

HEALTH CARE HERALD

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

President's Message

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

Greetings!

Hard to believe summer is over. I have a happy occasion to share with you all. My daughter got married this summer!!! I extend a warm welcome to all the new young providers.

Our network continues to be stable. Health care coverage trend continues to change. Other non-HMO products are gaining ground. As always, market and consumers dictate the trend. There will be stabilization of this trend in the future. Of course, I don't have the crystal ball to tell you when. Best course for the organization is to be prepared to keep our options open. Nothing new to report on EHR.

Once again, one fiscal year ended strongly. The IPA

continues to work with providers to enhance their satisfaction

I thank all of you for continued support.

Chief Executive Officer's Bulletin

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

Summer has ended; I hope you took some time away with family and friends. Pomona Valley Medical Group has completed its negotiations and contract with PVHMC for year 2006-2007. We also concluded a multi-year contract with Blue Cross. This is a busy time for negotiations with HMOs and we have several HMOs whose contracts are terming soon and discussions for new contract terms are underway.

We believe we will successfully negotiate new terms with these health plans. HMOs have become very diligent about provider terminations notice. As you may be aware that IPAs and Medical groups are required to give 90-day termination notice to HMOs as required by DMHC for transition of patient care.

We have been bound by HMOs to provide this 90-day notice of termination. If a provider does not give the IPA 90-day notice and if the HMO gets penalized financially by DMHC they will levy these fines on the IPAs. We want you to be aware that if you do not provide this 90-day notice to us as required in your contract and the IPA incurs any financial penalties the IPA will hold you personally responsible for these penalties.

I have sent a memo to all providers in this regard last week.

INSPIRATION AND PASSION usually go together. If you are going to try to persuade others to go with you, it certainly doesn't hurt that you've got very strong convictions about where you are going. Like Columbus did, for instance, to discover the New World. And, if you've got passion and conviction, you're more likely to be inspiring. If you're inspired yourself and you're passionate about something, you're more likely to succeed at it, and you're more likely to get others to come with you.

TED TURNER
Television broadcasting executive

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with Pomona Valley Medical Group, ProMed Health Network, and/or ProMed Health Care Administrators there is a stipulation that states the following:

“Provider may terminate this Agreement without cause at any time upon giving ninety (90) days prior written notice of such termination”.

This language is listed in your contract because ProMed Health Care Administrators is required to give a 90-Day Notice to each of the Health Plans whenever a contracted Physician terminates their affiliation with Pomona Valley Medical Group in order for the Health Plans to contact their members (*enrollees*) to have them choose a new Primary Care Physician and to allow for the transition of their care to their new doctor.

The purpose of this Memorandum is to inform you of possible exposure to penalties and fines in the event you do not give a full 90-Day Advance Notice. If you send ProMed Health Care Administrators a Termination Notice that is less than 90-Day Advance Notice, any penalties and fines that are imposed on us by the Health Plans as the direct result of receiving a notice less than 90-Days in Advance of Termination will be passed directly onto you as the result of your noncompliance.

Please take whatever steps necessary to remind and/or ensure that should you ever terminate your participation with Pomona Valley Medical Group, ProMed Health Care Administrators will receive a 90-Day Advance Notice from you.

There is no need for you to acknowledge receipt of this Memorandum as you have already agreed to provide us with a 90-Day Advance Notice in accordance with the termination language contained in your current contract. However if you have any issues with regards to any penalties and fines being passed on to you as the result of non-compliance, please write to me with your concerns via Certified Mail. Thank you for your continued support and participation.

New Orthopedic Specialists – September 26, 2006

Pomona Valley medical Group is pleased to announce the addition of two new orthopedic

specialists to our in network ortho panel:

Dr Gregory Lercel
Dr Albert Chong
1866 N Orange Grove Ave Ste 202
Pomona, CA 91767
Phone: 909 623 8796
Fax: 909 623 3076

These specialists join the PVMG existing orthopedic panel that includes:

Dr R Dhalla
Dr S Lal
Dr M Shah
Dr K Shaikley
Dr C Harris
Dr M Sabri
Dr J Shah

PCPS, please also be aware of the following regard orthopedic authorizations:

- *A direct is required for any initial office consult. As existing procedure, NO prior authorization is required.*
- *NO prior authorization will be required for any office follow up visits.*

If there are any questions, please feel free to contact us. Thank you for your continued cooperation

New Plastic Reconstructive Specialist – September 27, 2006

Pomona Valley Medical Group is pleased to announce the addition of a Plastic surgeon to our in network specialist panel:

Dr Deulas “Dev” Wali
155 West Willow St
Pomona, CA 91767
Phone: 909 865 2626
Fax: 909 865 2010

Dr Wali performs aesthetic and reconstructive surgery. Procedures he can perform by category, include, but are not limited to:

Head and Neck	Skin Cancer; Facial Trauma Congenital anomalies; Eye reconstruction; Moh's defect Nasal surgery
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*Only 235 More Days
Until the National Provider Identifier (NPI) Compliance Deadline
Have you applied for your NPI?*

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.



Q: What does the NPI look like?

A: The NPI is a 10-digit number that does not contain 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 is intended to identify the provider throughout his or her career and will be retained by the provider, regardless of whether he or she moves, changes specialty or changes practices.

Q: Can a provider have more than one NPI?

A: Individual practitioners can only have one NPI, although other provider types or entities may have multiple NPIs.

Q: Where can I obtain an NPI?

A: You may apply for any NPI in one of two ways:

- Complete the Web-based application at <https://nppes.cms.hhs.gov>
- Complete a paper application, available at <https://nppes.cms.hhs.gov> or by calling (800) 465-3203 (TTY: (800) 692-2326), and send it to:

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

Q: How is Health Net obtaining NPIs?

A: At this time, physicians may submit their NPI to Health Net through the Council for Affordable Quality Healthcare (CAQH) Universal Credentialing DataSource[®] (UCD). UCD is a free online service that allows physicians to complete a single, uniform application that meets the credentialing needs of multiple organizations, including Health Net. Additional information is available at www.caqh.org/cred, by contacting the CAQH Help Desk at (888) 599-1771 or by emailing help@caqh.geoaccess.com.

Health Net is in the process of developing other means for all providers to submit their NPIs and will communicate these alternatives as they become available.

Health Net providers who are part of the TRICARE North provider network may go to www.healthnetfederalservices.com or call (877) TRICARE for information on how to submit their NPI to Health Net Federal Services.

Q: Is Health Net validating NPIs against the National Plan and Provider Enumeration System (NPPES)?

A: Health Net is using the check-digit algorithm to validate NPIs and will use the NPPES database as an additional resource when made available to health plans.

Q: How will Health Net link NPIs to Health Net provider identification (ID) numbers?

A: Health Net will use provider demographic data to establish the association between NPIs and Health Net provider IDs in our systems. This includes fields such as tax identification number (TIN), name and address. Providers will also have the ability to inform Health Net directly of their NPI and Legacy system ID association.

Q: Is Health Net linking NPIs to provider IDs based on combinations or to the rendering ID only?

A: Links are being made for all provider types, not just the rendering ID.



NATIONAL PROVIDER IDENTIFIER - NPI FREQUENTLY ASKED QUESTIONS

1. What is NPI?

The National Provider Identifier (NPI) is a 10-digit number assigned by the National Plan and Provider Enumeration System (NPPES), managed by the Center for Medicare & Medicaid Services (CMS). NPI is assigned to covered healthcare providers, as identified in the Final Rule published January 23, 2004, as part of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. A provider's NPI is a lifetime number and will not change regardless of group affiliations, location changes or licensure updates.

- Type-1 NPI is for an individual practitioner with any covered professional license. Individuals are only eligible to obtain one Type-1 NPI per lifetime.
- Type-2 NPI is assigned to practitioner groups, suppliers and facilities. Business entities are able to define their NPI relationship as they wish, and may apply for more than one NPI. These additional NPIs are called subparts.

2. What does NPI do?

The NPI is a universal provider identification number, eliminating the need to use payor-specific identification numbers when conducting electronic transactions with multiple payors, including Medicare and Medicaid. The intended goal of NPI is to move toward a simple and uniform standard for submitting electronic transactions, regardless of payor. Visit the NPPES Web site at <https://nppes.cms.hhs.gov> for instructions on how to apply for NPI. Please note the NPI application process does not validate a provider is licensed or credentialed, guarantee payment by any payor or enroll a provider in any health plan.

3. Why do I need NPI?

All HIPAA-covered healthcare providers, whether they are individuals (physicians, dentists, nurses, etc.) or organizations (home health agencies, suppliers, etc), must obtain an NPI to identify themselves in HIPAA standard transactions. Standard electronic transactions include: electronic claims (837) and remittance advices (835), eligibility inquiries and responses (270/271), claims status inquiries and responses (276/277), and electronic referrals and authorization requests (278).

4. When do I need my NPI?

The mandatory Compliance Date for large health plans such as Blue Shield is May 23, 2007. Although Blue Shield began accepting and capturing NPI on HIPAA-compliant electronic transactions on May 23, 2005, we currently require both NPI and the Blue Shield PIN to accurately identify providers. We anticipate receiving NPI-only claim submissions beginning in March 2007, and will announce this capability on Provider Connection at www.mylifepath.com as it becomes available. After May 23, 2007, we will reject electronic transactions that do not contain a valid NPI and Tax Identification Number (TIN), as required by the mandate.

5. How do I notify Blue Shield when I receive my NPI?

Once you receive your NPI, please notify us by sending the following information:

- A copy of your CMS NPI Assignment Letter.
- A letter advising us to which Tax Identification Number(s) (TINs) each NPI corresponds.
- If you have more than one NPI for your organization and have chosen to assign the NPI to something other than a TIN (such as by designated specialty or provider type), please list all the Blue Shield PINs that correspond to each NPI assignment.
- A contact name, phone number (including area code) and the best time to call with any questions we may have about your NPI assignment(s).

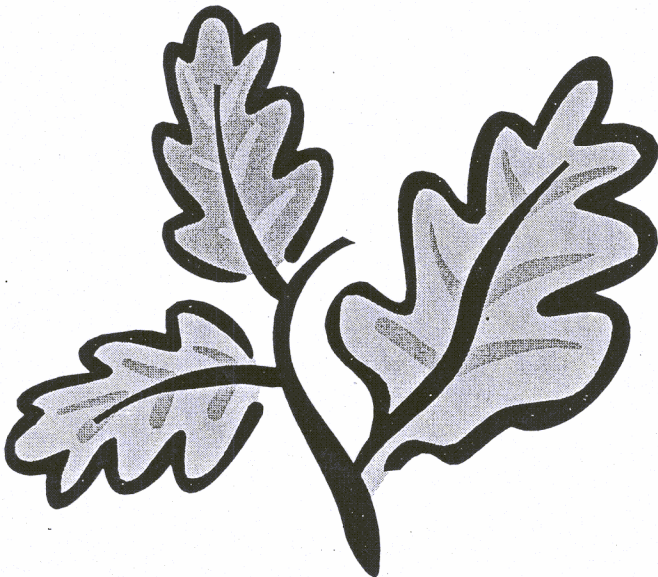
Fax to: (916) 350-8860, Attention: Blue Shield NPI Project

Mail to: Blue Shield of California
Attn: NPI Project
PO BOX 629017
El Dorado Hills, CA 95762-9017

SHOW DON'T TELL!

ONCE WHEN ARTURO TOSCANINI was rehearsing Debussy's *La Mer*, he wanted to achieve a highly sublime effect in one spot. At a loss for words to describe what he wanted to do, he took from his breast pocket a large white silk handkerchief. He threw it high into the air, and every man in the orchestra was hypnotized as it floated softly, sensuously to the floor. "There," the Maestro smiled happily, "Play like that."

JAMES C. HUMES
Speakers Treasury of Anecdotes about the Famous
Harper & Row



Special Dates

YOM KIPPUR
MONDAY, OCTOBER 2, 2006

COLUMBUS DAY
MONDAY, OCTOBER 9, 2006

NATIONAL BOSSES DAY
MONDAY, OCTOBER 16, 2006

DIWALI
SATURDAY, OCTOBER 21, 2006

DAYLIGHT SAVINGS TIME ENDS
SUNDAY, OCTOBER 29, 2006

HALLOWEEN
TUESDAY, OCTOBER 31, 2006

ELECTION DAY
TUESDAY, NOVEMBER 7, 2006

VETLAN'S DAY
SATURDAY, NOVEMBER 11, 2006

THANKSGIVING
THURSDAY, NOVEMBER 23, 2006

HANUKKAH
SUNDAY, DECEMBER 16, 2006

WINTER BEGINS
FRIDAY, DECEMBER 22, 2006

CHRISTMAS
MONDAY, DECEMBER 26, 2006

KWANZAA BEGINS
TUESDAY, DECEMBER 28, 2006

ProMed Health Care Administrators
4150 E. Concourse St., Ste. # 100
Ontario, CA 91764
Phone: (909) 932-1045
Fax: (909) 931-5077

Visit our web site:
www.promedhealth.com

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

Publisher
Karen Harvey

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