

MBM NEWSLETTER

A newsletter for the clients and friends of Medical Billing Management

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Spring 2012

Billing Changes Causing Big Problems Nationwide

Uh-oh. We saw this coming. The U.S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services crammed too many changes into 2012. For many physician practices, this made the wheels come off the bus in provider billing departments nationwide, as Medicare and other payer claims started bouncing or denying unfairly in the past two months. The following changes (which are too many to begin with) are all occurring in 2012:

1. ANSI 4010 standard upgraded to ANSI 5010 on January 1, 2012 (with a grace period to March 31, 2012). If a provider's claims are not in the 5010 format, the claims deny.
2. Revalidations of more than 100,000 Medicare providers — now underway. If this form is not submitted correctly, the provider's Medicare claims are denied.
3. ICD-10 upgrade from ICD-9, beginning October 1, 2012 through October 1, 2013. This has been extended, thank goodness.

Result? President of the Medical Group Management Association



Dr. Susan Tierney

(MGMA) Dr. Susan Tierney wrote to Secretary of Health and Human Services, Kathleen Sebelius, "...we request that you take immediate action to address the payment disruption issues...Many practices face significantly delayed revenue, operational difficulties, staff layoffs, or even the prospect of closing their practice." Wow! These are strong words from Dr. Tierney, whose

MGMA represents more than 280,000 doctors. In her 3-page letter to HHS Secretary Sebelius, Dr. Tierney cited many specific medical claims payment problems: Issues with billing systems that had no problem in testing ANSI 5010; issues with secondary payers; rejections due to address issues; crosswalk NPI numbers suddenly now recognized; "lost" claims at Medicare; protracted call "hold" times of 1 to 2 hours; unsuccessful claims processing with previously successful submitter ID's, sporadic payments, and rejections of re-submitted claims.

The revalidations are causing a massive workload for Medicare contractors like NHIC at a time when their staffs are already overloaded with the ANSI 5010-caused stresses on provider-claims processing. The ICD-10 implementation, which increases the current 14,000 diagnoses to 68,000, has been delayed, as well it should be. There is no need for the federal government to force additional claims payment problems on medical providers at this time. The bureaucrats in Washington do not seem to understand the gravity of the problem.

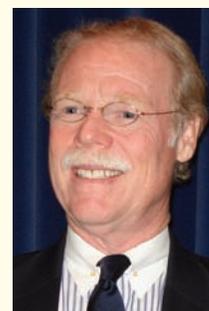
MBM invested \$50,000 in new equipment and G.E. Centricity 10.0 software last fall in order to successfully accommodate these disruptive changes in Medicare's and private insurances' claims payment systems; as a result, our clients have not experienced disruption to their cash flow.



A letter from the CEO:

Hard Work in the Trenches of Medical Billing in 2012

You see it all on these two pages: Hard working medical providers like ophthalmologist Dr. Leon Remis, and Susan Theriault and Paul Kelley of Guardian Ambulance on page 2; hard working medical billing specialists like MBM's Carrie Connolly, also on page 2; and the payers to whom our medical providers and we must submit claims for payment (the biggest payer is Medicare, under U.S. Department of Health and Human Services (HHS), see HHS Secretary Kathleen Sebelius. These



CEO Curt Anderson

are the players on the financial side of medical care: providers, billers, payers.

Our system is complex because diagnoses and procedures created by providers are complex. And billing systems and electronic filing of claims are complex. And insurance payer rules and systems are complex. And patients' needs are complex. Our system needs constant attention and servicing, to keep legitimate claims flowing through the system while false claims are filtered out. Our system does not need several huge, conflicting changes thrust upon it at one time. That's what is happening in 2012. Too many changes at one time, forced on a system wherein 800,000 active physicians serve 300 million Americans, creating more than 10 billion medical claims each year totaling over \$1 trillion in charges. This is not a system to be toyed with, disrupting the flow of work and reimbursements. The three big changes underway now (as described in the article to the left) should be phased in over several more years. We have asked our U.S. Senators to look at this now.

Why not make your voice heard on these disruptions to the orderly medical reimbursement process? Visit www.senate.gov. Ask your U.S. Senators to phase these changes in for an orderly transition. The current disorder is unacceptable.

Featuring AmbuPro EMS: New England's Top ePCR

AmbuPro EMS ePCR software for ambulance patient-care reporting is #1 in New England, and has a 90% market share in Massachusetts. Since it is software uniquely positioned as built by EMTs for EMTs (all AmbuPro EMS software developers are licensed EMTs), New England EMS operations have enthusiastically embraced AmbuPro EMS. With ambulance operations nationwide dealing with today's mandatory NEMSIS compliance, AmbuPro's adoption rate has accelerated; the AmbuPro EMS system makes compliance easy, automating the mandatory NEMSIS reporting. The AmbuPro EMS system usually pays for itself within the first year. At MBM, we offer AmbuPro as part of our billing service. The seamless software connection between AmbuPro EMS and our Sweet Billing solution creates a paperless flow of billing documentation for our clients. Call us for more information, or go to www.ambupro.net.



MBM Team Spotlight: Carrie Connolly

Carrie joined us in 1997 and plays an important role in our company. She has helped a great many MBM clients with their revenue cycle management over the past 15 years. Prominent North Shore pulmonologist Dr. Jeff Newton mentioned Carrie by name in his video testimonial on our website (www.medical-billings.com) and said, "Carrie and your team have been very responsive to our needs." Her in-depth expertise with the G.E. Centricity billing system and her knowledge of the physician billing process re extremely valuable to MBM and its clients. Carrie enjoys scrapbooking in her spare time. She lives in Peabody with her husband Mike and their two children, Doug and Jill.



Guardian Ambulance and the Massachusetts Ambulance Assoc.

On February 16, the Massachusetts Ambulance Association (MBA) held its annual dinner at the Café Escadrille in Burlington, MA. Among the 50 ambulance company executives attending were Susan Theriault and John Toomajian from Guardian Ambulance. During the meeting presentations were made on industry association initiatives for equitable reimbursement policies on both the state and national levels. As for now, the ambulance Medicare reimbursement policy through December 31, 2012 was protected at current levels when this became part of the CMS "doc fix" passed in February. Guardian Ambulance Founders Susan Theriault and Paul Kelley have supported the association for many years. Guardian has served the Merrimack Valley for the past 20 years.



Guardian Ambulance's Susan Theriault and Paul Kelley

Eye Surgery in El Salvador



Dr. Leon Remis

Dr. Leon Remis, prominent North Shore eye surgeon, sees patients in his Marblehead offices and performs surgery at Salem Hospital. He is also a long-time supporter of ASAPROSAR, the Salvadoran Association for Rural Health. In late January Dr. Remis spent a week in El Salvador, performing 31 cataract surgeries and seeing over 100 patients. ASAPROSAR was founded by internist Dr. Vicky Guzman in 1986, to provide health services and training in rural communities in her native El Salvador. In 1980, the outbreak of civil war eliminated most healthcare services outside of the capitol of San Salvador. Dr. Guzman and her colleagues established ASAPROSAR, headquartered in rural Santa Ana. Today, ASAPROSAR serves in excess of 150,000 people. Dr. Remis has supported the work of this great organization for many years, traveling annually to El Salvador to perform eye surgeries for those in need.

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"The Financial side of patient care . . ."

The MBM Performance Guaranty

We will increase a medical practice's cash flow by 6% during our first six months as the billing company OR we will refund our first 6 months' charges

(The 6% increase in cash flow will result from increased collections combined with the billing department payroll savings.)

MBM is a 22-year old Topsfield, MA company providing for the billing needs of physicians and ambulance companies nationwide. Our video testimonials attest to the effectiveness of our services for our clients. We assertively collect their money and save their practices from the high cost and problems of employing their own billing departments.

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Celebrating MBM's 22nd Year in Business!

Our team has grown since its inception in 1990, and we proudly serve physicians and ambulance companies in New England and the South. We are growing again, so call us if one of your fellow specialists or referral partners might be interested in our services. We will credit your account with one month of our services for each referral that results in a client, along with our thanks!



Refer your associates to us and receive one month of credit or cash equivalent to one month's average MBM revenue from that practice.