



## ROI Validations

# HST Pathways & SYNERGEN Health ROI Validations 2026

Enhancing Visibility & Efficiency with End-to-End  
Revenue Cycle Alignment

May 2026

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## Enhancing Visibility & Efficiency with End-to-End Revenue Cycle Alignment

Compass Surgical Partners—a management services organization for ambulatory surgery centers (ASCs)—faced revenue cycle inconsistency and poor revenue cycle visibility due to a fragmented RCM model. To address these challenges, Compass implemented a comprehensive end-to-end revenue cycle solution offered through HST Pathways and SYNERGEN Health.<sup>†</sup> Since implementation, Compass has reduced days to bill, accelerated coding turnaround and quality, and improved collections performance. The organization has also gained daily visibility into charges, collections, A/R performance, and payer trends, enabling proactive management at both the facility and corporate levels. Overall, the partnership has delivered measurable financial improvements, enhanced operational efficiency, increased transparency, and provided the scalability needed to support Compass’s growth strategy.

<sup>†</sup> In 2024, the two vendors partnered to deliver technical integration between HST Pathways’ ASC software and SYNERGEN Health’s technology-enabled revenue cycle services platform. The resulting technology aims to provide ASCs with a fully integrated revenue cycle solution that centralizes coding, billing, and revenue cycle workflows; standardizes protocols across centers; and delivers AI-assisted coding and real-time enterprise analytics.

### About the KLAS ROI Validations Series

To help healthcare organizations make decisions on HIT investments, KLAS is publishing a series of reports that validate real-world ROI by taking a detailed look at the outcomes a

healthcare organization or a small sample of organizations has achieved with a specific HIT solution. Vendors included in this series must already be rated or validated by KLAS and must be in high-energy markets where the technology’s ROI is a frequent point of curiosity.

Note: This report reflects the experience of one customer site and is not a comprehensive view of the vendor’s broader customer base.

## Project Overview

### Compass Surgical Partners

**Organization size:** Not disclosed  
**Annual patient revenue:** Not disclosed  
**EHR in use:** HST Pathways

#### Scope of project

**Care settings live:** Multispecialty ASCs  
**# of pilot locations:** 6 ASCs  
**# of locations currently live:** 9 ASCs in 2025; expanding to 10 additional ASCs in 2026  
**Time to implement (pilot locations):** 4 weeks  
**Project costs:** Not disclosed

Compass Surgical Partners initially implemented the solution from HST Pathways and SYNERGEN Health across six pilot ASCs in Florida, New Jersey, Ohio, and South Carolina. During the transition, Compass’s finance and revenue cycle leaders partnered closely with the vendor partners to standardize various revenue cycle policies and processes, KPIs, and reporting protocols. These leaders also use the solution’s web-based DOCTRIX Analytics platform to monitor charges, collections, and unbilled cases across locations. The 120-day pilot was designed to validate performance improvements and scalability before broader organizational expansion. Due to its success, Compass has begun onboarding additional facilities.

### Defining Quantitative & Qualitative ROI

This report examines both quantitative and qualitative ROIs

achieved by the customer organization. Quantitative ROIs are measurable benefits that can be tied directly to the technology, while qualitative ROIs are based on anecdotal evidence, early-stage data, or benefits that can be only indirectly tied to the technology.

## Customer-Reported Outcomes

✔ Quantitative ROI achieved    ● Qualitative ROI achieved    — Not yet validated

### Clinician benefits

Improved patient care —  
 Reduced clinician burnout —  
 Reduced documentation burden —  
 Time savings —  
 Other —

### Financial benefits

Decreased days in A/R ✔  
 Improved collection % of net revenue ✔  
 Improved documentation/coding for implant procedures ✔  
 Improved 90+ days insurance A/R % ✔  
 Improved 90+ days paid claims % ✔  
 Reduced costs ✔  
 0% insurance bad debt ✔

### Operational benefits

Decreased turnaround time for claims submission ✔  
 Increased visibility into denial trending ✔  
 Enhanced reporting via database optimization ●  
 Faster scalability ●  
 Increased operational efficiencies ●

### Patient benefits

Improved patient engagement —  
 Improved patient satisfaction —  
 Other —



## Financial Benefits

### Decreased Days in A/R

✔ Quantitative ROI

**Achieved: Reduced the average days in A/R across the six pilot ASCs from 42 to 34**

#### How it was measured

**Established a baseline period prior to go-live and compared it to follow-up periods post-go-live.**

- Validated findings by utilizing DOCTRIX-generated reports across all six pilot locations.

### Improved Collection % of Net Revenue

✔ Quantitative ROI

**Achieved: Average collections as a percentage of net revenue increased across the six pilot ASCs from 71.8% to an average of 90.0%**

#### How it was measured

**Established a baseline prior to go-live and compared it to collection % of net revenue post-go-live.**

- Validated findings by utilizing DOCTRIX-generated reports across all six pilot locations.

### Improved Documentation/Coding for Implant Procedures

✔ Quantitative ROI

**Achieved: AI-enabled coding eliminated at least 24 hours of external coding delay and accelerated provider billing for procedures involving implants**

#### How it was measured

**Established a baseline period prior to go-live and compared it to coding performance post-go-live.**

- Validated findings by utilizing DOCTRIX-generated reports.

### Improved 90+ Days Insurance A/R %

✔ Quantitative ROI

**Achieved: Reduced average percentage of insurance A/R that is 90+ days old across the six pilot ASCs from 46% to 35%**

#### How it was measured

**Established a baseline period prior to go-live and compared it to follow-up periods post-go-live.**

- Validated findings by utilizing DOCTRIX-generated reports across all six pilot locations.

### Improved 90+ Days Paid Claims %

✔ Quantitative ROI

**Achieved: Across the six pilot ASCs, improved the average percentage of claims 90+ days old that get paid from 90.5% to 97.5%**

#### How it was measured

**Established a baseline period prior to go-live and compared it to follow-up periods post-go-live.**

- Validated findings by utilizing DOCTRIX-generated reports across all six pilot locations.

### Reduced Costs

✔ Quantitative ROI

**Achieved: Reduced cost to collect across the six pilot sites from 3% of net revenue to 2.5% of net revenue**

#### How it was measured

**Reviewed internal budgets and expense lines tied to RCM staffing, vendor services, and technology before and after partnership with HST Pathways and SYNERGEN Health.**

#### Success factor

**Technical integration and AI-supported workflows from HST Pathways and SYNERGEN Health:** Automation and AI-supported revenue cycle technology that improved various performance metrics (revenue per claim, clean claim rates, denial rates, A/R performance, etc.), accelerated processes, reduced manual work, and minimized reliance on third-party vendors.

### 0% Insurance Bad Debt

✔ Quantitative ROI

**Achieved: 0% insurance bad debt across all six pilot locations following the implementation; patient responsibility bad debt metrics are pending the finalization of contracting a new collections vendor partnership**

#### How it was measured

**Validated findings by utilizing DOCTRIX-generated reports.**



## Operational Benefits

### Decreased Turnaround Time for Claims Submission

✔ Quantitative ROI

**Achieved: Reduced the average days to bill across the six pilot ASCs from 6 to 3**

#### How it was measured

**Established a baseline period prior to go-live and compared it to claim submission performance post-go-live.**

- Validated findings by utilizing DOCTRIX-generated reports.

### Increased Visibility into Denial Trending

✔ Quantitative ROI

**Achieved: Established denial trending and performance metrics across pilot ASCs; denials were not previously officially tracked across the enterprise; average denial rate for claims with expected revenue is 9.6%**

#### How it was measured

**Validated findings by utilizing DOCTRIX-generated reports.**

### Enhanced Reporting via Database Optimization

● Qualitative ROI

**Achieved: Vendors' database-optimization recommendations enabled improved enterprise-level reporting via DOCTRIX, giving daily visibility into various revenue cycle areas without manual pulls**

#### How it was measured

**Assessed reporting before and after optimization, including comparing previous manual, facility-by-facility exports to consolidated DOCTRIX dashboards.**

#### Success factors

- Enhanced transparency and visibility:** The proprietary, web-based DOCTRIX Analytics platform eliminates manual reporting burdens by providing near real-time reporting and visibility into performance metrics across all locations in a centralized dashboard.
- Proactive client success model:** Increased visibility into performance metrics and a stronger partnership through regular meeting cadence across all levels of the organization.

### Faster Scalability

● Qualitative ROI

**Achieved: Rapidly onboarded the six pilot ASCs in four weeks, expanded to nine centers by end of 2025, and plans to onboard an additional ten centers in 2026; future acquisitions feel less daunting as the solution minimizes the potential revenue cycle operational lift**

#### How it was measured

**Examined the timelines to successfully onboard ASCs**

#### Success factor

**Standardization of policies and processes:** Developing and adopting common policies, transaction codes, and approval protocols across centers enabled repeatable, rapid onboarding.

### Increased Operational Efficiencies






● Qualitative ROI

**Achieved: Gained unmeasured efficiency from using technology-automated workflows, freeing staff to focus on other tasks**

#### How it was measured

**Referenced Compass's internal data and assessments of staffing needs before and after transitioning to HST Pathways and SYNERGEN Health's automated workflows.**

## Lessons Learned—What Best Practices Can Other Organizations Replicate?

-  **Allow sufficient time for structured transition:** Plan onboarding timelines that match the complexity of your environment so that governance, standard operating procedures, and approval workflows are defined before go-live and ROI isn't eroded by rework and confusion.
-  **Define KPIs and success targets up front:** Set clear revenue cycle KPIs and reporting expectations at the start so all parties know what they are driving toward and can align configuration, staffing, and analytics to those goals.
-  **Prioritize critical go-live items and phase the rest:** When timelines are tight, focus initial effort on critical billing and collection capabilities, and then phase in nonessential SOPs and optimizations.
-  **Standardize revenue cycle policies across sites:** For multisite organizations, use the transition to a new revenue cycle solution to create and adopt uniform RCM policies and processes enterprise-wide, enabling consistent execution, easier training, and scalable performance management across all sites.
-  **Utilize DOCTRIX Analytics platform:** Ensure you invest the time to effectively use the enterprise analytics platform to gain visibility, monitor ROI, drive accountability, and quickly course-correct by site or payer.



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## About This Report

To help healthcare organizations make decisions on HIT investments, KLAS is publishing a series of reports that validate real-world ROI by taking a detailed look at the outcomes a healthcare organization or a small sample of organizations has achieved with a specific HIT solution. Vendors included in this series must already be rated or validated by KLAS and must be in high-energy markets where the technology's ROI is a frequent point of curiosity. These case studies aim to provide supplemental insights to the standard quantitative evaluations that KLAS conducts and reports on for healthcare software and services.

For this report, KLAS conducted an in-depth interview with key stakeholders at one customer healthcare organization, using a question set to explore what quantitative and qualitative ROIs have been achieved, how outcomes are being measured, what lessons have been learned, and any future plans related to ROI assessment. This report reflects the experience of the customer site and is not a comprehensive view of the vendor's broader customer base.

## Reader Responsibility

KLAS data and reports are a compilation of research gathered from websites, healthcare industry reports, interviews with healthcare, payer, and employer organization executives and managers, and interviews with vendor and consultant organizations. Data gathered from these sources includes strong opinions (which should not be interpreted as actual facts) reflecting the emotion of exceptional success and, at times, failure. The information is intended solely as a catalyst for a more meaningful and effective investigation on your organization's part and is not intended, nor should it be used, to replace your organization's due diligence.

KLAS data and reports represent the combined candid opinions of actual people from healthcare, payer, and employer organizations regarding how their vendors, products, and/or services perform against their organization's objectives and expectations. The findings presented are not meant to be conclusive data for an entire client base. Significant variables—including a respondent's role within their organization as well as the organization's type (rural, teaching, specialty, etc.), size, objectives, depth/breadth of software use, software version, and system infrastructure/network—impact opinions and preclude an exact apples-to-apples comparison or a finely tuned statistical analysis.

KLAS makes significant effort to identify all organizations within a vendor's customer base so that KLAS scores are based on a representative random sample. However, since not all vendors share complete customer lists and some customers decline to participate, KLAS cannot claim a random representative sample for each solution. Therefore, while KLAS scores should be interpreted as KLAS' best effort to quantify the customer experience for each solution measured, they may contain both quantifiable and unidentifiable variation.

We encourage our clients, friends, and partners using KLAS research data to take into account these variables as they include KLAS data with their own due diligence. For frequently asked questions about KLAS methodology, please refer to [engage.klasresearch.com/why-klas](https://engage.klasresearch.com/why-klas).

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## Note

Performance scores may change significantly when additional organizations are interviewed, especially when the existing sample size is limited, as in an emerging market with a small number of live clients.



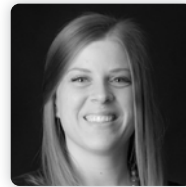
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Improving the world's healthcare through collaboration, insights, and transparency.

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