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Revenue Capture for Endoscopy Centers Best Practices and Great Ideas




Topics



- **Environmental Issues effecting Endoscopy Centers**
- Revenue Capture Best Practices (Increase Revenue, Decrease Costs)
 - Procedures
 - Equipment
 - Supplies
 - People
 - Information Technology
 - Billing/Accounts Receivable
- Great Ideas for Capturing Revenue (mine and yours)



Environmental Issues Affecting Endoscopy Centers



- **Medicare**
 - Continuous threats to reimbursement due to constant changes from the government and the insurance companies.
 - Requiring ASC's to participate in 7 Outcomes and Quality Measures that will affect reimbursement in 2014. (CMS)
- **Mergers/Acquisitions**
 - Smaller GI groups and centers are banding together to become larger entities, and/or they are partnering with larger organizations such as hospital systems.



+ Environmental Issues Affecting Endoscopy Centers (continued)

- **Timing of Procedure can Reduce Reimbursement**
 - Time to Cecum too fast, may result in reduced/no payments.
- **Obama Care –Good News!**
 - No Co-Pay for Routine Colonoscopy
 - Send out letters to patients!
- **ACO's**
 - Still unknown if these will take hold.
 - Will Obama Care change with Republican Congress/ Republican President?

+ Embrace Change!!!!



+ How Will You Adapt ?

- Be Flexible to new approaches
 - Staff
 - Patient Flow (Throughput)
 - Equipment
 - Management
 - Collections
 - Customer/Patient Service!
- **TURN NEGATIVES INTO POSITIVES!**

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Procedures

- **PROCEDURES**
 - Colonoscopy
 - Upper GI (EGD)
 - Percutaneous Endoscopic Gastrostomy (PEG) Tube
 - Placement/Verification/Removal
- Pain
- Bronchoscopy/Cystoscopy/other "Oscopies"
- Infusion Clinic after hours (Chemotherapy)
- Other Services Outside of ASC hours

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Anesthesia Services

- Ways to Provide/Bill For Anesthesia services
- Some GI's have directed administration of Propofol themselves.
 - Be aware of State Regulations!!!
- Beware of kickback offers from anesthesia companies!
- Not all Insurance Companies reimburse!
- Do your research!
- Perform a cost/benefit analysis!



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Equipment/Supplies

- **Repairs**
 - Track your repair costs. Purchase new scopes before repairs cost more than if you bought/leased a new scope 4 repairs ago!
- **Materials/Supplies: Join a GPO if you haven't done so already. Can save 20-30% or more on:**
 - Medical Supplies
 - Office Supplies
 - Office Equipment
 - Medical Equipment
- **Always audit to be sure you are being charged contracted rates at all times. Can slip through the cracks easily!**

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People

- **Modify Staff Mix:** Evaluate tasks associated with each job process to determine who needs to perform the function based on licensure requirements, competencies, and available staff.
- **Use Flexible Staffing** as schedules typically ebb and flow by doctor.
- **Compress Schedule:** Eliminate gaps in the schedule by reducing the number of actively scheduled procedure rooms.
- **Establish Regular Hours of Operation,** to decrease overtime associated with non-emergent after-hours and weekend procedures.
- **Streamlining workflow:** Remove clutter from the workspace.

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People-(Continued) Hire more staff –really!

- **Use Marketing Rep – Full or Part Time – Can increase referrals by 30-50% typically.**
- **With or without Marketing Rep: Keep in close contact with physician offices:**
- **Track Referrals (If using EMR can write reports to track referrals by referral source, by doctor performing procedures.**
 - Doctor picks referring physician from pre-loaded list
 - When procedure note done, is automatically faxed to referring physician
 - We print documentation in color with digital image and mail to referring physician. Sends a message that we care, are Professional.

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People Moving Operational Redesign

- **Increase size or re-design reprocessing area for handling the endoscopes**
- **Accelerate patient flow (throughput)**
- **Minimize case cancellations:**



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Information Technology & The Electronic Medical Record

- Nursing
- Physicians
- Administration/Business Office
- PI/QI
- Financial Management

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Why Electronic Records?

- Streamline workflow and increase throughput
- Reduce re-work and data re-entry
- Eliminate paper charting and storage costs for records.
- Eliminate costs of dictation/transcription
- Increase revenue by decreasing or eliminating under-coding of procedures
- Labs can interface with system providing electronic uploading of path reports for coders. Saves labor costs for filing/faxing reports.





Why Electronic Procedure Documentation?

- Dictation and transcription is often incomplete, expensive, and delayed.
 - Coding is driven by small details that may be missed in dictation by a human, can significantly negatively impact reimbursement.
- **Electronic Procedure Documentation can:**
 - Eliminate the need for physicians to dictate notes and cost to transcribe.
 - Eliminate back and forth between coders and MDs for needed info
 - Reduce time to drop bill
 - Enhance revenue by ensuring that all detail necessary for compliant coding and full reimbursement is included
 - Protect against RAC and other audits by ensuring that codes are tied directly to and supported by documentation



Why Electronic Medical Records? (continued)

- **Improve clinical outcomes through:**
 - Automated pathology labeling and tracking
 - Instrument recall – keeps track of serial numbers
 - Capture of quality indicators
 - Centralized, easily accessed patient file – scan papers in as well.
 - Reports for procedure times, complications, reaching cecum .
- **Easier compliance reports and prep for audits** for Joint Commission, AAAHC, RAC, etc. with quality metrics already in place. CMS is likely to move from a fee-for-service system to performance-based reimbursements.
- **Customer/Referral Retention** : Automated Referral letters/procedure documentation can help offset costs by increasing referrals due to better communication between GI and Primary Care Physician.



Sample Procedure Documentation Colonoscopy

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Exam Type: Colonoscopy	Colonoscopy	Difficulty: 1	Done	Average Risk
Proc. Date: 09/20/2011 1:30C	UGI Endoscopy	Flexible Sigmoidoscopy	Screening	Screen for Colon Cancer, Average Risk
Status: Outpatient	Post-Surgical Lower Exams	ERCP	Surveillance	Screen for Colorectal CA, Average Risk
Room #: Room 1	EUS Upper	EUS Lower	Therapeutic procedure	Screen for Rectal Cancer, Average Risk
Consent On File: No				FR Colon Cancer - Distant Relative
Staff	Device Assisted Enteroscopy, Upper	Findings		
Attending Dr. Participation	Device Assisted Enteroscopy, Lower	Abdominal pain		
Endoscopes	Enteroscopy (SBE)	Complicated		
Endo 56272 G-scope	Anorectal Manometry	Estimated		
Difficult Tolerance	Anoscopy	Impression		
Advanced Tx - the cecum	Esophageal BRAVO pH Capsule	Recommend		
Pre Anesthesia Assessment	Esophageal Manometry	Pathology		
Difficult Tolerance	Esophageal pH Probe	Coding		
Patient Profile	Esophageal pH and Impedance	Images		
Indications	Helicobacter Pylori Breath Test			
Comorbidities	Video Capsule Endoscopy			
Medication	Pediatric Exams			
Findings	Dilation			
Complication	G Tube, Percutaneous			
Estimated Blood Loss	Liver Biopsy			
Impression	Paracentesis			
Recommendation	Add Custom			
Post Op Orders	Customs by Site			
Patient Instructions				
Pathology				
Coding				
Images				

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Findings are recorded:

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DONE	Normal Angiodysplasia Angiectasia Congealed Diverticulum, Simple Diverticulum, Detail Hemorrhoids Mucosa abnormal
Perianal / Rectal Exam	
Endoscopic Exam:	
Colon	Choose Multiple Anus Rectum Recto-sigmoid colon Sigmoid colon Proximal / Mid / Distal Descending colon Proximal / Mid / Distal Splenic flexure Transverse colon Proximal / Mid / Distal Hepatic flexure Ascending colon Proximal / Mid / Distal Cecum Appendiceal orifice Ileocecal valve Entire colon
Ileum	Polyp: Single Shortcut Polyp: Multiple ALL SAME MANEUVER Redundant Significant Looping Spasm Tortuous Lumen Contents Mucosa Flat lesions Protruding lesions Excavated lesions Velvety
Normal Colon	
Normal Retroflexion	
Normal Colon + Retroflexion	
Exam Otherwise Normal	
Retroflexion Otherwise Normal	
No Finding (go to Maneuver)	
OTHER	Retroflexion/Normal rectum Retroflexion Otherwise Normal Normal colon + retroflexion Colon Exam Otherwise Normal Colon Otherwise NI / Careful Exam Pertinent Negatives Add Custom Customs by Provider Customs by Site

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Findings Recorded (cont.)

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DONE	EBL None (from maneuver) EBL Minimal (from maneuver) EBL Detail (from maneuver) Specimen Verification
Biopsy	Choose Multiple Endo-loop Before Endo-loop Before Large Endo-loop Before No Endo-loop Forceps Jumbo Forceps Hot Snare Cold Snare Endo-loop After Endo-loop After Large Endo-loop After
Biopsy/forceps/cold/histology	
Biopsy/forceps/cold/colic	
Biopsy/forceps/cold/microscopic colitis	
Chromoscopy	
Cytology	
Dilate	
Fulguration / Obliteration	
Inject	
Lavage	
Ligation / Clips / Banding	
Patient Repositioned	
Polypectomy	
Thermal therapy	
All Maneuvers	
Done - Associate Images	
OTHER	If documenting bleeding treatment, choose "EBL Detail (from Maneuver)" OTHER
Add Custom	
Customs by Provider	
Customs by Site	

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Additional Findings Recorded:

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Normal Angiodysplasia Angiectasia Congealed Diverticulum, Simple Diverticulum, Detail Hemorrhoids Mucosa abnormal	Choose Multiple Anus Rectum Proximal / Mid / Distal Recto-sigmoid colon Sigmoid colon Proximal / Mid / Distal Descending colon Proximal / Mid / Distal Splenic flexure Transverse colon Proximal / Mid / Distal Hepatic flexure Ascending colon Proximal / Mid / Distal Cecum Appendiceal orifice Ileocecal valve Entire colon	DONE EBL None (from maneuver) EBL Minimal (from maneuver) EBL Detail (from maneuver) Specimen Verification
Polyp: Single Shortcut Polyp: Multiple ALL SAME MANEUVER Redundant Significant Looping Spasm Tortuous Lumen Contents Mucosa Flat lesions Protruding lesions Excavated lesions Velvety	Biopsy Biopsy/forceps/cold/histology Biopsy/forceps/cold/microscopic colitis Biopsy - Multiple Same Method Biopsy - No Finding/Sampling/IBD Cytology Chromoscopy All Maneuvers	
Retroflexion/Normal rectum Retroflexion Otherwise Normal Normal colon + retroflexion Colon Exam Otherwise Normal Colon Otherwise NI / Careful Exam Pertinent Negatives	Done - Associate Images OTHER Add Custom Customs by Provider Customs by Site	
Add Custom Customs by Provider Customs by Site		

+ Coding Prompt –
Make sure you are billing for ALL
qualified services.

[illegible][illegible]

+ Specimen Collection

[illegible]

- + Protect your reimbursements and reduce costs by using Time Tracking to identify issues/opportunities.

The screenshot displays the Endoscopic Skills Training (EST) software interface, which is organized into several functional panels:

- Data Entry Panel (Left):** Contains input fields for 'Scope', 'Endotracheal', 'Prep time', 'Withdrawal time: 02:10:00', and 'Scope Out'. A summary field at the bottom indicates 'Total Procedure Duration: 02:10:00'.
- Procedure Log Panel (Top Center):** Titled 'DONE', it lists the following steps: 'Aborted procedure', 'Landmarks photographed', 'Difficulty of procedure', 'Patient tolerance', 'Prep quality', 'Prep time', 'Scope insertion time' (highlighted with a red box), 'Scope withdrawal time', 'Procedure duration', 'Change patient positioning', and 'Fellow's Endoscopic Skills'. Below this list are buttons for 'Magnification / Narrow Band Imaging Confocal Microscopy', 'Add Custom', and 'Customs by Site'.
- TIME TRACKING Panel (Right):** A table-like interface showing the status of various steps, each with a 'SAVE' button:

Step	Status	Action
Admin	Completed	SAVE
H&P	Completed	SAVE
Intro Procedure	Completed	SAVE
Procedure Start	Completed	SAVE
Procedure Stop	Completed	SAVE
Out of Procedure	Completed	SAVE
Intro PACU	Completed	SAVE
Out of PACU	Completed	SAVE
Discharged	Completed	SAVE
- SCOPE INSERTION/WITHDRAWAL TIMES Panel (Bottom Right):** Features a section for 'Endoscope time:' with radio buttons for 'Scope In', 'Patient Reached', 'Start', 'Withdrawal', and 'Scope Out'. A 'Save' button is located at the bottom right of this panel.

+ Increase Revenue! Patient Recall

Patients Due for Recall

Number of Days: []
 Recall Due Date: From: 9/13/2011 To: 9/10/2016
 Recall Group: All Providers
 Recall Status: Active
 Order by: Recall Date

Recall Reason

Estimated Recall Date: 9/10/2016
 Recall Reason: Colonoscopy
 Comments:

Recall Status for Selected Patient

Status Date	Interaction Type	Result	Comments

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+ Recall Screen with Patient Selection

Patients Due for Recall

Number of Days: []
 Recall Due Date: From: 9/13/2011 To: 9/10/2016
 Recall Group: All Providers
 Recall Status: Active
 Order by: Recall Date

Recall Reason

Estimated Recall Date: 9/10/2016
 Recall Reason: Colonoscopy
 Comments: Repeat colonoscopy in 5 years for surveillance.

Recall Status for Selected Patient

Status Date	Interaction Type	Result	Comments

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+ Save \$\$ by tracking instrument repairs

Instrument Maintenance

Basic Info:

Instrument Name: [] (Required)
 Manufacturer: Olympus
 Instrument Type: Colonoscopy
 Purchase Date: 1/01/2008
 Purchase Price: \$100
 Model ID:
 Serial ID:

Provision Specific:

Site: []
 Specialty: GI (Required)
 Procedure: Colonoscopy (Required)
 Report Text:

Repair Tracking

Time	Status	Out Date	In Date	Cost
1		10/1/2011	9/13/2011	\$1,500.00

Repair Description:

air leak

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Billing/Accounts Receivable

- **Get CO Pays AND Deductibles up front!**
 - Can get deductibles remaining when verifying benefits
 - Better to give a refund for overpayment than be waiting for money!
- **Take Credit Cards**
- **Take Payment Plans**
- **Make sure you contact patients for financial arrangements ahead of time!**



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Why Aren't Some ASC's Embracing EMR?

- **Physicians fear that software won't capture documentation "the workflow/procedure volume during transition"**
- **No Integration:** Disparate systems need to "talk" to one another"
 - hl7
- **Up-front Cost-ROI** from improved coding comes in time.
- **Automated Referral Letters/Updates/Recalls**
 - Increase referrals!



Universal Electronic Medical Records

- Innovative ideas are needed more than ever in order to improve quality and keep costs in check. The introduction of universal electronic medical records across healthcare organizations by 2015 will offer a dramatic change in the way healthcare is delivered. '

- Alan Miller, Chairman & CEO

Universal Health Services



Other Ways To Increase Revenue:

- **Joint venture with a strong hospital or contract to be part of an ACO.** Having close bonds with a strong hospital will be essential when accountable care organizations are launched.
- **As the ACO looks for savings, it will turn to member GI/Surgery centers as the low-cost alternative to the hospital OR.**
- **Physicians in the ACO will be a ready-made referral network for ASCs.** A surgery center within the ACO would have an advantage over outside centers, which would require carve-out payments.
- **Keep in close contact with physician offices – talk to them daily regarding schedules, obtaining authorizations.**
 - If there are no-shows at the ASC, the ASC schedule can be moved up and the practice can direct patients to come in earlier.





Your Ideas? Questions?

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