

HEALTH CARE HERALD

News From ProMed Health Care Administrators & Pomona Valley Medical Group, Inc.
Winter 2006

President's Message

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

Happy, healthy and prosperous New Year to all of you and your families!

ProMed had another successful year. The credit goes to all of you. HMO enrollment was stagnant during 2006. I am hoping to see increased enrollment in Senior HMOs during 2007.

The Annual Shareholders meeting will be scheduled during the next quarter. ProMed is looking to continually pursue stable health care delivery models for 2007. I am anticipating challenges this year as our industry consolidates. We are prepared to make our organizations stronger for the coming years.

As always, I appreciate all your support. Thank you.

It took me four years to paint like Raphael, but a lifetime to paint like a child.

PABLO PICASSO (1881-1793)

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Chief Executive Officer's Bulletin

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

Happy Holidays and a prosperous New Year!

This has been another successful year for the IPA. We appreciate your support and help. I will give a detailed update to you in the next newsletter.

In the mean time, enjoy your time with family and friends.

Thank you.

THE UNDYING MIRACLE OF LOVE

EVER SINCE HE WAS A PUPPY, he would run to the door and wag his tail whenever she came home from school. He would patiently sit by her feet whenever she was doing her homework. He always watched television while sitting on her lap. At night, he would sleep right next to her. One of his paws would always be right on top of one of her hands.

One evening he was following her to the park. A car was speeding down the street. She ran to get out of the way. He chased after her...and was hit by the car.

He was rushed to the veterinarian. He had massive injuries. His spine was crushed and he couldn't move a muscle because he was totally paralyzed. The vet said that he had only a short time to live.

The whole family went in to pay their last respects. They left and she stayed to kiss her best friend good-bye.

Just as he was gasping his last breath, a miracle happened. The paralyzed little dog, who couldn't move a muscle, somehow managed to lovingly place his paw right on top of her hand.

ROB GILBERT
Editor, *Bits & Pieces*

PROVIDER SERVICES

By: Dawn Tumser, Provider Relations Supervisor

HEALTH PLAN UPDATES

PacifiCare

Effective December 8, 2006, PacifiCare has enhanced the Provider Portal to allow you to do an alpha search. As a result of the providers' requests for friendlier navigation, PacifiCare has made a new enhancement to the Provider Portal Eligibility Screen.

Required Fields:

- Member's Last Name
- Member's First Name
- Date of Birth
- Date of Service – defaults to "Today" date
- State

Below are the steps to access the new functionality:

- www.pacificare.com
- Login with your user ID and password
- Click on Check Eligibility
- Click on Eligibility By Alpha Search

Health Net Medi-Cal

Participating providers must submit a completed PM 160 information only form for every pediatric exam provided to a Health Net Medi-Cal member. The form is used to meet federal Medicaid requirements for reporting preventive health services for members who are enrolled in a Medi-Cal managed care plan.

Health Net has several resources available to providers and their staff on proper completion of a PM 160 Form, including an instructional video, a computer-based training program and the CHDP PM 160 Form Instructions Booklet. For additional information about submitting PM 160 Forms or to request a copy of the CHDP PM 160 Form Instruction Booklet, contact the Health Net Encounters Department at (916) 935-1465.

Aetna

Aetna is pleased to announce that they have improved the usability of all transactions on the Aetna secure website for physicians, making these transactions:

- Easier to use and
- Easier to read

They have also enhanced the layout of all transactions, including eligibility, which now features:

- Easy to locate copy information
- Access to patient details such as plan deductible, coinsurance, and coordination of benefits information simply by clicking the "Select" link.

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

Snezana Begovic, MD-Family Practice
Steve Firme, MD-Pediatrics
Faisal Qazi, DO-Pediatric Neurology
Dominique Shaw, MD-OB/GYN
Devdas Wali, MD-Plastic Surgery

Provider Address Changes

Yogesh Paliwal, MD
1818 N. Orange Grove #206
Pomona, CA 91767
(909) 623-2300

Provider Updates

continued on page 3

Clyde Harris, MD
13641 Central Ave., Suite M
Chino, CA 91710
(909) 465-5995

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536 E. Foothill Blvd.
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Providers No Longer with PVMG
Roberta Nieto, MD
Takahiro Otsuka, MD

ProMed News in Review – Qtr. 4, 2006 Memos

By Karen Harvey, Executive Assistant

PREFERRED SNF UTILIZATION – October 2, 2006

We have reviewed individual SNF Facility utilization. Five of the local SNFs were identified as having better patient outcomes combined with reasonable LOS (Length of Stay).

Based on this review, we strongly recommend ProMed members be admitted to the following facilities whenever possible.

- **Claremont Care Center**
- **Inland Valley Care and Rehab**
- **Upland Rehab**
These facilities have contracts with IVHP, Secure Horizons and Health Net Seniority Plus
- **MSAG**
This facility has a contract with IVHP and Se Horizons
- **Woods**
This facility maintains a contract with IVHP

ProMed realizes there are multiple issues to be considered for a SNF placement. Among these are

Contracts

ProMed is not financially responsible for the SNF facility claims for any of the senior contracted plans. As such, we cannot mandate a particular SNF facility to use. However, ProMed has a responsibility to share with our contracted physicians providers our findings and the observations regarding SNF utilization.

Member/ Family Preference

If a member is adamant regarding the utilization of any other SNF that is not indicated above, the admission should be discussed with Dr Thapar prior to placement. We realize that member or family preference and/or bed availability are also considered during a SNF placement. It is not our intention to deny this right to a member family. But realistic family discussions prior to placement can serve a purpose towards guiding their choices.

Bed Availability

At times, these preferred facilities may not have beds available. Dr Thapar will be meeting with each of these SNF administrators to explore the feasibility of increasing bed availability at each of these facilities.

New Neurosurgeon Specialist – October 4, 2006

Pomona Valley Medical Group and Upland Medical Group are pleased to announce the addition of a Neurosurgeon to our in network specialist panels:

*Dr David Lundin
160 East Artesia St
Pomona, CA 91767
Phone: 909 865 1020
Fax: 909 865 1202*

Dr Lundin is joining the practice of Dr Ali Mesiwala. Please recall, prior authorization is required for an OP neurosurgical referral
ProMed News in Review

continued on page 4

FLU VACCINE: FLU SEASON 2006-2007 – October 9, 2006

Please take a moment and review the information in this memo regarding the Flu Vaccine for the flu season 2006-- 2007. The CDC has indicated that more than 100 million doses of Influenza Vaccine are expected to be available this year.

PCP RESPONSIBILITY

As a PCP, it is your responsibility to have the influenza vaccine available for your assigned members who qualify for the vaccine

PLEASE: do NOT send your members to the grocery store and/or drug store flu vaccine clinics. These clinics usually charge the member. The members then turn to ProMed for reimbursement.

2006-2007 Influenza Vaccine Composition

- A/New Caledonia /20/99 (H1N1)- like virus
- A/ Wisconsin/67/2005 (H3N2) like virus
- B/Malaysia/2506/2004 like virus

Correct CPT codes:

- 90655 thru 90658 (Inactivated virus)
- G0008- (administration of influenza vaccine)

IPA Reimbursement: Effective October 1, 2006 Date of Service, **IPA reimbursement will be \$17.00 per dose**, minus any applicable co-payment. *The administration code will still be reimbursed additionally at \$6.00/dose.* This is the reimbursement for any flu vaccine injection given, covering CPT codes 90655 thru 90658. **Please collect the appropriate co-pay per member, as applicable.** Co payment guidelines are attached in this memo.

Administration fee reimbursement applies **ONLY** if PVMG is reimbursing for the vaccine also. If you bill the HMO directly for the services, where applicable, then you must accept the HMO payment as payment in full

Vaccine Recommendations: It is recommended for people who are at risk of complications from influenza and for people who an spread influenza to those at high risk.

People at high risk for complications from influenza:

- Individuals age 65 or older
- **ALL** children 6-59 months of age
- People who have long term health problems with:

Heart disease; Lung disease: asthma; kidney disease; Metabolic disease (Diabetes); Anemia and other blood disorders

- People with certain muscle or nerve disorders (eg: seizures or cerebral palsy)
- People with a weakened immune system due to: HIV/Aids or other diseases affecting the immune system.
- Long term treatments with drugs such as steroids
- Cancer treatment
- Children (6months to 18 years of age) who are on long term aspirin therapy
- Nursing home residents
- Women who will be pregnant during the flu season

People who can spread influenza to those at high risk:

- Household contacts and out of home caretakers of children from 0-59 months of age
- Physicians, nurses, family members or anyone else in close contact with people at risk of serious infections

Flu Mist:

The FDA does NOT approve flu Mist for patients who need the influenza vaccine the most, such as people over the age of 50, young children and patients with chronic diseases. Based on the limited FDA indications for Flu Mist, and the lack of superior efficacy compared to the injectable vaccine, the majority of the health plans have decided that Flu Mist does not add value commensurate with it's cost and it is not a covered benefit. The average wholesale price (AWP) for a dose of Flu Mist is \$58.00, over 4 times the AWP cost of the injectable influenza vaccine. If a member is insistent on Flu Mist vs. the injectable influenza vaccine and they meet the medical criteria, prior authorization must be obtained so benefits can be verified.

Dates and locations were correct at time of printing of this memo. This may change due to Flu vaccine availability. Have members contact the site directly to confirm details.

Pomona Valley Hospital Medical Center: Drive through Flu Shots. Please have members call for date and details (909) 865-9669. **Free** to members age 55 and older.

Upland: Patients can call SACH for date and details (909) 920 6152.

- ✓ **LA County Health Department Flu Clinic:** Your members may call 1 800 427 8700 for clinics in their area. Times and locations may change. Instruct your members to call the Health Department to verify before going to a specific site.

New Vaccine Guidelines: Revision – October 20, 2006

On October 9, 2006 you were mailed a multi page memo regarding the authorization and reimbursement guidelines for the new vaccines. There is one change in authorization requirements:

ProQuad (90710) – for children and adolescents will NOT require prior authorization

This change is also retro active to date of service October 1, 2006.

If you did not receive the original multipage memo, please contact our Provider Relations Department and they will be happy to forward another copy to you.

GENERAL SURGERY AUTHORIZATIONS – November 2, 2006

Please be advised, effective November 1, 2006, **a referral to any network general surgeon for a diagnosis of varicose veins, requires a prior authorization.**

Only the diagnosis of varicose veins requires a prior authorization.

All other general surgery problems can be referred within our general surgeon network with a direct referral.

VENDOR TRANSITION FOR INJECTABLE MEDICATIONS – November 9, 2006

As you may be aware, Pomona Valley Medical Group is transitioning to a new vendor for injectable medication. **The actual transition for PVMG members for brand new medication requests will be November 15, 2006. The actual transition date for existing medications is December 1, 2006.**

ProMed appreciates the cooperation we received from many of your offices as we faxed requests for new

prescriptions for your assigned members. Our effort is to transition existing orders as efficiently as possible.

The new vendor is:

**OPTION CARE SPECIALTY PHARMACY
Phone: 800 287 3375**

If you, as a physician, need to speak to a pharmacist at Option care, please call the above telephone number , hit #0- and ask for Matthew Cho, Pharmacist.

This vendor will be supplying routine injectable medications from their facility in Ann Arbor, Michigan.

Stat or urgent medications will be supplied thru the local facility in Corona.

Please recall the following for authorization requests for new or existing medications :

- Your office should continue to fax all injectable medication requests to ProMed's Authorization Department
- Your fax request **must** contain all pertinent information regarding the medication: Name, J Code, dosage, route, frequency, amount and total duration of therapy.
- **Do not indicate any specific vendor on your medication requests.** Certain of our contracted HMOs have mandated that we should use the HMO specific pharmacy vendor for medication. ProMed will indicate the correct vendor to utilize based on the member's HMO assignment.
- **Please allow 8-10 days from the date of authorization request for medication receipt. We ask you schedule appointments for the members after receipt of the medication at your office .**

Documentation and Coding – November 15, 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.

November 2006 Topics: Diabetic Retinopathy The Residual Effects of Stroke

If you have any questions or suggestions on specific coding or documentation issues you may: (See pages 8 & 9)

- Contact Angelice Wilson at angelice.Wilson@phs.com
OR
- Contact Dr Kit Thapar or myself at ProMed.

VENDOR TRANSITION FOR INJECTABLE MEDICATIONS – November 20, 2006

As you are aware, Pomona Valley Medical Group transitioned to a new vendor for injectable medication. **The actual transition for PVMG members for brand new medication requests was November 15, 2006. The actual transition date for existing medications is December 1, 2006.**

ProMed appreciates the cooperation we received from many of your offices as we faxed requests for new prescriptions for your assigned members. However, approximately 40% of the physicians contacted have **not** returned the new signed prescription/authorization form to enable this seamless transition for our members.

Please be advised,

**ALL CURRENT AUTHORIZATIONS WITH
CURASCIPT/ PRIORITY PHARMACY WILL
BE EXPIRED ON DECEMBER 15, 2006 AT
MIDNIGHT.**

Please, forward any injectable medication requests to ProMed ASAP to ensure no interruption of service for your members.

Please do not contact Option Care directly for a medication authorization. All authorizations need to be handled at the ProMed office first.

AFTER HOURS ACCESS INFORMATION – November 22, 2006

Our contracted HMOS have asked that we again remind our physicians regarding after hour access information for our members. 10% of practitioners are NOT meeting emergency instruction requirements. 25% are not meeting after hours care availability standards.

- ◆ 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.

Do you know how important *now* is? Enjoy it as much as you can, because no matter how much you want to hold on to "now," it's going to be "was."
SID CAESAR
Comedian and actor

MD Quick Fax™

Helping doctors get useful information, quickly.

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

Diabetic Retinopathy: Documentation and Coding

Example: Progress note: Diabetes complicated by proliferative diabetic retinopathy Diagnosis codes: 250.50, 362.02

The diagnosis of diabetic retinopathy requires a description of findings on retinal exam. It is important to distinguish between nonproliferative diabetic retinopathy (microaneurysms and intraretinal hemorrhages) and proliferative diabetic retinopathy (characterized by more extensive hemorrhages and neovascularization).

The progression of severity of disease is from mild to moderate to severe diabetic nonproliferative retinopathy and then to proliferative diabetic retinopathy. Background diabetic retinopathy is synonymous with nonproliferative diabetic retinopathy.

Diabetic macular edema may be present with any stage of diabetic retinopathy, so the correct diagnosis also includes whether the patient has nonproliferative or proliferative retinopathy.

Documentation and ICD-9 coding for diabetic retinopathy always begins with the appropriate 5-digit diabetes code (250.5x where x = 0, 1, 2, or 3) plus:

<u>ICD-9</u>	<u>Physician Documentation</u>
362.01	background diabetic retinopathy
362.02	proliferative diabetic retinopathy
362.03	nonproliferative diabetic retinopathy NOS (not otherwise specified)
362.04	mild nonproliferative diabetic retinopathy
362.05	moderate nonproliferative diabetic retinopathy
362.06	severe nonproliferative diabetic retinopathy
362.07	diabetic macular edema - [must be used with a code for diabetic retinopathy (362.01-362.06)]

Examples: The correct documentation and coding for diabetic retinopathy might be:

- **Progress note:** AODM with diabetic macular edema and nonproliferative diabetic retinopathy
- **Diagnosis codes:** 250.50, 362.07, 362.03

- **Progress note:** Uncontrolled adult diabetes with background diabetic retinopathy
- **Diagnosis codes:** 250.52, 362.01

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.

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

The Residual Effects of Stroke: Documentation and Coding

Example: Progress note: History of embolic stroke with no residual effects Diagnosis code: V12.59

The diagnosis of stroke of any kind (thrombotic, ischemic, hemorrhagic, or non-specific) is an acute diagnosis that should only be used if the patient is being treated in the hospital for a stroke or if the patient is having a stroke at the time of the visit. Depending on the specific diagnosis, the ICD-9 code range is between 430 and 434.

Examples: 430

Subarachnoid hemorrhage

433.11

Occlusion and stenosis of carotid artery with cerebral infarct

Note: The ICD-9 diagnosis code **436 is no longer the correct code for an unspecified acute stroke or CVA** and has been replaced by code 434.91.

If the patient has had a stroke but has no residual effects, the correct diagnosis is "history of stroke" or "S/P stroke" or similar documentation. However, if the patient has had a stroke and has residual effects from the stroke, then the residual effects should be documented and coded.

Documentation and ICD-9 coding for stroke and its late or residual effects include:

ICD-9

Physician Documentation

V12.59

Previous history of stroke or CVA with no residual effects (or personal history of other diseases of the circulatory system)

438.11

aphasia due to cerebrovascular disease

438.20

hemiplegia affecting unspecified side due to cerebrovascular disease

438.30

monoplegia of upper limb affecting unspec side due to cerebrovasc disease

438.40

monoplegia of lower limb affecting unspec side due to cerebrovasc disease

Example: The correct documentation and coding for a residual effect of stroke might be:

- **Progress note:** S/P CVA resulting in right arm paralysis
- **Diagnosis codes:** 438.30

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.

NPI COUNTDOWN

ONLY 140 MORE DAYS!

APPLY BEFORE MAY 23, 2007

By Jacqueline Caya, Contracts Manager

The Health Insurance Portability and Accountability Act (HIPAA) mandates that a standard, unique identifier replace any identifiers currently in use for health care providers. As you may already be aware, the identifier officially adopted to comply with this requirement is the National Provider Identifier (NPI). This unique identifier is intended to simplify the administration of certain health care information and improve efficiency and effectiveness of standard transactions.

NPI's are assigned as 10-digit, intelligence-free numbers. Intelligence-free means that the numbers do not carry information about the health care provider, such as the state in which he or she practices or his or her provider type or specialization. This number will eventually replace all other identification (ID) numbers used in electronic transactions, including health plan provider ID, but does not replace the provider's Tax ID Number (TIN), which will still be required on claims submission transactions. Additionally, this number remains with the provider permanently regardless of job or location changes.

All providers who complete electronic transactions **MUST** obtain an NPI to identify themselves in HIPAA-standard transactions.

These providers include:

- ◆ Physicians and other practitioners, including, but not limited to, dentists, physician assistants, chiropractors, nurses, licensed social workers, physical therapists, ophthalmologists, and clinical psychologists.
- ◆ Medical Groups/IPA's
- ◆ Hospitals, nursing homes and other institutional providers.
- ◆ Pharmacies, including online pharmacies, and pharmacists.
- ◆ Suppliers of durable medical equipment (DME)

STEP-BY-STEP PREPARATION

ProMed Health Care Administrators encourages you to begin preparing for the NPI rule if you haven't already. The steps below can help you with obtaining and notifying ProMed of your NPI before the deadline occurs.

STEP 1 - How to Apply for an NPI:

The Centers for Medicare and Medicaid Services (CMS)

have contracted with Fox Systems, Inc. to serve as the NPI Enumerator to assign NPI's to providers. The National Plan and Provider Enumeration System (NPPES) issue the NPI. You may apply for an NPI by doing one of the following:

1. Complete the web-based application at:
<https://nppes.cms.hhs.gov>
2. Fill out a paper application and send it to:

NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

A copy of the NPI application is available online at: <http://new.cms.hhs.gov/NationalProvIdentStand/Downloads/NPIapplication.pdf> or by calling Fox Systems at (800) 465-3203 or TTY (800) 692-2326. You may also email customerservice@npienumerator.com for additional information or questions regarding applying for an NPI.

Be sure to include complete and accurate information on your application and save a copy of your confirmation form. The Health Plans may request a copy of your conformation form at a later date for validation purposes.

STEP 2 - Notify ProMed of Your NPI:

After you have applied for and been assigned an NPI, Please Fax your NPI to Dawn Tumser, ProMed Provider Relations Supervisor at FAX (909) 932-1065.

You may receive notices about the NPI from many of the Health Plans with which you do business. Remember that you need to apply only once for an NPI. The same NPI is used for every Health Plan. The transition from existing health care provider identifiers to NPI's in standard transactions will occur over the next couple of years. **We urge health care providers to apply for an NPI now. While the NPI must be used on standard transactions with large Health Plans no later than May 23, 2007,** health care providers should not begin using the NPI in standard transactions on or before the compliance date until Health Plans have issued specific instructions on accepting the NPI. Health Plans will notify you when you can begin using NPI's in standard transactions. You should be aware that Health Plans might request that you begin using our NPI prior to the compliance date. Applying for an NPI does not replace any enrollment or credentialing processes with any Health Plan, including Medicare.

WHAT GOES AROUND...

A POSTAL CLERK, in Indianapolis made a discovery about her customers and coworkers—and her own human nature.

A newspaper editorial charged that her branch had “the rudest clerks in town.” The clerk was angry.

“I was rude to people because they were rude to me,” she said. “What goes around comes around.” Then she wondered what would happen if she treated others with courtesy. Would that come around too?

So she made an effort to get to know customers’ names. The clerk began to smile and ask how they were doing. Even a man known for his grouchiness eventually became a favorite customer. All the clerks began to make an effort. Everybody reaped a reward of cheerfulness.

And it all started with one woman who decided that “what goes around comes around” can be good news.

FATHER JOHN CATOIR
Three Minutes a Day



Special Dates

NEW YEAR'S DAY

MONDAY, JANUARY 1, 2007

MARTIN LUTHER KING, JR. DAY

MONDAY, JANUARY 15, 2007

GROUND HOG DAY

FRIDAY, FEBRUARY 2, 2007

LINCOLN'S BIRTHDAY

MONDAY, FEBRUARY 12, 2007

VALENTINE'S DAY

WEDNESDAY, FEBRUARY 14, 2007

CHINESE NEW YEAR

SUNDAY, FEBRUARY 18, 2007

PRESIDENT'S DAY

MONDAY, FEBRUARY 18, 2007

ASH WEDNESDAY

WEDNESDAY, FEBRUARY 21, 2007

WASHINGTON'S BIRTHDAY

THURSDAY, FEBRUARY 22, 2007

DAYLIGHT SAVING TIME BEGINS

SUNDAY, MARCH 11, 2007

ST. PATRICK'S DAY

SATURDAY, MARCH 17, 2007

SPRING BEGINS

WEDNESDAY, MARCH 21, 2007

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