Pasco Go Healthy
PASCO COUNTY SCHOOLS
Florida Blue

Patty's Points

Patty Nguyen, On-Site Representative
(813) 794-2492
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Who Pays First?

In order to determine if another insurance carrier may be the primary payor, Florida Blue may send a letter or call you to verify if you have "Other Insurance".

Your claims may be denied/held if Florida Blue has information that another insurance policy may be the primary payor. It is your responsibility to notify Florida Blue if you sustained injuries due to an automobile accident or due to injury at work. Also, you should advise Florida Blue if you are covered as a dependent under another policy or if you have Medicare.

Dear Patty,

Q: I was involved in an automobile accident and sustained some injuries. Who should my doctor file the claims to? My automobile insurance carrier or Florida Blue?

A: All claims should be filed to your automobile insurance carrier first as they are the primary payor.

According to the "Coordination of Benefits" terms of your policy, the medical plan always pays secondary to medical payment, Personal Injury Protection (PIP) coverage, or No-Fault Coverage under any automobile policy available to you.

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Q: I called my automobile insurance carrier and they explained that I have a $10,000 Per Injury Protection (PIP) limit on my policy. The Emergency Room bill And other bills they paid already exhausted the limit. I will need further treatment. Should the provider bill Florida Blue now?

A: You will need to complete an Accident Letter and submit it to Florida Blue advising us that you were injured due to an automobile accident and provide your automobile insurance carrier information. You will need to provide the name of the carrier, policy number, claim number, contact information, etc.

To expedite payment of any claims related to the automobile accident, please include a copy of the PIP Exhaustion Letter and the PIP Log of all claims your automobile carrier paid, if available. Upon receipt of this information, the Other Party Liability (OPL) Department will review and document in the system that you exhausted your PIP limit and release any holds on pending claims and reprocess those claims that have denied due to needing other insurance information.

Q: My doctor is billing me because his claims are being denied for automobile Insurance information. What should I do?

A: If you received an Accident Letter from Florida Blue, please complete and send it back as soon as possible. If Florida Blue has information that the claim may have been automobile accident related, it will deny for other insurance information. Florida Blue will not pay any claims until they verify that the PIP limit has been exhausted. Your automobile insurance is the primary payor over your medical insurance for injuries arising from an automobile accident.

Please contact me at 904-635-9221 to discuss and/or email me copies of the bills. My email address is Patricia.Nguyen@floridablue.com. I will research the denied claims and notify your doctor of the status.

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Q: I have an individual Medicare plan, but when I became eligible for benefits I enrolled on the HMO Basic Plan since it does not cost any premiums. My doctor advised me that Medicare denied his claims stating they are not the primary payor. I don't understand.

A: If you are Medicare eligible and are actively working, then Medicare is secondary to other health insurance offered through your employer. Your Florida Blue HMO Basic Plan would be primary. You need to provide your doctors with your Florida Blue insurance information from your ID card so they can file the claims. In addition, you will need to complete the "Other Insurance" form. If you want Medicare to be the primary, sole payor, then you will need to opt out of medical insurance. Please consider this carefully. If you opt out of medical you are NOT eligible to use the My Health Onsite Health & Wellness Centers.

Q: I have been covered under my spouse's health insurance policy through his Employer for years but selected the HMO Basic Plan so I can use the My Health Onsite Health & Wellness Centers. I assumed the HMO Basic plan would be secondary to my spouse's policy, however, the claims are being denied. Why?

A: If you are an active employee and select one of the health plans through the District, then it is your primary insurance over any other insurance you may have. You cannot choose who pays first. You will need to provide your doctors with a copy of your Florida Blue ID card and advise them to file claims to Florida Blue first. In addition, please complete the "Other Insurance" form advising Florida Blue you have other insurance so we can coordinate your benefits.

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Q: What is a Coordination of Benefits?

A: Coordination of Benefits is a limitation of coverage and/or benefits to be provided under the policy. It is designed to avoid duplication of payment for Covered Services and/or supplies. It is your responsibility to provide us information concerning any duplication of coverage under any other health plan, program, or policy you or your Covered Dependents may have. This means you must notify us in writing if you have other applicable coverage or if there is no other coverage. You may be requested to provide this information at initial enrollment, by written correspondence annually thereafter, or in connection with a specific Health Care Service you receive. If the information is not received, claims may be denied and you will be responsible for payment of any expenses related to denied claims.

Q: Which plans are subject to a Coordination of Benefits?

A: Plans which may be subject to Coordination of Benefits include, but are not limited to:

1. any group insurance, group-type self-insurance, or HMO plan;

2. any group contract issued by any Blue Cross and/or Blue Shield Plan(s);

3. any plan, program or insurance policy, including an automobile insurance policy, provided that any such non-group policy contains a coordination of benefits provision;

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4. Medicare, as described in the Medicare Secondary Payer Provisions subsection; and

5. To the extent permitted by law, any other government sponsored health insurance program.

(You may refer to your Member Benefit Booklet for more information.)