Project eDR overview

A POWERFUL TOOL TO BETTER MANAGE RESOURCES

IN

VA/DOD JOINT VENTURES

Hawaii Collaborative

October 27, 2010

Background of Hawaii Collaborative

- One of the first designated joint ventures
- Largest number of VA patients referred to a DoD joint venture
  - FY09 reimbursements
    1. $19.123 M billed to VAPIHCS for clinical care
    2. $1.2 M billed to Tripler AMC for clinical care
  - Other VA joint ventures ranked by size of dollar payments to DoD Partners:
    - Las Vegas
    - El Paso
    - N. California
    - Anchorage
- Mature governance structure
  - Use of working committees
  - Joint Policies
  - Reimbursement Methodology adoption of National MOAs

Creation of Document and Referral Mgt (DR)

- 2003 NDAA Joint Venture Demonstration Site (Budget & Financial)
- 4 Major Studies; 99 Recommendations
  - Flow Chart existing processes reflected inefficiencies and many areas prone to failure
- Initial effort was a contract award to improve document management and referral management (DR)—primarily aimed at TAMC
- In 2008, JIF for Enhanced DR—improve upon 'DR' and offer bi-directional support

eDR – Vision and Objectives

eDR - Provide Patient-Centric Healthcare

Vision

- Ensure seamless referrals and document management
- Use a charge master based billing system to invoice by episode of care using commercial best practices
- Account for all VA workload sent to DoD on a timely basis to ensure accurate VERA allocation
- Enable analysis and forecasting through a user friendly analytics tool

Objectives

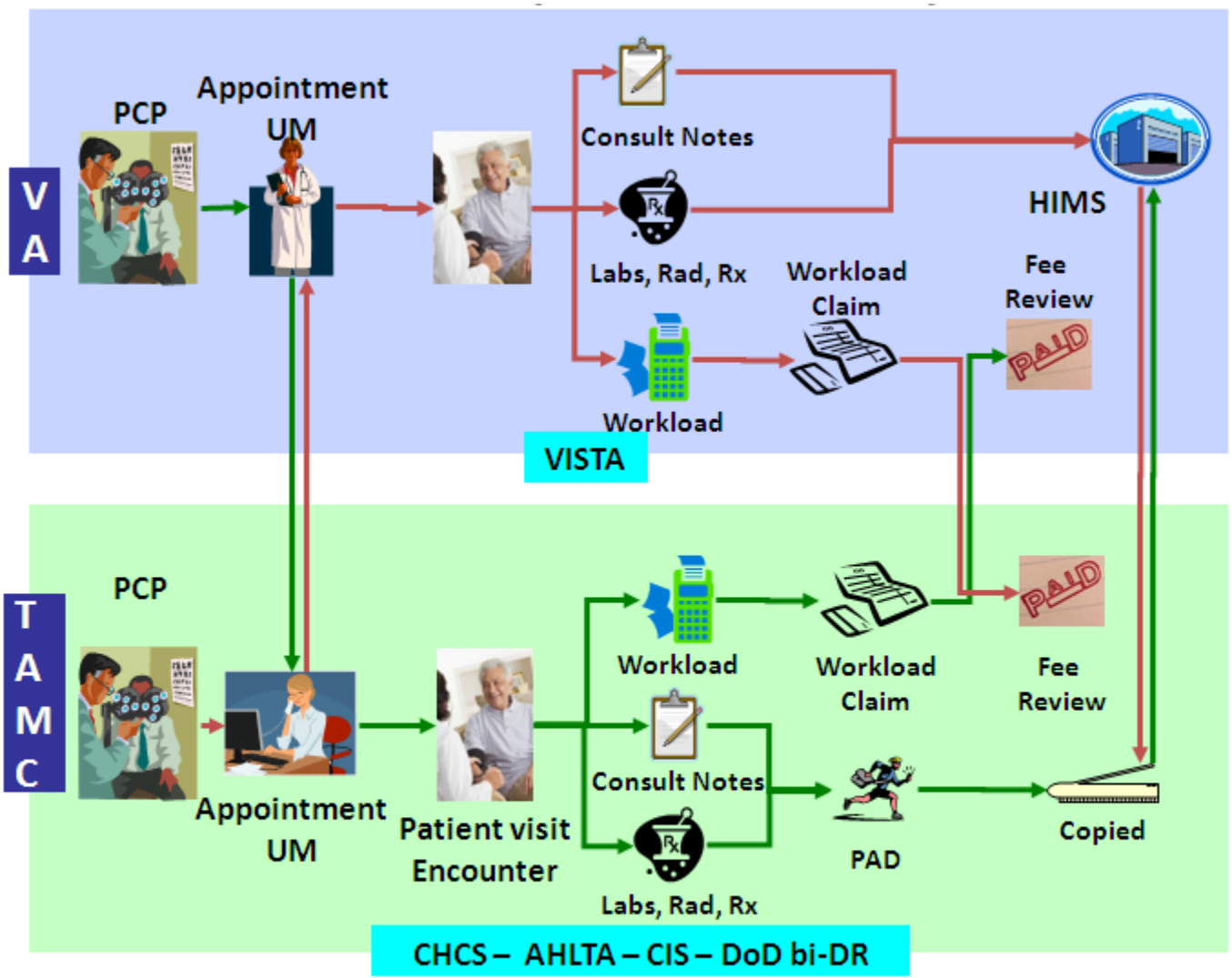
- Track patient referrals and appointments in real time
- Reduce billing and payment timeline to 30 days for outpatient and 60 days for inpatient
- Capture workload within ARC timeframe
- Measure performance to achieve highest standards

eDR - Enhanced DR

More than just a Referral & Document Management System

- 4 Modules
  - Bi-directional DR
  - Charge Master Billing System
  - VistA Fee/IPAC Interface
  - Joint Analytic Repository

Before DR Operations



Existing VA to DoD referrals

DoD to VA referrals

Referral

Spreadsheet

Authorization

Spreadsheet
Email

Appointment Tracking

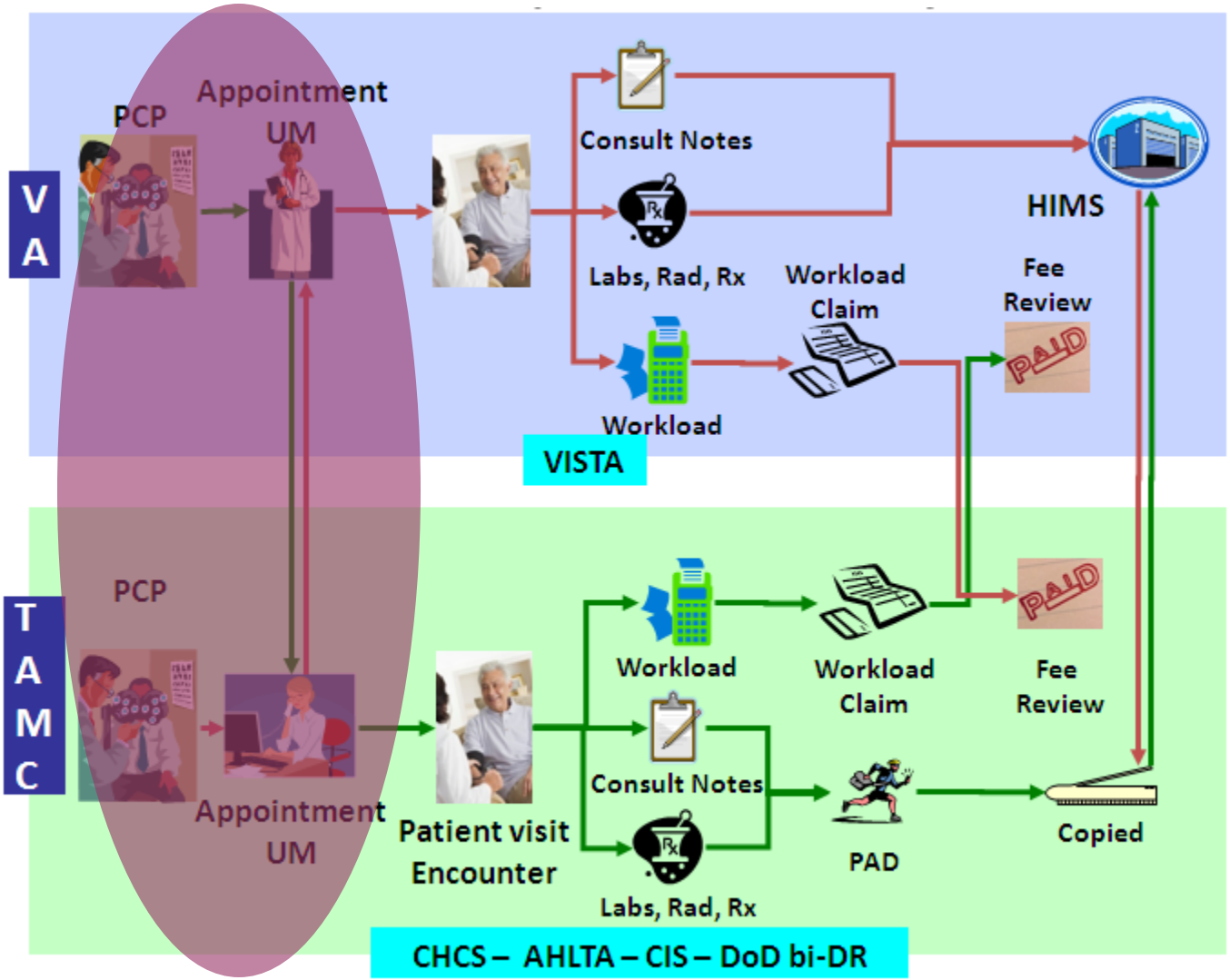
Manual

Billing

Manual
Spreadsheets

Payment

Referral Management



Existing VA to DoD referrals

DoD to VA referrals

Referral

Spreadsheet — **Referral Mgt**

Authorization

Spreadsheet, Email — **Authorization Timeliness**

Appointment Tracking

Manual

Billing

Manual, Spreadsheets

Payment

Referral Management – Then

- Labor intensive
- Questionable HIPAA Compliance
- Frequent problems with appointing
- Less than 12% of consults were appointed in 5 business days
- Increase use in community services

Referral Management and Tracking

Work list of Referrals from VA to TAMC – Directly from VistA - CHCS

Tracking and Managing stages of every Referral – Registration – Review – Appointment – Fulfillment

#	View Consult	1
Auth Number		
Patient Name		
Patient SSN		
From Date	05/18/2009	
To Date	10/31/2009	
Service Req.	FB NEUROSURGERY-ROUTINE	
Registration	System 05-18-2009 15:40:00	
EnterConsult	System 05-18-2009 15:40:00	
ClinicReview	System 05-18-2009 16:19:00	
Book	System 05-19-2009 14:13:00	
Notification		
FollowUp		
Remove		
Req. Date	05/18/2009	
Requesting Clinic		
Auth Entered/Update Date	09/10/2010	
Comment		

Comments History

OK | IRM | Cancel

Referral Timeliness Exception Handling

Patient Name: Patient Lookup
Response:
Within 5 Days: Match Status: Urgency:
Service Requested:
Orders Created Between: 06/01/2009 - 09/13/2010 Show Reset

Patient Id:
Last Name:
First Name:
SSN:
DOB:

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Auth Number	Patient Name	Service Requested	Urgency	Consult Order Creation Date	Appt Date Time	Date Consult Sent to VARC	Assigned Vendor	Diagnosis	Assigned Doctor/Dept	Within 5 Days	# of Days to Book Appt
Open		FB ORTHOPEDICS	WITHIN 1 MONTH	04/26/2010	06/07/2010 10:30	04/27/2010	U S ARMY HOSP TRIPLER	right shoulder SLAP lesion-needs steroid injection;		No	9
Open		FB EAR, NOSE, THROAT	ROUTINE	06/01/2009	01/08/2010 15:00	09/06/2009	U S ARMY HOSP TRIPLER	Cough (786.2)			2
Open		FB EAR, NOSE, THROAT	ROUTINE	06/01/2009	01/29/2010 13:00	09/06/2009	U S ARMY HOSP TRIPLER	Cough (786.2)		Yes	2
Open		FB EAR, NOSE, THROAT	ROUTINE	06/01/2009	04/01/2010 09:30	09/06/2009	U S ARMY HOSP TRIPLER	Cough (786.2)		Yes	2
Open		FB EAR, NOSE, THROAT	ROUTINE	06/01/2009	09/23/2009 08:00	09/06/2009	U S ARMY HOSP TRIPLER	Cough (786.2)		Yes	2
Open		FB EAR, NOSE, THROAT	ROUTINE	06/01/2009	10/19/2009 09:00	09/06/2009	U S ARMY HOSP TRIPLER	Cough (786.2)		Yes	2
Open		FB UROLOGY	WITHIN 1 MONTH	12/10/2009	02/01/2010 08:00	12/13/2009	U S ARMY HOSP TRIPLER	chronic urinary incontinence		No	25
Open		FB UROLOGY	WITHIN 1 MONTH	12/10/2009	03/09/2010 14:30	12/13/2009	U S ARMY HOSP TRIPLER	chronic urinary incontinence		No	25
Open		FB UROLOGY	WITHIN 1 MONTH	12/10/2009	05/17/2010 08:00	12/13/2009	U S ARMY HOSP TRIPLER	chronic urinary incontinence		No	25
Open		FB UROLOGY	WITHIN 1 MONTH	12/10/2009	05/17/2010 08:30	12/13/2009	U S ARMY HOSP TRIPLER	chronic urinary incontinence		No	25
Open		FB UROLOGY	WITHIN 1 MONTH	12/10/2009	05/26/2010 08:00	12/13/2009	U S ARMY HOSP TRIPLER	chronic urinary incontinence		No	25
Open		FB UROLOGY	WITHIN 1 MONTH	12/10/2009	07/19/2010 11:30	12/13/2009	U S ARMY HOSP TRIPLER	chronic urinary incontinence		No	25
Open		FB UROLOGY	WITHIN 1 MONTH	12/10/2009	07/27/2010 14:30	12/13/2009	U S ARMY HOSP TRIPLER	chronic urinary incontinence		No	25
Open		FB UROLOGY	WITHIN 1 MONTH	12/10/2009	07/28/2010 14:00	12/13/2009	U S ARMY HOSP TRIPLER	chronic urinary incontinence		No	25
Open		FB UROLOGY	WITHIN 1 MONTH	12/10/2009	07/29/2010 11:00	12/13/2009	U S ARMY HOSP TRIPLER	chronic urinary incontinence		No	25
Open		FB NEUROSURGERY	STAT	03/17/2010	03/18/2010 12:15	03/18/2010	U S ARMY HOSP TRIPLER	L5-S1 central disc protrusion-extrusion with nerve		Yes	0
Open		FB NEUROSURGERY	WITHIN 1 MONTH	12/08/2009	01/06/2010 09:00	12/10/2009	U S ARMY HOSP TRIPLER	Neck pain		Yes	-1
Open		FB NEUROSURGERY	WITHIN 1 MONTH	12/08/2009	01/07/2010 08:00	12/10/2009	U S ARMY HOSP TRIPLER	Neck pain		Yes	-1
Open		FB NEUROSURGERY	WITHIN 1 MONTH	12/08/2009	01/21/2010 09:00	12/10/2009	U S ARMY HOSP TRIPLER	Neck pain		Yes	-1
Open		FB PULMONARY	ROUTINE	12/15/2009	01/25/2010 13:00	12/16/2009	U S ARMY HOSP TRIPLER	OSA		No	22
Open		FB PULMONARY	ROUTINE	12/15/2009	04/21/2010 14:00	12/16/2009	U S ARMY HOSP TRIPLER	OSA	B	No	22
Open		FB NEUROSURGERY	ROUTINE	02/09/2010	04/28/2010 10:30	02/10/2010	U S ARMY HOSP TRIPLER	low back pain		No	69
Open		FB PAIN MANAGEMENT SPECIALIST	ROUTINE	06/15/2009	07/16/2009 14:00	06/16/2009	U S ARMY HOSP TRIPLER	chronic low back pain	HARNo		7
Open		FB PAIN MANAGEMENT SPECIALIST	ROUTINE	06/15/2009	10/01/2009 15:30	06/16/2009	U S ARMY HOSP TRIPLER	chronic low back pain		No	7
Open		FB PAIN MANAGEMENT SPECIALIST	ROUTINE	06/15/2009	10/15/2009 16:00	06/16/2009	U S ARMY HOSP TRIPLER	chronic low back pain		No	7
Open		FB PAIN MANAGEMENT SPECIALIST	ROUTINE	06/15/2009	10/22/2009 15:30	06/16/2009	U S ARMY HOSP TRIPLER	chronic low back pain		No	7
Open		FB PAIN MANAGEMENT SPECIALIST	ROUTINE	06/15/2009	11/05/2009 16:00	06/16/2009	U S ARMY HOSP TRIPLER	chronic low back pain		No	7
Open		FB PAIN MANAGEMENT SPECIALIST	ROUTINE	06/15/2009	11/12/2009 15:30	06/16/2009	U S ARMY HOSP TRIPLER	chronic low back pain		No	7
Open		FB PAIN MANAGEMENT SPECIALIST	ROUTINE	06/15/2009	11/12/2009 16:01	06/16/2009	U S ARMY HOSP TRIPLER	chronic low back pain		No	7
Open		FB UROLOGY	WITHIN 1 MONTH	09/01/2009	04/08/2010 13:00	09/03/2009	U S ARMY HOSP TRIPLER	Recurrent UTI		Yes	1
Open		FB UROLOGY	WITHIN 1 MONTH	09/01/2009	06/28/2010 09:30	09/03/2009	U S ARMY HOSP TRIPLER	Recurrent UTI		Yes	1
Open		FB UROLOGY	WITHIN 1 MONTH	09/01/2009	09/10/2009 07:30	09/03/2009	U S ARMY HOSP TRIPLER	Recurrent UTI		Yes	1
Open		FB UROLOGY	WITHIN 1 MONTH	09/01/2009	09/21/2010 09:30	09/03/2009	U S ARMY HOSP TRIPLER	Recurrent UTI		Yes	1
Open		FB UROLOGY	WITHIN 1 MONTH	09/01/2009	10/13/2009 10:30	09/03/2009	U S ARMY HOSP TRIPLER	Recurrent UTI		Yes	1
Open		FB UROLOGY	WITHIN 1 MONTH	09/01/2009	10/13/2009 11:15	09/03/2009	U S ARMY HOSP TRIPLER	Recurrent UTI		Yes	1
Open		FB UROLOGY	WITHIN 1 MONTH	09/01/2009	10/15/2009 10:00	09/03/2009	U S ARMY HOSP TRIPLER	Recurrent UTI		Yes	1
Open		FB UROLOGY	WITHIN 1 MONTH	09/01/2009	10/30/2009 09:00	09/03/2009	U S ARMY HOSP TRIPLER	Recurrent UTI		Yes	1
Open		FB UROLOGY	WITHIN 1 MONTH	09/01/2009	12/30/2009 11:00	09/03/2009	U S ARMY HOSP TRIPLER	Recurrent UTI		Yes	1
Open		FB CARDIAC STRESS TEST	WITHIN 1 MONTH	11/05/2009		11/06/2009	U S ARMY HOSP TRIPLER	chest pain		Yes	0
Open		FB CARDIOLOGY	WITHIN 1 MONTH	11/05/2009	02/22/2010 09:00	11/06/2009	U S ARMY HOSP TRIPLER	atrial fibrillation		No	31
Open		FB CARDIOLOGY	WITHIN 1 MONTH	11/05/2009	12/16/2009 13:00	11/06/2009					
Open		FB RADIATION THERAPY	ROUTINE	02/05/2010	02/16/2010 08:30	02/09/2010					
Open		FB EAR, NOSE, THROAT	ROUTINE	08/14/2009	09/14/2009 14:00	08/18/2009					
Open		FB OCCUPATIONAL THERAPY	WITHIN 1 WEEK	09/11/2009	10/01/2009 11:28	09/13/2009					
Open		FB ORTHOPEDICS	WITHIN 1 MONTH	08/18/2010	08/06/2010 10:30	08/28/2010					
Open		FB UROLOGY	WITHIN 1 MONTH	06/18/2009	07/08/2009 10:30	06/21/2009					
Open		FB ORTHOPEDICS	ROUTINE	11/17/2009	04/27/2010 13:30	11/18/2009					
Open		FB ORTHOPEDICS	ROUTINE	11/17/2009	09/17/2010 13:00	11/18/2009					
Open		FB ORTHOPEDICS	ROUTINE	11/17/2009	12/11/2009 09:30	11/18/2009					
Open		FB BARIATRIC EVALUATION	WITHIN 1 MONTH	09/28/2009	01/12/2010 09:00	09/29/2009					

List of Referrals that do not meet the timeliness criteria

Auth Number:
Consult Order Creation Date: 04/26/2010
Patient Name:
Assigned Doctor/Dept:
Service Requested: FEE BASIS ORTHOPEDICS
Date Consult Sent To VA Fee: 04/27/2010
Assigned Vendor: U S ARMY HOSP TRIPLER
Diagnosis: right shoulder SLAP lesion- ne-
Appt Date: 06/07/2010
Response: Awaiting Patient to complete activities associated with another appointment
Add Comment:
Comments History
Save Close

Details - Windows Internet Explorer

Comment	Date	User Name
Patient will contact VARC upon completing pending appointments	09/13/2010 1305	Admin,Admin
Comment 2	09/13/2010 1310	Admin,Admin

Assigning and tracking reasons for timeliness exception – declined, unavailable, more than 45 days out…

Referral Alerts

Patient Name:
Auth Number:
Urgency:
Clinic:

Alert Status: --
Alert Request Type:
Alerts From Date: 08/13/2010
To Date: 09/13/2010

Show
Reset

Pages 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Rec. #	Patient Name	Patient SSN	Auth #	Clinic	Request Type	Last Comment	Update Date	Days Open	
TR00002776						SEE ATTACHED. DI	09/13/2010	0	COMMENT HISTORY
TR00002778						Noted. di	09/13/2010	0	COMMENT HISTORY
						9/13/10 MT: PCP notified.	09/13/2010	0	COMMENT HISTORY
						9/13/10 MT: Amend authorization to include *(3) additional visits for f/u. View alert WT. Also extend validity to 4/19/11. Amend authorization to include RAST. View alert WT. CT scan done at the VA 8/9/10 with results faxed to TAmc.	09/13/2010	0	COMMENT HISTORY
						9/13/10 MT: PCP notified.	09/13/2010	0	COMMENT HISTORY
						Patient scheduled for surgery on 8 Oct 10; see attached. di	09/13/2010	0	COMMENT HISTORY
						Patient tentatively scheduled for surgery on 7 Oct 10; see attached. di	09/10/2010	3	COMMENT HISTORY
TR00002773									
TR00002771									
TR00002769									
TR00002772									
TR00002768									
TR00002767									
TR00002766									
TR00002764									
TR00002762									
TR00002763									

Referrals on which alerts and messages have been exchanged - for examples when an authorization needs to be extended or an additional auth is required

Log of all messages and alerts exchanged

Send RM Alert

Patient Name: Patient Lookup Patient Authorization No.: Get Auth. Information

Patient Info

Patient Name: DOB: SSN:

Authorization Info (optional)

Auth No: Auth From Date: 05/18/2009
Request Date: 05/18/2009 Auth To Date: 10/31/2009
Primary Care Provider:
Requesting Clinic:
Service Requested: FEE BASIS NEUROSURGERY

Appointment Info (optional)

TAMC Appointment Lookup

Appt Date: 08/03/2009 Appointment Status: KEPT
Patient Category: K61 Type: ESTABLISHED/FOLLOW UP APF
Patient Diagnosis: 227.3
Reason for Visit:

Comments

Reason for referral: Increase # of auths Request Urgency: 72 hour
Comments: Patient needs additional Authorization for future required and pending appointments.. See attached clinical report
Requested By: View Comment History Requested On: 09-13-2010 @ 1215

Save for Later Work | Complete | <<HideAttachment | Help

Attachments

Browse... Attach

Choose file

Look in: Desktop

My Recent Documents, Desktop, My Documents, My Computer, My Network Places

File name: Open
Files of type: All Files (*.*) Cancel

Inpatient Care Management

List of Inpatient Registrations for K61s and Dual Eligibles

Tracking approval and care levels for inpatient cases

Patient Name: | Patient Lookup | Patient Id:
Authorization Number: | PATCAT at Admission: | Last Name
Registration Number: | PATCAT: | First Name
VA Approved: -- | CMDINTCAT: -- | SSN
TAMC Approved: -- | Admissions Status: -- | DOB
Admission Date Range: 06/13/2010 .. 09/13/2010 .. Shared: Y | Age | Gender | Show | Rese

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VA App	TAMC App	Auth #	Req #	Adm Date	Discharge Date	Ward Location	Patient Name	Patient SSN	PATCAT at Adm	PATCAT	CMDINTCAT	Create/Upd Date
Open				09/12/2010		VAPSY			K61	K61	NAP	09/13/2010
Open				09/12/2010		ONV			K61	K61		09/13/2010
Open				09/12/2010								
Open				09/12/2010								
Open				09/12/2010								
Open				09/12/2010								
Open				09/11/2010								
Open				09/10/2010								
Open				09/10/2010								
Open				09/10/2010								
Open				09/10/2010								
Open				09/10/2010								
Open				09/10/2010								
Open				09/10/2010								
Open				09/10/2010								
Open				09/09/2010								
Open				09/09/2010								
Open				09/09/2010								

Review and Approve Admissions

Patient Information

Patient Name: SSN: PATCAT At Admission: K61
PATCAT: K61 Diagnosis Text: r/o UGIB

Admission Information

Registration Number: Room Bed: 6C508-B Ward: MEDTEL
Admission Date: 06/24/2010@ 1734 Same Day Surgery?:
Type of Admission: ER, DIRECT TO MILITARY MTF
Disposition Date: Type of Disposition:
Admission Comment: GMB

1. Admission Approval

VA Approve? Yes TAMC Approve? Yes
Inter Qual: Yes MCCF: --- Admit Service: TAMC Med
Service Connection: --- Air Evac: --- Discharge Service: TAMC Med

2. Level of Care

Level of Care	From Date	Time	To Date	Time	Days	Payment Meth.	VA	TAMC	MEPRS
Acute	06/24/2010		06/25/2010		1	DRG	Y	Y	

<<Pg-Up <Prev Next> Pg-Dn>> 0 of 1

3. Billing Authorization

VA Approve? Yes TAMC Approve? Yes Auth Number: B053

Close Attach

Utilization Management Comments

07/20/2010 @ 1108
TAMC Approved Billing Authorization has changed***

07/20/2010 @ 1108
DRG
6/24 - 6/25/10
concur

08/13/2010 @ 1340
Authorization Number has changed***

08/13/2010 @ 1340
The for row number: 1

07/22/2010 @ 1113
Admit Service has changed***VA Approved Status has changed***Discharge Service has changed***InterQual has changed***VA Approved Billing Authorization has changed***
@

<<Pg-Up <Prev Next> Pg-Dn>> 0 of 5

ER Episodes

Patient Name: | Patient Lookup | Patient Id:
Authorization Number: | PATCAT: | Last Name:
VA Approved: | CMDINTCAT: | First Name:
Appt Date Range: 06/13/2010 .. 09/13/2010 .. | SSN:
Shared: Y | DOB:
Show | Reset | Age:
Gender:

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	VA Approved	Auth #	Appt Date	Appt Type	Patient Name	Patient SSN	PATCAT	CMDINTCAT	Create/Update Date
Open	Yes		06/29/2010	EMERGENCY ROOM			K61		08/02/2010
Open	Yes		06/29/2010	EMERGENCY ROOM			K61		08/02/2010
Open	Yes		06/29/2010	EMERGENCY ROOM			K61		08/02/2010
Open	Yes		06/29/2010	EMERGENCY ROOM			K61		08/02/2010
Open	Yes		06/29/2010	EMERGENCY ROOM			K61	DSRV,	08/02/2010
Open	Yes		06/29/2010	EMERGENCY ROOM			K61		08/02/2010
Open	Yes		06/29/201						
Open	Yes		06/28/201						
Open	Yes		06/28/201						
Open	Yes		06/28/201						
Open	Yes		06/28/201						
Open	Yes		06/28/201						
Open	Yes		06/28/201						
Open	Yes		06/27/201						
Open	Yes		06/27/201						
Open	Yes		06/27/201						
Open	Yes		06/27/201						
Open	Yes		06/27/201						
Open	Yes		06/27/201						
Open	Yes		06/27/201						

List of ER encounters for K61s and Dual Eligibles

Tracking approval and care levels for ER cases

Review and Approve ER

Patient Information

Patient Name: SSN:
CMD INT CAT: Patient Category: K61
Diagnosis Text:

ER Information

Date: 06/29/2010 @ 1727
Clinically appropriate? Yes
Comments:
Private?
VA Approve? Yes Resulted in admission: No
Authorization Number: 107
Service Connection: No
Payment Methodologies:

Utilization Management Comments

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Save Attach

Bi Directional RM

Work list of Referrals from TAMC to VA – Directly from CHCS

Tracking referrals through every stage Referral – Registration – Review – Appointment – Fulfillment

Managing status of referrals through their life cycle

Patient Name: | Lookup Patient | Last Name:
Referrals Between: 06/13/2010 .. 09/13/2010 .. | First Name:
VA Service: VA DIALYSIS !MCD UM ONLY! | DOB:
Auth Number: | SSN:
Amended: --- Approved: --- Show Reset | PatientID:

Refresh Now

	Referral Date	Approved	Auth Number	Patient Name	Amended	Ordering TCP		Last Comment
Open	08/27/2010	Yes	TIP976				VA DIALYSIS at VA DIALYSIS !MCD UM ONLY!/NEPHROLOGY on 27 Aug 2010@090024	09/07/2010	Reg number is
Open	08/26/2010	No					VA DIALYSIS at VA DIALYSIS !MCD UM ONLY!/NEPHROLOGY on 26 Aug 2010@183852	

VA DIALYSIS at VA DIALYSIS !M 2010@183408

VA DIALYSIS at VA DIALYSIS !M Aug 2010@183704

VA DIALYSIS !M

VA DIALYSIS !M

VA DIALYSIS !M

VA DIALYSIS !M

VA DIALYSIS !MCD UM ONLY! on 12 Aug

Comments History

From Date 08/27/2010
To Date 10/26/2010
Service Req. VA%20DIALYSIS%20!MCD%20UM%20ON
Approval
Registration
Book
Notification
FollowUp
Remove
Clinic VA%20DI 20UM%20

* Patient info: | Patient Lookup
* By Service Req.: --
* By Auth Number:
* Referral Created Between: 06/13/2010 .. 09/13/2010 ..
* Match Criteria: --
* Approval Status: --

Show Reset

Selected Patient Search info(values returned by the patient lookup)
Patient Id
Last Name
First Name
SSN

Stage Color Codes
1.Approval | 5.Consult Cancelled
2.Registration | 6.Remove
3.Book
4.Amended

Comment
OK IRM Cancel

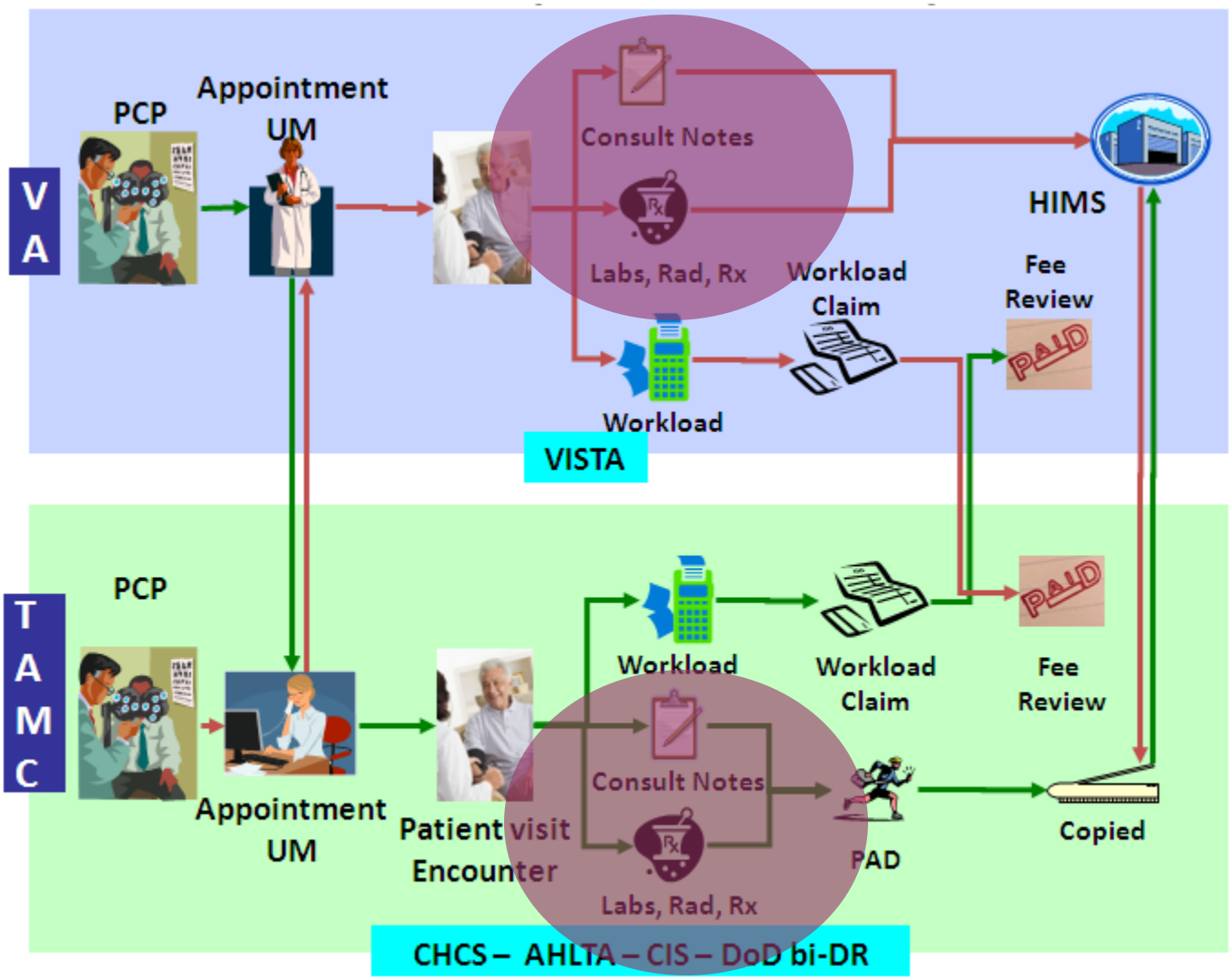
Next Refresh Now

Edit	#	Auth Number	Patient Name	Patient SSN	From Date	To Date	Service Req.	1	2	3	4	5	6	Referral Date	Clinic
/	1	TIP976			08/27/2010	10/26/2010	VA%20DIALYSIS%20!MCD%20UM%20ON	N	N	N	N	N	N	08/27/2010	VA%20DIALYSIS%20!MCD%20UM%20ON

Referral Management – Now

- Mostly automated
- Fully HIPAA Compliant
- Transparency – All consults are fully visible
- Greater than 80% of consults are appointed in 5 business days
- Fewer referrals to community

Document Management support



Existing VA to DoD referrals

DoD to VA referrals

Referral

Spreadsheet → **Referral Mgt**

Authorization

Spreadsheet, Email → **Authorization Timeliness**

Appointment Tracking

Manual → **Referral Mgt, Document Mgt**

Billing

Manual Spreadsheets →

Payment

Document Management – Then

- Hard copies of patient encounters were sent to VA and scanned into CPRS
- Scanning function was 3-6 months behind
- Primary Care Provider had to request documentation before patient's next appointment
- Many work-arounds were instituted

Document Management

Appointment – Encounter information: Directly from CHCS. No data entry required

Index Entry

Scanned on 09-13-2010 @ 1136 by

Document Type: CLINICAL REPORT
Clinic: ONCOLOGY CLINIC
Start Date: 09-13-2010
End Date: 09-13-2010 Search Encounters

Appointment Details

SSN
Patient ID
Patient First Name
Patient Last Name
Date of Birth
Appt. Date/Time 09-13-2010 @ 0900
Clinic ONCOLOGY CLINIC
Appt. Status KEPT
Appointment Type EST
Command Int Cat. NAP,DSRV,DSRV,DSRV
Provider
Location ONCOLOGY CLINIC
PATCAT F31
MEPRS BAMA
Reason for Visit

Attachments

Browse... Attach

Choose file

Look in: Desktop

My Recent Documents, Desktop, My Documents, My Computer, My Network Places

My Documents, My Computer, My Network Places, AHLTA, CHCS I, Dragon Medical 10.1, Essentris, Tableau 5.0, Tumbleweed Desktop Validator, Analytics_Reports, eDR Version Release-V2.20-for 207, juniper, TR_Desktop, ~$eDR_Status_100713.pptx, BP022V97.zip

brenda.txt, ChangeRequest_BI-C, cLAIMS qUERY_tIJ.t, commonEngines.js, Counts before and al, DRDOD_L-Standard-, eDR_Status_100713, eDR_Version_Releas, eDR_Version_Releas, hs_err_pid4168.log, Integrated_eDR_10C, jre-6u20-windows-i5(, July Timesheet.txt, juniper.zip, Kept Appts List (Augu

File name: Open
Files of type: All Files (*.*) Cancel

Scanned Document image: Direct Scanner integration

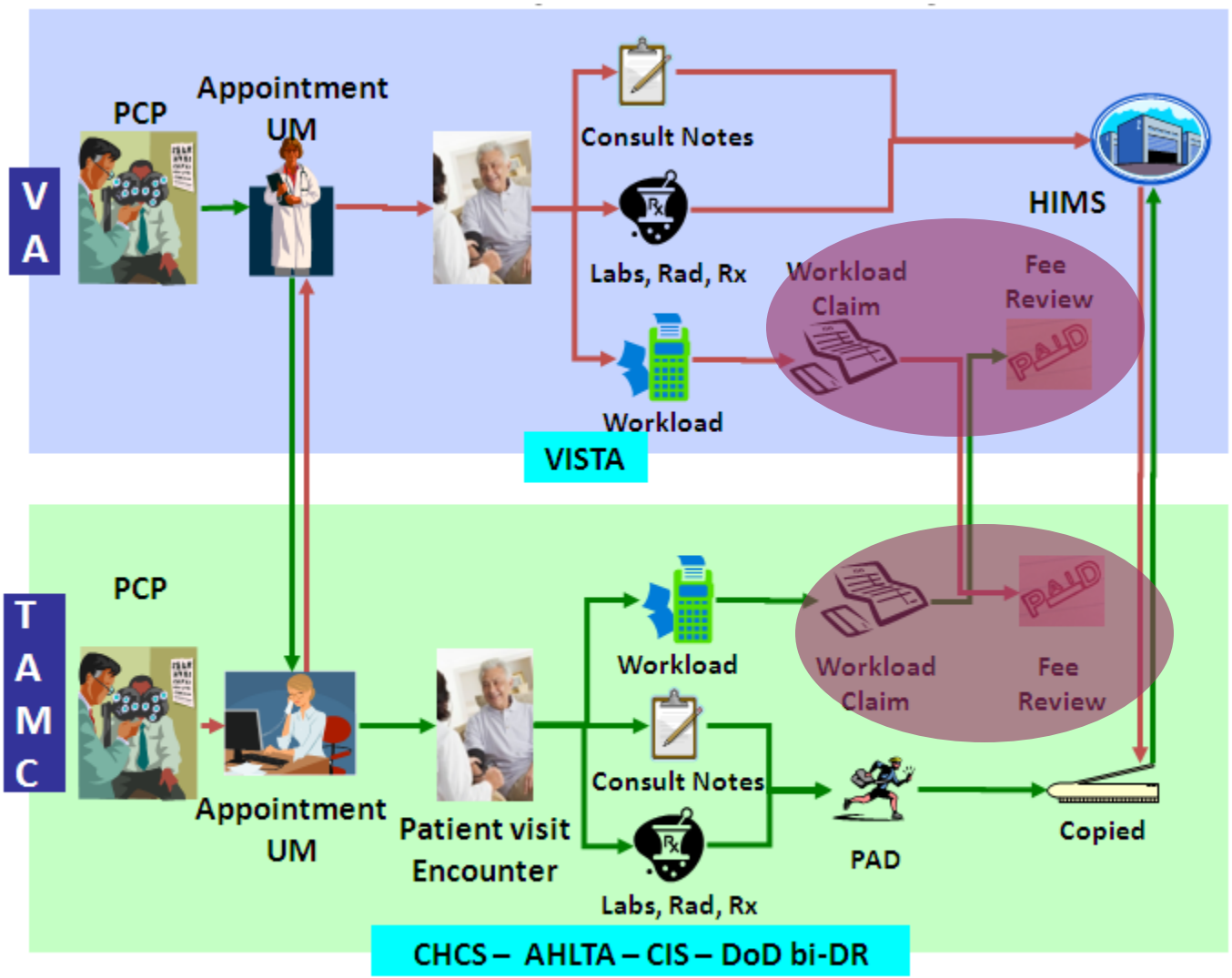
Or Alternatively: attach an existing document – image or PDF

Submit <<HideAttachment Submit and Index another Help

Document Management - Now

- Documents are visible to TAMC specialists and to VA PCPs in eDR real time
  - Exception for selective VA embedded providers whose notes still must be scanned
- Scanning documents is minimal
- Transfer to Vista – Imaging can be done via eDR
- Documents also available through Integrated Reporting Module

Revenue Cycle – Billing



Referral

Spreadsheet ↓ **Referral Mgt**

Authorization

Spreadsheet, Email ↓ **Authorization Timeliness**

Appointment Tracking

Manual ↓ **Referral Mgt, Document Mgt**

Billing

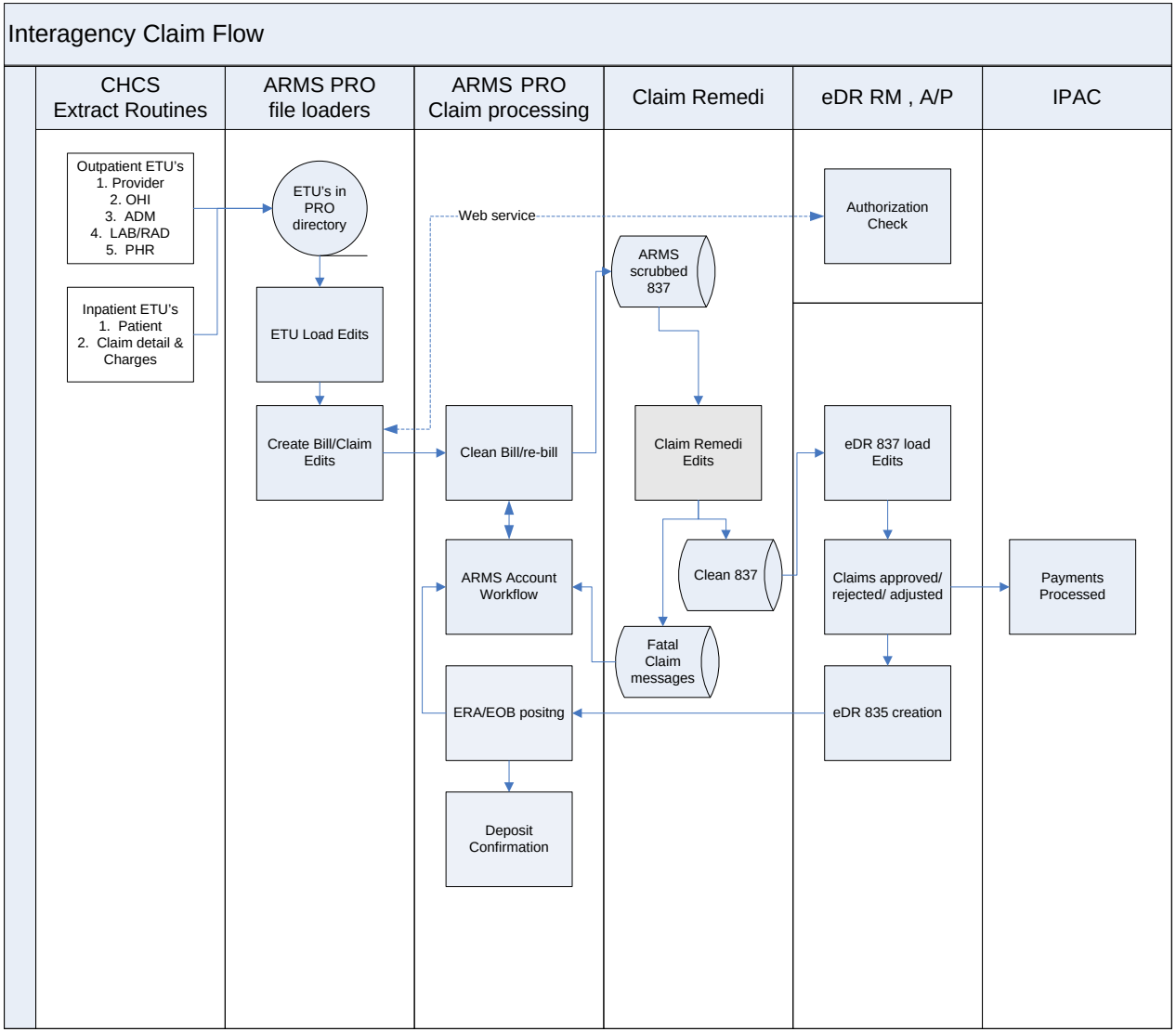
Manual, Spreadsheets ↓ **Billing, Edit checking**

Payment

Billing-then

- 21 spreadsheets used to track claims
- Delayed billing by 3-5 months
- Delayed paying by 6-12 months
- Workload capture in VistA was (is) manually intensive—never met cut off date
- Negative budget impact for both TAMC and VAPIHCS

Billing Process Flow



Joint Venture Billing

- Patient and Claim data pulled from CHCS for PATCAT K61 and Dual eligible patients.
- Data is loaded and scrubbed for completeness.
- Created claims must be authorized prior to being billed to the VA. Authorizations are controlled by eDR Referral Management module.
- CHAMPUS edits are completed on every claim that gets an authorization.
- All Clean claims are put into an 837 format (EDI) and electronically transmitted to eDR for payment processing
- All payment transactions are received electronically in an 835 format (EDI), and accounts are adjudicated in ARMS PRO

Daily Automated Tracking

Daily Job Report - Notepad

File Edit Format View Help

```
----- 837 SUMMARY FOR 09/07/2010 ----------------------------------------------------------------

(UB) x096_20100907_20100907_045931_Summary.xml SENT ON 09/07/2010 05:02:15
   CLEAN:          177
   FATAL:           15
   TOTAL:          192

(CMS) x098_20100907_20100907_050011_Summary.xml SENT ON 09/07/2010 05:02:15
   CLEAN:          618
   FATAL:            7
   TOTAL:          625

EDI ERRORS:
         9 - (UB) Procedures 85025 and 85007 cannot be billed together (per CCI policies). Either 85007 is a component of 85025 or the codes should not be reported together for other reasons.
         4 - (UB) Procedures 80048 and 82565 cannot be billed together (per CCI policies). Either 82565 is a component of 80048 or the codes should not be reported together for other reasons.
         3 - (CMS) Procedures 74170 and 74160 cannot be billed together (per CCI policies). Either 74160 is a component of 74170 or the codes should not be reported together for other reasons.
         1 - (UB) Procedures 74170 and 74160 cannot be billed together (per CCI policies). Either 74160 is a component of 74170 or the codes should not be reported together for other reasons.
         1 - (UB) Procedures 80076 and 82247 cannot be billed together (per CCI policies). Either 82247 is a component of 80076 or the codes should not be reported together for other reasons.
         1 - (UB) Procedures 81003 and 81002 cannot be billed together (per CCI policies). 81003 and 81002 represent related services that cannot reasonably be performed together. Use either 81003 or 81002.
         1 - (UB) Procedures 82962 and 82948 cannot be billed together (per CCI policies). 82962 and 82948 represent related services that cannot reasonably be performed together. Use either 82962 or 82948.
         1 - (CMS) Procedures 24105 and 01710 cannot be billed together (per CCI policies). Either 01710 is a component of 24105 or the codes should not be reported together for other reasons.
         1 - (CMS) Procedures 26160 and 01810 cannot be billed together (per CCI policies). Either 01810 is a component of 26160 or the codes should not be reported together for other reasons.
         1 - (CMS) Procedures 52332 and 00910 cannot be billed together (per CCI policies). Either 00910 is a component of 52332 or the codes should not be reported together for other reasons.
         1 - (CMS) Procedures 52351 and 00910 cannot be billed together (per CCI policies). Either 00910 is a component of 52351 or the codes should not be reported together for other reasons.
         1 - (CMS) Procedures 64718 and 01710 cannot be billed together (per CCI policies). Either 01710 is a component of 64718 or the codes should not be reported together for other reasons.

----- ETU LOAD SUMMARY FOR 09/07/2010 ----------------------------------------------------------

LOADED ON    ETU    LOADED    OUTPAT     INPAT   DELETED  REJECTED    FILENAME
09/07/2010   IPP       30         0       666         0       636    BRI_PAT_VACS_0052_20100903.DAT
09/07/2010   ADM      128       156         0         0        28    bri_vaop_0052_adm_20100903.dat
09/07/2010   LAB      219       325        19         0       125    BRI_LAB-RAD_VACS_11_0052_20100903.DAT
09/07/2010   PHR       20       152         0         0       132    bri_phr_vacs_0052_0052_20100903.dat
09/07/2010   IPP       40         0       675         0       635    BRI_PAT_VACS_0052_20100904.DAT
09/07/2010   ADM      175       205         0         0        30    bri_vaop_0052_adm_20100904.dat
09/07/2010   LAB      189       310        45         0       166    BRI_LAB-RAD_VACS_11_0052_20100904.DAT
09/07/2010   PHR       31       100         0         0        69    bri_phr_vacs_0052_0052_20100904.dat
09/07/2010   IPP        9         0       431         0       422    BRI_PAT_VACS_0052_20100905.DAT
09/07/2010   ADM       34        42         0         0         8    bri_vaop_0052_adm_20100905.dat
09/07/2010   LAB      123       218        25         0       120    BRI_LAB-RAD_VACS_11_0052_20100905.DAT
09/07/2010   PHR       14        36         0         0        22    bri_phr_vacs_0052_0052_20100905.dat
09/07/2010   IPP        3         0       323         0       320    BRI_PAT_VACS_0052_20100906.DAT
09/07/2010   ADM        0         5         0         0         5    bri_vaop_0052_adm_20100906.dat
09/07/2010   LAB       39       107        14         0        82    BRI_LAB-RAD_VACS_11_0052_20100906.DAT
09/07/2010   PHR        6        26         0         0        20    bri_phr_vacs_0052_0052_20100906.dat

ADM REJECTIONS:
        28 - Invalid coding status for non-TELCON
        18 - Duplicate record
        13 - ER admission
         9 - Inpatient disposition code
         3 - Invalid treatment DMIS

LAB/RAD REJECTIONS:
       349 - Duplicate record
       103 - Inpatient record
        30 - Record belongs to system test patient
        11 - Invalid order requesting DMIS

PHARMACY REJECTIONS:
       235 - Dual-eligible claim
         3 - Invalid order requesting DMIS

PATIENT REJECTIONS:
     1,998 - Duplicate record
        15 - Record belongs to system test patient

----- SCHEDULED AUTH SUMMARY FOR 09/07/2010 ----------------------------------------------------

PATCAT              LOB       TYPE              AUTH   NO AUTH     TOTAL
K61                 JV-OUT    AMBULATORY           0     2,248     2,248
K61                 JV-OUT    ANCILLARY            3     3,013     3,016
```

Daily Load Reporting

Report gives counts of:

- Records received and loaded into Billing
- 837's processed, rejected, and sent to the payer for processing
- Authorization calls sent to Auth Server
- Encounters authorized

Billing – Data Load Edits

ADM

Overview

Search Criteria

Search Load Number | From Date / / | To Date / / | LOB | Search | Export to CSV

Appointment IEN | Patient IEN | Reprocess

Select All

Total Records : 945 | Page 9/ 10

Load Number	Date of File	Patient IEN	Patient Name	Appointment IEN	Appointment Date	Provider IEN	Error Description
319	03/09/2010	1543658	Doe, Jane61	56980500			CPT HCPCS Code is not ...
319	03/09/2010	1444040	Doe, John3109	56994543	03/09/2010 17:16	37500	Invalid DISPOSITION code
319	03/09/2010	51029	Doe, John2022	56984859			CPT HCPCS Code is not ...
319	03/09/2010	1531066	Doe, John3354	56993567	03/09/2010 15:03	29518	Invalid DISPOSITION code
321	03/10/2010	1385153		56899856	03/10/2010 13:00	47872	Patient IEN in field numb...
321	03/10/2010	1892609	Doe515, Julio	56994888	03/10/2010 01:15	42180	Invalid DISPOSITION code
321	03/10/2010	250792	Doe, John6056	56901987	03/10/2010 10:15	40380	CPT HCPCS Code is not ...
321	03/10/2010	1746681	Doe508, Julio	56994891	03/10/2010 01:25	42180	Invalid DISPOSITION code
321	03/10/2010	1882714	Doe, John2811	56996662	03/10/2010 08:55	38931	Invalid DISPOSITION code
321	03/10/2010	1501029	Doe500, Julio	57002516	03/10/2010 15:44	46045	Invalid DISPOSITION code
321	03/10/2010	36490	Doe, John34	56997717	03/10/2010 10:00	29518	Invalid DISPOSITION co...
323	03/11/2010	729345	Doe, John5920	56992984	03/11/2010 11:30	47235	Invalid Value for (EM CO...
323	03/11/2010	1892790		57003400	03/11/2010 06:12	48444	Patient IEN in field numb...
323	03/11/2010	1892894		57008089	03/11/2010 13:25	45433	Patient IEN in field numb...
323	03/11/2010	1363851	Doe, John5216	56989444	03/11/2010 13:30	39408	Invalid DISPOSITION code
323	03/11/2010	53103	Doe, John2262	57005586	03/11/2010 09:49	38931	Invalid DISPOSITION code
323	03/11/2010	1892887		57007810	03/11/2010 12:53	38931	Patient IEN in field numb...

Data Load Validation

- All data elements are validated against the master tables and code tables on load
- Encounters with errors remain in error maintenance till corrective actions is taken
- Data Validation screens exist for Appointments, Ancillaries, and Inpatient stays.

Billing – Staging and Error Processing

Patient Bill - Error Description

UB04 Error Description

No Data Found(ATT_PROVIDER_NPI_FL_76)

Patient Billing

Overview | Details

Patient Details — Value in Required Column missing. To view error details click on 'Error' button. — Error

Patient IEN 873087 | Patient SSN 708-35-8836 | Patient FMP 20 | DOB 04/23/1954

Last Name Doe | First Name Jane6169 | Middle Initial | Gender Male Female

Address 7169 Benefit Recovery Lane | City HONOLULU | State HI

Zip 96825 | Home Phone 808-555-7169

Patient Status: Single Married Other

Creation Date 06/10/2010

Printing Date N/A

Encounter record(s) in UB 04 claim form.

Line of Business: Joint Venture Outpatient

Appointment IEN 56557636 | Auth Code XXDEC1 | Control Number 0052-10-0038668

Re-Authenticate | Manually Authenticate | View Log | Date of Service 12/29/2009 To 12/29/2009

UB 04 | CMS 1500

Billing Provider | Occurrence | Codes | Bill Entries | Payer Info | Other Info | Procedure & Diagnosis | Provider | Joint Venture

Attending Provider: NPI | Last Name Hurtt | QUAL | First Name Will2503

Operating Provider: NPI | Last Name | QUAL | First Name

Other Provider: NPI | Last Name | QUAL | First Name | NPI | Last Name | QUAL | First Name

Code Code: A B3 207R00000X | B | C | D

Remarks

Pre-Billing Review and Checks

- Claims are scrubbed to determine appropriateness of data elements for preparing a clean claim
- Claims with missing or invalid data elements are placed into 'Staging Bill Errors'
- CHAMPUS edits are performed on each claim
- User can edit and reprocess these claims

Billing – Reimbursement Methodology

Reimbursement Methodology Integration

Ensures application of proper charges to the codes billed

- Hierarchical rule structure. Unlimited rules can be established
- Ensures proper use of rate tables, discounts, removal of non-billable codes, and removal of non-billable providers.

Reimbursement

Overview | Details

RM ID: RM10 — Active

Description: VAPIHCS/TAMC Reimbursement Methodology for 2010

Policy Year: 2010

Effective Date: 10/01/2009 — End Date: 09/30/2010

From DMIS: 0052 — To DMIS: VA01

Copy from the existing RM

LOB: Joint Venture

Rule Overview — 25 of 28

Priority	Patient Type	Description	Active	Calculation
10	Inpatient	DRG - Modified Tricare DRG Calculator minus 10%	✓	DRG Rule
20	Inpatient	Observation - Units (hours) * 77.00	✓	Observation 201...
21	Inpatient	3B2 DPD	✓	3B2DPD
22	Inpatient	4B2 DPD	✓	4B2DPD
23	Inpatient	Ward OTA		
24	Inpatient	ICU OTA		
40	Inpatient	Anesthesia - (base units + calculated units) *		
45	Inpatient	DME/Brace - Actual Cost from Invoice		
47	Inpatient	No Charge for VA Providers		
52	Inpatient	Inpatient SDS Facility Charges with 25% Disc		
54	Inpatient	Inpatient SDS Facility Charges with 25% Disc		
56	Inpatient	Inpatient SDS Facility Charges with 10% Disc		
58	Inpatient	Inpatient SDS Facility Charges with 10% Disc		
70	Inpatient	Professional fees for inpatient claims CMAC -		
75	Inpatient	Inpatient Catch All - No Charge		
84	Outpatient	Pharmacy - NDC cost less 60% with $9 dispe		
85	Outpatient	Jcode dispensing fee		
87	Outpatient	Anesthesia - (base units + calculated units) *		
88	Outpatient	Orthodic/Prosthetics - institutional fees use A		
89	Outpatient	Outside Lab - if outside lab is used, then use		
90	Outpatient	No Charge for VA Providers		
91	Outpatient	No Professional Charges for Ophthalmology		
94	Outpatient	APV Facility Charges for VA Providers with 25		
100	Outpatient	25% off of institutional fees for dr 4226		
105	Outpatient	APV Facility Charges		
130	Outpatient	Facility Charges during an APV		

RM Rule Popup

Rule Details

Priority: 105 — Inpatient — Outpatient — Active

Rule Description: APV Facility Charges

Rule Logic

- If NDC Code Present
- If Professional Fees
- If Facility Fees
- If VA Provider — In — Not In — View List
- If Outside Lab
- If DRG Code Present
- If CPT Code — In — Not In — View List
- If MEPRS Code — In — Not In — View List
- If Revenue Code — In — Not In — View List
- If Same Day Surgery — From CMS 1500
- Hold Charge Line

Rule Logic

If Outpatient AND If Facility Fees AND If Same Day Surgery From CMS 1500

Actual Cost — Calculation

Calculation Rule

Calculation Rule: APV Rule minus 10%

Manual Input Details

Manual Details

Save

Billing – Operational Overview

Fiscal Year Summary

Fiscal Year 2010 Generate Report

Main Report

Fiscal Year Summary

Fiscal Year	Charge Type	Total Charges Clean	Total Pending Charges	Total VA Billing
2010	ANESTHESIA	$0.00	$0.00	$0.00
2010	DME/BRACE	$0.00		
2010	ER	$111,411.40		
2010	LABORATORY	$42,463.95		
2010	OPHTHAMOLOGY	$25,845.10		
2010	OUTPATIENT	$130,807.19		
2010	PHARMACY	$108,087.23		
2010	RADIOLOGY	$113,477.72		
2010	SDS	$159,228.61		
	Totals:	**$691,321.20**		

Current Page No.: 1 Total Page No.: 1

Customized Reporting

- Available for AR, Projected AR, Adjudicated Claims
- Summary level, or detail (line) level
- Export to PDF, excel, word, text

Fiscal Year Summary

- Categorizes billing charges
- Summarizes Authorized Billed Claims, and Authorized Pending Claims

Encounter Analysis.pdf - Adobe Reader

File Edit View Document Tools Window Help

Encounter Analysis by Claim Type

Clean Claims on: 9/14/2010

Fiscal Year	Month	Type	Number of Claims	Number of Lines	Charges
2010	October	Laboratory	309	1117	$14,119.02
2010	October	Outpatient	685	1196	$124,752.30
2010	October	Pharmacy	336	642	$53,666.32
2010	October	Psych	13	13	$1,105.36
2010	October	Radiology	380	511	$48,252.53
			1723	**3479**	**$241,895.53**
2010	November	Laboratory	277	910	$11,677.58
2010	November	Outpatient	545	931	$92,979.65
2010	November	Pharmacy	217	395	$28,699.45
2010	November	Psych	18	18	$1,525.99
2010	November	Radiology	327	421	$48,545.25
			1384	**2675**	**$183,427.92**
2010	December	Laboratory	316	1122	$14,916.98
2010	December	Outpatient	596	921	$110,346.94
2010	December	Psych	10	10	$946.30
2010	December	Radiology	332	454	$51,376.98
			1254	**2507**	**$177,587.20**
2010	January	Laboratory	58	205	$2,639.88
2010	January	Outpatient	2	3	$218.33
2010	January	Radiology	34	41	$4,533.25
			94	**249**	**$7,391.46**
2010	March	Laboratory	1	1	$5.36
2010	March	Outpatient	12	45	$42,129.92
2010	March	Radiology	4	8	$756.02
			17	**54**	**$42,891.30**
2010	June	Pharmacy	297	412	$25,721.46
			297	**412**	**$25,721.46**
		Grand Total		**9376**	**$678,914.87**

Report0001 9/14/2010 3:27:47PM Page 1 of 1

Encounter Analysis by Claim Type

- How many claims, charge lines and how much money has been created for requested categories according to fiscal year and month

Billing – Staging and Error processing

Patient Bill - Error Description

UB04 Error Description

No Data Found(ATT_PROVIDER_NPI_FL_76)

Patient Billing

Overview | Details

Patient Details — Value in Required Column missing. To view error details click on 'Error' button.

Error

Patient IEN 873087 | Patient SSN 708-35-8836 | Patient FMP 20 | DOB 04/23/1954

Last Name Doe | First Name Jane6169 | Middle Initial | Gender Male Female

Address 7169 Benefit Recovery Lane | City HONOLULU | State HI

Zip 96825 | Home Phone 808-555-7169

Patient Status: Single Married Other

Creation Date 06/10/2010

Printing Date N/A

Encounter record(s) in UB 04 claim form.

Line of Business: Joint Venture Outpatient

Appointment IEN 56557636 | Auth Code XXDEC1 | Control Number 0052-10-0038668

Re-Authenticate | Manually Authenticate | View Log | Date of Service 12/29/2009 To 12/29/2009

UB 04 | CMS 1500

Billing Provider | Occurrence | Codes | Bill Entries | Payer Info | Other Info | Procedure & Diagnosis | Provider | Joint Venture

Attending Provider: NPI | Last Name Hurtt | QUAL | First Name Will2503

Code Code: A B3 207R00000X; B; C; D

Operating Provider: NPI | Last Name | QUAL | First Name

Other Provider: NPI | Last Name | QUAL | First Name; NPI | Last Name | QUAL | First Name

Remarks

Pre Billing Review and checks

- Staging Bill Errors
- Claims are edited to determine appropriateness of data elements for preparing a clean claim
- Claims with missing data elements are placed into 'Staging Bill Errors'
- User can edit and fixed these errors

Billing – Rules and RM integration

RM Rule Popup

Rule Details

Priority 95 ○ Inpatient ◉ Outpatient ☑ Active

Rule Description APV Facility Charges

Rule Logic

☐ If NDC Code Present

☐ If Professional Fees

☑ If Facility Fees

☐ If VA Provider ○ In ◉ Not In View List

☐ If Outside Lab

☐ If DRG Code Present

☐ If CPT Code ○ In ◉ Not In View List

☐ If MEPRS Code ○ In ◉ Not In View List

☐ If Revenue Code ○ In ◉ Not In View List

☑ If Same Day Surgery ☑ From CMS 1500

☐ Hold Charge Line

Rule Logic

If Outpatient AND If Facility Fees AND If Same Day Surgery From CMS 1500

○ Actual Cost ◉ Calculation

Calculation Rule

Calculation Rule APV Rule minus 10%

Manual Input Details

Manual Details

Save

Reimbursement Methodology Integration

Ensures application of proper charges to the codes billed

- Unlimited rules can be established
- Ensures proper use of rate tables, discounts, removal of non-billable codes, and removal of non-billable providers.

Billing – Pre 837 transmittal

ADM

Overview

Search Criteria

Search Load Number | From Date / / | To Date / / | LOB | Search | Export to CSV

Appointment IEN | Patient IEN | Reprocess

Select All

Total Records : 945 | Page 9/ 10

Load Number	Date of File	Patient IEN	Patient Name	Appointment IEN	Appointment Date	Provider IEN	Error Description
319	03/09/2010	1543658	Doe, Jane61	56980500			CPT HCPCS Code is not ...
319	03/09/2010	1444040	Doe, John3109	56994543	03/09/2010 17:16	37500	Invalid DISPOSITION code
319	03/09/2010	51029	Doe, John2022	56984859			CPT HCPCS Code is not ...
319	03/09/2010	1531066	Doe, John3354	56993567	03/09/2010 15:03	29518	Invalid DISPOSITION code
321	03/10/2010	1385153		56899856	03/10/2010 13:00	47872	Patient IEN in field numb...
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321	03/10/2010	250792	Doe, John6056	56901987	03/10/2010 10:15	40380	CPT HCPCS Code is not ...
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321	03/10/2010	1501029	Doe500, Julio	57002516	03/10/2010 15:44	46045	Invalid DISPOSITION code
321	03/10/2010	36490	Doe, John34	56997717	03/10/2010 10:00	29518	Invalid DISPOSITION co...
323	03/11/2010	729345	Doe, John5920	56992984	03/11/2010 11:30	47235	Invalid Value for (EM CO...
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323	03/11/2010	53103	Doe, John2262	57005586	03/11/2010 09:49	38931	Invalid DISPOSITION code
323	03/11/2010	1892887		57007810	03/11/2010 12:53	38931	Patient IEN in field numb...

Pre transmittal validations – 837s

- All data elements are validated against the master tables and code tables on load
- Encounters with errors remain in error maintenance till corrective actions is taken
- After correction, they are released to create a new encounter or be added to an existing encounter

Billing – Operational Overview

Fiscal Year Summary

Fiscal Year: 2010 | Generate Report

Main Report

Fiscal Year Summary

Fiscal Year	Charge Type	Total Charges Clean	Total Pending Charges	Total VA Billing
2010	ANESTHESIA	$0.00	$0.00	$0.00
2010	DME/BRACE	$0.00		
2010	ER	$111,411.40		
2010	LABORATORY	$42,463.95		
2010	OPHTHAMOLOGY	$25,845.10		
2010	OUTPATIENT	$130,807.19		
2010	PHARMACY	$108,087.23		
2010	RADIOLOGY	$113,477.72		
2010	SDS	$159,228.61		
	Totals:	**$691,321.20**		

Current Page No.: 1 | Total Page No.: 1

Fiscal Year Summary

- Categorizes billing charges
- Summarizes claims billed, claims with errors

Encounter Analysis.pdf - Adobe Reader

File Edit View Document Tools Window Help

Encounter Analysis by Claim Type

Clean Claims on: 9/14/2010

Fiscal Year	Month	Type	Number of Claims	Number of Lines	Charges
2010	October	Laboratory	309	1117	$14,119.02
2010	October	Outpatient	685	1196	$124,752.30
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2010	October	Psych	13	13	$1,105.36
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			1723	**3479**	**$241,895.53**
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2010	November	Outpatient	545	931	$92,979.65
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2010	December	Outpatient	596	921	$110,346.94
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2010	December	Radiology	332	454	$51,376.98
			1254	**2507**	**$177,587.20**
2010	January	Laboratory	58	205	$2,639.88
2010	January	Outpatient	2	3	$218.33
2010	January	Radiology	34	41	$4,533.25
			94	**249**	**$7,391.46**
2010	March	Laboratory	1	1	$5.36
2010	March	Outpatient	12	45	$42,129.92
2010	March	Radiology	4	8	$756.02
			17	**54**	**$42,891.30**
2010	June	Pharmacy	297	412	$25,721.46
			297	**412**	**$25,721.46**
		Grand Total		**9376**	**$678,914.87**

Report0001 9/14/2010 3:27:47PM Page 1 of 1

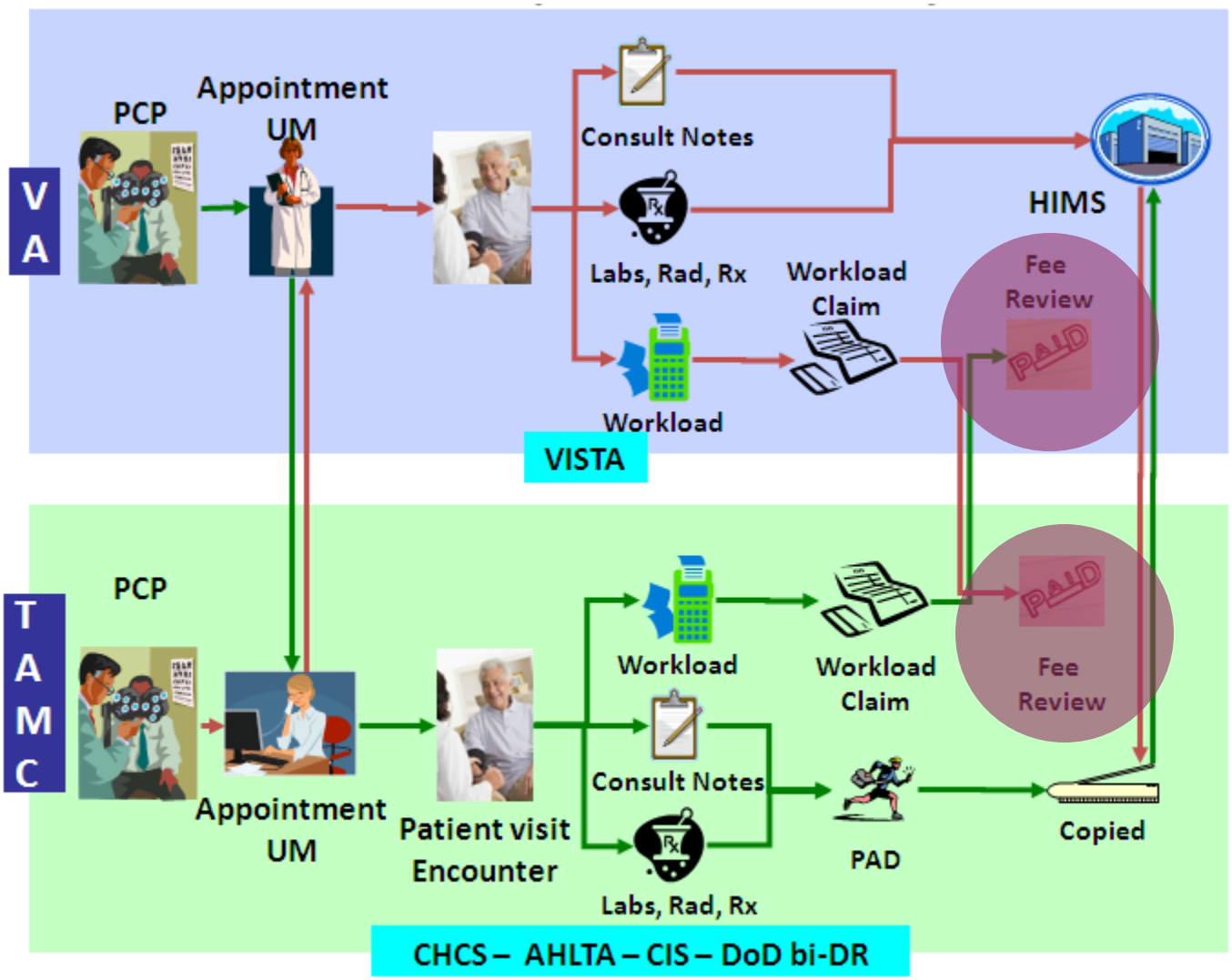
Encounter Analysis by Claim Type

- how many claims, charge lines and how much money has been created for requested categories according to fiscal year and month

Billing – Now (envisioned)

- Standard billing forms are used--now
- Overnight processing permits visibility on a daily basis--now
- Claims are scrubbed according to Commercial Billing Standards--now
- Commercial standard billing forms and electronic billing formats are used--now
- Outpatient claims are billed within 10 working days after episode of care--envisioned
- Inpatient claims are billed within 45 business days after episode of care--envisioned

Claims Processing - Payables



Referral

Spreadsheet ↓ Referral Mgt

Authorization

Spreadsheet, Email ↓ Authorization Timeliness

Appointment Tracking

Manual ↓ Referral Mgt, Document Mgt

Billing

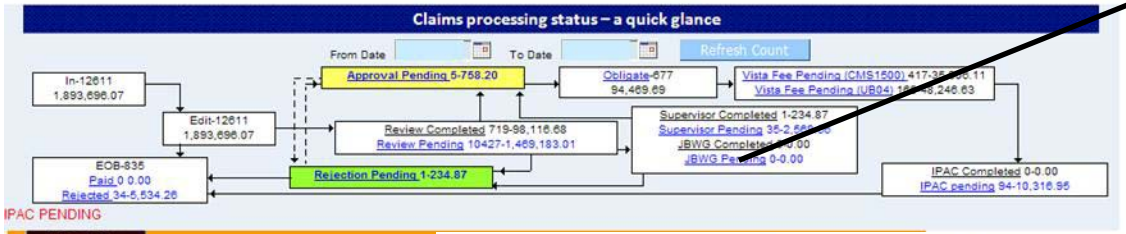
Manual, Spreadsheets ↓ Billing, Edit checking, Adjudication

Payment

Accounts Payable – Then

- Payment clerk manually assembled ancillary charges associated with out or inpatient encounter/stay
- Many disputed claims resulted
- Double entry to pay claim and then to capture workload—always late
- Metrics were impossible to develop

Accounts Payable Portal

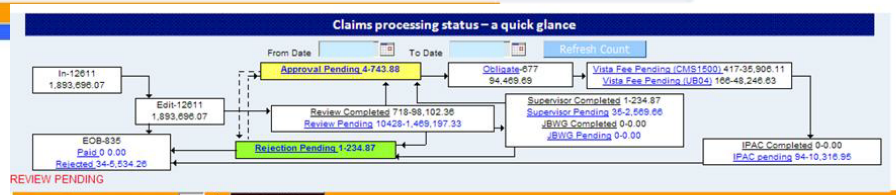


AP Portal Summary

- Displays a visual summary of where the claims are
- Provides a visual access to pending – in process claims

Refresh Now

Obligation No.	IPAC Date	FCP #
	08/27/2010	140
	08/27/2010	140
	09/10/2010	140



Page 1 of 522 Next Goto : Refresh Now

Open Transaction	Claim Date	Date of Service	Patient Name	Claim Number	Type of Claim	Claim Indicator	Total Charges	Obligation No.	Status
Open	09/07/2010	08/27/2010			ORIGINAL	OUT - UB -	44.94		New
Open	09/07/2010	08/27/2010			ORIGINAL	OUT - UB -	83.40		New
Open	09/07/2010	08/27/2010			ORIGINAL	OUT - UB -	3.74		New
Open	09/07/2010	08/26/2010			ORIGINAL	OUT - UB -	54.06		New
Open	09/07/2010	08/26/2010			ORIGINAL	OUT - UB -	27.87		New
Open	09/07/2010	08/26/2010			ORIGINAL	OUT - UB -	12.47		New
Open	09/07/2010	08/25/2010			ORIGINAL	OUT - UB -	3.74		New
Open	09/07/2010	[illegible]			ORIGINAL	OUT - UB -	46.77		New
Open	09/07/2010	08/25/2010			ORIGINAL	OUT - UB -	22.08		New
Open	09/07/2010	08/25/2010			ORIGINAL	OUT - UB -	57.65		New
Open	09/07/2010	08/24/2010			ORIGINAL	OUT - UB -	98.05		New
Open	09/07/2010	08/24/2010			ORIGINAL	OUT - UB -	73.88		New
Open	09/07/2010	08/24/2010			ORIGINAL	OUT - UB -	14.04		New
Open	09/07/2010	08/24/2010			ORIGINAL	OUT - UB -	25.30		New
Open	09/07/2010	08/24/2010			ORIGINAL	OUT - UB -	27.45		New
Open	09/07/2010	08/24/2010			ORIGINAL	OUT - UB -	3.74		New
Open	09/07/2010	08/23/2010			ORIGINAL	OUT - UB -	36.91		New
Open	09/07/2010	08/23/2010			ORIGINAL	OUT - UB -	56.46		New
Open	09/07/2010	08/23/2010			ORIGINAL	OUT - UB -	538.86		New
Open	09/07/2010	08/23/2010			ORIGINAL	OUT - UB -	30.52		New

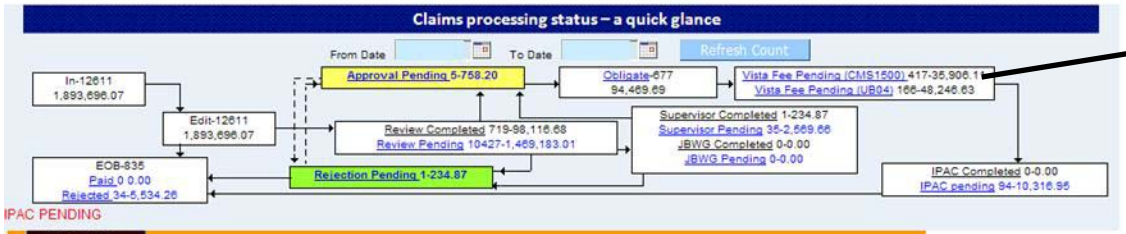
Claims in Process
List of claims at a particular stage – these can be filtered and sorted as desired for easy access.

UB04 and CMS 1500 adjudication

UB04 - WYSIWYG

CMS 1500 - WYSIWYG

Payment Processing and Support



Payment Stage

IPAC PENDING

Refresh Now

Obligation No.	IPAC Date	FCP #	Amount Paid	IPAC Number	Open Transaction
	08/27/2010	140	3,523.68		Open
	08/27/2010	140	6,537.51		Open
	09/10/2010	140	255.76		Open

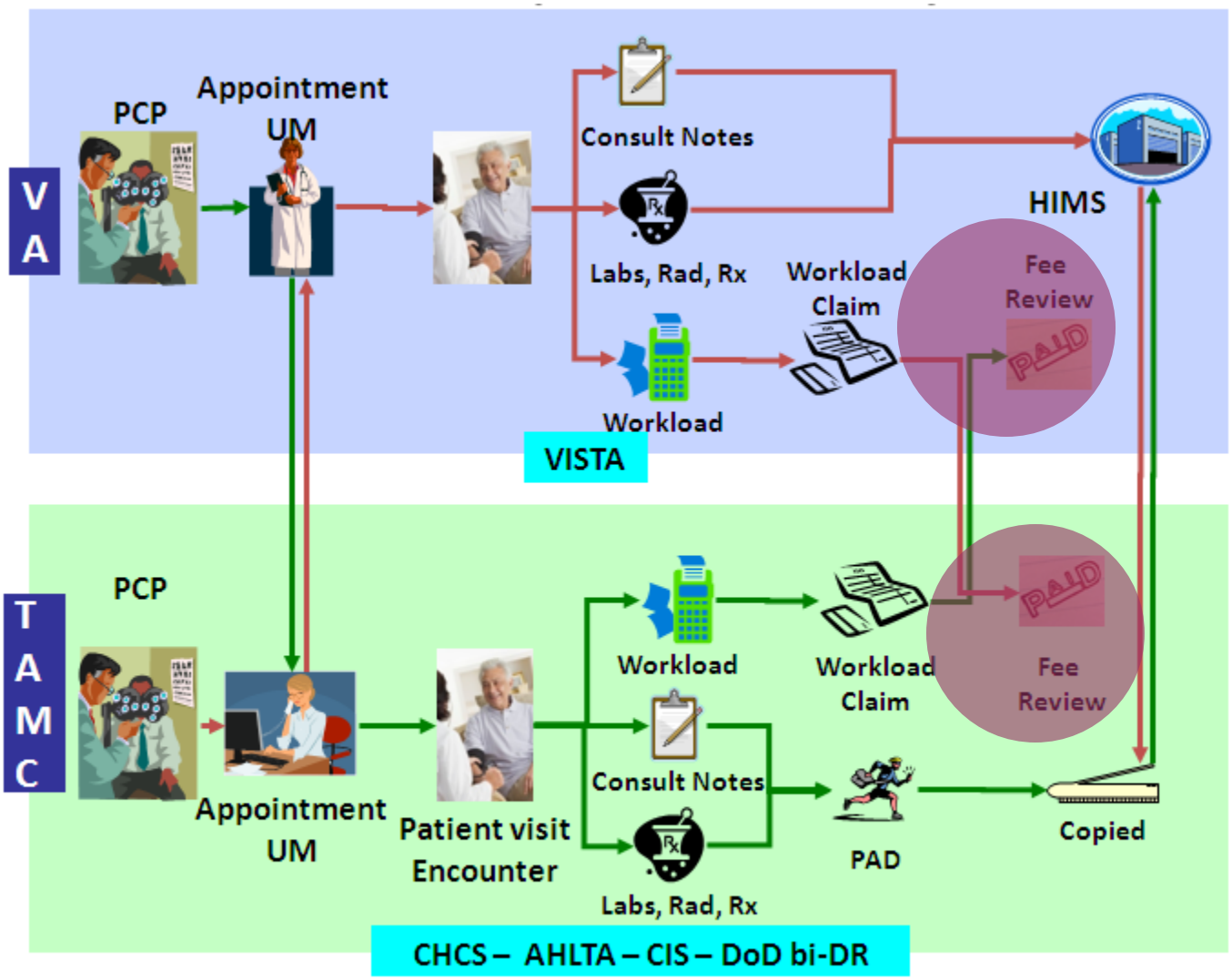
Aug 20, 2010			39.08	
Aug 20, 2010			39.08	
Aug 20, 2010			108.95	
Aug 20, 2010			39.08	
Aug 20, 2010			58.77	
Aug 20, 2010			118.66	
Aug 20, 2010			71.73	
Aug 20, 2010			58.77	
Aug 20, 2010			58.77	
Aug 20, 2010			88.25	
Aug 20, 2010			28.63	
Aug 20, 2010			118.48	
Aug 16, 2010			54.72	
Aug 16, 2010			35.98	
Aug 16, 2010			88.25	
Aug 16, 2010			55.26	
Aug 16, 2010			35.98	
Aug 16, 2010			13.29	
Aug 16, 2010			58.77	
Aug 16, 2010			58.77	
Aug 16, 2010			108.73	
Aug 16, 2010			115.79	
Aug 16, 2010			75.02	
Aug 16, 2010			86.31	
Aug 16, 2010			169.75	
Aug 16, 2010			86.31	
Aug 16, 2010			27.54	
Aug 16, 2010			213.[illegible]	
Aug 16, 2010			[illegible]4.15	
Aug 16, 2010			58.77	

i/p-o/p indicator	Claim date	Claim number	
O	Jul 21, 2010		View Print
O	Jul 21, 2010		View Print
O	Jul 21, 2010		View Print
O	Jul 16, 2010		View Print
O	J		
O	J		
O	J	

Accounts Payable – Now (Envisioned)

- Ancillary charges associated with out or inpatient encounter/stay are linked to the encounter/stay--now
- Disputed claims should be minimal with greater visibility of the CMBB business rules--now
- Once IPAC is incorporated into the Fee Package, workload will be captured as claims are paid--envisioned
- Metrics are now possible and are real time--envisioned

Revenue Cycle - Recoveries



Referral

Spreadsheet → **Referral Mgt**

Authorization

Spreadsheet, Email → **Authorization Timeliness**

Appointment Tracking

Manual → **Referral Mgt**, **Document Mgt**

Billing

Manual, Spreadsheets → **Billing**, **Edit checking**, **Adjudication**, **Receivables**

Payment

Accounts Receivable – Then

- All charges billed and tracked at a line level on spreadsheets.
- A patient claim is spread across several spreadsheets
- Charges grouped by months by charge type and paid after manual entry review by the VA
- Disputes tracked and discussed through emails and meetings.
- Decisions and discussions not easily reviewable

AR – Recovery – Revenue Cycle Mgt

brsqlsvr - Remote Desktop

ARMS Recovery Work Screen for Admin

Facility TAMC
LOB JV-OUT
Facility # 0052
Tax ID

Selected Queue: In Process
Entire Queue - Pull Date Order - No Filter

The account you are looking at is in this Queue --> In Process

First | Prev | Next | Last | Search | Filter | Save | Cancel

Patient Information

Number 0052-10-0025095 | Companions
Name(F/L) Jane1029 | Doe
SSN 446909434 | ID#
Policy # 446909434
DOB 11/05/1962 | Hm Ph 808-555-2029
RP Name Jane1029 | Doe
Employer

Working Carrier
Primary | Secondary | Tertiary

Account Information

Date Placed 5/24/2010 | DOS 11/30/2009 to 11/30/2009
Age of Entry 175 Days | Total Billed 144.19
Last Denial
Last Denial Date
Grouping Claim in Process
Pull Date
Resolution None
Date Resolved
Account Status

Recovery Tools
Queue Info/Stats
Acct Work Log
Account Lookup
Print Acct Detail
Work Note

Status
Use Last Status
Scan Statuses
Add Status
Actions | People | Response Times | Responses
Save | Cancel

Carrier Information
Name
Ph # Ext
Ph # Ext
Fax
Filing from
Add'l Info
3859 Claims for this Carrier
Link | Unlink

Bills

UB04 Admit Date	Discharge Date	Patient DOB	Primary Payor	Provider Number	ID Number	Group Number	Primary DX	Secondary Payor
11/30/2009	11/30/2009		VA PACIFIC ISLANDS HI		446909434		307.89	

UB's | 1500's | EDI Info

Transactions

Transaction Type	Amount	Transaction Date	Post Date	Amount Verified	Verified Date 1	Verified Date 2	Payor	Note
AR	$144.19	5/27/2010	5/27/2010	$144.19	5/27/2010			Record receivable for UB04 00
	$144.19			$144.19			Remaining After Payments:	$0.00

Recoveries Management

- Claims billed to the payer are followed-up through the Recovery module
- Recovery Module helps billing offices work their open accounts receivable
- It provides tools like account notes, letters, electronic document images, claim corrections, and account transactions

AR – Recovery and Collections

brsqlsvr - Remote Desktop

EOB Viewer

Facility: TRIPLER AMC

Summary
Load Date: 9/14/2010 Billed: 108.06
Claims: 3 Denied: 112.04
Payments: 0 Paid: 0.00

Check
ID: H51040901280001
Date: 1/2/2010
Amount: 0.00

Payer
Tax ID: 59-3246281
Name: HEALTH PLANS INC
Address: BOSTON MAINE AIRWAYS CORP
City: WESTBOROUGH State: MA Zip: 15815

Claims

Control Number	DOS	Patient Name	Billed	Adjustments	Paid
0052-10-0008198	Oct 31, 2009	DOE, JOHN1491	75.06	79.04	0.00
K36-45789	Nov 12, 2009	BROWN, MOLLY	30.00	30.00	0.00
0052-10-0008198	Oct 31, 2009	DOE, JOHN1491	3.00	3.00	0.00

Warnings & Errors
1 claim not linked to an account

Collection Monitoring

- The 835s received back explains how the claim was processed
- These 835s are electronically linked to the appropriate accounts
- The responses are translated into relevant descriptions slo that the billing office staff can track them

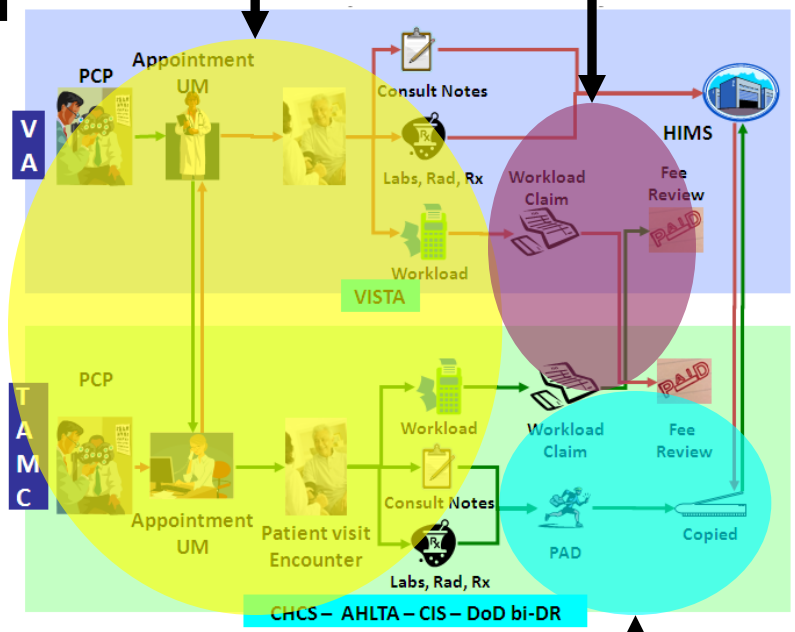
Accounts Receivable – Now (envisioned)

- Payment and Adjudication received back via EDI 835 – Commercial Standard Electronic Remittance--now
- Claims that are not adjudicated for 100% payment routed to special queues for billing staff to review reduced payment or EOB--now
- All claim creation, billing notes, and correspondence related to payment of claims is traceable for audit and command review--now
- All adjudication for each claim has complete audit history--envisioned

eDR – Delivering Transparency

Referral Management

Billing, Accounts Payable – Claims Adjudication, Accounts Receivable



Integrated Reporting Module IRM

Document Management

Integrated Reporting – Episodes of Care

Integrated Reporting Module

IRM – Integrated Reporting Module

Patient Name: | Patient Lookup | M

Show | Reset

PIHCS-Auths/TAMC-Visits | Documents | Link to JANUS2 | IRM-Claims

Episode of Care linkage – all the authorized care and the encounters for that authorized care – One point of access

Patient Authorizations and associated Appointments

Auth/Visits	Patient Name	SSN	DOB	Service Requested	Requesting Physician	Requested Date Time
				FEE BASIS NEUROSURGERY		02/11/2008
Valid From:	02/12/2008	Valid to:	05/31/2008			
Remarks:	Authorize TAMC Neurosurgery (3) OPV with diagnostic testing. (py/wt),					

ApptDate	Appt Status	Clinic	Provider	Diagnosis	PI	PA	Matched By
2008-03-10 13:30:00.0	KEPT	NEUROSURGERY CLINIC		253.8,			AUTO

Auth/Visits	Patient Name	SSN	DOB	Service Requested	Requesting Physician	Requested Date Time
				FEE BASIS RADIOLOGY - MRI		02/11/2008
Valid From:	02/11/2008	Valid to:	05/31/2008			
Remarks:	Authorize TAMC Radiology for MRI of brain/sella with and w/o contrast. ,(py/wt),					

ApptDate	Appt Status	Clinic	Provider	Diagnosis	PI	PA	Matched By
2008-03-06 10:30:00.0	KEPT	MAGNETIC RESONANCE IMAGING					AUTO
2008-03-06 09:47:00.0	COMPLETE	RADIOLOGY					AUTO

Auth/Visits	Patient Name	SSN	DOB	Service Requested	Requesting Physician	Requested Date Time
				FEE BASIS ORTHOPEDICS		02/11/2008
Valid From:	02/13/2008	Valid to:	08/31/2008			
Remarks:	Authorize TAMC Orthopedics with diagnostic testing, injections if ,indicated. Validity period to be 6 months. (py/wt),					

ApptDate	Appt Status	Clinic	Provider	Diagnosis	PI	PA	Matched By
2008-03-04 10:20:00.0	KEPT	ORTHOPEDIC CLINIC		726.10,			AUTO

Integrated Reporting – Cost of Care

Cost of Care linkage – all the authorized care and the claims for the encounters pertaining to that authorized care – One point of access

Integrated Reporting Module

Print

IRM – Integrated Reporting Module

Patient Name: Patient Lookup

M

Show Reset

PIHCS-Auths/TAMC-Visits | Documents | Link to JANUS2 | IRM-Claims

Auth Number:
Validity Dates:
From : 04/26/2010
To: 10/31/2010

Patient Name:
Service Requested: FEE BASIS ORTHOPEDICS

Primary Diagnosis: right shoulder SLAP lesion- needs steroid injection;.

Remarks:Authorize TAMC orthopedics with labs, x-rays, injections and MRI to be ,done if clinically indicated. Treatment plan to PCP for disposition and ,review. (MT/WT),

Claim Stage	Claim Date	Date of Service	Claim Number	Type of Claim	Inp/Out Indicator	Total Charges
PENDING	08/26/2010	06/07/2010		Original	Out - UBO4	2.83
PENDING	08/26/2010	06/07/2010		Original	Out - CMS	58.67

Integrated Reporting – Clinical Data

Clinical Care linkage – all the clinical information available via Janus – One point of access

Integrated Reporting Module

IRM – Integrated Reporting Module

Patient Name: | Patient Lookup

Show | Reset

PIHCS-Auths/TAMC-Visits | Documents | Link to JANUS2 | IRM-Claims

JANUS II

Personal Data – Privacy Act of 1974 (PL 93-579)

Patient Name/Address	SSN	Phone #	Age/DOB/Gender	VA Primary Care Manager
V PEARL CITY, HI 96782	Service Connected: 50%	(w):	Age: 45 DOB: Gender: M	PCM Name: PCM Clinic: HONOLULU PCM Phone:

Allergies 1)V-No Known Allergies 2)T-NO KNOWN ALLERGIES 3)T-NO KNOWN ALLERGIES

Patient Data
- Summary
- Admissions
- Allergies
- Appointments
- Clinical Reminders
- Demographics
- Immunizations
- Labs
- Meds Inpatient
- Meds Outpatient
- Notes
  - Consults
  - Inpatient
  - Outpatient
- Orders
- Problem List
- Radiology
- Vitals

Patient Summary

Active Problems (Top 6)

Last Updated	Active Problems	Severity
T Sep 02, 2010	APPENDICITIS, UNQUALIFIED	
T Sep 02, 2010	AFTERCARE FOLLOWING SURGERY OF THE TEETH, ORAL CAVITY AND DIGESTIVE SYSTEM, NEC	
V Sep 01, 2010	Appendicitis (ICD-9-CM 541.)	
T Sep 01, 2010	ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS	
V Aug 31, 2010	Abdominal Pain (ICD-9-CM 789.00)	
V Aug 31, 2010	Diarrhea (ICD-9-CM 787.91)	

List of patient's active problems

more >>

Labs (Top 6)

Date	Labs
T Sep 03, 2010 03:53	CBC W AUTO DIFFERENTIAL
T Sep 01, 2010 15:56	URINALYSIS
T Sep 01, 2010 15:09	PT/PTT PANEL
T Sep 01, 2010 15:09	COMPREHENSIVE METABOLIC PANEL
T Sep 01, 2010 15:09	CBC W AUTO DIFFERENTIAL
V Sep 01, 2010 11:16	URINALYSIS

more >>

Medications (Top 6)

Last Fill	Active Prescriptions
V Sep 13, 2010	TESTOSTERONE 1% 2.5GM/PKT TOP GEL
T Sep 03, 2010	DOCUSATE SODIUM (COLACE)--PO 100MG CAP
T Sep 03, 2010	OXYCOD/APAP (ROXICET)--PO 5MG/325MG TAB
V Sep 02, 2010	IOPAMIDOL 755MG/ML (76%) INJ (ML)
V Aug 31, 2010	SIMETHICONE 80MG TAB
V Aug 31, 2010	BARIUM SO4 2.1% (Readi-CAT2) SUSP

more >>

Radiology (Top 6)

Date	Studies
V Sep 01, 2010	CT ABDOMEN W/O CONT
V Sep 01, 2010	CT PELVIS W/O CONT
V Sep 01, 2010	CT ABDOMEN W/CONTRAST
V Sep 01, 2010	CT PELVIS W/CONTRAST
V Aug 31, 2010	ABDOMEN 2 VIEWS
V Jul 19, 2010	CHEST 2 VIEWS PA&LAT

more >>

Appointments (Top 6)

Date	Appts	Provider
T Sep 23, 2010 14:00	NEUROSURGERY CLINIC	
V Sep 23, 2010 11:00	HON PC JONES LJ	
T Sep 13, 2010 13:45	GENERAL SURGERY CLINIC	
T Sep 03, 2010 00:15	IBWA CLINIC 0052	
T Sep 02, 2010 00:15	IBWA CLINIC 0052	
T Sep 01, 2010 16:05	IBWA CLINIC 0052	

more >>

Recent Vitals

Date	Type	Rate
V Sep 01, 2010 12:51	Temp	99
V Sep 01, 2010 12:51	Pulse	71
V Sep 01, 2010 12:51	Rate	18
V Sep 01, 2010 12:51	BP	109/68
V Sep 01, 2010 12:51	WT	155
V Sep 01, 2010 12:51	PN	7
V Sep 01, 2010 12:51	BMI	25.85
V Nov 27, 2007 09:57	HT	65

more >>

Integrated Reporting - Documents

Integrated Reporting Module

IRM - Integrated Reporting Module

Patient Name: Patient Lookup

M

Show Reset

PIHCS-Auths/TAMC-Visits | Documents | Link to JANUS2 | IRM-Claims

Document Details

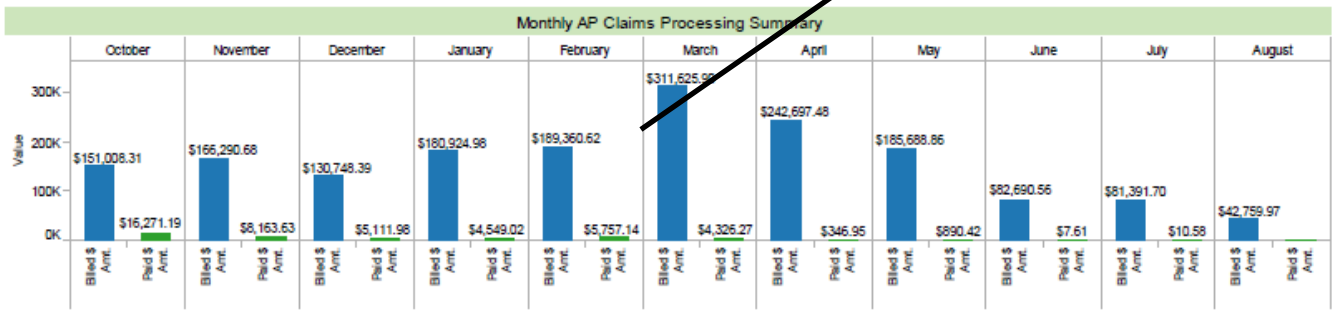
SS No.	Auth No.	Physician	Date of Service	Clinic	
			09/01/2010	EMERGENCY RM	View

Document Access linkage – all the scanned documents available – that are linked to the episodes of care – One point of access

Dashboards - Operational

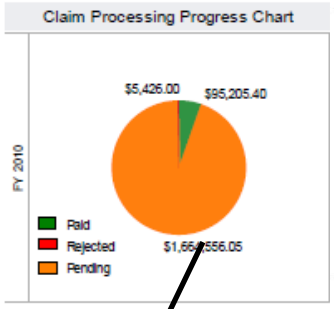
Analysis of claims received – by Month

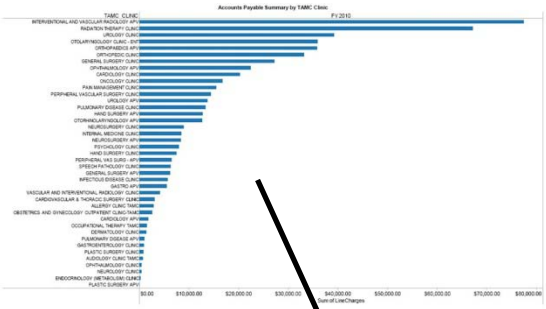
AP Claims Analysis - Year to Date



Quarterly AP Claim Count Summary

	Q1			Q2			Q3			Q4		Grand Total
	October	November	December	January	February	March	April	May	June	July	August	
Total Claims	1,044	1,003	1,105	1,308	1,235	1,515	1,436	1,361	870	510	323	11,710
Billed $ Amt.	$151,008.31	$166,290.68	$130,748.39	$180,924.98	$189,360.62	$311,625.90	$242,697.48	$185,688.86	$82,690.56	$81,391.70	$42,759.97	$1,765,187.45
Paid $ Amt.	$16,271.19	$8,163.63	$5,111.98	$4,549.02	$5,757.14	$4,326.27	$346.95	$890.42	$7.61	$10.58	$0.00	$45,434.79
Total Processed	230	134	88	68	92	72	12	7	1	4	5	713





Claim Status by Claim Type Summary

		Total Claims	Billed $ Amt.
PAID	CMS1500	514	$46,874.51
	UB04	167	$48,330.89
PROCESSING	CMS1500	6,961	$646,689.76
	UB04	4,036	$1,017,866.29
REJECTED	CMS1500	2	$80.51
	UB04	30	$5,345.49
Grand Total		11,710	$1,765,187.45

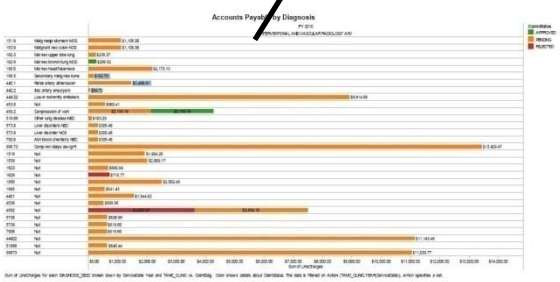
Claims reviewed and approved for payment

Claims Processing status

Cost of Referrals for difference clinics based on claims received

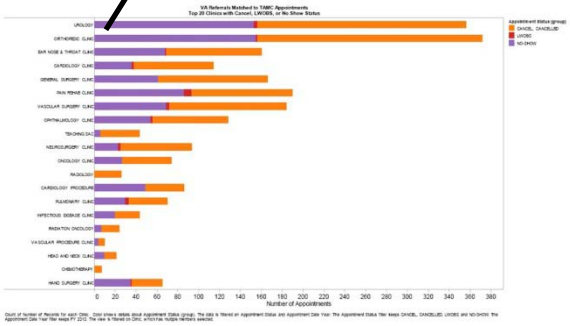
Dashboards - Managerial

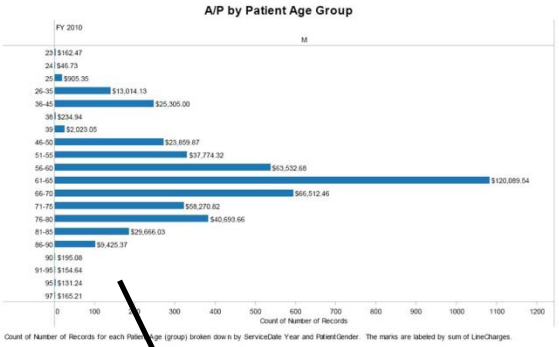
Services provided – $ value broken down by Diagnosis

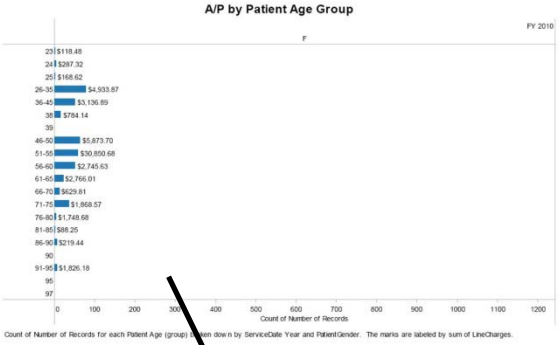


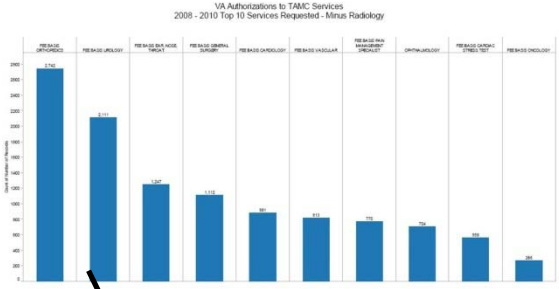
Services provided – $ value broken down by Top Providers

Referrals and their dispositions







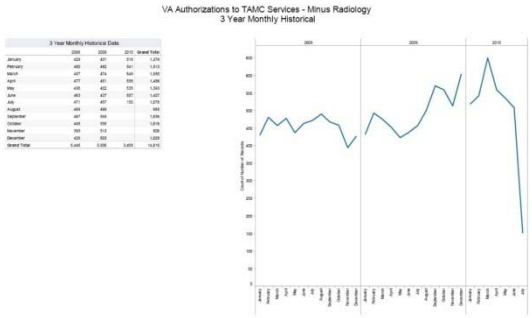


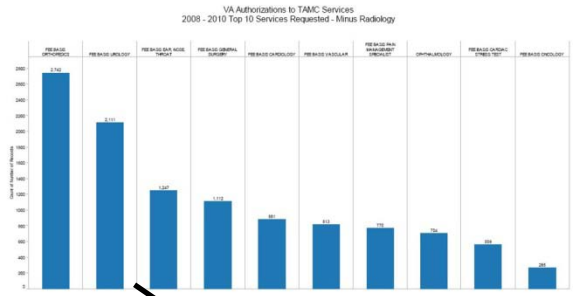
$ value of care provided to male patient population – by age group

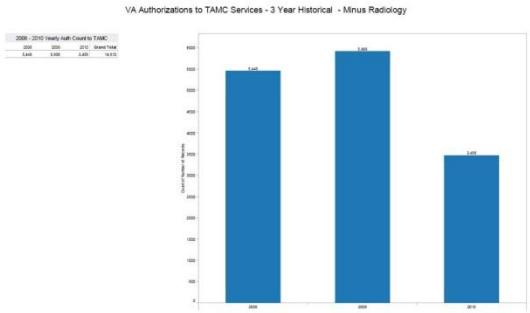
$ value of care provided to female patient population – by age group

Services requested in Current FY by $ value for difference types of service

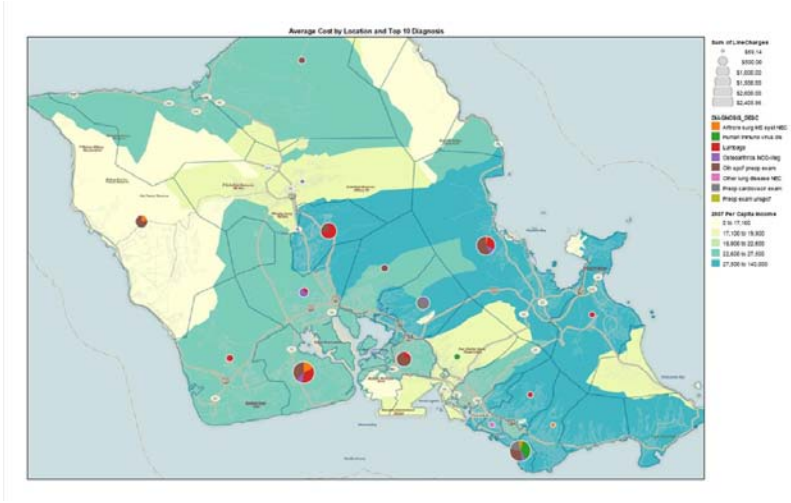
Dashboards - Strategic

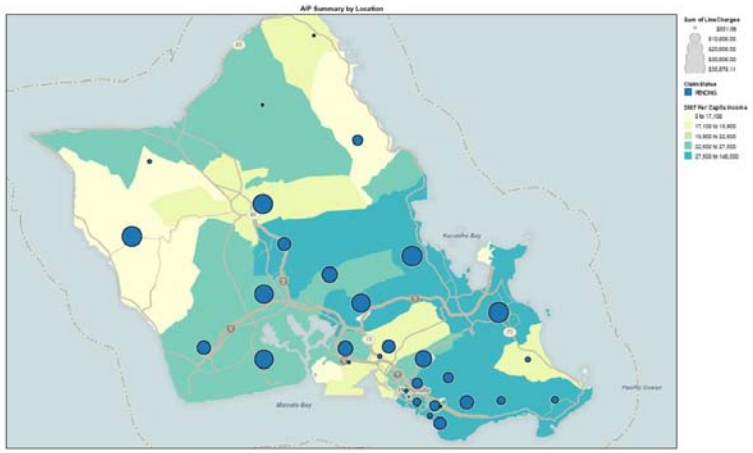






Analyses of Services requested from TAMC on various dimensions





Geo-spatial analysis of patient locations – of the patients that belong to the referred population

eDR Status

	VA to TAMC		TAMC to VA
Referral Management	**Core Module Tick-list** **RM Alerts** **Timeliness Management** **Inpatient Authorization** **ER Authorization**	Operational Operational Ready to go live Live Live	Ready to go live
Document Management	Operational		On hold for VA training and agreement on Business Processes to be followed
Accounts Payable Claims Processing	Operational		
Billing and Accounts Receivable	**Outpatient** **Inpatient**	Operational FY2010 Current FY2011 claims will show up from mid Oct'10 Ready to go live FY2010 will be current in mid Oct' 10 FY2011 claims will show up in 45 days	
Analytics	Support for new requests for Inpatient requirements		

Summary of benefits

Is eDR on track to meet its objectives?

- Track patient referrals and appointments in real time ✓
- Reduce billing and payment timeline to 30 days for outpatient and 60 days for inpatient ✓
- Capture workload within ARC timeframe ?
- Measure performance to achieve highest standards ?

Substantially on its way to do this

Billing part implemented and current for outpatient, inpatient under way; review and payment under implementation

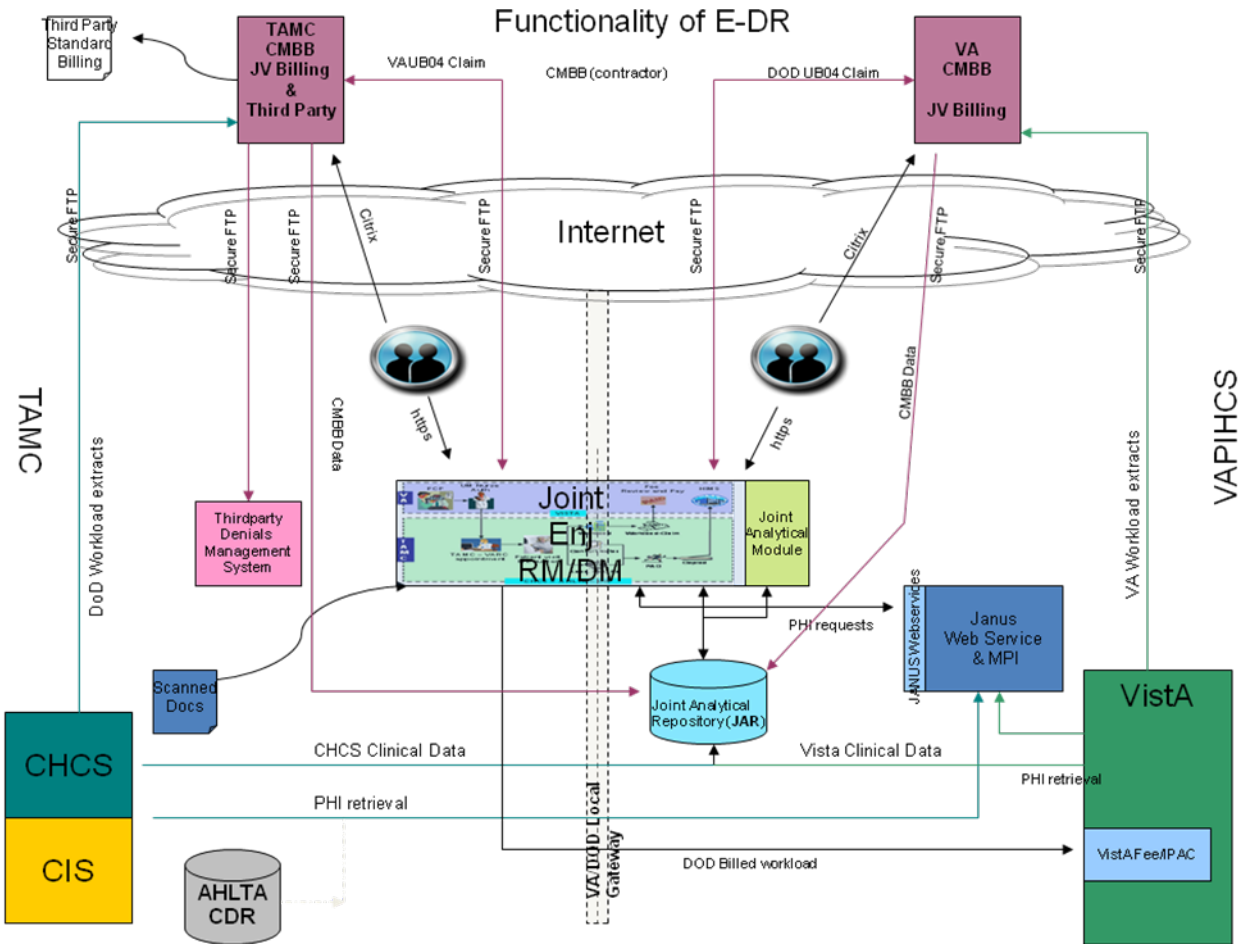
Depends a lot on VistA Fee – IPAC integration support from enterprise. eDR is designed to provide the required data feeds

This will have to be observed over time

eDR Status and Decision

- Need to validate effectiveness of the automated system against manually generated spreadsheets
- Intent – to show system can support requirements of not only VA/DoD billing, but additional TAMC accounts (i.e., TPC, MSA, MAC, Coast Guard as well
- Decisions needed –
  - Manual processes are inadequate
  - Proceed with full utilization and sustainment of eDR

eDR Components



The eDR Team

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Brad Goo	Project Technical Lead and Oversight
Coriendo	Application Development