stratford notes

*C*an you believe it is July? That means it is time for us to push for everyone who is not transmitting claims to begin immediately.

Many of the Medicare contractors in the United States are beginning to encourage everyone to transmit claims. Several years ago, payments for paper claims were delayed an additional 2 weeks or more.

Last year we reported that Blue Cross of California would begin charging to process paper claims.

BCBSND (Blue Cross - Blue Shield of North Dakota) will eliminate the 800 service number for paper claim billers even if the provider is "participating". BCBSND is taking over Aetna's Medicare contracts for the Western United States.

As you can see, the "screws are tightening". If you do not transmit your claims, now is the time to start. We fully expect one or more of the Medicare contractors to announce soon that no more than 50 paper claims will be paid per provider per month or something close to that. We haven't seen this in writing yet so don't call anyone and say that our newsletter reported it. We will wait until we see it in one of the Medicare bulletins. We believe that sometime in 1998 (next year) or early 1999; HCFA will stop processing paper claims except for some charges that require attachments. They may even require EDI claims and faxed attachments like some of the Dental payers are now doing.

You can find Stratford's Internet server at this address:

Stratford has nearly **3,200** licensed users

There are several meetings this summer regarding using HL7 segments for clinical information to eliminate many attachments. Stratford will support any transaction like this, which is required by Medicare. We will have it first.

As reported last month, Stratford is going to eliminate the separate bookkeeping charge that we have had for many years related to tracking which customers bill electronically. We have found that we have very few customers who do not transmit and so it is an unnecessary additional bookkeeping step for us. This has the effect of lowering the charges for most of our customers about 5%. It also raises the charges a few dollars for customers who do not transmit. This change begins August 1, 1997. •

FROM THE EDI CORNER......

Riverbend Government Benefits Administrator (Blue Cross/Blue Shield of Tennessee) has taken over certain Medicare Part A contracts from Aetna. Stratford has been approved for direct transmission to Riverbend. This is UB92 data for institutions/facilities, inpatient and outpatient. Providers are rural health clinics.

Stratford software has been approved by NEIC for transmitting production UB92 (institutional/facility) claims using the ANSI 837 format. •

WHEN WAS YOUR LAST BACKUP

In June 1997 we had two users call for help and we found that they had no current backup. This can be a disaster. If your computer fails and you do not have a backup, there really is nothing that we can do to help you. It will be up to you to get whatever paper reports you have and try to reconstruct your accounts receivable. If you aren't sure if you have a recent backup, please stop now and check to be sure. You should make a backup every day.

We recommend tape backup over other methods. If you use a tape backup, you should have at least 5 tapes and you should always use the oldest tape for the backup. We do not believe that you should do "incremental" backups. You should always backup everything every day. If one tape does not hold all your data, you should purchase a larger capacity tape drive. This allows for the easiest recovery from a major problem.

If you use a zip drive or other disk-type backup, you should follow the manufacturer's recommendation regarding backups. We do not recommend disk-type backups. •

WINDOWS NT HYDRA TECHNOLOGY

This is multi-user technology that will allow you to use low-cost Windows-based terminals with NT server. This technology will probably be integrated with the next version of NT. Microsoft may also make the technology available as an upgrade to the current version: NT 4.0

We currently have customers who use the Citrix NT multi-user software successfully. Microsoft has licensed this technology.

We believe this is important for our customer base because it will allow us to recommend a "rock-solid" server with several workstations at a very low cost. •

EDI "per-claim" charges
Stratford does not have any "per-claim" or other charges related to transmitting claims to Medicare or any other carrier. We only charge (optional) for supporting

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MEDICARE MTS
(MEDICARE TRANSACTION SYSTEM)

We have had many articles about MTS in the past. This is a major change that Medicare has been planning for several years. These changes will provide a consolidated, standardized national method for processing Medicare claims and related transactions. This is an update.

At this time the MTS is behind schedule and over budget. Because of this, there are questions about the future of MTS. As first envisioned, HCFA planned to create new software and create new processing centers, etc. Since this will probably be too expensive, it now appears that HCFA will select software from an existing Medicare contractor and require all the rest of the contractors to use that software. This seems sensible. Obviously with so many contractors with different software, surely one of them is better than the rest or at least adequate to process claims.

Last month HCFA selected software from EDS for all Medicare contractors to use to process Medicare Part B claims until MTS is implemented. Medicare Part B covers physicians and "suppliers" and most outpatient services.

HCFA selected software from VIPS Inc. to process DME claims. DME is Durable Medical Equipment such as wheelchairs, oxygen and other supplies and equipment.

HCFA selected software from Blue Cross and Blue Shield of Florida for processing

Medicare Part A UB92 (institutional/facility) claims.

We believe this software will eventually be a permanent part of MTS.

Instead of building new processing centers, HCFA may encourage Medicare contractors to continue the present consolidation.

By using existing software for processing claims, the cost should be dramatically lower and it should be much easier to meet deadlines.

There will be new software, however, for managed care.

A new "common working file" will be created. This file will potentially have all the information for all beneficiaries and all providers.

We believe that Stratford now has software that meets the specifications for billing to Medicare carriers that process claims with any of the three software packages above. As new requirements are added, Stratford will be able to keep all of its users updated quickly. •

SOFTWARE SUPPORT NOTES

1. Faxed requests for support get Priority Service.

2. If you send a fax with a description of the problem, your call is given priority over other faxes.

3. Do not call more than one time. The second call places your first call at the bottom of our callback list.

We can receive hundreds of calls in the first few hours each day. It usually is not possible for us to have a technical support person waiting to take your call. If you just call and leave the message "please call", your call is placed at the bottom of the callback list. We must do everything we can to avoid "phone-tag" so that we may help the maximum number of people in the minimum amount of time.

At this time we can deliver support by email. If you check your email each day, you may find this to be easier than the fax. This is not very good support if you need a quick answer. We do not get very many support email messages so we only check the mail two or three times each day. As the volume increases, we will put more resources into email.

We are interested in hearing from people who would like to receive support by email. •
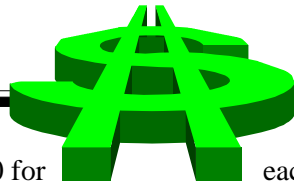
Stratford   will pay you $100 for   each person* you refer who purchases Stratford Software at full price ($895). Simply fax or write to give us your referral. **We must receive the referral notice in advance of the sale**. **We cannot pay for a referral if you notify us after the sale.**   *Subject to

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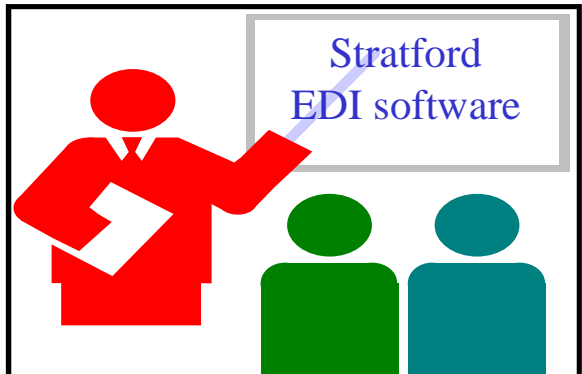
INTERNET RESOURCES

The office of Inspector General (OIG) keeps public records of individuals/ entities that are excluded from reimbursement under Medicare (Title XVIII of the Social Security Act). A list is published on the Internet at this address:
www.arnet.gov/epls/

The website is updated daily.

The list of names includes debarred, excluded and suspended providers and entities. •

PHYSICIAN COMPUTER USAGE

A recent study shows that 90% of physicians in Australia, Canada and the United Kingdom actually use computers, whereas only about 5% do so in the United States. These figures are from the National Managed Health Care

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