

COB Manager Provider FAQs



As of July 2, 2012



COBManager Provider FAQs

- 1. What is COBManager?** COBManager is the state Medicaid process that ensures commercial coverage pays first when the Medicaid member also has commercial pharmacy coverage.
- 2. How does it work?** HMS, as a vendor of the state Medicaid program, receives electronic copies of pharmacy claims daily. HMS then matches those claims to the third-party eligibility database that we maintain for the program to see if there is other coverage. If there is other coverage, HMS submits a claim to the commercial PBM as if the claim came from the pharmacy. If the claim is successfully adjudicated, then we send an adjustment to the state in the form of a “rebill” claim, with the amount that the commercial PBM inserted into the coordination of benefit area of the rebill.
- 3. How much does COBManager cost?** Since HMS submits the claim, HMS pays the network transaction charges associated with claims that HMS sends to the commercial PBM, as well as any adjustments/rebills that HMS sends to the Medicaid program.
- 4. How do I know what HMS submitted?** Information on claims that have been adjudicated by the commercial PBM is available on HMS’ COBManager Web site. The information is available in a report format and can be downloaded in a file.
- 5. How do I update my claims accounts receivable file?** Electronic files may be downloaded from HMS’ COBManager Web site.
- 6. How often are claims submitted?** HMS submits claims to commercial payors on a daily basis.
- 7. Does COBManager affect patient access to medications?** COBManager is invoked post-adjudication, and therefore does not affect patient access to pharmacy services. Patient access to care and their needed medications are not impacted.
- 8. How do I get payments from the primary payer?** You will receive payment from the commercial PBM as if you had submitted the claim directly.
- 9. What happens to the payment from the state?** We should note that COBManager does not calculate the Medicaid payment amount. It simply provides the commercial PBM’s payment amount to Medicaid who determines whether any balance is due as the secondary payor. The process functions as if you had submitted the claims in sequence to the commercial PBM then to Medicaid.
- 10. Do I get remittances from the primary payer, too?** HMS does not change any relationship you have with the commercial PBM.