



Healing Touch Home Health Care

ABILITY EASE Empowers Healing Touch to Grow Medicare Patient Census

Located in Dayton, Ohio, Healing Touch Home Health Care is a small sized home health agency with patients ranging in age from less than a year to age 93, the majority of which are 35 to 45 years old. Healing Touch previously only served a handful of Medicare patients because it was losing significant money billing Medicare patients before adopting the ABILITY EASE product. ABILITY EASE reduces or eliminates delayed revenues, permanent loss or write-offs.

Opportunity

Because of Medicare's stringent requirements for reimbursement and thousands of dollars in losses in the past, Healing Touch initially cut back on its Medicare patients in favor of long-term patients that were insured by private providers or Medicaid.

Securing trained Medicare billing staff, compounded the challenge of taking on Medicare patients. When the sole remaining Medicare biller left, Healing Touch was unable to find an immediate, qualified replacement.

"When it comes to Medicare billing, the learning curve is tremendous—sometimes it takes several months," says Fahad Ali, Healing Touch's Director of Compliance. "Asking a new person to fill the role right after being hired is close to impossible—especially if the billing system is cumbersome and difficult to use."

Like other home health agencies, Healing Touch staff was investing countless hours checking Medicare eligibility, claim status in Direct Data Entry (DDE), fixing claims and following up on Request for Anticipated Payment (RAP) or final claims to ensure proper payment.

Ali realized how daunting the claims process could be without a simple, streamlined system to rely on. "If a biller lacks sufficient knowledge of policies and requirements and organizational skills, performing consistent, accurate billing is a real challenge," says Ali. "Per patient losses can run into thousands of dollars."

“This is easy to learn and easy to use. ABILITY EASE is as easy as point, click, and go.”

Fahad Ali, Director of Compliance, Healing Touch

Implementation

Ali responded by initiating a search for a new claims system with goals to streamline the agency's claims processes, reduce errors, save money and offer staff a simple, user-friendly experience. After reviewing several systems online, Ali participated in an online demonstration for ABILITY EASE.

"It was easy to see how this product could support Healing Touch in checking claims status and fixing claims in real time without having to move through multiple screens or wait days following a coding error," he said. "ABILITY EASE had the potential of saving us time and money, while providing up-to-the-minute access to information on all active patients. It is almost like having a full time employee, FTE, working non-stop on Medicare." What used to take Healing Touch one week to check eligibility and correct claims can now be completed in just one day according to Ali.

Implemented in February 2011 following a 2010 implementation of ABILITY NOW, the DDE connectivity product, ABILITY EASE allows Healing Touch to stay up-to-date and informed on Medicare payments by automating eligibility checks on active patients, claims corrections and notifications on patients who move from Medicare to Medicare Advantage or a commercial payer.

"As changes in health care reform affect the bottom line of home health agencies, payments are declining and billing is more challenging," says Ali. "ABILITY EASE

allows agencies like Healing Touch to track billing inquiries, improve cash flow management and operate with a more complete understanding of receivables and risk.”

With ABILITY EASE, Healing Touch staff can access patient lists, verify changes in eligibility status or moves to other agencies and receive daily reports on problems related to claims and patients. Other features include a dashboard with analytical support and a “click-to-fix” function for automated claims corrections.

According to Ali, ABILITY EASE also eliminates the learning curve often required by other competing claims systems. This enables just about anyone within an agency to get on board and perform essential tasks without time-consuming and disruptive formal training.

Results

“Right now, we’re taking it slow with the number of Medicare patients we serve,” says Ali. “But we’re confident that ABILITY EASE can provide us with the knowledge and support we need to grow and serve more. If we had ABILITY EASE two years ago, we’d probably be caring for more Medicare patients than we do now.” Healing Touch Home Health is now looking to grow their Medicare patient census with the assistance of ABILITY EASE without needing to add an additional FTE.

Lessons Learned

Ali offers these recommendations for others implementing an eligibility and claims submission and tracking service:

- Calculate time savings in purchasing a new system, including factors such as waiting for a response from Medicare.
- Discover options for using your biller more creatively, including performance of higher-level tasks. According to Ali, “Our biller is no longer wasting time on trivial work.”
- Look for systems with a reasonable or low learning curve. “Make sure your staff is able to work with the system without heavy-duty training,” says Ali.
- Take advantage of online demonstrations. “They are invaluable in sorting out differentiators among systems,” says Ali.
- Find a product that has multiple uses. ABILITY EASE sends a daily eligibility email, enables correction of claims, and assists with budgeting.
- Identify potential cost savings. “If you can catch one claim denial, ABILITY EASE pays for itself for the entire year,” he says.



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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.