

EXECUTIVE DECISIONS IN DERMATOLOGY

APRIL & MAY 2018



COMPLIANCE

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Issue Focus:

**Compliance
and Regulatory**

Interactive newsletter!

A D A M

Association of Dermatology
Administrators & Managers

EXECUTIVE DECISIONS IN DERMATOLOGY

APRIL & MAY 2018

inside

Interactive newsletter!

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

To join ADAM or for more information, please visit our website at ada-m.org, call 866.480.3573, email ADAMinfo@samiworks.net, fax 800.671.3763 or write Association of Dermatology Administrators & Managers, 5550 Meadowbrook Drive, Suite 210, Rolling Meadows, IL 60008.



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President's Corner

Get Involved in Your Association

Spring is a season of change and as Greek philosopher Heraclitus once wrote, "The only thing that is constant is change". The world that we live in is never constant, and ADAM certainly has gone through its share of change in the past year. Our recent hiring of a new management association company (SAMI) has reaped many advantages. Our Board is also changing with the conclusion of the terms for our outgoing President, Gabi Brockelsby, and Treasurer, Jill Sheon. My heartfelt thanks to Gabi and Jill for their tremendous contributions over the years. They have been wonderful leaders in the dermatology management community.

It is an honor to take on the role as your President. After returning from our well-received 26th ADAM Annual Meeting and our Board strategic planning session in San Diego, there is much work to be done to advance our organization.

Our focus this year is increasing member engagement. As we consider the future growth of ADAM, we need fresh ideas and more members dedicated to our cause. We value your input and will be sending a survey to determine your professional development needs and the services or products that you want from your membership.

Serving on ADAM committees is an amazing opportunity to impact change. It furthers professional development by providing leadership experience, expanding professional networks and strengthening knowledge of the dermatology administrative field. Committee members are directly involved in identifying new opportunities, guiding projects and offering their expertise.

You can have a direct hand in helping ADAM achieve its goals and advance its mission by joining a committee. Below are current committee opportunities. Each member serves a minimum of one single-year term. Most committees have a monthly conference call; additional time commitments outside of the call vary by committee. Click each committee title for more details.

Leadership College Committee – Identifies ways to foster members' leadership skills and create future organizational leaders.

Awards Committee – Recognizes individuals for their contributions to the Association and profession.

Membership Committee – Responsible for growing ADAM's membership and engaging its current members.

Benchmarking Committee – Responsible for the Annual Financial Benchmarking Survey.

Communications Committee – Provides guidance for ADAM communications vehicles.

Education Committee – Creates learning objectives, defines formats and reviews faculty for education programs and products.

Annual Meeting Committee – Responsible for the planning and execution of the Annual Meeting.

Billing and Certification Task Force – Charged with exploring the possibility of developing a billing / coding educational vehicle.

Click here to volunteer!

If you have additional questions about ADAM committees, please contact us at 866.480.3573 or adaminfo@samiworks.net. Get engaged and make an impact today!

Best,

Tony Davis, ADAM President



ADAM 2018 Annual Meeting Recap

The ADAM 26th Annual Meeting was held on February 12-14 in San Diego, California. It was an engaging, uplifting and highly educational experience. From the opening keynote on successful leadership to the exhibit floor featuring more than 40 sponsors, attendees enjoyed a great conference with peers. Sessions focused on hot topics like human resources, legal and risk management issues, marketing, financial oversight, avoiding burnout and more.

"Great motivation!"



"Loved the real life examples."



"Best way to start the day...loved it!"



"Amazing, lots of audience participation."



"Outstanding presentation! Very timely for my situation and practice."

"Nice addition to have major EHR's presentation."





"Wonderful!"



"Learned so much.
Looking forward
to all the new
things to come."

"Very useful, real world information."



FEBRUARY 26-28

★ ★ ★ 2019 ★ ★ ★

27TH ANNUAL MEETING

Omni Shoreham Hotel • Washington, DC



Meet Your New 2018-2019 ADAM Officers and Board of Directors



2018-2019 ADAM Board of Directors, first Row (left to right): Shannon Page, CMA, Janice Smith, Tony Davis, Gabi Brockelsby, ADAM Executive Director Karen Oster. Second Row (left to right): Bill Kenney, MHA, Virginia King-Barker, Elizabeth Edwards, MS, Michele Blum, Wendy Stoehr, Nichole Holoman, Sarah Nielson, CPC, CPPM, George Smaistrle, Jr., FHFMA, CMPE, CPC.

The 2018-2019 ADAM Board Members were announced at the 2018 ADAM Annual Meeting. The Board welcomed two new members, Sarah Nielson and Nichole Holoman. The ADAM leadership team is dedicated to growing membership and member engagement. They continue to serve the dermatology profession through education, resources and networking opportunities.

Sarah Nielson, CPC, CPPM



Sarah is a seasoned business professional with over 20 years of experience in the medical profession having had roles from billing and coding to compliance and supervising.

Sarah has been the Chief Financial Officer and Practice Administrator at Center for Dermatology & Plastic Surgery for the last 15 years. With

continued growth within the practice, Sarah has enjoyed working directly with 22 providers and over 100 staff members. Grateful for the opportunity to learn and grow from elite dermatology providers; Sarah enjoys being surrounded by outstanding doctors, providers and staff.

Sarah is a long-time member of the AAPC, MGMA and ADAM. She enjoys learning and growing by collaborating with other practice managers, administrators and leaders in all fields of medicine. Sarah is very involved in the community. She has organized fundraisers for skin cancer awareness, breast cancer awareness, refugee clothing drives and adopt a classroom.

Nichole Holoman



With more than 10 years of experience in general and procedural dermatology, Nichole has gained a comprehensive understanding of a dermatology organization and its intricacies due to the various roles she has held within MacInnis Dermatology.

Currently, she is a member of American College of Healthcare Executive (ACHE), Medical Group Management Association (MGMA) Florida Chapter and serves on ADAM's Education Committee.

She is dedicated to leading a team of highly skilled, confident, proficient and caring individuals to deliver the highest quality patient care. A compassionate individual, she is committed to making a difference by creating a focused, positive, efficient and sympathetic work environment. She is excited to use her new education to enhance MacInnis Dermatology and the team. Through this, she feels empowered achieving her passion to make a positive impact in the lives of others.



2017 ADAM Financial Benchmarking Survey

By Tony Davis, Dermatology Specialists, P.A.

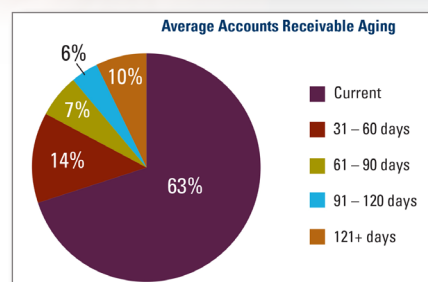
The third annual ADAM Financial Benchmarking and Salary Survey – based on 2016 data – builds on previous year's information, so we can now see the valuable addition of three-year trends.

As a reminder, our second benchmarking report issued in 2016 only looked at financial data. As this was a subset of our original survey, it means some areas of the current report will not have a multi-year component.

Also, as was previously reported, the Benchmarking Committee has previously decided to only conduct salary surveys every other year, which means we will not be soliciting salary data for the 2018 iteration of the survey.

Alternatively, we intend to expand this benchmarking report over the next 12 months with "mini surveys" targeted to specific areas like Mohs surgery, cosmetic over the counter products, cosmetic injectables and more specific information about staffing patterns in our practices. We hope that breaking up this data collection can expedite the process without taxing our members.

We will start collecting the data for the 2018 survey (based on 2017 data). The release date will be sometime during summer 2018. ■



Trends in Dermatology Groups

Benchmark data includes:

- Geographic representation
- Practice types
- Size of practice staff, full-time equivalent (FTE) breakdown, and production
- Revenue sources
- Charges and collections
- Accounts receivable volume and aging
- Average charges per month
- Revenue and operating costs
- Physician compensation
- Administrator compensation
- Employee benefits
- General summary of salary information

Visit ada-m.org to order your copy today!





MyADAM:

A Digital Resource for Dermatology Practice Administrators

The **ADAM Resource Center** offers an expansive list of resources to help members' dermatology practices succeed. These valuable tools range from practical how-to information to real-time data on topical issues such as legislation.

The Resource Center's library organizes dozens of articles and recorded webinars on hot topics such as aesthetics, human resources and marketing. It also provides members with a wide variety of forms ranging from checklists to job description templates and consent forms.

ADAM's Career Center is the premier resource for those seeking careers within a dermatology practice and is complimentary to members. Whether looking for new opportunities or a place to list job openings, the ADAM Career Center is a versatile digital tool for either situation.

As an ADAM member, you are part of a strong network that lets you tap into best practices and learn from other leaders in dermatology practice management. Take advantage of all your ADAM member benefits by visiting *MyADAM* today!

YOUR INPUT NEEDED

As the new Board defines goals and objectives for the year, we want to know what matters to you.

Please take this quick two-question survey to share your feedback with ADAM leadership.

Your opinion counts!

[CLICK HERE TO TAKE THE QUICK SURVEY.](#)



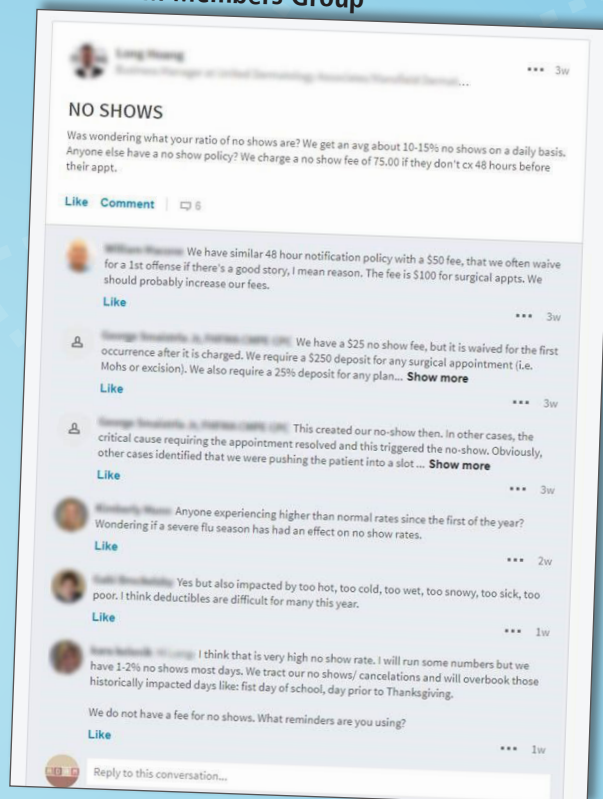
Get CONNECTED!

Join the digital conversation on **LinkedIn**, **Facebook** and **Twitter**! Recent top posts have discussed webinars, coding as preventative care, restricting new patients with certain insurance companies, compensation for providers and patient scheduling. Connect with ADAM and fellow members by engaging with ADAM's social media channels.

f @ADAMMembers



in ADAM Members Group



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Why Social Media Policies Matter: Dos and Don'ts

By Chad Schiffman, Director of Compliance at Healthcare Compliance Pros



Chad's background includes over 15 years combined experience in healthcare, information technology and compliance consulting services. His responsibilities include consulting with healthcare clients about their HIPAA and HIPAA HITECH-related issues including breach determination, breach mitigation and corporate compliance. Chad is also the main contributor to HCP's blog where he shares his expert knowledge of the compliance industry and related topics. Chad holds undergraduate degrees in the areas of Medical Specialties and Healthcare Administration and a master's degree in Healthcare Informatics.

Recently, a Certified Nursing Assistant (CNA) at an assisted living center was charged with making an inappropriate video of a resident and sharing it on social media. He was charged with voyeurism by electronic equipment, a third-degree felony, for "using his cellphone to video record a vulnerable adult" and distributing "the video he had obtained to his friends through the use of Snapchat."

While, according to the report, the assisted living center stated it has a "zero tolerance policy for abuse and neglect" and the employee was "immediately terminated," the article didn't say whether the center has a social media policy.

In order to better understand how social media, HIPAA violations and compliance in healthcare facilities should be handled, we have put together a list of Dos and Don'ts in Social Media and HIPAA Compliance.

DO: **Understand what is considered a HIPAA violation on social networks.**

Under HIPAA, a breach or violation is an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information (PHI).



Common examples of social media HIPAA violations include:

- Posting verbal “gossip” about a patient to unauthorized individuals, even if the name is not disclosed.
- Sharing of photographs, or any form of PHI, without written consent from a patient.
- A mistaken belief that posts are private or have been deleted when they are still visible to the public.
- Sharing of seemingly innocent comments or pictures, such as a workplace lunch which happens to have visible patient files underneath.

DON'T:

Post anything you wouldn't say in an elevator or coffee shop.

As a general rule of thumb, if you wouldn't say your comment in public, then don't put it on social media. If there is any doubt at all about a certain post, picture or comment then check with your compliance officer or even a colleague before publishing.

DO:

Thoroughly train employees

Employees should be privy to your organization's HIPAA Privacy and HIPAA Security policies and procedures at the time of hire and at least annually thereafter. Your organization's social media policy should be integrated into these onboarding and training procedures.

- One of the best ways to avoid legal pitfalls with social media HIPAA violations is to have a clear, widely distributed company policy on the use of social networking sites during working and non-working hours.
- Consider extending your existing policies on HIPAA compliance relating to social media networks.

Healthcare Compliance Pros has created a sample Social Media policy that can be customized based on your organization's specific social media guidelines.

In addition, Healthcare Compliance Pros' HIPAA Security Training includes important policies and procedures regarding Workstation Use, Workstation Security, Bring Your Own Device (BYOD) policies, and others. These policies and procedures are important for ensuring your organization's employees and the employees of your business associates are properly safeguarding patient information – oral, written or electronic.

DON'T:

Overlook the severity of HIPAA Violation Penalties.

According to HHS, the majority of HIPAA violations from recent years have occurred from employees mishandling PHI, many of which stem from inappropriate social sharing. Violations under the HIPAA Privacy Rule include Civil Money Penalties, which can result in fines ranging from \$100 – \$1,500,000, or Criminal Penalties, which can result in fines up to \$250,000 and up to 10 years in prison. Other consequences of violating HIPAA include lawsuits, the loss of a medical license or employee termination.

When a HIPAA breach occurs on a social network or professional blog, the following steps should be taken:

- Report to your compliance officer a brief description of what happened, including the date of the breach, if known, and the date of the discovery of the breach. This will be important when providing notification to the affected individual(s).
- If it is determined a breach of unsecured PHI has occurred, covered entities and their business associates are required to provide individual notifications without unreasonable delay and in no case later than 60 days following the discovery of a breach.
- In addition, your compliance officer will ensure appropriate notification procedures are followed including providing notice to the secretary of HHS and to the media if it is a breach involving more than 500 individuals.
- Employees involved in the breach should (at a minimum) be re-trained on HIPAA Privacy, HIPAA Security and any additional social media policies and procedures.

Remember that HIPAA compliance is an on-going, vigilant part of your overall compliance program. By providing ongoing training to employees regarding potentially hazardous mistakes while using social media and medical blogs, your organization will ensure social media a powerful tool for sharing information, sharing experiences and potentially expanding your organization's business.

If you have any questions, please feel free to reach Healthcare Compliance Pros by phone toll-free at 855.427.0427 or by email at support@healthcarecompliancepros.com.



Challenging Medical Necessity and Auditor's Requisite Skills

By Sean M. Weiss, Partner / VP and Chief Compliance Officer at DoctorsManagement LLC



Sean has dedicated his career to helping healthcare facilities reduce the risk of noncompliance and achieve measurable financial results. An accomplished compliance and management professional, Sean has extensive knowledge of the inner workings of government agencies at both the federal and state level. Sean has earned and maintains numerous certifications including Certified in Healthcare Compliance (CHC), Certified Evaluation & Management Auditor (CEMA), Certified Medical Compliance Officer (CMCO), Certified Professional Medical Auditor (CPMA), Certified Professional Coder (CPC), Certified Medical Practice Executive (CMPE) and Certified Professional Coder-Payer (CPC-P).

Thank you for taking the time to read this article regarding litigation and audit appeal defensive strategies. If you are the leader of a medical practice that has been targeted by a governmental payer and issued a demand for refund return, this educational topic will provide you with the necessary steps to successfully defend your case.

The terms "Medically Necessary" or "Medical Necessity" shall mean healthcare services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- a) In accordance with generally accepted standards of medical practice.
- b) Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease.
- c) Not primarily for the convenience of the patient, physician or other healthcare provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment. "Medical Necessity" is defined under Title XVIII of the Social Security Act, Section 1862 (a) (1) (a): "Notwithstanding any other provision of this title, no payment may be made under part A or part B for any expenses incurred for items or services which, except for items and services described in a succeeding subparagraph, are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member." The preceding is a legal doctrine by which evidence-based, clinical standards are used to determine whether a treatment or procedure is reasonable, necessary and / or appropriate.

The Medicare statute requires that any "rule" or other statement of policy (other than a material coverage decision) that establishes or changes a substantive legal standard must be promulgated by regulation, 42 U.S.C § 1395hh. CMS often fails to promulgate a standard for determining whether a service is reasonable and necessary, which is why courts give deference to the determination of the "treating physician."¹





Clarity of Medical Necessity issues affect whether a claim is “false” and whether the requisite “knowledge” exists. It is important to keep in mind that “Claims are not ‘false’ under the False Claims Act (FCA) when reasonable persons can disagree regarding whether the service was properly billed to the government ... A Defendant does not ‘knowingly’ submit a ‘false’ claim when his conduct is consistent with a reasonable interpretation of ambiguous regulatory guidance.”

The Limitation / waiver of liability provides coverage if the provider “did not know, and could not reasonably have been expected to know” that payment would not be made due to the reasonable and necessary exclusion.² The problem many providers run into is how CMS defines Medical Necessity. The fact is there are no actual regulatory provisions, leading CMS to issue broad and nondescript National Coverage Determinations (NCDs) from time to time. Local Coverage Determinations (LCDs) may be issued but oftentimes are ignored or the Zone Program Integrity Contractor (ZPIC) tries to depend on coverage guidelines not in effect at the time the services were rendered.

As you know, “Medical Necessity” at the Medicare Administrative Contractors (MACs) is evaluated on a case-by-case basis, which then opens the door to subjectivity and interpretation as to what potentially benefits the payer.

The final piece I would like to speak to on structuring your strategy for getting audit results thrown out is Section 3.1.1.1 of the Medicare Integrity Manual, which requires that coverage determinations be made only by RNs, LPNs or physicians unless the task can be delegated to another licensed healthcare professional. Reviews of coding determinations, likewise, must be made by certified coders, **but should also be made by those who possess the requisite skills in the specialty they are reviewing.** Upon receipt of disclosure of the identity and qualifications of the auditors, a request for the disclosure of the identity and qualifications of the auditors should be made.

References:

¹ *United States v. Prabhu*, 442 F. Supp 2d 1008 (D. Nev 2006)

² 42 U.S.C. § 1395 pp (Prohibition against any Federal interference)

*DoctorsManagement, LLC is a medical and healthcare consulting firm.
Learn more at doctors-management.com or call 800.635.4040.*



Want to learn more?

“Creating a Culture of Compliance in 2018”

**April 17
12 - 1 p.m. EST**

Join Sean as he walks you through compliance from a “risk-based” perspective.

Regardless of the size of your organization, this session is a must to ensure you are covering your assets!

To register, go to **tinyurl.com/ADAMwebinar** or purchase your ADAM Access Pass at the ADAM Store to view ALL of the ADAM recorded webinars through 2018. Questions? Call 866.480.3573.



Board Member INTERVIEW

Michele Blum

Practice Manager
Front Range Dermatology Associates



Can you describe the practice you lead?

Front Range Dermatology Associates is the premier patient choice for experienced, proven, state-of-the-art dermatology procedures, medical skin care and cosmetic body treatments. We have offices in four locations in Northern Colorado and serve patients in this area and also from Nebraska, Wyoming and Kansas. Front Range is a veteran-owned clinic with an approach to healthcare that emulates military values including service, commitment and leadership. We have two Dual Board Certified Dermatology / Dermatopathologists, one Fellowship trained Mohs Surgeon and a Dermatology trained Physician Assistant. All four of these providers served our country in the US Army.

Are there any specific tools or processes you have incorporated recently to support compliance?

Every healthcare organization must have some level of compliance in order to operate effectively and comes with higher stakes. If a team member doesn't follow proper procedure, they can injure a patient or another staff member. Ultimately, healthcare compliance is about providing safe, high-quality patient care, complying with industry standards and regulations helps improve the quality of care. Violations of these laws can result in lawsuits, hefty fines or the loss of licenses. I feel like I work on compliance issues almost daily and in several different arenas.

- Through my role as the Director of Human Resources, it's my job to ensure staff are properly trained and follow policy and procedure rolled out at FRDA. This education occurs online and in person through our orientation training program. We hold monthly education and tests that all employees must complete in order to meet our standard of 12 hours of annual safety training. Topics include HIPAA Security, HIPAA privacy, diversity and sensitivity training, patient communications, safe workplace, active shooter and more.
- As the company Safety Officer, I monitor all our OSHA standards on a monthly basis. I work with our local University that has a degree program for OSHA inspectors to perform MOCK audits on our buildings and manual to ensure we are compliant. Ensuring that proper back safety, ergonomic work stations and a proper Needle Stick program were in place were top priority. I can proudly report that our work-related injuries decreased from seven the first year I was managing this practice to only one last year. If we ever have an adverse event of medication or a procedure goes poorly, we use them as case studies. I present these cases at our quarterly safety meetings. We also discuss these topics in employee meetings as a way to learn and ensure issues are not repeated.
- Cyberliability has become a hot topic in healthcare administration. Because we are working on an EMR system and truly most of our practice is performed electronically, we have to be cautious and diligent when it

comes to our security. All of our devices are set to auto time out after a short period and front desk computers have privacy screens. I audit our EMR tracking weekly to ensure people are not logging on to our system outside our firewall. If our providers or I wish to log in and work from home, we have set up a VPN network in order to access our EMR, even though it is cloud based. We have set up email encryption so if we email outside our firewall, the recipient of the email would have to retrieve a code from a third party to open the email.

- MIPS and MACRA – the wonderful M&M's of practice management that are a bit tougher to swallow than their delicious hard-shelled chocolate counterparts. We use Modernizing Medicine for our EMR and I'm plugged into the premium M&M oversight. Well worth the money in my opinion. I'm already spread so thinly, that paying for this coverage is my "peace of mind protection" on a process that is so important to our practice. I receive reports monthly on how we are performing, any areas of concern and a list of homework. This is one of my smaller worries because I know that Modernizing Medicine has my back. And, FYI – attestation this year took me five minutes – no lie. Do I have a binder for this? You bet I do – a written record of every exchange, suggestion, report – if an auditor ever walks in, I will be ready just by pulling a binder out. This takes a while to set up, but once that work is done, monthly maintenance is a snap.



How do you measure or evaluate your compliance and regulatory success?

I focus on four main areas of compliance. I use old school binders for each one and perform my monthly audits and keep my audit forms. I know some people use electronic files for all of these, but I am of the mindset that if I want to flip back to look at what happened last month or last year, I would rather flip to it in a book versus finding digital files.

What method of evaluation has proven to be most successful for you?

Is it a pain to complete all these audits every month? Yes, but is it necessary? Absolutely. This type of proactive monitoring allows you to catch problems BEFORE they become problems. It does take some time to write all the manuals and policies, but once you do, you will feel more secure that you have a handle on all the areas that require strict oversight.

I am a nurse by trade and worked as a Home Care Agency Manager for seven years prior to coming to practice management. When you work in an area of healthcare that is so closely monitored by a set of regulations – whether that be home care, skilled nursing facility or hospital – there is state and federal oversight and rules and regulations that have been written for you and all you have to do is follow them. In practice management, I realized quickly I was the oversight and the regulation – I had to create it and monitor it and enforce it. That was a huge shift for me and my “safety net” was feeling that I had created the regulations — my audit binders and tools. They are tools that help me stay focused and proactive.

What do you see as the ideal skill set necessary in managing a dermatology practice?

Maybe some of you have heard the Marines use the terminology “Semper Fi” (always loyal / always faithful). As a military mom and wife, I use the term “Semper Gumby” meaning “Always Flexible”. I think you have to be Semper Gumby as a practice manager – because the one certainty in your life will be that everything is always changing.

I think a good practice manager:

- is super organized.
- inspires employees.
- leads with confidence.
- liases for patients.
- has an eye for regulation.
- is creative with marketing and employee appreciation.
- keeps good records.
- follows a budget.
- does the research.
- makes a plan and follows it.
- is humble and kind.
- looks for joy.
- leads with a servant’s heart.

How were you able to acquire those skills over your career?

I believe life experience gives you the ability to see clearly the kind of manager you want to be. Working for a difficult manager teaches you the most — it makes you realize what you never want to do. I had a couple of those teachers along the way. Also – life in general – the falling down, the getting up, the people in your family, the people in the circle around you (family by choice) and the ability to say, “I was wrong and I am sorry” are all great life lessons. Additionally, I look at every experience as a learning opportunity. Even today, I can say I learned something new. If you never stop learning and creating new ways to diversify, you will never be bored.

What do you see as the challenges in managing compliance and regulatory efforts within your practice, and do you have any key initiatives supporting these changes in your practice?

I think for me the overwhelmingness of this job is the overwhelmingness of this job! There are only so many hours in the day and only so many days in the week and only one of me. The challenges are keeping up. It is a commitment to stay vigilant and focused every day – even the days you don’t feel like it. A great system is worth its weight. Make a plan and work it – stay focused. Stay organized – when something goes wrong, your organization and attention to details and documentation will be your salvation. Things go wrong, accidents happen, people make bad choices. If you do your best every day and make changes when you identify a problem and LEARN FROM IT, it was not in vain.

When did you first become involved with ADAM?

The first year I was a practice manager, I was desperately searching for a support group. I scoured the internet to find ADAM and attending my first meeting in Washington D.C. in 2016. I was hooked. There were so many people just like me struggling with all the same things. I made friends fast and formed a circle of people around me that I could reach out to when I couldn’t find the answer or needed support or to commiserate. I joined the membership committee and had fun getting to meet new people and work on calling and encouraging others to join. After a year, I was honored to join the Board of Directors as a Member at Large. I commandeered a new seat on the Billing and Coding Program Development Committee. The Board is a good group of like-minded individuals that see the value in coming together to create experiences that will enhance your ability to lead and learn. It has been my great honor to serve in this capacity.

Can you describe the opportunities ADAM has provided you both as member as well as a Board Member?

The ADAM Annual Meeting is really the meat and potatoes of the organization. Great lectures and presentations by highly-qualified people that can provide insight or options for you as a leader in your practice. The webinars are good. If you can’t find the time to squeeze them in, they are recorded for later viewing. The benchmarking tool? I use it all the time — it’s excellent! I have met so many people over the past two years and feel like it’s a family reunion of sorts when we all get back together again!

What advice do you have to managers in the field regarding compliance and regulatory issues in their practices?

- Document, document, document – everything.
- Stay vigilant.
- Stay focused.
- Maintain some sort of audit trail for every system you set up or take over.
- Never stop trying to find a new or more efficient way of doing things, but NEVER take the short cuts.
- Be flexible.





Federal Fodder

Draft FDA Guidance Issued Limiting Ingredients for Bulk Drug Compounding

By SAMI Advocacy and Practice Affairs Team

The FDA released draft guidance to further implement the Drug Quality and Security Act (DQSA). The law directs the FDA to develop a list of bulk drug substances that have a clinical need and can be compounded by 503B outsourcing facilities.

Citing concern that compounded drugs are less safe because they are not FDA-approved, the FDA's draft guidance intends to clarify what the FDA will consider clinical need and detail the process for evaluating bulk substances. **The FDA's draft guidance does not consider supply issues, like backorders, or cost considerations to be in the definition of clinical need.**

A two-part analysis will be used to determine which bulk drug substances should be include on the 503B bulk list:

- Is the bulk drug substance a component of an FDA-approved product?
- Balance testing to evaluate factors of the substance in other contexts, such as the physical and chemical characterization, safety issues, evidence of effectiveness and historical use.

Click to read the FDA Commissioner's statement on the draft guidance.

New USPSTF Recommendations on Behavioral Counseling to Prevent Skin Cancer

The U.S. Preventive Services Task Force (USPSTF) made a final recommendation on behavioral counseling to prevent skin cancer. The Task Force recommends that "clinicians provide counseling on sun protection behaviors to anyone with a fair skin type who is between the ages of six months and 24 years, including the parents of young children with fair skin types."

In releasing the recommendation, Task Force member John W. Epling, Jr., MD, MS.Ed said, "Doing things like using sunscreen, wearing sun-protective clothing, and avoiding indoor tanning can help prevent skin cancer later in life."

You can read the recommendation statement [here](#).



Payment Reform External Updates

Congress explores how MACRA reform is working for the nation's Medicare patients:

House Ways and Means Committee hearing on MACRA implementation

The Medicare Payment Advisory Commission (MedPAC) issues its report to Congress, recommending ending the Merit-based Incentive Payment System (MIPS) and replacing it with the new Voluntary Value program: **MedPAC calls for ending MIPS in semiannual report.**

Modifier 25 Update:

State	Insurance Company	Reduction	Policy Justification
Massachusetts	Harvard Pilgrim Health Care	50% reduction to lower valued service	Overutilization
Massachusetts	Tufts Health Plan	50% reduction to E/M	Overutilization
New Jersey	AmeriHealth	50% reduction to E/M	High utilization and overlapping cost
Pennsylvania	Independence Blue Shield	50% reduction to E/M	High utilization and overlapping cost
Rhode Island	Blue Cross Blue Shield Rhode Island	50% reduction to E/M	Overutilization

Chart accurate as of March 20, 2018 ■

Disclaimer

The materials presented here are for informational purposes only and not for the purpose of providing legal advice. You should contact your attorney to obtain advice with respect to any particular issue or potential risk.



The SAMI Advocacy and Practice Affairs Team is dedicated to education and advocacy on behalf of dermatology practice managers and their patients.





Ask the **LAWYER**

Q&A with Michael J. Sacopulos, JD
Medical Risk Institute

Tackling Compliance

When I learned the theme of this newsletter was going to be "Compliance," I knew many people would react negatively. I hear it everyday: "Compliance is such a pain." "If we did everything we were supposed to, we would never be able to treat a patient." "We aren't HCA. How can we be expected to meet all of these requirements?"

I get it. Compliance requirements are a series of never ending, difficult tasks. It demands a clear game plan. I suggest that you categorize major areas of necessary compliance actions and schedule these actions throughout the year. Spreading these duties makes it more manageable, and it serves as a continuous reminder of proper protocols.

The first major area of compliance is coding and billing. I will assume that your required policies and procedures are in place. Your practice should conduct chart audits for each provider for each year. I also think the use of an E&M Analyzer can give great baseline information for little time and money. Finally, this is an area where staff need to be trained annually.

The next big area of compliance relates to patient privacy and HIPAA. Your major task here will be to perform an annual Risk Analysis. The Office of Civil Rights, which oversees enforcement of HIPAA at the Federal level, feels that an annual Risk Analysis is the most important thing your practice should do for patient privacy. You will also want to make sure the staff is trained on patient privacy issues. If you are really ambitious, try conducting a tabletop simulation of a cyber breach. You will learn more in an hour exercise than you will spending many hours reading about patient privacy compliance.

Equipment, software and supplies are easy to overlook when it comes to compliance. Has your equipment been inspected and calibrated? All software needs to be updated. Software updates are referred to as "patches," and you should make sure that your software is patched. The Office of Civil Rights states that outdated or unpatched software is a per se violation of HIPAA. Finally, check those drug samples for expiration dates. The last thing you want is to be dispensing outdated samples.

HR requires compliance efforts too. Employee evaluations are no fun to do, but they are necessary to ensure standards are being met and skills are being developed. While we have discussed some specific training above, more annual training is of course required. Whether sexual harassment awareness, CPR or OSHA topics, staff needs



Compliance

Regulations

constant training. Make a schedule and get busy. Some practices use online services for training. This could be a helpful tool to assist in meeting those training obligations.

I also feel that insurance needs to be in the Compliance bucket, because it can be a safety net for your practice when things go wrong. None of us can be 100 percent complete in our compliance requirements, so insurance is our backstop. Think about the areas of compliance listed above. Do you have coverage? Talk to your broker about Errors and Omissions coverage for coding and billing. It's time to evaluate whether you have enough cyber insurance. Your practice may even want coverage for employment-related claims brought by staff. Schedule a meeting with your practice's insurance broker. You will rest easier knowing that you have coverage in place.

I have put together a Compliance Calendar for 2018 to help practices meet their obligations. Download the PDF for free at medriskinstitute.com. I hope it helps kick start the yearly planning.

Hopefully, you have identified compliance needs that I have omitted, and this article points you onto the path of compliance. Try to think of compliance in terms of patient safety. Practices are great at that, and patient safety does not come with all the negative baggage of "compliance." I wish you much success in tackling compliance topics in 2018. ■

Michael J. Sacopulos is the CEO of Medical Risk Institute (MRI). Medical Risk Institute provides proactive counsel to the healthcare community to identify where liability risks originate, and to reduce or remove these risks. In 2017, Michael was named National Counsel for Sciemus, a Lloyd's of London firm, for its SafeHealth policy. SafeHealth is the first cyber insurance product designed exclusively for healthcare industry. He is a frequent national speaker and has written for Wall Street Journal, Forbes, Bloomberg and many publications for the medical profession. He may be reached at msacopulos@medriskinstitute.com.

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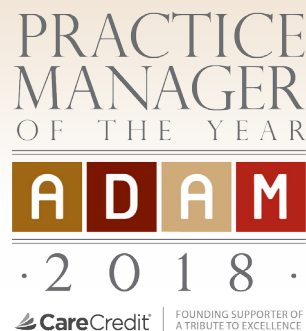


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Nichole Holoman named 2018 Practice Manager of the Year



Behind every successful dermatology practice is an exceptional practice manager. ADAM is pleased to announce Nichole Holoman as the recipient of the fifth annual ADAM Practice Manager of the Year award. Nichole is the Practice Manager at MacInnis Dermatology in Mount Dora, Florida. She received a \$1,000 cash prize and a registration scholarship to attend the 2019 ADAM Annual Meeting in Washington, D.C., courtesy of CareCredit.



The Practice Manager of the Year Award, made possible through collaboration with CareCredit, recognizes dermatology practice managers who best demonstrate innovative thinking, insight and leadership qualities within their practice. ADAM members submitted their nominations for outstanding Practice Managers who deliver exceptional performance in the following areas:

- Leadership
- Management
- Customer Service (Patient Care)
- Going Above and Beyond

Both ADAM and CareCredit would also like to extend a congratulations to all the 2018 ADAM Practice Manager of the Year nominees, as they did not make the winner selection process an easy one!



CareCredit's Taylor Wong and ADAM President, Gabi Brockelsby, present 2018 Practice Manager of the Year winner Nichole Holoman with a \$1,000 check at the 2018 ADAM Annual Meeting in San Diego, California.

Previous winners of the ADAM Practice Manager of the Year Award include:

2017 – Lori Skraba of DuBois Dermatology and Cosmetics in DuBois, Pennsylvania

2016 – Barbara “Bobbie” Warren of the office of Dr. Ali Hendi in Chevy Chase, Maryland

2015 – Alice Hyman of Advanced DermCare in Danbury, Connecticut

2014 – June McKernan of Patient Preferred Dermatology Medical Group, Inc. in Los Alamitos, California



2018 Practice Manager of the Year Nominees, left to right: Roxana Gonzalez deGale, Nichole Holoman, and Joy Moore. Not pictured: Shar Preslar.



Upcoming ADAM Webinars

Creating a Culture of Compliance in 2018

Walk through compliance from a "Risk-Based" perspective and focus on areas often ignored, thus leaving you exposed to the threats of government agencies. Regardless of your organization size, this session is a must to ensure you are covering your assets!

- Tuesday, April 17 at Noon EST
- Sean M. Weiss, CHC, CEMA, CMCO, CPMA, CPC-P, CMPE, CPC, DoctorsManagement, LLC

Preventing and Addressing Sexual Harassment: What Every Employer Needs to Know

Workplace harassment can also have serious legal and business ramifications for your practices. Review the definition of unlawful sexual harassment, relevant workplace laws, anti-harassment policies and prevention, investigation of complaints and remedial measures.

- Thursday, April 26 at Noon EST
- Allison L. Feldstein and Lindsey Kennedy, Saul Ewing Arnstein & Lehr

Clearing the Smoke: Legalization of Marijuana and its Effect on the Workplace

Employers find themselves in challenging positions when it comes to enforcing policies or complying with laws regarding drug testing, disability accommodations, employment discrimination and employee privacy. Wade through these issues and offer guidance for employers navigating these murky waters.

- Tuesday, May 15 at Noon EST
- Allison L. Feldstein and Lindsey Kennedy, Saul Ewing Arnstein & Lehr

To register, go to

tinyurl.com/ADAMwebinar

or purchase your ADAM Access Pass to view ALL of the ADAM recorded webinars through 2018.

Questions? Call 866.480.3573.

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Association of Dermatology
Administrators & Managers

5550 Meadowbrook Drive, Suite 210
Rolling Meadows, IL 60008

phone: 866.480.3573 | fax: 800.671.3763

ADAMinfo@samiworks.net

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