



The Company

Medicom, Inc. is a consulting firm offering revenue cycle recovery services to healthcare providers. We emphasize direct personal service, ensuring that hospitals qualify for and optimize their collections using the highest standards of technical and creative innovation. Our time tested strategies are based on over 25 years of direct experience, expertise and proven results. The Company focuses on delivering the best value for its clients using a comprehensive approach, combining high level patient data analysis, in-depth regulatory knowledge, and resourceful collaborative solutions.

Our Mission

Medicom's mission is to stay focused and attentive to the hospital's immediate revenue enhancement needs, assisting them both technically and administratively **with a high degree of efficiency, quality and enthusiasm at a competitively lower rate.**

Company Founder

Zev Weinstein is the Founder and CEO of Medicom, Inc. A licensed CPA and HFMA member, he served as Director of Data Analytics and Program Development for Blumberg Ribner, Inc for over 20 years. He helped transform the company into a nationwide cutting edge technological innovator within the healthcare reimbursement industry. He previously served as a Financial Auditor for KPMG and Pension Auditor for NKS in Los Angeles.

Zev designed, engineered and implemented key system integration components for hospitals across the US. He programmed and launched successful strategies addressing the Medicare Disproportionate Share program (DSH) shortly following the landmark CMS Ruling 97-2, during which time he actively participated as beta tester for the states of NY and CA for their Medicaid eligibility matching and Aid Category reporting requirements. He automated the processing of Medicare and State Assistance data, as well as Supplemental Security Income (SSI) data in compliance with government audit standards, resulting in an overall 99% audit acceptance rate. Additionally, he has served as expert witness and provided litigation and regulatory claims support services.



The success of these programs has yielded over \$840 Million in additional revenue recoveries to date, encompassing over 290 hospitals throughout 36 different state MMIS regions, representing over 2,100 distinct cost report years filed, re-opened and or appealed.

Following several years of healthcare reimbursement consulting and processing experience across the US, Zev came to realize a clear pattern emerging in the hospital reimbursement consulting field: Plenty of marketers, managers and partners, but too few hands-on producers who can simply cut to the chase with proficiency. Medicom was therefore launched with the purpose of delivering a straight-forward and unique approach to **completing jobs quickly and accurately in the most cost effective manner possible.**

SERVICES OFFERED

- ✓ Medicare DSH
- ✓ Worksheet S-10 Uncompensated Care reporting
- ✓ SSI, Dual Eligible & Part C
- ✓ State DSH
- ✓ 340B Drug Pricing Program
- ✓ EDI Direct Processing
- ✓ Title 18 & 19 Retrospective Claim Billings
- ✓ Cost Report Review & Assistance
- ✓ Litigation Support & Expert Testimony

Why us?

MEDICOM



THE COMPETITION

Hands on Expertise

- ◆ 25+ years of financial, data, regulatory & reimbursement expertise personally available at all times.
- ◆ **We will not over-book clients at the expense of product quality and loss of job-specific focus.**

- ◇ Firms often over-book their clients, whereas direct hands on focus and attention from the consultant's true *experts* tends to spread thin.
- ◇ Client is more likely to be relegated to lower support staff for their immediate needs.

Focus on Pricing

- ◆ Technical precision & regulatory knowledge are extremely important components; but coupled with substantially lower consulting fees creates an attractive option for cash-strapped hospitals.
- ◆ We focus our skills & resources on what's essential and practical, avoiding unnecessary overhead and ineffective service pitches.
- ◆ **Uniquely streamlined infrastructure allows for more flexible and favorable 30% - 50% lower pricing, while strictly maintaining superior product support, quicker turnaround times, and more value.**

- ◇ Firms with overly aggressive marketing or social media teams justify more "product offerings" and in turn, **more unnecessary client billing.**
- ◇ Many consultants host phone conferences or webinars to present technical or regulatory topics in overly complex ways meant to impress.
- ◇ Current issues with otherwise straight forward solutions are left as "cliff hangers", designed to misguide participants toward concern or panic.

Just the Results

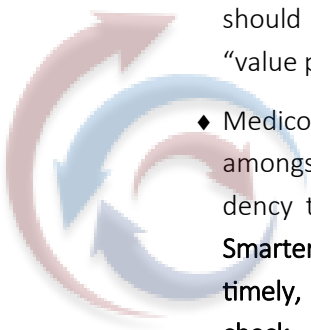
- ◆ Expert systems do exist; we've spent years successfully compiling such modules. However, there are no magic "turnkey" solutions that handle 100% of the inevitable data anomalies that occur, or ever evolving hospital-specific issues at any given moment.
- ◆ Revenue recovery processing can and should be automated for cost-effectiveness, to augment processing speed, reduce redundancy, formatting, ID optimization, cross-breed separate data sets, etc.
- ◆ Medicom ultimately differs at the personal review and decision-making levels. **Our analysis regularly identifies recovery opportunities previously overlooked by a competitor's "intelligent software".**

- ◇ Several consulting firms market super intelligent "software" or trademarked "systems", promising to automate the entire revenue cycle with minimal human intervention required.
- ◇ Online SaaS "Do-It-Yourself" services are marketed, where in reality, the hospital's internal staff dedicates more time inputting, analyzing and re-inputting the product, rather than having just one outside expert take it entirely off their hands with substantially improved results.
- ◇ Expert processing methodologies boast "proprietary algorithms" and "mathematical permutations" hitherto never used elsewhere.

Value

- ◆ In reality, with minor additional effort, products should be combined into common categories as "value packages", fitting the client's broader needs.
- ◆ Medicom identifies overlapping data elements amongst various cost centers, eliminating the tendency to create unnecessary work effort & billing. **Smarter overlapping of similar services keeps output timely, relevant & useful, and overall pricing stays in check - at reasonable and justifiable levels.**

- ◇ Firms often give the impression that they offer a large variety of distinct products, and then charge for each accordingly.



Description of Services

Medicare DSH: Inpatient Eligibility and claims data optimization; fully document and support claims in compliance with CMS audit standards, including government agency eligibility verifications, managed care and out of state assistance.

Worksheet S-10 Uncompensated Care: Includes a thorough review of all Medicaid, General Assistance, and Charity Care components in accordance with the latest available reporting instruction and guidelines; the hospital's Charity Care Policy manual will be reviewed to ensure proper inclusion of uninsured or underinsured public indigent enrolled candidates. With the S-10 advisory service, it's all about staying ahead of the curve and being ready for any forthcoming regulatory changes *before* they happen.

SSI, Dual Eligible and Part C: Identify days related to the Medicaid and SSI percentage utilized in the DSH and UCP calculation; produce estimates for C/R protest items; determine zero-risk SSI realignments from Federal to cost report fiscal year requests, identify and appeal dual eligible days for inclusion in DSH.

State DSH: Optimize the hospital's State DSH Survey totals related to the hospital-specific DSH limit, to help preserve their DSH Uncompensated Care Payment. Specifically, we assist in optimizing the inpatient and outpatient Medicaid eligible and Medicare Dual Eligible portions of data for days, charges and payments as required for entry into the DSH Survey forms.

340B Drug Pricing Program: Ensures that the hospital's minimum required statutory ratios stay securely in place year to year for program qualification.

EDI Direct: Agency connectivity and X12 file translations are done in-house for eligibility (270/271) and Electronic Remittance Advise (ERA/835) analysis; Medicom is itself a certified clearing house vendor, saving time and expense by not having to rely on other 3rd party data vendors.

Title 18 and 19 Retrospective Claim Billings: Timely rebilling and recovery of Medicaid/Medicare unpaid or partially paid accounts, based on retrospective enrollments, entitlement adjustments, updated and/or optimized provider data.

Cost Report Filings, Re-openings & Appeals: Assist in all phases of C/R cycle: Initial filings, protest items, re-openings and appeals with the Medicare Administrative Contractor and/or PRRB, support for regulatory and agency litigation challenges.

MEDICOM

**Is your hospital
paying high
consulting fees?**

Medicom is
streamlined to
offer discounted
pricing for more
direct, effective
and customized
service.


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