

**Happy Holidays to you and yours  
from all of us at NorthCoast!**



## LETTERS FROM LEE

As the holiday season is upon us, it is a natural time to be reflective, looking back over the past year and being thankful for all of the blessings each of us has. The highlight of my year was my son's Bar Mitzvah. What a proud day that was!

I also know that everyday I am very fortunate to be blessed by a very loyal and incredibly bright staff who work tirelessly to support you and the patients we serve. Thanks to each of them for going "above and beyond" each and every day.

I also want to encourage each of you to step back and see what good work you and your staff do. You make a difference in so many lives! Don't lose sight of that. What you do is important and special. I am proud to be your partner and want to thank each of you for all that you do! Happy Holidays!

## EVOLUTION OF THE CANE

The use of canes dates to the B.C. era. Some believe the name "cane" arose from the Bible when Cain slew his brother with his staff. Over time, the cane has had several uses. Before the walking cane became a fashion item in the 18th century the cane was carried at the same time as the essential sword. Gradually the cane replaced the sword and became a male status symbol — as seen in pictures or statues of kings and emperors. During the 17th/18th century a walking stick became a fashion accessory -- with rules of etiquette to be adhered to. It was a severe faux pas for a walking cane to be carried under one's arm, brandished in the air, dragged on the ground, or leaned upon while standing. Just as the walking stick replaced the sword, the umbrella gradually replaced the walking stick in the early 20th century. The Dress Cane now appears at very formal occasions only.



The medical community legitimized the cane for ambulation. Using a walking cane improves balance by increasing a person's base of support. When used correctly, canes can reduce the load on the affected leg up to 25%. The following are the main categories of canes used today:

### INSIDE THIS ISSUE:

- Letters from Lee
- Evolution of the Cane
- Staff Spotlight: Lee Passell
- Quick Notes
- Network News:
  - Advantage Plans
  - Delays
  - Readmissions
  - Authorization
  - Medical Record
  - Secure Email
  - Paperless Route

**C cane (also straight or standard cane):** Single straight walking cane with a curve forming a handle at its top.

**Functional grip canes:** Similar to the C cane except that the grip cane has a straight grip handle rather than a smooth curve.

**Quad cane:** Offering more stability, it has a rectangle base and four small supports that contact the floor. This cane comes in 2 sizes with the maximum support coming from the larger cane.

**Hemiwalker:** This cane combines the features of a quad cane and a walker. Its base is much larger than any of the described canes above, thus providing the most support.

Canes have been around for a long time and used in many different ways over time and have evolved into an important ambulatory assistive device commonly used today.

References: <http://www.canescanada.com/history.htm> ;  
<http://physicaltherapy.about.com/od/devicesandorthotics/a/canetypes.htm>

## NORTHCOAST STAFF SPOTLIGHT



**Lee Passell, President & Owner**

Cleveland is proud to have Lee Passell as one of the important business leaders in the healthcare community.

Lee started his professional life as a certified public accountant after graduating from Ohio State. In 1982 he purchased a home health agency, Medical Personnel Pool, which eventually became the Cleveland franchise for Interim Health Care. The agency grew to become one of the largest in Northeast Ohio before he sold it in the mid 90's. In 1995 he was asked by Prudential to start a home care network that operated under a capitation model. Prudential's sale to Aetna 7 years later ended the relationship. An Anthem collaboration began in 1996 and remains a very solid integrated network throughout the state. There have been several other managed care network opportunities in the past 15 years and the most recent was the addition of MMO. Lee remains a visionary in payor network development and the healthcare industry.

Lee's business interests are diverse. Besides the home health agency and networks, he owned a home infusion company until 3 years ago. Lee also started our sister NorthCoast affiliates, NorthCoast Infusion Network and National Health Data Solutions, in 2008.

Lee is married to Merle and has one son, Grant, who is 13 years old. Grant's activities include hockey and lacrosse which consumes much of their family time.

A true gentleman and friend, the employees at NorthCoast consider ourselves very fortunate to work for such a wonderful person. Here are some of the words the staff used to describe him: caring, fair, kind, diligent, compassionate, sincere, considerate, smart, gentle, genuine, dedicated, warm-hearted, jovial, principled, approachable, admirable, sincere, responsible, honorable, respected, exceptional, thoughtful ... the best boss ever! We think he is GREAT!



# NETWORK NEWS



**NorthCoast On the Go:** We recently participated in the following conferences:

- The Remington Report's 5<sup>th</sup> Annual Healthcare Reform and P4P Conference
- Ohio Council for Home Care and Hospice Annual Conference
- CPR+ User Conference



**New Staff:**  
Denise Christian,  
Benefits Specialist  
Amy Arthur,  
Reimbursement Specialist

Please make sure we have a current email contact so we can keep you up-to-date

OUR WEBSITE IS OPEN at [www.northcoastgroup.org](http://www.northcoastgroup.org)  
SEE OUR SISTER SITES at [www.ncinnetwork.com](http://www.ncinnetwork.com)  
[www.nationalhds.com](http://www.nationalhds.com)



## QUICK NOTES

**Advantage Plan Members:** Anthem Blue Cross Blue Shield has required all providers servicing Advantage members to complete Fraud, Waste and Abuse Training in accordance with CMS guidelines to 42 CFR § 422.503 and § 422.504. If you have not yet faxed in your attestation, please send as soon as possible to 216-591-2525. We must have this attestation on file by December 31, 2009 in order for your organization to service Anthem BCBS Advantage members.

As a reminder, the forms required by CMS [OASIS and Notification of Medicare Non-Coverage (NOMNC), OMB approval # 0938-0910] must also be completed for all Advantage Plan members. The NOMNC is separate and distinct from the HHABN form provided to traditional CMS enrollees. Your organization must provide the NOMNC prior to patient discharge and secure a patient signature. We do not need the form with the discharge summary; however we need to know the date the form was signed for our MMO patients. As part of our Quality Management Program, NorthCoast will do random monthly sampling. Upon request from Sue Michaud, QI Manager, or as requested by the health plan, you will need to submit completed forms to NorthCoast. The health plan may deny payment for service or deny provider participation in the Advantage product if non-compliance is trended.

**Delays:** We process over 1000 referrals each month. Sometimes we have delays that creep into the process. Perhaps the insurance company's computer or phone system is down when we call, perhaps we are put on hold and end up holding for 90 minutes, perhaps we didn't get all of the information needed or it was incorrect—necessitating a call back to the provider, perhaps the patient benefits are complicated and have to be sorted through with multiple insurance companies... the reasons for delay are endless. We regret that you may be waiting, but most of the delays are beyond our control. This is an extremely important part of the process which can cost large amounts of money if not done correctly.

**Do Not Refax:** Our intake nurses get the referral and wade through pages of important information to pull out the key facts that we need. If you think you have not heard back in a reasonable time, please call to check on it. Please do not refax the referral unless we request it. When you refax, someone spends valuable time wading through copies of the same pages. This just slows down the process more.

**Readmissions to the Hospital:** With our new computer system, we have an increased capability to provide reports. We are especially interested when a patient is discharged to an acute care facility. Please provide the date of readmission, the name of the hospital, and the reason for readmission.



**Authorizations:** Please remember that you need to get an authorization for ALL of your visits prior to performing the visit. If there is an out of state case manager involved, we cannot always get retro auths. We run the risk of not getting paid for any visit not authorized.

**Medical Record:** Everything you send to us becomes incorporated into a medical record, a legal entity that could be subpoenaed into a court of law. Please be mindful of that and send us legible, non-defaced documents as you would use in your own charts. Please do not combine patients (put 2 patients on the same page). All patient information is filed. It will facilitate filing if you keep the patients separate.

**Secure Email:** We have recently implemented a new program that allows us to have "secure email". With a secure email program, the email becomes encrypted so that personal health information is not retrievable by unauthorized sources. If you have "secure email" you can correspond with us using that system. If you don't have a "secure email" program, do not initiate correspondence using patient information via regular email. Continue to use faxes as you do now, and then we can respond with "secure email". If you respond to a secure email initiated by us, you will be able to enter our secure email program by clicking on the secure email link. Remember, this is another safeguard to protect our patients.



**Move to Paperless:** Our next IT upgrade will be moving toward becoming paperless. It is a process that will be blind to you, but a significant improvement for us... and a few less trees will be killed.



## Just for FUN ☺

Unscramble the letters.  
Clue: HIPAA (Answer in next issue)

E	S	R	U	C	E		L	E	I	M	A

Answer from last newsletter: Authorizations