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WHAT PROVIDERS NEED TO KNOW ABOUT MBI

By now you've probably heard that one of the outcomes of the passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is that the Centers for Medicare and Medicaid Services (CMS) will be replacing the old Health Insurance Claim Number (HICN) on Medicare cards with a new, randomly generated Medicare Beneficiary Identification (MBI) code. Officially, the change is known as the Social Security Number Removal Initiative.

CMS has been very specific in saying what it wants to do, but has been far less specific in saying how it plans to go about it. And with only 20 months to make the transition, which begins in April 2018 and ends on December 31, 2019 (at least, as of today), providers need to begin preparing for the change **now.**

What's changing—and what providers need to ask their vendors

Like the HICN, the MBI will consist of 11 characters. The difference is that each character in the MBI will be randomly assigned following a formula rather than being tied to any beneficiary-specific information. Staying with 11 characters should help ease the transition at least somewhat, since the field and rules around it will be similar.

The only thing that is certain is that the migration to MBI will happen. With that in mind, here are some questions providers need to ask in order to ensure they're prepared:

- How long will my vendor need in order to have my systems ready for the new cards?
- What software development and infrastructure changes are needed, and what business logic and workflows need to change?
- What effort and time are needed to map the process through its entire lifecycle?
- How much will all this cost?
- Will my system be functional and able to accept a dual processing of the HCIN and MBI?
- What editing will be involved to ensure the system adjusts accurately and quickly during the short CMS-designated transition period? Longer term?
- If new cards are distributed to my Medicare patients gradually, will that be better for my system's capacity vs. if they are all distributed at the same time?
- Will the system be able to accommodate both the card -number change and the volume of card-number changes?
- Will my system coincide with CMS' eligibility verification process and its authorization process for old and new card numbers?
- · How will this change to new Medicare cards impact patient care? Can we avoid claims denials?
- How will this change to new Medicare cards impact provider and revenue integrity?

Thinking through the technical process ahead of the transition will help ensure providers are prepared no matter how the program is ultimately structured. (For more detail on what the change means for providers, check out ZirMed's full blog post here.)

MEDINFORMATIX NEWS



Released January 10th, 2017

MedInformatix Version 7.6.7.5 -visit <u>MICentral</u> for full release notes.

It's 2017! Here what you need to know for MACRA in 2017. For more details, visit our MACRA page in MICentral.

In 2017, you will need to be on one of the following versions of MedInformatix:

- o The 2014-certified software (e.g. MedInformatix v7.6)
- o The 2015-certified software (e.g. MedInformatix version to be determined in 2017)
- o A combination of both versions

If you are participating in the MIPS path in 2017, you can "Pick Your Pace" with four options:

- o Don't Participate- Receive a negative 4% payment adjustment
- o Submit Something- Avoid a negative payment adjustment
- o Submit a Partial Year- May earn a neutral or positive payment adjustment
- o Submit a Full Year- May earn a positive payment adjustment

Visit CMS's QPP page for details.



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Don't forget! CMS has finalized a **90-day reporting period in 2017** for all eligible professionals and hospitals; the reporting period will be any continuous 90-day period between January 1st and December 31st, 2017. See the full Final Rule.

Other reminders:

- One of the lesser known requirements of the MACRA law is that CMS is required to remove SSNs from all Medicare cards. On September 28th, CMS updated their SSNRI site with new information, including a timeline. For more information on this, please visit CMS's SSNRI page.
- The Appropriate Use Criteria Program goes into effect on January 1st, 2018.

Webinar: MACRA- What You Need To Know

This webinar will go beyond the basics of MACRA, providing insights to what you will need to know as a MedInformatix customer and how to prepare for these changes.

Date: February 16th, 2017 Time: 10:00-11:30am PT

Register Now

PHONETREE ADDS EMAIL CANCELLATION OPTION TO HEALTHWAVE CONNECT

PhoneTree is excited to announce the release of a new email cancellation feature for HealthWave Connect clients. With this feature, clients have the ability to allow patients the option to cancel an appointment via email notifications, or request it be rescheduled.

To learn more about this new feature, or to request a demo, contact our partners at PhoneTree:

Marie Roberts
Channel Development Manager
mroberts@phonetree.com
336.926.5289 (m)
866.370.1832 Ext.1 (o)



301 N. Main Street, Suite 1800 Winston-Salem, NC 27101 T: 800.951.8733 www.phonetree.com

ZIRMED'S PATIENT RESPONSIBILITY SOLUTION

ZirMed's Patient Responsibility solution has new enhancements to help ensure your organization is making the absolute best use of resources when it comes to collecting from your patients.

These include:

- Patient-Initiated Payment Plans so that your patients have an easy way to automate structured, ongoing payments based on the collections rules your organization has in place.
- EMV Chip Readers in ZirMed's payment terminal to ensure maximum point-of-service collections security and limit your organization's liability for fraudulent transactions.
- End-to-End Encryption further enhancing the security of online and mobile payments.
- Consumer-Friendly, Intelligent Billing & Statements making it easy for patients to understand what they owe, how they can pay, and their current outstanding balance and payment history.
- Advanced Collections and Payment-Processing Automation easing the burden on front- and back-office staff by reducing manual tasks related to paper check, ACH, cash, and credit/debit card payments.



888 W Market St, Suite 400 Louisville, KY 40202 T: 877.494.1032 www.ZirMed.com

Looking to learn more? Visit our Patient Responsibility solution page.

MEDINFORMATIX TIPS

1. How to filter the Transaction History to make it easier to read.

Selecting a category in one or more of the hardcoded dropdowns located in the Transaction History allows for the quick and efficient filtering of the selected patient account. Altering the user's INI file by entering the desired category under XACVIEW will default The List Options dropdown to the user's preferred category.

- List Options Filters charge item(s)
- Service Date/Epi Filter allows the user to filter by a certain date range
- TOS filters by Type of Service Number is user defined in the Fee Schedule
- Type of Service filter selects the Type of Service associated with the TOS#. This field is user defined by entering it under **Preferences** from the MedInformatix Main Screen. Select **Billing Tables**, then A **Type of Service**
- Group Code enables the grouping of providers it is user defined in the Doctor Code Setup, which is located under **Preferences**, then **Setup Demographics Tables**

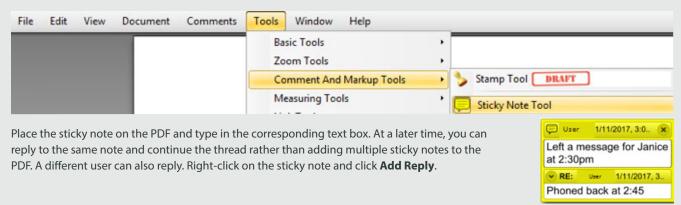
The picture on the right demonstrates filtering of all transactions with a balance and a certain service Date Range. Please note that the PT Responsibility check box is a filtering feature that many users often forget exists. The check box enables the display of only charges that have a patient responsibility.



2.Adding a Comment thread to a PDF.

Location: Document Repository, Imaging Inbox and ARV

Open a PDF document and using the PDF toolbar click on Tools. Select Comments and Markup Tools then select the Sticky Note Tool.



To view all comments, you can also click **Comments** on the PDF toolbar, select **Show Comments**, then **Show Comments** List. From this list, you can right-click any comment to reply (or delete).

Upon Exiting, comments will be saved to the PDF and display when anyone views the document.

Note: When creating a comment or replying to one, the user logged on to the computer workstation is the user name associated with the comment.

If the PDF toolbar is not visible, the document selected may not be a PDF and, therefore, unavailable to commenting.

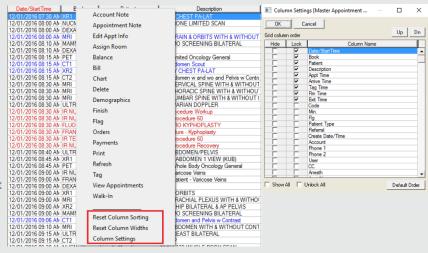
Tools are only available on PDF documents, such as scanned or imported documents, and unsigned documents.

3. Configuring your screen to show the columns you want in the order you want to see them.

With the new column resizing and sorting features on many of the workflow view screens, it is now quite easy to set up your display preferences. Left clicking on any column now sorts that column. By right clicking on any column description you will get a choice on this list to **Reset Column Sorting**, **Reset Column Widths** and **Column Settings**.

When sorting columns or changing the column widths the **Reset Column Sorting** and **Reset Column Widths** does just that! If you change the column widths, they will remain at the set width until you change them. If you want to simply change them all back, just use the **Reset Column Widths**. Same with **Reset Column Sorting**.

Column Settings allows you to select which columns you want to display to the left of the double line on the Master Appointment List, Orders View, Messages, Appointment List, Unsigned View, Appointment Request View and some of the Collection Views. Right click on any column heading and select **Column Settings**.



Column Settings allows you to choose the columns to display or to hide from view. Once chosen you can select the Column Name and by using the Up/Dn buttons you can put the columns in the order you wish to see them on the chosen View. The example above is for the Master Appointment List.

4.PDF Form Tip!

Did you know that PDF form fields can now save unlimited characters? The 256-character limit has been removed, adding new utility to PDF forms that query information from the MedInformatix database.

UPCOMING EVENTS

RBMA Paradigm 2017 4/23 - 4/26 The Sheraton Grand

AHRA Booth #102

7/10 - 7/12 (exhibit days)
Anaheim Convention Center
Anaheim, CA

MACRA webinar

2/16 10:00 am - 11:30 am PT Register Now

FUN BOX: EMPLOYEE SPOTLIGHT OF THE QUARTER

Name: Kris Lassley | Role at MI: Application Specialist

Typical workday for Kris:

- Kris arrives at the office around 5:15am and first checks-in with the answering service for urgent messages.
- She then re-stocks all the office kitchen supplies and makes the coffee. (Thank you, Kris!)
- After that, she checks emails and assigns cases to the proper support personnel and then works on her own case load for the rest of the day coordinating times for updates, setting-up test environments, and assisting with anything related to the EMR-side of the system.

Favorite aspect of her job: Kris loves working with the clients and resolving their issues. She also loves training other staff, VARs and clients- even writing the documentation!

Favorite color: Yellow

Favorite movie: The Breakfast Club and Sweet Home Alabama

Favorite hobby: Kris enjoys antique-ing ("junking' as they call it") at swap meets and re-purposing her finds.

Favorite place to vacation: Kris would love to take her granddaughter to Disney World.

Fun fact: Kris is a breast cancer survivor and advocate, as well as an active supporter of several charitable organizations including <u>Donate Life America</u> and <u>Operation Christmas Child</u>. The MedInformatix Team helped Kris and Operation Christmas Child send about 20 shoeboxes worth of donated items to children in need this past holiday season.

To learn more about these organizations, please visit their websites:

- <u>Donate Life America</u>- committed to increasing the number of donated organs, eyes, and tissue available for transplant to save and heal lives.
- · Operation Christmas Child- donating and packing shoebox gifts for children in need in more than 100 countries around the world.