

CASE STUDY:

Preferred Home Health Care & Nursing Services

Streamlines revenue cycle performance

CHALLENGE

- **Improve revenue cycle management**
- **Drive operational efficiency**
- **Reduce AR days**
- **Improve collections**

SOLUTIONS

- **Claims Manager**
- **Claims Monitoring**
- **Eligibility**
- **Remit Management**
- **Denial and Appeal Management**

RESULTS

- **Expedited payer payment processing with a 99.4% clean claims rate**
- **Rebilled \$4.1M in claims that were inappropriately denied by payers in the past 12 months**
- **Saved staff 18 hours a week with automated Claims Monitoring**
- **Reduced paper processing to less than 0.3% of claims**

The challenge

Too many claims sent on paper and less than efficient payer enrollment created AR delays and drains on staff time and efficiency. Preferred Home Health Care & Nursing Services searched for a new clearinghouse that would provide better service, more electronic payer connections, and speedier enrollment for its agencies that processed billing for patients of all ages located throughout New Jersey and Pennsylvania.

Waystar solutions

Centered around a mission of providing compassionate and dependable care, Preferred Home Health Care, sought a claims processing partner that had the same philosophy. Waystar was selected as the best fit.

They implemented Claims Manager, Claims Monitoring, Eligibility, Remit Management and Denial and Appeal Management to improve revenue cycle performance.

Results

"We get claims out cleaner and faster with Waystar," says Tonya Lukas-Hallman, Billing Manager for Preferred Home Health Care. "Today we have a 99.4% clean claims rate. Billing staff enjoy working with Waystar because of its efficiency," says Tonya. There's lots of claim level information that makes it easy to identify and correct claim issues. We have had new staff who have worked with other clearinghouses say that Waystar technology is really user friendly," notes Tonya. In addition, they also have comprehensive tracking of their claims history, proof of timely filing and matching back to the remit or EOB."

"Support is awesome. We get an immediate response to our support inquiries. Waystar always keeps us abreast of what's happening. "If there is a payer connection issue, Waystar does the legwork to fix the issue with the payer." We have seen resolution of our support tickets as quickly, as the same day, unless it is an issue that the payer must address on its end."

In contrast to their prior clearinghouse, Waystar has worked with Preferred Home Health Care to reduce paper processing to less than 0.3% of claims.

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“The payer enrollment process moves swiftly. Waystar is quick and efficient. We just wish we could get all payers to work like Waystar,” says Tonya.

Recently Preferred Home Health Care upgraded to Waystar’s advanced revenue cycle processing platform. “The transition, user management and remit matching have been seamless,” says Tonya. “As an administrator, I can give access to users, create landing pages and make changes effortlessly. I have my home page set on the claims dashboard. It’s a very nice reporting tool to see where claims are in the process and identify where issues may be trending for the company and for each branch,” notes Tonya.

By automating a large percentage of their claim status checking, Preferred Home Health Care is saving staff 18 hours a week. “We can identify payer specific trends, gather all the information, and address issues faster, to positively reduce AR days with Claims Monitoring,” says Tonya.

A two-pronged strategy is enabling Preferred Home Health Care to be more effective at addressing payer denials to improve revenue. “Eligibility is a great tool. It gives us a birds-eye-view, so we can confirm patient coverages and address any issues up-front,” says Tonya. Monitoring and taking action with each payer for inappropriate and workable denials has been simplified with Waystar’s denial management technology. “As an example, we had one payer that had a glitch in their system, which was creating

bogus denials. Waystar enabled us to efficiently pull together information to quickly make our case. The payer discovered it was a global issue that impacted more than just our claims,” reports Tonya. Cash flow recovery from inappropriate denials is accelerated with Waystar’s wizard that automates assembly of the claim, remit, reconsideration letter, proof of timely filing, and any other desired attachments. As a result, Preferred Home Health has rebilled \$4M in claims that were inappropriately denied by payers in the past 12 months with Waystar’s Denial and Appeal Management.

Impact

Preferred Home Health Care has enhanced revenue cycle staff performance, speed to payment and the ability to rapidly address payer issues with the aid of Waystar technology and support.

“If you’re seeking a new revenue cycle processing partner or clearinghouse, I would recommend that you see a demo of Waystar,” suggests Tonya. “Support is awesome. I can’t say enough about the people. They are pleasant and always willing to help. Reporting is robust. Waystar is more than just submitting claims and getting paid by payers. They have many other options to support revenue cycle processing like statements and secondary billing. It’s worth exploring your options. Waystar removes manually tedious work to make the revenue cycle more efficient,” says Tonya.

Ready to transform your performance?

Contact Waystar: 1-844-6Waystar or visit us at [waystar.com](https://www.waystar.com)

ABOUT WAYSTAR

Waystar simplifies and unifies the healthcare revenue cycle with innovative, cloud-based technology. Together, our technology, data and client support streamline workflows and improve financials for our clients, so they can focus on their patients.