Product sheet

experian health

Enhanced Claim Status

An efficient and accelerated route to improve cash flow by automating claim follow-up

Healthcare claim remittance often takes weeks and leads to missed rebilling opportunities and lost revenue. With Experian Health's Enhanced Claim Status, you get accurate adjudication status of a claim between 24–72 hours, which truly accelerates your revenue cycle.

Enhanced Claim Status helps you respond to denied, pending, "return-to-provider" and zero-pay transactions before the electronic remittance advice and explanation of benefits are processed. Keep up with frequently changing payer requirements and submit status requests based on each payer's adjudication time frame, improving productivity and facilitating prompt and accurate payment.

Ranked No.1 by Black Book Market Research in 2021

Benefits to you

1. Get access to precise, actionable, proprietary data that allows your staff to know why a claim was denied.
2. Accelerate your cash flow by knowing about a denial sooner than waiting for the remittance.
3. Automate manual follow-ups on claim statuses and conserve precious staff resources.
4. Access all this information easily from within your HIS/PMS solution and/or in your ClaimSource system.
5. Enable your staff to focus on more complex claims with improved productivity and automation.

How we do it

- You get claim level and, when available, line-item details with denial reason and proprietary remark codes, including the description.
- Status requests are triggered automatically based on the type of claim and each payer's adjudication time frame. This results in responses automatically presented to your staff as soon as they're available from the payer.
- Status responses are normalized to deliver a consistent format regardless of payer and are routed to work queues based on your requirements.
- Results can be sent to your HIS/PMS or viewed in ClaimSource® to streamline workflows and follow-up activities.

Go beyond ANSI 277

CLAIM STATUS	ANSI 277	ENHANCED CLAIM STATUS
Proprietary status and 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, noncovered line items and contractual agreements	NO	Yes, on both the claim and line-item levels
Additional payer communications	NO	Yes

Integrated with Experian Health's ClaimSource®, Denial Workflow Manager and Contract Manager solutions.

Learn more about Experian Health's Claims suite by visiting
https://www.experian.com/healthcare/products/claims-management.

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