

TruBridge Expands to the Northeast

Community is at the heart of everything we do. Our focus is on providing business office, consulting and managed IT services to community healthcare organizations. But more than that, we want to help deliver better care and support to your community. In an effort to reinforce that vision, we are pleased to announce TruBridge is expanding to the northeastern United States. This growth ensures the business needs of the patients of our northeastern healthcare organizations will be met by those who live and work in the area.

TruBridge's northeastern office will be located in Frackville, PA and will be opening in the first quarter of 2015. This location will start with 20-25 employees in our Business Services division. TruBridge already operates offices in Lanett, AL, Mobile, AL, Fairhope, AL, and Monroe, LA.



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New Collaboration

CPSI and TruBridge Collaborate with IBM to Deliver Predictive Analytics at the Point of Patient Care.

[Find out more.](#)

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Join the conversation



What's New? **Clinical Documentation Improvement (CDI)**

Accurate and timely clinical documentation should be at the core of every patient encounter; it makes clinical sense and it makes business sense. Good documentation helps deliver effective treatment, assures compliance, and provides for the appropriate reimbursement for the services delivered based on the patient's actual severity of illness and risk of mortality. In turn, the overall Case Mix Index better reflects the acuity of care provided within the facility.

The consulting professionals at TruBridge can now help design, implement and maintain a successful CDI program from start to finish. Be sure to read this month's CDI article on page 4 for a more detailed look at the benefits of a CDI program.

"The easiest thing is to react. The second easiest thing is to respond. But the hardest thing is to initiate."

- Seth Godin

Business Services



Struggles of Insurance Follow-Up

Tressie Burdette, Manager, Revenue Cycle Management Services

If you do any type of insurance billing, you know how important following up on claims can be to the revenue cycle. There are numerous struggles and resolutions we face daily. Here are four that we all face on a regular basis:

Hold Times – Hold times can be extremely long. If you use this time to review other claims, you will be ready for the next call. If available, this time can also be used to work website claims from an alternate screen. We have also found that sometimes if we call right as these insurance companies open for the day or immediately after lunch, it can help reduce the hold times.

Asking the Right Questions – Some insurance representatives are vague in their answers and try to rush you off the phone. To help combat this, we have a list of questions ready for each of the general reasons they give such as Processing, Rejected, Paid and No Record of the Claim.

Working Websites – Websites can be great for checking claim status. Make sure your login is set up for all of your NPIs and/or Provider numbers. Until we have become comfortable with a specific website, we confirm findings such as no record of claim with an insurance representative.

No Record of Electronic Claims – If the claim was accepted on the audit report, always verify the payer ID is correct. If this is correct, be sure to call the insurance company's EDI department who will in turn research the issue and tell you why the claim did not enter their system.



Patient Education Opportunities

Ashley Davis, Manager, Private Pay Services

Educating patients about their responsibility in regards to their bill plays an important role in the revenue cycle. When patients are not informed of what they need to pay while they are at the hospital, the probability of them paying after they leave the hospital drastically decreases. Hospital employees need to take every opportunity possible to present the patient with what he or she is responsible for paying and also remind patients of the hospital's policy for charity care.

There are at least nine different opportunities within the revenue cycle that employees can use to educate patients about their financial obligation: appointment scheduling, provider websites, welcome letters, insurance verification, appointment reminders, patient check-in, patient check-out, claim processing/patient invoices and appeal letters.

Hospital employees need continual training on how to approach patients about payments at each of these steps. Simply asking the patient if he or she would like to pay today will not do. Employees must remember to show compassion, clearly explain what the patient will owe, and then ask how much he or she can pay that day. If the patient is unable to pay, employees should screen the patient for charity care, if applicable.

Hospitals lose revenue when they do not take every opportunity to collect payments from patients. When hospital employees are adequately trained on the importance of educating patients about his or her financial responsibility, then cash flow should increase as more patients pay upfront.

Managed IT Services



Are Risks Managing You?

Patrick Immel, Senior Vice President Professional Services, TruBridge

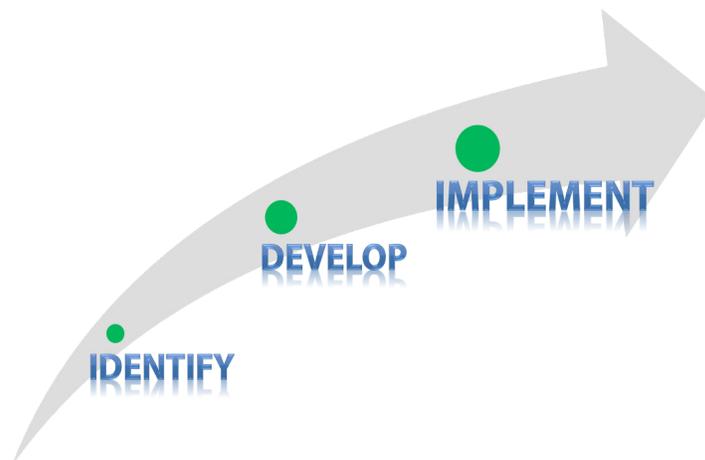
When risks go unfettered, chaos can ensue. An information security incident may jeopardize privacy which could cost an organization time, money, embarrassment, and most importantly, consumer trust. Take for example the recent Community Health Systems (CHS) breach that has been scrutinized so publicly. Confidential information for an estimated 4.5 million patients was stolen and indications are that the now infamous “Heartbleed” flaw is to blame. If true, that threat could have been readily mitigated by simply applying security updates to the compromised devices in a timely manner. Some estimate the price tag of the CHS debacle to exceed \$100 million, and that doesn’t consider the damage done to patient relationships.

This incident and perhaps even the more recent “Bash Bug” are sobering reminders as to why knowing your risks is important, but effectively managing those risks is critical. Could a more proactive risk management program have helped CHS avoid this catastrophe? A risk analysis makes you aware of potential vulnerabilities at a particular point in time, but security threats can emerge quickly and be quite dynamic. A good risk management program not only takes into account the vulnerabilities that exist on a specific date, but is also responsive enough to meet the day-to-day challenges we face.

Through the TruBridge Risk Management service we use the client’s most current risk analysis to create a baseline risk management strategy. Each gap is carefully evaluated for acceptance, mitigation, avoidance or transfer; an actionable response plan is formulated; and the priority of implementation is assigned. We then work with our customers in an ongoing manner to help build a culture of security awareness throughout the organization.

During regularly scheduled meetings the status of unaddressed vulnerabilities is discussed, previously implemented actions are evaluated for effectiveness, and newly discovered issues are tackled. Priorities may also be reassigned should the probability or impact of a threat occurrence change. Furthermore, ad hoc meetings can be called anytime there is a particularly concerning issue or actual event that demands immediate attention. Our IT specialists can help insure the facility is taking all the necessary precautions to protect themselves from exploitation, even when threats are rapidly evolving.

Relying upon our industry insights and experience, TruBridge helps guide hospitals in establishing and managing an effective program that is not only comprehensive, but agile and flexible. How are you responding to risks? Don’t let them get the best of you; establish a solid risk management plan today!



Consulting Services



Medical Coding Services

Patrick Murphy, Director, Consulting Services

What is a good benchmark for Discharged Not Final Billed (DNFB)? What are we going to do about training for ICD-10? Should my coders be audited by an independent third party to ensure accuracy? If these questions keep you up at night, you are not alone.

Medical Coding is a very complex task that requires experienced and credentialed professionals. At TruBridge, we have found that specialization by patient type provides the expertise to get the job done effectively and efficiently. In addition to specialization, external auditing for accuracy is a must in today's environment of compliance and reimbursement audits. We also believe that some of the most important tools are praise and reward for your coding staff for a job well done.

In today's healthcare setting, it is critical to have a coding strategy in place that will allow for both short term and long term success. With a solid strategy in place that includes contingency planning, you can sleep well at night knowing your facility's coding is and will continue to perform at its optimal level.



Clinical Documentation Improvement (CDI)

Peggy Hansen, Senior Consultant, Revenue Cycle Consulting

The new buzz word in healthcare today is CDI (clinical documentation improvement) due to the ever-increasing focus on patient safety and improving patient outcomes. Clinical documentation is at the core of every patient encounter at your facility with the goal of the documentation being accurate, timely, and reflecting the exact services provided by your providers.

CDI is a concurrent review of medical records to increase accuracy, clarity, and specificity of provider documentation. The success of a CDI program is driven by an experienced and dedicated Clinical Documentation Improvement Specialist (CDIS). Coding is not the primary focus of CDI; rather the CDIS works to improve the quality of clinical documentation regardless of the impact to reimbursement. Improving the accuracy of clinical documentation can reduce compliance risks, minimize audit risks and provide quality data for analysis to improve overall patient care.

There is no better time than now to focus on clinical documentation accuracy. Take advantage of the ICD-10 delay to not only improve the current documentation but also assist in preparing your team for the new code sets. Establishing a solid CDI program will not only assist in improving patient care but will ensure your facility is reimbursed for the services you provide, a win-win for all involved!

Employee Kudos



Debra Eubanks,
Billing Supervisor,
Revenue Cycle
Management
Services

Employee Spotlight

After spending 10 years working in a Physician's office, I found that my decision to come to Trubridge is the best career decision I could have made. I currently work as the Billing Supervisor for Reliant Rehab Hospitals and have done so for the past few years. In total, I have been with the company for seven years now and have seen many changes along the way. I have watched the growth of employees and clients during this time, and observed a huge progression within the past two years with the creation of Trubridge. I also have been able to broaden my knowledge and experience in billing and leadership through our continuing education classes that are provided. I believe communication, a positive attitude and equality are important factors that I try to bring with me each day to work.



Chris Bryan,
Senior Consultant,
Revenue Cycle
Consulting

In a letter to Chris, "I want to compliment you on your thoroughness during our assessment, I was very pleased and will be recommending you to my peer hospitals who are in need of this service. I am excited to implement the changes you have recommended..."

Christine McLaughlin, MHM
Millinocket Regional Hospital, Millinocket, ME



Jonathan Jeffrey
Support
Representative,
Revenue Cycle
Mgmt Services

"Jonathan was able to fix my face sheet issue in ten minutes, and I had been trying to get someone to call me. He really is a huge help, and I know a lot of the things he helps with are normally not things you guys are able to resolve so quickly. Just wanted to pass that along. I know as a manager everyone is quick to complain, and not so quick to compliment. It is nice to know that I can call you guys and you can fix my problems."

Amanda Collins
Harrison Community Hospital, Cadiz, OH



Shelley Copeland,
Support
Representative,
Private Pay Services

In an email to Shelley, "I very much appreciate all the attention to detail and all you do to make this a smooth process. And as always I very much appreciate you and your helpfulness."

Debbie Biel
Sierra Vista Counseling Center, Truth Or Consequences, NM

In The News



Davona Nelson,
Resource Coordinator,
Insurance Services

ERA Adjustment Report

TruBridge is pleased to announce that we have developed an Electronic Remittance Advice (ERA) Adjustment report that was made available to assist facilities in tracking the Mandatory Payment Reductions in the Medicare Sequestration Fee-for-Service Program. The Budget Control Act of 2011 required mandatory across-the-board reductions in Federal spending known as sequestration. A sequestration order was issued by President Obama on March 1, 2013 indicating Medicare Fee-for-Service (FFS) claims with dates-of-service or dates-of-discharge on or after April 1, 2013 to incur a 2 percent reduction in Medicare payment.

The Medicare 2% Sequestration Reduction Claim code was indicated by claim adjustment group and reason code of CO/223 in 2013 in the 835 Electronic Remittance Advice. For 2014, this claim adjustment group and reason code is being indicated as CO/253.

The ERA Adjustment Report produces a report based on the facilities' delimiters which will output the patient account number, financial class, group code, reason code and dollar amount associated with each claim adjustment code. The report provides a total calculation of the adjustments electronically posted to prevent facilities from having to manually track or calculate the adjustment total.

This report, not only provides facilities with the ability to track their 2% Medicare Reduction Sequestration on the account level basis for their Medicare Cost Report requirements, but also provides the ability to capture all claim adjustment amounts electronically posted for any financial class. For example, with this report a facility can determine the contractual adjustment amount posted for Medicare CO/45 or even determine the co-pay amounts posted for Blue Cross PR/3 for a certain time frame.

Bringing Together Family

Employee Welcomes New Family Member from China

TruBridge employees have lots to do on a daily basis in and out of the office. Family is very important to most and many coat their offices with pictures of their families and childrens' achievements.

Until recently, very few were aware of a special family member that Shawn Kennedy, a Manager in Insurance Services, was expecting in an exciting, unexpected way. Shawn and his wife recently traveled to China to adopt their daughter Vera. She now has two big sisters to help welcome her home with open arms. TruBridge congratulates Shawn and his family with their new family member.



Welcome Home Vera!

Fun Facts About China

- China uses 45 billions chopsticks per year
- The world's first paper money was created in China 1,400 years ago
- 100 million people in China live on less than \$1 US dollar per day
- Fortune cookies were invented in early 1900 in San Francisco and are not a traditional Chinese custom
- The sunrise in parts of China can be as late as 10 a.m. because the country joined its five time zones into a single one



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