

# STRATFORD

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Healthcare EDI and Management Software

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*stratford notes*

All of us at Stratford have had our best year ever. We continue to grow faster than at any time in the past. We appreciate all of our customers, especially those who write with suggestions and comments.

Next year will probably be busier than ever for us. Almost all of our new customers already have another software package that they have been using. Most of our new customers are changing to the Stratford program because:

- They cannot get support because their vendor is out of business.
- Their vendor cannot make the necessary changes required by the payers.
- They want to begin billing electronically to increase their cash flow.

We anticipate that many of our customers will need several updates in 1998. The reason is the large number of changes in medical billing procedures. All of these changes are necessary and will eventually lead to faster and more accurate payments to the providers for services rendered. Many of these changes are very small but make the software non-functional. Something as simple as having each submitter their password

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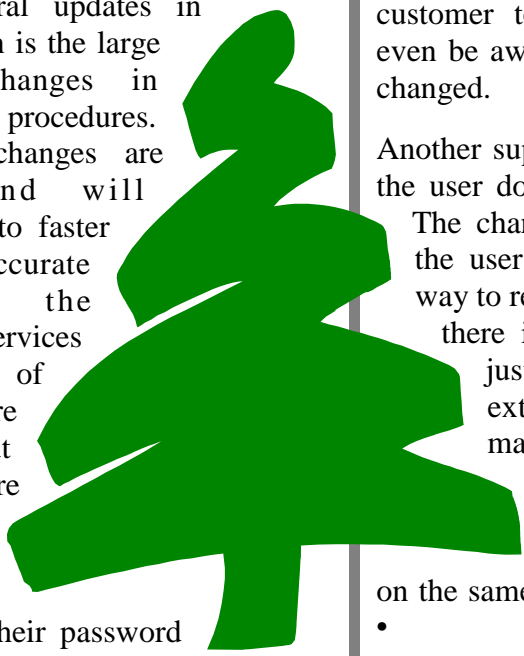
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Stratford has more than 3,300 licensed users

every 30 days has major support implications. For example, if the provider changes the password today and then forgets the password (or the sticky note falls off the display), that provider can no longer bill Medicare. The Stratford program is capable of tracking the new and old passwords and even generating a new password without the provider's intervention. It is possible for a Stratford customer to bill electronically and not even be aware that the password is being changed.

Another support problem is created when the user does not make regular backups. The changed password only exists on the user's computer. Stratford has no way to recover the changed password if there is a hardware failure. This is just one more reason why it is extremely important that you make a backup every day. You should have a minimum of five sets of backups. You should never backup today on the same tape that you used yesterday.

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



## ***Training Classes*** **SHS Software Basic Training**

In the Stratford Classroom:

Every Friday	9:30 AM -12:00 PM	\$165
	1:30 PM - 4:00 PM	\$165
By Appointment		\$165

Call for class availability at least three days in advance.  
On-site training with a certified Stratford trainer may be available (*by appointment only*). The cost is \$250.  
Telephone training is also available (*by appointment*)

### **FROM THE EDI CORNER.....**

In previous newsletters we have reported on the various changes that we believe will result from the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Specifically, we are interested in the changes that will affect our program and our customers. The following is an update on the EDI formats that will probably become the standard for all electronic healthcare billing over the next five years. Stratford has already coded several of the transaction sets. We will finish the coding of the other transaction sets as soon as we are certain that it/they will be implemented and that it/they will affect our customers.

Physician/Supplier - X12.837 v. 4010  
Dental Claims - X12.837 v. 4010  
Institutional Claims - X12.837 v. 4010  
Remittance Advice - X12.835 v. 4010  
Eligibility X12.270/271 v. 4010  
Claims Status - X12.277 v. 4010  
Enrollment X12.834 v. 4010  
First Report of Injury X12.148  
Premium Billing/Payment X12.811/820  
Health Care Services Review  
X12.278 v. 4010

### Retail Pharmacy Claim - NCPDP v. 3.2

HCFA will also cease National Standard Format (NSF) maintenance when HIPAA standards are adopted and in place.

Stratford has been using the ANSI X.12 formats exclusively for all providers if acceptable by the payer. This means that most Stratford customers will not need to change their transmission format for the foreseeable future. There will be many changes, of course, and updates will be required.

After the year 2001 there will be a shift to ICD-10-CM and codes/identifiers that are more than five characters in length. This will cause all providers to change to a different software package if their present software is not being supported. This will happen in the next 3 - 4 years. •

### **NHIC VALIDATION REPORT**

NHIC will soon change the format for their validation report. It will be 130+ characters wide and will not print on narrow paper without using a compressed font. We expect to receive many phone calls from users who notice that the report is difficult to read since the lines “wrap-around” or are cut off. There are several possible solutions. We will probably send an update that will use the same control set up as the present Stratford day-sheet (601). If you want this, please fax to (650) 692 1073. •

#### **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

## CUSTOMIZING THE STRATFORD PROGRAM

We sent out hundreds of updates in the past 60 days. When we did this, we had more than 10 customers call with the common complaint that “after the update, something that worked before, no longer worked”. The majority of these related to a custom change that was made to the standard Stratford setup.

When we send out updates, we intentionally delete all the files in three directories and all the associated subdirectories: \130\0, \130\1, \130\2. These directories are replaced with up-to-date programs and templates. We must do this because all the files in these three paths are required to make the Stratford program work.

We cannot make a custom update for each customer at a reasonable price, so this is the only way that we have to be sure that all customers receive all changes. We encourage our customers to customize whenever necessary, but the custom changes cannot be done in these 3 paths.

If you want to change a file, you can always put that file into the accounts receivable path (example: \130\200). If you have a billing service or situation where multiple providers share a computer but have data in different paths, you can put the changed files in \130\4 and it will be shared by all the different paths where you have data. A good example of this is a situation where a billing service has 20 providers that

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transmit claims to Medicare. The billing service has a single submitter ID and password and phone number to call to transmit the claims. The ID, password and phone number are in a file named M6P9xx.DAT (xx=the program number). Rather than put a copy of this file into 20 data paths, you can just put one copy in \130\4 and it will work for all the providers.

This way, if Medicare changes the phone number (as Medicare of Northern California will do soon for direct submitters) you will only need to change one file and that change will work for all Medicare transmissions.

If you have received an update recently, version 1780 or later, you now have a window that allows you to change the ID, password and phone number without manually editing a file. You can access this window but selecting number 1 from the Main Directory and then number 4 for Electronic Data Interchange. Next select number 8 for Maintain the EDI master data files. The program will ask whether you transmit ANSI or NSF and the program number. •

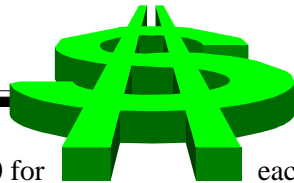
## SOFTWARE SUPPORT NOTES

- 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.**

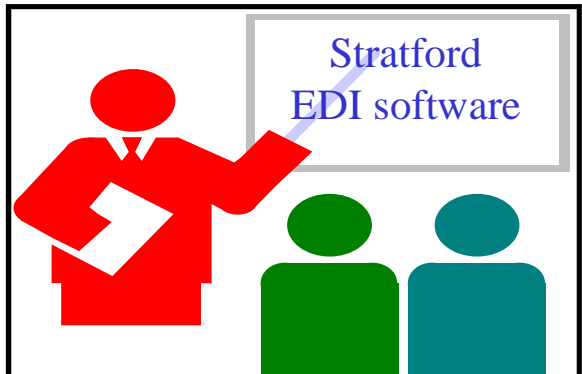
We can receive many calls in the first few hours each day. It usually is not possible for us to have a technical support person waiting to take your call. If you just call and leave the message "please call", your call is placed at the bottom of the callback list. We must do everything we can to avoid "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 faxing us. 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



## INTERNET RESOURCES

Here is our latest recommendation for web sites to visit.

This web site has links to many popular healthcare related web sites:

<http://www.insidehealthcare.com/iHCMagic.html>

This web page is organized like a table of contents to healthcare related web sites.

The first section is titled: news.

The last section is titled: health care humor. One of the links in this section is "index of medical humor". There is even a link to non-health care humor. •

### *Stratford Newsletter*

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**Stratford Healthcare Systems, Inc.**

**840 Mitten Road**

**Burlingame, CA 94010-1304**

**Phone (650) 692-7970**

**Fax (650) 692-1073**

**Prepaid Support Only (800) 274-4868**

**Internet: [mail@stratfordsoftware.com](mailto:mail@stratfordsoftware.com)**

**<http://www.stratfordsoftware.com/>**

**New Software Sales Only (800) 274-4594**