



Billing Bits

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STIMULUS WITH EMR INCENTIVES

The stimulus spending plan promoted by president Obama has passed, including a healthy \$20 billion in IT spending that will largely be funneled through CMS to provide incentives for EHR adoption.

The American Recovery and Reimbursement Act of 2009 allows for \$2 Billion in discretionary health IT funding and \$18 billion in investments and incentives through Medicare and Medicaid.

Under the terms of the bill, CMS will offer incentives to medical practices that adopt and use electronic medical records technology . Beginning in 2011, physicians will get \$ 44,000 to \$64,000 over five years for implementing and

using a Certified EHR. The congressional Budget office projects that such incentives will push up to 90 percent of



This will Put Cash In Your Hands.

U.S physicians to use EHR's over the next 10 Years. practices that do not adopt a Certified EHR system by 2014 will have their Medicare reimbursement rates cut by up to 3

percent beginning in 2015.

Through the Medicare and Medicaid EHR incentive programs, CMS hopes to expand the meaningful use of certified EHR technology. Certified EHR technology used in a meaningful way is one piece of a broader Health Information Technology infrastructure, which is needed to reform the health care system and improve health care quality, efficiency, and patient safety.

IMBS's Goal for 2011 is to have all of its clients switched to Healthfusion by the end of this year.

HEALTHFUSION OUR "ALL IN ONE SOLUTION"

Healthfusion is the customer-focused, web healthcare software solution for Practice Automation and Revenue Cycle Management. Helping thousands of medical providers and billing services to succeed; it is a clearinghouse that transacts with over 2,000

insurance payers, and Medi-Touch- the EHR that thinks like a doctor. This secure, certified, stimulus ready system offers: advanced billing, scheduling, claims, eligibility, ERA's, denial defense, iPad friendly electronic health records, eprescribing, reporting, and

mobile applications with high end- value. J.D Power recognized their "Outstanding Customer Support". Healthfusion develops software solutions for a diverse group of healthcare providers, and are guided by three general principles. These principles are to



HEALTH FUSION CONTINUED

build world class software that simplifies the provision of healthcare, Deliver premium Customer Service, and Price fairly so the system is affordable and provides substantial value.

There are many software products on the market today, that charge considerably more than what healthfusion does for comparable services, when compared to many medical client- server

or turn- key software products Healthfusion's software is virtually Free. For a predictable monthly fee, you have access to our EHR with integrated Practice Management, Clearinghouse, e-prescribe solutions- and the award winning Customer Service. Healthfusion delivers the greatest value in the marketplace. They make it easy to grow revenue and automate your medical practice with a

compelling Value Proposition.

No Start up or Set up Fees

No Upfront Investment in expensive servers or software.

No Long term commitment required.

No expensive upgrade fees.

For more information about Healthfusion please visit

www.healthfusion.com



NEW CLIENT

IMBS would like to welcome Dr. Michael Santulli & staff to our billing service. Dr. Santulli has been a Provider in the Charlottesville area for many years .

He Graduated from the University of Virginia Medical school. His clinical interests are Thyroid Nodules, Thyroid Cancer, Hyperthyroidism,

Goiters, Diabetes Type 1&2, Secondary Causes of Hypertension, Pituitary Disorders, and Metabolism. He practices endocrinology as well as internal medicine.

Dr Santulli is located at
400 Locust Ave
Charlottesville, VA 22902
Phone- (434) 295-5155

*"Learn as if you
were going to live
forever. Live as if
you were going to
die tomorrow."
~ Mahatma Gandhi*



HEALTH INSURANCE DEDUCTIBLE

As the new year starts, we find ourselves entering Deductible season again. The definition of deductible is as follows:

Health insurance deductibles are a way to help offset the cost of health care. Health insurance deducti-

bles require the insured (the person who is covered under a health insurance policy) to pay a certain amount toward his health coverage before the insurance company begins paying under the health insurance policy. The insurance

company considers the amount of the health insurance deductible when determining how much the premiums for the health insurance coverage will be. The higher the deductible is, the lower the premiums are likely to be.

New for 2011 Medicare has raised its yearly deductible to \$162.00 per person.



HIPAA 5010



Since the final rule came through for ICD-10, there has been a major focus on what changes are going to be implemented and how providers are going to convert to the code set on October 1, 2013. Before that can happen, all covered entities have to adopt ASC X12 version 5010 as the HIPPA standard for HIPPA covered transactions. The secretary of the Department of Health and Human Services (HHS) released the final rule on changes to HIPPA on January 16, 2009 with a compliance dead-

line of January 1, 2012.

We currently use ASC X12 version 4010 as the format for claims information to be submitted to insurance companies. This system is archaic, and the update will incorporate more than 500 change requests. 5010 will resolve ambiguities in situation rules, provide more consistency across transactions, and increase value of referrals and authorizations.

5010 is going to pave the way for the ICD-10M conversion.

HIPAA 5010 CONTINUED

Given the increased characters of some ICD-10 codes, larger field sizes for codes are being added. Also, there will be a box to indicate an ICD-9 code from an ICD-10 code. One of the main advantages of the ICD-10 code set is the clinical knowledge that can be gained from the increased specificity; howev-

er, the current version only allows for four diagnosis codes on an outpatient claim. This problem has been addressed by an expansion to the diagnosis code fields to allow up to twelve diagnosis codes on a single charge. There are a few demographic changes as well. All zip codes will be required to have the

plus four added to them. Subscriber designation will also be effected, but we will provide training and additional information regarding that closer to implementation. IMBS has been working closely with our software vendors and clearinghouses to assure you we will be ready on January 1, 2012.



"Life is what happens to you while you're busy making other plans".
~ John Lennon

NEW MEDICARE COVERED PREVENTATIVE SERVICES FOR 2011

There are many new and exciting changes with Medicare this year. Below are some of the new "preventative" services Medicare will be paying for your patients. The most exciting service is the yearly "Wellness" exam. Medicare covers two types of physical exams- one when you're new to Medicare and one each year

after that.

Yearly "wellness" exam

If you've had part B for longer than 12 months, starting January 1, 2011, you can get a yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. You pay nothing for this exam if the doctor accepts assign-

ment. This exam is covered once every 12 months.

"Welcome to Medicare" physical exam- A one time review of your health, education and counseling about preventative services, and referrals for other care if needed. Medicare will cover this exam if you get it within the first 12 months you have Part B. Starting January 1, 2011, you pay nothing for

the exam if the doctor accepts assignment. When you make your appointment, let your doctor's office know that you would like to schedule your "Welcome to Medicare:" physical exam.

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Let us be Your Primary Care.