<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
<th>Presenter</th>
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</thead>
<tbody>
<tr>
<td>Welcome &amp; Introductions</td>
<td>12:00 pm – 12:05 pm</td>
<td>Mark Neubecker, Encore Revenue Cycle PD</td>
</tr>
<tr>
<td>Opening Remarks</td>
<td>12:05 pm – 12:15 pm</td>
<td>Richard Bias, Chief Operating Officer Lahey Hospital &amp; Medical Center</td>
</tr>
<tr>
<td>Summit Overview</td>
<td>12:15 pm – 12:30 pm</td>
<td>Madeline Sargent - Epic ARCR Lead</td>
</tr>
<tr>
<td>Charge Generating Area Risk Review</td>
<td>12:30 pm – 1:35 pm</td>
<td>Steve Demers / Mary Beth Jenkins Dr. Tim Skelton Lorraine Kelly / Nancy Holmes</td>
</tr>
<tr>
<td>Break</td>
<td>1:35 pm – 1:50 pm</td>
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<tr>
<td>ChargeGenerating Area Risk Review con’t</td>
<td>1:50 pm – 2:15 pm</td>
<td>Keith Thomasset Michelle McCool Heatley</td>
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<tr>
<td>Review of Impact Summary by Area</td>
<td>2:15 pm – 3:00 pm</td>
<td>Josie Wilkinson / Cheryl Akre-Teal Sonia Azzi / Cheryl Akre-Teal Lori Jayne / Susan Wilkens</td>
</tr>
<tr>
<td>Break</td>
<td>3:00 pm – 3:15 pm</td>
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<tr>
<td>Review of Impact Summary by Area</td>
<td>3:15 pm – 4:30 pm</td>
<td>Olaf Faeskorn Deb Conceicao / Tara Whitson Deb Costello</td>
</tr>
<tr>
<td>General Epic - Q &amp; A</td>
<td>4:30 pm – 5:00 pm</td>
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<tr>
<td>Wrap-up / Next Steps</td>
<td>5:00 pm – 5:15 pm</td>
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Housekeeping

- Clinical representatives are encouraged to stay for the entire summit if possible to speak to the clinical concerns that may arise relative to the revenue cycle process.
- Participation is encouraged after information is presented on each slide.
- To be respectful of participants’ schedules, any discussion beyond the allotted time will be tabled and discussed at an ad hoc workgroup meeting.
- Please sign in on clip board (circulating around auditorium)
Summit Overview

Madeline Sargent
Epic ARCR Lead
Professional Revenue Cycle
Lahey Readiness Milestones

One-Time Events

Revenue Cycle Overview of Implementation
ARCRL Leads Identified
ARCRL Kickoff Meeting

Leads Certified
Operational Summit
Operational Readiness Review
Workqueue Signoff Complete

Phase 1
Phase 2
Phase 3
Phase 4
Phase 5

ARCR & Risk Mitigation Meetings
Define Workqueue & Edit Ownership
Parallel Revenue Cycle Testing

Lead Training and Certification
Workflow & Reporting Validation
Parallel Revenue Cycle Testing Prep & Scenarios

Daily Revenue Cycle Meetings
What to Do Sessions
Graph Package Calls

Go-Live!
Path to Readiness

• Operational Readiness Workgroup Meetings
  – Complete Mitigation Plans; Address Follow-ups

• Edit and Workqueue Ownership Sign-Off
  – Readiness Profiles – Leads Only

• Report Review and Sign-Off
  – Management Report Education

• 30 Day Pre-Live Review
  – Go-Live Meeting Calendar
  – Graph Package Introduction

• Pre-Live Charge Reconciliation (Revenue & Usage Workshops)
What to Expect at Go-Live

• Issue resolution
  – Find the root issue
  – Fix the source
  – Conduct clean-up
  – Communicate progress
  – Ongoing training

• Communication

• Visible Leadership

• Quick Decision-making
Risk Management Background

Risk Management is the proactive identification, assessment, and mitigation of impacts the program will have on the organization.

• An **risk** is any change to the current ways of working resulting from the Lahey Health implementation.

• Risk Management will reduce barriers to program success by:
  - Providing advanced insight to executives regarding key organizational change impacts
  - Proactively informing leadership of where and how efforts need focus to manage the implementation impacts
  - Guiding the identification of the appropriate interventions required to manage each impact

• A risk **Database**, monitored by the Entity Organizational Readiness Leads, will be used to track impact information and mitigation progress.
Risk Management Process

Risk Management facilitates timely mitigation of potential barriers to program success and is fundamental to understanding the scale and type of change resulting from the Lahey Health implementation.

**RISK IDENTIFICATION**
Identification of risks based on:
- Validation session decisions
- Application design and build
- Epic demos
- Workflow walkthroughs

**RISK MITIGATION**
- Determining and assessing possible mitigation solutions
- Completion of mitigation/resolution steps for those impacts that can be addressed before go-live
- Identification of steps to monitor and/or mitigate those impacts that cannot be addressed until go-live or after
- Escalation of issues/risks to leadership

**RISK TRACKING & REPORTING**
- Real time updates on risk mitigation in database
- Triage and monitoring of risk database information
- Tracking of risk mitigation progress
- Reporting of risk mitigation/resolution to leadership
Our objective is to share the top risks identified with site, program and Epic leadership and validate that all impacts and risks have been identified and appropriate mitigation steps have been planned.

The goal’s of today’s session:

• Review the top revenue cycle risks by readiness area
• Conduct open discussion on the risks and mitigation plans
• Identify any additional risks or mitigation plans

We will do this by:

• Each Operational Readiness Lead will present key risks and mitigation plans in their area
• Participants will ask questions and raise potential concerns to help validate plans have appropriate mitigation steps
• Any additional risks or mitigations steps will be documented in a parking lot
Next Steps

- Tracking and following up on parking lot items
- Continued weekly ARCR workgroup meetings
- ARCR lead present overall top 5 risks at pre-live review (30 days prior to go-live)
Surgical Services - OpTime

Risk
Standardization of some OR and Anesthesia charging methodologies

Examples
1. Supply Charging
2. Recovery Charging Rates

Mitigation Plan
1. Parallel Charge Testing
2. Identify changes in pricing and charging methodologies and ensure that discrepancies in pre-and post-live revenue are recorded in baseline metrics.
3. Evaluate if any financial modeling can be performed on historical OR metrics to estimate post-live baseline revenue.
Surgical Services - OpTime

Risk
• Responsibilities of the surgical and procedural area billers will shift with the implementation of Epic.

Examples
1. Need for additional staff, example: Peabody, Beverly.
2. OR Charge Reviewers will continue to audit the procedural documentation to ensure billing accuracy.
3. OR Charge Reviewers will be responsible for auditing Anesthesia facility charges per Epic’s foundation workflow.

Mitigation Plan
1. Identify and train OR Log Poster (surgical log technical charge reviewers) to review and post perioperative charges in Epic.
2. Train managers to review posted charges on a timely manner to ensure accuracy.
Surgical Services - OpTime

Risk
• Proceduralists in GI and Bronch will be expected to document the procedure performed via charge capture preference list.

Mitigation Plan
1. Create a report that looks at all procedures done vs. those with an attached CPT code.
2. Identify and train proceduralists to this step in their workflow.
3. Train managers to review posted charges on a timely manner to ensure accuracy.
Surgical Services - OpTime

Risk
• PeopleSoft supply file requires scrubbing to add additional charge fields for Epic Interface.

Examples
1. Charge Code Assignment
2. Chargeable Flag?

Mitigation Plan
1. Working with representatives from PeopleSoft, Surgical Units, and Finance to ensure accuracy of PeopleSoft data.
2. Parallel Charge Testing
Clinical Laboratory Medicine

Dr. Timothy Skelton
Clinical Laboratory Medicine - Beaker

Risk

• Inability to staff laboratory with medical technologists competent in using Epic Beaker
  - Current staff in certain sections fully-occupied in getting today’s work done
  - Lab staff unavailable to migrate testing to Epic-compatible systems
  - Beaker build is on-going; unavailable to lab staff for training and workflow redesign
  - Lab staff unavailable to train on Beaker and new lab systems
  - Lab staff unavailable to redesign lab processes based on Beaker functionality
  - Lab staff unavailable to validate new processes and lab systems

Mitigation Plan

• Migrate computerized algorithms (internal lab process decision support) from Sunquest to middleware (Data Innovations, Remisol, GEM-Web Plus) or instrument processing units (IPU) in parallel with Beaker build.

• Reassign experienced highly-skilled medical technologists to work full-time on migration to Epic-compatible lab systems, process redesign, testing, middleware build, and training.

• Requested FTE’s to back-fill for current production.
Clinical Laboratory Medicine - Beaker

Risk

• Inability to achieve compliance with Joint Commission and College of American Pathologists Regulations
  - CAP inspection window is February to May 2015
  - Inadequate time to optimize new systems and Beaker to comply with regulations

Mitigation Plan

• Minimize impact by attempting to achieve regulatory compliance on transitional middleware and IPU-based lab processes prior to completion of Beaker build.

• Reassign experienced highly-skilled medical technologists to work full-time on migration to transitional lab systems, validation, procedure writing, middleware build, regulatory documentation, and competency assessments.

• Requested FTE’s to back-fill for current production.
Clinical Laboratory Medicine - Beaker

Risk

• Replacement of the laboratory computer with a less efficient system
  - Loss of optimized Sunquest functionality
  - Replacement with non-optimized Beaker system
  - Decrease in level of laboratory service

Mitigation Plan

• Requested additional lab staff to compensate for a loss of productivity.
• Requested additional lab staff to develop, troubleshoot, and optimize new systems.
• Propose automation of specimen receiving & sorting, as well as, automation of urinalysis.
• Complete planned laboratory renovations to allow installation of more efficient instrumentation and allow a more efficient physical arrangement of instruments and specimen flows through the laboratory.
Risk

• Loss of Revenue from Laboratory Billing
  - Billing rules are built into Sunquest – may be difficult to replicate in Beaker
  - Expected increase in billing denials

• Difficultly interpreting and maintaining Billing compliance
  - Different laboratory test billing approach for LHS and NHS
  - Billing review, denials, audits, questions, CPT code review and updates

• Conflicts between Evidence-Based Medicine and Billing Rules
  - Impact on revenue and denials is payer-specific

Mitigation Plan

• Need to identify appropriate oversight
Risk

- Lack of an Epic-compatible process to register patients for lab-only visits.
  - Claim rejected due to incorrect insurance information – decreased revenue
  - Medicare ABN Form not completed – compliance issue
  - Lack of space in outpatient phlebotomy area to register patients
  - Lack of staff to handle registration in the lab

Mitigation Plan

- Recommend performing as much of the registration process as possible after the lab visit; back end rework by registration department.
- Recommend performing ABN form completion in the clinical service areas; no role for laboratory at Epic go-live.
- Recommend relocating non-lab functions from phlebotomy area to allow set up of registration areas for minimum residual work that must be performed in the laboratory.
- Requested additional phlebotomy FTE for residual lab-based registration work.
Radiology - Radiant

Lorraine Kelly
Nancy Holmes
Radiology - Radiant

Risk
• Charges Drop at ‘End Exam’

Mitigation Plan
1. Develop standardized workflows that require technologists to end exams in Epic after sending images for interpretation.
2. Provide thorough training and adequate support at go-live to ensure technologist understand and follow required workflows.
3. Train technologist to utilize the recent studies report at the end of their shift to capture any studies they may have missed.
4. Maintain any procedures that have not been ended on technologists worklists for easy identification.
5. Utilize existing list in Primordial (the radiologist’s workflow engine/business analytics) to validate all procedures have been ‘Ended’ in Epic.
6. Provide daily management reports that identify procedures that have been begun and not ended and/or studies that have ended and not read.
7. Operational areas will utilize current PAC’s list as a cross-reference any studies not ended.
Risk
• Interventional Radiology Charge Capture moving from paper to electronic

Mitigation Plan
1. Develop the technologist charge capture navigator to provide a simple charge entry “pick list” that is similar to the current paper process.
2. Wherever possible, charges will be defaulted in for specific procedures.
3. All charges will be reviewed by coding for completeness and accuracy.
4. Provide daily management reports that identify procedures that have begun and not ended.
5. Provide daily management reports that list procedures and associated charges.
Radiology - Radiant

Risk
• Radiopharmaceutical Charge Capture moving from paper to electronic

Mitigation Plan
1. Link appropriate supply charges (Radiopharmaceuticals) to specific procedure records (EAPs).
2. When approved by management, default in a charge volume for specific radiopharmaceuticals.
3. Make radiopharmaceutical supply charges a “hard stop” where appropriate.
4. Provide daily management reports that identify procedures that have begun and not ended.
5. Provide daily management reports that list procedures and associated charges.
6. Generate supply reports to confirm charges have dropped as expected.
Risk
• Contrast Charge Capture moving from charging at order to charging at administration

Mitigation Plan
1. Develop standardized workflows that include contrast administration as a standard process when ending exams in Epic.
2. Provide thorough training and adequate support at go-live to ensure technologist understand and follow required workflows.
3. Provide daily management reports that will identify contrast that has been ordered and not administered.
4. Provide daily revenue reports from the contrast cost center to be cross-referenced with legacy charges for validation of charge capture.
Risk
• Professional Charges at Beverly are currently captured via a flat file extract and sent to a third party system at ‘Signed’.

Mitigation Plan
1. Provide sample files to 3rd party system to confirm usability of file from Epic.
2. Test PB Charges being generated form Epic for Beverly.
3. Generate Daily reports identifying unsigned studies.
4. Provide daily reports of signed studies for comparison to charges for validation that PB charges have dropped appropriately.
BREAK
Pharmacy - Willow

Keith Thomasset
Pharmacy - Willow

Risk
• Change to Charge on Administration from Charge on Dispense

Mitigation Plan
1. At go-live, Lahey will move forward with charge on administration for inpatient areas (as they are already performing bedside scanning with high percentages) and continue to charge on dispense in all clinic areas (infusion clinic, ambulatory clinics, etc.)

2. This process will continue until the teams are comfortable with the documentation process. Defined as three consecutive months of successful electronic documentation of administration - either manual or scanned - or 95% or greater.

3. Will ensure optimal charge capture on administration and allow us to take a more active approach in staging the areas where there is higher risk of revenue loss due to the lack of current documentation.
Risk
• Outpatient Departments must use either the Medication Administration Report (MAR) or a navigator to document a medication administration

Mitigation Plan
1. Schedule meeting with the Epic Ambulatory team to ensure that this risk is communicated (Thursday, 7/17/14)
2. Acquire a list of all clinics that Central Pharmacy sends medications to (Received 7/10/14 from Marsha Fairchild)
3. If necessary, build navigators within the Epic system
   • Navigators are lists of activities for providers, nursing, and pharmacy, that follow the order of tasks that are performed for typical workflows
4. Train all users to document on the MAR or with a navigator
Pharmacy - Willow

Risk
- Exception list of drugs that fall below a minimum charge

Mitigation Plan
1. Receive list of medication exceptions from Teresa Mahlert
2. Willow to manage two different billing methodologies for two facilities
3. We have the ability to manage exceptions by payor for drugs
4. The same price can be sent, whether it is outpatient or inpatient
Pharmacy - Willow

Risk
• Community group practices are supplied by the central pharmacy

Mitigation Plan
1. Medication requisitions fall outside of Epic.
2. Therefore, an action plan needs to be implemented for these processes
3. We do not provide medications from central pharmacy to CGP’s – we do provide to some off site Lahey licensed clinics
4. We assist with their orders yet do not order from our central supply – they are ambulatory class of trade
5. Revenue would not come to pharmacy as it is the expense from the CGP themselves
Emergency Department - ASAP

Michelle McCool Heatley
Emergency Department - ASAP

Risk
• Stakeholder concerns regarding validity of the Epic Facility Charge Calculator for areas like duplicate charges

Mitigation Plan
1. Submit components of facility charge calculator to stakeholders for review.
2. Compare each component of the facility charge calculator to current methodology or guidelines set by CMS.
3. Engage the CFO and Compliance to approve the tool.
Emergency Department - ASAP

Risk

- ED daily charge reconciliation

Mitigation Plan

1. Verify reports and facility charge calculator will assist operational owners in monitoring charges processed out of the ED.

2. Operations will need to identify resources to monitor and correct charges or documentation.
BREAK
Scheduling - Cadence

Josie Wilkinson
Cheryl Akre-Teal
Risk
• Referral and Authorization Identification

Mitigation Plan

1. Use precertification and referral reports to validate accuracy and thoroughness of workqueues
2. Monitor referral workqueue volume at go-live
3. Define referral workqueue ownership
4. Include the front-to-end workflow in training for all types of referrals
Risk
• Implementing and adapting to system workqueues and new processes

Mitigation Plan
1. Assign specific staff to each workqueue
2. Establish turnaround time for workqueues
3. Monitor activity in and out of scheduling workqueue
4. Include front-to-end workflow training for all types of referrals
Scheduling - Cadence

Risk
• Long check-in and check-out lines

Mitigation Plan
1. Training and assistance at go-live
2. Soft go-live to give Access colleagues earlier start
3. Monitor pre-visit activity to minimize requirements at check-in
4. Monitor unsigned orders and timing of physicians signing orders related to check-out
Access - ADT

Sonia Azzi
Cheryl Akre-Teal
Access - ADT

Risk
• Establishing correct encounter acuity levels

Change
1. Orders drive patient class changes
2. Hourly and daily bed charges drop automatically
3. Patient class and accommodation code fields available in transfer workflow

Mitigation Plan
1. Train users on which Epic field values are used to generate bed charges
2. Train users which values to use in which bed scenarios
3. Review and reconcile census reports by 11:59 pm to verify that patient classes and accommodation codes combine to generate the correct charge
ADT – Authorization Status

Risk
• Monitoring authorization status

Change
1. Patient classifications and acuity level
2. Communication back to Provider about changes needing to occur to the order entered

Mitigation Plan
1. Use reports and workqueues to identify discrepancies between the patient class and the class on the case for scheduled procedures
2. Use workqueue to monitor discrepancies between authorization status and patient class
Access - ADT

Risk
Scheduling pre-admission testing (PAT)

Change
1. Coordination of OpTime and ADT workflows
2. Unknown unknowns of the centralized scheduler and pre operative nursing colleagues keeping up with pre and post operative scheduling
3. Partial vs. total decentralization of PAT scheduling
4. Identification of the surgical financial obligations in advance of PAT scheduling
5. Appointments are not currently linked to the surgical case currently
6. Tracking of surgery encounters that are missing required PAT appointments

Mitigation Plan
1. Ongoing, to be finalized for risks 1, 2, 3, and 4
2. Using a report or a workqueue for risks 5 & 6 to identify PAT appointments that are not linked to the case as well as cases without PAT appointments
Access - ADT

Risk
• Integrating Epic’s Hospital Accounts Receivable (HAR) advisor tool into next state admission workflows

Change
1. No manual Hospital Account Receivable (HAR) creation in current systems
2. HAR in Epic represents the billing side of an account in current systems
3. Patient Class Mappings

Mitigation Plan
1. Train users on which scenarios will require manual creation of the HAR.
2. Train users which Patient Class values to use in which scenarios.
Prelude - Registration

Change
1. Guarantor and coverage structure
2. Accident-related field
3. Claim information field for W/C and TPL
4. Benefit information collection

Mitigation Plan
1. Set goals for pre-registration completeness for scheduled appointments and procedures and run the Encounter Verification report
2. Run and monitor the Bypassed Warning report to identify users that require additional training or system configuration that needs adjustment.
Hospital Coding - HIM

Lori Jayne
Susan Wilkens
Hospital Coding - HIM

Risk
• Coding Backlog and go-live transition

Change
1. At go-live, coders should focus on coding accounts in Epic, not working through backlog in legacy systems.

Mitigation Plan
1. Contract coders are in scope for both go-lives. They can work down legacy volumes to allow Lahey Health coders to focus in Epic.
2. Beverly will leverage Burlington SME’s to assist with learning the system
Hospital Coding - HIM

Risk

• Outstanding next state coding workflow questions

Change

1. Burlington hospital coding workflows are unclear for outpatient / ancillary accounts

Mitigation Plan

1. Work with Professional Billing/Professional Coding to clearly define coding workflows for all outpatient/ancillary accounts
2. If necessary, consider moving/adding resources to manually handle outpatient/ancillary accounts
3. Use Technology (CAC or Simple Visit Coding) for appropriate accounts to optimize the workflows.
Hospital Coding - HIM

Risk

• Missing Documentation

Change

1. As providers learn to use Epic at go-live, they may struggle with timely documentation — which can hold up coding, CDI and continuation of care efforts.

Mitigation Plan

1. Use Epic reports to target physicians struggling most with deficiency completion
2. Provide physician support specifically for deficiencies, clinical documentation improvement, and coding queries in Epic
3. Establish weekly HIM Operations/Physician Champion touch base to track progress
4. Beverly can enforce suspension policy when ready
Risk

• Master Patient Index (MPI), linking Beverly to Burlington requires approximately 80,000 cross-system duplicate pairs with manual review. MPI cross-linking duplicates requires an approximated 8,000 hours of manual review.

Mitigation Plan

1. Utilize Epic auto-merge functionality for likely duplicates. This can automatically combine potential duplicates that meet certain weight thresholds based on pre-defined criteria matching

2. Contract with outside vendor to work manual duplicate cleanup and review for the Burlington/Beverly merge
Hospital Coding - Scanning

Risk

- Scope of decentralized (non-HIM) scanning is unclear
- New HIP system in development leaves future scan volume unclear
- We do not have a document type validation

Mitigation Plan

1. Scanning workgroup to define workflows and communicate accordingly
2. Workgroup to identify scan documents needing to be built in Epic and CAC
3. HIM to work with clinical applications to make sure eliminated document types have an Epic replacement
BREAK
Professional Coding

Olaf Faeskorn
Professional Coding

Risk
• Outstanding next state coding workflow questions

Change
1. Professional Coding has not or only very recently been part of any evaluation and decision making in the following areas affecting the future state workflows. This puts the provider support model developed by our department at risk.

Mitigation Plan
1. Continued review of placement of Professional Coding in Epic workflows
2. Achieve complete understanding of the future-state workflows
3. Adapt the department’s provider support and education model to the Epic framework
4. Continued participation in front-end facing template development as relevant for coding-related transactions (different levels of complexity with more or less direct coder involvement and/or audit/review work at the backend)
Professional Coding

Risk
• Incorporation of workqueues into workflows

Change
1. Professional Coding relies on reporting functionality as much as work queues. Professional Coding has not been presented yet with options and features available in these areas.
2. It remains unclear if and how work queues can be assigned by subspecialty and/or location

Mitigation Plan
1. Confirm work queues are assigned by area, location and/or sub-specialty
2. Define alternatives if Step 1 cannot be achieved
3. Review and evaluate reporting functionality
Hospital and Professional Billing - Resolute

Deb Conceicao
Tara Whitson
Risk

• Moving from a PFS centralized to a decentralized charge capture model

Mitigation Plan

1. Assign PFS, Operational, and HIM and/or Professional Coding representative to all areas that will be triggering charges.

2. Engage Operational owners in current revenue cycle process including reports, metrics, trouble shooting, etc.

3. Work to develop revenue cycle workflow from patient encounter to claim billed, including daily reconciliation of charges and monitoring of open encounters.

4. Introduce Epic revenue cycle reports to the Revenue Cycle and Operational teams.

5. Engage Lahey colleagues in all charge capture building effectively immediately.
Mitigation Plan (continued)

6. Assign Lahey colleagues to begin building the charge router.

7. Understand the Epic period close process. Currently Meditech closes on the first business day of the calendar month, and IDX closes on the third business day of the calendar month in order to capture all charges for services rendered in the prior month.

8. Lahey Clinic providers working at Beverly and Addison Gilbert Hospital are currently using Medaptus for charge capture and will not be on EPIC at the first go live. Exploring creating an interface between Medaptus and Epic.
# Hospital and Professional Billing - Resolute

## Mitigation Plan

Forecast revenue for each of the new applications.

<table>
<thead>
<tr>
<th>Current Systems</th>
<th>Future Applications</th>
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<tr>
<td>LCMC</td>
<td>Cupid</td>
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<td>GE RIS</td>
<td>Radiant</td>
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<td>Blood Bank</td>
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<td>Sunquest</td>
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<td>Ambulatory</td>
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Lahey Health
Hospital and Professional Billing - Resolute

Risk

• Consolidating Lahey Health into a single business office

Mitigation Plan

1. PFS consists of about 220 colleagues including Beverly, Lahey, Home Health and Northeast Medical Practice. In order to effectively manage the revenue cycle, and provide outstanding customer service to our patients, these teams need to be consolidated into a Single Billing Office.

2. Currently exploring our options.
Hospital and Professional Billing - Resolute

Risk

• Converting from individual guarantor statements to family billing (multiple patient visits (including professional and technical charges) on one guarantor statement)

Mitigation Plan

1. Decision has been made to utilize EPIC’s family billing option. This allows multiple patients to be included on a single statement sent to a guarantor. Statements will include outstanding balances for all Lahey Health services for all locations – professional, hospital, home health, Burlington, Beverly, etc… Statement vendor has been selected and statement design is underway. Because there will be more content on the new statements, we are exploring the possibility of utilizing a 8.5” x 14” statement to reduce the number of pages.

2. Patients will receive statements from multiple systems for a period of time. Plan being developed to notify patients and minimize the inconvenience to them.
Hospital and Professional Billing - Resolute

Risk

• Submitting Hospital and Professional claims through new clearing houses

Mitigation Plan

1. Claims are currently generated out of IDX and Meditech and are “scrubbed” by an outside vendor and then sent directly to payers. EPIC strongly recommends sending the majority of claims to a single clearing house. Extensive primary and secondary testing with all payers for all TIN’s and NPI’s will be conducted.

2. Utilize EPIC dashboards and revenue cycle reports to monitor.
Hospital and Professional Billing - Resolute

Risk

- Pre and Post Go-Live Accounts Receivable Management

Mitigation Plan

1. Work to have existing A/R’s as clean as possible at the time of go live. This may involve bringing in outside resources, particularly during EPIC training for existing colleagues.
2. Identify PFS resources that will be assigned to the EPIC A/R shortly after go live.
3. Develop a plan to aggressively work down the legacy A/R’s and then eventually outsource.
Home Health Billing

Deb Costello
Home Health Billing

Risk

• Episodic billing requires utilizing two LIVE clinical documentation and billing systems (Epic and Allscripts) for approximately 60 days

Changes

1. Documentation for patients with open certifications at go-live will occur in legacy system for up to an additional 60 days
2. Documentation for patients admitted post go-live will occur in Epic
3. Billing will occur in both Epic and Allscripts for at least 60 days

Mitigation

1. Additional clinical/billing resources at go-live to support two live systems
2. Assign specific clinical support staff to new Epic workqueues; assign specific billing staff to Epic
3. Closely monitor key performance indicators to ensure both live systems are operating as expected
General Epic Q & A
Wrap Up

Madeline Sargent
Next Steps

• Tracking and following up on parking lot items
• Continued weekly ARCR workgroup meetings
• ARCR lead present overall top 5 risks at pre-live review (30 days prior to go-live)