



# Enhanced Claim Status

Accelerate claim follow-up and improve cash flow

An early-and-often approach to monitoring claim status in the adjudication process is crucial for improving cash flow and maintaining a financially sound revenue cycle. Going beyond the ANSI 277 and using proprietary information from hundreds of payers nationwide is key to long term profitability.

**Enhanced Claim Status** eliminates manual follow-up tasks and lets providers respond early and accurately to pended, returned-to-provider, denied, or zero-pay transactions before the Electronic Remittance Advice and Explanation of Benefits are processed. Automated and timely, Enhanced Claim Status submits status requests based on each payer’s adjudication timeframe, improving productivity and facilitating prompt and accurate payment.

### How we do it

- Status requests are triggered automatically based on each payer’s adjudication processes
- Proprietary status data containing actionable information is obtained directly from the payer’s portal and posted to the claim
- Status responses are normalized to deliver a consistent format regardless of payer
- Results can be exported to your patient accounting systems to drive work queues and streamline follow-up activities

Claim Status Data	ANSI 277	Enhanced Claim Status
Proprietary remark codes	No	Yes, including description
Information on pending or suspended claims	No	Yes, including requested information
Line item details with denial reason	No	Yes, with proprietary remark codes
Patient liability, non-covered line items, and contractual agreements	No	Yes, on both the claim and line item levels
Additional payer communications	No	Yes

### What you get

Save time and resources related to A/R follow-up by focusing staff on precise claims status information and eliminating manual claim statusing tasks.

- Increased cash flow with quicker follow-up
- Improved productivity enabling reallocation of staff to more complex claims
- Standardized responses so staff can see various payers’ information in a consistent format
- Enriched results with proprietary payer information via payer-specific portals
- Patient liability, deductible, and contractual adjustment details
- Line item details with denial reason and proprietary remark codes including the description

### Works well with

**ClaimSource®**, our online claim management solution and **Denials Workflow Manager**.