



2014



Our Team

Kim Welch

President

Kimbwelch@sbcglobal.net

Jennifer Brown

Director of Administrative Services

Jennifer_ims@att.net

Mary Lopez

Office Manager

Maria_IMS@att.net

Sissy Nicholson

Senior Acct Manager/Contract

Specialist Sissy_ims@att.net

Stephanie Finch

Account Rep & Collection Manager

Stephanie_ims@att.net

Julie Fillner

Senior Account and Inventory

Manager Julie_ims@att.net

Catherine Van Lew

Account Manager

Catherine_ims@att.net

Lorena Cendejas

Account Representative

Lorena_ims@att.net

Tina Fateley

Account Representative

Tina_ims@att.net

Jacqueline Larry

Billing and Collections Specialist

Jacqueline_ims@att.net

Mary Albright

Billing & Collections Rep

MaryAlbright_ims@att.net

Vee Cokes

Billing Specialist

VCokes_ims@att.net

Samantha Irby

Account Manager

Samantha_ims@att.net

Rylie Sawthon

Administrative Assistant

Rylie_ims@att.net



In this Issue:


October

- Sales Corner
- ICD-10 Update
- New Medicare Signature Requirement's
- New Products
- Origin of Trick-Or-Treat

Welcome

Samantha Irby to the
IMS Experts Team!

THE SECRET'S OUT

 **IMS Experts is opening a
storefront, retail site for medical
products and supplies**

Grand Opening on or before Nov 3, 2014

Sales Corner



Robert Louis Stevenson said, “We all sell something a product, an idea or a service.” When you think about it, every profession is dependent on communication skills.

The best lawyer doesn’t know the most about the law. They communicate the best to the judge, jury and opposing counsel. The best Preacher, Priest or Rabi doesn’t know the most about the Bible or Torah, they communicate it the best to the congregation. The best teacher doesn’t necessarily know the most about their subject but they communicate it the best to their students.

This is my point, no matter what we do our communication skills, to some extent determine our success. I have no idea what grades my doctor made or whether he “passed” the state licensing requirements by one point. I go because he communicates effectively with me. I trust him. Trust is a key element of communication/ sales.

Yet what do most of us, even those of us in sales, think about the word “salesman”? We think pushy, high pressure, con man, Charlatan, cheat, dishonest, crooked, twist your arm, make you buy, say anything to get the sale, good golfer.

Now we in sales have to recognize this stereotype. We have to embrace that on a sales call we are “sub-human” until we gain enough trust to be promoted to “human”. So like other successful professionals, how do we learn to communicate? “You can trust me. I won’t lie to you. I have your best interests at heart.”

You should start with the frame of mind that “I am here to serve you”. In the first meeting with a prospect, if you can focus on the prospect and not yourself, you’ve come a long way towards success in sales. The mindset of “I am here to serve” does two things.

First, it eliminates the unspoken, non-verbal signal we send when we’re there to “make the sale”. Potential customers can see the dollar signs in your eyes. Remember, 60% of what you communicate is non-verbal and when your focus is on your needs first, you send that signal and your customer picks up on it.

Second, if your mindset is to serve, you accomplish a major step in making the sale; that of finding or creating a need. If you’re there to help, you will find it much easier to explain how your product meets a specific need you’ve uncovered. Remember, nobody buys to help you win a sales contest. They buy to meet a want or need of their own.



Deadline for ICD-10 Allows Health Care Industry Ample Time to Prepare For Change

The U.S. Department of Health and Human Services (HHS) has issued a rule finalizing **Oct. 1, 2015** as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10. This new deadline gives providers, insurance companies, and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on **Oct. 1, 2015**.

ICD-10 represents a significant change that impacts the entire health care community. As such, much of the industry has already invested resources toward the implementation of ICD-10. CMS has implemented a comprehensive testing approach, including end-to-end testing in 2015, to help ensure providers are ready. While many providers, including physicians, hospitals, and health plans, have completed the necessary system changes to transition to ICD-10, the time offered by Congress and this rule ensure all providers are ready.

For additional information about ICD-10, please visit: <http://www.cms.gov/ICD10>



New Medicare Signature Requirements:

Medicare requires that services provided/ordered be authenticated by the author. The signature for each entry must be legible and should include the practitioner's first and last name. For clarification purposes, we recommend you include your applicable credentials (e.g., P.A., D.O., or M.D.).

The purpose of a rendering/treating/ordering practitioner's signature in patients' medical records, operative reports, orders, test findings, etc., is to demonstrate that services submitted to Medicare have been accurately and fully documented, reviewed and authenticated. Furthermore, it confirms the provider has certified the medical necessity and reasonableness for the service(s) submitted to the Medicare program for payment consideration.

Acceptable Written Signatures:

- Legible full signature
- Legible first initial and last name
- Illegible signature over a typed or printed name
- Illegible signature where the letterhead, addressograph or other information on the page indicates the identity of the signature. Example: An illegible signature appears on a prescription. The letterhead of the prescription lists three physicians' names. One of the names is circled.
- Illegible signature not over a typed/printed name and not on letterhead, but the submitted documentation is accompanied by: 1) a signature log, or 2) an attestation statement
- Initials over a typed or printed name
- Initials not over a typed/printed name but accompanied by: 1) a signature log, or 2) an attestation statement
- Unsigned handwritten note where other entries on the same page in the same handwriting are signed

Unacceptable Signatures:

- Signature 'stamps' alone in medical records are not recognized as valid authentication for Medicare signature purposes and may result in payment denials by Medicare
- Reports or any records that are dictated and/or transcribed, but do not include valid signatures 'finalizing and approving' the documents are not acceptable for reimbursement purposes. Corresponding claims for these services will be denied.
- Illegible signature not over a typed/printed name and not on letterhead and the documentation is unaccompanied by: 1) a signature log or 2) an attestation statement
- Initials not over a typed/printed name unaccompanied by: 1) a signature log or 2) an attestation statement
- Unsigned typed note with provider's typed name
- Unsigned typed note without provider's typed/printed name
- Unsigned handwritten note, the only entry on the page

ALL IMS SALES REPS AND AGENTS MUST UTILIZE THE IMS EXPERTS RX FOR ALL SALES ORDERS

IMS Experts Product's Feature

0A single upright KNEE BRACE

FEATURES & BENEFITS

- Exceptionally light weight, low profile, and easy to use design.
- Unique varus/valgus angle adjustment to provide compartmental off-loading and optimize pain relief.
- Lateral application avoids tibial crest pressure and medial clearance issues.
- Maximized 3 points of leverage for medial compartment.
- 4 SKUs promotes inventory reduction and minimal stocking levels.
- Interchangeable condyle pads for increased comfort, stability and pain control.
- Quick release buckles for easy donning and doffing.
- Silicone gripped liners and strap pads to help prevent migration.
- Optional suspension wrap (included) for optimal fixation.
- Optional flexion/extension stops for range of motion control.



INDICATIONS: Mild to moderate unicompartmental osteoarthritis

SIZE*	LEFT Varus/Valgus	RIGHT Varus/Valgus
STANDARD	14514100	14514200
TALL	14514300	14514400

***MEASUREMENT GUIDE**

STANDARD: Under 6'0"

TALL: 6'0" and above

Lymphedema Compression Pumps

What is Lymphedema?

Lymphedema, also known as lymphatic obstruction, is a blockage of the lymph vessels that drain fluid from tissues throughout the body and allocate immune cells to pass through where they are needed. The lymphatic system returns interstitial fluid to the thoracic duct and then the bloodstream, where it is then re-dispersed back into the tissues.

Lymphedema may be hereditary or the result of an injury to the lymphatic vessels. It is often seen after lymph node dissection, surgery and radiation therapy when damage to the lymphatic system is caused during the treatment of cancer, most commonly breast cancer. Many patients with cancer do not develop conditions for months or years after the therapy has completed.

Lymphedema is also linked with accidents, diseases or problems that may hinder the lymphatic system from functioning optimally. In tropical regions, a frequent cause of secondary lymphedema is filariasis, a parasitic infection.

Tissues with lymphedema are at risk of infection. Symptoms can include severe fatigue, a heavy swollen limb, localized fluid accumulation in other body areas such as the head or neck, discoloration of the skin overlying the lymphedema, and ultimately deformity (elephantiasis).

While there is no current cure for lymphedema, there are several ways to combat the condition. Light exercises that encourage movement of the lymph fluid, manual lymph drainage massages, and compression garments are remedies that are often tried initially. Excellent results have been seen after the use of pneumatic compression therapy pumps that reduce swelling and increase mobility for patients battling lymphedema.



CircuFlow™ 5150 Pump ►



CircuFlow™ 5200 Pump ►



CircuFlow™ 5208 Pump ►

Key Features:

- FDA and CE Approved
- Quiet and rapid compression to the limbs
- In-home treatments
- Rapid compression of pressure up to 125mmHg
- Adjustable pressure and therapy time via LCD Screen
- User-Friendly set up interface



ORIGIN OF TRICK-OR-TREAT

The practice of dressing up in costumes and begging door to door for treats on holidays dates back to the Middle Ages and includes Christmas wassailing.

Trick-or-treating resembles the late medieval practice of souling, when poor folk would go door to door on Hallowmas (November 1), receiving food in return for prayers for the dead on All Souls Day (November 2). It originated in Ireland and Britain, although similar practices for the souls of the dead were found as far south as Italy. Shakespeare mentions the practice in his comedy *The Two Gentlemen of Verona* (1593), when Speed accuses his master of "puling [whimpering or whining] like a beggar at Hallowmas."

The custom of wearing costumes and masks at Halloween goes back to Celtic traditions of attempting to copy the evil spirits or placate them, in Scotland for instance where the dead were impersonated by young men with masked, veiled or blackened faces, dressed in white.

