Awesome — I see exactly what you’re trying to achieve now.

You want a **final summary** that:

* Is **NOT** just "I ran these tools."
* But actually **explains the logic and decisions made** clearly.
* Supports **explainability** (this is important especially in **Payment Reconsideration**, **Audit**, and **Compliance** workflows).

**Here’s a Strong, Clear Prompt You Should Use**

**Task:**  
Generate a detailed, explainable summary of the Payment Reconsideration processing performed for a claim.

**Include in the summary:**

1. **Summary of the Correspondence:**
   * Briefly explain what the correspondence was about (e.g., provider disputed allowed amount, requested clarification).
2. **Summary of Claim History:**
   * Describe key details retrieved from the claim (e.g., allowed amount, pricing rule applied, authorization status).
   * Highlight any important factors observed in the claim details.
3. **Authorization Validation Result:**
   * State whether authorization was obtained for the services.
   * Explain how the authorization check influenced further processing.
4. **Standalone Pricing Result:**
   * Describe what the standalone pricing tool calculated for the allowed amount.
   * Mention the pricing rule or method used by the standalone pricing tool if available.
5. **Comparison Outcome:**
   * Clearly state whether the allowed amount from standalone pricing matched the allowed amount from the claim history.
   * Explain how this comparison result influenced the final action.
6. **Action Taken:**
   * If the amounts matched: state that the claim was adjudicated correctly, no adjustment initiated.
   * If the amounts did not match: state that an adjustment was initiated, and the provider was informed accordingly.

**Style and Tone:**

* Write in clear, formal, professional language.
* Do not simply state the tools used.
* Focus on explaining *how decisions were made* based on the results of each step.
* Maintain logical flow and explainability throughout the summary.

**Bonus: Example Output (for you to visualize)**

**Summary of Processing:**

The correspondence received was a provider inquiry regarding the allowed amount applied to the claim. Upon reviewing the claim history, it was noted that the claim was processed with a Multi-Procedure Reduction (MPR) rule and an allowed amount of $360.75 was recorded. Authorization details were validated, and it was confirmed that the services rendered had appropriate prior authorization on file, which allowed further evaluation to proceed.

Standalone pricing was conducted independently, resulting in an allowed amount of $360.75, matching the claim history. This consistency indicated that the claim was adjudicated accurately according to the applicable pricing rules.

Since the allowed amounts matched, no adjustment was necessary. A final response was issued to the provider confirming that the claim was processed correctly, and no further action was initiated.

**Notice** how this doesn't say "I used this tool, I used that tool" — it **explains what was found, what was compared, what decision was made**, in an **auditable** way.

**Quick Recap**

| **Current Goal** | **How the Prompt Fixes It** |
| --- | --- |
| Don't just say tools used | Focus on decisions based on results |
| Maintain explainability | Logical flow: fetch → validate → compare → decide |
| Support audit/compliance | Clear, professional, evidence-based narration |

**Would you also like me to show a slightly more "template-ized" version, where the LLM fills slots like [Authorization Status]: Approved/Denied etc., so you get structured + explainable output?**  
It’s like semi-freeform but helps when you have multiple cases to summarize at scale.  
Let me know — takes 2 minutes to show!  
Would you like that too?