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# Healthcare's Top Billing Time-Wasters


Every healthcare organization has similar challenges managing busy schedules, coping with a rapidly changing healthcare landscape and working hard to get paid. Yet some fare much better financially than others. They know that hidden inefficiencies can drain an organization's resources. Many of them have streamlined their billing workflow. Is your organization one of them?

**READ ON TO DISCOVER THE MOST COMMON BILLING TIME-WASTERS AND HOW TO DRIVE THEM OUT OF YOUR WORKFLOW!**

## FIRST-PASS FAILS

Many clearinghouse vendors brag about a 95 percent first-pass claim acceptance rate, but 98 percent (or better!) is achievable on a regular basis if you use an application with a post-HIPAA rules engine that pings payers frequently for updates. Does your application allow organization-specific rules customized to your needs? Don't let that 3 percent (or much more!) difference rob you of precious minutes and hours. There's no such thing as perfect, but 98 percent gets pretty darn close!

## PROCESS RIVALRIES

If you use “competing” methods for eligibility, claims and appeals, you are probably losing valuable time. Do you use paper for some functions and log in to perform others? You can reduce visual clutter and consolidate your work with the right tool. And you’ll want to make sure your claims processing works in harmony with any EHR or billing software you use.

## WINDOWS SHUFFLE

Bouncing between different portals, windows and screens wears you down and eats away at your time. Tiresome and redundant navigation is also a drain on your energy and leads to errors. Why not turn to an application that puts nearly every public and private payer at your fingertips with a single sign-in? You could be submitting many claims in just one online session.

## ONE AND DONE

Some vendors only process claims with payers once a day and that's pretty slow in a 24/7 always-connected world. You will have more information sooner and collect reimbursements faster if you work with a vendor who submits to payers several times a day. You can often get a return message from a payer in just a few hours.

## SECONDARY CLAIM DILEMMAS

The Medicare crossover function for secondary claims is a great timesaver, except when it doesn't work. So how do you minimize touchpoints when you handle secondary claims? An application with customizable rules can be set to automatically detect and file secondary claims for you. This works for commercial secondary and tertiary claims, too. Look for a solution with a "safety net" feature that captures any claims that don't cross over.

## UNAPPEALING APPEALS PROCESS

Of course avoiding denials and appeals altogether is the best-case scenario, but they do happen. To keep things moving along, use an application that promotes interdepartmental communication, making task assignments clear and showing where appeals stand at all times. Look for a solution that generates self-populating appeal letters for three levels and tracking numbers for cross-referencing tasks throughout the appeals process.

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## TIME-SAVER FIRST STEPS

So are you ready to be done with your billing time-wasters? ABILITY can help you eliminate fragmented billing processes that eat into your revenue, so you can put your resources to better use. Want to know more about streamlined and accurate all-payer RCM?

View our free on-demand webinar