


1310 Greenwood Avenue  
Jackson, MI 49203

Phone: 517-817-2140

Fax: 517-817-2142

www.JPAdocs.com

Email: cherylm@JPAdocs.com



**JPA Practice Managers Forum**  
October 14, 2008

**JPA Practice Managers  
Appreciation Dinner**  
November 14, 2008

## Welcome HNHS



JPA would like to extend a warm welcome to Hospital Network Healthcare Services (HNHS), one of our newest Preferred Vendors. HNHS will be providing Medical Waste Disposal Services to JPA members.

HNHS will pick up, disinfect and treat your medical waste using an environmentally friendly system. Through the use of steam and microwave technology, medical waste is disinfected and transformed into ground unrecognizable solid municipal waste for the landfill. HNHS meets or exceeds all Federal and State Regulations for medical waste.

HNHS also provides superior onsite training for your practice staff. Packing materials are also made available for your convenience and they will work with you to establish waste minimization guidelines.

We encourage you to contact Marybeth Van Singel at 269-806-2140 for more information or a consultation.

### NOTE: NPI is here

Medicare FFS now requires and sends NPI-Only in ALL provider identifier fields for all HIPAA and paper transactions where a provider identifier is required. If you send Medicare a transaction with a Medicare legacy identifier in any of the provider fields, your claim will be rejected.

## E-prescribing

From page 1

through an automated data-entry process using software and a transmission network which links to participating pharmacies. It allows doctors to check patients' prescription records right in the exam room, see what medications they're taking, warn of potential drug interactions or allergies and transmits the prescription to the pharmacy instantly, saving patients time.

Not only will e-prescriptions help alleviate medication errors, the practice can also track unfulfilled prescriptions, especially for patients suffering from chronic diseases. An alarming amount of these individuals fail to pick up prescriptions in a timely manner resulting in failed treatment. By tracking what meds are picked up and which ones are not, doctors can identify patients who have failed to initiate treatment and provide intervention programs earlier on.

The Pharmaceutical Care Management Association, a national association of drug plan administrators that supports the legislation, claims it could prevent as many as 1.9 million medication errors and save the federal government billions of dollars over the next decade.

"From a patient's perspective, e-prescribing is by far the most important issue in the current Medicare debate because it could save their life or the life of someone they love," said association president and CEO Mark Merritt.

The bill is currently pending in the Senate Finance Committee.



Volume VIII, Issue II

June 2008

# The JPA Examiner

Circulate to:

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

Payer News	2
Medicare Requires Revised ABN	2
Noncompliant Patients	3
Welcome JFP—New Preferred Vendor	3
Welcome HNHS—New Preferred Vendor	4
NPI is Here	4
Don't Miss	4

## The Future of Prescriptions Mandating e-prescribing in Congress

*Saving money and lives!*  
That's what proponents claim legislation requiring e-prescriptions in Medicare will do. House and Senate lawmakers have introduced the Medicare Electronic Medication and Safety Protection Act, which would mandate e-prescribing for Medicare beginning in 2011. The bills would fine physicians who continue writing paper Medicare prescriptions after Jan. 1, 2011. However, legislation would allow for exemptions due to hardships in buying and implementing Rx technology. The legislation also would provide one-time Medicare grants to offset the costs of e-prescribing technology.

On the other hand, the Coalition for Patient Privacy and 25 of its member organizations are asking Congress not to pass the mandate unless provisions for protecting the privacy of prescription information are included.

In a letter to lawmakers, the Coalition said the sale of prescription information for data-mining purposes has been a reality for more than a decade. Data mining is when information about doctors' prescribing habits



is stripped of details that would identify patients and sold to pharmaceutical companies, medical researchers and others interested in patterns of prescription drug sales and usage.

"Mandating e-prescribing without privacy provisions endorses and encourages the current practices," the letter stated. "It sets Americans up for even greater violations of their private health records in the future."

E-prescribing generates prescriptions

Please see E-prescribing page 4

### Year 2008-09 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. Mark Zande

### JPA Administrative Staff

Ms. Cheryl Meschke, RN  
**Administrator**  
Phone: (517) 817-2140  
Fax: (517) 817-2142  
Email: cherylm@JPAdocs.com

Mr. Mark Dengler  
**Executive Manager**  
Phone: (315) 635-9802  
Fax: (315) 720-1159  
Email: Mdengler@twcny.rr.com

## PHRs: Working With Your Patients

Electronic health data is on the brink of significant transformation.

With the boom of online repositories such as Dossia, Google Health and Microsoft HealthVault, patients now have the ability to store, retrieve, manage and share their health data on the Internet. Consisting of medical problems, family medical history, medications, allergies, immunizations, test results, insurance information and doctor's visits, these Personal Health Records (PHRs) could help to improve patients' health, doctor-patient

communications, the coordination and quality of care and avert medical errors, thereby reducing the cost of care.

Advocates contend that PHRs provide medical professionals with quick access to key patient data and streamline the claims process. Backers also contend that online records are more up to date and can quickly assist physicians during a medical emergency. Supporters point to the widespread use of online PHRs in the aftermath of Hurricane

Please see PHRs page 3

# Payer News

## BCBSM



### Benefit Information Available Soon

Beginning this summer, Michigan physicians and hospitals will be able to go online to check eligibility and benefit information for people with Traditional Medicare coverage through the Blue Cross Blue Shield of Michigan health care electronic data interchange clearinghouse and Web portal, web-DENIS.

The launch of the expanded service follows a successful pilot this past March by the Blues. The health information exchange initiative seeks to improve the quality and efficiency of health care delivery by minimizing redundant data collection, meeting national standards for information exchange, encouraging patient-centered care and promoting patient safety and quality.

The BCBSM electronic data clearinghouse is expected to process 270 million BCBSM, Medicare, Medicaid and other health insurance transactions in 2008 including eligibility and claims information. Web-DENIS is expected to process an additional 90 million inquiries or transactions.

## Priority Health



### Authorizations Removed or Simplified

Priority Health recently completed an analysis of the drugs that require prior authorization or step therapy on its commercial formulary (HMO, PPO, POS). As a result, they've announced several significant changes that will positively impact you, your office staff and your patients.

They added drugs to their formulary that were previously not covered (non-formulary). They include: Accuzyme topical—Acetylcysteine solution—Alprazolam extended release—Angeliq—Arixtra—Azelex—Cordran tape—Dermotic—Enjuvia—Femring—Fenofibrate generics—PhisoHex—Ponstel—Primacare One—Rythmol SR—Salex cream and lotion—Seasonale generic—Timolol GFS—Verapamil PM—Vicoprofen generic—Xifaxan—Zemplar

They removed prior authorization (and step therapy) for the following drugs:

Dexedrine generic—DextroStat generic—Femring—Finacea—Lotronex—Pegasys—Restasis—Salex cream—Singulair—Spiriva—Tarceva—Temodar—Topamax—Vfend—Vigamox—Wellburin XL 150mg—Zymar—Zyrtec OTC generic

They lessened the criteria for some drugs, and automated the process—no more forms!

The system will check the member's prescription history to see if they meet criteria. Now you won't have to call or fax for authorization, as long as your patients meet the new requirements.

See Priority Health's Physicians Practice Information edition 15.0 2008 for the new requirements.

## BCN



### BCN Advantage

#### Patient Assessments Should Include Chronic Disease and Historical Diagnosis

The centers for Medicare and Medicaid services changed the way it pays Medicare Advantage plans. CMS payment method is based on diagnosis codes. These codes are organized into disease groups, which form the basis for payment. Each group has a designated payment amount.

The CMS methodology is driven by inpatient and outpatient encounter data. According to CMS, providers often code only what must be paid during the encounter visit and chronic disease and pertinent historical diagnosis (for example, diabetes with complication) are often not billed.

Each year, every Medicare Advantage enrollee is assigned a risk score based on his or her encounter data for the year. Higher severity of illness equals a higher risk-score that will impact CMS reimbursement. If providers do not accurately code the appropriate acuity of their patient populations, CMS will determine this population is healthier than the average population and reimburse the plan less than the plan is entitled to. For related BCN Advantage information, call Ted Drozd at 517-322-8114.

#### Tracking Noncompliant Patients

JPA PCPs can receive credit for noncompliant members in the Performance Recognition Program (PRP). To be eligible, the PCP office must document the noncompliant member information in the format specified by BCN. This is scheduled to be available on the Health e-Blue Web this fall. Meanwhile, to capture all needed data, PCP practices will need to set up an internal tracking system, either manually or in their EMR system, to capture noncompliant patients and document attempts to contact them. Not capturing data could cost your practice thousands of eligible dollars from the 2008 PRP. The policy can be found on the Health e-Blue homepage, resource section under incentive documents. For questions, contact Ted Drozd at 517-322-8114.

## MEDICARE



### Revised ABN Requires Service Cost

Medicare has released its newly revised Advance Beneficiary Notice (ABN) form. The new version took effect March 3. (However, Medicare already has updated the revised ABN with a "final revised ABN" dated March 20, 2008.) While you're not required to use the new form until Sept. 1, you may want to start using it now. The new ABN "is easier to use for the providers and easier to understand for the patient than the old forms. It is now mandatory to include an estimated cost for the service at risk for denial. If you do not list the cost, the ABN is not valid.

Go to [www.cms.hhs.gov/BNI](http://www.cms.hhs.gov/BNI) to download the form.

# How To Manage Noncompliant Patients

Noncompliant patients pose a problem in nearly every medical practice either by disrupting the practice, wasting staff resources and increasing the likelihood of a suboptimal outcome, thereby increasing liability exposure.

There are three categories of noncompliant patients and each needs to be dealt with differently.

(1) The first is the patient with cognitive limitations who simply lacks comprehension. The patient may not understand that pill A cannot be taken with food, while pill B must be. These patients are easy to deal with if they have a support system. Physicians should work to identify a person who is willing (and competent) to help the patient achieve compliance.

(2) The second type of noncompliant patient wants to comply with treatment but cannot because of environmental limitations, usually economic. Your practice can help them by providing them with medication samples and connecting them

#### Identify noncompliance

- History of no-shows or cancellations?
- Actions taken and followed through?
- Fail to show improvement expected if adhering to plan?
- Evasive or noncommittal when discussing treatment plans?

with public or private sources of medical or dental care.

(3) Finally, there is the patient who is knowingly, and could be intentionally, noncompliant. This person wants to do nothing more than "take a pill" to lose weight, fails to take blood pressure medication as prescribed or nearly ignores a diabetic diet. Such patients need a compliance improvement plan.

This process starts with a candid discussion between physician and patient. The aim is to set reasonable goals, with the physician emphasizing an expectation the patient will meet them. The doctor must monitor the patient closely to see

whether progress occurs.

If there is no improvement, the physician must decide whether to tolerate continued noncompliance or discharge the patient from the practice. Sometimes discharge is best; it protects the practice from liability and may provide the patient with a much-needed "wake up" call.

# Welcome New Preferred Vendor



JPA would like to extend a warm welcome to JFP Benefit Management Inc. For over a quarter of a century, JFP has operated as a Third-Party Administrator (TPA). As a TPA, they are an agent, broker, consultant and administrator. They provide billing consolidation, COBRA/HIPAA administration and group benefit analysis.

As a specialist in employee benefits, JFP will competitively research your fringe benefit plans. They deliver consultative solutions to the challenges presented in today's employee benefit market. As your agent, JFP Benefit Management provides the following administrative service.

#### Consultation & Administration:

- Fully-insured products from competitive carriers
- Advanced reporting and data analysis
- Flexible Spending Accounts and Health Reimbursement Arrangements
- Dental and vision plans
- Comprehensive COBRA administration/HIPAA compliance.

We encourage you to contact Phil Gillespie at 517-896-4400 for more information about how JFP can enrich your practice's benefit plan.

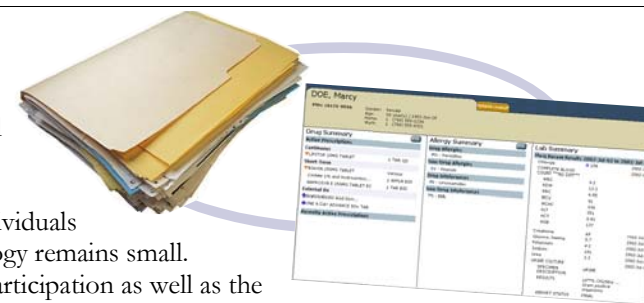
## PHRs

From page 1

Katrina, when the paper medical records of many Gulf Coast residents were lost or destroyed.

However, the number of individuals taking advantage of the technology remains small. The lack of individual current participation as well as the potential advantage has prompted state governments to actively promote PHRs. California is at the forefront of this effort. The state's Department of Insurance has urged residents to begin gathering, storing and managing personal medical information on the Web.

While the advantages are evident, privacy advocates are skeptical about the ability of companies to protect consumer privacy online. The Institute for Health Freedom in



Washington, D.C., is among those urging caution with PHRs.

"While providing information is essential when seeking services, one shouldn't be forced to give up privacy and the freedom to withhold consent," said founder Sue Blevins on the institute's Web

and President site. "In fact, as the nation moves toward interoperable electronic medical records, it's important for citizens to gain greater privacy and control over their health information."

The real question is whether patients are willing to assume the responsibility of a PHR and whether physicians will facilitate the process. The long-term goal, of course, is that PHRs will improve health care and decrease costs.