Coordination of Benefits Policy

Applies to the following CarePartners of Connecticut products:

☒ CareAdvantage Preferred

☒ CarePartners Access

The following payment policy applies to providers who render services to members of the CarePartners of Connecticut plans selected above.

Note: Audit and disclaimer information is located at the end of this document.

Policy

CarePartners of Connecticut covers medically necessary services, in accordance with the member's benefits.

CarePartners of Connecticut's coordination of benefits (COB) program prevents duplication of payment for the same health care services and ensuring Medicare only pays according to Medicare Secondary Payer (MSP) requirements. CarePartners of Connecticut will coordinate benefits with CMS according to MSP statutory provisions, as described below. When CarePartners of Connecticut is the secondary carrier, CarePartners of Connecticut will divert bills for services when evidence supports that there is a primary payer responsible for the services.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referral, Prior Authorization and Notification Policy.

No referrals are required for in-network services. Referrals are required for out-of-network services rendered for HMO members.

Whether CarePartners of Connecticut is the primary, secondary, or tertiary insurer, all applicable referral and authorization procedures must be followed to receive benefits.

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Use of labs not participating in the member's applicable network(s) may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, CarePartners of Connecticut may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

When CarePartners of Connecticut is the primary insurer:

- Follow the claims submission process outlined in the Claim Requirements and Dispute Guidelines chapter of the CarePartners of Connecticut Provider Manual. In the case of multiple insurance carriers, the filing deadline for claims submission is 60 days[1] from the date of the primary insurer's EOB.

[1] For dates of service beginning Jan. 1, 2025, the filing limit is 120 calendar days.

When CarePartners of Connecticut is the secondary insurer:

- Do not take a cost-sharing amount up front. Submit the claim to the private carrier as the primary insurer, then submit the claim with the primary insurer's EOB to the secondary insurer (CarePartners of Connecticut). If a cost-sharing amount is due, it will appear on the EOP at the time of payment and providers may then bill the member.
- For paper claim submissions, carefully circle or asterisk the member's name on the EOB. Do not highlight the information. Highlighting causes the data to be blacked out in the scanning process.
- If submitting electronically, the primary insurer payment information must be submitted in Loops 2320, 2330 and 2430.

Adjustments

When submitting a COB claim for an adjustment, do not send in a new claim. Send a copy of the CarePartners of Connecticut statement of account (SOA) and the primary insurer's EOB and the original claim will be adjusted accordingly. Clearly mark "COB adjustments" on the envelope.

Filing Deadline Disputes

Submit a copy of the CarePartners of Connecticut SOA with the original EOB from the primary insurer to the correct provider payment dispute address according to product.

Claim Retractions

In the event CarePartners of Connecticut determines that a member's CarePartners of Connecticut coverage is the secondary coverage after a claim has processed with CarePartners of Connecticut as the primary coverage, a retraction of that claim payment may occur. The claim must be billed to the primary insurer and resubmitted to CarePartners of Connecticut with the primary insurer's EOB.

Note: Providers may receive correspondence from the Rawlings Company related to duplicate claim payments. Inquiries relating to correspondence received by the provider must be directed to The Rawlings Company. Contact Provider Services for additional information.

Medicare COB

Refer to the grid below to determine the primary payer when a member is eligible for Medicare coverage. For more information, refer to CMS' Who Pays First grid.

Scenario		Primary Payer	Secondary Payer
Have Medicare and Medicaid coverage		**CarePartners of Connecticut**	**Medicaid**
• At least 65 years old • Covered by an employer group health plan because you or your spouse is still working		employer group health plan (if employer has 20+ employees)	CarePartners of Connecticut
		CarePartners of Connecticut (if employer has less than 20 employees)	employer group health plan
• At least 65 years old • Have an employer group health plan through CarePartners of Connecticut after you retire		Medicare	CarePartners of Connecticut
• Disabled • Covered by either a large group health plan or covered under a spouse or family member who is working		employer group health plan (if employer has 100+ employees)	CarePartners of Connecticut
		CarePartners of Connecticut (if employer has < 100 employees)	employer group health plan
Have End-Stage Renal Disease (ESRD)	Months 1-30	employer group health plan	CarePartners of Connecticut
	Months 31+	CarePartners of Connecticut	employer group health plan
Are 65 or over **OR** under 65 and disabled (other than by ESRD) and covered by either COBRA coverage or retiree group health plan coverage		CarePartners of Connecticut	COBRA or retiree group health plan
Have Medicare and individual commercial coverage		Medicare	Individual commercial coverage

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

Additional Resources

- Provider Payment Dispute Policy
- CarePartners of Connecticut Provider Manual

Document History

- May 2025: Added filing deadline information, effective for DOS beginning Jan. 1, 2025
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- January 2020: Reviewed by committee; clarified existing COB processes
- August 2019: Removed references to Claims Submission Policy (retired)
- January 2019: Created document

Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure 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, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance.

This policy provides information on CarePartners of Connecticut claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication 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 requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.