



A PLUS Home Health

A Plus Home Health Agency Streamlines Billing, Prevents Patient Revenue Losses with ABILITY

Located in Highland, Indiana, A Plus Home Health Care serves approximately 200 patients, typically age 65 and older. The agency provides physical therapy, speech therapy, occupational therapy, nursing, home health aides and medical social services to patients in their homes.

A Plus Home Health faced the same challenges as other home health agencies: billing on episodes of care and requesting 50-60 percent of a final payment to perform and initiate services.

Opportunity

Because of recent changes in healthcare reform, the agency is paid five percent less than it was paid a year ago, with promises from the government of even further reductions. Additionally, billing becomes more of a challenge when patients change home health agencies, leading Medicare to request a “claw back” payment. It is also common that during a 60 day episode a patient’s condition can worsen, precipitating a move to a hospice, which takes precedence over home health on payment.

As a result of changes in health care reform, A Plus Home Health receives less per patient and takes in fewer patients.

“There are far more steps getting patients started in home care and continuing to see them,” says Office Manager, Craig Steffel. “Requirements to see patients are far more stringent than ever before.”

Patients may also migrate from Medicare to a Medicare Advantage plan or from Medicare to private insurance—sometimes in the middle of a home care program. Home health agencies that fail to receive timely notification of patient switches can easily lose patients and revenue. Many patients are unaware that they’ve changed plans until A Plus Home Health inquires about the patient switching.

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Craig Steffel

Implementation

Prior to utilizing ABILITY’s services, the agency relied on manual checks of eligibility status. It could wait two to three months before learning a patient had switched plans or agencies. This led to significant revenue shortfalls, with the agency sometimes receiving payment for just 10 days out of 60 days of care and incurring losses of \$7,000 to \$10,000 per patient.

A full-time staff person took one day per week to perform eligibility checks, wait for a report and fix problems. If the biller left the agency or moved to another assignment, another staff person had to receive training on how to perform checks. When no one was available, eligibility checking moved to the back burner, putting the agency at financial risk.

ABILITY EASE tracks all billings. The ABILITY EASE application is helping A Plus Home Health stay current on Medicare payments by providing all relevant information on a single screen. ABILITY EASE compiles lists of patients seen, verifies how many patients switched eligibility status or transitioned to another agency, and transmits weekly actionable reports. The agency’s staff members receive three daily reports on a patient’s eligibility, complete with changes that might affect payment so they can easily and quickly prioritize and work claims.

Results

ABILITY EASE identifies any problems with eligibility changes. “While a patient or two may come up as having changed plans or agencies, we typically find out within a few days, not weeks or months, which minimizes our revenue losses. ABILITY EASE is a no brainer. If we can catch just one eligibility change per year it has paid for itself. It’s a no lose situation.” said Craig Steffel.

A new base connectivity site license has allowed A Plus Home Health to add eight workstations, making the Web-based system accessible 24/7 to some twenty staffers. Given the changes in reimbursement Steffel says, “Anything we can do to streamline operations and cut costs will be very beneficial to us.” These additional workstations and ABILITY EASE enable A Plus Home Health to work more efficiently.

A point and click demo shortened the learning curve of staff members, liberating them from having to navigate through the system, fix errors and resubmit claims allowing A Plus Home Health staff to work on higher priority tasks. Steffel states, “Anyone that can type and use the Internet can use ABILITY EASE.” Billers can also use ABILITY EASE remotely giving them the ability to access patient information from a handheld device.

Lessons Learned

Craig Steffel offers this advice for home care agencies interested in new systems for home health eligibility checking and billing:

- Use an online demo to discover how the system will function in the daily routine of your agency. “Go to the demo because how the demo works is exactly how the product works. ABILITY EASE is easy.”
- Take a realistic look at ROI. “If you catch one patient changing plans or agencies, it will cover the system’s annual cost,” says Steffel. “If you catch multiple patients, your agency will save money.”
- Look for a system that allows for portability and easy, remote access via multiple computers.

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About ABILITY

ABILITY works to save lives by facilitating information exchange and knowledge sharing among every participant within the healthcare spectrum – hospitals, physician practices, home care providers, DMEs, and private and government payers. More than 3,000 hospitals across the country use ABILITY network to promote care coordination and collaboration, reduce record fragmentation, participate in new care models, streamline administrative workflow and access the Direct Project network and state and community-based Health Information Exchanges.