Choctaw Nation Health Care Center Accelerates Payments With Smart Automation

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The challenge

Rural healthcare center battles slow and clunky claims submissions

As part of Tribal Health, the Choctaw Nation Health Care Center is subject to some unique billing requirements. Rather than itemizing every charge when billing Medicare and Medicaid, for example, Tribal Health providers bill a flat-rate fee.

While this might seem like it would simplify the billing process, their previous software wasn't set up to accommodate such a scenario. Assistant Business Office Manager Niki Knapp said the hospital's billing staff would have to jump through multiple hoops to get a claim processed.

"It got to the point where we just couldn't get our claims out the door," she said.

Enrolling new payers was tedious and time-consuming. The organization's previous system relied on paper forms, which required filling in the same information multiple times.

A contact from the Chickasaw Nation tribe told the healthcare center about ABILITY Network, which the tribe was using with great success. Knapp's team set up a call to learn more.

The solution
Customizable rules engine saves time and labor

ABILITY simplifies the claims upload process, eliminating manual steps and saving time with intuitive features. Thanks to ABILITY EASE All-Payer's customizable rules engine, the healthcare center could easily configure submission parameters that allowed for the submission of flat-rate claims without obstructive error messages.

Enrolling new payers became much easier, with digital entry forms pre-populated with known information to save on administrative labor.

"With ABILITY, most of the payer information we need is already there without us having to type it in," Knapp said. "The layout and the ease of using it — it's so simple."

> **"I love it. The staff loves it. It's a whole lot better than what we had before."** - Niki Knapp, Assistant Business Office Manager

Automated claims correction tools help the team catch more errors before they're submitted and resolve denials faster. Before using ABILITY, staffers would have to search for the error that was causing a rejection or wait for more information on a denial to arrive in the mail.

"We were always wasting time trying to figure out what was wrong with a claim," Knapp said. "With ABILITY, we get an error code so we can fix it and move on. With denials, we can update and resubmit them before we even get the remit back."

The results

Automated workflows dramatically reduce A/R days

Previously, it took an average of 21 days to a month for the healthcare center to receive payments on its claims. Now, payments are returned in as little as seven days for some payers.

"We were amazed at how fast the payments started coming in," Knapp said.

With ABILITY's instant, at-a-glance status reports, the billing team can easily address claims issues as part of their regular workflow. They now run reports and deal with denials twice a week and correct errors daily to keep the revenue cycle moving efficiently.

ABILITY has also eased the transition from Health Insurance Claim Numbers (HICNs) to Medicare Beneficiary Identifiers (MBIs). When a patient comes in with an outdated ID card, staff can easily find the new MBI using the patient's name, date of birth or HICN.

"ABILITY verifies the correct information and brings it right in so I can update the claim and submit it, rather than having to go to Medicare and find the new number," Knapp said.

The Choctaw Nation Health Care Center is a state-of-the-art 152,894 square foot facility consisting of 44 inpatient beds serving as the hub of the Choctaw Nation Health Services Authority, which operates an additional eight clinics to make care accessible to Native Americans across the Choctaw Nation.

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