

MBM Supports Music for Homeless and Prisoners

The Boston Minstrel Company, based in Brighton, MA has provided music for the residents of homeless shelters and prisons in Massachusetts for the past seventeen years. Our CEO Curt Anderson is the bass player in the group of thirty singers, which entertains and lifts the spirits of 4,000 shelter and prison residents three or four or times each month. Curt also serves on the Board of Directors of this non-profit organization. Below, at the Pine Street Inn last Christmas Eve, are Minstrel banjo player Dennis Dowd; guest artist Sean Cardinal O'Malley, Bishop of the Archdiocese of Boston; guest artist Bishop M. Thomas Shaw, Episcopal Bishop of Massachusetts; guitar player Dennis McHale; singer Ann Thomas, and bass/guitar player Curt Anderson. Contributions are welcomed at www.boston-minstrel.org.

Below, the Boston Minstrels at the Pine Street Inn last Christmas Eve



The Future Challenges of an Aging America

Dr. Bill Adams, eminent Boston plastic surgeon, introduced Dr. Stephen Bartels, Professor of Psychiatry at Dartmouth Medical School at a November meeting of Dartmouth alumni in Greater Boston involved with healthcare. Dr. Bartels spoke on "Addressing the Future Challenges of an Aging America" and the research he and his team are performing at the Center for Aging Research at the Dartmouth Institute for Health Policy and Clinical Practice. In his speech, Dr. Bartels highlighted not only the surge of the U.S. population into the over-65 category (12.6 % of the U.S. is over 65, and will reach 20% by 2020), but also the great disparity in medical treatment of the aging population across the country (e.g. in the last two years of life, at the UCLA Medical Center, patients spend an average of 11 days in the ICU; at New York Presbyterian the average is 5 days and at Mass. General it is 2.8 days). Dr. Adams is a Dartmouth classmate of MBM CEO Curt Anderson.

From right, below, are Dr. Stephen Bartels, Dr. Bill Adams, and MBM's Curt Anderson.



MBM NEWSLETTER

A newsletter for the clients and friends of Medical Billing Management

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Here Comes the HITECH Act! Now You Can Get That ER System

Finally, the U.S. Dept. of Health and Human Services is putting its money where its mouth is. HHS/CMS have been urging doctors to adopt electronic medical records (EMR or HER) systems for several years. Now, there is adequate funding to pay for this.

The \$31.2 billion HITECH Act (Health Information Technology for Economic and Clinical Health Act — part of the Stimulus package known as the American Recovery and Reinvestment Act) was signed into law by President Obama on February 17. This portion of the so-called Stimulus Bill stipulates that physician investment in EMR (or HER) systems will be reimbursed according to the table at right.

If a physician is a Medicare provider, then he or she can purchase the EMR system in 2009 or 2010, and then be reimbursed according to the table beginning in 2011. Many EMR systems cost less than the \$44,000 available. Other EMR systems can cost more than \$44,000 per physician.

In order to qualify to receive these EMR reimbursement payments, a physician must do two things:

1. Choose a "Certified" EMR system. (Presumably, the certifications will be issued by the independent Certification Commission for Healthcare Information Technology CCHIT.) This will be announced shortly
2. Demonstrate "meaningful use" of the EMR system.
 - a. Use ePrescribing, over the internet
 - b. Electronically exchange information (with labs, hospitals, providers, and payers across the country — any certified system will do these things)
 - c. Submit "clinical quality measures" including existing pay for performance measures such as Medicare's Physician Quality Reporting Initiative (PQRI).

Certainly, the big picture is this: the objective of this HITECH Act is to expand the current U.S. healthcare IT infrastructure, promote electronic data interchange, and substantially and rapidly increase the adoption of EMR systems to a total of 90% of physicians and 70% of hospitals by 2019.

We are on our way. EMR adoption by physicians is now reimbursable by HHS/CMS. Since Medicare penalties for non-adoption or no meaningful use of an EMR begin in 2015, let's go! We have everything to gain. Remember, we *must* comply by 2015.

To view the full text of the HITECH legislation, visit: http://www.whitehouse.gov/the_press_office/arra_public_review To view a summary of the legislation, visit: <http://www.himss.org/content/files/HIMSSSummaryOfARRA.pdf>.

Start	Stimulus Medicare Incentive per Physician						Total
	2011	2012	2013	2014	2015	2016	
2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000
2012		18,000	12,000	8,000	4,000	2,000	44,000
2013			15,000	12,000	8,000	4,000	39,000
2014				12,000	8,000	4,000	24,000
2015					0	0	0

A letter from the CEO:

Fear Not Medicare!

Why is it that so many providers are afraid to rock the boat when questioning Medicare payment delays or claims denials? There is no need to fear.

According to the AMA (www.amednews.com), "Medicare contracting reform was supposed to improve the physician claims process ... but, for many doctors, the process so far has had the opposite effect."

Abuses abound: payment delays, payment holds, NPI implementation snafus, legacy number cross-walk requirements (announced at the last minute), incompetent or rude personnel, and stop payment orders during routine audits of medical practices. This presumption of guilt flies in the face of America's bedrock assumption of innocence.

We have stood with three of our provider clients in the past year as we fought to stop abusive tactics/payment slowdowns by Medicare. In two cases we went to Senator Ted Kennedy's staff in Boston to appeal for fair treatment. In both cases, the providers had been forced to borrow substantial funds to meet payroll. In both cases, Senator Kennedy's staff contacted Medicare's CMS Boston senior manager Gil Mason (see Medicare "Top 10 Reasons for Denials" story on page 3). In both cases, the New England Medicare Part B Contractor, NHIC in Hingham, immediately released the hundreds of thousands of dollars of backlogged reimbursements.

If your practice ever suffers from unjustified Medicare payment delays, we will work to get the delayed payments released.

Our providers take care of their Medicare beneficiaries; Medicare must pay our providers what they earn and deserve.

And your elected officials will reinforce this fact. Period.



From left MBM's George Urban and Curt Anderson with Sen. Kennedy's healthcare team leaders Graham Shalgian and Sean Malone

Celebrating MBM's 20th 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."

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EMR and E-Prescribing Systems — the Time Is Now!

The EMR system universe is crowded. Over 200 different systems have been sold in recent years. This number is seemingly overwhelming, yet a small number of these systems has emerged as dominant in the Northeast. EMR systems, with wide distribution and deep technical support in this area of the country, constitute the best choices for office-based clinicians in the months and years to come.

The field of EMR system competitors is so large that one physician, Eric Fishman, M.D., undertook a challenging project to create www.emrconsultant.com so that physicians might get help online in choosing the optimal EMR system. Just enter your specialty and your need for EMR or both EMR and practice management, then enter your e-mail, and the online tool begins to present various systems to you for your review.

Several years ago, many physicians viewed EMR as a distinct way to cut costs based on reduced transcription costs, reduced chart-pulling costs, costs and liabilities of finding and transferring lost charts, and reducing the cost of paper chart storage and destruction of paper charts. Additional savings were anticipated due to automation-based savings. But the savings did not readily emerge as early adopter physician practices began to install EMR systems.

However, adoption of the emerging EMR systems *did* produce various process improvements, including: avoiding lost superbills, allowing physicians to code at the highest level permitted by the EMR without fear of triggering an audit, creation of an audit trail if needed, avoiding failure to code for ancillary services provided, and more.

The benefits of E-Prescribing are: reduction of sky-rocketing medication costs and medication errors (predominately due to hand-writing illegibility, wrong dosages, and missed drug-drug or drug-allergy reactions). E-Prescribing will eventually streamline the process of creating and delivering the approximately 3 billion prescriptions written annually to local and internet-based pharmacies. (www.emrconsultant.com)

In New England, EMR adoption has been slow, although EMR systems paired with practice management systems are beginning to penetrate deeply into some office-based practices. Particularly evident are the physicians' adoption of G.E. Centricity, Allscripts, eClinicalWorks, and the Partners homegrown LMR system. Many other outstanding systems will undoubtedly emerge.

Various incentives provided by Medicare, Blue Cross, and other significant payers have begun to make it easier for physicians to take the plunge and select the EMR system for their practice.

At MBM, we will be migrating our physician clients to an EMR-enabled Practice Management System in January. Since we have completed extensive research on available systems, their capabilities and their dominance in this region, feel free to call us for counsel on the system that might be optimal for your practice. We will offer our EMR system to you, and advise you on how to evaluate a system for your practice, if you have not already selected an EMR.

Because we work with various client EMR systems every day, we are happy to share our knowledge with you!

CLIENT SPOTLIGHT

At the Horsley Eye Center Collections Increase 15%

In addition to doing all the Lasik procedures for the Boston Lasik Vision Institute, Dr. Will Horsley and Dr. Nilesh M. Sheth treat LASIK patients from their growing practice in Stoneham



Celtics star Jojo White, center, with Dr. Sheth at left and Dr. Horsley.

just outside Boston. Private patients are treated on the Visx Star 4 laser with active track 3D eye tracking and Wavescan Wavefront system.

The Center's collections have risen by more than 15% per month since MBM took over billing and collections from another billing company last March. Credentialing issues and denial management procedures were cleaned up with the result that collections increased markedly within a few weeks.

For anyone with questions about age-related macular degeneration, dry eye syndrome, laser vision correction, or any other eye-related concerns, call Dr. Horsley or Dr. Sheth at 781-979-0960 or visit www.horsleylasik.net/.

Massachusetts Society of CPAs and MBM

The Massachusetts Society of CPAs (MSCPA) is composed of 10,000 of the 13,000 certified public accountants in Massachusetts. MBM meets regularly with CPAs who represent our client physicians. In addition, MBM managers have met with and provided physician billing and collections counsel to the MSCPA Committee on Dentists and Physicians, chaired by Fred Katz of Braver & Co. in Newton, MA.

MBM supports the MSCPA Practice Management Conference in November each year. Pictured below at the November 2008 conference in Uncasville, CT are MSCPA President Ted Flynn, center, George Urban, right, MBM Sales Director, and Curt Anderson, at left.



The MBM Team, Ready to Serve You!

By Linda Ward Stephens

First of all, the Medical Billing family wishes all of our clients and their staffs the happiest of holiday seasons.

We have been very busy this year! We have added several new clients and projects: a hearty welcome to Dr. Horsley and Dr. Sheth of the Horsley Eye Center, the Schepens Retina Foundation, Response Ambulance, and Dr. Basu. And, of course, a huge thank you to all of our clients with whom we have worked year after year.

We have also been reviewing new software in the office and on the road to see it in action. By early next year we will be adopting a new software program that will give us state of the art capabilities and will offer you EMR options that will tie in to your billing system. We are looking forward to a New Year of growth, service, and fun.

Our team can be both serious in our work, and at times a bit silly, as seen below.



Pictured at right on Halloween in our silly costumes are, well, you guess!

From left, Curt Anderson, Paula Viator, Sabrina Jemery, Nancy Moglia, Tina Morin, Nanci Holmes, Carrie Connolly, Katrina Arsenault, Muriel Sacramone, Lisa Meehan, Barbara Cornell, Lori Preisinger, Linda Stephens, and Mary Tower. Missing was George Urban.

Client Spotlight: SleepCures

"No matter how much sleep I get, I still feel tired."

Millions of Americans have some sort of sleep disorder. SleepCures LLC serves Greater Boston and provides sleep disorder testing for obstructive sleep apnea, periodic limb movements, narcolepsy and other parasomnias at sleep study centers in Plymouth, Peabody, Needham, Springfield, Framingham, and Worcester. SleepCures is a wholly-owned subsidiary of Total Sleep Diagnostics headquartered in Austin, TX and Mandeville, LA, which has sleep centers in seven states across the country.

Physicians who typically refer to the SleepCures sleep labs are primary care physicians, pulmonologists, allergists, neurologists, cardiologists, psychiatrists, and ear, nose and throat specialists.

MBM has helped billing and collections increase substantially at SleepCures Massachusetts locations each year for the past three years.

For information about SleepCures' services, call 800-505-5585, send an email to info@totalsleep.com, or go to www.totalsleep.com.



Pictured here are MBM's Nancy Moglia at left with Total Sleep Accounts Receivable Director Betsy Rivas.

The Top 10 Reasons for Medicare Denial

At Medicare Fair X on October 29 in Fitchburg, MA officials from both CMS in Boston and NHIC in Hingham made presentations to a gathering of over 200 physicians and practice managers. MBM represented its clients at this very informative meeting.

Brenda Bedard of NHIC listed the top 10 reasons for claims denials in New England:

1. Duplicate claims
2. Claim/service denied/reduced service not paid separately (if the procedure is not bundled, modifier 59 is required)
3. Non-covered service
4. Routine exam or screening in conjunction with routine exam
5. Surgery message (e.g. global days on 2008 National Physician Fee Schedule)
6. Claim not covered by this contractor (i.e. send the claim to the correct payer)
7. Medicare is secondary payer (e.g. patient or spouse works for employer with 20 or more employees)
8. Provider not eligible to refer/prescribe/order service billed (e.g. know provider number effective date)
9. SSA Records indicate that you never enrolled in Medicare Part B
10. Non-covered by this payer — send claim to correct payer.

Over the past 20 years, MBM has developed deep expertise on denial management. We pride ourselves on successfully fighting for reimbursements that our clients earn and deserve.

Since Medicare often represents 50% or more of a provider's payment stream, Medicare denial management is paramount for us and our clients.

Be sure to call us if you have questions about denials. It is our privilege to work on these claim denials and to work toward a successful conclusion on your behalf.



Gil Mason of the Boston office of CMS

