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# NAMCI NEWS



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North Alabama Managed Care, Inc. (NAMCI) is the premier preferred provider network serving employers and their families throughout North Alabama. NAMCI contracts with hospitals, physicians and other medical providers to provide high quality medical care to members at a reduced cost. NAMCI offers members the advantage of lower cost while maintaining a broad choice of preferred providers. NAMCI covers over 47,000 members through contracts with various insurance companies, third party administrators and employers. NAMCI has the reputation as a strong, flexible partner that provides the highest level of customer service in the area. NAMCI is a division of Premier Health Networks of Alabama, LLC.

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## Promoting Wellness Through the Executive Physical



SUSIE LYNN, MD, MS  
OHG

An executive physical is one component of a corporate health program targeted to protect the company's investment in executive personnel. Compelling economic reasons have been documented to encourage companies to take an active role in promoting health maintenance and healthy lifestyles.

Early recognition of conditions such as hypertension,

diabetes mellitus, hyperlipidemia (an indicator for risk of heart disease), metabolic syndrome, cardiovascular disease, and skin malignancies will help lower medical costs and reduce lost work days due to medical reasons when applied in the preventative/early treatment phase rather than after complications arise. And, executives benefit from the enhanced relationship between a concerned employer and the valued employee.

Traditionally, executive physicals include the physical exam with review of medical history, screening

labs with metabolic, lipid and thyroid profiles, audiograms, EKG's, chest x-rays, and pulmonary function testing. They can be tailored to range from the traditional to the 'cutting edge' of diagnostic screening available. This may include ultrasound screening for abdominal aortic aneurysm for individuals with increased vascular disease risk or cardiovascular risk assessment via high sensitivity CRP and homocysteine levels. Even Electron Beam Computed Tomography (EBCT) can be made

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## CAD Assisted Mammography

In August 2003, the Huntsville Hospital Breast Center acquired a new piece of equipment to help in the detection of mammographic abnormalities. The CAD (computer aided detection) system acts as a second set of eyes for the radiologist. Using CAD on annual screening mammograms could result in earlier detection of up to 23.4% of cancers currently detected.

A good comparison for understanding how CAD works is to think about how spellchecker works. After typing a document into a word processing program such as Microsoft Word, spellchecker can be used to check the text for misspelled words. The user then has the choice of

either accepting or rejecting the recommended change.

CAD is used similarly. After a woman has completed her annual screening mammogram, the films are digitized and analyzed by the CAD system which will highlight areas which contain features associated with cancer. The radiologist, a doctor who specializes in interpreting mammograms and other breast images, reads the films looking for areas of concern. Then the doctor evaluates the concerning areas



TAMERON HARVELL  
Huntsville Hospital

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## Promoting Wellness Through the Executive Physical (continued)

available as a non-invasive, quick and painless, screening modality for coronary artery disease, providing prognostic tools for a cardiac event. EBCT detects calcium deposits in the coronary arteries which can be scored by a nomograph. When a higher score indicates high risk for a coronary event, intervention based on additional testing may prove lifesaving.

Annual exams serve as reminders of weight changes, offer opportunity for physical activity prescriptions and encouragement in smoking cessation and other wellness counseling.

In order to minimize time away from the office, the health history and preliminary data gathering is completed at the convenience of the executive. Appointments are made for the exams and the physician reviews all data prior to seeing the patient. Follow up and treatment of conditions identified during the course of the executive physical are deferred to the individual's private physician(s). A summary of the findings can be forwarded to an indi-

vidual's private physician providing continuity of care.

The content and frequency of the exam is generally age dependent. Eligibility for participation is determined by the company.

In summary, executive physicals offer opportunity for the company to reduce direct and indirect medical costs, as well as to encourage healthy aging of their executive personnel. The goal is to provide a positive experience while delivering excellent medical care and reassurance to your company's most valued employees.

For more information about OHG's Executive Physical service, contact Wendy Ladd, OHG's Marketing & Business Development Representative at 256/922-6677.



Susie Warren Lynn, MD, MS  
Occupational Health Group  
www.ohgonline.org



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Claim's Repricer

**P**lease join us in welcoming Molly Theobald as NAMCI's newest Claim's Repricer! Molly has a background in medical administration and excels in customer service. We're proud to have her as part of our team.

**WELCOME  
MOLLY!**

### Meet NAMCI's Newest Physicians

Paula Belew, MD	Pediatrics
Bobby Clifton, MD	Anesthesia
Wesley Crowell, MD	Pediatrics
Robert Dimick, MD	Orthopedics
David Gray, MD	Plastic Surgery
Martha Greenberg, OD	Optometrists
Sidney Greenberg, OD	Optometrists
Frank Kelly, II, MD	Gynecologic Oncology
John Royse, MD	Family Practice
Steve Salyers, MD	Sports Medicine
William Van Cise, MD	Radiation Oncology



## CAD Assisted Mammography (continued)

found both by human eyes and the "eyes" of the CAD. Utilizing his or her expertise as a radiologist, the doctor makes the final decision regarding the suspiciousness of the areas found - just as the computer user does when spellchecker makes its recommendations.

The human brain is an amazing "computer" in itself. However, sometimes it works too well. Everyone has had the experience of writing a paper, article or letter that has been proofread without errors by the author numerous times only to have another reader reveal a glaringly obvious mistake. Why was the error missed? Simply because the human brain makes the "correction" for the human eye. CAD helps to catch those human brain "corrections" for the radiologist as he or she is

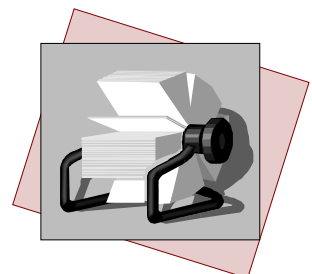
reading the mammogram films.

Presently, CAD is being offered to all women who come to the Huntsville Hospital Breast Center for their annual screening mammograms. Most major insurance carriers as well as Medicare are covering the additional cost of the new technology. The mammogram experience will not be any different for the woman who chooses to have the additional CAD analysis but it may make a big difference for her if it means her cancer was caught just that much sooner.

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## Partial Self-Funding in Alabama



In Alabama, most Human Resource Managers have heard of self-funding and many have a good understanding of the mechanics of a self-funded group health or worker's compensation program; but how prevalent is self-funding in Alabama? More prevalent than you might think. With costs for group health insurance and worker's compensation programs continuing to increase at a double-digit rate, more employers are considering a partially self-funded program as a viable option.

For group health insurance, Blue Cross and Blue Shield currently dominate the traditionally funded and the self-funded market. They consider their self-funded

plans as "ASO" or Administrative Services Only. These type ASO plans provide traditional claims paying services and healthcare provider networks. Administrative fees charged to the client are based on a percentage of the claims paid. However, there are alternatives with advantages to this ASO approach for employers who are or may be considering partially self-funding their group health plan.

The most common alternative is an independent Third Party Administrator, referred to as a TPA. TPA's administer a variety of different insurance programs such as group health plans (including medical, dental, vision and short-term disability), cafeteria plans, COBRA, pension plans, worker's compensation programs and to a lesser degree, the administration of other property and casualty lines.

On the group health side, the TPA's most common method of charging for their services is not a percentage of paid claims, but a per member per month fee. This fee calculation method can save employers a tremendous amount of money for claims administration since the TPA is not working off of paid claims, but a fixed monthly

expense based on plan enrollment.

An area of concern that Alabama employers commonly have when considering an independent TPA relates to the healthcare provider network. A primary concern of HR professionals is whether most of the local healthcare providers are in their network. A common question is "Does another network cover as many providers as our current network?" The answer may be "no", but does a group health plan need every provider in an area to offer an effective alternative? Of course not. Health Maintenance Organizations and Preferred Provider Organizations have been operating successfully with more

***"With costs for group health insurance and worker's compensation programs continuing to increase at a double-digit rate, more employers are considering a partially self-funded program as a viable option."***

exclusive networks for years. The key is adequate provider coverage coupled with aggressive provider pricing. NAMCI is an example of a Preferred Provider Network that is accessed by national and local employers due to their excellent provider coverage across North Alabama and a competitive fee schedule.

When considering an independent TPA, here are a few questions that should be addressed:

- What is the reputation of the third party administrator with both current and previous clients?
- What is the experience level of its personnel?
- With electronic claims acceptance now mandatory, does the TPA have the capability to handle electronic submission of claims?
- What are the Internet capabilities of the TPA? Does the TPA offer a Website where the plan participants can go for information about their Plan?
- How is Customer Service handled? Does the plan participant speak to a voice mail box or is there someone dedicated to assist the plan

participant with questions and problems?

- How long should a plan participant expect it to take to process their claims?
- What services are included in the per employee per month fee?

Claims administration for a partially self-funded worker's compensation program is similar to a group health TPA, however the employer's involvement is likely to be more important due to the nature of the claims. The adjuster for the TPA must be able to work with injured employees, caseworkers, physicians, attorneys and surveillance firms.

Although Alabama has a state fee schedule for providers, the employer may negotiate with a preferred provider network like Comp1One to further reduce provider charges for worker's compensation claims. An employer interested in partially self-funding their worker's compensation program must submit an application to the State of Alabama Worker's Compensation Division and be approved as a self-insurer.

TPA fees for worker's compensation administration can be a flat fee per claim to a percentage of annual premium and other variations of these fee calculation methods. Many of the same questions for selecting a TPA for a worker's compensation program would be the same as with a group health TPA. An additional consideration would be to determine the case load for the adjuster(s) assigned to the employer's account to make certain that the adjuster has adequate time to carefully screen and adjudicate each claim.

There are alternatives in the group health and worker's compensation marketplace. Maybe your organization should consider a partially self-funded plan administered by an independent TPA.

Venny Cable, President  
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