CASE STUDY: COLUMBIA GORGE FAMILY MEDICINE

Busy Medical Center Treats Patient Needs Spanning Childbirth, Disease Management and Urgent Care Walk-In

Challenge

Rural Health Center processes a high volume of Medicare claims, requiring quick and nimble editing.

Solutions

Navicure integrates with eClinicalWorks to streamline end-to-end institutional claims management, enabling easy front-end editing for potentially problematic claims.

Results

Faster, more streamlined editing process enabled more timely claims submission. Greater visibility into the claims process led to 70% fewer denials and appeals, with Columbia Gorge Family Medicine winning 98% of all appeals.

The Choice

With services spanning primary care, acute unscheduled care and women's health, Columbia Gorge Family Medicine's (CGFM) 10 providers treat a high volume of patients with diverse needs. CGFM is staffed with six providers at all times, with many treating an average of 22 patients per day.

Located in rural North Central Oregon, CGFM is a Rural Health Care facility (RHC) serving a broad geographic region. With as many as 700 encounters per week, the business office must quickly process a high volume of claims that vary widely depending on day-to-day patient needs. In 2014, the practice switched to Navicure, now known as Waystar. Navicure's clearinghouse helped improve clinical and business processes due to its integration with eClinicalWorks, which the practice uses as its electronic health record (EHR), billing software and patient portal.

Navicure Solution

High volume of Medicare claims requires quick and nimble editing

As a Rural Health Center, CGFM's claims volume includes many Medicare claims such as UB-04s. These institutional claims frequently require what Billing Manager Kathryn Doan terms as "nuisance edits." She explains, "In many cases, we need to make minor, on-the-fly edits to Medicare claims before we submit them. Numerous details related to codes, modifiers and other data require immediate attention as soon as staff identifies the problem, otherwise we either delay submissions or send inaccurate claims."

The business office must also take steps to ensure claims adhere to RHC rules. "RHC has many unique and specific requirements; for instance, we must roll certain data elements into one line item. If someone says, 'Oh no,

I forgot to remove one of the V codes when we sent the claim,' needing to make corrections in eClincalWorks and then waiting for the next batch cost precious billing time. It's one more set of details our staff must address, and it is one more reason editing capabilities are very important," states Doan.

Results

Navicure speeds and simplifies complex editing while promoting proactive claims management

One of CGFM's key strategic initiatives is the integration of all healthcare information technology solutions. "Our goal is to streamline workflow across the entire practice and remove any redundancies," Doan explains. Leadership saw switching to Navicure as a critical part of this initiative, since it would simplify a cumbersome claims editing process.

"With Navicure, we're able to make edits directly in the claims form rather than waiting for a batch to return with the next iteration," said Doan, who stresses the importance of this feature. It helps the team address both Medicare and RHC requirements so they can submit clean claims.

Through Navicure, staff now has greater visibility into the entire claims management process. This ability to track and monitor claims meant they could quickly identify and resolve any problems.

"Prior to Navicure, we'd see batches of claims go out, but later someone would say, 'Why isn't anything paid from X date?' Then we'd realize an entire batch had been lost, which impeded cash flow," Doan explains.

Impact

Staying Ahead of the AR Curve
to Improve Cash Flow and Increase Revenue

Due to Navicure's proactive client communication, CGFM's business office has been able to stay on top of issues they previously didn't recognize. "We'll see an email about another client's payment delays and realize it's due to a certain payer. Then we'll know, for instance, to hold ERAs until the payer's issue is resolved."

"We're never in the dark about anything related to why claims are aging or AR days are increasing," notes Doan. This knowledge has helped the business office tighten claims editing and manage the submission process more proactively. "Because Navicure's communication is so thorough and timely," says Doan, "we seldom need to call and ask questions."

CGFM has also had very few appeals since switching to Navicure and has been able to overturn everyone. "Navicure has a lot of helpful features for practices that want to stay ahead of their AR," Doan remarks. "Our claims volume increased this year because we added three providers. Despite this fact, we're filing faster and have fewer denials, which has improved cash flow and increased revenue."

"I've been in this business more than 35 years and have worked with many revenue cycle management solutions," says Doan. "I'm very happy with Navicure; it has helped us improve many facets of our claims management process. Navicure stays abreast of trends and provides solutions that address today's revenue cycle challenges. Right now, timely filing is key; you need your ducks in a row so you can beat the clock and get accurate claims out the door. Navicure has really helped us achieve this goal."

Ready to improve the efficiency of your business processes and enhance revenue? Contact Navicure, now known as Waystar: 1-877-628-4287 or visit us at www.Waystar.com.

ABOUT WAYSTAR

Waystar is the combination of Navicure and ZirMed, the two top-rated providers of revenue cycle technologies. Waystar simplifies and unifies the healthcare revenue cycle with innovative technology that allows clients to collect more with less cost and less stress, so they can focus on their goals, patients and communities.

WAYSTAR
REVENUE CYCLE TECHNOLOGY
NAVICURE + ZIRMED