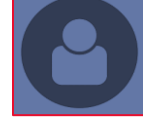


Challenges with Gastroenterology Billing? Fix with Ecare's AR & Denial Management Solutions!



CASE STUDY – Accounts Receivable & Denial Management Solution For Gastroenterology

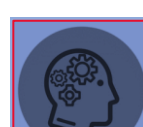


ABOUT THE CLIENT

An Arizona based Gastroenterology clinic focused on providing outstanding patient care for all aspects of Gastro-intestinal procedures and treatments related to digestive health system.

The Clinic's revenue cycle systems and process were ineffective, and they needed support to keep denials under control which was leading to reduced collections.

SPECIALTY	GASTROENTEROLOGY
PMS	gGastro
Service Offered	AR Management



CHALLENGES

This client approached us with multitude of issues which was challenging enough for them to identify the root cause and were unable to find an apt solution. Ecare was notified that:

- They had issues across the entire revenue cycle process
- Needed support with streamlining the process
- Reducing the claim denial percentage and increase collections



ISSUES IDENTIFIED

As Ecare's team got to the bottom line of the challenges faced by the client, we were able to identify the reason behind and list them out for an effective solution:

- Eligibility and Benefits Verification was either not effective or not being performed at all
- There were inordinate delays in submitting claims via EDI as the approval for charges was taking time. Further, the clinic was not getting authorization for the rendered services within the period by insurance.
- Quality of medical coding was an issue as well – leading to submission of ineligible codes or down-coded claims being submitted.
- The access to payer portals had not been configured which in turn led to excessive time being spent on routine tasks.
- The appointment scheduling process was not up-to-the-mark and caused immense patient dissatisfaction and lower utilization of the Gastroenterologist.



SOLUTION FROM ECARE'S EXPERTS

When this practice approached us and outsourced the processes to Ecare, we developed a comprehensive revenue cycle transformation plan. Our objective was to bring about a holistic improvement by addressing all issues with the current state and help the practice grow. Our team of billers and coders executed the following solutions by scope:

- **Prior Authorization and Insurance Verification**– Improving upfront collections.
 - ✓ With appropriate benefit checks, we were able to update the patient insurance, and determine patient responsibility – co-pay and deductible – leading to improved patient collections.
 - ✓ We were able to chart out and establish the insurance verification processes for most insurance companies that the practice dealt with. This included insurance phone numbers, mailing addresses, and patient records needed to get benefits checked, and obtain prior authorizations.
 - ✓ Gastroenterology often requires the determination of medical necessity and timely authorization can reduce denials and increase revenue.
- **Appointment Scheduling – Improving the patient experience**
 - ✓ Improving the utilization of the Gastroenterologist is key to the profitability of the practice. Partnering with the front desk, we were able to automate patient reminders and help the practice increase patient footfall, schedule patients better, and improve the overall patient experience.
- **Medical Coding – Eliminating ineligible codes.**
 - ✓ Our medical coders looked at the history of in-eligible codes and worked with the physicians to understand the procedures and apply the right codes.
 - ✓ We also discussed specific claims with payers to confirm the use of the right CPT codes and incorporated these findings into our daily medical coding processes.
- **Physician Credentialing – Denials that should be avoided.**
 - ✓ Let's face it. Physician credentialing is not as complex as it is made out to be. It requires an understanding of the payers that the healthcare provider deals with and rigor in submitting the physician credentials to the payer as well as timely follow up to enroll the physician into the payer's database. Credentialing relates are avoidable and the Ecare team ensures that you have as minimal issues by adhering to payer-specific credentialing processes.
- **EDI/ERA/Portal Set up – Importantly functionality that all practices should use.**
 - ✓ Timely claims submission is important to avoid timely filing denials. EDI functionality can help the medical practice file claims on time.
 - ✓ Further, we also established the approval processes for the charges to reduce the number of claims awaiting approval for being submitted to insurance carriers.
 - ✓ We established online portal access with all the insurances to get timely updates on the status of claims and inquire via the portal to avoid effort in calling the payers.



OUTCOME

Achieving and exceeding revenue cycle KPIs is a function of the process rigor followed by the team and an unwavering focus on improving outcomes each day. Needless to say, it is as much an art as it is a science. It requires one to challenge established billing practices through an analytics-based approach to improve the outcomes.

With ongoing cleansing of the Gastroenterology clinic's revenue cycle processes, we were able to improve the collections, increase patient visits, improve patient experience, and reduce denials.

- ❖ Significant improvement of collections by reducing the denials and increased patient visits.
- ❖ Ecare strategic approach increased average monthly collections from \$70K to \$135K from within a span of five months from March to August, Our team was also able to decrease the average denials from 845 to 365 claims for the same period.

ABOUT ECARE

Ecare – A premier Medical Billing and Coding company in India with more than 100+ Clients across the U.S. Started in the year 2000, we have established as a multispecialty Medical Billing Company with experienced specialty based billers and coders guaranteeing best results.

To know more about Ecare log on to www.ecareindia.com/medical-specialties.html

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