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PEL Plus

Colonoscopy Standardization: Insurance Verification and Direct Access

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

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Our Team



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Outline

Background

Problem Scope

Approach

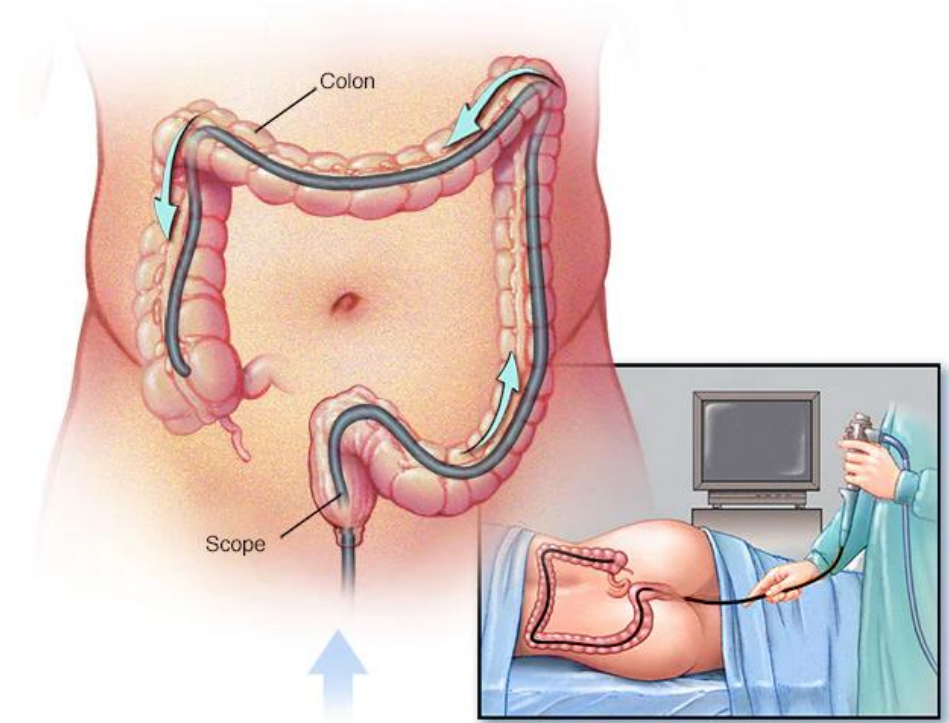
Progress

Recommendations

Background

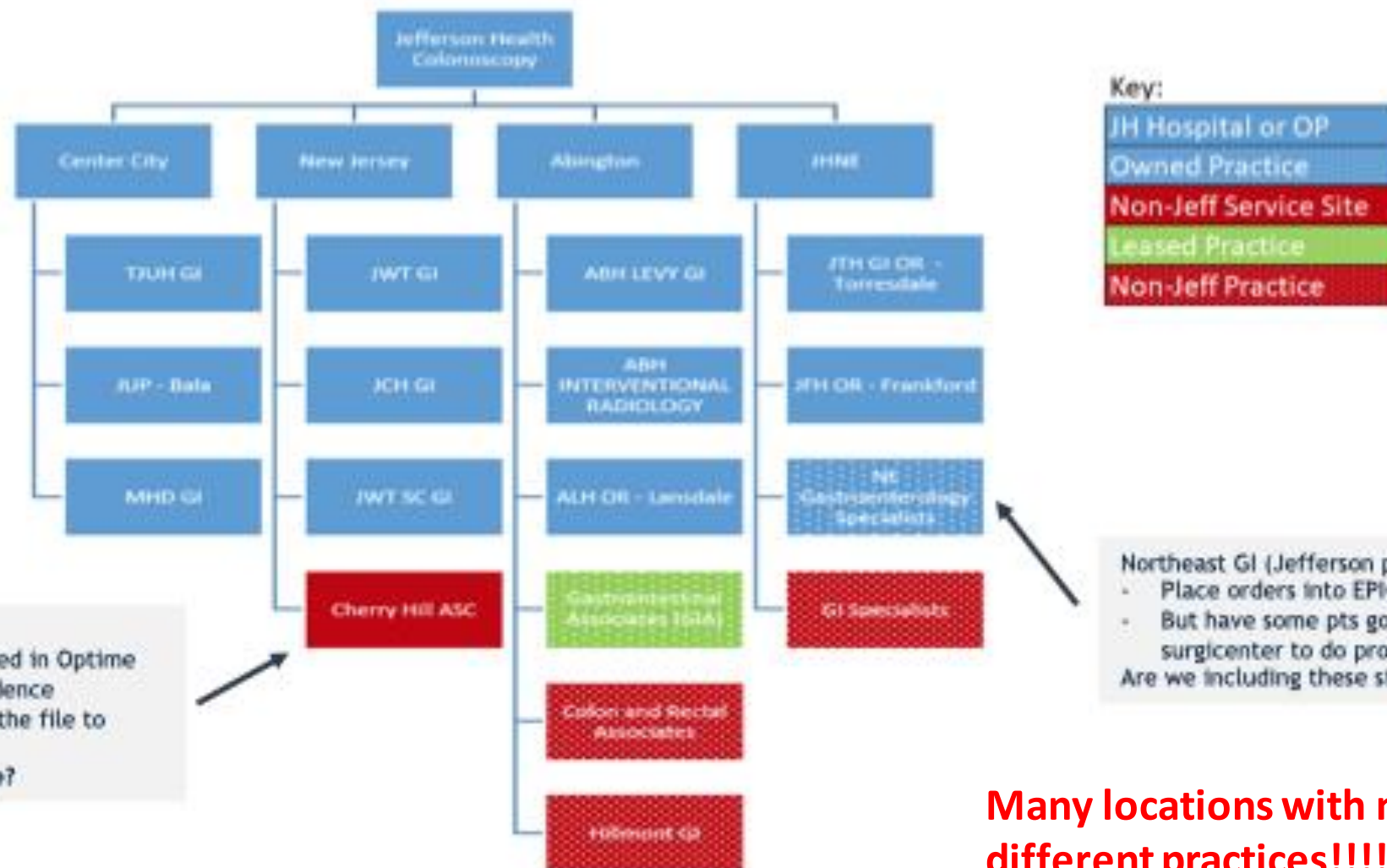
Colonoscopy Background

- **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



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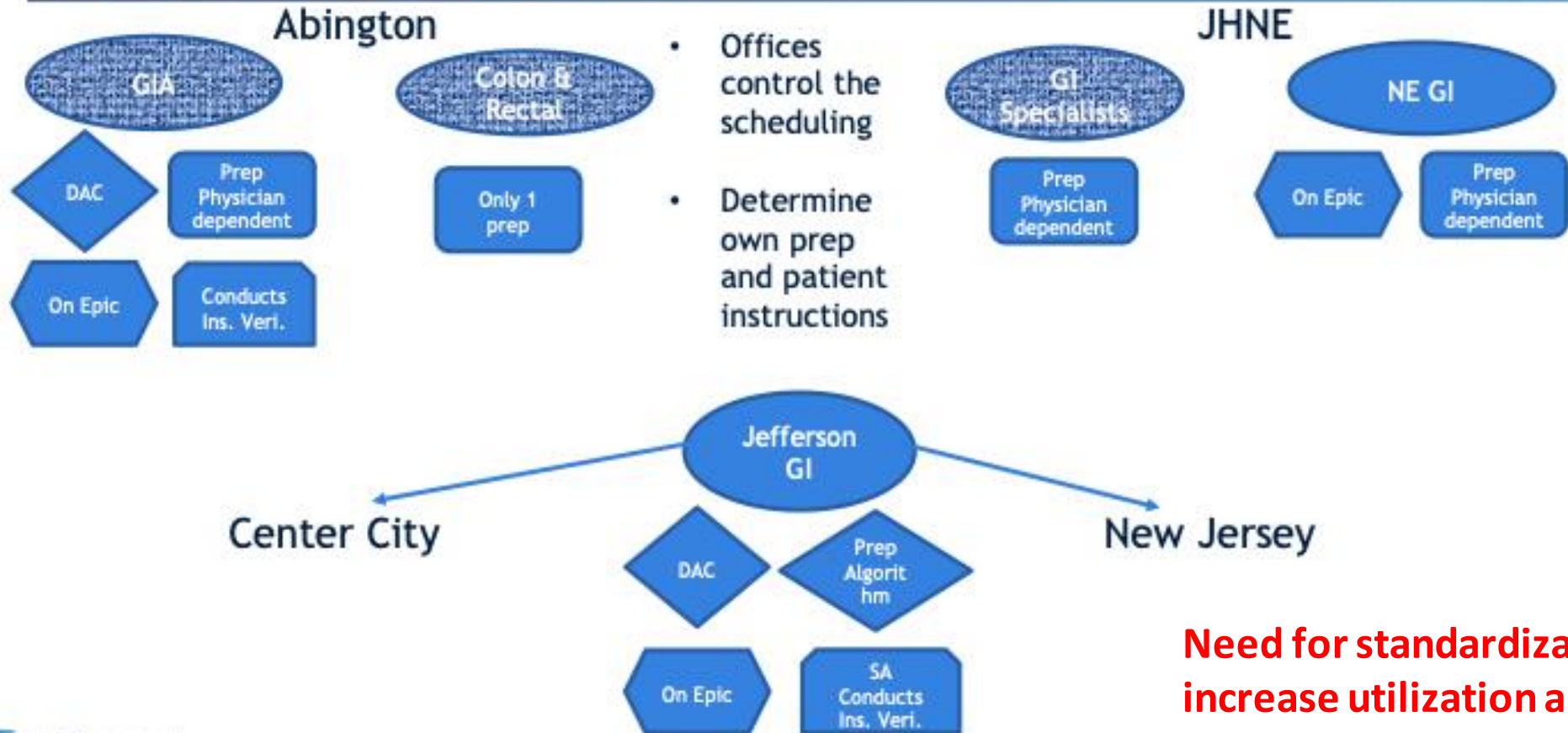
Locations



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

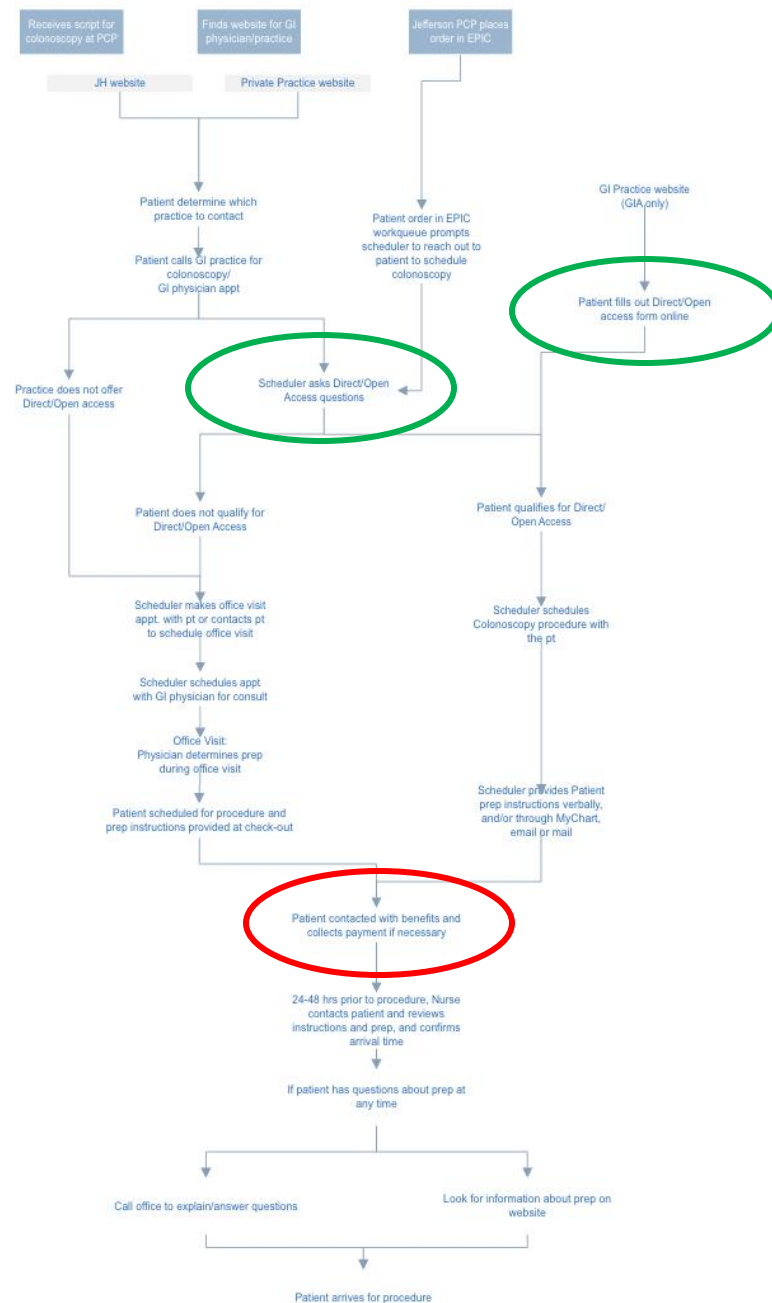


Jefferson



A background graphic featuring a magnifying glass with a white handle and a grey lens. Inside the lens is a large white question mark. Surrounding the lens are several smaller, semi-transparent white question marks of varying sizes, scattered across the light grey background. The overall theme is one of inquiry and investigation.

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
Grand Total	\$65,662.28	\$117,969.56	\$17,549.14	\$78,682.19	\$279,863.17	\$1,103,115.32

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?

Digestive System:

Yes ☐ No ☐ Thyroid problems

Yes ☐ No ☐ Diabetes (Type? _____)

Yes ☐ No ☐ Arthritis

Yes ☐ No ☐ Recent fevers

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?

Vaginal deliveries? Yes ☐ No ☐

Episiotomies? Yes ☐ No ☐

Cesarean Sections? Yes ☐ No ☐

Other: _____

Pulmonary System:

Yes ☐ No ☐ Asthma or emphysema

Yes ☐ No ☐ Pneumonia

Yes ☐ No ☐ CPAP? 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

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

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 ☐ No ☐

b. bleeding Yes ☐ No ☐

c. weight loss Yes ☐ No ☐

d. difficulty swallowing Yes ☐ No ☐

e. frequent diarrhea Yes ☐ No ☐

f. personal history of Colon Cancer Yes ☐ No ☐

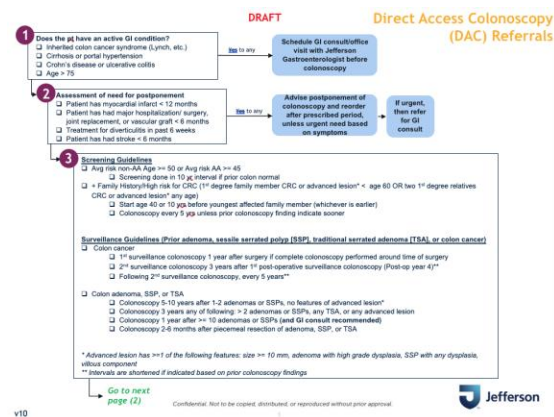
4. Do you have or have been treated for any of the following?

a. ulcerative colitis or Crohn's disease Yes ☐ No ☐

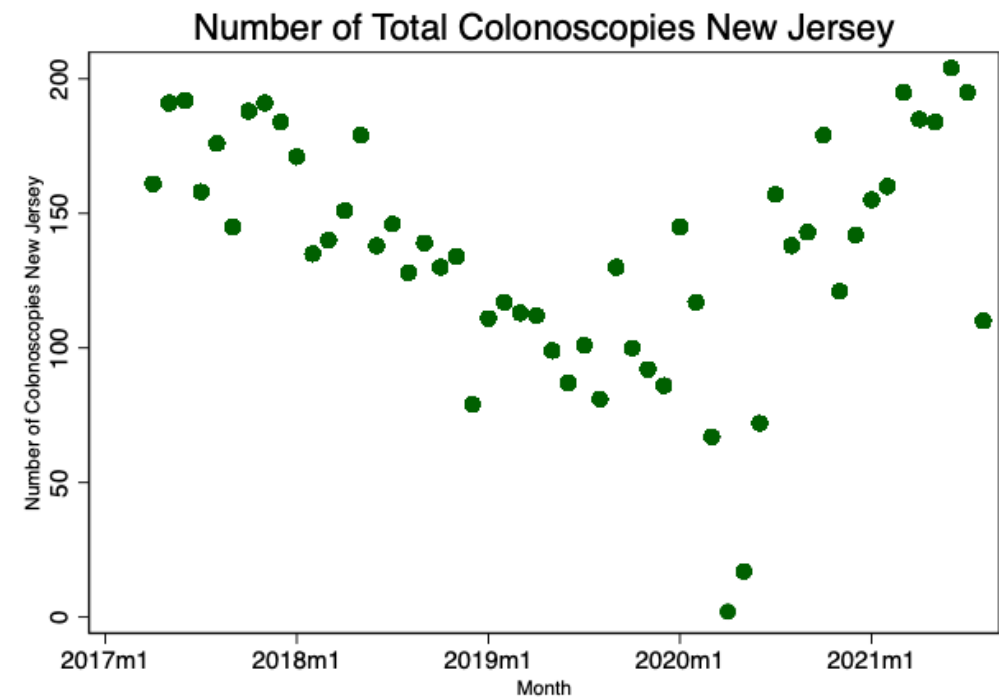
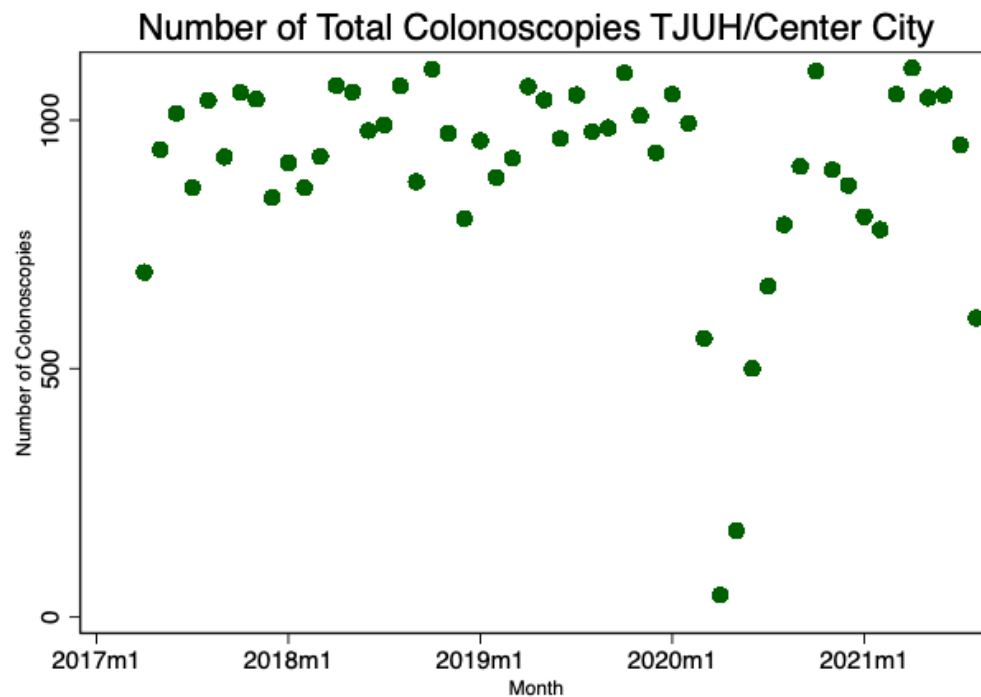
b. heart attack, irregular heartbeat, coronary artery bypass or stent placement, congestive heart failure Yes ☐ No ☐

c. stroke, seizure, or fainting spells Yes ☐ No ☐

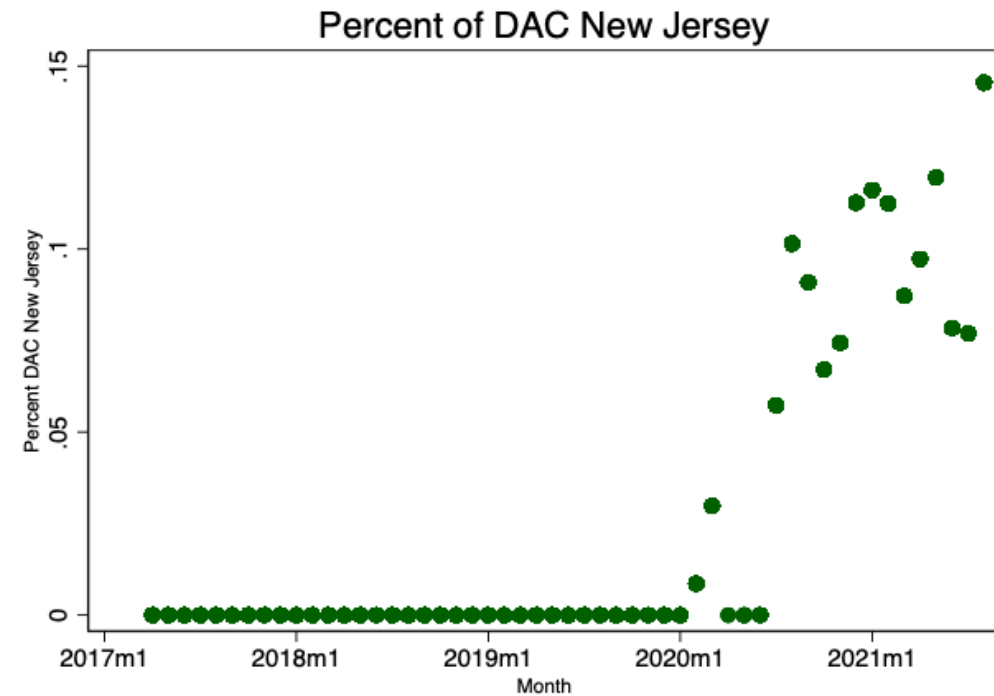
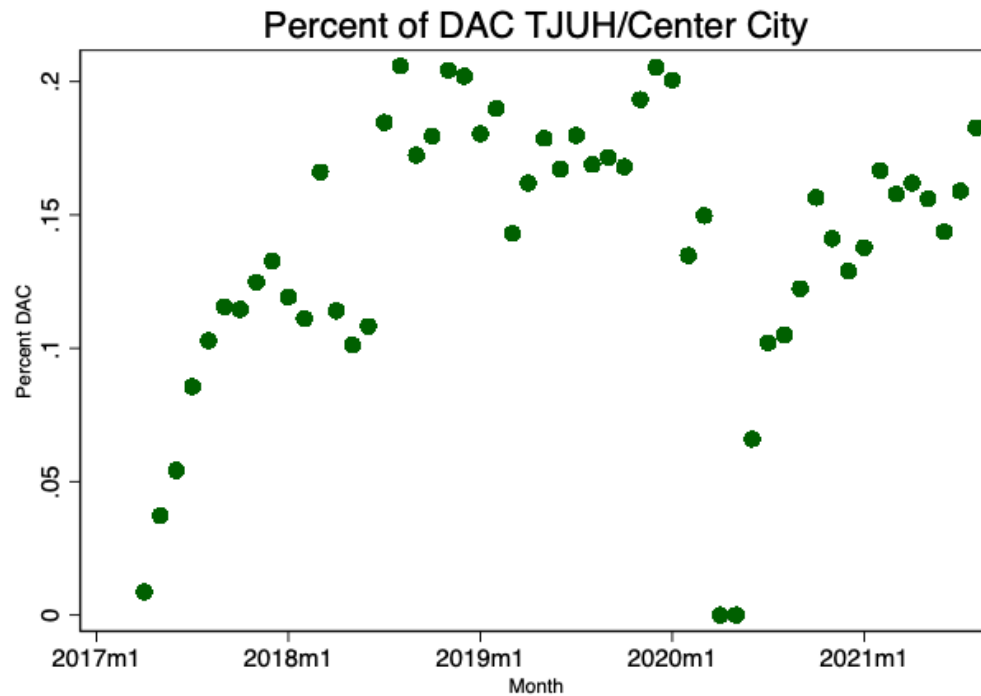
d. renal failure or dialysis Yes ☐ No ☐



Number of Colonoscopies



Percent Direct Access Colonoscopies



Recommendations

Recommendations

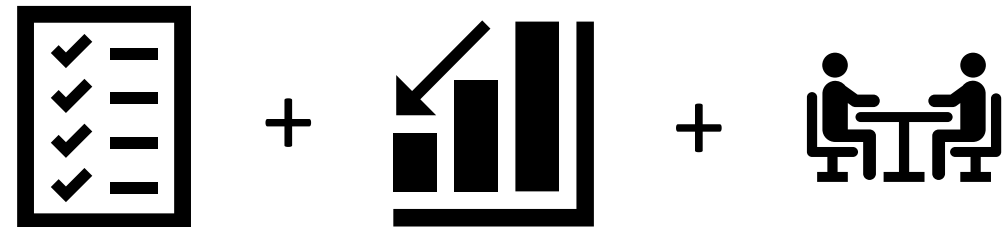
Insurance Verification

- 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

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Thank You!



Jefferson

Thomas Jefferson University

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