EXECUTIVE DECISIONS IN
DERMATOLOGY
JANUARY & FEBRUARY 2017

You're Invited

Book today to Orlando, Florida for ADAM's 25th Annual Meeting

Click here for a detailed program and registration information

ADAM
Association of Dermatology Administrators & Managers

EXECUTIVE DECISIONS IN
DERMATOLOGY
JANUARY & FEBRUARY 2017

inside

Executive Decisions in Dermatology is a bimonthly publication of the **Association of Dermatology Administrators & Managers (ADAM).** ADAM is the only national organization dedicated to dermatology administrative professionals. ADAM offers its members exclusive access to educational opportunities and resources needed to help their practices grow. Our 650 members (and growing daily!) include administrators, practice managers, attorneys, accountants and physicians in private, group and academic practice.

*To join ADAM or for more information, please visit our Website at **ada-m.org**, call **866.480.3573**, email **ADAMinfo@shcare.net**, fax **800.671.3763** or write Association of Dermatology Administrators & Managers, **1120 G Street, NW, Suite 1000, Washington, DC 20005.***

ADAM
Association of Dermatology Administrators & Managers

2016 - 2017
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President's *Message*

My goodness! 2016 came and went in a flash, didn't it?

Some years ago a group of dermatology managers who kept running into each other at AAD meetings started talking to each other. They realized they were all looking for knowledge to help them run their practices better. While they came from all aspects of the industry, they realized they all had certain broad commonalities: human resources, efficiency, billing, emerging technologies, personal enrichment, and, I think, the comfort of knowing they were not the only one facing these issues and did not need to reinvent the wheel. From that group of forward thinkers, the Association of Dermatology Administrators & Managers (ADAM) was born. 25 years later, we prepare to celebrate our roots and continue to seek knowledge.

25 years have brought tremendous changes in the industry. I know it's hard to believe but there was a time when you could send in a handwritten statement to an insurance company (pegboard systems anyone?) and they would pay you. Then came managed care, practice management software emerged, the cosmetic dermatology industry was created, new diseases were identified and medications to battle those diseases were developed. How many remember how instrumental dermatology was in the early treatment and diagnosis of AIDS? Today we are addressing a skin cancer epidemic and a host of autoimmune diseases. We now look to ADAM to help us through the quagmire of meaningful use, MACRA, MIPS, electronic medical records, emerging trends and technologies, and the red tape that strangles all of our practices.

And, ADAM continues to grow and build. We have completed the first-ever dermatology Benchmarking Survey. We are developing educational tools and resources for billing staff. We are building means and methods to continue to address the ever-changing regulatory environment. Why are we doing these things? Because it's what all of us who are the Association of Dermatology Administrators & Managers have asked for and need. But we will continue to grow and evolve. If you think there is an unmet need, please let us know. You can always reach me via e-mail at gabibrockelsby@yahoo.com or through our LinkedIn page. Or, if you want to reach me directly, please call me at (615) 556-1949.

Janice Smith and Bill Kenney have put together a jam-packed agenda filled with information. I look forward to seeing you in Orlando in a few weeks.

Warmest Regards,

Gabi Brockelsby
ADAM President

WE'VE GOT ANSWERS TO TOP TELEDERMATOLOGY QUESTIONS

By **Dr. Mark P. Seraly,**
founder of DermatologistOnCall®
and board-certified dermatologist in
active practice for 20+ years

Online and mobile healthcare apps are numerous, but when it comes to dermatology, the ability to conduct an online visit with a dermatology specialist is proving to be a very successful application for such technology. That's because dermatology is such a visual area of practice, and thankfully, today's smart phones take very high-quality pictures that can be easily shared with a doctor.

As a result, there are a number of solutions on the market to conduct teledermatology visits. But to use a cliché, not all healthcare apps are created equal. The American Medical Association last summer released a new set of guidelines for telemedicine, putting patients' interests first.

This is all leading to some frequently asked questions among patients, care providers, and even practice managers. With over 200 providers on our DermatologistOnCall® network covering 34 states, our team is fielding many such questions and we've put together a list of the top ones we receive:

Q: What Types of Patients Use This?

We see patients across the board (gender, age) using this type of service, with those having chronic dermatologic conditions such as acne, eczema, rosacea, and psoriasis being the most common. Such a service is convenient to both patients and the practice. For the practice, it can help by shifting cancellations and reschedules to an online visit; offer convenience to existing patients who need more scheduling flexibility; and acquire new, tech-savvy patients who prefer this type of care approach. It's ideal to offer this care option for patients, who may otherwise seek care from an urgent care clinic, home/DIY treatment, or non-specialist care provider.

Q: How Much Time Does Each Visit Take?

While it varies by solution and by approach (store-and-forward vs. live video), providers can assume they will spend about 7-10 minutes per patient case. For patients, they can save over an hour of total time doing an online visit vs. an in-office visit.

This depends on the solution. Some apps deal with only "anonymous" patients and are designed to simply give out advice and not medical treatment. Other apps are designed to more closely emulate the information exchanged during an in-office visit to allow for a medical diagnosis and treatment plan. Among those diagnosis apps, look for the collection of the patient's medical history, current medications, allergies, images and description of the patient's current problem condition, and anything else pertinent for the doctor to know.

Q: Can Any Patient Use This?

As a best practice, the app should screen for women who are pregnant, trying to become pregnant, or are breastfeeding and advise that they are not eligible for online care. Some apps allow

Providers can assume they will spend about 7-10 minutes per patient case. For patients, they **can save over an hour** of total time doing an online visit vs. an in-office visit.

for "surrogate" scenarios, where an adult can set up an online visit for a minor child or an adult in their care, while some only allow visits for patients over the age of 18.

Q: Does This Comply with Telemedicine Regulations in My State?

Once again, this will depend on the solution and an area where the practice should do its homework by asking the solution partner about its compliance. A good solution should take the burden off the practice by having workflows that comply with state-level regulations. That also includes making sure patients can only select from doctors licensed to provide care in their state.

Q: Can Patients Choose Their Doctor?

This also will depend on the app, but in most cases, yes – they should be able to choose from a list of care providers licensed in their state. Some apps also have more than just dermatologists on the network and are more general "telehealth"

solutions, so in those cases, it is helpful if the solution can allow for filtering by doctor type. If you are a practice promoting the service to your patients, the app should allow you to have a direct link you can use that will direct patients to you as a first choice.

Q: Can Mid-Levels Conduct Teledermatology?

Yes, mid-levels are permitted to see online patients as long as there is a final "sign-off" by a board-certified dermatologist before sending the diagnosis and treatment plan to the patient. PAs should be clearly marked to the patient in advance.

Q: What is Better – Store-and-Forward or Live Video?

A teledermatology solution can be designed to work in either "synchronous" mode (live video, where both patient and provider are interacting at the same time) or "asynchronous" mode (patient and provider interact through messaging on the platform). There are also some states that require a live video interaction, which some store-and-forward platforms can support with a hybrid video feature. Many providers prefer store-and-forward because it allows them to log in and review patient cases at their convenience, rather than having to schedule time to be logged in to the system. The practice should evaluate both approaches and determine what works best for their providers.

How Do Providers Get Paid/Reimbursed?

Some solutions allow providers to set their own price for the visit and others have a standard fee. In all cases, providers make a portion of the total visit fee and are paid by the solution partner. For solutions that accept certain insurance plans, the solution partner will have a specific process for issuing insurance reimbursements.

Can I Prescribe Medications?

This depends on each state's telemedicine regulations, but most states allow e-prescribing. The solution partner should be able to demonstrate how it handles prescription workflows based on state-level laws. Practices may also want to look for a solution that has robust features in this area, such as integration with Surescripts, to make life easier for the provider.

Q: Is This Secure?

It can be, but it depends on the solution you choose to use. Make sure the app is secure and is HIPAA compliant to protect patient's personal data. (You can look for the lock symbol next to the URL in your browser window.)

Q: Does This Replace In-Office Visits?

Teledermatology brings the benefit of reducing the office burden of handling more "routine" cases that can easily be reviewed online, which reserving the in-office appointment slots for more complex cases, procedures, annual full body examinations and aesthetics consults and procedures. Teledermatology should be seen as a complement to the traditional office setting and a way for the practice to inexpensively scale its ability to treat more patient cases.

I hope this answers many of the questions that arise about teledermatology. Our team has put together a helpful "Ultimate Guide to Teledermatology Evaluation" for practices of any size who are evaluating teledermatology options. You can download a free PDF of the guide here – and it's vendor-neutral!

2017 ANNUAL MEETING

February 27 - March 1, 2017
in Orlando, Florida

PROGRAM HIGHLIGHTS

Join us from **February 27 to March 1, 2017** in **Orlando, Florida** for **ADAM's 25th Annual Meeting** – this is the one time a year where dermatology practice managers and administrators across the nation will gather in one area for exchanges in best practices, education and networking opportunities. This year, we have a strong program focused on:

- **Compliance/Regulatory**
- **Patient Centered Care**
- **Human Resources**
- **Marketing and Social Media**
- **Practice Management**
- **Revenue**
- **MACRA/MIPS**

All sessions will provide critical information to ensure that your day-to-day practice management life runs seamlessly. We are thrilled with how the program turned out and can not wait to share these three days of professional development and personal connections with all of you.

Keep scrolling to see a small sampling of what you can expect

Monday
FEBRUARY 27TH, 2017

Corrective Action – Counseling vs. Discipline

Presented by ***Margaret Morford****, CEO, The HR Edge, Inc.*

SESSION DESCRIPTION:

Most managers struggle with how to confront unacceptable behavior in the workplace – even more important, how to constructively deal with the situation in order to motivate rather than discourage the employee who has experienced the problem. Learn how to create written documentation for the situation and how to counsel the troubled employee effectively.

Your Front Desk Receptionist and Practice Issues – Accountability and Confidence

Presented by ***Susan Childs****, Founder, Evolution Healthcare ConsultingSession*

SESSION DESCRIPTION:

First impressions are made within seconds. In a specialty where customer service has always been a premier consideration in choosing staff members, we must be confident that the most up-to-date care is offered on a continual basis with each patient encounter, most efficiently and with compassion. Receptionists are your frontline staff who have a huge impact on your patients, workflows and patient satisfaction. This session will examine the joys and challenges of the front desk workflow and how practice managers, as leaders, may be most effective in promoting staff initiative.

Tuesday
FEBRUARY 28TH, 2017

MACRA: Overview and Strategic Considerations

Presented by ***Paul Lee****, Senior Partner and Founder, Strategic Health Care*

Maximizing Your Revenue Under the Medicare Merit Based Incentive Payment System – Quality Vertical

Presented by ***Ron Sterling****, Principal Consultant, Sterling Solutions*

MIPS and Tricks for Dermatology Practices

Presented by ***Dr. Michael Sherling****, Chief Medical Officer, Modernizing Medicine*

Arrived in Orlando and looking for something to do?

Scroll to **page 12** for some hot spots near the hotel.

Wednesday
MARCH 1ST, 2017

How an Overwhelmed Administrator Reconnected with Her Love of Management (Make Life Easier with Dashboards)

Presented by ***Glenn Morley****, Practice Management Consultant and Educator, Karen Zupko and Associates*

SESSION DESCRIPTION:

Are you looking at the right date day-to-day? Month-to-month? Year-to-year? This presentation dives right into the "how to" of creating meaningful dashboards in order to efficiently review and analyze the data that drives success in dermatology practices of all sizes.

Building an Effective Dermatology OIG Compliance Plan

Presented by ***Sean Weiss****, Partner and Vice President of Compliance, DoctorsManagement, LLC*

SESSION DESCRIPTION:

Dermatology practices continue to face heavy scrutiny from government players. An increase in the Comparative Billing Reports (CBRs) and ZPIC audits demonstrate the government's determination to focus attention on the coding patterns driven by dermatologist documentation. Learn the specific steps necessary to create an effective OIG Compliance Plan including policies specific to dermatology practices. Don't miss this opportunity to gain a comprehensive understanding of how to cover your assets.

Annual Meeting
KEYNOTE SPEAKERS

Margaret Morford
Workplace Trends and Survival Tactics for the Next Decade

Paul Lee, Strategic Health Care
MACRA: Overview and Strategic Considerations

Dr. Steve Shama & Tena Brown
7 Secrets of Being a Positively Unforgettable Office Manager

Annual Meeting
HIGHLIGHTS

This our **25th Anniversary Celebration** and we are thrilled to share this remarkable milestone with all of you this year! Join us at **5:30 p.m. on Tuesday, February 28th** for our 25th Anniversary Reception.

Be sure to visit the **Exhibitor Showcase** all day **Tuesday, February 28th!** We sincerely appreciate their support of our Annual Meeting.

Sign up for a **Networking Dinner** on **Monday or Tuesday (or both!)** to meet and interact with your fellow practice management colleagues. Sign-ups are available during the online meeting registration process.

SPECIAL THANKS AND APPRECIATION

FOR YOUR LEADERSHIP AND HARD WORK

25th Annual Meeting Co-Chairs
Bill Kenney and **Janice Smith**

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Looking to get involved?

If you're looking for a place to get involved and get connected in ADAM, please consider joining the Education Committee. The Education Committee provides educational programming opportunities to the ADAM membership throughout the year. The Committee develops topic priorities and speaker/author ideas that best deliver the topic message. In addition, the Education Committee develops the webinar schedule and assists the Annual Meeting Program Co-Chairs as needed. The Education Committee is the liaison for information and resources from CMS, HHS, AAD, MGMA and AAPC and other relevant entities to the ADAM Board and membership and works to distill the information to dermatology and practice management, keeping the ADAM Board and membership up-to-date and aware of current dermatology issues and topics.

To get involved with the Education Committee or any other ADAM committee, sign up at the registration desk at the Annual Meeting or email ADAMinfo@shcare.net.

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Another Great Place to Get Connected with ADAM ...
MENTORING COMMITTEE

The Mentoring Committee welcomes new ADAM members to the association and guides them through their first Annual Meeting. If you would like to be a mentor or would like to request a mentor for your first year and/or Annual Meeting, please email ADAM HQ at ADAMInfo@shcare.net.

To get involved with the Mentoring Committee, among other ADAM committees, sign up at the registration desk at the Annual Meeting or email ADAMInfo@shcare.net

Orlando HOT SPOTS

Images via UniversalOrlando.com

STAYING COMPLIANT

By **Mandy E. Martin, RPSGT**
Compliance Consultant
MedSafe: The Total Compliance Solution

These days, running a practice and, at the same time, trying to stay compliant is like having two full-time jobs. **Being compliant is not always an easy task.** With regulations changing and new regulations being developed, it is hard to know if you really are being compliant. After having worked in the health care field for 30 years., it is evident that it doesn't get any easier. It just gets more involved with rules and conditions. Compliance consultants, when visiting facilities, can see that those maintaining the facilities are either unaware that they are non-compliant or they just don't know how to become compliant. A consultant is there to help by providing compliance programs to the many different offices. These programs include medical offices, dental offices, nursing homes, funeral homes, and veterinary offices.

For questions regarding compliance, you may contact me at 1-888-MEDSAFE or send an e-mail to: mmartin@medsafe.com

Here are some frequently asked questions on different subjects.

OSHA

Q: What about providing Hep B vaccinations to new employees, or being responsible for their titers?

A: As an employer, you're required by law to offer the Hep B vaccination to new clinical employees. This is to be documented and kept in an employee's folder. There is no requirement to providing titers while someone is employed in your facility. Employees are responsible for taking care of their own health.

Q: Are fines going to be levied if an office does not have proper documentation?

A: Yes, there is always the possibility of facing fines and penalties. Facilities have been fined over $48,000 for NOT having proper record keeping regarding Hep B, Evaluation of Safety Devices, maintaining a Weekly/Monthly checklist, and an emergency medication/equipment checklist.

HIPAA

Q. Can an employer face fines and jail time for something an employee does?

A: The HIPAA Omnibus Regulations state that employees, as well as employers, can be fined and/or jailed. Fines can range from $50,000 up to $1,500,000. Penalties are not only civil (monetary), but criminal (jail time).

Q: Is it a violation if an employee tells a patient that one of their family members missed their appointment?

A: Yes! Under no circumstances can employees talk about someone (family member or friend) missing an appointment. This is a breach of privacy and the employee will be fired, and possibly fined, for violating someone's privacy.

CORPORATE COMPLIANCE

Q: Is it a violation if a DOS (date-of-service) is misstated to a patient who received said service?

A: If you knew, or should have known, that the submitted claim was false, any attempt to collect payment constitutes a violation. Fines can range from $10,000 to $50,000.

Q: What agency would/could investigate a facility if it was suspected that there was fraud, waste, and/or abuse being perpetrated?

A: The OIG works closely with CMS, the DOJ, and federal, state, and local law enforcement agencies. The state agencies and local agencies have a significant role to play in the regulation and enforcement of federal fraud, waste, and abuse of laws.

Hopefully, these few examples of the different areas within compliance will help shed some light on issues that may concern the operation of a particular type of practice. Remember, staying compliant is never easy and it can take a bit of time to get on track and stay on track. Having a compliance team help you with matters, that concern your facility, is the best practice. **Are you being compliant?** ■

ASK THE LAWYER Q&A

with Michael J. Sacopulos, JD,
Medical Risk Institute

NO, IT IS NOT A JOKE

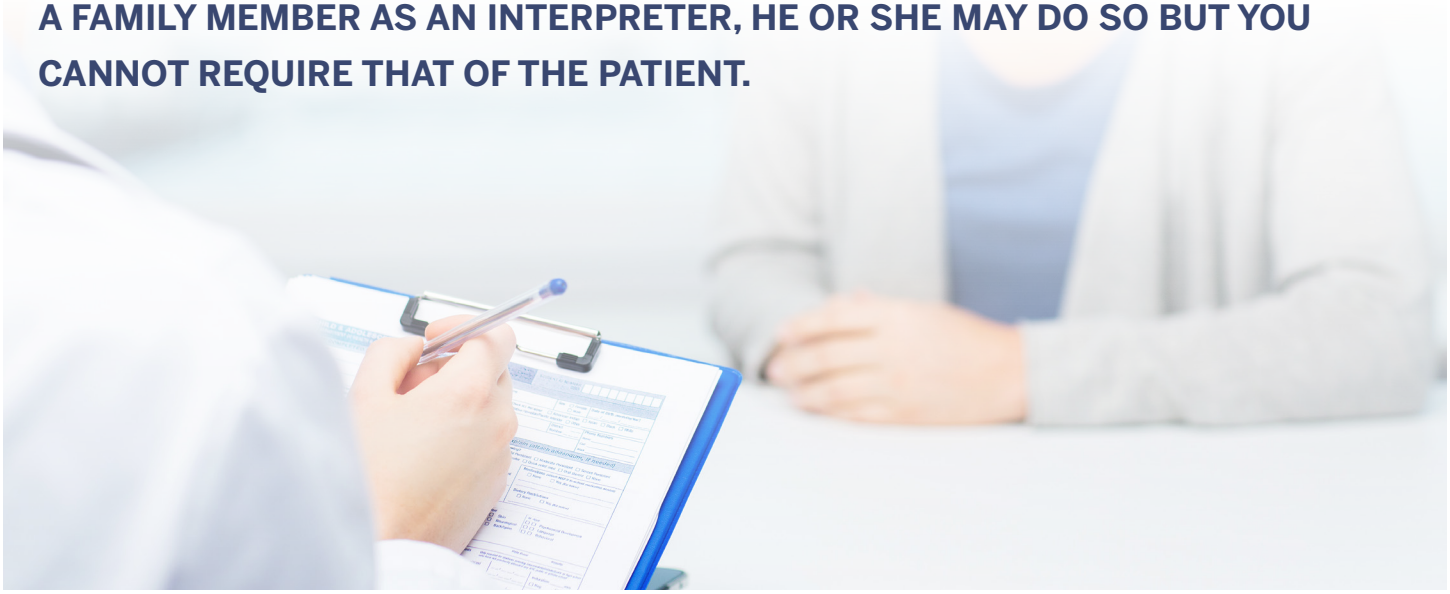
QUESTION: **Several weeks ago a friend of mine said that my practice was required to have signs up in Arabic, Spanish, French, and other languages saying that we will provide interpreters. My practice is in a small rural community in the South. I told my friend she must be confused. She responded that she was not confused and I better get busy putting up signs in the practice and on our website in a whole list of foreign languages. Please tell me this is some cruel joke.**

ANSWER: In ancient times if a Greek messenger brought bad news, the messenger was put to death. So it is with great fear and hesitation that I tell you your friend was not joking. I believe that she was referring to Section 1557 of the Patient Protection and Affordable Care Act. This is the non-discrimination provision of the ACA.

This law "prohibits discrimination based upon race, color, national origin, sex, age, or disability in certain health programs and activities." This seems both understandable and reasonable. One of the areas covered by this non-discrimination provision addresses individuals that have limited proficiency of the English language. The idea is that these individuals cannot be properly treated by your practice if they cannot communicate with providers and staff. This means that they must be afforded an interpreter at your office's expense. But what good is this right if individuals do not know about it? Well, the answer is that you must post it in languages that they are proficient in.

This is where your friend's comment about different languages comes into play. Federal government has determined the 10 most likely languages (other than English) to be spoken in each State. You must look up the State in which you are located in to find the list of the 10 languages you must post. The 10 languages in my state, Indiana, most likely are somewhat

HAVING THE STRATEGY THAT A FAMILY MEMBER OF THE PATIENT CAN INTERPRET DOES NOT COMPLY WITH THE LAW. IF A PATIENT WISHES TO USE A FAMILY MEMBER AS AN INTERPRETER, HE OR SHE MAY DO SO BUT YOU CANNOT REQUIRE THAT OF THE PATIENT.



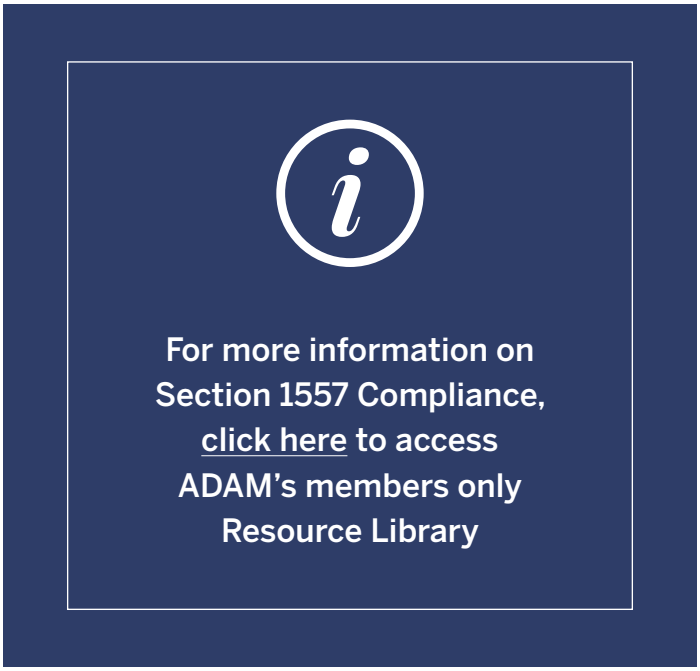
different from than 10 languages in your state. In addition to making these postings, you must actually have a way in which to provide interpretation services for patients that use these languages and have limited proficiency of English. Please note that having the strategy that a family member of the patient can interpret does not comply with the law. If a patient wishes to use a family member as an interpreter, he or she may do so but you cannot require that of the patient. The practice should have a non-discrimination policy with a non-discrimination officer named to handle any issues that arise. This is what Section 1557 requires.

Before you become too enraged with me, check to make sure this provision applies to your practice. You should take a look at Department of Health and Human Services' website for a complete description of which entities are required to comply with this Section of the Affordable Care Act. However, if your practice accepts Medicaid, you will be covered under this provision.

Section 1557 became effective in October 15, 2016. This means if you have not already implemented the requirements discussed above, you are late. The Office of Civil Rights has Federal authority to enforce Section 1557. These are the same folks that enforce HIPAA and the HITECH Act. OCR is already using this authority. On December 22, 2016, OCR announced that the Erie County Department of Social Services (ECDSS) in Buffalo, NY entered into an agreement to settle a complaint. The complaint (made to OCR)

alleged that ECDSS failed to "provide language assistance and important documentation" in the native language of the individuals filing of the complaint. In its settlement agreement the OCR, the ECDSS agreed to nine things including: posting taglines in at least 10 languages, staff training, and develop grievance procedures.

If that is not enough enforcement (and surely we would all agree that it is) the law has a "private right of action." This means that individuals can bring claims through the court system on their own. They do not need to rely on a state or federal agency to bring a claim under Section 1557; they can do it all by themselves. For this reason, I suggest that you move this up on your "to do list." Finally, I should note that I have had several clients say that are holding off on becoming compliant with Section 1557 in hopes that the new administration does away with this requirement. The requirement does come from the Affordable Care Act which has been slated for at least partial repeal by officials in the new administration. I understand my clients' reluctance to comply with the provision that may be repealed in the new year. However, I simply caution you that today this is the law of the land. ■



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