

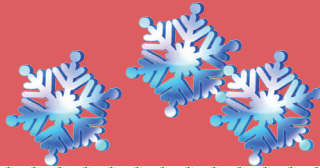
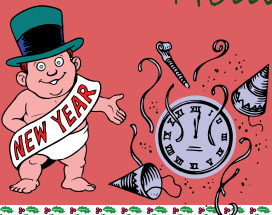


MEDTRON
SOFTWARE INTELLIGENCE



END OF YEAR 2011

MEDDATA/MEDTRON
Staff
Wish You A Joyous
Holiday Season



2011 Holiday Schedule

MEDTRON's office will be closed:

Monday, December 26th, 2011 for Christmas!
Statements received after noon on
Thursday, December 22nd will be mailed on
Tuesday, December 27th



Monday, January 2nd, 2012 for New Years!
Statements received after noon on
Friday, December 30th will be mailed on
Tuesday, January 3rd



2011 FISCAL YEAR-END CLOSING

MEDDATA and Timeshare Clients: This will automatically be done for you when we run your December Month-End.

DO NOT RUN YOUR 'END OF YEAR' (EOY) BEFORE YOUR 'END OF MONTH' (EOM)!!

For assistance, contact MEDTRON Software Support: 985-234-0599, 800-978-0599, support@medtronsoftware.com

Series Clients: If your 'Fiscal Year' ends on December 31st, **DON'T FORGET** to run the YEAR-END CLOSING procedure ***IMMEDIATELY AFTER*** closing the month of December.

The Year-End process will back-up the files and only produce reports you specified in Setup & Support (option #2), Practice Control (option #1), Closing Reports Criteria, Year End Reports (option #6).

NOTE: Your Year-End totals are reflected on December's Month-End reports under "Year-To-Date".

INSTRUCTIONS TO COMPLETE YEAR-END:

1. Procure a sufficient number of tapes. (You will need one set for the Month-End and a second set for the Year-End.) If any new tapes will be used, they must first be initialized.
2. From the MEDTRON Master Menu:
 - Select Option #8 Closing and Backup Menu
 - Select Option #3 Month-End Closing to perform the regular month-end
 Once completed, you will receive a screen indicating that it is time to close the year, and will have the option to run the Year-End without having to select option #5 Year-End Closing from the Closing & Backup menu.

If you encounter any problems call Software Support immediately. DO NOT attempt to rerun.



Upcoming Events

April 19-21, 2012
LA MGMA
2012 Annual Conference
L'Auberge du Lac
Casino and Resort
Lake Charles, LA



Up and Coming!!

Keep on the watch for upcoming News Blasts regarding:
5010 System Updates
Managed LA Medicaid



Newsletters and News Blasts are available via www.medtronsoftware.com,
Newsletters and News Blast page.

See Pinnacle website: <http://www.pinnaclemedicare.com/>
MEDTRON is already listed on the HIPAA 5010 Compliant Vendor List!

2012 UPDATES

- ≈ Update your Charge Master for the **new 2012 allowables** published by Medicare, Medicaid and any of your managed care relationships.
- ≈ Update your system to new 2012 CPT codes effective January 1, 2012 and 2012 ICD-9 codes effective October 1, 2011.
Reminder – there is no grace period.
- ≈ After **new allowables** are loaded, run an Allowable vs. Charge Comparison Report and update any standard prices in your Charge Master to insure that all charge amounts are higher than published allowables.
- ≈ Implement the scanning of your patients' insurance cards and driver's licenses into MEDTRON.
- ≈ Utilize Online Eligibility via MEDTRON Software.
NOTE: Medicare returns patients' address, Part C, i.e., replacement coverage information and/or MSP status *as applicable*.
LA Medicaid returns the Patient's Policy #, Take Charge information and Primary Insurance/Third Party Liability (TPL) codes *if applicable*.
- ≈ Update your system for Medical Necessity, National Correct Coding Initiative (NCCI) edits, National Provider Identifiers (NPI) and Medigap (MGP) Global Surgical Periods (GSP), Relative Value Units (RVU), and the new Charge Master Indicators, i.e., modifiers, frequency, status, and sex.
NOTE: All clients who requested the Medigap update; please review your MC EOBs carefully for payments with Remark MA18: 'FORWARDED TO PT INSURER'.
When received, update the associated Insurance Company Master's Medigap field to a 'Y'.
Call the MEDTRON Implementation Department at 985-892-3225 if you would like to order updates.

5 Tips to Make Audit-Proof Record Corrections

Documentation clarifications can be a big help — if you use them wisely. A recent article in the *Part B News Insider Volume 12 Number 44* shares with its readers that with the high number of government entities poring over more and more of your patient records, it may be time to use a valuable weapon: documentation corrections and additions; but overuse of late entries may do more harm than good. Given the number of entities that are now looking at Medicare/Medicaid claims, it is important not to jeopardize the integrity of a patient's medical record by using a questionable correction method.

Correction requests will be made by staff in the course of internal quality reviews, i.e., during initial supervisory review of the assessment and plan of care or during quarterly record reviews. Late entries will help only if they are completed according to the rules. Make sure your corrections will pass muster during a review/audit by following these steps, as recommended by *Part B News Insider Volume 12 Number 44*:

- ★ **Cross out, don't black out.** If correcting an incorrect statement in the record, always draw a single line through the statement and put the word "error" next to it. Then sign or initial it (depending on the practice's policy) and put the date. The original information must still be readable and included in the record.
- ★ **Don't forget the title.** The cardinal sin of making corrections is failing to note the late entry. Be sure to clearly mark the correction or supplementation as a late entry.
- ★ **Include a date and signature.** Any late entry should include its date. This means no back dating. And corrections or additions to documentation should be made by the documentation's original author. That person should sign the correction as well as date it. In rare cases, another person can make a documentation change, but the record should clearly indicate who made the entry and coordination of that person's input with the original writer should be documented in the late entry.
- ★ **Don't be stingy.** It's a good idea to jot down the purpose of the entry; for example, clarification. It is also helpful to indicate the source of the additional information, such as based on notes jotted during the visit.
- ★ **Consider these issues for computer records** (i.e., MEDEHR users). When correcting an electronic record, remember that the original information must remain in the record. MEDEHR does record the Encounter summary as was originated, yet if an edit is made to the encounter, be sure to add a notation to the Encounter record as MEDEHR will automatically time/date stamp the change along with recording the user ID in the audit file. In situations where there is a hard copy printed from the electronic record, the hard copy must also be corrected, and then scanned back into the system.

If you'd like more information about this topic or any other articles, please subscribe to *Part B News Insider* by visiting their website at www.codinginstitute.com, or call 877-912-1691.

If you do not have an Electronic Health Records Solution, please email MEDTRON's Sales Team at sales@medtronsoftware.com for more information regarding MEDEHR.