

CASE STUDY:

Pagosa Springs Medical Center

Multi-specialty hospital partners with eSolutions, then Waystar to manage both commercial and government claims on one unified platform.

CHALLENGE

- **70-75% first-pass clean-claim rate**
- **≈30% denial rate**
- **Reliance on inefficient, manual processes**

SOLUTIONS

- **Authorizations Suite**
- **EOB Conversion**
- **Claim Manager**
- **Claim Monitoring**
- **Remits**
- **Eligibility Verification**
- **Denial + Appeal Management**
- **Payer Lockbox**
- **ACH Conversion**

“Our sales rep was always upfront and honest. He was so helpful and stayed on top of things, and he brought in other Waystar team members to help answer our questions. That level of support—before we had even really got a contract going yet—showed me Waystar was going to walk their talk.”

Debbie Campbell, Director of Revenue Cycle, Pagosa Springs Medical Center

Pagosa Springs Medical Center (PSMC) is a rural critical access hospital in Pagosa Springs, Colorado. PSMC’s mission is to provide excellent, personalized care to all residents and visitors, regardless of their ability to pay. This Level IV Trauma Center offers a wide range of primary care and acute health services. PSMC currently employs 44 full-time physicians with another 103 affiliated physicians caring for patients throughout 1,800 square miles of southwestern Colorado.

Major denial problems

PSMC’s biggest pain point in the revenue cycle? Denied claims. Their incumbent clearinghouse was unable to deploy custom rules, which resulted in labor-intensive, inefficient processes and a first-pass clean claim rate of just 70-75%. For all denied claims, the PSMC team had to extract claim adjustment reason codes and then manually match them to the associated denial before reworking and appealing. Every rejection or denial had to be rebilled, and even after extensive denial mapping, their results only improved marginally.

Moving forward with better tech

PSMC’s Director of Revenue Cycle, Debbie Campbell, began looking for a better solution. First, she implemented eSolutions (now part of Waystar) to replace the vendor they were using for government billing. eSolutions’ direct connection to Medicare FISS was a big reason for the switch. “With our old clearinghouse, it wasn’t easy to work RTPs— it’s so much easier with eSolutions,” said Campbell.

PSMC knew they also needed a better system for submitting and managing commercial claims, and opened up a dialogue with Waystar in October of 2020. They compared Waystar to their existing system and another competitive vendor, but Waystar was the clear choice. “One thing that stood out to us is that before a claim goes out, it goes through an eligibility check,” said Campbell. “That was a big plus.” Their team also liked Waystar’s intuitive user interface and the efficiency it creates.

Just the beginning

PSMC’s partnership with Waystar is still new but they fully expect Waystar to meet or exceed their expectations. About half of denials are caused by front-end issues, so Waystar’s pre-submission eligibility checks should

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catch around 90% of those would-be denials, helping significantly increase their first-pass clean claim rate. What's more, when one considers it costs an average of \$25 to work a single denial, avoiding them altogether is one of the fastest ways to see ROI.

Stay tuned to hear more about what PSMC is able to achieve with Waystar in its corner.

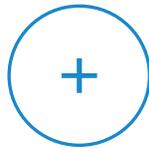
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Waystar simplifies and unifies healthcare payments with innovative, cloud-based technology. Together, our technology, data and client support streamline workflows and improve financials for our clients, so they can focus on their patients.