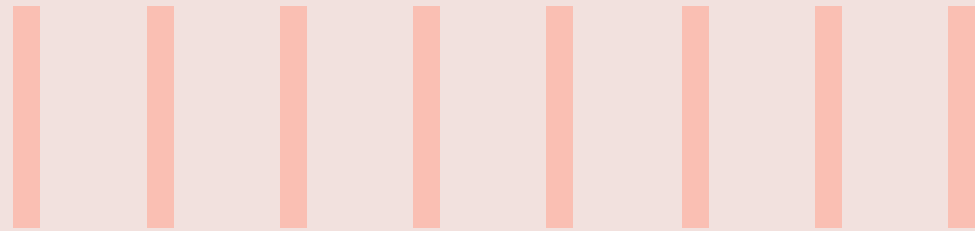




MULTI-STATE MEDICAID AND MEDICARE HEALTHPLAN

Impact assessment and remediation strategy
for participation in Public Exchanges



Abstract

Infosys Public Services evaluated the impact of State Exchange and Federally Facilitated Marketplace participation on healthplan's business functions and systems. Infosys leveraged its Public Exchange Onboarding solution to propose a remediation strategy to address multiple Patient Protection and Affordable Care Act (PPACA) requirements and accelerate Exchange participation.

Business Situation

Fortune 500 multi-state Medicaid and Medicare plan engaged Infosys to conduct impact assessment and define a remediation strategy to accelerate and facilitate participation on multiple State

Exchanges and the Federally Facilitated Marketplace (FFM).

Infosys Solution and Business Value

Infosys leveraged its healthcare and health insurance exchange expertise to identify

critical participation impacts. Infosys proposed accelerators from the Public Exchange Onboarding solution to minimize internal system modifications, fast-track remediation, and minimize program risk.

| Functional Area | Participation Impact | Remediation Strategy <i>Infosys Solution Accelerators and Benefits</i> |
|--|---|--|
| Member Management / Eligibility / Enrollment | Modify and enhance enrollment interface for 834 new formats | HIPAA 5010 – Exchange 834 companion guide gap analysis framework to guide remediation of electronic data interchange (EDI) gateway, and accelerate enrollment readiness by 8% – 10% |
| | Modify interactive voice response (IVR) capabilities; update call center operations for new members, new workflows | Call center reference integration architecture to provide a roadmap for rapid build out / update of contact center infrastructure and workflows |
| PPACA Analytics and Compliance Reporting | Validate compliance with Medical Loss Ratio (MLR) requirements | MLR optimization and retention analytics – predictive analysis to facilitate compliance with MLR limits, improve member retention by ~30%, and address switchover premium loss |
| | Qualified Health Plan (QHP) compliance and reconciliation, cost sharing reduction (CSR) update, plan enrollment, premium reconciliation, etc. | Centers for Medicare and Medicaid Services (CMS) compliant automated reporting solution to enable ~25% productivity gain over internal development |
| Premium Processing / Financial Management | Update process to calculate cost share reduction subsidies | Cost Share Reduction solution computes CSR and reconciles CMS advance payments without impacting internal claims systems |
| Provider Network Management | Comply with provider network adequacy requirements | Provider network adequacy analytics for network access / spread analysis to adhere to QHP certification guidelines, compliance monitoring, and network optimization |
| Plan Management | QHP certification via System for Electronic Rate and Form Filing (SERFF) to comply with benefit design standards | SERFF data creation tool automates SERFF plan data collection and validation with significant productivity gains over internal development or manual options |

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