

SALES GUIDE

HMS' COB Prospective Solution Suite

Comprehensive. Compliant. Configurable.

November 2021



gainwell

HMS' COB Prospective Solution Suite

Provides a comprehensive, compliant and configurable COB solution

2 Introduction

3 Level setting

4 Approach plan

5 Partners & roles

6 Wins & competition

7 FAQs

8 Probing questions

9 Probing questions
(cont.)

10 Buying factors

11 More good stuff

12 SFDC ballpark pricing

➤ HMS' COB prospective solution suite includes:

HMS' COB prospective solution suite provides a comprehensive, compliant and configurable COB solution resolving industry challenges, by applying extensive industry expertise combined the flexibility for healthcare organizations to utilize one or all features that complement their strategy best.

Our suite includes the following offerings:

- CAV match & delivery
- On-demand technology
- COB data management
- COB revalidation
- Call center support
- Self-service portal
- Performance analytics

➤ WHY HMS?

- **Operational Excellence:** Operationally sound; No COI: eligibility platform and carrier agnostic
- **Dedicated Product Expert:** With industry expertise and dedicated product expert at your side, clients are provided an end-to-end operational oversight and help with understanding their COB data, allowing clients to be empowered to take their prospective programs to the next level, resulting in improving effectiveness, improved data quality and cost savings.
- **Quality Assurance:** High quality, secure and compliant; meets/exceeds all state and federal regulatory compliance, minimally disruptive to stakeholders and produces high quality data by removing invalid COB sources

➤ Value Proposition

HMS' COB prospective solution suite is comprehensive, compliant and configurable enabling healthcare organizations to drive effective usage of COB data, resulting in minimized consumer and provider abrasion, alleviated administrative burden and an improved reduction in claim spend.

➤ Elevator pitch:

Healthcare organizations struggle with the effort it takes to manage multiple sources of COB data across the healthcare continuum and are frustrated with the disjointed solutions they have in place to manage their COB efforts. HMS' COB prospective solution suite is the answer organizations like yours have been looking for; a comprehensive, end-to-end prospective solution that provides features and functionality that is focused on speed to delivery, data quality and accuracy and actionable insights combined with market expertise, maximizing cost avoidance (CAV) utilization. With our COB prospective solution suite, you can spend less time and save more money. I would like to set up a call to discuss how our features can help your organization (Get contact info). Thanks for your time.

THE LANDSCAPE

17%

Growth in Medicaid membership (since February 2020)*

\$600-
\$900

The average range a client saves per member per year (PMPY) for each policy delivered

8%

Average percent of health plan members who have other medical insurance**

TOP PRIORITIES FOR PLANS

- Remaining compliant with state COB requirements
- Managing multiple sources of COB data
- Maximizing COB savings with timely, accurate and comprehensive COB data
- Minimizing risk of provider and member abrasion

Differentiators and Client Outcomes

Near real-time coverage data

Near real-time coverage information for new enrollees, prior authorizations and high-cost members ensures timeliness and speed to delivery of COB data so plans can avoid costs as early as day one.

Comprehensive COB solution

Most comprehensive, single source of actionable COB data on market with end-to-end operational oversight removes administrative burden associated with managing COB data from multiple vendors.

Actionable Insights

Provides enhanced business intelligence, best practices, benchmarking and subject matter experts to manage COB health and optimize the effectiveness and overall value of a payer's COB program increasing the visibility to identify and close gaps, and increase savings.

ADD ON OPPORTUNITIES

The features below can be included as add on opportunities based on client's needs.

- **CAV match & delivery** - Ensures accurate identification of other coverage and gives customers detailed policy information required to proactively prevent payment of member claims for which another party is liable. This is a foundational feature of the prospective suite and is required before being able to implement the other available features.
- **On-demand technology** - Real-time coverage information for new enrollees, prior authorizations and high-cost members.
- **COB data management** - Alleviates poor data quality and downstream issues by utilizing a comprehensive, single source of truth comprised of all COB sources.
- **COB revalidation** - Revalidation of all or a select population of COB segments every six months. Updates to revalidated policies are delivered in client's CAV deliverable.
- **Call center support** - Call center support for ad-hoc queries by admin staff, providers and billers providing near real-time results, getting members access to the care they need.
- **Self-service portal** - Self-service portal to submit ad-hoc requests for new or existing insurance information to be verified and updated.
- **Performance analytics** - Delivers performance metrics, providing enhanced visibility into the health of the prospective COB program.

*<https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/may-2021-medicaid-chip-enrollment-trend-snapshot.pdf>

**Based off HMS health plan client data in Tableau report- "102. Individual Coverage Count - Client, Program, Month - All Metrics". October 2020- September 2021. Excluding outliers.

2 Introduction

3 Level setting

4 Approach plan

5 Partners & roles

6 Wins & competition

7 FAQs

8 Probing questions

9 Probing questions
(cont.)

10 Buying factors

11 More good stuff

12 SFDC ballpark pricing

CONVERSATION STARTERS

Client Upsell

- How often is your organization currently receiving CAV?
- Does your organization have another COB vendor?
- Does your organization receive sources of unverified COB? If so, what do you currently do with this information?
- Does your organization's capitation payment vary based on other COB being present?
- Is there any additional reporting that your organization requires or would prefer beyond the current CAV reporting that we currently provide?
- How large is your organization's COB staff?
- Does your organization intake calls related to COB from members or providers?
- What are your organization's current pain points or needs?
- Is your organization up-to-date on the state requirements surrounding COB?

Net New Prospects

- Are there any other Gainwell/HMS products that your organization has outside of CAV?
- Does your organization have another COB vendor?
- Is your organization performing COB activities in-house currently?
- Does your organization receive sources of unverified COB? If so, what do you currently do with this information?
- Does your organization's capitation payment vary based on other COB being present?
- What visibility does your organization have into its COB data?

- How large is your organization's COB staff?
- Does your organization intake calls related to COB from members or providers?
- What are your organization's current pain points or needs?
- Is your organization up-to-date on the state requirements surrounding COB?

Certifications

- None

Key messages:

(Call out specific CMS regulations/ guidelines these services are addressing)

- State's are required to take all reasonable measures to ascertain the legal liability of third parties to pay for care and services available under the plan (Sec. 1902(a)(25) of the Social Security Act, 42 CFR 433 Subpart D).

Questions from the client

- Please reference slide 7

Need help with your approach?

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2 Introduction

3 Level setting

4 Approach plan

5 Partners & roles

6 Wins & competition

7 FAQs

8 Probing questions

9 Probing questions (cont.)

10 Buying factors

11 More good stuff

12 SFDC ballpark pricing

➤ PARTNERS

- None

➤ COTS TOOLS

- On-demand user-interface

➤ KEY ROLES

- CEO
- CFO
- COO
- Chief Medical Officer
- Chief Compliance Officer
- VP, Director, Manager, Supervisor, Specialist – Claims
- VP, Director, Manager, Supervisor, Specialist – Enrollment, Billing & Payment Operations
- VP, Director, Manager, Supervisor, Specialist – Health Plan Operations
- VP, Director, Manager, Supervisor, Specialist – Finance/Financial Planning
- VP, Director, Manager, Supervisor, Specialist – Governance/Risk/Compliance
- VP, Director, Manager, Supervisor, Specialist – Claims/Claims Processing
- VP, Director, Manager, Supervisor, Specialist – Data & Analytics
- VP, Director, Manager, Supervisor, Specialist – Transformation
- VP, Director, Manager, Supervisor, Specialist – Business IT Research & Development
- VP, Director, Manager, Supervisor, Specialist – Quality Improvement
- VP, Director, Manager, Supervisor, Specialist – COB

KEY HIGHLIGHTS

- Comprehensive suite of COB prospective services offering full access to all features or the ability to utilize specific features to best fit your organization's needs
- Verified COB information from all lead sources, when you want it, at any point of the healthcare continuum
- Increased savings and decreased risk of provider and member abrasion with timely and accurate COB data
- Advanced analytics and end-to-end operational oversight resulting in increased transparency, quality control and communication

Competitor	Company-level comparison
Name	Biggest threat to HMS Include Fears, Uncertainties and Doubts
Optum	<ul style="list-style-type: none"> • Integrates core COB functionality with portfolio of complementary products (CM, PHM, propensity to pay analytics) • Payer focused COB and provider focused RCM solutions support real-time eligibility determinations • COB is a small portion of broader payment accuracy portfolio
CAQH	<ul style="list-style-type: none"> • Positioned as low-cost COB enabler, compromising quality for price • Expanding scope of data with addition of pharmacy claims • Limited solution scope –focused on identifying other coverage
Change Healthcare	<ul style="list-style-type: none"> • Starting second-pass direct bill for UHC 2Q21 • 92% of top U.S. health plans use Change Healthcare • Offers recurring Medicaid eligibility solutions to MA plan
Performant	<ul style="list-style-type: none"> • Enhancing healthcare talent pool to accelerate product innovation • Posting 100% to AR and meeting all financial requirements for UHC • Messaging focused on transparent reporting and proprietary analytics

What is the Impact to HMS?

- Fierce competition in Medicaid as competitors seek to further penetrate market
- Competitors targeting “underserved” mid sized plans to gain market inroads
- Focus on HMS COB talent retention
- Increased threat of disintermediation by competitors (e.g. Performant -Aetna)
- Continued need to outperform competition
- Competitors capitalizing on perceived quality positioning to win new business (e.g. Performant UnitedHealthcare)
- Clients want more insights into HMS’ processes, specifically A/R posting
- Potential erosion of identification and billing/recovery business as competitors enhance solutions and leverage price to drive adoption
- Employ a tiered pricing approach; expand pricing optionality
- Pressure on COB business as competitors leverage enterprise relationships and capabilities to enhance market positioning
- Determine potential product enhancements related to HMS Gainwell combination
- Revisit patient access play integrating engagement into COB workflow
- Determine how to leverage Gainwell capabilities to strengthen our offering

2 Introduction

3 Level setting

4 Approach plan

5 Partners & roles

6 Wins & competition

7 FAQs

8 Probing questions

9 Probing questions
(cont.)

10 Buying factors

11 More good stuff

12 SFDC ballpark pricing

➤ COMMONLY ASKED SALES QUESTIONS:

Q: Do you deliver daily COB updates?

A: The on-demand technology feature of HMS' COB prospective solution suite can deliver daily results either through batch files, an API or a user interface (UI). The batch update provides results within 24 hours or less and the API and UI provide results in 25 seconds or less.

Q: What type of reporting do you offer so I have transparency into my COB program?

A: HMS' COB Prospective Solution Suite's advanced analytics and business intelligence provides reporting to ensure our clients are maximizing the value of their COB program.

Q: Can HMS intake COB data from other sources?

A: HMS can intake any source of COB data that a payer receives and verify it before loading into the client's eligibility platform. This includes data from the state, another vendor, or a provider and it can be processed via a routine batch load or on an ad-hoc basis through one of our self-service portals.

Q: What pricing models are available for your COB prospective solution suite?

A: HMS recommends a per member per month (PMPM) fee structure which structure provides consistent and predictable invoices to align with budgeted annual COB expenses. But we can work with you to determine the fee structure that best fits your organization.

Q: How does HMS ensure that aged COB loaded in the MES/MMIS is still accurate?

A: The COB revalidation feature reviews an organizations known other health insurance (OHI) file each month and queues up any policy that has not been verified within the last 6 months. These policies are verified and the verified information is seamlessly integrated into the MMIS/MES. Our self-service portals are also another way that organizations or their provider networks can report outdated policy information to have it verified and updated.

➤ TOUGH TO ANSWER SALES QUESTIONS:

Q: Is your solution customizable?

A: Our solution is configurable and during implementation we will work closely with your organization to define specific business rules to deliver the results that you need.

Q: Why is your pricing higher than other COB solutions?

A1: Quality- HMS verifies 100% of the coverages we deliver, a capability not every other vendor uses, ensuring the highest quality.

A2: Comprehensiveness- HMS has a vast wealth of carrier data with our robust national eligibility data platform (NEDP) that allows us to maximize cover identification across all coverage types (major and minor), delivering whole person coverage identification.

A3: Speed to delivery- HMS delivers information in a timely manner in a standardized format.

➤ QUESTIONS TO ASK THE PROSPECT WITH GUIDED RESPONSES:

Q1: What is your biggest challenge managing CAV today?

R1: HMS can assist with many prepayment challenges payers face. To help the industry improve timely access to high quality COB data, and enhance visibility into the performance and effectiveness of your COB program, HMS has developed our elite COB solution offering, HMS' COB prospective solution suite.

Q2: What pressure, if any, do you receive from the state regarding your COB practices/performance?

R2: HMS increasingly sees that state Medicaid programs are upping their oversight and reporting requirements related to both prepayment and post payment COB efforts. Our COB prospective solution suite offers the additional resources necessary to support reporting requirements associated with prepayment COB.

Q3: What resources/FTEs do you dedicate to CAV and how do they ensure best practices and compliance with changing regulations?

R3: A key differentiator of our COB prospective solution suite is the dedicated product expert, responsible for the success of a payer's prospective COB program.

Q4: What other sources of other health insurance (OHI) do you receive (state, other vendors, etc.) and how do you prioritize conflicting information?

R4: As one of the only COB vendors in the industry that validates OHI before sending to payers, it is not uncommon for payers to receive invalid OHI information from non-HMS feeds, causing increased administrative burden and reducing the data integrity of OHI loaded in your MES. In addition, invalid information loaded into a MES can prohibit accurate information from being ingested, depending on an MES' capability to load multiple OHI records for a member. Our COB prospective solution suite addresses all of these challenges by 1) reviewing all OHI records from other sources and only sends validated OHI to the payer to load and 2) reviewing conflicting information for a given member, ensuring the correct one is loaded.

Q5: How do you currently load OHI (manual, automated) and do you have any challenges with that?

R5: As volume of OHI increases with membership growth or integration of other OHI sources, administrative burden is placed on payers to quickly load this information. If loading manually, that causes increased time to load and potential missed opportunity to cost avoid claims. If automated, it requires someone to be responsible for monitoring the success of each batch load and working any errors that might result. HMS' COB Prospective Solution Suite supports both methods through the dedicated product expert, providing load or monitoring support to ensure all OHI information is making it into a payers MES in a time fashion.

Q6: Are you ensuring all the CAV policies loaded into your system are accurate and complete? If so, how is it addressed?

R6: To reduce stakeholder abrasion by ensuring OHI information is accurate following the load to MES, the COB prospective solution suite includes an automated revalidation process that reviews all OHI policies loaded in a client's MES every six months. Any updates (changes, terms) are delivered in the regular COB prospective solution suite deliverable for seamless management of aging OHI.

Q7: What mechanism do you have to verify OHI information leads?

R7: An added feature of the COB prospective solution suite is the eValidate/eReferral, a secure only portal that allows payer representatives to revalidate policies and submit OHI leads for validation.

Q8: Do you revisit aged COB loaded in the MES to ensure it is still accurate (even for members that may no longer be Medicaid eligible)?

R8: The COB prospective solution suite includes an automated revalidation process that reviews all OHI policies loaded in a client's MES every six months and includes updates (changes, terms) in the regular COB prospective solution suite deliverable for seamless management of aging OHI.

Q9: How do you know your downstream vendors are utilizing the CAV policies you receive? Do you monitor paid claims for members with OHI on file?

R9: Through HMS' COB prospective solution suite business intelligence, HMS is able to monitor the loading and usage of OHI by downstream vendors through the review of paid claims for members with an OHI policy on file.

2 Introduction

3 Level setting

4 Approach plan

5 Partners & roles

6 Wins & competition

7 FAQs

8 Probing questions

9 Probing questions
(cont.)

10 Buying factors

11 More good stuff

12 SFDC ballpark pricing

➤ QUESTIONS TO ASK THE PROSPECT WITH GUIDED RESPONSES (Continued):

Q10: How do you know you are maximizing the value of the CAV policies you receive?

R10: HMS' COB prospective solution suite's advanced analytics and business intelligence provides reporting to ensure our clients are maximizing the value of their COB program.

Q11: Is variability in the expense month-over-month a concern for your organization?

R11: HMS' COB prospective solution suite PMPM fee structure provides consistent and predictable invoices to align with budgeted annual COB expenses.

2 Introduction

3 Level setting

4 Approach plan

5 Partners & roles

6 Wins & competition

7 FAQs

8 Probing questions

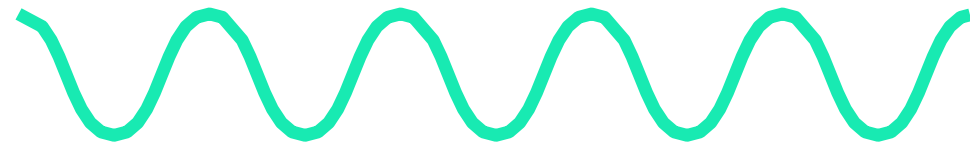
9 Probing questions
(cont.)

10 Buying factors

11 More good stuff

12 SFDC ballpark pricing

Need	What clients want	What are the key buying factors when choosing a vendor?
Price	Affordable pricing with a high ROI, predictable budgets	<ul style="list-style-type: none"> • ROI • How the price and scope compares to competitors
Quality	Measurable results – ROI, improved outcomes and scores, compliance and efficiency	<ul style="list-style-type: none"> • High standard quality assurance • Eliminate potential compliance and abrasion concerns • Timely issue resolution, allowing members to receive access to care and providers to bill
Accuracy	Accuracy in output of data	<ul style="list-style-type: none"> • Accurate COB data available at any point in the healthcare continuum • Near real-time access to other health insurance information
Configurability	Modularity / interoperability / integration with existing COB solutions	<ul style="list-style-type: none"> • Configurable to client requirements • Compliance with state COB requirements • Comprehensive delivery models



2 Introduction

3 Level setting

4 Approach plan

5 Partners & roles

6 Wins & competition

7 FAQs

8 Probing questions

9 probing questions
(cont.)

10 Buying factors

11 More good stuff

12 SFDC ballpark pricing

➤ TYPICAL IMPLEMENTATION TIMELINE

- **CAV Match & Delivery** – 90 days after receipt and acceptance files
- **On-Demand Technology** – 75 days after receipt and acceptance of clean data
- **COB Data Management** – 90 days after receipt and acceptance of files. If a client has more than 3 other TPL Source Files, this could extend the implementation timeline by 60-90 days for each COB source
- **COB Revalidation** – 30 days upon confirmed load of resource file
- **Call Center Support** – 45-60 days following receipt of MMIS access
- **Provider Portal** – 90 days after receipt and acceptance of files for new CAV clients; 45-60 days for existing CAV clients
- **Performance Analytics** – 90 days from CAV match & delivery go-live

➤ SFDC BALLPARK PRICING

- Review slide 12 for SFDC pricing

➤ Key Links:

- [HMS.com](#)
- [Offering Training on MyLearning](#)

Available Resources

- [Pitch Deck](#)
- [Repackaging Sales Training](#)
- [COB Prospective Solution Overview Info Sheet](#)
- [Info Sheet: CAV Match & Delivery](#)
- [Info Sheet: COB on Demand](#)
- [Info Sheet: COB Data Management](#)
- [Info Sheet: COB Revalidation](#)
- [Info Sheet: Self-service Portal](#)
- [Info Sheet: Call Center Support](#)
- [Info Sheet: Performance Analytics](#)
- [Info Sheet: FAQ](#)

➤ SALES MOTIONS

- Sales will come from a RFP or targeted sales from the Sales and Account teams

➤ OBJECTION HANDLING

Objection: There are other companies that do what HMS' COB prospective solution suite does.

Response: HMS' is backed by over 40 years of industry expertise and we have the resources and features to provide all activities in a COB lifecycle

Objection: I already have vendor that can do this.

Response: Vendors without comprehensive COB engagements and proven results have a history of failure and opportunity cost.

Objection: My vendor states they offer a comprehensive prospective COB solution.

Response: Many vendors only offer partial or niche solutions, requiring you to stack vendors and piece together multiple solutions.

Objection: Other companies claim to have refined COB data.

Response: Our competitors use our COB services making HMS the unequivocal industry leader.



2 Introduction	3 Level setting	4 Approach plan	5 Partners & roles	6 Wins & competition	7 FAQs	8 Probing questions
9 Probing questions (cont.)	10 Buying factors	11 More good stuff	12 SFDC ballpark pricing			

Feature PMPM SFDC Ballpark Pricing Thresholds*

Health Plan	Size
Small	150K–300K
Medium	301K–700K
Large	701K+

Health Plan	Small	Medium	Large	Preferred Margin
Total	\$ 0.49	\$ 0.37	\$ 0.29	90%
CAV- Major	\$ 0.23	\$ 0.19	\$ 0.15	85%
CAV-Minor	\$ 0.07	\$ 0.04	\$ 0.04	98%
COB on Demand	\$ 0.08	\$ 0.05	\$ 0.02	98%
TPR	\$ 0.03	\$ 0.03	\$ 0.03	95%
Portal	\$ 0.01	\$ 0.01	\$ 0.01	98%
COB Data Management	\$ 0.04	\$ 0.03	\$ 0.02	85%
COB Revalidation	\$ 0.02	\$ 0.01	\$ 0.01	85%
Performance Analytics	\$ 0.01	\$ 0.01	\$ 0.01	85%

*Thresholds are the minimum allowable price