA, Blue Cross NC will deny the claim.

Additionally, timely filing is calculated using the date of the primary carrier's *EOB*, not the date of service. When the primary carrier denies services for untimely filing, Healthy Blue standard timely filing guidelines will apply.

If you have any questions, please contact your dedicated Provider Relationship Account Manager by calling Healthy Blue Provider Services at **844-594-5072** or send an email to NC_Provider@healthybluenc.com.

Email is the quickest and most direct way to receive important Healthy Blue information from Blue Cross and Blue Shield of North Carolina.

To start receiving emails from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (**healthyblue.ly/NCmp**).