



Data Sheet

TriZetto® QNXT™ Appeals and Grievance Workflow

Streamline management of your appeals and grievance processes

Administering the appeals and grievance process can be difficult for health plans to manage—often relying on inefficient manual practices that leave room for error. These inefficiencies can lead to long resolution times and poor member satisfaction and may result in fines for non-compliance with CMS processes and Affordable Care Act (ACA) regulatory requirements.

The QNXT Appeals and Grievance Workflow module is designed with regulatory requirements at the core (Medicare, Medicaid and others) to automate and manage some of appeals, grievance and complaint process. The application helps reduce costs by increasing automation and streamlining workflows. Cases are electronically routed to the appropriate end user who can perform the tasks required.

The QNXT Appeals and Grievance Workflow module 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. As part of the QNXT platform's workflow engine, the QNXT Appeals and Grievance Workflow module features a lightweight installation that supports easily scalable implementation of multiple workflow solutions as well as multiple QNXT platform environments.

The module allows you to create business rules that are designed to combine regulatory requirements with internal business processes—establishing workflows tailored to your unique needs. The quick turnaround and consistent resolutions can provide a competitive edge to health plans. The module includes a dashboard feature with alerts and real-time tracking of communications, documents and resolution timeframes.

The TriZetto® QNXT™ Appeals and Grievance Workflow module helps health plans:

- Capture relevant case information during intake procedures and manage required timelines
- Ensure timeliness by supporting requirements of multiple lines of business
- Improve efficiency by automating cases to the appropriate user for review
- Increase visibility with real-time metrics and supervisor dashboards
- Improve response time for providers and members
- Provide full audit trail and tracking
- Search directly against member and provider data, claims and utilization management that exist in the TriZetto® QNXT™ platform

QNXT Appeals and Grievance Workflow module integrates with TriZetto® QNXT™ platform for optimal efficiency no separate module needed. The solution offers the ability to configure correspondence templates with the TriZetto Communication System for quick and easy configuration and deployment.

The system also provides a central repository for appeals, grievances and complaints while allowing access to related member, provider, claim and authorization information for tracking and reporting purposes.

By streamlining what can be a high-volume, multi-application and intensive process, the QNXT Appeals and Grievance Workflow module offers payers an integrated, efficient way to manage healthcare appeals and grievances with access to all relevant information from one application.

This enables users to access content related to members and providers without leaving their familiar user interface, in addition to the ability to create correspondence and forms directly from their core application.

Reach your objectives faster

In addition to the QNXT Appeals and Grievance Workflow module, 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.

Benefits of automation

Moving from a manual-based process to a streamlined, automated workflow for your appeals, grievance and complaint program can deliver significant benefits to your organization:

Flexibility

- Creates user-defined routing and workflow itineraries for payer business scenarios
- Configures appeal types, due dates and workflow itineraries
- Integrates with claims and utilization management workflows

Productivity

- Generates real-time monitoring of activity and reporting
- Allows visibility into related documents and correspondence

Transparency

- Provides the ability to generate pre-configured letter templates
- Tracks communications, documents and resolution timeframes in real time
- Prioritizes work items and submissions via streamlined, rules-driven routing
- Aligns tasks with appropriate end user
- Helps plans more effectively adhere to compliance deadlines and requirements, and timelines
- Delivers comprehensive audit trails
- Alerts users to at-risk, time-sensitive items
- Provides easy access to case file information for CMS audits



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