

# Provider Network News

## Removal of Coordination of Benefits (COB)

When applicable, PCHP coordinates benefits with any other carrier or program that a member may have for coverage, including Medicare. PCHP has updated the process for when a provider is requesting removal of the Coordination of Benefits (COB). A provider can either complete this by calling the PCHP Provider Service Call Center or using the PCHP Provider Portal.

**Prior to requesting COB removal from PCHP, contact the primary carrier first.** You will need a call reference number (or a screenshot of the carrier verification page validating termination of coverage), effective date, and termination date from the carrier.

If all information is provided and accurate, it may take up to 7 to 10 business days for COB removal to finalize.

**7–10 Business Days**

If further research is needed or not all information was provided, it may take up to 20 business days for COB removal to finalize.

**Up to 20 Business Days**

### METHOD 1: By phone



A provider may remove COB by calling the Provider Customer Service Number:

**HEALTHfirst** 1-888-672-2277

**KIDSfirst** 1-888-814-2352

Call Monday through Friday  
8am–5pm CST

**When a provider calls to remove Coordination of Benefits, the provider will be asked to:**

1. Verify that they have contacted the primary carrier first.
  - If NOT, the provider will be asked to contact the primary carrier first.
2. Give the Customer Service Representative the primary carrier reference number and termination date.
  - This information can be obtained in one of the following ways:

**Option 1** A screenshot of the carrier verification page validating termination of coverage (or noting that the member does not have coverage with that carrier)  
**NOTE:** Information must be received (i.e., screenshot) from the carrier's website – it **cannot** be TMHP website screenshots.

**Option 2** A call reference number and termination date from the carrier (if obtained through a phone call) or notated information obtained via the carrier's interactive voice response (IVR) system.

### Questions?

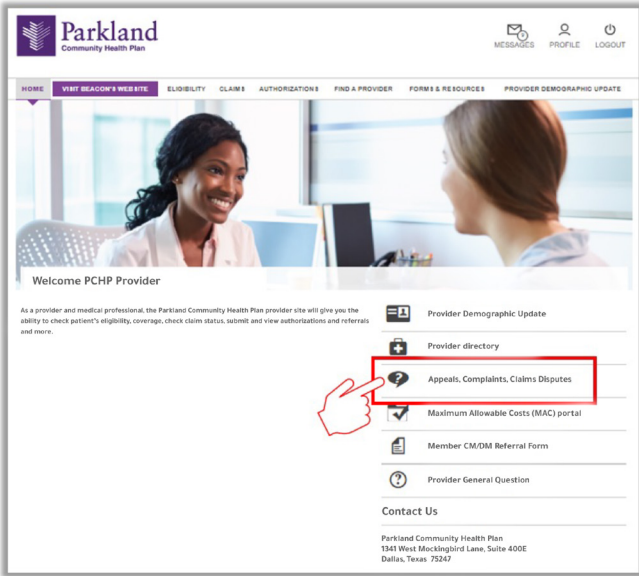
HEALTHfirst STAR Medicaid: 1-888-672-2277  
KIDSfirst CHIP/CHIP Perinate: 1-888-814-2352



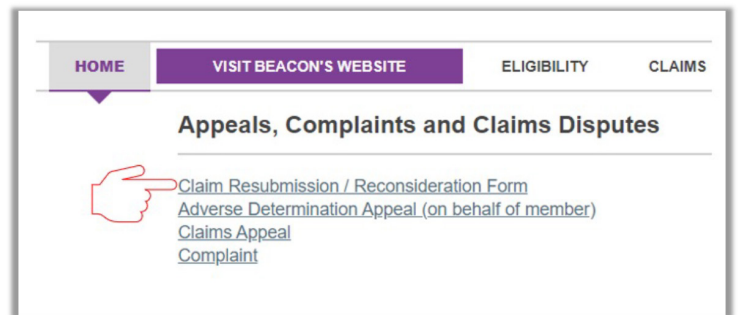
**METHOD 2: PCHP Provider Portal**



A provider may remove COB by using the PCHP Provider Portal.



From the PCHP Provider Portal homepage click **“Appeals, Complaints, and Claims Disputes”**



Click **“Claim Resubmission / Reconsideration Form”**

1. Fill out the form. If no claim number is available, use all 0's.
2. Attach a screenshot of the carrier verification page validating termination of coverage (or noting that the member does not have coverage with that carrier).

**NOTE:** Information (i.e., screenshot) must be received from the carrier's website – It cannot be TMHP website screenshots.