



Charge Module

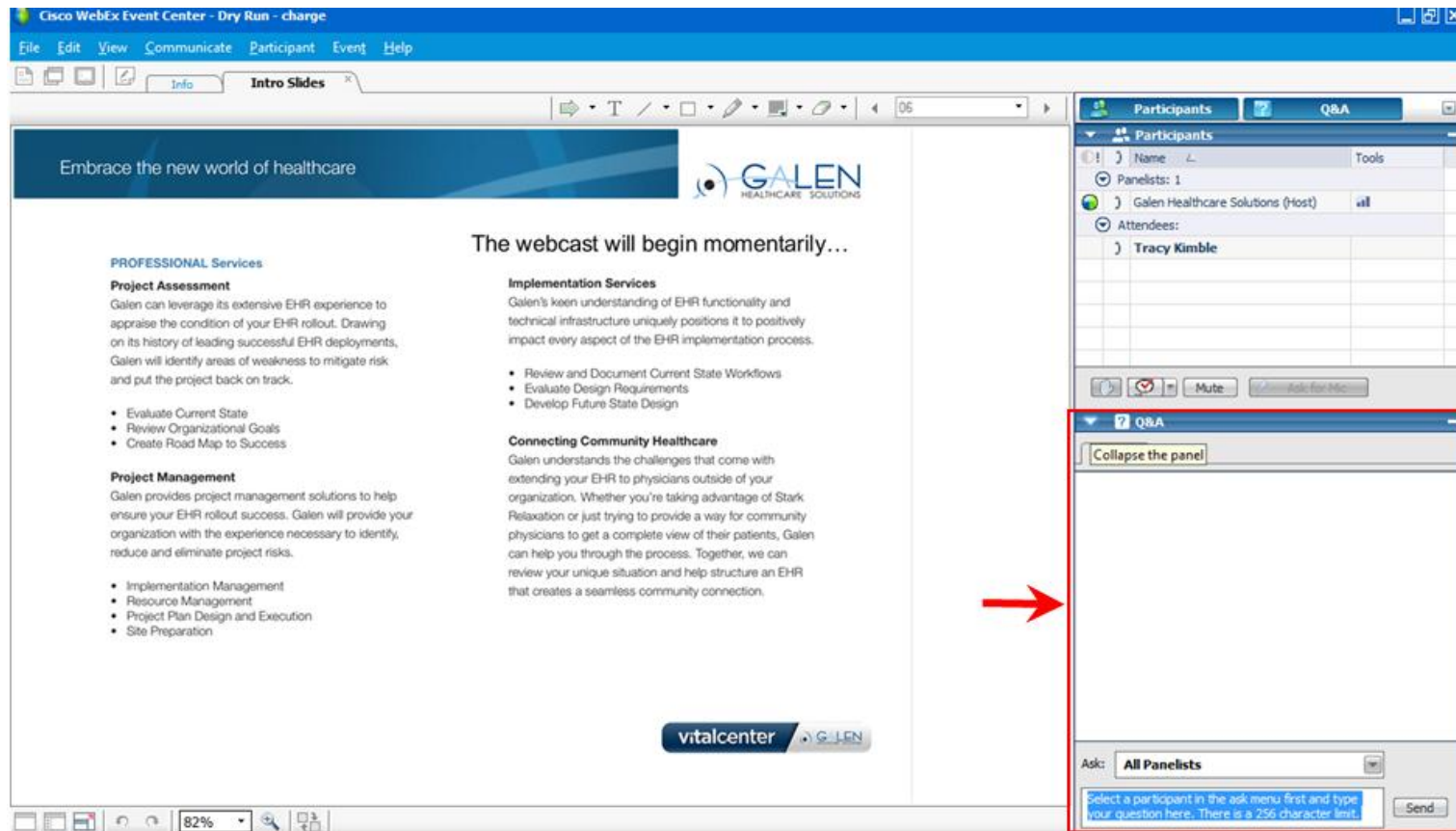
Design, Implementation, and Troubleshooting

Presenter: Tracy Kimble

November 11, 2011



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



Embrace the new world of healthcare

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.

Q&A

Participants

Name	Tools
Panelists: 1	
Galen Healthcare Solutions (host)	
Attendees:	
Tracy Kimble	

Q&A

Collapse the panel

Ask: **All Panelists**

Select a participant in the ask menu first and type your question here. There is a 256 character limit.

Send

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
- Outpatient charges

Why Implement Charge?

- Utilization for meaningful use reporting
- Increased Revenue & Accelerated Cash Flow
 - Faster submission = faster reimbursement
- Improved Efficiency
 - Dual entry is eliminated
 - Easy, immediate updates to encounter forms
 - Enhanced personalization options
- Internal organizational reporting
 - Tasks auto created for providers
 - Easier to spot trends with reportable data
- 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 organization—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

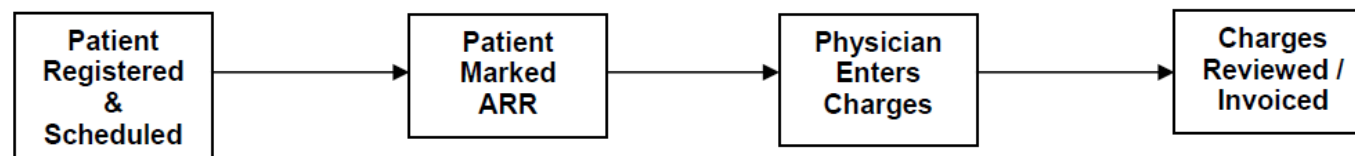
Organization Decisions

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

Workflow Demo

Getting Started

- Meet with coding department (enterprise or specialty)
 - 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 or chemo chars)?

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 AEHR?
- 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?
 - How does your organization want to handle changes to the EF?
- Gather super-bills & convert to electronic encounter forms
- Define & create groups
- Ask for feedback from departments & re-work groupings
- Be prepared to get creative!

Define & Create Groups

- Sub-Group Set Up
 - Diagnosis
 - Procedures
 - Visit Charges
- Exploding Sets
 - Create the grouping with dx, procedure, & visit
 - Link to appropriate groups
 - Modify charge details for number of units & appropriate modifiers
 - Set the display order of exploding set
- Manage Groups – Assign groups
- Modifier Groups – only modifiers assigned to a group will be available for selection by end-users utilizing those builds on the front end

Application Set-up Demo

Charge-Related Dictionaries

- ICD9
- Charge Code
- CPT4 Modifiers
- Division
- Billing Area
- Billing Location
- Appointment Types
- Discount Type
- Encounter Type
- Injury Type & Qualifier and Injury Context Qualifier

ICD9, CPT4, and Modifiers

- ICD9 Diagnosis
 - When linked to problems (Problem dictionary) ICD9 code sent to Charge via Note based on assessed problems by providers
 - Loaded from the PMS through SSMT, automated update process, or manually entered directly in the dictionary
- Charge Code (CPT4)
 - Charge Type – Multiple Unites, Time Based, etc
 - Visit Code/25 Modifiers
 - Age/Gender restrictions
- Modifiers (“CPT4 Modifiers”)
 - Visit, Procedure, Both
 - CCI Modifier

Orderable Item Dictionary

- Charge M/N section
 - Set the “When to Charge” option appropriately
 - Link billable CPT4 codes
 - Include charges for medications (and generic equivalents) along with administration codes
 - Issues with charges not dropping to encounter forms
- Can include other options
 - Display code, description, administration fees
- Keep careful records of orders set to charge
- As CPTs are marked inactive in PMS, OID must be manually updated

Additional Charge-Related Dictionaries

- Division
- Billing Area
- Billing Location
- Appointment Types
- Discount Type
- Encounter Type
- Injury Type & Qualifier and Injury Context Qualifier

Charge Administration

- Map providers
- PDA task set-up
- Configurable fields
- Enterprise preferences
 - Some found also with Order preferences
 - ABNs & Medical Necessity
- User preferences
- Compliance Code set-up
- Additional Info set-up

Mapping Providers

- Options that are displayed on encounter header in charge module
- Reflect only those options that are available in your PMS
- Not keeping in synch will result in interface or PMS errors
- Always verify your options have been saved

Enterprise Preferences

- CCI – Correct Coding Initiative
- 25 Modifier checking
- Free text referring provider
- Non-billable dx codes
- Compliance code field, defaults & required
- Medical necessity
- Hold for ABN
- Encounter locking & lock timeout
- HCC – Hierarchical Condition Category Checking

Additional Info Set-up

- Set condition based on variety of criteria
 - Chg Code, Dx, Division, Billing Area or Location, FSC, Injury type, and Patient Age or Sex (limited to 3)
- Can be set to line item charge or the entire encounter
- Answer type & inputs can be controlled
- Red frowny face on encounter form
- Examples: NDC, Date Last Seen, Disability Dates, LMP, Prior Auth Number, Referral Number, etc.

System Preferences

- Admin preferences for charge – 3 to be set
- TWAdmin preferences – CreateFutureEnc
- Personalizations on encounter form tab
 - Auto Link of Dx(s) to Charges
 - Display when Submit Button is activated
 - For Diagnosis, Visit and Procedure tabs
 - Default selection method
 - Display controls
 - Sort order
 - Number of columns

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
- Preferences for Product – Enterprise EHR
 - ChgWorksCreateRevEncFormTasks
 - Always – Review Enc Form Task generated
 - Never – no Review Task; EF will lock if preference set
 - Inpatient – varies by organization
 - Large number of other preference – can be set through SSMT

Additional Considerations

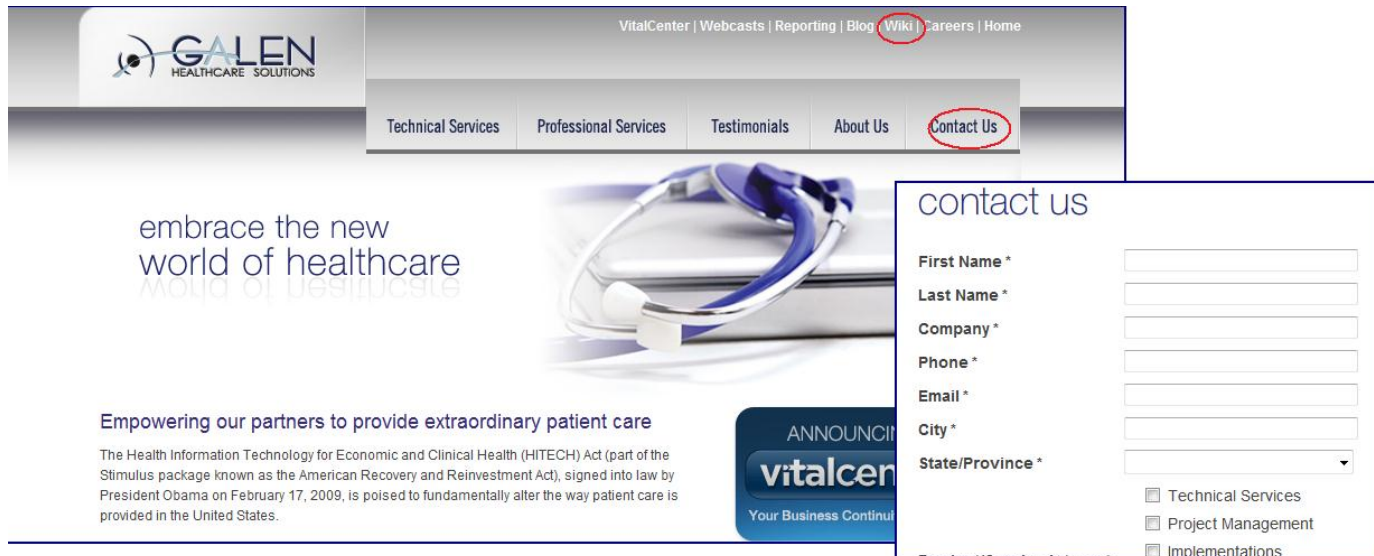
- Importance of syncing PMS & EHR
 - ICD9
 - Billing locations, areas, divisions options while mapping providers
 - Visit Type
 - Encounter Type
 - What to do when it's time to update/deactivate codes in PMS
- User favorites
- Inpatient – Varies by organization
 - Technical fees
 - Professional fees
 - Facility fees

Also to consider...

- Charges not dropping to correct EF and how to correct them
- 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?

Questions?

Contact us through our website at
www.galenhealthcare.com
888.GALEN.44



The screenshot shows the GALEN Healthcare Solutions website. The header includes the company logo and navigation links: VitalCenter | Webcasts | Reporting | Blog | **Wiki** | Careers | Home. A secondary navigation bar contains: Technical Services | Professional Services | Testimonials | About Us | **Contact Us**. The main content area features the tagline "embrace the new world of healthcare" with a stethoscope image. Below this is a section titled "Empowering our partners to provide extraordinary patient care" with text about the HITECH Act. A "vitalcenter" logo is also present. An overlay shows the "contact us" form with fields for First Name, Last Name, Company, Phone, Email, City, and State/Province. Checkboxes for "Technical Services", "Project Management", and "Implementations" are at the bottom.

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embrace the new world of healthcare

Empowering our partners to provide extraordinary patient care

The Health Information Technology for Economic and Clinical Health (HITECH) Act (part of the Stimulus package known as the American Recovery and Reinvestment Act), signed into law by President Obama on February 17, 2009, is poised to fundamentally alter the way patient care is provided in the United States.

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