GALEN HEALTHCARE SOLUTIONS

Charge Module
Design, Implementation, and Troubleshooting

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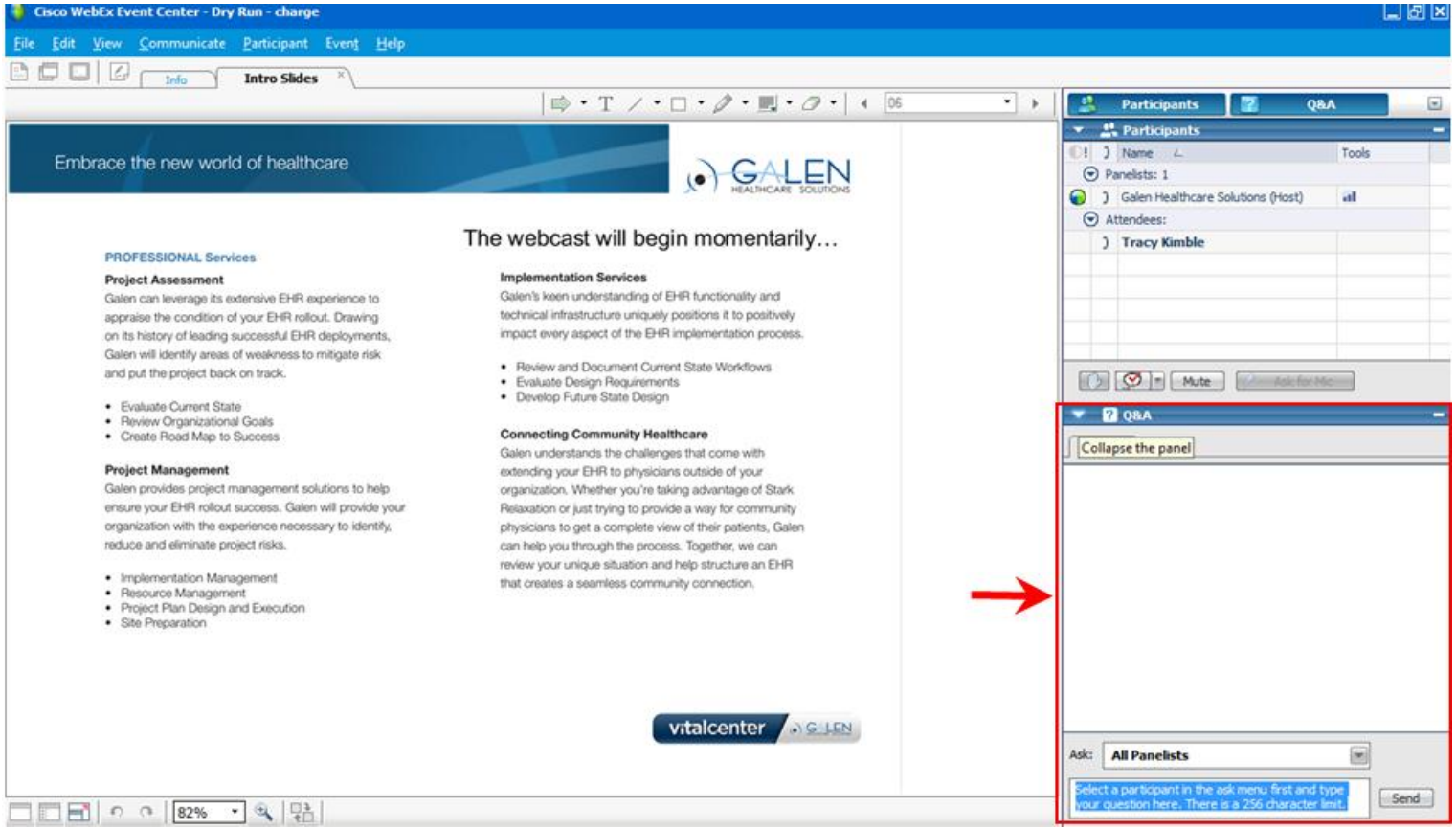
Your phone has been automatically muted. Please use the Q&A panel to ask questions during the presentation!



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

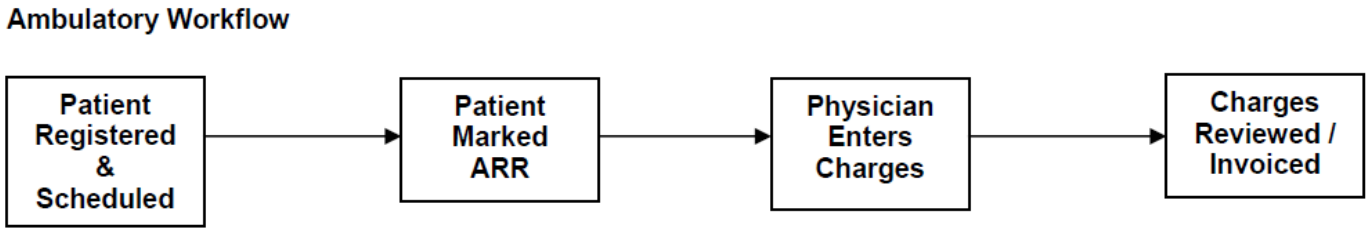
Organization Decisions

- 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



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
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