TriZetto Provider Solutions®
A **Cognizant** Company

eyefinity™
a vsp vision company

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-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 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.

Text-to-Pay and Integrated Voice Response are only available as an add-on feature through the Patient Payments Portal.

Denials & Contract Management

Advanced Reimbursement Manager Pro

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 pre-populated 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‡

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

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

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.