

THE ACADEMY OF MEDICINE OF CLEVELAND & NORTHERN OHIO (AMCNO)

FALL/WINTER EDITION 2014/2015

Medicare

SAVE THE DATE: April 17 & 18

The Medical/Legal Summit will be co-sponsored by the Cleveland Metropolitan Bar Association, Academy of Medicine Education Foundation, and Academy of Medicine of Cleveland & Northern Ohio. Details and to [register online](#).

Part B Premium to Remain the Same

Medicare Part B monthly premium and deductible will remain the same as the last couple of years—\$104.90. Medicare Part B covers physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and other items.

The Medicare Part A deductible that beneficiaries pay when admitted to the hospital is \$1,260—a modest increase of \$44 from last year's \$1,216 deductible. The Part A deductible covers beneficiaries' share of costs for the first 60 days of Medicare-covered inpatient hospital care in a benefit period.

From Coverage to Care Initiative

The Centers for Medicare & Medicaid Services has launched a new nationwide initiative called From Coverage to Care (C2C). This initiative is designed to help consumers understand their new coverage and help them get primary care and the preventive services that are right for them so they can live long, healthy lives.

The [C2C](#) website provides patients, healthcare providers, and stakeholders with information and resources regarding the program.

Reminder: ICD-10 Compliance Date is Oct. 1

The U.S. Department of Health and Human Services issued a rule finalizing October 1, 2015, as the new compliance date for healthcare providers, health plans and healthcare clearinghouses to transition to ICD-10, the 10th revision of the International Classification of Diseases. This deadline allows providers, insurance companies and others in the healthcare industry time to ramp up their operations to ensure their systems and business processes are ready to go on the target date.

The [rule](#) requires the use of ICD-10 beginning October 1, 2015, and it will also require HIPAA-covered entities to continue to use ICD-9-CM through September 30, 2015.

For additional resources, visit the [ICD-10 website](#).

CMS Announces Availability of 2013 PQRs and eRx Incentive Program Feedback Reports

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the 2013 Physician Quality Reporting System (PQRS) and 2013 Electronic Prescribing (eRx) Incentive Program feedback reports are now available for eligible professionals who submitted quality data on Medicare Physician Fee Schedule Part B services between January 1, 2013, and December 31, 2013.

Individual eligible professionals who submitted 2013 PQRS data, or individual eligible professionals and group practices who submitted 2013 eRx data, can retrieve their 2013 feedback reports through two methods:

- National Provider Identifier (NPI)-level reports: These reports can be requested through CMS' [Communication Support Page](#) by creating an NPI-level feedback report request. The report will be sent electronically to the email address provided in the request within two to four weeks.
- Taxpayer Identification Number (TIN)-level reports: These reports contain NPI-level detail and are available for download on the [Physician and Other Health Care Professionals Quality Reporting Portal](#). To access a TIN-level report on the portal, you must have an "Individuals Authorized Access to the CMS Computer Services (IACS)" account. To request an IACS account to access the portal, check out the [IACS Quick References Guides](#).

Group practices who participated in the 2013 PQRS Group Practice Reporting Option can access PQRS feedback through the 2013 Quality and Resource Use Reports (QRURs). The 2013 QRURs can be accessed by authorized representatives of groups and solo practitioners at <https://portal.cms.gov> using a valid IACS user ID and password. For more information on the QRURs and Value Modifier, please access the Physician Feedback Program/Value-Based Modifier [website](#).

For more information on interpreting the data in the report, check out the [2013 PQRS Feedback Report User Guide](#) and/or the [2013 eRx Incentive Program Feedback Report User Guide](#).



***News from Other
Third-Party Payers***

Medicaid

The U.S. Department of Health & Human Services released a final rule that includes the new ICD-10 compliance date of October 1, 2015. This final rule implements Section 212 of the Protecting Access to Medicare Act of 2014 by changing the compliance date for the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and Procedure Coding System (ICD-10-PCS) from October 1, 2014, to October 1, 2015. It also requires the continued use of the International Classification of Diseases, 9th Revision, Clinical Modification, Volumes 1 and 2 (diagnoses), and 3 (procedures) (ICD-9-CM) through September 30, 2015. The final rule was published in the Federal Register on August 4, 2014, and is available [here](#).

All Ohio Medicaid providers using ICD-9 on a claim today will be required to use ICD-10 on a claim starting October 1, 2015. There is no transition period; October 1 is the hard date for compliance. The compliance date

is based on: date of service for outpatient and professional services and date of discharge for inpatient hospital services. ICD-9 codes will continue to be used on claims with dates of service/discharge prior to October 1, 2015. Providers cannot bill ICD-9 and ICD-10 codes on the same claim; only one code set per claim will be accepted into MITS. If your organization typically bills span dates and your span crosses the October 1, 2015, compliance date, break the claim into two claims: one claim through September 30, 2015, and another claim from October 1, 2015, to last date of span. Paid claims that need adjusted will follow the same compliance date guidelines. If the claim is originally filed with the date of service/discharge prior to October 1, 2015, ICD-9 will be required. If the claim is originally filed with the date of service/discharge on or after October 1, 2015, ICD-10 will be required. Prior authorization requests that will span the October 1, 2015, compliance date will accept ICD-10 codes prior to that date. If your organization submits claims directly to Ohio Medicaid's MITS web portal, please be sure to select the appropriate ICD version indicator (ICD-9 or 10). **Claims that do not use the ICD-10 codes for dates of service/discharge on or after October 1, 2015, will deny.**

Please prepare your organization for the transition to ICD-10 now. If your organization is interested in testing with Ohio Medicaid, please contact our ICD-10 testing team at CGTESTING@medicaid.ohio.gov. Testing information for trading partners is available [here](#).

Continue to visit this webpage for updates related to ICD-10 implementation in Ohio:
<http://medicaid.ohio.gov/providers/billing/icd10.aspx>

And here are ICD-10 TIPS (Transition Information for Providers & Staff):
<http://medicaid.ohio.gov/Portals/0/Providers/Billing/ICD10/Tips/MICD-ClaimsCompliance.pdf>

Ohio Awarded \$75 Million for Payment Innovation Plan

Ohio leads the nation in efforts to improve the health of its citizens by resetting the basic rules of healthcare competition to reward better care, not just more care. On Dec. 16, the Centers for Medicare and Medicaid Innovation recognized Ohio's efforts by awarding the state a \$75 million, four-year federal grant to test innovative new payment models that improve overall health system performance.

The goal is to shift the state from the current fee-for-service model to a patient-based system that focuses on better planning and coordination of care during the next four years. The project is also expected to improve health system performance, increase quality of care and lower costs for Medicare, Medicaid and Children's Health Insurance Program beneficiaries.

The information submitted to obtain the State Innovation Models grant showed that residents in 33 states pay less per person for medical care than Ohioans and 29 states have healthier workforces. Ohio officials are planning to utilize patient-centered medical homes and episode-based payment models to change these statistics.

Also involved in the effort are Anthem, Aetna, CareSource, Medical Mutual, Molina HealthCare, Buckeye Mutual, UnitedHealthcare and Buckeye Community Health Plans.

For more information about this initiative, [click here](#).

MyCare Ohio Update

MyCare Ohio was designed to better coordinate healthcare benefits available to individuals covered by both Medicare and Medicaid. MyCare Ohio has been implemented in seven geographic regions composed of 29

Ohio counties. There is a transition period of up to one year for physicians who do not have a relationship with a patient's MyCare Ohio plan. During that transition, physicians may continue to serve patients who are members of MyCare Ohio managed care plans. Ohio Medicaid hopes that this will lead to the eventual establishment of a contractual relationship between the provider and the MyCare Ohio plan.

To view a provider update regarding MyCare Ohio, [click here](#). To view additional information about MyCare Ohio provided on the AMCNO website, [click here](#).

Anthem

Individual MA membership moves to new claims system

Effective January 1, 2015, Anthem moved Individual (non-group) MA members to a new claims processing system. This new system will have some new and updated MA reimbursement policies. These policies will be in effect unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Starting January 1, 2015, Anthem moved Individual (non-group) MA members to a new claims processing system.

For detailed information regarding this change, see the October 2014 [Anthem Network Update](#).

UnitedHealthcare

Healthcare Administrative Guide Now Available – Effective April 2015

The Guide contains some important changes and updates. This essential resource for physicians, hospitals, facilities and other healthcare providers is now posted on www.UnitedHealthcareOnline.com under Policies, Protocols and Guides.

Modifier Update

The Centers for Medicare and Medicaid Services (CMS) has created four new Healthcare Common Procedure Coding System (HCPCS) modifiers to selectively identify subsets of modifier 59 (distinct procedural services) for use, which will be effective January 1, 2015.

The modifiers are:

- XE Separate Encounter: A service that is distinct because it occurred during a separate encounter.
- XP Separate Practitioner: A service that is distinct because it was performed by a different physician.
- XS Separate Structure: A service that is distinct because it was performed on a separate organ/structure.
- XU Unusual Non-Overlapping Service: A service that is distinct because it does not overlap usual components of the main service.

These modifiers, collectively referred to as X (EPSU) modifiers, define specific subsets of modifier 59. Like CMS, UnitedHealthcare will continue to recognize modifier 59; however, CPT instructions state that modifier 59 should not be used when a more descriptive modifier is available. In addition, X (EPSU) modifiers are more selective versions of modifier 59, so it would be incorrect to include both modifiers on the same line. CMS will continue to recognize modifier 59 but may selectively require a more specific X (EPSU) modifier for billing certain codes at high risk for incorrect billing. UnitedHealthcare will recognize these new modifiers effective for dates of service on or after January 1, 2015. For more information on this issue, see the January 2015 [UnitedHealthcare Provider Bulletin](#).

Bureau of Workers' Compensation (BWC)

New provider education track coming to 2015 Ohio Safety Congress & Expo

Mark your calendar and plan to attend the 2015 Ohio Safety Congress & Expo. This year's safety congress will be held March 31 to April 2 at the Greater Columbus Convention Center. For the first time, the BWC is planning a full day of workers' compensation treatment education specifically for physicians to enhance their BWC knowledge base, on Thursday, April 2. Education topics include:

- Opioids for chronic non-cancer pain;
- Putting Official Disability Guidelines™ to work for your practice;
- Physical and psychological barriers to return to work;
- Prevention and control of low back disorders;
- Strategic communications for medical providers – how to achieve results;
- Appropriate use of American Medical Association, Guides to the Evaluation of Permanent Impairment for Physical and Psychological Conditions; and
- An overview of shoulder injuries.

Register today and search for sessions of interest [here](#). You will need your workers' compensation policy number and your National Provider Identifier (NPI) number to register.

Professional provider fee schedule update

The new fee schedule for professional provider medical services is now effective. This schedule includes updates to medical and provider service rates approved last October. It also appropriately recognizes and reflects selected 2015 reimbursement code changes.

This fee schedule includes physician and medical/rehabilitation ancillary services. Please view this and other BWC fee schedules on the BWC [website](#). Click to accept the terms and view a copy of the fee schedule. If you have questions, call 1-800-644-6292, and listen to the options.



Reduce Your Workers' Compensation Premiums Through the AMCNO Group Rating Program

Join other Academy of Medicine of Cleveland & Northern Ohio members already seeing their annual workers' compensation premium reduced by participating in group rating, group retrospective rating or other alternative discount programs available in Ohio.

Through our workers' compensation third-party administrator, CompManagement, Inc., your organization can see how participation in a program will impact your costs as well as how these programs can be stacked together to achieve the maximum savings available for your organization.

Don't miss your opportunity to be evaluated for participation in an incentive/premium discount program. Discounts vary by program but are as high as 53%, which was the maximum discount allowed by BWC for the 2014 policy year.

The time to act is now due to the earlier enrollment deadlines for the 2015 policy year. Take this free, no-obligation opportunity to explore your options today!

Simply [click here](#) to complete the Temporary Authorization to Review Information (AC-3) form or contact CompManagement at (800) 825-6755, select option 3 and speak to a customer support representative. Let CompManagement, our Workers' Compensation third-party administrator, work harder for you for your best cost savings solution for the 2015 policy year.

Healthlines: The End of an Era

After almost 60 years of being on-air or streaming on our website, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Healthlines program has come to a close. Dr. Anthony E. Bacevice, Jr., former AMCNO president, gave the final interview, in which he discussed the program's long history. To listen to his final interview, [click here](#).

Healthlines began in 1958, with a program known as "The Doctor Speaks," where physicians would discuss medical topics in an easy-to-understand format for the general public.

At first, the program was broadcast on multiple local radio stations at different times. It eventually made its way exclusively to one radio station—WCLV 104.9 ideastream in Cleveland. The program aired at 8 p.m., and then worked its way into "drive time."

The program featured multiple hosts over the years, including Dr. Robert Lang, one of the AMCNO's former executive directors, who was the host for a long time. Radio personality Hugh Danaceau was also a host for several years. Physicians would host the program as well—most notably, the late Dr. Robert White, who was a neurosurgeon in Cleveland and known worldwide for his contributions to medicine. Dr. Ron Savrin, another AMCNO past president, then became the host and shared the duties with Dr. Bacevice until he took over the reins completely.

The AMCNO has provided expert medical information throughout its 190 years of existence and we will continue, through various outlets, to make sure we have available resources for the community. One such resource is the Speakers' Bureau, which provides speakers to local groups and organizations from the AMCNO's 5,000-plus expert physician members in the Cleveland area. The AMCNO is also considering other forms of media outreach.

Healthlines will be archived and available on www.amcno.org.

AMCNO 190th Anniversary Celebration Covered in *Crain's*

We at the Academy of Medicine of Cleveland & Northern Ohio have been promoting our 190th anniversary celebration throughout the year—through our [Northern Ohio Physician](#) magazine and [Twitter](#) via [#190anniversary](#). And, now, we are pleased to announce that *Crain's Cleveland Business* featured our special milestone in a recent edition. [Click here](#) to read the online article.

130th General Assembly Adjourns

The 130th General Assembly ended with the Ohio Senate adjourning on Dec. 12 and the Ohio House finalizing their agenda on Dec. 17. The following bills, many of which were supported by the AMCNO, were signed by Governor John Kasich.

[HB 247 – External Defibrillation](#) - the AMCNO supported this bill. It will increase access to lifesaving AEDs throughout Ohio communities. Dr. Robert Hobbs, AMCNO officer and board member, authored the AMCNO

testimony on this important legislation and participated in the bill signing ceremony when the bill was signed into law by Gov. Kasich. ([Click here](#) to see a photo of Dr. Hobbs at the signing.)

HB 367 – Drug Abuse Prevention - the AMCNO supported this bill. It will require the health curriculum of each school district to include instruction in prescription opioid abuse prevention. HB 378 – Opioid Addiction Treatments - the AMCNO worked with interested parties on this bill. This legislation would encourage responsible prescribing of suboxone, by requiring physicians who write for and personally furnish buprenorphine to hold a terminal distributor license from the Ohio State Board of Pharmacy and establish requirements regarding controlled substances containing buprenorphine used for the purpose of treating drug dependence or addiction. HB 378 was rolled into HB 367 before being signed into law by the Governor.

HB 394 – Immunizations - this legislation will allow pharmacists and pharmacy interns to administer influenza vaccines to anyone over the age of 6 months, to administer CDC-recommended immunizations to kids between the ages of 7 and 12 pursuant to a prescription, and to administer CDC-recommended vaccines to children over the age of 13. This bill had several amendments that were drawn from separate bills dealing with infant sleep, immunizations in childcare facilities, and dense breast tissue. Specifically, the bill will require a mammography facility to include additional information in a patient’s mammography summary if the mammogram shows the presence of dense breast tissue; and the bill will also require immunizations for children enrolled in child care. Several of these same amendments were also addressed in SB 276.

SB 276 – Infant Sleep - this bill will create the Commission on Infant Mortality and require the establishment of infant safe sleep procedures and policies. During lame duck the bill had several amendments added to it before it was sent to the Governor for his signature. The bill will also require the Ohio State Board of Pharmacy to prepare semiannual reports on opioid prescriptions and will revise the laws governing prescriber review of patient information in OARRS. It specifies that an emergency facility is not required to obtain written parental consent for an opioid prescription when treating a minor. The bill also repeals the provisions from a recently enacted law that required physicians who ordered tests for Lyme disease had to obtain a written informed consent from patients.

HB 552 – Infant Mortality - this bill also passed and has been signed by the Governor. It contained many of the same items that were part of SB 276 and HB 394 and included a provision to require the distribution of information on Down syndrome under certain conditions.

HB 131 – Tanning Regulations - the AMCNO strongly supported this legislation that restricts the use of tanning facilities by minors.

One bill that did not make it to the Governor’s desk this session was SB 386 – Fireworks. This bill would have allowed consumers to discharge consumer-grade fireworks in Ohio. At this time, consumers can purchase but not discharge 1.4G fireworks in the state. The AMCNO and many other healthcare advocates rallied in opposition of this bill, and although it did pass in the Senate, it did not get to the House floor for a vote. In addition to signing onto a joint letter with a myriad of healthcare organizations voicing our opposition to this bill, AMCNO Past President Dr. Richard Fratianne, the former director of the MetroHealth burn unit, submitted written opposition testimony on behalf of the AMCNO to the Ohio House. The bill will most certainly come up again in the next General Assembly and the AMCNO will continue to offer our comments on this legislation.

Gov. Kasich Announces New Medical Director for Ohio Dept. of Health

Mary Seitz DiOrio, MD, MPH has been appointed by Governor John Kasich as the state medical director for the Ohio Department of Health. Dr. DiOrio had been serving as the department’s state epidemiologist prior to being named medical director. Dr. DiOrio earned her medical degree from The Ohio State University. She has experience as a family practice physician and has been employed by the Ohio Department of Health since

2001, serving in various roles in epidemiology. She is board certified in preventive medicine and previously certified in family practice. Dr. DiOrio replaces Mary Applegate, MD, who had served as interim state medical director since August. Dr. Applegate will return to her permanent position as medical director for the Ohio Department of Medicaid.

State Medical Board of Ohio Names Executive Director

Anita M. Steinbergh, DO, board member and chair of the State Medical Board of Ohio's (SMBO) Ad Hoc Executive Director Search Committee announced that Anthony (A.J.) Groeber has been named executive director of the medical board, effective November 16, 2014. Groeber comes to the SMBO from the Ohio Board of Tax Appeals, where he has served as executive director since March 2013. Groeber holds BS/BA degrees from Ohio University and earned his MBA from the Fisher College of Business at The Ohio State University. Groeber began his new role at the SMBO November 17, 2014.

The Ohio State Board of Pharmacy Names New Executive Director

The Ohio State Board of Pharmacy has announced the selection of Steven W. Schierholt, Esq., as its new executive director. Schierholt joins the board with extensive law enforcement and leadership experience. He currently serves as the assistant superintendent of the Bureau of Criminal Investigation with the Office of Ohio Attorney General Mike DeWine. Schierholt has previously served in numerous capacities at the Ohio Attorney General's Office, including executive director of the Ohio Peace Officer Training Commission, assistant Attorney General and special agent. A U.S. Army veteran, he has also held positions as an adjunct professor of Criminal Justice, deputy sheriff and assistant county prosecutor.

Rep. Cliff Rosenberger Elected as Next House Speaker

Rep. Cliff Rosenberger (R-Clarksville) has been elected as the next Speaker of the House of Representatives. The Clinton County Republican will serve as speaker of the House for the new term, replacing Speaker Bill Batchelder (R-Medina), who could not run again due to term limits.

The Republican leadership team was also selected for the 131st General Assembly. Joining Rep. Rosenberger on the House GOP leadership team are State Representatives:

- Ron Amstutz (R-Wooster), Speaker Pro Tempore
- Barbara Sears (R-Monclova Township), Majority Floor Leader
- Jim Buchy (R-Greenville), Assistant Majority Floor Leader

The House Republican Whip team includes State Representative Mike Dovilla (R-Berea) as the Majority Whip and State Representative Dorothy Pelanda (R-Marysville) as the Assistant Majority Whip.

Rep. Rosenberger is currently serving his second term at the Ohio House of Representatives. He represents the 91st House District, which includes Clinton, Highland and Pike counties as well as parts of Ross County. An Air Force veteran, Rep. Rosenberger also served as the national political events coordinator for Governor Mitt Romney's presidential campaign, and he was special assistant to the U.S. Secretary of the Interior, Dirk Kempthorne, while consistently being an active member and community leader in his hometown of Clarksville.

Ohio State Board of Pharmacy Releases Reports

The Ohio State Board of Pharmacy has released several documents in an effort to assist physicians in complying with new laws. Ohio HB 341, which takes effect in 2014, mandates the use of the Ohio Automated

Rx Reporting System (OARRS) prior to prescribing an opioid analgesic or benzodiazepine. The law also includes registration requirements for both prescribers and pharmacists. To assist the healthcare community in implementing this new law, the Ohio State Board of Pharmacy has created a frequently-asked-questions document that can be [accessed here](#).

Ohio HB 314 requires all prescribers to obtain informed consent, except in certain circumstances, before providing a minor an initial prescription for any drug classified as an opioid. This law took effect on September 17, 2014. To assist with its implementation, the Ohio State Board of Pharmacy released a guidance document. [Click here](#) to view the document or go to pharmacy.ohio.gov for more information.

The Ohio State Board of Pharmacy has also recently submitted its biennial report on OARRS to Governor Kasich and members of the Ohio General Assembly pursuant to section 4729.85 of the Revised Code. Established in 2006, OARRS is an important tool in addressing Ohio's prescription drug abuse epidemic. It collects information on all prescriptions for controlled substances that are dispensed by pharmacies and personally furnished by licensed prescribers in Ohio.

A full copy of the report can be [accessed here](#).

SMBO: New Requirements for Providing Office-Based Opioid Treatment

Ohio physicians who provide office-based opioid treatment (OBOT) using buprenorphine products must comply with Rule 4731-11-12, Ohio Administrative Code, **effective January 31, 2015**.

Rule 4731-11-12 requires the following:

1. Prior to providing OBOT, the physician must conduct an assessment of the patient that meets the requirements of the rule.
2. The physician must practice in accordance with one of the protocols listed in the rule, and the diagnosis of an opioid disorder must be made utilizing the criteria in the DSM, 4th or 5th edition.
3. The physician must develop an individualized treatment plan for the patient, require the patient to actively participate in appropriate behavioral counseling or treatment for addiction, and provide ongoing toxicological testing.
4. The physician's prescribing of the medication must comply with requirements that include, but are not limited to, prescribing only drugs specifically approved by the FDA for use in maintenance and detoxification treatment, prescribing no more than 16 milligrams of medication daily for a patient unless specified requirements are met, and accessing OARRS for each patient no less frequently than every 90 days.
5. The physician must complete Category I CME related to substance abuse and addiction every two years, which will be accepted as part of the CME requirement for license renewal.

The requirements of the rule do not apply to the treatment of a pregnant patient during the pregnancy and for two months thereafter.

Violation of the rule subjects the physician to disciplinary action by the Medical Board.

Rule 4731-11-12, effective January 31, 2015, can be found [here](#).

Ohio State Pharmacy Board: Terminal Distributor Licensure Needed for Compounded Drugs, On-Site Drug Compounding

Effective April 1, 2015, ORC 4729.541 will require the following business entities to hold a license as a terminal distributor of dangerous drugs in order to possess, have custody or control of, and distribute dangerous drugs that are compounded or used for the purpose of compounding:

1. A limited liability company if the entity has a sole shareholder who is a licensed health professional authorized to prescribe drugs and is authorized to provide the professional services being offered by the entity; or
2. A limited liability company, a partnership or a limited liability partnership, or a professional association, if, to be a shareholder, member, or partner, an individual is required to be licensed, certified, or otherwise legally authorized under Title 47 of the Revised Code to perform the professional service provided by the entity and each such individual is a licensed health professional authorized to prescribe drugs. If you already have a terminal distributor of dangerous drugs license, this law does not apply.

For more information about this issue, [click here](#).

HSAG is Ohio's New Medicare Quality Innovation Network-Quality Improvement Organization

Health Services Advisory Group, Inc., (HSAG) is the new QIN-QIO for Ohio, having been awarded a five-year contract by the Centers for Medicare & Medicaid Services. It is already actively engaged in improving the quality of healthcare for the almost 1 million Ohio Medicare beneficiaries.

Since its founding by physicians and nurses in Arizona more than 35 years ago, HSAG's mission has been to improve the quality of healthcare for Medicare beneficiaries. It has grown to become a multi-state (and territory) QIN-QIO (Arizona, California, Florida, and the U.S. Virgin Islands), and, with the addition of Ohio, serves approximately 25% of the nation's Medicare beneficiaries.

For more information on the organization and the AMCNO's work with the group, [click here](#).

Navigating HIPAA and Cybersecurity in the Cloud

Physicians who use cloud-based for applications involving protected health information face the task of satisfying the Health Insurance Portability and Accountability Act (HIPAA) privacy and security requirements, while effectively managing risks and serving the needs of their patients. This can be particularly challenging for functions relating to patient portals, online scheduling or electronic health records, where a data breach can go viral and affect thousands of individuals.

Physician practices need to take care to implement appropriate privacy and security safeguards and perform their due diligence in connection with any cloud vendor relationships.

[Click here](#) to read the article for more information.

AMCNO Collaborates with HIMSS on Meaningful Use Regional Event

In December, the Healthcare Information and Management Systems Society (HIMSS) hosted a session at the Global Center for Health Innovation entitled “The Meaningful Use Paradigm: Connecting Providers, Engaging Patients and Transforming Healthcare.” The AMCNO collaborated with HIMSS and other organizations to present the event.

[Click here](#) to read the article.

AMCNO Hosts Its Annual Third-Party Payer Seminar

The Academy of Medicine of Cleveland & Northern Ohio hosted its annual “Solving the Third-Party Payer Puzzle” seminar on Nov. 5. Attendees learned the latest information from several local healthcare providers, including Medical Mutual and Anthem Blue Cross Blue Shield.

To view the article, [click here](#).

Discounted Classes at Tri-C for AMCNO Members

TriC Classes for AMCNO Members and Staff – 2014/15 Cuyahoga Community College

Do you or your staff need information on the upcoming changeover to ICD-10? Does your staff need to learn more about the essentials of electronic health records?

AMCNO members and their staff can receive discounted rates on classes at Tri-C covering these topics and much more. For the 2015 curriculum, [click here](#).

To take advantage of the member fee listed, you must obtain a member course number from the AMCNO.

Please contact the AMCNO at 216-520-1000 for exclusive AMCNO member course numbers to register and obtain a discounted price. Or **email Abby Bell for more information at abell@amcno.org**.

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO)

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