CAQH Solutions | COB SMART®

Accurate Benefits Coordination.

Eliminating Healthcare's $800 Million Challenge.

Coordination of Benefits (COB) has been a persistent challenge for the healthcare industry, resulting in delayed and inaccurate payments, appeals and significant recovery activities and expenses.

Introducing COB Smart®, a forward-thinking solution that enables health plans and providers to correctly identify which members have benefits that should be coordinated. This way, corresponding claims are processed correctly the first time.

COB Smart helps clearinghouses deliver coordination of benefits information that can easily be incorporated into a standard 271 eligibility response. The solution features an information registry that correctly identifies the patients with multiple sources of coverage, so that corresponding claims can be handled correctly the first time. COB Smart is available to clearinghouses at no charge.

- **Informative.** Identifies new or previously unknown instances of overlapping coverage to determine which health plan should pay first.

- **Cost-Effective.** Reduces administrative costs and complex workflows associated with identifying and determining coverage.

- **Smart.** Features a built-in primacy rules engine to determine the correct order of benefits.

- **Secure.** Contains strong industry standard administrative, technical and physical safeguards to maintain patient privacy and comply with HIPAA and patient privacy requirements.

- **Collaborative**. Designed for industry-wide participation. Health plans directly contribute member information to a secure registry. The more health plans and clearinghouses participate, the better the COB outcome.

How COB Smart works

Participating health plans supply information to the registry each week, where it is compared with data from other health plans to identify patients with more than one plan. National Association of Insurance Commissioners' (NAIC) rules are applied to determine the correct order of primacy for benefit coverage. Relevant coverage information is then shared with each participating health plan that insures the member and is also accessible to providers so they can route claims correctly. For providers this information will be contained in a 271 response segment specific to COB information.

Why use COB Smart?

The COB Smart registry contains coverage information for 160 million patients and securely handles more than 20 million medical claims clearinghouse on-demand inquiries per month. It enables clearinghouses to provide a value-added service to providers at no additional cost. Timely, automated COB information increases efficiency and helps reduce:

- Administrative costs.
- Inaccurate payments.
- Provider call volumes.
- Claim rework.
- Dependency on overpayment and recovery vendors.

COB Smart Benefits for Medical Claims Clearinghouses

- Provides access to the most complete source of information on multiple coverage to determine primacy, streamlining investigative processes.

- Saves money by reducing unnecessary, duplicative or delayed processing of healthcare claims.

- Helps improve provider service by offering them the most complete coverage information available to expedite eligibility and claims processes.

- Integrates with existing tools and workflow processes to confirm a patient's eligibility, helping to increase payment accuracy, improve cash flow and reduce accounts receivable balances.

- Simplifies administrative processes with less paperwork for a direct, positive impact on providers and patients.

Learn more.

Reduce the challenges and costs associated with coordination of benefits. Get started by emailing **sales@caqh.org** or visit **cobsmart.org** to learn more.

Inefficiencies in benefits coordination cost the healthcare industry more than $800 million annually, creating unnecessary difficulties for providers and patients. (CAQH, 2014)