

Secondary Insurance Benefits

What to know:

- Because Coupe pays providers in full, providers are not exposed to member out-of-pocket liability and are unable to bill secondary insurance on the member's behalf when a member has insurance coverage secondary to their primary Coupe coverage.
- This is highly disruptive for the member as manually filing secondary insurance requires both the providers technical bill as well as the Coupe EOB which can be difficult to coordinate from the provider.
- While on other plans, providers are sent the member's EOB and are requested to file secondary insurance on the member's behalf. BCBSMN Compliance determined that making those requests to the provider after paying them in full would be contractually inappropriate.
- The resolution was to restrict the Coupe plan to only members without secondary insurance and define under plan policy that Coupe members with secondary insurance would not receive support in helping their providers coordinate benefits between their primary and secondary insurance on the member's behalf.

Things to keep in mind:

- The Coupe plan does provide traditional Health Plan coordination of benefits which means that the plan determines if a claim should be paid as primary or secondary and processes claims accordingly. This is a different coordination of benefits process than helping a provider coordinate benefits between various insurance coverages with traditional EOB communications.
- The Coupe plan can and does administer COB for the member if we are the secondary payor. However, the member's provider or the member must submit the EOB from the primary insurance coverage for the claim to be considered.
- When the Coupe plan is primary, the member is responsible for sending in a manual claim and EOB to the secondary insurance carrier to have those claims paid as deemed appropriate by the secondary insurance carrier.
- While there is no structured process to support Coupe members with secondary insurance since there should not be any of those members on the plan and doing so would imply a plan responsibility compliance has determined we cannot support, the Health Valet will point members towards the manual process of filing a secondary claim. Due to the compliance concerns, Health Valets will not contact providers on the member's behalf or send Coupe EOBs to those providers.
- Members who want to continue to access secondary insurance benefits should be encouraged to switch to a traditional plan model at their next opportunity to do so.