Data Sheet

TriZetto® Risk Adjustment Manager
The comprehensive solution for data and revenue management.

Many Medicare Advantage and Part D plan members have multiple chronic conditions that require extensive medical care and costly prescription drugs. The risk-adjusted reimbursements plans receive from the Centers for Medicare and Medicaid Services (CMS), are governed by complex formulas that call for precise, member-specific data.

To obtain correct reimbursements, Medicare plans need to be able to accurately assess members' medical conditions and provide supporting data to CMS. A complex scheme of diagnostic codes that map to hierarchical condition categories (HCCs) determines the risk-adjusted payment health plans receive from CMS. The more HCCs a member qualifies for, the higher the member's risk score—and the higher the potential CMS reimbursement.

Missing, incomplete or inaccurate claims and diagnosis data can result in incorrect payments.

This highly automated solution:

- Assesses member morbidity levels, based on claims and pharmacy data
- Estimates risk scores and revenue impacts of suspected/confirmed additional HCCs
- Identifies providers and members who present the greatest opportunities for revenue management
- Determines CMS risk-adjusted payment accuracy, based on diagnostic coding
- Submits documentation to support any additional diagnoses identified
- Creates reports and documentation that support audits

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The TriZetto Risk Adjustment Manager is part of the Cognizant line of TriZetto Healthcare Products—a portfolio of software products that help healthcare organizations enhance the accuracy of their data submitted to CMS which promotes accurate payments from CMS, drives administrative efficiency, improve cost and quality of care and improve the member and patient experience.

A software solution for improved data collection and optimized revenue

The TriZetto Risk Adjustment Manager automates key processes ranging from the assessment of member data through the creation of reports that support audits. The application aggregates data to determine the probability of the existence of other specific HCCs. If this probability reaches a pre-determined threshold, the application flags the record for re-evaluation of the member's health status and associated coding.

A comprehensive approach to risk adjustment

To ensure that claims data collected accurately reflects the member's true condition, the Risk Adjustment Manager.

- Aggregates data and identifies members who might have unreported diagnoses that could affect CMS payment

- Generates reports on the status/resolution of cases in which member health status and coding merit re-evaluation

- Produces reports on the financial impact of additional confirmed or likely diagnoses

- Obtains the data necessary to submitadditional confirmed diagnoses to CMS

The application also uses pharmacy data to identify members whose drug usage indicates conditions that are unreported via diagnosis codes. It maintains a history of each member's HCCs and compares this with current data to identify unreported chronic conditions.

Reach your objectives faster

In addition to the TriZetto Risk Adjustment Manager, we offer an extensive line of solutions and services that harness 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, 1-800-569-1222 or visit www.cognizant.com/trizetto.

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