

ZOLL AR Boost® Clearinghouse Services

DATA SHEET



Speed Up Reimbursements and Strengthen Revenue

Clean Claims Rate Up to 99% (or Higher)

Your clean claims rate tells you how effective your revenue cycle management process is. If you're not submitting your claims at a near-100% accuracy level the first time, they are likely being rejected for errors that should have been corrected.

Developed with more than a decade of experience troubleshooting electronic data interchange (EDI) submission pain points, ZOLL AR Boost Clearinghouse Services dramatically reduces rejections the first time. Using the most comprehensive, up-to-date payer rules (including custom, provider-specific rules), our comprehensive claim scrubbers help healthcare organizations achieve up to a 99% (or higher) clean claims rate.

Determine This:

- What's your average clean claims rate?
- How frequently are your rules updated?
- Does your platform offer provider-specific rules?
- Will you need to make updates to hard-coded rules with every new release?

Same-day Claim Delivery

The sooner a payer receives a claim, the closer you are to resolution (and payment). Through intelligent routing and frequent payer synchronization, ZOLL AR Boost Clearinghouse Services outpaces the average clearinghouse with same-day delivery. Most claims even receive same-day acknowledgments.

Ask Yourself:

- Do you have a 24-hour hold on claim submissions?
- How frequently do you submit claims in a single day?
- Does your platform batch claims once a day?

Automated, Real-time Messaging and Denial Management

When a claim is rejected or denied, response time is of the essence. ZOLL AR Boost Clearinghouse Services offers three unique features that eliminate manual, time-consuming follow-up and help make up for the additional days in accounts receivable (AR):

- Messages, rejects and remits are instantly placed back in the work queue, always matched to the appropriate claim.
- Get fast, clear correction guidance.
- Enjoy continual visibility into claims status until reimbursement.

Consider This:

- Does your platform automatically link payer messages and remittances to the appropriate claim?
- Are you able to deliver payer messages and claim status in real time?

Leave the Dirty Work to Us

Did you know that denied claims, once resolved, take an average of 16.4 extra days to pay?

That delay directly impacts cash flow.



ZOLL AR Boost Clearinghouse Services has the industry's most robust claims scrubber, as proven by our 99% (and higher) clean claims rate. More clean claims lead to quicker reimbursement and a healthier revenue management cycle.

Every claim is analyzed using the most comprehensive, current rules from commercial payers, to Centers for Medicare & Medicaid Services (CMS), and more.

| RULE SET | UPDATED | SOURCE |
|---------------------------------------|-----------|-----------|
| UB04/CMS 1500 Rules | Daily | MUBC/NUCC |
| HIPAA 5010 Rules | Daily | ANSI X12 |
| Payer-specific Rules | Daily | Payers |
| MAC Regional Rules | Daily | CMS MAC |
| Medicare Code Editor (MCE) | Quarterly | CMS |
| Outpatient Code Editor (OCE) | Quarterly | CMS |
| Correct Coding Initiative (CCI) | Quarterly | CMS |
| Local Coverage Determination (LCD) | Monthly | CMS |
| Medically Unlikely Edits (MUE) | Quarterly | CMS |
| National Coverage Determination (NCD) | Quarterly | CMS |
| HCPCS/CPT/ICD | Quarterly | CMS |
| Outpatient Code Editor (OCE) | Quarterly | CMS/AMA |
| Provider-specific Rules | Daily | Provider |

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To learn more,
please call us or visit our website:

800-231-8573

www.zolldata.com/arboost