

## 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 accurately find your claim, 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. Green outlined fields are optional but recommended. It is often necessary to provide at least one of the recommended green fields to find the claim.

### Steps to view a claim's status:

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

[Step 2 – Select the Provider](#)

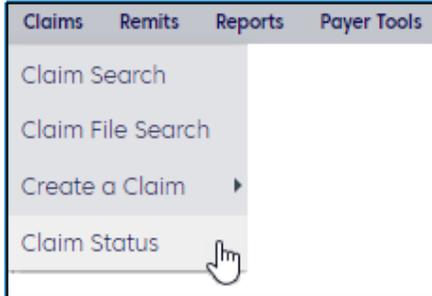
[Step 3 - Identify the Payer or Plan](#)

[Step 4 - Enter Claim Information](#)

[Step 5 - Claim Status Response](#)

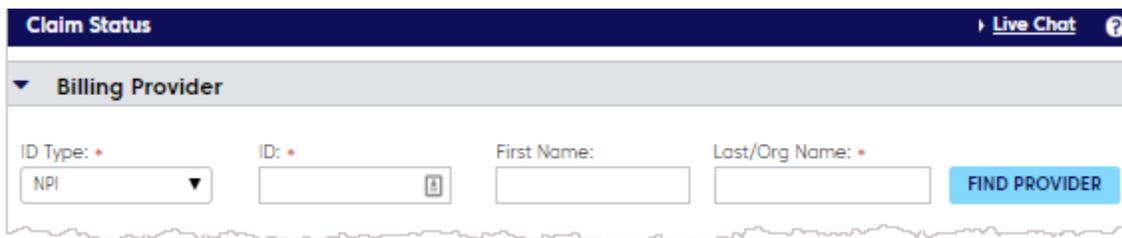
**Step 1 – Open the Claim Status Request Screen**

On the Claims menu, select Claim Status.



**Step 2 – Select a Provider**

There are several shortcuts for completing the Billing Provider step. If your claims 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 frequently used providers. (See Getting Started with Provider Administration for additional explanation.)



Once your frequently used providers have been listed, 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

There are also several shortcuts for completing the payer step. Any of the following methods can be used to select a payer.

#### My Favorites

One quick method 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.

Select	Fav	Claim Status ID
<input type="radio"/>	<input type="checkbox"/>	TAMPAYS
<input type="radio"/>	<input checked="" type="checkbox"/>	TampayL

### Find Payer Button

A second option is to use the Find Payer button to search for the plan. A variety of search criteria are available but if you leave all criteria empty, a complete list of the available payers supporting eligibility 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.

### 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.

### Step 4 – Enter Claim Information

In these sections, green and red outlines are used to denote required fields (red) and recommended fields (green).

**Request Information**

**▼ Claim Information**

Bill Type: <span style="font-size: small;">?</span> <input style="width: 95%;" type="text" value="A41"/>	Total Claim Charge: <input style="width: 95%;" type="text"/>	Date of Service From: <input style="width: 80%;" type="text" value="mm/dd/yyyy"/> <input style="width: 15px;" type="button" value="📅"/>
Patient Control Number: <input style="width: 95%;" type="text"/>	Payer Claim Control Number: <input style="width: 95%;" type="text"/>	To: <input style="width: 80%;" type="text" value="mm/dd/yyyy"/> <input style="width: 15px;" type="button" value="📅"/>

**▼ General Information - Subscriber**

Member ID: <input style="width: 95%;" type="text"/>	Date of Birth: <input style="width: 80%;" type="text" value="mm/dd/yyyy"/> <input style="width: 15px;" type="button" value="📅"/>
First Name: <input style="width: 95%;" type="text"/>	Gender <input type="radio"/> Male <input type="radio"/> Female
Last Name: <input style="width: 95%;" type="text"/>	

**▼ Dependent Information**

Relationship to Insured: <input style="width: 95%;" type="text"/>	Date of Birth: <input style="width: 80%;" type="text" value="mm/dd/yyyy"/> <input style="width: 15px;" type="button" value="📅"/>
First Name: <input style="width: 95%;" type="text"/>	Gender <input type="radio"/> Male <input type="radio"/> Female
Last Name: <input style="width: 95%;" type="text"/>	

Typically, at least one recommended field must be completed. Depending on which of the recommended fields you choose to complete, you may find that more than one will be needed to successfully identify a claim. Some payers may need all the recommended fields to find a member.

Entries in these 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 field most in need of explanation 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.

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

Step 5 – Claim Status Response

Response Information									
<b>▼ Claim Status</b>									
Select Claim Status: <input type="text"/>									
<b>▼ Payer Information</b>									
Payer ID: QA5010					Payer Claim Control Number: 26182501998702				
<b>▼ Claim Status Information</b>									
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.									
<b>▼ Payer Messages</b>									
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. The Claim Status sub-section will be disabled whenever only a single claim is returned.

### Payer Information

This sub-section contains just a few details reflecting the identity of the payer and the payer's identifier for the claim currently being displayed.

### 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-

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

time simply by clicking the **Claim Status** icon.

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.

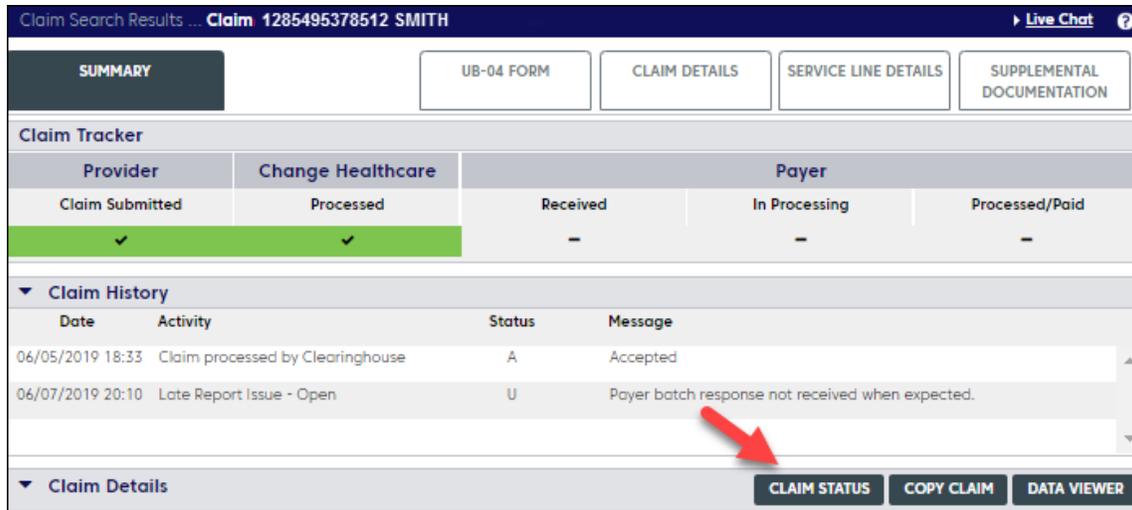
In addition, the general status of the claim will be recorded in the **Claim History** section of the claim form, on the **Summary** tab, for future reference.

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 here.



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