



COB Insight



Advance your Third-Party Liability (TPL) Verification process with **COB Insight**

COB Insight from Zane Networks improves payment integrity and streamlines the Third-Party Liability (TPL) verification process for Medicaid and managed care plans. The platform integrates with third-party insurance databases and provider clearinghouse services to improve the Coordination of Benefits (COB) lifecycle using current national eligibility information and other health care data, focusing on cost avoidance.

By identifying primary and secondary healthcare coverage before claims are paid, organizations can increase payment accuracy while reducing the administrative costs associated with recovery.

This strategy can:

- **Detect, recoup and reclaim** overpayments.
- **Proactively** identify other insurance coverage sooner in the claims process.
- **Develop** procedural improvements to prevent future overpayments and increase accurate member coordination.
- **Reduce** pay-and-chase, using timely and actionable data.
- **Reconcile** overpaid claims, using a multi-tiered recovery solution built on a relationship-oriented approach.

“Payment integrity has become a multibillion-dollar problem for the U.S. healthcare system, with improper payments nearly tripling over the past decade. By providing crucial oversight that both confirms data quality and secures the privacy of that data, **COB Insight** can improve payment accuracy while reducing expenditures associated with member canvassing, claim reprocessing, data validation, and recovery.”

Alexandra Jellerette
President, Zane Networks

Zane Network's **COB Insight** provides the efficiency you need to perfect your Third-Party Liability verification process:



Accurate matching



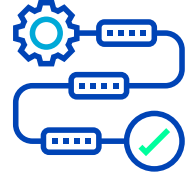
Weekly data validations



Improved payment integrity



Increase verification of claims



Streamlined COB process

With **COB Insight**, your organization can...

- **Identify** alternate insurance to improve overall program integrity.
- **Accurately** process claims through proper coordination of benefits.
- **Detect** and prevent fraud from nondisclosure of alternative benefits.
- **Enhance** data quality and interoperability with the MMIS to improve overall quality and accuracy of Medicaid data and streamline the Medicaid enterprise system.
- **Identify** additional medical and ancillary coverages for up to 10% of Medicaid members, leading to cost recovery.

Finally, with this advanced platform, state agencies and health plan clients can better interpret coverage determinations to facilitate member research, enable plan-to-plan inquiries, and track claims for faster coordination of benefits resolution.

Contact Zane Networks today to learn more about **COB Insight.**



Zane Networks, LLC (ZaneNet) was founded in 2000 and has over 20 years of unparalleled service and performance and has provided unique services for over 800 healthcare practices, hospitals, and clinics. With direct technical support, coaching, and software development and implementation, our team equips customers with innovative health IT tools and health applications. ZaneNet is certified as a Management Service Organization (MSO) by the Maryland Health Care Commission. The company has implemented best-practices for service delivery, work management and process management, and ongoing quality improvement with strong processes in place for securely accessing and transmitting protected health information, through obtaining EHNAC, ISO 9001 and CMMI-DEV Level 3 certifications. To learn more about our products and services, visit zanenetworks.com.

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