

*Please make sure we have a current email contact so we can keep you up-to-date on legal or regulatory news which may affect your contract.*


**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)




## LETTERS FROM LEE

The future is very uncertain for anyone in health care today; much change surrounds us. Everyday there are reports about proposed budget changes and especially cuts. Unfortunately, home health care and other alternate sites of care do not seem to be on the receiving end of budget increases.

We can all sit back and complain or we can do something about it. It is important for you to get involved in legislative affairs now. Let your legislators know your thoughts and how budget cuts will impact your organization and the care of your patients. Ohio Council for Home Care and National Home Infusion Association (NHIA) have made the process very easy with on-line, letter templates. Both organizations have templates so all you need to do is supply your demographic information. You can edit these templates if you want to change or add to the letters or send them as written. I am including the links to both of these groups. You do not have to be a member of either of these organizations to participate. NHIA is asking for your support to change reimbursement for Medicare D infusion drugs so that the supplies are covered under part B. Currently, there is no reimbursement for supplies forcing the patient to pay for them out of pocket, go to a SNF for care, or stay in the hospital.

 **Ohio Council on Home Care:** [www.homecareohio.org](http://www.homecareohio.org). Click on the "Legislative Action Center" and go to the "Support Home and Community Based Care Funding in Budget" letter or select from the many other templates provided.

 **National Home Infusion Association:** <http://capwiz.com/nhianet/issues/alert/?alertid=11938891>. Enter your zip code and other information requested to send.

The future of our industry and the continued care of patients in their home are at stake. It is time to let your voice be heard. Please get involved!

## TeleHealth Monitoring

We know that many of you use tele-health monitoring to assist you in monitoring your patients. We also know that you have been doing so at your own expense. HR 2068, Medicare Telehealth Enhancement Act of 2009 is being discussed in Congress currently. This bill addresses getting payment from Medicare to provide these services...once again, another reason to contact your congressional representatives. Go to [www.washingtonwatch.com/bills/show/111\\_HR\\_2068](http://www.washingtonwatch.com/bills/show/111_HR_2068) for more information and links to contact your representative).



Convertible monaural stethoscope, 1860 (wood)

## History of Stethoscopes

From the time it was invented in 1816 by Rene Theophile-Hyacinte Laennec until early this century, the stethoscope was the most reliable and informative tool available for diagnosing and assessment. Although other, more sophisticated diagnostic methods have come into use since then, the stethoscope has never been discarded.

Since the time of Hippocrates, physicians listened directly to patients' chests as they tried to assess cardiac health. The inventor of the stethoscope, relied on this method, too. One day, when he needed to examine an obese young woman, Laennec hesitated to put his head to her chest. He came up with the idea for a stethoscope prototype. He rolled a stack of paper into a cylinder, pressed one end to the patient's chest, and held his ear to the other end.

Laennec's first manufactured stethoscope was a simple wooden tube. A succession of different designs followed his, including, eventually, a "binaural" type with two ear pieces. In 1850, George Camman substituted rubber for stiffer materials and made a more comfortable model—the forerunner of today's stethoscopes.

More information at: [www.hhmi.org/biointeractive/museum/exhibit98/content/b6\\_17info.html](http://www.hhmi.org/biointeractive/museum/exhibit98/content/b6_17info.html)

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## NORTHCOAST STAFF SPOTLIGHT



**Brenda Lance**

Director of Program Development

### Education:

- Methodist Hospital School of Nursing, Lubbock TX: Diploma of Nursing
- Kent State University, Kent OH: BSN & MSN

**Retired:** US Navy Reserves with rank of Captain (O-6).

### Co-Editor:

- Drug Information Handbook of Nursing
- Drug Information Handbook of Advanced Practice Nursing

Brenda came to NorthCoast four years ago with an extensive background in home health, home infusion, and hospice. As Program Development Director she can be found visiting our providers, developing our websites, putting together proposals, creating this newsletter, and a whole assortment of other jobs.

She is married to Len, and they have 2 married children. Leigh lives in Orlando and Aaron lives in Kent.

Brenda is a member of the Standards Committee for the National Home Infusion Association, is active in her church and devotes much of her free time to being a Stephen Leader and scrapbooking.

**Making Strides Against Breast Cancer**

Our NorthCoast team recently participated in Cleveland's annual fund-raising walk. We raised nearly \$1,000—our highest yet.



**NETWORK**

**Sad Farewell:**

We would like to wish Staci Kreiser, one of our staff in accounts payable, the best of luck as she and her husband Todd move to Greenville, SC. We have enjoyed working with Staci and will miss her!

*Farewell*

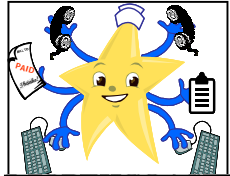
**NorthCoast On the Go:**

NorthCoast has recently participated in the following conferences:

- **National Home Infusion Association Annual Conference**  
Baltimore, MD
- **Academy of Managed Care Pharmacy Conference**  
Orlando, FL
- **NorthEast Ohio Case Management Network Conference**  
Westlake, OH



**Quick Notes**



**Advantage Plan Members:** 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. You don't need to send the form when you send NorthCoast the discharge summary. As part of our Quality Management Program, we will do random monthly sampling. Completed forms are submitted to NorthCoast upon request from Sue Michaud, QI Manager or as requested by the health plan. The health plan may deny payment for service or deny provider participation in the Advantage product if non-compliance is trended.

**Using Appropriate Names:** When we do insurance verification or billing to the insurance company, we must use the patient's name as it appears on their insurance card. If we do not, the claim will not be paid. Please use the name on the card for all correspondence.

**Discharges:** When a patient is discharged, we need to know the reason for discharge. Please send your discharge summary, not just the date of discharge.

**Behavioral/Mental Health:** We are not contracted to provide care for patients with psychiatric diagnoses. We must have a medical diagnosis and orders from a physician who is not a psychiatrist or psychologist to provide care.

**Intake:** Special thanks to those who take the extra minutes to make sure everything is legible and complete. It saves us time and allows us to respond to you faster if we don't have to struggle to read or find the information. *Just a reminder...* we need basic information to get started on a referral. This includes a demographic sheet or comparable with patient name, address, phone and clear insurance information; history and physical or something containing the same information; and a physician's order. If it is a Medical Mutual patient, they also require more detailed clinical information such as: justification of homebound status, how many steps into the home and how much assistance is needed in/out of home, distance patient can ambulate, wound measurements, etc. If we have this information upfront, we can often obtain additional authorizations for service at the start of care instead of an assessment only.

**Homebound status:** One fundamental criteria for receiving home health services is the requirement to be homebound. The health plans usually follow CMS guidelines for a description of homebound. It generally means that the patient experiences considerable and taxing effort in an attempt to leave, that leaving the home is very infrequent, and that leaving the home is generally for the reason of receiving medical care. Each situation must be evaluated individually. If you have questions about whether your patient meets the homebound criteria, please feel free to discuss it with one of our case managers.

**Pre-Certs:** Part of our process during intake is getting any pre-certifications approved that are required. When a pre-cert is required, payors will only authorize one organization per service to provide care. We can get back to you faster with a completed authorization if you do not interfere with the authorization process. Please do not get authorizations directly.

**CMAS:** We are very excited about CMAS, our new computer system. We have been able to incorporate many improvements. When you receive payment for your claims, please take a close look at payments received from NorthCoast. You will notice our explanation of payments looks slightly different. Please do not hesitate to call Accounts Payable if you have any questions or need clarification.

**Save Paper:** We do not need all of your visit slips. We do need an update when it is time to renew your auth. If we need visit slips for a specific reason, we will contact you to send them in at that time.



☺ **Just for FUN** ☺

Unscramble the letters.

Clue: Before. (Answer in next issue)

T	Z	I	A	A	O	S	U	R	I	O	H	N	T

Answer from last newsletter: Hip Fracture