

UPLAND MEDICAL GROUP HEALTH CARE HERALD



UPLAND MEDICAL GROUP
a professional medical corporation

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

President's Message

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

I wish all of you a good summer.

HMO enrollment is stagnant. Due to slight attrition we are trying to organize a strategic marketing plan. I am requesting all of you to be involved in enhancing your membership.

Health Care reform appears to gain momentum. We are going to face challenges in California as the budget looms and high unemployment.

We are presently working on getting more Senior contracts in place for UMG. Over the next few months we are working on educational protocols for elective surgical procedures.

As always, I thank all of you for supporting the organization. Thank you.

In every community, there is work to be done. In every nation, there are wounds to heal. In every heart, there is the power to do it.

MARIANNE WILLIAMSON
Writer

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Business Development

By Rick Jacob, VP of Business Development

While ProMed is working on growing our primary care physician base we are not losing sight of how we got to be successful today from the **commitment of our current physicians!** With that ProMed will be embarking on an open enrollment strategy to assist getting the ProMed and physician members names out in the senior and employer community.

Recently, many of you have received a fax letter from me in regards to participating in future open enrollment activities for senior and commercial business. The time period for most open enrollment activities with employers and seniors is September thru December. The venue of employer events take place at the employer sites and senior activities take place at residential housing, adult day care facilities, and senior centers. Our goal is the following:

- Promote our medical group(s)
- Grow and enhance our PCP member base for our PCPs
- Further develop our relationships with our contracted health plans, broker network, and employers
- Further market penetration

ProMed will be coordinating a calendar in the next 2-months with dates of when and where we will be.

If you are interested in participation, please fax the completed letter to Dawn Tumser at (909) 932-1065. If you didn't receive the fax letter and would like one sent to you, please contact Dawn at (909) 932-1045, ext. 4673.

Our events will be very targeted and focused to achieve the best return on both our investment in time and effort.

IPA Exclusivity

Tired of having multiple IPAs to work with and

IPA Exclusivity

continued on page 2

thinking of consolidating. ProMed offers unique opportunities that you may want to look at. Besides an expansion of contracts that is occurring we offer a very competitive package. For more details contact me, Rick Jacob @ (909) 758-4682.

Provider Services

By: Dawn Tumser, Provider Relations Supervisor

PROVIDER SATISFACTION SURVEY

I want to thank those who participated in ProMed's 2nd qtr. (2009) 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

Henry Sideropoulos, MD – Internal Medicine
1866 N. Orange Grove Ave., # 102
Pomona, CA 91767
(909) 623-8796

Rakesh Sinha, MD – Pulmonary
1866 N. Orange Grove Ave., # 202
Pomona, CA 91767
(909) 623-8796

Duc Nguyen, DO
887 E. Second Street, Suite C
Pomona, CA 91767
(909) 865-2565

Provider Address Changes

Mohsen Ali, MD
8263 Grove Ave., # 203
Rancho Cucamonga, CA 91730
(909) 608-2008

Faisal Qazi, DO
1148 San Bernardino Rd., # C-101
Upland, CA 91786
(909) 949-7443

Providers No Longer with UMG
Linda Hillebrand, DO
James Alvis, DC

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:

- Friday, July 3, 2009 for the Independence Day Holiday
- Monday, September 7, 2009 for the Labor 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.

UMG News in Review – Qtr. 2, 2009 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 3*). 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.

TIME IS THE COIN OF YOUR LIFE. It is the only coin you have, and only you can determine how it will be spent. Be careful lest you let other people spend it for you.

CARL SANDBURG (1878-1967)
Writer



Memorandum

Date: April 8, 2009

To: ALL Pomona Valley Medical Group and Upland Medical Group SPC's AND PCP's

CC: K.Thapar, MD, B. Werderman, D.Tz, J. Caya, D.Tumser, L. Jewell, T. Phung

From: Frankie Li, LVN, UM/QM Director /ProMed

Re: Use of Quest Diagnostic Laboratory Services

ProMed HCA would like to take this opportunity to advise you of the following provider issues:

EFFECTIVE APRIL 15, 2009

QUEST DIAGNOSTIC LABORATORY

IS NO LONGER A PROMED PROVIDER FOR LABORATORY SERVICES

Please be aware that all Providers are to use the In-Network Laboratory – "LABCORP".

You should not be sending any requests to Quest Diagnostics Laboratory. There has been a lot of leakage in the last several months and this is unacceptable. If you or your office staff refers a member to Quest Diagnostic Laboratory for any reason it could result in a CAP DEDUCT to you.

FYI – for your PVMG and UMG Point of Service (POS) members – be sure to document in the chart and on the lab form that this member is using their POS, if YOU send them to QUEST. This will allow you to indicate who is to be billed for these services.

Thank you.

If you have any questions or concerns please feel free to contact me at (909) 932-1045 X 4668.

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Memorandum

Date: March 31, 2009

To: ALL PVMG and UMG PCPs and Specialists

CC: K.Thapar, MD, B. Werderman, D. Ta, J. Caya, D.Tumser, L. Jewell, T. Phung, P. Rajan

From: Frankie Li, LVN, UM/QM Director /ProMed

Re: Authorization Requirements for Thyroid Ultrasounds

ProMed would like to take this opportunity to advise you of the authorization requirements for the following diagnostic tests starting April 10, 2009:

ALL THYROID ULTRASOUNDS WILL REQUIRE PRIOR AUTHORIZATION.

ALL DEXA SCANS WILL REQUIRE PRIOR AUTHORIZATION AND A BONE DENSITY SCORE SHEET WHEN AUTHORIZATION IS SUBMITTED.

ALL FUTURE U/S AND SCANS WILL BE PAID PER MEDICARE GUIDELINES.

Thank you.

If you have any questions or concerns please feel free to contact me at (909) 932-1045 X 4668.

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Memorandum

To: PYMG and UMG PCP's
From: Rick Jacob, V.P. Business Development
CC: Dawn Turnser, Provider Relations Supervisor
Date: May 28, 2009
Re: PCP MARKETING EFFORTS

As a part of our "Thanks" to the PCP's that are affiliated with ProMed (PYMG and UMG), ProMed would like to offer you the opportunity to enhance your practice base. ProMed Health Care Administrators is in the process of working with our affiliated healthplans and brokers during senior and employer enrollment periods.

The attached survey is in regards to our marketing efforts that will be taking place during the Commercial HMO Open Enrollment period (September through December), and the year round senior focused strategy. At some of these events, our audience will be looking at ProMed to provide speakers bureaus and/or screening services. We like to extend this opportunity to you!

Exclusive physicians with ProMed will have first right on all events; however, non-exclusive physicians may also participate.

If you are interested in being a guest speaker or have interest in offering screenings, please fill out the enclosed survey and fax it back to Dawn Turnser at (909) 932-1065 by Friday, June 12, 2009.

If you have any questions, don't hesitate to contact me at (909) 758-4682.

Thank You,

Rick Jacob

Physician Name: _____ (please print)

____ Yes, I would like to be a guest speaker

____ No, I would not like to be a guest speaker

Topics you would like to present: (please print)

Screening Services (please check):

_____ Blood Pressure

_____ Glucose Checks

_____ Cholesterol Checks

_____ Bone Density

_____ Pulmonary Function Screenings

_____ Other



Memorandum

Date: June 2, 2009

To: ALL PYMG and UMG PROVIDERS

CC: J. Prasad, MD, B. Werderman, D. Ta, J. Caya, D. Turnser, L. Jewell, T. Phung

From: Frankie Li, LYX, UM/QM Director (ProMed)

Re: Anthem Blue Cross In Network Facility

ProMed would like to take this opportunity to advise you of the In Network facility that should be used for our Anthem Blue Cross members.

NO ELECTIVE surgical procedures may be done at PVHMC for these members without pre-authorization.

1. Anthem Blue Cross Members **MUST** utilize the designated IN NETWORK facility - San Antonio Community Hospital for **ALL INPATIENT** elective surgical procedures.

2. Outpatient procedures may be directed to Ambulatory Surgical Centers when available for Anthem Blue Cross.

3. Sleep Studies are to be requested to be done at American Sleep Center.

4. Blood Transfusions must also be directed to San Antonio Community Hospital.

We would like to thank all of you for your patience and understanding during these transitions.

If you have any questions or concerns please feel free to contact me at (909) 932-1045 X 4668.

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Memorandum

Date: June 2, 2009

To: ALL PYMG and UMG PROVIDERS

CC: J. Prasad, MD, B. Werderman, D. Ta, J. Caya, D. Turnser, L. Jewell, T. Phung

From: Frankie Li, LYX, UM/QM Director (ProMed)

Re: Bone Density Study NEW Form

ProMed would like to take this opportunity to advise you of the following changes in the Bone Density Study process.

I am attaching a copy of the NEW bone density study form. The form must be filled out and submitted to ProMed HCA when a bone density study is requested.

Please discard all ProMed Bone Density forms that were previously provided to you and replace with this new ProMed HCA - Dexa Scan-Osteoporosis Score Sheet, dated 6/2/09.

ProMed is hopeful this new process will help to streamline the process. If you have any questions regarding this issue please feel free to contact ProMed UM department. We will be happy to assist you with any issue we can.

If you have any questions or concerns please feel free to contact me at (909) 932-1045 X 4668.

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Memorandum

Date: June 30, 2009
 To: ALL FMPV and UMG Local PCPS
 CC: Managers and Supervisors
 From: Jeerreddi Prasad, M.D., President/Acting CMO
 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.

June 2009 Topic: COPD

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

- > Contact Bridget Harper at bridgharp@ca.rr.com OR
- > Contact Dr. Jeerreddi Prasad

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

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PROMED HCA - DEXA SCAN OSTEOPOROSIS SCORE SHEET

FORM TO BE COMPLETED BY PHYSICIAN

BASED ON INFORMATION FROM - <http://www.shaf.ac.uk/FRAX/tool.jsp>

PATIENT NAME: _____ DATE: _____

DATE OF LAST DEXA SCAN: _____

ID #: _____ PCP NAME: _____

AGE: _____ BIRTH DATE: _____ SEX: MALE FEMALE

Weight: _____ Height: _____

Ethnicity: (CIRCLE ONE)

African American Asian Hispanic

Caucasian Other

ANSWER THE FOLLOWING QUESTIONS:

Previous fracture YES NO

Parent fractured hip YES NO

Current smoking YES NO

Steroid use YES NO

Rheumatoid Arthritis YES NO

Secondary Osteoporosis YES NO

Alcohol 3 or more units per day YES NO

Please submit this form with all requests for Bone Density Study requests. If you care to do your scoring you may access the website at the top of this form to do so. Please remember to submit the results to us with your dexas scan request.

June 2, 2009

MDQuickFax™

Helping doctors get useful information, quickly.

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

Making the Diagnosis: COPD

Chronic Obstructive Pulmonary Disease (COPD) is a common diagnosis in Medicare patients that needs to be documented in a progress note and coded at least once each calendar year. **COPD is characterized by chronic airflow obstruction that is not fully reversible.** Chronic pulmonary disease presents in many forms with a common theme that there is usually a history that helps identify the etiology, symptoms consistent with the diagnosis, physical findings that may suggest the diagnosis, a supporting chest x-ray, and abnormal pulmonary function tests.

What are the most common symptoms and signs that lead to the diagnosis of COPD?

In order to make the diagnosis of chronic obstructive pulmonary disease the patient usually has a history of smoking, cough, sputum production, and exertional dyspnea. Some patients also have an asthmatic component to their COPD.

On physical exam, the patient may have an increased respiratory rate, diminished breath sounds, prolonged expiration, and may use ancillary muscles to assist in labored breathing. Chest x-ray may be read as consistent with emphysema or COPD. Pulmonary function tests (spirometry), if done correctly, can differentiate various forms of chronic lung disease. In COPD, the results show classic reduction of FEV1 and FEV1/FVC. Simple chronic bronchitis is characterized by a chronic productive cough, but does not have airflow obstruction.

Patients with severe COPD often meet the criteria for chronic respiratory failure such as PO2 < 60 mmHg or PCO2 > 45 mmHg and may be placed on chronic oxygen therapy.

ICD-9 code Documentation

491.0 Simple chronic bronchitis (no evidence of obstruction)

491.20 Obstructive chronic bronchitis without exacerbation

491.21 Obstructive chronic bronchitis with acute exacerbation

492.8 Emphysema

493.20 Chronic obstructive asthma, unspecified

496 COPD not classified elsewhere

518.83 Chronic respiratory failure

Example: The correct documentation and coding for a patient with COPD seen at least once each year might be:

Progress note: Emphysema on 24 hour 2L/min O2 with underlying chronic respiratory failure

Diagnosis codes: 492.8, 518.83

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 physical 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.

PROVIDER SATISFACTION SURVEY
UPLAND MEDICAL GROUP - 2009

Approval rate = agree + strongly agree

BENCHMARK GOAL-85% IN EACH AREA

Questions:	2005 YTD		2006 YTD		2007 YTD		2008 YTD		2009 Q1		2009 Q2		2009 YTD	
	APPROVAL RATE	SENT RESPONSES	APPROVAL RATE	SENT RESPONSES	APPROVAL RATE	SENT RESPONSES	APPROVAL RATE	SENT RESPONSES	APPROVAL RATE	SENT RESPONSES	APPROVAL RATE	SENT RESPONSES	APPROVAL RATE	SENT RESPONSES
CUSTOMER SERVICES														
IPA staff returns your phone calls promptly	96.2%	325	91.9%	263	93.0%	291	88.3%	291	90.3%	84	86.5%	81	88.4%	165
IPA staff answers your questions to your satisfaction	97.3%	116	93.1%	116	95.2%	104	92.0%	104	90.3%	31	91.9%	37	91.1%	66
IPA staff is courteous when you call	95.2%	149	91.7%	149	93.2%	149	92.2%	149	93.5%	37	94.6%	37	94.1%	68
IPA staff is helpful when you call	96.6%	149	91.9%	149	95.8%	149	93.8%	149	93.5%	37	94.6%	37	94.1%	68
CUSTOMER SERVICES														
1 Your claims are processed in a timely fashion	79.4%	143	92.1%	143	94.3%	143	89.1%	143	91.5%	143	91.9%	143	91.9%	143
2 Questions regarding claims are handled quickly	80.9%	37	85.2%	37	87.3%	37	86.5%	37	87.1%	37	83.8%	37	85.4%	37
3 Questions regarding claims are handled appropriately	80.4%	37	81.7%	37	86.8%	37	87.4%	37	77.4%	37	81.1%	37	79.3%	37
4 Questions regarding claims are handled quickly	80.4%	37	81.3%	37	85.5%	37	86.5%	37	77.4%	37	81.1%	37	79.3%	37
5 Questions regarding referrals are handled	80.2%	111	82.7%	111	86.5%	111	87.5%	111	80.6%	111	82.0%	111	81.3%	111
AUTHORIZATIONS														
1 Referrals are returned to you in a timely fashion	87.6%	37	89.9%	37	92.4%	37	89.4%	37	74.2%	37	86.5%	37	80.3%	37
2 IPA referral forms are user friendly	97.3%	37	95.3%	37	95.8%	37	96.2%	37	93.5%	37	94.5%	37	94.1%	37
3 Questions regarding referrals are handled quickly	96.0%	37	89.1%	37	93.8%	37	88.1%	37	80.6%	37	79.4%	37	79.5%	37
4 Questions regarding referrals are handled appropriately	91.9%	37	88.5%	37	91.0%	37	86.4%	37	77.4%	37	78.4%	37	77.9%	37
5 Questions regarding referrals are handled	94.4%	148	90.7%	148	93.3%	148	90.3%	148	81.5%	148	84.5%	148	83.0%	148
ANCILLARY PROVIDERS														
1 Contracted ancillary providers render adequate services as listed below:														
2 Lab	55.2%	8	54.9%	8	59.2%	8	59.2%	8	51.6%	8	54.1%	8	52.8%	8
3 Radiology	58.4%	8	59.8%	8	70.4%	8	68.4%	8	64.5%	8	75.7%	8	70.1%	8
4 Home Health	53.9%	5	57.5%	5	68.0%	5	54.3%	5	54.3%	5	45.7%	5	51.7%	5
5 DIME	55.3%	6	55.5%	6	62.3%	6	56.4%	6	64.5%	6	45.9%	6	55.2%	6

Comments:

Dr. Weinstein-Radiology much better. Lab takes longer to get labs back but is ok on STAT.
Dr. Bryan Chan - Lab Corp staff made frequent mistakes or do the wrong test.

Special Dates

INDEPENDENCE DAY

SATURDAY, JULY 4, 2009

RAMADAN

FRIDAY, AUGUST 21, 2009

LABOR DAY

MONDAY, SEPTEMBER 7, 2009

GRANDPARENT'S DAY

SUNDAY, SEPTEMBER 13, 2009

ROSH HASHANAH BEGINS @ SUNDOWN

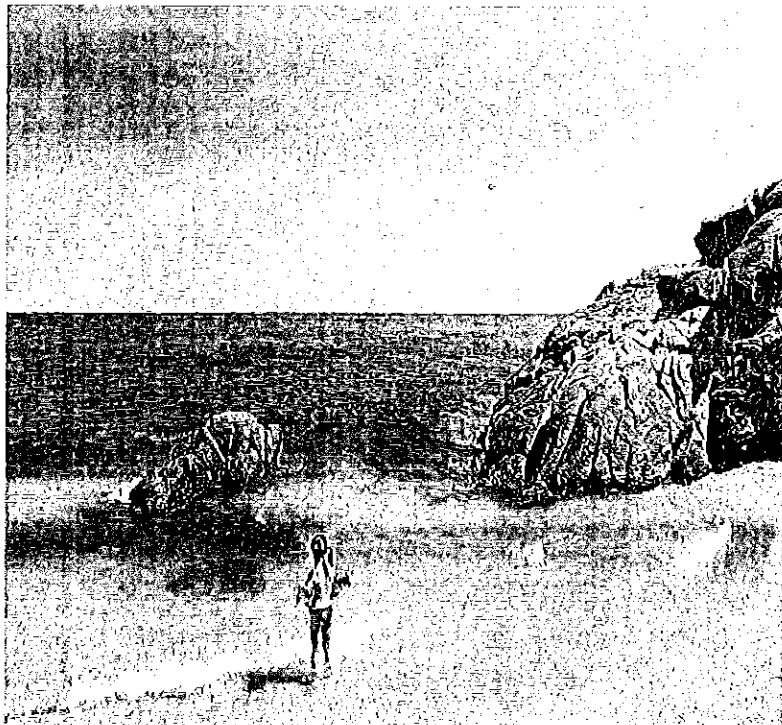
FRIDAY, SEPTEMBER 18, 2009

FALL BEGINS

TUESDAY, SEPTEMBER 22, 2009

YOM KIPPUR BEGINS @ SUNDOWN

SUNDAY, SEPTEMBER 27, 2009



YOUR DESTINY is not a matter of chance; it is a matter of choice. Many people have the right aims in life— they just never get around to pulling the trigger. When you determine what you want, you have made the most important decision in your life. You have to know what you want in order to attain it.

JOHN MASON
Writer and publisher

ProMed Health Care Administrators

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