

AAMAS Practice Analysis 2006

Conducted by the Center on Education
and Training for Employment
Ohio State University



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The Survey Instrument

Frequency + Importance = Criticality

FREQUENCY

- 4 - Annually
- 3 - Monthly
- 2 - Weekly
- 1 - Daily
- 0 - Never

TASK STATEMENTS

Professional Standards And Audit Behavior

IMPORTANCE

- 4 - Extreme
- 3 - High
- 2 - Modest
- 1 - Slight
- 0 - None

FREQUENCY

4 3 2 1 0

1.) Participate in goal setting, strategic planning, and mission/vision development activities

IMPORTANCE

4 3 2 1 0

4 3 2 1 0

2.) Integrate code/standards of conduct policies in performance of medical audits

4 3 2 1 0

4 3 2 1 0

3.) Establish/monitor appropriate patient access and confidential policies

4 3 2 1 0

4 3 2 1 0

4.) Establish/participate in enforcing expectations and systems of accountability

4 3 2 1 0

4 3 2 1 0

5.) Apply principles of objectivity in performance of medical audit activity

4 3 2 1 0

4 3 2 1 0

6.) Develop/monitor effectiveness of internal control policies

4 3 2 1 0

4 3 2 1 0

7.) Apply principles of independence in performance of medical audit activity

4 3 2 1 0

2006 AAMAS Practice Analysis

Highlights.....

- Conducted online in June-July 2006
 - 2004 was conducted at the Spring AAMAS conference
- 150 participated → 29% completed the 2004 survey
 - 2004: 180 participated
- 33% were AAMAS members → 52% CMAS
 - 2004: 88% AAMAS members, 71% CMAS
- 32% from the South, 26% Midwest
 - 2004: 40% Southerners, 24% Midwest

2006 AAMAS Practice Analysis

How “young” are we?

- 93% from 41- >60 years old age range
 - 45%: 51-60 years old
 - 25%: 41-50 years old
 - 23%: > 60 years old
- Similar age mix distribution in 2004

2006 AAMAS Practice Analysis

Medical Audit Experience

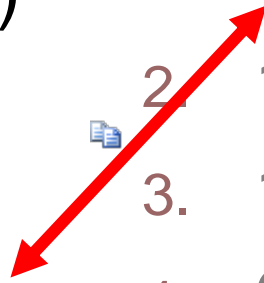
2006



1. 16-20 years (24%)
2. 1-5 years (21%)
3. 6-10 years (17%)
4. 11-15 years (15%)
- 21-25 years (15%)

2004

1. 11-15 years
2. 16-20 years
3. 1-5 years
4. 6-10 years
5. 21-25 years



2006 AAMAS Practice Analysis

Areas of Medical Audit Activity

2006

- Inpatient
- Outpatient
- Ambulatory Centers
- Physician
- SNF/LTC/Rehab

2004

- Inpatient
- Outpatient
- Ambulatory Centers
- SNF/LTC/Rehab
- Physician



2006 AAMAS Practice Analysis

What's new this time

2006 Interesting findings

- ❖ Audit Work Flow: very slight variation in top 10 ranking from 2004 survey
- ❖ Coding functions of medical auditors are rising
→ knowledge of CCI rules jumped to #16 from # 22 in 2004
- ❖ Application of medical necessity rules in audit activity ranked #4 from #6
- ❖ UR/UM functions appears to be an integral function in 2006 (up by 2 points from 2004)

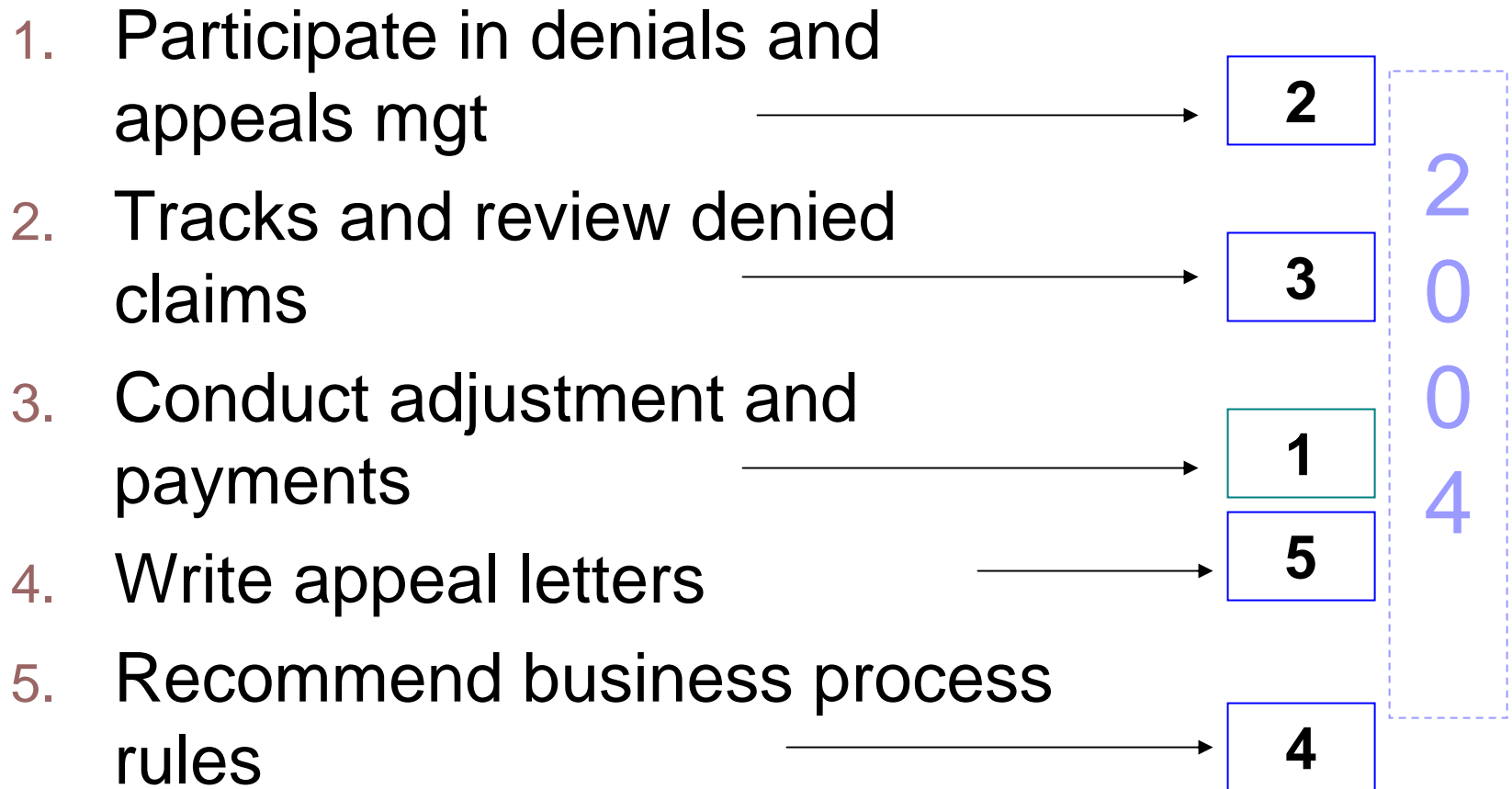
2006 AAMAS Practice Analysis

Other “Aha’s”

- **Contracts and Negotiations**
 - 2006: Negotiate with Payors ranked # 2
 - 2004: Was # 3 in 2004
- **Compliance and special investigations**
 - 2006: # 2 → investigate compliance reports and issues
 - 2004: Was # 3

2006 AAMAS Practice Analysis


More “Aha’s” → Denials and Appeal Management



2006 AAMAS Practice Analysis

Medical Audit Skills/Knowledge

2006

1. Problem Solving
2. Clinical Judgment
3. Accounting/Finance 
4. Nursing Process
5. Health Information Mgt.
Principles

2004

- # 2
- # 1
- # 4
- # 3
- # 6

*** Negotiations
was # 5

2006 AAMAS Practice Analysis

The environment we live in

2006

1. HIPAA

2. State mandated laws

3. National Audit Guidelines

4. Medicare/Medicaid Policies

5. OIG Compliance Guidelines

2004

● # 1

● # 2

● # 4

● # 3

● # 8

