Tip Sheet: Documenting in the Allscripts Professional™ Suite After Downtimes

This tip sheet describes the implications of an extended outage of the Allscripts Professional™ Suite and, where necessary, provides steps that you must take to minimize the impact and successfully recover clinical information that was documented manually during the outage. The steps provided should be performed as soon as possible after your access to the suite is restored.

This tip sheet addresses the following areas that are impacted when there is an extended outage:

- **Preliminary steps before entering encounter data**
  
  The section “Preliminary steps” in this tip sheet describes all steps that you must take using both Allscripts® Practice Management and the Allscripts Professional EHR™ application before entering actual encounter data.

- **Entering encounter data**
  
  The section “Entering encounter data in the Allscripts Professional EHR™ application” in this tip sheet addresses how to enter any manually recorded encounter data into the Allscripts Professional EHR™ application after an outage. This section also addresses apparent date mismatches in the Allscripts Professional EHR™ application that can occur in some instances.

- **Manual lab orders (paper requisitions or verbal orders)**
  
  The section “Manual lab orders” in this tip sheet addresses how to handle duplication-related issues that can arise with lab orders that you created manually (or ordered verbally) and submitted to internal or external labs during an outage.

- **Medications ordered manually**
  
  The section “Important considerations regarding medications” in this tip sheet addresses medications that you ordered manually during an outage. Be sure to document prescribed medications in the Allscripts Professional EHR™ application (within their applicable encounters) after your access is restored. Unlike with lab orders, there are no additional steps required to address order duplication issues. Receiving pharmacies have systems in place to detect and reject duplicate medication orders.
Preliminary steps
Be sure to complete the following steps before entering encounter data in the Allscripts Professional EHR™ application. These steps will ensure that all patient and appointment data will be updated successfully.

1. In Allscripts® Practice Management, enter any general File Maintenance changes (such as insurance carriers) that would otherwise have been entered during the downtime period.
2. Input new patients that came in during the downtime period. Be sure to use the normal workflow to ensure that the patient does not already exist in the system.
3. Input patient demographic changes that would otherwise have been entered during the downtime period.
4. Enter any appointment changes; that is, enter changes to existing appointments that were not yet entered due to the downtime occurrence, such as cancellations, no-shows, and acknowledgments.

**Note:** Any reports that are dependent on accurate check-in times and check-out times will be impacted.

5. Input new appointments scheduled during the downtime before entering new appointments that are occurring post downtime.
   If using iVerify, request verification in real time.
6. Begin inputting new appointments post-downtime as you normally would.
7. Perform a quick appointment check:
   a. Compare the schedules in the Allscripts Professional EHR™ application and Allscripts® Practice Management using the appointment window, by date range of outage, and check by individual locations and providers.
   b. Obtain counts of appointments that are on-schedule, and compare this to the Allscripts® Practice Management, to verify if any missing appointments or duplicates exist.
   c. If any appointments or patients are in Allscripts® Practice Management, but missing in the Allscripts Professional EHR™ application, attempt to update the patient by making a slight change to the patient registration or appointment.
8. In the Allscripts Professional EHR™ application, go to Input Manager by selecting Actions > Launch (🚀) > Input Manager.
9. Check the provider input queue and the location input queue to ensure that there are no entries waiting to be mapped or ignored.

10. If your site is using eligibility (iVerify) or Call Confirmation (iRemind), check that the requests are flowing out as expected.

11. For electronic claim processing, confirm that claim responses are being received as expected.

12. If your site is using electronic remits, confirm that remits are being received. If they are not being received, contact Allscripts® support to determine if the vendor’s connection is active or needs to be restored.

Billing processes

Claims

Import charges and process claim files as usual.

Remits

> All Self-Pay payments should be posted before statements are generated.
> Import any Self-Pay payments from third party vendors such as Phreesia and Lockbox.
> Import and post 835 remittances as usual.

Interface considerations

> For all third-party interfaces (such as labs, patient demographic imports, and appointments), verify that data has been received for the downtime period. In cases where data has not been received, contact the third party and request that they resend it.
> For labs, procedures, and transcriptions:

1. Access the audit log in the Allscripts Professional EHR™ application by selecting Actions > Launch (🚀) > Input Manager > Audit Log.
2. Review lab results that were imported electronically and the status of the results.
3. Filter by date/date range and sources.
   a. Check if any specific lab vendor is missing results for a specific date.
   b. For missing lab results, you will need to contact the lab and request that they resend the results.
4. Check the reconciler for any results that require patient or caregiver matching.

Entering encounter data in the Allscripts Professional EHR™ application

All clinical documentation that was created manually during an outage must be documented in the Allscripts Professional EHR™ application within the applicable encounters as soon as is practicable.
Note:
In some cases, there can be an apparent date mismatch when the Allscripts Professional EHR™ application links the date of service to the day that you first open the encounter in the application (that is, to a later date). The following workflow contains a step to manually rectify the mismatch for display purposes if this issue applies.

Any apparent mismatch is reconciled in Allscripts® Practice Management for billing purposes, provided the encounters were pulled from appointments that were scheduled in Allscripts® Practice Management correctly (and with their correct service dates), as described in the section “Preliminary steps” in this tip sheet. There will be no impact on billing in this case; the date discrepancy is similar to the discrepancy created when documenting a historical encounter in the Allscripts Professional EHR™ application. The documentation date will not match the appointment date; however, as with historical encounters, synchronization occurs automatically.

The appointment will be displayed in the Allscripts Professional EHR™ application on the correct day for caregivers to access and enter the required documentation. After a caregiver signs off on the encounter, the message will be transmitted to Allscripts® Practice Management and it will reflect the correct service date (that is, the appointment date). This is the date that will display on the claim form, regardless of the date that the message is entered or received in Allscripts® Practice Management. The key is that this date is entered correctly in Allscripts® Practice Management on the actual service date, and is then used for documentation entered in the Allscripts Professional EHR™ application.

The following steps describe a caregiver’s post-outage workflow in the Allscripts Professional EHR™ application for documenting a patient encounter that took place on outage day.

Note:
This workflow applies only when the appointment was already scheduled in Allscripts® Practice Management.

For a patient who was seen on an outage day whose appointment was not scheduled in Allscripts® Practice Management (such as with a walk-in appointment), you must first schedule the patient for the actual service date using Allscripts® Practice Management (as described in the section “Preliminary steps” in this tip sheet), then refer to the following steps.

1. Go to Appointments, locate the date of the scheduled appointment, then double-click the patients name.
**Face Sheet** opens with the patient's chart in focus.

2. Document the encounter as you normally would.

**Important:**
The documentation that you enter should be considered original-encounter documentation. Therefore, all patient contact details (including reason for visit, review of systems, and physical exam) should be documented to the best of your knowledge, along with any manually recorded observations from the actual encounter.

Additionally, be sure to reconcile Clinical Decision Support (CDS) recommendations if your practice uses them, and be sure to update risk stratification details accordingly (if your practice uses it).

3. To complete the process, sign off on the encounter and send charges to Allscripts® Practice Management.

**Note:** When signing off on the encounter, a message might be displayed indicating that the encounter cannot be billed electronically. If this occurs, complete the following steps to sync the encounter date with the appointment date.

4. In the navigation pane on the left, select **History & Physical**.

The **History & Physical** window opens.

5. From the toolbar at the top of **History & Physical**, click **Change Date**.
The Change Encounter Date window opens.

6. Sync the encounter to the scheduled appointment:
   a. For Date, enter the correct date of the patient visit.
   b. For Time, enter the correct time of the patient visit.
   c. Click Sync with Appointment.

The date that is displayed on the History & Physical report now syncs with the appointment date.

7. Sign off on the encounter and send charges to Allscripts® Practice Management.

All dates for the encounter and the billing should be correct.
Manual lab orders
Perform the following steps in cases where you have submitted a paper or verbal lab order to an internal or external lab during an outage.

1. When access to the Allscripts Professional EHR™ application is restored, enter each lab order into the system as you normally would. For details, refer to the online Help topics about entering lab orders.

2. To prevent the internal or external laboratory from treating the electronically received order as a duplicate of the previous manual order, contact the laboratory and work with them directly to ensure that the order is not duplicated in their system.

3. If lab results from a manual order are returned (that is, when resulted based on the manual requisition and not the subsequent electronic requisition), those results are considered to be unsolicited. In this case, you must use the Merge feature on the Results window to match the unsolicited lab results (which can include a manually created requisition number) with the order that you created in the application. (This process is also required when there is no bi-directional interface and you must manually merge unsolicited results with an existing order.) For complete details about creating and modifying lab orders, refer to the Online Help topic about merging manual lab results with orders.

Important considerations regarding medications

> For caregivers who chose not to prescribe non-controlled medications in encounters during the outage, be sure to follow through with those orders as part of the normal workflow when accessing the Allscripts Professional EHR™ application again.

> For caregivers who chose not to prescribe controlled substances by phone or by a written prescription, be sure to follow through with those orders as part of the normal workflow when accessing the Allscripts Professional EHR™ application again.

> For caregivers who prescribed controlled substances during the outage, be sure not to re-export those items. Simply add them to the current encounter as you normally would, and be sure to click **OK** and not **Output** on the **Prescription Properties** window that is used for adding and editing medication details.

**Best Practice:**
Verify that all services that are applicable to the use of the Allscripts Professional™ Suite at your site are up and running. Services can include the following, for example:

> Immunization Registry
> Incoming faxes
> Allscripts Community Direct Messaging™ (ACDM™)
> electronic prior authorization (ePA)
> Eligibility