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HEALTHCARE SOLUTIONS

OPPORTUN[IT]Y

TouchWorks™ EHR Charge Configuration

Presenters: Jason King & Tracy Kimble
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Solving for Today. Preparing for Tomorrow.

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Today's Presenters….

Jason King – Consultant with
3+ years experience in HIT

Tracy Kimble – Senior Consultant with
9+ years experience in HIT

Agenda

- The Benefits of Implementing Charge
- Organizational Issues
- How Charge Module Works
- How We Implement Charge
- Preferences
- Planning Your Implementation
- Miscellaneous Issues to Discuss

The Benefits of Implementing Charge

- Increased revenue & accelerated cash flow
  - Fewer lost charges, reworks, and billing mistakes
  - Faster Submission = Faster Reimbursement
- Improved Efficiency
  - Dual entry eliminated
  - Centralized charge/encounter data
  - Reminder tasks auto-generated for providers
  - Easy, immediate updates to encounter forms
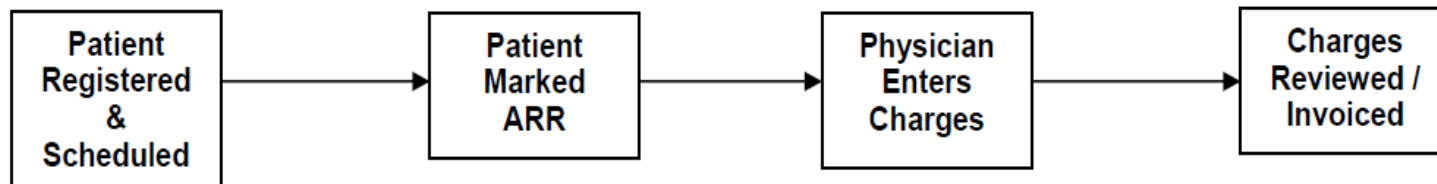 - Enhanced personalization options

Organizational Issues

- Change makes end-users uneasy
- Wide-spread effects through the organization
- Not going to fix a bad process
- Need for testing & planning can NOT be over-stated
- Involve a variety of end-users
- Work closely with clinical staff early in the design process
- Periodic review & process modification

How Charge Module Works

- Appointment made in the PMS and resides on Provider's schedule in pending status until DOS
- Appointment is arrived in the PMS and message flows through the interface to TWEHR
  - Appointment now shows as arrived on provider's schedule
  - Creates Submit Enc Form task for scheduled provider

Ambulatory Workflow

Patient Registered & Scheduled	→	Patient Marked ARR	→	Physician Enters Charges	→	Charges Reviewed / Invoiced

How Charge Module Works Continued…

Within the Note

- Provider creates note and completes visit as appropriate

- Assessed problems flow to Encounter Form

- Procedures, medications & immunizations that are set up to will flow to EF

- If organization utilizes E&M coder, the Office Visit charge can flow to the EF if set up is completed

How Charge Module Works Continued…

From the Encounter Form

- Verify all info listed is correct – modify, delete, and amend as necessary

- "Submit" charges to resolve the "Submit Enc Form" task
  - If end-user submitting is on direct submit, the EF will flow through interface to PMS
  - If end-user is not on direct submit, subsequent task is created for review by coding/billing users

- Coder reviews EF via task views & submits when satisfied requirements have been met for billing

- Locking of the EF is not based on billing provider, but on the preference of the end-user in conjunction with system settings

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How We Implement Charge

- **Workplaces**
  - TWAdmin
  - Admin
  - PhysAdmin
- **The Group Admin Workspace**
  - Groups Tab
  - Sub-Group Set Up
  - Exploding Sets
  - Manage Groups (Specialties)
  - Modifier Groups

How We Implement Charge Continued…

- **Set up charge-related dictionaries**
  - ICD10
  - Charge Code
  - Modifiers
  - Orderable Item
  - Division
  - Billing Area
  - Billing Location
  - Appointment Type
  - Discount Type
  - Encounter Type
  - Injury Type & Qualifier and Injury Context Qualifier
- **Importance of synching PMS and TWEHR**
  - ICD10
  - Charge Code
  - Billing locations, areas, divisions options while mapping providers
  - Visit Type
  - Encounter Type

How We Implement Charge Continued…

- **Charge Admin**
  - Map Providers
  - Enterprise Preferences
  - Additional Information Setup

How We Implement Charge Continued…

- **Admin & TWAdmin Preferences**
  - **Admin Preferences**
    - CW Division Required
    - CW Billing Area Required
    - CW Billing Location – akin to site
    - CW Encounter Diagnosis Limit

  - **TWAdmin Preference**
    - CreateFutureEnc (Set at Yes or No for Organization)

How We Implement Charge Continued…

- **TWUser Admin**
  - Uncheck the "Don't Generate Send Charges Tasks" when starting provider on charge module. Generates the Submit Enc Form task for arrived appointments
  - Billing Provider – allows you to map your provider in Charge Admin

- **Personalization options within TWEHR**

How We Implement Charge Continued…

- **Depends on PMS & TES**
  - Get vendor specs for interface messages
  - What types of edits can be written in TES?

- **Gather super-bills & convert to electronic encounter forms**

- **Define & create groups**

- **Ask for Feedback from Departments & Rework Groupings**

- **Be Prepared to Get Creative!!!**

Organizational Implementation Decisions

- **Is your organization going to bring up Charge:**
  - After implementation of other TWEHR modules?
  - Or, at the time of deployment?

- **Implementation strategy: Are you going to utilize a "site by site" approach or will you roll out by "specialty"?**
  - Specialties use the same sets of codes
  - Sites may share/support personnel across specialties

Planning the Implementation

- ▪ Meet with Coding Department
  - • Look at current Superbills
  - • Run Reports From PMS
- ▪ Additional Clinical Input
- ▪ Understand Clinical and Business Workflows
  - • Why are they doing what they do and can workflows be streamlined?
  - • Do you use Dummy codes, Dummy providers, or resource schedules?

Planning the Implementation continued…

- Additional Considerations
  - Appointments vs. Non-Appointments
  - Look at Visit Types: Are some non-billable?
  - Does your PMS limit the number of DX codes that can be submitted
  - How are demographics and FSC info sent to the TWEHR
  - Good time for modification and standardization

Miscellaneous Issues to Discuss

- Collect co-pays?
- User favorites
- Inpatient – Varies by organization
  - Technical Fees
  - Professional Fees
  - Facility Fees
- Task Views & workflow (who's reviewing, tasking, assignments, etc.)
- Preferences – User, Enterprise, Organization
- Orders – Charge Upon Completion
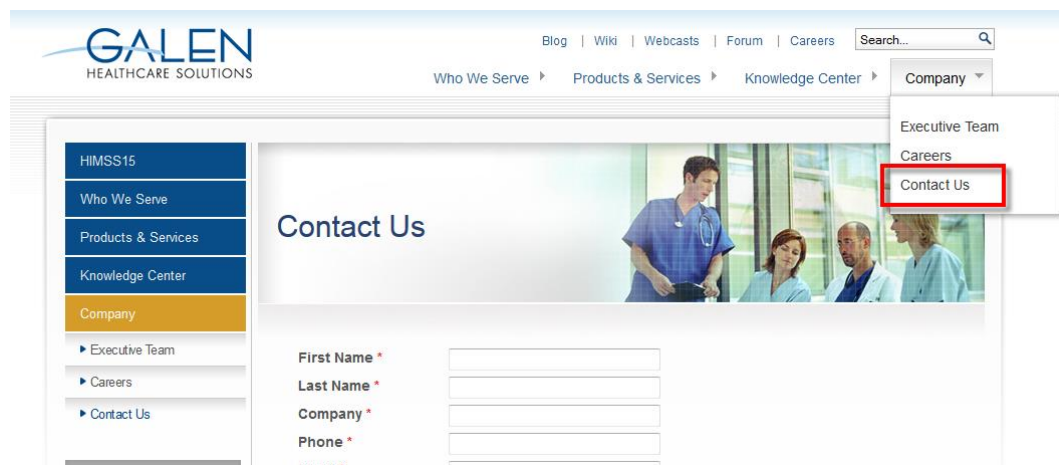- What to do when it's time to update/deactivate codes in PM

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