FASTEMC NEWS

IMPORTANT UPDATE: ICD 10 Deadline pushed back until October 1st, 2015

THE IMPORTANCE OF DOING BACKUPS

BACKUP BACKUP BACKUP – We cannot stress how important it is to do backups. Just get out a thumb drive (USB Drive or whatever you want to call those things) and select the Backup Option on the FastEMC Utilities menu. If you want to avoid a huge headache, this is a very simple routine that even doing it once a week, at most, you will lose one week of data entry. A set of backups will give you peace of mind and is a much better option than starting from scratch to setup the entire system. Think about retyping all the information about providers and payers, diagnoses codes and procedure codes and worst of all the entered patient data. A backup is a very inexpensive insurance policy and should be done as often as you can on more than one USB Drive. Keep the USB drives in a safe place - it contains patient health information and is protected by HIPAA laws. Rotate taking at least one copy off site – in case of fire, theft, vandalism, tornadoes, sharknados or flood.

There are many different options available these days for protecting your data. The most popularly used methods are a SD memory card, a USB drive, a portable hard drive or cloud storage. Looking online, some generalized prices for the following are: $37.99 for a 64gb SD memory card, $39.99 for a 64gb USB flash drive, $54.99 for a 500gb portable hard drive and a cloud storage option with unlimited storage and many other features that is $59.00 a year! These are very inexpensive ways to protect your business and your data.

In the event that you have a total system loss, without a backup, you will have lost all of the data in FastEMC along with any other business documents you may have on the computer. To reinstall FastEMC, there is a $100 fee for setup and installation along with several hours of work on your side to reenter all of your provider/facility/payer/patient data.

FastEMC HCFA UPDATE was posted on June 24, 2014—If you have not done an update since then, now is the time. Some additional testing with regard to diagnosis code rules has been added.

An Intro To The Special Reports Menu

While FastEMC is great for filing claims and getting paid, it is important to understand some of the reports that will help your practice stay on top of your money. Remember the purpose of all this is to collect the money owed to the practice for work done. With cuts in payments it is important to collect every cent due. To do that you have to keep track of what is owed, by whom and follow up on each and every claim. These reports will help.

1 – Print Claim Images   -   This report will print one page per claim with all the data usually printed on a CMS-1500 form but formatted for blank paper. Use this to make a hardcopy of the claims for your paper charts. The selection is ALL NEW Claims (anything that does not have a transmitted date assigned) or TRANS1 - Print Claim Images

This report will print one page per claim with all the data usually printed on a CMS-1500 form but formatted for blank paper. Use this to make a hardcopy of the claims for your paper charts. The selection is ALL NEW Claims (anything that does not have a transmitted date assigned) or TRANSMITTED claims. It allows selection of a Transmitted Date Range. I suggest using the Transmitted option since that will give you claims you sent or printed on paper forms between two dates. New may print claims more than once if they are not handled.

2 – Print Claim Forms -- This is used to print CMS-1500 forms. You will need to use this for Q type Payers that do not accept electronic claims, either ANSI 5010 or Electronic Paper. Selection is to print New or Reprint Claims based on transmitted date. Printing Q claims will also set the transmitted flag so you can tell they have been printed. If the Transmitted flag has been set, use the REPRINT option to print those claims again.

The option that does not distinguish Q claims can be used to print paper versions of electronic claims. This will select based on Transmitted date, to get all the claims in a batch. If Q claims are included, it will print them for submission. It is suggested that you print Q claims first, to put them aside for submitting and then print paper copies for your files.

3 – Error Claims Report - Use this report to get a list of all errors currently holding up claims from filing. If old error claims are just left in the system, the claims on error can be cleaned out by using the "B – Purge Claims" option on the "Data Purge Menu" to delete all these old claims with status ERROR. If your biller is handling claims and resolving these issues, there should be a limited number and this report will help you stay on top of the error so the claims can be filed in a timely fashion.

4 – Hold Claims Summary Report - This is a list of claims that were put on HOLD by the biller – usually to collect some additional data before filing. This report will insure that these claims are not forgotten in the system. This report should be printed at least once a week to make sure nothing is lost.

5 – Service Lines Report -   This is a detail of the services lines entered. The selection for this list can be quite varied, from procedure code, by date of service, by place of service, etc.

This can list all the Services provided based on Date of service range, so you can audit that all your claims have been properly entered. Using a cross reference of this kind can be a good way to make sure the billing has all been entered.

6 – Special Claims Report — This report prints general information about each claim selected. To give the most flexibility, the sorting and selecting options are totally open to use any data available on a claim. Our support department can help you utilize this to get unusual reports. For example, all female patient claims, or all claims for patients older than 60. This could also select all claims for Medicaid transmitted between two dates. We never know what you might need, so this was left to allow for those unexpected requests.

8 – Procedures Done By DOS (Date of Service) - This report will count procedures done over range of service dates. We have had many requests for this report. It can help analyze the number of service and charges for each procedure.

Find more information at http://www.fastemc.com/HCFA_Manual/FastEMCSpecialReportsMenu.htm

Thinking About Updating a Computer or Printer?

If you plan on upgrading your computer, please schedule a talk with Chris in Support to insure that your FastEMC software is compatible with the new computer and/or new printer.

If you will need help moving data to a new computer, plan ahead. Make an appointment with Chris so you will be sure to have her available to help.

Printers

We highly recommend laser printers over ink jet printers for office use. You will find that the cost for running the laser printers is much cheaper than buying ink for an inkjet printer. If you are looking for color printing there are excellent color laser printers on the market. The inkjet color printers are usually offered for home use where having high quality photo printing available is desirable. Printing for an office does not usually required this kind of printing an printing a color logo or documents with color is well done by a color laser printer. We can not help you select the exact model of printer since what is available on the market changes very quickly and we have no way to keep up, but I offer the general comments to help in your selections.
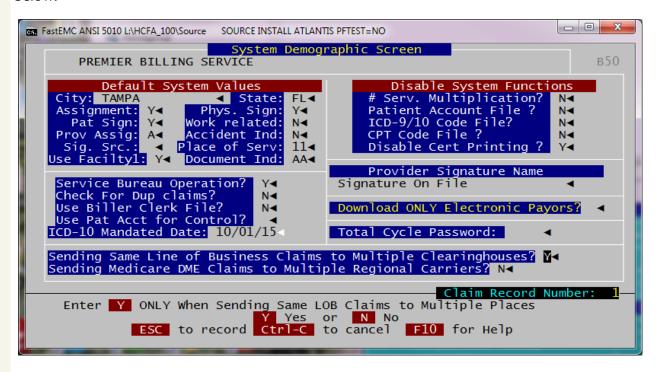
Computers

Our FastEMC runs on Windows computers. We have customers using Windows8, Windows7, WindowsServer versions since 2003, WindowsXP, Vista. We have not experienced any difficulties more than Security issues on the newer Windows Systems. We would add that your IT professional should consider that FastEMC needs full control, read, and write access for the folders used by FastEMC. If you experience issues that indicate you do not have rights to do something, then have your IT profession look at the security settings.

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ICD-10 Mandated Start Date

Well to insure you can continue to add ICD-9 until next year, it is important to check the System Demographics for the ICD-10 Mandated Date. We added this to be sure you had a flexible way to insure your claims would only use ICD10 codes after the cut-off date I think you may want to double check your system setup to make sure you did not add a date for 2014 into that field.

From the main menu, select 2 – Maintenance Menu, then select 1-System Setup, U –Update and ESC to save the first screen. You may have a second signature screen to save, but you will find the screen below.

Make sure the ICD-10 Mandated Date is blank or you can enter the 10/01/15 date which is the expected deadline, if they don't move it again. Then ESC to save the screen.

That is it. Easy as that.

What Payers can I file electronically?

Each Clearinghouse our customers use will have a Payer List available on their web page to allow you to simplify your billing by sending as many claims electronically as possible. Get familiar with the features and information offered by the clearinghouse in question. Many Payers do not require any enrollment or paperwork to start sending claims electronically. They welcome electronic claims because they are more accurate and complete. Take advantage to the wealth of information offered by the clearinghouse you use for handling your claims files.

FastEMC Support Notes

Announcing for July 2014 the FastEMC customers enjoyed a First Pass Rate of 97.61% on claims submitted to Availity. So if you filed 100 claims then on average more than 97 of those claims were properly coded and were passed on to the Payers for payment. That is excellent. If your First Pass Rate is less than 90%, call FastEMC support so we can review your rejections with you and try to improve on your coding results.

To improve the rating for the remaining claims, we noticed that there were common errors on the rejected claims. These had to do with the Diagnoses codes listed on the claim and then the Diagnoses Pointers added to the service lines. To improve your results we added logic to our FastEMC edits. Tests are not checking for duplicate diagnoses codes at the claim level or if you add the same pointer twice on one service line. This update was added on 6/4/2014 so if you have not done an update to your Professional Claims in some time, this might be a good time to do an update..

Basic Definitions ~ A Review

Claims and Patients and Statements—We run across some confusion about how to handle claims, patients and statements. FastEMC offers a way to add claims (known as invoices in normal business accounting). Each claim should represent charges for a time period no greater than a calendar month. Once a claim is sent to the Payer (a Payer is whomever is going to pay the claim—insurance, patient or legal representative), and the payer accepts the claim for adjudication (processing for payment) the claim should not have any new charges added. It may be necessary to make corrections to a claim, because of errors noted by the Payer but those corrections should be made to the original claim and resubmitted using the same Identification numbers (ClaimID #) to allow the Payer to know that the claim is a correction, instead of a new claim. This is best practices when filing claims. Do not "recycle" claims by opening an existing claim that was filed and paid earlier, and change the dates on the charges to send as a new claim. We have provided a Duplicate Claim function for this purpose. Recycling claims can cause problems with an audit.

Our Patient data holds the demographics for the patient so adding a new claim for that patient is easy, since all the basic data is pulled from the patient file. The patient file connects all the claims for one patient under one responsible party so your practice can track each patient liability or balance due.

Claims are treated as open item invoices. Payments and write-offs and such are applied to the claim until the claim has a zero balance due. As long as the balance is greater than zero the claim is open and some one is responsible for payment. In our Total Cycle system it is very important to post all credits against each claim to achieve a zero balance.

Statements are summary reports including all the open claims and transactions that happened in the last month. Think of your bank statement or credit card statement. These collect all the transactions and list them in one place for the purpose of giving the patient a total amount due for payment.