



Data Sheet

TriZetto® Dual Eligibles

TriZetto® Solutions for Dual Eligibles administration and care collaboration

For many health plans, managing dual eligibles has been a labor-intensive, manual-based process.

These organizations have had to circumvent their core administration systems to manage two separate IDs, multiple records per member and several touches per claim—leaving ample room for human error.

To add to the complexity, health plans have to incorporate varying funding streams into their workflow, address medical needs along with psychosocial care and incorporate multiple support services not required by other lines of business. A highly integrated, member-centric approach is required to ease this administrative burden and simplify the process of managing dual eligibles.

Solutions for Dual Eligibles are part of the Cognizant® line of TriZetto® Healthcare Products—a portfolio of software products that helps healthcare organizations enhance revenue growth, drive administrative efficiency, improve cost and quality of care, and improve the member and patient experience.

Increase administrative efficiency

The more automation you can weave into the claims adjudication process, the more efficient your operation will become. We employ a single-solution approach to help health plans manage costs and

Effective solutions for dual eligibles:

- System flexibility adapts to rapidly changing regulations
- Comprehensive solutions meet your unique business needs
- Integrated, member-centric functionality reduces manual processes
- System design support dual eligible enrollment and claims adjudication capabilities
- Solution scalability meets the growing demands of your business

rapidly respond to changing Centers for Medicare & Medicaid Services (CMS) guidelines. Our core administration systems have member-centric functionality to:

- Coordinate claims payment to automatically process both Medicare and Medicaid benefits for a single eligibility segment with a single claim submission, claim payment and remittance advice
- Add secondary plan logic, such as reconciliation and member true-up for CMS
- Decrease pending claims to increase the automation rate
- Combine results while maintaining the specific claim adjudication results for each benefit
- (Medicare versus Medicaid) restriction, limitation and accumulators separately

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- Audit actions across all lines of business and processes
- Allow for the 837 extraction of claims encounters (Medicare versus Medicaid)

Lower costs and improve quality

Care coordination is a critical function in the management of dual eligible members. Without effective care management, your bottom line and overall quality of care likely will suffer. The ability to manage the coordination and cost of dual eligibles through comprehensive care management programs is fundamental to success. Our integrated care management solutions enable health plans to:

- Identify and stratify appropriate members for inclusion in care management programs
- Check member eligibility across multiple lines of business
- Utilize analytics for evaluation of evidence-based protocols and guideline compliance
- Deliver reporting for provider- and member-level information in support of patient-centered medical home and value-based care delivery

Connect and collaborate with providers and members

The exchange of information, provided in a secure manner, allows much needed transparency across multiple stakeholders. Our TriZetto Solutions for Dual Eligibles help payers and providers share information through web portal technology that is preintegrated with our core administration systems. This integration allows you to:

- Streamline administration
- Leverage real-time collaboration

Over 40 clients employ TriZetto Solutions for Dual Eligibles to:

- Converge benefits and pricing into a single claim—including utilization management and CMS and Medicaid rules
 - Coordinate and improve care for high risk members
 - Administer distinct, provider network three-way agreements
- Address and support client regulatory requirements for electronic transactions—including HIPAA transactions related to claims, referrals, authorizations and remittance advices

Reach your objectives faster

In addition to the TriZetto Encounter Data Manager, we offer an extensive line of solutions and services that harnesses the power of digital to optimize your business. Achieve new levels of performance and efficiency with digital business, digital operations, and digital systems and technology capabilities from Cognizant.

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.

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.

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