ADAM
Executive Decisions in DERMATOLOGY

**Summer is over…Time to fall into work!**

September/October 2014

## How Secure is Your Patient Credit Card Data? *5 Actions to Take Now*

**By Cheryl Toth, MBA, KarenZupko and Associates, Inc.**


Recently, I learned that a cosmetic practice client guarantees new patient consultations by taking patient credit card numbers over the phone, and entering them into the computer system's free-form "notes" field. "We never run the patient's credit card until they come in for their appointment," explained the Patient Coordinator. "After we run it, we delete the number."

This Patient Coordinator is top-notch and the practice is very successful. But what she and staff are doing with credit card numbers is not only risky, it's *prohibited* under the Payment Card Industry (PCI) Security Standards, developed by Visa®, MasterCard®, Discover® and American Express®, to reduce the risk of credit card fraud and identity theft. That's because "notes" fields are not secure, not encrypted, and everyone in the practice has access to the data.

**Article Continues on the Page 5**

## Upcoming Webinars

**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, will take place from Noon to 1:00 pm EDT. 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

**October 15, 2014:** *Building on the Basics: A Microsoft Excel® Webinar for Healthcare Professionals*, presented by Nate Moore, CPA, MBA, FACMPE, of Moore Solutions Inc., will take place from 2:00 to 3:00 pm EDT. This webinar is a basic introduction to Excel focusing on medical practice applications, including:

- Recognize several ways to get your practice data into Excel
- See a wide variety of Excel features and functions
- Distribute analyzed data from Excel


Invest time in this workshop now and you'll make that time back over and over again with increased Excel productivity. The presentation will be a live demonstration using Excel 2013 for the PC.

Click Here to Register


## COUNTDOWN TO ICD-10

| DAYS | HOURS |
|---|---|
| 392 | 10 |

## 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 summer concludes, it is time to gear up for fall and make sure that your practice is in top shape. Whether updating policies, confirming your practice is compliant or making your patients aware of the Skin Cancer truths, you need to hit the ground running.

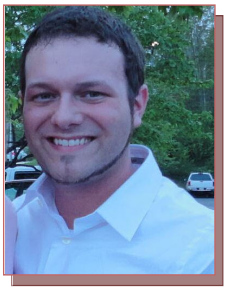
This issue of Executive Decisions in Dermatology focuses on collections as well as provides you with information utilizing the Forms Section of the ADAM website and the U.S. Surgeon General's Call to Action to Prevent Skin Cancer. We hope that this newsletter serves as a resource for you, your staff and practice.

Fell free to email to send article suggestions 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?*
**Kyle:** Kyle D. Geer of Cumberland Dermatology,P.C. in Crossville, Tennessee.

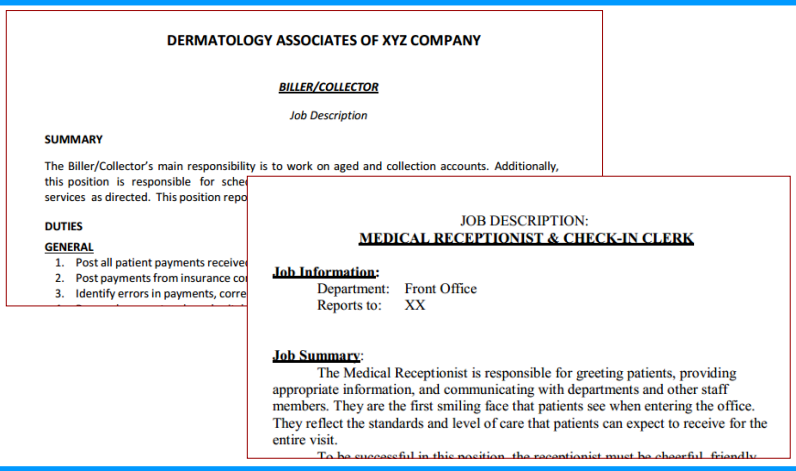
**ADAM:** *When did you join ADAM?*
**Kyle:** I joined ADAM in October 2013

**ADAM:** *How long have you been a practice manager?*
**Kyle:** I have managed at my current practice for just over one year and previously for three years.

**ADAM:** *As a practice manager, what do you find to be the most challenging part of your job?*
**Kyle:** I love good challenges as that keeps things exciting. The changes in healthcare that happen so rapidly definitely keep me on my toes. With that in mind, the biggest challenge is remembering to maintain healthy relationships with my staff and patients as they are why I do what I do.

**ADAM:** *What has been your best experience being an ADAM member?*
**Kyle:** The annual meeting was a great experience for me. Newer to the healthcare realm, I was able to meet and develop close contacts with fellow managers who are specific to dermatology. I really appreciate the comradery that the ADAM group fosters within dermatology.

**ADAM:** *What would you recommend to a member who is looking to be more involved?*
**Kyle:** LinkedIn is a powerful resource to engage with other members. This on-line community allows for a safe environment to ask questions and read posts that allow you to make better business decisions with insight from your peers. Invaluable!



DERMATOLOGY ASSOCIATES OF XYZ COMPANY

BILLER/COLLECTOR

*Job Description*

SUMMARY

The Biller/Collector's main responsibility is to work on aged and collection accounts. Additionally, this position is responsible for sche services as directed. This position repo

DUTIES

GENERAL

1. Post all patient payments receive
2. Post payments from insurance co
3. Identify errors in payments, corre

JOB DESCRIPTION:
MEDICAL RECEPTIONIST & CHECK-IN CLERK

Job Information:
Department: Front Office
Reports to: XX

Job Summary:
The Medical Receptionist is responsible for greeting patients, providing appropriate information, and communicating with departments and other staff members. They are the first smiling face that patients see when entering the office. They reflect the standards and level of care that patients can expect to receive for the entire visit.

To be successful in this position, the receptionist must be cheerful, friendly

## Member Benefit

### Forms Section of the ADAM Website

The ADAM website contains tons of information to help you and your practice. Rather than developing a form, policies or position descriptions from scratch, check out what is available in the Forms Section of the ADAM Website.

## Medical Risk Institute & ADAM Offer Compliance Webinars To Members

In August, Medical Risk Institute (MRI) kicked off the first of two webinars since joining forces with ADAM. The stage was set and all ears listened in for "The State of HIPAA Compliance and Enforcement". While we all know that HIPAA Enforcement and Regulatory Oversight has increased dramatically in recent years, the webinar showcased where enforcement is headed. MRI revealed how enforcement, at both the government level and private sector litigation, is being utilized to fight those who are not compliant. August's webinar covered concrete recommendations for members to help their practice get up to speed with compliance, while helping to prevent unpleasant consequences that follow a privacy breach.


The second webinar in this pair is "OMG! It's the OIG." This webinar will be offered on September 11, 2014 from 12:00-1:00 pm EDT**.** This webinar will cover how the Office of Inspector General (OIG) as well as State Attorney General's Offices have been actively involved in bringing actions against medical providers for filing false claims. A strong reminder will be engrained in attendees that improper billing of the Medicare/Medicaid system can result in an array of penalties from monetary reimbursement to imprisonment. This webinar will:

- Look at your practices' need for a compliance strategy
- Identify seven components of a compliance plan will be detailed
- Discuss preemptive analysis of your practices' billing and how waivers of co-pays and deductibles can trigger billing compliance issues.

During this webinar, questions will be raised and answered. This high-level overview of coding and billing compliance will be fast-paced and entertaining.

Medical Risk Institute is a partner of ADAM, together focusing on compliance needs. Medical Risk Institute's webinars are presented by Michael Sacopulos, a practicing healthcare attorney. He takes the boring, legalistic nature of compliance as a personal challenge. It's a safe bet that MRIs webinars will be entertaining. To register for the upcoming webinar, click here. If you miss a live webinar, don't worry. ADAM records all webinars for your convenience, click here to view the archive.

## HOT TOPICS ON LinkedIn

In The News: **Data Breaches, Hackers** and **Protecting Your Practice.**

**Communicating with Staff** using hands on training, written notifcations, and staff meetings.

**Federal Sunshine Act:** Open Payments System Reopens, Extends Physician Registration and Review Period.

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

# ADAM Members Only: Receive Discount on Compliance Packages

From e-mail to medical records to social media, medicine is squarely in the digital age. Look no further as we have your one-stop solution for all your compliance needs. Medical Risk Institute (MRI) has extended to all ADAM members a **15% discount** on their Compliance Plans, including HIPAA and Coding & Billing packages as well as á la carte services.

ADAM is excited about its partnership with Medical Risk Institute. We understand that compliance is complex and time consuming, however by partnering with MRI, ADAM members will be in a better position to be secure and compliant. Please click here for more details and pricing on MRI's Compliance Plans.

For more information: call (812) 238-2565 or go to www.medicalriskinstitute.com.


## ADAM/MRI Compliance Plans

ADAM is excited about its partnership with Medical Risk Institute. We understand that compliance is complex and time consuming. By partnering with MRI, ADAM members will be in a better position to be safe and compliant.

### One-Stop Compliance Solution

Medical Risk Institute (MRI) and ADAM have partnered together to offer members solutions to reduce their liability from being sued. **Through this partnership all ADAM members will receive 15% off all MRI services**.

For more information:
Call 812-238-2565 or go to medriskinstitute.com.

medical risk INSTITUTE
Preventive Strategies. Proactive Counsel.

ADAM
Association of Dermatology Administrators & Managers

## Flexible Solutions for Your Practice's Needs

### HIPAA & HITECH Compliance Package

- Staff training on privacy and security issues. Upon completion, each individual receives a certificate to document successful completion of training available for twelve months.
- Independent information technology review to access security and compliance. A report from this review will supplement the security risk analysis.
- A customized binder filled with policies, notices, and plans will be provided.

### Coding and Billing Package

- Speed up and optimize the proper payment of claims.
- Minimize billing mistakes.
- Reduce the chances an audit will be conducted by the Health Care Financing Administration.
- Assist with becoming compliant.
- Help avoid conflicts with the self-referral and anti-kickback statutes.

**Coding and Billing Compliance Pricing Model**

| Number of Providers | Cost per year | ADAM Member |
|---|---|---|
| 1-4 | $2,250 | $1,912.50 |
| 5-8 | $2,500 | $2,125.00 |
| 9-12 | $2,750 | $2,337.50 |
| 12> | Call for pricing | |

**Each Consecutive Year Coding and Billing Compliance Pricing Model**

| Number of Providers | Cost per year | ADAM Member |
|---|---|---|
| 1-4 | $1,125 | $956.25 |
| 5-8 | $1,250 | $1,062.50 |
| 9-12 | $1,375 | $1,168.75 |
| 12> | Call for pricing | |

**Intense HIPAA Training and Risk Assessment Pricing Model**

| Number of Providers | Cost per year | ADAM Member |
|---|---|---|
| 1-4 | $2,500 | $2,125.00 |
| 5-8 | $3,000 | $2,550.00 |
| 9-12 | $3,400 | $2,890.00 |
| 12> | Call for pricing | |

**Coding, Billing and HIPAA Combination Package**

| Number of Providers | Cost per year | ADAM Member |
|---|---|---|
| 1-2 | $4,350 | $3,697.50 |
| 3-4 | $4,750 | $4,037.50 |
| 5 | $5,250 | $4,462.50 |
| 6> | Call for pricing | |

**Compliance solutions that work for your practice.**

WE UNDERSTAND WHERE LIABILITY RISKS ORIGINATE, AND WORK TO REMOVE OR REDUCE THESE RISKS.

Our mission is to utilize sub-specialized knowledge base and extensive expertise to identify emerging threats and defuse the risks.

# Continued...How Secure is Your Patient Credit Card Data?

"It's all too common for practice staff to take a credit card number over the phone, write it on a sticky note or patient chart, or put it in the computer system in a place where they assume it's safe," says Kathleen Ervin, Vice President, Relationship Management at TransFirst. "But these are big no-no's."

According to PCI Compliance standards, all credit card data must be entered and stored in secure and encrypted systems, with no more than the last four digits of the card number visible. This is easily accomplished with today's credit card or Web-based terminal. Following PCI compliance standards reduces the risk of data theft and identity fraud – which is why Visa and MasterCard require that both processors and their merchants be compliant.

For dermatology practices, big hacking schemes – such as the one famously endured by the retail giant Target last fall – are not the biggest data threat. ***Your employees and billing service staff are***. In fact, a healthcare attorney colleague has worked on five billing company or practice embezzlement cases in recent memory, and says data theft in medical offices is fairly easy because staff and billing services are given easy access to a wide range of patient identity data.

Securing this data is serious business. According to Ervin, if your credit card data is breached, Visa and MasterCard could fine your practice, and based on the severity of the breach, limit your ability to accept credit cards again. More importantly, Ervin notes, "you can lose your patients' trust," which could lead to patients leaving the practice and significant revenue loss. "This is the new reality of taking credit card payments."

If your practice is writing credit card numbers in the patient's chart, sending them in an unsecured email to the billing service, or including them on a spreadsheet along with a patient's agreed-upon monthly budget plan amount, it's time to make some changes. "PCI compliance is all about protecting a patient's credit card data," Ervin says. "You would not leave protected health information (PHI) lying on your desk or in an insecure location. You've got to think the same way about credit card data too."

Take these five actions to ensure this data is safe:

**1. Review current processes.** "In light of the recent Big Box breaches, it's more important than ever to understand what staff are doing with patient credit card data," Ervin says. If they are keeping it in Excel spreadsheets (printed or digital), computer system comment fields, or pieces of paper that aren't immediately shredded, all of these practices must be discontinued. And don't assume a phone message that's shredded has you off the hook. Ervin knows of one practice that included credit card numbers in its phone message book, forgetting it had carbon copies.


**2. Destroy data on paper.** "If staff take a credit card number over the phone and write it down before entering it into a credit card machine, they must shred it immediately afterward," insists Ervin. "They can't leave it on their desk, or go to lunch, or get a cup of coffee. You never know who may walk by – a maintenance worker, cleaning staff, a patient. There are very smart people out there who are looking for personal identity data that they can steal and either use or sell," Ervin says.

In a perfect world, staff would never ask for a credit card number over the phone or write it on paper. "The most secure way to accept credit cards is to direct patients to enter their payments online in a secure system, or swipe their credit card in the office using a Web-based payment system or credit card terminal," explains Ervin. These tools ensure the data is encrypted and stored securely, and that *no one* in your practice has access to full numbers.

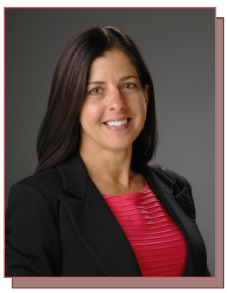
**3. Switch to Web-based payment processing.** TransFirst, PayPal and A-Claim all offer web-based processing services. Such services allow staff to take payments or establish recurring payment plans right from their computer.

**4. Get PCI certified annually.** Your credit card processer will walk you through the security and risk assessment and provide a certificate. "If your data is breached, you can be fined for every incident," reminds Ervin. Make it a standard practice to get recertified each year.

**5. Purchase breach coverage**. Even if you are compliant, you might still suffer a breach. Breach coverage helps cover notification costs, legal fees, and other expenses.

Says Ervin, "PCI compliance is a fairly new standard, and it's not to be taken lightly. You already understand the importance of HIPAA. Take the same approach with staff about taking and storing credit card data. A little bit of vigilance goes a long way."

---



**Cheryl Toth, MBA** is a Practice Leadership & Implementation Coach with KarenZupko & Associates. She is passionate about leveraging technology to work smarter and coaching practice leaders to thrive in the midst of chaos, information overload, and change. Cheryl brings 20 years of consulting, training, technology product management, and marketing to her projects.

# Top Preferences for Patient Portals

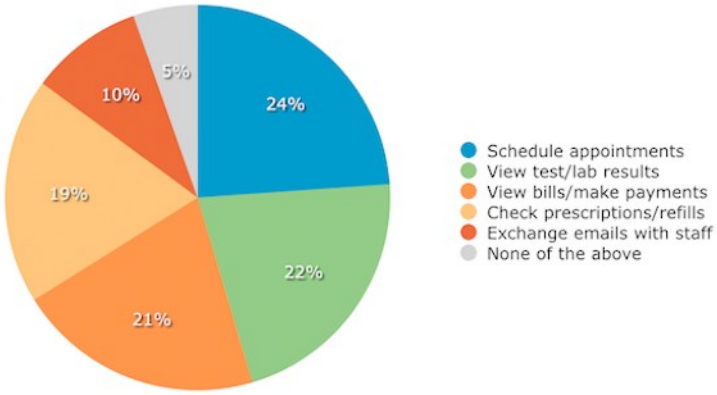
By Laura Joszt, Healthcare Professionals Network

Patients are becoming more interested in being able to access their health information online, a step that can help providers meeting meaningful use requirements.

While just a third of patients have access to patient portals, another third is not sure whether or not they do, which indicates providers need to do a better job of communicating the availability of patient portals, according to a new report from practice management buyer resource Software Advice.

"While educating patients about portals is clearly the first step, maintaining their involvement depends on understanding both the features they find beneficial and the frustrations that can drive them away," Kathleen Irwin, researcher and managing editor of Software Advice, said in a statement.

The most common feature that patients want access to is the ability to schedule appointments online, followed by viewing test/lab results, and viewing bills/making payments.

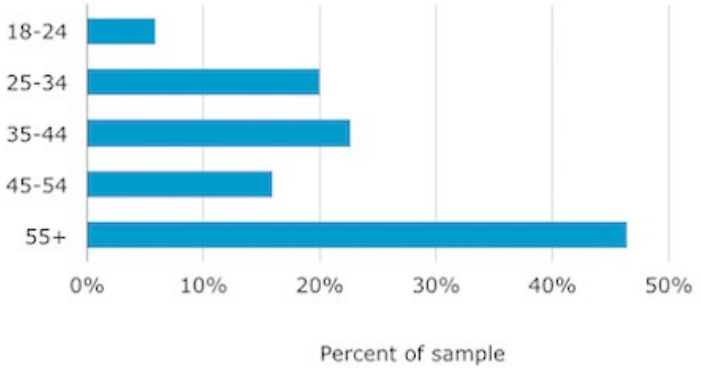



Just 10% of patients expressed a desire to exchange emails with staff, despite the fact that it is often one of the most common uses of patient portals, according to the report. However, Software Advice believes frustrations with prior attempts to communicate via email may have influenced responses.

An unresponsive staff was the top frustration (34%) patients reported with patient portals, followed closely by a confusing interface (33%), automatic emails (22%), and notes in medical jargon (11%).

"The problem of unresponsive staff may be addressed by implementing a change in workflow," Irwin said. "By setting aside time specifically for responding to patient messages and addressing concerns about the system, physicians can cut down on delays in response and reassure patients that the portal is a valid way of communicating time-sensitive information."

Patient portal feature preferences vary based on age, with younger respondents aged 18 to 24 years more interested in viewing test results. Surprisingly few young patients were interested in online scheduling.




"Online scheduling, though less interesting to younger patients, was heavily requested by male patients and patients aged 55 and up," Irwin said. "Elderly patients, who are more likely to have mobility and hearing issues that make other types of scheduling difficult, may prefer to skip the phone and make appointments online instead."

*This article originally appeared on the Physician's Money Digest website and is used with permission.* For the original article, please click here.

## The Practice Manager's Perspective

**From Tony Davis, Dermatology Specialists, PA**

It is my experience that as dermatology clinic/practice administrators and managers, we can drastically improve how owed money is collected by adopting readily available tools. Point of sale software and payment portals can be great to accurately capture and track patient payments for cosmetic procedures, product purchases, and medical services.

In 2011, my clinic added a point of sale and inventory control system through our practice system management as well as a payment portal on our website. We have noticed a dramatic improvement in our inventory management and a significant reduction in patient accounts receivable balances. Adding the patient payment portal was easy and inexpensive. We worked with a local "bill pay" company to link received payments to the website and our practice management system. We also renegotiated credit card fees with our merchant bank, due to a significant increase in credit card payments vs cash or checks.

By utilizing the same tools as retailers, your practice can possibly see an increase in revenue and a decrease in expenses!

# SUPPORT NEW TECHNOLOGIES
## *WITH A POINT OF SERVICE COLLECTIONS PLAN*
**By Karen Zupko, Karen Zupko & Associates, Inc.**

After 30 years of training physician office staff how to successfully ask patients for payment, this I know for sure: Effectively collecting from patients is not only driven by technology. Nor is it only about asking for money.

Effective collections are the result of a thoughtful, coordinated plan that includes clear policies staff can follow, tools that help them quickly identify the amounts they can collect, scripts and talking points to help.

| | What… | Includes… |
|---|---|---|
| **1. Policy** | The written guidelines for staff to follow when asking patients for payment. The policy must provide one set of rules for the entire practice. Asking staff to follow different rules for each physician is a surefire way to make the collections rate plummet. | Details about what patients are expected to pay in the office, pre-procedure deposits, CareCredit special financing and other payment options, your office's payment plans, online bill payment, and cash discounts. |
| **2. Tools** | Technologies, reports, and other tools that arm your team with data they need in order to collect. | Examples: Cost Estimators give staff access to unmet deductibles and patient balance amounts. Recurring Billing is an online tool that allows office staff to set-up their own patient payment plans at checkout, using an Internet browser. An 'outstanding patient balance' column on the patient schedule enables the Receptionist to ask for overdue payments before the patient is seen by the physician. |
| **3. Scenario Scripts** | Scripted questions and answers that allow staff to talk to patients about money. | Specific talking points and scenarios for collecting co-pays, asking for amounts delivered by Cost Estimators, collecting past due balances at point of service, setting up payment plans, and applying for the CareCredit credit card. Include 'value statements' that help staff justify the 'ask,' such as the fact that the practice accepts credit cards and PayPal, or provides the option of automated payments. |
| **4. Training** | Internal and external education sessions that ensure staff correctly use technologies and reports, know how to ask for payment, and deliver great customer service to patients. | For example, during role-playing sessions during staff meetings, ask staff to read scenario scripts aloud and verify that everyone can accurately interpret patient collection policies. An outside trainer can be beneficial in evaluating and improving staff's service skills, body language and collection effectiveness. |
| **5. Monitoring** | A commitment from the physicians and manager to review collections data and progress, and take action. | Line graphs or computer-generated reports that show total collections per day, week, and month – over time. This data illustrates whether collections efforts are on track or improving, or if the program needs review. |

If a practice does not implement the full plan, it's difficult for staff to optimize their collection efforts. Without a policy, staff have no clear rules to follow. Without tools that provide critical information, they can't be sure about the amounts patients owe, and which patients to collect from. And without scripts and training, it's the rare staff person who is capable of asking patients for payment in a polished and professional manner. It's like sitting down to dinner at a table that doesn't have four legs. It's impossible to eat, and most likely you will end up creating a mess.

The Hawthorne Effect is a psychological phenomenon that says people perform better and make more positive changes as a result of increased attention. I have found this to be true with collections and billing staff. Collections will increase if you ask staff for a log of daily over the counter collections. Or, if monthly partner meetings include a data review, indicating the increase or decrease of point of service collections. I guarantee you that staff will perform better, and collect more, if they know their results are being monitored and measured by the physicians.

Karen Zupko, President of KarenZupko & Associates, Inc., is an expert speaker, author, and practice management consultant who has worked with the dermatology community for more than 20 years. Ms. Zupko was part of the team that rolled out Rogaine, the first direct to consumer (DTC) drug in this space. She's been a featured speaker at the American Society for Dermatologic Surgery (ASDS) and the International Society for Dermatologic Surgery (ISDS).

# Upfront Collections at Check-In

By Jill Sheon, Children's Dermatology Services

Are you asking for co-payments, deductibles, and account balances at check-in? If not, you may want to consider changing your collections policy and initiating upfront collections for both new and return patients. Upfront collections can play an important role in your revenue cycle. Let's say that of the 25 patients seen each day, 20 have a specialty co-pay of $25, which equals $500 per day, $2,500 per week, or $130,000 per year. That's a huge sum of money due to your practice, and this amount does not include outstanding account balances. It is important to think about how many payments you are or are not collecting. With an analysis of your guarantor collections, meeting, and ultimately a buy-in from your physicians, education, and training to your staff and the patients, and a roll-out strategy, you will be on your way to increase your revenue. Here are guidelines to help in initiating this profitable process.

1. Determine your total co-pays and account balances versus what could have been collected for the previous month. What percent and dollar amount are actually collected versus what could be collected?
2. Meet with your physician(s) to review the data. Anticipating that they will want to initiate an upfront collections policy, discuss the 'who, what, where, how and why' questions. Also, how will you address patients who arrive without payment? Will they be given one reminder? Will you require them to reschedule their appointment?
3. Once drafted, review the new policy with your physician(s) for approval. Then set an implementation date, allowing a period of time, perhaps a minimum of six weeks, for patients to become familiar with the change, and to educate and initiate new processes with your staff. Post notices at your front desk and waiting room, and in your exam rooms to notify your patients of the new policy. Create a handout to be given to each patient at check-in.
4. If possible, meet with your practice management software engineer to initiate a "stop sign" to inform the front desk staff of the co-pay and outstanding balances. The "stop sign" must be activated at check-in when the new policy is initiated, so the staff will be notified to the amount(s) that needs to be collected.
5. Meet with your staff to educate them on the new upfront collections policy. If your staff has never done this before, this will be a challenge. In essence, you are asking them to ask for money, and if never done

before, this will challenge them. However, educate your employees that these guarantor dollars represent practice-owed payment that will now be due at the time of service and note that otherwise payments will be mailed to the practice at a later date or not sent at all. Also, require the staff to obtain a copy of the patient's insurance card with each visit to guarantee they capture the appropriate specialist co-pay string.

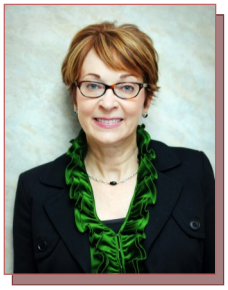
6. Create a verbal script for your check-in staff to educate patients on this policy change and to request the co-payments and/or balances up front. Role playing with your staff will help them get comfortable with the language they need to use. Educate them on the software "stop sign" change. Remember to "trial" your upfront collections flow and presentation to the patients and to sit with the staff during roll-out to identify/resolve process issues. With the front desk staff taking on (another) job responsibility, review their job responsibilities to determine whether a process currently done at check-in could be moved to the check-out staff to even out the work flow.
7. If not already done, include insurance verification as part of your front desk staff processes. Teach them to utilize the medical insurance company websites, in advance of the patient appointments, to ensure valid insurance information. Determine which staff members will be assigned this new process, and teach them how to do it. Determine how far in advance the insurance verification process will be done. Have the staff complete this task at least 24 hours or sooner in advance of the schedule to capture patient additions/ cancellations.
8. To generate staff buy-in add "successful implementation of this new policy/process" to the next staff bonus review criteria, and then inform the staff of this addition.

**Article Continues on the Page 9**

## Continued...Upfront Collections at Check-In

10. Create and add verbiage to your telephone background message and your new and returning patient reminder call message(s). Do the same on your website.
11. Inform patients of the new policy when they call to schedule a new or return appointment.

Once initiated, monitor the process with the check-in staff. What are patients saying? Were they educated about this change? Was there something else that could have been done to make them aware of this change? How many patients noted that they were already being asked to pay co-pays and other outstanding balances at other physician offices? You might be surprised by the number of people who make this comment. Dial up or dial down your changes, and monitor your collections. Did this new process give you something to smile about?



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. She has been the chair of ADAM's Communications Committee for the past two years and also served on their Membership Committee for one year.

## Did You Miss A Webinar

If you missed a webinar this summer, no worries. All past webinars are available in the **ADAM Online Store** or purchase the **ADAM Access Pass** to receive access to all recorded webinars for a flat fee. Click here to purchase a webinar or the ADAM Access Pass.


## What is the ADAM Access Pass?

ADAM Access Pass gives you access to ALL of the recorded webinars through 12/31/2014.

**All for the low member price of $149!**

# Save The Date

## For the Golden State

# ADAM

## 23rd Annual Meeting

March 18-20, 2015
San Francisco, California
Parc 55 Wyndham

## Thank You To Our Current Sponsors & Exhibitors

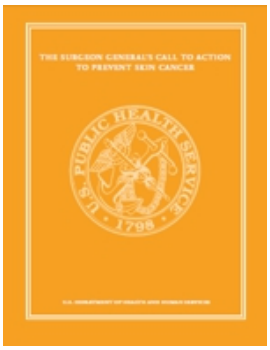
### Silver Sponsors

ADP AdvancedMD
CareCredit
Televox

### Exhibitors

Brevium
Elta MD
Modernizing Medicine, Inc.
Nextech
Proctor & Gamble

## The Surgeon General's Call to Action to Prevent Skin Cancer Is A Critical Milestone in Melanoma Prevention.



Skin cancer is the most commonly diagnosed cancer in the United States, and most cases are preventable.

Despite efforts to address skin cancer risk factors, such as inadequate sun protection and intentional tanning behaviors, skin cancer rates, including rates of melanoma, have continued to increase in the United States and worldwide. The goal of The Surgeon General's Call to Action to Prevent Skin Cancer is to increase skin cancer awareness and to call for actions to reduce its risk. Click here for the full report, executive summary, quick facts and statistics.

**For a handy guide for your patients, CLICK HERE for the Consumer Handbook.**



**Your natural skin color is great the way it is! Every time you tan, you increase your risk of melanoma.**

**Myth:** I have to get a tan to look good.
**Truth:** You should know your skin will pay a price! Fine lines and wrinkles, cataracts, sagging skin, and brown spots.

**Myth:** Only old people get cancer.
**Truth:** Young women are getting skin cancer more often. The risk is real! Melanoma—the deadliest kind—is the third most common cancer in people from 15 to 39. You can get melanoma in your eyes.

**Myth:** Having a good base tan will protect my skin from the sun.
**Truth:** A tan is a sign of damaged skin.

**Myth:** Tanning beds are a good way to get vitamin D.
**Truth:** Tanning beds are risky, and most people get enough vitamin D from food and sunlight during daily activities.

You can get more than a tan from a tanning bed! If the tanning bed isn't clean, you could pick up a serious skin infection with symptoms like genital warts, skin rashes, skin warts, and flaky discolored patches on your skin.

## SUN SAFETY

**The sun's ultraviolet (UV) rays can damage your skin in as little as 15 minutes. For the full list of recommendations, click here.**

⇒ Shade
⇒ Clothing
⇒ Wear a Hat
⇒ Use Sunglasses
⇒ Put on Sunscreen

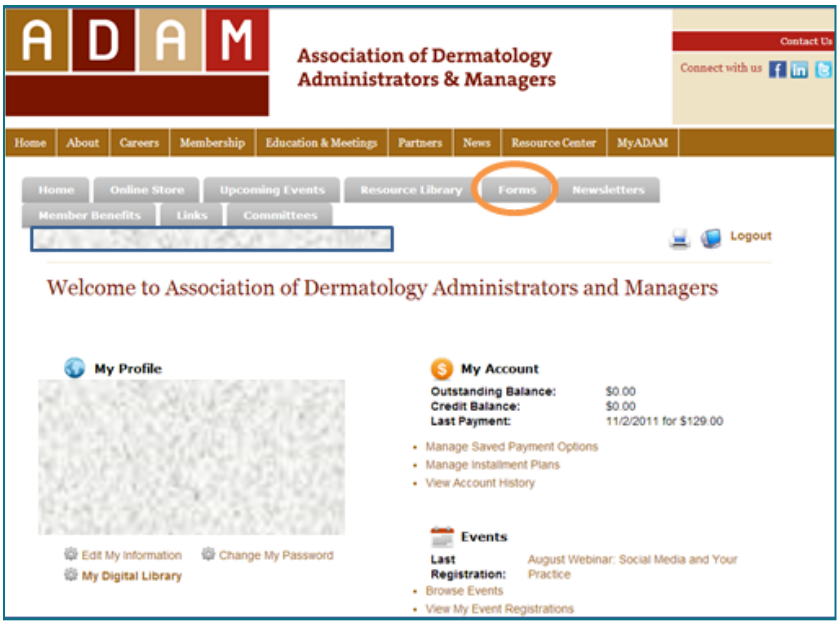
# Using the Forms Section on the ADAM Website

Looking for a good Medical Biller Job Description or are you revising your practice's current consent forms? The Forms section of the ADAM website is your go-to resource for not just forms and descriptions, but also employee specific resources and logs. 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 ADAM website, www.ada-m.org. Then click on MyADAM (see the orange circle)


② Use your username and password to log in and you will see the page below. Then Click on the grey tab labeled FORMS (see the orange circle)

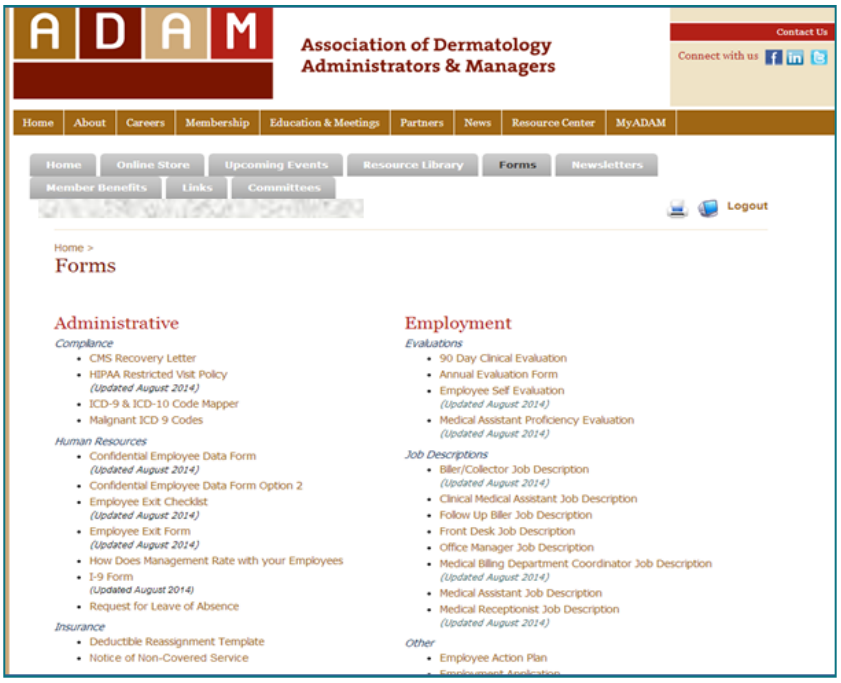



How To Continues on the Page 13

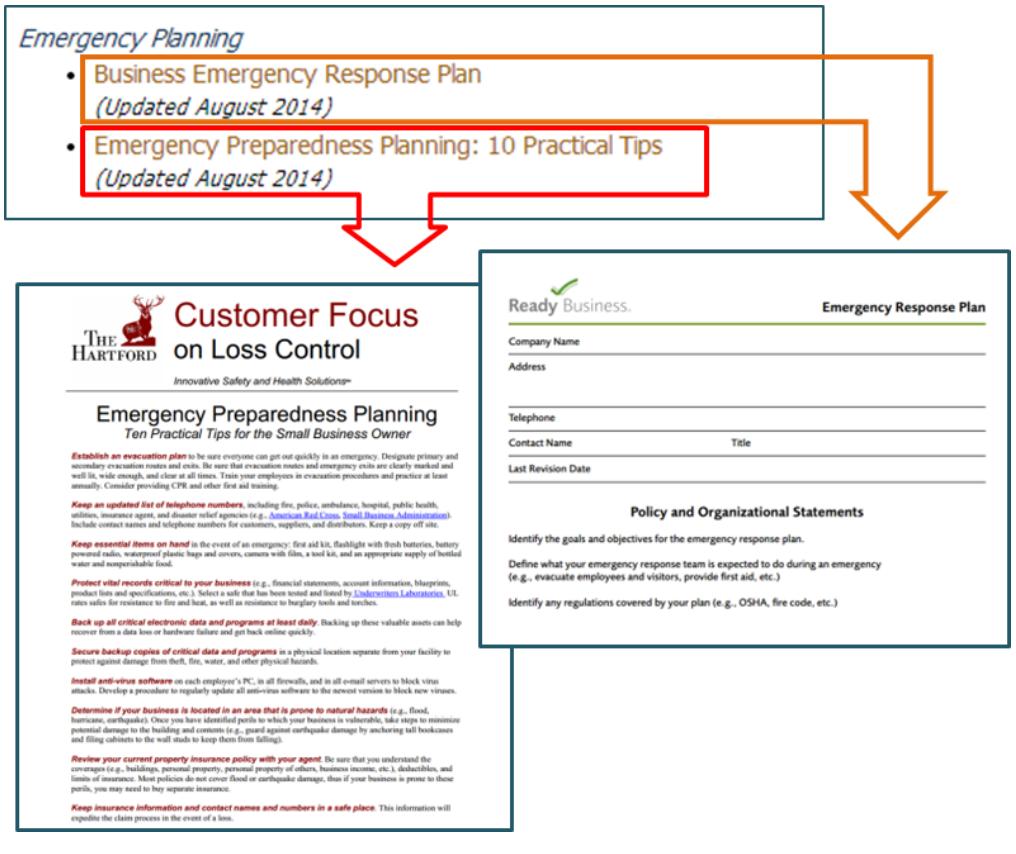
# Continued…
# Using the Forms Section on the ADAM Website

Is there something that ADAM can teach you? Please let us know by emailing adaminfo@shcare.net.

③ Forms are divided into 5 categories;
1. Administrative
2. Employment
3. Financial Policies
4. Informed Consent
5. Logs




④ Example: If you are looking to revise your Emergency Response Plan, go to the Administrative Section and look under Emergency Planning.



ADAMinfo@shcare.net

www.ada-m.org

1120 G Street NW, Suite 1000, Washington, DC 20005