



## CUSTOMER BENEFITS | FUNCTIONAL CATEGORIES

**Use of the Optimus EMR system will create significant profit improvement through a combination of revenue enhancements, expense reductions, and clinical process workflow re-engineering to eliminate duplicate and unnecessary activities.**

### Revenue Enhancement

1. **MDS accuracy** - Our customers are reporting increases in RUG scores of 5-15% as a result of the Optimus EMR System. Properly assessing patient conditions and providing all of the appropriate and necessary services is a primary responsibility of the nursing staff. Proper assessments and care plans will result in the maximum RUG allowable for each patient. Overlooked information and conditions will cause a facility to under assess and thereby underscore the RUG which leads to under billing. Many facilities are hesitant to bill at the highest level for fear of an audit and not having adequate documentation. With the Optimus EMR system the supporting information is always available thereby providing accurate documentation of the RUG score. This is due to the fact that bedside data collection and electronic charting/documentation cause a tremendous increase in the amount of daily care activities that are “captured”. Prior to the Optimus EMR System many ADLs, Mood & Behavior, and RNA care activities are not captured with the consistency and frequency that results from the Optimus EMR System. Due to the unique way in which the **Optimus EMR Automated MDS 3.0 System** collects data at the point of care and because all pertinent documentation automatically flows to the MDS, and EMR, your Medicare Part A rates and Medicaid case mix indexes (if applicable) will be positively impacted by an increase in ADLs, Mood & Behavior documentation and other clinical documentation. Currently, most SNFs do not perform daily ADL or Behavior charting on all residents (only during the “MDS Window”). The Optimus EMR System will provide a work flow process change which will provide 3 shifts a day, 365 days a year of capturing an abundance of care documentation in these and other areas.
2. Incomplete or late MDS transmissions will result in a penalty default RUG score and can result in sub optimization of the Medicare and Medicaid reimbursement. By collecting accurate and timely information, and eliminating the time involved to compile current MDS information from manual records, the MDS is available to transmit well ahead of the deadline. Once the initial MDS is calculated with supporting documentation the MDS Nurse or Case Manager can concentrate on the review, additional assessments, and verification of objective values as opposed to the chasing of paper throughout the facility for support of repetitive questions. With the MDS scheduler the facility is reminded of all pending MDSs and the appropriate assessment dates. Once an assessment date is chosen the Optimus EMR system displays the RUG score for all possible dates including grace dates which allows the facility to pick the optimal day for reimbursement.
3. Our customers are experiencing an increase in Part B billing for Medicaid and private residents. By having accurate assessments and point-of care documentation, the facility can properly identify, justify and document the conditions or events that support the extra reimbursement. Without a proactive program to identify the conditions and changes in conditions that require a medical intervention, these become missed revenue opportunities. Many facilities are reluctant to be progressive with the Part B benefit due to fear of failing an audit for poor documentation. Instead of sacrificing the significant revenue and profit from these missed opportunities, a better solution is to improve documentation through electronic charting and secure the additional revenue.

This maximization of Medicaid/Part B revenue is especially important in your “ICF” level Medicaid patients, which may account for as much as 60% of your resident census. In a specific case, the RNA assessment/therapy program meant a Medicaid case mix increase from 1.9 to 2.3, for approximately 160 residents! As you know, this means a significant reimbursement increase in addition to the Part B revenue. The Optimus EMR method of data collection and documentation is an integral part of this successful program.

4. Through pro-active case management our customers have reported significant savings from revising drug orders and proper utilization of less costly treatments before elevating to a more expensive modality. Case Management of individual patients is an opportunity to simultaneously optimize care outcomes with revenue and expense control. The best care results and highest profitability should be fully compatible and should be joint initiatives for every facility. Certainly the converse is true that reducing care and expenses will result in less desirable outcomes.
5. All of our customers report that the ability to better plan for care, execute care and thereby avoid unnecessary hospital readmits has improved average census. Additionally, improved census has resulted from improved admissions in quantity and quality, and improved medical community reputation and status.

## Expense Reductions

1. All of our customers report a significant reduction in the time required by MDS nurses to perform the MDS process. This freed up time is either redeployed into direct care or is eliminated over time through natural attrition. MDS coordinators come in all levels of expertise and training. To recruit and hire the very best can be an expensive proposition and a facility can become totally dependent on its MDS nurses. Using less time from your expensive MDS experts and potentially less expensive MDS coordinators in conjunction with the Optimus EMR **Automated MDS/CAAs System** allows for better, more reliable reimbursement and results at a lower cost per MDS. Each MDS Nurse can then handle more cases. Additionally, by redeploying these nurses into direct care will allow the facility to have some of its most seasoned and capable nurses back taking care of patients.

**From our customers, a conservative average time savings is 2 hours per MDS/CAA and will result in significant MDS/Case Management/RN cost reduction for the process.**

### **Other Expense Reduction Areas:**

**Daily/Weekly ADL tracking –To able to quantify potential cost savings we will need to understand your current ADL tracking processes. Clearly the ADLs collected with Optimus EMR Point of Care data collection will be more accurate, more efficient, and more abundant.**

2. Optimus EMR customers realize the benefit of having complete and accurate records when they receive a request for a RAC or other type of audit. With the click of a button they can print the full medical record to be sent in response to the audit requests.
3. All of our customers have reported multiple incidents of family meetings over a complaint that has been turned into benign events because of the Optimus EMR system. Additionally, we have received specific examples from several customers of lawsuits, medical examiner investigations and department of health inquiries that have been avoided or the exposure substantially reduced through the records available in the Optimus EMR System. The cost of malpractice insurance, deductibles and legal defense is escalating and the ability to mitigate these costs through the Optimus EMR system is very important. To avoid one claim with a deductible and its related legal defense expense is worth at least \$50,000 per incident.

6. How much time and effort is spent by each facility preparing for its annual survey? How much is spent during the actual survey process? We have many examples of deficiency free surveys and the cost of preparation was substantially less than it would have been without Optimus EMR. As an example, a real-time Resident Roster was produced on demand, versus spending hours of nursing time putting it together. Real time CMS 802 and 672 reports are available immediately to help the staff know which patients are likely candidates for extra review by the surveyors, thereby allowing the staff to work ahead of the surveyors. This information is derived from the clinical information in the system and does not wait for MDS transmissions. It is current and real time and thereby allows for proactive attention to changes in patient conditions and trends very early.
7. We eliminate redundant and costly data gathering functions. Throughout your facility, many reports and schedules are being manually populated with information by your most expensive staff caregivers. Much of this data gathering and extra reporting is eliminated by the routine use of the Optimus EMR System. During the installation process, we identify every report prepared by the facility. Through the workflow re engineering, we determine all of the superfluous and redundant activities and show the staff how to use the Optimus EMR System to perform the required activities with much less staff time for this function. This is an example of better time efficiency that is spread throughout the facility but hard to measure on an individual person basis.
8. **Accident & Injury Reports – We estimate that the typical 100 bed SNF is currently preparing at least 66 A&I Reports manually per month. A time savings of 30 minutes per A&I report will result in approximately 33 hours per month of Nursing time savings.**
9. **Physician Orders/MARs Monthly Changeover – This function is eliminated with the Optimus EMR System. In addition to avoiding the errors that were caused by the old manual process, this will result in a significant time savings, and will help to decrease nursing overtime. A typical 100 bed SNF is estimated to be spending at least 100 hours per month.**
10. **Resident Risk Assessments – Currently we estimate the SNF is performing manually at least 109 risk assessments per month (242 quarterlies calculated monthly plus 28 admissions per month. A time savings of 30 minutes per Risk Assessment done at the bedside or on the computer will result in approximately 55 hours per month of Nursing time savings.**
11. The automatic exchange of information within the integrated billing and clinical system eliminates several manual processes and opportunities for errors. The real-time integration between Optimus Clinical and Billing avoids extra and cumbersome data gathering and manual key punching to transfer information for billing purposes. **The tightly integrated Optimus EMR Billing & Financial System (OBFS) creates accurate billing, faster cash collections and lower write offs.**

These benefits described above assume that the **full Optimus EMR System is implemented**. Factors affecting actual savings include; speed of deployment, level of current inefficiencies, actual census and pay rates.

While your actual results may be better or worse than those represented here, the impact of Optimus EMR, Inc. has been proven again and again by our customers.