

# Distinctly Different

**Speed up reimbursements  
and strengthen revenue with  
ABILITY EASE® All Payer**



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## Clean claims rate up to 99% (or higher)

Your clean claims rate tells you how effective your revenue cycle management process is. If you're not submitting your claims at a near 100% accuracy level the first time, they are likely being rejected for errors that should have been corrected.

Developed with more than a decade of experience troubleshooting EDI submission pain points, ABILITY EASE® All-Payer dramatically reduces rejections the first time. Using the most comprehensive, up-to-date payer rules (including custom, provider-specific rules), our comprehensive claim scrubbers help healthcare organizations achieve up to a 99% (or higher) clean claims rate.

- Determine this:**
- What's your average clean claims rate?
  - How frequently are your rules updated?
  - Does your platform offer provider-specific rules? Or will you need to make updates to hard-coded rules with every new release?

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## Same-day claim delivery

The sooner a payer receives a claim, the closer you are to resolution (and payment). Through intelligent routing and frequent payer synchronization, ABILITY EASE All-Payer outpaces the average clearinghouse with same-day delivery. Most claims even receive same-day acknowledgments.

- Ask yourself:**
- Do you have a 24-hour hold on claim submissions?
  - How frequently do you submit claims in a single day? Or does your platform batch claims once a day?

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## Automated, real-time messaging and denial management

When a claim is rejected or denied, response time is of the essence. ABILITY EASE All-Payer offers three unique features that eliminate manual, time-consuming follow-up and help make up for the additional days in A/R:

- Messages, rejects and remits instantly placed back in the work queue, always matched to the appropriate claim
- Fast, clear correction guidance
- Continual visibility into claims status until reimbursement

- Consider this:**
- Does your platform automatically link payer messages and remittances to the appropriate claim?
  - Are you able to deliver payer messages and claim status in real time?

# LEAVE THE DIRTY WORK TO US

**Did you know that denied claims, once resolved, take an average of 16.4 extra days to pay? That delay directly impacts cash flow.**

ABILITY EASE All-Payer has the industry's most robust claims "scrubber," as proven by our 99% (and higher) clean claims rate. More clean claims lead to quicker reimbursement and a healthier revenue management cycle.

Every claim is analyzed using the most comprehensive, current rules from commercial payers to CMS and more.



Learn more about the industry's most comprehensive all-payer claims management tool [abilitynetwork.com/ease-ap](http://abilitynetwork.com/ease-ap).



866.224.0776