

## Healthcare Practice Management and Consulting Services

- 27 Years of Healthcare Practice Experience
- > \$420,000,000 Managed Over 40 States
- 85% of Clientele are CRNA Only Practices
- Urban and Rural Practice Expertise
- Hospital & Group Consulting Detail
- Member of National Anesthesia Payment and Advisory Panel & CAER Commission

# The Economics of Your Anesthesia Practice

**Knowledge is Strength**

...Are you strong enough to hold on in Today's Healthcare Marketplace?

*Presented By*

**BCS, Incorporated**

# What Is **Your** "Worth" or Value in Today's Healthcare Market?

## The Three Basic Value Elements

- Earnings Potential
  - Value of Services To Employer
  - Identify Service Value and the Market Demand

# Internal and External Practice Forces

## Internal

- Service Locations
- MD Group
- OB/Pain
- More ORs
- Fear

## External

- Managed Care
- Regulatory Agency Policies - CMS
- Payermix
- Payer Policy
- Fear

# Let's Talk Cost Vs. Reimbursement

## When Cost Exceeds Reimbursement *Why?*

Here are the Primary Reasons

- Poor Anesthesia Charge Generation Knowledge
- Disproportionate Billing Methods
  - Incorrect Coding and Billing Procedures-  
Outside and Inside the Facility
  - Obsolete Charge Development
  - Anesthesia is *Only One of Many Departments*

# The Relative Value Anesthesia Charge Structure

## Two Primary Components

- Base Weight or Value Expressed in Units
- Time Value Expressed in 15 Minute Units

## Charge Generation

- Total Units X Chosen Conversion Factor  
 $10 \text{ units} \times \$60.00 = \$600.00$

# The Relative Value Anesthesia Charge Structure

## Gross and Net Anesthesia Revenue

Gross = Selected Conversion Factor Per Unit

$$10 \text{ units} \times \$60.00 = \$ 600.00$$

Net = Discounted/Fee Schedule Conversion Factor

$$10 \text{ units} \times \$19.78 = \$ 197.80$$

# How To Increase Reimbursement

## First Determine a True Practice Potential

- Develop a Financial Scenario-ID Casemix
- Determine “what if” projections

## Then Get Involved...

- Specifically Identify an Action Plan
- Increase Clinical/Non-Clinical Staff Knowledge
- Re-design the Department’s Relationship with the Facility and more specifically with Administration.

QZ

QX

# The Economic Components of Your Anesthesia Practice

## Primary Economic Components

- Number of Procedures
- Casemix/Payermix
- CRNA OB Coverage
- Number of Providers
- Presence of MD Providers
- QZ
- QX

# The Economic Components of Your Anesthesia Practice

## Secondary Economic Components

- Ownership of Practice
  - CRNA Scope of Practice
    - + *or* (-) Bottomline
- Alternative Employment
- Impression of CRNA Services

# Who Can You Trust?

- Department Managers / Chiefs
- Medical Directors
- Surgical Staff
- Colleagues
- Administrative

*Why and  
Why Not?*

# Knowledge of Your Reimbursement is Your *Strength*



- The Issues Change Daily-  
Stay Informed and Stay Involved
- Use Your Knowledge Wisely

*Ignorance is Not Reimbursable*

# The Economics of Your Anesthesia Practice

Understand Your Practice and Secure Your Future...*with Knowledge*

- ID Your Worth-Earnings, Value, and Market
- Realize the Forces At Work in the Practice
- Develop a Plan to identify and maximize CRNA Revenue

# The Economics of Your Anesthesia Practice

Understand Your Practice and Secure Your Future...*with Knowledge*

- Primary & Secondary Economic Components
  - Understand Your Reimbursement
    - Be Guarded with Whom You Trust

**ALWAYS** Perform in a Professional Manner

# Need More Information?

*Visit BCS*

[www.BCSConsult.com](http://www.BCSConsult.com)

*Or Lee Directly Toll Free at*

**888-278-4124**