

COORDINATION OF BENEFITS

Identify instances of other insurance

Industry research shows that as many as 15% of health plan members have other insurance coverage, creating a significant financial impact on a health plan's time, resources, and bottom line. When your claims team and systems lack updated or accurate eligibility information, it can be difficult to ensure claims are paid accurately. At the same time, the process of identifying other insurance, validating coverage status, and recovering incorrectly paid claims can generate substantial administrative costs.

Discovery Health Partners' Coordination of Benefits (COB) solution is designed to work in partnership with your health plan as either a fully outsourced business service or an insourced software solution. With advanced data mining and analytics, we identify recovery opportunities that may have gone undetected. We validate coverage status, recover claims paid in error, and deliver updated eligibility data—all with a proven, holistic approach that maximizes recoveries, drives future cost avoidance, and minimizes abrasion.

With Discovery's COB solution, you can:

- Improve identification of members with the highest probability of other coverage
- Ensure proactive cost avoidance to avoid inaccurate claim payments in the first place
- Create a positive experience with minimal member and provider contact
- Update eligibility data to ensure accuracy today and in the future

Ways we help

- 1. Analytics:** At the cornerstone of COB is our data mining, data modeling, and predictive analytics that help to identify members with the highest potential for other coverage and recovery.
- 2. Expertise:** Our comprehensive understanding of the rules specific to the National Association of Insurance Commissioners (NAIC) guidelines, as well as Medicaid, Medicare, and commercial business, helps us support all lines of business.
- 3. Sensitivity:** Knowing that member experience affects plan satisfaction, we make sure that all COB activities are done with as little member engagement as possible.

Who is it for?

Payment integrity directors and managers and health plan analysts, including at-risk commercial, Medicare Advantage, and Managed Medicaid plans.

What does it do?

Combines the best in COB technology and human expertise to identify, recover, and avoid inaccurate payments—all while ensuring member and provider satisfaction and working in partnership with your team.

How does it work?

With sophisticated data integration, rules-based analytics, predictive analytics, and machine learning, we identify members with the highest probability of other coverage, maximize recoveries, and avoid inaccurate payments.



Improved identification

The first step in COB is identifying members with the highest probability of other coverage. Our rules-based predictive analytics and machine learning analyze multiple factors like age, demographics, and disease categories to more accurately pinpoint instances of other coverage.

Proactive cost avoidance

To help you avoid inaccurate payments in the first place, our sophisticated data integration and analytics capabilities quickly and accurately identify claims that are not your plan's responsibility—and resolve the issue *before* you pay.

Positive experience

Member and provider satisfaction is important, so we obtain as much information as possible without engaging the provider or member. When we do, it's done in a sensitive, efficient, and friendly way.

Updated eligibility data

Cost avoidance begins with accurate and updated eligibility data. With that data, we facilitate recoveries and ensure payments are made accurately today and in the future.

Partnership approach

We work in partnership with your in-house COB team, providing the technology and expertise that complements your team's work.

Proven results

Five of the nation's top ten health plans trust Discovery Health Partners for their COB efforts, and we have delivered over \$500 million in financial value to health plan clients to date.

Contact us today for more information about how Discovery Health Partners can improve your COB recoveries and cost avoidance.

Results

A regional health plan with 207,000 members engaged with Discovery to improve their payment integrity and cost containment performance. Over a two-year period, this resulted in:

- \$5.7 million in COB recoveries
- \$19.5 million combined recoveries using Discovery's COB, Subrogation, and Medicare Secondary Payer Validation solutions

