



ABILITY | EASE™

User Guide

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Revision History

1.0 Initial Release

1.1 Updated for HMO Move Catcher and Financials Package

2.1 Updated processes, added screen shots, edits

3.0 Updated for new user interface

4.0 Updated for changes to Release 1.1

4.1 Updated for changes to Release 1.2

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Welcome to ABILITY | EASE

ABILITY | EASE offers a user-friendly interface to access the Medicare DDE/FIIS system. ABILITY | EASE uses the provider's National Provider Identifiers (NPIs) to quickly display billing information, allowing the biller to quickly identify and correct problems, saving both time and money.

ABILITY | EASE takes away the time-consuming manual processes and tedious follow-up and tracking. ABILITY | EASE also provides valuable trending and reporting capabilities to help the biller better manage Medicare claims and eligibility verifications.

The *ABILITY | EASE User Guide* illustrates how this web-based application streamlines, manages, and simplifies complex Medicare billing and eligibility workflows.

Before using ABILITY | EASE

Before using ABILITY | EASE, you must obtain Medicare login credentials from the regional Medicare Administrative Contractor (MAC). Contact ABILITY Technical Support for assistance.

ABILITY Technical Support

The ABILITY Technical Support team is available to answer questions relating to the ABILITY Product Suite for Home Health agencies, Hospices, Hospitals, Skilled Nursing Facilities and Federal Qualified Health Centers.

Phone: 888.460.4310

Email: ease.support@abilitynetwork.com

Hours: 7:00 AM to 6:00 PM Central Time

Getting Started

Once you receive notification from ABILITY that your connection is enabled, you are ready to use ABILITY | EASE to send Medicare claims, receive eligibility information, and manage rejected claims.

If you are working at a Home Health Agency or Hospice, you can also use ABILITY | EASE to correct rejected claims.

Logging In (for users with a myABILITY account)

As a myABILITY user, you can link your myABILITY account to your ABILITY | EASE account. Once you link your accounts, you can access ABILITY | EASE directly through <https://www.myabilitynetwork.com/> without having to re-enter your ABILITY | EASE login and password each time.

Complete the following steps to create a single sign so you can handle all your password management needs and access all your ABILITY products in one place.

- 1 Go to <https://www.myabilitynetwork.com/> and login with your myABILITY login information.
- 2 Select the ABILITY | EASE menu item and enter your ABILITY | EASE username and password on the ABILITY | EASE Setup page (Figure 1).
- 3 Click **Link** to link your myABILITY user to this ABILITY | EASE user.

Your myABILITY account needs to be associated with EASE. Please log in using your EASE username/password to continue.

My Workspace / Ease Setup

EASE Setup

Username:

Password:

Link

Figure 1: ABILITY | EASE Setup Page

Logging In (for users without a myABILITY account)

Go to <https://ease.abilitynetwork.com>. When the ABILITY | EASE Login page appears (Figure 2), enter your username and password and click **LOG IN**.

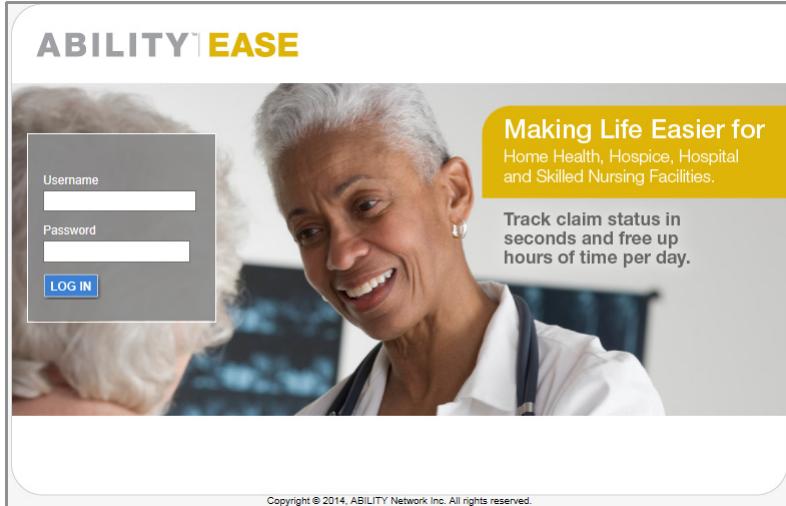


Figure 2: ABILITY | EASE Log In Page

Main Navigation Bar

You see the Main Navigation Bar (Figure 3) throughout ABILITY | EASE.



Figure 3: Main Navigation Bar

Table 1 provides a brief description of each feature.

Table 1. Main Navigation Bar Features

Feature	Description
Back Arrow	Click the back arrow to return to the previous page viewed.
Forward Arrow	Click the forward arrow to bring you to the last screen viewed.
Refresh	Click the refresh tab to refresh the screen. If you are working at a Home Health agency or Hospice, this is particularly useful when doing claims corrections as you can view the most recent status on the claims. For example after correcting a T status claim, click refresh to remove the corrected claim from the T status report.
MY DDE	Click MY DDE to view claims, automated eligibility changes, patient information and to make claim corrections. This tab brings you back to your home page or summary report. If this button is not visible, and you feel this is in error, speak to your company's ABILITY EASE administrator to clarify whether this button is appropriate for your ABILITY EASE profile.

Table 1. Main Navigation Bar Features (continued)

Feature	Description
ELIG. (Manual Eligibility Check)	Click the ELIG tab to submit a patient eligibility check. This is a live search option, requiring you to have the Medicare user ID and password associated with your ABILITY EASE user login.
MY ACCOUNT	Click MY ACCOUNT to manage your user profile. This includes: your contact information, your ABILITY EASE website password, Medicare FISS password (must be kept current), scheduling when ABILITY EASE retrieves claims information, and more.
ADMINISTRATION (not shown)	Click Administration to manage user permissions and other administrative areas of ABILITY EASE. This tab is only visible for administrators. If this button is not visible, and you feel this is in error, speak to your company's ABILITY EASE administrator to clarify whether this button is appropriate for your ABILITY EASE profile.
HELP	Click HELP to launch the help pages you are viewing now.
LOGOUT	Click LOGOUT to log out of ABILITY EASE.

Page Navigation Bar

The Page Navigation Bar (Figure 4) varies based on your user profile and changes by page type as you move through ABILITY | EASE.



Figure 4: Page Navigation Bar

Table 2 provides a brief description of each of the options available to you on the Page Navigation Bar.

Table 2. Page Navigation Bar Options

Field Name	Description
Search	Hover over the magnifying glass () to do a quick search for a particular Health Insurance Claim (HIC) number. Enter the HIC number into the search box and click Go . This brings you to the Patient Detail Page. Hover and select Advanced Search to perform an Advanced Search.
Home	Click home () to return to the Overnight Summary Report for the Agency you are currently viewing.
Reports	Hover over Reports 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	Hover over Timeframe to change the date range for the report you are viewing. Options include overnight, weekly, or a customized search by dates of your choosing.
Agency	Hover over Agency to select the Agency/Provider ID you would like to view. This is only visible to users with access to multiple provider numbers.
Report/Chart View	Click the pie chart () to view the report as a pie or click the chart () to view the information as a report.
Print	Click the printer () to print the current page.
Export	Hover over Export to export reports as either PDF or Excel files.
UB04	Click UB04 to start entering a new claim into the system.

Table 2. Page Navigation Bar Options (continued)

Field Name	Description
Trash Can	Click the trash can (only available on certain screens) to cancel a task that is not yet completed. ABILITY EASE removes all steps taken for the canceled process. Sometimes the selected item cannot be cancelled; for example, a fully processed claim correction cannot be cancelled.
Advanced or Basic	Click Advanced to view Advanced reports. When in the Advanced view, the Basic icon takes its place. Click Basic to return to viewing information in the Basic view.
Quick View	The red, orange, and green Quick View boxes are located on the top right side of the screen, right below the Main 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. <ul style="list-style-type: none"> • Red Quick View (2): displays all rejected/failed requests • Orange Quick View(4): displays all pending requests. • Green Quick View (98): displays successful or completed requests.

Icon Key

ABILITY | EASE uses several other icons that are described in Table 3.

Table 3. Additional ABILITY | EASE Icons

Icon	Description
Wrench ()	If you are working at a Home Health agency or Hospice, click the wrench to correct the claim that is listed on the same line. This opens the selected claim in a UB-04 form. If this is a cancelled claim, clicking on the wrench opens the original claim.
Lock ()	The lock indicates a claim that cannot be changed. Hover over the lock to see additional information.
Red X ()	The red X () indicates that there may be a problem relating to the eligibility of a given patient. Hover over the icon to view further information on the issue.
Green Check ()	The green check he green check icon () 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). Hovering over a green check () does not show any additional information since there is no issue being flagged by that icon.
Orange Square ()	Hover over the orange square to see more information relating to the data adjacent to the icon.

Reports

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

These 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.

For more information about the different reports offered in ABILITY | EASE, go to the Reports section (page 83) in the FAQ.

Changing Timeframe

Upon first logging in, the default report timeframe is today. The report (Figure 5) displays changes in claims and eligibility that ABILITY | EASE detected from the day before, or from the period since the last log in.

The screenshot shows a software application window titled "OVERNIGHT STUCK IN SUSPENSE REPORT FOR 02/03/2014, FOR AGENCY 1881873123". The interface includes a top navigation bar with buttons for MY DDE, ELIG., MY ACCOUNT, SUPPORT, HELP, and LOGOUT. Below the navigation bar is a toolbar with icons for Reports, Agency, Export, and Advanced. The main content area displays a table of data with the following columns: HIC, Patient Name, Admit, Start, Through, Submit, # Days, S/Loc, TOB, Reason, and Total Episode \$. The data rows are as follows:

HIC	Patient Name	Admit	Start	Through	Submit	# Days	S/Loc	TOB	Reason	Total Episode \$
000004159A	DOE, JANE 4159	07/29/13	07/29/13	09/25/13	10/09/13	117	■ S MMSPP	329	■ U680G	\$ 0.00
000003210A	SMITH, JANE R	09/07/13	09/07/13	09/07/13	11/03/13	92	■ S B0100	322		\$ 0.00
000000874A	SMITH, JANE R	07/07/12	07/02/13	08/30/13	11/09/13	86	■ S B9099	329		\$ 0.00
000000700A	DOE, JANE 700	05/25/13	07/24/13	09/18/13	11/19/13	76	■ S B0100	339	■ V8031	\$ 0.00

Figure 5: Overnight Stuck in Suspense report

The default timeframe shows changes that are detected in status or eligibility change from the previous day (e.g., 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).

The following instructions describe how to use the Timeframe dialog box (Figure 6).

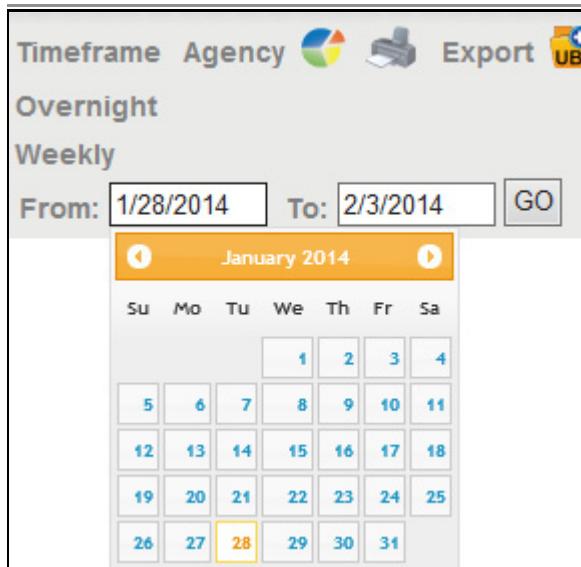


Figure 6: Timeframe dialog box

- 1 On the Page Navigation bar, hover over **Timeframe**.
- 2 The calendar drops down.
- 3 Depending on what data you are interested in, select:
 - Overnight; for changes in the last day (this is the default setting).
 - Weekly; for changes in the last 7 days.
 - 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 the report gives you the information for the days you were out of the office.
- 4 Press **Enter** on your keyboard to reflect the chosen timeframe.
- 5 To generate the report with the chosen timeframe, move your mouse outside of the Timeframe drop-down window or hit Enter on your keyboard.

Exporting Reports

Hover over **Export** to display the Export Report options (Figure 7) so you can export a report to PDF or Excel format.

- **Save (Chosen report)** gives you the overnight summary.
- **Save complete report** includes Overnight Summary, Stuck in Suspense, Eligibility Issues, and RAPs at Risk for Home Health.

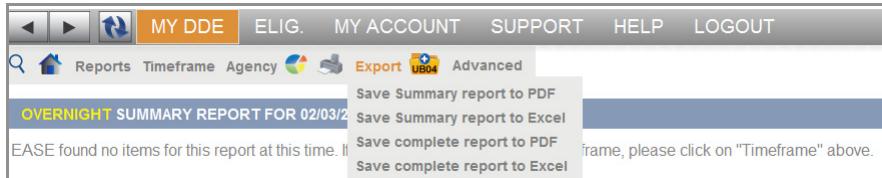


Figure 7: Export Report options

Report Views: Basic vs. Advanced

There are two views: Basic and Advanced. ABILITY | EASE has two modes for report viewing:

- Basic - This view is the default view presented when you log in. More information about Basic reports begins on page 12
- Advanced - This view provides additional reports for a biller or other concerned stakeholders, such as a Chief Financial Officers (CFO), to drill down and analyze additional information. More information about Advanced View reports begins on page 29.

NOTE: When you have access to the Basic reports the word Advanced appears in the Page Navigation bar (Figure 8).

When you have access to the Advanced reports, the word Basic appears in the Page Navigation bar. (Figure 9).



Figure 8: Page Navigation Bar for Basic Reports



Figure 9: Page Navigation Bar for Advanced Reports

Basic View

When you log in, the default mode is the Basic view (Figure 10). 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 screenshot shows a web-based application interface. At the top is a navigation bar with icons for back, forward, search, and user profile, followed by menu items: MY DDE (highlighted in orange), ELIG., MY ACCOUNT, SUPPORT, HELP, and LOGOUT. Below the menu is a secondary navigation bar with icons for search, home, reports, agency, export, and advanced options. The main content area has a title bar reading "OVERNIGHT STUCK IN SUSPENSE REPORT FOR 02/03/2014, FOR AGENCY 1881873123". Below this is a table with the following data:

HIC	Patient Name	Admit.	Start	Through	Submit	# Days	S/Loc	TOB	Reason	Total Episode \$
000004159A	DOE, JANE 4159	07/29/13	07/29/13	09/25/13	10/09/13	117	■ S MMSPP	329	■ U680G	\$ 0.00
000003210A	SMITH, JANE R	09/07/13	09/07/13	09/07/13	11/03/13	92	■ S B0100	322		\$ 0.00
000000874A	SMITH, JANE R	07/07/12	07/02/13	08/30/13	11/09/13	86	■ S B9099	329		\$ 0.00
000000700A	DOE, JANE 700	05/25/13	07/24/13	09/18/13	11/19/13	76	■ S B0100	339	■ V8031	\$ 0.00

Figure 10: Basic View

To view the Basic reports, click Reports. This displays a drop-down box of the five Basic available reports (Figure 11). The sixth report, the Overnight Summary Report is the default view or when you select Basic reports view.

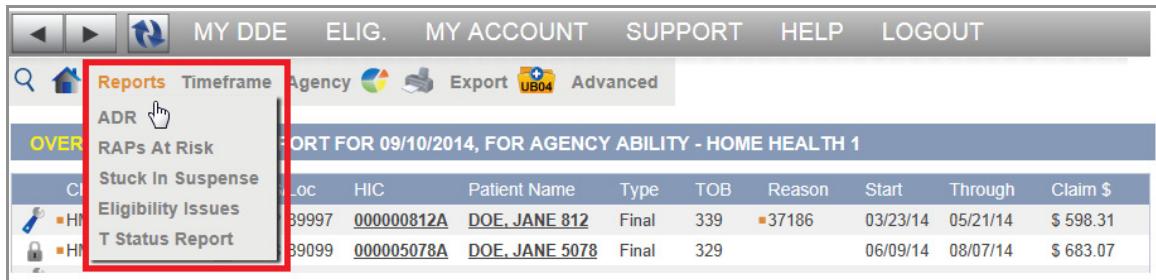


Figure 11: Basic Reports indicated

Table 4 contains descriptions for the six reports available in the Basic view.

Table 4. Basic View Reports

Report Name	Description
Overnight Summary (the default)	All the changes that have been made to claim data and highlights eligibility status issues related to that patient or claim. This report defaults to the past 24 hours, but you can expand it to a larger timeframe: <ul style="list-style-type: none"> Changes that have an immediate impact on cash flow are listed at the top, including HMO and MSP. Changes that affect your claims and your billing cycle such as Returned To Provider (RTP), rejections, denials and cancellations Other miscellaneous changes are listed at the end. These are suspense and paid claims.
ADR (Additional Development Request)	This report, for Home Health agencies only, shows all of the pending Additional Development Requests (ADRs).
RAPs (Requests for Anticipated Payments) at Risk	This report, for Home Health agencies only, shows current paid Requests for Anticipated Payments (RAPs) and tells you how many days are left in the Final Due Date column until you need to submit the final claim to Medicare.

Table 4. Basic View Reports (continued)

Report Name	Description
Stuck In Suspense	<p>This report shows the claims that 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 either 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 in the # Days column.</p> <p>This report is the same in both Basic and Advanced view.</p>
Eligibility Issues	<p>This report shows patients that have an eligibility issue in the timeframe selected. A green check (<input checked="" type="checkbox"/>) means no problems with eligibility were found. X means there is an eligibility issue. Hovering over the X (except for the Part A and Part B columns) gives you more information about the issue. This is a full report produced by the ABILITY EASE automated eligibility check and runs your entire active Medicare patient census every week.</p>
T Status Report	<p>This report is run through the Advanced Search dialog box. ABILITY EASE auto-fills the S/Loc (Status/Location) field. This report lets you look at all your T statuses (RTPs) which have reached the final location (B9997). B997 is the name of the location where the claim resides in DDE. This allows you to customize your search, as well as get the list for one or more agencies (NPIs) that you select.</p>

Overnight Summary Report

The Overnight Summary Report is a detailed dashboard identifying changes in Medicare claims status and highlights eligibility status issues related to that patient or claim from the beginning of the timeframe until now (the default is from yesterday until today).

The Overnight Summary Report defaults to display by the Change column from most to least importance regarding follow-up and rebilling. This helps you plan your day so you can work on the most urgent tasks first.

- First, changes to active claims that can potentially affect revenue and need immediate attention. For example, a patient with an active claim who switches to a Health Maintenance Organization (HMO).
- Next, changes that affect billing. These need billing or plan of care adjustments
- Last on the list are changes that are beneficial or informational. For example, suspense and claims Medicare had approved for payment.

You can also click on any column to sort the report by that column. Look for the up () and down () arrows to see the column and direction of the sort. There are two versions of the Overnight Summary report:

- Home Health Agency (Figure 12). This version of the report has a Type column indicating the type of claim and a Claim \$ column indicating the dollar value of each claim.
- Hospices, SNFs, Hospitals, and FQHCs (Figure 13). This version of the report has no Type column or Claim \$ column, but does have a Reimb. column to indicate the reimbursement amount posted by Medicare on each claim.

OVERNIGHT SUMMARY REPORT FOR 07/21/2014, FOR AGENCY ABILITY - HOME HEALTH 1										
Change	ELG	S/Loc	HIC	Patient Name	Type	TOB	Reason	Start	Through	Claim \$
■Cancelled	<input checked="" type="checkbox"/>	■P B9996	000000748A	DOE, JOHN 748	RAP	328	■37185	11/22/13	11/22/13	\$ 1,076.05
■RTP	<input checked="" type="checkbox"/>	■T B9997	000000712A	DOE, JOHN 712	Final	329	■38107	03/20/14	05/18/14	\$ (1,434.06)
■Cancelled	<input checked="" type="checkbox"/>	■P B9996	000000712A	DOE, JOHN 712	RAP	328	■37185	03/20/14	03/20/14	\$ 1,434.06
■Suspense	<input checked="" type="checkbox"/>	■S B0100	000000571A	DOE, JOHN 571	RAP	322		07/08/14	07/08/14	\$ 0.00

Figure 12: Overnight Summary Report - Home Health Agency version (difference between this figure and Figure 13 indicated)

OVERNIGHT SUMMARY REPORT FOR 07/21/2014, FOR AGENCY ABILITY - HOSPICE NPI										
Change	ELG	S/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb.
• MSP	<input checked="" type="checkbox"/>	■ P B9996	000000190A	DOE, JOHN 190	813	■ 37192	07/21/13	08/01/13	08/31/13	\$ 5,067.30
• Paid	<input checked="" type="checkbox"/>	■ P B9997	000000091A	DOE, JANE 91	81A	■ 37200	07/15/14	07/15/14		\$ 0.00
• Paid	<input checked="" type="checkbox"/>	■ P B9997	000000043A	DOE, JOHN 43	81A	■ 37200	07/15/14	07/15/14		\$ 0.00
• Overlapping HHA	<input checked="" type="checkbox"/>	■ P B9997	000000922A	DOE, JANE 922	813	■ 37192	09/17/13	05/01/14	05/14/14	\$ 3,955.55

Figure 13: Overnight Summary Report - Hospices, SNFs, Hospitals, FQHCs version (difference between this figure and Figure 12 indicated)

In the Eligibility (ELG) column, you see either a green check () or a red X (). The green check () indicates there are no issues for that specific patient. Other patients might have eligibility issues, but if there are no active claims that data won't be extracted.

The red X () indicates ABILITY | EASE has found an eligibility issue for this patient for this time period/episode/length of stay or claim. This icon does not automatically mean a given claim has a problem, but can be used to express any eligibility issues that relate to it. Hover over the to get the related information for this eligibility conflict.

Figure 14 shows the tool tip that gives detailed information for the first eligibility conflict in Figure 13.



Figure 14: Eligibility Issue with detail displayed.

For more information about the Overnight Summary Report and Claims, see page 55.

ADR Report

Click **ADR** (Figure 15) to display an ADR (Additional Development Request) report of outstanding development requests reviewing, printing, and/or taking follow-up action.



Figure 15: Reports Tab with ADR selected

The report shows all of the pending ADRs. Depending upon where the report is run, one of two versions appears.

- Home Health Agency (Figure 16)
- Hospice, SNF, Hospitals, and FQHC (Figure 17)

OVERNIGHT ADR REPORT FOR 04/16/2014, FOR AGENCY 1000000001										
HIC	Patient Name	Admit.	Start	Reimb.	Episode \$	Days Left	Due Date	30-Day Due Date	Code	Billed Amt
000002778A	DOE, JOHN 2778	08/09/11	08/09/11	\$ 0.00	\$ 2,631.58	36	05/22/14	05/07/14	55555	\$ 6,849.85
TOTAL:				\$ 0.00	\$ 2,631.58					\$ 6,849.85

Figure 16: ADR Report for a Home Health Agency
(difference between this figure and Figure 17 indicated)

OVERNIGHT ADR REPORT FOR 04/16/2014, FOR AGENCY 1000000001										
HIC	Patient Name	Admit.	Start	Through	Reimb.	Days Left	Due Date	30-Day Due Date	Code	Billed Amt
000002778A	DOE, JOHN 2778	08/09/11	08/09/11	10/07/11	\$ 0.00	36	05/22/14	05/07/14	55555	\$ 6,849.85
TOTAL:					\$ 0.00					\$ 6,849.85

Figure 17: ADR Report for a Hospital, SNF, Hospital, or FQHC
(difference between this figure and Figure 16 indicated)

Both types of reports contain two Due Date columns.

- Due Date - 45 days from the original due date in DDE
- 30-Day Due Date - 30 days from the original due date in DDE

NOTE: Be sure your ADR documentation is mailed by the date in the 30-Day Due Date column or your Medicare claim will be denied automatically.

For specific information about the ADRs and Claims, see page 57.

Days Left Column

The Days Left column gives you the number of days you have left to respond to the ADR report. ABILITY | EASE calculates the number from the DDE Due Date. You can click the column heading to sort the Days Left column in ascending or descending order.

Using as an example a report that was run on April 21st, 2014 (Figure 18), the following rules apply to the numbers will appear to you in the Days Left column.

- For a Due Date that has already occurred (April 20th, 2014), the difference between that date and the current date for the report appears as a negative number (-1) and in bold, red text.
- For a Due Date that has not yet occurred (April 23rd, 2014) and is less than or equal to 15 days away, that number appears as a positive number (2) and in bold, red text.
- For a Due Date that has not yet occurred and is more than 15 days away, that number appears as it normally would.
- For a Due Date that is the same as today's date, (April 21st, 2014), zero appears in bold, red text (0).

ADR REPORT FROM 01/21/2014 TO 04/21/2014, FOR AGENCY 1881866499										
HIC	Patient Name	Admit.	Start	Through	Reimb.	Days Left	Due Date	30-Day Due Date	Code	Billed Amt
000000145A	SMITH, JOHN R		02/06/14	02/06/14	\$ 0.00	-1	04/20/14	04/05/14	77002	\$ 8,122.65
0000001327A	SMITH, JOHN R	02/26/14	02/26/14	02/28/14	\$ 0.00	-1	04/20/14	04/05/14	59087	\$ 20,202.38
000000145A	SMITH, JOHN R		01/09/14	01/09/14	\$ 0.00	0	04/21/14	04/06/14	77002	\$ 8,122.65
0000001935A	SMITH, JOHN R		02/12/14	02/12/14	\$ 0.00	2	04/23/14	04/08/14	77002	\$ 8,122.65
0000001935A	SMITH, JOHN R		01/15/14	01/15/14	\$ 0.00	2	04/23/14	04/08/14	77002	\$ 8,315.85
TOTAL:					\$ 0.00					\$ 52,886.18

Figure 18: ADR Report with Days Left column indicated

RAPs at Risk Report (Home Health Agencies, only)

Select RAPs at Risk (Figure 19) to open the RAPs at Risk report (Figure 20) that is generated for Home Health agencies, only. The RAPs at Risk report shows current paid Requests for Anticipated Payments (RAPs) where no Final is sitting in suspense or has been paid, and the RAP is within 14 days or less of being cancelled.

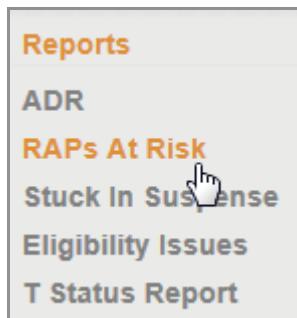


Figure 19: Reports Tab with RAPs At Risk selected

The estimated auto-cancel date is shown under the Final Due column. The number of days left is shown under the Days Left column. The RAPs at Risk Report (Figure 20) defaults to display by the Final Due column from most to least important. This helps you plan your day so you can work on the most urgent tasks first.

You can also click on any column to sort the report by that column. Look for the up () and down () arrows to see the column and direction of the sort. The RAPs at Risk report is only available for Home Health Agencies.

OVERNIGHT RAPS AT RISK REPORT FOR 07/21/2014, FOR AGENCY ABILITY - HOME HEALTH 1										
HIC	Patient Name	Admit.	Start	Submit	Paid Date	Final Due ▾	Days Left	Reimb.	Total Episode \$	Est. Remaining
000000852A	DOE, JANE 852	05/28/13	03/24/14	04/11/14	04/19/14	07/22/14	1	\$ 761.21	\$ 0.00	\$ (761.21)
000000748A	DOE, JOHN 748	09/23/13	03/22/14	05/19/14	05/27/14	07/26/14	5	\$ 990.50	\$ 0.00	\$ (990.50)
000002526A	DOE, JOHN 2526	03/31/14	03/31/14	07/21/14		07/29/14	8	\$ 0.00	\$ 0.00	\$ 0.00
000000812A	DOE, JANE 812	01/31/14	04/01/14	04/25/14	05/03/14	07/30/14	9	\$ 1,120.79	\$ 0.00	\$ (1,120.79)
TOTAL:								\$ 2,872.50	\$ 0.00	\$ (2,872.50)

Figure 20: Overnight RAPs at Risk Report

Stuck in Suspense Report

Click **Stuck in Suspense** (Figure 21) to bring up the Stuck in Suspense report (Figure 22). Click **HIC** or **Patient Name** to bring up further information.

The Stuck in Suspense report identifies and displays all the claims that have been in suspense for 21 days or more. This is to alert the biller of any claims that need further investigation. The Stuck in Suspense Report (Figure 20) defaults to display by the # Days column from most to least important. This helps you plan your day so you can work on the most urgent tasks first.

You can also click on any column to sort the report by that column. Look for the up () and down () arrows to see the column and direction of the sort. The RAPs at Risk report is only available for Home Health Agencies.



Figure 21: Reports Tab with Stuck in Suspense report selected

OVERNIGHT STUCK IN SUSPENSE REPORT FOR 07/21/2014, FOR AGENCY ABILITY - HOME HEALTH 1										
HIC	Patient Name	Admit.	Start	Through	Submit	# Days ▲	S/Loc	TOB	Reason	Total Episode \$
<u>000004159A</u>	<u>DOE, JANE 4159</u>	01/26/14	01/26/14	03/25/14	04/08/14	104	S MMSPP	329	U680G	\$ 0.00
<u>000003210A</u>	<u>DOE, JANE 3210</u>	03/07/14	03/07/14	03/07/14	05/03/14	79	S B0100	322		\$ 0.00
<u>000000874A</u>	<u>DOE, JANE 874</u>	01/04/13	12/30/13	02/27/14	05/09/14	73	S B9099	329		\$ 0.00
<u>000000700A</u>	<u>DOE, JANE 700</u>	11/22/13	01/21/14	03/18/14	05/19/14	63	S B0100	339	V8031	\$ 0.00
<u>000003210A</u>	<u>DOE, JANE 3210</u>	03/07/14	03/07/14	03/07/14	05/30/14	52	S B90M0	322	M5052	\$ 0.00
<u>000001926A</u>	<u>DOE, JOHN 1926</u>	05/03/11	04/17/14	06/15/14	06/21/14	30	S B9099	329		\$ 0.00
TOTAL:										\$ 0.00

Figure 22: Overnight Stuck in Suspense Report (default view)

Reason Code Detail

Hover over a reason code in the Reason column to discover consolidated critical information or why there has been a change in claim status (Figure 23).

OVERNIGHT STUCK IN SUSPENSE		THE INTERMEDIARY'S RECORDS INDICATE THAT THIS BENEFICIARY HAS COVERAGE THROUGH A LARGE GROUP HEALTH PLAN THAT IS PRIMARY OVER MEDICARE. THEREFORE, WE ARE DENYING THIS CLAIM. YOU SHOULD BILL THE BENEFICIARY'S PRIMARY PAYER, AND SUBMIT AN MSP BILL TO MEDICARE UPON RECEIPT OF THE PRIMARY PAYMENT.										Reason
HIC	Patient Name	Adm	01/26/14	01/26/14	03/25/14	04/08/14	104	S MMSPP	329	U680G	▼	
000004159A	DOE, JANE 4159											

Figure 23: Stuck in Suspense Report with Reason Code detail

Eligibility Issues Report

Click **Eligibility Issues** (Figure 24) to bring up the Eligibility Issues Report (Figure 25). This report identifies any detected issues in eligibility that your patients have. Hover over the **X** for a brief description of the problem. Click the **HIC** or **Patient Name** column to bring up further information about the claim.

You can click on any column to sort the report by that column. Look for the up () and down () arrows to see the column and direction of the sort.



Figure 24: Reports Tab with Eligibility Issues selected

OVERNIGHT ELIGIBILITY ISSUES REPORT FOR 07/21/2014, FOR AGENCY ABILITY - HOME HEALTH 1										
HIC ▾	Patient Name	DOB	Sex	Active	Part A	Part B	HMO	MSP	Other HHA	Hospice
000002936A	DOE, JOHN 2936	12/26/44	M	No						
000005374A	DOE, JOHN 5374	10/03/75	M	No						
000000812A	DOE, JANE 812	02/19/37	F	Yes						
000002656A	DOE, JANE 2656	09/19/60	F	Yes						

Figure 25: Overnight Eligibility Issues Report

T Status Report

Click T Status Report (Figure 26) to open an Advanced Search dialog box.



Figure 26: Reports Tab with T Status Report selected

This dialog box allows you to create custom reports (Figure 27).

You can search by specific criteria, such as NPI or claims, within a specific date range. These searches are named and saved as custom reports.

ADVANCED SEARCH

Saved Profile:

Agency: All
 1013144823
 1427002419
 1538370408
 1790873933
 1881866499

Hold "Ctrl" to select multiple agencies

HIC:

Patient Name: First Last

Admission Date: Between And

Episode/Accident Start: Between And

Episode/Accident Days: Between And

Claim Type: RAP Final Other
TOB

Submit Date: Between And Or Months Ago

S/Loc: Status Location

Reason Code: Or Or Or Or

Include suppressed claims

Save this search profile as

Figure 27: Advanced Search page

If you are a multi-site customer, choices in the Claim Type field (Figure 28) have recently been expanded to account for Hospitals and SNFs.

The screenshot shows the 'Advanced Search' interface. At the top, there are fields for 'HIC:' (a dropdown menu), 'Patient Name:' (First and Last name inputs), 'Admission Date:' (Between date inputs), 'Episode/Accident Start:' (Between date inputs), and 'Episode/Accident Days:' (Between date inputs). Below these, there are three checkboxes: RAP, Final, and Other. A red box highlights a section titled 'Claim Type:' which includes four dropdown menus labeled 'TOB': '234' (Skilled Nursing Outpatient: Final Claim), '815' (Specialty Facility Hospice (Non-Hospital Based): Late Charge(s) Only), '724' (Hospital Based Or Independent Renal Dialysis: Interim, Final Claim), and '661' (Religious Non-Medical Health Care Institutions -- Outpatient Services). Below this section are fields for 'Submit Date:' (Between date inputs or '3 Months Ago'), 'S/Loc:' (Status dropdown set to 'Any' and Location input), and 'Reason Code:' (multiple input fields separated by 'Or').

Figure 28: Advanced Search page with Claim Type fields indicated

The following figure (Figure 29) is an example of a custom T Status Report created through Advanced Search. Reimbursement amounts that appear in red were denied.

SEARCH RESULTS													
Record Count: 10													
Agency	HIC	PCN	Patient Name	Lst Upd	Admit	Start	Through	Submit	TOB	S/Loc	Reason	Billed	Reimb
1790873933	000000042A	12311-000000042A	DOE,JANE 42	4/29/14	5/22/10	4/1/13	4/8/13	4/19/14	814	T B9997	37402	\$6501.77	\$6501.77
1790873933	000000236A	12311-000000236A	DOE,JANE 236	4/22/14	2/2/14	3/23/14	4/17/14	81D	T B9997	U5120		\$0.00	\$0.00
1790873933	000000080A	12311-000000080A	DOE,JANE 80	4/17/14	2/27/14	3/3/14	4/8/14	812	T B9997	37402		\$6,942.70	\$0.00
1790873933	000000137A	12311-000000137A	DOE,JOHN 137	4/17/14	2/21/14	3/18/14	4/8/14	810	R B9997	U5211		\$4,177.76	\$0.00
1790873933	000000236A	12311-000000236A	DOE,JANE 236	4/17/14	12/4/12	12/1/13	12/31/13	4/5/14	814	T B9997	U5165	\$1,926.47	\$0.00
1790873933	000000136A	12311-000000136A	DOE,JANE 136	4/29/14	6/8/13	1/1/14	1/23/14	3/27/14	810	R B9997	38200	\$1,222.55	\$0.00
1790873933	000000496A	12311-000000496A	DOE,JANE 496	4/29/14	3/25/13	8/1/13	8/23/13	3/27/14	810	R B9997	38200	\$6,398.74	\$0.00
1790873933	000000190A	12311-000000190A	DOE,JOHN 190	2/23/14	4/29/13	6/1/13	6/24/13	2/4/14	813	T B9997	37402	\$6,267.95	\$0.00
1790873933	000000496A	12311-000000496A	DOE,JANE 496	1/18/14	3/25/13	5/1/13	5/31/13	1/10/14	818	R B9997	34538	\$6,248.08	\$0.00
1790873933	000000496A	12311-000000496A	DOE,JANE 496	1/18/14	3/25/13	5/1/13	5/31/13	7/30/13	810	R B9997	34538	\$6,248.08	\$0.00
TOTALS												\$45,934.10	\$0.00

Figure 29: Custom T Status Report with denied reimbursement amount indicated

Use the search fields (Figure 30) at the top of each column to sort and filter information.

SEARCH RESULTS													
Record Count: 6													
Agency	HIC	PCN	Patient Name	Lst Upd	Admit	Start	Through	Submit	TOB	S/Loc	Reason	Billed	Reimb
ABILITY - H...	000000712A	12311-000000712A	DOE,JOHN 712	07/21/2014	05/25/2013	03/21/2014	05/19/2014	07/20/2014	329	T B9997	38107	\$9,000.00	\$0.00
ABILITY - H...	000002661A	12311-000002661A	DOE,JOHN 2661	07/19/2014	03/02/2014	03/02/2014	04/30/2014	07/14/2014	329	T B9997	38107	\$2,799.50	\$0.00
ABILITY - H...	000000748A	12311-000000748A	DOE,JOHN 748	06/16/2014	09/24/2013	11/23/2013	01/21/2014	06/16/2014	329	T B9997	38107	\$2,750.00	\$0.00
ABILITY - H...	000000748A	12311-000000748A	DOE,JOHN 748	05/25/2014	09/24/2013	01/22/2014	03/22/2014	05/21/2014	329	T B9997	38107	\$2,450.00	\$0.00
ABILITY - H...	000000712A	12311-000000712A	DOE,JOHN 712	12/22/2013	05/25/2013	07/24/2013	09/21/2013	12/07/2013	329	T B9997	38107	\$4,950.00	\$0.00
ABILITY - H...	000000712A	12311-000000712A	DOE,JOHN 712	11/18/2013	05/25/2013	07/24/2013	09/21/2013	11/16/2013	329	T B9997	38107	\$4,950.00	\$0.00
TOTALS												\$26,899.50	\$0.00

Figure 30: Custom T Status Report with two of the search fields indicated

Advanced View

Advanced View reports are located along the left column. There are three categories of reports as indicated by three different colors.

Light blue - These are three Payment reports (Figure 31).

Summary
Changes
Payment Summary
Payment

Figure 31: Payment Related Reports

Dark blue - These are the 18 Claims reports (Figure 32).

Submitted Claims
Unpaid Claims
Active Episodes
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

Figure 32: Claims Related Reports

Green - These are the four Eligibility reports (Figure 33).

Eligibility Issues
Patients
Eligibility Errors
HMO Patients
MSP Patients

Figure 33: Eligibility-related reports

The following is an example of a Home Health agency advanced report (Figure 34). Hospice, Skilled Nursing Facility, Hospital, and Federal Qualified Health Center provider types would see report options appropriate to their particular business, so your options may vary.

Critical

Episode Status	# Episodes	Total Reimbursed	Total Risk
HMO Patients	3	\$ 3,537.05	\$ 0.00
Other HHA 1st	1	\$ 0.00	\$ 0.00
ADR	1	\$ 0.00	\$ 0.00

Errors

Episode Status	# Episodes	Total Reimbursed	Total Risk	Est. Remaining
RAP Error	1	\$ 0.00	\$ 0.00	\$ 0.00
RAP Cancelled	3	\$ 2,613.91	\$ 0.00	\$ (2,613.91)
Final Error	5	\$ 0.00	\$ 0.00	\$ 0.00
Final Cancelled	0	\$ 0.00	\$ 0.00	\$ 0.00
RAPs At Risk	4	\$ 2,872.50	\$ 0.00	\$ (2,872.50)
Final Due	13	\$ 19,966.97	\$ 0.00	\$ (19,966.97)
MSP Patients	1	\$ 0.00	\$ 0.00	\$ 0.00
Z-On hold	1	\$ 0.00	\$ 0.00	\$ 0.00
Hospice Patients	0	\$ 0.00	\$ 0.00	\$ 0.00
CWF Not Found	0	\$ 0.00	\$ 0.00	\$ 0.00
Other HHA 2nd	1	\$ 247.49	\$ 0.00	\$ (247.49)

Normal

Episode Status	# Episodes	Total Reimbursed	Total Risk	Est. Remaining
RAP Paid	0	\$ 0.00	\$ 0.00	\$ 0.00
RAP Suspense	4	\$ 0.00	\$ 0.00	\$ 0.00
Final Paid	5	\$ 9,697.89	\$ 9,697.89	\$ 0.00
Final Suspense	3	\$ 0.00	\$ 0.00	\$ 0.00

Figure 34: Home Health Agency Advanced Report

Table 5 provides a brief description of each of the report options in Advanced view.

Table 5. Advanced View Reports

Report Name	Description
Summary	The summary report in Advanced view, as in basic view, shows the information in order of importance. The Advanced view shows episodes and dollar amounts for each category.
Changes	The Overnight Changes report for the timeframe indicated.
Payment Summary	Payment summary contains summaries of all your payments, for the timeframe you select.
Payment	Detailed payment information by on a claim-by-claim basis.
Submitted Claims	The list of submitted claims for the selected timeframe.
Unpaid Claims	The list of claims with status ADR, RTP, or Suspense that have not yet been paid in the selected timeframe.
Active Episodes	The list of episodes that have occurred in the last 18 months.
Episodes	The list of episodes for the time period you specified.
Claims	The list of all the claims that had claim activity in the selected timeframe.
Stuck in Suspense	The claims that 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 either 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 in the # Days column. This report is the same in both Basic and Advanced view.
RAP Suspense	A list of the episodes in which the last claim is a RAP (Request for Anticipated Payment) and the claim is still in suspense, but not an ADR (Additional Development Request).
RAP Paid	A list of the episodes in which the last claim is a RAP (Request for Anticipated Payment) and the claim has been paid or is approved for payment.
RAP Error	A list of the episodes in which the last claim is a RAP and the claim has an error (RTP, rejected or denied).

Table 5. Advanced View Reports (*continued*)

Report Name	Description
RAP Canceled	A list of the episodes which the last claim is a cancellation of a RAP (Request for Anticipated Payment).
Final Suspense	A list of the episodes in which the last claim is a RAP (Request for Anticipated Payment) and the claim is still in suspense, but not an ADR (Additional Development Request).
Final Paid	A list of the episodes in which the last claim is a RAP (Request for Anticipated Payment) and the claim has been paid or approved for payment.
Final Error	A list of the episodes in which the last claim is a Final and the claim has an error (RTP, rejected or denied).
Final Canceled	A list of the episodes in which the last claim is a cancellation of a final payment.
Z-On Hold	A list of episodes in which the last claim has been processed by CMS but is marked to be on hold with an NPC (Non-Payment Code) of Z.
Final Due	A list of episodes where the RAP was submitted and paid, and the Final payment is expected to be submitted.
RAPs At Risk	A list of episodes where the RAP was submitted but is at risk of being auto-cancelled by Medicare as no final claim was submitted.
ADR	A list of episodes where the last action is a Medicare request for additional documentation.
Eligibility Issues	All the patients that had any issues with their changes to eligibility or claims during the selected timeframe.
Patients	A listing of detailed patient information.
Eligibility Errors	All the patients that had errors with their changes to eligibility or claims during the selected timeframe.
HMO Patients	A list of patients that appear on the Overnight Summary report and are enrolled in an HMO.
MSP Patients	A list of patients that appear on the Overnight Summary report, that have liability or other insurance.

Table 5. Advanced View Reports (*continued*)

Report Name	Description
Other HHA 1st	A list of patients that appear on the Overnight Summary report, that have another Home Health agency servicing them and the other agency is primary.
Other HHA 2nd	A list of patients that appear on the Overnight Summary report that have another Home Health agency servicing them and the other agency is secondary.

Eligibility Issues

ABILITY | EASE helps you easily identify if there are eligibility issues with their patients.

Hover over the red X () to receive additional information including the start date, termination date, and contact information (Figure 35). This allows you to follow-up with the other party or the patient to clarify issues. The green check () means there are no eligibility issues found.

OVERNIGHT ELIGIBILITY ISSUES REPORT FOR 07/22/2014, FOR AGENCY ABILITY - HOME HEALTH 1								
HIC ▾	Patient Name	DOB	Sex	Active	Part A	Part B	HMO	
000002936A	DOE, JOHN 2936	12/27/44	M	No				
000005374A	DOE, JOHN 5374	10/04/75	M	No				
000000812A	DOE, JANE 812	02/20/37	F	Yes				
000002656A	DOE, JANE 2656	09/20/60	F	Yes				

Figure 35: Overnight Eligibility Issues Report with Eligibility Issue shown

Patient Detail Page

Click **HIC** or **Patient Name** to display a Patient Detail Page (Figure 36). This page displays previous admissions and eligibility checks in addition to patient information. Reimbursement amounts that appear in red were denied.

NOTE: Visits of care by a home health aide or skilled medical professional are classified by 60-day episodes. The first episode of care is the first 60 days, the second episode is the next 60 days, etc. The first and second episodes of care are considered early; the third, fourth and subsequent episodes are called late.

PATIENT INFORMATION - ABILITY - Home Health 1															
General Information															
HIC: 000002572A	PATIENT.CNTL#:				PCN02572				Region: SE						
Last Name: DOE	First Name: JOHN								Middle Name: 2572						
Sex: M	DOB: 03/23/1955								DOD:						
Part A Ent: 01/18/1995	Part A Term:														
Part B Ent: 01/18/1995	Part B Term:														
No HMO															
Other HHA Episodes															
Fl	Prov. ID	Start	End	DOLBA											
00380	■ 067416	05/09/14	07/07/14												
00380	■ 367523	02/09/14	04/09/14	02/26/14											
Show previous eligibility checks.															
Episodes															
Episode: 3 Admission: 05/11/14 Start: 05/11/14 End: 07/10/14 Estimated Value: \$ 0.00 Late															
Submit	TOB	Start	Through	S/Loc	Reason	Stat	Charged	Reimb	Paid	Paid Date	Cancel	NPC	HIPPS	DCN	Matching Key
07/14/14	320	05/11/14	07/09/14	■ P B9997	■ U538F	■ 01	\$450.00	\$0.00	\$0.00	07/22/14	N			34232200002572A	10FP10FP11UAZANAZA
05/13/14	322	05/11/14	05/11/14	■ P B9997	■ 37185	■ 30	\$0.00	\$1,287.73	\$0.00	05/21/14				34232200002572A	10FP10FP11UAZANAZA
Episode: 1 Admission: 08/04/13 Start: 08/04/13 End: 08/11/13 Estimated Value: \$ 1,628.56 Early															
Submit	TOB	Start	Through	S/Loc	Reason	Stat	Charged	Reimb	Paid	Paid Date	Cancel	NPC	HIPPS	DCN	Matching Key
09/01/13	339	08/04/13	08/11/13	■ P B9997	■ 37186	■ 01	\$1,164.80	\$1,628.56	\$651.42	09/15/13				34232200002572A	09IW09IW11GDMCEQF
08/27/13	322	08/04/13	08/04/13	■ P B9997	■ 37185	■ 30	\$0.00	\$977.14	\$0.00	09/02/13	09/15/13			34232200002572A	09IW09IW11GDMCEQF

Figure 36: Patient Detail page with episode information

Eligibility Check (ELIG.)

Click the ELIG. tab to open the Eligibility Check page (Figure 37) to submit a patient eligibility check. This is a live search option, requiring you to have the Health Insurance Claim (HIC), Last Name, First Name, Date Of Birth (DOB), and Sex associated for the patient.

The screenshot shows a software interface titled "ABILITY | EASE User Guide". At the top, there is a navigation bar with tabs: MY DDE, ELIG. (which is highlighted in orange), MY ACCOUNT, SUPPORT, HELP, and LOGOUT. Below the navigation bar is a sidebar with links: "Eligibility Check" (highlighted in blue), "Add to HMO/Adv. Catcher", "HMO/Adv. Catcher Report", and "HMO/Adv Catcher Patients". The main content area has a green header bar labeled "ELIGIBILITY CHECK". Below it, a message says "Enter the patient search information below." There are several input fields: "Agency" dropdown set to "ABILITY - Home Health 1 | ABILITY - Home Health 1", "HIC" input field containing "000002572A", "Last Name" input field containing "Doe", "First Name" input field containing "John", "DOB" input field containing "12/27/1944", "Sex" dropdown set to "M", and an "Application Date" input field which is empty. At the bottom right of the form is a "Submit" button.

Figure 37: Eligibility Check page

HMO Move Catcher

The HMO Move Catcher is an optional feature that you use to track census as you move from Health Maintenance Organizations (HMOs) to Original Medicare or between HMOs.

Add Patient to HMO Move Catcher

Click **Add to HMO/Adv. Catcher** (Figure 38) You are prompted to enter patient's Health Insurance Claim (HIC), Last Name, First Name, Date Of Birth (DOB), and Sex.

Click **Submit**. If you entered all the information requested, a message appears that the patient was successfully added to HMO Move Catcher.

MY DDE ELIG. MY ACCOUNT SUPPORT HELP LOGOUT

Eligibility Check

Add to HMO/Adv. Catcher

HMO/Adv. Catcher Report

HMO/Adv Catcher Patients

ADD PATIENT TO HMO ADVANTAGE MOVE CATCHER

Agency: ABILITY - Home Health 1 | ABILITY - Home Health 1

HIC: 000002572A

Last Name: Doe

First Name: John

DOB: 12/27/1944

Sex: M

Submit

Message from webpage

Patient was successfully added to HMO Advantage Move Catcher!

OK

Figure 38: HMO Move Catcher with confirmation message

After entering the information, you will receive an HMO Move Catcher Report as described in the next section. ABILITY | EASE tracks this patient for 75 days.

HMO Move Catcher Report

Click **HMO/Adv. Catcher Report** (Figure 39) to display a roster of patients who have been added to HMO Move Catcher. Click the eye icon(oculars) to the left of each entry to acknowledge you have seen this activity item.

The screenshot shows a software application window titled "HMO ADVANTAGE MOVE CATCHER CHANGES REPORT". The window has a top navigation bar with buttons for MY DDE, ELIG., MY ACCOUNT, SUPPORT, HELP, and LOGOUT. Below the navigation bar is a toolbar with icons for search, print, and other functions. A status bar at the top right shows numbers 2, 4, and 98. On the left, there is a vertical menu with options: Eligibility Check, Add to HMO/Adv. Catcher, **HMO/Adv. Catcher Report** (which is highlighted with a red box), and HMO/Adv Catcher Patients. The main content area displays a table titled "Record Count: 39" with the following data:

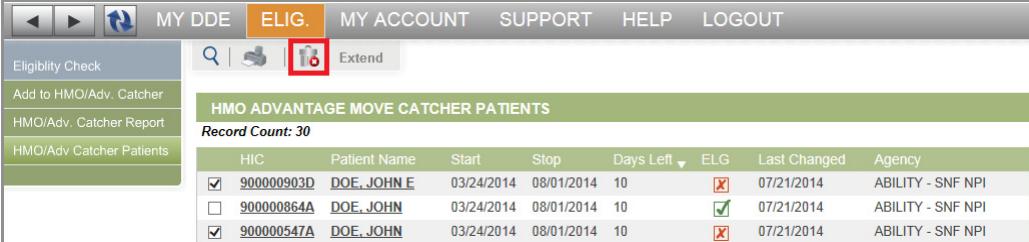
	HIC	Patient Name	Stop	ELG	Agency
	900000013A	SMITH, JOHN R	04/16/2014	X	1013144823
	900000022A	DOE, JANE 22	04/16/2014	X	1538370408
	123456708A	LNAME, SPICE M	04/12/2014	X	1881873123
	123456707A	LNAME, ANDREW M	04/10/2014	X	1881873123

Figure 39: HMO Move Catcher with HMO/Adv. Catcher Report and eye icons indicated

View HMO/Adv. Catcher Patients

To view the patients in the HMO Move Catcher census, click **HMO/Adv.Catcher Patients**. You have the option to either extend the number of days the patient is tracked or remove them from the Move Catcher.

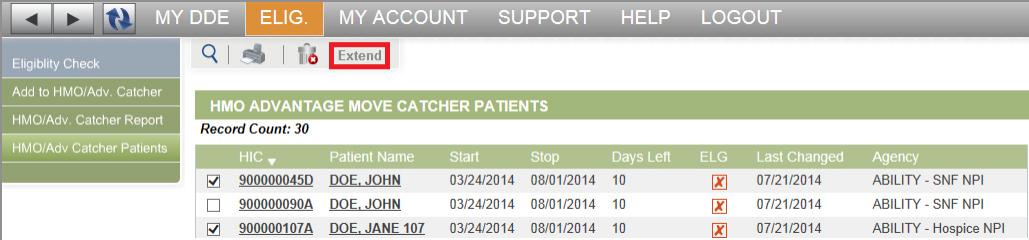
To remove entries from the HMO Move Catcher census, select the checkbox and click the trash can icon () in the Page Navigation Bar (Figure 40) to remove the selected entries.



HIC	Patient Name	Start	Stop	Days Left	ELG	Last Changed	Agency
<input checked="" type="checkbox"/> 900000903D	DOE, JOHN E	03/24/2014	08/01/2014	10		07/21/2014	ABILITY - SNF NPI
<input type="checkbox"/> 900000864A	DOE, JOHN	03/24/2014	08/01/2014	10		07/21/2014	ABILITY - SNF NPI
<input checked="" type="checkbox"/> 900000547A	DOE, JOHN	03/24/2014	08/01/2014	10		07/21/2014	ABILITY - SNF NPI

Figure 40: HMO Advantage Move Catcher Patients Report with trash can icon indicated

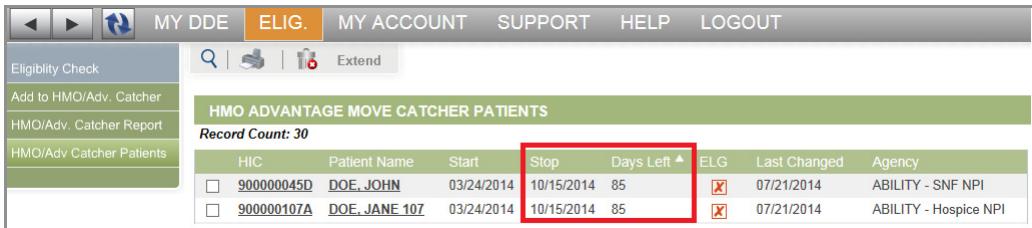
To extend the Days Left column, select the checkbox and click **Extend** (Figure 41) to add 75 days to the amount of time ABILITY | EASE keeps track of the selected patients.



HIC	Patient Name	Start	Stop	Days Left	ELG	Last Changed	Agency
<input checked="" type="checkbox"/> 900000045D	DOE, JOHN	03/24/2014	08/01/2014	10		07/21/2014	ABILITY - SNF NPI
<input type="checkbox"/> 900000090A	DOE, JOHN	03/24/2014	08/01/2014	10		07/21/2014	ABILITY - SNF NPI
<input checked="" type="checkbox"/> 900000107Z	DOE, JANE 10Z	03/24/2014	08/01/2014	10		07/21/2014	ABILITY - Hospice NPI

Figure 41: HMO Advantage Move Catcher Patients Report with Extend indicated

ABILITY | EASE adds 75 more days of tracking to the records you selected. You can see this increase in the Stop and Days Left columns (Figure 42).



HIC	Patient Name	Start	Stop	Days Left	ELG	Last Changed	Agency
<input type="checkbox"/> 900000045D	DOE, JOHN	03/24/2014	10/15/2014	85	<input checked="" type="checkbox"/>	07/21/2014	ABILITY - SNF NPI
<input type="checkbox"/> 900000107A	DOE, JANE 10Z	03/24/2014	10/15/2014	85	<input checked="" type="checkbox"/>	07/21/2014	ABILITY - Hospice NPI

Figure 42: HMO Advantage Move Catcher Patients with changed columns (Stop and Days Left)indicated)

Claims

ABILITY | EASE makes it simple for you to review filed claims, identify any billing issues, and correct issues quickly.

UB-04

As an institutional provider, the UB-04 is the only hardcopy claim form that the Centers for Medicare and Medicaid Services (CMS) will accept from you. ABILITY | EASE allows the quick creation of claims using a UB-04 interface.

Click the UB04 icon() in the Page Navigation bar (Figure 43).The UB-04 Claims Entry Interface appears. The following section describes this interface.

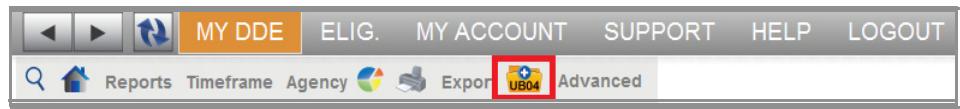


Figure 43: Page Navigation Bar with UB-04 icon indicated

UB-04 Claims Entry Interface

The following figure (Figure 44) shows a UB-04 Claims Entry interface. Fields have been outlined as follows:

- Req (Required - shown in red) - You must fill out for all patients.
- Opt (Optional - shown in blue) - You only fill out if applicable to that specific patient.
- Auto (Automatic - shown in green) - ABILITY | EASE automatically populates.

See Table 6 beginning on page 45 to help you fill out the UB-04.

New Claim UB04 (submit) X

1013144823		2	4 PAT CNTL #	4 TYPE OF BILL				
104 TEST LANE			B. MED REC #					
ST PAUL		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD					
55403		123XXXXXXXXX	FROM	THROUGH				
8 PATIENT NAME a		9 PATIENT ADDRESS a		b				
b				c d e				
10 BIRTHDATE	11 SEX	ADMISSION DATE	13 HR 14 TYPE	15 SRC 16 DMR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACDT STATE 30 ADV. REASON CODE				
31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE CODE DATE	36 OCCURRENCE SPAN FROM THROUGH 37 CODE FROM THROUGH			
a	b	c	d	e	f			
38	39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT					
a	b	c	d					
42 REV CD	43 DESCRIPTION	44 HCPCS/RATE/HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1							1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
11	0001	TOTALS					11	
CODE	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1013144823
A	Z MEDICARE						57 OTHER	000410
B							PRV ID	
C								
58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP ID				
A								
B								
C								
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME						
A								
B								
C								
66 DX							68	
69 ADMIT DX	70 PATIENT REASON DX		71 PPS CODE	72 ECS			73	
74 PRINCIPLE PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI	QUAL			
				LAST	FIRST			
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE		77 OPERATING NPI	QUAL			
				LAST	FIRST			
80 REMARKS	81CC a			78 OTHER OPR NPI	QUAL			
	b			LAST	FIRST			
	c			79 REN PHYS NPI	QUAL			
	d			LAST	FIRST			

Figure 44: UB-04 Claims Entry Interface showing Required, Optional, and Automatically Filled fields

Figure 45 shows the completed Claims lines of the UB-04.

NOTE: The line item denial code appears in red beside the denied claim.

42 REV CD	43 DESCRIPTION	44 HCPCS/RATE/HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49		
0022		RVC10		00010				1	
0022		RUC20		00016				2	
0022		RUC30		00005				3	
0100				00031	10850.00			4	
0250				00140	483.98			5	
0320				00003	69.96			6	
0420				00024	3174.31			7	
0423				00005	327.75			8	
0430				00024	2909.53			9	
0433				00003	152.95			10	
0730				00002	36.07			11	
0001				TOTALS	18004.55			12	RAG54

Figure 45: UB-04 Claims Lines with claim denial indicated

Use Table 6 as a guide to help you fill out the UB-04.

Table 6. UB-04 Fields

Number	Field Name	Description
8 b	Patient Name	Format is Last, First M. The middle initial is not always used. When filling out 8b use the comma that is in the field or delete it. You can not type into field 8A.
9 a - e	Patient Address	Do not use any special characters or periods when filling in the Patient Address
13	HR	Enter a number from 0 to 24
14	ADMISSION TYPE	One-digit admission type
16	DHR	One or two-digit discharge hour
17	STAT	Two-digit discharge status (e.g., 01)
39	VALUE CODE AMT	Positive number with two decimal digits
42	REV CD	Claim line revenue code allows a four-digit number
46	SERV UNITS	Claim line service units allows any number up to 7 digits
47	TOTAL CHARGES	Positive number with two decimal digits
48	NON-COVERED CHARGES	Positive number with two decimal digits
55 A - C	ESTIMATED AMOUNT DUE	Positive number with two decimal digits
56	NPI	Number up to 15-digits
57	OTHER PROVIDER ID	Number up to 15-digits
60	INSURED'S UNIQUE ID	One-character alphanumeric code
66	DX	One-character alphanumeric code

Correcting RTP or T Status Claims (Home Health Agencies and Hospices, only)

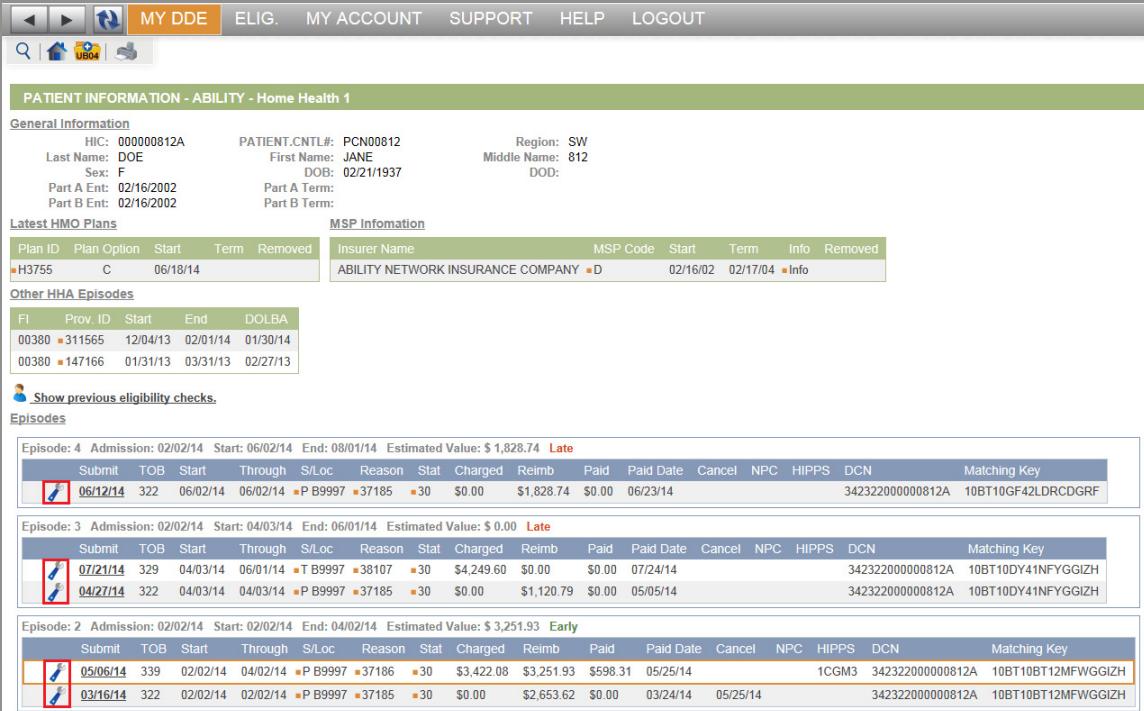
ABILITY | EASE identifies T status (also known as Returned To Provider or RTP) claims for a biller. This section describes how to open a page that can provide you with detail on a patient's eligibility status and claims. Additional information can help you resolve the T status claim and resubmit it correctly for reimbursement.

- 1 Click the patient's HIC number, Patient Name, or click the magnifying glass () and enter an HIC number (Figure 46).

Change ▾	ELG	S/Loc	HIC	Patient Name	Type	TOB	Reason	Start	Through	Claim \$
	<input checked="" type="checkbox"/> HMO	<input checked="" type="checkbox"/> P B9997	<input checked="" type="checkbox"/> 000000812A	<input checked="" type="checkbox"/> DOE, JANE 812	Final	339	<input checked="" type="checkbox"/> 37186	02/02/14	04/02/14	\$ 598.31
	<input checked="" type="checkbox"/> HMO	<input checked="" type="checkbox"/> S B9099	<input checked="" type="checkbox"/> 000005078A	<input checked="" type="checkbox"/> DOE, JANE 5078	Final	329		04/21/14	06/19/14	\$ 683.07
	<input checked="" type="checkbox"/> Other HHA 1st	<input checked="" type="checkbox"/> R B9997	<input checked="" type="checkbox"/> 000002572A	<input checked="" type="checkbox"/> DOE, JOHN 2572	Final	320	<input checked="" type="checkbox"/> U538F	05/12/14	07/10/14	\$ (1,287.73)

Figure 46: Claims Page with fields indicated to correct an RTP claim

- 2** The Patient Information screen breaks down by the following items:
 - Patient eligibility information
 - Past manual eligibility checks run in ABILITY | EASE.
 - Claims history
- 3** Click the wrench icon () to correct the T Status (Figure 47).



PATIENT INFORMATION - ABILITY - Home Health 1

General Information

HIC: 000000812A	PATIENT.CNTL#: PCN00812	Region: SW
Last Name: DOE	First Name: JANE	Middle Name: 812
Sex: F	DOB: 02/21/1937	DOD:
Part A Ent: 02/16/2002	Part A Term:	
Part B Ent: 02/16/2002	Part B Term:	

Latest HMO Plans

Plan ID	Plan Option	Start	Term	Removed
H3755	C	06/18/14		

MSP Infomation

Insurer Name	MSP Code	Start	Term	Info	Removed
ABILITY NETWORK INSURANCE COMPANY	D	02/16/02	02/17/04	Info	

Other HHA Episodes

FI	Prov. ID	Start	End	DOLBA
00380	311565	12/04/13	02/01/14	01/30/14
00380	147166	01/31/13	03/31/13	02/27/13

[Show previous eligibility checks.](#)

Episodes

Episode: 4 Admission: 02/02/14 Start: 06/02/14 End: 08/01/14 Estimated Value: \$ 1,828.74 Late

Submit	TOB	Start	Through	S/Loc	Reason	Stat	Charged	Reimb	Paid	Paid Date	Cancel	NPC	HIPPS	DCN	Matching Key
	06/12/14	322	06/02/14	06/02/14	■P B9997	■37185	■30	\$0.00	\$1,828.74	\$0.00	06/23/14			342322000000812A	10BT10GF42LDRCRDGRF

Episode: 3 Admission: 02/02/14 Start: 04/03/14 End: 06/01/14 Estimated Value: \$ 0.00 Late

Submit	TOB	Start	Through	S/Loc	Reason	Stat	Charged	Reimb	Paid	Paid Date	Cancel	NPC	HIPPS	DCN	Matching Key
	07/21/14	329	04/03/14	06/01/14	■T B9997	■38107	■30	\$4,249.60	\$0.00	\$0.00	07/24/14			342322000000812A	10BT10DY41NFYGGIZH
	04/27/14	322	04/03/14	04/03/14	■P B9997	■37185	■30	\$0.00	\$1,120.79	\$0.00	05/05/14			342322000000812A	10BT10DY41NFYGGIZH

Episode: 2 Admission: 02/02/14 Start: 02/02/14 End: 04/02/14 Estimated Value: \$ 3,251.93 Early

Submit	TOB	Start	Through	S/Loc	Reason	Stat	Charged	Reimb	Paid	Paid Date	Cancel	NPC	HIPPS	DCN	Matching Key	
	05/06/14	339	02/02/14	04/02/14	■P B9997	■37186	■30	\$3,422.08	\$3,251.93	\$598.31	05/25/14			1CGM3	342322000000812A	10BT10BT12MFWGGIZH
	03/16/14	322	02/02/14	02/02/14	■P B9997	■37185	■30	\$0.00	\$2,653.62	\$0.00	03/24/14	05/25/14		342322000000812A	10BT10BT12MFWGGIZH	

Figure 47: Patient Information page with wrench icons indicated

- 4 A UB-04 form with a lock icon displays, enabling you to adjust, cancel, or cancel and resubmit the claim (Figure 48).

These menu items vary according to claim type. Hover over the icon to see the options available to you. For example, on a cancelled claim, your only option is resubmit. The pink line on top of the UB-04 describes the initial claim.

The screenshot shows a UB-04 claim form with various fields filled out. At the top right, there is a small orange lock icon with a keyhole, which is highlighted with a blue box. To the left of the lock icon, the word "Adjust" is written in blue. Below the lock icon, there are three buttons: "Cancel", "Cancel and Resubmit", and "Resubmit". The "Cancel and Resubmit" button is also highlighted with a blue box. The rest of the form contains standard claim data such as patient information, admission details, and medical procedures.

Figure 48: UB-04 with open lock icon indicating available options

NOTE: If you are adjusting a claim, hover over the claim line to see a white arrow inside a blue circle. Click this icon to add, edit, or remove claim lines (Figure 49).

The screenshot shows a UB-04 claim form with various fields filled out. A specific claim line is highlighted with a red box and a blue cursor icon pointing to the left edge of the box. A context menu is displayed over this line, listing the following options:

- Edit claim line
- Add claim line before
- Add claim line after
- Remove this claim line

The rest of the form contains standard claim data such as patient information, service dates, and charges.

Figure 49: UB-04 with Claims Line Edit Options indicated

5 Hover over **Related Claims** to display associated claims (Figure 50).

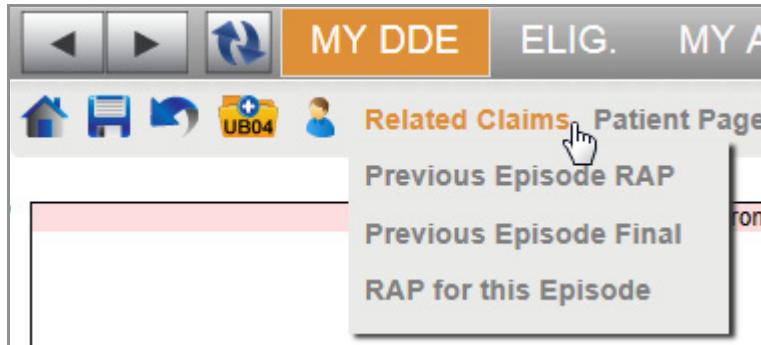


Figure 50: Claims Page with Related Claims selected

Pending, Completed, & Failed Requests

ABILITY | EASE enables you to monitor any pending, completed or failed Medicare claim or eligibility requests by viewing the red, orange, and green Quick View boxes located in the upper right corner of the page (Figure 51).

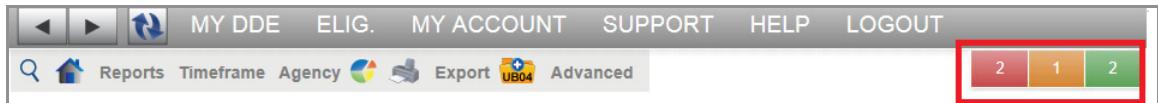


Figure 51: Rejected/Failed, Pending, and Successful/Completed Request boxes indicated

Hover over each Quick View Boxes to display the following information:

- Red: all rejected/failed requests in the Failed Activity Log (Figure 52)
- Orange: all pending requests in the Pending Activity Log (Figure 53)
- Green: all successful/completed requests in the Completed Activity Log (Figure 54)

Rejected / Failed Request Activity Log (Pop-up view)				
Agency	Time	HIC	Name	Info
ABILITY - Home Health 1	07/23/2014 04:00:17			Password for Demo Group Error: PASSWORD OMITTED OR IS NOT CORRECT.
ABILITY - Home Health 1	07/23/2014 04:00:17	000002936A	DOE, JOHN	Step 2 / 2 S/Loc = T B9900 Error: Claim status indicates a problem, S/LOC (T B9900)

Figure 52: Rejected / Failed Request Activity Log (Pop-up view)

Pending Request Activity Log (Pop-up view)				
Agency	Time	HIC	Name	Info
ABILITY - Home Health 1	08/06/2014 04:01:18	000000812A	DOE, JANE	Step 1 / 2 Error: M179: SECURITY INFORMATION INVALID, APR IS NOT AVAILABLE.

Figure 53: Pending Request Activity Log (Pop-up view)

Successful / Completed Request Activity Log (Pop-up view)				
Agency	Time	HIC	Name	Info
OVERNIGHT SUMMARY REPORT FOR 08/06/2014, FOR A				
ABILITY - Home Health 1	08/06/2014 04:01:18	000002526A	DOE, JOHN	<input checked="" type="checkbox"/> Report
ABILITY - Home Health 1	08/06/2014 04:01:18	000000466A	DOE, JANE	Details

Figure 54:Successful / Completed Request Activity Log (Pop-up view)

Activity Quick View

The Activity Quick View displays the steps that ABILITY | EASE takes to process the corrected claim. You can display the Activity Quick View in one of two ways:

If a step is fully processed and complete, the word **Details** appears as a link (Figure 55). A green check () next to a steps indicates that claims correction step has finished (Figure 56).

					2	1	2
Agency	Time	HIC	Name	Info			
ABILITY - Home Health 1	08/07/2014 04:00:36	000002526A	DOE, JOHN	<input checked="" type="checkbox"/> Report			
ABILITY - Home Health 1	08/07/2014 04:00:36	000000466A	DOE, JANE	Details			

Figure 55: Activity Quick View with Details selected and indicated

CLAIM CHANGE REQUEST STATUS - DOE, JANE (000000466A)
<p>Step 1: Wait for the 329 from 06/23/2014 through 06/23/2014 claim to get fully processed (B9997). <input checked="" type="checkbox"/></p> <p>Step 2: Resubmit claim 329 from 06/23/2014 through 06/23/2014 without changes. <input checked="" type="checkbox"/></p> <p>Step 3: Wait for the change to claim 329 from 06/23/2014 through 06/23/2014 to get paid. <input checked="" type="checkbox"/></p>

Figure 56: Activity Quick View Details with three completed steps

If a step is pending or has failed, the step number at which the process stopped appears as a link, such as Step 2/2 (Figure 57). Click the link to see details of the pending or failed step (Figure 58).

Agency	Time	HIC	Name	Info	
ABILITY - Home Health 1	08/07/2014 04:00:36			Password for Demo Group Error: PASSWORD OMITTED OR IS NOT CORRECT.	
ABILITY - Home Health 1	08/07/2014 04:00:36	000002936A	DOE, JOHN	Step 2/2 S/Loc = T B9900 Error: Claim status indicates a problem, S/LOC (T B9900)	

Step 1: Repost claim 329 from 06/29/2014 through 07/21/2014 without changes.

Step 2: Wait for the change to claim 329 from 06/29/2014 through 07/21/2014 to get paid.

Figure 57: Activity Quick View with problem step selected and indicated

CLAIM CHANGE REQUEST STATUS - DOE, JOHN (000002936A)

Step 1: Repost claim 329 from 06/29/2014 through 07/21/2014 without changes.

Step 2: Wait for the change to claim 329 from 06/29/2014 through 07/21/2014 to get paid.

Figure 58: Activity Quick View Details with Step 2 details indicated

Click each Quick View Box to display the following information:

- Red Quick View Box: all rejected/failed requests in the Failed Activity Log (Figure 59)
- Orange Quick View Box: all pending requests in the Pending Activity Log (Figure 60).
- Green Quick View Box: all successful/completed requests in the Completed Activity Log (Figure 61).

Agency	Submit	Executed	HIC	Name	Info
ABILITY - Home Health 1	08/06/2014 04:00:32	08/06/2014 04:01:18			Password for Demo Group Error: PASSWORD OMITTED OR IS NOT CORRECT.
ABILITY - Home Health 1	08/06/2014 04:00:32	08/06/2014 04:01:18	000002936A	DOE, JOHN	Step 2 / 2, S/Loc = T B9900 Error: Claim status indicates a problem, S/LOC (T B9900)

Figure 59: Failed Activity Request Log (full view)

Agency	Submit	Executed	HIC	Name	Info
ABILITY - Home Health 1	08/06/2014 04:00:32	08/06/2014 04:01:18			Password for Demo Group Error: PASSWORD OMITTED OR IS NOT CORRECT.
ABILITY - Home Health 1	08/06/2014 04:00:32	08/06/2014 04:01:18	000000812A	DOE, JANE	Step 1 / 2 Error: M179: SECURITY INFORMATION INVALID, APR IS NOT AVAILABLE.
ABILITY - Home Health 1	08/06/2014 04:00:32	08/06/2014 04:01:18	000002936A	DOE, JOHN	Step 2 / 2, S/Loc = T B9900 Error: Claim status indicates a problem, S/LOC (T B9900)

Figure 60: Pending Activity Request Log (full view)

Agency	Submit	Executed	HIC	Name	Info
ABILITY - Home Health 1	08/06/2014 04:00:32	08/06/2014 04:01:18	000002526A	DOE, JOHN	<input checked="" type="checkbox"/> Report
ABILITY - Home Health 1	08/06/2014 04:00:32	08/06/2014 04:01:18	000000466A	DOE, JANE	<input type="checkbox"/> Details

Figure 61:Successful / Completed Activity Request Log (full view)

The logs in full view are searchable and sortable.

NOTE: If you are an Administrator, you can constrain an activity view to a given user for management purposes.

Search the Activity Request Logs

Select your search criteria and click **Search** to search the entire log. Select the Only not acknowledged checkbox to see only those reports you have not previously viewed.

Sort the Activity Request Logs

Click any of the column headings to sort on that column. You can also click on any column to sort the report by that column.

Look for the up () and down () arrows to see the column and direction of the sort. You can search and sort by the agency name, submit date and time, executed date and time, HIC (Health Insurance Claim number), name of patient, or Information columns.

Overnight Summary Report and Claims

The Overnight Summary Report lets you monitor changes in claims through the Change column. The following entries can appear in this column.

Table 7. Codes in the Change column of the Overnight Summary Report

Change Column	Description
ADR	Your agency received an ADR for this claim. Your must respond by the date shown in the tooltip. Click the ADR in the Change column to see the ADR letter. See the following section, “Overnight Summary Report and ADR Claims”.
Benefits Exhausted	The patients benefits have been exhausted.
Cancelled	The claim has been cancelled.
CWF Not Found	Could not find CWF (Common Working File) information for this patient. Hover over the red X (☒) to see the reason.
HMO	The patient has elected to enroll in an HMO.
Hospice	Patient is being or has been treated by another hospice provider.
MSP	The patient has been or is being insured by an insurer other than Medicare.
Other HHA 1st	The patient is being or has been treated by another agency and that agency is the primary provider.
Other HHA 2nd	The patient is being or has been treated by another agency, but your agency is the primary provider.
Overlapping HHA	Patient is being or has been treated by another HHA agency.
Paid	This claim has been paid or is in the process of being paid.
Rejected	Medicare has rejected the claim.
RTP	This claim was returned to provider (T-status)
Suspense	This claim is currently in suspense.
Z-On hold	This claim has been billed and processed, but CMS placed it on hold with a Medicare NPC (Non-Payment Code) of Z. The letter Z indicates that Medicare is not the beneficiary's primary insurer.

You can also see this information by hovering over the entry in the Change column (Figure 62).

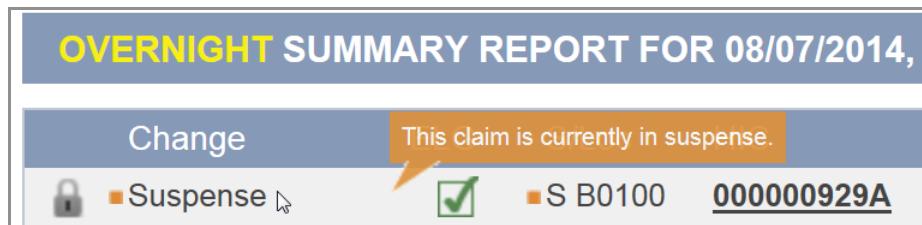


Figure 62: Suspense change with change details displayed

Those claims that are not eligible appear with an in the ELG column. Hover over the to display further detail information (Figure 63).

OVERNIGHT SUMMARY REPORT FOR 07/23/2014, FOR AGENCY				
Change ▾	ELG	S/I oc	HIC	Patient Name
HMO		MSP Start: 05/06/2012	Termination: N/A	 DOE, JANE 812
HMO		MSP Code: D - No Fault		 JANE 5078
Other HHA 1st		Policy Number: R122221C		 Insurer Name: ABILITY NETWORK INSURANCE COMPANY
		Patient Relationship: 01 - Patient is Insured		 Insurer Type: 000002572A DOE, JOHN 2572
MSP		S B9099	000002788A	 DOE, JANE 2788
ADR		S B6001	000002778A	 DOE, JOHN 2778

Figure 63: MSP change with pop-up eligibility detail information

ADRs and Claims

ABILITY | EASE helps you identify ADRs (Additional Development Requests) and provides the ADR form for you to complete. An ADR can be identified through either of two reports:

- the Overnight Summary Report (below)
- the ADR Report (page 18)

ADR and the Overnight Summary Report

Use the following instructions to address an ADR Claim in the Overnight Summary Report.

1. Open the Overnight Summary report and locate ADR in the Change column (Figure 64).

OVERNIGHT SUMMARY REPORT FOR 07/24/2014, FOR AGENCY ABILITY - HOME HEALTH 1							
Change ▾	ELG	S/Loc	HIC	Patient Name	Type	TOB	Reason
HMO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	■ P B9997	<u>000000812A</u>	<u>DOE, JANE 812</u>	Final	339
HMO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	■ S B9099	<u>000005078A</u>	<u>DOE, JANE 5078</u>	Final	329
Other HHA 1st	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	■ R B9997	<u>000002572A</u>	<u>DOE, JOHN 2572</u>	Final	320
MSP							■ U538F
ADR ↗	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	■ S B6001	<u>000002778A</u>	<u>DOE, JOHN 2778</u>	Final	329

Figure 64: ADR indicated with pop-up information displayed

2. Click ADR to view the ADR Letter (Figure 65).

ADR INFORMATION - ABILITY - Home Health 1			
REPORT: 001 DATE : 12/13/2013 TEST HOME HEALTH CARE SOME WHERE ST. E HANOVER	MEDICARE PART A 00001 ADDITIONAL DEVELOPMENT REQUEST TEST HOME HEALTH CARE SOME WHERE ST. NJ 07036	PVDR NO : 000000000001 BILL TYPE: 329	
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: 00002778 DUE DATE: 05/16/2014 MEDICAL REC NO: 11111111 DCN: 010101010101010 HIC: 000002778A PATIENT NAME: JOHN USER 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 010101010101010 55555 ADDITIONAL MEDICAL RECORDS HAVE BEEN REQUESTED FOR THIS CLAIM. PLEASE RET THIS FORM AS A COVER SHEET FOR IDENTIFICATION OF REQUESTED INFORMATION. PLEASE INCLUDE THE FOLLOWING: - ALL APPLICABLE PHYSICIAN SIGNED PLANS OF CARE (485) 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 SUMMARY REPORTS. - FOR ANY DME BILLED, PLEASE INCLUDE THE MEDICAL EXPLANATION OF NECESSITY AND ANY SUPPORTING DOCUMENTATION. - IMPORTANT, PLEASE INCLUDE ALL OASIS FORMS, INCLUDING ANY SCIC OASIS FOR THE CLAIM PERIOD LISTED.			

Figure 65: ADR Letter

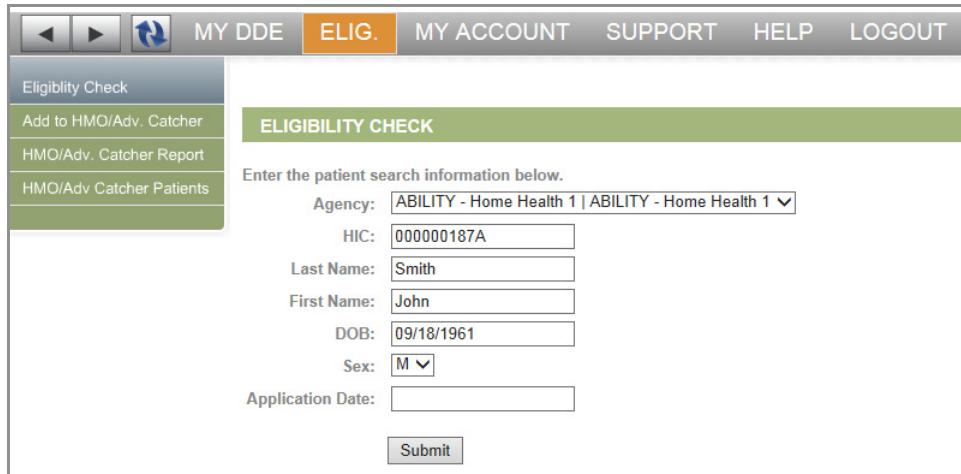
3. Print the ADR letter for the appropriate personnel to address.

On-Demand Eligibility Checks

Click **ELIG** on the Main Navigation Bar to open the Eligibility Check page (Figure 66) so you can check eligibility on demand.

This page enables you to:

- Receive eligibility results in under a minute.
- Queue eligibility checks by submitting multiple checks. It takes about 20 seconds after the last submission to receive the report (if Medicare is up and running).
- Continue to queue eligibility checks even if Medicare goes down. Once Medicare is up and running the biller receives all eligibility inquiries within minutes.
- Receive HMO and other providers' information, not just the provider IDs.
- Obtain an eligibility status indication:
 - Green check (): The eligibility is clean for this patient.
 - Red X (): Indicates you need to take a closer look



The screenshot shows the 'Eligibility Check' page. 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 in orange), 'MY ACCOUNT', 'SUPPORT', 'HELP', and 'LOGOUT'. On the left, a sidebar menu includes 'Eligibility Check' (selected and highlighted in blue), 'Add to HMO/Adv. Catcher', 'HMO/Adv. Catcher Report', and 'HMO/Adv Catcher Patients'. The main content area has a green header bar labeled 'ELIGIBILITY CHECK'. Below it, a form asks for 'Enter the patient search information below.' Fields include: 'Agency' (set to 'ABILITY - Home Health 1 | ABILITY - Home Health 1'), 'HIC' (text input '000000187A'), 'Last Name' (text input 'Smith'), 'First Name' (text input 'John'), 'DOB' (text input '09/18/1961'), 'Sex' (dropdown 'M'), and 'Application Date' (text input). A 'Submit' button is at the bottom right of the form.

Figure 66: Eligibility Check page

Eligibility Check page

Enter all the information as you would on a DDE. All of the following fields (Table 8) except Application Date, are mandatory.

Table 8. Eligibility Check fields

Field	Description
Agency	Choose an agency from the drop-down list.
HIC	Enter the patient's Health Insurance Claim number
Last Name	Enter the patient's last name
First Name	Enter the patients first name
DOB	Enter in the following format: MM/DD/YYYY. There is a drop-down menu to assist you.
Sex	Choose appropriate sex from the drop-down menu
Application Date	Enter in the following format: MM/DD/YYYY. There is a drop-down menu to assist you.

After you complete all mandatory fields, click **Submit**.

If you enter all the information correctly, you receive a message that ABILITY | EASE accepted the eligibility check and one of the numbers in the three colored Activity Quick View boxes increases by one.

If not, you need to go back and correct any fields that display an error message.

Submitting a well-formed inquiry displays a page similar to that shown (Figure 67):

PATIENT INFORMATION - 1013144823															
General Information															
HIC: 000000187A	PATIENT.CNTL#: PCN00187	Region: NE													
Last Name: SMITH	First Name: JOHN	Middle Name: R													
Sex: M	DOB: 09/08/1916	DOD:													
Part A Ent: 09/01/1981	Part A Term:														
Part B Ent: 09/01/1981	Part B Term:														
Full Days Left: 0	Copay Days Left: 0	Part A Deduct.: \$ 0.00													
Prior Full Days: 20	Prior Copay Days: 80	Prior Deduct.: \$ 0.00													
Inpatient DOEBA: 05/07/2012	Inpatient DOLBA: 06/20/2011														
Inpatient DOEBA: 03/03/2011	Inpatient DOLBA: 03/24/2011														
Part B Year: 2011	Part B Deduct.: \$ 0.00														
Part B Year: 2010	Part B Deduct.: \$ 0.00														
Latest HMO Plans															
Plan ID	Plan Option	Start	Term	Removed											
S5601		01/01/13													
MSP Information															
Insurer Name	MSP Code	Start	Term	Info	Removed										
ABILITY Network	■ A	09/02/12		■ Info	01/23/14										
ABILITY Network	■ A	06/05/99		■ Info	01/23/14										
ABILITY Network	■ A	06/04/98	06/04/99	■ Info	01/23/14										
ABILITY Network	■ A	01/02/98	06/04/99	■ Info	01/23/14										
HHA Episodes															
FI	Prov. ID	Start	End	DOLBA											
00450	1295732956	03/26/13	05/24/13	07/03/12											
00450	1548229339	05/07/12	07/05/12												
Show previous eligibility checks.															
+ Expand Eligibility Results View 271 Refresh Data															
Admissions															
Admission: 11/21/13 Start: 12/20/13 End: 03/02/14 Total Reimbursement: \$ 0.00															
Submit	TOB	Start	Through	S/Loc	Reason	Stat	Charged	Reimb	Paid	Paid Date	Cancel	NPC	HIPPS	DCN	Matching Key
	01/12/14	213	12/20/13	01/01/14	■ T B9997	■ 38119	■ 30	\$6,066.97	\$0.00	\$0.00	01/16/14				■
Admission: 10/05/13 Start: 11/07/13 End: 11/07/13 Total Reimbursement: \$ 0.00															
Submit	TOB	Start	Through	S/Loc	Reason	Stat	Charged	Reimb	Paid	Paid Date	Cancel	NPC	HIPPS	DCN	Matching Key
	12/13/13	215	11/07/13	11/07/13	■ T B9997	■ 12206	■ 02	\$36.91	\$0.00	\$0.00	12/15/13				■

Figure 67: Patient Information Inquiry

My Account Settings

Click **MY ACCOUNT** on the Main Navigation bar (Figure 68) to change your personal settings. The Side Navigation bar allows you to choose different options.

NOTE: Depending upon how your account is set up, not all of these options may appear.



Figure 68: Change Personal Information page

Personal Information

Control your personal account information from this screen.

Click **Personal Information** to change your name, phone number, and email address (Figure 69). Click **Submit** to submit your changes.

The screenshot shows a user interface for managing personal information. On the left, there's a vertical sidebar with several options: Personal Information (which is highlighted with a red box), Change Password, Setup Alerts, Change FISS/DDE Settings, Disable Ease, Resume Ease, and EASE Dashboard. At the top, there's a navigation bar with icons for back, forward, and search, followed by links for MY DDE, ELIG., MY ACCOUNT (which is highlighted in orange), SUPPORT, HELP, and LOGOUT. The main content area has a blue header bar with the text 'CHANGE PERSONAL INFORMATION'. Below it, there are three input fields: 'Name' with the value 'John Smith', 'Phone' with the value '1234567890', and 'Email' with the value 'test.customer@abilitynetwork.com'. At the bottom right of this section is a 'Submit' button.

Figure 69: Change Personal Information page

Change Password

Click **Change Password** to open a dialog box to change your password (Figure 70). Enter your existing ABILITY | EASE password and your new password that you would like to change it to. Click **Submit**.

Personal Infomation
Change Password

Setup Alerts
Change FISS/DDE Settings
Disable Ease
Resume Ease
EASE Dashboard

MY DDE ELIG. **MY ACCOUNT** SUPPORT HELP LOGOUT

CHANGE EASE WEBSITE ACCESS PASSWORD

Every 6 months you are required to change your EASE website access password (NOT your Medicare DDE password) for security purposes.

Passwords must:

1. Contain at least 7 characters.
2. Contain uppercase and lowercase letters, and at least one digit.

Old Password:

New Password:

Strength: Strong

Verify Password:

Figure 70: Change EASE Website Access Password page

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 indicates the strength of the password. Your password cannot 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 want the email sent to you.

Click **Setup Alerts**, choose the alerts you wish to receive/not receive, and click **Submit** (Figure 71).

Alert Type	Status
DDE Password Warning	<input checked="" type="checkbox"/> Off
DDE Password Hot Warning	<input checked="" type="checkbox"/> Off
DDE Password Expired	<input checked="" type="checkbox"/> Off
DDE Password Expired Reminder	<input checked="" type="checkbox"/> Off
Daily Summary	<input checked="" type="checkbox"/> On
Daily EFT	<input checked="" type="checkbox"/> On

Figure 71: Setup Alerts page

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 want to use, and disabling or resuming that schedule.

- 1 Click **Change FISS/DDE Settings** to change these settings (Figure 72).
- 2 Click **Submit** to submit these changes.

The screenshot shows a web-based application 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 (which is highlighted in orange), SUPPORT, HELP, and LOGOUT. On the left, a sidebar contains links: Personal Infomation, Change Password, Setup Alerts, and Change FISS/DDE Settings (this link is enclosed in a red box). Below the sidebar, the main content area has a title 'MANAGE FISS/DDE SETTINGS'. It includes form fields: 'Timezone' set to 'Central' with a dropdown arrow; 'Group Name' set to 'TestGroup' with 'Add', 'Edit', and 'Remove' links; 'DDE User ID' with an empty input field; 'DDE Password' and 'Verify Password' with input fields; and a 'Password Protection' link next to a lock icon. Below these fields is a timestamp 'Last Updated: 01/21/2015 21:05:03'. At the bottom, there's a checked checkbox 'Run EASE pending claim changes daily on or after 7:30 AM' with a dropdown arrow, and two buttons: 'Submit' and 'Remind Me Later'.

Figure 72: Manage FISS/DDE Settings page

Disable ABILITY | EASE

You can disable ABILITY | EASE which means the selected FISS/DDE setup name or NPI (Agency) cannot be used today only or until you choose to resume it.

To disable ABILITY | EASE for a given FISS/DDE setup, complete the following instructions:

- 1 Click **Disable EASE** on the Side Navigation bar to display the Disable EASE page (Figure 73).
- 2 Click either For Setup Name for a given FISS/DDE setup or Agency. You can only stop the schedule for agencies which use your FISS/DDE password.
- 3 In the Disable Ease drop-down box, select to disable the password either for today or until you choose to resume it.
- 4 Click **Submit** to disable ABILITY | EASE.

The screenshot shows the 'Disable EASE' page. The top navigation bar includes links for MY DDE, ELIG., MY ACCOUNT (highlighted in orange), ADMINISTRATION, SUPPORT, HELP, and LOGOUT. On the left, a sidebar lists Personal Information, Change Password, Setup Alerts, Change Schedule, Change FISS/DDE Settings, Disable Ease (highlighted in blue), Resume Ease, and EASE Dashboard. The main content area is titled 'DISABLE EASE' and contains instructions: 'To disable EASE software from accessing the FISS/DDE system for the Agency or Group below, select the time period and click Submit.' It features two radio buttons: 'For Setup Name' (selected) and 'For Agency'. Below these are fields for 'Group Name: TestGroup2' and 'Disable Ease: Until Resume'. A 'Submit' button is located at the bottom of the form.

Figure 73: Disable EASE page

Resume ABILITY | EASE

To resume ABILITY | EASE after you have disabled it, select **Resume EASE** to open the Resume EASE page (Figure 74).

- 1 Complete the following fields:
 - **Group Name** - Select a Group Name from the Group Name drop-down box. You can also Add, Edit, or Remove items from this list.
 - **DDE User ID and DDE Password** - Enter your Medicare DDE User ID and DDE Password in the DDE User ID and DDE Password fields, respectively.
 - **Verify Password** - Re-enter the password you entered in the **DDE Password** field.
- 2 Click **Submit** to resume ABILITY | EASE.

ABILITY | EASE resumes normal operation for this setup and NPIs and processes any pending eligibility checks or claim corrections you have in progress.

NOTE: You can also resume ABILITY | EASE through the **FISS/DDE Settings** selection (page 66).

RESUME EASE

Click Here to change your schedule

Timezone: Central

Group Name: TEST

DDE User ID: DDE

DDE Password:

Verify Password:

Last Updated: 08/01/2014 02:25:09

Run EASE pending claim changes daily on or after

Figure 74: Resume EASE page

ABILITY | EASE Dashboard

The ABILITY | EASE Dashboard gives you a visual overview of services running against Medicare and highlights any credential or other issues you encounter accessing patient information via these services.

Click **My Account** and select EASE Dashboard to open the ABILITY | EASE dashboard (Figure 75).

The screenshot shows the ABILITY | EASE Dashboard. At the top, there is a navigation bar with links for MY DDE, ELIG., MY ACCOUNT (which is highlighted in orange), SUPPORT, HELP, and LOGOUT. Below the navigation bar is a sidebar with links for Personal Information, Change Password, Setup Alerts, Change FISS/DDE Settings, Disable Ease, Resume Ease, and EASE Dashboard. The EASE Dashboard link is highlighted with a red box. 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 four columns: Agency, Claims, Eligibility, and EFT/Checks. The table lists six rows of data, each representing a job with its agency ID, claim ID, and configuration status for credentials and test customers.

Agency	Claims	Eligibility	EFT/Checks
1881873123 - 000001	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> Test Customer (1234567890)	<input checked="" type="checkbox"/> No credentials Configured
1538370408 - 000002	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> No credentials Configured
1427002419 -	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> No credentials Configured
1790873933 - 000003	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> No credentials Configured
1013144823 - 000410	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> Test Customer (1234567890)	<input checked="" type="checkbox"/> No credentials Configured
1881866499 - 000411	<input checked="" type="checkbox"/> No credentials Configured	<input checked="" type="checkbox"/> Test Customer (1234567890)	<input checked="" type="checkbox"/> No credentials Configured

Figure 75: EASE Dashboard

FAQ

You can find most of your questions about ABILITY | EASE answered here. However, if you do not find the solution you are looking for, contact ABILITY Technical Support at 888.460.4310 or ease.support@abilitynetwork.com.

Account and Login

How do I log in to ABILITY | EASE if I do not have a myABILITY account?

Go to <https://ease.abilitynetwork.com/>. Type in your username and password and click **Log In**. If this is the first time you are logging in, use the password given to you by ABILITY Technical Support.

I forgot my ABILITY | EASE login. How can I log in?

Contact your group administrator for your username and/or a new password. The group administrator must contact ABILITY Technical Support to reset their login.

I received the login from ABILITY | EASE, but I cannot log in. I get an ‘Access Denied’ message.

If you choose to copy and paste the temporary password form the ‘Welcome to ABILITY | EASE’ email, make sure no extra spaces are copied. 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 are prompted to re-enter the temporary password to set up a password of your choice.

Be sure 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, first type it into a text field to ensure your keyboard is working properly. The ABILITY | EASE password is case sensitive. Be sure the CAPS LOCK is not selected. 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 ease.support@ABILITYnetwork.com to have your password reset.

I am able to log in, but I cannot see any of the navigation bars.

- Go to <http://get.adobe.com/flashplayer/> and follow the steps to install Adobe Flash Player. When finished, restart your browser by exiting it and launching it again. Connect to ABILITY | EASE. Your navigation bars should be viewable.
- Make sure you have Javascript enabled for your browser. Contact your local desktop support or ABILITY Technical Support for help if needed.
- Ensure you are using the latest version of your browser.

When I log in, I get a message about changing my password. However, my password won't change and I get an error message "Error completing request - The DDE system rejected your user ID or password!"

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 password. Update your Medicare FISS password by logging in to the Medicare FISS DEE 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.

What does “User ID entered is not authorized to use TPX” mean?

This means the Medicare ID that ABILITY | EASE is trying to use does not have full permission or the right security level to enter most areas in DDE. Call Medicare to correct this issue.

How do I add a new user?

NOTE: You can only add a new user if you are an Administrator.

Log into ABILITY | EASE, click **Administration**. select **Add New User** (on the right side of the screen). Type the new user's information in the blank fields. Select user's desired permissions. Click **Submit**.

How do I add a new administrative user?

NOTE: Only Administrators can add new administrative users.

Follow the instructions on adding a new user. In the permissions field, check **Admin** permissions for the desired NPIs.

How do I update ABILITY | EASE when my password changes for DDE?

Log into ABILITY | EASE. Click **My Account**, then click **Change FISS/DDE Settings**. Type your DDE User ID, DDE Password, and Verify Password.and password. Click **Submit**.

How do I edit a user's email address?

You cannot edit another user's email address. You can only edit your own.

Patient, Claims, and Billing

How do I view patient information?

There are many ways to access patient information. If you know the patient HIC number, you can view the information by hovering over the magnifying glass (Q) on the page navigation bar, entering the HIC in the HIC field, and clicking **GO**. The full record for the patient appears.

If you do not know the patient's HIC number, hover over the magnifying glass and click **Advanced Search** under the HIC number field to open the Advanced Search page. Enter all known patient information you do know. Click **Search**.

If you are on any other page, you can click the patient's name or HIC number to display that patient.s information.

What is the application date?

The Application Date is only required if you need to retrieve historical eligibility information about the patient. If the application date is not entered, it defaults to the present date.

How do I submit a claim?

Click **My DDE** to bring up the home page. Click **UB04** on the Page Navigation bar to open a blank form. Fill out the required information and click **Submit**.

How do I search for claims or patients?

Use the Advanced Search feature. Hover over **Search** (magnifying glass) and click **Advanced Search** under the HIC number field to open the Advanced Search page.

How do I correct a claim that has been previously submitted? (this question applies to Home Health Agencies and Hospices, only)

To correct a claim, click the wrench icon(🔧) next to the claim that needs to be corrected. A UB-04 form appears pre-populated with the claim information (Figure 76).

The text at the top of the UB-04 describes the claim. The pink color represents the claim you clicked for this UB-04 to appear. Depending upon the status of the claim, you may see a Suppress option.

The screenshot shows the EASE software interface with a navigation bar at the top. The 'MY DDE' button is highlighted in orange. Below the navigation bar, there are icons for Home, Back, Forward, Refresh, and a blue square labeled 'UB04'. To the right of these are links for 'Related Claims', 'Patient Page', and 'Submit'. The main content area displays a UB-04 form. At the top of the form, a red box highlights the text: '215 claim submitted on 04/05/14 from 02/28/14 through 02/28/14, S/LOC: T B9997, Reason: ■ 12206 SUPPRESS (correction)'. The UB-04 form itself is filled with data. Some fields are highlighted in green, such as '4 TYPE OF BILL' (215), '6 STATEMENT COVERS PERIOD FROM 02/28/2014 THROUGH 02/28/2014' (7 NOT USED), and 'c MN' (MN). Other fields are highlighted in pink, such as '1 PATIENT NAME' (a DOE, JOHN), '9 PATIENT ADDRESS' (a SOME STREET), 'b CITY' (b CITY), and '10 BIRTHDATE' (10 11/08/1932). The form contains numerous other fields for patient information, admission details, and condition codes, many of which are also highlighted in pink or green.

Figure 76: UB-04 Form with claim line information

You can view the eligibility information on this page by clicking the person icon (Figure 77). This drops down the eligibility information if any is available. Otherwise, a message indicates that no eligibility checks have been performed.

PATIENT INFORMATION - ABILITY - Home Health 1

General Information

HIC: 000005078A	PATIENT.CNTL#: PCN05078	Region: SE
Last Name: DOE	First Name: JANE	Middle Name: 5078
Sex: F	DOB: 01/15/1937	DOD:
Part A Ent: 12/20/2001	Part A Term:	
Part B Ent: 12/20/2001	Part B Term:	

Latest HMO Plans

Plan ID	Plan Option	Start	Term	Removed
R9896	C	07/20/14		

Other HHA Episodes

FI	Prov. ID	Start	End	DOLBA
00380	187109	07/03/14	08/31/14	
00380	677169	11/06/13	01/04/14	11/26/13

 [Show previous eligibility checks.](#)

Figure 77: Patient Information with person icon indicated

You can view additional claims by selecting them from the Related Claims menu on the Page Navigation Bar. New claims are shown with white headings behind the original claim (Figure 78).

MY DDE ELIG. MY ACCOUNT SUPPORT HELP LOGOUT

Related Claims [Patient Page](#)  [Submit](#)

New Claim UB04 (submit)

339 claim submitted on 05/07/14 from 02/03/14 through 04/03/14, S/LOC: P B9997, Reason: 37186

Figure 78: Page Navigation Bar with Related Claims displayed and additional claim indicated

You can switch between the claims by clicking on the line representing the claim. There is a lock on every claim which is not in RTP status. Hover over the lock icon and select the action you want to perform with the claim (Figure 79).

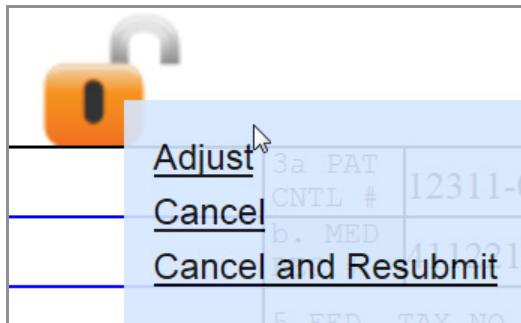


Figure 79: Lock icon with selected actions

Click **Cancel** or **Cancel and Resubmit** to open a Remarks page (Figure 80) that is submitted along with the cancel (the condition code and optional remarks to go along with the cancellation).

A screenshot of a 'Remarks' dialog box. It contains fields for 'Condition Code' (set to 'D9') and 'Remarks' (containing the text 'Cancelling claim due to change in patient status.'). There are also three empty text input fields below the remarks field. At the bottom of the dialog is a button labeled 'Cancel this claim'.

Figure 80: Remarks page

Click **Cancel this claim** to document the information alongside the cancel. This lets you make corrections to go along with the resubmit action of the change.

You can then make all the changes you want to make in the claim, or in the related claim, in no particular order. When you change a field value it changes color to yellow, indicating the field was changed. If the field changed to red, it means that ABILITY | EASE suggests this is an error.

Click **Adjust** to adjust the existing claim.

Once you are finished, click **Submit** and the Confirmation screen appears (Figure 81). Click **Yes** to confirm the changes you have requested.

The screenshot shows a software interface titled "MY DDE". The menu bar includes "MY DDE", "ELIG.", "MY ACCOUNT", "SUPPORT", "HELP", and "LOGOUT". Below the menu are icons for Home, Print, Refresh, and "UB04". The main area displays the message: "You have setup the following changes for DOE, JOHN - 000000007A: Step 1: Wait for the 223 claim from 04/06/2014 through 04/08/2014 to get fully processed (B9997). Step 2: Adjustment claim 223 claim from 04/06/2014 through 04/08/2014 without changes. Step 3: Wait for the change to claim 223 claim from 04/06/2014 through 04/08/2014 to get paid." A question "Are the above changes correct?" is followed by two buttons: "Yes" and "No".

Figure 81: Confirmation screen with steps

I see an icon of a lock () and an icon of a wrench () next to my claims. What do they mean? (this is for to Home Health Agencies and Hospices, only)

A wrench icon means that you can fix or edit a claim. A lock icon means you cannot work on the claim. Either the claim is being suppressed, the claim is in suspense and Medicare is working on it, or another individual in your organization is currently working on the claim.

Does ABILITY offer billing assistance to Home Health Agencies and Hospices?

ABILITY offers support on the use of ABILITY | EASE. For help with using DDE or with the use of the UB-04, contact your Medicare Administrative Contractor. The ABILITY | EASE product is a tool that assists your biller in many ways, but does not serve as a replacement to your biller.

When attempting to enter a UB-04 there are only 9 line items available per page. When we need to enter additional visits, ABILITY | EASE asks us to enter the entire heading: Patient name, DOB, cert, source of admission... all over again. How can we just add an extra line to encompass all billable visits on one claim?

To add a claim line, move your mouse over to the left-hand side of the page. There is a little blue button with a white arrow. Hover over the button and select Add Claim Line before or Add Claim Line after (Figure 82).

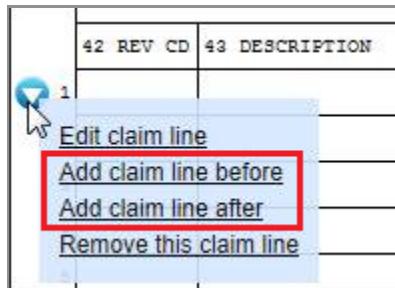


Figure 82: Claim Line Options

How do I edit a claim line on a UB-04?

To edit a claim line, move your mouse over to the left-hand side of the page. There is a little blue button with a white arrow. Hover over the button and select Edit claim line, an Edit Claim Line dialog box appears that is automatically populated with information from the Claim Line you selected (Figure 83).

NOTE: You must enter a value in the COV UNIT field. That value can be 0.

The dialog box is titled "Edit Claim Line - 1". It contains the following fields:

- 42 REV CO: 0250
- 43 DESCRIPTION(for Non-Injectable Drug Reporting):
 - NDC: [empty]
 - UOM Qualifier: F2 - International
 - Unit Qty: [empty]
- 44 HCPCS / RATE / HIPPS CODE:
 - HCPCS / HIPPS: [empty]
 - MODIFIERS: [empty]
- 45 SERV DATE: [empty]
- 46 SERV UNITS:
 - TOT UNIT: [empty]
 - COV UNIT: 0
- 47 TOTAL CHARGES: [empty]
- 48 NON-COVERED CHARGES: [empty]

Figure 83: Edit Claim Line dialog box

Can I change the Type of Bill in ABILITY | EASE?

The Type of Bill (TOB) can only be changed when you are resubmitting a processed claim (a claim that was either paid or rejected, not denied) or correcting a T status RTP (Returned to Provider) claim.

When you submit a claims adjustment, ABILITY | EASE automatically changes the TOB to xx7.

What does “claim is currently being worked on by previous EASE process and cannot be changed” mean?

ABILITY | EASE is currently submitting the claim to Medicare.

Why does my claim keep going into T status?

Check the reason code. Call Medicare if a claim continues to go into T status with the same reason code.

Can I create and send secondary Medicare claims in ABILITY | EASE?

Secondary Medicare claims cannot be created.

Why don't I see remits in ABILITY | EASE?

Remits are not shown in ABILITY | EASE.

Why do claims sit in the orange Quick View box and not move to the green Quick View box?

Medicare has either not processed the submission or is down and unable to process the submission.

How do I cancel a claim?

Click the wrench icon () to open the claim. Hover over the lock at the top of the UB-04. Click **Cancel**.

Eligibility

How do I perform an eligibility check?

Click **ELIG** on the main Navigation Bar to open the Eligibility Check page (Figure 84). Choose the agency (if you have more than one), Enter the patient's information, and click **Submit**.

The screenshot shows the 'Eligibility Check' page. The 'ELIG.' button in the top navigation bar is highlighted in orange. The main form asks for patient information: Agency (ABILITY - Home Health 1 | ABILITY - Home Health 1), HIC (000002572A), Last Name (Doe), First Name (John), DOB (12/27/1944), Sex (M), and Application Date (empty). A 'Submit' button is at the bottom.

Figure 84: Eligibility Check page

I have submitted an eligibility check and it is staying in the orange box.

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 DEE Settings' under "MY ACCOUNT" in ABILITY | EASE.

Make sure that Medicare FISS user name is not logged into Medicare FISS. Try to do an HIQH (Health Insurance Query for Home Health Agencies) for a patient to make sure that the issue is not Medicare or permission related.

How does the HMO Move catcher work?

The HMO Move Catcher looks for any changes in insurance, such as a move from an HMO to Medicare or a move from one HMO to another HMO.

On the Main Navigation Bar, click **ELIG**, on the Main Navigation Bar, then click **HMO/Adv.Catcher Report**. Enter all of the required information and click **Submit**. The mover looks for information for the last 75 days and reports any changes in the HMO Move Catcher Report or the Eligibility Issues Report.

When do HMOs show on the Patient Information page?

HMOs appear when they interfere with you getting paid.

When do HHA visits show on the Patient Information page?

The HHA visit appears when the visit interferes with your submissions getting paid.

When do Hospice visits show on my Patient Information page?

A Hospice visit appears when that visit it interferes with your submissions getting paid.

I'm trying to check eligibility and it is stuck in orange. Why?

Either your Medicare credentials have not been updated or you do not have permission to perform eligibility checks. Another possibility is that Medicare's own computer system may be down.

What does it mean when an eligibility check is pending for 4-8 hours?

Medicare's computer system maybe is down or your Medicare credentials may be are in use on another terminal.

Reports

I have more than one NPI. How do I see the reports for the other NPIs?

In ABILITY | EASE, NPIs are called Agencies.

Select My DDE on the Main Navigation bar and select Agency to see all of the agencies available to you. Select an agency and click **Change Agency** to open the Overnight Summary report for the agency you selected.

I was out sick yesterday. How do I get my Overnight Summary Report?

Select MY DDE on the Main Navigation bar, hover over Timeframe, and customize the date range.

What does “Only Not Acknowledged” mean?

Not Acknowledged is the same as unread. If this checkbox is checked, ABILITY | EASE will only display reports you have not previously viewed.

How do I get back to the Overnight Summary Report?

Click the Home icon () or MY DDE on the Main Navigation bar to return to the Overnight Summary Report.

How do I sort the reports?

On the top of every report, you can click any of the column titles to sort the report on that title. You can also hover over the Search icon and click **Advanced Search** for more detailed sorting options.

Sometimes when I hover over data, I get an orange pop-up box or a red X. What is that?

Anytime you see an orange square ■ or a red X (☒) next to data, you can hover over that data to get additional information. Information contained in the pop-up boxes range from details of a competing agency to the reason a claim has an error and what steps you can take to resolve it.

I didn't get my Overnight Summary Report this morning. Is something wrong?

The Overnight report is only created if a claim or eligibility status changed within the past 24 hours. If no changes were made, you will not receive the Overnight Summary Report.

Is there a place in ABILITY | EASE that I can see which patient an EFT (Electronic Funds Transfer) is for?

Click **Advanced** on the Page Navigation bar, then click **Final Paid** to open a listing of all payments.

What is the Overnight Summary report and how do I move around in it?

The Overnight Summary report shows all the changes to claim data or eligibility status within the DDE/FIIS system. This report defaults to the past 24 hours, but you can expand it to a larger timeframe.

ABILITY | EASE defaults to display the data in the following priority:

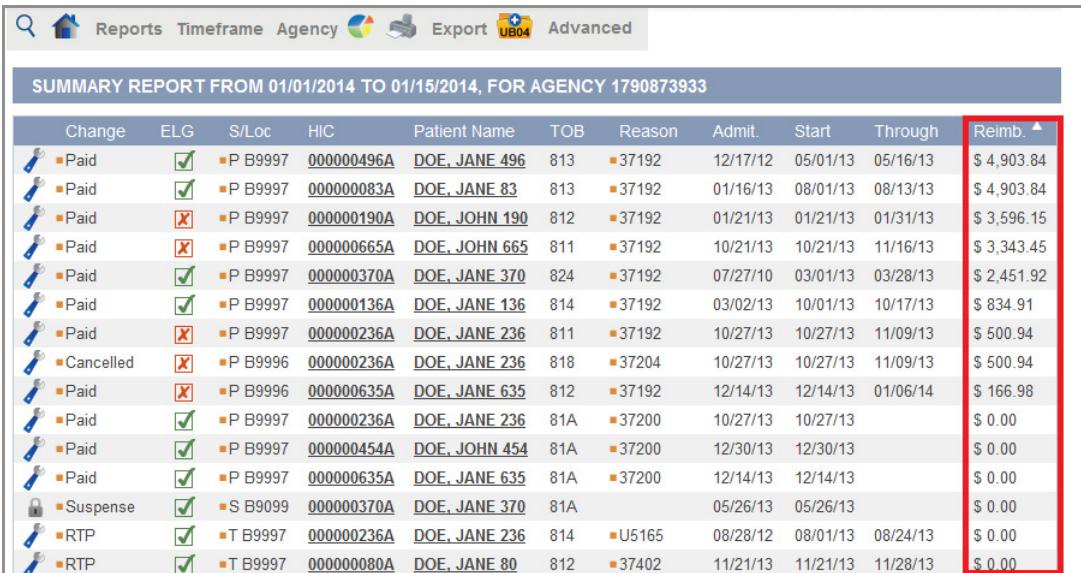
- Changes that have an immediate impact on cash flows are listed at the top, including HMO and MSP.
- Changes that affect your billing and claims, in addition to rejections, denials, and cancellations.
- Suspense and paid claims are listed at the end.

Click any heading to change the way the information is presented. There is a white up or down arrow in the column heading field so you can see which column is being sorted and in what direction.

Can you provide an example of a sorted Overnight Summary Report?

In the following figure (Figure 85), the report is sorted from largest to smallest Reimbursement amount as indicated by the white up-arrow next to the heading 'Reimb'.

In addition to sorting the entire report by the different headings, you can access individual patient information. Click on an individual patient name or HIC number to display information about that specific patient.



SUMMARY REPORT FROM 01/01/2014 TO 01/15/2014, FOR AGENCY 1790873933										
Change	ELG	S/Loc	HIC	Patient Name	TOB	Reason	Admit.	Start	Through	Reimb. ▲
Paid	<input checked="" type="checkbox"/>	P B9997	000000496A	DOE, JANE 496	813	37192	12/17/12	05/01/13	05/16/13	\$ 4,903.84
Paid	<input checked="" type="checkbox"/>	P B9997	000000083A	DOE, JANE 83	813	37192	01/16/13	08/01/13	08/13/13	\$ 4,903.84
Paid	<input checked="" type="checkbox"/>	P B9997	000000190A	DOE, JOHN 190	812	37192	01/21/13	01/21/13	01/31/13	\$ 3,596.15
Paid	<input checked="" type="checkbox"/>	P B9997	000000665A	DOE, JOHN 665	811	37192	10/21/13	10/21/13	11/16/13	\$ 3,343.45
Paid	<input checked="" type="checkbox"/>	P B9997	000000370A	DOE, JANE 370	824	37192	07/27/10	03/01/13	03/28/13	\$ 2,451.92
Paid	<input checked="" type="checkbox"/>	P B9997	000000136A	DOE, JANE 136	814	37192	03/02/13	10/01/13	10/17/13	\$ 834.91
Paid	<input checked="" type="checkbox"/>	P B9997	000000236A	DOE, JANE 236	811	37192	10/27/13	10/27/13	11/09/13	\$ 500.94
Cancelled	<input checked="" type="checkbox"/>	P B9996	000000236A	DOE, JANE 236	818	37204	10/27/13	10/27/13	11/09/13	\$ 500.94
Paid	<input checked="" type="checkbox"/>	P B9996	000000635A	DOE, JANE 635	812	37192	12/14/13	12/14/13	01/06/14	\$ 166.98
Paid	<input checked="" type="checkbox"/>	P B9997	000000236A	DOE, JANE 236	81A	37200	10/27/13	10/27/13		\$ 0.00
Paid	<input checked="" type="checkbox"/>	P B9997	000000454A	DOE, JOHN 454	81A	37200	12/30/13	12/30/13		\$ 0.00
Paid	<input checked="" type="checkbox"/>	P B9997	000000635A	DOE, JANE 635	81A	37200	12/14/13	12/14/13		\$ 0.00
Suspense	<input checked="" type="checkbox"/>	S B9099	000000370A	DOE, JANE 370	81A		05/26/13	05/26/13		\$ 0.00
RTP	<input checked="" type="checkbox"/>	T B9997	000000236A	DOE, JANE 236	814	U5165	08/28/12	08/01/13	08/24/13	\$ 0.00
RTP	<input checked="" type="checkbox"/>	T B9997	000000080A	DOE, JANE 80	812	37402	11/21/13	11/21/13	11/28/13	\$ 0.00

Figure 85: Summary Report page sorted by Reimbursement amount

How to I export a report to Excel and what are my options?

You can export all reports in ABILITY | EASE to an Excel spreadsheet or PDF document. Open the report, hover over **Export** on the toolbar. A box pops up with four options:

- Save Summary report to PDF
- Save Summary report to Excel
- Save complete report to PDF
- Save complete report to Excel.

What is the difference between a Complete report and a Summary report?

The Summary report is only the Overnight Summary Report.

The Complete report is the following four reports:

- Overnight Changes Report
- RAPs at Risk Report
- Stuck in Suspense Report
- Eligibility Issues report.

How do I run a RAP (Request for Anticipated Payment) report?

On the Main Navigation bar, click **MY DDE** (or from the patient page) Click the **UB04** icon to open a UB-04 form. Fill out the required fields for a RAP.

Is there a report that I can run to see if we had any Medicare denials?

Yes, Click Advanced Reports and select Denied in the Status field.

How often is information collected? For example, does ABILITY | EASE only collect data once a week?

Each night, ABILITY | EASE collects data from Medicare for claims and EFTs. ABILITY | EASE contacts DDE weekly for eligibility information. How long each collection takes depends on how large the census is for that NPI. The larger the census, the longer the job takes.

What do I do when I get unable to connect to Medicare?

First, make sure that someone is not logged into Medicare with your credentials. If your credentials are in use by someone else, ABILITY | EASE is not able to submit any information to Medicare for you.

Next, check to see if Medicare is up and running by logging into the DDE system. If it is running, try re-entering your Medicare credentials into ABILITY | EASE.

If you are still unable to log into ABILITY | EASE, contact ABILITY that does not work, contact ABILITY Technical Support for assistance.

Why didn't I get my overnight emails?

Check the following items:

- Your email address in ABILITY | EASE to assure accuracy.
- Your Spam or Junk folder.
- Your ABILITY | EASE account for any recent changes.

Why did my overnight job fail?

There are several reasons that could explain why your overnight job failed:

- Your Medicare credentials expired
- You do not have full permissions in DDE
- The job was too long for ABILITY | EASE to complete.

What does the red X () on my dashboard mean and why does it say some jobs are not gathering information from DDE?

The red X () indicates that there may be a problem relating to the eligibility of a given patient. Hover over the red X () to view further information on the issue.

Is there any way to cancel a paid final within ABILITY | EASE?

Yes. Click the wrench icon() to open the claim. The UB-04 form opens. Hover over the lock, select Cancel. The Remarks page opens. Enter any remarks and click **Cancel this claim**.

Errors

Why do my claims say “error, unable to perform change” when submitting?

There was a field that was filled in on the UB-04 that was a blocked field in DDE.

What does “Error: Tried to write to a protected field on Medicare” mean?

There was a field that was filled in on the UB-04 that was a blocked field in DDE.

I processed my final claim and I got a reason code: 38107. What does this mean?

This is a Home Health agency reason code. The final claim was either submitted without a RAP, or something on the final claim does not match the RAP.

What does “Invalid sign on attempt - contact security” mean?

The Username and/or Password were entered incorrectly or you do not have the correct permissions.

What does “Some jobs are not gathering information from DDE. Please correct the errors below to resume job flow” mean?

There are three reasons that could explain why you see this message:

- Your medicare credentials have expired.
- You do not have full permissions in DDE.
- The job was too long so ABILITY | EASE was not able to complete it.

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