PAYMENT POLICY – COORDINATION OF BENEFITS

Owner	Current Effective Date	Next Review Date
Claims	1/31/2025	1/31/2026

OVERVIEW

The purpose of this policy and procedure is to comply with federal and state regulatory requirements with respect to identification and coordination of benefits for covered services provided to Community Health Choice (Community) Enrollees.

Community administers benefits according to the Texas Insurance Code § 843.349 (e) and (f), and for Medicaid MCOs, chapter 42, section 433.139 of the Code of Federal Regulations (CFR). Community is the payer of last resort when other insurance is in effect. When other primary insurance information is not identified, Community will pay all covered medical services. Upon notification that other primary insurance exists, Community shall employ all reasonable actions to pursue recovery of benefits paid as primary.

This policy applies to all lines of business.

DEFINITION(S)

Cost Avoidance - To avoid payment of claims when other insurance resources are available to the Enrollee.

Coordination of Benefits (COB) - When an Enrollee is covered by two or more health plans; benefits for these plans will be coordinated so that compensation does not exceed the maximum benefit.

Services Exempt from COB Guidelines - Behavioral Health Services, including crisis management, targeted case management and mental health rehabilitation services including codes listed below should NOT BE DENIED for Primary Carrier's EOB. These codes are applicable to HHSC claims only. Please DO NOT deny the below codes for COB verification: (T1017, H2011, H2012, H0034, H2014 and H2017). Community pays all STAR+PLUS LTSS (long-term service and support) for dual members in advance and not deny for an EOB (explanation of benefits). Please refer to the Star Plus HCBS (Home Community Based Services) and State Plan rate sheet for the applicable codes. Community will pay and pursue. For an updated list please refer to https://www.hhs.texas.gov/.