

COB solution evaluation checklist

Every health plan needs an effective process for determining coordination of benefits. Use this checklist to compare COB Smart to your current process or any other solutions you are evaluating to determine the best option for your plan.

	COB Smart	Other Solution	In-House
Where does the data come from?			
Other health plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indirect sources (e.g. claims history, billing records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third party vendors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you receive data updates?			
Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less frequently or on an ad-hoc basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent on member response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When do you receive the data?			
Prospectively, before a claim comes in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retrospectively, after a claim is paid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How is the solution billed?			
Fixed annual cost per member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission/fees are tied to recovery dollars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional fees related to identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	COB Smart	Other Solution	In-House
What is the focus of the solution?			
Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the impact on your staff?			
Increase efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bring high value claims in-house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve job satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No impact to staff experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the impact on your members?			
Requires outreach to members (e.g. letters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires member follow up (e.g. returning letters, calling customer service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduces/eliminates member outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduces/eliminates member follow up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No impact to member experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expected annual cost per member (including fixed and variable fees)	\$ _____	\$ _____	\$ _____
Expected annual savings	\$ _____	\$ _____	\$ _____