

Welcome to Our New Website!

We are pleased to announce the release of our brand new website. Please feel free to check it out at www.medworksinc.com. Once you arrive you will find a fresh new look as well as improved navigation making it easier to find information on our products and services. You will also find information on our latest promotions as well as resources for obtaining support and valuable information.



Please add www.medworksinc.com to your favorites list and visit often for the latest information on Medisoft, Medisoft Clinical, and Medworks Management Medical Billing Services.

medisoft®

Version 17 Pre-Release Sale

Get ready for ANSI 5010 and ICD-10 early and save with a pre-release discount of 20% on Medisoft Version 17. Purchase between now and December 20, 2010.

Call us today for great deals!

Contact Us:
 Medworks Management, Inc
 5 Cold Hill Rd S - Suite 12 - Mendham, NJ 07945
 Phone: (973) 543-8600
 Email: info@medworksinc.com
www.medworksinc.com

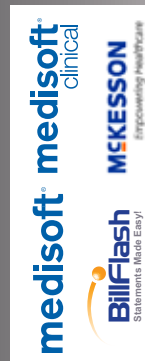
Medworks Management
 5 Cold Hill Rd S - Suite 12
 Mendham, NJ 07945
 Phone: (973) 543-8600

The Medworks Difference

Medworks Management is a Value Added Reseller of quality products and services designed to streamline your practice and provide the greatest return on your investment.

We provide local support and training to ensure the success of your practice.

From finding the software that fits your budget, to medical staff training and support, Medworks provides you with convenience and flexibility to simplify your life.



Inside This Issue...

Preparing for ANSI 5010 and ICD-10

Page 1

A Case for a Medical Billing Service

Page 2

Meaningful Use Final Rule Summary

Page 3

Welcome to Our New Website

Page 5

Get ready for ANSI 5010 and ICD-10 early and save with a pre-release discount of 20% on Medisoft Version 17. Purchase between now and December 20, 2010.

Call us today for great deals on Medisoft Version 17 and Medisoft Clinical.



Letter from the President

Although Medworks Management, Inc. has had a Billing Service division for 18 years, I frequently talk to Medisoft clients with poor cash flow who don't even know that a billing service is a viable option. Others are reluctant to consider a billing service because 1) they don't want to lay off staff; 2) they're concerned about the cost; 3) they're concerned about loss of control; or 4) they know of a colleague who has had an unpleasant experience with a billing service

There are several factors that can alleviate these concerns. Staff is often "re-purposed" by assigning them to other productive tasks. The right billing service can increase cash flow by more than their net cost. The right billing service can connect a computer in your office to its server so the billing process can be managed and controlled to whatever degree desired. For those who have had a bad experience with a billing service, we believe they simply haven't found the right one.

If you've been concerned about your cash flow, run a Medisoft Monthly Activity Summary for a 12 month period (we'll walk you through it if you'd like). If the "AR Balance" in the right hand column is more than 2.5 times your average monthly charges from the "Charges" column, you may have a problem.

Call our office and talk to me or Frank Vigilante. We'll help you with the analysis and discuss your options. Your staff may just need additional training. But if transitioning to a billing service sounds desirable, we're happy to discuss it. And we guarantee that we will improve your cash flow by more than your net fees.

Steve Ruhle

Preparing for ANSI 5010 and ICD-10

The upcoming change to ANSI 5010 and ICD-10 CM will require significant changes to your billing routine and software. These deadlines are still a year away, but it is time to start preparing for the changes. Medworks Management, Inc. will help you through the process and alert you to critical deadlines well in advance.



The ANSI 5010 migration is like replacing the electrical wiring in a building. The new wiring has greater capacity to carry a stronger electrical current. ICD-10 coding is the stronger current that supports more complex activities.

What is the 5010 transaction standard?

These standards are detailed specifications for transmitting health care claims, remittance advices, eligibility, claims status, and referrals. Compared to the current X12 version 4010A standard, the X12 version 5010 will:

- Increase transaction uniformity
- Support pay-for-performance
- Streamline reimbursement transactions
- Support ICD-10-CM codification

Impact on You

ANSI 5010 means substantial changes in the data that you submit with your claims as well as the data you receive in response to your electronic inquiries.

Preparing for ANSI 5010 and ICD-10

Continued from Page 1

It will require changes to the software, systems, and procedures that you use for insurance billing.

Why ICD-10-CM?

ICD-9-CM is nearly 30 years old, and many of its diagnosis categories are full, preventing further expansion. In addition, ICD-9-CM is not flexible enough to quickly incorporate emerging diagnoses and procedures and is not accurate enough to identify diagnoses and procedures precisely. In contrast, ICD-10-CM provides detailed information on procedures, allows ample space for capturing new technology and devices, and has a logical structure with clear, consistent definitions.

What You Need to Know

Medisoft and Relay Health systems will be fully compliant for processing both ANSI 5010 and the ICD-10-CM code sets according to the timelines established by the U.S. Department of Health and Human Services (HHS). These deadlines are:

- January 1, 2012—ANSI 5010 standards for incoming claims and inquiries and for outgoing payer files and remittances.
- October 1, 2013—The ICD-10-CM code is set to replace ICD-9-CM code set, following 5010 implementation.

What You Need to Do

You will need to be on Medisoft Version 17 which will release in December, 2010. This will make you compliant ahead of these deadlines. Medisoft Version 17 will contain additional fields throughout the program to allow for the creation of ANSI 5010 compliant transactions. We feel you should upgrade to Version 17 early to avoid any delays in payment due to the last minute problems that tend to occur when a mandatory government change takes place (remember HIPAA and NPI?). You and your staff will need time to learn the new requirements and to become accustomed to the changes in the software. Medworks Management, Inc. is offering significant savings on the cost to upgrade to Medisoft Version 17 for those who purchase early. Please contact us now to begin your ANSI 5010 implementation process.

A Case for a Medical Billing Service



Medical billing services are becoming increasingly popular because they save doctors and their staff a substantial amount of time filling out forms, dealing with insurance companies and chasing payments.

Most physicians graduated from medical school under the premise that they were going to run a “medical practice” and spend their time focused on the care of their patients. They didn’t necessarily see the need to focus on running a “business”. Many tedious administrative functions compete for their attention including: Keeping current with insurance specifications and regulations so that claims are paid on a timely basis; Concentrating on collecting receivables and co-payments; Ensuring that fees were kept at the maximum allowable amount paid by insurance carriers; Keeping procedure codes current so that claims aren’t suspended or rejected.

By outsourcing medical billing, doctors can see far more patients and generate more income for their medical practice. Medworks Management, Inc. will not only

Continued. on Page 3

Medical Billing Service

Continued from Page 2

free office staff for more crucial tasks, but can often increase reimbursements from insurance carriers by as much as 10% to 20%.

Why outsource medical billing?

By having an outside firm handling your medical billing, you can focus on providing quality patient care, keep your overhead costs down, and ensure that your claims are processed in a timely manner.

Why Choose Medworks?

Medworks Management’s medical billing arm is dedicated to providing outstanding billing and accounts receivable services to medical practices. We have more than 16 years of medical billing experience and serve practices of all sizes and specialties.

Our clients understand and appreciate that we are dedicated to long term relationships. We become partners while committing to improve the profitability and overall performance of your practice. Medworks offers a proven process which is backed by the right people. Our staff includes Certified Professional Medical Coders. In fact, our staff is so qualified it enables Medworks to provide medical billing consultation including hands on support and training. Medical billing is what we do; it is our core competency.

Medworks Performance Guarantee

Medworks understands the critical nature of being a stakeholder in your business. We are totally committed to quality service and customer support. Medworks is so confident of our expertise, technologies and customer service that we will guarantee our work!

Medical Billing Referral Awards Program

Medworks is presently seeking to add a few new clients to our medical billing department. Billing is a core competency and we have more than 16 years experience serving as medical billers for physician offices. Our clients typically see a reduction in total accounts receivable, as well as an increase in collections. If you know of any friends or associates who might be interested in speaking with us, please let us know!

If your referral leads Medworks to a new customer, you will qualify for our referral awards program and receive a **\$500 American Express Gift Card**. It is required that you notify Frank Vigilante at Medworks at the time of your initial referral. Award is contingent on a signed contract.

To find out how Medworks Management’s medical billing services can benefit your practice, or to refer a colleague, contact us today at (973) 543-8600.

Meaningful Use Final Rule Summary



To qualify for EHR incentive payments from Medicare and Medicaid beginning in May 2011, eligible providers must implement and demonstrate meaningful use of certified EHR systems. EHRs certified by a recognized body must meet a set of Stage 1 objectives (see Table 1) and must be able to report on a set of clinical quality measures as set forth by CMS in 2011. In addition to the core measures,

providers must also choose five of ten “Menu Set” Objectives (see Table 2). Additional objectives will be required for Stage 2 to receive incentives in 2013 and for Stage 3 in 2015.

Continued. on Page 4

Meaningful Use

Continued from Page 3

The Stage 1 objectives for meaningful use certified EHRs are intended to:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families in their own health care
- Improve care coordination
- Improve population and public health
- Ensure adequate privacy and security protections for personal health information

Table 1 - Meaningful Use Core Objectives (Must Meet All Unless Exception Granted)

1. Computerized provider order entry (CPOE)
2. E-Prescribing (eRx)
3. Report ambulatory clinical quality measures to CMS/States
4. Implement one clinical decision support rule
5. Provide patients with an electronic copy of their health information, upon request
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics
9. Maintain an up-to-date problem list of current and active diagnoses
10. Maintain active medication list
11. Maintain active medication allergy list
12. Record and chart changes in vital signs
13. Record smoking status for patients 13 years or older
14. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
15. Protect electronic health information

Table 2 - Meaningful Use Menu Objectives (Must Meet Five Including #9 or #10)

1. Implement drug formulary checks
2. Incorporate clinical laboratory test results into EHRs as structured data
3. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach
4. Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate
5. Perform medication reconciliation between care settings
6. Provide summary of care record for patients referred or transitioned to another provider or setting
7. Submit electronic immunization data to immunization registries or immunization information systems
8. Submit electronic syndromic surveillance data to public health agencies
9. Send reminders to patients (per patient preference) for preventive and follow-up care
10. Provide patients with timely electronic access to their health information (including laboratory results, problem list, medication lists, medication allergies)

Although this may seem daunting, we promise you that it won’t be as difficult as it may seem. For help and information on how Medisoft Clinical meets these objectives, please contact us.