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**Making Healthcare
Better**



**Appreciation Event
set for Nov. 1**
On November 1, 2007 Blue Care Network will host an office appreciation event for JPA members at Lansing Community College West Campus.



Don't Miss (BCN will be sending more details)

New Health Plan

From page 1

twelve months. There are both enhanced and standard benefit levels. Subscribers and adult dependents who have a health risk appraisal completed and sign a wellness commitment form can receive enhanced benefits. The coverage includes, a \$20 office co-pay, prescription drug coverage, hospitalization and diagnostic

services, such as lab and X-ray.

The open-enrollment period for this program runs only through the end of June.

If you are interested in learning more, please contact Cheryl Meschke at 817-2140 or via e-mail at CherylM@JPAdocs.com.

Save The Date

MCKESSON
Empowering Healthcare

Free OSHA Educational Seminar

McKesson will sponsor a free OSHA seminar June 20th at the Lansing Center. The fun and informative session fulfills OSHA's requirements for healthcare worker yearly training. Come learn the latest about the Bloodborne Pathogen Standard, the Hazardous Communication Standard and OSHA's respiratory protection requirements (2 PACE CEU's).

Bring your current OSHA manual to the session to find out whether all of the necessary components are in place. Finally, see if your facility is in compliance with the new safety needle legislation and whether your current Emergency Action Plan will be effective in the event of a catastrophe.

A continental breakfast will be offered from 8:00 to 9:30 a.m. during registration, followed by the OSHA yearly retraining seminar from 9:30 a.m. to noon. From 1:30 to 3:15 p.m., a seminar on preventing workplace violence will be held, followed by a door prize drawing and 2 PACE CEU workshops from 3:30 to 4:30 p.m. regarding which office-based laboratory services you should offer (1 PACE CEU). To register contact Lora Niel at (800) 877-1919 Ext. 3112 or e-mail: lora.niel@mckesson.com.



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Inside this Issue: *We're just a click away—www.JPAdocs.com* A publication of the Jackson Physicians Alliance, PC

Priority Health's purchase of Preferred Choices complete	2
Transition to the Blues	2
BCN urges printing NPI on prescription pads	2
Get acquainted with PQRI	3
Free OSHA seminar	4
BCN Appreciation Event	4

JPA Offers New Health Insurance Package

Effective July 1, 2007, JPA member practices will have the option of offering their employees BCN health insurance coverage through the new *Healthy Blue Living* Option 3 program.

Under this new program launched by BCN last fall, members who adhere to a healthy lifestyle are rewarded through lower co-pays and higher benefit coverage levels.

Additionally, the premiums for this new package are slightly lower than what was charged to JPA last year.

Your practice may wish to look at this new benefit package as a means to stem your rising health insurance premiums, while continuing to offer comprehensive coverage to employees.

The rates are guaranteed for the next

2007/2008 Rates	
Single	\$318.68/month
Double	\$780.77/month
Family	\$876.38/month

Please see page 4

EMRs proved their worth in Katrina's Wake

As the skies darkened over New Orleans the day before Hurricane Katrina in August 2005, Scharmaine Lawson, a nurse practitioner, grabbed some clothes, a toothbrush and her Palm Pilot, and headed out of town.

Unbeknownst to Lawson at the time, that small hand-held device, grabbed almost as an afterthought, would end up spelling the difference between life and death for some victims of this country's most devastating natural disaster.

In it, Lawson stored basic medical records for all of her 100 homebound, elderly patients, most of them also indigent and disabled, and living in the New Orleans area.

Electronic medical records refer to a patient's medical information stored on a computer and accessible from numerous

locations. Health practitioners and medical institutions around the United States are starting to adopt them, but they're still far from commonplace.

An estimated 25 percent of office-based doctors in the U.S. reported using fully or partially electronic medical record systems in 2005, the most recent statistics available. That represented a 31 percent increase from the 18.2 percent reported in a 2001 survey.

But electronic records certainly weren't the norm in New Orleans prior to Katrina.

Lawson's physical office in New Orleans was destroyed under five feet of water. "We lost everything. Papers were stuck together and full of mud. Nothing could be retrieved," she said.

At least she had her palm pilot.

"She brings the computer in here and puts all the information on it. I think that's better than paper."

**Brenda Carter,
patient of Scharmaine Lawson**

Payer News

Priority Health's purchase of Preferred Choices complete

Priority Health's purchase of Care Choices HMO, Care Choices PPO and Preferred Choices PPO was finalized on April 1. There are no immediate changes or interruptions. Priority Health will be communicating transition plans to members over the course of the year.

Priority Health is a nationally recognized, non-profit health solutions company that for more than 20 years has consistently ranked among the nation's best. Priority Health was rated number one in Michigan and second in the nation in 2006, by the National Business Coalition on Health. It has more than 8,500 employer groups and serves 585,000 members.

BCN urges printing NPI on prescription pads



Blue Care Network recommends that providers print their National Provider Identifier (NPI) on their prescription pads. The Michigan Pharmacists Association (MPA) is very supportive of having the prescriber NPI number preprinted on prescriptions for a number of reasons.

When NPI rules take effect, pharmacies will be required to bill all HIPAA claims transactions with the prescriber NPI. Any prescription that does not contain a prescriber NPI could potentially result in patients not receiving their needed medications. Pharmacies may try to contact prescribers who have not documented the information; however, it could be difficult to obtain if the pharmacy cannot contact the prescriber due to office closing, a large practice group or if the prescriber is out of the area. In this case, the pharmacy will have no choice but to deny dispensing the patient's medication due to lack of required billing information.

MPA is very concerned that if the NPI is not readily available – directly contained on the prescription form – then beneficiary access to needed medications may be a problem.

The patient should not have to suffer because the prescriber failed to comply. Having the prescriber NPI number on the prescription will help avoid this issue.

In addition, the Centers for Medicare & Medicaid Services will require that pharmacies submit prescriptions for beneficiaries with the appropriate NPI and have identified that this will be reviewed upon audit. MPA feels, since the requirement for NPI number documentation on the prescription is the prescriber's duty, this could result in possible audit repercussions from CMS that could be avoided if the prescriber NPI number is preprinted on the prescription form.

If you have any questions contact Ted Drozd at (517) 322-8114.

M-CARE transition to the Blues

M-CARE members began transitioning to Blue Cross and Blue Shield products on May 1. All M-CARE groups with renewal dates in May were offered Blues plans similar to what they had with M-CARE. Each month, more M-CARE members will transition to the Blues via this process. BCN wants to make this change simple for all involved. Here are some reminders and things you should know:

Remember to check eligibility and benefits – As these members change from M-CARE to the Blues, you will need to begin following BCN processes (for HMO members) or BCBSM processes (for PPO members) for referrals, authorizations and claims submission.

PCP selections will transfer – For HMO members, BCN will automatically transition the primary care physician on record with M-CARE to BCN's systems. Of course, the member can change their PCP selection at any time, which is another reason to always check eligibility and benefits with each visit.

Open referrals and authorizations will transfer – For HMO members, the primary care physician will not need to write a new referral or request new authorizations for ongoing treatment simply because the member has transferred to BCN coverage. BCN will automatically transition open referrals or authorizations on record with M-CARE to BCN's system. These referrals and authorizations will be honored by BCN for the length of time submitted on the referral or authorization and approved by M-CARE. Once the M-CARE referral or authorization expires, BCN procedures must be followed if continued treatment is necessary.

Continuity of Care – BCN and M-CARE want to make the transition to BCN coverage as smooth as possible for M-CARE HMO members and providers. If an M-CARE member is involved in an active course of treatment covered by M-CARE at the time he or she transfers to BCN coverage, BCN will continue coverage. For instance, M-CARE members who are pregnant at the time of enrollment with BCN will be able to complete the pregnancy with the same physician, regardless of whether that physician is contracted with BCN.

An active course of treatment is one in which a disruption of the current course of treatment could cause a recurrence or worsening of the condition under treatment and interfere with anticipated outcomes. Examples of an active course of treatment include post-surgical care, illness recurrence, an acute episode of chronic illness or an acute medical condition; pregnancy or terminal illness.

HMO providers may call BCN's Care Management department at 800-392-2512 to arrange for continuity of care services. HMO members should call BCN's Customer Service department at 800-662-6667. For information about the transition process, call BCN Provider Inquiry at 800-255-1690.

Get acquainted with PQRI

Good news for those who voluntarily participate in reporting quality measures. The Physician Quality Reporting Initiative (PQRI) – the newest quality reporting program that replaces the Physician Voluntary Reporting Program (PVRP) – will reward physician practices with financial incentives.

On December 20, 2006, President Bush signed the Tax Relief and Health Care Act of 2006 (TRHCA), authorizing an incentive payment to eligible Medicare providers. Participating eligible professionals who successfully report specified quality measures may earn a 1.5% bonus, subject to a cap (see box at right).

The bonus will apply to allowed charges for all covered professional services, not just charges associated with reported quality measures. The term "allowed charges" refers to total charges, including the beneficiary deductible and co-

payment, not just the 80% paid by Medicare or the portion covered by Medicare when Medicare is the secondary payer.

A payment cap that would reduce the potential bonus below 1.5% of allowed charges may apply in situations in which an eligible professional rarely reports quality measure data. CMS calculates eligible providers' caps by multiplying their total instances of reporting quality data for all measures by a constant of 300% and by the national average per-measure payment amount (calculated at the end of the reporting period).

CMS will use the National Provider Identifier to track bonus payments by individual physicians. However, any 1.5% bonuses physicians qualify for will still come in a lump-sum check to the group practice based on tax identification number.

For more information on how to participate go to www.cms.hhs.gov/pqri.

A potential 1.5% bonus is based on allowed charges for covered professional services that satisfy the following criteria:

- **Furnished July 1, 2007 – December 31, 2007**
- **Received into the Centers for Medicare & Medicaid Services (CMS) National Claims History file by February 29, 2008**
- **Paid under the Medicare Physician Fee Schedule**

EMRs and Katrina

From page 1

Others weren't so lucky. Doctors' offices and hospitals around the city experienced the same waterlogged nightmare, losing patient records permanently.

As Dr. Jay Brooks, chief of hematology/oncology at Ochsner Health System in Baton Rouge, LA, pointed out, paper medical records are heavy, and most are stored in a basement or ground floor of a building.

Brooks remembers seeing refugees from New Orleans who did not know what type of cancer they had or what kind of treatment they had received.

Ochsner Health Systems started developing an electronic records system 15 years ago. As a result, information for all 300,000 patients was accessible after the storm.

When one Ochsner patient from New Orleans came into Brooks' office after Katrina, all her records were available electronically. "She'd had a heart transplant five years earlier and had been diagnosed with breast cancer. I pulled up all of her records, and when the electronic record came up, it had her home address," Brooks recalled. "She broke down and cried, because her home had been washed away."

Nurse practitioner Scharmaine Lawson realized



quickly that with her Palm Pilot she was "sitting on a gold mine, when a lot of my colleagues had no back-up."

For three months right after Katrina, Lawson operated from a temporary base in San Antonio, Texas, using her handheld to provide vital medical information to doctors and other health-care providers around the nation who

were caring for her scattered clientele.

"I had people calling me from Hawaii, Idaho, Kentucky, saying we have one of your patients here," Lawson said. "I was able to get the documents from my Palm Pilot, download them, print the entire H&P (history and physical), all of their lab work, anything they wanted."

Since then, Lawson has adopted a formal electronic medical records system, MediNotes, and her practice has quadrupled to more than 400 patients.

Instead of the trusty Palm Pilot, on home visits she takes a tablet with detachable keyboard with her to download patients' information and to provide reminders about flu shots and other needed services.

"She brings the computer thing in here and puts all the information on it," said Brenda Carter, 65, a client. "I think that's better than paper."