On June 2 2008, Computerworld Honors Program awarded UMCET with the Laureate award for the development of the CaneCare application. The recipients were honored at the Andrew W. Mellon Auditorium in Washington D.C.

Each year, members of the Computerworld Honors Chairmen's Committee, submit nominations for organizations they feel demonstrated extraordinary use of information technology in 10 distinct categories of industry-related endeavor. The categories are: Business & Related Services; Education & Academia; Environment; Energy & Agriculture; Finance, Insurance and Real Estate; Government; Healthcare; Manufacturing; Media, Arts & Entertainment; Non-Profit Organizations; and Transportation.

CaneCare—a hybrid medical record system, has provided UMMG physicians with an electronic patient chart that can be accessed from any location using a Web browser. When a patient visits a UMMG hospital or clinic, data from the patients’ paper charts are scanned, indexed and appended to their electronic charts within 24 hours. At the same time, CaneCare archives patient data from other UMCET applications such as the transcription system and those supporting ancillary departments such as lab and radiology. UMMG clinicians and other staff have online access to this information on a secured, “need-to-know” basis to help protect patient privacy.

To address the inconsistencies in medical forms used by different clinics throughout the UMMG network, UMCET developed policies and procedures to standardize the process of creating and approving a form for CaneCare. Now, clinicians and administrators can access a single Web site to locate the standardized forms, print them or order them in bulk.

The CaneCare system seems similar to typical “cold feed” document imaging system, where multiple documents and forms are scanned into the system. What makes it unique and exceptional is that the front-end interface of the system was custom designed by the UMCET team to not only be extremely patient-centric but also very easy and intuitive for physicians, nurses and other staff to use. CaneCare was also designed with the future in mind, laying the groundwork for the move to next-generation EMR that will allow for even more dynamic data entry and manipulation.

In the two years since CaneCare’s official release, UMCET has already implemented the system at five new clinics and two new hospitals. There are plans to extend the system to three satellite sites.

UMCET has also won the 2006 Excellence in IT Leadership Award for the State of Florida for its creation of CaneCare.
GE/IDX Centricity Business System Updates

VM/HPA System Enhancement

Effective June 1st, an enhancement has been completed to only have one plan for Medicare: **M501 – Medicare Primary Plan (FSC 81)**. Please update your Rep Workfiles to include M501.

The following plans have been expired:

<table>
<thead>
<tr>
<th>Plan Code</th>
<th>Description</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>M201</td>
<td>Medicare Prime/BC 2nd</td>
<td>5/31/08</td>
</tr>
<tr>
<td>M301</td>
<td>Medicare Prime/Medicaid Secondary</td>
<td>5/31/08</td>
</tr>
<tr>
<td>M302</td>
<td>Medicare B Only Prime/Medicaid Secondary</td>
<td>5/31/08</td>
</tr>
<tr>
<td>M401</td>
<td>Medicare Prime/Commercial Secondary</td>
<td>5/31/08</td>
</tr>
<tr>
<td>M402</td>
<td>Medicare Prime/Contracted Payer Secondary</td>
<td>5/31/08</td>
</tr>
<tr>
<td>M601</td>
<td>Medicare Prime/Public Health Secondary</td>
<td>5/31/08</td>
</tr>
<tr>
<td>M701</td>
<td>Medicare Prime/Medicaid HMO Secondary</td>
<td>5/31/08</td>
</tr>
</tbody>
</table>

If you have any questions, please contact our Help Desk at 305-243-7339.

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GE/IDX EDI Eligibility Goes Live!

GE-IDX EDI Eligibility provides an integrated and automated solution for verifying a patient’s insurance eligibility before services are rendered or claims submitted. GE-IDX users can now access real-time eligibility information within BAR, Patient Registration, Scheduling, and VM. This saves time by eliminating the manual methods for verifying eligibility. Users can now compare current information on the system with payer’s responses, as well as, submit eligibility requests for future visits to understand benefit implications prior to the patient’s anticipated date of service. Current and previous eligibility requests and responses are stored, helping to manage patient inquiries.

As of May 1, 2007, 10 major payers (48 FSCs) are online with EDI Eligibility.

The following payers are available through EDI Eligibility:

1. Aetna
2. Avmed
3. BC/BS
4. Cigna
5. Humana
6. Jackson Memorial Health
7. Medicaid
8. Medicare
9. Neighborhood Health
10. United Healthcare

To obtain access to GE-IDX EDI Eligibility, please complete a short and informative on-line training course found at the following link: [http://cet/x125.xml](http://cet/x125.xml). Once the scores have been submitted, the UMCET Security Department will be notified. Access to EDI Eligibility will be granted within 24-48 hours and a notification will be sent to you via email.

If you have any questions, please feel free to contact the UMCET Help Desk at 305-243-7339.
Defining a Switch for a Regular Slot

1. Access the schedule to which you want to add a future appointment switch. (You can also add a switch during a new schedule/template creation)
2. Select the regular slot you want to switch.
3. Select Switch Actions.
   - The system displays sub actions that allow you to set up and/or remove switches. (See Figure 1)
4. Select Setup Appt Type Switch.
   - The switch fields appear on the bottom of the screen. (See Figure 2)
5. Fill out the future appointment type, allocation and number of days prior to the schedule for the switch to occur.
6. Once the information has been entered,
   - Web 4.0 Users, click on the OK button to save
   - Flowcast 4.0 Users, press F10 to save
   - The switch information is noted in the Frz/Thw/Switch column on the schedule.
7. Select Expand/Contract to view the switch details

NOTE: You must file the schedule or template to apply the switch.

Switching a Slot in a Master Schedule

An appointment type switch changes the appointment type defined for a slot from one type to another type in a specified number of days prior to the schedule date. This allows you to provide the opportunity for lesser needed appointment types to be created when the initial appointment types goes unfilled. This will avoid wasting valuable clinic availability. For example: a new patient visit slot could be set up to switch to a follow up patient visit slot five days before the schedule.

Defining a Switch for a Specific Type within a Superslot

Please make sure you read the next edition coming out in July for information on Defining a Switch for a Specific Type within a Superslot.
Medicaid Conversion

Effective June 26, the Medicaid program will convert their carriers from ACS to EDS. During this transition period ACS will transfer all the pending claims to EDS. Automatically EDS will reject these claims, but the claims will not need to be resubmitted because EDS will reprocess them. Please refer to the figure below for important dates to watch for. If you have any questions please contact the UMCET Help Desk at 305-243-7339.

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2</td>
<td>Per Florida Medicaid the 081,021 and 111 claim forms will no longer be accepted.</td>
</tr>
<tr>
<td>June 25</td>
<td>Last payment from the current fiscal agent (ACS).</td>
</tr>
<tr>
<td>June 26</td>
<td>EDS will assume all fiscal agent duties.</td>
</tr>
<tr>
<td>Prior to July 1</td>
<td>All provider documents, including enrollment applications and prior authorization requests, will be forwarded to EDS. Claims submitted to Medicaid in the week prior to July 1 will be forwarded to EDS for processing.</td>
</tr>
<tr>
<td>July 9</td>
<td>EDS will release its first payment to providers.</td>
</tr>
</tbody>
</table>

Executive Medicine Program Code “EM”

The UM Executive Medicine Program was created in May 2007 and is operated out of the Office of Special Programs and Resource Strategy directed by Bart Chernow, MD, MACP, Vice President for Special Programs and Resource Strategy. The program provides primary care services, executive physicals and patient advocacy services for its patients. Any patient coded in the GE/IDX system with an “E” (Executive) code signifies an individual who was previously coded with a “V” (VIP) prior to the Executive Medicine Program’s creation. These patients were coded at the discretion of either the Dean’s office or the Development Office. Any patient in the GE/IDX system with an “EM” (Executive Medicine) code signifies an individual who has obtained services through the UM Executive Medicine Program. Only individuals from the Executive Medicine Program and the Privacy Office have GE/IDX access to code such individuals with an “EM” or an “E” in the system.

Please refer to page 5 for an updated Patient Activity Code chart.

If you have any questions regarding the patient activity code “E” or “EM” please contact the Executive Medicine Program Office at 305-243-2738.

Medicare Offers Educational Sessions

Information regarding the available Medicare educational seminars can be found in the Medicare Updates Newsletters. The newsletters can be found at: [www.floridamedicare.com](http://www.floridamedicare.com). Once at the website under Tools and Tips select the Part B News & Bulletins link.

To register for the upcoming events go to the provider training website at: [www.fcsomedicaretraining.com](http://www.fcsomedicaretraining.com).

An example of upcoming events are: Hot Topics: Medicare Updates Teleconference - July 17, 2008, 11:30AM - 12:30PM.

If you have any questions please contact the UMCET Help Desk at 305-243-7339.
<table>
<thead>
<tr>
<th>Flag Category</th>
<th>Program</th>
<th>Program Owner</th>
<th>Flag</th>
<th>Flagging Authority/Access</th>
<th>May send to Collections?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Assistance Programs</td>
<td>PinnacleCare (Pinnacle patients list Patient Advocate as the guarantor, so all contact, including ClientTell reminders go to PA)</td>
<td>UMMG Business Development</td>
<td>P</td>
<td>OSE/PRO</td>
<td>NO</td>
</tr>
<tr>
<td>(External/Contracted)</td>
<td>Flagship</td>
<td>Executive Medicine Program Office</td>
<td>E</td>
<td>Executive Medicine Program Office/Privacy Office</td>
<td>NO</td>
</tr>
<tr>
<td>MDVIP</td>
<td></td>
<td>Executive Medicine Program Office</td>
<td>E</td>
<td>Executive Medicine Program Office/Privacy Office</td>
<td>NO</td>
</tr>
<tr>
<td>Referring MD</td>
<td></td>
<td>Executive Medicine Program Office</td>
<td>E</td>
<td>Executive Medicine Program Office/Privacy Office</td>
<td>NO</td>
</tr>
<tr>
<td>Service Assistance Programs</td>
<td>Miami Medicine Personalized Services Program - VIP</td>
<td>Executive Medicine Program Office</td>
<td>E</td>
<td>Executive Medicine Program Office/Privacy Office</td>
<td>NO</td>
</tr>
<tr>
<td>(Internal)</td>
<td>Miami Medicine Personalized Services Program – UROU (Once a patient signs the HIPPA form allowing Medical Development to contact them, they are statued as a D)</td>
<td>Medical Development</td>
<td>D</td>
<td>Med Dev/Privacy Office/PRO</td>
<td>NO</td>
</tr>
<tr>
<td>Bascom Palmer Donor</td>
<td></td>
<td>Executive Medicine Program Office</td>
<td>E</td>
<td>Executive Medicine Program Office/Privacy Office</td>
<td>NO</td>
</tr>
<tr>
<td>Executive Medicine Program</td>
<td></td>
<td>Executive Medicine Program Office</td>
<td>EM</td>
<td>Executive Medicine Program Office/Privacy Office</td>
<td>NO</td>
</tr>
<tr>
<td>International Patients</td>
<td></td>
<td>International Health Center</td>
<td>I</td>
<td>IHC</td>
<td>NO</td>
</tr>
<tr>
<td>Medically Complex/CMS</td>
<td></td>
<td>Pediatrics</td>
<td>M</td>
<td>CHDS-Pediatric Associates</td>
<td>NO</td>
</tr>
<tr>
<td>Medical Students</td>
<td></td>
<td>Medical Education</td>
<td>S</td>
<td>PRO</td>
<td>NO</td>
</tr>
<tr>
<td>Patient Financial Services - Internal</td>
<td>Collection Negotiations w/PT Attorneys - (Collection negotiations with patient's attorney when no legal action is being taken against UM, but attorney involved due to UM's or other accidents, Motor's Comp. Product liability etc.)</td>
<td>Patient Financial Services</td>
<td>L</td>
<td>PFS</td>
<td>NO</td>
</tr>
<tr>
<td>Office of Patient Protection - Internal</td>
<td>Risk Management</td>
<td>OPPRP</td>
<td>R</td>
<td>OPPRP/Billing Compliance</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Disruptive Patient - (Patient has been determined to be disruptive at at least one clinic location, in accordance with the UMMG Disruptive Patient-Visitor Policy)</td>
<td>OPPRP/PPAP</td>
<td>X</td>
<td>Dr. D. Thievonin's Office</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Terminated Patient - (Patient has TERMINATED FROM THE PRACTICE. Patients flagged with &quot;T&quot; are not to be SCHEDULED.)</td>
<td>OPPRP/PPAP</td>
<td>I</td>
<td>Dr. D. Thievonin's Office</td>
<td>NO</td>
</tr>
<tr>
<td>UM Employee</td>
<td>UM Employee (When UM Employee or dependents call 305-243 CARE and agree to be coded, they are statued as &quot;F&quot; to expedite the visit process.)</td>
<td></td>
<td>F</td>
<td>PRO</td>
<td>NO</td>
</tr>
</tbody>
</table>
The NPI is here!!! The NPI is now!!!

On June 29, 2007, CMS stopped issuing UPIN to providers.

The National Provider Identifier (NPI) is a HIPPA administrative standard. Healthcare providers, health plans and clearing houses are using the NPI number for all transactions made. The National Provider Identifier is a 10 digit number. Unlike the UPIN the NPI contains no information about the provider, such as the state in which they live or their specialty.

The Referring Physician Dictionary #123 has been modified to allow users the ability to look up providers using the NPI number. Please supply the Provider’s 10 digit NPI number when requesting updates to the Referring Physician Dictionary #123.

In addition, the Referring Physician Dictionary Maintenance form has been updated to include the National Provider Identifier (NPI) information.

To receive a copy of the revised form, please submit a request to the IDX Updates/Requests Box at idxupre@med.miami.edu.

NPI: Get It. Share It. Use It

June 2008 UMCET’S Baby Face Challenge

Prior to joining UMCET, she worked in the department of Medicine.
She is a music lover, all genres.
She is our department’s fashionista.

She has been working in UM for 10 years.
She is a country girl from Gainesville, FL.
She keeps a cabinet full of junk food in her office.
She is currently working toward her Nursing degree.

Do you know who this baby girl is? If so, send an email to UMCETTRAINING@MED.MIAMI.EDU in the subject line please type “Baby Face Challenge” and be sure to include your contact information. A prize is awarded to the first person who guesses correctly. You will also be featured in our next edition. GOOD LUCK!

Last Edition’s Baby

Karinne Amaya, last edition’s Baby Face Challenge

Congratulations to Michelle Pollard, for guessing Karinne’s baby picture.

Trainer’s Corner

Did you know?

Kronos is no longer being offered as an instructor-led class by the UMCET Training Department.
Effective June 1, 2008, Kronos training is available via CBL. The 45 minute CBL is posted on ULearn and can be found under Kronos Workforce Central Supervisor Training. Upon successful completion of the CBL, the appropriate access form must be filled out by the manager/director and faxed to the UMCET Department. Instructions on obtaining the access form are found on the CBL.

Heads Up!

Users attending training courses, both business and clinical training, will not receive immediate access once the training has been successfully completed. Supervisors must fill out the appropriate system access form and fax it to the UMCET Department at 305-243-7355. System access will be granted 24-48 hours upon receiving the access form. The system access forms may be found at the following website: www.miami.edu/forms.
Effective immediately, the UMCET Training Department will distribute the appropriate access forms to the users after the completion of each course.

If you have any questions, please contact the UMCET Training Department at 305-243-3665 for assistance.