



# COB Smart™

Council on Affordable Quality  
Healthcare (CAQH)  
Coordination of Benefits (COB)  
Data Now Included with  
Our Eligibility Response



# Passport Partners With CAQH to Drive Cost Containment

- Passport's Data Services division has partnered with **CAQH** (Council on Affordable Quality Healthcare) to create **COB Smart™**, a coordination of benefits (COB) repository that promotes cost containment across the commercial and government-sponsored insurance industry.

## **COB Smart™:**

- Registry of Coverage Information
- Updated weekly with participating Health Plans Data
- Purpose:
  - ▶ Identify members with more than one form of coverage
  - ▶ Determine correct order of Primacy
- CAQH offers payers the opportunity to match their member information within the COB Smart™ registry and receive accurate up-to date COB information at regular intervals.
- Online FAQ – <http://www.passporthealth.com/CAQHCOBSmartDataFAQs.aspx>



# CAQH is comprised of 12 Member Health Plans:

- Aetna
- AultCare
- Blue Cross Blue Shield of Michigan
- Blue Cross and Blue Shield of North Carolina
- BlueCross BlueShield of Tennessee
- CareFirst BlueCross BlueShield
- Cigna
- Health Net, Inc.
- Horizon Healthcare Services, Inc.
- Kaiser Permanente
- UnitedHealth Group
- WellPoint, Inc., on behalf of its affiliated health plans



# COB Smart™ Benefits Providers and Payers

## Provider Benefits

- Access to richer eligibility responses that include more accurate COB information
- No process changes needed to gain access to this richer data - the standard 270/271 eligibility transaction currently used today includes the COB data
- Reduced Payer denials and errant payments
- Increased cash flow and reduced costs chasing COB information

## Payer Benefits

- Reduced staffing and administrative costs related to COB validation and recovery
- Increased accuracy in claim submission reducing administrative costs and incorrectly paid claims
- Reduction in COB inquiries



# COB Definition and Coverage Types

## 3.6. Definitions

### 3.6.1. Overlap of Coverage

A situation where a person has more than one coverage during a specific time period. The overlap can be for coverages from the same payer if the Member ID is different between the two coverages.

A coverage overlap is necessary for a COB instance to exist. A coverage overlap can exist without there being a COB instance if either of the two coverages are not subject to COB for any reason.

### 3.6.2. Coordination of Benefits Instance

A COB instance must be for the same coverage type (service type code), including the subtypes of medical coverage.

	Medical	Hospital	Emergency	Professional	Urgent	Chiropractic	Pharmacy	Vision	Dental	Mental
Medical	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Hospital	Yes	Yes	Yes	No	No	No	No	No	No	No
Emergency	Yes	Yes	Yes	No	No	No	No	No	No	No
Professional	Yes	No	No	Yes	Yes	No	No	No	No	No
Urgent	Yes	No	No	Yes	Yes	No	No	No	No	No
Chiropractic	Yes	No	No	No	No	Yes	No	No	No	No
Pharmacy	No	No	No	No	No	No	Yes	No	No	No
Vision	No	No	No	No	No	No	No	Yes	No	No
Dental	No	No	No	No	No	No	No	No	Yes	No
Mental	No	No	No	No	No	No	No	No	No	Yes





# Full Response View

## COB Smart™ info is embedded in the eligibility response

Mini Full Historical My Response

PHC DEMO (Commercial) Eligibility

NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.

Member is Eligible

**SEARCH CRITERIA**

NPI 1073713495  
Subscriber ID W223334444  
Patient Last Name smith  
Patient First Name sarah  
Patient Date of Birth 10/11/1974  
Relationship to Subscriber Self  
Date of Service 10/21/2014

**SUBSCRIBER**

Name SMITH, SARAH  
Member ID Number W223334444  
Plan Number FBL/PHO01  
Group Number 04959697890002  
Group Name THE ASSOCIATION OF PUBLIC HEALTH LA  
Address 215 WATTS BRANCH PKWY  
ROCKVILLE, MD 20850  
Date of Birth 10/11/1974  
Sex Female  
Plan Begin Date 07/01/2013  
Service Date(s) 02/12/2014  
Eligibility Begin Date 07/01/2013

**ACTIVE COVERAGE**

Coverage Level	Service Type	Insurance Type	Plan Coverage Description
Employee Only	Health Benefit Plan Coverage	Point of Service	Open Access Aetna Health Network Option
Employee Only	Hospital - Inpatient		
Employee Only	Hospital - Room and Board		
Employee Only	Hospital - Outpatient		
Employee Only	Hospital - Emergency Accident		
Employee Only	Hospital - Emergency Medical		
Employee Only	Hospital - Ambulatory Surgical		
Employee Only	MRI/CAT Scan		
Employee Only	Diagnostic Medical		
Employee Only	Emergency Services		
Employee Only	Professional (Physician) Visit - Office		

**PRIMARY CARE PROVIDER**

Coverage Level Employee Only  
Service Type Health Benefit Plan Coverage  
Gateway Provider Name Spectrum Family Medicine, LLC  
Address 15215 Medical Center Drive  
Rockville, MD 20850

**MEDICAL CARE**

Eligibility or Benefit Information Other or Additional Payer  
Coordination of Benefits Date 07/01/2013  
Secondary Payer Name KAISER FOUNDATION HEALTH PLAN OF MAS  
Payer ID 1009  
Insured or Subscriber Name JONES, JAMAL B  
Member ID Number 99087766  
SUBSCRIBER DOB 10/24/1972  
COB CLASSIFICATION INDICATOR 04  
SOURCE CAQH COB REPOSITORY  
NEBO0012 Other or additional Payer KAISER FOUNDATION HEALTH PLAN OF MAS

COB Smart™ data with Coverage type = “Medical Care” noted as “Other or Additional Payer”.

Please note: If the COB info is for a different coverage type, it will appear in that coverage type section: please see next slide for more info.

### MEDICAL CARE

#### Eligibility or Benefit Information

#### Coordination of Benefits Date

#### Primary Payer Name

#### Payer ID

#### Insured or Subscriber Name

#### Member ID Number

#### SUBSCRIBER DOB

#### COB CLASSIFICATION INDICATOR

#### SOURCE

#### NEBO0012 Other or additional Payer

Other or Additional Payer

01/01/

CIGNA

1006

PRATH

U027

10/11/1971

COB INSTANCE EXISTS (PRIMACY DETERMINED)

CAQH COB SMART (TM)

CIGNA

Note: Data Source =  
CAQH COB SMART™



# Mini Response View

COB Smart™ info is embedded in the eligibility response

FullMiniMy Response

newedit

Smart Tools. Learn

CAQH COB Smart™ is found and identified as Primary

Act

Run EstimateRun a new estimate.

Run NoARun a new Aetna Admission Notification transaction from this response.

Suggestions

Insurance Name:

Aetna

Subscriber Name:

Group/Policy Number:

081130602900009

Coordination of Benefits - Medical Care:

Insurance Name:

CIGNA

Source:

CAQH COB Smart (TM)

Primacy:

Primary

Classification:

COB INSTANCE EXISTS (PRIMACY DETERMINED)

Subscriber:


Member ID:

Name:


Date of Birth:

COB Date:

01/01/2014

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Health

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# MyResponse Plan Tab

COB Smart™ info is embedded in the eligibility response

BARNES, CINDY (A11112222) PHC DEMO (Commercial)

**Eligible**

★ My View Patient **Plan** In Network Out of Network

**Third Party Payer**

**CIGNA - Primary Payer**  
Coordination of Benefits 01/01/2014  
Identifier Code PRP  
Identifier Description Primary Payer  
ID CAQH MACRO  
ID Qualifier MI  
ID Qualifier Desc Member Identification Number

**CIGNA - Primary Payer**  
Coordination of Benefits 01/01/2014  
Identifier Code PRP  
Identifier Description Primary Payer  
ID 1006  
ID Qualifier PI  
ID Qualifier Desc Payor Identification  
Messages SUBSCRIBER  
DOB:02/07/1971  
COB CLASSIFICATION INDICATOR:COB  
INSTANCE EXISTS (PRIMACY DETERMINED)  
SOURCE: CAQH COB  
SMART (TM)  
NEW00012 Other ex

**Coordination of Benefits**

**CIGNA - Medical Care**  
Source CAQH COB Smart (TM)  
Primacy Primary  
Classification COB INSTANCE EXISTS (PRIMACY DETERMINED)  
Coverage Type Medical Care  
**Subscriber**  
Member ID U0278380201  
Name PRATHER, SARAH  
Date of Birth 02/07/1971  
**Dates**  
Coordination 01/01/2014  
of Benefits

**Payer**  
Name PHC DEMO (Commercial)

**Other Insurance**

**CIGNA (Primary Payer)**  
Carrier CIGNA  
ID Member Identification Number:  
CAQH MACRO

COB Smart™ in  
“Third Party Payer”  
section

COB Smart™ in \*NEW\*  
“Coordination of Benefits”  
section





# MyResponse My View Tab

## COB Smart™ info embedded in the Eligibility Response, added widgets to My View

SMITH, SARAH (W223334444) PHC DEMO (Commercial)

**Eligible**

★ My View Patient Plan In Network Out of Network

**Coordination of Benefits**

**CIGNA - Medical Care**  
Source **CAQH COB Smart (TM)**  
Primacy **Primary**  
Classification **COB INSTANCE EXISTS (PRIMACY DETERMINED)**  
Coverage Type **Medical Care**  
**Subscriber**  
Member ID **U0278380201**  
Name **PRATHER, SARAH**  
Date of Birth **02/07/1971**  
**Dates**  
Coordination of Benefits **01/01/2014**

**Other Insurance**

**CIGNA (Primary Payer)**  
Carrier **CIGNA**  
ID **Member Identification Number: CAQH MACRO**  
Primary Payer  
ID **CAQH MACRO**  
Coordination of Benefits **01/01/2014**

**Patient**

*Demographics*

**Third Party Payer**

**CIGNA - Primary Payer**  
Coordination of Benefits **01/01/2014**  
Identifier Code **PRP**  
Identifier Description **Primary Payer**  
ID **CAQH MACRO**  
ID Qualifier **MI**  
ID Qualifier Desc **Member Identification Number**

**CIGNA - Primary Payer**  
Coordination of Benefits **01/01/2014**  
Identifier Code **PRP**  
Identifier Description **Primary Payer**  
ID **1006**  
ID Qualifier **PI**  
ID Qualifier Desc **Payor Identification**  
Messages **SUBSCRIBER DOB:02/07/1971 COB CLASSIFICATION INDICATOR:COB INSTANCE EXISTS (PRIMACY DETERMINED) SOURCE: CAQH COB SMART (TM) NEBO0012 Other or additional Payer: CIGNA**  
Service Type **1**  
Service Type Desc **Medical Care**

COB Smart™ in \*NEW\*  
“Coordination of Benefits”  
section

COB Smart™ details in  
“Third Party Payer”  
section



# \*New\* COB Widget for MyResponse

**Coordination of Benefits**

**CIGNA - Medical Care**  
Source **CAQH COB Smart (TM)**  
Primacy **Primary**  
Classification **COB INSTANCE EXISTS (PRIMACY DETERMINED)**  
Coverage Type **Medical Care**  
**Subscriber**  
Member ID **U0278380201**  
Name **PRATHER, SARAH**  
Date of Birth **02/07/1971**  
**Dates**  
Coordination of Benefits **01/01/2014**

**Other Insurance**

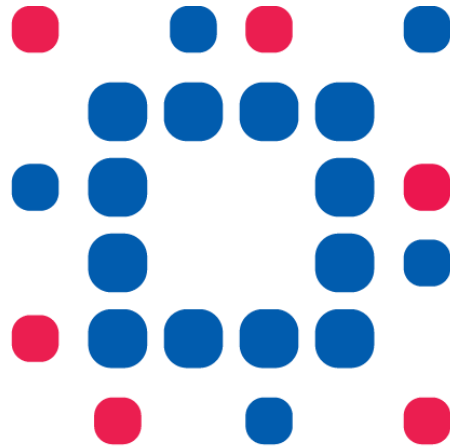
**CIGNA (Primary Payer)**  
Carrier **CIGNA**  
ID **Member Identification Number: CAQH MACRO**  
**Primary Payer**  
ID **CAQH MACRO**  
Coordination of Benefits **01/01/2014**

Data Source =  
CAQH COB Smart™

Indicates for this  
instance, insurance is  
“Primary”

Indicates that primacy  
was determined!

Knowledge is  
**POWER**



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