

EPSi ShareGroup Agenda
July 18th, 2023
Starts at 2 ET /1 CT/ 12 MT / 11 PT

I. Welcome

II. Monthly & Ongoing Reminders

- i. EPSi Product Updates – Mark Hansen
 - Version 23.1 – Now Available as of 3/31
 - v23.2 planned for September 29th
 - v22.1 CU5 released 6/30/2023
- ii. EPSi Users Contact List – please email Ali your contact info including current EPSi version, EMR & ERP to ajeter@stratadecision.com
- iii. Upcoming Training
 - Advanced Costing Methods
 - Aug 8th & 9th @10-1 pm CT (Virtual)
- v. Strata Users Summit
 - Virtual
 - October 23-25
 - 30 CPE-accredited sessions
 - EPSi Topic ideas?

III. Client Discussion topics

- i. We are running SFM as our data source, how do you process correction transactions without duplicating units/amounts for either payments/charges? **Augustine Esquer @ PIH Health**
- ii. For hospitals that are costing 340b drug charges with reduced acquisition costs, what process are you using to derive the RVU? Epic doesn't store the 340b costs from the drug vendor. We can get the 340b cost of the drug from the vendor, but we are not sure how that converts/relates to Epic billable units (Purchase UOM vs Billed Charge UOM). **Kelley Crawford @ UC Health**
- iii. Who is using multi-factor authentication? **Brenda Clancy-Decker @ Mayo**
- iv. **Allocation of Lump Sum Payments.** We started using EBM back in 2014. We added PLA and Costing modules at the beginning of 2019. Currently, we are considering allocating all of our lump sum payments back to our patient populations so that we can include them in our Service Line Product Profitability statements. Can anyone please advise on the best practice way of accomplishing this task, listing the pros and cons of each approach? We did not wish to apply them to Actual Payments or Expected Payments. We are thinking about creating a user-defined field and applying them in the user-defined field. **Ross David Ray @ Metro Health**
- v. **How do users handle bad debt in EPSi Contract Modeling?** We currently use historical percentages by the payor for allocation but don't account for product level detail or type of service. We would like to allocate the bad debt more accurately to patients where bad debt occurs more frequently (by payor) like in the Emergency Department or psych services. **Julie Kapopoulos @ UMAss Memorial**
- vi. **In EPSi, does anyone have a process to identify downstream revenue from a patient population, contingent on the occurrence of a previous event or occurrence?** We are looking at physician practice visits...that result in follow-up oncology admissions or hospital visits. **Dale Greenberg @ Memorial Healthcare System**
- vii. Open discussion

- IV. Next Month's Meeting – Tuesday, August 15th @ 2-3 Central
 - i. Topics? - Send questions and future topic suggestions to us