

Porteck *Insider*

SUMMER EDITION 2015

Everything You Need to Know About ICD-10 But Where Afraid to Ask

ICD-10 Code Set to Replace ICD-9 ICD-10 Compliance Deadline Set as October 1, 2015

The latest compliance date for ICD-10 has been set as October 1, 2015, according to new regulation published by the Department of Health and Human Services (HHS) on August 4, 2014. This one-year delay in the implementation of ICD-10 came from language inserted into the Protecting Access to Medicare Act of 2014, which was signed into law on April 1, 2014. The new regulation also clarifies that ICD-9 will continue to be required until September 30, 2015.

In response to the new compliance date, AMA President-elect Steven J. Stack stated, "While the AMA appreciates that

physicians have additional time to comply with ICD-10, we continue to have fundamental concerns about ICD-10 and its implementation, which will not be resolved by the extra time. The AMA has long considered ICD-10 to be a massive unfunded mandate that comes at a time when physicians are trying to meet several other fed-

eral technology requirements and risk penalties if they fail to do so."



With the publication of the new compliance date, the Centers for Medicare & Medicaid

Services (CMS) announced Medicare's plans for testing ICD-10 with physicians and other health care providers. It plans to conduct acknowledgement testing, which is limited and only checks to see if the claim with ICD-10 codes will make it through Medicare's claims processing front door. This testing is scheduled to occur in November 2014 and March and June 2015.

The second type of testing that Medicare will do is end-to-end testing, which tests the claims from submission

through to the receipt of the remittance advice. This testing is more thorough and will provide more detailed information for physicians and other health care providers on how their claims will process and be paid by Medicare with the ICD-10 codes.

This testing is scheduled to be done in

(Continued on next page)



Q: What is Porteck?

A: Healthcare Revenue Cycle Management & Claims Processing

Founded in 2002, Porteck is a New York based Revenue Cycle Management (RCM) company for healthcare providers. Providing innovative technology solutions combined with the dedication and professionalism of our 650 team employees makes Porteck a leader in healthcare RCM and claims processing.

Our innovative RCM system is designed to maximize revenue while reducing operating expenses and creating an efficient workflow. Our ability to produce software customized for your needs or to integrate our solutions with existing systems is what places Porteck above the competition.

Who Benefits from Porteck?

Whether located locally in Long Island, Westchester or New York City or anywhere else in the country, Porteck provides service to all levels of healthcare providers, including single-physician and group practices, radiology facilities, specialty practices, DME and HME companies, and hospitals.

Porteck offers full-service and standalone RCM solutions customized to your specific needs. Our state-of-the-art technology platform delivers a highly versatile technology platform that can be formatted to fit the smallest or largest of healthcare providers. We pride ourselves in making sure all healthcare providers will benefit from our services.

Inside This Issue:

- **ICD-10 - THE OCTOBER 1, 2015 DEADLINE LOOMING**
 - **PORTECK CARES: SUPPORTING SPECTRUM DESIGNS**
 - **DATA MINING AND PREDICTIVE ANALYTICS**
- HELP MEDICAL PRACTICES ENVISION CASHFLOW**

The Looming ICD-10 Deadline Approaches: Are You Ready?

January, April, and July 2015. Physicians are encouraged to contact their Medicare Administrative Contractors for additional details about the testing. AMA Releases Updated ICD-10 Physician Cost Impact Report

On February 12, the AMA published a report by Nachimson Associates

updating cost data for physicians to comply with ICD-10. The study updates costs from an earlier 2008 study the highlights of which are discussed in a press release. The report found that small practices can expect to spend anywhere between \$56,639 to \$226,105. The new estimates factor in the costs associated with purchasing new software to accommodate the new codes. Issued in conjunction with the report and press release was a letter to Secretary Sebelius reiterating the AMA's request that ICD-10 be repealed because it is a costly, unfunded mandate for practicing physicians. While the AMA continues to seek a repeal of ICD-10, it nonetheless remains a federal mandate and physicians are urged to prepare for the compliance date of October 1, 2015.

ICD-10 FAQs

What is "ICD-10"?

"ICD-10" is the abbreviated way to refer to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS).

Explain the difference between ICD-10-CM and ICD-10-PCS.

ICD-10-CM is the diagnosis code set that will be replacing ICD-9-CM Volumes 1 and 2. ICD-10-CM will be used to report diagnoses in all clinical settings. ICD-10-PCS is the procedure code set that will be replacing ICD-9-CM Volume 3. ICD-10-PCS will be used to report hospital inpatient procedures only.

Will ICD-10-PCS replace CPT®?

No. ICD-10-PCS will be used to report hospital inpatient procedures only. The Current Procedural Terminology (CPT) and Healthcare Common Proce-

dures Coding System (HCPCS) will continue to be used to report services and procedures in outpatient and office settings.

Do I have to upgrade to ICD-10?

Yes. The conversion to ICD-10 is a HIPAA code set requirement.

Providers, including physicians, are HIPAA "covered entities", which means that you

must comply with the HIPAA requirements.

Who else has to upgrade to ICD-10? Health care clearinghouses and payers are also HIPAA covered entities, so they are required to convert to ICD-10 as well.

I thought HIPAA code set standards only applied to the HIPAA electronic transactions. What if I don't use the HIPAA electronic transactions?

It is correct that HIPAA code set requirements apply only to the HIPAA electronic transactions. But, it

would be much too burdensome on the industry to use ICD-10 in electronic transactions and ICD-9 in manual transactions. Payers are expected to require ICD-10 codes be used in other transactions, such as on paper, through a dedicated fax machine, or via the phone.

Why is ICD-9 being replaced?

The ICD-9 code set is over 30 years old and has become outdated. It is no longer considered usable for today's treatment, reporting, and payment processes. It does not reflect advances in medical technology and knowledge. In addition, the format limits the ability to expand the code set and add new

codes.

The ICD-10 code set reflects advances in medicine and uses current medical terminology. The code format is expanded, which means that it has the ability to include greater detail within the code. The greater detail means that the code can provide more specific information about the diagnosis. The ICD-10 code set is also more flexible for expansion and including new technologies and diagnoses. The change, however, is expected to be disruptive for physicians during the transition and you are urged to begin preparing now.

When do I have to convert to ICD-10?

All services and discharges on or after the compliance date must be coded using the ICD-10 code set. The compliance date is October 1, 2015. The necessary system and workflow changes need to be in place by the compliance date in order for you to send and receive the ICD-10 codes.

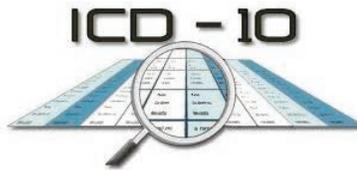
What if I'm not ready by the compliance deadline?

Any ICD-9 codes used in transactions for services or discharges on or after the compliance date will be rejected as non-compliant and the transactions will not be processed. You will have disruptions in your transactions being processed and receipt of your payments. Physicians are urged to set up a line of credit to mitigate any cash flow interruptions that may occur.

The Good News!

If you are a Porteck client, the good news is that we will be handling everything for you. Our coders have already started training and systems testing is in progress to ensure that on October 1, you are ready!

If you are not a Porteck Client, give us a call and let us show you how we can assist you with the ICD-10 change as well as all your revenue cycle management needs. **CALL PORTECK TODAY at (516) 874-8100**



Good management is the art of making problems so interesting and their solutions so constructive that everyone wants to get to work and deal with them.

Paul Hawken

Data Mining and Predictive Analytics Help Medical Practices Envision Cashflow

MANY PRACTICES ARE SITTING ON A GOLD MINE: A LARGE QUANTITY OF CLAIMS DATA. WHEN LEVERAGED WITH THE APPROPRIATE BUSINESS INTELLIGENCE AND EXPERIENCE, THIS DATA CAN PRODUCE HIGHER REVENUE AND BETTER DECISION-MAKING.

Making the right decisions at the right time can lead to greater staff productivity and enhanced operational efficiencies. Once viewed as old records to store, claims data can now be the basis for predictive analytics.

Knowing how much and when revenue is coming in is a major hurdle in operating a successful medical practice.

Practices can benefit substantially from the foresight that comes from predicting and planning for revenue collection. This foresight greatly impacts office operations such as hiring, purchasing and other business functions that rely on medical collections.

Recognizing the need for robust, intuitive revenue management system that can harness the tremendous value of data, Porteck designed the Porteck Accounts Receivable and Billing Collections System (PARCS); this web-based, enterprise-level denial management and follow-up software was initially developed for radiology practices in 2009. The rigorous data requirements inherent to radiology medical billing led Porteck to further develop its capacities. It is now available for all practice types to leverage data mining to enhance revenue collections.

PARCS Uses Predictive Analytics Forecast Future Revenue

PARCS mines claims data to: 1) provide non-predictive analytics such as end-user query-based analyses or reports that summarize, and 2) organize data retrospectively. Its more valuable asset, however, lies in its

predictive analytics function, which can be used to forecast expected revenue based on claims history.

Reimbursement Analysis

PARCS reimbursement analysis analyzes four months of claims data—what has been billed set against historical collection experience—to predict how much money a practice should be able to collect

over a certain time. It takes information from insurance contracts (such as expected timeframes for payment, bundling rules and coverage for different procedures) and applies

rules to estimate revenue in net dollars.

PARCS mines claims data to identify relationships within the data to make predictions about each claim and identify anomalies or leakage to develop high-value actions that result in more claims collected faster. It integrates experiential intelligence (such as rate of collection by payer, history and timeframe of receivables and other factors) to predict 30-, 60- and 90-day revenue scenarios.

If the fee schedule is missing, PARCS will automatically use historical data to look at the last six months of activity by CPT to identify collection rate in order to project future income. It applies the paid percentage to see how much to expect and when.

Identifying Potential Denials

In the process of predicting revenue, the reimbursement analysis will also predict claims' potential for being paid. PARCS analyzes denial activity by each payer and by refer-

ring sources, and then projects how much revenue is expected by types of procedures billed and groups them by categories.

Anticipating rigorous billing requirements, PARCS intuitively reconciles coding anomalies or irregularities. For example, if a code requires an authorization and the claim is missing the pre-authorization number, it will not expect payment. And if a payer does not pay for acupuncture, the expected charge will be zero.

Each denial is classified as either a valid or invalid error, attributable to internal or external parties. Each error is routed to a rationale indicating reasons for the denial so that an appropriate follow-up action can be pursued.

PARCS also identifies underpayment based on contract loaded into the system, which flags when under-payment is detected. It provides separate fields to explain the previous item so that follow up can be tracked.

Leveraging valuable data-points within claims and applying specific, experiential business logic, Porteck's PARCS system provides unequaled analytical tool to help provider practices and hospitals anticipate revenue collection. The system's ability to predict denials and offer follow-up insight helps practices to identify inefficiencies and inaccuracies within its workflow; the result is better coding practices, which in turn results in higher revenue collection.

Even if you're
sitting on a
GOLD MINE,
you still have to
DIG.
--Anonymous--



Porteck

Porteck Utilizes the Talented Workforce at Spectrum Designs to Create Team Shirts



On February 20, Porteck Revenue Cycle Management, located in Jericho, visited Spectrum Designs in Port Washington to see their impressive facility and pick up their recently ordered Porteck Team shirts. To show appreciation for all the hard work that Porteck employees do, as well as to promote team enthusiasm, Porteck CEO Arvind Walia purchased monogrammed shirts for all of his employees. But, that purchase has far greater effects than one might think, because Spectrum Designs is a pretty unique and amazing place.

Spectrum Designs is a not for profit business that creates custom apparel and promotional items for special events, businesses and organizations. In order to produce those items, Spectrum fully engages individuals with autism spectrum disorders and similar developmental disabilities in all aspects of their production. They offer gainful employment and vocational training to individuals with special needs as well as actively work to raise awareness of the abilities and employability of these exceptional people.

"I wanted to order Porteck shirts for my employees and when I learned about Spectrum Designs I was so impressed with their mission and work ethic, that they were a natural choice. Their products are exceptional and the quality of their work is outstanding. We are very happy with our order but even more delighted to be able to support this wonderful not for profit organization that is making lives better for so many," stated Porteck CEO Arvind Walia.

Porteck received a tour of the Spectrum facility and on February 23 distributed their new shirts to the delight of their employees. Pictured top left are some of the talented staff at Spectrum Designs, center the Porteck Team proudly wearing their new shirts and bottom left the wonderful work of Spectrum Designs.

Porteck Revenue Cycle Management Supports Big Brothers Big Sisters LI

On Saturday, April 25, PORTECK Revenue Cycle Management participated in the "Walk for Kid's Sake" 5K which is sponsored by Big Brothers, Big Sisters of Long Island.

This annual event raised nearly \$55,000 and will aid the number of children served through BBBSLI's mentoring program. BBBSLI provides children facing adversity with strong and enduring, professionally supported, 1-to-1 mentoring relationships that change their lives for the better, forever.

Team PORTECK joined the 200 plus walkers who braved the chilly spring morning and came together at Eisenhower Park in East Meadow in support of mentoring on Long Island.

"It was our honor to be a part of Big Brother Big Sisters "Walk for Kids Sake" 5K. The work that this organization does to help mentor children facing a variety of challenges is admirable and is making a positive difference in the lives of so many," stated Arvind Walia, Porteck CEO.

In addition to participating in the annual walk, Porteck RCM also hosted an extremely successful clothing drive in their Jericho office. Porteck employees brought in bag after bag of nearly new or new clothing for this worthwhile cause and on May 18, Big Brother Big Sisters LI visited Porteck to pick up all of the donations collected.

ABOUT BIG BROTHERS BIG SISTERS OF LONG ISLAND:

Incorporated in 1977, Big Brothers Big Sisters of Long Island (BBBSLI) has operated under the belief that inherent in every child is the ability to realize their endless potential. BBBSLI makes meaningful, professionally supported matches between adult volunteers ("Bigs") and children ("Littles").

BBBSLI is a private, non-sectarian, not-for-profit, 501(c)(3) tax exempt organization. Big Brothers Big Sisters International operates in 12 countries. Headquartered in Philadelphia, PA, Big Brothers Big Sisters of America is the oldest and largest youth mentoring organization in the United States.



Happy Birthday **Porteck** TEAM MEMBERS

April 8 Jennifer Kobarg
 April 9 Rose Sferrazza
 April 19 Valerie Ann Mitchell
 April 27 Mary Fiene
 May 16 Brittany Martens
 May 25 Patricia Ahern

May 26 Chyeanne Edwards
 June 1 Susan Buotte
 June 1 Sherman Singh
 June 14 Dagmar Yastrub
 June 16 Cristina Argueta
 June 17 James Fleet

June 17 Robin Martens
 June 25 Reena Patel
 June 28 Tiffany Thompson
 July 9 Melodie Kraljev
 July 13 Feiaz Samad
 July 19 Rita Vayman

July 20 Chandra Amann
 Aug 23 Alon Baram
 Aug 24 Allen DeAndria
Wishing Everyone A Wonderful Birthday