

UPLAND MEDICAL GROUP HEALTH CARE HERALD



~News from ProMed Health Care Administrators & Upland Medical Group~
Spring 2009

President's Message

By Jeerreddi A. Prasad, M.D., President

Greetings. We are glad to be in health care at the times of global economic slowdown. UMG continues to do well. Membership is not growing which is a reflection of the economy and the Managed Care Industry.

Mr. Rick Jacob has been recruited by the Company as V.P. of Marketing and Business Development. He will be actively meeting with you to pursue opportunities.

I thank all of you for your commitment to the organization. Have a good Spring.

Thank you.

ProMed Welcomes New Vice President of Business Development

Rick Jacob, an established and reputable health care executive with over 20 years of experience has recently joined the administrative staff of ProMed.

Rick's primary responsibilities will be to interface with our network of physicians, hospitals, and contracted health plans. In his effort to expand our physician Network and service area, and increase our membership he will be contacting you in the near future. Please don't hesitate to address any questions, suggestions or concerns to him. He can be reached at (909) 758-4682.

Thank you.

INSIDE THIS ISSUE

1	President's Report
2	Business Development
3	Provider Services – Provider Satisfaction Survey
3	Provider Updates
3	NCQA UM Standards
3	UMG News In Review – Qtr. 1, 2009 Memos
3	ProMed Offices Closed
3	2008 UMG Medical Records Audit Results
4	After Hours Access Information
5	2008 Member Satisfaction Survey
6	2008 Provider Satisfaction Summary
7	Qtr. 1, 2009 Memos
10	Special Dates
10	Editorial Information

THINK OUTSIDE OF THE BOX

Question: What do you have that other people use more than you do?

Answer: Your name.

I never wanted to set records. The only thing I strived for was perfection.

WILT CHAMBERLAIN (1936-1999)

Basketball player

ONE IS HAPPY as a result of one's own efforts, once one knows the necessary ingredients of happiness – simple tastes, a certain degree of courage, self-denial to a point, love of work, and above all, a clear conscience. Happiness is no vague dream, of that I now feel certain.

GEORGE SAND (1804-1876)

Writer.

Make big decisions in the calm.
DWIGHT D. EISENHOWER (1890-1969)
34th U.S. President

Provider Services

By: Dawn Tumser, Provider Relations Supervisor

PROVIDER SATISFACTION SURVEY

I want to thank those who participated in ProMed's 4th qtr. (2008) Provider Satisfaction Survey. ProMed encourages you to participate in these quarterly surveys. ProMed will continue to listen to the concerns and recommendations of our providers and identify those areas that require further attention. Thank you again for your continued support.

PROVIDER UPDATES

New Providers

Albert Rislovski, MD – Internal Medicine

Provider Address Changes

Drs. Rifaat Salem, Mazin Abjullah
Sohila Zarandy
381 Corporate Terrace
Corona, CA 92879
(951) 371-9200

Usha Mantha, MD
1866 N. Orange Grove Ave. #201
Pomona, CA 91767
(909) 622-3065

Daryoosh Valamanesh, MD
1904 N. Orange Grove Ave.
Pomona, CA 91767
(909) 469-1823

Providers No Longer with UMG

Steven Barag, DO
Leon Helmbrecht, MD
Daksha Jain, MD
David Lundin, MD
Tuan Pham, MD
Jill Reiss, MD
Peter Samaan, MD
Stanley Yang, MD

NCQA UM Standards

By: Frankie Li, LVN, Director of UM/QM

All providers are reminded that medical necessity decision-making is based on appropriateness of care and service and not based on benefit design or coverage. The IPA does not compensate physicians or nurse reviewers for denials. The IPA does not offer incentives to encourage denial of coverage or service and notes that special concern and attention should be given to the risk of underutilization.

The criteria cited in a denial or modification is available upon request.

UMG News in Review – Qtr. 4, 2008 Memos

By Karen Harvey, Executive Assistant

The following are memos that were sent to providers regarding key issues in the past quarter. Please review to make certain you received the memos and their attachments. (*Beginning page 7*). This information is usually good to share with our staff and maintain for future reference.

If you have any questions about these memos or require copies of the forms, please contact either the writer of the memo or Karen Harvey, Executive Assistant at (909) 932-1045, ext. 4402. Thank you.

ProMed Offices Closed

By Karen Harvey, Executive Assistant

ProMed health Care Administrator's offices including the corporate offices of Pomona Valley Medical Group and Upland Medical Group will be closed on the following dates:

- Monday, May 25, 2009 for the Memorial Day Holiday
- Friday, July 3, 2009 for the Independence Day Holiday

As always, an on-call Case Manager (nurse) is available. The on-call nurse can be reached by calling the regular office number (909) 932-1045 and following the prompts to speak with the on-call nurse. If you have any questions about ProMed's Holiday schedule please call Karen Harvey at (909) 932-1045, ext. 4402.

2008 Office Site Medical Records Review Summary

By Frankie Li, LVN, Director of UM/QM

PCP over all compliance was 85.51%. Specialists 98.56%. Psych Health 95.72%

Benchmark is 85% compliance

The areas indicated below did not meet benchmark as a group.

Criterion	2003	PCP	SPC	Psych
I. Chart	Maintenance			
Emergency contact/Phone	Should be updated at least biannually	89.77%	98.75%	60%
Advance Directive	Information offered to pt over 18	70.34%%	94.45%	N/A
II. Medical Care	Documentation			
	If Behavioral referral made, evidence of communication with provider	60.43%	N/A	100%
	Evidence of appropriate use of consults	75%	N/A	N/A
	Documentation of prescribed medications	84.52%	87.50%	N/A
3. Health	Maintenance- Adult			
Adult	Immunization Records			
	TD booster or documentation of refusal	19.38%	N/A	N/A
	Pneumovax (Lifetime age 65+ or auto immune disease)	39.99%	N/A	N/A
	Influenza vaccine (Annual for 65+ or younger if high risk)	53.66%	N/A	N/A
	Rubella for women of child bearing age if titer not present	14.30%	97.50%	N/A
VI. Health	Maintenance- Child			
	Medical history questionnaire includes smoking habits (> 14 yrs)	55.14%	N/A	N/A
	Medical history questionnaire includes history of alcohol use (> 14 yrs)	58.48%	N/A	N/A
	Medical history questionnaire includes history of substance abuse (> 14 yrs)	57.23%	N/A	N/A
	Hx of sexual activity (12 and older)	84.76%	N/A	N/A
	Childhood illnesses	68.38%	N/A	N/A
	Personal, psycho social history	48.68%	N/A	N/A
	Prenatal delivery history if applicable	50%	N/A	N/A
	Immunization Records			
	DTP/DTap - 4 doses; by age 2 yrs	70.76 %	N/A	N/A
	OPV or IPV: 3 doses by age 2 yrs	73.86 %	N/A	N/A
	MMR 1 dose; age 12-15 mos & 4 – 12 yrs	73.23 %	N/A	N/A
	HIB 1 dose by age 2	74.07 %	N/A	N/A
	Hepatitis B: 2 doses by age 2	76.07 %	N/A	N/A
	Varicella	70.15 %	N/A	N/A
Child	Preventive Services			
	Are age & gender specific services – specific preventive services documented. Ex: Developmental screen, Lead screen	83.41%	N/A	N/A

PHYSICIAN OFFICE ACCESS GUIDELINES

Definitions:

Emergency Medical Condition

Means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in

- (1) Serious jeopardy to the health of the individual, or, in the case of a pregnant women, the health of the woman or her unborn child or
- (2) Serious impairment of bodily functions or
- (3) Serious dysfunction of any bodily organ or part.

(H & S code, Section 1317 1(b), Title 42 of Code of Federal Regulations)

Urgently Needed Services

Health care services needed to diagnose and/ or treat medical conditions that are of sufficient severity that care is needed within the same day, but are not emergency medical conditions.

GUIDELINES

1. PCP Physicians **must** provide access to appropriate triage personnel and emergency services 24-hours a day, seven days a week.

2. *Medical triage during business Hours*

All PCP sites **must** have licensed staff available for telephone or on site triage for Members during normal business hours. It is expected that all licensed triage personnel use appropriate medical judgment in determining the disposition of the patient.

■ **Members must be advised, as part of their instructions, that they should call 911 and seek emergency care if they think they are dealing with a serious acute medical emergency or go to the nearest ER or urgent care.**

3. *After Hours PCP Access*

- ◆ All PCPs **must** have arrangements in place for telephone access 24 hours per day, 365 days per year.
- ◆ The number listed for the PCP in the members ID card should be the 24-hour access number for that PCP and/ or IPA triage system.
- ◆ Members must be able to reach their PCP, a covering physician or a licensed triage person
- ◆ Approved licensed triage personnel include registered nurses, nurse practitioners or physician assistants.

Answering services

- Answering service personnel cannot perform triage unless they are in one of the previously mentioned categories.
- Members must be able to access their PCP or the covering personnel within 30 minutes of their initial call.
- **Members must be advised, as part of their instructions, that they should call 911 and seek emergency care if they think they are dealing with a serious acute medical emergency or go to the nearest ER or urgent care.**

2008 Member Satisfaction Survey: Cumulative Member Satisfaction Survey Results

Upland Medical Group is mandated to perform an annual Member Satisfaction survey. The survey tool mirrors the mandatory requirements from NCQA (National Committee of Quality Assurance). *Our members complete the survey.* The survey results are reviewed for the IPA as a whole, as well as individual physicians and peer group comparisons.

Scores were averaged per survey area.

2007 Individual Year Results

	# MDS	ACCESS	REC/EX RM	WAIT TIME	CUST REL	BUS OFF	STAFF CARE	MD CARE	TTL SAT
FP	13	97.0%	98.9%	98.2%	99.9%	100.0%	99.1%	99.7%	99.0%
IM	6	96.8%	98.4%	98.6%	100.0%	98.5%	99.7%	100.0%	98.9%
PDS	7	93.9%	99.4%	98.1%	100.0%	99.6%	99.3%	100.0%	98.6%
TTL PCP	26	95.9%	98.9%	98.3%	100.0%	99.4%	99.4%	99.9%	98.8%

2PCPs of the 26 surveyed achieved scores in at least 1 category indicated above below

Bench mark of 85%.

Cumulative results- Years 2006 thru 2008 Results (3 years)

	# MDS	ACCESS	REC/EX RM	WAIT TIME	CUST REL	BUS OFF	STAFF CARE	MD CARE	TTL SAT
FP	41	97.1%	99.3%	98.6%	99.8%	99.9%	99.6%	99.8%	99.1%
IM	16	95.2%	98.7%	98.8%	99.9%	99.0%	99.6%	100.0%	98.8%
PDS	35	93.3%	95.7%	96.7%	99.7%	99.4%	95.4%	92.4%	96.1%
TTL PCP	92	95.2%	97.9%	98.0%	99.8%	99.4%	98.2%	97.4%	98.0%

Physicians with sub areas with scores below 85% will receive educational letter with results.

Our total IPA met benchmark scores and exceeded them in all areas. We appreciate the care and service you continue to offer our mutually assigned members.

PROVIDER SATISFACTION SURVEY UPLAND MEDICAL GROUP - 2008		BENCHMARK GOAL-85% IN EACH AREA										2008 Q4	2008 YTD			
Approval rate = agree + strongly agree		2005 YTD	2006 YTD	2007 YTD	2008 Q1	2008 Q2						SENT RESPONSES	2008 Q4	2008 YTD		
		303	325	263	84	25						100	26			
		116	149	116	26	11						35	11			
		38%	46%	44%	31%	42%						RESPONSE RATE	35%	42%		
Questions:	APPROVAL RATE	APPROVAL RATE	APPROVAL RATE	APPROVAL RATE	APPROVAL RATE	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Ttl replies	REPLY RATE	TTL APPR	APPROVAL RATE	APPROVAL RATE	
CUSTOMER SERVICES																
1	IPA staff returns your phone calls promptly	96.2%	91.9%	93.0%	88.5%	100.0%	0	1	7	13	14	35	35.0%	27	77.1%	88.3%
2	IPA staff answers your questions to your satisfaction	97.3%	93.1%	95.2%	88.5%	100.0%	0	1	5	13	16	35	35.0%	29	82.9%	92.0%
3	IPA staff is courteous when you call	95.2%	91.7%	93.2%	92.3%	100.0%	0	3	16	0	16	35	35.0%	16	45.7%	82.2%
4	IPA staff is helpful when you call	96.6%	91.9%	95.8%	96.2%	100.0%	0	2	2	16	15	35	35.0%	31	88.6%	93.8%
CUSTOMER SERVICES		96.3%	92.1%	94.3%	91.3%	100.0%						140		103	73.6%	89.1%
CLAIMS																
5	Your claims are processed in a timely fashion	79.4%	85.2%	87.3%	80.8%	100.0%	0	1	4	17	13	35	35.0%	30	85.7%	88.5%
6	Questions regarding claims are handled quickly	80.9%	81.7%	86.8%	88.5%	100.0%	0	1	6	17	11	35	35.0%	28	80.0%	87.4%
7	Questions regarding claims are handled appropriately	80.4%	81.3%	85.5%	84.6%	100.0%	1	0	7	15	12	35	35.0%	27	77.1%	86.5%
CLAIMS		80.2%	82.7%	86.5%	84.6%	100.0%						105		85	81.0%	87.5%
AUTHORIZATIONS																
8	Referrals are returned to you in a timely fashion	87.6%	89.9%	92.4%	96.2%	80.9%	1	1	5	14	14	35	35.0%	28	80.0%	89.4%
9	IPA referral forms are user friendly	97.3%	95.3%	95.8%	100.0%	80.9%	0	0	1	16	18	35	35.0%	34	97.1%	96.2%
10	Questions regarding referrals are handled quickly	98.0%	89.1%	93.8%	82.3%	100.0%	1	0	5	15	14	35	35.0%	29	82.9%	89.1%
11	Questions regarding referrals are handled appropriately	91.9%	88.5%	91.0%	96.2%	81.8%	1	1	5	15	13	35	35.0%	28	80.0%	86.4%
AUTHORIZATIONS		94.4%	90.7%	93.3%	96.2%	90.9%						140		119	85.0%	90.3%
ANCILLARY PROVIDERS																
12	Contracted ancillary providers render adequate services as listed below:															
	Lab	56.2%	54.9%	69.2%	76.0%	18.2%	0	1	11	13	10	35	35.0%	23	65.7%	58.2%
	Radiology	58.4%	59.8%	70.4%	84.6%	45.5%	0	0	11	13	11	35	35.0%	24	68.6%	68.4%
	Home Health	53.9%	57.5%	68.0%	76.0%	27.3%	0	0	14	13	8	35	35.0%	21	60.0%	54.3%
	DME	55.3%	55.5%	62.3%	73.1%	27.3%	0	0	13	13	9	35	35.0%	22	62.9%	56.4%
Comments:																
Dr. Esther Quiroigloco - There have been several times when UM Dept. contacts the patient of referral approval but fails to contact the PCP office by fax and also memos and updates of changes do not get faxed to our office. We find out the hard way																
Dr. Benavidez - Referral department needs to state name and needs to be more professional when talking to staff.																
Dr. Abraham Chen - Depends on who answers the phone. Kern is very helpful and courteous always. Some are not.																

Memorandum

Date: January 14, 2009
To: ALL PMPV and UMG Local PCPS
CC: Managers and Supervisors
From: Kit Thapar, MD, Chief Medical Officer
Re: Documentation and Coding

PacificCare has contracted with a physician who is also a certified coder to provide a monthly newsletter on Documentation and Coding.

The purpose of this newsletter is to provide information that can be utilized to increase documentation and coding practices, which will facilitate a more accurate patient health status. Each month a new subject will be addressed.

Please recall, CMS (Center for Medicare and Medicaid Services) reimbursement to IPAs is based on the morbidity of Medicare enrollees. Therefore, failure to code patient medical conditions appropriately will decrease payments to IPA physicians from CMS.

It is ProMed's intention to share these newsletters monthly with our contracted IPA PCPS. Additionally, each month's topic will also be shared with our appropriate contracted specialists. I have also attached a copy of the Coding class held at the Corona Regional Medical Center, August 14, 2007 from 9-1.

January 2009 Topic: 3 Common Errors: Documentation and Coding

If you have any questions or suggestions on specific coding or documentation issues you may:

- Contact Bridget Harper at bridharp@ca.tr.com OR
- Contact Dr Kit Thapar.

We trust you will find this information useful to your practice.

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MDQuickFax™

Helping doctors get useful information, quickly.

Zack Gerberg, MD, CPC (certified professional coder), editor

3 Common Errors: Documentation and Coding

After reviewing over 250,000 Medicare Medical Records, we have identified 3 Common Errors that physicians make in Diagnosis Documentation and Coding.

1) Documenting and coding uncomplicated diabetes (250.00) when the patient actually has diabetic complications. With increased screening of diabetic patients for microalbuminuria, diabetic nephropathy is frequently discovered. However, physicians often forget to document diabetic nephropathy in a progress note and to submit the appropriate diagnosis codes. Other diabetic manifestations such as diabetic neuropathy and diabetic angiopathy are also often not documented and coded. Remember the correct coding for diabetic complications requires two ICD-9 codes. Do not use 250.00 if the patient has diabetic complications. Example:

Progress note: AODM with diabetic nephropathy
Diagnosis codes: 250.40, 583.81

2) Documenting and coding active cancer when the correct documentation should be "history of... cancer". If a patient has active primary cancer, active metastases, or is on active treatment for a solid tumor, then the diagnosis is cancer: a patient who had a small breast cancer removed and has no metastases, but is on tamoxifen should have the documentation of "breast cancer". However, if the patient had the cancer removed, does not have metastases, and is not on active treatment, the documentation should be "history of breast cancer". The same rules apply to other solid tumors - lung, prostate, GI, etc. Example:

Progress note: S/P colon CA resection 2004 - no mets, no Rx; history of colon CA
Diagnosis code: V10.05

3) Documenting and coding stroke or CVA when the correct documentation and coding should identify the residual effects of the stroke or else document and code "history of stroke". The diagnosis of stroke or CVA should only be used in a hospital setting or if the patient is having the stroke during the visit being documented. If you see a patient after hospitalization for a stroke, you should document the residual effects of the stroke such as hemiplegia. Otherwise the diagnosis is "history of stroke". In either case, you should not use the ICD-9 diagnosis code for CVA or cerebrovascular disease (434.91 or 436). Examples:

Progress note: Hospitalized for recent stroke with left arm paralysis
Diagnosis code: 438.30

Progress note: S/P CVA with no residual
Diagnosis code: V12.54

Basic principles of diagnosis coding:

Every patient should be seen at least once each year with all significant medical diagnoses reviewed and documented in the medical record which is dated and signed by a physician. A claim or encounter for each physician visit should be submitted that includes specific codes for all diagnoses that are documented in the medical record. The information and examples provided above are minimal documentation to support diagnosis coding as only one part of a complete progress note. Final decisions about diagnosis coding should be based on review of standard reference materials.

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INGENIX.



FACSIMILE TRANSMITTAL

Date: February 18, 2009

To: UMG PCP's, UM/QM Department, Customer Service, Claims, Contracts Manager, Provider Relations

From: Kit Thapar, M.D., CEO/CMO **Phone #:** 909.932.1045, x4404

RE: UMG OB/GYN's **Pages:** 1 (Incl. this cover sheet)

Unfortunately, Dr. Stanley Yang no longer has privileges at San Antonio Community Hospital. Therefore, he will no longer be a UMG OB/GYN provider for Upland Medical Group. Please refrain from sending any of your members to Dr. Yang effective immediately.

OB/GYN Specialists contracted with Upland Medical Group are:

- Dr. Richard Godt
- Dr. Veena Vaid-Raizada
- Dr. Thomas W. Lee
- Dr. Linda Marie Hillebrand

An updated Specialist Roster will be forwarded to you in the near future. We just wanted to communicate this change as quickly as possible. If you have any questions or concerns, please don't hesitate to contact me directly.

Thank you.

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4150 E. Concourse St., Suite 100, Ontario, CA 91764



Memorandum

Date: February 26, 2009

To: ALL UMG PCPs & OB/GYN's

CC: Managers and Supervisors: Auth Department: Case Managers

From: Kit Thapar, MD, Chief Medical Officer

Re: Immunization Authorization and Claims Guidelines

Attached please find a tool that should assist you and your staff with Immunization Authorization Guidelines and Claims Billing Information for Upland Medical Group members. Recently, you received a Revised Immunization and Vaccine Reimbursement effective 2/1/09, with rates for the immunizations.

The attached matrix indicates whether an authorization is required and who you need to bill for the immunizations administered in your office. In most cases, you will bill Upland Medical Group; however, due to legislation, some health plans remain financially responsible for some pediatric immunizations. Please refer to the matrix for direction.

Please note that effective 1/1/09 Health Net will no longer provide Gardasil through Curascript; therefore, you will need to obtain authorization from us and we will be financially responsible for payment.

We hope this will be helpful for you and your staff. If you have any questions or comments, please feel free to contact myself or Laura Jewell, Member Services Manager at (909) 291-4400 ext. 4601.

Thank you.

Please destroy all previous immunization matrixes distributed.

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**UPLAND MEDICAL GROUP
IMMUNIZATION AUTHORIZATION AND CLAIMS GUIDELINES**

Page 1

Updated 2/09

All immunizations are covered when recommended by the American Academy of Pediatrics and U.S. Public Health Service through its U.S. Preventative Services Task Force and/or under the Advisory Committee on Immunizations Practices (ACIP) of the Centers for Disease Control (CDC) guidelines. Below is a guide to assist you in acquiring prior authorization if necessary as well as billing the appropriate payer. Generally, the IPA is financially responsible for immunizations; however, *SB168 legislation requires the Health Plan assume financial risk of any new pediatric immunizations that are approved by CDC, until a new contract agreement is reached by the group and HMO. All adult immunizations do not fall under SB168.

HMO/LOB & Immunization	SPECIAL INSTRUCTIONS (All immunizations should follow CDC guidelines for administration)	AUTH REQ'D? (Yes, No, See Spec Inst SI)	Aetna	Anthem Blue Cross	Blue Shield	Cigna	PacificCare	Healthy Families (SS)	Medicare (I/YSR)
Hep A Adult (90632)	12 + Require Auth	Y	I	*I	*I	*I	I	*I	PART D
Hep A Ped (90633)		N	I	*I	*I	*I	I	*I	N/A
Flu (90645-90648 & 90655-90658)		N	I	*I	*I	*I	I	*I	I
Gardasil (90649)	Recommended for 9-26 y/o (female)	Y	Peds/H-Adlts/I	*I	*I	*I	Peds/ H Adlts/I	*I	N/A
Prevnar (90669)	13-20 y/o High Risk Only	SI	I	*I	*I	*I	I	*I	N/A
Rotateq (90680)	Recommended for all infants	N	H	*I	*I	*I	H	*I	N/A
Rotarix (90681)	6 wks - 14 wks only	N	H	*I	*I	*I	H	*I	PART D
Kinrix (90696)	4 yrs - 6 yrs	N	I	*I	*I	*I	I	*I	PART D
Pentacel (90698)	6 wks - 4 yrs	N	I	*I	*I	*I	I	*I	PART D
D-Tap (90700 & 90721)	2 yrs - 6 yrs No Auth 19 yrs - 64 yrs Require Auth	SI	I	*I	*I	*I	I	*I	PART D
ProQuad (90710)	12 mos-12 y/o	N	I	*I	*I	*I	I	*I	N/A

Page 2

DT, Mumps, Measles, Rubella (90702-90707)	12 mos - 18 yrs	N	I	*I	*I	*I	I	*I	PART D
Polio/TD (90713-90714 & 90718)	Birth - 17 yrs	N	I	*I	*I	*I	I	*I	PART D
Boosterix/Adacel/ Tdap (90715)	Peds: 11-12 y/o - 13-18 y/o if missed booster No Auth. Adults: 19-64 y/o if rec'd last booster >10 yrs Req'd Auth	SI	I	*I	*I	*I	Peds/ H Adlts/ I	*I	PART D
Varicela (90716)	Under 12 y/o & 13-20 y/o High Risk Only- No Auth	SI	Peds/ H Adlts/ I	*I	*I	*I	Peds/ H Adlts/ I	*I	N/A
Pediarix (90723)	6 wks - 4 yrs	N	I	*I	*I	*I	I	*I	N/A
Pneumococcal (90732)	Under 12 yrs & 13-20 if at Risk	N	I	*I	*I	*I	I	*I	I
Menomunne (90733)	11 yrs - 55 yrs only	Y	I	*I	*I	*I	I	*I	PART D
Menactra (90734)	Under 17 no Auth 17+ y/o Require Auth w/medical justification - college freshman living in dorm	SI	I	*I	*I	*I	Peds/ H Adlts/ I	*I	N/A
Zostavax (90736)	Adults age 60+ y/o w/history of chicken pox. Not treatment of Shingles.	Y	I	*I	*I	*I	I	N/A	PART D
Hep B (90744-90748)	Under 12 y/o no Auth 13+ y/o Require Auth	SI	I	*I	*I	*I	I	*I	I
Travel Immunizations		Y	TA	TA	TA	TA	Not Covered	*I	PART D

Legend:
I = IPA is financially responsible - Bill IPA
***I** = IPA is financially responsible - Bill IPA (Insured Service)
H = HMO is financially responsible - Bill HMO
TA = Varies by Plan. Benefit will be verified through Authorization Process.
Part D = Provide RX and patient will take to HMO Contracted Pharmacy to obtain



Special Dates

EASTER DAY

SUNDAY, APRIL 12, 2009

TAX DAY

WEDNESDAY, APRIL 15, 2009

ADMINISTRATIVE PROFESSIONALS DAY

WEDNESDAY, APRIL 22, 2009

MOTHER'S DAY

SUNDAY, MAY 10, 2009

MEMORIAL DAY

MONDAY, MAY 25, 2009

FLAG DAY

SUNDAY, JUNE 14, 2009

FATHER'S DAY

SUNDAY, JUNE 21, 2009

INDEPENDENCE DAY

SATURDAY, JULY 4, 2009

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