

Advantages for Your Organization

- **Significantly decrease payer rejections** – get first-pass payer acceptance rates of 98% or better
- **Get fast, clear correction guidance** – any claim rejected by a payer is instantly back in your work queue with a clear message about the correction needed
- **Reduce A/R days** – speed up your payment cycle by validating claims against the most accurate, current rules available
- **End manual, time-consuming follow-up** – fast, up-to-date correction messages stop the need to hunt down rejection causes, contact payers, submit appeals, and monitor “unique” payer rules
- **Improve RAC and ADR responses as well as make process improvements** – all claims activity is documented and trends are noted
- **Increase accuracy of revenue projection** – more precise, predictable cash flow gives you better operational insights
- **Address eligibility issues upfront** – automatically validate claims, avoiding adjudication issues



ABILITY | EASE All-Payer was engineered by leveraging over a decade of experience troubleshooting EDI submission pain points to create a system that reduces first-pass rejections. It offers superior claim “scrubbing” and easily deployed custom business rules, and provides visibility to ALL messages from the payer and all user activity, eliminating administrative burden tracking down lost claims.

If you’re looking for comprehensive claims submission and remittance management that far outpaces the average clearinghouse, look no further. **ABILITY | EASE All-Payer** gives you more accurate rules validation; faster, easier corrections; integration with eligibility verification; and more complete documentation. That all adds up to a better bottom line for your organization.



For more information on **ABILITY | EASE All-Payer** or to join us for an online demo, contact us:

888.895.2649 | info@abilitynetwork.com



- **Continual visibility into claims status** – you receive ALL messages from the payer, always tied to the original claim and for the life of the claim until reimbursed
- **Faster delivery to payers** through intelligent routing – ABILITY | EASE All-Payer connects to payers multiple times each day to ensure same-day delivery in the nearest possible processing cycle
- **Innovative rules engine** – delivers business rules versus current industry practice of hard-coded, costly custom claim fixes
- **Instant, clear claims correction guidance** – No more waiting and wondering about claim status and corrections needed
- **Eligibility checking is integrated with claims processing** – Simply verify eligibility at the time a claim is uploaded by accessing over 400 commercial payers, Medicare and Medicaid. Any eligibility issues will then be flagged in the edit phase (instead of denials appearing in adjudication)

- **Embedded, robust administrative and clinical claims “scrubber”** – using the most comprehensive, current rules from commercial payers to CMS and more:
 - UB04/CMS1500 Rules
 - HIPAA 5010 Rules
 - Payer Specific Rules
 - MAC Regional Rules
 - Medicare Code Editor (MCE)
 - Correct Coding Initiative (CCI)
 - Local Coverage Determination (LCD)
 - Medically Unlikely Edits (MUE)
 - National Coverage Determination (NCD)
 - HCPC/CPT/ICD
 - Outpatient Code Editor (OCE)
 - Provider Custom Rules

The myABILITY[®] Platform

Connect to all of your ABILITY services via myABILITY, a SaaS delivery platform that gives you on-demand access to everything you need. Whether it's quality analytics, eligibility and claims, or revenue cycle management services, ABILITY can help your clinical, financial, and administrative areas work more effectively and efficiently.

