



Data sheet

QicLink™ HMO Management

Health maintenance administration component

Does your encounter processing system offer you the automation needed to administer HMO network payment and plan administration, including point-of-service? HMO administration requires flexibility to provide customized, comprehensive solutions within a complex managed care environment.

Designed to accommodate capitated reimbursement models and fee-for-service discounted payment options, the HMO component calculates capitation payments to primary care, specialty physicians, and other ancillary providers. It also handles other popular calculation options, including age of patient, gender, and schedule of benefits, flat rate or other user-defined options. You can define facility/

Comprehensive capabilities accommodate managed care and HMO administration

hospital benefits using per diem or case rates, with corresponding outlier parameters. Modular components provide additional tracking of capitation payment information to determine financial liability through risk categorization.

User-defined capabilities provide powerful flexibility

The HMO component captures encounter information to evaluate utilization per member per month by specialty, primary care physician (PCP), procedure performed and procedure category, as well as sorting by HMO, group and reporting ID.

The HMO component supports multiple direct capitation relationships, such as member to provider, as well as indirect capitation relationships, including PCP to member or all members to a lab. User-defined contract specific tables determine financial liability for each claim/encounter service line.

Highly flexible fee-for-service discounted payment options are also available to users. The HMO component accommodates general ledger accounting information, as it allows users to set up multiple accounts for financial tracking administration.

The HMO component includes a robust reporting package to enable analysis of the effectiveness of your managed care program. In addition to financial liability monitoring and balancing reports, user-defined membership analysis reports help to determine user penetration – where your members reside versus where contracted providers practice. The comparative analysis reports allow you to compare capitation payments versus the fee-for-service equivalents for the services provided, in addition to comparing and ranking providers based on procedure or diagnosis codes, charge or paid amounts.

Capabilities simplify HMO administration.

When you put the HMO component to work with the QicLink system, you command a comprehensive array of capabilities to simplify complex HMO administration, including:

- Support of a variety of managed care models and payment options-capitation rates based on age, gender, plan, group and/or type of service
- Storage of all information needed for extensive membership/financial reporting
- Automation of payment calculations, reducing error potential for multiple payment arrangements on the same provider
- Provision of a complete audit trail-PCP change history with reasons, contract change dates and maximum practice indicators
- Automation of financial management via retro capitation adjustments, integrated fund and risk pool cash allocations and management reports tracking current financial status

For more information on how the Cognizant line of TriZetto Healthcare Products can help you enhance revenue growth, drive administrative efficiency and improve cost and quality of care, visit www.cognizant.com/trizetto



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