# Compass MED D - Coordination of Benefits (COB) - Letter Response

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**Description:** This document provides the steps to use when receiving a call from a beneficiary regarding a Coordination of Benefits (COB) letter.

**Note:** If calling due to a claim rejection, refer to [Compass MED D - Coordination of Benefits (COB) - Claim Rejection](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5f3a4619-4fc0-40d5-a512-ac7b7fa75fd0).

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| Overview |

Coordination of Benefits (COB) occurs when Medicare beneficiaries have other prescription drug coverage in addition to Medicare Part D coverage. CMS requires Part D sponsors to coordinate benefits with other prescription drug coverage for several reasons, including:

* Avoid duplication of payment
* Possibly reduce beneficiary’s co-pay at point of sale
* Prevent Medicare from paying primary when it is the secondary payer.
* Protection against high out-of-pocket expenditures
* Properly track TrOOP dollars when a supplemental payer contributes.

Part D Sponsor obtains Coordination of Benefits information in a few ways:

* File from CMS (COB File)
* COB Letter
* Beneficiaries/Pharmacies advising other coverage exists

When the Part D sponsor is notified of a change to the other coverage on file, an update needs to be submitted to CMS electronically. COB records are updated on an on-going basis to reflect the most accurate Other Health Information (OHI).

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| COB Letter Response Process (Beneficiary Calling Due to a COB Letter Received) |

Beneficiaries enrolled into a Medicare Part D plan may call into MED D Customer Care in response to a COB Letter he/she has received:

* Upon a New Enrollment.
* Annual COB Notification.
* Unmatched N1 Letter.

**Note: COB Letters are sent to beneficiaries for verification of Other Health Insurance (OHI) on file. Beneficiary will call to:**

* Verify information is correct.
* Advise information is invalid.
* Provide correct or new information.

If the beneficiary is calling to respond to a COB letter we mailed, it is the CCR’s responsibility to submit the Support Task to the COB team for research. This does not require assistance from Senior Team.

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Review **Coordination of Benefits** by navigating to the **Quick Actions** panel from the Member Snapshot Landing Page or the Claims Landing Page, then clicking the **Coordination of Benefits (COB)** hyperlink.  **Claims Landing Page View**      **Member Snapshot Landing Page View** | |
| **2** | Determine the COB letter the beneficiary is referencing, by reviewing the **Last 12 Months of Communications** from the Medicare D Quick Actions panel on the Medicare D Landing Page.    An image of the beneficiary’s Coordination of Benefits (COB) Letter will be viewable in the [ONECLICK](https://cvscaremark.memberdoc.com/default.aspx?ReturnUrl=%2fSearch.aspx) system.    **Reference:** [Compass MED D - Viewing Correspondence and Requesting Reprints](file:///C:\Users\z100813\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\TSRC-PROD-061763) as needed.  Event Code – Indicates Letter Type   * + - **DCOBE** – New Enrollee with COB information on file     - **DCOBI** – Beneficiary indicated COB is present on enrollment form, but there was insufficient information provided.     - **DCOBA** – Annual Mailing of MedD beneficiaries with COB information on file.     - **DCOBN** – Pharmacy billed other coverage as secondary, however, we do not have COB information on file. | |
| **If the beneficiary says…** | **Then the CCR will…** |
| I **have** coverage that needs to be added or updated | **Please ensure the COB information the beneficiary is providing is not their Medicare coverage in question.**  CCR will submit a request to the COB team through a Support Task to research/update the COB information using the following options:   * **Type:** Premium Billing Inquiry Medicare D * **Amount Disputed:** “0000” * **Reason for Dispute:** Coordination of Benefits * **Good Cause Task, ‘Specialized Team Only’:** **No**   **NEJE CCR Process:** Select “Misc Request/All Other Research” for **Reason for Dispute**.  Include the following verbiage that applies and information within **the Support Task Notes**.   * **Update existing COB Coverage** * **Add Primary Coverage** * **Add Secondary Coverage**   **Note:** Include the Other Health Information to be updated.   * ID, BIN, PCN, GROUP, Insurance Name, Effective Date and/or Term date of Coverage.   **Notes:**   * Refer to [Compass - Support Task Types and Uses](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ac2747d-17b4-4986-8c4e-3bdaca477cf1) for additional information as needed. * Turn Around Times will vary. |
| I **have** coverage that needs to be added or updated but I am unable to remember what coverage I have | Advise the beneficiary to contact the **Medicare Benefits Coordination & Recovery Center, BCRC** at **1-855-798-2627**.(Monday – Friday, 8:00 a.m. to 8:00 p.m., Eastern Time, except holidays). |
| I **do not have** the insurance provided on the letter and/or remove this coverage on file | The CCR will submit a request to the COB team via a Support Task to research/update the COB information using the following options:   * **Type:** Premium Billing Inquiry Medicare D * **Amount Disputed:** “0000” * **Reason for Dispute:** Coordination of Benefits * **Good Cause Task, ‘Specialized Team Only’:** **No**   **NEJE CCR Process:** Select “Misc Request/All Other Research” for **Reason for Dispute**.  Include the following verbiage and information within the **Support Task Notes**.   * **Remove COB Coverage**   + Include the ID and Insurance Name that needs to be deleted.   **Notes:**   * Refer to [Compass - Support Task Types and Uses](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ac2747d-17b4-4986-8c4e-3bdaca477cf1) for additional information as needed. * Turn Around Times will vary. |
| **3** | If urgent review or unable to resolve beneficiary inquiry through a Support Task, warm transfer the call to the Senior Team as a Procedural Transfer. Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).   * The Senior Team will:   + Submit an email to [COB.Operations@CVSHealth.com](mailto:COB.Operations@CVSHealth.com) with ACCESS TO CARE - SECUREMAIL in the subject line and CC’ the Solon Senior Follow-Up Team [SolonSeniorFollowupT@cvscaremark.com](mailto:SolonSeniorFollowupT@cvscaremark.com). * In order to ensure a follow up call, warm transfer to the Case Coordinator Line 855-771-9283. | |

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| Related Documents |

Refer to the “Grievance Standard Verbiage (for use in Discussion with Beneficiary)” section in the appropriate Grievances work instruction linked to from [Compass MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3).

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](file:///C:\Users\z100813\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\CMS-2-017428)

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