

# choicemoments

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## TeamChoice

Value-driven. Quality Assured.

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## Rising Dependent Small Group Rates Create Need For Assurant / TeamChoice Individual Medical List Bill Solution

Within the last year, the majority of Health Insurance Carriers have increased family rates in an attempt to keep employee rates down. This trend has forced thousands of employees to drop group coverage on their family members, leaving them uninsured as a result. A consequence of this unfortunate trend is the emergence of Individual Medical as a viable, low-cost alternative. For those employers who want to help their employees' families but can't afford to contribute toward their cost, an Assurant/ TeamChoice List Bill plan is a legal, cost-free vehicle to extend coverage to this growing uninsured market. Here's how it works:

- Each dependent purchases a plan that's tailored to their individual needs and price point. Through

list billing, employees are payroll deducted for their premium, for a convenient and employee friendly payment.

- The employer gets one bill per month for all employees and dependents that elect Individual Medical coverage at no cost to him/her.
- All policies are owned by the employees and their families and are removed from the billing if they terminate employment.

Assurant Health and TeamChoice are proud to be the leader in extending low-cost, innovative Health Insurance solutions to the Texas Panhandle marketplace.

**TeamChoice**  
Value-driven. Quality Assured.

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new providers

To verify that a new provider/facility participates with your specific employee health plan, please call (800) 683-3596.

Maternal Fetal Clinic ..... Maternal Fetal  
Cogdell Clinic ..... Clinic  
Cogdell Clinic Briscoe County ..... Family Practice  
Jones, Timothy, MD ..... Family Practice  
Borth, Natalie, PA ..... Family Practice  
Fernando, Victoria D., MD ..... Family Practice  
Wenzzell, Joseph, CRNA ..... Anesthesiology  
Ezell, Jennifer, FNP ..... Family Practice  
Mitchell, Vanessa, FNP ..... Family Practice  
Armstrong, Billie Jo, FNP ..... OB/GYN  
Corpron, Cynthia, MD ..... Pediatric Surgery  
Sasin, Bobbie, FNP ..... Family Practice  
Cline, John, FNP ..... Family Practice  
Zambano, Gerardo, MD ..... Anesthesiology  
Thomas, Lee Ira, MD ..... Internal Medicine  
Wright, Nannette, CNP ..... Orthopedics  
Young, Cathy L., FNP ..... Family Practice  
Hogan, LaMichea M., FNP ..... Family Practice

Latham, Deborah B., CRNA ..... Anesthesiology  
Hildebrand, Michael, MD ..... Anesthesiology  
Whyte, Bradley O., CRNA ..... Anesthesiology  
Noble, Marilyn, PA ..... Oncology  
Young, Roger G., CRNA ..... Anesthesiology  
Gillum, Patricia, CRNA ..... Anesthesiology  
McClendon, Sarah, PA ..... Family Practice  
Roddy, Jana, FNP ..... Family Practice  
Boyle, Irma, FNP ..... Family Practice  
Guilory, Marie Denise, LPC ..... Counselor  
Haley, Sarah J., PhD ..... Counselor  
Lyonga, Julius, PA ..... Orthopedics  
Eastman, Dennis Patrick, MD ..... Cardiac Surgery  
Tibbets, Gay Ann, FNP ..... Family Practice  
Reeder, Melodi A., PT ..... Physical Therapy  
Morrison, Anthony, LPC ..... Counselor  
Toon, Molly F., PNP ..... Pediatric Critical Care

## UMC Health System Responds to Needs of Patients, Physicians and Visitors

By Greg Bruce  
Vice President  
UMC Health System

Over the past year, University Medical Center has experienced substantial growth in most areas. Record levels of utilization were achieved in terms of average daily census, hospital admissions, operative procedures, PNS visits and emergency room encounters.

In the Emergency Center, UMC experienced an 8 percent volume increase, with over 66,500 patients being treated. This volume increase, together with the inpatient growth, creates new needs on our existing resources. We are currently engaged in several exciting projects to respond to these needs:

**Emergency Center expansion:** plans are underway to expand the Emergency Center from 38 to 65 beds. This expansion reduces the need to utilize "hall beds" in the emergency center. This \$7 million project is scheduled to begin in August 2008.

**Over 600 Additional Parking Spaces:** the additional volume throughout the system has stretched existing parking resources. As a result, plans are in progress for the construction of two new large parking areas on the hospital's campus. The first of these projects will add 231 parking spaces on the East side of the campus (just west and southwest of the Emergency Center). The



second project will add 414 spaces on the west side of the campus (east of the Medical Office Plaza). These parking projects will cost an estimated \$1.9 million. The east project will begin in September, while the east project is expected to begin in late 2008.

**Free Courtesy Shuttle Service:** with the expansion and growth of the hospital campus, UMC has added two, 12-passenger courtesy parking shuttles. These shuttles run on set routes throughout the UMC parking lots. As with parking, the courtesy shuttle is provided as a free service to UMC patients, physicians, visitors and staff. In addition to these projects, discussions are underway for the possible construction of an East Tower. Potentially, this would be a four-story structure, although only the second floor would be finished out. The first, third and fourth floors would be shelled in for future expansion, and the second floor would be finished out. This second floor expansion would add 40 beds, giving UMC a total of 450 beds. Costs for construction of the proposed East Tower are \$50 to \$55 million.

This is an exciting time of growth for the Health System and we remain committed to our vision of serving our patients in the best teaching hospital in the county. We will keep you updated on our expansion plans. Additionally, if you have additional questions, or need assistance with any concern, please call feel free to call me directly.

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## PNS announces plans for a New Clinic in Shallowater

Excitement is growing in the Shallowater area as Physicians Network Services (PNS) announces plans to build a new state of the art clinic. Recently, the Finance Committee of UMC's Board of Managers approved a proposal for a 6,295 square-foot facility to be built in southeast Shallowater at CR1540 and FM1294. To the west of the new clinic site is Shallowater ISD and to the southwest is a new residential area.



In 2006, Chad Gray, M.D., a native of Littlefield, began providing care at the UMC PNS-operated Shallowater Clinic currently located at 600 8th Street. During Gray's short time with PNS, he has almost tripled the number of the clinic's annual patient visits providing a much-needed service to the people in the area.

The new facility is scheduled to open in early 2009. Almost three-fourths of the building will be allocated to patient care. Some features of the new clinic will be six exam rooms, one

procedure room, a laboratory and state of the art X-ray equipment. New to the clinic will be electronic medical records (EMR).

EMR allows the clinic to access to medical records, including X-rays, if patients should be seen at UMC's Emergency Department or vice versa. PNS is in the process of implementing EMR at all of their locations. Also using this same EMR program are the Texas Tech Medical School clinics. Presently, the Family

Medicine Department at the medical school is using the same EMR program. While accessibility of medical records is the biggest advantage, another advantage is no longer needing paper records and the space for storing patient charts.

Unique to the Shallowater Clinic is the 1,609 square-foot space reserved for a pharmacy which UMC will lease to Shallowater Pharmacy and Gifts. The pharmacy will feature a drive-up window as well as walk-thru access from the clinic. The pharmacy's hours will be similar to those of the clinic.

## Texas Tech Physicians Offer Outpatient Procedure for Treatment of Varicose Veins

Texas Tech Physicians-Surgery is now offering the VNUS Closure procedure, an outpatient procedure to treat varicose veins.

Samuel Campbell, MD, and Dixon Santana, MD, are utilizing the procedure which uses a small catheter and radio frequency energy to occlude, or seal, the varicose vein. The physicians make a single incision near the knee and insert a slender catheter into the vein. The catheter is positioned, energized, and slowly withdrawn, sealing the vein. The procedure requires no stitches and patients usually return to normal activity in a day or two.

"Varicose veins affect 20- 25 million Americans," Campbell said. "Venous reflux, often the underlying cause of varicose veins, frequently forces people to dramatically change their lifestyles, especially when they have standing

professions and can no longer tolerate being on their feet all day."

Whether the initial cause is genetics, pregnancy, prolonged standing, excess weight, inadequate exercise or a damaged saphenous vein, the physiology of varicose veins is nearly always the same, Dixon said. The valves in the saphenous vein are damaged and the veins near the skin surface are stretched and distorted from the increased pressure caused by blood flowing in the wrong direction. Venous reflux in the saphenous vein is often the underlying cause of varicose veins. Although the condition is rarely life-threatening, it is often painful and unattractive, he said.

For more information about the VNUS Closure procedure, call Texas Tech Physicians-Surgery at 743-2373.