#### AMERICAN ACADEMY OF AUDIOLOGY

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# Audiology An Editorial Journey

by Dr. James Jerger

#### **Announcement**

**Students Are Our Future!** 

By Alison Grimes, AuD President

At the January Board of Directors meeting, the board unanimously affirmed its commitment to the student members of our Academy by pledging to create a new student academy within the American Academy of Audiology. This is an exciting development, a long time in coming, and recognizes that from our current students come the future leadership. The Academy is committed to formally organizing and supporting its students through this new student association—yet to be officially named.

Remember when you were a graduate student in audiology? Were you active in your professional organization? Were you even aware of your professional organization? I'm not sure I was! It is important that all student members, AuD and PhD, find a home-within-a-home and, in so doing, begin the process of active involvement, volunteerism, and leadership by becoming part of this new student organization.

The Academy recognizes that the future leadership comes from students. Not that this is a simple or easy undertaking—from student to Academy member, from making choices to volunteer and work for the profession to being recognized and nominated for a leadership role—the path to leadership takes time, energy, and a conscious choice to prepare oneself for a position of leadership. This is the path we current leaders choose—and some of today's students will make these same choices.

Without a steady infusion of students, graduating with the latest knowledge and skills, our profession will stagnate, and there will not be a sufficient supply of audiologists to meet the growing needs for our services—from infants identified through newborn hearing screening to "baby boomer" adults. Our profession cannot continue to grow and gain strength and recognition without nurturing our next generation of audiologists. We recognize the value, the investment, and the future of our profession as exemplified in audiology students. The American Academy of Audiology, a growing organization, will continue to grow even more strongly through its recognition of the next generation of audiologists—student members.

When the Academy was founded in 1988, we created a membership category for students, as there were no chapters set up at universities with MA or PhD programs. Students had limited options: NSSLHA, NAFDA, or unaffiliated.

#### March 2008

AT Extra is a monthly
e-newsletter that features the
latest information on the field of
audiology, including topics
such as the future of the
profession, coding and
reimbursement, licensure,
accreditation, education,
private practice, risk
management, and
e-healthcare, in addition to
Academy news and
announcements. Academy
members receive AT Extra as
a benefit of membership.

10 Reasons why Audiologists Should Sell ALDs



AudiologyNOW! Booth #1763



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NSSLHA is, at least in my experience, a group for future speech-language pathologists. While NAFDA has served an important role as a student organization, it is not affiliated with the American Academy of Audiology.

Over the years, the benefits, roles, and responsibilities of our student members have grown. This year, at AudiologyNOW!, student tracks are integrated into the session offerings. Students are given opportunities to volunteer in exchange for registration. And increasingly, student members are invited to sit on committees and task forces. These initiatives are testimony to the Academy's commitment to student members. Now, we solidify that commitment through the initiation of this new organization.

The Board of Directors has recognized the need for a steering committee, which will be comprised of board members, members-at-large, student members, and staff, and will be charged to determine the name, structure, regulations, and by-laws that will establish this new association for all audiology students.

This is an exciting chapter in our growth. Welcome, student members, to the new Academy Student Association (or whatever the steering committee determines the official name to be)—we're glad you're HEAR to STAY!

#### **Headlines**

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#### **Featured Stories**

#### Medicare Claims Require National Provider Identifier (NPI)

Effective March 1, 2008, all Medicare claims now require your National Provider Identifier (NPI). Any claims that do not include your NPI will be rejected. If you do not have an NPI, you can apply online in less than 20 minutes at the <a href="National Plan and Provider Enumeration System">NPI will be e-mailed</a>

to you in approximately 2-15 days.

If you have a Medicare Provider Identifier Number (PIN), do not include this on Medicare claims any longer, so as to avoid any potential delays in payment by way of a denial. If you utilize a clearinghouse to process your claims, be sure that their software can accept your NPI. You will want to closely monitor claims shortly after the March 1 date to ensure they are being submitted appropriately and that your payments will not be delayed.

Any provider new to the Medicare system will still need to file an 8551 in order to become credentialed as a Medicare provider. You can find this enrollment form on the <u>Centers for Medicare and Medicaid Services (CMS) Web site</u>. You are required to have your NPI to initiate this process. If you are an employee, you will also need to file an 855 R in order to assign the benefits to your employer. This form is available at the CMS Web site.

# Important! All third-party payers will require the NPI on their claims effective May 23, 2008.

Please contact Deb Abel, AuD, Director of Reimbursement, at <a href="mailto:dabel@audiology.org">dabel@audiology.org</a> with any questions.

Medicare Part B NHIC (02/29/08)

#### Chair Helps Identify Balance Disorders

Some audiologists are using a computerized rotary chair that spins and records eye movements sent to the brain from the inner ear to help diagnose balance disorders. Patients are strapped to the chair and wear a headpiece with infrared video technology that tracks eye movement, determining any imbalance in signals from the inner ear that would indicate nystagmus. The test is used at Via Christi Rehabilitation Center-Our Lady of Lourdes Campus in Wichita, Kan.; audiologists Mary Horsch and Dena Hall say it does make some patients queasy but can be stopped at any time. Wichita Eagle (KS) (02/28/08) Shideler, Karen

# Research From K. Vermeire and Colleagues Provides Insights Into Cochlear Implants

People with a steeply sloping mid-to-high frequency hearing loss who do not benefit from hearing aids and usually have too much residual hearing to be considered for cochlear implants are increasingly being helped with electronic acoustic stimulation, a recent study finds. A combination of cochlear implant and hearing aid with only a small overlap between the frequency ranges seems beneficial, the study concludes. The hearing aid should be fit as low as possible up to the point where low-frequency hearing is not measurable, while the cochlear implant should be fit from a higher-than-standard frequency to reduce overlap.

NewsRx.com (02/27/08)

#### Charting Your Patients' Insurance: It's All in a Simple Grid

Rick Langosch, consultant and CFO of the Atlanta-based healthcare consulting firm Coker Group, says fewer than 20 percent of physician practices take a proactive approach to insurers' pre-authorization requirements. According to Langosch, most practices bill the insurer and handle problems when the claims are denied. However, Evergreen Park, III.-based Vista Family Medicine discovered that posting an 8.5-inch by 11-inch piece of paper detailing pre-authorization requirements for such things as referrals and laboratory testing for each of the health plans it deals with saves up to 10 minutes per patient for referrals alone. The "Insurance Grid" is a Microsoft Excel file that is updated monthly by Sue Sarhage, Vista Family Medicine's practice manager. Given that health plans change their requirements so often, Sarhage says the 3,000-patient practice might have to hire more staff. She notes, "What I'm finding is everyone is trying to cope with these changes, but unless you have a mother hen at each practice saying, 'We're going to a have a plan,' I see a lot of administrators really floundering trying to get on top of these rulings and specifications."

American Medical News (02/25/08) Berry, Emily

#### **Rehabilitation Research**

A new study reveals that patients discontinue use of their hearing aids due to a variety of factors that lead to low confidence in the devices and in the patients' ability to use them properly. The study used the Measure of Audiologic Rehabilitation Self-Efficacy for Hearing Aids (MARS-HA), a new self-efficacy questionnaire for hearing aid use that measures basic handling, advanced handling, adjustment to hearing aids, and aided listening skills. The study discovered that MARS-HA will be helpful in identifying areas where patients need additional audiologic training. NewsRx.com (02/25/08) P. 1845

#### **Health Records May Lack Certain Privacy Protection**

Insurance and tech companies are moving toward supplying digital health records for patients, but some consumer advocates warn that federal security and privacy protections may not apply to medical data uploaded to the Internet. The regulations of the federal Health Insurance Portability and Accountability Act prevent the disclosure of health information for marketing purposes and mandate that consumers be notified if their records are subpoenaed. However, the rules apply only to healthcare providers, health insurers, healthcare billing services, and business associates, but not to the medical record itself. Therefore, tech companies that are involved in online health record services are not covered under the law and not bound by its provisions. These companies may have their own privacy policies in place, but these policies are not mandated and can change at any time.

Wall Street Journal (02/21/08) P. D3; Knight, Victoria E.

#### **How to Prevent Employee Fraud**

Experts recommend tight control of accounts payable operations in physician practices to prevent employee fraud. Practices should put more than one staff member in charge of accounts payable and ensure each employee has specific duties, and they would be wise to have their internal controls reviewed by a professional auditor. To safeguard against fraud, practices should look for unusual entries when bills are paid, such as diversions to an employee loan account, exchange account, or inter-company account. Office managers also should look closely at vendor invoices and purchase orders to make sure all products and services have been received; steer clear of vendors requesting rush payments; pay close attention to the bills being paid by accounts payable staff to ensure personal bills are not included; and review canceled checks to make sure they have been deposited and not cashed. Additionally, practice managers should examine bank and credit card statements before bookkeeping handles them, and they should have one staff member in charge of making deposits and another responsible for opening mail and counting payments. Employees should be encouraged to take a vacation, and while they are away, another staff member should look over their work. Finally, background checks should be performed on new employees, computer files should be passwordprotected and accessible only by authorized employees, and suspicious behavior by employees should be taken seriously.

Medical Economics (02/15/08) Master, Mark A.; Eveloff, Sheldon H.

#### **Consent Forms That Patients Can Understand**

Studies show most patients do not read consent forms before undergoing medical treatment, and over 50 percent of those who do read the forms have difficulty understanding them. Hospitals are overhauling their informed consent procedures to make sure that patients fully understand the procedures patients are about to undergo. The U.S. Centers for Medicare and Medicaid Services has issued upgraded guidelines requiring hospitals to offer treatment alternatives and explain the consequences of declining suggested treatments. In addition to using simpler language, hospitals offer reading material in other languages and use visual aids to better explain medical treatments. Some hospitals also issue explanatory videos along with consent forms, while others create Internet databases of information for patients. The U.S. Department of Veteran's Affairs (VA), which operates 153 hospitals across the country, implemented a new electronic consent program that provides medical explanations written at an elementary school reading level. In addition to making it easier to read, the consent forms are stored electronically, cutting down on the number of misplaced paper forms. The VA also will run a study to see if a

"teach back" program--requiring patients to explain what they read in their own words--will help improve patient understanding. A study conducted by the University of California at San Francisco found that giving patients consent information written at a sixth-grade reading level, then making them explain things in their own words, greatly improved comprehension.

Wall Street Journal (02/06/08) P. D1: Landro, Laura

#### Top 10 Governance Trends for 2008: Part Two

Several trends will have an impact on the executive boards of healthcare organizations in 2008. The U.S. Centers for Medicare and Medicaid Services plans to limit their reimbursement by more aggressively auditing patient stays and refusing to pay for negative patient outcomes. This will place additional emphasis on compliance issues and force trustees, board members and executives to pay close attention to patient safety, patient satisfaction, case mix acuity trends and payor mixes, among other elements. With the rise in retail-based healthcare providers, imaging centers, hospitals and other traditional healthcare outlets are adding retail services onto their own operations to increase revenue and compete with niche players. Another top concern for hospitals and healthcare providers will be the rising cost of healthcare, with more patients paying higher deductibles for care. This trend will force hospitals to pay greater attention to their collections, which also encompasses greater price transparency as some hospitals offer price quotes to patients to drive further competition. Physician-hospital relations will play a larger role in healthcare and its efforts to improve quality. Hospitals and their boards are attempting to create "physician divisions" focused on recruiting primary care and specialist physicians, but boards must ensure compensation agreements are fair and physicians' needs for greater flexibility, security and lifestyle balance are met. Balancing bottom-line needs with the healthcare mission will become trickier for boards, which is why greater coordination is necessary among employees and executives. Part One of this article is available in the January issue of Trustee magazine.

Trustee (02/08) Valentine, Steven; Masters, Guy

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#### **Consumer News**

#### **People With Hearing Loss Just Might Use These Aids**

Open-fit hearing aids are a viable option for people with gradual hearing loss. Audiologists say the hearing aid is popular with people who find themselves unable to hear in noisy settings. "It is the businessman's or surgeon's hearing aid," states audiologist Lisa Walker. Sales of the apparatus have soared in the wake of retrofits that have resulted in reduced feedback common in hearing aids. Moreover, the ear canal does not have to be covered to prevent sound from escaping, and the device is less obvious because it is slimmer and compact.

Orlando Sentinel (FL) (02/17/08) P. 6

#### Turn Down Volume to Reduce Loss of Hearing

Almost half of high school students already have some symptoms of hearing loss, most likely caused by use of iPods and other MP3 players, experts say. The earbuds used with MP3 players are more damaging to the ears than headphones, because they block out less external noise and force the user to turn the volume up to compensate. Their placement inside the ear also sends higher noise levels to the delicate inner ear--using an iPod for 4.5 hours at 70 percent volume will cause hearing damage, while a volume of 95 percent begins to damage hearing within five minutes. Most parents are unaware of the problem and therefore do not limit their children's use of the music players, but experts recommend a limit of one hour of use at a time at less than 70 percent volume.

Orlando Sentinel (FL) (02/10/08) P. J10; Bosshardt, Richard T.

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#### **Academy News**

## Musician Ben Jackson Wins 2008 Media Award for Academy's "Turn It to the Left" Rap

Ben Jackson received the National Hearing Conservation Association (NHCA) 2008 Media Award for his participation in the Academy's "Turn It to the Left"sm noise-induced hearing loss rap. In addition, the Academy was given an Honorable Mention, along with Dr. Sharon Kujawa and Richard Knox of National Public Radio, for their "support and advocacy" in "extending the reach of the music and its message across the country."

The NCHA's Media Award was established in 1993 and recognizes producers of news features and/or writers who heighten public awareness of the hazards of noise. The 2008 Media Award is the second award won recently by the Academy for its noise-induced hearing loss campaign. In December, the Academy won the 2008 Associations Advance America Award of Excellence from the American Society of Association Executives & The Center for Association Leadership for "Turn It to the Left."

### Academy Announces New Content Editor for *Audiology Today* and New Senior Director of Education

Effective March 3, **David Fabry**, **PhD**, has accepted the contracted, part-time position of content editor for *Audiology Today*. In this position, he will provide leadership in the development of original, audiology-specific, professional and scholarly content for the Academy magazine. Dr. Fabry will work with Academy staff to develop timely, quality and value-added information, news, and resources for members and consumers.

Dr. Fabry is currently chief of audiology in the Department of Otolaryngology, Miller School of Medicine, at the University of Miami. He has been an editor for Ear and Hearing, American Journal of Audiology, Trends in Amplification, and Audiology Online, and an editorial consultant for Audiology, American Journal of Audiology, Journal of American Academy of Audiology, Journal of the Acoustical Society of America, and Journal of Speech and Hearing Research.

Dr. Fabry served on the Academy's Board of Directors from 1997-2003, and was president from 2001-2002. He also has been chair of the Academy's Publications Committee and Education Committee.

Dr. Fabry's inaugural issue will be July/August 2008.

Effective March 27, **Victoria Keetay, PhD**, will be the Academy's new senior director of education. In this new position, Dr. Keetay will focus on academia, research, and standards. She received her doctorate in audiology from Purdue University and her master's degree in audiology from Ball State University. During her doctoral study, she was the recipient of a U.S. Department of Education fellowship in interdisciplinary management of children with hearing impairment. She has significant experience in higher education and has worked with a wide variety of administrative and educational offices throughout her career.

Dr. Keetay's experience has included serving as the director of Ball State University's Doctor of Audiology program and as a tenured associate professor and audiology coordinator in the Department of Communication Disorders and Special Education at Indiana State University, during which time she served two terms as acting chairperson and was involved in numerous committees within the School of Education. She has also participated in the Indiana Academy of Audiology, served on the executive board of the Indiana Speech-Language-Hearing Association, and served two terms on the Indiana Speech-Language Pathology and Audiology licensing board.

The Academy is honored to have Dr. Fabry and Dr. Keetay join our team in

support of the world's largest professional organization of, by, and for audiologists.

#### Capturing Reimbursement: A Guide for Audiologists!

CPT, ICD, or HCPCS What is this, alphabet soup? What Medicare category should I consider for my practice? What should be included in a patient's chart?

If you need a roadmap to navigate the reimbursement maze, we have the resource for you, *Capturing Reimbursement: A Guide for Audiologists!* This CD and manual covers the following topics and more...

- Medicare 101: What category of provider should I be? When do I use an Advanced Beneficiary Notice (ABN) or a Notice of Exclusions of Medicare Benefits (NEMB)?
- Federal regulations that govern us all: Anti-Kickback, Safe Harbors, and Stark Laws in nonlegalese language!
- HIPAA: An overview—perfect for a new private practice!

Order online at the Academy Store. Student discount available!

#### Earn CEUs at eAudiology! Upcoming Web Seminars

- Electro-Acoustic Stimulation (EAS)—Wednesday, March 12, presented by William H. Shapiro, AuD
- Vestibular Evoked Myogenic Potentials—Wednesday, April 23, presented by Faith Akin, PhD, and Owen Murnane, PhD

To register and to find a complete list of live and on-demand Web seminars, visit <u>eAudiology.org</u>.

#### Serve As a Mentor for the Future of Audiology!

If you are a Board Certified audiologist, consider spending some time with a student at the ABA's popular Meet & Greet at AudiologyNOW! To serve as a mentor, contact <u>Jennifer Aboud</u>. This fun and rewarding event, to be held Thursday, April 3, from Noon to 2 pm at the Charlotte Convention Center (Convention Center, Ballroom Prefunction 1), will feature coffee, dessert, conversation. Hurry! Sign-up for mentorship closes March 16!

#### Founders' Luncheon: Tickets on Sale

Attend this special event at AudiologyNOW!, Thursday, April 3, 12:30 pm-2:00 pm. Enjoy a great lunch, look back at the success of the Academy, and meet the founders who gathered in 1988 to organize the only national organization by and for the profession of audiology. \$40 per person. Register Now!

#### Purchase Your Tickets to the Annual Academy PAC Luncheon

This can't-miss event will be held on Saturday, April 5, from Noon—1:00 pm at AudiologyNOW! 2008. Tickets are \$100 each. If you are unable to attend the luncheon and would still like to contribute, consider sponsoring a student to attend this event. Also, let us know if you are a student interested in attending and would like to be considered for sponsorship. Last year, we had a record number of attendees, including over 50 sponsored students, so purchase your tickets today! Contact Kate Thomas at 202-544-9336 or by e-mail at <a href="mailto:kthomas@audiology.org">kthomas@audiology.org</a> to purchase your tickets or to inquire about student sponsorship opportunities.

PAC contributions go directly to support pro-audiology lawmakers and help to raise the profile of audiologists on Capitol Hill. Recently, as a result of the Academy's work with congressional leaders, a provision in the Higher Education

Act reauthorization legislation was included that would cover audiologists in an established loan forgiveness program. This, along with the record number of cosponsors that are signed on to the Academy-supported Direct Access bill, demonstrates the increasing success of our advocacy efforts.

#### Heard About the 312 Club?

With a contribution of just \$312, you can become part of the Academy's history as we celebrate the opening of the Capitol Hill office. The names of the inaugural 312 Club contributors will be engraved on a plaque displayed in the Capitol Hill office. Show your support and make your contribution today!

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#### **Career Opportunities**

#### **Clinical Service Provider**

**Duke University** 

Durham, North Carolina CLICK HERE

Students: Brush up on your interview skills before your interviews at AudiologyNOW!

Visit the HearCareers Web site for the **Interview Checklist** and other helpful tips. <a href="https://www.hearcareers.org">www.hearcareers.org</a>

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American Academy of Audiology
National Office: 11730 Plaza America Drive, Suite 300 | Reston, VA 20190 | 800-AAA-2336
Capitol Hill Office: 312 Massachusetts Avenue, N.E. | Washington, DC 20002 | 202-544-9334

www.audiology.org newsletter@audiology.org