



Updates!

e-Newsletter from Iatric Systems, Inc.

July, 2008

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1. Message from Senior Management

Doing the Ordinary Extraordinarily

Ken Hoffman, Vice President
Interfaces and Integration



We've all been there - lost in the phone system of a large corporation trying to reach a person. You say "Customer Service" until you're blue in the face, you listen in vain for the option to address your problem and in frustration you push '0' on your phone... but still no person. Or even worse, after 10 minutes on the phone you get a person, but they transfer you into a black hole and you have to start the process all over again. Sound all too familiar?

Well, I recently changed cell phone companies and needed to contact Customer Service with questions about some features. I reached a person quite quickly, but I had the wrong group. I was disappointed and figured I would be put into another queue, or worse be disconnected. To my surprise, they personally contacted and transferred me to the right person! I thought

to myself, "This company cares about its customers". They took an ordinary, everyday task and did it extraordinarily. They set themselves apart from all the other companies with which I've dealt.

You don't often hear or read of these ordinary services that are done extraordinarily. At Iatric Systems, we follow that same concept of providing ordinary services extraordinarily well. From the front end of Implementation to the back end of Support, we've got you covered. Here is a list of extraordinary services provided by Iatric Systems:

- 1) Proactive product alerting via our iAlert Support Application. iAlert is used to identify problems with your Iatric and MEDITECH products before you do, thus allowing us to fix them faster and not disrupt hospital business. iAlert offers pager, email, voice, and visual alerts, making it the most progressive alerting in the industry.
- 2) Project implementation management to assist not only in the implementation of Iatric Systems products but also MEDITECH products and interfaces. Our professional project management staff have MEDITECH Clinical, Financial, and Administrative experience relevant to your project and can manage the project from the basic Project Management to the implementation and testing - reporting to the Hospital as a Team Member.

- 3) Iatric Systems' Integration Engineers inventory and perform analysis of a hospital's existing interface infrastructure, and then design a plan to migrate to an integration engine strategy. Analysis consists of both MEDITECH NMI and Iatric Systems interfaces currently implemented. Iatric Systems not only provides the strategy but the professional staff to manage that strategy as part of the hospital team. We are the only company in the industry that can provide a turnkey solution.

I'm betting the cell phone company received and listened to customer feedback - and that is why my customer experience was positive. Process improvement never stops and with your feedback we can provide better, extraordinary services to meet your strategic goals. Choose Iatric Systems as your Integration partner and we will provide you with the best service in the industry. Give us a call, I promise you'll find your experience extraordinary!

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2. FOCUS on 6.0 – a FREE One-Day Seminar



Contemplating migration to FOCUS 6.0? Attend our free one-day seminar – **Focus on 6.0**. We've gathered resources from across the nation to share their FOCUS experiences and strategies for success!

Date: October 15, 2008

Time: 10:00am - 3:30pm

Location: [Hilton Baltimore BWI](#)

Sessions will include:

MAGIC to FOCUS - What's the Scoop?

Doylestown Hospital went live with FOCUS on May 1, 2008. Carol Muhlbauer will update her International MUSE presentation with the latest scoop after being live with FOCUS for five months.

The Wayne Memorial Hospital Experience

Wayne Memorial is a MAGIC site in the midst of their FOCUS migration. Lori Cole will review why the hospital chose to migrate, how they are overcoming challenges and what they are discovering along the way.

CIO Panel and Open Discussion

Bring your thoughts, concerns and all of your questions to this session – we'll be prepared for audience participation! CIO panelists from three additional sites will facilitate this lively session and provide an overview of each hospital's perspective on migration to FOCUS.

Hocus, Pocus, More MAGIC Behind FOCUS

Iatric Systems has had an opportunity to work on FOCUS at several sites. This session will give attendees a basic technical understanding of MEDITECH's newest proprietary platform.

Complimentary continental breakfast and lunch will be served.

The seminar is conveniently located at the [Hilton Baltimore BWI](#), adjacent to Baltimore / Washington International Airport (BWI). For those able to drive to the event, sessions begin at 10:00am and end at 3:30pm to help minimize rush hour traffic concerns. Please request our FAQs brochure to learn how to obtain the best hotel room rates.

For more information, please contact Pamela Brock via e-mail at PamelaB@iatric.com or via phone at 978-805-3170, or simply [Register Now](#).

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3. Time to Embrace Medical Necessity



Effective September 1, 2008, the [Centers for Medicare & Medicaid Services \(CMS\)](#) will require a new Advanced Beneficiary Notice (ABN) form. This new form has a number of changes, but the most significant is that cost estimates will need to be issued to patients *in writing at the time of service*.

What does this mean for your organization? **It's time to fully embrace medical necessity!**

Organizations that have only been addressing medical necessity in the business office will now need to put point-of-service processes in place to accommodate the new requirement. It will also be important to ensure that your medical necessity software solution is integrated with your chargemaster.

Don't be discouraged! Full implementation of medical necessity requirements can result in many positive changes for your organization:

- Significant reductions in write-offs
- Decreases in AR days as a result of fewer rejected claims
- Increased patient awareness
- Upfront agreement for payment of out-of-pocket charges

Would you like to learn some ways you can ease the transition to full compliance? Join us in August via webcast, from the comfort of your own office, as Kay Jackson reviews the new ABN requirements and how processes at your organization may need to change. At the end of the educational presentation, we will provide a short demonstration of [Medical Necessity Ordermate \(MNO\)](#), a solution which is LIVE at hospitals across the nation and includes point-of-service integration, cost estimates and the new ABN format.

Webcast dates and times are as follows:

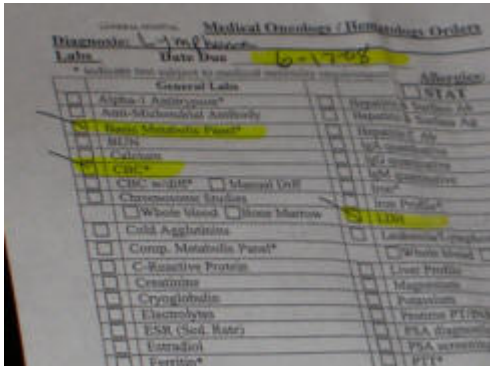
Webcast Date	Day	Time	Platform
August 26th	Tuesday	2:00pm Eastern	MAGIC
August 28th	Thursday	2:00pm Eastern	Client/Server

To register to attend, simply select a webcast date above, and please be sure to include your **name, phone number and hospital name**. We'll promptly send you registration confirmation and instructions on how to participate. Webcasts are open to staff at any hospital operating the MEDITECH HCIS.

If you are an existing MNO customer, please contact [Barbara Roberts](#) to learn how to obtain the new ABN form and learn more.

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4. Save Money and Access LAB Requisitions Online



How much time do Lab staff spend addressing physician office complaints such as “The wrong test was ordered” or “Dr. So-and-So wasn’t copied”? How many billing inquiries do Lab staff answer each day? Now, imagine staff in front of their computer screens, on the phone with callers and being able to access the actual signed requisition online, real-time.

It’s not a dream! It can be a reality today with IatriScan. Here’s a glimpse of the success two hospitals have experienced using IatriScan in the Lab:

[St. Joseph Medical Center](#) is a regional medical center with 364 acute care beds and more than 1,100 physicians on staff. Tom Gronert, IT Project Manager and Application Analyst for the hospital’s Laboratory, told us, “We were able to completely eliminate our Lab req off-site storage and retrieval costs.” Additionally, rising billing-related questions had prompted the need for a second Lab billing liaison. Tom indicated that IatriScan precluded this need. “We love IatriScan!” he added. In fact, IatriScan’s positive results have extended beyond the Lab. When Registration saw the expanse of Lab’s scanning capabilities (requisitions, insurance cards, consent forms, Advance Beneficiary Notices (ABNs) and others), they asked to use IatriScan as well.

Today, St. Joseph has over 35 scanning entry points throughout the hospital. Users across the organization with the appropriate access (in medical records, billing, even physician offices, etc.) can view scanned documents online.

[Beverly Hospital](#) (part of [Northeast Health System](#)) is a 221-bed community hospital with more than 570 physicians on staff and a service area that includes 13 communities. Lore Chapman, Systems Analyst at Northeast, told us Lab requisitions were one of the primary reasons for implementing IatriScan. Northeast gained some of the same benefits as St. Joseph – with one important addition. Lore indicated, “We used to scan requisitions one at a time, but now we use batch scanning.” Barcoded labels are added to the requisitions, allowing staff to scan a stack of requisitions with the push of a button!

Like St. Joseph, Beverly expanded their use of IatriScan into areas beyond the Lab. Lore was enthusiastic as she concluded, “For short money, IatriScan has provided huge efficiencies and savings.”

We’ll host public webcast demonstrations of “Using IatriScan in the Lab” in early September. [Please contact us](#). We would like to learn more about your Lab business challenges and provide you with information on how to register to attend.

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5. Revenue Cycle Improvement Tips

Introducing a Solution for RAC Account Tracking

Kay Jackson

Financial Marketing Manager



If your organization isn't already doing so, sometime in the near future it will likely begin its search for a tool to track Recovery Audit Contract (RAC) accounts. There's no need to consult a fortune teller for this prediction; the writing is on the wall, or on the internet in this case.

An evaluation of Medicare's Recovery Audit Contract (RAC) demonstration program [is now available from the Centers for Medicare and Medicaid Services \(CMS\)](#). The report indicates that as of March 27, 2008, Recovery Audit Contractors have uncovered nearly \$1 billion in Medicare overpayments to hospitals. With twenty states now subject to review in

2008, RAC has become a reality for many hospitals, and all hospitals will be subject to it by 2010.

According to a survey by 3M dated May 1, 2008, only 6% of hospitals are fully prepared for RAC. Is your hospital included in that percentage? If not, reviewing your Medicare payment history for the past three years and comparing it to the historical audit results from RAC demonstration states is certainly an effective first step in arming yourself for the RAC battle. This advice is a result of the consistent message I hear in every RAC session I attend and every RAC article I read... Be proactive and address every account that is selected or has the potential for selection before giving back your revenue!

The trick for most hospitals, of course, will be how to accomplish this analysis without burying your staff. A tracking solution can play a major role in the success of your RAC account review, not to mention help your hospital retain revenue.

If you would like to learn more about RAC, including how one New York hospital survived it, [register to attend our RAC webcast](#) on August 13, 2008, at 2:00pm Eastern. Renee Grigg, Director of Patient Accounting at Samaritan Medical Center, will be our guest speaker. Renee will provide attendees with an account of Samaritan's RAC experience and share advice on what hospitals should expect during a RAC audit.

For those interested, we'll also provide a short demonstration of our RAC tracking solution at the end of the session. Our solution is integrated directly with MEDITECH without the need for interfaces, and it is one of the most cost-effective solutions available on the market. Our webcasts are provided at no charge, and they are open to all employees of hospitals operating the MEDITECH HCIS. If you cannot attend the August 13th webcast, please [contact me](#) for more information.

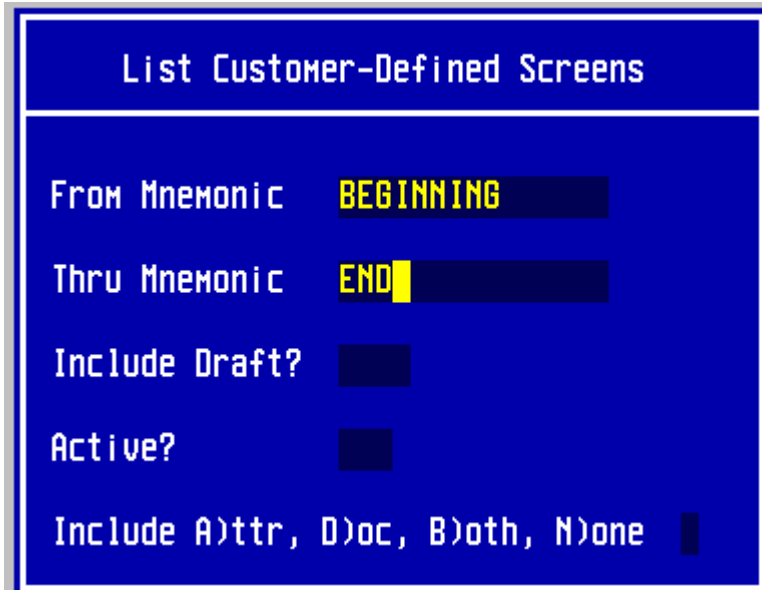
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6. NPR Report Writing Tips

A Better List Report for MIS SCREEN's (Magic and C/S)

NPR Report writing often involves getting data from CDS Query Responses. Often, at best, all you know is the mnemonic of the CDS, or perhaps the mnemonics of the queries, so you typically list the screen definition to paper to have the queries at hand for programming.

Unfortunately, the standard MEDITECH report that allows you to list a CDS leaves a lot to be desired.



```

List Customer-Defined Screens

From Mnemonic  BEGINNING
Thru Mnemonic  END
Include Draft?
Active?
Include Attr, Doc, Both, None
```

First, it prompts for the very annoying BEGINNING to END rather than a single screen mnemonic (and if you run from NUR.ADM, it will include NUR.ADM1, NUR.ADM2 etc along with NUR.ADM). Then it omits some very handy information, such as query data type, length, whether the query is a multiple, and the group response dictionary mnemonic for G and O type queries.

Finally, it would be quite handy to get a list of the group response entries so you could decide whether to use the element.mnemonic or the element.response field and how much space to allow for element.response.

This month we have posted our custom MIS.SCREEN list report that includes all this information:

```

CUSTOMER-DEFINED SCREENS
For Screen  NUR.PD JOE
Include Attributes  Y
Include Documentation  N
Include Group Dict Listings  N
NUR.MED is blocked!

```

Just one screen (not BEGINNING to END)

Option to include a 1x list of the group dictionary

Block home medications dictionary listing (1900+ entries)

We have distributed a large home medication group response dictionary to a number of our customers, and as it contains about 1900 entries, we do not want to list it with this routine. Typically we call it "NUR.MED" so there is logic in the group response listing macro to skip over this particular dictionary.

L	Group	Type/#	FLD#	QUERY	ROW#	COL	TEXT	PROMPT	ROW#	COL	REQ	ATTRIBUTES/DOCUMENTATION
62		C	1	OE.ALLER	1	1	Med Allergies:		SAME	16		<ATTRIBUTES> IFE=IF('/CLEAR 1, IFE=WHIS.SCREEN.zcus.is.screen.util.H.pdb.clear IFE=1'/CLEAR;1} REQ='''/CLEAR
75		C	2	PHA.PAT1	2	1	:		SAME	3		<ATTRIBUTES> DFT=Gp.ADH.PAT.cedqr.response["PHA.PAT1"]
49	Group	C	3	OE.EDALL	4	1	Food Allergies:		SAME	16		<ATTRIBUTES> DFT=Gp.ADH.PAT.cedqr.response["OE.EDALL"]
58		Y	4	NUR.PD0145	4	70	Latex Allergy:		SAME	85		
75		C	5	OE.DIAG	6	1	DIAGNOSIS		SAME	10		
75		C	6	NUR.DSU.11	7	1	Procedure		SAME	11		
		Y	7	NUR.PD0533	8	1	Are you able to finish this form?		SAME	35		
25	NUR.PD0731	G	8	NUR.PD0731	8	37	Reason unable to complete: ADHIT WITHIN 1 HR SHIFT CHANGE UNABLE PT UNABLE/NO FAMILY HERE WAIT FAMILY TO BRING IN INFO		SAME	64		Group Response Listing
1		C	9	NUR.FT	10	1	FT:		SAME	5		<ATTRIBUTES>

Client Server and Magic versions of this CDS List report: **MIS.SCREEN.zcus.is.list.with.grp.resp** has been placed in our report library.

You can find additional NPR Tips on our website at <http://www.iatric.com/information/npr-tips.asp>. You'll also find information about our [on-site NPR Report Writer Training](#) and [NPR Report Writing Services](#).

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7. Newsletter Sign-Up/Contact Us

[Sign up for our Updates! newsletter](#), or do so by visiting the lower right section of our website's [homepage](#).

You may also request to discontinue receiving our newsletter by sending an e-mail at info@iatric.com.

If you've received this newsletter via e-mail, you may give us feedback by simply replying to the e-mail. However, if you would like to reach someone directly, please feel free to contact one of the individuals listed below.

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