



Webinar

Making the Switch to TriZetto Clearinghouse Services



Eric Cohoon

Sr. Account Executive,
Channel Partnerships



Angelica Rinderer

National Account Executive,
Provider Sales



Webinar tips for attendees



Questions

You can submit a question anytime by using the “Question” area of your control panel. We will reserve time for Q&A at the end of the session.



Audio

Your audio will be streaming through your computer speakers.



Recording

After the webinar ends, registrants will receive a notification through email with a URL link of the recording for on-demand viewing.

Today's Agenda



Meet the team



Who is Trizetto Provider Solutions?



Our partnership with MicroMD



Product Overview & Demo



Making the Switch-What to Expect?



Q & A

Meet the TriZetto Provider Solutions Team



Angelica Rinderer

National Account Executive-Provider
Sales

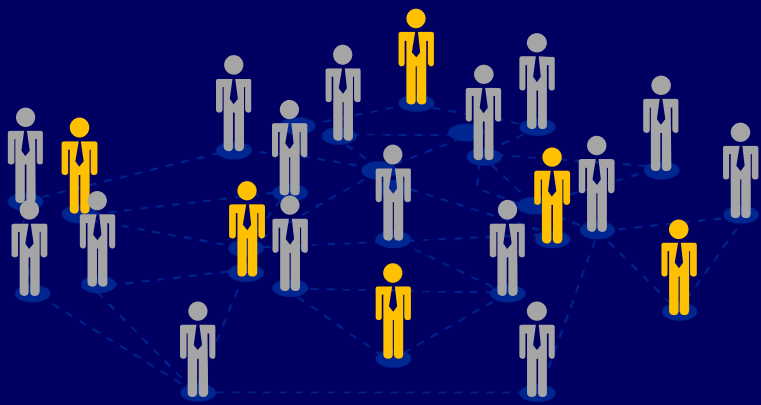


Eric Cohoon

Sr. Account Executive, Channel
Partnerships



About TriZetto Provider Solutions & Partnership Benefits



Over
195 million
lives supported

By **TriZetto Provider Solutions**,
a Cognizant Company.

A global healthcare leader with an unrivaled client base across healthcare



PAYERS

Electronically submit to more than
8,000 payers



PROVIDERS

570+ Health Systems and
347,000+ Care Providers supported
through over **650** PM/EHR Partners



SERVICE

50 states, Guam & Puerto Rico



TRANSACTIONS

2.5 Billion per year



34,000+ ASSOCIATES

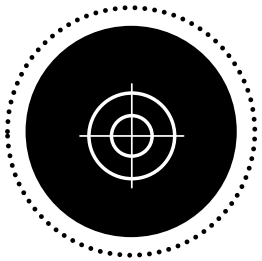
supporting Healthcare

Why TriZetto Provider Solutions?

- Serving healthcare community for 35+ years
- Founded as Gateway EDI by a practicing physician
- Parent Company: Cognizant (Fortune 200)
- Industry's most direct connections to payers
- Leading technology platform and product suite
- Ongoing integration with partners and continual investment in solutions
- Best in class support model (Client & Channel Partners)-It all started with us



MicroMD & TPS Partnership Review



10+ Years
of Strategic
Alignment



- ✓ Product integration
- ✓ Special Pricing/Packages
- ✓ Full-Suite of Solutions



Dedicated
channel partner
team



Implementation &
Support Teams for
MicroMD Clients

MicroMD Bundles & Product Overview

MicroMD and Trizetto Provider Solutions Tailored Client Packages

	Essentials Package	Swift Package	Smart Package
Unlimited Primary Claims	●	●	●
Secondary Claims	●	●	●
Paper Claims	●	●	●
Action Edits	●	●	●
ERAs	●	●	●
Enhanced Reports Bundle	●	●	●
Integrated Action Edits	●	●	●
Real-time Eligibility (Batch or Web)		●	●
Unlimited CSI (Integrated or Web)		●	●
Denials Workflow		●	●
Reimbursement Manager			●
Advanced Coding Edits			●
Patient Responsibility Estimation			●

Integration is Key

- Integrating EDI solutions with the EMR/PM system software simplifies workflows and improves outcomes.
- MicroMD and Trizetto Provider Solutions have worked to integrate important front office and billing functionality.

Integration Includes
Primary Claims (professional, institutional, and dental)
Secondary Claims
Paper Claims
Action Edits (New in 2022)
ERAs & Auto-posting
Real-time Claim Status Inquiry
Real-Time Eligibility & Benefits
Work Comp & Personal Injury
Claim Attachments

TPS Claims Management Solutions

▶ Claims Processing

Connections to more than 8,000 payers make it possible for us to provide electronic claims service for nearly all of your submissions.

*Electronic claims get paid up to **2X faster** than paper claims.*



▶ Secondary Claims

Automatically read your patients' primary claims, identify supplemental policies and take appropriate action.

***28%** of claims include a secondary payer.*



▶ Claim Editing (Action Edits – *Coming 2022*)

Avoid rework using built-in claim edits within the clearinghouse to help you proactively catch errors before submission and prevent rejections.

*Providers can save **\$15-37** for each claim rework that is prevented.*



TPS Claims Management Solutions

▶ Claim Status Inquiry (*Integrated 2022)

Access up-to-date status of your claims at any point during the payer adjudication cycle with just a click.

*Providers can save **\$3.40** for each new electronic claim status request.*



▶ Enhanced Reports Bundle

Complete visibility into the revenue cycle process with through the TPS client platform. Hundreds of reporting features with export capabilities

***One** platform to manage everything.*



▶ Electronic Remittance Advice (ERAs)

Receive electronic remits directly that auto post into your PMS and eliminate the need for paper files and data entry.

*Providers can **save \$2** for every reimbursement that is posted automatically.*



TPS Patient Engagement & Denials Solutions

► Eligibility

TPS customers connect to more than 1200 payers to get the most up-to-date information on patient coverage, co-pays, deductibles and more.

25% of claims are delayed, denied or rejected due to issues related to eligibility verification.



► Denials Workflow

Create a workflow for identifying and handling denials with the ability to tag accounts, notate accounts, and print automated appeal letters to efficiently manage the denials process.

On average, commercial payers pay the wrong amount for nearly 1 of every 15 claims.



Ancillary Services

- Advanced Reimbursement Manager
- Electronic Authorizations
- Insurance Eligibility Discovery
- paperResolve
- Patient Responsibility Estimation
- Work Comp/Personal Injury/Auto Accident Claims

TPS Ancillary Services

▶ Electronic Authorizations

Streamline 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.

92 percent of physicians say the current prior authorization process has a negative impact on patient outcomes.



▶ Insurance Eligibility Discovery

Mitigate financial risk by using an automated process to identify a patient's insurance carrier. Submit a real-time eligibility request using minimal patient data to multiple payers at once.

Realize an overall cost savings of **\$5.50** per transaction



TPS Ancillary Services

▶ Patient Responsibility Estimation

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.

23% of all claims submitted receive no payer-based payment at all. The number one reason is due to patient deductibles not being met



▶ Analytics and Insights

In-depth data and enhanced insight. Our robust analytic tools bring the ability to easily drill down and manipulate data for increased visibility into your revenue cycle.

Coming soon!



TPS Ancillary Services

▶ Advanced Reimbursement Manager

Monitor transactions, identify common errors and payer trends and eliminate manual inspection of individual payments. Easy appeals processing.

On average, commercial payers pay the wrong amount for nearly 1 of every 15 claims.



▶ *paperResolve*[®]

Convert paper-based EOBs, patient payments, and correspondence to 835 remittance files and electronic files for easy posting.

Reduce associated costs by 60% by eliminating paper-related processes.



A healthcare professional and a doctor, both wearing white surgical masks, are seated at a desk. The healthcare professional, on the left, is wearing blue scrubs and looking down at a laptop. The doctor, on the right, is wearing a white lab coat over a blue shirt and tie, with a stethoscope around his neck. He is holding a pen to his chin and looking at the laptop. The background is a blurred office setting with a potted plant and filing cabinets. A blue overlay with a network pattern is on the left side of the image.

TriZetto Provider Solutions – Product Demo

Implementation and Support Overview

Your “White Glove” experience with TriZetto Provider Solutions



Implementation

Enrollment

Support

Enrollment made easy

- Proactive coordination with TriZetto Provider Solutions ensures that providers have a **seamless user experience** between the two organizations in order to **meet “Go-Live” dates** with confidence
- Online, **step-by-step automation** of data collection and payer selection reduces errors and streamlines information gathering process
- **Digital Signature Enrollment** via TPS allows providers to sign their enrollment forms electronically with 4 easy steps
- 60 Days after go-live, ERA analysis to **identify additional payers** needing enrollment to **maximize electronic remittance percentage**
- **24/7 Access** to enrollment status

TPS Client Support



TPS handles provider enrollment & customer service

Implementation

- Dedicated TPS specialist manages implementation for providers
- Post on-boarding, released to dedicated team support (live support)

Enrollment

- Manages entire enrollment process utilizing enrollment manager to expedite the process for providers

Support & Training

- Training & support Available at go-live
- Additional educational videos and support documents available within client portal

Dedicated Support for Clients

- Average Speed of Answer – 14 sec
- Call Abandonment Rate- 1.3%

Implementation Timeline

- 01** Sales Order Form Submitted
- 02** Sales Department Creates Site ID
- 03** Dedicated Implementation Representative Assigned
- 04** Implementation Rep Completes Account Setup With Client
- 05** Implementation Rep Assists Client with Enrollments via STEM
- 06** Implementation Rep Assists Client with Testing
- 07** Site Goes Live
- 08** On-Going Support Obtained via Our Customer Service



Making the Switch to TriZetto Clearinghouse Services



Lori Ryan
Director, Sales & Marketing,
Henry Schein Medical Systems



12/6/2022 10:16

MicroMD SUMMARY REPORT-eSolutions (ANSI 5010X222A1)

Page: 2 of 5

MICROSYS MEDICAL

Submission Number: 000000407

First Group Control: 407

Dates	Procedure	Procedure Description	ICD	Unit	Charge
01/04/2022	01/04/2022	85025/11	CBC W/ DIFF	A	1.00
				TOTAL	\$21.00
					\$127.00
		***** INVALID -- (113) Missing Payer ID for Current Plan		-- INVALID *****	
23.0-1	ARCADE, RON	Ref Dr: None	ICDs: A05.9		
	(977) ST ELIZABETH/PERSONNEL	Batch: 1			
01/05/2022	01/05/2022	85025/11	CBC W/ DIFF	A	1.00
				TOTAL	\$21.00
					\$21.00
7.0-9	GOLDSTONE, MARY F	Ref Dr: SALENDRO, STEVEN W	ICDs: E11.65	I10	M19.90
	(1068) OHIO DEPT/HUMAN SERV* (SECONDARY)	Batch: 1			
09/08/2021	09/08/2021	9921425/11	EST PT OV DETAILED	A,B	1.00
					\$65.00
09/08/2021	09/08/2021	G0001/11	VENIPUNCTURE/MEDICARE	A,B	1.00
					\$10.00
09/08/2021	09/08/2021	20610LT/11	ASPIRATION INJ MAJOR JOINT	C	1.00
					\$75.00
09/08/2021	09/08/2021	J3301/11	INJ KENALOG/10MG	C	4.00
					\$20.00
				TOTAL	\$170.00
307.0-4	KENNEDY, DONNA	Ref Dr: None	ICDs:		
	(1317) MEDICARE	Batch: 1			
01/05/2022	01/05/2022	15100/21	SPLIT THICKNESS GRAFT <100 CM	A	1.00
				TOTAL	\$800.00
					\$800.00
		***** WARNING -- (106) Check Diagnosis Code		-- WARNING *****	
		***** INVALID -- (150) Diagnosis A not Mapped		-- INVALID *****	
307.0-5	KENNEDY, DONNA	Ref Dr: None	ICDs: K56.49		
	(1317) MEDICARE	Batch: 1			
01/05/2022	01/05/2022	99232/21	HOSPITAL- SUBS EXP MOD	A	1.00
					\$61.00
01/05/2022	01/05/2022	99234/21	HOSPITAL SAME DAY ADMIT/DISCH LOW COMP A	A	1.00
					\$126.00
				TOTAL	\$187.00
307.0-6	KENNEDY, DONNA	Ref Dr: SMYTHE, JAMES R	ICDs: K56.49		
	(1317) MEDICARE	Batch: 1			
01/05/2022	01/05/2022	99203/11	OFFICE VISIT-NEW PT DETAILED	A	1.00
					\$76.00
01/05/2022	01/05/2022	93000/11	EKG	A	1.00
					\$56.00
01/05/2022	01/05/2022	85025/11	CBC W/ DIFF	A	1.00
					\$21.00
01/05/2022	01/05/2022	81000/11	URINALYSIS/WITH MICRO	A	1.00
					\$16.00
01/05/2022	01/05/2022	80019/11	SMAC	A	1.00
					\$51.00
				TOTAL	\$220.00
323.0-3	CASSIDY, LENA M	Ref Dr: None	ICDs: D64.9		
	(1317) MEDICARE	Batch: 1			
01/05/2022	01/05/2022	99203/11	OFFICE VISIT-NEW PT DETAILED	A	1.00
					\$76.00
				TOTAL	\$76.00
323.0-4	CASSIDY, LENA M	Ref Dr: None	ICDs:		
	(1317) MEDICARE	Batch: 1			
01/05/2022	01/05/2022	99253/21	CONSULT IP LEVEL 3	A	1.00
					\$171.00
				TOTAL	\$171.00
					\$171.00
		***** WARNING -- (106) Check Diagnosis Code		-- WARNING *****	
		***** INVALID -- (150) Diagnosis A not Mapped		-- INVALID *****	

Batch to
Clearinghouse

Scrub/Action Edits
identified on
clearinghouse
platform

Change on
Clearinghouse
platform send to
payer

Biller returns to MMD
and makes changes
caught by edits

12/6/2022 10:16

MicroMD SUMMARY REPORT-eSolutions (ANSI 5010X222A1)

Page: 2 of 5

MICROSYS MEDICAL

Submission Number: 000000407

First Group Control: 407

Dates	Procedure	Procedure Description	ICD	Unit	Charge
01/04/2022	01/04/2022	85025/11	CBC W/ DIFF	A	
***** INVALID -- (113) Missing Payer ID for Current Plan					
23.0-1	ARCADE, RON	Ref Dr: None	ICDs: A05.9		
	(977) ST ELIZABETH/PERSONNEL	Batch: 1			
01/05/2022	01/05/2022	85025/11	CBC W/ DIFF	A	
7.0-9	GOLDSTONE, MARY F	Ref Dr: SALENDRO, STEVEN W	ICDs: E11.65		
	(1068) OHIO DEPT/HUMAN SERV* (SECONDARY)	Batch: 1			
09/08/2021	09/08/2021	9921425/11	EST PT OV DETAILED	A,B	1.00 \$65.00
09/08/2021	09/08/2021	G0001/11	VENIPUNCTURE/MEDICARE	A,B	1.00 \$10.00
09/08/2021	09/08/2021	20610LT/11	ASPIRATION INJ MAJOR JOINT	C	1.00 \$75.00
09/08/2021	09/08/2021	J3301/11	INJ KENALOG/10MG	C	4.00 \$20.00
			TOTAL		\$170.00
307.0-4	KENNEDY, DONNA	Ref Dr: None	ICDs:		
	(1317) MEDICARE	Batch: 1			
01/05/2022	01/05/2022	15100/21	SPLIT THICKNESS GRAFT <100 CM	A	1.00 \$800.00
			TOTAL		\$800.00
***** WARNING -- (106) Check Diagnosis Code					
***** INVALID -- (150) Diagnosis A not Mapped					
307.0-5	KENNEDY, DONNA	Ref Dr: None	ICDs: K56.49		
	(1317) MEDICARE	Batch: 1			
01/05/2022	01/05/2022	99232/21	HOSPITAL- SUBS EXP MOD	A	1.00 \$61.00
01/05/2022	01/05/2022	99234/21	HOSPITAL SAME DAY ADMIT/DISCH LOW COMP	A	1.00 \$126.00
			TOTAL		\$187.00
307.0-6	KENNEDY, DONNA	Ref Dr: SMYTHE, JAMES R	ICDs: K56.49		
	(1317) MEDICARE	Batch: 1			
01/05/2022	01/05/2022	99203/11	OFFICE VISIT-NEW PT DETAILED	A	1.00 \$76.00
01/05/2022	01/05/2022	93000/11	EKG	A	1.00 \$56.00
01/05/2022	01/05/2022	85025/11	CBC W/ DIFF	A	1.00 \$21.00
01/05/2022	01/05/2022	81000/11	URINALYSIS/WITH MICRO	A	1.00 \$16.00
01/05/2022	01/05/2022	80019/11	SMAC	A	1.00 \$51.00
			TOTAL		\$220.00
323.0-3	CASSIDY, LENA M	Ref Dr: None	ICDs: D64.9		
	(1317) MEDICARE	Batch: 1			
01/05/2022	01/05/2022	99203/11	OFFICE VISIT-NEW PT DETAILED	A	1.00 \$76.00
			TOTAL		\$76.00
323.0-4	CASSIDY, LENA M	Ref Dr: None	ICDs:		
	(1317) MEDICARE	Batch: 1			
01/05/2022	01/05/2022	99253/21	CONSULT IP LEVEL 3	A	1.00 \$171.00
			TOTAL		\$171.00
***** WARNING -- (106) Check Diagnosis Code					
***** INVALID -- (150) Diagnosis A not Mapped					

Scrub/Integrated Action
Edits by Trizetto identified
in MicroMD – click to edit
in MicroMD

Batch to
Clearinghouse

Less work/faster and
more accurate claim
submission.

Practice Insight Platform – uncertain with new parent company?

Effective January 2023 invoicing cycle, the cost of Practice Insight EDI clearinghouse services will be increasing an average of 10%.

While your pricing may vary on your services, typical bundle increases are as follows:

New price per provider per month:	
Bundle 1 \$62	\$69
Bundle 2 \$83	\$92
Bundle 3 \$115	\$127
Bundle 4 \$135	\$150

Other services, different bundle offerings and per transaction prices will also be increasing an average of 10%.

Trizetto Options available – Version 19.04 With Integrated Action Edits by Trizetto

Start building with the right tools. Together with MicroMD, TriZetto Provider Solutions integrates cutting-edge technology and customer focused services with in-depth industry knowledge. We provide complete revenue cycle management to simplify the business of healthcare and help our clients succeed.

It's time to experience a new way to manage the revenue cycle. Explore our bundles to see how we empower confident billing, faster payments and more informed decisions.

Our Bundles	Essentials \$65	Swift \$86	Smart \$135
	per FTE provider per month Independent practices and small operations looking to focus on claims optimization can benefit from our basic package that will streamline billing processes with straightforward, automated solutions.	per FTE provider per month With additional services to meet the business objectives of any practice, this extended package integrates advanced features needed to fully manage claims, denials, and eligibility for maximized profitability.	per FTE provider per month Best for high-volume practices, and any practice that wants to work smarter. This suite of full-service solutions automates billing processes and claims management with advanced eligibility verification, robust billing features and integrated collection tools to meet all your clients' revenue cycle management needs.
Unlimited Primary Claims (Professional and Institutional)	●	●	●
Secondary Claims	●	●	●
Paper Claims	●	●	●
Action Edits	●	●	●
ERAs	●	●	●
Enhanced Reports Bundle	●	●	●
Integrated Action Edits*	●	●	●
Real-time Eligibility (Batch or Web)		●	●
Unlimited Claim Status Inquiry (Integrated or Web)		●	●
Denials Workflow		●	●
Reimbursement Manager			●
Advanced Coding Edits			●
Patient Responsibility Estimation			●

*Included in all bundles to help identify billing & claim errors before claims are sent to clearinghouse. Correct directly in MicroMD for maximum efficiency and so reimbursement is expedited and maximized.

Intuitive Solutions to Reinvent Your Practice

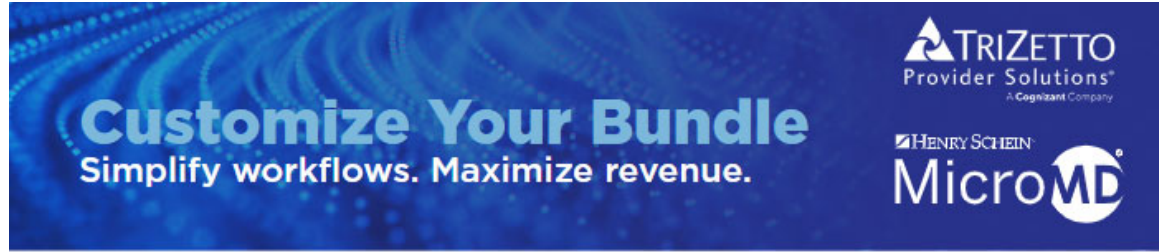
TriZetto Provider Solutions aims to eliminate manual tasks and simplify the user experience with our exclusive solutions and packages. Leverage technology to maximize your in-house billing results. Ask your consultant for custom bundle pricing for your specific practice needs.

Customize Your Solution

with individual Advanced Revenue Cycle Management features

Advanced Coding Edits Subject claims to more than 30,000 additional edits and to quickly identify problems and correct errors before claims are submitted to payers. Some common edit types include CCI, Medical Necessity, CPT/HCPS, ICD-9, ICD-10 and Modifiers, as well as Age and Gender.	\$19 per FTE provider per month
Advanced Reimbursement Manager Simplify the back-end revenue cycle by identifying and recovering denials and underpayments from payers. Includes ALL payers (government and commercial carriers).	\$55 per FTE provider per month
Reimbursement Manager Simplify the back-end revenue cycle by identifying and recovering denials and underpayments from payers. Only for government payers (Medicare, Medicaid, Railroad Medicare, Tricare).	\$25 per FTE provider per month
Electronic Authorization Streamline Prior Authorizations & Referrals by submitting and receiving data electronically.	\$17 per FTE provider per month
Claim Status Inquiry Check a claim's status with one-click reducing the need to call payers for information.	\$10 per FTE provider per month
Denials Workflow Manage the denial process by creating an automated workflow for denied payments and printing automated appeal letters for recovery.	\$15 per FTE provider per month
Insurance Eligibility Discovery Find a patient's insurance carrier in seconds by checking multiple payers at one time.	\$35 per FTE provider per month
Patient Responsibility Estimation Estimate a patient's financial responsibility prior to the point of service.	\$24 per FTE provider per month
paperResolve Convert paper documents to electronic files. Paper EOB's & patient payments converted for posting, paper correspondence digitized. Monthly charge based on services selected and invoiced based on volume/usage.	One-time setup fee. Monthly fee based on usage.
Work Comp/Personal Injury/Auto Accident Claims Includes attachments. Electronic claims, \$9/mo includes first 10 claims, then \$1.30/claim Paper claims*, \$9/mo includes first 10 claims, then \$1.88/claim	

**Prices subject to clearinghouse vendor and postal rate increases.*



The customer success team at Trizetto is available to help with the transition in many ways:

- If you prefer to contact MicroMD support staff when you need clearinghouse assistance - you still can!
- Trizetto has a team of enrollment specialists, and an enrollment platform to help smooth the transition and help minimize any disruption to your billing process as you migrate to a more modern and feature rich platform.
- If you want to reach out to Trizetto for additional help with clearinghouse questions, or for training resources on their platform – they offer excellent customer service. They also offer training videos or when needed live training assistance on their advanced RCM tools and packages.
- If your practice requires custom post code loaders or uses custom edits to billing files on your current platform, Trizetto has agreed to also offer and assist with these custom edits

THANK YOU FOR ATTENDING

More Questions? Contact your
Account Representative.



Mike Crider

Mike.Crider@henryschein.com
330.360.8885

Territory: CA, CT, DE, ID, IL, IN, IA, KY,
ME, MD, MA, MI, MN, MT, NE, NH, NJ,
NY, NC, ND, OH, PA, RI, SD, VT, VA, DC,
WV, WI, and WY



Judy Walsh

Judy.Walsh@henryschein.com
281.757.1753

Territory: AL, AK, AZ, AR, CO, FL, GA, HI,
KS, LA, MS, MO, NV, NM, OK, OR, SC,
TN, TX, UT, and WA