Making the Most of Your Underpayment Identification and Recovery Program
Contract Modeling Calculation Engine

A Guide to Enhancing Reimbursement by Re-Evaluating Existing Efforts

A White Paper for Healthcare Provider Financial Personnel
By SourceHOV Managed Care Professionals
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Making the Most of Your Underpayment Identification and Recovery Program

A Guide to Enhancing Reimbursement by Re-Evaluating Existing Underpayment Identification and Recovery Efforts
I. OVERVIEW

It’s a given - no matter how sophisticated their third party payer underpayment and recovery processes, healthcare providers fail to identify and recover 100% of their contractual reimbursement. Like most providers, you have a program in place to detect and recover these moneys rightfully due your facility. In today’s economic climate, everyone is seeking new avenues to capture and retain any lost revenue. Re-evaluating your identification and recovery strategy will produce a dramatic financial impact.

This white paper details steps that will maximize the success of your Underpayment Identification and Recovery Program. It is designed to help you determine the option of recovery that best fits your needs – in-house, outsourced or a combination of both. It is designed to ensure your business 100% revenue recovery, retention, and integrity.

Healthcare providers lose an average of 2-5 percent of their annual net patient service revenue due to incorrect adjudicated claims processing (underpayments). The translation is several million dollars of undetected and lost revenue, despite your best efforts and safeguards.

Most healthcare providers assign and dedicate staff to identify and recover underpayments, utilizing an in-house contract management system.

II. PRIMARY CAUSES OF UNDERPAYMENTS

Two components are primarily responsible for underpayments - contract complexity and the severity of services. Both the payer and provider must load complex terms while interpreting vague clauses, required to calculate the expected reimbursement. Manual intervention, coupled with contract management system limitations, contributes to additional underpayment issues.
WHAT CAN PROVIDERS DO?

III. TYPES OF REVIEWS

Concurrent Underpayment Identification and Recovery

A concurrent underpayment identification and recovery review analyzes third party payer contractual reimbursement on a daily basis. The review should include all contractually obligated payers - managed care, Blue Cross, Managed Medicare and Medicaid, Traditional Medicare and Medicaid, and Tricare.

The process begins with loading all terms and conditions contained in your contractual agreements, calculating expected reimbursements and comparing the results to the actual reimbursements remitted by the respective payer.

Based on industry averages, this review will typically identify and recover additional reimbursement ranging from 2% to as much as 20% of your net patient service revenue.

By utilizing an experienced and well-trained professional staff of certified public accountants, registered nurses and accountants, you are most likely to obtain the optimal financial results described above. This assumes the contract management system you are currently utilizing is capable of properly handling the contractual nuances contained in third party contractual agreements, and these intricate terms are being entered correctly.

Another key component begins with patient registration. Ensuring the correct payer code is assigned at final billing enables a correct calculation of expected reimbursement, helping to promote the proper identification of potential underpayments at time of payment.

Most healthcare providers currently dedicate in-house staff and management systems to identify and recover underpayments internally. Outsourcing this service will effectively compliment, accelerate or fully replace existing processes.

When selecting an outsourcer vendor, commit to securing an experienced and well trained professional staff, one entrenched exclusively in the reimbursement cycle, one utilizing a sophisticated contract management system with no contract loading limitations, a comprehensive reporting and query package, and integrated patient registration verification. In doing so, you are most likely to obtain the financial results denoted above.
A true outsource partner focused solely on the reimbursement cycle will offer and provide the following at a minimum:

- This review is a no risk endeavor
- Fees are 100% contingent based on underpayments identified and recovered
- Healthcare provider retains a minimum of 80% of all monies identified and recovered
- No contract loading limitations – software able to load all contractual parameters
- All inpatient and outpatient accounts for all third party payers are reviewed
- The data required is easy to obtain
- A dedicated and experienced partner requires little or no staff commitment
- Dedicated partner loads and maintains all third party contractual agreements and subsequent ongoing updates and fee schedules
- Dedicated partner performs all the work
- Ensures no timely follow-up limitations are invoked
- Provide timely standard, custom reporting and query results
- Real-time report and query turnaround
- Report and query all 837 and 835 data elements
- Reduce or eliminate future underpayment occurrences
- Eliminate false positive variance and wasted staff efforts
- Supplement, compliment, or become your sole service provider

By partnering with SourceHOV – Managed Care Professionals, Inc., you will significantly minimize or completely eliminate the risk of lost revenue. You will retain your hard-earned revenue!

This program typically includes a retrospective underpayment and recovery analysis, and may incorporate modeling and posting daily contractual obligations.
Retrospective Underpayment Identification and Recovery

A retrospective underpayment identification and recovery review encompasses a detailed analysis of third party payer contractual reimbursement for the most recent 2-3 year period. The review should include all contractually obligated payers; managed care, Blue Cross, Managed Medicare and Medicaid, Traditional Medicare and Medicaid, and Tricare.

The process begins with loading terms and conditions contained in your contractual agreements, calculating expected reimbursements, and comparing the results to the actual reimbursements remitted by the respective payer for this time period.

Based on industry averages, this review will typically identify and recover additional reimbursement ranging from 2% to as much as 5% or greater, of your net patient service revenue.

While the majority of providers dedicate internal staff and systems to identify and recover underpayments, these additional reimbursement percentages still apply when choosing to outsource this service for a second analysis.

These internally-processed and reviewed accounts are typically closed, archived, and likely never reviewed again internally. It only makes sense – and money – to partner with an outsourcing organization to perform an additional review.

When selecting an outsource vendor, commit to securing an experienced and well trained professional staff, comprised of certified public accountants, registered nurses, and financial accountants. Select a vendor entrenched exclusively in the reimbursement cycle, and if possible, one utilizing a sophisticated contract management system with no contract loading limitations. In doing so, you are most likely to obtain the financial results denoted above.

These dollars may equate to $2,000,000 or more for each year reviewed.
In addition, a true outsource partner focused solely on the reimbursement cycle, will offer and provide the following at a minimum:

- This review is a no risk endeavor
- Fees are 100% contingent based on underpayments identified and recovered
- Healthcare provider retains a minimum of 80% of all monies identified and recovered
- No contract loading limitations – software able to load all contractual parameters
- All inpatient and outpatient accounts for all third party payers are reviewed
- The data required is easy to obtain
- A dedicated and experienced partner requires little or no staff commitment
- Dedicated partner loads and maintains all third party contractual agreements and subsequent ongoing updates and fee schedules
- Dedicated partner performs all the work
- Dedicated partner attempts to have payer reconsider timely follow-up limitations are invoked
- Provide timely standard, custom reporting and query results
- Real-time report and query turnaround
- Report and query all 837 and 835 data elements
- Reduce or eliminate future underpayment occurrences
- Second set of eyes recovering accounts never again to be reviewed or recovered

By partnering with SourceHOV – Managed Care Professionals, Inc. you significantly minimize or completely eliminate the risk of previously lost revenue, by recouping the dollars rightfully yours!

This service typically incorporates a concurrent underpayment identification and recovery analysis and may incorporate contract modeling and posting daily contractual obligations.

**Client Testimonials:**

*I have worked with MCP for the past 8 years. They performed an Underpayment Identification and Recovery engagement and now MCP identifies and our staff recovers underpayments concurrently. This has translated into millions of dollars in additional reimbursement over the years. They do all the work and my staff collects.*

Monty Leasure, Director Revenue Cycle Management, University of Kansas Hospital Authority

*MCP came highly recommended and we have since formed a tremendous business relationship. During the first year of the 2 year retrospective review they have recovered over $2,000,000 in additional reimbursement.*

Kenneth Kluth, Director Revenue Cycle Management, HSHS Eastern Division
Making the Most of Your

Contract Modeling Program

A Guide to Enhancing Reimbursement by Re-Evaluating Existing
Contract Modeling Efforts
IV. OVERVIEW

It’s been proven – healthcare providers require and need a more sophisticated contract modeling system necessary in determining future expected reimbursement. Their existing processes fail to quickly and accurately arrive at expected reimbursement under multiple scenarios or even one. Like most providers, you have a program in place that cannot be 100% relied upon. In today’s economic climate, everyone is seeking new avenues to capture, retain, and maximize revenue. Re-evaluating your contract modeling strategy will produce a dramatic financial impact.

This white paper details steps that will maximize the success of your Contract Modeling Program. It is designed to help you determine the optimal option of modeling future contractual agreements that best maximizes future revenue – in-house, outsourced or a combination of both. It is designed to ensure your business 100% revenue maximization and integrity.
IS THE PAYER’S BEST OFFER AN IMPROVEMENT?

V. CONTRACT MODELING

Healthcare facilities perform contract modeling functions utilizing a multitude of software products. Contract modeling is most effective when based on a sophisticated third party payer contract modeling system.

A system such as this includes calculating and providing accurate contractual reimbursements for future and current contractual agreements. It also provides multiple scenarios, utilizing the most recent one year patient data set, arriving at the net dollar and percentage increase or decrease. This is an extremely powerful tool.

The questions are – Where do you find such a system, who maintains it, and how does it work?

Most healthcare providers and payers do not use a sophisticated system necessary to handle and meet their needs and expectations. If they utilize a system at all, it is typically incapable of handling complex “carve-outs” or complicated outpatient terms and conditions.

A capable system begins by loading all contractual agreements, and then calculates the expected reimbursements for your current and future agreements based on the recent one year patient data set. The initial future agreement rate structure is typically supplied by the payer.

An effective system calculates the expected reimbursement figures under this scenario, and produces results for multiple additional scenarios. The system should include the ability and flexibility of comparing proposed results against multiple payers with whom you contract. In addition, the system must be capable of incorporating charge master increases both currently and historically, to properly reflect the total billed charges of the patient population utilized.

With the appropriate management system, administered by an experienced staff of certified public accountants, registered nurses, and billing analysts, recommendations are payer specific and result in a minimum 6 figure dollar increase. All recommendations are based on the opportunities known to exist in your marketplace with the respective payer.

The system must include query and reporting capabilities, allowing you to analyze all reimbursement calculations, request and review pertinent information previously unavailable and present the information to the respective payer. This will ensure increased contract negotiation capabilities and produce increased future reimbursements.
A true outsource partner focused solely on the reimbursement cycle will offer the following at a minimum:

- Update and maintain all third party payer contractual agreements
- No contract loading limitations – software able to load all contractual parameters
- Model and run all scenarios while you spend your time analyzing the results
- Output will include accurate expected reimbursement for future and current agreements
- Multiple scenarios utilizing the most recent one year patient data set
- Arrive at the total dollar and percentage increase or decrease
- The data required is easy to obtain
- Dedicated partner performs all the work
- Provide timely standard, custom reporting and query results
- Real-time report and query turnaround
- Report and query all 837 and 835 data elements
- Allow you to increase future reimbursement with confidence
- Option to choose a fixed monthly or per agreement fee arrangement
- ICD-10 capabilities incorporated

Partnering with SourceHOV – Managed Care Professionals, Inc. will ensure your contract modeling results are accurate, thereby answering the question posed- **Is the payer’s best offer an improvement?**

This service typically includes a retrospective and concurrent underpayment and recovery analysis. You may also incorporate the calculation engine.

Recent experiences include:

1. **Multi Facility Health System in Nashville, TN**

   Payer furnished rate proposal and signed an agreement stating the proposed payer rate structure would result in an $18,000,000 increase per year over 3 years. However, after MCP modeled proposed rate structure, it was determined to be a $10,000,000 per year increase. The discrepancy was due to an incorrect patient population being utilized by payer. Payer incorrectly included secondary claims in calculating agreed upon dollar increase. MCP assisted in negotiating and securing our Client the additional $24,000,000 over three years.

2. **Multi Facility University Facility in Columbus, OH**

   Payer supplied rate proposal representing a proposed 5.5% increase or $7,500,000 per year for 3 years. Client was ready to sign proposed agreement. However, MCP determined the proposal was budget neutral. MCP supplied modified rate structure reflecting a true 5.5% increase thereby securing the additional $22,500,000 over three years.
Making the Most of Your Calculation Engine

A Guide to Enhancing Reimbursement by Re-Evaluating Existing Calculation Engine Efforts
VI. OVERVIEW

It’s critical – healthcare providers require and need an accurate calculation engine necessary in calculating and posting daily contractual allowances and expected reimbursement. Their existing processes fail to accurately arrive at net receivables, creating additional and unnecessary work for their staff, and just as critical, incorrect financial statements. Like most providers, you have a program in place that cannot be 100% relied upon. In today’s economic climate, everyone is seeking new avenues to capture, retain, and maximize revenue. Re-evaluating your calculation engine performance will produce a dramatic financial impact.

This white paper details steps necessary in maximizing the success of your Calculation Engine Program. It is designed to assist you in determining if your contractual allowance processing can be enhanced. In addition, it evaluates your current and future processes by helping you choose between performing this function – in-house, outsourced or a combination of both. It is designed to ensure your business 100% revenue maximization and integrity.
EXPERIENCE ACCURATE CONTRACTUAL ALLOWANCES AND MONTHLY FINANCIALS

VII. CALCULATION ENGINE

The purpose of a third party payer calculation engine and adjudication system is to post accurate contractual allowance and expected reimbursement at the time of final billing for third party payers.

A majority of healthcare providers currently utilize a third party payer calculation engine, commonly referred to as a contract management system.

These systems should begin the process by loading contractual agreements, scanning, indexing, and profiling agreements, and calculating the contractual allowance and expected reimbursements at time of billing. Additionally, the contractual allowance is electronically posted to your patient accounting system at time of final billing and will include adjusted billings as well.

Success in calculating net receivables begins with patient registration, i.e. correct payer code assignment. Patient insurance confirmation and verification is a key component at time of final billing to ensure accurate contractual allowance postings. A system that incorporates correct payer code assignment is critical.

In today’s volatile economic healthcare climate, a Patient Responsibility Estimator fully integrated within the Calculation Engine, is essential to collecting the estimated patient responsibility prior to services being rendered.

Moreover, it is extremely beneficial for your staff to have immediate access to the actual expected reimbursement calculations. Systems should include an Account Calculation Detail report, reflecting the expected reimbursement by line item as it appears on the bill. Attaching this Account Calculation Detail to the respective account in your patient accounting system allows for easy access and accountability.

A system described above, coupled with an experienced professional staff of certified public accountants, registered nurses, and accountants, provides the ideal formula to ensure correct net receivables, and accurate contractual allowances within your monthly financial statements.

Select a partner capable of complimenting, enhancing or replacing your existing system.
A true outsource partner focused solely on the reimbursement cycle will offer and provide the following at a minimum:

- Dedicated partner performs all the work
- Update and maintain all third party payer contractual agreements
- Calculate and post accurate expected reimbursement and accurate contractual allowances
- Shadow, correct, and supplement your current process
- Become the sole provider - Replace your existing in-house contract management system
- Appropriate patient registration and payer plan assignment
- No contract loading limitations – software able to load all contractual parameters
- Unlimited reporting and query capabilities allow you to request and review pertinent information previously not available to you internally
- Provide timely standard, custom reporting and query results
- Real-time report and query turnaround
- Report and query all 837 and 835 data elements
- Allow you to increase future reimbursement with confidence
- ICD-10 capabilities incorporated

By partnering with SourceHOV – Managed Care Professionals, Inc., and utilizing our assets, you unlock the successful formula described above.

This service typically includes a retrospective and concurrent underpayment and recovery analysis. You may also incorporate contract modeling services.

**Client Testimonial:**
I am convinced the MCP software platform, combined with their professional staff of certified public accountants, registered nurses, accountants and analysts, is the key component to their remarkable success. Recently, due to our partnership, we were able to successfully replace our previous McKesson Pathways Contract Management System (PCON) platform with MCP’s system and experience dramatically greater results

Kathy Hughes, Director Patient Accounts, St. Anthony’s Medical Center
VIII. SUMMARY

We fully acknowledge healthcare providers are performing underpayment identification and recovery functions, contract modeling, and utilize a calculation engine to post contractual allowances. All functions revolve around and depend upon, a successful contract management system. As denoted in this white paper, successful systems are few and far between.

By partnering with SourceHOV – Managed Care Professionals, Inc., you make the conscientious decision to utilize and secure the successful formula described above. We have been exposed to, and worked with, multiple competitor systems. We are convinced, and our references will confirm, the MCP contract management system is far superior.

The MCP system was designed by our staff, is utilized by our staff on a daily basis, and has successfully programmed any and all contract terms and conditions. The system is the backbone to our and your success.

MCP has supplemented, complemented, and replaced various systems and processes, finding additional dollars, improving existing contract modeling and contractual allowance processes.

Our goals are simple, 100% revenue recovery, retention, integrity, and maximization.
IX. CLIENT TESTIMONIALS/REFERENCES

The following section reflects a few client testimonials/references specific to our exclusive service offerings in the reimbursement cycle.

**Account:** University of Kansas Hospital Authority, Kansas City, Missouri  
**Contact:** Monty Leasure, Director, Revenue Cycle Management

**Solution Testimonial:**  
MCP has done a tremendous job of identifying and recovering underpayments from all our third party payers. MCP has worked directly with our payers to reduce payment errors, starting with the initial payment to reduce and eliminate discrepancies. Utilizing MCP’s Revenue Integrity Program application (SaaS), we have installed the web-based application on our follow-up team’s desktops and are now able us to effectively do the work with our in-house staff.

We also are utilizing the RACSource module to track, monitor, challenge, and report to our RAC vendor and CMS. The RACSource tool is much more than a tracking tool. It is a true business analytic system that provides an end-to-end solution.

Without MCP, we would have lost out on millions of dollars retrospectively and concurrently.
Client Testimonials

Account: University of North Carolina, Chapel Hill, North Carolina
Contact: Craig Wade, Director, Fiscal Services

Solution Testimonial:
We have worked with MCP’s professional staff of Registered Nurses, Certified Public Accountants, and accountants for the past 9 years. We utilize MCP to collect additional reimbursements. UNC’s in-house software identifies the variances and forwards to MCP for recovery. In addition to recovering over 98% if all discrepancies, MCP utilizes its own Revenue Integrity Program to identify other underpayments not identified by our system. MCP’s knowledge of managed Medicare and managed Medicaid payers allowed MCP to identify and collect substantial underpayment dollars previously not indentified by UNC. In addition, in some instances, we are able to fix our system, enabling us to identify and catch additional underpayments in the future. MCP has been an invaluable partner over the years.
Client Testimonials

**Account:** Saint Thomas Health Services, Nashville, Tennessee (5 hospital system)

**Contact:** Nola Wyatt, Vice President, Revenue Cycle Management

**Solution Testimonial:**
Utilizing their Revenue Integrity Program, MCP began daily payer verification and contractual allowance postings shadowing two existing in-house competitors systems. MCP ultimately became the sole provider of such service. In addition, over the last 10 years, MCP identified and recovered millions of dollars in underpayments. Their total recovery represented in excess of 97% of what they identified.

Working with MCP has provided us with increased revenue, accurate contractual allowances at time of billing, custom queries and reports at the click of a mouse. The Revenue Integrity Program is a user friendly, web-based platform which is also used for our contract modeling and analysis, data mining and storage, which will continue to provide significant increased revenue for years to come. We could not have accomplished these results without MCP.
Client Testimonials

**Account:**  St. Anthony’s Medical Center, St. Louis, Missouri  
**Contact:**  Julie Greatting, Manager, Patient Accounts  

**Solution Testimonial:**  
Our follow-up team utilizes the MCP Revenue Integrity Program applications to identify and collect underpayments. We also use the system to book daily contractual allowance adjustments. The system has a defined workflow process and is extremely user-friendly. The contractual allowances posted by MCP are accurate, timely, and generate reliable financial statements. The reporting package, including standard and customized reports, is extraordinary and extremely flexible, providing all the reports requested by management.  

We have identified and recovered millions of dollars previously undetected by our prior contract management system.
Client Testimonials

**Account:** St. Anthony’s Medical Center, St. Louis, Missouri  
**Contact:** Kathy Hughes, Director, Patient Accounts

**Solution Testimonial:**
I have partnered with MCP over the last 12 years at three different healthcare providers in St. Louis - Barnes Jewish Christian (BJC) HealthCare, SSM Health Care St. Louis and, most recently, St. Anthony’s Medical Center.

Each facility presented unique challenges that I could address with my operational processes and incorporate various MCP services to supplement my Patient Accounting team.

Currently at St. Anthony’s Medical Center, MCP is calculating and posting contractual allowances at time of billing on a daily basis, identifying underpayments, and providing a front end price estimator utilized to collect patient co-pays at time of service.

MCP’s unparalleled SQL based business intelligence tool, coupled with their customer service commitment, has impressed me in every instance.

I am convinced the MCP software platform, combined with their professional staff of certified public accountants, registered nurses, and analysts, is the key component to their remarkable success.

Recently, due to our partnership, we were able to successfully replace our previous McKesson Pathways Contract Management (PCON) system with MCP’s system and experience dramatically greater results.

I sincerely recommend MCP’s services and strongly suggest you consider having MCP take a look at your third party contractual agreements and demonstrate how they can supplement, compliment, and potentially stimulate your current operations and financial results.
Client Testimonials

**Account:**  Murphy Medical Center, Murphy, South Carolina  
**Contact:**  Carol Campbell, Manager, Health Information Management and Privacy Officer

**Solution Testimonial:**
We have recently begun using MCP’s Revenue Integrity Program software platform, specifically the RACSource module. With this web-based application, we are successfully tracking, monitoring, challenging, and reporting to our RAC vendor and CMS.

The RACSource module is much more than a tracking tool. It is a business analytic system that provides a complete end-to-end solution. The system allows us to track CERT, MIC, MAC, and ZPIC type audits, both those currently underway and those projected to occur in the near future. The standard reports, custom reports, query capabilities and dashboards are incredible. The Activities, Notes, and Attachment functionality afford us the opportunity to access one system for all our needs as they pertain to these various audits.
Client Testimonials

Account: HSHS Division – Eastern Wisconsin (3 hospital system)
Contact: Ken Kluth, Director, Revenue Cycle Management

Solution Testimonial:
We have been working with MCP for the past year. MCP provides a retrospective and concurrent underpayment identification and recovery program for all our third party payers. We have been extremely pleased with the additional reimbursement they have identified and recouped during to date. They have recovered in excess of $2,000,000 and are continuing to monitor our daily reimbursements. MCP performs all the work at their offices and supplies reports monthly or more frequently when needed. This is money that would have gone undetected and unrecovered had we not engaged MCP.
REFERENCES

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