



How ENS Can Help Your Practice

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Improve Care Care Coordination

Opportunity: How do you ensure your ambulatory patients are obtaining proper follow-up care after a hospital encounter?

Sample Workflow: Care Coordinators receiving ENS notifications for ambulatory practices

- I. Receive ENS notifications daily.
- 2. Initiate medical records requests from treating hospitals.
- 3. Note updated contact information in notifications (which leads to higher reach rates) and reach out to patients.
- Contact patients and perform medication reconciliation, review discharge summary, answer patient questions, and schedule a post-discharge follow-up visit with PCP or specialist.

Improved Care Coordination Helps Reduce Unnecessary Readmissions:

A hospital-owned clinician network found lower 30-day, post-discharge readmission rates for patients seen by their PCP within 7 days, compared to those not seen within 7 days. If all hospitals within a given community are pushing ENS notifications to their providers, it helps protect all hospitals from inter hospital readmissions in a way never before possible.

2 Increase Ambulatory Revenue

Opportunity: How do you take advantage of new Medicare Transitional Care Management (TCM) CPT codes?

New TCM CPT codes reimburse post-discharge follow-up visits at a higher rate if the following can occur:

- 1. Provider must have interactive contact with patient or caregiver within 2 business days of discharge.
- 2. For moderate-complexity cases, a face-to-face visit must occur within 14 calendar days of the dateof discharge. For high-complexity cases, a face-to-face visit must occur within 7 calendar days of discharge.
- 3. Without ENS notifications, clinicians are reliant upon patients to self-report out-of-network hospital encounters in a timely fashion in order to capture this revenue.

A Real-Life Example:

In Maryland, a 10-practice physician network successfully billed over 700 TOCs in a 12-month span and received over \$125,000 in additional reimbursement.

3 Improve Patient Statisfaction

Opportunity: How do you lower the burden of patients post-discharge?

ENS notifications allow clinicians to proactively reach out to their patients post discharge.

- I. This alleviates the need for patients and caregivers to contact providers to schedule follow-up care,
- 2. while also reducing the likelihood that patients fail to follow post-discharge care plans or have adverse
- 3. medication events. All of this leads to significantly higher patient satisfaction rates.

ENS helps reduce non-emergent ED utilization. ENS notifications often include a Primary Complaint or Discharge Diagnosis. Care Coordinators and Case Managers can use this information to identify patients obtaining out-ofnetwork emergency care when a PCP visit would have otherwise been sufficient. These staff can then educate patients on the importance of leveraging in-network ambulatory care when possible.





How Can Hospitals Start Using Encounter Notification Service (ENS)

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Start receiving ENS alerts!

Screenshot of ENS PROMPT

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