

# CCNV Network Update

A Newsletter for Shareholders, Boards of Directors, Providers and Staff Members

## MEDICAL MANAGEMENT COMMITTEE INTRODUCES FIRST-EVER NETWORK STROKE GUIDELINE

Community Care Network of Virginia's provider-led Medical Management Committee recently developed and introduced the first Network Clinical Practice Guideline for primary and secondary prevention of ischemic stroke.

Stroke remains a major healthcare problem with staggering human and economic costs. Stroke ranks as the nation's third leading cause of death and is a leading cause of functional impairment. There is evidence that stroke incidence may be increasing. Primary prevention is particularly important because >70% of strokes are first events.

A major goal of the Network clinical performance improvement program is to link scientific evidence with practice. Extensive evidence is available from the American Heart/American Stroke Association, and other sources, which identifies the specific factors that increase the risk of stroke and provides strategies for reducing identified risk. The Medical Management Committee recently completed an extensive review of the scientific evidence and developed a comprehensive guideline for prevention of primary and secondary ischemic stroke. This guideline has been circulated for input from all Network Medical Directors and will be available in final form at the conclusion of the Medical Director comment period.

For the past ten years, the CCNV Medical Management Committee has developed and distributed Network clinical practice guidelines by reviewing the extensive, ever-changing evidence base and creating user-friendly guidelines geared toward the primary care setting to support providers at the point of care. Other Network clinical practice guidelines available include: Diabetes, Pre-Diabetes, Hypertension, Cholesterol and Obesity. For information on any of these tools, please contact me at [clynch@ccnva.com](mailto:clynch@ccnva.com).

Colleen Lynch, RN, MSN, CPHQ  
Director, Performance Measurement and Improvement

## Yet another reason to update to eCW V8.0...

*Want more than one LabCorp account number?*

Versions 7.7 or higher have this capability.

eCW sets up the account numbers which are stored in a table and tied to a specific facility. The only time eCW "shows" the account number is when they print a Req.

The same account number **can** be used for more than one facility, but eCW will need to know what facility goes to what account number so they can set it up correctly.

You can not specify the account from the lab order screen. Currently the only way that eCW allows you to change the facility/account number is at the scheduling of an appointment.

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**SALARY  
SURVEY  
RESPONSES  
DUE NOW!!**

## How to Avoid Crashing Your Outlook 2003

Your Outlook will crash if it gets too large. So what's too large you say? You will be approaching the danger zone at about 1,500,00 KB. You can check your file size from within Outlook by going to File/Data File Management – highlight the Data File (you may have only one) and click on Open Folder. Your folder will probably look like Personal Folders.pst (You may need to adjust your view to Details to see the Size).

So you're in the danger zone – now what? How can you avoid a crash? With a little work, you can steer clear of crashing – here's how. You will need to create a new data file for storage and move some of your older emails to this data file. While in Outlook go to File/New/Outlook Data File/Office Outlook Personal Folders File (.pst) and then click OK.

In the File Name line, type a new name like 'Archive 2007' or 'Personal' and then OK and in the next screen on the Name line, type the same name again 'Archive 2007' (or whatever). Apply and then OK.

Now you have a new storage file and can start moving your old emails to it. You can even set up this data file with additional folders for organization.

The file size of your current data file will refresh after a reboot.

If you have any problems with Outlook, please let me know.

*Kitty Poirier*

*Director of Information and Support Services*



## USER GROUP FORUM GONE NATIONAL!!

Propose agenda items at:

<http://survey.constantcontact.com/survey/a07e2fh1lidfpbdtfbb/start>

CCNV's current electronic User Group forum has gone NATIONAL.

Join the forum at:

<http://tech.groups.yahoo.com/group/ccnveclinicalworksusergroup/>

CCNV will be supporting the National effort of all FQHCs, RHCs and CHCs in their need to network and share solutions. Issues common to all and unique to these centers will be identified and prioritized. The results will be communicated to eClinical-Works who has requested just such a list in an effort to meet the centers' needs. We are looking for great things and enhanced communication from this approach.

**NOTE:**

**Next CCNV User Group Meeting**

**Holiday Inn, Roanoke, VA—May 7 and 8, 2009**

***Your Outlook  
will crash if it  
gets too large:  
The danger zone  
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1,500,00 KB***

## Comparing Network Coding Practices with a National Benchmark – What Do We Find?

In this addition of “The Coding Corner,” we look at coding practices from a small sampling of family practitioners within the CCNV Network. This sampling covers the time period from Dec. 1, 2008 – February 2, 2009. The graph below shows how our coding practices for established patient visits compare with a CMS benchmark <sup>1</sup>.

Through CCNV’s Electronic Medical Record (EMR) Coding Audit Project, we have found that in approximately 26% of the notes audited, the documentation supports a higher level of code than was assigned. The most commonly undercoded visits were those coded at 99213, while the documentation met criteria for a 99214 visit. The next set of visits that were undercoded were those coded at 99212, while the documentation met criteria for a 99213 visit.

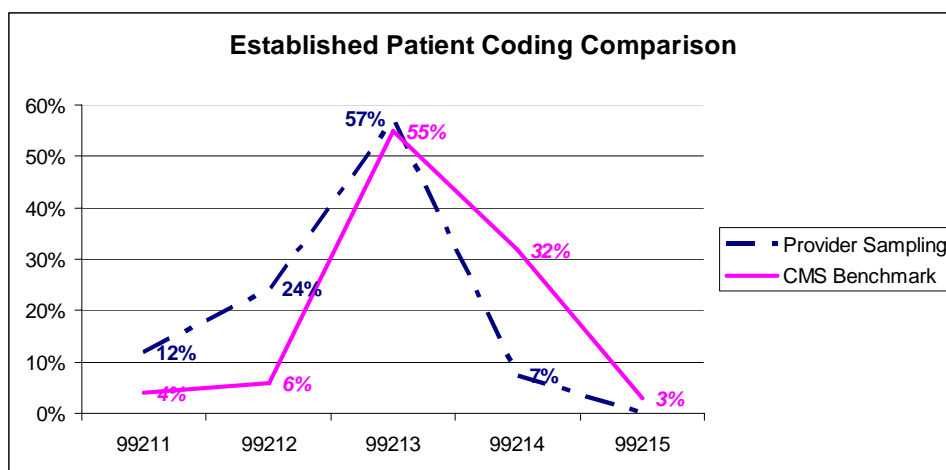
When we see a graph that compares our network providers’ coding patterns with a national benchmark, we can see those shortcomings more clearly. Even though our percentage of 99213 visits is close to the CMS benchmark of 55%, we are coding a higher number of 99212 visits and a lower number of 99214 visits than the benchmark. One can infer that some of the 99212 visits actually meet 99213 or 99214 criteria and some of the 99213 visits meet 99214 criteria.



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This coding pattern comparison further supports what our audits have begun to show. Our network physicians/mid-level practitioners tend to undercode the services that they provide. This undercoding not only affects the amount of revenue lost but also understates provider productivity. Providers may be seeing patients with more complicated issues; but, those higher levels of service are not being reflected in the coding.

As CCNV continues with the EMR Coding Audit Project, we will continue to give our network providers feedback on coding issues. It is so very important for our providers to remember how vital correct coding is to the organization’s health.

*Stephanie Anderson, CPC  
Research Coordinator*

## Virginia Vaccines for Children

The question often is asked “How do we bill for the Virginia Vaccines for Children?” According to the Project Manager, Crista Sullivan, at VVFC the website (<http://www.vdh.state.va.us/index.htm>) contains information that may be helpful.

**Billing Tip**-you are eligible to be reimbursed for the administration of the vaccines, but you must submit your HICFA 1500 form with the vaccine codes in order to receive the \$11.00 per vaccine administration reimbursement.

The Virginia Vaccines For Children (VVFC) program is a federal program established in 1994 to help raise childhood immunization rates in Virginia. Cost of vaccine and location of providers were determined to be barriers to immunization. Through partnerships with physicians, the VVFC program is designed to reduce the effects of these barriers. VVFC provides federally purchased vaccine, at no cost to health care providers, for administration to eligible children.

### **Eligibility for free vaccination:**

Medicaid, enrolled, including Medicaid HMOs, Uninsured (those without health insurance) Native American or Native Alaskans (no proof required) and under insured.

### ***Do you understand VVFC eligibility for these groups?***

Patients under the age of 19 are eligible to receive VVFC vaccines if they do not have any private health insurance, or if they are enrolled in Medicaid, Medallion, or a Medicaid HMO (Medallion II). HMOs that administer Medicaid through Medallion II include Virginia Premier Health Plan/ Medicaid Managed Care, Sentara Family Care, CareNet, UniCare Medicaid Managed Care, and Trigon HealthKeepers Plus.

However, these same HMOs administer the state insurance program FAMIS (Family Access to Medical Insurance, formerly CMSIP). FAMIS patients are **not** eligible to receive VVFC vaccines. FAMIS is not Medicaid. Check patients' insurance cards for the “FAMIS” word or logo.

***A good rule of thumb: If a patient has a co-pay, the patient is not eligible to receive VVFC vaccines.***

Remember to use private vaccine stock to vaccinate patients who are enrolled in FAMIS or who have private health insurance. Do not use VVFC vaccines to bill for FAMIS.

*Diane Harris*  
Director of the Central Business Office

### ***A good rule of thumb:***

***-If a patient has a co-pay, the patient is not eligible to receive VVFC vaccines.***



# eClinicalWorks Tip of the Month!!

## Cleaning up the EMR alerts...

Why is this important? One of the clinical measures reporting for 2009 incorporates the look back period of 2 years for women having had a PAP test. eCW has an EMR alert that can be configured for this measure. When the PAP test is ordered from within eCW the alert is satisfied. If the PAP test was done at another provider's location the alert can be satisfied by indicating when it was Last Done.

Open Alerts from the link in the progress note or from the patient hub.

You may also want to obtain the report from the other provider so the patient's record is complete.

Cleaning up the alerts will then assure accurate data for UDS reporting as well as making Patient Recalls and Registry searches valuable and useful. Patient Recall searches identify patients non-compliant with the EMR alerts. The list of patients can be used to Run Letters notifying the patients.



**eClinicalWorks  
Tip of the  
Month!**

The screenshot shows the 'Reminders' window for patient Christmas, Mary. It lists three generic alerts: colonoscopy (10 years), DEXA Hip and Spi (2 years), and Mammogram (1 year). The 'Last Done Date (Mammogram)' dialog box is open, showing the 'Last done' date as 2/24/2009 and a frequency grid with options like 1W, 2W, 3W, 4W, 6W, 2M, 3M, 4M, 6M, 1Y, 2Y, 3Y.

Type	Test	Frequency	Last Done	Result	Due Date	Notes	Suppi
<input type="checkbox"/>	Generic	colonoscopy	10 years		02/24/2009		X
<input type="checkbox"/>	Generic	DEXA Hip and Spi	2 years		02/24/2009		X
<input type="checkbox"/>	Generic	Mammogram	1 year		02/24/2009		X

*Dianne Fore  
Information Technology Instructor*

## *Training Tid Bits*

### **Launch of the new CCNV Training Portal is Imminent!**

*Want 24/7 access to a series of detailed but short videos?*

*Would How-To documents be helpful?*

*How about some user forums to share solutions among peers?*

*Combine these with live monthly training webinars and you have the framework for CCNV's new training portal.*



## **SPRING TRAININGS**

*May 7 & 8, 2009: eCW User Group Meeting in Roanoke, VA*

*May 13-15, 2009: eCW Super User Training in Meadowview, VA - 9am to 4pm daily*

**Just upgraded and want to bring training to your location for V8.0? This can happen!**

Vote for V8.0 training locations at:

<http://survey.constantcontact.com/survey/a07e2gfcuo2fqtrdn5z/start>

Contact Dianne Fore at [dfore@cnva.com](mailto:dfore@cnva.com) to register for any of the above training sessions or to arrange for training at your center.

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