
MEMBERSHIP NEWSLETTER
UPDATE

Issue #1, July 1, 2003

For Physicians

Introduction and Welcome!

Dear Members,

In our continued effort to improve communication and services, we are pleased to reintroduce the Western North Carolina Membership Newsletter Update. This communication tool is being revitalized in order to provide you updates regarding WNCHA activities and Managed Care Payor and Industry updates.

We will target to send the newsletter out on a quarterly basis via fax and email (for those that have access), or more frequently as urgent updates warrant. We welcome your feedback and ideas regarding future topics and updates!

Board Chairman Update

Coming soon!

WNCHA Executive Director Update

My 90-day tenure as the new Executive Director has been a whirlwind of activities with the completion of existing projects/contracts, reorganization and the rapidly approaching, completion of our new contracting infrastructure. I greatly appreciate the feedback and support by our Membership and look forward to working together on our future opportunities!

Messenger Model

Aside from contracting activities, the primary project we are targeting to unveil to our Membership in July, is the new Messenger Model Physician contracting infrastructure. As a non-clinically integrated Physician Hospital Organization, we are required to implement and maintain a messenger system for all contracting activities. This process then allows PHO to messenger out all contracts to our membership for their individual acceptance or rejection of participation, per Payor. Over the last few months, we have been working with legal counsel and consultants to ensure we develop and implement a Federally compliant process that is the least intrusive for our membership.

At this time we are finalizing implementation of the automated software program for adjudication of the messenger system. We anticipate notification of the roll-out of the new process mid-July, with implementation completed by mid-August. In the interim, any Payor contracting or recontracting activities will be messenger to our Membership for acceptance. WellPath is an example of such a contract, and you will receive your WellPath information the first of July. Stay-tuned!

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WNCHA Executive Director Update-Continued

WellPath/Coventry Contract:

Each Physician will be receiving a WellPath Contract packet this week for review, signature and return by August 1, 2003. These will be hand-delivered to the Office Administrators and our staff will be calling to confirm receipt. Please be on the look-out for the information.

Annual Membership Meeting:

Our annual PHO Membership meeting was last **Wednesday, June 25, 2003**, at which time officially recognized the newly re-elected Directors Dr. Wotring and Dr. Story, and also provided an annual PHO update and overview of upcoming Messenger Model. We had one of our higher attendance records in past years, so thank you to those that attended!

Employer Updates

Aside from the contracting and provider relations activities of our PHO, we also have full-time resources dedicated to the development and ongoing management of our employer and employee relations. The below statistics demonstrate their efforts!

Please join us in welcoming the following employers that now have access to Catawba Valley Medical Center:

- ❑ **Home Depot** added **Cigna PPO** as a benefit option Effective 1/1/03
- ❑ **Plastic Packaging** changed from **United HMO/POS** to **One Health** Effective 4/1/03
- ❑ **Foothills Trucking** changed from **Cigna HMO** to **MAMSI PPO** Effective 5/1/03

The following employers have changed their benefit plans and will no longer have access to Catawba Valley Medical Center:

- ❑ **Lenoir-Rhyne College** changed from **MedCost** to **Cigna HMO/POS** Effective 6/1/03.
Note--their POS product does allow for an out of network benefit.
- ❑ **Benco Steel** changed from **BCBS Blue Choice (POS)** to **United HealthCare HMO/POS** Effective 6/1/03.

2002 Verses 2003 Employer Statistics:

	<u>2002</u>	<u>2003</u>
Employers which converted to Plans that include CVMC	9 plans	18 plans
**ees=employees/total lives are ees x 2.2 for dependents	2716 ees	4880 ees
Total <u>New</u> Employers that have access to CVMC	40,408 lives	57,187 lives
	64%	83%

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An increase of over 23% from 2002 to 2003!!!

Contracting and Payor Updates

We have revised Payor format and have attached for your reference. We anticipate the new format to be easier to utilize and understand regarding our product participation. Below is a summary of some of our key contracting activities:

We are pleased to announce the renewal of our **NC State Employee's Health Plan** contract effective **7-1-03**. State Employees will receive a significant cost benefit for utilizing participating providers and hospitals and Catawba Valley Medical Center will remain a facility choice for the employees.

We are also pleased to announce the completion of the **United Behavioral Health** contract for outpatient Behavioral Health services effective **3-17-03**. United PPO/POS/EPO/HMO members may now access the Catawba Valley Psychiatric outpatient services at preferred benefit levels.

I. New Contracts:

Name	Status	Type	Products	Effective Date	<i>Contracted Entities</i>	
					PHO	Hospital
NC State Employee Health Plan	New	Employer	Indeminty PPO	7-1-03		X
United Behavioral Health	New	Behavioral Health Plan	HMO/PPO	3-17-03		X

Contracting and Payor Updates

II. In Negotiations/Renegotiations:

Name	Status	Type	Products	Effective Date	<i>Contracted Entities</i>	
					PHO	Hospital
Wellpath	New	Health Plan	HMO/PPO	Fall 2003	X	
MDI/Alex Lee	New	Employer	HMO	Fall 2003	X	
United HealthCare	New Products	Health Plan	HMO/PPO	Fall 2003	X	
Mamsi	Renegotiation	Health Plan	PPO/POS	Fall	X	
BCBS	New Products	Health Plan	HMO/PPO	Fall 2003		X
Cigna Rehab	New	Health Plan	HMO/PPO	Summer 2003		X

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Corvel	New	Health Plan	PPO	Summer 2003		X
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Contracting and Payor Updates Continued

II. Terminations:

The agreement between Doctor's Health Plan (DHP) and WNCHA terminated **EFFECTIVE 6-1-03.**

Pursuant to NCGS 58-68-45 (c) (2) DHP has withdrawn their HMO/PPO Licensure in North Carolina and ceased offering all health insurance coverage in NC, effective May 31, 2003. Pursuant to their notice, all health care coverage will cease as of this date and **therefore, our contractual obligations will also cease as of 5-31-03.**

We understand that there are no remaining DHP members in our market, however, **if presented with a DHP ID Card, please note that coverage terminates this week and services rendered post 5-31-03 will be the Member's responsibility if alternative coverage is not provided. And full-billed charges will be applicable as of 6-1-03.**

CVMC Hospital & Physician Membership Updates

Coming soon! Please let us know if there are items of interest for this section, which we can provide to assist you and your practice. Please call, fax or email to Kelly Van Sickle.

Physician Focused Update

We have provided below a reprint of the North Carolina Department of Health and Human Services Division of Public Health 5-2-03 West Nile Memorandum from Jeffrey Engel, State Epidemiologist.

SUBJECT: WEST NILE VIRUS

In response to reports of increasing human illness and death due to West Nile Virus (WNV) infection, the NC Division of Public Health is seeking your assistance in identifying and diagnosing suspected cases of arboviral encephalitis. Human disease from WNV in the US peaks in late August and early September. WNV associated CNS disease occurs in roughly 1 of 150 total infections. Approximately 20% of WNV infections manifest as "WNV Fever" while the remaining roughly 80% of WNV infections are asymptomatic.

Classical WNV fever is often associated with headache, lymphadenopathy, nausea, vomiting, and fatigue. **WNV Central Nervous System infection** is associated with meningitis, encephalitis, meningoencephalitis, and /or acute flaccid paralysis resembling Guillain-Barre syndrome. Head CT scans are normal and brain MRI scans may show leptomeningeal enhancement. EMG studies show axonal degeneration and demyelination, not typical of Guillain-Barre. Cerebrospinal fluid analysis is consistent with aseptic meningitis with an elevated protein, normal glucose, and lymphocytosis. Some **emerging clinical syndromes** associated with WNV infection may include Parkinsonism, rhabdomyolysis, and/or movement disorders with tremors or myoclonus.

Specific laboratory arbovirus testing is available free at the State Laboratory for Public Health in Raleigh for patients satisfying one or more of the above WNV associated clinical syndromes. We encourage you to use this resource since it will also expedite our public health surveillance efforts. Serum specimens should be sent for antibody detection during the acute illness. Acute CSF for antibody detection, if desired, must be accompanied by a companion serum collected at approximately the same time. Convalescent serum should be sent 2-3 weeks after onset of illness, or at the time of hospital discharge, for confirmation of probable cases. Samples should be sent with an accompanying completed form available on the web at <http://slph.state.nc.us>. Click on "West Nile Virus/Testing" to download the forms. Tests on hospitalized patients may be ordered as an "Arbovirus Panel" since the State Lab will automatically test for all mosquito-borne viral encephalitides. (*Molecular testing of acute phase sera or CSF has been proven to be of little value for WNV and other mosquito-borne viruses.*)