



ClaimSource®

Manage the entire claims cycle
in a single online application

When it comes to navigating claims, accountability and customer support are the keys to success. With the right workflow, extensive national and local payer edits, custom provider edits, automation tools, and outstanding customer support across the entire claims cycle, your team can prioritize high-impact accounts and efficiently manage getting your claims processed clean. The result? Smoother operations and increased revenue.

ClaimSource ensures all hospital and physician claims are clean before submission to a government or commercial payer. The solution, fully scalable and web-based, supports large multi-facility Centralized Business Office (CBO) environments, individual hospitals, or large physician practices by creating custom work queues for quick organization, easy prioritization of work and full accountability.

ClaimSource also integrates ERA data directly with your internal accounting system and automates posting of claim payments and ERA data back into your host data system.

How we do it

- Extensive library of Medicare & Medicaid edits to meet federal, state, and county program requirements
- Custom user-defined work queues to facilitate quick claims processing
- Self-service tools for user, payer, claims, physician, and print maintenance
- Auto-population of appeal forms from national payer library
- Detailed analytic reports for senior management

Medicare FISS Direct Data Entry (DDE)

- Submit Part-A claims directly to Medicare via the Fiscal Intermediary Standard System DDE
- Generate accelerated secondary claims
- Automated Medicare Additional Development Request (ADR) process
- FISS/DDE reporting

What you get

Eligibility certainty

Validate claims eligibility either with new transactions or by repurposing transactions from other Experian Health products prior to submission

Complete compliance

Robust medical necessity package includes:

- NCD/LCD guidelines
- Outpatient Code Editor (OCE)
- Correct Coding Initiative (CCI) edits
- 72-Hour rule

Exceptional customer service

Dedicated, claims support staff with extensive billing experience

Reporting

Production, timely filing, audit, dashboard, and analytics available on screen, as a PDF, via email and exportable

Custom edits

Customized provider and payer edits to meet your unique requirements and deliver a higher first pass claim payment rate

Works well with

Our ClaimSource platform integrates with other Experian Health solutions including **Enhanced Claim Status**, **Denials Workflow Manager**, and **Contract Manager for hospitals and health systems**.