

# A Close Call: "Without MBM, we would have had to close our doors."

In 2007 Medicare conducted an audit of paid claims for K's Ambulance for the previous four years. Even though all of K's claims for 2003 had been paid, Medicare ruled that over 900 claims were incorrectly paid due to invalid diagnoses. Medicare then took the exceptionally aggressive measure of immediately offsetting against all K's future reimbursements, causing K's cash-flow to dry up instantly. In short, this was a financial emergency with no money available for payroll or expenses.

Here was a crisis situation that required immediate action. K's President Dave Krevosky and MBM's Mary Tower and her MBM ambulance billing team sprang into action. The boxes of 2003 ambulance trip sheets were pulled from storage, and MBM filed 900 appeals and sent an Express



Mail protest letter to Medicare, citing the financial burden on K's created by stopping the ambulance company's Medicare reimbursements.

Within 90 days, by March 31, 2008, all appeals were approved, and all of K's withheld cash came pouring in. Financial disaster was averted. And Dave Krevosky, K's President, gave MBM the ultimate compliment: "Without you people, we would have had to close our doors." MBM has been working with K's since the spring of 2006.



From left: MBM CEO Curt Anderson; Mary Tower, MBM Ambulance Department Manager; K's Ambulance President Dave Krevosky, and Mary LaJoie, K's EMT and Scheduling Coordinator

## Celebrating MBM's 19th Year in Business!

Our team has grown since its inception in 1990, and we proudly serve physicians and ambulance companies in Massachusetts, Rhode Island, and New York. 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 (your choice) equivalent to one month's average MBM revenue from that practice."**

## Mass. Ambulance Association Takes a Stand Against Unfair Reimbursements

Medicare reimbursements to ambulance companies nationwide are 6% below the actual cost of providing the service, according to the Government Accountability Office May 2007 ambulance study. Massachusetts Medicaid reimbursements are, incredibly, 34% below the insufficient Medicare rates.

Unbelievably, the Commonwealth's response to protests over the sadly deficient rates was to offer ambulance providers a 1.7% increase, with Basic Life Support reimbursements increasing from \$145.25 to \$147.67. Meanwhile, ambulance fuel costs have more than doubled in the past four years, and other cost increases have been sustained for personnel, insurance and other overhead items. A public hearing on this proposed tiny increase was held April 15 at the Division of Health Care Finance and Policy in Boston. Ambulance industry representatives testifying to the insufficiency of the Medicaid reimbursements included association president Brian Connor, Sean Tyler of Fallon Ambulance, Susan Theriault of Guardian Ambulance, Lee Irish of Bay State Ambulance, Paul Gully of Am-B-Care, Terri Halliday of MedStar, Ron Quaranto of Cataldo, and MBM's Curt Anderson.

To further support the association's position on unfairly low Medicaid reimbursement levels, association representatives met with Massachusetts Lt. Governor Tim Murray on May 7th to renew old friendships and review the unduly low Massachusetts rates. At this point in time, no good outcome can be reached with reimbursements so far below actual cost. Access to ambulance services for the most needy in the commonwealth will one day suffer, as ambulance companies are forced to redeploy their resources to more profitable lines of business.



Pictured above at the MAA meeting MBM's Sales Director George Urban (left), Lt. Governor Tim Murray, and MBM's CEO Curt Anderson.

# MBM NEWSLETTER

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## Contact Your Senators to Postpone Medicare's 10.6% Cuts This July 1st

Ask them to Support Senate Bill S. 2785, the "Save Medicare Act of 2008."

All of us can make our voices heard to stop this destructive 10.6% Medicare cut by logging on to [www.ama-assn.org](http://www.ama-assn.org) and clicking in the upper right on hyperlink "Tell your senator to co-sponsor the Save Medicare Act of 2008." This takes you to an easy e-mail utility that helps you quickly send a customized e-mail to your U.S. Senators.

This disruptive, destructive cut in Medicare is the first of three years of scheduled cuts totaling, if you can believe this, 40% in across-the-board cuts over the next nine years. These devastating cuts are caused by Medicare's controversial SGR formula, which mandates cuts in reimbursement rates when growth in outlays for physicians' services exceeds growth in Gross Domestic Product. The SGR formula ignores the sweep of baby boomers into Medicare eligibility, causing Medicare's budget to rise as it serves more seniors.

The clear disconnect between the stark reality of physician practice cost increases and the incredible proposed cuts in reimbursements is boldly underscored by AMA President-elect Nancy Nielsen, M.D. in her remarks in January. "The AMA calls on Congress to replace 18 months of looming Medicare physician payment cuts, which begin this July, with funded payment updates that reflect medical practice cost increases," Nielsen said. "This sensible approach will give Congress time to work with physicians to legislate a solution to the long-term Medicare physician payment problem."



Nancy Nielsen, M.D.  
AMA President-Elect

A multi-party showdown in Washington is inevitable before July 1, caused by the impending 10.6% cuts. The Medical Payment Advisory Commission, an independent body composed mainly of physicians, recommended in March a 1.1% increase in Medicare physician reimbursements in 2009; the AMA's Nancy Nielsen, M.D. opined that the 1.1% increase was not enough. And Medicare's SGR formula dictates cuts to cap Medicare's growth.

Any decrease in Medicare reimbursements flies in the face of actual overhead increases in physician practices, and will have a devastating effect on seniors' access to Medicare physician care. The Medical Group Management Association survey showed that over 50% of the 1,000 practices responding to a recent survey reported that they have begun to limit the number of Medicare beneficiaries they accept. In addition, "...half of the practices said they were considering reducing administrative and clinical staff and more than two-thirds indicated they would forgo or postpone investments in health information." (Source: [www.americangeriatrics.org](http://www.americangeriatrics.org)).

In summary, as the American Geriatrics Society says, "Medicare's SGR formula has proven to be neither sustainable for physicians nor beneficial for older Americans. Physician payment updates should be based on annual increases in practice costs."

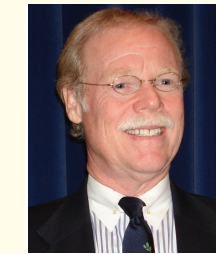
Ask your families, friends, and associates to log on to [www.ama-assn.org](http://www.ama-assn.org) and click on the Save Medicare Act of 2008 link in the upper right. Follow the instructions for sending e-mails to your U.S. Senators. All of us can make a difference, today!

A letter from the CEO:

## The Fight for Prompt and Equitable Reimbursements

Greetings, readers! All of us at MBM wish our clients and friends an enjoyable and prosperous summer season.

The messages in this edition of our newsletter are straightforward: we serve our clients by fighting for the funds that



they have earned and deserve; we are growing, due to our clients' belief in us; teamwork between our clients' front office staffs and our back office staff produces great cash

flow results; and we urge everyone to contact their senators immediately to protest the proposed 10.6% Medicare cuts scheduled for July 1.

Certainly our most urgent message now is our call to join your fellow citizens who are protesting the upcoming Medicare cut. The Save Medicare Act of 2008, which we ask you to support, would stop the Medicare physician cuts for 18 months, and would not increase the cost of permanently fixing the "...fatally flawed Medicare physician payment system." (Source: [ama-assn.org](http://ama-assn.org)). The front page article opposite this column presents the point that the future of serving Medicare beneficiaries hangs in the balance now. As we say in our lead article, further Medicare cuts endanger physician incentives to accept additional Medicare beneficiaries as patients, and even endanger future physician incentives to pursue careers in medicine. Result: access to physician services may be denied to future Medicare beneficiaries.

Sincerely,

*Curt*

Curt Anderson

## Medicare Conference Reviews Physician Enrollment and Denial Management

MBM was well represented at the Medicare Conference on April 30 in Norwood, MA. Client Services Manager Nancy Moglia, Ambulance Department Manager Mary Tower, and CEO Curt Anderson all attended the presentations by Region I Medicare Contractor NHIC, Corp. The presentations included Medicare Part B, Medicare Part A, DME MAC, and Massachusetts Medicaid.

Certainly it seems simple on the surface: In order to prevent denied or delayed provider claims, ensure that each provider's individual NPI, group NPI, Medicare PTANs, remit address, places of service and other important identifying numbers are correct in the databases of Medicare, Blue Cross, Tufts, Harvard Pilgrim, NPPES, and all significant payers and ensure that each number is correctly placed on each provider claim. Easier said

than done. Horrific stories abound, concerning meager and very late physician reimbursements.

Each provider has scores of numbers that must be absolutely correct in each database. And many critical numbers need to be linked, such as a physician's Medicare PTAN and the NPI group number.

It often seems patently unfair that, while providers and their staffs are focused on rendering optimal patient care, Medicare and other payers seem focused on withholding payments if supposedly outdated PTAN or other identifying numbers do not line up perfectly with NPIs or other data.

These are the challenges of physician enrollment/credentialing and denial management: keep all data for each provider precisely correct in every payer database, to prevent denials and delayed payments. Certainly, for both our providers and our team, navigating this minefield of credentialing and denial management is critically important work, to keep cash flowing smoothly from payers to providers. In this New England Medicare Region I (MA, NH, VT, ME), NHIC Corp. is the Medicare Part B contractor, serving 52,000 providers and 1.3 million Medicare beneficiaries. This is true, just for now. This year the contract goes out for bid in October, and a new contractor may emerge successful from the bidding process. In fact, NHIC lost the Part B contract for California this year. Stay tuned, because provider and billing company relations with NHIC are important in the Medicare denial management process.

NHIC managers and provider enrollment personnel explained the nuances of credentialing and denial management on April 30th, and cited many resources to be utilized in provider enrollment/credentialing and denial management, including: The Medicare Learning Network — [www.cms.hhs.gov/MLNGen](http://www.cms.hhs.gov/MLNGen) Info; the Centers for Medicare & Medicaid Services; Online Manual System for Medicare procedures, policies and instructions — [www.cms.hhs.gov/manuals](http://www.cms.hhs.gov/manuals); the National Plan and Provider Enumeration System, where the NPI 10-digit numbers for each provider are issued, and all critical provider data is listed. Teamwork among a provider's operations staff and the billing team is absolutely essential to successfully maintaining credentialing with all payers. It is teamwork that prevents denials. Call any of us at MBM if you have questions about provider enrollment/credentialing or denial management. We are here to help you navigate through the minefields of payer procedures, regulations and policies. Medicare does not make this easy.



MBM's Nancy Moglia, left, and Mary Tower, both of whom attended the Medicare Conference.

## Dr. Remis Performs Eye Surgeries in El Salvador

Marblehead ophthalmologist Dr. Leon Remis has been providing free care to folks in El Salvador for the past twenty years. His non-profit group, Friends of ASAPROSAR, is a Massachusetts-based group of doctors "...who volunteer their time and expertise in impoverished regions of the world...." ([www.jewishjournal.org](http://www.jewishjournal.org), April 3, 2008). This past January, Dr. Remis and a group of about 50 compatriots saw, incredibly, 1,700 patients in El Salvador and performed 138 surgeries in a week of mostly 12-hour days.

"The pace is exhausting," said Dr. Remis. "A woman in her 60s, blind with a pterygium (a condition where an opaque film grows over the eye) had left her house at 3 a.m. on our final day. Although the schedule was completely booked, I put her on as the last case," said Dr. Remis, who put in



Dr. Remis and his team performed 138 free eye surgeries in El Salvador during January of this year.

15 hours that last day in El Salvador.

At MBM, we are proud to serve Dr. Remis and his team, led by R.N. Judith Rodman, who has been on many of these goodwill missions herself in over 20 years with Dr. Remis. In fact, the extraordinary teamwork at the front end of the practice (led by Mrs. Rodman) and at the back end of the billing and collections process (led by MBM's Muriel Sacramone and Barbara Cornell) produces, month after month, superb results, with receivables over 120 days past due consistently below 8% of total receivables (the national average, according to the Medical Group Management Association is 18.3%).

We look forward to serving Dr. Remis, a U.S. ambassador to the world, for many years to come.

## The MBM Team: Ready to Serve You!

by Linda Ward Stephens

As we grow, year by year, we continue to focus on teamwork with client staffs, execution, denial management, and credentialing expertise that produce optimized cash flow for our clients. With 19 years of experience in medical billing, we deliver outstanding results to both our physician practices and our ambulance operations clients.



The MBM team, from left: George Urban, Nancy Moglia, Tina Morin, Sabrina Je- mery, Lisa Meehan, Linda Stephens, Mary Tower, Carrie Connolly, Muriel Sacra- mone, Barbara Cornell, Paula Viator, Lori Preisinger, Nanci Holmes, Curt Anderson.

## Sen. Kennedy's Staff Takes a Stand

Though the Senator's staff has been distracted by the health concerns surrounding his brain tumor diagnosis, his Boston-based staff has begun to research the details that MBM presented to them in May and June concerning Medicare's slow-paying many health providers, and torturous credentialing procedures.



Sen. Ted Kennedy

MBM introduced the Senator's staff to the myriad delays in getting physician Medicare reimbursements and the paper-based, credentialing/enrollment procedures that are required in this region. Stories abound of doctors' payments running months or even a year late.

Senator Kennedy's staff has already intervened with Medicare on behalf of one MBM client physician, requesting and getting approved reimbursements delivered immediately. And the Senator's staff has agreed to research this problem much more deeply right away, due to constituent complaints about inability to find an available physician for Medicare beneficiaries.

Stay tuned. We are pursuing correction of these Medicare abuses with all deliberate speed.

## Pulmonary Physicians Does It All: Critical Care, Primary Care, and Specialty Care

Pulmonary Physicians is a growing practice that includes four physicians and one nurse practitioner. Doctors Bimal Jain, Rohit Ahuja, Sharda Jain, Jacob Karas, and Nurse Practitioner Karen Maney have provided medical services in the Lynn area since July of 2000 under the Pulmonary Physicians name, and as far back as 1975 under the Respiratory Care Physicians name. Much of the practice focuses on inpatient care providing intensivist coverage in the ICU at North Shore Medical Center's Union Hospital as well as providing inpatient medical and specialty care at both Union Hospital and Kindred NorthShore. In addition, they have a thriving outpatient practice with offices in Lynn and Saugus where they provide both primary care and specialized pulmonary consultation.

MBM is privileged to provide billing and collections services for this dynamic practice, working closely with Karen, Rita, Angela, and the practice staff to optimize cash flow.



Karen A. Maney, N.P. and Dr. Bimal P. Jain

## MBM Attends CPA Conference

Last November the Massachusetts Society of CPAs held their annual Practice Management Conference at Mohegan Sun in Uncasville, CT. MBM supported the show and exhibited to the over 500 attendees. Of the 13,500 licensed CPAs in Massachusetts, more than 10,000 belong to this trade association, which offers Continuing Education programs, an extensive resource center, important industry-specific committee work, a vast array of conferences and programs, and networking events. Following the conference, MBM met with the Society's Committee on Physicians, Dentists and Other Medical Providers to consult for them on issues of denial management, suppression of receivables over 120 days past due, and claims flow from medical practices to payers.



Fred Katz, Principal, Braver Group, center, meets with MBM's George Urban, left, and Curt Anderson. Mr. Katz is Chairman of the Society of CPAs' Committee on Physicians, Dentists and Other Medical Providers. Braver PC is a professional services firm based in Newton, MA representing a broad variety of organizations, families, and individuals throughout New England, across the country, and around the world.

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