



VIRGINIA PREMIER ELITE PLUS a Commonwealth Coordinated Care Plus Program

<Date>

<Provider Name>

<Company>

<Address Line 1>

<Address Line 2>

Virginia Premier Health Plan, Inc.

<PO Box xxxx>

Richmond, VA 23219

www.vapremier.com

Coordination of Benefits

Dear <Provider>,

In an effort to streamline provider billing processes for members who are dually eligible for Medicare and Medicaid, Virginia Premier Health Plan (Virginia Premier) will coordinate with the Department of Medical Assistance Services (DMAS) and the Center for Medicare and Medicaid Services (CMS) to automate the coordination of benefits between primary and secondary insurer payments.

This process will be applicable *only* to Virginia Premier Elite Plus member claims.

While this process is being finalized, **Virginia Premier will require providers to submit claims for dual-eligible members to Medicare as primary, and then submit claims to Virginia Premier as the secondary payer until further notification.**

Additional information:

- An EOB or primary payment **must** be attached to the secondary claim in order for the claims system to correctly apply primary payment. If no EOB is found, the claim will deny requesting the primary insurance information.
- LTSS Services will pay as primary and will not require an EOB from the primary payer
- All providers will be notified when the automated benefit coordination process has been successfully implemented
- The automated process will only apply to Medicare fee-for-service members





As always, thank you for providing quality care to our members. If you have any questions for us regarding this process, please contact Provider Services. We are available by phone at 1-800-727-7536, Monday through Friday, 8:00 am to 5:00 pm.

A handwritten signature in black ink, appearing to read 'P. McMahon', is positioned below the text.

Patrick McMahon
VP, Network Development