Utilization management (UM) typically accounts for 85% of a health plan's overall costs. Controlling these costs requires an integrated solution that can help improve utilization and enhance care management.

QNXT Utilization Management delivers authorization, referral and pre-certification features that support the business of managing patient benefits utilization. Integration with the TriZetto QNXT core application allows you to increase claims processing productivity to achieve higher first-pass rates and improve end user efficiency and helps ensure proper administration of utilization management policy.

QNXT Utilization Management is part of the Cognizant line of TriZetto Healthcare Products—a portfolio of software products that help healthcare organizations enhance revenue growth, drive administrative efficiency, improve cost and quality of care and improve the member and patient experience.

The application's powerful UM capabilities also can be combined with the TriZetto CareAdvance Enterprise® application and TriZetto QNXT Appeals and Grievance Workflow™ to provide a comprehensive, cost-effective solution that delivers full care management functionality across utilization, disease and case management.
Key system components
The system’s Prospective UM functionality allows you to process new reviews, view existing reviews, follow up on a review, add concurrent reviews to existing reviews, and find duplicate reviews for health plan members. You can also route the review to another user, link one review to another, and link a review to a case management episode. Reviews can be referrals, requests for authorization or both.

- Admission. Inpatient hospital pre-certifications may be documented in the Confinement section of Prospective UM. This pre-certification includes the number of requested, authorized and actual inpatient days.
- Services. Referrals and/or pre-authorizations for ancillary inpatient care, the surgeon, the assistant surgeon and all outpatient care is documented in the Services section of Prospective UM.

The contracts section of the module lets you document negotiated fees or discounts for a provider, identify fees for a range of dates and by type of service or procedure code, and view remarks about the negotiated fee.

UM inquiry features offer summary information views on multiple service or admission reviews, while UM review functionality lets you initiate reviews by health plan personnel. Reviews of submitted UM documents can be completed by the professional reviewer as required by the health plan.

Additional system capabilities
- Referral Processing
- Pre-authorization Processing
- Utilization Management Batch and Real Time Service Loads and Maintenance
- Integrated Claims and UM Processing
- Utilization Management Contracts for Negotiated Provider Fees
- Service Level Tracking, including Medication Management
- Letter Generation
- Episode Authorizations for Services and Admissions to increase claim match accuracy
- Control Benefit Level via Authorizations
- Concurrent Review
- Length of Stay Authorizations by Room Type
- Clinical Criteria Options (e.g., Milliman) to Support Appropriate Decision Making
- Clinical Editing for Utilization Management
- Review Consumed and Remaining Units and Amounts
- Discharge Management

Reach your objectives faster
In addition to TriZetto QNXT Utilization Management, we offer an extensive line of solutions and services that harness the power of digital to optimize your business. Achieve new levels of performance and efficiency with Digital Business, Digital Operations, and Digital Systems and Technology capabilities from Cognizant.

For more information about how the Cognizant line of TriZetto Healthcare Products can help you enhance revenue growth, drive administrative efficiency and improve cost and quality of care, call 1-800-569-1222 or visit www.cognizant.com.