



NETWORK *Notification*

Notice Date: November 3, 2025
To: All Ohio Providers
From: CareSource
Subject: Important Reminder: Coordination of Benefits

Summary

To facilitate quicker claims processing and payment times, CareSource would like to remind providers that it is mandatory to submit Coordination of Benefit (COB) documentation with claim submissions to ensure accurate reimbursement.

CareSource is committed to maintaining accurate and up-to-date COB information. As we receive retroactive COB data, we regularly update our claim records to apply this information without requiring corrected claims to be submitted.

CareSource has observed a rise in claim denials related to COB requirements, often due to providers submitting claims without the necessary third-party liability information. Please see the below FAQs regarding COB.

How do I determine which plan is the primary payer?

- Medicaid is the payer of last resort, by Federal statute (42 U.S.C. 1396a(25), 1396b(d)(2), and 1396b(O)). Other identified insurance is always primary and must be exhausted before seeking reimbursement from Medicaid or Medicare Managed Care Plans. The only exception is BCMH (Bureau for Children with Medical Handicaps), where Medicaid would be considered primary.

How do I know if a member has other coverage?

- It is the responsibility of the provider to verify and ingest all COB information at the time of service.

How do I verify COB:

- Online: Visit the [Provider Portal](#) to view the COB information that CareSource has on file for the member.
- HIPAA 270/271 Transaction File: CareSource has enhanced their 271 Transaction to allow healthcare providers to receive information about a patient's insurance coverage. A HIPAA 271 transaction file is returned following a provider's 270 transaction, with the member's primary carrier name and member policy number if applicable. Providers are highly encouraged to updated 271 transaction processes to ingest and store this information for use in claim submissions. Please see the example below:

REF*IG***AR111999777** (Policy Number of Additional Carrier)
REF*1W***121314701** (Member ID Number of Additional Carrier)
NM1*PRP*2***ABC Insurance** (Name of Additional Carrier)
N3***POBOX10001** (Address of Additional Carrier)
N4***Anytown*GA*300021111** (Address of Additional Carrier continued)

- By phone: Call Provider Services and follow the menu prompts.

How do I submit Coordination of Benefits?

- Coordination of Benefits (COB) claims can be submitted by mail with the Explanation of Benefits and sent to:
CareSource
P.O. Box 8730
Dayton, OH 45401-8730
- CareSource can accept COB claims electronically. CareSource accepts both professional claims (CMS-1500) and hospital/facility claims (UB-04) electronically.
- When submitting COB claims electronically, please refer to your clearinghouse, trading partner or billing administrator and complete all required COB information. For professional claims (CMS-1500), COB information should be sent at the line level. For hospital/facility claims (UB-04), COB information should be sent at the claim level. In addition to the required COB information, you must send other carrier paid amounts and all claim/line level adjustment group codes, reason codes, remark codes and payment amounts.

If I receive a denial for not supplying Coordination of Benefits, what do I need to do?

Submit a copy of the Explanation of Benefits (EOB) by email, fax or mail:

Email: COBOhio@CareSource.com

Fax: 937-396-3138

Mail:

CareSource

P.O. Box 8730

Dayton, OH 45401-8730

You can also submit the claim and EOB electronically. Please refer to your clearinghouse, trading partner or billing administrator to complete this process.

If I receive a denial showing the member has other coverage, how can I get the other coverage information?

- Online: You can obtain the other coverage information that CareSource has on file by submitting a 270 transaction to CareSource or by reviewing the member's eligibility information on our [Provider Portal](#).
- By phone: Call Provider Services and follow the menu prompts.

Questions?

Refer to your [Provider Manual](#) or contact Provider Services at the appropriate number below.

- D-SNP: **1-833-230-2176**
- Marketplace: **1-833-230-2101**
- Medicaid: **1-800-488-0134**
- MyCare: **1-800-488-0134**

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