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Amerinet Executive Briefing Examines Aspects of Out-of-Network Billing for ASCs

St. Louis, Mo. (June 14, 2010) – A new executive briefing published by Amerinet, *Dispelling the Myths of Out-of-Network Billing*, offers insights into the practice of out-of-network billing for ambulatory surgery centers (ASCs) and tips on how to make the process profitable for ASCs.

The briefing is presented by Scott J. Rein, founder and president of Strategic Outpatient Solutions (SOS). Rein has more than 10 years of experience in healthcare, specifically focused on outpatient surgery, with an extensive background in both ASC strategic analysis and management.

“There is no more controversial issue in the outpatient market today than out-of-network billing. It is important to understand the risks as well as the benefits for your ambulatory surgery center,” said Rein. “This is particularly true given the dramatic legislative changes and evolving insurance company responses to out-of-network billing that have recently been implemented.”

The briefing examines the definition of being out-of-network and the three generally accepted main categories of risk – business, legal and regulatory concerns.

“When done correctly – with a sound policy protecting the facility, doctors and a consistent process for billing – the differences of collecting and dealing with patients are remarkable,” said Rein. “On the downside, being out-of-network may mean significantly longer collection periods, and if there is not sufficient capital in reserve, there could be significant cash flow problems.”

Success of an out-of-network policy depends on the collaboration of the board of directors and lead surgeons being fully behind the implemented system, as well as having the appropriate expertise, both legally and in billing, to make sure it is done correctly. Whatever course the ASC chooses, out-of-network billing must be part of an overall business strategy. The right approach to out-of-network billing involves careful analysis of existing contracts and payor mix and a willingness of physicians to drop or decline losing contracts. It also involves ensuring charges are correct and supported by the medical record, education and training and a consistent and legal plan for collecting balances.

The briefing was part of a webcast series Amerinet sponsored jointly with Beckers ASC Communications. A free copy is available at www.amerinet-gpo.com.

About Amerinet

As a leading national healthcare group purchasing organization, Amerinet strategically partners with acute and alternate care providers to reduce costs and improve quality through its performance solutions. Built on a foundation of data, savings and trust, and supported by a team of clinical and supply chain experts, Amerinet enriches healthcare delivery for its members and the communities they serve. To learn more about the Amerinet difference, visit www.amerinet-gpo.com.