Connect the Dots between EMR Orders and PM Charges

PRESENTED BY
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» YEARS OF EXPERIENCE: Sixteen

» SYSTEMS KNOWLEDGE: GE Centricity Practice Management (Millbrook), EMR (Logician), Centricity Practice Solutions (CPS), Centricity Analytics, GE EDI, & McKesson Clearinghouse, Docutрак, Visual Form Editor, CCC forms, Kryptiq Secure Messaging, Patient Portal, and ePrescribe, HL7, LinkLogic, Microsoft Office, Microsoft CRM, Microsoft, SharePoint. Allscripts Enterprise EHR version 11.2

» KEY RESPONSIBILITIES: implementations, system build, project management, training, testing PM/EMR system and workflow optimizations, EMR VFE forms, training, billing, EDI Clearinghouse, revenue cycle analysis

Fun personal fact: Angela lives in Indianapolis and got her start as an Optician for two providers for more than seven years!
Local CHUG User Groups

• As a reminder, stop by and sign up for your local user group
• Hayes volunteered to host Indiana, Ohio, and Kentucky and will also be hosting virtual meetings for special topics/specialties. Stop by the booth to get on the contact list.
Common Concerns:

» Unsure if all EMR charges are **accounted for** in PM
» EMR charges cause **duplicate** billing tickets in PM
» EMR charge detail **incomplete** when imported to PM (missing info such as modifiers, etc.)
» EMR charges not crossing over to PM
» **Expired CPT codes** coming over from EMR even though they are inactive or expired in PM

» There are undoubtedly more common concerns, but we only have one hour!!
Agenda

1. What staff sees when entering orders (clinical staff) and importing charges (billing staff)
2. Looking for EMR Orders (Charges) to import to PM
3. PM/EMR Order Setup
4. PM import settings
5. Causes of duplicate billing lines
6. Responsible provider defined
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Example of common statement from Billing staff: the clinical staff entered an incorrect CPT code to send to billing. Can’t they see that?

Billing staff usually refers to CPT billing code.
Clinical staff does not always see or refer to the CPT code. Rather, they typically choose from a description, which may or may not match what is sent to billing.
» Tip: Include the CPT code in your EMR ‘Custom List’ entries so that providers can see the CPT code and the description.
Other EMR possibilities include where clinical staff chooses diagnosis and/or Orders built in custom EMR forms.
Sometimes custom EMR forms even have coding built behind the scenes that automatically adds orders so the clinical staff doesn’t need to select them manually.

Hidden EMR form funky coding
Conclusion: It is not always a person entering orders directly. Some orders are added based off of EMR form coding.

Seek to trace the electronic footprints to find the root cause of the issue when troubleshooting
Conclusion: Do not assume that both parties are looking at the same thing and speaking the same language

• When troubleshooting, it can be helpful to shadow the provider and watch what they are clicking on and choosing during Order Entry

• The workflow, method, and timing of what is chosen can help solve many issues
Conclusion: Try to solve the root cause of the problem

• If it is a clinical workflow issue, provide education to correct and prevent future errors. They do not know that they are doing it wrong if you don’t tell them and show them how to do it the way that you need it done.
Example - clinical staff: pay attention to diagnosis

- Common complaint: ALL diagnosis are selected and added to an order. Train staff how to limit the Dx associations to only what is appropriate PER order and to pay attention to popup warnings.
TIP: Flag tickets using visit owners for “Training” or another one for “Support” and add a visit description note so that you can easily find the example to show.
Conclusion: Centricity is not perfect and does have some “bugs”, but most issues are either related to order setup or user error

- Do not be afraid to use your support department for troubleshooting. That is what you pay them for!

I’m pretty sure CPS sometimes has Gremlins…in my professional opinion
Conclusion: accuracy is your responsibility

- Regardless of HOW orders are entered, they must be reviewed carefully before signing off
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Day to day, your billing staff probably imports EMR orders, approves the claims and gets them out the door to the insurance payor.

Are you sure that you are catching everything from the EMR?

What about charges entered AFTER the initial import?
Looking for EMR Charges Awaiting Import

» From Billing, select ALL dates and check the box to “include only visits awaiting unretrieved charges”
Looking for EMR Charges Awaiting Import

» If the external columns says “Yes”, that means that there are EMR charges to import into PM.
Looking for EMR Charges Awaiting Import

» This is the ONLY place in Centricity to see orders awaiting import (that I’m aware of)

» You cannot print this screen (but you can do a screenshot)

» There is no report to print that will show you this information

» There is NO audit report to show you the EMR Orders entered and the PM charges imported
Looking for EMR Charges Awaiting Import

» Best practices: check for charges awaiting import and use ‘No Billing Filter’

• On a weekly basis (at least) filter for “All Charges Awaiting Import” for ALL dates without using any further filtering criteria

• Why can’t I filter by provider or facility, etc.?
  - There is a known bug at some practices where filtering for anything more will not return ALL results. You can filter day to day, but be sure to audit this way too.
Looking for EMR Charges Awaiting Import

» Best practices: audit EMR and PM
  • Perform random audits per provider and sample the orders entered vs. the PM billing charges for that ticket. (You should be doing this anyway)
Looking for EMR Charges Awaiting Import

» Best practices: keep list clean

• Keep the “to be imported” list up to date and clean up tickets that do not belong there (i.e. orders that may have been sent during testing or initial implementation. Or orders that crossed over in error but either have or haven’t been fixed in setup).
Looking for EMR Charges Awaiting Import

» Also, be aware of the possibility of accidentally losing the “Prompt” to import charges.
Looking for EMR Charges Awaiting Import

» How? If you double click to open a ticket that has a YES in the External Charges column, you will get a popup window asking you if you are ready to bring the charges over.
» Sometimes you are not ready to import the charges but you need to do something in that ticket (such as post a copay)

Note: The popup messages and answer buttons vary depending on CPS version.
If you click NO then click OK you will get this second popup window:
If you click NO....the charges will stay in the queue and users will be alerted with the popup to retrieve charges. The YES will stay in the External Charges column.

**BUT**, If you click YES to continue, the charges DO NOT COME OVER and they YES goes away in the External Charges column.

• Users will never again be alerted that there are charges that belong on this ticket. The only way now to get charges on this ticket is to look in EMR for the charges then manually key them into the billing line in PM.
So, what do we do then? What do we tell staff to answer when they see that question?

- Option #1: Instruct staff to import the charges and assign a visit owner to billing.
- Option #2: Instruct staff to NOT import the charges and back out completely from the ticket. If they have a task to do on that ticket, they can give the task to billing or a manager.
» **Best Practice:** Audit billing to make sure the charges are entered for every ticket.

- If the ticket is in the status of In-Progress with no charges but you see EMR charges, then it is a possibility the prompt was lost.
  - (This could also be a setup issue, but don’t rule this option out. Human error is possible in CPS)
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Did you know?

- CPS has two different tables for PM and EMR orders
CPS has two different tables for PM and EMR orders.
The EMR CPT code must match the PM code in order to cross over to billing. So, the code must exist in both tables.

In EMR, the code must also be setup to transfer to PM if you want it to go to billing.
Order Setup

» If the code is sent from EMR and not built in PM, it will come over as ‘???’ In the ticket when imported
» You will need to research to see if the code is built correctly in PM and EMR and fix as appropriate
TIP: sometimes you WANT the EMR code to come over as ‘???’ to purposely flag billing staff!

“At one medical practice, they sold gift-cards for medical-cosmetic procedures. Clinical staff would enter the gift card and the EMR order required "additional information" before signing so that the staff would type in the dollar amount.

When it crossed to PM, the billing staff would see the ‘???’ and enter the correct CPT code and fee amount for the gift card.”
Best practice: when CPT codes are inactive or expire, go through every EMR codes and category list and EMR custom forms to ensure that the code is removed or made obsolete completely.

Review all EMR lists because it is possible a CPT code can exist on more than one list.

This prevents the code from continuing to be sent from EMR even though there is an expired code in PM.
Common complaint: the EMR orders sent to PM are often missing information and it is time consuming to send flags or research to get what I need before I can bill for this ticket
Order Setup

» TIP: set up EMR orders to require “Additional Info” as appropriate

The user will not be able to close the order until the additional info is entered on the order.
» TIP: set up some EMR orders to auto-attach the modifier

You could build a CPT code in PM for each modifier and attach the modifier that is appropriate each time on the info tab. In this example you would build 59425 three times each with the correct modifier.

59425U1
59425U2
59425U3
TIP: set up some EMR orders to auto-attach to the modifier

Then, on the EMR side, build the codes three times each to match then add to a custom list for providers to choose from.
Order Setup

» TIP: set up some EMR orders to auto-attach the modifier

Auto-attaching the modifier saves time and clicks for everyone and ensures that your order is complete for billing!
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PM Import Settings

» An often overlooked feature in CPS
  • Admin – System Folder - Application

Consider retrieving additional charges into the same ticket AND setting a visit owner automatically to tag/identify this ticket for new charges entered after import
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Duplicate Billing Lines

» Common complaint: why am I getting duplicate billing lines when importing charges?
» Associating the EMR encounter to the appointment is good, but it does not guarantee that you will not get a duplicate ticket.
Duplicate Billing Lines

» Certain criteria MUST MATCH the PM appointment when you start the EMR encounter in order to prevent a duplicate ticket

• ‘Clinical Date’ must match ‘Appointment Date’
• ‘Location of Care’ must match ‘Facility’ on the appointment
• ‘EMR Provider’ must match ‘Responsible Provider’ on appointment

- The ‘Authorized By Provider’ on EMR orders will override the responsible provider even if the encounter is associated to an appointment on the schedule. The responsible provider on the appointment must match the authorized provider on the order and the encounter must be associated to the appointment in order for the charges to come over on that same ticket with that provider.
If you have all the appropriate criteria, then the “associate to existing patient appointment on this clinical date” box should auto-check.

Tip: if you have to check that box manually, then look at the criteria again because something does not match up.
» TIP: did you know that you can attach an EMR default encounter type that will auto-create at appointment check in?

• This automatically ties the appointment to the EMR encounter and can reduce the risk of duplicate billing

Auto-creates EMR document at appointment check in
Duplicate Billing Lines

» Common complaint: we are using appointment sets to link appointments together but we are STILL getting duplicate tickets!

In order to get one billing ticket, the ‘Responsible Providers’ must match on BOTH appointments in the set. The ‘Resource’ can be different, but the ‘Responsible Provider’ must match.
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Common questions:

• Should I change the ‘Responsible Provider’ in ‘Registration’ to match the ‘Responsible Provider’ on the ‘Appointment’ every time?

• Can’t we just leave the ‘Responsible Provider’ field BLANK in ‘Patient Registration’?
Responsible Provider - Defined
» **Responsible provider:** The user who is clinically responsible for a particular patient or document. A provider can be any member of the clinical staff who gives care to a patient. Providers may include physicians, physician’s assistants, and nurses. The patient's responsible provider is the provider who has direct care for the patient. In some clinics, the primary care physician might be the patient's responsible provider. In a multi-specialty clinic, the responsible provider may be any provider who initiates a chart update. For a document, the responsible provider is the one who takes responsibility for the content of the document, even though there may be several contributors to the document.
Answer: the ‘Responsible Provider’ on an Appointment DOES NOT have to match the ‘Responsible Provider’ in Registration.

- ‘Responsible Provider’ entered on the appointment bills under that provider for THAT date of service
- ‘Responsible Provider’ listed in Patient Registration is typically the provider that this patient is assigned to within your practice. It does not mean the patient cannot see other providers.

Let’s discuss this further...
Responsible Provider – Further Defined

» (Billing) ‘Responsible Provider’ attached to a scheduled appointment: when the appointment is scheduled, the ‘Responsible Provider’ field on the appointment is what pulls through from the actual appointment to billing by default for that ticket, for that date of service.

The ‘Responsible Provider’ on the Appointment doesn’t have to match the ‘Responsible Provider’ attached to the Patient Registration.
» The ‘Resource’ is which scheduling column the appointment is scheduled. A resource can or doesn’t have to be the same person as the ‘Responsible Provider’. For example, you can schedule a patient to see a nurse (Resource) but the ‘Responsible Provider’ on that appointment can be the doctor.
Conclusion: the ‘Responsible Provider’ on the appointment does not have to match the ‘Responsible Provider’ attached to the patient registration.

It is best practice NOT to change the ‘Responsible Provider’ field in Registration to match each appointment on the schedule. This field should remain the patient’s main ‘Responsible Provider’ for your practice.
» (Billing) Responsible Provider when creating new billing tickets:

- If creating a new ticket without an appointment attached via “the white bag icon”, the default ‘Responsible Provider’ for billing purposes will pull from the responsible provider entered in Registration. You will need to change as needed.

Visits created from the “White Bag” icon will pull the ‘Responsible Provider’ from Registration by default.
Responsible Provider – Further Defined

» (Eligibility) – When verifying eligibility electronically...If a responsible provider is not indicated in Registration, the system will not be able or allow you to verify eligibility electronically.

• So, it is not generally recommended to leave the ‘Responsible Provider’ field BLANK in Registration.
Also notable is when a Refill Rx encounter is initiated from the ‘Refill’ icon, it pulls the ‘Responsible Provider’ in Registration by default for the ‘Authorized By’ field. If this is blank, then it defaults the ‘Authorized By’ to the signed in user.

Some offices do not like the room for error so they require the ‘Responsible Provider’ to be populated in Registration.
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In Closing:

» Questions?