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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**

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.

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.

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

Why Electronic Records?

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- 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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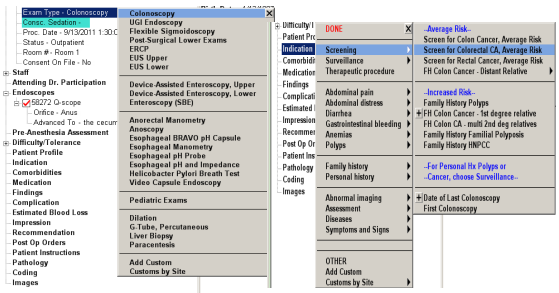
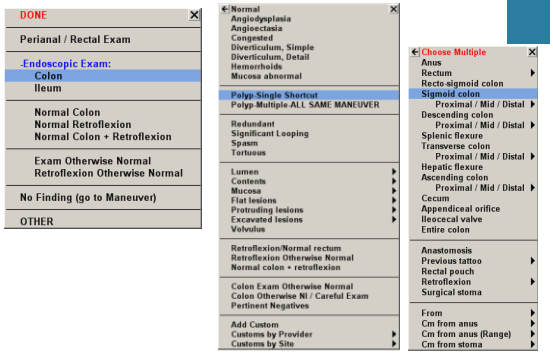


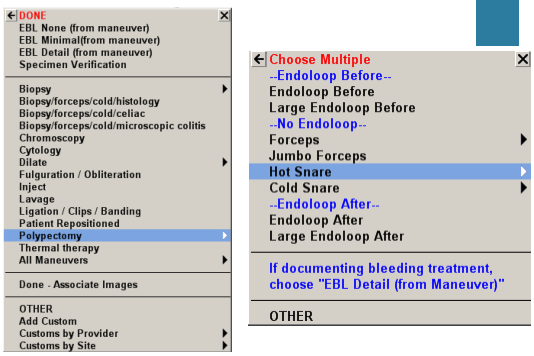
Findings are recorded:

22



Findings Recorded (cont.)

23



Additional Findings Recorded:

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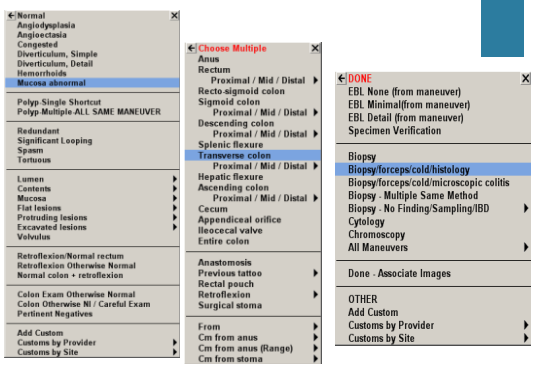

+ Coding Prompt –
Make sure you are billing for ALL qualified services.

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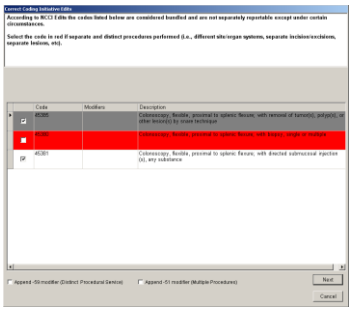

+ Specimen Collection

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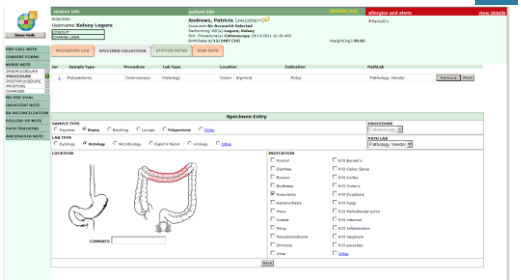

+ Protect your reimbursements and reduce costs by using Time Tracking to identify issues/opportunities.

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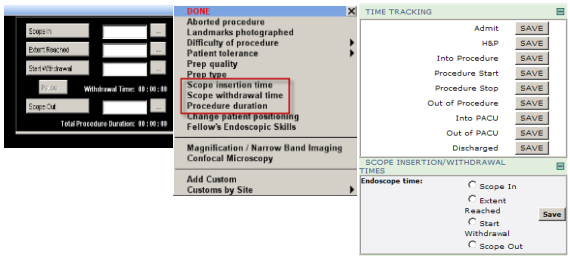

Increase Revenue! Patient Recall

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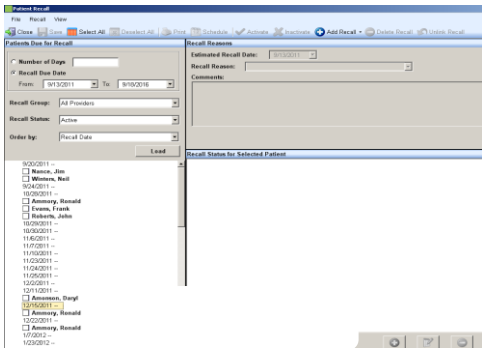

Recall Screen with Patient Selection

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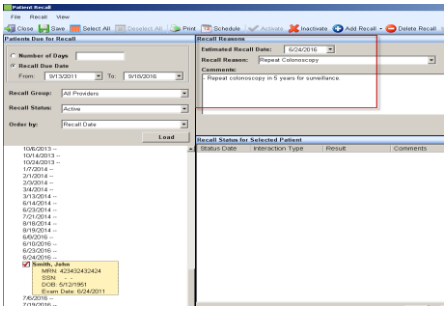

Save $$ by tracking instrument repairs

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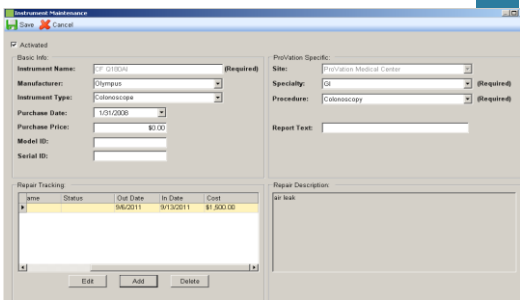

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Billing/Accounts Receivable

- **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!**

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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