Windsor House Inc. Improves Reimbursement Accuracy and Efficiency with MedaSync

Windsor House Inc. Background

Windsor House Inc. operates 11 skilled nursing communities and supports residents across multiple payer types. Like many organizations, Windsor House was navigating growing complexity across Medicare, Medicaid, Medicare Advantage, and Quality Incentive Program (QIP) requirements.

Reimbursement oversight relied heavily on manual chart reviews and facility-specific workflows. As payer rules evolved, leadership recognized the need for greater visibility and consistency across the portfolio — without adding burden to already stretched MDS teams.

At the same time, changes to Ohio's Medicaid payment model increased the financial impact of accurate Case Mix Index (CMI) capture. Without real-time insight, small documentation gaps carried greater risk across multiple buildings, increasing the consequences of missed or delayed coding decisions and risk to QIP performance.

With 11 skilled nursing communities, Windsor House also needed a way to ensure reimbursement decisions were being approached consistently across buildings. Variability in workflows and review practices made it difficult to understand where risk existed or where support was needed most, particularly when issues only surfaced after billing cycles closed.

Windsor House Inc. Goals

In response to these shifts, Windsor House leadership took a closer look at how reimbursement decisions were being made across the organization and where manual processes were creating risk. The goal was not to change clinical practice, but to ensure documentation, reimbursement, and quality outcomes were more closely aligned across all buildings.

From that assessment, several priorities emerged:

Financial Accuracy

- Improve Medicare reimbursement accuracy and uncover opportunities
- Increase Medicaid Case Mix Index (CMI) across all communities
- Better align Medicare Advantage levels with payer requirements

Quality & Compliance

- Protect QIP performance while continuing to capture appropriate CMI

Operational Efficiency

- Reduce time MDS leaders and staff spent on manual chart review
- Improve portfolio-wide visibility into reimbursement and quality risk

> "MedaSync helped us see opportunities we were missing without adding more work to our day. We're more confident in our coding and we're spending far less time digging through charts.
>
> — Michael Betteridge, Corporate MDS

Windsor House Inc. Challenges

1. Manual, Time-Intensive Reviews

Regional and corporate MDS leaders were spending 2–3 hours each day reviewing charts. Even with that effort, it was difficult to consistently catch every change that could impact reimbursement.

2. Missed Medicare and IPA Opportunities

Important Medicare and IPA-related opportunities were easy to overlook without a systematic way to surface them, leading to under-captured reimbursement.

3. Inconsistent Medicaid CMI Performance

Subtle documentation and condition changes were not always identified in time, making it harder to consistently meet CMI targets across all 11 communities.

4. Medicare Advantage Complexity

Differences in payer rules — particularly for plans like Humana and Aetna — created uncertainty around level-of-care capture and limited leverage during contract discussions.

5. Limited QIP Visibility

Teams often lacked early insight into QIP performance, increasing the risk of missing thresholds or reacting too late.

The Results

Together, these improvements allowed Windsor House to address its original goals across financial performance, operational efficiency, and quality outcomes.

According to David Seese, Corporate MDS, "Going into 2025, we weren't sure we'd hit our CMI goals. MedaSync helped us reach them while supporting QIP and Medicare Advantage."

Operational Efficiency

- Daily chart review time reduced from 2–3 hours to approximately 15 minutes
- MDS leaders shifted focus from searching for issues to acting on them

Financial & Quality Impact

- **Medicaid:** Increased Case Mix Index, meeting CMI goals across all 11 communities
- **Medicare:** Approximately $1,500 per month per building through improved opportunity and IPA capture
- **Medicare Advantage:** Improved level-of-care capture and stronger data to support renegotiation of Humana and Aetna contracts
- **QIP:** Earlier insight into performance allowed all communities to achieve targeted QIP levels

Strategic Advantage

- Improved positioning entering 2025 across Medicaid, Medicare Advantage, and QIP
- Greater confidence during audits and payer discussions
- Reduced risk of missed revenue and compliance issues

The Solution

Windsor House implemented MedaSync software across its skilled nursing communities to bring structure, consistency, and visibility to reimbursement oversight.

With MedaSync software, teams gained:

Financial Accuracy

- Automated identification of Medicare and IPA opportunities, reducing missed revenue
- AI-driven Medicaid CMI insights, highlighting changes impacting case mix
- Clear Medicare Advantage level alignment, supporting accurate capture and payer conversations

Quality & Compliance

- QIP performance visibility, allowing teams to address risk earlier

Operational Efficiency

- Reduced reliance on manual chart reviews
- Portfolio-level dashboards, giving leadership a clearer view across all communities

"What MedaSync gives me is peace of mind. I know the critical reimbursement opportunities are being surfaced, not missed, and I don't have to worry that something important is slipping through the cracks."
— Lanette Middleton, Corporate MDS

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