

MedInformatix Quarterly Newsletter



Nov 2017
Contents

CMS Will Begin Sending New Medicare Cards in April 2018 | 2018 QPP Final Rule
What's New at MedInformatix | A Message from ZirMed
MedInformatix Tips and Tricks | Upcoming Events | MedInformatix Holiday Hours
Fun Box: Employee Spotlight of the Quarter

CMS WILL BEGIN SENDING NEW MEDICARE CARDS IN APRIL 2018

MACRA has mandated the removal of the SSN-based HICN from Medicare cards to reduce the risk of beneficiary identity theft. In accordance with this mandate, CMS will begin mailing new Medicare cards beginning in April 2018. The new cards will use the Medicare Beneficiary Identifier (MBI), a randomly generated alphanumeric ID that contains no identifying information about the beneficiary, such as the Social Security number.

Why is this important?

MedInformatix currently has a feature designed to validate the current SSN+A/B/D/N format. By April 1st, 2018, all customers who use MedInformatix for billing purposes, or to maintain insurance information, should update to version 7.6.8.0 or newer to support validation of the new ID. While ID validation can be disabled, this procedure is not recommended since the billing process eventually will require the new ID number. In addition to the updated validation, it is now easier to copy existing Medicare information into new coverage by clicking the new 'Replace' button located on the Patient's Insurance Information screen.



New Medicare Card example

Non-identifying beneficiary ID

Important Dates

- **April 1st, 2018: Transition period begins.** Medicare will start sending out new Medicare cards with the MBI to beneficiaries. Medicare will accept both the HICN and the MBI.
- **March 31st, 2019: New Medicare card mailing completed.** By approximately this date, CMS will have mailed new Medicare cards to all beneficiaries.
- **December 31st, 2019: Transition period ends.** Last service date to submit a new claim with a HICN.
- **January 1st, 2020: MBI must be used for all service dates after this date.** Exceptions include appeals for pre-1/1/2020 claims billed with the HICN, some reports, and span date claims.

Glossary:

- **CMS:** Centers for Medicare and Medicaid Services
- **HICN:** Health Insurance Claim Number (current Medicare ID)
- **MACRA:** Medicare Access and CHIP Reauthorization Act
- **MBI:** Medicare Beneficiary Identifier (new Medicare ID)
- **SSN:** Social Security Number

2018 QPP FINAL RULE

On November 2, 2017, CMS released the Quality Payment Program (QPP) final rule for the 2018 performance year. In addition, they have issued an interim final rule that addresses extreme and uncontrollable circumstances that MIPS eligible clinicians may face because of widespread catastrophic events affecting a region or area in calendar year (CY) 2017 -- the year QPP began implementation. This final rule provides updates for the second and future years of the Quality Payment Program. These requirements remain complex, but thanks to more flexibility and higher exemption requirements, they will assist practices for year 3 readiness. Here's a high-level summary of what you need to know:

- More Clinicians can skip MIPS
- Small Practices get a break
- You can prepare now (less than 2 months to adjust before reporting starts on January 1, 2018)
- Payment tracks remain (mostly) the same (MIPS & APMs)
- MIPS category weights changed from proposed rule – mainly cost from 0 to 10%
- Integration of Quality Payment Program: MIPS – connecting quality, improvement activities, advancing care information (ACI) and resource use (cost)
- Full year reporting on Quality Categories
- Can use both 2014 or 2015 EHR technology (incentives for use of 2015)
- More difficult to avoid a penalty
- Introduces Virtual Groups
- Addresses hurricanes and other natural disasters for CY 2017 and CY 2018

This final rule creates a whole new framework to drive providers to value-based care. Medical practices need to understand and prepare for this complex mandate, or suffer penalties into the foreseeable future.

Please join us for a very informative [webinar](#) on Thursday, November 16 at 10:00 (PDT) to learn more about the final changes and how they will impact your practice. If your schedule doesn't allow your participation, a recording of this webinar will be made available on MICentral.

The provisions of the final rule are effective on **January 1, 2018**.

WHAT'S NEW WITH MEDINFORMATIX

Current
Version

7.6.8.0 - Visit MICentral for the full Release Notes.

FY2018 ICD-10 codes went into effect on October 1st, 2017. There are 363 new codes, 142 deletions, and 226 code revisions. Are you ready?

- Please [submit your request](#) to the support department to be placed in the update queue.
- For more information, please refer to the [CMS Official Guidelines](#).

The 2018 Final Rule was released November 2nd, 2017. For an overview, [register](#) for our upcoming webinar to learn what's new, and what's changed, from the proposed rule released earlier this summer.

Our very own Product Manager, Chris Bruns, spent a day with CMS and ONC on November 2nd to represent HATA and talk about the needs practice management systems.

Thank you to all the clients that attended our annual Summit this year! We had a great time teaching, learning, and hanging out with you in San Diego! Visit MICentral for recaps of this year's Summit and info on next year! Follow us on [Twitter @MedInformatix](#) or [Connect with us on LinkedIn](#) for our latest industry-related news.



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A MESSAGE FROM ZIRMED

A surprising percentage of your self-pay and charity patients likely have full or partial insurance coverage that the patient and provider are often unaware of. [ZirMed's Coverage Detection](#) solution finds hidden coverage for self-pay patients to help collect the revenue owed to your customers.

Visit our website www.zirmed.com or contact us at (888) 803-8732 to learn more!

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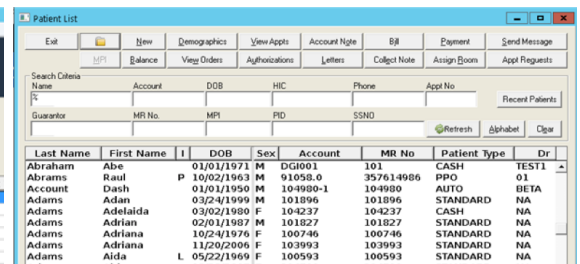
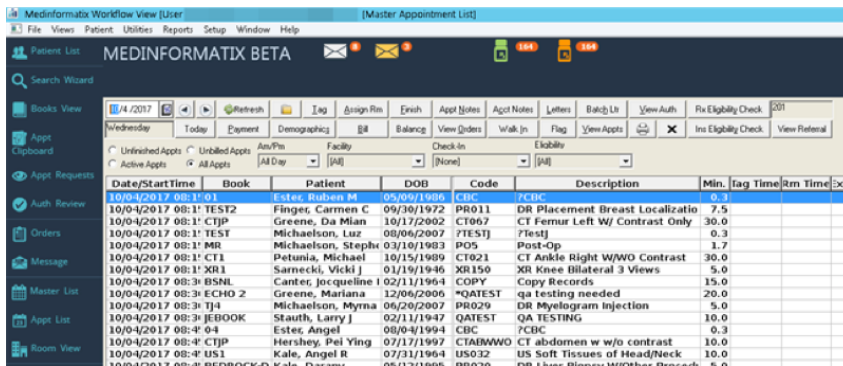
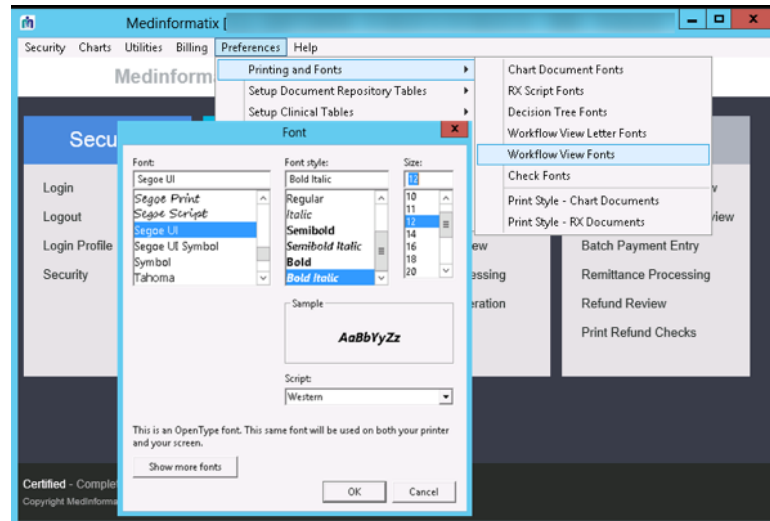
www.ZirMed.com

MEDINFORMATIX TIPS AND TRICKS

Quick Tip:

How to change your fonts

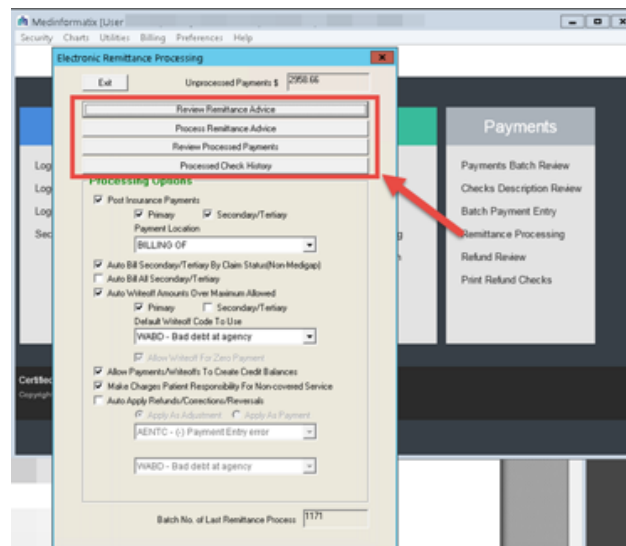
1. Preferences and Fonts > Workflow View Fonts > Font: select desired font, style and size.
2. Log out and close MedInformatix.
3. Log back in to see changes.



Coming Up in v7.7.0.0

Control over the font size on additional screens, including Review Remittance, Process Remittance, and Transaction History.

The preferred font can be set for workflow views and billing screens with the same setting.



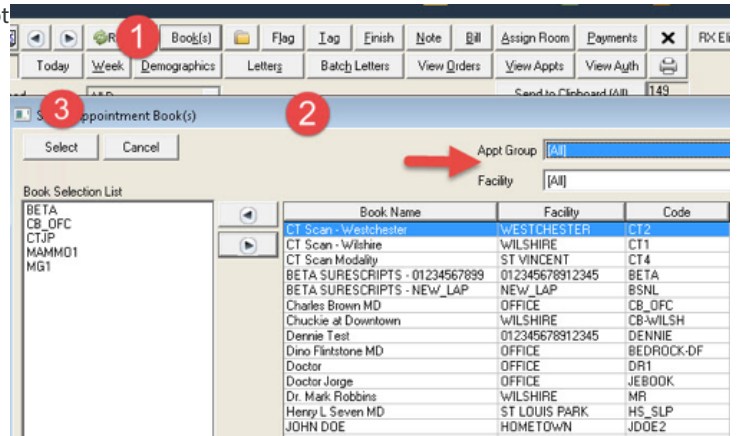
Selecting more than one book in Appointment List

ENABLE APPT LIST VIEW - MULTIPLE BOOKS

The Workgroup Profile setting to enable this feature: Section [DIM], Appt List Multiple Books=1 (0=off)

Access the Appointment List by clicking on Views (top left-hand side) in the Workflow Views screen, and by selecting Appointment List.

1. Click the Book(s) button to open the Select Appointment Book(s) screen
2. Select the book(s) from the Select Appointment Book(s) screen, by highlighting the desired book(s) and using the left arrow to place the book(s) in the Book Selection List.
 - Use the Appt Group and Facility dropdown to filter through the available options;
 - To remove the book(s) from the Book Selection List highlight the book and click the right arrow
3. Click Select to see your selections displayed in the Appointment List



Understanding the Unsigned View

TEXT DOCUMENTS

- For the Unsigned View, if the document is a text file, double-clicking opens the “Edit Chart Document” screen. This is not the Document Repository, but it will allow you to edit the document before signing. Or click the “View Document” button from the Unsigned View.
- In the Unsigned View, click on the folder icon to open the Chart.
- If you are reviewing a text file and want to go to the Chart, exit this screen and click the folder icon in the Unsigned View.
- Alternatively, click on the folder icon in the “Edit Chart Document” screen to go to the Document Repository. At the bottom of this screen there is a “Go to Tree” button that takes you to the Chart when you exit the Repository.

Query		User	Appt. Facility		Cutoff Date Range - From/To			
Unsigned Documents		[All]	RADIOLOGY3		9/18/2017 10/9/2017			
☒ Sort by Create Date		☐ Sort by Patient Name		☐ Sort by Doc Owner/Create Date				
Account	Patient Name	Created	Doc Owner	Document-Description	Revised	Chart Display Name	Page Filespec	Appt No
1 10006	Test, Trisha	09/20/17	SUMMIT3	Action Plan - Weight		Action Plans	P.1.10006.f66	48
2 010038	Beck, David	09/21/17	SUMMIT20	Action Plan - Diabetes		Action Plans	P.2.10038.f67	151
3 010119	Kane, Kathy	09/21/17	SUMMIT8	Action Plan - Weight		Action Plans	P.1.10119.f67	231
4 010119	Kane, Kathy	09/21/17	SUMMIT8	Action Plan - Weight		Action Plans	P.2.10119.f67	231
5 10005	Test, Ginger	09/21/17	SUMMIT29	ABN		Authorizations	10005.092117_21_19_33_1.pdf	55
6 10005	Test, Ginger	09/21/17	SUMMIT25	Registration Form		Registration	10005.092117_18_39_38_1.pdf	55
7 010067	Young, Edward	09/21/17	SUMMIT9	ACOG Form		ACOG Forms	10067.092117_16_39_18_2.pdf	156
8 010067	Young, Edward	09/21/17	SUMMIT9	ABN		Authorizations	10067.092117_16_38_57_1.pdf	156
9 10006	Test, Trisha	09/22/17	JB	Clinic Visit		Clinic Visits	10006.092217_20_47_56_1.pdf	56
10 10006	Test, Trisha	09/22/17	JB	Clinic Visit		Clinic Visits	10006.092217_20_48_39_2.pdf	56
11 10006	Test, Trisha	09/22/17	JB	Clinic Visit		Clinic Visits	10006.092217_20_49_10_3.pdf	56

PDF DOCUMENTS/FORMS

- For PDF forms, double-clicking will instead take you directly to the Document Repository to edit and/or sign the PDF document.
- To open the chart from the Repository, click the “Go to Tree” button to open the Chart when you exit the Repository.
- In the Unsigned View, click on the folder icon to open the Chart.

Edit Chart Document

Patient: Beck, David MR No. 10038 DOB: 07/05/1989 PAGE: P.2.10038.f67

Document Owner SUMMIT20

 9/21/2017

☐ Edit
 ☐ Hold from Signing
 Page P.2.10038.f67
 Appt. No. 151

UPCOMING EVENTS

MI Webinar The 2018 QPP Final Rule- An Overview

10-11am PDT
November 16th

[Register Now](#)

RSNA 2017

11/26 – 11/30 (exhibit days)
McCormick Place, Chicago, IL
Booth #6304 | North Hall B
[Schedule an Appointment](#)

MEDINFORMATIX HOLIDAY HOURS

MedInformatix Offices will be closed on the following days:

- November 23rd: Thanksgiving Day
- November 24th: Day after Thanksgiving
- December 25th: Christmas Day
- December 26th: Day after Christmas
- January 1st, 2018: New Years Day

We wish you and your families a joyous holiday season!

FUN BOX: EMPLOYEE SPOTLIGHT OF THE QUARTER

Name: Kelvin Mao | **Role at MI:** VP of Software Development

Typical workday for Kelvin:

- Kelvin works around the clock: approximately 11am to 6pm, when he eats dinner and spends time with his wife, then again from midnight to 4am.
- He starts off his day by grabbing a diet coke (or green tea), checks emails, and reviews testing from the night before. If another round of troubleshooting is needed, Kelvin works with the rest of the development team to get it resolved.
- When he's not focused on larger-scale projects, he works on Bugs and Feature Request queues.

Favorite aspect of his job: "Working with Chris." Kelvin and product manager, Chris Bruns, went to college together and credit knowing each other very well as people as the reason they collaborate so smoothly. (See photo!)

Favorite color: Black

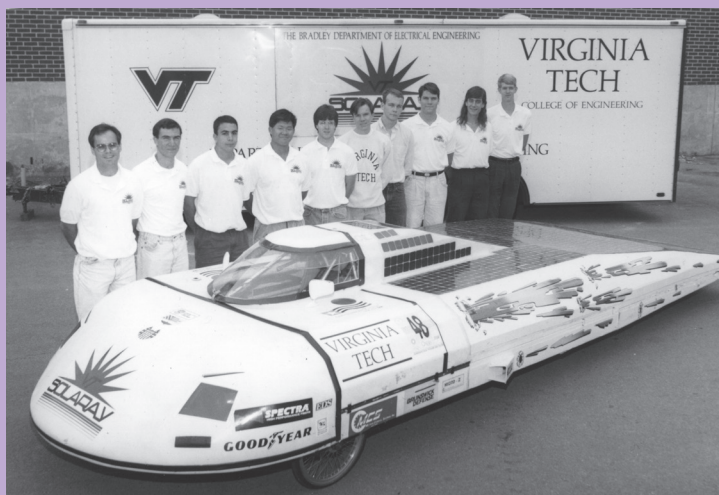
Favorite movie: The Wizard of Oz

Favorite book: To Kill a Mockingbird

Favorite hobbies: Kelvin is an "incessant collector", having gone through phases of collecting toys, comic books, original art, movie props, fossils, watches, and more. He's currently collecting whisky, with a 1981 Karuizawa as his favorite. He also loves movies and writing.

Favorite place to vacation: Italy- he once went there and ate a different preparation of veal each day for an entire week.

Fun fact: Kelvin once gave the "Best Man" speech at a wedding in a Batman costume without any explanation at all.



Kelvin (fourth from the left) and Chris (third from the right) were the motor design team of the Solar Research Vehicle project at Virginia Tech in 1992.

Questions? Comments?
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