



HMS Advisory Services

Common Questions

Coordination of Benefits challenges impacting Medicaid programs and MCOs

States and MCOs have to grapple with complex questions across critical areas, including:

Cost Avoidance

1. Is the cost avoidance process working efficiently in the claims processing system?
2. Are providers abusing the third party liability edit override functionality?
3. When was the last time the cost avoidance savings calculation was reviewed for accuracy?
4. Do cost avoidance edits meet legislative mandates?
5. Have the cost avoidance edits in the claims payment system been reconciled with other payer plan deductibles?
6. Are cost avoidance segments loaded accurate and timely? Are load error reports reviewed and reconciled?
7. What is the best practice for cost avoidance source code hierarchy and how does this impact the third party liability matrix and claims edit processes?
8. Is the carrier code file clean? Is the resource file clean?
9. Do the Medicaid State Plan and third party liability Action Plan reflect current practices?

Recoveries

1. Are all recovery processes maximized (i.e. actionable denials, no prior authorization denials, etc.)?
2. Is the Medicare/Medicaid coordination process effectively working?
3. Is there a come behind recovery process between state and MCOs? Is the contractual language supporting this process effective?
4. Are reported MCO third party liability recoveries accurate?
5. When was the last time the State Deficit Reduction Act (DRA) evaluated?

Value-based Enrollment

1. Is there an effective business process to identify all high-cost individuals eligible for enrollment that may be available at no cost to that individual?
2. Are the current health insurance premium payment (HIP) and premium assistance programs effective compared to other states?
3. Are Medicare eligible beneficiaries who are not yet enrolled in Medicare managed effectively?
4. Do all eligible Tricare members have identification cards available only at military bases?
5. Are disabled members eligible for coverage continuation after policy termination managed effectively?
6. Are newborns with automatic access to mandated eligibility coverage managed effectively?

We can help you answer these questions and more. Available services that are part of the advisory assessment include: TPL Action Plan Review, Cost Avoidance, Optimization Study, Denial Management Plan Creation, HIP/ Premium Assistance Program Evaluation, and End-to-end TPL Program Evaluation. For more information, contact Kim Glenn, Principal, kglenn@hms.com, or Donna Price, Principal, donna.price@hms.com, at HMS Advisory Services.