Cognizanť

Case Study: Healthcare

Custom Service Entitled Medicare Eligibility

The Client

The client is a healthcare insurance organization that provides medical, dental and vision insurance plans and products to individuals and employers.

The parent company and its subsidiaries provide services to individuals residing in all 50 states and over 130 countries, serving approximately 115 million consumers in 2016.

The Challenge

As with most medical insurers, members are comprised of individuals of varying age and health. A portion of members face a life-changing



diagnosis – those afflicted with illnesses ranging from cancers to neurological disorders to childhood diseases and more – were posing challenges to this large payer. With the company goal of helping its members live their healthiest lives, the client was looking to simplify the healthcare experience for its members and best meet individual care needs, while also aiming to take advantage of cost-saving initiatives. The client discovered a large portion of diagnosed members that were eligible for government-sponsored healthcare coverage, but retained medical insurance services through the client for various reasons, including time constrains or a lack of awareness of eligibility. The client was unnecessarily absorbing healthcare costs for members eligible to receive care under Medicare and was in search of a solution.

The Solution

To meet the needs of the client, Bolder Healthcare Solutions, a Cognizant Company (BHS), created a custom service entitled Medicare Eligibility. This service provided Medicare-eligible members with the information, tools and one-on-one assistance needed to migrate their medical coverage to government-sponsored Medicare insurance.

BHS appointed a specialized team of disability experts and, on behalf of the client, worked with members who were identified as candidates. Bolder's social security disability experts screened and assisted eligible members to help them apply and gather the necessary supporting documentation.

Once approved for disability benefits, the member is then eligible for Medicare after the appropriate waiting period. Reports and regular communication kept the client aware of the progress. The assistance was from start to finish, culminating once the member's admission to Medicare was complete.





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The Results

This proved to be a positive cost-saving solution, with a large number of participants removing themselves from the client's coverage. By outsourcing the service, the client also saved money because it was not necessary to hire additional staff. And while losing a valued customer could pose a risk to a healthcare payer, many of the members who chose to make the switch to Medicare also retained services from the client, often as secondary insurance or coverage for others in their family.

This helped the client continue relationships with its members while promoting positive goodwill at the same time. The program also equated to cost savings for members in the form of reduced patient out-of-pocket costs, since the majority of care was now covered by Medicare with secondary coverage from the client. Additionally, members were often entitled to back payments in the form of a lump sum payout along with their regular monthly payments. Beyond the financial benefit of the program, the positive customer relationships that BHS helped cultivate were immeasurable. From the members' standpoints, they were pleased to hear from a voice advocating on their behalf.

Feedback from the client overwhelmingly stressed how pleased members were to receive such personalized customer service. In today's healthcare landscape, where consumers are increasingly skeptical of large organizations, this service created value for members and resulted in a positive customer experience with the client. Since the client's goal was to "enhance the performance of the health system and improve the overall health and well-being of the people served and their communities," the client was elated that BHS brought a solution that is above and beyond what is considered a normal service offering.

According to the client, "We cannot put a price tag on such a great benefit to our members."

For BHS, this was another step toward forming a positive partnership with payers and healthcare organizations.





About Cognizant

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