

MED3000

Connection Newsletter

In this Issue:

Teamwork – Trail of Two Cities Marathon

MED3000 in the NEWS

Welcome New Clients

Coding & Compliance Update

MED3000 is Committed to Helping IPAs with Managed Care Services

A Roadmap to Success – Understanding the Value of Managing the RCM Process

New MED3000/InteGreat Website Set for Launch

Fitness to GO!

InteGreat EHR Client News

- **Certification, Incentives, Meaningful Use**
- **Quality is a Journey**
- **InteGreat EHR Users Knew Where to Go to “Get in the Know”**
- **InteGreat EHR Client Portal – A Place to Connect**
- **Meet Our InteGreat EHR Support and Interface Team**

PSA Client Update

- **2010 ICD-9 Changes**

Holiday Schedule

FALL-WINTER 2009

Trail of Two Cities Marathon – Family Health Care Network Participates in Marathon

MED3000 employees dedicated to supporting our clients are also committed to health and wellness. Our own Theresa Dillon, InteGreat EHR Project Manager, teamed up with her client Family Health Care Network's Dr. Christopher Rodarte and Ruben Chavez to participate in the Trail of Two Cities Marathon in Fresno, California, on Sunday, November 8. The course started in Fresno and continued through upscale scenic neighborhoods lined with brilliant autumn foliage and on through the historic "Old Town" Clovis (hence "Two Cities"). Theresa works with Family Health Care Network implementing the InteGreat EHR into the community health center, and they spent time helping Theresa train for the half-marathon. A real team effort!



Blanca Schmitz, FHCN Project Manager, and Theresa Dillon, InteGreat EHR Project Manager, completed 13.1 miles to run the half-marathon.

Congratulations to ALL!

Full Marathon

Ruben Chavez
Dr. Christopher Rodarte
Maria Romero

Marathon Relay

Veronica Loya-Alcocer
Nancy Banuelos
Brandon Hauk
Alicia Munoz
Norma Verduzco

Half-Marathon

Dr. Henry Cisneros
Dr. Cecille Tafalla
Blanca Schmitz
Theresa Dillon

.....

MED3000 in the NEWS

- Golden Valley Medical Clinics Selects InteGreat EHR – Press Release – 11/23/09
- MED3000, Phytel, Panasonic Sponsor MGMA Forum on Practice Reform – 10/12/09
- Sun Life Family Health Center Adopts InteGreat EHR – Press Release – 9/24/09
- Down Economy Provides MED3000 EMS Division Opportunity – Dayton Business Journal – 9/11/09

We'd like to extend a warm Welcome to New Clients and a sincere Thank You to clients who have expanded their affiliations with MED3000

(NEW CONTRACTS FROM 8/1/09 - 11/15/09)

Baptist Physician Network – InteGreat EHR and IS Services

Cardiology Consultants of Wytheville – RCM, IS and Accounting Services

City of Westerville, Ohio – EMS RCM and Business Support Services

CytoPath, P.C. – Pathology RCM

Glades General Hospital – RCM and IS Services Renewal

Golden Valley Memorial Hospital - InteGreat EHR

Hattiesburg Clinic – MED3000 Connect Patient Recall/Outreach

IMD Pathlab, LLC – Pathology RCM

Little Company of Mary – Coding and Compliance Services

Marion Rescue Squad, Inc. – EMS RCM and Business Support Services

Molina Medical Group – MED3000 Connect Patient Recall/Outreach

Peachtree-Piedmont Pathology, PC – Pathology RCM

Peachtree Laboratory Associates, PC Pathology RCM

St. Francis Physician Services – Coding and Compliance Services

Saint Joseph Hospital Little Company of Mary – Coding and Compliance Services

St. Mary's Medical Center – RCM and IS Services Renewal

Tenet-Affiliated Groups:

Bluffton Okatie Primary Care, LLC – RCM and Practice Management

Cyfair Bone & Joint Institute – RCM and Practice Management

Cardiovascular & Thoracic Surgery Associates, LLC – RCM and Practice Management

Doctors Medical Center / McHenry Medical Group – Coding and Compliance Services

Greater Modesto Medical Surgical Associates, Inc. – RCM and Practice Management

Hilton Head Regional OB/GYN Partners, LLC – RCM and Practice Management

McHenry Medical Group, Inc. – Practice Management

Mid-Island Primary and Urgent Care, LLC – RCM and Practice Management

South Carolina Health Services – Practice Operations and Coding Services

.....

Coding & Compliance Update

By Cindy Tipton, Director of MED3000 Coding and Compliance

MED3000's Coding & Compliance Department has actively been involved in assisting our clients this year with internal medical record review audits to determine accuracy and to ensure that government rules and regulations are being followed.

Performing the reviews has also allowed our clients to be prepared for the RAC (recovery audit contractor) audits that will be fully implemented in all states by January 2010. Our November Coding & Compliance newsletter addresses "What Can Physicians Do to Be Prepared for RAC Audits?"

Another area that the Coding & Compliance Department is actively pursuing is the implementation of ICD-10. In January 2010, CMS will post the ICD-10 version of the MS-DRGs along with the 2010 updates to ICD-10 and the General Equivalence Mappings in the downloads section at: http://www.cms.hhs.gov/ICD10/01m_2009_ICD10PCS.asp for your information.

Listed below is a sample of ICD-10 codes:

SYMPTOMS/ DIAGNOSIS

R10.9 Abdom. Pain	R06.81 Apnea	M54.9 Back Pain
R63.4 Abn. Weight Loss	I49.9 Arrhythmia, Cardiac	K92.1 Blood Stool
T78.4 Allergic Reaction	I70.0 Atherosclerosis Aorta	N40.0_BPH
G30.9 Alzheimers	J45.909 Asthma	R00.1 Bradycardia
D64.9 Anemia	I48.0 Atrial Fib.	I49.5 Brady/Sick Sinus
D51.0 Anemia, Pernicious	I48.1 Atrial Flutter	J42 Bronchitis, Chronic
I20.9 Angina	I47.1 Atrial Tach.	
F41.9 Anxiety	E53.8 B12 Defic.	

We look forward to continuing to assist our existing and new clients in 2010. If you need additional information regarding MED3000's Coding & Compliance Services or other services please contact, Cindy Tipton at 404-310-4835 or Cindy_Tipton@MED3000.com.

.....

MED3000 is Committed to Helping IPAs with Managed Care Services

MED3000 has been a leader in physician group and network management since 1995. Our Managed Care Services Division provides IPA management services, IPA development services, and management consulting services to guide your organization to achieve improved patient outcomes and greater financial success in current managed care environments. MED3000 supports managed care network providers who are at financial risk for delivering care to over 167,000 Commercial, Medicare, and Medicaid managed care patients in California, Illinois, and Florida.

At the core of our knowledge is an experienced staff of health care executives, including physicians and nurses, information system executives, contracting and managed care professionals, finance and accounting executives, claims administrators, and member and provider relations experts. This integrated team brings day-to-day operational experience and an extraordinary command of technology to each client's situation. Our professionals strive every day to deliver improvement with a difference – improvement that produces measurable and quantifiable results. MED3000 is committed to helping IPA physicians provide high-quality, cost-effective healthcare to their managed care patients.

.....

A ROADMAP TO SUCCESS . . .

Understanding the Value of Managing the RCM Process

By Richard Schickler, CPA, EVP, MED3000 Physician Services, and Bill Stone, VP, RCM Sales

As physicians and hospitals face an uncertain future, the market is seeing a resurgence of hospital and physician alignment strategies. Most hospitals want to avoid the mistakes of the 1990s, when physicians were offered guaranteed incomes with little focus on productivity and margins. As hospital systems begin the employment cycle again, hospital CFOs are looking more closely at financial outcomes and how to manage the revenue cycle management (RCM) process in order to meet performance targets.

As hospitals align with medical groups, they are faced with the complexity of consolidating an array of operations, practice management systems, databases, and EDI vendors. Add in the intricacies of RCM operations, which may be done in-house or out-sourced to a third party billing vendor, and serviced in either a centralized or de-centralized fashion, and it's not surprising that many hospitals lose over \$100,000 per year on each physician they employ.

The blame for this financial performance often falls on the varied practice management systems themselves. In such cases, a unified information system, plus a significant amount of capital, is seen as the key to a more certain future. But you too may be wondering if the PM system is really the death of the RCM process or whether there are deeper rooted issues that need to be evaluated.

In a recent client study, a large academic medical system in the Southwestern U.S. was facing this predicament. The system employs in excess of 350 physicians in over 200 offices spread across a broad geography. Their former out-sourced RCM operation included processing handled both in the U.S. and overseas. They operated their organization on four different practice management systems with in excess of ten different databases and two EDI vendors. The patient visits were steadily increasing, but cash was in decline. RCM processes were varied and inconsistently applied across all platforms. Confidence was steadily eroding and the old adage that "I am working harder but making less" was absolutely true. The need for stability and reestablishing physician/hospital confidence became a priority. The working thesis of the hospital executive team was that a single enterprise-wide practice management system was needed in order to improve performance.

MED3000 was engaged by this organization in late 2008 to bring stability the RCM operations and improve the group's cash flow. While the number of practice management platforms was reduced from four to three, MED3000 developed a common set of policies and procedures across all practice management platforms. All existing databases were immediately evaluated, modified, and retooled to match the common set of policies and procedures. MED3000 then implemented a refined and focused EDI solution. The former RCM vendor's overseas operation was abandoned and all personnel began working out of three U.S.-based processing centers.

The outcomes for the medical group are impressive. During the first nine months of engagement, the group's visits have increased 9%, while their revenue has increased by 11%. During this period, the group achieved record cash collections in three of those months. While increased patient volume contributed to the enhanced cash collections, the streamlined RCM process was also a significant factor. The urgent perceived need for a common practice management system strategy has been slowed to a more methodical approach.

An effective RCM process can occur without deploying valuable capital and unnecessarily exposing the organization to a system migration to a common practice management platform. Health system executives and physicians should take comfort in knowing that the goal of delivering stability and improved financial results can become a reality with a strategically designed RCM process. For more information on improving your RCM process, contact Bill Stone at 708-342-7105 or Bill_Stone@MED3000.com.

New MED3000/InteGreat Website Set for Launch



We are pleased to announce that the MED3000 and InteGreat websites are being combined into one website, giving them a consistent look and user interface. We are in the final stages of preparation and will be launching the new website in the weeks to come. The goal of the conversion was to create a consistent online experience across all divisions of the MED3000 website and to simplify the way information is presented, as well as refresh the overall design. Accessing the websites will not change. You can still view them by going to:

www.MED3000.com
and
www.InteGreatEHR.com
after the launch.

Fitness to GO!

By Lindsey Snyder, MED3000 Wellness Coordinator

Physical activity is an essential component of a healthy lifestyle. MED3000 is committed to improving health and wellness. We understand fitness is achieved through regular physical activity and exercise, and that it can help all of us manage our weight, enhance our mental and emotional well being, improve self-esteem, and reduce our risk for chronic diseases. We are dedicating this portion of our newsletter to some important tips to staying healthy and fit.

Fitness consists of several components such as cardiovascular fitness, muscular strength, and flexibility. The two most often neglected components are strength training and flexibility. There are numerous benefits to regular stretching and strength training. Stretching promotes increased circulation, better posture, increased flexibility, and decreased risk of injury. Strength training can help you improve your overall strength and bone density. It can also help you develop or maintain lean body mass, which contributes to increased energy, and weight loss. Stretching and strength training at least two to three days a week can help you achieve these benefits!

With the use of a resistance band, you can easily integrate regular strength training and stretching into your lifestyle. The resistance band makes fitness extremely convenient because you can take it anywhere! Building your own exercise routine is easy! All you need is a resistance band and a comfortable pair of tennis shoes. Resistance bands are available in various resistances for all fitness levels. To help you get started on a program, complete two sets of ten repetitions of the following exercises:

Chest Press

- Wrap the resistance band around the upper back and tightly grip each end of the band.
- Stand with feet hip-width apart, knees slightly bent, and shoulders relaxed.
- Bend the elbows to a 90-degree angle and lift arms out to the side until they are at shoulder level.
- Press the arms forward. Be sure to keep the wrists straight and do not lock the elbows.
- Gently return to the starting position.



Bicep Curl

- Stand with feet hip-width apart, and weight evenly distributed on both legs.
- Place one foot firmly on one end of the resistance band and grip the other end in the hand on the same side of the body.
- Start with your arm straight down at your side with your palm facing up and elbow close to your hip.
- Flex your forearm up. Contract the bicep muscle, bringing your palm up towards your shoulder.
- Slowly return to the starting position.
- Repeat the exercise with the other arm.



Lateral Arm Raise

- Stand with feet hip-width apart and one end of the band secured under your foot.
- While holding the other end of the band in your hand on the same side, start with your arm straight down at your side and your palm facing the body.
- Try to keep your arm straight as you slowly lift the band out to the side away from the body. Do not raise your arm past shoulder height.
- Slowly return to the starting position.
- Repeat the exercise with the other arm.



Seated Leg Extension

- Begin sitting slightly forward in a chair with good posture.
- Place both feet flat on the ground at hip-width apart.
- Tie the resistance band around both ankles.
- Place the band securely under the left foot,
- While keeping the knee aligned with your hips, extend the right leg.
- Slowly return to starting position.
- Repeat the exercise with the other leg.



Hamstring Curl

- Position yourself behind a chair or next to a wall.
- Tie the resistance band around the ankles, and place one end under the left foot.
- Stand with good posture, and use the chair or wall for balance.
- While the band is secured under the left foot, slowly curl the right leg up towards the back of the thigh. Make sure you do not lock your left knee!
- Slowly release, returning to the starting position.
- Repeat the exercise with the other leg.



.....

InteGreat EHR News

Certification, Incentives, Meaningful Use ... Oh Boy ...

President Barack Obama, as part of the effort to revive the economy, has proposed a massive effort to modernize health care by making all health records standardized and electronic. The new stimulus package, along with other CMS incentives, government regulations, and certifying bodies, provides many challenges for us all. The HITECH Stimulus Act promotes Electronic Health Record adoption by reimbursing physicians for using a certified EHR/EMR. Those providers who fail to adopt an EHR/EMR will eventually face Medicare penalties. MED3000 is up for these challenges and will be providing you the tools to achieve your goals. Below is a high-level overview of the releases and their target dates. For more detail information on the release content, please visit the customer portal via link <http://portal.igreat.com>.

InteGreat EHR Release 6.2.1 – e-Rx Medicare Incentive

Throughout 2009, our development staff has been working diligently to deliver software changes to support the final regulations for the e-Prescribing Medicare Incentive Program, obtain multiple certifications of the InteGreat EHR product, and prepare for “Meaningful Use” Regulations. The final ruling for the new e-Prescribing Medicare Incentive program was published in November of 2008. In order to achieve the incentive, InteGreat EHR needed to be “certified” by two separate divisions of the newly formed SureScripts, which is the result of the merger of SureScripts and RxHub, the only approved system for processing e-Prescriptions. Release 6.2.1 is deemed a “Qualified e-Prescribing System.”

➔ Current Status:

General availability of the 6.2.1 release was announced by MED3000 on October 5, 2009.

The beta customers, Christie Clinic, Medical Associates of Clinton, and Carle Clinic, moved Release 6.2.1 to production between 08/22/2009 and 09/26/2009. Several other customers have the release installed in their test environments with various live dates scheduled over the next 60 days.

InteGreat EHR Release 6.3 – CCHIT 2008 Certified

The primary goal of Release 6.3 is to achieve CCHIT 2008 certification. The Certification Commission for Health Information Technology (CCHIT), a nonprofit organization, is currently recognized as the certification body for electronic health records. Release 6.3 is a Pre-Market CCHIT Certified® 08 Ambulatory EHR, enabling users to be compliant with current CCHIT and Stark Safe Harbor regulations. The Pre-market Certification will be replaced with Complete Certification after a customer is live on Release 6.3 for 45 days.

➔ **Current Status:**

Release 6.3 software is currently in QA. With this release, we are implementing an “alpha” site prior to beta to help provide an added phase of customer perspective before general availability. WVVA Health Care Alliance has graciously agreed to work with MED3000 as our alpha site. Projected timeline for Release 6.3 testing will be as follows:

- Delivery of alpha test: November 2009
- Customer live: December 2009
- Beta testing starts: January – February 2010
- General release: March – April 2010

InteGreat EHR Release 6.4 – CCHIT 2011 and Meaningful Use

The American Recovery and Reinvestment Act (ARRA) definition of meaningful use is targeted to be published by year end 2009, with a 60-day comment period to follow. The best-case scenario is for the final definition to be published in March 2010. CCHIT has announced that their next certification level will be “CCHIT 2011,” Based on current published guidelines, CCHIT 2011 certification will qualify customers to attest for meaningful use of the InteGreat EHR.

The primary goal of Release 6.4 will be to achieve CCHIT 2011 certification and support final “meaningful use” regulations.

➔ **Current Status:**

Tracking of the never-ending requirements continues. Design and scope definitions have started, as well as identification of the gaps between expected requirements and InteGreat EHR’s current version. Our target is to deliver Release 6.4 to the customer base in the second half of 2010.

.....

Quality is a Journey

By Mehnoush Banaei, Director of Quality Assurance MED3000, Inc

At MED3000, we are committed to providing the highest quality products to our customers. Over the past year, our development and quality assurance groups focused on a series of quality improvement initiatives. We began this process by tackling several key areas—processes, resources, and tools—with effective changes. Over the next year, we plan to take these initiatives to the next level and build upon the foundations we have already introduced. This article presents you with highlights of our recent work in this area and the planned focus for next year.

Expanded Test Coverage and Formalized Test Processes

When testing a critical application such as EHR, no amount of testing can be enough. In light of that, we have strived to increase our test coverage in all areas. We introduced **test objectives** as a first step in defining *what* needs to be tested when a new feature is designed and developed. This is our first step in designing robust test cases aimed to validate that the system does what it is designed to do, but also to validate that the system appropriately identifies and handles error conditions. We review these objectives across multiple groups to ensure we have thought of all possible scenarios that should be considered. The next step is developing test cases with detailed step-by-step

procedures. This is our functional testing and is typically done in multiple cycles to allow for finding and fixing defects. We then follow with regression testing to ensure changes have not impaired existing functionality. This is an area on which we intend to focus heavily next year by leveraging automated testing to test existing functionality. Next year we will also be focusing on formalizing our traceability between requirements and test cases. Combining traceability and regression with what we have already put in place for functional testing will ensure we have solid test coverage in place.

We have also expanded our upgrade and installation testing scenarios. For every release, we define all possible upgrade paths and ensure they are tested in QA prior to delivery to our Support team and our clients. Next year, we intend to automate our installation procedure further to minimize the possibility of human error as well as to reduce our testing time and effort.

We redesigned our release notes and also added documentation testing as a QA step in our processes. This is a phase when QA Analysts review the release notes to ensure descriptions are captured accurately and perform another round of validation of those fixes to confirm they are in place before the final release.

One of our focus areas this year was to build a better framework for managing our test cases and execution results. The first step was evaluating and choosing the right test management tool that would allow us to build this framework effectively. We completed this evaluation process and selected the IBM Rational Quality Manager. This is a collaborative, web-based tool that allows QA analysts in multiple locations to develop formal test cases, execute them, and track the execution results efficiently. Some benefits of using a test management tool include automation of the testing work flow, support for both manual and automated test activities, test coverage optimization, maintainability of test cases for multiple releases, definition of test suites, and generation of execution reports. We are very excited about the benefits of this tool and the efficiencies it will bring to our current processes and thus to product quality.

Test Automation

Our goal is to be able to automate a high percentage of our regression test cases. As a starting point, we were successful in building a basic suite of “smoke” test cases to validate the InteGreat EHR high-level functionality. This suite is utilized to validate the nightly builds that are deployed to the QA systems. We are currently in the process of evaluating a tool that will allow us to automate our test cases. We are very close to completing our evaluation process and making a final selection.

Test automation is a time-consuming activity, yet the results are invaluable once established. One of our current challenges is the number of environments in which the application needs to be certified for each release. One of our key objectives for 2010 is to build an automated regression suite to validate the application on multiple environments with minimal effort. This allows our staff to remain focused on testing new features while the basic functionality is validated on key platforms automatically.

Performance Testing

Another key initiative was evaluating a performance testing tool that is suitable for our development environment and product technology. We selected IBM Rational Performance Tester, which is integrated with the Rational Quality Manager. Some of the benefits include running large multi-user tests with limited hardware resources, real-time reporting for immediate performance problems, easy creation of test scripts, resource monitoring, etc.

We recognize how important performance is in an EHR product. Our goal is to bring performance testing earlier in the testing life-cycle, so possible performance degradations are detected and fixed as early as possible. This tool will give us the means to accomplish this with every major release of InteGreat EHR.

Other Process Improvement Initiatives

We have made some tactical changes such as a daily gatekeepers meeting between cross-functional teams to review defects and prioritize them to ensure they are targeted for appropriate releases. We have put in place better estimation and scope control techniques that will allow us to forecast our delivery dates more accurately. We will be revamping our test cases using our new set of tools and will be implementing more formalized development methodologies, quality metrics, risk-based testing, release criteria, life-cycle traceability, etc., to enhance our quality processes.

“Quality is a journey and not a destination.” As we know, it will take time to see the results of some of the changes that have been implemented and there are many more changes to come over the next year. We hope this provides an overview of the direction we are heading and reiterates our commitment to quality, our products, and our customers. We look forward to working with you and receiving your feedback on areas we can further improve on as we continue on this journey together. For more information or questions, please contact Mehnoush Banei 919-805-3754 or Mehnoush_Banei@MED3000.com.

.....

InteGreat EHR Users Knew Where to Go to “Get in the Know” 2009 Users’ Conference

By Jim Eley, VP Corporate Operations and Conference Moderator



“Get in the Know” was the motto for this year’s InteGreat EHR Users’ Conference held at the beautiful Green Valley Ranch Resort in Las Vegas, Nevada, in October. With all the buzz around ARRA and HITECH stimulus packages, it’s easy to see why this year’s meeting brought record participation. A total of 108 participants, including 32 physicians, representing 31 customers attended the conference.

This year’s agenda was put together by the Program Committee of Ann Mojeiko (Medical Associates of Clinton, Clinton, IA), Kristine Rogers (Christie Clinic, Champaign, IL), Michelle Majerus (Olmsted Medical Center, Rochester, MN), and Rob Strohl (Central Ohio Primary Care Physicians, Columbus, OH). With four tracks for breakout sessions (Physician, Implementation, Workshop, and Technical), the agenda for the conference succeeded in enabling both experienced and getting-started customers to learn as much as they could about the healthcare industry and InteGreat EHR.



The Conference started with two pre-meeting education workshops: using Dragon Naturally Speaking in a medical practice, and setup and workflow tasks to implement ePrescribing. Presentations addressed MED3000’s accomplishments in 2009 and goals for 2010, the state of the electronic health record market, product direction for InteGreat EHR, and the impact the American Recovery and Reinvestment Act (ARRA) is having (and will continue to have) on healthcare. The Implementation track targeted specific InteGreat EHR modules including Order Entry, Health Management, Release 6.2.1 implementation, and Maintenance of Quick Pick Lists. The Workshop track gave participants the opportunity to gain detailed information on



“All the topics were helpful & I loved having sessions side by side!”

**– Rhonda Hunnicutt,
Shannon Clinic**

and share best practices for the use of Health Management, Patient Forms, Template Building, and Legal Issues for health information management.

The Technology Track provided a forum for in-depth discussion on technical issues and tools including Using Interface Tools, Report Coding, Managing Servers, and “Things you can do with Reporting Database that most people don’t know about.” Having a record number of physicians at the meeting made the Physician Track the most active track of the meeting, with sessions on using the Health Management module, CliniTalk, Patient Outreach, and Monitoring Quality.

And, new this year was a breakout session with “special-interest” forums. This year’s forum groupings were for Trainers, ASP Users, Prenatal-module Users, and Technology. Based on the success of these sessions this year, we expect the forums will be part of future conferences.



We also added a fitness segment to the conference by introducing our Bands on the Go program a part of MED3000’s commitment to improving Health and Wellness. Attendees were given exercise bands and techniques to use during the breaks to strengthen and tone their muscles. These 10-15 minutes exercises can be done anywhere—at your desk, at home, or on the go. These were a big crowd pleaser. Keep on exercising!



Clients enjoyed the evening wine tasting and networking session with InteGreat, MED3000, and Conference Sponsors. Learning about new product offerings while sampling over 40 different wines gave the opening session a fun and enjoyable atmosphere.

For those who weren’t able to participate in all the sessions they wanted to, and those who could not attend the Conference, MED3000 has posted the presentations on the [InteGreat EHR Website Client Portal](#). This will enable all of our InteGreat EHR

customers to “participate” in appropriate sessions when it is most convenient for them.

The Program Committee and MED3000 want to extend our thanks to the presenters and participants who made this year’s Users’ Conference a success!



.....

InteGreat EHR Client Portal – A Place to Connect



At the recent 2009 InteGreat EHR Users' Meeting, many expressed interest in refreshing the client portal with new content and gaining more participation from both clients and InteGreat staff. We agree! The client portal has been in place for a few years now and is a great resource for clients to logon and discuss issues and resolutions with one another on various topics dealing with the InteGreat EHR. It's also a great place to find tips and tricks for using the EHR, discuss hot topics, find valuable news items, and simply connect with other users as well as InteGreat staff. Moving forward, we'll be refreshing content at least on a monthly basis and we encourage you to register and become proactive in discussing topics of interest on the portal. Recently, we've posted materials from the 2009 Users' Meeting presentations in Las Vegas as

well as other new articles you might find of interest. You can subscribe to certain forums and receive email updates when new content is posted to that particular forum. To do this, simply click on the topic or forum you are interested in and on the right hand side you'll see a "Forum Tools" link. Click that and you'll see an option to "Subscribe to This Forum."

To register for the portal, you can click the Client Portal link on the InteGreat website or access it directly by going to <http://portal.igreat.com>. If you haven't registered for a username already, just click the Register link and you'll be taken through a short registration. We look forward to strengthening the InteGreat EHR Patient Portal with your help and welcome any comments or suggestions you may have to help us do so.

If you have any questions regarding the portal, please contact Nick Nemmers at 563-564-6030 or Nick_Nemmers@MED3000.com.

Meet Our InteGreat EHR Support and Interface Team



Our team provides 24x7 InteGreat EHR application support to all 39 InteGreat customers. We also provide InteGreat EHR Interface development and support to all InteGreat customers and Interface Coordination to all MED3000 customers. We were 0-12 in our mixed softball league 2 summers ago, so we took up golf!!

*Front Row - From Left to Right
Front Row: Dave Dillon, Melesia Brosnahan, Joel Orr, Mike Ernst, Dave Johns*

Back Row - From Left to Right: Dan Burchfield, Bill Wetter, Don Reiter, Matt Smidt, Dave Birkett, Peggy Thill.

Not Pictured: Peggy O'Connell,

About the Team:

Dave Dillon: Dave has 26+ years experience in Healthcare solutions companies, including McKesson, HBOC, and CyCare Systems. Dave and his wife Cathy just celebrated their 27th wedding anniversary and have 3 grown children, 2 in college.

Melesia Brosnahan: Melesia has been with InteGreat/MED3000 for 4+ years. She has been working in the Interfaces dept for 1+ years and previous to that worked in QA. Melesia and her husband have 3 children: Alex is 17, Lauren is 10, and Madeline is 3 1/2. Before coming to InteGreat, Melesia worked in the medical field for 10+ years as a registered respiratory therapist.

Joel Orr: Joel has 2+ years experience within InteGreat Support. He manages our ASP customer base. Joel is married to Emily and they have 2 young children, Aiden and Genevieve. Joel was born and raised in Dubuque.

Mike Ernst: Mike has 10+ years experience in the medical field, the past 3 with InteGreat/MED3000. Originally from Chicago, he also lived in South Dakota for over 10 years, and attended college there. Mike is not married, has no kids, and says he is in no hurry for either.

Dave Johns: Dave has 23+ years experience in Interfaces of Medical Software solutions. Dave and his wife Joyce have 5 grown children, two in college, one at Iowa - Go Hawks!

Dan Burchfield: Dan has 8 years of experience in Systems and Network Engineering and has been on the InteGreat/MED3000 Support staff for 2 years. Dan and his wife Carly live in Hazel Green, WI, and collectively have 6 children, 1 in college and 1 in the military.

Bill Wetter: Bill has over 28+ years experience in the development and support of healthcare solutions, including McKesson, HBOC, and CyCare Systems. Bill has 2 grandsons that he thoroughly enjoys and spoils!!

Don Reiter: Don has 5+ years experience in healthcare solutions and was previously with McKesson. Don is a U.S. Army veteran, has been married to his wife Kristina for 4 years, and together they have a 3 year old son Hayden.

Matt Smidt: Matt has been with InteGreat/MED3000 for over 3 years as both a Tier 1 and Tier2 Support Analyst. He attended college at the University of Northern Iowa in Cedar Falls and now lives in Dubuque with his wife Codi.

Dave Birkett: Dave has 14 years interface programming experience in the Medical Software Industry. Dave and his wife Wan have an 8 year old son and have been married 25 years. Dave was born and raised in Dubuque, spent 6 years in active duty with the Army, and then returned to Dubuque. He has been with InteGreat for 6 years.

Peggy Thill: Peggy has 14 + years of healthcare experience working for a clearinghouse. Peggy and her husband Jim have been married for 28 years and together they have 2 grown children and their first grandchild.

Peggy O'Connell: Peggy has been with InteGreat/MED3000 for 8 years and has been working in the support department for the past 4 years. Prior to that, she worked in the development area. Before coming to InteGreat, she was employed at McKesson in their programming department. Peggy was born and raised in the town that became famous for the movie Field of Dreams ("Is this heaven? No, it's Iowa"). She now lives in the Dubuque area with her husband, Ryan, and their three children, Katherine, Evan, and Mary Fran.

Melissa Distler: Melissa has 3+ years experience within InteGreat Support and her InteGreat customer base is the East Coast. Melissa and her husband Nick have 2 sons, Derrick and their newborn, Levi.

.....

PSA Client News

2010 ICD-9 Changes

While most people associate the month of October with the beginning of fall, those in the healthcare industry also associate the month of October with the implementation of new ICD-9 codes. The 2010 changes include more than 300 new codes, 45 revisions and 22 deleted codes. The new code changes became effective October 1st. We have provided information on codes that are most likely to affect pathology and laboratory coding. A complete listing of additions, changes and deletions can be found at: http://www.cms.hhs.gov/icd9ProviderDiagnosticCodes/07_summarytables.asp

Laboratory Examination

Encounters for blood and urine testing have historically been reported with code V72.6 (Laboratory examination) when no additional information for coding has been provided. However, this code became invalid October 1, 2009. This category was expanded to capture different types of laboratory testing and a fifth digit is required for reporting purposes. A total of five new codes were created:

V72.60 – Laboratory examination, unspecified

V72.61 – Antibody response examination

V72.62 – Laboratory examination ordered as part of a routine general medical examination

V72.63 – Pre-procedural laboratory examination

V72.69 – Other laboratory examination

The V72.61 code is assigned for patient encounters for pre- or post-vaccination testing. For example, the V72.61 code would be reported when a hepatitis titer is performed after completing vaccinations for the Hepatitis B virus. The V7.61 code is not to be used to report an encounter for allergy testing. Instead, code V72.7 (Diagnostic skin and sensitization tests) should be assigned. Testing ordered as part of a routine general medical exam is reported as V72.62. Preoperative or pre-procedural testing is reported with code V72.63. It is recommended that you share this information with your referring physicians.

Neuroendocrine Carcinoma

The 209 code series was created in 2009 for the reporting of primary neuroendocrine carcinoma specimens. This category will be expanded in 2010 with additions for Merkel cell carcinoma and secondary neuroendocrine neoplasms. Merkel cell carcinomas have traditionally been assigned to the 173 code series (*Other malignant neoplasm of skin*). The 173 codes are also assigned to basal cell and squamous cell carcinomas. However, because Merkel cell carcinoma is an aggressive cancer with a disease specific mortality rate of 33%, the establishment of Merkel cell carcinoma codes (**209.31-209.36** *Malignant poorly differentiated neuroendocrine tumors*) will allow for better patient tracking and more accurate reporting of this disease.

The need for more specific tracking and reporting of neuroendocrine carcinomas has also led to the addition of codes for secondary neuroendocrine tumors and personal history of neuroendocrine tumors. Codes **209.70-209.79** are assigned when a metastatic neuroendocrine carcinoma is diagnosed. These cases were previously reported with a secondary malignant neoplasm code based on the tumor site (e.g., *197.0 Secondary malignant neoplasm of lung*).

The V10.9 category (Other and unspecified personal history of malignant neoplasm) was also updated. A fifth digit is now required for reporting. **V10.90** (*Personal history of unspecified malignant neoplasm*) is assigned to patients with a history of cancer without clarification as to site. Code **V10.91** (*Personal history of malignant neuroendocrine tumor*) is assigned for patients with a history of malignant carcinoid tumor, malignant neuroendocrine tumor or Merkel cell carcinoma.

Endometrial hyperplasia

The 621.3 code series is used to report endometrial hyperplasia conditions. Previous versions of ICD-9 offered code selections based on the type of hyperplasia (simple versus complex) and the presence or absence of atypia. This categorization did not distinguish between generalized hormonal responses and localized premalignant lesions. Codes **621.34** (*Benign endometrial hyperplasia*) and **621.35** (*Endometrial intraepithelial hyperplasia [EIN]*), were added to better distinguish the two conditions. The EIN codes are not replacing the established endometrial hyperplasia codes (621.30-621.33) because those diagnoses are still widely used. However, it is expected that the EIN terminology will eventually replace the endometrial hyperplasia codes.

For more information on coding please contact, Laura Edgeworth, HTL (ASCP), CPC, PSA Manager of Coding Compliance, at 800.832.5270 x 2950 or Ledgeworth@psapath.com.

.....

Holiday Schedule

MED3000 and its affiliated organizations will be closed during the following holidays:

Christmas Eve – Thursday, December 24

Christmas Day – Friday, December 25

New Year’s Day – Friday, January 1

We wish you a happy and healthy holiday season.

The best to you in 2010!

The MED3000 Connection is a publication from MED3000 dedicated to informing our clients and the healthcare community about company news, tools, and information.

Corporate Headquarters: MED3000, Inc., 680 Andersen Drive, Foster Plaza 10, Pittsburgh, PA 15220

For more information, visit www.MED3000.com or call the Marketing Department at 1-888-811-2411. If you would like to unsubscribe to this newsletter, please e-mail our Marketing Department at Marketing@MED3000.com.

Copyright © 2009. All rights reserved.