

Phase 3 Introduction

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Phase 3 will cover How to submit and track test claims and go over moving into Production Mode to allow our claims to go out live to your payers. In addition, we will discuss claim follow-up best practices and verify the status live claims and walk through correcting any rejections using Claim Tracking.

The Training for this phase is divided into two training sessions to spend more time in the Claim Section giving the Trainee more exposure and time to ask questions.

In Phase 3.1 we will check agreement status' and validate that your account is on track with Clearinghouse payer agreement set up for all payers added after Phases 1 & 2 staying on track with continuing to have all Top Payers set up if applicable for Claims, ERAs and Eligibility (as needed).

The Claim Control will be reviewed as a refresher by searching for claims and feature functionality. We will then transition over to the Claim Tracker where we will learn how to track claims in Test, review the test results, correct claims, resubmit claims and mark Errors Fixed. After reviewing the claim notification results the account can then move from Test to Production Mode where the claims will be allowed to leave and the account will be live (If Applicable).

In Phase 3.2 we will be available for any questions including payer agreements and their status. At this time we will again through the same features reviewed in Phase 3.1 assisting the user in grasping the Claim Control to search for claims in Send to Insurance and submit as a batch using the Real-Team Claim Submission in Production Mode. We will review how to Review Claims/Scrubbing.

In Phase 3.2 we will again walk through and do refreshers in the Claim Control, Claim Tracker, recapping how to read claim tracking results, correcting, resubmitting and marking errors as fixed. In addition, we will then review the Follow-up Management feature that helps you to focus on priority follow-ups, based on the line item status of outstanding claims. We will also discuss how to generate actionable tasks, follow-up productivity, check claim status' and the easy to use follow-up screen where all pertinent claim patient, payer and practice information can be utilized with contacting the payer all on one screen.

This phase will give the user all the tools they need to send, monitor and follow-up on claims assisting in maintaining a low A/R.
