



Phelps Memorial Health Center Enhances Efficiency Through Automation



The challenge

A small hospital experiencing big changes

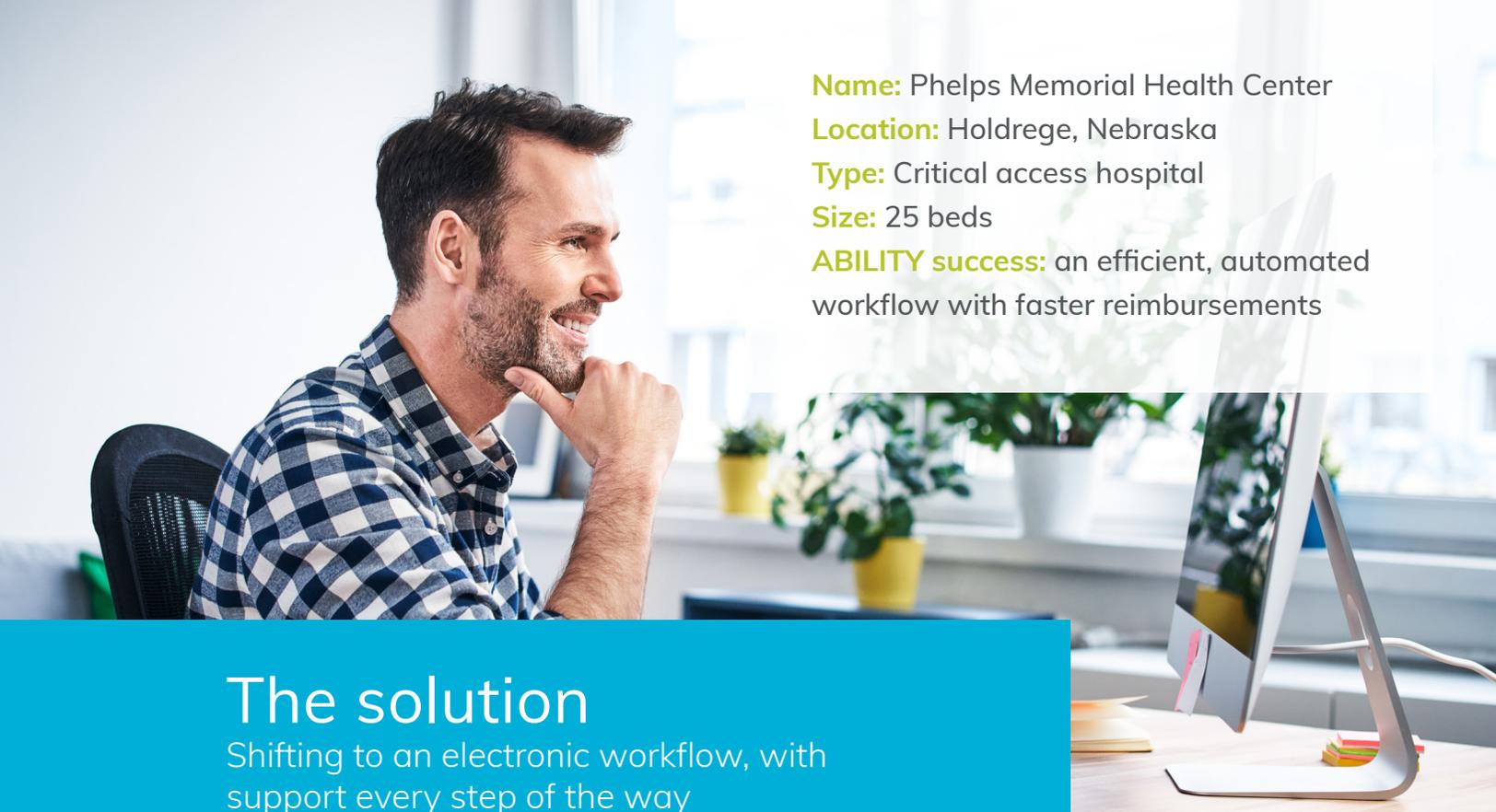
As a small, 25-bed critical access hospital in rural Nebraska, Phelps Memorial Health Center prides itself on caring for patients where they are – reducing the need for patients to travel. The center provides over 100 services to patients and employs dozens of physicians across multiple specialties. This level of care demands a robust claims management program to keep things running smoothly.

Unfortunately, the clearinghouse being used required billers to toggle between multiple pages to gather the information they needed to process claims – costing time and money. Much of their claims workload was done manually, with remits being 100% manual.

When the health center underwent an expansive upgrade to its electronic health record system, an implementation consultant introduced the organization to ABILITY Network.



ABILITY EASE All-Payer helped Phelps Memorial Health Center reduce manual remit posting by 75%



Name: Phelps Memorial Health Center
Location: Holdrege, Nebraska
Type: Critical access hospital
Size: 25 beds
ABILITY success: an efficient, automated workflow with faster reimbursements

The solution

Shifting to an electronic workflow, with support every step of the way

ABILITY is known for simplifying complexity for healthcare providers. One of the most impactful ways to do that is to automate time-consuming tasks.



ABILITY was able to offer efficiency. With ABILITY EASE All-Payer, we switched from doing print image claims to electronic claims. The overall workflow was a huge improvement for us.

MAGGIE WILSON, patient accounting lead

The streamlined approach enabled the organization to reduce the number of billers and reduce labor hours.

Another notable benefit for the staff was being able to submit, process and monitor Medicare claims without having to use the direct data entry system. With ABILITY EASE Medicare, the claims are processed and paid much faster, saving them time and frustration.

Staff members also discovered the service they received was top-notch when they encountered technical issues.



The quick turnaround time for work orders has allowed my billers to bring up issues, which ABILITY fixes within a day or two, if not within hours. This level of customer service is almost unheard of and a huge asset for ABILITY.

RACHEL DALLMANN, director of patient financial services



The results

Increased efficiency, lower A/R days
and fewer denials

The efficiency gained by implementing ABILITY applications throughout the patient financial journey has allowed billers to focus their attention on delinquent accounts, bring in more revenue and decrease overall A/R days.

The billing department reduced manual remit posting from 100% to just 25%. Before ABILITY, every single claim had to be reviewed and validated before it could be sent to the payer. Now, 90% of claims go straight to the payer without biller intervention.



My billers are no longer touching every single claim, and we have increased our clean claims rate, so that was a huge win.

RACHEL DALLMANN, director of patient financial services

The electronic workflow also makes it easy to monitor patient eligibility, obtain authorizations when necessary and proactively resolve issues upfront, resulting in fewer denials down the road.



It's a one-stop-shop. If you're working a claim and need to find the remittance advice, check eligibility, resubmit something, or send payer notes, all of that can be accomplished through ABILITY EASE All-Payer.

MAGGIE WILSON, patient accounting lead



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