Community Care Network of Virginia, Inc.

June 2009

CCNV Network Update

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

Inside this issue:

6802 Paragon Place
Suite 630
Richmond, VA 23230

Phone: 804-237-7686
Fax: 804-237-7699
www.ccnva.com

Red Flags – Do You Have Any?

Identity theft is more prevalent than ever in today's world of technology and advancements. We hear stories of identities being stolen and lives being burdened by the inconveniences of having to clear one's credit reports and start over with credit accounts. As health care providers, we require personal information to set up our patients' billing and medical record accounts. We have an obligation to protect that information.

The Federal Government, more specifically, the Federal Trade Commission (FTC) has published a set of rules (The Red Flags Rules) to address this issue. The Red Flags Rules require financial institutions and creditors to develop and implement a written Identity Theft Prevention Program. Health Centers that regularly extend, renew, or continue credit to patients and that offer covered accounts are considered "creditors" and must comply with the Rules. The FTC considers health care providers as creditors if they regularly bill patients after the services are performed. Included in this definition are accounts that have been set-up on payment plans.

The FTC identifies four steps when developing an Identity Theft Detection and Prevention Program:

1. Identifying Red Flags
2. Detecting Red Flags
3. Responding to Red Flags
4. Updating the Program Periodically

Several resources are available to help Health Centers develop programs that are suited to each organization's operations. In April, CCNV developed and sent out to all shareholders a template for an Identity Theft Detection and Prevention Program. Included in this template were policies and procedures that address the required elements for a program. Other helpful resources include:

- The "Red Flags" Rule: What Health Care Providers Need to Know About Complying with New Requirements for Fighting Identity Theft:

  http://www.ftc.gov/bcp/edu/pubs/articles/art11.shtm

- An Issue Brief from NACHC: FTC Red Flag Rule Considerations in Developing an Identity Theft Prevention Program:

  http://www.nachc.com/client/documents/FTC_Red_Flag_ITPP_IB_4_8_09[1].pdf

- FTC Will Grant Three-Month Delay of Enforcement of 'Red Flags' Rule Requiring Creditors and Financial Institutions to Adopt Identity Theft Prevention Programs:

  http://www.ftc.gov/opa/2009/04/redflagsrule.shtm

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The effective date for compliance with the Red Flags Rules has been postponed from May 1, 2009 to August 1, 2009

The effective date for compliance with the Red Flags Rules has been postponed from May 1, 2009 to __August 1, 2009__. The three month delay will allow our Network Centers more time to develop and implement an Identity Theft Detection and Prevention Program. At this time, there are no criminal penalties for non-compliance with the Rules; however, civil penalties could apply. But, more importantly, compliance with the Red Flags Rules demonstrates our commitment to our patients that we are doing our part to protect them from identity theft.

[1] The FTC defines "identity theft" as "a fraud committed or attempted using the identity of another personwithout authority." 16 C.F.R. § 603.2(e).

[2] "Credit" is "the right granted... to defer payment of debt or to incur debts and defer its payment or to purchase property or services and defer payment therefore." 15 U.S.C. § 1691 a(d).

[3] Covered account is any "account that a ... creditor offers or maintains, primarily for personal, family, or household purposes, that involves or is designed to permit multiple payments or transactions ... and [a]ny other account that the ... creditor offers or maintains for which there is a reasonably foreseeable risk to customers or to the safety and soundness of the ... creditor from identity theft, including financial, operational, compliance, reputation, or litigation risks." 16 C.F.R. § 681.2(b)(3).

Stephanie Anderson
Research Coordinator

QUALITY IMPROVEMENT COMMITTEE LEADS CCNV TO THE NEXT IMPORTANT PHASE OF EMR IMPLEMENTATION: PERFORMANCE IMPROVEMENT

Perhaps the most important goal of EMR implementation is obtaining reliable data that can be used to measure and improve performance.

Dr. W. Edwards Deming, widely regarded as the leading quality guru in the US, was known for saying "You can't control what you don't measure". Without measurement, there is no way to know how a process is performing, therefore, no way to improve it. Measurement allows us to: manage by facts (rather than opinions); establish a baseline to know how a process is performing before making changes; identify the effects of improvements on a process; and integrate lasting changes into routine practice.

With mature EMR data from some of CCNV's early-adopters of EMR, the CCNV Quality Improvement Committee, a multi-disciplinary committee of current and future EMR users, recently began reviewing network-wide EMR data, identifying "best practice" locations that are able to share process tips and success stories, and establishing performance targets for each of the CCNV measures.

Some of the early quality improvement activities derived from use of EMR data include:

- provider education/re-education on CCNV clinical practice guidelines
- primary care provider validation of blood pressure readings
- education related to LDL testing in fasting and non-fasting patients
- staff education on BMI assessment and documentation
- provider education on the recommended populations who are known to benefit from aspirin/Antithrombotic use
- identification of patients due or overdue for testing for outreach or intensified intervention.

As EMR data matures, the Quality Improvement Committee will identify potential QI projects for future focus based on the ongoing analysis of EMR data.

For information on becoming part of the EMR data group or the CCNV Quality Improvement Committee, please contact Colleen Lynch at clynch@ccnva.com.

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

CMS Updates

Important Medicare Enrollment Changes and Provider Documentation Requirements - CMS CR 6310

Change Request (CR) 6310 implements regulatory changes found in the Calendar Year (CY) 2009 Medicare Physician Fee Schedule (MPFS) Final Rule with comment (CMS-1403-FC). All Medicare physicians, providers and suppliers as well as those who are considering applying to participate in the program should be aware of the new rule and of upcoming changes to the Medicare enrollment process.

Here are some important changes:

Effective date of Medicare billing for physicians, certain non–physicians practitioners and physician and non-physicians practitioner organizations

EXAMPLE 1: Dr. Joe is establishing a new practice location July 1, 2009, and submits his enrollment application June 10, 2009. The effective date is July 1, 2009. Obviously, there is no period of retrospective payment since Dr. Joe submitted his CMS--855 application prior to the start date.

EXAMPLE 2: Dr. Joe started working January 2, 2009, and submits his enrollment application March 1, 2009. Dr. Joe's effective date of filing is March 1, 2009, but his effective date for billing purposes is limited to the 30 days prior to March 1, 2009. In this case, Dr. Joe's effective billing date is January 31, 2009. (Note this calculation includes 28 days for February).

Time frames for reporting changes of information:

The following changes must be reported **within 30 days**:
A change of ownership
A final adverse action; or
A change in practice location

Please read this information carefully. It will affect all *new* providers and their ability to see Medicare patients and bill for their services.

Information concerning these changes can be found at the Medlearn Matters website (see link below). Refer to: CMS-Manual, Pub 100-08: Medicare Program Integrity Transmittal 289, Date: April 15, 2009. (**See section 6.1.4 *Effective Billing Date for Physicians***).

http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6139.pdf

The following changes must be reported within 30 days:

- A change of ownership
- A final adverse action; or
- A change in practice location

Protest Notice: Stop-Work Order for the J11 MAC

CCNV continues to keep watch over who will be awarded the J11 MAC which includes the state of Virginia. *CCNV will keep you updated with their decision.*

Evelyn Peña-Morton
Director of Contracting

Report from April eClinicalWorks FQHC Roundtable

An eClinicalWorks Users Group meeting at the NACHC March conference and subsequent conversations with Girish Kumar Navani, President of eClinicalWorks brought the centers together at the April roundtable hosted by eClinicalWorks for a Strategy Session as well as a Product Session. The purpose was to share concerns and successes of transition across the nation's Health Centers to eClinicalWorks.

The April roundtable meeting goal was to create a new working alliance to meet the needs of Health Centers

The April roundtable meeting goal was to create a new working alliance to meet the needs of Health Centers. Centers from Arkansas, California, Colorado, Connecticut, DC, Florida, Georgia, Illinois, Massachusetts, Michigan, Montana, New Jersey, New Mexico, New York, , North Carolina, Rhode Island, Virginia, Vermont and Utah worked with eCW's senior staff and staff who have worked with Health Centers. The general consensus was that everyone would benefit from successful use of eClinicalWorks and a cooperative effort is needed to make that happen.

To provide some structure to the process breakout workgroups in the areas of Product Development, Reporting, Change Management, Support and Knowledge Management were formed.

The findings of the workgroups were:

1. The need for Health Centers to be more organized as a group.
2. The need for eCW to commit resources to fully support Community Health Centers using eCW – including support for a collaborative, accountability structure that brings Health Centers and eCW together on a regular basis.

Actions needed:

1. Health Centers will establish a users group structure with NACHC's support
2. Commitment from eClinicalWorks to develop a dedicated FQHC Team and support the collaborative structure that emerges. The staff dedicated to this team should have expertise in FQHCs, financial reporting, clinical reporting, regulatory (state and national) reporting, project and process management.

A National eCW Users Group was established with specific tasks for completion before the next group meeting at the NACHC CHI meeting in August. Further work will be done defining the structure of the group at this meeting. The six areas identified for workgroups and the group leads are as below:

- ***Reporting:*** *Kim Arispe,* karispe@gaphc.org
- ***Dental:*** *Merle Cunningham,* mcunningham@lmcmc.com
- ***Behavioral Health:*** *Lisa Perry,* lperry@chcanys.org
- ***Change Management:*** *Lindsay Farrell,* lfarrell@ood.org
- ***Practice Management:*** *Sandy Worden,* sworden@chcanys.org
- ***Customer Support:*** *Greg Wolverton,* Greg.Wolverton@wrrhc-ar.org

Volunteers from Health Centers across the country using eClinicalWorks are needed to work towards resolution of these issues. Please contact the lead for each group and mlardiere@njachc.com at NACHC to join a workgroup.

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Successful use of eClinicalWorks is dependent on sharing information among each other, use of best practices and the ability to speak as one voice to eClinicalWorks

The reporting workgroup is well represented from centers across the nation but the other groups need volunteers. A Steering Committee was identified consisting of the following people who are current users of eClinicalWorks. This committee's purpose is to coordinate the activities of the workgroups and also be a voice to speak for all Health Centers on issues specific to establishing priorities and reviewing eClinicalWorks deliverables etc.

- ***Nancy Oswald*** *- Redwood Community Health Center, CA* noswald@rchc.net
- ***Paloma Hernandez*** *– Urban Health Plan,NYC* paloma.hernandez@urbanhealthplan.org
- ***Merle Cunningham*** *– Sunset Park Lutheran Family Health Centers, NYC* mcunningham@lmcmc.com
- ***Mark Masselli*** *– Community Health Center, Inc*., CT mark@chc1.com
- ***Sharon Baskerville*** *– DC PCA, DC* sbaskerville@dcpca.org
- ***John Santistevan*** *– Salud Family Health Centers, CO* jsantistevan@saludclinic.org
- ***Dianne Fore*** *– Community Care Network of Virginia, VA* dfore@ccnva.com
- ***Robert Lemeiux*** *– Outercare CHC, MA* rlemieux@outercare.org
- ***Greg Wolverton*** *– White River Rural Health Center, AR* greg.wolverton@wrrhc-ar.org (*requested by group as Davies Award recipient)*

The eClinicalWorks deliverables identified for the time period between now and August are:

- develop COGNOS as a more useable tool for Health Centers clinical and financial reporting
- establish a searchable knowledge base
- develop a content distribution mechanism for Health Centers to share information among each other (forms, templates, etc.)
- develop eCW's FQHC Department with staff having expertise in FQHCs, financial reporting, clinical reporting, regulatory (state and national) reporting, project and process management
- development of a monthly communication vehicle (email or electronic newsletter)
- development of a monthly webinar identifying challenges. Health Centers agree to participate with one or two occurring before August.

A key component of the National User Group is CCNV's newly launched open electronic forum specifically for Community Health Centers using eClinicalWorks. Health Centers can ask questions regarding problems, share information and resolutions to problems etc. The forum URL is http://forums.ccnvtraining.com/index.php.

Health Centers using eClinicalWorks should consider assigning at least one person to participate in this forum in order to keep up with new developments and share lessons learned, and successes with each other.

Successful use of our chosen software, eClinicalWorks, is dependent on sharing information among each other, use of best practices and the ability to speak as one voice to eClinicalWorks for a coordinated effort to best service all Health Centers and their patients.

Dianne Fore
Information Technology Instructor

eClinicalWorks—TIP of the Month!!

ACTIONS – New in V8.0

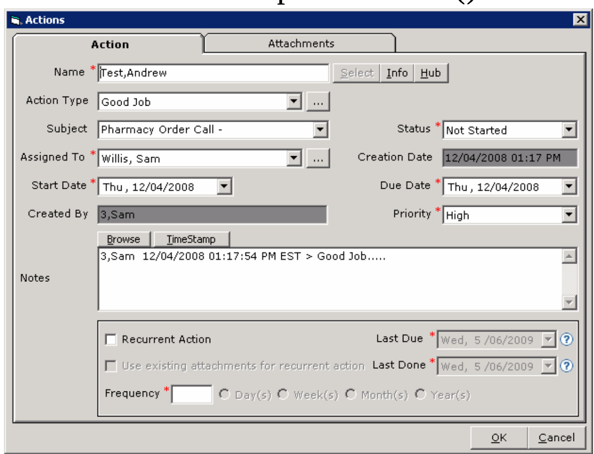
Q: *Been looking for a tickler to alert you when something is due?*

A: Now you have Actions which can be created and assigned to staff.

Q: *Can't seem to find all of the Telephone Encounters in your jelly-bean*?

A: Actions assigned to the user appear in the T jellybean count.

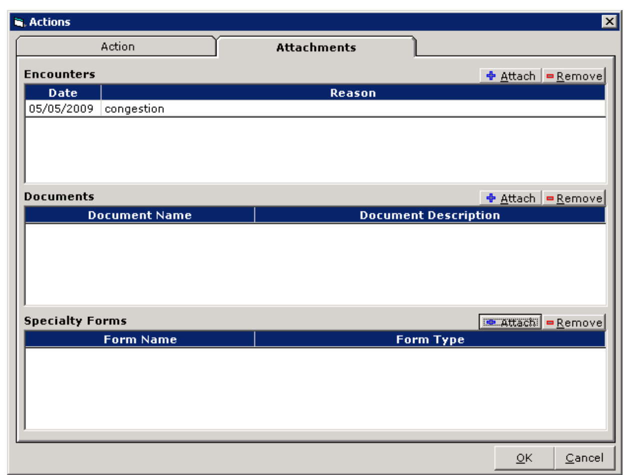
To access their assigned Actions users must click on the T (not the jel-lybean) and then on Actions. The number of Actions in the queue for the user shows in parentheses ().



The Action does not show up in the user's queue until the date it is due.

Actions can also be recurring. You decide!

Click on the Attachments tab to make pertinent en-counters, scanned docu-ments, or specialty forms readily available for the staff member when working the Action.



(Click Attach in the corre-sponding area then choose what you wish to attach from the list in the dialoue-box that opens.)

Use for patient demographics follow-up or clinical follow-up. These are patient specific but NOT part of the patient chart.

Health Information Technology Updates

Training Portal

The new CCNV training portal is scheduled to be released this September. The training portal will provide hours of How-To videos, tutorials, articles and training.

Monthly training portal subscribers will get access to new training content each month and will be able to contribute tips and tricks to other members.

Look for the official launch announcement coming soon.

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FHQC User Forums

CCNV is now hosting the eClinicalWorks Online Users group, supported by the National Coalition of Health Centers. This online based community will serve as a hub for exchanging ideas among other Health Centers across the nation, provide user to user support, and serve as a collaborative, unified voice for making recommendations directly to eClinicalWorks.

Access to the forums are open to everyone and registration is free. Individuals may register at http://forums.ccnvtraining.com

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Kiosk Updates & Pilot

The first Seepoint/KioHealth kiosk as been purchased and CCNV is in the early planning stages to determine the scope of the Kiosk Pilot. During the pilot planning phase, key CCNV staff, with help from the Kiosk task force and others from the CCNV network, will determine which features and data collection points will be developed first.

If you would like to participate in the Kiosk Pilot Project, provide feedback or have any questions, please contact Jeff Czyzewski (jczyzewski@ccnva.com)

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Please contact Jeff Czyzewski to participate in the Kiosk Pilot Project!

Yet another reason to update to V8.0

Want more than 1 LabCorp account number?

Versions 7.7or 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 a requisition is printed or when the quick transmit button is used.

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. The account number **cannot** be specified from the lab order screen or office visit-view orders screen.

When the labs are transmitted to LabCorp, the account number categories drop down will show for facilities which have multiple account numbers configured. The appropriate **account is selected in this window**.

If you have upgraded and want this set up contact eCW with a support request to configure the lab accounts for your facilities.

ALERT!

CHANGES IN HOW YOU SHOULD BE CAPTURING DATA FOR UDS REPORTING.

The UDS task force comprised of centers from a number of states working in conjunction with eClinicalWorks has reached a consensus on how data should be captured for more accurate UDS reporting. It is very important that you make the needed changes and begin using the new fields for data capture at once!

Every Center should have received documents via email with screenshots and instructions on how to build the structured data you need to capture the data. UDS reporting programming will pull information from these new structured data fields in the Additional Information page of the patient demographics.

It will not be necessary to manually migrate veteran status from the misc page to the structured data fields as eCW has advised they will create utilities to pull Veteran status from the previously used Misc field into the structured data field ***if the structured data field is blank.*** SO, front desk staff should continue to confirm veteran status at check in and complete the veteran status **in the structured data field** from this time forward for future purposes.

Submitting FPAR (family planning) reports? eCW has reports for FPAR in Beta testing now. There are associated changes in how you will need to capture data fields for this report also. Documentation on building the structured data fields for capturing the data have also gone out to all CCNV centers on eCW. Further information on the reports will be forthcoming after positive test results. Meanwhile you will want to get the structured data built and start collecting the pertinent data.

If you did not receive the documents, cannot find them, or need help building the needed structured data fields you should feel free to contact me at dfore@ccnva.com.

6802 Paragon Place
Suite 630
Richmond, VA 23230

Phone: 804-237-7686
Fax: 804-237-7699
www.ccnva.com

CCNV Shareholders

Alexandria Neighborhood Health Services, Inc.
Bassett Family Practice
Bland County Medical Clinic, Inc.
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Stony Creek Community Health Center
Tri-Area Community Health

Affiliated Practices

Loudoun Community Health Center

The CCNV Staff

David Selig
Chief Executive Officer
dselig@ccnva.com
Ext. 111

Stephanie Anderson
Research Coordinator
sanders@ccnva.com
Ext. 136

Andrew Baker
Programmer/Analyst
abaker@ccnva.com
Ext. 101

Sherry Farley
Controller
sfarley@ccnva.com
Ext. 110

Izzy Gast
Network Coordinator
izgast@ccnva.com
Ext. 100

Colleen Lynch
Director, Performance Measurement and Improvement
clynch@ccnva.com
Ext. 105

Evelyn Peña-Morton
Director of Contracting
emorton@ccnva.com
Ext. 109

Lucas Wadsworth
Intern
lwadsworth@ccnva.com
Ext. 100

Health Information Technology

Jeff Czyzewski
Chief Information Officer
jczyzewski@ccnva.com
Ext. 102

Dianne Fore
Information Technology Instructor
dfore@ccnva.com
Ext. 128
(804) 512-5064

Kitty Poirier
Director of Information and Support Services
kpoirier@ccnva.com
(757) 345-3378

Teresa Worley
Help Desk Technician
tworley@ccnva.com
(866) 642-4146

Credentialing

Leona Roach
Director of Credentialing Services
lroach@ccnva.com
Ext. 104

Antoinette Braggs
Credentials Coordinator
abraggs@ccnga.com
Ext. 138

Sylvia Childs
Credentials Coordinator
schilds@ccnva.com
Ext. 130

Mary Phillips
Medical Staff Coordinator
mphillips@ccnva.com
Ext. 139

Cynthia Roberts
Senior Credentials Analyst
croberts@ccnva.com
Ext. 106

Jenna Stromberg
Provider Enrollment Assistant
jstromberg@ccnva.com
Ext.108

Tamika Rodriguez
Credentials Analyst
trodriguez@ccnva.com
Ext. 107

Central Business Office

Diane Harris
Director of Central Business Office
dharris@ccnva.com
Ext. 200

Dana Adams
Patient Account Coordinator
dadams@ccnva.com

Marti Brown
Patient Account Coordinator
mbrown@ccnva.com

Alison Davis
Patient Account Coordinator
adavis@ccnva.com

Kelly Delp
Patient Account Coordinator
kdelp@ccnva.com

Vannessa Jeter
Patient Account Coordinator
vjeter@ccnva.com

Monica Johnson
Patient Account Coordinator
mjohnson@ccnv.acom

Lindsay Kemp
Patient Account Coordinator
lkemp@ccnva.com

Amanda LeBeau
Receipt Coordinator
alebeau@ccnva.com

Denise Manzelli
Patient Account Coordinator
dmanzelli@ccnva.com

Laura Penwell
Business Manager
lpenwell@ccnva.com

Sophanna Phouthakhanty
Patient Account Coordinator
sphouth@ccnva.com

Sandi Shepherd
Patient Account Coordinator
sshepherd@ccnva.com

Dodie Strickland
Patient Account Coordinator
dstrickland@ccnva.com

Angela Strudwick
Patient Account Coordinator
astrudwick@ccnva.com

Theresa Washington
Patient Account Coordinator
twashington@ccnva.com