2021 Office Visit Evaluation and Management Documentation Changes

Questions to Ask Your Vendors

The American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS) coordinated fundamental changes in the methodology to document and select CPT levels for office visit evaluation and management (E/M) services. These changes will impact multiple aspects of your practice, including your electronic health record (EHR), practice management system (PMS), and external billing services. To support you through this process, the American Academy of Family Physicians (AAFP) has developed a list of recommended questions to ask your vendors. These questions will help you gather key information about how each vendor plans to update/upgrade their system, as well as what potential costs are associated with updates/upgrades and implementation. It’s important for you to fully understand how updates/upgrades will affect your practice workflow and revenue. You also need to know if any of your vendors will provide training that can complement your own staff training and education efforts on the new E/M guidelines.

EHR Vendor

- What is the schedule for EHR updates/upgrades and implementation?
  - What is the start date for updates/upgrades?
  - When does the vendor expect to complete all updates/upgrades?
- Will my practice incur any additional expenses related to the EHR updates/upgrades?
- Will the EHR host (e.g., cloud, server, on-site health information management [HIM] staff) change?
- Will the updates/upgrades require EHR downtimes?
  - If downtimes are anticipated, have they been scheduled and how long will they last?
  - How much notice will my practice be given for unscheduled downtimes?
- What training materials will the vendor provide?
  - Will the training materials be tailored to my practice or family medicine?
  - What method(s) of training will be utilized (e.g., on-site training, webinar, support by phone)?
  - What other types of support will the vendor provide to my practice?
- Will EHR macros be identified and compiled for either inclusion in or exclusion from the updates/upgrades (e.g., removal of the macro “spent more than 50% of time face-to-face in counseling and coordination of care regarding…”)?
  - What type(s) of support will the vendor provide to help my practice update macros and workflows?
- If my EHR has a CPT coding assistance feature, how will that be affected by the updates/upgrades?
- Will my EHR be able to calculate total time as defined by the updated E/M guidelines?
  - Will my EHR be able to pull calculated time into the medical record?
- Will my EHR be able to use updated E/M guidelines related to medical decision making to assist with code selection?
- Will any existing EHR reporting capabilities change, and/or will any new reporting capabilities or reports be available?
  - If so, what type(s) of training will the vendor provide?
- What support is available to my practice after the updates/upgrades have been implemented?

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Questions to Ask Your Vendors (continued)

Practice Management Vendor
IF YOUR PRACTICE MANAGEMENT SYSTEM (PMS) IS INCLUDED IN YOUR EHR AND MANAGED BY YOUR EHR VENDOR, YOU MAY RECEIVE A SINGLE UPDATE/UPGRADE PLAN FROM YOUR EHR VENDOR THAT INCLUDES PMS IMPLEMENTATION.

- What is the schedule for PMS updates/upgrades and implementation?
  - What is the start date for updates/upgrades?
  - When does the vendor expect to complete all updates/upgrades?
- Will my practice incur any additional expenses related to the PMS updates/upgrades?
- What options are available for the PMS updates/upgrades (e.g., cloud, server, on-site practice management staff)?
  - Can someone on site be requested to assist with the updates/upgrades?
- Will updates/upgrades require PMS downtimes?
  - If downtimes are anticipated, have they been scheduled and how long will they last?
  - How much notice will my practice be given for unscheduled downtimes?
- Will the functionality from the EHR system to the PMS be tested?
- What training materials will the vendor provide?
  - Will the training materials be tailored to my practice or family medicine?
  - What method(s) of training will be utilized (e.g., on-site training, webinar, support by phone)?
- Does the vendor expect a lag in claims submission from my practice to the clearinghouse(s)?
  - Will my practice be expected to hold or delay submission of claims for any amount of time?
- How will claims submission from the PMS to the clearinghouse(s) be verified as functional?
- Has the vendor received any communication from the clearinghouse(s) indicating that a lag in claims submission from the clearinghouse(s) to the payers is expected?
  - Will my practice’s claims be held or will submission to the payers be delayed for any reason?
- Can the PMS vendor conduct an analysis to project potential delayed or lost revenue?
- How will updates/upgrades affect any built-in coding functions (e.g., auto-populated modifiers, units)?
  - How will fee schedules be updated?
    - How will fee schedules be updated in the future?
  - Will any existing PMS reporting capabilities change, and/or will any new reporting capabilities or reports be available?
    - If so, what type(s) of training will the vendor provide?
  - Will there be an ability to trend E/M code selection data to historical E/M code selection data?
  - Will there be an ability to trend new denials data to historical denials data?
  - Will the vendor communicate with the clearinghouse(s) after go-live or will that be my practice’s responsibility?
  - What support is available to my practice after the updates/upgrades have been implemented?

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Clearinghouse Vendor

IF YOUR PRACTICE MANAGEMENT SYSTEM (PMS) VENDOR ALSO MANAGES YOUR PRACTICE’S CLEARINGHOUSE CONTRACT(S) AND CLAIMS SUBMISSION, YOU MAY RECEIVE A COMBINED, STAGED UPDATE/UPGRADE PLAN FROM YOUR PMS VENDOR THAT INCLUDES CLEARINGHOUSE TESTING AND CLAIMS SUBMISSION IMPLEMENTATION.

• Does the clearinghouse vendor have a schedule for testing and implementation?
• Will updates/upgrades require any clearinghouse system downtimes?
  • If downtimes are anticipated, have they been scheduled and how long will they last?
  • How much notice will my practice be given for unscheduled downtimes?
  • During any downtimes, will claims be held at my practice or at the clearinghouse?
• Will my practice incur any expenses related to implementation?
• Will any of the clearinghouse’s existing reporting capabilities change?
• Will claims submission be delayed during testing and/or go-live?
• Has the vendor received any communications from payers that should be disseminated to my practice?
• Will the vendor communicate with my EHR vendor about data trends or technical failures?
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Questions to Ask Your Vendors (continued)

External Billing Company

IF AN EXTERNAL BILLING COMPANY MANAGES ANY PART OF YOUR EHR, PRACTICE MANAGEMENT SYSTEM (PMS)/BILLING SYSTEM, OR CLEARINGHOUSE CONTRACT(S) AND CLAIMS SUBMISSION, THE RECOMMENDED QUESTIONS LISTED FOR THOSE VENDORS MAY ALSO APPLY TO YOUR EXTERNAL BILLING COMPANY. YOU MAY RECEIVE A COMBINED, STAGED UPDATE/UPGRADE PLAN FROM YOUR BILLING COMPANY THAT INCLUDES EHR, PMS, AND CLEARINGHOUSE CLAIMS SUBMISSION IMPLEMENTATION.

- Who has the billing company assigned to work with my practice?
- What is the implementation schedule and when will it be provided to my practice?
- How will the billing company communicate with my practice (e.g., emails, phone calls, meetings)?
- Will updates/upgrades require system downtimes?
  - If downtimes are anticipated, have they been scheduled and how long will they last?
  - How much notice will my practice be given for unscheduled downtimes?
- What training materials will the billing company provide?
  - Will the training materials be tailored to my practice or family medicine?
  - What method(s) of training will be utilized (e.g., on-site training, webinar, support by phone)?
- Will my practice incur any additional expenses related to the billing company’s system updates/upgrades, coder/biller training, or training offered by the billing company to my practice staff?
  - If the billing company receives a percentage of my practice’s billed or paid revenues, will the change in fee schedules affect that percentage?
- Does the billing company expect a lag in claims submission from the billing company to the clearinghouse(s)?
  - How will links with the clearinghouse(s) be verified as functional?
- Has the billing company received any communications from the clearinghouse(s) indicating that a lag in claims submission from the clearinghouse(s) to the payers is expected?
- Does the billing company anticipate any delayed or lost revenue during implementation?
  - Has the billing company done any analysis to project potential delayed or lost revenue?
- How will updates/upgrades affect any built-in coding functions (e.g., auto-populated modifiers, units)?
- How will fee schedules be updated?
  - How will fee schedules be updated in the future?
- Will any of the billing company’s existing reporting capabilities change, and/or will any new reporting capabilities or reports be available?
  - If so, what type(s) of training will the billing company provide?
- Will there be an ability to trend E/M code selection data to historical E/M code selection data?
- Will there be an ability to trend new denials data to historical denials data?
- Will there be an E/M level of service audit with the new standards?
  - Will there be a comparison audit to the billing company’s other contracted practices of like size and specialty?
  - Are there additional costs for an audit?
- Will the billing company communicate with the clearinghouse(s) after go-live or will that be my practice’s responsibility?
- What additional questions have the billing company’s other contracted practices asked that might also be relevant to my practice?
- What support is available to my practice after the updates/upgrades have been implemented?