



UNDERSTAND
CLAIM ERRORS &
OVERCOME
THEM WITH
BUSINESS RULES





LEVERAGE YOUR INSIGHTS

Does your billing staff have a handle on which billing errors they are fixing over and over again? In the larger scheme of things, do you understand your organization's trends in claim rejection and correction?

There's a way to turn those insights into working smarter, instead of harder.

Analyzing patterns in claim errors can lead the way to creating custom business rules that are unique to your staff and organization. Automating these corrections frees up staff time to work on more complex tasks.

Learn how to create a better claims management process



SEEK OUT THE PATTERNS

Your billers may make the same claim errors and omissions out of habit, but since no two billers are alike, they may overlook different things. Or, the needs of your organization may be such that your billers encounter the same corrections repeatedly in filing claims.

As patterns emerge in the types of billing errors that occur specifically in your organization, you can establish rules that reduce the need for manual fixes.





CUSTOM RULES THAT HELP YOUR PEERS

Custom rules vary by organization and can be used to address or flag a variety of variables. The following are some custom rules that have been used effectively by other healthcare organizations:

- If the claim is a duplicate, put it on hold
- Remove any duplicate diagnosis codes
- If a group number is present along with group name, remove the group name
- For Medicare and Medicaid claims, remove the group name and number
- If the group number is NONE, remove it
- Move the principal diagnosis to the patient visit reason

IMPROVE YOUR CLAIMS MANAGEMENT

If your biller or billing staff are ready to work smarter instead of harder, there's a quick way to jumpstart the process.

Begin by identifying the most common rejection codes or claim corrections your staff sees in their workflow.

These are the keys to which business rules you will want to create first.



Then, create automated business rules specific to payers and/or reason codes needed for your organization. These rules will help you handle routine claim fixes and assign exceptions. This will allow your staff time to dig into the more complex tasks requiring hands-on work.



AUTOMATE ROUTINE WORKFLOW

Now that you know the value of creating business rules, your staff can get ahead of the known rejections common to your organization and simplify the administrative burden of correcting them. They will benefit from more flexibility in staff schedules and be able to manage claims more efficiently. Best of all, your organization will shorten the time your claims bounce between you and the payer and improve your A/R days.





HELP YOUR STAFF WORK SMARTER

Having the right claims management tool is essential to putting business rules in place. Successful billing managers know the value of using **ABILITY EASE® All-Payer** to put business rules to work for their billing staff.

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