

SUCCESS STORY

Healthcare Provider Solutions' way forward

A home care and hospice billing services provider's journey to simplify Medicare claim management + boost efficiency

ABOUT

- + Nationwide home care and hospice billing services provider based in Nashville, TN
- + Serving 90+ provider organizations across the country
- + Core services include home care and hospice billing and collections, managed care contracting and credentialing, receivable collection projects, outsourced coding, and more

FEATURED WAYSTAR SOLUTION

- + Medicare Management

RESULTS

1%

average claim
denial percentage

3%

average claim
rejected percentage

3%

return to provider (RTP)
claim percentage



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CHALLENGES: STARTING THE TREK

For more than two decades, Healthcare Provider Solutions has supported home health and hospice organizations by providing financial, reimbursement, billing, and clinical consulting. From billing and collections to operational reviews, their team is dedicated to optimizing financial performance for the healthcare organizations they serve across the country. That way, their clients can focus more on what matters: providing compassionate home care and hospice services.

With such a large variety of services, Healthcare Provider Solutions began seeking a technology solution to add speed and efficiency to their Medicare claim submission and tracking process. Their previous clearinghouse system had up to a three-day wait for submitting validation, adding

days onto AR and putting providers at risk of violating timely filing rules. With Medicare claims making up a significant payer mix for many providers, Healthcare Provider Solutions wanted to mitigate any delays that could impact their clients' financial health.

Their team saw issues related to Direct Data Entry (DDE), with errors occurring upon initiation of the claim as well as during editing. Without a robust claims reporting tool, Healthcare Provider Solutions felt they were missing opportunities to make impactful business improvements.

With Waystar as their revenue cycle partner, Healthcare Provider Solutions completely transformed their Medicare claim management process to better serve their clients.

“For a large agency with multiple provider numbers, Medicare Management creates a lot of efficiencies. For example, you don’t have to log in and out of multiple DDE sessions, which alone provides great time savings.”

Mark Cannon,
Chief Financial Officer,
Healthcare Provider Solutions



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ACTIONS: LIGHTING THE WAY

Partnering with Waystar, Healthcare Provider Solutions began to improve their Medicare claim process and boost productivity.

The better way to work

By working with Waystar, Healthcare Provider Solutions could now submit, fix, and track claims 24/7 through a direct FISS connection. Consolidating their clearinghouse with Waystar reduced DDE sessions to one, providing significant time savings — even saving a partial FTE.

“For our home care clients, the Direct Data Entry process has shortened the payment cycle by a day compared with what we used to deal with,” shares Aaron Carey, Chief Operating Officer at Healthcare Provider Solutions.

The smarter way to offer support

Waystar technology also enabled Healthcare Provider Solutions to offer more targeted support to their clients. Now, their team can efficiently manage unique reimbursement requirements, such as hospice services billing a Notice of Election or a Home Health Notice of Admission (NOA) within the five-day window. Healthcare agencies are able to submit and manage Request for Anticipated Payment (RAP) without disruptions, allowing providers to reduce the risk of violating timely filing rules.

The easier way to improve engagement

With a more efficient workflow in place and existing staff engaged in using Medicare Management to achieve positive results, Healthcare Provider Solutions next turned to onboarding new staff. Getting up to speed in the system proved quick and easy, allowing the team to engage new members without any risk to processing claims effectively.

“It’s hard to nail down a particular area of impact, but everything about the process was positively affected from claims processing to follow up.”

Mark Cannon,
Chief Financial Officer,
Healthcare Provider Solutions



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RESULTS: REACHING THE SUMMIT

With Waystar’s Medicare connectivity capability creating a direct connection to the Medicare system, Healthcare Provider Solutions saw an immediate uptick in efficiency. The organization now has an intuitive and effective system in place.

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Utilizing Waystar’s software, Healthcare Provider Solutions has seen powerful results like a 1% average claim denial rate and a total claim rejection rate of only 3%. Their average return to provider (RTP) claim rate is also low at only 3% overall.

The team at Healthcare Provider Solutions now achieves a higher level of client satisfaction by delivering meaningful, actionable reporting. They have the ability to generate a wide range of claim data through Medicare Management and confirm eligibility upfront.

“This is a nice function we can provide, as it’s a lot easier for patients to check their own eligibility data,” says Cannon.

Healthcare Provider Solutions has seen firsthand how using Waystar’s Medicare Management drives faster cash flow. Ultimately, this allows the home health and hospice organizations they serve to receive accurate reimbursement and continue caring for patients.

With Waystar by their side, Healthcare Provider Solutions has simplified Medicare claim management — and found a true revenue cycle partner.

1%

average claim denial percentage

3%

average claim rejected percentage

3%

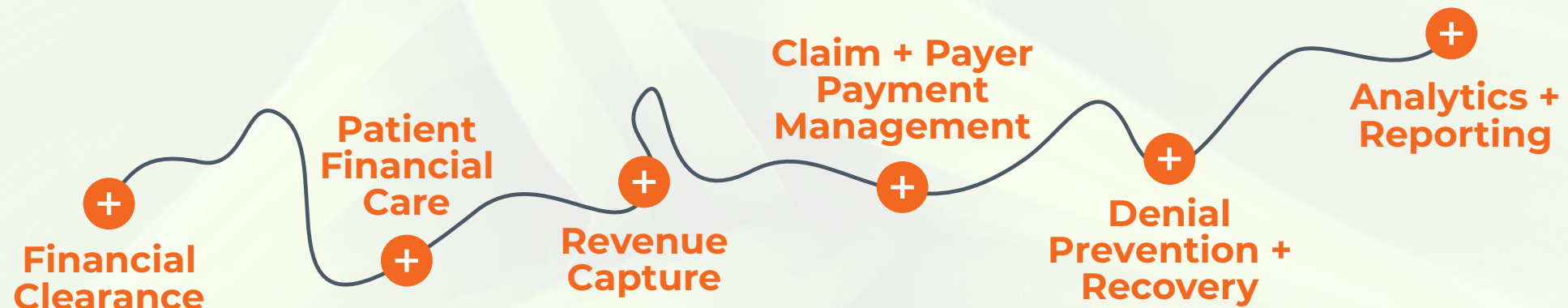
return to provider (RTP) claim percentage



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