

AAMAS

The Monitor

THE VOICE OF THE MEDICAL AUDIT COMMUNITY

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Upcoming Events

April 10-14, 2012
18th Annual Conference
Pointe Hilton Squaw Peak
Phoenix Arizona

AAMAS Vision Statement
to be the voice of the medical audit community and AAMAS

AAMAS Mission Statement
AAMAS provides resources and support to advance the practice of medical audit.

Auditing: Veterans and Recruits

Jeff A. Hedlind

As I am sure you are all aware, the Medical Coding and Auditing industry is undergoing drastic change, primarily due to changing governmental regulation and increased federal spending on enforcement efforts. New regulation is more clearly defining prohibited activities and generating new opportunities for receipt of scrutiny from governmental auditing authorities. This upswing in enforcement concerns this auditor as I have personal experience with the tenor of the federal government and its approach with respect to auditing functions. My concern is twofold: the majority of the federal government workforce is either at retirement age, or, is nearing this age at the same time that these agencies are ramping up their auditing and enforcement programs. This means that they will be experiencing an ever increasing deficit of qualified employees to fill these positions and have to lower the standards by which they recruit and train new employees. We all know that auditing is not, by the very nature of the work, a career that you can fall into and instantly be fully proficient. The process of developing an auditing mindset requires considerable exposure, education and common sense. There simply is no replacement, in this field, for the time and experience necessary to develop the skills necessary to be an equitable, proficient and unbiased auditor.

Because of the growing gap between the supply and demand for qualified auditors, the government's problem is only beginning to develop. Sure enough, due to the two conflicting goals of the federal government, with respect to its auditing functions, it is altering its recruiting and hiring goals and methods. A quick review of the Office of Inspector General, Human Capital Management Plan, indicates that they are doing just that. The new OIG is focusing on recruiting younger, entry-level employees by recruiting recent college graduates from the top of their classes. Through campus recruiting, career intern programs and modified hiring criteria, they are achieving this goal. Unfortunately, the wealth of wisdom that exists within federal government programs exists in the minds of the seasoned, veteran employees. Despite altered training, internal promotion and employee retention practices, the governmental programs are finding themselves unable to transfer all of this knowledge to the fresh recruits. On the job

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Directory

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President's Letter

Leslie (Spector) Trainor, RN, CMAS

If you don't know where you are going, you'll end up someplace else.

— Yogi Berra

I am here to tell you, your AAMAS Board of Directors is very clear on where we are going. This last year alone we have made great strides in organizational realignment, cost savings and revenue generation initiatives.

As you are most likely aware, we recently revised the By Laws to reflect the shift from Board operational to strategic duties. As a result of hiring The Resource Center as our management team, we have seen a decrease in the amount of hands-on responsibilities for some Board members and an increase in the amount of strategic work we have been able to accomplish. Several Board positions have seen a shift from "worker bee" to one of oversight management of operational tasks performed by RC. I hope you all took the opportunity to vote electronically (our first attempt at this type of voting online and certainly a learning process for us all).

We are currently in the process of finalizing and approving our 2012 annual budget. As a part of that process, the Board recognized we could realign the Board because of hiring RC and discussed many ways to cut costs. Keeping our operational costs low allows us to provide an annual conference fee that remains affordable for our membership. By combining the Secretary/Treasurer position, we have eliminated one Board position thus decreasing the costs for travel to onsite Board meetings and teleconference calls. We also voted to decrease the number of onsite Board meetings to three per year, one in August of each year and two onsite at the annual conference (pre and post-conference). Our August meeting will be extended by one day and include annual strategic planning and budget preparation. Under discussion this month is a suggestion to decrease our teleconference calls to every other month instead of monthly. The Board is dedicated to not only working hard, but to working smart.

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Is Documentation Important?

Mary Knight, RN, CMAS Vice-President

How many times have we heard the word “documentation”? Documentation must be objective, legible, accurate, clear, concise and complete. This being said, documentation has meaning today, tomorrow and in the future. We never know when what we document will be needed. If you are called to testify regarding a specific patient that was under your care, will you be able to recall by reading your documentation?

Documentation is important and not just for legal purposes. It is a necessary way of giving the highest quality care to the patient. The lack of proper documentation can negatively impact patient care and can ultimately cause other problems. If what we document does not communicate, we failed in our professional and legal responsibilities. In other words, we failed our patient. Documentation is not separate from care and it is not optional.

Some facilities use charting by exception indicating findings are within defined limits unless otherwise noted. As a nurse, you need to know these defined limits. Charting by exception requires selecting abnormal and writing applicable text and can be more

prone to legal interpretation of a breach in standards in nursing care.

Documentation is critical; failure to chart can be hard to defend. You may be called to testify long after the event. I know this from personal experience. I testified in a three hour deposition regarding a patient for whom I provided care two years earlier. Luckily, the nursing school I attended stressed the importance of accurate documentation. I was able to recall all pertinent information regarding my patient’s care by referring to my documentation. I later learned that the case had a favorable outcome due to my detailed charting.

A lawyer will rely on available documentation to establish whether the care provided by the nurse was reasonable and prudent. Something that is not documented did not occur.

Here are some funny lines that I came across on the Internet:

- Patient has chest pains if she lies on her left side for over a year.
- On the second day, the knee was better, on the third day, it had completely disappeared.

- While in the emergency department, she was examined, x-rated and sent home.
- Patient was alert and unresponsive.
- She is numb from her toes down.
- She stated that she had been constipated for most of her life until 1989, when she got a divorce.
- Patient complains of indigestion since last night when he ate a stake.
- The patient lives at home with his mother, father and pet turtle, who is presently enrolled in day care three times a week.
- Patient was in his usual state of health until his airplane ran out of gas and crashed.
- Discharge status: alive, but without permission.

Just remember, “Care not documented is care not done”.



Congratulations to our Newest Certified Medical Specialists

The following candidates successfully passed the certification examination given in Rome, Georgia, in October 2011:

Mickey Brittingham

Linda Keene

Karen Leach

Joni McKnight

Denise Wallace

2012 Testing Dates:

April 14 - Phoenix, Arizona (AAMAS Annual Conference)

October 20 - Rome, Georgia

President Elect's Letter

*Alex Sanchez, RN, MBA, CCM, CMAS
President Elect*

Is it almost the end of the year already? It feels like we were line dancing at our annual conference in Dallas just a couple of weeks ago! The AAMAS board has been diligently working on providing additional resources and making next year's conference a success. Pat Berryessa and the Education committee have masterfully organized the seminars for the 2012 conference. In response to your survey comments, we are launching online educational resources, including webinars, with the possibility of earning credits. Next year's board voting is quickly approaching, so now is a great time to get involved with the AAMAS board or a committee and help make a difference in our profession. As always, I welcome your suggestions and encourage you to contact me with your thoughts and feedback. Finally, I want to wish everyone a joyous holiday season and a happy new year!

A Letter from the Secretary

Kathy DeMent, CMAS, AAMAS Secretary

I have been approached numerous times by individuals asking how I became a Certified Medical Audit Specialist. My story is probably different from the majority of medical auditors. First, I do not hold any type of nursing degree. Yet I am the Manager of Auditing for 20 Adventist Health System hospitals totaling over 4000 beds in the state of Florida.

In college, I thought I would get into the field of education. But coming from a small town in Illinois, there were limited job opportunities. When a position opened up at the local hospital, I applied and was hired. My first job was in the pathology lab. I was trained in the Pathologist's office and became a histological technician. I learned medical terminology and also assisted with various bedside procedures.

When the pathology lab was moved to another city, my employer gave me the opportunity to replace the purchasing agent when she retired. During my training for the purchasing position, I worked in various departments, including pharmacy, radiology, respiratory, cardiology, physical therapy and central supply.

When my husband and I moved to Florida, I was hired by Florida Hospital/Adventist Health System in the business office and worked in billing and registration. I also worked in the Managed Care Department as a contract manager, reviewing contract language and making sure our contracts were being implemented correctly. While I worked in Managed Care, the company decided to centralize the insurance defense audits for all of the AHS Florida facilities. I was asked to head up this project. This is the position I currently hold.

Looking back, I now see how all my previous experiences played an integral part in becoming a medical auditor. I am proud to say that I was the first auditor in the entire Adventist Health System to become a Certified Medical Audit Specialist. I hope to continue auditing until the day I retire.

President's Letter continued from page 2

In the area of revenue generation, we continue to work closely with Craneware in development of our Auditing 101 and 102 courses. These courses will be expanded into three offerings at our annual conference in April. Workshops for Auditing 101, 102 and 103 will be offered. We recently signed a contract with CentraMed to provide e-learning webinars for our membership. AAMAS will receive a percentage of each course purchased by our members and CMAS units will be available for selective courses. This is our first experience in providing online educational experiences for our members and we are extremely excited about it. We also signed a contract with William Kay Associates to provide an Accounting Course for those members preparing for the CMAS exam or for those of you who simply would like the additional education to improve your auditing skills. The course presented will be a basic college level accounting course and will be presented via webinar. The course will be nine total hours provided in two-three hour sessions each on Saturday January 7, 14 and 28th at 3pm Eastern. The cost will be \$250 and includes all three sessions, a pre-test and post-test. We hope that by providing this course in advance of the CMAS exam, our candidates will experience less stress on site and will be able to participate in more of our pre-conference workshops.

Keep an eye on the AAMAS website for announcements of these exciting new offerings and take advantage of as many as you can. Also, remember to use the List-serv for all your pressing questions and concerns.

As you can see, our work continues and we have a clear path to follow. Much is left to do and we look to you, our membership to provide the coordinates for our travel. Your feedback and suggestions are greatly needed and appreciated.

Happy holidays to all and may your travels be safe



Are you interested in being more involved in AAMAS?

AAMAS has two Board positions coming available in 2012, Vice President and the newly combined Secretary/Treasurer position. Just a few of the benefits are:

1. The opportunity to be directly involved in the growth and future development of AAMAS
2. A chance to learn more about Medical Auditing from your professional colleagues around the country
3. The chance to work with a group of energetic and dynamic individuals
4. Guidance and mentoring from past and current Board members
5. Discounted Conference costs and registration including hotel and travel

INTERESTED in joining the AAMAS Leadership Team? Want more Information?

Please contact the Nominating Committee:

Elizabeth Sinderman at esinderman@srhs.com or emcmath@gmail.com

Linda Morehouse at Linda_Morehouse@carlsbadmedicalcenter.com

Dawn Ainsworth at dainsworth@rchsd.org

Hope to hear from you soon!

20/80 Engagement

Annette Rogers, Executive Director, Resource Center for Associations

Did you know that for almost any association only 20% of the membership is fully utilizing the breadth of the organization's programs and volunteer opportunities? The rest typically use only one or two of their member benefits - most often simply the membership publication. Are you one of the 20% or the 80%?

There are easy ways to leverage your membership to provide more value to you. Here are three ideas:

- Have just a short window of time? Read and/or participate in the AAMAS listserv discussions. This online forum is the dynamic hub of the association. Members regularly submit and discuss an array of questions. In October, members wrote questions that ranged from observation coding and room/board charging to billing in stage 2 recovery and charging for infusions. Take a look for yourself. Go to the Members Only section on the website and click on Archived List Serve Discussions. This is a quick and easy way for you to enhance the networking and educational benefit of your AAMAS membership.
- Willing to devote a bit more time? Delve into the Regulatory Digests that come to you periodically from AAMAS. Don't simply delete the email. Really take a look at the issues shaping the industry. Imagine having to comb through government publications, including CMS updates, to keep up on changes. This resource puts it all at your fingertips. It is an unsung jewel of a membership benefit.
- Want to become fully immersed? We have a Leadership Development Program to assist interested and committed individuals gain the knowledge and experience needed to step into AAMAS governing bodies. Not all associations have this opportunity. Too often people get elected to the Board and/or into officer positions nearly blind as to the exact skills needed to be effective. As an intern in the program, you may choose to mentor with an officer or with the Nominating Chair. You will gain the knowledge and experience needed to step into a leadership role. The skills you learn will positively impact your career.

These are just a few ideas. I encourage you to really explore EVERYTHING that your membership provides. The value and opportunities are there! Come see.

2012 Recertification Reminder

If your CMAS certification expires on June 1, 2012, the Resource Center will send you a reminder in mid-December, 2011.

Please note that the Certification Council has increased the fee for Recertification to \$125.00.

The deadline for receipt of your application at the Resource Center is May 31st, 2012.

Please send:

1. Completed application,
2. Documentation of continuing education:
 - a) Copies of attendance records and Certificates of Completion for 2010-2012 AAMAS conferences, or
 - b) Proof of completion of 36 hours of continuing education between June 1st, 2009 and May 31st, 2012: eighteen (18) hours in Core Domain 02: Medical Audit Process and Methodology and eighteen hours for all other domains.
3. Check for \$125.00

The Resource Center will perform the initial screening. RC has been authorized to approve recertification with proof of attending the 2010-2012 AAMAS conferences and the related Certificates of Completion. Other applications will be forwarded to a Certification Council member for review.

For those members whose Certification expires in September 2012, notices will be provided in mid-April, 2012.

training is only so effective and the new recruits need to develop their auditing skills in a hastened fashion to keep up with the pace of increasing enforcement and associated demand for production. Therefore, the newly hired recruits are churned through Auditor Career Training which involves some mix of classroom and on the job training. Keep in mind that the majority of these individuals did not complete auditing specific educational programs and have obtained little to no experience in auditing.

I have personally been through one of these Auditor Career Training programs with classroom, on the job training and additional just-in-time training. I am concerned about the impact to the medical audit industry due to the auditors that are being developed through these crash course programs. A newly trained auditor, fresh out of boot-camp, has no practical experience to fall back on when trying to determine what is realistic and

equitable. As such, the auditing standard will evolve away from standard operating procedure and rely heavily on statutes. What I am saying may seem confusing at first because doesn't our industry audit to ensure compliance with governmental regulations? Sure it does, but my worry is about the all or nothing approach which will prevail in the industry for some time following these new recruitments. I know this is going to happen because I have sailed that ship in the past; I expected perfection from my clients and accepted nothing less. However, as I developed, I began to understand that life does not happen in a vacuum and to rely more on professional experience than the black and white.

The fresh auditors will stick to their guns and will be inseparable from their manuals and protocol. Because of this, our work is going to remain under a high power microscope for an extended duration of time. Even more

worrisome is the possibility that the new norm will persist and the opportunity for exhalation will not arise. Thus, we must audit and maintain records and supporting documentation that would appease the most carping governmental auditor, those who fail to understand that real life is well, messy. Two phrases that were universally thrown around in my past life were "If it isn't documented, it wasn't done" and "It is up to you to tell your story with your documentation, just make sure you can back up your claims."

The net result of these changes is that your clients or employers will receive no compassion or benefit of the doubt from the newly recruited auditors. The ultimate goal has always been perfect documentation, perfect compliance and well supported medical necessity, but it doesn't serve to ease my mind to know that the bar will be hung from the ceiling. I am thankful to be a member of the American Association of Medical Audit Specialists, an organization that provides resources and support to the medical audit industry. I want to conclude this article with the AAMAS Ethics Statement because I think in the world of increasing government scrutiny, AAMAS will serve as the guiding light to those employed in our special community. "AAMAS promotes a culture of professionalism that upholds the principles of integrity, the promotion of competency, legislative and regulatory compliance, and the personal and professional standards of conduct of the medical audit specialist."

Jeff graduated from the University of Oregon in 2004 with a Bachelor of Science degree in Economics and Political Science. At graduation he earned a Certificate of Professional Distinction from the Political Science department and departmental honors from the Economics department for completing a project that evaluated the economic impact of community dispute resolution programs.

Jeff was employed by the Internal Revenue Service as a Tax Compliance Officer and Revenue Officer.

In January 2011 Jeff became the Senior Auditor for the Compliance Department at Agate Resources, a Medicare and Medicaid health plan.

AAMAS Welcomes CentraMed

CentraMed is pleased to announce that the AAMAS Board of Directors has selected CentraMed's online education program for member education. CentraMed's catalog includes courses within the following program areas.

Clinical Documentation Improvement

CentraMed's Clinical Documentation Improvement (CDI) Education Program is designed to provide best-in-class CDI targets for revenue retention and improvement, in alignment with coding and documentation accuracy. Key performance areas are reviewed, with specific attention placed on understanding the nuances of clinical documentation, coding guidelines, and, ultimately, ensuring a compliant medical record that supports accurate reimbursement. The CDI Education Program offers a customized learning experience to address the challenges that your coders and clinicians are facing in today's stringent health information environment.

CPT Coding

Applying codes from the Current Procedural Terminology (CPT) coding system is a challenging and complex process. CentraMed offers comprehensive CPT Coding Education, an in-depth and easy-to-understand program geared toward the hospital coder. Complete with guidelines set forth by the American Medical Association (AMA) and other regulatory agencies such as

the Centers for Medicare and Medicaid Services (CMS), this program is designed for coders at any level who are involved in both the hard-coding and soft-coding process. The program covers all aspects of surgical CPT coding and interventional radiology.

ICD Coding

ICD-10-CM is on the horizon, and a greater knowledge of clinical documentation will be required of coders. ICD-10 is the anticipated clinical modification of the World Health Organization's International Classification of Diseases, 10th Revision. ICD-10 far exceeds its predecessors in the number of concepts and codes provided. The disease classification has been expanded to include health-related conditions and to provide greater specificity.

CentraMed's ICD-9-CM Coding Education is designed to fill the coder education gap in preparation for ICD-10 implementation, as well as to provide education that is currently applicable to using ICD-9-CM. Our extensive course suite combines anatomy and physiology, medical terminology, and disease process information with coding guidelines developed by the Cooperating Parties and official references such as Coding Clinic. Our courses also include the effects of code assignment and clinical documentation on MS-DRG reimbursement. No other education on the market today serves as comprehensively to prepare trainees for ICD-10 and enhance their ICD-9-CM coding skills.

Managed Care and Denial Management

CentraMed's Managed Care and Denial Management curriculum is dedicated to enhancing both the beginner and the experienced managed care analysts' education via a comprehensive selection of courses. It is designed to provide the tools and skill set required for today's complex healthcare industry. From instruction on how to audit claims for payment inaccuracies, to understanding complex contractual provisions and their impact on correct adjudication processes, our Managed Care course suite is designed to equip alumni with the ability to protect hospital revenue and ensure payment accuracy. Additionally, our Denial Management classes provide specific tools and processes for overturning denials and ensuring full and accurate payment from all payers. Understanding these concepts will promote both revenue retention and revenue improvement for all employees working in patient financial services and healthcare finance departments.

Process Improvement

Process Improvement (PI) is a business strategy that produces measurable results by focusing on opportunities within an organization to improve, simplify, and integrate work processes and procedures. The goal of PI is to dig deep enough to identify the

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root cause rather than focus on symptoms of the problem. This approach prevents correction of the same type of problem over and over again. Continuous process improvement of a hospital's revenue cycle is crucial to the financial health of the organization.

Revenue Cycle Concepts

CentraMed offers Revenue Cycle Concepts (RCC), a comprehensive education program for Patient Access/Registration and Patient Financial Services healthcare professionals. With a focus on front-end processes that promote effective pre-certification, authorization, registration, point-of-service collections, and other billing and collection best practices, the courses are designed to instruct all students involved in front-end revenue management how to "do it right the first time" – and avoid re-work on the back end.

Business and Leadership Skills

Healthcare organizations need leaders whose behaviors and actions combine to positively impact employees, customers, and the facility's bottom line. It is vital that leaders and managers embrace the full scope of their responsibilities in order to positively impact business results. Our Business and Leadership Skills education program focuses on application-oriented learning experiences that address the entire role of the manager.

CentraMed and AAMAS have enjoyed a long history of sharing

information and speaking opportunities. As the AAMAS membership has increasingly requested more education to further a career and maintain state-of-the-art skills in the auditing role, the CentraMed catalog presents a great opportunity to share an industry-leading education package.

CentraMed's online education, developed by a nationally recognized team of educators, represents over ten years of content development. The courses are designed for self-paced learning and can be accessed from any Internet connection. The curriculum has great scope of coverage and also allows members to choose individual classes that best meet their current interests. Each class has a test section that allows for tracking progress. In addition, CentraMed's coding courses allow for credits to be earned through a range of



certification programs including the AAMAS CMAS CEs. CentraMed's coding courses also include an online help desk so you are never more than an e-mail away from expert advice and support.

Getting started is as easy as navigating to <http://www.irminonline.com/> and visiting Revenue Management Education. Choose the program area, review the courses, make a selection, and pay online. **To help members in their journey, CentraMed is offering a 15% discount for all courses purchased through December 31, 2011.** An access code will be available to members at www.aamas.org to receive the discount.

The entire team at CentraMed welcomes AAMAS members and looks forward to a long and beneficial relationship.

New AAMAS ByLaws

Sharon Hockett, JD, Bylaws Committee Chair

Thanks to the hard work of our Board and membership, our organization has significantly amended our Bylaws. The changes reconfigured our Board as follows: Secretary/Treasurer is now one committee and Chair, reduced from two; there is now one joint Communications/Marketing committee and Chair; the Bylaws/Standards committee has been eliminated and will be reactivated as needed. Additionally, we have moved the Certification Council into a more autonomous role.

Members may question the importance of organizational documents, bylaws and vision and mission statements. I see them as tools used to well-position AAMAS as the organization leading the medical audit profession.

To see the new Bylaws, please go to <http://www.aamas.org/about/aamas-bylaws.html>.

Letter from the Education Chairperson

Pat Berryessa, RN, BSN, CMAS, AAMAS Education Chairperson

If the speed with which November came is any indication, the holidays are going to whiz by and we'll all be in Phoenix at the AAMAS conference soaking up the sun before we know it.

Thanks to all your feedback from evaluations, ListServ postings and individual questions, the Education committee believes we have put together a conference that has something for everyone. Based on your comments and feedback, we invited Jugna Shah to speak for us again in 2012. She requested some specific information on what our membership is asking and wanting to know. We went to the ListServ for that

information and sent information along to her so that she can speak directly to your needs. As a result, she will be discussing Injections/Infusions in OBS, ER and Surgery.

As you may have noticed, our keynote speaker information is now up on the website under the Education/Annual conference link. We will be adding information about topics and speakers along the way, so please be sure to check the website frequently.

We are very excited about the 2012 conference and hope you will be also.



American Association of Medical Audit Specialists

18th Annual AAMAS Conference

**Pointe Hilton Squaw Peak Resort
Phoenix, Arizona
April 11-13, 2011**

www.aamas.org

