

Claims Status API

Determine where a claim is in the adjudication and payment process through a single access point

Why Claims Status API?

- Increases payment collection by reducing resubmissions, support calls, and other hurdles
- Decreases manual efforts to submit a request and wait time to receive a response
- Increases confidence in quality and consistency of payer responses
- Seamless integration into current users' workflow or system

Product overview



The Claims Status API provides a simple and accessible method for our users to determine where the claim is in the adjudication process (for example, Pending or Finalized) and the status of the claim (for example, Paid or Denied).

Product features

Accessibility

The RESTful API takes the standard established in the X12 EDI 276/277 transaction and translates this standard to JSON so that it is more accessible for developers and easily integrated into users' applications.

- Lower learning curve for those unfamiliar with X12 EDI
- Faster implementation times

Real Time

Submitters can query claim status on demand

- Leverage Change Healthcare's Intelligent Healthcare Network to gain access to over 1,000,000 physicians and 2,400 payers

Automation

Improve accuracy and productivity while reducing costs with claims status automation

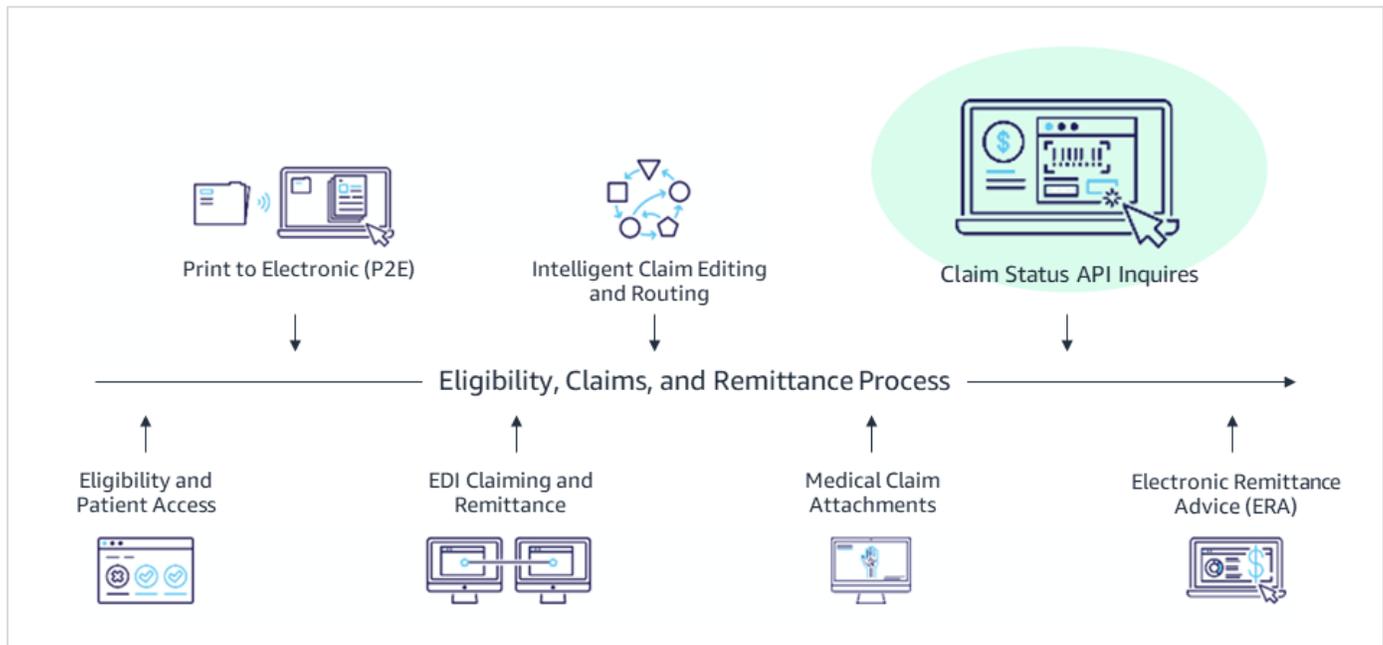
- Auditing and tracking capabilities
- Automates token generation

How it works

We use a RESTful JSON-based set of APIs for a simplified entryway to the ASC X12 EDI transaction standards. This method allows for a much lower learning curve and faster implementation times for those unfamiliar with X12 EDI. It also allows even healthcare-savvy users to more easily integrate X12 EDI transactions into existing systems and workflows.

The Claim Status API takes the standard established in the X12 EDI 276/277 transaction and translates this standard to JSON so that it is more accessible to developers and easily integrated into users' applications.

The Request is used by the submitter of the claim to determine the status of a claim previously submitted. The Response is returned by the payer and the information provided indicates where the claim is in the adjudication process (for example, pending, finalized) and if finalized, the disposition of the claim (for example, paid, denied). For denied or rejected, the reason for the denial or rejection is included.



What our customers are saying



Obtaining claim status from a wider insurance/payer network is the main reason we use Change Healthcare Claims Status API, because too many payers do not provide a real time status. We are now able to provide direct metrics to our end users with the Claims Status API. It gives us a better sense of the claim submission process, especially the "accepted" status, which assists us in showing that we submit claims and that they are processed timely. We have been using this service for the past 6 months. A major improvement would be more payer adoption of this Change Healthcare service.

– Chris Husted, President, Denmaar Psychiatric Billing 