



Payer Solutions

TriZetto® QNXT™

Transform your business and enable success with an industry-leading core administration system

Cognizant®

Faced with industry disruption across several areas, health plans now have a great sense of urgency to transform their business and drive efficiency across the healthcare core. A strong core administration solution is key to both a successful health plan and business transformation.

The TriZetto® QNXT™ core administration solution provides health plans with a market-leading, comprehensive suite of business solutions to automate multiple processes and enhance efficiency across the organization.

The QNXT enterprise core administration system is an innovative, open access healthcare platform that connects payers, providers and their constituents. The system’s deep, easily configurable rule-based features, functions and workflow helps payers increase automation and lower administrative costs.

With a modern, digital and data-centric architecture that can be deployed anywhere securely, the QNXT platform meets the demands of an evolving market place, grounded on its agile software delivery and commercial-off-the-shelf approach. In turn, this helps payers increase speed to market and decrease their total cost of ownership. The QNXT platform scales easily to serve organizations large and small and also reduces the need for custom development increasing payers’ agility.

As a proven, industry-leading solution, QNXT software has helped health plans previously using disparate, legacy, homegrown systems (and paralyzing surround code) simplify their enterprise ecosystem. By removing barriers to advanced architecture and leveraging rules-based technology, health plans are able to improve user satisfaction and member/provider engagement. QNXT’s platform allows payers to make informed business decisions by consolidating disparate data sources and providing access to real-time data across the system. This helps health plans advance clinical-decision support and meet regulatory compliance helping drive results to increase membership growth.



Lines of business supported:

- Commercial
- Medicare
- Medicaid
- Duals
- LTSS
- Consumer-directed health
- Specialty



Industries served:

- Medical
- Dental
- Behavioral Health
- Vision
- Telemedicine
- Pharmacy (non-formulary)
- Medicare Supplement
- Patient Centered Medical Homes

QNXT Add-On Capabilities

TriZetto® QNXT™ eXtended integration™

The QNXT eXtended Integration™ (QXI) solution drives digitization by enabling automation and system integration to securely leverage the same robust QNXT platform functionalities through application programming interfaces (APIs). APIs provide a high degree of interoperability to manage information from a single source, without creating dependencies on QNXT data structure, components or infrastructure. This enables users to quickly and easily access, search and update information stored within the QNXT system and also deliver that data to other business applications when needed.

QNXT Workflow Solutions

Healthcare market forces require that health plans achieve new levels of performance and efficiency, leaving behind costly and inefficient manual processes prone to error, such as pending claims and administering appeals and grievances.

Designed to reduce manual intervention, QNXT's workflow solutions helps QNXT core system users lower administrative costs and streamline processes with its configurable rule-based automation of specific actions, queuing, prioritization and routing of work. The platform enables scalable adoption of additional solutions from within the engine, allowing health plans to increase speed to market of other workflow solutions and decreasing the total cost of ownership.

Deeply integrated with the QNXT core platform, the agile workflow engine is comprised of multiple workflow solutions, including:

- **TriZetto® QNXT™ Claims Workflow:** Automatically manages and routes claims in real time to users' work queues based on configured routing rules. Prioritized and routed claims are resolved and then reintroduced to the QNXT adjudication process.
- **TriZetto® QNXT™ Utilization Management:** Delivers authorization, referral and pre-certification features that support patient benefit utilization management, allowing plans to increase claims processing productivity, achieve higher first-pass rates and ensure proper administration of utilization management policy.
- **TriZetto® QNXT™ Appeals and Grievance Workflow:** Automates and manages the appeals, grievances and complaints process for health plans, reducing risk and associated costs through increased automation and streamlined routing to align the appropriate people with the right tasks.

TriZetto® QNXT™ Division of Financial Responsibility (DOFR) Module

The QNXT Division of Financial Responsibility Module enables users to define and configure individual Division of Financial Responsibility contractual relationships to analyze and take action during the claims adjudication process in order to reduce costs, enhance flexibility and improve efficiency. This module reduces and potentially eliminates grey areas in defining which party has risk for a specific service.

QNXT Core Capabilities

- HIPAA solution
- Member
- Enrollment & eligibility
- Provider management
- Sponsor (employer/group)
- Claim administration
- Utilization management
- Reporting
- Customer service
- EDI
- Capitation
- Billing & A/R
- Configuration
- Payment

QNXT Solutions for Blue Cross Blue Shield Plans

TriZetto® QNXT™ ITS Interface

QNXT ITS Interface enables Blue Cross and Blue Shield plans to communicate efficiently with BCBSA Inter-Plan software, which supports cooperation among BCBS plans. Users can easily send, receive and manage data regarding claims, providers, membership and both fee-for-service and capitation billing.

TriZetto® QNXT™ ITS Host

QNXT ITS Host integrates with the BCBSA Inter-Plan software and functionality to enable smooth transmission of claims. It enables health plan members to obtain healthcare services in another plan's service area. ITS Host utilizes its pricing agreements to obtain a price for a claim and communicates with the home plan for eligibility and plan benefit information.

Provider Reimbursement Management

As a critical function within payer organizations, provider reimbursement management affects all areas of operations. Understanding the financial implications of provider contracts when utilizing complex reimbursement methodologies helps payers control medical costs and automate key provider reimbursement management functions to help drive administrative efficiencies.

TriZetto® Touchless Authorization Processing

TriZetto® Touchless Authorization Processing (TTAP) is a cloud-based, automated prior authorization processing solution for payers and providers focused on streamlining authorizations, decreasing claim volume and increasing your bottom line.

TriZetto® NetworX Suite®

NetworX Suite software is comprised of highly flexible and easy-to-use applications to increase administrative efficiency of provider networks, support health plans in their compliance efforts with Medicare and Medicaid reimbursement standards and help manage the cost and quality of care through innovative reimbursement programs.

- **TriZetto® NetworX Modeler®:** Enables payers to use historical claim data to precisely model and project the financial implications and risks of proposed contracts to uncover hidden savings opportunities during negotiations.
- **TriZetto® NetworX Pricer®:** Automates claims pricing to increase the speed, accuracy and efficiency of provider contract administration across all lines of business regardless of the number or complexity of contracts.
- **TriZetto® NetworX Payment Bundling Administration:** Administers episode-of-care payments by prospectively aggregating claims into bundles (preconfigured, industry-standard bundles and/or new bundles) during adjudication.
- **TriZetto® NetworX Payment Bundling Administration Analytics:** Provides advanced reporting and analytics based on bundled claims data, allowing users to evaluate episode opportunities, provider performance and manage contracted episodes of care.

Cognizant TruProvider® Platform

Obsolete provider data is one of the top five issues challenging today's health plans. The TruProvider provider data management solution helps address this challenge by cohesively operationalizing the key functions of the provider lifecycle via integrated robust workflows, SLA tracking abilities and role-based dashboards. This helps health plans minimize disruption to processes, such as claims adjudication, and allows room for increased efficiencies in key downstream metrics.

Quality Management Solutions

TriZetto® ClaimSphere® is an end-to-end quality management and reporting platform providing key insights into the patient journey and enabling payer-provider collaboration to drive quality improvement initiatives and navigate the value-based shift. The ClaimSphere suite can help identify gaps in care, increase operational efficiencies and improve patient outcomes, helping payers meet the annual state and national regulatory requirements.

- **TriZetto® ClaimSphere® Clinical+:** A payer-provider convergence platform that facilitates exchange of clinical data to close gaps in care via bi-directional provider registry and creation of NCQA-auditor approved supplemental databases—all leading to operational efficiencies.
- **TriZetto® ClaimSphere® QaaS:** An advanced HEDIS® reporting platform certified by NCQA each year since 2010 that provides near real-time gaps-in-care alerts at the point of service through its integration with QNXT platform, all supported by experienced Service Bureau team for seamless audit and HEDIS® submission.
- **TriZetto® StarSERV®:** An assessment and improvement solution, the StarSERV platform is designed to drive collaboration and automation, enabling plans to prioritize quality measures and cohorts, set up achievable quality initiatives, roll out campaigns and provider scorecards and monitor their progress toward improving CMS Star ratings.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Trading Partners

TriZetto® Trading Partner Service

TriZetto® Trading Partner Service is a fully outsourced EDI transaction and trading partner management service for payers based on our clearinghouse technology platform. The service allows payers to maintain their unique trading partner governance while TriZetto® Provider Solutions manages provider connectivity. The service provides improved auto-adjudication rates by consolidating the number of payer-managed EDI vendor and provider (trading partner) connections.

Care Management

Realizing the cost savings and quality improvement potential of care management programs requires efficient, thoughtfully integrated applications that connect care managers to members and providers.

TriZetto® CareAdvance Enterprise®

The TriZetto CareAdvance Enterprise solution provides a single platform that transforms population health management into a data-driven enterprise activity. Streamlining disease, case and utilization management allows health plans to deliver targeted health information and wellness campaigns more effectively, while getting the most out of interactions with members and providers.

- **TriZetto® Clinical CareAdvance®:** Consolidates utilization, disease and case management processes onto a single automated platform to streamline member interactions with care managers, providers and family members and enhance productivity through better workflows and processes.
- **TriZetto® Personal CareAdvance®:** Provides tools that help members manage their own health more effectively via a secure, web-based solution and portal that proactively pushes appropriate information to members, such as details on health-related topics that matter to them.
- **TriZetto® CareAdvance Provider®:** Streamlines and accelerates workflows associated with health plan and provider authorizations by offering health plans a pre-integrated connection to physicians' offices—enabling physicians to automate authorization processes with greater consistency and medical policy appropriateness.
- **TriZetto® Value-Based Benefits Solution:** Simplifies the design and implementation of member incentive programs that result in a healthier, more engaged member population by encouraging members to effectively manage and improve their overall health through participation in wellness/prevention programs.

Government Programs

Meeting the complex data processing and compliance requirements of Medicare Advantage, managed Medicaid and Commercial Exchanges in a timely manner is critical to your company's success

The TriZetto Elements® solutions for government programs provide comprehensive business support to Medicare Advantage and Part D organizations, managed Medicaid health plans and effective solutions for dual eligible administration and care collaboration.

- TriZetto® Encounter Data Manager:** Supports submission requirements and provides functionality to help meet applicable compliance expectations, improve revenue and reduce overhead. Encounter Data Manager provides a configurable and scalable encounter management solution that produces agency compliant encounter transactions, while enforcing submission rules to help prevent non-compliant transactions from being submitted to CMS, Commercial Exchange or state agencies.
- TriZetto® Enrollment Administration Manager:** Automates workflows to streamline the many steps in the process toward Medicare Advantage enrollment. Enrollment Administration Manager is regularly updated to reflect CMS regulatory changes and can pass data to QNXT platform, making it a critical part of a complete solution.
- TriZetto® Enrollment Administration Manager Workflow:** Provides the ability to automatically balance and redistribute work when volume exceeds predefined thresholds. The workflow capabilities help manage the overall enrollment process and improve visibility and tracking throughout the enrollment lifecycle.
- TriZetto® Financial Reconciliation Manager:** Streamlines and automates the process of reconciling plan and CMS membership data to calculate payments and flag discrepancies. The system prioritizes inconsistencies with the greatest financial impacts and provides key reports and data to resolve differences quickly.
- TriZetto® Claims Data Manager:** Streamlines and simplifies health plans' requirements for submitting timely RAPS data for Medicare Advantage members. The configurable and scalable solution helps produce agency compliant RAPS transactions, while enforcing submission, filtering and formatting rules to reduce non-compliant transactions from being submitted to CMS.
- TriZetto® Risk Adjustment Manager:** Aggregates claims, pharmacy and demographic data and runs that data through algorithms that identify potential conditions that a member may have, assisting in those chart reviews. Results of the chart reviews additions and deletions are entered into Risk Adjustment Manager and extracted for submission via RAPS and EDPS designed to improve the overall accuracy of the data submitted to CMS. With the data accumulated by Risk Adjustment Manager, health plans can request CMS adjust risk scores for their Medicare Advantage members.
- TriZetto® Pharmacy Data Event Manager:** Automates the workflow around pharmacy claim rejections from CMS, providing a clear view into the type of rejections being received and ensuring they are corrected. The solution identifies the issues, determines the reasons for rejection and corrects them for resubmission.
- TriZetto® Risk Score Manager:** Analyzes data submitted by CDM and TriZetto Encounter Data Manager and calculates risk scores health plans can expect based on the diagnoses submitted to CMS. It reconciles those scores against monthly CMS data on reimbursement scores and payments by member from the RAPS response files. With this tool, health plans gain visibility into risk scores, which allows them to better forecast payments over CMS payment periods.
- TriZetto® Rx Reconciliation Manager:** Helps health plans fully understand both the financial and reconciliation activity and that of CMS with regard to Medicare Part D. With this visibility, health plans can better anticipate payment adjustments and make changes for future Part D benefit updates.

Data Access and Engagement Solutions

Healthcare organizations drive deeper engagement, improve outcomes, achieve operating efficiencies and reduce costs through real-time access to reliable and actionable healthcare data from across systems.

TriZetto® TranZform® Platform

An integrated platform powered by robust APIs and data exchange standards that connects data from disparate sources to systems of engagement, core systems and applications in real time for insights into patient and population data, coverage and claims information and to streamline business processes through a single framework.

- **TranZform® EngageConsumer®:** A personalized and guided shopping experience for selecting, enrolling and purchasing health insurance products.
- **TranZform® Broker:** Enables brokers to manage multiple clients simultaneously, keeping tabs on coverage, billing and commissions payments all in one place.
- **TranZform® Employer:** Employers can easily get quotes, add members, adjust enrollment periods and manage employee coverage real-time.
- **TranZform® EngageMember®:** Members can interact anytime, anywhere and receive a detailed view of their coverage information with compelling metrics, timely notifications and relevant healthcare content.
- **TranZform® EngageProvider®:** Provider-centric dashboard and intuitive workflows deliver an end-to-end view of critical data and enable real-time access to actionable patient and population data, accurate claims information and benefit details.
- **TranZform® Analytics:** Predictive analytics that identifies members and patients across the spectrum of risk from high to low cost and utilization and supports innovative digital care plans for chronic and wellness offerings.

Optimization Tools

To get the most value from the QNXT platform, it must be configured properly, with effective migration capabilities between environments and regions. It is also important to be able to ensure compliance with complex regulatory requirements and manage large changes and volumes of changes quickly.

Our suite of optimization solutions gives your IT staff the tools they need to ensure that you will get the best value from the QNXT platform. TriZetto® Optimization Tools offers a suite of value-added applications designed specifically to automate the IT administrative processes associated with the QNXT systems:

- **TriZetto® Claim Test Pro:** Enables users to execute thousands of claims processing use cases.
- **TriZetto® QNXT™ Configuration Solution:** Allows users to automate configuration data change management.
- **TriZetto® Test Data Generator:** Provides users with the ability to clone randomized non-production data sets.
- **TriZetto® Synthetic Executable Enterprise Data:** Creates PHI-free member and claim data.
- **TriZetto® Configuration Data Analyzer:** Allows users to analyze claim data for test use case fulfillment.
- **EDI Transaction Generator:** Enables users to create compliant 834, 837 and other EDI formats from generic input files.

Comprehensive Solutions and Services

In addition to our portfolio of TriZetto Healthcare Products, 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/trizetto.

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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