Revascent

CASE STUDY | UROLOGY + AMBULATORY SURGERY CENTER

Magic Valley Urology and Paramount Surgery Center Move Administrative Work Off Physicians and Recover Vendor Costs

Revascent unified a urology practice and its ASC in one eClinicalWorks environment, recovered approximately $7,500 from a stalled integration project, and caught a licensing error worth approximately $1,600 a month.

At a Glance

CLIENT
Magic Valley Urology and Paramount Surgery Center

ORGANIZATION
Independent urology practice with an affiliated ambulatory surgery center

SERVICES
Clinical Informatics, Practice Administration, Revenue Cycle Management

PLATFORM
eClinicalWorks enterprise environment with ASC module

ENGAGEMENT
Revenue cycle since April 2024; Clinical Informatics since July 2024; ongoing

KEY OUTCOMES

- Approximately $7,500 recovered through vendor negotiation
- Approximately $1,600 per month in incorrect ASC licensing charges identified and corrected
- More than a dozen providers and CRNAs trained and onboarded
- Day-to-day system administration moved off physicians and clinical staff

The Challenge

Magic Valley Urology operates as two connected businesses: a urology practice and Paramount Surgery Center, its ambulatory surgery center. Bringing both into a single eClinicalWorks enterprise environment through the ASC module was the right strategic move. It also created a steady stream of technical and administrative work that landed on the people with the least time for it: the physician-owners and their clinical staff.

Three problems stood out.

A stalled integration. The practice had invested roughly $10,000 in a medication management system, and the integration was at risk of failing. Vendors were giving conflicting answers, and no one could say clearly whether the integration was feasible.

Billing that did not match the contract. eClinicalWorks was billing the ASC for provider licenses, even though the contract called for room-based charges. The error was adding approximately $1,600 a month.

Administrative work with no clear owner. Change requests, license updates, new user setup, and workflow questions routinely went to physicians and clinical staff. At the same time, the ASC needed standardized processes for provider onboarding, documentation, charge capture, and billing.

None of these issues was dramatic on its own. Together, they pulled clinical leaders into vendor calls and system administration, and they were costing the organization money every month.

The Revascent Solution

Revascent's relationship with the organization began with revenue cycle management in April 2024. In July 2024, Revascent's Clinical Informatics team took on the system and operational side, and the scope grew from practice management setup into ongoing optimization and administrative support.

- **Clarified the integration.** Revascent stepped into the vendor conversation, defined the technical requirements for the medication management integration, and got every party working from the same facts. Revascent then negotiated approximately $7,500 in refunds tied to the project.

- **Corrected the license structure.** By comparing the contract to actual charges, Revascent found that the ASC was being billed per provider instead of per room and helped correct it with the vendor.
- **Built the ASC's operating foundation.** Revascent helped set up ASC templates, CPT-related workflows, and charge capture, and clarified the line between professional and facility billing so both sides of the organization could bill correctly from one environment.
- **Standardized how work gets done.** Revascent developed customized SOPs and workflows, then supported training and onboarding for more than a dozen providers and CRNAs.
- **Took on the administrative load.** Revascent now handles the recurring work that used to interrupt clinical staff: change request forms, licensing updates, new staff setup, and day-to-day workflow guidance.

The Results

Operational efficiency was the primary goal, and it is where the biggest change shows up day to day. The cost recoveries were a meaningful second benefit.

~$7,500
recovered through vendor negotiation on the medication management project

~$1,600/mo
in incorrect ASC licensing charges identified and corrected

12+
providers and CRNAs trained and onboarded

Operational improvements

- Day-to-day system administration moved from physician-owners and clinical staff to Revascent
- Documented, consistent workflows across the practice and the ASC
- ASC documentation, charge capture, and professional and facility billing set up in one environment
- A single, sustainable support model in place of ad hoc vendor coordination

Why It Matters

Independent specialty groups that add an ASC take on a second, more complex operation, often without adding administrative staff. Contract details, vendor coordination, and system configuration fall to whoever is available, and in a physician-owned practice that is usually a physician. Small errors, like a license billed on the wrong basis, can run for months before anyone notices.

What made the difference here was seeing the whole picture at once: the contract, the technology, the clinical workflow, and the billing consequences. Specialty-specific expertise paired with hands-on, high-touch support is what lets a practice take on growth like an ASC, stay independent, and keep its physicians focused on patients.

Is administrative work landing on your physicians?

Whether you are adding an ASC, integrating a new system, or untangling vendor contracts, Revascent can help you see where the work is going and what it may be costing you. Start a conversation with our team.

About Revascent
Revascent is a trusted partner to healthcare providers nationwide, delivering smart, scalable solutions in practice management, revenue cycle, managed software services, and staffing. We specialize in helping independent practices, specialty groups, and ambulatory surgery centers reduce administrative burden, improve collections, ensure compliance, and stay competitive in an evolving healthcare landscape.