

HEALTH CARE HERALD

News From ProMed Health Care Administrators & Pomona Valley Medical Group, Inc.
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. We are also looking at EHR technology. Our network is exploring expansion into the Chino/Chino Hills area. We are still trying to understand Medicare Part D benefit.

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.

Chief Executive Officer's Bulletin

By Kit Thapar, M.D., CEO/CMO

Not much update to share with you. We are engaged in negotiations with PVHMC to conclude 2006 – 2007 contract for hospital services. The PacifiCare contract is due for renewal starting 2007 and we have communicated to them our proposal for the new contract. This is in the initial stages of discussion and we will keep you informed of our progress with updates.

The IPA Board has decided to hold compulsory PCP meetings to discuss IPA issues and get their input and feedback. Through these interactions we want to develop policies to improve better patient experience, IPA growth, increase reimbursement, get better data and clinical outcomes for our patients and providers.

Please stay tuned for meeting dates.

INSIDE THIS ISSUE

1	President's Message
1	Chief Executive Officer's Bulletin
2	Provider Services – National Provider Identifier
2	Health Plan Updates
2	Provider Updates
6	NCQA UM Standards
6	Medical Record Standards
7	ProMed News In Review – Qtr. 4, 2005 Memos
11	Administration of Mercury-Free Influenza Vaccines
13	Special Dates

PULLING TOGETHER

AT A COUNTRY FAIR, the townspeople held a horse-pulling contest. The first-place horse ended up moving a sled weighing 4,500 pounds. The second-place finisher pulled 4,000 pounds. The owners of the two horses decided to see what these horses could pull together.

They hitched them up and found that the team could move 12,000 pounds. By working separately, the two horses were good for only 8,500 pounds. When coupled together, their synergism produced an added 3,500 pounds.

It is a hard lesson for us, but unity consistently produces greater results than individual endeavors. "Teamwork divides the effort and multiplies the effect."

Our Daily Bread
Cited in *McHenry's Quips, Quotes & Other Notes*
Hendrickson Publishers

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.

HEALTH PLAN UPDATES

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.

MEDI-CAL

The newly updated version of the **Staying Healthy Assessment Tool** is out and must be implemented by ***May1, 2006***. The Staying Healthy Assessment Tool has been translated Into Chinese, Vietnamese, Russian, Hmong, and Lao. Up until now, these tools were only available in English and Spanish. You can find the forms on CHPs web site at www.ladhs.org/chp under the Health Education section.

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

New Providers

Jason Chen, MD – Internal Medicine
Harsha Sheth, MD – Pediatrics
Sarasha Kumar, MD – Pediatrics
Farah Ameer, DO – Family Practice

Provider Address Changes

Inland Psychiatric Medical Group
8710 Monroe Court, #105
Rancho Cucamonga, CA 91730
(909) 941-4875

Providers No Longer with ProMed

Eric Sabety, MD – Orthopedics
Leena Sheth, MD – Internal Medicine
Rufus Moore, MD – Internal Medicine
Peter White, MD – Pain Mgmt.
Martin Porcelli, MD – Family Practice
Milton Miller, MD – Ophthalmology

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
- b) 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

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)*
- 10) The history and physical records include appropriate subjective and objective information pertinent to the member's presenting complaints.
- 11) Laboratory and other studies are appropriately ordered.
- 12) There is documentation of an exam appropriate for the condition.
- 13) ** Working diagnoses are consistent with findings.*
- 14) ** Treatment plans are consistent with diagnoses.*
- 15) 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.
- 16) ** Unresolved problems from previous office visits are addressed in subsequent visits.*
- 17) ** 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*

Medical Record Standards

continued on page 7

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.

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

ProMed News in Review – Qtr. 2, 2006 Memos

By Karen Harvey, Executive Assistant

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
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.

New Pathology Contract – April 24, 2006

Effective 5/1/06, PVCH Clinical Laboratory Medical Group, Inc. will be the new vendor for Pomona Valley Medical Group, Inc. members. The Pathologist's at PVHMC will be responsible for providing services to our members. ADPath Lab will no longer provide these services for our members.

All biopsy and cytology specimens will be

processed at Pomona Valley Hospital Medical Center.

EXCEPTION: Pap smears and thin preps for Pomona Valley Medical Group patients should continue to be sent to UniLab.

All other pathology and cytology (non-GYN Cytology, EG, Urine, Thyroid, Breast Aspirates, etc., should be sent to PVHMC.

CONTACT INFO:

- Please contact the PVHMC courier at (626) 712-4000 for specimen pick up. If you require STAT courier service please ensure you communicate this upon calling for your pick up.
- For supplies please call PVHMC Lab at (909) 469-9362 or FAX your order to (909) 623-8563.

If you have any questions, you may contact me at the number above. If you would like to speak with a Pathologist directly, please call (909) 865-9800 or Pat Whittle, Supervisor OP Client Services at (909) 469-9362.

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. Suelzle, MD*

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

STERILIZATION CONSENT FORM FOR HEALTH NET MEDI-CAL STERILIZATION PROCEDURES - May 5, 2006

We have been notified by **Health Net Medi-Cal HMO**

that we are to obtain a copy of the Medical Sterilization consent Form (PM330) from the physician performing the sterilization procedure. This includes Vasectomy, tubal ligations, Salpingectomies and/or hysterectomies.

Therefore, effective for procedures performed with a date of service of June 1, 2006 forward, any physician who performs a sterilization procedure on a male or female Health Net Medical HMO member, **MUST** submit a copy of the Medical PM 330 sterilization consent form with your claim.

- **If a claim is received without the form, the claim will be denied with adjustment code UDPM330- Patient Consent Required. You will then have to resubmit your claim with the correct signed PM330 Medical consent form for reimbursement.**
- **This policy only applies to Health Net Medical members only at this time.**

Attached is the PVMG policy and procedure for this service. This gives information regarding the consent form and also where you can obtain copies of the form. Please recall; this is not a ProMed regulation. This regulation comes from Title 22.

This Sterilization Policy and procedure will also be found posted on our web site, www.promedhealth.com.

IMMUNIZATION UPDATE – May 30, 2006

As you are aware, SB168, which became effective 1/1/2001, transitioned the financial responsibility for new immunizations to the HMOS for commercial members.

As of this date, the following immunizations fall under SB168. The ProMed authorization requirements and reimbursement is also indicated for your convenience.

CPT	DESCRIPTION	AUTH NEEDED	PROMED REIMBURSEMENT
90669	PREVNAR	No	\$74.50
90715	BOOSTRIX	Yes	\$50.00
90734	MENCTRA	Yes	\$87.00
90680	ROTATEQ	No	\$68.00

Auth Process (If auth required)

- *Submit request on line via Mc Net or via fax hard copy.*
- *If request meets HMO medical guidelines, the authorization will be approved with the comment "Approved as new vaccine and HMO responsible."*

Claims Submission

- ✓ *Please submit all claims for commercial members vaccines and immunizations directly to ProMed Claims Department.*
- ✓ *ProMed will reimburse at above indicated rates.*
- ✓ *ProMed will bill HMO where indicated to recover appropriate immunization costs covered under SB168.*

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 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).

Dr Satish Lal availability – June 19, 2006

Please be advised that Dr Satish Lal is a capitated network orthopedic specialist. He also will perform spinal surgery.

Satish Lal, MD
525 N 13th Avenue Ste B
Upland, CA 91786
Phone: 909 949 6534
Fax: 909 949 0976

You can direct refer your members to him for consultations.

PVMG Contracted Neurologists – June 19, 2006

This is a reminder of the current PVMG contract and capitated in network Neurologists.

<i>Dr Bhupat Desai</i>	<i>Sees patients 14 and over</i>
<i>Dr Milan Patel*</i>	<i>Sees patients 14 and over</i>
<i>*Will see Medi Cal members</i>	
<i>Dr Jeffrey Ries</i>	<i>Sees patients 12 and over</i>
<i>Dr Perry Wich</i>	<i>Sees patients 14 and over</i>

PCPs can direct refer to the above-indicated neurologists for any medically necessary Neurology referral.

The following network Pediatric Neurologists are contracted but **PRIOR authorization is required:**

Dr Mohsen Ali	Sees ages 5-18
Dr Sanford Schneider*	Sees patients under age 18
<i>*Will see Medi-Cal members</i>	
Dr David Rice	Age 0 on - Panel closed.
<u>ONLY sees existing patients</u>	

A vigorous five-mile walk will do more good for an unhappy but otherwise healthy adult than all the medicine and psychology in the world.

Paul Dudley White (1886 – 1973)
Physician

THE MASTER OF TIME MANAGEMENT

THERE WAS A PLAYER in Leopold Stokowski’s orchestra who was remarkable for the fact that never once in all the long years he had been five minutes late or missed a rehearsal. But now, at last, all the other members of the Philadelphia Orchestra thought he would be late because he was just about to become the father of his first child, the child to be born during the morning rehearsal.

Everyone knew that his wife would not stand for his not being present for that event.

However, that morning he was present as always; moreover, he did not miss a single cue.

The mystery (as I heard the story) was explained later by the fact that his wife’s hospital was near the Academy of Music, and that the piece rehearsed that morning had a 500-bar rest. The chap had simply laid down his instrument, kept counting the bars all the way to the hospital, kissed his new baby (still counting bars), kissed his wife (still counting), and returned to the Academy just in time to take up his instrument and come in on the split second of the down beat of the 501st bar.

NORMAN LEBRECHT
The Book of Musical Anecdotes
The Free Press

IDEAS ARE EVERYWHERE!

“I USED TO DRIVE OUT TO JOHN’S HOUSE,” says Paul McCartney. “He lived out in the country, and I lived in London. I remember asking the chauffeur once if he was having a good week.

He said, “I’m very busy at the moment. I’ve been working eight days a week.” And I thought, “Eight days a week! Now there’s a title.”

JOEL SALTZMAN
If You Can Talk, You Can Write
Warner Books

DR. LEO BUSCAGLIA ON THE GREATEST FORCE

YOU HAVE A CHOICE. You can select joy over despair. You can select happiness over tears. You can select action over apathy. You can select growth over stagnation. You can select *you*. And you can select *life*. And it's time that people tell you you're not at the mercy of forces greater than yourself. You are, indeed, the greatest force for you.

LEO BUSCAGLIA
Living, Loving, and Learning
Ballantine Books

THE POWER OF ACTION

FRANK LLOYD WRIGHT received a phone call from a man who was living in a house the great architect had designed. The caller complained, "right now, I am sitting at my dining room table. There's a leak over my head and it's dripping on me."

Wright's one-word response was, "Move."

SAM HORN
ConZentrate
St. Martin's Press

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



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

Editors

Jeerreddi A. Prasad, M.D.
Kit Thapar, M.D.
Karen Harvey
Mary Dodds

Publisher
Karen Harvey

Published
March 2006