MEDICARE Electronic Claims

A vital part of transmitting Medicare electronic claims is verifying that Medicare has actually *received* your claims submission. Making sure that your transmission file reaches Medicare will help maximize your insurance billing results. To ensure receipt of your Medicare electronic claims, follow these easy steps:

1. Press [6] Insurance Billing/EDI from the home screen.

2. Press [2] Medicare Electronic Billing.

3. Press [6] Examine Transmission Log.

4. Select the transmission file to be verified.

5. Select [1] View Messages On Screen or [2] Print Messages.

If the message "Confirmation received" (accompanied by an identification number) displays or prints, then Medicare has received the transmission file. (continued on the right) (continued from the left) If the message "No transmission log on file" displays or prints, please call Medicare to determine if they received your file. If Medicare did receive the transmission file, make sure to find out what, if any, difficulties they had in processing the file.

Also check to make sure that you are also receiving your paper transmission confirmations in the mail. If you have questions about verifying receipt of your Medicare electronic transmissions, please call Avanta.

HIPPA Regulations

You may have heard about the new HIPAA privacy, security, and data transmission regulations. These HIPAA regulations are the outcome of federal legislation that seeks to increase the privacy of electronically-stored medical information and to simplify the various data formats used for electronic claims submission.

The regulations are effective as of April 14, 2001, and require compliance within the next two years. *(continued on the next page)*

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While it will be some time until the necessary programming changes implied by these regulations are clarified, Medical Applications Corporation anticipates that the required changes will be completed in advance of the final deadline.

For example, the most recent EDI submitter newsletter from Medicare/NHIC states that electronic claims must be submitted in the HIPAA-required ANSI format by October 2002.

Avanta has actually used the required ANSI 837 claims submission format for the past seven years, so no major format change is required for your system. However, we will be updating the version of the ANSI 837 format to the current version required by Medicare/NHIC well before the October 1st, 2002 deadline.

In the coming months, we will have more information on the program changes required for HIPAA compliance . In the interim, please call Ron at Avanta with any questions about the new HIPAA regulations.

Patient Notes

Patient Notes is an Avanta system module that utilizes Word Perfect, the word processing aplication that comes bundled with your Avanta system.

Infrequently, a few Avanta clients have received a "permission denied" error when trying to save their work in the Patient Notes or Word Perfect programs of your Avanta system. This error indicates that security for using these programs has, in a sense, been tightened **too** much.

If you encounter this or other "permission denied" or "access denied" errors, please contact Avanta so that we can update your system with the newest version of these programs.

While on the topic of Patient Notes, please note that there are two methods of accessing Patient Notes. The first method is to use the Quick Key, F8, which provides one-touch access to a Patient Notes for your current patient.

The second method is to enter a patient's demographic screen; move the cursor to the *Comments (* Med-Chart/Notes)* field; press the *[esc]* key and then select *[2] Patient Notes*.

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