



## Coordination of Benefits Process for Aetna Delaware Members

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

An Explanation of Benefits (EOB) document from the primary insurer must be submitted to Aetna in order for secondary claims to be paid. Explanation of Benefits (EOB) documents from the primary and secondary insurer must be submitted to Aetna in order for tertiary claims to be paid. Your claim will not be processed for payment by Aetna 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).

Aetna members can request that their physician bill their primary insurance first and then bill Aetna (as secondary). This will ensure that Aetna gets the information necessary to pay the claim as secondary. Please note, Aetna will not process the secondary claim until your primary insurance has paid and Aetna receives the information needed to process the claim. **Please note: When the Aetna HMO plan is secondary, members are not required to obtain a referral or use an in-network provider.**

Commercial carrier as primary and Aetna as secondary

- Aetna members who wish to submit a claim to Aetna themselves and/or whose physician will not bill Aetna directly (as secondary or tertiary) will need to follow the below process:
  - Upon receiving an EOB document from your primary insurance, submit an Aetna Claim Form and attach a copy of the EOB document along with the balance bill. Member can mail to Aetna (address on claim form). Aetna's claim form can be found at <http://www.aetna.com/individuals-families-health-insurance/document-library/medical-claim-form.pdf>
    - **Please note: This is a manual process and can take Aetna up to 30 days to pay the claim. Aetna makes the payment to the member.**

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

If your doctor submits claims to Aetna 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 Aetna as the secondary insurance.
2. Aetna will get the needed information after your primary insurance has paid and will process the claim as secondary.
3. Aetna will make payment to the provider.

If your doctor does NOT submit 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 Aetna.
3. Aetna 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).