**Compass -** **Viewing, Adding, and Editing Coordination of Benefits (COB)**

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**Description:** Allows the user to view, add, and edit the member’s (active/inactive) Coordination of Benefits (COB) information, and alternate insurance data.

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| **General Information** |

Coordination of Benefits (COB) occurs when beneficiaries have other prescription drug coverage in addition to their primary plan coverage.

**Note:** For adding a manufacturer copay card, refer to [Compass - Manufacturer Copay Assistance Cards (063965)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8eb849ae-eaa3-4d01-bbf8-195b9cd4bdbf).

**Coordination of Benefits can assist the member with the following:**

* Avoid duplication of payment.
* Possibly reduce co-pay when there is an alternate insurance carrier or manufacturer copay assistance.
* Protection against high out-of-pocket expenditures.
* Coordination of Benefits can be viewed, added, and edited, but this may not change backend processing for the member.

 If there is **no change in the members copay/coinsurance**, advise the member to contact the alternate insurance coverage or manufacturer and request information on the reimbursement process. Not all plans participate in Coordination of Benefits.

**Reminder:** Adding COB information in Compass **only** applies to Mail Order claims. The member needs to provide COB information at their preferred retail pharmacy for retail claims or at the Specialty pharmacy for Specialty medication claims.

 Adding COB information is considered an account change, refer to [HIPAA (Health Insurance Portability and Accountability Act) Grid - CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) to determine who can make these changes.

**Not all plans participate in Coordination of Benefits**. Review the CIF for both plans to determine if COB is allowed. If it is not allowed on one plan, then that plan’s information should not be added to the other plan. If we do not handle a plan, member should discuss with the PBM that supports that plan to determine if COB claims are allowed (Express Scripts, CarelonRx, etcetera).

**Notes:**

* Review the **Retail Logic**section of the CIF for COB information.
* Review the **Paper Claims** section of the CIF for COB information related to paper claims.
* If Caremark manages secondary insurance, review both clients’ CIF to ensure they allow COB.
* It is recommended that the member verify with their **Secondary insurance provider (PBM)**that Coordination of Benefits is allowed and that we are considered in-network.

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| **Viewing Coordination of Benefits (COB) on Claims** |

**Note:** When the COB is available on a claim, the COB Segment button can be used on Transmission and Financial details screen.

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AI-generated content may be incorrect.

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| **Viewing Coordination of Benefits** |

When the member has questions regarding claim submission and/or coordination of benefits, perform the steps below to view benefits:

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| **Step** | **Action** |
| **1** | From the Member Snapshot Landing Page or the Claims Landing Page, navigate to the **Quick Actions** panel and click **Coordination of Benefits (COB)**.  **Result:** The Coordination of Benefits screen displays.  **Claims Landing Page View**    **Member Snapshot Landing Page View**    **Note:** Only member specific benefits display. |
| **2** | Review the **Coordination of Benefits** screen.  **Notes:**   * If no eligibility address is on file, the following message displays: “Unable to view or add COB without Eligibility Address on file.”  Review the CIF to determine who handles the member’s eligibility, once determined, follow the instructions in the CIF. * Filter by Active, In-Active or Both. Defaultis Active. * There is **no** date range filter, there would be no dates to pull from when/if searching by dates.      * **Member ID** is a hyperlink to display additional information specific to a certain COB.   A screenshot of a computer screen  AI-generated content may be incorrect. |

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| **Adding Coordination of Benefits** |

 This is for Coordination of Benefits for Mail Order only. Review the CIF before completing the next steps.  The CIF states if Mail Order COB is allowed. Check for **'Online COB Processing**' under the **Retail Logic** section of the **CIF**, which will indicate '**Yes**.'

**Notes:**

* Review the **Retail Logic** section of the CIF for COB information.
* Review the **Paper Claims** section of the CIF for COB information related to paper claims.
* If Caremark manages secondary insurance, review both clients’ CIF to ensure they allow COB.
* It is recommended that the member verify with their **Secondary insurance provider (PBM)** that Coordination of Benefits is allowed and that we are considered in-network.

Perform the steps below to add COB benefits:

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| **Step** | **Action** | |
| **1** | From the Member Snapshot Landing Page or the Claims Landing Page, navigate to the **Quick Actions** panel and click **Coordination of Benefits (COB)**.  **Note:** Only member specific benefits display. | |
| **2** | Click the **Add** button.  **Note:** If no eligibility address is on file, the **Add** button is disabled. Review the CIF to determine who handles the member’s eligibility, once determined, follow the instructions in the CIF.    **Result:** The Add Additional Coverage popup displays. | |
| **3** | Determine the type of additional coverage being added and answer the following question from the popup: **Is this a Copay/Manufacturer card?**    Government plans (**Example:** Medicare and Medicaid) are **not eligible** to use a Manufacturer copay assistance card. | |
| **If…** | **Then…** |
| **Yes**, you are adding a Manufacturer Copay Assistance Card. | Refer to [Compass - Manufacturer Copay Assistance Cards (063965)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=8eb849ae-eaa3-4d01-bbf8-195b9cd4bdbf). |
| **No**,the additional coverage being added is **not** aManufacturer Copay Assistance Card. | Select **No**, then click the **Continue** button and proceed to the next step.  A screenshot of a computer screen  AI-generated content may be incorrect. |
| **4** | Add Coordination of Benefits (COB) information as provided by the member.   * To exit without adding information, click **Cancel**.   A screenshot of a computer  AI-generated content may be incorrect.  **Notes:**   * The Expiration Date must be greater than the Effective Date. If less than the Effective Date, the following error message displays: “Expiration Date must be greater than Effective Date.” * The following fields displays and should display on the member’s ID Card: * **Member ID** - Required * **BIN/IIN** - Required * **PCN** - Required * **Group Number** - Optional * **Insurer Name** - Required * **Effective Date** - Required * **Expiration Date** - Required | |
| **5** | Advise the member that if their coverage changes, they should contact Customer Care to update their records. | |
| **6** | Verify the information is correct and click **Save**.  **Result:** You are redirected to the Coordination of Benefits screen.  **Notes:**   * When added successfully, a message displays ”Coordination of Benefits (COB) successfully added.” * When add is unsuccessful, an error displays as a banner. * COB information affects Mail Order claims only. | |

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| **Editing Coordination of Benefits** |

 COB information provided by the member cannot be deleted from the profile.

Perform the steps below to edit COB benefits:

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| **Step** | **Action** |
| **1** | From the Member Snapshot Landing Page or the Claims Landing Page, navigate to the **Quick Actions** panel and click **Coordination of Benefits (COB)**.  **Note:** Only member specific benefits display. |
| **2** | Click the **Row Level Action** drop-down arrow and select **Edit**.    **Note:** The **Row Level Action** dropdown is not visible for Research Cases and Inactive accounts.  **Result:** The Edit Additional Coverage popup displays. |
| **3** | Update the COB information as directed by the member.   * To exit without editing information, click **Cancel**.   A screenshot of a computer  AI-generated content may be incorrect.  **Note:** The Expiration Date must be greater than the Effective Date. If less than the Effective Date, the following error message displays: “Expiration Date must be greater than Effective Date.”    The following fields displays:   1. **Member ID** - Required 2. **BIN/IIN** - Required 3. **PCN** - Required 4. **Group Number** - Optional 5. **Insurer Name** - Required 6. **Effective Date** - Required 7. **Expiration Date** - Required |
| **4** | Verify the information is correct and click **Save**.  **Result:** You are redirected to the Coordination of Benefits screen. |

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| **Frequently Asked Questions** |

Refer to the FAQs below as needed:

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| **Question** | **Answer** | | |
| How should CCRs handle a call where the member is saying that Coordination of Benefits did not pay the way it was supposed to?  **Examples**: Wrong COB processing info was applied; accumulations are not applying to COB claim.  **Reminder:** If member is asking about a Manufacturer Copay Assistance Card, refer to [Compass - Manufacturer Copay Assistance Cards (063965)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8eb849ae-eaa3-4d01-bbf8-195b9cd4bdbf). | Refer to the table below: | | |
| **If...** | **Then...** | |
| **Correct** | Create a Reverse and Reprocess Support Task. Follow the steps listed in [Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6).  **Note:** Begin your note in the Support Task with “COB.” | |
| **Incorrect** | Determine the provider of the COB information. | |
| **If...** | **Then...** |
| **CMS or Commercial** | Create a Reverse and Reprocess task. Follow the steps listed in the “Reversing and Reprocessing a Claim” section of [Compass - Copay Mail Order Reverse and Reprocess Claim (058123)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bf4c270a-9562-4abf-9cea-dd6ee5f1293c).  **Note:** Begin the notes in Support Task with “COB.” |
| **Member** | Update as appropriate. Refer to the steps in the [Editing Coordination of Benefits](#_Editing_Coordination_of) section above. |
| Sometimes plans determine which pays first/second based on Date of Birth. Can you please clarify how we know in what order the plans will pay? | On the COB screen there is a column titled ‘Payer Order.’ When data is populated on the Commercial View, order ranking populates.  As for Participant View, this field is not editable, so it is not applicable as Caremark pharmacy profile is viewed as the primary coverage. | | |
| Is the Coordination of Benefits (COB) data member specific?  Will COB data need to be entered for each member? | If the member says that they have other coverage to add, then it will be added under the Member provided. However, for Commercial COB this is an eligibility feed from the client’s benefits office. | | |
| Is the COB pricing for commercial Plan Pay or Member Pay pricing? | The final pricing is member pay. The secondary pricing provides how much the plan will cover and the difference is added to the member pay.  Manufacturer copay assistance card pricing is not reflected in Test Claims. It is reflected in the invoice provided to the member. Refer to [Compass - Manufacturer Copay Assistance Cards (063965)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8eb849ae-eaa3-4d01-bbf8-195b9cd4bdbf). | | |
| If we are not the primary insurer and a claim is processed through us first, will we receive a “submit to other payer” rejection? | No, we would process the claim as normal. | | |
| In regard to HIPAA, what authentication measures need to be taken when collecting COB information from a member/wife/dependent/authorized party? | Ensure you have fully authenticated the caller before proceeding.  Adding COB information is considered an account change, refer to [HIPAA (Health Insurance Portability and Accountability Act) Grid - CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) to determine who can make these changes. | | |
| COB at Retail Pharmacies | If a member calls about a reject code 41 at retail and no longer has two policies, the member should call the primary policy to have information updated. | | |

Turnaround Time – Immediate.

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| **Related Documents** |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Compass - Manufacturer Copay Assistance Cards (063965)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8eb849ae-eaa3-4d01-bbf8-195b9cd4bdbf)

**Parent Document:** [CALL-0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

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