DELIVERING VALUE



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A METROCARE PHYSICIANS PUBLICATION

CODING IS MORE IMPORTANT THAN EVER BEFORE

Accuracy of medical billing and coding is critical for patient safety as well as faster and better revenue return.

Medical billing and coding requires skilled professionals to read, interpret, record and track complex medical information quickly with strong attention to detail to prevent potential medical record errors and payment denials.

Physicians are increasingly required to report underlying conditions, untreated diagnoses, and preconditions. Experienced, trained medical coders increase the likelihood of proper reporting not only for patient history and physician compensation, but also for public health data needed to track disease prevalence and treatment outcomes.

MetroCare is focusing on education for documentation and coding, both for providers and for billing/coding/management staff. The importance of coding training and certification has become more apparent with the growing prevalence of value-based contracts and requirements for quality data reporting to CMS.



HCC Coding and Risk Adjustment Meeting

April 3, 2019 • Fogelman Center

University of Memphis

Biller/Coder program 3:00 PM Physician/NP/PA program 5:30PM Get CIN Trilogy participation credit

<u>Click here</u> for more information

Upcoming Education Events at MetroCare

February 13: Repeated due to popular demand: E&M Coding for Physicians

February 15: Properly coding Foot and Ankle Injuries, Conditions, and Procedures

Addiction/BehavioralHealth/Pain Medicine Coding

March 22: Reporting Pediatric Services with Attention to Value-Based Measures

Basic Chart Auditing

April 12: Anatomy and Medical Terminology (Basic in AM)

Anatomy and Medical Terminology (Advanced in PM)

May 8,15,22,29 Classic Coding Boot Camp (four day session-fee required)

MetroCare Education/Event Calendar

<u>Click here</u> to access event calendar for class registration

Interstate Medical Licensure Compact

Expediting Medical Licensure

This new law facilitates the expedited licensure of physicians in multiple participating states.

The licensing board in the applicant's state of principal license will be required to perform a criminal background check on the applicant.

Upon verification of the applicant's qualifications, the applicant will complete the registration process established by the commission for issuance of a license in another member state upon payment of applicable fees

An expedited license will entitle the licensee to the same privileges, and have the same duration, as a full unrestricted license issued by the member state. TN and MS are part of the compact.

Click here for more information.

2019 TN Legislative Changes: Focus on the Opioid Epidemic

Three new laws focused on curbing the opioid epidemic took effect on January 1, 2019.

1. <u>Opioid Abuse/Diversion Control Hotline</u>: Any entity that prescribes, dispenses, or handles opioids is required to distribute the following information to its employees:

NOTICE: PLEASE REPORT ANY SUSPECTED ABUSE OR DIVERSION OF OPIOIDS, OR ANY OTHER IMPROPER BEHAVIOR WITH RESPECT TO OPIOIDS, TO THE DEPARTMENT OF HEALTH'S TOLL-FREE HOTLINE: : 1-800-852-2187

2. The Partial Fill of Prescriptions Bill: Allows a pharmacist to partially fill a prescription if requested by the patient or directed by the physician. The legislation does not require the patient to go back to the doctor for the remainder of that prescription. It prevents the patient from having unneeded, leftover medication that can be a source for improper use. The physician would be notified that a partial fill has taken place and only the portion filled is reported in the database.

3. ERx for Controlled Substances:

As enacted, requires health care prescribers to issue prescriptions for Schedule II controlled substances electronically by July 1, 2020 (with certain exceptions).

We Are Here to Assist You

A dedicated team of professionals is committed to assuring MetroCare physicians have the tools and resources to achieve success with the changes required by transition to value-based healthcare.

George Wortham III, MD CEO

t 901.360.1360

george.wortham@metrocarephysicians.com

Taylor Bailey Operations Services Managert 901.261.7804

taylor.bailey@metrocarephysicians.com

Donna Pendergrass Communications Directort 901.261.7796

donna.pendergrass@metrocarephysicians.com

Clinical Services

Diana Spicer
Director, Clinical Services

t 901.261.7802

diana.spicer@metrocarephysicians.com

Wendy Hughes

Practice Transition coach

t 901.261.7790

wendy.hughes@metrocarephysicians.com

Fran Parker

Quality Reporting Coordinator

t 901.261.7791

fran.parker@metrocarephysicians.com

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Janet Beasy, CPC, CPCO, CMC, CMOM Practice Education Consultant

t 901.261.7794

janet.beasy @metrocare physicians.com

Credentialing Services

Kelly Jordan, CPMSM Credentialing Supervisor

t 901.261.7797

kelly.jordan@metrocarephysicians.com

Debra Williams

Credentialing Specialist

t 901.261.7793

debra.williams@metrocarephysicians.com

Teresa Stacks

Credentialing Specialist

t 901.261.7792

teresa.stacks@metrocarephysicians.com