Cognizant
TriZetto® QicLink Enterprise™

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Succeeding in today's demanding healthcare market requires a core claims administration system that can accommodate benefits management strategies that are continuously evolving.

This system also needs to provide compliance with government mandates. One solution is ready to meet these demands—delivering expanded client/member access to information and reports, supporting emerging cost and quality management initiatives, enabling regulatory compliance and offering integrated tools for competitive advantage.

QicLink™ is the ideal solution to serve as the heart of your benefits administration operation. Designed to maximize automation, ease-of-use and interoperability, it combines the advanced functionality you need with the value and affordability you want. Delivery options include: licensed, hosted, business process outsourced (BPO) or a combination thereof.

QicLink 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.

QicLink – Helping You Manage Care Cost and Quality

QicLink provides an integrated approach that enhances the effectiveness of your operation—helping you better manage claims processes while enabling increased control over the cost and quality of care. How can it do this? QicLink maximizes efficiencies through automation; enables seamless transactions between your providers, members and within your plans; and delivers affordable, integrated access to innovative vendor solutions that help you manage risk.

- Enhance revenue growth with highly configurable and flexible benefit designs that support rapid introduction of new products.
- Become a consumer retail leader by quickly developing and supporting innovative products and offering sophisticated self-service.
- Reduce administrative costs through greater auto-adjudication, integrated workflow management and advanced connectivity.
- Reduce healthcare expense with a growing list of integrated premier partnership offerings that include a national provider network, a national dental network, disease management, business intelligence, physician access through telemedicine, electronic payment and remittance support and out-of-network provider contracting.
- Compete more effectively with affordable, advanced solutions that are comparable to those offered by larger competitors and health plans.

Expansive Business Functionality

QicLink offers proven performance, advanced technology and an expansive array of integrated TriZetto Premier Partnership Program™ offerings to enhance the services and value you provide to your customers. It supports diverse lines of business that include self-funded employer plans, specialty coverages, managed care plans, Medicare, Medicaid and point-of-service plans.

- Flexible core functionality allows you to to adjudicate diverse plan designs, while automation tools support fast, accurate and cost-effective administration.
- Component tools extend the power and value of your application.
- Integrated TriZetto Premier Partnership Program vendor offerings support cost and quality management.
- Integration with other solutions within the Cognizant TriZetto product line further enhance your capabilities. These include: Encounter Data Manager to help you meet CMS and state encounter reporting requirements, NetworX Pricer for automated claims pricing and TriZetto® Health TranZform™ for 360° digital awareness.

The enterprise-wide solution that gives today's health benefits administrators a significant advantage — automation to help you operate more efficiently; pre-integration with solutions that help you manage the cost and quality of care; and an advanced technology architecture to keep your business running smoothly.

An advanced technology architecture

QicLink utilizes the Microsoft®.NET framework and the power of Web services to deliver greater connectivity and information sharing, as well as a user-friendly application design. The system's open architecture supports rapid development and enables faster, easier integration with ancillary applications. The system also incorporates Microsoft SQL Server relational database technology that allows ready access to the system's data elements for export to external programs for reporting, analysis and more.

Benefit Plan Administration

The QicLink application helps benefits administrators easily manage plans ranging from the simple to the highly complex. Plan set-up options let you customize co-pays, deductibles and out-of-pocket amounts. You can establish stop-loss maximums as well as coinsurance and benefit parameters. During adjudication, QicLink can automatically determine the appropriate benefit codes to further increase administrative efficiency and accuracy.

Plan Building

The PlanBuilder functionality within QicLink provides an intuitive, streamlined methodology. By providing English language entry values, users no longer need to translate plan documents into system-required coding structures. Definition and review of plan data can be viewed and interpreted in the business language in which it was originally written. Copy features further enhance the plan building process.

Claims Entry

Data entry screens are tailored to mimic specific bill types – CMS-1500, UB-04, Superbill, Medicare, and ADA formats – enabling entry clerks to capture data quickly and efficiently.

Claims Inquiry

The system stores a history of all claims entered/adjudicated and provides an audit trail of changes, refunds and adjustments. A line-item audit screen offers a single view of data entered for each claim – including benefit calculation details. The history inquiry program provides detailed information on claim procedure codes, modifiers, repriced amounts, contracts, payments and providers, as well as worksheet notes and benefit accumulation specifics. On-demand reprinting of explanation of benefits (EOBs) and worksheets is also available.

Claims Processing

Claims transactions can be processed via standard online adjudication or automated adjudication. The claim adjudication process automatically selects benefits and payment calculations based on plan configuration, provider contracts, and claimant coverage in effect when charges were incurred. Automated adjudication adds multiple input methods for claims/encounter data.

QicLink Adjudication Features Include:

- Adjuster audit tracking
- Medicare processing
- Adjuster inquiry
- New dependent entry
- Calculation history inquiry
- New provider entry
- Capitated encounter processing
- No-pay claim processing
- Claim inquiry summary and detail
- Note review and maintenance
- Claim maintenance
- Payment increase or reduction
- Claim note entry
- PCP inquiry
- Claim pending
- Pending letter entry
- Claim suspending
- ICD-9/ICD-10 translation
- Pre-certification case processing
- COB processing
- Provider inquiry
- Coverage inquiry
- Referral processing
- Dental pre-authorization
- Second opinion processing
- Dependent maintenance
- Split payment entry
- Duplicate claim/line checking
- Supplemental letter processing
- Employee inquiry
- UB processing
- Line item adjustment
- Void, adjustment, and refund processing
- Mail processing
- Worksheet comment entry
- CAQH-CORE Operating Rules-compatible functionality

Take your benefits administration program to the next level by combining the advanced functionality you need with the value and affordability you want.

Duplicate claim editing rules

QicLink automatically identifies duplicate claims through a set-up program that establishes claim checking criteria for exact, as well as possible, duplicates. The checking rules include whether family or individual member claims are considered, which service-related code to match on (benefit code, procedure category, procedure code), and whether to match on provider-based IDs or suffixes. Rules also govern whether to consider benefit type (coverage), diagnosis category or diagnosis code, incurred dates and charge amount, and whether to bypass line items on the same claim and bypass ineligible, voided, or pended claims.

Electronic Claims Receipt

Claims can be received via electronic data interchange (EDI) translator, scanned via optical character recognition software (OCR), or entered through a high-speed data entry program.

Enrollment/Eligibility Processing

The QicLink application enrollment function is automatically linked to all other QicLink application components, and stores demographic data – including participant/dependent address, coverage, beneficiaries, volumes and pre-existing condition status, as well as other coverage and prior coverage information. A Windows®-based look and feel enables easy access to non-restricted information and provides multiple search options. The application also stores complete enrollment history and automates production of creditable coverage certificates, ID cards and enrollment letters.

EOBs and Checks

The system supports automated generation of claim checks, EOBs, claim vouchers, electronic remittance advices and electronic payments. Standard and custom formats are available. A zero-balance funding option supports customers who provide claim funding for each check run. When claims are selected for payment, this option automatically freezes the claims and produces a funding requirement report. As funding is received, frozen claims are released individually or in batch. Automated check reconciliation processing is also available.

Fund Accounting

The QicLink application fund account maintenance program keeps a running balance of financial activity for health, flexible spending, Health Reimbursement Arrangement (HRA) and Health Savings Account (HSA) plans. Accounts can be established by group or product, and a single account can cross several groups and products. Account information is stored by period and contains the beginning balance for the month, as well as total paid claim checks, no-pay claims, paid voucher checks, paid other checks, refunds, voids, deposits, bank charges and investment earnings.

Letters

The system can generate numerous types of member correspondence such as enrollment processing, COBRA activity and Medicare. All QicLink application letters are custom-defined by the user, who can pull data from relevant fields within the system database.

Maintaining Accumulators

QicLink tracks paid claim limits, plan limits, COB, deductible and out-of-pocket amounts accumulated to-date. During claims processing, the accumulators apply appropriate plan and product limits. In addition, extract and load programs are available for updating accumulator data with other payers, such as PBMs, for reconciliation of shared accumulator amounts.

Provider Maintenance

The QicLink provider maintenance program contains master records of all providers, and stores demographic information such as address, phone number, office contact and specialty. The program captures basic physician credentialing information, including office hours, languages spoken and licensing information. Several user-defined fields are available to capture additional required information. Multiple providers can be consolidated under a single ID number and checks and 1099s can be consolidated under a single ID number, as well. Back-up withholding is easily tracked, and an audit trail of changes to provider records is provided.

Reinsurance Tracking

QicLink provides comprehensive reinsurance tracking at both aggregate and specific levels. Reinsurance can be established as paid, incurred, paid and incurred, and run-in or run-out contract types. Lasered specific deductibles as well as aggregating specifics can be tracked.

Extensive reporting is available, including specific analysis reports for submission to re-insurance carriers, as well as aggregate analysis reports that provide attachment point information at the group or plan level. Also available are posting programs to track and record reimbursements received from carriers.

Security

Security access codes for QicLink application users are established system-wide and at specific processing levels. At the system level, operator access can be restricted by program and/or by enrollment group. A copy function allows establishment of master parameters for different types of users and, as appropriate, copying these to individual user profiles. Users may be granted 'inquiry only' access to specific programs or the entire system.

Assigned processor codes heighten security for QicLink claim, enrollment, provider, utilization management and customer service programs and track operator productivity. For example, adjuster security codes are required to access claim adjudication programs. These codes, which define maximum check amounts as well as blind-audit frequencies, are linked to adjuster security levels. The security level defines the adjuster's authority to perform adjudication functions, including overriding specific edits and calculations.

HIPAA Compliance

The QicLink application is designed to be consistent with current HIPAA regulations.

QickLink Component Capabilities

QicLink functionality can be further extended to include integrated component and connectivity service modules from Cognizant's line of TriZetto Healthcare Products. Affordable, integrated access to advanced third-party solutions is also available through the TriZetto Premier Partnership Program.

Component Modules:

- Application Processing
- AutoDental
- Billing
- Claim Workflow (automated adjudication tool)
- Clinical Editing
- Consumer-Directed Healthcare with Real-time Debit Card Administration
- Cost Containment (cost management reporting)
- dataPiction (data access tool for reporting and analysis)
- Dental Logic
- Disability Processing
- Flexible Spending with Real-time Debit Card Administration
- HRA
- HMO Administration
- PPO Management
- Utilization Management
- Web-based Customer Service

Connectivity tools: expanding your reach with truly integrated healthcare management

QicLink Benefits Exchange

Utilizes the power of the Internet to automate benefits enrollment and verification and enable easy online access to claims and benefit information. This customizable tool can be used to help employees, employer groups, physicians, hospitals, PPOs and other providers conduct routine queries regarding benefits verification, eligibility and claims status via a private-labeled Web site. Pre-integration with QicLink enables single sign-on access to the Web-based solutions delivered by a growing number of vendors participating in the TriZetto Premier Partnership Program – including disease and wellness management, out-of-network management, and more.

TriZetto ClaimsExchange®

This online service automates claims repricing by providing benefits administrators with a single interface for exchanging claim information with multiple PPOs. Because of its full integration with QicLink, this valuable service simplifies administration and reduces expense while greatly enhancing claim turn-around.

TriZetto Premier Partnership Program

The exclusive TriZetto Premier Partnership Program provides affordable, integrated access to the same type of high performance, high-impact solutions that larger organizations have in place – but in a more cost-effective, easy-to-implement package. TriZetto has identified and established partnerships with quality vendors whose innovative, proven products and services can enable administrators to better manage plan risk. The TriZetto Premier Partnership Program combines personalized plan management and administration with leading processes and technologies for more effective coordination of benefits and care.

Proven performance, exceptional service and a vision that delivers

In this highly competitive benefits administration market, you need a software solution that goes beyond claims processing to impact the cost and quality of care. The TriZetto QicLink Enterprise application delivers the capabilities you need today while positioning you for success tomorrow.

Microsoft®
GOLD CERTIFIED
Partner

Quick take

The QicLink Enterprise system delivers enhanced usability and performance utilizing the latest Microsoft.NET technology.

- Manage claims through their full life cycle.
- Improve productivity by enhancing workflows.
- Enable smooth transactions between your providers and members.
- Adjudicate plan designs that range from simple to highly complex.
- Manage risk and support quality-of-care initiatives with affordable, innovative, pre-integrated TriZetto Premier Partner solutions.

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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