

THE MESSENGER



Valley Baptist
Valley Health Care Network

JUNE 2009

In this Issue:

Message from the Interim Executive Director	1
Medicare Expands Coverage	1
The Expert Corner Insurance—Get it Right!	2
VHCN Board members	4
Important Alerts!	4
New Physician Members	5
Office Manager's Luncheon	6
National Scleroderma Month	7
Upcoming PMI Seminars	8

VHCN Staff:

Pam Magouirk
Interim Executive Director

Erin Hodgson, *Provider Relations Coordinator*

Debbie Muñoz,
Executive Secretary

Lola McShan, *Provider Compliance Coordinator*

Message from the Interim Executive Director

Looking Back, Looking Forward

As you probably know, Dr. Garner Klein retired as our Executive Director last December. I'm happy to report that he is enjoying the rewards of his many years of hard work and dedication to providing quality health care to the people of our communities. Working in his garden, tending to his livestock, fishing and just enjoying life to the fullest is his passion these days, but he does stop by to see us periodically to see how we are doing. Undoubtedly to also make sure we are keeping up the good work he started here at Valley Health Care Network!

Looking back, having had the privilege of working with Dr. Klein, I learned so much from him about our industry and how rewarding it can be to work with patients and the physicians who take care of them.

So, looking forward, it will be my honor to work with you and for you to continue the legacy Dr. Klein started with Valley Health Care Network providing top quality service to our member physicians. My door is always open and I hope you will stop by our office whenever you can and let us know how we are doing and how we can better serve you!

Yours Truly,
Pam Magouirk

Medicare Expands Coverage of PET Scans

The Centers for Medicare & Medicaid Services (CMS) issued a final national coverage determination (NCD) to expand coverage for initial testing with Positron Emission Tomography (PET) for Medicare beneficiaries who are diagnosed with and treated for most solid tumor cancers. This NCD removes a clinical study requirement for PET scan use in these patients.

Since 2005, Medicare coverage of PET scans for diagnosing some forms of cancer and guiding treatment has been tied to a requirement that providers collect clinical information about how the scans have affected doctors' treatment decisions. This information was gathered through the National Oncologic PET Registry (NOPR) observational study. This decision removes the requirement to report data to the NOPR when the PET scan is used to support initial treatment (or diagnosis and "staging") of most solid tumor cancers.

Medicare collects data from the NOPR under CMS' Coverage with Evidence Development (CED) program. CED allows Medicare to develop evidence about how a medical technology is used in clinical practice so that Medicare can do the following:

(Medicare continued on pg. 3)

THE EXPERT CORNER

INSURANCE—GET IT RIGHT!

By: Allan R. Brumley, CIC, AAI

Vice President

Texas Insurance Managers

Harlingen, Texas

One of the most mundane of the business tasks any person faces is dealing with insurance matters, yet it is one of the most important facets of asset and personal protection anyone deals with. Along with your lawyer and your CPA, your insurance agent should work with you to see that all the things you hold near and dear are well protected. Insurance has the ability to replace property, replace income, defend lawsuits, as well as pay on your behalf if you lose a suit. It can create estates, protect estates, transfer estates, and very importantly it can defend your personal and professional reputation—and that's only a few of the things insurance can do for you! But how do you accomplish these things without using too much of your valuable time? First, you select an agent that has experience, expertise, and one that is associated with an established, professional agency that can afford the resources needed for the administration of your insurance business. It is this agent and his/her staff that should see that your insurance is with reputable carriers and will be YOUR advocate at the time of a loss so that your interests are theirs.

Some of the things one needs to consider are simple but very important. Are you dealing with a local agent or someone in another part of the State? It is certainly possible to do business with an out-of-town agent, but it would be of value to have someone that could come to your office on a moment's notice to visit with you about insurance coverages, an attorney letter you've received, or simply what to do about your son/daughter that is about to start driving. You see, the personal end of your insurance and the commercial end are very different types of insurance. Your agent needs to be well-versed in both. Many of the insurers that advertise heavily on TV only cater to the personal insurance needs (auto, home, etc.), and your insurance needs go much, much further than that. If you have one agent doing the personal insurance

and another agent doing the business insurance,

which includes employee benefits, then you risk the very real possibility of poor coordination of the two and possible gaps of coverage that can occur through that lack of communication and coordination. That would be like having your patient seeing multiple specialists without any of them knowing that the others are treating the same patient. Find an agent and agency that can handle all your insurance needs.

When it comes to the business insurance, be sure that your property & equipment, general liability (as opposed to your professional liability), and workers compensation are all addressed. Do not, however, fail to consider your employee benefits package. In today's market for medical office staff it is a fact that the employee benefit package you offer can and will be a determining factor in your retention of well-qualified, experienced personnel. Health insurance, disability income insurance, health savings accounts, and possibly a 401k are among the most basic of those considerations. If your agent is from (hopefully) a full-service agency there will likely be a specialist in the employee benefits area from the agency that can guide you in this important area of your insurance needs. Moreover, they can assist you with innovative benefit designs to maintain the affordability of your package. Don't forget that those things all are extremely important to you personally, as well!

...Now—Professional Liability (medical malpractice insurance). Here is something we all used to worry about greatly, but is now something that SEEMS to be going along without much pain or concern. Prior to the passage of meaningful tort reform it was on not only the mind of every physician, but also the mind of every agent trying to find a company to provide coverage to his physician-clients. **Do not be lulled into a false sense of security regarding this segment of your insurance.** It is still very important that you be dealing with a company with solid financial strength, a sound track record of defending its physicians, and one whose pricing is reasonable. Notice, I did not say that the pricing would be the cheapest! Remember, the old saying about "...you get what you pay for" still holds true. There have been some new, start-up insurers come into the Texas medical liability market. *(Insurance continued on pg.3)*

Their prices can be less, and they may say their policy is the same, but the policy is only as good as the defense the company is able to provide when the lawsuit occurs. Make sure you are insured by a company that has a track record of fierce defense of the medical professional and that has the resources to do so without any consideration to the cost in doing so. In other words, the company needs to be big enough to be willing to spend whatever it takes to do the job. The old line companies whose names you know are still around and well known for very good reason. If you look at only price rather than service and the depth of intellectual and monetary resources, you could be making a huge mistake. It should also be said that there are some companies in the market place that are helping by donation of hundreds of thousands of dollars to TAPA (Texas Alliance for Patient Access) to help see that none of the legal community is successful in eroding the tort reforms that have helped us so much. The newer (less expensive) companies have done little to nothing in this regard. Could that be why their premiums are less? Go with what and who you know when it comes to defending your professional reputation!

If you feel that you are being under-served by your current insurance agent, or you would simply like to get another opinion regarding your current insurance program, Texas Insurance Managers would value the opportunity to visit with you. Much of the Valley medical community is already served by the professionals at this agency, but if you are not, you are invited to contact Texas Insurance Managers, an agency whose existence goes back to the early 1900's. **Texas Insurance Managers** is a full service agency and one of the largest agencies in the Rio Grande Valley specializing in medical malpractice insurance, with the author of this article heading up that department. Texas Insurance Managers represents Advocate MD, a company with a special program just for Valley Health Care Network. Texas Insurance Managers is also the only contracted agent for Texas Medical Liability Trust (TMLT) in the Valley, so we can offer every physician both confidence and choice in their insurance needs. Allan Brumley is a Certified Insurance Counselor and can be reached at (956) 423-6986, (800) 880-1177, or allan@txinsmgr.com.

- (a) clarify the impact of these items and services on the health of Medicare beneficiaries;
- (b) consider future changes in coverage for the technology; and
- (c) generate clinical information that will improve the evidence base upon which providers base their recommendations to Medicare beneficiaries regarding the technology.

This decision applies to PET scans used to support initial diagnosis and treatment for most types of solid tumor cancers. It also expands coverage of PET scans for subsequent follow up testing in beneficiaries who have cervical or ovarian cancer, or who are being treated for myeloma, a cancer that affects white blood cells. For these cancers, NOPR data collection will no longer be required.

It is important to note that today's decision still requires clinicians to report data to the NOPR when using PET scans to monitor the progress of treatment or remission of cancer in some cases. Although the evidence generated by the NOPR study helped CMS determine that PET scans are useful in helping guide treatment when cancer is first diagnosed, scientific evidence is not as strong in showing that PET scans are as useful in making subsequent treatment decisions for some types of cancer.

A minimally invasive diagnostic imaging procedure, PET uses a radioactive tracer to evaluate glucose metabolism in tumors and in normal tissue. The test may provide important clinical information to guide the initial treatment approach (e.g., diagnosis and "staging") for many cancers. This additional information may help physicians to distinguish benign from cancerous lesions and better determine the extent of a tumor's growth or metastasis. PET scans have also been used in subsequent testing for cancer patients, e.g., to monitor cancer progression or remission after cancer treatment has begun. For more information visit the CMS website at http://www.cms.hhs.gov/apps/media/press_releases.asp.

IMPORTANT ALERTS !



Veterans Affairs Contract

Valley Baptist Health System contracted with the Veterans Affairs to provide Inpatient and ER services at Valley Baptist - Harlingen & Brownsville effective April 4, 2009. We will be sending more information to you very soon. Below is some information regarding the billing process and a sample Veterans identification card. Should you have any additional questions feel free to contact us.

- Claims should be sent to:
Department of Veterans Affairs
South Texas Veterans Health Care System
Attn: Fee Services Section (136F)
7400 Merton Minter Blvd.
San Antonio, TX 78229
- All claims must be paper, no electronic
- All claims should be submitted within 45 days of treatment/discharge
- Claims must include all medical documentation for the treatment billed

VBHP Updates Pre-Certification List

Valley Baptist Health Plans has notified us that they have revised their Pre-Certification List.

Changes include:

- Inpatient/Outpatient Rehabilitation to include Cardiac and Pulmonary
- Infertility
- Pain Management Procedures
- Rhizotomy

These changes are effective on July 1, 2009.

If you don't receive a copy or have any questions please contact Valley Baptist Health Plans Provider Relations at 956-389-2273.

Sample of the Veterans Identification Card (VIC):



Welcome New VHCN Physician Members !
January - April 2009

Manuel Espinoza, M.D. (Urology)
956-425-5144
Harlingen

Antonio Alvarez-Mendoza, M.D.
(Pathology)
Valley Baptist—Harlingen
Doctor's Hospital at Renaissance

Darryl C. Longee, M.D.
(Pediatric Hematology-Oncology)
956-688-1208
McAllen

Luis De La Torre, M.D. (Pediatrics)
Harlingen 956-365-6001
Raymondville 956-689-2196

Francisco J. Torres, M.D. (Psychiatry)
956-698-4705
Brownsville

Preston Ukoli, M.D. (Nephrology)
956-542-1655
Brownsville

Irina Minina, M.D. (Internal Medicine)
956-542-2188
Brownsville

Richard Ybarra, M.D. (Family Practice)
956-425-7200
Harlingen

Dinah Saavedra, M.D. (Pediatrics)
956-365-6001
Harlingen

VHCN Value Added Services

Group Purchasing

Broadlane is available to your practice at no cost for participation and the average practice saves approximately 20-25% on total supply costs.

Legal Representation

Valley Health Care Network has negotiated with two law firms to offer you legal services at a discounted rate for representation in issues with the Texas Medical Board. Both these firms have extensive experience representing physician clients with the Texas Medical Board.

Up to Date

Up to Date is a clinical information resource that provides current answers to clinical questions across all of internal medicine, including its sub specialties, as well as Family Medicine, Ob/Gyn and Pediatrics. VHCN members will receive a \$100 discount off the purchase of this subscription for your office.

AnswerOne Answering Service

VHCN physicians will receive a 10% discount on their services which include E-mail message delivery, Voice Mail, Fax message delivery, Alpha-numeric paging, and Online Scheduling.

Office Manager's Luncheon

Tuesday, July 14, 2009

Valley Baptist Medical Center - Harlingen

Woodward Conference Center

11:45 a.m.

Topics

Registration and PATT Process

Presented by Brandon Webb & Ann McDonald Upton

Hand Hygiene & Stations

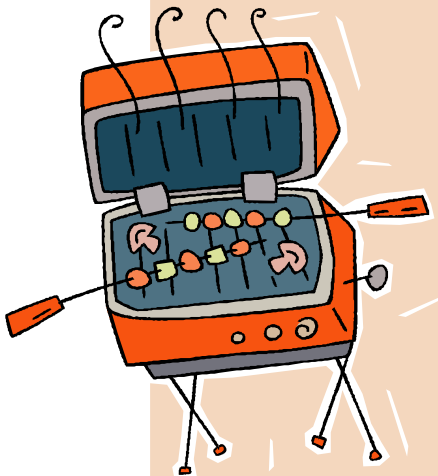
Presented by Tracy Kirkconnell

Central Scheduling, *Presented by Brandon Webb*

& Matt Wolthoff

Patient Satisfaction (Physician Related)

Presented by Tracy Kirkconnell



Please RSVP to Debbie Muñoz or
Erin Hodgson at 389-6742 by
Monday, July 13, 2009



Scleroderma, or systemic sclerosis, is a chronic connective tissue disease generally classified as one of the autoimmune rheumatic diseases. Hardening of the skin is one of the most visible manifestations of the disease. Scleroderma is not contagious, it is not infectious, it is not cancerous or malignant.

How serious is scleroderma?

Any chronic disease can be serious. The symptoms of scleroderma vary greatly from individual to individual, and the effects of scleroderma can range from very mild to life-threatening. The seriousness will depend on what parts of the body are affected and the extent to which they are affected.

How is scleroderma diagnosed?

The diagnostic process may require consultation with rheumatologists (arthritis specialists), and/or dermatologists and require blood studies and numerous other specialized tests depending upon which organs are affected.

Who develops scleroderma, and when?

There are an estimated 300,000 people in the United States who have scleroderma, about one third of whom have the systemic form of scleroderma. Localized scleroderma is more common in children, whereas systemic scleroderma is more common in adults. Overall female patients outnumber male patients about four to one, and the average age at diagnosis is in the forties. However, scleroderma can develop and is found in every age group from infants to the elderly, but its onset is most frequent between the ages of 25 to 55.

What causes scleroderma?

The exact cause or causes of scleroderma are still unknown, but scientists and medical investigators in a wide variety of fields are working hard to make those determinations. It is known that scleroderma involves overproduction of collagen.

What is the treatment for scleroderma?

At the present time, there is no cure for scleroderma, but there are many treatments available. Because there is so much variation from one person to another there is great variation in the treatments prescribed.

<http://www.scleroderma.org/medical/overview.shtm>

Upcoming PMI Seminars

Harlingen

August 21

ICD-9-CM Coding

9:00 am to 4:00 pm

\$249

Program #13980-0821

September 18, 25, October 2, 9, 16,

Certified Medical Coder (CMC)

8:00 am to 4:00 pm

\$999

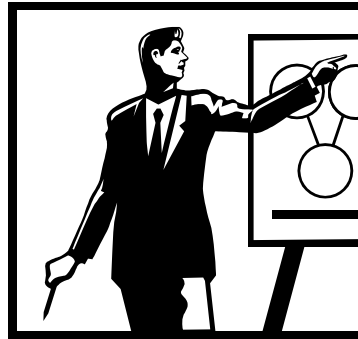
Program #13983-0918

August 21, 2009

ICD-9-CM Coding

9:00 am to 4:00 pm

\$249 Program #13980-0821



Brownsville

August 19, 2009

CPT Coding

9:00 am to 4:00 pm

\$249

Program #13839-0817

Call 800-259-5562 or visit www.pmiMD.com to register or for more information on these programs.

**“WE ARE TRULY YOUR
MESSENGER.”**

THE MESSENGER

Valley Health Care Network
P.O. Drawer 2588
2101 Pease Street
Harlingen, Texas 78551

Phone 956-389-6742
Fax 956-389-6769

[http://www.valleybaptist.net/
services/professionals/vhcn/](http://www.valleybaptist.net/services/professionals/vhcn/)



Valley Baptist
Valley Health Care Network