

# Claim Processing/Claim Status

## Claim and Denial Management Made Easy!

### Claim Processing

Our Claim Processing Services provide immediate responses so you can detect claim errors, reduce the risk of compliance issues and ensure accurate reimbursement before claims are submitted to Payers.

**Level I** - Includes real time HIPAA validation, payer edits, delivery to payer acknowledgement and payer status.

**Level II** - Includes Level I plus Clinical Coding Verification Services (CCVS) which provides clinical scrubbing including National Coverage Determination (NCDs); Correct Coding Initiative (CCI) and Medical Necessity edits.

- ✓ Increase collections and receive full, accurate payment
- ✓ Capture missing procedure codes and additional revenue
- ✓ Accelerate cash flow
- ✓ Cut costs by reducing rejections which reduces staff re-work time
- ✓ Verify eligibility prior to claim submission
- ✓ Ensure payment accuracy, timing and reconciliation
- ✓ Detect claim errors, rejections and potential denials
- ✓ Reduce compliance risk by reducing exposure
- ✓ Easy to use and understand responses
- ✓ Define your own views, workflows and reporting

### Claim Status

Automate request and response for claim follow up. Flexible inputs and outputs for easy integration with your systems. Validate and track claims through their entire life cycle. Receive everything that a payers store and HIPAA supports including HIPAA claims status codes, rejection reasons and paid date. Also supports manual input or launch a transaction from an existing record.

### Electronic Remittance

Automatically post 835 responses in a variety of formats, use powerful query functionality to access or human readable formats for easy storage, retrieval and workflow integration.



**Simple, Secure and Reliable.**

  
**Payer Gateway<sup>plus</sup>**  
Patient Verification and Payment Solutions