



March 21, 2017

HMS Releases Report on Solutions to More Effectively Manage Costs as Congress Contemplates Medicaid Reform

IRVING, Texas, March 21, 2017 (GLOBE NEWSWIRE) -- HMS Holdings Corp. (NASDAQ:HMSY) today released a report that outlines a roadmap for Medicaid reform that focuses on reigning in costs and cutting wasteful spending without cutting eligibility, benefits, or reimbursement rates. The analysis was compiled to help healthcare policymakers better understand industry best practices, as they seek to reform Medicaid-focused provisions of the Affordable Care Act.

Titled "Pathways to a Sustainable Medicaid Program: Effective Cost Management for a New Era of Reform," the report provides four specific recommendations to enhance the long-term sustainability of the 52-year-old program:

1. Securing Medicaid's payer of last resort principles to ensure Medicaid is not paying claims that are the legal responsibility of a liable third party;
2. Strengthening oversight provisions and incentives for Medicaid program integrity efforts to ensure waste is rooted out of the system;
3. Leveraging premium assistance programs for Medicaid to maximize savings of Medicaid beneficiaries who have access to employer sponsored coverage; and
4. Expanding the use of data collected for Medicaid program integrity and third party liability to areas such as population health, care management, and eligibility verification.

"As Congress considers various Medicaid reforms, HMS offers our perspective on how significant program savings can be achieved - using proven and time-tested approaches that in some instances do not require any new legislative action," said Bill Lucia, HMS Chairman and CEO. "HMS provides cost containment services for most state Medicaid agencies, which gives us a unique view on what works in terms of quickly saving taxpayer money."

To download a complimentary copy of the report, visit hms.com.

About HMS

HMS Holdings Corp., through its subsidiaries, provides coordination of benefits, payment integrity and care management solutions for payers and at-risk providers. The Company serves state Medicaid programs; commercial health plans, including Medicaid managed care, Medicare Advantage and group and individual health lines of business; federal government health agencies, including the Centers for Medicare & Medicaid Services and the Veterans Health Administration; government and private employers; child support agencies; and other healthcare payers and sponsors. As a result of the Company's services, customers recover billions of dollars annually and save billions more through the prevention of improper payments.

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Source: HMS Holdings

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