







1

## Agenda

-  Review data from Benchmarking Study
-  Apply data to a sample QAPI Study
-  Demonstrate how to improve AR benchmarks by utilizing clearinghouse tools and reports



2

## What is a Clearinghouse



A healthcare [clearinghouse](#) is essentially the middleman between the healthcare providers and the insurance payers. A [clearinghouse](#) checks the [medical claims](#) for errors, ensuring the claims can get correctly processed by the payer. Once clean claims are established, the claims and any associated medical records are sent electronically to all appropriate medical organizations.



*A key task of a medical claims clearinghouse is scrubbing the data on claims to ensure sensitive health information is both accurate and secure.*



**Other popular clearinghouse companies to consider:**  
Navicare/Zirned, Availity, Emdeon, Trizetto, Office Ally



3

## A/R Benchmarking Study

January 2021, PSS partnered with Waystar to conduct a [Benchmarking Study on A/R metrics](#).

**12** Waystar customers participated

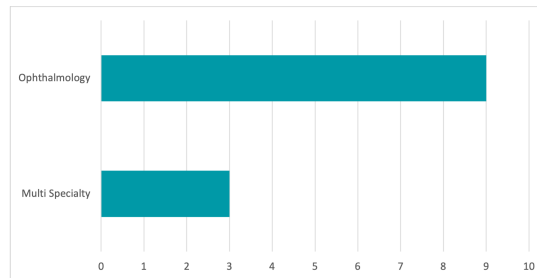
**Various specialties** were included

**8 States** were represented

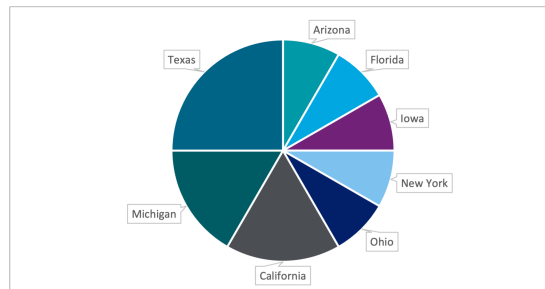
4

## Participant Demographics

**SPECIALTIES**



**LOCATIONS**



5

## Purpose of the Study

- Measure efficiency and accuracy of the billing department
- Identify opportunities for improvement
- Economic pressure to survive
- Reversing the curve:
  - Is the ASC is overstaffed? or
  - Is there a collection issue?



6

## Data Collection

### Waystar provided the following data points:

- Total Claims submitted for 2020
- The average monthly claims submitted for 2020
- The number of denied claims during the year
- The percentage of denied claims
- The dollar amount of the denied claims
- The average days in Accounts Receivable
- The percentage of clean claims



7

## Study Data Summary

STUDY PARTICIPANTS	TOTAL
Average monthly claims submitted	415
Lowest monthly claims submitted	18
Highest monthly claims submitted	2,241
Combined Annual Claims	59,795
Total Denied Claims Dollar Value	\$2.1M



8



## Data Analysis | Definitions

- **LOCATION:** Study participants are listed by state.
- **DATA:** 2020 Annual claim data was extracted for the study
- **MEDIAN:** (or 50<sup>th</sup> Percentile) represents the middle number of the ASCs that participated in this study. 50% of the ASCs scored lower and 50% scored higher to this metric.



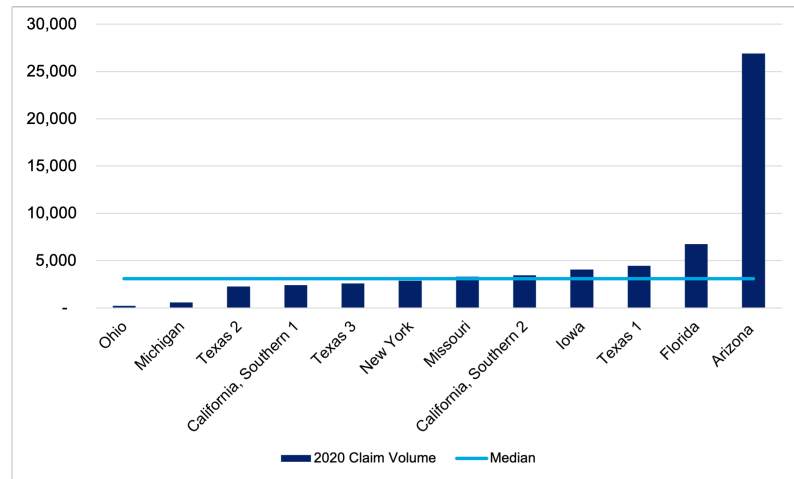
9

## Study Data Summary

Facility	Specialty	Claim Volume	Median	Avg. Monthly Claim Volume	Denial Rate %	Median	Denial \$ Amount Tied to %	Median	Denied Claims	Average A/R Days	Median	Clean Claim Rate	Median
Iowa	MULTI	4,050	2883	338	1.3%	1.1%	\$600,530	138,094	69	21	24	99%	98.22%
CA, Southern 1	OPTHO	2,395	2883	200	1.3%	1.1%	\$375,780	138,094	56	23	24	99%	98.22%
Texas 1	OPTHO	4,445	2883	370	0.3%	1.1%	\$40,887	138,094	13	19	24	99%	98.22%
Arizona	OPTHO	26,894	2883	2,241	1.5%	1.1%	\$137,414	138,094	391	26	24	99%	98.22%
CA, Southern 2	OPTHO	3,443	2883	287	1.1%	1.1%	\$563,811	138,094	73	38	24	98%	98.22%
New York	OPTHO	2,883	2883	240	0.2%	1.1%	\$22,249	138,094	9	18	24	98%	98.22%
Texas 2	OPTHO	2,250	2883	188	0.0%	1.1%	\$7,947	138,094	1	19	24	98%	98.22%
Florida	OPTHO	6,763	2883	564	0.5%	1.1%	\$83,733	138,094	35	28	24	98%	98.22%
Missouri	MULTI	3,298	2883	275	1.5%	1.1%	\$138,915	138,094	40	24	24	96%	98.22%
Texas 2	OPTHO	2,577	2883	215	0.2%	1.1%	\$18,250	138,094	7	31	24	95%	98.22%
Michigan	MULTI	584	2883	49	0.3%	1.1%	\$12,050	138,094	2	58	24	90%	98.22%
Ohio	OPTHO	213	2883	18	3.3%	1.1%	\$138,773	138,094	120	30	24	88%	98.22%

10

## 2020 Annual Claim Volume

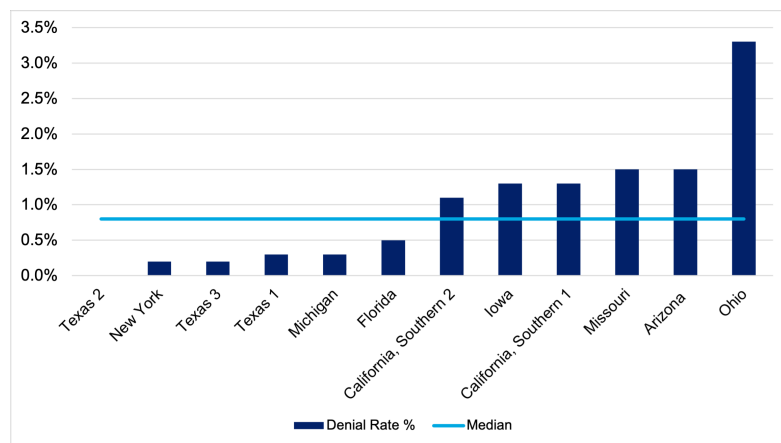


**STUDY MEDIAN: 3,091 Claims**



11

## Denied Claim Rate



**INDUSTRY STANDARD FOR DENIED CLAIM RATE: 1% to 5%**

**STUDY MEDIAN: .8%**



12

## Most Common Denials



MISSING OR  
INVALID DATA



DUPLICATE  
CLAIM



MEDICAL  
NECESSITY



COORDINATION  
OF BENEFITS



BUNDLING



AUTHORIZATION



PAYER  
GUIDELINES



TIMELY FILING



13

## The Financial Impact of Denied Claims



**Each claim has a dollar value**



Improve your denied  
claim rate by 1%



increase your  
**bottom line.**

*Look at a typical Ophthalmology ASC:*

Annual Cases	4200
Average Revenue per Case	\$ 1,200
Annual ASC Revenue	\$ 5,040,000

Denial Rate	Lost Revenue
1%	\$ 50,400
2%	\$ 100,800
3%	\$ 151,200
4%	\$ 201,600
5%	\$ 252,000



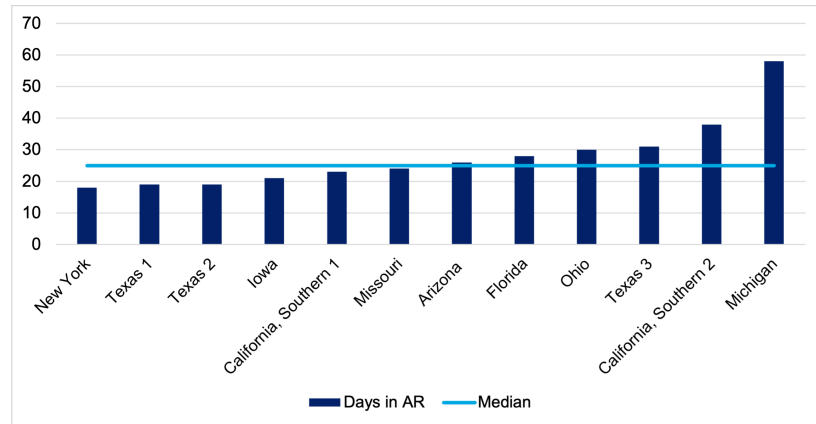
**Idea to consider...**

Use the clean claim rates or denied claim rate as a pay incentive to your billers.



14

## Average Days in A/R



**INDUSTRY STANDARD FOR DAYS IN A/R:** less than 30 days  
(depending on payer mix)

**STUDY MEDIAN:** 25 days



15

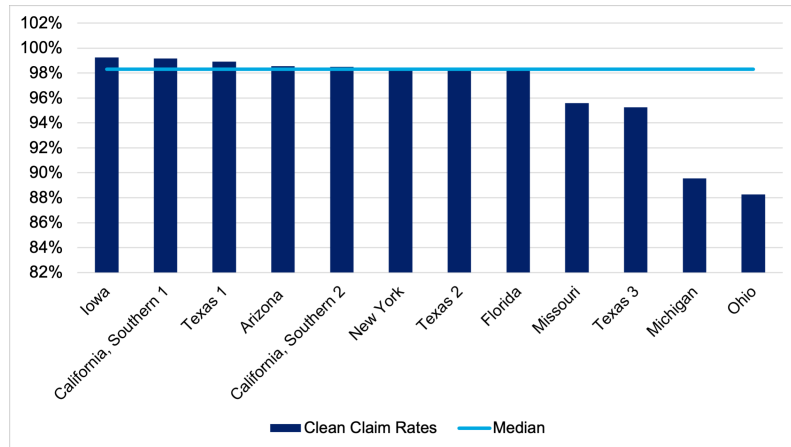
## How long does it take you to get paid?

- Days in A/R
  - The most common metric to assess the health of A/R
  - Easiest way to detect billing and collection problems
- Divide total A/R by the total charges taken from the last 90 days.
- It should take **less than 30 days** to get paid



16

## % of Clean Claims



**INDUSTRY STANDARD FOR CLEAN CLAIMS: 98% or higher**

**STUDY MEDIAN: 98.3%**



17

## Get paid faster with **CLEAN CLAIMS**

- The skill of a biller or billing department is measured by the claim denial rate.
- Check your EMR for claim scrubbers and use them!
- Learn from your mistakes and never repeat the same cause for denial.

Submit clean claims



Get paid **faster!**



18

## Best Practices

- Know your modifiers.
- Make sure you understand NCCI edits (bundling of codes).
- Get on industry coding boards. Ask questions and participate!
- Read your contracts and know what will be paid, the carve outs and how to bill each payer.



19

## Best Practices

- Code off the Op Report. (Not off Superbill)
- Hire or encourage current staff to become a certified coder.
- Retrain staff on billing software tools available to scrub claims before submission to clearing house.
- Research tools offered by your clearing house.



20



## A Benchmarking/QAPI Study



21

*Keep it simple...*

**BENCHMARKING  
STUDY = QI  
STUDY**

A benchmarking study **IS** a QI Study.  
Use the same format.



22

## *Steps to follow...*

- 1 State the Problem/Purpose/Definition
- 2 Set the Standard/Performance Goal
- 3 Collect the Data
- 4 Analyze the Data
- 5 Compare Current Performance to Goal
- 6 Define & Implement Corrective Action
- 7 Re-Measure/Follow Up
- 8 Establish Reporting Structure

23

## SAMPLE BENCHMARK STUDY

State the **Problem**  
**Purpose**  
**Definition**



ABC Surgery Center is measuring the efficiency and accuracy of their billing department compared to other centers that participated in the PSS/Waystar study.

24





ABC surgery center will improve the billing processes to meet or exceed the median results of the study group.

**NOTE:** Goal should be attainable. You will have to continue benchmarking and documenting re-studies until you reach this goal.

## SAMPLE BENCHMARK STUDY

# Set the **Standard/** **Performance Goal**






**PROGRESSIVE**  
SURGICAL SOLUTIONS  
A DIVISION OF BSH CONSULTING


25

## SAMPLE BENCHMARK STUDY

# Collect the **DATA**

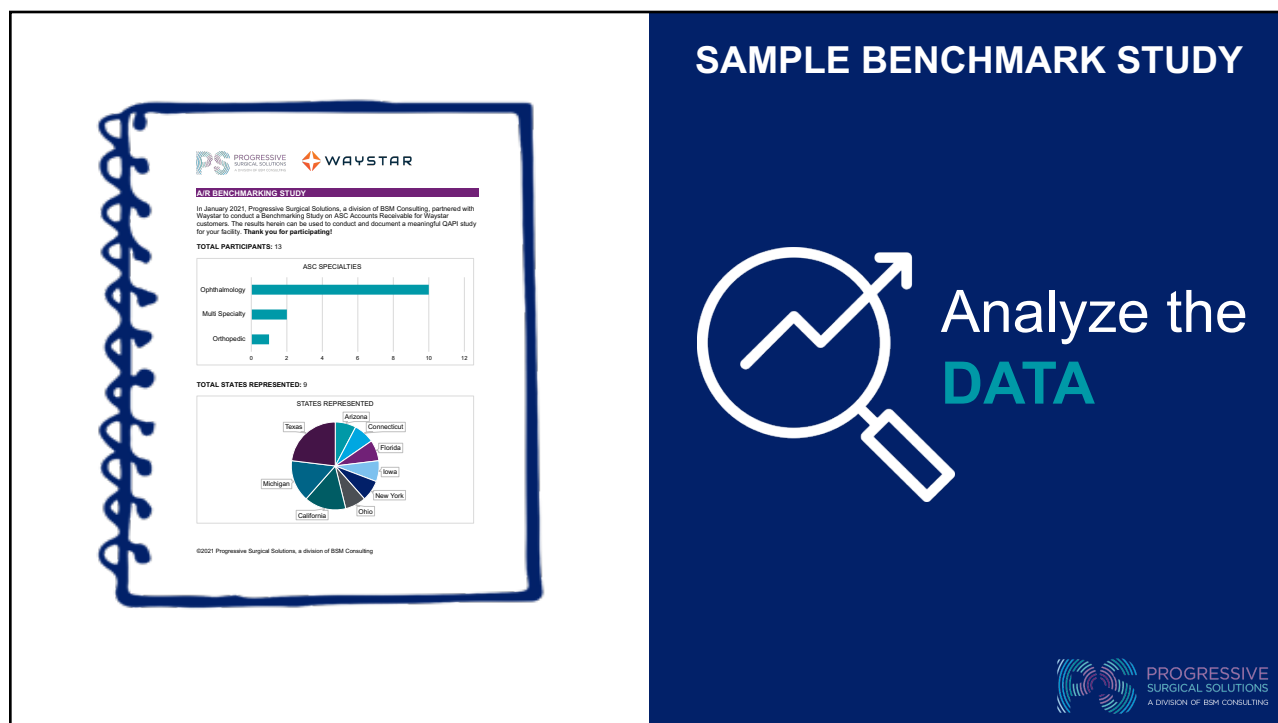


Participate in PSS/Waystar benchmarking survey and compare results to our own claims processing data.



**PROGRESSIVE**  
SURGICAL SOLUTIONS  
A DIVISION OF BSH CONSULTING


26



27


## SAMPLE BENCHMARK STUDY

# Compare Current **Performance** **Goal**





As result of the study,  
our facility needs to  
improve our claim  
processing in the  
following areas:

METRICS	MEDIAN (Y/N)*	GOAL
Denial Rate		
Denial Dollars		
Average Days in AR		
Clean Claim Rate		





**PROGRESSIVE  
SURGICAL SOLUTIONS**  
A DIVISION OF BSM CONSULTING

28

<ol style="list-style-type: none"> <li>1. Run the denied claims report for 2020</li> <li>2. circulated to the management team, the billing department, and front desk.</li> <li>3. Review top denial codes, develop and implement new procedures to eliminate the most frequent denial reasons.</li> </ol>	<h2 style="text-align: center;">SAMPLE BENCHMARK STUDY</h2> <h1 style="text-align: center;">Define &amp; Implement Corrective Action</h1>  
--	---

29

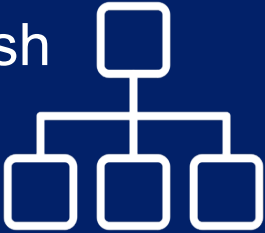
<h2 style="text-align: center;">SAMPLE BENCHMARK STUDY</h2> <h1 style="text-align: center;">Re-Measure Follow Up</h1> 	<p>30 and 60 days after the initial finding, the denied claim report will be run again and reviewed for corrective action.</p> 
---	--


30

This study will be reported to **QAPI committee**, and the **Governing Body** at the next quarterly meeting.

## SAMPLE BENCHMARK STUDY

Establish  
**Reporting**  
Structure








PROGRESSIVE  
SURGICAL SOLUTIONS  
A DIVISION OF BSH CONSULTING


31

REMEMBER


- 

**Keep it simple.**
- 

A Benchmarking study **IS** a QI Study. Don't reinvent the wheel, use the same format.
- 

You don't have to participate in an expensive nationwide study. Data from any number of similar ASCs or even your own internal data is sufficient.
- 

Make your goal realistic and attainable. You have to re-study until you achieve it.



PROGRESSIVE  
SURGICAL SOLUTIONS  
A DIVISION OF BSH CONSULTING

32

Available on  
eSupport



## Quality Management/QI Study Library



HOME ESUPPORT+ BLOG+ FORUM ACCOUNT+

CLICK LINKS BELOW TO DOWNLOAD

### QI STUDY FORMATS AND SUGGESTIONS

- ☐ Quality Improvement Study Format Sample
- ☐ Quality Improvement Study Format Sample (AAHC)
- ☐ Quality Improvement Study Suggestions

### QUALITY IMPROVEMENT STUDY SAMPLES

- ☒ A/R Benchmarking
- ☐ Biohazardous Waste
- ☐ Biohazardous Waste Re-Study
- ☐ Case Cancellation
- ☐ CRNF (Closed Reduction Nasal Fracture Post-Operative Pain)
- ☐ Hand Hygiene 1
- ☐ Hand Hygiene 2
- ☐ I.C.E. (Limit Inflammation and Corneal Edema)
- ☐ R.I.C.E. (Limit Reoccurring Inflammation and Corneal Edema)
- ☐ Infection Control: Environmental Cleaning and Disinfection
- ☐ IV Necessity
- ☐ Medical Record Audits
- ☐ Medical Record Documentation 1
- ☐ Medical Record Documentation 2
- ☐ Medical Record Documentation 3
- ☐ OR Waste Tracking
- ☐ Patient Satisfaction
- ☐ Patient Wait Times
- ☐ Preop Wait Times
- ☐ Radiation Safety

33

Available on  
eSupport



## Quality Management/Benchmarking



HOME ESUPPORT+ BLOG+ FORUM ACCOUNT+

### QUALITY MANAGEMENT: BENCHMARKING

Benchmarking is a systematic comparison of products, services or work processes of similar organizations (external benchmarking), departments, or practitioners (internal benchmarking) to identify best practices known to date for the purpose of continuous quality improvement.

#### REASONS TO BENCHMARK

- Tells you how you are doing AND how you are doing compared to others and best practice
- Tells you where you have opportunities for improvement
- Helps you establish realistic goals for outcomes and other indicators
- Improves patient care
- Regulatory and Accrediting bodies require it
- It's the right thing to do

#### STEPS TO FOLLOW

1. Decide to do it
2. Determine which indicators to measure and benchmark
3. Determine sources to benchmark results with
4. Measure indicators
5. Interpret Results (internally and externally)
6. Take action based on result interpretation
7. Reevaluate

SEARCH

#### QUALITY MANAGEMENT

- Overview
- Risk Management
- Quality Improvement Study
- QI Study Library
- Benchmarking**
- Peer Review
- QAPI Resources

34



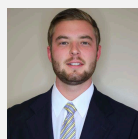
# Waystar Presentation



35



**WAYSTAR** helps healthcare organizations see their Revenue Cycle with greater clarity, illuminating their path to better financials. This is achieved by providing these organizations with end-to-end coverage *and* reporting of their Revenue Cycle.



**MIKE VENARD** has assisted Waystar clients that range from 1-50 Providers in-house and see 900-15,000 patients a month.

**MISSION:** to help ASCs overcome any obstacles within their Revenue Cycle through diagnosing, consulting and driving continuous improvement within their organization.

36

## Questions?



### MIKE VENDARD

Waystar Account Executive

[mike.venard@waystar.com](mailto:mike.venard@waystar.com)

(502) 238 - 9239



37

## Resources

Medicare approved codes, bundling and edits.

- <https://www.cms.gov/medicare/coding/nationalcorrectcodinitd/ncci-coding-edits.html>

Certified Professional Coder CPC Certification Exam

- <https://www.aapc.com/certification/cpc/>

ASC Specific Coding Tools

- <https://www.ascexpert.com/asc/>

*Ophthalmology Specific Support*

- BSM Coding and Compliance [codingandcompliance@bsmconsulting.com](mailto:codingandcompliance@bsmconsulting.com)
- AAO List serve <https://www.aao.org/practice-management/listserv-overview>
- Premium Lens Coding Support <https://professional.myalcon.com/tools-and-resources/reimbursement-services>

Waystar

- <https://www.waystar.com>



38

## Continued Education



1 CE CONTACT HOUR PER  
**RN** ATTENDEE.  
1 AEU PER **CASC**  
ATTENDEE.



COMPLETE COURSE  
EVALUATION SENT VIA  
EMAIL  
BY FRIDAY 3/5.



ALLOW 2 WEEKS FOR  
PROCESSING OF YOUR  
CERTIFICATE.



ANY QUESTIONS  
REGARDING CE CREDIT,  
CONTACT  
[LYN@PSS4ASC.COM](mailto:LYN@PSS4ASC.COM)

*Licensed nurses and CASC credentialed participants are eligible for 1.0 CE Contact Hour or 1.0 AEU Credit. Progressive Surgical Solutions, division of BSM Consulting is approved by the California Board of Registered Nurses, Provider #17435 and BASC, Provider #1016.*



39



PROGRESSIVE  
SURGICAL  
eSupport  
POWERED BY BSM CONSULTING

**The leading online membership to help  
ASC nurses and administrators remain  
current, efficient, and compliant.**

Request your free web demo today!

[www.progressivesurgicalsolutions.com/esupport](http://www.progressivesurgicalsolutions.com/esupport)

40



## Join our Private Facebook Group

A place to connect, support, and network  
with other ASC managers all over the country

[www.facebook.com/groups/ascmanagers/](http://www.facebook.com/groups/ascmanagers/)



41

## The 2021 Webinar Line Up!

DATE	🕒	CE	WEBINAR TOPIC	SPEAKER
March 29	20 min		How to Rightsize Your Anesthesia Team   Efficiency and Functionality in Staffing	Chris Caldwell
April 30	60 min	RN, CASC, CAIP	Infection Investigation   A Case Study	Crissy Benze, Vanessa Sindell
May 24	20 min		Customer Service in the ASC   Enhancing the Patient Experience	Laurie Brown
June 18	60 min	RN, CASC	Life Safety Risk Assessment   What is it and What is Required	John Crowder, Jr.
July 26	20 min		How to Make a Performance Appraisal Effective	Regina Boore
August 27	60 min	RN, CASC	Problem Employees   How to Manage, How to Win	Abtin Mehdizadegan
September 27	20 min		How to Run a Governance/QAPI Meeting	Debra Stinchcomb
October 29	60 min	RN, CASC	Credentialing Review	Crissy Benze
November 29	20 min		Annual Survey Watch Report	Vanessa Sindell
December 17	60 min		TBD	

[www.ProgressiveSurgicalSolutions.com/webinars](http://www.ProgressiveSurgicalSolutions.com/webinars)



42