

Coordination of Benefit Claims Now Submitted Electronically

Neighborhood News – July 2024

As of **May 27, 2024**, Neighborhood Health Plan of Rhode Island [successfully migrated its Commercial line of business](#) to the same platform used for our Medicaid line of business. With this process complete, providers must now submit all Commercial and Medicaid **coordination of benefit (COB)** claims, also known as secondary claims, electronically - a core benefit that will make this process quicker and easier.

COB occurs when a member is covered by more than one health insurance carrier (including medical, dental and vision coverage). Members' secondary claim submissions must include the primary insurer's line level information (Loop 2430). A claim submitted without the primary insurer's line level information will be denied. Claim corrections containing line level information may be resubmitted electronically (Claim Frequency Code 7).

When submitting to Neighborhood for COB/secondary payments, please note the following:

- Contracted providers have three hundred sixty-five (365) days from the date on the primary carrier's secondary claims submission to submit for any secondary balances, unless otherwise dictated by provider contract;
- Neighborhood will only pay as secondary for services that are covered benefits under the plan;
- Secondary claims submissions that indicate that the primary payer's guidelines were not followed will be considered invalid and will be denied.

If you have any questions about this updated process, please contact Provider Services at 1-800-963-1001.