



Network Notification

Date: May 26, 2016
To: Kentucky Medicaid Health Care Providers
From: Humana – CareSource®
Subject: Guidelines for Submitting Claims for Dual-eligible Members

To comply with Kentucky Department for Medicaid Services' guidance, Humana – CareSource wants to inform health care providers about the correct process for billing dual-eligible members with primary coverage through Medicare.

Please follow these steps for submitting claims when the member has Medicare coverage:

1. Submit a claim to bill the member's Medicare insurance first.
2. After receiving the explanation of payment (EOP) from Medicare, submit your claim with the Medicare EOP attached to Humana – CareSource.

Coordination of benefits (COB) claims may now be submitted by mail or electronically. Submit COB claims with the EOP to:

Humana – CareSource
P.O. Box 824
Dayton, OH 45401-0824

For electronic COB claim submissions, please refer to your clearinghouse, trading partner or billing administrator and complete all required COB information.

For professional claims, please use the following guidelines:

- Submit claims using Form CMS-1500, Health Insurance Claim Form
- Send COB information at the **line** level

For hospital or facility claims, please use the following guidelines:

- Submit claims using Form CMS-1450, UB-04 Uniform Bill
- Send COB information at the **claim** level

Please send other carrier-paid amounts and all claim/line level adjustment codes, reason codes, remark codes and payment amounts in addition to the required COB information.

Please note that the process described above is not required for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) claims.

If you have further questions, please contact the Humana – CareSource Claims department at **1-855-852-7005** and select the appropriate menu options. Hours of operation are Monday through Friday, 8 a.m. to 6 p.m. Eastern time.