Spring Cleaning

It is definitely that time of year when you want to open all the windows and let in that fresh spring air. The only issue is that those warm primavera breezes can stir up a lot of dirt. They remind us of all the accumulated dust that has built up on the windowsills and doorsteps. So you know what that brings us to, yes, everyone’s favorite — spring cleaning. It is time to take everything out of the closet and garage, sort it over, and hopefully only put half of it back. It is so hard to get started, but so rewarding to see that nice organized space when you are done. Doing a careful review of your data every year is also a good policy.

This month’s feature article takes you through a way to use Anodyne Analytics to review your coding practices. Jennifer Hager will help you analyze the impact of the Medicare change to exclude billing for consults. She will take you through a process that you can easily create with your own data. We hope this exercise helps you in your data review and allows you to spring ahead in your use of Anodyne Health solutions.

The 5.1 release of Anodyne Analytics will be available starting on May 27th. When you start Anodyne Analytics, the application update will download automatically onto your application; if you have problems, please contact your account manager and BI_Support@anodynehealth.com. Anodyne Health will be holding webinars in June to discuss some of the new features in Anodyne Analytics; watch the training calendar for these upcoming events.

— Mary Ammer, Vice President Account Management

Inside…

In this month’s issue of Anodyne Insights, you’ll find the following articles:

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Coming Next Issue: Meet Operations
How did the Medicare Exclusion of Office Consults Impact your Bottom Line in 2010?

Many times, the results of our year-end financials are outside of our control and ultimately left to the mercy of our payors and government entities. One such change that affected all practices large and small in 2010, was the elimination of Consultation codes from the Medicare reimbursement schedule. In an effort to evaluate the financial impact of this change on your practice, we can use the Production Top X view and the Matched Reimbursement Trend view in Anodyne Analytics. Follow these step-by-step instructions to walk through the analysis:

- Select **Month of Service** from the dropdown option at the top of your dataset
- Limit your CPT filter to the New Patient E&M codes of 99201 – 99205 and the Office Consult codes of 99241 – 99245. (Alternative where available: Select Modality, Procedure Code Grouping, or Department designed to predefine New Patients and Consults)
- Select the Original Payor filter of Medicare (Alternative where appropriate: Original Payor Category of Medicare)
- Choose the top dropdown option of **Units**
- In the slicer field, select **CPT** by the **Top 10** and enable the **Compare feature** to choose the calendar years 2009 and 2010.

By toggling the Slicer display to Percentage, we can quickly identify the difference in volume from the once billed Consults to the increase in New Patient Visits. To be fair in the analysis and exclude an overall growth in the practice, you might want to evaluate the increase in New Patients as an offset of the percentage of total units composed from Consults in 2009. In this example, Office Consults made up 67% of the total in 2009 but the overall increase of the
New Patient visits in 2010 was only 68% (99204 saw a 39% increase (49%–10%) + difference in the 4 other codes too), so a 1:1 ratio is acceptable as a straight offset.

*If the change in New Patients had been 75%, you might want to calculate the 8% difference (75%–67%) into the change in reimbursement dollars in the final step of this process.*

Next, you’ll either need to pull the actual reimbursement received for these services during the defined timeframe or pull your Medicare Allowable Schedule for expected reimbursement.

Using the Matched Reimbursement Trend view, you can obtain your average reimbursement.

Finally, you will need to perform a line-up of the shift in volume of services to the reimbursement amounts to
determine the overall net impact. As noted below, this practice experienced an overall **LOSS of $201,621.48** from 2009 to 2010 as a result of the Medicare changes in Consultation reimbursement. If other managed care payors or FFS plans followed course in this coding change, the impact would certainly be much greater. The average fee allowable for a consult was approximately $35/unit more than the reimbursement for a New Patient visit; a fairly considerable hit to absorb given that the workload remained constant.

**CONSULTS**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Description</th>
<th>2009 UNITS</th>
<th>2009 Medicare Fee Allowable</th>
<th>Total Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>99241</td>
<td>Office consultation</td>
<td>76</td>
<td>$55.97</td>
<td>$4,253.57</td>
</tr>
<tr>
<td>99242</td>
<td>Office consultation</td>
<td>776</td>
<td>$102.66</td>
<td>$79,666.49</td>
</tr>
<tr>
<td>99243</td>
<td>Office consultation</td>
<td>2499</td>
<td>$140.44</td>
<td>$350,952.06</td>
</tr>
<tr>
<td>99244</td>
<td>Office consultation</td>
<td>5071</td>
<td>$205.46</td>
<td>$1,041,877.52</td>
</tr>
<tr>
<td>99245</td>
<td>Office consultation</td>
<td>1381</td>
<td>$254.75</td>
<td>$351,808.37</td>
</tr>
</tbody>
</table>

**Total Reimbursement Consults 2009 =**

$1,828,588.01

**NEW PATIENT VISITS**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Description</th>
<th>2010 UNITS</th>
<th>2010 Medicare Fee Allowable</th>
<th>Total Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>Office/outpatient visit, new</td>
<td>157</td>
<td>$41.23</td>
<td>$6,472.80</td>
</tr>
<tr>
<td>99202</td>
<td>Office/outpatient visit, new</td>
<td>796</td>
<td>$71.63</td>
<td>$57,019.07</td>
</tr>
<tr>
<td>99203</td>
<td>Office/outpatient visit, new</td>
<td>3831</td>
<td>$105.91</td>
<td>$405,733.55</td>
</tr>
<tr>
<td>99204</td>
<td>Office/outpatient visit, new</td>
<td>5712</td>
<td>$160.13</td>
<td>$914,645.42</td>
</tr>
<tr>
<td>99205</td>
<td>Office/outpatient visit, new</td>
<td>1212</td>
<td>$200.57</td>
<td>$243,095.69</td>
</tr>
</tbody>
</table>

**Total Reimbursement New Patients 2010 =**

$1,626,966.53

For more training on the Financial Impact of Coding Patterns, please refer to Anodyne Insights Issue #2 (June 2010). This article focuses on the shifts within a series of E&M services (e.g. 99211 – 99215).

Contact your Anodyne Health Account Manager if you would like a copy of this prior edition.
HOT TIP

Coding Comparisons

The Coding Patterns view is a very helpful tool that allows you to assess the coding patterns of select providers or the group as a whole across several coding ranges. But, did you know you could perform comparisons between providers and groups of providers? This view shows you volumes, the distribution, average dollars per charge, and the variance between the selected entries. Here’s how to use it:

You can also filter on the Months of Entry to limit results to the previous quarter or calendar year as well as any other meaningful filter. Now press Update to see the results!

What if you want to compare one of your provider’s established patient’s coding to the rest of the providers in her specialty over the past six months? Select Established Patients in the top drop-down. Filter on all of the providers in her specialty or the specialty filter if you have it and the last six months of entry. Select one provider in the left comparison drop-down. Then choose “Compare to all other entities” in the right drop-down.

> continues next page
Upon updating, you can see that for the last six months of charges, Dr. Wildman has an 8% positive variance over the other selected providers largely due to the higher percentage of level four codes. So she has an average of $119.51 per charge compared with an average of $110.65 for the selected providers. Maybe Dr. Wildman will work with the other providers on their visit documentation!
Anodyne Analytics New Release Notes — Version 5.1.0

New Features:

- **Configurability**
  - **Visit Definitions:** Anodyne Analytics will now allow users to create alternate definitions of Visits in addition to the standard default definition; the design is intended to support billing systems that include a standard identifier such as an encounter number. If you have a specific method at your facility that is used to calculate visits, contact your Anodyne Health account manager to discuss configuring your data set with such an alternate definition.
  - **Configurable Production Metrics:** The production metrics shown in Production Trend and other views are now configurable; you may choose any exportable metrics, including custom metrics for your practice, as well as the extended “volume” metrics, along with any ratio of these metrics. This configuration is at the client level, not the individual user level. All views under the Production and Location Intelligence tabs, as well as the extended Excel export associated with Production views will be impacted if used. Please contact your Anodyne Health account manager to request this configuration. If your practice has renamed any of the standard Anodyne Analytics fields in your Excel export field list (for example, you may have renamed the default RVU column), Anodyne Analytics will immediately begin to use your custom name for that field with no additional configuration steps.
  - **Charge Lag – Month of Posting Feature:** You will now be able to group Charge Lag by a “Month of Posting” distinct from Month of Entry or Month of Service. This is supported as a configuration option—please contact your Anodyne Health account manager to request this configuration.

- **Community**
  - **Saving View Parameters:** Anodyne Analytics now allows users to save the complete parameters for a view (not the data in the view itself) to an encrypted file. This file may then be sent to another Anodyne Analytics user with access to the same data set (including your Anodyne Health account manager), who can then load the file and see exactly what the original user is viewing. This feature can also be used as a way of saving regular reports, particularly in conjunction with the predefined monthly filters. The user also has the option to save the view without linking it to a particular data set; this is useful for building views that can be used on “spoofed” data sets.
  - **Announcements at Log-in:** Anodyne Analytics now has the ability to pop-up an announcements page after log-in; this will be used to give users reminders of scheduled down time, and will eventually contain links to our latest newsletter and training calendar.

- **Usability**
  - **Search for filter elements across fields:** Anodyne Analytics now provides the ability to search for a filter element across multiple fields (e.g. searching for all line items with a certain diagnosis code in one of multiple diagnosis code fields). This feature requires a client-level configuration to specify fields that should be grouped in this manner — please contact your Anodyne Health account manager to request this configuration.
  - **New method to clear filters:** Anodyne Analytics now provides the ability to clear any individual filter category by right-clicking on the filter category and selecting the “Clear Filter” option.
  - **New method to set filters:** Anodyne Analytics now provides the ability to set a filter from a chart element by right-clicking on the chart element and selecting “Add to Filter”.
  - **Improved filter consistency across views:** Anodyne Analytics now attempts to keep filters synchronized when moving between matched data set views, transactional data set views, and add-on data set views. When moving from one data set to another, the filter list in the new data set will be cleared and any filter categories with the same name will have their entries set to match.

- **Miscellaneous Changes**
  - **More filters in Matched Gross Collection Rate view:** Current Payor and Current Payor Category filters (or your billing system equivalent) are now available in the Matched Gross Collection Rate view.
  - **Better web error message:** The error message associated with a ProtocolError web exception has been made more explicit.
  - **Changes to dimensions limit in Volume Metrics Excel export:** The dimensions limit associated with the Volume Metrics Excel export has been removed. However, selecting more than two dimensions automatically disables the Pivot table tab.

Issues Resolved:

- The Anesthesia Metrics Top X view now shows the correct filter list.
- The Anesthesia Concurrency Matrix view now accepts changes to the selected date when updating from the tool bar, the menu, or via function key.
- Anodyne Analytics now functions correctly if the user has chosen a different date format than the default U.S. format on his or her computer; previously, choosing to display dates as DD-MM-YY caused a variety of minor issues.
Analytics and Dashboards Web Training

New User Training

Do you have new Anodyne Health users in your organization? Or, perhaps it’s been a while and a refresher of the basics would be helpful. We welcome you to attend one of our 90-minute Anodyne Analytics and/or 30-minute Anodyne Dashboards New User Training webinars.

To view our upcoming training schedule, click on the link below:
Anodyne Analytics - https://athenasupport.webex.com/athenasupport/onstage/g.php?p=5&t=m
Anodyne Dashboards - https://athenasupport.webex.com/athenasupport/onstage/g.php?p=7&t=m

Advanced User Training

The 90-minute Advanced User Training webinars are designed for users who are already experienced with Anodyne Analytics and want to expand their usage beyond the basics. We may demonstrate anything from practice review techniques to “power user” features of Anodyne Analytics – check the webinar title for more information on the subject matter.

To view our upcoming training schedule, click on the link below:
https://athenasupport.webex.com/athenasupport/onstage/g.php?p=6&t=m