

COST-SHARING REDUCTION

SERVICES



BENEFITS

- Fulfills HHS cost-sharing validation requirements
- Maintains compliance with evolving HHS requirements
- Reduces your technology, actuarial, and financial staff burden
- Aids in reprocessing claims and creating reports
- Provides third-party validation that member claims are correct for 45-day window

FEATURES

- Facilitates data collection and formatting
- Re-adjudicates 100 percent of claims
- Provides staff and technology to reprocess claims
- Supplies actuarial validation

Reduce Your Administrative Burden

Designed to help make healthcare more affordable for low-income individuals, cost-sharing reduction (CSR) is one of the key aspects of the Affordable Care Act (ACA). Americans who don't qualify for Medicare or Medicaid but meet certain income requirements may qualify for both premium subsidies and point-of-service cost-sharing reductions when enrolling in silver plans through an exchange.

The cost-sharing program is far-reaching. Initial enrollment reports from the Department of Health and Human Services (HHS) indicate that 62 percent of individuals are enrolling in silver plans, and about 80 percent are eligible for financial assistance. Based on enrollment through February 2014, there may already be more than 1.5 million enrollees in these plans.

Tackle the ACA's Complicated Requirements

For health plans, cost-sharing reduction plans present one of the most complicated compliance tasks to come out of the ACA. The law requires that health plans:

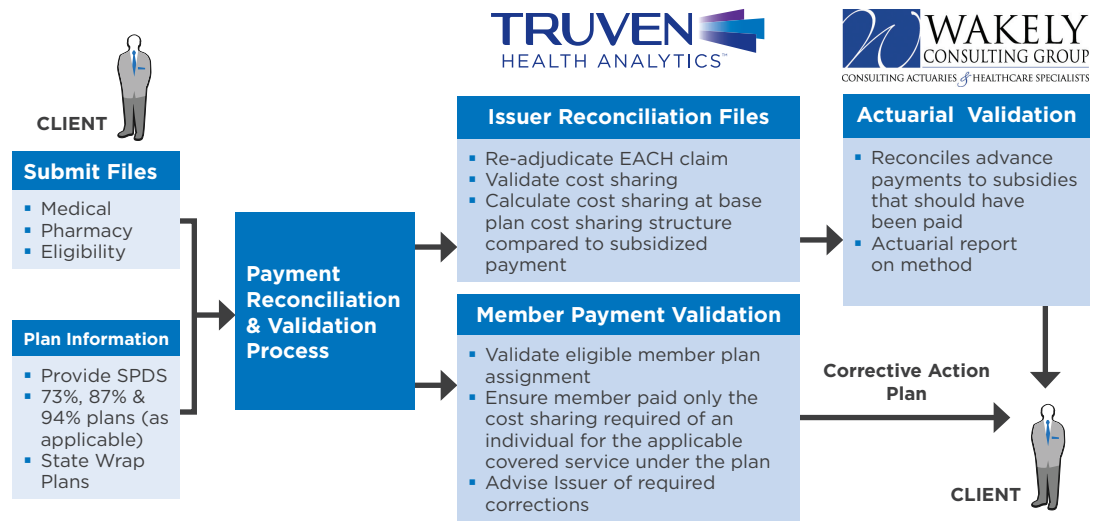
- Determine advance payments to cover the value of the cost-sharing subsidy
- Declare, by the end of the plan year, which reconciliation methodology (Simplified or Standard) they'll use
- Reconcile all advance payments and actual subsidies at the end of the year
- Complete an actuarial validation process and certify all results
- Re-adjudicate 100 percent of claims

In a recent survey of health plans, we found that many are avoiding the Standard methodology until they develop the technical capabilities to support it. But the Simplified method is only available for a limited time, and plans with fewer than 12,000 members in a CSR silver plan are required to use the Standard method. The clock is ticking for plans to develop their own capabilities.

You don't have to expend precious resources struggling with these requirements or miss out on the value of the Standard method. Tapping into the same analytic experience that has helped health plans comply with Edge server regulations, Truven Health Analytics,[™] together with our actuarial partner Wakely Consulting Group, offers comprehensive Cost-Sharing Reduction Services to unburden your technology, actuarial, and financial staff; ensure compliance with evolving HHS regulations; and make sure your payments are correct.

In addition to completing the reconciliation requirements, health plans must ensure that providers and members are paid appropriately for services. To ensure payments are correct and members are made whole, we also offer member payment validation services. The Centers for Medicare and Medicaid (CMS) will require stringent financial reporting requirements; the accuracy and independent certification that our solution brings are business imperatives for any health plan with a CSR program.

Truven Health Analytics and Wakely Consulting Group Cost-Sharing Reduction Plan Services



Truven Health Cost-Sharing Reduction Services is a state-of-the-art solution that includes payment reconciliation and member and actuarial validation services

FOR MORE INFORMATION

To learn more about our cost-sharing solutions, visit truvenhealth.com/healthplan or email us at healthplan@truvenhealth.com



ABOUT TRUVEN HEALTH ANALYTICS

Truven Health Analytics delivers unbiased information, analytic tools, benchmarks, and services to the healthcare industry. Hospitals, government agencies, employers, health plans, clinicians, pharmaceutical, and medical device companies have relied on us for more than 30 years. We combine our deep clinical, financial, and healthcare management expertise with innovative technology platforms and information assets to make healthcare better by collaborating with our customers to uncover and realize opportunities for improving quality, efficiency, and outcomes. With more than 2,000 employees globally, we have major offices in Ann Arbor, Mich.; Chicago; and Denver. Advantage Suite, Micromedex, ActionOI, MarketScan, and 100 Top Hospitals are registered trademarks or trademarks of Truven Health Analytics.

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