

COGNIZANT | TMG HEALTH

# SOLUTIONS OVERVIEW

2018



**Cognizant**

 **TMG Health**  
A Cognizant Company

## Business Process-as-a-Service for Government-Regulated Health Plans



Cognizant | TMG Health is the leading national provider of Business Process-as-a-Service (BPaaS) services for Medicare Advantage, Medicare Part D and Managed Medicaid Plans.

With more than 19 years of experience in providing technology-enabled services exclusively to the government health programs market, our knowledge of Health Plan processes, Federal (CMS), State, and local requirements, and the daily challenges Plans face within the government market is second to none. Our expertise, coupled with a strong commitment to our Clients' success, positions us as a Trusted Partner who will help solve the challenges of today and prepare for those of tomorrow.

We understand your need for agile, scalable, compliant service solutions that will keep pace with the changing needs of the government-regulated market and enable you to stay competitive and successful. Our service solutions and support capabilities are comprised of experienced people, proven processes, and state-of-the-art technology, and are designed to navigate all of the nuances and complexities of administering government health programs.

### BENEFITS OF PARTNERING WITH COGNIZANT | TMG HEALTH

- Predictable Monthly Costs
- Guaranteed Performance Service Levels (SLA)
- Reduced Implementation and Integration Time
- Reduced Capital Investment
- Easy Access to New Markets
- Multiple Delivery Models (End-to-End, Components)
- End-to-End Transparency for State & Third Party Entities

## COMPLIANCE

Cognizant | TMG Health recognizes the importance of compliance. All of our administrative solutions are “wrapped” in compliance, with the full support of our independent Compliance & Audit Services Department. Our compliance experts provide oversight and monitoring in our operational areas, including internal system configuration, processes, and documentation. We also employ an Internal Audit staff and are fully compliant with SSAE 16 standards.

With the experience developed from supporting multiple plans and products across the nation, our Compliance team has the knowledge base to support your Plan in any situation.

- **Tracking of CMS Guidance & Transmittals**
- **Proactive Monitoring of State Medicaid Contracts and Communications**
- **Monitoring & Identification of Risk**
- **Fraud, Waste & Abuse Prevention and Detection**
- **National Health Care Anti-Fraud Association (NHCAA) Membership**

**Federal (CMS) and State Audit Support (Internal, External, Client Delegation)**

## TECHNOLOGY

Technology is the foundation upon which all of Cognizant | TMG Health's proven solutions are built.

- **Continuous Technology Investment & Enhancement**
- **Proven Platform**
  - Purpose-Built, CMS-Interfaced Systems & Applications
  - Scalability & Production Volume Capacity
- **End-to-End Security**
  - Alert-Based Monitoring
  - File Management
  - Email
  - Networks
- **Redundancy**
  - Application, Network, and Technology
  - 2 Tier IV Data Centers
    - Operational
    - Production
  - Industry-Proven Business Continuity
  - Multiple Call Centers

## MEDICARE ADVANTAGE & PART D (MAPD, PDP & SNP)

- HMO, PPO, PFFS, POS, MSA

## MANAGED MEDICAID

Solutions for Medicaid products, including:

- Medicaid Long Term Care (MLTC)
- Seniors & People with Disabilities (SPD's)
- Medicaid Advantage
- Medicaid Advantage Plus
- Dual Eligibles/Medicare-Medicaid Plans (FIDA & MMAI)
- Temporary Assistance for Needy Families (TANF)
- Medicaid Special Needs Plan



## SERVICES

### Enrollment & Eligibility Processing

- Application Intake & Processing
- CMS Letter Generation
- Daily CMS Submission through Direct:Connect
- Membership Reconciliation

### Client Financial Services

- Reconciliation of Member Billing (Individual, Employer Group, SPAP)
- Reconciliation of CMS & State Payment Reporting
- Financial Reporting (premiums, accounts receivables, cash, suspense, CMS funds, passback dollars)

### Premium Billing

- Plan Premiums (LIS, LEP, SPAP)
- Member Payment Receipt (Lockbox, ACH, credit/debit card, SSA withholding and third-party payment remittance)
- Delinquency Processing
- Refund Processing

### Professional Services

- Services to Complement Your Team
  - Assessments of People, Processes, and Systems
  - Analysis and Efficiency Planning
- Client Solutions Delivery
  - Implementation and On-Boarding of New Clients
  - Development of Business Requirements
  - Client Training
  - Maintenance/Support

### Fulfillment Services

- Member Materials (Pre-Enrollment Kits, ID Cards, MSP/COB Letters and HRA Surveys, Post Enrollment Kits, Provider/Pharmacy Directory Mailings, EOBs with Appeals Language, ANOCs, Ad Hoc Member Materials Requests)
- Provider Materials (Paper Remittance/EOP Advice)

### Member & Provider Services

- Inbound & Outbound Calling
- Document Management
- Returned Mail Processing
- Survey Management
- Part D Coordination of Benefits
- Appeals & Grievances Processing and Services

### Claims Administration

- Provider File Management
- Configuration Services
- Pre-Payment Fraud, Waste & Abuse Analysis
- Clinical Claims Editing
- Claims Processing
- Payment Processing
- Encounter Reporting

### Medical Management Options

- Integration Support for Existing Medical Management Platforms
- Medical Management Platform Implementation or Replacement



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