ASC-administrator overview four core offerings

Anesloop one-page brief for the compliance-side buyer

01 Pre-op screening that survives the auditor

Every chart runs against ASA class and procedure-specific risk factors before the morning huddle. Clearance holds carry the source line so the anesthesia lead can audit the reasoning in under a minute, with the same inputs the EHR already holds. What that produces: Clearance notes you can defend on a chart review and reprint when a surveyor asks.

02 OR-block scheduling tuned every morning

Anesloop watches case-length variance, add-ons, and turnovers across every room and re-balances the block 90 minutes before first cut. The proposal lands inside the 7585% utilization band that defines ASC economics your team either accepts it or sees a single exception in their queue. What that produces: A morning block your anesthesia leads can trust without spending an hour on it.

03 Narcotics reconciliation closed before the room turns

Lot tracking, wastage witness capture, and shift-to-shift counts built for ASC pharmacy throughput not adapted from a hospital module. Every draw, wastage line, and count variance traces back to a lot number and two human initials. What that produces: A monthly packet that exports as a single artifact not a meeting with engineering.

04 Revenue-cycle follow-up running the same day as the case

Charge capture + modifier attachment + payer re-route running the same day as the case, not as month-end cleanup. Anesloop reads the live case log, attaches the right CPT + modifier, and fires payer follow-up before the surgeon signs off. What that produces: A denial re-route that fires before EOD if the first submission lands soft.

Anesloop runs around your chart of record (Provation, HST, SIS, Epic, or Modernizing Medicine). The BAA, controls matrix, and per-adapter inventory are on /security and /integrations.

Forward internally Trust posture at /credit BAA + controls matrix at /security Per-adapter inventory at /integrations Contact at /contact.