TriZetto® Robotic Process Automation - Powered by HPA

Pre-built solutions for Facets®

The Facets 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:

- **Duplicate claims -** Research and review data points in the member's history to determine if the whole claim or individual service lines are a duplicate and should be denied, can be overridden, or released for payment. The solution checks provider's name and affiliations, service location, diagnosis codes, dates of service, and services rendered.

  Key benefits: Reduces manual handling time for complicated duplicate claims, speeds turnaround time for payments and reduces risk of overpayment on multiple duplicate claims.

- **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 pends 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.

- **Override lines -** This solution will override predetermined warning or error messages on a specific subset of claims with customizable messages for each job. The subset of claims can be submitted for automation, or the criteria for identifying the claims can be provided for the solution to generate a job on its own.

  Key benefits: Quick way to handle large subsets of claims with pends that need to be overridden while reducing staffing efforts on repetitive manual tasks.

- **Prior authorization required -** The solution researches the approved prior authorizations, looking for matches on key information for the member. When a match is found, the solution attaches the matching authorization to the service lines and adjudicates the claim. When a match is not found, the solution denies the service lines or claim. The solution checks provider name and service location, dates of service, service codes or groups, and units.

  Key benefits: Speeds turnaround for payments leading to increased member and provider satisfaction while reducing the risk of overpayment from incorrect authorizations.

- **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, pends, 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 and service lines that need to be denied.

- **Provider matching -** The solution gathers provider information submitted on the EDI form (837) and searches for the provider in Facets to determine a match based upon the 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 until the provider record has been created and it cycles back through to the solution. The solution checks data points from the 837 like provider name, National Provider Identifier (NPI), TaxID, or address.

  Key benefits: Reduces the manual effort for provider maintenance and claims teams, accurate and timely payments to the correct providers, and is an easier solution to identify claims with providers that need to be loaded into Facets.

- **Member matching -** The solution gathers member information submitted on the 837 and searches for the member in Facets 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 the manual effort for enrollment and claims teams and an easier solution to identify claims with members that need to be reviewed and loaded into Facets.

- **Add claim note -** The solution adds a custom note to a specific subset of claims. The notes 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 will first create an adjustment from the previously paid claim. Then, based upon specific rules, the solution performs 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 Facets using the standard enrollment setup function in Facets.

  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 (TRR) -** The solution processes various common Centers for Medicare & Medicaid Services (CMS) TRR files, taking action based on the corresponding Transaction Reply Codes, including disenrollment and enrollment updates.

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

- **PCP updates -** Whether it is 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 Facets and assign the new PCP to their current enrollment span.

  Key benefits: Reduces the manual effort around member maintenance, improved turnaround time on PCP update requests, and increased member satisfaction.

Utilization Management:

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

  Key benefits: Reduces the manual effort around updating data points across large groups of authorizations, im proved 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 the risk of incorrect claim denial, reduction in time spent on case management review,

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 Facets 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 the manual effort for provider maintenance team, faster 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 Facets based on a supplied list of providers and the corresponding updates required.

  Key benefits: Reduces the 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 Facets based on a supplied list of providers and the corresponding contracts that need to be added.

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

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

  Key benefits: Reduces the ongoing manual effort for provider maintenance team keeping up with demographic update requests, quicker completion time for backlogs of 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 Facets or NetworX using a supplied list of agreement IDs and updated rates.

  Key benefits: Reduces the manual effort spent by configuration teams, quicker turnaround time for large fee schedule update projects and reduced downtown for claims processing, and reduced risk of data entry errors 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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