



Member | Access



## Member Access User Guide – Coordination of Benefits

**Member Access is an on-line tool that gives you immediate access to information pertinent to your health.**

**[www.healthlink.com](http://www.healthlink.com)**

## 13.0 COORDINATION OF BENEFITS (COB)

### 13.1 Overview

The convenient **Coordination of Benefits** feature allows you to submit your coordination of benefit online. HealthLink HMO administers claims on behalf of the State of Illinois health plan in which you are enrolled. You are required to update current information about your health coverage and any other health coverage you or your dependents may be eligible to receive.

By the end of this section, you should be able to:

1. Successfully submit a new COB

Following is an example of the **COB** tab located on *HealthLink Member Access* Authenticated Home Page (Figure 1).

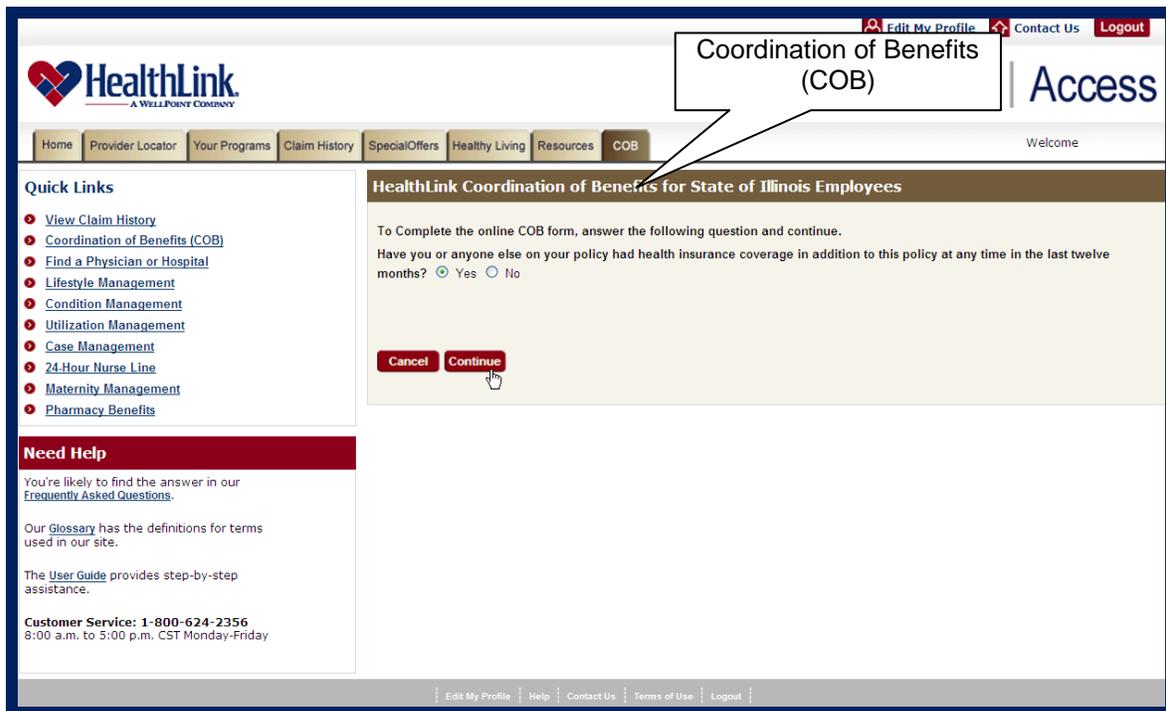
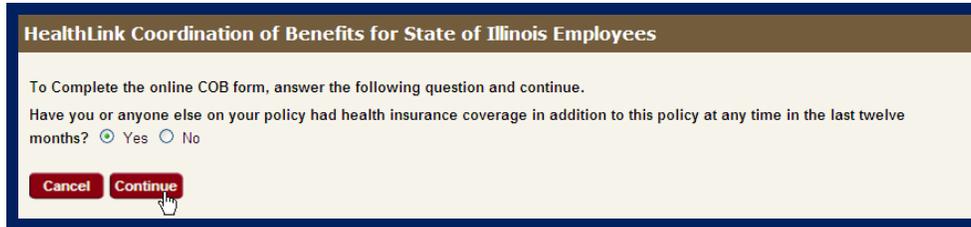


Figure 1. Coordination of Benefits—Authenticated Home Page.

### 13.2 How to Submit Coordination of Benefits

#### a. Basic Information

If anyone on your policy has had additional coverage in the last year, click Yes, otherwise click No, then **Continue** (Figure 2).



HealthLink Coordination of Benefits for State of Illinois Employees

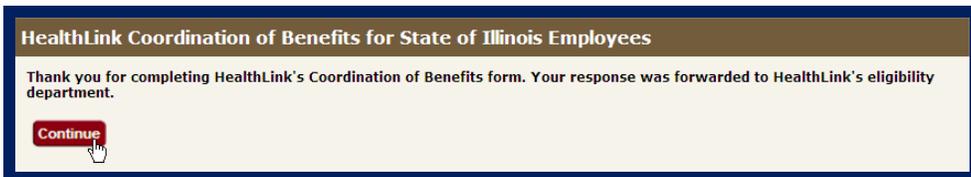
To Complete the online COB form, answer the following question and continue.

Have you or anyone else on your policy had health insurance coverage in addition to this policy at any time in the last twelve months?  Yes  No

**Cancel** **Continue**

Figure 2. COB–Basic Information

If you clicked No, then you are finished with the COB process. Click **Continue** (Figure 3), and the authenticated home page displays.



HealthLink Coordination of Benefits for State of Illinois Employees

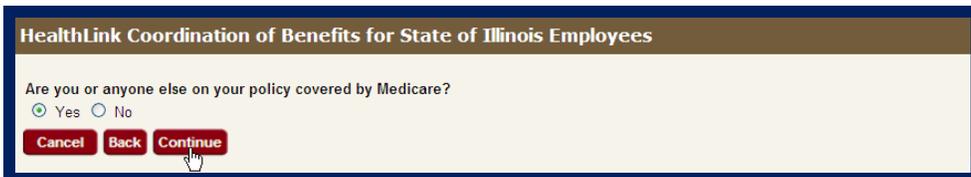
Thank you for completing HealthLink's Coordination of Benefits form. Your response was forwarded to HealthLink's eligibility department.

**Continue**

Figure 3. COB–No Changes

#### b. Medicare Coverage

If you clicked Yes, the following Medicare Coverage screen displays (Figure 4). Click Yes if anyone on your policy is covered by Medicare, then **Continue**.



HealthLink Coordination of Benefits for State of Illinois Employees

Are you or anyone else on your policy covered by Medicare?

Yes  No

**Cancel** **Back** **Continue**

Figure 4. COB–Medicare Coverage

If you clicked Yes, the following Medicare Coverage Details screen displays (Figure 5). Enter the fields, then **Continue**.



HealthLink Coordination of Benefits for State of Illinois Employees

Medicare Policy Holder Name:

Medicare Claim Number:

Medicare Coverage includes: (check all that apply, followed by effective date)

Part A:

Part B:

End Stage Renal:

Is Medicare coverage because of:  Age (Over 65)  Disability

Is the covered person retired?  Yes  No

Is Medicare the only health insurance coverage held by you and/or your dependent(s)?  Yes  No

**Cancel** **Back** **Continue**

Figure 5. COB–Medicare Coverage Details

**c. Other Insurance Information**

If you clicked No at the Medicare Coverage screen, or No on the Medicare Coverage Details screen, last question “Is Medicare the only health insurance coverage held by you and/or your dependent(s)”, then the Other Insurance screen displays (Figure 6). Click Yes or No, and **Continue**.



Figure 6. COB–Other Insurance

**1. Other Insurance\_HealthLink**

If you clicked Yes, the following Other Insurance HealthLink screen displays (Figure 7). Type your HealthLink Policy Number, and **Continue**. The Custody Information screen displays.

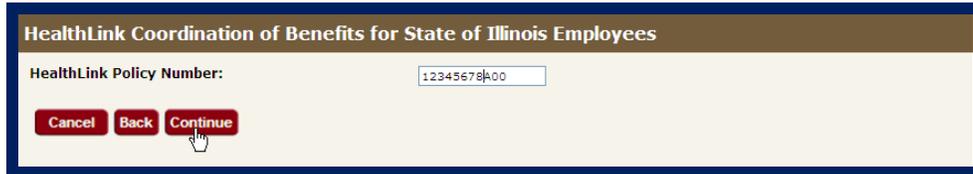


Figure 7. COB–Other Insurance HealthLink

**2. Other Insurance\_Non HealthLink**

If you clicked No, the following Other Insurance Non HealthLink screen displays (Figure 8). Type your entries as appropriate, and **Continue**.

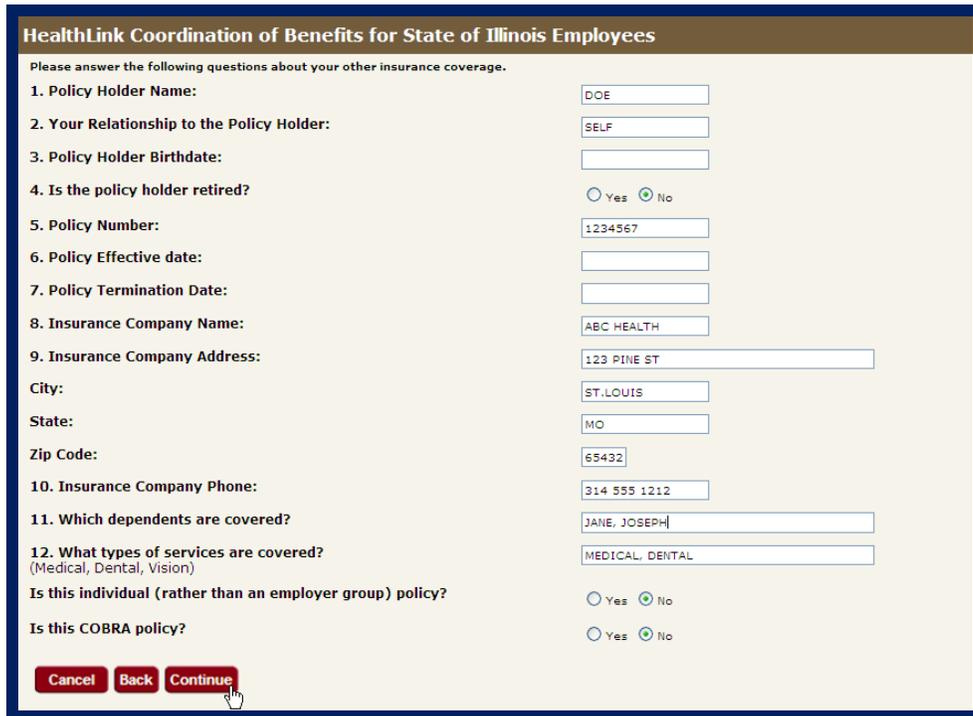


Figure 8. COB–Other Insurance Non Healthlink

**d. Custody Information**

When the Custody Information screen displays (Figure 9), type your entries as appropriate and click **Continue**.

The screenshot shows a web form titled "HealthLink Coordination of Benefits for State of Illinois Employees". The form asks for custody information. It contains two main questions, each with a "Yes" or "No" radio button and input fields for parent/guardian and child names. The first question is "Does one parent/guardian have full custody of the child(ren)?" with "Yes" selected. The parent/guardian field contains "JOHN" and the child field contains "JANE, JOSEPH". The second question is "Is one parent required by court decree to provide health insurance coverage for the child(ren)?" with "Yes" selected. The parent/guardian field contains "JOHN" and the child field contains "JANE, JOSEPH". At the bottom are "Cancel", "Back", and "Continue" buttons. A mouse cursor is pointing at the "Continue" button.

Figure 9. COB–Custody Information

**e. Confirmation**

When the Confirmation screen displays (Figure 10), verify your entries and click **Continue**.

The screenshot shows a confirmation screen titled "HealthLink Coordination of Benefits for State of Illinois Employees". It displays a summary of the information entered in the previous step. Section A: Basic Information states "You indicated that you have (or had) coverage within the past 12 months." Section B: Medicare Information states "No Medicare coverage specified." Section C: Other Insurance Information lists details for ABC HEALTH, including address, policy number, holder name, date of birth, relationship, and effective/termination dates. Section D: Custody Information summarizes the custody details. At the bottom are "Cancel", "Back", and "Continue" buttons. A mouse cursor is pointing at the "Continue" button.

Figure 10. COB–Confirmation

You are finished, click **Continue** (Figure 11).

The screenshot shows a confirmation message titled "HealthLink Coordination of Benefits for State of Illinois Employees". The message reads: "Thank you for completing HealthLink's Coordination of Benefits form. Your response was forwarded to HealthLink's eligibility department." Below the message is a "Continue" button. A mouse cursor is pointing at the "Continue" button.

Figure 11. COB–Finished