

# UPLAND MEDICAL GROUP HEALTH CARE HERALD



~News from ProMed Health Care Administrators & Upland Medical Group ~  
Winter 2008

## President's Message

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

Happy Holidays! It's time to enjoy spending time with family and friends. As we wait for President Elect Obama to take office the financial crisis continues in the world.

We are lucky to be in healthcare at this time. Hopefully new leadership will provide strong stimulus and direction to the economy. We are well positioned to move forward with any future changes in healthcare.

I am looking forward to 2009. Hopefully we can present a proactive approach to keep our network stable and growing.

Thank you.

Upon receiving the Nobel Peace Prize, Mother Teresa said:

"What can you do to promote world peace?  
Go home and love your family."

## INSIDE THIS ISSUE

1	President's Report
1	Provider Services - Provider Satisfaction Survey
1	Provider Updates
2	ProMed Offices Closed
2	Medical Record Standards
3	UMG News In Review - Qtr. 4, 2008 Memos
7	Special Dates
7	Editorial Information

## 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. In addition to this survey being an NCQA requirement, it also used to determine the providers perspective of the IPA management services. This survey will be used to identify opportunities for improvement and to identify areas that may require further study. Thank you again for your participation and support.

### PROVIDER UPDATES

#### New Providers

Albert Dixon, MD-Neurological Surgery  
Tan Nguyen, MD - Dermatology  
Firhana Khairullah, DO - Family Practice

#### Provider Address Changes

Rick Hirsch, DO  
300 N. Euclid Ave., Suite B  
Upland, CA 91786  
(909) 920-9100

Jay Shah, MD  
1520 N. Mountain Ave., # 205  
Ontario, CA 91762  
(909) 986-0494

Sachin Patel, MD  
1520 N. Mountain Ave., # 205  
Ontario, CA 91762  
(909) 986-0494

James Ho, MD  
1330 San Bernardino Rd., # B  
Upland, CA 91786  
(800) 804-2168

*Provider Updates*

*continued on page 2*

2nd Address Location

Brad Katzman, DPM  
 16465 Sierra Lakes Pkwy., # 200  
 Fontana, CA 92336  
 (909) 427-9522

Thomas Magrann, DPM  
 16465 Sierra Lakes Pkwy., # 200  
 Fontana, CA 92336  
 (909) 427-9522

Rebecca Moellmer, DPM  
 16465 Sierra Lakes Pkwy., # 200  
 Fontana, CA 92336  
 (909) 427-9522

*Providers No Longer with UMG*  
 None To Report

**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:

- Thursday & Friday, December 31, 2008 & January 1, 2009 for the New Year holiday
- Monday, February 16, 2009 for the President's 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.

To be always intending to make a new and better life but never to find time to set about it is as... to put off eating and drinking and sleeping from one day to the next until you're dead

OG MANDINO (1923-1996)  
 Writer

**Medical Record Standards**

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

**1. Chart Organization**

The record is to be maintained as follows:

- 1) Each member medical record must be individually trackable.
- 2) The record is secured to maintain confidentiality. Paper clips are not acceptable.
- 3) Every page in the record contains the member name or ID number.
- 4) All entries contain author identification and are legible and dated.
- 5) There is a section for Biographic/Personal data. There should be evidence this data is reviewed and updated every two years. Data elements contain Address, Employer to include phone number, DOB, emergency contact, including phone number, marital status.

**2. Documentation Element Guidelines (Asterisk items are required for review)**

- 1) Each page in the record contains the patient's name or ID number. Chart contents are secured.
- 2) There is personal biographic data that work number and marital status. This information should be updated every two (2) years. For Pediatric members, at least one parent's employer is to be documented.
- 3) All entries in the medical record contain the author's identification. Author identification may be a handwritten signature, unique electronic identifier or initials.
- 4) All entries are dated.
- 5) **\*\* The record is legible to someone other than the writer.**
- 6) \* Medication allergies and adverse reactions are noted in a consistent, prominent place. If the patient has no known allergies or history of adverse reactions this is appropriately noted.
- 7) \* Problem lists are used for members with significant illnesses and/or conditions that should be monitored. A chief complaint and diagnosis or probable diagnosis is included.
- 8) Past medical history for patients seen more than three times is easily identifiable. This documentation includes serious accidents, operations, substance use, sexual activity, if applicable, and childhood illnesses. For children and adolescents (18 and younger) past medical history relates to prenatal care, birth, operations and childhood illnesses.
- 9) \* For patients (14 years and older), there is appropriate notation concerning the use of cigarettes, alcohol and

- substance use and history and sexual activity, if applicable (For patients seen three or more times, *query substance, alcohol and tobacco abuse history*)
- 7) The history and physical records include appropriate subjective and objective information pertinent to the member's presenting complaints.
  - 8) Laboratory and other studies are appropriately ordered.
  - 9) There is documentation of an exam appropriate for the condition.
  - 10) \* Working diagnoses are consistent with findings.
  - 11) \* Treatment plans are consistent with diagnoses.
  - 12) Notes have a notation, when indicated, regarding follow-up care, calls or visits. The specific time of return is noted in weeks, months or as needed.
  - 13) \* Unresolved problems from previous office visits are addressed in subsequent visits.
  - 14) \* Consultation, lab and imaging reports filed in the chart are initialed by the practitioner who ordered them to signify review. Review and signature by other professional does not meet this requirement. If the reports are present electronically or by some other method, there is also representation of review by the ordering practitioner. Consultation and abnormal lab and imaging results have an explicit notation in the record of follow up plans.
  - 15) An immunization record for children is up to date or an appropriate history has been made in the medical record for the adults.
  - 16) There is evidence that preventive screening and services are offered in accordance with guidelines and are age and gender specific.
  - 17) All medication prescribed list name, dosage, frequency and duration.
  - 18) \* Medications given on-site list name, dosage, route as well as the site given and whether the patient had a reaction to the medication. Vaccines administered also indicate manufacturer and lot number of vial.
  - 19) \* For members over age 18, and after 3 visits, there is presence of an advance directive or evidence of education about advance directive.

ONE-LINERS

*Everything has beauty, but not everyone sees it.*  
 CONFUCIUS (551-479 B.C.)  
 Philosopher



Live to learn and you will learn to live.  
 PORTUGUESE PROVERB



*Plunge boldly into the thick of life.*  
 GOETHE (1749-1832)  
 Writer



Nothing is easy to the unwilling.  
 GAELIC PROVERB



*Be persistent without being impatient.*  
 DAVE WEINBAUM  
 "The One-Line philosopher"



Age is a matter of feeling, not of years.  
 GEORGE WILLIAM CURTIS (1824-1892)  
 Writer

## 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. 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.

## Memorandum

Date: November 17, 2008  
To: ALL EMPY and UMG Local PCPS  
CC: Managers and Supervisors  
From: Kk Thapar, MD, Chief Medical Officer  
Re: Documentation and Coding

ProMedCare 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.

**November 2008 Topic: Making the Diagnoses: Cancer vs. "History of cancer"**

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

- > Contact Brütget Harper at [bridhap@cmu.com](mailto:bridhap@cmu.com) OR
- > Contact Dr. Kk Thapar.

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

*Confidentiality: All information contained in this document is intended for the sole purpose of patient treatment, payment and/or healthcare operations. Any other use of the protected health information contained in this document is not authorized. The information is confidential and should be read only by the addressee or the addressee's specific designees. If you receive this document in error, please notify ProMed Health Network immediately by telephone and return the original document.*

## MDQuickFax

Helping doctors get useful information, quickly.  
TM Zack Gerberg, MD, CPC (certified professional coder), editor

### Making the Diagnosis: Cancer vs. "History of cancer"

1) A common error that physicians make in documentation and coding is that they are not clear about the correct way to handle the diagnosis of cancer.

If a patient has an active primary cancer, active metastases, or is on active treatment, then the correct documentation and coding is cancer. For example:

- Progress note: 84 yr woman s/p mastectomy for breast cancer, on tamoxifen
- Diagnosis code: 174.9 (breast cancer)

However, if a patient no longer has active disease or metastases and is no longer on active treatment, then the correct documentation and coding is "history of cancer." For example:

- Progress note: history of Dukes A colon cancer, no recurrence, no current treatment
- Diagnosis codes: V10.05 (personal history of colon cancer)

Here are the most common solid tumor cancers:

- ICD-9 Documentation "History of..." and ICD-9 code
- 153.9 malignant neoplasm of colon (history of lung cancer = V10.05)
- 162.9 malignant neoplasm of lung (history of lung cancer = V10.11)
- 174.9 malignant neoplasm of female breast (history of breast cancer = V10.3) 185 malignant neoplasm of prostate (history of prostate cancer = V10.46)
- 188.9 malignant neoplasm of bladder (history of bladder cancer = V10.51)

Increased surveillance or testing for cancer by itself does not lead to the diagnosis of active cancer. If the patient above with a history of colon cancer is getting annual screening colonoscopy, but has no evidence of active cancer, the documentation and coding is still "history of colon cancer".

2) A second common error is to omit documentation and coding for metastatic cancer. Here are the most common sites for metastases that should be documented and coded if present:

- 197.7 metastatic cancer to liver metastatic cancer
- 196.9 metastatic cancer to lymph node (note: there are no "history of" codes for
- 198.3 metastatic cancer to brain
- 199.5 metastatic cancer to bone

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, unless a patient is discharged 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 provided here is for general advice for appropriate documentation and coding. Final decisions should be based on review of standard reference materials.

© Zachary B. Gerberg, MD 2007 All rights reserved. Provided to you courtesy of:

SecureHorizons  
by UnitedSoftware

Memorandum

Date: November 18, 2008

To: All PYMG and UMG Providers

CC: K. Thapar, M.D., B. Bahrenand, D. Ts, J. Cayz, D. Tunser, L. Jewell, T. Phung

From: Novella R. Quesada, RN, Director of UMG/QM

Re: Authorization Request Forms

ProMed has encountered several incomplete authorization requests. ProMed cannot process a request if the form is not complete.

All areas on the form must be completed

A form will not be processed until the form is complete.

The form will be returned to your staff to complete all areas, especially correct codes and some history to assist our reviewers in making a decision.

There must be notes attached in order to support your request. An incomplete form will cause delay in services.

Please feel free to contact me for further questions or comments at (909) 758-4668.

Confidential: All information contained in this document are intended for the sole purpose of patient treatment, payment and healthcare operations. Any other use of the protected health information contained in this document is not authorized. The information is confidential and should be read only by the addressee or the addressee's specific designees. If you receive this document in error, please notify ProMed HealthCare Administrators immediately by telephone and return the original document.

Memorandum

Date: November 25, 2008

To: All PYMG & UMG Providers

CC: K. Thapar, M.D., B. Bahrenand, D. Ts, J. Cayz, D. Tunser, L. Jewell, T. Phung, M. Stanford

From: Novella R. Quesada, RN, Director of UMG/QM

Re: Influenza Vaccine

This year the CDC's Advisory Committee on Immunization practices 2007 recommended the following for prevention and control of influenza:

- > Re-emphasize the importance of administering 2 doses of vaccine to all children (aged 6 months through 8 years) if they have not been vaccinated previously at any time with either AIV or TIV, on the basis of accumulating data indicating that 2 doses are required for protection in these children
- > Recommends that children aged 6 months through 8 years who received only 1 dose in their first year of vaccination receive 2 doses the following year
- > Reiterates a previous recommendation that everyone, including school aged children, who want to reduce the risk of getting influenza or transmitting influenza to others should be vaccinated
- > Emphasizes that immunization providers offer influenza vaccine and schedule immunization clinics throughout the influenza season

Please feel free to contact me with any questions or concerns @ (909) 758-4668.

Confidential: All information contained in this document are intended for the sole purpose of patient treatment, payment and healthcare operations. Any other use of the protected health information contained in this document is not authorized. The information is confidential and should be read only by the addressee or the addressee's specific designees. If you receive this document in error, please notify ProMed HealthCare Administrators immediately by telephone and return the original document.



**FACSIMILE TRANSMITTAL**

Date: December 15, 2008  
 To: PYMG & UMIG PCP's and Endocrinologists, UM/QM Department, Customer Service, Claims, Contracts Manager, Provider Relations  
 From: Frankie Li, LYN UM/QM Director, Xu Thapar, M.D., CEO/CMO  
 Phone #: 909.932.1045, ext668, 909.932.1045, ext404  
 RE: Diabetic Testing Supplies in Excess of 3 Pagers:2 (Incl. this cover sheet) times per month

As you may be aware, CMS has limits on diabetic testing supplies. We really need your assistance in communicating to your patients who are testing in excess of 3 times per day. CMS requires additional documentation for the following:

- A diabetic patient who is not insulin-treated and whose prescribed frequency of testing is more often than once per day or
- A diabetic patient who is insulin-treated and whose prescribed frequency of testing is more often than three times per day.

Therefore, if you feel it's medically necessary for your patient to test more frequently than the CMS guidelines, please have your patient keep a diary of the dates, times and blood sugar levels (attached diary can be provided to your patients).

We are in the process of identifying all the patients testing more than three times per day and we are sending the attached letter and a few copies of the diary. Additional supplies will be provided and covered as long as it's medically necessary and the additional documentation is received when you request authorization.

If you have any questions, please don't hesitate to call our Customer Service department at (909) 932-1045, press option 1.

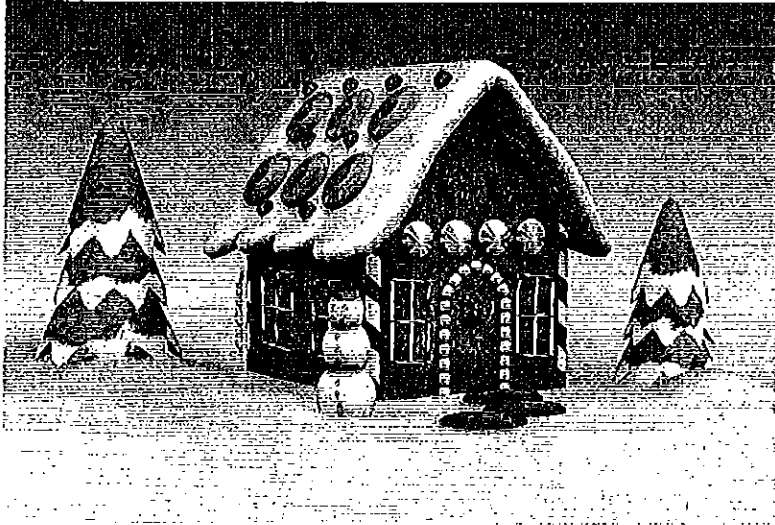
Thank you.

Caution: Notice: This electronic message transmission, including any attachments, contains information from Premier Health Care Administrators, Inc. which should be considered to be protected health information, confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful. If you have received this electronic transmission in error, please notify the sender immediately by e-mail or by calling the telephone number for the sender, and destroy all electronic and hard copies of the communication, including any attachments.

4130 E. Concession St., Suite 108, Ontario, CA 91764

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Instructions: For Patients who test their blood sugar more than 3 times a day, CMS requires a blood sugar diary. Please enter the time and your blood sugar in the appropriate provided box, each time you test. A copy of this diary record is to be given to your Primary Care Physician monthly.																															

Patient Name: \_\_\_\_\_  
 Promed Blood Sugar Diary  
 Month: \_\_\_\_\_ Year: \_\_\_\_\_



## *Special Dates*

NEW YEAR'S DAY

THURSDAY, JANUARY 1, 2009

MARTIN LUTHER KING DAY

MONDAY, JANUARY 19, 2009

INAUGURATION DAY

TUESDAY, JANUARY 20, 2009

CHINESE NEW YEAR

MONDAY, JANUARY 26, 2009

BLACK HISTORY MONTH

FEBRUARY 2009

LINCOLN'S BIRTHDAY

FRIDAY, FEBRUARY 1, 2009

VALENTINE'S DAY

SATURDAY, FEBRUARY 14, 2009

PRESIDENT'S DAY

MONDAY, FEBRUARY 16, 2009

WASHINGTON'S BIRTHDAY

SUNDAY, FEBRUARY 22, 2009

DAYLIGHT SAVING TIME BEGINS

SUNDAY, MARCH 8, 2009

ST. PATRICK'S DAY

TUESDAY, MARCH 17, 2009

SPRING BEGINS

FRIDAY, MARCH 20, 2009

*ProMed Health Care Administrators*

4150 E. Concours St., Ste. # 100

Ontario, CA 91764

Phone: (909) 932-1045

Fax: (909) 931-5077

*Visit our web site:*

[www.promedhealth.com](http://www.promedhealth.com)

*Publisher*

Karen Harvey

*Editors*

Jeereddi A. Prasad, M.D.

Kit Thapar, M.D.

Karen Harvey

*Published*

December 2008