

Product Solutions Overview

Medical Billing Software



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.

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-todate 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

Utilize the patient's benefit information at point of service to calculate the expected amount due and set financial expectations.

Prior Authorizations

Automate the process of requesting a Health Care Services Review by leveraging the HIPAA-covered 278.

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.

Denials & Contract Management



Streamline the discovery and recovery of denied, underpaid and overpaid professional and institutional claims. Rectify upstream issues by tracking common errors and payer trends.

Denials Workflow Pro

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

Contract Manager

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

Automated Appeals^t

Coding Services

denied claims.

Create a paperless process by easily sending appeals and all related attachments to TriZetto Provider Solutions for printing and mailing.

¹Used in conjunction with Denials Workflow Pro and Advanced Reimbursement Manager

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



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.



Credentialing

Pulse

Simplify credentialing and re-credentialing by utilizing an intuitive portal coupled with expertsupported 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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