

# CCNV Network Update

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

## Inside this issue:

Contracting Updates	2
eCW Tips	3-4
Trailblazer Info	5-6
The Billing Corner	6
Staff Roster	7

## CCNV Kiosk Update

CCNV is excited to announce that final testing of the Phase 1 Kiosk project has concluded and the pilot and Phase 1 rollouts are currently being scheduled. To recap, the Phase 1 initiative is to provide Patient Check-in capabilities via the Kiosk and provide an opportunity for qualifying patients to be screened using the PHQ-2 or PHQ-9 Behavioral Health questionnaires. The individual results of these screenings will be immediately available to the provider and recorded inside the provider notes.

your eligible locations. We will be scheduling future implementations on a first come, first serve basis. The estimated rollout time from your date of order is approximately six weeks.

If you are unsure whether your location is eligible to receive a Kiosk covered by grant funding, or have additional questions regarding the Kiosk project, please contact me at 804-237-7686 Ext 102.

Jeff Czyzewski  
Chief Information Officer

By now, everyone should have received a Kiosk ordering packet that includes pictures and descriptions of the two available Kiosks and an order form. Please complete these for each of

### **Congratulations to Andrew Baker, Programmer/Analyst!**

*Andrew Baker (Programmer/Analyst at the CCNV Center for Data and Informatics since 2008) has submitted an article for publication to the SAS Global Forum 2010. The paper has been accepted and he will present it at the SAS Global Forum in Seattle in April. The paper, titled "Improving Quality of Care for Chronic Disease in the Primary Care Setting – A Clinical Quality Improvement Program Using SAS and Electronic Medical Record Data", outlines the history, current progress and future plans for the CCNV clinical QI program. This is a great opportunity for us to get the word out about the trailblazing work going on right here in Virginia's community health centers.*

### **Tidbits from Credentialing....**

The CCNV Credentials Committee meets the third Friday of every month.

The closing of files to be presented to the Committee is the 2<sup>nd</sup> Friday of the month. This allows time for file audit, completion of profiles and committee preparation.

CCNV Credentialing has found that many centers obtain references during the hiring process. If these letters are acceptable to the center and can attest to current competency, letters do not need to be generated again by CCNV Credentialing. This can save a lot of time in the processing. Please let CCNV Credentialing know if references are not needed when sending in an initial file.

*Did you know ~ an expired reappointment application costs the center money?*

CCNV Credentialing reminds our centers that reappointment applications are sent four months ahead of the expiring date. This is plenty of time to get the application back in a timely manner. CCNV Credentialing sends all reappointment applications to the center's contact, which should insure that the applications are given to the providers and returned to the contact in a timely manner.

Leona Roach, CPCS, CPMSM  
Director of Credentialing Services



6802 Paragon Place  
Suite 630  
Richmond, VA 23230

Phone: 804-237-7686  
Fax: 804-237-7699

www.ccnva.com

# CONTRACTING UPDATES:

## ***Provider Enrollment, Chain and Ownership System “PECOS”:***

The Centers for Medicare & Medicaid (CMS) have expanded the Current Scope of Editing claims for Ordering/Referring Providers. This process will be implemented in two Phases.

**Phase 1:** October 4, 2009 to January 2, 2011.

**Phase 2:** begins January 3, 2011, (see Change Requests (CR) number 6417& 6421).

Prior to Phase 2 Physicians and Non-Physicians (NPPs) who order items or services for Medicare beneficiaries or who refer Medicare beneficiaries to other Medicare providers or suppliers, will have sufficient time to enroll in Medicare or take the action necessary to establish a current enrollment record in Medicare. A current enrollment record contains an *Individual Provider NPI number*. Under Phase 2 a Physician or NPP who orders or refers, and who does not have a current enrollment record that contains the NPI, will cause the claim submitted by the Part B provider/supplier to be rejected.

These changes apply to the following:

- Any Physician and NPPs enrolled in the Medicare program:
  - ◊ More than 6 years ago
  - ◊ Who have not submitted any changes to their enrollment; do not have an enrollment record in PECOS
  - ◊ In order to continue to order/refer items or services to Medicare beneficiaries an initial application is needed.
- Any Physicians and NPPs who are:
  - ◊ Enrolled in Medicare but, have not updated their provider files since 2003 need to update their enrollment records now.

*Useful websites:*

PECOS website - <https://pecos.cms.hhs.gov/pecos/login.do>

Ordering/Referring provider list updated periodically by CMS - [http://www.cms.hhs.gov/MedicareProviderSupEnroll/06\\_MedicareOrderingandReferring.asp#TopOfPage](http://www.cms.hhs.gov/MedicareProviderSupEnroll/06_MedicareOrderingandReferring.asp#TopOfPage)

CCNV is here to assist with any questions concerning PECOS or to assist in the enrollment process of their Authorized Officials or providers. Contact me at 804 - 237-7686 Ext 109.

## ***Expansion of CCNV Network:***

-Southwest Virginia Community Health System, Inc., adds “Southwest Regional Dental Center”- January 4, 2010

-Alexandria Neighborhood Health Services, Inc., adds “Casey Health Center”- January 19, 2010

-Capital Area Health Network adds “Glenwood Medical Center”– February 1, 2010.

## ***Centers for Medicare and Medicaid Services, (CMS):***

Announced in January of 2009, that Palmetto Government Benefits Administrators was awarded the Jurisdiction 11 (J11) Medicare Administrative Contractor (MAC) (Virginia, West Virginia, North and South Carolina) contract.

- CMS has not announced the transition date other than to indicate the transition should be complete by March 2011.

*Evelyn Peña-Morton  
Director of Contracting*



**PECOS Website** - <https://pecos.cms.hhs.gov/pecos/login.do>

**Ordering/Referring provider list updated periodically by CMS** - [http://www.cms.hhs.gov/MedicareProviderSupEnroll/06\\_MedicareOrderingandReferring.asp#TopOfPage](http://www.cms.hhs.gov/MedicareProviderSupEnroll/06_MedicareOrderingandReferring.asp#TopOfPage)

***Did you know that someone in your center should be getting updates bi-weekly from Lab Corp? You should monitor these and make any necessary changes to your eCW software so that labs transmitted to LabCorp electronically will reconcile correctly.***

**CHECK TO MAKE SURE THAT SOMEONE AT YOUR CENTER IS RECEIVING THESE UPDATES!**

If no one is, contact your Lab Corp representative to make sure you do receive them.

Once received follow the below instructions for updating your eCW to ensure that the attribute values for the lab populate.

1. From the EMR menu at the top of eCW choose labs.
2. Once the lab screen is open filter by Lab Company for LabCorpBi.
3. Using Lookup find the lab test with a change.
4. Click on the lab name and highlight it.
5. Click on View Lab Codes and make lab order number changes if needed.

Type	Name
	FSH and LH
	FSH, Serum

Lab	Code
LabCorpBi	028480

6. Click OK
7. Click on the lab name and highlight it again.
8. Click on Attribute Codes at the bottom
9. Click on 1 attribute to highlight it
10. Click on AttrCode at the top
11. Change the code for the attribute as needed.

Name	Add to Flowsheet	LOINC®
LH	<input type="checkbox"/>	10501-5
FSH	<input type="checkbox"/>	15067-2

(Continued on next page)

Lab	Code
LabCorpBi	004316

*Dianne Fore  
Director of Training*

## DO YOU KNOW WHAT YOUR CYCLE TIME IS?



***The CCNV Quality Improvement Committee has recently started tracking cycle time as the initial operational performance measure for the network.***

Office visit cycle time is the total time (in minutes) that a patient spends at the health center. The time begins at the time of arrival and ends when the patient leaves the health center. An understanding of cycle time can lead to increased efficiency, discovery of hidden capacity, generation of more revenue, reduced expenses and improved patient and staff satisfaction. Do you know what your cycle time is?

The CCNV Quality Improvement Committee has recently started tracking cycle time as the initial operational performance measure for the network. Cycle time measurement is an important first step in understanding the patient flow process and identifying problem areas. Before meaningful changes can be instituted, it is important to understand patient care process well enough to identify bottlenecks and understand their root causes.

There are industry benchmarks that can be helpful, but there is no such thing as ideal cycle time – and good patient flow cannot be defined in terms of a particular number of visits per day. The ideal for each health center should depend on the patient population served, the practice style of healthcare providers and the goals and priorities of the individual health center.

For additional information on cycle time, or for information on joining the Network Quality Improvement Committee, please contact me at (804) 237-7686 Ext. 105.

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

## **New Trainer at CCNV!**

**CCNV is proud to announce our new IT Instructor, Kelly Delp. Kelly has been internally promoted from our CCNV Central Billing Office. She brings with her over two years of experience in billing on eCW and will soon be certified by eCW as a Trainer.**

***Congratulations Kelly!!***

## How Do I SIGN?

Recently, there have been some questions as to requirements for signatures within patient medical records. In reviewing Trailblazer's documentation requirements for E & M visits, the carrier clarifies this question. Below is an excerpt from the October 2009 Trailblazer Bulletin (<http://www.trailblazerhealth.com/Publications/Newsletter%20-%20eBulletin/TrailBlazerBulletinOctober2009.pdf>):

Documentation for each patient encounter should include:

- The clear identity and professional credentials of all people who contributed to the service and/or record and who contributed which portion(s) of the service and/or record. All entries to the medical record should be dated and authenticated by the physician.

### Signature requirements:

- Medicare requires a legible identifier for services provided/ordered. The method used must be either a handwritten or an electronic signature (stamped signatures are not acceptable) to sign an order or other medical record documentation for medical review purposes. Electronic signatures must be identified as such.
- A facsimile of an original written or electronic signature is acceptable for the certification of terminal illness for hospice.
- (Reference: *CMS Pub. 100-08, Chapter 3, Section 3.4.1.1 B*)

The following list provides:

### Examples of acceptable electronic signatures:

- Chart "Accepted by" with provider's name
- "Electronically signed by" with provider's name
- "Verified by" with provider's name
- "Reviewed by" with provider's name
- "Released by" with provider's name
- "Signed by" with provider's name
- "Signed before import by" with provider's name
- "Signed: John Smith, M.D." with provider's name
- Digitalized signature: Handwritten and scanned into the computer
- "This is an electronically verified report by John Smith, M.D."
- "Authenticated by John Smith, M.D."
- "Authorized by: John Smith, M.D."
- "Digital Signature: John Smith, M.D."
- "Confirmed by" with provider's name
- "Closed by" with provider's name
- "Finalized by" with provider's name
- "Electronically approved by" with provider's name.

### Examples of acceptable handwritten signatures:

- The handwritten signature must be legible
- The handwritten signature must clearly identify the provider performing the billed services.

*(Continued on next page)*



***All entries to the medical record should be dated and authenticated by the physician.***

**Examples of unacceptable signatures:**

- The legible signature is missing from the documentation
- The signature is illegible
- The signature cannot be verified as that of the performing provider
- The signature is typewritten but not authenticated by either a handwritten signature or an electronic signature
- The provider's letterhead does not constitute legible identification
- The provider's initials do not constitute legible identification.

## Trailblazer Revises Requirements for Medical Decision Making Documentation

In October 2009, Trailblazer issued revised requirements for the Medical Decision Making (MDM) portion of an E & M visit. As a carrier for CMS, Trailblazer has the ability to revise the E & M Coding Guidelines published by CMS as long as the revisions do not contradict the original guidelines.

The most current revisions have been made to the subcomponents detailing the Number of Diagnoses/Management Options being addressed as well as the Amount of Data to Review. The requirements include more details about the specific number of diagnoses being addressed at the current visit and the types of management options the provider considers when treating the problem(s). In the Data to Review, the revised requirements address the number of tests ordered/reviewed in the various sections of the CPT manual.

When auditing future medical records for our Network Centers, CCNV will use these revised standards for the MDM section of the notes. For a complete look at the Coding and Documentation Reference Guide, refer to the link below at Trailblazer's website.

<http://www.trailblazerhealth.com/Publications/Job%20Aid/coding%20pocket%20reference.pdf>

\*\* Be Watching ~ in the next CCNV Newsletter, we will compare CMS' Standard MDM requirements to the more specific MDM requirements from Trailblazer \*\*

*Stephanie Anderson  
Research Coordinator*

### **THE BILLING CORNER**

*Diane Harris  
Director of Central Business Office*

#### **MEDICARE PART A TYPE OF BILL CHANGE – APRIL 1, 2010**

- ⇒ Effective 4-1-2010 all Medicare Part A claims must be submitted with type of bill 77X. The TOB is stored in ECW in your Medicare A insurance file under the UB92 tab. You will be required to manually change the TOB for any claims with dates of service prior to 4-1-2010 created after 4-1-2010.

#### **MEDICARE OUTPATIENT MENTAL HEALTH TREATMENT LIMITATION-JANUARY 1, 2010**

- ⇒ Change request 6686- Payments for outpatient mental health treatment for 2010 will increase from 62.5% to 68.5%. Over the next 4 years the allowable will increase. Effective 1-1-2014 the limitation will no longer exist and Medicare will pay outpatient mental health services at the same level as other Medicare services.

#### **WHAT CONSTITUTES A NEW PATIENT VISIT WITHIN THE SAME CORPORATION?**

- ⇒ CMS MLN Matters Article MM6740. A new patient is a patient who has not received any professional services within the previous *three year* period. This is the case even if the patient is referred to a specialist within the same group as a new patient.

#### **EMDEON VISION**

- ⇒ This is a user friendly application that all billing personnel using ECW should utilize. Currently you can review front end rejections, resubmit rejected claims, print out graphs referencing top payers by sum of rejected dollar amounts. In beta testing on this site is ERA downloadable reports that are easier to review than the internal ECW reports as well as a communication portal that you can access claim payer alerts for issues with electronic claim submission. Contact Emdeon for a release date!!

## The CCNV Staff



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.

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

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

Kelly Delp  
*IT Instructor*  
kdelp@ccnva.com  
(757) 717-3264

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*  
schild@ccnva.com  
Ext. 130

Erin Neiditch  
*Credentialing Assistant*  
eneiditch@ccnva.com  
Ext. 135

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

Cynthia Roberts  
*Provider Enrollment Specialist*  
croberts@ccnva.com  
Ext. 106

Tamika Rodriguez  
*Provider Enrollment Specialist*  
trodriguez@ccnva.com  
Ext. 107

Angela Smith  
*Credentials Coordinator*  
asmith@ccnva.com  
Ext. 108

**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

Vannessa Jeter  
*Patient Account Coordinator*  
vjeter@ccnva.com

Monica Johnson  
*Patient Account Coordinator*  
mjohnson@ccnv.com

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*  
sshpherd@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