Coordination of Benefits

Quick Reference Guide for Providers

Coordination of Benefits is the process used to determine coverage obligations for members who have more than one health insurance plan. To avoid unnecessary work and claims denials, it's important to identify which plan is primary before submitting claims.

Rules for Medicare plans

CarePartners of Connecticut's Coordination of Benefits rules are consistent with the Centers for Medicare & Medicaid Services' Medicare Secondary Payer laws and regulations. The following chart summarizes common scenarios:

Scenario		Primary Payer	Secondary Payer
Have Medicare and Medicaid coverage		Medicare	Medicaid
• At least 65 years old • Covered by an employer group health plan because you or your spouse is still working		employer group health plan (if employer has 20+ employees)	Medicare
		Medicare (if employer has fewer than 20 employees)	employer group health plan
• At least 65 years old • Have an employer group health plan after you retire		Medicare	employer group health plan
• Disabled • Covered by either a large group health plan or covered under a spouse or family member who is working		employer group plan (if employer has 100+ employees)	Medicare
		Medicare (if employer has fewer than 100 employees)	employer group plan
Have End-Stage Renal Disease (ESRD)	Months 1-30	employer group plan	Medicare
	Months 31+	Medicare	employer group plan
Are 65 or over OR under 65 and disabled (other than by ESRD) and covered by either COBRA coverage or retiree group health plan coverage		Medicare	COBRA or employer group plan
Have Medicare and individual commercial coverage		Medicare	Individual commercial coverage

Resources

For more information on Coordination of Benefits, refer to the Coordination of Benefits section of our Provider Manual and our Coordination of Benefits Payment Policy.

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