

POMONA VALLEY MEDICAL GROUP HEALTH CARE HERALD

~News from ProMed Health Care Administrators & Pomona Valley Medical Group, Inc. ~
Winter 2008

President's Message

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

Happy Holidays! It's time to enjoy spending time with family and friends. As we wait for President Elect Obama to take office the financial crisis continues in the world.

We are lucky to be in healthcare at this time. Hopefully new leadership will provide strong stimulus and direction to the economy. We are well positioned to move forward with any future changes in healthcare.

I am looking forward to 2009. Hopefully we can present a proactive approach to keep our network stable and growing.

Thank you.

A JFK QUOTE

There are three things which are real: God, human folly, and laughter. The first two are beyond our comprehension, so we must do what we can with the third.

JOHN F. KENNEDY (1917-1963)
35th U.S. President

INSIDE THIS ISSUE

1	President's Message
1	Chief Executive Officer's Bulletin
2	Provider Services
2	Health Plan Updates
2	Provider Updates
2	ProMed Offices Closed
2	Medical Records Standards
3	ProMed News In Review – Qtr. 4, 2008 Memos
7	Special Dates

Chief Executive Officer's Bulletin

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

The election process is in full swing. Our Nation is facing severe financial crisis and for the present time our Nation is seized with anxiety and concern about our economic welfare.

Healthcare and Iraq has faded back as main concerns for the Nation temporarily, however healthcare will emerge as a significant issue due to Baby Boomers retiring and getting eligible for Medicare. This will undoubtedly pose significant stress on the Medicare system which is going through its own fiscal viability.

We clearly don't know how the healthcare will evolve in the next decade except for the fact that we face an uphill task.

In our little world Blue Cross and PVHMC have terminated their hospital contract. This has posed operational issues for us in managing the care of our patients going forward. We have indicated to PVHMC and Blue Cross to find common ground and come to some understanding. It is ultimately their issue to resolve.

We as providers do not want to lose our patients and will continue to care for them under the new guidelines. I have been in touch with many of you discussing this transition and answering your questions. I will continue to provide you with updates.

We have successfully completed our negotiations with Blue Shield and are actively in discussion with Blue Cross and Aetna in extending our contracts.

Things for ProMed are steady and appear promising for the coming years.

Again, I want to thank all of you for your support and association with ProMed.

PROVIDER SERVICES

By: Dawn Tumser, Provider Relations Supervisor

PROVIDER SATISFACTION SURVEY

I want to thank those who participated in ProMed's 3rd qtr. (2008) Provider Satisfaction Survey. In addition to this survey being an NCQA requirement, it also helps ProMed identify areas that require further attention. In order to service our providers more efficiently and effectively, ProMed encourages you to participate in these quarterly surveys. ProMed will continue to listen to the concerns and recommendations of our providers and identify those areas that require further attention. Thank you again for your continued support.

HEALTH PLAN UPDATE

Care 1st Health Plan

All health education materials provided to your Medical 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>

New Providers

Joseph Klerer, MD – OB/GYN
Geeta Patel, MD – OB/GYN
Khaled Tawansy, MD – Peds Ophthalmology
Baburaj Thankappan, MD - Neurology

Provider Address Changes

Jaime Gonzalez, MD
350 Vinton Ave., Suite 204
Pomona, CA 91767
(909) 622-3353

Providers No Longer with PVMG

Sujit Chakrabarti, MD-General Surgeon
Vinod Patwardhan, MD-Hematology/Oncology/PCP

ProMed Offices Closed

By Karen Harvey, Executive Assistant

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

- Thursday & Friday, December 31, 2008 & January 1, 2009 for the New Year holiday
- Monday, February, 16, 2009 for the President's Day holiday

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 Karen Harvey at (909) 932-1045, ext. 4402.

Medical Record Standards

By: Frankie Li, LVN, 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

Medical Record Standards

continued on page 3

- 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 ad
 - 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 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.

PVMG News in Review - Qtr. 4, 2008 Memos

By Karen Harvey, Executive Assistant

The following are memos that were sent to providers regarding key issues in the past quarter. Please review to make certain you received the memos and their attachments. This information is usually good to share with our staff and maintain for future reference.

If you have any questions about these memos or require copies of the forms, please contact either the writer of the memo or Karen Harvey, Executive Assistant at (909) 932-1045, ext. 4402. Thank you.

Memorandum

Date: November 17, 2008

To: ALL EMVY and UMG Local PCMS

CC: Managers and Supervisors

From: Kiki Thapar, MD, Chief Medical Officer

Re: Documentation and Coding

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 pertinent 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 PCMS. 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 9-11.

November 2008 Topic: Making the Diagnoses: Cancer vs. "History of cancer"

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

- > Contact Bridget Harper at bridgeth@pacare.com OR
- > Contact Dr. Kiki Thapar.

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

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MDQuickFax

TM Zack Gerberg, MD, CPC (certified professional coder), editor
Helping doctors get useful information, quickly.

Making the Diagnosis: Cancer vs. "History of cancer"

1) A common error that physicians make in documentation and coding is that they are not clear about the correct way to handle the diagnosis of cancer.

If a patient has an active primary cancer, active metastases, or is on active treatment, then the correct documentation and coding is cancer. For example:
Progress note: 84 yr woman S/o mastectomy for breast cancer, on tamoxifen
Diagnosis code: 174.9 (breast cancer)

However, if a patient no longer has active disease or metastases and is no longer on active treatment, then the correct documentation and coding is "history of cancer." For example:
Progress note: history of Duke's A colon cancer, no recurrence, no current treatment
Diagnosis codes: V10.05 (personal history of colon cancer)

Here are the most common solid tumor cancers:

- ICD-9 Documentation "History of..." and ICD-9 code
- 152.9 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)

Increased surveillance or "testing for cancer by itself does not lead to the diagnosis of active cancer. If the patient above with a history of colon cancer is getting annual screening colonoscopy, but has no evidence of active cancer, the documentation and coding is still "history of colon cancer."

2) A second common error is to omit documentation and coding for metastatic cancer. Here are the most common sites for metastases that should be documented and coded if present:

- 197.7 metastatic cancer to liver metastatic cancer
- 198.9 metastatic cancer to lymph node (note: there are no "history of" codes for
- 198.3 metastatic cancer to brain
- 198.5 metastatic cancer to bone

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 coded and aligned 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.

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Memorandum

Date: November 18, 2008

To: All PYMG and UMG Providers

CC: K. Thapar, M.D., B. Bahremand, D. Ts, J. Caya, D. Tanser, L. Jewell, T. Phung

From: Novella R. Quesada, RN, Director of UMG/QM

Re: Authorization Request Forms

ProMed has encountered several incomplete authorization requests. ProMed cannot process a request if the form is not complete.

All areas on the form must be completed

A form will not be processed until the form is complete.

The form will be returned to your staff to complete all areas, especially correct codes and some history to assist our reviewers in making a decision.

There must be notes attached in order to support your request. An incomplete form will cause delay in services.

Please feel free to contact me for further questions or comments at (909) 758-4668.

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Memorandum

Date: November 25, 2008

To: All PYMG & UMG Providers

CC: K. Thapar, M.D., B. Bahremand, D. Ts, J. Caya, D. Tanser, L. Jewell, T. Phung, M. Sanford

From: Novella R. Quesada, RN, Director of UMG/QM

Re: Influenza Vaccine

This year, the CDC's Advisory Committee on Immunization Practices 2007 recommend the following for prevention and control of influenza:

- > Re-emphasize the importance of administering 2 doses of vaccine to all children (aged 6 months through 8 years) if they have not been vaccinated previously at any time with either AIV or IVV, on the basis of accumulating data indicating that 2 doses are required for protection in these children
- > Recommends that children aged 6 months through 8 years who received only 1-dose in their first year of vaccination receive 2 doses the following year
- > Reiterates a previous recommendation that everyone, including school aged children, who want to reduce the risk of getting influenza or transmitting influenza to others should be vaccinated
- > Emphasizes that immunization providers offer influenza vaccine and schedule immunization clinics throughout the influenza season

Please feel free to contact me with any questions or concerns @ (909) 758-4668.

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FACSIMILE TRANSMITTAL

Date: December 15, 2008

To: P/MG & UMG PCP's and
Endocrinologists, UMG/OM Department,
Customer Service, Claims, Contracts
Manager, Provider Relations

From: Franita Li, LVN UMG/OM Director
Ed Thomas, M.D., CEO/CMO

Phone #: 909.932.1045, x4668
909.932.1045, x4404

RE: Diabetic Testing Supplies in Excess of 3 times per month Pages: 2 (Incl. this cover sheet)

As you may be aware, CMS has limits on diabetic testing supplies. We really need your assistance in communicating to your patients who are testing in excess of 3 times per day. CMS requires additional documentation for the following:

- A diabetic patient who is not insulin-treated and whose prescribed frequency of testing is more often than once per day or
- A diabetic patient who is insulin-treated and whose prescribed frequency of testing is more often than three times per day.

Therefore, if you feel it's medically necessary for your patient to test more frequently than the CMS guidelines, please have your patient keep a diary of the dates, times and blood sugar levels (attached diary can be provided to your patients).

We are in the process of identifying all the patients testing more than three times per day and we are sending the attached letter and a few copies of the diary. Additional supplies will be provided and covered as long as it's medically necessary and the additional documentation is received when you request authorization.

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

Thank you.

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130 E. Geneva St., Suite 100, Ontario, CA 91764

Instructions: For Patients who test their blood sugar more than 3 times a day, CMS requires a blood sugar diary. Please enter the time and your blood sugar in the appropriate provided box, each time you test. A copy of this diary records to be given to your Primary Care Physician monthly.

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Patient Name: _____

Month _____ Year: _____



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 CEASAR
Comedian and actor

Special Dates

NEW YEAR'S DAY

THURSDAY, JANUARY 1, 2009

MARTIN LUTHER KING DAY

MONDAY, JANUARY 19, 2009

INAUGURATION DAY

TUESDAY, JANUARY 20, 2009

CHINESE NEW YEAR

MONDAY, JANUARY 26, 2009

BLACK HISTORY MONTH

FEBRUARY 2009

LINCOLN'S BIRTHDAY

FRIDAY, FEBRUARY 1, 2009

VALENTINE'S DAY

SATURDAY, FEBRUARY 14, 2009

PRESIDENT'S DAY

MONDAY, FEBRUARY 16, 2009

WASHINGTON'S BIRTHDAY

SUNDAY, FEBRUARY 22, 2009

DAYLIGHT SAVING TIME BEGINS

SUNDAY, MARCH 8, 2009

ST. PATRICK'S DAY

TUESDAY, MARCH 17, 2009

SPRING BEGINS

FRIDAY, MARCH 20, 2009

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

Publisher

Karen Harvey

Editors

Jeereddi A. Prasad, M.D.

Kit Thapar, M.D.

Karen Harvey

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