



# Coverage on Demand

Patient coverage information available when you want it.

**Facilitate higher reimbursements, reduce administrative costs and improve the patient experience with HMS' Coverage on Demand.**

**Coverage on Demand's advanced matching logic, algorithms, and validation processes accurately identify members with other coverage.**

HMS' Coverage on Demand will verify and communicate other primary coverage for Medicaid members at the point

of admissions, point of authorization or point of billing; ensuring providers bill correctly the first time. This innovative approach to determining proper coverage will expedite the billing and reimbursement process and is

a win-win for all stakeholders:

- Providers win by having the potential to realize higher payments from health plans for the payment of services to Medicaid recipients with other coverage. Having access to commercial coverage information for these beneficiaries ensures the provider is meeting timely filing requirements and cuts down on re-billing. The solution also reduces the administrative burden stemming from lengthy and costly coordination of benefits recovery solutions.
- Patients win by receiving the full benefit of their health plan coverage through proper coordination of benefits and timely service authorizations. The Coverage on Demand process also reduces paperwork for the patients and avoids rescheduling.

Ultimately, Coverage on Demand can contribute to a more sustaining healthcare system by ensuring that providers have access to near real-time coverage information at the point of service all while reducing administrative burden. Coverage on Demand increases provider reimbursements, reduces pay-and-chase activities and enhances the patient experience by streamlining the billing process with more timely and accurate information.

## **Coverage on Demand Features:**

**Flexible Integration.** API, user interface and batch solutions are available at the point of scheduling, service, prior authorization and billing.

**Available Anytime.** Accurate coverage data is available anytime in the healthcare cycle and can be used for current services as well as look-back and future services.

**Near Real-time Actionable Results.** API / UI interface delivers results in 25 seconds or less. Batch process results are delivered in 24 hours or less.

**Ease of Use.** Automated process and simple user interface creates a powerful user experience.

**Secure.** Operates in a HITRUST certified environment that meets or exceeds state and federal healthcare data security standards.



# Coverage on Demand

## Coverage on Demand Benefits



### Flexible Integration

API, User Interface, and Batch solutions at the point of scheduling, service, prior authorization, and billing



### Prior Authorization

- Acquire commercial prior authorization in advance of treatment
- Reduce administrative burden



### Billing

- Bill correctly the first time
- Maximize reimbursement
- Reduce administrative costs: appeals, collections

## How it Works

- 1 Patient at Point of Admissions, Point of Authorization or Point of Billing**



- 2 Provider Submits to HMS Medicaid-Only Patient List via Batch or Real-Time UI or API**



- 3 HMS Matches to Identify Other Coverage**



- 4 HMS Verifies Other Coverage**



- 5 HMS Returns Verified Third-Party Coverage Data for Medicaid Patients Back to Provider**



- 6 Provider Bills Third Party and/or Medicaid**

More than 40 Medicaid agencies and 300 Medicaid Managed Care Plans choose HMS for coordination of benefits services. HMS can properly verify more than 90% of all Medicaid members, leveraging our best in-class COB identification and reporting system to help more stakeholders.

**Contact HMS to find out more about how Coverage on Demand can improve your coordination of benefits program.**

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HMS® delivers healthcare technology, analytics, and engagement solutions to help reduce costs, improve health outcomes and enhance member experiences.