

Distinctly Different

Three ways that **ABILITY | EASE® All-Payer** reduces A/R delays more than other claims management vendors



01

Higher first-pass payer acceptance rates

ABILITY | EASE® All-Payer maintains a first-pass acceptance rate of 98% or better. This happens because we validate claims against all possible rules, including provider-specific rules—which are supported by our non-code-based rules engine. **ABILITY | EASE All-Payer** also updates rules in real time directly from the originating source.



Some vendors consider a first-pass payer acceptance rate of 95% to be the best possible.

They don't offer provider-specific rules and have trouble keeping basic validation rules up to date.

Claims denied for reasons that could have been prevented add unnecessary payment delays.



02

Faster delivery to payers

ABILITY | EASE All-Payer uses intelligent routing and connects to payers multiple times each day to ensure same-day delivery in the nearest possible payer processing cycle. Most claims receive same business day payer acknowledgements.



Some vendors hold claims for up to 24 hours or batch claims for payers only once each business day.

Holding claims past a payer's processing cycle adds a delay of at least one business day.



03

Superior denial management

ABILITY | EASE All-Payer posts all payer messages, remittance reason codes and remittance status codes back to every claim in real-time. Any claim rejected by a payer is instantly placed back in the work-queue with a clear message indicating what needs to be corrected.



Many clearinghouses have chronic problems relating payer messages back to claims. Some don't even try.

Payer-rejected claims age for several days when vendors don't associate every message and remittance back to each claim.

Amazing Accuracy

You need to reduce A/R days. ABILITY | EASE® All-Payer does that in the most accurate way possible. Our innovative application design keeps current with even the most complicated rules BEFORE they cause problems.

RULE SET

UPDATED

SOURCE

UB04/CMS1500 Rules	Daily	NUBC/NUCC
HIPAA 5010 Rules	Daily	ANSI X12
Payer Specific Rules	Daily	Payers
MAC Regional Rules	Daily	CMS MAC
Medicare Code Editor (MCE)	Quarterly	CMS
Outpatient Code Editor (OCE)	Quarterly	CMS
Correct Coding Initiative (CCI)	Quarterly	CMS
Local Coverage Determination (LCD)	Every Two Weeks	CMS
Medically Unlikely Edits (MUE)	Quarterly	CMS
National Coverage Determination (NCD)	Quarterly	CMS
HCPC/CPT/ICD	Quarterly	CMS
Provider Specific Rules	Daily	Provider