



Volume 20, Issue 1
Spring 2009

KaMMCO Offers Spring Loss Prevention Seminars

This spring, KaMMCO will host a series of loss prevention programs for office and hospital administrators and risk managers. KaMMCO has designed this program, “What You Don’t Know Can Hurt You...An Administrator’s Guide to Medical Professional Liability Insurance,” to address questions administrators and risk managers may have related to medical professional liability issues. Some of the questions answered in this program include:

- What does your organization’s policy cover (or not cover)?
- What coverages and coverage limits are available to your organization’s employees?
- What happens if a claim exceeds your organization’s medical professional liability coverage?
- Do mid-levels need professional liability insurance?
- Which employees are covered by your organization’s policy?

Registration will be from 12:00-12:45 p.m. during which time lunch will be served.

The presentation will be from 12:45-1:45 p.m. at all locations. There is no charge for these programs. Dates and locations are as follows:

Date	Town	Site
March 4	Garden City	Holiday Inn Express
March 17	Overland Park	Overland Park Marriott
March 18	Salina	Courtyard by Marriott
March 24	Parsons	Municipal Building
March 31	Wichita	Wichita Marriott
April 7	Hays	Fox Pavilion
April 8	Topeka	Capitol Plaza Hotel

Registration information:

- Online: www.kammco.com.
- Mail your registration form contained in the brochure mailed earlier this month.

We hope to see you there!†

Check Out Our Redesigned Website

KaMMCO is constantly seeking new, innovative ways to add value to your membership. In keeping with these efforts, KaMMCO is pleased to now bring you a dynamic, interactive, highly resourceful website at www.kammco.com.

By accessing the KaMMCO website, you and your staff will now have loss prevention, practice management, claims, and insurance coverage information and tools available right at your fingertips. The **Members Only** access will grant you permission to view resources such as KaMMCO’s *Loss Prevention Guide* and *C.A.R.E. Notebook*. In the not-too-distant future,

(Cont. on page 3)

Inside this Issue...

Trial Update	2
KaMMCO/KMS Education Program, KMS Annual Meeting and Anniversary Celebration	2
Vaccines Just Got Easier.	2
To Contact KaMMCO	4
Coding Resource Offered to Members.	Insert
Documentation - Your Best Defense	Insert
Coders Corner: <i>Medicare Well Woman Examinations</i> . . .	Insert
KaMMCO Presents “How to Perform an Evaluation and Management Chart Audit	Insert
SPECIAL ANNOUNCEMENT	
KaMMCO, KHA, and KHSC Announce Preferred Insurance Program.	Insert



Trial Update

Specialty: Urology

Procedure: Our insured performed a diagnostic laparoscopy on a patient with a history of kidney stones for investigation of a possible perforated viscus and discovered a perforated colon. The procedure was converted to an open laparotomy and our insured performed a colostomy and loop ileostomy with omentectomy and placement of an abdominal wound vacuum.

The patient subsequently had a long, difficult hospital course during which eight more procedures were necessary, but was eventually discharged home. The plaintiff later continued to have problems with kidney stones.

Allegations: Plaintiff originally asserted various claims of negligence against our insured, but due to criticism in the plaintiff expert's report, the case boiled down to a claim of lack of informed consent.

Plaintiff's Attorney: John Johnson, Wichita, Kansas.

Plaintiff's Expert: Richard Ehrlich, MD, Urologist, Los Angeles, California.

Defense Attorney: Don Gribble, Wichita, Kansas.

Defense Experts: Jeffrey Holzbeierlein, MD, Urologist, Kansas City, Kansas; and, Robert Tucker, MD, Pathologist, Iowa City, Iowa.

Result: Defense verdict, case is on appeal.

Cost of Defense: Pending.

Loss Prevention Tip:

- Make sure you obtain sufficient informed consent, fully outlining the risks and benefits of a given procedure. Document patient's understanding.
- When changing procedures, make sure you are documenting why you have chosen a different procedure than originally planned, taking special care to document any unforeseen abnormalities. †

KaMMCO/KMS Education Program, KMS Annual Meeting, and Anniversary Celebration

On Friday, May 1, in conjunction with the 2009 Kansas Medical Society (KMS) and Kansas Medical Society Alliance (KMSA) Annual Meeting, KaMMCO will present an all-day education program for physician and clinic administrators and hospital administrators and risk managers. The program, "Revitalize Your Medical Practice...Creating a High-Performance Work Team," will focus on the importance of leadership to the overall success of the healthcare team and improving clinical care, patient safety, and satisfaction. The program will be presented by Jay Kaplan, MD, FACEP, a practicing physician, national speaker, and coach with the Studer Group. **KaMMCO members who attend may be eligible for a 2% premium credit.**

To commemorate the 150th anniversary of the KMS and 20th anniversary of KaMMCO, attendees are invited to attend an anniversary celebration and dinner planned for Friday evening, May 1, from 6:00 p.m. to 11:00 p.m.

Attendees are also encouraged to stay for the KMS and KMSA Annual Meeting on Saturday, May 2, and Sunday, May 3. The keynote speaker for the Saturday luncheon will be George Will, syndicated columnist for *The Washington Post* and a regular contributing editor to *Newsweek*.

Registration and schedule information will be mailed soon. All activities will be held at the Capitol Plaza Hotel in Topeka. Please hold these dates and make plans to attend this historic weekend event! †

Vaccines Just Got Easier

Appropriate vaccination plays a key role in preventing or reducing the effects of influenza and pneumonia. Hospital and government agencies have been partnering to remove barriers to appropriate vaccination. Efforts have been made to increase the administration of influenza and pneumococcal polysaccharide vaccines to patients over 65 years of age and those with chronic illness or immune-compromised issues. In a recent University of Pittsburgh study, low vaccination rates

(Cont. on page 3)



Vaccines Just Got Easier *(Cont. from page 2)*

of patients over the age of 65 and at-risk patients in a hospital setting were attributed to:

1. Unsigned vaccination orders;
2. The lack of specific instructions on the order form; and,
3. Acknowledged deficit among health care providers regarding indications, contraindications, and the importance of vaccination, especially in inpatient settings.

(See, "Designing and Implementing a Hospital-Based Vaccine Standing Orders Program," *American Medical Journal Health-Syst.Pharm.* 2007; 64(10): 1096-1102).

To assist hospitals in increasing the appropriate use of influenza and pneumococcal vaccinations, the Centers for Medicare and Medicaid Services (CMS) eased the rules requiring specific written orders for the vaccinations. Specifically, CMS enacted the following regulation, amending the *Conditions of Participation* regarding nursing services:

"With the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy after an assessment of contraindications, orders for drugs and biologicals must be documented and signed by a practitioner who is authorized to write orders by hospital policy and in accordance with State law, and who is responsible for the care of the patient as specified under Section 482.12(c)."

42 C.F.R. 482.23(c)(2).

In other words, no written order is required prior to the administration of influenza and pneumococcal polysaccharide vaccines if the vaccines are administered per a physician-approved hospital policy. In designing such a standing orders program, it is essential that the hospital assemble a multi-disciplinary team to develop the policy. Input from physicians, pharmacists, and nurses, among others, would strengthen the effectiveness of the policy.

Components of a vaccination policy could include the following:

1. Performance of a patient risk assessment.
2. Obtaining a prior vaccination history from the patient.
3. Assessment for contraindications.
4. A process for intervention by the attending physician prior to vaccination.
5. A simplified manner to document assessment and administration of the vaccination.
6. A process for documenting patient refusal.

Hospitals should be mindful of the quick turnaround of some patients in the hospital setting and fashion a policy to capture such patients in the vaccination program. Hospitals may also find it helpful to go to www.cdc.gov/vaccines/recs/acip for additional information. Any successful program would include education. Appropriate education paves the way for positive staff participation in the vaccination program.

A systematic method for assessing and delivering pneumococcal and influenza vaccines allows for consistent vaccination as appropriate for patients in the hospital setting and may assist hospital administration and the medical staff improve patient care.†

Check Out Our Redesigned Website

(Cont. from page 1)

online access to certificates of insurance and loss history reports will be available through the **Members Only** access as well.

Please take a few minutes to complete the Member Registration process at www.kammco.com today. Once you have completed the Member Registration process and your account is active, members of your staff may also apply for the **Members Only** access through the non-policyholder application.

KaMMCO is excited to deliver such a valuable resource. As we work toward our goal of providing relevant, helpful information on the website, we welcome your input. If you have comments, questions, or concerns regarding the new website, please feel free to email Lisa Ignato, Director of Communications, at lignoto@kammco.com.†



“Understanding the Challenges You Face ...
That’s the KaMMCO Difference”

To Contact KaMMCO...

Topeka Office

623 S.W. 10th Ave.
Ste. 200
Topeka, KS 66612
785-232-2224
800-232-2259
785-232-4704 (Fax)

Wichita Office

#2 Brittany Place
1938 N. Woodlawn
Ste. 300
Wichita, KS 67208
316-681-8119
800-207-3073
316-681-7497 (Fax)

Mission Office

6950 Squibb Rd.
Ste. 440
Mission, KS 66202
913-384-8991
800-779-8201
913-384-2296 (Fax)

Hays Office

1010 Downing, Ste. 60
P.O. Box 354
Hays, KS 67601
785-625-8215
800-293-2363
785-625-8234 (Fax)

www.kammco.com (Website)

Vital Sounds is published quarterly by KaMMCO. Contents of the publication are protected by 2009 copyright and may not be reproduced without written permission of the publisher. Send all communication to Diana Mayer, Education Coordinator, KaMMCO, 623 S.W. Tenth Avenue, Suite 200, Topeka, KS 66612. Phone 785-232-2224; Fax 785-232-4704.



Progress notes Practice Management and Consulting News

Coding Resource Offered to Members

In an effort to provide physician members access to comprehensive coding and compliance information, KaMMCO is offering a web-based product to members at no charge. KnowledgeSource®PRO, formerly CodeCorrect, is a product of MedAssets Company. The product, KnowledgeSource® PRO, helps physicians identify missed revenue opportunities and ensures compliance by providing critical regulatory coding and reimbursement guidance in one location.

Features of the software include the ability to verify CPT, ICD-9 and modifier usage, check for correct coding initiative (CCI) bundling edits, and verify medical necessity with local and national coverage determination policies published by the Centers for Medicare and Medicaid Services (CMS) and Medicare Contractors.

KnowledgeSource® PRO can help physician practices reduce costly claims errors and improve the revenue cycle process.

Contact KaMMCO if you are interested in learning more about this product.†

Documentation - Your Best Defense

In the last two issues of *Vital Sounds*, we introduced a Loss Prevention Assessment that KaMMCO created to address specific areas of vulnerability facing medical practices and hospitals. The third area of vulnerability is medical record documentation. In the event of a professional liability claim, the medical record can be the physician's best defense. One of the first steps taken by a plaintiff's counsel is to thoroughly evaluate a record for omissions, discrepancies or inaccuracies. A well-documented medical record is the physician's best defense. Document every record as though a jury with no medical background will see it in a courtroom.

Some of the specific areas we review in the medical record include:

- Is the medical record organized in a consistent method so that specific documents can be located easily?
- Are all medical record contents fastened in the chart?
- Are there two patient identifiers on each page of the medical record?
- Are handwritten entries in the medical record dated and initialed by the author?
- Is the medical record legible?
- Are diagnostic results, consultations and other reports reviewed and initialed by the physician or physician's designee prior to filing in the medical record?
- Are corrections and amendments to the medical record made correctly?
- Is the quantity and strength of prescription medication documented?

In addition to ensuring medical records are documented sufficiently from a loss prevention perspective, there are also Kansas requirements for both physician and hospital medical record documentation. *See*, Kansas Board of Healing Arts regulation K.A.R. 100-24-1 and Kansas Hospital Regulation K.A.R. 28-34-9a.

KaMMCO's Practice Management Department has a documentation checklist available at www.kammco.com to assist practices in evaluating provider documentation.†

VITAL SOUNDS



Coder's Corner *Medicare Well Woman Examinations*

CPT® and ICD-9 coding can appear complicated when performing a well woman visit for a Medicare beneficiary. While the CPT® codes for preventive medicine services are not reimbursed by Medicare, the Balanced Budget Act of 1997 provides payment for screening pelvic, breast exam, and Pap smear. Medicare will pay for these services every two years or every year for high-risk patients.

When a complete well woman exam (pelvic, breast and Pap smear) is performed, report code G0101 (cervical or vaginal screening; pelvic and clinical breast examination) and Q0091 (screening Pap smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory). These codes would be linked to diagnosis codes such as V76.2 (special screening for malignant neoplasms; cervix) for low risk patients or V15.89 (other specified personal history presenting hazards to health; other) for high-risk patients. An additional diagnosis of V72.31 (gynecological examination) would be used to report the preventive visit.

Medicare will also allow an evaluation and management (E/M) code to be billed in addition to the screening services if the E/M service is significant and separately identifiable from the screening service. A -25 modifier must be reported with the E/M service. The diagnosis and medical record must support the reporting of the separate E/M service.

CMS Transmittal 1541, published September 2008, clarified that a pelvic screening exam must include seven of eleven elements. This clarification points out that the breast exam does not need to be performed at each well woman examination. The eleven elements include:

- Inspection and palpation of breasts for masses or lumps, tenderness, symmetry, or nipple discharge
- Digital rectal examination including sphincter tone, presence of hemorrhoids, and rectal masses
- External genitalia (*e.g.*, general appearance, hair distribution, lesions)
- Urethral meatus (*e.g.*, size, location, prolapse)
- Urethra (*e.g.*, masses, tenderness, scarring)

- Bladder (*e.g.*, fullness, masses, tenderness)
- Vagina (*e.g.*, general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, rectocele)
- Cervix (*e.g.*, general appearance, lesions, discharge)
- Uterus (*e.g.*, size, contour, position, mobility, tenderness, consistency, descent, support)
- Adnexa/parametria (*e.g.*, masses, tenderness, organomegaly, nodularity)
- Anus and perineum

More information may be found at: <http://www.cms.hhs.gov/transmittals/downloads/r1541cp.pdf>. †

KaMMCO Presents "How to Perform an Evaluation and Management Chart Audit"

This March, KaMMCO's Practice Management division will present a series of half-day workshops designed to educate participants on the process of planning and conducting an internal audit of Evaluation and Management (E/M) services. The program will cover methods of defining the scope of the project, choosing an appropriate sample and source documents and tools useful in performing an E/M chart audit. Workshop participants will have the opportunity to audit actual progress notes to determine if proper documentation exists to support the level of E/M code chosen, as well as discuss the importance of regular audits and methods of reporting results to providers. The cost for these programs is \$40.00 per participant. Dates and locations are:

Date	Town	Site
March 3	Salina	Bicentennial Center
March 5	Chanute	Chanute Country Club
March 10	Wichita	Hughes Metroplex
March 11	Kansas City	St. Joseph Hospital
March 12	Hays	Fox Pavilion

To register, go to www.kammco.com and click on Practice Management; call, 800.207.3073; or, 316.681.8119†

VITAL SOUNDS



SPECIAL ANNOUNCEMENT

KaMMCO, KHA, and KHSC Announce Preferred Insurance Program

The Kansas Medical Mutual Insurance Company (KaMMCO), the Kansas Hospital Association (KHA) and the Kansas Health Service Corporation (KHSC), have announced the development and offering of a new preferred insurance program for Kansas hospitals. Beginning April 1, 2009, the preferred insurance program will allow KaMMCO, KHA, and KHSC to work together more closely to provide liability insurance products and risk management services to all KHA member hospitals.

KHA is a voluntary non-profit association that has provided leadership, education, advocacy and a wide array of member services to hospitals for nearly 100 years. KHSC is a for-profit subsidiary of KHA that has focused on providing products and services to KHA members since 1984. KaMMCO, formed by the Kansas Medical Society in 1989, is the state's largest liability insurer of physicians, hospitals, and other health care professionals.

The collaboration represented by the preferred insurance program will make it possible for KaMMCO, working closely with KHA, to continue to improve its services, products, and education for hospitals and health care personnel. This program creates a solid platform for the continued development of hospital and physician risk management programs that will benefit them and the patients they serve.

Look for additional information to be released in each of the organization's upcoming publications and on their respective websites in 2009.