

SPECIAL eBULLETIN

FOR PROFESSIONAL PROVIDERS

APRIL 11, 2022

COMPLETING THE COORDINATION OF BENEFITS QUESTIONNAIRE

You may occasionally see a member who has not updated their Coordination of Benefits (COB) information. To minimize the negative impacts this has on your business, Highmark has developed a NaviNet® application called the online COB Questionnaire. Watch for opportunities to use this tool, like when you/your practice first contacts a new member via phone or walk-in.

Ensuring we have up to date information about the member you are seeing helps diminish claim suspensions and delays while we investigate other insurance involvement, giving you more timely, accurate claim payments. If the member reports having coverage outside of Highmark, you can use the online COB Questionnaire to notify Highmark of their coverage.

The updated information will automatically load into our system the moment you click submit unless additional information is still needed (i.e., divorce/court order information). Highmark will then verify the information and update the member's eligibility record.

IMPORTANT: This questionnaire cannot be used for Medicare Advantage members, Law Enforcement Members (Plan Area 327), Federal Employees, or members in Plan Area 362. These members should contact Customer Service to report other insurance coverage.

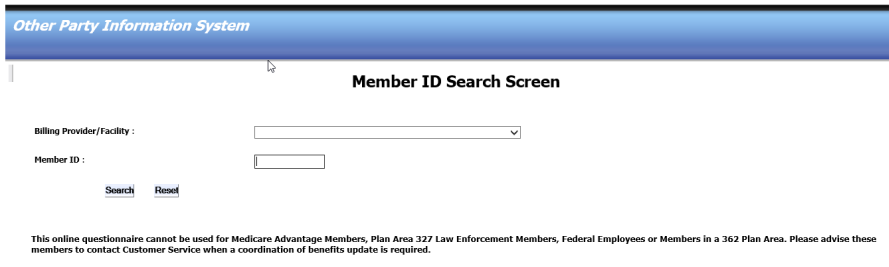
COMPLETING THE COB QUESTIONNAIRE

The COB Questionnaire is available via NaviNet in the Workflows for this Plan menu. To complete the form, you must:

- Click on the COB Questionnaire function to be directed to the form
- Fill out the Member ID Search Screen:
 - Don't include the 3-character prefix when entering the member's 12-digit Highmark Member ID Number



This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.



- Once you click **Search** you will be re-directed to the COB Questionnaire which will be pre-populated with the member's information at the top.

To complete the form:

1. Fill in the first section to indicate whether anyone who is covered by the member's Identification Number is covered under another health care policy.
 - a. If they are, click **Yes** and fill out the rest of the form
 - b. If they are not, click **No**, fill in the **cancellation date**, and skip to **step 3**
2. If you clicked yes to number one, fill each field of the form with the appropriate information:
 - a. Family members who are covered by Highmark under the primary card holder's information will automatically populate
 - b. If children on the Highmark policy are also covered by other insurance **and** there is a court order or custody agreement on file for the child, fill out the Court Order/Custody for Dependent Children section

3. Below the subscriber information, fill in contact information (name and phone number) with information on who Highmark can contact **within your office** with questions
4. Click Submit at the bottom of the form once steps 1-3 have been completed to send the information to Highmark

Once submitted, you will receive the following message:

