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COMPASS Surgical Partners

TRUE NORTH
YOUR SOURCE FOR OUTPATIENT SURGERY NEWS

Welcome! This month's issue will focus on managed care contracts.

## 3 Reasons to Re-Negotiate your Payer Contracts

*Compass*

The managed care landscape is constantly changing. Because of that, neglecting to renegotiate contracts can result in missed revenues and lost value long-term for your ASC. Read 3 reasons to update your ASC contracts.

## Achieve Bottom-Line Growth Through Better Managed Care Contracting

*Surgical Notes*

Our friends at Surgical Notes offer suggestions for negotiating contracts. A major theme: come to the table with the data, including the payer's own performance metrics (e.g. days to pay) and cost savings delivered to the payer by the ASC based on market conditions.

We are fortunate to have both great expertise and data sources that allow us to bring precise data to any conversation with our payers.

## ASC Reimbursement Considerations for a Transaction

*VMG Health*

As buyers and sellers are considering a transaction in the ambulatory surgery center (ASC) marketplace, all involved parties must quantify potential revenue impacts of the ASC's managed care contracts.

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## When value-based care isn't very valuable

*Benefits Pro*

In the spirit of debate, this article makes some good points on the lack of effectiveness of value-based payer contracts.

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## Compass Hires Top Talent

Compass has expanded its team to help hospital and surgeon partners navigate a rapidly changing ASC landscape. Read the full release here.

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## What's Holding you Up?

"Value," "value-based purchasing," "capitation," "risk-based contracts"–terms widely used in healthcare that often have different meanings based on the setting. What do they mean in ASCs? How many ASCs are truly taking on risk or have payments tied to quality metrics? In our experience, very little TRUE value-based purchasing is centered around ASCs. The best examples are bundled payments with a back-end risk-bearing component, but those arrangements become less valuable to payers as more complex cases become commonplace in ASCs. In those arrangements and others, ASCs are a part of the value-chain, but the true quarterback (e.g. the person with the most control over cost and long-term outcomes) remains the surgeon.

All the way back to 2011, as a part of the ACA, CMS delivered a mandatory report on implementing VBP in ASCs. What has CMS done since then? Pretty much nothing. Quality/safety measures are reporting to CMS, but that's it. There's no risk and no payments tied to quality.

We're always interested in collaborating with those who have successfully negotiated innovative contracts (or just good ideas) with payers that might incentivize quality/outcomes

measurement and payment and lower episode cost for all patients. There is so much more that could be done if payers would be willing to innovate. Shoot me a note if you'd like to collaborate.

-Will Holding

  

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