June 2022

Other Health Insurance

Overview

Other health insurance (OHI) means that 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, we process claims after the other health insurance policy. 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 would 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** a prior authorization (PA) when the member has OHI. However, if Healthy Blue becomes the primary payer for the service(s) rendered, a PA **will be required**.

This document will provide guidance on OHI and the necessary 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.

OHI secondary claims

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

- **If** the procedure code or service **requires** prior authorization from the primary insurer **and** the primary insurer issues a medical necessity denial, providers will need to submit a prior authorization to Blue Cross NC:
    - Providers should submit a copy of the primary insurance medical necessity denial along with the PA request to Blue Cross NC.
- **If** the PA is received **and** the medical necessity denial is not attached, the PA will be voided, and the provider will need to resubmit the PA with the required attachment.
- **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* or RA from the primary insurer.

https://provider.healthybluenc.com

BNCPEC-0892-22 June 2022

- **If** the procedure code or service rendered required a PA of the primary insurer and the primary insurer *EOB* shows that the provider failed to request the 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 Network Relations Consultant, call 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 email 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 (**https://bit.ly/3J4MTIP**).