



The PAHCOM Journal

Specializing in Physician Practice Management Since 1988

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Professional Association of Health Care Office Management

Making Community Connectivity a Reality

by Kendra Siler-Marsiglio, PhD

Federal funding for health information technology (HIT) has largely been directed at small practices in rural-urban areas. In addition to funding and training IT staff, most managers of these practices would probably agree that coordination of regional HIT resources and a go-to knowledge base for implementing HIT would help them better serve their patients and providers.

PAHCOM has extended its proven professional development tools into the HIT field to assist members in finding reputable vendors and affordable, practical ways to implement HIT.

To help meet these needs in North Central Florida, CommunityHealth IT was formed three years ago. This 39-organization is a learning network and coordinating body for regional disease management and HIT projects including systematic expansion of broadband, ensuring that providers have the appropriate foundational technology, facilitating electronic health record (EHR) implementation, and exchanging electronic health information through a 14-county regional health information exchange (HIE).



Endorsed by Enterprise Florida—the State of Florida’s economic development arm, CommunityHealth IT serves as a platform to engage patients, medical facilities, and non-medical stakeholders that include regional economic development organizations, workforce development boards, two HIT Regional Extension Centers, and national HIT providers. CommunityHealth IT has raised the social capital needed within its communities to promote change in the rural-urban mix HIT landscape. CommunityHealth IT has partnered with the Professional Association of Health Care Office Management (PAHCOM) in this endeavor. PAHCOM has extended its proven professional development tools into the HIT field to assist members in finding reputable vendors and affordable, practical ways to implement HIT.

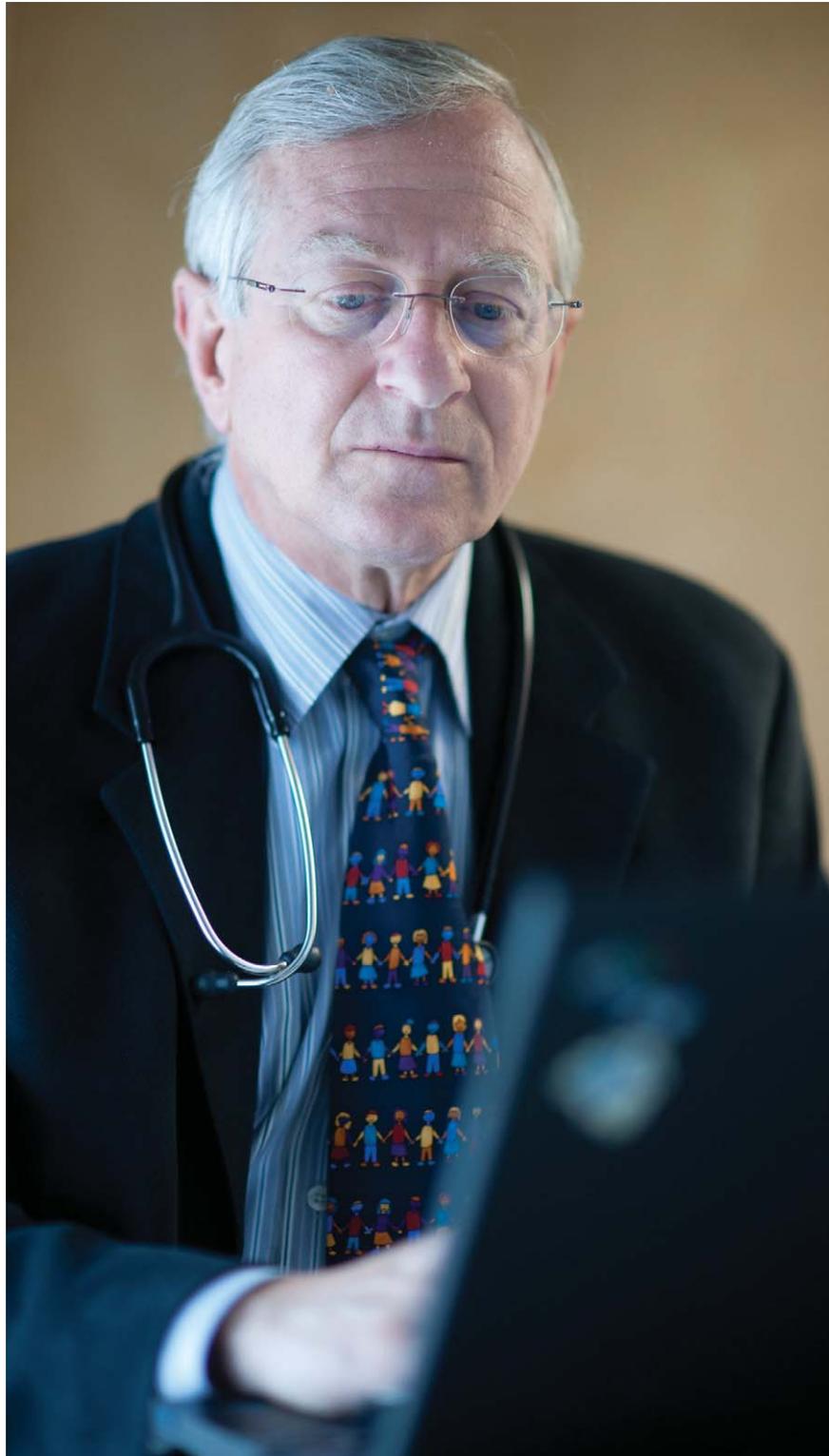
“CommunityHealth IT added a PAHCOM Chapter in our 14-county regional HIT action plan because PAHCOM’s organizational structure and opportunities are so beneficial to our many rural and underserved medical communities,” said Dr. David Willis, chief medical information officer of the CommunityHealth IT Network. “PAHCOM, which is now a key partner, can help replicate our successes in similar healthcare delivery systems.”

Community Health IT’s action plan also includes systematically implementing three large-scale, regional HIT efforts to enable rural providers to electronically exchange protected health information reliably and affordably. Specifically, the efforts are:

continued on page 6...

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* Dr. Peter E. Masucci participates in athenahealth's National Showcase Client Program. For more information on this program, please visit www.athenahealth.com/NSC.
** Actual results may vary.


there is a better way

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The NAB Perspective

a message from our National Advisory Board...

Your 2012 NAB looks forward to the leadership role they have been asked to take on. The goal of PAHCOM is to provide support for small group and solo physician practice managers and opportunities for professional growth. The NAB is an important instrument for achieving that goal. The job of the NAB is to look at opportunities for growth and change for the organization that will benefit not only each individual member, but the future of the industry.

The NAB is pleased to have two new members this year! They are Renee Segal, CMM, CPC and Kimberly Wise, CMM, CPC.



*New NAB Member,
Renee Segal, CMM, CPC*

Renee is the Practice Administrator of Lake Zurich Family Treatment Center.

She has a Master's in Education, Speech-Language Pathology as well as a Master's in Business Administration. She is the President of the Greater Chicagoland Chapter, the 2011 Chapter of the Year! Renee and her husband Stewart have been married for 34 years and have grown children. She loves spy novels and has just learned how to play games on her computer and phone, but often turns to her 5 year old grandson for tech support!!!



*New NAB Member
Kimberly Wise,
CMM, CPC*

Kimberly considers herself a "road warrior" driving 120 miles each

day to her job in Physician Practice Compliance at West Penn Allegheny

Health System in Pittsburgh. Kim was a medical office manager for 21 years prior to taking this position 10 years ago. She loves comedy clubs and does arts and crafts projects for fun in her spare time. The Christmas season is so special to Kim that she keeps a 6 ½ foot toy soldier named Bernard in her family room year round. Kim says "He makes me smile and that is what matters. We all need to find joy where we can!"

Our returning board members are; Jill Venskytis, CMM; Maggie Mac, CMM, CPC, CEMC, CHC, ICCE; Sarah Holmes, BA, CMM, CHCO, CPM-HCS, COBGCS; Steve Johanns, CMM; and myself. You already know a lot about them, but here are some things you might not know.

The job of the NAB is to look at opportunities for growth and change for the organization that will benefit not only each individual member, but the future of the industry.

Jill enjoys following PAHCOM on Twitter and LinkedIn. She is hoping her 2 daughters follow her into the healthcare field. She received her 10 year membership pin last year. Maggie is hopelessly addicted to peanut butter cups and anything with cinnamon. She lives a double life spending much of her time in New York with her cat, Mollie, and in her home in Clearwater, Florida where she has a dog, Beans. Sarah is designing her own clothing line with a friend and enjoys modeling. She has recently started a PAHCOM chapter in Atlanta. Steve is PAHCOM's Medical Manager of the Year for 2011! He enjoys

reading, photography and hiking the beautiful mountains of Colorado with his wife Joyce.

I'm Pam Lewis and I am honored to have been elected Chairperson of the NAB for a second year!!! My husband, Don, and I share our home with a rescued hound dog named Fiona.

You can see photos and learn more about all the members of your NAB at; www.pahcom.com/national_advisory_board.html

Sure, PAHCOM is comprised of professional managers but we're all people with varying backgrounds and interests. For 24 years we've enjoyed not only helping each other with operational practice challenges, but supporting each other as friends working toward the common goal of improving healthcare in our communities. I am confident that the future will hold even more opportunities for all of us to grow in our professional knowledge and friendships.

I am looking forward to embracing the new adventures that we will encounter! I hope you are too!

Always,

Pam Lewis



Pam Lewis, CMM
*National Advisory Board
2012 Chairperson*

Welcome New Corporate Members

Welcome New C-Mems: Get to know all of our Corporate Members! Visit the online Corporate Member Directory.
<http://www.pahcom.com/corporate/directory.php>



CommunityHealth IT

CommunityHealth IT Network's vision is to enable safety net facilities to successfully implement and use coordinated HIT systems to improve community health, healthcare delivery efficiencies, and bolster community economies.

Kendra Siler-Marsiglio
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1. Concurrent deployment of regional HIT use with the \$30 Million North Florida Broadband Authority project. This component ensures that rural providers have deeply discounted Internet connectivity for EHR and HIE use that is equivalent to what their urban counterparts enjoy. Consider looking for similar broadband projects in your area.

2. Widespread implementation of federally certified EHRs.

CommunityHealth IT members assist rural providers with affording EHRs by helping them leverage regional, state, and federal resources such as RECs and other ONC-supported projects. What ONC programs are serving your communities?

3. Adoption of a nationally recognized, community HIE. The CommunityHealth IT HIE is the regional adaptation of a provider-driven, community-supportive, and locally sustainable HIE model originally developed by Healthy Ocala. Powered by RelayHealth and WorldDoc, CommunityHealth IT's HIE will give credentialed providers and their patients' immediate access to relevant medical information at the point of care.

"The health information exchange—and clinical connectivity in general—are growing in importance to the small physician practice, and the need is especially great in rural areas," said Jeff Gartland, senior vice president, RelayHealth.

"CommunityHealth IT's HIE initiative is certain to positively impact the healthcare providers it serves—particularly federally qualified health centers—as well as enhance the care and health of the communities it serves," he added.

In sum, the CommunityHealth IT Initiative:

- ensures that rural medical providers have the same access to healthcare resources as their urban counterparts;
- strengthens the connections and communications between rural and urban providers;
- improves community health;
- lowers healthcare costs;
- bolsters the healthcare workforce; and
- stimulates local economies.

Are you ready to start something similar where you live? If so, healthier communities through a better healthcare system can be achieved by engaging organizations like the Healthcare Information and Management Systems Society (HIMSS) and PAHCOM.

Karen Blanchette, the association director of PAHCOM, explained, "PAHCOM has been facilitating the sharing

of knowledge among medical practices for more than 24 years. Because practices trust PAHCOM, it makes sense that we can help influence their adoption of technology.

Blanchette continued, "We're pleased to be working with CommunityHealth IT as they help small practices and rural health clinics adopt health information exchange for enhanced efficiency and improved outcomes."

For more information, visit HIMSS at www.himss.org/ASP/index.asp and PAHCOM at www.pahcom.com. ■



Kendra Siler-Marsiglio, PhD
is the director of the Rural Health Partnership, a federally designated Rural Health Network that is recognized as a national leader in rural HIT. She is also the co-chair of the CommunityHealth IT Initiative.

CommunityHealth IT, Inc. is a PAHCOM Corporate Member Since 2012

"Making Community Connectivity a Reality" was originally written for and run in the PhysBizTech inaugural issue, February 6, 2012. PhysBizTech is a Corporate Member of PAHCOM Since 2012 and runs a PAHCOM column each month. Subscribe to PhysBizTech for free by going to PAHCOM.com > Corporate Member Directory > PhysBizTech or www.PhysBizTech.com

Court Dismissed 996 Surgical Claims Against UnitedHealthcare For Lack of 996 ERISA Assignments

Hanover Park, IL (PRWeb) Jan. 04, 2012 - On Dec 30, 2011, the Federal Court in Southern District of Florida, dismissed a lawsuit (amended complaint), by 4 surgical centers and 2 surgeons with 996 surgical claims, against UnitedHealthcare for lack of ERISA assignment, and ordered the plaintiffs to re-file the case with 996 actual ERISA assignments within 30 days. ERISAclaim.com offers new Webinars to examine the profound impact of this federal court ruling, on ERISA requirements for Assignment of Benefits (AOB), and to discuss on how to secure valid ERISA and PPACA Assignment of Benefits, in order to prevail on all provider appeals and judicial reviews.

Complete ERISA & PPACA Regulations and Guidance can be found on DOL website: www.dol.gov/ebsa/healthreform/

To find out more about the Total PPACA Claims and Appeals Compliance Services from: www.ERISAclaim.com/products.htm

[Dr. Jin Zhou, President, ERISAclaim.com](http://www.ERISAclaim.com)

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Make time for your professional development and be a stronger asset to your team!

2012 US Healthcare: CNNMoney: “Doctors Going Broke” Why? ERISA & PPACA!

by Dr. Jin Zhou

After my presentation on new federal healthcare reform laws, PPACA & ERISA Claims Regulations, at the 23rd Annual PAHCOM Conference in Florida last year, I was asked by Richard and Karen as well as many PAHCOM members to explore the best ways to help every PAHCOM member to become an expert in 2012 on PPACA and ERISA Claim Regulations, in order to achieve the maximum compliant reimbursement. Here we are again in 2012 and CNNMoney just reported that more and more doctors in America are going broke, quietly but surely and quickly, mainly due to the reimbursement problems. I have sent my PPACA and ERISA comments, as the solutions to the problems, to the reporter of this CNNMoney article. Karen and I thought it might be a good idea to share these reimbursement secrets with all PAHCOM members, as our first step in 2012 to become PPACA & ERISA claims specialists. In 2012, we will make sure no doctors of our PAHCOM members will go broke.

On January 5, 2012, a CNNMoney Story, entitled “Doctors Going Broke”, reported: (http://money.cnn.com/2012/01/05/smallbusiness/doctors_broke/index.htm?hpt=hp_t3)

“Doctors in America are harboring an embarrassing secret: Many of them are going broke. This quiet reality, which is spreading nationwide, is claiming a wide range of casualties, including family physicians, cardiologists and oncologists. Industry watchers say the trend is worrisome. Half of all doctors in the nation operate a private practice. So if a cash crunch forces the death of an independent practice, it robs a community of a vital health care resource. Doctors list shrinking insurance reimbursements, changing regulations, rising business



and drug costs among the factors preventing them from keeping their practices afloat.”

This is a very timely and truthful story for doctors and hospitals in America. This is also a 911 call for US healthcare security. More importantly, when we see stories about respected, established physicians, such as, Dr. Neil Barth whom the article reports; was \$3.2 million in debt and contemplating personal bankruptcy, a move that could shutter his 31 year old practice and force 6,000 cancer patients to look for a new doctor, we in the industry should realize that, our healthcare system infrastructure earthquake is coming.

This 2012 CNNMoney report is consistent with an AMA report on March 4, 2011 that 51% of doctors in TX are going broke.

While the doctors listed the shrinking insurance reimbursement as the force driving doctors into bankruptcy, the Congress also did its homework on

why. The Congressional GAO report on March 16, 2011, 12 days after the AMA report, concluded that 39% to 59% of insurance denials were reversed if appealed. Yet, in Ohio, one of six states in the GAO's review, only 0.5% of the denied claims were appealed. Nationwide, very few denied claims are appealed. <http://www.gao.gov/products/GAO-11-268>.

In 2012, we will make sure no doctors of our PAHCOM members will go broke.

It is time for us to connect the healthcare 911 dots from CNN, AMA to the Congress. In my feedback sent to the reporter of this CNNMoney article, I state; “For 36 years, ERISA governs more than 50% of U.S. healthcare expenditure, and most private health plan reimbursement, but ERISA was never understood by doctors, even CNN never had an article on this issue”.

New healthcare reform law, PPACA Claims Appeals Regulations, went into effect on September 23, 2010, to be fully enforced in 2012. It will regulate almost all healthcare claims outside Medicare and the Medicaid market.

As a practical solution to the US healthcare problems in 2012, ERISAclaim.com announces free webinars to discuss the major problems reported by this CNNMoney article.

ERISAclaim.com free Webinars will cover the following topics:

1. Comments and analysis of the CNNMoney article on January 5, 2012: "Doctors Going Broke"
2. Comments and analysis of AMA report on March 4, 2011 that 51% of doctors in TX are going broke: "51% of Texas doctors dug into personal funds to keep practices afloat in 2010". "More Texas Doctors Dipping Into Personal Reserves To Keep Practices Alive" www.ama-assn.org/amednews/2011/03/14/bisc0314.htm
3. Comments and analysis of the Congressional Report, U.S. GAO, (GAO-11-268 March 16, 2011): Private Health Insurance: Data on Application and Coverage Denials www.gao.gov/products/GAO-11-268
4. DOL Website of PPACA Claim Regulation and Guidance: www.dol.gov/ebsa/healthreform/
5. EBSA News Release: US Department of Labor's EBSA creates new consumer assistance Web page [11/10/2011] www.dol.gov/opa/media/press/ebsa/EBSA20111627.htm
6. "Federal Department Of Insurance Complaints Website" for Doctors and Patients: <https://www.askebsa.dol.gov/WebIntake/Home.aspx?submit=Submit+a+Complaint>

To find out more about the Total PPACA Claims and Appeals Compliance Services from ERISAclaim.com: www.ERISAclaim.com/products.htm



Dr. Jin Zhou, President, ERISAclaim.com

Located in a Chicago suburb in Illinois, for over 11 years, ERISAclaim.com is the only ERISA & PPACA consulting, publishing and website resource for healthcare providers in the country. ERISAclaim.com offers free webinars, basic and advanced educational seminars and on-site claims specialist certification programs for doctors, hospitals and commercial companies, as well as numerous pending national ERISA class action litigation support. Dr. Jin Zhou is regarded as the industry "Godfather of ERISA claims" for healthcare providers.

For any questions, please contact Dr. Jin Zhou, president of ERISAclaim.com, at 630-808-7237.

Social Security Applicants to "Sign" Authorization Electronically

Beginning in April, many people applying for Social Security disability benefits will be able to sign and submit the Authorization to Disclose Information to Social Security (Form SSA-827) form electronically, as the last part of the online process.

Social Security requests more than 15 million medical records each year on behalf of people applying for disability benefits, and a signed SSA-827 accompanies each request. Offering the option of electronically signing and submitting the form helps the agency provide better service, reducing our application processing time by up to nine days.

The Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws permit the use of electronic signatures, and Social Security is encouraging medical providers to treat the new electronic signature the same as they would a "wet" signature on the SSA-827.

How it will work for the applicant

Adults applying for disability benefits will "click and sign" the SSA-827 as part of the online application process, immediately making the form part of Social Security's electronic disability folder. This eliminates the need for the applicant to print, sign, mail, or deliver a paper copy to a Social Security office.

Social Security will continue to take the appropriate steps to verify the identity of the signer and to protect the information and records received. Applicants also receive a copy of the electronically signed and dated SSA-827 for their records.

How it will work for the provider

Medical providers will continue to receive a HIPAA-compliant SSA-827 with each of Social Security's requests for records. The only change to the current form will be in the completed signature block, which will indicate that the applicant electronically signed using the new process. An electronically signed SSA-827 requires no change to existing procedures for processing authorization forms.

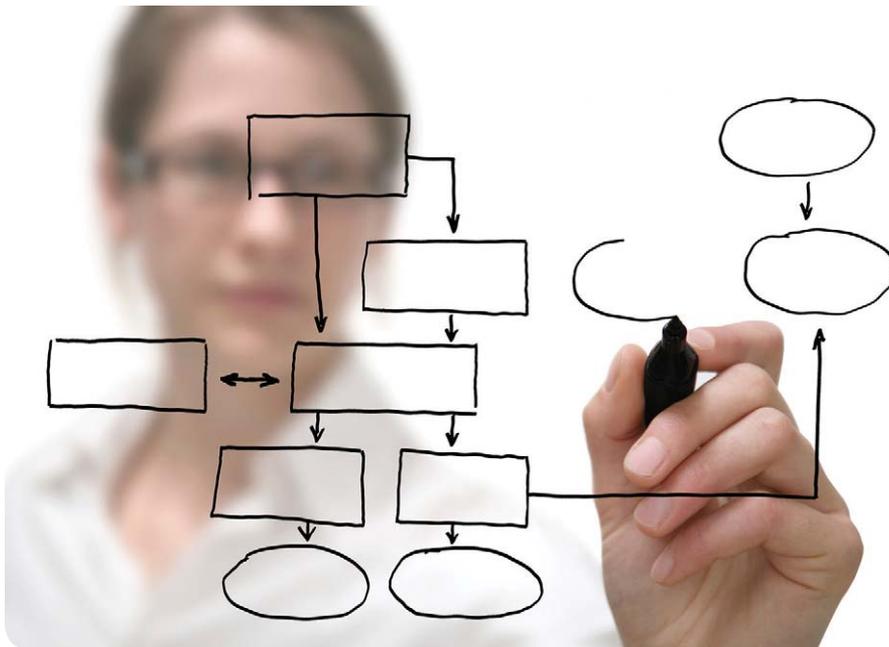
Accepting electronic SSA-827s will help speed the application process and can result in Social Security paying benefits to qualified patients more quickly, as well as providing Medicare and Medicaid coverage faster. The electronic SSA-827 will also decrease the number of uninsured and underinsured patients medical providers serve.

Initially, Social Security will offer this new process only to adults applying online for disability benefits on their own behalf, so there will continue to be wet-signed SSA-827s for other claims. The agency expects the use of this new signature process to expand over time as the number of online filers increases.

For more information about this process, go to www.ssa.gov/disability/professionals/eAuthorization.htm.

Tips for Successfully Selecting and Implementing EMR

by Keith Slater



P practices may have different reasons for wanting to implement Electronic Medical Records (EMR) software. It can be a step for first time adoption, or to replace their current EMR with a new one. The planning and timing are both critical to a successful implementation that meets practice goals. The decision to adopt an EMR can be motivated by many factors, including , securing CMS incentives, improving clinical and administrative efficiencies or ensuring compliance with new regulations, (such as the introduction of ICD-10). EMR implementation and ease of use can make or break the successful adoption by providers. With the push for practices to go electronic, practices and their EMR vendors are often faced with a time limitation in which to complete an implementation. This is especially notable when enrolled in one of the CMS EHR Incentive Programs. You can improve your chances for a successful EMR implementation by planning your practice's selection and implementation process well in advance of your projected implementation date. Read on for some tips on successfully selecting and implementing EMR.

Understand the timing: Start the EMR selection process early

In 2011, many available CMS EHR incentives were based upon calendar year implementation. The larger payouts were designed to encourage early EMR adoption. These incentives were a driving force behind purchase decisions and implementation timing for many practices. Vendors certainly expect this to continue. Many vendors are experiencing an influx of new clients eager to take advantage of the incentives. They must commit many hours of customer service to each client to ensure proper training and successful implementation. This can be especially true if the practice is not properly prepared for the transition. Selecting an EMR vendor early will allow for the required time to successfully organize and manage the initial implementation and training, including time for providers to adjust to new clinical workflows and documentation requirements. Early planning allows providers and their staff to evaluate their paper workflow and ensure that, as much as possible, it is translated into an efficient electronic workflow. It can be challenging for the practice and vendor

to agree on implementation times that work best for both. The practice may need to find a lull in which they're comfortable completing the go-live. The vendor may have to work around other practices already in line with go-live dates. This is especially critical in the first years of achieving meaningful use or when attempting to meet a new government requirement as the rules are new to everyone. Ultimately, planning ahead is a key element to ensuring that the initial "go-live" event is as successful as possible. Delays in selecting a vendor can compress this critical planning time, and only increase the chance for a potential failure.

Select an EMR to meet the specialty's needs and objectives

Selecting an EMR that meets every need of a healthcare organization can be challenging. Small practices do not need the enterprise-wide systems offered by hospitals and large healthcare systems that contain features for every contingency. Opt instead for an EMR that is easy to use, yet powerful in its feature sets. Work with potential vendors to simulate real examples of what happens in your practice. Look for an EMR that is flexible in its administration, documentation methods and functionality. Make sure that the system meets most of the needs and workflow within your specialty. Request a software demo to determine if the EMR is a fit for your specialty, as well as your organizational size, type and objectives. Practices should also look to partner with an EMR vendor with integrated practice management software, established implementation and training programs, and a reputation for providing ongoing technical support and product upgrades. This will ensure that your system will continue to grow with your practice.

With a well planned implementation and the establishment of consistent, periodic monitoring, your practice can meet all of your EMR objectives with minimal disruptions.

Select an EMR to help achieve meaningful use and regulatory requirements

Achieving meaningful use can sometimes require changes to existing clinical procedures. No provider wants to face a situation in which they assumed they were correctly using the EMR to meet requirements when, in fact, they weren't. Make sure that you consider how the EMR you choose will integrate with your current procedures. With hundreds of EMRs in the market today, choosing software that appears to meet your specialty workflow needs is just the beginning. You must also be sure that the vendor you choose has shown ability and commitment to keep software current and provide upgrades to comply with the required functionality through all the stages of Meaningful Use and the recent EDI ANSI 5010 introduction. They should be prepared to adapt for upcoming regulatory requirements, such as the introduction of ICD-10 into their products. Do your research, ask for referrals and speak to other Practice Managers before you settle on a vendor.

Appoint an "EMR Champion"

No one knows your practice better than you do! During the vendor selection process consider assigning an "EMR champion" to serve as the overall "project manager" to facilitate the vendor selection, contract and implementation process. These responsibilities should include; securing the staff input toward the requirements you are seeking in a vendor, identifying the challenges the practice has with managing paper charts and determining "need to have" versus "nice to have" functionality. This information can significantly impact the system requirements and the financial budget. The budget includes the software pricing, new or upgraded hardware and networking equipment and

additional support services offered by the vendor. Following the completion of software demos, the "project manager" should assist in reviewing the final contract to be sure that what you are purchasing meets all of your requirements. At this point, they can coordinate all of the information they have gathered from your staff and the vendor to set implementation goals and schedules that everyone can work with.

Monitor achievement of EMR goals.

Once the initial installation and "go-live" training phase is deemed complete, you should be well on your way to monitoring your goals for EMR usage. Are you attesting for meaningful use within a specific timeline? If so, you'll likely be managing daily/weekly/monthly monitoring and on-going education with your EMR users.

The practice will want to ensure that all clinical staff members with EMR data entry responsibility are kept apprised of the periodic results of the clinical quality measures and reporting metrics. A best practice recommendation would be to consider forming a committee that regularly reviews advanced "tips and tricks", shares knowledge of how best to navigate the software and evaluates common problems that may require a formal office policy or procedure. This will help you to monitor the effectiveness of your system and the ability to address the needs for additional training or software as they arise.

With a well-planned implementation and the establishment of consistent, periodic monitoring, your practice can meet all of your EMR objectives with minimal disruptions. ■



Keith Slater

is Vice President and General Manager of Henry Schein MicroMD, a provider of simple, yet powerful EMR and Practice Management solutions helping to streamline operations for today's busy providers. For more information, visit www.micromd.com

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You will automatically receive a reminder E-mail containing a renewal link 30 days before your membership is due to expire. You will receive additional reminders 14 days and again at 5 days prior to expiration. Just click on the link and follow the instructions!

If you are within 60 days of your renewal date:

Go to www.pahcom.com > Member Tools > Member Self-Care and click the renew link at the top of the page.

Or www.pahcom.com > Store > Professional Development and click on Renew

Don't forget, renewing on-line saves you time and money, as we offer a \$20 discount for on-line renewals!

Chapter News



CHAPTER SUPPORT COMMITTEE

Introducing the PAHCOM Chapter Support Committee!

In mid-2011, PAHCOM recognized that several chapters were well known in their communities as leaders in their medical community. They are involved with local medical societies, colleges, payors, and more. At these chapters, PAHCOM truly makes a difference for the members involved, their practices, and the community as a whole. It's a beautiful thing.

At the same time in other regions, PAHCOM chapters are struggling. It's a story we've all heard; physicians not seeing the value, members spreading themselves too thin, poor vendor support, etc. For 24 years PAHCOM has been sharing knowledge between medical office managers and helping each other with our combined experience. The Chapter Support Committee (CSC) was developed to deliver that same benefit to PAHCOM chapters across the country. We have the experience; now we've built an infrastructure to facilitate sharing that knowledge!

The committee began as a subcommittee of the National Advisory Board and it quickly became apparent that this committee needed to expand and branch out on its own, with members who focus specifically on assigned chapters. That's how we've moved forward in 2012!

The CSC communicates with chapters through various means including direct phone calls, emails, scheduled conference calls, etc. It's all in an effort to understand challenges, identify strengths, and share knowledge like we do for each other as office managers every day. The CSC is also helping chapters learn how to utilize the many resources available to them via Chapter Officer Tools on the PAHCOM website. Today's focus is the education calendar showing all of the chapters' upcoming events/meetings. Each chapter must have a minimum of 6 meetings per year posted on the calendar. See PAHCOM.com > Education > Calendar.

This is an exciting time for chapters and we are thrilled to be able to support chapter growth and most importantly, the sharing of knowledge, which ultimately benefits member practices, patients, and their communities. If you would like more information on the CSC or chapters in general, please feel free to contact me at geminhizer@dha-nm.com.

Please help us welcome the CSC. Each of you is invited to contact the CSC to identify chapter programs we can learn from or that need help. Members of the Chapter

Support Committee can be reached via the CSC webpage at PAHCOM.com > Chapters > Support Committee.

New CSC Working Groups

Each member of the committee has been assigned to specific chapters as their personal chapter liaison as follows:

Gail Eminhizer, CMM – CSC Chairperson

Dayton, Corpus Christi, Montgomery Bucks, Pensacola, Phoenix

Darlene Born, CMM, CMOM

Central Jersey, Metrolina, Spring Hill, Traverse City

Debbie Carlson, CMM

Heartland, Travis County, Ventura, Victoria Crossroads

Dedra Dyer, CMM, CAPP, CHCO, CHCC, CCS-P, CMSCS, EFPM

Antietam, Delco, Gainesville, Long Island

Kathryn Eiler, CMM, CPC

Akron, Chicagoland, Orlando, Pikes Peak

Debbie May

Atlanta, Atlantic Cape, Lehigh Valley, Sarasota

VENTURA

New Officers

Ventura County Chapter of PAHCOM welcomes our new chapter officers for 2012. They are:

Ginger Piper, CMM – President; **Holly Scheaffer, CPC, CMM** – Vice President; **Chylene May** – Secretary; **Amber Mills Padour, CMM** – Treasurer; and **Lisa Lopez, CMM** and **Shannon Levesque, CMM** – Co-Membership Directors

We look forward to a really great year.



Ventura Chapter from left to right: Lisa Lopez, Shannon Levesque, Ginger Piper, Holly Scheaffer, Karen Downey, Chylene May. Not pictured: Amber Mills Padour

GREATER CHICAGOLAND



Greater Chicagoland members join together to celebrate the holiday and friendship.

Greater Chicagoland Rings Out 2011 And Looks Forward To 2012

It has been a merry-go-round since conference in October. We were very honored and excited to earn the Chapter of the Year Award for 2011. Our goal was met and we had accomplished much. However, we all know that, once you achieve the climb to the top, you have to try to do it again. So, the last quarter of 2011 was very busy for GCPAHCOM. We undertook two public service projects this quarter, rather than just the one we usually do. In October and November, we had a Drive for our Nation's Servicemen and Women in which we collected all types of items that would be appreciated by those serving our country in faraway countries where luxuries are few and families are absent. Many boxes and bags of personal items, games, and non-perishable food were gladly accepted by one of our local banks that was acting as a drop site for Armed Services Donations. Karen Spellman, our event Coordinator, said that the bank personnel didn't know quite what to do with everything when it wouldn't fit in the "box" they had available after she had made many trips back and forth from her car, but they made room with smiles. Immediately following this project, we geared up for our Annual Toys for Tots Drive.

Educationally, we had a great meeting on the subject of Compliance in November and installed our officers for 2012. Renee Segal will be President for a second year; Lizz Dietrich will be Vice-President; Danielle Schroeder will be Secretary; Jo Dick will be Treasurer; and Janice Goodyear and Karen Spellman will remain our Membership Officers.

2011 was a tremendous year for GCPAHCOM, but 2012 is now dawning. The educational calendar is being finalized and we are very lucky to have some extremely talented and knowledgeable sponsors who will be sharing their knowledge with us. Topics will include Accounts Receivable and Putting More Dollars in Your Practice's Pocket; Healthcare Insurance Product Knowledge from the Consumer's and Provider's Perspectives; Legal Healthcare Topics of 2012; OSHA; and a Mini-Financial Report Workshop. This is just the first half of the year.

Finally, we will be planning our Membership Drive that will be a major focus this year and setting up our CMM exam schedule and CMM review schedule.

That's what has been going on with GCPAHCOM. We thank all of our members for their generosity in our projects. When we help others, it makes us all better human beings. We thank PAHCOM for their support. We'll keep you posted on the doings in Chicagoland as they happen. Until then, best wishes to all of our colleagues and friends in this New Year.



Renee Segal, President, GCPAHCOM (left) and Cynthia (Cindy) Penkala, Toys for Tots Chairperson (right), proudly display just a portion of the many toys that were donated by our members, sponsors, and guests.

Greater Chicagoland Puts Smiles on Tots' Faces

Following our very successful Collection of Items for our Servicemen and Women, we moved immediately into our Annual Toys for Tots Drive. At our December Holiday Party, it has become tradition for GCPAHCOM to ask our members, sponsors, and guests to bring a toy to donate to Toys for Tots, in addition to the holiday cheer each brings to the party. At our party, additional cash donations could be made for a raffle for coding books that were donated by the American Medical Association. All of this money was used to buy additional toys to add to what was already donated. \$285 was collected for the raffle and toys were purchased with this money.

Each year, it seems that we top the prior year. Maybe it is because we know there are so many struggling families out there in these difficult times. Whatever the reason, everyone who is a part of GCPAHCOM really stepped up. Our project was chaired by Cindy Penkala, who did an outstanding job of handling the logistics of getting the details taken care of. We collected enough toys to fill many bags. Cindy did all of the shopping for the toys that were purchased with the proceeds from the raffle and she arranged to drop all of the toys off at an area library that was a drop site. She said they were VERY surprised and pleased with the seven trips she made in with the numerous large bags. Cindy put it best, "GCPAHCOM rocks with generosity!" I think we can all smile just imagining so many bright smiles on small faces that we helped make possible during this holiday season. Thank you!

GAINESVILLE

Gainesville-Ocala Area Chapter Kick-Off

The newly formed Gainesville-Ocala Area Chapter had a wonderful Kick-off event on February 7th. The chapter is looking for new members to join us. Please refer to the chapter page for upcoming events and contact information.



DELCO



Teri Wiseley, CMM, CPM and President, Michele Miller, CMM



Delco PAHCOM honors Mary Ellen Corum, PA Medical Society

DelCo PAHCOM Annual Membership Meeting

At its December meeting, the DelCo Chapter hosted a festive, educational and networking rich membership drive. During the evening our new officers were installed and a presentation was made by the PA Medical Society on the 2012 OIG Work plan. With the help of other PA state and county medical society executives, the chapter honored Ms. Mary Ellen Corum for her continuous support and for sharing her knowledge with PAHCOM managers throughout the state.

DelCo Chapter President speaks about health careers at local school

Teri Wiseley, CMM, CPM and current President of the Delco Chapter of PAHCOM was invited to speak with 10th graders at the Multi-Cultural Charter School in Philadelphia on December 20, 2011. Teri met with the students to talk about the many career opportunities in the healthcare field. The students were very well prepared for the meeting with questions about educational preparation, what skill sets were the most useful, resume building, and interview skills. Teri was well received and the students were very enthusiastic about healthcare possibilities.



Students at Multi-Cultural Charter School having some fun!

ATLANTA

As we go forward with our first full year as a chapter there will be great educational meetings for the chapter members. We want to remind all Georgia PAHCOM members that there is an Atlanta Chapter and invite all to attend.

Our January meeting was held on January 25, 2012 at 3:00 P.M. kicking off the year with "Team Building and Motivating Staff".

Our March 2012 meeting will be held on Wednesday, March 21, 2012 at 3:00 PM with Sheryl Chirico presenting on "Meaningful Use, E-prescribe and Security" Location: MDTech Pro, 3580 Pierce Drive, Suite 160 Atlanta, GA 30341

Attending local PAHCOM meetings is a great way to network with your local members and earn CEU's. Let's all do our part to grow the Atlanta Chapter!

PIKES PEAK

Pikes Peak PAHCOM's EHR Contracts: Understanding Obligations & Managing Operations

Fresh from PAHCOM's Annual Conference in Clearwater, Barbara Drury, FHIMSS, and President of Pricare Inc., gave a comprehensive presentation on the obligations and operational effects of electronic health records (EHR) vendor contracts to members of Pikes Peak PAHCOM in early November, 2011. Ms. Drury is an independent consultant with a national practice serving physician offices since 1982. Among Ms. Drury's credentials are her services as an appointee to the 12-person Office of the National Coordinator's Technical Expert Panel on Unintended Consequences of HIT/EHR. She is the EHR Risk Manager for liability carriers COPIC (Colorado) and The Doctor's Company (TDC in Oregon/Washington/Idaho), and is the editor of COPIC's Benchmarks for Electronic Medical Record Systems and TDC's Patient Safety Program. Additionally, Ms. Drury is consultant to the Colorado Medical Society for Health Information Technology and Meaningful Use. If that's not enough, Ms. Drury is active in the Health Information and Management Systems Society (HIMSS) as a Fellow, a member of HIMSS Public Policy Committee, HIMSS Davies Ambulatory Award Committee, and the Colorado Chapter of HIMSS Board of Directors. In short, she is a very accomplished expert in her field.

Pikes Peak PAHCOM members spent time dissecting EHR contracts and their various parts. The group looked at contract examples of practices from a position of having already signed an EHR agreement and from that of practices who are about to sign. Ms. Drury provided a "hands-on" experience providing verbiage from actual contracts and letting members evaluate each contract element. She then led a group discussion on the pros and cons each example provided. Ms. Drury concluded her presentation with several proactive options to protect practices as they navigate their EHR course, as well as late-breaking updates to EHR Meaningful Use legislation for Medicare and Medicaid providers. For those in attendance, it was time well spent.

Pikes Peak PAHCOM's Annual Holiday Breakfast

November and December mark the season when many people express gratitude for life's gifts, acknowledge the needs of others in the community, and develop goals for the future promises a brand new year brings. Members and sponsors of Pikes Peak PAHCOM are no exception. In fact, their introspection and generous support of the community grows each year. Compared to other areas of the country hard hit by the recession, Colorado has weathered recent difficult economic times relatively well. However, we have a long way to go to reach full recovery, as evidenced by 8-9% unemployment and a 47% increase in the number of Medicaid recipients in our state. As in years' past, Pikes Peak

PAHCOM pools its collective resources and comes together for its community in a remarkable display of kindness.

For nearly two decades, member Tracie Broome, CMM, Colorado Springs Neurological Associates, has worked with the local Department of Human Services (DHS) to bring Christmas to children who simply don't qualify for other community levels of Holiday assistance. As word spread of her efforts, Pikes Peak PAHCOM happily joined her 7-8 years ago in her quest to provide gifts to children in need. Social workers identify children and provide a simple "wish list" for each child. Tracie and her team procure a truckload of Teddy Bears to represent each child on the DHS list, and distribute them to each person or organization who has agreed to help one or more children. Participants then shop for gifts on each child's list and wrap presents. Tracie collects the gifts and delivers them to DHS in time to distribute the Teddy Bears and assorted gifts to the children identified on the DHS list. She does all of this without neglecting her responsibilities to her practice!



Christmas for Kids Teddy Bears

Participation in the program has grown substantially each year through the generous acts of friends and members of Pikes Peak PAHCOM. For the past two years, the local medical society has turned over its holiday party funds to this program. Pikes Peak PAHCOM members, their practices, and the chapter's corporate sponsors have become involved in growing numbers. From humble beginnings helping only the number of children her practice could support, Tracie's efforts this year resulted in meeting the needs of 172 children!

Pikes Peak PAHCOM's equally significant contribution to its community is its involvement in the Gazette-El Pomar Foundation Empty Stocking Fund. The Empty Stocking Fund provides resources for 15 local health and human services agencies throughout the Pikes Peak region. For more than ten years, Pikes Peak PAHCOM has hosted a Holiday Breakfast and Gift Auction to raise money for the Empty Stocking Fund, and each year's donation surpasses the dollar amount donated the year before.

During this event, the chapter hosts a full breakfast buffet and donates approximately 20-25 season-appropriate gifts for auction. Corporate sponsor and radio voice Bob Bosche fulfills the role of auctioneer. Each attendee is given a stack of "play" money to initiate bidding; however, when the desirability of a gift is particularly good, play money quickly advances to "real" money and the excitement begins as

bidding wars ensue. As in year's past, all money raised through this auction is matched by Pikes Peak PAHCOM, and 100% of the funds are forwarded to the Empty Stocking Fund. This year's generous donations were record breaking—a grand total of \$3,566!

Pikes Peak PAHCOM's 2012 OSHA Update

For some, there is an annual sense of dread in fulfilling mandatory compliance education in physician practices. But for Pikes Peak PAHCOM members, at least annual OSHA education is relatively painless.

George Flynn, OSHA's Region VII Compliance Assistance Specialist, brought timely information to Pikes Peak PAHCOM members and their respective office staff in February during his annual OSHA update. George has been in the role of outreach and education for several years, and brings vast experience as an OSHA inspector to his health care presentations. Last year, George discussed how OSHA authorized more of its budget for hiring inspectors and increasing the agency's ability to get more inspectors into the field. This year, George explained that OSHA is using strong language and characterizing health care as a poor performer. As an industry strong in job growth, it follows that workplace incidents and complaints are on the rise. With a renewed sense of understanding of the work to be done, Pikes Peak PAHCOM members left George's presentation better prepared to address workplace safety.

Pikes Peak PAHCOM's 2012 Medicare Update

Unlike the saying about what happens in Las Vegas, what happens at the Centers for Medicare and Medicaid Services (CMS) affects more than just a few people. Pikes Peak PAHCOM likes to begin each year with a CMS update, direct from CMS. In January, 2012, Mark Levine, MD, Chief Medical Officer, Denver Regional Office, CMS, presented news and information from new work and work in progress at CMS.

For this event, Dr. Levine took a close look at Accountable Care Organizations (ACO), Comprehensive Primary Care Initiative, Bundled Payments for Care Improvement Models, the Health Care Innovation Challenge, and Value Based Purchasing. New challenges and new ideas for tackling impossible problems were the theme of this January's event.

Working in tandem with Dr. Levine's presentation was Marilyn Rissmiller, Senior Director, Division of Health Care Financing at the Colorado Medical Society. Marilyn's department is working closely with representatives from various health care organizations, including Pikes Peak PAHCOM, to bring ICD-10 education to providers and health care managers throughout 2012 and 2013. A new series of webinars has been developed and will begin in early 2012 that will offer Colorado physicians and health care managers an opportunity to learn about the impact of this significant change in reimbursement, and how to implement strategies to maintain smooth operations during transition from ICD-9 to ICD-10.

CHAPTER OF THE YEAR

Chapter of the Year Competition ends July 31st – Get in on the Fun!



Is your local chapter in the running for PAHCOM Chapter of the Year? The Chapter of the Year Award is won by the chapter with the most points earned from August 1 through July 31 of each year. The winning chapter will receive a

cash award of \$1000 (one thousand dollars) and will be honored as special guests at the next PAHCOM Annual Conference Awards Banquet.

The Chapter ranking second will receive a cash award of \$500 (five hundred dollars) and the chapter ranking third will receive a cash award of \$250 (two hundred fifty dollars).

To see the criteria for earning points and how your chapter is doing so far this year, go to the chapter menu at pahcom.com.

To see how you can help your chapter win, contact your local chapter representative!

Not sure how to contact your local chapter? It's easy, go to www.pahcom.com > Chapters > Directory. Click on the chapter nearest your location to find the latest chapter news, events and meeting schedules as well as contact information for your local chapter representative.

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To “Filter” or “Not To Filter”

Recently I was off work for a week for some much needed R&R. During that week, I made a very conscious effort to NOT check my e-mail regularly, like I normally do during a regular workday. So when I did finally check it, I was floored by the number of messages in my inbox. There were over 200 messages and it had only been 24 hours since I checked it last! I guess by checking it multiple times throughout the day, I never realized just how many e-mails I actually got.

Like many of you, I belong to and have signed up for multiple newsletters, department stores, social networks, coupon clubs, etc. All of which send things to my e-mail almost daily, of which most are just plain junk mail, not unlike junk mail you get in your snail mailbox.

But the ones from the PAHCOM ListServ are NEVER junk. So I found myself going down the list picking and choosing which e-mails I will just trash and which I felt warranted my time to open and read all while thinking to myself, “there has to be a better way to do this”.

I had in the past read on the ListServ that some members were filtering their e-mail messages, but I never took the time to figure out just how to do this. I guess by checking my e-mail regularly, I never felt the need to “filter.”

This event made me realize just how helpful “filtering” could be. I use Yahoo for my e-mail, so I started looking at how I could use this tool myself. Setting it up couldn’t have been easier! I just went to mail options and filters. I indicated that I want mail from pahcomnetwork@talk.netatlantic.com to drop into my ListServ folder. Now, all my ListServ posts will drop directly into my ListServ folder

in my mail box on Yahoo. Other e-mail services also have ways to do this simple “filter” but may call it something different.

PAHCOM.com has recently added a tutorial to make this process even easier! You can learn how to filter your ListServ mail with links for help with Outlook, Hotmail, Gmail and Mac Mail. Just go to PAHCOM.com > Member Tools > List Serv Forum and click on the bright orange “TOO MUCH MAIL” icon.

Too Much Mail

The whole point is I don’t want to see a single manager not sign up for or drop the ListServ because of the large number of posts. I am telling you, I learn something from the ListServ each and every day. If you feel that all the messaging is just too much and clogs your inbox, then try the “filter” and see if this is helpful to you. Don’t miss out on the continuing education that goes on each and every day on the PAHCOM ListServ Forum.

Hey, belonging to the ListServ should be worth at least 1 continuing education credit. Hint, Hint National!!!!



Sue Zumwalt, CMM
PAHCOM Member Since 2000

Who will be the 2012 PAHCOM Medical Manager of the Year?

Nominate your favorite manager for this prestigious award! We rely on those of you working in the field to identify the outstanding individuals who demonstrate excellence in medical office management and a strong commitment to improving their communities. Help us give them the recognition they deserve!



Eligibility for MMOTY Award

- *Must be an active member in good standing*
- *Must have a minimum of 3 years as a National Member*
- *Must be a Certified Medical Manager (CMM)*

Candidates are nominated by sending an unformatted nomination letter to National Office.

Email: MMOTY@pahcom.com

Fax: 407-386-7006

Mail: PAHCOM-MMOTY

1576 Bella Cruz Drive, Suite 360
Lady Lake, FL 32159

The nomination letter may be submitted by anyone that is aware of a CMM deserving the recognition. Be sure to obtain confirmation of receipt for your nomination letter.

Nomination letters must be received no later than April 23, 2012.

Nominees will receive an information request package from the National Office. The package will include multiple questions and essays. A resume and photo are required.

The Information Package responses from nominees must be submitted to National by June 01, 2012.

MMOTY Committee

The selection committee is comprised of the PAHCOM National Advisory Board (NAB).

Recipient Selection Process

- *Nominees will return all information packages to the National Office*
- *Packages are held until all are received*
- *All nominee packages will be provided to the NAB for their review*

During the review process, each NAB committee member will receive a scoring sheet and independently score the information package of each nominee.

Scoring sheets will then be returned to the NAB Chair for further discussion with the NAB and selection of the winner.

Scoring Sheet

Each item is scored according to the following schedule:

- *PAHCOM involvement*
 - *Local level (5 points possible)*
 - *National level (5 points possible)*
- *Contributions/Accomplishments (20 points possible)*
- *Years in HealthCare (1 point for each year up to 5 possible)*
- *Years as an Office Manager (1 point for each year up to 5 possible)*
- *Years as PAHCOM member (1 point for each year up to 10 possible)*

- *Resume emphasis on formal and continuing education (5 points possible)*
- *Community involvement, awards, honors (5 points possible)*
- *Two essays: (10 points possible for each)*
 - *My Most Important Contribution to the provision of health care in my community*
 - *Autobiography*
- *Strength of Nomination letters (10 points possible)*

MMOTY 1991–2011

| | |
|------|-----------------------|
| 1991 | Jeanette Dufour |
| 1992 | Ramona Coyle |
| 1993 | Janet McDiarmid, CMM |
| 1994 | Pamela Payne, CMM |
| 1995 | Shirlyan Hurt, CMM |
| 1996 | Kim Kruger, CMM |
| 1997 | Ruth Thibeault |
| 1998 | Carol Aiken, CMM |
| 1999 | Frieda Robertson, CMM |
| 2000 | Colleen Burgess, CMM |
| 2001 | Diana Brijbag, CMM |
| 2002 | Paul Henderson, CMM |
| 2003 | Karen Schell, CMM |
| 2004 | Teri Arseneau, CMM |
| 2005 | Debbie Emmons, CMM |
| 2006 | Cynthia Penkala, CMM |
| 2007 | Rebecca Kronauge, CMM |
| 2008 | Joan Rissmiller, CMM |
| 2009 | Janet Burch, CMM |
| 2010 | Jill Venskytis, CMM |
| 2011 | Stephen Johanns, CMM |



**NOT CERTIFIED YET?
TEST YOUR KNOWLEDGE
RIGHT NOW!**

Here are five actual questions taken from recent exams. Answers are on page 22.

- When the primary insurance company denies services as non-covered and Medicare is the secondary payer, Medicare will:
 - deny coverage
 - force the primary insurer to pay
 - provide coverage as the primary payer
 - pay only what Medicare would pay as the secondary payer
- What does RFP stand for?
 - reminder for patients
 - regulatory field for practices
 - rules for practitioners
 - request for proposal
- Which of the following is not a CLIA approved category for POLs?
 - wavered
 - controlled
 - moderately complex
 - high complexity
- If the practice is sued as a result of the actions of the office manager:
 - The office manager would not have any potential exposure because he/she was working for the practice
 - the physician would not have any exposure because the office manager is the person who performed the error
 - both the office manager and the physician have potential exposure
 - neither party should be concerned because typical office insurance policies cover all lawsuits against the practice
- The patient's obligations to the physician include:
 - Tell the truth regarding medical symptoms
 - Follow the physician's instructions regarding therapeutic regimen
 - Pay for all services according to the insurance plan
 - All of the above

CMM Exam Schedule

| | |
|------------------------|------------------|
| Dayton Chapter | March 21, 2012 |
| Dayton Chapter | May 16, 2012 |
| Dayton Chapter | July 18, 2012 |
| 24th Annual Conference | October 15, 2012 |

For more locations visit PAHCOM.com > Certification > Exam locations

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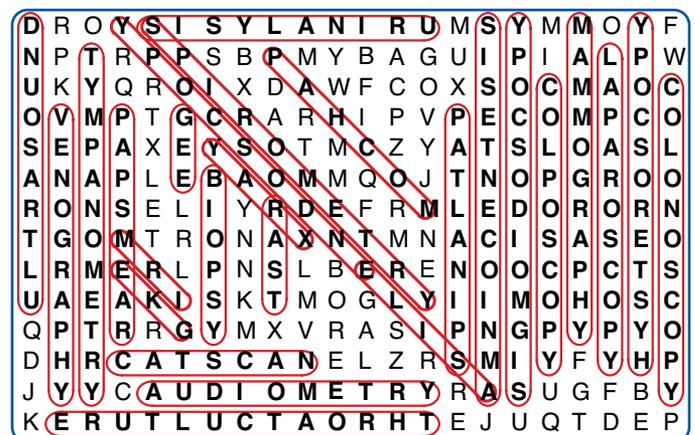
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PAHCOM PUZZLES – January/February Answers



How to Maintain Independence While Investing in and Adapting to New Standards for Care, Reimbursement and Information Exchange

by David Nace, MD

For physicians in small or solo practices, the Patient Protection and Affordable Care Act (PPACA) sets clear expectations for reforms in healthcare delivery – improve the quality and outcomes of care while also reducing costs. The law also presents a multi-faceted challenge – how to maintain independence while investing in and adapting to new standards for care, reimbursement and information exchange.

Meeting the challenge may require a multi-faceted approach – adopting innovative care concepts such as patient-centered medical home (PCMH), and investing in technology that can help physicians better engage with patients, as well as help them qualify for Meaningful Use incentives.

Health Information Technology (health IT) can help an organization reach its care coordination and efficiency goals, and enable access to care in ways not imaginable in a paper-based system. To accomplish this, health IT must drive and support workflow, process, and relationship changes that will support meaningful and necessary changes to care delivery. An interconnected health IT network with capabilities that optimize engagement and coordination of care is required to support accountable care at the primary care level.

The tools you consider should have robust abilities for patients to communicate and exchange information with a care team, including physicians and specialists. It should be easy for patients to use, give them access to wellness and self-care applications, and remain available even if they change physicians or insurance companies.

The American Recovery and Reinvestment Act (ARRA), was signed

into law in February 2009. The Health Information Technology for Economic and Clinical Health Act (HITECH) was included in the \$789 billion economic stimulus package legislation. HITECH allocates \$19 billion to hospitals and physicians who demonstrate Meaningful Use of certified Electronic Medical Records (EMR).

Under HITECH, physicians can qualify for up to \$44,000 in Medicare EHR incentives if they meet Meaningful Use requirements. In a small practice with three eligible providers, for example, the incentive would total \$132,000 across five years.

Meaningful Use criteria include both a core set and a menu set of objectives that are specific to eligible professionals (ambulatory and outpatient care providers). There are a total of 25 objectives, and 20 (15 core, plus five of the remaining 10) must be met to qualify for an incentive payment.

To qualify for incentive payments, eligible professionals must meet the requirements in the following ways:

- **Medicare EHR Incentive Program:** Successfully demonstrate meaningful use of certified EHR technology every year they participate in the program.
- **Medicaid EHR Incentive Program:** Adopt, implement, upgrade or demonstrate meaningful use in the first year of participation. Successfully demonstrate meaningful use for subsequent participation years.
- **Adopt:** Acquire and install certified EHR technology.
- **Implement:** Begin using certified EHR technology.
- **Upgrade:** Expand existing technology to meet certification requirements.

In acquiring technology to fulfill these requirements, physicians should seek a single solution that offers secure health information exchange (HIE), secure personal health records (PHR) and fully certified ambulatory EHR. Your technology partner should examine and understand strategic goals such as physician alignment, communications and safety, while providing a secure and robust SaaS-based infrastructure that supports the strategic needs of all stakeholders. At the health system level, community physicians can be offered clinical integration and HIE capabilities without being asked to change an existing EHR system.

These technological innovations meld well with the care concept of the PCMH, which focuses on continuous and comprehensive team-based coordinated care, as well as extended access – after hours, weekends, via secure messaging and other technology. The combination of technology and care innovations will provide small practices with reduced investment in infrastructure and fewer implementation disruptions, while increasing patient and physician alignment and improving overall efficiency. ■



David Nace, MD
is Medical Director for McKesson RelayHealth. RelayHealth enables the secure exchange of clinical, financial

and administrative information. For more information, visit www.RelayHealth.com David is also the Chairman of the Patient-Centered Primary Care Collaborative (PCPCC), a coalition of stakeholders across the healthcare spectrum who have joined together to develop and advance the patient centered medical home. To learn more about PCPCC, visit www.pcpcc.net

RelayHealth is a PAHCOM Corporate Member Since 2012

PAHCOM Clips

PAHCOM offers lots of webinars on a variety of important and interesting topics to keep you up to speed on technology and industry changes. Go to the PAHCOM Education Calendar at www.pahcom.com > Education > Calendar and see what interests you!

Meet other Medical Office Managers in your area. Attend a local PAHCOM Chapter event! You'll be glad you did!

Did you know that PAHCOM Manuals are used as Medical Management textbooks in colleges?

If you missed out on last year's PAHCOM Conference, be sure to make plans to attend this year's Conference in October!

Not sure when your membership renewal is due?
www.PAHCOM.com > Member Tools > Member Self-Care

CMM Sample Answers

from page 20

1. C; 2. D; 3. B; 4. C; 5. D

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PAHCOM PUZZLES – Medical Schools

B S V X Z J W P Z L O I Y S J E C S V S J F P D Q M W Q N P M Y
 O P X T P U Y L C J T P G M C S L C P L G D L E S X P N F N Q D
 M W W E Q Y V T Y A F Q N M T R T E A U A G L M U U L Y Y E Z
 X Y F I Y L S D J O H N S H O P K I N S K X I C R O W U Z B O T
 Y L R T H M Y G F K W U B M H P I B O O E N H N B F D O Z K J S
 J E B I B J R L L Q D B S W R S J T L L V W L B O R Z F U G D R
 E R G S D U K E P L Y J K N S G I N T W K E E U R O Z W S P D T
 I U U D B O S T O N U C L A O D Y E N A Z R P S K C H A E N Q T
 Z C G U O F P E N N S Y L V A N I A F K H Z A T T H M S N N V H
 J N V V V M M A Y O M E D I C A L J W E P E H A U E Q H Q F J Z
 P A J O J I O L I D U I O G A C I H C F O U C N B S R I G T K T
 V J J X B C U C O R N E L L Z K D S R O D C C F R T J N Z I F J
 D M X E A H N A H A R V A R D S H W G R I S N O P E U G M F U L
 M B H D U I T U B A Y L O R H C I J X E T D U R L R X T A K R P
 A Y P F G G S N H K P A S P E C W H K S T G V D Y U M O X L F Q
 R X X P R A I W M I B V L R Z F D A R T M O U T H O M N U T J Q
 M E A A R N N F Q Z E M U E N R E T S E W H T R O N Y B A G R P
 P M O M L V A N D E R B I L T E M P L E M O R Y G Q R F I Q G W
 Q N U J Y A I J U R O O V U U S C T D I S Z J S S M H L C A M Q
 W A V E I X G X S J Z B X Z X H S T T X H D G F R Z J D I W Q B

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