

CASE STUDY:

Vibra Healthcare

Doubles growth while reducing costs and AR days with improved technology

CHALLENGE

- **Reduce cost**
- **Expand capacity without adding staff**
- **Improve payer reimbursement**

SOLUTIONS

- **Claims manager**
- **FISS DDE**
- **Claims attachments**
- **Claims monitoring**
- **Coding compliance**
- **EOB conversion**
- **Remit management**
- **Denial and appeal management**

RESULTS

- **Enabled rebill of \$12.8M in inappropriate payer denials**
- **Achieved a 99.9% clean claims rate**
- **Saved 38 hours weekly in staff time previously consumed by manual commercial claims monitoring**
- **Exceeded collection goals, doubled claims volume and reduced AR days with fewer billing staff**

The challenge

Treat your problem, not just your symptom; that's the mission of Vibra Healthcare. But that same philosophy was not held by the claims clearinghouse that was selected by their patient accounting vendor. The outdated processing technology used by the clearinghouse could not keep up with Vibra Healthcare's growing network of hospitals. The clearinghouse looked for new ways to add fees to existing services. It also created a lot of rework for billers, such as sending paper remits and EOBs that required extensive review and manual processing.

"We needed a technology partner that would enable us to reduce costs and streamline the billing process," said Kraig Couture, Senior Vice President of Revenue Cycle for Vibra Healthcare, a network of more than 50 post acute care hospitals and 15 outpatient physical therapy centers in 19 states. Kraig began his search with a review of KLAS ratings for Claims Clearinghouses. He invited five highly rated clearinghouses to compete for Vibra Healthcare's business, including Waystar, ranked Best in KLAS.

Waystar solutions

"Waystar was the best fit partner to serve our needs in both inpatient and outpatient settings," said Kraig.

Vibra Healthcare purchased a suite of technology to speed payer processing and reduce costs including: claims management, integrated FISS direct data entry, claims monitoring, coding compliance, conversion of EOBs from paper to electronic, remit management, as well as, denial and appeal management. One of the deciding factors was Waystar's commitment to Vibra Healthcare's success through an implementation program that was designed to fit their needs.

"Implementation was excellent. Enrollment was simple and easy to follow. Our assigned implementation project manager was extremely helpful and detailed. She made certain that our needs were addressed so we were quickly self sufficient."

CASE STUDY: VIBRA HEALTHCARE

Results

The volume of Vibra Healthcare's billing increased dramatically with the number of hospitals and outpatient facilities more than doubling over a 12 month period. This growth truly put the newly added Waystar technology to the test.

Despite a smaller number of billers, Vibra Healthcare's staff handled all the additional claims volume without a problem. Kraig's revenue cycle team achieved a 99.9% clean claims rate guided by the Waystar dashboard, which identified claims that did not pass the clearinghouse payer edits, and "how to fix articles," when needed. Integrated FISS data entry enabled billers to access Medicare processing direct from the Waystar platform. Proactive clearinghouse monitoring of commercial claims gave billing staff early insight, so staff could take steps needed to provide payer information or address issues many days before the electronic remit arrived. Based on the number of commercial claims monitored, Vibra Healthcare gained an additional 38 hours of staff time each week, that was previously consumed in manual claim status inquiries.

Past issues with paper EOBs delaying AR were remedied with Waystar's technology. "We love the EOB conversion. It's definitely a time saver for the payers that sent us paper in the past," says Kraig. "Our staff is no longer passing around paper. We can easily move the converted electronic remit back into our patient accounting system." Kraig notes, "Waystar claims processing, FISS integration and remit matching works great."

Workable payer denials are automatically routed to Vibra Healthcare's biller work queues. Vibra

"I would highly recommend Waystar over any other clearinghouse...It is helping us move to keep costs down, streamline revenue cycle processing and win the fight to get paid."

Healthcare staff uses Waystar Denial and Appeal technology to automate the packaging of the claim, remit, reconsideration letter and any appropriate attachments. The denial management dashboard also provides visibility so Vibra Healthcare can easily monitor the sources of payer denials and address them. "The Waystar technology works well improving the denial and appeal process for our billers so they can take action and resolve payer issues on their list every single day. This allowed our staff to rebill \$12.8 million in claims that were inappropriately denied by payers in the past 12 months," reports Kraig.

Impact

Vibra Healthcare exceeded collection goals bringing in more than \$1 billion processed through payer remits in a 12 month period. Kraig's billing staff also made effective use of Waystar technology to support reduction in AR days, despite the doubling of claims volume through the addition of new facilities. Kraig advises, "I would highly recommend Waystar over any other clearinghouse. The Waystar system is really easy to use and implement. It is helping us move to keep costs down, streamline revenue cycle processing and win the fight to get paid."

Ready to transform your performance?

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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.