

Medicare Reimbursement Down? You're Not Alone

Most of our clients who submit claims electronically to Medicare have seen a dramatic drop in their reimbursement since the transition from Transamerica to NHIC.

Medicare/NHIC has been delaying and denying payment for several reasons. Among them, claims were rejected for missing or invalid referring physician information, which was later recognized by NHIC as a problem with their processing system.

“Payor organization ID not numeric” is another common rejection which has to do with the secondary payor crossover information not accurately set for the secondary insurance company. This was not an issue with Transamerica and NHIC seems to be more particular with the need for this information. This problem is easily corrected by making sure all secondary insurance companies in your system have the current and correct medi-gap crossover information.

In many cases, office visits were not being paid if they were billed with other procedures such as injections, lab work, x-rays, etc., and vice versa. We recently discovered that this was

also a problem with NHIC's processing system and has apparently been fixed.

In one client's case, the provider's enrollment information was simply not transferred from Transamerica to NHIC during the transition. This meant that their claim transmission files were being accepted through NHIC's bulletin board system, but were never being recognized by the final processing system.

Also, we recently became aware that dashes (-) are not allowed to be used in free-form areas of a patient's demographics (i.e. name, address, etc.) NHIC's processing system does not know what to do with a dash and the claim will be rejected. To avoid any future problems, we recommend that a space be used rather than a dash or any other character or symbol.

NHIC seems to be handling these issues as they come up, but in the meantime, make sure you are receiving your acknowledgment reports in the mail. If you are NOT getting your acknowledgments, contact NHIC immediately and find out why.

Note: NHIC is recommending to our clients that they check their acknowledgment information in their mailbox through the CABBS bulletin board system. This is not possible through the Avanta system at this time, but will be in the very near future along with electronic EOB posting and on-line eligibility.

(Continued on page 2)

Rebill Report

The insurance rebill report was removed from the Avanta system in the latter part of 1999 to be reprogrammed for Y2K compliance and to recognize and utilize the new billing history features that have been added to the system. The rebill report will be back very soon, but until that time, here's a great way to get useful rebilling information with the Transaction Report.

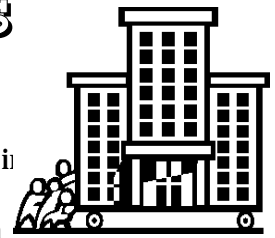
From the Home Screen, select [7] Reports , [1] Balancing and Summary Info. , then [4] Transaction Report . Run this report by "Date Of Service" and select "All Patients " as your input. Enter a date range based on the charges or dates of service you're interested in reporting on. Note: Usually, this report should be run with a starting date of "None" and an ending date of approximately 30 to 60 days ago. You may also want to restrict this report to selected insurance types as well.

When prompted for the transaction types to include, select only [1] Productions . This will report only the charges you are interested in rebilling, and no collections or adjustments will be printed.

At the screen that asks "Select Ledger Lines To Be Included On This Report ", select "No" for [6], [7], and [D]. This will restrict the report to only show the charges that have been billed to insurance, but have not yet been responded to. It will also eliminate any completely paid off charges from printing.

If you would like to restrict this report further for charges within a specific report group, do so on the next screen. When prompted to print Detail or Summary Only, select Detail. The remaining options are entirely up to you and depend on the type of printer you are using.

Avanta Is Moving!



After 21 years of business in the San Fernando Valley, we're moving our main office a bit west to Agoura Hills. We expect to be completely relocated by the middle of February, and will let you know the new address and phone number at that time.

Logging In Explained

There are two different levels of logging on to the Avanta system. The first is at the UNIX, or operating system level. This is the area where the user types in their assigned login at the prompt, then a password. Remember: THIS MUST ALWAYS BE DONE IN LOWERCASE! A user may also be required to repeat this procedure depending on the type of terminal they are using. Keep in mind that the UNIX login serves as an identifier at the operating system level and aids the Avanta staff with troubleshooting various terminal problems. A UNIX user's login may also be used multiple times, but we recommend using a different user's login for each workstation. Note: Please call an Avanta support person if there are UNIX users you wish to add or delete.

The second login is the Avanta login. After a user selects the desired practice from the Practice Selection Screen, they are prompted for a password. This password is linked to a user name and a security profile for each user. This is normally set up by the office administrator or manager. At this level, the user can be restricted from entering just about any area of the Avanta system. This is also how the Avanta system tracks and records users when making appointments, posting, deleting, etc.

© Copyright 2001, Medical Applications Corporation. All Rights Reserved.

Medical Applications Corp. • 6345 Balboa Boulevard, Suite 213 • Encino, California 91316
Phone: (818) 708-9700 • Fax: (818) 708-3811 • www.avantasoft.com