



Network Notification

Date: Nov. 5, 2012

Number: OH-P-2012-20a

To: Ohio Providers

From: CareSource

Subject: Changes to CareSource Coordination of Benefits (COB) Policy

Effective Date: Nov. 5, 2012

In June of 2012, CareSource announced a new Coordination of Benefits (COB) policy. Our intent was to increase HEDIS-related claim submissions from providers who had chosen not to submit claims since they had not received payment under the previous COB policy.

After implementing the new policy for three months, our HEDIS-related claim submissions did not increase, and our claims cost greatly exceeded our expectant rate.

At CareSource, we pride ourselves in being good stewards of tax payer dollars; therefore, after much deliberation, we have determined that we cannot financially sustain this policy.

Effective November 5, 2012, our COB policy will be as follows:

- If the primary insurer paid amount is greater than or equal to the CareSource allowed amount, CareSource will not pay any additional amount.

Example 1:

Carrier	Allowed	Co-pay	Deductible	Co-Insurance	Paid
Primary Insurance	\$50.00	\$5.00	\$0	\$0	\$45.00
CareSource	\$40.00				\$0

In this example, since the primary insurance paid amount of \$45.00 is greater than the CareSource allowed amount of \$40.00, no additional payment is made.

- If the primary insurer's paid amount is less than the CareSource allowed amount, CareSource will use the lesser of the CareSource allowable and the primary insurer's allowable. CareSource will subtract the primary paid amount from the lesser allowable amount to determine the amount payable by CareSource.

Example 2:

Carrier	Allowed	Co-pay	Deductible	Co-Insurance	Paid
Primary Insurance	\$50.00	\$20.00	\$0	\$0	\$30.00
CareSource	\$40.00				\$10.00

In this example, since the primary insurance paid amount of \$30.00 is less than the CareSource allowed amount of \$40.00, the primary paid allowed amount of \$30.00 is subtracted from the CareSource allowed amount of \$40.00 (lesser of the allowed amounts) to determine the payable amount of \$10.00.

If you have any questions regarding this change, visit our [Frequently Asked Questions](#) or contact your Provider Relations Representative.