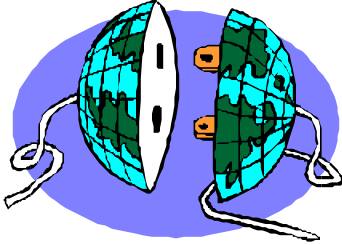


How AMI is Meeting HIPAA

By Hal Guarnieri



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Understandably, the specific and overall requirements for the Health Insurance Portability and Accounting Act (HIPAA) are not well understood even by those who have taken the time to study the over 2000 pages of explanation! Taken at face value, several of the recommended but not finalized provisions would be quite expensive and, as usual, at the discretion of governmental administrative interpretation. The majority of this legislation has little to do with information systems and much to do with policy and procedures—turf on which the law makers are most comfortable. Still, two of the three major provisions, i.e. the standard insurance transaction set and the patient privacy provisions, are happening and we will do our part to address what we can. As a company which does both the software and the back-office billing services, we will be fully compliant with the policy, procedures, and data set requirements.

In this newsletter, we will focus on both the transmission and remittances datasets (formats 836 and 837). Over a year ago, we formed a committee which analyzed the technical impacts and designed the software changes necessary to take advantage of the standard transaction data sets. We hope that these changes will truly become a standard since they will help to reduce much of the maze which exists today. The new standards will increase the amount of data which will be transmitted to CMS/Medicare as well as the amount of data which will be received from remittances. In addition, several of the intermediaries are requiring higher speed transmission capability associated with compressed files and higher speed technology such as Z-modem. We are currently beta-testing this technology using a third-party software, Century Term, which we will integrate within our software. We anticipate that, though the transmitted volume of data will be much higher, the transmission time will be dramatically reduced and the consistency of successful transmissions will be increased.

While the work has spanned over a year, there are certain unavoidable costs (for third party software, for added disk space, and for some very labor intensive release development) which will have to be passed on to our clients. While we are working to negotiate quantity buy discounts from our third party software vendors, we are attempting to keep the incremental cost for software as low as possible. The current configurations will need more disk space and thus higher capacity backups. In addition, we are carefully looking at keeping the added processing requirements to a minimum so CPU upgrades are unnecessary. However, each client will be contacted with their specific needs as soon as we have the opportunity to assess the configuration requirements and to identify the specific third party licensing, such as Century Term (for high speed transmission), FacetTerm for more

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From the President

A Sense of Community

By Elizabeth A. Evans

The AMI User Steering Committee (USC) Meeting, held this year on April 11-12, was, I believe, one of the most effective USC Meetings since its inception in 1994. This is only to say that this particular meeting *felt* especially effective in terms of the sense of accomplishment. I think the reason why this meeting achieved this feeling of accomplishment stems from its updated format. We incorporated *roundtables* to discuss myriad topics such as HIPAA Issues—*A Clients' Perspective*, and *Upgrade and New Staff Training Processes*. We continued *AMI presentations* such as *Maestro and Its New Formatted Text Note Functionality*, and *HIPAA Integration Strategy*. We introduced *concept sessions* to delve into topics such as *Protocol Driven Processes*, *Client Control of Insurance Form Management*, *Technology in Practice*, and *Integrated Communications*. All in all, we tunneled through a wide array of topics and over the course of two days did some heavy conceptual lifting.

In one of the roundtables, the HIPAA Overview, the leader laid out the AMI Health Insurance Portability and Administrative Act position—*refer to the article by Hal Guarnieri in this Newsletter*. It explains the AMI perspective on HIPAA and what AMI has been working on in order to provide the software changes necessary to meet the HIPAA financial mandates and within the required deadline. Another roundtable leader described the actions AMI has and is taking to protect our clients' interests, specifically Version 2002, whose main focus is the HIPAA financial transaction sets. Following this roundtable, the group plumbed some of the law's implications. For example, several attendees expressed concern about the law's potential to increase barriers to the quality of care instead of creating a computing environment in which data standardization would be leveraged to the benefit of the participants—healthcare organizations, caregivers, and patients.

During one of the AMI presentation sessions featuring Maestro—*New Formatted Text Note Functionality*—the USC delved into the innovation of Maestro and how one can intuitively design and quickly produce customized data output. While the underpinning technology is complex, its use is simple. The USC agreed that Maestro is a breakthrough application which, when integrated with a workflow process, has the potential to simplify execution and extend prospective and retrospective research through its standardized input. Ques-

tions and suggestions zinged off the walls as the excitement of Maestro's implications became ever more apparent. What fun!

At the end of the meeting, when USC President Dr. Jim Cox struck the last gavel, I believe the format had stimulated our discussions, resulting in a general sense of accomplishment. I know I had this feeling. Why? Because the group was able to amalgamate present needs and future directions into a viable and *real* road-map that was based on what we need now and on what we envision for our future. And all the while we congenially challenged each other in order to certify that we had indeed hit upon the common nail, that we were indeed communicating and in agreement. We smiled as we parted and despite the long hours, we were invigorated and looked forward to reconvening in November.

(How AMI is Meeting HIPAA, continued from page 1)
windowing capability, database licensing, etc.

All final HIPAA requirements are not yet out, but at least for now, we believe that we are championing the cause to meet these unfunded mandates with as low a financial impact as possible.

Hands On

Since the last newsletter, two new employees have joined AMI.

LATITIA BROWN is AMI's Human Resources Coordinator, a new position. Latitia worked as Senior Healthcare Recruiter for Maxim Healthcare Services. There, she accrued four years of HR experience along with a medical background in nursing. She is currently studying for her B.A. in Information Technology.

JOHN WARRINER is AMI's Accounting Manager, also a new position. John has a B.S. in Business Administration and a B.S. in Accounting, both from Virginia Commonwealth University. In addition, he has over 20 years of Accounting experience in the Medical, Financial, and Staffing industries. John is responsible for the day to day operations of the Accounting department and oversees Accounts Payable, Accounts Receivable and Payroll.

Thinking Outside the Lines

By Adrian Amedia

The creative initiative I am about to share with you is not in any AMI manual. It shows an extensive use of the system and the courage to try new solutions.

Pat Madden is the administrator of Silver Care Dialysis Center in Cherry Hill, New Jersey. Silver Care has been an AMI TIME-D® client for over six years and recently added AMI TIME-W®. Their integration of the Windows platform is already yielding a payback through Pat's creative use of the Formatted Note in Progress Notes. We are fortunate that she is willing to share her story, enabling the entire AMI community to benefit.

Silver Care Dialysis is located in a nursing home and is serviced by 25+ physicians in the area. Pat noticed that many of the physicians spent the majority of their rounding time charting. She solved this problem by adopting a transcription service. Now the physicians can chart in their car or office and spend more time with the patient.

The transcription company that she uses provides her staff with a secure and identifiable password. The physician merely has to make a local phone call, enter their individual password and then state the patient name on which they wish to document. When their dictation is complete for one patient, they can hit # and begin to dictate for another specified patient. These voice messages are then transcribed and emailed back to the unit. The service is charged by the dictation line.

So how did the addition of TIME-W provide a cost savings? The TIME-D progress note is capable of holding only 55 characters per line. In the past, Pat limited the transcription company to 55 characters per line, even though they were capable of providing additional characters, to make it easier for her staff to copy and paste. Typically, each transcription averages 5—6 lines per patient. By copying and pasting into TIME-W, Pat and her staff enjoy a quicker and easier method of transcription entry into the progress note. Since the TIME-W progress note is not character-limited and is capable of wrapping the text, her average transcription cost is about 2—3 lines per patient. Hence, she has cut her transcription cost in half and her staff can complete the task in a quarter of the time. The physicians also benefit because, as Pat states, "they are able to spend more time with the patients and less time at the computer!"

Hats off to Pat for sharing her cost saving story with us. If you have a story to share, please contact us so it can be included in our next newsletter.

AMI University News



New AMI University Certifications

ID² Data Warehouse Developer:

Pat Madden	Silver Care Dialysis Center
Mandy Howell	Hattiesburg Clinic Dialysis
Edward Lee	Hattiesburg Clinic Dialysis
Adrian Amedia	AMI Healthcare Systems

Clinical Administrator:

Jane Pestick	AMI Healthcare Systems
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Financial Administrator:

Drew Reinders	AMI Healthcare Systems
Christina Yim	AMI Healthcare Systems
Jeff Price	AMI Healthcare Systems

Mark Your Calendars

Register Now!

- ◆ Next ID² Training: August 19-23
November 18-20



For further information, contact Art Todras, Director, AMI University via email (atodras@amihealthcare.com), FAX (804-934-9365) or phone 804-934-9370).

Or, check out the Quick Find guide on AMI's website: www.amihealthcare.com. Follow the Training and Education link to the AMI University course catalogue, with descriptions, schedules, and pricing information on all AMI University courses. Use the on-line course registration form.

AMI Holiday Closings

Labor Day	Monday, September 2
Thanksgiving	Thursday, November 28
	Friday, November 29

AMI Healthcare Systems Group
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Suite 200
Richmond, Virginia 23294

TIME-ly Tips

By Art Todras

Hooked on Transsonics

Elsewhere in this newsletter (*Thinking Outside the Lines*, page 3) we report how transcription messages can be integrated into TIME-W's Formatted Text Notes. TIME-W Version 2000 ® has another external "hook," this one for capturing Transonic Monitor data from a separate PC or laptop. Through AMI's Transonic Export utility, Transonic access monitoring data is initially copied to a floppy diskette and then imported into TIME-W's Access module, where it provides an automated alternative to manual entry of access monitoring results.

The Transonic Export utility is available on diskette from AMI at no extra charge. Once loaded onto the transonic data computer, this utility is accessible from the Windows desktop via a special icon. It comes with an on-line Help browser that guides you through every step of the export process.

When you launch the Transonic Export utility, it locates and retrieves the transonic file, the one with a special .CSV extension, on the transonic data com-

puter's hard disk. It then assigns a name to the output file, the one on the floppy diskette that will be imported into TIME-W. User entry of a monitoring Start Date and End Date controls how much data will be copied to the diskette—*without altering the Transonic data in any way*. At this point, you click the Extract Data button to both extract the monitoring data and copy it to the diskette.

To import the transonic file into TIME-W, insert the transonic diskette into the diskette drive of any PC running TIME-W. Click the Actions menu from the menu bar at the top of the screen. Then, click Transonic Import. Click the Input button on the dialog screen, highlight the transonic file in the A:\ folder, click Open, and then click the Import Data button to start importing. Access data will be imported provided the patient has an active access record in TIME-W as of the test result date. The record's access type (fistula or graft) and chart number must match those of the transonic result.

The Transonic Export utility provides the most expedient way to keep access monitoring in TIME-W up to date. Ask your AMI Regional Account Executive about getting "hooked up."