PAYMENT POLICY		
Coordination of Benefits		
Original Date Approved	**Effective Date**	**Revision Date**
2/5/2025	10/1/2025	
Applies to Products:		
☒ Senior Care Options MA	☒ One Care MA	

PAYMENT POLICY STATEMENT:

Commonwealth Care Alliance, Inc. (CCA) has established a payment policy for Coordination of Benefits (COB) that defines CCA's process for COB services and aligns with state and federal regulations.

DEFINITIONS:

Coordination of Benefits (COB): A process of determining payment responsibilities when individuals are covered by more than one insurance company/health plan.

Explanation of Benefits (EOB): A document from the health insurance company that summarizes the costs of medical services rendered to an individual on a date of service.

Explanation of Payment (EOP): Also known as a remittance advice; a document sent to providers after a claim for a specific date of service has been processed by a health plan that provides payment information or reason for non-payment.

Third-Party Liability (TPL): Occurs when members are injured as a result of an accident when another party may be liable for the payment of the member's medical claims. The most common types of TPL cases are motor vehicle accidents, Workers' Compensation injuries, work-related or occupational injuries, and slip-and-fall injuries.

Subrogation: A liability recovery activity in which medical costs that are the result of actions or omissions of a third party are recovered from the third party.

Remittance Date: The date when the insurance plan paid for a member's medical services that is included on the EOB/EOP.

CMS-1450: (also known as UB-04) Claim form used for institutional (facility) services.

CMS-1500: (also known as HCFA) Claim form used for professional services.

AUTHORIZATION REQUIREMENTS (If applicable):

If a CCA member is aware of having other coverage at the time services are being rendered and CCA may be considered secondary, providers should follow the primary insurance guidelines for services that require prior authorization. If the benefit is not

covered by the primary insurance and CCA requires prior authorization for the service, providers should obtain the prior authorization for consideration of payment.

REIMBURSEMENT GUIDELINES:

CCA requires providers to submit claims to the primary insurance prior to sending claims to CCA to ensure accurate reimbursement and avoid overpayment for services rendered to CCA members. When submitting claims for secondary reimbursement, providers should do the following:

1) Include the primary insurance EOP with the claim; and
2) Submit the claim within 90 calendar days of the primary insurance remittance date.

Failure to do so will result in claim denials for missing primary EOB or timely filing.

In the event CCA determines that a member's coverage with CCA is secondary after a claim has been processed as primary, a retraction of the claim payment may occur. The claim must be submitted to the primary insurance and resubmitted to CCA with the primary insurance EOP.

Below are instances where CCA may be considered secondary (this is not a comprehensive list):

- **Employer Group Health Insurance Plans (EGHPs)** – when a CCA member is enrolled in an EGHP provided by employer that has 20 or more employees and covers employee and/or employee's family member(s).
- **Large Group Health Plans (LGHPs)** – when a CCA member is enrolled in a LGHP (large employer group) provided by employer that has 100 or more employees and covers employee and/or employee's family member(s).
- **Motor Vehicle Accident** – once the personal injury protection (PIP) has been exhausted. Provider will need to include a copy of the PIP letter when submitting the claim.
- **Occupational Injuries (Workers' Compensation)** – when payment for work-related injuries cannot be made due to services being furnished by a source not authorized by Worker's Compensation. Provider will need to include information such as claim number, date of injury, and insurance carrier when submitting the claim.
- **TPL** – this includes other injuries like slip-and-falls where a third-party is primarily responsible to pay medical expenses.

Scenario	Primary Payer	Secondary Payer
Medicare and Medicaid Coverage	Medicare (CCA)	Medicaid (CCA)
65 years old or older and covered by EGHP with 20+ employees	Employer Group Health Plan	Medicare (CCA)

65 years old or older and covered by EGHP with less than 20 employees	Medicare (CCA)	Employer Group Health Plan
Disabled and covered by LGHP with 100+ employees	Employer Group Health Plan	Medicare (CCA)
Disabled and covered by LGHP with less than employees	Medicare (CCA)	Employer Group Health Plan

Subrogation

Motor vehicle accidents, Workers' Compensation, and slip-and-falls may require subrogation if a third party is responsible for payment.

RELATED SERVICE POLICIES:

N/A

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CCA has the right to expect the provider/facility to refund all payments related to non-compliance. CCA reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

REFERENCES:

CMS Medicare Managed Care Manual Chapter 17, Subchapter B Payment Principles for Cost-Based HMO/CMPs
https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c17b.pdf

CMS Medicare Secondary Payer (MSP) Manual Chapter 1 - General MSP Overview
https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/msp105c01.pdf

MassHealth 130 CMR 450 ADMINISTRATIVE AND BILLING REGULATIONS
https://www.mass.gov/doc/130-cmr-450-administrative-and-billing-regulations/download

POLICY TIMELINE DETAILS:

1. Approved: February 5, 2025