Waystar

by Head of Care Coordination

Claims Management | Eligibility Checking | Claims Clearinghouse

Details

Review Date	07/10/2023
Purchase Date	Q4'19
Implementation Time	N/A
Product Still in Use	Yes
Purchase Amount	N/A
Intent to Renew	N/A
Review Source	Elion

Product Rating

Product Overall	3.0
Use Case Fit	4.0
Ease of Use	4.0
API	N/A
Integrations	N/A
Support	3.0
Value	4.0

About the Reviewer

User | Product Oversight

Reviewer Organization

Virtual-First Provider | Behavioral Health

Reviewer Tech Stack

N/A

Other Products Considered

Office Ally

Summary

- **Product Usage: Waystar is used for daily automated claims submissions, ERA enrollment, and eligibility checking.**
- **Strengths: Waystar is user-friendly and simple to navigate with a robust search functionality.**
- **Weaknesses: Waystar's reporting functionality is lacking, requiring extensive use of spreadsheets for data analysis and tracking; support responsiveness and issues with deeper engineering aspects were highlighted.**
- **Overall Judgment: Despite its user-friendly interface and features, Waystar might not be the best solution for those companies seeking robust reporting capabilities and flawless engineering support.**

Today, we're going to discuss how Waystar is used at your company. But before we do that, could you give a brief overview of your company and your role?

Sure. So, we're a behavioral health provider. We offer in-person and virtual talk therapy, typically about weekly or bi-weekly. I started as a care coordinator and now lead our care coordination department. We're the non-clinical, client-facing team here, so we handle a lot of customer support and assist prospective clients in choosing their therapy providers. We also support active clients with customer support tasks like billing and insurance. Additionally, we help with outbound referrals if we're not the best fit for a client.

So you've been using Waystar as your revenue cycle management provider. Do you recall when you purchased it, and how long you've been using it in production?

We moved on to Waystar towards the end of 2019. Before that, we were using OfficeAlly, another clearinghouse. Even before that, we were using a third party to submit our out-of-network claims. We weren't in network with any insurance companies then, but we made claims on behalf of our out-of-network clients.So, we had someone manually submitting claims through OfficeAlly. We were only using it for claims submission and some ERA stuff as well.

Can you explain a bit more about the workflows that you're fulfilling with Waystar?

Now we are submitting our claims through Waystar in daily batches. It's automated now, so it's not like the manual batch-up feature. We're primarily using it for this purpose. We also use Waystar to do ERA enrollment so we can get money back from payers and receive EOBs from payers. Recently, we started to use their eligibility function, so we also use it to check eligibility and benefits.

And how is it integrated with other parts of your tech stack? For instance, is it connected with your scheduling software on the eligibility side of things?

At the moment, it's not integrated. You can do one-off checks very easily and we can do batch checks too, which was a big need for us. But it's still quite manual and we're just not prioritizing it right now.

So, as you onboard clients, you're also doing bulk eligibility checks periodically as they stay in care?

Yes, that's correct.

And then when a patient comes in for a session, do you have in-house coders and billers that are converting the clinical notes into codes for billing?

Generally, the clinicians are entering the diagnosis codes in themselves.

How does the whole process work? What are the aspects that work well and where could there be room for improvement?

Waystar is quite user-friendly. As part of our Revenue Cycle Management team, when I need to review claims or look at Explanation of Benefits, it's quite straightforward. The search functionality is great, whether you're searching by client

or any other specific field. However, it's the reporting functionality where Waystar could improve. Despite its usability, we find ourselves doing a lot in spreadsheets, and this has led us to consider a more comprehensive billing tool.

What kind of reporting capabilities does Waystar currently offer, and what are you looking for?

Waystar does provide performance metrics based on the batches we're submitting. It can tell us how many claims are getting rejected and at what stage. For example, how many claims get blocked by Waystar itself due to not meeting the right requirements, how many get rejected by the payer upon first review, and how many get rejected later on. What would be more beneficial though, is twofold. Firstly, a better interface for analyzing things at the client level to understand their complete billing and claims history. This is partly due to our setup, as our billing is not fully integrated with Waystar. We end up juggling multiple windows to make sense of what happened. Secondly, improved tracking of a claim as we make adjustments, like if we call to get it reprocessed, so we understand the journey of an appointment over time, how we're trying to collect on an individual appointment or a set of appointments, and better visibility into why things are getting rejected and where.

So, your concerns are less about aggregate reports and dashboards, and more about the granularity of the data that Waystar can provide?

Yes, that's correct. Along those lines, the Explanation of Benefits forms are often difficult to decipher and Waystar doesn't provide any reports on why claims are getting rejected. Having an aggregate view to see that, for example, 10% of our Aetna claims got rejected due to an NPI mismatch would greatly help us troubleshoot issues faster than having to pull data into a sheet, making phone calls, and trying to figure it out from there.

Does Waystar offer automation features to help streamline the claims adjudication process or improve claims before they're sent out, to increase the chances of getting them paid?

Yes, Waystar blocks claims from being sent out based on a set of rules. They have a significant number of gates in place to ensure that the claims we send out are well-informed.

Do they inform you of the changes that need to be made when a claim is rejected?

Yes, they do. When a claim is rejected, you can view all the rejected ones and even delve into individual ones to understand why they were rejected. However, there isn't a feature to pull a report and say, for example, 20% were rejected for a specific reason, which would enable us to address that particular issue. We're driving those efforts ourselves after dealing with the same errors over and over again.

Absolutely, that totally makes sense. It feels like you're at a stage where you're beginning to explore different toolsets, with the goal being to enhance reporting, automate processes and increase payment rates. Is that right?

Yes, that's correct. I think it's fair to say that we've lacked a degree of expertise in the Revenue Cycle Management (RCM) industry. Having recently gained more understanding, we've realized that we don't need to build much of this from scratch. There are several tools available that can do much more than what we've been able to achieve internally. Given all the other things we're aiming to accomplish as a company, we are likely to pivot in this direction in the next couple of years. This isn't due to any shortcomings on Waystar's part; rather, it's a result of our lack of industry knowledge when we initially chose Waystar. We had to make a swift decision at that time as we were in a crunch and needed to submit claims. Now that we've grown and have in-network payers, our view of RCM needs to evolve.

That's really insightful. I'm curious about any unique aspects of behavioral health from an RCM perspective that might be worth discussing.

Well, one thing that greatly simplifies our business is that we're only dealing with a small number of CPT codes. These are mostly determined by the length of a session, and the cost can vary based on how long a therapist spends with a client. This is a delicate matter, but it's simple in a way because it involves only one of five CPT codes. This is very different from primary care or hospital scenarios. However, it can be sensitive because both the therapist and the client need to be aware of the cost implications. This sensitivity extends to billing, which is a delicate topic in all healthcare, but particularly in behavioral health. Any RCM-related discussions need to be handled with care and sensitivity. We also charge no-show fees in behavioral health, which don't involve claim submissions. So, from an RCM perspective, it's not a factor, but it's a part of billing.

Got it, that makes sense. Pivoting a bit, did you integrate with Waystar through an API?

Yes, that's how we submit the claims. We've had some challenges with the integration process, but they're not so much about the actual work as they are about the support we wished we had received from Waystar's team. There were some issues with responsiveness and support.

Could you elaborate more on their support process, the onboarding process, and their account management?

I wasn't deeply involved with the implementation or onboarding process. However, we did have an implementation manager at the time who worked with our engineering team. We didn't receive any specific training from them. As for their ongoing support structure, we have an account manager who we primarily interact with about billing matters. If we need technical support, or if a claim is being denied and it seems to be an issue with Waystar, we use their support center to open a ticket. They typically respond within three days. But I've found it quicker to call their team directly as there are no hold times. They also have extensive written resources, which I encourage my team to use. However, we've encountered some challenges when it comes to the deeper engineering aspects of their service.

Got it. Can you share your thoughts on Waystar's pricing structure compared to other players in the market?

When we chose Waystar, we were a small organization, so I'm guessing it stacked up pretty well in that respect. They charge per eligibility and benefit request, and beyond a certain number, we get charged for each one. That's something we're considering as we grow. Some other RCM tools take a percentage of revenue, which we're always mindful of when considering these tools. But I don't believe Waystar does.

What do you like most about the product?

I find Waystar to be user-friendly and easy to navigate. I think without a lot of training, you can go in and figure out what you need to know, if you're willing to put in the time to learn it.

And what do you dislike most about the product?

Some aspects of their macro reporting could be improved, especially in terms of helping us enhance our RCM operations. I feel like we're not utilizing the product to its fullest potential, but that's likely a combination of factors on both the user's and the tool's end.

Do you have any advice on selecting an RCM tool?

Yes, I'd say if you lack industry knowledge on your team, make sure to acquire it early on when you're setting things up. That was our biggest learning. Also, consider the entire RCM journey—it's not just about submitting claims. It encompasses eligibility and benefits, chart noting, and everything in between.

I agree, it's not just about claim submission.

Yes, at many startups, you might be working with people who have some healthcare-adjacent knowledge, but they might assume it's as simple as charging a credit card. However, it's never just about charging the credit card. Dealing with payers can be really tough.