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Editorial

We are glad to bring the next edition of Chennai Connexions to you. The Chennai Chapter has been actively promoting AAHAM Certification in India. If you are not certified as yet, consider visiting our web page at www.aahamchennai.org to learn more about available certification programs.

If you are a National Member, check out the exclusive ANI coverage in page 3. These events are organized by the chapter to help health care professionals from various organizations network and share knowledge with each other. We would have our next ANI in Q2 2014! Please write to us if you are interested to participate in it!

We would love to publish articles written by you in Chennai Connexions. If you are interested, please send your work to Dominic (dominic@aaahamchennai.org) or Ramya (ramya@aaahamchennai.org) or Vignesh (vignesh@aaahamchennai.org). You can claim 3 CEUs for every article that is published in Chennai Connexions!

We hope you would find this edition useful. Happy reading!

-Editorial Team



Chennai Chapter's First Annual National Institute – An exclusive coverage!

The Annual National Institute is one of the recent additions to the Chennai Chapter's suite of events. Last year, the National Members Summit was a huge success which left us with a challenge of out-performing ourselves this year. Inspired by AAHAM National's ANI, the Chennai chapter planned a one-day ANI filled with leadership sessions and healthcare updates.

It took some time for us to plan this mega gala. The event was scheduled on December 14, 2014 after considering the national members' holiday plans. We sent out invites two months before the event to all the national members inviting speakers. We had four speakers volunteering to speak on various industry-relevant topics. Lot of thought was put in before fixing the venue. The national members come from various parts of Chennai, India. Some reside outside Chennai too. ITC Sheraton Park hotel is located in the centre of the city at a convenient location. The sessions were organised in the Executive Board Room at the 16th Floor.

The ANI started at 10 am with Maya Mohan (President – The Chennai Chapter of AAHAM) delivering the keynote address. She covered the impact of Obama care on healthcare providers and reimbursement received by providers. It was an insightful session with a lot of questions from the audience.

ICD 10 has been on the news for a while now. With the go live date so near, we cannot afford to not discuss about it. We had Srivathsan (Associate Director – Business Intelligence from AGS Health) present on ICD 10 implementation and challenges. The participants shared the practical difficulties that they have been facing in training their teams and also in preparing them for the dual coding phase.

Managing change is difficult and the sad truth is that most “transformational” change initiatives fail. The reason for this poor performance is that organisational “resistance” is grossly under-estimated, “change agents” believe that change can be managed and these assumptions lead to faulty interventions. But if the dynamics of change cannot be predicted with certainty or controlled, then the advocates of change must manage themselves in order to ride the crest of changes' fortunes – for that is the only thing that can be managed.

The industry is going through a lot of changes. In order to reiterate the importance of managing change effectively, we had a session 'Change Management'. Dominic Rajesh (Second Vice President – The Chennai Chapter of AAHAM) and I teamed up to present this session. We started this session with a video created by Dr. Spencer Johnson on “Who moved my cheese?” This video simply highlights the importance of anticipating change, conducting reality checks, adapting to change quickly and to savour the new reality.

This was followed by another video session on Daniel Pink's 'The puzzle of motivation'. Daniel Pink explains motivation using the candle problem. He gives an unconventional solution (considering carrot and stick as a conventional solution) to our current problems that are caused due to the changing work nature. His solution was very simple- if you want to motivate people and get better results, follow the three step principle: Autonomy, Mastery, Purpose! Autonomy: The urge to direct our own lives; Mastery: the desire to get better and better at something that matters; Purpose: the yearning to do what we want to do!

Continued in page 3



Chennai Chapter's First Annual National Institute – An exclusive coverage contd..

Most of the ANI participants agreed that work has become complex not only due to the changes in the industry but also because of the people who are joining the industry in the recent times. Hence, I chose to present on Millenials. Millenials are people who are born between the year 1980 and 2000 (People who are born between 1965 and 80 are categorized as Gen X, 1946 to 1965 are called Baby Boomers and those who are born before the year 1946 are called Matures). Generation gap has always been a topic of debate. However, it is true that leaders are finding it increasingly difficult to manage newer work force. The difficulty also arises due to their work style and outlook towards work and life. Here are some of the examples that were highlighted during the session- while Gen X likes to work hard, Millenials like to work smart; most baby boomers and Gen Xers don't prefer using gadgets, Millenials thrive on them. The best way to engage Millenials at work place is summarized by the following points-

1. Allow them to work in teams
2. Give them space to operate
3. Provide them hands-on environment to learn
4. Give them constant encouragement
5. Leverage their expertise in gadgets

The next session was all about SMAC – Social Mobile Analytics Cloud by Dominic Rajesh (Second Vice President – The Chennai Chapter). Virtual world has taken over the real. To give you an example, every work place that I know of, has an internal social networking site that encourages the employees to network virtually (as well!). This is just the beginning. Being forward thinking and embracing technology is a mandatory criterion for any organization to survive in these times.

The power of social networking and data is grossly underestimated by many organizations. The overall cloud computing market in health care is estimated to grow up to \$5.4 billion by 2017. This session gave us enough insights on different technological avenues that are available for us to help our teams deliver better results. This is an interesting trivia we came across in the session- Did you know that there would be more mobile phones in the world than human beings by the end of 2013? ☺

The Chennai Chapter's President Maya Mohan presented the Chapter Updates. The chapter has won two awards in the AAHAM National's 2013 ANI -

- * **Leslie A. Hampel Award:** In recognition of the Chapter having the Most Newly Technical Certified Members
- * **Carolyn Gostomski Membership Achievement Award:** In recognition of the chapter's efforts to increase National Membership

Maya (Chapter President) closed the ANI by conducting a Lucky Dip contest. Each participant had to complete a quiz sheet (this was given to the participants as a part of the ANI kit) and drop it in the Lucky Dip box. Elango M from AGS Health, Gangaram Haridwari from Dell Services and Balaji Maniyan from Dell Services won lucky prizes.

This is the first of many ANIs to come. The chapter is committed to stay on top of the topics/issues that impact the members. It was a great networking event where professionals from various organizations got to meet each other. We have planned to have an ANI every quarter at the request of the participants.

Written by Ramya Chari (Secretary – The Chennai Chapter of AAHAM)

Here are some pictures taken at the ANI!



**Want to participate in the next ANI organized by the Chennai Chapter? Write to Dominic
(Dominic@aahamchennai.org)**



AAHAM Certifications

**AAHAM certifications
are your ladder to success!**



What is Executive (CRCE) certification?

Executive Certification is an extensive online proctored exam directed to all senior and executive leaders within the healthcare revenue cycle industry, to help equip them for strategic management of the business. This certification possesses the highest level of difficulty combining content knowledge of the business with critical thinking and communication skills. AAHAM offers two types of Executive certification; one focused on the revenue cycle within an institutional (hospital, health system) environment and the other focused on the revenue cycle in a professional (physician, clinic) environment. Dual certification is available for those interested in obtaining certification in both specialties.

What is Professional (CRCP) certification?

Professional Certification is an online proctored exam directed to supervisors and managers in the revenue cycle industry, to validate their knowledge and skills. This certification is for the individual who desires confirmation and recognition of their expertise and/or for those who aspire to the executive level certification. AAHAM offers two types of Professional certification; one focused on the revenue cycle within an institutional (hospital, health system) environment and the other focused on the revenue cycle in a professional (physician, clinic) environment. Dual certification is available for those interested in obtaining certification in both specialties.

What is Specialist (CRCS) Certification?

Specialist certification is an online proctored exam that tests the proficiency of staff involved in the processing of patient accounts and to prepare them for the many details needed to perform their daily job duties.

AAHAM offers two types of Specialist Certification; one focused on the revenue cycle within an institutional (hospital, health system) environment, the other focused on the revenue cycle in a professional (physician, clinic) environment. Dual certification is available for those interested in obtaining certification in the institutional and professional specialties.

“The University of Pennsylvania Health System (UPHS) began a voluntary CRCS certification program to support staff level persons working as part of the revenue cycle. UPHS pays for any candidate to take the test up to three times. The program is very popular with staff, which recognizes the investment that UPHS is making in their personal development. The Patient Accounting Department now offers a reward for passing the exam, paid out annually each year on the individual’s certification anniversary for as long as they maintain their certification.”

Thomas McCormick, CRCE

University of Pennsylvania Health Systems

What is Compliance (CCT) Certification?

Compliance certification is an online proctored exam that thoroughly tests competencies in healthcare compliance for all staff involved in the processing of patient accounts. It is intended to meet the annual employee compliance training requirements and to support individuals with professional compliance responsibilities in both institutional (hospital, health system) and professional (physician, clinic) settings.

Are you looking to get certified? Visit www.aaham.org for more details.



Represent your facility, your state and your industry at the one political event that directly impacts you, your facility and your bottom-line; AAHAM Legislative Day. Our strong grassroots program creates new opportunities for our industry but we need your continued support! We need you to make the trip to Washington to make a difference in our industry, attendance is limited, so register to attend today. It is all about strength in numbers. The more AAHAM members participate in this effort, the stronger the voice AAHAM will have. Remember, if you don't speak up someone else will.

"AAHAM has really understood the legislative and regulatory process and this is why they have had so much success in the past. AAHAM's leadership has gone the extra mile to ensure AAHAM has a strong voice in Washington" said AAHAM's lobbyist, Paul Miller.

AAHAM's annual Legislative Day, brings you face-to-face with the decision-makers in Washington who determine the outcome of our industry's top legislative priorities.

Hyatt Regency Washington on Capitol Hill

400 New Jersey Ave., NW

Washington, DC 20001

www.washingtonregency.hyatt.com

For reservations call: 1-888-421-1442

Visit <http://www.aaham.org/Events/LegislativeDay.aspx> for more details!

The Social AAHAM Chennai!

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Two Mid-night Rule

What is Two Midnight Rule?

To qualify as an inpatient, a patient must spend at least 2 midnights in a hospital on physician's orders

For example, John came to Lakeview hospital at 6.00 pm on 04/15/2014. He met the doctor at 8.00 pm. The doctor ordered the patient to get hospitalized for further treatment. John was discharged on 04/18/2014 at 9.00 am. John spent 2 consecutive midnights in the hospital and will be deemed as an in-patient. This rule was originally set to be effective for claims with DOS 10/01/2013 onwards. However, hospitals have requested an enforcement delay until January 01, 2014 with a bridge period until March 31, 2014. The bridge period is now further extended till September 30, 2014.

What happens when a patient spends only 1 midnight or does not spend the night in the hospital?

When a patient does not spend the night in the hospital then the patient will be considered an outpatient with certain exceptions.

What are the denials we could anticipate because of this rule?

- Medical Necessity denials for Date Of Service March 31, 2014 onwards
- Incorrect POS denials for Date Of Service March 31, 2014 onwards

Classification:

1. Inpatient – To qualify as an inpatient, a patient must spend at least 2 midnights in a hospital on physician's orders

2. Outpatient – To qualify as an outpatient, the patient must have spent less than 2 midnight's in the hospital and at the time of treatment the patient must have been designated by the provider as outpatient

3. Emergency – When the patient visits the emergency room and the doctor treats the patient in the emergency room.

4. Observation – Observation indicates the time period during which the patient receives elective treatment from the doctor and spends time in the hospital for observation. At the time of admission, the doctor would have designated the patient to be under observation care and not inpatient.

(Note: During observation, if the doctor feels the patient needs to be given prolonged care then the doctor may designate the patient as inpatient. Example: Greg was under observation on 04/22/2014 from 5.00 pm till 5.00 am. The doctor designates Greg as inpatient on 04/23/2014 at 5.00 am and is discharged on 04/25/2014 at 5.00 pm. He will be considered as inpatient from 04/22/2014. We will bill claims for DOS 04/22/2014 till 04/25/2014 as inpatient. However, if Greg wishes to continue treatment in SNF then the observation period of 04/22/2014 will not be considered as a part of inpatient stay. To qualify for treatment in SNF, CMS requires that the patient completes 72 hours in the hospital from the time the physician designates the patient as an inpatient. To summarize, the patient will be considered as inpatient from the moment the doctor changed the patient status and observation will not be considered as part of inpatient stay for SNF admission).

Compiled by Reema Ashokkumar (Learning & Development Department, AGS Health)

Source: <http://www.medicare.gov/Pubs/pdf/11435.pdf> ; <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/FY-2014-IPPS-Rule-Outreach.pdf> ; <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheets-Items/2013-08-02-2.html>



Healthcare Snippets

Effective Denial management:

Denial management is an art in itself. Every billing office's dream is 100% clean claims. Slogging hours at stretch in working denials can take us forward only to a little extent. To be really effective in managing denials, the biller must look beyond the EOB.

There is a wealth of information residing in the EOB. While working denials, the biller must analyze the issue on hand and look for reasons which caused that denial to land in his/her desk to be worked. Once the problem is identified, then the right department can be contacted to fix it. This can avoid recurrence of the denial.

Sound billing knowledge coupled with consistent and sincere efforts would bring down the time spent on denial working and in turn AR Days, result in better and faster cash.

Example:-

Unable to identify patient could be due to - non availability of a good eligibility system
- poor registration process
- a bad imaging solution
- other entry level errors

Written by Elango M (Process Reengineering, AGS Health)

Using alerts wisely

Most of the efforts of medical billing offices are towards reactive management. Instead if a small proportion of the time spent on reactive management is spent on proactive management of revenue cycle, the results of the billing operations would look a lot better.

One tool which supports the proactive management of revenue cycle is the payer information alerts. All departments in a billing office must stay on top of the latest updates in the industry. Some examples are the insurance updates, HIPAA compliance updates, specialty updates etc.

Benefits of using payer alerts:

- Avoiding unwanted bulk denials and resulting refile of claims
- Timely receipt of cash
- Take pre-cautionary steps based on industry updates ex: a new CCI edit can change the way the practice is billing or coding.
- Training staffs based on alerts – new rules issued by the federal government. One example from the past was the red-flag alert.

Written by Elango M (Process Reengineering, AGS Health)

Certification Schedule for this Quarter

March 3, 2014 is the application deadline for May 2014 Exam Period (May 12-23, 2014)!

The Chennai Chapter offers coaching sessions for all the Certification Programs. Feel free to get in touch with Dominic (Dominic@aaahamchennai.org) for more information!