



AVANTA
MEDICAL INFORMATION SYSTEMS

FAX

NOVEMBER 06, 2003

Checklist of HIPAA Issues:

Over the past few months many changes have affected your office's billing and operations procedures, mostly as a result of HIPAA required changes. We have sent out many fax articles alerting your office of these issues and began including these articles in your monthly billing to make sure there is no confusion. To further clarify, we have comprised an informational checklist of the key issues, which your office should be aware of or should be addressing as a result of the many required changes that have occurred. Please review the list of items below, as applicable to your practice.

General HIPAA Information:

Avanta is a NHIC Southern and Northern California HIPAA approved vendor.

As a covered entity under HIPAA, you can assign ProxyMed as your Business Associate (BA). In this role, they will be responsible for converting your current claims format (IMS 4.0) to the HIPAA compliant format (ANSI 4010).

If your office has fewer than 25 full time employees, you are exempt from having to transmit your claims electronically and will be able to continue sending paper claims.

Electronic Billing:

After your HIPAA update, each physician in your physician file is required to have a "Taxonomy Code".

After your HIPAA update, for Medicare patients that have a secondary insurance company and have a relationship to insured designated as anything other than self, you must enter the "Other Insured Birthdate" and "Other Insured Gender" in the Secondary Insurance Data screen.

As Medicare and ProxyMed continue to make changes to their systems to accommodate the new HIPAA format, some claims are being rejected and even deleted as these standards are tightened.

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A new Medicare electronic billing issue is a result of specific characters in the text of a memo (not lead in characters) such as "#, [, &" that cause the entire electronic file to be deleted. Other similar rejections occur when these "illegal" characters are found in patient and practice files.

For your Medicare electronic claims it is important to check the (ACK) Acknowledgment Report for a transmission confirmation number and claim count, and the (ESR) Error Summary Report for claim level detail as to which claims are being denied.

For your 3rd Party claims it is important to check the Daily and Monthly files received from ProxyMed.

If you do not receive your reports from Medicare or ProxyMed in a timely manner for your transmission, it is important you follow up with them.

Helpful New Programs:

A new re-flagging feature has been implemented for re-flagging charges based on previous insurance billing events or batches, in the event your claims need to be rebilled.

These HIPAA regulations are the most significant changes to the medical industry since its computerization decades ago. We will continue to work with you in these difficult times and are happy to help in any way we can. If you have any questions or are unfamiliar with any of the items listed above, please call Avanta so we can help.

CHECK AND LOG YOUR BACKUP DAILY!

Although your backup tapes are conditionally guaranteed for life by the manufacturer, they seldom last that long. It is important to check your backup every morning and track the results to identify problem tapes. If you suspect that you have a defective backup tape, please call an Avanta representative to help you determine if this is the case. If you do have a failed backup tape, it may be possible to get a free replacement from the manufacturer.

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