



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

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

Contact Julia at:

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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

URGENT

Notice For Providers

As a Metcare provider, you have the right to a peer-to-peer discussion prior to the issuing on any pre-service denial of medical coverage determinations by one of Metcare's Medical Directors. This allows an opportunity to provide additional clinical information or documentation that may not have been readily available at the time of your initial request for a referral or prior authorization. Oftentimes, this results in an amicable resolution acceptable to you and your patient(s). In addition, you and your patient may request the clinical rationale/criteria used in making our determination of non-coverage.

Metcare of Florida, Inc. strives to insure that you and your patients have the opportunity to provide additional information that will result in a positive resolution as required by both the Centers for Medicare and Medicaid Services and the National Committee for Quality Assurance.

All Metcare providers (primary care, specialists, ancillary) and employees are required to make UM decisions based only on appropriateness of care. At no time may a Metcare provider or UM decision-maker receive any financial incentives that would encourage or influence decisions that result in the under-utilization or denials of care.

Please do not hesitate to contact one of our Medical Directors at (561) 805-8500, to discuss any pre-authorization requests and/or needs you may have when arranging for any services for your members.

Meet our Medical Directors

Barry Stone, MD



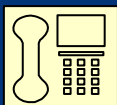
Barry is the Associate Medical Director for MetCare's South Florida and Coastal Florida markets.

Barry joined MetCare in June 2008. Previously, he was chief medical officer at Florida Medical Center in Fort Lauderdale where he was a leader in development and implementation of utilization review, peer review, and performance improvement processes. He served as the chief medical officer for MDVIP, a concierge physician medical company, recruiting outstanding and talented physicians contracting with the company.

Barry relocated to South Florida in 1981 after completing his medical degree at SUNY-Upstate Medical Center in Syracuse, New York. He completed his internship and residency in internal medicine and a fellowship in gastroenterology (GI) at University of Miami, Jackson Memorial Hospital (UM/JMH). He remained on the teaching staff at UM/JMH, providing instruction to the GI fellowship program in the area of advanced biliary endoscopic techniques, while developing his private GI practice in Boca Raton.

Contact Barry at:

561-805-8500
bstone@metcare.com



Metcare Team Directory



Area/ County	Provider Rep	Patient Care Coordinator
Central Florida: Polk, Lake, Sumter, Marion	Annette Griffith 352-229-6773	Patti Stahl, RN 941-724-1483
Gulf Coast: Charlotte, Collier, Lee, Manatee, Sarasota	Yadira Mendez 239-671-9311	Patti Stahl, RN 941-724-1483
Treasure Coast: Martin, Okeechobee, Glades	Nancy Arnold, RN 772-332-0095	Diana Sharp, RN (Martin) 772-766-6641 Mimi Casteel, RN 772-708-8153
St. Lucie County	Marie Stoica 772-559-0153	Mimi Casteel, RN 772-708-8153
CASE MANAGER	Diana Sharp, RN 772-766-6641	
AUTHORIZATIONS	Sandra Cooper, RN 561-805-8500	

Other Important Contact Numbers

Member Services: Phone: 877-874-1234 (option 3, 1, 1) Fax: 877-500-1877	Health Services: (Authorizations) Phone: 877-874-1234 (option 3, 3) Fax: 800-763-7033—UM info 888-805-0144—Referrals 888-805-0177—Pre Auth 888-805-0199—STAT only
Claim Status or Questions: Phone: 877-874-1234 (option 3, 4, 1) Fax: 877-500-1877	Behavioral Health— MHNet Phone: 800-835-2094
Humana Pharmacy Helpdesk: Phone: 800-865-8715	Vision—Comp Benefits Phone: 800-380-3116