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**Dedicated to helping  
physicians optimize  
health care outcomes  
and patient satisfaction**

## Save the Date

Clear your calendar for another gala evening — the 2nd Annual Practice Manager's Appreciation Dinner:

**Date:** November 14, 2006  
**Location:** Country Club of Jackson  
**Time:** 4:30 – 8:00 pm

## IN THE DOOR

Welcome the new JPA physician members:

**Dr. Mohammad Asad**  
[Radiology]

**Dr. Mark Benson**  
[Cardiologist]

**Dr. Chiquita Berg**  
[OB/GYN]

**Dr. Qaiser Cheema**  
[Hospitalist]

**Gregory Naylor**  
[Internal Medicine]

**Farad Pruitt**  
[Hospitalist]

**Dr. Mohamed-Iqbal Rouf**  
[Hospitalist]

**Elfateh Seedahmed**  
[Hospitalist]

**Sangeeta Sinha**  
[OB/GYN]

**Dr. Nadeem Ullah**  
[Gastroenterology]

## Advice on Direct Deposit Safe, Easier & More Control

*Courtesy: CP Federal Credit Union*



Signing up for direct deposit is easy and simple. Direct deposit allows payroll, expense reimbursements, pension and dividend payments, social security and

government payments to go straight into your checking or savings account. This creates ease of mind knowing that your money is always available upon payment at your financial institution.

Establishing direct deposit with your financial institution is a safer way to prevent checks from becoming lost, stolen or late. Also, your identity is protected. Direct deposit is time efficient by allowing more opportunities to spend with family, friends or traveling. Many individuals have become aware of the features and benefits of direct deposit. In fact, four out of five people are already signed up.

If you do not already have direct deposit, contact someone from your human resources department and start taking control. For more information or help getting started, contact any of the CP Federal Credit Union locations.



Volume VI, Issue II

June 2006

# The JPA Examiner

Circulate to:

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## Pay-For-Performance (P4P) Summit

In May, Cheryl Meschke attended a Pay-For-Performance (P4P) Summit: *How Physician Practices Can Succeed with New Reimbursement Programs*. She gathered a wealth of information to help JPA prepare and succeed with quality initiatives and performance reimbursement programs. Private payers are increasingly initiating P4P programs. JPA has already experienced this with BCNs *Pharmacy Incentive Program* and *Performance Recognition Program (PRP)*.

On the national front Medicare is involved with national demonstrations and Congress is weighing mandatory P4P programs for physicians. Hospitals are already being paid based on quality reporting.

In this post-managed care era we are seeing employers shift cost to their employees, declining physician fees, and commercial and state-sponsored plans focus more heavily on quality. P4P programs are becoming the cornerstone of quality and profitable care for physician practices. As patients pay more out of pocket expenses for their healthcare, practices can safely conclude that patient's quality expectations of healthcare will change. And as the practice's profit is squeezed, quality performance measures such as HEDIS (measuring process) will play an increasingly important role in the profitability and quality of physician practices.

Practices at the summit, involved in P4P programs for a number of years, report universal goals for their practices: (1) improving customer satisfaction as monitored by patient surveys, (2) improved patient safety through EMR, disease management, and a culture of excellence,

(3) becoming the premier workplace in their area, and (4) achieving profitability. P4P Summit presenters noted that the keystone for their success in reaching these goals was focusing on strong utilization management, and significant financial incentives.

In order to monitor patient satisfaction, many practices modified the national CAHPS tool to rate their patient satisfaction. They continuously evaluate how courteous and helpful the staff are, how well the MD's communicate and how personable they are, and the quality of their overall healthcare

provided by the practice.

*"P4P programs are becoming the cornerstone of quality and profitable care for physician practices"*

While there is consensus among payers that providers must be paid differently based on performance and quality, there are a number of issues that need to be resolved. Payers look to

evidence-based medicine (EBM) to define the variation from practice to practice, however payers in the same market will define episodes as well as use comparison, and peer groups differently. The same provider may receive widely different scores from different payers. There is still conflict among experts in determining just what EBM is.

There was agreement among summit participants that for P4P programs to succeed, there needs to be a pooling of data from payers so that measures are meaningful and fair. Only then can you standardize the way cost effectiveness and efficiency are measured.

[JPA will continue this ongoing P4P dialogue, and share updates regularly.]

### Year 2006-07 JPA Board Members

**President:**  
Dr. Lynn VanWagnen  
**Vice President:**  
Dr. Brian Adamczyk  
**Treasurer:**  
Dr. Timothy VanSchoick

Dr. Bruce Bigelow  
Dr. Piyush Patel  
Dr. Arthur Vendola  
Dr. R. Charles Medlar

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## Payer News



### BCN's Medicare Advantage Product

If you are a BCN Advantage physician, you could increase your BCN patient base by sending a mailed or emailed letter to your patients announcing your participation with their in the Medicare Advantage product. This is BCN's Managed Medicare (Part C) product for seniors.

BCN has a standard letter that may be used to announce your BCN Advantage affiliation. The letter had been approved by the Centers for Medicare and Medicaid Services (CMS). CMS oversees the program and strictly regulates the marketing of Medicare Advantage products.

BCN will assist practices with the mailing, including paying postage. Simply send them your electronic signature, letterhead or logo, and patient mailing list. CMS allows physicians in the plan's Medicare Advantage network a one-time opportunity to send a letter by mail or email to all of their patients announcing their participation in the Medicare Advantage product.

The next Medicare Advantage open enrollment is this fall: November 15—December 15, 2006.

BCN Advantage contracted physicians received a BCN Advantage "Welcome Kit" in January. The kit contains information to acquaint you with BCN Advantage, and give you information to answer questions your patients may have.

If you have not received your welcome kit, or are a new BCN Advantage provider, contact Ted Drozd at (517) 322-8114.

### JPA Physicians Earn Incentives Congratulations—\$111,439.94 BCN Payout



Congratulations! JPA members met BCN's Pharmacy Incentive thresholds for 2005.

The Pharmacy Incentive is based upon the percentage of the physicians Rx usage that surpassed JPA's goal and is then multiplied by the per-member-per-month amount.

The purpose of the incentive program is to reduce overall pharmacy costs and encourages physicians to prescribe (under appropriate circumstances) generic brands rather than brand-name drugs.

Cheryl will be sending out checks which you should receive in early July. The pool to be distributed among eligible JPA physicians totals \$111,439.94. If you have any questions contact Cheryl at (517) 817-2140.

### Transition Steps from BCBSM PIN to NPI

As you are likely aware, in less than a year, the National Provider Identifies (NPI) will replace the BCBSM PIN in all transactions with Blue Care Network by May 23, 2007. BCN recommends that each BCN provider:

- Obtain one NPI to concur with each BCBSM provider identification number currently used for BCN claim submission. If you enumerate differently, BCN may not be able to pay your claim in the same manner as today.
- Apply for NPI(s) regardless of whether or not you conduct standard electronic transactions today. Although NPIs are not federally mandated for paper billers, BCN is working to change its systems from Bill PINs to NPI. By May 23, 2007, all BCN claims should only be submitted with NPIs.
- Include BCBSM PINs in section 3C of the NPI application. The NPI Enumerator may disseminate this information with your NPI to health plans. This will help us identify your NPI and match it to the corresponding BCBSM PIN.

BCN is developing a business strategy to transition to the NPI in three stages:

#### Stage 1—Pre-Transition Period:

Continue to report your BCBSM provider identification number on claims submitted to BCN, even if you have already obtained an NPI. You are currently in this phase.

#### Stage 2—Transition Period:

You will be notified when the transition period begins. At this time it will be optional for you to use your NPI when submitting claims to BCN. You must be sure that your NPI is registered through BCBSM's Provider enrollment and Data Management department for BCBSM and BCN before using it on claims.

#### Stage 3—Final Mandate:

The Centers for Medicare and Medicaid has mandated this occur by May 23, 2007. You must use your NPI for all BCN claim submissions.

For questions contact Ted Drozd at 517-322-8114.

## Don't Miss Out On Valuable Information

Don't miss out on all the valuable information your peers are receiving from the ongoing Practice Managers Meetings. We've been receiving exceptional feedback from all the sessions. May's session, *Hiring the Best and Brightest* elicited the following comments:

- *This is a new area for me, the written materials were very helpful.*
- *I liked the interactive exercises.*
- *This was an excellent review.*
- *The best part was learning how to ask appropriate interview questions.*

#### Upcoming JPA Training Sessions

6/29	<i>Optimizing Diagnosis Coding Guidelines</i>
9/21	<i>Reimbursement Strategies and Setting Fee Schedules</i>
10/26	<i>Practice Management Assessment and Decision Making</i>
11/15	<i>Marketing Your Practice</i>

We hope to see you at the upcoming training sessions! All are held at the Training Center, 810 Winifred Street. To register contact Cheryl at (517) 817-2140 or email [cherylm@JPAdocs.com](mailto:cherylm@JPAdocs.com).

## OSHA: TB Guideline Changes

JPA Administration attended the McKesson sponsored OSHA Annual Retraining Day. The seminar covered retraining in Fire protection, Blood Borne Pathogen Protection and Hazardous Chemicals. There were also separate training sessions on Office Based Lab Services and Respiratory Infection Control.

OSHA and the CDC have made 4 key changes in the TB Guidelines for 2006:

1. Annual risk assessment -3 TB risk categories;
2. TB skin testing (TST) for healthcare workers has changed;
3. Manage known or suspected TB patients; and
4. Protect employees.

To complete your practice's risk assessment you first need to contact the local health department (Jackson Co.)

(517-)788-4619 where your patients live and work and ask for the number of TB patients in the county, and determine whether or not your practice risk is higher or lower than the trends and if resistant strains isolated in your practice in the state and national multi-drug community. Secondly, you need to review actual TB have entered your last year. This number determines if you are at low, medium or high potential transmission risk. This risk level then determines the degree of healthcare worker retesting need.

**"Staff in contact with a TB patient MUST be furnished an N-95 mask."**

JPA called the Jackson County Health Department and was told that Jackson County is considered low risk. There were no cases in 2005!

New hires to your office are tested with the 2 step method and then testing is done according to your risk analysis. In some cases this means practices will not have to test again until a new case of TB occurs.

CDC Guidelines state that practices with known or suspected TB patients must minimize contact with staff and patients, escort them to a separate room, close the door, and delay visit and/or procedure until the patient is seen by the health department.

Any staff coming in contact with a TB patient MUST be furnished an N-95 mask. If you have any additional questions, contact Cheryl at (517) 817-2140.

## 10% Discount on OSHA Compliance Products

McKesson's 3rd Annual OSHA Seminar held in East Lansing on Wednesday, June 14<sup>th</sup> was a huge success with JPA. The \$175.00 registration fee was waived for JPA members, and CEU credits were earned. Dr. Sheila Dunn, owner of Quality America, was the featured speaker. She is an expert in OSHA compliance in the physician and hospital market.

McKesson is offering a ten percent (10%) discount to all JPA members for OSHA compliance products produced by Dr. Sheila Dunn's company, Quality America. Products range from comprehensive OSHA manuals that include employee training, a newsletter, or an Infection Protection Station.

Please consult with your McKesson representative, Mike Stock. He can be reached at [800] 877-1919 for more detailed information concerning what program will be a good fit for your practice.

**MCKESSON**  
Empowering Healthcare