

## HMS Advisory Services

# Leveraging Best Practices to Improve Your Bottom Line



### Challenge

By law, Medicaid is the payer of last resort, meaning that if any Medicaid recipient has other resources available to pay for the cost of their medical care, those resources must be used before Medicaid. A Medicaid and Medicaid Managed Care Plan must first identify recipients with other coverage, and then appropriately use that coverage information to deny claims where other coverage exists. This process is referred to as coordination of benefits, or third party liability.

The complexities of correctly coordinating benefits between Medicaid and other liable parties is challenging, but getting it right can directly improve your bottom line. That's why it's critically important that both Medicaid agencies and their contracted managed care organizations (MCOs) ensure they are leveraging the best third party liability practices in their business models.

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### Why act now?

- Maximize revenue opportunities
  - Ensure compliance
  - Maintain a competitive advantage
  - Reduce costs
  - Mitigate audit findings
  - Protect taxpayer dollars
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As the industry innovator and leading market provider of coordination of benefits services to Medicaid and MCOs for more than 30 years, HMS is your ideal partner for optimizing coordination of benefits results. With a history of best practices drawn from performing a wide array of projects for more than 40 Medicaid agencies and 280 health plans, we fully understand the uniqueness of the Medicaid third party liability ecosystem. Our ability to assess, recommend, implement, and monitor third party liability best practices to optimize your coordination of benefits savings is deeply rooted in our experience.

*With an estimated 10% of Medicaid beneficiaries having access to other sources of private insurance that is dynamic in nature, understanding where the leaks are matters **substantially** to your bottom line.*

## Solution

HMS Advisory Services can help you optimize your coordination of benefits efforts and directly impact your bottom line.

With your unique goals and objectives in mind, we conduct a thorough evaluation of your current coordination of benefits practices measured against state and federal legislation, national best practices, and your own policies, action plans, and state plan. We develop recommendations that drive measurable financial results, and then work with your staff to implement those recommendations and monitor the outcomes. We offer complete staff training including the development of policy and operational collateral.

As a result, our evaluation drives the highest return on investment, ensures compliance, and protects tax payer dollars, positioning you for a financially stronger future.

*With HMS Advisory Services you don't simply get a report – you get immediately actionable solutions that lead to real results.*

Our customers have continually called on us for professional services, gap studies, and advice regarding the challenges around coordination of benefits. We leverage HMS's significant and broad Medicaid and managed care experience to help customers develop innovative and long-term solutions for optimizing their coordination of benefits programs.

HMS has practical experience working with stakeholders impacted by coordination of benefits, including CMS, Medicaid agencies, MCOs, providers, MMIS vendors, beneficiaries, attorneys, insurance carriers, and local field offices. We have the data, technology and professional experience to customize a solution that meets the specific needs of your organization without the need for a multi-year, high-cost consulting arrangement.

No other company has the practical and relevant qualifications to help you achieve your coordination of benefits end-to-end goals.

**For more information, contact Kim Glenn, Principal, [kglenn@hms.com](mailto:kglenn@hms.com), or Donna Price, Principal, [donna.price@hms.com](mailto:donna.price@hms.com), at HMS Advisory Services.**



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## Enterprising healthcare

HMS provides the broadest range of cost containment solutions in healthcare to help payers improve performance. Using innovative and time-tested technology and analytics, we prevent and recover improper payments related to fraud, waste, and abuse. As a result of our services, customers recoup billions of dollars every year and save billions more through the prevention of erroneous payments.