



HIDDEN IN PLAIN SIGHT: The Top Medical Billing Time Wasters

TIME WASTER #1

Relying on old-school manual processes

61 minutes and **\$29.84** per patient encounter

Total time and money wasted by using phone, fax or email to process primary intake and billing transactions¹

OLD
13
minutes

Time spent to manually verify one patient's eligibility by phone, fax or email²

PREFERRED
2
minutes

Time per patient using HIPAA-standard e-verification³

OLD
3

Number of hourly claims status checks using manual processes⁴

PREFERRED
30

Number of hourly claims status checks using HIPAA-standard electronic process⁵

ALTERNATIVE:

Switch to HIPAA-standard electronic transactions and perform more tasks in less time.

TIME WASTER #2

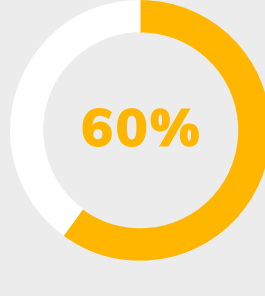
Failing to get your claims submissions right the first time

\$25 - \$45



Cost to rework a claim⁶

60%



Volume of denied claims never resubmitted⁷

ALTERNATIVE:

Reduce denials by achieving a **99% or higher clean claims rate**⁸ with software that employs up-to-date, customizable scrubbing engines and automatic eligibility re-verification when claims are uploaded.

TIME WASTER #3

Visiting multiple payer portals and translating complex codes to correct errors

1
Hour

Time it takes to manually correct complex denials⁹



8
minutes

Time it takes to manually correct simple denials¹⁰

ALTERNATIVE:

Choose an intuitive system that identifies the error, provides staff with a plain language explanation and allows them to easily click to fix the error using the patient and claim data already in your system to reduce your costs and days in A/R.

TIME WASTER #4

Manually monitoring appeals, audits and secondary claims

\$100

Cost in staff time to prepare a single appeal¹¹



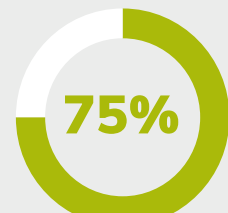
6 weeks

Resulting delay in payment¹²



75%

Volume of hospitals and healthcare systems that don't look for secondary payers because of the low return ratio¹³



ALTERNATIVE:

Save time and capture all the revenue you've earned with software that automatically tracks payer responses and payments, schedules and routes follow-ups and secondary claims and gathers necessary documentation for audits, appeals and secondary claims submissions.

TIME WASTER #5

Switching between portals, payers, systems and tasks

16 billion

Potential savings the U.S. healthcare industry could achieve by switching from manual processing to fully electronic administrative transactions and adopting automated solutions¹⁴



ALTERNATIVE:

Use a single sign-in portal with integrated access to all payers. This increases efficiency and avoids complex password management and navigating incompatible payer systems.

How much time could you reclaim?

Discover how ABILITY's **comprehensive claims management software** can return more time and money to your organization.

1 Closing the Gap: The Industry Continues to Improve, But Opportunities for Automation Remain, 2020 CAQH INDEX®, pg. 5, 13-34, <https://www.caqh.org/explorations/caqh-index-report>

2,3 Closing the Gap: The Industry Continues to Improve, But Opportunities for Automation Remain, 2020 CAQH INDEX®, pg. 13, <https://www.caqh.org/explorations/caqh-index-report>

4,5 Closing the Gap: The Industry Continues to Improve, But Opportunities for Automation Remain, 2020 CAQH INDEX®, pg. 28, <https://www.caqh.org/explorations/caqh-index-report>

6 "Robust billing software can maximize reimbursements, keep practices honest," Andria Jacobs, Physician's Practice, January 22, 2021, <https://www.physicianspractice.com/view/robust-billing-software-can-maximize-reimbursements-keep-practices-honest>

7 "Why getting claims right the first time is cheaper than reworking them," Timothy Mills, Physician's Practice, September 9, 2019, <https://www.physicianspractice.com/view/why-getting-claims-right-first-time-cheaper-reworking-them>

8 ABILITY internal reporting, ABILITY EASE All-Payer, November 2020

9,10,11,12 "Strategies for avoiding common insurance denials," Katie Nunn, MGMA, September 26, 2019, <https://www.mgma.com/data/data-stories/strategies-for-avoiding-common-insurance-denials>

13 "Hospital Profitability Depends on Revenue Recovery," Jim Bohnsack, Becker's Hospital CFO Report, October 7, 2019, <https://www.beckershospitalreview.com/finance/hospital-profitability-depends-on-revenue-recovery.html>

14 Closing the Gap: The Industry Continues to Improve, But Opportunities for Automation Remain, 2020 CAQH INDEX®, pg. 1, <https://www.caqh.org/explorations/caqh-index-report>