FLORIDA HIE SERVICES | AUDACIOUS INQUIRY A PointClickCare Company

How ENS Can Help Your Practice

Connect With Us: www.florida-hie.net/ens FLHIE_info@ainq.com

1 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

1. 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.
4. 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.

1. 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-of-network 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.

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How Can Hospitals Start Using Encounter Notification Service (ENS)

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1 Contact Florida HIE Services to express interest.
(flhie_helpdesk@ainq.com)

2 Sign or amend the Florida HIE Services Subscription Agreement as needed.

3 Complete Onboarding Checklist to indicate your subscription preferences

4 Obtain credentials from Florida HIE Services & submit a patient panel for subscription.

5 Start receiving ENS alerts!

Screenshot of ENS PROMPT