DOUBLE PLAY
Availity teams up with Precyse University to help you hit a home run with ICD-10
AVAILITY TEAMS UP WITH PRECYSE

New courses aim to ease your ICD-10 training burden.

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DOUBLE PLAY: AVAILITY TEAMS UP WITH PRECYSE UNIVERSITY TO HELP YOU HIT A HOME RUN WITH ICD-10

Spring training to tighten up your ICD-10 game plan

Availity is offering you and all of our 350,000 medical provider customers a portable, customizable training program through Precyte University to prepare for the changes in medical coding and reimbursement ahead next year with ICD-10. It is critical to stay vigilant and continue to focus on your training, even though the mandate deadline was extended until at least Oct. 1, 2015.

The Precyte University training program complements Availity Learning Center free and low-cost webinars with a mix of self-paced e-learning modules, interactive webinars, educational games and assessments focused on the transition to ICD-10. Create a customized training path by selecting the learning modules you feel are most relevant to your job. Modules are structured so everyone in your office can study at their own pace, whether they’re a beginner or advanced learner.

There are even courses for physicians to learn how to strengthen clinical documentation, which is necessary for accurate coding in ICD-10. Improving continued on page 2
“Now more than ever, it is critical to stay vigilant and maintain focus on training and developing coders, CDI specialists and others who will use the data and convert it into meaningful information. We see Precyse University as a way to ease the training burden on our providers and shorten the learning curve as they move from ICD-9 to ICD-10.”

—Jeff Chester, Availity senior vice president

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documentation skills can lead to fewer claims denials, reduced audit exposure and improved cashflow.

Availity and Precyse will host a webinar in the near future to demonstrate the most effective way to incorporate Precyse University into your office’s ICD-10 training program. Stay tuned to your email for details.

Put your ICD-10 training on the fast track with Precyse University. Learn more

Learn more
Getting your organization ready for ICD-10 comes with a much higher price tag than previously estimated, according to multiple industry reports.

A February report from the American Medical Association (AMA) found that your practice may end up spending nearly three times more on ICD-10 implementation than was previously predicted in the AMA’s first report issued in 2008.

The AMA now estimates costs for small provider practices at $56,639—and that’s at the low end. Medium sized practices can expect the transition to cost $213,364, and upwards of $2,017,151 for large practices. Why the higher cost now? Post-implementation costs, testing, payment disruptions, productivity losses and other items were not among the factors considered in the 2008 study.

HIMSS survey reveals top IT priorities for near future

Top IT priorities over the next two years

SOURCE: HIMSS 2014 leadership survey

- 19% optimize use of current systems
- 17% leverage information
- 16% complete ICD-10 conversion
- 7% focus on clinical systems
- 41% other

TECHNOLOGY COST TO PRACTICES FOR ICD-10 MOVE

ICD-10 conversion competing with other IT priorities
The one-year delay of ICD-10 could cost an additional $1–6.6 billion on top of costs already incurred.

More than 55 percent of respondents from 1,200 physician practices surveyed by the Medical Management Group Association in a separate study indicated they were “very concerned” about the overall cost of converting to ICD-10.

The American Health Information Management Association (AHIMA) projects the one-year delay of ICD-10 could cost the healthcare industry an additional $1 billion to $6.6 billion on top of costs incurred from the previous delay.

On the other end of the spectrum, the American Medical Association (AMA) says the ICD-10 delay will protect physician practices from the “crushing administrative burdens and practice disruptions” that would have resulted from the Oct. 1, 2014 deadline.

That’s likely because there are so many competing priorities demanding your attention, according to the Health Information and Management Systems Society (HIMSS). Not surprisingly, the 2014 HIMSS Leadership Survey found information technology executives at physician practices and hospitals are juggling several competing challenges in addition to ICD-10. A lack of adequate financial resources topped the list of survey responses, a shift from the previous two years when the primary technical challenge was insufficient and untrained staffing resources.

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**Estimated cost to implement ICD-10 (2014) in $USD**  
*Source: American Medical Association*

<table>
<thead>
<tr>
<th></th>
<th>Typical small practice</th>
<th>Typical medium practice</th>
<th>Typical large practice</th>
</tr>
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<tbody>
<tr>
<td><strong>Training</strong></td>
<td>2,700–3,000</td>
<td>4,800–7,900</td>
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<td><strong>Assessment</strong></td>
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<td>6,535–9,600</td>
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<td><strong>Vendor/software upgrades</strong></td>
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<td>0–200,000</td>
<td>0–2,000,000</td>
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<td><strong>Process remediation</strong></td>
<td>3,312–6,701</td>
<td>6,211–12,990</td>
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<td><strong>Productivity loss</strong></td>
<td>8,500–20,250</td>
<td>72,649–166,649</td>
<td>726,487–1,666,487</td>
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<td><strong>Payment disruption</strong></td>
<td>22,579–100,349</td>
<td>75,263–334,498</td>
<td>752,630–3,344,976</td>
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<tr>
<td><strong>Total costs</strong></td>
<td>56,639–226,105</td>
<td>213,364–824,735</td>
<td>2,017,151–8,018,364</td>
</tr>
</tbody>
</table>

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Tweet us @Availity your thoughts on the ICD-10 delay.
On March 31, the US Senate passed a bill to prevent cutbacks in reimbursement to physicians. But tucked deep in that bill was a one-sentence statement calling to delay ICD-10 implementation until at least Oct. 1, 2015. A few days later, with the President’s signature, the delay became law and everyone’s attention turned to the consequences of the decision.

While the extended deadline may be a sigh of relief for providers who were not prepared, it now forces many others—from providers to payers to vendors—to regroup. Many of you have invested great time and expense over months, if not years, preparing for this change. What’s next will take time to determine.

We ask for your patience while we evaluate what the delay means to you, in terms of the way you interact with Availity and the payers you reach through the Availity Health Information Network®. It is important for us to understand the go-forward plans of our payers so we can best advise you how to maintain the health of your business. We’re thoughtfully re-evaluating our timelines and recommendations on various aspects of preparation, such as testing and implementation strategies, and will advise you on next steps as soon as possible.

We recommend that you continue training your staff for this change, taking advantage of the free and low-cost webinars available through the Availity Learning Center and ICD-10 courses from Precyse University. With this program, you can access customizable self-paced learning modules, interactive webinars, educational games and assessments to prepare you and your office staff.

In the meantime, know that Availity is closely monitoring this situation and other government actions from a position of confidence that no matter what the outcome, we are prepared to accommodate any scenario that could affect your business. Because we have solid yet flexible contingency plans for ICD-10 and other programs, you and your business will have the support you need.

Please watch our website’s ICD-10 pages and on-screen announcements within our software for updates as they happen.

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**ICD-10 and CMS**

President Obama recently signed into law the bill to delay the planned ICD-10 implementation until at least Oct. 1, 2015. Specifically, the language in the bill prohibits CMS from enforcing a mandate to switch from ICD-9 to ICD-10 until at least Oct. 1, 2015. Specific implications to providers, health plans and technology companies in the health care industry remain unclear, and at press time, CMS had yet to issue revised guidance on how the industry should proceed.

Availity will share more information about the bill’s effect on our customers as it becomes available from payers, CMS and other entities. For the most current information, please watch our ICD-10 webpage for Web Portal customers.

CMS announced it’s evaluating the implications of the ICD-10 delay and will issue guidance about the planned July 2014 end-to-end testing at a later date.
THE DOWNFALL OF PATIENT RESPONSIBILITY IN HEALTH CARE REIMBURSEMENT

by Stephanie Kovalick, vice president of portfolio operations, Availity

In health care circles, the topic of patient responsibility can be a pretty touchy subject.

Patients who fail to pay their health care bills tend to be characterized as one of two things: *downtrodden*, usually reserved for those who are financially *unable* to pay their bill, or as *delinquent*, otherwise known as irresponsible consumers who are unwilling to pay.

Unfortunately, payment responsibility is more complex than either label. The growth of high-deductible health plans has forced greater financial responsibility onto the consumer without the associated cost transparency—an issue that is challenging to patients and providers alike. Add to that a mix of confusion about plan designs and an expectation for consumers to adopt new financial behaviors, and you end up with a scenario like the following:

Recently, a customer who works in a medical office told me the story of how she let a $26.32 physician bill go to collections.

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She was a member of a high-deductible health plan, and most of her family’s medical bills were automatically paid by the plan or from their health care reimbursement account. Towards the end of the year, when funds were depleted, they started to get bills in the mail.

The secret to collecting patient payments is to redefine patient flow processes to be synchronized with the health information technology tools and solutions available.

She could have paid the balance at the time of service, but the physician’s office couldn’t tell her what she owed when she was there. So when the bill showed up in the mail, she set it aside with the intent to add the physician to her online banking system to pay. Thirty days later, she received another bill, reminding her that she hadn’t yet paid it. Then it happened again 30 days later. Before she knew it, the bill went to collections.

It wasn’t that she didn’t want to pay it or couldn’t afford to—it was simply inconvenient. It finally got paid, but who won in that? No one. She ended up with a negative mark on her credit and the doctor’s office likely spent more money collecting than was actually owed. The system failed.

Harassing patients about their financial responsibility doesn’t solve the problem we have in this new reimbursement landscape. What the health care system needs most is the ability to tell the patient—with a definitive level of accuracy akin to all other consumer interactions—what they owe at the point of service so the provider can collect payment accordingly before the patient walks out the door. Technology exists today to adjudicate claims in real-time, but processes are further behind.

The secret to collecting patient payments is to redefine patient flow processes to be synchronized with the health information technology tools and solutions available to:

- Check patient eligibility and benefits
- Pre-adjudicate a claim for estimated patient responsibility costs
- Adjudicate a claim in real-time to get final patient responsibility amounts
- Collect and process all forms of patient payments, and
- Establish patient payment plans for larger amounts

Increased patient responsibility isn't a new problem, but it is a growing problem without a standard solution. Availity has a number of key solutions that fit within the workflow described above. Please contact your customer account manager for more information.
**Deaconess Health System integrates network with Availity**

Deaconess Health System has selected Availity to provide clearinghouse and revenue cycle management services for its five southern Indiana hospitals, 20 primary care locations and several specialty facilities, replacing multiple technology platforms with one solution that satisfies the needs of the entire enterprise.

Evansville, Ind. based Deaconess faced an increasingly common challenge among health systems that have grown through acquisitions of physician practices—disparate billing and payment systems that can create operational challenges in cost, security and privacy, and technical support.

Deaconess, which has used Availity’s Revenue Cycle Management system for its physician practices for the past five years, wanted to achieve a seamless exchange of information across the enterprise. Deaconess had amassed several different systems during that time, and wanted to achieve greater consistency through one vendor. The health system required a flexible, scalable solution for its hospitals and practices that also integrated with Epic, its enterprise practice management system.

**Availity teams up with Precyse and HealthStream**

Availity is offering its 350,000 medical provider customers a portable, customizable training program to help physician office staff prepare for massive industrywide changes in medical coding and reimbursement expected next year with ICD-10.

By teaming with Precyse University and HealthStream, Availity complements its existing training programs with a comprehensive ICD-10 education solution delivered exclusively through HealthStream’s workforce development platform. Availity’s physician office/ambulatory facility customers will join the more than 1.2 million learners already using the Precyse University ICD-10 solution powered by HealthStream’s workforce development platform.

**Read more**
Eastman joins Availity as Chief Financial Officer

Availity has named Nate Eastman as its Chief Financial Officer (CFO), effective March 10, 2014. Eastman brings more than 16 years of experience in financial leadership, and has a history of excellence as a strategic business partner in high growth, complex business environments.

Most recently, Eastman was CFO of Maryland-based health care analytics firm Inovalon, where he was central to strategic planning and decision making in the financial, treasury, and banking functions, in addition to providing executive leadership for budgeting, forecasting, financial reporting and tax matters. Prior to that, he led the client audit function at Express Scripts and served as a director in the mergers and acquisitions practice at PriceWaterhouseCoopers.

Availity Revenue Cycle Management garners outstanding customer satisfaction ratings

“Our Client Account Manager is off the charts!” captures the spirit of Availity’s annual revenue cycle management customer satisfaction program. More than a survey, Availity’s satisfaction program focuses on putting the customer first by identifying and responding to key needs and opportunities for improvement throughout its business, with its Client Account Managers (CAM) playing a central role.

Availity measures client satisfaction on a monthly basis using the Net Promoter® Score (NPS) system, developed by Fred Reichheld of Bain & Company in collaboration with the company Satmetrix. The program of choice for many Fortune 500 companies, NPS not only measures customer loyalty, but is also considered a good predictor of corporate growth efficiency. Experts maintain a score of zero is generally good, while a score of 50 or higher is excellent. Availity’s NPS for revenue cycle management has averaged scores higher than 60 since the program was implemented.
The Availity Web Portal was updated in March and April to enhance your experience and improve functionality.

Enhanced Claims for CCStpa Providers
When CCStpa providers select 99 -Other Place of Service in the Place of Service field on the Professional Health Care Claim inquiry page, Availity now displays the Pickup Location check box. Click this check box to display a Pickup Location address information panel. There you can include the address where the patient was picked up for transport. This enhancement results in faster responses for claim submissions. Note this does not replace ambulatory place of service options.

To locate this feature in the Availity menu:

1. Click Claims Management | Professional Claim.
2. In the Payer field, select CCStpa.
3. In the Claim Information section | Place of Service field, select 99 – Other Place of Service to display the Pickup Location check box.
4. Click the Pickup Location check box to display a section where you can input the address information of the patient’s pickup location.

Check out these additional updates to the Web Portal:

- Providers in the states below can now view care reminders after completing an eligibility and benefits inquiry in the Web Portal. Health plans deliver up to three reminders per inquiry and they’re prioritized in order of clinical importance. States where this is available include: Arizona, Arkansas, California, Florida, Georgia, Illinois, Indiana, Kansas, Louisiana, Massachusetts, Mississippi, Missouri, New Hampshire, Ohio, South Carolina, Texas, Washington, and Wisconsin.

- Anthem providers in Connecticut, Maine, and New Hampshire (with an Availity account) are now automatically granted access to American Imaging Management (AIM) via the Availity Web Portal. Providers can use this site for pre-certifications, viewing confirmations for imaging services (CT, nuclear, MR, PET) and other specialty services.

To access this feature, go to Auths and Referrals | AIM Specialty Health. Select your organization and click I Agree to acknowledge the third-party disclaimer.

- Humana providers can now access the Physician Performance interactive tool from the Availity Web Portal. This tool allows you to view your HEDIS and Stars data. To access, click Reporting | Physician Performance in the Availity menu then read the disclaimer and click I Agree.

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- The Save this provider checkbox on the eligibility and benefits inquiry page is no longer selected by default, be sure to select it to capture provider information to Express Entry.

**Update your Medicare payer IDs**
Start updating your PMS with the new payer IDs below to ensure your claims are processed. Starting Oct.1, 2014 Availity will not accept electronic claims with cancelled Medicare payer IDs.

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<thead>
<tr>
<th>Payer Name</th>
<th>Cancelled Payer ID</th>
<th>CMS-Assigned Payer ID</th>
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<tbody>
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<td>00831</td>
<td>02102</td>
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<tr>
<td>Arizona Medicare Part B</td>
<td>AZ001</td>
<td>03102</td>
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<td>Colorado Medicare Part B</td>
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<td>04112</td>
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<td>DMERC Region D</td>
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<td>19003</td>
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<td>Illinois Medicare Part B</td>
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<td>08202</td>
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For more information, review the What’s New and Changed help menu topic. Read full release communications in our Knowledge Base.

**Upcoming webinars from the Availity Learning Center**

**May 15**
ICD-10 diagnosis coding for ophthalmologists

**May 21**
Stepping into ICD-10 for podiatrists

**June 4**
ICD-10 for kids’ conditions

**June 12**
Healthcare Business Expert series: Provider readiness to support value-based payment models

**June 19**
ICD-10 delay and your documentation strategies for success

Register for these upcoming webinars and more via the Availity Learning Center.
## EVENTS

From workshops to webinars to trade shows, we’re coming to a city near you.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Event Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2</td>
<td>Philadelphia, Pennsylvania</td>
<td>Office Practicum 2014 User Conference</td>
</tr>
<tr>
<td>May 2</td>
<td>Fort Worth, Texas</td>
<td>Tex Med 2014</td>
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<tr>
<td>May 4</td>
<td>Osage Beach, Missouri</td>
<td>Missouri Medical Group Management Association Spring Conference</td>
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<tr>
<td>May 4</td>
<td>Charlotte, North Carolina</td>
<td>Radiology Business Management Association Radiology Summit</td>
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<td>May 7</td>
<td>Newport, Rhode Island</td>
<td>New England Medical Group Management Association Regional Conference</td>
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<td>May 12</td>
<td>Tampa, Florida</td>
<td>Florida Healthcare Financial Management Association 2014 Spring Conference and Annual Meeting</td>
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<tr>
<td>May 14</td>
<td>Hamilton, New Jersey</td>
<td>New Jersey Medical Management Group Association 2014 Practice Management Conference</td>
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