

REVENUE CYCLE MANAGEMENT

ClaimSource[®]

Reduce denials through automated claims management and expert services

Mounting financial and operational pressures are driving providers to prioritize automation, improved clean claim submission rates and operational resilience. Constant changes to payer requirements increase the risk of denials, while industry-wide cyberattacks have reinforced the importance of maintaining claims continuity and cash flow. Healthcare organizations need more effective tools and partnerships to achieve claims goals while reducing the labor required to manage denials.

ClaimSource[®] is an innovative, scalable claims management system that improves revenue through reduced denials. Automation improves operational efficiency and effectiveness by prioritizing claims, payments and denials, so users can focus on the highest impact accounts first. Through ClaimSource, organizations gain complete accountability across the entire claim life cycle.

ClaimSource provides an isolated recovery environment designed to help organizations maintain claims submission and remittance workflows during cybersecurity incidents or ransomware attacks. Available at no additional cost or implementation burden, the isolated recovery environment supports business continuity with resilient claims submission and payment processing restored within five business days. Organizations can resume claims operations without requiring a secondary clearinghouse or backup vendor.

Benefits to providers

Operational efficiency

- Improved operational efficiency and increased clean claim submissions
- Shorter AR days and accelerated cash flow
- Customizable work queues that enable billers to adapt to changing payer rules

Revenue optimization

- Reduction in denials and increased revenue
- Continuously updated library of global payer edits
- Custom provider and payer edits included at no additional cost

Business continuity

- Improved business continuity through an isolated recovery environment designed to help maintain claims operations during cybersecurity incidents or ransomware attacks
- Eliminates the need for a secondary clearinghouse or backup vendor to support claims continuity during cybersecurity incidents or ransomware attacks

Visibility and support

- Self-service enrollment portal providing visibility into payer enrollment status
- Direct connections to thousands of payers for monitoring
- Service and support from experienced, claims-focused experts

What you can expect:

Automation and workflow

- Full automation minimizes manual intervention
- ClaimSource custom editor enables clients to create and deploy custom edits in real-time, reducing support dependency and accelerating edit implementation
- All-in-one, web-based SaaS solution for hospital, physician, workers' compensation and dental claims
- Improves first-pass claim rates through customizable provider edits and user-specific work queues
- Processing of electronic attachments for hospital, physician, dental and workers' compensation claims
- Integrated ERA file management including enrollment, retrieval and posting

Business continuity

- Restores claims operations within five business days during cybersecurity incidents or ransomware attacks
- Supports business continuity without requiring a secondary clearinghouse or backup vendor

Enrollment and compliance

- Eligibility edits included at no additional cost through integration with Experian Health Eligibility
- Payer enrollment grouping in the self-service enrollment portal enables faster enrollment by grouping multiple payers into a single transaction, reducing manual effort
- Comprehensive compliance support through a fully integrated medical necessity package

Reporting and analytics

- Advanced analytics reporting is supported by 835 remittance data processing through ClaimSource and delivered through management-level dashboards that are separate from standard operational reports and unavailable in real-time
- More than 80 standard product reports and analytical dashboards, customizable and automated to identify trends
- ClaimSource data is integrated into Power Reporting, enabling expanded data visualizations, analytics and dashboards, including the Denial Dashboard, to provide visibility into denial trends, root causes and payer performance that help reduce denials and improve financial performance

Productivity and support

- Increases productivity through a library of payer appeal forms auto-populated from claims data
- Payer Correspondence Letter Indexing automates the intake and routing of lockbox payer correspondence, eliminating manual indexing and reducing resolution time
- Lockbox processing for paper EOBs, patient payments and related transactions
- Decades of experience supporting health systems, hospitals and physician groups, delivered by dedicated claims implementation, enrollment and support experts

Advanced capabilities

- AI Advantage™ Predictive Denials leverages client claims data to proactively identify claims with a high likelihood of denial before submission so teams can take corrective action.
- Denial Workflow Manager enables providers to optimize claims follow-up by quickly targeting suspended, pending, denied or lost claims.
- AI Advantage™ Denial Triage identifies and segments denials by potential value so teams can prioritize remits that have the greatest financial impact.

Integration and connectivity

ClaimSource integrates with Experian Health Enhanced Claim Status, Eligibility and Contract Manager solutions and interfaces with major HIS and PMS systems, enabling efficient data exchange and minimal disruption to existing workflows.

Learn more on our [website](#) or send us an email.