

PRODUCT SOLUTIONS OVERVIEW



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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.



CLAIMS MANAGEMENT

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®

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.

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.



PATIENT FINANCIAL

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)

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.