PRODUCT SOLUTIONS OVERVIEW

TriZetto Provider Solutions®
A **Cognizant** Company

trizettoprovider.com | 800-969-3666

PATIENT ACCESS

Eligibility
Connect to payers through a single application to get the most up-to-date information on patient coverage, co-pays, deductibles and more. Choose from three robust tools and get the eligibility verification solutions that are just right for you: batch verification, real-time verification and automated verification.

Patient Responsibility Estimation (PRE)
Quickly obtain patient financial estimates at the point of service to help increase patient revenue, decrease billing costs and improve patient satisfaction through price transparency. With PRE you'll be able to set payment expectations, decrease bad-debt and print patient estimates.

Pricer
Pricer allows you to calculate the expected amount due at checkout using the patient's benefit information. Results are immediate, and your staff is equipped with the information they need to collect full payment.

Electronic Authorizations
Electronic Authorizations streamlines the process of requesting a Health Care Services Review by reducing administrative costs and manual paper-based processing. Seamlessly receive the response by leveraging the HIPPA-covered 278.

Insurance Eligibility Discovery
Mitigate financial risk by using an automated process to identify a patient's insurance carrier in a matter of seconds. Submit a real-time eligibility request using minimal patient data to multiple payers at once. Maintain groups of your common payers and easily locate active patients and full eligibility benefits on our website.

CLAIMS MANAGEMENT

Workers Compensation
Reduce the amount of time and manual work spent submitting your work comp, auto accident and liability claims with a single portal for batch attachments and tools for clean, accurate submissions. Implement Work Comp so your practice can convert attachments, auto-link attachments, utilize claims edits and access payers.

Claim Status Inquiry (CSI)
Access up-to-date status of your claims at any point during the payer adjudication cycle with just a click. Advantages of CSI include: saving time, real-time updates and reducing guesswork.

Online Claims Correction (OLCC)
Intuitive interface fixes all key areas of a claim requiring correction, in real-time.

Secondary Claims/SOS
Automatically read your patients' primary claims, identify supplemental policies and take appropriate action. Our solution manages the electronic submission of secondary claims, which results in less work for you. Features include a secure web environment, extensive payer network, electronic claims and direct data entry.

Electronic Claims
Send professional, institutional, dental, split and many other claims types quickly and cleanly for the fastest possible reimbursement.

paperResolve®, paperResolve Lockbox™ & Correspondence
Posting paper explanation of benefits (EOBs) and patient payments can be a slow and tedious process. With paperResolve®, our sophisticated optical character recognition (OCR) product, you can easily convert paper payments to postable 835 remittance files. When paired with the OCR of paperResolve®, paperResolve Lockbox™ automatically converts checks into electronic deposits and converts EOBs into postable-835 remittance files to create a powerful revenue management tool from start to finish.

Electronic Remittance Advice (ERAs)
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. Additional advantages of ERAs include standardized data, full search capability, manage denials and simplified secondary claims.

Advanced Coding Edits (ACE)
Submit cleaner claims by subjecting them to more than 30,000 additional edits to quickly identify problems and correct errors before they are submitted to payers. Valuable features of ACE are sophisticated edits, simplicity and compliance.

DENIALS & APPEALS

Advanced Reimbursement Manager (ARM) Pro
Revenue from denied claims isn't easy to find, unless you have the right tools. ARM Pro discovers underpayments due to late payments, mistaken clinical edits and more and makes these clearly visible to you in a few clicks. ARM Pro allows you to easily monitor transactions, identify common errors and payer trends and eliminate manual inspection of individual payments.

Denials Workflow
Automate the discovery of denials due to eligibility, authorization issues and more. Convenient single-screen reporting shows you the opportunities with the shortest resolution timeframes and the highest probability of recovering revenue. Then, payer-specific appeal letters are automatically populated. With Denials Workflow you can identify common denials, implement a workflow, include attachments and utilize administration tools.

Auto Appeals
(Also available with Contract Management Solution for appealing underpayments)

Automating appeals provides a paperless end-to-end solution for recovering revenue from even your toughest claims, ultimately saving your time and money. Just create your appeals, upload your attachments and we'll take care of the rest. Advantages of Auto Appeals include intuitive interface and the ability to send electronic attachments.

CONTRACT MANAGEMENT

Contract Manager
(Also available with Auto Appeals solution for underpayments)
Up-to-the-minute business intelligence means you have a clear picture of individual contract performance by each payer. Our contract analysis engine uses each payer's own rules, making Contract Manager the most accurate way to understand your contract risk. Benefits of our solution include monitoring payment accuracy, analyzing contract performance, building and comparing fee schedules and an intuitive workflow.

PATIENT FINANCIAL

Patient Pay
Enable your patients to make online payments with our easy-to-use patient payment portal. With 24/7 access and the highest levels of security, this online solution provides an easy, secure way to bill and collect payments from patients, reducing the time it takes to get paid. Advantages include accelerated collections, increased security and improved patient satisfaction.

Patient Statements
Simplify the patient billing process through fast and accurate printing and mailing of professional patient statements. Patient Statements will increase staff productivity and patient satisfaction, plus save your practice money and boost revenue.

ADVISORY SERVICES

Credentialing
Whether your practice needs to be credentialed for the first time or you need re-credentialing assistance, you can trust our experienced team to gather, validate and confirm each piece of critical data in the credentialing process. Our experienced staff uses powerful workflow technology and a deep understanding of the details required by each payer to successfully submit and follow up on credentialing applications on your behalf.

Revenue Cycle Management Services (RCM)
Revenue Cycle Management Services (RCM) Comprehensive RCM business process management services, from registration to billing and collections. The combination of a reliable, robust solutions platform and dedicated billing professionals allows us to handle these important back office tasks, freeing you to focus on your patients and growing your practice. You'll get the reporting you need to monitor your business performance without the challenges of staffing and staying current on all the details related to billing best practices.