



## ClaimSource®

Reduce denials through automated claims management and expert services



Mounting financial and operational pressures require providers to seek every opportunity for automation, process optimization and improvement in clean claim submission rates. Never-ending changes to payer requirements increase the risk of denials to healthcare organizations and require them to seek more impactful tools and partnerships to achieve their goals around claims and to minimize labor hours spent on denials.

**ClaimSource®** is an innovative, scalable claims management system that improves revenues through reduced denials. Automation delivers increased operational efficiencies and effectiveness by prioritizing claims, payments and denials so that users can work the highest impact accounts first. Through ClaimSource, users get complete accountability across the entire claim life cycle.

ClaimSource is available as your primary claims management system, as well as a secondary back-up system to mitigate risks related to cybersecurity threats.

### Benefits to providers

- Reduction in denials and increased revenues
- Operational efficiencies and increased clean claims submissions through automation of claims management
- Shorter AR days and accelerated cash flow
- Service and support provided by experienced, claims-specific experts
- Constantly-updated, extensive library of global payer edits
- Self-service enrollment portal that displays status of your enrollments with payers
- Custom provider and payer edits at no additional cost
- Customizable work queues that allow billers to modify changing payer rules
- Direct connections to thousands of payers for monitoring

## What you can expect

- Decades of experience with health systems, hospitals and physician groups delivered by dedicated claims implementation, enrollment and support experts
- Processing electronic attachments for hospital, physician, dental and workers' compensation claims
- Full automation resulting in touchless processing
- Higher first-pass claims rate via our customizable edits for each provider and customizable work queues for each user
- Eligibility edits at no additional cost through our ability to repurpose your responses via Experian's Eligibility service
- Complete compliance through our robust medical necessity package
- Productivity gains through the extensive library of payer appeal forms that are auto-populated from claims data
- All-in-one, web-based (SaaS) claims solution that expertly processes hospital, physician, workers' compensation and dental claims
- Integrated ERA file management, including enrollment, retrieval and posting
- Lockbox processing paper EOBs, patient payments and payer correspondence letters
- 80+ product reports plus analytical dashboards included, which can be automated and customized by the client to highlight trending patterns, analyze payment results and review operational efficiency measures



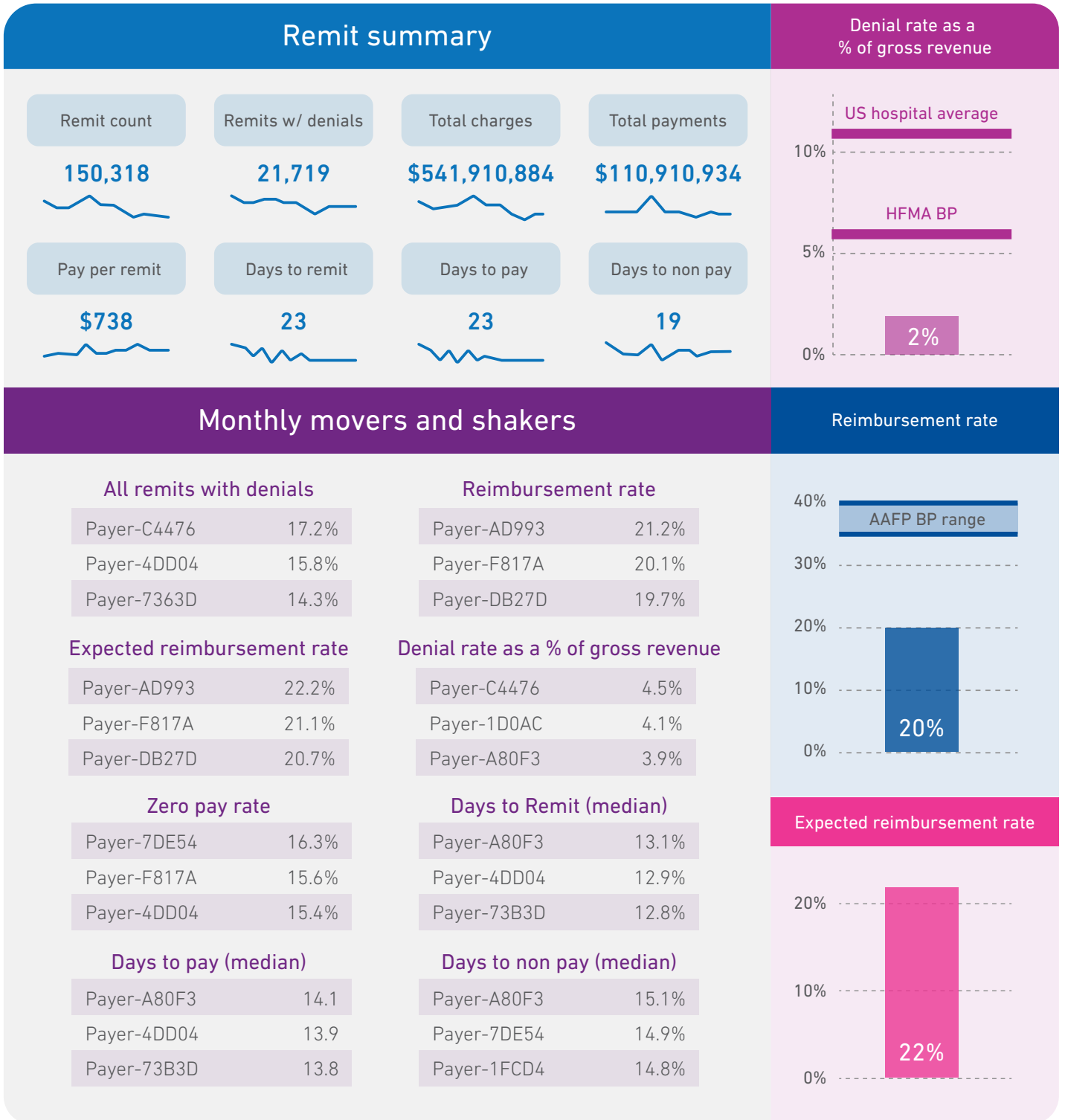
## Optional features:

- AI Advantage™ – Predictive Denials leverages client claims data to proactively identify claims with high likelihood of denial -- before claim submission -- so that teams can take corrective action. This can lead to a reduction in denials and increased revenues.
- AI Advantage™ – Denial Triage identifies and segments denials by potential value so that teams can focus on remits that have the most impact to their bottom line.
- Denial Workflow Manager allows providers to optimize their claims follow-up process by targeting suspended, pending, denied or lost claims quickly.

ClaimSource integrates with Experian Health's Enhanced Claim Status, Eligibility and Contract Manager solutions and interfaces with major HIS and PMS systems.

Learn more about Experian Health's Claims suite by visiting: [www.experian.com/healthcare/products/claims-management](http://www.experian.com/healthcare/products/claims-management) or email us at [experianhealth@experian.com](mailto:experianhealth@experian.com).

Payer dashboard: DEMO Health System





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