

In this Issue ...

- ø HIPAA compliance (feature article)
- ø From the President
- ø New CBT ON-TIME modules
- ø AMI About Town
- ø Version 2000A highlights
- ø AMI University's recent certifications and Winter course schedule
- ø Healthcare Management Group
- ø Claim Expansion/Line Item Processing
- ø Email support
- ø Tips on closing flowsheets, preventing chart locks, and 2000 dates

HIPAA is Here What AMI is Doing About It

By Sandy McCleaf

HIPAA (the Health Insurance Portability and Accountability Act of 1996) has been a buzzword in the healthcare industry for quite some time. Now its Administrative Simplification provision has become a reality with an implementation date. HIPAA's goal is to provide the industry with a set of standards intended to simplify the process of handling and administering healthcare claims. The anticipated return on such a standard is two-fold: providing better service for providers, insurers and patients as a result of time savings, and saving the health care system billions of dollars over a period of time post-implementation.

There are four parts to HIPAA's Administrative Simplification provision. The first, and the one with final specifications and a compliance date of October 2001, is the Electronic Health Transactions Standard. This regulation mandates all EDI (Electronic Data Interchange) follow a single standardized format. The specifications include formats for electronic claims submission and electronic remittance advices as well as a number of other transaction sets such as health claim status, plan eligibility, etc.

The second part of this provision is the use of Unique Identifiers, which will standardize the identification numbers for providers, employers, health plans and patients. The third part addresses Security and Electronic Signature Standards and the fourth part deals with Privacy and Confidentiality Standards. Finalization and compliance dates have not been set for these parts.

Addressing the requirements of HIPAA is no small task. It will require comprehensive changes to various aspects of all health care systems. Systems that deal with electronic data exchange and/or that maintain electronic patient data will be widely affected. Implementation will require extensive planning with a comprehensive action plan to ensure compliance. Many have likened this planning and implementation effort to that which was required for Y2K compliance.

AMI has established a HIPAA Steering Committee, which includes specialists in the areas of database design and structure, security, education, and electronic transaction processing. This committee is to ensure that AMI's products and services meet the requirements of the regulations as well as support our clients' needs so they can meet the requirements as well. Although the compliance timeframe appears long, there is much work to be done. AMI is focusing its efforts to prepare early to ensure that all of its clients are prepared to comply *on TIME*.

From the President

By Elizabeth A. Evans

In the last Newsletter AMI promised that it would introduce a clinical Web product by the end of the year. In this Newsletter we are pleased to announce that a read/write TIME-Web will go into beta testing at year's end and it will become available for general distribution when it is completed—most likely at the end of Quarter 1 '01 or at the beginning of Quarter 2 '01.

The first phase of TIME-Web includes Medication Orders, Lab Orders, Problem List, and Alerts followed very closely by the second phase—Signing Orders, Ticklers, Standing Orders (hemodialysis and peritoneal dialysis), Unique Orders, Diet Orders, and Progress Notes.

TIME-Web will ultimately provide the same information now available on the TIME System except that it uses web technology to do so. It will pass real-time information back and forth in a secure environment regardless of location, a fundamental change in traditional communication processes. TIME-Web virtually makes location irrelevant, the ultimate in connectivity. In an information sense, those using it can roam wherever they want, can request information whenever they need it, and enter information whenever necessary.

AMI believes TIME-Web is a medium that will help eliminate information disconnects often occurring between clinical processes, such as between the lab and the care team, between the care team and the hospital—disconnects generally associated with patient safety issues. The long-term goal of AMI is to help improve the quality of patient care with information. We believe TIME-Web is pivotal to achieving this goal.

On a slightly different note, as the year draws to a close and the holiday season approaches, AMI and its staff wish you and your family a happy holiday and a healthy and prosperous New Year.

Publication Update

Keep an eye out for two AMI articles, authored by Beth Evans, President of AMI. The first article, "Document Imaging", appears in the October issue of "Dialysis and Transplantation". The second article, "Can a Centralized Healthcare Information Strategy Eliminate the 'Root Cause' of Medical Errors?" is published in the October issue of "Contemporary Dialysis & Nephrology".

Send your e-mail comments about these articles to the new AMI Web-site—we will answer them.



New Faces On Board

Since the release of the last newsletter, three talented individuals have joined the AMI staff. Each brings a range of knowledge and expertise that will serve AMI well in this current period of growth.

PAM BANNING came to AMI to assume the new position of Product Assurance Analyst. Previously, Pam spent approximately 15 years as an engineer in the nuclear power industry working for Westinghouse and Virginia Power. As an engineer, she was responsible for project management, performing and documenting engineering calculations, and performing extensive quality assurance regarding engineering design and safety analysis calculations. While at Virginia Power, she was also responsible for the purchase and implementation of a new data collection and analysis system used at the power station, and she participated in an engineering team that was verifying Virginia Power's compliance to its licensing documents.

DREW REINDERS has joined AMI as a Programmer/Analyst. Drew is a recent graduate of James Madison University with a BBA in Computer Information Systems. He is assisting with the software development projects of the Information Software Services (ISS) division. Drew is also part of the AMI Support team.

WILLIAM WALTERS is AMI's new Manager of Network and Hardware Services. Bill received his MBA from Averett College and holds a BS in Quantitative Methods from East Carolina University. In his 24 years of experience with systems and programming, Bill has designed interfaces between manufacturing equipment, computer control and reporting applications, designed and programmed business system applications with emphasis on Accounting and Inventory Control, and assisted with a global secured network, VPN (Virtual Private Network) administration and general telecommunication issues.

AMI University News

The Basics of AMI ON-TIME

By Art Todras

In The November 1999 issue of AMI TIME-S, we announced AMI's new direction in customer education: Computer Based Training, or CBT. In February we provided a Version 6.5 CBT module to all of our clients to assist them in training clinical staff to use the new standing orders and flowsheets. Since then, AMI University has developed two additional CBT courses as part of the AMI ON-TIME Learning System: System Basics and Clinical System Basics. These two courses are now available on CD-ROM at a very reasonable cost.

The *System Basics* course provides instructions on system access (how to log on and off), system navigation using the AMI TIME-D menus, and use of the function and control keys. The function keys are grouped according to their purpose, a strategy that makes them easier to learn. At important steps in the course, the student is required to respond to a visual and audio command to demonstrate the use of a key.

This interactive approach, plus the self-scoring quiz at the end of the course, serves to provide positive reinforcement to the student and enhances the learning process. The System Basics course is an invaluable functional introduction for new AMI users or a handy refresher for experienced users.

The *Clinical System Basics* course is made up of two lessons. Lesson 1 is a comprehensive overview of the TIME-D clinical module, starting with navigation between the Medical Records Menu and its sub menus. From there, the lesson explains the screens of the Ordering Applications (Hemo and PD Standing Orders, Lab Orders, Medication Orders, Unique Orders, and Diet Orders), the Charting Applications (Hemo and PD flowsheets, Progress Notes, Lab Results, Hospitalization History, Diagnosis History, and others), and the Reporting Applications. A 10-question quiz at the end of Lesson 1 lets you "Test Your Knowledge" and hyper-link from each question to the exact point in the lesson where the answer lies—whenever review is called for.

Lesson 2 of Clinical System Basics is a guided simulation of actual data entry. The student completes six exercises, including creating Standing Orders and charting a medication from the Progress Notes. Information on what to enter in each field, and on the purpose of the field, pops up when the mouse is pointed to a Cue button. The student gets to practice the basic keyboard functions—zooming, querying, adding—covered in the System Basics course although that

course is not a prerequisite. The Clinical System Basics course is a useful aide for nurses, technicians, unit secretaries and others learning the clinical applications.

For information on ordering these courses, including prices and quantity, please contact your AMI Account Executive.



New AMI University Certifications

ID² Data Warehouse Developer:

Kenneth McKinney	Lynchburg Dialysis
Scot Shrom	Lancaster General Hospital

ID² Advanced Data Warehouse Developer:

Kim Smith	Lynchburg Dialysis
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System Administrator:

Bradley Hibbs	Renal Care Group
Ron Steurer	Renal Care Group
Robert Rodriguez	Renal Care Group



Mark Your Calendars

Register Now!

- ◆ Next Financial Administrator Course: December
- ◆ Next Master Trainer Course: November
- ◆ Next Clinical Administrator Course: January
- ◆ Next System Administrator Core Course: November
- ◆ Next ID² Training: February 12-16

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

AMI Holiday Closings

Thanksgiving	Thursday, November 23
	Friday, November 24
Christmas Day	Monday, December 25
New Years Day	Monday, January 1

AMI About Town

By Beth Evans

Staying informed and keeping a pace ahead of change in clinical data management and medical billing is a daunting task. So much is happening. To boot, technology innovations are in an unprecedented up-swing. One of the ways AMI staff stays informed is by participating in a number of industry conferences and meetings. By the end of 2000, these are the ones that AMI will have attended.

We attended the Healthcare Information and Management Systems Society (HIMSS) conference. This meeting is a confluence of technology and applications in an environment similar to a cyber candy store where application developers such as AMI revel in the newest of the new.

We attended the National Renal Administrators Association (NRAA) meeting and participated at the American Society of Nephrologists (ASN) international conference, setting up a booth with other vendors and also attending many of the educational sessions.

AMI attended the Renal Physician's Association meeting in Washington, D.C. where, as a Bronze patron, we were able to discuss topics such as Medicare capitation with its membership in addition to sidebars such as using e-mail communications to improve patient care.

We also attended the Medical Record Institute's TEPR 2000 pre-conference and conference. The pre-conference session focused on the patient's perspective about how the Internet changes healthcare. The theme of the general meeting was empowering Health Professionals with IT solutions.

To keep abreast of chairside nursing issues, AMI attended the American Nephrology Nurses Association (ANNA) Assessment and Critical Thinking Improve Outcomes in Nephrology (ACTION) meeting.

As final regulations to implement several portions of the Health Insurance Portability and Accountability Act (HIPAA) draw closer, the AMI HIPAA Steering Committee is in full force. HIPAA legislation will have a major impact on electronic health data interchanges. To keep ahead, AMI attended a meeting in late June co-hosted by the Data Interchange Standards Association and the Association for Electronic Health Care Transactions. We also attended another HIPAA meeting in October co-hosted by the Data Interchange Standards Association and the Workgroup for Electronic Data Interchange.

Finally, AMI attended the Bay/Nortel Router Configuration class in November in Raleigh, North Caro-

lina. This class covered the entire product line of Bay/Nortel Networks and provided a technical overview of the capabilities available. It will advance AMI's expertise in Wide Area Network (WAN) technology.

2001 is almost here and there is change in the air. We'll keep you posted about how AMI is keeping a pace ahead.



Client Survey Results

On July 27, 2000 the Operations Department mailed 192 survey questionnaires to AMI clients asking about their satisfaction with AMI services and staff. The responses we received have helped us better understand your needs and also identify the services you value. To all who have taken the time to respond to these questions, we thank you. While the 11.5% response rate was lower than we had hoped, it compares favorably to survey rates nationally and was better than normally might be expected.

The Results

More than half—60.7%—responded that AMI exceeded their expectations as a company including personnel assigned, timeliness of services, quality of work, product and services, and value received relative to cost. A full 85.3% indicated that their expectations were met or exceeded in this regard. When asked about satisfaction with the company, almost 80% said they were satisfied and 87% said they were overall satisfied with the company.

Of those responding to the question, "Do our services help you achieve your goals?" 95% replied "yes".

Needless to say, there is room to improve the AMI services and products. Having said this, we intend to periodically send client surveys in the future because your responses are invaluable signposts to identify the areas we should improve. Please continue to respond to them. AMI takes them to heart.

Version 2000A Highlights

By Anne Webber

Late this year AMI will be beta testing our annual release. This release contains significant improvements to both the UNIX and Windows components of the TIME® System in addition to a new component, TIME-Web. (See From the President in this Newsletter.)

Following is a partial list of some of the improvements contained in this release:

- ◆ A new view of lab data was added to the Windows component showing the values over time of all tests in a lab category.
- ◆ Entering, editing and viewing of Peritoneal Dialysis Standing Orders have been added to the Windows component.
- ◆ All types of verbal orders can now be signed in the Windows component.
- ◆ The user can now select a reason for medication and lab orders from the patients' problem list (diagnosis history) in the TIME System.
- ◆ Monitoring data collected via Transonic equipment can be imported into the Windows Access module.
- ◆ Additional complications and interventions have been added to the Windows Access module.
- ◆ In the Windows component clients with multiple physicians can limit a physician only to those patients assigned to him/her.
- ◆ The Windows component now holds the display preference settings at the user login rather than at the workstation.
- ◆ The patient selection tab in the Windows component is now the initial tab displayed after log in. In addition, a new PD filter was added to show only PD patients.
- ◆ Multiple improvements have been added to the standing orders and flowsheets in the UNIX component as AMI received feedback from clients using the new screens in the prior version.

With these new features, this version promises to increase the efficiency of medical record entry and analysis along with billing for dialysis facilities and nephrologists.

AMI EDI Services and Healthcare Management Group

Through its sister organization, Healthcare Management Group (HMG), AMI provides medical billing and collection services to over 150 medical and medical related service providers. Specialties represented by the HMG clients include:

Anesthesiology
Cardiology
Dermatology
Emergency Medicine
Endocrinology
Family Medicine
Gastroenterology
General Surgery
Geriatrics
Internal Medicine
Neonatology
Nephrology
Neurology
OB/GYN
Otolaryngology
Physical Therapy
Plastic Surgery
Podiatry
Pulmonary
Radiology
Renal Dialysis

In an average year, HMG processes and submits insurance for approximately:

- 1.2 million procedures
- 453,000 patient encounters
- \$170,000,000

To learn more about the HMG services and how they can help you, call 1.800.787.9510 and ask for Hal Guarnieri.

Claim Expansion/Line Item Processing and Dialysis Billing

By Jeff Price

Earlier this year various Fiscal Intermediaries sent notices concerning the implementation of the Outpatient Prospective Payment System (OPPS) and Claim Expansion/Line Item Processing (CE/LIP) for Medicare claims.

At this time, most Fiscal Intermediaries (FIs) have decided that the itemized claims specified for CE/LIP are not required for dialysis claims. There are basically two exceptions to this statement. First, some FIs are requiring completely itemized claims from hospital-based dialysis units; and second, there is at least one FI that is requiring partially itemized claims from some freestanding dialysis units.

To facilitate submission of itemized electronic claims, HCFA has introduced a new version of the UB-92 Flat File format designed specifically for itemized claims. Many AMI clients submit using the UB-92 Flat File format and may be impacted by this new version. Version 6.0 of the UB-92 Flat File format is currently mandated by some FIs, with a deadline of January 1, 2001. Some FIs have decided not to require this change of format for existing submitters, although all do seem to accept it. The new version permits up to 450 line items per claim, while Version 5.0 allows only 99 line items per claim. For hospital-based dialysis units that bill for lab charges, this expansion will probably be needed if your intermediary is requiring you to submit itemized claims.

If you have a choice, we recommend that you not switch to Version 6.0, or to itemized claims in any format, unless required by your Fiscal Intermediary. The reason for this recommendation is that itemizing your claims will create a claims file at least twice the size of a summarized claims file. A file that is twice as large will take twice as long to transmit and will require more processing time once it reaches your FI.

What AMI has done to help you with CE/LIP

AMI has prepared the programming (customizable for the unique requirements of each FI) for Version 6.0, and it is currently in use by a few AMI clients. We started the new format testing early with a few intermediaries and found that they were not ready to test. AMI programs are ready and we are available to assist

clients with testing.

AMI also has modified the Electronic Remittance application to accommodate line-item detail. The change will not affect your reports or the actual generation of payment and adjustment transactions in your system. The software is still based on up-to-date UCR table and UCR templates.

If your FI requires the new UB-92 Flat File format, Version 6.0, please forward to AMI a copy of the FI's testing requirements. Then call AMI to schedule the testing and conversion. If you are not certain whether you have to make this change, you should ask your FI. If you have not converted since June, you are definitely not using Version 6.0 now.

More information on OPPS, including some requirements for itemized claims, is available at:

<http://www.hcfa.gov/medlearn/refopps.htm>

Email Support

AMI is pleased to include e-mail support in its complement of support services at support@amihealthcare.com.

The e-mail support process is straightforward. When the AMI Help Desk receives your support e-mail, it enters the issue in the AMI Support Log, sends you an e-mail response acknowledging its receipt, and includes the issue's support log number. The standard guidelines that govern AMI support also control e-mail support. There is, however, one exception that is important.

Your contact is based on our receipt of your e-mail. Since e-mail support uses the Internet, it is dependent on an Internet Service Provider (ISP). Many articles have been written about the time sometimes required to get an e-mail message through to its intended recipient. There is no standard elapsed time between when a message is sent and the time it is received. While the elapsed time could be very fast, it also can be very slow due to occasional ISP problems. Although rare, it does happen.

As a result, we advise that you contact us either by phone or by fax if you do not receive an e-mail confirmation within a reasonable amount of time. And, always contact the AMI Help Desk by phone when you have a high priority support issue that demands immediate attention.

To discuss the e-mail support option further, call Elizabeth Havlir at 804.934.9370. She will be happy to assist you.

Who Pays? (For Support Time, That Is) By Elizabeth Havlir

Who pays? A good question indeed, and one that was suggested to us by a “loyal member” of the AMI Newsletter community as a future newsletter topic.

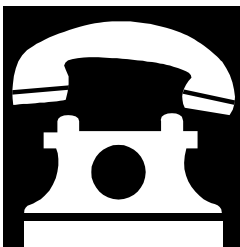
Once a month AMI sends your organization a report of all your support calls for the prior month. The purpose of this report is to give you a detailed picture of how your support dollars are spent. It is important to remember, however, that not all calls listed on this report are deducted from your contract time.

Depending on the nature of a support call, it may be marked as C (deducted from contract time), N (non-billable) or Y (separately billable). Most support calls are considered part of your contract time, and include time to upgrade your system to a new version, help using an application, training about the available applications and reports, system maintenance, hardware troubleshooting and resolution of operating system and/or database software errors. These calls will be displayed with C in the Bill column of your monthly support report.

Some calls are marked with N in the Bill column. These calls are neither deducted from your support contract time, nor are they separately billed to your organization. These calls would include beta test issues or anomalies in the AMI software.

Finally, some calls may be marked with Y for separately billable. Unless your organization is on a time and materials basis, you should rarely see a call marked with Y in the Bill column. Examples of calls that may be marked as separately billable are after hours support, custom programming, services for processes outside of AMI’s control, or any service for a client on a time and materials arrangement.

If you have any questions about your support report, or about who should be paying for what, please feel free to call us any time.



TIME-ly Tips

By Diane Nivens, Jane Pestick, and Elizabeth Havlir

To Close or Not to Close an Incomplete Flowsheet

Have you ever opened a flowsheet only to have the patient either not arrive for dialysis or after arrival not be able to connect the patient? V6.5 easily addresses this common problem by allowing an “Incomplete” flowsheet. An “incomplete” flowsheet is one where the connect screen has not been signed, but one or more of the following screens have been completed and saved:

- Machine Checks
- Reuse
- Pre-Treatment Vitals
- Pre-Treatment Assessment
- Treatment Rx

It is not necessary to close an incomplete flowsheet. Although it appears on the Shift Close Out screen and report, it will not affect any other applications including billing. The flowsheet will remain a part of the patient’s medical record and can be used to track the patient’s treatment history and compliance with scheduled treatments. No charges will be sent to the financial application.

If a flowsheet is incomplete, you should go to the Shift Close Out screen and press F2 to go to the exception menu. Choose option 5, Treatment Exception Reason Maintenance, and enter the reason for the incomplete flowsheet.

Who’s Locking My Chart?

Have you ever received a message that a chart is locked, but cannot find the user who is locking your chart? We may have the solution. If your organization uses a PC emulation package to access TIME-D, users must first exit TIME-D before clicking the ‘X’ in the upper right hand corner of their windows screen.

By not exiting out of TIME-D properly, you will lock the process and/or chart on which you were working. This creates a defunct process (a process lock that is not attached to an actual running job) that cannot be removed simply by killing a terminal or a user login.

(Continued on page 8)

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Suite 200
Richmond, Virginia 23294

(Continued from page 7)

AMI will need to dial in and remove these processes manually.

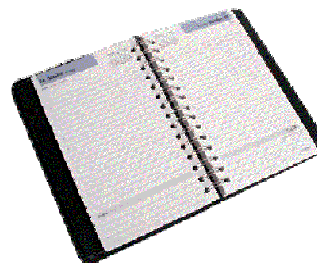
Welcome 2001

The year 2001 should be entered as *01*. You will not need to enter a leading 2 as you do to indicate the year 2000.

And while we're on dates...Just a reminder that:

- ◆ A birth date must be entered using the full four-digit year: *02/23/1958*, not *02/23/58*.
- ◆ Any other date may be entered using a two-digit year. If the two-digit year is between 00 and 77, it is considered a "2000" date: *01/04/23* is January 4, 2023. If the two-digit year is between 78 and 99, it is a "1900" date: *01/04/79* is January 4, 1979.
- ◆ 12/31/77—December 31, 2077—is the default End Date for insurance policies and UCR records.
- ◆ On the As You Like It Selection Criteria screen, a date may be entered using the full four-digit year. A date with the year 2000 may be entered as

01/01/2000 or *01/01/20*. *TODAY* may be entered as the current system date, and *TODAY* followed by + or – and a number will count forward or back to the appropriate date: *TODAY+2* means two days from the current date, and *TODAY-5* means five days before the current date.



Information Please...

Got any suggestions for the next newsletter? Send them to our mailing address (attention Art Todras), fax them (804-934-9365), or visit our client page at www.amihealthcare.com. Thanks for letting us share your news with the AMI community.