



# Coordination of Benefits or Other Insurance Liability

Providers must cooperate with and support coordination of benefits activities by Health Choice Generations. In the event that there is a third party liability or third party coverage for a Health Choice Generations Member, Providers agree to identify and seek such payment before submitting claims to Health Choice Generations.

## WHEN HEALTH CHOICE GENERATIONS IS PRIMARY

If a Health Choice Generations Member possesses health benefits coverage through another policy which is secondary to Health Choice Generations under applicable coordination of benefits rules, providers must accept payment from Health Choice Generations for Covered Services as full payment for such services, except for applicable co-payments, coinsurance or deductibles. Other than for co-payments, coinsurance or deductibles under the applicable Health Choice Generations Benefit Plan, Health Choice Generations Members – for as long as they are also Medicaid (AHCCCS) eligible - must have no obligation for any fees, regardless of whether secondary insurance is available.

Nothing in this section is meant to prevent providers from receiving payment from any secondary payer.

## CLAIMS INVOLVING 3<sup>RD</sup> PARTIES MUST BE FILED IN ACCORDANCE WITH:

### WHEN HEALTH CHOICE IS SECONDARY:

If a Health Choice Generations Member possesses health benefits coverage through another policy which is primary to Health Choice Generations under applicable coordination of benefits rules, including the Medicare secondary payer program, or if a Health Choice Generations Member is entitled to payment under a worker's compensation policy or automobile insurance policy, providers must pursue payment from the primary payer consistent with the applicable State and Federal Law.

Providers must include a complete copy of the other first or third-party carrier's explanation of benefits (EOB) or remittance advice (RA) when submitting a claim for the balance due under coordination of benefits. Such claims(s) for any balance due must be received by Health Choice Generations within thirty (30) days from the date of remit from the primary carrier or six (6) months from the date of service, whichever is less.

For Health Choice Generations Members, payment will be based upon the Health Choice Generations fee schedule, less the beneficiary co-insurance, co-payment, and applicable deductible. This will constitute payment in full to Providers.

In situations where Providers have not received notification from the primary payer, Providers may submit the claim without the EOB/EOMB and it must be received by Health Choice Generations within the prescribed initial submission deadline of six (6) months. Health Choice Generations will deny the claim for failure to submit the EOB/EOMB thereby allowing Providers to resubmit the claim with the EOB/EOMB within eighteen (18) months from the date of service.

### **MOTOR VEHICLE (MVA) OR WORK RELATED INJURIES**

If a member requires services for an injury or condition resulting from circumstances involving a third party, (e.g., automobile accident or work related injuries) the provider must notify Health Choice Generations at (480) 968-6866 or (800) 322-8670.

Providers are required to furnish the following information:

- Name of provider
- Address of provider
- Name of patient
- Patient's Health Choice Generations identification number
- Address of patient
- Date(s) of hospitalization and/or outpatient services
- Amount due for care of patient
- Date of accident
- County in which injuries were sustained
- Names, if known, of liable persons, firms, corporations, employer and insurance carriers claimed by the patient or patient's legal representative to be liable for damages

Health Choice Generations third party liability administrators will coordinate and pursue collection from underinsured motorist insurance, third party liability insurance, and tortfeasors in cases of probable third party liability.

Note: AHCCCS is never the primary payer for services that are covered by Medicare. AHCCCS only pays after Medicare, employer group health plans and/or Medicare Supplemental Insurance policies have paid.

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