

# INTRODUCTION

The purpose of this manual is to provide participating physicians of Santé Physicians IPA and their office staff with the basic policies and operating procedures as established by Santé Health System the Management Service Organization (MSO) contracted to provide administrative services. Santé updates this manual on a regular basis to remain current with the changes that are part of our managed care environment.

The Administrative Manual is one of three manuals produced by Santé for the offices of our physicians. The other two manuals are our Quality Standards Manual and our Outpatient Best Practices Manual. The Quality Standards Manual contains policies and procedures designed to keep your offices in compliance with state, local, and the National Committee for Quality Assurance (NCQA) regulations and standards. The Outpatient Best Practices Manual contains Best Practice guidelines and utilization parameters which can help physicians improve and streamline the care of their patients. The Outpatient Best Practices Manual also contains the preventative health guidelines our physicians must implement in order to maintain the health of their assigned populations.

Our hope is to provide you and your team with valuable tools as your office works with us in the managed care environment. We welcome your comments and suggestions regarding our products. Santé’s goal is to assist in making your daily operations as streamlined as possible and enhance your ability to function in the managed care environment. Your success will also be our success.



## INTRODUCTION

\* *Board of Directors Roster and Board Advisory Committees*

### Board of Directors

Name	Board Position	Field of Practice
• Mateo F. De Soto, M.D.	President and Chief Executive Officer	Mental Health
• Ajit Arora, M.D.	Director	Gastroenterology
• Marina Alper, M.D.	Director	Pediatrics
• Mario Gonzalez, M.D.	Director	Vascular Surgery
• Robert Castillo, M.D.	Director	Family Medicine
• Sukhbir S. Manjal, M.D.	Director	Internal Medicine
• Mary Sadlek, M.D.	Director	Family Medicine
• Frank Tamura, M.D.	Director	Radiology
• Peter Zaki, M.D.	Director	Family Medicine
• Ann Holmes, D.O.	Director	Family Medicine

### Executive Committee

- Mateo F. De Soto, M.D.
- Al Velasco, M.D.
- Ren Imai, M.D.

### Finance Committee

- Ren Imai, M.D., Chairman
- Al Velasco, M.D.
- Mateo F. De Soto, M.D.

### Credentials Committee

- Kenneth Steinbach, M.D.  
Chairman
- Muhammad Sheikh, M.D.
- Lakhjit Sandhu, M.D.
- Ajit Singh, M.D.
- Alan Kelton, M.D.
- Daniel Swartz, M.D.
- Norma Solis, M.D.

## INTRODUCTION

\* Board Advisory Committees (continued)

### Primary Care Strategy Council

- Ren Imai, M.D. Chairman
- Alfonso Velasco, M.D., Vice Chairman
- Marina Alper, M.D.
- Leonel Apodaca Jr., M.D.
- Richard Berquist, M.D.
- Nikki Donaldson, D.O.
- Jeffrey Gardner, M.D.
- Vivian Hernandez, M.D.
- Mary Hill, M.D.
- Sami Issa, M.D.
- Ronald Kleyn, M.D.
- Matthew Lozano, M.D.
- Natalya Malley, M.D.
- Sukhbir Manjal, M.D.
- Mary Sadlek, M.D.
- Prem Singh, M.D.

### Quality Improvement Committee

- Mario Gonzalez Jr., M.D. Chairman
- Douglas Sides, M.D.
- Mary Sadlek, M.D.
- David Dorough, M.D.

### Specialty Advisory Committee

- Ajit Arora, M.D. Chairman
- Craig Aaronson, D.P.M.
- A.M. Aminian, M.D.
- Kevin Boran, M.D.
- William Brown Jr., M.D.
- Yuk Yuen Leung, M.D.
- Paul Norwood, M.D.
- William Pitts, M.D.
- Sanagaram Shantharam, M.D.
- Kenneth Steinbach, M.D.
- Frank Tamura, M.D.
- Karl Van Gundy, M.D.

### Utilization Management Committee

- Michael Synn, M.D. Chairman
- Natalya Malley, M.D.
- Frank Tamura, M.D.
- Mary Sadlek, M.D.
- Kenneth Steinbach, M.D.

## INTRODUCTION

*\* Committee Descriptions*

### **Credentials Committee**

The Credentials Committee reviews qualifications of each applicant and re-applicant to Santé Physicians. Examples of credentialing responsibilities include:

- ◆ Set standards for physician reviews
- ◆ Maintenance of IPA's delegated credentialing status

### **Executive Committee**

The Executive Committee, composed of the IPA officers, reviews the business needs of the IPA. Examples of Executive Committee responsibilities include:

- ◆ Reviews reports from the Credentials Committee regarding physician panels
- ◆ Reviews contracting issues regarding non-physician providers
- ◆ Makes necessary decisions between meetings of the full Board of Directors

### **FHCA Committee**

The FHCA Committee, one of the two Preferred Provider networks for the IPA, is responsible for the administration of:

- ◆ Panel lists
- ◆ Contracting issues
- ◆ Promotion of the IPA's non-exclusive PPO Business

### **Finance Committee**

The Finance Committee reviews issues and policies that affect financial performance of the IPA, and also proposes financial policy for the IPA. This committee meets once a month and is composed of board members only. Examples of Finance responsibilities include:

- ◆ Physician payment mechanisms
- ◆ Physician contracts (including Capitation contracts)
- ◆ Fee-for-service withholds

## INTRODUCTION

### *\* Committee Descriptions (continued)*

#### **Primary Care Strategy Council**

The Primary Care Strategy Council serves as a discussion forum for Primary Care Physicians, and advises the Board on issues relevant to PCPs. The committee meets every month and addresses topics such as:

- ◆ PCP retention and recruitment
- ◆ PCP compensation and incentives
- ◆ PCP education

#### **Quality Improvement Committee**

The Quality Improvement Committee ensures that members of the IPA provide high quality care. This committee meets quarterly and holds responsibilities such as:

- ◆ Reviews and sets quality standards
- ◆ Establishes projects to improve quality of care in the IPA
- ◆ Responds to quality inquiries from health plans and members (patients)

#### **Specialty Advisory Committee**

The Specialty Advisory Committee serves as a discussion forum for Specialist Physicians and advises the Board on issues relevant to Specialists. The committee meets every other month. Examples of Specialty Advisory responsibilities include:

- ◆ Specialist compensation
- ◆ Panel composition
- ◆ Division of services between PCP's and Specialists

#### **Utilization Management Committee**

The Utilization Management Committee establishes policies regarding the utilization of health services for Santé Physicians, and reviews the performance of physicians in all specialties. Examples of Utilization Management responsibilities include:

- ◆ Develops utilization policies and standards
- ◆ Reviews system performance with regards to utilization
- ◆ Reviews system case management performance
- ◆ Responsible for maintaining Santé's delegated status with regards to utilization

# INDEPENDENT PRACTICE ASSOCIATION (IPA)

## \* Overview

### Welcome to Santé Physicians!

We want to extend our welcome to you, our physicians and staff, who are part of Santé Physicians. We hope to develop a lasting, rewarding partnership with you while we work together to provide quality, cost-effective care for our patients.

We have developed this provider manual to help answer many of your questions about the administrative policies of the IPA. This manual will work hand-in-hand with Santé’s Quality Standards and Clinical Guidelines manuals in your office to help make your practice a successful managed care physician office. We have made every attempt to make this provider manual a valuable resource to you.

We encourage you to contact any member of our staff (see the “Resources-at-a-Glance” page in this section) if you need further assistance or have any questions about the enclosed materials.

### What is Santé Physicians?

Santé Physicians is one of the largest IPAs in Central California, with over 1,900 physicians in all medical specialties. The primary function of the IPA is to organize physicians effectively, enabling them to have a unified voice as a business entity.

Santé Physicians is a shareholder organization. Shares are owned by Primary Care Physicians and Specialist Physicians who are contracted to provide care to health plan members.

The following Health Maintenance Organizations are exclusively held by the IPA:

◆ Aetna	◆ Health Net/ Wellcare
◆ Anthem Blue Cross	◆ United Healthcare
◆ Blue Shield	◆ Signature Value
◆ CIGNA	◆ Medicare Advantage
◆ Humana	◆ Dual Complete
	◆ Alignment

Working agreements with many Preferred Provider Organizations are also established.

A Board of Directors who are wholly responsible for the policies, procedures, and financial interests of the IPA lead Santé Physicians.

## INDEPENDENT PRACTICE ASSOCIATION (IPA)

### *\* Physician Rights and Responsibilities*

Santé Physicians (SP) is a collaborative independent association of physicians (IPA) and other licensed medical providers who have come together to promote the health of their patients and the health of their community through the practice of managed medical care. It is the primary responsibility of physicians in SP to provide and advocate the most appropriate medical care for each and every one of his or her patients.

In order to improve the environment in which medicine is practiced, Santé encourages physicians of all specialties to work together and in doing so improve the outcomes for all enrolled members. It is a major goal of Santé to enhance the communication between physicians and it is the responsibility of all SP providers to participate in this process.

Santé Physicians is in partnerships with hospitals, surgery centers, and other facilities, making up our integrated healthcare delivery system. It is a principal of Santé to support the development of this integrated healthcare delivery system. The physicians of SP are committed to the success of our facility partners just as the facilities are committed to the success of SP.

Santé Physicians IPA is mindful of the needs both physicians and members have in a managed care environment. Therefore the following specific rights and responsibilities of physicians and other providers are outlined below.

## RIGHTS

### Physicians:

1. May hire physician assistants and nurse practitioners to provide services.
2. Must be given 30-day notice of changes in compensation formulas.
3. Will receive Primary Care Capitation payment by the 15<sup>th</sup> of the month.
4. May bill for non-covered services if enrollee is given prior written notice and agrees.
5. May receive up to 100% of billed charges through coordination of benefits when possible.
6. May request IPA to work with the health plan to enable them to reassign member according to health plan criteria if physician for any reason is unable to provide adequate care.
7. May have access to dispute resolution mechanisms.
8. Who are PCPs may close their practice with a minimum of 90 day written notice. Such practice closure may not occur more than once a year.
9. May resign without cause by providing 90-day notice.
10. Who are PCPs may refer.
11. With valid commercial HMO contracts will be eligible to care for exclusive PPO members.
12. Will receive Capitation or Cap-pool payments by the 25<sup>th</sup> of each month.

## INDEPENDENT PRACTICE ASSOCIATION (IPA)

*\* Physician Rights and Responsibilities (continued)*

### RESPONSIBILITIES

Physicians:

1. Who are PCPs must provide “comprehensive” PCP services to any member who designates the physician as their PCP.
2. Must be available 24 hours a day/7 days a week or have appropriate call coverage.
3. May not discriminate in treating members.
4. Must accept Capitation payment as full payment for covered services, except for co-pays.
5. Must submit claims or encounter information within ninety (90) days of date of service.
6. Must carry own malpractice, \$1,000,000/\$3,000,000 minimum. Agrees to notify the IPA of malpractice claims.
7. Must inform IPA of any changes in address, license, tax ID, hospital privileges, or any other changes affecting ability to care for members.
8. Agrees to participate in Santé’s Utilization Management Program, Credentialing and Quality Improvement program including serving on committees and serving as an advisor if asked.
9. Agrees that if he or she is terminated or resigns, the physician will cooperate with IPA to ensure continuity of care for members.
10. Agrees to render all appropriate and necessary services to members.
11. Agrees to participate in peer review program and to allow access to patient records.
12. Agrees to accept Capitation if serving as PCP for 100 or more members.
13. Agrees to secure a covering physician that accepts SP compensation or will look to the contracted physician for compensation and will not bill members.
14. Agrees to only admit patients to participating hospitals unless circumstances preclude admission to a participating hospital.
15. Must be in good standing to practice medicine.
16. Must comply with state and federal regulations.
17. May collect third party liability.
18. Who serve as PCPs must keep practice open to minimum 500 enrollees.
19. Must supply own personnel, equipment and supplies.
20. Must buy worker’s compensation insurance for their own employees.
21. Must carry their own comprehensive insurance.
22. Must maintain skills, as demonstrated by continuing education, re-credentialing and maintenance of privileges.
23. Maintain staff privileges at a contracted facility or designate another SP physician who will admit to a contracted facility on his/her behalf.
24. Must cooperate with the Medical Director to receive quality of care.
25. Should comply with HMO formularies.
26. Agrees to grant IPA access to any and all profile information and other information on physician performance held by plans, facilities and outside agencies.
27. Must continue to treat enrollee at term until member transferred to another physician or until covered services rendered to enrollee “completed” and will be paid in accordance “with comparative methodology developed by IPA” period.



## INDEPENDENT PRACTICE ASSOCIATION (IPA)

*\* Physician Rights and Responsibilities (continued)*

28. Agrees to treat members from any contracted HMO, if practice is open, to the type of business to which the members belongs.
29. Agrees not to defame Santé Physicians, Santé Health System, and any of our contracted healthplans or facilities.
30. Agrees to process uncontested overpayment refund requests within thirty (30) days and if not, is subject to offset by IPA from other amounts due.



## INDEPENDENT PRACTICE ASSOCIATION (IPA)

### \* *Types of Practice*

An IPA is an Independent Practice Association made up of physicians who are contracted to the entity for the purpose of providing managed medical care. These physicians may be in individual or group practices.

Santé Physicians is an IPA of physicians who are dedicated to form an integrated delivery system. Santé Physicians is composed of a variety of physician practice models:

### **Sole Practitioner**

The individual physician contracts with Santé Physicians and is reimbursed using either a modified Fee-for-Service or a Capitation model.

### **Group Practice**

Two or more physicians who utilize the same Tax ID Number.

(For the purpose of PCP capitation, once the total group has 100 or more combined members, all physicians within the group are reimbursed by capitation, including any non-plan physicians practicing within the group.)

Two types of group practices are:

- ◆ Independent Group – Individual physicians who jointly own their own practice, supply their own internal management, and are contracted as an entity with Santé Physicians. Vision Care is an example of an independent group.
- ◆ Institutional Group – Physicians and other providers (such as Nurse Practitioners) who are employees of a group practice. The assets of the group and non-provider employees are controlled by an institution.



## MANAGEMENT SERVICE ORGANIZATION (MSO)

\* *Overview*

### About Santé

Santé Health System is the Management Services Organization (MSO) that serves Santé Physicians. Santé works as a background organization to support the managed care efforts of the IPA. Santé provides services including, but not limited to, the following:

- ◆ Contracting
- ◆ Claims Processing
- ◆ Credentialing
- ◆ Customer Service
- ◆ Finance
- ◆ Marketing
- ◆ Medical Affairs
- ◆ Practice Management
- ◆ Provider Relations
- ◆ Physician Services/Education
- ◆ Quality Management
- ◆ Utilization Management
- ◆ Wellness

Serving Santé Physicians as its Management Services Organization, Santé integrates services to provide an important piece in our developing healthcare system. The goal of Santé is to assist members of Santé Physicians in ways that best utilize the managed healthcare system.

### About Santé Physicians

Santé Physicians Medical Group, Inc. is a California professional corporation organized as an Independent Practice Association (IPA). The IPA is intended to develop contractual agreements with, and negotiate on behalf of physicians who will provide medical services to patient subscribers or enrollees of programs offered by insurers, Health Maintenance Organizations (HMOs), competitive medical plans, and other third party payers.

The Santé Physicians IPA is a physician-owned and primary care-driven network of over 1,900 physicians with a governing Board of Directors made up of both Primary Care and Specialist Physicians. Policies are developed by physician leadership through such committees as Primary Care Advisory, Utilization Management, Quality Improvement, Finance, and Executive Board.

In a managed healthcare system, risk is shared throughout the delivery system. Individual physicians share in the risk assumed by the IPA by accepting fixed capitated payments for medical services. In order for Santé Physicians to provide the services necessary to drive a quality managed care organization, patient care must be managed effectively and efficiently.

## MANAGEMENT SERVICE ORGANIZATION (MSO)

\* Overview (continued)

### How to Make Managed Care Work for You

The previous world of Fee-for-Service healthcare was easy to understand. Today's managed care environment is more complex. However, managed care can benefit both providers and patients when incorporated effectively into physician practice. The following guidelines will assist you in this reimbursement system.

- ◆ **Be informed**

Our goal is to provide you with all available information and data to help you better understand managed care. The administrative policies in this manual are provided as a guideline for the office to thrive in a managed care environment. Please take advantage of other literature, reports, seminars, and meetings offered by Santé for physicians and office staff. In addition, the Physician Services Team is available to come to your office to provide personal assistance.

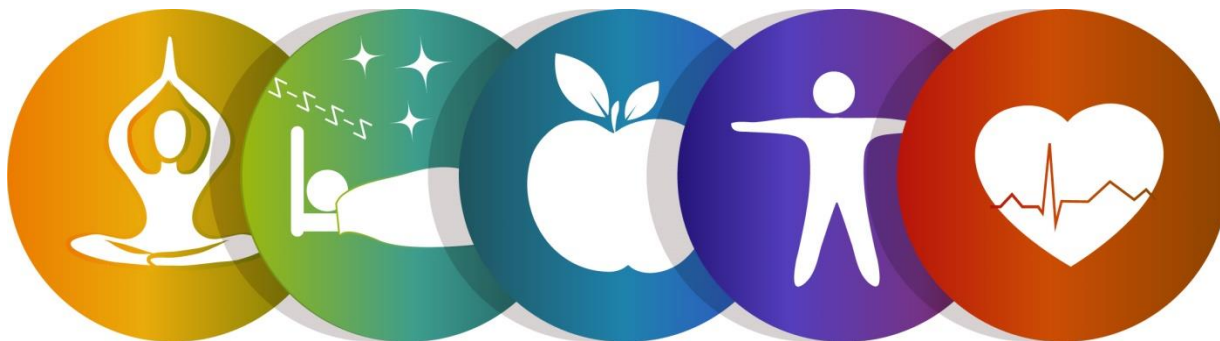
- ◆ **Provide excellent patient service**

The partners in this healthcare system must team up to deliver consistent quality to its patients (members). It is paramount that our care, customer service and communication with patients be consistently excellent. One of the major responsibilities of providers is to guide patients through the new and different world of managed care.

- ◆ **Embrace the wellness philosophy of preventive medicine**

Unlike Fee-for-Service reimbursement, managed care offers physicians an incentive for keeping patients healthy. Scientific research has indicated that as much as 70% of disease is preventable. We can all benefit by educating our patients regarding healthy lifestyles that reduce critical risk factors. The outcome of this education will be more appropriate utilization of our healthcare system. Santé Physicians invites you to become an integral part of that effort.

Santé Physicians was created by physicians who projected that the enormous growth of managed care across the nation would soon impact central California. Santé Physicians is an organization proactively meeting this changing healthcare marketplace. Santé Physicians, your IPA, is dedicated to making you a part of this system.



## MANAGEMENT SERVICE ORGANIZATION (MSO)

\* Resources at a Glance

Administrative Address	General Correspondence Address	Claims Mailing Address
Santé Physicians 7370 N. Palm, Suite 101 Fresno, California 93711	Santé Physicians PO Box 792 Fresno, California 93712	Santé Physicians (HMO Name) P O Box 1507 Fresno, California 93716
<b>Main Telephone Numbers: (559) 228-5400 (800) 652-2900</b>		

### **Customer Services – Claims & Eligibility**

All Providers & Members:

Phone: (559) 228-5410 Fax: (559) 224-2672

### **Electronic Claims Submission**

Phone: (559) 228-5410 Fax: (559) 224-2672

### **Operations**

Annette Pulido, VP, Operations

Phone: (559) 228-4287

Nathan Arroyo, Director, Operations

Phone: (559) 228-4443

Frank Lopez, Director, Client Services

Phone: (559) 228-5468

### **Utilization / Case Management**

Dawn Dahl, Director

Phone: (559) 228-4325

### **Contracting & Network Development**

Vicki Anderson, VP, Managed Care

Phone: (559) 226-5477 Fax: (559) 226-1651

Jon Edwards, Director, Managed Care

Phone: (559) 228-4572

Laurie Frye, Sr. Mgr, Managed Care

Phone: (559) 228-2903

### **Physician Services & Education / Marketing**

Kara Herderich, Director, Physician Services & Marketing

Phone: (559) 228-4278

### **Quality Management**

Sera Larsen, VP, Clinical Integration

Phone: (559) 228-5432 Fax: (559) 224-2046

### **Credentialing**

Sera Larsen, VP, Clinical Integration

Phone: (559) 228-5432 Fax: (559) 224-2046

### **FHCA**

Phone: (559) 228-5400

Get connected to the Santé website @ [www.santehealth.net](http://www.santehealth.net)

## MANAGEMENT SERVICE ORGANIZATION (MSO)

### *\* Administration and Departments*

The following are brief profiles of the various MSO departments: Claims, Contracting and Network Development, Credentialing, Customer Service, Finance, Foundation Health Care Administrators, Medical Affairs, Physician Services and Education, Quality Management, Utilization/Case Management, and Wellness.

### **Claims**

The claims department is responsible for processing claims and encounter information. This department interprets the benefit levels as determined by the contracting HMOs and provider contracts when processing the claims, and is also accountable for the tracking of utilization data. Your primary contact is:

- ◆ Frank Lopez, Director of Client Services

### **Contracting and Network Development**

Contracting negotiates agreements for capitation payments, exclusive agreements with health plans and hospital partners, and serves the entire system in monetary agreements with outside entities. Physician and ancillary contracting are also handled in this department. Your primary contact is:

- ◆ Vicki Anderson, Vice President, Managed Care

## MANAGEMENT SERVICE ORGANIZATION (MSO)

*\* Administration and Departments (continued)*

### Credentialing

The processes for application, credentialing and verification services have been integrated by Santé Physicians. The Credentialing Department not only receives and processes initial applications, but also ensures continuous quality through ongoing reviews and re-credentialing processes. Any changes in demographic information (i.e. changes in address, phone, etc.) should be directed; in writing, to the Credentialing Department. Your primary contacts are:

- ◆ Sera Larsen, VP, Clinical Integration

### Customer Service

The Customer Service Department is an integral part of our commitment to service both the health plan member and the physician office. The Customer Service Department is responsible for member advocacy, eligibility, and ongoing education for the members. Provider Relations Representatives for primary care and specialty offices support physician office claims inquiries. Your primary contact is:

- ◆ Nathan Arroyo, Director, Operations
- ◆ Sylvia Banuelos, Manager, Claims & Customer Service

### Finance

The Finance Department develops and monitors the company's operating budget, performs financial analysis, and carries out the general accounting function. Additionally, Finance administers the various capitation programs that support the system. Your primary contact is:

- ◆ Chris Cheney, Chief Financial Officer

### Foundation Health Care Administrators (FHCA, Inc.)

FHCA administers Santé Physicians' broader PPO panel, including physicians and facilities throughout Central California. This department handles Utilization Management, Customer Service, pre-pricing of claims, and contract issues for this PPO panel.

## **MANAGEMENT SERVICE ORGANIZATION (MSO)**

*\* Administration and Departments (continued)*

### **Medical Affairs**

This department is responsible for assuring that Santé (the MSO) is serving its physician provider members and their offices. It is also responsible for ensuring that high quality medical service is rendered to health plan members. The Medical Affairs Department is charged with ensuring compliance with health plan contracts in credentialing, quality management, education, and utilization management. This department also works with contracting and finance to ensure the needs of members are being met. Your primary contact is:

- ◆ H. Michael Synn, M.D., Chief Medical Officer

### **Physician Services**

The Physician Services Department is dedicated to serving the IPA physician and office staff. Physician Services is responsible for training, educating, communicating, and supporting physicians while also advocating for physicians. This aids our physicians in the operations and policies of the HMO business that Santé contracts. Additionally, physician education programs are developed and implemented through Physician Services. Your primary contacts are:

- ◆ Kara Herderich, Director, Physician Services & Marketing

### **Quality Management**

The purpose of Santé Quality Management is to ensure and monitor the delivery of high quality medical services. This department uses a systematic and documented approach to reviewing the quality of healthcare and outcomes. The program encompasses all physician providers contracting with Santé Physicians. Your primary contacts are:

- ◆ Sera Larsen, VP, Clinical Integration



## MANAGEMENT SERVICE ORGANIZATION (MSO)

\* Administration and Departments (continued)

### Utilization/Case Management

The UM/Case Management department is staffed with clinicians and para-professionals who play a key role in managing medical costs in this system. In consultation with the Santé Vice President of Medical Affairs and Associate Medical Director, this department determines medical necessity of procedures, length of hospital confinements, and appropriateness of ancillary treatment. This department is responsible for providing authorizations for treatment and monitoring treatment patterns and utilization trends. Your primary contact is:

- ◆ Dawn Dahl, Director, Utilization Management



## MANAGEMENT SERVICE ORGANIZATION (MSO)

### \* *Education*

Santé Physicians will continue to provide opportunities for quality improvement of the healthcare system. To support this goal, a complete program of quality improvement through education has been developed. We believe that as these systems are put into place and utilized, the Santé managed care system will offer the best outcomes for both patients and physicians.

### **Physician Profiles and Action Plans**

Using processed encounter information, Santé Physicians prepares and distributes a profile for each IPA physician. This profile shows the relative cost efficiency of each physician as compared to other physicians in his or her specialty. The report adjusts for medical complexity (severity) and ranks physicians by cost and quality indices.

### **Protocol Development**

Outpatient Best Practice Protocols are developed for Primary Care Providers. Santé Specialist Physicians are instrumental to this process. All protocols are approved by the Santé UM Committee.

### **Quality Management and Educational Audits**

Chart and administrative data set reviews are conducted by the Santé Quality Management Department as required by our contracted health plans. A feedback tool will assist audited physicians in interpreting audit results and opportunities to improve their practices.

### **Physician and Staff Education**

Santé Physicians offers many types of educational opportunities for its physicians and their staffs. The following types of educational programs are available:

- ◆ *PCP Education* – Based on Santé Physicians’ Outpatient Best Practice guidelines, this continuing education program will ensure that Santé PCPs have the tools to manage their patients to meet increasingly stringent national quality standards.
- ◆ *Office Manager Meetings* – Office managers are invited to educational presentations solely for office staff. Presentations include managed care, Quality Improvement access audits and how these can improve your practice, how to handle difficult patients, and other topics of interest.
- ◆ *Managed Care Symposium* – “Focus” features leaders in managed care discussing issues of interest to the entire IPA.
- ◆ *Provider Workshop* – Hands on didactic training covering various physician practice operations.
- ◆ *Specialty Education* – Santé offers topical programs directed at Specialists and PCPs through performance Improvement and various clinical departments of the integrated system.

## MANAGEMENT SERVICE ORGANIZATION (MSO)

\* *Education (continued)*

### On-going Educational Features

- ◆ *Case Management* – This effort focuses on matching a patient’s needs to the most appropriate available resource.
- ◆ *Utilization Management* – This is an on-going effort to balance the needs of the IPA with the needs of our patients in a managed care environment. The goal is to reduce the number of inappropriate or out-of-plan referrals. Using case management, Santé will appropriately match patient needs with system resources.
- ◆ *Administrative Provider Manual* – This manual is your resource for Administrative Policies of Santé Physicians. The manual is updated and expanded to include contracting information and operational policies.
- ◆ *Quality Standards Provider Manual* – This manual is your resource for meeting NCQA quality standards.
- ◆ *Clinical Guideline Manual* – This manual contains out-patient evidence-based guidelines for primary care physicians.
- ◆ *Educational Communications* – Additional educational communications are provided in the Santé Provider Touchpoint Newsletter and through Policy Memorandums.

