HOSPICE+

KanTime Agency Management Software - Hospice

KanTime is a device and OS agnostic compatible with any windows, apple, or android device. KanTime is optimized for the Google browser because it is free and available for any device, but KanTime is also compatible with any browser.

Due to its configurable role-based dashboards, KanTime can be configured to virtually any role in the post-acute Home Healthcare industry. Configurations are also driven at its core by a rules engine focused on Payor, Line of Business (LOB), Level of Care (LOC), and Service. Hospice care supported LOB's and LOC's include Hospice, Palliative, GIP, IPU, and soon-to-be-released Physician Home Visit modules. The dashboards can be configured to present the equivalent of nearly 200 near real-time reports and associated alerts, with click-through technology employed to permit direct drill down to the root cause of the raised alert. No longer must the user collect and cross-compare multiple reports from various areas of the software to determine what's driving the issue.

However, a key differentiator that cannot be overlooked is that the dashboards and software access is configurable by role. Only those areas associated with that staff or clinical persons' responsibilities are then presented, which further drives unmatched efficiency of operations.

Some example functionality groupings and features associated are as follows:

Operational Management

⊕ Further dashboard configurations that group data by Business Unit, Branch, Line of Business, or Team bring an unmatched clarity of focus on areas causing bottlenecks in your organization.

⊕ In addition to dashboard-driven alerting and reporting, over 200 analytical reports are accessible from the menu bar.

⊕ Real-Time HIPPA compliant direct messaging to all users from KanTime Office Mail.

Financial Management

⊕ Lockable month-end financial reporting

⊕ Configurations to support Room & Board Billing

⊕ Configurable Journal Entry formats for GL reporting

⊕ P&L, AR, Cost reporting, the Cost Report, and more.

⊕ Integrations with several PBM's to ensure patient-specific medications are automatically added to claims.

Intake

⊕ Upon initial intake, selections such as Payor, Line of business, IDT team, and more determine what will be presented to the intake staff and what will be required before the patient is admitted for scheduling services.

⊕ Agency configurable hard and soft stops for intake data ensure collecting the required information so that services provided will be paid for.

⊕ For clinical care, diagnosis information populated during intake from the HNP can be flown to the assessment note for clinical review vice requiring full population of the data during the visit.

⊕ Medication information can also be documented in the intake record and "flown" to the assessment note to further reduce the documentation required at the time of service.

⊕ Attempts to admit early will result in a detailed list of items remaining, eliminating the guesswork of what is still required and inappropriate admits.

Scheduling

⊕ Custom and visit plan scheduling also validates against available authorizations, service requirements, field staff availability, active, on vacation, etc.

⊕ Change schedules one at a time, by drag and drop or in bulk, while all rules validations remain in force.

➕ Dashboard alerts for patients without schedules and authorizations remaining to ensure optimal patient service within available funding.

➕ Clinical flexibility to modify schedules within patient need as required in Hospice Care controlled by appropriate role permissions.

Clinical

➕ LOB, LOC, and Service configurations that ensure the correct note type is presented for every scheduled service.

➕ Role-based configurable dashboard alerts for newly assigned patients, notes returned for correction from QA, HR-related documents coming due, and more.

➕ Change orders throughout treatment automatically update future follow-up visit notes with necessary actions – if it is included in the POC, it's included in the note. No need to exit the note to view orders or POC.

➕ Automated IDT documentation. Items designated as requiring addition to IDT discussions during the initial assessment are automatically populated to the f/u visit notes and made mandatory to f/u clinicians to address; IDT notes added by f/u clinicians automatically populate IDT meeting notes. Any new IDT items identified in f/u visit notes are added to future f/u visit notes and documentation flown to the IDT meeting note. This results in dramatic efficiency gains and the elimination of the "constant IDT Prep" experienced by many agencies.

⊕ Clinical validations ensure that all POC and IDT required actions are documented on every visit.

⊕ The entire Medication List and the ability to generate change orders are accessible from within the clinical note maximizing clinical efficiency and patient care awareness.

⊕ Adult, Pediatric, Clinical, non-clinical, therapies, and more with specific note types built for the specific visit types.

⊕ Wound documentation flows from a visit to visit with body map and associated images to efficiently manage the healing process across multiple wounds, disciplines, and visits.

⊕ Vital sign alerts for exceeding agency set or patient-specific parameters as well as trending within the note.

Billing

⊕ Dashboard alerts for what's ready to bill, what's not, and why, including electronic submission of NOE. KanTime's rules engine knows the intricate details of Authorization, Eligibility, billing units, rounding, claim form configuration, and more to ensure the highest percentage of first-pass billing success.

⊕ Uploaded CR8358 file with patient meds automatically matched to appropriate patient invoices for accurate claims submission.

⊕ Seamless integrations with numerous Clearinghouses to allow batch electronic claims submission.

⊕ Remittances are automatically brought in through integrated clearinghouses and automatically match to submitted invoices for one-click posting.

⊕ Manual claims submission or invoice generation available for those remaining payors that require it or agencies that still prefer this process.

⊕ Non-electronic remittance receipt and posting procedures.

HR and Payroll

⊕ Dashboard alerts for management and staff awareness of items expiring in the next 30 days ensuring staff are engaged in managing their required documents.

⊕ Enhanced management automation available to identify actions required when an item expires, such as removing the field staff from the schedule and/or removal of their ability to document care. This can eliminate audit-driven recoupment actions for unqualified non-compliant care.

⊕ Enhanced management reporting with drill-downs available to any date range and various team/branch/discipline groupings. Communication automation can be actioned directly from within HR management reports.

⊕ Pay rates are configurable by service and associated payor. Pay rates can additionally be overridden within each staff record by those with the appropriate role authority.

⊕ Weekend and Holiday pay types can be configured utilizing a Miscellaneous visit which is not included in claim generation and has many other uses as well.

⊕ Configurable mileage and travel time tracking with automated remittance to payroll and associated reporting is supported.

⊕ KanTime does not track benefits, calculate withholding or generate checks but has formatted exports to over 15 payroll vendors to ensure the efficiency of payroll processing.

KanTime Hospice Offline

⊕ Clinical Point of Care documentation when connectivity is not available

⊕ Users Synchronize to KanTime Online daily to gain schedules updates so electronic documentation can still be performed should connectivity be a challenge that day.

⊕ If schedules change during the day, Synchronization is performed again at a Wi-Fi-enabled location to upload the new schedules. KanTime encryption allows this to be safely achieved at any Wi-Fi enabled or depending on the cellular internet-accessible site's devicethat

⊕ Optimizations and automation dependent on online connectivity are not included, but this application eliminates the need for paper documentation when connectivity is unavailable.

KanTime Cures Act Compliant EVV

⊕ Fully integrated KanTime proprietary and Cures Act Compliant EVV is approved as an alternate EVV vendor in multiple states and growing.

⊕ EVV options for non-clinical care include Telephony and GPS smartphone app.

⊕ EVV for clinical care is currently required in a few states, with the remainder coming due in 2023 includes GPS functionality within the clinical documentation process.

⊕ Several states require EVV vendor selection based on service and payor, resulting in a state-provided model that involves staff training on more than one system simultaneously. KanTime's integrations and approval as an alternate EVV vendor allow agencies to focus on just one EVV methodology instead.

KanTime Mobile

⊕ SmartPhone application that is compatible with any Apple or Android smartphone.

⊕ Developed primarily for non-clinical task collection and documentation to replace paper timesheets while providing Cures Act compliant GPS EVV.

⊕ Disconnected care documentation for non-clinical services is supported without GPS capture.

⊕ Additionally provides HIPPA compliant communications outside the KanTime Online system for enhanced field communications.