

# FOCUS

*The Quarterly Newsletter for Physician Office Staff*

**Route to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volume 6, Number 2  
May, 1997

## ***Building Project at Cedar Crest & I-78 to Prepare LVHHN for 21st Century***

In November 1996, the Lehigh Valley Hospital and Health Network board of trustees approved funding for the five-story East Building that will house obstetrics/gynecology, neonatal and psychiatric beds, intensive care units, and outpatient diagnostic areas. Most patients who are currently admitted for these and related services and treatment go to 17th & Chew.

transitional skilled unit, emergency services, inpatient hospice beds, outpatient surgery, diagnostics and testing, and ambulatory medical practices will stay at this urban Allentown site.

Groundbreaking for the East Building is scheduled for this summer, with grand opening ceremonies planned for early 2000.

Consolidating acute inpatient services at Cedar Crest & I-78 will create a concentration of medical specialists and facilities that will result in high-quality, cost-effective care.

The East Building, which will contain 230,000 sq. ft of space, will be a modified "L-shaped" wing, situated between the main hospital tower and the 1210 medical office building, and will extend into current parking areas for emergency and medical office building patients.

The project is part of LVHHN's five-year, multi-phase functional and facilities vision authorized by the trustees in 1994. The design makes 17th & Chew a hub of ambulatory services, community-based programs, primary care and the future base for the new seniors program, Vitality Plus, which was recently introduced. The

### **In This Issue . . .**

LVHHN to Offer Vitality  
Plus to Persons 50+  
Page 2

Tuberculosis Revisited  
Page 3

A Compliance Program --  
What is it? Why Does  
Your Office Need One?  
Pages 3-5

Spring Cleaning  
Page 6

Upcoming Seminars and  
Educational Programs  
Pages 6 & 7

Recommended Reading  
Page 8

### **GLVIPA Reminder**

Notification of the annual assessment  
dues for 1997 for continued  
membership in the Greater Lehigh  
Valley Independent Practice  
Association, Inc., was mailed to  
individual practitioners on April 14.

Each physician member is  
responsible for one annual  
assessment of \$250, which is due no  
later than May 12, 1997. If you have  
any questions, please call Eileen  
Hildenbrandt at 402-7423.

---

## ***LVHHN to Offer Vitality Plus to Persons 50+***

Staying healthy and active is key to getting the most out of life, and LVHHN recently launched an exciting new program designed to help people ages 50 and over do just that.

Called ***Vitality Plus***, the low-cost program features many opportunities and activities for individuals and couples, from exercise classes and cooking seminars, to social galas and even dance lessons. *Vitality Plus* members also get discounts on prescriptions, health care products, travel, dining and hotel reservations, and many other products and services.

The program is available through participating family practitioners and internists in cooperation with LVHHN and other PennCARE hospitals throughout eastern Pennsylvania. According to physicians, having so many health and wellness opportunities tailored to individual patients' needs is what makes *Vitality Plus* unique.

LVHHN physicians and consumers from Lehigh, Northampton and Bucks counties played a role in developing the program. "To ensure that *Vitality Plus* will meet customer needs, we held focus groups where physicians and community members shaped the program," said John Stavros, Senior Vice President, Marketing and Public Affairs. "They gave us input on everything from the name of the program and the services included to the membership cost."

*Vitality Plus* is the first program of this size and scope to be offered through physician offices and their affiliated hospitals in eastern Pennsylvania. It's among the first in the nation to integrate such a diverse array of benefits into one health and wellness package.

The program's goal is to help physicians keep people well, active and productive through a comprehensive package of health education and wellness services, hospital amenities, social activities, and medical and lifestyle cost savings. For example, for a person at risk for heart disease, there are exercise programs, nutrition classes, stress reduction seminars and other resources available through *Vitality Plus*. If members have questions about insurance claims, their prescriptions or long term care, *Vitality Plus* offers qualified assistance. If an individual wants to expand social opportunities and meet people, there are special events, a dining club and travel discounts.

"*Vitality Plus* was created to appeal to different people with different needs," said Susan Hoffman, who directs the program. "But no matter what the reason is for joining, once you're a member you open the door to a wide range of opportunities and value. And it's all in one resource."

The cost of membership is also a key advantage of *Vitality Plus*. At \$20 per year for an individual or couple, members can save up to \$550 annually. For example, all new members receive two months of free exercise classes at community locations, discounts on eyewear and pharmaceuticals, long-term care insurance at below-market rates, and much more.

*Vitality Plus* will soon have a toll-free phone line --Vitality Link-- to keep members informed about classes, events or general health issues. People can call Vitality Link at (888) 584-PLUS to find out if their doctor is a participating *Vitality Plus* physician and receive a membership application.

---

## ***Tuberculosis Revisted***

Tuberculosis continues to be a threat in our community. Therefore, we must prevent a communicable patient from entering the hospital environment without proper precautions. Early identification of patients potentially infected with TB is imperative to a well-designed TB Program.

A TB self-screening tool was implemented in the outpatient clinics and the Emergency Department in July, 1996, to identify individuals who may be at risk for TB. For private patients, we are enlisting the support of the ADMITTING PHYSICIAN to communicate with the admitting areas that the patient is a R/O

TB so that proper isolation precautions can be promptly initiated. The same consideration should be made for private patients directed to outpatient testing areas for x-rays, blood work, etc., if R/O TB contributes to the differential diagnosis. In these cases, sending the patient to the hospital with a mask would be appropriate.

The Infection Control Department recognizes and appreciates all efforts made to comply with these measures intended to reduce the risk of Tuberculosis transmission to the patients, staff and visitors in the Lehigh Valley Hospital and Health Network.

---

## ***A Compliance Program -- What is it? Why Does Your Office Need One?***

by Jane S. Derby, Practice Administrator, Lehigh Valley Nephrology Associates

A medical practice's main concern, no matter whether it is a primary care or a specialty care practice, is their patient's health and treatment. The physician treats the patient, and the practice bills for the services. Can we be sure that we are not in violation of some fraud and abuse policy? To violate these policies does not mean that we are intentionally committing a crime. There may be practices that the physicians are not aware of that are occurring in the billing department. A physician may supply a charge card to the billing department which inappropriately misinterprets the service rendered and bills for a service which is not supported by proper documentation in the medical record as required by any third-party payer.

The message that is being sent from the experience of the University of Pennsylvania and other hospitals that have recently had an audit, is that we

should carefully examine our billing procedures. Ask yourself, "Could we pass an audit if we were next in line?"

The Inspector General's Office has set the investigation of fraud and abuse as a high priority. The signing of the Health Insurance Portability and Accountability Act of 1996 confirms the government's intent. Audits are being carried out by FBI agents, federal and state inspector general offices, and state Medicaid fraud units.

Implementing a compliance program for the physician office is a new concept. The purpose of the program is to take a proactive role in the prevention of fraud and abuse. If an audit occurs, the practice should be in good shape because internal audits have periodically already been performed. If, by chance, there is a

(Continued on Page 4)

violation, at least having a compliance program and following that stated plan does show good faith. Fines and penalties will be reduced using a government developed formula.

At this time, the government has not definitively stated how these programs should be written, so you will have to do this on your own. When writing your program, set up standards and procedures that your office will be able to follow. Don't make them so cumbersome that implementation is so difficult that the procedures are not followed by all the employees involved. Once you have stated your intent and the procedures to accomplish the intent, make sure that you continually follow through. The reason this is so important is that if you are audited and you have not followed your procedures, this may be worse than not having a compliance program at all. You should rewrite these procedures as you see the need to change them.

Elements of a compliance program could include the first element of standards and procedures. These should be readable and understandable by any person. The next element should state who has oversight of responsibilities. A third element could be employee training. This is a written, ongoing training program for employees and subcontractors. A fourth element could be monitoring and auditing your procedures and standards. The last element could be how you will enforce this program and discipline those who have not followed the procedures to prevent fraud and abuse.

Begin the compliance program manual by setting up a notebook into sections. Write a statement of intent. Then begin with

setting up standards, i.e., a policy regarding co-payments and deductibles. Elaborate on how you will follow through on this policy to see that it is carried out. Another standard could be evaluation of utilization of procedure codes. A procedure could be to check utilization from peer specialty groups to compare your practice's trends. Evaluate any highs or lows for reasonability. Charting documentation standards should be set and monitored by the pulling of random charts from the hospital's and office's medical record departments to match the codes that are billed for the date of service. These are just a few ideas to get you started when creating a compliance program for your practice.

The next section should state who is going to have the responsibility to orchestrate this ongoing process. A compliance officer should be appointed. This person will be responsible for continually monitoring the practices activities, educating the staff regarding legal changes, and updating on third party rules and regulations. The Federal Register is a good source of policy changes.

A section of the binder should be labeled Claim Filing Errors. All billing errors should be copied demonstrating how they were filed improperly and again copied as to how they were corrected. This process will serve as a good learning tool. No disciplinary action will be taken against the person making the error unless it was proven to be an intentional case of fraud or abuse. Errors can occur as simply as an incorrect place of service or as inappropriately as a violation of conflict of interest laws.

(Continued on Page 5)

Education material used for training the staff should be another section of the binder. Recent seminar material regarding billing should be included. Any documentation of changes of laws and regulations would be filed in this section.

After you have set up the standards and procedures, you will have the next section of the manual listing the monitoring and auditing procedures that will check that the standards are being followed correctly. Also include how often these checks will be done. For example, every three months, five charts will be pulled from the medical records department of the hospital and office.

The next section should be the enforcement and discipline section. It should be stated that criminal activity will not be tolerated. Reference to your Personnel Manual as to discipline of these criminal acts should be stated.

And finally, the last section should deal with the creation of procedures for the future prevention of fraud and abuse. One particular prevention method should be that this compliance program manual will be read every six months. At the end of the manual, there can be a review and sign sheet which will contain every staff members signature and date after reviewing the manual. This indicates that they are aware of any current billing errors that have occurred and how to correct them. They are aware of any changes in policies, laws, or regulations that are included in the education section.

Writing a compliance program will not be an easy task. Some suggested resources may be your corporate attorney. Also, Dennis Olmstead, Director of the Medical

Economics Department, Pennsylvania Medical Society, is quite knowledgeable on the subject. "The Doctor's Office," publication number 174, November 1996, had the best article that I was able to find. Quoting Neil Caesar, J.D., in his writing for the Legal Forum in the March 1997 issue of **Managed Care**, he says, "Every health care provider and managed care organization must put into place an appropriate health care fraud and abuse compliance program. At a minimum, every physician or physician group and managed care organization must undergo prompt and regular legal and financial analysis of its health care compliance activities, must correct deficiencies identified in that analysis, and must implement a program to reduce the likelihood of these sorts of problems occurring. Period."

Disclaimer -- I am an amateur and should not be held legally responsible for how you write your compliance program. Please have your program reviewed by your attorney. My intent is to send the message that this is something important that every physician's office should implement.

Jane S. Derby

To assist you with your Spanish speaking patients, a list of Spanish words and phrases with English translation is now available in the /LVH InterpreterList section of the E-mail Bulletin Boards.

---

## ***Spring Cleaning***

by Colleen Burgess, Office Manager,  
Allen Neurosurgical Association

It's time to clear out the cobwebs, de-clutter your office, and get organized! More record keeping is required than ever before and the growth of these documents eats into your available space. It's time to decide what items to keep and what items to throw out. Below is a schedule for retaining various materials.

- Medical Records - Permanently
- X-rays - Permanently
- Day sheets, patient billing or fee slips - Permanently
- Internal monthly summaries, management reports - 3 Years
- Explanation of benefits - 3 Years
- Duplicate deposit slips/bank statements - 1 Year
- Personnel records - 3 Years after termination

Decrease the size of your patient charts by removing all non-medical information such as insurance and business claims. Computerization has made it much easier to regenerate a claim on demand and explanation of benefits should be kept within the files of the business office, not filed in a patient's "medical record." Decide what you can do without and where to put items you really need.

Update your disposition schedule and discuss with your legal advisor before putting it into effect. It's not too late to get started. When everything is in its place, you will feel more in control and more productive.

---

## ***Upcoming Seminars and Educational Programs***

**Improving Your Practice Operations** (F379G) will be held on Thursday, May 8, at the Sheraton Inn Jetport, Allentown, Pa. This one-day workshop focuses on practical ways to improve the day-to-day operations in your medical practice, including telephone management, appointment scheduling, co-pay/deductible collections, dealing with difficult patients, understanding managed care basics, and time management. For more information, please call The Medical Management Institute at 1-800-334-5724.

**Effective Managerial & Personnel Leadership** will be held on Tuesday, May 20, at the Valley Forge Hilton in King of Prussia, Pa., and on Tuesday, June 10, at the Pennsylvania Medical Society Headquarters in Harrisburg, Pa. Some of the major issues to be addressed include

maximizing staff performance, assessing your managerial style and performance, improving communications, and planning and marketing. For more information, call Conomikes Associates, Inc., at 1-800-421-6512.

**Patient Flow Management** will be held on Thursday, May 22, at the Valley Forge Hilton in King of Prussia, Pa., and on Thursday, June 12, at the Pennsylvania Medical Society Headquarters in Harrisburg, Pa. Major issues to be addressed include effective telephone management, appointment scheduling methods, front office and back office strategies, and dealing with medical records problems. For more information, call Conomikes Associates, Inc., at 1-800-421-6512.

(Continued on Page 7)

**Coding Analysis to Maximize Reimbursement** will be held on Friday, May 23, at the Valley Forge Hilton in King of Prussia, Pa., and on Friday, June 13, at the Pennsylvania Medical Society Headquarters in Harrisburg, Pa. Topics to be addressed will include ICD-9 coding, CDT coding, using CPT and ICD-9 codes, and the latest Medicare changes in payment policy. For more information, call Conomikes Associates, Inc., at 1-800-421-6512.

The **Professional Association of Health Care Office Managers (PAHCOM)** 9th Annual Conference will be held May 7-10 in Buffalo, NY.

Each year, it becomes more apparent that today's office managers have to continue learning in order to keep up with the ever-changing demands of their profession. As new managed care concepts and formations continue to evolve, new requirements are being placed on office managers and administrators to learn about new coding and insurance requirements, new managed care contract standards, new Medicare provisions, HCFA, CLIA, OSHA, etc., -- the list goes on!

The speakers for this 1997 conference, including Joan Rissmiller, CMM, Practice Administrator for General Surgical Associates, offer a wide spectrum of knowledge and expertise condensed into three days of intensive education sessions. This is a wonderful opportunity to improve personal knowledge and confidence, become more efficient, more profitable, and make your practice a more rewarding place to work.

The Lehigh Valley Chapter of PAHCOM, established in 1993, is 75 members strong and meets monthly to discuss current health care issues both on a national and local level.

For more information regarding the national conference or the Lehigh Valley Chapter of PAHCOM, please contact Colleen Burgess, CMM, Area Representative and Office Manager for Allen Neurosurgical Association, at 433-3143.

**Good Luck to Colleen Burgess who was nominated for President-elect of PAHCOM National. Elections will be held at the national meeting which will be held May 7-10 in Buffalo, NY.**

### **Upcoming PAHCOM Meetings**

**Tuesday, May 20**  
**8 a.m. - Lucent Technologies Dining Area, 1255 S. Cedar Crest Blvd.**  
**Networking Session**  
**Topic: Overview of National Conference**

**Tuesday, June 17**  
**5:30 p.m. - Location to be announced**  
**Joint Meeting with Twin Rivers Chapter**  
**Roundtable discussions by specialty**

**For more information, please contact Sarah Donlevy, President, at 437-6222.**

---

***Recommended Reading for  
Physician Office Staff with  
Busy, Challenging Lives***

**You Don't Have to Go Home From Work  
Exhausted!**

A program to bring joy, energy, and  
balance to your life.

McGee-Cooper, Ann

**The Seven Habits of Highly Effective  
People: Restoring the Character Ethic**

Powerful lessons in personal change.

Covey, Stephen R.

**Lifebalance**

How to simplify and bring harmony to your  
everyday life; balancing work with family.

Eyre, Richard and Linda

**A Force for Change: How Leadership  
Differs from Management**

Kotter, John P.

***Humor Therapy Reading for  
Medical Personnel***

**555 Ways to Put More Fun into Your  
Life**

Basso, Ph.D., Bob

**A Laughing Place**

Hageseth III, M.D., Christian

**The Healing Power of Humor**

Klein, Allan

**Love, Medicine and Miracles**

Siegel, M.D., Bernie

***Internet Web Sites to Visit***

[http://www.access.gpo.gov/su\\_docs](http://www.access.gpo.gov/su_docs)  
(RBRVS on the Net)

<http://www.po.com> (Physicians OnLine)

<http://www.hcfa.gov> (Medicare/Medicaid)

<http://www.medaccess.com> (health and  
wellness information)

<http://www.xact.org> (Medicare)

Try accessing any health insurance  
company by using:

[http://www.\(insert health insurance  
company here\).com](http://www.(insert health insurance company here).com)

For example -- <http://ushc.com> or  
<http://www.aetna.com>

***Who's New . . .***

**Nancy Taniser, Office Manager**

East Penn Family Practice

(Robert Barnes, DO)

a Division of Health Care Associates, P.C.

1040 Chestnut Street

Emmaus, PA 18049

(610) 967-4830

FAX: (610) 965-7737

---

**LEHIGH VALLEY**  
**HOSPITAL**

Cedar Crest & I-78  
P.O. Box 689  
Allentown, PA 18105-1556

Non-Profit Org.  
U.S. Postage  
PAID  
Allentown, PA  
Permit No. 1922

---

***FOCUS***

Robert X. Murphy, Jr., M.D.  
President, Medical Staff  
John W. Hart  
Vice President

***Editorial Staff:***

Janet M. Seifert  
Managing Editor  
Joseph F. Felix  
Maria L. Kammetler  
Patricia A. Skrovanek

***Editorial Board:***

Colleen Burgess  
Jane Derby  
Joan Rissmiller

***FOCUS*** is published quarterly for the office staffs of physicians on the Medical Staff of Lehigh Valley Hospital. Articles for the next issue should be submitted by July 18, 1997, to Janet M. Seifert, Medical Staff Services, Lehigh Valley Hospital, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556. For more information, please call Janet at 402-8590.