SCALE® | Claim Status

Gain better A/R insight and improve team efficiency

Time spent on the phone following up on claims continues to be one of the largest resource drains in billing offices throughout the country. However, useful claim status responses, often 85% of your claim volume or more, are the norm today. In many cases, there's no reason to have follow-up staff pick up the phone or log into a payer website to get a current claim status. By automating the claim status request process, we free up time for your staff to focus on the claims that need attention. Our claim status engine is easily customized to meet the A/R and operational workflow needs of each client. We help clients drive more efficiencies and improve financial performance, by incorporating intelligent automation tools that deliver more useful payer data on submitted claims. Client performance is our goal, and SCALE® Claim Status has become a best practice standard among our clients.

Healthcare IP®
Intelligent RCM®

Key Features

- Strategically solicit up-to-date claim status information
- Automated follow-up and 276 generation are managed by H.IP, eliminating build and maintenance time in your A/R system
- Identify payer-pended claims with specific pend reasons, prior to receiving correspondence or a denial
- Proactively address payer requests for additional documentation
- Claims awaiting payment are noted, which alerts staff that no immediate follow-up is required
- Pre-denial status identifies denied claims prior to receipt and posting of the 835
- Receive informative data, such as check number, date and amount, often weeks in advance of receipt of the 835 and payment file, enabling FTEs to focus on claims requiring their attention

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