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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

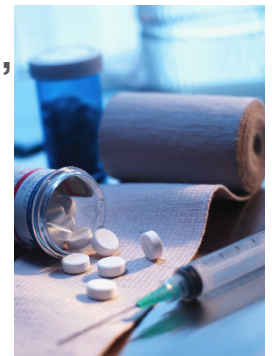


■ Medicare

- 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.

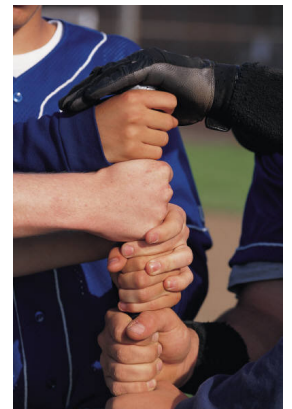




People Moving Operational Redesign



- 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

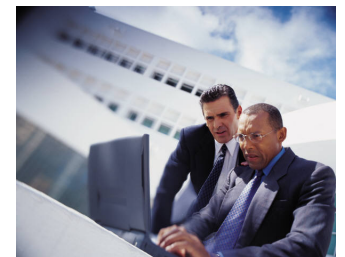


Why Electronic Medical Records?

(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

Exam Type - Colonoscopy
Consc. Sedation -
 Proc. Date - 9/13/2011 1:30:00
 Status - Outpatient
 Room # - Room 1
 Consent On File - No

Staff

Attending Dr. Participation

Endoscopes

- 58272 Q-scope
 - Orifice - Anus
 - Advanced To - the cecum

Pre-Anesthesia Assessment

Difficulty/Tolerance

Patient Profile

Indication

Comorbidities

Medication

Findings

Complication

Estimated Blood Loss

Impression

Recommendation

Post Op Orders

Patient Instructions

Pathology

Coding

Images

Colonoscopy

UGI Endoscopy
 Flexible Sigmoidoscopy
 Post-Surgical Lower Exams
 ERCP
 EUS Upper
 EUS Lower

Device-Assisted Enteroscopy, Upper
 Device-Assisted Enteroscopy, Lower
 Enteroscopy (SBE)

Anorectal Manometry
 Anoscopy
 Esophageal BRAVO pH Capsule
 Esophageal Manometry
 Esophageal pH Probe
 Esophageal pH and Impedance
 Helicobacter Pylori Breath Test
 Video Capsule Endoscopy

Pediatric Exams

Dilation
 G-Tube, Percutaneous
 Liver Biopsy
 Paracentesis

Add Custom
 Customs by Site

Difficulty/Tolerance DONE

Patient Profile

Indication Screening

Comorbidities Surveillance

Medication Therapeutic procedure

Findings

Complications Abdominal pain
 Abdominal distress
 Diarrhea
 Gastrointestinal bleeding

Estimated Blood Loss Anemias
 Polyps

Impression Family history
 Personal history

Recommendation Abnormal imaging
 Assessment
 Diseases
 Symptoms and Signs

Post Op Orders

Patient Instructions

Pathology

Coding

Images

OTHER
 Add Custom
 Customs by Site

--Average Risk--

Screen for Colon Cancer, Average Risk
Screen for Colorectal CA, Average Risk
 Screen for Rectal Cancer, Average Risk
 FH Colon Cancer - Distant Relative

--Increased Risk--

Family History Polyps
+ FH Colon Cancer - 1st degree relative
 FH Colon CA - multi 2nd deg relatives
 Family History Familial Polyposis
 Family History HNPCC

**--For Personal Hx Polyps or
 --Cancer, choose Surveillance--**

+ Date of Last Colonoscopy
 First Colonoscopy



Findings are recorded:

DONE
Perianal / Rectal Exam
-Endoscopic Exam:
Colon
Ileum
Normal Colon Normal Retroflexion Normal Colon + Retroflexion
Exam Otherwise Normal Retroflexion Otherwise Normal
No Finding (go to Maneuver)
OTHER

← Normal
Angiodysplasia
Angioectasia
Congested
Diverticulum, Simple
Diverticulum, Detail
Hemorrhoids
Mucosa abnormal
Polyp-Single Shortcut
Polyp-Multiple-ALL SAME MANEUVER
Redundant
Significant Looping
Spasm
Tortuous
Lumen ▶
Contents ▶
Mucosa ▶
Flat lesions ▶
Protruding lesions ▶
Excavated lesions ▶
Volvulus ▶
Retroflexion/Normal rectum
Retroflexion Otherwise Normal
Normal colon + retroflexion
Colon Exam Otherwise Normal
Colon Otherwise NI / Careful Exam
Pertinent Negatives
Add Custom
Customs by Provider ▶
Customs by Site ▶

← Choose Multiple
Anus
Rectum ▶
Recto-sigmoid colon
Sigmoid colon
Proximal / Mid / Distal ▶
Descending colon
Proximal / Mid / Distal ▶
Splenic flexure
Transverse colon
Proximal / Mid / Distal ▶
Hepatic flexure
Ascending colon
Proximal / Mid / Distal ▶
Cecum
Appendiceal orifice
Ileocecal valve
Entire colon
Anastomosis
Previous tattoo ▶
Rectal pouch
Retroflexion ▶
Surgical stoma
From ▶
Cm from anus ▶
Cm from anus (Range) ▶
Cm from stoma ▶

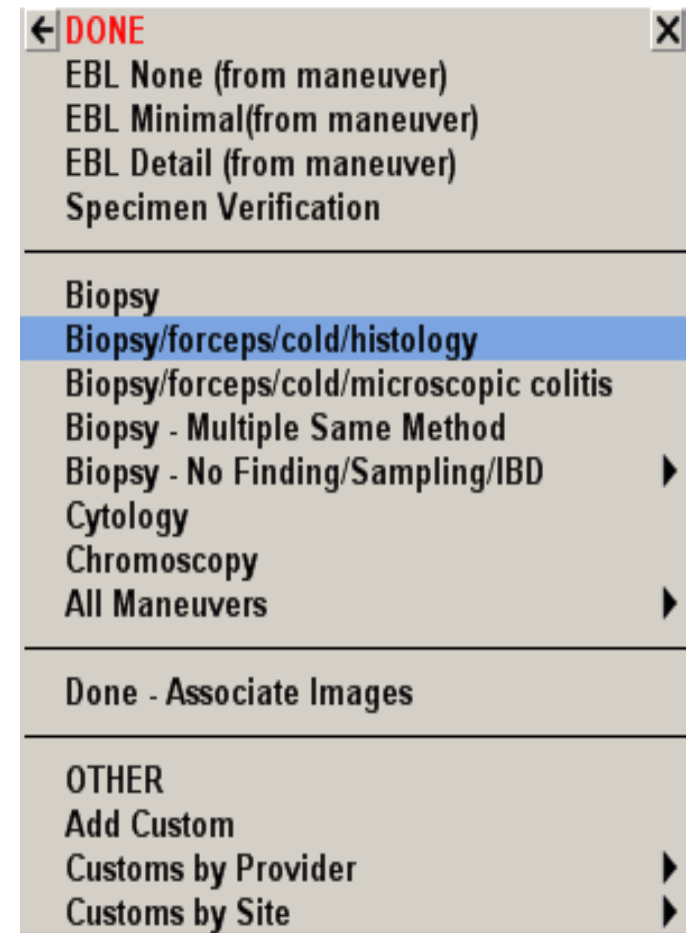
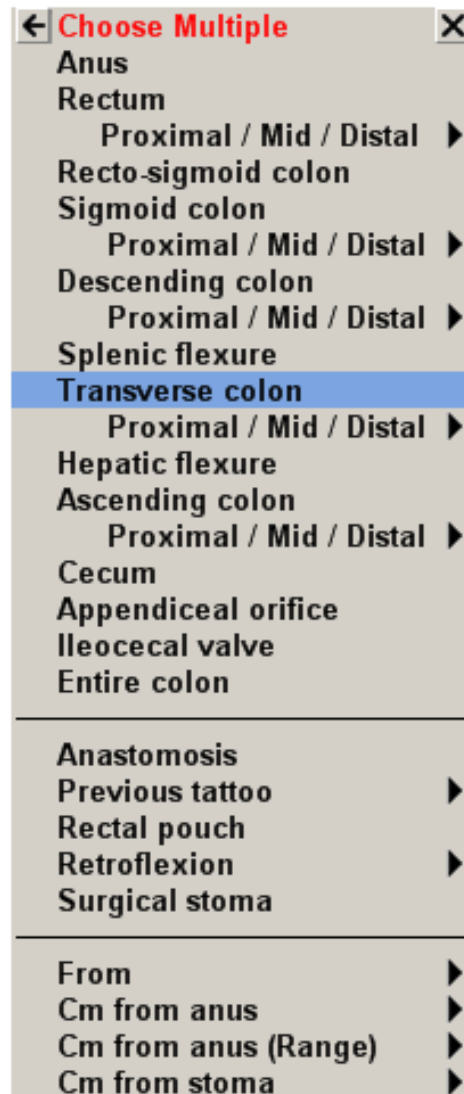
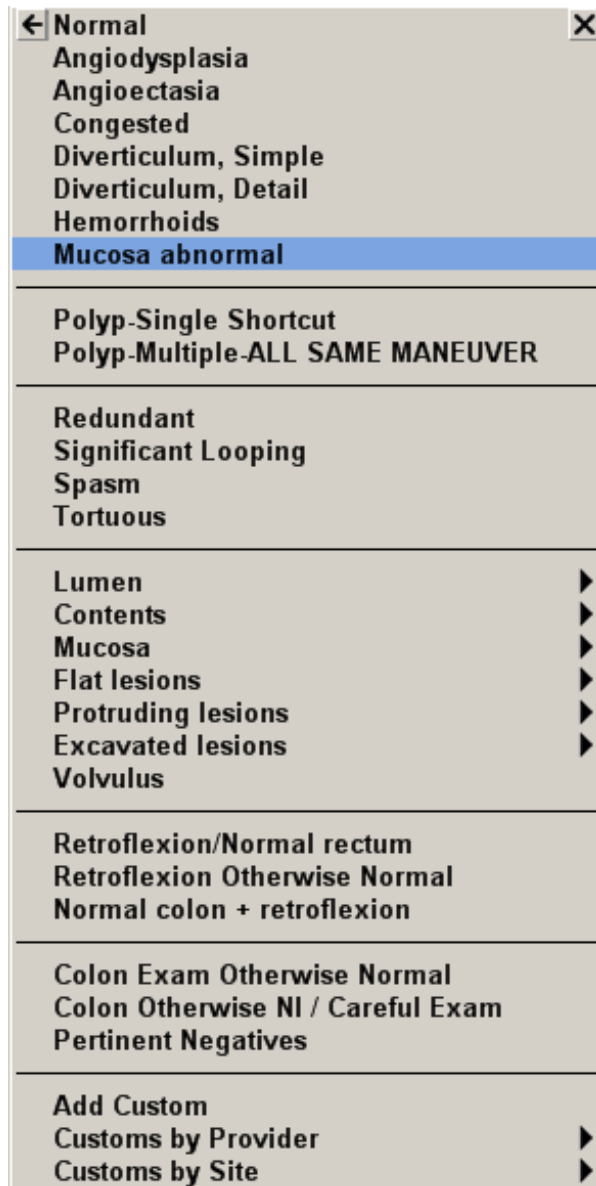


Findings Recorded (cont)

← DONE		×
EBL None (from maneuver)		
EBL Minimal(from maneuver)		
EBL Detail (from maneuver)		
Specimen Verification		
<hr/>		
Biopsy	▶	
Biopsy/forceps/cold/histology		
Biopsy/forceps/cold/ceciac		
Biopsy/forceps/cold/microscopic colitis		
Chromoscopy		
Cytology		
Dilate	▶	
Fulguration / Obliteration		
Inject		
Lavage		
Ligation / Clips / Banding		
Patient Repositioned		
Polypectomy	▶	
Thermal therapy		
All Maneuvers	▶	
<hr/>		
Done - Associate Images		
<hr/>		
OTHER		
Add Custom		
Customs by Provider	▶	
Customs by Site	▶	

← Choose Multiple		×
--Endoloop Before--		
Endoloop Before		
Large Endoloop Before		
--No Endoloop--		
Forceps	▶	
Jumbo Forceps		
Hot Snare	▶	
Cold Snare	▶	
--Endoloop After--		
Endoloop After		
Large Endoloop After		
<hr/>		
If documenting bleeding treatment, choose "EBL Detail (from Maneuver)"		
<hr/>		
OTHER		

+ Additional Findings Recorded:





Coding Prompt –

Make sure you are billing for ALL qualified services

Correct Coding Initiative Edits

According to NCCI Edits the codes listed below are considered bundled and are not separately reportable except under certain circumstances.


Select the code in red if separate and distinct procedures performed (i.e., different site/organ systems, separate incision/excisions, separate lesions, etc).

	Code	Modifiers	Description
<input checked="" type="checkbox"/>	45385		Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
<input type="checkbox"/>	45380		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
<input checked="" type="checkbox"/>	45381		Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection (s), any substance

Append -59 modifier (Distinct Procedural Service)
 Append -51 modifier (Multiple Procedures)




Specimen Collection



Demo Mode

session info **patient info** **PATIENT LIST** **allergies and alerts** [view details](#)

Side/Site: **Andrews, Patricia** [3422355677] 

Username: **Kelsey Legore** Account#: **No Account# Selected** **Penicillin**

 Performing MD(s): **Legore, Kelsey**

 Sch. Procedure(s): **Colonoscopy (9/13/2011 10:30 AM)** BirthDate: **1/12/1987 (24)** Weight(kg): **56.82**

PRE-CALL NOTE

CONSENT FORMS

NURSE NOTE

Jar	Sample Type	Procedure	Lab Type	Location	Indication	PathLab	
1	Polypectomy	Colonoscopy	Histology	Colon - Sigmoid	Polyp	Pathology Vendor	<input type="button" value="Remove"/> <input type="button" value="Print"/>

PREPROCEDURE
PROCEDURE
POSTPROCEDURE
PRINTING
CHARGES

MD PRE-EVAL

INPATIENT NOTE

RX RECONCILIATION

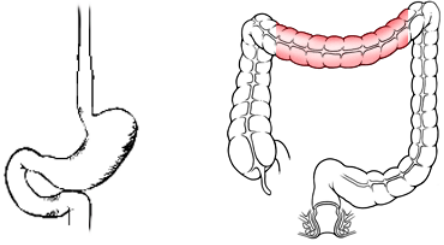
FOLLOW-UP NOTE

PATH TRACKING

ANESTHESIA NOTE

Specimen Entry

SAMPLE TYPE <input type="radio"/> Aspirate <input checked="" type="radio"/> Biopsy <input type="radio"/> Brushing <input type="radio"/> Lavage <input type="radio"/> Polypectomy <input type="radio"/> Other	PROCEDURE Colonoscopy <input type="button" value="v"/>
LAB TYPE <input type="radio"/> Cytology <input checked="" type="radio"/> Histology <input type="radio"/> Microbiology <input type="radio"/> Rapid H Pylon <input type="radio"/> Virology <input type="radio"/> Other	PATH LAB Pathology Vendor <input type="button" value="v"/>

LOCATION  COMMENTS: <input type="text"/>	INDICATION <input type="checkbox"/> Normal <input type="checkbox"/> R/O Barrett's <input type="checkbox"/> Diarrhea <input type="checkbox"/> R/O Celiac Sprue <input type="checkbox"/> Erosion <input type="checkbox"/> R/O Colitis <input type="checkbox"/> Erythema <input type="checkbox"/> R/O Crohn's <input checked="" type="checkbox"/> Granularity <input type="checkbox"/> R/O Dysplasia <input type="checkbox"/> Hematochezia <input type="checkbox"/> R/O Fungi <input type="checkbox"/> Mass <input type="checkbox"/> R/O Helicobacter pylori <input type="checkbox"/> Nodule <input type="checkbox"/> R/O infection <input type="checkbox"/> Polyp <input type="checkbox"/> R/O Inflammation <input type="checkbox"/> Pseudomembrane <input type="checkbox"/> R/O neoplasm <input type="checkbox"/> Stricture <input type="checkbox"/> R/O parasites <input type="checkbox"/> Ulcer <input type="checkbox"/> Other
--	--

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

The screenshot displays three overlapping windows from an endoscopic procedure software interface:

- Left Window (Procedure Details):** Contains input fields for 'Scope In', 'Extent Reached', 'Start Withdrawal', and 'Scope Out', each with a time selection dropdown. A 'Pause' button and 'Withdrawal Time: 00:00:00' are also present. At the bottom, it shows 'Total Procedure Duration: 00:00:00'.
- Middle Window (DONE):** A list of procedure events with checkboxes. A red box highlights the following items: 'Scope insertion time', 'Scope withdrawal time', and 'Procedure duration'. Other items include 'Aborted procedure', 'Landmarks photographed', 'Difficulty of procedure', 'Patient tolerance', 'Prep quality', 'Prep type', 'Change patient positioning', 'Fellow's Endoscopic Skills', 'Magnification / Narrow Band Imaging', 'Confocal Microscopy', 'Add Custom', and 'Customs by Site'.
- Right Window (TIME TRACKING):** A list of procedure stages, each with a 'SAVE' button: 'Admit', 'H&P', 'Into Procedure', 'Procedure Start', 'Procedure Stop', 'Out of Procedure', 'Into PACU', 'Out of PACU', and 'Discharged'.
- Bottom Right Window (SCOPE INSERTION/WITHDRAWAL TIMES):** A section for tracking endoscope times with radio button options: 'Scope In', 'Extent Reached', 'Start Withdrawal', and 'Scope Out'. A 'Save' button is located to the right of the 'Extent Reached' option.

+ Increase Revenue! Patient Recall

Patient Recall

File Recall View

Close Save Select All Deselect All Print Schedule Activate Inactivate Add Recall Delete Recall Unlink Recall

Patients Due for Recall

Number of Days
 Recall Due Date
 From: To:

Recall Group:

Recall Status:

Order by:

Load

9/20/2011 --
 Nance, Jim
 Winters, Neil
 9/24/2011 --
 10/28/2011 --
 Ammory, Ronald
 Evans, Frank
 Roberts, John
 10/29/2011 --
 10/30/2011 --
 11/6/2011 --
 11/7/2011 --
 11/10/2011 --
 11/23/2011 --
 11/24/2011 --
 11/25/2011 --
 12/2/2011 --
 12/11/2011 --
 Amonson, Daryl
 12/15/2011 --
 Ammory, Ronald
 12/22/2011 --
 Ammory, Ronald
 1/7/2012 --
 1/23/2012 --

Recall Reasons

Estimated Recall Date:

Recall Reason:

Comments:

Recall Status for Selected Patient

+ [] -

+ Save \$\$ by tracking instrument repairs

Instrument Maintenance

Save Cancel

Activated

Basic Info:

Instrument Name: CF Q180AI (Required)

Manufacturer: Olympus

Instrument Type: Colonoscope

Purchase Date: 1/31/2008

Purchase Price: \$0.00

Model ID:

Serial ID:

ProVation Specific:

Site: ProVation Medical Center

Specialty: GI (Required)

Procedure: Colonoscopy (Required)

Report Text:

Repair Tracking:

Name	Status	Out Date	In Date	Cost
		9/6/2011	9/13/2011	\$1,500.00

Edit Add Delete

Repair Description:

air leak



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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