



CONNECT eNEWSLETTER – MARCH 2009

UPDATES FROM DR. WHIBBS - INFORMATIONAL PIECE ABOUT E-PRESCRIBING

As all of us know, there is a concerted effort to get all physicians using electronic prescribing as soon as possible. E-prescribing is the actual electronic transmission of prescription information from prescriber to pharmacy; this is not electronic printing of a prescription, and it is not faxing a prescription; all of the info is transmitted electronically over the internet. The Institute of Medicine has proven in numerous studies that it is safer, more cost-efficient, and produces significant time savings for both the physician and his staff. Below are the most important considerations.

- The state of Florida has established a task force to provide the most current and accurate information about what is available. This group also certifies vendors and applications as meeting the “fully informed” requirements that ensure eligibility for the incentive bonus payments offered by CMS. E-prescribe Florida is accessible at www.eprescribeflorida.com. I encourage everybody to browse the site. If you have other questions, contact me at 850.434.8147.
- “Fully informed” refers to the capability of the application to electronically access all of the appropriate information about the specific patient that will ensure that the prescribing physician makes a fully informed decision about the prescription. This information includes the prescription history, allergies, potential drug-drug interactions, formulary restrictions and alternative drugs available, and FDA alerts. This saves endless phone tag time and pharmacy call-backs, and assures high quality decision making.
- CMS is offering incentive bonus payments to physicians who adopt e-prescribing early, and use it “meaningfully”, which is in a majority of appropriate encounters. The incentives start in 2009, and will apply to 2010 and 2011 as well. The structure of the incentive is based on all Medicare billings for the year, and will be 2% in 2009 and 2010, and 1% in 2011. After that, not only will there be no bonus, there will be a penalty also assessed as a percentage of Medicare billings. Start soon!
- You do not have to have an EHR/EMR to do e-prescribing; a computer and a high speed internet connection are all that is necessary, and the application can be loaded on hand-helds as well as PC's or laptops.

Many but not all EHR/EMR systems have an e-prescribing module imbedded within their application structure; however, all of those may not be fully informed, so if you have an EHR/EMR, check with your vendor to make sure that any imbedded e-prescribe applications are fully informed; if not they will need to make the appropriate adjustments.

This is definitely the wave of the future. I want all of the Health First Network providers to get what bonuses are out there, and I don't want any of the Health First Network providers to end up in the “penalty box”.

Let me know if I can help.

William J. Whibbs, M.D.



SIGNATURE REQUIREMENTS FOR MEDICAL RECORDS

With such paradigm shifts taking place in the health-care industry worldwide, documentation and verifying the actual provider on medical record documents is essential for the continuity of care and proper reimbursement for the condition of the patient.

CMS Signature Guidelines for all services provided/ordered:

- Legible hand written signature with physicians' credentials; **Signature STAMPS ARE NOT ACCEPTABLE** to sign an order or other medical record documentation for medical review purposes. *(Please refer to Medicare Transmittal 248 Signature Requirements)*
- Electronic Signature; If you have an Electronic Health Record (EHR)/Electronic Medical Record (EMR), and the software prints your name and credential, it will still have to say "electronically verified by..." or something equivalent included in the wording of the sign-off. Not all EHR/EMR's are set up to provide appropriate wording, but usually that is an easy fix, so if there are questions, check with your vendor.

CMS requirements for signature verification have always been a guideline. As our industry is facing changes, the guidelines are being enforced.

I know what you all are thinking, but this just has to be done; it likely will only come up in the context of some kind of audit, and, believe me, that's not the time to start thinking about it. Medicare is currently auditing several aspects of care for Medicare enrollees in the state of Florida, so the harsh reality is not far off.

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 248	Date: MARCH 28, 2008
	Change Request 5971

SUBJECT: Signature Requirements Clarification

I. (Rev. 248; Issued: 03-28-08; Effective Date: 09-03-07; Implementation Date: 04-28-08)

B. Signature Requirements

Medicare requires a legible identifier for services provided/ordered. The method used *shall* be hand written or an electronic signature (*stamp signatures are not acceptable*) to sign an order or other medical record documentation for medical review purposes.

NOTED EXCEPTION: *Facsimile of original written or electronic signatures are acceptable for the certifications of terminal illness for hospice.*

Providers using electronic systems should recognize that there is a potential for misuse or abuse with alternate signature methods. *Facsimile and hard copies of a physician's electronic signature must be in the patient's medical record for the certification of terminal illness for hospice.* For example, providers need a system and software products which are protected against modification, etc., and should apply administrative procedures which are adequate and correspond to recognized standards and laws. The individual whose name is on the alternate signature method *and the provider* bears the responsibility for the authenticity of the information being attested to. Physicians should check with their attorneys and malpractice insurers in regard to the use of alternative signature methods.



OPEN ENROLLMENT ACTIVITIES

Health First Network is pleased to report that in the middle of Medicare's annual open enrollment for their members our two partners in this product are having success. Well Care, who we have had a contract with since May 2002, has enrolled approximately 800 members during the total open enrollment period. HealthSpring, who is new in the area effective January 2009, has enrolled 200 new members. In total then, the companies affiliated with HFN have increased the membership rolls by 1,000. Note, that there is still one month to go and we will report any significant changes to these numbers.

MOHS MICROGRAPHIC SURGEON

Health First Network is excited to welcome Dr William Henghold. Dr Henghold is a rare specialist in the Northwest Florida area specializing solely in Mohs Micrographic Surgery. He has dedicated his practice to patients with tumors of the skin naming it "The Skin Cancer Center of N.W. Florida". He is a fellowship trained Mohs Micrographic Surgeon with over ten years experience in Dermatology. Dr Henghold has currently contracted with Health First Network for Mohs Micrographic Surgery Only.

Referral and documentation is required. For an appointment call Dr Henghold's office at 850-474-4775 or 800-243-7546. He is accepting Wellcare, HealthSpring, Vista and Vista Healthy Kids insurance plans.

For further information please call Health First Network @ 438-0818 and ask for Jenny Caillouet or Jackie Murph.

GOVERNMENT RANKS HEALTHSPRING

NASHVILLE, Tenn. – The March 31 deadline for Medicare beneficiaries to make changes to their prescription drug or Medicare Advantage coverage means many people are researching whether their current plan is truly the best choice. HealthSpring, a coordinated care plan with more than 160,000 Medicare Advantage members in six states, announces that three of its 2009 healthcare plans – **HealthyAdvantage**, **HealthyAdvantage Plus** and **HealthyAdvantage Premier** - are ranked by the Centers for Medicare and Medicaid Services (CMS) as "very good" among area Medicare Advantage plans for all beneficiaries, regardless of health status, according to the Medicare.gov health plan comparison tool.

CMS is the government agency responsible for overseeing Medicare. CMS' Medicare.gov website provides an online comparison tool to allow beneficiaries to evaluate which Medicare Advantage plan might be their best choice.

"We are obviously really pleased that a CMS comparison shows our plan benefits stack up so well against other plans in Pensacola," HealthSpring Southeast Division President Bob Dawson said. "HealthSpring works hard to design benefits that help members get the most value from Medicare. We want to help them get great quality care, stay healthy and have the best possible quality of life. Our benefits, and our entire coordinated care approach, are centered on that goal."

March 31, 2009 is the deadline for Medicare beneficiaries who are currently enrolled in a Medicare Advantage, Part D prescription drug or Medicare supplement plan to switch to a different plan. Beneficiaries are unable to change plans after that date until Medicare's Annual Enrollment Period begins on Nov. 15, 2009.

HealthSpring is based in Nashville, Tenn., and is one of the country's largest coordinated care plans whose primary focus is the Medicare Advantage market. HealthSpring currently owns and operates Medicare Advantage plans in Alabama, Florida, Illinois, Mississippi, Tennessee and Texas and also offers a national stand-alone Medicare prescription drug plan. For more information, visit www.healthspring.com.



CAREER SERVICES PROVIDED BY VIRGINIA COLLEGE

Health First Network staff recently met with Virginia College representatives to learn more about their healthcare-related programs and to determine if the training, education and skills of Virginia College students and graduates could benefit Health First Network Physicians Offices.

Programs offered at the Pensacola campus include:

- Healthcare Reimbursement (associate)
- Health Sciences (associate)
- Medical Assistant (diploma and associate)
- Medical Billing and Coding (diploma)
- Medical Office Management (associate)
- Pharmacy Technician (diploma)
- Pharmacy Technology (associate)
- Practical Nursing (diploma)
- Surgical Technology (associate)

Students must complete at least 180 hours of unpaid "hands-on" externship in physician offices, hospitals and/or skilled nursing facilities as part of their training. Several Health First Network Physician Offices have provided these students with in-office training opportunities, and have successfully hired exceptional students as regular employees.

If you are interested in providing a training opportunity in your office for a Virginia College Student, contact Danny Foust, Allied Health Extern Site Coordinator at 850-436-8444, ext. 2325.

To inquire about employment opportunities in your office for a Virginia College graduate, contact Michelle Sims, Director of Career Services at 850-266-2258.