



Offering Overview

Cognizant® Digital Healthcare Payer

Reduce costs, streamline processes and deliver extraordinary new levels of member service

Deliver the experience today's empowered healthcare consumer demands

REIMAGINE MEMBER ENGAGEMENT WHILE ACHIEVING NEW LEVELS OF PERFORMANCE AND COST CONTROL

Consumers have increasing control over how they spend their healthcare dollars. That simple fact puts complex demands on healthcare payers and their ability to compete in today's market. Consumers' expectations for service and engagement have been shaped by digitally native companies. They expect payers to supply well-designed digital self-service tools and deliver painless, personalized and intelligent experiences while keeping costs low. As digital natives introduce more on-demand healthcare services through digital platforms, the payer value proposition will be less about managing narrow networks. Instead, payers will need to engage health consumers in different, richer ways—from helping them evaluate providers to providing sophisticated tools for managing their health and wellness.

These new consumer-focused capabilities require processes to be redesigned around members and executed flawlessly, using the latest digital tools from Robotic Process Automation to AI. Yet industry economic pressures remain enormous,

constraining capital investments and requiring cost reductions. Payers must operate traditional lines of business as efficiently as possible even as they introduce new member-centric initiatives.

Cognizant Digital Healthcare Payer will help your organization thrive on the challenges of becoming a consumer-driven, value-based, on-demand health payer. We combine automation, human-centered insights, and our best-in-class industry processes and platforms to enable you to create new products, focus on customer experience and develop strong competitive differentiation.

Our cloud and platform expertise enables us to offer cutting-edge capabilities as a service, so your organization avoids capital expenses while gaining the personalization and intelligence your members demand. We draw on our complete line of core systems to develop a solution that meets your specific opportunities and challenges—from our Cognizant Health TranZform hosted member engagement platform to our analytics platform BigDecisions and core administrative systems which include Facets and QNXT. With Cognizant Digital Healthcare Payer, you will have the necessary operational agility to reduce costs while you evolve ahead of the industry and bring new offerings, services and experiences to market faster.

Cognizant®

Reduce costs, gain flexibility, generate growth

Cognizant provides a Business-Process-as-a-Service (BPaaS) offering that spans the policy administration value chain and enables payers to achieve operational excellence. Our proven model will enable your organization to:

- Reduce administrative costs with streamlined processes incorporating robotic process automation, machine learning and AI.
- Stimulate business growth with better insights for your members and their changing needs.
- Enhance regulatory compliance with more efficient reporting processes and faster identification of potential issues.
- Improve member satisfaction and net promoter scores by providing efficient, intelligent and personalized services using tools ranging from AI-driven chatbots to care managers and coaches.

Our BPaaS solution for payers integrates the following:

- Best practices across payer IT, business processes and infrastructure services which are designed by industry-certified health and IT professionals.
- Facets and QNXT™ Enterprise Core Administration System, the industry-leading core payer platforms which are integrated with next-generation health

solutions developed by Cognizant, including Health TranZform engagement, Onvida contact management, BigDecisions analytics platform, security and compliance solutions, and the Digital Collaboratory for rapid innovation and prototyping.

- Thought leadership, consulting and innovation capability.
- Outcome-driven integrated service delivery and program governance framework.
- Unique delivery model that generates upfront savings and a predictable per member, per month (PMPM) cost model.

Our BPaaS solution enables you to focus on innovation, growth and meeting core market needs, while we take full ownership and responsibility for operations and technology functions. We integrate multiple layers of functions through a single Cognizant service interface that includes infrastructure, platforms and applications and operations. Our unique delivery model enables you to deliver strong member experiences, new products and revenue growth without intensive capital investment.

Operationalizing a New Line of Business

We also offer a health-plan-in-a-box model that enables your organization to quickly launch a new line of business with minimal capital expense and resources.



In the real world

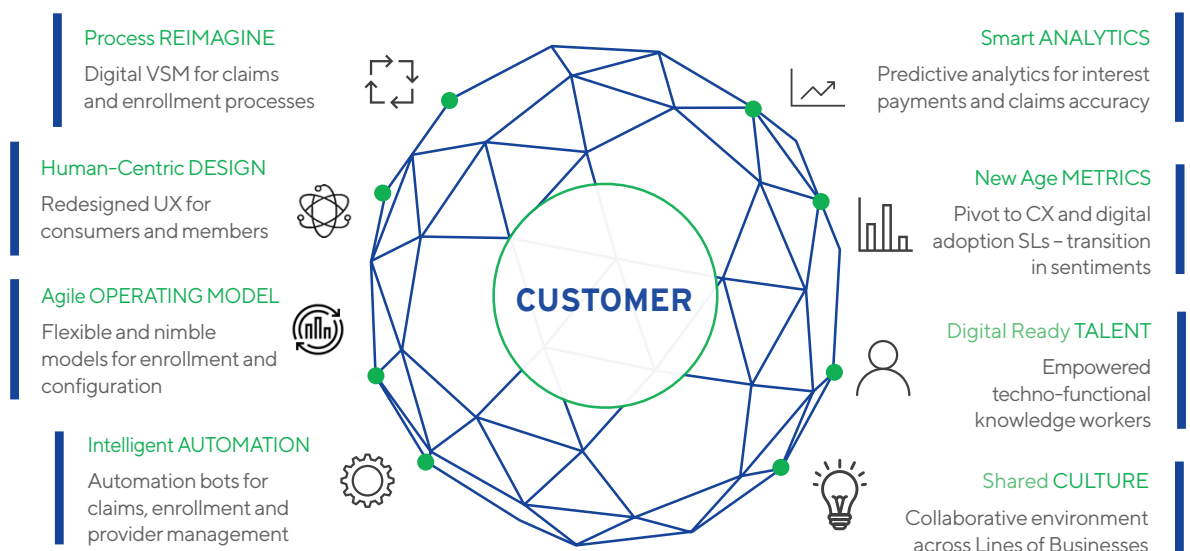
We are the leading service provider to top national and regional health plans throughout the U.S. The following is a small sampling of our recent work for our clients:

- A leading U.S.-based not-for-profit health plan **has reduced its time to market to less than 12 months and has saved \$900M over seven years** with our approach of Run Better, Run Different and Run Digital. The solution combined reengineering internal IT and business operations, automating processes and embedding analytics along with deploying three key platforms: **Facets core administrative system, Care Advance care management and TranZform, with self-service portals** for consumer-friendly digital processes. Our client reduced business risk associated with aging technological assets and improved compliance while delivering richer member experiences.
- A large Blue plan **scaled its Medicaid line of business while cutting its monthly interest expense on original claims from \$1.1M to \$5K, reducing provider fallout from 20% to 2%, improving its auto adjudication rate from 67% to 83% and increasing accuracy on auto-adjudicated claims from 92% to 99.9%** with our **Health-Plan-in-a-Box BPaaS solution**. The solution delivers front-end enrollment administration, premium billing and reconciliation, claims administration, product/contract configuration and provider maintenance. With middle and back office functions optimized, the health plan is free to enhance member experiences and lower the total cost of care.
- Our client **grew its Medicare Advantage, PDP and Medicare Supplement lines of business by approximately one million members** when we deployed our **Medicare-in-a-box BPaaS solution**. Our standardized processes and technology framework for Medicare Advantage and PDP LOBs leverage our experience of serving more than 30 health plans representing 2.8M members in all 50 states. We **deployed the solution in six months** and drew on our compliance expertise to ensure our client met all evolving CMS and state compliance requirements across related programs.

The Cognizant digital first advantage

At Cognizant, our digital first approach puts you—our client—and your members at the center of our solutions. This member-centered approach helps ensure transformed business processes meet true member needs, providing the impetus for successful, sustainable scaling of innovations, products and experiences.

Cognizant's Digital First Approach



Cognizant digital healthcare payer at a glance

- Delivered **20+** successful BPaaS programs across MAPD, PDP, Medicaid, Medicare Supplemental and commercial LOBs.
- Partnered with one of the largest customer-owned health plans to build its MAPD, PDP and Medicaid LOBs with approximately **1M** members.
- Created a scalable model to add 400K-plus members for a Medicaid client.
- Collaborated with a top-three clinically driven PBM to manage its PDP line of business, scaling to a membership of **300K** in less than 12 months and approximately **3M** over the next 3 years.
- Reduce and optimize administrative costs for health plans by up to **40% to 45%**.
- Improve MLR by **100-200 bps**.
- Deploy **digital** and **design** capabilities to improve member and provider experience.
- Obtained Utilization Review Organization licenses for 28 of the 29 states that require licensing.
- Improved CSAT score from 3.6 to 4.2 and NPS from 40 to 56 for a leading healthcare claims clearinghouse.
- Used **predictive analytics** for a top-five national health plan to achieve **100%** on TAT and **99.7%** on accuracy.
- Reduced cost by **\$900M** over seven years by leveraging end-to-end BPaaS solution for the second largest not-for-profit health plan in U.S.
- Reduced claims interest payments by **35%** for a leading West Coast health plan by delivering a non-contracted new business metric.
- Successfully maintained MTM score at **13.0 points (100%)** for a leading healthcare insurance company.

Let's get started

Reduce operating costs, gain next-gen capabilities and compete more effectively in the member-centric healthcare industry with Cognizant Digital Healthcare Payer. For more information about delivering modern member engagement and experiences with Cognizant Digital Operations,

please visit www.cognizant.com/cognizant-digital-operations.

About Cognizant

Cognizant (Nasdaq-100: CTSH) is one of the world's leading professional services companies, transforming clients' business, operating and technology models for the digital era. Our unique industry-based, consultative approach helps clients envision, build and run more innovative and efficient businesses. Headquartered in the U.S., Cognizant is ranked 195 on the Fortune 500 and is consistently listed among the most admired companies in the world. Learn how Cognizant helps clients lead with digital at www.cognizant.com or follow us @Cognizant.

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