



Coordination of Benefits (COB) – Patient Guide

Mayo Clinic wants to ensure each of our patients receive the maximum allowed benefit from their health care insurance coverage when you have multiple insurance companies. One way of doing this is making sure your Coordination of Benefits (COB) is updated with each health care plan. This guide is to assist in what COB is, why it is important, and how you can make sure your COB information is correct.

What is COB?

COB applies to a person who is covered by more than one health care plan. COB refers to how we ensure that patients receive full benefits from their insurance carrier(s) and help prevent denial of payment for services when a patient has coverage from two or more sources. Your health insurance coverage contract language explains the filing order in which the entities share responsibility for payment (ie, which one has primary responsibility and which one(s) has/have secondary responsibility).

Why is COB important?

Medicare may have the incorrect coordination of benefits filing order for you.

If you have Medicare and other health insurance or coverage, each type of coverage is called a “payer.” When there is more than one source of coverage, “coordination of benefits” rules decide which one pays first. The “primary payer” pays what it owed on your charges first, and then sends the rest to the “secondary payer” to pay. The insurance that pays first is called the primary payer. The primary payer pays up to the limits of its coverage. The insurance that pays second is called the secondary or supplemental payer. The secondary or supplemental payer only pays if there are costs the primary insurer did not cover.

The Medicare COB program wants to make sure Medicare pays your claims right the first time, every time. The Benefits Coordination & Recovery Center (BCRC) collects information on your health care coverage and stores it in your Medicare record. This record must be updated every time you make a change to your health care coverage.

When do I update my COB?

We depend upon your help for us to bill for your health care services correctly. To streamline claim processing and reduce the number of denials of payment related to coordination of benefits, you must contact the BCRC about any changes in your health insurance due to you, your spouse, or a family member’s current employment or coverage changes. It is also important to confirm your existing coordination of benefits information or update it when your plan renews each year. You must also contact the other insurance plan and confirm the filing order as primary or secondary.

How do I update my COB?

It is very important that your COB information is updated and accurate before your next visit. Call the Medicare BCRC at the phone number below to update your insurance coordination of benefits information.

Benefits Coordination & Recovery Center (BCRC) Customer Service Representatives are available to assist you Monday through Friday, from 8 am to 8 pm, Eastern Time, except holidays, at toll-free lines: 1-855-798-2627 (TTY/TDD: 1-855-797-2627 for the hearing and speech impaired).

Note: For information on how the BCRC can assist you, please see:

- <http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery-Overview> – Coordination of Benefits
- <https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Non-Group-Health-Plan-Recovery/Non-Group-Health-Plan-Recovery> – Non-Group Health Plan Recovery