Product Solutions Overview

Claims Management

Electronic Claims

Send professional, institutional, dental, split and many other claims types quickly and cleanly to help with fast reimbursement. Easily submit claims and corresponding attachments.

Secondary Claims/SOS

Automatically identify supplemental policies from the primary claim and electronically submit secondary claims in a secure web environment featuring an extensive payer network and direct data entry functionality.

Workers Compensation

Reduce the amount of time and manual work spent submitting work comp, auto accident and liability claims with a single portal with capabilities to support electronic attachment conversions, claim matching and batch attachments.

Advanced Coding Edits (ACE)

Subject claims to more than 30,000 additional edits to quickly identify problems and correct errors before claims are submitted to payers.

Claim Status Inquiry (CSI)

Access up-to-date claims status at any point during the payer adjudication cycle.

Online Claims Correction (OLCC)

Fix all key areas of claim requiring correction in real time.

Electronic Remittance Advice (ERA)

Find, analyze and print EOB information for easy management and payment tracking, while consolidating data from multiple payers into an easy-to-read, customizable and searchable format.

EOB Conversion, Lockbox & Correspondence

Use sophisticated optical character recognition (OCR) to easily convert paper payments to postable-835 remittance files. Pair lockbox functionality to automatically convert checks into electronic deposits and converts EOBs into postable-835 remittance files.

Patient Engagement

Eligibility

Connect to more than 1,100 payers through a single application to get the most up-to-date information on patient coverage, co-pays, deductibles and more.

Insurance Eligibility Discovery

Automate the identification of a patient's insurer by submitting a real-time eligibility request to multiple payers at once. Automatically check for Medicare coverage and retroactively uncover Medicaid coverage.

Patient Responsibility Estimation

Offers real time adjudication at the patient checkout or prior to service utilizing real time benefit information in combination with payer contracts and allowed amounts, dramatically increasing the odds of receiving full and timely payments from patients.

Prior Authorizations

Automate the process of requesting a Health Care Services Review by leveraging the HIPAA-covered 278. Transactions include electronic authorizations and notice of admissions.

Patient Payments

Drive desired payment outcomes by providing a straightforward and seamless digital financial experience with a patient-friendly portal.

Text-to-Pay

Send balance alerts and offer patients a fast and secure way to make payments directly from their mobile device.

Integrated Voice Response

Offer a dedicated self-service inbound pay-by-phone solution to provide patients with an exceptional virtual billing experience without engaging valuable staff time.

Patient Statements

Provide clear, concise and easy-to-read professional statements to boost cash flow, cut AR days and reduce the cost to collect self-pay dollars. Upload statement files in seconds for fast and accurate printing and mailing.

Credit Card Processing

Improve collections by automating all payment and credit card transactions directly within a secure web portal. Encrypted transactions are seamlessly integrated with financial statements in real-time.

Denials & Contract Management

Advanced Reimbursement Manager Pro

Streamline the discovery and recovery of underpaid and misadjudicated professional and institutional claims. Allows for enterprise level reporting on all aspects of your contract's performance. Rectify upstream issues by tracking common errors, payer trends, and denials.

Denials Workflow Pro

Automate the discovery of denials due to eligibility, authorization issues and more. Streamline appeals with pre-populated appeal documentation and letters.

Revenue Recovery

Dedicated Revenue Recovery experts committed to efficiently reclaiming all underpaid funds from payers, handling the entire process from identification and report building to appeals and comprehensive claim resolution.

Contract Manager

Analyze the economic impact of proposed fee schedule changes and gain a competitive advantage during payer contract negotiations.

Predictive Claim Outcomes

Provides deeper insights into potential denials by leveraging an artificial intelligence (AI) framework that draws from a database of hundreds of millions of matched claims and remits, including historic claim, payment and denial data, across all geographies, payers and providers

Automated Appeals

Create a paperless process by eliminating data-entry and sending auto-populated appeals and any related claim attachments to TriZetto Provider Solutions for touchless printing and mailing.

Billing & Coding

Revenue Cycle Management Services

Utilize comprehensive RCM business process management services - from registration to billing and collections - through a reliable, robust solutions platform with dedicated billing professionals.

Coding Services

Realize improved billing compliance, revenue and cash flow by utilizing an expert team of AAPC- and AHIMA-certified coders to help reduce the risk of rejected or denied claims.

Credentialing

Pulse

Simplify credentialing and re-credentialing by utilizing an intuitive portal coupled with expert-supported service to create an end-to-end process to prevent lags in service.

Analytics

Analytics & Insights

Access beneficial insight and identify growth opportunities with robust analytic tools designed for easy data manipulation that increases visibility into your revenue cycle.

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For additional information please visit our website: trizettoprovider.com