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Preparing for OMH Clinic Restructuring

The IMA developers are already hard at work on the new Medicaid payment system, part of the overall OMH Clinic Restructuring Plan, scheduled to go into effect 1/1/2010.

Part of this work was the lively and well-attended webinar Barry hosted on 6/17/09 regarding reports required for agencies to be included in the uncompensated care pool.

On 7/2/09 we announced we can create a report which meets the requirements outlined in the 6/19/09 OMH draft. On 7/14/09 we learned final requirements will be available “in a few weeks”, so we will have it ready as soon as they are issued. The report will use information already in your system and will satisfy the need to cover services back to 7/1/09. IMA customers on subscription will get this as part of their subscription. A license fee will apply for others.

ARRA Funding

We are excited about the American Recovery and Reinvestment Act of

2009 that is supposed to pump in more than \$19 billion into Healthcare Information Technology.

Unfortunately, at this time, Behavioral Healthcare providers are excluded by various technical reasons from the main Medicaid and Medicare incentives which are targeted to “ensure the utilization of an EHR for each American by the year 2014”.

Some smaller amounts of “grant” money are available, however, and much lobbying is going on right now to channel additional funding to our industry.

At IMA we are following closely these developments to make sure that when funds become available, IMA will have qualifying products in which you can invest.

The Executive Corner

This section is specifically addressed to the busy executive to highlight and briefly summarize topics in this issue that may be of critical importance to your agency.

- **Are you ready for the Auditors?**
The tips listed in this article on page 3 could save your agency much money and aggravation. This should be required reading for your financial managers.
- **Administering group sessions**
If your agency utilizes group sessions for Outpatient MH, OASAS, CDT or PROS, the article on page 2 describing our new group services software could be very important to you. The new software dramatically improves the efficiency of tracking and billing for these services. It also provides for

integrated clinical documentation that is now demanded by the regulators.

- **Self help library**
The Service Corner on page 5 contains a very useful list and live links to more than a dozen online information resources for answers to billing and regulatory questions. The IMA HelpDesk people use these extensively to get answers for your questions. They are now sharing their “trade secrets” with you. Potentially these links can get you answers more quickly and may save much IMA billable time by getting the answers directly.

A new face at IMA

This summer when you call IMA you may be greeted by a new cheerful young voice. The voice and face below belong to a 3rd generation Samel working as a summer intern at the IMA HelpDesk. Menachem is the son of Dr. Shmuel Samel, Barry’s younger brother.

In addition to HelpDesk support, he is also learning and contributing to our ongoing development of new EMR clinical forms.





THE PRACTICE MANAGEMENT CORNER

Managing Groups Efficiently

Administering groups has just become easier in the IMA Desktop. We have developed a series of specialized modules designed to address each of the unique characteristics and requirements associated with each group type (CDT, PROS, MH Outpatient and OASAS). If managing your groups is taking too much time and/or missing reimbursement opportunities, call us. We'll work with you to configure the various modules and tune them to match your specific needs.

How is this accomplished?

We can now custom configure your IMA Desktop by integrating modules to perfectly match the group requirements and work flow of your specific installation. This might include a unique Treatment Plan requirement, how and when progress notes are prepared, a specific front desk or group rostering format, or a special end of day quality assurance procedure.

Here are some of the tools available.

The client schedule for CDT Daygroup

A graphic tool is provided for looking at a weekly calendar that shows both the available timeslots for this client and the groups scheduled this week. A click of the mouse enrolls the client in a group. Also, a compliance status display shows how the service types of the groups in which the client is enrolled compare with the mandated service types and frequencies.

Treatment Plans

A different electronic plan template is available for each specific program type and is provided as a starting point for the preparation of an Initial Treatment Plan. This template document is very flexible and easily configurable to suit your specific requirements and preferences. Every section may be edited as needed, including eliminating it completely or writing your own replacement for it.

Special features are associated with each individual type of group. Thus, for the PROS program we mimic exactly the format provided by OMH. For CDT

daygroups, we developed a special new feature that automatically links the plan to the group's schedule. For each Goal/Objective listed, the system automatically checks the group types in which this client is enrolled and identifies those that address this specific objective. Next, the system inserts as the default text in the Methods box associated with this Goal/Objective the name of each qualifying group and the days it meets.

Front desk check-in

Clients check in at the front desk as they arrive. The exact interactions will vary depending on the specific implementation option selected by your agency, such as:

1. Utilize scanners with Client picture ID cards. When ID cards are not available, the attendant needs to type in the client number or name.
2. Client rosters are preset for each group. In this case, when the client scans in, the system records them as present at this session. Clients that did not show up will be marked as absent.
3. Alternatively, groups may be defined without client rosters. In this case, when a client scans in, the screen shows what groups are needed by this client and the group sessions open at this time. A mouse click will enroll the client for today in the selected groups.
4. When a client is checked in, the screen will display any payments that may be due, specific or general messages addressed to this client, and also print out an encounter slip and/or a receipt if any money is collected.

Attendance tracking and billing

At the end of the day, staff members validate, edit and finalize rosters. The database of all this information is used to produce management and billing reports as needed. Billing algorithms for each type of group (CDT, PROS, MH Outpatient, OASAS) are applied automatically based on the program with which each client is associated.

continued on page 5...



THE FISCAL CORNER

Are You Ready for the Auditors?

2009 is definitely a year for audits, and it is likely audits will continue with vigor in the future. Here are some tips to help you be ready at any time for the audit process.

Read the NY State OMIG Work Plan

A good place to start is reading this. Although the points raised in the work plan and in this article relate to the NYS OMIG, they are also valid and applicable to other audits such as the federal OMIG, the NY State comptroller, the counties and private insurance companies. http://www.omig.state.ny.us/data/images/stories/work_plan/omig_work_plan_2009_2010.pdf. Scanning through this 70-page document you will learn specifically what the auditors will be looking for, and you will also learn that their goal is to recover \$322 million in 2009. The goal of this article is to make sure as little of this as possible will come from IMA customers.

A couple of practical observations

Looking back at IMA's experience in working with customers through many of their audits, the following recurring themes emerge:

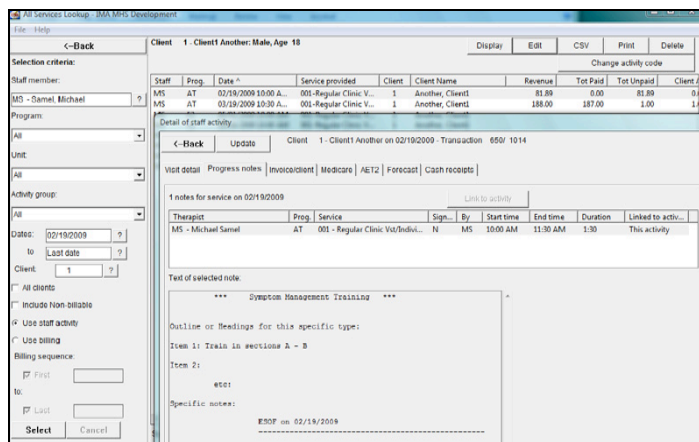
- Everything covered in the above 70-page document is important, but the biggest yield to the auditors comes from about **half a dozen items**.
- Missing documentation issues account for the bulk of all charge-backs. IMA system controls are available to monitor all of these. However, they are effective only when the checkpoints are placed prior to the issuance of the bill. If billing is done first and docs are followed up to be completed later, effectiveness drops precipitously.

The critical half dozen:

- Basic Documentation** - The most basic requirement is documentation for each bill. The OMIG work plan states "The Medicaid program requires participating providers to maintain adequate records to support their billings to the program." To our knowledge, OMIG auditors have accepted the IMA "Detail of Billing Transaction" display and printout as "adequate records". When you are using the IMA Progress Notes function, every billing transaction is automatically cross-referenced to the corresponding

clinical note. In most cases, the IMA system is configured so that bills are generated only after a progress note is written, thus guaranteeing there is a progress note for each bill.

- Appropriate Progress Notes** – Signed progress notes with appropriate content to back up each bill are a focus of OMIG audits. You can create templates and/or use the Wiley documentation datasets to help service providers write appropriate progress notes, including clear statements of medical necessity. If your IMA system is set for the progress notes to generate the bills and also to require a signed progress note before billing, you're off to a good start.
- Treatment plan Coverage** – OMIG auditors look for a treatment plan, signed with a credentialed signature, which is in force for each service billed. The IMA Treatment Plan module alerts you to create and sign plans in a timely manner. Optionally, it will also hold back billing for any service provided on a date with no valid plan on file. The system may be configured to send reminders and warnings to the responsible staff and their supervisors when plans are due and when billing is being held back due to missing plans. All this is available even when the full online EMR system is not used, except that only the reminders are issued; you're on your own to assure that the actual paperwork is created and signed appropriately.



Access to the basic documentation for a bill

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THE FISCAL CORNER (continued from page 3)

The Critical Half Dozen (continued from page 3)

4. **3rd Party Payer Coordination** - Of special importance has been the ability to prove that other payers such as Medicaid Managed Care and Medicare have been billed before Medicaid was billed. As you know, Medicaid will deny payment if they know of other coverage whose billing has not been reflected in your Medicaid claim. You can monitor and demonstrate this when needed with the help of the “Detail of Billing Transaction” display. You can also use the IMA MEVS Eligibility Inquiry proactively to check coverage prior to billing.
5. **Signed Documents on File** – OMIG auditors will be looking for full statements, signed by appropriate persons, when a client is transferred from one level of care to another. If such statements aren’t created within your IMA EMR system, paper documents can be scanned and placed in the Electronic Medical Record to assure easy retrieval. At the least, you should create IMA Ticklers for each of these and then make sure that the appropriate paper copies are present for each.
6. **Billing within 90 Days of service** – Prompt billing is a focus of OMIG auditors. In every section of their work plan they emphasize Medicaid must be billed within 90 days of the date of service. Billing later than 90 days must be accompanied by an appropriate exception code. Your IMA Medicaid billing batch lists all claims being billed later than 90 days after the date of service.

Preparing for an audit

If you’ve received notice of an audit and you have previously addressed the six items listed above, you will have little to worry about. Get ready before the auditors come by pulling your own sample to be ready with explanations for issues the auditors may later identify.

You can use the “Plan Payments” Report under Billing & Financial Reports/Coverage/Revenue to identify

clients and claims relevant to the payer and time period of the audit. Select clients from different programs, locations and years to help assure you see issues which are bound to vary with the people and practices in place at a given time. If there are paper files involved, be sure you can quickly retrieve required documentation to satisfy auditors’ requests.

Help from OMH

Melissa Janidlo in the OMH Financial Unit, 518-474-6911, is available to produce documents citing OMH regulations if you have followed OMH regulations which your OMIG auditors say are not consistent with their understanding of the regulations.

After the audit

If OMIG auditors find errors, they are authorized to take back a percentage of the base rate paid to your agency during the audit period. The COPS/CSP report under Billing & Financial Reports will help you assure the base rate payments quoted by the auditors are accurate.

Webinar

If you would like to participate in a conference call Webinar to go over these points in detail with us, have your questions answered, and also share audit insights with representatives from other agencies using the IMA system, sign up for this Webinar on September 9 and 16 as scheduled on the last page of this newsletter.

Plan coverage report



THE SERVICE CORNER



Gail Willis



Art Erickson

Online Resources

Although the primary mission of the IMA HelpDesk is to see that problems with the functionality of the IMA software are quickly resolved, we also train users and help users research the ever-changing regulatory requirements.

We are glad to do this research, but it can consume a great deal of chargeable time. If you'd like to do research on your own, here are some of the links we find most useful.

- <http://www.omh.state.ny.us/index.html>
Official site of the Office of Mental Health. Among its features is news of the clinic and ambulatory restructuring scheduled for implementation January 1, 2010 found at http://www.omh.state.ny.us/omhweb/clinic_restructuring/.
- <http://www.nyhealth.gov/>
Official site of the Department of Health. Within the site is information about Child Health Plus at <http://www.nyhealth.gov/nysdoh/chplus/>.
- http://oasasapps.oasas.state.ny.us/portal/page/portal/OASAS_APPS
Online portal for the Office of Alcoholism and Substance Abuse Services
- <http://www.emedny.org>
Claims processing and information site for New York Medicaid providers
NYHIPAADESK at <http://www.emedny.org/HIPAA/index.html> gives updates on HIPAA compliance.

Details regarding error coding are at <http://www.emedny.org/hipaa/Crosswalk/index.html>.
Technical specifications for HIPAA files are at http://www.emedny.org/hipaa/emedny_transactions/transactions.html.

- <http://www.ngsmedicare.com/ngsmedicare/HomePage.aspx>
Portal for National Government Services (NGS), contractor for NY Medicare Under Provider/Supplier, choose "Part B" and "New York". At the top of the home page you can sign up for their e-mail newsletter.
- <http://www.op.nysed.gov/opsearches.htm>
New York State clinician license and provider-type look-up
- <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
Federal registry to get or look up National Provider Identifiers (NPIs)
- <http://www.wpc-edi.com/content/view/711/401>
Descriptions for claim denial and remarks codes, as well as other HIPAA codes

Groups (continued from page 2)

Bi-weekly progress notes for CDT

The system tracks when these notes are due for each client and places an appropriate reminder on the HomePage of the staff person listed as this client's primary therapist. This information is also available in the form of a report that may be run on a per staff basis, for all staff associated with a specific supervisor, or all staff.

In addition, when it is time to write the note, the system will pre-fill the text with a predefined template plus an automatically generated list of all the services recorded for this client during this two-week period. The clinician is then able to further edit and add to this text as needed before finalizing and issuing it as the bi-weekly note.



THE TECH CORNER

v17.1 Update

The following are some of the latest changes and new features that have recently been released to v17.1.

1. OASAS 2009 submissions: IMA customers have been submitting the OASAS PAS Admission and Discharge data in batch mode online for a number of years. This module was once again upgraded to conform to new formats that went into effect in April 2009.
2. New version of Front desk check-in for clinics where groups are prescheduled but not rostered. As clients check-in, they can be assigned to a group, and the group capacity is easily monitored as people arrive.
3. Lab Work: The IMA Lab Work module was enhanced to make it even easier to track toxicology testing and its results as testing is done in OASAS-licensed programs. We also integrated test orders into front desk check-in so a reminder is displayed indicating the client needs to go to the lab at the time of check in.

IMA Calendar of Events

Each webinar will be at 1:00 PM

July

- 16 Advanced Ad hoc Reporting
- 23 Day Groups

August

- 12 Beginners Ad-hoc Reporting
- 19 Treatment Plans

September

- 7 IMA Closed – Labor Day
- 9 Auditing Conference – Part I
- 16 Auditing Conference – Part II
- 28 IMA Closed – Yom Kippur

October

- 14 Configuring Groups
- 21 CDT Integrated module
- 28 Advanced Ad-hoc Reporting

Webinar Abstracts

CDT: Review in detail the new regulations, billing codes and new IMA Desktop functionality to meet them.

Day Groups: Overview of the new Day Groups module as described in Practice Management section of this newsletter.

Auditing conference: Discussion of points covered in the Fiscal Corner. Get your questions answered, and also share insights with people from other agencies using the IMA system.

EMR Treatment plans: Learn about the availability and functionality of the various models and formats.

Ad-Hoc Reporting : Both a beginners and an advanced session will be presented. It will also include the use of the billing fields.

Configuring groups: This addresses in detail the topics covered in the Practice Management Corner of this issue and will answer any questions that you may have.

All General Webinars are an included benefit of your Monthly Service Agreement with IMA. Charges for these calls will be for the fees associated with the call center and the website host. In cases where there is no contract in effect, the elapsed time will also be billed. Also, please note: IMA will cancel any webinar without advance notice if there is not sufficient registration to support the fair and economic distribution of all connection charges. Please register early via email to HelpDesk@imasys.com.