Cognizant provides end-to-end healthcare quality improvement services and its population health registry platform. ClaimSphere® Clinical+ is focused on helping payers and providers navigate the value-based shift and drive overall quality improvement.

ClaimSphere Clinical+ is a point-of-care platform that facilitates clinical data acquisition, exchange of patient level detailed analytics and engages providers leading to faster care gap closure, operational efficiencies, better patient outcomes, cost savings and improved quality of care.

ClaimSphere Clinical+ is Cognizant’s digital initiative to improve the nation’s health by navigating the shift from a volume-based provider-centric system to a patient-centric, learning health system. It is a cloud-based Software as a Service (SaaS) offering aligned to national and interoperability standards such as eCQM, QRDA and FHIR, promoting evidence-based clinical processes at all points of care. It is also a configurable workflow-driven solution that enables health insurance payers to acquire member clinical data from a provider site prospectively.

ClaimSphere Clinical+ enables health plans in timely acquisition of clinical data, closer monitoring of gaps in care improving efficiencies and eventually chart an evidence-based performance driven provider incentive program. Thus, ClaimSphere Clinical+ helps align the payer and provider value-based contracts with quality improvement (QI) initiatives to maximize revenue.

**ClaimSphere Clinical+ enables your organization to enhance payer-provider collaboration to:**

- Increase revenue and cost savings participating in various value-based initiatives
- Improve quality ratings
- Track clinical data acquisition and provider performance in real time
- Strengthen quality of care and member retention
- Close gaps-in-care events faster
## Solution Highlights

<table>
<thead>
<tr>
<th>Population Health Registry &amp; Quality Improvement</th>
<th>Supplemental Clinical Data Acquisition</th>
<th>Advanced Analytics</th>
<th>Integration &amp; Interoperability</th>
</tr>
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<tbody>
<tr>
<td>Helps assign accountable ownership of quality measures to providers and empowers them with real-time actionable insights on patient-level gaps in care.</td>
<td>Provides an efficient process for collecting and analyzing medical records from provider community.</td>
<td>High impact, performance analytics that provide actionable insights to improve quality of care.</td>
<td>Enables seamless connectivity and secure health data exchange.</td>
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- Can be configured for different value-based programs (HEDIS®, P4P and Star) and can scale up for MIPS and alternative payment models (APMs)
- Supports admin, hybrid and Electronic Clinical Quality Measures (eCQM) measures with options for extensibility and customization
- Integrates clinical data with admin claims data to help improve quality ratings due to more accurate data collection
- Administrates end-to-end workflow management for care-gaps assignment, abstraction and review and ability to customize workflows
- Provides access to care gaps of a member utilizing medical charts to extract relevant clinical data
- Improves productivity and reduces error rates by providing users with measure-specific education material
- Gives physicians and nurses real-time compliance status of each care opportunity
- Helps users prioritize the care opportunities based on the impact on quality ratings
- Identifies different entities (physicians, physician groups or IPAs) that can have maximum influence or impact on quality ratings
- Provides clear snapshot of provider performance, supported by peer comparison analytics, to help motivate physicians to improve their quality rating
- Adheres to Quality Clinical Data Registry (QCDR) and Fast Healthcare Interoperability Resources (FHIR) healthcare standards
- Aligned to NCQA Electronic Clinical Data System (ECDS) Reporting
- eCQM certified
- HEDIS® integration, native pseudo claim generation

## Key Benefits

- **Improved quality of care, quality rating and financial performance**
- **Better quality data, faster and more effective care gap closure**
- **Provider performance analytics and benchmarking to improve quality of care**
- **Increased cost savings through automated data collection and real-time compliance and quality rating updates**

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
Quick Take

Cognizant’s quality of care solutions touch 1 in 20 U.S. lives across Medicare, Medicaid and commercial lines of business.

For more information about how the Cognizant line of TriZetto Healthcare Products can help you enhance revenue growth, drive administrative efficiency and improve cost and quality of care, call 1-800-569-1222 or visit www.cognizant.com/trizetto.

About Cognizant

Cognizant’s Healthcare Business Unit works with healthcare organizations to provide collaborative, innovative solutions that address the industry’s most pressing IT and business challenges—from rethinking new business models, to optimizing operations and enabling technology innovation. A global leader in healthcare, our industry-specific services and solutions support leading payers, providers and pharmacy benefit managers worldwide. For more information, visit www.cognizant.com/healthcare.