

Important Information About Express Scripts Coordination of Benefits Claims

When completing Coordination of Benefit (COB) claims for Express Scripts, please follow the instructions and recommendations below to insure your claim is processed, approved and paid.

1. Complete the most recent Express Scripts Coordination of Benefits Claim Form, which can be found under the Employee Forms section of the Human Resources website or on Employee Self Service in the Resources section.
 - a. Please note: The group number required under the Cardholder Information section of the form is not on your member ID card. If you need your group number(s), contact the Human Resources Department at (860) 647-3024.
 - b. Enter the group number for the secondary coverage on the COB claim form.
 - c. Be sure to mark the Yes checkbox on the form indicating that the claim is COB, and who the primary insurer is. Check option 1, "Another Health Plan", if the primary insurance was Express Scripts or another carrier and was filled at the pharmacy. Check option 4, "Express Scripts Mail Order" if the prescription was filled by mail order.
2. Obtain receipts showing proof of primary insurance payment, to be submitted with COB claim form. This is necessary even if the primary insurance is Express Scripts. In order for COB claims to process, the following are needed, regardless of what type of receipts you submit:
 - Date prescription was filled
 - Rx number
 - Pharmacy name and address
 - Prescribing doctor's name or ID number
 - Drug NDC 11 code
 - Drug name
 - Drug strength
 - Drug quantity
 - # of days' supply
 - Amount paid
 - Member name
 - Member ID#

All drug information can be found on the medication packaging. All other information should be on the mail order invoice or the retail pharmacy detailed receipt. **PLEASE NOTE: if any of these items are missing from the proof of primary insurance payment, the COB claim will likely reject.**

3. The types of receipts that are acceptable as proof of primary insurance are:
 - Mail order invoice (in your mail order package or by request through Express Scripts)
 - Retail pharmacy detailed receipt (by request at the pharmacy)
 - Prescription history available on www.express-scripts.com

PLEASE NOTE: Although the above are acceptable as proof of primary insurance payment, the type of receipt may not include all the necessary items listed in step2, even if generated by Express Script. It is necessary for you to hand-write any missing information

on the receipt in order for the claim to be processed. Explanations of Benefits are not acceptable forms of receipts.

4. For additional instructions, please see page 2 of the COB claim form.
5. Mail or fax the claim form(s) and receipt(s) to Express Scripts based on the information on page 2 of the claim form.
6. It is recommended that if you have claims for more than one individual that you mail or fax the claims separately (not in the same envelope or same fax transmission).
7. Express Scripts cannot process over 25 claims at once. If you have more than 25 claims, please break into groups of 25 claims or less and submit a COB claim form for each group.
8. Express Scripts recommends submitting COB claims after each script is filled. If this is not plausible, Human Resources recommends submitting COB claims to Express Scripts no less than monthly or quarterly.
9. If you have any questions or problems with Express Scripts COB claims, please contact the Human Resources office at (860) 647-3024.

Revised 2/6/14