



Healthcare case study



PacificSource cuts technical debt and raises member loyalty

PacificSource streamlines Medicare Advantage enrollment with Cognizant TriZetto Enrollment Administration Manager.

At a glance

Industry
Healthcare

Challenge
Reduce technical debt, update legacy processes and speed member enrollments

Products and services
Cognizant Advisory Services
TriZetto Enrollment Administration Manager

Success Highlights

- Cut Medicare enrollment processing time from four days to one
- Avoided incremental labor increases during annual election period
- Reduced IT and operations costs

The challenge

Our client, PacificSource, expanded into government programs by acquiring Medicare Advantage and managed Medicaid plans. During the acquisition, its Medicare enrollment team migrated to Cognizant's TriZetto® Facets® core administrative platform, which the plan already used for its commercial lines of business. As an interim step to simplify processes, PacificSource developed custom code to link TriZetto® Enrollment Administration Manager (EAM) to Facets. Over time, however, the custom coding obstructed the company's ability to adopt new EAM features and functions as they were introduced. Processing member enrollments took up to four days, potentially affecting members' ability to access needed services and prescriptions.



A heavy technical debt burden

The system's legacy code and processes increased manual labor and costs for the PacificSource operations teams. For example, while EAM has a feature to automatically perform eligibility checks, the PacificSource team could not use it because of the custom scripts. This meant staff had to manually look up individuals in the portal operated by the Centers for Medicare & Medicaid Services (CMS) to verify if a person was qualified and eligible for Medicare Advantage.

Similarly, PacificSource had manual processes for determining late enrollment penalties, low income subsidies (LIS), validation reporting and broker flags. Teams also had to manually assign product and class/plan values in Facets. These tasks contributed to long enrollment processing times.

Finally, despite its limited functionality, the custom coding process consumed too many business and IT resources.

Our approach

We partnered with PacificSource to assess its use of EAM and related processes. We made 31 process, configuration and feature recommendations that its operations teams could adopt to reduce technical debt and gain efficiencies. We also worked with the client's enrollment team to implement the recommendations that would deliver the most benefit during the upcoming Medicare annual enrollment period.

PacificSource started by enabling nine features already existing in EAM to eliminate a variety of custom code and related manual processes. Decommissioning the custom code required extensive collaboration and review to ensure uninterrupted business operations as the annual enrollment period opened.



“The recommendations, action plan and timelines exceeded our expectations and as a result, we had one of the most successful open enrollments in years.”

—Jane Hannabach, VP of Government Operations, PacificSource

Business outcomes

The EAM features delivered immediate efficiencies to PacificSource. Sales, marketing, product and regulatory teams could access accurate member data more quickly, enabling the organization to pivot and adjust advertising and marketing campaigns to specific markets.

Eligibility features in EAM decreased enrollment processing from four days to one. This improvement meant members received faster confirmation, enrollment letters and membership packets.

By implementing the features and removing manual processes, PacificSource avoided hiring additional personnel during the high-volume annual enrollment period, saving more than \$42,000 in temporary staffing costs. Decommissioning custom code saved countless programming hours and provided additional cost savings, freeing PacificSource to dedicate staff and funds to other critical projects.



Building loyalty instead of legacy debt

With most members receiving their enrollment confirmation within 24 hours of processing, they can swiftly access the care they require. The improved service increases member trust and loyalty, helping PacificSource carry out its mission to the community it serves.

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