



Current Status: *Active*

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Owner:	<i>Deabra Hardrick-Crump: Billing/ Claims Supervisor</i>
Policy Area:	<i>Claims Management</i>
References:	

COORDINATION OF BENEFITS POLICY

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) to determine which insurance plan has the primary payment responsibility and the extent to which the other plans will contribute when a consumer is covered by more than one plan.

PURPOSE

The purpose of this policy is to identify a process that will adhere to all requirements as it relates to compliance with all Regulatory requirements.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Access Center, Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO)
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED,SUD, Autism
3. This policy impacts the following contracts/service lines: MI-HEALTH LINK, Medicaid.SUD, Autism, Grants, General Fund
4. DWIHN must be notified when any other coverage exists. This includes other health plans and/or any other methods of third party recovery for coordination of benefits, workers compensation and subrogation.

KEYWORDS

- **COB** - Coordination of Benefits

STANDARDS

1. DWIHN ensures claims are paid correctly by identifying the health benefits available to a consumer, coordinating the payment process, and ensuring that the primary payer or other insurance pays first.
2. Initiating an investigation when DWIHN learns that a person has other insurance.
3. Updating information in DWIHN's database every time a change is made to insurance coverage.

4. Collecting information on Employer Group Health Plans and non-group health plans.
5. Ensures that the amount paid by plans in dual coverage situations does not exceed 100% of the total claim, to avoid duplicate payments.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. DWIHN contractual agreement with MDHHS and ICO's. Medicare Claims processing Manual, chapter 1: section 80.

RELATED POLICIES AND PROCEDURES

1. [Coordination of Benefits \(COB\) Procedure](#)

RELATED DEPARTMENTS

1. Claims Management
2. Compliance
3. Information Technology
4. Integrated Health Care
5. Legal
6. Managed Care Operations
7. Management & Budget
8. Quality Improvement
9. Recipient Rights

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

INTERNAL



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COORDINATION OF BENEFITS (COB) PROCEDURE

PROCEDURE PURPOSE

To provide guidelines on how to determine which insurance plan has the primary payment responsibility and the extent to which the other plans will contribute when a consumer is covered by more than one plan.

PURPOSE

The purpose of this procedure is to identify a process that will adhere to all requirements as it relates to compliance with all Regulatory requirements.

EXPECTED OUTCOME

1. DWIHN will validate other insurance information before a claim is processed for payment.

PROCEDURE

1. When a consumer has another insurance as their primary, that insurance must be billed first even if there is a deductible/coninsurance to be met so that the service can be applied to the deductible.
2. Claims involving coordination of benefits with primary insurance carriers must be received by DWIHN within thirty (30) days from the date of the primary carriers explanation/denial of benefits.
3. The explanation of benefits (EOB) must be attached to the claim.
4. All payments indicated on claim must be supported by the EOB or claim will be denied.
5. If billing electronically, Coordination of Benefits (COB) information must be included in the electronic submission.
6. Each COB claim is reviewed to determine what payment amount is due to the provider.
7. Any claims billed to DWIHN after this time frame will be denied.
8. If DWIHN reimburses a provider and then discovers other coverage is primary, DWIHN will recover the amount paid.
9. Regardless of the primary payer's reimbursement, DWIHN shall be billed as a secondary payer for all services rendered. A copy of the primary payer's EOB showing payment or denial must be attached to the claim when submitting payment, or the claim can be submitted electronically for secondary coordination.

10. DWIHN enrollee/members cannot be billed for any outstanding balance after DWIHN makes payment.
11. The COB information must be entered in the COB section of the CMS 1500 claim form.
12. The COB information attached to UB04 claim form is entered on the authorization screen under the link titled "Medicare Benefit Tracking Information".
13. Select add Medicare Benefit Tracking, then enter the following information:
 - a. Medicare Benefit Tracking
 - Benefit Period Effective Date
 - Deductible Balance For Benefit Period
 - Number Days Used In Benefit Period
 - Life Time Reserve Days Used
 - Source Of Benefit Information
 - Comments
14. If it is found the consumer has other insurance primary and the EOB is not attached to the claims adjudicator denies the claim.
15. DWIHN MI Health Link enrollee/members do not have deductibles, co-pays or co-insurance.

PROCEDURE MONITORING & STEPS

Who monitors this procedure: Claims Management	Deabra Hardrick-Crump
Department:	Claims
Frequency of monitoring:	Annually
Reporting provided to: Director of Managed Care Operation	Director of Managed Care Operation
Comments: This procedure is associated with the Coordination of Benefits Policy.	

Attachments:

Approval Signatures

Approver	Date
Dana Lasenby: Chief Clinical Officer	11/2019

