

## CASE STUDY:

# Optometric Medical Solutions, LLC

Optometry billing company optimizes revenue cycle performance

### LOCATION

San Antonio, TX

### GOALS

- Improve workflow efficiency
- Enhance revenue
- Reduce costs
- Streamline cash flow

### SOLUTIONS

- Eligibility
- Professional Claims
- Denials and Appeal Management
- Remits

### RESULTS

- Key operational improvements
- Faster payment delivery
- Achieved a 2.3% average denial rate over 12 months
- Enhanced workflows that allow more efficient use of staff time

### The challenge

Optometric Medical Solutions in San Antonio, Texas partners with practices to enhance clinical and administrative workflow processes to improve operational efficiencies and increase profits. They develop services based on client needs and deliver necessary changes through turnkey revenue cycle solutions. The organization plays a key role in providing higher standards of care through training, consulting and claims management.

Before partnering with Waystar, Optometric Medical Solutions realized it needed to improve fragmented billing inefficiencies to enhance overall revenue cycle performance.

### The solution

Optometric Medical Solutions ultimately selected Waystar's Eligibility, Professional Claims, Denials and Appeals Management, and Remit solutions. "The ease and flow of how everything worked in Waystar was a huge selling point for us. Other clearinghouses weren't as clear-cut and user friendly," says Anna Gundlach, manager of revenue cycle billing and coding, Optometric Medical Solutions.

"Before Waystar, we were going to a variety of carrier websites and spending a lot of time on the phone to check eligibility. It was labor intensive. Now we have all our carrier information in one location in our system."

**Anna Gundlach, Manager of Revenue Cycle Billing and Coding, Optometric Medical Solutions**

### Results

"The eligibility solution is great because everyone is on the same page. As we train each location, everyone understands the workflow and how to obtain patient information. We can see if patients have active or inactive coverage, ID number discrepancies and even the basic information needed for a medical office visit. We can also see information at a glance we need to assist with the overall claims and accounts receivable process," says Anna.

## CASE STUDY: OPTOMETRIC MEDICAL SOLUTIONS, LLC

"It's resulted in a lower denial rate and allows our team as a billing service to go back and problem solve denials. We can see if there's conflicting information from the eligibility information we originally pulled. This gives us something to go back on and call the carrier in the event something is denied. The Medicare option has been especially helpful because it gives us the ability to do things like check if a patient is the right age for coverage or if they've switched over to a Medicare Advantage plan. A patient may not understand or know what insurance they have, which has been one of the biggest challenges our clients face. As a result, this tool has been a huge help in reducing denials," adds Anna.

The Professional Claims solution enhanced productivity by instantly highlighting issues within a claim and detailing how to quickly remedy them. "We know why the claim is not processing. For example, it could be a Medicare guideline issue or a flag telling us we should not have used a new patient code for an established patient," says Anna.

"We have clients nationwide, from California to North Carolina, so we need to understand each state's guidelines for Medicare, Medicaid and the commercial carriers who have certain rules in accordance with specific CPT codes. Waystar offers the capabilities needed to assist all our team members either stop claims or flag them if they come through with missing modifiers or information. That's been such a wonderful tool. There are now just a variety of things we can know before submitting the claim," adds Anna.

Waystar's Denials, Appeals and Remit solutions provide additional efficiencies and increase cash flow. "Those solutions have been great because it allows us to see everything we need. We can see what's been denied, what's been worked on and what's been resubmitted. We were using a manual process before—reviewing each remit that came in and creating an excel sheet for those denials. This was a very timely process. Unfortunately, we realized some remits were overlooked or missed. Receiving paper checks made it difficult to clean up accounts receivable and to understand what was paid and not paid. It was difficult managing the paper trail. Ultimately, payments come in much faster now. Sometimes we even get some of the ERAs a couple days before the money is received at the bank. Having those remits attached to the claim has been great as well," says Anna.

### Next Steps

Optometric Medical Solutions viewed Waystar's simple, user-friendly solutions as the key differentiator versus other clearinghouses. The partnership has helped the organization better understand and enhance their revenue cycle from start to finish. "Partnering with Waystar was a seamless transition. We have a better understanding of cash flow for sure. We see where the claim is throughout the process and identify if it's coming back as a remit or denial. That is a lot of information that any specialty can utilize," adds Anna.

**Ready to transform your performance?**

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