

1-27-2022

## Colonoscopy Standardization: Insurance Verification and Direct Access

Connor Crutchfield

Thomas Jefferson University, [connor.crutchfield@students.jefferson.edu](mailto:connor.crutchfield@students.jefferson.edu)

Jacqueline Chen

Thomas Jefferson University, [jacqueline.chen@students.jefferson.edu](mailto:jacqueline.chen@students.jefferson.edu)

Kiernan McNelis

Thomas Jefferson University, [kiernan.mcnelis@students.jefferson.edu](mailto:kiernan.mcnelis@students.jefferson.edu)

Luke Kelly

Thomas Jefferson University, [luke.kelly@students.jefferson.edu](mailto:luke.kelly@students.jefferson.edu)

Follow this and additional works at: <https://jdc.jefferson.edu/pel-plus>



Part of the [Quality Improvement Commons](#)

[Let us know how access to this document benefits you](#)

---

### Recommended Citation

Connor Crutchfield; Chen, Jacqueline; McNelis, Kiernan; and Kelly, Luke, "Colonoscopy Standardization: Insurance Verification and Direct Access" (2022). *Physician Executive Leadership-Plus (PEL-Plus)*. Paper 6.

<https://jdc.jefferson.edu/pel-plus/6>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Physician Executive Leadership-Plus (PEL-Plus) by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).



**Jefferson**  
Thomas Jefferson University  
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

# PEL Plus

## Colonoscopy Standardization: Insurance Verification and Direct Access

---

CONNOR CRUTCHFIELD, JACQUELINE CHEN, KIERNAN MCNELIS, AND LUKE KELLY

JANUARY 27, 2022

# Our Team

---



Connor Crutchfield



Jacqueline Chen



Kiernan McNelis



Luke Kelly

# Outline

---

Background

Problem Scope

Approach

Progress

Recommendations

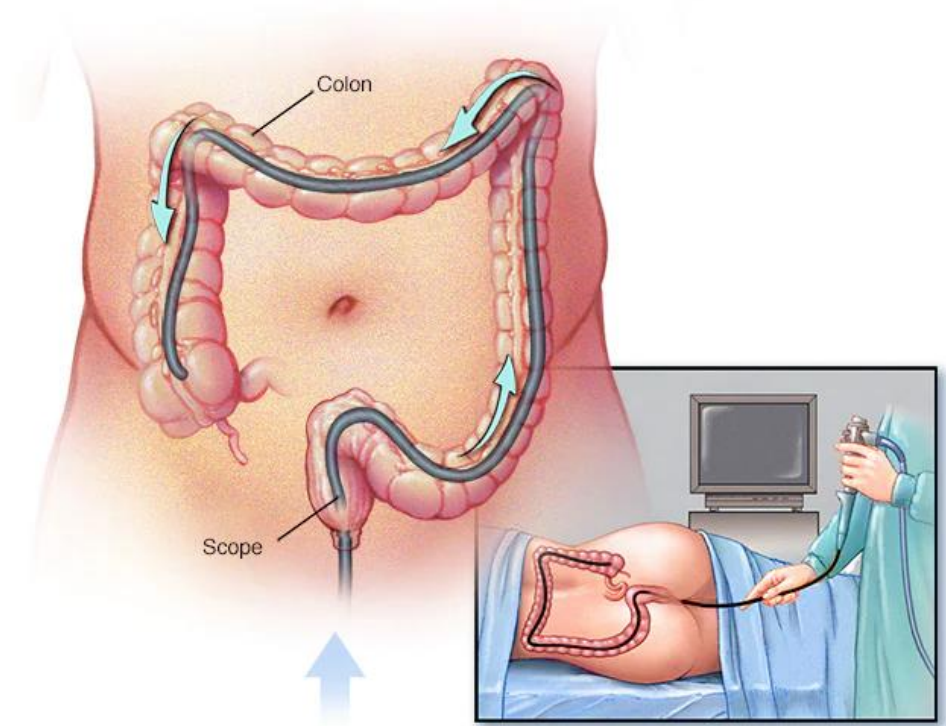
# Background

---

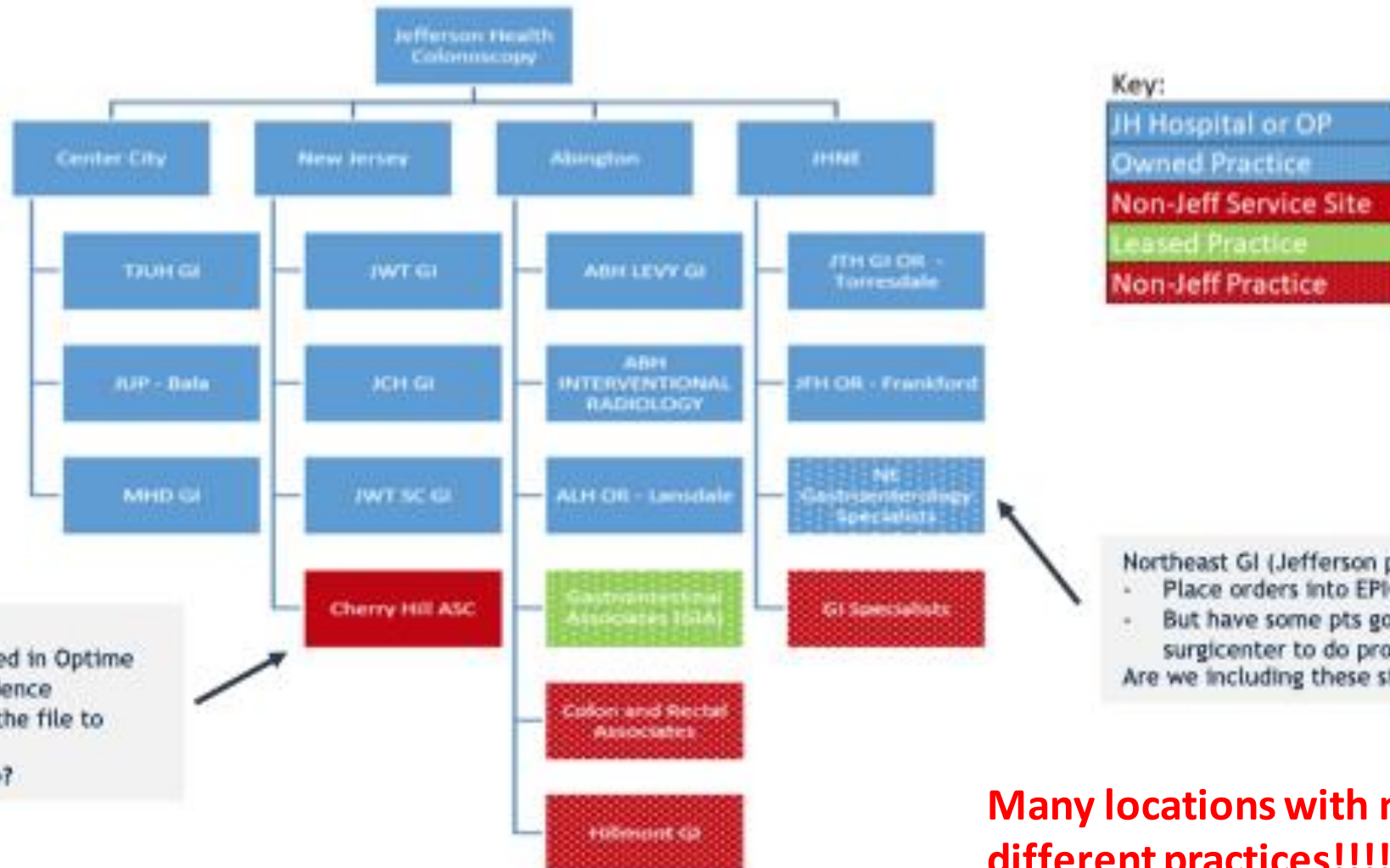
# Colonoscopy Background

---

- **Colonoscopy:** exam used to detect changes or abnormalities in the large intestine (i.e. colon)
- The American Cancer Society recommends that individuals of average risk receive an initial screening colonoscopy at age 45, with follow up examinations every 10 years through the age of 75



# Locations



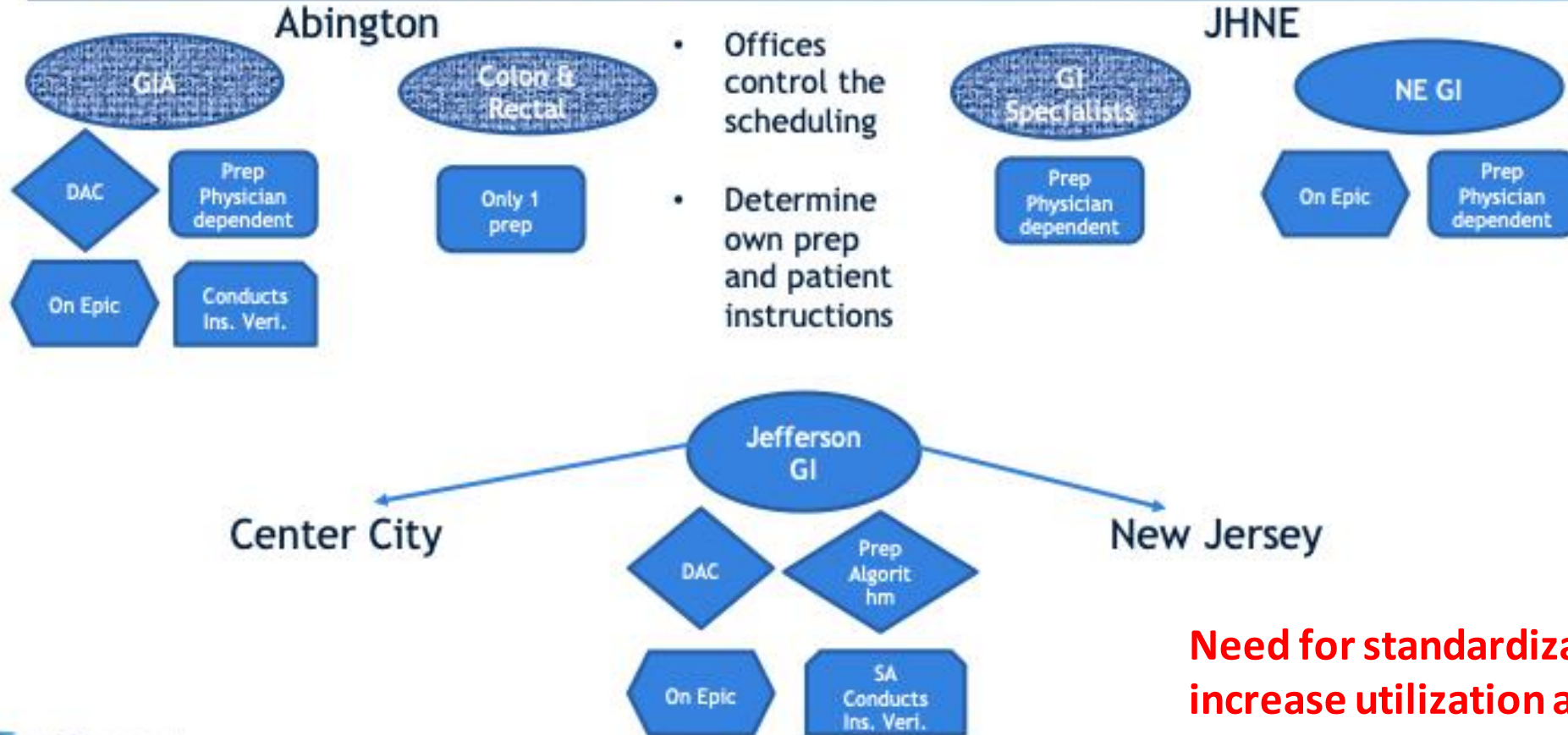
Cherry Hill ASC  
 - multi-service, not scheduled in Optime  
 - Schedule patients into Cadence  
 - Export schedule and send the file to import into ASC  
 Do we include this in scope?

Northeast GI (Jefferson practice)  
 - Place orders into EPIC system  
 - But have some pts go to external surgicenter to do procedures  
 Are we including these situations?

**Many locations with many different practices!!!!**

# Problem: Standardization

## Colonoscopy At-a-Glance



**Need for standardization to increase utilization and improve the patient experience**



# Stakeholders

Shared Interest – improve patient experience and increase volume of colonoscopies within Jefferson Health

Patients



Providers



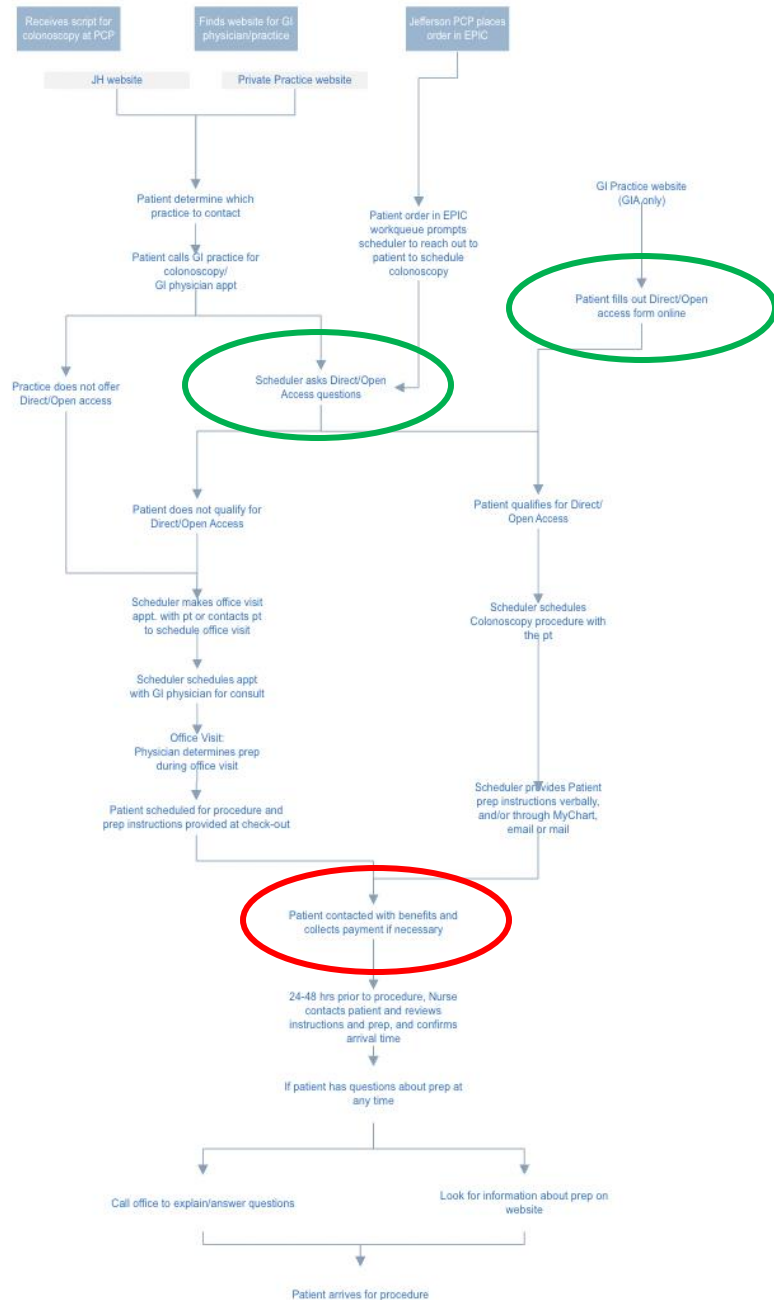
Jefferson





# Problem Scope

---



# Patient Journey

Our identified points of intervention occur at two stages in the patient's journey toward securing an appointment

Green = Determining Direct Access eligibility

Red = Insurance Verification stage

Combining the opportunities at these two points offers significant potential for operational improvement

# Where we come in...

---

- Two key "speedbumps" were identified at Jefferson in terms of ensuring a smooth patient experience leading up to a colonoscopy exam:



Insurance verification



Pre-procedure Intake Surveys  
and "Colon Prep"

# Methods: Two Sub-Projects

---

## Insurance Verification

- Project is focused on the Insurance Verification process at Jefferson Health for outpatient colonoscopy procedures
- This process will then be compared to, but not limited to, private practices and other comparable organizations' insurance verification processes
- *Note:* The umbrella term used is financial pre-clearance which includes:
  - 1. Insurance Eligibility and Benefits
  - 2. Communicating patient benefit information and financial obligation
  - 3. Collection of payment (if applicable)

## Direct Access Colonoscopy

- Project is focused on increasing Direct Access Colonoscopy (DAC) volume through standardization across different Jefferson sites
- *First step:* analyze the number of DACs across different Jefferson owned sites
- *Second step:* identify areas which may limit DAC uptake
- *Third step:* compare processes and intake questionnaires used for DAC screening
  - Compare prep processes across practices



Progress

---

# Verification Roadblocks

---

- Verification process is conducted too close to the corresponding appointment dates
- Scheduling issues
  - NON-PAR Insurances (Participating Insurance-out of Jeff Network)
  - Credentialing
  - No Insurance scheduled
  - Incorrect Demographic information
  - No Dx Insurance requires Peer-to-Peer
  - Timing of physician to complete the Peer-to-Peer
  - Appeals
  - Timely Response from the Practice
- Office staff are wasting precious time to complete the ensuing administrative work

# Estimated Cost of Insurance Verification Issues

Sum of Total Denials Amount by Jefferson Location

	ABH	CENTER CITY	JNE	JNJ	Grand Total	Annualized
Additional Documentation Needed	\$30,521.97	\$25,967.48		\$9,756.80	\$66,246.25	\$264,985.00
Authorization	6,008.18	44,793.50	12,143.79	3,030.00	65,975.47	263,901.88
Non-Covered	17,627.49	6,886.18	176.50	19,686.65	44,376.82	177,507.28
Medical Necessity	2,591.68	15,906.54	2,480.85	11,193.00	32,172.07	128,688.28
Duplicate	2,927.88	2,664.00		23,073.84	28,665.72	114,662.88
Benefits Exhausted	2,554.18	7,654.38		8,410.00	18,618.56	74,474.24
Coding	3,206.24	3,141.00	2,733.00	2,690.00	11,770.24	47,080.96
Contractual		4,518.00			4,518.00	18,072.00
Coordination of Benefits	15.00	3,420.70			3,435.70	13,742.80
<b>Grand Total</b>	<b>\$65,662.28</b>	<b>\$117,969.56</b>	<b>\$17,549.14</b>	<b>\$78,682.19</b>	<b>\$279,863.17</b>	<b>\$1,103,115.32</b>

Note: Figures based on admissions from 9/1/21 through 12/31/21

Issues related to insurance verification are estimated to cost Jefferson over \$1 million dollars in lost revenue each year



# DAC Roadblocks

---

## Colonoscopy referral protocols

- Private practice vs. hospital setting
- Utilization of Epic

## Standardization of questionnaires

- Format, length, and specificity

## Varying prep protocols

- Individual physician preferences

# Direct Access Colonoscopy Intake Questionnaires

**OPEN ACCESS**  
**\*Please PRINT in BLACK INK when completing\***

**COLON AND RECTAL ASSOCIATES, LTD. – PATIENT QUESTIONNAIRE – PAGE 2**

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 TODAY'S DATE: \_\_\_\_\_ PATIENT'S HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

State the reason why you are here, complaint, symptoms and duration: \_\_\_\_\_

Do you have, or have you in the past had, any of the conditions listed below:  
 Yes  No  Colon or Rectal Cancer (please circle which one). → If yes, age when diagnosed: \_\_\_\_\_  
 Yes  No  Colon or Rectal Polyps (please circle which one). → If yes, age when diagnosed: \_\_\_\_\_  
 Yes  No  Personal history of any other type of cancer. → If yes, age when diagnosed: \_\_\_\_\_  
 What type? \_\_\_\_\_

Yes  No  Radiation treatments for cancer What Type of Cancer? \_\_\_\_\_  
 Yes  No  Have you taken steroids (Prednisone, etc.) in the last 30 days?  
 Yes  No  Have you taken aspirin or non-steroidal anti-inflammatory drugs (Ibuprofen, Motrin, etc.) in the last seven days?

Yes <input type="checkbox"/> No <input type="checkbox"/> Thyroid problems	Pulmonary System:
Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes (Type? _____)	Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma or emphysema
Yes <input type="checkbox"/> No <input type="checkbox"/> Arthritis	Yes <input type="checkbox"/> No <input type="checkbox"/> Pneumonia
Yes <input type="checkbox"/> No <input type="checkbox"/> Recent fevers	Yes <input type="checkbox"/> No <input type="checkbox"/> Sleep apnea – If yes, do you require a CPAP? Yes <input type="checkbox"/> No <input type="checkbox"/>

Digestive System: \_\_\_\_\_  
 Yes  No  Inflammatory bowel disease (Crohn's disease or Ulcerative Colitis)  
 Yes  No  Diverticulitis  
 Yes  No  Diverticulosis  
 Yes  No  Rectal bleeding  
 (Describe the bleeding: \_\_\_\_\_)  
 Yes  No  Constipation, diarrhea, or a change in bowel habits  
 Yes  No  Fecal incontinence  
 Yes  No  Weight loss  
 Yes  No  Ulcers in the mouth  
 Yes  No  Ulcer of the stomach or duodenum (small intestine)  
 Yes  No  Gallbladder disease or gallstones  
 Yes  No  Liver disease or cirrhosis  
 Yes  No  Diseases of the pancreas  
 Yes  No  Gastritis (inflammation of the stomach)

Genitourinary System: \_\_\_\_\_  
 Yes  No  Kidney failure/dialysis  
 Yes  No  Urinary or prostate problems  
 Yes  No  Impotence  
 Yes  No  Do you have children?  
 Yes  No  Vaginal deliveries? Yes  No   
 Yes  No  Episiotomies? Yes  No   
 Yes  No  Cesarean Sections? Yes  No

Cardiovascular System: \_\_\_\_\_  
 Yes  No  Defibrillator  
 Yes  No  Pacemaker  
 Yes  No  Chest pain or angina  
 Yes  No  Myocardial infarction (heart attack) When? \_\_\_\_\_  
 Yes  No  Palpitations or arrhythmias  
 Yes  No  Hypertension (high blood pressure)  
 Yes  No  Claudication (poor blood flow to the legs)  
 Yes  No  Blood clot in the legs  
 Yes  No  Blood clot in the lungs (pulmonary embolism)  
 Yes  No  Stroke  
 Yes  No  Previous organ transplant  
 Yes  No  Blood Disorder  
 Yes  No  HIV Positive  
 Yes  No  Previous blood transfusion  
 Yes  No  Easy bleeding or bruising  
 Yes  No  Anemia

Nervous System: \_\_\_\_\_  
 Yes  No  Neurologic illness  
 Yes  No  Psychiatric illness  
 Yes  No  Iritis (inflammation of the eyes)  
 Yes  No  Blindness

OTHER: \_\_\_\_\_

Medications List: \_\_\_\_\_

Taking any blood thinners? \_\_\_\_\_

Diabetic? Yes Or No \_\_\_\_\_  
 If yes- Insulin dependent? Yes or No \_\_\_\_\_

Any Heart or lung conditions? \_\_\_\_\_

Any personal or family history or cancer? \_\_\_\_\_

Previous Colonoscopy? Yes or No? When? \_\_\_\_\_

Ok to schedule without OV? \_\_\_\_\_ Needs OV prior to procedure? \_\_\_\_\_

**Open Access Colonoscopy Questionnaire**  
**This form may be completed online at [www.gastropa.com](http://www.gastropa.com)**

Gastrointestinal Associates has developed a program which allows healthy individuals between the age of 45 and 70 to schedule screening colonoscopy without the need for an office visit before the procedure.

**EVERY QUESTION MUST BE ANSWERED OR WE WILL NOT BE ABLE TO SCHEDULE AN OPEN ACCESS COLONOSCOPY. Be advised that your submission will be reviewed, and depending upon the answers, you may need to have an office visit prior to the Colonoscopy.**

Name \_\_\_\_\_ Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Your Current Age is: \_\_\_\_\_  
*Those who desire colon cancer screening below age 45 or above age 70 are encouraged to schedule an office visit to determine if screening is medically appropriate.*

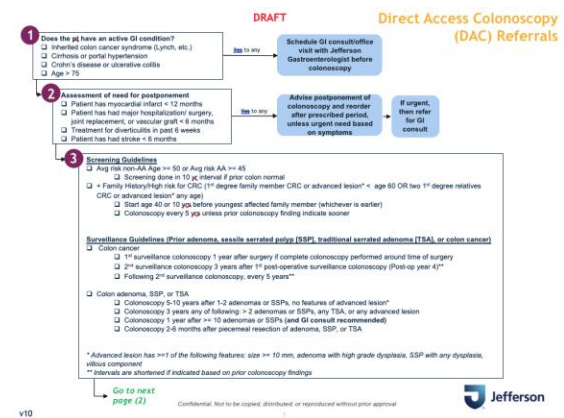
2. What is your height (inches)? \_\_\_\_\_ What is your weight (lbs.)? \_\_\_\_\_

3. Do you have any gastrointestinal symptoms such as

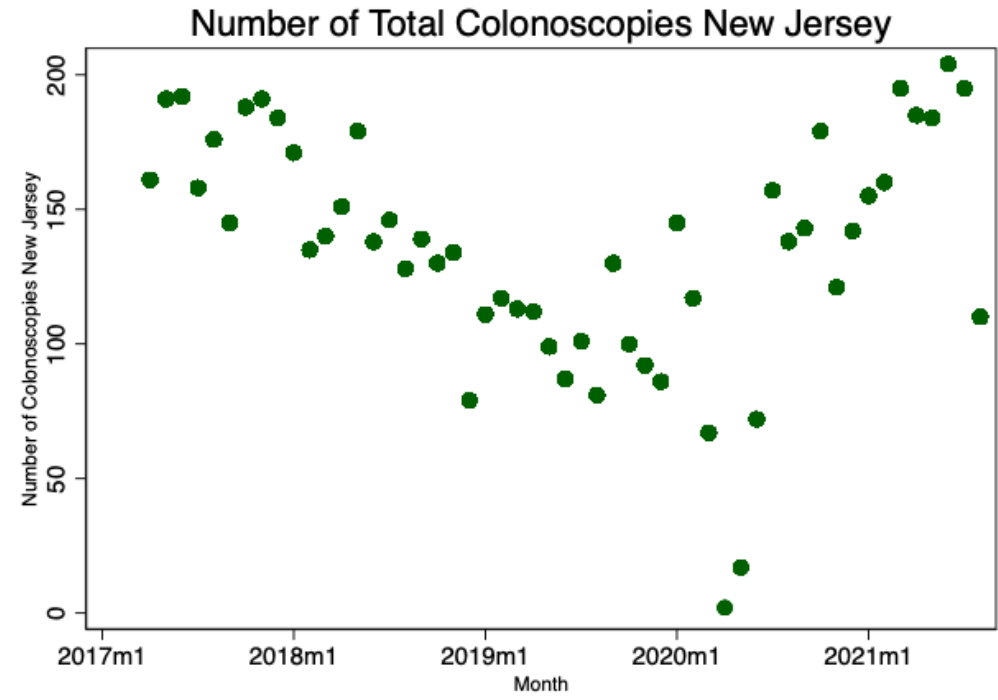
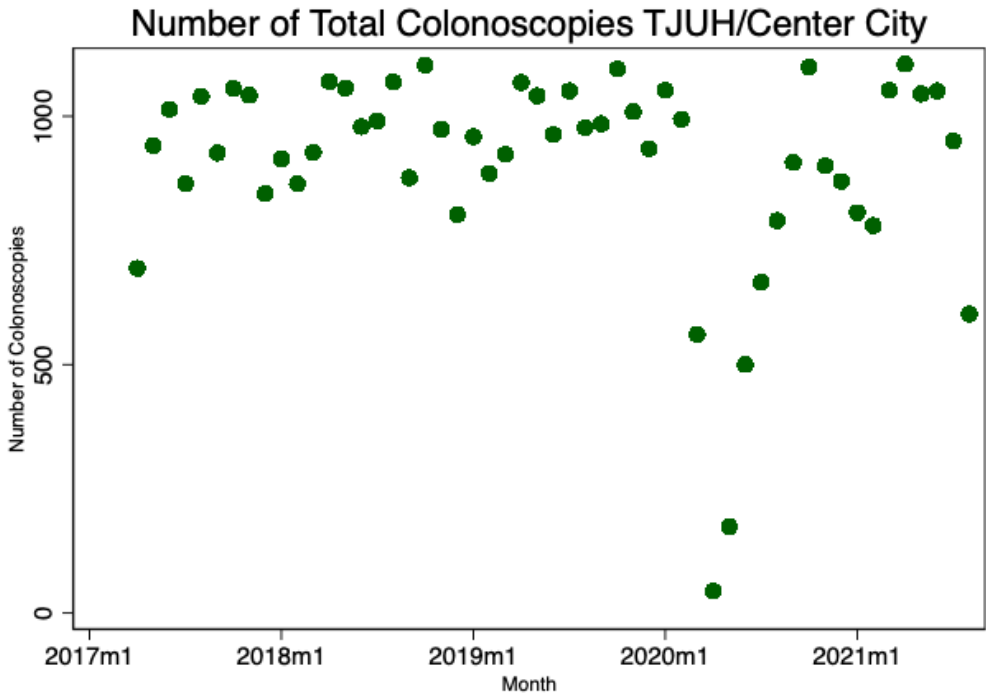
a. abdominal pain	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. bleeding	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. weight loss	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. difficulty swallowing	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. frequent diarrhea	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. personal history of Colon Cancer	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Do you have or have been treated for any of the following?

a. ulcerative colitis or Crohn's disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. heart attack, irregular heartbeat, coronary artery bypass or stent placement, congestive heart failure	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. stroke, seizure, or fainting spells	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. renal failure or dialysis	Yes <input type="checkbox"/> No <input type="checkbox"/>

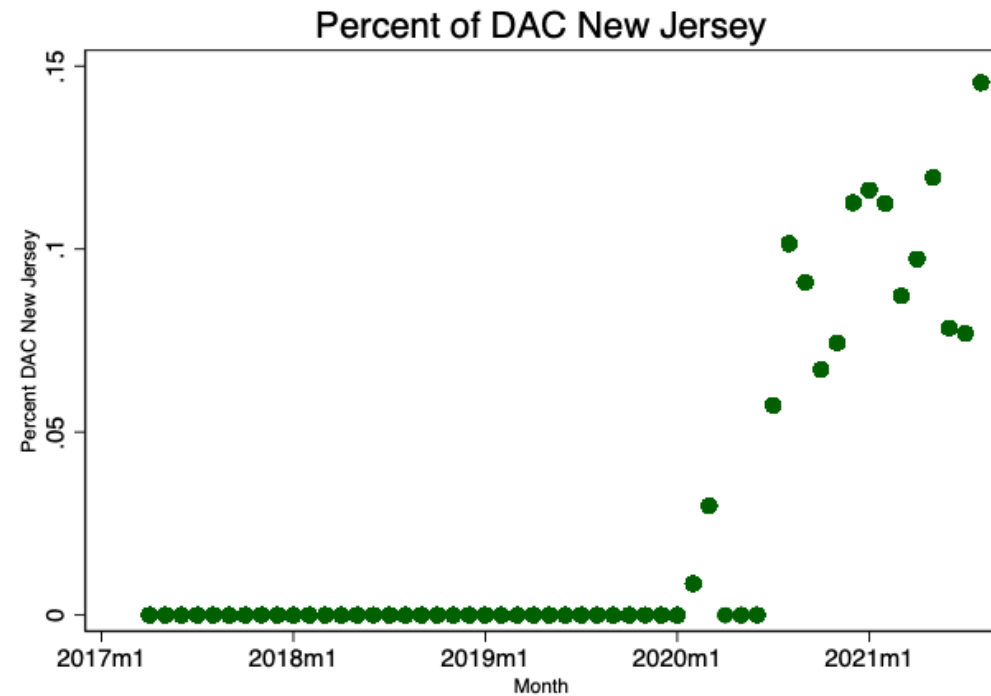
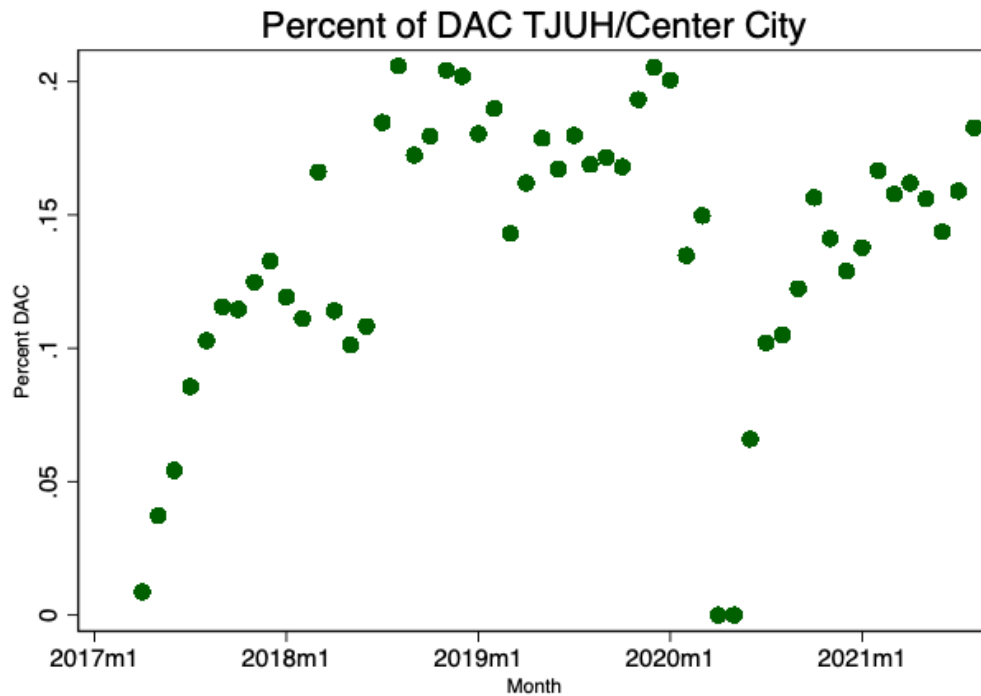


# Number of Colonoscopies



# Percent Direct Access Colonoscopies

---



# Recommendations

---

# Recommendations

---

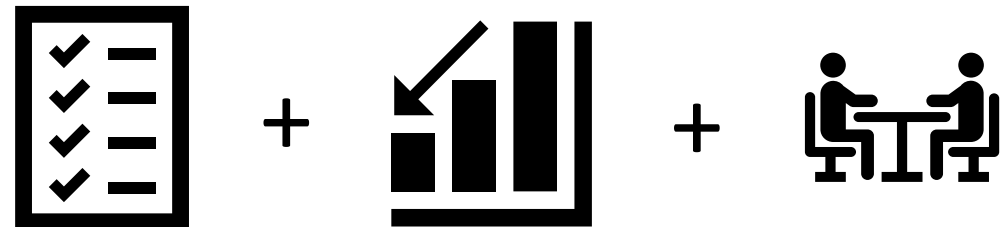
## Insurance Verification

- Standardize the verification process to be conducted 5-7 days prior to the appointment
  - Could make this a practice while reviewing the following week's patient list
- Train staff to confirm there are no changes to patients' insurances at each visit and when scheduler calls to set up the appointment
- Facilitate incremental flexibility around accounts receivable for patients who cannot be verified prospectively
- Outsource

**Start this process early  
to prevent delays!!**

## Direct Access Colonoscopy

- Standardize surveys
- Collect more detailed data, especially about direct access colonoscopies
- Address cultural differences and preferences between practices



Acknowledgements

Christine Horner

Jarrel Bobb

Thank You!



**Jefferson**

Thomas Jefferson University

---

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE