Conduent Healthcare Payer Solutions

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Successful COB Starts with Good Data

Mapping the Path to Success





Start here

For healthcare payers, identifying alternate commercial coverages has always been a challenge, sometimes resulting in millions of recovery dollars being left on the table. From letter campaigns to internal data-match efforts, most in-house Coordination of Benefits (COB) programs fail to identify all the other insurance coverages their members may have. While successful COB solutions require up-front investment, they can ultimately save payers significant dollars by moving from a “pay and chase” approach to an approach that employs targeted, real-time member insurance matching.

In this short eBook, we look at the roadblocks payers face when tackling COB and examine the critical role data plays in a program’s success or failure.

What are the roadblocks to COB success?

Not casting a wide enough net

Focusing on a limited set of higher dollar recovery opportunities while ignoring potentially higher volume, lower dollar claims

Insufficient data validation

Trusting that the data sources used are timely and accurate and provide validated determination decisions from third-party data

Picking just the low-hanging fruit

Relying solely on costly pay and chase approaches while ignoring cost avoidance efforts that could result in greater ROI

Limited data sources

Relying on a limited number of member data sources for other health insurance information

The path to success is paved in data

Poor member data = Poor recovery success

Coordination of Benefits is only as successful as the data used to locate and validate other responsible payers.

Insurers that solely rely on a single dataset severely limit their ability to identify additional COB opportunities. That's why it's critical to continue exploring and expanding member datasets to maximize benefit coordination opportunities, including:

1. CAQH data
2. CMS and state Medicaid data
3. Various third-party data sources

On the following pages, we examine the pros and cons of each data type.



While CAQH data is helpful, it's important that payers understand how to use it to their most strategic advantage. This includes finding the best ways to validate the findings within "determined" files and also improving determination decisions by working with the "undetermined" files. Undetermined files often comprise 70% of all records returned, so digging deep on those can help maximize health plans' recovery potential while promoting future cost avoidance (a win-win!).

A look at member data types

1. CAQH data

Many payers are part of the CAQH COB initiative, which strives to streamline the determinations of other health insurance coverages.

Pros

- CAQH is a comprehensive data set including membership information for members of 45 of the nation's largest health plans.
- It delivers files with determined other insurance records and undetermined files which required further plan investigation.

Cons

- Data accuracy and timeliness is dependent on participating plans.
- It's costly to access and support, requiring IT resources to build integrations, and a process to receive and share member information.
- The majority of member records are often returned as "undetermined," requiring health plan to investigate these records to finalize determination decisions.
- More robust and comprehensive member insurance datasets are now available.

2. CMS and state Medicaid data

These are national and state data sets that help identify primary payers.

Pros

- Provides comprehensive data sets of members with Medicare or Medicaid coverage.
- There is no cost to access data files but IT resources are needed to automate routine updates.

Cons

- State Medicaid data is often inaccurate and is in constant flux due to monthly enrollment changes. (Note: Medicaid data accuracy improved during COVID due to the suspension of coverage determinations until late 2021.)
- Because they rely on eligibility data and payers' internal data-match abilities, records can be incomplete. States manage Medicaid data uniquely, and data doesn't always cross state lines in a clean manner.
- For national Medicare data, obtaining exact employment information is critical in determining when Medicare assumes a primary payment. This is especially critical when retirement is triggered by a medical event, which results in a touch-intensive process for payers validating Medicare data details. Vendors using CMS data-match rely on static data, requiring back-end validation and investigation.

3. Various third-party data sources

Health plans often rely on other data sources to help with identification of coverages — a process that can be extremely cumbersome yielding limited usable information.

Pros

- Leveraging multiple, varied data sources such as employment status, and dependent Social Security Number and other financial records is a more effective way to spot indicators of other coverage.
- It reduces the need for member questionnaires seeking other health insurance information.

Cons

- It's often cost prohibitive for a single health plan to access a wide variety of third-party data sources.
- Health plans often lack the IT resources necessary to automate third-party data source integrations.

How do you get there?

Automate discovery and analysis to minimize member friction

The key to a successful COB program is to automate access to a wide variety of data sources. This will help your organization more quickly and efficiently uncover potential other coverage situations. A variety of new data sources are now available to help flag other health insurance and AI and Machine Learning technologies are also being used to improve matching efforts and enhance recovery results. These technologies are allowing health plans to make other coverage determinations earlier in their member relationships, helping them avoid upfront costs more frequently — and conserve time and resources spent recovering overpayments.

Now is a great time to evaluate your COB efforts to ensure you're taking advantage of the latest resources and solutions available that can help you recover incorrectly paid claims and avoid paying altogether when another health coverage is primary.



Conduent — your partner on the journey

For more than 34 years, Conduent has been delivering COB solutions to the nation+'s health plans. We access a variety of rich data sources and apply our propriety algorithms to enhance health plan identification of other health insurance. Once identified, our flexible service model allows us to adapt our capabilities to your needs, supporting primary or secondary COB needs or simply mining your member data to identify other insurance opportunities to investigate. Learn more on our **website** or download our **overview sheet**.

About Conduent

Conduent delivers mission-critical services and solutions on behalf of businesses and governments — creating exceptional outcomes for its clients and the millions of people who count on them. Through process, technology and our diverse and dedicated associates, Conduent solutions and services automate workflows, improve efficiencies, reduce costs and enable revenue growth. It's why most Fortune 100 companies and over 500 government entities depend on Conduent every day to manage their essential interactions and move their operations forward.

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