

**TRIZETTO**  
Provider Solutions®  
A Cognizant Company

**Insurance 101**  
Ava Battershell

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**Team Work**

TriZetto Provider Solutions

- Williams Group & Practice Director.
- Williams Group Practice Foundations Academy.
- Multiple Vision Systems.

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**Why Partners and Clients Choose TriZetto Provider Solutions**

**MORE THAN 6,000** PAYER CONNECTIONS

**MORE THAN 92%** of claims are sent with direct payer connections

**TRUSTED BY MORE THAN 340,000** PROVIDERS

**33,500** ORGANIZATIONS

**MORE THAN 2.7 BILLION** TRANSACTIONS PER YEAR

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**EASY  
ACTIVITIES/SERVICES TO  
ACHIEVE BEST PRACTICES  
WITHIN YOUR OFFICE**

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**Easy Activities To Achieve Best Practices**

<input checked="" type="checkbox"/> DAILY	<input checked="" type="checkbox"/> WEEKLY	<input checked="" type="checkbox"/> MONTHLY
<ul style="list-style-type: none"> <li>• Check Eligibility on All Patients</li> <li>• Collect Patient Responsibility</li> <li>• Leverage Coding Edits</li> <li>• Send Claims</li> <li>• Confirm Delivery of Files Sent</li> <li>• Receive Files (ERA / Claim Status)</li> <li>• View / Analyze / Work Rejections</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze Rejected Claims Reports – Do not carry over rejected claims!</li> <li>• Bill Patient Statements</li> <li>• Leverage ERA Autoposting</li> <li>• Manage Reimbursements / Timely Filing, etc.-Payer and Provider</li> <li>• Analyze Contract Compliance and Denials</li> </ul>	<ul style="list-style-type: none"> <li>• Staff Productivity - work loads, performance over time</li> <li>• Run Transaction Summaries - payers, transactions, time periods</li> <li>• Run Performance at a Glance Reports - month-to-month snapshot, days to file, top rejections, etc.</li> </ul>

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**ELIGIBILITY**

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### Eligibility

- Due to the changing industry, checking for Eligibility is more important than ever before
- MGMA states most common rejections are due to ineligible coverage
- TriZetto Provider Solutions has over 850 direct eligibility connections giving you the most up-to-date information in seconds



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### Eligibility: Patients' Coverage Changing

 **Increase patient satisfaction**  
 **Reduce internal costs**

Task	Average
What is the average number of patients for whom coverage/copayment/deductible are verified per day for each FTE physician (verifications/day per FTE)?	4.88
What is the percent of information that is later determined to be incorrect?	9.3
What is the average amount of support staff time spent per verification (minutes/verification)?	12.64

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### Eligibility: Patients' Coverage Changing

 **Increase patient satisfaction**  
 **Reduce internal costs**

Task	Cost per verification	Annual Average number of verifications	Total Average Yearly Cost*
Cost of manual eligibility transaction	\$4.80	1,250	\$6,000
Cost of electronic eligibility verification	\$0.87	1,250	\$1,088
<b>Average annual savings per physician</b>			<b>\$4,912</b>

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# PATIENT RESPONSIBILITY & PAYMENTS

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## Patient Payment Responsibility On the Rise

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**Increasing Patient Financial Responsibility**  
 Approximately 30% of a medical practice's revenue comes directly from patient responsibilities
- 
**High Deductible Plans**  
 Enrollment in high deductible plans has tripled since 2009
- 
**Patient Pricing Transparency**  
 Patients increasingly want to know the price of the services provided

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## Understand Patient Responsibility

**4 REASONS**  
Dealing with Patient Payments is a Challenge

1. Failure of practices to confront and deal with issues
2. Emergence of HDHPs
3. Economy, unemployment and uninsured patients
4. Nature of patient expectations



**Increase in patient responsibility – \$1 of every \$4 of a healthcare bill**

30%

**Patients walk out of an office without making a payment**

Source: Perspective on Patient Payments, MGMA Connection, April 2010  
<http://www.mgma.com/Libraries/Assets/Practice%20Resources/Publications/MGMA%20Connection2010/Perspective-on-patient-payments-MGMA-Connection-April-2010.pdf>

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### Patient Statements



**Reduce Time Consuming Hassles**

Don't hassle with the time-consuming task of printing and mailing statements to your patients



**Utilize Electronic Statements**

Paper statements cost, on average, \$3 – \$6 per claim  
.....  
Typically costs 58% of the price of paper statement to produce



**Increase Receivables from Patients**

Ensure statements are sent to patients in a timely manner

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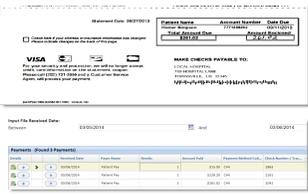
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### Automate Patient Payments



Payment #	Payment Date	Amount	Payment Method	Payment Status
1	11/15/2012	250.00	Check	Posted
2	11/15/2012	100.00	Check	Posted
3	11/15/2012	150.00	Check	Posted

- Converts transaction information from patient check and statement

Available Fields:

- Check #
- Check Amount
- Check Date
- Claim ID
- Patient Name

- Output partial 835 or flat file
- Data searchable via web portal

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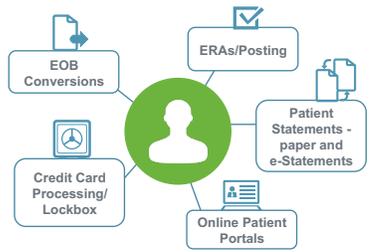
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### Patient Payment Technologies



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**Solutions Suite: From Patient to Payment**

- Increase revenue
- Decrease costs
- Automate tasks
- Make faster informed decisions
- Negotiate better contracts
- Collect funds at point of service
- Reduce A/R days
- Reduce errors

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**NEXT STEPS**

**QUESTIONS?**

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Contact Information

**THANK YOU!**

Ava Battershell

TriZetto Provider Solutions

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