

How Claims Automation Helped a Mental Health Practice Increase Revenue



The challenge:

Accepting insurance is intimidating, complicated and time-consuming

Many ambulatory healthcare providers – especially small mental health and therapy practices – often struggle with insurance. The whole process of accepting insurance and working with multiple payers can be complicated and intimidating. Over half of recently surveyed clinicians said their practice is overwhelmed by constantly changing medical billing rules.¹

Like other providers, Nicole Breck, who owns a mental health practice in New York City, feared time-consuming billing tasks. Ensuring correct coding and reporting, navigating complicated billing processes, and handling claims corrections and claims management are areas that could take her away from her patients.





Instead of dealing with all that hassle, many small providers opt not to take insurance at all. Collectively, the lack of automation for claims processing costs the healthcare industry more than \$11 billion each year.²

Unfortunately, in a recession or economic downturn, ignoring insurance can be catastrophic. That's why Breck turned to ABILITY.

"I believe strongly in taking insurance," she explained. "In a down market, you want to take insurance. Your patients may not have the budget to pay out of pocket, but many of them will still have insurance coverage for your services."

But how can a small healthcare provider overcome the barriers to accepting insurance?

The solution:

Technology brings automation and efficiency

Breck enhanced her practice's revenue while freeing up time to focus on her patients with ABILITY CHOICE All-Payer Claims.

With an average of 32-38 patients scheduled each week, she cannot afford to spend a lot of time on billing. She chose ABILITY because it helps her save time and frustration. Instead of logging in and out of multiple payer portals, she can access all of her payers in one place. "The time savings alone is worth the price," she says, "Yes, all of those payers have free portals, but it's impossible to keep up with all of them and chase them all down. The cost to my time is just too high. ABILITY pays for itself by giving me back my time."

With ABILITY, Breck has successfully recession-proofed her practice. In good and bad economic times, she continues to have a full schedule and can help more patients who need her but may not have the cash available for therapy.



The results:

More revenue and more time to focus on patients

Since she began using ABILITY, Breck has seen significant positive impacts on her day-to-day activities for her practice. With its simple, user-friendly interface, the application makes it easy to automate her billing processes.

In fact, the application is so easy and takes so little time, that Breck now bills all her payers twice a month instead of monthly. “After seeing how successful I was with the application, my ABILITY representative recommended that I bill my payers twice each month. Since it’s all basically automated already, I tried it,” she said, “And I’ve seen a big increase in my monthly revenue.”



Business name: Nicole Breck, LCSW
(Licensed Clinical Social Worker)

Location: New York City

Average weekly volume: 32-38 patients

Success with ABILITY: accepting insurance from multiple payers without sacrificing time with patients

“I’ve increased my revenue by 15% with **ABILITY CHOICE All-Payer Claims**. Because I can easily identify denied claims, my overall revenue stream is faster and more continuous.”





- 1 “Medical Billing a Challenge for Struggling Primary Care Practices,” Jacqueline LaPointe, RevCycle Intelligence, November 30, 2020, <https://revcycleintelligence.com/news/medical-billing-a-challenge-for-struggling-primary-care-practices>
- 2 “The AI Difference in Revenue Cycle Management,” Khalid Al-Maskari, Physicians Practice, July 16, 2020, <https://www.physicianspractice.com/view/the-ai-difference-in-revenue-cycle-management>

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