AETNA BETTER HEALTH®

d/b/a Aetna Better Health of Louisiana

Policy

Policy Name:	Coordination of Benefits	Page:	1 of 6
Department:	Medicaid COB Integrity	Policy Number:	4100.02
Subsection:		Effective Date:	10/01/2019
Applies to:	■ Medicaid Health Plans		

PURPOSE:

The Coordination of Benefits (COB) policy defines the criteria applied and the processes used by Aetna Better Health to identify, document, recover, and report situations where member claim expenses are covered by other health insurance (OI) coverage in accordance with state and federal regulations and contractual requirements. Medicaid is always the payor of last resort.

STATEMENT OF OBJECTIVE:

The objectives define the requirements and responsibilities pertaining to the identification and reporting of COB situations to comply with state, federal, and Aetna Better Health requirements. The Finance, Medicaid COB Integrity, Claims and Information Technology (IT) departments work together to:

- Identify situations where members may have other health insurance coverage or may be reimbursed for claims as the result of some form of third-party liability
- Document members with other insurance coverage to confirm accurate claims processing
- Flag for recovery of claim dollars when Aetna Better Health paid without knowledge of other health insurance coverage
- Report other insurance to Louisiana Department of Health (LDH) through its COB vendor.

DEFINITIONS:

Coordination of Benefits	A provision to help avoid claims payment delays and duplication of benefits when a person is covered by two or more plans providing benefits or services for medical, dental or other care or treatment. One plan becomes the "primary" plan and the other becomes the "secondary" plan. This establishes an order in which the plans pay their benefits. Medicaid is always the payor of last resort.
Department	Louisiana Department of Health (LDH)
Subrogation	Subrogation refers to the substitution of one person in the place of another relative to a lawful claim or right. In a health plan, this type of provision allows the plan to be substituted for the covered person in a case where the covered person takes legal action.

Third Party Liability (TPL)	A situation where a member incurs medical expenses and those expenses are paid by a third party, like auto accidents or court ordered settlements.
Third Party Resource (TPR)	Any individual, entity or program that is liable to pay all or part of the medical cost of injury, disease or disability of a recipient. Examples of Third-Party Resources include government insurance programs such as Medicare or CHAMPUS (Civilian Health and Medical Program of the Uniformed Services); private health insurance companies, or carriers; liability or casualty insurance; and court-ordered medical support.

LEGAL/CONTRACT REFERENCE

- 2023 LOUISIANA MEDICAID MANAGED CARE ORGANIZATION STATEMENT OF WORK, Section 3.1.11 Coordination of Benefits; 4.13 Third Party Liability

FOCUS/DISPOSITION:

Responsibility

The Aetna Medicaid Finance department, with support from Medicaid COB Integrity, IT, Claims has primary responsibility for the TPL. Finance is focused on the subrogation or recovery of claims as a result of work-related injuries, automobile accidents, and court settlements or judgments.

The Medicaid COB Integrity department is focused on the identification and verification of other health insurance coverage for members and confirming the other insurance coverage is appropriately documented in the Aetna Better Health business processing system. The other health insurance information is used for cost avoidance during claims processing. In situations where claims were paid prior to the identification of primary insurance, the Medicaid COB Integrity department will identify impacted claims and notify the Claims department.

The IT and Medicaid COB Integrity departments coordinate to provide the electronic transmittal of outbound TPL Resource file containing other insurance information to LDH through its COB vendor as applicable.

Scope

COB

Aetna Better Health will make every effort to proactively identify situations where members have other health insurance coverage. Members with other insurance coverage are documented in the Aetna Better Health business processing system. Identification of members with other insurance coverage can occur through several methods:

- A TPL Resource file from LDH through its COB vendor that provides primary insurance information on members
- Voluntarily reported by member, provider, or state
- The use of external vendors to proactively identify primary insurance (i.e., Council for Affordable Quality HealthCare (CAQH)
- Claims received with a primary insurance Explanation of Benefits Statement (EOB) attached

Claims received with an EOB attached, for covered members with documented other insurance coverage, are processed with Aetna Better Health as the secondary payor. Aetna Better Health will override and pay primary for the following exceptions:

- Prenatal care for pregnant women
- Preventive pediatric services including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) related services.

Aetna Better Health recognizes that cost avoidance of these claims is prohibited with the exception of hospital delivery claims, which may be cost avoided. Aetna Better Health will follow a pay and chase methodology on the above listed exceptions where Aetna Better Health paid as primary when they are actually the secondary payor.

Claims

Claims received with an EOB attached and undocumented other insurance coverage in the Aetna Better Health business processing system are pended to the Health Plan H-32 bucket. The Medicaid COB Integrity department verifies the primary insurance coverage and validates effective and termination dates, if applicable, for the member and all family members covered by Aetna Better Health. The Medicaid COB Integrity department updates the Aetna Better Health business processing system to reflect primary insurance coverage accordingly. In cases where

Aetna Better Health paid claims prior to discovering primary insurance coverage for the member, the Medicaid COB Integrity department will identify overpaid claims. The Claims department is notified of the overpaid claims, the claims will be reversed then denied for coordination of benefits and a copy of the EOB from the primary insurance is requested. Upon receipt of the applicable EOB, claims will be reprocessed accordingly.

Aetna Better Health will not deny, or delay approval of otherwise covered treatment based on other insurance considerations. Aetna Better Health will not unreasonably delay payment nor deny payment of claim unless other health insurance is confirmed at the time the claim is adjudicated.

Medicare Coverage

Aetna Better Health member covered under Louisiana Department Health program may be covered under Medicare and Aetna Better Health. Aetna Better Health will coordinate benefits with Medicare to verify proper claims payment. Aetna Better Health is always the payor of last resort.

For members with Medicare as primary payer who have exhausted their Medicare benefits, Aetna Better Health will request that providers submit clinical information with the claim and will utilize a retrospective review process to ensure the medical necessity of the service.

Reporting

The claim dollars saved as a result of Aetna Better Health paying as the secondary payer are tracked as COB Savings on a monthly basis.

A daily TPL Resource file is sent to the LDH through its COB vendor to document members with new and changed resources for primary insurance coverage. Any TPL Resource file will follow the required report format, data elements, and specifications supplied by the Louisiana Department of Health.

OPERATING PROTOCOL:

Systems

- Other Health Insurance data is maintained in the Aetna Better Health's business application system

Measurements

- Total number of members with COB
- Claim dollars saved as secondary payer
- Claim dollars recovered

Reporting

- COB Savings
- Other Health Insurance file to LDH's COB/TPL vendor
- Proprietary Other Health Insurance file from LDHs fiscal intermediary as applicable

INTER/INTRA-DEPENDENCIES:

Internal

- Claims
- Finance
- Information Technology
- Medicaid COB Integrity

External

- Louisiana Department of Health (LDH)
- Members
- Providers
- Vendors

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Aetna Better Health

Jess Hall
Chief Executive Officer

Linda Morrison
Chief Operating Officer

Review/Revision History	
09/2020	Updated Contract reference
04/2022	Updated COO
05/2023	Annual review; updated COO and CEO
11/2023	Added retrospective review language to Medicare section; updated COO.