



The President's Message
Katie Hughes, CPAM

Hello Virginia!

Another successful year for The Virginia Chapter of AAHAM is in the books! We ended on a high note with our Annual Meeting and Conference in Williamsburg in December where we enhanced our knowledge in areas where we should focus on future initiatives with in the revenue cycle; met new people and reunited with old friends; and networked in 80's style.

As part of the Annual Meeting, awards are given to recipients who go above and beyond to maintain the success of our chapter.

Congratulations again to the recipients of the chapter awards!

- Committee Award: Leanna Marshall
- Committee Award: Chris Fisher
- Leanna T. Marshall, CPAM Award: Jack Pustilnik
- President's Award: Linda McLaughlin
- Forrest Perrin, CPAM Award: Amanda Sturgeon

Another exciting event that took place during the meeting was the installation of the 2012/2013 Officers. Please welcome me in congratulating the incoming board.

- Linda McLaughlin – President
- Miguel Wilkens – 1st Vice President
- Jack Pustilnik – 2nd Vice President
- David Nicholas – Treasurer
- Chris Fisher - Secretary

In conclusion, I'd like to take a moment to thank the 2010/2011 Board of Directors for a memorable term! I have enjoyed serving you as President for the past two years. I have made so many lasting friendships, learned a lot along the way, and look forward to what the future holds. I know Linda McLaughlin will serve you well for the coming term and I am excited to see how she can take this chapter to the next level.

Best Wishes and I'll see you around...

Katie

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Getting Patient Access Ready for ICD-10

By Carol McCann, CPAM

If you were not at the Virginia AAHAM Winter Regional meeting in Williamsburg, you missed an excellent agenda in a really nice location, although one of the most frightening and eye-opening presentations was on ICD-10 by Ms. Lolita Jones, RHIA, CCS.

Unless you are totally new to healthcare you know that ICD-10 is coming, and that we are going from approximately 14,000 (3 – 5 digits) codes, to 68,000 (3 - 7 digits) codes. This impacts not only the coders, but every single system and most processes in your operations because of the difference in alpha / numeric components and the length, but most importantly the level of specificity. It might seem like Patient Access (PA) would be the least of your concerns in the ICD-9 to ICD-10 conversion task force, but consider the implications both from an internal (employee) perspective, as well as physician interaction.

In the past, when doctors weren't sure what was wrong with a patient, they ordered tests indicating the diagnosis as something like "rule out pneumonia," or that the patient had "pain, left ankle." Now it gets more complicated. As an example, if a patient has an

allergic reaction to a medication, you will have to tell the payer what medication, *AND you will need to tell them if it was deliberate, accidental, etc.* For example, if a patient presents to the Emergency Room with an aspirin overdose, the physician must make the diagnosis specific enough for HIM (Health Information Management) to code correctly. If the information is not present, the coder will have to seek out sources for the required information, and in the meantime, the bill sits.

Combination Codes for Poisonings and the External Cause

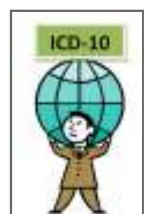
- T39.011 – Poisoning by aspirin, accidental (unintentional)
- T39.012 – Poisoning by aspirin, intentional self harm
- T39.013 – Poisoning by aspirin, assault
- T39.014 – Poisoning by aspirin, undetermined

As you can see, it is not enough to know only that the patient had an overdose. The need for specificity extends to every phase of the patient's care which means that Patient Accounts and HIM will need to work with several areas closely to preclude delays in billing and PA is certainly among them, since everything starts with them.

Being ready for ICD 10 in the PA department will require attention to a lot of details but the time is well worth the effort. Let's review structure, process, and training.

"It might seem like Patient Access (PA) would be the least of your concerns in the ICD-9 to ICD-10 conversion task force, but consider the implications both from an internal (employee) perspective, as well as physician interaction."

Structure: To whom does your patient access department report? Directly to the CFO (Chief Financial Officer)? To the Revenue Cycle Director? Or to another position in the facility? Do you have centralized registration or is the function split among a variety of departments? Most facilities have tried all versions of reporting relationships with PA, and honestly, it will depend on several factors:



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Getting Patient Access Ready for ICD-10—*continued from previous page*

1. How strong is your Patient Access leader? How knowledgeable is that individual about insurance requirements (specifically, by payer)? It is critical that this leader know almost as much about billing as your billing leader. Please keep in mind that the more personnel and focus you have on the front end the less staff you will need for clean up on the back end (collections and re-billing / fighting denials).
 2. If your PA functions are decentralized, to whom do those registrars report? If they report to the treating/ testing department leadership – i.e. physical therapy or imaging – are those leaders prepared to develop the processes and personnel needed to support this effort? If not, it may be time to either move those employees under the jurisdiction of the PA leader or move the function to a centralized process completely.
 3. Do you have a Centralized Business Office (CBO) and is that where PA reports? If so, where is the CBO located? It is important for the person in charge of revenue cycle operations to be visible in the PA offices at least on a part time basis. If the CBO is in another part of the state or a long distance from the campus (es) it might be necessary or beneficial to move the PA department to an on-campus leader.
 4. How much turnover do you have in that unit? A lot of turnover is not only frustrating, but costly as well. Continually training new employees drains the current staff, and is an excellent indicator that something is wrong which needs to be fixed immediately. Are the Patient Access personnel paid the same as your registration personnel? If they are not, that may be the issue. If the pay is the same, you may need to focus on the manager of the unit to find the turnover cause. Of course, in some cases, people just don't like shift work and will move to more desirable or set shifts as soon as they can.
 5. If your Patient Access department and Patient Accounts department both report directly to a mutual person, how well do the two work together? Traditionally these two positions can be in competition with each other when they are on the same level and it can be hard to gain true cooperation between them.
- Process: Next you need to review your process for getting the patients in the door, and registered correctly, completely and timely.
1. Do you have a scheduling unit? Scheduling every test / procedure possible in advance will help a great deal in every aspect of your operations, including compliance with ICD-10. When the scheduling personnel are taking orders and scheduling tests / procedures, they can ask for complete diagnoses right then if they know what is needed.
 2. Do you have a QA unit in your Patient Access area? This unit is excellent for improving your PA operations by:

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Getting Patient Access Ready for ICD-10—*continued from previous page*

- a. Identifying how well your physicians are documenting their orders / services. This will give the PA leadership the tools they need to address documentation issues with each physician individually.
- b. Reviewing the completeness and accuracy of each registration. Feedback with examples for each registrar will help them understand where their shortcomings are and to make appropriate corrections. Failing that, the documentation can be used to manage out poor performers.
- c. Hardware and software needs. Sometimes (more than we might want to admit), the failure is not in the employees, but in the tools they have to work with. If you've ever seen five people waiting for a copier, scanner, or printer, you know this issue. Every time that happens, you are losing productivity and money. And sometimes the issue is just that employees need a technological solution to a conundrum instead of just throwing additional people at it. I'm not sure how advanced most patient accounting system

developers are in terms of ICD-10, but think of how wonderful it would be if the registrar typed in a diagnosis like overdose, and the system would stop them with "Name of substance needed, and was overdose intentional from someone else, the patient, or accidental?" I realize that is probably asking for a lot on top of all the changes that will be required of all of the systems in the facility, but we can dream.

Training: Next you will need to review your process for training your PA personnel. There is no question that patient accounting personnel, (billers, those who do follow up as well as collectors) need training, but don't forget to include your PA personnel in the training efforts.

1. You will first need to figure out where your PA staff are currently. How well trained are they in ICD-9 and admission / ordering diagnoses to start with? One of the most interesting projects you can take on is to pull a full day of registrations and review that information. Talk to your QA unit if you have one

to get a broader look at all of your staff and a month or so worth of registrations. If you don't have a QA unit, then you will need to pull enough days to cover all personnel including part time and PRN staff. You might be surprised at what you find. Look out for misspellings of diagnoses or procedures. If you have personnel that don't know how to spell basic terms you might want to consider either enrolling them in a college / trade school course, or even better, see if your HIM Director offers a basic terminology class that you could enroll your personnel in. Next look at what your personnel are receiving from the physicians: Common incorrect diagnoses in just one physician or one physician's group like "Pain, Left (or right) Knee" means that you may have an issue. You will need a more definitive diagnosis, and it will be up to the registrars to recognize that and obtain the correct information.

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Getting Patient Access Ready for ICD-10—*continued from previous page*

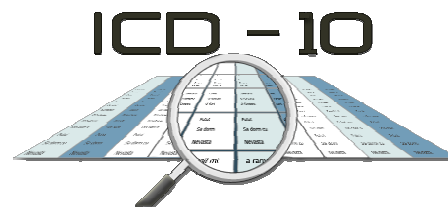
3. Look at whether or not system training is needed. Facilities are going to more robust software as they move to more technologically based solutions instead of increasing personnel, but staff will require the training (and competency testing) to function at peak form before live.

either retiring or moving to other fields in advance of ICD-10, which is sad to me. We need their expertise as much now as ever. Just remember that planning and organization are the keys, and that including Patient Access will go a long way toward minimal cash and receivables impact after live.☐

Once you know what your developmental needs are, you will need to establish training courses for your PA personnel, which should include medical terminology, payer requirements and software training as needed. For physician training, the PA leader should work with the Medical Staff office and possibly administration, to address improvements or changes needed. Some Medical Staff offices will want to take on the challenge of working directly with the physicians, and some will not. Whichever way it goes in your facility, you need plenty of support and a lot of lead time to work with the physician office leadership in advance of the ICD-10 live.

I've heard that some healthcare personnel are

Carol McCann, CPAM has more than 25 years of experience in almost all aspects of Revenue Cycle management and is the owner of MRCMP – McCann Revenue Cycle Management / Projects,
cgmccann@mrcmp.com



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Quality Customer Service Does Not Have a Footprint

By Albert H Payne III, CPAM

For as long as I can remember the old saying in business has been “Location, Location, Location”. I’ve just assumed that this referred to how successful a business could be if it set up shop at the right physical address, you know, that “Perfect Spot”. What constitutes the right physical address, however, can vary greatly for different types of organizations.

Healthcare providers, for example, will normally choose to locate their shop as close as possible to their existing patients, others may opt for the corner of a busy intersection with access to a major highway in an underserved area, and even some small providers might prefer the borders of an enclosed shopping mall with lots of pedestrian traffic. Even the rise in e-commerce has created a virtual location option for those technically savvy providers. Although there have been significant recent advancements in telemedicine there will always be the need for personal interactions with care givers and bricks and mortar in healthcare.

While the location of certain healthcare services can be

regulated by a state’s Health Commissioner those impacted providers should be more strategic when it comes to the selection of its business location. Yet some of these providers continue to follow the notion of “If we build it they will come”. They may see an initial jump in patient revenues because they own something shiny and new, but the affect on any long-term revenue stream may not pan out if how the business is conducted there continues to be the same as usual.

Today a healthcare provider’s location, in and of itself, doesn’t guarantee a certain level of gross revenue or even repeat customers. A big reason for this is because consumers of healthcare services are demanding stellar customer service. This is true of all organizations in every segment of the healthcare industry regardless of the products being sold or the services they provide.

They may come at first and come often, but most consumers of healthcare services have a choice of where to receive services and you can bet the farm that the provider

with the best customer service will win every time. Yes, we’ll all get sick and need medical treatment at some point, but I may now opt to receive my service across the street from you at another provider or possibly get that screening I need from a major retail chain before I load my shopping cart full of groceries, tools, clothes, and electronics.

“... it is without exception that the employees in the healthcare provider’s facility are the ones responsible for delivering this expected high level of customer service to patients.”

While location can play a significant role in the success or failure of any business, it is without exception that the employees in the healthcare provider’s facility are the ones responsible for delivering this expected high level of customer service to patients. Thus the adage in today’s healthcare business should be all about the “People, People, People”. After all, isn’t it really more about your hardworking staff then about where patients park their vehicle to visit you?

Quality Customer Service Does Not Have a Footprint—*continued from previous page*

By Albert H Payne III, CPAM

I absolutely love doing Mad Libs with my family. This is the word game where one person asks the others participating to provide them with a series of words having a particular part of speech. These words are then inserted into the blanks of a pre-written short story to complete the story. Our boys have pretty good imaginations so when the final product is read aloud to the rest of the family members the story either makes no sense at all or it is the funniest story you've ever heard. When the boys were much younger we had to define the parts of speech to them so that they could provide us with a word that matched the required part of speech. For a noun my wife told them that it is a "Person, Place, or Thing". Even our kids learned early on in life that people (person) come before places. It is this message that healthcare providers need to grasp a hold of and take to heart when they invest hundreds of millions of dollars in new facilities or services.

Healthcare providers are seeing their margins squeezed from nearly every possible direction. There are numerous initiatives in healthcare today that have practically forced providers to raise the bar on quality to avoid pre-defined reductions in reimbursement. Providers have to expend additional funds on training and to rewrite processes to ensure that they

meet these new quality standards. The realization of consumer driven healthcare and caps found in managed care contracts has also done its part to hold prices down.

Since location is no longer the significant factor that it once was and quality of care statistics are more readily available to patients, the one differentiating factor at the end of the day that any provider can hang its hat on, is its level of customer service. Although quality customer service does not have a footprint it can be the Achilles heel for healthcare providers that choose to ignore its worth.

▣

Al Payne, CPAM is the Revenue Cycle Manager at Martha Jefferson Hospital. He can be reached at Albert.Payne@mjh.org



Member Spotlight—Melissa Finley, CHAM
Director, Patient Access, HIM, and Privacy Officer Fauquier Hospital

David Nicholas recently had the opportunity to talk with Melissa Finley. Below is what Melissa had to say.

So, tell me about your work. How long have you been at Fauquier Hospital and what has your career path been with them?

I have been in healthcare for 16 years and at Fauquier Hospital for 15 years. I originally started out in the Patient Access Department as an Assistant to the Director. After that I went to work in Risk Management and acted as a database administrator for the Midas system. In 2000, I went back to Patient Access as the Director of that department. In June of 2010 I was given the additional responsibility of the H.I.M. department and the Privacy Officer.

The Privacy Officer must have been an interesting addition to your job. What is involved with doing that work?

In this role I educate staff about HIPAA. I document and report findings that are HIPAA compliance issues and I handle patient complaints involving HIPAA related topics.

With regards to being the Privacy Officer, do you have any tools that you use to do your job?

Yes, there is a software program that we use with our HIS system that allows me to run reports and look at the use and access to patient records so that I can make sure those who are accessing patient records have the need to be accessing the records.

I really enjoy the variety of my work and I like being busy too!

So, I see that you are CHAM certified. Can you tell us what that is?

CHAM stands for Certified Healthcare Access Manager. I received this certification thru NAHAM in 2002. It is similar to the CPAM and other certifications awarded by AAHAM after passing a test. I have to maintain a certain amount of educational credits in order to maintain my certification.

Currently I am Secretary for the National Capitol Region which encompasses Northern Virginia, Maryland and D.C. It is a one year term and I am reaching the conclusion of that term at the end of this month.

Oh, so you like to do Committee and Board work for associations! What are your plans in that area coming up?

I have agreed to join the Education Committee at VA AAHAM. I am looking forward to helping out with planning functions for this organization.



Well, enough about all this healthcare business. Can you tell us a little bit about Melissa outside the office?

I am married and we have three sons, 23, 26, and 28 years of age. I also have one three year old grandson. We are very close to all of our family. In fact, my parents live right next door to my husband and I. This is great since we are so close. For fun I like to travel and spend time with family and friends.

Do you have any vacation plans in 2012?

Yes, we have two trips planned so far. There is a wedding in Phoenix next year we will be attending. We also have plans to go to St. Thomas. I'm looking forward to them both.

Thanks so much for allowing us to put you in the Spotlight this time Melissa!

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Scholarship Information

Did you know?

Virginia AAHAM offers a yearly \$1,000 scholarship award to its membership. Following is the information about that award as well as the application. If you have any questions, please feel free to contact one of your board members.

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.

Continued on next page

Scholarship Information—*continued from previous page***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 _____

Continued on next page

Scholarship Information—*continued from previous page*
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 influenced your life and your goals for the future. Include an explanation on why winning 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, 2012. The application is to be submitted to:

Chris Fisher
Augusta Health Business Office
PO Box 1000
Fishersville, VA 22939
(540)332-5030
cfisher@augustahealth.com

Please do not write below this line.

Date Application was received _____

Scholarship Committee Chair Signature _____

Scholarship Approved or Awarded? _____ YES _____ NO



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Third Party Payer Update—by Bonita Brubaker CPAT/CCAT & Tammy Shipe CPAT/CCAT

Anthem

- The November newsletter states that Anthem Blue Cross and Blue Shield is preparing for the implementation of ICD-10 for the mandated deadline of October 1, 2013 by making sure their systems will be able to process ICD-10 and ICD-9 codes in the same claims environment. However, as of October 1, 2013, on claims for dates of service or discharge dates on or after this date, only ICD-10 codes will be accepted.
- During the first quarter of 2012, Anthem will begin to consolidate their internal systems in an effort to help speed the handling of claims and provider payments. "Over time, you may begin to see new alpha prefixes with contract numbers and new group numbers assigned for our members." Updated ID cards will be issued to members if group numbers change. Providers may notice "additional remark codes to alert them if this consolidation process impacts a claim".

Medicare

From the Newsletter sent in November of 2011:

- Medicare implements esMD (Medicare's Electronic Submission of Medical Documentation) Pilot Project. Due to the billions in improper payments paid by the Medicare Fee-For-Service (FFS) Program each year, CMS hires contractors to assess these payments. The contractors identify these incorrect payments by requesting documentation from the provider. The claim is then reviewed along with the documentation to verify compliance with Medicare guidelines. Presently, documentation is requested from the provider in letter format from the contractor. The documentation can be submitted by the provider either through the mail or by fax. According to the newsletter, the esMD pilot project gives *some* providers a new way of submitting documentation for review to contractors. For a list of the contractors that will accept esMDS, please go to <http://go.usa.gov/kr4>. Also, in order for medical documentation to be sent electronically, providers must obtain access to a CONNECT-compatible gateway.

- 5010-Are you ready? "CMS is underway with implementation activities to convert from Health Insurance Portability and Accountability Act (HIPAA) Accredited Standards Committee (ASC) X12 version 4010A1 to ASC X12 version 5010". According to the November Newsletter, the last day to submit 4010A1 production claims is December 31, 2011.

Southern Health

Fourth Quarter Highlights in Newsletter

- On January 1, 2012, Coventry Health Care, Inc. will only accept 5010 claim forms.
- According to the newsletter, "On October 1, 2011, Coventry began a new sleep management program that includes a home sleep testing option. The new program is designed to diagnose and treat patients with suspected obstructive sleep apnea (OSA)." For more details regarding this topic, please refer to the latest newsletter or visit their website.

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-

—AND—

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

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

Leanna Marshall, CPAM

PFS Consultant

UVA Health System (Retired)

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Fax: (804)977-8748

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

CPAM & CCAM 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 CPAM/CCAM designation after your name.



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

*Contact Leanna for more
information on CPAM
certification or study sessions.*

Newly Certified:

Congratulations

to the following
members for
successfully passing
their CPAM, CCAM,
CPAT or CCAT exams!
We are so proud of you!



Rachel Begley	Judy Martin
Brenda Braxton	Maria Martinez
Michelle Brown	Sheri Mayberry
Sunee Bunvasrie	Georgia McKnight
Diane Clarkin	James Rhodes
Kelly Coleman	Sullen Rovder
Tiffany Davenport	Sylvia Sacra
Patricia Deacon	Debbie Schmitt
Jannifer Dennis	Robin Shaver
Barbara DeWitt	Lisa Showalter
Kwame Dixon	Betty Spradlin
Linda Dotson	Janell Tattersall
Christina Ferguson	Debra Trouman
Teri Griffith	Mary Walker
Tina Grim	Elisa White
Deborah Hill	Michaele Williams
Chelsea Jennings	Jane Wooldridge
Julie Jones	Johnella Wright
Laura Lagerman	
Elizabeth Lamonds	

CPAM/CCAM and CPAT/CCAT

examinations have set the standard of excellence in patient account and have defined new levels of professionalism in the healthcare administrative field. The exams are symbols of mastery of the art of patient account management. Congratulations to those who have successfully passed the certification examinations. This is an outstanding achievement!

Join VA AAHAM

Membership applications are on the next page. If you pay by the end of this year your membership will be good throughout 2012



2012 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;
- *Educational seminars and workshops
- *Reduced Fees for Chapter Education Events
- *Access & prep. assistance for certification tests that demonstrate your professional skills;
- *Interaction & Networking with Peers
- *AAHAM Membership Directory
- *Chapter Newsletter
- *Educational scholarship opportunities
- *Membership Directory

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 Miguel Wilkens @ 410-227-3051 or via email @ mwilkens@medical-account.com .

Please mail the completed form with your dues Payment of \$30.00 to the following address:

Treasurer, Virginia AAHAM
David Nicholas
6800 Versar Center, Suite 400
Springfield, Virginia 22151
-OR-

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

Virginia AAHAM Tax ID: 54-1351774



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Established in 1949, FirstPoint Collection Resources, Inc. is 1 of 54 agencies certified with the ACA as a Professional Practices Management Systems (PPMS) agency. PPMS is a management system based on developing, implementing and adhering to industry-specific practices and policies, assuring our clients that we will represent them in a professional and ethical manner.

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Tom Henderson
Regional Account Executive
Toll-free: 1-800-563-4807 ext. 3363
thenderson@firstpointresources.com
www.linkedin.com/in/fthendersonii
www.firstpointresources.com

HRO^{TODAY} Baker's Dozen
Customer Satisfaction Ratings
EMPLOYEE SCREENING
2011 Winner



For Immediate Release---

CONTACTS:
Scott Hall (800) 288-7408 ext. 3037
www.firstpointresources.com
225 Commerce Place
Greensboro, NC 27401

**FirstPoint Background Screening Resources
Debuts at the Highest Rating Ever for a New Member of HRO Today's Baker's Dozen
Customer Satisfaction Survey**

November 28, 2011 (Greensboro, NC)- FirstPoint Background Screening Resources has garnered the highest customer rating ever achieved by a first-time survey participant in HRO Today magazine's [Baker's Dozen Customer Satisfaction Ratings of Employee Screening Providers](#). Of the hundreds of background screening firms in the country, FirstPoint scored as the second highest rated background screening firm in the nation.

HRO Today, a leading national publication for human resource decision makers, has ranked FirstPoint Background Screening Resources in the top tier of screening providers. The Baker's Dozen ratings were determined by customer satisfaction feedback collected from current clients of survey participants. This employee screening survey represents HRO Today's largest HR practitioners survey conducted to date. Results are published in the November issue of the publication.

"Nothing is more important to us here at FirstPoint than our clients. It is extremely gratifying to get confirmation from our clients that we are not just meeting, but exceeding their background screening needs by delivering the FirstPoint experience; connecting every customer, every time, at every point of contact with information solutions, service with a personal touch, and the highest level of integrity," says M. Scott Hall, Sr. Vice President & COO of FirstPoint Information and Background Screening Resources.

HRO Today identified the top employee screening providers and surveyed hundreds of their clients, using contact information provided by survey participants and from the HRO Today database. Each respondent was asked about services provided, scope and scale of services, and the quality and satisfaction with the services. The data was then analyzed and scored by HRO Today. The survey rankings are based on point assignments and weightings of questions, plus an algorithm that calculates the overall score. Rankings and weightings are determined statistically, and are not the opinions of HRO Today staff.



For more information about the 2011 Baker's Dozen ratings of employee screening providers, visit HRO Today's website at <http://www.hrotoday.com/content/5007/2011-baker-s-dozen-customer-satisfaction-ratings-employee-screening>

About FirstPoint Background Screening Resources

With roots going back to 1906, FirstPoint Background Screening Resources offers a full array of background screening offerings including criminal search, DMV reports, verifications, drug testing, fingerprinting, employee assessments, and healthcare sanction search. FirstPoint Background Screening Resources is one of only 20 background screening firms in the country to be accredited by the Background Screening Credentialing Council of the National Association of Professional Background Screeners. Visit www.firstpointresources.com or call 800 288-7408.

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Virginia AAHAM Executive Board 2010-2011



Chairman of the Board

(Chapter of Excellence Committee)

Michael Worley, CPAM

Revenue Cycle Consultant

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President

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

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First Vice President

(Committee Chairperson: Membership & Chapter Development: Web Site Development: Chapter Awareness)

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(Committee Chairperson: Vendor Awards Committee)

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Virginia AAHAM Executive Board 2010-2011



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(Committee Chairperson: Vendor Awards Committee)

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Appointed Board Member

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Brenda Chambers, CPAM, CCAM

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HCA - RSSC Capital Division

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(Committee Chairperson: Certification Committee)

Leanna Marshall, CPAM

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(Committee Chairperson: Corporate Partners Committee; Community Service/Member Relations Committee)

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Advanced Patient Advocacy

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Phone—(804)327-6899 Email—jpustilnik@apallc.com



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"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

> 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.

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- 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

Audio Conference Webinars

“Effective Telephone Techniques”

January 25, 2012, 1:30-3:30 PM

The AAHAM Journal has gone green! In order to save resources and be ecologically responsible. Members can access the Journal from the national AAHAM web site

www.aaham.org

Important Dates for 2012:

- April 11-12, 2012—Legislative Day at the Hyatt Regency on Capital Hill
- October 17-18, 2012—ANI at the Hyatt Regency Coconut Point in Bonita Springs, FL

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/>



Sponsorship

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.

—*Jack Pustilnik, Vendor Sponsorship / Corporate Partners Chair*

jpustilnik@apallc.com

Platinum Sponsorship—\$1,500

- Exhibit space available at **both** the May & December Conference
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- Half-page ad in **ALL** newsletters
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**Mark you calendars!
Upcoming AAHAM events:**

March 16, 2012—The Omni Hotel—Charlottesville, VA

October 12, 2012—Fall Meeting—Fauquier Hospital

December 5-7, 2012—Winter Meeting & Confernece
Williamsburg, VA



The Virginia AAHAM Education Committee are diligently working on informative and exciting agendas and networking events . Save the dates below and join us—you are sure to have a blast along with earning valuable CEUs.

Watch our web site for details:

www.vaaaham.com



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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 2012. Submit articles to Chris Fisher cfisher@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**

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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.

COMMITTEES

- ◆ Third Party Payer
- ◆ Government Relations
- ◆ Publications
- ◆ Chapter Awareness

- ◆ Website Development
- ◆ Membership
- ◆ Education
- ◆ Scholarship
- ◆ Finance
- ◆ Chapter of Excellence

If you are interested in serving on a committee contact one of the Board Members.