



Monroe Clinic

Wisconsin Clinic and Hospital Speeds Medicare Reimbursement with ABILITY's Enterprise DDE



VOICE of Our Customers

We needed a connection that was convenient, reliable and predictable in terms of cost, and we found it with ABILITY.

- says Patient Financial Services Supervisor

Located on the Wisconsin/Illinois border, Wisconsin-based [Monroe Clinic and Hospital](#), a not-for-profit health system featuring a multi-specialty clinic and hospital, serves a largely rural, elderly community.

Sponsored by the Congregation of Sisters of St. Agnes, the Clinic offers more than 80 providers, a 24-hour emergency room, home care and hospice services, as well as clinic locations in southern Wisconsin and northern Illinois. Fifty-one percent of patients are on Medicare; fifteen percent are on Medicaid and Illinois Public Aid and three percent are self-pay.

Opportunity

Accelerating Medicare reimbursement is a top priority for the Clinic. It must adapt to a growing number of patients who have lost or changed jobs by performing ongoing updates of insurance information, according to Maggie Fuchs, Patient Financial Services Supervisor at the Clinic.

With community and charity care volumes rising, Monroe must reallocate its resources. And with large jumps in health plan deductibles, it must offset sharp declines in elective procedures and patient decisions to postpone or forego any type of care.

Fortunately, in 2007 Monroe chose to adopt ABILITY's Enterprise Direct Data Entry (DDE), which has accelerated Medicare reimbursement and helped to offset financial challenges ushered in by the national economic downturn.

Prior to adopting ABILITY, the Clinic's Medicare connection was unreliable, bumping staff members for no obvious reason. Passwords mysteriously expired, requiring regular resets. Additionally, previous vendor pricing was based on connection costs with a discrete number of users connecting for a defined number of minutes. Monroe was unable to predict and manage the monthly and annual costs of connectivity.

"It was difficult for the Clinic to predict how much a staff member would need to use the system. If too many people tried to connect at once, the system would kick them off or refuse to let them in," says Fuchs. "We needed a connection that was convenient, reliable and predictable in terms of cost and we found it with ABILITY."

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Implementation & Results

Fuchs is convinced that ABILITY has delivered on these essential factors:

Autonomy/speed to implementation: ABILITY provided the Clinic with instructions on how to download Enterprise DDE to its computers. “Once we downloaded ABILITY, staff could quickly and easily get in and out of the Medicare portal,” says Fuchs. “We were up and running without having to rely on our IT department or training sessions.”

Cost predictability: “ABILITY allows us to accurately predict connectivity costs,” says Fuchs. “We have confidence that we’ll pay a set monthly fee that won’t be changed due to an increased number of users or minutes expended.”

Staff productivity: Clinic staff members can leave the ABILITY system up all day without having to sign in again and again. “Because the previous vendor charged the Clinic on a per-minute basis, staff members would log in and out as quickly as possible,” says Fuchs. “With ABILITY, staff can stay on the whole day without feeling the pressure of having to sign in and out and without the fear of being kicked off.”

Eligibility checking: Now that Clinic staff members use ABILITY from four to 10 hours per week, they can easily and quickly verify eligibility and avoid the last-minute surprise of discovering a patient is ineligible to receive care.

Speed and efficiency: While users of the Clinic’s previous Medicare connection would often wait for a dial up, log in and get kicked off only to sign in again, current Clinic staff members connect with Medicare within 15 to 20 seconds.

Rapid support: “Anytime the Clinic has connectivity problems or concerns, we reach out to ABILITY support. Within minutes, support gets back to us and begins to resolve our issues.”

Adds Fuchs: “If I would have known that ABILITY was so easy to implement and generated positive results so quickly, I would have implemented it years earlier.”



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 – as well as the Centers for Medicare and Medicaid Services (CMS). In use for more than a decade in more than 3,000 hospitals across the country, ABILITY’s network supports healthcare decision makers in their quest to promote care coordination and collaboration, reduce record fragmentation, participate in new and emerging care models, and access the Direct Project network and state and community-based Health Information Exchanges (HIEs).

