CareOregon Dental Coordination of Benefits (COB) Provider Guidance

What is Coordination of Benefits (COB)?

Coordination of Benefits (COB) exists when a member has more than one insurance. CareOregon Dental follows standard Coordination of Benefits rules. COB rules determine the order of payment for these members.

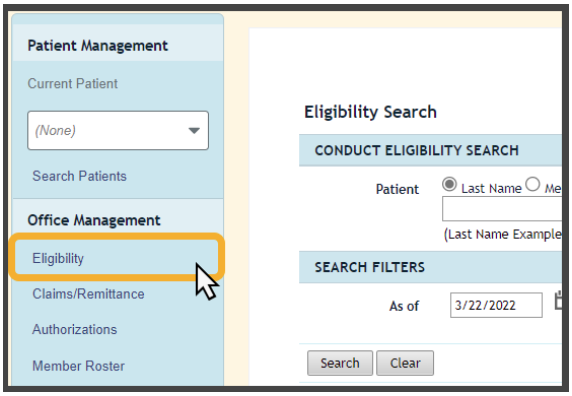
For members with a primary carrier, such as private insurance, Medicare or a third-party resource like workers' compensation, CareOregon Dental compares its payment to the other carrier's payment to determine the amount payable. Coordination of Benefits is described in detail in the CareOregon Dental Provider Manual, linked here.

CareOregon Dental **cannot** remit payment for any service until it has been processed by the primary carrier. **Medicaid plans, like the Oregon Health Plan (and subsequently Care Oregon Dental) are always the payor of last resort.**

How to Verify if a Member has more than one Dental Plan

It is the provider's responsibility to verify eligibility and plan information for the date of service. This information is available in the Provider Portal:

1. **COB details are listed in the Eligibility section within the Provider Portal. To view, follow the instructions below:**
   - Open the Provider Portal (CareOregon Connect/HealthTrio) and click ***Eligibility*.**



   - Enter member details and date filters.
     - **Please Note: The "as of" field should always be the date of service. Do not leave this field blank. If the field is left blank, no information will populate, as the COB eligibility is based on the date in that field.**
   - Review Other Insurance Carrier Information. This section will advise you if the member has another dental plan, and if so – who that dental plan is.

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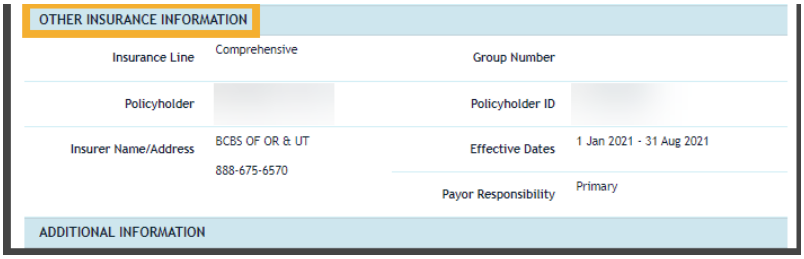

FAQS

I received a claim denial for COB, but the member states they had no other dental plan at the time of service.

Verify the patient's COB information using the steps above in CareOregon Connect. If there is other insurance listed, submit the claim to that primary insurance, and then to CareOregon Dental once the EOB from their primary insurance is received.

If no COB information is listed – contact Provider Customer Service at 503-416-1444 or 888-440-9912 (option 3). The Provider Customer Service team will be able to submit a COB Investigation Form to verify with the other dental plan.

I received a payment reversal (recoupment) due to COB on an EOB for a claim CareOregon Dental previously paid.

It is CareOregon Dental's responsibility to process claims according to COB rules. If we are notified that a member was covered by a different plan at the time of service, the claim must be reversed by CareOregon Dental and payment recouped. This does not mean that payment for the claim will no longer be issued – it just means the claim was paid in the wrong order.

Verify the patient's COB information using the steps above in CareOregon Connect. If there is other insurance listed, submit the claim to that primary insurance, and then to CareOregon Dental once the EOB from their primary insurance is received.

If no COB information is listed – contact Provider Customer Service at 503-416-1444 or 888-440-9912 (option 3). The Provider Customer Service team will be able to submit a COB Investigation Form to verify with the other dental plan.

How long do I have to resubmit a claim to CareOregon Dental once the primary insurance processes it?

Claims must be received with the primary carrier's EOB within 120 days from the date the claim was processed on the primary EOB.