



User Guide

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Revision History

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1.1 2012-01-03 Updated for HMO Move Catcher and Financials Package; minor edits

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Introduction to ABILITY EASE

ABILITY™ EASE offers a user-friendly interface to access the Medicare DDE/FIIS system on a biller's behalf based on provider's National Provider Identifiers (NPIs), displaying information in a way that enables a biller to quickly and easily act on it. Time consuming manual processes, tedious follow-up and tracking activities are automated saving billers time and money to work on higher value tasks. ABILITY EASE also provides valuable trending and reporting capabilities helping billers to better manage Medicare claims and eligibility verifications.

This User Guide is intended to illustrate how this web-based application is used to help streamline, manage, and simplify complex Medicare billing and eligibility work flows.

Before Using ABILITY EASE

Prior to initial use of ABILITY EASE, you must obtain Medicare login credentials from the regional Medicare Administrative Contractor (MAC). You may contact Support (below) for assistance.

Support

The ABILITY Customer Support team is available to answer questions relating to the ABILITY Product Suite for Home Health, Hospice, Hospital, and Skilled Nursing Facility.

ABILITY Customer Service
Phone: 888-460-4310
Email: ease.support@abilitynetwork.com
Hours: 7:00 AM to 6:00 PM CST

ABILITY EASE Product Overview

Getting Started

Once you have received notification from ABILITY that your connection has been enabled, you are ready to begin using ABILITY EASE to send Medicare claims, receive eligibility information, and correct and manage rejected claims.

The Main Navigation Bar



The Main Navigation Bar is present throughout ABILITY EASE. Below is a description of each feature:

	Back Arrow: Click to return to the previous page you looked at.
	Forward Arrow: Having used the , clicking on would bring you back to the earlier screen you viewed.
	Refresh: Click to refresh the screen. This is particularly useful when doing claims corrections, to view the most recent status on claims. For example after having corrected a T status claim, clicking on the Refresh button will remove the corrected claim from the T status report.
	"MY DDE": Click to view claims, automated eligibility changes, patient information and to make claim corrections. This tab will bring you back to your home page or summary report. *
	Manual Eligibility Check: Click "ELIG." to submit a patient eligibility check. **
	"MY ACCOUNT": Click to manage your user profile. This includes: your contact information, your ABILITY EASE website password, your Medicare FISS password (which must be kept current), scheduling when ABILITY EASE will retrieve claims information and more.
	"ADMINISTRATION": Click to manage user permissions and other administrative areas of ABILITY EASE. This button will only be visible for administrators. *
	"HELP": This launches into the help pages you are viewing now.
	"LOGOUT": Click to log out of ABILITY EASE.

*If this button is not visible, and you feel this is in error, please speak to your company's ABILITY EASE administrator to clarify whether this button is appropriate for your ABILITY EASE profile.

**This is a live search option, which will require you to have the Medicare user ID and password associated with your ABILITY EASE user login.

The Page Navigation Bar



The Page Navigation Bar will vary based on your user profile and will change by page type as you move through ABILITY EASE. Below is a description of each feature:

	Search: Mouse over to do a quick search for a particular HIC. Entering one HIC number into the search box will bring you to the Patient Detail Page. Mouse over and select Advanced Search to perform an advanced search.
	Home: Click on to return to the Overnight Summary Report for the Agency you are currently viewing.
	“Reports”: Mouse over to open the Basic View Reports Menu. This feature is designed for quick access to additional key reports and is only visible in Basic View.
	“Timeframe”: Mouse over to change the date range for the report you are viewing. Options include overnight weekly or a customizable search by the dates that you choose.
	“Agency”: Mouse over to select the Provider ID you would like to view. <i>This will only be visible to users with access to multiple provider numbers.</i>
	Report/Chart View: Click on to view the information as a report. Click on to view the information as a chart or graph.
	Click on to print the current page.
	“Export”: Mouse over to export reports as either PDF or Excel files.
	“UB04”: Click here to start entering a new claim into the system.
	Trash Can: Click to cancel a task that is not yet completed. This will mean that the steps remaining for the process you are cancelling will no longer be performed; this does mean that ABILITY EASE will undo the steps it has already taken. This allows you to cancel the selected items. Sometimes the selected item may not be able to be cancelled (for example, a fully processed claim correction may not be cancelled).
 	Click on to view “Advanced” reports. Click on to return to viewing your information in the “Basic” view.

Icon Key

ABILITY EASE uses several icons to assist you :

or	Green Check or Red “X”: – The indicates that there may be a problem relating to the eligibility of a given patient. The indicates that no problems were flagged with a given item within the item listed (such as in the case of
----	--

	the Common Working File (CWF) column of the overnight activity report for a given patient). Mouse over a icon and you can view the information that caused the to show up. Mousing over a will not show any additional information since there is no issue being flagged by that icon.
	Mouse over the icon for an explanation or information that provides greater detail relating to the data adjacent to the () icon.
	Wrench: (Claim Correction) Click on the Wrench to correct the claim that is listed on the same line. Clicking on the wrench will open the selected claim in a UB-04 form. If the claim is a cancelled claim, then clicking on the wrench will open the original claim.
	Activity Quick View – The red/orange/green box is located on the top right side of the screen, right below the top navigation bar. This bar () shows you the number of DDE requests (such as a manual eligibility check or claim submissions/corrections) that you have made. The number in the green box represents the number of requests that have completed successfully and are ready to view. The number in orange represents the number of requests such as claims corrections still being processed. Mousing over the number will show you the last 10 requests in the category. The number in red box indicates the number of failed or rejected requests or errors in the system.

Reports

ABILITY EASE provides you with a variety of automatically generated reports.

Your reports enable you to:

- Automatically track your claim status changes.
- Organize your data in a more effective way.
- Directly access claims correction interface, additional patient claims detail, current eligibility status information, and more.

Report View: Basic vs. Advanced

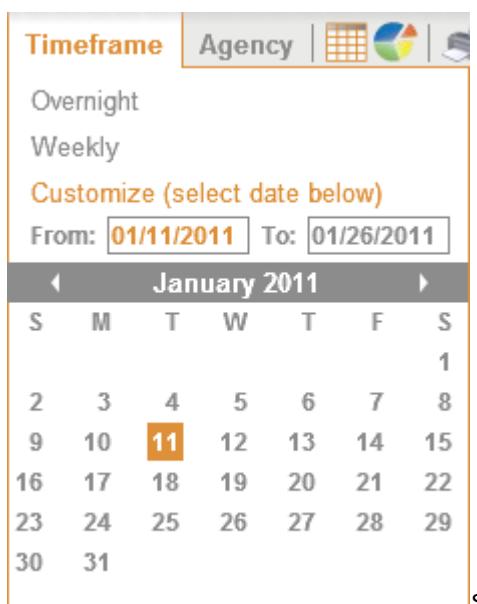
ABILITY EASE has two modes for report viewing: Basic and Advanced. Basic is the default view presented when you log in. First, we discuss features common to both modes:

Changing Time Frame

Upon first logging in, the default report timeframe will be the current day. This means that it will display changes in claims and eligibility that ABILITY EASE detected from the day before, or from the period since the last ABILITY EASE login. *The default timeframe will show changes that are detected in status or eligibility change from the previous day (ex: a claim changing location from SB9000 to SB9099 would not show up in a summary report, but a claim moving from SB9000 to PB9996 would be considered a change in status and not just location, and therefore would be included in the report).*

To change the timeframe:

1. Use your mouse to hover over **Timeframe** in the Page Navigation Bar.
2. The following dropdown will appear:



3. Depending on what data you are interested in, select:
 - a. 'Overnight' for changes in the last day (this is the default setting).
 - b. 'Weekly' for changes in the last 7 days.

- c. Or you may choose a specific start date. For example, if you have been out of the office for the past 3 days, select that first day you were out and you will get the report for all the days you were out of the office.
 - d. Hit Enter on your keyboard to reflect timeframe
4. To generate the report with the new timeframe, move your mouse outside of the Timeframe dropdown window or hit Enter on your keyboard.

Basic View

When you log in, your default mode is the Basic view. The Basic view is designed for day-to-day usage, providing key reports in a simple and efficient way. This mode is designed for you to get the information you need to help you prioritize, research, correct (when needed) and act quickly.

The Basic view contains 6 reports:

- 1) Overnight Summary
- 2) Additional Development Request (ADR) Report
- 3) Requests for Anticipated Payment (RAPs) at Risk (unique to Home Health)
- 4) Claims Stuck In Suspense
- 5) Eligibility Issues
- 6) T Status (Claim Returned To Provider (RTP)) Report

1) Overnight Summary Report

The Overnight Summary Report is a detailed dashboard identifying changes in Medicare claims status or eligibility from the beginning of the timeframe until now (the default is from yesterday until today). The information displayed is ranked from most to least severe helping the biller to plan their day and work on the most urgent tasks first.

- a. Changes that will cost you money and you should be aware of are listed on the top (for example a patient switching to a Health Maintenance Organization (HMO)).
- b. Changes that affect your billing and either need billing or plan of care adjustments
- c. Changes that are beneficial or informational, such as suspense and claims Medicare had approved for payment.

Under the Common Working File (CWF) field you will see either a green checkbox () which means there is no indication of an eligibility issue from the data gathered by ABILITY EASE, or a red "X" () which means that ABILITY EASE has found an eligibility issue for this patient for this time period/episode/length of stay or claim. A red "X" does not automatically mean a given claim has a problem, but can be used to express any eligibility issues that may relate to it. If you mouse over the red "X" you get the related information for this eligibility conflict. The field named "Reimbursement " is the estimated net amount of this claim.

Following is an example image of an Overnight Report:

OVERNIGHT SUMMARY REPORT FOR 10/05/2011, FOR AGENCY 000000000000

Change	CWF	S/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb.
■ MSP	X	■ P B9996	000000007A	DOE, JOHN	223	■ 37192	07/31/11	08/16/11	08/30/11	\$ 243.57
■ HMO	X	■ P B9996	000000387A	DOE, JOHN	213	■ 37192	02/13/11	04/16/11	04/30/11	\$ 6,692.40
■ HMO	X	■ P B9997	000000409D	DOE, JOHN	221	■ 37192	05/30/09	12/12/10	12/12/10	\$ 39.78
■ ADR	X	■ S B6001	000000903D	DOE, JOHN E	214		05/01/11	06/16/11	06/26/11	\$ 0.00
■ RTP	X	■ T B9997	000000186A	DOE, JOHN	214	■ 38119	08/08/11	08/16/11	09/03/11	\$ 0.00
■ RTP	X	■ T B9997	000000187A	DOE, JOHN	213	■ 38119	08/05/11	09/03/11	09/15/11	\$ 0.00
■ RTP	X	■ T B9997	000000782M	DOE, JOHN	223	■ 31413	01/16/11	01/18/11	01/18/11	\$ 0.00
■ Rejected	X	■ R B9997	000000090A	DOE, JOHN	220	■ U5233	07/19/04	12/12/10	12/12/10	\$ 0.00
■ Rejected	X	■ R B9997	000000150M	DOE, JOHN	220	■ C7010	05/17/10	12/12/10	12/12/10	\$ 0.00
■ Rejected	✓	■ R B9997	000001079D	DOE, JOHN R	210	■ 31992	07/12/11	09/03/11	09/20/11	\$ 0.00
■ Denied	✓	■ D B9997	000000441A	DOE, JOHN	220	■ 39928	05/06/11	05/17/11	05/21/11	\$ 0.00
■ Cancelled	X	■ S B0100	000000204A	DOE, JOHN	228	■ 30916	09/09/11	09/10/11	09/10/11	\$ 66.63
■ Hospice	X	■ P B9997	000000045D	DOE, JOHN	213	■ 37192	05/22/11	06/16/11	06/22/11	\$ 2,799.87
■ Hospice	X	■ P B9996	000000204A	DOE, JOHN	223	■ 37192	09/09/11	09/10/11	09/10/11	\$ 66.63
■ CWF Not Found	X	■ T B9997	000000962A	DOE, JOHN	214	■ 38119	07/04/11	07/17/11	07/27/11	\$ 0.00
■ Suspense	X	■ S B9000	000000861A	DOE, JOHN A	212		09/01/11	09/01/11	09/15/11	\$ 7,143.56
■ Suspense	X	■ S B9000	000000864A	DOE, JOHN	212		08/29/11	08/29/11	09/15/11	\$ 10,037.88
■ Suspense	X	■ S B9099	000000994A	DOE, JOHN	217		06/27/11	06/27/11	07/01/11	\$ 501.15
■ Suspense	X	■ S B0100	000001040A	DOE, JOHN H	213		05/29/11	06/29/11	07/16/11	\$ 0.00
■ Suspense	X	■ S B0100	000001082A	DOE, JOHN J	213		12/25/09	08/16/11	09/15/11	\$ 0.00
■ Paid	X	■ P B9997	000000095M	DOE, JOHN	221	■ 37192	04/19/10	12/12/10	12/12/10	\$ 39.78

To view additional Basic reports, click on the reports icon. This will display a drop down box for reports.

OVERNIGHT SUMMARY REPORT FOR 06/20/2011, FOR AGENCY 000000000000

Change	CWF	S/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb.
■ Hospice	X	■ S B90M0	000000719A	DOE, JANE 719	814	■ M5052	02/18/11	03/14/11	04/01/11	\$ 3,172.65

2) ADR Report

The first report that you will see is the ADR report.

ADR

OVERNIGHT REPORT FOR 06/20/2011, FOR AGENCY 000000000000

Change	Status	Report	S/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb.
■ Hospice	X	■ S B90M0	000000719A	DOE, JANE 719	814	■ M5052	02/18/11	03/14/11	04/01/11	\$ 3,172.65	
■ RTP	✓	■ T B9997	000000042A	DOE, JANE 42	814	■ 37402	07/13/07	06/14/10	06/30/10	\$ 0.00	
■ Rejected	✓	■ R B9997	000000136A	DOE, JANE 136	810	■ 38200	07/30/10	02/11/11	02/15/11	\$ 0.00	

Clicking on “ADR” displays a report of outstanding ADRs for reviewing, printing, and taking follow-up action on by appropriate personnel. Clicking on the code or due date for an entry on this report will allow you to view the ADR letter. See below:

HIC	Patient Name	Admit.	Start	Reimb	Episode \$	Days Left	Due Date	Code
000002778A	DOF, JOHN 2778	04/10/11	04/10/11	\$ 0.00	\$ 0.00	37	07/27/11	55555
TOTAL:				\$ 0.00	\$ 0.00			

From here you may view an ADR letter:

ADR INFORMATION - 000000000004

REPORT: 001 MEDICARE PART A 00001 FVDR NO : 000000000001
 DATE : 09/27/2011 ADDITIONAL DEVELOPMENT REQUEST BILL TYPE: 214
 TEST SNF
 SOME WHERE ST.
 MINNEAPOLIS MN 55403

THIS CLAIM REQUIRES ADDITIONAL INFORMATION IN ORDER TO MAKE APPROPRIATE PAYMENT DETERMINATION AND PROCESSING. PROVIDED BELOW ARE RECOMMENDED SUPPORTING DOCUMENTS, BUT NOT AN ALL INCLUSIVE LIST. THE DOCUMENTATION SHOULD SUPPORT THE VERIFICATION OF THE ISSUE THAT GENERATED THIS REQUEST. FOR FURTHER INFORMATION, ENTER THE REASON CODE(S) LISTED BELOW IN THE APPROPRIATE FIELDS IN THE ON-LINE SYSTEM. OMB # 0938-0969

PLEASE NOTE:
 MEDICARE - MEDICAL REVIEW
 P.O. BOX 7149

INDIANAPOLIS IN 46207 7149
 PATIENT CNTRL NBR: 00000903 DUE DATE: 11/08/2011
 MEDICAL REC NO: 11111111 DCN: 0101010101010101
 HIC: 000000003D PATIENT NAME: JOHN USBR XXXX
 FROM DATE: XX/XX/XXXX THRU DATE: XX/XX/XXXX OPR/MED ANALYST:
 TOTAL CHARGES: 6849.85 ORIG REQ DT: XX/XX/XXXX CLM RCPT DT: XX/XX/XXXX
 REASONS: 55555

REASON CODE NARRATIVES FOR HIC/DCN: 000002778A 0101010101010101

55555 ADDITIONAL MEDICAL RECORDS HAVE BEEN REQUESTED FOR THIS CLAIM. PLEASE RETAIN THIS FORM AS A COVER SHEET FOR IDENTIFICATION OF REQUESTED INFORMATION.
 PLEASE INCLUDE THE FOLLOWING:

- ALL APPLICABLE PHYSICIAN SIGNED PLANS OF CARE (495) FOR THE CLAIM PERIOD
- ALL SIGNED PHYSICIAN ORDERS PERTAINING TO THE PLAN(S) OF CARE;
- CLARIFY HOMEBOUND STATUS, INCLUDING FUNCTIONAL AND ACTIVITY LIMITATIONS
- ALL DISCIPLINE NOTES AND FLOWSHEETS, INCLUDING INITIAL EVALUATIONS AND

3) Stuck in Suspense Report

This report will identify and display all the claims that have been in suspense for 21 days or more alerting a biller of any claims that he or she may want to investigate further and follow-up on.

ABILITY EASE

MY DDE ELIG. MY ACCOUNT HELP LOGOUT

Reports Timeframe Agency Export UB04 Advanced

0 0 0

OVERNIGHT STUCK IN SUSPENSE REPORT FOR 06/20/2011, FOR AGENCY 000000000003

Eligibility Issues

Char	T Status Report	S/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb.
<input type="checkbox"/> Hospice	<input checked="" type="checkbox"/>	S B90M0	000000719A	DOE, JANE 719	814	M5052	02/18/11	03/14/11	04/01/11	\$ 3,172.65
<input type="checkbox"/> RTP	<input checked="" type="checkbox"/>	T B9997	000000042A	DOE, JANE 42	814	37402	07/13/07	06/14/10	06/30/10	\$ 0.00
<input type="checkbox"/> Rejected	<input checked="" type="checkbox"/>	R B9997	000000136A	DOE, JANE 136	810	38200	07/30/10	02/11/11	02/15/11	\$ 0.00

After clicking the indicated menu item above, the stuck in Suspense report presents:

ABILITY EASE

MY DDE ELIG. MY ACCOUNT HELP LOGOUT

Reports Agency Export Advanced

0 0 0

OVERNIGHT STUCK IN SUSPENSE REPORT FOR 10/05/2011, FOR AGENCY 000000000004

HIC	Patient Name	Admit.	Start	Through	Submit	# Days ▲	S/Loc	TOB	Reason	Reimb.
000000421D	DOE, JOHN	07/13/11	07/17/11	07/19/11	08/27/11	39	S M5REC	213	39700	\$ 0.00
000000518M	DOE, JOHN	06/28/11	07/17/11	08/05/11	09/02/11	33	S M5REC	213	39700	\$ 0.00
TOTAL:										\$ 0.00

4) Eligibility Issues Report

This report will identify any detected issues in eligibility that your patients may have.

ABILITY EASE

MY DDE ELIG. MY ACCOUNT HELP LOGOUT

Reports Timeframe Agency Export UB04 Advanced

0 0 0

OVERNIGHT STUCK IN SUSPENSE REPORT FOR 06/20/2011, FOR AGENCY 000000000003

Eligibility Issues

Char	T Status Report	S/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb.
<input type="checkbox"/> Hospice	<input checked="" type="checkbox"/>	S B90M0	000000719A	DOE, JANE 719	814	M5052	02/18/11	03/14/11	04/01/11	\$ 3,172.65
<input type="checkbox"/> RTP	<input checked="" type="checkbox"/>	T B9997	000000042A	DOE, JANE 42	814	37402	07/13/07	06/14/10	06/30/10	\$ 0.00
<input type="checkbox"/> Rejected	<input checked="" type="checkbox"/>	R B9997	000000136A	DOE, JANE 136	810	38200	07/30/10	02/11/11	02/15/11	\$ 0.00

Clicking on “Eligibility Issues” brings up the Eligibility Issues report:

ABILITY™ EASE

MY DDE ELIG. MY ACCOUNT HELP LOGOUT

Reports Timeframe Agency Export Advanced

OVERN ADR Stuck In Suspense Eligibility Issues T Status Report

Char

MSR **HMO** **HMO** **ADR** **RTP** **RTP** **Rejected** **Rejected** **Rejected** **Rejected** **Denied** **Cancelled** **Hospice** **Hospice** **CWF Not Found** **Suspense** **Suspense** **Suspense** **Suspense** **Paid**

REPORT FOR 10/05/2011, FOR AGENCY 000000000004

S/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb.
■P B9996	000000007A	DOE, JOHN	223	■37192	07/31/11	08/28/11	08/30/11	\$ 243.57
■P B9996	000000387A	DOE, JOHN	213	■37192	02/13/11	04/16/11	04/30/11	\$ 6,692.40
■P B9997	000000409D	DOE, JOHN	221	■37192	05/30/09	12/12/10	12/12/10	\$ 39.78
■S B6001	000000903D	DOE, JOHN E	214		05/01/11	06/16/11	06/26/11	\$ 0.00
■T B9997	000000186A	DOE, JOHN	214	■38119	08/08/11	08/16/11	09/03/11	\$ 0.00
■T B9997	000000187A	DOE, JOHN	213	■38119	08/05/11	09/03/11	09/15/11	\$ 0.00
■T B9997	000000782M	DOE, JOHN	223	■31413	01/16/11	01/18/11	01/18/11	\$ 0.00
■R B9997	000000090A	DOE, JOHN	220	■U5233	07/19/04	12/12/10	12/12/10	\$ 0.00
■R B9997	000000150M	DOE, JOHN	220	■C7010	05/17/10	12/12/10	12/12/10	\$ 0.00
■R B9997	0000001079D	DOE, JOHN R	210	■31992	07/12/11	09/03/11	09/20/11	\$ 0.00
■D B9997	000000441A	DOE, JOHN	220	■39928	05/06/11	05/17/11	05/21/11	\$ 0.00
■S B0100	000000204A	DOE, JOHN	228	■30916	09/09/11	09/10/11	09/10/11	\$ 66.63
■P B9997	000000045D	DOE, JOHN	213	■37192	05/22/11	06/16/11	06/22/11	\$ 2,799.87
■P B9996	000000204A	DOE, JOHN	223	■37192	09/09/11	09/10/11	09/10/11	\$ 66.63
■T B9997	000000962A	DOE, JOHN	214	■38119	07/04/11	07/17/11	07/27/11	\$ 0.00
■S B9000	000000861A	DOE, JOHN A	212		09/01/11	09/01/11	09/15/11	\$ 7,143.56
■S B9000	000000864A	DOE, JOHN	212		08/29/11	08/29/11	09/15/11	\$ 10,037.88
■S B9099	000000994A	DOE, JOHN	217		06/27/11	06/27/11	07/01/11	\$ 501.15
■S B0100	000001040A	DOE, JOHN H	213		05/29/11	06/29/11	07/16/11	\$ 0.00
■S B0100	000001082A	DOE, JOHN J	213		12/25/09	08/16/11	09/15/11	\$ 0.00
■P B9997	00000095M	DOE, JOHN	221	■37192	04/19/10	12/12/10	12/12/10	\$ 39.78

5) T Status Report

This option opens an “Advanced Search” dialog that will allow you to create custom reports.

ABILITY™ EASE

MY DDE ELIG. MY ACCOUNT HELP LOGOUT

Reports Timeframe Agency Export Advanced

OVERN ADR Stuck In Suspense Eligibility Issues T Status Report

Char

Hospice **RTP** **Rejected**

REPORT FOR 06/20/2011, FOR AGENCY 000000000003

S/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb.
■S B90M0	000000719A	DOE, JANE 719	814	■M5052	02/18/11	03/14/11	04/01/11	\$ 3,172.65
■T B9997	00000042A	DOE, JANE 42	814	■37402	07/13/07	06/14/10	06/30/10	\$ 0.00
■R B9997	000000136A	DOE, JANE 136	810	■38200	07/30/10	02/11/11	02/15/11	\$ 0.00

By clicking on "T Status Report" the biller can search by specific criteria such as NPI or claims within a specific date range. These searches may be named and saved as custom reports:

The screenshot shows a search form titled 'ADVANCED SEARCH'. It includes fields for Agency (with a dropdown menu showing 'All' and several agency IDs), HIC (text input), Patient Name (First and Last name inputs), Admission Date (Between date inputs), Episode/Accident Start (Between date inputs), Episode/Accident Days (Between date inputs), Claim Type (dropdown: Any), Submit Date (Between date inputs), S/Loc (Status dropdown: Any, Location input), Reason Code (multiple input fields separated by OR), and checkboxes for 'Include suppressed claims' and 'Save this search profile as [T Status Report]'. At the bottom right is a 'Search' button.

Here is an example custom T status report created with this feature:

The screenshot shows a 'SEARCH RESULTS' table with a record count of 90. The columns are: Agency, HIC, Patient Name, Last Update, Admit., Start, Through, Submit, TOB, S/Loc, and Reason. Each row contains a small blue icon, the agency ID, the HIC, patient name, dates, and reason code. For example, the first entry is '000000000001 DOE, JANE 606 10/05/11 02/23/11 04/24/11 06/12/11 10/05/11 327 ▶T B9996 ▶30949'.

Agency	HIC	Patient Name	Last Update	Admit.	Start	Through	Submit	TOB	S/Loc	Reason
000000000001	0000000606A	DOE, JANE 606	10/05/11	02/23/11	04/24/11	06/12/11	10/05/11	327	▶T B9996	▶30949
000000000002	000001457A	DOE, JANE 1457	10/05/11	09/25/11	09/25/11	09/25/11	10/05/11	322	▶T B9900	▶11801
000000000001	000002526A	DOE, JOHN 2526	10/05/11	06/16/11	06/16/11	08/12/11	10/05/11	329	▶T B9900	▶31018
000000000002	000000896A	DOE, JOHN 896	10/04/11	08/02/11	08/02/11	09/30/11	10/04/11	329	▶T B9900	▶7HHPT
000000000002	000001206A	DOE, JANE 1206	10/05/11	08/16/11	08/16/11	09/28/11	10/04/11	329	▶T B9900	▶7HPT
000000000002	000001535A	DOE, JANE 1535	10/04/11	07/27/11	07/27/11	09/21/11	10/04/11	329	▶T B9900	▶7HPT
000000000002	000001558A	DOE, JANE 1558	10/04/11	08/15/11	08/15/11	09/28/11	10/04/11	329	▶T B9900	▶7HPT
000000000002	000001587A	DOE, JANE 1587	10/04/11	08/02/11	08/02/11	09/30/11	10/04/11	329	▶T B9900	▶7HPT
000000000001	000005148A	DOE, JANE 5148	10/03/11	09/20/11	09/20/11	09/20/11	10/04/11	320	▶T B9997	▶31567
000000000001	000000712A	DOE, JOHN 712	10/04/11	08/08/10	08/04/11	08/02/11	10/03/11	329	▶T B9997	▶38107
000000000001	000000718A	DOE, JANE 718	10/04/11	04/25/11	06/24/11	08/22/11	10/03/11	329	▶T B9997	▶38107
000000000001	000000812A	DOE, JANE 812	10/04/11	04/17/11	06/16/11	08/14/11	10/03/11	329	▶T B9997	▶38107
000000000001	000000852A	DOE, JANE 852	10/04/11	08/12/10	06/08/11	08/06/11	10/03/11	329	▶T B9997	▶38107
000000000003	000000042A	DOE, JANE 42	10/02/11	10/28/07	08/01/10	08/31/10	10/02/11	823	▶T B9099	▶11701
000000000004	000000782M	DOE, JOHN	10/05/11	01/18/11	01/18/11	01/18/11	10/01/11	223	▶T B9997	▶34143
000000000002	000001023A	DOE, JANE 1023	09/28/11	04/30/11	06/29/11	08/27/11	09/28/11	329	▶T B9997	▶38107
000000000004	000001076A	DOE, JOHN	10/03/11	05/12/11	07/17/11	07/24/11	09/28/11	217	▶T B9997	▶37543
000000000004	000000447A	DOE, JOHN	10/04/11	05/29/10	08/16/11	08/23/11	09/27/11	223	▶T B9997	▶31255
000000000001	000002661A	DOE, JOHN 2661	10/02/11	05/16/11	05/16/11	07/14/11	09/27/11	329	▶T B9997	▶38107
000000000004	000000186A	DOE, JOHN	10/05/11	08/08/11	08/16/11	09/03/11	09/26/11	214	▶T B9997	▶38119
000000000004	000000187A	DOE, JOHN	10/05/11	08/05/11	09/03/11	09/15/11	09/26/11	213	▶T B9997	▶38119

Advanced View

The Advanced view provides additional reports for a biller or other concerned stakeholders, such as a Chief Financial Officer (CFO), to drill down and analyze additional information. You may reach this report by clicking on “Advanced” (circled below) in the Page Navigation Bar:

OVERNIGHT SUMMARY REPORT FOR 10/05/2011, FOR AGENCY 000000000000

Change ▾	CWF	S/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb.
MSP	<input checked="" type="checkbox"/>	P B9996	000000007A	<u>DOE, JOHN</u>	223	37192	07/31/11	08/28/11	08/30/11	\$ 243.57
HMO	<input checked="" type="checkbox"/>	P B9996	000000387A	<u>DOE, JOHN</u>	213	37192	02/13/11	04/16/11	04/30/11	\$ 6,692.40
HMO	<input checked="" type="checkbox"/>	P B9997	000000409D	<u>DOE, JOHN</u>	221	37192	05/30/09	12/12/10	12/12/10	\$ 39.78
ADR	<input checked="" type="checkbox"/>	S B6001	000000903D	<u>DOE, JOHN E</u>	214		05/01/11	06/16/11	06/26/11	\$ 0.00
RTP	<input checked="" type="checkbox"/>	T B9997	000000186A	<u>DOE, JOHN</u>	214	38119	08/08/11	08/16/11	09/03/11	\$ 0.00
RTP	<input checked="" type="checkbox"/>	T B9997	000000187A	<u>DOE, JOHN</u>	213	38119	08/05/11	09/03/11	09/15/11	\$ 0.00
RTP	<input checked="" type="checkbox"/>	T B9997	000000782M	<u>DOE, JOHN</u>	223	31413	01/16/11	01/18/11	01/18/11	\$ 0.00
Rejected	<input checked="" type="checkbox"/>	R B9997	000000090A	<u>DOE, JOHN</u>	220	U5233	07/19/04	12/12/10	12/12/10	\$ 0.00
Rejected	<input checked="" type="checkbox"/>	R B9997	000000150M	<u>DOE, JOHN</u>	220	C7010	05/17/10	12/12/10	12/12/10	\$ 0.00
Rejected	<input checked="" type="checkbox"/>	R B9997	000001079D	<u>DOE, JOHN R</u>	210	31992	07/12/11	09/03/11	09/20/11	\$ 0.00
Denied	<input checked="" type="checkbox"/>	D B9997	000000441A	<u>DOE, JOHN</u>	220	39928	05/06/11	05/17/11	05/21/11	\$ 0.00
Cancelled	<input checked="" type="checkbox"/>	S B0100	000000204A	<u>DOE, JOHN</u>	228	30916	09/09/11	09/10/11	09/10/11	\$ 66.63
Hospice	<input checked="" type="checkbox"/>	P B9997	000000045D	<u>DOE, JOHN</u>	213	37192	05/22/11	06/16/11	06/22/11	\$ 2,799.87
Hospice	<input checked="" type="checkbox"/>	P B9996	000000204A	<u>DOE, JOHN</u>	223	37192	09/09/11	09/10/11	09/10/11	\$ 66.63
CWF Not Found	<input checked="" type="checkbox"/>	T B9997	000000962A	<u>DOE, JOHN</u>	214	38119	07/04/11	07/17/11	07/27/11	\$ 0.00
Suspense	<input checked="" type="checkbox"/>	S B9000	000000861A	<u>DOE, JOHN A</u>	212		09/01/11	09/01/11	09/15/11	\$ 7,143.56
Suspense	<input checked="" type="checkbox"/>	S B9000	000000864A	<u>DOE, JOHN</u>	212		08/29/11	08/29/11	09/15/11	\$ 10,037.88
Suspense	<input checked="" type="checkbox"/>	S B9099	000000994A	<u>DOE, JOHN</u>	217		06/27/11	06/27/11	07/01/11	\$ 501.15
Suspense	<input checked="" type="checkbox"/>	S B0100	000001040A	<u>DOE, JOHN H</u>	213		05/29/11	06/29/11	07/16/11	\$ 0.00
Suspense	<input checked="" type="checkbox"/>	S B0100	000001082A	<u>DOE, JOHN J</u>	213		12/25/09	08/16/11	09/15/11	\$ 0.00
Paid	<input checked="" type="checkbox"/>	P B9997	000000956M	<u>DOE, JOHN</u>	221	37192	04/19/10	12/12/10	12/12/10	\$ 39.78

Below is an example of a Home Health advanced report:

ABILITY™ EASE

MY DDE ELIG. MY ACCOUNT HELP LOGOUT

Summary Changes Episodes Claims Stuck In Suspense RAP Suspense RAP Paid RAP Error RAP Cancelled Final Suspense Final Paid Final Error Final Cancelled Z-On Hold Final Due RAPs At Risk ADR Eligibility Issues Patients CWF Not Found HMO Patients MSP Patients Other HHA 1st Other HHA 2nd Hospice Patients

OVERNIGHT EASE SUMMARY REPORT FOR 10/12/2011, FOR AGENCY 000000000001

Critical

Episode Status	# Episodes	Total Reimbursed	Total Risk
<u>HMO Patients</u>	0	\$ 0.00	\$ 0.00
<u>Other HHA 1st</u>	0	\$ 0.00	\$ 0.00
<u>ADR</u>	0	\$ 0.00	\$ 0.00

Errors

Episode Status	# Episodes	Total Reimbursed	Total Risk	Est. Remaining
<u>RAP Error</u>	0	\$ 0.00	\$ 0.00	\$ 0.00
<u>RAP Cancelled</u>	0	\$ 0.00	\$ 0.00	\$ 0.00
<u>Final Error</u>	0	\$ 0.00	\$ 0.00	\$ 0.00
<u>Final Cancelled</u>	0	\$ 0.00	\$ 0.00	\$ 0.00
<u>RAPs At Risk</u>	4	\$ 2,872.50	\$ 5,643.55	\$ 2,771.05
<u>Final Due</u>	14	\$ 20,728.18	\$ 33,331.88	\$ 12,603.70
<u>MSP Patients</u>	1	\$ 0.00	\$ 3,944.60	\$ 3,944.60
<u>Z-On hold</u>	0	\$ 0.00	\$ 0.00	\$ 0.00
<u>Hospice Patients</u>	0	\$ 0.00	\$ 0.00	\$ 0.00
<u>CWF Not Found</u>	0	\$ 0.00	\$ 0.00	\$ 0.00
<u>Other HHA 2nd</u>	0	\$ 0.00	\$ 0.00	\$ 0.00

Normal

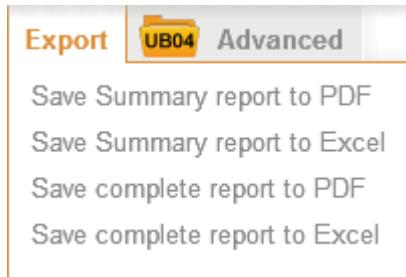
Episode Status	# Episodes	Total Reimbursed	Total Risk	Est. Remaining
<u>RAP Paid</u>	0	\$ 0.00	\$ 0.00	\$ 0.00
<u>RAP Suspense</u>	0	\$ 0.00	\$ 0.00	\$ 0.00
<u>Final Paid</u>	0	\$ 0.00	\$ 0.00	\$ 0.00
<u>Final Suspense</u>	0	\$ 0.00	\$ 0.00	\$ 0.00

Note the reports available in this view for a Home Health agency: Summary, Changes, Episodes, Claims, Stuck in Suspense, RAP Suspense, RAP Paid, RAP Error, RAP Cancelled, Final Suspense, Final Paid, Final Error, Final Cancelled, Z-On Hold, Final Due, RAPs At Risk, and ADR.

Hospice, SNF, and Hospital provider types would see different reports here as appropriate.

Exporting Reports

Simply click on the “Export” icon to export a report to PDF or Excel format. A “Summary report” gives you the overnight summary, while a “Complete summary” will include Overnight Summary, Stuck in Suspense, Eligibility Issues, and RAPs at Risk for Home Health.



Reason Code Detail

ABILITY EASE enables users to mouse over a reason code, providing consolidated critical information or why there may have been a change in claim status.

The screenshot shows the ABILITY EASE interface with a tooltip over a reason code in the grid. The tooltip contains the following text:
THIS CLAIM IS AN EXACT DUPLICATE OF A PREVIOUSLY SUBMITTED CLAIM WHERE THE FOLLOWING FIELDS ON THE HISTORY AND PROCESSING CLAIM ARE THE SAME:
- HIC NUMBER
- TYPE OF BILL (ALL THREE POSITIONS OF ANY TOB)
- PROVIDER NUMBER
- STATEMENT FROM DATE OF SERVICE
- STATEMENT THROUGH DATE OF SERVICE
- TOTAL CHARGES (0001 REVENUE LINE) 000100A DOE, JANE 719 814
- REVENUE CODE 000100A DOE, JANE 719 814
- HCPCS AND MODIFIERS (IF REQUIRED BY REVENUE CODE FILE) 000100A DOE, JANE 719 814

Reason	Admit.	Start	Through	Reimb.
M5052	02/18/11	03/14/11	04/01/11	\$ 3,172.65
37402	07/13/07	06/14/10	06/30/10	\$ 0.00
38200	07/30/10	02/11/11	02/15/11	\$ 0.00
38200	05/16/10	10/12/10	11/10/10	\$ 0.00
37192	02/03/11	04/13/11	05/13/11	\$ 5,176.43
37192	08/17/10	04/13/11	05/13/11	\$ 3,955.55
S 0100	05/24/11	05/24/11	05/24/11	\$ 0.00
S 0100	06/03/11	06/03/11	06/03/11	\$ 0.00
S 0909	06/15/11	06/15/11	05/14/69	\$ 0.00
P 9997	06/14/11	06/14/11	05/14/61	\$ 0.00
P 9997	06/14/11	06/14/11	05/14/61	\$ 0.00

Eligibility Issues

ABILITY EASE helps billers easily identify if there are eligibility issues with their patients. Simply mouse over the red to receive additional information including the start date, termination date, and contact information so the biller can quickly and easily follow-up with the other party or patient to clarify issues.

The green means there are no eligibility issues found. In the picture below, we see a patient is enrolled in a Health Maintenance Organization (HMO). Detailed information such as the HMO name, enrollment date, plan option and type, and contact information is displayed here:

ABILITY™ EASE

MY DDE ELIG. MY ACCOUNT HELP LOGOUT

Reports Timeframe Advanced

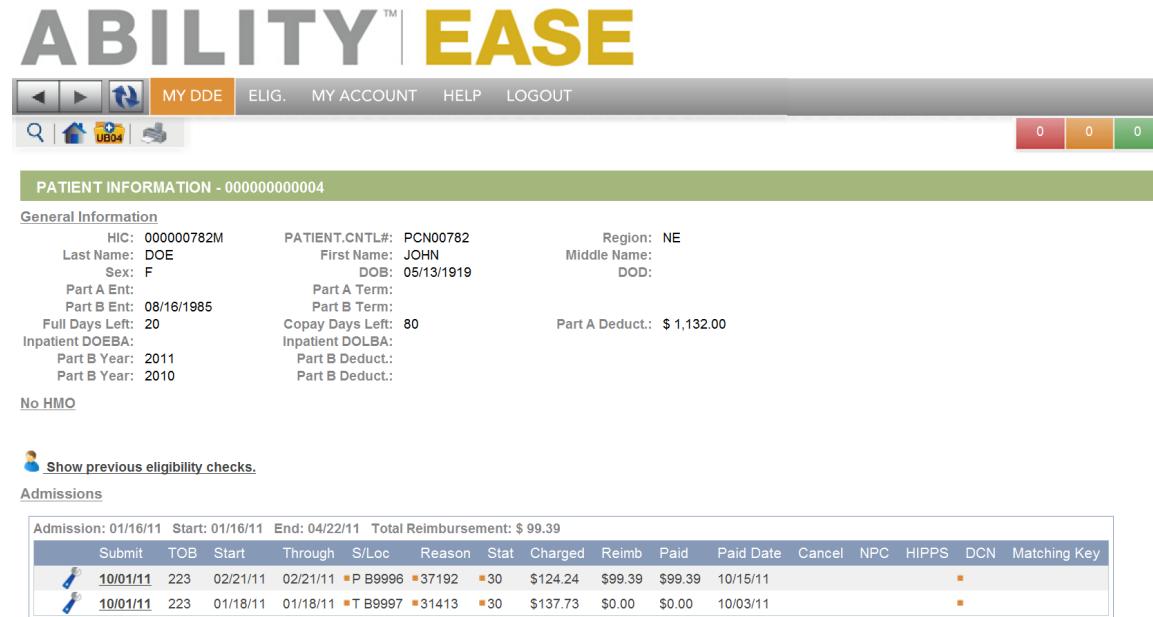
HMO enrollment: 07/12/2011 Termination: N/A
CommunityCare Senior Health Plan
218 W. 8TH STREET
TULSA, OK 74119 Tel: 1-888-594-5200 ext 6811
Plan Option: C
HMO Type: HMO/HMOPOS

OVERNIGHT SUMMARY REPORT TUESDAY, 01/18/2011, FOR AGENCY 000000000001

Change ▾	CWF	Patient Name	Type	TOB	Reason	Start	Through	Claim \$
• HMO	<input checked="" type="checkbox"/>	P B9997 000000812A DOE, JANE 812	Final	339	■ 37186	02/26/11	04/26/11	\$ 598.31
• HMO	<input checked="" type="checkbox"/>	S B9099 000005078A DOE, JANE 5078	Final	329		05/15/11	07/13/11	\$ 683.07
• Other HHA 1st	<input checked="" type="checkbox"/>	R B9997 000002572A DOE, JOHN 2572	Final	320	■ U538F	06/05/11	08/03/11	\$ 739.37
• ADR	<input checked="" type="checkbox"/>	S B6001 000002778A DOE, JOHN 2778	Final	329		06/06/11	08/04/11	\$ (1,705.54)
• RTP	<input checked="" type="checkbox"/>	T B9996 000000606A DOE, JANE 606	Final	327	■ 30949	03/05/11	04/23/11	\$ 1,731.52
• RTP	<input checked="" type="checkbox"/>	T B9997 000000812A DOE, JANE 812	Final	329	■ 38107	04/27/11	06/25/11	\$ 1,001.04
• RTP	<input checked="" type="checkbox"/>	T B9900 000002526A DOE, JOHN 2526	Final	329	■ 31018	04/27/11	06/23/11	\$ 2,095.27
• RTP	<input checked="" type="checkbox"/>	T B9997 000005374A DOE, JOHN 5374	RAP	322	■ T5052	02/15/11	02/15/11	\$ 0.00
• Rejected	<input checked="" type="checkbox"/>	R B9997 000002656A DOE, JANE 2656	Final	320	■ U5233	05/24/11	07/22/11	\$ 2,921.71
• Cancelled	<input checked="" type="checkbox"/>	P B9996 000000712A DOE, JOHN 712	RAP	328	■ 37185	04/15/11	04/15/11	\$ 1,434.06
• Cancelled	<input checked="" type="checkbox"/>	P B9996 000000748A DOE, JOHN 748	RAP	328	■ 37185	12/18/10	12/18/10	\$ 1,076.05
• Cancelled	<input checked="" type="checkbox"/>	P B9996 000002630A DOE, JOHN 2630	RAP	328	■ 37185	04/16/11	04/16/11	\$ 1,537.86
• Z-On hold	<input checked="" type="checkbox"/>	P B9997 000002775A DOE, JANE 2775	RAP	322	■ 37185	08/04/11	08/04/11	\$ 762.84
• Other HHA 2nd	<input checked="" type="checkbox"/>	P B9997 000003667A DOE, JOHN 3667	RAP	322	■ 37185	06/29/11	06/29/11	\$ 4,754.57
• Suspense	<input checked="" type="checkbox"/>	S B0100 000000527A DOE, JANE 527	RAP	322		08/08/11	08/08/11	\$ 1,585.64

Patient Detail Page

In any of these report views, clicking on a patient HIC or name will display a Patient Detail Page (note the display of previous admissions and the ability to display previous eligibility checks):



The screenshot shows the ABILITY EASE software interface. At the top, there's a navigation bar with icons for back, forward, search, and other functions, followed by links for MY DDE, ELIG., MY ACCOUNT, HELP, and LOGOUT. To the right of the links are three small colored boxes (red, orange, green) each containing the number '0'. Below the navigation bar is a header bar with the text "PATIENT INFORMATION - 000000000000". Underneath this, a "General Information" section displays patient details:

HIC: 000000782M	PATIENT.CNTL#: PCN00782	Region: NE
Last Name: DOE	First Name: JOHN	Middle Name:
Sex: F	DOB: 05/13/1919	DOD:
Part A Ent:	Part A Term:	
Part B Ent: 08/16/1985	Part B Term:	
Full Days Left: 20	Copay Days Left: 80	Part A Deduct.: \$ 1,132.00
Inpatient DOBBA:	Inpatient DOLBA:	
Part B Year: 2011	Part B Deduct.:	
Part B Year: 2010	Part B Deduct.:	

Below this, a link "No HMO" is visible. Further down, there's a link "Show previous eligibility checks." with a small user icon. The next section, "Admissions", contains a table with the following data:

Admission: 01/16/11 Start: 01/16/11 End: 04/22/11 Total Reimbursement: \$ 99.39															
Submit	TOB	Start	Through	S/Loc	Reason	Stat	Charged	Reimb	Paid	Paid Date	Cancel	NPC	HIPPS	DCN	Matching Key
	10/01/11	223	02/21/11	02/21/11	■P B9996	■37192	■30	\$124.24	\$99.39	\$99.39	10/15/11			■	
	10/01/11	223	01/18/11	01/18/11	■T B9997	■31413	■30	\$137.73	\$0.00	\$0.00	10/03/11			■	

HMO Move Catcher

HMO Move Catcher is an optional feature that enables ABILITY users to track census as they move to Original Medicare from Health Maintenance Organizations (HMOs), or between HMOs.

Add Patient to HMO Move Catcher

To add a patient to HMO Move Catcher, click on the “ELIG.” menu item in the Main Navigation Bar. In the left menu, click “Add to HMO/Adv. Catcher.” You will be prompted to enter patient Health Insurance Claim (HIC), Last Name, First Name, Date Of Birth (DOB), and Sex:

The screenshot shows the ABILITY EASE software interface. The main title is "ABILITY EASE". The navigation bar includes "MY DDE", "ELIG." (which is highlighted in orange), "MY ACCOUNT", "HELP", and "LOGOUT". On the far right of the top bar are three small colored boxes (red, orange, green) each containing the number "0".

On the left, there is a vertical sidebar with the following menu items:

- Eligibility Check
- Add to HMO/Adv. Catcher (highlighted in green)
- HMO/Adv. Catcher Report
- HMO/Adv Catcher Patients

The main content area has a green header bar with the text "ADD PATIENT TO HMO ADVANTAGE MOVE CATCHER". Below this, the form fields are displayed:

Agency:	000000000001 Test Agency 1
HIC:	000000812A
Last Name:	Doe
First Name:	Jane
DOB:	05/12/1934
Sex:	F

At the bottom of the form is a "Submit" button.

Upon successfully adding a patient, the patient will be tracked for 75 days and you will receive a confirmation dialog.

[View HMO Move Catcher Report](#)

Clicking “HMO/Adv. Catcher Report” will display a roster of patients who have been added to HMO Move Catcher. Clicking on the eye to the left of each entry will remove the patient from the list, indicating you have “seen” any changes related to HMO moves.

The screenshot shows a computer screen with a web browser window titled "ABILITY EASE". The menu bar includes "Safari", "File", "Edit", "View", "History", "Bookmarks", "Window", and "Help". The main content area displays a report titled "HMO ADVANTAGE MOVE CATCHER CHANGES REPORT" with a record count of 34. The report table has columns for "Click to acknowledge that you have seen this activity item.", "CWF", and "Agency". The "Click to acknowledge" column contains icons of eyes, some with red X's and some with green checkmarks. The "CWF" and "Agency" columns show dates (e.g., 10/21/2011) and long numerical strings. At the bottom of the report, there is a footer with "14267 items" and "190 / 40 / 14".

Click to acknowledge that you have seen this activity item.	CWF	Agency			
	900000013A	DOE, JOHN	10/21/2011	<input checked="" type="checkbox"/>	000000000004
	900000022A	DOE, JANE 22	10/21/2011	<input checked="" type="checkbox"/>	000000000002
	900000042A	DOE, JANE 42	10/21/2011	<input checked="" type="checkbox"/>	000000000002
	900000042A	DOE, JANE 42	10/21/2011	<input checked="" type="checkbox"/>	000000000003
	900000045D	DOE, JOHN	10/21/2011	<input checked="" type="checkbox"/>	000000000004
	900000090A	DOE, JOHN	10/21/2011	<input checked="" type="checkbox"/>	000000000004
	900000107A	DOE, JANE 107	10/21/2011	<input checked="" type="checkbox"/>	000000000003
	900000171A	DOE, JANE 171	10/21/2011	<input checked="" type="checkbox"/>	000000000002
	900000186A	DOE, JOHN	10/21/2011	<input checked="" type="checkbox"/>	000000000004
	900000204A	DOE, JOHN	10/21/2011	<input checked="" type="checkbox"/>	000000000004
	900000387A	DOE, JOHN	10/21/2011	<input checked="" type="checkbox"/>	000000000004
	900000409D	DOE, JOHN	10/21/2011	<input checked="" type="checkbox"/>	000000000004
	900000427A	DOE, JANE 427	10/21/2011	<input checked="" type="checkbox"/>	000000000002
	900000441A	DOE, JOHN	10/21/2011	<input checked="" type="checkbox"/>	000000000004
	900000547A	DOE, JOHN	10/21/2011	<input checked="" type="checkbox"/>	000000000004
	900000671A	DOE, JANE 671	10/21/2011	<input checked="" type="checkbox"/>	000000000001
	900000812A	DOE, JANE 812	10/21/2011	<input checked="" type="checkbox"/>	000000000001
	900000864A	DOE, JOHN	10/21/2011	<input checked="" type="checkbox"/>	000000000004
	900000903D	DOE, JOHN E	10/21/2011	<input checked="" type="checkbox"/>	000000000004
	900001098A	DOE, JANE 1098	10/21/2011	<input checked="" type="checkbox"/>	000000000002

View HMO/Adv. Catcher Patients

Finally, to view patients in your HMO Move Catcher census, and to remove them or extend them in increments of 75 days, you may click “HMO/Adv. Catcher Patients.”

The screenshot shows the ABILITY EASE software interface. At the top, there is a navigation bar with links for MY DDE, ELIG., MY ACCOUNT, HELP, and LOGOUT. Below the navigation bar, there is a search bar and a page navigation bar with three colored buttons (red, orange, green) showing values 0, 0, 0 respectively. The main content area is titled "HMO ADVANTAGE MOVE CATCHER PATIENTS" and displays a table with the following columns: HIC, Patient Name, Start, Stop, Days Left, CWF, Last Changed, and Agency. The table contains 35 records. One record, "DOE, JOHN" (HIC 900000013A), has a checked checkbox in the first column and a red X in the CWF column, indicating it is selected for removal.

HIC	Patient Name	Start	Stop	Days Left	CWF	Last Changed	Agency
<input type="checkbox"/> 000000812A	DOE, JANE 812	10/11/2011	12/25/2011	75	X	10/10/2011	000000000001
<input checked="" type="checkbox"/> 900000013A	DOE, JOHN	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004
<input type="checkbox"/> 900000022A	DOE, JANE 22	06/13/2011	10/21/2011	10	X	10/10/2011	000000000002
<input type="checkbox"/> 900000042A	DOE, JANE 42	06/13/2011	10/21/2011	10	X	10/10/2011	000000000003
<input type="checkbox"/> 900000042A	DOE, JANE 42	06/13/2011	10/21/2011	10	X	10/10/2011	000000000002
<input type="checkbox"/> 900000045D	DOE, JOHN	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004
<input type="checkbox"/> 900000090A	DOE, JOHN	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004
<input type="checkbox"/> 900000107A	DOE, JANE 107	06/13/2011	10/21/2011	10	X	10/10/2011	000000000003
<input type="checkbox"/> 900000171A	DOE, JANE 171	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000002
<input type="checkbox"/> 900000186A	DOE, JOHN	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000004
<input type="checkbox"/> 900000204A	DOE, JOHN	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004
<input type="checkbox"/> 900000387A	DOE, JOHN	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004
<input type="checkbox"/> 900000409D	DOE, JOHN	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000004
<input type="checkbox"/> 900000427A	DOE, JANE 427	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000002
<input type="checkbox"/> 900000441A	DOE, JOHN	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000004
<input type="checkbox"/> 900000547A	DOE, JOHN	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004
<input type="checkbox"/> 900000671A	DOE, JANE 671	06/13/2011	10/21/2011	10	X	10/10/2011	000000000001
<input type="checkbox"/> 900000812A	DOE, JANE 812	06/13/2011	10/21/2011	10	X	10/10/2011	000000000001
<input type="checkbox"/> 900000864A	DOE, JOHN	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000004
<input type="checkbox"/> 900000903D	DOE, JOHN E	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004
<input type="checkbox"/> 900000903D	DOE, JANE 4000	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000000

Note that an entry is selected. In order to remove the entry from the HMO Move Catcher census, you may click the trash can in the Page Navigation Bar, beneath the Main Navigation Bar, when designated records are selected.

Similarly, clicking “Extend” will add 75 more days of tracking to designated records (note the John Doe record selected previously has 75 instead of 10 days remaining after extension):

The screenshot shows the ABILITY EASE software interface. The main title is "ABILITY EASE". The top menu bar includes "MY DDE", "ELIG.", "MY ACCOUNT", "HELP", and "LOGOUT". Below the menu is a toolbar with icons for search, print, and extend. A status bar at the bottom right shows "0 0 0". The main content area is titled "HMO ADVANTAGE MOVE CATCHER PATIENTS" and displays a table with the following columns: HIC, Patient Name, Start, Stop, Days Left, CWF, Last Changed, and Agency. The table contains 35 rows of patient data. The "Days Left" column shows values such as 85, 75, 10, etc. The "CWF" column contains several red X marks. The "Last Changed" column shows dates like 10/10/2011. The "Agency" column shows codes like 000000000004.

HIC	Patient Name	Start	Stop	Days Left	CWF	Last Changed	Agency
900000013A	DOE, JOHN	06/13/2011	01/04/2012	85	X	10/10/2011	000000000004
9000000812A	DOE, JANE 812	10/11/2011	12/25/2011	75	X	10/10/2011	000000000001
900000022A	DOE, JANE 22	06/13/2011	10/21/2011	10	X	10/10/2011	000000000002
900000042A	DOE, JANE 42	06/13/2011	10/21/2011	10	X	10/10/2011	000000000003
900000042A	DOE, JANE 42	06/13/2011	10/21/2011	10	X	10/10/2011	000000000002
900000045D	DOE, JOHN	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004
900000090A	DOE, JOHN	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004
9000000107A	DOE, JANE 107	06/13/2011	10/21/2011	10	X	10/10/2011	000000000003
9000000171A	DOE, JANE 171	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000002
9000000186A	DOE, JOHN	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000004
9000000204A	DOE, JOHN	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004
9000000387A	DOE, JOHN	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004
9000000409D	DOE, JOHN	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000004
9000000427A	DOE, JANE 427	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000002
9000000441A	DOE, JOHN	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000004
9000000547A	DOE, JOHN	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004
9000000671A	DOE, JANE 671	06/13/2011	10/21/2011	10	X	10/10/2011	000000000001
9000000812A	DOE, JANE 812	06/13/2011	10/21/2011	10	X	10/10/2011	000000000001
9000000864A	DOE, JOHN	06/13/2011	10/21/2011	10	✓	10/10/2011	000000000004
9000000903D	DOE, JOHN E	06/13/2011	10/21/2011	10	X	10/10/2011	000000000004

Creating a Claim

ABILITY EASE allows the quick creation of claims using a familiar UB-04 interface. Clicking the “UB04” icon highlighted below will bring up the claim entry interface.

OVERNIGHT SUMMARY REPORT FOR 10/05/2011, FOR AGENCY 0000000000000000

Change ▾	CWF	S/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb.
MSP	<input checked="" type="checkbox"/>	P B9996	000000007A	DOE, JOHN	223	37192	07/31/11	08/28/11	08/30/11	\$ 243.57
HMO	<input checked="" type="checkbox"/>	P B9996	0000000387A	DOE, JOHN	213	37192	02/13/11	04/16/11	04/30/11	\$ 6,692.40
HMO	<input checked="" type="checkbox"/>	P B9997	000000409D	DOE, JOHN	221	37192	05/30/09	12/12/10	12/12/10	\$ 39.78
ADR	<input checked="" type="checkbox"/>	S B6001	000000903D	DOE, JOHN E	214		05/01/11	06/16/11	06/26/11	\$ 0.00
RTP	<input checked="" type="checkbox"/>	T B9997	000000186A	DOE, JOHN	214	38119	08/08/11	08/16/11	09/03/11	\$ 0.00
RTP	<input checked="" type="checkbox"/>	T B9997	000000187A	DOE, JOHN	213	38119	08/05/11	09/03/11	09/15/11	\$ 0.00
RTP	<input checked="" type="checkbox"/>	T B9997	000000782M	DOE, JOHN	223	31413	01/16/11	01/18/11	01/18/11	\$ 0.00
Rejected	<input checked="" type="checkbox"/>	R B9997	000000090A	DOE, JOHN	220	■ U5233	07/19/04	12/12/10	12/12/10	\$ 0.00
Rejected	<input checked="" type="checkbox"/>	R B9997	000000150M	DOE, JOHN	220	■ C7010	05/17/10	12/12/10	12/12/10	\$ 0.00
Rejected	<input checked="" type="checkbox"/>	R B9997	0000001079D	DOE, JOHN R	210	31992	07/12/11	09/03/11	09/20/11	\$ 0.00
Denied	<input checked="" type="checkbox"/>	D B9997	000000441A	DOE, JOHN	220	■ 39926	05/06/11	05/17/11	05/21/11	\$ 0.00
Cancelled	<input checked="" type="checkbox"/>	S B0100	000000204A	DOE, JOHN	228	30916	09/09/11	09/10/11	09/10/11	\$ 66.63
Hospice	<input checked="" type="checkbox"/>	P B9997	000000045D	DOE, JOHN	213	37192	05/22/11	06/16/11	06/22/11	\$ 2,799.87
Hospice	<input checked="" type="checkbox"/>	P B9996	000000204A	DOE, JOHN	223	37192	09/09/11	09/10/11	09/10/11	\$ 66.63
CWF Not Found	<input checked="" type="checkbox"/>	T B9997	000000962A	DOE, JOHN	214	38119	07/04/11	07/17/11	07/27/11	\$ 0.00
Suspense	<input checked="" type="checkbox"/>	S B9000	000000861A	DOE, JOHN A	212		09/01/11	09/01/11	09/15/11	\$ 7,143.56
Suspense	<input checked="" type="checkbox"/>	S B9000	000000864A	DOE, JOHN	212		08/29/11	08/29/11	09/15/11	\$ 10,037.88
Suspense	<input checked="" type="checkbox"/>	S B9099	000000994A	DOE, JOHN	217		06/27/11	06/27/11	07/01/11	\$ 501.15
Suspense	<input checked="" type="checkbox"/>	S B0100	000001040A	DOE, JOHN H	213		05/29/11	06/29/11	07/16/11	\$ 0.00
Suspense	<input checked="" type="checkbox"/>	S B0100	000001082A	DOE, JOHN J	213		12/25/09	08/16/11	09/15/11	\$ 0.00
Paid	<input checked="" type="checkbox"/>	P B9997	00000095M	DOE, JOHN	221	■ 37192	04/19/10	12/12/10	12/12/10	\$ 39.78

The UB-04 claims entry interface:

New Claim UB04 (submit)

1	2	3a PAT CHTL #	4 TYPE OF BILL			
b. b.	c. c.	d. d.	e. e.			
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH	7				
07936	123XXXXXXXX					
8 PATIENT NAME a. b.	9 PATIENT ADDRESS a. b.	c. c.	d. d.			
10 BIRTHDATE 11 SEX 12 DATE 13 HR 14 TYPE 15 SRC	16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28	CONDITION CODES 19 20 21 22 23 24 25 26 27 28	29 ACUT 30 ADV. STATE REASON CODE			
31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE CODE FROM THROUGH	36 OCCURRENCE CODE FROM THROUGH	37
a a	b b	c c	d d			
38	39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT			
a a	b b	c c	d d			
42 REV CD	43 DESCRIPTION	44 HCPCS/RATE/HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1						1
2						2
3						3

Correcting RTP or T Status Claims

ABILITY EASE identifies T status (also known as Returned To Provider, or RTP) claims for a biller. By clicking on the underlined Health Insurance Claim (HIC) number or the patient's name, the biller can quickly be taken to a page providing greater detail on the patient's eligibility status and claims history. This additional information can help the biller resolve the T status claim and resubmit it correctly for reimbursement.

Step 1- Click on HIC Number, Patient Name, or look up Patient by HIC number with the magnifying glass icon:

Change	CWF	S/Loc	HIC	Patient Name	Type	TOB	Reason	Start	Through	Claim \$
■ HMO	<input checked="" type="checkbox"/>	■ P B9997	000000812A	DOE, JANE 812	Final	339	■ 37186	02/26/11	04/26/11	\$ 598.31
■ HMO	<input checked="" type="checkbox"/>	■ S B9099	000005078A	DOE, JANE 5078	Final	329		05/15/11	07/13/11	\$ 683.07
■ Other HHA 1st	<input checked="" type="checkbox"/>	■ R B9997	000002572A	DOE, JOHN 2572	Final	320	■ U538F	06/05/11	08/03/11	\$ 739.37
■ ADR	<input checked="" type="checkbox"/>	■ S B6001	000002770A	DOE, JOHN 2770	Final	329		06/06/11	08/04/11	\$ (1,705.54)
■ RTP	<input checked="" type="checkbox"/>	■ T B9996	000000606A	DOE, JANE 606	Final	327	■ 30949	03/05/11	04/23/11	\$ 1,731.52
■ RTP	<input checked="" type="checkbox"/>	■ T B9997	000000812A	DOE, JANE 812	Final	329	■ 38107	04/27/11	06/25/11	\$ 1,001.04

Step 2-The top part of the screen with the green banners is the eligibility information for the patient, and below, under the blue banners, is the claims history. Between these sections is the history of past manual eligibility checks run in ABILITY EASE. The wrench (circled) allows a given claim to be edited:

PATIENT INFORMATION - 000000000001															
<u>General Information</u>															
HIC: 000002526A	PATIENT.CNTL#: PCN02526	Region: SE													
Last Name: DOE	First Name: JOHN	Middle Name: 2526													
Sex: M	DOB: 06/18/1941	DOD:													
Part A Ent: 06/12/2006	Part A Term:														
Part B Ent: 06/12/2006	Part B Term:														
<u>No HMO</u>															
<u>MSP Infomation</u>															
Insurer Name	MSP Code	Start	Term	Info											
PEAK REVENUE INSURANCE COMPANY ■ A		06/12/06	05/01/08	■ Info											
<u>Other HHA Episodes</u>															
FI	Prov. ID	Start	End	DOLBA											
00380	■ 451571	04/20/11	06/18/11	04/20/11											
<u>Episodes</u>															
Episode: 3 Admission: 04/27/11 Start: 06/26/11 End: 07/06/11 Estimated Value: \$ 108.43 Late															
Submit	TOB	Start	Through	S/Loc	Reason	Stat	Charged	Reimb	Paid	Paid Date	Cancel	NPC	HIPPS	DCN	Matching Key
■ 07/16/11	329	06/26/11	07/06/11	■ P B9997	■ 37186	■ 01	\$225.00	\$108.43	(\$962.54)	07/24/11			34232200002526A	10EC10GH41QCZCOFZF	
■ 07/10/11	322	06/26/11	06/26/11	■ P B9997	■ 37185	■ 30	\$0.00	\$1,070.97	\$0.00	07/18/11	07/24/11		34232200002526A	10EC10GH41QCZCOFZF	
Episode: 2 Admission: 04/27/11 Start: 04/27/11 End: 06/23/11 Estimated Value: \$ 2,095.27 Early															
Submit	TOB	Start	Through	S/Loc	Reason	Stat	Charged	Reimb	Paid	Paid Date	Cancel	NPC	HIPPS	DCN	Matching Key
■ 08/16/11	329	04/27/11	06/23/11	■ P B9997	■ 31018	■ 30	\$3,154.85	\$0.00	\$0.00	08/20/11			34232200002526A	10EC10EC11ZCZCWFZF	
■ 08/16/11	322	04/26/11	04/26/11	■ P B9997		■ 30	\$0.00	\$0.00	\$0.00				34232200002526A	10EC10EC11ZCZCWFZF	

Step 3- Next, correct the T Status claim by clicking on the wrench. A UB-04 form with a lock icon will display, enabling you to adjust, cancel, or cancel and resubmit the claim. (*Note: these menu items may vary according to claim type. For example, on a cancelled claim, your only option is resubmit*). By mousing over the related claims icon, associated claims can be displayed. *Note: the pink line on top of the UB-04 describes the initial claim.*

The screenshot shows the ABILITY EASE software interface. At the top, there's a navigation bar with buttons for MY DDE, ELIG., MY ACCOUNT, HELP, and LOGOUT. Below the navigation bar, there's a toolbar with icons for Home, Print, Refresh, and a dropdown labeled 'UB04'. The 'Related Claims' button is highlighted with a black oval. To the right of the toolbar, there are three small colored boxes (red, orange, green) each containing the number '0'. The main area displays a UB-04 claim form. A context menu is open over a field, showing options: 'Adjust', 'Cancel', and 'Cancel and Resubmit'. An arrow points from the text above to this menu. The claim form contains various fields such as PATIENT NAME, ADDRESS, ADMISSION DATE, and various occurrence and value code sections. The 'Cancel and Resubmit' option in the context menu is highlighted.

UB-04 Navigation - When you mouse over a field or a claim line, you will see an icon () on the top right side of the field, or the left side of the claim line. Mouse over the icon on a field to undo or reset changes on this field. You can also adjust using this icon when it displayed next to the claim line. This icon also allows you to add or delete claim lines.

Step 4- ABILITY EASE will manage the claims correction workflow without biller intervention so that the provider can be successfully paid.

The screenshot shows the ABILITY EASE software interface. At the top, there's a navigation bar with links for MY DDE, ELIG., MY ACCOUNT, HELP, and LOGOUT. Below the navigation bar, there's a toolbar with icons for Home, Print, Refresh, and a blue square labeled 'UB04'. To the right of these are links for Related Claims and Patient Page, and a prominent 'Submit' button. On the far right of the toolbar are three colored boxes (red, orange, green) each containing the number '0'. The main content area displays a message: 'You have setup the following changes for DOE, JANE - 000000107A:'. It lists seven steps, each with a brief description and two associated changes: 'Condition Codes' and 'Remarks'. Step 1: 'Cancel claim 813 claim from 04/13/2011 through 04/13/2011.' Changes: 'Condition Codes' change from (empty) to D9; 'Remarks' change from (empty) to Changing admit date. Step 2: 'Wait for the cancellation of the 813 claim from 04/13/2011 through 04/13/2011 to get paid.' Step 3: 'Cancel claim 813 claim from 03/14/2011 through 03/14/2011.' Changes: 'Condition Codes' change from (empty) to D9; 'Remarks' change from (empty) to Changing admit date. Step 4: 'Wait for the cancellation of the 813 claim from 03/14/2011 through 03/14/2011 to get paid.' Step 5: 'Cancel claim 813 claim from 02/11/2011 through 02/11/2011.' Changes: 'Condition Codes' change from (empty) to D9; 'Remarks' change from (empty) to Changing admit date. Step 6: 'Wait for the cancellation of the 813 claim from 02/11/2011 through 02/11/2011 to get paid.' Step 7: 'Cancel claim 812 claim from 02/03/2011 through 02/03/2011.' Changes: 'Condition Codes' change from (empty) to D9; 'Remarks' change from (empty) to Changing admit date. Below this list is a question: 'Are the above changes correct?'. Underneath are two buttons: 'Yes' (highlighted in blue) and 'No'.

Activity Quick View

The Activity Quick View displays the steps that ABILITY EASE is taking on your behalf to process the corrected claim. See below as an example:

1000000000 09/09/2010 09:35:53 [262626262A](#) [Step 2 / 6, S/Loc = S M7001](#)

In case the claim correction is pending or failed, you would see 'Step 3 / 4' (step 3 of 4 processed) as a link. If it was fully processed and completed, it would show the word 'Details' as a link. Clicking on the link would show you the confirmation screen again and would have a green checkbox (✓) next to the steps.

Pending, Completed, & Failed Requests

ABILITY EASE enables billers to monitor any pending, completed or failed Medicare claim or eligibility requests by viewing the red, orange, and green boxes of the Activity Quick View located in the upper right corner.

Change ▾	CWF	S/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb.
Locked Hospice	<input checked="" type="checkbox"/>	■ S B90M0	000000719A	DOE, JANE 719	814	■ M5052	02/18/11	03/14/11	04/01/11	\$ 3,172.65
RTP	<input checked="" type="checkbox"/>	■ T B9997	00000042A	DOE, JANE 42	814	■ 37402	07/13/07	06/14/10	06/30/10	\$ 0.00
Rejected	<input checked="" type="checkbox"/>	■ R B9997	000000136A	DOE, JANE 136	810	■ 38200	07/30/10	02/11/11	02/15/11	\$ 0.00
Rejected	<input checked="" type="checkbox"/>	■ R B9997	000000496A	DOE, JANE 496	810	■ 38200	05/16/10	10/12/10	11/10/10	\$ 0.00
HMO	<input checked="" type="checkbox"/>	■ P B9997	000000107A	DOE, JANE 107	813	■ 37192	02/03/11	04/13/11	05/13/11	\$ 5,176.43
Overlapping HHA	<input checked="" type="checkbox"/>	■ P B9997	000000922A	DOE, JANE 922	813	■ 37192	08/17/10	04/13/11	05/13/11	\$ 3,955.55
Suspense	<input checked="" type="checkbox"/>	■ S B0100	000000907A	DOE, JOHN 907	81A		05/24/11	05/24/11	05/24/11	\$ 0.00
Suspense	<input checked="" type="checkbox"/>	■ S B0100	000000929A	DOE, JOHN 929	81A		06/03/11	06/03/11	06/03/11	\$ 0.00
Suspense	<input checked="" type="checkbox"/>	■ S B9099	000000028A	DOE, JANE 28	81A		06/15/11	06/15/11	05/14/69	\$ 0.00
Paid	<input checked="" type="checkbox"/>	■ P B9997	00000091A	DOE, JANE 91	81A	■ 37200	06/14/11	06/14/11	05/14/61	\$ 0.00
Paid	<input checked="" type="checkbox"/>	■ P B9997	000000043A	DOE, JOHN 43	81A	■ 37200	06/14/11	06/14/11	05/14/61	\$ 0.00

Clicking on the red Activity Quick View box will display all the failed requests currently within ABILITY EASE:

NPI	Time	HIC	Info																																																																																																																									
0000000000	09/13/2010 13:46:39	222222221A	Step 2 / 2, S/Loc = T B9900 Error: Claim status indicates a problem, S/LOC (T B9900)																																																																																																																									
1111111111	09/10/2010 10:49:56	999999999A	Step 2 / 4, S/Loc = P B9997 Error: Claim previously cancelled!																																																																																																																									
<table border="1"> <tbody> <tr><td>■ HMO</td><td><input checked="" type="checkbox"/></td><td>■ P B9996</td><td>000000387A</td><td>DOE, JOHN</td><td>213</td><td>■ 37192</td><td>02/13/11</td><td>04/16/11</td><td>04/30/11</td><td>\$ 6,692.40</td></tr> <tr><td>■ HMO</td><td><input checked="" type="checkbox"/></td><td>■ P B9997</td><td>000000409D</td><td>DOE, JOHN</td><td>221</td><td>■ 37192</td><td>05/30/09</td><td>12/12/10</td><td>12/12/10</td><td>\$ 39.78</td></tr> <tr><td>■ ADR</td><td><input checked="" type="checkbox"/></td><td>■ S B6001</td><td>0000000903D</td><td>DOE, JOHN E</td><td>214</td><td></td><td>05/01/11</td><td>06/16/11</td><td>06/26/11</td><td>\$ 0.00</td></tr> <tr><td>■ RTP</td><td><input checked="" type="checkbox"/></td><td>■ T B9997</td><td>000000186A</td><td>DOE, JOHN</td><td>214</td><td>■ 38119</td><td>08/08/11</td><td>08/16/11</td><td>09/03/11</td><td>\$ 0.00</td></tr> <tr><td>■ RTP</td><td><input checked="" type="checkbox"/></td><td>■ T B9997</td><td>000000187A</td><td>DOE, JOHN</td><td>213</td><td>■ 38119</td><td>08/05/11</td><td>09/03/11</td><td>09/15/11</td><td>\$ 0.00</td></tr> <tr><td>■ RTP</td><td><input checked="" type="checkbox"/></td><td>■ T B9997</td><td>000000782M</td><td>DOE, JOHN</td><td>223</td><td>■ 31413</td><td>01/16/11</td><td>01/18/11</td><td>01/18/11</td><td>\$ 0.00</td></tr> <tr><td>■ Rejected</td><td><input checked="" type="checkbox"/></td><td>■ R B9997</td><td>000000099A</td><td>DOE, JOHN</td><td>220</td><td>■ U5233</td><td>07/19/04</td><td>12/12/10</td><td>12/12/10</td><td>\$ 0.00</td></tr> <tr><td>■ Rejected</td><td><input checked="" type="checkbox"/></td><td>■ R B9997</td><td>000000150M</td><td>DOE, JOHN</td><td>220</td><td>■ C7010</td><td>05/17/10</td><td>12/12/10</td><td>12/12/10</td><td>\$ 0.00</td></tr> <tr><td>■ Rejected</td><td><input checked="" type="checkbox"/></td><td>■ R B9997</td><td>000001079D</td><td>DOE, JOHN R</td><td>210</td><td>■ 31992</td><td>07/12/11</td><td>09/03/11</td><td>09/20/11</td><td>\$ 0.00</td></tr> <tr><td>■ Denied</td><td><input checked="" type="checkbox"/></td><td>■ D B9997</td><td>000000441A</td><td>DOE, JOHN</td><td>220</td><td>■ 39928</td><td>05/06/11</td><td>05/17/11</td><td>05/21/11</td><td>\$ 0.00</td></tr> <tr><td>■ Cancelled</td><td><input checked="" type="checkbox"/></td><td>■ S B0100</td><td>000000204A</td><td>DOE, JOHN</td><td>228</td><td>■ 30916</td><td>09/09/11</td><td>09/10/11</td><td>09/10/11</td><td>\$ 66.63</td></tr> </tbody> </table>				■ HMO	<input checked="" type="checkbox"/>	■ P B9996	000000387A	DOE, JOHN	213	■ 37192	02/13/11	04/16/11	04/30/11	\$ 6,692.40	■ HMO	<input checked="" type="checkbox"/>	■ P B9997	000000409D	DOE, JOHN	221	■ 37192	05/30/09	12/12/10	12/12/10	\$ 39.78	■ ADR	<input checked="" type="checkbox"/>	■ S B6001	0000000903D	DOE, JOHN E	214		05/01/11	06/16/11	06/26/11	\$ 0.00	■ RTP	<input checked="" type="checkbox"/>	■ T B9997	000000186A	DOE, JOHN	214	■ 38119	08/08/11	08/16/11	09/03/11	\$ 0.00	■ RTP	<input checked="" type="checkbox"/>	■ T B9997	000000187A	DOE, JOHN	213	■ 38119	08/05/11	09/03/11	09/15/11	\$ 0.00	■ RTP	<input checked="" type="checkbox"/>	■ T B9997	000000782M	DOE, JOHN	223	■ 31413	01/16/11	01/18/11	01/18/11	\$ 0.00	■ Rejected	<input checked="" type="checkbox"/>	■ R B9997	000000099A	DOE, JOHN	220	■ U5233	07/19/04	12/12/10	12/12/10	\$ 0.00	■ Rejected	<input checked="" type="checkbox"/>	■ R B9997	000000150M	DOE, JOHN	220	■ C7010	05/17/10	12/12/10	12/12/10	\$ 0.00	■ Rejected	<input checked="" type="checkbox"/>	■ R B9997	000001079D	DOE, JOHN R	210	■ 31992	07/12/11	09/03/11	09/20/11	\$ 0.00	■ Denied	<input checked="" type="checkbox"/>	■ D B9997	000000441A	DOE, JOHN	220	■ 39928	05/06/11	05/17/11	05/21/11	\$ 0.00	■ Cancelled	<input checked="" type="checkbox"/>	■ S B0100	000000204A	DOE, JOHN	228	■ 30916	09/09/11	09/10/11	09/10/11	\$ 66.63
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Similarly, clicking on the orange Activity Quick View box will make ABILITY EASE provide all the pending requests in the system.

ABILITY™ EASE

MY DDE ELIG. MY ACCOUNT HELP LOGOUT

Reports Timeframe Agency

OVERNIGHT SUMMARY REPORT FOR 06/20/2010

Change	CWF	S/Loc	HIC	NPI	Time	HIC	Info
Hospice	<input checked="" type="checkbox"/>	S B90M0	000000719A	1000000000	09/13/2010 15:49:24	262626265A	Step 2 / 5, S/Loc = S M7001
RTP	<input checked="" type="checkbox"/>	T B9997	000000042A	1000000000	09/09/2010 09:35:53	262626262A	Step 2 / 6, S/Loc = S M7001
Rejected	<input checked="" type="checkbox"/>	R B9997	000000136A	1000000000	08/31/2010 10:38:35	414141413C1	Step 3 / 4, S/Loc = S M7001

Finally, successful or completed requests are represented in the far right green box of the Activity Quick View:

ABILITY™ EASE

MY DDE ELIG. MY ACCOUNT HELP LOGOUT

Reports Timeframe Agency Export

OVERNIGHT SUMMARY REPORT FOR 06/20/2011, FOR AC

Change	CWF	S/Loc	HIC	Patient	NPI	Time	HIC	Info
Hospice	<input checked="" type="checkbox"/>	S B90M0	000000719A	DOE, J.	1000000000	09/14/2010 08:09:35	323232326A	Details
RTP	<input checked="" type="checkbox"/>	T B9997	000000042A	DOE, J.	1000000000	09/09/2010 08:05:49	262626264TA	Details
Rejected	<input checked="" type="checkbox"/>	R B9997	000000136A	DOE, J.	1000000000	09/09/2010 08:05:49	242424248A	Details
Rejected	<input checked="" type="checkbox"/>	R B9997	000000496A	DOE, J.	1000000000	09/06/2010 11:01:21	424242420A	<input checked="" type="checkbox"/> Report
HMO	<input checked="" type="checkbox"/>	P B9997	000000107A	DOE, J.	1000000000	09/04/2010 08:04:07	303303025A	Details
Overlapping HHA	<input checked="" type="checkbox"/>	P B9997	000000922A	DOE, J.	1000000000	09/03/2010 08:10:06	W5555555555	Details
Suspense	<input checked="" type="checkbox"/>	S B0100	000000907A	DOE, JOHN 929	1000000000	08/31/2010 17:42:01	252525253A	<input checked="" type="checkbox"/> Report
Suspense	<input checked="" type="checkbox"/>	S B0100	000000929A	DOE, JOHN 929	1000000000	08/31/2010 08:07:13	252525253A	Details

You may click on one of the boxes in Activity Quick View to see the full activity log for failed (red), pending (orange), or completed (green) jobs. Below is an example of a completed activity log (seen after double-clicking on the green button) with the ability to search and sort by NPI number, claims status, or type of activity such as eligibility and claims correction. Note that the logs are searchable and sortable. Additionally, administrators have a User filter to enable constraining an activity view to a given user for management purposes.

The screenshot shows the ABILITY EASE software interface. At the top, there is a navigation bar with icons for back, forward, refresh, and links to MY DDE, HIQH/A, MY ACCOUNT, HELP, and LOGOUT. Below the navigation bar is a toolbar with icons for search, home, print, and other functions. To the right of the toolbar are buttons for page numbers 2, 3, and 8. The main area is titled "COMPLETED ACTIVITY LOG". It features several dropdown filters: "NPI" set to "All" with options "1000000000" and "1000000006"; "Status" set to "All" with options "Saved", "Void", and "Pending"; "Type" set to "All" with options "Search", "Eligibility", and "Claim Correction"; and a "User" dropdown set to "Mine" with a circled arrow indicating it can be selected. Below the filters are input fields for "From" and "To" dates, a checkbox for "Only not acknowledged", and a "Search" button. The main content area displays a table of activity logs:

	NPI	Submit	Executed	HIC	Info
<input type="checkbox"/>	1000000000	09/02/2010 10:43:43	09/14/2010 08:09:35	323232326A	Details
<input type="checkbox"/>	1000000000	09/03/2010 16:14:10	09/09/2010 08:05:49	262626264TA	Details

Overnight Report

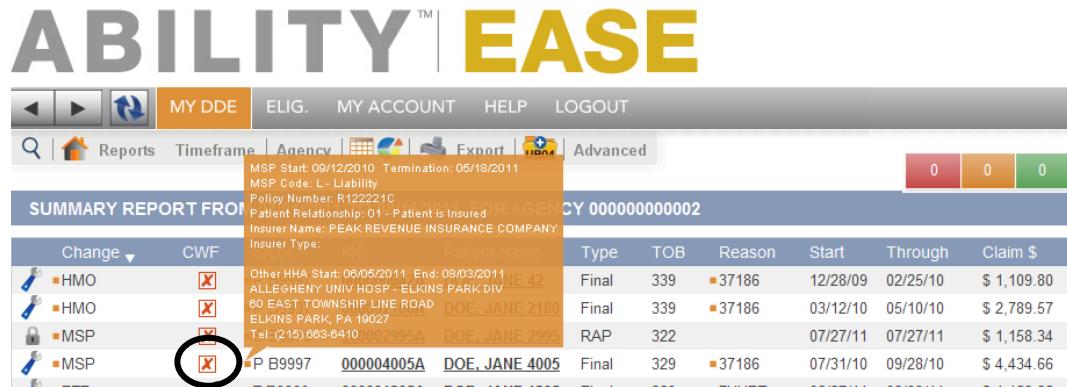
The Overnight Report allows you to easily monitor changes in claims including a patient changing to a Health Maintenance Organization (HMO), MSPs or Medicare Secondary Payer claims, RTP claims, Rejected claims, Cancelled claims, and ADRs or Additional Development Requests.

Change ▾	CWF	S/Loc	HIC	Patient Name	Type	TOB	Reason	Start	Through	Claim \$
➡ HMO	✗	► P B9997	000000042A	DOE, JANE 42	Final	339	►37186	12/28/09	02/25/10	\$ 1,109.80
➡ HMO	✗	► P B9997	000002180A	DOE, JANE 2180	Final	339	►37186	03/12/10	05/10/10	\$ 2,789.57
🔒 MSP	✗	► S B9999	000002995A	DOE, JANE 2995	RAP	322		07/27/11	07/27/11	\$ 1,158.34
🔒 MSP	✗	► P B9997	000004005A	DOE, JANE 4005	Final	329	►37186	07/31/10	09/28/10	\$ 4,434.66
➡ RTP	✓	► T B9900	000001205A	DOE, JANE 1205	Final	329	►7HHPT	06/27/11	08/09/11	\$ 1,458.25
➡ RTP	✓	► T B9900	000001457A	DOE, JANE 1457	RAP	322	►11801	08/06/11	08/06/11	\$ 1,900.53
➡ RTP	✓	► T B9900	000001535A	DOE, JANE 1535	Final	329	►7HHPT	06/07/11	08/02/11	\$ 2,347.16
➡ RTP	✓	► T B9900	000001558A	DOE, JANE 1558	Final	329	►7HHPT	06/26/11	08/09/11	\$ 1,428.30
➡ RTP	✓	► T B9900	000001587A	DOE, JANE 1587	Final	329	►7HHPT	06/13/11	08/11/11	\$ 2,270.79
➡ RTP	✓	► T B9900	000000896A	DOE, JOHN 896	Final	329	►7HHPT	06/13/11	08/11/11	\$ 2,239.40
➡ RTP	✗	► T B9997	000004644A	DOE, JOHN 4644	RAP	322	►N5052	07/28/11	07/28/11	\$ 3,291.25
➡ RTP	✓	► T B9997	000001023A	DOE, JANE 1023	Final	329	►38107	05/10/11	07/08/11	\$ 857.33
➡ RTP	✗	► T B9997	000002283A	DOE, JOHN 2283	Final	320	►U6802	04/12/11	04/18/11	\$ 0.00
➡ RTP	✓	► T B9997	000005791A	DOE, JANE 5791	Final	329	►38107	03/01/11	04/29/11	\$ 811.75
➡ RTP	✗	► T B9997	000005237A	DOE, JANE 5237	Final	327	►30953	01/23/11	02/22/11	\$ 5,097.81
➡ Rejected	✗	► R B9997	000005709A	DOE, JOHN 5709	RAP	320	►U538I	07/31/11	07/31/11	\$ 4,357.31
➡ Rejected	✗	► R B7516	000000074A	DOE, JANE 74	Final	320	►34283	05/17/11	06/28/11	\$ 1,601.80
➡ Rejected	✗	► R B9997	000001023A	DOE, JANE 1023	RAP	320	►U538I	03/11/11	03/11/11	\$ 1,501.17
➡ Rejected	✗	► R B7516	000002182A	DOE, JOHN 2182	Final	320	►34299	05/02/11	06/30/11	\$ 0.00
➡ Cancelled	✗	► P B9997	000000022A	DOE, JANE 22	RAP	328	►37185	04/09/11	04/09/11	\$ 2,143.54
🔒 Cancelled	✗	► S B0100	000002283A	DOE, JOHN 2283	RAP	328		04/12/11	04/12/11	\$ 0.00

Below is an example of a patient with a MSP with a pop-up explanation:

Change ▾	CWF	S/Loc	HIC	Patient Name	Type	TOB	Reason	Start	Through	Claim \$
➡ HMO	✗	► P B9997	000000042A	DOE, JANE 42	Final	339	►37186	12/28/09	02/25/10	\$ 1,109.80
➡ HMO	✗	► P B9997	000002180A	DOE, JANE 2180	Final	339	►37186	03/12/10	05/10/10	\$ 2,789.57
🔒 MSP	✗			Patient is being or has been insured by another insurance other than Medicare					322	07/27/11
➡ MSP	✗	► P B9997	000004005A	DOE, JANE 4005	Final	329	►37186	07/31/10	09/28/10	\$ 4,434.66
➡ RTP	✓	► T B9900	000001205A	DOE, JANE 1205	Final	329	►7HHPT	06/27/11	08/09/11	\$ 1,458.25
➡ RTP	✓	► T B9900	000001457A	DOE, JANE 1457	RAP	322	►11801	08/06/11	08/06/11	\$ 1,900.53
➡ RTP	✓	► T B9900	000001535A	DOE, JANE 1535	Final	329	►7HHPT	06/07/11	08/02/11	\$ 2,347.16
➡ RTP	✓	► T B9900	000001558A	DOE, JANE 1558	Final	329	►7HHPT	06/26/11	08/09/11	\$ 1,428.30

Again, by mousing over the red , the biller can easily identify the primary insurer name, start date, and policy number in one location:



ABILITY™ EASE

MY DDE ELIG. MY ACCOUNT HELP LOGOUT

Reports Timeframe Agency Export Advanced

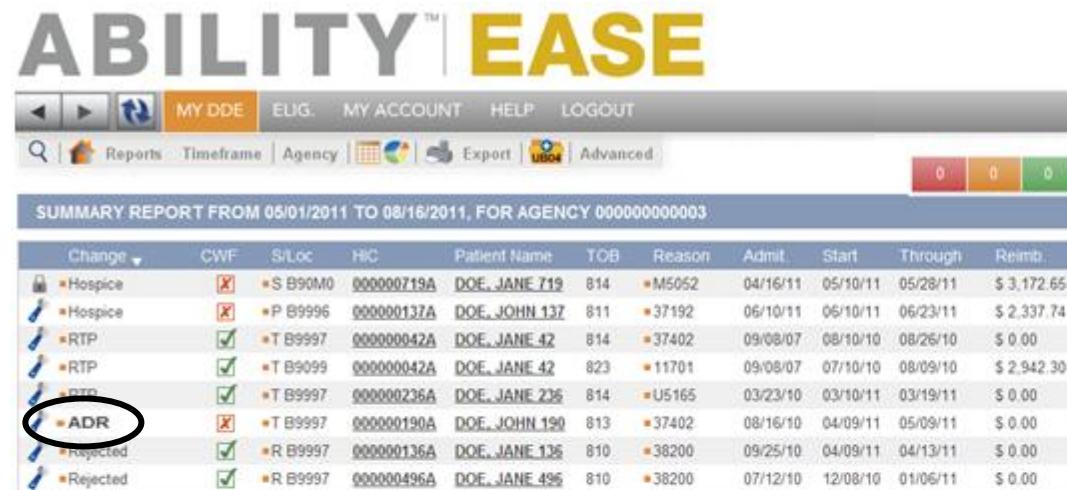
MSP Start: 09/12/2010 Termination: 05/18/2011
MSP Code: L- Liability
Policy Number: R122221C
Patient Relationship: 01 - Patient is Insured
Insurer Name: PEAK REVENUE INSURANCE COMPANY
Insurer Type: HMO

SUMMARY REPORT FROM 05/01/2011 TO 05/18/2011 FOR AGENCY 00000000000002

Change	CWF	SI/Loc	HIC	Patient Name	Type	TOB	Reason	Start	Through	Claim \$
Hospice		*S B90M0	0000000719A	DOE, JANE 719	Final	339	•37186	12/28/09	02/25/10	\$ 1,109.80
Hospice		*P B9996	000000137A	DOE, JOHN 137	Final	339	•37186	03/12/10	05/10/10	\$ 2,789.57
RTP		*T B9997	000000042A	DOE, JANE 42	RAP	322		07/27/11	07/27/11	\$ 1,158.34
RTP		*T B9997	000000042A	DOE, JANE 42	Final	329	•37186	07/31/10	09/28/10	\$ 4,434.66
RTP		*P B9997	000004005A	DOE, JANE 4005	Final	329	•37186	07/31/10	09/28/10	\$ 4,434.66
Rejected										
Rejected										
Rejected										

ABILITY EASE also helps providers to easily identify ADRs and provide the ADR form for clinicians to complete. An ADR can be identified in one of two ways. The first is via the Overnight Report, and the second is through the Reports section discussed previously.

Step 1- View the ADR listed on the Overnight Report.



ABILITY™ EASE

MY DDE ELIG. MY ACCOUNT HELP LOGOUT

Reports Timeframe Agency Export Advanced

SUMMARY REPORT FROM 05/01/2011 TO 05/16/2011, FOR AGENCY 00000000000003

Change	CWF	SI/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb.
Hospice		*S B90M0	0000000719A	DOE, JANE 719	814	•M5052	04/16/11	05/10/11	05/28/11	\$ 3,172.65
Hospice		*P B9996	000000137A	DOE, JOHN 137	811	•37192	06/10/11	06/10/11	06/23/11	\$ 2,337.74
RTP		*T B9997	000000042A	DOE, JANE 42	814	•37402	09/08/07	08/10/10	08/26/10	\$ 0.00
RTP		*T B9997	000000042A	DOE, JANE 42	823	•11701	09/08/07	07/10/10	08/09/10	\$ 2,942.30
RTP		*T B9997	000000236A	DOE, JANE 206	814	•U5165	03/23/10	03/10/11	03/19/11	\$ 0.00
ADR		*T B9997	000000190A	DOE, JOHN 190	813	•37402	08/16/10	04/09/11	05/09/11	\$ 0.00
Rejected		*R B9997	000000136A	DOE, JANE 136	810	•38200	09/25/10	04/09/11	04/13/11	\$ 0.00
Rejected		*R B9997	000000496A	DOE, JANE 496	810	•38200	07/12/10	12/08/10	01/06/11	\$ 0.00

Step 2- Click on the ADR Issue to view the ADR Letter:

The screenshot shows the ABILITY | EASE software interface. At the top, there is a navigation bar with links for MY DDE, ELIG., MY ACCOUNT, HELP, and LOGOUT. Below the navigation bar, there are search and navigation icons. To the right, there are three colored boxes (red, yellow, green) each containing the number '0'. The main content area has a header 'ADR INFORMATION - 000000000001'. Below this, there is a detailed report of an ADR issue. The report includes:
REPORT: 001 MEDICARE PART A 00001 FVDR NO : 000000000001
DATE : 02/15/2011 ADDITIONAL DEVELOPMENT REQUEST BILL TYPE: 814
TEST HOME HEALTH CARE
SOME WHERE ST.
E HANOVER NJ 07036
THIS CLAIM REQUIRES ADDITIONAL INFORMATION IN ORDER TO MAKE APPROPRIATE PAYMENT DETERMINATION AND PROCESSING. PROVIDED BELOW ARE RECOMMENDED SUPPORTING DOCUMENTS, BUT NOT AN ALL INCLUSIVE LIST. THE DOCUMENTATION SHOULD SUPPORT THE VERIFICATION OF THE ISSUE THAT GENERATED THIS REQUEST. FOR FURTHER INFORMATION, ENTER THE REASON CODE(S) LISTED BELOW IN THE APPROPRIATE FIELDS IN THE ON-LINE SYSTEM. OMB # 0938-0969
PLEASE NOTE:
MEDICARE - MEDICAL REVIEW
P.O. BOX 7149
INDIANAPOLIS IN 46207 7149
PATIENT CNTRL NBR: 000027788 DUE DATE: 07/19/2011
MEDICAL REC NO: 11111111 DCN: 0101010101010101
HIC: 000002778A PATIENT NAME: JOHN USER XXXX
FROM DATE: XX/XX/XXXX THRU DATE: XX/XX/XXXX OPR/MED ANALYST:
TOTAL CHARGES: 6649.85 ORIG REQ DT: XX/XX/XXXX CLM RCPT DT: XX/XX/XXXX
REASONS: 55555
REASON CODE NARRATIVES FOR HIC/DCN: 000002778A 0101010101010101
55555 ADDITIONAL MEDICAL RECORDS HAVE BEEN REQUESTED FOR THIS CLAIM. PLEASE RET THIS FORM AS A COVER SHEET FOR IDENTIFICATION OF REQUESTED INFORMATION

Step 3- Print the ADR letter for the appropriate personnel to address.

EASE Financial Management Reporting

ABILITY | EASE ships with a suite of reports designed to help users:

- Easily view paid claims history
- Easily view, track, and correct unpaid claims that could affect your bottom line
- Track and project incoming funds that Medicare has scheduled for reimbursement

As with all other report views, EASE Financial Management Reporting can export to Excel for further analysis, or to PDF for easy sharing.

Reports include Payment Summary, Payment Details, Active Episodes, Unpaid Claims, and Submitted Claims.

Payment Summary

This report affords you a view of future receivables as well as recent remittances rolled up by day. It is useful for cash flow projection and an overview of recent daily activity. See the sample view presented

from the date of October 26th, listing expected payments moving forward:

WEEKLY PAYMENT SUMMARY REPORT FROM 10/20/2011 TO 10/26/2011, FOR AGENCY 000000000002

Pay Date ▾	Day	Check #	# Claims	Scheduled	Check Amount	Projected
11/07/11	Mon		3	\$ 6,091.42		\$ 6,091.42
11/06/11	Sun		2	\$ 1,669.48		\$ 1,669.48
11/03/11	Thu		5	\$ 2,994.88		\$ 2,994.88
10/31/11	Mon		1	\$ 1,117.82		\$ 1,117.82
10/30/11	Sun		1	\$ 857.58		\$ 857.58
10/28/11	Fri					\$ 746.10
10/27/11	Thu	EFT000227	7	\$ 7,361.02	\$ 6,614.92	
10/26/11	Wed	EFT000226	4	\$ 6,554.45	\$ 6,554.45	
10/25/11	Tue	EFT000225	6	\$ 1,018.34	\$ 1,018.34	
10/20/11	Thu	EFT000224	1	\$ 1,422.18	\$ 1,422.18	

Payment Details

The Payment Details report gives a review of claim activity. You may drill into patient pages from here by clicking the HIC or patient name:

WEEKLY PAYMENT REPORT FROM 10/20/2011 TO 10/26/2011, FOR AGENCY 000000000002

Pay Date ▾	HIC	Patient Name	Type	TOB	Received	Start	Through	Claim \$
11/07/11	000000272A	DOE, JANE 272	Final	329	10/24/11	08/16/11	10/14/11	\$ 3,759.52
11/07/11	000001332A	DOE, JOHN 1332	Final	329	10/24/11	08/14/11	10/12/11	\$ 1,417.28
11/07/11	000000171A	DOE, JANE 171	Final	329	10/24/11	08/20/11	10/18/11	\$ 914.62
11/06/11	000005677A	DOE, JOHN 5677	Final	329	10/23/11	08/18/11	10/16/11	\$ 1,133.24
11/06/11	000000349A	DOE, JANE 349	Final	329	10/23/11	09/15/11	10/17/11	\$ 536.24
11/03/11	000005876A	DOE, JANE 5876	Final	329	10/20/11	07/20/11	09/17/11	\$ 884.97
11/03/11	000000335A	DOE, JANE 335	Final	339	10/20/11	08/15/11	08/31/11	\$ 653.20
11/03/11	000005811A	DOE, JANE 5811	Final	329	10/20/11	08/19/11	10/17/11	\$ 746.09
11/03/11	000001031A	DOE, JANE 1031	Final	329	10/20/11	09/06/11	10/10/11	\$ (35.47)
11/03/11	000005769A	DOE, JANE 5769	Final	329	10/20/11	08/15/11	10/13/11	\$ 746.09
10/31/11	000001148A	DOE, JANE 1148	Final	339	10/17/11	08/05/11	10/03/11	\$ 1,117.82
10/30/11	0000000336A	DOE, JANE 336	RAP	322	10/24/11	10/15/11	10/15/11	\$ 857.58
10/27/11	000005677A	DOE, JOHN 5677	RAP	322	10/23/11	10/17/11	10/17/11	\$ 2,181.52
10/27/11	0000000336A	DOE, JANE 336	Final	329	10/20/11	08/16/11	10/14/11	\$ (536.13)
10/27/11	000005782A	DOE, JANE 5782	RAP	322	10/20/11	08/03/11	08/03/11	\$ 1,240.33
10/27/11	000005876A	DOE, JANE 5876	RAP	322	10/20/11	09/18/11	09/18/11	\$ 746.10
10/27/11	0000000272A	DOE, JANE 272	RAP	322	10/20/11	10/15/11	10/15/11	\$ 2,063.77
10/27/11	000005782A	DOE, JANE 5782	RAP	322	10/20/11	10/02/11	10/02/11	\$ 884.98
10/27/11	0000000398A	DOE, JANE 398	RAP	322	10/20/11	10/10/11	10/10/11	\$ 780.45
10/26/11	000001513A	DOE, JANE 1513	RAP	322	10/20/11	10/16/11	10/16/11	\$ 1,945.29
10/26/11	000001332A	DOE, JOHN 1332	RAP	322	10/19/11	10/13/11	10/13/11	\$ 1,422.18
10/26/11	000001098A	DOE, JANE 1098	RAP	322	10/19/11	07/06/11	07/06/11	\$ 1,219.15
10/26/11	0000000898A	DOE, JANE 898	RAP	322	10/19/11	05/01/11	05/01/11	\$ 1,967.83
10/25/11	0000000427A	DOE, JANE 427	RAP	322	10/18/11	08/28/11	08/28/11	\$ 1,548.64
10/25/11	000000022A	DOE, JANE 22	RAP	328	10/17/11	06/19/11	06/19/11	\$ (2,143.54)
10/25/11	000005599A	DOE, JOHN 5599	Final	339	10/11/11	08/08/11	10/06/11	\$ 4,261.99

Active Episodes (Home Health Only)

The active Episode Home Health report lists all the active episodes (i.e., no paid Final) in your organization in an episode-centric fashion, enabling you to track information such as Status/Location and Reason Codes for your Medicare census:

WEEKLY ACTIVE EPISODES REPORT FROM 10/20/2011 TO 10/26/2011, FOR AGENCY 0000000000002																		
HIC ▾	Patient Name	Submit	Admit.	Start	Through	Episode #	Internal ID	TOB	Type	S/Loc	Pt. Status	Paid Date	Cancel Date	Reason	Charged	Reimb.		
000000022A	DOE,JANE 22	06/27/11	06/19/11	06/19/11	06/19/11	1	PCN0022	322	RAP	■P B9997 ■30	07/05/11	10/25/11	■37185	\$ 0.00	\$ 2,143.54			
000000022A	DOE,JANE 22	10/17/11	06/19/11	06/19/11	06/19/11	1	PCN0022	328	RAP	■P B9997 ■30	10/25/11	10/25/11	■37185	\$ 0.00	\$ 2,143.54			
000000042A	DOE,JANE 42	10/04/11	07/28/11	09/26/11	09/26/11	2	PCN0042	322	RAP	■P B9997 ■30	10/11/11		■37185	\$ 0.00	\$ 1,099.51			
000000042A	DOE,JANE 42	10/25/11	07/28/11	09/26/11	10/10/11	2	PCN0042	329	Final	■S B9999 ■01				\$ 280.00	\$ 215.72			
000000074A	DOE,JANE 74	03/28/11	03/13/11	03/13/11	03/13/11	1	PCN0074	322	RAP	■P B9997 ■30	04/06/11	04/20/11	37185	\$ 0.00	\$ 0.00			
000000074A	DOE,JANE 74	04/17/11	03/13/11	03/13/11	03/13/11	1	PCN0074	328	RAP	■P B9997 ■30	04/20/11	04/20/11	37185	\$ 0.00	\$ 0.00			
000000074A	DOE,JANE 74	05/12/11	03/13/11	03/13/11	03/13/11	1	PCN0074	322	RAP	■P B9997 ■30	05/22/11	07/27/11	■37185	\$ 0.00	\$ 0.00			
000000074A	DOE,JANE 74	06/06/11	03/13/11	03/13/11	03/27/11	1	PCN0074	329	Final	■T B9997 ■01			■32036	\$ 896.60	\$ 0.00			
000000074A	DOE,JANE 74	07/21/11	03/13/11	03/13/11	03/13/11	1	PCN0074	328	RAP	■P B9997 ■30	07/27/11	07/27/11	■37185	\$ 0.00	\$ 0.00			
000000074A	DOE,JANE 74	08/10/11	07/27/11	07/27/11	07/27/11	1	PCN0074	322	RAP	■P B9997 ■30	08/18/11		■37185	\$ 0.00	\$ 0.00			
000000074A	DOE,JANE 74	10/05/11	07/27/11	07/27/11	09/07/11	1	PCN0074	320	Final	■R B7516 ■01	10/25/11		■34283	\$ 2,049.69	\$ 0.00			
000000272A	DOE,JANE 272	10/20/11	08/16/11	10/15/11	10/15/11	2	PCN00272	322	RAP	■P B9997 ■30	10/27/11		■37185	\$ 0.00	\$ 2,063.77			
000000336A	DOE,JANE 336	10/24/11	11/05/07	10/15/11	10/15/11	25	PCN00336	322	RAP	■P B9996 ■30	10/30/11		■37185	\$ 0.00	\$ 857.58			
000000398A	DOE,JANE 398	10/20/11	10/10/11	10/10/11	10/10/11	1	PCN00398	322	RAP	■P B9997 ■30	10/27/11		■37185	\$ 0.00	\$ 780.45			
000000427A	DOE,JANE 427	09/04/11	08/28/11	08/28/11	08/28/11	1	PCN00427	320	RAP	■R B9997 ■30	09/08/11		■C7010	\$ 0.00	\$ 0.00			
000000427A	DOE,JANE 427	10/18/11	08/28/11	08/28/11	08/28/11	1	PCN00427	322	RAP	■P B9997 ■30	10/25/11		■37185	\$ 0.00	\$ 1,548.64			
000000440A	DOE,JANE 440	09/29/11	06/28/11	08/27/11	08/27/11	2	PCN00440	322	RAP	■P B9997 ■30	10/06/11		■37185	\$ 0.00	\$ 1,099.51			
000000966A	DOE, JOHN 896	08/29/11	08/23/11	08/23/11	08/23/11	1	PCN00966	322	RAP	■P B9997 ■30	09/06/11		■37185	\$ 0.00	\$ 3,910.90			
000000966A	DOE, JOHN 896	10/25/11	08/23/11	08/23/11	10/21/11	1	PCN00966	329	Final	■T B9900 ■30			■7HHP-T	\$ 7,430.00	\$ 0.00			
000000988A	DOE,JANE 898	05/05/11	05/01/11	05/01/11	05/01/11	1	PCN00898	322	RAP	■P B9997 ■30	05/15/11	06/14/11	■37185	\$ 0.00	\$ 1,967.83			
000000988A	DOE,JANE 898	05/31/11	05/01/11	05/01/11	05/26/11	1	PCN00898	339	Final	■P B9997 ■01	06/14/11	10/24/11	■37186	\$ 2,160.00	\$ 2,460.41			
000000988A	DOE,JANE 898	10/18/11	05/01/11	05/01/11	05/26/11	1	PCN00898	338	Final	■P B9997 ■01	10/24/11	10/24/11	■37186	\$ 2,160.00	\$ 2,460.41			
000000988A	DOE, IANF 898	10/19/11	05/01/11	05/01/11	05/26/11	1	PCN00898	329	Final	■S B9999 ■01			■2400.00	■2400.00				

Unpaid Claims

The Unpaid Claims report is a claim-centric view of all unpaid claims filed within a user-specified timeframe, enabling you to understand what money is unclaimed and enabling you to take action accordingly. In this regard it can be thought of as a timely filing report:

WEEKLY UNPAID CLAIMS REPORT FROM 10/20/2011 TO 10/26/2011, FOR AGENCY 0000000000002															
Status ▾	S/Loc	Reason	HIC	Patient Name	Internal ID	TOB	Type	Admit.	Start	Through	Submit	# Days	Charged	Reimb.	
Rejected	■R B9997	■U538I	000005709A	DOE, JOHN 5709	PCN05709	320	RAP	10/10/11	10/10/11	10/10/11	10/23/11	3	\$ 0.00	\$ 0.00	
RTP	■T B9990	■7HHP-T	000000896A	DOE, JOHN 896	PCN00896	329	Final	08/23/11	08/23/11	10/21/11	10/25/11	1	\$ 7,430.00	\$ 0.00	
RTP	■T B9990	■7HHP-T	000001205A	DOE, JANE 1205	PCN01205	329	Final	09/06/11	09/06/11	10/19/11	10/25/11	1	\$ 6,110.00	\$ 0.00	
RTP	■T B9990	■7HHP-T	000001535A	DOE, JANE 1535	PCN01535	329	Final	08/17/11	08/17/11	10/12/11	10/25/11	1	\$ 6,105.85	\$ 0.00	
RTP	■T B9990	■7HHP-T	000001558A	DOE, JANE 1558	PCN01558	329	Final	09/05/11	09/05/11	10/19/11	10/25/11	1	\$ 5,520.00	\$ 0.00	
RTP	■T B9990	■7HHP-T	000001587A	DOE, JANE 1587	PCN01587	329	Final	08/23/11	08/23/11	10/21/11	10/25/11	1	\$ 4,265.65	\$ 0.00	
RTP	■T B9900	■11801	000001457A	DOE, JANE 1457	PCN01457	322	RAP	10/16/11	10/16/11	10/16/11	10/26/11	0	\$ 0.00	\$ 0.00	
Suspense	■S B0100		000002283A	DOE, JOHN 2283	PCN02283	328	RAP	06/22/11	06/22/11	06/22/11	10/20/11	6	\$ 0.00	(\$ 0.00)	
Suspense	■S B0100		000002369A	DOE, JANE 2369	PCN02369	322	RAP	10/12/11	10/12/11	10/12/11	10/20/11	6	\$ 0.00	\$ 0.00	
Suspense	■S B90F0	■F5052	000005859A	DOE, JOHN 5859	PCN05859	322	RAP	09/22/11	09/22/11	09/22/11	10/20/11	6	\$ 0.00	\$ 2,326.90	
Suspense	■S B9099		000005868A	DOE, JOHN 5868	PCN05868	329	Final	06/17/07	07/26/11	09/23/11	10/20/11	6	\$ 2,195.00	\$ 1,769.95	
Suspense	■S B9099		000005868A	DOE, JOHN 5868	PCN05868	322	RAP	06/17/07	09/24/11	09/24/11	10/20/11	6	\$ 0.00	\$ 0.00	
Suspense	■S B9000		000005178A	DOE, JANE 5178	PCN05178	339	Final	08/19/11	08/19/11	10/17/11	10/23/11	3	\$ 1,960.00	\$ 1,842.29	
Suspense	■S B9099		000001051A	DOE, JANE 1051	PCN01051	322	RAP	09/26/11	09/26/11	09/26/11	10/24/11	2	\$ 0.00	\$ 1,342.22	
Suspense	■S B9099		000000042A	DOE, JANE 42	PCN00042	329	Final	07/28/11	09/26/11	10/10/11	10/25/11	1	\$ 280.00	\$ 215.72	
Suspense	■S B9000		0000000896A	DOE, JOHN 896	PCN00896	322	RAP	08/23/11	10/22/11	10/22/11	10/25/11	1	\$ 0.00	\$ 1,686.29	
Suspense	■S B9000		000001044A	DOE, JANE 1044	PCN01044	322	RAP	10/19/11	10/19/11	10/19/11	10/25/11	1	\$ 0.00	\$ 853.28	
Suspense	■S B0100	■38088	000001051A	DOE, JANE 1051	PCN01051	329	Final	09/26/11	09/26/11	10/13/11	10/25/11	1	\$ 1,920.00	\$ 0.00	
Suspense	■S B9000		000001183A	DOE, JANE 1183	PCN01183	329	Final	12/26/09	08/18/11	10/16/11	10/25/11	1	\$ 7,469.00	\$ 2,113.48	
Suspense	■S B9000		000001183A	DOE, JANE 1183	PCN01183	322	RAP	12/26/09	10/17/11	10/17/11	10/25/11	1	\$ 0.00	\$ 1,197.14	
Suspense	■S B0100	■38088	000001292A	DOE, JANE 1292	PCN01292	329	Final	08/29/11	08/29/11	09/28/11	10/25/11	1	\$ 3,285.00	\$ 0.00	
Suspense	■S B9000		000001292A	DOE, JANE 1292	PCN01292	322	RAP	08/29/11	08/29/11	08/29/11	10/25/11	1	\$ 0.00	\$ 1,453.70	

Submitted Claims

The Submitted Claims report is a monthly rollup of all claims activity; it is a statistical/performance metrics view that can be thought of as a “report card”:

SUBMITTED CLAIMS REPORT FROM 04/26/2010 TO 10/26/2011, FOR AGENCY 000000000002														
Cert Month ▾	# Episodes	# Admits	# Recerts	# Episodes Cancelled	# RAPs	# Paid RAPs	# Unpaid RAPs	# Cancelled RAPs	# RAPs Submit Delay	# Finals	# Paid Finals	# Unpaid Finals	# Cancelled Finals	# Final
Oct 2011	23	11	12	0	23	11	12	0	9	0	0	0	0	0
Sep 2011	14	9	5	0	14	10	4	0	15	6	2	4	0	9
Aug 2011	27	14	13	0	26	25	1	0	17	21	12	9	0	13
Jul 2011	17	7	6	4	12	11	1	0	20	11	5	6	0	10
Jun 2011	19	7	11	1	17	16	0	1	22	16	15	1	0	10
May 2011	12	6	5	1	10	8	1	1	11	11	8	3	0	15
Apr 2011	15	5	9	1	13	13	0	0	17	14	11	3	0	12
Mar 2011	8	1	4	3	5	5	0	0	25	5	5	0	0	36
Feb 2011	12	3	7	2	10	10	0	0	16	10	9	1	0	25
Jan 2011	6	1	3	2	4	4	0	0	40	4	4	0	0	52
Dec 2010	9	1	6	2	7	7	0	0	14	7	7	0	0	13
Nov 2010	8	3	2	3	5	5	0	0	25	5	5	0	0	27
Oct 2010	9	2	6	1	8	8	0	0	16	8	8	0	0	33
Sep 2010	6	1	4	1	5	5	0	0	33	5	5	0	0	76
Aug 2010	8	1	6	1	7	7	0	0	28	7	7	0	0	31
Jul 2010	7	1	5	1	6	6	0	0	45	6	6	0	0	50
Jun 2010	8	1	6	1	7	7	0	0	56	7	7	0	0	50
May 2010	7	0	5	2	5	5	0	0	27	5	5	0	0	22
Apr 2010	3	0	2	1	2	2	0	0	106	2	2	0	0	125

On-Demand Eligibility Checks

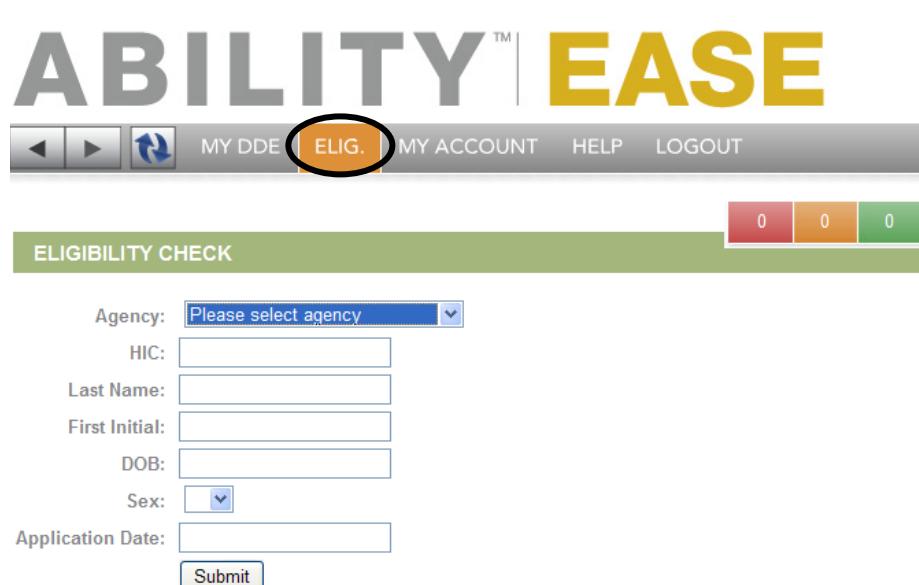
Beyond the weekly eligibility report, providers are able to check patient eligibility on demand from DDE by clicking on the eligibility icon.

- 1) Receive results in under a minute.
- 2) Queue eligibility checks by submitting multiple checks one after the other. The last eligibility check will be ready about 20 seconds after the last one was submitted if Medicare is up and running.
- 3) Continue to queue eligibility checks even if Medicare goes down. Once Medicare is up and running the biller will receive all eligibility inquiries within minutes.
- 4) Receive HMO and other provider's information, not just the provider IDs
- 5) Obtain an eligibility status indication (Green checkbox means ABILITY EASE thinks the eligibility is clean for this patient, red "X" indicates closer look is suggested).

Simply enter all the information as you would on DDE. Application date is not required, but can be used to retrieve historical eligibility data from Medicare. When all the information is entered, click "Submit."

Once the eligibility check is completed, it will show in the green (completed) box and will allow you to review the report by clicking on the 'Report' link. The report will give you both the ABILITY EASE summary information and the DDE screen captures. A number in the red box indicates a failed process, such as an eligibility inquiry or claims correction workflow, and a number in the orange box indicates the number of request are still pending.

Below is a screen shot displaying the eligibility query interface:



The screenshot shows the ABILITY EASE web application. At the top, there is a navigation bar with icons for back, forward, and search, followed by links for 'MY DDE', 'ELIG.' (which is highlighted with a yellow oval), 'MY ACCOUNT', 'HELP', and 'LOGOUT'. Below the navigation bar, a green header bar reads 'ELIGIBILITY CHECK'. On the left side of the main form, there is a vertical list of input fields: 'Agency' (dropdown menu 'Please select agency'), 'HIC' (text input), 'Last Name' (text input), 'First Initial' (text input), 'DOB' (text input), 'Sex' (dropdown menu), and 'Application Date' (text input). On the right side, there are three colored boxes: a red box with '0', an orange box with '0', and a green box with '0'. At the bottom right of the form is a blue 'Submit' button.

Submitting a well-formed inquiry above will display something like the following:

General Information

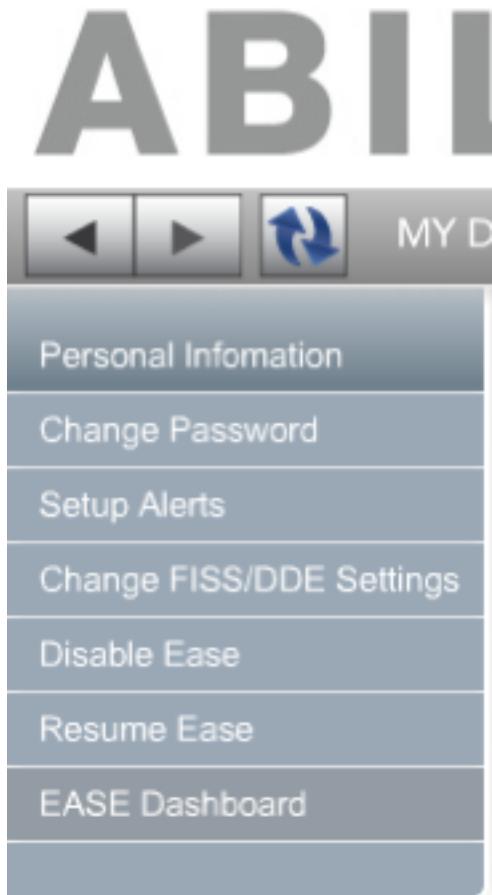
HIC: 000000187A	PATIENT.CNTL#: PCN00187	Region: NE
Last Name: DOE	First Name: JOHN	Middle Name:
Sex: F	DOB: 03/16/1930	DOD:
Part A Ent: 08/31/1995	Part A Term:	
Part B Ent:	Part B Term:	
Full Days Left: 20	Copay Days Left: 80	Part A Deduct.: \$ 1,132.00
Prior Full Days: 20	Prior Copay Days: 80	Prior Deduct.:
Inpatient DOeba: 06/06/2011	Inpatient Dolba: 06/20/2011	
Inpatient DOeba: 03/03/2011	Inpatient Dolba: 03/24/2011	
Part B Year: 2011	Part B Deduct.: \$ 162.00	
Part B Year: 2010	Part B Deduct.: \$ 155.00	

No HMO

Insurer Name	MSP Code	Start	Term	Info
Ability Network	■A	05/01/10		■Info
Ability Network	■A	01/31/97		■Info
Ability Network	■A	01/31/96	01/30/97	■Info
Ability Network	■A	08/31/95	01/30/97	■Info

ABILITY EASE Settings

You can change your settings and information using the “MY ACCOUNT” button on the Main Navigation Bar. The side navigation bar will allow you to switch between the different setting options.



Personal Settings

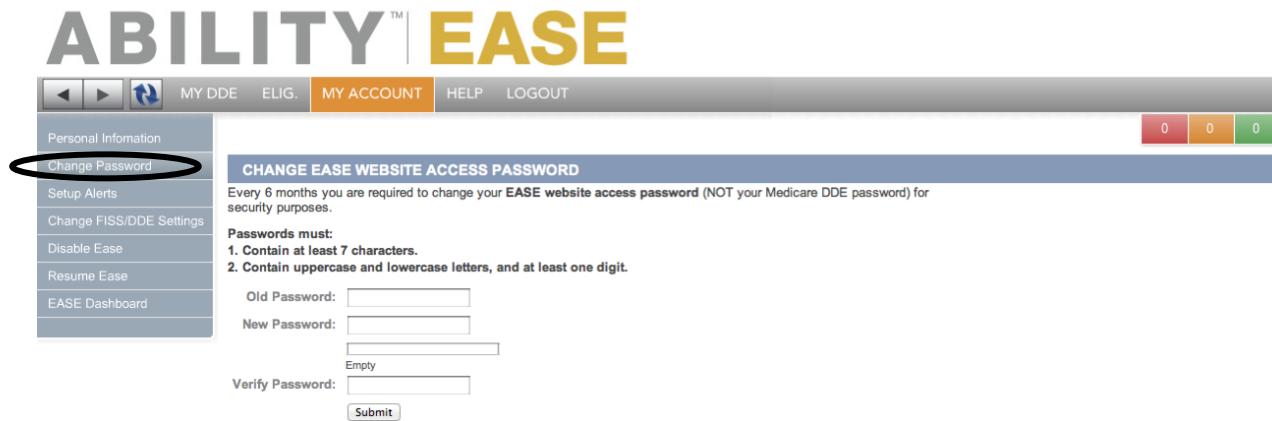
Personal Information

You can change your name, phone number, and email address here. Click the “Submit” button to submit your changes.

A screenshot of the ABII software interface showing the "Change Personal Information" form. The sidebar on the left has a link labeled "Personal Information" which is circled in red. The main content area has a blue header bar with the text "CHANGE PERSONAL INFORMATION". Below the header are three input fields: "Name: Demo", "Phone: (888) 881-3339", and "Email: demo@dde-z.com". At the bottom of the form is a "Submit" button. At the very top of the page, there is a dark grey header bar with the ABII logo, navigation icons, and user information (0 | 0 | 0).

Change Password

To change your ABILITY EASE password, click on “Change Password” and enter your existing ABILITY EASE password and your new password that you would like to change it to.



The screenshot shows the ABILITY EASE website interface. At the top, there is a navigation bar with links for MY DDE, ELIG., MY ACCOUNT (which is highlighted in orange), HELP, and LOGOUT. To the right of the navigation bar are three small colored boxes (red, orange, green) each containing the number '0'. On the left side, there is a vertical sidebar menu with options: Personal Information, Change Password (which is circled in black), Setup Alerts, Change FISS/DDE Settings, Disable Ease, Resume Ease, and EASE Dashboard. The main content area has a blue header bar labeled "CHANGE EASE WEBSITE ACCESS PASSWORD". Below the header, a note states: "Every 6 months you are required to change your EASE website access password (NOT your Medicare DDE password) for security purposes." It then lists requirements: "Passwords must: 1. Contain at least 7 characters. 2. Contain uppercase and lowercase letters, and at least one digit." There are four input fields: "Old Password", "New Password", "Verify Password" (with a note "Empty" above it), and a "Submit" button.

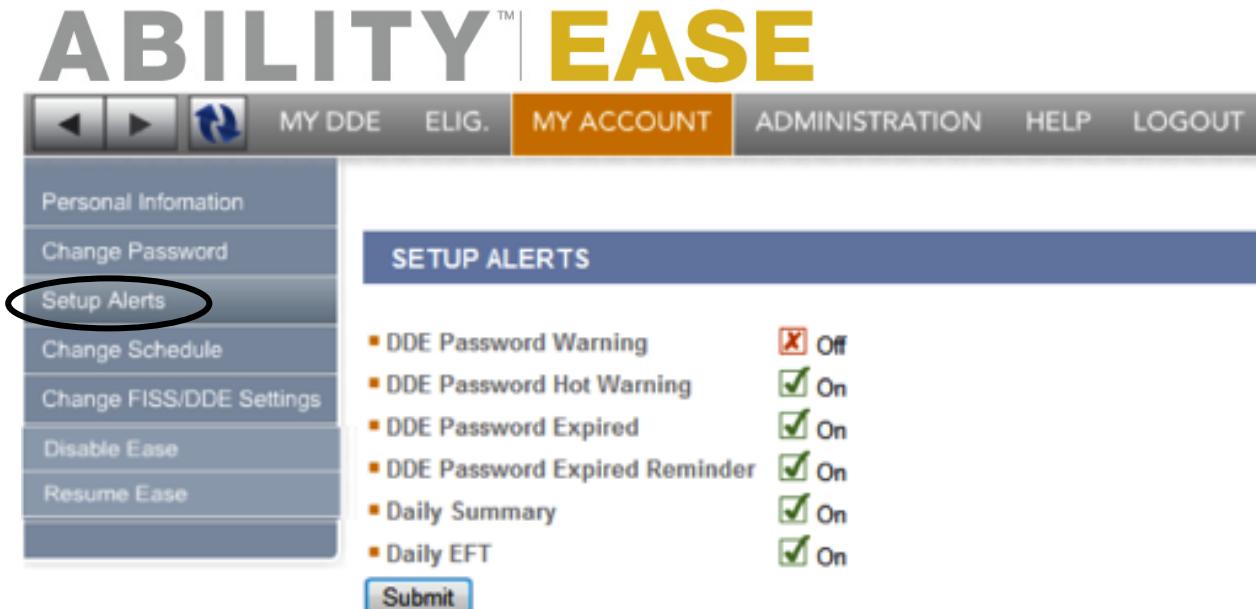
The requirements for the new password are:

- Must be different from the last 12 passwords you have already used on ABILITY EASE.
- Must be at least 7 characters long.
- Must contain at least one lower case, one upper case and one digit.

The indicator below the password will indicate if the password is strong enough. Your password will not be changed unless this indicator is showing “Strong” or “Very Strong.”

Set-Up Alerts

ABILITY EASE generates email alerts every morning including Electronic Funds Transfer (EFT) information, daily summary, and indication if your FISS/DDE password is about to expire. You can set each alert to be on or off based on whether you would like the email to be sent to you.



The screenshot shows the ABILITY EASE website interface. At the top, there is a navigation bar with links for MY DDE, ELIG., MY ACCOUNT (highlighted in orange), ADMINISTRATION, HELP, and LOGOUT. On the left side, there is a vertical sidebar menu with options: Personal Information, Change Password, Setup Alerts (circled in black), Change Schedule, Change FISS/DDE Settings, Disable Ease, and Resume Ease. The main content area has a blue header bar labeled "SETUP ALERTS". Below the header, there is a list of alert types with checkboxes indicating their status: "DDE Password Warning" (Off), "DDE Password Hot Warning" (On), "DDE Password Expired" (On), "DDE Password Expired Reminder" (On), "Daily Summary" (On), and "Daily EFT" (On). A "Submit" button is located at the bottom of the alert list.

FISS/DDE Settings

FISS/DDE Settings includes options related to utilizing ABILITY EASE as your program. This includes telling ABILITY EASE about your Medicare FISS/DDE credentials, what schedule you would like it to run on, and disabling or resuming that schedule.

The screenshot shows the ABILITY EASE software interface. At the top, there's a navigation bar with icons for back, forward, and refresh, followed by links for 'MY DDE', 'ELIG.', 'MY ACCOUNT', 'HELP', and 'LOGOUT'. To the right of the navigation bar are three small colored boxes (red, orange, green) each containing the number '0'. Below the navigation bar is a sidebar with a vertical list of options: 'Personal Information', 'Change Password', 'Setup Alerts', 'Change FISS/DDE Settings' (which is circled in red), 'Disable Ease', 'Resume Ease', and 'EASE Dashboard'. The main content area is titled 'ADD FISS/DDE SETUP'. It contains a 'Setup Name:' input field (empty), an 'Agency:' dropdown menu with four items: '000000000001', '000000000002', '000000000003', and '000000000004'. Below the dropdown is a note: 'Hold "Ctrl" to select multiple agencies'. At the bottom of the form is a 'Submit' button.

Disable ABILITY EASE

You can disable ABILITY EASE, which means that the selected FISS/DDE setup or NPI will not be used until you choose to resume it, or until you change the setup password (see the beginning of the section). To disable ABILITY EASE for a given FISS/DDE setup, simply click on the “Disable EASE” button, select “For Setup Name,” then select the FISS/DDE setup you would like to disable and the disable type (daily or until you resume it).

Resume ABILITY EASE

To resume ABILITY EASE after it was disabled, you may select either the ‘Resume EASE’ or ‘Change FISS/DDE Settings’, select the FISS/DDE setup and enter you Medicare DDE user ID and password. Once you have submitted the information, and assuming the information is correct, ABILITY EASE will resume normal operation for this setup and NPIs. Any pending eligibility checks or claim corrections you may have will be processed at this time.

EASE Dashboard

EASE Dashboard gives a visual overview of services running against Medicare and highlights any credential or other issues encountered when trying to access patient information via these services. By clicking on “My Account,” you can see the “Ease Dashboard” menu item. Clicking “EASE Dashboard” brings up the following screen:

The screenshot shows the ABILITY EASE application interface. At the top, there's a navigation bar with links for MY DDE, ELIG., MY ACCOUNT (which is highlighted in orange), HELP, and LOGOUT. Below the navigation bar is a large title 'ABILITY | EASE'. On the left, there's a sidebar with links for Personal Information, Change Password, Setup Alerts, Change FISS/DDE Settings, Disable Ease, Resume Ease, and EASE Dashboard (which is also highlighted in orange). The main content area is titled 'EASE Dashboard' and contains a message: 'Some jobs are not gathering information from DDE. Please correct the errors below to resume job flow.' Below this message is a table with columns: Agency, Claim Status, and EFT/Checks. The table lists several entries, each with a status indicator (red X or green checkmark) and a brief description.

Agency	Claim Status	EFT/Checks
1 - 000001	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> No credentials Configured
2 - 000002	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> No credentials Configured
666 -	<input checked="" type="checkbox"/> Not Subscribed	<input checked="" type="checkbox"/> Not Subscribed
3 - 000003	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> No credentials Configured
410 - 000410	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> No credentials Configured

Troubleshooting

If jobs are failing (e.g., data is not displaying appropriately), please first use the EASE Dashboard discussed immediately above in the previous section to ensure there is not a credential or configuration issue.

Common Troubleshooting Items

Problem	Solution
I have received the login from ABILITY EASE, but I cannot login; I am getting an ‘Access Denied’ message.	<ul style="list-style-type: none">If you choose to copy and paste the temporary password from the ‘Welcome to ABILITY EASE’ email, make sure no extra spaces are copied. It is sometimes hard to tell if this is occurring. To double-check, paste the password first into the username field just to make sure that there are no extra spaces. Now you can more easily copy the password minus any extra spaces into the password field. After successfully logging in to ABILITY EASE with a temporary password, you will be prompted to paste the temporary password again when prompted to set up a

	<p>password of your choice.</p> <ul style="list-style-type: none"> • Be sure that you are entering your ABILITY EASE username and password to log in and NOT your Medicare FISS user ID and password. • If you are typing the password in manually, try typing in a text field to make sure that your keyboard is working properly. The ABILITY EASE password is case sensitive, so be sure that CAPS Lock is not selected and if you are using the number keypad, make sure Number Lock is engaged. • To reset your password contact your ABILITY EASE administrator. If you are the administrator, contact support@ABILITYnetwork.com to have your password reset.
I am able to login, but I cannot see any of the navigation bars.	<ul style="list-style-type: none"> • Go to www.adobe.com and follow the directions to download and install Adobe Flash player. When finished, restart your browser by exiting it and launching it again. Then, connect to ABILITY EASE and see if the navigation bars are now viewable. • Make sure you have Javascript enabled for your browser. <i>Contact your local desktop support or ABILITY EASE support for help if needed.</i> • Try using a different Web browser (Internet Explorer, Mozilla Firefox, Google Chrome). • Ensure you are using the latest version of your browser.
When I log in, I get a message about changing my password, but the password does not change and I get an error message saying 'Error completing request - The DDE system rejected your user ID or password!'	<ul style="list-style-type: none"> • ABILITY EASE is requesting your updated Medicare FISS password, the current password is not allowing ABILITY EASE to connect to Medicare. Make sure you are entering your Medicare FISS password and not your ABILITY EASE website password. Update your Medicare FISS password by logging in to the Medicare FISS DDE system. Once your password has been successfully changed on the Medicare system, log in to ABILITY EASE and you will be asked for your current Medicare FISS username and password.
I have submitted an eligibility check and it is staying in the orange box.	<ul style="list-style-type: none"> • Make sure your Medicare FISS password has not expired and that ABILITY EASE knows what the current Medicare FISS password is by going into 'Change FISS DDE Settings' under 'MY ACCOUNT' in ABILITY EASE.

	<ul style="list-style-type: none">• Make sure that Medicare FISS user name is not logged into Medicare FISS elsewhere at the same time.• Log in to Medicare FISS. Try to do an HIQH (ELGH) for a patient to make sure that the issue is not Medicare or permission related.
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FAQ

Question: Can you explain the Main Navigation Bar?

Answer: The Main Navigation Bar is present through EASE. Below is a description of each feature.



	Back Arrow: Click to return to the previous page.
	Forward Arrow: Click to forward to the previous page.
	Refresh: Click to refresh the screen.
MY DDE	"MY DDE": Click to view overnight summary report, including claims, automated eligibility changes, patient information and to make claim corrections.
ELIG.	"ELIG." (Eligibility check): Click to submit a Medicare eligibility check.
MY ACCOUNT	"MY ACCOUNT": Click to manage your user profile and passwords.
ADMINISTRATION	"ADMINISTRATION" (Group Admin only): Click to manage user permissions, screen shots and other administrative areas of EASE.
HELP	"HELP": Click to view this manual.
LOGOUT	"LOGOUT": Click to log out of ABILITY EASE.

Question: Can you explain the Page Navigation Bar?

Answer: The Page Navigation Bar will vary based on user profile and will change by page as you move throughout EASE. Below is a description of each feature.



	Magnifying Glass: Use to search by HIC number or to perform a more detailed search, click Advanced Search.
	Home: Click to return to the Overnight Summary Report for the Agency you are currently viewing.
	"Reports": Mouse over to view the list of reports and select.
	"Timeframe": Mouse over to change the date range for the report you are viewing.
	"Agency": Mouse over Agency to select the NPI for the reports you would like to view.
	Report/Chart View: Click on to view the data as a report. Click on to view the information as a pie chart.
	Print: Click to print the current page.
	"Export": Mouse over to export reports as either PDF or Excel files.
	"UB04": Click to bring up a blank UB-04 document in order to enter a new claim.
	Trash Can: Click to cancel a task that is not yet completed.
	"Advanced View": Click to view more detailed reports.
	"Basic View": Click to view standard reports.

Question: What do the colored boxes on the top, right-hand side mean?

Answer: The red, orange, and green boxes are the Activity Quick View, which depicts the jobs ABILITY EASE is processing or has processed. This status bar shows the number of DDE requests made, such as eligibility checks or claim corrections. The number in green represents the number of processes that have been completed successfully. The number in orange represents the number of processes currently active. The number in red represents the number of processes that have failed. Mouse over the numbers to view the processes and click to view detailed information about each process.

Question: There are a lot of reports in ABILITY EASE. Explain them.

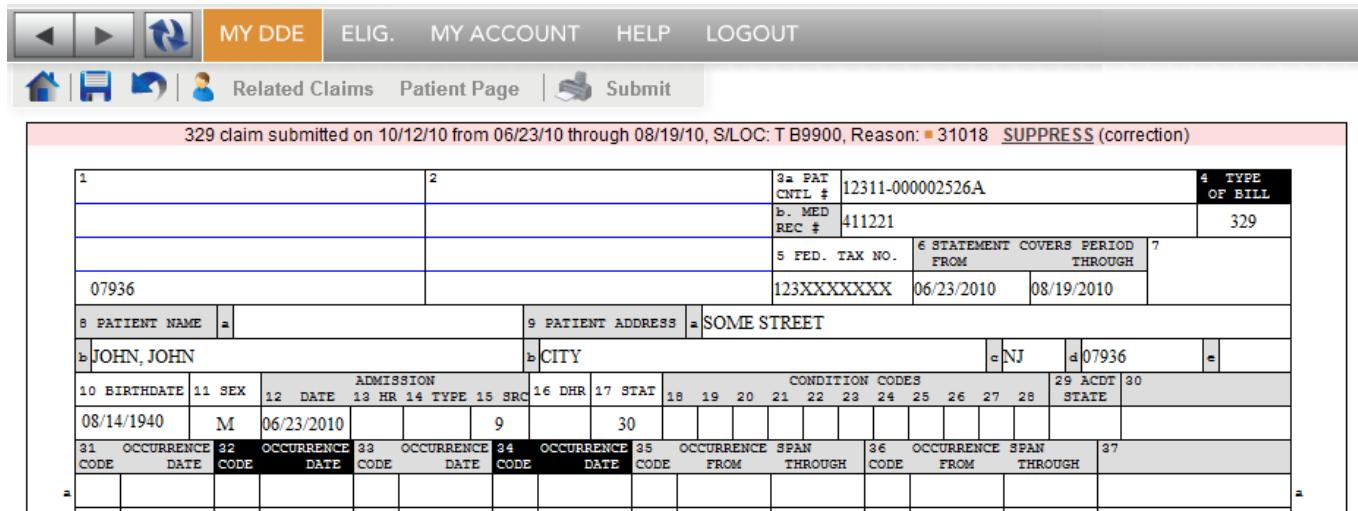
Answer: There are six main reports available from the basic view.

The Overnight Summary Report is your home page in ABILITY EASE. Clicking on the Home icon or "MY DDE" will always bring you back to this page. The other reports mentioned can be accessed via "Reports" on the Page Navigation Bar.

- 1) Overnight Summary Report: This report shows all the changes that have been made to claim data or eligibility status within the DDE/FISS system. This report defaults to the past 24 hours, but can be expanded to a larger timeframe if desired. The data in this report is sorted by priority:
 - a) Changes that have an immediate impact on cash flow are listed at the top. These include HMO, Other HHA 1st, etc.
 - b) Changes that affect billing and need adjustments. These include RTP claims, rejections and denials, cancels, etc.
 - c) Other miscellaneous changes are listed last. These include suspense and paid claims.
- 2) ADR Report: This report shows the ADRs from the Overnight Summary Report. Click on either the due date or the code to display and print the ADR letter.
- 3) RAPs at Risk Report: This report shows current paid RAPs where no Final is sitting in suspense or has been paid, and the RAP is 14 days or less of being cancelled. The estimated auto-cancel date is shown under the "Final Due" column and the number of days left is shown under the "Days Left" column.
- 4) Stuck in Suspense Report: This report shows claims have been sitting in suspense for 21 days or more. After 30 days you have the right to contact your Medicare Contractor and have them release the claim or give you more information. ADR claims are not shown in this view. The number of days the claim is sitting in Suspense is shown under the # days column.
- 5) Eligibility Issues Report: This report shows patients that have an eligibility issue in the timeframe selected. A green checkbox means there is no eligibility issue found. A red "X" means there might be an eligibility issue. Mousing over the red checkbox (except for Part A and Part B) will give more information about the issue.
- 6) T Status Report: Basically the same as Advanced Search, but auto-fills T Status location. This report allows you to look at all your T Statuses that have reached final location (B9997). This allows you to customize your search, as well as get the list for multiple NPIs (the default).

Question: How do I correct a claim?

Answer: To correct a claim, click on the wrench  next to the claim needing correction. Once you click on the wrench, a UB-04 form will appear pre-populated with the claim information:



1		2		3a PAT CNTL #	12311-000002526A		4 TYPE OF BILL
				b. MED REC #	411221		329
07936				5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 123XXXXXXX 06/23/2010		7 THROUGH 08/19/2010
8 PATIENT NAME a JOHN, JOHN		9 PATIENT ADDRESS b CITY SOME STREET		c NJ	d 07936	e	
10 BIRTHDATE 08/14/1940	11 SEX M	12 DATE 06/23/2010	13 HR 14 TYPE 15 SRC 9 30	16 DHR	17 STAT	18 19 20 21 22 23 24 25 26 27 28	29 ACCT STATE 30
31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE CODE FROM	SPAN THROUGH	36 OCCURRENCE CODE FROM	SPAN THROUGH 37

The pink line on top of the UB-04 describes the claim. The pink color means this is the claim you've clicked to get here. Please note depending on status of claim, you may see a "SUPPRESS" option.

You can view the eligibility information in this page by clicking on the person icon  on the top. This will drop down the eligibility information:

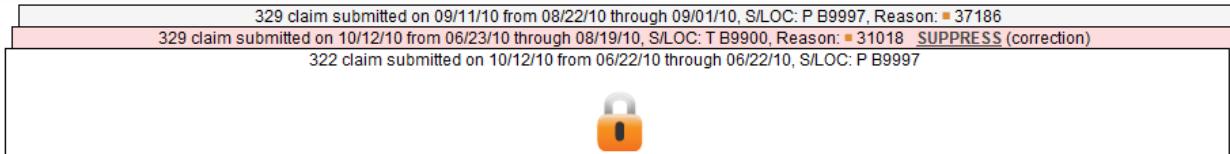


General Information				
HIC: 000002526A	PATIENT.CNTL#: PCN02526	Region: SE		
Last Name: DOE	First Name: JOHN	Middle Name: 2526		
Sex: M	DOB: 11/25/1940	DOD:		
Part A Ent: 11/19/2005	Part A Term:			
Part B Ent: 11/19/2005	Part B Term:			

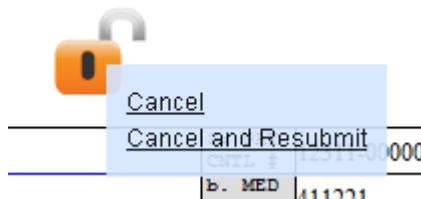
MSP Infomation				
Insurer Name	MSP Code	Start	Term	Info
PEAK REVENUE INSURANCE COMPANY ■A		11/19/05	10/09/07	■Info

Other HHA Episodes				
FI	Prov. ID	Start	End	DOLBA
00380	■451571	09/27/10	11/25/10	09/27/10

You can view additional claims by selecting them from the "Related Claims" menu on the Page Navigation Bar. When you view additional claims, they will appear behind the pink claim in white color on the top (as opposed to the pink one on the original claim).



You can switch between the claims by clicking on the line representing the claim. You will also see a lock on every claim that is not in RTP status that you need to select before correcting a claim. Mouse over the lock icon and select the action you would like to perform with the claim.



If you click "Cancel" or "Cancel and Resubmit," you are presented with a remarks screen that is submitted along with the cancel (the condition code and optional remarks to go along with the cancel):

Clicking on "Cancel" will document the information alongside the cancel and will let you make corrections to go along with the resubmit action of the change.

You can then make all the changes you would like to make in the claim, or in the related claim, in no particular order. When you change a field value, it will change color to yellow, indicating the field was changed. If the field changed to red, it means that ABILITY EASE suggests this is an error. Once you are finished, click "Submit" and a confirmation screen will be presented. In the example below, we will be correcting a T status final, where the problem was due to dates not matching the RAP (for Home Health Prospective Payment System):



You have setup the following changes for HIC 000002526A:

Step 1: Cancel claim 322 submitted on 10/12/2010.

'Condition Codes' change from (empty) to D9
'Remarks' change from (empty) to Fixing dates not matching

Step 2: Wait for the cancellation of the 322 claim submitted on 10/12/2010 to get paid.

Step 3: Resubmit claim 322 submitted on 10/12/2010.

'Admission Date' change from 062210 to 062310
'Statement From Date' change from 062210 to 062310
'Statement Through Date' change from 062210 to 062310
Change claim line for Service Date 06/22/2010 and Revenue Code 0023
'Service Date' change from 062210 to 062310

Step 4: Wait for the change to claim 322 submitted on 10/12/2010 to get paid.

Step 5: Wait for the 329 claim submitted on 10/12/2010 to get fully processed (B9997).

Step 6: Repost claim 329 submitted on 10/12/2010 without changes.

Step 7: Wait for the change to claim 329 submitted on 10/12/2010 to get paid.

Are the above changes correct?

You should review the proposed process before clicking "Yes." You can also print this page by clicking on the Printer button. If you're happy with the suggested process, click "Yes." Otherwise, you can click "No" to make additional changes.

[Question: I've noticed the Page Navigation Bar changes in claims correction. What is different?](#)

Answer:



	Click to return to the Overnight Summary report.
	Click to save claim changes (note that the claims for this change will be locked for any other user from your company to make changes using ABILITY EASE).
	Click to Undo or Reset the claim. Undo will reset it to the previous version and Reset will reset the claim to the original values from Medicare.
	Click to see eligibility for the patient. The eligibility will display into the page and clicking the icon again will hide the information.
Related Claims	"Related Claims": Mouse over to select other claims that may be related to this claim.
Patient Page	"Patient Page": Click to move to the patient page.
	Print: Click to print the page.

Submit

"Submit": Click to submit changes to Medicare.

Question: What is the patient page?

Answer: The "Patient Information" page contains information about a particular patient, including eligibility information and a list of episodes.

The screenshot shows the Medicare Patient Information interface. At the top, there are navigation icons (back, forward, search, etc.) and menu links: MY DDE, ELIG., MY ACCOUNT, HELP, and LOGOUT. Below the menu is a toolbar with icons for search, home, and file operations (UB04).

PATIENT INFORMATION

General Information

HIC: 000002526A	PATIENT.CNTL#: PCN02526	Region: SE
Last Name: DOE	First Name: JOHN	Middle Name: 2526
Sex: M	DOB: 08/14/1940	DOD:
Part A Ent: 08/08/2005	Part A Term:	Part B: Yes

No HMO MSP Infomation

Insurer Name	MSP Code	Start	Term	Info
PEAK REVENUE INSURANCE COMPANY ■A		08/08/05	06/28/07	■ Info

Other HHA Episodes

FI	Prov. ID	Start	End	DOLBA
00380	■ 451571	06/16/10	08/14/10	06/16/10

Episodes

Episode: 3 Admission: 06/23/10 Start: 08/22/10 End: 09/01/10 Estimated Value: \$ 108.43 Late										
Submit	TOB	Start	Through	S/Loc	Reason	Stat	Charged	Reimb	Paid	Paid Date
	09/11/10	329	08/22/10	09/01/10	■P B9997	■37186	■01	\$225.00	\$108.43	\$(962.54)
	09/05/10	322	08/22/10	08/22/10	■P B9997	■37185	■30	\$0.00	\$1,070.97	\$1,070.97

Episode: 2 Admission: 06/23/10 Start: 06/23/10 End: 08/19/10 Estimated Value: \$ 2,211.15 Early										
Submit	TOB	Start	Through	S/Loc	Reason	Stat	Charged	Reimb	Paid	Paid Date

Question: I see an icon of a 'lock' and an icon of a 'wrench' next to my claims. What do they mean?

Answer: A wrench icon means that you can fix, or edit a claim. A lock icon means the claim cannot be worked. This may be due to the claim being suppressed, the claim is in suspense and Medicare is working on it, or the claim is currently being worked on by another individual in your organization.

Question: I have more than one NPI, how do I see the reports for the other NPIs?

Answer: Under "MY DDE," mouse over the "Agency" menu and select the NPI you wish to work on.

Question: I was out sick yesterday, how do I get my overnight report?

Answer: Under “MY DDE,” mouse over “Timeframe” and either choose weekly or customize to change the data displayed.

Question: How do I get back to the Overnight Report?

Answer: Click on the icon of the house (“Home”) or click on “MY DDE” to return to the overnight report.

Question: How do I sort the reports?

Answer: On the top of every report, you can click on any of the column titles to sort the report. You can also click on the magnifying glass icon and click on “Advanced Search” for more detailed reports.

Question: Sometimes when I mouse over data, I get an orange pop-up box. What is that?

Answer: Anytime you see an orange dot next to data, you can hover your mouse over that data to get additional information. You can also hover your mouse over column headers in reports for additional detail. Information contained in the pop-ups range from detail of a competing agency to the reason why a claim needs to be worked.

Question: I didn't get my overnight report this morning. Is something wrong?

Answer: Maybe. The overnight will only be created IF claim or eligibility status changed within the past 24 hours. If no changes were made, you will not receive the overnight report.

Question: I forgot my EASE login. How can I log in?

Answer: Contact your group administrator for your username. Your group administrator can reset your password. The group administrator must contact ABILITY support to reset their login.

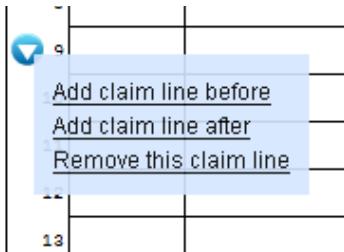
Question: Does ABILITY offer home health or hospice billing assistance?

Answer: ABILITY will offer support on the use of the EASE product. For help with using DDE or with the appropriate use of the UB-04, you should contact your Medicare Administrative Contractor. The ABILITY EASE product is a tool that will assist your biller in many ways, but does not serve as a replacement to your biller.

Question: When attempting to enter a UB-04 there are only 9 line items available per page.

When we need to enter additional visits, it is asking us to enter the entire heading: Patient name, DOB, cert, source of admission, all over again. How can we just add extra line to encompass all billable visits on one claim?

Answer: To add a claim line, just move your mouse over to the left-hand side of the page. You'll see a little blue button. When you mouse over that button, you can select to add or delete claim lines.



Question: How do I obtain additional training?

Answer: ABILITY offers webinars on navigation and use of the system. ABILITY does not offer billing or how-to-bill support. The webinar schedule is updated monthly and is available by emailing ease.support@abilitynetwork.com.

Question: In the Advanced view, there are more reports. How are these different?

Answer: The Advanced view has many reports. These provide the same detail, but are just broken up into several reports:

- 1) Summary
The summary report in advanced view, like in basic view, shows the information from an importance point of view. However, unlike basic view, the advance view shows counts and dollar amounts for each category.
- 2) Changes
This is the Overnight Summary report that is the same from the Basic view.
- 3) Episodes (Home Health)
This is a list of all the episodes that had claim activity in the selected timeframe.
- 4) Claims
This is a list of all the claims that had claim activity in the selected timeframe.
- 5) Stuck In Suspense
This is the same as in the basic view.
- 6) RAP Suspense (Home Health)
This is a list of the episodes that the last claim is a RAP and the claim is still in suspense (but not ADR).
- 7) RAP Paid (Home Health)
This is a list of the episodes that the last claim is a RAP and the claim has been paid or approved for payment.
- 8) RAP Error (Home Health)
This is a list of the episodes that the last claim is a RAP and the claim has an error (RTP, rejected or denied).
- 9) RAP Cancelled (Home Health)
This is a list of the episodes that the last claim is a cancellation of a RAP.
- 10) Final Suspense (Home Health)
This is a list of the episodes that the last claim is a RAP and the claim is still in suspense (but not ADR).
- 11) Final Paid (Home Health)
This is a list of the episodes that the last claim is a RAP and the claim has been paid or approved for payment.
- 12) Final Error (Home Health)

This is a list of the episodes that the last claim is a Final and the claim has an error (RTP, rejected or denied).

13) Final Cancelled (Home Health)

This is a list of the episodes that the last claim is a cancellation of a Final.

14) Z-On Hold

This is a list of episodes that the last claim has been processed but marked to be on hold (NPC is Z).

15) Final Due (Home Health)

This is a list of episodes where the RAP was submitted and paid, and the Final is expected to be submitted.

16) RAPs At Risk (Home Health)

This is a list of episodes where the RAP was submitted, but because no Final was submitted yet, is at risk of being auto-cancelled by Medicare.

17) ADR

This is a list of episodes where the last action is Medicare requested additional documentation.

18) Eligibility Issues

Just like at the Basic view, this report shows all the patients that had changes (to eligibility or claims) on the selected timeframe that have any issue with their eligibility.

19) Patients

This report looks similar to the Eligibility Issues report, except it contains all patients from the summary report, not just the ones with an eligibility issue.

20) CWF Not Found

Shows a list of patients who are shown on the summary report, however cannot be found on the Common Working File.

21) HMO Patients

A list of patients, who are shown on the summary report, that are enrolled on an HMO.

22) MSP Patients

A list of patients, who are shown on the summary report, who have liability or other insurance.

23) Other HHA 1st

A list of patients, who are shown on the summary report, that have another Home Health Agency servicing them, and the other agency is primary.

24) Other HHA 2nd

A list of patients, who are shown on the summary report, that have another Home Health Agency servicing them, and the other agency is secondary.

25) Hospice Patient

A list of patients, who are shown on the summary report, who have a hospice episode.

Question: How do I contact ABILITY Technical Support?

Answer: By phone at (888) 460-4310 or email at ease.support@abilitynetwork.com.

Acronyms and Terms

Activity Quick View: The green, orange, and red boxes at the top right of the application to give a quick view of current activities within the ABILITY EASE application.

ADR: Additional Development Request. This is a letter from CMS to request medical records to substantiate a claim for auditing purposes.

Beneficiary: Individual covered by insurance benefits.

Benefit: Services provided to a beneficiary, or patient, by an insurance plan.

Claim: A written request to have benefits paid.

CMS: Center for Medicare and Medicaid Services, the division of Health and Human Services that runs Medicare.

CWF: Common Working File, a system with consolidated information and the fullest picture of patient eligibility, containing information such as secondary payers, Social Security, and Medicare eligibility status and history.

DDE: Direct Data Entry, the CMS system for entering, checking status, and correcting claims electronically, as well as for checking beneficiary eligibility status and history and other administrative tasks.

DHHS: Department of Health and Human Services, a governmental agency charged with administering social entitlement services such as Social Security, Medicare and Medicaid.

EDI: Electronic Data Interchange, a means of facilitating electronic administrative transactions over networks.

Effective Date: Date an insurance policy begins or when benefits become available.

EFT: Electronic Funds Transfer, a means of transferring money electronically over networks.

ESRD: End Stage Renal Disease

Final: The second claim filed within the Home Health binary PPS.

FISS: Fiscal Intermediary Shared System, see "DDE"

HIC: Health Insurance Claim, a unique identification number assigned by the SSA to all Medicare beneficiaries

HIPAA: Health Insurance Portability and Accountability Act, a federal law from 1996 strengthening patient privacy and payer/provider accountability.

Home Health: Health care provided for patients within their homes; e.g., not in a practice, hospital, or long-term care facility.

HMO: Health Maintenance Organization, a private payer that can step in to provide insurance policies to Medicare patients (Medicare Advantage) as opposed to traditional Medicare as payer.

HMO Move Catcher: An ABILITY EASE feature to track a defined census' members' moves between HMOs or back to traditional Medicare

Hospice: A center for providing palliative care for terminally ill patients.

Hospital: A center providing care for patients, often acute care (e.g., emergency care, surgery, etc.) on a short-term basis.

MAC: Medicare Administrative Contractors, private contractors which take responsibility for managing CMS systems in varied jurisdictions and lines of business.

Main Navigation Bar: The ever-present, static navigation bar at the top of the EASE screen.

Medicare Advantage: See **HMO**

Medicare: A federal health benefit program for people over 65, with chronic disabilities approved by SSA, or with ESRD.

MSP: Medicare Secondary Payer. This applies when Medicare does not pay first, as in when a private plan covers some initial amount, and Medicare then covers the rest of a benefit.

NPI: National Provider Identifier, a unique number identifying each health care provider in the United States.

Page Navigation Bar: A dynamic navigation bar that appears beneath the Main Navigation Bar and allows certain functionality pertinent to the context of the page being viewed.

PPS: Prospective Payment System, a split-payment system used for certain lines of business in Medicare such as Home Health.

PTAN: Provider Transaction Access Number, formerly known as Provider Identification Number (PIN), a provider's identification number with Medicare.

RAP: request for Anticipated Payment; in Home Health's Prospective Payment System (PPS), this is the first half of a binary billing system.

RTP: Returned To Provider, a claim status (also known as T status) indicating rejection and return of an invalid claim for editing and resubmission.

SNF: Skilled Nursing Facility, a facility accepting patients seeking rehabilitation and medical care that is less acute than that received in a hospital.

SSA: Social Security Association

UB-04: Universal Billing form # 04. The standard claim form modeled in EASE for creating and adjusting claims.