

PROVIDER *Notes*

Tips to Ensure Compliance of Electronic Medical Records

Here are a few things to keep in mind if your electronic medical records (EMRs) are requested by the Centers for Medicare & Medicaid Services for validation:

- Print a hard copy of the EMR.
- Make sure all requirements are on each page, including patient name, date of service, and provider signature.
- Note the entire length of the record with a “Page # of #” notation (e.g., Page 2 of 4).

WHAT CONSTITUTES AN ACCEPTABLE PROVIDER'S SIGNATURE?

A provider's signature indicates his or her involvement and

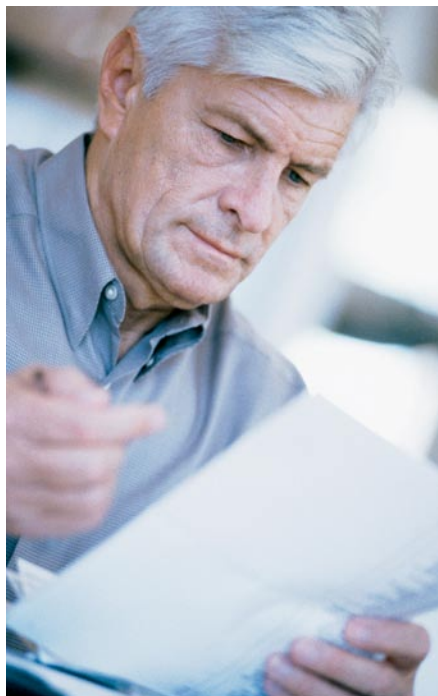
responsibility for the episode of care and related diagnosis. All records reviewed must be signed and dated by the physician or an appropriate physician extender (e.g., nurse practitioner). In addition, the physician must authenticate each note for which services were provided.

If there is a clear indication that the provider has reviewed the specific document, an electronic signature is acceptable. The system must authenticate the signature at the end of each note—with statements such as:

- “Electronically signed by”
- “Authenticated by”
- “Approved by”
- “Completed by”
- “Finalized by”
- “Validated by”

These statements should be followed by the practitioner's name, credentials, and date signed.

Charts must be signed in a timely fashion. Signatures may only be retroactively obtained for one year after the date of service.



ICD-9 CODES REVISED

Every year, the ICD-9 coding system is revised on October 1, after which the Centers for Medicare & Medicaid Services revises the crosswalk between the HCC system and ICD-9s so that changes may be taken into account. Rules for the HCC system require that coders use the version of the ICD-9 codes that are in effect on the date of the service being coded. The following codes will affect your HCC reviews, but should only be used for dates of service **after October 1, 2007:**

New codes:

- **200.30–.38** Marginal Zone Lymphoma
- **200.40–.48** Mantle Cell Lymphoma
- **200.50–.58** CNS Lymphoma
- **200.60–.68** Anaplastic Large Cell Lymphoma
- **200.70–.78** Large Cell Lymphoma
- **200.80–.88** Peripheral T Cell Lymphoma
- **331.5** Normal Pressure Hydrocephalus, probably coded with Compression of the Brain (348.4)
- **414.2** Chronic Occlusion of a Coronary Artery, one of the 414 codes for Coronary Atherosclerosis
- **423.3** Cardiac Tamponade
- **488** Avian Influenza
- **999.31** Infection from a Central Venous Line
- **999.39** Infection from another Infusion or Injection
- **V12.54** Sudden Cardiac Arrest

HEDIS Season Approaches



Healthcare Effectiveness Data & Information Set (HEDIS) is used by more than 90 percent of American health plans to measure performance of 71 measures in eight domains of care. With HEDIS data collected across a broad spectrum on specific measures, health plan performance may be compared with other plans to focus improvement efforts.

HEDIS is administered under the auspices of the National Committee for Quality Assurance (NCQA), a private, not-for-profit organization working with large employers, policymakers, doctors, patients, and health plans to consistently improve the quality of healthcare. Reporting of HEDIS measures by managed care organizations (MCOs) is required by the Centers for Medicare & Medicaid Services

(CMS). CMS uses the data to compare the quality of care delivered by various health plans.

HEDIS DATA COLLECTION PROCESS

In early 2008, Windsor is again asking providers to assist with the completion of the 2008 HEDIS data collection. The process begins when a sample of members is chosen from the claims database by diagnosis code. Providers are sent requests for copies of the medical records of these identified members.

The time frame for records submission will be included in the records request. Meeting the record submission deadline is crucial, as the information to be abstracted from the records must be submitted to NCQA by a certain date per CMS requirement.

The documentation that will be requested from the selected member records to demonstrate compliance with the HEDIS measures includes:

- Information from office visits from January 1, 2006, through December 31, 2007; and
- Information from lab results, consults, orders, and medications from the same time frame.

The HEDIS measures support the utilization of “best practice” guidelines currently in place from nationally recognized organizations, as well as Windsor’s own Clinical Practice Guidelines, which may be viewed online at www.WindsorExtra.com.

When member charts are assessed for compliance with HEDIS measures, the record is monitored for documentation that these standards were followed.

As the data collection period gets closer, additional information regarding HEDIS measures will be distributed to providers.

PROVIDERS’ OPTIONS TO SUBMIT RECORDS

In the interest of timeliness and to minimize any potential disruptions to office routines, several options for record submission will be available for the providers’ convenience, including:

- Copy the record and fax or mail it to the Windsor Quality Improvement (QI) Department;
- Copy the record and a Windsor staff member will pick it up; or
- Copy the record and a Windsor staff member will review it and/or make copies in the provider office.

Medical Director's Corner

This month, our member and provider communications focus on diabetes mellitus—the most prevalent systemic chronic illness among our members. Control of the disease requires patient participation in his or her own treatment, plus a good patient-provider relationship.

To support this relationship, *Windsor Medicare Extra* members have access to a Diabetes Disease Management Program. By calling a toll-free number, highly qualified nurses are available to help members learn more about their disease, review and support self-help strategies, reinforce and monitor adherence, and support your patient's treatment plan. Windsor members may participate by calling **1-800-316-2273**.

The 2008 Healthcare Effectiveness Data & Information Set (HEDIS) data collection season is almost here. The Windsor Quality Management Department thanks all of the providers involved in this past year's data collection. Your assistance and support helped make Windsor's first HEDIS submission successful.

Last year's HEDIS measures for diabetes reflect the importance of routinely monitoring and treating the key drivers of vascular complications of diabetes, such as high blood pressure screening and control, measurement and treatment of elevated LDL cholesterol, and glycosylated hemoglobin (HbA1c) measurement and



James Bracikowski, M.D.,
Chief Medical Officer

improvement. The HEDIS sample only includes members who are less than 75 years old; reflecting that modification of treatment goals may be appropriate in the very elderly. We know those of you who had patients in the 2006 sample will be particularly interested in our results:

- 82 percent of members had an annual HbA1c.
- 73 percent had an LDL level done.
- 90 percent had a urine testing for albuminuria completed.
- About 25 percent of members achieved tight control using the most recent American Diabetes Association treatment goals as benchmarks.

Lastly, Windsor encourages regular preventive visits for health maintenance. We hope you'll take the time you need to review the health status of your Windsor members in detail and recommend lifestyle changes, exercise, diet, and preventive services such as flu and pneumonia immunizations.

Thank you for the care and concern that you show our members. We look forward to working with each of you and appreciate your efforts to provide quality care to our members. Please let us know how we may better support your efforts.

Best Regards,

A handwritten signature in black ink that reads "James Bracikowski, M.D." The signature is written in a cursive, flowing style.

If there are any questions or suggestions regarding HEDIS or clinical guidelines, please call the Quality Management Department at **615-782-7989**.



DID YOU KNOW?

Bad breath, dry mouth, and bleeding gums can be warning signs of diabetes, says the Academy of General Dentistry.

CONTACT US

Provider Services: 1-866-270-5223

Main Office: 615-782-7800

Member Services: 1-800-316-CARE (2273) Integrity Hotline: 1-866-379-2438

Windsor Medicare Extra Provider Representatives

Provider Representatives

- East Tennessee**

Kindra Akers: (865) 617-1801

- Middle Tennessee/Alabama**

Patti Muccillo: (615) 782-7883

Michele Jackson: (615) 782-7882

Robin Bigham: (615) 782-7844

- West Tennessee/Northeast Arkansas/
North Mississippi**

Tabitha Liddell: (901) 725-8809

Natasha Williams: (901) 725-8813

Tarsha Riley: (901) 725-8836

Margaret Snyder: (731) 668-4518

- Central Arkansas**

Kristi Buckholz: (501) 221-5214

Chepeka McKinney: (501) 221-5211

- Central Mississippi**

Natikia Robinson: (601) 321-5608

Myriame Davis: (601) 321-5625

- South Carolina**

Tonya Ruff: (864) 316-5124

To view any changes we have made to our formularies, please visit <http://WindsorExtra.com/provider/coverage.html>.



HOW TO IDENTIFY A WINDSOR MEDICARE EXTRA MEMBER

Windsor Medicare Extra members are issued membership cards and instructed to present them at each physician's visit. The card is sent to the member in a black cardholder.

The membership card will provide most of the information you need to process the patient through your system, including the plan name and copayment information. Please see the sample of a card below.



7100 Commerce Way, Suite 285
Brentwood, TN 37027

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