THE CHENNAI CHAPTER OF AAHAM
American Association of Healthcare Administrative Management

Chennai Connexions

Issue 1, Feb 2011 www.aahamchennai.org | e-Newsletter

The president's message

I am glad to introduce to all of you our new e-newsletter - "Chennai Connexions". We hope that over the course of time, this newsletter would be a tool that connects all Chapter members and helps us share our knowledge & experiences.

The Chennai Chapter has grown since its inception in 2004. We are proud to say that we bagged two awards in the 2009 ANI –

- **The "Leslie A. Hampel" Award**: In recognition of the Chapter having the Most Newly Technical Certified Members during the period September 1, 2008-April 30, 2009 and
- **The "Carolyn Gostomski" Membership Achievement Award**: In recognition of the Chapter's efforts to increase National Membership in excess of 12 percent .

During the 2010 ANI, we have continued to win **The "Leslie A. Hampel" Award** for having the Most Newly Technical Certified Members during the period September 1, 2009 - April 30, 2010.

These awards would not have been possible without your support and participation! I would like to thank all of you for this.

Apart from awards, another area where our efforts have been rewarded is Professional certification.

Five Chapter members got certified as CCAMs during the October 2010 professional exam cycle with excellent scores!

Awards and Certifications make us feel proud of our Chapter – however, we cannot be complacent and stop with these achievements. During 2011, we hope to create more networking and knowledge sharing opportunities which should help our Chapter move towards Excellence.

Hope you like the first edition of Chennai Connexions! Happy Reading!

Maya Mohan, CPAM

Chapter President

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INDUSTRY UPDATES

Truth in Caller ID Act Amends TCPA

January 18, 2011

The Truth in Caller ID Act of 2009 prohibits misleading or inaccurate information from being displayed on caller ID.

The Truth in Caller ID Act of 2009 was signed into law Dec. 23, 2010. The Act amends the Communications Act of 1934 by adding a new section, which prohibits any person, in connection with any telecommunications service or Internet Protocol (IP)-enabled voice service, from causing any caller identification (ID) service to knowingly transmit misleading or inaccurate caller ID information with the intent to defraud, cause harm, or wrongfully obtain anything of value. *The Federal Communications Commission (FCC) is charged with drafting and implementing regulations related to the Act no later than June 23, 2011.*

Under the Act, an IP-enabled voice service is a service that allows voice calls to be made using a broadband Internet connection instead of a regular or analog phone line. IP voice services can allow entities to make a call directly from a computer, a special IP phone, or a traditional phone connected to a special adapter.

Under the Act, "caller ID information" means information provided by a caller identification service regarding the telephone number of, or other information regarding the origination of a call made using a telecommunications service or IP-enabled voice service. A "caller identification service" is any service or device designed to provide the user of the service or device with the telephone number of, or other information regarding the origination of a call made using a telecommunications service or IP-enabled voice service, including automatic number identification services.

The Truth in Caller ID Act is not limited to only individuals engaged in telemarketing services. Rather, the Act broadly applies to *any person* attempting to manipulate caller ID information to display inaccurate information with the intent to cause harm or deceive a consumer. ***Therefore, the Act applies to any individual including third-party debt collectors, creditors and asset buyers.***

Basic telephone service generally offers a caller ID service providing customers with the telephone number or name of the calling party. Some entities, however, are employing technology to alter the name or number appearing on the recipient's caller ID display so it is not the true name or number of the calling party. This practice is known as ''ID spoofing.'' Under the Truth in Caller ID Act, caller ID spoofing and manipulation is prohibited if it is with the intent to defraud, cause harm or wrongfully obtain anything of value.

Truth in Caller ID Act Amends TCPA (contd.,)

Although the Truth in Caller ID Act places considerable restrictions on caller ID manipulation, the Act does not prevent or restrict individuals from blocking caller ID information from being transmitted. However, telemarketers are prohibited from blocking caller ID information under 47 C.F.R. § 64.1601(e)(2).

The Act provides exemptions for authorized law enforcement, court orders, intelligence activities and other services the FCC deems appropriate.

The Act authorizes civil penalties of up to $10,000 for each violation, or three times that amount for each day of a continuing violation, up to a total of $1,000,000 for any single act or failure to act. A two-year statute of limitation applies to these civil penalties. In addition, the bill authorizes criminal fines of up to $10,000 for each violation, or three times that amount for each day of continuing violation, in lieu of civil penalties. The FCC and state attorneys general have the right to enforce these provisions. There is no private cause of action for violations of the Truth in Caller ID Act.

Source: http://www.acainternational.org/truth-in-caller-id-act-amends-tcpa-18181.aspx

CMS Official Says 11 States to Launch EHR Incentive Programs in Early 2011

Nine states will launch Medicaid electronic health record incentive programs in January and early February 2011, with two more following close behind in late February or early March, an official from the Centers for Medicare & Medicaid Services said.

Speaking at the Office of the National Coordinator for Health Information Technology's 2010 update, CMS's Technical Director for Health IT Jessica Kahn announced that Alaska, Iowa, Kentucky, Louisiana, Michigan, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas will have the ability to pay eligible providers and hospitals who attest to “meaningful use” incentives by April 2011.

In addition to the 11 states ready to launch, three states have approved State Medicaid Health Information Technology Plans—Alabama, Pennsylvania, and Wisconsin—and 15 states have successfully tested with the National Level Repository (through which eligible providers sign up to participate in the meaningful use program), meaning that they can receive provider registration information and send it to CMS, Kahn said.

CHAPTER UPDATES

CPAM/CCAM LUNCHEON

Ms. Maya Mohan (The Chapter President) hosted a luncheon for all the professional certified members of the Chapter on Jan 27th 2011 at Taj Connemera, Chennai. This is the first such Luncheon that the chapter has organized. We hope to make this an annual event to recognize and bring together all professional certified members.

OUR CHAPTER @ THE 2010 ANI

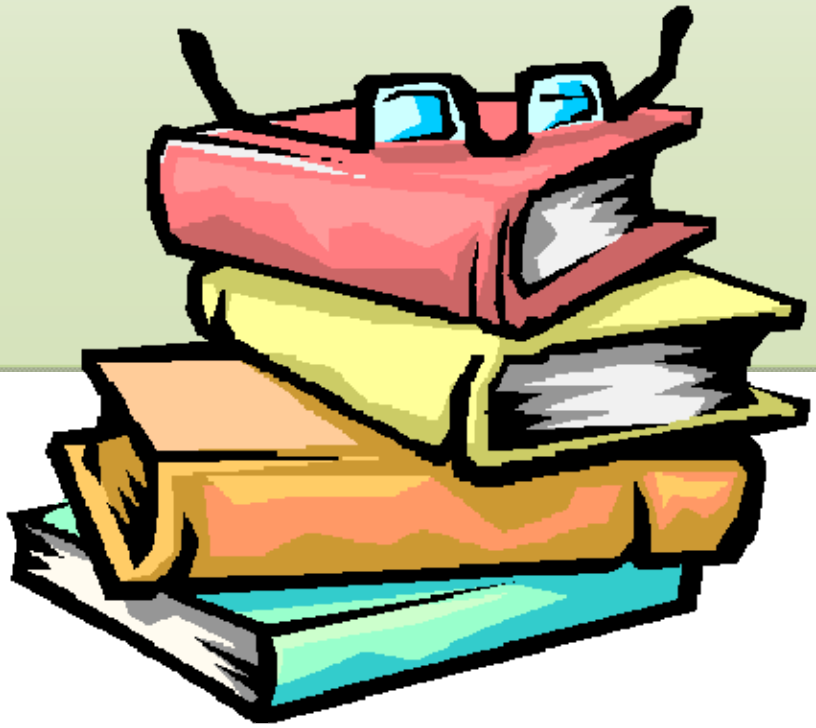
Maya attended the AAHAM 2010 ANI in October 2010 at Nevada. During the ANI, she received the **Leslie A. Hampel Award** on behalf of the Chapter.

TECHNICAL CERTIFICATION CORNER

November 2010: Congratulations to our new CPATs, CCATs and CCTs!!

The Chennai Chapter of AAHAM is glad to congratulate the following new CPATs and CCATs who got certified during the November 2010 exams! The Chapter President and the board would like to commend the efforts that they have put in to achieve this premier certification! We also invite more employers and individuals to contact us and get AAHAM certified!

- Abhilash H
- Ashok Kumar M
- Harini S
- Mohana Sundaram V
- Reema A
- Roopavidhya R
- Subhashini K
- Usha Rani U
- Gowri Babu
- Mathivanan Mohan
- Muthuram Chendur Pandi
- Tamizhselvan Ashokan
- JaiShankar Nair
- Suma K Bala
- Mohammed Rizwan
- Savira K



PROFESSIONAL CERTIFICATION CORNER

Five new CCAMs from The Chennai Chapter of AAHAM!

The American Association of Healthcare Administrative Management (AAHAM) has awarded **Elango M, Ramya Chari, Srivathsan PB, Thirumozhi MGK and Vidya J** from The Chennai Chapter of AAHAM, the prestigious designation of Certified Clinic Account Manager (CCAM). The CCAM certification signifies that these members have completed a rigorous professional competency examination addressing the complex areas of Patient Access, Billing, Credit/ Collections, and Accounts Receivable Management.

By achieving the CCAM designation, individuals demonstrate that they possess not only the knowledge base required to pass the 8-hour examination but also a dedication to excellence and the advancement of their profession. This level of knowledge and commitment is highly valued by healthcare executives and certification is frequently a pre-requisite for patient account management positions.

Successful management of the patient account operation is critical for the financial well being of a healthcare institution, clinic or physician's office. A mark of excellence for more than 25 years, the CCAM (Certified Clinic Account Manager) certification process measures the technical and functional knowledge necessary to achieve this success.

To maintain their certification, they would be required to earn 40 continuing education units every two years in activities such as attending educational seminars, authoring articles and giving presentations, and coaching others for certification exams.

AAHAM is a national association of more than 2500 healthcare administrative management professionals with 38 chapters across the U.S and in India. A resource center for information, education and advocacy, AAHAM is the premier professional organization in healthcare administrative management, providing education, communication, professional standards and certification.

IMPORTANT DATES TO REMEMBER

CPAT / CCAT Exam Period

Feb 14th to Feb 25th 2011

May 9th to May 20th 2011

Aug 15th to Aug 22nd 2011

Nov 7th to Nov 18th 2011

CPAM / CCAM Exam Period

April 25th to April 30th 2011

Oct 24th to Oct 29th 2011

KNOWLEDGE SHARING

(Members' Corner)

Is there any reason for you to be certified?

You may wonder why you should bother to obtain your certification. After all it's too much work! Let's look at some of the benefits of obtaining AAHAM Certification:

- Helps in professional development
- Helps your employer understand your knowledge level
- Industry-wide recognition
- Personal challenge and satisfaction
- You join the elite club of certified members

Completing a certification exam successfully says that you have put in meticulous efforts and have the potential to learn more. It also talks about your interest in growing your career in the Healthcare field. Challenge yourself and feel proud!

Are you geared to get yourself certified? Email dominic@aahamchennai.org.

Ramya Chari, CCAM

Test your knowledge!!

Are you thinking of taking up CPAT / CCAT / CPAM / CCAM exam? Test your knowledge by taking up the following quiz. The correct answers are given in the last page of Connexions.

For potential CCAT / CPAT participants –

1. The Mother of a minor child is born on February 1, 1965 and the father is born on July 20, 1971. Whose insurance will pay as primary for the child according to the Birthday Rule?
2. The _____ program gives CMS a new mechanism for identifying past improper payments and gives CMS a tool for preventing future overpayments
3. The descriptors for the levels of E/M services recognize _____ components that are used in defining the levels of E/M services
4. CMS allows a hospital to file subsequent inpatient DRG adjustments up to _____ days from the date of the remittance advice for Medicare beneficiaries.
5. An _____ claim is a claim that contains complete and necessary information; however, the information is illogical or incorrect

For potential CCAM / CPAM participants –

1. List four responsibilities of a physician while transferring an emergent patient to another medical facility.
2. List five potential disadvantages of Capitation plans for your physician practice.
3. List down 7 common HIPAA transaction standard codes and their meaning

Ramya Chari, CCAM

How do you ensure your employees don't disclose client specific information in FB or other social networking sites?

Almost all my colleagues, friends and family are a part of some social networking site or other. Blogging or posting a status update in Facebook is a routine daily activity for most people now. That said almost everyone I know are addicted to one site or other (like me with Facebook!). It is implicit that people end up talking about their work in such sites, as we spend most part of our waking hours at work. Now the question would be 'how do we stop people from talking about client specific data / PHI in social networking sites?'

When I was talking about this with some of the Information Security Team Members in my company, they had some interesting ideas which would help control data leakage through social networking.

Idea# 1: Create a page for your company on all the famous social networking sites like Facebook, Orkut, Twitter, etc. Moderate the discussions posted by your employees. Request them not to post anything related to the clients or patients. If they still post anything, remove the post; talk to them the next day about their post and educate them.

Idea# 2: Include non-disclosure of company-specific information in social networking sites in the Non-Disclosure Agreement (NDA) and get all your employees to sign it.

Idea# 3: Include social networking in your Compliance Module and train all the employees from their day 1. Education is the first step towards compliance.

Idea# 4: Block all the social networking sites at work. It definitely distracts a person and also wastes their time. If any particular set of employees have access to these sites due to business reasons, use DLP (Data Leak Prevention) software to identify and prevent the employees from disclosing PHI or any client specific information in a scrapbook / blog page / wall etc.

Idea# 5: Create an internal blog site (like Facebook) and allow employees to share their thoughts and ideas with their friends in the company. This would give them a chance to express themselves and network with other employees in-house plus they may not share the same information again in a public site! Since it is an in-house server, all information would remain within the company premises!!

I am sure there are a lot more brilliant ideas around. Let's keep them coming in our forthcoming editions of Chennai Connexions.

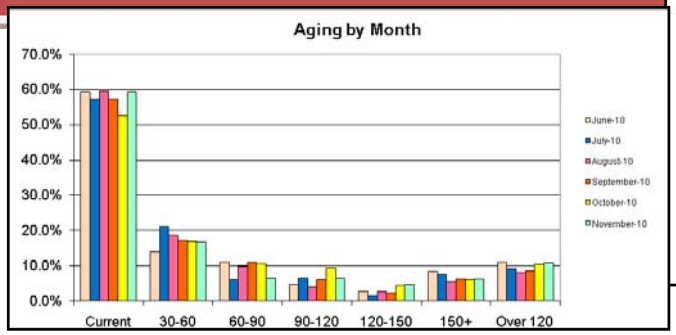
Ramya Chari, CCAM

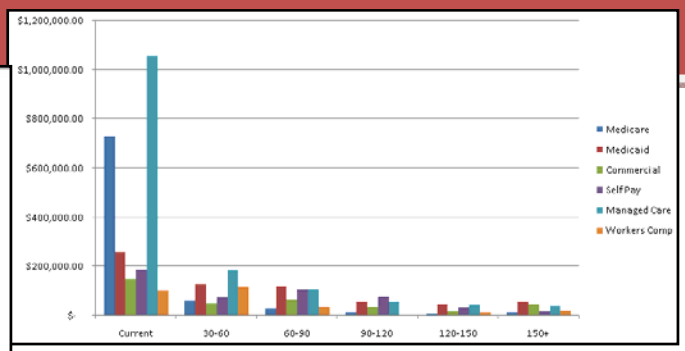
CONTROLLING AR DAYS

AR days is the average time taken to receive payment for services rendered. Less AR days indicate reduced pressure on cash flow and improved liquidity. An efficient AR Management Process can help achieve this. AR days can also come down by writing off charges, which reduced cash flows. Some of the ways of improving AR days without losing cash flow are:

- Eligibility verification at the registration desk or at least before transmitting claims. Self Paying patient charges can be checked for Medicaid eligibility.
- Reducing the lag days from the actual service date to the date the charges are loaded to the billing system. A real time update with the help of EMRs and other advanced tools will have significant impact on AR days and cash flows.
- Addressing source coding issues and preventing them from recurrence. It is important to look at an issue through the lens of "system deficiency" and not ignore it as an independent event.
- Having a strong front end check to filter out deficient charges and cleaning them. Building a strong rules engine in the billing system and regularly updating it is very important.
- Having electronic transmission and remittance arrangements with as many payers as possible. There cannot be two options for payers with a significant charge mix.
- Having highly skilled and experienced staff to address denied claims and act within specific TATs. Appeal with all supporting documents to avoid delay in processing.

Srivathsan P B, CCAM





FINANCIAL FORECASTING – Key to a Successful Practice

Financial planning and management is an important area in managing business entities and a physician office is no exception. Mismanagement of finances can result in liquidity crisis and winding up of otherwise successful entities.

The physician's office must prepare patient flow forecast for the immediate future to help in planning their resources. Not being prepared for patient flow fluctuation may result in deteriorated patient satisfaction and relationship and cost overruns which can hit the financial bottom-line.

Financial forecasting directly depends on the patient flow forecast. Financial forecast has two parts, the cost or the cash outflow and the payment for services or cash inflow. The cost part is less complex and more controllable compared to the payment part. The factors that determine the payment inflow are multiple and widely variable. It is important for a physician to understand the sensitive areas which affect the payment inflow and be prepared to handle the impact of the variances.

Some of the factors that impact payment inflow are changes in reimbursement rates from federal payers, contract negotiations with commercial payers, payer mix of patients served, mix of types of service performed on patient and their Relative Value Unit, billing system used, ability of registration desk, availability of similar specialty in the vicinity, economic condition of the locality and the country as a whole, seasonal diseases, outbreak of epidemics, etc.

Keeping in mind the importance of payment inflow for successfully running the practice, the physician must invest adequate and quality time in the forecasting exercise. Expert help can also be bought considering the effect of good forecasting on the practice.

Srivathsan P B, CCAM

NATIONAL UPDATES

Save the date for the 2011 AAHAM Legislative Day

The 2011 Legislative Day will be held from March 30-31, 2011 at The Liaison Capitol Hill in Washington, DC

Save the Date for the 2011 Annual AAHAM ANI

The 2011 ANI will be held on October 5-7, at The Wynn in Las Vegas, Nevada.

AAHAM Events & Updates

Become a National Member - Now!

The fee to become a National member is $175. If you join anytime between July 1st and August 31st, the dues are $140 for the rest of the current year. If you join between September 1st and December 31st, the fee is $210 for the rest of the current year and all of the following year.

Benefits - Membership in AAHAM helps you work smarter, advance your career, and offers you access to a wealth of revenue cycle information. The association recognizes that professional development is one of the key reasons that many individuals become members. To this end, one of AAHAM's primary focuses is the professional development of its members.

AAHAM Training Webinars

AAHAM conducted the popular training webinars the summer of 2010 and we will hold is again in the summer of 2011. Each AAHAM webinar represents one section of the professional exam: Patient Access, Billing, Credit & Collections, and Revenue Cycle Management.

You can still order CD's of the podcasts of all the webinars or just the section(s) you need to concentrate on.

New CPAT / CCAT / CCT Study Manuals

They're Here! The NEW CPAT/CCAT and CCT Exam Study Manuals are the only study manual written by AAHAM for AAHAM exams, specifically to assist you in studying for AAHAM's technical certification programs. The manual has a wealth of helpful information for those studying for the technical exams and for those who do coaching. The manual contains sections that match each section of the CPAT/CCAT and CCT exams with material targeted and geared toward exam questions. It features knowledge checks (practice questions) along the way to help you gauge your progress.

AAHAM CPAM/CCAM Exam Study Manual

The AAHAM CPAM/CCAM Exam Study Manual is the only study manual written by AAHAM for AAHAM exams, specifically to assist you in studying for AAHAM's certification programs. The manual has a wealth of helpful information for those studying for the professional exams and for those who do coaching. The manual contains sections that match each section of the CPAM and CCAM exams with material targeted and geared toward exam questions. It features knowledge checks (practice questions) along the way to help you gauge your progress.

Test your knowledge answers:

CPAT / CCAT Quiz

1. Mother's insurance would pay as primary as she is born first in the calendar year
2. Recovery Audit Contractors (RAC)
3. 7
4. 60
5. Invalid

CPAM / CCAM Quiz

1. 1. Check if the receiving facility has the equipments and staff to treat the patient
   2. Check if the receiving facility is ok to admit the patient
   3. Stabilize the patient's condition and assess if he/she could take the transfer and organize for transportation (like ambulance)
   4. Talk to the patient / the patient's guardian and explain the patient's condition with the risks involved in the transfer. Take his/her written consent and then arrange for the transfer
2. 1. When more patients walk in, it would not result in more revenue for the clinic
   2. When an epidemic hits a particular type of people (children, men, women etc.,) then the number of patients would increase which again would not result in more revenue
   3. More patients will result in increase in the per patient cost
   4. Incentives for less patient care
   5. The word of mouth that less patient care is provided would result in bad public relations.
3. 275 - attachments
   270 - Eligibility enquiry
   271 - Eligibility response
   276 - Claim status enquiry
   277 - Claim status response
   835 - Claim payments; Coordination of Benefits
   837 I - Institutional claim (UB-04)

Ramya Chari, CCAM

Got Feedback?

Want to write?

Drop a line!

If you would like to share your thoughts / suggestions / feedback

Or

If you are interested in writing for Chennai Connexions,

Email

dominic@aahamchennai.org

&

ramya@aahamchennai.org