Executive Decisions in DERMATOLOGY

ADAM

Compliance, HIPAA, and More

May/June 2014

ADAM Practice Manager of the Year Award

ADAM would like to congratulate **June McKernan, COO, of Patient Preferred Dermatology** in Los Alamitos, CA as the recipient of the 2014 ADAM Practice Manager of the Year Award.

Pictured: Jayne Kresinske, President, ADAM (left), June McKernan (middle), and Pam Kroussakis, Executive Director, ADAM (right).

Upcoming Webinars

May Webinar: What's New for Meaningful Use Stage 2?

Join Laurie Morgan, partner and consultant at Capko & Morgan, on **Wednesday, May 14, 2014 at 3:00 pm EDT** for a webinar to help you prepare for the next phase of your EHR utilization and incentive journey.

You'll learn:

- The key differences between Stage 1 and Stage 2 – what CMS hopes practices will achieve in the next phase;
- How portal technology fits into Stage 2 – and how you can use it to your advantage;
- Key deadlines and reporting requirements you'll need to know;
- Ideas for how dermatology practices can respond to specific measures in Stage 2.

Click Here to Register!

June Webinar: Create an Effective Collections Process

Join ADAM on **Wednesday, June 4, 2014 at 3:00 pm EDT** for the June webinar, Create an Effective Collections Process. Now more than ever, effective communication will expedite the process of helping patients resolve their accounts. Learn how to motivate patients based on their current needs, by:

- Using appeals to collect more money from the patient;
- Identifying barriers that prevent success at each phrase of the collection process & create solutions to overcome them;
- Sharpening your negotiation skills to develop effective payment plans;
- Locate patients who don't want to be found.

Click Here to Register!

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 new ADAM president, I am very proud of what ADAM has accomplished in the past year and excited to see where we are a year from now.

Following an amazing Annual Meeting, ADAM is looking to continue to provide the members with excellent resources and tools to support both your staff and practice. For those of you that were unable to attend the Annual Meeting, we have included summaries of a few sessions as well as photos.

In this issue of Executive Decisions in Dermatology, the Communications Committee chose to focus on something that affects us all, no matter the size of your practice…Compliance. There are a variety of articles, from OSHA to HIPAA, and survey results as well.

Thank you and I look forward to this upcoming year.

Sincerely,

Congratulations to all of the 2014 ADAM Practice Manager of the Year Nominees!

Third Row: Toni Essary, *Dermatology Center of Dallas*, Dallas, TX; Laurie Hurt, Director, Cosmetic Marketing, *CareCredit*; Pam Kroussakis, Executive Director, *ADAM*; Jayne Kresinske, President, *ADAM*; Jeff Stewart, *Deborah S. Mendelson, MD, PLC*, Phoenix, AZ and Randy Haviland, *Gwinnett Dermatology, PC*, Snellville, GA.

Second Row: Rachel Landolt, Associate Marketing Manager, Cosmetics, *CareCredit*; June McKernan, *Pt. Preferred Dermatology Medical Group*, Los Alamitos, CA; Jennifer Mason, *Rocky Mountain Dermatology*, Logan, UT; Nicole Holoman, *MacInnis Dermatology, P.A.*, Leesburg, FL and Christina Watson, *Stockton Dermatology*, Phoenix, AZ.

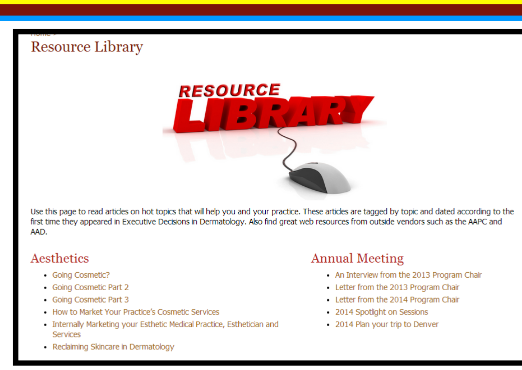
Front Row: Trish Hohman, *Helendale Dermatology & Medical Spa*, Rochester, NY; Bobbie Warren, *Ali Hendi, MD, PC*, Chevy Chase, MD; Shannon Page, *New England Dermatology Laser Center*, Springfield, MA; Angela Caponi, *Juva Skin & Laser Center*, New York, NY and Melinda Lomax, *Dermatology Center of Atlanta*, Johns Creek, GA.

Not Pictured: Yaquelin Alvarez, Sonoma Skin Dermatology, Sonoma, CA .

Member Benefit

Resource Library

The resource library is for ADAM members to read articles on hot topics that will help them and their 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 vendors such as the AAPC and AAD.



Member Spotlight

ANNUAL MEETING EDITION

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

With the Annual Meeting behind us, it is important to recognize the value to both new and seasoned managers. Below are their perspectives on the Annual Meeting and ADAM Membership.

ADAM: *What is your name and where do you work?*
Meredith: Meredith Lafevers, Administrator at Center for Advanced Dermatology in Lakewood, CO.

ADAM: *When did you join ADAM? Is this your first Annual Meeting? If yes, what made you decide to register?*
Meredith: I joined ADAM in January 2014, this is my first meeting. My practice manager, Patrick, encouraged me to register and attend ADAM. He has been a member for several years and explained the benefits of the education and networking at the ADAM meetings.

ADAM: *How long have you been a practice manager?*
Meredith: I have been Assistant Practice Manager since October 2013.

ADAM: *As a practice manager, what has been the most helpful section or event at this year's Annual Meeting?*
Meredith: I really loved the *"Say Anything to Anyone"* seminar. Also, "*Working With Your Boss Type*". I have been in management most of my professional career, but this is my first experience in a dermatology office. These two break out sessions helped me identify not only how to work with my employees, but also the kind of manager I am and where I can improve for the benefit of my staff and the practice. Also, I took a lot from the *"Anatomy & Physiology of ICD-10"*. I have a biology background, so I have a basic knowledge of the skin and all the systems involved. The A&P breakout session helped to put it all into perspective regarding dermatology.

ADAM: *What has been your best experience being an ADAM member?*
Meredith: Networking, networking, networking!! It was so great to meet managers in my similar situation and bounce ideas off of each other. It was wonderful to have varied levels of experience to pull from as well as talk to managers from larger practices to help me develop a 'game plan' as our practice and patient base grows.

ADAM: *What is your name and where do you work?*
Tony: Tony Davis, Executive Director at Dermatology Specialists in Edina, MN.

ADAM: *When did you join ADAM? Is this your first Annual Meeting? If yes, what made you decide to register?*
Tony: I joined ADAM after I started my position at DSPA in August 2009. A very good friend of mine, Joanne Stadnik, was instrumental in the formation of ADAM in its early days and she strongly recommended that I get involved.

ADAM: *How long have you been a practice manager?*
Tony: This is actually my first full-time practice manager role. I previously worked with a large CPA/Consulting firm, now known as CliftonLarsonAllen, and had worked within many different physician practices as their accountant and consultant. It's been wonderful to be able to fully engage with a doctor group on a full-time basis, rather than for periods of time as I did in my previous professional life.

ADAM: *As a practice manager, what has been the most helpful section or event at this year's Annual Meeting?*
Tony: I personally enjoyed the networking opportunities and the chance to meet new ADAM members. In the classroom, the team building presentation as well as the ICD-10 and Compliance updates were very valuable. I thought the content of this year's meeting was very informative across a myriad of topics.

ADAM: *What has been your best experience being an ADAM member?*
Tony: Meeting my colleagues from around the country and dealing with the same or similar issues that I am seeing in Minnesota is extremely valuable. It is comforting to know that we are not alone in the challenge of managing a dermatology practice. ADAM provides members with networking and educational opportunities to connect with peers and vendor resources in the dermatology marketplace.

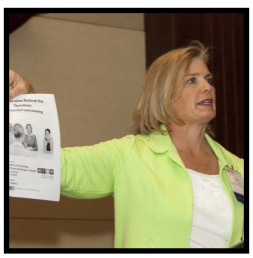
THAT'S A WRAP! ADAM 22ND ANNUAL MEETING OVERVIEW

Thank you to everyone who attended the 22nd ADAM Annual Meeting from March 19 – 21, 2014 in Denver, CO. In case you missed it, below are a few session summaries to let you know what you missed.

Wednesday, March 19, 2014

ICD-10/AAD Thank You
Written by Jill Sheon, Children's Dermatology Services

ADAM members were delighted with the opportunity to have two nationally known coding experts, Faith McNicholas, RHIT, CPC, CPCD, Coding and Reimbursement Specialist, and Peggy Eiden, CPC, CCS-P, CPCD, Dermatology Coding Staff Specialist, American Academy of Dermatology (AAD), present coding topics over the first day of the ADAM annual meeting. It is important to recognize AAD's continued commitment to dermatologists and the practice of dermatology by having their top coding experts provide a full day of coding sessions to ADAM meeting attendees, largely comprised of dermatology practice managers and administrators. Ms. McNicholas presented a robust explanation of the ICD-10-CM format and structure as well as general and chapter specific coding guidelines with multiple examples exploring the structural differences from ICD-9-CM to ICD-10-CM. Ms. McNicholas was candid in recommending that, *"We need to embrace ICD-10 preparation and implementation; don't postpone it".* As a side note, Ms. McNicholas' comments were made prior to the March 31, 2014 legislative decree that delayed implementation of ICD-10-CM until at least October 1, 2015. That being said, do not let too much dust gather around your ICD-10-CM training materials and planning meetings; it's only a matter of time.



The Questions Behind the Questions: Successful Interviewing
Written by Bonnie Oberholtzer, Dermatology Associates of Lancaster

As in previous years, Glenn Morley, of KarenZupko & Associates, Inc., once again presented a very valuable session on successful interviewing. From an employer's perspective, hiring new employees is a critical function of all practice administrators and more importantly, making sure we hire the best person for the job.

The value of interviewing success is in part due to the following: healthcare spending increased 3.7% to reach 2.8 trillion dollars, pressure on reimbursement for dermatology services, the transition from ICD-9 to ICD-10, the economy and high deductibles affecting the practice's financial performance.

Glenn advised practices to assemble a hiring committee or team. Don't forget to consider internal applicants. She gave us ways to set up phone screening with candidates, as this is a beneficial way to eliminate unqualified applicants.

It is also extremely important to be familiar with the job description and core responsibilities prior to face-to-face interviews. Knowing the proper questions to ask, keeping the questions open-ended, and being consistent in the questions being asked is critical. Lastly, closing the interview by summarizing what has been covered is very important.

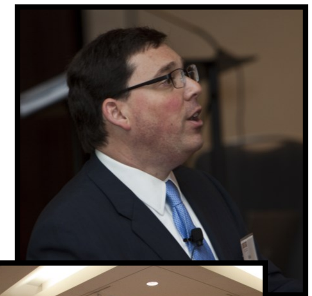
Glenn's presentation was extremely beneficial allowing me to glean some new ideas and perspectives when interviewing candidates for future positions within my practice.

Managing Retail Inventory to Maximize Margins
Written By Elisha Andrews, CT Derm PC

If you had product-retailing questions, then this presentation was for you! Holly Hagen, of SkinMedica, an Allergan Company, did a great job analyzing what can be a complex part of your business, and explored the areas that need more attention. One of her key points centered on reducing patient confusion. She recommended that rather than carrying two similar products, just carry one. Holly gave tangible and real world resolutions to dealing with staff that have 'favorite products'. She also recommended not continuing to carry products that have a slow run rate. Remember, your time is money! It takes time to inventory products, place orders, receive orders, etc. In addition, focus on only carrying one month of inventory for each product.

Overview Continues on Page 5

Thursday, March 20, 2014



Risks in the Digital Age

Written by Bonnie Oberholtzer, Dermatology Associates of Lancaster

Michael Sacopulos, JD, of Medical Risk Institute and Mark Grundy, of CorKat Data Solutions, presented a very valuable presentation on the risks in the digital age. From giving examples of various practices' misfortunes to offering suggestions and ways a practice can protect data, these gentlemen covered this material in great detail.

An integral piece to protecting data is to render it unusable, unreadable, or indecipherable to an unauthorized individual by either encryption or destroying data. They offered various ways of encryption and the types to use.

A patient's sense of security is also, a key element in healthcare. It is becoming more prevalent for patients to access their records at home, which practices can accomplish by having a patient portal.

They offered various rules for a successful EMR/HIPAA patient encounter, which ranged from employees refraining from reviewing patient charts of those individuals who are notable in their community (television celebrities, popular athletes, etc.) to setting the right expectations with patients on releasing and discussing their test results or chart content.

A key factor is for practices to run a security risk analysis. This allows the practice to systematically review their processes and systems to determine vulnerabilities. This is required by law and necessary in meeting the Meaningful Use Stage 2 requirements. Lastly, they noted that a disaster recovery plan is critical to a practice.

New Managers Roundtable

Written by Janice Smith, Spencer Dermatology Assoc., LLC

A lively and informative roundtable, led by seasoned managers Wanda Collins of Peninsula Dermatology Associates and Linda Leiser of Charlottesville Dermatology. We all face challenges in our practices on a daily basis. What brings us together is that many of our challenges are the same regardless of where our practices are located or how long we have been managing. As I listened to the questions posed, it was interesting to know how many others face the same issues. How do you handle a "sacred cow", the person whom your doctor thinks walks on water and can do no wrong in their eyes? There was some great advice on this particular issue. There were questions and discussions on a range of different topics, including compensation for an office manager. To be honest, I could have spent another hour continuing the roundtable. It was great way to network and learn from fellow managers and administrators.

Contract Negotiation: Improve Your Practice's Revenue

Written by Jill Sheon, Children's Dermatology Services

Marcia Brauchler, MPH, CMPE, CPC, Physician's Ally, Inc., stressed the importance of prioritizing contract negotiation preparation, reviewed the predictable points that occur during the negotiating process and outlined strategies for monitoring success once the contract has been negotiated. She also reminded attendees that this process, although huge in terms of manpower, ultimately will be profitable, especially when appropriate data gathering is accomplished, and especially when you "begin with the end in mind". Ms. Brauchler recommended that following each payer contract negotiation and implementation, conscientious monitoring should occur and the next renegotiation timeline schedule (per payer) determined and placed on your calendar.

Overview Continues on Page 6

Thursday, March 20, 2014 (Continued)

HIPAA… 4 Breaches and a Funeral

Written by Shannon Page, New England Dermatology & Laser Center

What an eye opening presentation by Mike Sacopulos, JD, of Medical Risk Institute. Here are a few highlights.

Mike gave a HIPAA breach example of LSA (Louisiana State Health Care) where a woman was stealing healthcare info and selling the information for cash. This breach morphed into a 13 state identity breach.

Going Rates for Stolen Information	
Credit cards	$1.50 each
Social Security #'s	$3.00 each
Patient Charts	$50.00 each

It is imperative that offices protect themselves and protect the patients from identity theft and data breaches. It was noted that offices would now need the following:

- Frequent HIPAA training (at least yearly)
  - Document staff training
  - Pass out certificates of completion and put a copy in the employee files
- Written Security Policy
- Security Risk Analysis (this is the #1 thing you will be asked for in a HIPAA audit)
- Name your security officer and make sure all your staff knows who it is
- Audit Controls (random HIPAA audit trail reports)
- Notify staff of civil and criminal penalties

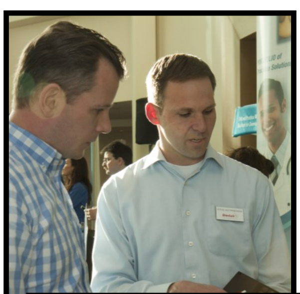
A couple other tidbits that one should do/have within the office:

1. Do you know your Business Associates…you should.
2. Update/Create BAAs (Business Associate Agreements).
3. Is your firewall up to date?
4. Perform background checks on your employees.
5. Perform random EMR audits.

Did you Know?

⇒ 500 breaches between 2009 – 2012.
- ◊ Theft accounted for 51
- ◊ Computer Hacking accounted for 7%
- ◊ Loss, improper disposal of records and/or unknown reasons accounted for 42%

⇒ $556 million was the cost associated to the victims of cybercrimes
- ◊ 38% were healthcare crimes



Mike did a fantastic job of opening up our eyes to the reality of the world that we now live in. Although much different from years past, we are also much more aware of the consequences of others actions and are learning more every day to help prevent the data breaches to keep our patients safe.

Financial Benchmarking

Written by Tony Davis, Dermatology Specialists

Laurie Mercier of Allergan provided the packed room with a broad range of statistical analysis and key metrics applicable to dermatology practices of every size and demographic. This information is something all dermatology managers/administrators can feasibly use in their practices in order to help measure their own statistical success. Derived from the large database of financial surveys conducted by BSM consulting over the past 20 years, Laurie shared metrics such as key operating expense ratios, doctor productivity, and accounts receivable averages. She was able to answer many questions from the audience and had a long line of inquisitive minds after the presentation was over.

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Friday, March 21, 2014

Don't Let Profits Slip Away: Finding and Plugging Revenue Leaks

Written by Janice Smith, Spencer Dermatology Assoc., LLC

In today's healthcare world with shrinking insurance reimbursements and increasing overhead, managing your revenue sources is becoming even more important to maintain profitability. In this session, Laurie Morgan of Capko & Morgan offered many great tips for doing just that; track your no-shows daily and comparing month-to-month, use multiple reminder methods, and customize your Google Place site. All of these, along with the many other pearls she discussed, would make your practice stronger. She made you think outside the box, and consider areas that could be affecting your practice negatively that you may not have even realized were an issue. Another great session that produced a solid checklist to complete back at the office!

Working with your Boss Type

Written by Jill Sheon, Children's Dermatology Services

June McKernan, of Patient Preferred Dermatology, and also the 2014 ADAM Practice Manager of the Year, gave an excellent presentation which identified five very different and challenging boss types that had everyone in attendance chuckling. Ms. McKernan built upon this information by asking the audience what type of boss each person is and what type of boss each wants to become, then she reviewed associated skills needed to be a successful manager. Ms. McKernan recommended that managers become self-reliant and develop a sense of value. She then noted that battles should be chosen, diplomacy should become a communication forefront, and team building skills should be developed and professional relationships cultivated. Ms. McKernan is successful in achieving her goals by using "Smart Goal Criteria" (S=specific; M=measureable; A=achievable; R=relevant; T=timely) and shared achievement scenarios from her office. Ms. McKernan suggested that on both professional and personal levels, managers continue to learn and grow, and to stay excited about what is being done. The presentation concluded with a reminder, that as managers, we are in the opportunistic position to be in the forefront of our practice in terms of progress, achievement, and success.

S pecific
M easureable
A chievable
R elevant
T imely

The Four Manifestations of Leadership

Written by Elisha Andrews, CT Derm PC

Presented by Madeleine York of York Career Development, this interactive session was centered on the varying types of leadership styles. In order to be effective leaders, it is best to understand your own unique style. The four types presented were Results Leadership, Visionary Leadership, Relationship Leadership, and Centered Leadership. Through a combination of colored cards, we worked independently on analyzing our own traits to discover our preferred style.

It was interesting to note how often many of us thought upon first impression that we were intuitively one type of leader, but upon further review, we discovered that our strengths led to us to different result.

Madeline York offers a monthly newsletter that you can sign up for via her website www.yorkinc.com.

Interview with June McKernan, ADAM's 2014 Practice Manager of Year

ADAM: *What knowledge/skills do you find invaluable to your job?*
JUNE: I have gained a lot of experience over the 30 years as a practice manager and I have seen many changes in the industry. Today, our field is full of codes and regulations. We have to work much harder to get the job done and yes, I do miss the good ole days when things were much easier. Here is what I monitor on a daily basis:

Billing Department: Finding lost monies though claim appeals and proper coding. Learn to work with the insurance carrier guidelines to maximize reimbursement is helpful. Staying on top of the A/R is a key element to financial success. One of my favorite sayings is to: "follow-up on your follow-up". Don't let things fall through the cracks.

Front Desk: Professional and friendly customer service is a requirement. Try your best to accommodate the patients. We spent an entire year covering the elements of professionalism during our monthly staff meetings. The demands on the front staff are enormous. They have to do everything "now". Answer the phone, now. Check in the patient, now. Check out the patient, now. Verify eligibility, now. You get the point. It is a good idea to check in on them to see how they are doing and what pressure you can take off of them. Sometimes helping them for 5 or 10 minutes makes all the difference in the world. Make sure they are adequately staffed and have the support they require.

Back Office: We staff two medical assistants per physician. We also have a "float" position that supports them as needed. The MA's job is fairly fast paced and they are tasked with keeping the physician on schedule. ***As with any job, communication is the key to success***. Make sure they know what to expect for the day. Check in with them to see how they are doing and if they are running on time.

Be a Team: I believe it is imperative to be able to work with various personalities and being able to communicate clearly. Putting together teams of employees to accomplish certain tasks is helpful. My practice did this when implementing e-prescribing and PQRS. We are doing it again with ICD-10. I tell my staff that "***WE are Patient Preferred Dermatology", it is all of us. It is not just me, or the doctors…it's all of us.***

Invest in YOU: Many years ago, I was reading an article that suggested that you invest in yourself. I took this to heart and devoted one hour per day to further my career. I read many books on management, studied coding and billing and learned more about anatomy and dermatologic conditions. Since I wanted to develop a cosmetic side to our practice, I learned as much as I could on procedure, products, and equipment necessary to build what we have today.

ADAM: *You have said that it is important to leave work at work, how do you de-stress?*
JUNE: There are many ways to de-stress. Yoga, Pilates and weight lifting. I have done weight lifting for years. I like to walk, play with my dog, garden, sew, weave, cook and read. I found that periodic short weekend trips help tremendously to escape it all. I love to entertain, trying new recipes and planning dinner parties is a lot of fun. A glass of wine with good friends helps, too.

ADAM: *Please offer us a few lessons learned.*
JUNE: ***Don't get pulled into the drama at the office!*** Employees love to cause waves. When they come to talk to you, listen and stay calm. Let them know you will take care of the matter. Do not choose sides or get excited. Deal with matters with professionalism and logic. Be kind. Be kind to staff, patients, reps, etc. You can be direct and be kind. You can discipline an employee and be kind. Attack the problem, not the person. Stay on top of your game. Know your business. Know what is happening in Washington. Know what changes are forthcoming. There is one thing we can always count on and that is change. Do your best to prepare and embrace the changes.

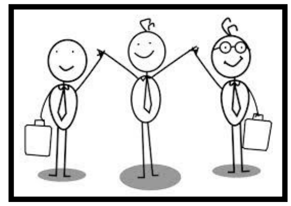
ADAM: *How do you motivate your staff?*
JUNE: Employee engagement is one of the best motivators. Have you ever heard a person say they want to go to work and do a bad job? No, of course not! We all want to feel valuable. If you delegate a task to an employee, make sure they have the tools and knowledge to perform the task and give them the ability to do it.

Interview Continues on Page 9

Interview with June McKernan Continued

Stop the micromanagement. Overseeing that the task is on target and going well can be done with simple and clear communication.

Appreciation is also imperative. "Please" and "thank you" do not cost anything. Employees like to know they did a good job each and every day. I tell my staff that I had so much fun today, that I am going to come back tomorrow and do it all over again. End the day on a positive note, even if it was a rough day.



Over the years I have learned that money is not the key motivator. It helps, but is not key.

Food helps, too! Who doesn't like to eat?

ADAM: *How do you handle an under-performing staff member?*
JUNE: Talk to them. Ask them what the problem is and the reason for their under-performance. Maybe they need additional training. Maybe they do not see the bigger picture. Assign a mentor within the practice to work with them, giving them the tips of performing within acceptable guidelines. Employees love boundaries, make sure you make them clear.

Sometimes you will need to add a time frame to the task. For example, "Can you call these patients today by 11:00 am and let me know at that time who you did not reach?" Having a time frame helps motivate the employee to get the job done on time.

Schedule meetings with this individual to monitor their performance. Let them know you want to help them to be successful in their job. Become their biggest cheerleader. Majority of the time, you will be successful. Occasionally, you will need to move forward with another choice.

The Cost Conversation: Don't Let Higher Deductibles Deduct from Your Profits

by Andy Robin, MD, Chief Creative Officer for CoverageCalculator.com

With its relative abundance of elective procedures, dermatology has long been accustomed to patients paying out of pocket for services. But that familiarity now threatens to become a dangerous complacency, as insured patients face dramatically higher deductibles in the wake of recent healthcare legislation.

According to the Kaiser Family Foundation, deductibles for employer-sponsored insurance plans averaged merely $1,135 in 2013. By contrast, deductibles for the first 3 million plans purchased through Healthcare.gov averaged between $3,000 and $5,000. This represents a daunting jump in patient payment responsibility. And bad debt rates leap to an astonishing 36 percent once patients leave a physician's office.

"Discussing costs and collecting monies up front will be essential to all practices' profitability, and dermatology offices need to take notice," warns James Weintrub, MD, founder of CoverageCalculator.com, an online tool that calculates a patient's out-of-pocket cost for a medical service.

Fortunately, increased frankness about cost is something most patients welcome. It helps them stay informed, avoid surprises, and make better decisions about their care and overall finances. Making up-front payment part of a larger conversation about cost can keep patients happy while keeping a lid on extant accounts.

Here are some tips for conducting a mutually beneficial cost conversation.

PREPARATION HELPS
When scheduling appointments, suggest that patients log into their plan website to familiarize themselves with the major features of their coverage, including deductible size and roster of fully covered services. Remind patients to bring their insurance card on their appointment day.

Article Continues on Page 10

Once patients arrive, be sure to give them a printed form stating that your office collects co-payments, co-insurance, and applied deductibles up front. Make sure the words are large and in bold print. Post a similar, large-lettered, conspicuous sign at the registration desk.

GET TO THE BOTTOM LINE TOGETHER

“The vast majority of patients are willing and able to pay their bill in the office prior to treatment, if you explain it to them,” says Karen Zupko, President of KarenZupko & Associates (KZA), a practice management consulting and training firm that has worked with physicians since 1985. In a recent newsletter, KZA recommended using simple tools to demystify cost, such as Coverage Calculator, a free out-of-pocket cost calculator.

Together, practice staff and patients pull up the website CoverageCalculator.com, fill out its fields, and see how approved prices, allowables, co-pays, deductibles, out-of-pocket maximums and co-insurance work together to determine out-of-pocket cost. Coverage Calculator distinguishes between out-of-pocket insurance costs and non-covered services costs, so that providers and office staff can conduct separate conversations about medically necessary and elective procedures, if so desired.

The process of walking patients through the calculation and watching Coverage Calculator “do the math” educates patients and gives them confidence in the accuracy of the cost they’re accountable for. Physicians’ offices can obtain coverage information from patients’ health plans via electronic transactions 270 and 271. Alternatively, patients can obtain coverage information from health plan documents, subscriber portals, or mobile applications.

MAKE PAYMENTS EASIER

Many practices have credit card readers that enable patients to pay their bills on the spot. Credit card readers can be obtained from banks and require a phone line. A relatively new electronic payment device, Square, can be attached to an iPhone or iPad. Square charges merchants (practices) 2.75 percent on every transaction. This comes on top of the fees, usually 1.9 to 2.5 percent, charged by VISA, MasterCard, and other credit card companies. These fees, while annoying, must be weighed against the benefits of immediate payment and substantially reduced bad debt.

Zupko notes that CareCredit offers a healthcare credit card, which enables patients to finance a variety of health related expenses, including large deductibles and co-insurances. For a small fee to the practice, CareCredit assumes the credit risk, removes the nuisance of patient collections, and pays the office within two business days. For AAD members, CareCredit offers a discounted provider processing rate of 2.9 percent.

MEDICARE WAIVER

And no discussion of dermatology billing would be complete with a reminder: Don’t risk being turned into Medicare for illegal charges; it’s of paramount importance for dermatology practices to get completed waivers from Medicare patients getting any cosmetic services performed.

Andy Robin *is a graduate of Harvard College and Brown Medical School. He is also an award-winning writer, producer, and director whose credits include Seinfeld, Saturday Night Live, and Bee Movie.*

After seventeen years in show business, Andy fulfilled a longstanding dream and became a physician, graduating from Brown University Medical School in 2013. While a student, he studied medical decision-making and health insurance and built online decision tools to help senior citizens select appropriate coverage.

Andy is the author of the monthly “Moneyatrics” column in the Providence Journal, which provides money-saving advice for health care consumers. In 2014, he will begin postgraduate training in Psychiatry.

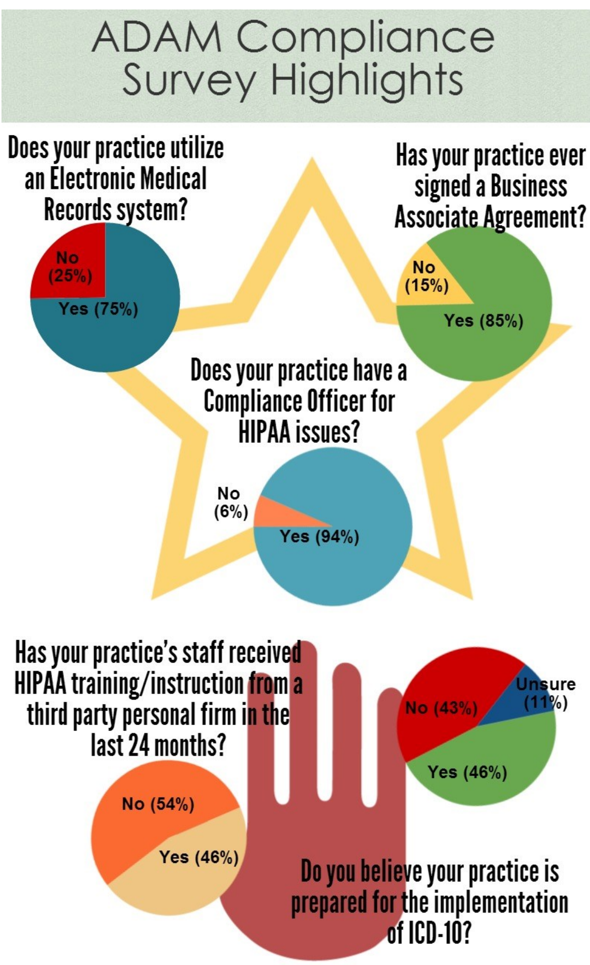
"Survey Says!..." The 2014 Membership Compliance Results and Recommendations

By Michael J. Sacopulos, JD, Medical Risk Institute

"Overhead." "A total pain." "Cost of doing business." "A necessary evil." "An interference with caring for patients." "Keeps me up at night." These are some of the printable reactions I have heard to the topic of compliance. (You should hear the *non-printable* comments.) Let's face it; compliance is no fun. So you can imagine my joy when asked to write a piece on compliance. How do I make this loathsome but crucial topic interesting to overworked practice administrators?

With the assistance of the terrific ADAM professional staff, a compliance survey of the membership was conducted.

I hope that the information below will help readers determine where their practice ranks in compliance when compared to colleagues' practices. From this baseline, I will offer a few suggestions and goals for your compliance efforts in the months to come. But first, let's look at the numbers.



119 ADAM members completed the survey. The majority (approximately 61%) of the responses came from individuals working with small practices...those with four or fewer providers that operate in one location. The responses were geographically diverse. Over three quarters of those surveyed work with a practice that had an Electronic Medical Record system and does not outsource its billing.

HIPAA Compliance Results

Between HIPAA and the HITECH Act and all the new requirements found in the 2013 Final Omnibus Rule, practices have a heavy compliance burden when it comes to patient privacy. The first area that we asked about was Business Associate Agreements. As you know, these are the Agreements with 3rd party firms that your practice shares patient information with. Examples include a third party transcription company, billing firm, collection agency, certain software vendors, etc. Government statistics tell us that the majority of breaches occur at the Business Associate level and not at the provider/practice level.

Almost 85% of respondents practices have entered into Business Associate Agreements. This left just over 15% of practices without a single Business Associate Agreement. In fact, approximately 54% of those responding indicated that their practice had at least six Business Associate Agreements. Close to 20% of those polled indicated that their practice had entered into more than 10 Business Associate Agreements. Entering into Business Associate Agreements are a key for your practice's to risk reduction and compliance.

We all are aware that staff should receive some form of HIPAA training. Despite this awareness approximately 55% of our participants indicated that their staff had received no HIPAA training within the last 24 months. Of those compliant souls, which have received training, the majority received their training by live instruction. Approximately, 40% stated that they have been trained by video or webinar.

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Another part of the compliance puzzle is having the right policies in place. Approximately 52% reported their practice had a Social Media policy. More than 72% note that their practice had a Breach Notification Policy. But when it comes to Patient Privacy Notice, as required by law, ADAM members deserve a gold star, with 100% report that their practice utilizes patient privacy notices.

With so many regulations and requirements, practices need to coordinate their HIPAA compliance efforts. One step in that direction is to appoint a Compliance Officer for HIPAA issues, of which over 93% of the respondents indicated that their practice had someone in place. The numbers weren't so rosy when it came to a Security Risk Analysis. According to Federal law, your practice is required to perform a Security Risk Analysis on a routine basis. Fewer than 65% of respondents indicated that their practice had conducted a Security Risk Analysis in the last 18 months. 30% of respondents indicated that the analysis had not been performed and about 6% of respondents were uncertain.

Coding and Billing Compliance

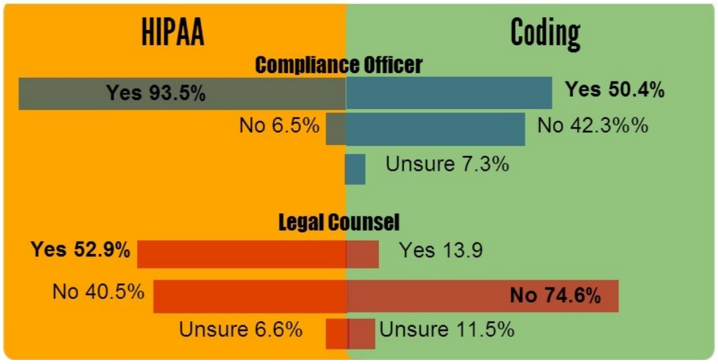
More claims were brought under the Federal False Claims Act in 2013 than ever before. The Office of Inspector General's "Work Plan" for 2014 tells us that we should expect increased efforts in monitoring and oversight of coding and billing. All of this unpleasantness comes with a backdrop of ICD-10. So in this environment and regulation, enforcement, and industry change, how many practices had a Coding and Billing Compliance policy? Approximately half of those responded that their practice had a Coding and Billing policy, while more than a 1/3 said they were certain that their practice did have such a policy and approximately 15% were uncertain. The statistics were relatively similar for practices that had a Coding and Billing Compliance Officer. Just less than half of the practices indicted that they had a Coding and Billing Compliance Officer, while more than 40% were certain that no such appointment had been made in their practice. It will come as no surprise to many that the majority of practices did not believe that they were prepared for the implementation of ICD-10.

Searching for Compliance Help

Given the volume and complexity of compliance requirements, every practice is going to need some help. Where do people turn when they have a burning question? It is typically not to an attorney. Only about 12% indicated that their practice uses legal counsel to assist with Coding and Billing Compliance. That number grows to about half when looking for assistance with HIPAA related issues. When encountering a Coding/Billing question approximately half the practices use either an independent consultant or contact CMS for assistance. Reliance upon the web, list serves, chat rooms was low with only about 10% of those surveyed indicating this was their go to option for assistance.

What did our participants find to be the most desirable way of dealing with Compliance issues? The most popular option was to utilize a question hotline. Approximately 1 in 4 participants found that to be the most desirable way to deal with compliance issues. Next on the list of preferences were webinars. A close third was private consultations. Far less popular were written questions use the internet. Clearly, participants seem to be looking for interaction with a third party when working through Compliance issues.

How does your practice compare when it comes to using a compliance officer or legal counsel?



Takeaway Messages and Advice

So what are we to make of this sea of statistics? More importantly where do we go from here? With a little help from my friend, Karen Zupko of KarenZupko & Associates, a practice management consulting and training firm, here are our recommendations:

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1) Business Associate Agreements

I was struck by how few Business Associates Agreements practices have entered into. My fear is that your practice is sharing patient information with entities with whom you do not have a Business Associate Agreement. Take a few minutes to consider outside entities that have access or work with your patients protected health information. Look through your e-mail and see what groups you are working with. Think about the vendors that supply software that your practice uses. By analyzing with whom you do business, you can start the process of entering into Business Associate Agreements.

2) HIPAA Training

The responses show that many practices are not having their staff trained on HIPAA issues. This is a recipe for disaster. Your staff doesn't have to be experts on HIPAA nor do you have to spend hours upon hours every month preaching HIPAA compliance. That said, you do need to make an effort. The majority of the practices had not offered any HIPAA training to their staff within the last two years. Given the regulatory environment and the penalties that are now appearing with some degree of frequency. It's time to have a little HIPAA instruction for your staff.

3) Coding/Billing Compliance

Half of those surveyed either did have a Coding/Billing Compliance Policy or did not know if they had one. The same was true as to a Coding/Billing Compliance Officer. "Having a plan in place is a 'good faith effort' to be compliant and demonstrates that physicians believe correct coding is a priority. That is a good thing in the event of an audit," Zupko says. "Does it guarantee that everyone will code perfectly? Not necessarily. But if you develop a plan, train staff, appoint a compliance officer, and monitor coding and billing practices internally, you're clearly making a valiant effort to do things right. So most of the time, you probably will."

4) ICD-10. Ready, or Not...

More than half of the participants could not confirm that their practice was prepared for the implementation of ICD-10. While the start date has been push back, it will still come. "It's ok to take a deep breath, just don't procrastinate," warns Zupko. "If you were moving to France next year, you wouldn't wait until then to learn French. ICD-10 is like learning a new language. It requires a lot of practice. Proceed as planned with ICD-10 training and implementation, and consider the delay an opportunity to become truly proficient with the new codes and documentation requirements."

I said it before and I will say it again; compliance is no fun. It is a necessity. Above are four areas on which to focus your practice's compliance efforts. The first three will give your practice a big bang for relatively little effort. The fourth is a challenge, but it is crucial. Good luck with your compliance efforts.

Go to click here to access the complete survey results.

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Authorization to Treat Patients Who are Unable to Make Sound Decisions for Themselves

Treating patients with cognitive impairment, dementia or Alzheimer's

By Shannon Page, New England Dermatology & Laser Center

In order to diagnose and treat, you must first maintain authorization from a responsible party. Finding the responsible party can prove to be a challenge in itself, especially for a nursing home (NH) patient.

Often, for NH patient's, the responsible party is a family member who may not even reside in the same state as the patient. Nursing homes will typically send the patient along with an aide to the office visit. The aide has no legal rights to sign for the patient and if the patient has a diagnosis that compromises their ability to make a sound decision, you need to seek permission from the responsible individual.

If the responsible party is not with the patient:

1. Call the responsible party, if they have access to a fax machine, fax over the required documentation for authorization for consent to treat.
2. If they don't have access to a fax machine, you can get verbal authorization but must put a second person on the phone to confirm that verbal authorization to treat is given. Then document who you spoke to and their relationship to the patient as well as document that you received a 2nd verbal confirmation. Mail the proper forms to the responsible person or send back to the NH to acquire the proper signatures and have them return the completed forms to the office.

Avoid assumptions:

Quite often, many assume that if a patient is transported to the office via a NH, they are automatically unable to sign for themselves. Not necessarily the case. There are many patients who still have their mental capacity but their bodies are the issue. Don't assume, check the accompanying material/data from the NH before trying to reach the next of kin for authorization.

Next of kin vs HCP vs POA:

Health Care Proxy (HCP) or Power of Attorney (POA) may not always be in place. If the patient is unable to make sound decisions and they do not have either a HCP or POA, the next of kin is able to make decisions for the patient. If the patient has a HCP or POA, that would supersede the next of kin relationship.

- HCP establishes a point person who will step in and make medical decisions for the patient in the event that they are unable to make it themselves.
- POA establishes a point person who will handle all financial decisions, and, if there is no HCP, they will handle the patient's medical decisions as well.
- HCP takes precedence over the POA in the medical office.

***Shannon Page** is the Clinical Operations Manager for New England Dermatology & Laser Center, in Springfield, MA. She has been a Practice Manager/Administrator for more than 18 years, the last eight have been in dermatology. Shannon is responsible for the oversight of the NEDLC operations (which houses general dermatology, cosmetic dermatology, 2 Mohs surgeons, 2 dermatopathologists, 3 esthetic locations & a dermatopathology lab). Shannon is responsible to ensure their 5 locations, 18 providers along with 125 employees run smoothly.*

Shannon has been a member of ADAM for many years now and has served on the following committees: Education, Mentoring & Networking and Communications. Shannon was a 2014 ADAM Practice Manager of the Year nominee.

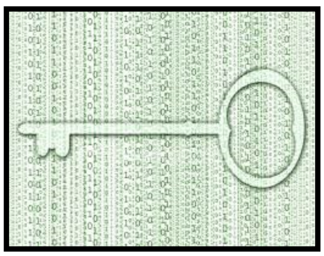
Shannon is married and has three small children.

Meaningful Use and Encryption

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

Concerta Healthcare agreed to pay $2 million over data breaches steaming from an unencrypted stolen laptop. Hospice of North Idaho agreed to pay $50,000 for an unencrypted stolen laptop that contained less than five hundred patients. These two cases only scratch the surface of the number of cases settled or under investigation by the Office of Civil Rights. To illustrate the risk that health care organizations face in terms of cyber crimes, on April 8, 2014, the FBI issued a notice indicating that "cyber activity is likely to increase in healthcare due to the large number of providers making the transition to EHRs, the laxed data security, and the potential value of the medical records on the black market." This should be a wake-up call to health care providers.

To comply with Stage 1 of Meaningful Use, healthcare providers must attest that they have complied with measures regarding the use of electronic health information. As part of this attestation, a provider must conduct a security risk analysis in accordance to requirements under 45 CFR 164.308(a)(1). A security risk analysis is a comprehensive evaluation of the medical practice's electronic resources (e.g., EMR) and identifying, if appropriate, that measures are in place to protect this information when at rest, in motion (e.g., emailing information), in transit, (e.g. on a laptop) and when information is being destroyed.



Though, healthcare providers are required to identify vulnerabilities in the way they secure health information and put measures in place to reduce or mitigate the risk of the information being compromised, probably the greatest risk that most practices overlook are measures to protect information in motion. Ask yourself the question, how often does a provider within your practice email communication regarding a patient, or send information about a patient to an outside vendor by email, or to their home email address? Even at a more basic level, how often is health information transported via a laptop or tablet? What measures are you taking to make this information unreadable while in motion? Is email even allowed under the statue and if so must a provider encrypt the communication?

While the statue does not prohibit email communication, the statue does require providers to determine the level of risk that the information being emailed could be inappropriately accessed. Based on the risk, a provider may elect a number of different options including:

- Accept the risk due to the fact that the office rarely emails information pertaining to a patient, and the likelihood that the information could be compromised is so low that the practice is willing to accept the risk. (Hint, this is probably not the option that you want to elect regardless of the amount of information being emailed.)
- Adopt a practice wide policy prohibiting an email that contains patient information. While this may sound like a simple solution, it probably is not realistic in most practices because staff needs a way to communicate with vendors and others regarding a patient.
- Put measures in place to ensure the information being sent is encrypted. Regardless of the email system that you are using, there are simple, cost effective options to ensure the messages that you are sending/receiving are encrypted.

Ask yourself another question, how many times have you received emails from friends and/or family where the message was obviously not sent by the person you know? You often open the email to find a link that hopefully no one clicks on. This email should be an immediate red-flag that this person's email has been compromised and someone has their password. This is just an example of how easy it is for your email account to be compromised. If someone compromises your email, then the emails stored on the email account can be comprised. By encrypting these messages, even if the account is compromised the messages are not readable.

Depending on the email service that you are using, encryption is likely available to protect emails stored on the email server. For example, if your practice uses an exchange email account, the practice should be able to set up encryption to protect emails stored on the server. Check your email service provider regarding the availability of encrypting emails on the server and how to set this up correctly. Additionally, you should encrypt messages being transmitted that contain protected health information. Encrypting the message generally involves a two step process that requires an action from the sender and receiver. Again, many email services have this capability built into the system, for example at my practice, we can type secure message into the subject line and the system recognizes that the message needs to be sent securely. The receiver will receive a message that they have a secure message, and the receiver must go through an exercise to verify that they are the intended receiver and then they will be able to view the

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message. Yes, it takes an extra step on both sides but this extra step could avoid a fine and/or penalty should your email face a cyber-attack.

The practice must also evaluate laptops and mobile devices to determine if encryption is needed to protect the information stored on the hard drive. While a preferred method for providers and staff to access confidential information is through a secure Virtual Private Network (VPN), let's face it that if an employee needs to access a report out of the office and has been issued a laptop, then it is likely that they may not be in a location where accessing the VPN is possible, for example while traveling by airplane, although some airlines now offer wi-fi service. It only takes a minute looking away that someone can walk away with the laptop. To ensure mobile devices are protected, practices should, at a minimum, do the following:

- Take an inventory of all mobile devices, whether it be a laptop, tablet or smart phone. Keep in mind that you also need to inventory staffs use of personal mobile devices and the information being stored on them. It is highly suggested that your practice have a policy that prohibits storage of protected health information on non-company owned devices. While this may result in your practice buying additional devices, this is a small amount of money in comparison to the cost associated with cleaning up after your data has been stolen.
- Take an inventory of who should have access by position. Does the front desk really need to access information from home or on a laptop? Does your physician on call need to access information from home? The front desk probably does not need to access information outside the office where the provider would clearly need access. As part of the security risk analysis, your practice should go through every job description and clearly outline the level of access this position/employee should have.
- Establish clear policies and procedures for use of laptops and other mobile device as it relates to protected health information. Train staff on the policies and procedures and have them sign off that they have received and agree to follow the policy.
- Take the extra step to encrypt the laptop. There are a number of software programs on the market that can help protect the device, but it is highly suggested that you use an individual/vendor that has experience setting the software up on a device as you can easily lock yourself out of the computer.

Again, while HIPAA does not require encryption, having encryption in place can help prevent a lot of headaches if a laptop is stolen. On a side note, I have personally been the subject of my information being compromised. A company that I worked with previously had a laptop stolen and all employees' information was stored on the computer including social security numbers, address, and annual salaries. The company was required to offer a monitoring service to help with any potential threats. This was ten years ago when cyber attacks were not as common and I can tell you first hand that as the person having my information compromised it was scary. It has increased my awareness of ensuring my credit report is accurate. I do not think any organization wants their customers to worry about the personal/ demographics information that they are providing. While HIPAA does require every organization to take the initiative to conduct a security risk analysis, healthcare organizations should not stop at the analysis. Healthcare organizations should exercise preventive measures to reduce the risk of information being compromised.

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OSHA Training Options for Your Staff

By Elisha Andrews, CT Derm PC

It is your responsibility to ensure your employees have the knowledge and skills to work safely and protect your practice from reportable injuries and lost work time. OSHA training can be very time consuming, especially while managing a busy dermatology practice, as well as confusing and at times costly.

Below are several options available to ease your OSHA training woes! The first and most successful option, the one that I have used in my office, is online training. There are several reputable companies with online portals that include training credits for purchase. This option has worked out the best in my office as the employees work through the various sessions at their own pace, and take an exam with each course. My Physician owner and I like this options as our office does not need to close for training, which means no loss of revenue. Also, it is important to look for a company that offers a 'Certification of Completion' for each employee as required by OSHA.

A more cost effective option is (to purchase) a OSHA training DVD. Often, this can be completed in an hour, and some companies provide a quiz that you give the employees to prove their aptitude in the subject matter. Make sure to properly record the training and have the employee sign a training log once the training is completed.

Another source of OSHA training are seminar companies which offer off-site day-long OSHA training sessions. However, the training takes all day and can be very expensive, due to the cost, staffing limits in the practice, or closing of the office all together.

Remember…

If you are a participant of the **ADAM-Edge program**, a Supply Chain Savings Program with Henry Schein, benefits include free OSHA training, Inventory Management, Reporting, Budgeting, and much more! **Contact your Henry Schein rep to arrange OSHA training.**

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

If you are interested in the online training option that I use, send me an email at Elisha@ctdermpc.com. I am happy to share that information with you! Remember, *'an ounce of prevention is worth a pound of cure'.*

***Elisha Andrews** has been managing CT Derm, PC in Fruitland Idaho for over 10 years. She is an active member of the Communication Committee with ADAM and loves the challenges that working the field of Dermatology brings.*

Dermatology Photography: Is Your Practice HIPAA Compliant in Terms of Consent and Process?

By Jill Sheon, Children's Dermatology Services

Being part of a university environment has many advantages, including the need and support for HIPAA compliance in terms of employee training, and the mandated unified approach to documentation. Certainly this concept is carried over into private practice offices. However, the creation of patient-related forms, from within either the university-based or a private practice setting, is more individualistic opportunity to systematize your office in terms of information collection and work flow. One of the forms that received much review and revision, and a process flow change in our office was the Authorization for Photography Form. In dermatology, our physicians and physician extenders are taking more and more photographs for baseline and diagnostic purposes, continuation of patient care, teaching, research and/or publication purposes. These photographs legally become part of the patient's chart and therefore must be accompanied by formal consent, and then taken, with HIPAA regulations in mind.

In January 2013, The U.S. Department of Health and Human Services (HHS) moved forward to strengthen the privacy and security protections for health information established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This final omnibus rule greatly enhances patient privacy protection, provides individuals new rights to their health information, and strengthens the government's ability to enforce the law. The rule protects patient privacy and safeguards patients' health information in an ever expanding digital age.

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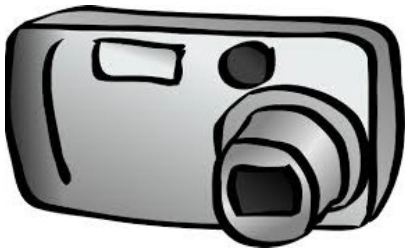
It sets new limits on how information is used and disclosed for marketing, fundraising purposes and research purposes, and prohibits the sale of an individuals' health information without their permission.

The changes to the previous HIPAA Privacy and Security Rule greatly enhance a patient's privacy rights and protections, but also strengthened the ability to vigorously enforce the HIPAA privacy and security protections. This final omnibus rule has a fine structure where practices would pay, based on their willful neglect, up to $250,000 per violation and face imprisonment for up to 10 years. The American Academy of Dermatology's website has reported several incidences where physician practices have been charged with $100,000 plus in fines due to HIPAA omnibus rule breeches. This is the reason we have been reviewing our practice processes as related to HIPAA, starting with our patient Consent for Photography Form. In addition, we reviewed the process by which we are taking patient photographs.



We worked with our director of risk and compliance (remember, we are an academic center) to revise our existing photography consent form which now includes two authorizations sections; 1) Specific to all visits that occur within a given year, with "yes" and "no" answers that authorize the providers to take photographic imagery to include in the patient's electronic medical record, and which can be used for insurance purposes, academic teaching, research purposes, journal articles, books and/or chapter submissions; and 2) a nonspecific request which means that for every visit moving forward, we have approval to utilize the photographic imagery for any of the above reasons. Our 2014 Authorization for Photography Form is distributed to new and return patients on an annual basis. The explanation of this form to the parent/guardian or patient, completion, and scanning of this form into the patient's EHR has become one (additional) check-in process requirement. Our check-in staff is doing a terrific job and this is due to furthering their HIPAA knowledge including their understanding of the levying of potential fines for noncompliance. Prior to their taking the photography, our providers are confirming that a valid photography authorization form exists in the patient's EHR.

With the taking of photographic imagery, from a HIPAA perspective, the focus needs to be on ensuring that the image is downloaded directly into the patient's chart and then immediately deleted from the camera to avoid a HIPAA imagery breech. Our physician took the lead and identified a photographic system that interfaces our EMR via an app on the iPhone or iPad camera and combines it with a photo app, which loads directly into the EHR. The photo is taken and automatically downloaded into the EHR, and does not appear on the iPhone/iPad camera roll. The iPhone and iPad are registered with the academic center's information systems department, so that it can be set up within firewall criteria.

As part of an academic center, our physicians teach dermatology residents who rotate with us on a regular basis. The residents are likewise required to comply with our office's processes, including our photography processes or they will add to our liability.

These processes took us about a month to develop and it took another month to work out the kinks. We are using the HIPAA omnibus rule as a tool as we review other processes and procedures, including our business associate agreements. For more information on this topic, go to the HHS website, Health Information Privacy page, under HIPAA at http://www.hhs.gov/ocr/privacy/hipaa/administrative/omnibus and to the AAD website, compliance and legal issues page, under HIPAA, at http://www.aad.org/members/practice-and-advocacy-resource-center/compliance-and-legal-issues/hipaa.

***Jill Sheon** is the Practice Manager of Children's Dermatology Services and Acne Treatment Center, of Children's Hospital of Pittsburgh, University of Pittsburgh Medical Center (UPMC). The office is the only dedicated pediatric dermatology practice within a 125-mile radius of western Pennsylvania and has a referral base of over 1,000 physicians. The medical team includes two full-time, board-certified pediatric dermatologists, a pediatric dermatology fellow and five full-time physician assistants, and dermatology and pediatric residents. They see approximately 28,000 patients annually. Jill has been in this position since 2005. Prior to this, she was the Operations Manager for the Adult Dermatology Department of UPMC for five years. Overall, Jill has over twenty years of practice management experience. She holds a Master's Degree in Public Policy Management from the University of Pittsburgh. Jill joined ADAM in 2007, and finds that the annual meeting provides a great educational experience in dermatology practice management and a huge networking opportunity.*

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