



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing (ABM)

Addendum to User Manual

Version 2.6 Patch 5
January 2011

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

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1.0 Introduction

1.1 Summary of Changes

Patch 5 provides one report enhancement to Version 2.6 of the Third Party Billing system.

1.1.1 Patch 5

Modifications:

- New report to provide statistics on patient counts and eligibility for a period in time. This new reports helps support Meaningful Use reporting requirements.

2.0 Patch 5 Details

2.1 Meaningful Use Reports Option

3PB→RPTP→MURP

A new option has been added to the Reports Menu labeled Meaningful Use Reports. This option requires no key and has been created to make future Meaningful Use reports available.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p5          |
+-----+
|                      Reports Menu                      |
+-----+
|          INDIAN HEALTH HOSPITAL          |
+-----+
User: LUJAN,ADRIAN M                                     3-DEC-2010 2:27 PM

BRBP  Brief (single-line) Claim Listing
DERP  Detailed Display of Selective Claims
PRRP  Employee Productivity Listing
BLRP  Bills Listing
STRP  Statistical Billed-Payment Report
PTRP  Billing Activity for a Specific Patient
DXRP  Listing of Billed Primary Diagnosis
PXRPE Listing of Billed Procedures
CHRP  Charge Master Listing
PARP  PCC Visit Tracking/Audit
VPRP  View PCC Visit
CCRP  Cancelled Claims Report
CLRP  Closed Claims Report
PCRP  Pending Claims Status Report
SURP  Summarized (multi-line) Claim Listing
MURP  MEANINGFUL USE REPORTS ...

Select Reports Menu Option: MURP  MEANINGFUL USE REPORTS

```

Figure 2-1: Example of the Reports Menu showing the Meaningful Reports option

2.2 Patient Counts and % By Eligibility

3PB→RPTP→MURP→CEMU

A new report has been added to the Meaningful Use Reports menu option. This report will provide statistics to help the site gather information used to complete the National Indian Health Board (NIHB) American Indian/Alaska Native (AI/AN) National REC Services Letter of Agreement.

The report will provide patient and visit counts based on active patients and patients with third-party eligibility. The eligibility categories are divided into five categories.

Use the following to print the report:

1. At the Reports Menu option, type **RPTP** and press the Enter key.
2. At the “Meaningful Use Reports” prompt, type **MURP** and press Enter.
3. At the “Patient Counts & % By Eligibility” prompt, type **CEMU** and press Enter.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p5          |
|      +          PATIENT COUNTS & % BY ELIGIBILITY          +      |
|          INDIAN HEALTH HOSPITAL                          |
+-----+-----+-----+-----+-----+-----+-----+-----+
User: VALENCIA,TINA                                     24-NOV-2010 2:21 PM

```

Figure 2-2: The Third Party Billing System

The date range selected will be used for determining:

- Was the patient's record active during that range?
- Did the patient have eligibility in that range?
- How many encounters did the patient have during that time?

Detailed information will be supplied for validation purposes, but once validated the Summary option should be used.

1. At the “Entry of Date Range”, type in the Start and End date of the report and press Enter.

```

===== Entry of Date Range =====
Enter STARTING Date:  1.1.10  (JAN 01, 2010)
Enter ENDING Date:   T  (NOV 24, 2010)

```

Figure 2-3: Entering the Start and End dates

2. The next option is to select from one of the following:

```

Select one of the following:

      S      SUMMARY
      D      DETAIL (will include Summary)

SUMMARY OR DETAIL: SUMMARY//

```

Figure 2-4: Selecting Summary or Detail

There will be two outputs: one for SUMMARY and one for DETAIL.

- The SUMMARY should be a terminal or a printer.

- The DETAIL forces an HFS file because it could be a large file.

Summary is a brief statement that presents the main points in a concise form. Detail is a complete statement that represents the main points in a concise form.

After selecting the report type, the system will prompt for the device. Select the printing device and press Enter.

At the “Enter Path” prompt a default will display. Press Enter to accept the displayed pathname, or type the name of the path where the file will be stored. You may need to confirm with your RPMS administrator that the correct permissions have been assigned to this directory in order to generate a report here.

At “Enter File Name” prompt, label the file you are creating by typing in a file name. It is helpful to create a filename that will be meaningful to you when searching the directory for the file. It is also recommended to type “.txt” at the end of the filename. This will allow the file to be opened as a text file.

```
SUMMARY OR DETAIL: SUMMARY// DETAIL (will include Summary)
Enter DEVICE: HOME//

=====
Meaningful Use Eligibility Report          NOV 29,2010@09:54:12   Page 1
For date range: 01/01/2010 to 11/29/2010
Billing Location: INDIAN HOSP
=====

Practice Demographics
    5416 Patients
    101 Encounters
    55 Unique Patients

Patient Demographics
    1016 Patients with Medicaid ( 18.76% )
    466 Patients with Medicare (  8.60% )
    16 Patients with Railroad (  0.30% )
    1850 Patients with Private  ( 34.16% )
    2644 Patients Uninsured    ( 48.82% )

(REPORT COMPLETE)
Enter RETURN to continue or '^' to exit:

Will now write detail to file

Enter Path: c:\inetpub\ftproot\pub  Replace
Enter File Name: HAPPY

Creating file...DONE
```

Figure 2-5: Creating a file name

The report has completed when DONE is displayed. The file can then be retrieved from the directory (from the path indicated above), saved onto your computer, and imported into an Excel spreadsheet.

See Appendix A for a copy of the report in an Excel Spreadsheet.

Appendix B is a sample of the NIHB AI/AN National REC Services Letter of Agreement.

Appendix A: Sample Patient Counts and % By Eligibility Report

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	PATIENT'S	PATIENT	TS PATIENTS	PATIENTS	PATIENTS										
2	PDFN	NAME	HRN	DATE INACTIVE											
3	11	SENDUVEL, JEFFREY JEROME	6792												
4	131	VALERDA, ESTELLA	19044												
5	135	MERTYNAZ, CHERYL LYNN	3299												
6	158	VYGYL, EUGENIA L	4491												
7	213	QOYNTENE, LOUDINE	2075												
8	214	WEOPAKANEL, CARSON EVERETT	33030												
9	243	UTULA, FAWN LYNNSTARR	1034												
10	259	VALERDA, BEULAH	38590												
11	265	JECK, RICHARD	33063												
12	332	FRENCA, KENNETH	17530												
13	342	VELDAZ, DAPHNE LELAINE	931												
14	345	MONYZ, ESTHER I.	19767												
15	385	LERGU, DANNY ALEXIS	498												
16	391	ETULA, NADINE JOY	557												
17	398	GESHWWEZRE, DARREL JAMIE	588												
18	403	THUMPSUN, WALT A	624												
19	411	VYGYL, NICOLE LOURDES	658												
20	420	BRUWN, MARY PRESCILLA	728												
21	439	RYLAI, MARTHA JEAN	866												
22	503	BELTEZER, TOM	1594												
23	513	MUNTUIE, FAWN LYNNSTARR	1637												
24	522	LAVETU, NATASHA WYNICE	1700												
25	552	DEVYS, TERRY ANN	11996												
26	569	WENUSKYE, NORALEEN	2232												
27	570	PATEGU, COLLEEN ESTELLE	2234												
28	573	PATEGU, ADRIAN DAVID	2277												
29	576	CEMPBALL, CINDY LEE	2290												
30	582	MUNERCU, SANDY K	2311												

Figure A-1: Sample patient counts

Appendix B: NIHB AI/AN National REC Services Provider Information and Form

National Indian Health Board
AI/ AN National–Regional Extension Center (REC)
Indian Health Service and Urban Indian Health (I/ U)
Provider Information and Agreement for REC Services

This Agreement (the “Agreement”) between the National Indian Health Board American Indian/Alaska Native National Regional Extension Center (“NIHB AI/AN National REC”) and (“I/U Facility”) confirms our agreement for NIHB AI/AN National REC assistance as described below (the REC Services).

Term and Termination

The term of this Agreement shall begin on the date that it is signed by I/U Facility (the “Effective Date”) and shall end upon the completion of the REC Services. The Agreement shall be automatically terminated if the applicable federal funding is terminated for any reason. In the event that the I/U Facility fails to comply with the terms and conditions of this Agreement, the NIHB AI/AN National REC may in its reasonable discretion terminate the Agreement upon reasonable notice.

THE HITECH Regional Extension Center (REC) Program

The Federal government through the American Recovery and Reinvestment Act (ARRA) stimulus funds is providing financial incentives to healthcare providers nationwide to attain “meaningful use” of certified electronic health records (EHRs) systems beginning in 2011. Policy makers understand that practitioners will need assistance in selecting, implementing, and preparing EHR systems to connect health information exchanges (HIEs) in order to achieve meaningful use. Health Information Technology Regional Extension Centers (RECs) are funded to provide this assistance.

American Indian/Alaska Native (AI/AN) National REC

The primary goal of the AI/AN National REC is to ensure that providers throughout the Indian Health System receive technical resources to support their implementation and use of EHRs and related health information technology to achieve meaningful use.

AI/AN National REC Objectives include the following:

- Provide technical support resources to providers in the Indian Health System to assist with the integration of health information technology into their clinical workflow processes and administrative office practices (clinical workflow and administrative efficiencies).
- Provide outreach and education resources to providers in the Indian Health System to assist with their goal of achieving meaningful use of EHRs.
- Support work force development—e.g. availability of clinical application specialists to provide onsite training to healthcare facility staff on use of EHRs.

- Collaborate with 35 State RECs.
- Disseminate best practice information.

REC Funding

ARRA funding allows the AI/AN National REC to establish processes to provide direct technical assistance to participating practices in order to guide them in selecting and implementing certified EHR systems and prepare them for connecting to the state Health Information Exchange (HIE). AI/AN National REC services are available to Indian Health Service (IHS) direct operated programs, tribally-operated programs, and Urban Indian health programs (collectively referred to as I/T/U) facilities that are adopting Commercial-Off-The-Shelf (COTS) EHR systems or using IHS Resource and Patient Management System (RPMS) EHR. The REC funds are not available to I/T/U facilities to assist with the cost of purchasing EHR systems or upgrades.

Eligible Practitioners

ARRA funds a portion of the technical assistance that the AI/AN National REC is providing providers in the Indian Health System. The AI/AN National REC will assist practices that have existing EHRs as well as those without EHRs. However, the individual I/T/U facilities must commit to using the RPMS EHR or purchase a COTS EHR system.

The following forms must be completed & submitted electronically.

Site Level Detail (One location should be identified for every site in the entity that is identified as a primary location where a provider operates.)

Practice Details			
SITE NAME:			# Providers in I/U Facility:
Street Address:			
City:		State:	Zip Code: -
Phone: () -		Fax: () -	
Facility NPI (if available):		Facility TIN:	
Practice Type (Please Select one from the dropdown list):			
Existing EHR? YES or NO	If Yes, Date of Go-Live (mm/dd/yyyy):	EHR Name:	EHR Version:
Date ePrescribing Used (mm/dd/yyyy):		Date of system-generated Clinical Report (mm/dd/yyyy):	
Practice Management System:		Is PM integrated with EHR? YES or NO	
Primary Contact for Practice for REC Services			
Name:		Phone Number: () -	
Address if different from above:			
Email Address:			
Practice Demographics			
Number of unique patients seen during 2009 (each patient should only be counted once no matter how many visits a patient has): (Estimate if necessary.)			
Number of patient encounters (visits) during 2009 (every patient visit should be counted, even if individual patients have multiple visits): (Estimate if necessary.)			
Patient Demographics (Estimate if necessary. Must total to 100%)			
% of Patients on Medicaid: %		% of Patients on Medicare: %	
% of Patients on Private Insurance: %		% of Patients Uninsured: %	

Scope of REC Services

The AI/AN National REC will provide the following REC Services to providers in I/T/U facilities throughout the Indian Health System subject to availability of federal funds.

- I. General Education and Outreach training and information
 - Sharing sessions delivered in-person and through Web-based tools on the effective strategies and practices necessary to select, implement and meaningfully use certified EHR technology including HIE networking.
- II. COTS EHR Vendor Selection and Group Pricing

- REC services will support the availability of training and technical assistance resources needed for the implementation of the open source RPMS-EHR and COTS EHR. Additionally, REC services will be provided to connect Tribal facilities electing to use COTS EHR products to respective State-RECs that support access to group pricing COTS EHR vendor list and group pricing negotiated by a State-REC. Note: The particular State-REC may charge a fee to the Tribal facility for this access and service.

III. EHR Implementation and Project Management Services

- Project management over the course of the implementation period including on-site coaching, consultation and troubleshooting to achieve Stage 1 meaningful use.

IV. Practice and Workflow Redesign

- Before, during and after EHR implementation, provide technical support resources to AI/AN providers and their I/T/U facilities to assist with the integration of health information technology into their clinical workflow and administrative efficiencies of the practice.
- Provide access to resources to support mapping and redesigning processes to support meaningful use.
- Provide access to technical assistance resources to assist with quality improvement activities, including the development of processes to support clinical quality reporting and improvement of quality measures.

V. Privacy and Security Best Practices

- Provide access to resources to support implementation of best practices with respect to the privacy and security of personal health information.

VI. Progress Towards Meaningful Use

- REC will support access to resources to assist provider(s) to understand and implement technology and process changes needed to attain meaningful use requirements and demonstrate this attainment as defined by the Centers for Medicare & Medicaid Services (CMS).
- Because federal incentive payments for meaningful use are a multistaged approach, requirements for attainment of meaningful use will incorporate all stages of meaningful use as they are defined by CMS. It is the goal of the REC to assist providers with multiple stages (Stage 1, 2, & 3) of meaningful use. Limitations will be based on continuation of funding necessary for sustainability of the REC Cooperative Agreement.

VII. Health Information Technology Workforce Development

- Support work force development specifically targeting I/T/U Facilities.
- Support the implementation of information technology site manager and Clinical Applications Coordinator (CAC) training sessions across Indian country.

I/T/U Facility Expectations

I/T/U Facilities, including all participating practices, providers, clinicians and support staff (Practice Personnel), will perform the following actions and provide the following resources, to assist the REC, its subrecipient contractors and partners in performing the REC Services:

- I. Identify an EHR Project Lead within their practice to devote their time on pre-implementation activities and implementation activities.
- II. Identify a physician champion that will work directly with REC team and/or establish an internal process improvement team that includes representation from all disciplines at the practice.
- III. Identify a meaningful use coordinator within the practice to serve as the lead on meaningful use requirements, including tracking progress toward demonstrating meaningful use and reporting to CMS and/or the State.
- IV. Consider the viability of adopting, implementing or upgrading use of certified EHR technology to reach meaningful use requirements.
- V. Sign-off and support all project timelines and milestone dates through EHR implementation and meaningful use demonstration.
- VI. Pursue connectivity to Health Information Exchange networks as appropriate and in compliance with all legal requirements to meet meaningful use as defined by CMS/HHS.

The reasonable and timely cooperation and assistance of I/T/U Facility and Practice and all applicable Practice Personnel are required for the performance of the REC Services. REC, its subrecipient contractors and partners will not be responsible for any failure to complete or perform any REC Services due to any failure to meet any of the foregoing expectations of the I/T/U Facility and Practice or any circumstance beyond the REC's reasonable control.

Privacy and Confidentiality

REC, its subrecipient contractors and partners and the I/T/U Facility, its subrecipient contractors and partners shall comply with all applicable federal, state or local laws, statutes, rules, regulations, directives, standards and requirements relating to the privacy, security, and use of patient health information, including, without limitation, Protected Health Information as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111-5) (the HITECH Act).

Providers Included In Agreement

The AI/AN National REC is requesting priority primary care providers (such as family practice, general internal medicine, ob-gyn and pediatrics) and other healthcare providers (physician assistants, nurse practitioners, and nurse mid-wives) to sign-up to receive our REC services. *The REC will also include the Alaska Community Health Aide Practitioner (CHA/P) in our provider agreement sign-up process, even though they currently do not qualify for the CMS incentive program. The Alaska CHA/P is authorized under the Indian Health Care Improvement Act (IHCIA), SEC. 121. COMMUNITY HEALTH*

Please list all Providers within the Practice. (Add additional sheets if necessary)

[illegible]

Provider FIRST Name	Provider LAST Name	Provider NPI ID	Provider Medical License Number	Type of Provider (select from Dropdown List)	Type of Specialty (FP, IM, OB, Peds, etc.)	If EHR is present, the date ePrescribing first used mm/dd/yyyy	If EHR is present, the date a clinical report was accessed mm/dd/yyyy

Disclaimers; Limitations Of Liability

The REC Services are provided “AS IS” and NIHB AI/AN REC, its sub-recipient contractors and partners make no warranties as to the reliability, accuracy, timeliness, usefulness, adequacy, completeness or suitability of the REC Services or any information provided under this Agreement. The NIHB AI/AN National REC disclaims any and all warranties of any kind, whether expressed, implied or statutory, with respect to REC Services and this Agreement, including without limitation, any warranties of non-infringement, title, fitness for a particular purpose, or merchantability.

In no event shall either party be liable to the other party for any special, incidental, punitive, or consequential damages of any nature or type related to the performance or nonperformance of this Agreement.

Relationship Of Parties

Notwithstanding any provision herein to the contrary or any course of conduct between the parties, the parties hereto are independent contractors, and nothing contained in this Agreement shall be construed to place them in the relationship of partners, principal and agent, employer and employee, or joint venturers. Neither party shall have the power or right to bind or obligate the other and neither party shall hold itself out as having such authority.

Modification Of Contract; Assignment

This contract may only be changed or modified by mutual written agreement of the parties involved. The I/T/U Facility may not assign or subcontract all or any part of its duties under this Agreement without the NIHB AI/AN National REC’s prior written consent.

Governing Law; Forum

This Agreement shall be governed by and construed under federal law. Any legal action brought to enforce the terms of this Agreement must be brought in federal court.

Signatures

The parties agree to be bound by the terms of this Agreement as of the Effective Date.

This Agreement may be executed in counterparts, each of which will be considered an original, but all of which together will constitute the same instrument.

Effective Date (mm/ dd/ yyyy): _____

BYREC: NIHB AI/ AN National REC

Signature:



Stacy A. Bolen, NIHB Executive Director



Tom Kauley, REC Director

BYI/ T/ U Facility or ORGANIZATION (Your typed name will be used as an e-signature.)

Signature: _____

Facility Director or Authorized Individual (Name & Title)

Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (505) 248-4371 or (888) 830-7280 (toll free)

Fax: (505) 248-4363

Web: <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

E-mail: support@ihs.gov