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Message from the Executive Director

Be prepared for significant changes in 2014.

In January, we will begin employment of two nurse Care/Disease Managers and a Data Analyst to support the new Clinically Integrated Network of Eastern Connecticut, dba CINECT, pronounced “KIN’ ect”. Think: “connect”.

CINECT will become operational on or about February 1, 2014. Please see the article in this issue.

The new Access Health CT Insurance Exchange is scheduled to go live on January 1, 2014. It is still difficult to know how this will effect the practices in our area of the state. Hopefully, more people in the community will be able to access timely health care. The PHO is still in conversation with health plans that are involved.

Charles Davis and I are visiting practice staff. We are talking about any changes you may have experienced in patient volumes, referral patterns, as well as your satisfaction with services in the region and other items of interest to the practice. Please help us to schedule a meeting for a visit if you have not done so already.

UnitedHealthcare recently sent letters to practices including an amendment. This amendment excludes certain practices from the United Medicare Advantage network. The letters were dated October 1, 2013. The effective date of the amendment is February 1, 2014, although a few practices were given different effective dates. It is important that you appeal this decision if you in fact received one of the letters. You would also be wise to inform your affected patients of the change with a notice in your office and a letter to the affected patients.

The open enrollment period for recipients to sign up for a Medicare plan is October 15-December 7, 2013. Your patients will be well served to understand the insurance plans with which you participate.

Sincerely,

Edward J. Roberts
Executive Director

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Connect through CINECT, the Clinically Integrated Network of Eastern Connecticut

ECPHO, ECIPIG and ECHN have been working on the structure of the new clinically integrated network that will transform patient care east of the river.

ECPHO will be replaced by the Clinically Integrated Network of Eastern Connecticut, currently being referred to as CINECT.

The new "PHO" CINECT board of managers will be over 66 percent comprised by physicians with a mix of specialties and PCPs. This is crucial for clinical integration.

Adding the necessary staff to support clinical integration is costly. In January 2014, ECHN will provide funds for CINECT to develop a Chronic Disease Management Program.

Visiting Nurse & Health Services of Connecticut (VNHSC) will help us to hire a nurse. The nurse will be accessible to community practices. A practice will be able to refer certain patients with complicated chronic illnesses — patients who may respond well to individual intervention and can learn how to decrease or control the progression of their disease.

VNHSC currently supports a very successful program for Heart Failure (HF) patients. Anne Neary is the HF Transitional Care Coordinator. A COPD/Pneumonia Transitional Care Coordinator will also be added to the Transitional Care program.

We are investing in a Data Analyst to build upon our experience. But more is needed. We are looking to the physicians to help us to build upon the protocols and measures that we already have in place. We need to continuously re-evaluate the care that we provide and find the best strategies that make sense with our patients in the communities we serve.

ECPHO had already set the stage for value-based performance. Pay-for-Performance initiatives have been in place with Aetna and ConnectiCare. There is a limited pilot project with CIGNA. There is also an OPTUM program for PCPs related to chronically ill patients covered by UnitedHealthcare, ConnectiCare and Aetna Medicare Advantage Plans.

Dr. Joel Reich and Ed Roberts have met with the Anthem Executive Director of Network Management and the Lead Medical Director to discuss our patient centric approach and pursue contracting based upon the integration model.

We are enthusiastic and look forward to building together a model that makes sense for this community.

We will be getting the word out through meetings, articles and our soon to be deployed website. Please feel free to call Charles Davis at 860.533.2966 or Ed Roberts at 860-533-3425 to schedule a meeting or if you have any questions.

Mailings from CHNCT for CT Medical Assistance Program (CMAP) for Medicaid, Husky and Charter Oak Plans *(emailed to practices August 19, 2013)*

We have been informed by CHNCT that a recent mailing has gone out to providers who are identified as **not enrolled** in the in the **CMAP plans**.

Effective September 1, 2013, the “Affordable Care Act (ACA) mandates that providers who order, prescribe, or refer clients for services and/or supplies **must be enrolled in CMAP** in order for the **rendering provider to receive a payment** for the medications, supplies or services provided.”

If you are one of the non-enrolled providers, in order for the providers for services to whom you have referred to be paid, your options are as follows:

You can enroll as an Ordering, Prescribing, Referring (OPR) provider only. In this scenario, if you so chose, you would not be billing for services or receive payment for services rendered.

You have the option of enrolling as an enrolled provider which afford you the ability to bill and receive payment for covered services.

If you choose not to enroll in either capacity you must inform your patients in advance so that they are aware of how they may be adversely affected.



Health Insurance Exchange Update

Aetna has withdrawn joining CIGNA in the large carriers that will not be participating in the CT Health Insurance Exchange known as Access Health CT. (AHCT)

Remaining as carriers in AHCT are:

- Anthem
- ConnectiCare
- HealthyCT
- UnitedHealthcare

Anthem and HealthyCT will offer plans for both individuals and small groups.

ConnectiCare will offer plans for individuals only.

UnitedHealthcare will offer plans for small groups only. United had earlier said that it would not participate.

ECPHO is negotiating for an Agreement with HealthyCT and ConnectiCare.

CPT Codes for Evening and Weekend Patient Visits

Dr. Reich has brought to our attention several CPT codes that may be reimbursable under insurance plans for visits that occur outside the normal daytime office hours.

Please check the ECPHO Website www.ecpho.com and enter the password to view the fee schedules to confirm that the code is present and the expected reimbursement.

These are add-on codes. You will bill them in addition to the visit code. The codes are as follows:

- 99050 Service(s) provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday) in addition to basic service.
- 99051 Service(s) provided in the office during regularly scheduled evening, weekend or holiday office hours in addition to basic service.
- 99053 Service(s) provided between 10:00 PM and 8:00 AM at 24 hour facility in addition to basic service.
- 99058 Service(s) provided on an emergency basis in the office which disrupts other scheduled office services. In addition to basic services.

Appropriate documentation is necessary to support the claim.

Lunch



& Learn

Don't miss our Lunch & Learn sessions held at Manchester Memorial Hospital in Conference Rooms A, B, & C.

The Lunch and Learn sessions are held 11:30 a.m. – 1 or 1:30 p.m. on the dates held.

Upcoming Sessions:

1. *Clinical Integration*
2. *Medicare Penalties*
3. *From ICD-9 to ICD-10*

Be Prepared for ICD-10

On October 1, 2014, the ICD-9 code sets will be replaced by ICD-10. We have not heard of any further postponements. It is extremely important that your practice and your billing department or service are prepared.



ICD-10 will use 3 to 7 numeric digits in place of the current 3 to 5 digits. It is much more specific and substantially different from ICD-9.

If you use a billing service, clearinghouse or practice management software vendor, check with them about their compliance plans.

If your practice handles its own billing, you should be developing a plan for your medical records and coding, clinical, IT and financial staff to coordinate the transition effort.

The “Medicare Ladies” presented a Lunch & Learn for practices on September 3.

ECPHO/CINECT will schedule a more in-depth presentation for practices in late winter/early spring.

ICD-9-CM

- 3-5 characters
- First character is numeric or alpha (E or V)
- Characters 2-5 are numeric
- Always at least 3 characters
- Use of decimal after 3 characters

ICD-10-CM

- 3-7 characters
- First character is alpha (all letters except U are used)
- Second character is numeric
- Characters 3-7 are alpha or numeric
- Use of decimal after 3 characters
- Alpha characters are not case-sensitive (e.g., Right ankle sprain, initial encounter: S93.401A, S93.401a, s93.401A, s93.401a)

The following is a List of ICD-10 codes

International Statistical Classification of Diseases and Related Health Problems 10th Revision

Chapter	Blocks	Title
I	A00–B99	Certain infectious and parasitic diseases
II	C00–D48	Neoplasms
III	D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
IV	E00–E90	Endocrine, nutritional and metabolic diseases
V	F00–F99	Mental and behavioural disorders
VI	G00–G99	Diseases of the nervous system
VII	H00–H59	Diseases of the eye and adnexa
VIII	H60–H95	Diseases of the ear and mastoid process
IX	I00–I99	Diseases of the circulatory system
X	J00–J99	Diseases of the respiratory system
XI	K00–K93	Diseases of the digestive system
XII	L00–L99	Diseases of the skin and subcutaneous tissue
XIII	M00–M99	Diseases of the musculoskeletal system and connective tissue
XIV	N00–N99	Diseases of the genitourinary system
XV	O00–O99	Pregnancy, childbirth and the puerperium
XVI	P00–P96	Certain conditions originating in the perinatal period
XVII	Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities
XVIII	R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
XIX	S00–T98	Injury, poisoning and certain other consequences of external causes
XX	V01–Y98	External causes of morbidity and mortality
XXI	Z00–Z99	Factors influencing health status and contact with health services
XXII	U00–U99	Codes for special purposes

ECHN Donation to Practices without an EHR

Please contact Brian Wright at Medical Practice Partners to schedule an office assessment and an EHR demonstration if your practice wishes to participate in the EHR donation program.

Please contact Brian at 860.872.2289.

eClinical Works (eCW)

eCW is ready for those practices that qualify for an Electronic Health Record (EHR) donation.

Some practices prefer to adopt Allscripts as their EHR vendor. ECHN is diligently working to close negotiations with Allscripts.

If your practice qualifies as a first-time EHR adopter and is interested in the donation program for eClinicalWorks for qualified practices, please contact Brian Wright at MPP at 860.872.2289.

CIGNA Pilot & Agreement

CIGNA Pilot

We are participating in a pilot program with CIGNA for several physicians participating in the PHO.

Healthwise and three ECMPF physicians have been chosen to track patients that have multiple chronic diseases. These patients have been found to have “gaps in care” that are attributed to compliance.

In this program the patients are called to come in for an office visit to “close the gaps.” The office is paid a bonus for each patient that follows up and receives the prescribed services. The bonus is paid in addition to the service fee.

CIGNA Agreement

The PHO will begin negotiating with CIGNA for a rate increase to take effect on July 1, 2014.

Please let Ed Roberts or Charles Davis know if you have any questions, ideas or issues regarding the performance of CIGNA under the existing agreement and moving forward.

