



CASE STUDY: Ambulatory Surgery Center (ASC) Revenue Optimization

Title: Accelerated Revenue Realization & Denial Mitigation for a Multi-Specialty ASC

Location: San Diego, CA

Sector: Ambulatory Surgery Center (ASC)

Financial Impact: \$420,000 Annual Revenue Improvement

I. EXECUTIVE SNAPSHOT

The Challenge

A prominent multi-specialty Ambulatory Surgery Center in San Diego was facing significant fiscal leakage due to a high volume of claim denials and chronic reimbursement delays. The center's internal billing team was overwhelmed by the complexity of multi-payer rules, leading to a reactive revenue cycle that stalled cash flow and increased administrative friction between surgeons and administration.

The IHS Intervention

Imperial Healthcare Systems (IHS) deployed a specialized ASC Revenue Cycle Management team to re-engineer the pre-surgical workflow. By integrating automated pre-authorization engines with real-time eligibility verification, IHS shifted the burden of proof to the front-end, ensuring every procedure was financially cleared before the patient entered the operating room.

The Outcome

- **\$420,000 in annual revenue improvement** through recovered denials and optimized coding
- **45% reduction** in the aggregate claim denial rate
- **100% execution** of real-time eligibility and authorization checks
- **Enhanced Stakeholder Satisfaction:** Significant uplift in surgeon and patient experience due to transparent financial clearance.

II. THE BUSINESS CHALLENGE

Complex Payer Architecture & Staff Constraints

1. **Payer Complexity:** The ASC's multi-specialty nature required navigating diverse reimbursement rules (Orthopedic, GI, and Pain Management), which the generalist internal staff struggled to manage.
2. **Authorization Lapses:** Manual pre-authorization processes were inconsistent, resulting in high-value surgical claims being denied for "No Authorization" post-procedure—losses that are historically difficult to recover.
3. **Operational Drag:** Delayed reimbursements forced the center to rely on credit lines for operational expenses, increasing the cost of capital.¹

III. THE IHS SOLUTION

Advanced Front-End Engineering & Specialized Oversight

- **Specialized ASC RCM Task Force:** IHS assigned a dedicated team of experts proficient in ASC-specific coding (Groupers) and carve-out contract negotiations.
- **Automated Pre-Authorization Engine:** Implemented a digital framework that triggered automated authorization workflows 72 hours prior to the date of service, eliminating manual oversight errors.
- **Real-Time Eligibility (RTE) Integration:** Deployed a 100% real-time verification protocol to confirm patient co-insurance, deductibles, and "out-of-network" triggers instantaneously.
- **Payer Rule-Engine Customization:** Updated the billing software with specific San Diego-market payer rules to catch "scrubber" errors before claims were transmitted.

IV. MEASURABLE RESULTS

Revenue Cycle Performance Metrics

Metric	Pre-IHS Intervention	Post-IHS Optimization	Improvement
Claim Denial Rate	18%	9.9%	45% Reduction
Authorization Accuracy	74%	100%	Zero Gap Realized
Days in AR (Average)	52 Days	34 Days	35% Acceleration
Annual Net Revenue	Baseline	+\$420,000	Institutional Growth

V. STRATEGIC OUTCOME

The partnership transformed the ASC's revenue cycle from a cost-center into a strategic asset. By securing the "Front-End," IHS effectively insulated the center's balance sheet from payer volatility.

- **Capital Velocity:** Faster reimbursement cycles provided the liquidity needed to invest in advanced surgical technology.
- **Surgeon Retention:** By streamlining financial clearance, the ASC reduced surgical cancellations, leading to higher surgeon satisfaction and increased case volume.
- **Market Leadership:** The center now operates with a best-in-class RCM framework, outperforming regional benchmarks for multi-specialty surgical facilities.

Bottom Line

Through specialized intelligence and automation, IHS converted administrative bottlenecks into a \$420,000 annual bottom-line gain.

Contact Us

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