

# BUILDING YOUR FINANCIAL ACUMEN ASC FEE SCHEDULE

Nancy Stephens





## Agenda

- Create an insurance matrix and facility fee schedule
- Obtain insurance contracted rates
- Manage Self Pay schedules





#### **POLL**





## Fee Schedules | Sample

CPT Code	GROUP	Description	Charge	2024 Medicare	20.0%	Aetna	20.0%	BCBS Comm 117%	20.0%	Cash Rates
15260	PLA	Skin full graft een & lips	1,557	778.71	155.74	468.00	93.60	498.61	99.72	623.00
15820	PLA	Revision of lower eyelid	1,557	778.71	155.74	536.00	107.20	570.01	114.00	623.00
65091	OTH	Revise eye	2,575	1,287.45	257.49	536.00	107.20	570.01	114.00	1,030.00
65103	OTH	Remove eye/insert implant	2,575	1,287.45	257.49	536.00	107.20	570.01	114.00	1,030.00
65850	GLA	Incision of eye	1,924	961.79	192.36	662.00	132.40	703.29	140.66	769.00
65855	LAS	Trabeculoplasty laser surg	258	128.88	25.78	468.00	93.60	150.79	30.16	103.00
65860	LAS	Incise inner eye adhesions	337	168.29	33.66	662.00	132.40	196.90	39.38	135.00
65875	OTH	Incise inner eye adhesions	1,924	961.79	192.36	662.00	132.40	703.29	140.66	769.00
65880	OTH	Incise inner eye adhesions	3,487	1,743.51	348.70	662.00	132.40	703.29	140.66	1,395.00
66983	CAT	Cataract surg w/iol 1 stage	1,924	961.79	192.36	1,022.00	204.40	1,098.37	219.67	769.00
66984	CAT	Cataract surg w/iol 1 stage	1,924	961.79	192.36	1,022.00	204.40	1,098.37	219.67	769.00
66985	OTH	Insert lens prosthesis	1,924	961.79	192.36	1,600.00	320.00	934.15	186.83	769.00
66986	OTH	Exchange lens prosthesis	1,924	961.79	192.36	1,600.00	320.00	934.15	186.83	769.00
67005	RET	Partial removal of eye fluid	1,924	961.79	192.36	662.00	132.40	703.29	140.66	769.00
67010	RET	Partial removal of eye fluid	1,924	961.79	192.36	662.00	132.40	703.29	140.66	769.00
67015	RET	Release of eye fluid	1,924	961.79	192.36	350.00	70.00	371.28	74.26	769.00
67025	RET	Replace eye fluid	1,924	961.79	192.36	350.00	70.00	371.28	74.26	769.00





### Fee Schedules | What to Include

#### **AMOUNT DUE**

from the patient for co-insurance and deductible

#### **AMOUNT DUE**

for any non-covered procedures or specialty supplies, implants or upgrades

#### **AMOUNT**

of contractual adjustments per case





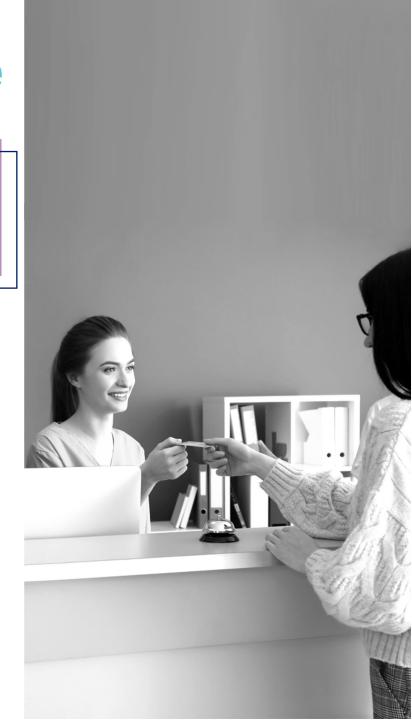
### Fee Schedules | Best Practice



**Call ALL patients** to notify of the facility fee patient portion due upon arrival.

Average out of pocket patient expense	\$500 - \$700
Chance of collecting after the service is performed	<15%

- ASC Industry standard = **collect the contractual adjustment at the time of service.** NOT at the time of payment like a physician office.
- Why? Because payer is obligated to pay contracted rate to the ASC. When the adjustment is taken at the time of the service, the AR reflects the proper amount due to the facility.





# Start with Medicare!

Instructions: 1) Input the state where your ASC is located in the yellow cell to the right using the drop-down menu. 2) Input the county where your ASC is located in the next column using the drop-down menu. Choose only from the drop-down menus, do not type in values. Always choose the state before the county, an error message will occur if you choose the state and county options out of order. The output data will automatically load after you have correctly entered both state and county. To reset, select both state and county cells and press "delete", then re-input a state and county.

INPUTS: State County

CALIFORNIA SAN DIEGO

OUTPUTS: SAN DIEGO, CA San Diego-Chula Vista-Carlsbad, CA 1.2977

<u> </u>				Total Payment Before Total Payment After Sequestration Sequestration		Medicare Payr Seques			
ICPCS	APC	PI	Short Descriptor	National	Local	National	Local	National	Local
-	₩	₩		•	₩	_	₩	•	₩
66920	5491	A2	Extraction of lens	\$ 1,183.57	\$ 1,359.74	\$ 1,164.63	\$ 1,337.98	\$ 946.86	\$ 1,087.80
66930	5492	A2	Extraction of lens	\$ 2,044.80	\$ 2,349.16	\$ 2,012.08	\$ 2,311.57	\$ 1,635.84	\$ 1,879.33
66940	5491	A2	Extraction of lens	\$ 1,183.57	\$ 1,359.74	\$ 1,164.63	\$ 1,337.98	\$ 946.86	\$ 1,087.80
66982	5491	A2	Xcapsi ctrc rmvi cplx wo ecp	\$ 1,183.57	\$ 1,359.74	\$ 1,164.63	\$ 1,337.98	\$ 946.86	\$ 1,087.80
66983	5491	A2	Cataract surg w/iol 1 stage	\$ 1,183.57	\$ 1,359.74	\$ 1,164.63	\$ 1,337.98	\$ 946.86	\$ 1,087.80
66984	5491	A2	Xcapsl ctrc rmvl w/o ecp	\$ 1,183.57	\$ 1,359.74	\$ 1,164.63	\$ 1,337.98	\$ 946.86	\$ 1,087.80
66985	5491	A2	Insert lens prosthesis	\$ 1,183.57	\$ 1,359.74	\$ 1,164.63	\$ 1,337.98	\$ 946.86	\$ 1,087.80
66986	5491	A2	Exchange lens prosthesis	\$ 1,183.57	\$ 1,359.74	\$ 1,164.63	\$ 1,337.98	\$ 946.86	\$ 1,087.80
66987	5492	G2	Xcapsi ctrc rmvi cplx w/ecp	\$ 2,044.80	\$ 2,349.16	\$ 2,012.08	\$ 2,311.57	\$ 1,635.84	\$ 1,879.33
66988	5492	G2	Xcapsi ctrc rmvi w/ecp	\$ 2,044.80	\$ 2,349.16	\$ 2,012.08	\$ 2,311.57	\$ 1,635.84	\$ 1,879.33
66989	5493	J8	Xcpsl ctrc rmvl cplx insj 1+	\$ 3,665.01	\$ 4,210.55	\$ 3,606.37	\$ 4,143.18	\$ 2,932.01	\$ 3,368.44
66990		N1	Ophthalmic endoscope add-on						
66991	5493	J8	Xcapsl ctrc rmvl insj 1+	\$ 3,732.50	\$ 4,288.09	\$ 3,672.78	\$ 4,219.48	\$ 2,986.00	\$ 3,430.47
67005	5491	A2	Partial removal of eye fluid	\$ 1,183.57	\$ 1,359.74	\$ 1,164.63	\$ 1,337.98	\$ 946.86	\$ 1,087.80
67010	5491	A2	Partial removal of eye fluid	\$ 1,183.57	\$ 1,359.74	\$ 1,164.63	\$ 1,337.98	\$ 946.86	\$ 1,087.80
67015	5491	A2	Release of eye fluid	\$ 1,183.57	\$ 1,359.74	\$ 1,164.63	\$ 1,337.98	\$ 946.86	\$ 1,087.80
67025	5491	A2	Replace eye fluid	\$ 1,183.57	\$ 1,359.74	\$ 1,164.63	\$ 1,337.98	\$ 946.86	\$ 1,087.80
67027	5495	A2	Implant eye drug system	\$ 2,019.90	\$ 2,320.56	\$ 1,987.58	\$ 2,283.43	\$ 1,615.92	\$ 1,856.45
67028	5694	P3	Injection eye drug	\$ 60.58	\$ 69.59	\$ 59.61	\$ 68.48	\$ 48.46	\$ 55.67
67030	5491	A2	Incise inner eye strands	\$ 1,183.57	\$ 1,359.74	\$ 1,164.63	\$ 1,337.98	\$ 946.86	\$ 1,087.80
67031	5481	A2	Laser surgery eye strands	\$ 301.49	\$ 346.37	\$ 296.67	\$ 340.83	\$ 241.19	\$ 277.09
67036	5492	A2	Removal of inner eye fluid	\$ 2,044.80	\$ 2,349.16	\$ 2,012.08	\$ 2,311.57	\$ 1,635.84	\$ 1,879.33
67039	5492	A2	Laser treatment of retina	\$ 2,044.80	\$ 2,349.16	\$ 2,012.08	\$ 2,311.57	\$ 1,635.84	\$ 1,879.33
67040	5492	A2	Laser treatment of retina	\$ 2,044.80	\$ 2,349.16	\$ 2,012.08	\$ 2,311.57	\$ 1,635.84	\$ 1,879.33
67041	5492	G2	Vit for macular pucker	\$ 2,044.80	\$ 2,349.16	\$ 2,012.08	\$ 2,311.57	\$ 1,635.84	\$ 1,879.33
67042	5492	G2	Vit for macular hole	\$ 2,044.80	\$ 2,349.16	\$ 2,012.08	\$ 2,311.57	\$ 1,635.84	\$ 1,879.33
67043	5492	G2	Vit for membrane dissect	\$ 2,044.80	\$ 2,349.16	\$ 2,012.08	\$ 2,311.57	\$ 1,635.84	\$ 1,879.33
67101	5491	P3	Repair detached retina crtx	\$ 207.38	\$ 238.24	\$ 204.06	\$ 234.43	\$ 165.90	\$ 190.59

April 2024 Medicare ASC Rates



Where do I get a copy of our contract??



# Provider Websites



#### **Provider Forms**

Ove	PILL	0	AF

#### News

Bluemail

**Bulletins & FAQs** 

#### Forms

Availity Log-in

**Availity Online Services** 

**Provider Manual** 

Programs ~

Medical & Pharmacy Policies Y

Billing

**Companion Documents** 

File Name	Line(s) of Business	Format
Ancillary Request to Participate	all lines of business	external site
Contract Copy Request Form	all lines of business	PDF
Electronic Funds Transfer Registration Instructions	all lines of business	PDF
Electronic Remittance Advice Request Instructions and FAQs	all lines of business	PDF
Fee Schedule Request Form	all lines of business	PDF
Hospital, Ancillary Facility, and Supplier Business Application	all lines of business	external site
Medicare Advantage Waiver of Liability Form for Non-Contracted Providers	Medicare	PDF





## Major Payer Request Forms



#### Network Management Service Unit Fax to: (904) 997-5716

#### Fee Schedule Request Form

	ease complete the information belo Electronic copies will be sent throu	
Date		
Group Information		
Name of Group	Group Number	Group NPI Number
Telephone Number		
Email (required to obtain a con	mplete schedule)	
Contact Name		2
	mation only for those products for whi	ch you have a fully executed contract.)
All contracted product lines	нмо	Medicare
Preferred Patient Care (PPC)	☐ Blue Care HMO	Blue Medicare MyTime Plus
Traditional/PPS	MyBlue HMO	Medicare Advantage HMO
Netw orkBlue	Simply Blue HMO	Medicare Advantage PPO
BlueSelect		Blue Medicare Complete
Miami-Dade Blue		Advantage 65
Group-Authorized Signa	ature Required for Releas	se of Information
		orized signatory: the person whose If signed by anyone else, <i>the</i>
Authorized Signature		
Signer's Name (please print)		<u> </u>
Signer's Title		



#### Release of Contract

Must be authorized by delegated official or owner.

ASC NPI Number: <Insert NPI#>

<Date>

Sent via email to <payeremailaddress@website.com>



To whom it may concern:

<surgery Center Name> is hereby authorizing <Business Unit Leader's Name> to negotiate on behalf of <Insert Surgery Center Name> for all insurance companies and any matters related to insurance, credentialing, re-credentialing, and re-negotiating all agreements and contracts.

If you have any questions, please feel free to contact me via phone or e-mail.

Respectfully yours.

Signature of Owner or Delegated Official on 855%

- <Name of Owner or Delegated Official on 855B>
- <Legal name of Surgery Center>
- <Title>

Phone Number <XXX-XXX-XXXX>

Email owner.delgatedofficial@sugerycentername.com





### **Other Options**

#### Pull the allowable amount from past EOBs.

#### A STARTING POINT ONLY

- Process is time consuming and not always accurate if the payer isn't paying you the contracted rate.
- Focus on top 30 codes and top 10 payers.
- Look at outliers, a payer in general or a specific code.

Note: If contracts 8+ years old, the ASC is likely **not** getting paid enough or at all on most implants (glaucoma and iStents).





# Negotiated Rates Based on current cost models

Top Cases	СРТ	Avg Supply Cost	Avg Staff Cost	Implant Cost	Total Costs
Bleph	15823	272.00	158.00	-	430.00
PTY w graft	65426	524.00	240.00	500.00	1,264.00
Cataract Complex	66982	450.00	200.00	130.00	780.00
Cataract	66984	250.00	180.00	130.00	560.00
iStent/ Hydrus implant	0191T	3,329.00	209.00	2,475.00	6,013.00
Xen Gel implant	0449T	2,490.00	283.00	1,517.00	4,290.00





# Cash Rates Patient Self Pay Upgrades



## **Competitive Cash Rates for Top Codes**

	Current			
Self Pay Cash Rates	Rates	Comp 1	Comp 2	Comp 3
Bleph - 2 lids	1,200	2,000	1,100	1,281
Bleph - 4 lids	1,800	3,000	1,650	
Cataract	2,900	2,500	1,100	1,150
Cataract & Trabeculectomy	4,350	3,750	1,600	
Chalazion	300		300	
Clear Lensectomy / Phaco	3,100		1,300	800
Implantable Contact Lens ICL - Single	800		1,500	
Implantable Contact Lens ICL - Bilateral	1,500			
Pterygium	2,400	2,300	900	1,193
Pterygium with out graph	2,400	2,300	500	1,193
Scleral Buckle	3,900	3,900	2,000	1,800
Trabeculectomy Glaucoma	2,900	2,500	1,100	1,600
Yag/PI/SLT Lasers	800	700	300	150





## **Upgrades | Premium Lens Pricing**

					INSUR	MARK	MARK	PATIENT
<b>VENDOR</b>	LENS MODEL	DESCRIPTION	Cost	Rebate	PAYS	UP	UP %	PRICE
ALCON	SN6AT	Acrysof, TORIC	425.00	-	150.00	55.00	20%	330.00
	SN6AD	Acrysof, Restore	825.00		150.00	68.00	10%	743.00
	SND1	ReSTOR Acrysof, TORIC	825.00	- ,	150.00	68.00	10%	743.00
	TFAT/TFNT	PANOPTIX	995.00	(70.00)	150.00	78.00	10%	853.00
	DAT015	VIVITY	995.00	(70.00)	150.00	78.00	10%	853.00
AMO	ZCU/ZCT	Tecnis Toric	425.00	8	150.00	55.00	20%	330.00
	DIU	Tecnis Eyehance Toric II	525.00	· · · · · · · · · · · · · · · · · · ·	150.00	75.00	20%	450.00
	ZMA00, ZMB00,		8 33	- 83				8
	ZKB00, ZLB00,	Tecnis MF	815.17	=	150.00	67.00	10%	732.00
	ZKU/ZLU	Tecnis MF Toric II	815.17	-	150.00	67.00	10%	732.00
	ZXR00u	Tecnis Symfony	815.17	-	150.00	67.00	10%	732.00
	ZXT	Tecnis Symfony Toric	815.17	=	150.00	67.00	10%	732.00
	DFR00V	Tecnis Synergy	925.00	<u> </u>	150.00	78.00	10%	853.00
	DFW	Tecnis Synergy Toric II	925.00	-	150.00	78.00	10%	853.00
B&L	MX60 TORIC	ENVISTA MX60T200	495.00	=	150.00	69.00	20%	414.00
	*		1,000.00		150.00	85.00	10%	935.00





## **Upgrades | Femto and ORA MD Rate**

#### Example

MACHINE	OWNER RATE	NON OWNER
ORA	100.00	125.00
FEMTO	500.00	600.00





# Femto Return on Investment Profit & Loss

#### Femto Historical P & L

	Year 1 2019	Year 2 2020	Year 3 2021	Year 4 2022	Year 5 2023	Year 6 2024	Total
Femto Volume	1,196	1,359	1,681	1,849	1,583	2,002	9,670
Femto Revenue	623,800	682,900	821,400	769,800	620,925	778,790	4,297,615
Femto LOI Fee	385,625	415,943	522,934	503,111	439,672	693,173	2,960,458
Femto Maintenance Agreement	000,020	45,000	45,000	45,000	45,000	45,000	225,000
Femto Labor	79,255	75,785	82,631	89,013	55,108	95,103	476,895
Femto Interest Expense	12,108	10,641	7,856	4,958	1,964	-	37,527
Femto Principal	60,470	68,535	71,320	74,219	83,811		358,356
Total Costs	537,459	615,905	729,741	716,301	625,555	833,275	4,058,236
Net Income	86,341	66,995	91,659	53,499	(4,630)	(54,485)	239,379





# Femto Return on Investment Cost of Staffing Analysis

		2021			2022			2023	
Labor Costs	ВОМ	Expeditor	RN	BOM	Expeditor	RN	BOM	Expeditor	RN
Hourly	31.36	17.00	46.14	36.53	17.50	47.75	37.63	18.00	47.50
Benefits @ 20%	6.27	3.40	9.23	7.31	3.50	9.55	7.53	3.60	9.50
Annual	78,275	42,432	115,170	91,179	43,680	119,172	93,914	44,928	118,560
% Allocated	10%	30%	30%	15%	50%	50%	15%	50%	50%
Total	7,827	12,730	34,551	13,677	21,840	59,586	14,087	22,464	59,280
		Total	55,108		Total	95,103		Total	95,831





## Thinking about In-house Anesthesia Billing?

#### THINK AGAIN.

- Getting Anesthesia services is extremely difficult for a single entity. Compress the schedule as much as possible.
- Billing surgery and anesthesia on one claim limits revenue significantly. Basic contract terms include clauses for multiple procedure reduction rules.
- The revenue generated by anesthesia does not cover the cost of anesthesia payroll. The ASCs that use this model are using the ASC as a convenience and are not fully utilizing the facility.



## **Anesthesia Sample Rates | Cosmetic**

EYE PROCEDURES	RATE
General Anesthesia (First Hour)	\$450.00
General Anesthesia (Each Add'l Hour)	\$300.00
Brow Lift or Upper Lids	\$450.00
Lower Lids	\$270.00
Upper Lids/Lower Lids Together	\$550.00
Festoons-Fatty Pads	\$75.00
General Anesthesia (First Hour)	\$450.00
General Anesthesia (Each Add'l Hour)	\$300.00
Brow Lift or Upper Lids	\$450.00
Lower Lids	\$270.00







## **Key Learnings and Takeaways**

- Every ASC needs a fee schedule!
- Start one, build and track it.
- Store the Fee Schedule, patient self pay and anesthesia rates in one central location.
- Make accessible to all staff.







## **Key Learnings and Takeaways**

- It is very easy for an ASC to lose money on upgrades. There is no margin on lenses, but the ASC should cover the cost of carrying the inventory.
- The Femto is a large capital outlay for an ASC. Make sure your MD pricing covers the cost of staffing and maintaining the machine.







# Available to Members on eSupport

#### Compliance & Operations > Business Ops >

#### **Medicare Fee Schedule**

Medicare Fee Schedule Rate Calculator



#### 2024 Medicare Payment Rates ASC

CPT codes and descriptions only are copyright 2023 American Medical Association. All Rights Reserved. Applicable FARS/DFARS App

CDOA Na	iiie.	WEST VINGINIA	CDU	м.	- 01	Wage much	0.7000
HCPCS Code	Notes	Short Description	Subject to Multiple Procedure Discounting	April 2024 Payment Indicator	April 2024 Payment Weight	April 2024 National Payment Rate	April 2024 ASC Payment Rate
0101T		Esw muscskel sys nos	Y	R2	2.2856	\$122.31	\$104.48
0102T		Esw phy anes lat hmrl epcndl	Y	G2	28.3804	\$1,518.75	\$1,297.39
0200T		Perq sacral augmt unilat inj	Y	J8	81.7700	\$4,375.84	\$3,738.06
0201T		Perq sacral augmt bilat inj	Y	G2	63.3954	\$3,392.54	\$2,898.08
0213T		Njx paravert w/us cer/thor	Y	R2	8.8343	\$472.76	\$403.86
0214T		Njx paravert w/us cer/thor	N	N1		1802030000000	\$0.00
0215T		Njx paravert w/us cer/thor	N	N1			\$0.00
0216T		Njx paravert w/us lumb/sac	Y	R2	8.8343	\$472.76	\$403.86
0217T		Njx paravert w/us lumb/sac	N	N1		1	\$0.00
0218T		Njx paravert w/us lumb/sac	N	N1			\$0.00
0232T		Njx platelet plasma	N	N1			\$0.00
0238T		Trluml perip athrc iliac art	Y	J8	185.0918	\$9,905.00	\$8,461.35
0253T		Insert aqueous drain device	Y	J8	53.3888	\$2,857.05	\$2,440.63
0263T		Im b1 mrw cel ther cmpl	N	G2	44.8542	\$2,400.33	\$2,050.48
0264T		Im b1 mrw cel ther xcl hrvst	N	G2	44.8542	\$2,400.33	\$2,050.48
0265T		Im b1 mrw cel ther hrvst onl	N	G2	44.8542	\$2,400.33	\$2,050.48
0266T		Implt/rpl crtd sns dev total	N	J8	795.8536	\$42,589.31	\$36,381.92
0268T		Implt/rpl crtd sns dev gen	N	J8	491.1636	\$26,284.13	\$22,453.22
0269T		Rev/remvl crtd sns dev total	N	G2	56.2926	\$3,012.44	\$2,573.38
0270T		Rev/remvl crtd sns dev lead	Y	G2	35.4662	\$1,897.94	\$1,621.32
0271T		Rev/remvl crtd sns dev gen	Y	G2	35.4662	\$1,897.94	\$1,621.32
0274T		Perq lamot/lam crv/thrc	Y	G2	63.3954	\$3,392.54	\$2,898.08
0275T		Perq lamot/lam lumbar	Y	J8	94.5575	\$5,060.15	\$4,322.63
0278T		Tempr	N	N1			\$0.00
0308T		Insj ocular telescope prosth	Y	J8	266.2387	\$14,247.50	\$12,170.93
0330T		Tear film img uni/bi w/i&r	N	N1			\$0.00
0335T		Insj sinus tarsi implant	Y	J8	84.6513	\$4,530.03	\$3,869.78
0338T		Trnscth renal symp denry unl	N	G2	47.1987	\$2,525.79	\$2,157.66
0339T		Trnscth renal symp denry bil	N	J8	71.5884	\$3,830.98	\$3,272.61
0342T		Thxp apheresis w/hdl delip	N	G2	44.8542	\$2,400.33	\$2,050.48
0347T		Ins bone device for rsa	N	N1			\$0.00
0348T		Rsa spine exam	N	N1			\$0.00
0349T		Rsa upper extr exam	N	N1			\$0.00
0350T		Rsa lower extr exam	N	N1			\$0.00
0351T		Intraop oct brst/node spec	N	N1			\$0.00



#### 2024 Medicare Payment Rates ASC | CBSA Crosswalk

County Name	State	FIPS County Code	CBSA	CBSA Name
AUTAUGA	AL	01001	33860	Montgomery, AL
BALDWIN	AL	01003	19300	Daphne-Fairhope-Foley, AL
BARBOUR	AL	01005		
BIBB	AL	01007	13820	Birmingham-Hoover, AL
BLOUNT	AL	01009	13820	Birmingham-Hoover, AL
BULLOCK	AL	01011		
BUTLER	AL	01013		
CALHOUN	AL	01015	11500	Anniston-Oxford, AL
CHAMBERS	AL	01017		
CHEROKEE	AL	01019		
CHILTON	AL	01021	13820	Birmingham-Hoover, AL
CHOCTAW	AL	01023		
CLARKE	AL	01025		
CLAY	AL	01027		
CLEBURNE	AL	01029		
COFFEE	AL	01031		
COLBERT	AL	01033	22520	Florence-Muscle Shoals, AL
CONECUH	AL	01035		
COOSA	AL	01037		
COVINGTON	AL	01039		
CRENSHAW	AL	01041		
CULLMAN	AL	01043		
DALE	AL	01045		
DALLAS	AL	01047		
DE KALB	AL	01049		
ELMORE	AL	01051	33860	Montgomery, AL
ESCAMBIA	AL	01053		West Take
ETOWAH	AL	01055	23460	Gadsden, AL
FAYETTE	AL	01057		
FRANKLIN	AL	01059		
GENEVA	AL	01061	20020	Dothan, AL
GREENE	AL	01063	46220	Tuscaloosa, AL
HALE	AL	01065	46220	Tuscaloosa, AL
HENRY	AL	01067	20020	Dothan, AL
HOUSTON	AL	01069	20020	Dothan, AL
JACKSON	AL	01071		
JEFFERSON	AL	01073	13820	Birmingham-Hoover, AL
LAMAR	AL	01075		-
LAUDERDALE	AL	01077	22520	Florence-Muscle Shoals, AL
LAWRENCE	AL	01079	19460	Decatur, AL
LEE	AL	01081	12220	Auburn-Opelika, AL





We are the **leading** online membership for ASC nurse leaders who want to run a compliant, efficient, and profitable ASC with confidence.

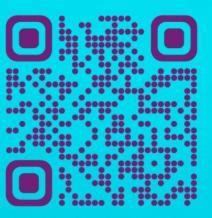


RUNNING AN ASC CAN BE OVERWHELMING



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## **Upcoming Webinars**

DATE	()	CE	WEBINAR TOPIC	SPEAKER
JUN 28	60	RN, CASC	How to Deliver Excellent Customer Service in Your ASC	Elizabeth Monroe
JUL 29	20		Harmonizing Success: Unlocking RCM Fundamentals for ASC Excellence	Nancy Stephens Vanessa Sindell
AUG 26	60	RN, CASC	A Culture of Security: Preventing DEA Scheduled Medication Diversion in the ASC	Gregory Tertes
SEP 30	20		Before It's Mandatory: Understanding OAS CAHPS	Vanessa Sindell
OCT 25	60	RN, CASC CAIP	A Comprehensive Review of the ASC QAPI Program	Debra Stinchcomb
NOV 25	20		Annual Survey Watch Report 2024	Vanessa Sindell
DEC 13	60	RN, CASC CAIP	Infection Control Risk Assessment: A Guided Review	Crissy Benze

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