

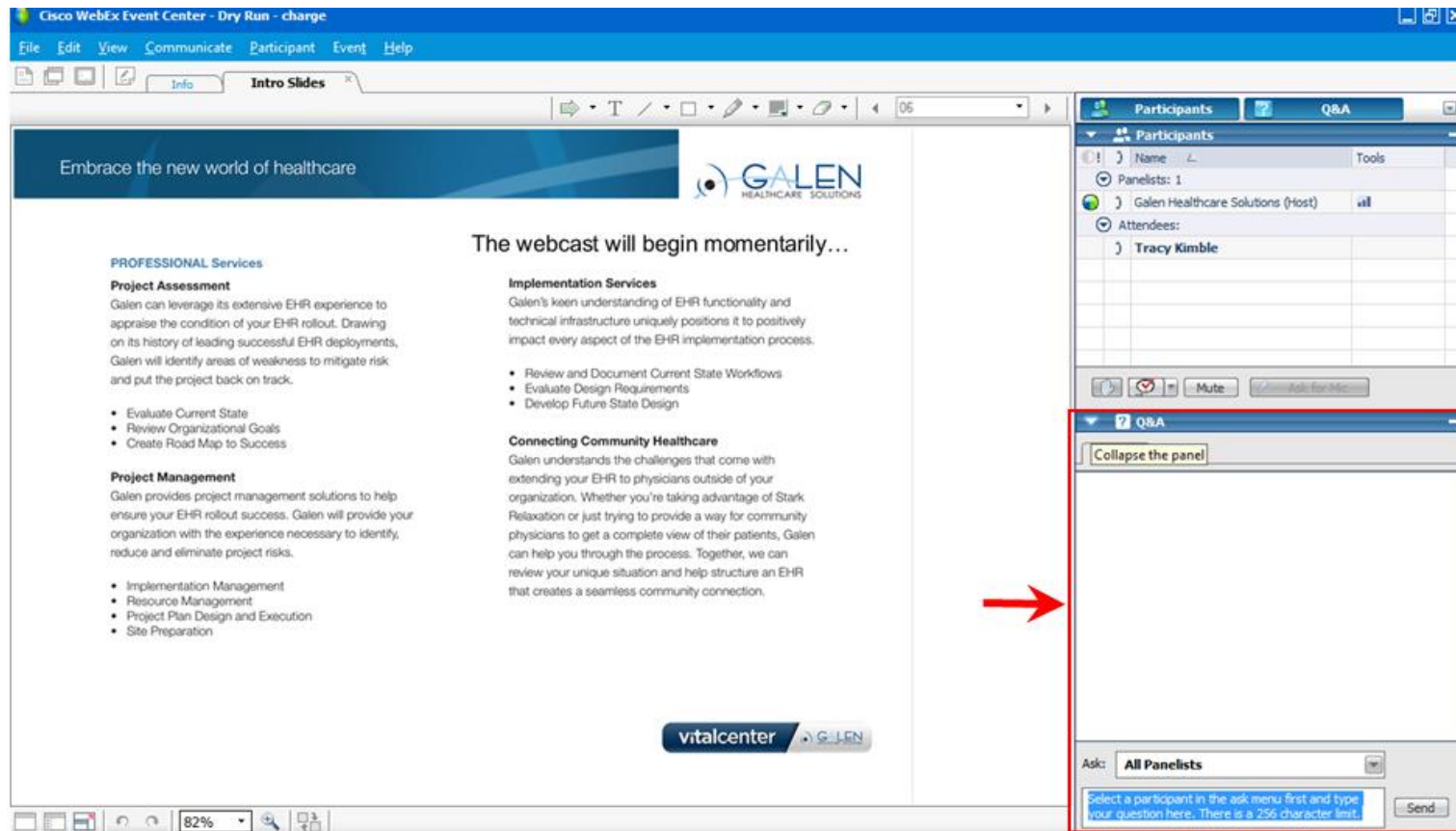
Charge Module

Design, Implementation,
and Troubleshooting

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Your phone has been automatically muted. Please use the Q&A panel to ask questions during the presentation!



The screenshot shows a Cisco WebEx Event Center window titled "Cisco WebEx Event Center - Dry Run - charge". The main content area displays a presentation slide with the following text:

Embrace the new world of healthcare

GALEN HEALTHCARE SOLUTIONS

The webcast will begin momentarily...

PROFESSIONAL Services

Project Assessment
Galen can leverage its extensive EHR experience to appraise the condition of your EHR rollout. Drawing on its history of leading successful EHR deployments, Galen will identify areas of weakness to mitigate risk and put the project back on track.

- Evaluate Current State
- Review Organizational Goals
- Create Road Map to Success

Project Management
Galen provides project management solutions to help ensure your EHR rollout success. Galen will provide your organization with the experience necessary to identify, reduce and eliminate project risks.

- Implementation Management
- Resource Management
- Project Plan Design and Execution
- Site Preparation

Implementation Services
Galen's keen understanding of EHR functionality and technical infrastructure uniquely positions it to positively impact every aspect of the EHR implementation process.

- Review and Document Current State Workflows
- Evaluate Design Requirements
- Develop Future State Design

Connecting Community Healthcare
Galen understands the challenges that come with extending your EHR to physicians outside of your organization. Whether you're taking advantage of Stark Relaxation or just trying to provide a way for community physicians to get a complete view of their patients, Galen can help you through the process. Together, we can review your unique situation and help structure an EHR that creates a seamless community connection.

vitalcenter **GALEN**

On the right side of the interface, there is a "Participants" panel and a "Q&A" panel. The "Q&A" panel is highlighted with a red border and a red arrow pointing to it. The "Q&A" panel contains a "Collapse the panel" button, a text input field, and a "Send" button. Below the input field, there is a dropdown menu set to "All Panelists" and a small instruction box that reads: "Select a participant in the ask menu first and type your question here. There is a 256 character limit."

Objectives

- **Why implement charge?**
- **Organization considerations**
- **How is this supposed to work?**
- **Getting started – system configuration**
 - Creating group builds
 - Charge-related dictionaries
 - Charge admin options
 - Preferences
 - TWUser Admin settings

Why Implement Charge?

- **Utilization for meaningful use reporting**
- **Increased Revenue & Accelerated Cash Flow**
 - Fewer lost charges, reworks, and billing mistakes
 - Faster submission = faster reimbursement
- **Improved Efficiency**
 - Dual entry is eliminated
 - Reminder tasks auto-generated for providers
 - Easy, immediate updates to encounter forms
 - Enhanced personalization options
- **Personalization of “Super Bill” via Favorites**

Organization Issues

- **Change makes end-users uneasy & this is a BIG change**
- **Involving money & affects many people in the organ—administrators, providers, & business office**
- **Not going to fix a bad process but will bring poor workflow to light – opportunity to examine & redesign**
- **Need for testing & planning can NOT be over-stated**
- **Involve end-users from across the organization**
- **Work closely with clinical staff to identify task teams & responsibilities early in the design process**
- **Periodic review & process modification needed**

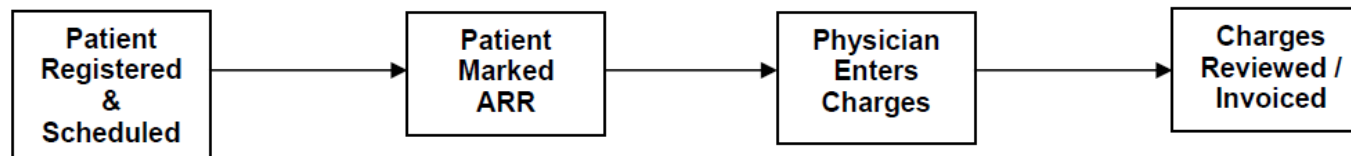
Organization Implementation Decisions

- **Is your organization going to:**
 - Bring up charge after implementation of other AEEHR 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

How Does the Charge Module Work?

- **Appt made in the PMS resides on provider schedule in pending status until the date of service**
- **Appt is arrived in the PMS and message flows through interface**
 - Causes appt to show as arrived on the provider's schedule
 - Creates Submit Enc Form task for the scheduled provider

Ambulatory Workflow



From 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**

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 PM
 - 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**

Getting Started

- **Meet with coding department**
 - Look at current Super Bills
 - Run reports from PMS to get accurate numbers
- **Additional clinical input needed**
- **Understand both clinical and business workflow**
 - Why are they doing what they do? Can workflows be streamlined?
 - Do they use dummy codes, dummy providers, or resource schedules (ie: nurse, allergy injections or chemo chairs)?

Additional Considerations

- **Appointments vs Non-appointments**
- **Look at your visit types: Are some non-billable?**
- **Does your PMS limit the number of dx codes that can be submitted?**
 - Some carriers limit dx to 4, 8 or 10 codes
 - Be sure to inform end-users of decisions and reasoning
- **How are demographics & FSC info sent to the AEEHR?**
- **Good time for modification & standardization**

How Do We Implement Charge?

- **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 & re-work groupings**
- **Be prepared to get creative!**

Application Demo

Additional Considerations

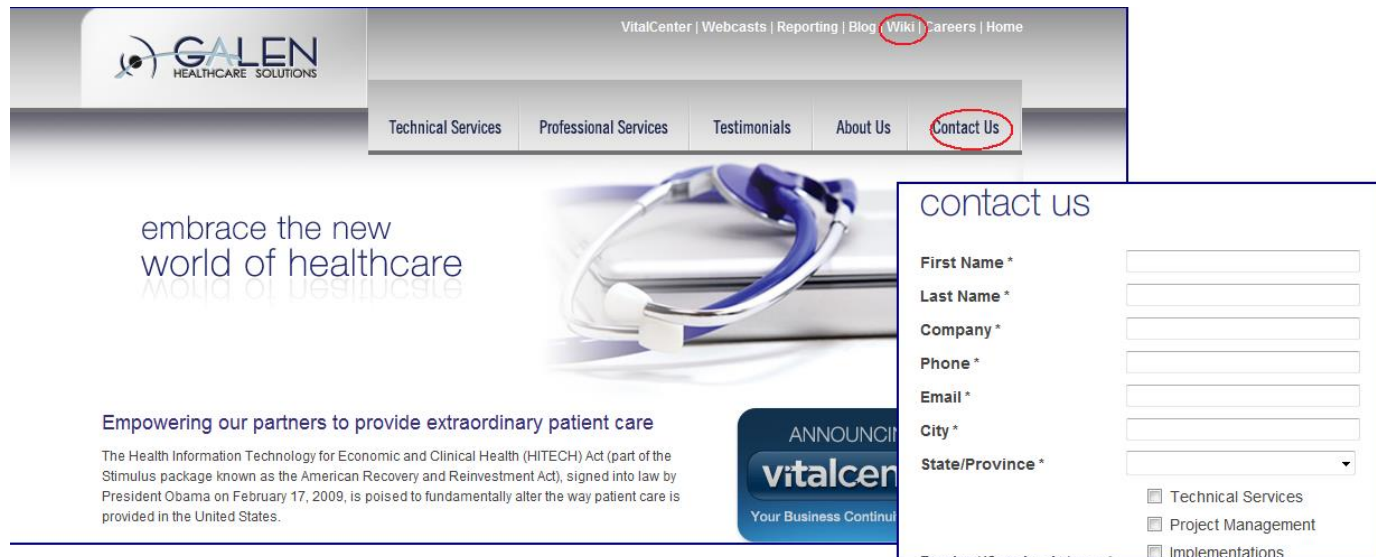
- **Importance of syncing PMS & EHR**
 - ICD9, billing locations, areas, divisions, visit & encounter types
- **What to do when it's time to update/deactivate codes in PMS**
- **Inpatient Charges – Vary by organization**
 - Technical, Professional & Facility fees
- **Decide on a workflow to handle charge-related problems**
 - What are you going to do if charges need to be added to an already-submitted invoice?
 - What are you going to do when codes need to be changed?
 - How are you going to handle visits not billed to a primary insurance?
- **Who in the organization will work the missing charges list?**

Questions?

Contact us through our website at

www.galenhealthcare.com

888.GALEN.44



The screenshot shows the GALEN Healthcare Solutions website. The top navigation bar includes links for VitalCenter, Webcasts, Reporting, Blog, Wiki, Careers, and Home. A secondary navigation bar contains Technical Services, Professional Services, Testimonials, About Us, and Contact Us. The main content area features the slogan "embrace the new world of healthcare" and a stethoscope image. A "contact us" form is overlaid on the right, containing fields for First Name, Last Name, Company, Phone, Email, City, and State/Province. Below the form are checkboxes for Technical Services, Project Management, and Implementations. A "vitalcenter" announcement banner is also visible at the bottom of the page.