



# CASE STUDY

## COMMUNITY HEALTH NETWORK

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### The Story

Community Health Network is central Indiana's leader in providing exceptional healthcare services. Community is ranked among the country's most integrated healthcare systems. With more than 200 sites of care and affiliates throughout the region, Community integrates hundreds of physicians, specialty and acute care hospitals, surgery centers, home care services, MedChecks, behavioral health and employer health services.



### The Challenge

Community's revenue cycle team had challenges many health systems face like disparate systems, scattered claim data, multiple locations, and accounts across different electronic health record systems. Community's team also lacked visibility into the Medicare system, which meant return to provider (RTP) claims were stagnant. Billing an average of 20,000 Medicare claims monthly, Community lost significant revenue on RTP claims. Community additionally outsourced part of its billing through a vendor partner who failed to properly work their Medicare claims.



### The Solution – Medicare Enterprise Package

After carefully evaluating eSolutions' potential to improve their revenue cycle, Community implemented eSolutions' Medicare Enterprise package in 2017. Merry Bees, Executive Director, Patient Financial Services, and Liz Ward, Patient Account Manager, were instrumental in choosing eSolutions to transform their Medicare claims billing and management process.



### The Result

Leveraging the power of Medicare Enterprise, Merry, Liz and their teams achieved immediate visibility into RTP claims. "Your tool allowed us to do mass suppression of claims we needed to clear out of RTP, and within FISS we couldn't accomplish this without working claim by claim," Liz said. "Enterprise gave us the ability to do the work quicker and work those remaining claims much easier."



### Key Improvements

**49%**

reduction in percentage of claims paid after 60 days

**24%**

increase in percentage of claims paid in same month of service

**70%**

reduction in outstanding RTPs

**67%**

reduction in RTP percentage



### Testimonial

"Working a claim within Enterprise is nice. eSolutions is very user-friendly, and from that perspective it's a great tool!"

– Liz Ward  
Patient Account Manager  
Community Health Network

Within the first year of using Enterprise, Community has improved outstanding RTPs and RTP percentage by nearly 70 percent.

While Community chose Enterprise to identify and work RTPs, they immediately realized other benefits. Community began using the claim editor along with the analytics and workflow features in Enterprise, and found it particularly convenient how the product prominently displays top reason codes and A/R trends.

"Working a claim within Enterprise is nice. FISS is not always user-friendly about rekeying lines, as it's unforgiving and can be frustrating," Liz said. "eSolutions is very user-friendly, and from that perspective it's a great tool!"

Merry said it's helpful that Enterprise displays what the claims truly look like. "Enterprise sends a claim image back into our system so we have record of it for compliance," she said. "I also love it when I'm in my EHR and can tell if and when a claim went into RTP status."

**Liz said, "It's a lot easier to find problems quickly and start working on solutions versus trying to find the problem in Medicare."**

After working with eSolutions, Community's aged and Medicare receivables are better than other payers. "Right now, we've got about eight percent in Medicare receivables that are over 90 days," Merry said. "This number was significantly higher before we used Enterprise."

While Merry and Liz enjoy Enterprise's intuitiveness, they agree it took time for their team to warm up to it. "Old habits in FISS die hard, but once they started working deeper within Enterprise, finding line items and other details, they started to understand how the tool could help them better work aging receivables," Liz said.

Merry said she would recommend Enterprise to other health systems. "I think there are systems that could benefit if they want to better understand where everything is sitting, want to reduce A/R days, and have better workflows."

Liz added that Enterprise offers unique transparency into Medicare A/R, not just on RTPs, but with other reporting like line item denials of paid claims.

Although Community has expanded tremendously over the past 60 years, its employees have stayed true to their values and a family feel. "We have a lot of multi-generational providers and employees in our network, so it still feels like you're at home when you see us," said Liz. "It keeps people coming back."

Enterprise allows the revenue cycle team to offer value to its internal stakeholders and providers. "No matter what department we're in, we always think of the patient first," Merry said.

## Key Reductions

**11%**  
reduction in  
Medicare A/R days

**12%**  
reduction in  
registration errors

**23%**  
reduction in  
coding errors

**Find which solution is right for you!**