THE CHENNAI CHAPTER OF AAHAM
American Association of Healthcare Administrative Management

Chennai Connexions

Issue 4, September 2013 www.aahamchennai.org | e-Newsletter

What can you find in this edition?

Wish our Professional Examinees Good Luck!

14 examinees are going to appear for CPAM/CCAM on October 29, 2013

The Chapter's Board wishes them good luck and hopes that all of them earn their certification.

All the best!

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.

And if you are a National Member, check out Page 3 to know about an useful event for you in November 2013!

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

Are you interested in writing articles for Chennai Connexions? Please send it to Dominic (**dominic@aahamchennai.org**) or Ramya (**ramya@aahamchennai.org**).

-Editorial Team

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Updates from AAHAM National

The Social AAHAM!

Why not join the conversation in AAHAM's official social channels? Connect now!

facebook

https://www.facebook.com/AAHAMNational

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AAHAM Annual National Institute

2013 ANI

Save the Date for the 2013 Annual AAHAM ANI

This year's theme is "Achieving Excellence in Your Revenue Cycle…and All That Jazz"

The **2013 ANI will be October 16-18, 2013** at the Sheraton New Orleans in New Orleans, Louisiana. The room reservation deadline is September 25, 2013.

To know more, please go to http://www.aaham.org/AnnualNationalInstitute/tabid/74/Default.aspx

If you have any additional questions about the ANI, please feel free to contact the National Office at 703-281-4043 ext 209 or by email at danielle@aaham.org.

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Professional and Technical Study Manuals

The AAHAM Professional and Technical Exam Study Manuals are the only study manuals written by AAHAM for AAHAM exams, specifically to assist you in studying for AAHAM's professional and technical certification programs. Each manual has a wealth of helpful information for those studying for the professional and technical exams and for those who do coaching. Each manual contains sections that match each section of the exams with material targeted and geared toward exam questions. Both manuals feature knowledge checks (practice questions) along the way to help you gauge your progress.

Visit http://www.aaham.org to order your study manual.

November 2013 - Chennai Chapter's National Members Summit

- **Exciting Learning Sessions**
- **Networking**
- **Earn CEUs to retain your certification**
- **Free for National AAHAM Members**

Watch out The Chennai Chapter's website for more information!

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Want to train your staff on technical and professional certification?

The Chennai Chapter of AAHAM provides coaching sessions for both technical and professional exam participants.

The session covers all the sections of the study guide along with a mini-mock assessment.

The face to face program is an activity-based session which would involve all the participants.

It doesn't matter whether you are located in Chennai or not, you can still participate in the sessions through video / audio conference.

An online forum is available for the participants to clarify their questions as and when they study.

Are you interested in enrolling yourself for the coaching session? Write to Dominic (**dominic@aahamchennai.org**) or Ramya (**ramya@aahamchennai.org**) or comment in our facebook wall **http://facebook.com/aahamchennai** or follow us in **http://twitter.com/aahamchennai** and leave us a tweet.

Exam calendar for Q4 of 2013

Fall 2013 Professional CPAM/CCAM Exam Period
October 28 to November 2, 2013

Nov 2013 Technical Exam Period
November 11 - 22, 2013

Application Deadline for February 2014 Technical Exams

December 1, 2013

Industry Updates

Accountable Care (ACO) and impact on US Health care

According to the Centers for Medicare and Medicaid Services (CMS), an ACO is "an organization of health care providers that agrees to be accountable for the quality, cost, and overall care of Medicare beneficiaries who are enrolled in the traditional fee-for-service program who are assigned to it. The ACO is accountable to the patients and the third-party payer for the quality, appropriateness and efficiency of the health care provided.

A group of coordinated health care providers forms an ACO, which then provides care to a group of patients. The ACO may use a range of payment models (capitation, fee-for-service with asymmetric or symmetric shared savings, etc.).

ACOs and THE DRIVERS BEHIND THE MODEL

Critics of the conventional method of paying healthcare providers —fee for each service — say that this payment approach causes wasteful spending and does not encourage care coordination. They argue that it rewards providers simply for doing more procedures, rather than for
maximizing efficiency and quality of care.

As patients move across health settings and among providers, including ambulatory practices, communication breakdowns and incomplete transitions of care can occur. Different organizational forms, payment methods and quality assessment systems work to reinforce a system known for being disjointed and poorly coordinated.

Background
In an effort to overhaul healthcare delivery to enhance value to patients, employers, and taxpayers, various combinations of public and private payers and organized groups or networks of providers have been operating for decades. In 2000, Congress passed a law directing the Centers for Medicare & Medicaid Services (CMS) to test a model whereby participating physician groups (PGPs) were eligible to keep a portion of the savings they generated for Medicare, relative to a projected spending target, and could increase their share of savings depending on how well they improved performance on a set of quality measures.

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Industry Updates

Three core principles of ACOs:

1. They are provider-led organizations with a strong base of primary care that are collectively accountable for quality and total per-capita costs across the full continuum of care for a population of patients.
2. Their payments are linked to patient satisfaction and quality improvements that also reduce or control overall costs.
3. Reliable and progressively more sophisticated performance measurement supports improvement and provides confidence that savings are achieved.

Expected Benefits to Medical Practices

Although the benefits to the healthcare system are clear, many ambulatory care leaders wonder if ACO participation would be advantageous for their organization. Practices can consider these potential benefits from such participation:

1. **Improved outcomes and healthier patients:** The quality focus of many ACOs can foster coordinated, data-driven care and continuous improvement. An emphasis on shared decision-making could encourage patients to be more engaged in issues that affect their health, to more often communicate important information to their physician, and to better adhere to care plans. Together, these shifts can lead to a more efficient and effective delivery system that may improve outcomes and enhance the reputation of the practice.
2. **Patient retention, loyalty and growth:** ACOs that measure patient experience provide a common scorecard that practice leaders can share with providers, patients, and payers. Medical practices and ambulatory care centers can win patient loyalty and become a provider of choice. As people engage in provider-shopping, provider scorecard initiatives are proliferating to assist purchasers in their buying decisions. Recently, 28 large U.S. employers adopted the "Care Focused Purchasing" approach that takes into account not only claims data but outcomes, patient satisfaction, and efficiency in an effort to let employers and employees make more informed healthcare choices. Providing a quality patient experience is a powerful growth strategy.
3. **Revenue gains:** Under some programs, ACO members can offset payment reduction trends and enhance revenue through "gain sharing" (sharing of savings resulting from collaborative efforts to provide care cost-effectively) with ACO-involved payers if the overall costs of care for the beneficiaries attributed to it are lower than predicted and quality and other performance thresholds are met. In the longer term, ACO models that involve greater financial risks for the providers, such as through capitation, also provide greater opportunities to capture the savings associated with more effective care, again offsetting negative payment trends.

Compiled by T. Satish Kumar CPAM,CCAM.

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CMS Issues Proposed Rule For Basic Health Program Under ACA

The Centers for Medicare & Medicaid Services Sept. 20 issued a proposed rule establishing the standards for the Basic Health Program called for under the Affordable Care Act. Section 1331 of the ACA authorized the program to give states the option to establish a health benefits coverage program for people with incomes between 133 percent and 200 percent of the federal poverty level who do not qualify for Medicaid or the Children's Health Insurance Program, the CMS said in a fact sheet. Open enrollment would begin in October 2014.

Those individuals would be eligible to buy coverage through the online health insurance marketplaces. A state that operates a Basic Health Plan will receive federal funding equal to 95 percent of the premium tax credits and cost-sharing reductions that would otherwise be provided to eligible people who enrolled in qualified health plans (QHPs) through the marketplaces, the CMS said. The proposed rule (CMS-2380-P) sets out a framework for Basic Health Program eligibility and enrollment standards, benefits, delivery of health care services, transfer of funds to participating states and federal oversight. Comments are due to the CMS by Nov. 25, and the rule was published in the Federal Register Sept. 25 (78 Fed. Reg. 59,121).

“The Basic Health Program would complement and coordinate with enrollment in a QHP through the Exchange, as well as with enrollment in Medicaid and the Children's Health Insurance Program (CHIP),” the proposed rule said. The rule also would amend other rules to clarify their applicability to the Basic Health Program. People who are lawfully present noncitizens with incomes that do not exceed 133 percent of the poverty level, but who are unable to qualify for Medicaid because they are not citizens, are also eligible to enroll, the fact sheet said. Benefits will include at least the 10 essential health benefits specified in the ACA, the CMS said. Monthly premiums and cost-sharing charged to eligible individuals will not exceed what they would have paid if they received coverage under a QHP in the marketplaces.