Claims User Guide

V11 – May 2025

Contents

Waystar Claims work center overview

The Waystar Claims work center allows you to electronically submit claims, track their status, and edit and resubmit rejected claims. This guide leads you through each of these processes step by step.

Support and Training Center

In the top-right corner of your screen is the **Support and Training** link. This will open the Waystar knowledge base, which contains additional solution information, user guides, training webinars, and industry resources.

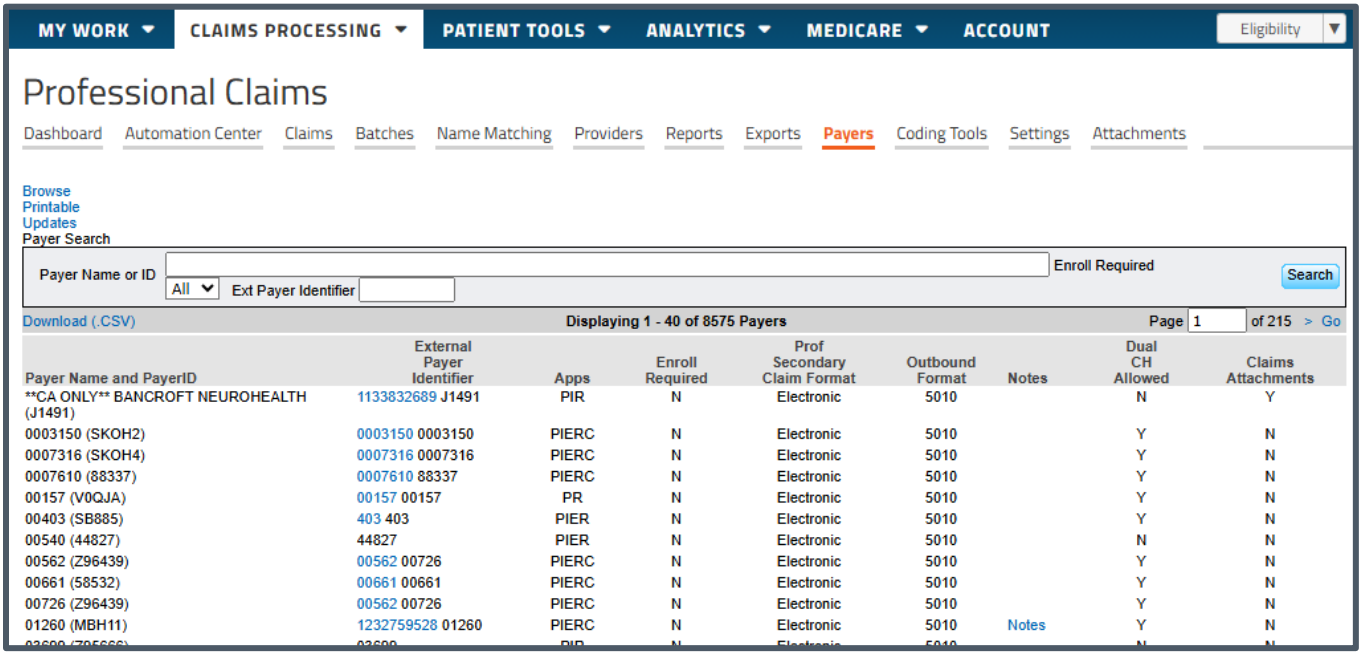
Payers

To search for a payer by using either the Payer Name or Payer ID, go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Payers**.

The **Payer Search** screen allows you to search for the following:

- Which payers can accept electronically filed claims through Waystar.com
- Which payers require enrollment before accepting electronically filed claims
- Payer IDs used for Name Matching.

All the information on this screen is maintained by Waystar.



Payer Name and PayerID	External Payer Identifier	Apps	Enroll Required	Prof Secondary Claim Format	Outbound Format	Notes	Dual CH Allowed	Claims Attachments
CA ONLY BANCROFT NEUROHEALTH (J1491)	1133832689 J1491	PIR	N	Electronic	5010		N	Y
0003150 (SKOH2)	0003150 0003150	PIERC	N	Electronic	5010		Y	N
0007316 (SKOH4)	0007316 0007316	PIERC	N	Electronic	5010		Y	N
0007610 (88337)	0007610 88337	PIERC	N	Electronic	5010		Y	N
00157 (V0QJA)	00157 00157	PR	N	Electronic	5010		Y	N
00403 (SB885)	403 403	PIER	N	Electronic	5010		Y	N
00540 (44827)	44827	PIER	N	Electronic	5010		N	N
00562 (Z96439)	00562 00726	PIERC	N	Electronic	5010		Y	N
00661 (58532)	00661 00661	PIERC	N	Electronic	5010		Y	N
00726 (Z96439)	00562 00726	PIERC	N	Electronic	5010		Y	N
01260 (MBH11)	1232759528 01260	PIERC	N	Electronic	5010	Notes	Y	N

Can’t locate a payer

If you cannot locate a payer on this list, the payer may still be able to accept electronic claims. To verify, contact the payer directly and ask if they accept electronic claims. If they do, ask them for their **Electronic Payer ID** and search for it on this list. If you still do not find the correct payer, try entering the payer ID in the **Ext Payer Identifier** field.

Payer cannot accept an electronic claim

For those payers who cannot accept an electronic claim, Waystar can create a paper claim and mail it to the payer on your behalf; this is set up in **Name Matching**; see the Name Matching section.

Uploading a claims batch into Waystar

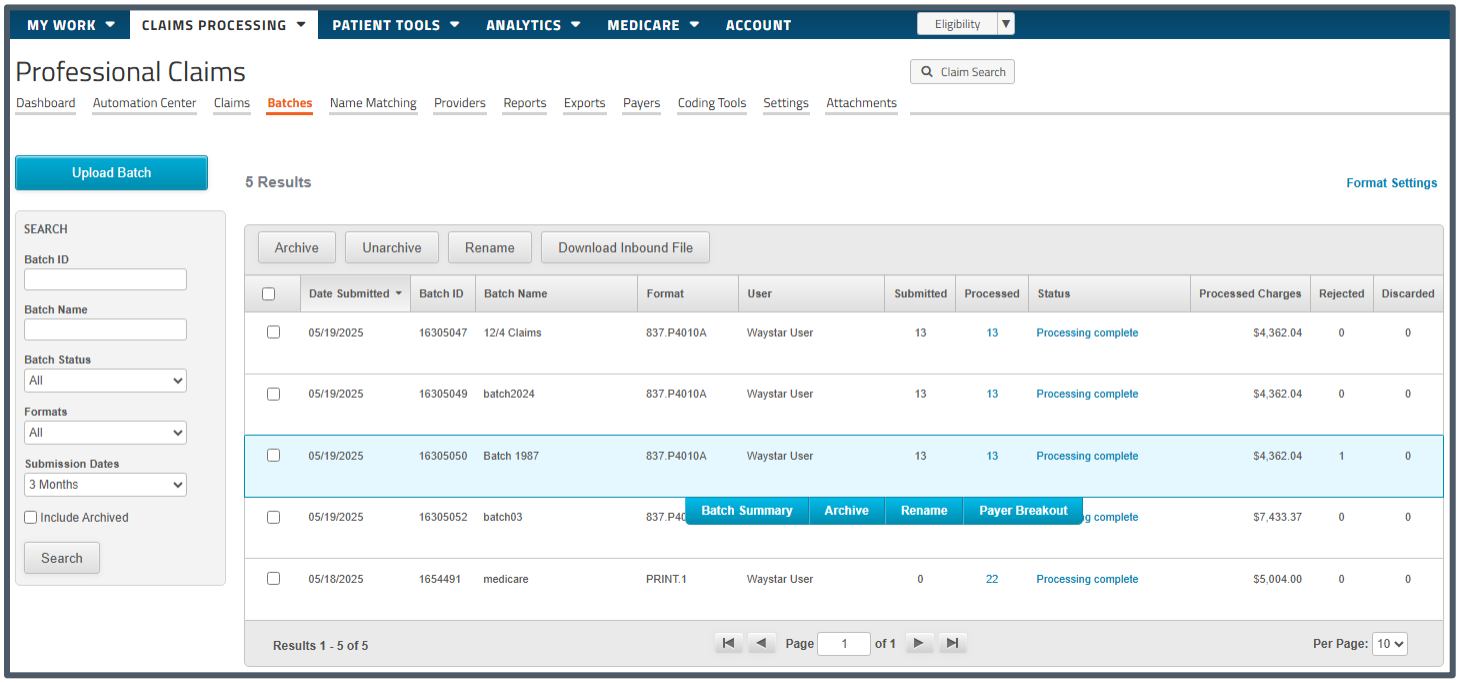
This section explains how to manually upload a batch of claims into the Waystar system.

Note: If your organization submits batches via FTP, see the Claims Listing section.

To upload a claims batch manually:

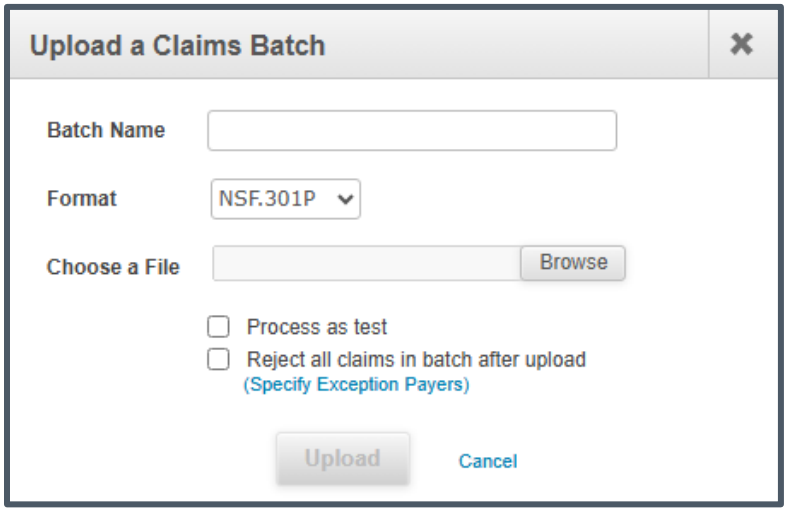
1. In your system, create a batch file of claims.
2. When ready to upload your batch file of claims, go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Batches**.

   The Batches screen will open.



3. Click the **Upload Batch** button on the upper-left side of the screen.

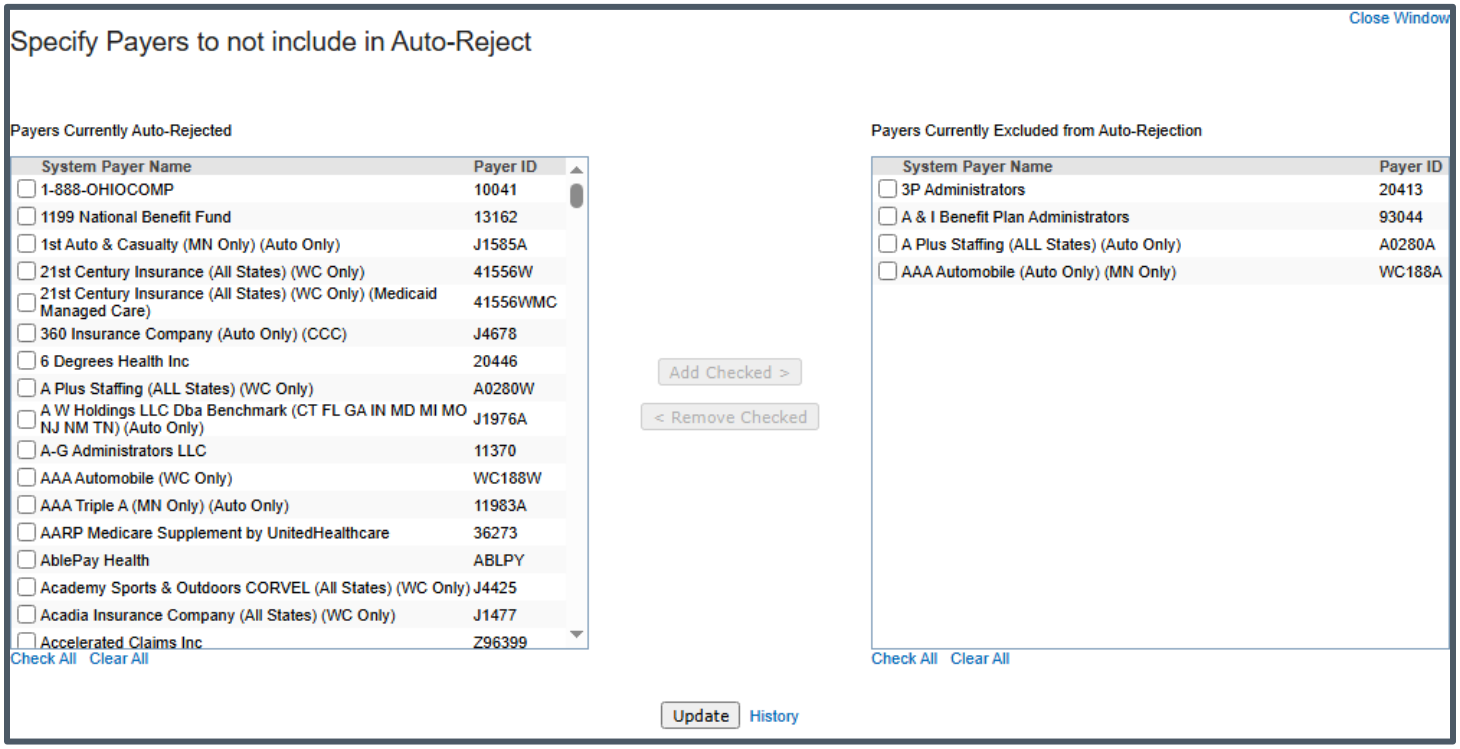
   The Upload a Claims Batch screen will open.



4. Complete the following:
   - **Batch Name**: Enter a unique batch name into the **Batch Name** field. You will use this name to locate the batch in the Batches list after it has been processed.
   - **Format**: From the dropdown, select the file format you're using for the upload.
   - **Choose a File**: To locate the batch file in your system, click the **Browse** button.
   - **Process as test**: If you are running a test batch, select the **Process as test** checkbox.
   - **Reject all claims in batch after upload**: If you want all files in the batch to reject, select the **Reject all claims in batch after upload** checkbox.
   - **Specify Exception Payers**:

     To specify payers excluded from the auto-rejections:

     a. Click the **Specify Exception Payers** link. The Specify Payers to not include in Auto-Reject popup appears:



     b. Select the payers you would like excluded from the left of the screen.

     c. Click the **Add Checked** or **Remove Checked** buttons to move selected items to and from the exception list.
        - To select all payers in the associated list, click the **Check All** links on either section.
        - To remove all selections from the associated list, click the **Clear All** links on either section.

     d. Click the **Update** button to save your changes.

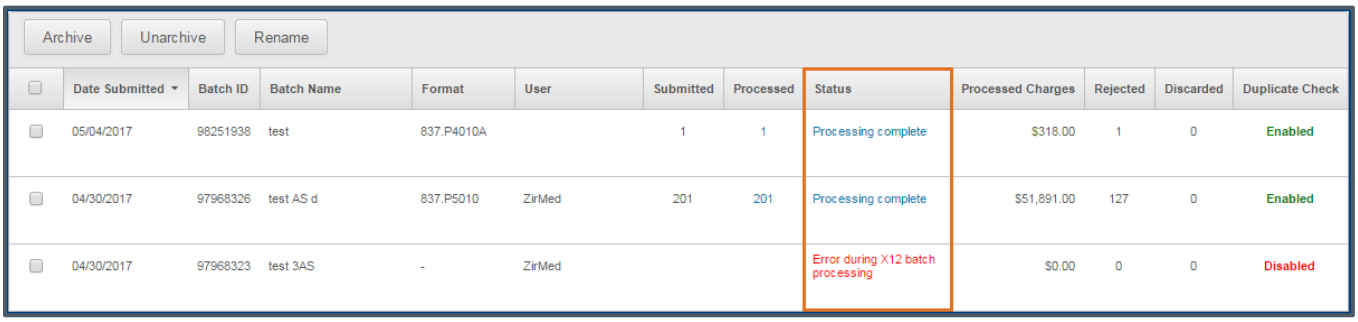
     e. To view a log of all changes made to the exception list for your account, click the **History** link.

5. After you make all necessary selections and select the desired file for upload, click the **Upload** button.

   If the batch is processed successfully, a green notification will display at the top of the Batches screen.

Common batch upload errors

If there is an issue with your uploaded file, one of the following error statuses will display in the Status column for the associated batch item:



Archive | Unarchive | Rename

Date Submitted	Batch ID	Batch Name	Format	User	Submitted	Processed	Status	Processed Charges	Rejected	Discarded	Duplicate Check
05/04/2017	98251938	test	837.P4010A		1	1	Processing complete	$318.00	1	0	Enabled
04/30/2017	97968326	test AS d	837.P5010	ZirMed	201	201	Processing complete	$51,891.00	127	0	Enabled
04/30/2017	97968323	test 3AS	-	ZirMed			Error during X12 batch processing	$0.00	0	0	Disabled

- **Error: Duplicate batch detected:** The uploaded file was an exact duplicate of a previously uploaded file. Click the associated link in the Status column to open the Batch History popup and identify which file was duplicated. Return to your practice management system and go through all the steps to recreate a new, valid batch file and upload it. You can do this without re-keying the claims.
- **Error during batch processing:** The file you created was not a valid claim file or was not in an accepted format.
- **Error during X12 batch processing:** A file-level error prevented the file from being uploaded. This type of error is caused by a problem with the integrity of the file (e.g., the file was missing the submitter ID, or data was missing that is required in the 837 Companion Guide).

Duplicate-batch notifications

You can opt to receive an email notification when you have submitted a duplicate batch of claims:

1. Go to **Claims Processing** > **Professional Claims** or **Institutional Claims** > **Settings**
2. Click the **Notifications** tab on the left side of the screen.
3. Enter the email address where you would like the notifications to be sent in the **Email duplicate batch notifications to** field.
4. Select the accounts which you would like to receive notifications for.
5. Click **Save Changes**.

Archiving a claims batch

To archive a claims batch:

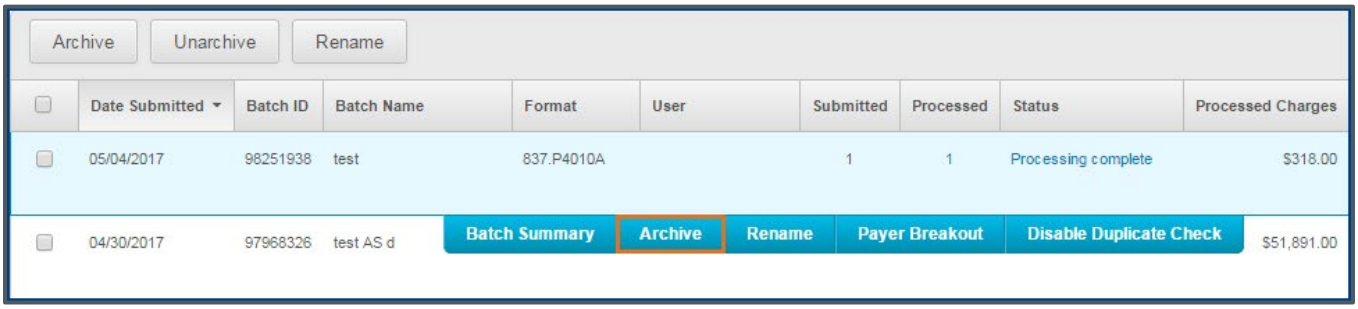
1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Batches**.
2. Enter the appropriate search criteria in the Search menu on the left side of the screen.
3. Click **Search**. The appropriate batch item(s) will display.

When you have identified the desired batch files, you have a couple options for archiving those items.

Archiving batches with the action menu

To archive batch files using the Batches hover menu:

1. Hover over the desired batch item in the Batches list. The action menu will open below the row.
2. Click the **Archive** button:



3. The Hiding Batch(es): popup will display asking you to confirm whether you would like to hide the batch and all associated claims. Click **Yes** to confirm. If the batch was archived successfully, a green notification will display at the top of the screen.

Archiving batches with the toolbar

To archive batch files using the Batches action toolbar:

1. Select one or more batch items by clicking the checkbox to the left of the item(s). You can also use the checkbox dropdown in the column header (see below) to select/deselect all of the batches.
2. Click the **Archive** button above the listed batch files:

3. The Hiding Batch(es): popup will display asking you to confirm whether you would like to hide the batch and all associated claims. Click **Yes** to confirm. If the batch items were archived successfully, a green notification will display at the top of the screen.

Batch X-12 error bypass configuration

Waystar's 837 Batch X-12 processing validates whether the inbound 837P/837I aligns with the file structure requirements outlined in the corresponding ANSI implementation guide. Errors identified during this level of processing will cause the entire batch of claims to fail and will stop any further batch processing. In such cases. you must correct the identified X-12 error in your PMS/HIS and resubmit the batch. Until this is completed, the entire batch of claims will be delayed from further processing and submission to the payer.

However, you can configure the Claims application to bypass X-12 processing errors, allowing any claims stuck in this processing stage to continue. With this configuration in place, claims will reject only if there are issues with the claims that will cause them to reject (i.e., claims will not reject due to batch errors).

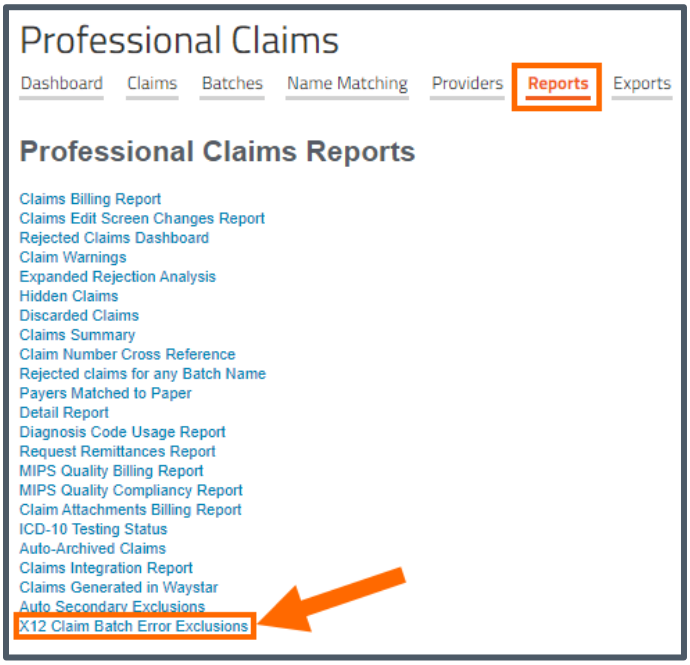
Please contact Waystar if you would like to have this bypass configuration enabled. You will not be able to apply these settings on your own.

The Batch X-12 Error Bypass Configuration will include the following settings:

- **Unexpected Segment:** If the file contains any unexpected segment information that would normally cause the batch to fail, enabling this bypass setting will cause the system to continue processing the batch.
- **Segment Exceeds Maximum Use:** If the file contains any segment exceeding the maximum number of characters allowed that would normally cause the batch to fail, enabling this bypass setting will cause the system to continue processing the batch.

With either of the above settings enabled, all claims within the batch will continue to the next step of batch processing. If there are any issues with the claims in the batch at subsequent Waystar processing levels, those claim rejections can be reviewed and addressed at the individual claim level in Waystar.

You can review any batch errors bypassed due to this configuration by going to **Professional Claims** or **Institutional Claims > Reports** and generating the **X12 Claim Batch Error Exclusions** report.



Claims listing

The Claims listing screen is a comprehensive workspace where you can search for claims, check a claim status, see a claim's history, hide claims, and edit claims as necessary.

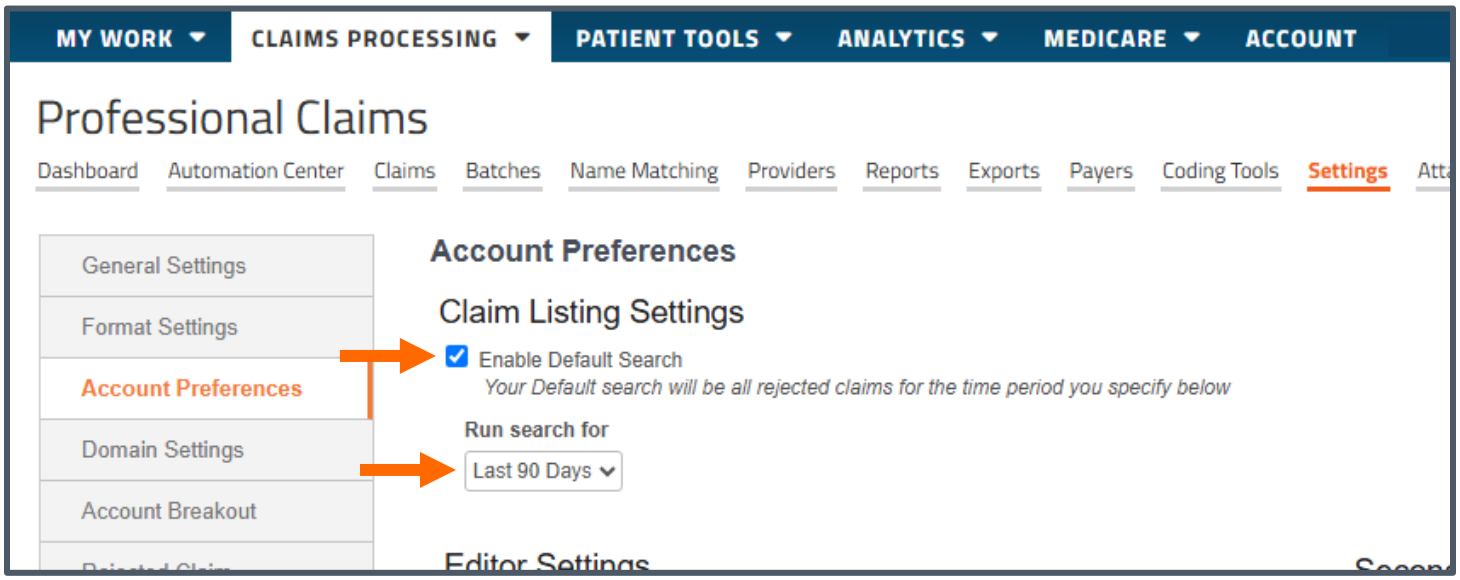
Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Claims**. The screen is empty until you perform a search or the screen defaults to a view of your rejected claims.

Setting up a default view of your rejected claims

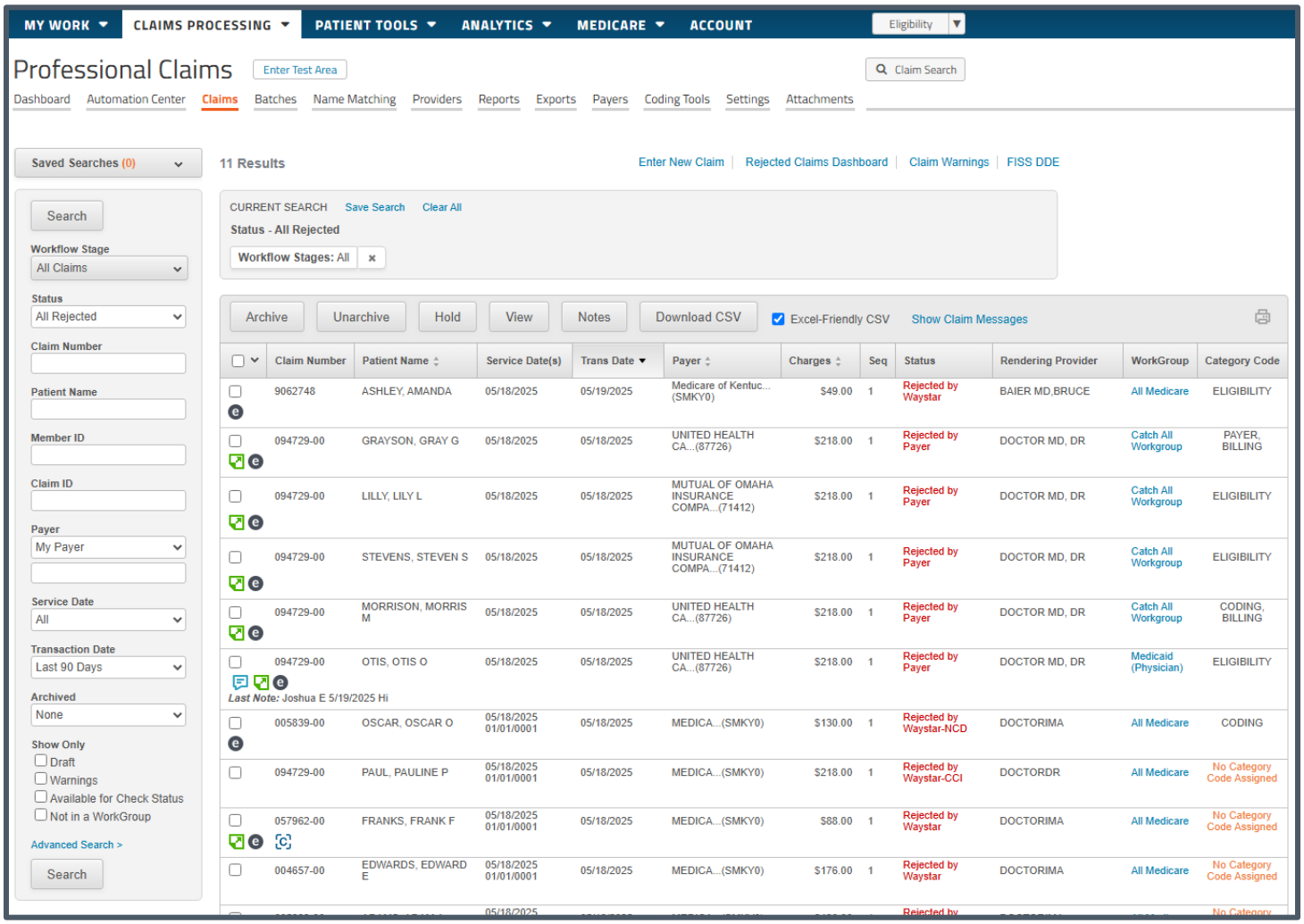
To set up a default view of your rejected claims:

IMPORTANT: Only the Domain Administrator, Security Manager, or a user who has been given the proper permissions can change the settings for Account Preferences. Changes made to this screen apply to the account ***for all users***.

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Settings** > **Account Preferences** screen.
2. Select the **Enable Default Search** checkbox.
3. From the **Run search for** dropdown, select the desired default timeframe. If you do not select a timeframe, the display will default to 90 days.

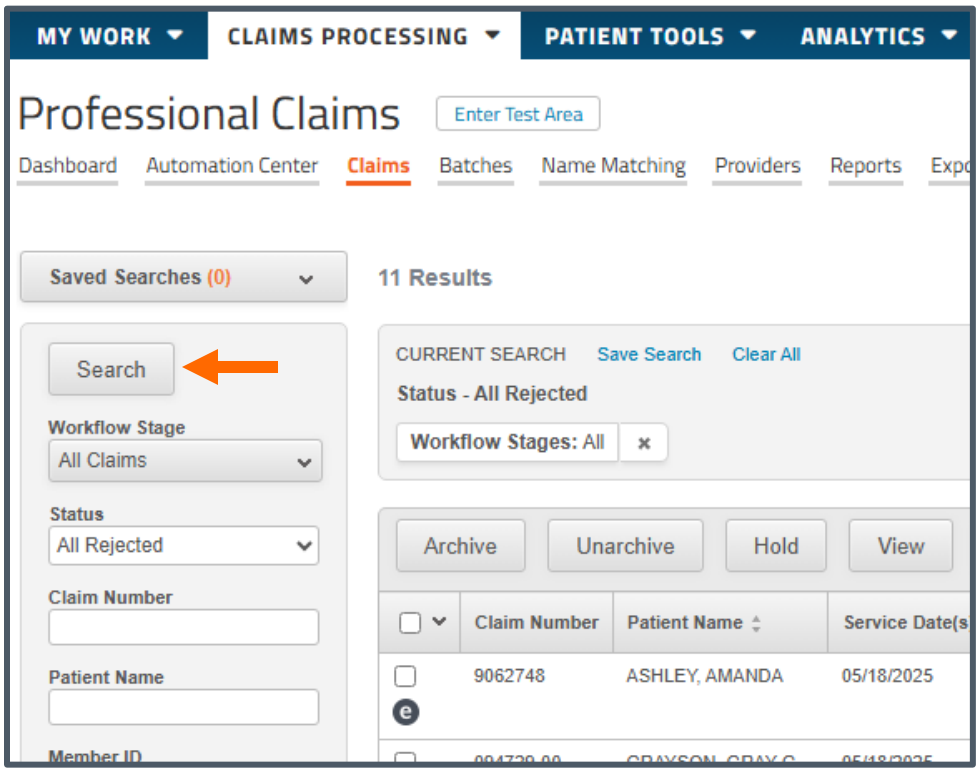


Note: For demonstrative purposes, only Professional Claims information is displayed. Most functions described are available under the Institutional Claims tab, with the exception of the PQRS tab. The Professional Claims tab will be referenced throughout this user guide.



Searching for claims

You can enter information in the search area on the left side of the page, click the **Search** button or press the [Enter] key on your keyboard, and the screen will display your search results.



The default search options are:

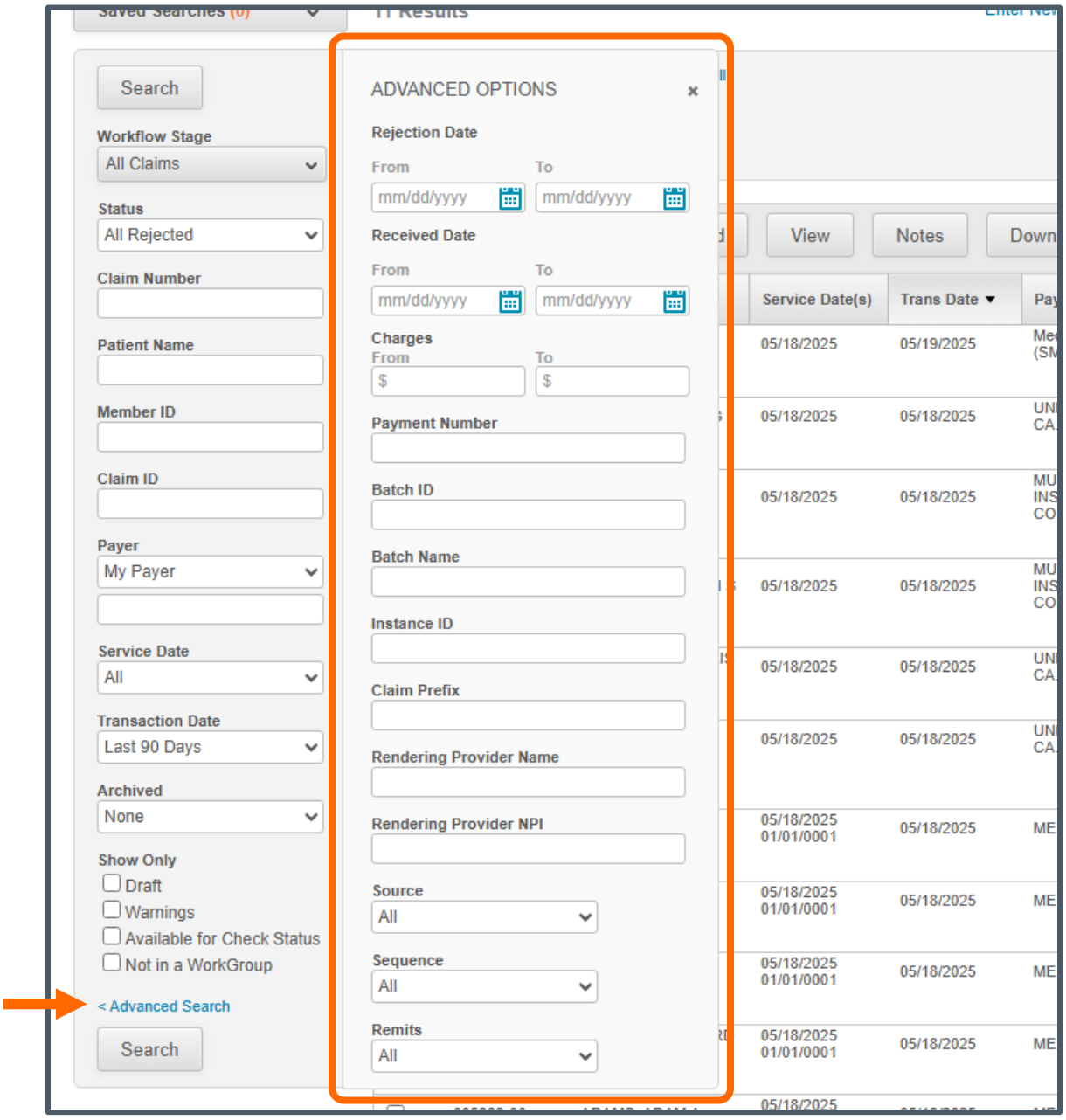
- **Status**: Displays claims with the chosen status. Statuses change as claims move through the system.
- **Claim Number:** Displays claim that has the specified patient control number; this is typically the patient account number found in your practice management system.
  - The Claim Number search filter allows you to search for alpha-numeric claim numbers that start with the characters/numbers entered—if you are not entering the full claim number.
- **Patient Name**: Last name, first name, middle initial
- **Member ID**: Displays the patient's member ID listed on the claim.
- **Claim ID:** Displays the claim with the specified Waystar-assigned claim identification number.
- **Payer:** Displays claims submitted to the specified payer.

  Note: You can filter this search option further by selecting **My Payer** or **Waystar Payer** from the dropdown.
- **Service Date:** Displays claims having a service date within the specified date range.
- **Transaction Date**: Displays claims that were processed by Waystar in the specified date range.

  Note: This value is different from the Date of Service and the Submission Date. The Transaction Date changes each time the claim is edited and resubmitted.

- **Archived**: From the dropdown list you may choose to display:
  - **Include Archived**: Displays both archived and unarchived claims.
  - **Archived Only**: Displays archived claims only.
- **Show Only**: Click any of the following checkboxes to display claims having the selected attribute(s):
  - Draft
  - Warnings
  - Available for Check Status
  - Not in a Workgroup

To display additional search options, click the **Advanced Search** link.



- **Rejection Date:** Displays claims that were rejected in the specified date range.
- **Received Date**: Displays claims that the clearinghouse received in the specified date range.
- **Charges**: Displays claims with charge amounts within the specified range.

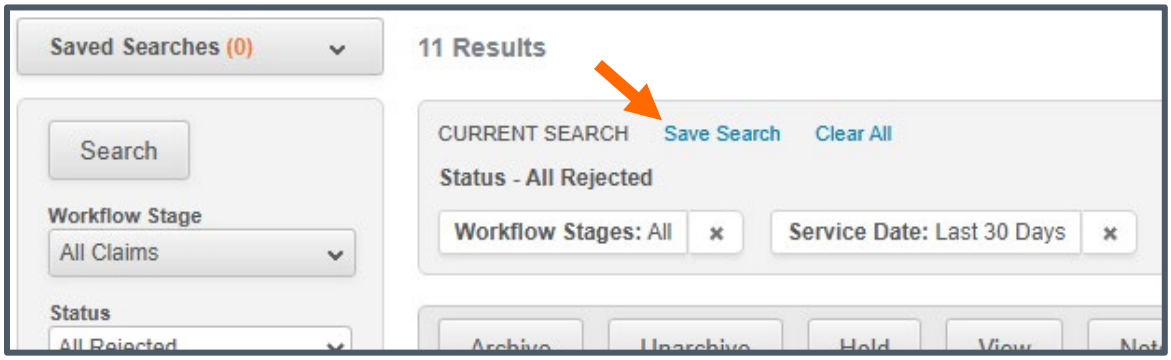
  Note: A valid charge amount does not include the dollar sign ($) and must either be a whole number or a dollar amount with exact change (e.g., 100.50).
- **Payment Number:** Displays the claim with the specified payer-assigned payment number.
- **Batch ID:** Displays claims that were uploaded in the specified batch.
- **Instance ID:** Displays the claim with the specified Waystar-assigned tracking number. This number is given to claims each time they are processed and can be found on the claim's Status > History screen.
- **Claim Prefix:** Displays the claim that has the specified six-digit Waystar-assigned tracking number used for intermediaries and payers.
- **Rendering Provider Name:** Last name, first name, middle initial
- **Rendering Provider NPI**: The ID associated with the provider who performed the service.
- **Source:** Displays claims with one of the following origins:
  - **Batch**: The claim originated from a batch upload.
  - **Resub**: The claim was edited and resubmitted.
  - **Realtime**: The claim originated from a real-time upload.
  - **DDE**: The claim originated from a direct data entry claim.
- **Sequence**: Displays claims with the selected payer sequence: **1** = Primary, **2** = Secondary, **3** = Tertiary, etc.
- **Remits**: From the dropdown list you may choose to display:
  - **With claims/shared**: Only those claims that have an associated EOB.
  - **Without claims/shared**: Only those claims that do not have an associated EOB.
  - **All**: All claims, regardless of whether an EOB is included.

Saving a search

If you will be performing a particular search often, it may be a good idea to save it so you can run that same search in the future with one click.

To save a search:

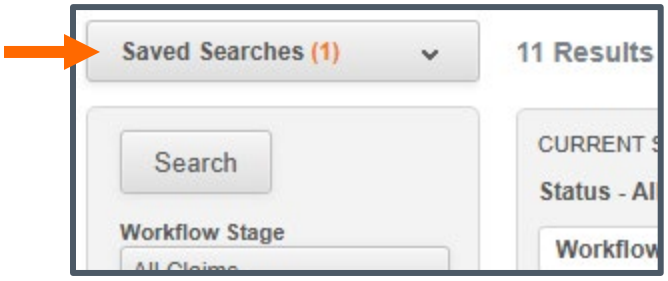
1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Claims**.
2. Perform the desired search; be sure to click the **Search** button.
3. In the **CURRENT SEARCH** box, click the **Save Search** link.



The **Save Search** screen will open.

4. Enter a unique search name into the **Search Name** field.
5. Click the **Save** button.

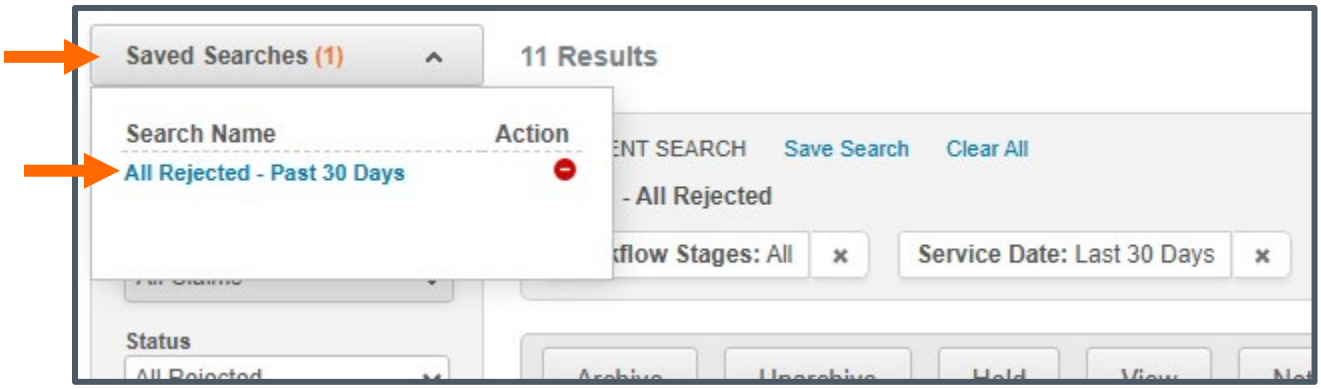
The search will be added to the **Saved Searches** dropdown on the left side of the screen. The number in parentheses indicates the number of saved searches.



Running a saved search

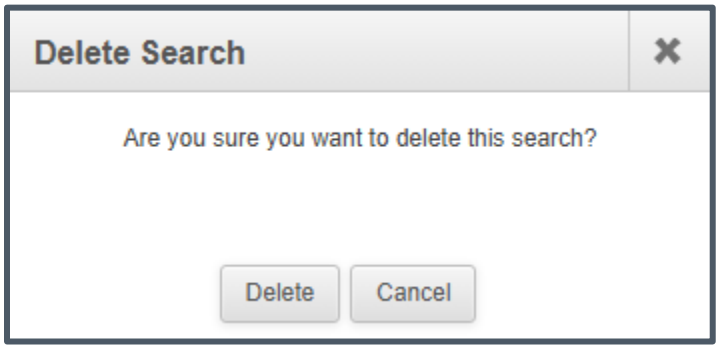
To run a saved search:

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Claims**.
2. Click the **Saved Searches** dropdown.
3. From the list, click the appropriate **Search Name**.



The search will process and display the appropriate search results.

4. To delete a saved search:
   a. Click the delete icon on the right side of the Search Name.
      The Delete Search confirmation screen will open.
   b. Click the **Delete** button.



Claims search results

After completing a search, the following claims information will display:

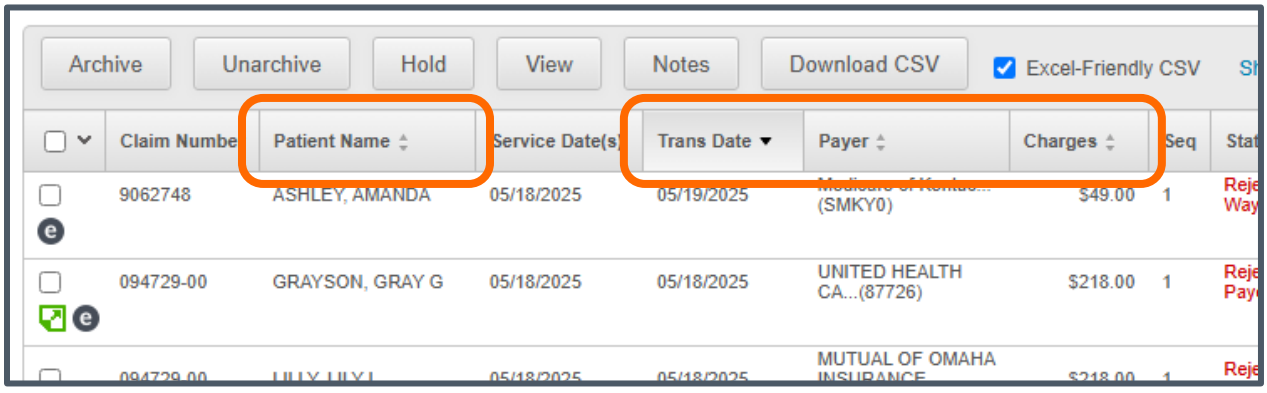
- **Claim Number**: The patient control number submitted with the claim; this is typically the patient account number found in your practice management system.
- **Patient Name**: Last name, first name, middle initial
- **Service Date(s)**: The period in which services were rendered to the patient by the provider.
- **Trans Date**: The date the claim was last processed in the Waystar system.
- **Payer**: The payer name listed on the claim.
- **Charges**: The calculated total charges for the claim.
- **Seq**: The sequence of the payer listed on the claim: **1** = Primary, **2** = Secondary, **3** = Tertiary, etc.
- **Status**: The current status of the claim. The status changes as a claim moves through the system.
  - If your organization has subscribed to the service and the payer supports the feature, a **Check Status** link will appear under the status message allowing you run a check status request on that claim. Once the request returns to Waystar with a response, a **Status Checked** link will appear in under the status message allowing you to view the payer's claim status response.
- **Rendering Provider**: Last name, suffix, first name, middle initial
- **Workgroup**: The Waystar claim status of either being in a workgroup or in the Catch All Workgroup.

The number of claims that were returned from a search will be shown at the top of the page. This number may update whenever an action is performed (selecting a new search filter, editing a claim, etc.).

Sorting by column headers

After completing a search, you can sort the claim results by **Patient Name**, **Trans Date**, **Payer**, or **Charges** by clicking the associated arrow within the column header:

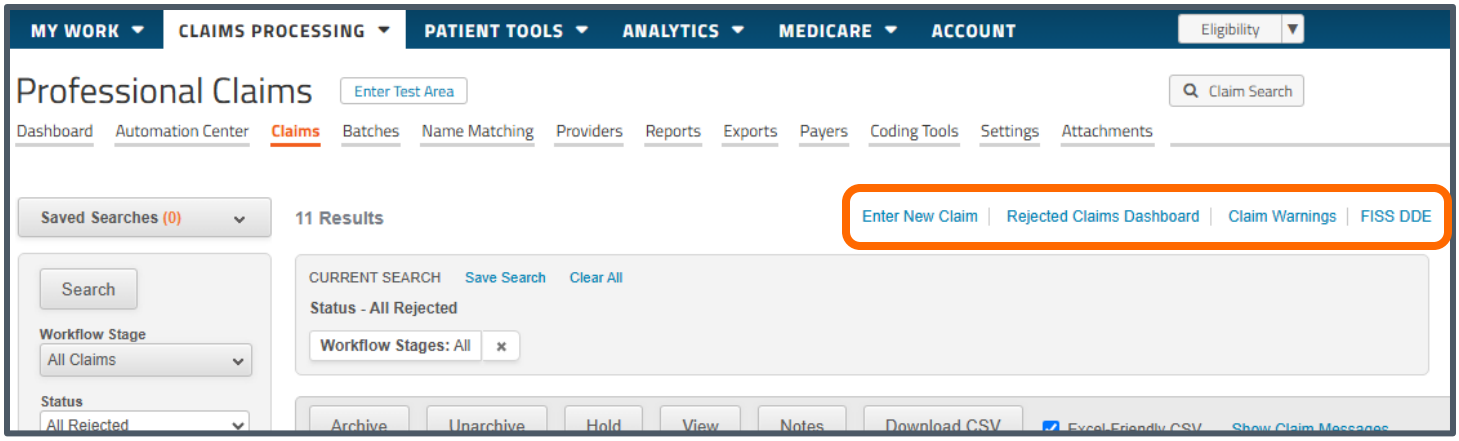
Text columns will sort A to Z and numeric columns will sort high to low. Click the arrow a second time to reverse the previously applied sorting (ascending vs. descending).



Using action links

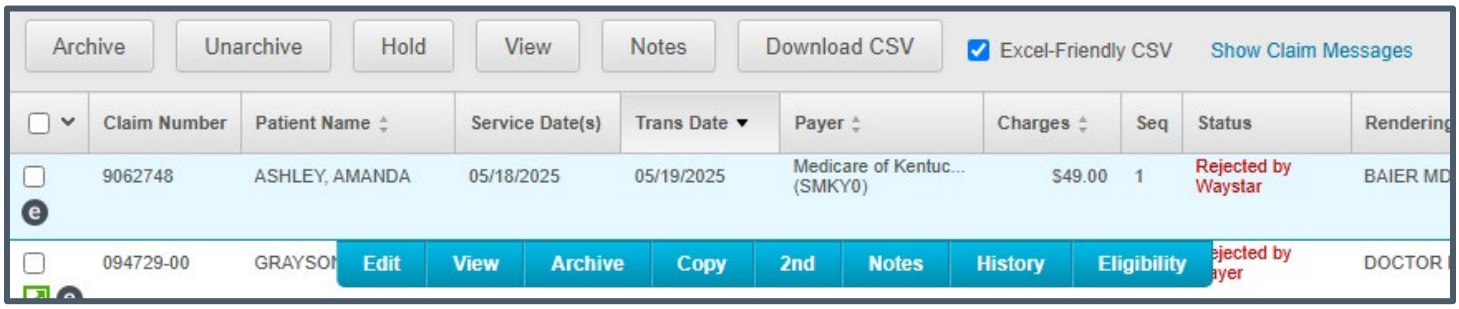
The following links are at the top of the Claims Listing screen:

- **Enter New Claim:** Opens a blank claim screen, allowing you to manually submit a new claim.
- **Rejected Claims Dashboard:** This is a link to the Current Claims Rejections report. On this interactive report, you can view your currently rejected claims by modifying the **Scope**, **Group By**, or **Drill Down** fields. For more information, see the Rejected Claims Dashboard section.
- **Claim Warnings:** This is a link to the Claim Warnings Summary report. This report displays payer-generated warning messages for submitted and processed claims. There may be messages displayed for both paid and rejected claims. From this report screen, you can ignore a warning message and it will be removed from all claims with that warning message.
- **FISS DDE:** Click this link to access the Waystar DDE portal. See the FISS DDE User Guide for a comprehensive guide to navigating and managing the FISS DDE portal.



Using the action menu

When hovering over a claim, the item will be highlighted and the blue action menu will appear, allowing you to perform the following actions:



- **Edit**: Allows you to edit a claim with the HIPAA-compliant editor (see the Professional (CMS-1500) Claims Edit Screen section for more information on this claim editor tool).
- **View**: Displays a PDF version of the CMS-1500 08/05 form.
- **Archive**: Allows you to hide a claim. A claim cannot be deleted once it has been sent to Waystar. For example, you can archive a claim if it was rejected as a duplicate, if you did not intend to put it in a batch, or if it is paid in full.

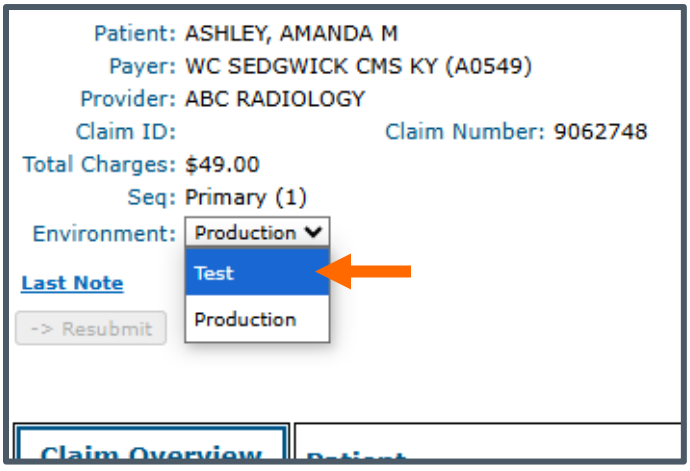
  After a claim has been archived:

  – It can only be viewed by searching for archived claims (see the Searching for Claims section).

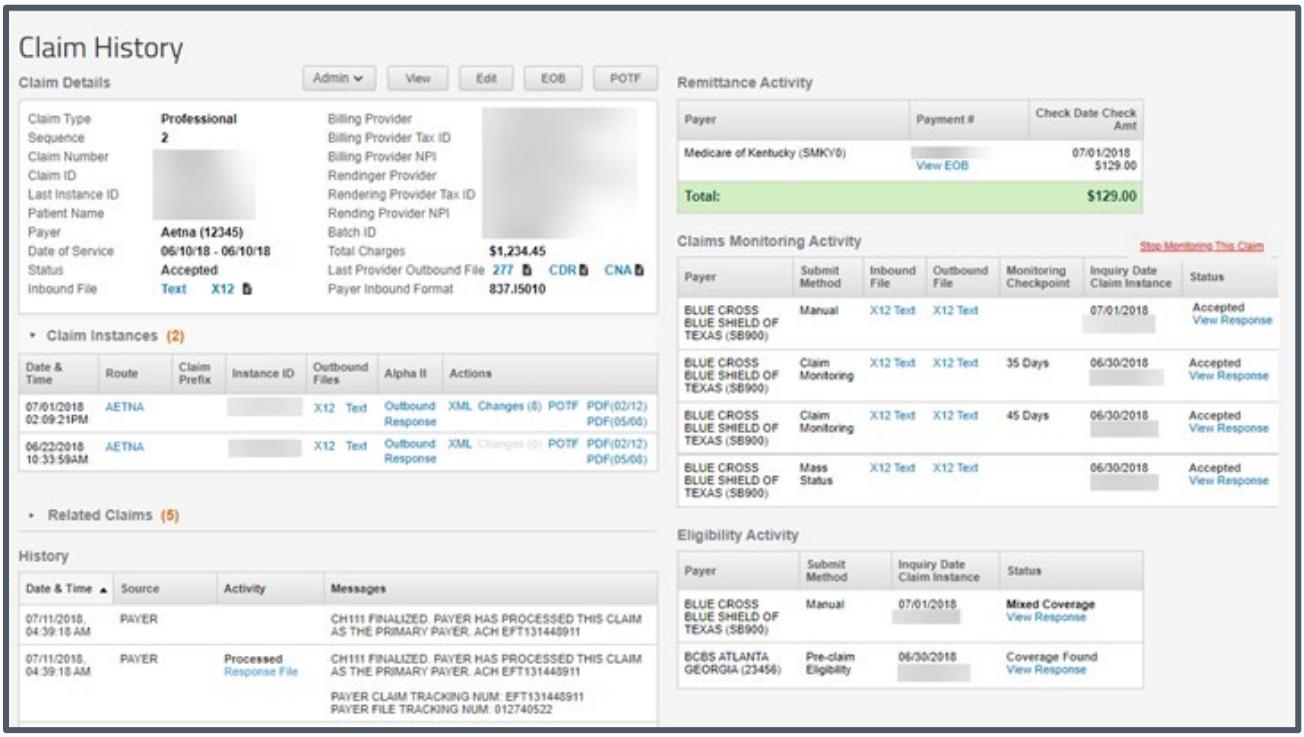
  – It will be removed from all workgroups in your domain. The claim must be resubmitted before it can be reassigned to a workgroup.
- **Copy**: Allows you to copy the claim's identifying information to the Claim Editor (the copied information contains no PHI and therefore no HIPAA violation is incurred), allowing you to change the desired fields more quickly and resubmit.

  – You can also access this copy feature from the Claim History screen (see **History** below).

  – If desired, select **Test** from the **Environment** dropdown at the top of the Claim Editor screen to submit the corrected claim in the Waystar test environment.



- **2nd**: Creates a secondary claim (see Secondary Claims User Guide for more information).
- **Notes**: Enter a note specific to a claim and, *if necessary*, archive the claim at the same time.
  - When you add a note, it will be displayed with all previously added notes in the Claim Editor and on the Claims History screen.
  - If you want to add a note only, click the **Note** button on the hover menu, type your message and click **Add Note**.
- **Save Draft:** After editing a claim and prior to resubmitting it, you can click this button to save a draft of the claim in the Waystar system.
- **Delete Draft:** If the claim has been edited and that draft has been saved using the **Save Draft** button (see above), click this button to remove the draft from the Waystar system.
- **History**: Displays the Claim History screen (see below) providing all of the claim's basic information and event history.



  - The **POTF** button at the top of the screen or the POTF link in the **View** column will display the **Proof of Timely Filing** report for the claim. Click the button or link to generate a form letter for the claim with the following information:
    - Request for review and payment of the claim
    - Provider information (billing and attending/rendering)
    - Patient information
    - Subscriber information
    - Claim information
    - Service information
    - Claim history messages showing date of claim submission

  You can print the POTF report and/or save it to your system.

- **Eligibility**: Opens the New Eligibility Inquiry screen where you can submit an inquiry for the associated patient.

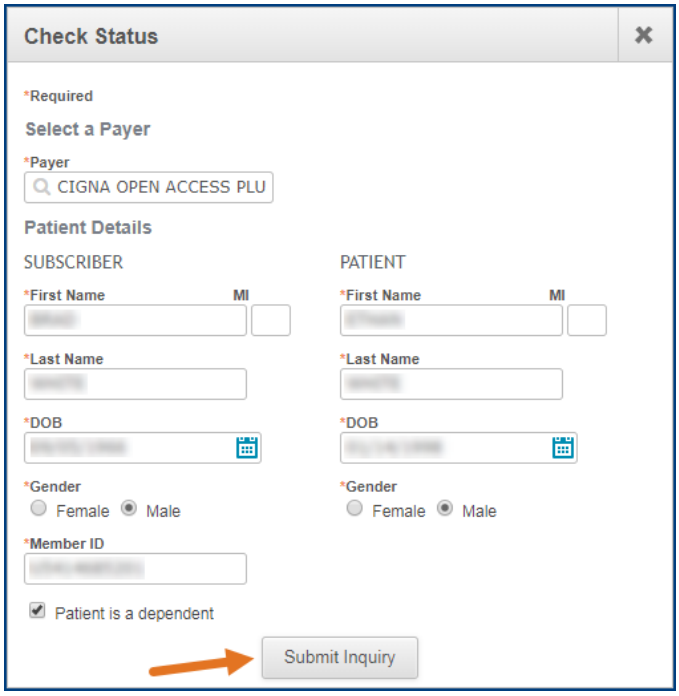
  Note: The Eligibility button will be available only if you have subscribed to the Eligibility application.

  – The New Eligibility Inquiry screen will be pre-populated with the associated patient details.

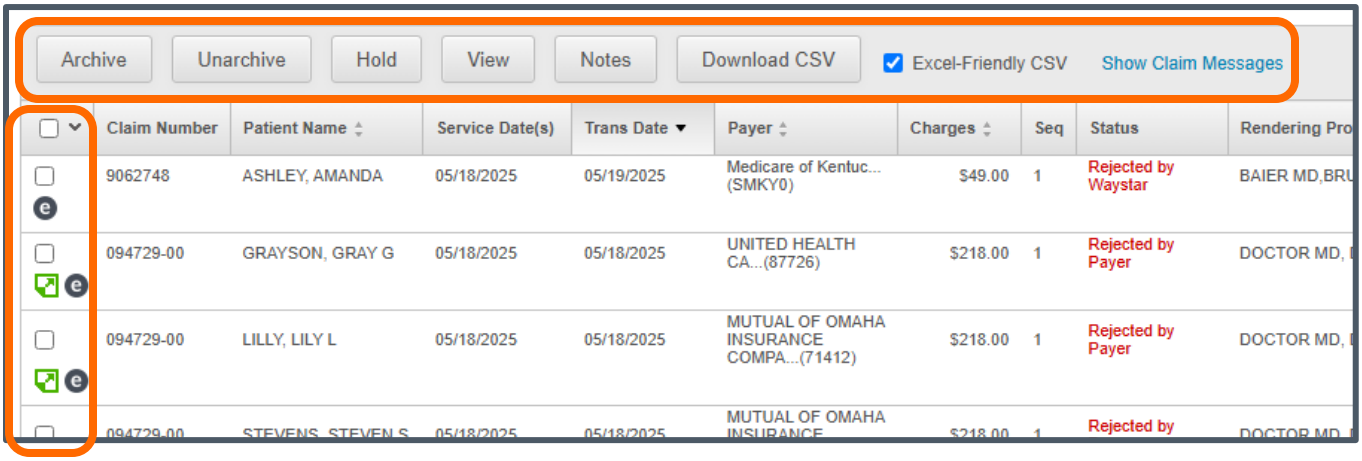
  – Once an eligibility request has been submitted using the Eligibility button, an eligibility icon ( ) will display on the associated claim line. Click this icon to view the most recent payer response for the inquiry (if available).

- **Check Status:** Opens the Check Status screen where you can enter the requested payer, subscriber (if applicable), and patient information and click **Submit Inquiry** to send a claim status inquiry:

  The requested fields will be prepopulated with payer, subscriber (if applicable), and patient data from your claim.



Using the toolbar



You can perform a number of actions using the row of buttons at the top of the Claims Listing screen. Select one or more claims by clicking the associated checkbox on the far-left side of the item. You can also use the checkbox dropdown in the column header to select/deselect all the claims in the search results.

After selecting the item(s), use one of the following buttons in the toolbar to perform an action on the claim(s).

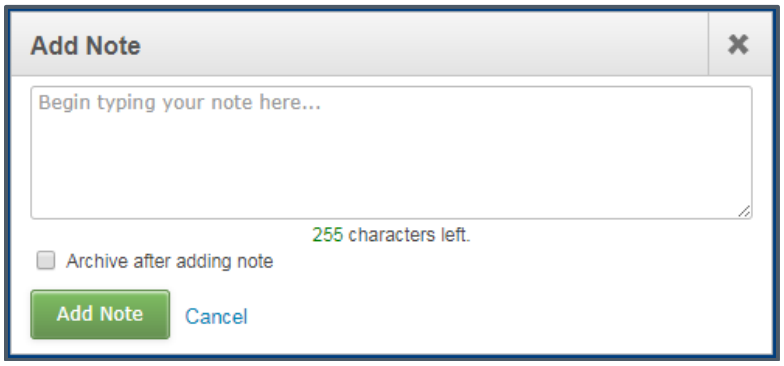
- **Archive:** Hide a claim. A claim cannot be deleted once it has been sent to Waystar. You can archive a claim if it was rejected as a duplicate, if you did not intend to put it in a batch, or if it is paid in full.

  After a claim has been archived:

  – It can be viewed only by searching for archived claims (see the Searching for Claims section).

  – It will be removed from all workgroups in your domain. The claim must be resubmitted before it can be reassigned to a workgroup.

- **Unarchive:** Unhide a claim. However, before you can view previously-archived claims, you will need to complete a search with the **Include Archived** option selected from the **Archived** dropdown in the Search menu (see the Searching for Claims section for more information).
- **View:** Displays a PDF version of the CMS-1500 08/05 form.
- **Notes:** Opens the Add Note screen where you can add a note to the claim:

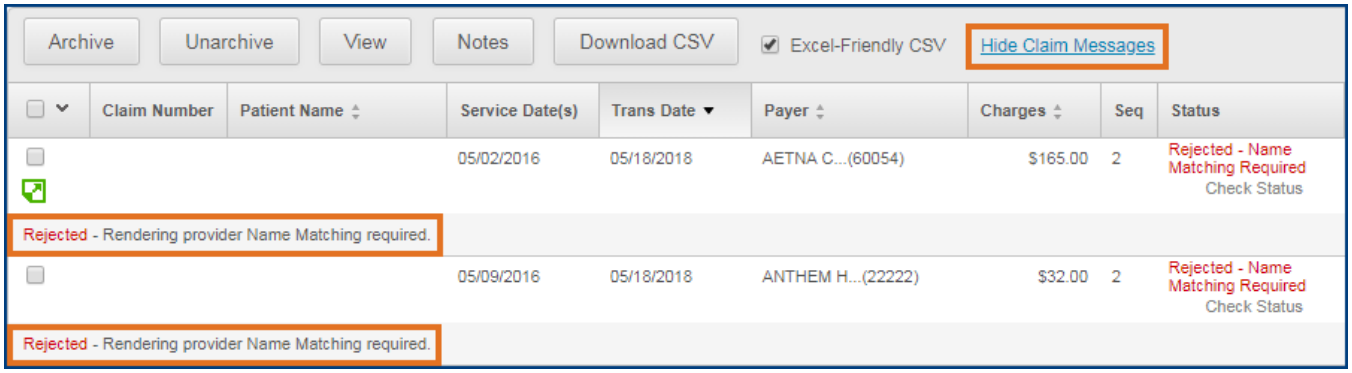


  If desired, you can click the **Archive after adding note** checkbox to archive the claim immediately after adding your note.

- **Download CSV:** Exports the selected claims to a spreadsheet. The claims will be shown in the exported file as they are on the Claims Listing page.
- **Excel-Friendly CSV:** When selected, exports all spreadsheets in a format that can opened in Excel.

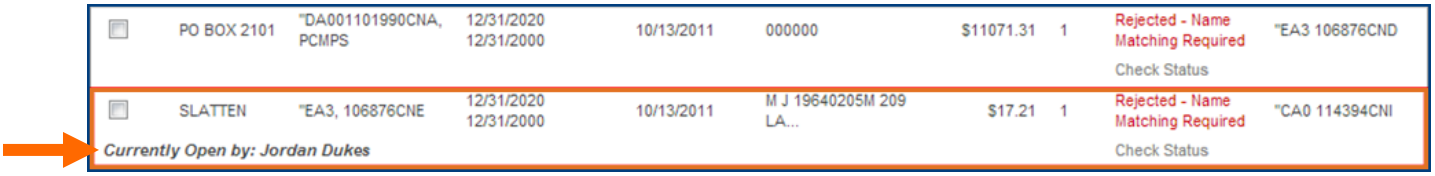
- **Show Claim Messages:** Click the **Show Claim Messages** link to see full rejection messages for all rejected claims on the Claims Listing screen:
- Click the **Hide Claim Messages** link (see image above) to hide the full rejection messages:

  Note: These full rejection messages will be hidden by default.



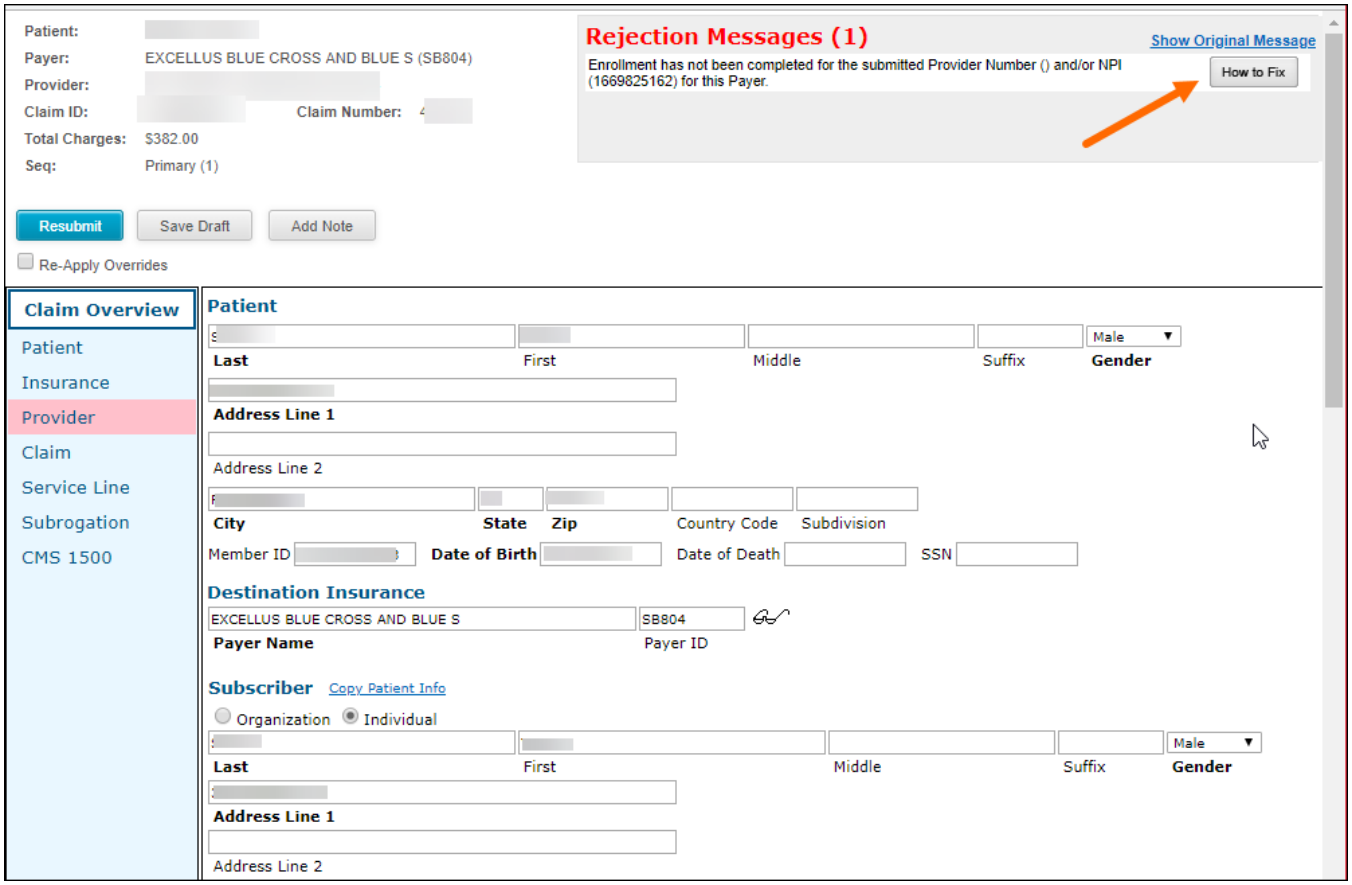
Viewing a claim work state

To prevent the duplication of work, a claim will be given a ***Currently Open by:*** status if it is currently being edited by another user in your account.



Professional (CMS-1500) Claim Edit screen

The Edit screen is the HIPAA-ready Claim Editor. This is where a claim can be edited to resolve rejections. The screen accommodates all fields and field values in the HIPAA claim transaction.



Simplified rejection messages

Rejection messages associated with the claim are displayed in a list at the top-right corner of the screen. To assist our clients in understanding rejection messages, Waystar simplifies the complex and sometimes confusing rejection messages returned by payers. To see the original rejection message from the payer, click **Show Original Message**.

To the right of the simplified message is a **How to Fix** button. Clicking this button directs you to a Rejection Message Help article that explains the reason for the rejection message and provides step-by-step instructions to correct the rejection.

In some cases, Waystar links the rejection message to the affected field. Clicking on the message will redirect you to the field location, where you can enter the required information.

Overrides

The **Re-Apply Overrides** checkbox will override changes made to data in the Providers screens.

If the claim has CCI or LCD/NCD rejections, you can override them by clicking the **Override CCI or LCD/NCD Rejections** checkbox that will display on the screen.

You can override any MIPS Quality rejections by clicking the **Override MIPS - Quality Rejections** checkbox that will display on the screen. (MIPS Quality applies to professional claims only).

Resubmit

Click the **Resubmit** button in the upper left corner to save your changes and resubmit the claim.

Save draft

As an alternative to immediately resubmitting the claim, you may click the **Save Draft** button to save your edits and resubmit the claim later. Each time the claim is saved as a draft, the screen indicates the date and time the claim was last saved.

When a draft has been saved, the **Delete Draft** button appears. Click this button to return the claim to its pre-edited version. A popup asks, "**Are you sure?**". Clicking **Yes** returns the claim to its pre-edited version and automatically closes the Edit screen. If you click **No**, the changes to the claim are retained, and the Edit screen remains open until you close it by clicking the red X in the upper right corner of the screen.

When a claim has been saved via the Save Draft feature, you will not be able to perform the following actions:

- Copy the claim
- Create a secondary claim using the **2nd** link

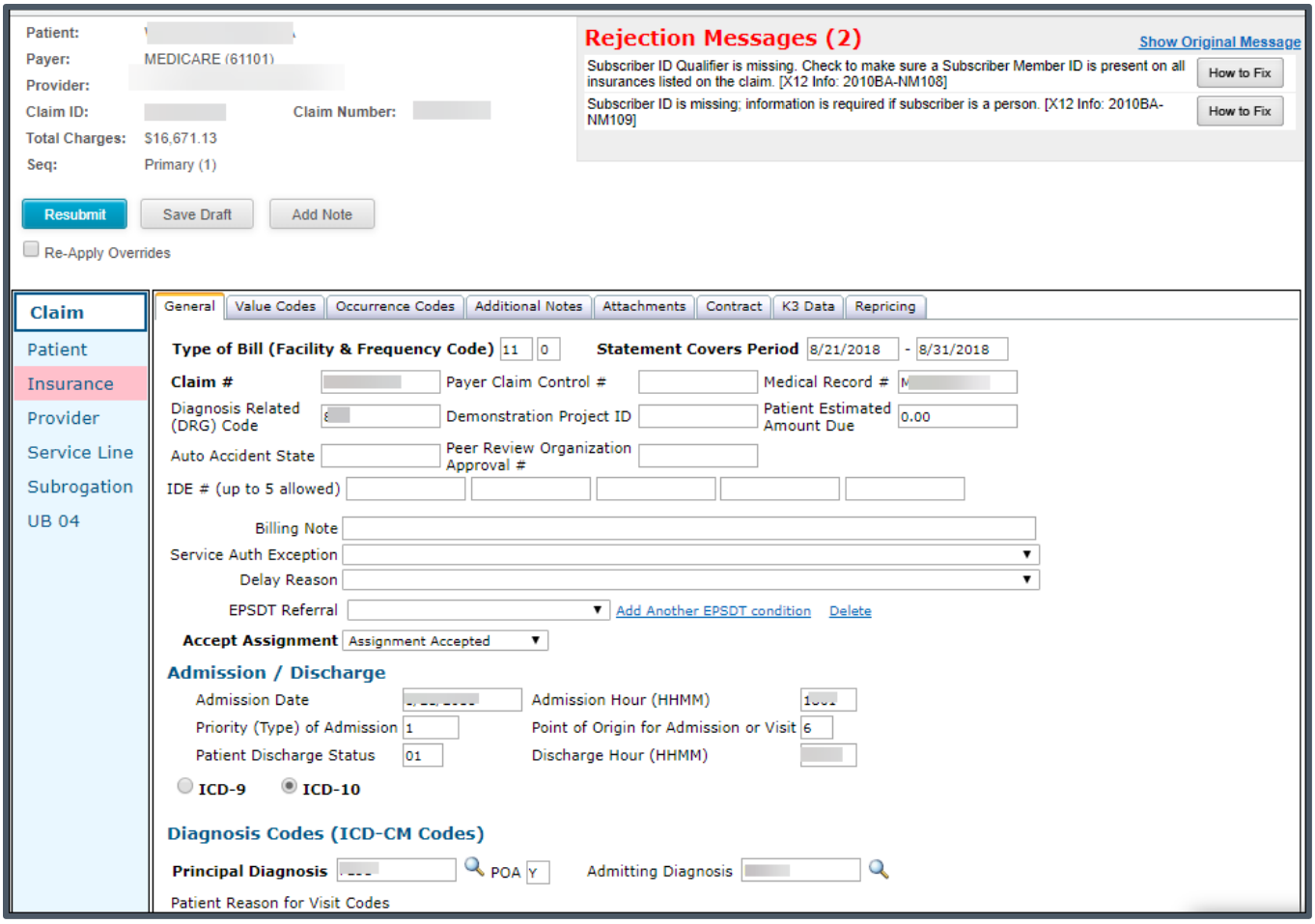
The **Copy** and **2nd** buttons found on the hover menu will generate a new claim ID from the original processed claim. Since the draft claim has not passed through Waystar validations, it cannot be used to create another claim.

Draft changes are not included in the Claim Edit Screen Changes Report. The report displays only the final changes made when the claim is edited and resubmitted.

Institutional (UB-04) Claims Editing screen

The Institutional Claim Editor screen has form locators different from those on the Professional Edit screen. The Institutional Edit screen contains the information that would be used on UB claims.

If the claim has MUE rejections, you can override them by clicking the **Override MUE Rejections** checkbox that will display on the screen. You can override OCE rejections by clicking the **Override OCE Rejections** checkbox that will display on the screen.



Name matching

Overview

To access the Name Matching screen, go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Name Matching**.

The optional Payer Name Matching feature ensures that the claims you submit are sent to the correct payer.

- Name Matching links the payer name sent from your Practice Management System (PMS) to a payer on Waystar's Payer List.
- Waystar maintains all changes that payers make to their Payer IDs or Routes.
- Name Matching eliminates the need for you to edit payer IDs in your PMS.

Name Matching includes:

- **Payers**
- **Billing Providers**
- **Pay To**
- **Rendering Providers**
- **Facilities**
- **Referring Providers**
- **Supervising Providers**
- **Ordering Providers**
- **Primary Care Providers**
- **Purchased Service Providers**

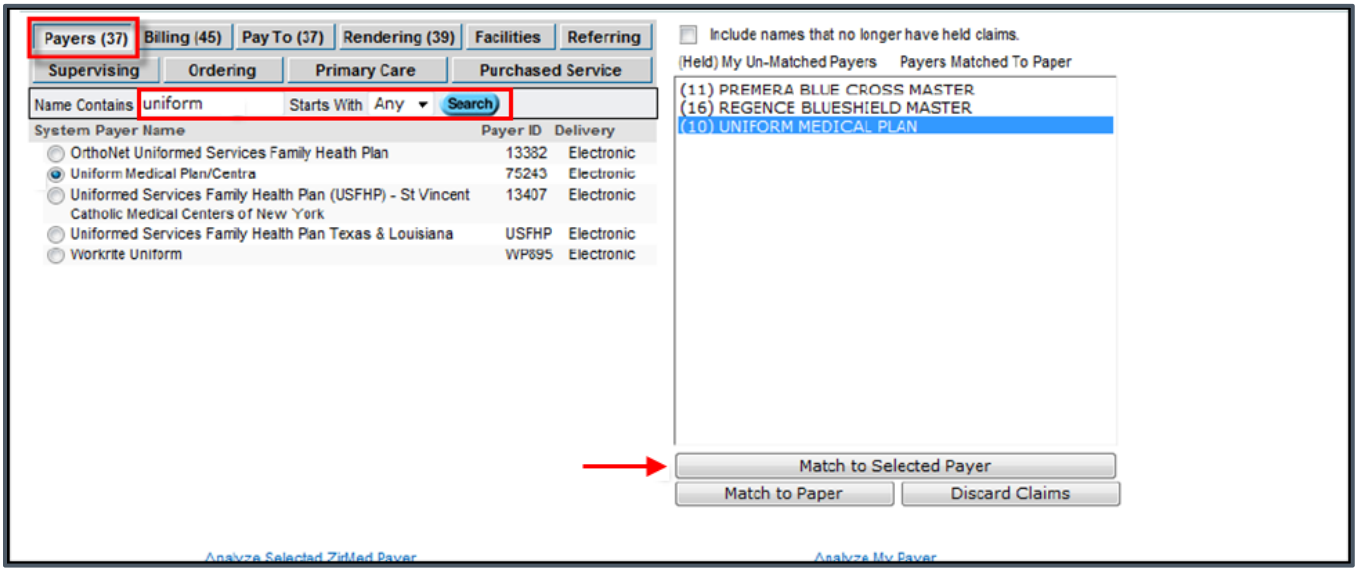
The **Name Matching** screen is divided into sections:

- On the left is the **Payers Search/List** section. It is here that the Payers' names, their corresponding Payer IDs, and Delivery Methods (electronic or paper) are displayed. You can search by using this ID in the Name Contains box, or by specifying the first letter in the Starts With box.
- The righthand section displays claims with **Un-Matched Payers** (or with payers matched to paper). Claims having a given spelling of a payer's name are grouped together, allowing you to match the Payer Name (assigned by your PM System) with the corresponding Waystar Payer ID one time for all occurrences (e.g., Aetna, Aetna5, and Aetna PPO would be in different groups because the payers' names are not spelled exactly alike).
- Below the Un-Matched Payers section are buttons used to tell the system how to match the claim.

Payer name matching

The Payer Name Matching process can be done in four steps:

1. Highlight the un-matched payer name in the section on the right.
2. Search for the correct payer in the section on the left.
3. Click the circle next to the payer's name.
4. Click the **Match to Selected Payer** button below the list of My Un-Matched Payers.



If the Payer's name does not appear in the section on the left, you have two options for Name Matching:

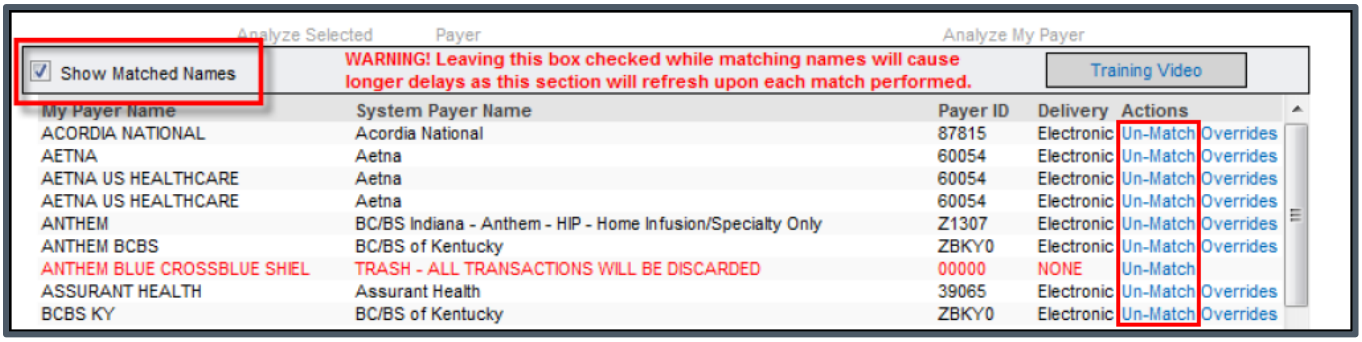
- **Match to Paper**: Waystar creates a paper claim (CMS-1500 or UB-04) and mails it to the payer. Normally this option is used only when a payer cannot accept electronic claims. Once a payer is able to accept electronic claims, you must make the appropriate update (un-match and re-match the Payer).
- **Discard Claims**: Waystar will not submit discarded claims to any payer. Neither this batch nor any future batch will be processed for that payer in any way by Waystar. Use this option *only* if your PM System does not have the ability to exclude a payer's claims from going to Waystar. This is useful for offices that print claims in the office but cannot eliminate those claims from the electronic claim files.

Note: Follow these steps for each tab that has claims held for Name Matching.

Viewing previously matched names or to un-match/rematch names

Below the payers' list is the **Show Matched Names** section. To view this section, place a check in the box labeled Show Matched Names. As indicated by the red warning message, this section should be hidden when you are performing Match to Payer. To hide this section, uncheck Show Matched Names. Follow these steps to un-match and re-match a Payer (who has been incorrectly matched, or temporarily matched to paper):

1. In the **Show Matched Names** section, click **Un-Match** next to the appropriate payer.
2. Click the checkbox titled **Include Names That No Longer Have Held Claims** (above Un-matched Payers section).
3. Name-match the payer appropriately, using the four steps on the previous page.



My Payer Name	System Payer Name	Payer ID	Delivery	Actions	
ACORDIA NATIONAL	Acordia National	87815	Electronic	Un-Match	Overrides
AETNA	Aetna	60054	Electronic	Un-Match	Overrides
AETNA US HEALTHCARE	Aetna	60054	Electronic	Un-Match	Overrides
AETNA US HEALTHCARE	Aetna	60054	Electronic	Un-Match	Overrides
ANTHEM	BC/BS Indiana - Anthem - HIP - Home Infusion/Specialty Only	Z1307	Electronic	Un-Match	Overrides
ANTHEM BCBS	BC/BS of Kentucky	ZBKY0	Electronic	Un-Match	Overrides
ANTHEM BLUE CROSSBLUE SHIEL	TRASH - ALL TRANSACTIONS WILL BE DISCARDED	00000	NONE	Un-Match	
ASSURANT HEALTH	Assurant Health	39065	Electronic	Un-Match	Overrides
BCBS KY	BC/BS of Kentucky	ZBKY0	Electronic	Un-Match	Overrides

Providers screen

To establish overrides of the data generated by your Practice Management System (PMS), go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Providers**. If your PMS populates the data required to submit claims, you do not need to use this feature. Waystar strongly suggests you rely on your PMS to provide this information whenever possible.

Because the data entered on the Provider screen will override the data uploaded from your PMS, it is imperative that you carefully consider your changes.

Use Provider overrides if:

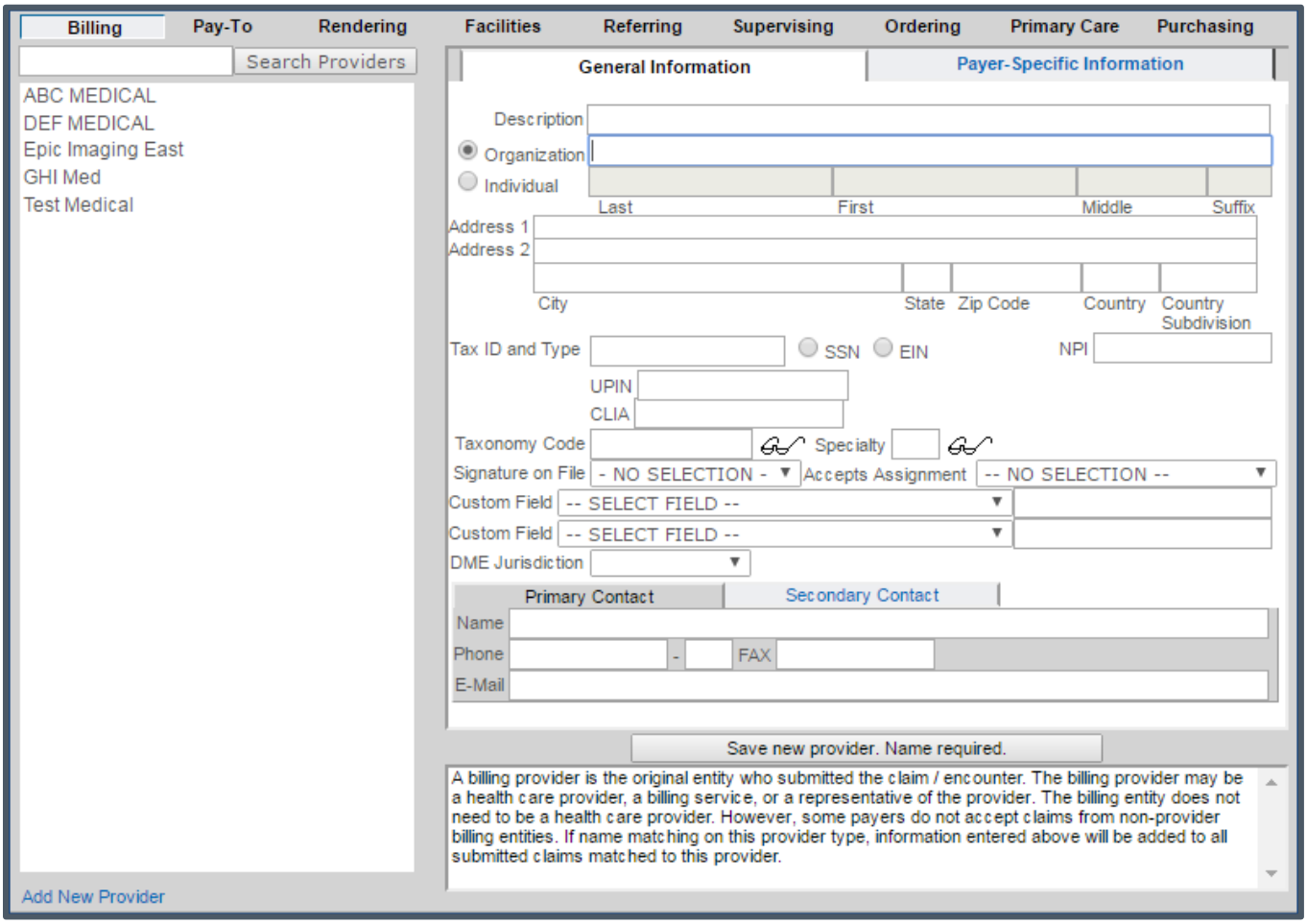
- Your PMS cannot provide the data elements required to produce a valid claim (e.g., older systems that are not UB92 or HIPAA compliant).
- The provider's name must be in a different format for a given payer or intermediary.
- Your PMS sends invalid or obsolete provider numbers or information.
- Your PMS cannot send the correct NPI Number, Billing Provider Number, Rendering Provider Number, or Taxonomy Code.

Provider types supported by this function are:

- Billing
- Pay To
- Rendering
- Facilities
- Referring
- Supervising
- Ordering
- Primary Care
- Purchasing

The Providers screen is divided into sections.

- Individual providers who have previously been entered into the system are displayed on the left. For more information, see the Adding a new provider section.
- On the right are the **General Information** and **Payer-Specific Information** tabs.
- A description of the information required for a field will display at the bottom of the screen.



Searching for a provider

To find a provider:

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Providers**.
2. Click on the tab for the type of provider, as appropriate
3. Enter the provider name in the search box at the top of the list of providers
4. Click the **Search Providers** button.

Adding a new provider

You can add providers to your Waystar account from the Providers tab without creating them during the name-matching process.

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Providers**.
2. Click the appropriate tab for the type of provider you would like to add.
3. Click the **Add New Provider** link located at the bottom of the list of providers.
4. Click the **General Information** tab. Any information entered on the General Information screen will be applied to all claims for the selected provider, regardless of the payer or intermediary receiving them.
5. Enter the appropriate information in the fields under the **General Information** heading (the information you enter in these fields can be helpful when performing Name Matching). Dropdown boxes, searches, and custom fields are provided to help with entering information.

   To save a provider in the Waystar system, you must at least specify the provider name.
6. After entering all the necessary information in the **General Information** fields, click the **Save new provider. Name required.** button.

If you have already name-matched a provider name, you do not need to add a new provider with the previous steps. The provider will appear on this screen if they have been previously name-matched.

Viewing payer-specific information

If necessary, you can also add payer-specific information to the provider information. Payer-Specific Information will override General Information for the Provider. To do this:

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Providers**.
2. Highlight the provider's name in the list of providers on the left.
3. Click the **Payer-Specific Information** tab.
4. Complete ONE of the following:
   - Enter the appropriate payer into the **Add Payer** field.
   - Use **Payer Search** (click the eyeglasses) to find the payer in the Waystar system. Narrow your search by entering a portion of the Payer's name (e.g., Medicare) and clicking **Search**.
5. Select the payer name. It will be added to the list of payers and automatically selected for editing.
6. Enter the necessary information under the **Payer-Specific Information** heading on the right.
7. When finished, click the **Save new provider / payer override info** button.

Sending different provider information

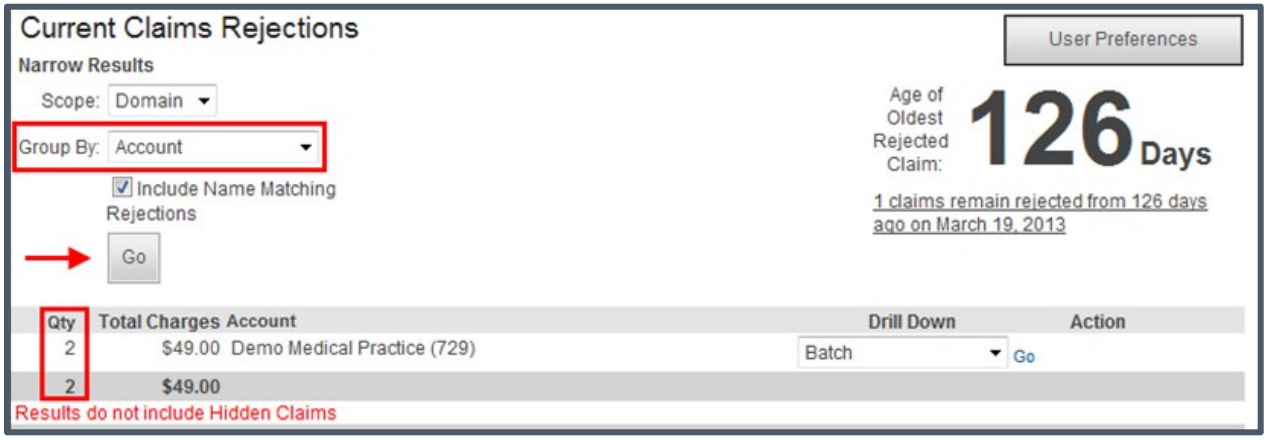
If your practice has multiple facilities and it's necessary to send different provider information for each facility, use the override feature to enter that information. You must call Waystar Customer Support to have this option activated for you. After activation, an additional dropdown box will be displayed, allowing you to enter the facility-specific information.

- Other provider types are basically set up the same way as a billing provider.
- When you click the **Save Information for a selected provider/payer** button, a window pops up stating that you made a change to the Providers screen.
- If you encounter a different spelling of a name, you can match it to a previously matched name listed on the left side of the screen. Just highlight the new name on the right, click the appropriate name on the left and click **Match to Selected Provider Record**.
- For rendering, facilities, and referring name matching, follow the steps for billing name matching as previously described.
- Other provider types are set up the same way as a billing provider.
- You must complete all types of name matching for a claim to process.
- When you click the **Save Information for a selected provider/payer** button, a window pops up acknowledging that you made a change to the Providers screen.

Rejected Claims dashboard

Click the **Rejected Claims Dashboard** link on the Claims screen to view the Current Claims Rejections report, a summary of all (un-hidden) claims that have been rejected in your domain or account. You can display rejected claims for your account or for your domain by selecting an option from the **Scope** dropdown. If you have multiple accounts, the screen displays a summary of all your accounts. The report fields are:

- **Group By**: If you have a single account this field defaults to **Account**. To change the way the rejected claims are grouped, select a different **Group By** category from the dropdown list and click **Go**.
  - To separate any group of claims into smaller groups, select one of the grouping categories in the **Drill Down** column and click **Go**.
  - If you're a billing service with multiple accounts, the report will allow you to review by account.
  - If you have multiple accounts, your screen will also contain a dropdown list of all your accounts and a **Scope** dropdown list from which you can choose **Domain** or **Account**.
- **Qty**: This column displays the number of claims that have been rejected in the corresponding account within the time period specified at the top of the report.

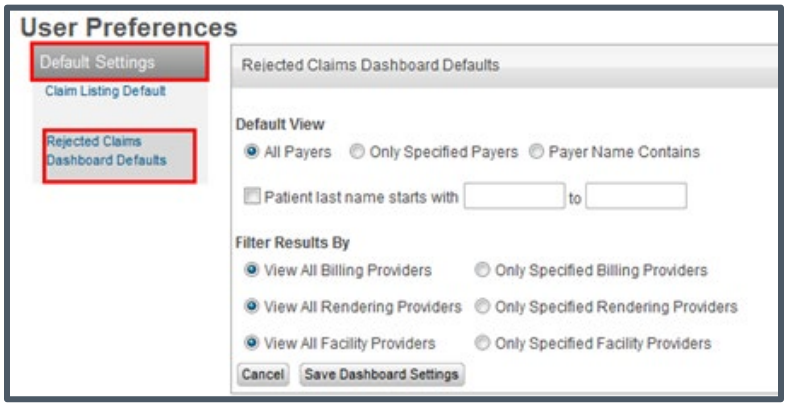


Setting up a default view for the Rejected Claims dashboard

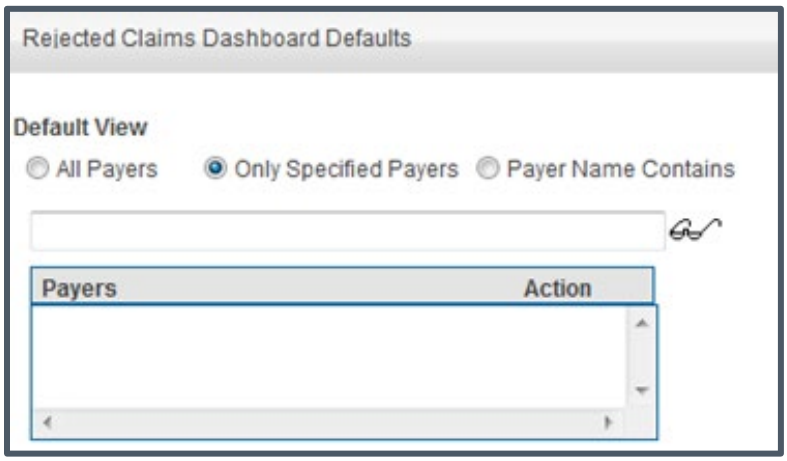
The Rejected Claims Dashboard can be set up to default to a customized view for the individual user. The view can be configured according to any or all the following: Payers, Patients, Providers.

To set up the default view:

1. Click **User Preferences** on the Rejected Claims Dashboard. The User Preferences screen will open.
2. Click on **Rejected Claims Dashboard Defaults** in the **Default Settings** column.
3. Click a radio button to:
   - View All Payers.
   - View Only Specified Payers.
   - View payers whose Payer Name Contains a sequence of letters (e.g., “aet” would include all Aetna payers).



4. If only specified payers are to be displayed, use the smart search field to search for each payer. When a payer is found, click the **Add Payer** button.



5. In addition, the dashboard can be set up to display patient names within an alphabetic range. For example, if you choose to have the dashboard show only those patients whose names begin with letters F to J:
   a. Select the **Patient Last Name starts with** checkbox.
   b. Enter **F** in the left field.
   c. Enter **J** in the right field.
6. To filter the results by provider type, click the radio button next to the desired view. If you choose to view only specified providers of a certain provider type, follow the same directions as given for adding payers in Step **4** above.
7. Click **Save User Preferences** to save your changes. Click **Cancel** to keep the previous settings.

Waystar workgroups

Waystar workgroups allows tasks to automatically be assigned to a user or group of users based on a set of defined rules. These tasks may include any claims-related work previously described in this guide, including working claim rejections, payer name matching, etc. Workgroups are given priority levels and work items will be assigned to the first group that it meets criteria for. A work item can only appear in one workgroup at a time, even if it meets the criteria for multiple workgroups. If a work item does not meet the criteria for any of the defined workgroups, it will fall into a mandatory catch all workgroup.

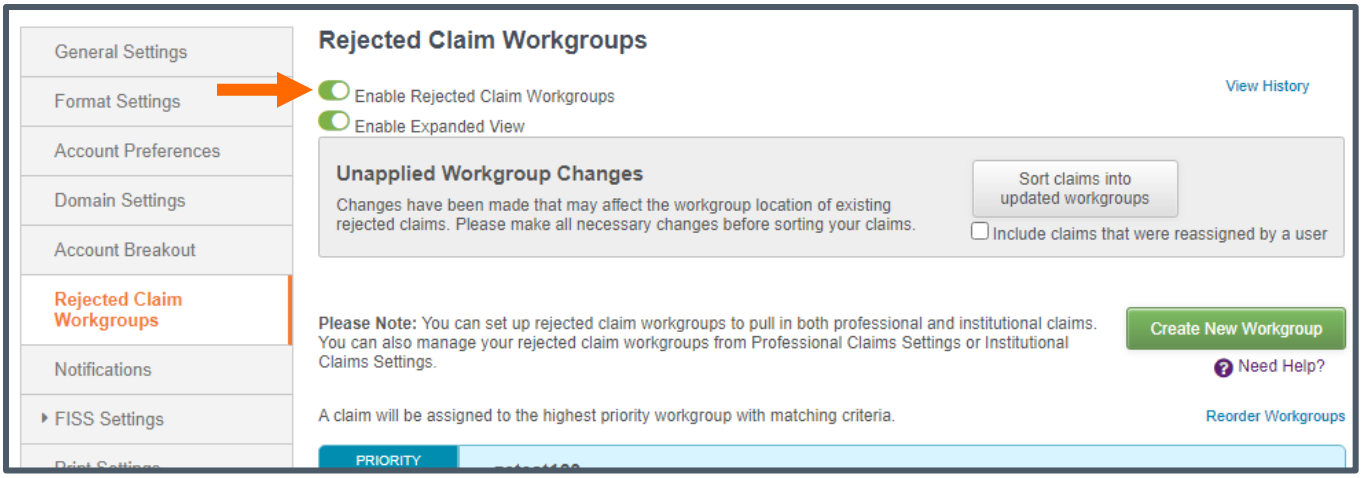
Enabling the Rejected Claims work center

Before you can use the **MY WORK** > **Work Centers** > **Rejected Claims** screen to work custom claim lists/tasks, you will first need to enable the Rejected Claims work center.

To turn on/off the Rejected Claims work center:

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Settings** > **Rejected Claim Workgroups**.
2. Click the **Enable Rejected Claim Workgroups** toggle to turn on/off the Rejected Claims work center.

   IMPORTANT: If you disable/turn off the Rejected Claims work center and you have workgroups saved in your account, those workgroups will be removed (except for the catch all workgroup) and you will need to add them back to your account if you re-enable the work center.

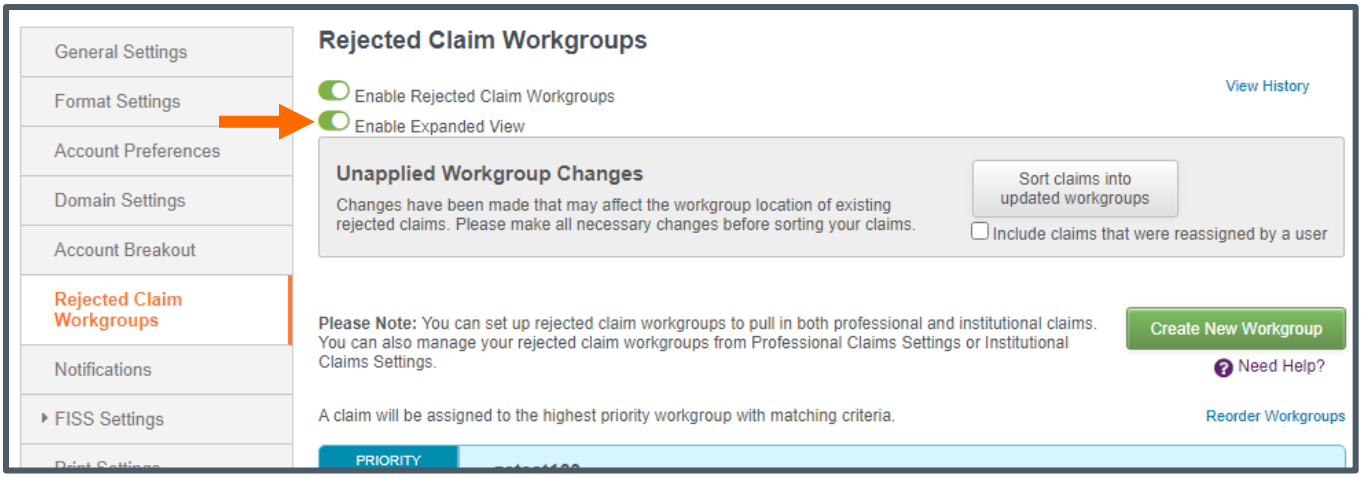


Enabling the work center expanded view

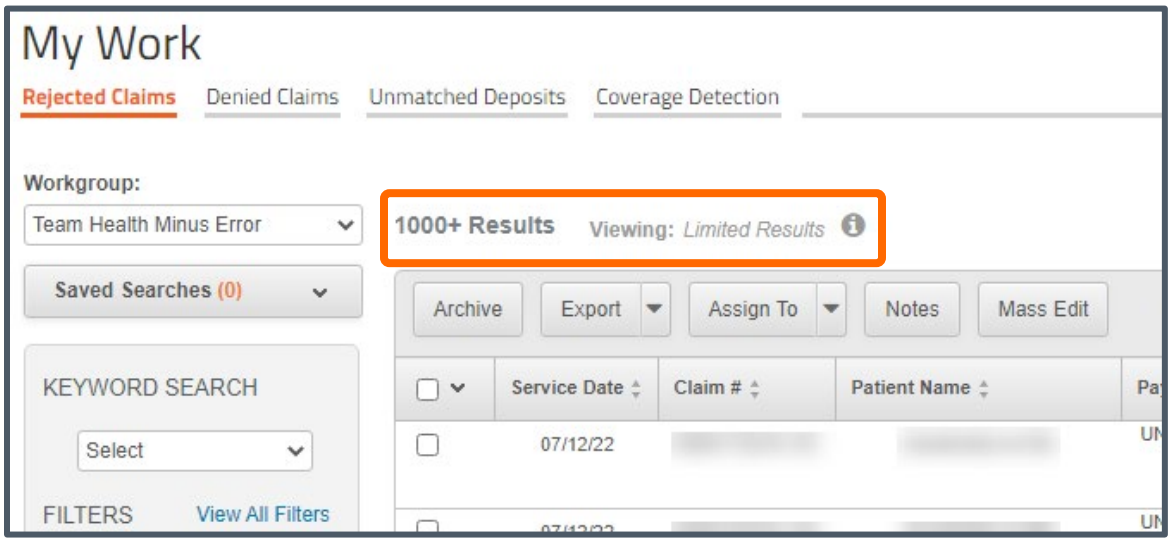
You can enable/disable the expanded view for the claims that display for rejected claims workgroups. This is a domain-level setting that will automatically apply to all child accounts and workgroups. When expanded view is enabled, the Rejected Claims work center will display all claims, whereas when disabled, it will display up to 1,000 claims.

To enable/disable the work center expanded view:

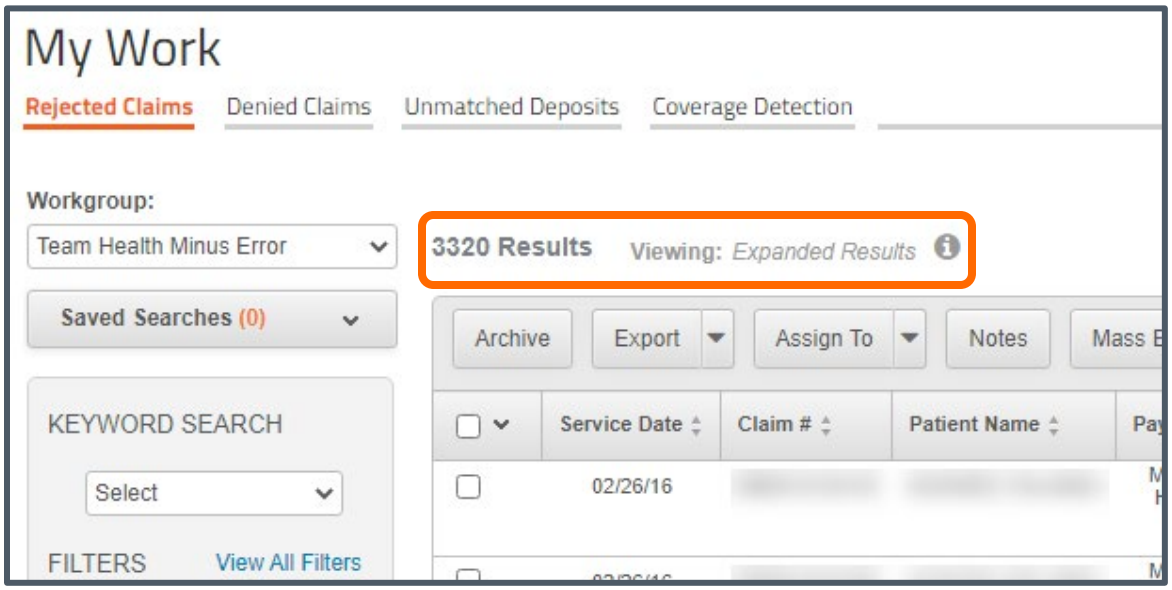
1. Go to the **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Settings** > **Rejected Claim Workgroups** screen.
2. Click the **Enable Expanded View** toggle to enable or disable the expanded view of claims.



- **Limited Results**:
  - Means the Enable Expanded View toggle is **disabled**.
  - Displays up to 1000 claims on the **MY WORK** > **Work Centers** > **Rejected Claims** work center.
  - The Viewing field above the list indicates which view is currently being used.
  - See the Applying a search filter section for additional information.

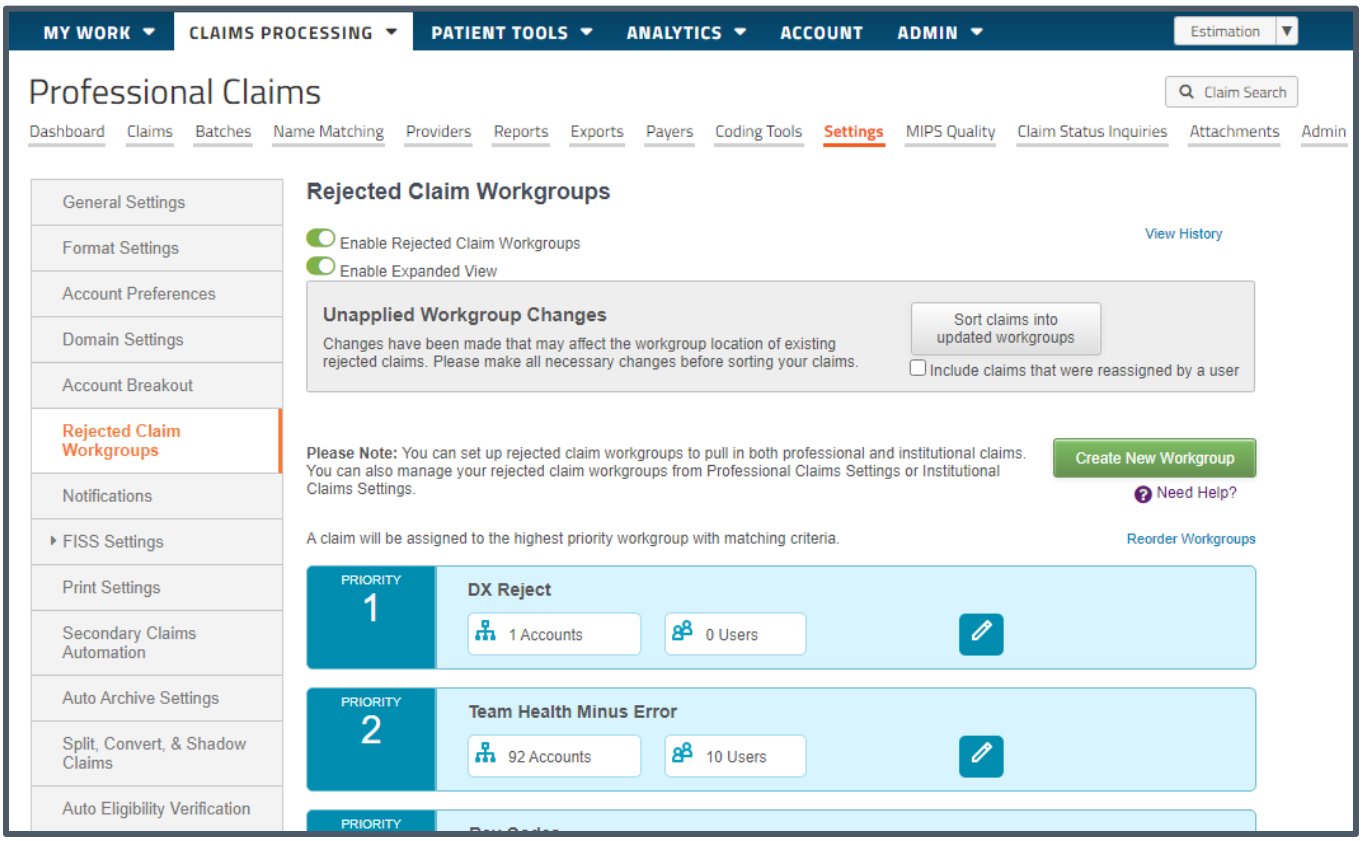


- **Expanded Results**:
  - Means the Enable Expanded View toggle is **enabled**.
  - Displays ***all*** claims (1,000+) on the **MY WORK** > **Work Centers** > **Rejected Claims** work center.
  - The Viewing field above the list indicates which view is currently being used.
  - See the Applying a search filter section for additional information.



Creating workgroups

To create new workgroups and manage existing workgroups, go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Settings** > **Rejected Claim Workgroups**.



Note: If your account has both professional and institutional claims, they will all filter through the workgroup rules and will be grouped together unless you specifically set a rule that specifies otherwise: e.g., claim type = professional.

You can manage your rejected claim workgroups from either Professional Claims Settings or Institutional Claims Settings.

By default, when the **Catch All Workgroup** is created, all current users and accounts will be assigned to it, but any claims rejected before the workgroup is enabled will not be added to Workcenter. After you have enabled Claims will route to the Workcenter once rejected after Workgroups have been enabled.

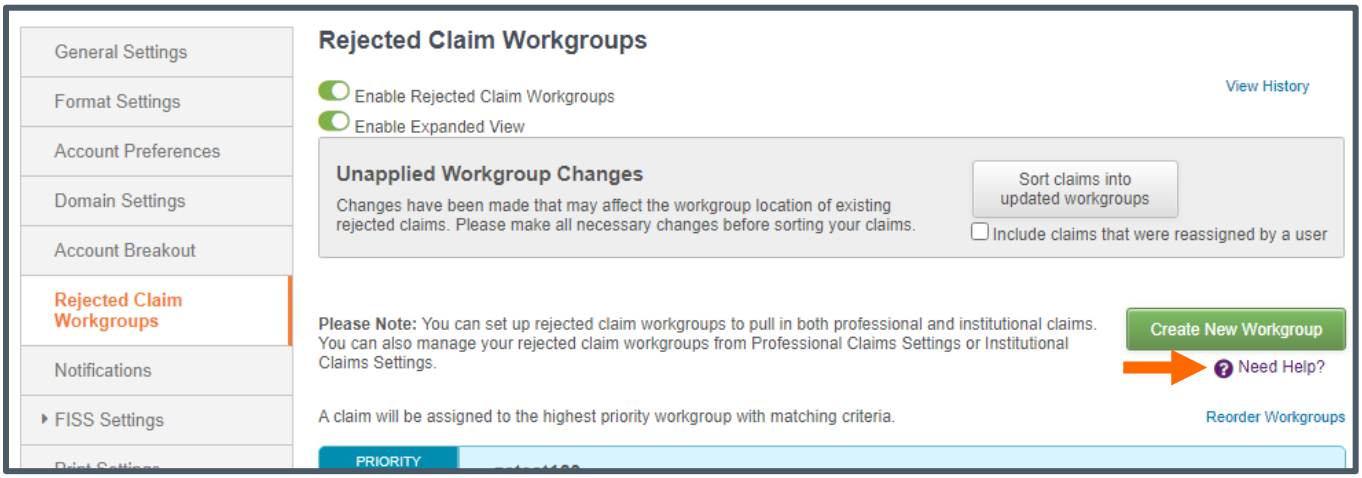
Note: Users who click on the catch-all workgroup will see claims for only the accounts they have access to.

Practicing with the Creating Workgroups Tutorial

You can practice creating workgroups with examples and detailed instructions.

To use the Creating Workgroups Tutorial:

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Settings** > **Rejected Claim Workgroups**.
2. Click the **Need Help?** link under the **Create New Workgroup** button.



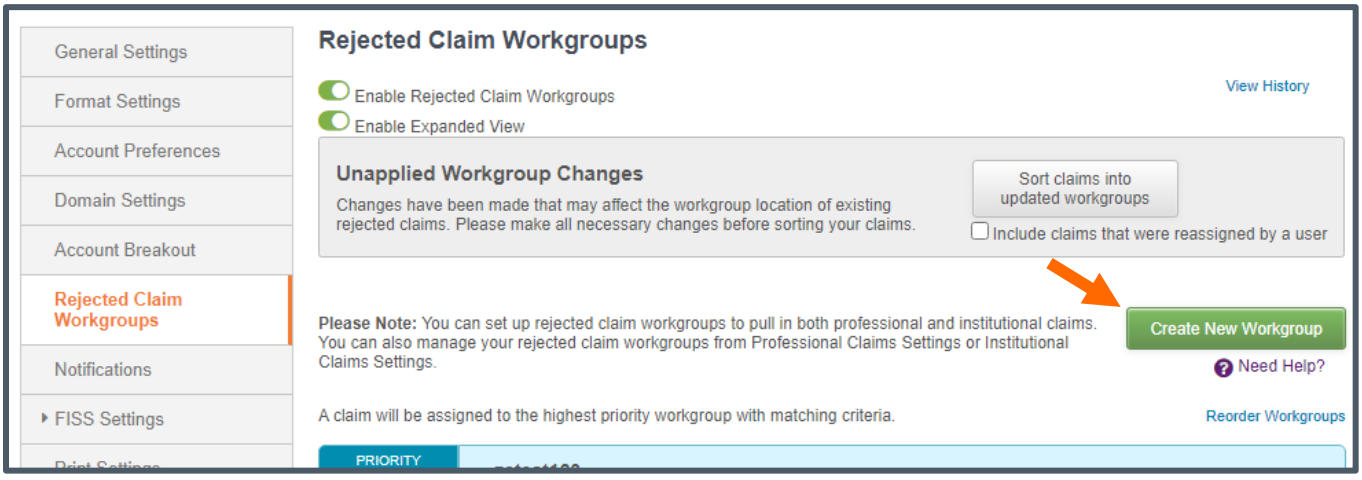
In this tutorial, you will be walked through every step involved in creating a workgroup without actually creating a workgroup in your account.

Creating a workgroup

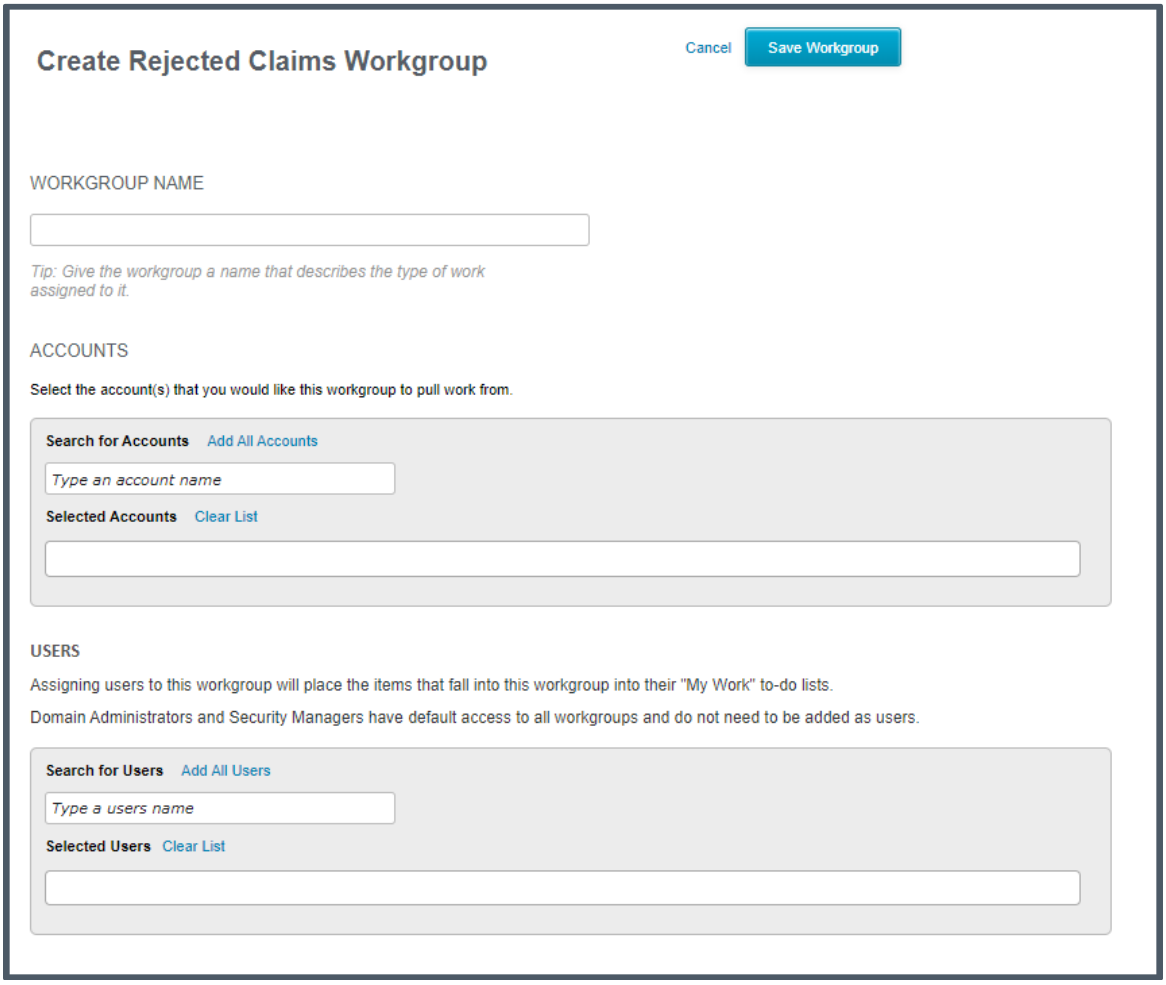
After you have practiced creating a workgroup or if you simply want to get started, follow these steps to create a workgroup in your account.

To create a workgroup:

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Settings** > **Rejected Claim Workgroups**.
2. Click the **Create New Workgroup** button.



The Create Workgroup screen will appear.



3. Enter a unique workgroup name into the **Workgroup Name** field.

   Note: The workgroup name should be descriptive enough to where you will be able to identify it on other screens of the application.

4. Enter the accounts you would like included in the workgroup under the **Account(s)** heading.
   - Click the **Add All Accounts** link to add all the accounts in your domain to the workgroup.
   - After adding an account to this list, you can easily remove it by clicking the **X** to the right of the associated account.

     Note: The domain account cannot be removed from the workgroup.
   - Click **Clear List** to remove all accounts that you have added.
   - Once new accounts are added to your domain, you will need to add them to the appropriate workgroup.

5. Enter the users you would like to add to this workgroup under the **Users** heading.
   - Click the **Add All Users** link to add all the users in your domain to the workgroup.
   - After adding a user to this list, you can easily remove it by clicking the **X** to the right of the associated name.
   - Click **Clear List** to remove all users that you have added.
   - Once new users are added to your domain, you must add them to the appropriate workgroup.

     Note: Workgroups can include any number of users.

6. Apply work rules to the workgroup under the **Rules** heading using the following parameters:
    - From the first dropdown on the left, select the work item information subject to the rule (e.g. **Payer Name**).
    - From the second dropdown, select the word associating the work item information to the user specific information.
    - In the last dropdown or field, enter the user-specific information that would distinguish the work sent to this group from others (e.g. **contains**, **is**, etc.).
    - Click **Add OR Statement** to add fields for a non-conditional statement (i.e., work items from all included rules will be sent to the workgroup).
    - Click **Add AND Statement** to add fields for a conditional statement (i.e., work items must meet all included rules before they are sent to the workgroup).
    - Click the **X** to the right of any individual rule or rule set to remove it from the workgroup.
    - Click **Clear All Conditions** to remove all of the entered rule statements.

For example, the following rule example would send all claims for Advantage Health Solutions, Medicare Part A or Medicare Part B with a patient last name starting with M to Z to the associated workgroup:

[Payer Name contains Advantage

OR

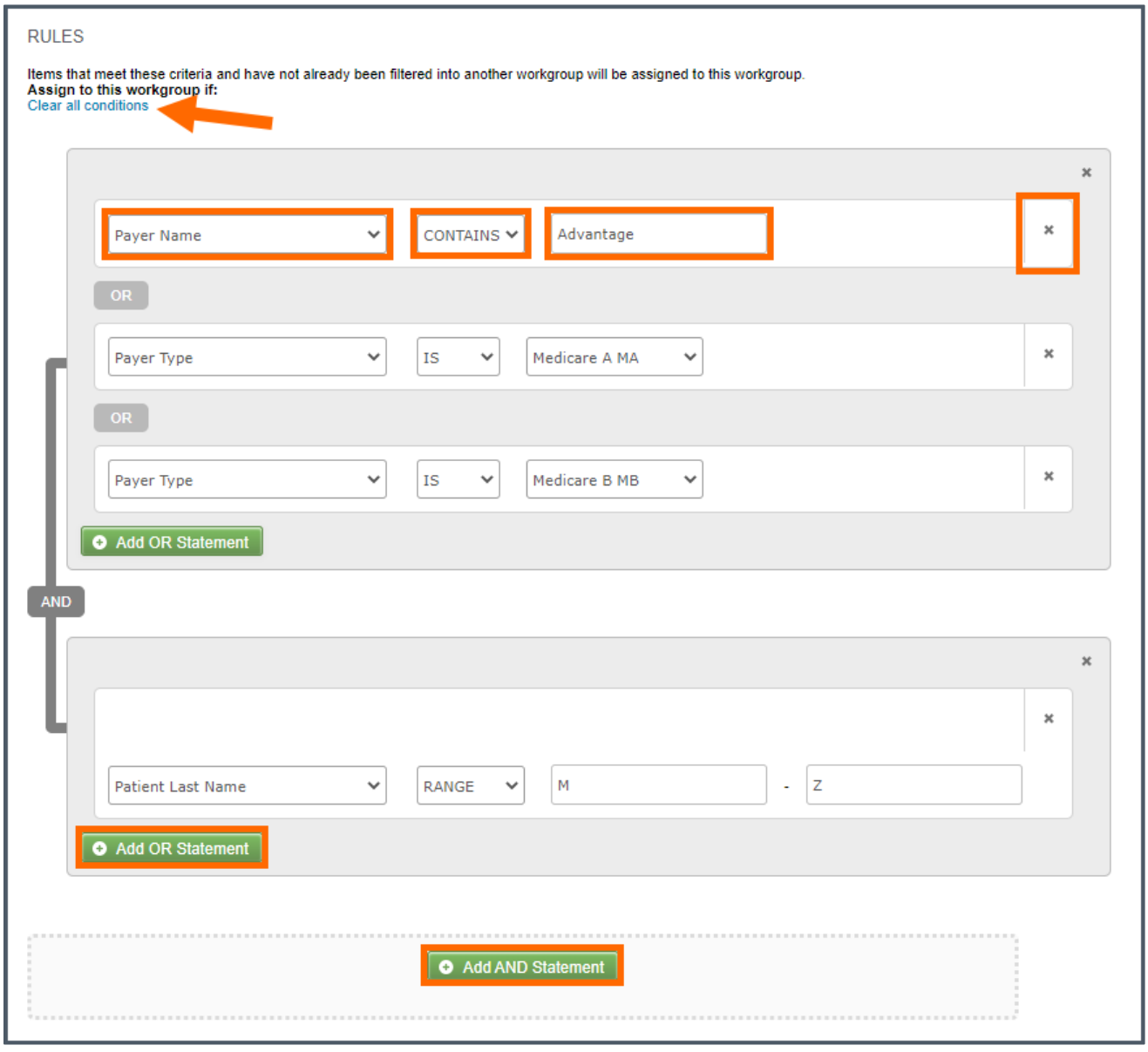
Payer Type is Medicare A MA

OR

Payer Type is Medicare B MB]

AND

Patient Last Name starts with (RANGE) M to Z



7. Click **Save Workgroup**. The new workgroup will appear on the **Workgroups** screen.

   Newly created workgroups will receive a **New** green ribbon.

Performing a mass edit

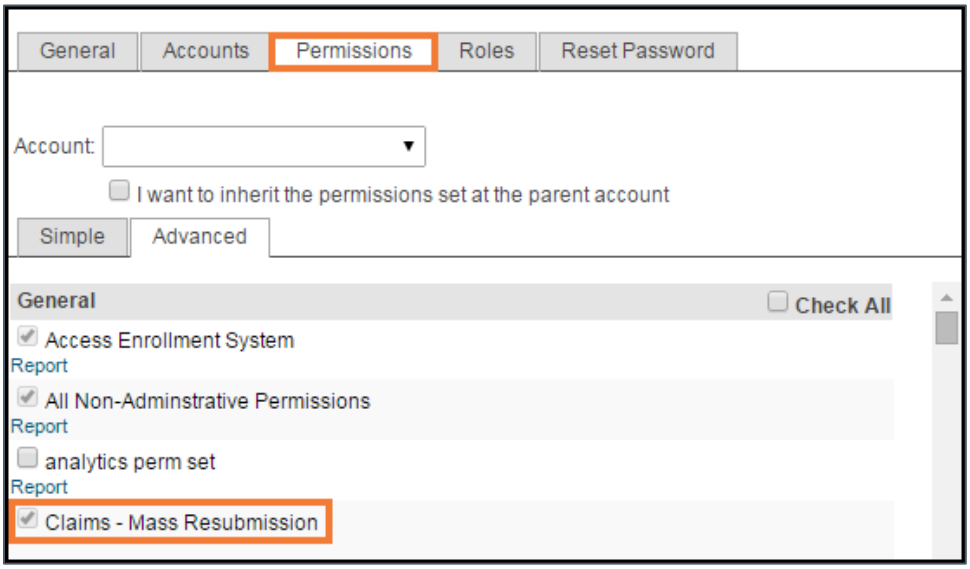
The Claims Workcenter Mass Edit option allows you to select any number of claims on the My Work screen, then simultaneously edit and resubmit them.

To activate the Mass Edit feature:

Click the **Allow users to mass edit and resubmit claims from this workgroup** checkbox under **Mass Edit** while creating or editing a workgroup and click **Save Workgroup**.

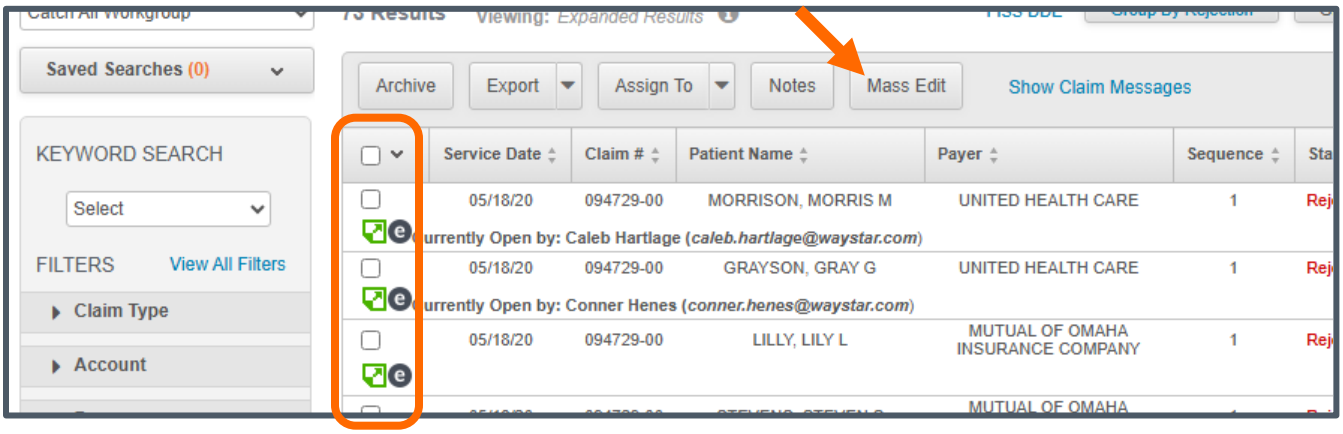
Additionally, the following security setting must be applied before a user can use the Mass Edit feature:

1. Go to **ACCOUNT** > **Security** > **Users**
2. Select the appropriate name under the **User** heading.
3. Click the **Permissions** tab.
4. Click the **Advanced** subtab.
5. Click the **Claims - Mass Resubmission** checkbox:



To mass edit and resubmit a group of claims:

1. Go to **MY WORK** > **Work Centers** > **Rejected Claims**.
2. Select the checkbox(es) for any number of claims that you would like to edit.
3. Click the **Mass Edit** button.



The **Mass Claim Editor** screen will open.

4. Edit any of the following fields:
   - **Payer**
   - **Member ID**
   - **Billing Provider NPI**
   - **Billing Provider #**
   - **Attending Provider NPI**
   - **Attending Provider #**
   - **Rendering Provider NPI**
   - **Rendering Provider #**

   Attending provider information will apply to institutional claims only, whereas rendering provider information will apply to professional claims only.
5. Once all necessary changes have been made, click **Resubmit Claim(s)** to resubmit all the selected claims.

Using workgroup table settings

While creating or editing a workgroup, you can set a default view for the **My Work** screen where the users will receive their work items.

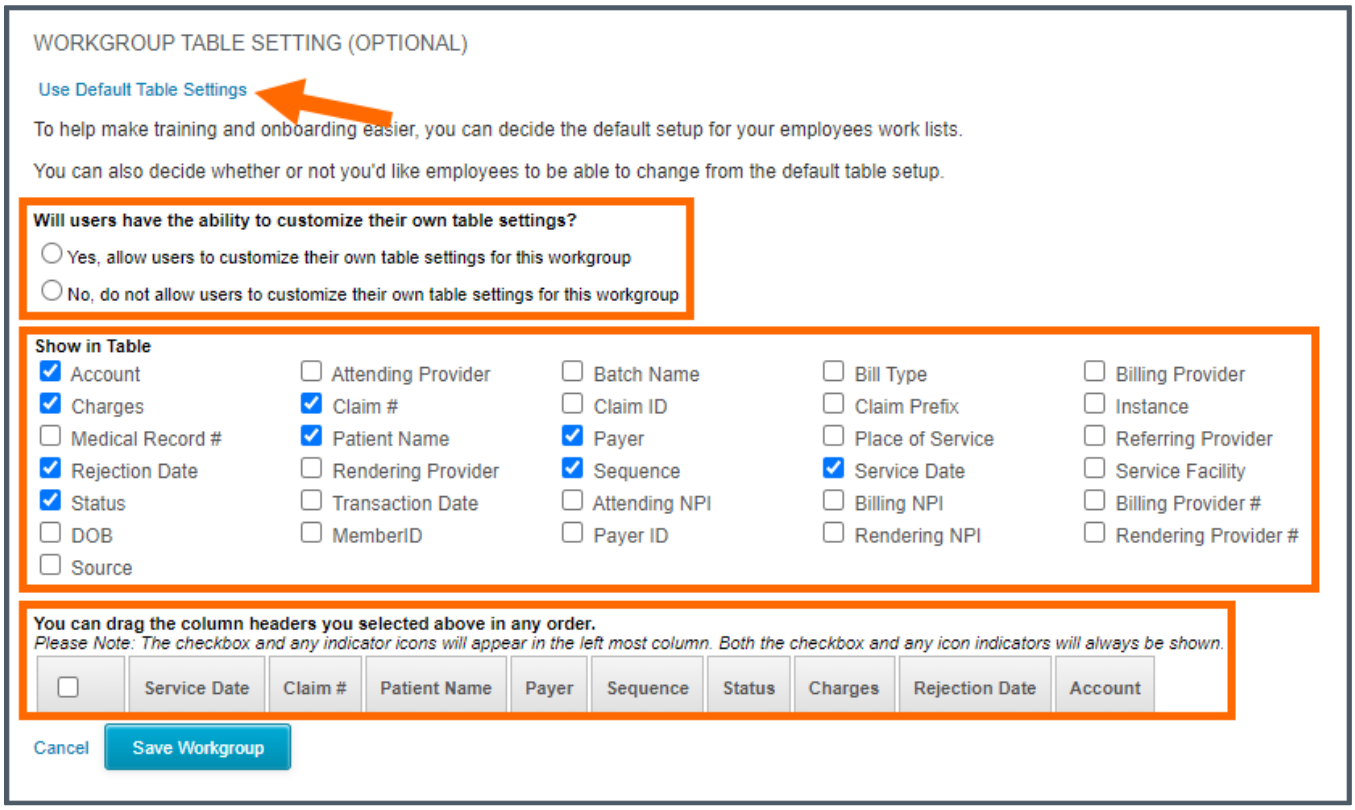
Note: If you do not set a default view, the workgroup will use the Waystar default layout.

Click the **Customize Workgroup Table Settings** link while creating or editing a workgroup to modify the following items:

- Click **Use Default Table Settings** if you want a default setup applied to the My Work screen. The screen will open with the Waystar default setup. This will also give users the ability to change the view settings on this screen.
- Click the **Yes** or **No** radio button to give users the ability to change the view settings on their My Work screen.
- Select which columns you would like displayed on the My Work screen by clicking the appropriate items under the **Show in Table** heading.

  Note: If you add more items than what will fit on your screen, a horizontal scrollbar will be applied to the My Work screen.
- Set the order in which the columns will be displayed from left to right by clicking the desired item and dragging it to the desired position.

  Note: You will not be able to move the position of the checkbox or the icon indicators. These items will always be located to the far left of the table.



Setting workgroup priorities

You can set priorities for your workgroups. This allows you to control how work items will flow through the workgroups in your account.

To set workgroup priorities:

1. Go to the **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Settings** > **Rejected Claim Workgroups**.
2. Click the **Reorder Workgroups** link on the right side of the screen to unlock the workgroup list.

   If you click the **Reorder Workgroups** link while another user is in the process of reordering the same workgroups, a notification will appear indicating the user who is working on those items.
3. Assign an appropriate priority level to each workgroup by dragging and dropping them accordingly.

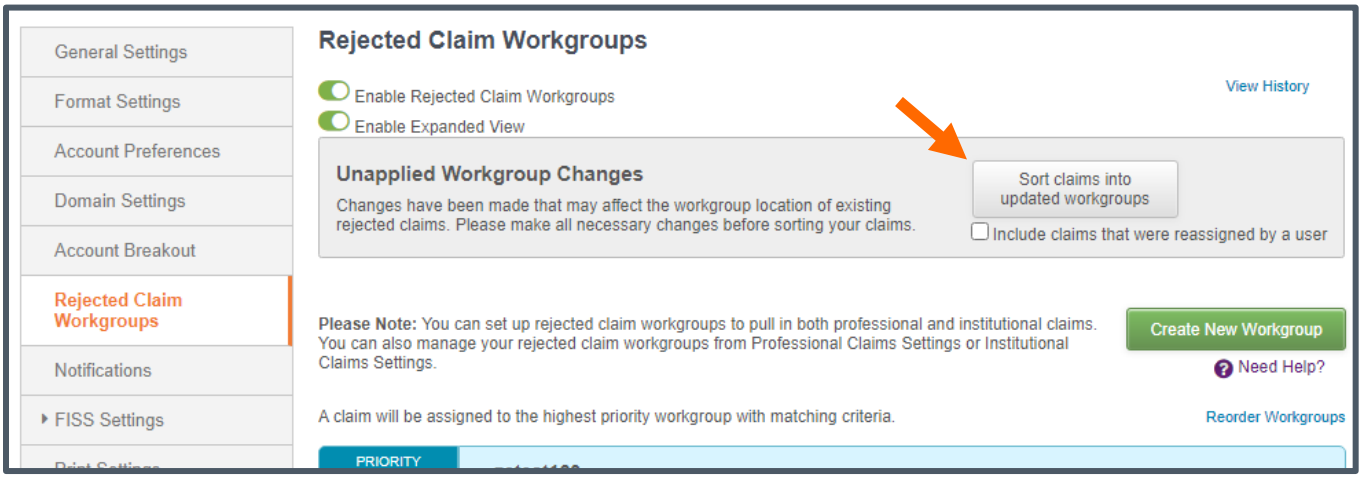
   Work items flow through this list in a top-down fashion, getting assigned to the first workgroup with a matching rule set. Work items (e.g., rejected claims) will only be matched to a single workgroup.
4. When you are done rearranging workgroups, click the **Done Reordering** link to apply these settings.

Sorting claims

When you have set your workgroup priorities, you have the option to sort your existing rejected claims using these updated settings.

To sort claims:

1. Go to the **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Settings** > **Rejected Claim Workgroups** screen.
2. Click the **Sort claims into updated workgroups** button.



After clicking this button, a green notification will appear indicating when the action should take place.

3. If you don't want to sort, click the **Cancel Re-Sort** button.

   It is best practice to sort claims after making any changes on the Rejected Claim Workgroups screen (such as adding workgroups, editing workgroups, changing workgroup rules, adding accounts to existing workgroups, etc.).

Editing workgroups

After creating a workgroup, it may be necessary to add/remove accounts, add/remove users, change work rules, etc. Perform the following steps to make changes to any of the workgroup fields:

Note: Editing a workgroup will not change the status of any existing claims. The changes will only be applied to claims that are rejected after the workgroup has been edited. If desired, you can reassign claims on the My Work screen (see the Toolbar section for more information).

1. Go to the **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Settings** > **Rejected Claim Workgroups**.
2. Click the edit icon on the desired workgroup.

   The workgroup edit screen will open.

   Note: If you attempt to edit a workgroup while another user is in the process of editing that workgroup, a notification will appear at the top of the edit screen indicating the user who is working on that workgroup.
3. Make all necessary changes to the workgroup fields and/or rules described in the Creating Workgroups section.
4. Click the **Save Workgroup** button to apply your changes.

Deleting a workgroup

To remove a workgroup from your account:

1. Go to the **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Settings** > **Rejected Claim Workgroups**.
2. Click the edit icon on the desired workgroup.

   The workgroup edit screen will open.

   Note: If you attempt to edit a workgroup while another user is in the process of editing that workgroup, a notification will appear at the top of the edit screen indicating the user who is working on that workgroup.
3. Click the **Delete Workgroup** button at the top of the workgroup edit screen. After clicking this button, you will be asked to confirm whether you want to remove this workgroup from your account.

Viewing the rejected claims workgroups history log

After changes are made to items on the Rejected Claim Workgroups screen by any user on your account, you can view a list of these changes by clicking the **View History** link:

After clicking this link, the **History Rejected Claims Workgroups** popup will appear with a list of all changes to your workgroups.

Managing users

Once a workgroup has been set up, you can add a new user to a workgroup and apply work center permissions for new and existing users.

Adding a new user to a workgroup

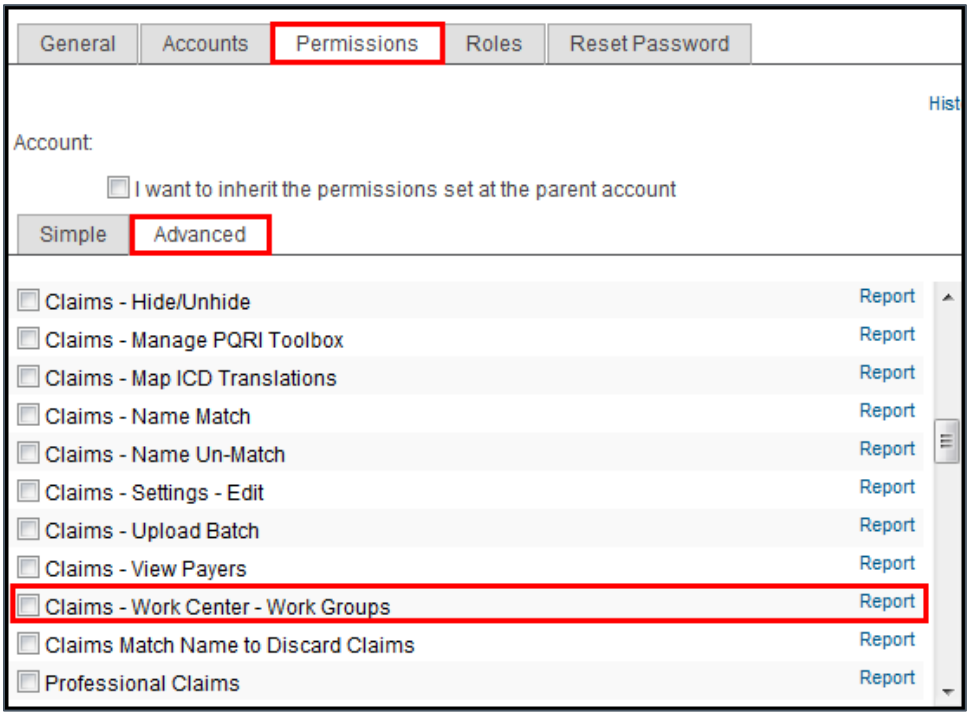
When adding new users to your domain and you would like them added to an existing workgroup, open the workgroup edit screen, add the desired user information to the **Users** field (see step **4** in the **Creating Workgroups** section above for more information), and then click **Save Workgroup**.

Applying work center permissions

Perform the following steps to give users the proper permissions to create, edit, delete, and view all workgroups under the My Work tab:

Note: Applying this setting will not make the user a Security Manager.

1. Go to **ACCOUNT** > **Security** > **Users**.
2. Click the **Advanced** tab.
3. Scroll down to the **Professional Claims** or **Institutional Claims** section.
4. Click the **Claims – Workcenter – Work Groups** checkbox:



Rejected Claims screen

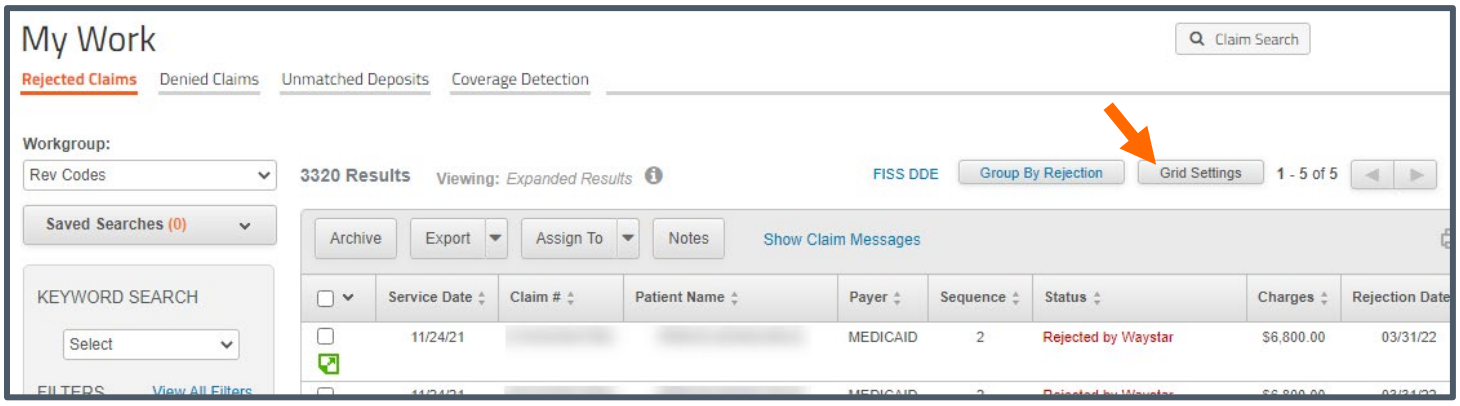
The **MY WORK > Work Centers > Rejected Claims** screen allows you to view and complete all tasks assigned to your workgroup. As claims are entered into Waystar, they are automatically passed through workgroup rule sets (see the Creating workgroups section) and added to the appropriate **My Work** screen.

Depending on your Grid Settings, the claims on this screen will be displayed with any or all the following information:

- **Account**: The account that the claim has been assigned to.
- **Batch Name**: The name that was applied to the associated batch of claims (if uploaded in a batch).
- **Billing Provider NPI**: The NPI associated with the provider or group managing a rendering provider's services.
- **Claim #**: The patient control number submitted with the claim; this is typically the patient account number found in your practice management system.
- **DOB**: The patient's date of birth listed on the claim.
- **Member ID**: The patient's member ID listed on the claim.
- **Place of Service**: The facility type where the service was rendered (e.g., provider's office or hospital).
- **Ren. Provider ID**: The ID associated with the provider who performed the service.
- **Sequence**: Sequence of the payer listed on the claim: **1** = Primary, **2** = Secondary, **3** = Tertiary, etc.
- **Source**: The manner in which the claim was uploaded into the Waystar system. Claims can be uploaded in the following ways:
  - **Batch**: The claim originated from a batch upload.
  - **DDE**: The claim originated from a direct data entry claim.
  - **Real-Time**: The claim originated from a real-time claim.
  - **Resub**: The claim was edited and resubmitted.
- **Att. Provider NPI (Institutional Only)**: ID associated with the provider who performed the service.
- **Bill Type**: The type of bill the provider is submitting to the payer.
- **Billing Provider #**: The number associated with the provider or group managing a rendering provider's services.
- **Claim ID**: The Waystar-assigned identification number. This number does not change when the claim is resubmitted.
- **Instance ID**: The tracking number Waystar assigns to the claim each time it is processed. It is found on the claim's **Status > History** screen and it is unique for each event.
- **Patient Name**: Last name, first name, middle initial
- **Referring Provider**: Last name, first name, middle initial
- **Referring Provider NPI**: The NPI associated with the provider who referred the patient.
- **Service Date**: The period in which services were rendered to the patient by the provider.
- **Status**: The current status of the claim. The status changes as a claim moves through the system.
- **Attending Provider (Institutional Only)**: Last name, first name, middle initial

- **Billing Provider**: Last name, first name, middle initial
- **Charges**: The calculated total charges for the claim.
- **Claim Prefix**: The prefix added to a claim used to identify it prior to submission and track it afterwards.
- **Medical Record #**: The identifying number added to a service event by the provider.
- **Payer**: The payer name listed on the claim.
- **Payer ID**: The payer ID listed on the claim.
- **Rejection Date**: The date the claim was rejected within the Waystar system.
- **Rendering Provider**: Last name, first name, middle initial
- **Service Facility**: The address of where the service was performed.
- **Transaction Date**: The date the claim was last processed in the Waystar system.

If you have permission, you can add or remove column items and set the order in which they will display from left to right. If you have permission, you'll see the **Grid Settings** button above the worklist, which you can click to change these display options. See the Using workgroup table settings section for more information on how you can customize this screen.



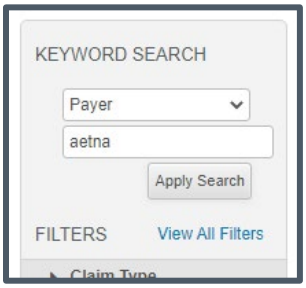
Searching for work

When opening a **My Work** screen, you will see all open tasks assigned to that workgroup. The number of open work items is displayed at the top of the page. You can narrow your worklist by using claims-related attributes to find your work items more easily by performing a keyword search and/or applying a search field, as the following explains.

Performing a keyword search

To perform a keyword search:

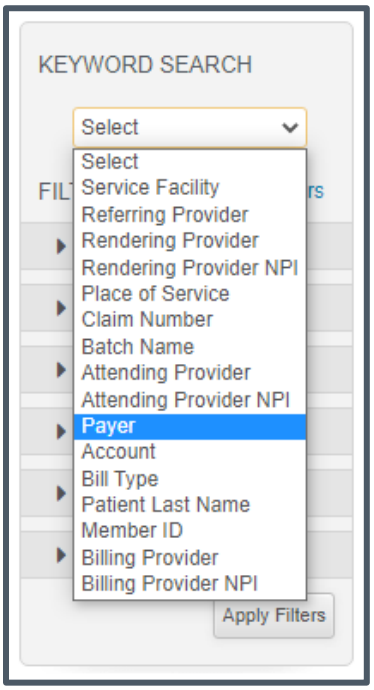
1. From the **MY WORK > Work Centers > Rejected Claims** screen, select the desired claims-related attribute in the dropdown under the **KEYWORD SEARCH** heading.
2. Enter the word or word set you would like to find into the text field.



Note: If you run a search for more than one word, the words must be separated by a comma and a space (e.g., Jones, Smith).

3. Click the **Apply Search** button.

Note: The Keyword Search function can be performed in conjunction with the filters explained in the following process. The Keyword Search will further limit the results of the applied filters.



Applying a search filter

The way filters display will depend on whether you are viewing a limited or expanded worklist:

- **Limited Results**:
  - Displays only filters that match available claims.
  - Displays the number of claims pertaining to that filter.
- **Expanded Results**:
  - Displays all available filter options.
  - Does not display the number of claims pertaining to that filter.

Note: Date range search filters on the Rejected Claims screen will include claims rejected only within the past year from the current date (which means that claims with a rejection date more than one year old will be excluded).

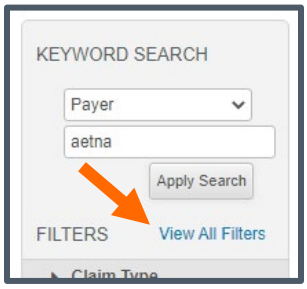
To apply a search filter:

4. From the **MY WORK > Work Centers > Rejected Claims** screen, in the **FILTERS** area of the left pane, complete the filters you want to use:
   - **Claim Type**: Displays **Professional** or **Institutional** claims.
   - **Account**: Displays claims for the selected account.

     Note: The **Account** dropdown lists only child accounts within your domain.
   - **Payer**: Displays claims submitted to the selected payer.
   - **Rejection Source**: Displays from where the rejected claim was uploaded into the Waystar system.
   - **Rejection Date**: Displays claims that were rejected during one of the following date ranges:
     - Last 7 Days
     - Last 30 Days
     - Last 60 Days
     - Last 90 Days
     - Last 120 Days
     - Last Year
     - Custom: Enter a From/To date range.

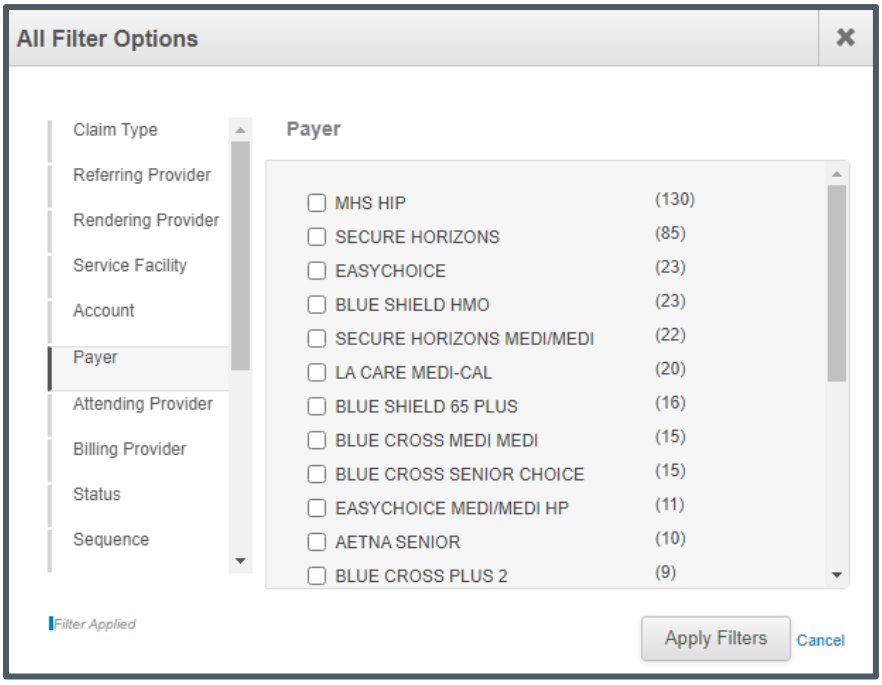
     Note: Claims that are rejected in a workgroup for ***over a year*** will be removed from their respective workgroup and cannot be reassigned to another workgroup.
   - **Charge Amount**: Displays claims with charge amounts within one of the following dollar ranges:
     - $0 - $500
     - $500 - $1,000
     - $1,000 - $5,000
     - $5,000 +
     - Custom: Enter a From/To charge amount range.

5. *Optional*. Click the **View All Filters** link to display a scrollable menu of all the filter options based on viewing **Limited** or **Expanded Results**:



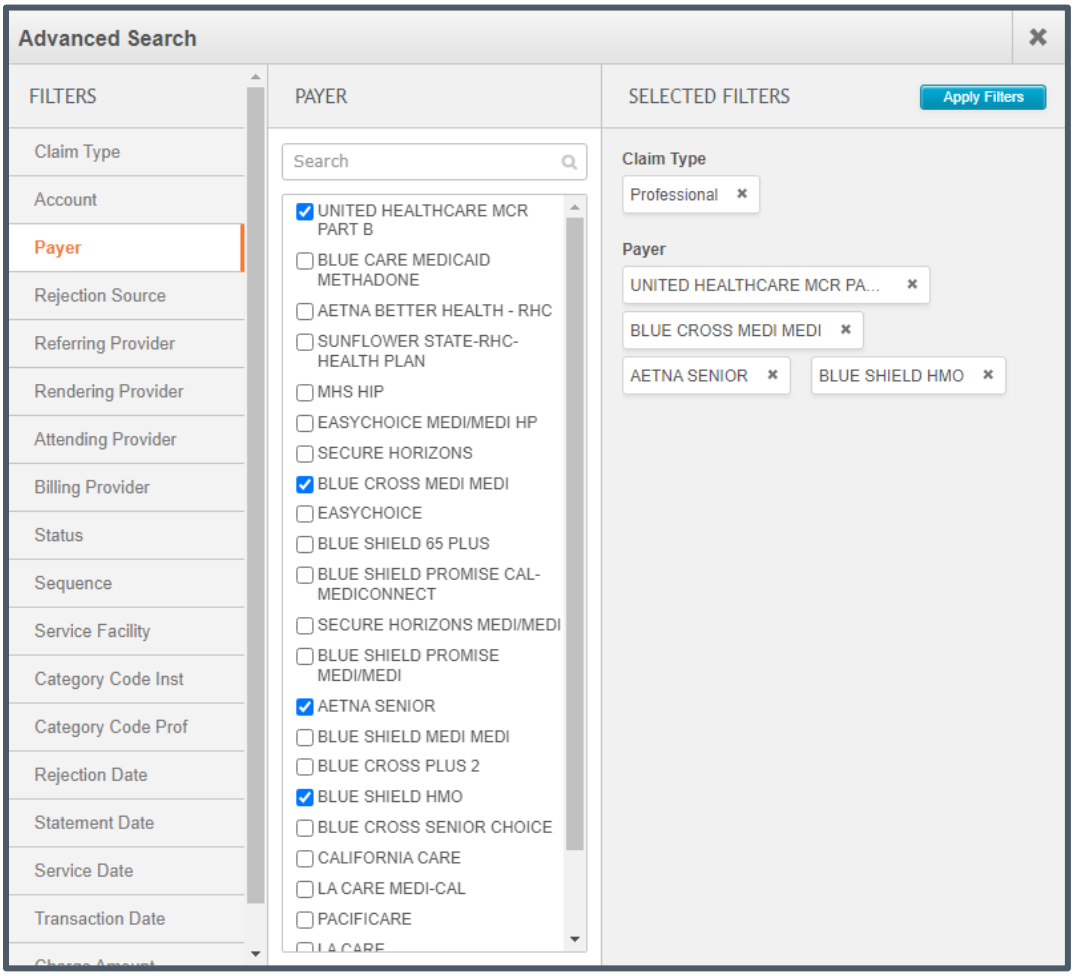
- **Limited Results**:

  Will open the two-column All Filter Options screen.



- **Expanded Results**:

  Will open the three-column All Filter Options screen. The third column will display selected filters.



The following are descriptions of the additional filters:

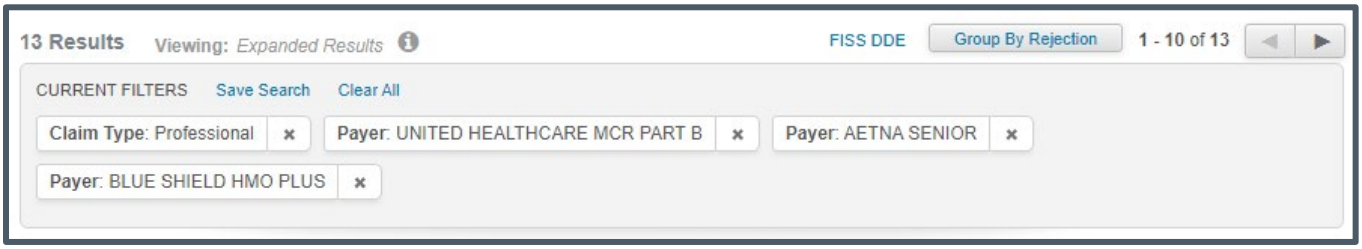
- **Attending Provider** (Inst Only): Last name, first name, middle initial
- **Batch Name**: Displays claims that originated from the specified batch upload.
- **Bill Type** (Inst Only): Displays claims with the entered bill code.
- **Billing Provider**: Last name, first name, middle initial
- **Claim Number**: Displays claims containing the selected Claim Number.

  The Claim Number search filter allows you to search for alpha-numeric claim numbers that start with the characters/numbers entered—if you are not entering the full claim number.
- **Diagnosis Code**: Displays claims with the entered diagnosis code.
- **Patient Last Name**: Displays claims with the entered patient last name or alphabetic range.
- **Place of Service**: Displays claims with the selected place of service code.
- **Procedure Code**: Displays claims with the entered procedure code.
- For Institutional, you can select either the service line procedure code or the claim principal procedure code.

- **Referring Provider**: Last name, first name, middle initial
- **Rendering Provider**: Last name, first name, middle initial
- **Service Facility**: Displays claims from the selected Service Facility.
- **Sequence**: Displays claims in the selected payer sequence (**1** = Primary, **2** = Secondary, **3** = Tertiary, etc.).
- **Status**: Displays claims with the selected status. The status changes as a claim moves through the system.
- **Service Date**: Displays claims with the selected service date or date range.
- When applying a **Custom** date range for this filter, the search results will include any claims with a service From or service To date as specified.
- **Statement Date** (Inst Only): Displays claims with the selected statement date or date range.
- **Transaction Date**: Displays claims with the selected transaction date or date range.

6. When finished selecting filters, click the **Apply Filters** button.
   - The number of results displayed at the top of the screen will update.

     Note: This number may update whenever an action is performed (selecting a new search filter, editing a claim, and so on).
   - The applied filter(s) will appear in the **CURRENT FILTERS** are above the claim results.



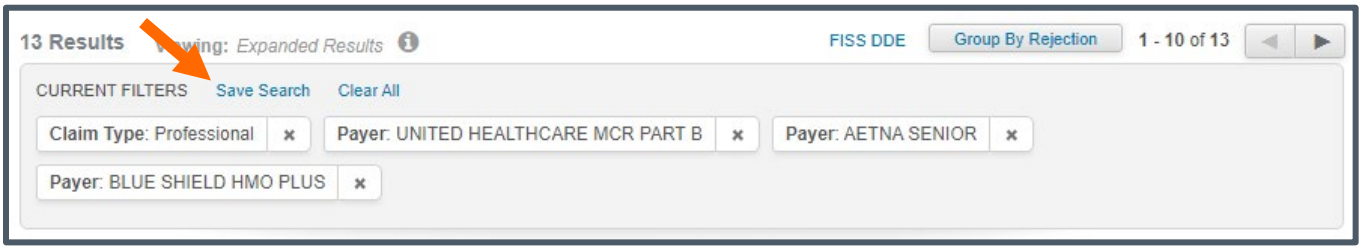
   - To remove individual filters, click the **X** to the right of any applied filter.
   - To remove all applied filters, click the **Clear All** link.
   - To save your search, including all applied filters, click the **Save Search** link (see the Saving searches section for details).

Saving searches

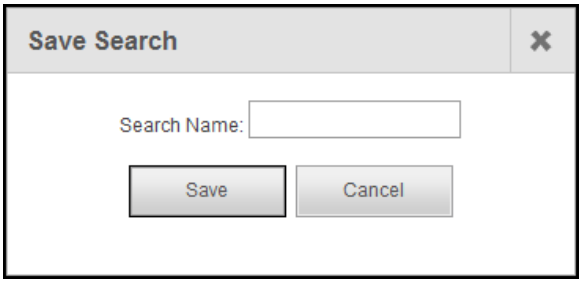
If you will be applying a particular filter or set of filters regularly, you can save them so you can run that same search in the future.

To save a search:

1. Apply filters to the list of claims.
2. Click the **Save Search** link.

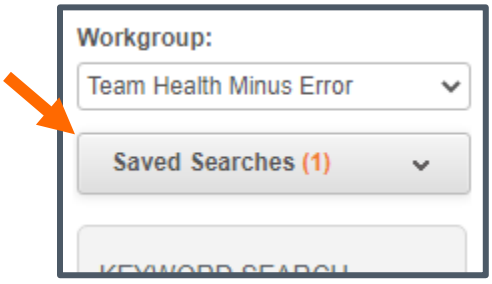


The Save Search screen will open.



3. Enter a **Search Name**.
4. Click the **Save** button.

   Your saved search will appear in the Saved Searches dropdown above the search pane on the left of the Rejected Claims screen.



To run a previously saved search:

1. Click the **Saved Searches** dropdown.

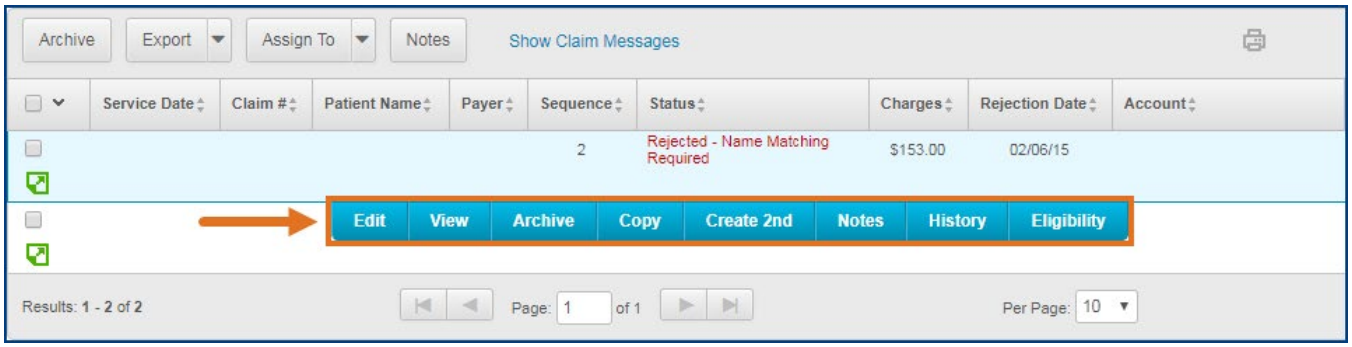
   A list of previously saved searches will appear.
2. Click the desired saved search name.

   The My Work screen will display the appropriate search results.
3. To delete a saved search, open the **Saved Searches** dropdown, and then click the delete icon to the right of the search. You'll be asked if you want to delete the saved search.

Sorting work items

You can sort the claim results by clicking the associated arrow within the column header. Text columns will sort A to Z and numeric columns will sort high to low. Click the arrow a second time to reverse the previously applied sorting (ascending vs. descending).

Using the action menu



When hovering over a claim, the item will be highlighted, and a blue menu will appear allowing you to perform the following actions. Note that the buttons you will see is based on your organization's configuration:

- **Edit**: Allows you to edit a claim with the HIPAA-compliant editor (see the **Professional (CMS-1500) Claims Edit Screen** section above).
- **View**: Displays a PDF version of the CMS-1500 08/05 form.
- **Archive**: Allows you to hide a claim. For example, you can archive a claim if it was rejected as a duplicate, if you did not intend to put it in a batch, or if it is paid in full. A claim cannot be deleted once it has been sent to Waystar.

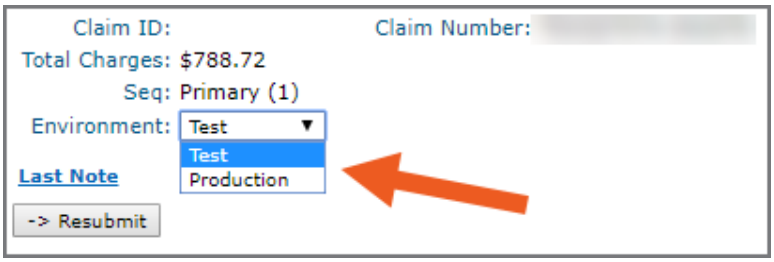
  After a claim has been archived:

  – It can only be viewed by searching for archived claims (see the Searching for Claims section).

  – It will be removed from all workgroups in your domain. The claim must be resubmitted before it can be reassigned to a workgroup (see the Waystar Workgroups section more information on workgroups).
- **Copy**: Allows you to copy the claim's identifying information to the Claim Editor (the copied information contains no PHI and therefore no HIPAA violation is incurred), allowing you to change the desired fields more quickly and resubmit.

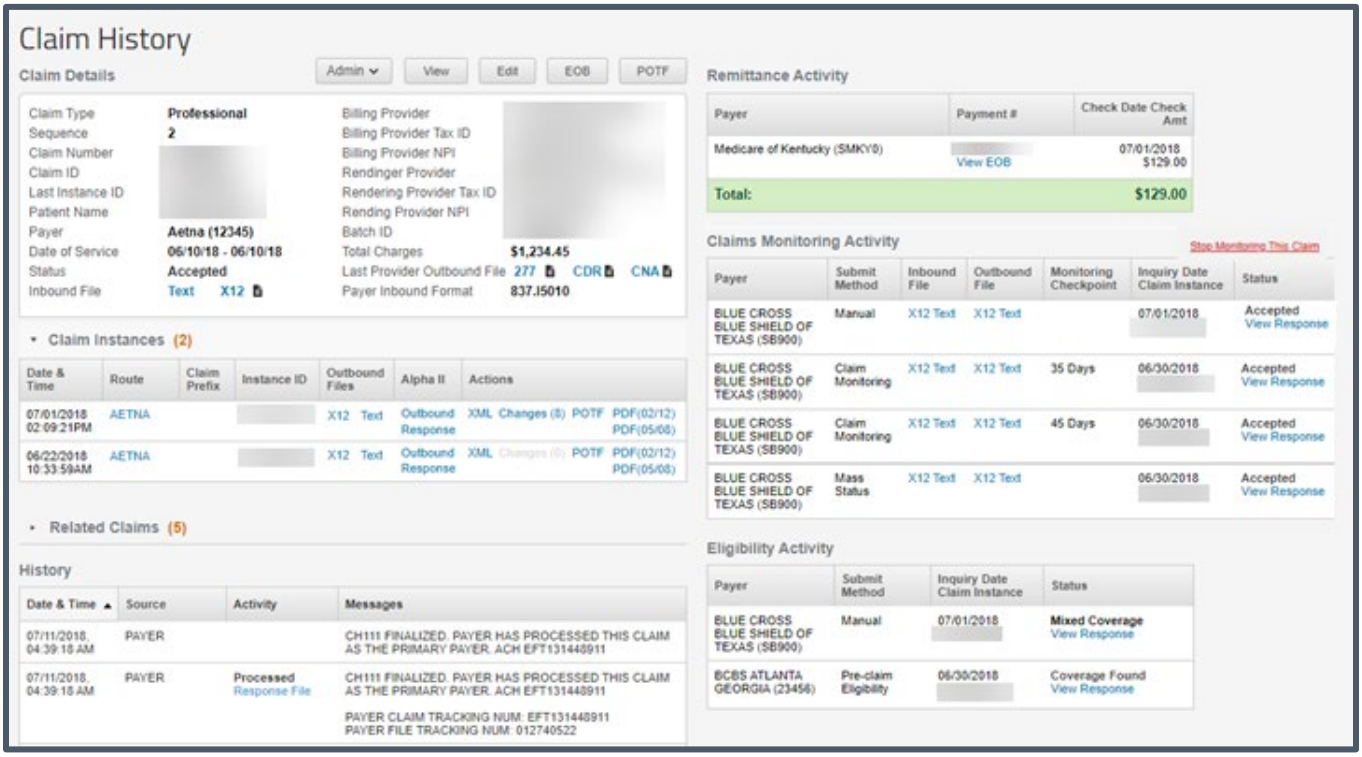
  – You can also access this copy feature from the Claim History screen (see **History** below).

  – If desired, select **Test** from the **Environment** dropdown at the top of the Claim Editor popup to submit the corrected claim in the Waystar test environment:



- **Create 2nd**: Creates a secondary claim (for more information, see the Professional Secondary Claims User Guide).

- **Notes**: Allows you to enter a note specific to a claim, and if necessary, archive that claim at the same time.
  - When you add a note, it will be displayed with all previously added notes in the Claim Editor and on the Claims History screen.
  - If you want to add a note only, click the **Note** button on the hover menu, type your message and click **Add Note**.
- **History**: Displays the Claim History screen (see below) providing all of the claim's basic information and event history.



  - The **POTF** button at the top of the screen or the POTF link in the **View** column will display the **Proof of Timely Filing** report for the claim. Click the button or link to generate a form letter for the claim with the following information:
    - Request for review and payment of the claim
    - Provider information (billing and attending/rendering)
    - Patient information
    - Subscriber information
    - Claim information
    - Service information
    - Claim history messages showing date of claim submission

    You can print the POTF report and/or save it to your system.

- **Eligibility**: Opens the New Eligibility Inquiry screen where you can submit an eligibility request for the associated patient.

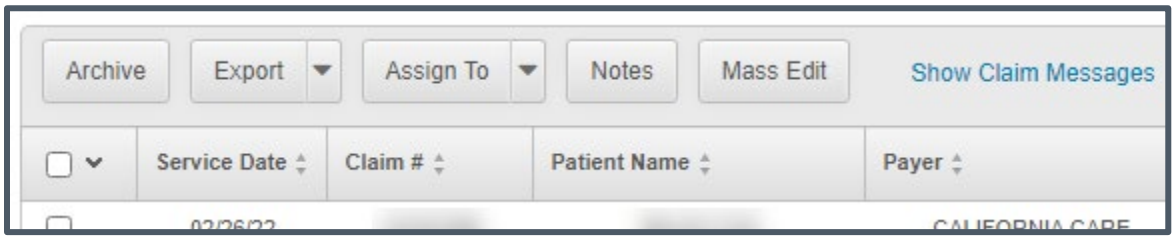
  Note: The Eligibility button will be available only if you have subscribed to the Eligibility application.

  – The New Eligibility Inquiry screen will be pre-populated with the associated patient details.

  – Once an eligibility request has been submitted using the Eligibility button, an eligibility icon ( ) will display on the associated claim line. Click this icon to view the most recent payer response for the inquiry (if available).

Using the toolbar

You can perform a number of actions using the row of buttons at the top of the My Work screen. Select one or more claims by clicking the associated checkbox on the far-left side of the item. You can also use the checkbox dropdown in the column header to select/deselect all the claims in the search results.



After selecting the item(s), use one of the following buttons in the toolbar to perform an action on the claim(s).

- **Archive**: Allows you to hide a claim. A claim cannot be deleted once it has been sent to Waystar. For example, you can archive a claim if it was rejected as a duplicate, if you did not intend to put it in a batch, or if it is paid in full.

  After a claim has been archived:

  – It can be viewed only by searching for archived claims (see the Searching for Claims section).

  – It will be removed from all workgroups in your domain. The claim must be resubmitted before it can be reassigned to a workgroup (see the Waystar Workgroups section for more information on workgroups).

- **Export**: Exports the selected claims to an Excel spreadsheet. The claims will be shown in the exported file as they appear on the Claims Listing page.

- **Assign To**: Assign this work item to another workgroup. After selecting the work item(s) and the destination workgroup, you will be prompted to add a note to the items before they are assigned.

  Notes:

  – You must have access to the destination workgroup before you can assign a work item to it.

  – You cannot reassign work items to specific users; however, you can assign them to workgroups including any number of users (see the Creating Workgroups section).

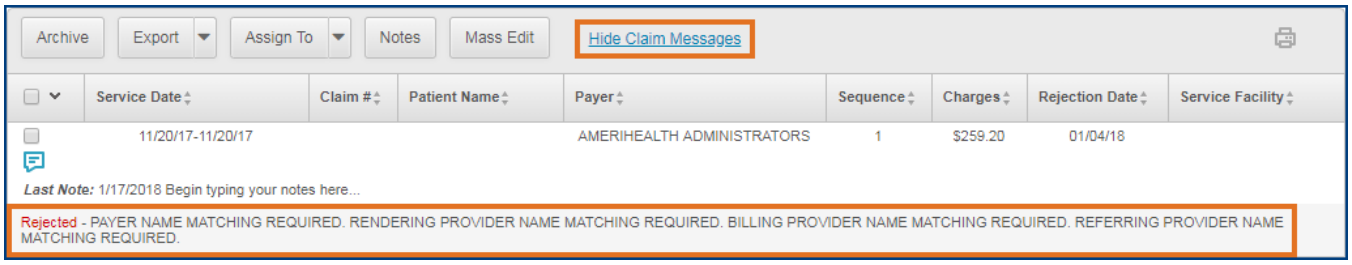
- **Notes**: Adds a note to all the selected claims.

- **Mass Edit**: Allows you to select any number of listed claims, then simultaneously edit and resubmit them. After selecting the **Mass Edit** button, you will be directed to the **Mass Claim Editor** where you will be able to modify the following claims attributes. See the Performing a mass edit section for details.

- **Show Claim Messages:** Click the **Show Claim Messages** link to see full rejection messages for all of the listed claims:

The full rejection message will be displayed at the bottom of each claim line. Click the **Hide Claim Messages** link to hide the full rejection message(s).

Note: These full rejection messages will be hidden by default.



Understanding work icons

Claim items may receive icon indicators if certain actions have been performed on them. These icons will help you to track your work and quickly identify work performed by other users. These icons are as follows.

Note: You can hover over each of the work icons in the claim results to see a brief description of the corresponding icon.

Icon	Meaning
	**Claim Warning**: Indicates that there is a claim warning attached to this claim. Click on the icon to launch the claim warning window, read warnings, and if you choose, mark them addressed. If you indicate that the claim warning is addressed, this icon will disappear from the My Work screen.
	**Attached Note**: Indicates that there is at least one note attached to this claim. Click on the icon to open a window with the note details and a text field to add new notes.
	**Resubmitted**: Indicates that this claim has been resubmitted. Click on the icon to open the Claim History window where you can view the resubmission details. Hover over the icon to view the timestamp of the most recent resubmission.
	**Attached EOB**: Indicates that an EOB has been returned for this claim. Click on the icon to open a PDF version of that EOB.
	**Archived**: Indicates that the claim has been archived by a user, and will display only if **Include Archived** has been selected from the **Archived** dropdown in the **Advanced Search** menu. Hover over the icon to see who archived the claim and when it was archived.

Understanding the “currently open” notification

To prevent the duplication of work, a claim will be given a ***Currently Open by:*** status if it is currently being edited by another user in your account.

Revision log

Date	Description	Version
May 2025	• New screenshots where applicable • Reformat throughout	11
December 2024	• Updated format throughout • Clarified when existing claims are added to new Workgroups	10