COB on Demand

Coordination of Benefits cost avoidance when you want it.

HMS's COB on Demand service will identify, verify and communicate existing other coverage at the point of enrollment or point of prior authorization, all within 24 hours. COB on Demand moves cost avoidance upstream, reducing the need for pay and chase activities.

Government-sponsored healthcare programs are critical lifelines for their members. The time period following enrollment is often a high utilization period where new recipients seek out necessary health services. Having the ability to identify other coverage for these new recipients at the point of enrollment offers significant advantages to all program stakeholders.

> COB on Demand maximizes the effectiveness of TPL segments.

- Health plans avoid costs that are the responsibility of the third-party payers; and reduce the administrative burden of pay and chase claims.

- Recipients receive improved benefits and continuity of coverage, especially where managed care decisions are in part based on the existence of other coverage.

- Healthcare providers gain earlier access to insurance data, enabling them to realize higher payments from recipients who have access to commercial coverage.
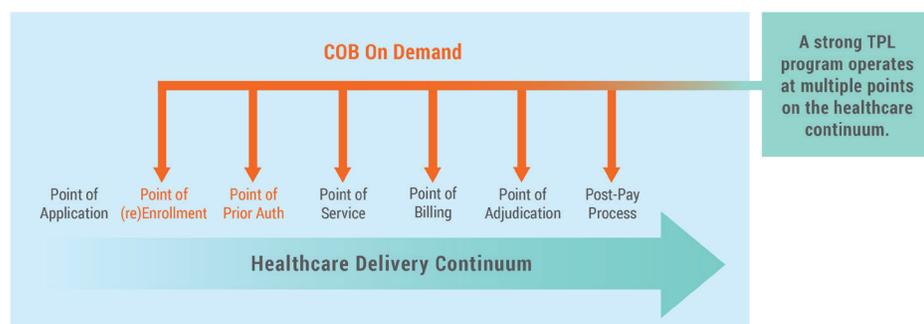
COB on Demand does not replace but enhances existing Coordination of Benefits (COB) efforts. Those identification and verification initiatives remain necessary to capture coverage changes post enrollment.

Applicable Programs

COB on Demand is designed for programs that have secondary payer or payer of last resort status including Medicaid, the Children's Health Insurance Program (CHIP) and AIDS Drug Assistance Program (ADAP).
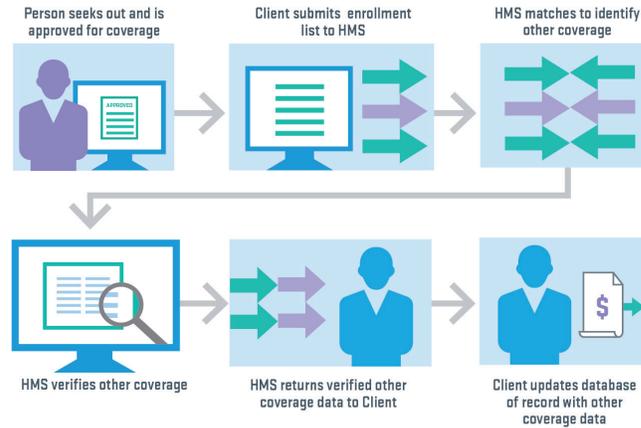
Application and Compliance

- COB on Demand may be delivered through an API connection facilitating interoperability with Medicaid Enterprise Systems and other enrollment and claims management systems. It is also available through a User Interface or rapid batch process.

- COB on Demand is operated in HMS's secure environment that meets or exceeds state and federal healthcare data security standards. HMS is HITRUST certified.

COB On Demand

A strong TPL program operates at multiple points on the healthcare continuum.

| Point of Application | Point of (re)Enrollment | Point of Prior Auth | Point of Service | Point of Billing | Point of Adjudication | Post-Pay Process |

Healthcare Delivery Continuum

Point of Enrollment Process

Person seeks out and is approved for coverage	Client submits enrollment list to HMS	HMS matches to identify other coverage

HMS verifies other coverage	HMS returns verified other coverage data to Client	Client updates database of record with other coverage data

COB at enrollment creates maximum opportunity for savings through cost avoiding claims immediately following a beneficiary's enrollment, where data shows utilization to be at its highest.

Point of Prior Authorization Process

Client receives Prior Authorization Request	Client sends member demographics to HMS	HMS performs TPL identification and verification

FINDINGS		
HMS provides findings to Client	Client denies Prior Authorization request and directs provider to third party	Provider appropriately sends Prior Authorization to third party payer
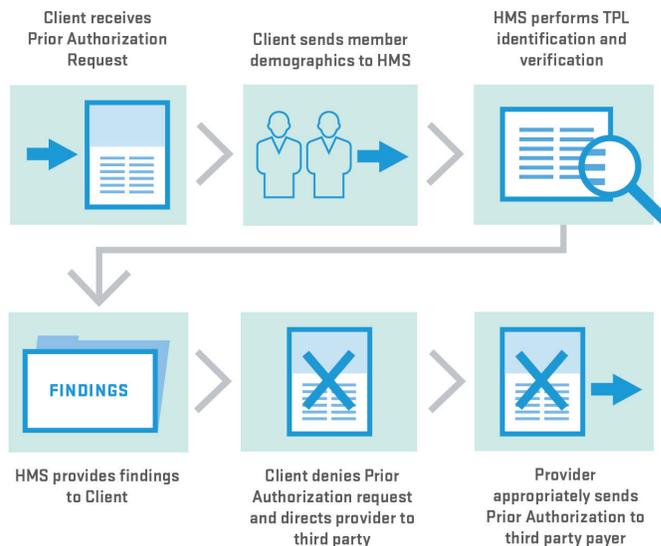
When Prior Authorization requests are received, the examiner is generally looking for appropriateness of service within the plan's limitations, not who should be paying. COB at point of prior authorization identifies the primary payer, regardless of service authorization outcome.

Contact your HMS representative to learn more about COB on Demand.

hms.com

HMS® delivers healthcare technology, analytics, and engagement solutions to help reduce costs, improve health outcomes and enhance member experiences.