

Confused about Coordination of Benefits?

We can help!



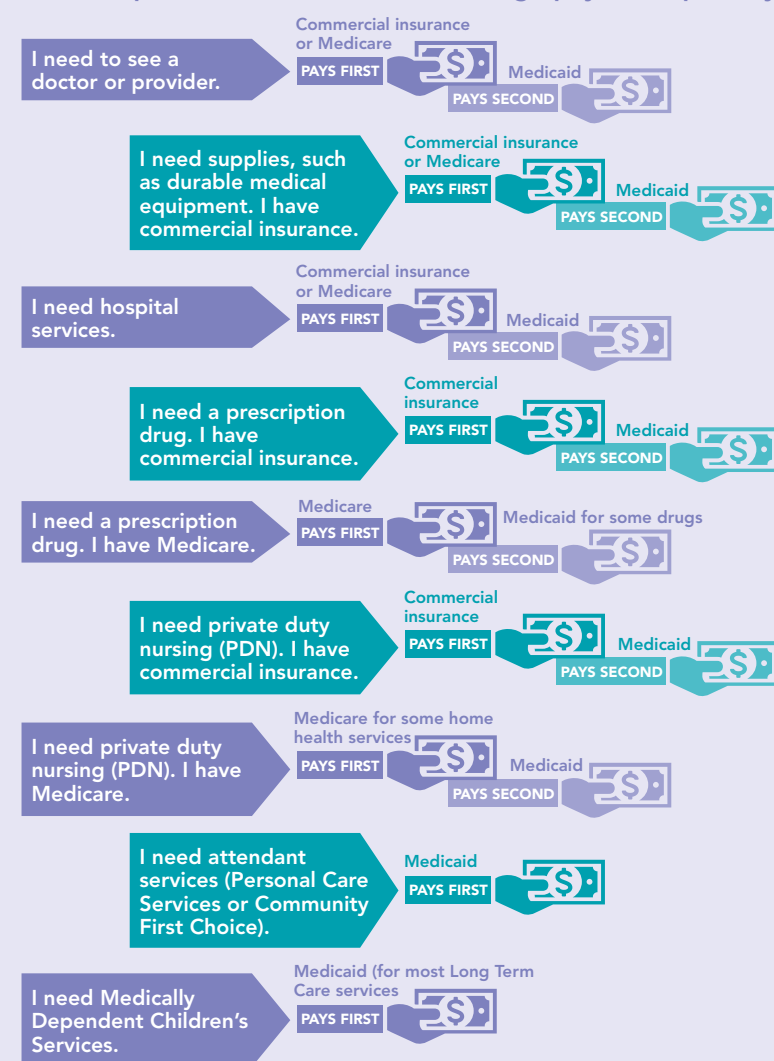
Coordination of Benefits

If you have commercial health insurance (insurance you get through your employer or as a dependent of someone who works) or Medicaid coverage such as STAR Kids or Medicare coverage, each type of coverage is called a "payer." When there's more than one payer, coordination of benefits (COB) rules decide which one pays first. **For most services, your primary insurance pays what it owes on your bills first, then the provider sends the rest of the bill to the "secondary payer" to pay.** For STAR Kids, the insurance that pays first pays up to the limits of its coverage, then benefits of STAR Kids are used up to the limits of its coverage. Medicaid providers cannot turn you down for services because you have other health insurance.

Explanation of Benefits (EOB)

An EOB is not a bill, but explains what is covered by your commercial insurance. Texas Children's Health Plan often requires an EOB to coordinate your benefits.

Below are examples of which insurance coverage pays first (primary payer).



Here are some common questions and their answers.

How much will I pay? You will pay nothing for most services. If you have a deductible or co-pay you would usually pay under commercial insurance. Medicaid will pay for you up to the Medicaid allowed amount.

What is a Prior Authorization (PA) and when do I need one? Certain services require authorizations from Texas Children's Health Plan. Your doctor will submit a request for the authorization. This means we must review the request to make sure you are getting the right care you need and the care is covered by your plan. PA is required for certain services such as inpatient hospital stays, personal care services, private duty nursing, wheelchairs, speech or physical therapy, and others. If you would like to see the full list of services and supplies that require prior authorization, go to www.TexasChildrensHealthPlan.org or contact **Member Services 1-800-659-5764**, or your Service Coordinator.

If my primary insurance requires a co-pay or has a deductible and I paid it, can I get reimbursed by from Texas Children's Health Plan? No, we do not make payments to members. Ask your provider to bill Texas Children's Health Plan for the co-payment or the deductible. They also need to provide a copy of the payment they received from the primary insurance (commonly called an Explanation of Payment).

What if my doctor is in network for my primary insurance but isn't enrolled in Medicaid? Can my doctor still bill Texas Children's Health Plan for my co-pay or deductible after my primary insurance has paid them? We can't pay any provider unless they are enrolled in Medicaid. If we are paying your commercial insurance provider as the "secondary" insurance, they don't have to be in the Texas Children's Health Plan network but they must have a Texas Medicaid number. If your provider wants information on how to enroll in Medicaid they can contact Texas Medicaid & Healthcare Partnership www.TMHP.com, or contact Texas Children's Health Plan's Provider Relations department 1-832-828-1008, or visit www.TexasChildrensHealthPlan.org/for-providers.

Who should I call if I need help coordinating my services between my primary commercial insurance and Texas Children's Health Plan? If you have a question about your coverage or a bill you received, you should contact your Service Coordinator first. If you can't reach your Service Coordinator, you can call Member Services at 1-800-659-5764.

Pharmacy-specific questions

Who pays first when a member has Texas Children's Health Plan and commercial insurance? If you have commercial insurance, it pays first and Texas Children's Health Plan is always the payer of last resort.

How do pharmacy Prior Authorization (PA) requirements apply when a member has a primary commercial insurer and Texas Children's Health Plan as secondary? If commercial insurance pays greater than \$0, Texas Children's Health Plan will not require a PA. If commercial insurance rejects or pays \$0, Texas Children's Health Plan will enforce all normal PA requirements

What happens if my commercial insurance has a deductible for pharmacy? If commercial insurance pays \$0 due to deductible, Texas Children's Health Plan will cover the full cost of the drug. In this scenario, Texas Children's Health Plan will enforce all normal PA prior to paying the medication claim.

What happens if commercial covers medicine and a copay remains? If commercial insurance pays more than \$0, Texas Children's Health Plan will cover the remaining copay. Texas Children's Health Plan will not require any PAs prior to paying copay in this scenario.

What are the clinical edits for pharmacy if STAR Kids is primary? Texas Children's Health Plan enforces the pharmacy clinical edits determined by Health and Human Services (HHSC) for all STAR Kids plans. You can see all pharmacy clinical edits, including PAs by visiting the Texas Children's Health Plan pharmacy benefits manager website: <https://www.navitus.com/texas-medicaid-star-chip/Clinical-Edits.aspx>

What happens if my commercial insurance has a different formulary than Texas Children's Health Plan's formulary? Texas Children's Health Plan can't provide covered benefits for a medicine that is not on Texas Medicaid formulary. This still applies if the drug is on formulary with the primary insurer. Texas Children's Health Plan will work with the provider to select an alternative agent or drug code (NDC) that is on formulary for both the primary insurer and Texas Children's Health Plan. Texas formulary is drug code/NDC specific. NDCs that are not on formulary are treated as non-formulary medicines and will follow the process described above. Exceptions can be made for emergency situations.

Can STAR-Kids members receive 90 day supplies of medications? Yes. If you would like to receive a 90-day supply at a local or mail order pharmacy, contact your service coordinator or call Member Services 1-800-659-5764 to request authorization. If your primary insurance has covered a 90-day supply of medicine, then Texas Children's Health Plan can cover the co-pay or deductible for the 90-day supply.

What questions should I ask the pharmacy if they tell me the pharmacy claim was denied?

1. Did they confirm that commercial is billed as your primary insurance and Texas Children's Health Plan secondary?
2. Which payer is denying the claim? If the commercial insurance is denying because they require a PA, contact your physician to submit documentation.

If the pharmacy claim is denied by Texas Children's Health Plan after the commercial primary has paid any amount, call Member Services 1-800-659-5764.

Who can I call to get help quickly if a medicine is not covered? Call Texas Children's Health Plan Member Services 1-800-659-5764.

What happens if you are asked to pay a copay? STAR-Kids does not require copays at the pharmacy. If asked to provide a copay, confirm that the pharmacy has billed commercial first then Texas Children's Health Plan as secondary. If the problem persists, call Member Services 1-800-659-5764.

What can you do to speed up the pharmacy PA process? Call your doctor's office to be sure all PA documentation has been submitted. If Texas Children's Health Plan is paying for the prescription as the primary insurance, the PA will be sent to our pharmacy administrator, Navitus. Upon receipt of the PA from the provider, Navitus will provide a response within three business days.

If you need the medicine before the PA process is complete, a 72-hour emergency supply can be provided. Federal and Texas law require that a 72-hour supply of a prescribed drug be provided without delay when a medicine is needed and a PA is not available. Please ask your pharmacy to submit an emergency 72-hour supply when this situation occurs.

If you have problems getting a 72-hour supply at the pharmacy, call Member Services 1-800-659-5764.