Coordination of Benefits Process for Highmark Delaware Members

This document provides Highmark Delaware members with instructions to submit claims to Highmark when the member's coverage with Highmark is secondary or tertiary.

An Explanation of Benefits (EOB) document from the primary insurer must be submitted to Highmark in order for secondary claims to be paid. Explanation of Benefits (EOB) documents from the primary and secondary insurer must be submitted to Highmark in order for tertiary claims to be paid. Your claim will not be processed for payment by Highmark without an EOB document showing the service provided to the member, the date of service, the allowable charge, the total charge, the amount paid by the primary insurer and how the benefit was applied (deductible, co-insurance).

Highmark members can request that their physician bill their primary insurance first and then bill Highmark (as secondary). This will ensure that Highmark gets the information necessary to pay the claim as secondary. Please note, Highmark will not process the secondary claim until your primary insurance has paid and Highmark receives the information needed to process the claim.

Medicare primary and Highmark secondary

- If member has Medicare as primary and Special Medicfill as secondary, information flows from Medicare to Highmark. The only exception is when Medicare denies the claim and then the member would have to manually submit a claim to Highmark. Highmark's claim form can be found at https://www.highmarkbcbsde.com/downloads/forms/claimfrm.pdf.

Commercial carrier as primary and Highmark as secondary

- Highmark members who wish to submit a claim to Highmark themselves and/or whose physician will not bill Highmark directly (as secondary or tertiary) will need to follow the below process:
    - Upon receiving an EOB document from your primary insurance (or EOMB - Explanation of Medicare Benefits from Medicare), submit a Highmark Claim Form and attach a copy of the EOB document along with the balance bill. Member can mail to Highmark (address on claim form). Highmark's claim form can be found at https://www.highmarkbcbsde.com/downloads/forms/claimfrm.pdf.
        - Please note that this is a manual process and can take Highmark up to 30 days to pay the claim. Highmark makes the payment to the member.

Order of events for Coordination of Benefits (Highmark as secondary or tertiary):

If your doctor submits claims to Highmark as well as your other insurance:

1. When you go to the doctor, request that your doctor submit claims to your primary insurance first and then to Highmark as the secondary insurance.

2. Highmark will get the needed information after your primary insurance has paid and will process the claim as secondary.
3. Highmark will make payment to the provider.

If your doctor does NOT submits claims to all of your insurance carriers:

1. Your doctor will submit claims to your primary insurance.
2. When you receive the EOB from your primary insurance carrier, submit your claim form and the EOB (showing the primary insurance has paid) as well as the balance bill to Highmark.
3. Highmark will review the claim for payment according to your plan, and issue a check directly to the member, NOT the provider (doctor).
4. You make payment to your provider (doctor).