Cognizant TriZetto® ClaimSphere® QaaS

Measure your HEDIS® reporting and quality improvement goals with in-depth business insights

Cognizant®

Healthcare quality reporting and value-based programs are highly complex processes with various combinations of data sources, data refresh frequencies, data formats, product lines, measure stewards, reporting bodies and submission files. This requires a highly collaborative relationship with a technology partner you can trust.

From initial implementation through final rate submission, every facet of the annual National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) reporting process needs to operate seamlessly and cooperatively to ensure there are no surprises.

TriZetto ClaimSphere Quality as a Service (QaaS) is Cognizant's HEDIS solution, certified by NCQA. It provides a one-stop shop for quality improvement and regulatory reporting. The solution has received its 10th consecutive HEDIS Certified Measure status.

In addition, we support more than 300 state measures across multiple measure stewards and value-based programs, including Medicare Star Ratings, Quality Assurance Reporting Requirements (QARR) and Managed Care Accountability Sets (MCAS).

Available via the cloud, ClaimSphere QaaS delivers advanced HEDIS reporting and analytics functionality administered by experienced quality improvement subject-matter experts who work closely to not only ensure on-time and accurate reporting, but also facilitate a deeper understanding of population health status, practices and target opportunities for enhancing quality scores.

CERTIFIED NCQA

HEDIS® MEASURES

2020
HEALTH PLAN AND
ALLOWABLE ADJUSTMENTS
MEASURES

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CERTIFIED NCQA

AMP MEASURES

MY2019

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Rates you can depend on, so you can focus on improving, not just validating them

- NCQA HEDIS and AMP (Align. Measure. Perform.) certified

- More than 400 quality measures supporting over 40 measure stewards across over 25 states

- Provides reporting to facilitate payment adjustments based on value-based arrangements

- Strong data normalization and aggregation layer

- Create and submit data files like NCQA IDSS, CMS PLD and State MLD

- Track performance for important goals like NCQA Health Insurance Plan Rating

- Intuitive medical record review abstraction forms

- More than 400 optimized chase rules to target the right member, provider and location

- Uses new (Health Level Seven (HL7) Fast Healthcare Interoperability Resources FHIR®) application programming interfaces

- Processing time of less than 4 days will have you working instead of waiting for your results

- Prospective gaps in care for targeted member and provider outreach/interventions

- Flexible deployment options from client-hosted self-service to Cognizant-hosted full-service bureau support

- Health Insurance Portability and Accountability Act (HIPAA) compliant data centers and managed services with 99.9% availability service-level agreement

- Talent program to groom HEDIS and quality subject-matter experts

Our product investments continuously span the following key areas:

Market vision	Intelligent operations	Optimized experience
Anticipating industry trends and future client requirements to ensure functionality is ready when it's needed.	Optimizing the effectiveness of client operations with automation, speed to market and accelerated outcomes.	Empowering users with a rich, responsive and productive experience that makes information readily available to drive decision-making and outcomes.
• NCQA FHIR based digital quality measures (minimum viable feature) • NCQA health plan accreditation projection	• Allowable adjustment to create HEDIS-like measures • Speed to market to support state value-based programs	• Drag-and-drop graphical user interface for querying and downloading results • Instance consolidation to support prospective and retrospective workflows

Monitoring, intervening and improving

HEDIS results has never been easier

Our comprehensive healthcare quality measurement and reporting solution helps you identify retrospective and prospective quality improvement needs across the healthcare spectrum. Unlike other offerings, ClaimSphere QaaS decodes patient-specific clinical events across disparate data sources to detect key issues that impact quality scores. **This allows you to take corrective action faster to improve ratings, care and outcomes.**

1 Data aggregation and transparency

Improve IT staff efficiency and seamlessly manage HEDIS workflow through final lock down and submission with a robust and scalable platform that ensures transparency with engine, member compliance and rules-based insights.

The ClaimSphere QaaS data integration and administration tool manages administration and supplemental data source intake, crosswalks custom codes to standard codes and schedules and monitors jobs. A built-in data quality profiler uncovers data-related issues to enhance rate improvement efforts.

Workflow catalog and end-to-end HEDIS workflow management

Support for multiple workflows ensures a successful HEDIS season includes and is not limited to:

- Data cleanup
- Provider and supplemental data source configuration
- Preprocessing data for exclusions and continuous enrollment
- Identifying gaps in care
- Post-processing data to NCQA score key, reports, PLD and MLD
- Data to member-level and HEDIS rules analysis
- Process provider responses and validate documentation
- Sampling, chase generation and hybrid abstraction
- Audit, analytics and reports
- IDSS, PLD, MLD and state-specific reporting

2 Integrated medical record review and flexibility to interface with other MRR vendors

ClaimSphere® Clinical+ helps abstract clinical data from medical records for prospective supplemental data and retrospective HEDIS Medical Record Review (MRR) and shares member-level gaps-in-care information with providers for HEDIS measures and exchange of patient-level detailed analytics.

Intuitive measure abstraction templates, performance and operational reports like abstractor efficiency, chase completion summary and measure scorecard. Medical record review validation (MRRV) capabilities include a report-like list of all medical record numerator positives, excluded and errored member details and a member-level audit feature.

Support for various sampling methods includes proportional sampling, NCQA approved reuse sampling, swapping shared members between samples and no sampling to pull in entire denominator. Improve your chances of retrieving the correct medical record for numerator compliance with more than 400 chase rules and the flexibility to create new chase rules like telehealth inclusions.

The ClaimSphere bidirectional interface also integrates with industry-leading MRR vendor systems.

3 Support for various value-based programs and non-HEDIS quality measures

State programs leverage a variety of measure stewards and measure sources as part of their quality reporting and value-based programs. While there is a trend toward standardizing measures, as of now states work independently and there is little commonality among their programs. We support more than 300 state measures, including:

- CMS Children and Adult Core Set
- Pennsylvania Performance Measure (PAPM)
- Managed Care Accountability Sets (MCAS)
- Covered California

- NY Quality Assurance Reporting Requirements (QARR)
- Pharmacy Quality Alliance (PQA)
- Maryland Value-Based Purchasing
- Physician Consortium for Performance Improvement (PCPI)
- Bree Collaborative
- NCQA Long-Term Services and Supports (LTSS) and CMS MLTSS
- Hawaii QUEST
- Custom HEDIS-like

4 Gaps-in-care and year-round quality improvement initiatives

ClaimSphere's bidirectional capabilities enable a health plan's timely acquisition of clinical data and closer monitoring of gaps in care.

A robust extract, transform, load process, from data intake to measure rate calculation, coupled with provider attribution, provider reporting and performance improvement project reporting capabilities ensure accurate measure rates reporting.

Member- and claim-level insights help plans diagnose why a specific enrollee was included or excluded from the denominator or numerator of a measure.

In additional to the standard report catalog, ClaimSphere QaaS provides information transparency and insights into HEDIS score changes that allow analysis and planning on quality improvement. End users have access to information using reports and an ad hoc query builder.

Cognizant also offers member and provider outreach services to assist in targeted outreach for measure improvements.

5 HEDIS consulting services

Our people, process and technology approach brings stability and fosters continuous innovation by enabling health plan resources to focus on quality improvement initiatives, while the Cognizant team focuses on the data and HEDIS rate improvement. From post-implementation, full-service bureau support with concierge-level service throughout the HEDIS season to supporting NCQA auditor queries during pre-audit visits, audit visits and NCQA auditor offsite visits, our consulting team and subject matter experts ensure a seamless reporting process.

Succeed in your quality reporting and value-based programs

With an estimated one in 10 lives nationwide covered by ClaimSphere across Medicare, Medicaid, employer, exchange and federal employee programs, we have experience in not just HEDIS reporting ,but also various state value-based programs, and we continue to invest in and enhance our solution offerings.

About Cognizant

Cognizant (Nasdaq-100: CTSH) is one of the world's leading professional services companies, transforming clients' business, operating and technology models for the digital era. Our unique industry-based, consultative approach helps clients envision, build and run more innovative and efficient businesses. Headquartered in the U.S., Cognizant is ranked 194 on the Fortune 500 and is consistently listed among the most admired companies in the world. Learn how Cognizant helps clients lead with digital at **www.cognizant.com** or follow us **@Cognizant**.

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