#### CASE STUDY:

# **Proliance Surgeons**

Multi-specialty surgery organization achieves significant productivity and cost savings by automating workflows and gaining complete revenue cycle visibility.

#### **CHALLENGE**

- Eliminate manual processes that reduced productivity and ROI
- Gain complete visibility into each area of the rev cycle
- Utilize reporting around rejection management
- Achieve significant cost savings with denials, appeals, and claim monitoring

#### **SOLUTIONS**

- · Claims
- Remits
- Denials + Appeals
- · Claim Monitoring

#### **RESULTS**

- Saved an entire FTE in costs and was able to reallocate those resources
- Improvement in time spent on claims status checking from 15-20 minutes to 2-5 minutes per claim
- 2-4 hours per week saved with improved secondary claim billing processes
- · 33% increase in staff productivity

# The challenge

Proliance Surgeons is a large multi-specialty surgical organization with over 450 providers processing approximately 1.4 million claims per year. An organization of this size and volume requires technology that allows them to maximize their productivity and ability to receive payments from payers and patients faster, more accurately and with less effort.

Prior to implementing Waystar, Proliance did not have have a revenue cycle partner and the organization was mired in ineffecient manual processes. A single FTE was responsible for submitting claims by going direct to the payers or using plug-ins that created a disparate workflow to manage the high volumes. Proliance had no rejection management capabilities—no claim scrubbing, rejection updates or responses from payers. They also faced a looming Medicare deadline at the end of 2020 which would prevent them from being able to submit directly.

"If we have more insight into where we are in the overall revenue cycle process, then we can respond faster, get things turned around sooner and as a result, get paid faster."

Jessica Weathers, Proliance Surgeons, Director of Revenue Cycle

## The solutions

After evaluating four revenue cycle vendors, Proliance ultimately decided to partner with Waystar to consolidate all needed solutions through one vendor, create workflow efficiencies and take advantage of the unique integrations with NextGen. After several demos of the platform showing the robust functionality and breadth of solutions, Waystar became the obvious choice to help Proliance achieve their goals.

Waystar provided a white-glove implementation experience that offered Proliance the peace of mind they needed during this transition. Jessica Weathers, Director of Revenue Cycle, recommended Waystar to another practice not only based on the solution suite but also because of the support and implementation their team received, including weekly touchpoints, on-demand training and responsive support.





### CASE STUDY: PROLIANCE SURGEONS

"We know we aren't Waystar's only client, but the implementation team made us feel like we were their only client. That made a huge difference in our onboarding experience"

Jessica Weathers, Proliance Surgeons, Director of Revenue Cycle

While Claims and Remits were the first solutions that Proliance implemented, they also chose Waystar for our comprehensive revenue cycle solutions, selecting Claim Monitoring and Denial + Appeal Management.

# The impact

Implementing Waystar allowed Proliance to increase productivity without increasing headcount. In fact, they were able to reallocate several FTEs to other functional areas needing more hands-on attention.

Previously, with secondary billing, staff would manually key in required data to a secondary claim form. With Waystar, they were able to eliminate this process and move to a streamlined, automated solution that populates that data for them, saving two-four hours per week per care center across the organization.

According to staff feedback, Denials + Appeals
Management enabled some of the most significant
improvements. The team was accustomed to
managing denials and submitting appeals manually
and on paper. Now, they no longer need to print and
fill in payer forms individually, use handwritten notes
or manually compile appeal packets. Payer forms are
auto-populated, claims are attached and notes can
easily be uploaded. Weathers indicated "leadership is
projecting the ability to increase their productivity by
33% with these workflow improvements."

"Waystar's denials and appeals solution provided an enormous amount of automation and prioritization that we've never had before. It has changed our entire workflow allowing us to produce bigger results by knowing which denials to work and when."

Jessica Weathers, Proliance Surgeons, Director of Revenue Cycle

As part of Proliance's overall goal of gaining more visibility into their rev cycle, Claim Monitoring became an important piece of the puzzle. Previously, it took staff approximately 15-20 minutes per claim to obtain accurate claims status information. The team would pull an AR report and see that a claim was not paid, but had no clarity as to why. They would then either have to call the payer or go online to determine status and next steps. Now, Waystar's Claim Monitoring automatically checks what is going to be adjudicated, what will be paid or if a denial is coming so staff can proactively begin working on claims that need attention—without needing to go online or call payers. Today, they average about two-five minutes per claim, down at least 10-15 minutes per claim. This allows allows the team to tackle more claim volume per day and refocus their efforts on other areas that need their direct attention.

"We are excited to continue this journey with Waystar while enriching our workflows and user experience." Weathers said. The partnership between Proliance Surgeons and Waystar has already begun to transform Proliance's revenue cycle processes, resulting in cost savings and increased cash flow as well as a streamlined and consolidated approach to their business.

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