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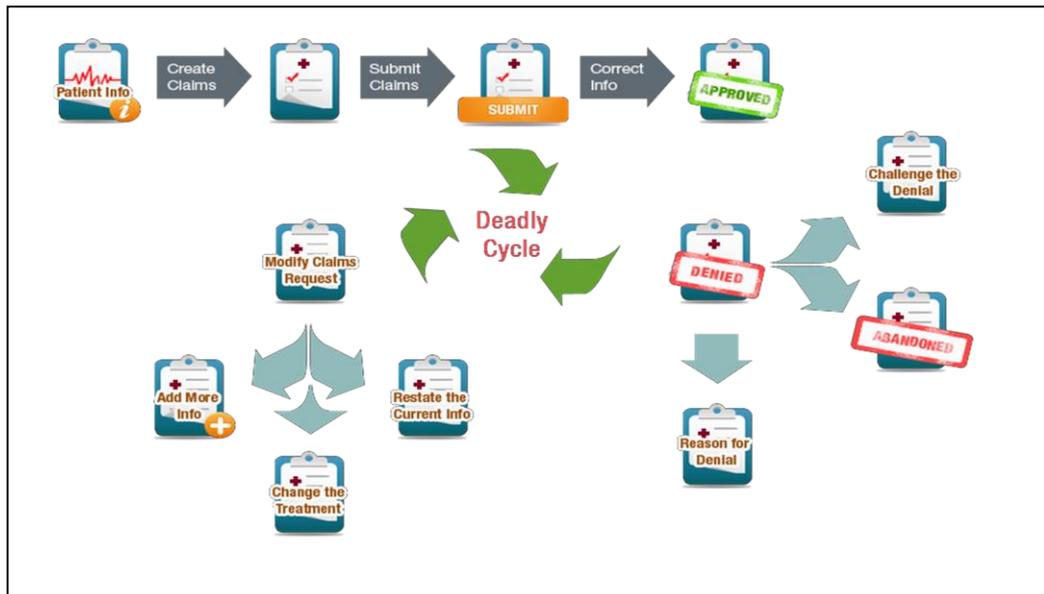
Reducing the cost of Payer Claims Processing
using Trigent's "Payer Claims Assistant"

THE PAYER CLAIMS CHALLENGE

Healthcare today is experiencing more price pressure than ever before. One key area of concern is the high cost of processing insurance claims efficiently and without error. All too frequently, claims processing depends on manual processes, human experience, and inadequate automated solutions. The following diagram depicts the basic workflow involved in a claims processing.

Eliminating claims errors would save \$17 billion annually.

- National Health Insurer Report Card, AMA,



Provider Worries

- Providers do not have adequate insights to the payer's policy and guidelines
- Providers use a combination of paid training and personal experience to craft payer claims
- If denied, providers can either appeal, modify or abandon the claim – most often the providers modify and resubmit the claim

IMAGINE IF

Healthcare providers knew how to present all the required information needed to meet a payer's requirement for claim approval



PAYER CLAIMS ASSISTANT FOR HEALTHCARE

Trigent's *Payer Claim Assistant (PCA)* is a software system that examines historical claim data and builds a dynamic representation [approximation] of the rules each individual payer uses to determine claim approval and denial.

PCA will tell you if your claim is:

■ Likely to be approved

This means all the information is correct and based on historical information it should pass through the procedures of the Payer.

■ Likely to be denied

Most often this results from missing information or non-covered combinations required by the payer to approve the claims. PCA will highlight the fields that need to be changed and indicate the alternatives that are more likely to be approved.

■ May be approved

Based on past history, part or all of this combination of claim information has been previously approved. However, some information may be missing. PCA will highlight the fields that may need to be changed or added. PCA will suggest the valid information that has been approved in the past.

■ Too Unique

This combination of claim information is too unique to allow PCA to reliably predict the outcome. In this case you can submit the claim and PCA will learn from the results.

- PCA employs Trigent's patented **Fast Rules Selection Engine (FRSE)** which is the fastest most scale-able Rules-based System available in the private sector today.
- PCA uses the industry's most advanced **Natural Language Understanding software** developed by Semantic Insights™, a wholly owned subsidiary of Trigent Software.
- PCA was conceived from our **extensive experience** helping healthcare and medical equipment providers understand how to reduce the time to claim resolution.
- PCA was born from our extensive experience in creating **Enterprise Data Warehouses and Big Data Solutions** for building historical information.

HOW DOES THIS HELP YOU

- **Reduces your time for approval**
 - Improves Cash Flow
 - Reduces wasteful human intervention
- **Reduces your Training Time**
 - Better productivity with minimal expenses on training and re-training
- **Improves Revenue and Margins**
 - Less claims denial
 - Less wastage of human resources
- **Eases ICD 9 to 10 migration**



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