Claims

Claims – Getting Started

ConnectCenter leverages the Change Healthcare clearinghouse for processing claim submissions. It provides detailed error information to expedite corrections, claims tracking that indicates where in the adjudication process the claim is in and detailed claim reports.

Steps to create a claim:

Step 1 – Claim Creation

Step 2 - Change Healthcare Processing

Step 3 – Payer Processing

Step 4 – Real-Time Claim Status

Step 5 – Remittance linkage

Step 1 - Claim Creation

Claims are either keyed into ConnectCenter using the 1500 and UB-04 claim forms or submitted into the system by using the claim upload functionality. Users can create or submit either Professional (1500 Claim Form) or Institutional (UB-04 Claim form) in ConnectCenter.

Providers who want to access ConnectCenter's claims direct data entry functionality should select **Claims**, **Create a Claim** from the main menu.

Those who want to submit a standard 837 claim created in a practice management (or similar) system should select **Mailbox** from the main menu and then **Browse** for the claim file and, finally, choose **Submit**. The claim file will be submitted to the clearinghouse for processing.

Please review additional User Guides for detailed explanations on:

- Keying a Professional Claim
- Keying an Institutional Claim
- Uploading an 837 Claim Batch

Step 2 - Change Healthcare Processing

Although Change Healthcare checks all claims for errors prior to submission to the

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payer, the method by which you are notified of errors depends on how the claim is submitted.

For claims keyed directly into ConnectCenter, errors will be identified when you click the **Validate** button. All errors must be resolved before you can submit your claim to the clearinghouse for processing.

For 837 claim files created offline and uploaded to Connect Center, errors can be accessed in multiple ways:

- Worklist – Home Page
  - The Rejected Claims category of the Worklist will show all claims that have been rejected by Change Healthcare.
  - Claims rejected by ConnectCenter will have a status of 'CHC Rejected'
- Claim Health Vitals – Home Page
  - Click the "**Claims Rejected**" slice or the pie chart and the application will list all claims rejected by ConnectCenter
  - Claims rejected by ConnectCenter will have a status of 'CHC Rejected'
- Search for Claim
  - Select **Claims**, **Claim Search** from the main menu. In addition to defining other search criteria, you can select **Rejected** under the Change Healthcare Status group to cause the application to return only claims containing errors identified by Change Healthcare. If you do not specify status in the search criteria, your search results will still identify any claims that contain ConnectCenter errors by showing "CHC Rejected" in the status column.
- Reports
  - Select **Reports**, **Change Healthcare Report Search**. Select the EC – Exclusion Claims Report and a date range to generate a report of claims that cannot be submitted to the payer due to Change Healthcare identified errors.

All claims with a "CHC Rejected" status will need to be corrected before they can be forwarded to the payer for adjudication. Choose **Work** to open a rejected claim and view error details. Claims can be corrected either online or in the system where the claim was originally created. Claims corrected in the original system will need to be uploaded to replace the version of the claim containing the error. When correcting the claim online, you will need to use the **Validate** option to ensure that all errors have been resolved.

Step 3 - Payer Processing

Once a claim has passed Change Healthcare error checking, it will be forwarded to the payer for payment. The payer's adjudication process will determine if the claims are paid or denied. As claims are processed by the payer, the status of the claim is updated in ConnectCenter. Providers can see the most recent status in multiple places:

- Worklist – Home Page
  - The **Worklist** section of Home Page has the following categories: **Denied Claims**, **Rejected Claims** and **Warnings**.
- Claim Health Vitals – Home Page
  - The Claim Health Vitals will, by default, show the claims processed in the last 30 days. The pie chart will display the following categories: **Good Standing**, **Warnings**, **Rejected** and **Denied**. Click the slice labeled with the claim status category you wish to review to retrieve the corresponding claims.
- Search for Claim
  - Select **Claims**, **Claim Search** from the main menu. The **Payer Status** criteria can be used to cause the application to return only claims with the specified statuses. Searches based on criteria other than status will also include status in the search results.
- Reports
  - Select **Reports**, **Payer Report Search**. You will need to specify the date range and choose a report type from the **Select a Report** dropdown. Optionally, you can limit the report to claims with statuses of interest by picking one or more claim status options from the report criteria. Connect Center will return all claims that match your criteria, along with the payer's status for each.

Step 4 - Real-Time Claim Status

Some payers support the ability to check the status of claims in Real-Time. Where available, this option allows you to check for any updates to status that may be more recent than the last status included in any of the options described in Step 3. It can be accessed in two ways:

- From the **Claim Search Results**, identify the claim for which you need updated status and click the **Claim Status** icon ⟳
- Alternately, you can select Claim Status from the Claims menu. Complete all required fields and choose Submit.

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Step 5 - Remittance Linkage

Certain payers support the ability to receive remits in ConnectCenter. In these cases, ConnectCenter allows you to view the remit data associated to the claim from the **Claim Summary** screen, which is reachable from all features that support either retrieving or drilling into a specific claim (such as Worklist, Claim Search and Claim Health Vitals.)

If the remit from the payer can be associated to a specific claim, ConnectCenter will display remit summary information such as the Check/EFT number and the Amount Paid in the **Remittance Information** section.

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Additional Information About Claim Tools

Claim Health Vitals

Claim Health Vitals in ConnectCenter monitors your overall claims activity.

An easy to read pie-chart sorts claims into four categories: Good Standing, Denied, Rejected and Warnings.

The default 30-day review period can be adjusted to provide a flexible range of time periods. Additional filter options can be used to restrict the pie chart by characteristics such as claim status, claim format, insurance type, or claim value, among other options.

The chart is drillable and can therefore be used to display a list of claims having any one of the displayed statuses.

Claim Worklist

The Claim Worklist is accessible from both the Home Page of ConnectCenter and from the Worklist menu item.

The Worklist on the Home Page gives you a list of all problematic claims processed in the last six months. Claims that are in Good Standing are not included in the Worklist Claims.   In addition, you can manually close any claim found on the list, which removes it from the list.

> 📄 NOTE: Claims are available for review in ConnectCenter for 2 years. Claims that have dropped off the Worklist due to age or otherwise been removed from the list are still available through the Claim Search functionality.

Each category of claims available in the Worklist, provides access to the list of claims matching the status of that group.   From the list, you can review or correct each claim by clicking the **WORK** button. The status of the claim will determine which part of the claim viewer opens first: the claim form tab or the claim summary tab.

As previously noted, you may elect to close a claim, so they it no longer displays in your Worklist. Worklist items may also be closed or deleted in bulk. Closed claims can be re-opened. Deleted claims are no longer accessible at all.

Claim Search

ConnectCenter gives you multiple fields to use when searching for a claim. The most common search fields are provided on the initial Claim Search page. In addition, if you click **ADVANCED FIELDS** less common claim search fields will be made available. From the claim search results, you can copy the claim (see below), check the payer's status

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for the claim in real-time (see above) or access the Claim Summary screens by clicking the claim ID (next section).

Claim Summary Information

After you select a specific claim, presuming that claim has been submitted (is not saved in an incomplete status) than ConnectCenter will display the Claim Summary page. The Claim Summary page provides you with

- Claim Tracker
  - The Claim Tracker allows you to view the milestones of the claim as it processes through its life cycle.
- Claim History
  - The **Claim History** displays all processing steps the claim has taken from its initial creation, clearinghouse statuses and payer statuses.
- Claim Details
  - The **Claim Details** section shows key attributes of the claim and the patient associated to the claim for quick reference.
    - o You can create a new claim by clicking **COPY CLAIM**.
    - o You can view the ANSI X12 information of the claim by clicking **DATA VIEWER**.
    - o For payers that support real-time claim status, if the claim is not finalized you can **CHECK STATUS**
- Remittance Information
  - For providers that receive remits via the Change Healthcare clearinghouse, the remit information associated to the claim will be available. The remit detail and the EOB can be viewed by clicking **VIEW EOB**.

Copy a Claim

ConnectCenter allows you to copy a claim from multiple places in the application. All claims can be copied, regardless of status.

- Claim Search
  - From the **Claims** menu, select **Claims Search**. Search for the claim you wish to copy, when you have identified the claim to be copied, click the **Copy** Icon.
- Claim Summary

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- After selecting a specific claim to review from any of the features that provide for searching or listing claims, you can copy a claim from the **Summary** tab. In the **Claim Details** section, click the **COPY CLAIM** button
- Claim Form
  - When viewing the claim form, you can copy a claim by clicking the **COPY** button at the bottom of the form.
  - The **COPY** button displays regardless of what tab of the claim form you are viewing