

# AVISENA

INNER CIRCLE NEWS FOR FRIENDS OF AVISENA

*Happy Holidays!*

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The latest on HIPAA 5010 transaction standards

### **System Enhancements:**

Release v7.1.1 includes quantum ease-of-use improvements to reimbursement management

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Corinna Klos-Bolton, Practice Consultant, Georgia Region, leads by example

### **Welcome New Clients:**

Avisena welcomes new group practice clients in Florida, Georgia, & Virginia

### **Webinar:**

AMA coding changes for 2012: are you ready?

## 7 Ways ICD-10 Will Affect CMS

An analysis of The Centers for Medicare & Medicaid Services (CMS) by the National Research Council (NRC) in their report, "Strategies and Priorities for IT at CMS," determined the seven major business realms that ICD-10 will touch. The NRC, charged with helping CMS better understand how to modernize its IT infrastructure, outlined those business areas and assessed their impact:

<i>Business area</i>	<i>Impact</i>
1. Medicare fee-for-service claims	Very high
2. Risk adjustment	Very high
3. Quality	High
4. Medicare integrity	High
5. Research, evaluation & demonstrations	Moderate
6. Medicaid	Moderate
7. Medicare call center	Low

## MGMA: Alarming Number Unprepared for 5010

A study conducted by the MGMA Legislative and Executive Advocacy Response Network (LEARN) in June 2011 indicates:

- 45.2% of medical practices have not started to prepare for 5010
- 14.5% of medical practices are unsure if their Practice Management System (PMS) will require an upgrade or replacement to accommodate HIPAA Version 5010
- \$16,575 per FTE physician is the estimated total cost to upgrade or replace PMS's to accommodate HIPAA Version 5010

## HIPAA 5010 Deadline Stays ... With Leniency

The Centers for Medicare & Medicaid Services (CMS) has instituted a 90-day grace period for HIPAA 5010. The compliance date remains January 1, 2012, but the agency said it will not "initiate enforcement action" on that compliance before March 31, 2012.

Rumors that CMS would do something about the looming HIPAA 5010 compliance deadline have been gaining momentum since the WEDI Fall Conference.

Industry surveys have consistently found that payers, providers, and the software vendors they rely on are all running behind schedule such that too few have even begun internal, let alone external testing — leading up to what could easily become a train wreck once the switch flips and payers are supposed to reject any HIPAA 4010 claims.

## Compliance Still Required For January 1, 2012

Despite the recently-issued 90-day enforcement delay, the CMS has indicated that practices are still required to comply with the January 1 deadline to send claims using the new standard. CMS also indicated it would exercise its enforcement discretion with respect to any HIPAA covered entity (provider, clearinghouse, or health plan) that had a complaint filed against it for violation of compliance with Version 5010 standards. Practices that do not make the transition to Version 5010 risk cash flow disruption. Some health plans have already announced that they will stop accepting claims submitted in Version 4010 on Friday, December 31, including Memorial Integrated Healthcare.

## MGMA Urges HHS For 5010 Contingency Plan

The Medical Group Management Association (MGMA) is calling for HHS to issue a HIPAA 5010 contingency plan that would allow health plans to adjudicate claims that might not have all of the required data for the 5010 format.

Susan Turney, president and CEO of MGMA, said in a statement, "It is clear that a significant number of medical groups will not have the ability to transmit claims and other electronic transactions using the Version 5010 format by the January 1 deadline." She added that recent MGMA research suggests that health care providers have encountered delays in conducting external testing of HIPAA 5010 standards with health plans

According to MGMA, HHS should encourage health care providers and health plans to focus only on the most critical data requirements for the HIPAA 5010 transaction sets.

MGMA based its recommendations on a recent survey (October 2011) of its members. The survey found that:

- 77% of respondents said they heard from their software vendors about the transition to HIPAA 5010 transaction standards
- 35% said they had started internal testing of HIPAA 5010 standards

MGMA also found that:

- 15% of respondents said they had started external testing of HIPAA 5010 standards with all of their major health plans
- 15.3% said they had started external testing of HIPAA 5010 standards with some of their major health plans
- 27% said they have yet to schedule external testing of HIPAA 5010 standards with health plans

## **Avisena Named As Approved 5010 Vendor**

First Coast Service Options, one of the nation's largest and most trusted Medicare administrators, has noted that Avisena has passed stringent X12N837 (5010 Errata) testing for electronic healthcare billing.

Also in similar news, Availity, one of the leading health information networks in the country, announced that Avisena has completed testing and is approved to send and receive 5010-formatted transactions (835, 8371, 837P) through their network.

## **Are you confident that your medical practice is completely ready for HIPAA 5010 compliance?**

**While the deadline may not be enforced until March 31, 2012, there are a number of payers that will only be accepting 5010 compliant claims on January 1st. Don't take a chance, Avisena has been compliant since October 1st.**

**You need a vendor that you can trust to ensure your full compliance. Contact an Avisena Practice Advisor at 1-877-AVISENA.**



**IT  
LOOMS**  
**HIPAA 5010**  
**ICD-10**

# You'll love how we've sweetened your holidays.


## Earn a mint with your referral.

\$10,000. That's what you could earn thanks to the Avisena Referral Rewards Program.

We love our clients. So we've created a sweet way to express our heartfelt thanks to those who help in our growth.

Here's how it works. When you or one of your employees refers a group practice to us that ultimately becomes a client, you'll receive a check 90 days after "go-live." Your incentive is based on the size of the new client:

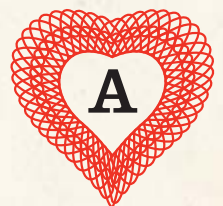
- Refer a practice with 1-2 physicians \$ 1,500
- Refer a practice with 3-10 physicians \$ 4,000
- Refer a practice with 11+ physicians \$ 10,000

 In addition to the above, we are adding an incremental incentive of \$250 per physician if your referral is located in the same medical complex.

So while you're enjoying your holidays, remember to think about any physicians that might benefit from our revenue building, practice management expertise.

For more information, please contact your practice consultant at 1-877-AVISENA.








avisena referral  
rewards program



## SYSTEM ENHANCEMENTS

We've recently made quantum improvements to the Reimbursement Management area of the Provider site that allow even further ease of use and convenience

Release v7.1.1 includes:

-  The ability to search for specific patients in the RMS system
-  Added functionality to filter incidents by procedure code range
-  The ability to view the EOB associated to the claim
-  The capability to view superbill documents associated to the claim
-  Detailed views of the claim added for more insight into the transmitted claim data
-  The ability to print the claim
-  New indicators showing when documents / memos are present

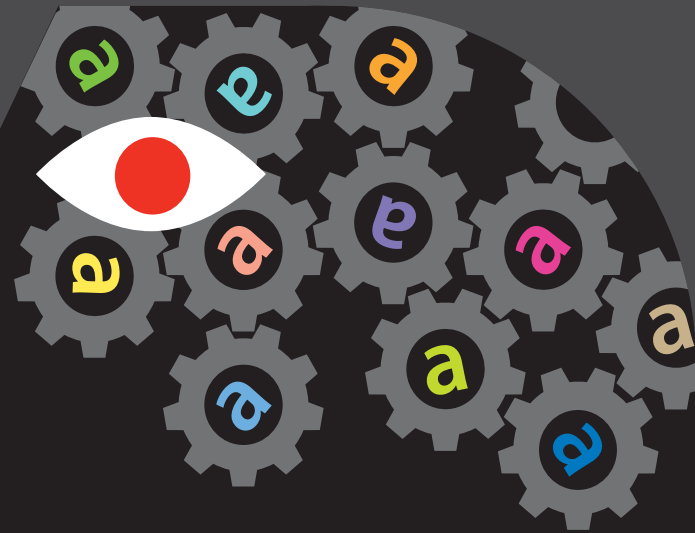
19,590

That's the number of new "rules" of payer intelligence added by our Content Management Department in Oct / Nov to ensure maximized revenue for your group practice

New rules added pertain to:

- procedure / diagnosis compatibility
- procedure / modifier combination
- gender allowed
- POS allowed
- NDC allowed
- masks created
- ledger account types
- insurance transferred / consolidated / added
- procedure-to-procedure combination
- CMS LCD guidelines
- CMS CCI edits

avisena rules engine 



## AMA coding changes for 2012: are you ready?

**who:** Avisena client physicians & staff

**what:** Avisena Webinar hosted by:  
Wendy Owens-Frierson, CPC-I  
Director of Billing, Compliance,  
& Education

**when:** Friday, January 13, 2012  
12:00 noon

**where:** Your computer

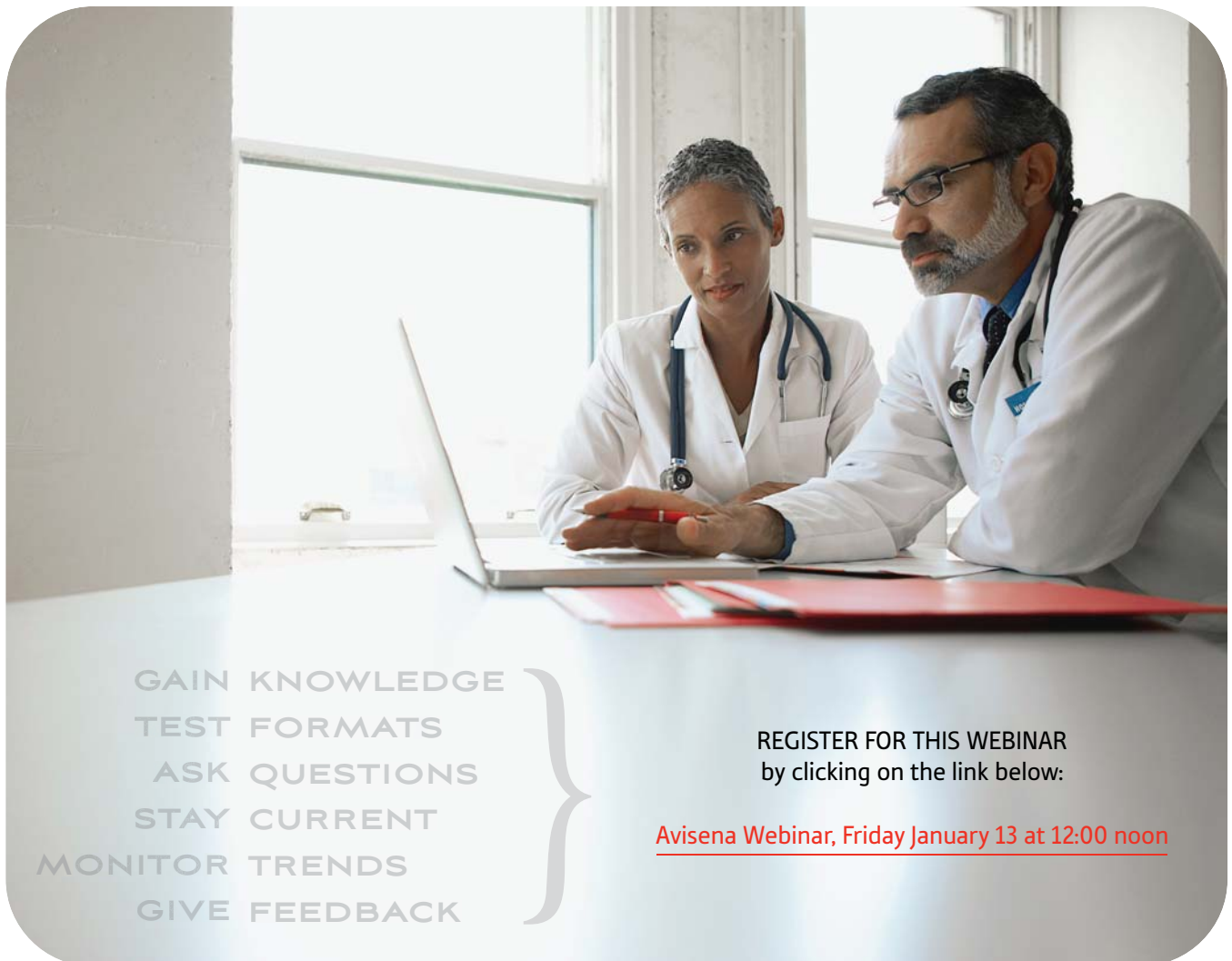
Will your office be completely up to date on the new coding changes for 2012? Join us as we examine the areas affected by the latest updates from the American Medical Association.

### Webinar agenda:

- identify specialities with significant code changes
- evaluate how the code changes will affect your practice
- review updated ICD-9 changes effective October 1, 2011

### 2012 Coding changes at a glance:

- codes added: 225
- codes revised: 162
- codes deleted: 77
- codes resequenced: 27



GAIN KNOWLEDGE  
TEST FORMATS  
ASK QUESTIONS  
STAY CURRENT  
MONITOR TRENDS  
GIVE FEEDBACK

REGISTER FOR THIS WEBINAR  
by clicking on the link below:

[Avisena Webinar, Friday January 13 at 12:00 noon](#)

## EMPLOYEE SPOTLIGHT

## Leading by example, Corinna Klos-Bolton best exemplifies Avisena's staunch commitment to a genuine level of caring about superior customer service



Corinna Klos-Bolton brought her many talents and ten years of healthcare industry experience to Avisena in January 2007. Her enthusiasm, creative problem solving, and superior team management skills have evolved her role at Avisena from Sales Representative and Activations Coordinator to her current position as Practice Consultant for the Georgia Region.

*The Monitor* sat down with Corinna recently to learn more about her role and responsibilities with Avisena . . .

### What part in the Revenue Cycle Solution does the Practice Consultant (PC) play?

*"The PC plays an integral part in the revenue cycle from beginning to end. We help our clients with office processes and procedures prior to billing; answer billing and coding questions as clients generate their claims; and help answer collections questions on denials and adjudications. The most important role of the PC is to help clients analyze their data and help them make important decisions that affect their practice."*

### What skills do you think make for a great PC?

*"You have to be able to be detail oriented, but also have to be able to step back and see the big picture. Organization is also key, as is knowing how to prioritize tasks. I think the reason our client's value us as much as they do is because we can give them an outside perspective, but still be completely invested in their best interests. You really have to understand healthcare and each individual client, as no two practices are the same."*



### Every client is different.

#### How do you adapt your approach to fit their needs?

*"As PCs with multiple clients and multiple specialties, we have to be able to fully understand each practices' workflow, processes, and specific needs. This industry is not a one-size-fits-all industry. We have to be able to listen to our clients, understand their needs and then apply our system, processes, and workflows to each individual situation."*

#### How have you impacted your client's businesses?

*"Our clients value our input and a number of suggestions have been put in place to help improve office processes. For example, we are often utilized to help with front office workflow processes and changes in coding, such as eliminating coding of bundled codes, and to help with documentation requirements. We focus on increasing revenue and reducing denials."*

#### What do you find most rewarding about your role?

*"I enjoy interactions with my clients and solving problems. When we conduct an in-depth analysis for our clients, the information presented always leads to practice improvements that directly affect their bottom line. This process is very rewarding, and underscores the importance of our role as consultant and business partner."*

#### Can you share an unusual or challenging client project?

*"What I love about being a PC is that my clients are very unique and I learn something different from each of them. I love a challenge, so when clients need analysis that I've never done before, I embrace the opportunity to learn something new. I also enjoy the bond we create with our clients when we can discuss business and monthly numbers in unusual settings. I once had to meet a client at her gym, because that was her only available time. I think this enhances the client relationship as they are truly viewing us as an extension of their practice — not just a vendor that supplies a software system."*

## Corinna Klos-Bolton

Practice Consultant, Georgia Region

### EDUCATION

University of Alabama at Birmingham  
B.A., Public Relations & Communications

### CERTIFICATIONS

Certified Billing & Coding Specialists (CBCS), 2011

### AVISENA AWARDS

Employee of the Month, 2010  
Black Belt Award for outstanding achievements, 2010  
President's Circle of Excellence Award, 2008



HAPPY HOLIDAYS!



WARM WISHES FOR A WELL-ROUNDED SEASON



**avisena**<sup>SM</sup>  
we're in practice to optimize yours

*A*visena welcomes the following clients to our growing family

- Dallas Family Practice Center  
Dallas, Georgia
- Coastal Empire Plastic Surgery  
Savannah, Georgia
- The Podiatry Group of Georgia  
Marietta, Georgia
- New Beginnings Recovery Center  
West Palm Beach, Florida
- Jane Hernandez-Ing, MD  
Hialeah, FL
- Southern Podiatry Group  
Valdosta, Georgia
- JenCare Neighborhood Medical  
Norfolk, Virginia
- Braun Internal Medicine  
Savannah, Georgia
- Albert Ing, MD, PA  
Hialeah, FL





# ADVANCE YOUR OPPORTUNITIES IN HEALTH CARE REIMBURSEMENT BY ENROLLING NOW

Billing and coding professionals are crucial assets to health-care businesses – including physicians' offices, hospitals, insurance companies, healthcare information technology and consulting firms – and they command compensation that is commensurate with their levels of certification.

These professionals provide highly-specialized expertise that helps medical facilities comply with complex regulations and improve operational processes and cash flow.

The Avisena Institute prepares students for rewarding careers in the growing, high-demand, and recession-proof fields of medical billing, coding, compliance, and collections.

- Learn practical skills for national certification and future employment
- Maintain current employment with convenient evening classes
- No prior experience necessary

#### Course objectives:

- Learn medical terminology and the principles of medical documentation, reimbursement, and compliance
- Demonstrate proficiency in procedural coding by learning to identify the principles and purposes of CPT, ICD-9, and HCPCS codes / modifiers – and applying them the highest levels of simplicity
- Abstract medical records and master the conversion to and application of codes to submit insurance claims in order to optimize reimbursements
- Prepare students for the national certification exam and long-term career success
- Assist student in securing six-week externships and future employment



### AAPC Certified Professional Coder (CPC) Course

February 13, 2012 – May 28, 2012  
Monday evenings: 6:00 – 9:00 p.m.



### Certified Billing & Coding Specialist Course (CBCS)

March 6, 2012 – May 8, 2012  
Tuesday & Thursday evenings: 6:00 – 9:00 p.m.



### ICD-10-CM Training Course

2012 dates to to be determined

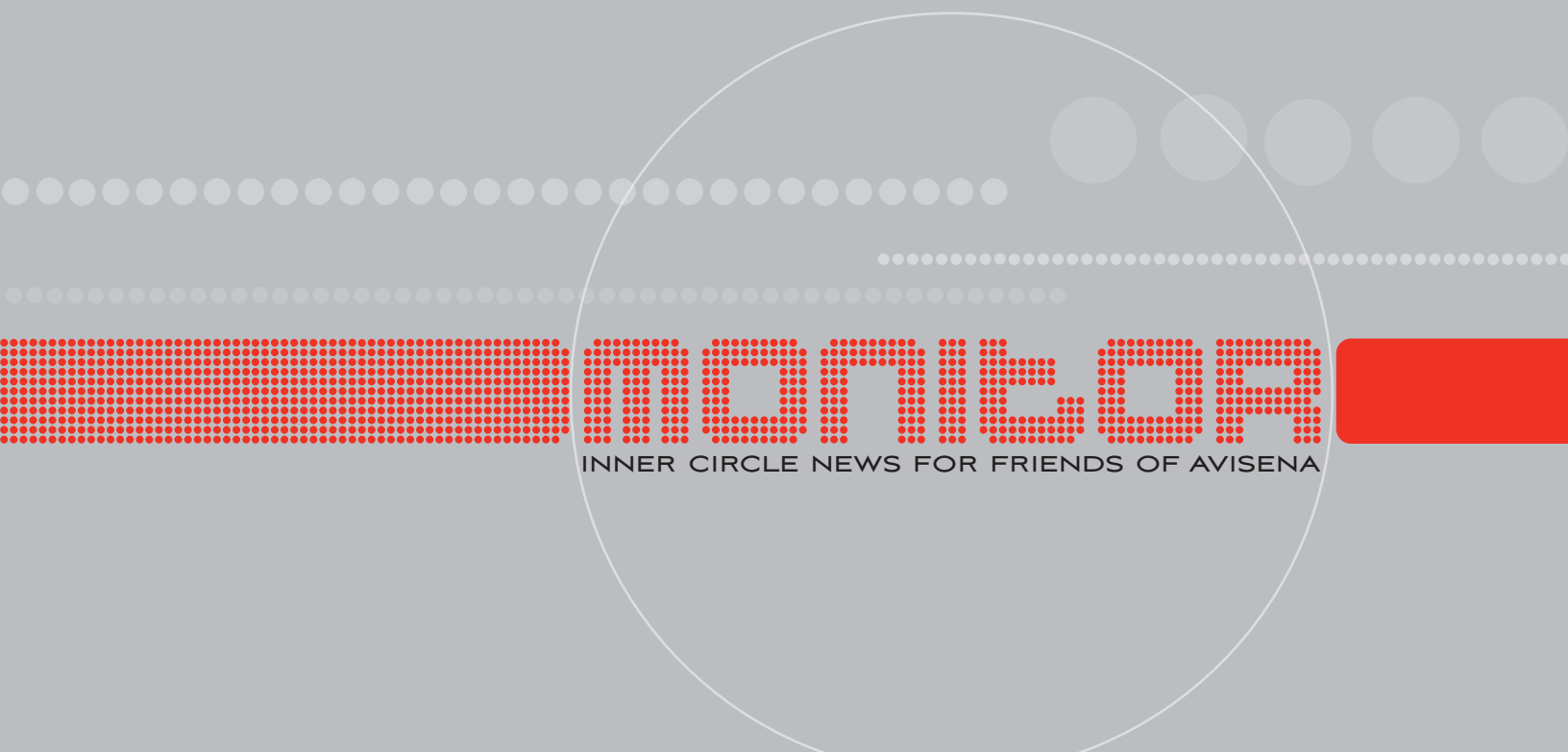
Your Avisena Institute instructor, an AHIMA-approved certified ambassador trainer, will guide you in becoming proficient in ICD-10-CM coding. This program offers you comprehensive, robust training in diagnostic and procedural coding, understanding the coding guidelines, and accurately applying ICD-10 coding steps.

To learn more about an upcoming Avisena Institute course:

- please contact your Practice Advisor
- call us at 786.621.3820
- email us at: [theinstitute@avisena.com](mailto:theinstitute@avisena.com)
- or register on-line at: <http://www.avisena.com/institute>



The Avisena Institute



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