



THE MAGNET™



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Risk Management Tips

A Risk Management Check-up – How Does Your Office Fare?

In this day and age, it's hard to imagine that you don't need the latest upgrade or gadget to ensure your patients' safety, but it is possible. If you can answer a definite "yes" to the following questions, you're doing a great job in controlling your risk and achieving a positive outcome for your patients without investing heavily in technology.

- Are your medical record summaries of each patient's office visit easy to read and clearly state what was done during that visit?
- Do your follow-up instructions include specific information about prescriptions, specialty care and at-home treatments?
- Do you train your patient in the use of devices for use at home?
- Do you have a reliable system in place to learn of any new essential information about a patient from other physicians such as new prescriptions, any change in patient's condition or plan of care?
- Have you established procedures to accurately track and monitor patients' medication use and outcomes?
- Do you deliver patients' test results in a timely manner?
- Do you have a system for scheduling important follow-up appointments?
- Do you consistently and reliably transfer key information to other treating physicians and/or referral physicians?
- Do you promote patient understanding and accountability?
- Does your appointment scheduling system allow for timely accessibility to medical care?

(Continued on page 2)

MAG Mutual Contingent Refund Continues to Grow

MAG Mutual Insurance Company pledged to return to its Georgia policyholders any excess medical professional liability insurance premiums collected from Feb. 16, 2005, the day Georgia's tort reform legislation was signed into law, **to the date the \$350,000 cap on non-economic damages for physicians is upheld by Georgia's Supreme Court.**

To finance the pledge, MAG Mutual established a Contingent Return Fund and uses an independent actuary to estimate any excess premium each year.

As an indication the tort reform legislation is working, the Contingent Return Fund grew to \$18,425,000 through Dec. 31, 2006, as reported on the unaudited financial statements of MAG Mutual. The fund's current accrual percentage is 5.25 percent of each policyholder's premium. That percentage is reviewed annually and modified as actuarially required.

The Company cannot guarantee when or if the fund will be paid to Georgia policyholders. That will be determined when the state's Supreme Court rules on the \$350,000 cap.●

Brush Up on Your Risk Management Skills

MAG Mutual Insurance Company is offering **five half-day risk management seminars** throughout the state. Speakers will discuss identifying weaknesses and risks within your own practice, implementing a formal risk management program, and cultivating support. Dates and locations are **March 7, Macon; March 14, Augusta; March 28, Albany; March 29, Valdosta; and April 25, Columbus.**

These seminars are free but limited to administrators, practice managers and staff of MAG Mutual policyholders. Registration is required for participation. To take advantage of this opportunity, please register online at www.magmutual.com/seminars. For more information, please contact Radansa Williams at **(404) 842-5530**.●



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Some physicians estimate receiving 100 percent of what they are due from their insurance payers. Most think they get at least 80 percent of what they are owed and then leave contractually owed reimbursements on the table. But do you really know how your practice is doing? Why not take a look at your practices billing process?

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*The annual net collection rate is the total amount paid to the practice, plus contractual adjustments, divided by the total gross charges billed for one year. A fee credit, if due, will be applied to your MMHSI billing invoice upon completion of 12 months of service. Please call for details. Guarantee effective for new billing service clients through Dec. 31, 2007, upon receipt and evaluation of the practice's contracted fee schedules.

(A Risk Management Check-up – How Does Your Office Fare?, continued from page 1)

Other quick risk management self-test questions and resources may be found on the MAG Mutual Web site at:

www.magmutual.com/risk/resource-new.html. You may also call the Risk Management Department at **1-800-282-4882**.

*MAG Mutual does not presume to establish any standard of care or establish rules for the practice of medicine. The particular patient-care strategies or range of patient-care strategies mentioned in this article should be tempered by the physician's judgement.

Continued Challenges to Georgia's 2005 Tort Reform Act

In January, the Georgia Court of Appeals again addressed the expert witness rule in medical malpractice cases. This law was passed as part of Georgia's 2005 Tort Reform Act.

In *Mays v. Ellis*, the court found that the plaintiff's expert witness, a gastroenterologist, satisfied the requirements of the new law despite the fact that the defendant, the plaintiff's physician, was an OB/GYN. The plaintiff alleged that the defendant misdiagnosed her pancreatitis and, as a result, performed unnecessary surgery. The defendant moved to exclude the plaintiff's expert alleging that: (1) under Georgia law, an expert witness in a medical malpractice case must be a specialist in the same area of practice or specialty as the defendant; and (2) the plaintiff's expert could not offer expert testimony involving the performance of a surgical procedure by an OB/GYN.

The Court of Appeals, in relying on its 2006 opinions in *Cotten v. Phillips* and *Abramson v. Williams* held that the law, "contemplates that the expert may very well have a different area of practice than the defendant doctor." Additionally, the court noted that it is the plaintiff's allegations set forth in the complaint, not the expertise of the treating physician, which determines the area of practice or specialty in which the expert opinion is to be given. In this instance, the area of practice at issue was the diagnosis and treatment of pancreatitis, not the performance of exploratory abdominal surgery by an OB/GYN. Thus the court ruled that the plaintiff's expert was qualified to testify as an expert witness.

The defendant recently filed his notice to appeal this decision to the Georgia Supreme Court.

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