TMA launches Patients’ Right to Know

The Texas Medical Association (TMA) launched Patients’ Right to Know outreach campaign at the Capitol on March 27. The goal of the campaign is to engage patients in the effort to pass legislation that would reform health care.

“We believe our patients have the right to know what’s covered in their insurance,” said TMA President Dr. Josie Williams.

Physicians can receive posters, prescription pads and bumper stickers to display in their offices to help inform and engage their patients in the effort by going to the campaign Web site, www.MeAndMyDoctor.com. Also, on the Web site, there is information on writing legislators.

Several state lawmakers have introduced important legislation that will ensure that patients have the right to accurate and current information in order to make good health care decisions.

The first piece of legislation to bring needed improvements to the health insurance industry is TMA’s Health Insurance Code of Conduct Act of 2009. The measure was filed by Sen. Kip Averitt (R-Waco) and Rep. Craig Eiland (D-Galveston) in the Senate and House as Senate Bill 1257 and House Bill 2750, respectively. TMA’s Health Insurance Code of Conduct Act of 2009 would:

- Require health plans to receive input from an outside party before they could cancel the insurance of a very ill or injured patient who starts to run up high medical bills;
- Prevent health plans from increasing the cost of insurance for no reason;
- Help patients and employers determine how much of their money the insurance companies actually spend on health care vs. advertising, big bonuses or profits;
- Prevent health plans from selling physicians’ contracts without their knowledge; and
- Prevent health insurance companies from using insurance claims as their basis for rating physicians.

Health Insurance “Soup Can Label” Bill

For many people, understanding which insurance to buy is difficult. What if patients could compare two different health plans as easily as they can compare the calories in two different cans of soup?

TMA’s health insurance label plan, SB 815 filed by Sen. Kirk Watson (D-Austin) and HB 1932 by Rep. Senfronia Thompson (D-Houston), would require a standardized format for health plan marketing materials that allows an “apples-to-apples” comparison of health insurance coverage.

For more information on these and other legislative bills, go to www.texmed.org.

Last First Tuesdays Event Coming Up

May 5 is your last chance to take part in the First Tuesdays at the Capitol program during the 2009 legislative session. April’s First Tuesdays at the Capitol brought more than 400 TMA physicians and medical students to Austin – the largest attendance ever. Representing Nueces County Medical Society were: Dr. Jerry Hunsaker, Dr. Pamela Hall, Dr. Lalitha Janaki, Dr. John Bishop, Dr. Bruna Callegari-Puente, Dr. Albert Gest, Keely Hunsaker, Bridget McKeever, Winifred Bishop, Yolanda Villarreal, and Paulette Shaw.

Sponsored by TMA, the TMA Alliance, and the Texas Medical Association Political Action Committee, the First Tuesdays program allows physicians, medical students, and alliance members to become lobbyists for a day. Participants don their white coats and show up en masse at the Capitol to lobby for key issues affecting patients and their physicians.

For information about First Tuesdays at the Capitol, call TMA at (800) 880-1300, ext. 1361, or (512) 370-1361.
“Red Flag Rules” begin May 1

The Federal Trade Commission says physicians who regularly bill their patients for services, including billing for copays and coinsurance, are creditors and must develop and implement written identity theft prevention programs for their practices by May 1, 2009. The programs must identify and respond to patterns, practices, or specific activities – known as “red flags” – that could indicate identity theft. Failure to comply could result in penalties of up to $2,500 per “knowing violation.”

The rules are not a “one-size-fits-all” standard. In fact, they say an identity theft prevention program must be “appropriate to the size and complexity of the [office] and the nature and scope of its activities.” All compliance programs, however, must address plans to:

- Identify red flags that may come across in day-to-day operations;
- Detect red flags that are identified;
- Respond appropriately when a red flag is detected; and
- Reevaluate the program to reflect new risks and necessary modifications.

In addition to documenting policies and procedures, practices also must incorporate the compliance program into daily business operations – much like Health Insurance Portability and Accountability Act (HIPAA) compliance. The program must be approved by the organization’s board of directors (or senior leadership), with designation of a compliance officer. And, because employees play such an important role in preventing and detecting identity theft, the program also must include staff training.

TMA has developed sample policies and procedures to help members develop their own identity theft compliance plans. Although they are a good place to start, individual practices may need to revise them to reflect the scope of their activities. Also, it is important to note that these policies and procedures are specific to the rules and do not reflect HIPAA compliance practices. To fully comply with the rules, a practice will need both identity theft and HIPAA policies and procedures to dictate privacy and security practices generally.

Additional resources on the rules are available on the TMA and American Medical Association Web sites.

Source: Action, April 15, 2009

Kudos to NCMS leaders participating at the state level

Several NCMS physicians have been tapped for participation at the state level. Jerry Hunsaker, MD, testified at a House committee hearing in support of House Bill 4385 by Rep. Allen Vaught (D-Dallas). TMA strongly supports this measure because it would criminalize the intentional misuse of databases by health plans to either lower their part of the payment or deny payment for a patient’s care. Dr. Hunsaker told House Criminal Jurisprudence Committee members that HB 4385 provides protections to Texas patients. It will ensure that patients are not paying any more than necessary for their care and that their out-of-network claims are settled fairly.

Mary Dale Peterson, MD, represented TMA at a news conference, along with legislators and business leaders, to urge state lawmakers to support 12-months’ continuous Medicaid coverage for eligible Texas children. She told the media that 12-months’ continuous coverage is one of the most important initiatives Texas could enact to insure more children. Other speakers included Sens. Eliot Shapleigh (D-El Paso) and Judith Zaffirini (D-Laredo), and Reps. Garnet Coleman (D-Houston), Dawnna Dukes (D-Austin), Marisa Marquez (D-El Paso), Armando (Mando) Martinez (D-Weslaco), and Sylvester Turner (D-Houston). Each of these legislators has filed bills to improve Medicaid coverage.

In addition, Wes Stafford, MD, has been appointed to the TEXPAC Board of Directors and Jack Cortese, MD, has been appointed to the TMAIT Board of Directors. They all deserve a pat on the back and our heartfelt thanks for volunteering their time and expertise.

“Save The Date” – August 1, 2009

44th Annual Health Fair
sponsored by
Nueces County Medical Society
Nueces County Medical Alliance
American Bank Center Exhibit Hall
Call Susan at 884-5442 for more information.

Legal Action

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<th>Plaintiff</th>
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<tr>
<td>Lorraine Cox</td>
<td>M. Halbardier</td>
<td>James Klager</td>
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<td>Onelia Longoria</td>
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This information is obtained from the Coastal Bend Daily Legal & Business news. The Nueces County Medical Society does not guarantee the accuracy of the information.
TMA Seminars

Practice Management, Ext. 1421

TMA’s Learn @ Lunch Audio Seminars:
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5/12
Employee Recruitment
Interview Process
Importance of Job Descriptions
Off-limit Questions – What Can I Ask?

6/2
Retention Strategies
Performance Evaluations
Significance of Employee Benefits
Cost of Retention

7/7
Discipline and Release
When and How to Deliver a Disciplinary Notice
When the Discipline Process Reaches Termination
Questions You Must Always Ask When Considering Termination
Payment Upon Termination – Texas Pay Day Law

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Austin, Texas

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Paul Taylor, Accounting Supervisor
Wanda Wright, Business Office Supervisor
KSF Orthopaedic Center, Houston, Texas

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Derrick Parker, Administrator
Children’s Physician Services of South Texas
An affiliate of Driscoll Children’s Hospital

(800) 227- 4594 (in Texas) www.jcassociates.org
Watch out! The Legislature is in session

The State Legislature is in session. Watch out! This is the time when many organizations are lobbying to change the rules we live by and not always for the better.

Texas Medical Association (TMA) and Nueces County Medical Society (NCMS) are watching all the health care related bills—more than 2,000—and aggressively working to promote the good ones and ensure bad ones don’t become law. Fortunately, there is strength in numbers. By TMA having a large member base, the legislature does listen to us. Here’s some of what we are working on:

**Insurance Reform:** TMA has launched an insurance reform campaign, called the Patients’ Right to Know (see Page 1 article). We are working toward having legislation passed that gives patients accurate information on co-pays, out-of-pocket deductibles, and health plan networks so they can make informed decisions. The campaign includes a Web site, www.MeAndMyDoctor.com, where patients can write their legislators in support of health insurance reform bills. Posters, prescription pads and bumper stickers are available for display in your office to inform and engage your patients in the effort.

**Expanding Children’s Health Insurance:** We are working hard to have more children enrolled in Medicaid and the Children’s Health Insurance Program (CHIP). Currently, more than 700,000 children are eligible but not enrolled in either program. We support enacting 12-months of continuous coverage in Children’s Medicaid, establishing a CHIP buy-in for families, and simplifying and streamlining the programs’ eligibility system so it better serves families and taxpayers. We also are working to increase physician reimbursement rates for Medicaid and CHIP.

**Prescription for a Healthy Texas:** We are asking legislators to enact a statewide workplace smoking ban, fund cancer prevention and detection, improve Texas’ immunization rates, and fund education for schoolchildren on the importance of proper nutrition and physical activity.

**Adequately Fund Texas’ Physician Loan Repayment Program:** This program has been one of the most successful models to address the state’s physician shortage. However, additional funding is needed to restore the program so it can be a valuable tool in recruiting physicians to underserved areas of the state.

**Fund Graduate Medical Education (GME):** Texas needs more GME slots to train the number of physicians required to care for our rapidly growing population and reverse our overdependence on other states and countries. Forcing graduates to leave the state for residency training is a bad fiscal policy. Physicians often stay where they do their residencies. TMA calls on legislators to fund medical school expansions and GME slots.

**Protecting the Physician-Patient Relationship:** We continue to protect the ban on the corporate practice of medicine. Under current law, hospitals only can hire physicians through non-profit organizations whose boards are controlled by practicing physicians. Hospitals would like to hire directly. We feel that maintaining the physician’s independent medical judgment is critical to the physician-patient relationship.

**Scope of Practice:** There are many non-physician practitioners who want to practice as physicians but don’t want to go to medical school. We are working hard to protect patients and assure quality by advocating for proper education and training for all health professionals according to their clinical responsibilities.

**Medical Liability:** We made great strides when tort reform, Proposition 12, passed in 2003. Since then, medical liability premiums have decreased by at least 25 percent and many more physicians are practicing in Texas. Currently, attorneys are trying to whittle away the tort reforms. We will continue to fight to protect the strides we have made.

These are just a few examples of health care bills we are watching and working on. Please keep yourself educated on the many issues and be prepared to take action.

To receive information on the legislation session, sign up for TMA’s legislative updates. We need you to be involved in the process. Email, call or write your legislature when asked. Go visit your legislature during TMA’s First Tuesday at the Capitol. You know what’s right for your patients. Make sure your voice is heard.

Source: HCMS

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*You won’t regret it!

Don’t miss the “Celebrity Waiter 2009” fundraiser for South Texas Lighthouse for the Blind on May 8th. NCMS Executive Director, Paulette Shaw, will be representing NCMS.

Call Sherry Bowers at 361-883-6553, ext 113 for information and tickets.

Survey About Pediatric Consultations and Referrals
The Texas Health and Human Services Commission (HHSC) has contracted with Health Management Associates (HMA) to conduct this survey to understand problems pediatric providers face. This effort is part of the state’s initiative to improve access to specialty and subspecialty care for the pediatric Medicaid population. To access the survey, providers will need to have their medical license number available.


Ask the Doctor
NCMS needs volunteers for the “Ask the Doctor” July Series on KIII-TV and the Health Fair on August 1.

For more information or to suggest a topic,
call Susan at 884-5442 or email: sdcf@nuecesmedsinstitute.org
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MEDICAID CORNER

Medicaid sponsors loan repayment program

If you are a physician still paying back medical school loans, this article may interest you.

Medicaid has introduced a physician loan repayment program to assist physicians in paying back student loans. As part of the criteria to receive the payment, you must see a certain number of Medicaid patients over the four-year loan program period. The state initiated this program to enhance accessibility to Medicaid participating physicians. The loan repayment program is open to those physicians who already participate in the Medicaid program, as well as new participants.

Applications are due by June 1. The Health and Human Services Commission (HHSC) will select applicants by mid July. Source: Texas Department of State Health Services

Medicaid rates changing

Effective for dates of services on or after April 1, 2009, reimbursement rates for some medical services, surgical interpretation, and total component are going to change. The list of the new reimbursement rates is located at the Texas Medicaid Healthcare Partnership (TMHP) Web site home page, www.tmhp.com.

Additionally, on April 1, Medicaid reimbursement rates will change for physician-administered drugs and biologicals. Source: TMHP

Local Newsmakers

Drs. Jack Cortese, Jerry Hunsaker, Mary Dale Peterson, and Wesley Stafford have been appointed to Boards or testified at the state level. See story on page 2 for details.

Dr. Albert L. Gest has been appointed to the NCMS Executive Board.

Dr. Lalitha Janaki was honored with a bill (HR 1157) congratulating her on being named a Fellow of the American College of Radiology. The bill was authored by Representative Todd Hunter of Corpus Christi.
TMA Backs Rescinding ‘Conscience’ Rule

TMA, AMA, and state medical societies across the country support the Obama administration’s plan to rescind a federal rule that prohibits recipients of federal funds from forcing physicians and other health care professionals to participate in actions they find religiously or morally objectionable.

In a letter to Acting Health and Human Services (HHS) Administrator Charles E. Johnson, the groups said the Conscience Rights of Health Care Providers regulation, adopted by the Bush administration in December, is unnecessary and could have far-reaching implications. They said it “could undermine patients’ access to vital medical care and information, impede advances in biomedical research, and create confusion and uncertainty among physicians, other health care professionals, and health care institutions about their legal and ethical obligations to treat patients.”

They wrote that they support “strong conscience protections” for physicians, residents, and medical students and other health professionals, especially when it comes to abortion. No physician, hospital, or hospital employee should be required to perform an act that violates good medical judgment or personally held moral principles. “However, while we support the legitimate conscience rights of individual health care professionals, the exercise of these rights must be balanced against the fundamental obligations of the medical profession and physicians’ paramount responsibility and commitment to serving the needs of their patients. As advocates for our patients, we strongly support patients’ access to comprehensive reproductive health care and freedom of communication between physicians and their patients, and oppose government interference in the practice of medicine or the use of health care funding mechanisms to deny established and accepted medical care to any segment of the population.”

Other points in the letter include:

- Abortion education should be encouraged “so medical students receive a satisfactory knowledge of the medical, ethical, legal, and psychological principles associated with termination of pregnancy …” The letter adds that “the observation of, attendance at, or any direct or indirect participation in abortion should not be required.” Resident training should include “specific educational standards for the knowledge and skills associated with pregnancy termination that allow an exclusion for individuals or residency programs with religious/moral objections or legal restrictions.”
- Several provisions and definitions in the rule “are ambiguous, overly broad, and could lead to differing interpretations causing unnecessary confusion among health care institutions and professionals, thereby potentially impeding patients’ access to needed health care services and information.” The rule, for example, defines “health service program” as “any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded, in whole or in part” by HHS. “This definition inappropriately expands the scope of the conscience provisions beyond family planning and abortion services to include virtually any medical treatment or service, or biomedical and behavioral research,” the letter says.
- The rule does not address how conscience rights of individuals and institutions apply in emergencies.

Source: Action, April 15, 2009

ACLS Renewal & Provider Courses

The Nueces County Medical Education Foundation will sponsor ACLS Provider/Renewal Courses on Friday and Saturday, May 29 & 30, 2009, from 8:00 a.m. to 4:00 p.m. The courses will be held at CHRISTUS Spohn Corpus Christi Memorial Hospital. Check-in begins at 7:30 a.m.

The Provider course is a full Friday and half day on Saturday; fees are $250.00 for physicians and dentists and $200.00 for residents. Registration fee covers the updated AHA/ACLS Provider Manual, study materials, continental breakfast and lunch. The Nueces County Medical Education Foundation is accredited by TMA to sponsor CME for physicians and designates this activity as meeting the criteria for 16 credit hours in Category 1 of the PRA of the AMA.

The Renewal course is a full day on Saturday; fee is $175.00. Registration fee covers the updated AHA/ACLS Provider Manual, study materials, refreshments, continental breakfast and lunch. Attendees must present a current ACLS card at the door for verification upon check-in. The Nueces County Medical Foundation is accredited by TMA to sponsor CME for physicians and designates this activity as meeting the criteria for 8 credit hours in Category 1 of the PRA of the AMA.

For information, contact Mary Moreno at 902-4467 or Email: m.moreno@christushealth.org.

May Calendar

| Monday 5/4 | Melanoma Monday |
| Monday 5/4 | ‘Coffee with MOM’ |
| 9:30 am | First United Methodist Church |
| Tuesday 5/5 | First Tuesday at the Capitol & Cinco de Mayo |
| Thursday 5/7 | National Day of Prayer |
| Sunday 5/10 | Mother’s Day |
| Monday 5/11 | Executive Board Meeting 6:00 pm |
| Saturday 5/16 | Armed Forces Day, NCMS Offices Closed |
| Monday 5/19 | Memorial Day |
| Friday 5/29 | Shavout |
| Sunday 5/31 | World No Tobacco Day |
Three data elements needed for communication

Effective April 6, 2009, Centers for Medicare & Medicaid Services (CMS) will require physicians to provide the following three data elements for authentication when calling either the Interactive Voice Response (IVR) system or a customer service representative:

- The provider’s National Provider Identifier (NPI);
- The provider’s Provider Transaction Access Number (PTAN); and
- The last five digits of the provider’s Tax Identification Number (TIN).

**Note:** Physicians will be allowed only three attempts to correctly provide the NPI, PTAN and last five digits of their TIN.

The exception to this requirement is written inquiries received on the physician’s official letterhead (including e-mails with an attachment on letterhead). In this case, physician authentication will be met if the physician’s name and address are included on the letterhead to clearly establish the physician’s identity. Therefore, the physician’s practice location and name on the letterhead must match the contractor’s file for this provider. In addition, the letterhead on the letter or e-mail needs to match the NPI, the PTAN, or last five digits of the TIN. Medicare contractors will ask you for additional information, if necessary.


Source: TrailBlazer Health

Medicare effective billing date change

Starting April 1, 2009, Medicare will implement its new rule for establishing an effective billing date for physicians.

The rule establishes the effective billing date as the later of:

- The date of filing of a Medicare enrollment application that was subsequently approved by TrailBlazer or other Medicare contractor, or
- The date an enrolled physician first started furnishing services at a new practice location.

In addition, enrollees, who meet all program requirements may bill retrospectively for services furnished:

- Up to 30 days prior to the effective date, and
- Up to 90 days prior to the effective date if President Obama has declared an emergency under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

**Examples:**
1. Dr. Smith completed residency and joined a small practice. He began seeing Medicare patients on May 1. On May 25, he filed his Medicare enrollment application by mail. May 25 is his effective billing date. Although Dr. Smith’s Medicare enrollment application was not approved until six weeks later, he can bill Medicare retrospectively for the services he provided starting May 1 because they are within 30 days of his effective billing date.
2. Dr. Thompson, formerly a partner in a group practice, has been enrolled in Medicare for 10 years and has just opened a solo practice. She reported her change of status and location to Medicare via the online PECOS system on June 15, a week before she moved into her new office. On June 22, she opened her new practice and began seeing Medicare patients that same day. June 22 is her effective billing date. Three days later, she was notified that Medicare had approved her enrollment changes. Dr. Thompson can bill Medicare for the services she provided in her new practice starting June 22.

Source: TMA Practice E-tips

**Calling all Shutterbugs and Writers…**

Have you taken “cover-worthy” photos, written any articles, stories, poems? We want to showcase the talent of the NCMS members on the cover and in the pages of the Coastal Bend Magazine. Photos or written material can be submitted electronically to: sdavis@nuecesmedsociety.org.

Please call Susan at 361-884-5442 with any questions.

Metro Ministries needs physician volunteers to help out at the Dr. James Gabbard Memorial Health Clinic, 1919 Leopard Street. The primary care medical clinic is held Tuesdays and Thursdays at 5PM.

Call 887-0151 for more information on this worthwhile project.
Executive Board Actions

At its April 13<sup>th</sup> meeting, the Executive Board took the following action:

⇒ It was agreed that staff would fax the Delegates and Alternates to determine who will be attending the upcoming TexMed meeting.

⇒ It was agreed to host a luncheon for Dr. Lou Goodman, TMA Executive Vice President/CEO during visit to Corpus Christi hospitals.

⇒ It was agreed to table discussion regarding First Tuesday at the Capitol expenses.

⇒ It was agreed to encourage individual contributions to assist Miller High School student to attend National Youth Leadership Forum on Medicine in Houston.

⇒ It was agreed to provide layout service for Fort Bend County Medical Society newsletter at a rate of $35/hour.

⇒ It was agreed to investigate cost of flood insurance for NCMS building with a $25,000 deductible.

⇒ Humberto F. Bruschetta, MD, Endocrinology, Barry J. Karas, MD, Cardiovascular/Electrophysiology, Marcella T. Mascher-Denen, MD, Pediatrics, Bonnie B. Strain, MD, Anesthesiology, and Samer Suleiman, MD, Radiology, were approved for Active Membership.

⇒ Judith K. Herbert Mullins, MD, Pediatric Hematology/Oncology, was approved for Retired Membership.

⇒ Paul Kenneth Ayars, MD, Ophthalmology, was approved for Life Membership.

Are You Challenged by Overhead Costs?

If your medical practice is like many today, rising overhead costs, along with falling revenues, are eroding your bottom line. It may be time to take a hard look at your practice’s efficiency, expenses, and cost structure. TMA Practice Consulting can help you take full advantage of every opportunity to leverage your time and resources by conducting an operations assessment.

Overhead analysis is a key component of an operations assessment. Is your cost of overhead as a percentage of collections going up or down? How does it compare with national norms? As part of their assessment, TMA consultants will evaluate these areas, comparing expenses over time and against standard benchmarks. They will examine individual cost categories and look for ways to streamline your operations.

The biggest expense category in most medical practices today is nonphysician payroll and staffing. Are your staffing levels right for your office? An understaffed office can lose money through inefficiency, while an overstaffed office sometimes lacks productivity.

TMA consultants will spend one to two days evaluating your practice operations through personal interviews and financial analyses. After they compile their findings, they will recommend ways to improve your operations.

Call TMA Practice Consulting at (800) 523-8776 or e-mail TMA Practice Consulting at practice.consulting@texmed.org.
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