

## CASE STUDY:

# Atrium Health

Health system solves price estimation challenges and automates prior authorization.

### LOCATION

Charlotte, North Carolina

### ORGANIZATION TYPE

Regional health system

### GOALS

- Improve productivity
- Reduce denials
- Strengthen collections

### SOLUTIONS

Patient Estimation

Prior Authorization

### RESULTS

- **25% decrease in denied accounts**
- **47% decrease in denied dollars**
- **28% increase in pre-service collections**
- **Increase in “touchless” accounts from 0% to 80%**

### The challenge

Atrium Health, formerly Carolinas Healthcare, is one of the largest health systems in the Southeast, with nearly 7,500 licensed beds, annual revenue exceeding \$7.7 billion and more than 900 facilities located throughout North Carolina and South Carolina. Their patient access department processes a huge volume on a daily basis, including estimates of patients’ financial responsibility. To aid staff in these efforts, Atrium originally used an unwieldy pricing code reference book, supplemented by a barebones pricing estimation tool.

“We knew we just needed to get estimates right the first time. For that, we needed the right tools.”

**Katie Davis, Assistant Vice President of the Western Division of Corporate Patient Access, Atrium Health**

If a facility hadn’t performed a procedure a number of times in the past, the tool couldn’t provide an estimate. Or it would provide an unexpectedly higher estimate for an outpatient procedure than the same procedure in-house. The tool was effectively unusable for pre-service collections, an ideal area to target for performance improvement. “You could run two patients getting the same procedure covered by the same payer and get different estimates. You could run the same patient twice and get a different estimate,” Atrium Assistant Vice President of the Western Division of Corporate Patient Access Katie Davis recalled.

Along with their price estimation challenges, Atrium also relied on manual authorization verification. Despite the time and effort involved, denials were higher than they should be. Appealing them was another lengthy endeavor. Such an opaque authorization process is a common—and costly—issue for hospitals. “We knew we just needed to get estimates right the first time. For that, we needed the right tools,” Davis recalled.

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### The Waystar solution

To improve customer service, employee productivity and pre-service collections, Atrium selected Waystar's Eligibility solution. The solution performs price estimates and authorization verification in a number of critical areas in the health system, including radiology, surgery and various other inpatient and outpatient services.

Waystar was able to provide Atrium with real-time access to payer data they needed for swift pricing estimates and authorization verification. Results led to a shift to a new way of working that allowed skilled employees to focus primarily on accounts that actually needed attention, leading to a productivity surge and a major drop in denials.

[Atrium also uses Waystar's Agency Manager, Presumptive Charity and Advanced Propensity to Pay solutions.](#)

### The result

Automating crucial points in the patient access cycle has made a clear impact on Atrium's pre-service collections, denial rates and employee productivity.

- **25% decrease in Radiology denied accounts**
- **47% decrease in denied dollars**
- **28% increase in pre-service collections**
- **Decrease in "touched" accounts from 100 percent to just 20 percent**

Among the most significant changes Waystar's automated Patient Access solution drives for Atrium is greater efficiency in verifying estimates and authorization. Automation significantly streamlined the process by automatically generating lists of all patient

accounts in need of further intervention, based on the most current data available on payers' websites.

### Next steps

Atrium will continue to use Waystar not only for price estimation and authorization verification, but to fine tune other tasks. The platform's automated lists reveal trends in authorization denials, equipping staff with information they need to pursue new process improvements.

As a veteran hospital administration professional, Davis believes it is the job of people like herself in this era of unprecedented pressures on healthcare revenue to always be on the lookout for the next cutting-edge solution. For her team, automation has become a key tool that helps the patient access department stay comfortably ahead of the complexity—and ahead of the curve.

“With no other changes made in the above time period that would affect patient access functions, it's obvious that these improvements are a result of Waystar's automation technology. And work is visibly more productive. Our staff no longer have to spend so much time following up on authorizations and eligibility—the work exception lists just tell you.”

**Katie Davis, Assistant Vice President of the Western Division of Corporate Patient Access, Atrium Health**

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### ABOUT WAYSTAR

Waystar provides next-generation, cloud-based technology that simplifies and unifies healthcare payments. Our platform removes friction in payment processes, streamlines workflows and improves financials for providers in every care setting.