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Cognizant's TriZetto® Healthcare Products portfolio of government programs software solutions

Maximize government programs and employer-sponsored health plans with comprehensive and innovative software solutions

It takes time, resources and complex business rules and workflows to meet the complex data processing and compliance requirements of administering government healthcare programs— including Medicare Advantage, Managed Medicaid and Commercial Exchanges. In addition, both government-sponsored and employer-sponsored programs require a comprehensive quality management solution.

Cognizant's TriZetto® Healthcare Products' government programs suite includes software solutions that automate key processes to drive efficiency and maximize payers' government business potential, and quality management tools that include analytics, reporting and quality improvement capabilities.
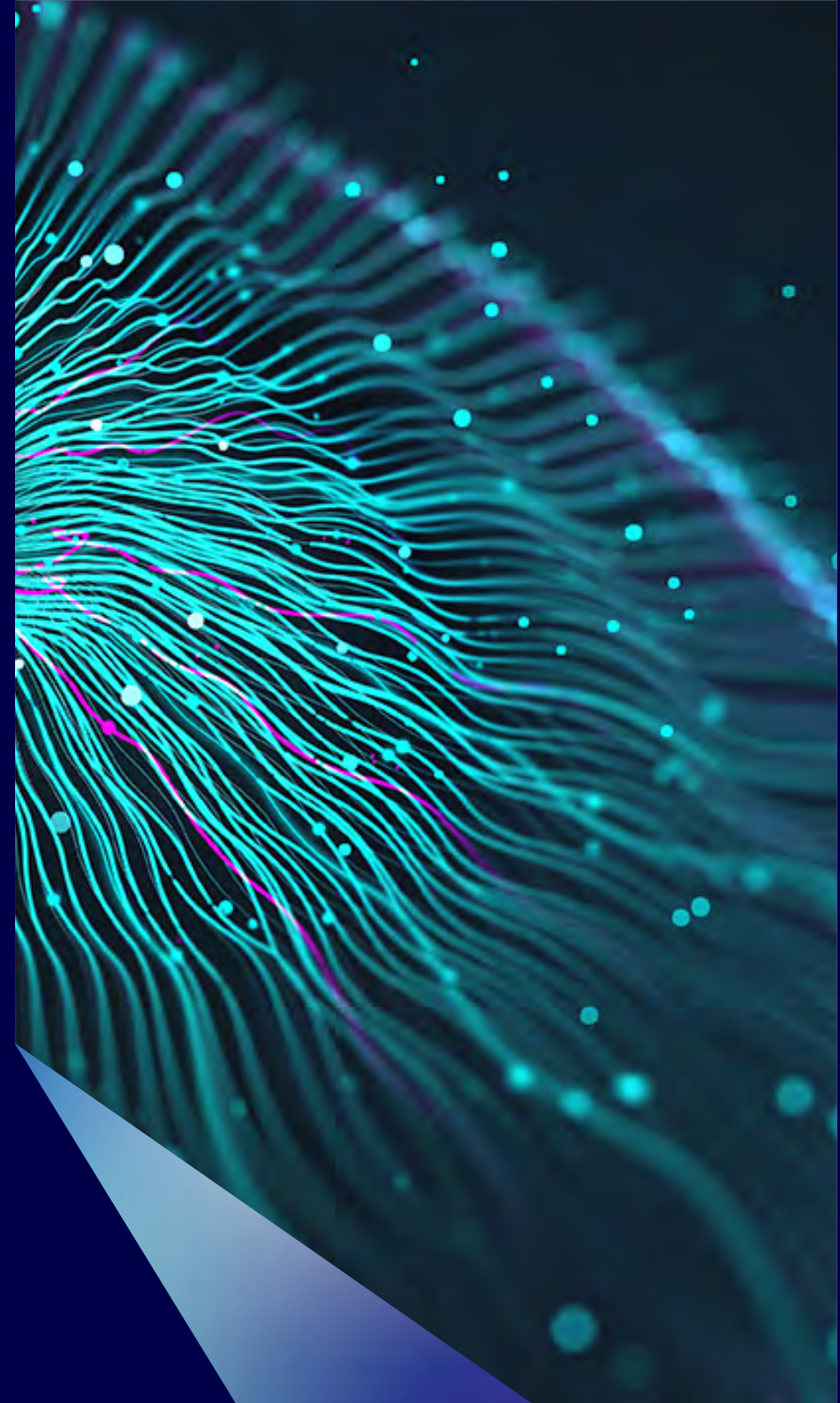
Extending the functionality of your core system with critical capabilities for government programs drives efficiency and success.

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Processes tailored for government programs administration

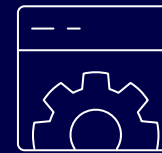Customized solutions for Facets®, QNXT™ and other core systems that provide end-to-end functionality with tools that automate critical processes for government healthcare programs administration, drive efficiency, enhance revenue potential and augment compliance for payers.

Enrollment & reconciliation

Government & CMS data submissions

Risk adjustment

Quality management

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Integrated solutions set

Available as single point or a complete solution set, the **TriZetto Elements® suite of products and TriZetto's quality management** solutions streamline and automate administrative tasks. Our stand-alone solutions not only work well together, but can integrate with any core system, including the Facets® and QNXT™ core administration platforms.

Enrollment & reconciliation

- **Enrollment administration & workflow**
  Complete medicare enrollment

- **Financial reconciliation management**
  Plan membership is reconciled against CMS data

- **Rx reconciliation management**
  Final Rx forecast and reconciliation

Government & CMS data submissions

- **Encounter data management**
  Full encounter data management and tracking

- **PDE data management**
  PDE submission and workflow

Risk adjustment

- **Risk score management**
  Forecast, trends and reconcile risk scores

- **Risk adjustment management**
  Suspect identification and management

- **Risk adjustment management for exchanges**
  Suspect identification and management

Quality management

- **ClaimSphere® Clinical+**
  Quality registry for providers

- **ClaimSphere® QaaS**
  HEDIS® regulatory reporting

- **TriZetto® StarSERV®**
  Star and quality improvement analytics

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Enrollment & reconciliation

Enhancing efficiency

Automates and integrates end-to-end enrollment and financial reconciliation tasks for Medicare Advantage and Medicare Part D

TriZetto® Enrollment Administration Manager (EAM) and EAM Workflow

- Automates member eligibility verification directly with CMS Beneficiary Eligibility Query (BEQ)
- Offers robust Transaction Reply Report (TRR) processing and CMS edits to improve acceptance rate
- Helps speed issue resolution by creating efficient work processes
- Initiates all enrollment-related transactions from multiple channels
- Enables workflow management, with data and activities triggered from EAM
- Triggers Medicare correspondence and provides standard reports, including CMS compliance reports
- Supports plans by keeping them compliant with CMS time-frame regulations
- Integrates enrollment data with core applications for billing, claims processing and member services

TriZetto® Financial Reconciliation Manager (FRM)

Single system for Medicare Parts C & D payment reconciliation which:

- Compares plan and CMS membership data to calculate payments and flag discrepancies
- Assists management with work assignment, workflow management and discrepancy aging
- Provides robust financial and discrepancy reporting
- Corrects discrepancies within the application
- Prioritizes discrepancies based on financial impact
- Provides key reports and data to actuaries/underwriters

TriZetto® Rx Reconciliation Manager (RxM)

Improves Part D revenue forecasting and future year bid rate development by:

- Helping plans fully account for Medicare Part D financial and reconciliation activities
- Providing visibility so plans can anticipate payment adjustments and make future bid modifications
- Calculating and reporting Medicare Part D retrospective reconciliation measures—Low Income Subsidy (LIS) cost sharing, reinsurance subsidy payment and risk corridor
- Integrating with PDEM for data processing, submission and management
- Integrating with FRM to harness data processing and tracking for prospective revenue reconciliation

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Government & CMS data submissions

Enhancing revenue and achieving compliance

Streamlines and simplifies CMS and state submission reporting

TriZetto® Encounter Data Manager™

Ensures proper/timely data submission, lowers rejection rates and assists plans in financial reconciliation and revenue forecasting and trending by:

- Managing the end-to-end encounter submission and response file processes
- Providing a library of pre-configured scrubs and business rules to manage data and reduce rejection rate
- Providing an online editing tool for provider and member encounter data at the claim or batch level
- Loading and reconciling responses for all lines of business (Medicare, Medicaid and Exchanges) in one application

TriZetto® Pharmacy Data Event Manager (PDEM)

Automates the PDE submission process and workflow between CMS and the Pharmacy Benefit Manager by:

- Loading and reconciling Drug Data Processing System (DDPS) files, providing edit capabilities fo errors and automatically resubmitting claims
- Providing and managing reports by file, batch, status, error code, plan benefit package (PBP), etc.
- Providing plan-to-plan reconciliation
- Generating summary and detailed status reports for tracking
- Creating CMS PDE file format for records and enabling adjustment and deletion of records for resubmission

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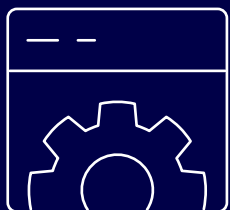
Risk adjustment solutions

Maximizing revenue accuracy

Aggregates and analyzes data to calculate risk and successfully manage revenue

TriZetto® Risk Score Manager (RSM)

Calculates risk scores utilizing CMS methodology, projects revenues for Medicare Parts C & D and reconciles to Encounter Data Processing System (EDPS) data by:

- Comparing and identifying discrepancies in member and payment information between the health plan's Hierarchical Condition Category (HCC) and CMS
- Identifying member HCCs and Rx HCCs by payment year and data collection period based on a plan's accepted EDPS
- Providing detailed risk score and HCC-related management reports
- Providing risk score trending and payment adjustment reporting

TriZetto® Risk Adjustment Manager (RAM)

Identifies under reported and unreported HCCs by:

- Running claims and pharmacy data against robust algorithms for retrospective and prospective evaluations
- Identifying potential chart chases and enabling chart chase communication with providers
- Loading chart chase outcomes and performing audits prior to creating CMS submission file
- Tracking the impact of chart chase outcomes for risk score and revenue increase
- Identifying potential Risk Adjustment Data Validation (RADV) records

TriZetto® Risk Adjustment Manager for Exchanges (RAMX)

Assists in the submission of HCC data to CMS to improve risk scores by:

- Running claims and pharmacy data against robust algorithms
- Identifying potential chart chases and enabling chart chase communication with providers
- Loading chart chase outcomes and performing audits prior to creating CMS submission file to the Edge server
- Tracking the impact of chart chase outcomes for risk score and revenue increase
- Identifying potential Risk Adjustment Data Validation (RADV)

Quality management solutions

Targeting gaps, reducing costs and enhancing outcomes

Provides a one-stop shop for payer regulatory reporting and quality improvement

ClaimSphere® QaaS (HEDIS® regulatory reporting)

Supports value-based programs and faster customer roll-outs by enabling healthcare organizations to identify retrospective and prospective quality improvement needs across the healthcare spectrum by:

- Measuring rate accuracy and transparency with faster processing time
- Providing end-to-end HEDIS® workflow management
- Including self-service business intelligence tools to uncover the root causes
- Rapidly identifying and closing care gaps
- Enabling meaningful provider collaboration
- Including an extended Medicaid measure library

ClaimSphere® Clinical+ (Quality registry for providers)

Improves quality of care, patient outcomes, quality ratings and financial performance to yield better quality data, and close gaps in care more effectively by:

- Enabling providers to track HEDIS® measure year-round performance with detailed, patient-level insights at the point of care
- Enhancing an organization's payer-provider collaboration with bi-directional data exchange in near real time to close gaps in care and capture supplemental data
- Streamlining the HEDIS® Medical Record Review (MRR) process to abstract chases faster and increase the number of MRR-compliant members
- Providing seamless and timely HEDIS® reporting via auto synchronization with ClaimSphere® QaaS

TriZetto® StarSERV® (Star and quality improvement analytics)

Improves Star ratings through insight-driven decision-making, including market competitor analysis and what-if modeling by:

- Utilizing an aggregated measures and programs dashboard
- Prioritizing measures and cohorts for overall Star ratings improvement
- Driving collaboration and accountability
- Executing continuous quality improvement
- Facilitating rate comparison and modeling
- Deriving actionable business insights for rate improvement
- Helping improve care quality and provider accountability

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Cognizant's TriZetto Healthcare Products maximizes government and employer-sponsored business potential with customized functionality.

Cognizant's government programs software solutions, including the TriZetto Elements suite of products and TriZetto's quality management solutions, are designed for efficient and effective administration of government and employer-sponsored health plans. Extending the functionality of payers' core systems with tools that automate quality management and government programs processes, our TriZetto Healthcare Products portfolio helps payers reduce manual processing burdens, drives administrative efficiency and enhances revenue—all while improving the cost and quality of care for government populations and employer-sponsored health plans.

For more information about how Cognizant's TriZetto Healthcare Products portfolio of government programs and quality management software solutions can enable your health plan to meet the complex data processing and compliance requirements of administering government healthcare and employer-sponsored programs, please visit us at **https://www.cognizant.com/us/en/trizetto/elements** or **https://www.cognizant.com/us/en/trizetto/quality-management**

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Cognizant (Nasdaq-100: CTSH) engineers modern businesses. We help our clients modernize technology, reimagine processes and transform experiences so they can stay ahead in our fast-changing world. Together, we're improving everyday life. See how **at www.cognizant.com** or follow us **@Cognizant.**

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