The Virginia AAHAM Insider

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

Spring 2013   Volume 26   Issue 1

The President's Message

Hello Fellow Virginia Chapter of AAHAM Members:

As we prepare for the next few years in healthcare, The Virginia Chapter of AAHAM is here to help you meet the challenges that are coming our way! Educational conferences/ workshops, newsletter articles, legislative updates, third party payer committee support and networking opportunities are just a few of the ways that we can assist facilities or individual providers in ensuring that they continue to have successful financial performance.

National AAHAM Legislative Day is scheduled for April 3rd through April 4th this year. The focus of this year is again on the Telephone Consumer Protection Act (TCPA). Basically we are requesting that the TCPA be updated to allow for cell phone communications with patients for such services as appointment reminder calls, messages to call for test results and collection activities. Please assist National AAHAM by communicating with your legislative representatives that your facility is in support of the modification to the TCPA to bring it into the 21st Century.

The Virginia Chapter of AAHAM and the VA/DC Chapter of HFMA will be hosting the Annual Insurance Summit on April 26, 2013 and will be held at the Hilton Richmond in Short Pump, Virginia. The Annual Insurance Summit is always a very informative and educational event. In addition to a third party payer panel and updates from government payers, we will have a presentation/update on Virginia's Health Reform Initiative. The full agenda and registration notice will be sent out the first of April!

April will definitely be a busy month for The Virginia Chapter of AAHAM. In addition to the above National Legislative Day and the Insurance Submit, we will be sending out a survey to our members regarding any concerns or improvements with Palmetto operations and communications. This year in addition to the Palmetto questionnaire we will be asking for concerns with other payers that The Virginia Chapter of AAHAM may be able to assistant our members in addressing. Please provide feedback when receiving this survey as we do share the results directly with Palmetto and will do the same with the other payers.

We look forward to seeing everyone at our upcoming events!!!!

Respectfully,

Linda

Linda B. McLaughlin, CPAM

The Virginia AAHAM Insider

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INSIDE THIS ISSUE:

Leading in Uncertain Times By: John Cook	**2-3**
Contracting Managed Care Under ICD 10 – Part	**5-7**
Member Spotlight: Amy Beech, CPAM By, Tammy Shipe, CCAT	**9**
Job Postings	**10**
Certification	**11**
Membership	**12**
VA AAHAM Executive Board	**14-15**
Spring Regional Conference Highlights	**17**
Woman With A Mop… Another Motivational Moment with Kelly *Swanson*	**18**
National News	**19**
Sponsorship	**20**
Upcoming Events	**21**

Leading in Uncertain Times

By: John Cook

Spending a few days among peers and colleagues at a conference and trade show, I was once again reminded of the uncertainty of so many things. Conversations led to discussion of the fear of uncertainty many face. Are things really getting better? Where and what will I be doing a year from now?

My theory of leadership, rather simple, yet profound to me is this: **Do the best you can, while you still have the chance.**

Wherever you are in your career or journey, you are called to lead. As you lead, then you take your part in making uncertain times more certain.

You begin with **courage**. Take a step toward the best. It does not require a huge step, rather one in the right direction. Your best requires courage.

I received a BSBA from Appalachian State University in 1978. I learned great theory in the study of business from dedicated professors who cared about me and my future; however, the best lesson came from one professor in particular. ***It's all about relationships.*** You can take that one to the bank. Take, no make, the time to build relationships. When I think about my career, the best part is relationships. From relationships become friendships. These are the ones that stick closer, in my case, than a brother. Celebrate the friendships: maintain them, spend time together, grow together.

Be **straight forward**, assertive, even outspoken. Let your yes be yes and your no be no. Maintain boundaries as needed. At times, you will find it necessary to detach from certain things. It is good to remain aware of the matters that weight you down.

Build a life of **integrity**. Just tell the truth. Learn to be transparent. No matter what you do, where you go, people are watching. You are making a difference.

Have **faith** to the highest degree. Make your convictions real. See the possibility that may be right in front of you. As you do this, then you are instilling hope in others.

In your own way, **love politics**. Speak up when necessary. If you really want to lead, then run for office. Take your place in professional organizations. My late father loved politics, campaigning, even an unsuccessful run for office in state government. His gift was the ability to talk with others on the other side of the fence, never making them mad.

Order your priorities. There is nothing wrong with a little planning. Honestly, I am an agenda driven person, even to the point of becoming obsessive about it. As you understand your priorities, you will know exactly where to lead. I have heard others say sometimes in a spiteful way, “that person has an agenda”. I am sure they do and affirm them for knowing where they are going.

Continued on next page...

Leading in Uncertain Times—*continued from previous page*

By: John Cook

Know the seed in your hand. Lay hold of the place you are in. You can lead and make a difference where you are right now. Enlarge your tent. Share the seed.

Affirm and build up. Affirm others for their leadership, their positions, their roles, and their goals. The best part of the conference I just attended was the last day, when a group of my colleagues and very close friends gathered around a large table for breakfast. The whole time was spent affirming one another and enjoying the great bond we shared.

Recover and continue on. There will be times that we have to recover. During uncertain times we will face challenge, obstacles that seem huge, transitions, and the course of life. When this happens, take time to recover, then, continue on. It may mean picking up some pieces and starting over. I think about my dad's severe stroke that led us to his bedside to bid our farewells. He survived and lived another abundant ten years. When asked by his doctor in rehabilitation what his goal was for the rehabilitation. He answered, "I'm going to golf again". And that he did weekly for another ten years.

Lead, while you still have the chance.

You can change anything you want. ~Brian Shannon, mentor and close friend

John Cook is Client Relations Manager for Professional Recovery Consultants and may be reached at jcook@prorecoveryinc.com

Daily inspirations may be found at John's blog www.sunrisejohn.wordpress.com

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Contracting Managed Care Under ICD 10 – Part Two

By Rob Borchert

Well, the elections are now over!!! For us in Healthcare, there are going to be new possibilities of positives and negatives from the Affordable Care Act. For many of us, we see both good things and some not-so-good things that may come out of this legislation once it is in its full swing. For many of us, the final rule for ICD 10 coming out in August 2012 whizzed right by us and aBasll we noticed was the new final implementation date of October 1, 2014. We briefed a sigh of relief and returned to what we were doing that day.

Well, before I get further into the managed care contracting effects, let me alert you to the beginning of the new final rule released in August. Based on the many comments that came into CMS, not a lot was changed regarding the coding features of ICD 10 but there was an introductory section that you certainly should be aware of since it directly affects Registration and Billing (as well as Managed Care). The beginning of this final regulation discussed and described three critical elements:

1. The introduction of a new numerical identifier known as the HPID (Health Plan Identifier). This national unique number will be obtained by all companies who offer health plan services to people. This rule adopts two terms "Controlling Health Plan' (CHP) and "Subhealth Plan" (SHP) to enable health plans to reflect different business arrangements so they can be identified appropriately in standard transactions. These HPID numbers will be requested by the insurance companies and assigned by the government for such plans as Preferred Provider Organizations (PPOs), Health Maintenance Organizations (HMO), Capitation Plans, Indemnity Plans, etc. The assignment is based on how the third party insurance company submits their information.
2. The introduction of a new numerical identifier known as the OEID (Other Entity Identifier). This national unique number will be obtained by all companies who do not offer health plan services but who are involved with standard health care transactions. Such companies (for example, third party administrators, transaction vendors, clearinghouses and other entities like a hospital association) will request an OEID so that they can continue to participate with the daily operations of a healthcare provider. We do not know if the OEID enumeration will have any logic to them, such as, clearinghouses will be a series beginning with ……. And transaction vendors will be a series beginning with ……etc.
3. The third critical element is the new requirement that ALL healthcare providers who prescribe any medications or orders, etc. must have THEIR OWN National Provider Identifier (NPI) and cannot order/bill under a group practice NPI anymore. This is something that was realized with the implementation of Part D coverage and the inability to identify the prescribing provider.

The interesting part of this section of the final rule is CMS's ability to adjust effective dates in the legislation. Trying to be kind, they state that since ICD-10 has a new implementation date of October 1, 2014 and that we would be preparing for it; the implementation date for the new HPID and the OEID will be November 5, 2014….36 days after ICD 10…BUT for the requirement of the NPI for all providers, the implementation date is May 6, 2013 (60 days). How very nice of them……

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Contracting Managed Care Under ICD 10 – Part Two—*continued from previous page*

By Rob Borchert

Now, in Part One of this article we talked about some various reimbursement methodologies that are found in Managed Care contracts. There are different methodologies for inpatient cases, outpatient cases, and referred outpatient cases, as well as some for Emergency Room settings.

Under the new diagnostic environment, we know that the ICD 10 identifiers are much more specific in their diagnosis nature and VERY specific in their procedural nature. If you can gather data to support your approach to a managed care company, you can have some leverage regarding negotiations. If you do not want to gather data and want to continue to accept the methodologies of a third party and accept their reimbursement offers, then please stop reading now. I want you to think 'out-of-the-box' and make some changes in your approach.

Managed care companies are going to depend on the historical data that you have given them over the last few years and unless you have something different, there is nothing to challenge. If you want to enhance your knowledge and your chances to make some changes, you need to address utilization. Whether outpatient or inpatient, utilization is a key driver in negotiations. Why would you want to get a high reimbursement on procedures or services you hardly perform and medium or low reimbursement on the ones you do most often. First, run your utilization reports for both inpatient and outpatient. Next, if you can sort them from high to low, you will immediately identify the high performers. Many times the old adage of the 80/20 rule happens. That is 20% of your performers generate 80% of your revenue.

Anyway, once you have identified your utilization, take any managed care contract and look at the current reimbursement methodologies and guidelines. Search for ways to improve the reimbursement and especially think with one eye on the ICD 10 identifiers. Let me illustrate some examples.

- An outpatient procedure is a high volume compared to others but receives the same methodology as the other procedures. If, under the ICD 10 coding method, a higher specificity of code indicated a higher level of intensity in patient care, one should strive to negotiate a different methodology to indicate this intensity and increase care for the plan's member. If in a case rate methodology, strive to move it to a higher case rate due to its increased (and identified) intensity.
- For inpatients, there are two categories – medical admits and surgical admits. Both are driven by their admitting diagnosis and both typically are paid under some DRG methodology. Today, many are paid under the Medicare Severity Diagnostic Related Group (MS-DRG) methodology that links the primary and secondary diagnoses to a "group" and the weight of that DRG determines the overall payment.
- Medical admissions are a composite of 'present on admission' (POA) conditions and new medical conditions. As providers, we treat all of the patient's diagnoses as needed and do not consider the minimum or extensive nursing care for the patient's needs. In reviewing the care given to the patient during their stay, one needs to 'value' the treatment and consider a value-added bonus for quality of care. The translation of these numerous conditions into ICD 10 codes allows for a deeper look at the level of care provided and thus the potential increase in value added reimbursement above the other medical cases.

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Contracting Managed Care Under ICD 10 – Part Two—*continued from previous page*

By Rob Borchert

- In reviewing the surgical cases, I think that the same criteria should be considered involving the level of intensive care provided to the patient. Remember that ICD 10 Procedure Coding System (PCS) coding is far more intensive regarding the level of care needed to treat a surgical patient. The PCS coding is a more critical identification as to the fullness of treatment to the diagnosis presented. These weights are typically higher in nature once a provider comprehends the requirements for documentation and the coder searches for this documentation to provide the most comprehensive diagnoses coding.

Another factor in treating these high utilization inpatient cases differently is that you may want to pull these cases out of the MS DRG methodology and develop a case rate specific to the patient's diagnoses. A Case Rate consideration can be developed by you based on the actual/typical cost of performing the procedure and the current MS DRG reimbursement, especially if the DRG payment does not cover the cost of the procedure. These are techniques that should be considered as we move into this new coding environment. But there is also another reason why these types of negotiations should happen now if you are not under All Patient Refined Diagnostic Related Groups (APR-DRG). If one remembers, in 1983, we started out with standard DRGs and since then we have moved to MS-DRGs which provide for somewhat simpler classifications based on 'regular' or with Minor Complications and/or Co morbidity or with Major Complications and/or Co morbidity. Now, more and more payors and government entities (Medicaid) are moving to APR-DRGs.

Here is how they figure in…think about the fact that ICD 10 coding is very, very specific as compared to ICD 9 today. Moving from 14,000 to over 60,000 diagnoses and from 11, 000 to over 80,000 procedure codes is a huge jump to SPECIFICITY. Now, think about APR-DRGs…this is basically where you take one DRG and break it down to Four DRGs within the one based on level of intensity of care. If intensity of care is defined through 'coding' think about this unique healthcare "marriage". The more specific the ICD 10 coding the higher the reimbursement under APR-DRGs, the less specific would present the lowest reimbursement. If you are currently using APR-DRGs, then you can truly negotiate reimbursement rates based on intensity…that is, if you trust your providers to document and your coders to select the highest specificity of code.

Good Luck to all of us in the future.

Rob Borchert is a Principal with Best Practice Associates, LLC – a full Revenue Cycle Management company. He can be reached at (315)345-5208.

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Member Spotlight—Amy Beech, CPAM
By, Tammy Shipe, CPAT,CCAT

Amy is our newest board member having just been appointed as First Vice President about 2 weeks ago. To tell you a little about Amy, she joined the team at Augusta Health about 4 ½ years ago in the hospital insurance follow-up department. While in this position, she passed the CPAT (Certified Patient Account Technician) exam and became a member of AAHAM (American Association of Healthcare Administrative Management) in 2009. About 3 years ago, she was promoted to Billing Supervisor and passed the CPAM (Certified Patient Account Manager) exam in 2012.

Amy has been an active member of AAHAM since joining and served on the committee organizing the 30th year anniversary celebration held in 2012. Some of her favorite activities in regards to her AAHAM membership include networking with fellow members and exchanging great ideas. When asked what advice she could give to new members seeking to get involved in AAHAM, she suggested they begin checking the website for the latest information on committees, membership, etc.

I asked Amy if she feels that AAHAM is instrumental in making some changes regarding healthcare and she advises most definitely, especially at the state level due partly to the relationship that AAHAM has with VHHA (Virginia Hospital and Healthcare Association).

Amy's primary goal serving as First Vice President is membership. The board would like to increase our membership 12 to 15% in 2013. Another focus is to make sure that the website is kept current in regards to our members' contact information.

Another focus for getting people to join our National Membership is to offer more education at no cost like the Lunch and Learn and Back to the Basics. These are offered throughout the year and are a great way to earn CEU's for members who are not able to attend conferences but would like to maintain their certifications.

As you can see, the board has a big agenda to fill in 2013, but I am sure that with members such as Amy, they will be very successful in meeting these goals.

Job Postings

Patient Account Follow Up Spec—(6 vacancies)

Chief objective To follow-up on assigned claims (outpatient, inpatient or specialty billing) in order to obtain payment or the reason for non-payment.
Takes the necessary measures to supply third party insurance carrier or other payors (grants, contracts, VA, etc.) with correct
information in order to get claim paid and make a positive impact on reimbursement.
Licensure, Certification, or Registration Requirements for Hire
Current CPAT or CPAM certification **preferred**
Level and type of experience REQUIRED
Minimum of two (2) years of healthcare billing, follow-up and/or insurance collections work experience. Previous experience using a personal computer and various software applications, including Microsoft, e-mail, etc.
Education/training REQUIRED
High School Diploma or equivalent
Education/training PREFERRED
Post high school course work or an Associates Degree in Accounting, Business or related field
Independent action(s) required
Contacts departments and/or patients/guarantors to obtain additional information.
Targets which accounts to focus on to reduce accounts receivables.
Contacts third party payor to problem solve account

Patient Accounting Billing Specialist—(2 vacancies)

Chief objective of this position To analyze, evaluate and correct billing errors in the CIRIUS System and make appropriate notes in IDX in order to influence the collection of revenue, reduce accounts receivables and minimize errors. Evaluates and informs management of recurring themes related to errors.
Licensure, Certification, or Registration Requirements for Hire
Certified Patient Accounting Technician (CPAT) or Certified Patient Account Manager (CPAM) by the American Association of Healthcare Administrative Management (AAHAM) **preferred**
Level and type of experience REQUIRED
Minimum of two (2) years of healthcare billing, follow-up and/or insurance collections work experience. Previous experience using a personal computer and various software applications, including Microsoft, e-mail.
Education/training REQUIRED
High School Diploma or equivalent
Education/training PREFERRED
Post high school course work or an Associates Degree in Accounting, Business or related field
Independent action(s) required
Follows up on claim errors, researches to determine why account is in error status and resolves the error. Uses all of the CIRIUS tools to keep errors to a minimum.
Uses other systems to keep errors down in order to positively impact accounts receivable.

To apply for the above positions visit the VCU web site at: http://www.vcuhealth.org/careers/

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You may wonder why you should bother with obtaining your certification. After all, it's a lot of work—Let us enlighten you!

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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)
Phone: (434)293-8891
Fax: (804)977-8748
814 Montrose Avenue
Charlottesville, VA 22902

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

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/

Newly Certified—CONGRATULATIONS!!

Lynn	Anderson	CPAT	Augusta Health
Huong	Cao	CPAT	Inova
Jeannie	Clark	CCAT	Centra Health
Crystal	Coles-Hughes	CCAT	Centra Health
Scarlett	George	CPAT	MWHC
Vanessa	Gray	CPAT	Centra
Angelia	Hunt	CCAT	Centra Health
Donna	Jackson	CCAT	Centra Health
Phindi	Johnson	CPAT	MWHC
Portia	Jones	CCAT	VCU Health Systems
			Hunter Holems McGuire
Renee	Morris-Taylor	CCT	VA Med Ctr
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Amy	Schuler	CPAT	Mary Washington Healthcare
Ximena	Sejas Escudero	CPAT	INOVA Health Systems
Amanda	Stone	CPAT	Augusta Health
Lynda	Townsend	CPAT	Martha Jefferson Hospital
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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.

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For additional information, contact Miguel Wilkens @ 410-227-3051 or via email @ mwilkens@medical-account.com .

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David Nicholas
6800 Versar Center, Suite 400
Springfield, Virginia 22151
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Virginia AAHAM Executive Board 2010-2011

Chairman of the Board

(Chapter of Excellence Committee)

Kathleen Hughes, CPAM

Director of Patient Accounting

Augusta Health

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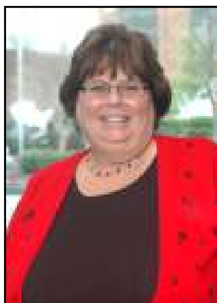

President

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

Linda McLaughlin, CPAM

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First Vice President

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

Amy Beech, CPAM

Patient Accounts Supervisor

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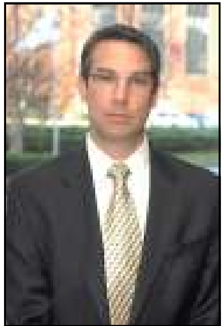

Second Vice President

(Committee Chairperson: Education Committee; Government Relations Committee)

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Virginia AAHAM Executive Board 2010-2011

Treasurer

(Committee Chairperson: Vendor Awards Committee)

David Nicholas, CPAM

Director of Operations RMC, Inc.

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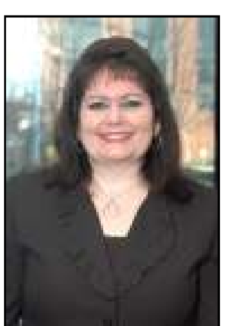

Appointed Board Member

(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)

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UVA Health System (Retired)

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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

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- 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

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Spring Regional Conference Highlights

The Virginia Chapter of AAHAM holds our Spring Regional Conference each spring in Charlottesville, VA. This year's informative educational sessions included:

Laughing Your Way to Excellence
Kelly Swanson

IRS Implications of PPACA for Healthcare Providers
Mike Newby, Esq. — Hancock, Daniel, Johnson & Nagle, P.C

Productivity: It's Not About X Accounts in Y Hours Anymore
Jeff Morgan — Avadyne Health

Virginia Government Assembly Session Review
Paul Speidell—Vice President
Virginia Hospital and Healthcare Association

Palmetto Update
Pattie Miles — J11 Provider Outreach and Education

Check our website for more education and networking opportunities.

Woman With A Mop…

Another Motivational Moment with Kelly Swanson

Some sweet morning, when this day is over, I'll fly away… You could hear her singing all the way from the parking lot. Loud, staccato, jubilant notes of a life well lived. The automatic glass doors opened and I could see her standing there, holding her mop as if it were a beloved dance partner, as if her faded cotton dress were made but of the finest silk.

I sat in the corner of the lobby, trying not to stare at this woman who was oblivious to everyone around her, as if it were the most normal thing in the world to be singing and twirling her way across the marbled floors of her hotel lobby, while the beeps of the monitors and the dings of the elevators sang to her in sweet harmony and I could smell the perfume of my changed perspective as I watched this woman turn her job into an art - turn her work into an act of worship.

She didn't know I was in the restroom, close enough to hear her stop working to go pray for a stranger's wounded child. She didn't see me standing there watching her help that old man wrap the blanket tighter around his wife's shoulders. She didn't know I saw her give away her lunch. So many moments throughout that day, I watched as her songs, her smile, her very aura, affected everyone who crossed her path. I watched how in those cold unexpecting antiseptic corners of that hospital, pain found healing, sorrow found comfort, hopelessness found hope – all wrapped up in a faded cotton dress and comfortable shoes.

*Some sweet morning, when this day is over, I'll fly away…*You could hear her singing all the way to the parking lot when she went to meet her bus at dusk. I stood in front of that big glass window and watched her go, wishing she wouldn't - beside the large slick commercialized sign that hung beside me. It had no doubt been created by a group of marketing intellectuals, and the sign said "Excellence starts here." And I wondered if the CEO knew just how true that really was.

That day a woman with a mop showed me what it

looks like to serve - our customers – our patients – our co-workers – and our communities. A woman who smelled of bleach and blessings reminded me that happiness is a choice. And she showed me how every single role in an organization is vital to the customer experience. You may be the only one they see who represents your brand.

If a woman with a mop can sing like that - why can't we?

www.kellyswanson.net

National News— www.aaham.org

Important Dates for 2013:3

- **Legislative Day—April 3-4, 2013 at the Hyatt Regency Capitol Hill in Washington DC**
- **2013 ANI—October 16-18, 2013 at the Sheraton New Orleans in New Orleans, LA**

Visit the website for more information
http://www.aaham.org

2013 Certification Schedule

April 22-27, 2013—Spring CPAM/CCAM exams

May 13-24, 2013—CPAT/CCAT/CCT exam period

June 3, 2013—Registration deadline for August CPAT/CCAT/CCT exams

August 1, 2013—Registration deadline for Fall CPAM/CCAM exams

August 12-23, 2013 CPAT/CCAT/CCT exam period

September 2, 2013—Registration deadline for November CPAT/CCAT/CCT exams

October 28—November 2, 2013 Fall CPAM/CCAM exams

November 11-22, 2013—CPAT/CCAT/CCT exam period

December 2, 2013—Registration deadline for February 2014 CPAT/CCAT/CCT exams

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.

—***Denise Martin, Vendor Sponsorship / Corporate Partners Chair***

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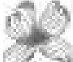
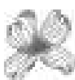
Mark you calendars!
Upcoming AAHAM events:

April 3-4, 2013	**Legislative Day, Washington, DC**
April 26, 2013	**Payer Summit, Richmond, VA**
October 11, 2013	**Fall Regional Conference, Warrenton , VA**
October 16-18, 2013	**Annual National Institute, New Orleans, LA**
December 4-6, 2013	**Annual Meeting and Conference, Williamsburg, VA**

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

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, CPAM

President, The Virginia Chapter of AAHAM

Jack Pustilnik

Second Vice President, The Virginia Chapter of AAHAM

Watch our web site for details:

www.vaaham.com

#1 Hospital in Virginia

U.S. News and World Report ranked VCU Medical Center the No. 1 hospital in Virginia and the Richmond metropolitan area for 2012-13, reflecting four programs — nephrology, pulmonology, orthopedics and urology — in the top 50. *U.S. News* has ranked VCU Medical Center as one of the best health care centers in the country for six consecutive years in selected specialties.

Children's Hospital of Richmond at VCU

Children's Hospital of Richmond at VCU is the only full-service children's hospital in Central Virginia, offering a complete range of health care services to children and their families at 13 locations throughout greater Richmond and beyond, including two main campuses and multiple outpatient and therapy centers.

VCU Massey Cancer Center

VCU Massey Cancer Center has helped lead and shape the nation's cancer research, treatment and education efforts. As a National Cancer Institute-designated cancer center, Massey provides advanced patient care backed by cutting-edge research, offering many clinical trials and providing hope and new treatment options to people with all kinds of cancer. With a multispecialty team approach, patients receive unparalleled, individualized care.

VCU Pauley Heart Center

Our cardiologists, cardiothoracic surgeons and staff save and improve the lives of people with heart disease every day. These specialists have introduced dozens of innovative procedures in the care of their patients. They were among the first in the country to implant the CardioWest temporary Total Artificial Heart.

Orthopaedics

VCU's Department of Orthopaedic Surgery is recognized as one of the most comprehensive and experienced programs in the country. Orthopaedic and podiatric specialists are dedicated to helping patients with complex acute and chronic conditions stemming from injury, arthritis and other medical conditions that affect the body's bones, joints, muscles, spine and nerves. Our specialists are experts in joint reconstruction, partial joint replacement and minimally invasive surgical techniques.

VCU Harold F. Young Neurosurgical Center

Our neurosurgeons are committed to providing comprehensive care through clinical research and innovative treatment. They are among the first to use the most advanced equipment and technology, including a state-of-the-art hybrid operating room. The center is recognized as a leader in the treatment of spine, neurovascular disorders, brain tumors, movement disorders and neurotrauma for adults and children.

VCU Hume-Lee Transplant Center

VCU Hume-Lee Transplant Center continues to be ranked among the most clinically successful programs in the country. The center has established a reputation for innovation, excellence and high transplant success rates. It is one of the nation's first centers to establish a program in solid organ transplantation and is the largest transplant center in Virginia.

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General Information (804) 828-9000 | **Appointments** vcuhealth.org/appointments or 1-800-762-6161

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 2013. 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

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