

Multnomah Other provides funding for Multnomah County residents who meet income and insurance requirements. This may include clients who are underinsured. Providers serving underinsured clients are required to bill the member's primary insurance (e.g. Medicare, private insurance, etc.) unless otherwise specified in the Multnomah Other provider manual. Due to changes in OHA state funding, Multnomah Other will be changing the process for filing secondary claims.

Secondary Payer Procedure

Secondary claims must be received within 45 days of the service date. January to June claims may be corrected before 8/15 if they are submitted within 45 days of the original adjudication date. July to December claims may be corrected before 2/15 if they are submitted within 45 days of the original adjudication date. Claims submitted after the specified dates will be denied.

To ensure that providers are able to meet the new timely filing timelines for secondary claims, Multnomah Other will no longer be requiring the primary payer's EOB to be submitted with the Multnomah Other claim to PH Tech. This will enable providers to submit a secondary claim if the primary payer has not adjudicated the claim yet. Providers may submit the secondary claim after billing the primary payer provided the secondary claim is submitted within 45 days of the service date. Providers should attach the primary payer's EOB to the secondary claim if available. Providers may also choose to submit the secondary claim when they submit the primary payer claim if the client meets the criteria for underinsured.

If the primary payer EOB was not submitted with the secondary claim it must be sent to Billing Support upon receipt from the primary payer. Providers may email the EOB to [Billing Support](#) or attach the EOB in CIM and message Billing Support. Billing Support will review the EOB. Any encounters that do not meet the criteria for underinsured (e.g. the provider received payment from the primary payer) will be reversed.

Why?

Multnomah Other is requiring this change as well as billing the primary payer (except in the circumstances outlined in the provider manual) for a number of reasons.

- Ensures that funding will be available for underinsured clients. OHA funding must be reconciled at 6 month intervals; unused funds will not be available once the fiscal period ends and contracts are reconciled. Therefore no funds will be available for encounters approved after the contract has been reconciled.
- Verifies the client's underinsured status (e.g. they are not covered for services, have a high deductible, etc.)
- Assists the client towards meeting their deductible. This reduces their cost sharing burden for those with high deductibles.

Auditing

Multnomah Other may conduct an audit of underinsured clients as part of contract reviews or the reconciliation process. All underinsured clients should have primary payer EOBs for services encountered, unless otherwise specified in the provider manual. Secondary claims that do not have a primary payer EOB may be reversed and funds returned. This may occur at any time.

Questions? Technical Assistance?

Contact us at billing.multother@multco.us