

James L. Holly, M.D.

Appeal to Medicaid HMOs Regarding their “Personality Rule” for Payment of Claims

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Dear Sir and Mesdames:

As the Founder and CEO of Southeast Texas Medical Associates, LLP (SETMA, www.jameslhollymd.com), I am writing to introduce SETMA and to address one of your policies which is threatening our ability to participate in your health plan. After a brief introduction, below, at the section entitled, “Appeal to Your Health Plan,” I present our request.

SETMA has used electronic medical records (EMR) since 1998. In May, 1999, we experienced a dramatic transformation of our approach to health care with the morphing of our goal into “electronic patient management” (EPM). This transformation arose from our realization that simply creating a patient encounter electronically was an inadequate goal. At that time, we adopted the EPM ideal of using electronics to manage populations, to measure performance improvement and to fulfill what would come to be know as “The Triple Aim” (IHI). Ultimately, this resulted in the defining of SETMA’s Model of Care (see [The SETMA Way - SETMA’s Model of Care Patient-Centered Medical Home: The Future of Healthcare Innovation and Change](#)). Ten years later, in 2009, this process culminated in our becoming a patient-centered medical home (PC-MH).

In May, 1999, SETMA's second seminal event resulted from our application of Peter Senge's *The Fifth Discipline* to the design of our EMR and our practice. This process defined the principles which guided our development of an EHR and which defined the steps of SETMA's transformation from an EMR to EPM ([Designing an EMR on the Basis of Peter Senge's The Fifth Disciple](#)). These principles also laid the foundation of SETMA's morphing into a patient-centered medical home (PC-MH). All four May-1999 seminal events are explained in the article at the following link: [Your Life Your Health - May, 1999 -- Four Seminal Events in SETMA's History](#). The ten principles defined in 1999 were:

1. Pursue Electronic Patient Management rather than Electronic Patient Records
2. Bring to every patient encounter what is known, not what a particular provider knows
3. Make it easier to do "it" right than not to do it at all
4. Continually challenge providers to improve their performance
5. Infuse new knowledge and decision-making tools throughout an organization instantly
6. Promote continuity of care with patient education, information and plans of care
7. Enlist patients as partners and collaborators in their own health improvement
8. Evaluate the care of patients and populations of patients longitudinally
9. Audit provider performance based on endorsed quality measurement sets
10. Integrate electronic tools in an intuitive fashion giving patients the benefit of expert knowledge about specific conditions

Ten years later these principles resulted in the following accreditations and/or recognitions. SETMA is the only practice in America accredited by all four accrediting and/or recognizing bodies:

1. NCQA Diabetes Recognition (accredited from 2010-2016) reaccreditation due April, 2016
2. NCQA Heart and Stroke (accredited from 2013-2016) reaccreditation due June, 2016
3. NCQA Medical Home (accredited from 2010-2016) reaccreditation due July, 2016
4. URAC Medical Home and Ambulatory Care (accredited from 2014-2017) reaccreditation due February, 2017
5. The Joint Commission Medical Home and Ambulatory Care (accredited 2014-2017) reaccreditation due March, 2017
6. The Joint Commission Laboratory Services (accredited from 2014-2016) reaccreditation due July 2016
7. Accreditation Association for Ambulatory Health Care (accredited from 2010-2017) reaccreditation due July, 2017

In the fall of 2015, SETMA was invited to participate in CMS' Transforming of Clinical Practice Initiative (TCPI) which resulted in their request for SETMA to contribute to the tools and library needed for this effort to influence 140,000 healthcare providers transformation of their practices. This material is displayed at www.jameslhollymd.com under "Transforming Your Practice Library." The following are hyperlinks to the twenty-one sections of the Library.

1. [Summation of SETMA's TCPI Website](#) -- This is an 11-page list of hyperlinks which allow you to easily access the entire library.

2. [Summation of SETMA's TCPI Website in pdf format](#) -- This is a 102-page PDF of the entire library which includes annotated hyperlinks to each section's content.
3. [CMS Quality 12.2015 TCPI](#)
4. [Leadership and Governance](#)
5. [Care Coordination](#)
6. [HIPPA and Security](#)
7. [Data Analytics](#)
8. [Care Transitions](#)
9. [LESS Initiative](#)
10. [Medical Records](#)
11. [Clinical Decision Support](#)
12. [Hospital Care Tools](#)
13. [Disease Management Tools](#)
14. [Preventive Health Tools](#)
15. [Behavioral Health](#)
16. [Transformation Tools](#)
17. [New Transformation Tools](#)
18. [Patient-Centric Care](#)
19. [Nursing Home](#)
20. [Medical Home](#)
21. [Display and Explanation of SETMA's Patient-Centered Medical Home Tools](#)

This information is presented as evidence of our seriousness about excellence in healthcare delivery.

Appeal to Your Health Plan

Recently SETMA became aware that many of our claims from your health plan were not being paid. The reason given was that only the PCP named on the patient's identification card can see the patient. All other claims are and will be denied.

As a PC-MH, SETMA is aware of the principle of "continuity of care," both with a robust healthcare data base through an EMR and with a person whom the patient identifies as their PCP. Even though SETMA is a multi-specialty practice with 47 healthcare providers, 67% of the time, we succeed in fulfilling the principle of the patient seeing the same provider. However, it is impossible to do this 100% of the time.

SETMA calls the requirement that a patient be seen by a particular provider, "healthcare by personality." While this is one element of "continuity of care," we think that it is an inferior element to a robust, intuitive data base which is accessible at every point of care – all hospitals, all emergency departments, all clinics, and all nursing home. SETMA's patients' records are available simultaneously and consistently at all of these places. No matter how well a patient is known by a personal physician, SETMA's data base is a superior source of patient information needed for the providing of excellent care.

Shortly, after SETMA began using the EMR and before we had access to it in the emergency room, I saw a patient in the emergency room at 5 AM. I had known and treated this patient for twenty years. I knew her healthcare and I knew her stories. When I entered the examination room, the patient pulled out of her purse an printed copy of her most recent visit to my office. It was an extensive medical record. As well as I knew this lady, that document knew the specifics of her health history better than I did. Several years later, I saw two new patients who were sisters and who were related to one of our local politicians. After completing their evaluation, I asked each individually, "Do you think I know enough about you to give you sound advice about your healthcare," They both said, "You know more about me than the doctor I have seen for twenty-five years. No one has ever asked me that many questions." Personality is nice; precise healthcare information is imperative.

In May, 1999, SETMA published a booklet entitled, *More Than a Transcription Service: Revolutionizing the Practice of Medicine: And Meeting the Challenge of Managed Care With Electronic Medical Records (EMR) which Evolves into Electronic Patient Management.* (see: <http://www.jameslhollymd.com/your-life-your-health/medical-records-more-than-a-transcription-service>) This document begins with the following:

"When I was a child, medical records were kept on a 3x5-file card. The information essentially reflected the date and a one-word statement of what transpired in the visit to the doctor, often related merely to a shot or medicine, which was given. Patients paid a dollar for the visit, a dollar for the shot and a couple of dollars for the medication. Expectations were low and expenses were, also. The physician kept most of the important patient information in his/her head. Therefore, when the physician wasn't available, data on the patient wasn't available.

"This system was extremely personal and was often very satisfying for the patient and the physician. When I was born, Dr. Culpepper was my family doctor. In 1949, my family moved and did not use Dr. Culpepper as a physician again. 24 years later, in 1973, when I graduated from medical school, I called Dr. Culpepper and said, 'Dr. Culpepper, I wanted to say hello and tell you I have graduated from medical school.' Dr. Culpepper was in his early eighties and said spontaneously, 'How are Bill and Irene,' calling my parents by their first names, after not having seen them in 24 years. Dr. Culpepper had a wonderful mind, but it could only be in one place at a time."

These experiences have helped form my personal healthcare philosophy.

We can assure you that your patients are receiving excellent care. In addition to the above named accreditations, SETMA participates in the Physician Quality Report System (PQRS), is compliant with Meaning Use I and 2 and their successors. Another means we use to prove the quality of our performance is by the Public Reporting of Provider Performance by Provider Name. At the following link, you will find seven years of public reporting of provider performance by provider name on almost 300 quality metrics ([Public Reporting - Reporting by Type](#)). We are in our eighth year of this process and we will continue to do so.

SETMA's appeal is for you to reconsider your rule about not paying for care given by our clinic rather than by a specified provider. We believe your patients' and your interests are served well by SETMA's model of care. Please consider our request for you to eliminate the "personality" requirement for the payment of our claims. If you do, we will be delighted to continue to participate in your plan. If you chose not to make this change, we will have to determine whether or not the intrusiveness of your rule is such that it makes us unable to continue in our relationship.

Sincerely yours,

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