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Revenue Capture for ASC's
Best Practices and Great Ideas

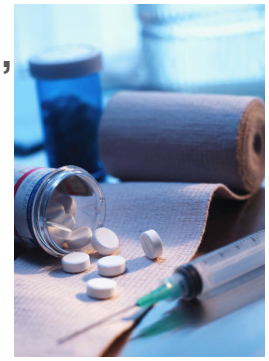
Topics

- Environmental Issues impacting Surgery Centers
- Revenue Capture Best Practices (Increase Revenue, Decrease Costs)
  - Procedures
  - Equipment
  - Supplies
  - People
  - Information Technology
  - Billing/Accounts Receivable
- Great Ideas for Capturing Revenue From Participants

Environmental Issues Affecting Surgery Centers

- **Medicare**
  - Continuous threats to reimbursement due to constant changes from the government and the insurance companies.
  - Physicians and ASC's are increasingly targets for reduction in reimbursement due to lack of ability to fight back (critical mass) despite being the most economically run entities in healthcare.
  - Requiring ASC's to participate in 7 Outcomes and Quality Measures that will affect reimbursement in 2014. (CMS)

- **Mergers/Acquisitions**
  - Smaller centers are banding together to become larger entities, and/or they are partnering with larger organizations such as hospital systems.



Environmental Issues Affecting Surgery Centers (continued)

- **Endoscopy: Timing of Procedure can Reduce Reimbursement**
  - If GI pulls out too fast, may result in reduced/no payments.
- **Obama Care –Good News!**
  - No Co-Pay for Routine Colonoscopy
    - Send out letters to patients!
- **ACO's**
  - Still unknown if these will take hold.
  - Will Obama Care change with Republican Congress/ Republican President?

Embrace Change!!!!

How Will You Adapt ?

- **Be Flexible to new approaches**
  - Staff
  - Patient Flow (Throughput)
  - Equipment
  - Management
  - Collections
  - Customer/Patient Service!

- **TURN NEGATIVES INTO POSITIVES!**

Procedures

- **ADD PROCEDURES/SURGEONS**
  - GI- Colonoscopy, Upper GI (EGD) , PEG Tube Placement, Verification, Removal
  - Add Pulmonary (Bronchoscopy/Cystoscopy/other "Oscopies"
  - Brachytherapy – If already doing Urology
    - Need License for Nuclear Storage (Pellets) Can take months
    - Closed System in syringe – "locked vault" not as onerous as it sounds
  - Spine Procedures
    - Attend Becker Ortho/Spine Conference in June
    - Laparoscopic/Minimally Invasive
    - Specialized Training/Certification
  - Vascular and Cardiovascular Procedures
    - Some not approved by Medicare but if already have C-Arm may still be worth it to do for other payers.
    - Stents, remove Pacemakers, other procedures.
  - Lap Band Surgery/Program
    - Need a Program, not just the surgery
    - Need a surgeon willing to chair the program
  - **Other:** Look at Medicare ASC Approved List and see what specialties you can add or procedures you can add to current specialties that are complimentary if possible.

Other Creative Ideas for Revenue

- **ASC Contracts/Bills for Anesthesia**
  - **Multispecialty and GI (Propofol)**
  - Be aware of State Regulations!!!
  - **Be aware of kickback offers from anesthesia companies!**
  - **May have to pay guarantees depending on how busy you are.**
  - **Not all Insurance Companies Reimburse for GI or Pain**
    - **Do your homework first**
    - **Perform a cost/benefit analysis!**
- **After Hours Use**
  - **Sleep Center**
  - **Infusion Clinic**
  - **Local Businesses rent Lobby area for lectures**

Other Creative Ideas for Revenue (Continued)

- **Rent out your ASC**
  - If not consistently using all OR's and have a day or two to give up.
  - Rent on a per day or per month basis, not per procedure or OR.
  - Look at total costs – not just cost per square foot
  - Rent with or without staff
  - If rent with staff there has to be a lease agreement in place for the staff.
  - Entity renting must be separately licensed/accredited as an ASC, preferably using your ASC policies or similar.
  - Many companies doing this are out of network spine groups or office based surgery groups not wanting to build surgical suite
  - Review Medicare and State Regulations to guide you
  - Use a consultant who can ramp you up quickly and make sure all potential issues have been thought of/resolved.
  - Can significantly enhance bottom line if done correctly.

Equipment/Supplies

- **Repairs**
  - Track your repair costs. Purchase new scopes/other equipment before repairs cost more than if you bought/leased a new one four repairs ago!
- **Materials/Supplies: Join a GPO if you haven't done so already. Can save 20-30% or more on:**
  - Medical Supplies
  - Office Supplies
  - Office Equipment
  - Medical Equipment
  - **Always audit to be sure you are being charged contracted rates at all times. Errant charges can slip through the cracks easily!**

People

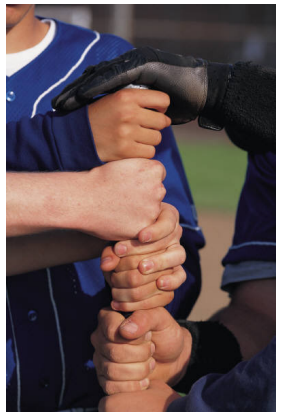
- **Modify Staff Mix:** Evaluate tasks associated with each job process to determine who needs to perform the function based on licensure requirements, competencies, and available staff.
- **Use Flexible Staffing** as schedules typically ebb and flow by doctor.
- **Compress Schedule:** Eliminate gaps in the schedule by reducing the number of actively scheduled procedure rooms.
- **Establish Regular Hours of Operation**, to decrease overtime associated with non-emergent after-hours and weekend procedures.
- **Streamlining workflow:** Remove clutter from the workspace.

People-(Continued)
Hire more staff –really!

- **Use Marketing Rep –**
  - Full or Part Time – Can increase referrals by 30-50% typically.
- **With or without Marketing Rep:**
  - Keep in close contact with physician offices:
  - Track Referrals and give information to physician. Thank sources.
  - If using EMR you can get reports that track referrals by referral source, by doctor performing procedures.
    - Doctor picks referring physician from pre-loaded list
    - When procedure note done, is automatically faxed to referring physician
    - We print documentation in color with digital image and mail to referring physician. Sends a message that we care, are Professional.

People Moving Operational Redesign

- Increase size or re-design processing areas for handling instruments/scopes/equipment. Look at work flow/traffic patterns. Listen to your staff.
- Accelerate patient flow (throughput)
- Track OR Turnover Time. Assign a turnover team.
- Minimize case cancellations by making sure you have all information on hand including lab work and other custom supplies or implants. Verify Anesthesia and use pre-op call system to remind patients of surgery and times to show up.



Information Technology & The Electronic Medical Record

- Nursing
- Physicians
- Administration/Business Office
- PI/QI
- Financial Management

Why Electronic Records?

- Streamline workflow and increase throughput
- Reduce re-work and data re-entry
- Eliminate paper charting and storage costs for records.
- Eliminate costs of dictation/transcription
- Increase revenue by decreasing or eliminating under-coding of procedures
- Labs can interface with system providing electronic uploading of path reports for coders. Saves labor costs for filing/faxing reports.

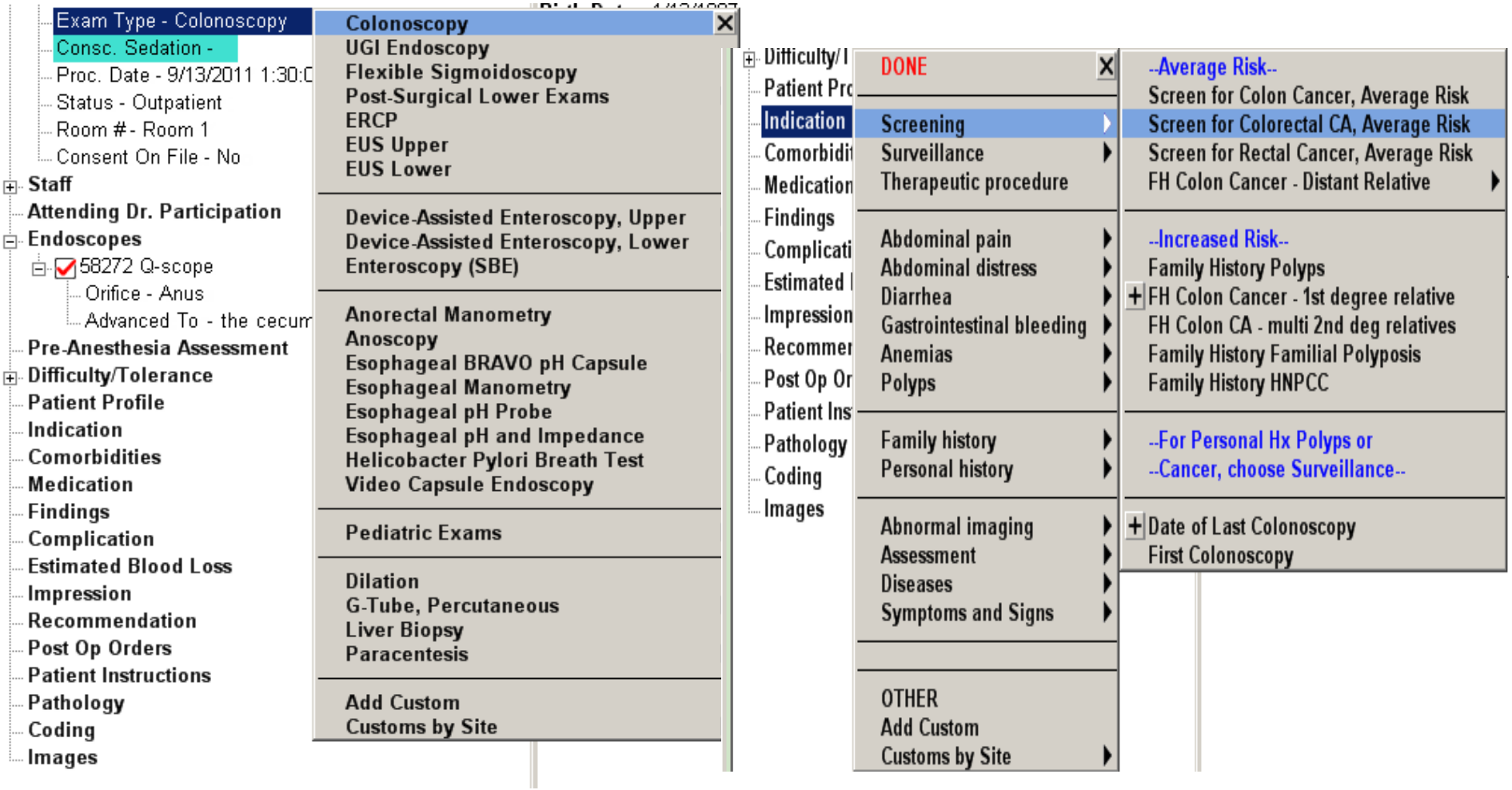
Why Electronic Procedure Documentation?

- **Dictation and transcription is often incomplete, expensive, and delayed.**
  - Coding is driven by small details that may be missed in dictation by a human, can significantly negatively impact reimbursement.
- **Electronic Procedure Documentation can:**
  - Eliminate the need for physicians to dictate notes and cost to transcribe.
  - Eliminate back and forth between coders and MDs for needed info
  - Reduce time to drop bill significantly
  - Enhance revenue by ensuring that all detail necessary for compliant coding and full reimbursement is included
  - Protect against RAC and other audits by ensuring that codes are tied directly to and supported by documentation

Why Electronic Medical Records?
(continued)

- **Improve clinical outcomes through:**
  - Automated pathology labeling and tracking
  - Instrument recall – keeps track of serial numbers
  - Capture of quality indicators
  - Centralized, easily accessed patient file – scan papers in as well.
  - Reports for procedure times, complications, reaching cecum .
- **Easier compliance reports and prep for audits** for Joint Commission, AAAHC, RAC, etc. with quality metrics already in place. CMS is likely to move from a fee-for-service system to performance-based reimbursements.
- **Customer/Referral Retention** : Automated Referral letters/procedure documentation can help offset costs by increasing referrals due to better communication between surgeon and Referring Physician

Sample Procedure Documentation Colonoscopy



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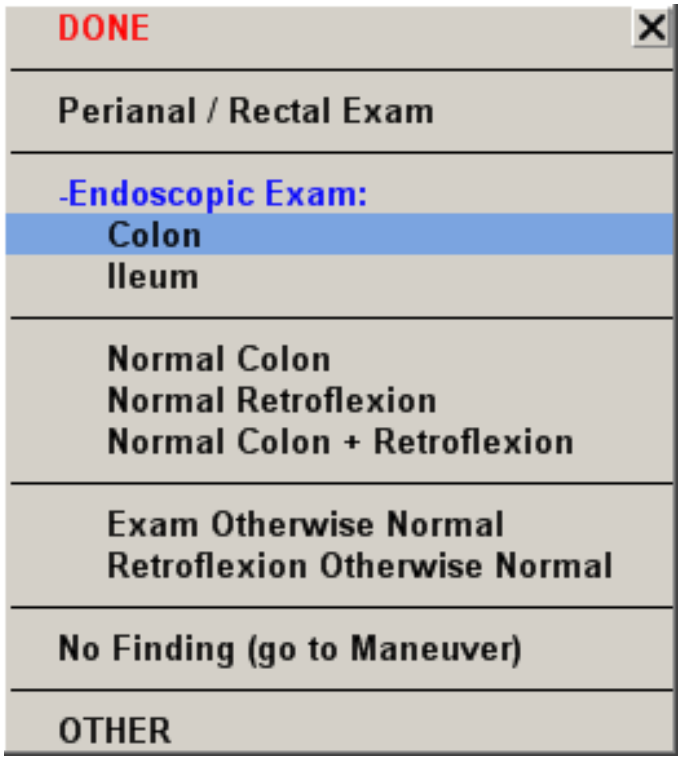
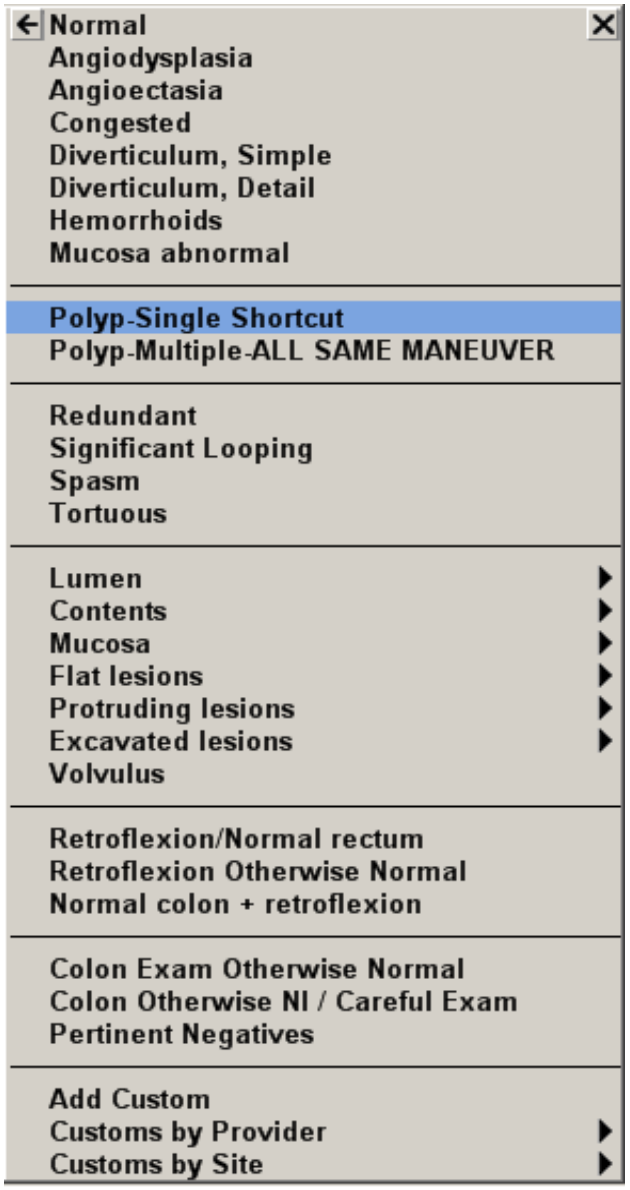
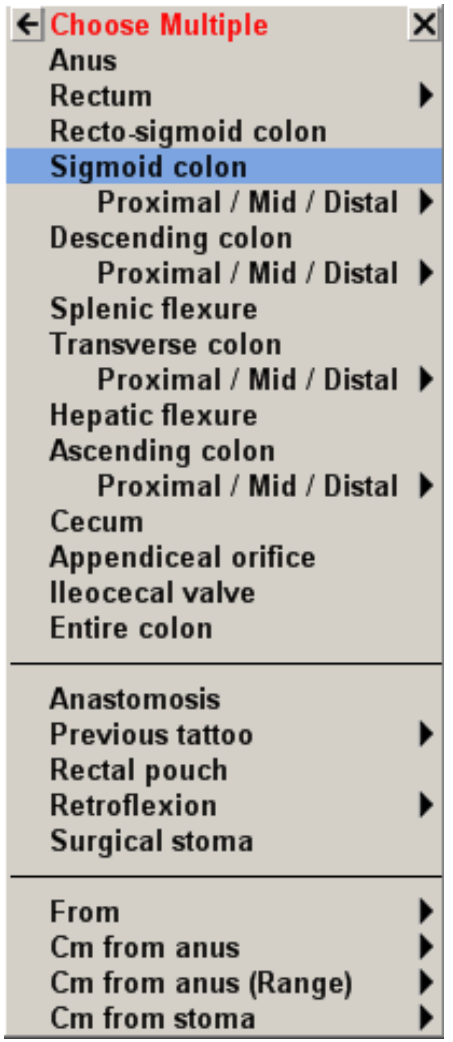
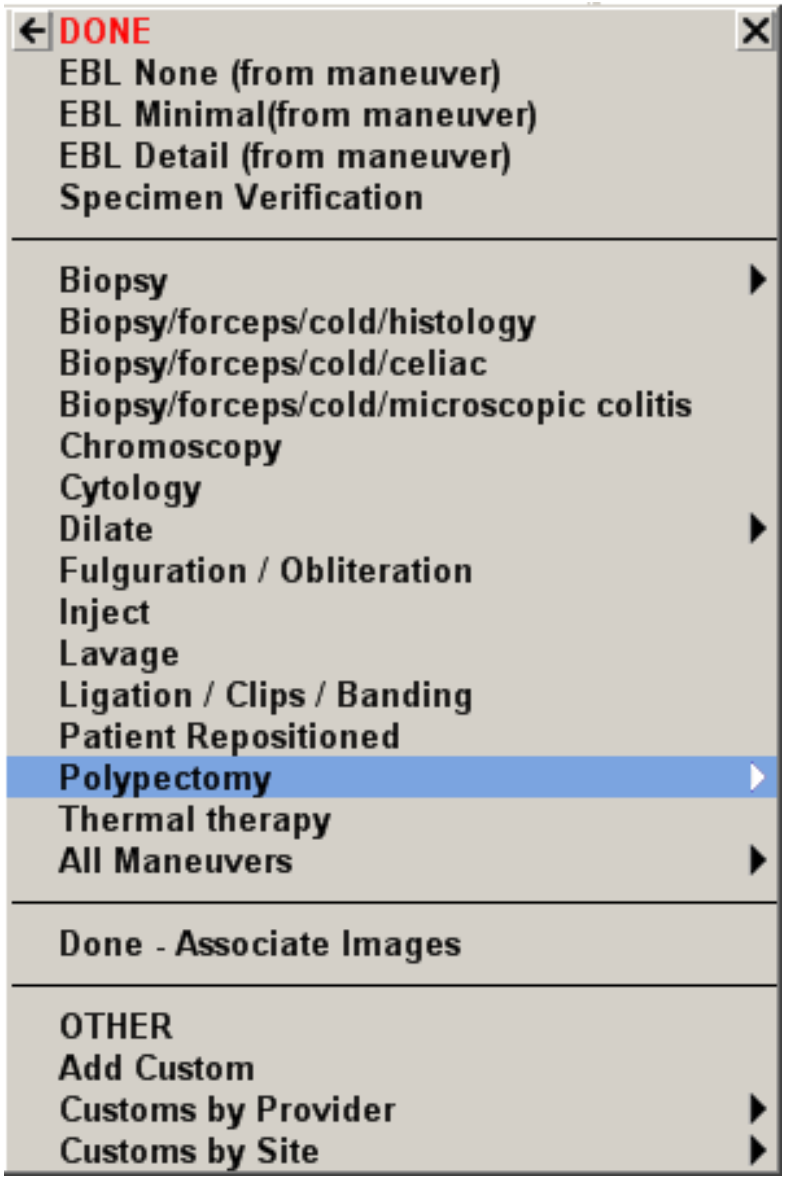
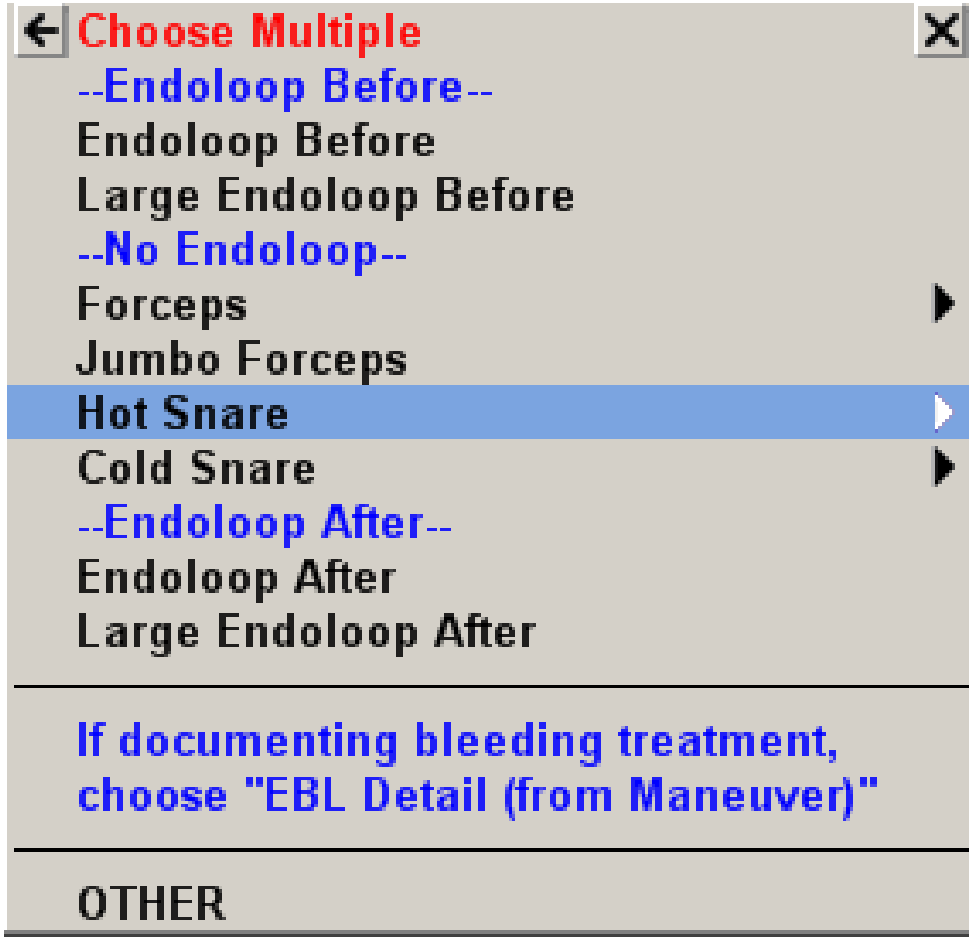




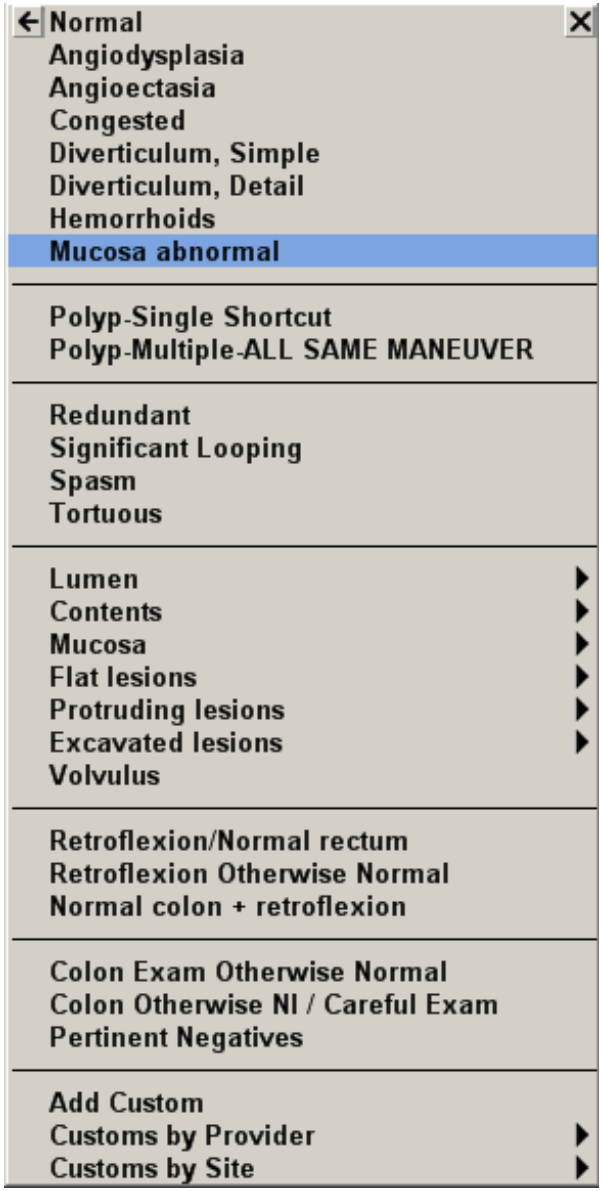


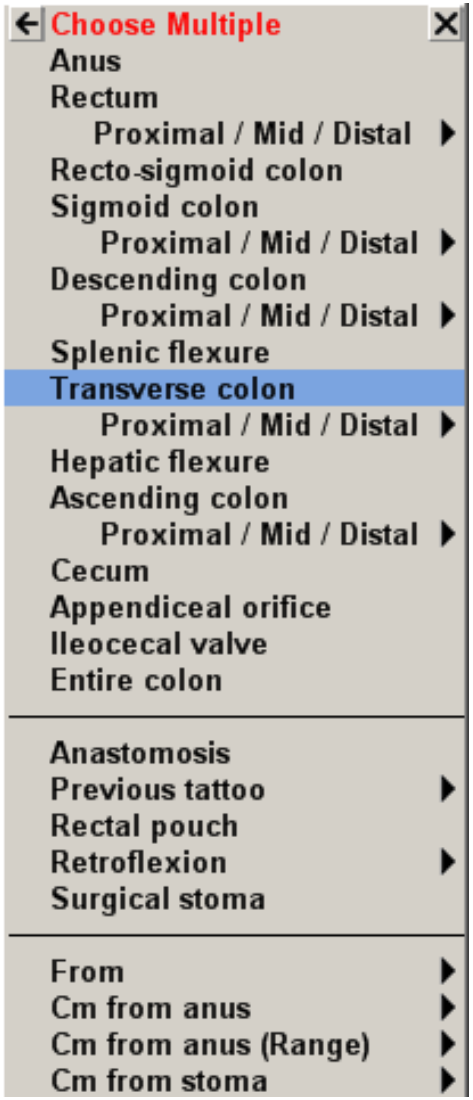
Findings Recorded (cont)

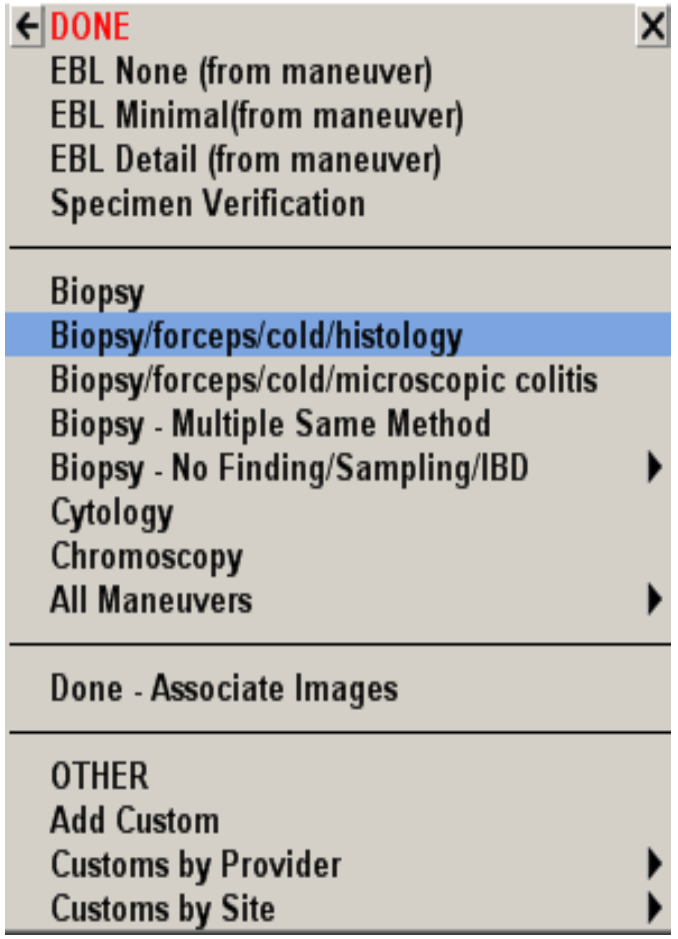




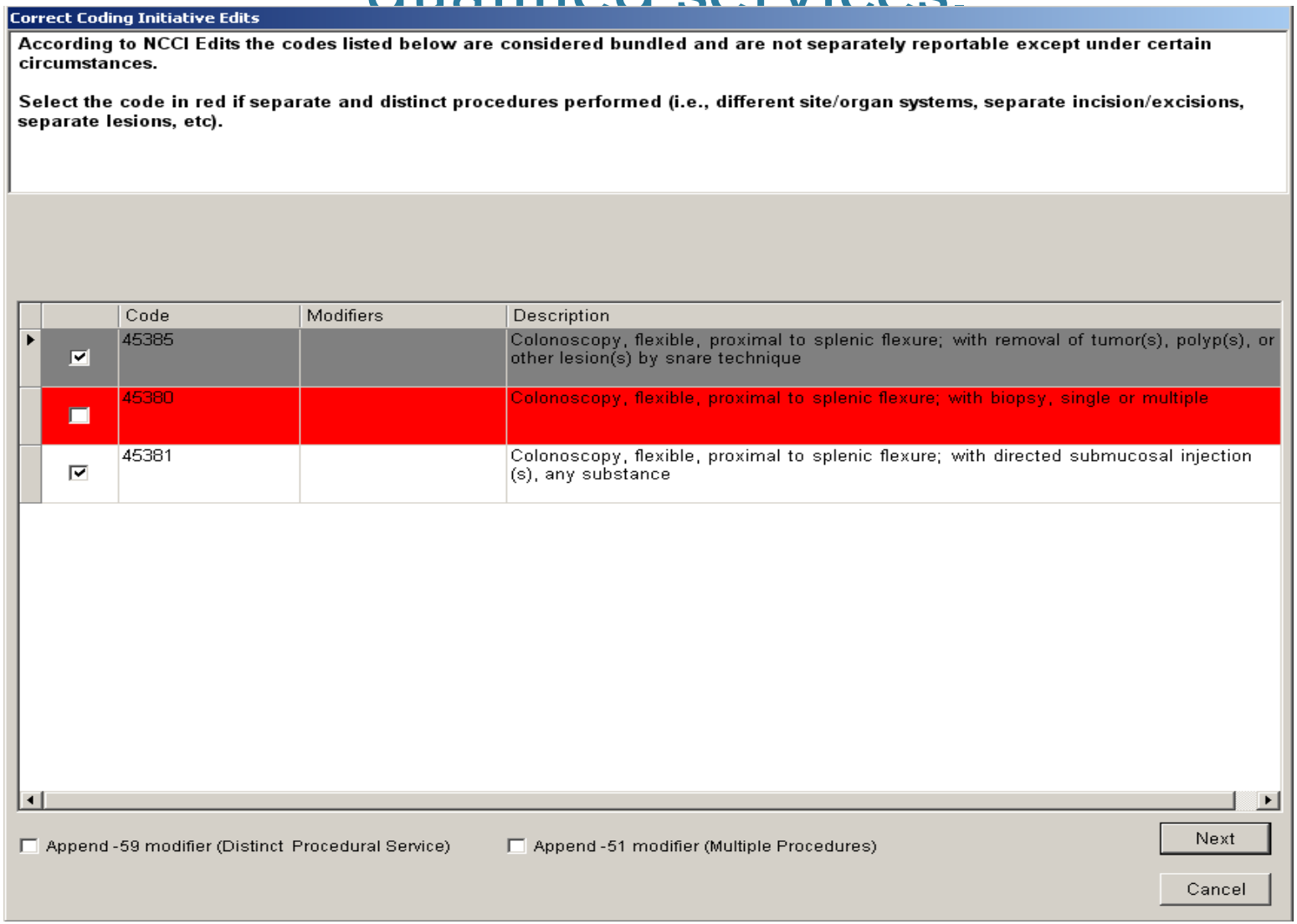
Additional Findings Recorded:



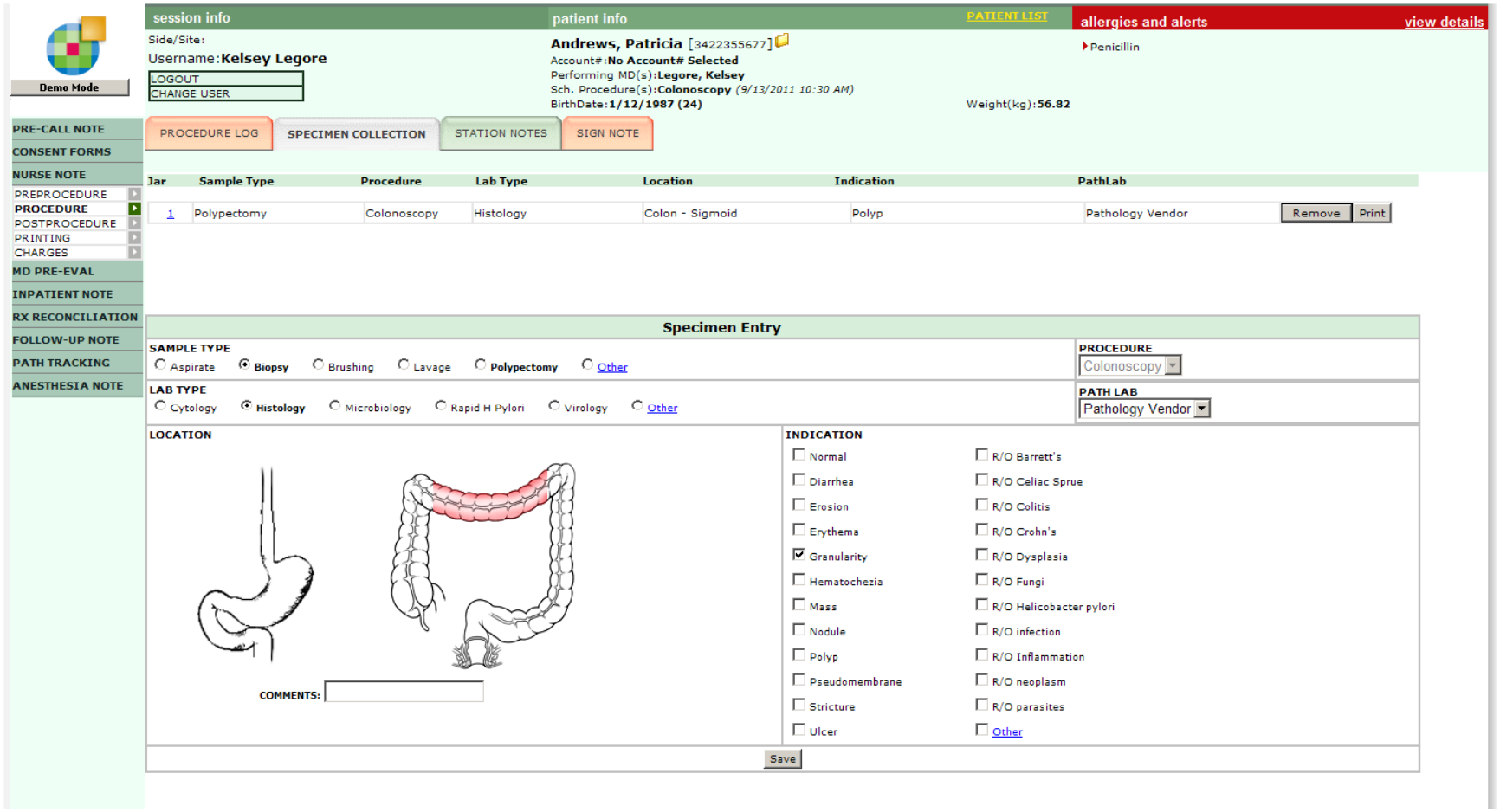




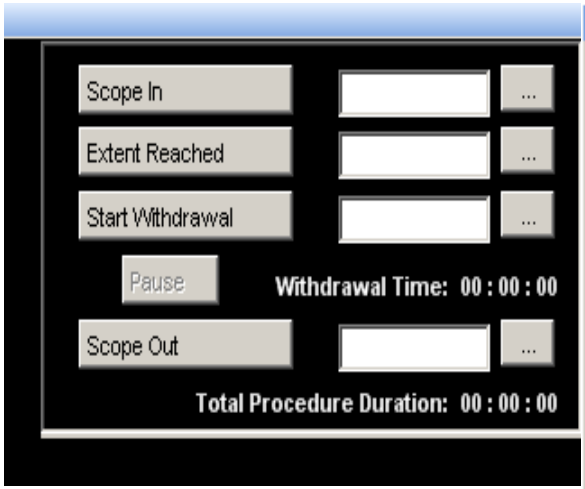
Coding Prompt – Make sure you are billing for ALL qualified services.

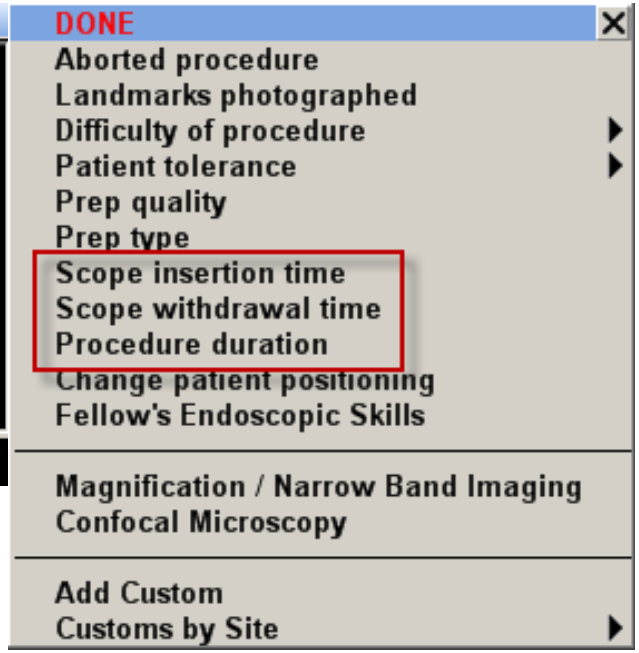


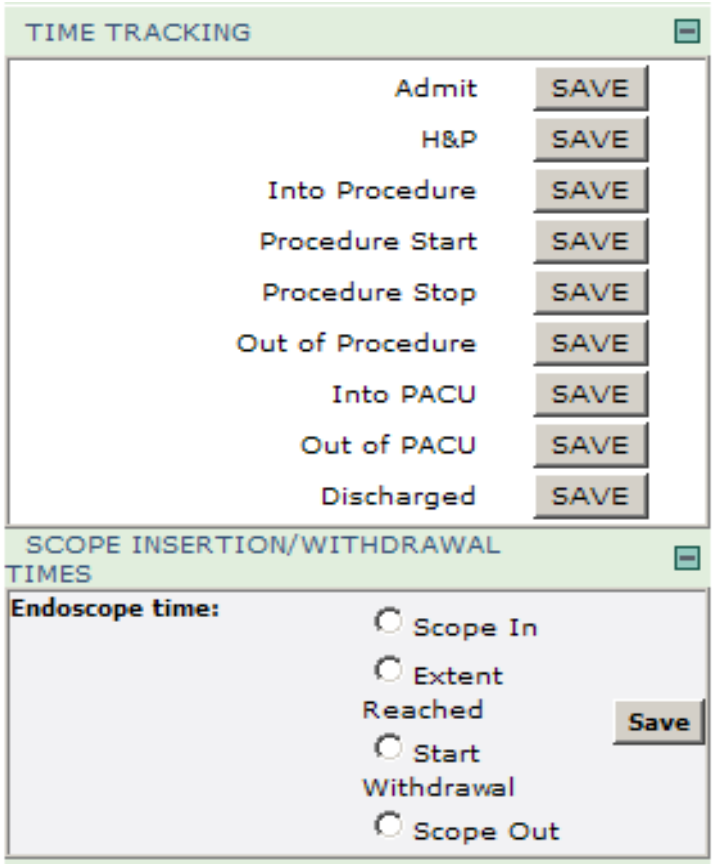
Specimen Collection



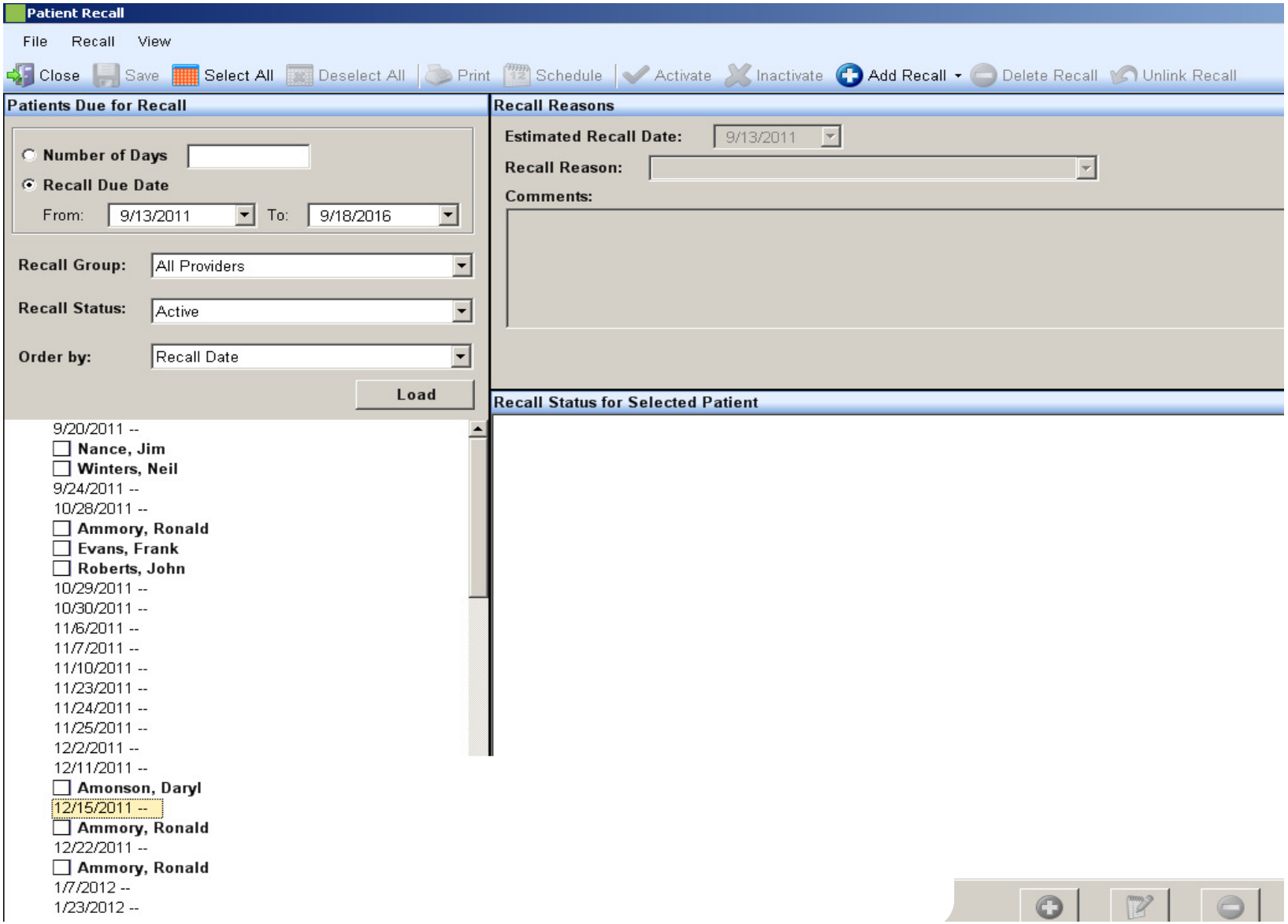
+ Protect your reimbursements and reduce costs by using Time Tracking to identify issues/opportunities.



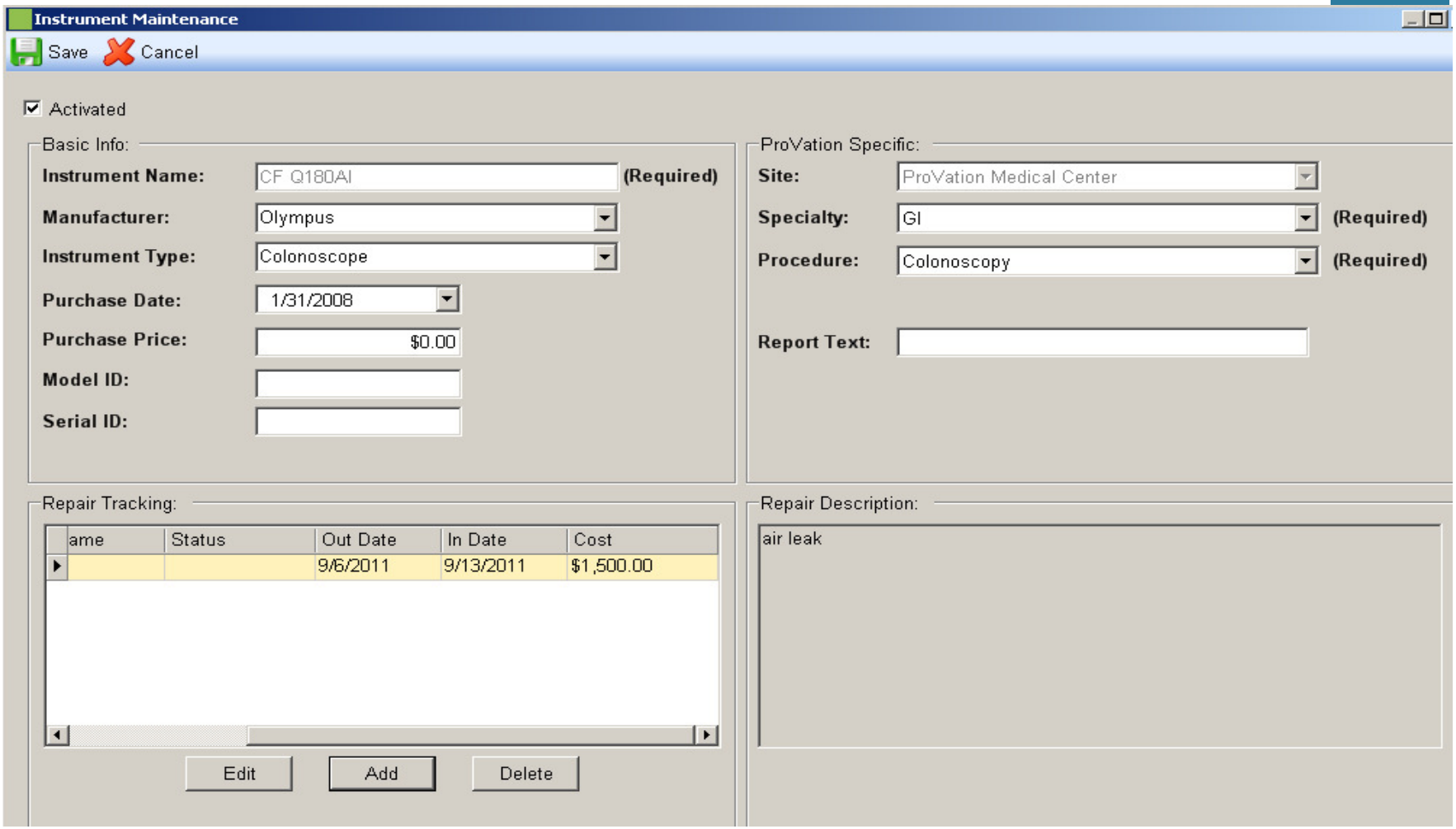




Increase Revenue! Patient Recall



Save $$ by tracking instrument repairs



Topics

- Environmental Issues impacting Surgery Centers
- Revenue Capture Best Practices (Increase Revenue, Decrease Costs)
  - Procedures
  - Equipment/Supplies
  - People
  - Information Technology
  - **Billing/Accounts Receivable**
- Great Ideas for Capturing Revenue (Yours)

Billing/Accounts Receivable

- **Get Co-Pays AND Deductibles up front!**
  - Can get deductibles remaining when verifying benefits
  - Better to give a refund for overpayment than be waiting for money!
- **Take Credit Cards**
- **Take Payment Plans**
- **Make sure you contact patients for financial arrangements ahead of time!**
- **Have an application for reduced/free care.**

Why Aren't Some ASC's Embracing EMR?

- **Problem:** Physicians fear that software won't capture documentation
  - **Solution:** Demo it first and get testimonials from other ASC's using the software
- **Problem:** Will upset the workflow/procedure volume during transition
  - **Solution:** Change can do that but the ultimate result is increased efficiency and patient satisfaction .
- **Problem:** No Integration: Disparate systems need to "talk" to one another:
  - **Solution:** Make sure you purchase systems that are hl7 compatible. Preferably from companies that have interfaced same systems before.
- **Problem:** Up-front Cost
  - **Solution:** ROI from improved coding and documentation resulting in faster payments comes over time
  - **Solution:** Automated Referral Letters/Updates/Recalls with EMR System.
    - Can increase referrals from PCP's to Surgeons with fast turnaround of info.

Universal
Electronic Medical Records

- Innovative ideas are needed more than ever in order to improve quality and keep costs in check. The introduction of universal electronic medical records across healthcare organizations by 2015 will offer a dramatic change in the way healthcare is delivered .'

- Alan Miller, Chairman & CEO

Universal Health Services

Other Ways To Increase Revenue:

- **Joint venture with a strong hospital or contract to be part of an ACO.** Having close bonds with a strong hospital will be essential when accountable care organizations are launched.
- **As the ACO looks for savings, it will turn to member GI/Surgery centers as the low-cost alternative to the hospital OR.**
- **Physicians in the ACO will be a ready-made referral network for ASCs.** A GI/ Surgery center within the ACO would have a leg up on outside centers, which would require carve-out payments.
- **Keep in close contact with physician offices – talk to them daily regarding schedules, obtaining authorizations.**
  - If there are no-shows at the ASC, the ASC schedule can be moved up and the practice can direct patients to come in earlier.

Executive Solutions for Healthcare, LLC provides consulting, development and operational review services on a turn-key or a-la carte project basis.
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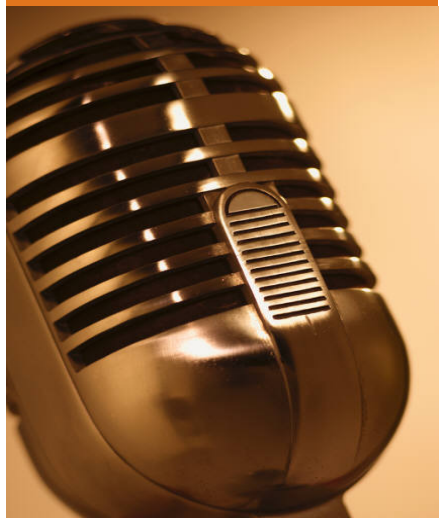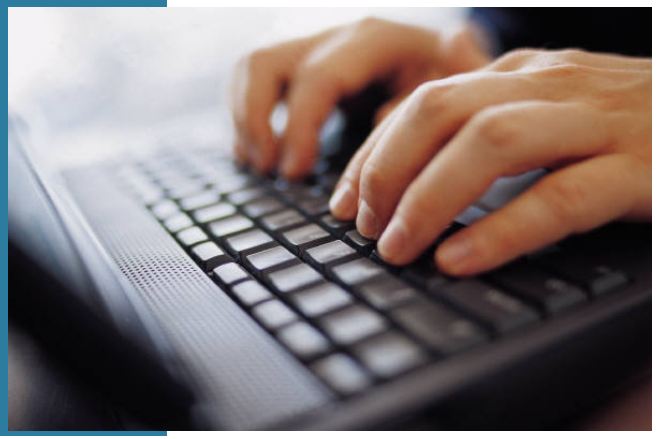
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