Automating claim status drives faster payment, eliminates manual effort

How a Southeast academic medical center worked with Availity to streamline their claim status process and cut staff time on the phone with payers

Challenge

One of the nation’s most prestigious academic medical systems, this long-time Availity client believes in optimizing revenue cycle performance. When their professional billing team saw an increase in missing and delayed claim status responses, they knew they needed to find a better way to manage claim status. The existing process required staff to call payers or log into payer websites to capture the claim status information. Not only was this highly inefficient—requiring more than 30 full-time employees—but it was also affecting the health system’s ability to collect payment on a timely basis.

Solution

Because the health system was an Availity Essentials Pro customer, their Availity Client Success Manager recommended Advanced Real-Time Claim Status to address the problem. Advanced Real-Time Claim Status automatically generates a claim status request (276) and integrates the response (277) data within the Epic workflow. Health systems can configure the solution to generate requests at regularly scheduled intervals or on demand, receiving payer responses more quickly than by manual intervention or by mail.

(Advanced Real-time Claim Status) has produced faster insurance collections, reduced accounts receivable aging, and decreased days in accounts receivable. It has incrementally reduced the need for staffing that previously handled this workload manually and the associated expenses.

―Associate Vice President of Revenue Cycle
After learning that a peer health system had success with Advanced Real-Time Claim Status, the client partnered with Availity to implement it. They started with one payer to minimize risk and refine their process, but within a month were ready to add additional payers. They now automate claim status for 14 payers, including their largest payers and those that typically required the most manual status interventions.

Throughout the process, the health system’s billing team and Availity worked closely together to analyze workflows, establish a cadence to query payers, and develop reporting. The latter has been critical for the billing team, which is always looking for continuous improvement opportunities.

“Our Availity representative created custom weekly and monthly reporting for us, and it is spot on,” said the health system’s Professional Billing Manager. “Availity does a remarkable job customizing our reporting benchmarks, so we can track and trend issues all the way down to our unsolicited rejections.”

Since implementing the solution, the health system has worked with Availity to continuously review their routing logic, identify payer-specific issues, and analyze results, optimizing the solution as trends evolve.

**Results**

- **20%** reduction in FTEs supporting claim status
- **14 DAYS FASTER**
- Decreased overall manual touch rates by **33%**
- **85%** of 277 responses are actionable and followed up on in Epic workqueues

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**Learn More**

**Essentials Pro**, Availity’s premium, all-payer clearinghouse, empowers some of the nation’s largest hospitals and health systems with revenue cycle automation, AI, and expert client consultation.

**Advanced Real-Time Claim Status** is one of a suite of optional Essentials Pro solutions to further automate and refine high-performing revenue cycles. Regardless of where a claim is submitted, Advanced Real-Time Claim Status gives professional and hospital billing teams the information they need to get paid faster without added billing staff. Get to know Essentials Pro at Availity.com/EssentialsPro.

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