ABILITY Network survey shows nearly 60 percent of providers rely on incomplete eligibility verification

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About ABILITY

ABILITY® Network Inc is a leading healthcare technology company trusted by thousands of payers and providers across the continuum of care. Through the use of the ABILITY Network comprehensive suite of care coordination and workflow services, our customers are able to improve efficiency, reduce costs, increase cash flow and more effectively manage the financial and clinical complexities of healthcare.

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MINNEAPOLIS, Minn. – July 30, 2015 – Checking eligibility is one of the critical first steps with any patient appointment. But often a clinic making that eligibility check has to rely on time-consuming phone verification or inconsistent information from the payer's website. The result can be wasted time at best and incorrect claim submission at worst.

A recent ABILITY Network survey of over 1,000 providers showed that 38% verified a patient's eligibility by searching a payer's website. Over 20% of the others took the time to phone the payer directly. Surprisingly, a few providers even said that they rely on the patient: **"I just assume they are bringing in current insurance,"** related one respondent.

The 58% who either verify patient insurance on a website or on the phone know that the process can be slow as well as inaccurate. **"I do use the payer's website but, because a few times the website was not up to date or even accurate, I opted to call the insurance carrier directly,"** stated one of the survey respondents. A manager for a skilled nursing facility pointed out the amount of time wasted on a phone call to the payer: **"It is so annoying, going through so many prompts before you can actually speak with a person. I just waited an hour on one call."**

Siouxland Community Health Center in Sioux City, Iowa, has turned to a new software from ABILITY Network called ABILITY | COMPLETE to replace their old verification process of navigating multiple websites or waiting on the phone for a payer to answer. The old process had several drawbacks.

"Patients would tell us they had a certain insurance, and we'd have to believe them," just to save time in the admitting process, related Tracy Godsey, Medical Customer Service Representative at Siouxland.

Unfortunately, if the patient was wrong about their coverage, the health center would waste time later by sending out an incorrect reimbursement claim, getting denied, tracking down the correct information, and re-billing. **"It would easily delay our revenue at least a month,"** Godsey stated.

Now, using the ABILITY | COMPLETE service, Siouxland gets information returned on hundreds of commercial payers. Users get the same or more complete information in a fraction of the time they would by phone or through insurance plan websites. **"Now we have the information verified at the time the appointment is made, instead of at the back end, getting denials and fixing claims and sending out new bills,"** Godsey said.

Karen Matthews, Billing and Collections Manager at CJE Senior Life in Chicago, Illinois, agrees that ABILITY | COMPLETE has made a huge difference in her staff's ability to get fast, current and accurate eligibility information. **"Before, it might take us 30 - 45 minutes per patient to get the information,"** she noted, because they were looking in multiple places for secondary insurance. Since adopting the software, Matthews said that verification has been significantly reduced.

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In addition, the workflow dashboard for ABILITY | COMPLETE allows users to add notes to a payer's eligibility response (for example, whether or not that payer requires pre-authorization, the phone number needed to call to verify, reminders, payer contact information, and more). Staff can also receive customized reminders and payer-specific requirements. ABILITY Network offers a range of eligibility verification services, depending on providers' needs and expectations.

The nationwide survey was conducted May 12-19, 2015, with 1,082 providers responding.

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