Healthcare providers | Data sheet

TriZetto Advanced Claim Editing

AI-powered precision for cleaner claims

Activities associated with denial management continue to cause financial burdens for many providers. On average, 10%–13% of a practice's total claims are denied upon initial submission,[1] originating from various points in the revenue cycle: 41% from the front end, 34% from the back end, and 25% from the middle or other areas.[2] There are ways to streamline the appeals process, but it costs at least $25 to appeal professional claims.[3] By submitting cleaner claims, providers spend less time appealing denials and have a higher likelihood of payment. How can practices put up the necessary safeguards to protect the revenue cycle from costly denials?

[1] https://journal.ahima.org/page/claims-denials-a-step-by-step-approach-to-resolution

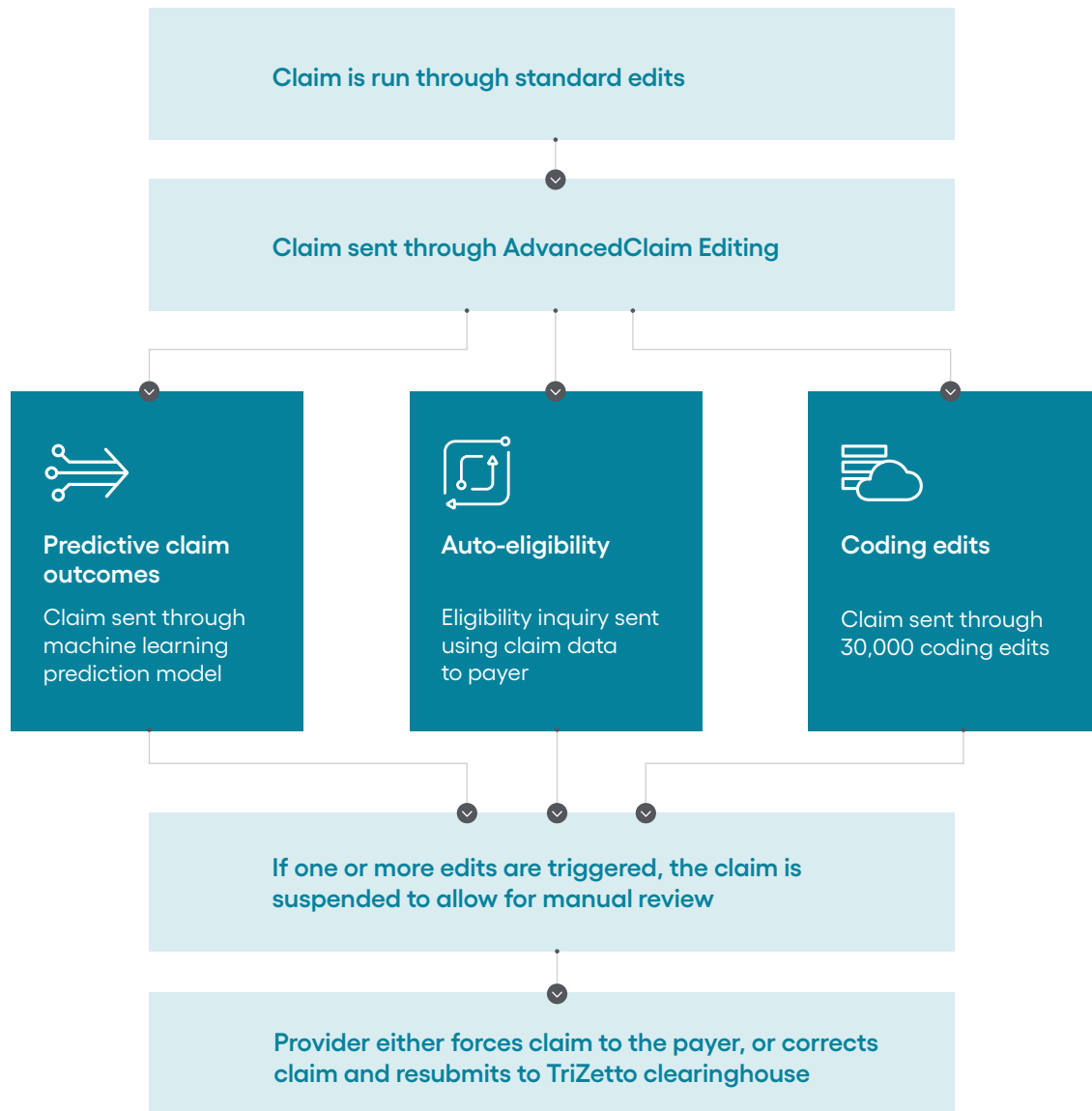[2] Cognizant denial data analysis

[3] https://journal.ahima.org/page/claims-denials-a-step-by-step-approach-to-resolution

Enhancing claim accuracy, reducing denials

Submitting cleaner claims with the TriZetto® clearinghouse is possible thanks to TriZetto Advanced Claim Editing. This feature fills the gaps traditional claim scrubbing solutions cannot by going beyond standard, off-the-shelf edits to catch potential claim denials before they reach the payer. First, AI-driven denial prediction edits allow providers to proactively identify likely payer denials using the power of machine learning. The strength comes from the AI models—meticulously trained on historical data from millions of claim outcomes—to accurately predict potential denials.

Through the power of AI, providers can ensure more claims are fully optimized and reduce denials by 50%.[4] The solution also performs automated eligibility checks as a safety net to catch and fix potential last-minute insurance changes before sending to a payer, saving 16 minutes and $5 per encounter.[5] Finally, the solution applies 30,000 advanced edits focused on the coding of a claim, such as medical necessity (NCDs/LCDs/commercial policies), CCI, MUE and ABN edits, to provide front-end, middle and back-end coverage for denial prevention.

Advanced Claim Editing workflow

Claim is run through standard edits

Claim sent through AdvancedClaim Editing

Predictive claim outcomes

Claim sent through machine learning prediction model

Auto-eligibility

Eligibility inquiry sent using claim data to payer

Coding edits

Claim sent through 30,000 coding edits

If one or more edits are triggered, the claim is suspended to allow for manual review

Provider either forces claim to the payer, or corrects claim and resubmits to TriZetto clearinghouse

Advanced Claim Editing functions within the TriZetto clearinghouse portal, identifying claims with potential errors by placing them into a suspended status. The system will then return an explanation as to why the claim was suspended. Errors caught by the denial prediction model will return the CARC and RARC reason codes and plain-English definitions, along with a confidence level. Providers can fine-tune what percentage level they want the model to trigger suspensions, allowing attention to be placed on claims with the greatest potential for error. Eligibility-type errors will return the messages from payers regarding patient status, and claims suspended for coding errors come with an explanation of what coding edit was impacted. These edits allow for easy corrections and resubmissions, reducing turnaround times on these claims by 30 days or more.

Protect your revenue

Advanced Claim Editing empowers providers to proactively manage their revenue cycle. By addressing potential errors before claims reach the payer, providers can reduce the financial burden of denials and improve their overall claim acceptance rates. Implementing such robust safeguards ensures practices can focus more on patient care and less on administrative challenges. This ultimately enhances their financial health and operational efficiency, and provides better outcomes for their patients.

With Advanced Claim Editing, providers can:

- **Identify potential denials** by leveraging AI and machine learning to secure proper reimbursement

- **Reduce administrative costs** and back-end work through proactive intervention

- **Increase speed-to-payment** by submitting cleaner claims

Why Cognizant?

- Reduce potential denials by 50% with our prediction model[6]

- Save $750k per 100,000 denied claims on administrative costs[7]

- Recover 16 minutes and $5 per encounter with automated eligibility[8]

[4, 6, 7] Cognizant denial data analysis
[5, 8] 2023 CAQH Index Report

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