



COBManager®

For health plans the most powerful tool for controlling cost is knowledge – especially knowing when member claims should be the responsibility of a third party. By leveraging the most innovative tools, technology and processes available, HMS COBManager® delivers unparalleled insights and information into members' third party health coverage paired with a comprehensive solution to maximize COB-related cost savings.

Avoiding or recouping payment of inappropriate medical, pharmacy, and other claims is a costly challenge for health plans and other payers. The enrollment status of plan members can change frequently, and the coverage they declare initially should be checked at multiple points: during enrollment, re-enrollment, point of care, claim adjudication and post-payment.

Timely and accurate coordination of benefits (COB) enables payers to better coordinate care, maximize cost savings, ensure accurate reimbursements and reduce administrative rework.

Third-party liability is very common, and even the member may not be aware other coverage is in effect at the time of service.

HMS COBManager is designed to give health plans the information they need to determine when another carrier is responsible for member coverage and avoid the cost of inappropriate claims. Timely and accurate coordination of benefits (COB) enables payers to better coordinate care, maximize cost savings, ensure accurate reimbursements and reduce administrative rework.

Building on the knowledge and expertise gained through nearly 40 years of COB services, HMS has

developed COBManager® to offer its gold standard COB services to a wide range of at risk organizations.

Our industry-leading results are due to a combination of expert-level staff, consistent investment in innovation, deployment of leading technologies and unmatched data assets. Payers reap the benefits, including:

- Enables payers to avoid costly pay-and-chase activities through timely identification of other coverage from the point of enrollment and throughout the healthcare lifecycle.
- A comprehensive view of an individual's third-party coverage, thanks to established data use agreements with more than 1,250 payers, Pharmacy Benefit Managers, Administrative Service Organizations, TPAs and other third-party organizations.
- A matching process with a 99.99% accuracy rate to maximize cost and savings opportunities while minimizing rework. This success rate is achieved by leveraging artificial intelligence to continuously improve accuracy and increase positive match rates.



COBManager®

- Partnerships with the provider community. The HMS recovery method incorporates disallowance processes that alert providers to primary insurance and enables them to take advantage of commercial and Medicare rate schedules, while returning valuable dollars back to the Medicaid program.
- Targeting of claims with the greatest likelihood of recovery by using machine learning to enhance claim and carrier workflows. The process analyzes trends by claim type, employer group and procedure code, comparing year over year results.
- Transparent and robust denial management to optimize recoveries.

Unparalleled capability and expertise

More than 300 health plans and 40 Medicaid agencies use our COB solutions; collectively resulting in more than \$1 billion in annual recoveries and \$2 - \$3 billion in cost avoidance every year. We invest millions annually in COB research and development, which has resulted in HMS deploying the industry gold standard for technology and process.

HMS is HITRUST certified, ISO9001 certified, and our operations are compliant with all applicable state and federal requirements.

For more information about HMS COBManager® visit hms.com.

hms.com



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