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# The JPA Examiner

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## INCREASE COMPLIANCE WITH PATIENT REGISTRIES

Patient registries and Patient Centered Medical Home designations are two hot topics in today's medical industry.

Patient registries assist physicians with chronic disease management by centralizing the documentation of treatment information regarding the specific patient. For example, due to the risks of their condition, diabetics should receive a retinal eye exam and a foot exam, to ensure their condition is not worsening.

In the past, patients were responsible for ensuring they visited specialists and obtained proper care. With the patient registry, which the primary care physician maintains, the doctor can use the database to ensure the patient manages their chronic disease effectively. Managing chronic illness in a proactive, organized fashion is the preferred alternative to waiting for chronically ill patients to schedule an appointment because their condition is worsening. Waiting has several disadvantages when considering the patient population as a



A disease registry can help a primary care physician make sure their patient gets this done.

whole – it neglects patients who rarely visit the practice and delays chronic disease management until the patient arrives at your doorstep. Chronic disease management may prevent additional comorbidities.

See Patient Registry, page 3

### Year 2009-10 JPA Board Members

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## HIPAA and Health Information Exchange

One of the dramatic sweeping changes that will have a large impact in the healthcare industry is health information exchange, or HIE. HIE is the sharing of health information electronically among a geographic region. HIE is an important part of the Obama Administration's stimulus package passed

earlier this year. A sizeable amount of money has been allocated involving what are known as Regional Health Information Organizations (RHIOs). These RHIOs are geographically-defined groups which develop the framework, manage the process and assist in furthering development for HIE in their area.

See Health Information Exchange, page 3

# Payer News

## Blue Cross Blue Shield of Michigan

### Blues schedule end of NPI contingency for professional claims

Blue Care Network will end the national provider identifier contingency period for professional claims September 30, 2009. With many health care providers having successfully transitioned to NPI-only reporting for BCN professional electronic claims, there is no longer a need to accept both NPIs and BCN PINs.

If you have not already done so, you are strongly urged to switch to NPI-only as soon as possible. Electronic professional claims received on or after September 30 must contain only NPIs.

Claims received on or after September 30 with legacy ID will be rejected and you will have to correct the claim and resubmit it.

Additionally, all professional claims submitted to the BCBSM clearinghouse should no longer contain non-NPI identifiers such as provider codes and state license numbers. For more information about NPI, visit Blue Cross Blue Shield of Michigan HIPAA EDI Companion Document at [bcbsm.com/pdf/systems\\_resources\\_prof\\_837\\_835.pdf](http://bcbsm.com/pdf/systems_resources_prof_837_835.pdf). If you have questions, call the EDI help desk at 1-800-542-0945, option 5.

### Provider Manual available exclusively online

The BCN Provider Manual is available exclusively online. To access the manual, log in to web-DENIS and click on BCN Provider Publications and Resources, and then click on Provider Manual.

For details about how to use the manual, click on About the BCN Provider Manual on the Provider Manual page.

BCN-JPA in service on BCN web site is September 25th at Foote Hospital Auditorium.



### New prescriptions for hepatitis C medications require prior authorization

Effective October 1, 2009, Blue Care Network Pharmacy Services will require prior authorization for all new prescriptions for medications used in the treatment of chronic hepatitis C. These medications include: ribavirin, non-pegylated interferons and pegylated interferons.

The American Gastroenterological Association and American Academy of Liver Diseases have published guidelines defining parameters for appropriate selection of patients and specific markers of response to therapy to validate an optimal length of therapy. BCN is taking steps to support this patient population by following these guidelines.

Consideration of coverage will require patient genotype, baseline viral loads and previous treatment history. Patients receiving medications through OptionCare Specialty Pharmacy will have the option to enroll into OptionCare's Hepatitis C program. Program benefits include continuous educational and clinical support provided by a nurse throughout the course of therapy. For more information regarding this program, please call OptionCare Specialty Pharmacy at 866-515-1355.

## PIP and Apples: HEDIS - Making the connection

### HEDIS

The Healthcare Effectiveness Data and Information Set (HEDIS) is the most widely used measure of performance for care and service in the health care industry. It is maintained by the National Committee for Quality Assurance (NCQA), an organization dedicated to improving health care quality through assessment, reporting and improvement of delivery systems. HEDIS has become more than a set of measures; it is part of an integrated system to establish accountability in health care.

### PIP

The Priority Health Partners in Performance (PIP) program acknowledges exceptional patient care and

efficiency with financial incentives and through "Apple" quality ratings. The PIP physician advisory committee provides assistance and guidance for the PIP program.



### Apples

Quality ratings of one to four "apples" are awarded based on PIP benchmarks for each measure, with an overall rating awarded based on the average for all measures. Apples are calculated for treatment of the HMO/POS population with a minimum 30 members for preventive health measures and 10 members for disease management measures. A rating of four apples indicates the target was achieved.

*Looking for a specific topic in The JPA Examiner?*

E-mail comments, ideas or suggestions to [ErinW@RMSresults.com](mailto:ErinW@RMSresults.com).

## Patient Registry

From page 1

By tracking through a Patient Registry, your patients' labs and preventative services are at your fingertips in a database and available for you to notify patients when a service is due. In addition, the registry gives an opportunity to increase compliance of recommended services and patient satisfaction. As physicians face increasing demands to improve care and document their performance as part of pay-for-performance initiatives, the Patient Registry helps to improve the quality of care provided and creates healthier patients and happier staff.

### Disease Patient Registry

**Thursday September 10, 2009**

6:00 to 8:00 p.m. (Dinner served at 5:30 p.m.)

The Commonwealth Center

209 East Washington Street (Parking on Wesley Street)

*Free - Registration Required*

**Presenter:** Jennifer Peyerk  
Quality Management Coordinator  
Mercy Physician Community, PHO  
St. Joseph Mercy Port Huron

**Report Demo:** Cielo MedSolutions

By managing patients' chronic diseases through patient registries, physicians not only can increase revenue for their practices through Pay-For-Performance monies, but can also help designate their practice as a Patient Centered Medical Home.

Currently, some JPA doctors are using EMR software called NextGen, which is provided through Jackson Community Medical Record (JCMR). NextGen is developing a series of print reports that will act like a disease registry. For practices that are not with JCMR, JPA has contracted with a company called Cielo MedSolutions to provide disease registry service.

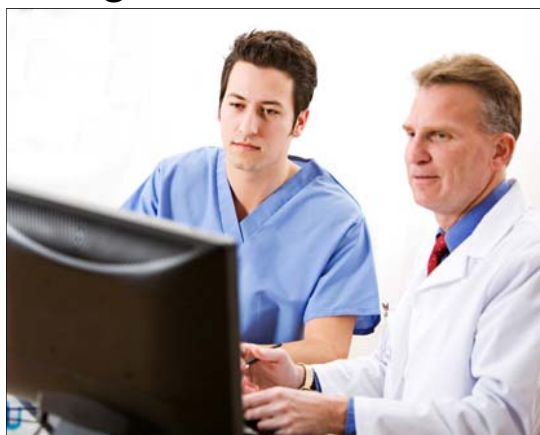
JPA encourages practice managers and physicians to attend the upcoming Patient Registry training session. (*For more information, see information box, left.*) Contact Bonnie Mauch at 517-817-2140 or at [BonnieM@JPAdocs.com](mailto:BonnieM@JPAdocs.com) to register (required) by Friday September 4. Dinner will be served at 5:30 p.m. and there is no cost to participants.



## Health Information Exchange

From page 1

One of the questions many have about HIE is how it is affected by HIPAA. When patient information is being shared, there are obvious concerns about privacy. The HIPAA Privacy Rule distinguishes between mandatory and permitted disclosures of health information, with health professionals given significant discretion to determine what disclosures are permissible. The only mandates are that 1) patients have access to their own health information and 2) that any data is available to the Department of Health and Human Services for compliance and enforcement activities. No patient authorization is required for a wide array of health care information exchange related to treatment, payment, and health care operations.



Under the HIPAA privacy rule, covered entities can "use and disclose" personal health information without patient authorization for treatment, payment, and health care operations, such as quality assessment, underwriting activities, audits, and business planning. (A significant exception is in place for psychotherapy notes.) Disclosure is also permitted for certain oversight, judicial, and public health purposes, among others.

While the HITECH Act (the healthcare portion of the stimulus package) created new, tougher rules around patients and their electronic health information as well as tougher encryption, patient consent for HIE was not among them. So long as the information is being used for the reasons listed above and not for marketing or fundraising purposes, patient consent is not required for HIE.

### Coming soon

JPA is in the process of overhauling our website. In addition to our directory, membership requests and preferred vendors, the new site will also feature information regarding Pay for Performance benefits, Quality Institute and Patient Centered Medical Home.

# JACKSON PHYSICIANS ALLIANCE

# JPA

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**Making  
Healthcare Better**

## In the Door

**Welcome the following new JPA  
physician members:**

**Dr. Indira Bhagat**  
*Hospitalist*

**Dr. Lara Clary-Lantis**  
*Hospitalist*

**Dr. Ivan Cubas**  
*Gastroenterologist*

**Dr. Margo Ferguson**  
*Family Practice*

**Dr. Vishal Gupta**  
*Gastroenterologist*

**Dr. Lawrence Narkiewicz**  
*General Surgery*

**Dr. Bernice Pritchett**  
*Family Practice*



## Red Flag Policy Deadline Moved Back Again

The Federal Trade Commission (FTC) has announced that the deadline to be compliant with the Red Flags Rule has been pushed back again. This time to November 1<sup>st</sup>, 2009. The FTC decided to push back the compliance deadline in order to better educate those impacted as well as provide more comprehensive materials and information to ease compliance. The FTC is looking to particularly assist health care providers, as they were not initially included in the definition of “creditors,” which makes them responsible for meeting the Red Flags Rule.

Red Flags Rule was passed in early 2008 and was designed to protect consumers from identity theft by requiring businesses and organizations deemed “creditors” (meaning entities that accept a deferred payment or are paid upon completion of work or services) to implement stronger safeguards against identity theft. Medical practices were determined to fall under that definition, as they accept insurance plans and deferred payment plans. The original target date for compliance was November 2008. MGMA continues to lobby for an exemption for physician offices.



**Save the Date!!  
October 21, 2009**

**Practice Manager's Appreciation Dinner**

The Practice Managers Appreciation Dinner and Trade Show will be held October 21 at the Country Club of Jackson, 3135 Horton Road in Jackson. The event will begin at 5 p.m. with a Practice Managers meeting.