



# The IMA Quarterly

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### ➤ v16 Update

The latest IMA software release v16.0 is now deployed at most sites and is already in full production use at more than 10 installations. This is a very smooth and easy upgrade process even though it represents a number of major innovations. The highlights of this release are.

- Support for NPI which will be mandatory for electronic billing effective 5/23/07,
- Support for the new OASAS data report formats,
- Introduction of the new IMA Electronic Health Record,
- Many other new features and a number of new premium modules as described elsewhere in this newsletter.



Let us know when you are ready for v16. We will schedule on a first come, first served basis.

As usual, the update protocol will be:

- ✓ Schedule test system update window.
- ✓ Run and complete your Agency's testing cycle.
- ✓ Schedule the update of production at a day/time when all users can be off of the system for 2-3 hours.

### ➤ MD Billing and Remittance News

Two very important issues with Medicaid reimbursement have surfaced recently at many of our customers. The following is a brief summary of the issues involved.

#### Recovery letter from OMIG

Many of you have received a recovery letter from the Office of the Medicaid Inspector General taking money back on claims paid during the last two years.

It seems that until recently, Medicaid was paying the difference between the commercial payment and the Medicaid rate on claims that also involve private insurance. Medicaid has now decided that they are only responsible for the "Patient Responsibility" portion of the commercial claim that includes co-pays and deductibles.

Here are some answers to many of the questions that have been directed to us about this.

- Apparently the recovery amount in many cases included COPS and CSP. We have heard that it is possible to get this portion of the recovery removed.
- Future COPS and CSP might no longer be paid for claims where the client also has commercial insurance.

- If you manually post insurance remittances, it is now critical that the accurate correct claim adjustment reason codes be used. Medicaid will now be looking at these and basing payments on them.
- A number of you have asked us to look up exactly what information was sent to Medicaid for specific claims. We have the tools to be able to do this if needed.

#### Retroactive Adjustments

Many customers have been receiving numerous retroactive rate adjustments from Medicaid to account for changes to COPS and CSP rates. This comes into your IMA system in the form of a retroactive adjustment remittance.

The IMA system needs to be updated very carefully with the new rates in order for the monies to be reallocated properly and for the financial reports to be correct. In some cases, the rates were reduced and a take back of 15% is applied against new remittances over a period of time.

If you have questions or need help deciphering one or both of the above issues please let us know.

The IMA application now has extensive tools for reporting on COPS and CSP and for reallocating the amounts if they were defined with wrong amounts at the time the remittance was posted.

The best way to take advantage of these tools and our extensive experience with these matters is to make an appointment with Barry at [Zevi@imasys.com](mailto:Zevi@imasys.com) to consult and discuss your particular case.

### ➤ HL7 Interface

IMA has marked another very significant milestone in 2007 by implementing an HL7 interface to two major health industry MIS systems. The Cerner hospital MIS system and the Duke University Psychiatric Electronic Records System (CRIS) can now both communicate directly with IMA via HL7.



It is of particular interest that each of these external systems utilizes a completely different aspect of the IMA software. The Cerner link downloads real time registration data from the hospital system and IMA is used for EHR and practice management. The service data is then batched back to Cerner for billing.

The link with the Duke University CRIS system is used to upload registration data from IMA for use with their EHR. The service data is then downloaded back to IMA for billing and financial reporting.

### ➤ DST change

Due to the change in the Daylight Savings Time (DST) schedule this year, most IMA system users will need to take some action. The following is a brief outline of how you may be affected.

1. If the Operating System (O/S) on your production server is Linux, **and** your system is at the latest patch level, then no action is required as the system will handle the DST correctly in accordance with the new schedule.

2. If the O/S on your production server is not Linux then you must plan to adjust the system time manually on 4/1/07 to undo the automatic change by the system based on the old schedule. Similarly on 10/28/07 and 11/4/07 a manual time change will be required.

3. If your O/S is Linux but you are not at the latest patch level, you may want to arrange for having the system patched regularly. This is generally a good idea, but in this case it will also save you from having to manually adjust the time again in October and November and then next year.

### ➤ PROS Launch

Finally, the first PROS installation has implemented the new self-contained IMA PROS software.



On 3/1/07, Occupations, Inc. went live with the IMA PROS module. This module supports the completely revised set of current required record keeping and billing rules.

### ➤ New IMA Software

Following is a summary of additional new v16 software and modules available within your IMA system.

#### 5th session review note

To support a documentation requirement for OASAS, this IMA module monitors and reminds the therapist when the 5th session review progress note is due for each client. The visits subject to this review are automatically collected by the system and

presented in a format ready for the preparation of the required review note.

#### Desktop Denial Report

IMA has added a new Desktop Denial Report that will replace the legacy C20 DN. This new GUI report includes a rich set of selection criteria with access to the data elements of the full billing record. Problems associated with specific type of denial reasons and/or payers can easily be isolated and addressed. In addition, it supports reporting by data entry operator and posting dates thus facilitating tracking of the efficiency of your handling of the denials.

#### No Show Tracking Module

This new module will track if a no show visit is the first, second, third or greater concurrent no show. A letter will be generated for each first and second concurrent no show.



The no show information is tracked and reported back at the individual staff level on the To Do List on their home page. This valuable feedback to the primary staff for each case is in real-time, where and when intervention is most effective. In addition to the raw specific no show data, the system also provides the no show history on each case. This helps the clinician separate out the chronic cases and highlights them for follow up.

This module is similar to the new IMA integrated modules for Case Management and PROS, utilizing a grid data display screen as the user interface.

**Staff Productivity Module**

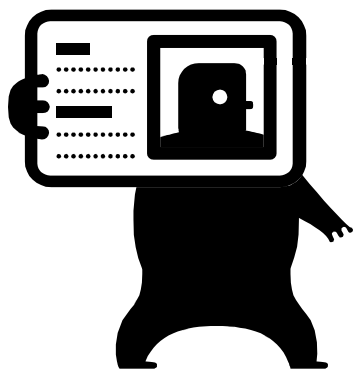
This new module is an extension of the Desktop Staff Budgeted Productivity Report. It includes the main features of the original version plus new features and utilities. The Productivity Module includes a new set of tools that provides each clinician with the means to define their own specific daily targets and schedule of availability. Every time the clinician accesses the home page, they can see not only the status of all their scheduled and open items, but also their current and projected productivity based on this schedule.

➤ **Enhancements**

As always, IMA continues to expand and improve the functionality of existing modules with each version. Here are the newest highlights.

**IPRT**

IPRT service data can now be captured via swipe cards. Doing this, the system also supports an automatic billing cutoff at 72 hours monthly and 720 hours annually.



**Billing for services rendered by Unlicensed Staff**

In the case where services are provided by an unlicensed service provider but the supervisor is licensed, our Medicaid billing logic automatically bills it to the supervisor ID. We now added logic to do this also for private insurance billing.

**UR Report**

The UR report now supports an automatic random sampling of the data for the selection of the continued stay qualifiers.

**Staff To Do List**

An option to provide a Caseload link on the home page To Do List by Psychiatrist and Case Manager has also been added.



➤ **IMA News**

**People**

The first quarter of 2007 was a time of many changes for the people at IMA. The much anticipated arrival of Anthony and Andrew Biancarosa in January commenced Georgeanne's leave of absence. Joseph finally gave up his five year daily battle with the traffic from Brooklyn to Edison and found a job closer to home. Two new people were recruited for the service department but only one survived the IMA initiation ritual.



Our new star, Art Erickson has managed to quickly absorb much of what is going on here and is

manning the HelpDesk heroically with the assistance of Barry, Denis, Ephraim, Mike and Naomi who are all pitching in as needed. We are continuing to actively recruit an additional person for our service department.

Also, congratulations to Naomi and Mike on the occasion of their granddaughter Leah giving birth to baby girl Bathia. Mazal Tov to the proud new GREAT Grandparents.

**Consulting**

As you know NPI (National Provider Id's) is going into effect on 5/23/07 and will be mandatory on all billing submissions as of that date. IMA's v16.0 includes NPI and supports a transition mechanism between the old and the new numbers.

The transition and associated testing will have to be made with each one of your 3rd party payer systems individually. It is likely that this will require multiple setups and testing for each case and could be technically challenging.



IMA is now offering an NPI consulting package to support you with this process. This will be similar to the way we aided you with the HIPAA billing conversion. The fee is \$1,500 for this service and covers the whole process from supporting you in getting all of the required definitions updated to testing and troubleshooting with your applicable payers.

## Q2 2007: Calendar of Events

*\*\*Each general webinar will be 1:00 PM.*

### April

- 3-4 – IMA Closed: Passover
- 9-10 – IMA Closed: Passover
- 18 – General Webinar: Getting started w/NPI
- 26 – General Webinar: Ad Hoc Report Queries

### May

- 23-24 – IMA Closed: Shavuoth
- 28 – IMA Closed: Memorial Day
- 30 – General Webinar: Medication Module

### June

- 7 – General Webinar: Ad Hoc Report Layouts
- 21 – General Webinar: Remittance Analysis



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.

## Webinar Abstracts

### Getting Started w/NPI

Now that you have v16 (or are scheduled to have v16 installed), learn where to record the NPI numbers that are needed to submit your electronic claims to Medicare and Medicaid.

### Ad hoc Reports: Layouts and Queries:

In this two part series, learn how to create ad hoc report layouts that include the specific data elements that you want to see either on paper or within CSV output. Then learn how to run dB queries for paper reports and CSV output using your own custom report layouts.

### Medication Module

Learn about the features of the new and improved IMA Medication Module, including data entry, reporting and tracking.

### Remittance Analysis

Learn how to use the IMA Desktop tools to analyze your remittance activity and statements and to maximize reimbursement.