

Claim Monitoring

A smarter, more controlled approach to automating claim statuses with predictive remit data

Did you know it's possible to keep up with claim volume and predict the right time to status a claim? Did you know it's possible to remove all the white noise created by informational responses and quickly intervene on requests for information and denials? What if you could revolutionize and control your claims process and not have it control you? Waystar makes all of that possible with our unrivaled Claim Monitoring solution.

A better way to status claims

Waystar has the longest tenure, the highest volume and the largest market presence in web-based claim statusing. Our Claim Monitoring solution has unmatched intelligence rules, predictive payer modeling and user-enabled custom workflows. Our technology utilizes remit performance data to status claims at the right time, giving users greater control and insight into high-quality status inquiries.

Regardless of how, where, or in which system you process claims, Waystar's Claim Monitoring solution operates as an intelligence feed, delivering the most enriched and actionable answers on claims statuses. Our unique disposition codes allow for seamless and customized workflow integration, reducing manual efforts so your team can operate at peak efficiency.

10%+

of claims initially denied by payers

19

minutes on average for manual status inquiry ¹

9x

time savings when switching to electronic status inquiry ¹

\$25

average cost to appeal a denied claim

Actionable claim status details help your staff remediate denials faster

Waystar's Claim Monitoring solution can flex between EDI connections + robotic process automation technology to formulate the most accurate and actionable claims status details directly from payer portals so your team can spend less time figuring out what went wrong and more time remediating that denial.

What to expect

- **Reduce days in AR** with early intervention and increased transparency
- **Easy-to-understand claim updates** + significant reduction in accounts per work list
- **Increase efficiency** by eliminating effort spent on non-actionable aging claims
- **Staff become specialized in their worklists** by payer, plan type or reason for denial, which means higher yield per employee
- **Alerts show when tasks need to be performed** so accounts are never overlooked
- **Quicker denial remediation** with actionable next best steps



¹ 2020 CAQH Index - Closing the Gap: The Industry Continues to Improve, But Opportunities for Automation Remain

A DEEPER DIVE INTO KEY FEATURES

Customized schedules

Create automated status schedules by account and/or payer, leveraging predictive modeling, accommodating your workflow and eliminating manual processes to fit proactive or exception-based business objectives.

Queue routing

Claims are assigned client-specific disposition labels allowing for smart routing and analysis of claims status updates.

Reason code cataloging

Waystar's logic engine reviews, standardizes and catalogues all payer reason codes to streamline your worklist.

Smart monitoring

Waystar can leverage multiple methods for retrieving claim status details such as your traditional EDI + RPA technology (depending on payer performance and data availability)

Web-based workflow

Workflow tools can be used to create custom follow-up work groups, set reminder dates and work claim statuses based on user defined conditions such as on-time status.

Discover a better way forward

nextgen.com | [855.510.6398](tel:855.510.6398) | results@nextgen.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.