

NARROWING THE FIELD:

Which Claims Management System is Right for You?

Selecting the right claims management system is important but it doesn't need to be difficult. Start by asking yourself a few questions to determine which application best aligns with your needs – ABILITY CHOICE All-Payer Claims or ABILITY EASE All-Payer.









- 1 Do I regularly run one-off eligibility checks?
- 2 Would I benefit from automatic eligibility verification upon upload?
- 3 To what extent do my claims need to be scrubbed?
- 4 Is denial analytics important?



GOOD NEWS

When it comes to a hassle-free claims submission and remit experience, ABILITY has you covered. Both ABILITY EASE All-Payer and ABILITY CHOICE All-Payer deliver over 2,300 payer connections (including Medicare and Medicaid), efficiency-boosting functionalities and time-saving reports.

ADDITIONAL SIMILARITIES:

- | | |
|--|--|
|  Intuitive dashboards |  Electronic secondary submissions |
|  Configurable layouts |  Daily transaction reports |
|  Easy auditing |  Denied/rejected claims reports |
|  Auto-updated scrubbers |  Error analysis reports |

BETTER NEWS

To help you compare, we've created a handy chart that spells out other capabilities of each application. Which one is best for your organization?

Features	ABILITY EASE All-Payer	ABILITY CHOICE All-Payer Claims
Claims scrubbing (including HCPC, CPT, MAC regional and payer specific)	✓	✓
Advanced scrubbing (also includes NCCI, NCD, LCD and MUE)	✓	
Eligibility verification	✓	✓
• Auto upon import	✓	
• Batch capability	✓	
• Individual	✓	
Reports (transactions, error analysis, revenue, claims)	✓	✓
Analytics (also includes A/R aging, advanced remittance, revenue KPI)	✓	
Integrates with EASE® Medicare	✓	
Click-and-go appeals and audits	✓	

Learn why providers trust ABILITY to process over 1.8 billion claims per year!

Contact us today for a quick demo →