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HMS Urges Healthcare Reform Measures to Manage Costs, Target Resources, Fight Fraud

Cost Management Provider for Government Programs Outlines Ways to Lower Costs and Expand Health Coverage for More Americans

NEW YORK, NY AND WASHINGTON, D.C., June 24, 2009 – [HMS](#), the nation’s leader in cost management services for government health and human services programs, today released recommendations to Congress for reducing healthcare costs while expanding coverage under [Medicaid](#), the [Children’s Health Insurance Program](#) (CHIP), and other government programs.

“In an era of scarce resources and increasing public debt, it is critical for policymakers to identify ways to manage costs and target resources for sustainable healthcare expansion,” says [HMS CEO Bill Lucia](#). “With nearly 30 years of experience helping government healthcare programs on cost containment and program integrity initiatives, HMS has identified immediate steps that policymakers can take to achieve a healthcare system that works for providers, taxpayers, and Americans in need.”

HMS’s recommendations, outlined in the recent “Cost-Saving Solutions for Healthcare Reform” whitepaper, can be implemented quickly using existing programs and agencies, without imposing additional burdens on providers or taxpayers. These steps include:

- Verifying that only eligible people are enrolled in government healthcare programs;
- Ensuring that the government is the payor of last resort when people enrolled in Medicaid, CHIP, and other programs also have private insurance coverage; and
- Providing state agencies additional authority and tools to fight fraud, waste, and abuse.

The whitepaper also presents case studies on the Massachusetts Commonwealth Connector and New Jersey Charity Care programs, which have successfully adopted many of HMS’s approaches to effectively control costs and manage resources. “Cost-Saving Solutions for Healthcare Reform” is available online at <http://www.hms.com>.

About HMS (NASDAQ:HMSY)

HMS is the leader in coordination of benefits and program integrity services for government healthcare programs. The company’s clients include health and human services programs in more than 40 states, 100 Medicaid managed care plans, the Centers for Medicare and Medicaid Services (CMS), and Veterans Administration facilities. HMS helps ensure that healthcare claims are paid correctly and by the responsible party. As a result of the company’s services, government healthcare programs recover over \$1 billion annually, and avoid billions of dollars more in erroneous payments.

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