Executive Decisions in DERMATOLOGY

ADAM

Meaningful Use—Where is your practice?

July/August 2014

Are You Getting the Most of Your ADAM Membership?

ADAM has developed an amazing list of the Member Benefits over the years. Take a look at the list below to see what you might be missing out on. **For further details go to Page 3**.

- ADAM Access Pass
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- Resource Library
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- Working Advantage

Upcoming Webinars

July 9, 2014: *Working with Your Boss Type*, presented by June McKernan, COO of Patient Preferred Dermatology Medical Group, Inc. This webinar will describe the various boss types and how to work best with them. It might even help you recognize how you lead.

The goals of this session are to help you:

- Identify the type of boss you have;
- Identify the type of boss you want to become;
- Identify the skills you need to adapt;
- Identify the limitations of your position.

Click Here to Register

August 13, 2014: *The State of HIPAA Compliance and Enforcement: What You Don't Know Can Hurt You*, presented by Mike Sacopulos, President of Medical Risk Institute. The regulations are more numerous and the penalties are more frequent. This webinar will:

- Reveal recent announcements made by the OIG;
- Describe who the HIPAA police are;
- Explain where HIPAA violations are taking place;
- Discuss why a Security Risk Analysis is required by law;
- Leave you with strategies on how to protect your practice and your patients PHI.

Click Here to Register

September 11, 2014: *OMG! It's the OIG! What Your Practice Needs to Know About Coding and Billing Compliance*, presented by Mike Sacopulos, President of Medical Risk Institute. This webinar will answer the questions below:

- Who is the OIG?;
- What things have the OIG been working on lately?;
- Does your practice need a Coding and Billing Compliance Plan? If so, what needs to be included in it?

What Your Practice Needs to Know About Coding and Billing Compliance

Click Here to Register

COUNTDOWN TO ICD-10

DAYS	HOURS
455	13

In This Issue:

President's Corner

A series about the state of the Association and what's new with ADAM.
Do you have a question for Pam? Email us at ADAMinfo@shcare.net

As the summer begins, the time for barbeques and pool time is upon us, but that won't stop ADAM from delivering the information you need to manage and improve your practice's knowledge and effectiveness.

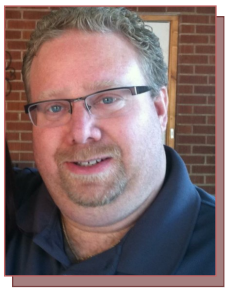
This issue of Executive Decisions in Dermatology serves as both a reminder of all the amazing benefits that ADAM has to offer and a new "How To Guide" area that will help you learn new things. Also, don't forget about the articles!

Remember, if you have an idea for an article or want to be involved on a committee, send an email to adaminfo@shcare.net.

Sincerely,

Member Spotlight

Would you like to nominate someone for the Member Spotlight? Email us at ADAMinfo@shcare.net.



ADAM: *What is your name and where do you work?*
Jeff: My name is Jeff Stewart and I am the Office Manager for two companies in Phoenix, AZ: Mendelson Dermatology and Mendelson Med Spa.

ADAM: *When did you join ADAM?*
Jeff: I joined ADAM in January 2012 just before my first annual meeting.

ADAM: *How long have you been a practice manager?*
Jeff: I have been an Office Manager for almost two years.

ADAM: *As a practice manager, what do you find to be the most challenging part of your job?*
Jeff: The most challenging part of my job is communicating with a variety of office staff personalities. The mental chess game that I play is amazing. I am always thinking three moves ahead! Sister Mary Lauretta said "To be successful, the first thing to do is fall in love with your work". Man, I am so in love!

ADAM: *What has been your best experience being an ADAM member?*
Jeff: Hands down, networking is best thing about being an ADAM member. Unlike Tony Soprano (James Gandolfini) who said, "All due respect, you got no idea what it's like being on top. Every decision you make affects every facet of every other thing. It's too much to deal with almost. And in the end you're completely alone with it all." Through ADAM, my peers make me feel like I am never alone.

ADAM: *What would you recommend to a member who is looking to be more involved?*
Jeff: The best way to get more involved is use networking opportunities. I think Linkedin and Facebook have a lot of topics worth discussing.

Missed Signing Up for a Committee?

Do you have great ideas for ADAM? *Want to meet new people?*

Join one of ADAM's committees (Education, Communications, Member Services, or Mentoring & Networking)! Committees meet via conference call for about one hour every six weeks. If you want to join a committee or get more information, email adaminfo@shcare.net.

Are You Getting the Most of Your ADAM Membership? continued

ADAM Access Pass

ADAM members have access to ALL recorded webinars through 12/31/2014, for the one-time fee of $149.

Click here to purchase the ADAM Access Pass. Note that you must login in order to purchase.

ADAM-Edge (Supply Chain Savings Program)

The ADAM-EDGE, a Supply Chain Savings Program with Henry Schein, exclusive to ADAM members. The Program is designed to increase profitability by leveraging member buying power, which will translate to overall lower pricing on medical supplies, pharmaceuticals and equipment. Additionally, ADAM members enjoy a number of services including: Inventory Management, Reporting, Budgeting, Staff Team Building Training and much more!

Association of Dermatology Administrators & Managers

HENRY SCHEIN® MEDICAL | DERMATOLOGY

Click here to visit the ADAM-Edge Henry Schein page.

ADAM's View from Capitol Hill

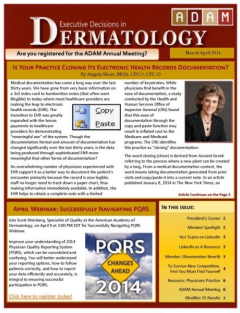
This weekly email of federal healthcare updates is sent out every Monday to all ADAM Members.

Ratings Agency Says ICD-10 Delay Good for Some Hospitals

The ICD-10 delay for another year - passed unexpectedly by Congress two weeks ago - should help not-for-profit hospitals according to a brief from Fitch Ratings. Click here.

Executive Decisions in Dermatology

Headquarters works with the Communication Committee to create and distribute a bi-monthly newsletter to the members. The newsletter includes a President's Corner, a Member Spotlight, upcoming ADAM events, and articles relevant to your dermatology practice. The newsletter is distributed via email and members have the option to download and print the PDF version or view the document online as an e-publication.



Click here to review the archived newsletters available to members. Note that you must login.

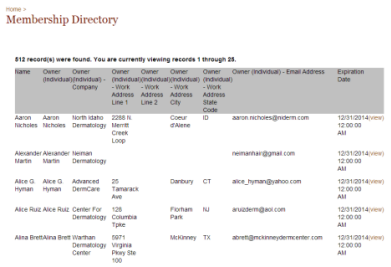
Forms

ADAM members have access to dozens of forms they can download and print! Some examples include employee information forms, job descriptions, financial policies, informed consent papers, and treatment logs!

Click here to access. Note that you must login.

Membership Directory

ADAM Members can access the online directory of members and search by state, city or company.



To access the directory, click here and login to My ADAM. Note that you must login.

Online Store

To purchase recorded webinars and the ADAM Access Pass, click here. Note that you must login.

Resource Library

The resource library has articles on hot topics to help you and your practice. These articles are tagged by topic and dated according to the first time they appeared in Executive Decisions in Dermatology. Also, there are great web resources from outside and AAD. Click here to view the available articles. Note that you must login.

Article Continues on the Page 4

Are You Getting the Most of Your ADAM Membership? continued

Social Media

Social media has been a huge success for ADAM bringing members together. Make sure you are a part of our network.

Facebook - ADAM uses Facebook not only as a fan page, but also as a way to keep ADAM members updated on what is going on in the dermatology world and in the Association. Click here for the Facebook 101 to get started.

LinkedIn – It has two functions, first as a company page where announcements can be made to people/groups that are following ADAM. Second, there is a private, members-only group. The group offers members a private forum to ask questions, trade forms and documents, and stay up to date on what other practices are doing. Click here for the LinkedIn 101 to get started. Click here for the step by step guide to joining the ADAM Group on LinkedIn.

Twitter - @ADAMHQ is maintained by Headquarters, which creates a great online presence through tweeting out information. @ADAMHQ is often retweeted by large and small publications/companies such as Skin & Aging or by other associations like the American Academy of Professional Coders, as well as ADAM members and speakers. Click here for the Twitter 101 to get started.

Webinars

ADAM organizes and facilitates educational webinars that are normally one-hour sessions feature a speaker presenting a PowerPoint and gives participants the opportunity to ask questions in real time as well as answer polls relevant to the presentation. Members receive the discounted price webinars, $99. Click here to see Upcoming Events.

Working Advantage

ADAM members have exclusive access to the Working Advantage discount network which allows members to save up to 60% on ticketed events and online shopping. Click here to go to Working Advantage and sign up today with the ADAM code: 550734484.

If you are having problems logging into My ADAM, please contact Laura Yarborough at laura.yarborough@shcare.net or (866) 480-3573.

If you are not a member of the ADAM LinkedIn Group become one today and join the discussion.

Mergers and Acquisitions

By Bart Holl, Provident Healthcare

The U.S. dermatology market is a growing and fragmented industry with both macroeconomic drivers and secular trends prompting investment interest and consolidation. Regulatory changes and reimbursement uncertainty have also spurred consolidation as practices seek alliances and partnerships to mitigate future risks that could impede financial and operational stability. As private practices contemplate merger and acquisition strategies, it is important to identify and evaluate strategic alternatives, their impact on shareholders and administration, and why they may be beneficial to the practice and the patient.

Market Overview and Factors Driving Consolidation

Overall demand for dermatology services and consequential investment interest is driven by a few prominent industry themes including favorable demographic trends, increased patient/public skin awareness, and advancements in research and technology. Current estimates place the U.S. dermatology market at $10.6 billion while maintaining an average annual revenue growth rate of 3.2% over the past five years. This growth has been significantly driven by improved skin health awareness. On a yearly basis, there are more individuals reporting skin cancer (2 million in total) than breast, lung, prostate, and colon cancer combined. Accordingly, surgical procedures have also increased – the approximate number of melanoma diagnoses for 2013 was 76,690, up from 47,700 in 2000 (a 61% increase). Mohs cases have also increased over 400% in the past 15 years. Unfortunately, demand far exceeds accessible care, as a stagnant residency training capacity for incoming dermatologists is causing a nationwide shortage of physicians.

The framework of the dermatology industry is conducive to investment interest and activity as strong growth drivers provide the groundwork for optimistic future returns; however, equally as influential is the high fragmentation within the market. This has resulted in heightened levels of consolidation amongst both solo and multi-physician practices. As larger providers continue to compete for market share and hospital systems and multi-specialty groups strategically acquire groups to address medical staff shortages, consolidation will likely persist. The increasing prevalence of heightened regulatory mandates and rising costs has also motivated physicians to make the transition to an employee as opposed to an employer, or to seek partnerships with financial institutions that can help alleviate the nuances associated with running a practice.

Strategic Options and Implications

Before discussing some of the strategic options available to private practices, it is important to consider the most obvious path of continuing business as it currently stands and remaining independent, as it can also bring to light some of the key benefits to pursuing a transaction. First and foremost, remaining independent allows for both physicians and administrators to practice with operational freedom, and the flexibility to govern the practice as they please. Additionally, the ownership structure remains constant, keeping current, and potentially soon-to-be, shareholders at ease with equity holding expectations. On the other hand, remaining independent also has its impairments, which primarily stem from limited access to both financial and operational resources that can have substantial impact on the overall success of the group. Without these supplementary support lines to help deal with hurdles, such as the adoption of an EMR or transition to ICD-10, there is substantial shareholder wealth at risk should these endeavors go awry, with no safety net available. The uncontrollable impacts of economic downturn, legal exposure, and regulatory changes can be overwhelming and, combined with the risk of losing market share to competitors, can be a major financial threat.

Through our experience with physician and practice management transactions, the decision to explore a process typically originates from career timing of practicing physician shareholders. A properly planned exit strategy can offer physicians the chance to transition out of the practice at a fair monetary value, while also avoiding an abrupt close of operations, potentially leaving employees searching for alternatives.

Article Continues on the Page 6

Moreover, if a complete exit is not desired, a merger can also allow for increased work schedule flexibility and greater stability regarding compensation. Today's compensation structure within hospitals or multi-specialty clinics can also be flexible and measured by productivity, quality, and efficiency. Combining these motivators with the potential deterrents of remaining independent and assuming the timing is right to explore a transaction, there are two typical paths available to practices – a strategic merger/sale or recapitalization with a financial sponsor.

When considering a 100% sale of the business where all shares are acquired by an outside entity, there are typically three viable options: a larger provider, a hospital system, or a multi-specialty practice. This exit option can be beneficial to both shareholders and administrators. In addition to the large upfront payment achieved through the sale of the practice, a merger can offer greater administrative and financial resources such as additional personnel and access to technology and capital. As such, strategic partnerships can alleviate the pressures of reimbursement uncertainty and competition-based pricing pressure that can impact financial performance. With the right partner, additional operational synergies can also be achieved on the clinical level as the coordination of patient care becomes more streamlined through service diversification.

An alternative option, which is typically geared towards growing and already established groups, is partnering with a private equity firm. The focus of this strategy is to offer additional capital and management expertise to grow the organization past its current means. Private equity firms typically look to acquire a majority stake in a practice to form a true partnership with the group. Since a majority of shares are sold, equity holders and management experience an initial liquidity event commensurate with the value of the practice, and also have the opportunity to roll equity into the newly formed organization. Similar to the benefits of a 100% sale, a private equity sponsor helps mitigate risk through diversification of net worth, access to additional financial and operational support, and a large network of industry contacts to help ensure growth in the upcoming years. The mentality behind a private equity transaction is future growth - both physician shareholders and administrators can benefit from such a partnership as equity value grows during the holding period of the investment.

As is the case with any strategic decision, crucially important is positioning the practice appropriately to ensure an optimal outcome as well as setting goals or milestones in order to meet expectations. Navigating a transaction is not an easy task, and utilizing the support of outside advisors and counsel can greatly alleviate the pressures of directing a merger or acquisition to successful completion, while also ensuring a superior value is achieved in the process. As there continues to be changes in law, reimbursement, and the overall structure of the delivery of care, physician group consolidation will undoubtedly continue. These transactions will inevitably become more complex and finding the right partner will become more challenging. A well-planned transaction process, however, can be beneficial to all parties involved and can ensure that long-term value is created.

Bart Holl *is an Analyst at Provident Healthcare Partners and his primary responsibilities include conducting in-depth research and analysis of targeted healthcare sectors to identify growth trends and other factors driving merger and acquisition activity in the marketplace. At Provident, he covers multiple sectors within healthcare services with a significant focus on dermatology and assisting these practices through strategic growth opportunities. He also has extensive experience working within healthcare information technology, home health and hospice, as well as radiology. Prior to joining Provident, he worked as an Analyst in the Private Markets group at New England Pensions Consultants (NEPC), a full-service investment consulting firm based out of Cambridge, MA. He is a graduate of Boston University's School of Management with a Bachelor of Science in Finance and Entrepreneurship.*

Are You Faced with a "Coding Rash"?

By Faith C.M. McNicholas, RHIT, CPC, CPCD, PCS, CDC, American Academy of Dermatology

Careful, correct documentation and coding are vital skills for every healthcare provider. Such information in the medical record enables us to record the patients' medical history as well as the care being provided.

In this article, I will focus on the appropriate documentation requirements and coding of an encounter when a patient's chief complaint is a 'rash'. We will explore a few examples using the final diagnosis based on the clinical findings and histopathologic documentation and then code those both using ICD-9-CM and ICD-10-CM.

There are many times when patients present to a dermatologist with symptoms of a rash as the chief complaint.

The dermatologist or other qualified healthcare provider will obtain the history of present illness (HPI), to include location, context and quality as well as the duration and severity of any associated symptoms and modifying factors. Next the provider reviews the system(s) (ROS) affected, which, in a dermatology setting, may focus predominantly on the integumentary system and examine other systems as necessary. The medical decision making may lead to more work-up, e.g., obtaining a biopsy for histologic examination.

The healthcare provider will further focus on patient personal and family medical and social history. Questions that are pertinent to the condition being managed may help further elucidate potential causes for the rash.

Based on all of the information obtained, the provider, after discussion with the patient, makes a decision as to the best medical care/treatment for the presented condition.

According to Medicare's Documentation Guidelines for Evaluation and Management (E/M) Services, the encounter is based on three key components: history, exam and medical decision making. For established patient encounters (99212 (1*)-99215), two of the three key components must meet or exceed criteria to qualify for a specific level of E/M services. In contrast, for new patient encounters (99201-99205), all three of the key components must be met in order to report the most appropriate level of E/M service.

Components for E/M Level of Service – Established Patient

CPT Code	99211*	99212	99213	99214	99215
History of Present Illness (HPI)	Minimal	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive
Physical Examination	Minimal	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive
Medial Decision Making (MDM)	Minimal	Straight Forward	Low Complexity	Moderate Complexity	High Complexity

**Not appropriate to report physician work.*

Components for E/M Level of Service – New Patient

CPT Code	99201 (99241, 99251)	99202 (99242, 99252)	99203 (99243, 99253)	99204 (99244, 99254)	99205 (99245, 99255)
History of Present Illness (HPI)	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Comprehensive
Physical Examination (PE)	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Comprehensive
Medial Decision Making (MDM)	Straight Forward	Straight Forward	Low Complexity	Moderate Complexity	High Complexity
History of Present Illness (HPI)	Minimal	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive

Note: E/M documentation guidelines are available in 1995 and 1997 versions at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/EMDOC.html.

Article Continues on the Page 9

Clinical Findings - Coding Examples

1. The biopsy report states '*papillary dermal edema and angiocentric neutrophils invading the walls of superficial dermal blood vessels, with fibrinoid necrosis, leukocytoclasia and extravasated erythrocytes. Scattered lymphocytes and eosinophils are also seen, on a background of focal dermal necrosis. The histology is of a leukocytoclastic vasculitis*'.

   Final Diagnosis: **Leukocytoclastic (Hypersensitivity) Vasculitis**

   ICD-9-CM Code: **446.29** Other specified hypersensitivity angiitis

   ICD-10-CM Code: **M31.0** Hypersensitivity angiitis

   Note: If both the PC and TC for the pathology service is performed in-house, this would appropriately be reported with the pathology service codes 88305. If the pathology service is outsourced and your payer/state allow for pass-through billing, append the appropriate modifiers (PC/TC) to distinguish the work performed by the in-house provider from that which was outsourced.

2. Examination of the lower legs of a corpulent middle aged female reveals tender redness along with hyperpigmentation and some areas of nodular induration in otherwise tight, bound down-looking skin above the ankle to the mid lower leg level.

   A biopsy reveals '*a septal and lobular mixed inflammatory infiltrate in the subcutis composed of lymphocytes and occasional histiocytes, with fat necrosis. PAS highlights the so-called "arabesque" pattern of hyaline adipocyte membrane necrosis. No interface change is seen at the basal layer, and no changes suggestive of vasculitis are seen. Gram stain is negative for bacteria, and colloidal iron does not reveal increased dermal mucin. Lobular panniculitis is a reaction pattern secondary to numerous disease processes. While advanced stasis dermatitis (lipodermatosclerosis) is favored histologically in this biopsy, the exact etiology is best determined clinically*'.

   Final Diagnosis: **Lipodermatosclerosis**

   ICD-9-CM Code: **729.39** Panniculitis, other site

   ICD-10-CM Code: **M79.3** Panniculitis, unspecified

3. A patient presents with a new onset of a moderately pruritic eruption with onset two weeks following the initiation of a new lipid lowering drug regimen. A complete skin examination reveals a bilaterally symmetrical eruption of pink, variably sized macules and plaques on the chest, abdomen and proximal extremities.

   Final Diagnosis: **Drug eruption**

   ICD-9-CM Code: **693.0** Dermatitis due to drugs and medicines taken internally

   ICD-10-CM Code: **L27.0** Generalized skin eruption due to drugs and medicaments taken internally
   T36.905 Adverse effect of unspecified agents primarily affecting the cardiovascular system

4. Patient presents with an intensely pruritic, papulovesicular, erythematous, bilaterally symmetrical eruption localized to the face, neck, and exposed arms and forearms. The patient reports that recently he had started using a new sunscreen product on his exposed skin.

   The biopsy specimen reveals, an excoriated, acanthotic, mildly spongiotic epidermis with focal parakeratosis and lymphocyte exocytosis. Acantholysis is absent. A superficial perivascular lymphocytic infiltrate without eosinophils is seen in the dermis. The basal layer is intact. Neither fungal microorganisms nor basement membrane changes are seen with interpretation of a PAS histochemical stain. A colloidal iron stain does not reveal increased dermal mucin. The changes are most compatible with those of an eczematous process, including contact, nummular and atopic dermatitis.

Article Continues on the Page 10

Final Diagnosis:	**Allergic Contact Dermatitis due to Sunscreen use**	
ICD-9-CM Code:	**692.3**	Contact dermatitis and other eczema, due to drugs and medicines in contact with skin
ICD-10-CM Code:	**L23.3**	Allergic contact dermatitis due to drugs in contact with skin *Use additional code for adverse effect, if applicable, to identify drug (T36 – T50 with fifth or sixth character 5*)
	T49.3x5	Adverse effect of emollients, demulcants and protectants

All the cases above have been coded using the clinical findings documented in the patient medical record. In circumstances where a biopsy was also performed, it may be appropriate to report both an E/M service (992xx) as well as the biopsy of skin code (11100). It is important to ensure that that the medical record contains succinct documentation to reflect the *significant, separately identifiable E/M service* performed to support the level of service reported.

The CMS Internet Only Manual (IOM) (Claims Processing Manual, Publication 100-04, Chapter 12 (Physicians/Nonphysician Practitioners), Section 40.1 (Definition of a Global Surgical Package), (C) (Minor Surgeries and Endoscopies) defines all procedures with a global surgery indicator of '0' or '10' as minor surgical procedures, e.g. skin biopsy CPT code 11100.

This IOM section further states that E/M services performed on the same day as the surgery are included in the payment for the procedure *unless a significant and separately identifiable E/M service is performed*. The significant and separately identifiable E/M service may be reported separately with modifier 25 - "*Significant Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service*".

When coding in ICD-10, it is important to follow the coding instructions that prompt one to include additional coding information and sequencing rules, as shown in Example 4 above.

Faith C. M. McNicholas, RHIT, CPC, CPCD, PCS, CDC has a wide range of experience in various medical specialties, both solo and group practice settings ranging from cardiology to endocrinology to dermatology. Her passion however, lies in dermatology. She is the Assistant Editor for Derm Coding Consult – a quarterly coding and regulatory newsletter published by the American Academy of Dermatology (AAD), a regular feature contributor to Association of Dermatology Administrators and Managers (ADAM) Newsletter, Journal of Dermatology Nurses Association (JDNA). She has written extensively on coding, reimbursement and regulatory changes and how it affects the physician practice. She is also a known presenter at the AAD Annual and Summer Meetings, AAPC Regional Meeting, ADAM, JDNA Annual meetings and AAD monthly webinars and regional symposia.

She is a Registered Health Information Technician (RHIT) and member of American Health Information Management Association (AHIMA) as well as a Certified Professional Coder (CPC) and member of the American Academy of Professional Coders (AAPC) with specialization in dermatology coding. Other qualifications include certification Medical Billing, medical coding, management of medical office and healthcare practice and a degree Health Information and Management Technology. She is a certified and approved ICD-10-CM/PCS Expert and Trainer.

She is a member of AHIMA Practice Council Practice Council a group of volunteers who advance physician practice standards, and influence legislation affecting physician practices, as well as a member of AAPC Chapter Board of Directors, a group of volunteers who advance coding education efficacy among coders.

She is currently the Manager, coding and reimbursement/Government Affairs at the American Academy of Dermatology in Schaumburg, Illinois. She is also proprietor of Coracle – a medical coding, billing and practice management consulting firm.

Are your CPOE Entries REALLY Meaningful Use Compliant?

By Angela Short, MHA, CPCO, CPC-D, The Dermatology Group, PC

Since President Obama and Congress signed the American Recovery and Reinvestment Act, or ARRA, healthcare providers have been challenged in understanding what constitutes meaningful use and why ePrescribing or providing a patient a summary of their visit is important. In exchange for adopting a certified electronic record and demonstrating use of the system in a meaningful way, the federal government will pay each provider up to $18,000 depending on the year that the provider met meaningful use. Failure to meet meaningful use by the end of 2014 will result in payment cuts beginning January 1, 2015. The payment cut is 1% per year and is cumulative for every year that an eligible professional is not a meaningful user. Based on articles published in a number of industry publications it appears that providers are getting the message that adopting an electronic health record is the best option and most have already moved forward with a rollout of an EMR or they are in the final planning stages. This is great news.

However, one very important note is that compliance is in the details. According to the rule, a provider must hit a specific percentage of orders through CPOE, "Computerized provider order entry." The key word in this phrase is provider and under the program only entries made by a licensed professional would be counted towards compliance. The American Medical Association along with other professional societies argued that it was not uncommon for medical assistants and other staff to enter this information into the computer at the provider's direction. August 23, 2012, the program issued an update to the entry requirement allowing entries made by "credentialed medical assistants" to count towards the provider's compliance. The August 23rd publication was very specific in terms of what the program would consider as a credentialed medical assistant. According to CMS the credential must meet the following:

> *Credentialing must come from an organization other than the organization employing the medical assistant. It is not uncommon for providers to hire individuals and train them to operate as a medical assistant. While these individuals can still perform functions for the practice, they cannot enter orders into the EMR and have those orders count towards certification. It is important to look at the intent of CMS for the credentialing, and it infers that CMS expects the medical assistant to have completed an examination to demonstrate their knowledge.*

It is very important to understand that you do not need to terminate all your medical assistants that are not credentialed, but you do need to be careful that only credentialed medical assistants are entering orders into the electronic record. Also very important for you to understand is how your EMR is generating reports showing compliance with the CPOE requirement for meaningful use. If you have non-credentialed medical assistants entering orders, you need to make sure the reporting will count these individuals as non-credentialed and the entries made by these individuals will not count towards compliance. I know many EMR's do not have this ability, so if you have non-credentialed medical assistants entering orders, you may be in a situation where you have to manually pull out these entries from the system generated report. For additional information regarding credentialed medical assistants see CMS frequently asked questions: https://questions.cms.gov/.

Angela Short, MHA, CPCO, CPC-D joined The Dermatology Group in 2007 as the Vice President of Operations. Prior to joining The Dermatology Group, Ms. Short served as the Chief Operations Officer for a hospital-owned multi-specialty group in Northeast Tennessee and Southwest Virginia. In this role, Ms. Short facilitated numerous practice acquisitions. Additionally, Ms. Short served as the Chief Compliance Officer with a large multi-specialty group in Virginia, where she managed a government mandated compliance program. Ms. Short earned a Bachelors Degree in Business Administration with a concentration in Accounting from East Tennessee State University, and a Masters in Healthcare Administration from Seton Hall University. Ms. Short is a Certified Medical Practice Executive, Certified Professional Coder, and Certified in Healthcare Compliance. She has served on numerous healthcare related committees, served as a speaker with the Health Care Compliance Association and the American Academy of Professional Coders, and published numerous articles related to healthcare operations.

Using the Membership Directory on the ADAM Website

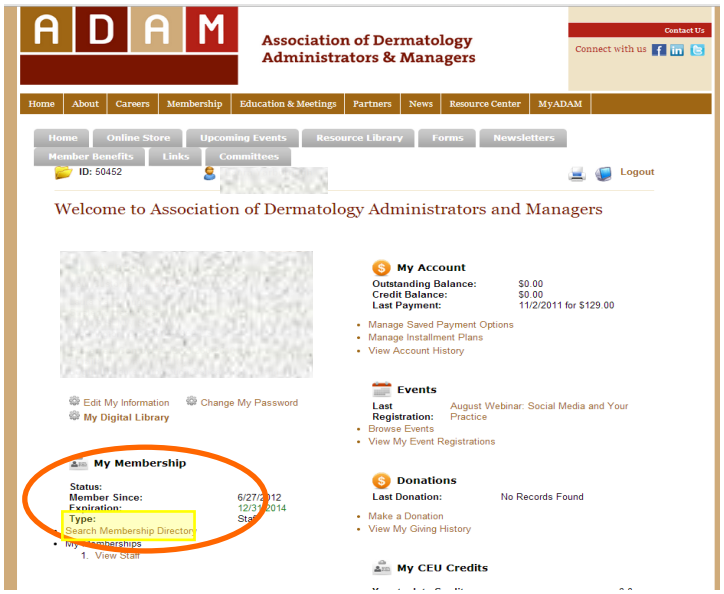
How To Guide

If you are looking for contact information for an ADAM member in your area or someone whose first name has escaped your mind, using the ADAM Membership Directory is easy. Just follow the steps below.

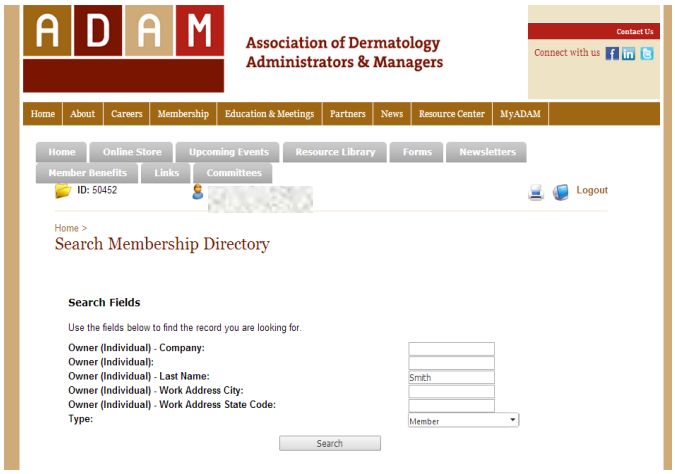
If you have any questions, please contact ADAM Headquarters at (866) 480-3573 or ADAMinfo@shcare.net.

① Go to the my ADAM webpage, http://www.ada-m.org/aws/ADAM/pt/sp/myadam.

A. Use your username and password to log in and you will see the page below.
B. Under My Membership (see the orange circle) click Search Membership Directory (see yellow square).

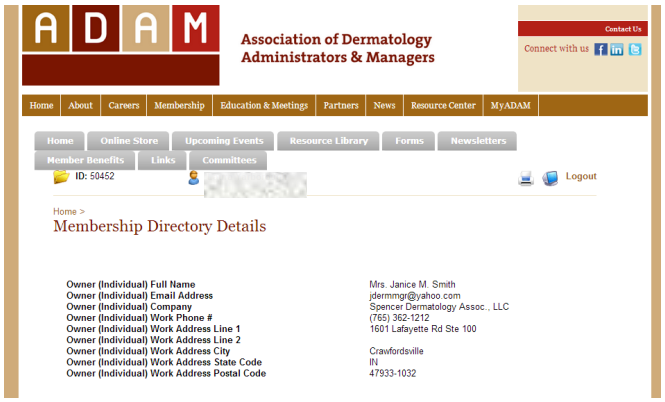


② On this search page, you can search by company name, full name, last name, city and state. In this example, the last name Smith was selected along with Member (meaning current member). Then click Search.



③ Here is what the results look like. To see all available contact information for an individual, click on view (see orange circle)

④ Here is what the details look like for the record you selected.

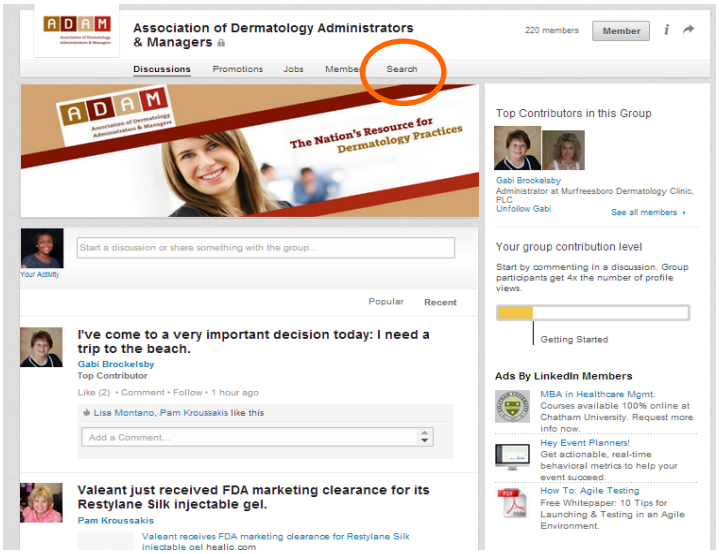


Searching Past Conversations on LinkedIn

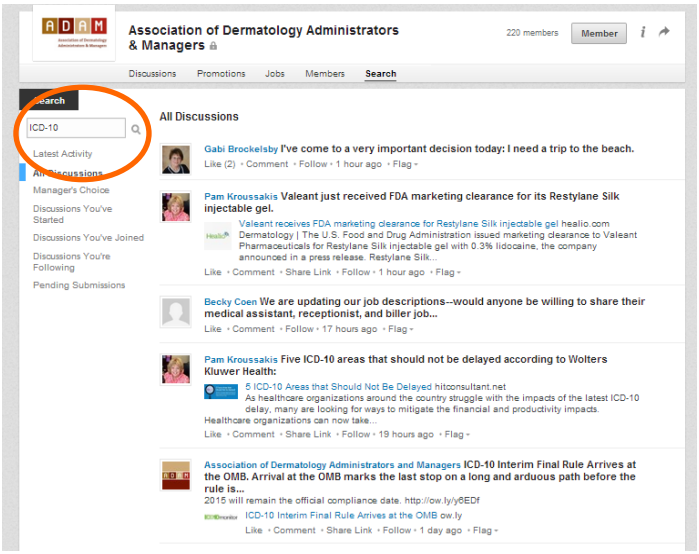
Do you have an idea for a "How To Guide"? Is there something that you need help understanding? Please email ADAM Headquarters at ADAMinfo@shcare.net.

① Log into LinkedIn and go to the ADAM LinkedIn Group

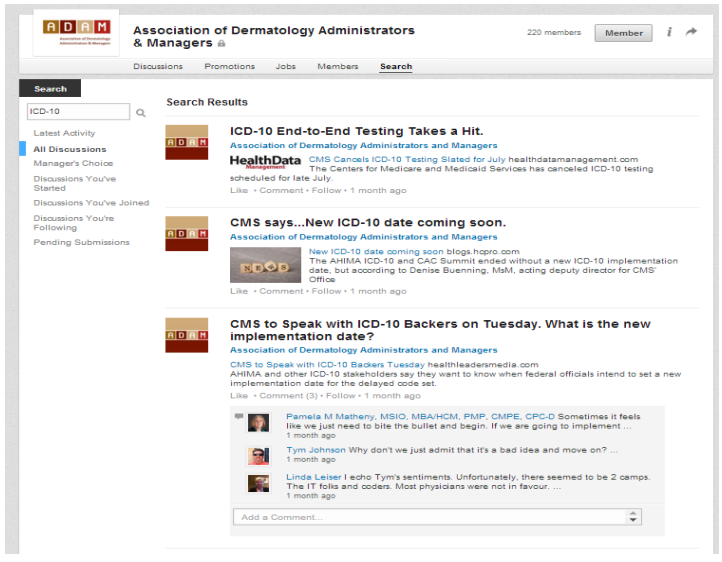
A. Click on Search in the navigation bar (see the orange circle).



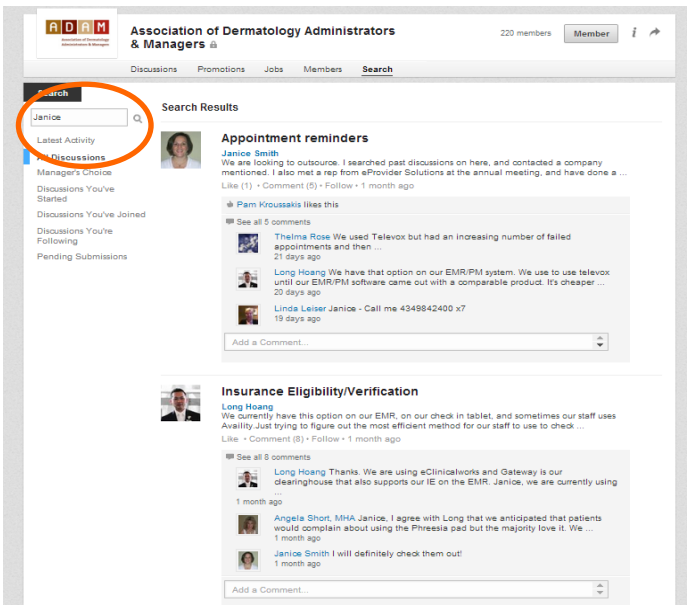
② In the search box (see the orange circle), type what information you are looking for. For this example, we are using ICD-10. Then click on the magnifying glass.



Here are the results



You can even search for individuals



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