Robots-as-a-Service

QLXTM Robot Experience

Claims

Adjustments:

• Interest Payments – Create interest claims.
• Reverse and Adjust Price – Reverse paid claims and adjust pricing.
• Quarterly Fee Schedule Updates – Reverse claims and re-adjudicate in order to be processed through updated Fee Schedules.
• Risk – Adjust diagnosis codes for CMS RAPS reporting.
• Edit 225 (High Cost Pharmacy) – Pay or deny pharmaceutical products using provider-specific high-cost threshold crosswalks.
• DRG Pricing – Determine DRG using the MicroDyn/#M APR-DRG tool and apply DRG pricing using client-specific crosswalks.
• EAPG Pricing – Validate claim line data and apply pricing from a state-provided spreadsheet.
• IHT Percentage Reductions – Apply MTR recommendations based on the iHealth report.
• LTSS – Process claims according to Medicaid rules.
• MedPost – Deny specific service lines and reprice based on client-provided report.
• PCP Copay – Adjust copay on claims for primary care visits based on market standard, reversing claims where required.
• Remove OOP – Remove patient’s responsibility from claims.
• Sequestration Pricing – Apply 2% reduction for Medicare sequestration.
• Sequestration Removal – Remove incorrectly applied sequestration pricing.
• Legacy System Sunsetting – When sunsetting a system, make adjustments to service lines in either system based on specific criteria.
• VOID – Void claims using a void reason crosswalk.

Authorizations:

• Q-Auth Creation/Updates – Create and update authorizations.
• Edit 205/408 – Research and apply authorizations using VITAL and MedHOK applications.
• Edit 236 – Research and apply referrals for specific services.
• Edit 367 – Research and apply authorizations using VITAL, CCMS, and MedHOK applications.
• Edit 610 – Analyze service code hierarchy to reconcile authorized services from UM document and the claim.

Claim Scrubbing:

• Add Memo/Add Attribute – Add memos or attributes for various claim updates.
• Edit 101/201 – Research and reconcile claim provider/member details either with provided information or EDI.
• Member Not Found/No Affiliation – Research and add missing members/providers to claims.
• Units Correction – Update units on claim to match units from EDI.
• Validation – Reconcile discrepancies between original EDI data and the imported claim.

Standard QNXT Pends:

• Edit 219 – Pay or deny surgical services based on claim submission date.
• Edit 224 (Maternity) – Pay or deny maternity care claims using EDI data.
• DME – Research and apply authorizations for DME rentals.
• Edit 225 – Apply manual pricing based on scenario-specific rules.
• Edit 225 Repricing – Apply manual pricing for inpatient and outpatient claims, excluding renal dialysis claims.
- **Edit 311/541** – Process claims according to the timely filing rules.
- **Edit 334** – Research and resolve Micro-Dyn APC Active pricer edits.

**Specialty Claims:**
- **HCC/AHA** – Process PHP claims.
- **Vaccine Denials** – Deny service lines with flu immunization procedure codes.
- **IPA Denials** – Deny claims to the correct IPA.
- **CBAS** – Price and research authorizations for community-based adult service based on state-specific guidelines.
- **State-specific Processing** – Process claims based on state-specific guidelines.

**Duplicate Claims:**
- **Edit 519/522/531/532/1034/1111** – Research and reconcile potential duplicate claims by paying or denying the claim.
- **Edit 913 (ZADJUSTMENTS)** – Process claims based on status of patient’s historical claims.

**COB:**
- **Edit 216/252** – Pay or deny claims based on services using various COB crosswalks.
- **Edit 262** – Create a continuous span of a member’s COB records.
- **COB** – Determine if claims should be paid or denied and calculate patient’s responsibility.

**Encounter Data:**
- **Atypical Encounter Claims** – Research and add pay-to provider to existing claims.

**Configuration Processes**
- **Benefit Configuration** – Update benefit terms with ICD-10 diagnosis codes.
- **Provider Contract Updates** – Add new contracts for previously-configured providers.
- **Secondary Claim Job** – Schedule the secondary claim job creation process.
- **Fee Schedule Updates** – Update contract terms with new rates based on fee schedules.

**Provider Maintenance**
- **Provider Load** – Build providers, pay-to entities, and service locations.
- **Provider Term** – Term provider networks and contracts.
- **Update Provider** – Update provider on claims using supplied information.
- **Provider Contract** – Update provider records with new contracts.

**Enrollment**
- **Call Tracking** – Log calls that were received by Member Services for PCP updates.
- **Dual Enrollment** – Determine primacy for dual enrolled members.
- **Eligibility Recon** – Add and terminate member enrollments based on client-provided report.
- **Enrollment Updates** – Update termination dates for member enrollments.
- **EAM to QNXT Sync** – Reconcile information between QNXT and EAM.
- **MAS Reports** – Terminate eligibility based on eligibility report.
- **Optional Supplement Disenroll** – Terminate member’s optional coverage.
- **PCP Default** – Update PCP for defaulted members.
- **PCP Affiliations** – Retroactively update PCP affiliations and term dates for active members.
- **TRR** – Process CMS TRR reports:
  - **TRR 121** – Reconcile member’s LIS info between EAM and QNXT.
  - **TRR 071** – Terminate member’s standard plan and add hospice plan.
  - **TRR 072** – Terminate member’s hospice plan and add standard plan.

**Billing**
- **Financial Penalty** – Create claims to bill providers for submitting paper claims.
- **Payment Posting** – Post premium payments to Member module.
- **Refunds** – Reverse and adjust claims, and refund payment for specific procedures.
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HPA is a provider of fully-managed robotic process automation services; documenting, building, deploying, and managing digital workforces on our clients' behalf. Learn more at www.hpa.services.

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Cognizant (Nasdaq-100: CTSH) is one of the world’s leading professional services companies, transforming clients’ business, operating and technology models for the digital era. Our unique industry-based, consultative approach helps clients envision, build and run more innovative and efficient businesses. Headquartered in the U.S., Cognizant is ranked 195 on the Fortune 500 and is consistently listed among the most admired companies in the world. Learn how Cognizant helps clients lead with digital at www.cognizant.com or follow us @Cognizant.