

HEALTH CARE HERALD

News From ProMed Health Care Administrators & Pomona Valley Medical Group, Inc.
Winter 2007

President's Message

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

Wishing all of you a happy and healthy New Year.

Six months have passed after the consolidation of the group with Prospect. We are reviewing the PCP Cap payments and are planning to adjust the Caps in 2008.

Overall HMO enrollment is not growing in California. With the Governor's proposed plan there may be opportunities for us to grow.

Thank all of you for your continued support.

Chief Executive Officer's Bulletin

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

I want to take this opportunity to wish all of you Happy Holidays and a Happy New Year, both of these wishes may be belated by the time you receive the newsletter.

Once again we had a very delightful and joyous Christmas party and for those of you who could not make it we wish you were there to celebrate the occasion with us.

ProMed continues to do well despite challenges in our health care industry. We have successfully concluded another two year contract with PacifiCare starting January 1, 2008. We have also concluded signing the contract with Cigna and PVHMC. Hopefully we can see some increase in our HMO membership next year.

Not much to share in this newsletter however I want to thank all of you for your support and contributions.

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The trail is the thing, not the end of the trail.
Travel too fast and you miss all you are traveling for.

LOUIS L'AMOUR (1908-1988)
Writer

YOU ARE AS YOUNG as your faith, as old as your doubt; as young as your self-confidence, as old as your fear; as young as your hope, as old as your despair. In the central place of every heart, there is a recording chamber; so long as it receives messages of beauty, hope, cheer, and courage, so long are you young.

DOUGLAS MACARTHUR (1880-1964)
General, U.S. Army

PROVIDER SERVICES

By: Dawn Tumser, Provider Relations Supervisor

HEALTH PLAN UPDATE

Care 1st Health Plan

All health education materials provided to your Medi-Cal patients need to be between 2nd and 6th grade reading level. Additionally, these materials need to be medically accurate, culturally sensitive and linguistically appropriate.

Care 1st has the following Health Education Topics available in various languages:

Topics include:

- Age Specific Anticipatory Guidance
- Asthma
- Breastfeeding
- Dental
- Diabetes
- Exercise/Physical Activity
- Family Planning
- HIV-STD Prevention
- Hypertension
- Immunizations
- Injury Prevention
- Lead Poisoning Prevention
- Nutrition
- Obesity
- Parenting
- Perinatal
- Substance Abuse
- Tobacco Prevention and Cessation
- Tuberculosis

You may download these materials from the Care 1st website at:
<http://www.care1st.com>

PROVIDER UPDATES

New Providers

Surjit Kahlon, MD – Adult/Ped Neurology
Erik Oksen, MD – Family Practice
Peter Niciforos, MD – Family Practice
Sachin Patel, MD – Orthopaedic Surgery
Ynolde Smith, DO – Family Practice

Provider Address Changes

None to Report

Providers No Longer with PVMG

None to Report

IT DOESN'T HAPPEN OFTEN, but while I was writing my book *Let Go of Whatever Makes You Stop*, I was awakened in the middle of the night with this thought, "Don't live within your means."

Even though it was 4:30 am, I was so excited about this idea that I awoke my wife and began to "preach" to her about it for several minutes. (She said that the idea was great, but she really needed her sleep.)

What do I mean when I say, "Don't live within your means"? I believe we should act bigger, believe larger and associate higher. Your outlook determines your outcome. So make your plans BIG.

I'm not encouraging you to go wild, to have no boundaries or to be reckless. Certainly we should spend within our means-but not live there. Talk with people smarter than you. Lend a hand to those less fortunate than you. Don't stay where you are.

I sincerely believe that many people who think they are frugal aren't really frugal. Rather, they are full of fear. The label of frugality, balance, or conservativeness is often a mask to cover up a deep-rooted fear in their lives.

Don't make such thorough plans for rainy days that you don't enjoy today's sunshine. Abandon altogether the search for security" (Wayne Dyer).

No matter what the level of your ability, you have been equipped with more potential than you can possibly use in your lifetime. Don't let the future be that time when you wish you'd done what you aren't doing now. You need to have a dream to make a dream come true.

If the shoe fits, don't wear it. If you do, you're not allowing room for growth. Webster knew all about the ineffectiveness of "living within your means." When you look up the word *means* in the dictionary, it tells you to see the word "average." When you decide to live within your means, you are deciding to live an average life.

Do this: Know your limits- then ignore them!

JOHN MASON
Know Your Limits - Then Ignore Them
Insight Publishing Group

ProMed News in Review - Qtr. 4, 2007 Memos

By Karen Harvey, Executive Assistant

New General Surgeon Specialists - October 1, 2007

Pomona Valley Medical Group is pleased to announce the addition of two (2) new General Surgeons, and one (1) new Vascular General Surgeon to our in-network panel:

Effective July 2, 2007
Sujit Chakrabarti, M.D., General Surgeon 1818 N. Orange Grove Avenue, Suite 308 Pomona, CA 91767-3028 Phone: 909 622-6050 Fax: 909 620-4632
Effective July 12, 2007
Sivaprasad Mullangi, M.D., General Surgeon 138 Harvard Avenue Claremont, CA 91711 Phone: 909 624-4503 Fax: 909 624-6364
Morteza Sajadian, M.D., Vascular/General Surgeon 1818 N. Orange Grove Avenue, Suite 202 Pomona, CA 91767-3028 Phone: 909 865-3000 Fax: 909 623-3076

Dr. Chakrabarti, Dr. Mullangi, and Dr. Sajadian join the Pomona Valley Medical Group existing General Surgery panel that includes:

Vinod Garg, M.D., Ayyampalayam Mohan, M.D.,
Sudhir Reddy, M.D., Jill Reiss, M.D., Lori Vanyo,
M.D., and Autar Wali, M.D.

PCP's: Please be informed of the following General Surgery Authorization Requirements:

- *A direct referral is required for any initial office consult. As per 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 support of Pomona Valley Medical Group.

UPDATED PROCESS WITH NEW BLUE CROSS INJECTABLE VENDOR - October 25, 2007

We have received numerous calls regarding my memo dated September 26, 2007 transitioning injectable medications to Blue Cross California Care's (BCCC) new vendor PrecisionRX Specialty Solutions. First, let me apologize for the confusion. We have made the following change to ensure you don't have continued problems obtaining injectables for your BCCC members.

Effective immediately, ProMed Health Care Administrators will resume authorizing all your injectable medications for BCCC members. If the member meets the health plan medical criteria for the injectable requested, the authorization will be modified to PrecisionRX and faxed to your office. You must still obtain the medication through PrecisionRX. They will dispense the medication either to your office or to the patient's home with the authorization we will provide.

We realize this transition has not been smooth; however, BCCC has instructed us that we must use the new vendor. They will no longer allow us to pay your claims and seek reimbursement. We appreciate your continued patience and cooperation.

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

Documentation and Coding - December 4, 2007

PacificCare has contracted with a physician who is also a certified coder to provide a monthly newsletter on Documentation and Coding.

The purpose of this newsletter is to provide information that can be utilized to increase documentation and coding practices, which will facilitate a more accurate patient health status. Each month a new subject will be addressed.

Please recall, CMS (Center for Medicare and

Medicaid Services) reimbursement to IPAs is based on the morbidity of Medicare enrollees. Therefore, failure to code patient medical conditions appropriately will decrease payments to IPA physicians from CMS.

It is ProMed's intention to share these newsletters monthly with our contracted IPA PCPS. Additionally, each month's topic will also be shared with our appropriate contracted specialists. I have also attached a copy of the Coding class held at the Corona Regional Medical Center, August 14, 2007 from 9-1.

November 2007 Topic: Ruling Out Diagnoses

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

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

New Laboratory Vendor * Effective 2/1/08*** - December 4, 2007**

Effective 2/1/08, Pomona Valley Medical Group (PVMG) and Upland Medical Group (UMG) will switch from Quest Diagnostics Laboratory to Lab Corporation of America (Lab Corp). We are communicating this change early to ensure a smooth transition. Additional information as received will be forthcoming.

Attached please find a flier that you can provide to your PVMG patients communicating the transition from Quest Diagnostics Laboratory to Lab Corp.

- If your patients need lab services prior to 2/1/08, please provide them with a Quest Diagnostics lab form and attach the flyer so they are aware of the 1/31/08 expiration date. All Quest Diagnostics lab forms will expire 1/31/08.
- Lab Corp will be contacting your offices within the next few weeks to provide you with new Lab Corp forms and locations for your members.

- If your patients do not require lab tests before 2/1/08, please refrain from providing lab forms until you receive the new forms from Lab Corp. All Lab Corp referral forms will be valid effective 2/1/08.

If you have any questions, please don't hesitate to call our Customer Service department at either number below:

PVMG: (909) 932-1045, press option 1
UMG: (909) 291-4400, press option 1.

HMO DISEASE MANAGEMENT PROGRAMS – December 11, 2007

Disease Management programs are available thru the HMOs to assist you with managing your at Risk patients. Some of these programs include management for; Asthma, Diabetes, COPD, CAD and CHF to name a few. HMO Clinical Practice Guidelines for each program are also available on their websites.

ProMed is committed to help our health care providers render the best care possible for your patients. We encourage you to take advantage of these programs as well as encourage your patients to contact their HMO for enrollment in the Disease Management programs.

HEALTH PLAN	WEB SITE ADDRESS	DISEASE MGMT. PHONE NUMBER
Aetna	www.aetna.com	1-866-269.4500
Blue Cross of California	www.bluecrossca.com	1-800-522.5560
Blue Shield	www.mylifepath.com	1-877-289.4415
Care 1 st	www.care1st.com	1-800-605-2556 ext 6462
CHP	N/A	N/A
Cigna	www.cigna.com	1-800-344-7421
Health Net	www.healthnet.com	1-800-641.7761 (Commercial) 1-800-929.9224 (Senior)
InterValley Health Plan	www.intervalley.com	1-800-251-8191 ext 448
PacificCare / Securian Horizon	www.pacificare.com	1-877-840-4085 Commercial & Senior

NCQA UM Standards

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

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.

ProMed Offices Closed

By Mary Dodds, Executive Assistant.

ProMed Health Care Administrator offices including the corporate offices of Pomona Valley Medical Group and Upland Medical Group will be closed on the following dates:

Tuesday, January 1, 2008 New Year's Day
Monday, February 18, 2008

As always, an on-call case manager (nurse) is available. The on-call nurse can be reached by calling the regular office number (909-932-1045) and following the prompts to speak with the on-call nurse. If you have any questions about ProMed's Holiday schedule, please call Mary Dodds at 909-932-1045 x 4401.

A SIGN OF THE TIMES

GRADE ONE was having a lesson on birds. After some discussion, the fact was established that birds eat fruit. One little girl, however, was unconvinced.

"But teacher," she asked, raising her hand, "how can the birds open the cans?"

LEWIS AND FAYE COPELAND
10,000 Jokes, Toasts & Stories
Doubleday & Company, Inc.

Medical Record Standards

By: Cyndy Locatelli, QM Coordinator

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 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) **** Primary Language Documented**
- 7) **** Interpreter Request Documented**
- 8) *** 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.**
- 9) **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.**
- 10) 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

Medical Records Standards

continued on page 6

- and adolescents (18 and younger) past medical history relates to prenatal care, birth, operations and childhood illnesses.
- 11) *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)*
 - 12) The history and physical records include appropriate subjective and objective information pertinent to the member's presenting complaints.
 - 13) Laboratory and other studies are appropriately ordered.
 - 14) There is documentation of an exam appropriate for the condition.
 - 15) *Working diagnoses are consistent with findings.*
 - 16) *Treatment plans are consistent with diagnoses.*
 - 17) 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.
 - 18) *Unresolved problems from previous office visits are addressed in subsequent visits.*
 - 19) Consultation, lab and imaging reports filed in the chart are initialed by the practitioner who ordered them to signify review. Review and signature by other professional does not meet this requirement. If the reports are present electronically or by some other method, there is also representation of review by the ordering practitioner. Consultation and abnormal lab and imaging results have an explicit notation in the record of follow up plans.
 - 20) An immunization record for children is up to date or an appropriate history has been made in the medical record for the adults.
 - 21) There is evidence that preventive screening and services are offered in accordance with guidelines and are age and gender specific.
 - 22) All medication prescribed list name, dosage, frequency and duration.
 - 23) ** 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.*
 - 24) **For members over age 18, and after 3 visits, there is presence of an advance directive or evidence of education about advance directive.*

WRESTLING WITH DEADLOCKS

Herb Kelleher, THE UNORTHODOX BUT HIGHLY SUCCESSFUL INNOVATOR BEHIND Southwest Airlines, lived up to his reputation when he found his company in a slogan dispute. It seems that Southwest was using the phrase "Just plane smart" to describe its no-frills pricing only to discover that Stevens Aviation, an aviation sales and maintenance company, was already using "Plane smart."

Instead of each side's lawyers unleashing the usual barrage of letters and litigation threats, Kelleher and his counterpart, Kurt Herwald, came up with a unique solution. They'd arm-wrestle for the slogan.

They created a media event around the mock battle, charging admission and selling souvenirs. Rather than fight over rights or compensation for use of the line, all proceeds from the publicity event went to charity.

The dispute was settled. Kelleher, 61, lost to Herwald, 37, in what was obviously a setup by the two bosses. But, in another fixed outcome, both companies got to use the line.

Their companies got press and television coverage beyond their wildest dreams. Plus they saved what Kelleher estimated to be as much as \$500,000 in legal costs.

RONALD M. SHAPIRO and MARK A.
JANKOWSKI
The Power of Nice
John Wiley & Sons, inc.

A 10-YEAR-OLD BOY saw an advertisement on TV for a psychic hot line and placed a call. The psychic told him four things. She said three of them are probabilities and the last one is an absolute certainty.

- # 1 You're going to be rich
- # 2 You're going to be famous
- # 3 You're going to travel around the world
- # 4 You're going to get into a lot of trouble when your parents receive their next phone bill.

LINDA MAXWELL
Educator and writer

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

Diagnosis Documentation and Coding: Ruling Out Diagnoses

Physicians face the common problem of not always being able to make a definitive diagnosis. How should you approach diagnosis documentation and coding in this situation?

When you suspect a diagnosis or are in the process of evaluating a patient, there are several things you can do to document and code this in your progress note:

- Document the patient's symptoms and signs and select diagnosis codes that correspond to them, typically ICD-9 codes in the range from 780 to 799. Some examples include:

<u>ICD-9 code</u>	<u>Documentation</u>
780.4 786.05	Dizziness, light-headedness, or vertigo
786.50 790.4	Shortness of breath
	Chest pain
	Non-specific elevation of transaminase levels

- For example, if a patient presents with intermittent chest pain, document the symptom as "intermittent chest pain" or "chest pain, rule out angina" and use the ICD-9 code for unspecified chest pain (786.50).
- If you then do a stress test which is abnormal, you can document the more definitive diagnosis of angina (ICD-9 code 413.9), but if you rule out angina, then the diagnosis stays as the symptom of chest pain.
- Once you make a definitive diagnosis, you should not submit the ICD-9 code for a symptom that relates to that diagnosis. In the example above, a patient with angina who has chest pain would only have the ICD-9 code for angina submitted with the claim.

One of the few situations when you can add an addendum to your progress note in the medical record is when you get the results from a test that confirms a diagnosis. This typically should be within several weeks of the patient visit.

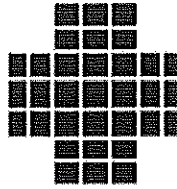
- In this situation, you can write an addendum to the existing progress note – state the date, the test result, the definitive diagnosis, and the follow up plan and then sign your name. You can resubmit your claim with the new diagnosis information.

Do not use a definitive diagnosis code until a diagnosis is confirmed. As one example, we have seen a number of cases where a diagnosis code for HIV infection (ICD-9 code 042) has been submitted with a claim when the physician is ordering a screening test to rule out the diagnosis. It is all right to document "rule out HIV" in the progress note, but you should also document any symptoms or signs and submit the appropriate diagnosis codes.

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 and examples provided above are minimal documentation to support diagnosis coding as only one part of a complete progress note. Final decisions about diagnosis coding should be based on review of standard reference materials.



Pomona Valley Medical Group, Inc.
D.B.A. ProMed Health Network
www.promedhealth.com

ATTENTION ALL

POMONA VALLEY MEDICAL GROUP

MEMBERS.

THE ATTACHED QUEST LABORATORY REFERRAL
IS ONLY VALID UNTIL
1/31/08.

EFFECTIVE 2/1/08, ALL LABORATORY SERVICES MUST BE PROVIDED BY:

LABORATORY CORPORATION OF AMERICA. (LAB CORP)

*IF YOU DO NOT USE THIS REFERRAL PRIOR TO 1/31/08, YOU NEED TO CONTACT
YOUR PRIMARY CARE PHYSICIAN TO OBTAIN A NEW REFERRAL FORM FOR
LABORATORY CORPORATION OF AMERICA.*

*WE APOLOGIZE FOR ANY INCONVENIENCE THIS MAY CAUSE AND
APPRECIATE YOUR MEMBERSHIP. IF YOU HAVE ANY QUESTIONS, PLEASE
CALL CUSTOMER SERVICE AT (800) 281-8886.*

THANK YOU!

ACCESS STUDY

September 2007

PCPs

The ProMed QM Department recently surveyed a random 27 PCPs for a multiple of 162 calls for an access survey. This survey is mandated by the HMOs. *The benchmark goal for all criteria is 100%*. Below are the criterion used and the results of the survey.

Criteria	Cr 1: Telephone Access; # of minutes for a personal response	Cr 2 : # days for Routine/preventive exam. Includes PE, well baby exam	Cr 3: # days for non-urgent exam	Cr 5: Urgent Exam:	Cr 6: # minutes for wait time for scheduled appt to see MD
Std	45 seconds	30 calendar days	7 calendar days	Within 24 hrs	Within 30 minutes
PCP scores	98.8%	96.3%	97.5%	100%	92.0%

PCPs, please note the low compliance for telephone access, routine specialist initial routine appointments, urgent exam appointments and actual wait time in the office. We would appreciate if you could share this information with your staff regarding the actual access guideline standards for these areas.

The ProMed QM Department would like to thank all the PCPs involved and share this information with all of our contracted PCPs.

SPECIALISTS

The ProMed QM Department recently surveyed a random 64 Specialists for a total of 384 encounters for an access survey. This survey is mandated by the HMOs. *The benchmark goal for all criteria is 100%*. Below are the specialist criterion used and the results of the survey.

Criteria	Cr 1: Telephone Access; # minutes for a personal response	Cr 4 # days for specialty referral non urgent appt from time PCP requests referral	Cr 5: Urgent Exam:	Cr 6: # minutes for wait time for scheduled appt to see MD
Std	45 seconds	14 calendar days	Within 24 hrs	Within 30 minutes
SPC scores	98.4%	100%	100%	85.4%

Specialists: contacted are to be applauded for their compliance in all areas except for the actual waiting time at the office for a scheduled physician appointment

The ProMed QM Department would like to thank all the physicians involved and share this information with all of our contracted specialists.

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 get others to come with you

TED TURNER
Television broadcasting executive



Special Dates

NEW YEAR'S DAY

TUESDAY, JANUARY 1, 2008

MARTIN LUTHER KING, JR. DAY

MONDAY, JANUARY 21, 2008

CHINESE NEW YEAR

THURSDAY, FEBRUARY 7, 2008

LINCOLN'S BIRTHDAY

TUESDAY, FEBRUARY 12, 2008

VALENTINE'S DAY

THURSDAY, FEBRUARY 14, 2008

PRESIDENT'S DAY

MONDAY, FEBRUARY 18, 2008

ST. PATRICK'S DAY

MONDAY, MARCH 17, 2008

EASTER

SUNDAY, MARCH 23, 2008

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