

HEALTH PARTNERS OCTOBER 2009 NEWSLETTER

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Thank you...

Health Partners would like to thank Dr. Dennis Ruppel for his dedication and service as Health Partners and CareNet's Interim Medical Director. Dr. Ruppel served as the organizations' Interim Medical Director for the past year. Dr. Ruppel was highly involved in the Clinical Integration strategy, the merging of CareNet and Health Partners, the development of quality programs and Health Partners leadership. He also filled the important role of Chair of CareNet's Medical Management Committee. Dr. Ruppel is transitioning to Medical Director of Mount Carmel's Health Stations program, a community outreach service striving to improve health outcomes throughout Central Ohio. The Board of Directors and staff thank you for your dedication and commitment to patient care, quality care and service to patients and the members of Health Partners.

Mount Carmel Health Partners Welcomes Medical Director

Health Partners is proud to announce and welcome Dr. Daniel Wendorff as the organization's Medical Director effective September 16th. In addition to this role, Dr. Wendorff will chair the Health Partners' Quality and Clinical Integration Committee as it takes on the challenges of Clinical Integration.

Dr. Wendorff is a graduate of The Ohio State University College of Medicine and trained in Internal Medicine at Mount Carmel. He has served as the Director of Mount Carmel's Internal Medicine Outpatient Clinic, Chair of the CareNet Credentialing

Committee, a member of the CareNet Board of Directors, and is currently a member of the MediGold Board of Directors. In addition to these roles, Dr. Wendorff has been in private practice for the past 21 years and continues to see patients at his practice in Grove City.

Dr. Wendorff's experience in private practice coupled with his prior Board and Committee work will enable him to readily step into this new role. As Medical Director, he will oversee the development of quality initiatives and standards to improve care, while participating in

the development of resources to aid physician members in meeting the requirements of CME and other payers. He will also participate in reviewing information technology resources, evaluating outcomes and studying trends in healthcare.

The Board of Directors and staff are excited to have Dr. Wendorff fill this important role and look forward to his contributions and guidance in this challenging role. Dr. Wendorff can be reached on most Wednesday afternoon at (614) 546-4262. Messages can also be left at this number.

MediGold ~ Annual Open Enrollment Period: November 15 – December 31

Beginning October 1st of each year, information is made available to Medicare beneficiaries about the various CMS-approved Medicare Advantage plans and Prescription Drug plans to be offered beginning January 1st of the following year. Medicare encourages its beneficiaries to use this information to determine whether their current plans have served them well over the

past year or if a different plan is better suited to their needs. Information on open enrollment may come directly from the various Medicare Advantage or Prescription Drug Plans, or through Medicare's website.

General Open Enrollment begins November 15, 2009. From this date through the end of the

year, Medicare beneficiaries can select a health plan for the 2010 benefit year. They can also add, drop or change their prescription drug coverage. All changes are effective January 1, 2010. Enrollment is one reason why it is good office policy to request a copy of a patient's ID card at every office visit.

Did you know... Health Partners has officially formed the Quality and Clinical Integration Committee of the organization. This is a new committee established under the revised Health Partners Code of Regulations adopted last spring. The Committee will research and develop the quality programs that drive the organization's Clinical Integration strategy.

CREDENTIALING UPDATE: ARE YOU OR WILL YOU SOON BE ADDING A NEW PHYSICIAN TO YOUR PRACTICE?

Will your new physician apply for privileges at Mount Carmel East, West, St. Ann's and/or Mount Carmel New Albany?

Will your new physician need to join Mount Carmel Health Partners?

Do you know that these application processes can be done at the same time?

Mount Carmel Health System created the Credentialing Verification Office

(CVO) to make the application paperwork easier for you and your practice.

To begin the application process for Mount Carmel hospital privileges and Mount Carmel Health Partners Membership:

First, contact Mount Carmel's Credentialing Verification Office (CVO) at (614) 898-4271 to request credentialing documents for medical staff privileges

and for Health Partners.

Second, contact Health Partners for documents specific to Health Partners membership. Contact either:

Kristi McVay, Network Enrollment Manager (614) 546-4264, kmcvay@mchs.com

or your Provider Relations Manager (please see the last page of this newsletter for contact information).

CLINICAL INTEGRATION AND QUALITY UPDATES

Clinical Integration is primary care physicians, physician specialists and hospitals working together, using proven protocols and measures, to improve patient care.

MediGold 2009 Quality Care Initiative Participating Physician Update

A detailed list of eligible MediGold members and interim performance measure results for the Health Partners and MediGold 2009 Quality Care Initiative was mailed to participating physicians on August 31, 2009. Participating providers include primary care physicians who currently have MediGold members assigned to them as patients.

Eligible members were identified by claims submitted to MediGold from January 1, 2009 through June 30, 2009. A second detailed list of members will be sent to participating physicians by the end of November. This will allow time for patients to receive screenings or testing that must be completed by December 31, 2009, in order to qualify for the program.

At this time, we are requesting that you do **not** submit any data to Health Partners until you receive your final member list in March 2010. Please review your member list and keep record of any screenings or test results the patients may have had that are not reflected on the report provided. Final details for this reporting process will be included in a March communication.

As a reminder, if a MediGold patient has been discharged from your practice, please have the patient contact MediGold's Member Services department at (800) 240-3851. They can assist those patients with identifying another primary care physician to promote continuity of care by ensuring a physician is assigned to them who participates in MediGold.

NCQA Diabetes and Heart Stroke Recognition

The National Committee for Quality Assurance (NCQA) has developed the Diabetes Physician Recognition Program (DPRP) and the Heart Stroke Physician Recognition Program (HSPR). These voluntary programs have been developed to encourage physicians use evidence-based measures to provide excellent care to their patients with diabetes and cardiovascular disease.

In an effort to help our member physicians with patient care processes, Health Partners conducted diabetes and heart-stroke physician recognition audits this spring and summer. Physicians who participated in these audits were provided information and tools to support the delivery and recognition of consistent, high-quality diabetes care. The end goal of these audits was to submit participating physi-

cian information to NCQA to be considered for recognition.

It is exciting to announce that in addition to the 51 member physicians already recognized by NCQA, an additional 44 member physicians received recognition under the Diabetes Physician Recognition Program, in addition to the 9 member physicians already recog-

nized by NCQA, an additional 38 member physicians received recognition. This is a tremendous accomplishment and we congratulate each physician who received recognition.

To see a complete list of those physicians who were recognized by NCQA, please visit Health Partners' website at www.mchp.com.

2009 VENDOR PAYER FAIR

When: Wednesday, October 14th from 11:30 am to 1:30 pm
Where: Mount Carmel East Hospital Siegel Center Auditorium
How: To register, please complete the registration information to the right and fax to 614-546-4261 prior to October 12th

Health Partners will be holding its annual Vendor and Payer Fair on **Wednesday, October 14th from 11:30 a.m. to 1:30 p.m. at the Mount Carmel East Hospital Siegel Center Auditorium.**

This is a great opportunity for physicians and their staff to visit with the Discounted Professional Services vendors and learn about the discounts and services they can provide to your practice. In addition, representatives from managed care networks and insurance companies will be on hand to answer your questions. To make good use of your time away from the office, a box lunch is being provided when you attend. Don't miss this great opportunity to visit with the vendors and payers and to see the products and services they offer. Come have lunch and win DOOR PRIZES! Please mark your calendars, complete the registration form, and fax to 614-546-4261.

Vendor Fair Physician Office RSVP

Please **RSVP by October 9th**. RSVP's can be faxed to (614) 546-4261.

NAME _____

PHYSICIAN PRACTICE _____

NUMBER in your office attending _____

FALL EDUCATION PROGRAMS

OSHA and CLIA Educational Seminar

Presented By: Kathy Rooker, Columbus Healthcare and Safety Consultants

When: Thursday, November 19, 2009 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.

Coding Updates for 2010

Presented By: Diane Zucker, Healthcare Management & Reimbursement Consultant

When: Thursday, November 12, 2009, 8:30am to noon

Where: Mount Carmel East Siegel Center

Diane's seminar will increase the quality of your current coding, help your practice generate more revenue and help reduce potential liabilities. Coding changes for 2010 will be discussed along with how to accurately 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, updates on Medicare, Medicaid and commercial insurances. If you have attended Diane's seminars, you know that she provides an excellent seminar making good use of your time away from the office.

Payments should be made out to "Mount Carmel Health Partners" and mailed to: Health Partners
 6150 East Broad Street
 Columbus, OH 43213

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

Name: _____ Practice: _____

I will be attending:

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

_____ Coding Updates for 2009 -- \$100 Registration Fee per Attendee

DISCOUNTED PROFESSIONAL SERVICES NEW VENDORS

HAFENBRACK MARKETING

Health Partners is excited to present a new vendor in the Discounted Professional Services Program: **Hafenbrack Marketing**.

A Message From the Vendor: Hafenbrack Marketing is a full-service advertising agency. For over a quarter of a century, we have built our reputation by providing smart, creative and responsive services for clients. To thrive in today's competitive marketplace, it takes business and marketing leverage, the kind of smart strategies that translate customer and patient insights into effective strategies and mar-

keting concepts. This is accomplished with a value and results orientation that leverages your marketing dollars as well.

The Hafenbrack team acts as a true partner by first gaining a keen understanding of a client's organization, aspirations and challenges. Clients' goals are then supported with a range of strategies, program marketing and creative services designed to provide true lift to the client. When it comes time to propel your whole organization forward, we can deliver the ideas to give your marketing new energy.

Hafenbrack's marketing and communication services, from strategic to tactical, include:

Powerful, actionable research; insightful strategies that hit the mark; creative, crystallizing and compelling concepts; the power to visually persuade; connecting with customers, bringing you closer to success; and integrated communication strategies that drive awareness.

Some of Hafenbrack Marketing's valued clients include:

- Kettering Health Network
- Berger Health System
- Springfield Regional Medical Center

- Grand Lake Health System
- Roads to Recovery
- CareSource Foundation
- Physician Practice Development
- CompMed Analysis
- Defeat
- Riverview Community Nursing and Rehabilitation Center

Please feel free to contact Alex Loehrer at 937-620-6636 for more information on Hafenbrack Marketing and our services. Make sure to mention that you are a member of Health Partners.

INSURANCE OFFICE OF CENTRAL OHIO

Health Partners would like to introduce the Insurance Office of Central Ohio (IOCO) as a new vendor in the Discounted Professional Services Program. Please visit with IOCO at the upcoming vendor-payer fair.

From the Vendor:

For over 80 years, Insurance Office of Central Ohio (IOCO) has provided professional advice and personal service with a commitment to quality reflected in the delivery of superior customer service.

IOCO has established long term relationships with more than 50 insurance carriers, enabling them to offer market accessibility and a full spectrum of products designed to fit specific

insurance needs. Prior to renewals, each account is thoroughly reviewed while analyzing marketplace conditions to make sure clients are informed and offered the best insurance solutions.

In addition to representing multiple lines of insurance, we offer specialty services, such as artwork collection management, financial and estate planning services, relocation assistance and fee based consulting services. Most importantly, at IOCO any claim or potential claim is handled quickly, discreetly and fairly. IOCO welcomes the opportunity to participate as a vendor in Health Partners Professional Services Program.

CONSOLIDATED FINANCIAL INTRODUCES SELF ASSESSMENT OF FIDUCIARY EXCELLENCE

"Fiduciary" is a term often associated with those in charge of making decisions pertaining to an organization's 401(k) plan. Simply put, a fiduciary is someone who is managing the assets of another person and stands in a special relationship of trust, confidence and/or legal responsibility. A fiduciary is required by law to always act in the best interest of his or her client, beneficiary or retirement plan participant, yet there are fiduciaries of 401(k) plans who are not even aware of their duties and responsibilities.

SAFE™ Self Assessment of Fiduciary Excellence, through Fiduciary360®, is

intended to assist plan fiduciaries with analyzing how well their organization meets a defined global fiduciary standard of excellence and help them improve their long-term investment performance. To learn more about SAFE™ or to inquire about a 401(k) plan review, please contact Jeff Bell, CRPS® of Consolidated Financial at (800) 757-1677, or jbell@investconsolidated.com.

offered through Great American Advisors, Inc. Member FINRA & SIPC. 526 Vine Street, Cincinnati OH 45202. (800) 216-3354. Investment Advisory services offered through Consolidated Financial. GAA, Consolidated Financial & Fiduciary360® are not affiliated.

The organizations involved in the Discounted Professional Services program are independent organizations. Health Partners provides information from these organizations as a service.

**October 2009
Newsletter
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Health Partners**

6150 East Broad Street
Columbus, OH 43213

Phone: 614-546-3000
Fax: 614-546-4261
Website: www.mchp.com

**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

*Health Partners
2009 Commitment
to Quality Report
will be published
soon!*

Watch for the Health Partners' 2009 Commitment to Quality report. The report will be mailed to your office in mid-November. Like the 2008 report, this report will detail Health Partners' Clinical Integration activity, outline the quality programs which have taken place during the past year, share the programs' successes and outcomes, and state the vision for Health Partners' Clinical Integration program for 2010.

To read Health Partners' 2008 Commitment to Quality Report, please visit our website at <http://www.mchp.com/ind ex.php/clinical-integration>

NEW PHYSICIANS JOINING HEALTH PARTNERS

Jeremy Buckley, M.D.—
Cardiovascular Disease
Cardiovascular Specialists, 618 Pleasant-
ville Rd, Ste 101, Lancaster, 43130

Thomas Dingle M.D.— Ophthalmology
Central Ohio Eye Phys. & Surgeons Inc,
262 Neil Ave, Ste 420, Cols, 43215

Joseph Dusseau, M.D.—Family Practice
Northwest Family Physicians, 3311 Tre-
mont Road, Suite 101, Cols, 43221

Regan Miller, M.D.—Neurology
Neurology Providers at East, 5965 E.
Broad St., Ste 370, Cols, 43213

Rupenkumar Patel, M.D.—Internal Medicine
Hospital Physicians of Ohio, 3555 Olen-
tangy River Rd, Suite 1080, Cols, 43214

Jennifer Sturgill, D.O.—Internal Medicine
Hospital Physicians of Ohio, 3555 Olen-
tangy River Rd, Suite 1080, Cols, 43214

Ronald Taddeo, M.D.—Internal Medicine
Central Ohio Primary Care Physicians,
3382 Paris Blvd, Westerville, 43081

Revision from August Newsletter
Eric Goulder, M.D.—Cardiovascular Disease
Heartland Cardiology of Mount Carmel
5677 Scioto Darby Rd, Ste 100, Hilliard,
43026

ICD Whine..... ICD When.....

ICD9 codes (to be ICD 10 codes in 2013) are extremely valuable tools in every physician's office. Those three, four and five digit sequences of numbers provide the answers to the question *every* payer asks *every* doctor *every* time.

WHY? Why did you see this patient? Why did you have to spend that much time with them? Why was the visit complicated? Long gone are the days when a doctor's answer to that question was "Because I am the doctor and I said so." In health care today a doctor's answer is " Because the patient has 250.02, 401.9 and 789.02."

Most physicians should be too busy providing excellent care to their patients to be bothered with speaking in code - this is why they hire excellent coders! The physician answers the "why" and the coder translates "because" into those complicated, color coded, and always changing sequence of numbers. These numbers will get your claims paid in a timely manner. Sound easy? It can be, just by following some basic guidelines:

1) "Rule out" is not acceptable. The last time my office ordered a gallbladder ultrasound for a patient using the diagnosis of "rule out gallstones", I had to wait 10 minutes for the scheduler to stop laughing. Then I had to wait for him to tell at least three of his colleagues what diagnosis this idiot from a doctor's office tried to use. "Rule Out" no longer exists. It lays in a tar pit somewhere waiting to fossilize. Instead, use signs and symptoms. Why does the patient need the test? What are the signs? What underlying medical conditions affect

the patient? The ICD book is loaded with specific codes applicable for signs; for example, tell a scheduler "epigastric pain" and you will get the ultrasound without the laugh track.

2) Be specific. Location, location, location. "Abdominal pain" will not give a payer the specific information to explain a higher and more complicated code. What quadrant? Upper, lower? "Arthritis" is no longer an acceptable diagnosis code in "Payer Land". Is it degenerative joint disease instead? (And, if so, which joint?) Is it osteoarthritis? Is the patient osteopenic? Remember, it takes days to deny a claim, weeks for it to end up in the abyss of pended claims, and months to file an appeal. The more specific the information you give to your coder, the more efficiently your claim can be coded, filed and PAID.

3) Document. As my mom would say, "Where does it hurt?" "What does it feel like?" Make sure your progress notes are as complete as possible. This way any coder worth his or her salt will be able to research your notes and code the visit appropriately. It will also provide the support you need in case a payer wants to audit your billing. You can prove without a doubt that your patient came in for an earache, joint injection, blood sugar test and requested to have that unsightly and irritating skin tag removed.

This information was provided by Physician Practice Development. For more information, please contact Chuck Hutchings at (937) 408-9080 or ppd@who.rr.com