CASE STUDY:

Arête Healthcare Solutions

Arête Healthcare Solutions leverages claims management solutions to keep revenue growing

CHALLENGE

- **Nationwide billing service faced high denial rate along with lack of responsiveness from previous clearinghouse, contributing to sluggish cash flow for its more than 100 healthcare clients.**

SOLUTIONS

- **Waystar's claims and remittance management tools enable automation, eliminates paper and allows staff to work denials and rejections in real-time.**

RESULTS

- **Across Arête's client base, they achieved a decrease in the percentage of days in AR greater than 60 by a range of 33 to 61% and improved cash flow**

Arête Healthcare Solutions provides a broad suite of healthcare information technology and services, including its proprietary EHR application, practice management software, patient portal applications and comprehensive billing solutions. As a successful billing services company, the staff works every client's claims expeditiously and accurately until revenue is received. Like other billing companies, Arête Healthcare Solutions relies heavily on its claims management solution to help staff understand what specific actions are required to keep cash flow moving in a timely manner.

With a heavy claims volume, Arête couldn't afford to wait for a clearinghouse that didn't support timely and accurate claims management

At Arête Healthcare Solutions, Director of Billing Karen Annone knew her team was working hard to achieve results for their clients, but she knew they could make improvements. She also believed their former clearinghouse's lack of responsiveness contributed to a sluggish revenue cycle—which meant Arête's 100-plus provider clients weren't hitting their claims revenue targets. With a volume of more than 21,000 claims per month, Arête couldn't afford to have a clearinghouse that didn't support timely and accurate claims management. Annone, who has been with Arête since its inception more than 10 years ago, had a sense of what was causing subpar claims performance for billing clients, and she knew Arête needed a new claims management solution to drive positive change.

Annone's colleague, Shelly Ringgold, billing and collections manager, explains, "Our claims management wasn't as efficient as it needed to be; it was highly manual and paper-based. Looking back, we had extra steps that made the process lengthier and more cumbersome, but at the time, we didn't realize it."

The need for efficiency, automation and high client service standard

Annone and Ringgold began discussing the need for a new claims management solution. Says Annone, "Our frustration began with our former clearinghouse's slow responses or lack of responsiveness altogether, but that was by no means the only issue. The clearinghouse frequently didn't

WAYSTAR

send ERAs, so our staff had to assume the time-consuming task of tracking them down. Even worse, our clients' claims revenue was delayed." The Arête team frequently had rejections the clearinghouse couldn't explain. "We had many unanswered questions that directly impacted claims revenue," says Ringgold. As they began evaluating solutions, Annone and Ringgold's criteria were clear: they wanted excellent client service along with a solution that streamlined and automated processes. Additionally, Ringgold comments, "User-friendliness was also important. We needed to hit the ground running and quickly adapt to the new solution."

> "Our frustration began with our former clearinghouse's slow responses or lack of responsiveness altogether …."
>
> **– Karen Annone, Director of Billing, Arête Healthcare Solutions**

After evaluating viable solution options, Arête chose Navicure, now known as Waystar, for its claims management tools. "We selected Waystar's claims and remittance solutions because we saw all of these attributes," says Annone. "Waystar has high customer service standards like answering all support calls in three rings or less. Plus, they automated a number of the processes that previously caused us problems and delays."

> Ringgold agrees, "We didn't even realize just how antiquated our old clearinghouse was until we started using Waystar."

A successful, timely and phased implementation plan

Arête implemented the Waystar solutions, which allowed the billing team to manage claims, remittance, denials and appeals via a highly automated, cloud-based solution. These solutions also supported a paperless claims management process, enabling the Arête team to work denials and rejections directly within claims, without any printing or going back to the practice management system.

"Our implementation went well; I really appreciated the Waystar team's organization and drive," says Annone. "We worked together to develop a three-phased approach so my team wouldn't have to switch clearinghouses for all clients at once. We started with a few small clients in phase one, which enabled the team to adjust slowly rather than trying to manage a huge influx of claims in a new system."

Annone also notes, "We made some small changes along the way, but we mainly stuck to the project plan and timeline."

Faster, more automated claims processes accelerate cash flow

"Our most notable area of improvement in the claims process has been denial and rejection management," says Annone. "Before, we worked denials via paper once a week. An ERA would come through and sit in the bin for days. Similarly, our rejections were worked on a weekly basis. Now, we're able to work both rejections and denials electronically in real-time. We work them daily, as they come in. It's far more efficient: We don't have to print any forms; we can work them whenever we want; and we can resubmit directly in Waystar. The team can also address appeals more quickly and easily."

Annone also appreciates Waystar's workflow management, which is especially important for a billing service company with the type of high claims volume generated by its more than 100 clients. "We can generate worklists with specific tasks for each team member, and I can come in each morning and look at each team member's assignments. It's a lot easier than overseeing the workflow process via a bin of paperwork," says Annone.

WAYSTAR

Annone and Ringold both acknowledge how Waystar has enabled them to increase revenue and accelerate cash flow for Arête's clients. When tracking days in AR, they closely monitor AR in the zero-to-60-day timeframe to ensure they're bringing in claims revenue in a timely fashion. Since implementing Waystar's claims and remittance management solutions, Arête clients decreased their percentage of AR greater than 60 days by a range between 33-61%. Depending on each client's claims volume, this percentage can translate to a substantial cash flow increase.

SUCCESS: Increased cash flow by decreasing days in AR greater than 60 days

In summarizing the difference between Arête's former and current claims and remittance management process, Annone says, "In every task, whether it is rejections or appeals, our workflow is completely different because we've automated tasks and eliminated steps. We've not only reduced the timeframe, we've enabled our staff to work more efficiently. All these factors translate to better results and better financial health for each of our billing service clients."

Ready to transform your performance?
Contact Waystar: 1-844-6Waystar or visit us at 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.

WAYSTAR