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Revenue Capture for Endoscopy Centers Best Practices and Great Ideas

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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)

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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	Screening	Average Risk
Done: Sedation Proc. Date: 9/12/2011 1:30C Status: Outpatient Room #: Room 1 Consent On File: No Staff Attending Dr. Participation Endoscopes 65072 G scope Diffculty Tolerance Patient Profile Indications Comorbidities Medication Findings Complication Estimated Blood Loss Impression Recommendation Post Op Orders Patient Instructions Pathology Coding Images	UGI Endoscopy Flexible Sigmoidoscopy Post-Surgical Lower Exams ERCP EUS Upper EUS Lower Device Assisted Endoscopy, Upper Device Assisted Endoscopy, Lower Endoscopy (SBE) Anorectal Manometry Anoscopy Esophageal BRAVO pH Capsule Esophageal Manometry Esophageal pH Probe Esophageal pH and Impedance Helicobacter Pylori Breath Test Video Capsule Endoscopy Pediatric Exams Dilation G Tube, Percutaneous Liver Biopsy Paracentesis Add Custom Custom by Site	Patient Pre Screening Surveillance Therapeutic procedure Findings Abdominal pain Abdominal distress Diarrhea Gastrointestinal bleeding Incontinence Anemia Polyps Patient Ins Family history Personal history Pathology Coding Images Abnormal imaging Assessment Diseases Symptoms and Signs OTHER Add Custom Custom by Site	Patient Pre Screening Surveillance Therapeutic procedure Findings Abdominal pain Abdominal distress Diarrhea Gastrointestinal bleeding Incontinence Anemia Polyps Patient Ins Family history Personal history Pathology Coding Images Abnormal imaging Assessment Diseases Symptoms and Signs OTHER Add Custom Custom by Site	-Average Risk- Screen for Colon Cancer, Average Risk Screen for Colorectal CA, Average Risk Screen for Rectal Cancer, Average Risk FH Colon Cancer - Distant Relative -Increased Risk- Family History Polyps FH Colon Cancer - 1st degree relative FH Colon CA - mult 2nd deg relatives Family History Familial Polyposis Family History HNPCC -For Personal Hx Polyps or Cancer, choose Surveillance- *Date of Last Colonoscopy Fast Colonoscopy

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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/ceciac	
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)"
Add Custom	
Customs by Provider	
Customs by Site	

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Additional Findings Recorded:

24

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	
Add Custom Customs by Provider Customs by Site	OTHER Add Custom Customs by Provider Customs by Site	

+ Increase Revenue! Patient Recall

File Recall View Select All Download All Show Schedule Archive Reinstall Add Recall Update Recall Update Recall

Recalls Due for Recall

Number of Days: 30
 Recall Run Date: 01/13/2011
 Recall Group: No
 Recall Status: Active
 Order by: Recall Date
 Load

Recall Requests

Estimated Recall Date: 01/20/2011
 Recall Requester: [Dropdown]
 Comments: [Text Area]

Recall Status for Selected Platform

[illegible]

+ Recall Screen with Patient Selection

Referral Request

File Menu View

Referral Request for Month

Number of Days:
 Recall Run Date: To:

Recall Group:

Recall Status:

Order by:

Estimated Recall Date: 6/24/2011

Recall Reason: Repeat Colonoscopy

Comments:

Repeat colonoscopy in 5 years for surveillance.

Recall Status for Selected Patient

Status Code	Expiration Type	Recall	Comments
6/24/2011			

Search, John

SSN: 4234543204
 SSN: 5/1/1961
 Term Date: 6/24/2011
 760201

- + Save \$\$ by tracking instrument repairs

Instrument Maintenance

Save X Cancel

Activated

Basic Info:
 Instrument Name: I-7 Q1004 (Required)
 Manufacturer: Olympus
 Instrument Type: Colonoscopy
 Purchase Date: 1/9/2008
 Purchase Price: \$100
 Model ID:
 Serial ID:

Provision Specifics:
 Site: Provision Medical Center
 Specialty: GI
 Procedure: Colonoscopy

Repair Tracking

Item	Status	Out Date	In Date	Cost
1		9/6/2011	9/13/2011	\$1,500.00

Repair Description:
 Air Leak

Edit Add Delete

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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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