14th National Partnerships Conference

RPMS
THIRD PARTY UPDATES
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Agenda

- Patch 11
- VA Billing
- Meaningful Use Reporting
- ICD-10
- Claim Editor (GUI)

PATCH 11

- New Error Codes
  - 013 – Patient Sex Unspecified
  - 066 – Insured Sex Unspecified
  - 244 – No Provider on Claim
- Updated Billing Codes
  - Source of Admission
  - Source of Admission for Newborn
  - Discharge Status
  - Occurrence
  - Occurrence Span
  - Condition
  - Value
  - Place of Service
- New Export Mode
  - ADA-2012
- Eligibility Reports
  - Visit Counts by Veterans

PATCH 11

- New Insurer Types *
  - FPL 133 PERCENT   FPL
  - MCR PART C   MC
  - MCR MANAGED CARE   MMC
  - STATE EXCHANGE PLAN   SEP
  - TRIBAL SELF INSURED   TSI
  - VETERANS ADMINISTRATION   V

  * Not ready for use yet.

VA Billing

- Reports
  - Billing Entity - VETERANS MEDICAL BENEFIT
- Claim Editor Look
  - Option added – VETERANS MEDICAL BENEFIT PROGRAM
- Site Parameters
  - VA Station Number
  - VA Contract Number

Meaningful Use Reports

- Menu Options
  - MUS2 Participation CY 2013+ Patient Volume Reports
  - MUPV View Report Parameters
- Parameter Setup
  - MUS2 report parameter
- FEIR Facility EHR Incentive Report
  - LOOKBACK DATE prompt
  - FACILITY or HOSPITAL report
- PVP2 and the PVH2 report prompts
  - D – Automated 90-Day Period Within The Last 12 Months
  - E – Specific 90-Day Period Within The Last 12 Months
- Updated Checks
  - Percentage to be 29.5 or greater for EPs, and 9.5 or greater for EHs

MEANINGFUL USE REPORTS

- Output Option
  - Ability to output Patient List to Host File
- Updated Checks
  - Percentages to be 29.5 or greater for EP's and 9.5 or greater for EH's
- Not Met Report
  - Output change to report on date range per line
- SCHIP Plans
  - PVP2 and PVH2

CLAIM EDITOR (GUI)

- Billing Workspace
  - Claim Editor
  - Insurer Type
- Patient Module
  - Claim Listing
- Currently in development

ICD-10

- Claim Generator Checks
  - ICD-10 Uncoded Diagnosis (zzz.999)
- New Warnings
  - 249 Service Dates cross over ICD Indicator Date
  - 250 DOS is after ICD Indicator Date
  - 251 Claim is coded with wrong code set based on ICD Indicator Date
  - 245 Claim is coded with ICD-9 codes but insurer expects ICD-10
  - 246 Claim is coded with ICD-10 codes but insurer expects ICD-9
  - 248 Uncoded PX (ZZZ999) exists on claim
- Updated to display the ICD Indicator message for both ICD9 and ICD10
- Reports
- Currently alpha testing

Coming Soon

- Patch 11 demonstrations
- Patch 12
  - Alpha testing

QUESTIONS