Executive Decisions in DERMATOLOGY

ADAM

March/April 2013

Dealing with Cuts

We asked what your practice is doing about the recent cuts in the dermatopathology lab area. The 33% reduction in 88305 reimbursements is taking a toll on a lot of practices, here's what you had to say.

Angela Short, West Orange, NJ: "Our lab processes over 11,000 cases each year with about 35% representing Medicare. Right now we're locking in our managed care rates, attempting to streamline our operations and expand the lab information system, and we're actively seeking CAP accreditation. While derm was excluded from the Aetna mandate for CAP last year, more payers are either requiring CAP or requiring practices to send specimens out to the national chains. By maintaining a high level of compliance, we should be able to maintain the commercial business and the impact from Medicare."

Chris Evans, Allentown, PA: "I asked for a carve out to stay at 2013 rates, but the answer back is clear and unequivocal: commercial plans and TPA self-insured plans are hopping onto any and all savings and will not accept any carve outs passed through to them from 'rented' networks...We may have to consider sending out specimens to be cut and read."

Brenda Stufflestreet, Johnson City, TN: "They will have a large impact, the overhead for our lab is small; however, we did cut the fee per slide to the contracted pathologist that reads for us. It was the only cut we could make that was feasible. We have 65% Medicare volume in our lab and we're looking at a $250,000 loss!"

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 Jayne?

Email us at ADAMinfo@shcare.net

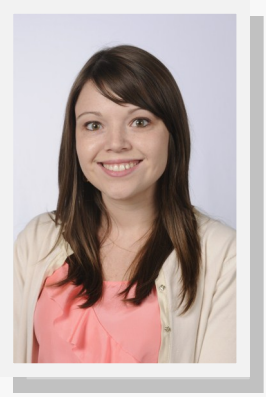
What a whirlwind the last few days have been. I want to thank everyone who was able to attend ADAM's 21st Annual Meeting last week. It was a fantastic educational experience. I truly enjoyed meeting so many of you and I hope you were able to network and connect with friends new and old. I also want to thank our incredible committees, that played such a critical role in this meeting. We could not do this without your help and dedication.

With another Annual Meeting behind us, it's time to refocus on our day-to-day priorities and pay attention to upcoming issues that could affect our practices. In this issue of *Executive Decisions in Dermatology* you'll find an article on Meaningful Use as well as a great reactionary piece from members who have experienced cuts to their dermatopathology labs. ADAM continues to offer ways to help us with these never-ending changes such as the ICD-10 Documentation Assessment discount. Be sure to check My ADAM for more information.

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?
Sarah: Sarah Tucker – University of Illinois at Chicago.

ADAM: When did you join ADAM?
Sarah: I joined in 2007.

ADAM: How long have you been a practice manager?
Sarah: Since November 2011 in Dermatology. Prior to that I was an assistant administrator in Radiology for four years.

ADAM: Tell us a little about your practice.
Sarah: We are an academic dermatology practice and currently have nine faculty members. We are in the process of expanding due to increasing volume and restructuring initiative.

ADAM: What's been your best experience as an ADAM member?
Sarah: Members are knowledgeable and always willing to help when needed.

ADAM: What do you find to be the most challenging part of your job?
Sarah: Academic practice is unique as it requires emphasis on clinical services, research and scholarly activities, as well as undergraduate, medical student, and graduate resident teaching. Research and educational activities require cross-subsidization from clinical practice and with the changing landscape of healthcare, constant downward pressure on revenue is going to make the balance between the activities even more challenging.

ADAM: What would you recommend to a member looking to get more involved?
Sarah: Be active in the member community and be a resource to others in the field. It is mutually beneficial and great way to know other members. Join as many committees as possible!

Upcoming Webinars

Don't miss out on these great learning opportunities. Register at www. ada-m.org

Wednesday, March 13, 2013 3:00pm ET

ICD-10 Updates for Dermatology

You need to be prepared. And, we're not talking about just the October 1, 2014 ICD-10 deadline. You need to address the ICD-9 clinical documentation going out your door today. Can you respond in the affirmative to the following questions?

Will your ICD-9 documentation support incentive revenue available today such as hierarchical coding, meaningful use EHR standards, quality, severity and risk?

Improvements in your ICD-9 clinical documentation today will support your transition to ICD-10 on October 1, 2014. The big question is, will you be ready?

Join Pat Schmitter CPC CPC-I, Billing & Coding Consultant from VEI Consulting.

Community Visionary Enterprises, Inc.

Thursday, March 28, 2013 3:00pm ET

Henry Schein MicroMD

CMS EHR Incentive Program Stage 1 Overview: FREE!

Physician practices, CHCs and organizations interested in navigating one of the CMS EHR Incentive Programs are encouraged to join us for an online educational session that will review electronic medical record stimulus incentives available through the American Recovery and Reinvestment Act (ARRA), meaningful use of, qualifying for funds and the importance of EMR certification bodies, including CCHIT.

E ADAM GE

Thank you to Micro MD, a division of Henry Schein Medical for providing this FREE webinar.

Wednesday, April 10, 2013 3:00pm ET

Henry Schein MicroMD

CMS EHR Incentive Program Stage 2 Overview

This webinar is focused on providing objective information for non-acute care providers, practices and clinics on how to prepare for transitioning to Stage 2 as a provider already participating in an EHR incentive program. We will highlight key information from the combined 1,000+ pages of the Stage 2 Final Rule for the CMS EHR Incentive Programs for Eligible Professionals, including deciphering Stage 2 acronyms, changes to EHR requirements, Medicaid eligibility and Stage 1, as well as outlining the new Meaningful Use objectives and CQMs, payment adjustments and exceptions for Medicare providers, how to prepare for Stage 2 and tips for EMR selection or replacement. Please note that this webinar does not cover the hospital EHR incentive program, nor does it cover Stage 1 requirements in depth.

E ADAM GE

Thank you to Micro MD, a division of Henry Schein Medical for providing this FREE webinar.

2013 Annual Meeting: A Success in Miami!

Gabi Brockelsby, Program Chair

What is there left to say when it's all over for this year? Nothing but a huge ***"Thank You!"*** to everyone who contributed to ADAM's 21st Annual Meeting!

Thank you to the 2012 ADAM Education Committee who thought long and hard about educational topics and speakers. The committee is where the basis of the conference started and then was grown into a full-blown three-day effort. Thank you to the Networking & Mentoring Committee who showed us that there is always something to learn from our colleagues. And thank you to the Board Members who provided words of encouragement, advice, and support. We made it!

Thank you to the fabulous speakers who shared their expertise and helped us learn more about what it means to be a dermatology practice manager and reminded us to take it one day at a time.

Thank you to the sponsors and vendors who make the conference affordable for us to attend and for providing us with so much information that we can apply in our practice.

Thank you to the attendees who participated whole-heartedly in the sessions, who visited the vendors to make them feel appreciated, and for everyone who gave feedback of all types to let us know how we can improve the program for next year.

Also a thank you to an unsung hero of this conference, all of the doctors who allowed their employees to travel and attend the meeting. You are helping expand our education and become more knowledgeable experts.

And a personal note of thanks to Pam and Kelsey who listened with patience, didn't mind a rant or two, gave solid advice and kept me on track during this process.

So who's ready for Denver in 2014?

SAY CHEESE!

Check out pictures from the Annual Meeting in Miami, Florida online! Pictures will be uploaded on the ADAM Facebook page in the coming weeks!

Shannon Page, ADAM Member

Another successful meeting has come to a close! The excitement of Miami nightlife combined with the networking and educational components of this year's meeting was sure to have left a lasting impact on many.

I think everyone takes away something a little different from these types of meetings. For some, it is the desire to soak up new knowledge, maybe regarding EHR or new technologies, for others it may be to have certain questions answered and validated like Meaningful Use or PQRS, and for others it is about networking, or maybe it is a combination of all of the above. Whatever the reason, we always walk away a bit more empowered then when we arrived.

This years meeting took on a new flair that I thought truly heightened the educational experience; attendees could choose from courses based upon an individual's experience and comfort level. All attendees were able to choose between Master and New Manager levels when choosing their classes. The Spotlight track offered longer sessions that gave more insight on focused topics. This diversity seems to compliment the many different experience levels of members who were present.

On a separate note, as a member of the Communications Committee, I wanted to also highlight the opportunity we, as ADAM members, have to collaborate and improve on events like the Annual Meeting and also the overall experience for members. I encourage any member of ADAM to join a committee this year and be a part of enhancing this organization through networking, member recruitment, education and more.

I've relished the time I've spent as a committee member this year. I've met new friends and helped shape the organization. If you have questions about joining a committee email Headquarters at ADAMinfo@shcare.net. To all our new as well as existing friends, it was great to see you all and I look forward to seeing you in 2014!

!!!FLASH SALE!!!

Beginning March 13, 2013 ALL ADAM Toolkits are just $50 in the online ADAM Store! Don't miss this clearance, because once they're gone, they're gone!

~~Volume I Office Management Overview~~ SOLD OUT!

Volume II - Job Descriptions & Performance Appraisals

This toolkit is designed to assist in the process of writing and implementing job descriptions and performance appraisals. Section topics include: job descriptions, performance appraisals, examples are from five practices of varying size and scope.

Volume III - Personnel Handbook For Employees

Rules are necessary to avoid an unorganized and chaotic atmosphere in the office. This Toolkit has guidelines for developing an employee manual or personnel handbook that can be tailored to fit your office.

Volume IV – Dermatology Sample Forms

The sample forms in this toolkit have proven successful in other dermatology practices, and are designed to be a starting point to create templates to help an administrator or manager quickly address their needs.

Volume V – Dermatology Staff Competencies

We are always looking for new ways to document and verbalize employee accountability. This includes having appropriate backup for employee behavior and tasks. This toolkit provides information on competencies in a dermatology practice as well as templates and examples.

Volume VI - Implementing an Electronic Medical Records System

This toolkit will assist dermatology practices in preparing to implement an EMR. Its project management guide is designed for dermatology managers who have successfully implemented EMRs into their own practices.

Don't wait, go to the ADAM Store on March 13 and buy your $50 toolkits!

All sales are final. No returns. Flat rate shipping fee of $8.95 will apply.

Working through an Appeal

Tony Davis

It all started when we noticed that one of our major insurance payers was automatically denying all CPT code 99214 that included a -25 modifier. This was a sudden departure from the norm. We quickly began appealing this change. The insurance company determined that "medically necessary evaluation and management (E/M) services and procedures were not appropriately and sufficiently documented by the physician or qualified nonphysician practitioner in the patient's medical record to support the claim for these services in the majority of cases".

As we know, when used correctly, modifier 25 will prevent inappropriate bundling of separately identifiable E/M services provided along with a procedure on the same day of service. And, as is typical in the dermatological world, we often see patients coming in to see our physicians for one reason and ending up asking for more services within the exam room. It is common to provide those additional services so the patient can avoid another inconvenient trip back to the office at a later date. Not only did we begin appealing these denied claims but we also engaged in a direct discussion with the insurance company and its medical director. This led to a face to face discussion with our billing office director and one of our physicians, who is well versed in coding rules. Armed with the appropriate documentation, we were able to show that our medical records in fact did document a separately identifiable E/M and we also explained the inconvenience that forcing our patients to come back for another visit would create. This discussion resulted in the insurance company reversing its position (for the time being!) and reinstating payment for all claims previously denied.

The lesson learned here is to be aware when the insurance companies change the rules on us, understand your rights within your contract and don't be scared to fight your case when you have your facts straight!

Linkedin Hot Topics

In a general derm practice, how many RN or MA per provider and approximately how many patients does each provider see per day?

Wondering how many practices have a dress policy especially for the front desk staff and would be willing to share.

I am looking for more information on Concierge Medicine. Is anyone practicing this?

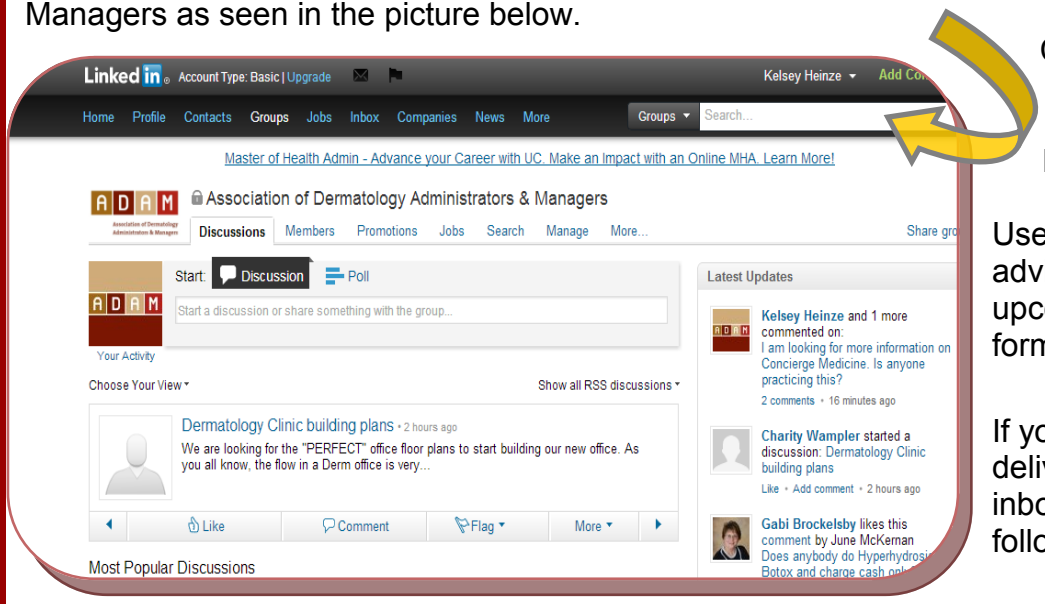
Does anybody do Hyperhydrosis for Botox and charge cash only?

Turn the page to learn how to get in on the conversation!

ADAM's Linkedin Group

Join the conversation! ADAM's private Linkedin group is only for dues-paid members. This group is confidential and your posts or discussions will not show up on your Linkedin profile or others' feed.

Since the group is by request-only, search the Association of Dermatology Administrators and Managers as seen in the picture below.

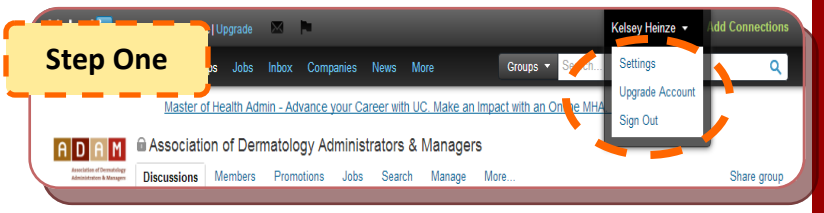


Click "request to join" and Headquarters will approve your membership within one business day.

Use the group to post a job, get advice on salary, discuss an upcoming practice event, share form templates and much more!

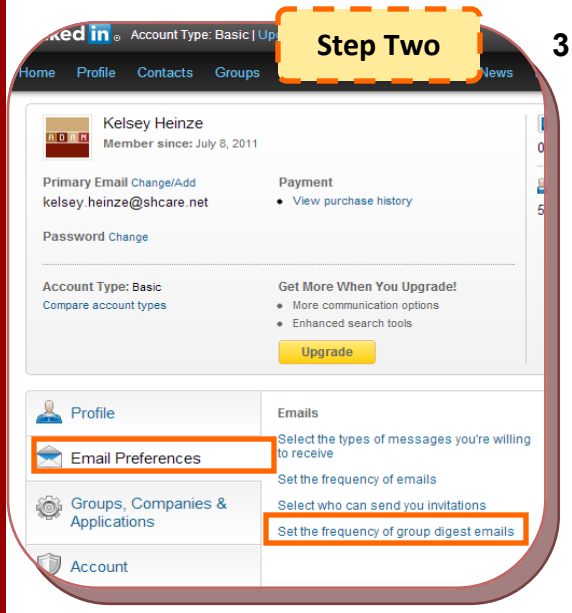
If you'd prefer to get discussions delivered right to your email inbox, go to your settings and follow these steps:

Step One



1. **Hover your mouse over your name on the top right of the screen and select "settings" from the drop-down menu.**
2. **Go to "email preferences" and select "set the frequency of group digest emails". You can choose to receive a daily digest, a weekly digest, or none.**

Step Two



3. **That's it! Now you can read the group discussions all at once and choose to reply, comment, or start your own discussion by clicking the link in your email.**

Remember, ADAM's Linkedin group is free for members. It's a great member benefit for learning and networking! If you have questions or need help signing up, email ADAMinfo@shcare.net.

Your chance to win

For the next month, we will select the most 'active user' of the week on ADAM's Linkedin page every Friday. Be the most active user by commenting on other discussions and starting your own.

The winner will receive $10 off a webinar of their choice in 2013! Only four chances to win beginning THIS FRIDAY! Winners will be notified via email.

Meaningful Use
Rachna Chaudhari

One of the most common questions I receive at the American Academy of Dermatology is from dermatology practices trying to understand how to apply for the meaningful use incentive. The meaningful use program, otherwise known as the Electronic Health Record (EHR) Incentive Program, began in 2011 under the purview of the Centers for Medicare and Medicaid Services' (CMS), which allows dermatologists to collect up to $44,000 in incentives over five years under Medicare, or up to $63,750 over six years under Medicaid. Starting in 2015, physicians who do not participate in meaningful use will risk receiving reduced Medicare payments.

YEAR OF ADOPTION	PAYMENT IN 2011	PAYMENT IN 2012	PAYMENT IN 2013	PAYMENT IN 2014	PAYMENT IN 2015	PAYMENT IN 2016	TOTAL INCENTIVE	PENALTY
2011	$18,000	$12,000	$8,000	$4,000	$2,000	$0	$44,000	0%
2012		$18,000	$12,000	$8,000	$4,000	$2,000	$44,000	0%
2013			$15,000	$12,000	$8,000	$4,000	$39,000	0%
2014				$12,000	$8,000	$4,000	$24,000	0%
2015								1%
2016								2%
2017 and beyond								3%

Dermatologists are eligible to receive the Medicare EHR incentive based on two requirements: (1) they are a physician with an MD or DO degree and (2) they have at least $24,000 in Medicare Part B allowed charges per year.

Table 1: Payment schedule for participation in the Medicare EHR Incentive Program

Once you have determined you are eligible for the program, you must meet the following steps to obtain the incentive:

1. Select and implement an EHR into your office that carries the ONC-ATCB certification standard. For a full list of certified products, please visit http://onc-chpl.force.com/ehrcert.
2. Register at https://ehrincentives.cms.gov/hitech/login.action. The first year of the program is a 90 day reporting period. You can select any 90 day calendar period as long as your last day of reporting occurs on or before December 31st. You are expected to report for the full year (Jan. 1-Dec. 31) for every year subsequent except for 2014. CMS has made a special exemption for all physicians in 2014 to allow them to report for only 90 days.

Example of how to calculate a meaningful use measure

Core measure #4 requires the physician to transmit 40% of all prescriptions electronically. The EHR system shows a total of 500 non-controlled prescriptions were created during the EHR reporting period and 400 were transmitted electronically to a pharmacy.

Denominator = 500
Numerator = 400
Performance percentage = 400/500 x 100 = 80%

3. Complete and track the relevant numerators and denominators for 20 meaningful use measures. The EHR Incentive Program is divided into stages based on when the physician starts the program. Currently, all practices are in Stage 1 of reporting. Stage 2 will begin in 2014. Stage 1 requires that physicians report on a total of 20 measures, which are noted at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf. Each measure requires the practice to complete an objective and track the amount of times they perform it through numerators and denominators. Your EHR should automatically track all meaningful use measures and display the performance on a dashboard. Various measures have exclusions, and if a physician meets the criteria for this exclusion he/she has met the requirements for the measure. Many dermatologists have concerns that some of the meaningful use measures do not apply to their practice, however they should note that they can simply attest to an exclusion if one is available.

Core Stage 1 Measures	Exclusion
Computer Physician Order Entry (CPOE) for Medication Orders.	Providers who write fewer than 100 prescriptions.
Generate and transmit electronic prescriptions	Providers who write fewer than 100 prescriptions.
Record and chart changes in height, weight, blood pressure and calculate and display BMI and growth charts for children 2 – 20 years of age (e.g. vital signs measure).	Providers who do not chart height, weight or blood pressure for any patients. *Please note that if you document the occasionally blood pressure, you can still exclude yourself from this measure. You can also only report the blood pressure and not the height, weight and BMI if that is not relevant to your practice.*
Provide patients with an electronic copy of their health information upon request.	Providers who do not receive a single request from a patient for this electronic information.

Meaningful Use continued from page eight.

One of the measures all physicians must also report is clinical quality measures. A list of these is available at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html. Although most of these measures do not apply to dermatology, CMS is not measuring the performance of providers. Thus, providers can report numerators or denominators of zero for clinical quality measures that do not apply to their specialty.

Menu Set Measures	Exclusion
Implement drug formulary checks.	Providers who write fewer than 100 prescriptions.
Submit electronic data to immunization registries.	Providers who administer no immunizations.
Submit electronic syndromic surveillance data to public health agencies.	Providers who do not collect any reportable syndromic surveillance data.

Check that you have met or exceeded all of the meaningful use objectives through your EHR and attest on the CMS registration website at http://onc-chpl.force.com/ehrcert. You will be expected to type in all of your relevant numerators and denominators for each measure.

Expect an incentive check four to six weeks after your attestation. This check will be made out to each individual physician and it is up to the practice's discretion how to distribute payment.

CMS has outlined guidelines to also avoid the EHR penalty which begins in 2015. Practices can choose one of the following options:

1. If you have attested in 2011 or 2012, you can attest in 2013 for the full year and avoid the penalty in 2015.
2. If your first reporting year is 2013, you can attest for any 90 day period in 2013 and avoid the penalty in 2015.
3. If your first reporting year is 2014, you can attest for any 90 day period before Oct. 1, 2014 to avoid the penalty in 2015.
4. Exempt yourself from the 2015 penalty if you meet one of the following criteria:
    a. Lack of availability of internet access
    b. Newly practicing physicians
    c. Unforeseen circumstances (e.g. natural disaster)
    d. Physicians who have little interaction with patients (i.e. dermatopathologists, etc.)

CMS will be posting guidelines in 2014 as to how physicians can exempt themselves from the EHR penalty in 2015. Please note, physicians will have to continue demonstrating meaningful use every year to avoid the penalty in future years.

If your practice believes the incentive is within reach and the measures are attainable, it will be advantageous to begin the program as soon as possible. Over 1,700 dermatologists have successfully attested and received the meaningful use incentive to date and more dermatologists are expected to participate in 2013. Remember, you can choose to stop reporting at any time; however the time to obtain an incentive runs out in 2014.

Rachna Chaudhari, MPH is a Manager of Practice Management Resources at the American Academy of Dermatology
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Upcoming Events

Have an idea for the newsletter? Want to write an article? We want to hear from you! Email us!

March

FRIDAY 1 2013
March 1-5, 2013
American Academy of Dermatology
Miami Beach, FL

MONDAY 4 2013
March 4-6, 2013
Society of Dermatology SkinCare Specialists Annual Meeting
Miami, FL

April

WEDNESDAY 3 2013
April 3-7, 2013
American Society for Laser Medicine and Surgery Annual Conference
Wausau, WI

THURSDAY 4 2013
April 4-5, 2013
Dermatology Nurses' Association
New Orleans, LA

FRIDAY 12 2013
April 12-14, 2013
2013 Atlantic Dermatological Conference
Washington, DC

FRIDAY 12 2013
April 12-13, 2013
SC Dermatological Association Annual Meeting
Charleston, SC

WEDNESDAY 24 2013
April 24-May 4, 2013
North American Clinical Dermatologic Society Annual Meeting
Barcelona, San Sebastian, Porto

FRIDAY 26 2013
April 26-April 27, 2013
Arkansas Dermatological Society Annual Meeting
Little Rock, AR