

## **Success Stories - Gastroenterology**

### **About the Client**

The client is a multi-physician group based in the New York city metropolitan area. The group specializes in gastroenterology and has served over 85,000 patients in their community during the past 15 years. The physicians practice at local hospitals and at their private facility (which includes exam rooms and procedure rooms). Long a leader in gastroenterology, the group wanted to be viewed the same way in their business/clinical processes. Earlier attempts in technology innovation included using software automation to capture endoscopic procedure data.

### **Before NextServices**

Continuous high patient volume meant the practice had accumulated an enormous amount of sensitive data. The group was running its business on a Unix-based software system, typified by the black and green screens, and pending A/R with various insurances had accumulated and continued to mount. The original software system, installed more than a decade ago was no longer meeting their needs. The physicians desired to update their processes with creative new technology and saw a fresh approach in NextServices.

### **Transition**

NextServices started the group's engagement with NextClarity - a detailed onsite operational study of the 3Ps of revenue cycle management (patient flow, process flow and paper flow). The study became a baseline for future activities such as structuring the team and transitioning data. The revenue cycle engagement was planned and each detailed activity was transitioned in a phased-manner to control risk.

One of the first tasks was to establish a process to efficiently and effectively capture patient demographic and clinical/procedure data for hospital-based services. New patient encounter and coding reference forms with updated CPT and ICD-9 codes for GI were created. The daily work of processing hospital services was transitioned to NextServices offices. NextServices staff remotely accessed the client billing system to process hospital claims while the practice and its staff continued the transition.

In consultation with the physicians, a plan was developed for software migration of the historical data to AdvancedMD, our preferred web-based practice management software. A HIPAA compliance plan was implemented specific to the client. NextServices identified technology partners in New York to setup the physician groups' network equipment and hardware. The client staff was trained on AdvancedMD scheduling and patient demographic modules so there would never be a gap in the scheduling of patients. Prior to the cutover date, the entire database from the old system was transitioned into the new billing system. Extensive testing was conducted to remove any inaccuracies related to the transferred data. Our clients now had a fresh and clean patient database.

After a positive result with the hospital billing process, NextServices undertook 100% of the revenue cycle management - billing for services in hospital, office and procedure rooms, conducting payment posting, patient verification and denial analysis - all on web-based software. The transition of daily work succeeded without disruption to everyday operations of the practice.

**Process**

The staff at the clients' site now uses Advanced MD web-based software to schedule patients for hospital, office, and procedure room services. Periodic patient verifications are performed by NextServices. The client transmits data (charges and explanation of benefits) to NextServices electronically using 128-bit encryption software with multiple levels of security and redundancy conforming to HIPAA norms. The NextServices team reviews all data received from the client and processes the charges, payments and associated information. Rigorous multi-level quality audits (QA) are conducted 100% of the time for accuracy, consistency and overall coherence. NextServices team members at various levels of the operation process conduct QA. Client staff provides additional information only as needed to process claims. In parallel to charge entry and payment posting, the NextServices denial management team follows through on all open claims, re-submits and appeals to insurance carriers as necessary to ensure maximum collections. The revenue cycle ends with submitting patient statements and collecting pending payments. All payments from carriers and patients are sent directly to the client.

**Success**

Today, NextServices interprets and processes information for over 500 patients per week amounting to millions of dollars in charges. The client is empowered to view any patient account and generate any financial report – from anywhere (hospital, office or home) and at anytime - using web-based software. The client's time is free from staff management and administrative issues and is now utilized for value-added tasks such as identifying and hiring additional physicians for the group's expanding patient volume. The transition eased clean-up tasks of pending issues with insurance carriers that were as simple (although enormously time consuming) as an accurate address for the physicians/group. Accumulated accounts receivable from insurances and patients is rigorously followed through. A new patient database has been established and is maintained daily and kept current.