



Waystar Eligibility

Automates medical insurance eligibility and benefits verification with AI and RPA to prevent denials, strengthen front-end collections, and optimize staff productivity.

<https://www.waystar.com>

Overview

Waystar Eligibility is a cloud-based, AI-powered solution that automates the complex process of verifying patient insurance eligibility and benefits. It is a core component of Waystar's comprehensive Revenue Cycle Management (RCM) platform, designed to simplify healthcare payments and accelerate financial results for providers. The software leverages artificial intelligence (AI), robotic process automation (RPA), and expansive payer connectivity to provide real-time, highly accurate, and comprehensive benefit information, significantly reducing the manual effort and errors associated with traditional verification methods.

Key Benefits and Capabilities:

Denial Prevention: By ensuring eligibility is correctly verified and comprehensive benefit data is captured upfront, the solution helps prevent rejections and denials, which are cited as a major cause of revenue leakage for many providers.

Coverage Detection: It automatically initiates Coverage Detection to find hidden or unknown primary and secondary insurance coverage in real-time, maximizing reimbursement opportunities.

Workflow Optimization: Features like normalization of payer data, plan code matching to mitigate registration errors, and intelligent alerts with actionable guidance create efficient, standardized workflows for patient access staff.

Seamless Integration: The eligibility engine is designed to integrate seamlessly with all major Electronic Health Record (EHR) and Practice Management (PM) systems, including Epic, Cerner, and Meditech, allowing providers to verify eligibility without leaving their existing system.

Financial Clearance: It supports a complete financial clearance operation through automated re-checks of eligibility when account data is updated and self-pay validation.

Target Users: Waystar Eligibility is suitable for healthcare organizations of all types and sizes, including large health systems, hospitals, and physician/specialty practices. [cite: 3, 13 (from previous search)]

Key Features

- Real-time Insurance Eligibility Verification
- Automated Coverage Detection (Primary/Secondary)
- Plan Code Matching
- Payer Data Normalization
- Intelligent Alerts and Guided Actions
- Seamless EHR/PM System Integration
- Automated Eligibility Re-checks
- Self-Pay Validation

Pricing

Model: subscription

Pricing is not publicly disclosed. It follows a subscription model with fees typically based on factors like practice size, claim volume, and the specific feature set utilized. A free demo is available upon request.

Target Company Size: small, medium, enterprise

Integrations

Epic, Cerner, Meditech, All major EHR and PM systems

Compliance & Certifications

HIPAA, HITRUST CSF, SOC 2 Type II, PCI DSS

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