MaineCare Secondary Billing Reminder

Direct Date Entry (DDE) - Entering claims in MyHealth PAS Portal

The following image shows a screenshot of the DDE Screen:

![DDE Screen Screenshot]

Choose the Medicare or TPL option as appropriate. If you are entering claims and Medicare C is primary, choose the Medicare option.

- It is not necessary to enter the allowed amount as the system will calculate based on member responsibility and the primary payment amounts. Enter zero in the allowed amount field.
- Enter the primary insurance payment amount in the paid amount field. If there was no payment, enter zero.
- Enter the coinsurance and/or deductible amounts (coinsurance amount will include any copay). For dental claim EOBs that do not provide a column reflecting coinsurance or deductibles but show a patient responsibility column, populate the patient responsibility amount under the coinsurance column.
- Enter primary insurance payment information at the line level whenever possible.

Do not use the disallowed amount field which is located on the service line screen.

Paper Claim Submission

- UB-04:
  - ✓ Box 54 - Enter the primary payment information (do not include the discount or contractual adjustment)
• CMS-1500:
  ✓ Box 24F – Enter the provider charge (usual & customary). It is no longer necessary for you to enter the primary payer’s allowed amount.
  ✓ Box 29 – Enter the primary payment information (do not include the discount or contractual adjustment).

• ADA Dental:
  ✓ Payment information for secondary or tertiary claims will be taken and entered manually from the information collected from the attached Explanation of Benefit (EOB), once the claim is received. It is not necessary for the provider to populate this information. If billing after other insurance, the EOB must be attached.

**Electronic Claim Submission (837I, 837P, & 837D)**

The following loops are where you enter the primary payment amounts:

• 837I and 837P
  o Loop 2320 (Claim Level Insurance Information)
  o Loop 2430 (Line Level adjudication information for COB between the initial payers of a claim and all subsequent payers)

• 837D:
  o Loop 2320 (Claim Level Insurance Information)
  o Loop 2430 (Line Level adjudication information for COB between the initial payers of a claim and all subsequent payers)
    • Patient responsibility amounts should be reported as coinsurance, as dental claim EOB does not differentiate.

**Explanation of Benefits (EOB): Applies to all Claim Submission Methods**

When submitting the EOB for Medicare Part C, you must write “Medicare” on top. This is necessary for accurate processing of these claims.

When submitting the EOB for primary insurances, be sure to include the legend page of the EOB. Not submitting the legend page could result in a denial of your claim.