

# News

[AMBA Website](#)[Member Portal](#)[2017 Conference Info](#)

## Do you need CMRS CEUs?

You can earn free CEUs through our [member portal](#). All the webinars we've been holding over the last several months are available for replay. You can earn CEUs by watching these videos at no cost. Also, you can earn free CEUs by doing the [Medicare Computer Based Training Courses](#).

[Get your Course or Publication Pre-Approved For CEUs](#)

---

[Access the Member Portal](#)



---

## 2017 AMBA National Conference

The 2017 AMBA National Conference will be held at Treasure Island, Las Vegas, NV on Oct. 26-27, 2017



[2017 Online Brochure](#)

[Register Online](#)

[Print Mail or Fax Registration Form](#)

[Exhibitor and Sponsor Registration Information](#)

We are really excited about our conference line-up this year. It is Here are just a few of the sessions you'll be able to attend at the 2017 Conference:

Judy Wilson – Incident to Billing, Shared and Split Services

Melody Irvine – Auditing 101 for Billing Companies

Shannon Deconda - Where did all the 25's go? (referring to the strict guidelines on 25 modifier)

Shannon Deconda - You can code it, you can audit it, but how good can you teach it? How effective are you at training your physicians?

Steve Ryner, Corporate and Financial Investigation's (CFI) Department of Blue Cross Blue Shield of Michigan – Insurance Fraud Investigations with Actual Case Info

Cyndee Weston – Changing Your Billing Structure from Percentage to a Flat Rate

Robert Liles – Vital Billing Contract Terms for Billers and Healthcare Providers

Robert Liles – The Liles Report – Compliance Updates for 2017 and Beyond

Paul Weidenfeld – Avoid OIG Fines and Penalties on Exclusion Screening Compliance

Kathy Stull – Telehealth Billing – All New for 2017

Kathy Stull – Back To Basics: Effectively Dealing with Rejections, Denials, and Winning Appeals

Terri Marohn and Cyndee Weston – Marketing on a Budget: Get Big Results with These Medical Billing Marketing Ideas from the Trenches and Grow Your Billing Business!

Register at: [2017 AMBA 17<sup>th</sup> Annual National Conference](#)

---

**[Please support our Preferred Conference Partners by going to their websites!](#)**

---

**Gold Sponsor**



**Conference Preferred Partners**



## Exhibitors



---

## NEW Mandatory ABN Form Took Effect June 21, 2017

The Centers for Medicare and Medicaid Services (CMS) has revised the Advanced Beneficiary Notice of Non-coverage (ABN) Form. The revised Advanced Beneficiary Notice of Non-coverage (ABN), Form CMS-R-131, is issued to the patient or client by providers, physicians, practitioners, and suppliers in situations where Medicare payment is expected to be denied. The revised ABN replaces the ABN Form that was last released in November 2011.

When a physician or supplier has a "genuine doubt" that a service will be covered, they are required to notify the patient of this fact. The ABN form is required to be used for a service that is covered. In the Medicare program, chiropractic coverage is limited to coverage for spinal manipulation by means of the hands or hand-held device. For all non-covered services, a standard letter informing the patient of the non-coverage or the ABN may be used.

The newly revised ABN form may be used at this time; however its use becomes mandatory on June 21, 2017.

The newest version of the ABN and the instructions for use can be accessed at <https://www.cms.gov/medicare/medicare-general-information/bni/abn.html>

[Read more here](#)

---

## 2018 ICD-10-CM Code Files Available

The 2018 ICD-10-CM code files are now available on the 2018 ICD-10 CM and GEMs webpage at <https://www.cms.gov/.../Co.../ICD10/2018-ICD-10-CM-and-GEMs.html>. This includes the 2018 tabular and index, as well as code descriptions and addendum files:

2018 General Equivalence Mappings (GEMs) will be posted in August  
2018 ICD-10-CM guidelines, present on admission exempt codes, and conversion table will be posted later, once they are finalized and received from the Centers for Disease Control and Prevention

---

## **OIG Updates to Work Plan**

The Office of Inspector General's (OIG) work planning process is dynamic and adjustments are made throughout the year to meet priorities and to anticipate and respond to emerging issues with the resources available. Previously, OIG updated its public-facing Work Plan to reflect those adjustments once or twice each year. In order to enhance transparency around OIG's continuous work planning efforts, effective June 15, 2017, OIG will update its Work Plan website monthly. For more information about OIG's Work Plan, how we plan our work, and how we update the work plan, visit our website. <https://go.usa.gov/xNpUW>

---

## **OIG: Medicare Paid Hundreds of Millions in Electronic Health Record Incentive Payments That Did Not Comply With Federal Requirements**

The Health Information Technology for Economic and Clinical Health Act established the Medicare and Medicaid electronic health record (EHR) incentive programs to promote the adoption of EHRs and to improve health care quality, safety, and efficiency through the promotion of health information technology and electronic health information exchange. As an incentive for using certified EHR technology, the Federal Government is making payments to eligible professionals (EPs) and hospitals that attest to the "meaningful use" of EHRs. To receive an incentive payment, EPs attest that they meet program requirements by self-reporting data through the Centers for Medicare & Medicaid Services' (CMS) online system.

CMS did not always make EHR incentive payments to EPs in accordance with Federal requirements. On the basis of our sample results, we estimated that CMS inappropriately paid \$729.4 million (12 percent of the total) in incentive payments to EPs who did not meet meaningful use requirements. These errors occurred because sampled EPs did not maintain support for their attestations. Furthermore, CMS conducted minimal documentation reviews, leaving the self-attestations of the EHR program vulnerable to abuse and misuse of Federal funds.

CMS also made EHR incentive payments totaling \$2.3 million that were not in accordance with the program-year payment requirements when EPs switched between Medicare and Medicaid incentive programs. These errors occurred because CMS did not have edits in place to ensure that EPs who switched from one program to the other were placed in the correct payment year upon switching.

We recommended that CMS (1) recover \$291,000 in payments made to the sampled EPs who did not meet meaningful use requirements, (2) review EP incentive payments to determine which EPs did not meet meaningful use measures for each applicable program year to attempt recovery of the \$729.4 million in estimated inappropriate incentive payments, (3) review a random sample of EPs' documentation supporting their self-attestations to identify inappropriate incentive payments that may have been made after the audit period, (4) educate EPs on proper documentation requirements, (5) recover \$2.3 million in overpayments made to EPs after they switched programs, and (6) employ edits within the National Level Repository system to ensure that an EP does not receive payments under both EHR incentive programs for the same program year. CMS concurred or partially concurred with all of our recommendations.

[Download Complete Report](#)

---

## Providers unlikely to face legal blowback following eClinicalWorks settlement

In the aftermath of the eClinicalWorks settlement, some have wondered whether providers are at risk for subsequent litigation for accepting EHR incentive payments for software that failed to meet certification criteria.

It was a question that struck Joshua Freemire, a healthcare and life sciences attorney with Epstein Becker Green in Baltimore, Maryland. Although federal prosecutors clearly pinned the allegations on the software vendor, theoretically, he said, nothing is stopping the prosecutors from going after providers since they received the actual EHR incentive payments from the federal government.

Last year, the Department of Health and Human Services Office of Inspector General said it will [closely review](#) potentially improper EHR incentive payments.

“There are a lot of providers out there that used eClinicalWorks to attest,” Freemire told FierceHealthcare.

However, it’s unlikely the Department of Justice will pursue providers in the fallout of this case, said Jodi Daniel, a partner at Crowell & Moring, a law firm in the District of Columbia. Daniel is also the former policy director at the Office of the National Coordinator for Health IT (ONC).

[Read more here](#)

---

## You’re Fired! When Doctors Let Patients Go

[Doctors fed up with no-shows; nine out of 10 primary-care practices have dismissed at least one patient in the past two years](#)

It is something nine out of 10 primary-care practices have said to at least one patient in the past two years, albeit more politely. According to research published last month in the journal JAMA Internal Medicine, 67% of nearly 800 practices reported dismissing one to 20 patients over two years while 15% reported dismissing 21 to 50 patients. About 10% reported dismissing no patients over the course of two years and 8% said they dismissed 51 or more patients.

The study was inspired by worries that patient dismissals may rise because some insurers are starting to reimburse doctors for health outcomes rather than services provided. That shift has been in the works, before the Affordable Care Act became law in 2010.

“The good news is in our study we found that no, it did not have an impact,” said Ann O’Malley, the first author on the study and a senior fellow at Mathematica Policy Research, a Princeton, N.J., policy-research organization. “The providers stuck with their patients. They did not seem to be worried that just because they were in this initiative and being measured on some sort of quality metric that they needed to cherry-pick their patients.”

Researchers sent surveys to 794 primary-care offices: 443 of the practices are participating in the federal Comprehensive Primary Care initiative, which is testing an approach to payment and delivery of primary care; 351 were a control group for comparison purposes.

The number of patients dismissed was proportional to the size of the practice, Dr. O'Malley said.

[Read more here](#)

---

## **Virtual Credit Cards: A Chiropractic Convenience or Payors Dipping Into Your Pockets?**

If it appears that insurance payers unleash new rules, regulations, policies and even payment methods so quickly, you are not the only one left with your head spinning and your staff scrambling to keep up.

Over the last several months, we've been getting more questions from chiropractors about an increasingly common payment method health insurers are offering: virtual credit cards. If you haven't experienced the virtual credit card payment offer yet in your chiropractic office, consider yourself fortunate and forewarned. Here's the skinny on this new technique being used by the insurance companies against you and your bottom line.

An increasing number of health insurers are choosing to use virtual credit cards for claims payments to chiropractors instead of sending paper checks or paying via the electronic funds transfer (EFT) standard transaction. On the surface, this solution seems awfully "convenient" simple and perhaps even preferable.

But looks can be deceiving. In reality, virtual credit cards are generally just another way payers are dipping into your pockets to take some more of your money.

[Read more here](#)

---



**Pre-approved for 1 CEU each webinar by AMBA, PAHCOM, PMI and AAPC**

### **► Medicare Termination and Revocation Prevention, Avoiding and Appealing Adverse Actions**

**July 13, 2017 at Noon ET (11am CT, 9am PT)**

As Medicare transitions away from "pay-and-chase," more and more health care providers are finding their company's Medicare number subject to termination or revocation, usually based on one or more recommendations of a Medicare contractor. How can you avoid one of these adverse actions? How should you respond if your number is terminated or revoked? What impact do these actions have on a third-party billing company? Join Attorneys Jennifer Papapanagiotou and Adam Bird as they discuss the

challenges presented if your practice is terminated or revoked from participating in the Medicare program. This webinar is scheduled for 60 minutes with a Q & A session to follow.

[Register for this webinar](#)

---

## Epic sees opportunity in medical billing

Dive Brief:

- EHR giant Epic is quietly moving into the medical billing space.
- A [job description](#) on the company's website says "Epic is seeking bright, motivated individuals to join our new Billing Services team, as we enter the world of medical billing."
- The goal, according to the notice, is to simplify the payment process by helping Epic organizations deal with claims submissions, payment postings, reconciling claims and more.

Dive Insight:

This is big news for Epic, as it has a large share of the EHR market and has been [moving into the smaller provider space](#) with more affordable, slimmed down versions of its All Terrain EHR.

[Read more here](#) And [here](#)

---

## An epic case of medical fraud – and the agent who cracked it (Very interesting!)

This is the story of how a Miami psychiatrist managed to beat the system year after year, but finally met his match in a health-care fraud investigator named Alberico Crespo.

It started with a letter from US Senator Charles Grassley.

In December 2009, the Iowa Republican demanded to know how a Miami psychiatrist was writing more than 96,000 prescriptions for Medicaid patients. It was nearly twice the number of the second highest prescriber in Florida.

The psychiatrist, Dr. Fernando Mendez-Villamil, responded with a tartly worded message of his own. "I never thought I would be faulted for working hard or for being very organized and efficient," he wrote the senator.

Health-care fraud costs the US government and insurance companies some \$100 billion a year in overcharges and other rip offs, according to experts. It is a perpetual drain on the nation's wealth, undercutting the ability to provide quality healthcare to those most in need.

The problem isn't just the growing ranks of crooks in white coats who abuse the US health-care system for self-enrichment. The problem is also that some Americans believe stealing from the government is no big deal.

It has contributed to a lawless atmosphere in which fraud could thrive, and nowhere is the problem more acute than in South Florida.

Even after Dr. Mendez-Villamil was kicked out of Medicaid and barred from Medicare, he continued to operate an elaborate network of bribes, kickbacks, and payoffs that helped hundreds of fake patients fraudulently obtain Social Security disability payments.

Among hard-boiled fraud investigators in Miami, the strange and circuitous case of Dr. Mendez-Villamil stands out as a monument to criminal innovation, brazen defiance, and greed.

This is the story of how a Miami psychiatrist managed to beat the system year after year, but finally met his match in a health-care fraud investigator named Alberico Crespo.

No one knows the story better than the agent who conducted the investigation and stuck with it through seven years of setbacks and surprises. The story, as told by Agent Crespo, offers an inside look at the problem of health-care fraud from the perspective of an agent on the front lines of that battle.

“He was investigated by a number of agencies who were never able to prove anything,” Crespo said in an interview with the Monitor. “I just happened to be relentless enough.”

#### [A case with ‘trouble’ written all over it](#)

For Crespo, the investigation began in mid-2010, a few weeks after he joined the Department of Health and Human Services as a special agent in the Inspector General’s Office. That’s when he was assigned the Mendez-Villamil case.

With the earlier letter from Senator Grassley and keen interest from HHS headquarters, the case of the defiant Miami psychiatrist had “trouble” written all over it. It was the kind of thankless, pain-in-the-neck case that almost always seems to find its way to the new guy’s desk.

But Crespo had an advantage over many other investigators in the Inspector General’s Miami Lakes office. He holds a master’s degree in psychology, so he knew the language and understood the medical concepts.

He also had years of prior law enforcement experience in South Florida as a police officer and as an agent with the Drug Enforcement Administration. According to his colleagues, Crespo has another advantage as well – the personality of a detective. Chief among those traits are patience and perseverance, they say.

At first Crespo focused on the unusually large volume of prescriptions the doctor was writing.

“I go to the doctor’s office and I am seeing just an extraordinary amount of patients,” Crespo says. “I thought they were handing out free items because they were lined up out the door.”

Mendez-Villamil was seeing nearly 60 patients every day, six days a week. He allotted 10 to 15 minutes per patient and was writing 2 to 3 prescriptions for each patient. It amounted to 1,400 to 1,500 patients each month.

At that rate, if he billed the standard \$45 for each patient visit, he would receive between \$63,000 and \$67,000 each month under the Medicaid program. On an annual basis that could be as much as \$800,000 a year in revenue just from patient visit fees.

Mendez-Villamil was a sole practitioner and employed no other medically trained staff. He retained three workers to help with appointments, handle paperwork, and clean the office. So the overhead expenses for his office were relatively low.

But Crespo couldn’t understand how the psychiatrist was able to see so many people day after day and still do things like eat lunch, use the bathroom, and handle emergency patients.



Through a check of pharmaceutical records, Crespo discovered that the doctor was prescribing large amounts of quetiapine, a drug approved to treat psychiatric patients diagnosed with bipolar disorder. It is sold commercially under the name Seroquel.

According to federal agents, there is a well-established black market in quetiapine, with street names including “jailhouse heroin,” and “Susie Q.”

The prescriptions Mendez-Villamil wrote were paid through Medicaid, so it didn’t cost the patients anything. They could then either use the drugs as prescribed, abuse the drugs, or sell them to others on the street.

“It was a free-for-all,” Crespo says.

[Read more here](#)

---

## AMBA Apparel Store

For those of you that have asked us how to get AMBA apparel – well, we now have a new apparel store. You can buy clothes directly from our supplier. BTW, we do not make a dime off any of these items. But we’re really excited that you will be able to get the same great quality we expect for ourselves.

[Go to the store](#)

---

## Congratulations to Members Having Earned Their CMRS During the Month of April 2017

**Earning the CMRS designation for medical billers demonstrates your commitment to ascribing to higher standards. It shows others that you're proficient in medical billing and that you're serious about continuing your education. Have you [GOT CERTIFICATION?](#)**

Anderson	Megan
Austin	Kristen
Booker	Dewonda
Borsos	Bailey
Bray	Susan
Collins	Debra
Collins	Kima
Cooper	Victoria
Cordero	Leah
Coulibaly	Maimouna
Curry	Charlotte

Curry	Joye
DeLamar	Ramona
Delaney	Kimberly
Diaz	Mike
Dumas	Tanilia
Dung-Pelekai	Doreen
Estrada	Marissa
Ferraro	Megan
Flores	Lisa
Frank	Heather
Friedersdorf	Breanna
Gruver	Kelly
Harper-Moler	Rebecca
Herring	Angelica
Holder	Angela
Horton	Charmaine
Howard	LaTonya
Hysell	Shannon
Jenniches	Johanna
Johnson	Meshell
Johnson	Myrna
Jones	Chemile
Kaaihue	Caroline
King	Melanie
Knoll	Emily
Kunego	Bridget
Lacy	Fallyn



## PQRS Wizard

It's not too late to enroll and submit claims to avoid the PQRS Penalty!

It's like Turbo Tax for PQRS

[See a short video here](#)

[Get Started HERE](#)



## Attention AMBA Medical Billers & Coders

### *We offer Medical Billers and Coders E&O Insurance*

to protect your business when a client claims you made an error that caused them to suffer a financial loss.

- » HIPAA Violation Protection
- » Data Breach / Cyber Liability Protection
- » Coverage for claims made by the government
- » Tailored coverage if you are new to the industry
- » Exclusive Discount if you are a Certified Medical Reimbursement Specialist (CMRS)

Call **800-499-7242**

or visit [www.foxpointprg.com/amba](http://www.foxpointprg.com/amba)  
to learn more about this valuable coverage and why it  
needs to be a part of your risk mitigation strategy.

[kathy.hasted@foxpointprg.com](mailto:kathy.hasted@foxpointprg.com)

---

### Quick Links

[AMBA Membership Portal](#)

[AMBA Support Groups](#)

American Medical Billing Association (AMBA) Group

<https://www.facebook.com/groups/AMBABillers/?ref=ts&fref=ts>

Medical Billing Professionals Group (Your profile must show you have more than just an interest in medical billing to be approved)

<https://www.facebook.com/groups/1602937483281749/?ref=ts&fref=ts>

Mental Health Billing Company Owners (Your profile must show you are a billing company owner to be approved)

<https://www.facebook.com/groups/214249338939781/>

HIPAA and OIG Compliance for Medical Billers

<https://www.facebook.com/groups/HIPAAOIGCompliance/?ref=ts&fref=ts>

ERISA Claims and Appeals Group

<https://www.facebook.com/groups/ERISAGroup/>

Medical Billing Company Owners Group (Your profile must show you are a billing company owner to be approved)

<https://www.facebook.com/groups/Medicalbillingcompanyowners>

Insurance Credentialing for Doctors and Non Physician Practitioners

<https://www.facebook.com/groups/Credentialing/>

RCM & Practice Management

<https://www.facebook.com/groups/rcmpm/>

Insurance Payer Atrocities in Medical Billing

<https://www.facebook.com/groups/payeratrocities/>

**AMBA Website** <http://www.ambanet.net/AMBA.htm>

**AMBA CMRS CEU List** <http://www.ambanet.net/ceu.pdf>

**AMBA CEU Submission Form** [http://www.ambanet.net/amba\\_CEU\\_form.htm](http://www.ambanet.net/amba_CEU_form.htm)

**AMBA Bookstore** <http://www.ambanet.net/library.htm>

[AMBA JobWire \(billing & coding job listings\)](#)

[HIPAA Privacy Information](#)

[HIPAA Security Information](#)

[Office of Inspector General \(OIG\)](#)

[Texas Medical Association on Reimbursement \(TexMed\)](#)

<b>RAC Region</b>	<b>Email</b>	<b>Telephone Number</b>
Region A: <a href="#"><u>Diversified Collection Services</u></a>	info@dcsrac.com	1-866-201-0580
Region B: <a href="#"><u>CGI</u></a>	racb@cgi.com	1-877-316-7222
Region C: <a href="#"><u>Connolly, Inc.</u></a>	RACinfo@connollyhealthcare.com	1-866-360-2507

Region D: <a href="#">HealthDataInsights</a>	racinfo@emailhdi.com	Part A: 866-590-5598 Part B: 866-376-2319
--	----------------------	--

[Web Addresses and Phone Numbers to Medicare Part B Offices](#)

[Medicare Fee Schedule Lookup Tool](#)

[Medicare and You 2017](#)

[PQRI](#)

Got a good link you want to share with others? [Email us](#)

---

### Advertisers

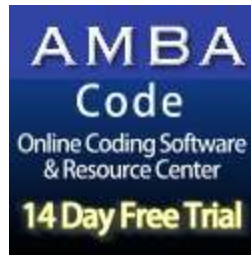


### AMBA Facebook Page Shares Timely Industry Information

Liking our FB page will enable you to receive timely information about billing, EHR, social networking and much more. We're sharing a lot of really good information with hundreds of medical and billing/coding professionals. Our FB page is another place where you can stay informed on what's happening in our industry. And, if you like our page from your business page, we will like your page back. That allows us to keep up with the informative posts you share in our newsfeed.

[SEE US ON FACEBOOK](#)

---



**Coding Software System Online Replaces Code Books. Online CPT, ICD-9, ICD-10, HCPCS, LCDs, Medicare Allowables, Modifier Usage, NCCI, Medicare Manuals and much more!**



**Get a 14 Day FREE Trial at [ambacode.net](http://ambacode.net)**

---

**Experience *Statements Made Easy!***

► **[BillFlash Electronic Patient Statements](#)**

- create professional documents in 5 minutes
- control your mailings with **eApprove**
- improve your service with **eView** online statements
- obtain updated addresses with **NCOAlink**

**[Take a 7 min Billflash Demo](#)**

**Accept Patient Payments Online NOW with BillFlash**

---



## Automated Medical Billing Software "Must See" Solution

---

To advertise in this newsletter, contact [Cyndee Weston](#) or call 580 369-2700

Submit a letter to the editor or an article for inclusion in the newsletter to [cyndeew@brightok.net](mailto:cyndeew@brightok.net). Feel free to send us your comments and or questions. Local Chapter information is welcome and encouraged for free publication.

Know of a webinar, seminar or conference? Send us the info so we can include it here.

The AMBA News & contents are the copyright property of the AMBA. All rights reserved. This is a member's only benefit. © American Medical Billing Association© 2015

American Medical Billing Association  
2465 E. Main St., Davis, OK 73030  
[cyndeew@brightok.net](mailto:cyndeew@brightok.net)  
[www.ambanet.net/AMBA.htm](http://www.ambanet.net/AMBA.htm)