



Robots-as-a-Service

Facets® Robot Experience

Claims

Adjustments:

- **Access Fee;** Create adjustment by matching claims from client-provided file to original claim in Facets, then cross over to mainframe ITS and create an NF06.
- **Bluesquare;** Create adjusted claim in Facets and cross over to the ITS web portal.
- **Generic;** Clear all line-level pricing overrides and re-adjudicate the claim.
- **Recovery;** Bypass overpayment recovery or issue refund letter.
- **Q-Codes;** Reprice and apply overrides using pricing from payer's web portal.
- **MSRE;** Update allowed amounts for multiple surgery reduction pends.
- **Provider Update;** Update claim's provider based on client-provided report.
- **Home Health CMS Claims;** Reprice home health claims using external CMS pricer.
- **Claim Creation;** Pay interest back to members based on client-provided report.

Authorizations:

- **AUTH;** Search and apply authorizations to claims.

Claim Scrubbing:

- **XC;** Scrub member/provider selection before moving into workflow.
- **MEXC/PAUD;** Review claim notes for member/provider payment exceptions.
- **Review Subscriber Payment;** Determine whether payment should be made to the provider or subscriber.
- **MM/MLTM;** Validate/update claims with multiple modifiers.
- **Manual Processing for Individual Products;** Research member's office visit frequency and add service rule overrides as needed, otherwise paying the claim.

- **Proactive Reports (NONITS);** Check and deny claims with non-par out of state providers.
- **Proactive Reports (MEDEXCL);** Validate and disallow non-applicable procedure codes.
- **Member Audits;** Supply screenshots and documentation for CMS audits.
- **Claims Re-pend;** Re-pend claims to correct queue.
- **J-Codes;** Determine if J-Code is billed with valid NDC using external website.
- **Therapy Bundling;** Bundle therapy services together based on date of service.

Specialty Claims:

- **Outpatient ER (Opt In);** Reprice outpatient emergency room claims for opt-in members.
- **Inpatient (Opt In);** Reprice inpatient claims for opt-in members.
- **Dialysis;** Process Medicare and Medicaid dialysis claims using CMS ESRD pricer and Facets data.
- **SNF RUG;** Reprice and process Skilled Nursing Facility claims for Resource Utilization Groups.
- **SNF Therapy/Custodial;** Reprice and process Skilled Nursing Facility therapy/custodial claims.
- **Critical Access Hospital;** Price inpatient and outpatient claims according to Medicare guidelines.
- **DME Host SF Code Match;** Determine if DME charges are rental or purchase, calculate and add allowed amounts to claim.
- **ASCP;** Price acute care claims that bill an office visit based on surgical codes.
- **FSA Procedure;** Process flex spending withdrawal requests.

Duplicate Claims:

- **DUP;** Research and resolve possible duplicate claims by adjustment or denials.
- **FREQ;** Research and resolve possible duplicate/adjusted hospital claims.

COB:

- **COB;** Determine if claims should be paid or denied and calculate patient's responsibility.
- **Medicare COB;** Apply pricing adjustments using EOB or Facets service rules.
- **COB Letter Notes;** Notate when members/dependents COB letters have been mailed.
- **Sanctions/Crossover;** Verify and apply sanctions for COB.
- **COB OOP Split;** Apply copay to lab and X-ray claims based on member's benefit plan and daily claim history.

Encounter Data:

- **Encounter Claims;** Enter encounter claims using a client-provided spreadsheet.
- **Claim Lines;** Enter and update history claim service lines.

Configuration Processes

- **NetworX;** Update agreement rates in NetworX.

Provider Maintenance

- **PDEM;** Resolve provider demographics mismatches on claims.
- **PUNK;** Resolve unknown/missing providers on claims.
- **AGR;** Resolve unknown/missing provider agreements.
- **DIRE;** Research and select provider.
- **OON Providers;** Update provider records with out-of-network agreements.
- **New Group Setup;** Create new provider group records.
- **Group Renewal;** Renew/update provider group records.
- **Provider Network Update;** Terminate or add networks on provider records.

Enrollment

- **Add/Term/Update;** Add/terminate/update member/subscriber enrollments.
- **TRR Reports;** Update eligibility segments based on enrollment requests from CMS.
- **VIP;** Update member's VIP type.
- **Auto-recovery Update;** Update member accounts for overpayments and reductions.
- **ID Card Ordering;** Order new or replacement ID cards.
- **Membership and Billing Letters;** Generate and prepare change of marketplace letters.
- **Member Audits;** Supply screenshots and documentation for CMS audits.

Billing

- **Payment Posting;** Post credit card payments.
- **Commission Adjustment;** Post commission adjustments from group.
- **Refunds;** Post refunds from provider.
- **Refunds Receipt;** Create receipts for previously-applied refunds post check-write.

About HPA, A Cognizant Company

HPA is a provider of fully-managed robotic process automation services; documenting, building, deploying, and managing digital workforces on our clients behalf. Learn more at www.hpa.services.

About Cognizant

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