

## CASE STUDY:

# Integrated Behavioral Health Network

Optimizes revenue cycle performance

## CHALLENGE

- Reduce AR days
- Facilitate better management oversight
- Improve workflow efficiency to enhance revenue and reduce costs

## SOLUTIONS

- Analytics
- Claims Manager
- Eligibility
- Remit Management
- Denial & Appeal Management
- Print Services

## RESULTS

- Reduced AR by 12 to 15 days with automated claims monitoring
- Reduced individual agency AR by 40% to 60%
- Accelerated payer processing with a 99.8% clean claims rate
- Eliminated 10 minutes of staff time for every non-workable payer denial
- Recovered > \$1M in additional payments from payers that had inappropriately denied claims

## The challenge

To fulfill its mission to provide the best behavioral healthcare in the world, Integrated Behavioral Health Network (IBHN), needed an improved methodology to ensure better capture of the revenue it had earned.

IBHN sought out the expertise of consultants Gretchen McMahon to lead change strategy and Jessica Jankowski to assess IBHN's revenue cycle, recommend next steps and take action to optimize performance across 21 mental health agencies serving the state of Iowa. (Both McMahon and Jankowski are now officers with IBHN.)

An assessment of each agency identified that antiquated electronic health records made it difficult for billing staff to even send an 837 file to initiate electronic claims processing. As a result, the agencies either rekeyed claims into a payer website or submitted claims on paper. The manually intensive process led some agencies to be as much as three months behind in billing. Small problems such as missed eligibility for a patient seen on five visits were magnified into bigger denial problems down the road.

## Waystar solutions

"We needed a processing tool to provide a one-stop shop to capture the claims lifecycle, provide proof of timely filing, match remits and prevent denials. We also expected eligibility and statement vending," says Jessica Jankowski, now Chief Operations Officer at IBHN. Waystar was selected as the top clearinghouse based on more extensive payer processing capabilities.

"Implementation was a breeze. The people and process were fantastic. Each day we knew the objectives, the accountability for Waystar and for us. It was almost too easy."

**Jessica Jankowski,**  
Chief Operations Officer at IBHN

## CASE STUDY: INTEGRATED BEHAVIORAL HEALTH NETWORK

### Results

AR days were reduced by 40 to 60%. “Agencies that were at 75 AR days or more are now at 45 or 30 days,” says Gretchen McMahon, now Chief Strategy Officer. “Billing that previously occurred monthly is now being done weekly,” notes Gretchen. “We have all the tools at our fingertips. We can see all data in one place from start to finish, says Jessica. “We get a great picture of productivity with analytics. We can see where processes are lagging and catch issues proactively, versus a month down road. It’s been very helpful to streamlining revenue processing,” says Jessica.

IBHN billing staff are reducing payer obstacles. They have achieved a 99.8% clean claims rate by making the best use of Waystar Claims Manager technology. “Whenever billers have questions, I direct them to Waystar’s knowledge portal. Eight out of ten times, billers are able to address questions right from the portal, and if they need help, the turnaround from Waystar’s support team is fast,” says Jessica.

**“Automated claims monitoring has been exponential in saving us at least 12 to 15 AR days, to speed revenue.”**

**Jessica Jankowski,**  
**Chief Operations Officer at IBHN**

As an example, “We have two payers that pretend they have not received claims. In the past these claims may have sat in AR and aged up to 45 days. Now we get an electronic notification, submit the claim, and get paid five to eight days later,” says Jessica.

IBHN billers have recovered more than a million dollars from payers who have inappropriately denied claims in the past 12 months.

“Denial and Appeal Management was one of the biggest fundamental helpers for our performance in the last year,” says Jessica. “Our billers are saving every bit of 10 minutes for each non-workable denial that the Waystar technology automatically filters out of work queues,” notes Jessica. “It has really cleaned up our process. It’s been a nice change of pace, to have most of the data needed to respond to a payer denial populating automatically,” comments Jessica. “It’s amazingly helpful to be able to quickly address denials and appeals. As an example, we can filter for eligibility denials, verify eligibility within the tool, correct the claim, attach letters and proof of timely filing, and get paid in another week or so. Addressing the low hanging fruit, like eligibility in the denial and appeal management tool, has really cut out AR days. If you have multiple people working denials, you can also see all the notes to understand the action taken.”

Patient payment processing has also improved. “Print statements have been a lifesaver and a game changer. We really enjoy the service, it’s been better than we ever expected,” says Jessica.

### Impact

Every agency in the network is seeing substantial process improvement enabled by Waystar technology and the migration to a new electronic health record system. “Honestly, after working with other clearinghouses, Waystar is the best experience that I have ever had in terms of ease of use, being extremely intuitive, tons of tools to make the revenue cycle clean and tight, and fantastic help and support,” comments Jessica. Gretchen concurs, “Waystar has been phenomenal. It’s one of the very bright spots in our agency revenue cycle optimization.”

**Ready to transform your performance?**

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### 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.*