



Cognizant
TriZetto[®] QicLink[™] Enterprise

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

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 administration operations. 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.

The QicLink 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.

QicLink—Helping you manage care cost and quality

The QicLink solution 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? The QicLink solution maximizes efficiencies through automation; enables seamless transactions between your providers, members and within your plans; and delivers affordable, integrated access to innovative vendor solutions. Through its integrated approach, the QicLink solution is designed to help you:

- Enhance revenue growth with highly configurable and flexible benefit designs that support rapid new product introductions.
- 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 partnership offerings that include a national provider network, a national dental network, data analytics, physician access through telemedicine, electronic payment and remittance support, clinical editing 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 array of integrated TriZetto® Premier Partnership Program offerings to enhance the services and value you provide your customers. It supports diverse lines of business that include self-funded employer-sponsored plans, point-of-service plans, individual specialty coverages, managed care plans, and Medicare or Medicaid plans.

- Flexible configuration functionality supports the adjudication of diverse plan designs, while automation tools support fast, accurate and cost-effective administration.
- Integrated modules extend the power of your application.
- Integrated TriZetto Premier Partnership Program vendor offerings support cost and quality management.
- Integration with other solutions within the TriZetto product line further expand your capabilities. These include: TriZetto® Encounter Data Manager™ to help you meet CMS and state encounter reporting requirements, NetworX Pricer® for automated claims pricing and virtual robots available through the Health Plan Automation service.

The enterprise-wide solution that gives today's health benefits administrators a significant advantage—automation to help you operate more efficiently, preintegration 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

The QicLink solution 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 is designed to work in conjunction with 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. It supports multiple plan/coverage options at the member level, as well as at the group or location level. Tiered provider networks—up to 50 per plan—can be established, with varying benefit levels, co-pays, deductibles, etc., by network if desired.

Plan building

The Plan Builder functionality within QicLink provides an intuitive, streamlined methodology for plan configuration. A single, easy-to-use plan building application consolidates multiple program processes. Copy features and plan templates for commonly used combinations of plan parameters further enhance the efficiency of the plan building process. In addition, plans with limited variances can leverage default plan functionality.

Claims loads and entry

The QicLink solution supports electronic loads of 837P, 837I and 837D, in addition to a proprietary claim load format. Data entry screens that mimic the CMS-1500, UB-04, ADA, and Superbill formats facilitate the direct entry of claims into QicLink, enabling entry clerks to efficiently capture data.

Claims inquiry

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

Claims processing

QicLink processes claims transactions either through the automated adjudication engine or through standard 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. The claim workflow tool establishes plan-specific business rules, including routing claim scenarios requiring examiner review to work queues as specified by the client.

QicLink adjudication features include:

- Adjuster production tracking
- Capitated encounter processing
- CAQH-CORE Operating Rules-compatible functionality
- Claim audit
- Claim maintenance
- Claim note entry
- Claim pending
- Claim suspending
- Coordination of benefits processing
- Dental preauthorization
- Duplicate claim/line checking
- Explanation of benefits and check issuance
- Electronic remits and payments
- Line item adjustment
- Mail processing
- Medicare processing
- No-pay claim processing
- Note review and maintenance
- PCP processing
- Pending letter entry
- Precertification case processing
- Referral processing
- Reinsurance tracking
- Second opinion processing
- Split payments
- Supplemental letter processing
- Void, adjustment and refund processing
- Worksheet comment entry

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

The QicLink solution includes a client-specified matrix to establish criteria for duplicate claims. Differing criteria can be set up to identify exact duplicates or suspect duplicates. The duplicate checking rules can be based on such data elements as the rendering provider, billing provider, diagnosis, procedure code, procedure and modifier, span of dates, etc. You can auto-deny a duplicate claim or route claims that have met certain duplicate checking criteria to a specific work queue for review.

Electronic transactions

QicLink supports standard electronic data interchange (EDI) transactions, including 837s, 835s, 834s, 278s, 270/271s, 276/277s.

Enrollment/eligibility processing

The QicLink enrollment function automatically links to all other QicLink application components and stores demographic data, including addresses, coverages, beneficiaries, volumes and language preference, as well as other insurance coverage and privacy information. The application also stores enrollment history and automatically produces ID cards and enrollment letters.

The QicLink Enrollment Integration tool simplifies the processing of multiple sources of enrollment data in differing formats. It supports fixed length or variable length formats, with a one-time mapping of the inbound data elements to the QicLink solution code values.

Explanation of benefits and checks

QicLink supports automated generation of claim checks, EOBs, claim vouchers, electronic remittance advice and electronic payments. Standard and custom formats are available, as well as interfaces with premier fulfillment vendor partners.

A zero-balance funding option supports customers who provide claim funding approvals for each check run. When claims are selected for payment, this option automatically freezes the claims and produces a funding requirement report. When funding is received, frozen claims are released individually or in batch. Automated check reconciliation processing is also available.

Fund accounting

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

HIPAA compliance

QicLink is designed to be consistent with current HIPAA regulations. In addition to optional member settings for privacy, the solution includes security measures relative to the data. The HIPAA Gateway validates HIPAA compliance of healthcare related X12 EDI transactions through its integration with TIBCO Foresight® Instream®. The TIBCO software also establishes all seven WEDI SNIP Testing and Certification Standards for HIPAA-required electronic healthcare transactions. The HIPAA Gateway, together with TIBCO Foresight Instream, incorporates all components and functionality necessary to receive, validate, route, store and query EDI transaction sets, as well as adheres to all CAQH® CORE Phase I, II and III Operating rules.

Letters

In addition to letters associated with claims, the QicLink solution generates various types of member correspondence relating to enrollment events, such as reaching the maximum age, Medicare eligibility and COBRA. All QicLink application letters are custom-defined by the user, who can specify the data to be pulled from relevant fields within the database.

Maintaining accumulators

QicLink tracks paid claim limits, plan limits, COB, deductible and out-of-pocket amounts accumulated to-date on a real-time basis as claims are processed. In addition, extract and load programs are available to update accumulator data with other payers, such as Pharmacy Benefit Managers (PBMs), for reconciliation of shared accumulator amounts.

Provider maintenance

The QicLink provider maintenance program contains master records of all providers, storing such demographic information as NPI, TIN, address, phone number, office contact, and specialty and taxonomy codes. In addition, the program captures basic physician credentialing information, including office hours, languages spoken and licensing information. Several user-defined fields are available to capture information as required. Annual 1099s for healthcare payments can be generated, for both print/mail and to send to the IRS. Back-up withholding is easily tracked, and an audit trail of changes to provider records is available.

Reinsurance tracking

The QicLink solution provides comprehensive reinsurance tracking at both the aggregate and specific levels. Reinsurance can be established as paid, incurred, paid and incurred, and with run-in or run-out contract options. You can track specific laser deductibles as well as aggregating specifics. Extensive reporting is available, including specific analysis and aggregate analysis reports. Also available are posting programs to track and record reimbursements received from carriers.

Reporting

QicLink has more than 100 standard reports available, with multiple selection criteria options. Operational reports include claim inventory, turnaround time, adjuster and customer service productivity, and audit tracking. Financial reporting includes check registers, check reconciliation, claim funding, lag study and IBNR reports. For claims analysis, the QicLink solution has reports by member, family, employer, line of business, benefit, procedure and diagnosis.

The QicLink Claims Dashboard provides real-time data for key claims processing performance indicators. These include claims status, number of claims received, number processed, number paid, large dollar claims and aged claims. The dashboard provides multiple filter options, multiple formats (chart, PDFs, Excel) and drill-down capabilities.

Security

You can establish security access codes for QicLink application users system-wide and at specific processing levels. At the system level, operator access can be restricted by program and/or group. You can establish profiles for different types of users and copy them as appropriate to individual user profiles. Users may be granted inquiry only access to specific programs or to the entire system.

In addition, separate individual processor codes are required for accessing the QicLink claim adjudication, enrollment, provider, utilization management and customer service programs. In the case of claims processor codes, a maximum check amount as well as a blind-audit frequency can be assigned to each processor code.

QicLink solution component capabilities

The solution consists of multiple, fully integrated components to support the diverse client business needs. Intentionally modular in design, these component modules include:

- Application Processing
- Auto Dental
- Billing
- Claim Workflow (automated adjudication tool)
- Consumer-Directed Healthcare with real-time debit card administration
- Cost Containment (cost management reporting)
- Customer Service
- Data Piction (data access tool for reporting and analysis)
- Dental Logic
- Disability Processing
- Flexible Spending with real-time debit card administration
- HIPAA Gateway
- HRA
- HMO Administration
- PPO Management
- QicLink Benefits Exchange web portal
- Utilization Management

The QicLink solution functionality can be further extended to include products from Cognizant's line of TriZetto Healthcare Products.

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 to enable easy online access to claims and benefit information. This customizable tool can be used to help providers, members and benefit managers conduct routine queries on benefits verification, eligibility and claims status via a private-labeled website.

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 their costs.

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.

Quick take

The QicLink solution delivers enhanced usability and performance utilizing the latest Microsoft® .NET technology.

QicLink is designed to:

- Manage claims through their full life cycle.
- Improve productivity by enhancing workflows.
- Enable smooth transactions between 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 Partnership Program.

About TriZetto Healthcare Products

We help healthcare organizations enhance revenue growth, drive administrative efficiency, improve cost and quality of care, and improve the member and patient experience. Our extensive line of solutions and services harnesses the power of digital to optimize your business. Visit us at www.cognizant.com/trizetto for more information.

About Cognizant

Cognizant (Nasdaq-100: CTSH) is one of the world's leading professional services companies, transforming clients' business, operating and technology models for the digital era. Our unique industry-based, consultative approach helps clients envision, build and run more innovative and efficient businesses. Headquartered in the U.S., Cognizant is ranked 194 on the Fortune 500 and is consistently listed among the most admired companies in the world. Learn how Cognizant helps clients lead with digital at www.cognizant.com or follow us [@Cognizant](https://twitter.com/Cognizant).

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