



Network News

Welcome! by Jose Guethon, MD MBA, President & COO

Welcome to Metcare.

I am pleased to introduce our physician newsletter which will be published quarterly and circulated by email. You may also find it on the Metcare website. As organizations grow (and boy have we grown), communication becomes a key success factor. We must stay in touch and do so frequently. Thus the purpose of these newsletters is to provide you with important information which impacts our industry, our business relationship, and our customers. I hope you will find it informative and helpful. In this first edition, I want to help you understand Metcare's role and relationship to Humana and physicians.

Who is Metcare?

Metcare of Florida is a primary care network of over 400 physicians serving more than 35,000 Medicare HMO lives in 19 counties. We also own and operate a multi-site internal medicine group practice with nine medical offices from Bunnell to Plantation.

What is an MSO?

Metcare is an MSO (Management Service Organization) or PSN (Provider Service Organization). An MSO is an entity that has a contract with a payer(s) and contracts with physicians for the delivery of care. In our case, we are contracted with Humana who operates three Medicare Advantage Plans (CarePlus, AdvantageCare, and Humana Gold+). Through this agreement, Metcare receives a fixed capitation on a Per Member, Per Month basis and is at risk for all medical claims. Metcare in turn contracts with physicians on a FFS or capitation basis, but assumes the financial risk so you don't have to.

Humana, the MA plan, handles credentialing, processes claims, operates a customer service center, handles quality and grievances, and of course performs the sales, marketing, and enrollment functions. **They service their members.** Metcare, the MSO, handles hospital discharge planning, prior authorization, and utilization manage-

ment. We will work with you to facilitate care and manage the risk. **We serve you and your staff.**

What is Metcare's Philosophy?

Our philosophy of care is a reflection of our Mission statement: "To deliver the very best medical care and service to every customer, every time." Thus we want to work with physicians who will work with us as partners and work with physicians who appreciate that the care of the elderly requires a different clinical approach.

Over the next few weeks we plan to hold more face-to-face meetings with our medical directors and provider reps. The meetings will be important so we can share with you a few important office procedures and "systems" that we have developed to better care for seniors and thus better manage the risk.

I would also encourage you to visit our website www.metcare.com for a number of resources for physicians: Clinical Guidelines, referral and prior auth forms, Medicare coverage guidelines, and our Health Library, which is an interactive patient education tool.

Metcare of Florida, Inc.

Providing the very best medical care and service to every customer, every time.

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More About Us . . .

Metropolitan Health Networks, Inc. ("Metcare") is a leading provider of health care services to people with Medicare in Florida. We care for approximately 35,000 customers in 19 counties in South and Central Florida.

Founded in 1996, our team of physician, professionals, and associates are dedicated to serving our customers with the highest standards of medical treatment and personal service.



MRA- HCC Coding: Medicare Risk Adjustment Methodology

By Julia Santiago, RN OCN CPC



The goal of Risk Adjustment is accurate and appropriate reimbursement for the care of Medicare Advantage members. Reimbursement is adjusted based on the members' health status. This is a true reflection of the disease status of any given population of Medicare Advantage members and is important for those members who have a greater number of costly diseases.

The CMS HCC Model

The CMS (Center for Medicare and Medicaid Services) HCC (Hierarchical Condition Category) model is made up of 70 condition categories. These disease groups contain major diseases, typically costly chronic diseases that are broadly organized into body systems. The HCC code assigned is determined by the ICD-9 diagnosis codes submitted on encounter and documented in the medical record.

The CMS HCC model incorporates disease hierarchies. The most severe manifesta-

Example: HCC 108: Chronic Obstructive Pulmonary Diseases. This HCC would apply to any member who has documentation to that is supportive of the following ICD-9 diagnoses:
 496 COPD
 492.8 Emphysema NOS
 491.0 Simple Chronic Bronchitis
 491.20 Obstructive Chronic Bronchitis w/o exacerbation
 In total there are 19 qualifying ICD-9 diagnoses in HCC 108.

tion of a disease always outranks a less severe manifestation. The member who has progressed from an uncomplicated diabetic to one with renal disease is now recognized by CMS for the more

Example:
 HCC 19: Diabetes uncomplicated
 250.0x Uncomplicated Diabetes

 HCC15: Diabetes with Renal or Peripheral Circulatory complication
 250.4x Diabetes with Renal Manifestation
 HCC 15

severe manifestation of nephropathy and is assigned HCC 15.

The CMS HCC Model is Additive

The Risk Score calculated by CMS on each member is based on the cumulative result of that member's HCC diagnoses. This is an accurate picture that reflects and takes into account comorbidities. (see Exhibit 1).

Obtaining and submitting to CMS, accurate and complete diagnosis data on each member (patient) at least twice annually is key. Utilizing ICD-9 diagnoses that are documented and coded on each face-to-face encounter, and mapping them to the appropriate HCC group ensures CMS recognition of the members' health status.

The METCARE MRA Department is always available for any questions you might have on Risk Adjustment and HCC management.

"The Risk Score calculated by CMS on each member is based on the cumulative result of that member's HCC diagnoses."

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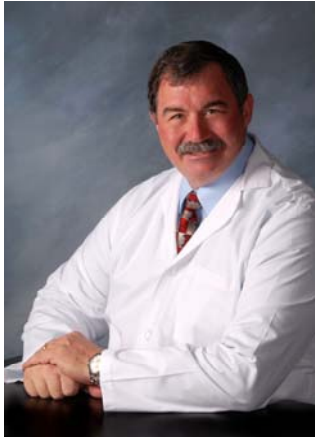
Exhibit 1



ICD-9 DIAGNOSIS	HCC GROUP CODE	HCC WEIGHT
250.40 DM with renal manifestation	15	0.508
585.4 Stage 4 renal disease	131	0.368
412 Old MI	83	0.244
Total individual score		1.12

Meet our Medical Directors

Mark Sprangers, MD



Mark Sprangers, M.D. is the medical director for our Central Florida market. In this role, he is the medical liaison for the Volusia and Flagler County centers and the Agency for Healthcare Administration (AHCA) physician of record for the MetCare wholly-owned centers. He is a member of the market leadership team and has been involved with program development and an expanding patient and provider base. As of April 2009, there are over 40 contracted centers and 20,000 covered lives.

Dr. Sprangers moved to Florida after practicing family medicine and serving as the medical director of the Department of Occupational Medicine at the Fairview Red Wing Medical Center for 27 years. He was on the IMC Board of Directors and the Fairview Finance Committee and Chaired the Pharmacy and Therapeutics Committee at the Hospital for almost 20 years. He was a member of the Investments Committee, which oversaw the growth of the invested retirement funds from \$5 to 36 million.

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Dr. Sprangers has over 32 years experience as a licensed physician. He completed his undergraduate degree work at St. Mary's College in Winona, MN and received his Doctor of Medicine from the University of Minnesota, Minneapolis. He completed his three-year Family Practice Residency at Hennepin County General Hospital and was board-certified in Family Medicine. He completed the Occupational Medicine mini-Residency at Cincinnati, OH.

William H. McCoy III, M.D. joins the MetCare medical leadership team led by Hymin Zucker, M.D., Chief Medical Officer, and will collaborate with associate medical directors Mark Sprangers, M.D. and Barry Stone, M.D. to support the clinical functions of the organization. In addition, Dr. McCoy will lead the organization's implementation of an electronic medical record (EMR) system.

Dr. McCoy earned a Bachelor of Science degree from Union College in Schenectady, NY and a medical degree from Jefferson Medical College in Philadelphia, PA. He completed residencies both in general and plastic and reconstructive surgery. He has completed physician management and associated post-doctoral training at the Wharton School of Business, Carnegie Mellon University, and the American College of Physician Executives. He is a member in good standing of the American College of Physician Executives, the American Medical Informatics Association, the Association of Medical Directors of Information Systems, and the Healthcare Information and Management Systems Society.

William H. McCoy III, MD



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