



Tips for Getting your Claims Paid

- 1) When applicable, ensure that you or the member has obtained initial preauthorization for services, and that you have obtained authorization from MHN for any additional services beyond the number of sessions or days originally authorized.
- 2) Verify that the member's identification number is current in one of the following ways: call MHN customer service for benefit and member identification information, ask the member, or log in to the provider portal at www.mhn.com.
Note: Members who have changed from one benefit plan to another, or from coverage on a family member's policy to coverage as the subscriber, often have a change in member identification number.
- 3) Ensure that you are billing for the type of service that you are contracted to provide and for which you received authorization. Consult your provider contract and the authorization letter when in doubt.
- 4) You must submit your claim using CMS1500 and CMS1450 forms that are printed in Flint OCR Red, J6983 (or exact match) ink.
- 5) Mail your claim to MHN Claims, PO Box 14621, Lexington, KY, 40512-4621.
- 6) Remember to include your NPI number for any claims submitted electronically.
- 7) Be sure to submit your claim within 120 days of the date you provided services to the member
- 8) If preauthorization was not obtained, any provider who is seeing a Medicare member needs to include a copy of the member's written records when submitting their claim or, it will be denied per CMS regulations.
- 9) Ensure that you use standard spacing when billing a member/patient name.