Optum

Alaska Medicaid Provider Message

TPL Claim Coordination of Benefits – Non-Tribal
September 26, 2022

The payment information received from the primary insurer, and the State of Alaska Medicaid fee schedule rate will determine the amount Medicaid will pay. The primary insurance or Medicare Explanation of Benefits (EOB) is used to coordinate benefits and ensure that Medicaid pays the correct amount as secondary\tertiary etc. coverage. The EOB will list information such as the provider's billed amount, the amount the insurance company allowed, and the amount the insurance company paid.

Providers cannot collect more than the "obligated to accept" amount of the primary insurance if the provider accepts, or is obligated to accept, the primary insurance payment as full payment.

Example 1

Billed Rate	$200.00
Primary Allowed (OATF)	$95.00
Primary Insurance Paid Amount	$40.00
Patient Liability (from primary EOB)	$55.00
Medicaid Allowed	$127.97
Medicaid paid should be	$55.00

Example 2

Billed Rate	$200.00
Primary Allowed (OATF)	$200.00
Primary Insurance Paid Amount	$40.00
Patient Liability (from primary EOB)	$160.00
Medicaid Allowed	$127.96
Medicaid paid should be	$87.96

Example 3

Billed Rate	$200.00
Primary Allowed (OATF)	$200.00
Primary Insurance Paid Amount	$180.00
Patient Liability (from primary EOB)	$20.00
Medicaid Allowed	$127.96
Medicaid paid should be	$0.00

Example 1 – Primary insurance Primary Allowed (OTAF) is _less than_ Medicaid allowable amount **and** Patient Liability is _less than_ Medicaid allowable amount = pay Patient Liability amount (from Primary EOB)

Example 2 – Primary Allowed (OTAF) is greater than Medicaid allowable amount and Patient Liability (from primary EOB) is greater than Medicaid allowable amount = pay Medicaid allowed amount less any Primary Insurance Paid Amount

Example 3 – Primary Insurance Paid Amount is greater than Medicaid allowable amount = no Medicaid payment

OTAF – _Obligated to Accept Field._ This amount is determined by information that is listed on the EOB, such as discount, provider write-off, withholding, risk amount, service benefit credit, contractional adjustment, provider agreement, negotiates savings, or an amount the beneficiary is not liable for. Using an OTAF amount will indicate that there is a discount that the beneficiary is not liable for. This can be manually calculated, by taking the billed amount minus the discounts to calculate the OTAF.

If there is no "obligate to accept" amount from the primary insurance the provider cannot collect more than the [lesser] of either the Medicaid Allowed or the allowed amount of the primary payer.