

TriZetto Provider Solutions®

Predictive Claim Outcomes

GET AHEAD OF DENIALS WITH MACHINE LEARNING

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 submission¹. With today's lack of resources, time and technology to automate the recovery process, a practice is lucky to resubmit even just 40% of their total denials, leaving 60% of denials unsubmitted and unrecovered². Although there are ways to streamline the appeals process, it still costs at minimum \$25 for professional claims and \$118 per institutional claims to appeal³. One of the biggest challenges with denials is the work involved to understand where they came from. But what if you could predict the claim denials and prevent them altogether?

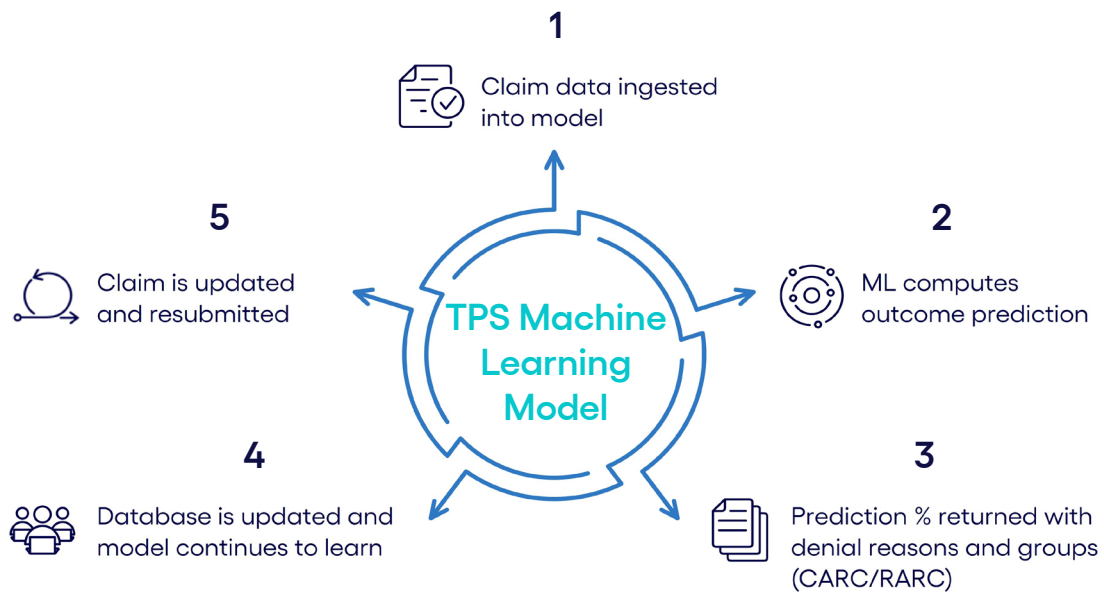
Unleashing the Power of Prediction

Fortunately, the risk of costly claim denials can be mitigated with TriZetto's Predictive Claim Outcomes (PCO) solution. TriZetto's solution uses advanced machine learning (ML) models to forecast the potential for denials to help practices improve revenue opportunities. Leveraging an artificial intelligence (AI) framework that draws from a database of hundreds of millions of historical claim, payment and denial data across all geographies, payers and providers, the PCO solution provides deeper insights into potential denials.

PCO can detect the likelihood of a denied claim, as well as give details on how to solve and prevent future denials by providing specific denial reason groups and codes. It also allows for custom risk tolerance levels, which practices can use to fine tune work queues and ensure time is spent on claims with the highest probability of denial.

**Cognizant is recognized as a
Leader on Everest Group's 2023
Revenue Cycle Management
Platforms PEAK Matrix®**





An Integrated Solution

Leveraging a JSON-based API, PCO can be configured to function within a practice management system's (PMS) claim edit functions. Over 20 data inputs, such as procedure codes, modifiers, payer IDs and demographic details are pulled directly from the PMS. Response outputs, including denial predictions, error types, and reason codes, are displayed within the rejection workflows. Once integrated, practices are empowered to analyze specific denial reasons and probabilities, make appropriate updates to correct the claim, and submit the claim without ever leaving the PMS. By submitting cleaner claims, providers spend less time appealing denials, and have a higher likelihood for payment.

With Predictive Claim Outcomes, practices are able to:

- Identify denial probability to secure proper reimbursement
- Reduce administrative costs and back-end work through proactive intervention
- Increase speed to payment by submitting cleaner claims

WHY TPS?

- Able to predict 30% of likely denials*
- \$750k admin savings per 100,000 denied claims*
- Submit cleaner claims and reduce high AR days caused by denials

Call us at 800.969.3666 or visit trizettoprovider.com/request-demo