



Ensuring that claims are paid...  
By the correct health plan  
For the correct member  
On the correct terms

Coordination of Benefits (COB) challenges result in delayed and inaccurate payments, heightened administrative expenses, increased appeals, and costly recovery activities.

COB Smart enables health plans to identify which of their members have other coverage so that benefits can be coordinated and claims can be processed and paid by the appropriate party the first time.

COB Smart assists health plans in meeting KPIs for Payment Integrity:

- **Informative.** Identifies new or previously unknown instances of overlapping coverage that cannot be identified through legacy means (canvassing letters, retrospective vendor analysis) to determine which health plan should pay first.
- **Cost-Effective.** Reduces the administrative costs and complex workflows associated with identifying and determining overlapping coverage.
- **Rule Based.** Features a built-in NAIC based primacy rules engine to determine the correct order of benefits for claims processing.
- **Secure.** Applies industry standard administrative, technical and physical safeguards comply with HIPAA and patient privacy requirements. COB Smart is a HITRUST certified solution.

- **Collaborative.** More than 30 regional and national health plans directly contribute member information on a weekly basis to a secure registry. The more health plans that participate, the better the outcome for all commercial and government-based payers across the country.

Inefficiencies in benefits coordination cost plans and providers more than \$800 million annually, (CAQH, 2014).

#### 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 members with overlapping benefits. 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 for integration into their existing operational workflows and processes. Providers may also access COB Smart information so they can route claims to responsible health plans correctly.

## COB Smart Benefits for Health Plans and Providers

- **Offers the only national coverage database that is supplied and maintained directly from health plan data on a weekly basis.**
- **Delivers access to the most complete source of information on multiple benefits coverage to determine primacy**, streamlining investigative processes. Displays COB information in machine readable and web-based formats for easy integration into multiple portions of the health plan operational workflow.
- **Saves health plans money** by reducing the costs associated with member canvassing for other coverage, claims denials, resubmissions and recovery.
- **Helps improve customer service** by offering healthcare providers the most complete coverage information available on their members to expedite eligibility and claims processes.
- **Integrates with existing health plan systems** to automate and streamline COB information exchange.
- **Simplifies administrative processes** with less paperwork for a direct, positive impact on providers and patients.

## Right solution. Right Now.

- Health Plans
  - Commercial and Managed Medicare and Medicaid plans can benefit from using COB Smart.
- State Sponsored Programs
- Clearinghouses (to expose COB data to provider customers on behalf of their patient satisfaction measures).

### Learn more.

Contact [sales@caqh.org](mailto:sales@caqh.org) to learn how COB Smart can benefit your organization. For more information, please visit [www.cobsmart.org](http://www.cobsmart.org)

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All reporting health plans have measured sustained or improved ROI year-over-year from using COB Smart.

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## Why use COB Smart?

COB Smart streamlines benefit coordination for health plans, providers and patients to reduce:

- Administrative costs
- Inaccurate payments
- Member and provider call volumes
- Claims adjudication rework
- Dependency on overpayment and recovery vendors

