

# CCNV Network Update

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

## Update on ICD-10 Coding System

### Inside this issue:

Red flags Rule-Update	2
Update on CAQH	3
CMS Application Updated	4
eCW Training News	5
CCNV Quality Forum	6
Staff Directory	7



6802 Paragon Place  
Suite 630  
Richmond, VA 23220

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

### Background:

On August 22, 2008, a proposed rule was published in the Federal Register to modify the standard code sets used for coding diagnoses and inpatient hospital procedures. The proposed rule discussed the adoption of the International Classification of Diseases, Tenth Revision, Clinical Modification (**ICD-10-CM**) and International Classification of Diseases, Tenth Revision, Procedure Coding System (**ICD-10-PCS**). These new code sets will replace the current ICD-9-CM, Vol. 1 & 2 and ICD-9-CM, Vol. 3, respectively.

**ICD-10-CM:** – The diagnosis classification system was developed by the Centers for Disease Control and Prevention for use in health care treatment settings within the United States. Diagnosis coding under this system uses a combination of 3 – 7 alpha and numeric digits to describe a condition. This diagnostic code set will be used by all providers, physicians and suppliers who submit claims for reimbursement for medical services.

**ICD-10-PCS:** – The procedure classification system (PCS) was developed by CMS for use in the U.S. for inpatient hospital settings **ONLY**. The new procedure coding system uses 7 alpha or numeric digits while the ICD-9-CM (Vol. 3) coding system uses 3 or 4 numeric digits. **NOTE: The ICD-10-PCS will not affect the way physicians, outpatient facilities and hospital outpatient departments use the CPT to code for procedures. CPT codes will continue to be used for all procedures in these settings.**

### Benefits of ICD-10-CM:

- **Flexibility** – allows for addition of new diagnoses as medicine advances
- **Specificity** – codes are exact enough to

identify diagnoses and procedures more precisely.

- ◇ Currently, there are ~ 14,025 ICD-9-CM codes
- ◇ Estimated there will be ~ 68,000+ ICD-10-CM codes

- **Better overall diagnostic data for:**
  - ◇ Measuring care furnished to patients
  - ◇ Updating payment systems
  - ◇ Processing claims
  - ◇ Making clinical decisions
  - ◇ Identifying fraud
  - ◇ Conducting research

### ICD-10 Final Rule Information:

- 5010 Electronic Transaction Standard – compliance date: **January 1, 2012**
  - ◇ 4010 Electronic Transaction Standard in place since 2003
  - ◇ All systems will need the 5010 version to accommodate ICD-10 codes
- The Final Rule for the implementation of ICD-10-CM was published on January 16, 2009. Compliance date is **October 1, 2013**. **NO EXTENSIONS WILL BE ISSUED.**
- ICD-10 Format: 3 – 7 characters:
  - ◇ Codes are categorized by body areas/systems
  - ◇ Alphanumeric structure – First digit is Alpha, second & third digits are numeric; fourth-seventh digits are alpha or numeric
  - ◇ General Equivalence Mapping (GEM) - Files published by CMS to map ICD-9-CM to ICD-10-CM and vice versa.

(continued on page 2)

**What To Do Now:**

With a compliance date in place for ICD-10-CM implementation, it is recommended that practices begin some planning:

- Begin discussions with software vendors to get estimated time frames for compliance with 5010 electronic transaction standards to accommodate ICD-10-CM codes. CCNV has commenced this activity with eCW.
- Develop a cross-functional team to discuss the impact of ICD-10 on the organization. Members should be in clinical, financial and information systems areas of the organization.
- Develop a plan and identify goals to be met (staff education, information systems change plans that includes testing & “go live” dates, documentation changes needed, etc.)
- Be selective in education efforts at this time:
  - ◊ Distance learning on guidelines - 2010
  - ◊ Specialty coding seminars - 2011

**Helpful Resources:****Final Rule to Adopt the ICD-10-CM/PCS Coding Set:**

<http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf>

**CMS Overview of ICD-10:**

[http://www.cms.hhs.gov/ContractorLearningResources/Downloads/ICD-10\\_Overview\\_Presentation.pdf](http://www.cms.hhs.gov/ContractorLearningResources/Downloads/ICD-10_Overview_Presentation.pdf)

**MLN Matters Article: The ICD-10 CM/PCS – The Next Generation of Coding:**

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0832.pdf>

*Stephanie Anderson  
Research Coordinator*

***CCNV has templates of policies and procedures to help with the development and implementation for compliance with the Red Flags Rule.***

***Contact Stephanie Anderson at [sanders@ccnva.com](mailto:sanders@ccnva.com)***

## **'Red Flags' Rule Deadline Extended until June 2010**

The Federal Trade Commission (FTC) has once again extended the compliance date for the Red Flags Rule to **June 1, 2010**. Previously, the deadline had been extended to November 1, 2009. An excerpt from an announcement published on October 30, 2009 by the FTC discusses the purpose for the Rule:

*The Rule was promulgated under the Fair and Accurate Credit Transactions Act, in which Congress directed the Commission and other agencies to develop regulations requiring “creditors” and “financial institutions” to address the risk of identity theft. The resulting Red Flags Rule requires all such entities that have “covered accounts” to develop and implement written identity theft prevention programs to help identify, detect, and respond to patterns, practices, or specific activities – known as “red flags” – that could indicate identity theft.*

CCNV has templates of policy and procedures to help with the development and implementation for compliance with this Rule. With the extension of the deadline, the FTC will provide additional guidance to those entities that must comply. CCNV will keep our Network Centers informed of any additional information that may be useful.

The full article referenced above can be found at:

<http://www.ftc.gov/opa/2009/10/redflags.shtm>.

*Stephanie Anderson  
Research Coordinator*

## PEELING BACK THE ONION ON PATIENT INSURANCE ID CARDS

The patient insurance identification card represents coverage for the benefit plan in which the patient is enrolled. The act of presenting an insurance card at the time of service does not guarantee coverage. It is the responsibility of the provider of service to confirm the following:

- Are you a participating provider with either the insurance network or the individual plan?
- If required by the plan, are you the patient's PCP?
- Is the insurance coverage valid on the date of service?
- Does the patient require a referral to receive services in your facility?
- Is the patient presenting with an "out of state" plan?



Staff members should construct a catalog of insurance cards that are presented by your patients for a reference guide. Copies can be made of the front and the back of the card, blocking out personal patient identifying information. Every insurance company offers numerous plans, it is the responsibility of the provider of services to know as much about each plan as possible. Many of these cards have identifying information for example: Famis plus logo, the suitcase printed on the Anthem card (coverage for services out side of your network if you have that benefit plan). Did you know that many "out of state" insurance plans pay the patients directly?

Differentiating between commercial plans and Medicaid HMO plans has a direct impact on the reimbursement received for the facility's Medicaid wrap report. If the front desk staff is not familiar with the

difference between the Anthem Healthkeepers insurance card and the Anthem Healthkeepers Plus card they will register the patient with the incorrect insurance type. When extracting data for your report these visits will not be reported.

The patient insurance identification card represents currency in the medical setting. It should be of the highest priority to insure it is not counterfeit.

*Diane Harris*

*Director of Central Business Office*

***The check-in process is the gateway to health care in your facility, it should also represent confirmation of insurance coverage for services performed.***

As a network participant with CCNV you are enrolled in numerous health plans through our contracting department. Does your front desk staff have this information available to them as a daily resource? Simply checking eligibility on line (which is the best practice method) does not guarantee reimbursement for all services. The check-in process is the gateway to health care in your facility, it should also represent confirmation of insurance coverage for services performed.

## Update on CAQH Numbers

If a provider already has a CAQH number it will be up to that provider to inform CCNV of the provider number, username and password. CAQH will no longer give CCNV that information. CCNV has been told by the representatives at CAQH that the provider will have to call and obtain that information (888-599-1771).

This will have to be done on all new providers you will have working at your practice(s).

If your provider has never had a CAQH number CCNV will obtain that number on their behalf and will set up a username, password and will complete that providers CAQH profile with your practice information. Please remember that CCNV will be the keepers of your provider(s) CAQH information.

**PLEASE REMEMBER THAT HEALTH PLANS DO USE CAQH TO CREDENTIAL AND RECRE-DENTIAL YOUR PROVIDERS SO IT IS VERY IMPORTANT THAT IT IS KEPT UP TO DATE.**

*Leona Roach*

*Director of Credentialing Services*

### CMS APPLICATION UPDATED EFFECTIVE DECEMBER 1, 2009

CMS has updated the 855I and the 855B enrollment forms. The new forms contain (02/08) (EF07/09) in the footer portion of the forms. Refer to the notice "[Effective December 1, 2009 – Updated CMS-855I and CMS-855B Enrollment Applications – CMS SE 0924](#)" for additional information.

#### **Revisions to the CMS-855I include:**

- Added "Speech-Language Pathologist" to pages 1 and 9.
- Removed the reference to the Healthcare Integrity and Protection Data Bank from page 12.
- Clarified that "individual (type 1) NPI" should be provided on page 4.
- Added the phrase "(blue preferred)" after "All signatures must be original and signed in ink" on page 26.
- Supporting documentation section has been revised to limit the amount of supporting documentation required.

#### **Revisions to the CMS-855B include:**

- Incorporated conforming regulatory changes throughout the application.
- Changed the term "adverse legal action" to "final adverse action" throughout the document.
- Removed the reference to the Healthcare Integrity and Protection Data Bank from page 11.
- Added the phrase "(blue preferred)" after "All signatures must be original and signed in ink" on pages 31–33 and 46.
- Supporting documentation section has been revised to limit the amount of supporting documentation required.

**Applications submitted on the older 02/08 version will be accepted until November 30, 2009. These changes will also be incorporated into the [Internet-Based Provider Enrollment, Chain and Ownership System \(PECOS\)](#).**

### VIRGINIA PREMIER GOLD

Effective December 31, 2009 Virginia Premier (VAP) will no longer offer the Virginia Premier Gold, Medicare Advantage Special Needs Plan (SNP). As VAP exits the Medicare program they will continue to support the VAP Gold members as they return to traditional Medicare or move to other plans. VAP Gold members have been notified of their coverage changes. For additional questions they can contact Member Services at 1-866-616-1039, members are encouraged to contact Medicare concerning their prescription

**Centers for Medicare & Medicaid Services** released a Med Learn Matter (MLN) notification Number: SE0920 revision date September 10, 2009 on H1N1 titled "Billing for the Administration of the Influenza A (H1N1) Virus Vaccine". Use the link below to view the MLN release: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0920.pdf>

### DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS)

Effective *October 1, 2009* DMAS revised the Federally Qualified Health Center (FQHC) application. The revised application can be found at: <http://www.dmas.virginia.gov/formslist.asp?Category=26&UserID=2&Type=8&Page=&btnGetForms=Search>.

### **EXPANSION OF THE CURRENT SCOPE OF EDITING FOR ORDERING /REFERRING PROVIDERS FOR DURABLE MEDICAL EQUIPMENT (DME), PROSTHETICS, ORTHOTICS, AND SUPPLIES**

CMS has recently issued a new requirement for providers that addresses the issue of providers ordering services and making referrals for Medicare beneficiaries who are not permitted by the Medicare program to do so. Providers must all go through a two phase process that will allow Medicare to 1) verify that the ordering physician has a current enrollment record in the Medicare system and that the NPI number is in that record, and 2) that the ordering physician is of a specialty that is eligible to order or refer.

Phase I (October 5, 2009 through January 3, 2010) – In this first phase, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) companies are being notified on their remittance advice that the ordering providers do not pass claims edits. The claim will be paid.

Phase II (January 4, 2010 and thereafter) – Claims submitted by DMEPOS suppliers that include providers who do not pass Medicare edits will have claims denied.

What this means for CCNV Centers – You have probably already started receiving information from your DME suppliers about this issue. All providers must go into the Provider Enrollment Chain and Ownership System (PECOS) and update their profiles.

CCNV has begun the process of researching what steps should be taken to ensure our providers PECOS profiles are updated in a timely manner. CCNV will hold a conference call in early December to discuss PECOS system update requirements. We will inform you the first of December what time and day the call will be held. For questions or concerns contact Evelyn Morton or David Selig at 804/237-7686.

*Evelyn Morton*  
Director of Contracting

## JUST IN TIME NEWS AND TRAINING!

Over the past several weeks CCNV has been working on a new improved website. The new website at [ccnva.com](http://ccnva.com) will be continuously updated with shareholder news, upcoming events and helpful tips, white papers and reports.

In addition to updated news and events, the website provides updated directories including the current CCNV Board of Directors, Provider and Practice Directories and Shareholder Directories.

Inside of the "Downloads" area, you can also find archived copies of the CCNV newsletter, Clinical Practice Guidelines and documents specific to departments within CCNV. Please note that you will be required to register for an account prior to receiving access to some of the provided downloads.

If you have a information that you feel would be helpful to share with other CCNV shareholders please contact either Jeff Czyzewski ([jczyzewski@ccnva.com](mailto:jczyzewski@ccnva.com)) or Izzy Gast ([izgast@ccnva.com](mailto:izgast@ccnva.com))



### UPCOMING CCNV TRAINING

We know that many people are busy and often email is overlooked, deleted or even caught in junk mail filters. CCNVTraining.com will always have the most up to date training schedules and courses available.

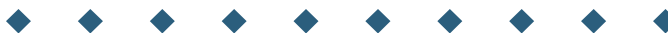
Please be sure to check the website frequently as new courses, tutorials and tips will be posted there as the site continues to grow.

#### *Current Upcoming Training*

**Advanced EMR Training:** December 8<sup>th</sup> & 9<sup>th</sup>, 9am-4pm, CCNV Training Center

**Super User Training:** December 15th-18th, 9am-4pm, CCNV Training Center

Please contact Izzy Gast ([izgast@ccnva.com](mailto:izgast@ccnva.com)), 804-237-7686 ext 100. to register for training.



### CCNV TECHNOLOGY COMMITTEE UPDATE

On October 27<sup>th</sup>, the CCNV Technology convened via conference call to begin setting the direction and goals for the new committee.

The role of the Technology Committee is help determine the best use of technologies, CCNV resources and the collaborative efforts of the CCNV network. If you would like to attend future CCNV Technology Committee calls or have ideas you would like to share with the Technology Committee, please contact Jeff Czyzewski ([jczyzewski@ccnva.com](mailto:jczyzewski@ccnva.com)), 804.237.7686 ext 102.

*Jeff Czyzewski*  
Chief Information Officer

## MARK YOUR CALENDARS!

**CCNV ANNUAL SHAREHOLDERS MEETING**

**WEDNESDAY, FEBRUARY 10, 2010**

**BERRY HILL RESORT AND CONFERENCE**

**SOUTH BOSTON, VIRGINIA**

*Meeting Details to Follow*

***Check out  
the new and  
improved  
CCNV  
website!!***

## CCNV MEDICAL MANAGEMENT COMMITTEE HOSTS INAUGURAL CCNV QUALITY FORUM

On November 5 and 6, 2009, the CCNV Medical Management Committee hosted the inaugural CCNV Quality Forum – a two-day meeting to celebrate the successes of the initial ten years of the CCNV Medical Management program (1999-2009), to examine the current landscape for quality improvement and to chart a course for future quality endeavors. Representatives from eleven health centers represented on the Medical Management and/or Quality Improvement Committees attended.

collect and analyze quality data; expanding the registry functionality of the EMR to support population management and reporting; and expanding the CCNV committee structure to support new quality initiatives.

Please look for updates on next steps on the quarterly Medical Director and Quality Improvement Committee calls.

*Colleen Lynch RN, MSN, CPHQ*  
Director,

*Performance Measurement and Improvement*

Preliminary action steps include: developing enhancements to the Network EMR to uniformly



**See list of  
documents now  
available at  
[http://  
support.eclinical  
works.com/](http://support.eclinicalworks.com/)**

### **New documents available on the eCW support portal.**

**Check them out at <http://support.eclinicalworks.com>**

#### **Just to list a few:**

- Document on the H1N1 CPT codes
- Document for capturing UDS Clinical Data
- Documentation for setting up and using Quality Measures
- Documentation on setting up and using the Chronic Care Reports module.
- Red Flags Rule Resources



*Dianne Fore*  
*Information Technology Instructor*

# The CCNV Staff



**Community Care Network  
of Virginia, Inc.**

6802 Paragon Place  
Suite 630  
Richmond, VA 23220

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.

Blue Ridge Medical Center

Capital Area Health Network

Central Virginia Health Services, Inc.

Clinch River Health Services, Inc.

Daily Planet

Eastern Shore Rural Health System, Inc.

Greater Prince William Community  
Health Center

Harrisonburg Community Health Center

HealthCare on the Square

Highland Medical Center

Horizon Health Services, Inc.

Johnson Health Center

New Horizons Healthcare

Piedmont Access to Health Services  
(PATHS)

Peninsula Institute for Community Health

Portsmouth Community Health Center

Southern Dominion Health Systems, Inc.

Southwest Virginia Community Health  
Systems, Inc.

Stone Mountain Health Services

Stony Creek Community Health Center

Tri-Area Community Health

## Affiliated Practices

Loudoun Community Health Center

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  
*Director of Training*  
dfore@ccnva.com  
Ext. 128  
(804) 512-5064

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

Erin Neiditch  
*Credentialing Assistant*  
eneiditch@ccnva.com  
Ext. 108

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

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

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

Wendy Seay  
*Patient Account Coordinator*  
wseay@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