

## iPatientCare EHR and Institutional Billing helps U. S. Rural Health Clinics and Community Health Centers to qualify for reimbursement from CMS

iPatientCare EHR and Practice Management System Excel at Serving Professional Billing (CMS-1500) and Institutional Billing (UB-04) within the U.S. Rural Health Clinics Market Segment

**Woodbridge, NJ,** July 06, 2016 — iPatientCare, a pioneer in cloud-based <u>ambulatory EHR</u> and Revenue Cycle Management services, announces successful implementation of critical functionalities by iPatientCare EHR and Practice Management System for institutional billing involving UB-04 claims from Rural Health Clinics. These critical functionalities were expected by Centers for Medicare and Medicaid (CMS) from Rural Health Clinics to be implemented from April 1, 2016 within their Practice Management System.

A Rural Health Clinic is a federally qualified health clinic certified to receive special Medicare and Medicaid advantageous reimbursement to increase its rural patients' access to primary care services. In order to qualify for this reimbursement, RHCs must meet certain conditions, some of those must be implemented as part of the Practice Management System being utilized by them.

"iPatientCare, as always, had anticipated the changes expected by CMS, studied them and enhanced its <a href="Practice Management System">Practice Management System</a> for these changes ahead of the time. We had trained our users for implementing these enhancements and such pro-active effort did pay handsomely when the deadline clicked. We are thankful to iPatientCare engineering team for the timely delivery of the critical updates.", said Tejhas Vyaas, Institutional Billing Implementation Project Manager, iPatientCare.

Rural Health Clinics present many challenges to the Practice Management System developers, such as, splitting the claims in professional claims using CMS-1500 and institutional claims using UB-04; applying sliding fee schedule wherever applicable; transmission of institutional claims using ANSI EDI 837-I; and extensive reporting, which are not required from a Practice Management System implemented in a typical physician's office setting.

Arnaz Bharucha, Sr. Technology Officer, iPatientCare, commented, beaming with a sense of pride and fulfillment, "It is software engineering excellence which you breathe at iPatientCare and keeps us ahead of the pack. We look forward to serving many more Rural Health Clinics and Community Health Centers as we move forward as one of the national healthcare IT leaders and trend-setters."

<u>iPatientCare EHR</u> and integrated Institutional Billing System is now also available for the Hospital Outpatient and Facility billing. As part of its aggressive growth strategy, iPatientCare has been actively implementing it along with its <u>Care Coordination and Analytics solution</u> with key ACO and MSO within the country.

## About iPatientCare:

iPatientCare, Inc. is a privately held medical informatics company based at Woodbridge, New Jersey. The company's unified product suite includes Electronic Health/Medical Record and integrated Practice Management/Billing System, Patient Portal/PHR, Health Information Exchange (HIE), and Mobile Pointof-Care Solutions for both Ambulatory and Acute/Sub-acute market segments. iPatientCare has been recognized as a preferred MU partner by numerous Regional Extension Centers (REC), hospitals/health systems, and professional academies.

iPatientCare EHR 2014 (2.0) has received 2014 Edition Ambulatory Complete EHR certification by ICSA Labs, an Office of the National Coordinator-Authorized Certification Body (ONC-ACB), in accordance with the applicable eligible professional certification criteria adopted by the Secretary of Health and Human Services (HHS).

Full certification details can be found at ONC Certified Health IT Product List.

The ONC 2014 Edition criteria support both Stage 1 and 2 Meaningful Use measures required to qualify eligible providers and hospitals for funding under the American Recovery and Reinvestment Act (ARRA).

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