

Five Steps to a More Prosperous ASC

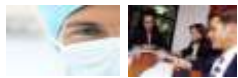
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Ambulatory surgery center billing is likely the most complex revenue process in America today.



Step #1



Secure payor contracts that address your facility's case mix.

Key contracting concepts:

- ✓ Know your payor mix and prioritize negotiations accordingly.
- ✓ Identify your top 10 to 15 procedures.
- ✓ Ensure reimbursement covers your costs and build in a reasonable profit margin.
- ✓ Seek carve-outs for high cost cases and implants.
- ✓ Allow ample time for negotiations.



Step #3



Collect co-pays and deductibles . . . at the time of service.

Implement these steps to immediately impact patient collections:

- ✓ Get the tools you need to determine how much patients will owe.
- ✓ Set payment expectations prior to the date of service. Train all staff to firmly but gently communicate with patients about patient financial responsibility issues.
- ✓ Offer multiple payment methods – cash, check, debit, credit.
- ✓ Ensure all ASC personnel responsible for the check-in process follow-through on asking for payment at the time of service.



Sample Patient Responsibility Worksheet

CODE	GRP	COST	RATE	TOTAL	
1	29885	0	\$5,000	100%	\$5,000.00
2	29886	0	\$5,000	100%	\$2,500.00
3	29880	4	\$2,500	20%	\$500.00
4	29888	0	\$2,500	100%	\$0.00
5	29892	11	0		\$0.00
Total					\$8,056.25
Insurance Type		United Healthcare			
Insurance Allowable		100%			\$8,056.25
IMPLANTS - GRP 11 - NO SEPARATE REIMBURSEMENT					
Allowable Charge					\$8,056.25
Deductible Total				\$2,000.00	
Deductible Met to date				\$900.00	
Deductible Remaining				\$1,100.00	PAY ON DAY OF PROCEDURE
COPAY				\$0.00	PAY ON DAY OF PROCEDURE
Remaining to be paid					\$6,856.25
Insurance to Pay				80%	\$5,485.00
Patient % Responsibility				20%	\$1,371.25
ESTIMATED PATIENT TOTAL RESPONSIBILITY					\$2,811.25
AMOUNT DUE ON DATE OF SERVICE (DEDUCTIBLE + COPAY)					\$1,300.00
AMOUNT PAID ON DATE OF SERVICE					\$1,480.00
ESTIMATED REMAINING AMOUNT DUE INCLUDING COPAY					\$1,311.25

Employee providing estimate : _____ Date: _____



Step #4



Post payments by line item.

You risk leaving money on the table if you don't:

- ✓ Load contracts into your patient accounting system.
- ✓ Ensure account balances reflect anticipated net receivables.
- ✓ Investigate all discrepancies between what was paid and what was expected.
- ✓ Establish relationships with payors to work through errors in their systems.



Payor Rate Summary Elements

- ✓ Payor name
- ✓ Affiliates/plans
- ✓ Rate effective & end dates
- ✓ Annual rate increase
- ✓ Claim form type
- ✓ Rate structure(s)
 - Discounted fee-for-service (% of billed charges)
 - Grouping methodology
- ✓ Carve-outs
- ✓ Implant reimbursement
- ✓ Unlisted (non-grouped) procedures
- ✓ Multiple procedure payment guidelines
- ✓ Case rate or maximum per case
- ✓ Timely filing limit
- ✓ Prompt payment clause
- ✓ Fee increase limitation



Step #5



Track denials.

- Uncover the root cause of recurring issues by:
- ✓ Assigning denial codes to each fully and partially rejected claim.
 - ✓ Creating a trending report.
 - ✓ Analyzing potential causes of denials.
 - ✓ Focusing on process improvement – in your place of business and with your payor organizations.



Sample Denial Management Report

Date Received	Payor	Acct #	POS	Billed Amount	Expected Amount	Denial Code	Denial Reason	Action Taken
03/01/10	Aetna	1792	01/25/10	\$13,406.65	\$11,585.90	6	Submit medical records	Mailed to payor
03/05/10	UMR	1804	03/05/10	\$2,200.00	\$1,010.38	4	Submit accident information	Info rcv'd from patient; submitted to payor
03/09/10	BCBS	1814	02/01/10	\$7,816.15	\$3,564.00	6	Submit medical records	Mailed to payor
03/09/10	UMR	1804	02/19/10	\$2,200.00	\$1,588.00	4	Submit accident information	Info rcv'd from patient; submitted to payor
03/12/10	Aetna	948	02/18/10	\$3,300.00	\$1,848.00	26	Work related illness/injury not covered	Billed work comp carrier
03/17/10	UMR	1853	02/16/10	\$1,100.00	\$928.00	4	Submit accident information	Info rcv'd from patient; submitted to payor
03/17/10	UHC	1888	02/23/10	\$1,100.00	\$1,081.00	35	Duplicate claim	Appealed
03/17/10	UMR	1789	02/04/10	\$1,100.00	\$952.00	4	Submit accident information	Sent letter to patient - waiting for response
03/24/10	BCBS	1726	01/08/10	\$3,300.00	\$1,280.50	21	Need additional information from patient	Sent letter to patient - waiting for response
03/24/10	BCBS	1547	02/18/10	\$4,400.00	\$1,710.00	22	Need additional information for POS	No details given; office closed on Friday; call on Monday
			TOTAL	\$39,927.80	\$25,546.88			



WHEN YOU ACHIEVE BILLING EXCELLENCE IN YOUR ASC – YOU PROSPER GREATLY!

DENIED!

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Questions?

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