



Data sheet

TriZetto® QicLink ClaimRules™

Claims data and batch adjudication tool

Procedure-driven claims/encounter adjudication that incorporates efficient plan building and maintenance procedures can generate significant cost savings for your organization.

CBX table advantages

The claim benefit cross reference (CBX) matrix drives procedure-driven processing—a key to auto-adjudication. Without procedure-driven processing, adjusters must choose from numerous possible combinations of procedure, diagnosis and place of service codes for each claim. This may result in improper claims payment.

To maximize CBX benefits, a comprehensive matrix must be created—typically, a 9-to-12 month process. The additional plan building required to support CBX is also time-consuming. Further, inappropriate assumptions built into the CBX table will result in adjudication errors and inconsistencies.

A more efficient and effective means of implementing your CBX strategy:

- Achieve greater processing consistency
- Reduce decision matrix and plan build times
- Support enhanced auto adjudication
- Enable detailed and summary reporting

Save time and resources

TriZetto® QicLink ClaimRules™ contains a prebuilt claim logic matrix that has been carefully constructed based on years of insurance and medical industry experience. This universal decision matrix (UDM) contains an extensive collection of claim rules, as well as a universal plan that employs the same benefit coding structure as the UDM. The wide range of benefit codes used by the plan ensures consistent claims processing and allows greater flexibility in detailed or summarized reporting. To take advantage of these features, ClaimRules also comes with a plan building toolkit that defines an efficient plan building methodology.

The QicLink ClaimRules solution is part of the Cognizant line of TriZetto® Healthcare Products—a portfolio of software products that helps healthcare organizations enhance revenue growth, drive administrative efficiency, improve cost and quality of care, and improve the member and patient experience.

Once trained on the solution, users are typically able to implement their UDM within three weeks and new plans can be built in approximately twoand-one-half days, using the toolkit—a significant reduction in required time and effort.

ClaimRules components include:

- A comprehensive, prebuilt decision matrix that uses standard codes
- An extensive plan shell that employs the same standardized codes as the matrix
- A mass benefit code change program that allows multiple benefit codes to be changed at one time
- A history accumulator transfer program that moves the current naming structure to the ClaimRules naming structure
- An enhanced benefit code reporting tool

ClaimRules and ClaimBatch work together

To achieve high levels of claim automation, a logic matrix is required. ClaimRules provides this logic matrix in conjunction with TriZetto QicLink™ ClaimBatch™ to apply all the automated features of batch load, batch data entry and batch adjudication and to support the electronic receipt and application of data. This combination of applications can generate tremendous cost savings from increased adjudication efficiency, accuracy and automation.

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, visit www.cognizant.com.

About Cognizant

Cognizant's Healthcare Business Unit works with healthcare organizations to provide collaborative, innovative solutions that address the industry's most pressing IT and business challenges—from rethinking new business models, to optimizing operations and enabling technology innovation. A global leader in healthcare, our industry-specific services and solutions support leading payers, providers and pharmacy benefit managers worldwide. For more information, visit www.cognizant.com/healthcare.



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