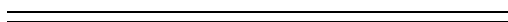


Claim Management User Guide

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Document Revision History

The *Claim Management User Guide* was first published in xx 2011. The following table lists subsequent changes made to the document.

Date	Location	Description
MM-DD-YYYY	Chapter number and name, not page number	Added new section.
MM-DD-YYYY		Oldest entry is last

Chapter 1: XYZ Claim Management

Streamlining Health Claims Process

XYZ Claim Management provides a unified claim processing system by centralizing claim details and claimant information. XYZ Claim Management enables insurance companies and payers to process various claim types including medical, accidents, and compensation claims without any flaws.

XYZ Claim Management ensures that medical plans, invoices, and adjusters are accurately linked to the right cases. This process allows both healthcare facilities and insurers to process claims efficiently.

Claim Submission Process

XYZ supports the following methods to enter the claim submission to meet the requirements of users:

- **Automated entry:** Data can be fetched from insurers automatically.
- **Manual entry:** Data can be entered manually.

Secure Access Rights for Security Compliance

To ensure compliance to various data security regulations, only authorized personnel with specific roles can access and modify claim and claimant details, such as:

- Claim/Claimant Administrators
- Form Managers
- Form Adjusters
- Claim/Claimant Editors

Chapter 2: Managing Claims

Overview

XYZ Claim Management is a centralized claim management system that enables insurers to process various claim types efficiently.

XYZ Claim Management system includes all required process to speed up the claim process, verify the claim documents, track the stages of claims, and mitigate issues related to claims.

Searching for a Claim

The Claims section lists all the claims registered with the Claim Management app. The admin users can check all the claims, view their status, assign a claim to respective authority, deactivate a claim, or reopen a claim if required.

The primary goal of verifying the claims is to ensure that all the claims are settled within timeline.

To search a claim, follow these steps:

1. Log in to the **Claim Management** app.
2. Click the **Claims** tab on the app.


Claim #	Policy #
<input type="text"/>	<input type="text"/>
Date of Accident	Policy Holder's Last Name
<input type="text" value="MM/DD/YYYY"/> 	<input type="text"/>
Policy Holder's First Name	Insurer
<input type="text"/>	<input type="text" value="v"/>
Branch/Claim Group	File Owner
<input type="text" value="v"/>	<input type="text" value="v"/>
Claim Status	Eligible for Deactivation
<input type="radio"/> Active <input type="radio"/> Deactivated	<input type="radio"/> Yes <input type="radio"/> No

Figure 1: Claimants Documents

3. Enter any of the claim number, policy number, policy holder's name, or file owner to search a claim. All other fields appear auto filled.

Adding a New Claim

You can add a new claim both manually and automatically. To add a claim automatically, fetch the claim of an insured individual from other Practice Management Systems (PMS) and Electronic Health Records (EHR) applications. XYZ Claim Management supports its other claim processing applications such as XYZ Insurance Solutions and any other third-party compliant insurance applications.

To know all supported third-party claim applications, see *Third-Party Applications Guidelines*.

Note: Only users with the Claim/Claimant Administrator role can add new Claims in XYZ Claim Management. Claims can be created manually on the Claims tab.

1. Log in to the **Claim Management** app.
2. Click the **Claims** tab on the app.
3. Click the **Add Claim** button.
4. On the **Claim Details** form;

Figure 2: Claimants Documents

- i. Select an **Insurer** from the Insurer drop-down list.

The Insurer list is fetched from the insurers' database. If you do not find an insurer, first enter the insurer details from the [Insurer's List](#).

- ii. Select the **State** and **District** of your choice.

- iii. Enter the **Insurer Region**.

The insurer region identifies the insurer agent in the location you select in the State and District option.

- iv. Enter the **Claim Number**.

- v. Enter the **Policy Number**.

- vi. Enter the **Policy Holder's First Name**.

- vii. Enter the **Policy Holder's Last Name**.

- viii. Enter **Date of Accident**.

- ix. Click **Save**.

All mandatory fields are marked with an asterisk mark.

After the claim is saved successfully, it is sent to the respective personal for verification. Status of the claim changes as per verification.

Importing the Claim Information

Importing the information of an insured individual is similar to adding a new claim. You can import the claim information into the Claim Management application from other applications. XYZ Claim Management supports its other claim processing applications such as XYZ Insurance and any other third-party compliant insurance applications.

However, after you import the claim information, you may need to add or modify some information. Make sure that all the fields as described in the [Adding a New Claim](#) section, are filled in correctly.

Updating the Claim Status

Approving the Claim

Claim Closer

Chapter 3: Document Verification

Document Verification

Document verification is an essential part of a claim. With efficient document verification mechanism, the insurers can validate a claimant to process genuine claims faster and detect any frivolous claims also.

Moreover, document verification varies from country to country. XYZ Claim Management empowers insurers to accommodate most of the recognized document verification requirements in the geo location they serve.

Documents Verification for a Claimant

After a claim is entered in the XYZ Claim Management, it is assigned to the designated authority for document verification. As the claim passes from one stage to the next, it is assigned to the designated authority or file owner.

Document verification goes through the following verification stages:

Stages	Nature of Verification	File Owners
Stage 1	All the documents are matched to authenticate the claimant, policy number, date of birth and gender of the claimant, and date of accident.	Form Manager
Stage 2	Claims are authenticated based on the claim type such as accident or medical reimbursement, and other associated factors.	Claim Administrator
Stage 3	Claims are sent for financial approval.	Finance Approver
Stage 4	Claim amounts are paid to the claimant.	Senior Manager

Documents Verification

After a claim is assigned to a designated authority or file owner, the respective authority receives a notification. This notification is displayed on the Claimants tab in the XYZ Claim Management application.

1. Log in to the **Claim Management** app.
2. Select the **Claims** tab on the app.
3. Click the **Claimants** tab.

All the new claims are displayed. The file owner verifies each document and approves or rejects the claims. After approving the documents, the file owner can transfer the claim to the next stage.

Claims							
Claimant Name	Claim Number	Date of Accident	Branch/ Claim Group	File Owner	Status	Document Count	Days Inactive
John Doe	123456	01/15/2024	Auto	A. Smith	Open	5	Pending
Jane Smith	789012	02/10/2024	Home	B. Johnson	Closed	8	Approved
Michael Johnson	345678	03/05/2024	Health	C. Williams	Open	3	Pending
Emily Brown	901234	04/18/2024	Auto	D. Miller	Closed	12	Rejected
Emily Brown	901234	09/08/1982	Auto	D. Miller	Closed	0	Rejected

Figure 3: Claimants Document verification

Updating Claimant Information

The associated authority can update the claimant information as required. The claimant details are captured through the Claim Management app. However, in specific cases, such details may require to be updated or modified.

To update the Claimant details,

1. Log in to the **Claim Management** app.
2. Click the **Claims** tab on the app.
3. Click the **Claimants** tab.
4. Search for a claimant identifier that you wish to edit.

5. Click the **Update Claimant Details** button and then modify the details.
6. Click **Save** to save the changes.

Claimant Financial Summary

The Claimant Financial Summary provides a summary of the amounts proposed and approved for a claimant. Once all the required documents and medical reports are verified and approved, a financial assessment is carried out. Financial assessment determines the settled amount payable to the claimant.

To view the Claimant Financial Summary, follow these steps:

1. Log in to the **Claim Management** app.
2. Click the **Claims** tab on the app.
3. Click the **Claimants** tab.

All the claimants are displayed.

4. Click **View Report** under Financial Summary.

▼ Document #	► Facility	► Status	Proposed Amount (\$)	Approved Amount (\$)
1811060006	Orchard Rehabilitation	Approved	\$1,244.48	\$1,244.48
18082800012	Orchard Rehabilitation	Review Required	\$100.00	
18082800011	Orchard Rehabilitation	Partially Approved	\$100.00	\$50.00
18082800009	Orchard Rehabilitation	Review Required	\$100.00	
Non-archived Sub-total:			\$1,544.48	\$1,294.48
Archived Sub-total:				
Total (including taxes):			\$1,544.48	\$1,294.48
Tax Amount:			\$0.00	\$0.00

Figure 4: Financial Summary

5. Status whether the document is verified or review is still pending is displayed.

Transferring Claimants to a Different File Owner

Transferring Documents to another Claimant Record

Unlink Claimant data and look for another match

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