



Notice to Providers -

Enhanced Coordination of Benefits (COB) for LaHipp Members

In preparation for the LDH **Act 421 Children’s Medicaid Option** membership enrolling this spring, we’re sharing Coordination of Benefits (COB) processing information specific to the subcategory of Act 421 members falling under **LaHipp**. This represents a change from standard COB processing.

Standard, current COB processing

- Providers are made whole up to the **LDH Medicaid rate**.

LaHipp COB processing

- Providers are made whole up to the **member responsibility amount**. We reimburse providers for the member’s cost share.

COB Claim Example:

Procedure Code	Billed Charge	TPL Amount	Paid	Medicaid Allowed Amount	Patient Amount	Responsibility
99213	70.00	40.00		36.13	10.00	

- **Standard, current COB processing** - UHC Medicaid payment = \$-0-
- **LaHipp COB processing** - UHC Medicaid payment = \$10.00

Questions?

If you have questions about this notice, please contact UnitedHealthcare Community Plan Provider Services at 1-866-675-1607

We look forward to working with our providers to serve the new Act 421 population