# The Virginia AAHAM Insider

*A Newsletter by and for the members of the Virginia Chapter of AAHAM*

**Winter 2014 Volume 33 Issue 1**

## The President's Message

Happy Holidays Virginia AAHAM!

I'm thrilled to be winding up 2014 on such a positive note. To start, we've had an eventful and successful 2014. During this year the chapter held four meetings of the members in March, April, September and December. All meetings were well attended and provided valuable educational and networking opportunities for members and attendees. Educating our members is a big part of our mission so these successful meetings make our chapter and our members stronger. At our annual meeting in December we had a great turnout at the beautiful Williamsburg Lodge. The topics presented were excellent, and we had lots of fun along the way. We also collected many gifts for needy children that the chapter donated to Toys for Tots. We are very thankful to all those who gave presents, I'm sure this meant a lot to the children again this year. We will be at the same location next year and hope to see everyone there!

During 2014, we had two changes to our board composition. Saurabh Sharma was appointed to the board as the new Corporate Partners Chairperson in June of 2014 replacing Charles Lewis in that role and is doing an excellent job. Amanda Sturgeon was appointed to the board as 2nd Vice President in September 2014 replacing Denise Martin. Both of these changes were due to employment changes by their predecessors. I remain thankful for Denise and Charles for the role they played in the leadership of Virginia AAHAM and I am excited about Saurabh and Amanda stepping in and becoming such active and productive members of the team!

The Chapter received two top awards during the 2014 year from our National AAHAM office at the ANI held in San Diego in October. Virginia AAHAM was awarded **1st Place for Chapter Excellence** in the President's Division, and **2nd Place for the Journalism Award** in the President's Division. I am very proud of all the board members for their hard work to keep Virginia AAHAM one of the best chapters in the nation. Another significant award that was given this year was a perfect 100% for our Chapter Operations Report submitted to national. This grade acknowledges the strength of the operations of the chapter and its leadership.

I wish to thank all of the Virginia AAHAM members who participate on this board, sit on chapter committees, submit articles for our newsletters, provide education at our meetings and attend our meetings. A special thank you goes out to our corporate partners that give so much throughout the year in sponsorship of our meetings and other chapter activities. These activities help us be the best we can be.

I hope to see many of you at our Spring Regional meeting which will be held in Charlottesville on March 13th. Keep your eye out for the agenda and meeting registration that will be coming out soon.

Happy Holidays to each and every one of you. I wish you a safe, happy and healthy 2015!

*David*

David Nicholas, CRCE-I
President, Virginia Chapter of AAHAM

**INSIDE THIS ISSUE:**



The Virginia Chapter of AAHAM American Association of Healthcare Administrative Management

The Virginia AAHAM Insider
2nd Place Winner for Excellence in Journalism
2014-2015 National Journal Award!

## Will Your Next Four Quarters Equal a Dollar??

*Continued on next page*

It is now the summer of 2014 and people are relaxing and preparing for a wonderful vacation either away from the house or around the house…just as long as it is *away from work!!!* For those of us on the business side of the healthcare industry, this is not only a time of vacation but a time of planning. When the summer vacation season ends, we will have four (4) quarters before major changes happen. Four (4) quarters that, if not planned correctly, may not equal a dollar in reimbursement. We would like to give you some suggested steps over those quarters to help reduce stress, maintain productivity and keep cash flow stable (if not better). First, in order to prepare for an active, positive and successful October 1, 2015, one must document a plan. This plan will include required steps, recommended steps, and potential negative effects if not done, plus achievable goals for each quarter. Some suggestions for each quarter are described below.

First Quarter: (October thru December)

For the successful outcome of the next four quarters, responsibility and accountability are the two key factors. You should already have an ICD-10 Implementation (Steering) Committee and now is the time to make it a truly action-oriented team. Your committee should consist of key staff members from information technology (IT), health information management (HIM), patient financial services (PFS), finance, clinical providers (physicians and nurses), patient access (registration), revenue integrity, ancillary departments, and others as you see fit. This committee should finalize the list of areas that may need additional help in meeting the goals and objectives of the facility/system/practice. Here are some targeted area for consideration:

- Managed care contracts (either re-written or amended)
- Access stations to address the new managed care environment with pre-authorization criteria, medical necessity criteria, admission criteria, and ACA delegates
- Admission reports and ancillary volume reports by medical specialty (physician)
- Outpatient surgery reports by medical specialty
- Clinic visits (physician visits) by medical specialty
- Discharged-not-final-billed (DNFB) report (weekly with as much specificity as possible)
- Inpatient chart backlog (over 5 days since discharge) by physician/medical specialty
- Weekly query count by physician/medical specialty
- Physician liaison position for education, clinical documentation improvement, etc.
- Outpatient chart backlog (over 3 days since discharge) by ancillary department
- Outpatient surgery chart backlog ( over 3 days since discharge)
- Transcription backlog by physician
- Initial claim edit report by type, by reason, by physician, by payer
- Review of the HIPPA 275 claim report (daily/weekly)
- Accounts receivable report greater than 90 days by payer (monthly)
- Top ten denials by payer (by type and dollar value, by physician) [weekly]
- Report of appeals by payer (in process, wins and losses) [weekly/monthly]

## Will Your Next Four Quarters Equal a Dollar??

*Continued on next page*

These sixteen (16) reports (plus any others that you want to use) are the basic groundwork for this committee to re-commit themselves toward a successful and non-eventful conversion to the new ICD-10 environment. The Chairperson of this committee should assign the responsibility to monitor these reports and be held accountable if they show signs of a negative position. The person responsible will certainly be working with other members of this committee as well as other staff members to assure the accurate presentation of the report each reporting period. For instance, along with the weekly query count and the backlog reports must involve some activity with the clinical documentation improvement (CDI) group.
During this first quarter, the discussion of these groundwork reports should generate questions, value, interaction, recommendations, etc. for the purpose of understanding and enhancement of each process wherever possible. For instance, managed care contracts…

- Check the language of each contract regarding any suggested amendment pertaining to the limitation of reimbursement during the "adjustment period" of ICD-10 such as "*budget neutrality"* or "*reimbursement same as";*
- All diagnostic-related group (DRG) reimbursement needs to be tested and re-tested to examine any DRG weight changes with the new coding system. This can directly affect reimbursement;
- Evergreen contracts need to be reviewed for updating of language, base rates, annual increases, coverage areas, etc.

With the delayed implementation, until at least October 2015, you have time to deal with the critical managed care contract companies and be assertive with them in obtaining the best reimbursement terms now. Payers also have an interest in remaining budget-neutral with this transition.

During this first quarter, the groundwork needs to be set in order for the remaining three quarters to produce positive outcomes in each of the critical areas of the revenue cycle.

Second Quarter: (January through March)

It is now after the holidays and time to revisit your goals. If the goals have not been prioritized during the first quarter, this is the time to do it. This is the key to success. At each committee meeting, the member held accountable for their revenue cycle process area needs to be making true progress reports. During the second quarter, some of the outcome goals are:

- Identifying the managed care contracts that need revision regarding reimbursement
- Identifying the managed care companies that require electronic claims acceptance testing (what about Medicaid? For example Maine had not started testing prior to the delay and has not communicated their new plan)
- Identifying the physicians who will need further assistance with clinical documentation, medical necessity requirements;
- Identifying medical specialties that will need further assistance with clinical documentation requirements and coding expertise
- Process flow improvements for outpatient services, surgery data collection, EHR utilization, concurrent review, coding protocols, etc.
- DNFB reduction
- Top ten denials by payer
- Top ten appeals (by payer?) – both winners and losers; and
- Physician champions, ancillary champions, and coding champions

## Will Your Next Four Quarters Equal a Dollar??

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Each member of the committee should have measurable goal(s) outcome and the steps to reach that goal(s) by the end of the first quarter. Second quarter begins the activities to reach the goal(s). The communication among the committee members should be interactive between meetings to avoid surprises and to build and maintain the cross-sectional revenue cycle dependence.

Deliverables during the Second Quarter:

- New/revised managed care contracts underway;
- End-to-end testing with government payers;
- End-to-end testing with top three major payers;
- Scheduling of end-to-end testing with other payers for third quarter;
- Physician specialties (and physicians) identified for additional education regarding CDI;
- Process flow improvements validated and initial areas selected to begin implementation;
- Additional resource (if needed) identified and contracted for the two (?) weeks prior to October 1, 2015 for any coding backlog;
- Current processes reviewed and validated for each payer denial; and
- Internal champions identified begin participation in all ICD-10 projects as appropriate

Third Quarter: (April through June)

This is a very important quarter as it is just before the summer and the traditional distractions that come with that season. During this quarter, the meetings of the ICD-10 committee should be on a weekly basis with direct reports from the members. The priority goals should be presented first and all accomplishments recognized, published in the communication channel and sent to senior administration and the Board. As we know from the first two quarters (at least from this article), there are priority elements that need to be concluded during this quarter. Some of items (but not limited to) from the first two quarters that need goal completion are:

- Managed care contracts;
- End-to-end testing with all payers;
- Process flow implementations throughout the organization;
- All documents, by-laws, encounter forms, policies, procedures, etc. should be ready for October 1, 2015;
- Pointed focus on the education and training of all supportive staff in the data collection processes, i.e. ancillary departments, surgical staff, CDI finalization, concurrent review finalization, etc.;
- All backlogs need final focus and clean-up – outstanding payer denials; DNFB in both inpatient and outpatient; cash posting; over 90 day clean-up; etc.;
- All champions (physician, ancillary, coding) must give a report on their standing and where they see further focus needed

The meetings in June should directly report on the status of each goal. Some should be complete while others may continue on. The purpose of the status reporting is to identify where to put more effort to reach the desired goal/outcome before the end of the fourth quarter. This is a critical time to document the status and re-prioritize the internal effort based on requirements need to complete a goal.

## Will Your Next Four Quarters Equal a Dollar??

Fourth Quarter: (July through September)

This is it!!!! Summer may be the hottest time of the year but the heat will most certainly will be on if all of the projects are not complete and all of the goals met. This is the timeline to make sure that any backlog supportive help is in place and ready to go based on a phone call. It is the period to make sure that the physicians are accepting the documentation changes and also the time to identify if some physicians may need a support staff person after September 30 to make sure that all the documentation is collected at each patient encounter to ensure quality.

This quarter is the 'hot' quarter since it is that last timeline to be pro-active in your actions and make success the cornerstone of all activity. This quarter is also the reporting time to senior management and administration of the successful activities that the entire ICD-10 committee has achieved. This last quarter should be categorized by the 'green checkmark' indicating the successful completion for each of the goals set forth a year ago.

With 4 successful quarters, OCTOBER 1, 2015 EQUALS ONE FULL DOLLAR!!!!!! IN REIMBURSEMENT.

The authors can be reached at:

Rob Borchert (315) 345 -5208 rob@bpa-consulting.com
Don Borchert (207) 807- 1922 tim.borchert@altarum.org
Tim Borchert (703) 328 -3953 donborchert@gmail.com

## Medicaid Expansion vs. Non-Expansion States

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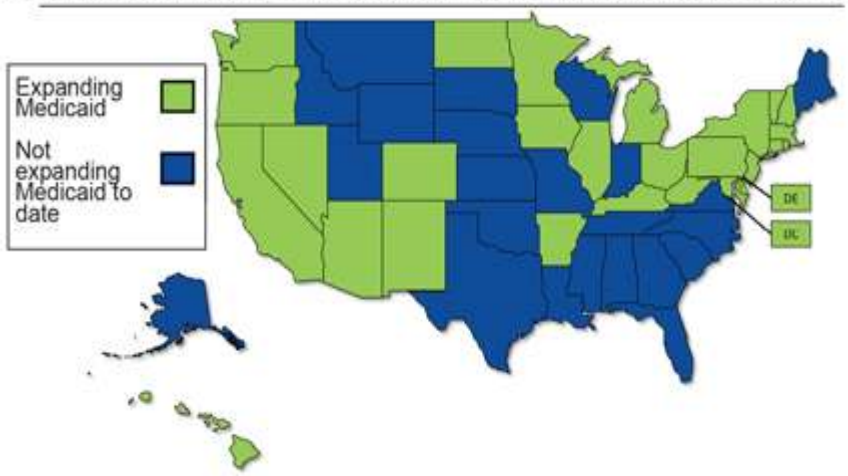
When the Supreme Court ruled that the Patient Protection and Affordable Care Act (ACA) was unconstitutionally coercive in June of 2012, it effectively created two paradigms of health care reform in the U.S.—reform in states that accepted the Medicaid expansion and reform in states that did not.

A look at recent data helps illuminate which paradigm appears to be working better for hospitals.

On Jan. 1, 2014, the ACA expanded Medicaid eligibility limits so that adults earning up to 138% of the federal poverty level (FPL) would be eligible for coverage. The limit was 100% prior to the change. The ACA calls for federal funding to cover 100% of the Medicaid expansion through 2016 and slowly decrease to 90% by 2020. Originally, the ACA required all states to cover eligible citizens or lose federal funding for Medicaid. However, as a result of the Supreme Court's ruling, states are free to opt in or opt out of the Medicaid expansion.

Figure 1 depicts that 27 states and the District of Columbia have expanded Medicaid to low-income adults as of Nov. 1, 2014. Preliminary 2014 year-to-date data shows that Medicaid expansion has unquestionably provided greater access to care for the uninsured and underinsured population located in states that opted into the program. However, is it good for hospital bottom lines?

**Figure 1: Medicaid Expansion states as of Nov. 1, 2014, as reported by Medicaid.gov.**




To better understand the impact of Medicaid expansion on hospital financial performance, we will take a closer look at the expanded population demographics and their health care needs. Additionally, we will explore trends in hospital volumes, payor mix, case mix and uncompensated care costs so that hospitals can be prepared to navigate the changing landscape initiated by the ACA.

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## Medicaid Expansion vs. Non-Expansion States

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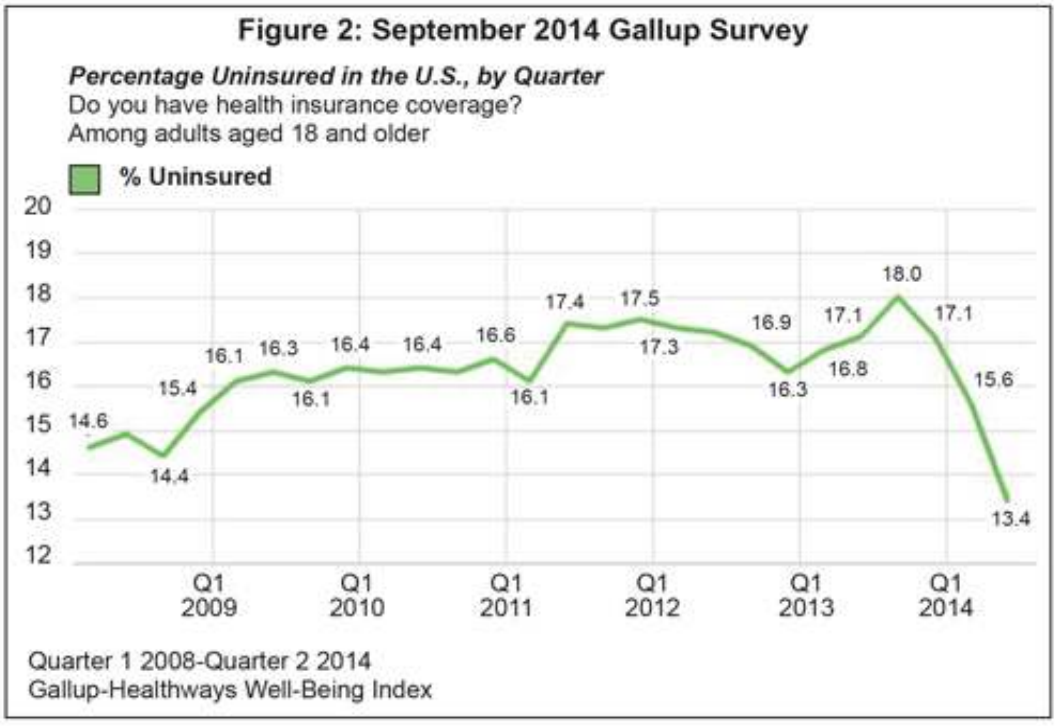
According to the American Hospital Association (AHA), hospitals of all types have provided more than $654 billion in uncompensated care (bad debt and charity care) to their patients over the 33-year period spanning from 1980 to 2013. About 63% of this total, or $413 billion, has been incurred since 2000, which is a concern for hospitals as it shows these costs are growing at an increasing rate. Uncompensated costs are often generated by the uninsured or underinsured population, which has increased from 38 million individuals in 2000 to 42 million individuals by the end of 2013.

http://www.aha.org/research/policy/finfactsheets.shtml.

http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf.

While these are daunting statistics for hospitals, a Gallup poll of more than 45,000 individuals shows that there has been a noticeable reversal in the upward trend in the uninsured and underinsured population since the initiation of Medicaid expansion. As shown in Figure 2, prior to the start of Medicaid expansion, the uninsured population in the U.S. was estimated to be 17.1%. However, in a matter of six months, the uninsured population has decreased by 3.7 percentage points to 13.4%. This decrease is consistent across each major age group as of July 1, 2014. Based on the historical connection between the uninsured population and uncompensated care costs, we would expect this paradigm shift to provide relief to hospitals in the form of lower bad debt and charity care.



# Medicaid Expansion vs. Non-Expansion States

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**Expansion vs. Non-Expansion States**

Full year data for 2014 is not yet available; however, a study by the Colorado Hospital Association (CHA) suggests that the decrease in the uninsured population directly correlates to Medicaid expansion. In the study, the CHA collected financial and volume data for hospitals across the country from 30 states, 15 of which expanded Medicaid and 15 that did not. Based on the findings, it is clear that hospitals in Medicaid expansion states are benefitting from the decrease in the uninsured population as evident by a more favorable payor mix and a decrease in uncompensated care costs.

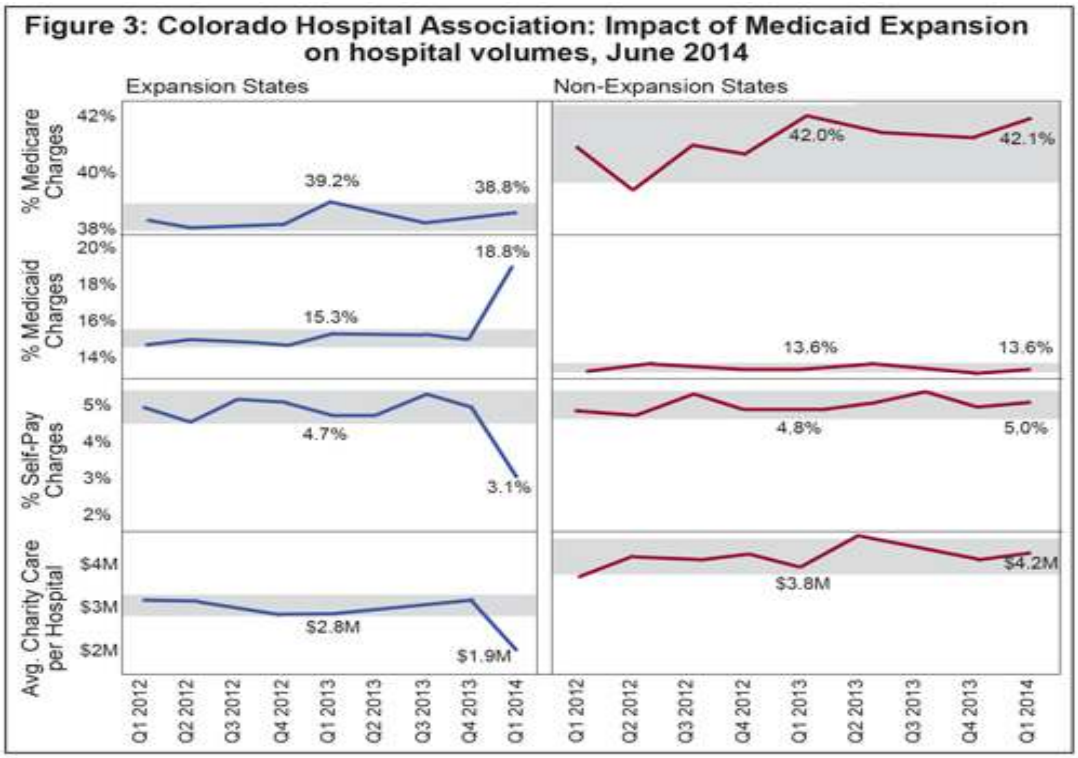
As Figure 3 shows, the percent Medicaid charges in expansion states has increased dramatically relative to the percent self-pay charges, which experienced a 34% decrease year-over-year. Specifically, in expansion states, the Medicaid proportion increased by 3.5 percentage points, or 23%, to 18.8% by the end of the first quarter in 2014. However, in non-expansion states, the Medicaid proportion remained unchanged year-over-year. At the same time, hospitals in Medicaid expansion states experienced a significant decrease in charity care of 32% from $2.8 million to $1.9 million. In contrast, non-expansion states experienced a 10.5% increase in charity care from $3.8 million to $4.2 million. Also, the changes occurred in the first quarter of 2014, when Medicaid expansion began, which further supports that the changes are attributed to the expansion. This suggests that the

http://www.gallup.com/poll/172403/uninsured-rate-sinks-second-quarter.aspx.

http://www.cha.com/Documents/Press-Releases/CHA-Medicaid-Expansion-Study-June-2014.aspx.

expansion program is strengthening the financial performance of hospitals by reducing the proportion of self-pay patients, which historically have been a large contributor to uncompensated care costs. As such, hospitals in expansion states should experience higher insured volumes and lower uncompensated care costs.

**Figure 3: Colorado Hospital Association: Impact of Medicaid Expansion on hospital volumes, June 2014**



## Medicaid Expansion vs. Non-Expansion States

### Credit Ratings

All of the major credit rating agencies have begun to take notice of the diverging paths of hospitals located in expansion states versus non-expansion states. According to Fitch Ratings, nonprofit hospitals and health care systems in states that have expanded their Medicaid coverage under the ACA have realized improved payor mix and reductions in bad debt through the first half of 2014. As of July 2014, Fitch had downgraded ten entities split evenly between expansion and non-expansion states. However, Fitch states the decline in operating related to funding and reimbursement pressures could have been lessened by Medicaid expansion. On the flip side, since Jan. 1, 2014, Fitch upgraded nine hospitals, eight of which were located in expansion states. It expects this trend to continue into 2015. In one example, Standard & Poor's and Fitch upgraded MetroHealth System's (Cuyahoga County, Ohio) financial outlook from negative to stable citing sharp decreases in the number of uninsured patients due to Medicaid expansion efforts, which resulted in a decrease in uncompensated care costs from $268 million to $132 million year over year. In another example, Moody's Investor Services raised St. Joseph's Health Care System (Passaic County, N.J.) rating to investment grade for the first time, citing several factors but primarily pointing towards a reduction in uninsured patients and uncompensated care costs.

### Unintended Consequences?

http://www.cleveland.com/healthfit/index.ssf/2014/09/sp_credit_rating_agency_upgrad.html

There is a difference between those who are eligible and those who actually sign up for coverage. Eligible individuals who actually enroll may be older with more complex health care needs than the existing Medicaid population due to undiagnosed conditions. Nationwide data is not yet available; however, some reports indicate that the ACA may have attracted sicker people into Medicaid. For example, the CHA tracks two metrics for patients, concurrent diagnoses and case mix index, which quantifies the complexity of a patient's health care needs. Their findings show that through the first half of 2014, the average number of conditions and complexity of cases increased significantly faster for inpatients with Medicaid than those with Medicare.

A separate report by the CHA suggests that hospitals in expansion states should be prepared for an increase in emergency department (ED) visits. The report said the average number of ED visits to hospitals in expansion states increased 5.6% from second quarter 2013 to second quarter 2014. In comparison, non-expansion states only reported an increase of 1.8% during the same period. These new trends suggest hospitals should be prepared for higher ED visits as well as a Medicaid population with a higher acuity case mix.

As we near the end of the first full year of Medicaid expansion, it's clear that the program is changing the landscape of the uninsured population in the U.S. and the financial outlook for hospitals. Specifically, expansion state hospitals are experiencing increasing insured volumes and rapidly decreasing uncompensated care costs, which has driven many credit rating upgrades. The positive outlooks by all of the major credit rating agencies mean that hospitals in expansion states may have stronger financial positions and more borrowing power heading into 2015.

*Jason Beakas is an associate with Lancaster Pollard in Columbus. He may be contacted at jbeakas@lancasterpollard.com.*

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## Healthcare providers switching payments to EFT, thanks to new standard

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By Priscilla Holland, AAP

A new healthcare electronic funds transfer (EFT) standard went into effect at the beginning of 2014, and many healthcare professionals are reaping the benefits of the time and money savings it can provide.

For example, —Performance Pediatrics, a small provider practice in Plymouth, Mass.—has been able to increase its EFTs from 65 percent of payments 18 months ago to 90 percent today, thanks to the new standard. Currently, just 9 percent of the practice's payments come in the form of checks.

In the past, the lack of an EFT standard placed a heavy burden on providers. Providers interested in receiving EFT payments had to deal with a variety of enrollment procedures, and transactions were often delayed. There was also no standard for reassociation of data—making it difficult to match payments with claims payments.

As part of the Patient Protection and Affordable Care Act, the new healthcare EFT standard, NACHA's ACH CCD+ Addenda, took effect in January to help remedy those problems. For healthcare professionals, the new standard offers a faster, easier and less expensive way to handle payments. For example, each EFT payment includes a reassociation number, which makes matching outstanding claims with payments quick and easy for accounting offices. The Healthcare EFT Standard is the only payment method with this feature.

Healthcare EFTs via ACH are also faster than paper checks and card payments. Healthcare EFTs are received as quickly as direct deposit, funds are deposited directly into your bank accounts and the transferred funds are available up to seven days faster than with paper checks.

Additionally, healthcare EFTs via ACH are more secure than checks—the dominant payment form targeted by fraudsters—and all transactions are compliant with HIPAA privacy standards.

The most significant benefit, though, might be the cost savings afforded by using the healthcare EFT standard instead of other payment types. The cost of a EFT via ACH payments is, on average, 34 cents. Other EFT payment types, such as wire transfers and credit cards, can cost an average of $10.73 or more per transaction. And when compared to checks, providers can save $1.53 per payment by using EFTs via ACH instead of checks, according to the 2013 U.S. Healthcare Efficiency Index Report.

## Healthcare providers switching payments to EFT, thanks to new standard

By Priscilla Holland, AAP

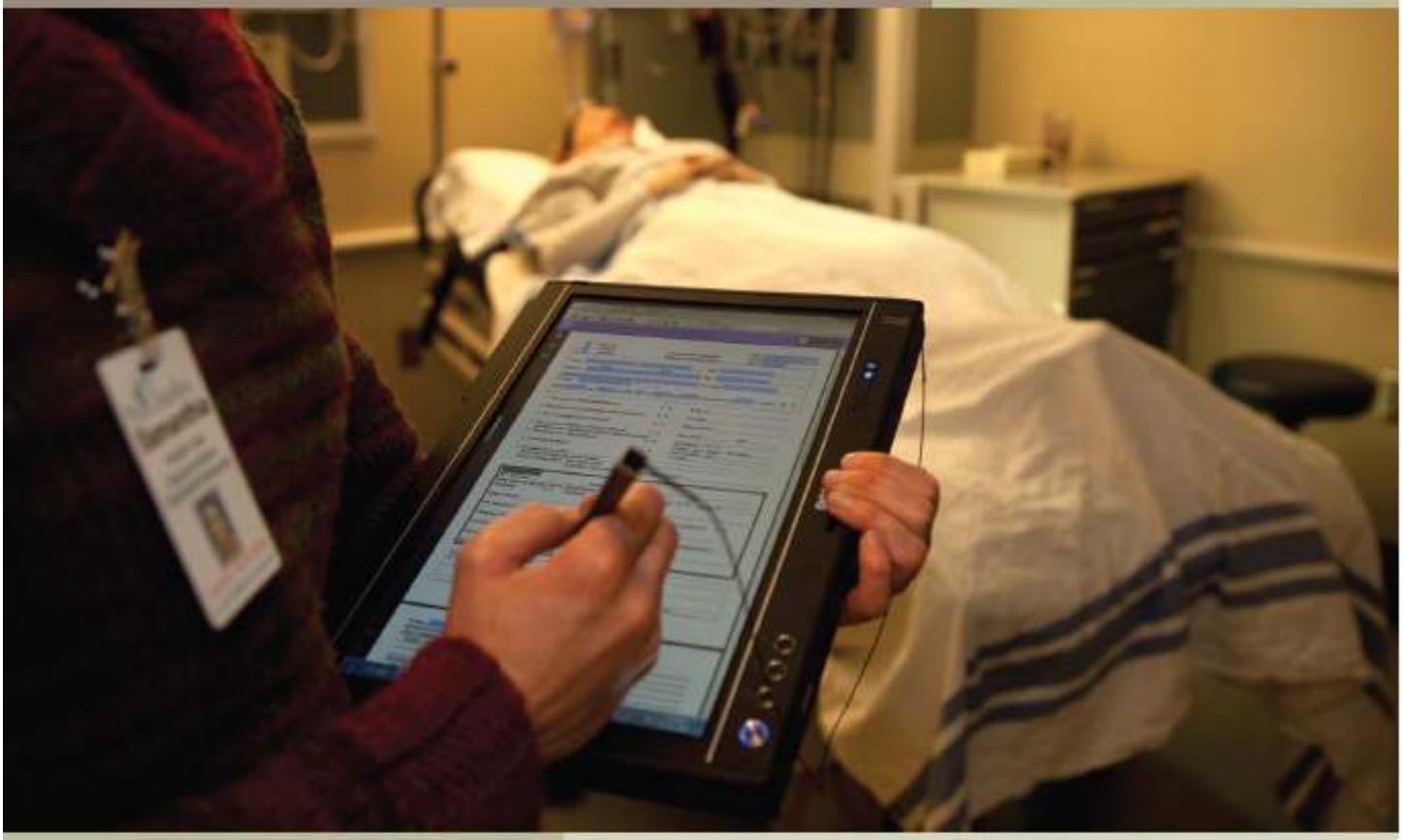
Overall, the cost reductions and improved efficiencies afforded by the new healthcare EFT standards could save physician practices and hospitals up to $4.5 billion over the next 10 years, according to preliminary estimates from the Department of Health and Human Services.

Like Performance Pediatrics, other healthcare practices can easily begin realizing the benefits of the new healthcare EFT standard. To get started, providers simply have to contact their health plans, choose the healthcare EFT standard and provide the health plans with their payment information. All health plans must be able to deliver the EFT standard if requested by a provider. Health plans are not allowed to delay or reject an EFT or ERA transaction and/or charge an excessive fee, or give providers incentives to use a payment method other than the ACH Network.

For more information on the new healthcare EFT standard, visit healthcare.nacha.org.

*Priscilla Holland, AAP, is Senior Director of Healthcare Payments at NACHA – The Electronic Payments Association*

# You see
uncompensated care shortfalls.



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**Highlights … Annual Meeting, Dec. 3-5th, 2014 Williamsburg, VA.**

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**Faded Flowers**

It was Mother's Day and my 9 year old son ran inside to bring me a flower, freshly picked from the neighbor's bush. (Apparently that "we don't steal" lecture didn't stick.) He was sweaty and flushed and had one shoe lace untied as he handed me this flower he had lovingly picked, not feeling it necessary to actually bring the stem too. And judging by his expression, he felt as if he were handing me nothing short of the moon, in this bedraggled little flower that I suspected was really a weed. I didn't have the heart to tell him. Luckily he wasn't that good in science either. What can I say? We homeschool.

Several times throughout the day he would come running inside the house, slamming the door loudly (another lecture that didn't stick) and peek in to make sure that the flower was still perched in a prominent position on my desk. The next morning he ran in to find the flower dead. It was hard and black and curled up like the piece of his umbilical cord we saved in a jar to pull out and show whenever we have company.

My son was crushed. "But it was for you," he whispered. And my heart broke in a million pieces.

"And it was a beautiful gift," I said.

"But it's dead," he sniffed.

'Which makes it even more special," I said. "Because its beauty only lasted for a short while and I was lucky enough to see it."

The most beautiful things in our life, the things that matter most, only last for a short while. And while our heart aches when they fade, through our tears we know how lucky we are that we were there to see it.

Today I challenge you to go through your day with new eyes –as if everything you see is not guaranteed to be there tomorrow. Today I want you to see life for the gift that it is, even if it is as simple as a flower – picked from a neighbor's bush.


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- Professional development
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- Employer awareness
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- Personal challenge and satisfaction
- National recognition
- Recognition and access to the positions and promotions you seek and deserve

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An AAHAM certification demonstrates your:

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**Professionalism**—your pursuit of excellence supports the quality of service in your career and in the healthcare industry.

CRCE-I & CRCE-P exams are considered to be the best indication of knowledge in our field. Set a goal or make a promise to yourself to pass the exam. It will be gratifying to prove to yourself that you can pass this difficult exam, and that your years of experience and hard work will be evident to all by the CRCE-I/CRCE-P designation after your name.

Study guides are loaned out to members. You do not have to purchase your own study guide.

If you are interested in testing your knowledge and gaining the recognition that comes with certification, contact Leanna Marshall for additional information.

**Leanna Marshall, CRCE-I**

PFS Consultant

UVA Health System (Retired)

Phone: (434)293-8891

Fax: (804)977-8748

814 Montrose Avenue

Charlottesville, VA 22902

CRCE-I Study Sessions will be conducted by Leanna Marshall on the third Saturday of the month from 9:00am until approximately 3:00pm.

Virginia AAHAM offers a certification payment reward for passing the professional exam. AAHAM will reimburse the member for the cost of the exam.

# Newly Certified…

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|---|---|---|---|
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| Joyce | Bell | CRCS-I | Medicorp |
| Diane | Clarkin | CRCS-I | Mary Washington Healthcare |
| Patricia | Deacon | CRCS-P | Centra Health |
| Julissa | Durand | CRCS-I | Mary Washington Healthcare |
| Misty | Floyd | CRCS-I | Centra Health |
| Sandra | Gorman | CRCS-I | Inova Health System |
| Lori | Hazlett | CRCS-P | Augusta Health |
| Jessica | Hitt | CRCS-P | Augusta Health |
| Pamela | Ingram | CRCS-P | Centra Health |
| Julie | Jones | CRCS-P | Inova Health System |
| Elizabeth | Lammonds | CRCS-I | Mary Washington Hospital |
| Shannon | Lannoye | CRCS-I | Mary Washington Hosptial |
| Judy | Martin | CRCS-I | Centra Health |
| Megan | McCracken | CRCS-I | Centra Health |
| Cori | Monger | CRCS-I | Augusta Health |
| Nicole | Moody-Luther | CRCS-P | Centra Health |
| Letha | Moore | CRCS-P | Centra Health |
| Caroline | Pagan | CRCS-I | ,Mary Washington Hospital |
| Chrissy | Richie | CRCS-I | Centra Health |
| Rita | Robertson | CRCS-I | Augusta Health |
| Katie | Schaeffer | CRCS-I | Augusta Health |
| Debbie | Scmitt | CRCS-I | Centra Health |
| Mary | Skinner | CRCS-I | Mary Washington Healthcare |
| Betty | Spradlin | CRCS-I | Centra Health |
| Lashon | Suggs | CRCS-I | Inova Health System |
| Deborah | Sullivan | CRCS-I | Mary Washington Healthcare |
| Elisa | White | CRCS-I | Davis Memorial Hospital |
| Jane | Wooldridge | CRCS-I | Centra Health |
| Denise | Wormsley | CRCS-P | |
| Matthew | Amiss | CCT | |

## 2015 Certification Schedule

December 1, 2014 - Deadline for February 2015 Exam Period

May 2015 Exam Period and Registration Deadline - TBA

August 2015 Exam Period and Registration Deadline - TBA

The Virginia Chapter of AAHAM American Association of Healthcare Administrative Management

## 2014 Membership Application

Please enter your data below, and then send this form, along with the $30.00 annual dues to the address below to join or renew your membership with the Virginia Chapter of AAHAM.

*Take advantage of these important benefits…*

- Problem solving and solution sharing with your associates
- Membership directory
- Reduced fees for chapter education events
- Educational seminars & workshops
- Chapter newsletter
- Interaction & networking with peers
- Access and preparation assistance for certification tests that demonstrate your professional skills

Please enter your information below.

| | |
|---|---|
| First Name: | Last Name: |
| Certification: | Employer Name: |
| Job Title: | Mailing Address: |
| Day Phone #: | City: |
| Fax #: | State & Zip Code: |
| E-Mail: | |

**MEMBERSHIP RECOMMENDED BY:** _____

For additional information contact Chris Fisher @ 540-332-5030 or via email at: cfisher@augustahealth.com

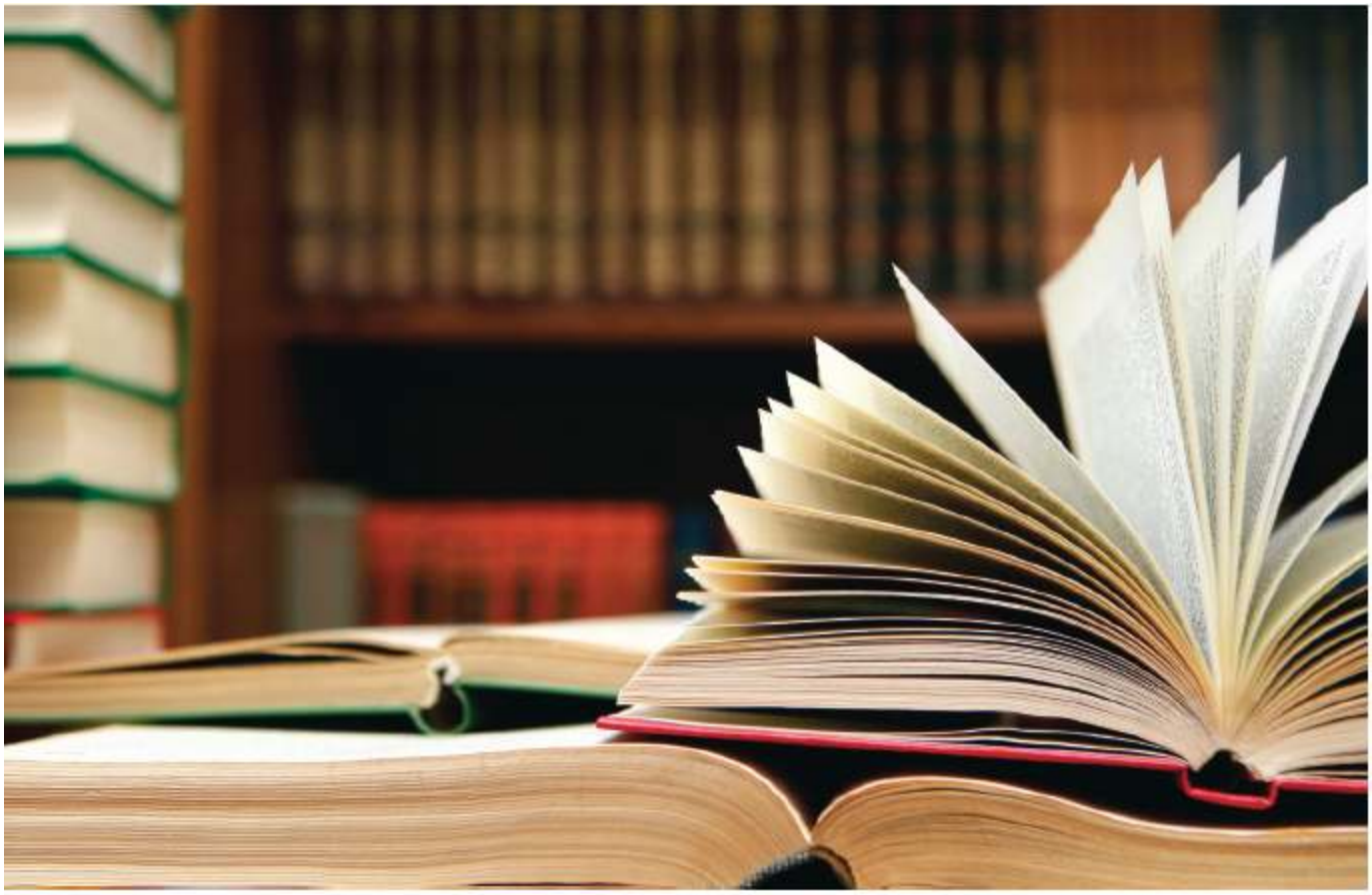
Please mail the completed form with our dues payment of $30.00 to the following address:

Treasurer, Virginia AAHAM
Dushantha Chelliah
2212 Greenbrier Dr
Charlottesville VA 22901

-OR-

Take advantage of our online membership application and payment options. Visit our website at http://www.vaaaham.com/Membership_Application.html

Virginia AAHAM Tax ID: 54-1351774



# Woodrow Samuel Annual Scholarship Application

**Purpose:**

The Virginia State AAHAM Scholarship Award was established with the primary purpose of educating its membership in the management of health care receivables. As the chapter increased in membership and cash equity, the concept of a scholarship program was initiated by the Executive Board of Directors and was first offered in the fall of 1987. The Executive Board of Virginia AAHAM has continued to make the scholarship program available as it is believed educational funds are a benefit to individual members, the Chapter, and dependents of our members. In 2007, the name of the scholarship was changed to the Woodrow Samuel Scholarship Award to recognize a lifetime member of the VA State AAHAM organization.

A maximum of $1,000 scholarship award will be given.

**Eligibility:**

Eligible nominees must:

- Be a Virginia AAHAM member or a child of a Virginia AAHAM member as of January 1 of the current year.
- Eligible nominees can apply for the scholarship award on an annual basis.
- Members must be employed full time in a healthcare related field and dependents must be enrolled in an accredited college or school.
- Chapter dues of the member must be paid prior to the acceptance of requested scholarship applications.
- Classes taken must be taken during the current school year.

**Nomination Procedure:**

- Nominees must:
- Complete the application form
- Include at least one letter of reference.
- Include or attach any documentation you would like to have considered.
- Include an essay on why winning the scholarship is important.

**Submission:**

The form will be completed and returned to the address listed at the end of the application. This application will be postmarked no later than January 30th of the year the application is submitted to the Virginia State AAHAM Scholarship Chairman.

All application materials and supporting documentation will be reviewed by the Virginia State Scholarship Committee. After all applications are reviewed, the applicant will be notified if they have been selected as a Scholarship recipient by the Chair of the Scholarship Committee.

**Review Process:**

All applications will be reviewed and scored by the Scholarship Committee. Points are awarded based on the following criteria:

- Active in school related organizations (e.g. Honor Society, FFA, Ecology Club, Science Club, Beta Club, Student Council, etc.)
- Elected leadership position in school or community related clubs or organizations
- Demonstrates community involvement (e.g., membership in Scouts, 4-H, civic group/club, volunteer work)
- References
- Essay (Explains why _____is important to the applicant and/or his/her family.)
- Awards received for school or community involvement

**Section A—Application**

Type or print all answers clearly. Fill in all information completely. Use a blank sheet of paper to continue answers, and number them to correspond with the question number (for example, D—Goals).

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Evening Telephone _____

Date of Birth _____ E-mail address _____

Present Place of Employment or Accredited School _____

Address of Employer or School _____

_____

Dollar Amount of Scholarship Being Requested _____

**Section B—Education**

Current School/College You Plan to Attend _____

**Section C—Essay and Reference Letter**

For Virginia members, please write an essay in 250 words or less on how the healthcare field has benefited you and the reason you would like to further your education. For dependent's of Virginia State AAHAM members, please write an essay in 250 words or less on the reason you would like to further your education and the reason you have chosen your career field major. Feel free to list any education experiences which have

this scholarship is important to you. Submit your answer on a separate sheet that includes your full name in the upper right hand corner.
A reference letter must accompany the application. It must state the reason why they feel the candidate deserves to win the scholarship.

**Section D—Signatures**

I certify that the information on this application is correct and represents the candidate to the best of my knowledge.

_____ _____

Applicant's Signature Date Application Submitted

**Section E—Submission and Deadlines**

Applications must include all signatures and titles. It must also include your written essay and reference letter. Submission deadline is January 31, 2015. The application is to be submitted to:

**Amy Beech, CRCE-I**
**Augusta Health Business Office**
**PO Box 1000**
**Fishersville, VA 22939**
**(540)332-5030**
**abeech@augustahealth.com**

**Please do not write below this line.**

_____

Date Application was received _____
Scholarship Committee Chair Signature _____
Scholarship Approved or Awarded? _____ YES _____ NO

# The Virginia Chapter of AAHAM Executive Board 2014-2015

**Chairman of the Board**

**(Chapter of Excellence Committee)**

**Linda McLaughlin, CRCE-I**

**Director, Director Finance and Governmental Services**

**VCU Health System**

**PO Box 980227, Richmond, VA 23298-027**

**Office—(804)828-6315 Fax—(804)828-6872**

**Email—**lmclaughlin@mcvh-vcu.edu

**President**

**(Committee Chairperson: Nominating Committee; Accounts Receivable/Third Party Payer Committee)**

**David Nicholas, CRCE-I**

**Director of Operations RMC, Inc.**

**Office - (703)321-8633 Fax- (703)321-8765**

Email— **David.Nicholas@RMCcollects.com**

**First Vice President**

**(Committee Chairperson: Membership & Chapter Development:Chapter Awareness)**

**Chris Fisher, CRCE-I**

**Patient Access Coordinator**

**Augusta Health**

**PO Box 1000, Fishersville, VA 22939**

**Office—(540)332-5030**

**Email—**cfisher@augustahealth.com

**Second Vice President**

**(Committee Chairperson: Education Committee; Government Relations Committee)**

**Amanda Sturgeon, CRCE-I**

**Director of Payer Relations**

**500 Hospital Dr., Warrenton, VA 20186**

**Office phone—(540)316-4313 Email—**sturgeona@fauquierhealth.org

**Secretary**

**(Committee Chairperson: Publications Committee; Scholarship Committee)**

**Amy Beech, CRCE-I**

**Patient Accounting Supervisor**

**Augusta Health**

**PO Box 1000, Fishersville, VA 2293**

**Office—(540)245-7216 Email—**abeech@augustahealth.com

# The Virginia Chapter of AAHAM Executive Board 2014-2015

**Treasurer**

**(Committee Chairperson: Vendor Awards Committee)**

**Dushantha Chelliah**

**2212 Greenbrier Dr.**

**Charlottesville, VA, 22901**

**Office - (434)924-9266**

**Email: DC5P@hscmail.mcc.virginia.edu**

**Appointed Board Member**

**(Committee Chairperson: Finance Committee; Constitution & By-Laws Committee; Historical Committee)**

**Brenda Chambers, CPAM, CCAM**

**Revenue Integrity**

**HCA - RSSC Capital Division**

**7300 Beaufont Springs Drive; Boulders VIII – 2nd Floor;**

**Richmond, VA 23225**

**Office—(804)267-5790 Fax—(804)267-5791**

**Email—Brenda.Chambers@hcahealthcare.com**

**Appointed Board Member**

**(Committee Chairperson: Certification Committee)**

**Leanna Marshall. CPAM**

**UVA Health System (Retired)**

**814 Montrose Avenue, Charlottesville, VA 22902**

**Phone—(434)293-8891 Fax—(434)977-8748**

**Email—ayden1@embarqmail.com**

**Honorary Board Member**

**Michael Worley, CPAM**

**Revenue Cycle Consultant**

**1807 Mount Vernon Street, Waynesboro, VA 22980**

**Office—(540)470-0020 Email—mworley@ntelos.net**

**Appointed Board Member**

**(Committee Chairperson: Communications Chair)**

**Katie Creef, CRCE-I**

**Director of Patient Accounting**

**Augusta Health**

**P.O. Box 1000**

**Fishersville, VA. 22939**

**Office- (540) 332-5159 Email– kcreef@augustahealth.com**

# On the Lighter Side...by Amy Beech

Tips to stay Healthy at Work:

- Drink 8 glasses of water
- Plan your meals and snacks
- The buddy system
- Stay accountable
- Walk during your breaks and lunch


Do you have exciting news or a special announcement you would like to have shared in the next newsletter? Please, let us know!

abeech@augustahealth.com

## Looking for a lighter lunch?

**Herbed Cheese and Tomato Sandwich: 398 Calories**

*Why it rules:* Cottage cheese is an awesome low-fat source of protein!

*Calorie breakdown:* 1 English muffin: 120 calories, ¼ cup low-fat cottage cheese: 40 calories, 2 slices tomato: 10 calories, ¼ avocado, sliced: 68 calories, 1 tablespoon spicy brown mustard: 5 calories, 1 leaf butter lettuce: 5 calories, 1 tablespoon chives, chopped: <1 calorie, Garlic powder to taste: <1 calorie

*Side snack:* 1 small banana and one square of dark chocolate (130 calories

RMC
Receivables Management Consultants, Inc.

**Receivables Management Consultants, Inc.**
6800 Versar Center; Suite 400
Springfield, VA 22151
Phone: (703) 321-9400
Fax: (703) 321-8765
www.RMCcollects.com


"I couldn't be happier -- RMC has collected over $2 million in outstanding A/R for us, reducing A/R days by 49% and decreasing outstanding A/R by 52%. At one time we had considered bringing billing and follow-up back in-house, but they're doing such an outstanding job we decided to continue outsourcing."
– Administrator, Inpatient Psychiatric Facility

***OUR SERVICES ARE CUSTOMIZED TO MEET THE NEEDS OF OUR CLIENTS***

**> Business Office Outsourcing – Total or Partial**
From billing through collections, follow-up, appeals, and recovery, RMC has the commitment and experience to be your trusted business partner.

We're ready to provide a total outsourcing solution, or assist you with any segments that are difficult or costly to manage internally:

- Acute Care Hospital
- Specialty Department (Psychiatric, Rehab, Hospice)
- Ambulatory Surgical Centers
- Home Health

**> Insurance Billing – Follow-Up – Recovery**

- Medicare Deductible & Coinsurance
- Medicaid
- Managed Care
- Workers' Compensation
- Blue Cross
- Commercial Insurance

**> Revenue Recovery Projects for Underpayments**

**> Denials Management**

**> Clean-Up Projects for Very Aged or Backlogged Receivables**

**> Credit Balance Audit and Resolution**

**> Interim Management**

**> Training**

"We're very pleased with the level of collections coming in, and with how RMC works to build the team. They've given us much better coordination; it's like they're part of our staff. In addition to billing and follow-up they helped implement our new computer software system, setting up billing protocols and helping us make processes more efficient."
– Administrator, Ambulatory Surgery Center

# National News— www.aaham.org

AAHAM announced a new mid-level certification at the 2014 Annual National Institute (ANI) in San Diego, CA, the Certified Revenue Integrity Professional (CRIP). This certification is intended for individuals in the revenue cycle to help ensure that facilities effectively manage their facilities charge master, and bill and document appropriately for all services rendered to a patient. This certification requires an in-depth, working knowledge of various revenue cycle areas and proper skill sets needed to increase revenue and reimbursement for facilities. It also ensures that proper charging takes place to maintain compliance within the insurance payer programs. With the addition of this new certification, AAHAM now offers a complete career ladder, beginning with the CRCS and culminating with the CRCE.

Visit the website for more information

http://www.aaham.org

And calendar of upcoming events.

## Calendar of Events:

**2015 Legislative Day, Hyatt Capital Hill from March 30-31, 2015.**

**2015 Annual National Institute**

Walt Disney World Swan and Dolphin - http://www.swandolphin.com/

Orlando, Florida

October 14-16, 2015

Stay up-to-date on Administrative Simplification and other healthcare Legislative issues of interest by visiting the National AAHAM web site:

https://www.capwiz.com/aaham/home/

# CORPORATE SPONSORSHIPS

**Platinum Sponsors:**

**Chamberlain Edmonds/Emdeon**
**Receivables Management Corporation**
**HFMI**
**Credit Control Corporation**

**Gold Sponsors:**

**Advanced Patient Advocacy**
**Penn Credit**

**Silver Sponsors:**

**Life Credit/Portfolio Recovery Assoc.**
**SSI Group**
**NHI Billing**
**Deco**

# Sponsorship

## Platinum Sponsorship - $1,500

- **Exhibit space available at <u>both</u> the May & December Conference**
- **Full-page ad in <u>ALL</u> newsletters**
- **Full-page ad distributed at <u>ALL</u> meetings**
- **Free Registration at <u>BOTH</u> the May & December educational conference for four (4) sponsor employees**
- **Plus much more...**

## Gold Sponsorship - $1,200

- **Exhibit space available at <u>both</u> the May & December Conference**
- **Full-page ad in <u>ALL</u> newsletters**
- **Full-page ad distributed at <u>ALL</u> meetings**
- **Plus much more...**

## Silver Sponsorship - $1,000

- **Exhibit space available at <u>EITHER</u> the May <u>OR</u> December Conference**
- **Half-page ad in ALL newsletters**
- **Half-page ad distributed at <u>BOTH</u> meetings**
- **Plus much more...**

The Virginia Chapter of the American Association of Healthcare Management (VA AAHAM) exists to provide or facilitate professional education, promote professional excellence, provide opportunities for sharing management strategies and tactics through professional networking. You and your organization are important to this mission. Virginia AAHAM benefits by drawing on the experience and education that you and your organization can bring to the activities and efforts of our association. Virginia AAHAM's mission also benefits from the financial support that many organizations provide. I hope that you will consider supporting Virginia AAHAM this year.

*—Saurabh Sharma, Vendor Sponsorship / Corporate Partners Chair*

Saurabh.sharma@rycan.com

**Mark your calendars!**

**Upcoming VA AAHAM events:**

- **March 13, 2015 Spring Regional Meeting, Charlottesville, VA.**

**Go to our web site for more information and registration: www.vaaaham.com**

The Virginia Chapter of AAHAM American Association of Healthcare Administrative Management

**To: All Virginia Chapter of AAHAM Members:**

The Virginia Chapter of AAHAM Education Committee, in an effort to provide our members with "Back to Basics" training is looking for interested parties to conduct a 30-45 minute webinar series. The web series would focus on professional development for operational level staff or first time managers. Presenters can share their professional experiences in networking, positioning yourself to grow in your organization, establishing yourself as a leader and a go-to person, etc. Please contact Gio Naranjo at gnaranjo@claimlogic.com or 405-548-1492 if you can assist in this education opportunity.

**Linda McLaughlin, CRCE-I**

**Chairman of the Board, The Virginia Chapter of AAHAM**

**Amanda Sturgeon, CRCE-I**

**Second Vice President, The Virginia Chapter of AAHAM**

**Watch our web site for details:**

**Contest for Newsletter Articles!**

**Writers Wanted!**

The Virginia Chapter of AAHAM will award **$100** to the author of the best article submitted to the Publications Committee during 2014. Submit articles to Amy Beech abeech@augustahealth.com. Newsletters are published quarterly. Don't miss your chance to be read, recognized, and rewarded for your writing talent.

This publication is brought to you through the collective efforts of the **Publications Committee**

**Amy Beech, CRCE-I**
abeech@augustahealth.com

**Sara Quick, CRCS-I,P**
squick@augustahealth.com

**Heather Eavers, CRCS-I,P**
heavers@augustahealth.com

**Trista McGuire, CRCS-I, P**
tmcguire@augustahealth.com

# What is AAHAM?

AAHAM is a premier professional organization for healthcare administrative management. Our goal is to provide quality member services and leadership in the areas of education, communication, representation, professional standards and certification. Virginia AAHAM was founded in 1982 as the American Guild of Patient Account Management. Initially formed to serve the interests of hospital patient account managers, AAHAM has evolved into a national membership association that represents a based constituency of healthcare professionals.