

# UMG - HEALTH CARE HERALD

News From ProMed Health Care Administrators & Upland Medical Group  
Summer 2006

## President's Message

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

Greetings! Summer is here, graduation time again. I wish to convey congratulations to all new graduates.

Our network continues to be stable. As all of you know HMO enrollments are decreasing and other lines of coverage like PPO, Health Savings Accounts are gaining. We continue to explore various opportunities to stay ahead of the curve.

Our network is expanding into the Fontana area. We are trying to add more senior contracts.

It is the time of the year for vacations. Enjoy your vacations. On a personal note my daughter is getting married, which is a great Father's Day gift.

Thank you all for all of the support.

## Report from the Governing Body

By Naveen Gupta, M.D., Bhupal Kommineni, M.D., Richard Godt, M.D., and Dwight Goddard, M.D.

### EXCLUSIVE CONTRACTING – IS THIS THE RIGHT MEDICINE FOR YOU?

Recently, a large local IPA (Independent Physician Association) has been strongly encouraging (some say “pressuring”) primary care providers to sign exclusive contracts with the IPA in return for various financial incentives. While all of you have a right to do what is in your best interest, we would strongly urge caution and a lot of soul-searching before taking such a drastic step. We have been in this managed care “minefield” for several years. We have all spent our lifetime building up “private” practices as “independent” physicians and we all cherish the freedoms that we still have, in spite of ever increasing pressures and interference from various Governmental and private payors. Have we already forgotten the debacle of 2002 when one large local medical group (IGMG) went out of business leaving a lot of physicians with huge financial losses and a lot of patients scrambling for care. In addition to losses for previous services, we all lost large portions of our practices because there was only one other IPA in town and it did not accommodate either all the affected physicians or all the patients.

Fortunately, a new IPA was created within days by ProMed Health Care Administrators allowing many of us to regain some of our lost patients and many patients were able to return to local doctors.

In our opinion, signing an exclusive contract with any IPA is tantamount to “selling” your practice for peanuts. Any incentives are likely going to be short lasting and if they succeed in giving one IPA virtual monopoly over a majority of providers and patients this can not bode well for the future physicians in this area.

Keeping your options open, staying truly independent, joining multiple IPAs will foster ongoing healthy competition and allow all of you freedom to take future steps that are best for your own economic strength and viability.

We are always available to talk to any of you who wish to discuss these matters further.

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# Health Plan Updates

By: Dawn Tumser

## *Health Net*

Effective July 1, 2006, California Health & Safety Code 124172, prohibits physicians from administering doses of inactivated influenza vaccine from a multi-dose vial to pregnant women and children under age three due to the level of the mercury-containing preservative, Thimerosal. As of this date, only influenza vaccines from single dose syringes or vials with trace levels or no mercury may be administered to these groups. This new legislation does not apply to women who are not pregnant and children age three and older.

Please see attached Health Net Provider Update for vaccines that meet the new requirements and those vaccines that should not be administered to pregnant women or children under age three.

## **HEALTH EDUCATION**

### ***ProMed's contracted HMO's***

make available to your members a wide variety of health education materials in mandated state health topics that have been reviewed for cultural sensitivity, appropriate reading level, and medical accuracy.

### **Materials are available in the following languages:**

English, Spanish, Armenian, Chinese, Farsi, Khmer, Vietnamese, Russian, and Korean.

### **Topics include:**

- Birth Control Options
- Controlling High Blood Pressure
- Controlling your Cholesterol
- How to Breastfeed
- How to Prevent the Spread of Tuberculosis
- Nutrition During Pregnancy
- What are STDs?
- What is Asthma?
- What is Prenatal Care?
- What is Type 2 Diabetes?

If you would like to order copies of these Health Education Topics, please contact Dawn Tumser at (909) 932-1045 Ext. 1005

# PROVIDER UPDATES

By: Dawn Tumser

## *New Providers*

United Therapy Network, Inc.  
Sam Arasoghli, MD - ENT

## ***Provider Address Changes***

Inland Psychiatric Medical Group  
8710 Monroe Court, #105  
Rancho Cucamonga, CA 91730  
(909) 941-4870

Peter Niciforos, MD  
10837 Laurel Ave., #104  
Rancho Cucamonga, CA 91730  
(909) 581-6732

*Providers No Longer with Upland Medical Group*  
Peter White, MD – Pain Mgmt.

## **Provider Services**

By: Dawn Tumser

## ***NATIONAL PROVIDER IDENTIFIER (NPI)***

All health care providers are to apply for a new identifier known as the ***National Provider Identifier, or NPI***. The NPI is part of the HIPAA mandate requiring a standard unique identifier for healthcare providers. The NPI will replace other identifiers, such as UPIN, payer identifiers, CHAMPUS, BCBS numbers, Medicaid number, etc. Implementation of the NPI will eliminate the need for healthcare providers to use different identification numbers to identify themselves.

Providers must obtain their NPI and begin using in electronic transactions by ***May, 2007***. Please see the attached letter from CMS regarding the NPI.

Most people search high and wide for the keys to success.  
If they only knew, the key to their dreams lies within.

GEORGE WASHINGTON CARVER (c. 1864 – 1943)  
Botanist and scientist







# NCQA UM Standards

By: Barbara J. Guerra, RN, 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. IPA does not compensate physicians or nurse reviewers for denials. 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.

a) Availability of UM criteria

The criteria used in the determination of medical appropriateness of services are clearly documented and include procedures for applying criteria in an appropriate manner. This criteria application process includes procedures, which recognize the needs of individual patients and the characteristics of the local delivery system. This information is available, upon request to providers.

## Medical Record Standards

By: Barbara J. Guerra, RN, 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 includes the address, employer, home and 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.*
- 7) 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.
- 8) *\* 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)*
- 9) The history and physical records include appropriate subjective and objective information pertinent to the member's presenting complaints.
- 10) Laboratory and other studies are appropriately ordered.
- 11) There is documentation of an exam appropriate for the condition.
- 12) *\* Working diagnoses are consistent with findings.*
- 13) *\* Treatment plans are consistent with diagnoses.*
- 14) 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.
- 15) *\* Unresolved problems from previous office visits are addressed in subsequent visits.*

- 16) \* Consultation, lab and imaging reports filed in the chart are initiated 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.
- 17) An immunization record for children is up to date or an appropriate history has been made in the medical record for the adults.
- 18) There is evidence that preventive screening and services are offered in accordance with guidelines. And are age and gender specific.
- 19) All medication prescribed list name, dosage, frequency and duration.
- 20) \* 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.
- 21) \*For members over age 18, and after 3 visits, there is presence of an advance directive or evidence of education about advance directive.

## UMG News in Review – Qtr. 2, 2006 Memos

By Karen Harvey, Executive Assistant

### Pain Management Consults – May 3, 2006

Please be advised that Dr Peter White, has submitted his voluntary termination for both PVMG and UMG IPAs.

Dr White has also requested that his termination date be moved up earlier. In accordance with Dr White's request, his termination date is effective **May 11, 2006.**

The following physicians are contracted with PMPV and UMG for pain management:

*D. Caringi, MD \* Does not implant or maintain pumps*  
*M. Lynch, MD*  
*G. Suetzle, MD*

Please recall that referrals to a pain management specialist do require prior authorization.

## Documentation and Coding – April 16, 2006

PacifiCare 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.

### *April 2006 Topic: Common Cancers: Documentation and Coding*

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

Contact Angelice Wilson at [angelice.Wilson@phs.com](mailto:angelice.Wilson@phs.com) OR

Contact Dr Kit Thapar or myself at ProMed.

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

### **Common Cancers: Documentation and Coding**

**To document and code solid tumors, use the following steps:**

1. Identify the site of the tumor
2. Is the tumor primary or secondary? (be sure to code all metastatic cancers)
3. Is the tumor malignant, benign, uncertain, or unspecified?
4. If the primary tumor has been removed or the patient is cured and is not receiving treatment, document "history of ..." and use the appropriate V

code

**Documentation and coding for common cancers include:**

ICD-9	Documentation	“History of...” and ICD-9 code
153.9	Malignant neoplasm of colon	(history of colon 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)
196.9	Metastatic cancer to lymph node	(there are no “history of” codes for metastatic cancer)
197.7	Metastatic cancer to liver	(there are no “history of” codes for metastatic cancer)
198.3	Metastatic cancer to brain	(there are no “history of” codes for metastatic cancer)
198.5	Metastatic cancer to bone	(there are no “history of” codes for metastatic cancer)

**Examples:** The correct documentation and coding for a patient with cancer seen at least once each year might be:

- **Progress note:** lung cancer with metastases to the brain and bone
- **Diagnosis codes:** 162.9, 198.3, 198.5
  
- **Progress note:** 84 yr woman s/p mastectomy for breast cancer, on tamoxifen
- **Diagnosis code:** 174.9
  
- **Progress note:** history of Dukes A colon cancer, no recurrence, no current treatment
- **Diagnosis codes:** V10.05

**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 provided here is for general advice for appropriate documentation and coding. Final decisions

should be based on review of standard reference materials.

**Universal Care Update – June 14, 2006**

As I am sure you are already aware, Universal Care has been acquired by Health Net. I wanted to provide an update on the membership transition thus far.

*Medi-Cal (PVMG only):*

The **Universal Care Medi-Cal (UCMC)** line of business was **transitioned to Health Net Medi-Cal (HNMC) on 4/1/06**. All member eligibility has been updated for the Medi-Cal line of business. If a UCMC member presents for care in your office, eligibility will need to be verified with Health Net. If you had previous UCMC members, they should have stayed with you in the transition. However, if you had a previous affiliation with HNMC, they only allow one IPA affiliation for Medi-Cal. Therefore, those members should remain with you but they will move to the IPA you are affiliated with through HNMC.

**Commercial:**

The Universal Care (UC) Commercial line of business will transition **small groups effective 6/1/06** and **large groups effective 7/1/06** to Health Net (HN). We will be updating our database as soon as the information is received from the respective health plans. You will need to make sure UC members are eligible with UC on the date of service. If they are terminated with UC, it’s very possible they have transitioned to HN and you will need to verify eligibility with HN to ensure they are still assigned to you. All HN Commercial members should remain with the same PCP and the same IPA (PVMG or UMG).

**NEW VENDOR; OUT PATIENT PHYSICAL THERAPY & MODALITIES – June 16, 2006**

UMG has signed a capitated contract with the following new vendor effective July 1, 2006:

**UNITED THERAPY NETWORK INC  
 PRIMARY SITE: 8540 ARCHIBALD AVENUE:  
 STE D & E  
 RANCHO CUCAMONGA, CA 91730  
 PHONE: 909 987 4242**

FAX: 909 987 4277

HOURS: MONDAY THRU FRIDAY: 8:30- 5:30 pm

Secondary Rancho site: 10842 White Oak Ave Ste 208

Rancho Cucamonga, CA 91730

Phone: 909 948- 0411

Fax: 909 948 0511

Hours: Monday thru Friday: 8:00- 5:00 pm

- They have 10 additional clinic locations available in the geographic area
- They have no age limit for patients

**Authorization requirements:**

- Direct referral allowed from UMG PCP or specialist.
- No prior authorization number is required.
- Additional Visits/ Treatments: No prior auth needed

**Doctors; Please indicate "evaluate and Treat" on OP Therapy Orders/ referral. Do NOT indicate exact # of treatments.**

**Services supplied:**

Outpatient Physical therapy, Occupational Therapy, Speech therapy  
Hand Therapy  
Wound Care  
Whirlpool treatment  
Vestibular Rehab Training

The capitated contract with Casa Colina for these thera ends June 30, 2006.

**Additional ENT Specialist availability – June 23, 2006**

UMG is pleased to announce that we have added another ENT specialist to the ENT panel.

**Sam Arasoghli, MD**  
**1175 E Arrow Highway Ste a**  
**Upland, CA 91786**  
**Phone: 909 623 1503**  
**Fax: 909 623 8061**

As a reminder the UMG ENT panel of specialists are:

*Montra Kanok, MD*  
*Tyson Shih MD*  
*Walter Stevens, MD*  
*Sam Arasoghli MD*

No prior authorization is required for OP consults with these specialists. A direct referral is sufficient from the PCP.

**THE GREATEST BASEBALL STORY EVER**

In 1937, Lou Gehrig, the outstanding first baseman of the New York Yankees, was asked to go to the Children’s Hospital in Chicago, while there to play the White Sox, and visit a boy with polio. Tim, 10 years old, had refused to try therapy to get well. Lou was his hero, and Tim’s parents hoped that Lou would visit Tim and urge him to try the therapy.

Tim was amazed to meet his hero. Lou told Tim, “I want you to get well. Go to therapy and learn to walk again.” Tim said, “Lou, if you will knock a home run for me today, I will learn to walk again.” Lou promised.

All the way to the ballpark, Lou felt a deep sense of obligation and even apprehension that he would be able to deliver his promise that day. Lou didn’t knock a home run that day. He had two.

Two years later, when Lou Gehrig was dying with the dreaded muscular disease that to this day bears his name, on July 4, 1939, they celebrated Lou Gehrig Day at Yankee Stadium. Eighty thousand fans, the governor, the mayor, and many other celebrities paid their respects. Lou was one of America’s great heroes.

Just before the mike was turned over to Lou to respond, Tim, by this time 12 years old, walked out of the dugout, dropped his crutches, and with leg braces walked to home plate to hug Lou around the waist.

That’s what Lou Gehrig meant when he exclaimed those immortal words. “Today I consider myself the luckiest man on the face of the earth.”

MACK R. DOUGLAS  
*Making a Habit of Success*  
Galahad Books





### A CREDO

I DO NOT CHOOSE TO BE a common man. It is my right to be uncommon...if I can. I seek opportunity, not security. I do not wish to be a kept citizen, humbled and dulled by having the company look after me. I want to take the calculated risk, to dream and to build, to fail and to succeed.

I prefer the challenges of life to the guaranteed existence, the thrill of fulfillment to the stale calm of utopia. I will not trade freedom for beneficence, nor dignity for a handout. It is my heritage to think and act for myself, enjoy the benefit of my creations, and to face the world boldly and say, "This I have done."

HERBERT HOOVER (1874-1964)  
31<sup>st</sup> U. S. President

### Special Dates

#### INDEPENDENCE DAY

TUESDAY, JULY 4, 2006

#### FATHER IN LAWS DAY

SUNDAY, JULY 30, 2006

#### LABOR DAY

MONDAY, SEPTEMBER 4, 2006

#### GRANDPARENT'S DAY

SUNDAY, SEPTEMBER 10, 2006

#### ROSH HASHANAH BEGINS

FRIDAY, SEPTEMBER 22, 2006

#### RAMADAN BEGINS

SUNDAY, SEPTEMBER 24, 2006



Don't worry about what the world wants from you, worry about what makes you come more alive. Because what the world really needs are people who are more alive.

LAWRENCE LESHAN  
Psychologist and writer

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