

Billing and Reimbursement

Coordination of benefits



At the time of service, the participating provider is responsible for making a reasonable effort to determine all applicable health care coverage, including subordinate coverage for the member.

- If another insurance carrier is primary to GHP, the participating provider is entitled to and responsible for collecting first from the other insurance carrier, as indicated in the member's benefit document.
- Participating provider recognizes that GHP may be subrogated to a member's rights of recovery in the event of third party damages and agrees to cooperate with the recovery of third party payments.
- When GHP is a secondary insurance carrier, claims submitted to GHP should include the primary insurance carrier's explanation of payment (EOP) for consideration of coverage not to exceed the contracted Geisinger Health Plan reimbursement.

GHP processes claims according to National Association of Insurance Commissioners (NAIC) guidelines using the contract maximum method.

- The member's secondary plan pays the difference between the amount actually paid by the primary plan and what the secondary plan would have paid as the primary plan in the absence of other insurance coverage. The total of the payments issued by the two plans will never exceed the secondary plan's normal plan benefit. If the payment made by the primary plan is greater than the amount the secondary plan would have made, then the secondary plan pays nothing.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.

Publication history: