



DEMYSTIFYING REVENUE CYCLE MANAGEMENT

*A Practical Guide to Terminology, Financial
Insights, and Effective Board Presentations*

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Learning Objectives

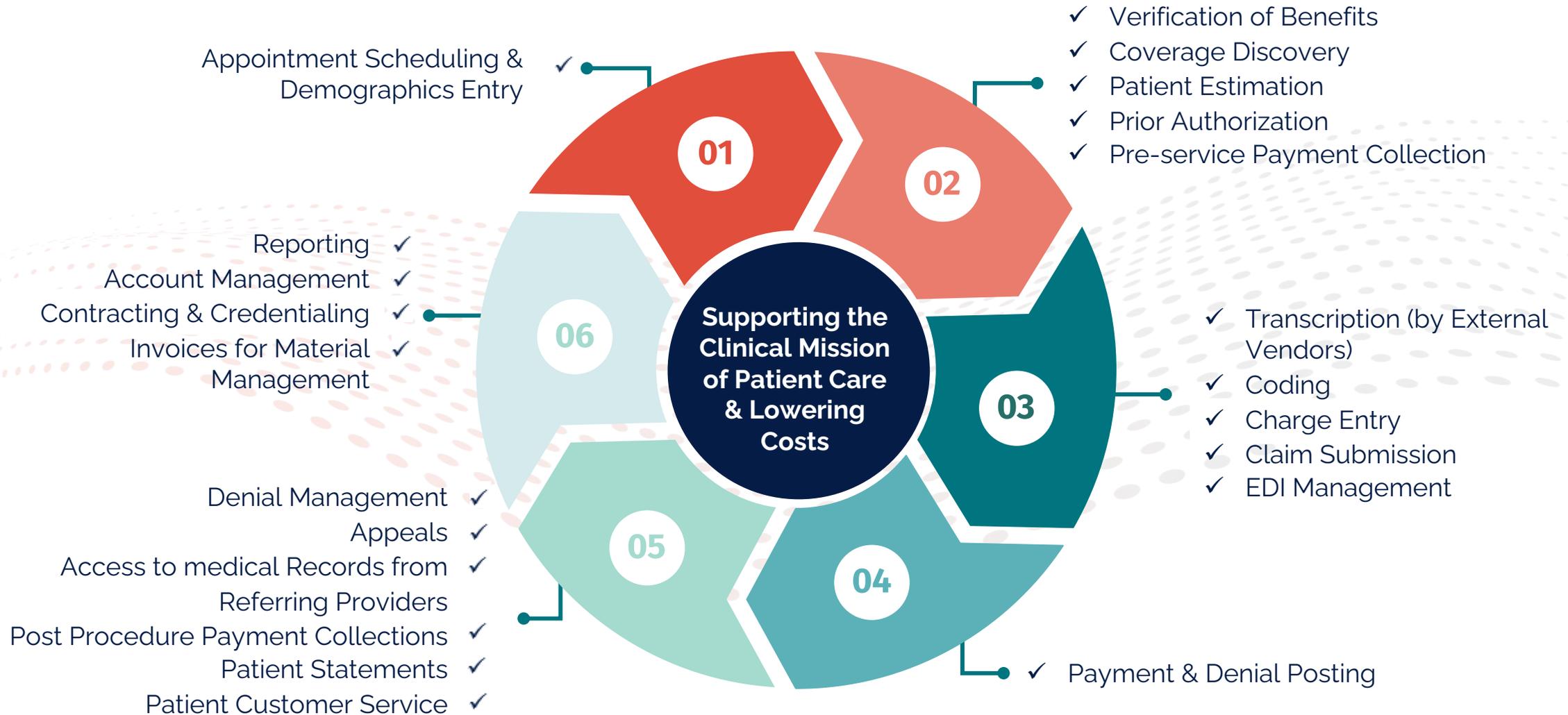


- Clarify end-to-end revenue cycle management (RCM) terminology for ASCs
- Interpret monthly ASC financials with sample reports and Key Performance Indicators (KPI)
- Learn effective strategies for presenting financial data to your ASC Board Members



Revenue Cycle Management (RCM): Functions for ASCs

Revenue Cycle Management (RCM) | Functions of an ASC





Sample ASC Reports & Key Performance Indicators (KPIs)

Financial Reporting for Your ASC

Understanding the financial reports at your ASC is crucial for ensuring profitability, regulatory compliance, budgeting and long-term sustainability.

Benefits

- ✓ Ensures revenue cycle management (RCM) optimization & efficiencies
- ✓ Cost control & expense management
- ✓ Profitability & case costing analysis
- ✓ Payer contract negotiations
- ✓ Compliance, accreditation & regulatory requirements
- ✓ Capital expense planning & growth strategies
- ✓ Benchmarking & performance metrics
- ✓ Staff productivity & payroll management
- ✓ Physician ownership & stakeholder transparency
- ✓ Business continuity & risk management

Key Performance Indicators (KPIs) for ASCs | Overview

Key Performance Indicator (KPI)	ASC Industry Benchmark
Days Sales Outstanding (DSO)	< 42 days
Total Insurance AR % (90+ Days)	< 17%
Upfront Collections Rate	98%
Verification of Benefits & Prior Authorization	3-5 days prior
Clean Claim Submission Rate	98%
Collection % of Net Revenue	> 95%
Bad Debt %	< 2.2%

Key Performance Indicators (KPIs) | Samples for ASCs

	Days in A / R (DSO)	Aged Insurance A / R 90+ Days
Description	Days it takes for account to be zeroed out	Total dollar amount that remains uncollected for insurance A/R more than 90 days from claim submission
Calculation	$\frac{\text{Total A/R}}{\text{Last 90-day daily billing average}}$	$\frac{\text{Insurance A/R aged 90+ days}}{\text{Total A/R}}$
Reporting Tools	<i>ASC software-produced report:</i> <ul style="list-style-type: none"> • Visit Billing Data • AR Aging Report 	<i>ASC software-produced report:</i> <ul style="list-style-type: none"> • Insurance aged A/R greater than 90 days
Goal	< 42 Days in A / R	< 17% of Total A / R

Key Performance Indicators (KPIs) | Samples for ASCs

	Verification of Benefits & Prior Auth	Upfront Collections Rate
Description	Number of days to verify insurance prior to the date of surgery (DOS)	Patient financial responsibility collected prior to the procedure. Patient estimations are based on estimates performed prior to the procedure
Calculation	<i>Delta between</i> Date insurance was verified and Date of Service	% of Upfront Collections <i>Against</i> Patient's Total Liability
Reporting Tools	<ul style="list-style-type: none"> • Patient benefit financial demographics • Prior authorization requirements 	<ul style="list-style-type: none"> • Patient payment reports (varies depending on software)
Goal	3 – 5 Days Prior to DOS	98% of Patient Responsibility

Key Performance Indicators (KPIs) | Samples for ASCs

	Clean Claim Submission Rate	Collection % of Net Revenue	Bad Debt %
Description	% of claims successfully submitted without rejections	% of booked revenue that has been paid and posted to patient account	Total revenue written off
Calculation	$\frac{\text{\# of claims successfully submitted}}{\text{Total claims submitted}}$	$\frac{\text{Payments received}}{\text{as a \% of total contract fee}}$	$\frac{\text{Revenue written off to bad debt}}{\text{Total revenue}}$
Reporting Tools	Clearinghouse Reports	Revenue and Collection Reports	Collection Agency Report
Goal	98% Clean Claim Rate	> 95% of Net Revenue	< 2.2% of Net Revenue



Financial Board Presentations

Effective Board Presentations

Successful and impactful board presentations provide compliance into regulatory requirements, effective decision-making and operational oversight.



**Case
Mix**



**Payer
Mix**



**Balance
Sheet**



**Income
Statement**



Cash Report



Aging Report



KPI Report

Effective Board Presentations | Case Mix

Case Mix A

Specialty	# of Cases	% of Total Cases
Orthopedic Surgery	120	35%
Gastroenterology	90	26%
Pain Management	50	15%
Ophthalmology	40	12%
General Surgery	30	9%
Other	10	3%
Total Cases	340	100%

Case Mix B

Specialty	# of Cases	% of Total Cases
Pain Management	120	35%
Ophthalmology	90	26%
Gastroenterology	50	15%
General Surgery	40	12%
Other	30	9%
Orthopedic Surgery	10	3%
Total Cases	340	100%

Why Case Mix Matters in an ASC:

- **Financial Performance** – A higher case mix can increase revenue
- **Reimbursement Optimization** – Ability to negotiate better payer contracts based on procedure types
- **Operational Planning** – Assists in staffing, supply inventory, and equipment investment
- **Benchmarking & Strategy** – Compares ASC performance against industry trends

Effective Board Presentations | Payer Mix

Case Mix A

Payer Type	% of Cases	% of Revenue
Commercial Insurance	40%	45%
Medicare	35%	30%
Medicaid	15%	10%
Self-Pay	5%	8%
Workers' Comp	5%	7%

Case Mix B

Payer Type	% of Cases	% of Revenue
Medicaid	40%	25%
Self-Pay	5%	21%
Commercial Insurance	15%	17%
Medicare	35%	30%
Workers' Comp	5%	7%

Why Payer Mix Matters in an ASC:

- **Revenue Impact** – Payers rates affect total revenue
- **Profitability Planning** – A higher % of low-paying payers (e.g., Medicaid) can reduce profitability
- **Contract Negotiation** – Ability to negotiate better rates for ASCs with commercial payers
- **Operational Strategy** – Guides resource allocation, staffing, and case selection
- **Financial Forecasting** – Predicts cash flow and reimbursement trends over time

Effective Board Presentations | Income Statement

Income Statement for [Your ASC Name]	
Period Ending: [MM/DD/YYYY]	
Revenue	
Gross Patient Revenue	\$5,000,000
Less: Contractual Adjustments & Discounts	(\$1,500,000)
Less: Bad Debt/Uncompensated Care	(\$200,000)
Net Patient Revenue	\$3,300,000
Other Operating Revenue	\$100,000
Total Revenue	\$3,400,000
Operating Expenses	
Salaries & Wages	\$900,000
Benefits & Payroll Taxes	\$150,000
Medical Supplies & Implants	\$750,000
Drugs & Pharmaceuticals	\$100,000
Facility Rent/Mortgage	\$300,000
Utilities & Maintenance	\$75,000
Insurance (Malpractice, Liability, etc.)	\$80,000
Depreciation & Amortization	\$120,000
Administrative & Office Expenses	\$60,000
Marketing & Advertising	\$30,000
Other Operating Expenses	\$50,000
Total Operating Expenses	\$2,615,000
Operating Income (EBITDA)	
Total Revenue	\$3,400,000
Less: Total Operating Expenses	(\$2,615,000)
Operating Income (EBITDA)	\$785,000
Non-Operating Expenses	
Interest Expense (Loans)	\$50,000
Other Non-Operating Costs	\$20,000
Total Non-Operating Expenses	\$70,000
Net Income Before Taxes	
Operating Income (EBITDA)	\$785,000
Less: Total Non-Operating Expenses	(\$70,000)
Net Income Before Taxes	\$715,000
Net Income After Taxes	
Income Tax Expense (20%)	(\$143,000)
Net Income (After Taxes)	\$572,000
Key Financial Metrics	
Operating Margin (Operating Income / Total Revenue)	0.231
Net Margin (Net Income / Total Revenue)	0.168
Average Revenue per Case	= [Total Revenue ÷ Total Cases]

Less: Contractual Adjustments & Discounts (\$1,500,000)

Less: Bad Debt/Uncompensated Care (\$200,000)

(Provides Insight into Payer & Patient Payment Trends)

Net Patient Revenue \$3,300,000

(Provides Insight into Collection Efficiency)

Total Operating Expenses \$2,615,000

(Provides Insight into Cost Control)

Operating Income (EBITDA) \$785,000

(Provides Insight into Financial Sustainability)

Net Income Before Taxes \$715,000

(Provides Insight into Financial Sustainability)

Effective Board Presentations | Balance Sheet

Category	Amount (\$)		
Assets			
Current Assets			
Cash and Cash Equivalents	500000	Cash and Cash Equivalents	500000
Accounts Receivable (Net)	750000	(Ensures liquidity for operations)	
Inventory (Medical Supplies)	200000		
Prepaid Expenses	50000		
Total Current Assets	1500000		
Fixed Assets			
Property, Plant & Equipment	2500000	Accounts Receivable (Net)	750000
Less: Accumulated Depreciation	-500000	(Determines collections efficiency)	
Net Fixed Assets	2000000		
Other Assets			
Goodwill	300000		
Other Long-Term Assets	100000		
Total Other Assets	400000		
Total Assets	3900000		
Liabilities & Equity			
Current Liabilities			
Accounts Payable	300000	Accounts Payable	300000
Accrued Expenses	150000	(Ensures timely vendor payment)	
Short-Term Debt	250000		
Total Current Liabilities	700000		
Long-Term Liabilities			
Long-Term Debt	1000000		
Other Long-Term Liabilities	200000		
Total Long-Term Liabilities	1200000		
Total Liabilities	1900000	Total Liabilities	1900000
Equity		(Avoids excessive financial strain)	
Owner's Equity/Capital	1200000		
Retained Earnings	800000		
Total Equity	2000000		
Total Liabilities & Equity	3900000		

Effective Board Presentations | Cash Report

Date Selection

Deposit Date

Posted Date

Range

Daily

Weekly

Monthly



OVERALL	BY FINANCIAL CLASS	BY CARRIER	BY REFERRING PROVIDER	BY RENDERING PROVIDER	BY ORDERING FACILITY	MTD EXPECTED	WATERFALL REPORT
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\$ %

Posted Date	DOS	Total	Feb 2025	Jan 2025	Dec 2024	Nov 2024	Oct 2024	Sep 2024	Aug 2024	Jul 2024	Jun 2024	May 2024	Apr 2024
Total		\$55,597,017.87	\$124,219.23	\$2,373,162.66	\$2,258,632.08	\$2,230,091.28	\$2,715,864.99	\$2,223,042.00	\$2,606,439.78	\$1,933,734.96	\$2,851,742.85	\$2,766,663.75	\$2,034,663.75
Feb 2025		\$2,567,631.30	\$124,219.23	\$1,501,102.68	\$198,889.98	\$52,485.27	\$224,441.94	\$15,865.80	\$17,274.66	-	-	-	-
Jan 2025		\$3,100,142.16	-	\$872,059.98	\$1,356,518.01	\$303,255.60	\$104,706.90	\$74,371.08	\$20,204.04	\$54.90	\$9,556.14	\$5,016.00	\$5,245.00
Dec 2024		\$2,532,567.03	-	-	\$703,224.09	\$1,097,357.40	\$245,382.63	\$102,846.27	\$56,541.21	\$58,514.52	\$69,299.70	\$33,137.43	\$2,015.00
Nov 2024		\$2,763,148.59	-	-	-	\$776,993.01	\$1,245,310.26	\$161,224.26	\$111,879.60	\$54,374.40	\$227,333.16	\$25,579.53	\$26,420.00
Oct 2024		\$2,993,700.36	-	-	-	-	\$896,023.26	\$1,239,728.97	\$158,517.57	\$92,066.01	\$342,396.66	\$195,610.65	\$17,780.00
Sep 2024		\$2,533,367.28	-	-	-	-	-	\$629,005.62	\$1,277,073.96	\$157,283.88	\$167,436.45	\$115,184.61	\$22,060.00
Aug 2024		\$3,136,449.63	-	-	-	-	-	-	\$964,948.74	\$1,115,164.95	\$206,958.00	\$81,171.78	\$43,030.00
Jul 2024		\$2,614,293.78	-	-	-	-	-	-	-	\$456,276.30	\$1,328,742.51	\$303,718.02	\$120,060.00
Jun 2024		\$2,317,235.34	-	-	-	-	-	-	-	-	\$500,020.23	\$1,264,389.54	\$126,920.00
May 2024		\$2,445,317.70	-	-	-	-	-	-	-	-	-	\$742,856.19	\$1,069,500.00
Apr 2024		\$2,274,043.02	-	-	-	-	-	-	-	-	-	-	\$601,500.00
Mar 2024		\$2,403,752.01	-	-	-	-	-	-	-	-	-	-	-
Feb 2024		\$2,104,168.41	-	-	-	-	-	-	-	-	-	-	-
Jan 2024		\$2,437,385.04	-	-	-	-	-	-	-	-	-	-	-
Dec 2023		\$2,769,773.85	-	-	-	-	-	-	-	-	-	-	-
Nov 2023		\$1,962,588.42	-	-	-	-	-	-	-	-	-	-	-
Oct 2023		\$1,944,442.47	-	-	-	-	-	-	-	-	-	-	-
Sep 2023		\$2,362,769.04	-	-	-	-	-	-	-	-	-	-	-
Aug 2023		\$2,310,803.82	-	-	-	-	-	-	-	-	-	-	-
Jul 2023		\$1,858,140.51	-	-	-	-	-	-	-	-	-	-	-
Jun 2023		\$1,822,750.86	-	-	-	-	-	-	-	-	-	-	-
May 2023		\$1,551,676.11	-	-	-	-	-	-	-	-	-	-	-
Apr 2023		\$1,765,850.97	-	-	-	-	-	-	-	-	-	-	-
Mar 2023		\$1,025,020.17	-	-	-	-	-	-	-	-	-	-	-

Effective Board Presentations | Aging Report

Date Selection

DOS

DOE

FBD

Category	INS AR	%	PT AR	%	Total AR	Credit Balanc...
0 to 30 Days	\$3,292,847.13	78.8%	\$481,422.60	76.1%	\$3,774,269.73	(\$4,425)
31 to 60 Days	\$257,996.07	6.2%	\$10,119.63	1.6%	\$268,115.70	\$0
61 to 90 Days	\$212,118.90	5.1%	\$14,006.64	2.2%	\$226,125.54	\$0
91 to 120 Days	\$163,025.55	3.9%	\$12,486.27	2.0%	\$175,511.82	\$0
120+ Days	\$251,311.83	6.0%	\$114,833.16	18.1%	\$366,144.99	\$0
	\$4,177,299.48	100.0%	\$632,868.30	100.0%	\$4,810,167.78	(\$4,425)

16.0%

60+ Aging %

7.6%

120+ Aging %

27

Days in AR

11 Days

Insurance Followup

11 Days

Patient Followup

62

Claims in CIP

Total AR Breakdown

AR Bucket

- 0 to 30 Days
- 31 to 60 Days
- 61 to 90 Days
- 91 to 120 Days
- 120+ Days

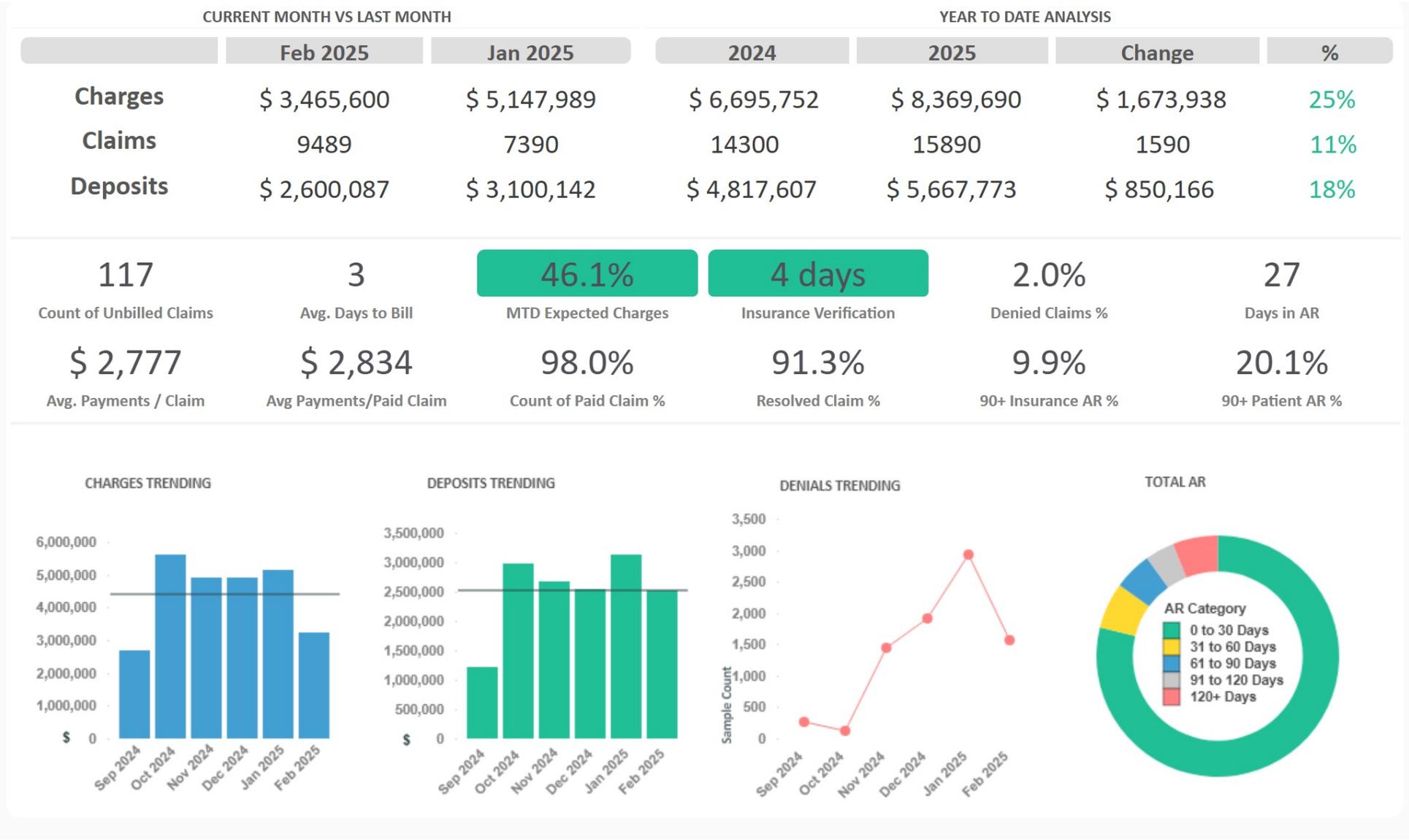
Effective Board Presentations | Aging Report

BY CARRIER
BY FINANCIAL CLASS
BY REFERRING PROVIDER
BY RENDERING PROVIDER
BY FACILITY

Export to Excel

Aging ->	0 to 30 Days		31 to 60 Days		61 to 90 Days		91 to 120 Days		120+ Days		Total	
Carrier	AR	%	AR	%	AR	%	AR	%	AR	%	AR	%
MEDI-CAL CALIFORNIA - ME121	\$1,617,149.31	99%	\$978.63	0%	\$540.00	0%	-	-	\$22,430.16	1%	\$1,641,098.10	100%
BLUE CROSS CALIFORNIA - BLU85	\$554,596.41	68%	\$92,130.81	11%	\$23,352.87	3%	\$69,340.80	8%	\$80,105.19	10%	\$819,526.08	100%
UNITED HEALTHCARE - UNIT4	\$299,295.84	99%	-	-	-	-	-	-	\$1,512.00	1%	\$300,807.84	100%
BLUE CROSS OF CA - BLU12	\$154,333.02	72%	\$33,840.03	16%	\$16,920.00	8%	\$2,277.00	1%	\$7,661.40	4%	\$215,031.45	100%
AETNA - AET12	\$164,755.02	80%	\$11,793.00	6%	\$5,124.00	2%	\$23,385.00	11%	-	-	\$205,057.02	100%
BLUE SHIELD CALIFORNIA - (BLU96)	\$48,208.89	28%	\$7,656.00	4%	\$26,715.00	16%	\$13,818.00	8%	\$75,453.00	44%	\$171,850.89	100%
CIGNA - CIGN1	\$21,018.00	19%	-	-	\$58,950.00	53%	\$2,925.00	3%	\$28,800.00	26%	\$111,693.00	100%
CITY OF LONG BEACH - WORK1	\$29,013.00	33%	\$29,919.00	34%	\$29,850.00	34%	-	-	-	-	\$88,782.00	100%
BLUE SHIELD CALIFORNIA - BLU96	\$19,734.36	23%	\$24,264.00	28%	\$750.00	1%	\$19,311.00	22%	\$22,245.00	26%	\$86,304.36	100%
HEALTH NET - HEA39	\$25,086.00	29%	\$25,200.00	30%	\$25,200.00	30%	\$8,400.00	10%	\$1,470.15	2%	\$85,356.15	100%
AETNA - AET10	\$59,067.06	71%	\$21,356.97	26%	\$3,147.03	4%	-	-	-	-	\$83,571.06	100%
AETNA MEDICARE - AET	\$57,465.15	100%	-	-	-	-	-	-	\$93.81	0%	\$57,558.96	100%
CIGNA - CGN1	\$4,854.00	11%	-	-	\$19,680.00	45%	\$19,680.00	45%	-	-	\$44,214.00	100%
AETNA - AET15	\$39,648.90	100%	-	-	-	-	-	-	-	-	\$39,648.90	100%
BLUE CROSS MEDI-CAL - BLU11	\$15,369.00	100%	-	-	-	-	-	-	-	-	\$15,369.00	100%
UNITED HEALTHCARE - UHC	\$14,469.00	100%	-	-	-	-	-	-	-	-	\$14,469.00	100%
YORK UPLAND - WORK2	\$4,614.03	33%	\$3,105.03	22%	\$540.00	4%	\$420.00	3%	\$5,418.06	38%	\$14,097.12	100%
BLUE SHIELD OF CA - BLUE8	\$12,420.00	100%	-	-	-	-	-	-	-	-	\$12,420.00	100%
LOYAL AMERICAN INSURANCE - LAI	\$8,702.97	72%	\$3,307.86	28%	-	-	-	-	-	-	\$12,010.83	100%
UNITED HFAITHCARF - UHC800	\$4,793.85	44%	-	-	-	-	-	-	\$6,068.16	56%	\$10,862.01	100%

Effective Board Presentations | KPI Report





APPENDIX

ASC Revenue Cycle Management Terminology

RCM Terminology | During Scheduling & Insurance Verification

Patient Demographics	Information collected at registration, including name, date of birth, and insurance details.
Pre-Authorization	Approval from an insurance provider before a procedure to ensure coverage.
Eligibility Verification	Checking a patient's insurance benefits and coverage before services are rendered.
Co-Pay	A fixed amount a patient pays at the time of service, as determined by their insurance.
Deductible	The amount a patient must pay out-of-pocket before insurance begins to cover services.
Co-Insurance	A percentage of costs a patient must pay after the deductible is met.
Advance Beneficiary Notice (ABN)	A document informing Medicare patients of potential non-coverage of a service.

RCM Terminology | Coding and Billing

CPT Codes <i>(Current Procedural Terminology)</i>	Numeric codes assigned to medical procedures for billing.
ICD-10 Codes <i>(International Classification of Diseases)</i>	Diagnostic codes used for insurance claims.
HCPCS <i>(Healthcare Common Procedure Coding System)</i>	Codes used for Medicare and Medicaid billing, covering supplies and services.
Modifier	A two-digit code added to a CPT or HCPCS code to provide additional billing details.
Charge Capture	The process of documenting and submitting charges for services provided.
UB-04 Form	A standard claim form used for facility-based billing. These are usually used for commercial payers (Aetna, BCBS, Cigna, United Healthcare)
CMS-1500 Form	A claim form used for physician and outpatient billing. Typically, the form used for government payers (Medicare, Medicaid, Military)

RCM Terminology | Claims and Reimbursement

Claim Submission	The process of sending a bill to an insurance company for reimbursement.
Clearinghouse	An intermediary between healthcare providers and insurance payers. It is responsible for electronically processing, verifying, and transmitting medical claims to ensure they are correctly formatted and meet payer requirements.
Clean Claim	A claim that is complete and submitted without errors, reducing delays in payment.
Denial	A rejected claim due to missing or incorrect information, lack of coverage, or other issues.
Appeal	A request to reconsider a denied claim.
Electronic Funds Transfer (EFT)	A method of electronically transferring payments from insurance companies, government payers, or other entities directly to a healthcare provider's bank account.
Explanation of Benefits (EOB)	A statement from an insurer showing what was covered and the patient's responsibility.
Electronic Remittance Advice (ERA)	A digital version of a paper remittance advice (RA) that healthcare providers receive from insurance companies or government payers after a claim is processed.
Reimbursement Rate	The amount an insurer agrees to pay for a procedure or service.
Bundled Payment	A single payment covering multiple services related to a procedure (Facility, surgeon, anesthesia).

RCM Terminology | Accounting

Accounts Receivable (A/R)	Money owed to the facility for services rendered.
Days in A/R	The average time it takes to collect payment from insurers and patients.
Revenue Integrity	Ensuring accurate billing and coding for maximum reimbursement.
Write-Off	A portion of a bill that is not collected, either due to contractual agreements or uncollectible debt.
Bad Debt	Outstanding payments that are unlikely to be collected.
Payment Posting	Recording received payments in the billing system.
Contractual Adjustment	A reduction in the billed amount based on an agreement with an insurance provider.

RCM Terminology | Income Statement

Term	Definition	Why it Matters
Gross Patient Revenue	Total charges for services provided before any deductions	<i>Indicates the volume of services performed and overall billing potential</i>
Contractual Adjustments	Deductions from gross revenue based on payer contract agreements (negotiated discounts)	<i>A high adjustment percentage could indicate underpayment or poor contract terms</i>
Net Patient Revenue	The actual amount the ASC expects to collect from payers and patients	<i>This is the true revenue earned and should align with cash collections</i>
Bad Debt Expense	Revenue that remains uncollected due to non-payment by patients	<i>High bad debt signals issues with patient collections and upfront payments</i>

RCM Terminology | Income Statement

Term	Definition	Why it Matters
Total Operating Expenses	The total cost of running the ASC, including salaries, supplies, and overhead	<i>Helps determine if costs are aligned with revenue and profitability goals</i>
EBITDA <i>(Earnings Before Interest, Taxes, Depreciation, & Amortization)</i>	A profitability metric that shows how much the ASC earns before non-operational expenses	<i>Indicates how efficiently the center is running</i>
Net Income <i>(Bottom Line Profitability) / (Total Revenue - Total Expenses)</i>	The final profit after all costs, including taxes and interest	<i>A positive Net Income confirms that the ASC is financially sustainable</i>

RCM Terminology | Balance Sheet

Term	Definition	Why it Matters
Cash & Cash Equivalents <i>(Current Assets)</i>	Cash on hand, in bank accounts, and short-term liquid investments	<i>Indicates the liquidity available to cover expenses and reinvest in operations</i>
Accounts Receivable <i>(A/R) (Current Assets)</i>	Outstanding payments due from insurers and patients	<i>Reflects the efficiency of the billing and collections process</i>
Allowance for Doubtful Accounts <i>(A/R Adjustments)</i>	Estimated amount of A/R that is unlikely to be collected (bad debt reserve)	<i>A high allowance signals issues with patient collections or payer disputes</i>
Prepaid Expenses <i>(Current Assets)</i>	Payments made in advance for goods or services (e.g., insurance, rent, software)	<i>Helps track cash outflows that impact short-term liquidity</i>

RCM Terminology | Balance Sheet

Term	Definition	Why it Matters
Accounts Payable <i>(Current Liabilities)</i>	Amounts owed to vendors, suppliers, and service providers	<i>Indicates the ASC's ability to pay bills on time without cash flow issues</i>
Accrued Liabilities <i>(Current Liabilities)</i>	Expenses incurred but not yet paid, such as wages, taxes, and utilities	<i>High accrued liabilities could indicate cash flow problems from delayed reimbursements</i>
Short-Term & Long-Term Debt <i>(Liabilities)</i>	Outstanding loans or credit obligations	<i>Excessive debt may indicate cash flow strain from revenue cycle inefficiencies</i>



Questions

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Compliance & Operations > Business Ops

Key Indicator Tracking and Reporting

Available to
eSupport
Members



HOME ESUPPORT ▾ EDUCATION ▾ FORUM ACCOUNT ▾

BUSINESS OPS: KEY INDICATOR TRACKING AND REPORTING

KPI DASHBOARD

A Key Performance Indicator is a measurable value that demonstrates how effectively a company is achieving key business objectives. Organizations use KPIs at multiple levels to evaluate their success at reaching targets. This tool allows you to calculate the most important KPIs for your ASC. You will include this data in your Board Package (see below).

Average Collections per Case

- Determines cash flow by case and effectiveness of the Billing Department's ability to collect claims
- How to calculate: Net Collections / Total cases

CLICK LINKS BELOW TO DOWNLOAD

- 📄 KPI Dashboard
- 📄 KPI and Staffing Model Template
- 📄 Financial Dashboard and Comp/Bonus Plan
- 📄 OR Utilization Tool
- 📄 OR Utilization Tool w/ Sample Data
- 📄 Board Package Tool
- 📄 Board Package Summary Memo Template
- 📄 Board Package Sample
- 📄 Revenue Cycle Management ASC Scorecard

SEARCH 🔍

BUSINESS OPS

Business Ops Overview

Key Indicator Tracking & Reporting

Surgical Scheduling

Materials Management

Medicare Fee Schedule

Budget

Other Resources



Compliance & Operations > Business Ops

Key Indicator Tracking and Reporting

Available to
eSupport
Members



REVENUE CYCLE MANAGEMENT SCORECARD

FACILITY: ASC Name



AREA	SCORING CRITERIA	SCORE	NOTES
Billing Staff Ratio (Annual collections divided by number of Billing FTEs)	1 under \$800k		
	3 \$800 to \$1.2M		
	5 over \$1.2M		
Billing Staff Hours/Total Cases (Annual billing hrs divided by # of annual cases)	1 over 2 hours per case		
	3 over 1.5 hour to 2 hrs per case		
	5 under 1.50 payroll hrs per case		
RCM System	1 Existing system is outdated or outgrown		
	3 Current system is off brand but works well enough		
	5 Current system is one of the top ASC systems on the market		
Coding/Charting & Billing	1 No external review		
	3 Period External Review (a few times a year)		
	5 External Review every 2 or 3 months		
Compliance Program	1 No formal compliance program in place		
	3 Informal compliance program in place		
	5 Formal compliance program in place		
Coordination between Business office & Clinical Staff	1 The BO staff and clinical staff do not meet		
	3 The BO staff and clinical staff meet weekly		
	5 The two teams meet regularly weekly		
Accuracy of Patient Demographics	1 The ASC does is not aware of the demographics		
	3 Over 10% of the demographic data is inaccurate		
	5 Less than 5% of demographics are inaccurate		
Unbilled Claims Reports	1 A report of all unbilled claims is not generated		
	3 The team does a periodic check of unbilled claims		
	5 Unbilled claims are checked daily		
Operative Reports	1 Operative reports are not always completed		
	3 The billing department is frequently notified of operative reports		
	5 Op Reports are completed daily or weekly		
Coding levels	1 The ASC over codes routinely or with intent		
	3 The ASC does not over code, but under codes		
	5 The ASC codes to the appropriate level		
Timing of Posted Charges	1 Charges are posted after 72 hours		
	3 Charges are always posted within 72 hours		
	5 Charges are posted with in 24 hours		

Key Performance Indicators

KEY PERFORMANCE INDICATORS (KPI)

How to use this table

DESCRIPTION	DATA TO ENTER
Calendar days	Number of days in the month
Business Days	Number of business days in month, less official holidays
Surgey Days	Number of days surgeries were performed
Monthly Case Volume	Enter to the total case volume for your facility
Payroll Costs Clinical	Enter the total payroll costs including PTO, Holiday, Overtime, benefits and taxes for Clinical Staff
Payroll Business Office	Enter the total payroll costs including PTO, Holiday, Overtime, benefits and taxes for Administrative & Business Office Staff
Total Payroll Expenses	This is a formula field no entry required
Payroll cost per case	This is a formula field no entry required
Hours Clinical	Enter the total clinical hours for the facility including PTO, overtime and holiday pay
Hours Business Office	Enter the total administrative and business office hours for the facility including PTO, overtime and holiday pay
Total Hours	This is a formula field no entry required
Clinical FTEs	This is a formula field no entry required
Business Office FTEs	This is a formula field no entry required
Supply Expenses	Enter the total cost of medical supplies excluding patient reimbursable implants
Supply Costs per case	This is a formula field no entry required
Total Collections	Enter the total cash collected from patient care by month
Collection per case	This is a formula field no entry required
Operating Costs	Enter the total operating expenses for the ASC including labor, supplies, overhead and operating expenses
Operating Costs per case	This is a formula field no entry required

DESCRIPTION	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Calendar days	31	28	31	30	31	30	31	31	30	31	30	31	365
Business Days													
Surgey Days													
Monthly Case Volume													
Payroll Costs Clinical													
Payroll Business Office													
Total Payroll Expenses													
Payroll cost per case	#DIV/0!												
Hours Clinical													
Hours Business Office													
Total Hours													
Hours Per Case	#DIV/0!												
Payroll Costs per Hour	#DIV/0!												
Clinical FTEs													
Business Office FTEs													
Total FTEs													
Cases per FTE	#DIV/0!												
Supply Expenses													
Supply Costs per case	#DIV/0!												
Total Collections													
Collection Per case	#DIV/0!												
Operating Costs													
Operating Costs Per case	#DIV/0!												

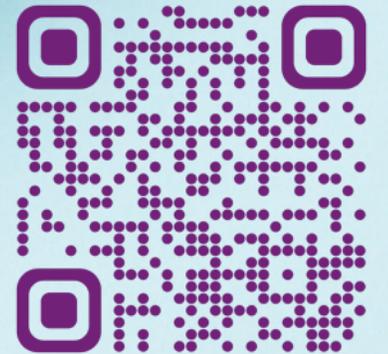




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RUNNING AN ASC CAN BE OVERWHELMING



CE Credit

Licensed nurses and CASC credentialed participants are eligible for 1.0 CE Contact Hour and/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.



RN	1 CE Contact Hour
CASC	1 AEU



Complete Course Evaluation sent via email by **March 28**



Allow up to 2 weeks to process your certificates



Any questions regarding CE Credit, contact Jenna White

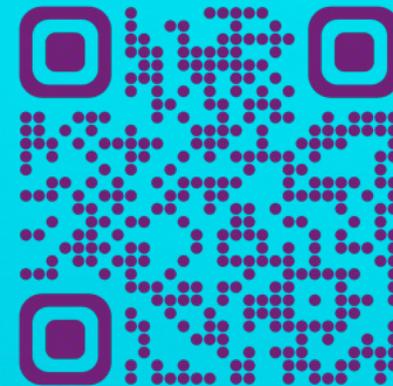
jenna.white@vmghealth.com





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



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APRIL 3-4 2025

DALLAS, TX

Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
MAR 24	20		Sweeping the Nation: Surgical Smoke Legislation	Emily Jones MSN, RN, CNOR <i>AORN</i>
APR 25	60	RN, CASC	Navigating Patient Complaints and Grievances: Enhancing Your QAPI Program	Debra Stinchcomb MBA, BSN, RN, CASC <i>VMG Health</i>
MAY 19	20		Before the OR: Presurgical & Preanesthesia Assessments	Apryl McElheny MBA, MSN, RN, CASC, CIC <i>VMG Health</i>





2025 WEBINAR CALENDAR

