

RPA-as-a-Service

TriZetto® 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 the leading RPA-as-a-Service provider for health plans seeking secure, reliable intelligent automation solutions. As a proven automation Center of Excellence, we utilize our proprietary technology and extensive reusable code library to deliver scalable RPA programs that accelerate ROI and reduce total cost of ownership. For more information, please visit hpa.services.

About Cognizant

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