

Claim Status – Getting Started

Claim Status can be used to instantly obtain the status of your claims from the payer's adjudication system. If you submit claims through ConnectCenter, you may already know that ConnectCenter offers several tools for tracking the status of your claims as it processes through, first, the Change Healthcare and then the payer systems. Once the payer has received your claim, these tools will receive updated status from the payer only when the payer chooses to send a report or remit relating to your claim. The real-time claim status transaction gives you a way to ask a payer who has received your claim what the status of that claim might be.

Note, that claim status inquiries will work even if you did not submit your original claim through Change Healthcare. However, if your claim was submitted through ConnectCenter, be sure not to miss the great claim status short-cut available by starting from that claim. Skip to the section at the end of this document titled "[Claims Submitted Through ConnectCenter](#)" for details.

To begin finding your claim's status, first select **Claim Status** from the **Claims** menu. A minimum set of data elements are required. Required fields are marked with either a red asterisk (*) or a red outline around the field.

Steps to view a claim's status:

[Step 1 - Open the Claim Status Request Screen](#)

[Step 2 – Select the Provider](#)

[Step 3 - Identify the Payer or Plan](#)

[Step 4 - Enter Claim Information](#)

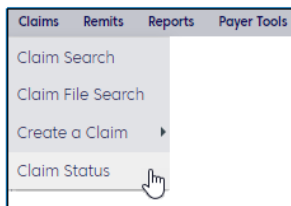
[Step 5 - Claim Status Response](#)

Pro Tip: Instead of starting from the Claim Status menu as described in steps 1-3 below, start by performing a member eligibility inquiry for the patient for whom you billed this claim. Once you've retrieved the member's benefits, look for the button labeled "Use Member For" and the dropdown list that will say "Select Transaction." Change the transaction to Claim Status and click the button. Steps 1-3 (described below) will be completed automatically allowing you to start on Step 4!

Expert Tip: If you or a colleague may have checked the member’s eligibility in the past (such as at the time you sent the claim), choose “Search Eligibility History” from the Verification menu. You should be able to easily find the previously submitted member benefit inquiry so that you can initiate your claim status transaction from there, rather than needing to run it again. From the saved eligibility response, set the Use Member For transaction type to Claim Status and click User Member For button. Steps 1-3 (described below) will be completed automatically allowing you to start on Step 4!

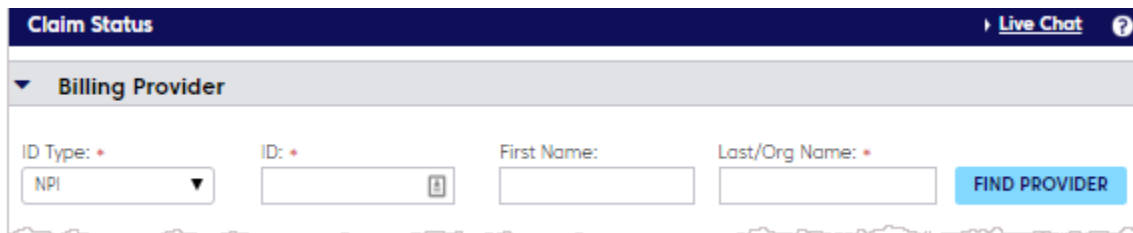
Step 1 – Open the Claim Status Request Screen

On the Claims menu, select Claim Status.



Step 2 – Select a Provider

There are several shortcuts for completing the provider step. If your claim status requests are typically submitted on behalf of just one provider or a relatively small number of providers, use **Admin, Provider Management** to create a list of those frequently used providers. (See **Getting Started with Provider Administration** for additional explanation.) You may also find that provider information you entered in the Sign-Up application when creating your account, is already available in Provider Management.



Once your frequently used providers have been listed in Provider Management, you will be able to use the Find Provider button to open the list of saved providers. Click the radio button in the Select column, on the left, next to the provider you wish to use.

Select	Primary Id	Last/Org Name	First Name	Tax ID	Taxonomy Code	Effective Date	Status	Expiration	Default
<input type="radio"/>	1700031077	'C' CASTING CARE	SPART070			03/23/2017	ACTIVE		<input checked="" type="checkbox"/>

Better yet, Find Provider users can set a default provider by clicking “Find Provider” and then choosing the radio button found next to the desired provider in the Default column, on the right side of the table.

Select	Primary Id	Last/Org Name	First Name	Tax ID	Taxonomy Code	Effective Date	Status	Expiration	Default
<input type="radio"/>	1700031077	'C' CASTING CARE	SPART070			03/23/2017	ACTIVE		<input type="checkbox"/>

A default provider's information will be prefilled whenever a new claim status inquiry is initiated. Note: after opening Find Provider to choose the default provider, you must also select a provider (using the radio button on the other side of the table) in order to close the provider list and return to the Claim Status request.

For those who determine that Find Provider is either unavailable or not suitable, an alternate short-cut involves the provider's NPI. When you set ID Type to NPI and enter the NPI into the ID field, ConnectCenter will attempt to retrieve the matching provider record from NPPES. If found, the remainder of the required provider fields will be completed automatically.

For atypical providers lacking an NPI or any other case where both the NPPES inquiry and the Find Provider options are not helpful, the final solution is to manually key in Provider ID Type, Provider ID and Provider Name.

Following the **Billing Provider** section is the **Rendering Provider** section. This section can be skipped if the rendering provider and billing provider are the same. In cases where they differ, both the Find Provider look-up and the NPPES lookup will be available to assist in completing Rendering Provider fields.

Step 3 – Identify the Payer or Plan

If only one plan is available for your use, the Payer section will default that plan information. If this scenario applies to you, be sure to review the Payer Search Options section of Step 3 before skipping to Step 4.

▼ Payer

My Favorites: Payer Name:

FIND PAYER

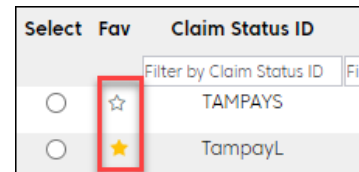
If multiple plans are available to you, the options described below may prove convenient.

Find Payer Button

The Find Payer button allows you to search for a plan using a variety of search criteria. If you leave all criteria empty, a complete list of the available payers supporting claim status will be returned. Locate the payer from the results list. When you select the desired payer using the radio button in the select column, you will be returned to the Claim Status page and the Payer Name field auto-populates.

My Favorites

One quick method of picking the payer is to select the payer from the My Favorites drop-down list. All payers you designated as favorites will display in this list. If you have not defined any payers as favorites, the list will be blank. To create a Favorite for future use, use the Find Payer option to search for the payer you need. From the results list, click the star next to payers you would like to have included as Favorites.



Payer Name Search

The final option may be the easiest. Simply begin typing the payer's name in the Payer Name field. ConnectCenter will display a list of matching names. As you add characters to the name, the list will be refined to match your entry. Click any name given in the pop-up list to select a payer.

Payer Search Options

After selecting a payer, the Payer Search Options field display descriptions of the different types of searches the selected payer supports. Each Payer Search Option will consist of a list of different member attributes (such as name, ID or date of birth). The purpose of these options is to provide guidance about which combinations of member information are sufficient to retrieve claim status. The first option listed will be selected by default

because it contains the preferred combination of member details. However, if you do not have all the information identified in that search option, or if your patient is a dependent, you can review other entries in the Payer Search Option list to evaluate whether there is a combination that better suits your needs. As you select different payer search options from the list, you may notice that the red highlighted fields in the subscriber and dependent sections will change. Because red borders indicate that a field is required, the highlighting will change to match your choice of Payer Search Option.

Step 4 – Enter Claim Information

In this section red outlines are used to denote required fields. Entries in the claim information fields are expected to exactly match what you included on the claim you are trying to retrieve. Most of these fields are self-explanatory. The most confusing field is probably **Bill Type**. **Bill Type** is used to capture the 3-character code for the place of service as provided on an institutional claim. Use the icon to access a legend of supported codes. If you are searching for a professional claim, you should omit this field.

Once you've finished entering criteria, use the **Submit** button to send the request.

Step 5 – Claim Status Response

Response Information									
▼ Claim Status									
Select Claim Status: <input type="text"/>									
▼ Payer Information									
Payer ID: QA5010					Payer Claim Control Number: 26182501998702				
▼ Claim Status Information									
Patient Last Name: BOSS					Claim Service From Date: 07/02/2018				
Patient First Name: DON					Claim Service To Date:				
Patient Middle Name: F					Claim Charge Amount: \$368.00				
Patient Account Number:					Claim Payment Amount: \$124.00				
Member Number:					Check Effective Date: 11/21/2018				
Type Of Bill: 141					Check Effective Number: 721203801				
Billing Provider NPI: 1808150871									
Billing Provider Number: 1808150871									
Billing Provider Name: Smith, M.D.									
Rendering Provider NPI: 1808150871									
Rendering Provider Tax ID: 1808150871									
Rendering Provider Name: Smith, M.D.									
▼ Payer Messages									
Category					Status				
F1 : Finalized/Payment-The claim/line has been paid.					1 : For more detailed information, see remittance advice.				
Line	Revenue Code	Procedure	Modifier	Units	Service Date	As of	Charge Amt	Payment Amt	Category/Status
		HC-99602		4	07/02/2018	11/16/2018	\$244.00	\$0.00	F2 : Finalized/Denial-The claim/line has been denied. 1 : For more detailed information, see remittance advice.

Claim Status

The Claim Status section of the response is used only in the case where a payer returns multiple matching claims in response to your search. If this happens, a list of the returned claims will be displayed under the “Claim Status” header so that you can choose which claim to review.

Payer Information

This sub-section contains just a few details reflecting the identity of the payer (which you probably know) and the payer’s identifier for the claim currently being displayed (which can sometimes be very important when seeking support for a claim).

Claim Status Information

This section will display summary claim information such as member demographics, billing provider, rendering provider, claim dates and charges.

If available, **Claim Payment Amount**, **Check Date** and **Check Number** can be found in this section (right column).





Payer Messages

Claim level status messages are presented at the top of the Payer Messages section. Claim status messages will be followed by a service line table. Each line will include procedure code, service dates, charges, and adjudication status. If adjudication is complete, the payment amount appropriate to each service line will also be available.

Claims Submitted through ConnectCenter

Use Claims, Claim Search to begin the process of searching for a claim previously submitted in ConnectCenter. The most common search fields are provided on the initial Claim Search page. If you click **ADVANCED FIELDS** less common claim search fields will be made available.

From the claim search results, you can check the payer's status for the claim in real-time simply by clicking the **Claim Status** icon.

Claim Search Results								Live Chat	?
Claim ID	Patient Name	Service Date	Charges	Payer ID	Payer Name	Status	Download		
Filter by Claim ID	Filter by Patient Nam	Filter by Service t	Filter by Charges	Filter by Paye	Filter by Payer Name	Filter by Status	CSV		
1919191919192	BLAINE	03/08/2019	\$9,027.36	1512	ANTHEM MEDICARE	Accepted	 		
1919191919192	BURKHALTER	05/02/2019	\$3,140.00	1509	BLUECHOICE	Accepted	 		

This icon will be displayed for any claim that has been submitted to the payer but has not yet reached a state of final adjudication. After clicking the Claim Status icon, the response will be displayed just as described in Step 5, above.

In addition, the status of the claim will be recorded in the **Claim History** section of the claim form, on the **Summary** tab, for future reference.

In addition to Claim Search, ConnectCenter provides several additional tools that will allow you to retrieve a specific claim. These tools include:

- Claim Health Vitals
- Worklist
- Reports, Change Healthcare Report Search

Each of these tools groups claims with similar status in a fashion that allows you to drill from the category to a list of claims, and then from the list to an individual claim.

After using any of these tools to access a claim, look for the Claim Status button, as shown above.

Clicking Claim Status will cause the payer's status to be displayed as described in Step 5, above.

Claim Search Results - Claim 1285496378512 SMITH					Live Chat	?		
SUMMARY					UB-04 FORM	CLAIM DETAILS	SERVICE LINE DETAILS	SUPPLEMENTAL DOCUMENTATION
Claim Tracker								
Provider		Change Healthcare		Payer				
Claim Submitted	Processed	Received	In Processing	Processed/Paid				
✓	✓	-	-	-				
Claim History								
Date	Activity	Status	Message					
06/05/2019 18:33	Claim processed by Clearinghouse	A	Accepted					
06/07/2019 20:10	Late Report Issue - Open	U	Payer batch response not received when expected.					
Claim Details								
					CLAIM STATUS	COPY CLAIM	DATA VIEWER	