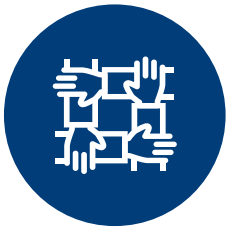


INCREASE REVENUE WITH ENHANCED SECONDARY CLAIMS WORKFLOWS



Why many organizations don't submit secondary claims



1. LABOR

Most billers already have enough to do, so putting a greater focus on secondary claims may initially seem like too much extra work to take on, or more staff to hire.



2. TIME

The hours it takes to work secondary claims don't always seem "worth it" in terms of the potential revenue per claim.



3. COMPLEXITY

Navigating dual coverage and coordination of benefits isn't the most appealing part of claims management, especially when multiple payer sites are needed and if front- and back-office processes are disjointed.

Simplify secondary claims

Most billers will choose to focus on high-dollar claims not realizing the potential of secondary claims and how easy it can actually be to process them, especially when all pieces of the claims journey are working together.

PROBLEM

This is the first step to secondary claims success. Finding **all active, applicable coverage** from the start allows billers to easily understand coordination of benefits and primary, secondary and even tertiary payers.

CLAIMS MANAGEMENT

When billers have a full-picture view of payer information, it's easier to understand what each claim needs prior to submission. This reduces extra work on the back end, allowing more time to focus on first-pass success for primary and secondary claims.

WORKFLOW IMPROVEMENTS

Less guesswork during claims submission typically leads to quicker payment – but even as more claims are paid, there's always room for increased workflow efficiencies. Consider taking claims management successes further by drilling into each team member's productivity and results, and coach them on improving their performance.



Did you know?

Nearly all secondary claims will be paid if primary adjudication is successful and they are submitted in a timely manner.

Realize the potential of secondary claims

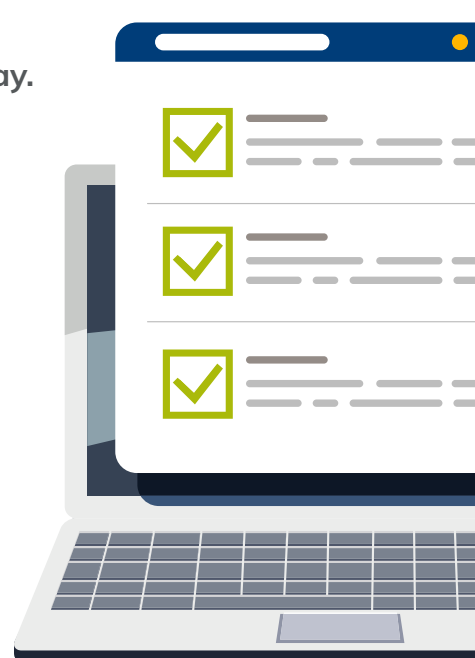
Ready to set your team up for secondary claims success? Start by making sure they have the tools they need to accomplish more during patient access and claims management. Then, monitor their improvements to drive further accomplishments.

ABILITY's easy-to-use applications support you every step of the way.

ABILITY INSURANCE DISCOVERY yields an average of 39.5% insurance identification matches on uninsured accounts¹, allowing billers to easily identify primary, secondary and even tertiary payers.

ABILITY CHOICE ALL-PAYER CLAIMS allows you to submit, edit and receive transactions for thousands of commercial payers, Medicare and Medicaid in one place.

ABILITY EASE ALL-PAYER CLAIMS improves first-pass payer acceptances with advanced claims "scrubbing," custom business rules, full visibility to payer messages and integrated eligibility verification. It empowers staff to submit and receive transactions for thousands of commercial payers, Medicare and Medicaid in one place.



Learn how we can help you turn secondary claims into consistent income with easier, more productive workflows throughout the claims lifecycle.

CONTACT OUR TEAM TODAY

1 ABILITY internal reporting, July 2021. Individual results may vary