TriZetto® Robotic Process Automation - Powered by HPA

Pre-built solutions for QNXT™

The QNXT Robot Marketplace is comprised of pre-built, yet fully customizable, solutions to transform manual tasks into scalable, reliable automation. Each solution contains all the core steps in a process but can easily be customized to your specific process or configuration.

Claims:

- **Edit override -** The solution overrides predetermined edits on a specific subset of claims and the edits can be customized for each job. The subset of claims can be submitted to the solution for automation or the criteria for identifying the claims can be provided for the solution to generate a job on its own.

  Key benefits: Reduces the staff effort on repetitive manual tasks and is a quick way to handle a large subset of claims with edits that need to be overridden.

- **Manual pricing -** The solution either adjusts the existing price on the service line using custom logic or stores the claim information and inputs the data into an external calculator while inserting the new pricing back into the claim. It also overrides any edits required to adjust the pricing.

  Key benefits: Reduces costly human errors leading to less rework and overpayments and is a good solution for specific complicated provider contracts while providing more accurate and timely payments to providers.

- **Member matching -** The solution gathers member information submitted on the EDI form (837) and searches for the member in QNXT to determine a match based upon stored data. If a match is found, the member record is attached to the claim and it's adjudicated. If no match is found, the claim is left pended and the solution reports back that no member can be found. The solution checks subscriber name, date of birth, subscriber ID, and Social Security number.

  Key benefits: Reduces manual effort for enrollment and claims teams and is an easier solution to identify claims with members that need to be reviewed and loaded into QNXT.

- **Duplicate claims -** The solution reviews and compares claims in the member's history submitted by the same provider. The solution will determine if the whole claim or individual service lines are duplicates and should be denied or if duplicate edit(s) can be overridden and the claim released for payment. The solution checks data points including the provider's name and affiliations, service location, diagnosis codes, dates of service, and services rendered.

  Key benefits: Speeds turnaround for payments leading to fewer provider resubmissions and additional duplicate claims while reducing the risk of overpayment from multiple duplicate claims.

- **Deny service lines/claims -** The solution reviews all claims containing predetermined customizable criteria and denies the corresponding service lines or entire claim. Criteria for denial can be fully customized (services, diagnostic codes, edits, etc.)

  Key benefits: Reduces the risk of overpayment, reduces the staff effort on repetitive manual tasks, and is a quick way to handle a large subset of claims/service lines that need to be denied.

- **Prior authorizations -** The solution researches approved prior authorizations present for the member in the system, when a valid match is found the solution attaches the matching authorization to the service lines and adjudicates the claim. If no match is found, the claim or service lines will be denied. For services that do not require authorization, the solution will override the edit and release the claim.

  Key benefits: Speeds turnaround time for payments (leading to an increase in both provider and member satisfaction), reduces the risk of overpayment from incorrectly authorizing services, and is a great way to handle authorization requirement exceptions.

- **Provider matching -** The solution gathers provider information submitted on the 837 and searches for the provider in QNXT to determine a match based upon stored data. If a match is found, the provider record is attached to the claim and it's adjudicated. If no match is found, the claim is left pended and the solution reports back that no provider can be found. The solution checks billing provider data from the 837 including provider name, National Provider Identifier (NPI), TaxID, and address.

  Key benefits: Reduces manual effort for provider maintenance and claims teams while creating accurate and timely payments to correct providers.

- **Add claim memo -** The solution adds a custom memo to a specific subset of claims. The memos can be customized for each job.

  Key benefits: Useful for adding specific custom notes to a large subset of claims while reducing staff effort on repetitive manual tasks.

- **Adjustments -** The solution first creates an adjustment from the previously paid claim. Then, based upon specific rules, the solution will perform the required updates to the adjusted claim. These could include: rate updates, diagnosis addition or removal, or changing the member's coverage.

  Key benefits: Reduces staffing challenges around large adjustments and increased timeliness around large projects with tight deadlines.

Enrollment:

- **New member/group enrollment -** The solution will take a list of new individual members or a new group and set them up in QNXT using the standard enrollment setup function in QNXT.

  Key benefits: Reduces manual errors in member data, reduces potential for overtime, and helpful during open enrollment periods when enrollment volumes spike.

- **Transaction reply reports -** The solution processes various common CMS TRR files, taking action based on the corresponding Transaction Reply Codes, including disenrollment and enrollment updates.

  Key benefits: Reduces manual effort spent updating enrollment information, improved turnaround time on TRR files, and helps maintain CMS compliance.

- **PCP updates -** Whether it's a request to select a PCP for a first-time member or a request to change an existing member's current PCP, the solution will open the member's record in QNXT and assign the new PCP to their current enrollment span.

  Key benefits: Reduces manual effort around member maintenance, speeds turnaround time on PCP update requests, and increases member satisfaction.

Utilization Management:

- **Utilization management updates -** The solution will make updates to data points on existing UM documents based on a supplied list of requested changes and corresponding document numbers.

  Key benefits: Reduces manual effort updating data points across large groups of UM documents, improved accuracy of data entry, and reduces the risk of incorrect claim denials due to missing or inaccurate authorization data.

- **Automatic case approval -** The solution will automatically approve pending cases based on a list of pre-approved codes and populate closure notes with templated reasons, allowing case management staff to focus on more complicated cases.

  Key benefits: Reduces time spent on case management review, speeds turnaround time for claim payments pending authorization, and reduces the risk of incorrect claim denial.

Provider:

- **Provider loading -** The solution will take the key provider data points submitted on a claim to validate that no matching provider record already exists in QNXT and then use the data to create a full non-par provider record or a shell record for a participating provider. Steps can be included to validate NPI and Medicare opt-out status.

  Key benefits: Reduces manual effort for provider maintenance team, speeds processing turnaround time for associated pending claims, and improved provider data accuracy.

- **Network updates -** The solution adds and/or removes networks on provider records in QNXT based on a supplied list of providers and the corresponding updates required.

  Key benefits: Reduces manual effort for provider maintenance team with large network row update projects, quicker completion time for large projects, and improved provider data accuracy.

- **Contract updates -** The solution attaches new contracts to provider records in QNXT based on a supplied list of providers and the corresponding contracts that need to be added.

  Key benefits: Reduces manual effort for provider maintenance team, speeds completion time for contract update projects, and improved data accuracy and claim payment accuracy.

- **Demographic updates -** The solution will make updates to pre-determined provider demographic data points on provider records in QNXT based on custom source data.

  Key benefits: Reduces manual effort for provider maintenance team keeping up with demographic update requests, speeds completion time for backlogs or large health system requests, and improved provider data accuracy and compliance.

Configuration:

- **Fee schedule updates -** The solution will update all of the relevant contract terms for each agreement with new fee schedule rates in either QNXT or NetworX using a supplied list of agreement IDs and updated rates.

  Key benefits: Reduces manual effort spent by configuration teams, speeds turnaround time for large fee schedule update projects and reduces downtime for claims processing, reduces the risk for data entry error causing claim payment inaccuracy.

Visit our website to learn more about how HPA is helping healthcare payers scale their operations, process claims faster, and keep costs under control.

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