



Reaping the Rewards of Automating the Appeals and Grievance Process

El Paso First Health Plans, Inc. streamlined workflows, automated processes and enabled regulatory compliance with the TriZetto QNXT Appeals and Grievance Workflow solution.

El Paso First Health Plans, a non-profit health plan serving El Paso and Hudspeth counties in Texas, wanted to replace their cumbersome, manual-based appeals and grievance procedures with an automated solution.

"All of our operational and state mandated deliverables were completed by hand and we had accumulated several years' worth of paper cases," said Sharon Perkins, Senior Director of IT at the health plan. "Research for each case was tracked manually and internal routing meant walking the paper case to the next department. As volumes increased, this manual process was no longer feasible."

AT A GLANCE

The TriZetto® QNXT™ Appeals and Grievance Workflow™ solution helped El Paso First Health Plans reduce costs through automation.

Solution Highlights:

- 50% increase in Complaints and Appeals Specialist productivity
- Elimination of staff overtime
- 75% reduction in investigation response time

OUTCOMES

El Paso First Health Plans is thrilled with the results it has been able to achieve. It now has a fully-automated, centralized process for appeals and grievances that is saving them time, money and effort.

“We couldn’t be happier with the results we are achieving with the TriZetto QNXT Appeals and Grievance Workflow solution. It automates a highly labor intensive process that was costing us time and money.”

Sharon Perkins
Senior Director of IT, El Paso First Health Plans, Inc.

With a 50% increase in productivity for the plan’s Complaints and Appeals Specialists, El Paso First Health Plans has eliminated staff overtime requirements, and investigation response time has been reduced by 75%.

To maintain compliance, reduce costs and increase efficiency, El Paso First Health Plans licensed the TriZetto QNXT Appeals and Grievance Workflow solution. The software allowed the plan to create business rules that combined CMS and Affordable Care Act regulatory requirements with internal business processes and establish new workflows tailored to their unique needs. Instead of a spreadsheet, the health plan now has a central repository for all appeals, grievances and complaints with access to related member, provider, claims and authorization information.

“As soon as we went live with the new system we began reaping the benefits of this automated solution,” adds Perkins. “Time required for new case creation, routing, research and the generation of acknowledgement and resolution letters has decreased significantly. Our operational and state report generation is now fully automated, as well.”

ABOUT TRIZETTO® HEALTHCARE PRODUCTS

We help healthcare organizations enhance revenue growth, drive administrative efficiency, improve cost and quality of care and improve the member and patient experience.

Our extensive line of solutions and services harness the power of digital to optimize your business.

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World Headquarters
500 Frank W. Burr Blvd.
Teaneck, NJ 07666 USA
Phone: +1 201 801 0233
Fax: +1 201 801 0243
Toll Free: +1 888 937 3277

European Headquarters
1 Kingdom Street
Paddington Central
London W2 6BD England
Phone: +44 (0) 20 7297 7600
Fax: +44 (0) 20 7121 0102

India Operations Headquarters
#5/535 Old Mahabalipuram Road
Okkiyam Pettai, Thoraipakkam
Chennai, 600 096 India
Phone: +91 (0) 44 4209 6000
Fax: +91 (0) 44 4209 6060