

Did you know?

In May of 2008, LifePoint instituted the role of Account Managers, and has assigned a Representative to each of our clients. The main role of the Account Managers is to be liaisons between LifePoint and our client base. The main expectations of the Account Manager are to:

- Notify clients of new features/functionality
- Act as a client champion within the LifePoint organization
- Update internal LifePoint client files (to include changes contact information, newly completed/changed interfaces...etc)
- Scheduling of adhoc updates with the client
- Monitor open client tickets and send reports to client as necessary

Release Notes Highlights

Some highlights of the release notes that should provide a positive impact on your admin users:

1. We have moved the EMR/AutoPrint access area

User Information	User Name / Password	Demographics	
Access Control	Advanced Settings	Sub-Users	Access Times
Application Preferences	User Profile	Presentation	
Test Ordering	Order Test Setup		
EMR/AutoPrint Setup	Setup EMR	Setup AutoPrint	

User List (37 Total)									
	User (Click to edit.)	User Name	Last Login	Last IP	Client Mnemonic	Client Number	User Type	Emr	AutoP
X	*Labtest Systems - AutoPrint	autoprint 123 XYZ	2008-06-16 08:37:19	71.10.60.173	TEST	123	CLMNE	No	Yes
X	a	aaa 123 XYZ	2008-06-03 21:20:35	71.10.60.173	QATEST	123	CLMNE	No	No

2. At a quick glance you can see which user is the autoprint or EMR user:

User List (37 Total)									
	User (Click to edit.)	User Name	Last Login	Last IP	Client Mnemonic	Client Number	User Type	Emr	AutoP
X	*Labtest Systems - AutoPrint	autoprint 123 XYZ	2008-06-16 08:37:19	71.10.60.173	TEST	123	CLMNE	No	Yes
X	a	aaa 123 XYZ	2008-06-03 21:20:35	71.10.60.173	QATEST	123	CLMNE	No	No

3. The ability to determine what type of access a user has:

Please visit https://www.labtest5.com/labchanges/8_6-releasenotes.pdf to

Announcing InfoDirect: A Client-to-Client Data Exchange

read the latest release notes in their entirety.

Medical Diagnostic Laboratories, L.L.C. (MDL) a Hamilton, NJ, laboratory specializing in the DNA-based PCR method, and Princeton HealthCare System, in Princeton, NJ, have just entered into an agreement to develop the first LifePoint-to-LifePoint interface for order entry and result retrieval. Anyone who has recently undertaken the development of an interface, such as an LIS-to-EMR or LIS-to-LIS system, is fully aware of the prohibitive cost and development time necessary for such a project. With that in mind, MDL and Princeton have agreed to circumvent the normal interface channels and utilize their independent LifePoint

systems to connect their laboratories and maximize efficiency. Not only is the interface expected to be deployed much more quickly than a traditional LIS-to-LIS connection, it will also generate substantial savings in the long term. According to Bob Dollé, National Sales Director for MDL, "typically with interfaces, both LIS vendors charge a fee to their client and then add a monthly service charge to maintain it. In addition, the interface goes into a queue of other projects which, depending on the vendor and their support staff situation, can take months to get off the ground. In a traditional interface project, there are four entities involved in the process, two of which (the LIS vendors)

have differing levels of priority for the project, as their major focus is on developing new versions of their software or upgrades they can sell to the mass population of their client base. In contrast, there will now be only three parties involved, all of whom have the same high level of priority in seeing the project completed as soon as possible. This will be a win-win situation for everyone involved."

In addition to the benefits derived from not going through LIS vendors, by utilizing LifePoint as the interface engine, both labs avoid going through the hurdles normally associated with involving the health system IT department. Since LifePoint is an independent vendor, and their system is already connected to Princeton's LIS/HIS system and MDLs LIS, the typical security concerns raised by their IT departments will not be an issue. In most cases, LIS interface projects get bogged down in the approval process over concerns of the system being breached via the interface connection with an outside lab. Although there are solutions and safeguards to prevent this, there are ultimately additional costs involved, not to mention delays in project completion. Once again, LifePoint is providing a cost effective and timely solution, enabling both labs to move ahead with their collaborative effort and begin to bring in new business. Noted Charles Wilson, Administrative Director, Department of Pathology and Clinical Laboratories at University Medical Center at Princeton, "The synergies and economies inherent in this collaboration are certain to provide "value added" service and improved customer satisfaction."

2008 ABN – New deadline of 3/1/2009

On Monday, March 3, 2008, CMS implemented use of a revised Advance Beneficiary Notice of Noncoverage (ABN). The key features of the new ABN are:

1. It now includes a new beneficiary option, under which an individual may choose to receive an item/service, and pay for it out-of-pocket, rather than have a claim submitted to Medicare.
2. The 'Cost' field is now required. The ABN will not be considered valid unless it contains a good faith attempt to estimate cost. (If the prices for tests are already included in your LifePoint test directory that cost will print on the ABN. If not, you can continue having the end users look up the costs and manually enter them on the ABN, or you can work with LifePoint Support to provide you with options for getting the prices entered into your test directory).
3. Notifiers may now elect to include their logo at the top of the form. At a minimum the ABN form must contain the name, address, and telephone number of the notifier whether incorporated into the logo or not, to ensure the beneficiary's ability to follow-up with additional questions.
4. The name, address and phone number of the ordering facility may also be included on the form, but it must be clearly labeled as such.

Originally, CMS stated that the 2008 ABN would be mandatory on 9/1/2008. CMS has extended the deadline to 3/1/2009 (<http://www.cms.hhs.gov/BNI/Downloads/ABNAnnouncementFAQs.pdf>).

The new ABN is available in your test environment. Many clients have already moved the new ABN to Production. In order for the 2008 ABN to be put into use for your site you will need to supply your LifePoint Account Representative with the following information:

1. Whether or not you would like your logo displayed on the ABN.
2. The name, address and phone number that you would like displayed for your laboratory (the rendering facility).
3. Whether or not you would like the ordering facility name, address and phone number included on the ABN.

The ABN can be moved to Production upon your approval and will not require an adhoc update.



Clients in Industry News

MICHAEL BLANCHARD FROM DOMINION DIAGNOSTICS IN NORTH KINGSTOWN, RHODE ISLAND
MICHAEL R. BLANCHARD CHAIRMAN, CLMA HEALTH CARE POLICY COMMITTEE AND VICE PRESIDENT OF SALES FOR DOMINION DIAGNOSTICS

CLMA-backed Legislation Moves to the Front Lines

Excerpt taken from *CLMA Clinical Laboratory Management A Publication of the Clinical Laboratory Management Association* July/August 2008

Wayne, PA – The Clinical Laboratory Management Association (CLMA) and the American Society for Clinical Laboratory Science (ASCLS) applaud the leadership of Representatives Bart Stupak (D-MI) and Michael Burgess (R-TX) for introducing key legislation that will modernize the clinical diagnostic laboratory fee schedule. The Clinical Laboratory Diagnostic Fee Schedule Modernization Act of 2008 (HR 6761), which was introduced on July 31, 2008, requires the Secretary of Health and Human Services to convene a negotiated rulemaking committee to develop a modernized, consensus-driven clinical laboratory fee schedule.

"The inadequacy of the current Medicare Clinical Laboratory Fee Schedule has been a primary concern of CLMA because of its adverse impact on our patients, the clinical laboratory industry, and our members," said CLMA President, JoAnne Milbourn. "CLMA believes strongly that this legislation will provide for a mechanism that will result in a better payment system serving all stakeholders and Medicare patients in the future. It is our deepest wish that the clinical laboratory community and government work together to achieve a much needed step forward for the benefit of the patients receiving clinical laboratory services." CLMA, with the support of ASCLS, led the effort to get HR 6761 introduced. Three key individuals who participated in the process share a behind-the-scenes look at their journey to get this legislation introduced to congress.

What was your role or personal contribution to the development of this CLMA-backed legislation?

Blanchard: I served as Chair of the Health Care Policy Committee (HCPC) in the late 1990's and then again over the past two years. I was responsible for facilitating many of the meetings where the ideas were formulated that ended up comprising the bill. I have worked in most laboratory settings. I tried to represent the many testing sites and situations where testing is performed, so that all perspectives are considered.

What do you feel you contributed most?

Blanchard: Starting in the late 1990's I facilitated the brainstorming sessions that planted the seeds of the eventual Institute of Medicine study that sought to describe the inadequacies of the current fee schedule. I was able to contribute specific content knowledge because of my background but feel the most important contribution was the facilitation of the meetings and keeping the process moving and engaging for committee members.

On a larger scale, what did it take to get the CLFS legislation introduced?

Blanchard: It took a combination of highly competent and committed CLMA volunteers and staff personnel. The group was willing to take chances, but realized it needed to engage other laboratory advocacy groups in getting the legislation introduced. CLMA was uniquely positioned to represent a variety of testing locations and geographies generating the needed respect from

legislative members. There have been a litany of CLMA members who have helped with fleshing out the subject - I will surely leave some out and get in trouble because many were involved. Folks like Wendell O'Neil helped think over high level impact of proposed options and what outcomes might be envisioned. Larry Peterson helped put detailed models together, looking at different costs incurred in providing test results in different settings. Mary Jo Bonifas and Chris Young have been in the middle of many of the discussions. Of course Kathy Ayres and Jeff Boothe have been key in formulating the ideas and keeping the process going. Most everyone on the current Health Care Policy Committee has also had input and given the process direction.

To read this article in its entirety, please visit http://www.clma.org/files/pubfiles/Lab_Management_NL_PDF-2008/03_July_August_2008_newsletter.pdf.

Manhattan Physicians Laboratories

ROSELAND, N.J.—(Business Wire)—

Manhattan Physicians Laboratories, a newly formed independent clinical laboratory led by former executives of Quest Diagnostics, announced today that it has completed the acquisition of Genatom Inc. Genatom provides predominantly routine laboratory services for clients in the New York-New Jersey metropolitan area from its main laboratory based in Roseland, New Jersey. In addition, Genatom reaches into parts of Pennsylvania and Delaware.

Manhattan Labs was founded with the goal of creating the premier service oriented, high quality independent clinical laboratory in the New York metropolitan area, with a focus on



Jack Redding, LifePoint President addresses group



Meg Modes, Technical Service Representative and Mark Klisman, Diagnostic Services Representative from St. Mary Mercy Hospital



Preston Law, LifePoint CTO and Janet Cohen from Medical Diagnostics Laboratory

2008 National User's Meeting

LifePoint Informatics held its National User's meeting on June 17, 2008 at the Bellagio Resort in Las Vegas. The full day meeting was attended by clients, vendors and staff.

To view a copy of the program please visit <http://www.lifepoint.com/presentation/program.pdf>.

Copies of the speaker handouts can be found on <http://www.lifepoint.com/presentation.cfm>.

LifePoint plans to have a User's meeting in 2009. Dates and location will be announced at a later time.

Manhattan. It is backed by a \$20+ million capital commitment from venture capital investors led by New York healthcare venture capital firm, Trevi Health Ventures.

Manhattan Labs' President, Thomas Golubic said: "The acquisition of Genatom represents an important first step in Manhattan Labs' strategy. This acquisition will provide us with the initial critical mass and reach to start us on our way to becoming the leading lab in the leading market - Manhattan - in the U.S."

BloodCenter of Wisconsin in partnership with LifePoint informatics announce launch of national connectivity rollout.

Clients of the BloodCenter of Wisconsin Diagnostic Laboratories have long expressed a desire to reduce paperwork and to control their own access to their test results. BloodCenter of Wisconsin and LifePoint Informatics collaborated to provide a web-based tool in response to those requests. "Our nationwide marketing launch is this week, and we're very excited about letting all of our customers know about the benefits they'll experience with the web-based tool," says Betsy Vokac, Diagnostic Laboratories Marketing Manager.

Diagnostic Laboratories at BloodCenter of Wisconsin now offers web-based ordering and a results viewing system. In response to clients' feedback, Diagnostic Laboratories have collaborated with LifePoint Informatics, an industry leader, to bring the client the ease and efficiency of electronic connectivity. Web-based ordering and results offers 24/7 access to order testing and view results. It is a secure website where the user controls access so unauthorized persons cannot gain access to patient data. LifePoint is easy to use. Clients simply type in their information without the need to fill in and fax paper requisitions, and results are available as soon as they are complete so there is no waiting for faxes or mailed copies to arrive.

BloodCenter of Wisconsin advances patient care by delivering life-saving solutions grounded in unparalleled medical and scientific expertise. BloodCenter of Wisconsin was founded over a half century ago by the Milwaukee Junior League as a not-for-profit, community-based blood bank. Virginia Brooks

Jefferson was President of the Junior League and headed the committee that funded, organized and opened BloodCenter in 1947. Virginia served as the first board president and later, CEO of BloodCenter for 16 years. In many ways, Virginia developed the unique integrated model of medicine, science and service that has made BloodCenter the national model it is today.

Since 1947, the organization has grown to over 750 employees and evolved into a multi-faceted, world-renowned institution focused on blood collection, testing, treatment and research. Across the years, what has remained unchanged is our commitment to providing healing and hope to patients in need of blood or battling blood-related diseases. We are doing more good than you know.

The LifePoint mission is to assist and enable healthcare systems to offer convenient, timely and interactive results to electronic medical record systems, and receive pre-validated orders from their physician clients to satisfy the physician's need to save time and improve patient satisfaction. LifePoint Informatics is a healthcare IT company serving the specific needs of Laboratories, Hospitals, and Health Networks. The LifePoint suite of connectivity solutions enables outreach programs to connect, compete and comply. LifePoint Informatics' central office is located in Midland Park, New Jersey. However, LifePoint spans nationwide with offices in New Jersey, Pennsylvania, Ohio, Michigan, Florida and California.

Mission Statement

The LifePoint mission is to assist and enable healthcare systems to offer convenient, timely and interactive results to electronic medical record systems, and receive pre-validated orders from their physician clients to satisfy the physician's need to save time and improve patient satisfaction.



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