

HEALTH PARTNERS APRIL NEWSLETTER

Quality and Clinical Integration Updates

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**Health Partners
Website Password
Changes**

Because of changes taking place as part of an overall modernization of the website, if you currently have a username and password for Health Partners' website, this login information will become obsolete after May 21st.

If you would like to receive a username and password, or will need to update your Health Partners website username and password as a result of the website upgrade, contact Gina Seng, Provider Relations Specialist, at gseng@mchs.com or 614-546-4259. Gina will be happy to assist you in this process.

Usernames and passwords allow you to access the password-protected areas of the website, including payer information, fee schedules and Clinical Integration documents.

Significant quality improvement and Clinical Integration initiatives have taken place since the last Health Partners newsletter. First, the Medigold 2009 Primary Care Quality Initiative is in its final stages of completion. Final data review is underway and payments will be distributed to qualifying physicians in the next 30 days. This program has clearly demonstrated clinical

care improvement for Medigold members. Second, the 2010 Medigold Quality Initiative is also being finalized. Details of this program will be communicated to physicians in the next two weeks. The program focuses on ER utilization. Third, Health Partners will be launching a specialty physician quality program that will strive to improve the level of pre-

ventive healthcare of female employees and dependents of Trinity (Mount Carmel) Associate Health Plan. The commutative effect of these efforts is the ongoing development of a physician-led quality improvement track record which will lead to the ultimate goal of a Clinically Integrated network.

~Daniel Wendorff, M.D.
Health Partners
Medical Director

Development of Ohio's Health Information Technology Strategy Continues: Focus on EHR Connectivity

The development of Ohio's health information technology strategy and EHR (electronic health records) connectivity strategy has taken a number of steps forward in the past few weeks. The State is putting significant resources behind developing a network that will link together providers' EHRs together throughout the State.

Health Partners supports the use of EHRs as tool to improve healthcare quality. While not mandated by Health Partners Clinical Integration program, EHRs may help facilitate collective quality improvement and cost reduction.

The Central Ohio Health Information Exchange (COHIE) will receive \$6,084,000 to assist 1,352 primary care physicians in their adoption of EHRs. COHIE will conduct an assessment of each physician's office and then help select and implement an EHR system for their prac-

tice. COHIE also trains office staff to achieve the greatest benefit from the EHR software.

In tandem with the State's efforts to assist physicians in implementing EHRs, the State is also developing a statewide health information exchange. COHIE will work with providers to get their systems connected to the secure statewide health information exchange. Through this exchange, physicians will be able to share information, if the patient has given permission to do so, with other providers such as hospitals, specialists, and laboratories. This is intended to increase coordination of care, reduce duplicative testing and offer safer prescribing.

The Federal Government allocated \$36 billion for Health Information Technology in the the American Recovery and Reinvestment Act. To draw down a portion of these federal funds, Ohio appropriated an initial \$8 million in non-GRF funds to Ohio Depart-

ment of Insurance for development of health information technology. Ohio submitted an application in October 2009 for additional funding.

In February 2010, Ohio was officially awarded \$14.9 million to establish a health information exchange and \$28.5 million for the regional extension centers (\$26.8 million for seven partners and \$1.75 million for core services that Ohio Health Information Partnership provides to assist the regional extension centers.)

Ohio was awarded more Health Information Technology stimulus funding than any other state in the country. A total of \$51.4 million in state and federal funds have been allocated to build and support a statewide health information exchange and to support the widespread adoption of electronic health records.

Sources: State of Ohio
More information:
www.ohionline.org

Medigold 2009 Quality Initiative Update

The additional reporting period for the Health Partners and MediGold 2009 Quality Initiative ended on April 16, 2010. Participating primary care physicians received a data submission request during the week of March 22nd. This request provided participating providers with an additional data submission opportunity. As you remember, the 2009 Quality Care Initiative focused on six quality of care performance measures that are required to be monitored and reported by MediGold annually to the Centers for Medicare and Medicaid Services. The measures include:

1. The percentage of women 40-69 years of age who had a mammogram to screen for breast cancer in 2008 or 2009
2. The percentage of all members 50-80 who had appropriate screening for colorectal cancer
3. The percentage of all

members 18-75 years of age who were discharged alive for AMI, CABG, or PTCA from January 1 - November 1, 2009, or who had a diagnosis of ischemic vascular disease during 2008 and 2009 who had an LDL screening during 2009.

4. The percentage of male and female members 18-75 with diabetes whose most recent Hemoglobin A1c was less than 7% in 2009.

5. The percentage of women 67 years of age and older who suffered a fracture between July 1, 2008 and June 30, 2009, and who had either a bone mineral density test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.

6. The percentage of male and female members 18 years of age and older during 2009 who were hospitalized and discharged alive from July 1, 2008 through

June 30, 2009 with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months

All additional information provided by participating physicians will be reviewed and considered prior to the calculation of all physicians' final performance reward. The final performance bonus calculation will be completed in April 2010, and bonus checks will be distributed to participating physicians who qualified by May 31, 2010.

This program is an important Clinical Integration initiative. The program demonstrates the ability of Health Partners primary care physicians to work constructively with health plans to improve the healthcare and clinical outcomes of patients. This program will be reported as part of Health Partners' Clinical Integration

HUMANA CHOICECARE UPDATE

Health Partners has received notice that on April 24, 2010, Humana updated its claim code-editing software. These changes do apply to the ChoiceCare PPO network which is a contract offered by Health Partners to the physician members. It is our understanding that these changes are in line with changes in the CCI (Correct Coding Initiative), CPT, ICD-9, and HCPCS coding guidelines. Information detailing the updates can be located at Humana.com. Choose "Providers," "Tools & Resources," "Claims," "Claims Policies & Procedures" and "Claims Processing Edits."

It has also been brought to our attention that some physician offices received a letter from Humana dated December 15, 2009, stating that there would be reimbursement changes effective March 15, 2010. However, these changes do not apply to physicians participating through the ChoiceCare PPO agreement with Mount Carmel Health Partners.

If there are any questions or need for additional information on the above items, please contact a member of the Provider Relations team. Contact information is on the back page of this newsletter.

Brand Pharmaceutical Initiative Successful

Mount Carmel Health Partners, in collaboration with the Trinity (Mount Carmel) Associate Health Plan, launched a Brand Pharmaceutical Quality Initiative in March 2009. This initiative identified 13 brand name pharmaceuticals that have a generic alternative and/or alternatives. The goals of this initiative were to: 1) maximize medication compliance to improve health outcomes by ensuring patients were provided with affordable medications, and 2) reduce the Trinity Associate Health Plan's costs for the selected brand name pharmaceuticals by 20 percent through the appropriate use of generic alternatives. This initiative was a pay for performance program for participating phy-

sicians if the program's goals were met.

Health Partners is pleased to report that Health Partners was successful in meeting the program's goals. There was a 22% reduction in the 13 selected brand pharmaceuticals in the program's measurement period of March 1, 2009 to December 31, 2009 compared to the baseline. Physicians who were eligible for the program and met the program's goals received a financial bonus during April. To be eligible for an incentive payment, physicians must have: 1) prescribed the selected brand pharmaceuticals ten or more times during the baseline time period of January 1, 2008 to October 31, 2008 and 2) reduced the number of the 13 se-

lected brand pharmaceuticals prescribed by 20 percent during the program's measurement period in comparison to the baseline.

This program will be reported as part of Health Partners' Clinical Integration activities for 2010. The program demonstrates that Health Partners physicians are willing to assist employers and health plans in reducing their healthcare spending while maintaining high quality patient care. Implementing programs to reduce healthcare costs is a key component of Clinical Integration. This particular program will not continue in 2010 but future Clinical Integration activity may center on reducing pharmaceutical costs.

Trinity Associate Health Plan Changes Due to the Mental Health Parity and Addiction Equity Act

Effective immediately, Associates on the Trinity Associate Health Plan are not required to go through Mount Carmel Behavioral Health Employee Assistance Program (EAP) to access mental health and substance abuse health care.

Under the final rules of the Mental Health Parity and Addiction Equity Act, health plans can not ask members to use an EAP to access mental health services if the health plan doesn't require the same process for medical health services. Trinity encourages its members to identify and see a primary care physician for their medical health. The Plan does not require members to visit their primary care physicians for a referral to a specialist, and for this reason the plan cannot require the use of the EAP to obtain mental health services.

The EAP is a different benefit than the mental health benefits offered through the Trinity Associate Health Plan.

The EAP offers 10 prepaid sessions per incident, and all Associates and their family members are provided this benefit at no charge to them. The mental health benefits available through the medical plan are services such as inpatient and outpatient therapy and counseling for mental and behavioral health, and only those Associates and family members covered under the medical plan are covered for those benefits.

The EAP is still available and a valuable benefit to Associates and their families. Associates are encouraged to use the EAP for any life management issue that they or their family members may be experiencing. Trinity also encourages physicians to refer their Trinity Associates to the EAP for assistance. Please contact Intake at 614-546-3322 or 1-800-227-3256 for more information on EAP.

Dietetic Services Available to Trinity Associate Health Plan Members

Associates on the Trinity Associate Health Plan have access to dietitians and dietetic services as part of the health plan benefit. Trinity encourages all physicians who participate in the health plan to refer Trinity Associates to dietetic services as part of an overall health improvement and weight loss program.

Weight loss assistance and overall health improvement for Mount Carmel Associates is a key focus area for Trinity. A number of programs, including preventive healthcare coverage for weight loss, a walking program and health screenings, have been put into place to assist Mount Carmel Associates to both improve their health and lose weight. We encourage our physician partners to discuss weight loss and health improvement with Mount Carmel Associates as part of your regular medical care.

Standard medical co-pays and deductibles apply to dietetic services.

In network Dietitians for the Trinity Associate Health Plan are:

Rite Bite Inc
171 Green Meadows Dr. S
Lewis Center, 43035
(614) 985-6567

Mid-Ohio Nutrition Therapy
1080 Beecher Crossing N
Gahanna, 43230
(614) 855-2824

Gregory Avellana
1550 W 5th Ave
Columbus, 43212
(614) 488-7929

Barbara McSheffery
2720 Tremount Rd
Columbus, 43221
(614) 481-8465

Credentialing Updates for Physicians and Practices

INITIAL APPOINTMENTS

We are upon the June graduation cycle and many of you will be hiring graduates. It is important to contact Health Partners *as soon as possible* if any new physician(s) are joining your group. In those instances where malpractice coverage and start dates are not yet in effect, we will process all potential new physicians as pending until receipt of all required information. Once all information is received and verified, Health Partners will establish an effective date in the network. For potential July start dates, Health Partners must have all required information and application to us no later than 5/05/2010 in order to complete verifications and present to the Credentialing Committee and Board of Directors in June. Please call Kristi McVay at (614) 546-4264 or email her at kmcvay@mchs.com for new physician membership materials.

RECREREDENTIALING APPOINTMENTS

For all recredentialing requests, physicians will receive a packet from the Mount Carmel Health CVO (Central Verification Office). The CVO obtains recredentialing documents on our behalf. *All recredentialing documents must be returned to the CVO for processing.* The CVO will forward complete documents to Health Partners for review. The Health Partners Credentialing Committee will review recredentialing elements and make a recredentialing decision. *It is extremely important to respond to the CVO's request. Failure to respond to the CVO's reappointment request could change the status of your participation in the managed care contracts you have accepted through Health Partners.*

If you have any questions or concerns, please don't hesitate to contact Health Partners at (614) 546-3000. Thank you in advance in this very important matter.

SPRING EDUCATION PROGRAMS

Preparing Your Practice for RAC (Recovery Audit Contractor)

Presented By: Diane Zucker, Healthcare Management & Reimbursement Consultant

When: May 20, 2010, Noon to 1:30PM

Where: Mount Carmel St. Ann's Hospital, Vance Learning Center (Located in-between the main hospital and the maternity wing)

This program is a lunch and learn—lunches and beverages will be provided to all attendees.

CMS's goal of the recovery audit program is to identify improper payments made on claims for health care services provided to Medicare beneficiaries. Improper payments may be overpayments or underpayments. Overpayments can occur when health care providers submit claims that do not meet Medicare's coding or medical necessity policies. Underpayments can occur when health care providers submit claims for a simple procedure but the medical record reveals that a more complicated procedure was actually performed. Health care providers that might be reviewed include hospitals, physician practices, nursing homes, home health agencies, durable medical equipment suppliers and any other provider or supplier that bills Medicare Parts A and B.

Diane will cover the basics of the RAC program, how to prevent a RAC audit, how to respond if you are audited, and will outline the consequences of a RAC audit. RAC handouts, policies and procedures will be provided to all attendees.

Coding Updates for 2010

Presented By: Diane Zucker, Healthcare Management & Reimbursement Consultant

When: Tuesday, May 4 2010, 8:30am to noon

Where: Mount Carmel East Siegel Center

Diane's seminar will increase the quality of your coding, help your practice generate more revenue and help reduce potential liabilities in your practice. Coding changes for 2010 will be discussed along with how to code for pay-for-performance programs. The seminar will cover the following topics: Review of E&M coding, review of Modifiers and physician coding, updates on diagnosis issues, HIPAA issues for coding, compliance and privacy, review of new CPT codes for 2010, and updates on Medicare, Medicaid and Commercial insurances. If you have attended Diane's seminars, you know Diane provides excellent information and makes good use of your time away from the office.

OSHA and CLIA Educational Seminar

Presented By: Kathy Rooker, Columbus Healthcare and Safety Consultants

When: Wednesday, May 12, 2010 8:30am to 11:30am

Where: Mount Carmel East Siegel Center

Please join us for a morning full of useful information that will help make your practice safer, help reduce your exposure to potential liabilities and help protect your patients and staff. The seminar will cover the following topics: hazard recognition, incident reporting, hazard communication, chemical storage, blood-borne pathogens, personal protective equipment and hazardous waste storage. With the incidence of tuberculosis increasing throughout the nation and locally, the seminar will also focus on occupational safety for tuberculosis exposure.

This seminar meets your annual blood-borne safety retraining requirements.

Payments can be made out to "Mount Carmel Health Partners" and mailed to:

Mount Carmel Health Partners
6150 East Broad Street
Columbus, OH 43213

Questions or Comments? Please call us at (614) 546-3000

Name: _____ Practice: _____

I will be attending:

_____ OSHA Educational Seminar -- \$100 Registration Fee per Attendee

_____ Coding Updates for 2010 -- \$100 Registration Fee per Attendee

_____ Preparing your practice for RAC -- \$40 Registration Fee per Attendee

Four Steps to Avoid Bad Debt From Key Bridge Revenue Management

Health Partners would like to welcome **Key Bridge Medical Revenue Management** to Health Partners' Discounted Professional Services program. Key Bridge is a leading provider of accounts receivable management services.

The following "Four Steps to Avoid Bad Debt" article was provided by Key Bridge. Please contact Krista G. Stock, Account Executive, at (614) 425-0378 or kstock@keybridgedmed.com for more information on their services.

Four Steps to Avoid Bad Debt

Step 1: Gather Complete and Accurate Patient and Guarantor Information

In our experience at KeyBridge, we see two issues over and over again: The information we receive is inaccurate or it is missing crucial data. Information inaccuracy may be caused by either not verifying the information or by asking the verification questions the wrong way. For example, instead of asking, "Are you still at 123 Main St.?", you are more likely to get accurate information if you say, "What is your current address?". The rest of the information should be verified every time with the same technique. This simple change will create fewer claim denials, fewer mail returns, and lower bad debt; and it doesn't cost anything to implement.

Step 2: Maximize Communication with Patients

According to the American Medical Association, providers have as many as nine opportunities to educate patients about their financial policies and patient responsibilities. These Patient Education Points should be used to eliminate the chance for confusion and misunderstanding concerning the patient's liabilities. At each step, the payment policy, payment method options, and outstanding balances should be clearly stated.

Step 3: Train Staff How to Ask For Payment and Deal with Objections

Very few people are comfortable asking patients for payment. There have been cases of staff members quitting their jobs to avoid having to ask people to pay. The irony is that their next job probably required asking for payment upfront for goods or services. Do your job descriptions include the duty of collecting money at the point of service? Is it clearly communicated during the hiring process that this is a routine part of the job, like it would be if you were hiring someone to work the check-out at your local supermarket?

A simple and effective script can be written that will relieve the staff from the burden of having to think of the best way to ask for payment. Many people, left on their own, will end up saying something like; "Would you like to pay your balance today?" The patient can simple answer, "No" in this situation or use some version of an excuse. Here is an example of a better way to ask: State the balance and then say "For your convenience we offer a list your payment options. How would you like to take care of this today?" Even if you and your staff are doing the right thing at the Point of Service, you still need to be prepared for patient excuses.

Common Excuse: "I never had to pay at the time of service before." Appropriate Response: "I understand your concern, but paying at the time of service helps avoid additional administrative costs, which saves you money. Plus, it lets us take care of your payment now rather than worry about a bill later. Would you like to pay by cash, check or credit card?"

Common Excuse: "My insurance will pay." Appropriate Response: "We verified your insurance coverage, and a representative noted a deductible / co-payment obligation that is your responsibility. Would you like to pay by cash, check or credit card?"

Common Excuse: "I didn't bring my checkbook." Appropriate Response: "That's okay. We also accept cash and credit cards for your convenience. If you don't have either of these with you, here's our phone number, give us a call when you get home and we can take the information over the phone."

Step 4: Have a Strategy for Patient Follow Up and Stick To It.

Effective patient follow up does not consist of sending monthly statements alone. Telephone calls should also be made to the patient or guarantor for payment in full or to make payment arrangements. In our experience, we've found that letters alone are not the answer. If staffing levels do not permit, outsourcing outgoing telephone contact is a viable option.

Maximizing Your Practice's Retirement Plan

Centric Financial Group is a local insurance and investment agency representing OneAmerica and a member of Health Partners' Discounted Professional Services Program. Centric Financial Group would like to remind you to consider the flexibility within pension regulations that allows a Plan Sponsor to *target higher contribution levels* toward those employees who are shareholder/owners of the practice by utilizing either a new comparability profit sharing feature within the existing 401(k) plan or a cash balance plan. Providing a meaningful retirement contribution is part of a well-rounded benefits package, however Plan Sponsors should be aware of their ability to *substantially increase annual retirement contributions to owners or specific employees with little or no increase in contributions to staff!* These increased contributions can be used to help shareholders:

- Make up for lost time by typically allowing contributions in the \$100,000+ range to a cash balance plan that go far beyond the \$49,000 annual contribution to a 401(k)/profit sharing plan.
- Enhance tax deductions for the practice today and defer income for yourself until retirement.
- As part of an exit-buyout strategy for an older shareholder.

If you would like to know more about advanced retirement plan designs, please contact Beth Bowman from the Centric Financial Group at (614) 824-6104 or

Elizabeth.bowman@centricfinancialgroup.com.

The organizations involved in the Discounted Professional Services program are independent organizations. Health Partners provides information from these organizations as a service and holds no liability for their products or services.

For a complete listing of all of our partners, please visit our website at: <http://www.mchp.com/index.php/services/discounted-professional-services>

**April 2010
Newsletter
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Health Partners**

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**Provider Relations
Contact Information**

Terri Latourelle:
614-546-4270
tlatourelle@mchs.com

Betsy Parker: 614-546-4258
eparker@mchs.com

Cathy Wood: 614-546-4256
cwood@mchs.com

Gina Seng: 614-546-4259
gseng@mchs.com

*Remember to
Update Your Hospital
Contacts and
Preferences*

Has your practice recently moved? Do you have a new cell phone, office phone or pager number? Do you need to designate a specific specialist or physician to care for your patients in the hospital? Please remember that Mount Carmel Medical Staff services needs to be contacted if any of your practice's contact information or care preferences have changed. This is important for patient care services, referrals and coordination of care. Medical Staff Services maintains the contact information the hospital uses when contacting physicians.

Medical Staff Contacts:
Mount Carmel Health
(East/West): 546-6227 or
email –
kthomas@mchs.com
St. Ann's: 898-4389
New Albany: 775-6611

NEW PHYSICIANS JOINING HEALTH PARTNERS

Michael Bess, M.D.—Family Medicine
Immediate Health Associates
575 Copeland Mill, Westerville, 43081

Jerry Chellini, D.O.—Nephrology
Riverside Nephrology Associates
500 Thomas Lane, Cols 43214

James Foster, M.D.—Internal Med/Hospitalist
MedOne Hospital Physicians, Inc.
3525 Olentany River Rd, Cols 43214

Chad Friedman, M.D.—Ob/Gyn Reproductive
Endocrinology
Ohio Reproductive Medicine
4830 Knightsbridge, Cols 43214

Dean Hearne, M.D.—Dermatology
Buckeye Dermatology, Inc.
5720 Blazer Pkwy, Dublin, OH 43017

Elizabeth Kennard, M.D.—Ob/Gyn Reproduc-
tive Endocrinology
Ohio Reproductive Medicine
4830 Knightsbridge, Cols 43214

Valerie Kuenzli, M.D.—Family Medicine
American Health Network of Ohio
4882 E Main St, Cols 43213

James Lewis, M.D.—Nephrology
Riverside Nephrology Associates
500 Thomas Lane, Cols 43214

Gina Moody, D.O.—Family Medicine
MedOne Hospital Physicians, Inc.
3525 Olentany River Rd, Cols 43214

Daniel Rancone, D.O.—Nephrology
Riverside Nephrology Associates
500 Thomas Lane, Cols 43214

Elizabeth Rave, M.D.—Nephrology
Riverside Nephrology Associates
500 Thomas Lane, Cols 43214

Christopher Saunders, M.D.—Nephrology
Riverside Nephrology Associates
500 Thomas Lane, Cols 43214

Naveen Singri, M.D.—Nephrology
Riverside Nephrology Associates
500 Thomas Lane, Cols 43214

Ajay Sodhi, M.D.—Family Medicine/Hospitalist
HMP of Franklin County
1492 E Broad St tower 1503, Cols 43205

Katherine Vasil, M.D.—Internal Med/Hospitalist
MedOne Hospital Physicians, Inc.
3525 Olentany River Rd, Cols 43214

Katherine Thewes, M.D.—Family Medicine
Mount Carmel Family Practice
477 Cooper Rd, Cols 43081

*New Technologies and Capabilities to Help Accelerate
Patient Check-in and Payment Processing Webinar*

Health Partners has had a long standing relationship with PNC bank in order to assist our member physicians in obtaining effective services and products for their offices. PNC and MGMA (Medical Group Management Association) have partnered to provide their healthcare clients, consultants, and partners with information that they hope you find beneficial. Please join PNC for a webinar scheduled for May 6 that will discuss new technology and capabilities to help accelerate patient check-in and payment processing. Please visit Health Partners website, www.mchp.com, for the registration and information form. Please call Rusty Benfield, PNC Vice President of Healthcare Business Banking, at 614.463.8748 with any questions and comments. Should your schedule not permit you to join us on May 6 and you are interested in the presentation, Rusty can provide you with information on how to view a replay of the webinar that will be available in a few weeks.

Mount Carmel Health Partners Website

Did you know that Mount Carmel Health Partners has a website? Please take a moment and visit the site at www.mchp.com. The site contains useful links, downloads and tools for Clinical Integration and quality initiatives, payer websites and updates, fee schedules and health plan policies, education programs and credentialing documents. The website will continue to evolve as a resource for your practice.

You will need a password to obtain information intended only for Health Partners member physicians and practices. Please contact your Provider Relations representative for this request.

www.mchp.com