



ClaimScout™

Databound Healthcare Solutions

Databound's ClaimScout retrieves detailed claim status information directly from payers and integrates with your patient accounting system to expedite payments, reduce A/R days, improve workflows, and save time.

Expedite Your Claim Status Research

Reduce A/R Days and **Organize** Claims Work **More Efficiently**

Collecting payments from insurance companies can cost your hospital valuable time and resources and interfere with your primary goal of improving the health of your patients. Databound's ClaimScout™ reduces A/R days by getting claim status information faster and improves productivity by using this early claim status information to help your team work more efficiently.

ClaimScout monitors the status of claims, and retrieves detailed claim status information much earlier than is available through standard HIPAA transactions. This allows your team to proactively work rejected and denied claims 5-15 days sooner, significantly reducing the number of days that claims are in accounts receivable.

Through a set of highly customizable rules, ClaimScout will make claim status information immediately available to your team, automate claim actions, prioritize and organize claims so that collectors can focus on the most important and relevant claims, and hide claims that simply don't need attention. This minimizes the amount of research required to work claims and improves productivity.

The Challenge We Address

Working with a number of existing customers, Databound has learned that hospitals face significant challenges negotiating and collecting on 5% to 15% of their revenue from claims denied by insurance companies. ClaimScout integrates into existing applications, defines payer-specific rules for workflows, and streamlines the process by providing a number of automatic services:

- Retrieves payer-specific codes from payer websites
- Gets the insurance information needed without waiting weeks for the 835 details
- Gets more information than a 277 response
- Adds payers that do not send 277 responses
- Analyzes use of payer codes and provide intelligence for continual process improvement
- Drives workflow automation to organize your work more effectively
- Populates pertinent results into your system's worklists
- Provides staff with a focused worklist to resolve items that need personal attention
- Reduces staff time spent following up on claims that don't need follow-up

How ClaimScout Works

ClaimScout provides timely and actionable claim status information by automatically pulling data from your patient accounting database as well as information from payers, 837 claim submissions, 277 claim responses, and 835 remittance advice.

By applying your specific business rules, ClaimScout determines which claims need attention based on things like specific activities or timeframes, or the dollar the amount of the claim. This lets you focus staff activities where they will do the most good.

In addition, ClaimScout will distribute work to the appropriate staff members through worklists in your existing patient accounting system to organize and simplify follow-up tasks for maximum efficiency.

Improves Long Term Performance

ClaimScout's reporting metrics show the value gained over time, and the intelligence gained as it is used provides analytics that drive process improvement upstream.

ClaimScout

about us

Since 1999, Databound Healthcare Solutions has combined technology and great customer service to help hundreds of hospitals throughout the United States improve efficiency by automating revenue cycle processes. This saves hospitals time and money, and gives them the information needed to recover millions of dollars of claims at a higher return rate.

Databound Healthcare Solutions™

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