# CHAPTER 14:

# Medicare and Other Insurance Liability

Reviewed/Revised: 9/24, 01/24, 5/25, 12/25

## 14.0 COORDINATION OF BENEFITS/OTHER COVERAGE

ACA StandardHealth with Health Choice individual/family (non-group) policies do not coordinate benefits with other commercial carriers. These policies coordinate only with another BCBSAZ policy or Medicare.

When benefits for covered services are payable under the member's ACA StandardHealth with Health Choice individual/family policy and one or more BCBSAZ group benefit plans, benefits are paid first under the non-group policy. Payment of the claim is subject to all applicable deductibles, coinsurance, and copayments, and the combined benefit payments will not exceed 100 percent of BCBSAZ's -allowed amount.

## 14.1 PRIMARY PAYER DETERMINATION

When benefits for covered services are payable under the member's ACA StandardHealth with Health Choice individual/family policy and one or more additional BCBSAZ non-group policies, the order of benefits is as follows:

- If the member is covered as a policyholder under one policy and as a dependent under another, the policyholder's coverage pays first.
- If a child is covered under a "child-only" policy, the child-only coverage pays first.

For dependent children, if either plan is a non-group contract, the non-group contract pays first.

## 14.2 MEDICAID - AHCCCS

If an ACA StandardHealth with Health Choice individual/family member also has coverage through the Arizona Health Care Cost Containment System (AHCCCS) or another state Medicaid agency, our coverage is primary, submit the claim to us for adjudication as the primary payer.

Blue Cross Blue Shield of Arizona Health Choice and AHCCCS share eligibility information to assist AHCCCS health plans in identifying AHCCCS members who also have private coverage. If an AHCCCS health plan does pay as primary in error, AHCCCS will seek to recoup payment from us. In such cases, if we have not previously received and adjudicated the claim, we will remit any payment that may be due directly to the AHCCCS health plan, in compliance with the member's benefit plan and A.R.S. § 36-2923.

## 14.3 PAYMENT METHODOLOGY

Here are some additional points about COB:

- We do not coordinate benefits between separately purchased medical and dental plans.
- We do not coordinate benefits for covered services provided by a retail or mail-order pharmacy.
- Members must provide requested COB information to BCBSAZ and will be responsible for billed charges until the information is received.
- All claims and copies of explanations of benefits from other carriers should be sent to BCBSAZ for processing.
- There are many rules applicable to Medicare coordination of benefits. The CMS Medicare Secondary Payer Fact Sheet illustrates common situations for Medicare beneficiaries who have other health plan coverage, indicating when Medicare is primary or secondary.
    - For the BCBS Plan secondary to Medicare "crossover" process, see Section 19.
    - For services related to a Medicare Advantage member participating in a clinical trial, see claim submission information in Section 19.

## 14.4 SUBROGATION

Subrogation procedures are used when a member has an illness or injury for which a third party or other payer may be responsible. Payers have the legal right to recover any claim payments from the responsible party or their insurance company.

Please note: Arizona is considered a "no subrogation" state. For fully insured plans, BCBSAZ does not subrogate to obtain payment from the responsible third party.