

# HEALTH PARTNERS DECEMBER NEWSLETTER

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### *Clinical Guidelines*

Four Clinical Guidelines were mailed to all Health Partners member physicians during the last week of August. Clinical Guidelines are an important piece of Clinical Integration. In order to become Clinically Integrated, primary care physicians and physician specialists must work together using proven protocols and guidelines to improve patient care.

Four additional Clinical Guidelines will be mailed to your office in December. Health Partners has developed Clinical Guidelines for Diabetes, Hyperlipidemia, Hypertension and Osteoporosis. These guidelines were developed for the patient-centered medical home project and for the post-fracture osteoporosis project.

### *Quality and Clinical Integration Update*

The year 2011 will be an exciting time for the Health Partners organization! Our nation's healthcare industry continues to evolve, particularly because of healthcare reform and the recent elections. It seems clear that no matter how the future unfolds, physicians and hospitals must continue to work together to demonstrate quality, improve outcomes, and reduce healthcare costs. We need your support and engagement.

The importance of this partnership was clear during discussions at Health Partners' October Continuing Medical Education (CME) event. The CME event focused on *Clinical Integration*, including discussion about:

- The changing landscape of the U.S. healthcare system,
- Effects these changes have on practicing physicians,
- Efforts by the Center of Medicare and Medicaid to implement their "triple aim" approach (population health, experience of care and per capita cost reduction),
- Strategies that physicians and hospitals can implement to position themselves for healthcare changes, and
- Steps Health Partners has taken and will take to help physicians respond to the changing healthcare market.

I would like to thank the physicians and other attendees who participated in this event.

Physicians and hospitals must be active participants in the changing healthcare market. The physicians, physician groups and hospitals that take the necessary steps today to prepare for the future will be successful in the new healthcare market. As an individual physician, this involves focusing on the delivery and improvement of care in your practice. As a physician-hospital organization, Health Partners is developing an organizational strategy and implementing the necessary tools to help physicians prepare and be successful.

As the New Year begins, please pay attention to a number of important documents that will be sent to your attention. Health Partners physicians will be receiving a new set of Clinical Guidelines focusing on Diabetes, Hyperlipidemia, Hypertension and Osteoporosis. We will also send you the 2010 Commitment to Quality Report, and a number of important documents about Clinical Integration.

The entire Health Partners' staff and I wish you and your family health and happiness in this holiday season and into the New Year.

- Daniel Wendorff, MD  
Health Partners Medical Director

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### *CareSource of Ohio and Humana: New Contracts with Health Partners*

Health Partners is pleased to announce two new managed care contracts offered through the organization. In October, information was mailed out to you regarding the new contract with CareSource of Ohio, a Medicaid managed care plan. This contract effective date is December 1, 2010. Then, early in November, information was mailed regarding the new contract with Humana, for their commercial and Medicare Advantage plans. The effective date for the Humana contract is January 1, 2011.

Although the initial deadlines for responding to those contracts have passed, you can still submit the Acceptance/Rejection forms for either or both of these plans if you haven't done so already. Any questions or requests for additional information can be directed to a member of the Provider Relations team. Please see the last page of this newsletter for contact information.

## *Health Partners Active Pay-for-Performance and Quality Programs*

### *MediGold ER Utilization Reduction Project*

Audience: Primary Care Physicians  
Program Dates: May 1, 2010 to April 30, 2011  
Summary: Pay-for-performance program to reduce the utilization of treated and released ER visits by MediGold members.  
Goal: Demonstrate individual and group effort in reducing ER utilization rates for a health plan.

Health Partners launched an Emergency Room (ER) Utilization Quality Initiative with MediGold on May 1, 2010. The initiative focuses on reducing the number of "medically treated and released" ER visits. These are patients who were neither admitted for observation nor for an inpatient stay, and were released from the ER within 24 hours. Many of these patients had diagnoses that could potentially be treated at a primary care physician's office or at an Urgent Care. MediGold's "medically treated and released" ER utilization rate for calendar year 2009 was 243 visits per 1,000 patients. The goal is to reduce ER utilization per 1,000 by 5% in 2010, compared to the project baseline ER utilization in 2009. If Health Partners achieves this goal overall, each eligible physician who *also* achieves the goal will be eligible for a financial reward.

To help physicians be successful in this initiative, Health Partners staff faxes a weekly report to primary care physician offices with a list of MediGold patients that had been treated and released from a Mount Carmel ER during that week. In addition, Mount Carmel recently established a process for automatically sending fax notifications to primary care physicians when his/her patient has been treated and released from a Mount Carmel ER. All sites are now sending these notifications, including Diley Ridge. Health Partners would like to thank Maureen Andrews, Mount Carmel West Director of Medical Staff Development, for her assistance with this project.

In addition to ER faxes, physicians can also be notified through AccessMC. AccessMC can create an ER report (similar to your inpatient report) that will keep you updated when a patient visits a Mount Carmel ER. In order to have this ER report created for your patients and sent to your AccessMC account, please contact Lori Miller, RN with Health Partners at 614-546-3701 or [lmiller5@mchs.com](mailto:lmiller5@mchs.com).

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### *Trinity Health Associate Health Plan Diabetes Project*

Audience: Primary Care Physicians  
Program Dates: July 1, 2009 to June 30, 2010  
Summary: Diabetes improvement project  
Goal: Demonstrate individual and group effort in improving diabetic care and reducing diabetic costs

Many Health Partners physicians participated in a Diabetes project, in partnership with the Trinity Health/Mount Carmel Associate Health Plan, that measured outcomes between July 1, 2009 and June 30, 2010. The initiative's goal was to improve outcomes, enhance quality of care and monitor the cost of care for the health plan's diabetic members. Overall, the rates for the Diabetes care measures have remained relatively the same. Although this was not a pay-for-performance program, we appreciate all of your efforts to improve diabetic care. Health Partners will continue to monitor these measures and educate Mount Carmel Associates about the appropriate testing and Diabetes care.

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### *NCQA Diabetes Physician Recognition Program*

To recognize and support physicians in delivering consistent, high-quality care, the National Committee for Quality Assurance (NCQA) and The American Diabetes Association (ADA) have developed the Diabetes Physician Recognition Program. The program focuses on preventing diabetic complications by focusing on four main areas. When these four clinical areas are managed properly in diabetic patients, clinical outcomes are improved dramatically.

This is a voluntary program that helps physicians apply evidence-based measures to control diabetes in their diabetic patients. The program helps physicians enhance the delivery of care using physician and practice evaluation tools. Individual physician's can benchmark their performance compared to national diabetic performance standards.

As in past years, Health Partners will cover the costs of NCQA audits and will work with Health Partners physicians to complete and submit their audits to NCQA for recognition. The program will be offered after the first of the year and audit slots are limited. Please contact Lori Miller, RN at 614-546-3701 or [lmiller5@mchs.com](mailto:lmiller5@mchs.com) if you would like to participate in this program.

## Managed Care Updates

### *Medical Mutual (MMO) to Discontinue its "Advantage Plan" Products in 2011*

Medical Mutual of Ohio (MMO) has decided it will no longer offer its Medicare Advantage Plan products effective Jan. 1, 2011. MMO has notified Advantage Plan members of this change, and have distributed instructions for finding other Medicare plans during the 2010 Open Enrollment period. Since these plans will not exist after Dec. 31, 2010, Mount Carmel Health Partners will no longer offer member physicians the opportunity to participate in these specific products.

This termination has no effect on the other products currently available through a direct contract with MMO. For more information, contact your MMO provider representative, or MMO's Provider Inquiry unit at 1-800-362-1279.

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### *Ohio High Risk Pool Information*

The Ohio Department of Insurance selected Medical Mutual of Ohio (MMO) to administer the Ohio Temporary High Risk Pool program that was established with the passage of the federal healthcare reform legislation. This program began Sept. 1, 2010, and is intended to last for 40 months until Health Exchanges begin operation.

Temporary High Risk Pool members will have access to MMO's entire SuperMed ® network of providers wherever available. MMO's responsibilities include advertising the program, processing all applicants, managing all claims and providing customer service support.

To qualify for the Ohio High Risk Pool, an applicant must:

- Be a citizen or national of the United States, or be lawfully present in the United States
- Be an Ohio resident at the time of application
- Be uninsured for at least six months prior to the date he/she applies for coverage
- Be ineligible for coverage under Medicare, the Ohio Medical Assistance Program, the Ohio Children's Health Insurance Program, individual coverage or an employer-sponsored group plan (unless the individual is subject to a mandatory initial waiting period)
- Have a qualifying pre-existing condition (as evidenced by documentation from a health professional or denials of coverage by at least two insurers)

The applicant must supply the following items during the application process:

- Proof of U.S. citizenship, naturalization, or visa or immigration documents
- Proof of Ohio residency
- Evidence of a pre-existing condition
- First month's premium payment

For more information — including an application, details about the two available plans and a premium rate calculator — visit <http://OhioHighRiskPool.com> or call 1-877-730-1117 (TTY 1-800-982-8109).

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### *HealthSmart Update*

HealthSmart Holdings is a holding company comprised of several healthcare-related subsidiaries (the HealthSmart companies) including numerous provider networks, a third-party administrator, a prescription benefits manager, an information technology provider for EDI transactions, and other healthcare services. Mount Carmel Health Partners holds managed care contracts with three of HealthSmart's available Preferred Provider Organizations (PPO's): Accountable Health Plan of Ohio, Emerald Health Network, and Interplan Health Group.

HealthSmart recently updated its website, [www.healthsmart.com](http://www.healthsmart.com), to bring all of its various companies and services together under one site for easier reference. Some of the features of the website's *Providers* tab may be of special interest, including: provider directories for all three Health Partners-contracted networks (Note: Accountable Health Plan of Ohio can be found under *National and Affiliate Networks*); client directories that list each network's contracted payors and third-party administrators; and an online claims lookup tool. This revised reference guide is available by clicking on the *Provider Information* tab, then clicking on *Provider Manual*. HealthSmart's representatives are working to promote the HealthSmart brand throughout the country; your practice will begin to see the HealthSmart name more often in correlation with Accountable Health Plan, Emerald Health Network and Interplan Health Group.

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### *Medicaid Management Information System Update*

In December 2010, Ohio Medicaid will replace its 20+ year old Medicaid Management Information System (MMIS) for claims processing with the enhanced Ohio Medicaid Information Technology System (MITS). Using state-of-the-art technology and business processes, claims will be processed in "real time" for providers and other stakeholders. For the most up-to-date information about the MITS Web Portal, as well as information on MITS functionality, tools, training and how the replacement system will impact you as a provider, log on to <http://jfs.ohio.gov/mits/index.stm>.

## *HealthTrust Purchasing Group Now Available to Health Partners Physicians*

Mount Carmel Health Partners, through Trinity Health, participates in the group purchasing organization HealthTrust Purchasing Group (HPG). This organization is currently leveraging the supply purchase volume of Mount Carmel, as well as its other health systems members, to negotiate discounts on medical supplies, office supplies, and practice services, totaling \$17 billion annually. Your practice can also participate and potentially realize significant savings on supplies. Interested physicians and their practices who are members of Health Partners can join at no charge. There are more than 400 companies whose products are available through this program.

### *Some facts about the program include:*

#### Average Savings:

Detailed cost analyses have shown average savings for new members to be approximately 20% or more. Savings on express mail usually averages over 35%, while medical supplies average about 12%.

#### Contract coverage examples include:

|   |   |
|---|---|
| Medical Supplies - Cardinal Health              | Pharmaceuticals – Cardinal Health and CuraScripts |
| Office Supplies – Staples/CorporateExpress      | Express Shipping – Federal Express                |
| Cellular Phones/Service – Verizon, Sprint, AT&T |   |

#### Membership:

There is no charge to participate. Membership runs for a 3-year term. Participation in HPG is exclusive and prohibits membership in another group purchasing program.

#### Contact Information:

For additional information or questions, please contact *AdvantageTrust* at [memberservices@advantagetrustpg.com](mailto:memberservices@advantagetrustpg.com) or at 847-592-7860. To enroll, complete the *Location Information Form* at [www.advantagetrustpg.com](http://www.advantagetrustpg.com). Please be sure to inform the representative that you are a member of Mount Carmel Health Partners.

This program can provide significant benefits to participants and will help manage supply costs more efficiently, freeing staff to focus on patient services. A program brochure and one-page fact sheets are available in high resolution on the *AdvantageTrust* website at [www.advantagetrustpg.com](http://www.advantagetrustpg.com).

## *THE SMALL BUSINESS JOBS ACT*

The Small Business Jobs Act was signed into law on September 27, 2010. Since many physician practices are considered "small businesses," this act has the ability to impact many practices:

**The \$30 billion fund to encourage loans.** The yet-unnamed fund would lend \$30 billion to community banks – and those banks are the drivers behind small business loans. These capital injections would come with financial incentives: while the banks would have to make recurring dividend payments to the U.S. Treasury as a condition of the loans, the payments could be lessened by 1% for each 2.5% expansion in small business lending the bank demonstrates. Over time, a chunk of the money will come from federal taxes resulting from Roth plan contributions. The Small Business Jobs Act contains a provision that would allow more individual investors to go Roth (see below). That would mean more tax revenue for the Treasury. Other money will come as result of diminished tax breaks, stiffer tax penalties and more stringent tax reporting requirements in the years ahead.<sup>2,3</sup>

**\$12 billion in projected tax breaks.** The law offers small business owners and small business investors some nice chances for federal tax savings. It would allow business owners to write off 50% of the cost of new equipment immediately, and raise the deduction for startup expenses all the way to \$10,000. It would exempt long-term investors in certain small businesses from capital gains taxes. Owners of retail shops and restaurants could even get deductions for remodeling.<sup>3,4</sup>

Small business owners would also get a chance to deduct health insurance costs (for them and for their families) from self-employment tax for the 2010 tax year.<sup>4</sup>

**A news flash for 401(k), 403(b) & 457(b) plan participants.** Participants in 457(b) plans will be able to treat their elective deferrals as Roth plan contributions starting in 2011. Additionally, the law will permit those with 401(k), 403(b) and 457(b) accounts to roll over their pretax account balances into Roth accounts. According to the bill summary, a plan participant would be able to defer the taxes on the Roth conversion and split them over 2011 and 2012 if the rollover is made in 2010.<sup>6</sup>

Content provided by: Elizabeth Bowman, 614-824-6104, [elizabeth.bowman@centricfinancialgroup.com](mailto:elizabeth.bowman@centricfinancialgroup.com)

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## *Central Ohio Medical Leasing and Sales Trends*

Central Ohio's medical leasing market took two steps forward and two steps back during the 3<sup>rd</sup> quarter. Major space absorptions near Mount Carmel East and West (Nearly 30,000 square feet (SF) in total) were offset by new vacancy at the new Delaware Health Center (20,000 SF), Nike Drive (9,000 SF) and Ackerman Road (7,300 SF). Overall there is slightly more vacant medical space than the previous quarter. Smaller practices continue to take space as their practice needs dictate. This includes expansion into more efficient space as well as subleasing excess space.

Despite the increase in vacancy, rents actually increased but the increase was caused more by the high rate at Delaware Health Center (20,000 SF of newly available space at 16.95 per SF) than conventional supply and demand.

Vacancy is 14.25% while the average NNN rental rate is \$13.25 per SF.

The Central Ohio medical sales market is becoming quite active, mirroring the national market as investors are aggressively seeking to purchase medical buildings as investments and practices are taking advantage of low interest rates to purchase buildings for their own use. Locally, an investor purchased an eastside building for \$14.5 million, and two practices purchased buildings for their own use elsewhere in town.

*This article was prepared by Paul Heiserman with Colliers Healthcare Services. A more detailed report and video link to Harvard Forum's roundtable on assessing the impact of the 2010 elections are available at [medicaloffices.blogspot.com](http://medicaloffices.blogspot.com) or by contacting Paul at 614-410-5652.*

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## *The Central Ohio Health Information Exchange (COHIE) Formed to Make Adoption of Electronic Health Record (EHR) Easier*

In early 2010, federal stimulus monies were distributed to the states to fund widespread adoption of *Electronic Health Record* (EHR) systems. The *Ohio Health Information Partnership* (OHIP) was formed to accept the monies for Ohio and eight regional partners throughout the state were established as the "technical arms" of the effort.

The federal government placed special emphasis on helping primary care providers reach "meaningful use" of EHR by 2012. Meaningful use focuses on providing patients with electronic copies of health information and discharge instructions and has requirements around the exchange of key clinical information among authorized care providers. *The Central Ohio Health Information Exchange* (COHIE), a nonprofit entity, was formed to assist the 1,352 physicians in Franklin County and physicians in thirteen other central Ohio counties with EHR assessment and implementation.

COHIE is providing subsidized consulting assistance to primary care providers to assist them in reaching the meaningful use criteria, as defined by the federal government for Family Practice, General Internal Medicine, Pediatrics and Ob/Gyn. The savings from subsidized consulting to these physicians can total as much as \$15,000-\$21,000. Specialists can also receive services at an hourly rate to help them meet "meaningful use" criteria. Consulting assistance is available to all physicians regardless of EHR status (paper and existing EHR practices). All physicians are eligible to receive incentive payments from the federal government once "meaningful use" of EHR systems is met. Incentive payments can be up to \$44,000 for eligible Medicare providers and \$63,750 for Medicaid providers. Payments begin in 2011.

As more physicians begin to purchase and implement EHR systems in order to take advantage of financial benefits, EHR vendors' schedules may become full and implementation dates may be pushed back. Don't delay in contacting COHIE Director Matt Esker at 614-384-9174 or email him at [matte@cohie.org](mailto:matte@cohie.org) to find out more about what COHIE has to offer your practice.

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## *CIGNA Assistance With Wellness and Chronic Disease Management*

Your patients with CIGNA coverage may have access to wellness programs and coaching, such as assistance to quit smoking, decrease stress, and/or manage diabetes. Interested patients can call CIGNA Customer Service at the number on the back of their insurance card or visit [www.mycigna.com](http://www.mycigna.com) for more information.

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## *NowClinic Recruiting New Physicians*

Patients are increasingly turning to the Internet — not only for health information, but also to access care from physicians. An example of this trend is "NowClinic," an online service that allows physicians to consult with patients via any computer with Internet access or telephone. NowClinic has approached Health Partners to recruit new physician participants for this service. Using the NowClinic service, physicians are reimbursed for online visits with either existing patients or patients that utilize the NowClinic service. Physicians log into NowClinic at their own convenience and are linked up with patients seeking care via the NowClinic service. Physicians can perform online visits after office hours or during breaks in their work schedule. Patients pay \$45 for the first 10-minute session, plus an additional \$10 for every five minutes thereafter with one exception. After the first 10 minutes, physicians have the option of extending the consultation another three minutes to wrap up. However, the vast majority of consultations are completed within the ten-minute time frame. Reimbursement is provided through NowClinic.

## *New Physicians Joining Health Partners*

Kamel Addo, M.D.—Cardiology  
Cols Cardiology Consultants of Mt Carmel  
745 W State St Ste 750  
Columbus, OH 43222

Courtney Bartsch, M.D.—Pediatrics  
Eastglen Pediatrics  
6495 E Broad St, Ste A  
Columbus, OH 43213

Ravi Bellala, M.D.—IM/Hospitalist  
Sound Inpatient Physicians of Ohio, LLC  
6001 E Broad St, Columbus, OH 43213

Jason Bisping, M.D.—Neurology  
Mount Carmel Neurosciences  
750 Mount Carmel Mall, Ste 250  
Columbus, OH 43222

Richard Brown, M.D.—General Surgery  
Westerville Surgical Specialists  
477 Cooper Rd Ste 440  
Westerville, OH 43081

Steven Burks, M.D.—IM/Hospitalist  
Hospitalist Medicine Physicians of Franklin  
County, 1492 E Broad St Tower 1503  
Columbus, OH 43205

Stacy Cacchio, M.D.—Ob/Gyn  
MaternOhio Clinical Associates  
3600 Olentangy River Rd, Ste 490  
Columbus, OH 43214

Marya Cassandra, D.O.—Dermatology  
Signature Dermatology  
3853 Trueman Court, Hilliard, OH 43026

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4330, Columbus, OH 43214

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Advanced Ankle and Foot Center  
9759 Fairway Dr, Powell, OH 43065

Robert Florea, M.D.—Family Medicine  
Fayette County Memorial Hospital Medical  
and Surgical Associates  
1450 Columbus Ave Ste 106  
Washington Court House, OH 43160

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Columbus Eye MD, 2330 Morse Rd  
Columbus, OH 43229

Philip Ghally, M.D.—IM/Hospitalist  
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6001 E Broad St, Columbus, OH 43213

Brian Gregori, D.O.—Internal Medicine  
Comprehensive Pre-Operative Consults  
3545 Olentangy River Rd Ste 201  
Columbus, OH 43214

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Radiology, Inc., 10567 Sawmill Pkwy  
Powell, OH 43065

John Jahansen, M.D.—Orthopedic Surgery  
The Cardinal Orthopaedic Institute  
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Mid West Internal Medicine  
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Aaron Kulwicki, M.D.—Vascular Surgery  
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Larisa Ravitskiy, M.D.—Dermatology  
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Kendra Radcliff, M.D.—Internal Med/Peds  
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Anna Robinson, M.D.—Emergency Med  
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101 Commerce Park Dr  
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Complete Healthcare for Women,  
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3100 Plaza Properties Blvd., Ste 320  
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Y. Kristine Tsai, M.D.—Family Medicine  
Family Physicians of Columbus  
3900 E Livingston Ave  
Columbus, OH 43227

John F. Vitullo, M.D.—Family Medicine  
Central Ohio Family Physicians, Inc  
3636 Broadway, Grove City, OH 43123

Garrett White, M.D.—Nephrology  
Hypertension Nephrology Consultants  
285 E. State St Ste 150  
Columbus, OH 43215

Mario Zacharatos, M.D.—Family Practice  
Pataskala Medical Center  
8200 Hazelton-Etna Rd Ste 100  
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**December 2010  
Newsletter  
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Health Partners**

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gseng@mchs.com

**Health Partners  
Website Password  
Changes**

Health Partners' usernames and passwords will be changing after the first of the year. Old usernames and passwords will not be functional after this date.

If you would like to receive a new username and password or need to update your Health Partners website username and password, please contact Gina Seng at gseng@mchs.com or 614-546-4259.

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

**Webinar: What Physicians Should Know About Healthcare Reform For Their Practices**

PNC Healthcare Banking will be offering a unique webinar about healthcare reform on December 9, 2010. Healthcare attorneys will offer practical guidance into the Affordable Care Act's short-term and long-term delivery system reforms. Presenters will discuss the critical near-term changes to the Medicare Program fee schedule, insurance reforms that will affect their patients' ability to pay, and how the creation of national measurements will impact quality of care. Physicians and their colleagues will also learn about the new payment experiments in the law, which are designed to encourage provider integration and shared payments rather than fee-for-service models (e.g.— accountable care organizations, bundled payments, value-based purchasing). Finally, the webinar will feature an overview of the new health system infrastructure, including health information technology, comparative effectiveness research, the Independent Payment Advisory Board, and grants for graduate medical education and other training.

*Date:* Thursday, December 9, 9 - 10 a.m.

*Registration:* Health Partners physicians and practices can participate as follows:

1. Register for the webinar at <http://csvep.com/registration/view.php?id=80&code=email>
2. Attend a group presentation of the webinar at the Mount Carmel East Board Room. The Board Room is located to the west of the main hospital entrance. *Please contact Andy Dorr at 614-546-4254 or [adorr@mchs.com](mailto:adorr@mchs.com) to register for this event.*

PNC Healthcare Banking is providing this program at no cost to attendees. Please contact Rusty Benfield at 614-889-3888 or [russell.benfield@pnc.com](mailto:russell.benfield@pnc.com) for more information on PNC Healthcare Banking.

**Health Partners Annual Board of Directors Election**

The annual election of new physician Board of Directors members will take place after the first of the year. The Health Partners Board of Directors is comprised of two primary care physicians, two specialty physicians, one physician position that rotates between primary care and specialty, and five Mount Carmel Health System Directors. Per Code of Regulations, one primary care physician and one specialty physician will be elected for 2011. The remaining physician directors will be elected in 2012 and 2013.

Physician shareholders of Health Partners will receive a ballot in the mail after January 1, 2011. Please take the time to complete and return this ballot within the specified time period. Health Partners is your organization and your input and involvement is very important.

**Vendor-Payer Fair**

Health Partners would like to thank the vendors, health plans and practices that attended the 2010 Vendor and Payer Fair on Wednesday, Oct. 27 at the Mount Carmel East Siegel Center Auditorium.

The fair was a great opportunity for physician practice office staff and physicians to visit with our Discounted Professional Services vendors and learn about the discounts and services they can provide. In addition, representatives from managed care and insurance companies were on hand to answer questions and offer services. Save the date for the 2011 Vendor-Payer Fair: Thursday, Oct. 20, 2011 at the Mount Carmel East Siegel Center Auditorium!