

COGNIZANT | TMG HEALTH


CLAIMS ADMINISTRATION

2018



Cognizant

 **TMG Health**
A Cognizant Company



Our proven processes result in **98+%** quality levels for claims processing.

Cognizant | TMG Health's application of innovative health claims technology and process improvement methodologies enables high levels of quality and rapid claims turnaround. Our state-of-the-art technology provides multiple EDI connectivity options as well as customization to meet your business needs.

AUTO ADJUDICATION

Leveraging our experience, TMG Health has implemented a quality-controlled auto adjudication procedure that enables us to fine tune our claims processes. Auto Adjudication allows for more timely processing and increased quality.

Auto adjudication implementation includes extensive testing, a progressive ramp-up schedule and a confirmed go-live date.

OUT-OF-NETWORK

PPO claims present special challenges given the possibility of out-of-network claims. TMG Health prides itself on the ability to rapidly pay any claim, from provider or facility, anywhere in the nation.

Our specialized processes for loading out-of-network providers through the integration of our front-end data capture process and national database of providers and facilities remove the bottlenecks created by this requirement. By building automated match criteria into our pre-adjudication process, "new" provider loading for each Client Plan requires only minutes and ensures that no provider will require more than one day to load - adding up to a crucial time savings along the claims continuum.

TIMELINESS

At TMG Health, we recognize provider expectations and the continuing escalation of claim payment timeliness. To that end, we go above and beyond CMS expectations when it comes to timeliness. CMS requires 95 per cent of clean claims to be paid within 30 days. TMG Health pays 85 per cent of clean claims within 15 days; 99+ per cent within the required 30 days.

TIMELINESS (CONTINUED)

TMG Health can, at the request of the Client Plan, institute optional resources to further expedite claim payment. Through the implementation of our detailed, expedited claim development processes and specialized processes to obtain and maintain regional rate tables, local coverage determination and facility rate letters, we can ensure rapid and accurate payment of claims originating from anywhere in the nation.

Cognizant | TMG Health's application of innovative health claims technology and process improvement methodologies enable superior levels of quality and rapid claims turnaround; therefore reducing payment cycles.

J. Teig Boyle
Vice President of Sales & Marketing

CLAIMS PROCESSING SERVICES

TMG Health performs the following services for medical, dental and vision claims:

- **Receipt of paper and EDI claims from Plans or Clearinghouses**
- **Mailroom functions, including P.O. Boxes, envelope opening, document sorting, pre-processing, document storage, and received date capture.**
- **Claims Imaging, Image Indexing and Archiving**
- **OCR Processing including Edits to validate and cross check claims data**
- **Claims Data Capture**
- **Claims Adjudication**
- **Configuration of the MCIS to meet CMS and Client Requirements, including:**
 - RBRVS Pricing
 - MS-DRG, APC Pricing and DRG Grouping
 - Claims Recovery
 - Process COB
 - Claims Adjustments
 - Research Pended Claims
 - Calculate & Process Late Payment Interest
 - Provider Payment Checks/EFT and Remittance/EOB Advice
 - Member EOBs with Appeals Language
 - Subrogation
- **Provide 1099 Data to Plan**
- **Fraud, Waste & Abuse Prevention and Detection**

Cognizant

TMG Health
A Cognizant Company

Corporate Headquarters

100 Four Falls Corporate Center
Suite 406
Conshohocken, PA 19428 USA
Phone: +1 610 878-9111

National Center of Excellence for Medicare/Medicaid Services

25 Lakeview Drive
Valley View Business Park
Jessup, PA 18434 USA
Phone: +1 570 344-9237