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On Rounds



Governor
Phil Bredesen

Cover Tennessee: Helping the Disenrolled, Disenfranchised

BY CINDY SANDERS

In 2004, the Tennessee Department of Insurance and Commerce was awarded a state planning grant from Health Resources and Services Administration to research Tennessee's uninsured populations and develop programming to improve access to affordable health-care.

This collaborative effort between public/private partners has turned into "Cover Tennessee." Andrea White, spokesperson for the state's Safety Net program, says the initiative will ultimately take a three-pronged approach to helping those without insurance find access to care.

The first arm of the initiative will cover the 150,000 uninsured children in the state. White says Tennessee will take advantage of the 3:1 match available from the federally-mandated State Children's Health Insurance Program (SCHIP) to help provide coverage. The estimate is that Tennessee will put in \$60 million of state money over the next three years but draw down a \$180 million match rate to fund programming.

"Aside from the benefit of the federal dollars," White says, "the overwhelming benefit is that the SCHIP

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Centennial Heart Center Milestone: Mini-Maze Surgery for AFib Patients

BY KELLY PRICE

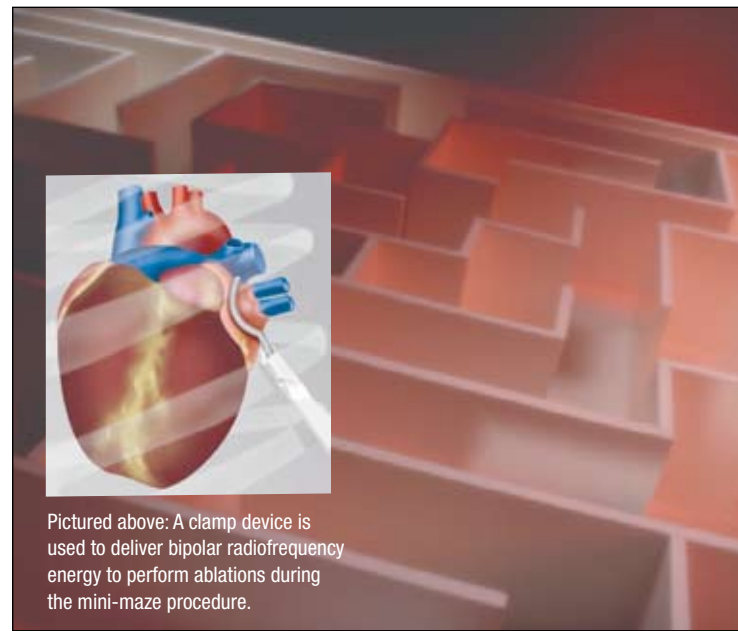
It is well known that a maze can be good exercise for your brain. Now we have found out that a maze can be helpful to your heart, as well.

Centennial Heart Center is the first in Tennessee to offer the mini-maze, a new minimally invasive heart surgery to correct atrial fibrillation (AFib), the most common abnormal heart rhythm in this country affecting 2.2 million Americans. Dr. Robert Binford, Centennial cardiothoracic surgeon, has been performing the mini-maze procedure at Centennial for the past several months.

"Until now the options available to AFib patients were unattractive at best, requiring a lifetime of anticoagulant therapy, a permanent pacemaker, or a difficult, invasive operation," said Binford. "The mini-maze offers patients an optimal choice."

The mini-maze procedure combines the very high success

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Pictured above: A clamp device is used to deliver bipolar radiofrequency energy to perform ablations during the mini-maze procedure.

PHYSICIAN REIMBURSEMENT FOCUS

Maximizing the Bottom Line

BY CINDY SANDERS

The topic of reimbursements ... or rather the lack thereof ... plays a prominent role in most every conversation pertaining to the current state of America's healthcare system.

How do you ensure physicians are paid fairly while trying to contain spiraling costs? What is the value of avoiding problems down the road through preventative measures? Should we pay for performance? What is too much ... not enough ... fair to the provider, the carrier, the employer, the consumer?

While these complex questions continue to be

debated among politicians, providers, consumer groups and lobbyists, healthcare practitioners must deal with the here and now.

Several steps can be taken to help ensure your practice receives the maximum reimbursement allowed in a timely manner. Doing a little front-end homework can make a big difference to the bottom line.

Providing expertise to Middle Tennessee's burgeoning healthcare industry are many excellent service providers that can analyze your practice to see where there are gaps in the revenue cycle. Likewise, the Nashville area has multiple coding and billing companies and soft-

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Maximizing the Bottom Line, *continued from page 1*

ware providers that offer service and product lines to make your practice more efficient.

Donna Gilley, director of revenue cycle and regulatory compliance for LBMC Healthcare Group, LLC (an affiliate of Latimore Black Morgan & Cain, PC), works with a client base ranging from private practices to large medical centers. When meeting with a new client, there are several key areas that she automatically covers.



Donna Gilley
LBMC Healthcare
Group, LLC

"The first thing I talk to them about right now is the Medicare reversal of the 4.4 percent cut," she says. "Depending on the specialty and whether their RVUs (Relative Value Units) were impacted,

they may be receiving a lump sum check in the next four or five months."

Gilley says every regional Medicare carrier has been instructed to automatically go back and reprocess claims during the few weeks in January and February that the cuts were in effect. Physicians do not have to re-file those claims.

Once she has dealt with this year's unusual situation, Gilley moves on to the more routine operational issues that can negatively impact a provider's revenue stream.

"Coding and charge capture is still a hot topic for a lot of practices, particularly for specialties that get into very technical areas," she says.

Gilley notes that despite the system being in place for years, many practices are still losing money because of incorrect coding. In large part, she blames this on the changes made at a federal and state level each year, saying they keep

things "off kilter."

For that reason, Gilley says, "A solid baseline coding audit is always in order."

Such an audit can help a practice or larger facility find inconsistencies in its system and pinpoint areas where it is making costly missteps.

The best way to capture revenue in a timely manner is to make sure you are generating a proper claim, which goes back to being on top of all the coding changes that can happen throughout the year.

Jerry Killough, president and CEO of Clinix Medical Information Services, says his company's goal is simple: "Our purpose is to help our customers get as clean a claim as possible."



Jerry Killough
Clinix Medical Information
Services

To do that, the application service provider — or ASP — maintains a large data system at Clinix's Brentwood headquarters where clients around the country can connect in real time and receive instant updates on any coding changes. A leader in the ASP market, Clinix MIS runs more than \$750 million in charges annually.

The Clinix MIS system electronically checks to make sure the diagnosis and CPT codes match. If not, an electronic prompt comes up to let the client know he is in violation of a national or local coverage decision.

"We pre-load all those national and local coverage decisions for code pairs into our edits," he says of catching mistakes quickly and accurately on the front end.

While the national coverage decisions (NCDs) only change once a year, local coverage decisions (LCDs) can change at any time. Additionally, the government publishes Correct Coding Initiative edits (CCI edits) quarterly.

Killough says what is unique about an ASP "scrubber" is that this real-time system catches problems while billing staff are entering the

charges, rather than letting them get through the time consuming process and then scrubbing the claim on the back end, which forces them to start all over. A second benefit is that changes are input into the databank and are immediately available.

"Once we get a change and enter it, then it is instantly there for all our customers ... that's the beauty of ASP ... you don't have to send out a CD to download changes," he says.

The system also checks for bundled charge codes, which are not paid by Medicare. Killough says there are literally hundreds of thousands of CPT pairs that are not allowed to go together, and that having a system that alerts you to a mistake on the front end can save time and money on the back end.

Gilley adds that just as practices trip up by submitting incorrect claims, not being vigilant about front-end collections is another key area where revenue losses occur.

"I drill that down to ineffectual or non-existent training for frontline staff," she says of this continuing problem.

Gilley notes that too often there isn't a solid process flow from scheduling to insurance verification to accurate collection of demographics and ultimately front-end collections.

"If one step doesn't happen in the right order, then it bottlenecks the whole process," she says.

She adds that over the last few years, hospitals have really begun to get their arms around the importance of managing the revenue cycle, and Gilley says there are signs that private practices are beginning to embrace the concept, as well.

"There is a life cycle to the collection of claims, and if they (practices) don't manage that properly, it leads to denials and higher bad debt right from the beginning," she says.

"Some of the more sophisticated clinics are coming to the realization that each department is not an island," Gilley concludes. "Like the cogs in a wheel, each part has to work properly together to get the desired outcome."



It's Time for a Change

Our old Web site will soon have a brand new look featuring enhanced graphics, greater interaction and easier navigation tools.

Features Include:

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