



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. Here's a look at some common Coordination of Benefits scenarios.



Medicaid is the payer of last resort

Federal and state regulations mandate that Medicaid is the payer of last resort, meaning claims should first be submitted to a member's Commercial or Medicare plan before their Medicaid coverage applies. As a Medicaid managed care organization, Tufts Health Public Plans is a payer of last resort for Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care members.



Members with multiple Commercial plans

Some members have multiple Commercial plans. As an example, spouses may receive separate coverage through their own respective employers. Here's how to determine primary coverage in this situation:

- **Primary coverage for subscribers** — Each spouse would be the subscriber of their own employer's plan. As the subscriber, their own employer's plan would be primary coverage. They each would have secondary coverage through their spouse's plan.
- **Birthday rule for children** — If the spouses have dependent children covered by both plans, the child's primary insurance will follow whichever parent has a birthday (month and day) that occurs earlier in the calendar year. If both parents have the same birthday, the primary plan will follow the parent whose coverage has the earliest effective date. **Special guidelines may apply under certain conditions, such as when the parents are divorced or if there is a court decree.**



Rules for Medicare plans

Point32Health's Coordination of Benefits rules for Medicare plans are consistent with the Centers for Medicare & Medicaid Services' Medicare Secondary Payer laws and regulations. The following chart summarizes common scenarios for our Medicare plans, including Tufts Medicare Preferred and Tufts Health Plan Senior Care Options:

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 sections of our [Provider Manuals](#) and our [Coordination of Benefits Payment Policy](#).