



EFFECTIVE DATE: 12 | 20 | 2001

POLICY LAST UPDATED: 04 | 19 | 2023

OVERVIEW

Coordination of Benefits (COB) is a provision used to establish the order in which health insurance plans pay claims when more than one plan exists. This reimbursement policy was written to document coordination of benefits and to outline the payment policies of Blue Cross & Blue Shield of Rhode Island (BCBSRI) when coordinating benefits due to the presence of other coverage.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

When BCBSRI is the secondary payer for a claim, we will provide benefit consideration for the lesser of our allowance, or the outstanding member liability after payment by the primary payer, not to exceed charges in accordance with the member's contract.

If BCBSRI is the secondary payor to a Medicare plan (original Medicare or MAO) and the servicing provider has opted out of Medicare, BCBSRI will pay 20% of the rate per the Rhode Island Medicare Fee Schedule.

If BCBSRI is the secondary payor to Medicare, and the servicing provider is ineligible to participate with Medicare, BCBSRI will process the claim as if we were primary payor.

In the event BCBSRI determines, after payment, that BCBSRI is not the primary insurer, a retraction of that claim payment may occur. The claim should then be billed to the primary insurer and resubmitted to BCBSRI with the primary insurer's EOB for secondary coverage.

BACKGROUND

Not applicable

COVERAGE

Medicare Advantage Plans and Commercial Products

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable coordination of benefit services.

CODING

Not applicable

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, June 2023

Provider Update, March 2020
Provider Update, March 2018
Provider Update, June 2017
Provider Update, March 2012

REFERENCES

Not applicable

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