



Planning For Success

Phone: 234-7400
Fax 546-4826

A Newsletter from Mount Carmel Pre-Planned Services

November 2011

Stats Corner

October 2011

Incoming calls

25,460

Outgoing calls

23,984

Average Talk Time with Office(s)

2 minutes

15 seconds

FAX Turnaround time

24 hrs

October, 2011 Fax requests

4,521

October, 2011 Web Requests

410

Holiday Hours set for Pre-Planned Services

Pre-Planned Services will have special hours during the holidays. We will be closed on:

Thanksgiving Day

Christmas Day

New Year's Day

In addition, we have special hours for some days surrounding the holidays:



OCCASION

DATE

HOURS

The Day Before Thanksgiving

Wednesday, Nov. 23

7:30 a.m. to 6 p.m.

Thanksgiving Day

Thursday, Nov. 24

Closed

Day After Thanksgiving

Friday, Nov 25

7:30 a.m. to 5 p.m.

Saturday After Thanksgiving

Saturday, Nov. 26

Closed

Day before Christmas Eve

Friday, Dec. 23

7:30 a.m. to 6 p.m.

Christmas Eve

Saturday, Dec. 24

Closed

Christmas Day

Sunday, Dec. 25

Closed

Day After Christmas Day

Monday, Dec. 26

Closed

Day Before New Year's Eve

Friday, Dec. 30

7:30 a.m. to 6 p.m.

New Year's Eve

Saturday, Dec. 31

Closed

New Year's Day

Sunday, Jan. 1

Closed

Day After New Year's Day

Monday, Jan. 2

Closed

On Friday, Nov. 25, there will be only one phone line open. To ensure that you access the fastest possible service, please listen to and follow the prompts when you call to schedule.

Frequently Asked Questions

What fax number should be used for Pre-Cert?

Please use 234-9055

A doctor's office wants an order STAT, can these orders be faxed in?

No, call in all STAT orders to 234-7400. There is a 24 hour turnaround on all faxed orders.

Does it matter which fax number is used when sending an order to Pre-Planned Services?

Yes...

- if you would like us to call the patient to schedule the procedure, please use **614-546-4826**;

- if you have already scheduled the procedure with the patient and you are simply sending us the order, please use **614-234-8228**;
- if you are sending Pre-Planned Services Pre-Certification information, please use **614-234-9055**.



Genesis Corner

Mount Carmel Health will go live on Friday, Apr. 27, 2012 with a common electronic platform for our primary clinical information systems. Called Genesis, this electronic health record will unite state-of-the-art computer systems with best-practice processes to enable us to transform patient care and safety and support our efforts to enhance patient satisfaction.



A Little Information About The Importance Of Proper Signatures

The Centers for Medicare and Medicaid Services (CMS) advise that physicians:

1. ALWAYS sign notes and orders – submitted records with just a typed signature/signature line with no handwritten or electronic signature is not acceptable
2. Print your name along with your written signature for clarification;
3. Print your name for clarification, even when you are just using your Initials. When the record is not from an inpatient

setting, a full signature is preferred along with a printed name;

4. Notes that have been transcribed should always be reviewed and signed – either electronically or with a hand-written signature – by the author of the note; and
5. Signatures should be legible!



Acceptable Forms of Signature

1. Legible handwritten signatures or initials;
2. Electronic signatures should contain date and timestamps and include printed statements, e.g., “electronically signed by,” or “verified/reviewed by,” followed by the practitioner’s name and preferably a professional designation; and
3. Digitized signature: Electronic signature: an electronic image is an individual’s handwritten signature reproduced in its identical form using a pen tablet.

ICD-9 TO ICD-10: Advance Preparation Will Help Overcome Challenges

Effective, Oct. 1, 2013 the law requires full compliance with ICD-10 CM and ICD-10 PCS.

It seems like we have plenty of time, but there is still much to be accomplished before then. With the implementation of meaningful use and the preparation for 5010, most providers, hospitals and physician many have not yet fully realized the potential impact of ICD-10. That in itself can have very negative consequences. CMS has repeatedly stated that the potential impact of this “upgrade” will have a dynamic impact on all systems, operations, and documentation — and therefore, all reimbursement.

Many of you remember Y2K, when every system that had an encoded date field had to be identified and assessed for potential shutdown. The ICD-10 conversion will be similar. Every system and module that contains an ICD-9 code must be identified and assessed to see if it has the ability to process an ICD-10 code. Not only is the size of the code changing from five digits to

seven digits, but the code is also going from a numeric code to an alpha numeric code.

Another impact of this change is the fact that specific documentation will be the only way to determine which ICD-10 code is accurate:

1. There are approximately 13,000 clinical diagnosis codes in ICD-9 today. There will be approximately 68,000 clinical diagnosis codes in ICD-10.
2. For in-patient services, today there are 11,000 ICD-9 procedure codes. In ICD-10 there will be 87,000 procedure codes.
3. All ICD-9 certified coders must take a new test to be certified in ICD-10.

The next hurdle to consider is securing payment for services rendered under ICD-10. There may be as substantial impact on billing for your facility or practice.

- Because the diagnoses are so specific, there will be more

opportunities for insurance companies to challenge whether or not the services rendered were applicable for the diagnosis ultimately made. If charges are challenged, this will delay the payment of claims.

- Insurance denials may occur due to poor third party insurance computer systems;
- Insurance company staff performing claims reviews may not have been trained in ICD-10 — or may be just learning ICD-10 — which will slow claims processing and payment.

At the same time, your medical records staff (and ours) will be working harder than ever to obtain the most specific diagnosis possible — both to ensure record quality and timely payments.

To prepare for this change and to minimize any negative consequence, we encourage you to stay ahead of the timelines established by Medicare.