



The Virginia AAHAM Insider

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

The President's Message

"The year end brings no greater pleasure than the opportunity to express to you season's greetings with good wishes. May your holidays and new year be filled with joy." Charles Dickens

2022 is coming to a close. We had an amazing year with Virginia AAHAM. In 2022, the Virginia Chapter of AAHAM returned to in-person meetings as we returned to a normal, post pandemic schedule. Our Education Committee did a phenomenal job in helping our members attain CEUs and enhance their healthcare administrative management knowledge. There were three educational conferences in 2022 as well as partnerships with HFMA for networking.

The Certification Committee offered ten certification webinars in 2022 and played Jeopardy at the Charlottesville meeting in March.

I am pleased to report that the Virginia Chapter of AAHAM won the first-place award for Chapter Excellence for chapters with 200+ members, the Leslie Hampel award for most new CCTs and CRIP members, and Recognition for chapters with 200+ members, making us the fourth largest chapter in the country. Additionally, the chapter won 2nd place for the 2022 National Journal Award, recognized for excellence in journalism and graphic design. Our own Linda Patry won the prestigious Bill Spare award.

I want to recognize all of our sponsors. Without them, we could not do what we do to serve you. Susan McDonald deserves special recognition for helping our education committee, donating door prizes, and serving as our unofficial photographer at our events. This year, we were honored to donate to designated charities on behalf of our sponsors.

As 2022 draws to a close, I have been so honored to serve as your President and witness first-hand all that our board members and sponsors do to make sure we are successful. The partnerships, networking, and friendships are life-long and it is amazing to watch how the team pulls together for the membership and each other. The pandemic certainly changed the way things were done in 2020 and 2021, but 2022 was quite the comeback. I trust 2023 will be even more dynamic and I cannot wait to share it with you.

Sincerely,

Pam Cornell, CRCE

President, Virginia Chapter

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40th Anniversary Toast.....

For Forty years Virginia AAHAM has been around
Aren't we so fortunate to have found
People and causes to support and love
And to realize that we have more than enough

More than enough education to increase our knowledge
More than enough networking to have formed a village
More than enough certifications to bring about value
And more than enough friendships that include each of you

Tonight, we toast to those who are here
And we celebrate all who are dear
We remember those who have passed on
And we take the time to savor every moment, all night long

So, raise your glasses high
This is Virginia AAHAM's special night
Here's a toast to all of you
Here's a toast to everything you do!

Cheers to another 40 years!

By: Linda M. Patry, CRCE





Vendor Toast.....

To our partners who always show up
You are there to help our chapter and lift us up

You share your knowledge and new discoveries
And you support our board, our teams, and our facilities
We have learned so much from your offerings
Be it early out, eligibility, bad debt or auto-authorizing

You never tire of putting in the miles
You travel to many chapter conferences and ANIs
All while sharing your precious time, your services, and all you've achieved
Together We have laughed, we've sung, we've danced, and we have grieved

You work on our committees
You introduce our speakers
You support many charities
And you give of yourself to others

So, let's raise a glass or a cup
To our annual sponsors who never stop
We owe you more than we can ever repay
Thank you for everything you do and for being here today.
Cheers!

By: Linda M. Patry, CRCE





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Annual 2022 Winter Conference!



The Virginia Chapter of AAHAM
2022 Winter Regional Conference
Kingsmill Resort
Williamsburg, VA

Agenda
Wednesday, November 30, 2022

- 12:00-4:00** **Registration**
- 10:00 - 11:30** **Invitation Only - Vendor Appreciation Brunch**
- 1:00 - 1:30** **Introduction and Welcome - Pam Cornell, CRCE-I, MH, President, VA Chapter of AAHAM**
- 1:30 - 2:30** **Unravel Medicare Advantage Compliance ~Take A Compliant Approach To Improve & Protect Revenue**, Karlene Dittrich, CBCS, CPC, CPMA, CECCS Certified ERISA/PPACA, MedRevenue Solutions, LLC
- 2:30 - 3:00** **Break-**
- 3:00-4:00** **Leading in Today's Hyper Competitive Economy: Achieving Your Desired Results Through Simple, Practical and Proven Methods'**, Scott Cottrill, KeyBridge
- 6:00-7:00** **President's Reception-**





Annual 2022 Winter Conference!

Thursday, December 1, 2022

7:30-8:30 Registration and Breakfast-

8:30-9:30 AAHAM National Updates, Lori M. Sickelbaugh, CRCE, AAHAM National President

9:30-10:30 How Physicians Think About Revenue Cycle: Building a bridge to a strong partnership and strong revenue cycle results, Dinesh Pai, Chief Revenue Cycle Officer Tidewater Physicians Multispecialty Group

10:30-10:50 Break and Corporate Partners Networking-

10:50-12:00 40 years of Healthcare, Looking Back and Driving Forward, Cally Christenson SVP, Client Development, Knowtion Health

12:00-1:00 Lunch and Virginia AAHAM Annual Business Meeting and Award Ceremony- Sponsored by Knowtion Health

1:00 -2:00 Workplace Culture and Employee Engagement Strategies, Mark Unger, Business Development Manager, Penn Credit

2:00 - 2:30 Break and Corporate Partners Networking-

2:30-4:00 PFS Directors Panel

- Sarah Ogle, VP of Revenue Cycle, Mary Washington
- Dinesh Pai, Chief Revenue Cycle Officer, Tidewater Physicians Multispecialty Group
- Willie Brown, VP of Revenue Cycle, Sentara Healthcare
- Jeffrey Blue, Manager, Revenue Cycle, University of Virginia Health System
- Katie Adams, Director, Patient Financial Services, Augusta Health

6:00-10:30 40th Anniversary Black Tie Banquet with Happy Hour and Dinner-





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Annual 2022 Winter Conference!

Friday, December 2, 2022

- 8:30-9:30** **Registration and Continental Breakfast** Sponsored by RMC
- 9:30-10:30** **Legislative Updates**, Jay Andrews, Financial Policy VP, VA Hospital & Healthcare Association
- 10:30-10:45** **Break**
- 10:45-11:45** **Using Automation to better connect to your patients TODAY**, Elizabeth Staas, CRCR, VP, Strategic Solutions Firstsource
- 11:45-12:15** **Door Prizes and Adjournment-**



The Virginia Chapter of AAHAM will collect for Toys for Tots throughout the conference. The mission of the Marine Toys for Tots Foundation is to assist the U. S. Marine Corps in providing a tangible sign of hope to economically disadvantaged children at Christmas. The objectives of the Foundation are to help less fortunate children throughout the United States experience the joy of Christmas; to play an active role in the development of one of our nation's most valuable resources – our children; to unite all members of local communities in a common cause for three months each year during the annual toy collection and distribution campaign; and to contribute to improving communities in the future.

For more information visit www.toysfortots.org

For program questions, please contact Cathy Price: cprice@knowtionhealth.com

For sponsorship opportunities, please contact Tom Perrotta: Tom.Perrotta@penncredit.com





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Pictures.. Winter Conference!

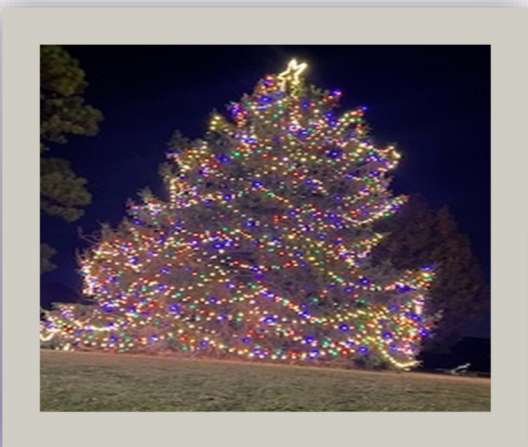




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Pictures.. Winter Conference!





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Virginia Hospital Advocate Newsletter

What’s Happening in Richmond?

Special Election for the Virginia General Assembly

Several special elections are in the offing this month (each contest is set for Jan. 10) due to a series of separate developments.

One special election is being held to select an individual to fill the unexpired term of former Delegate Ronnie Campbell (R- Rockbridge County) who passed away on Dec. 13 following a lengthy and valiant battle against cancer. Prior to his House of Delegates service, Del. Campbell served on the Rockbridge County Board of Supervisors and School Board. He was a retired Virginia State Trooper. His wife, Ellen, has announced her intention to run in the special election and she has been endorsed by Governor Glenn Youngkin and House of Delegates Speaker Todd Gilbert.

Delegate Mark Keam (D-Fairfax County) recently resigned his seat to accept a federal government position as a deputy assistant secretary running the National Travel and Tourism Office, a division of the International Trade Administration of the U.S. Department of Commerce. Republican Monique Baroudi will face Democratic nominee, Holly Seibold, in the Jan. 10 contest to determine who occupies the seat Keam is vacating.

Republican Kevin Adams and Democrat Aaron Rouse are facing off in a Jan. 10 special election for the Virginia Beach-based 7th Senatorial District, which most recently has been represented by Senator Jen Kiggans, a nurse and Navy veteran who was elected to Congress in November. The district is widely considered an electoral “toss-up,” politically speaking. In a closely divided Virginia Senate – Democrats currently have a 21-19 edge – the seat is coveted by both parties heading into the legislative session.





Virginia Hospital Advocate Newsletter

What's Happening in Richmond?

2023 General Assembly

The VHHA Government Affairs Team is preparing for the fast approaching 2023 General Assembly session, which officially begins on Wednesday, Jan. 11. In December, Virginia Governor Glenn Youngkin introduced his recommended amendments to the two-year state budget during a joint meeting of the House Appropriations and Senate Finance committees. The Governor's proposed modifications call for historic investments in behavioral health and health care workforce development. Many of those proposals are consistent with VHHA priorities. They include: \$30 million for the Virginia Department of Health (VDH) to establish the Earn While You Learn Program – a nationally recognized model that provides health care students the opportunity to work in health care while they attend class to become a health care professional, an additional \$10 million for the Nursing Preceptor Incentive Program, \$20 million for psychiatric emergency programs, \$4.1 million for the Behavioral Health Student Loan Repayment Program, and \$57 million to expand and modernize comprehensive crisis receiving centers. VHHA will work with the Youngkin Administration and the General Assembly to advance these and other critical priorities for Virginia hospitals.





Virginia Hospital Advocate Newsletter

What's Happening In Washington, D.C.

Special Election in Virginia's 4th Congressional District

On Nov. 28, U.S. Rep. Donald McEachin passed away from complications associated with a colorectal cancer diagnosis he had battled for years. Congressman McEachin was a stalwart in Virginia Democratic politics who was first elected to the Virginia House of Delegates in 1996. He served there until 2002 when he unsuccessfully ran for Virginia Attorney General. Subsequent to that, he was elected to the House of Delegates in 2006, and then the Virginia Senate in 2008, where he served until 2016 when he won Virginia's 4th Congressional District seat in the U.S. House of Representatives.

Governor Glenn Youngkin set a special election for the seat on Feb. 21. Republicans selected pastor and Navy veteran, Leon Benjamin, as their nominee, while Democrats in a "firehouse primary" held on Tuesday, Dec. 20 overwhelmingly voted to nominate Congressman McEachin's successor in the Virginia Senate, Senator Jennifer McClellan (Richmond) from a field of four candidates. If elected, McClellan would be the first Black woman to be a member Congress from Virginia.

Congress Passes Omnibus Spending Package to Avoid Shutdown

Last month, Congress voted to approve a spending package that avoided a looming government shutdown. The approved package includes several critical items related to hospitals and health systems. The spending bill prevented the harmful "Pay-As-You-Go" Medicare 4% sequester cuts for two years, extend for two years critical rural Medicare programs, telehealth flexibilities and the Acute Hospital Care at Home program, and allows states to begin processing Medicaid redeterminations April 1, 2023, while phasing down the public health emergency-related to enhanced Federal Medicaid Assistance Percentage (FMAP) funding support. The spending package also includes congressionally directed spending items, or "earmarks," requested by the VHHA Foundation: \$885,000 to establish the Virginia Center for Hospital-Based Violence Intervention, which will advance hospital-based violence intervention programs at Virginia hospitals and health systems; and \$375,000 for the Virginia Community Telehealth Access Network Pilot Program at the VHHA Foundation, which seeks to create a network of telehealth pods located next to post offices to help provide clinical care in rural communities that lack adequate broadband and proximity to medical providers.





Virginia Hospital Advocate Newsletter

VHHA/VNA Workforce Lobby Day

The Virginia Hospital & Healthcare Association (VHHA), in partnership with the Virginia Nurses Association (VNA), invites members to join us in Richmond for a day of advocacy on workforce challenges, including the need to support programs that help with recruitment, retention, wellness, and safety for the health care workforce. Attendees may include executives, administrators, or clinicians. It is not necessary to be health care policy experts to participate. We encourage you to bring your own experience and insight to Richmond to share with your elected district representatives.

REGISTER NOW: Let us know if you plan to attend the event by completing this [registration form](https://nam04.safelinks.protection.outlook.com) [\[nam04.safelinks.protection.outlook.com\]](https://nam04.safelinks.protection.outlook.com)

January 18th Agenda

- 8:00 a.m.** Breakfast and legislative briefing – ChamberRVA 919 E Main St. Suite #1700
- 9:00 a.m.** Morning Legislative Visits – Pocahontas General Assembly Building, 900 E Main St
- NOON** Optional: View the House of Delegates and Senate in session – Virginia State Capitol
- NOON** Lunch – ChamberRVA
- 1:30 p.m.** Afternoon Legislative Visits – Pocahontas General Assembly Building
- 4-6 p.m.** Happy Hour and report back on your day! Tobacco Company Restaurant, 1201 E Cary St.

Questions? Contact Sharon Alexander, Director of Workforce Initiatives, (908) 328-3807, salexander@vhha.com





Virginia Hospital Advocate Newsletter



**Join the
Hospital Grassroots Network!**

Sign up for the VHHA Hospital Grassroots Network to join our **rapid response network** that helps legislators understand the importance of a pending health care vote or issue.

The Virginia Hospital Advocate newsletter will also help keep you updated on key issues so that you're informed and ready to respond when an urgent action alert is issued.

[Register online today! \[nam04.safelinks.protection.outlook.com\]](https://nam04.safelinks.protection.outlook.com)

Thank you for supporting Virginia hospitals!

VHHA's Advocacy Team works hard to keep you up to date with the latest health care policy and politics news. We love to hear from our members and supporters!

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Please don't hesitate to contact members of the team, and send **Davis** feedback or suggestions for topics to cover in future newsletters. Thank you!





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On Board Virginia

1. VHHA in Action

[Each day, VHHA actively works on behalf of its members, their employees, and Virginians to advance the interests of Virginia's hospitals and health care systems.](#) In the past week, here are some developments of interest to Virginia hospitals and health systems:

The **VHHA Data Analytics Team** has updated the [Virginia Hospital Patient Experience Dashboard \[nam04.safelinks.protection.outlook.com\]](#). The tool provides information on categorical performance measures as specified by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, as well as analyses in state performance distribution, individual hospital performance, and historical performance trends.

The **Virginia Neonatal Perinatal Collaborative (VNPC)** and the **VHHA Foundation**, with support from the **U.S. Centers for Disease Control and Prevention (CDC)**, are conducting a Levels of Care Assessment Tool (LoCATE) survey of birthing hospitals to better understand the health care services available to birthing individuals and infants in Virginia. The deadline to complete the survey tool developed by the CDC is Dec. 15, 2022. Hospitals that complete the survey will receive levels of care recommendations in 2023. Access the LoCATE survey tool [here \[nam04.safelinks.protection.outlook.com\]](#). One person from each hospital should be designated to complete the survey. Please direct any questions to Mary Arrowood, VHHA Foundation Population Health Director, at marrowood@vhha.com.

The **Virginia Department of Medical Assistance Services (DMAS)** is planning to launch the new Cardinal Care program on Jan. 1, 2023. The program combines Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC+) into a unified managed care program. Providers that are currently not contracted for both Medallion 4.0 and CCC+ should contact the applicable Medicaid MCOs and discuss combined contracting and credentialing. Read more about Cardinal Care on the DMAS website. The page for providers is [here \[nam04.safelinks.protection.outlook.com\]](#) and the page for members is [here \[nam04.safelinks.protection.outlook.com\]](#).

VHHA, the **Virginia Department of Health (VDH)**, and dozens of hospitals and other Virginia health care organizations recently issued a joint statement with information about what is shaping up to be an intense cold, flu, and respiratory syncytial virus (RSV) season and health tips during this period. The Virginia health care community is encouraging Virginians who haven't done so to get vaccinated against the flu, get vaccinated or boosted against COVID-19, and to take personal health and safety precautions as we enter what could be a particularly intense flu and respiratory illness season. This year's flu season is already showing early, concerning signs that it may be worse than in recent years. There are also increasing numbers of RSV cases, which may cause serious illness and hospitalization in children and older adults. If these trends continue, this could strain healthcare systems in some communities. Virginia doctors, hospitals, and other healthcare providers are already being inundated with a surge of sick patients seeking care, filling hospital beds, and in many cases requiring longer hospital stays. Read more [here \[nam04.safelinks.protection.outlook.com\]](#).

Staff members at standalone psychiatric hospitals in Virginia are eligible to participate in the **Virginia Behavioral Health Student Loan Repayment Program (BH-LRP)**. The program is an annual \$1.6 million fund established by the **Virginia General Assembly** in 2021 to help recruit and retain behavioral health professionals to practice in underserved areas of the Commonwealth or provide counseling and treatment to underserved populations. This program will repay a portion of eligible professionals' student loan debt. In return, recipients commit to practicing in Virginia for a minimum of two years at an eligible site. The current application period is open through April 15, 2023. Learn more [here \[nam04.safelinks.protection.outlook.com\]](#). Send any questions to kiara.christian@vdh.virginia.gov or olivette.burroughs@vdh.virginia.gov. – Jennifer Wicker





On Board Virginia

VHHA recently hosted the latest in a series of webinar briefings highlighting innovative, hospital-based behavioral health treatment programs established with state support to care for Virginians in need. The webinar focused on **Carilion Clinic Comprehensive Psychiatric Emergency Program** and featured remarks from **Dr. Anilla Del Fabbro**, Carilion System Director for Emergency Psychiatry, and **Lisa Dishner**, Carilion Senior Director of Nursing for the Department of Psychiatry and Behavioral Medicine. View a webinar recording [here \[nam04.safelinks.protection.outlook.com\]](#) or [here \[nam04.safelinks.protection.outlook.com\]](#). The inaugural webinar in the series focused on **Riverside Health System's** comprehensive behavioral health strategy and it featured remarks from **Riverside Behavioral Health Center** President **Stacey Johnson** and **Tim Webb**, CEO of **Safe Harbor Recovery Center** in Portsmouth. View a recording of that webinar [here \[nam04.safelinks.protection.outlook.com\]](#) or [here \[nam04.safelinks.protection.outlook.com\]](#).

The **Virginia Healthcare Emergency Management Program** (VHEMP), in conjunction with the VDH Office of Emergency Preparedness and VHHA, recently held a webinar featuring updates from VDH regarding the Ebola outbreak in Uganda, patient screening and monitoring, notification and coordination processes, infection control, and epidemiological risk factors. View a recording [here \[nam04.safelinks.protection.outlook.com\]](#).

Save the date for the 12th annual **Virginia Patient Safety Summit** presented by the **VHHA Center for Healthcare Excellence** and scheduled as a virtual event on Feb. 23, 2023. The annual event is an opportunity to celebrate the great work being done in Virginia's hospitals and health systems to meet the health care needs of their communities. The Patient Safety Summit is also an opportunity to acknowledge the individuals, teams, and leaders who make Virginia a great place to be a healthcare provider and to receive care. More details, including information regarding submission of hospital-based quality improvement projects and registration, will be forthcoming.

VHHA Shared Services is an affiliate of VHHA designed to assist member hospitals and health systems achieve their individual missions. It does so by working with members to understand their current unmet needs, and short and long-term goals, and then partnering with organizations that support those goals. Shared Services recently relaunched its [website \[nam04.safelinks.protection.outlook.com\]](#) and established a [LinkedIn page \[nam04.safelinks.protection.outlook.com\]](#) to support its mission of serving members. Learn more about the benefits available to VHHA members and the advantages of becoming a VHHA partner [here \[nam04.safelinks.protection.outlook.com\]](#)





How Consumers Think About Hospital Debt Collection



In 2020, consumer finance company Credit Karma conducted an [analysis](#) of 20 million members in the United States. The results showed that Americans owed a total of \$45 billion in medical debt — around \$2,200 per member surveyed. Hospitalizations were responsible for one-quarter of all the medical debt.

Medical debt has been growing since the coronavirus pandemic, during which millions of Americans lost their jobs and health insurance. But even before coronavirus, [studies](#) showed that around one-third of Americans had medical debt, and around half of those who owed debt had defaulted on it.

For healthcare providers, there's a lot of money being left unpaid for services rendered. The problem is, debt collection is often convoluted and rarely straightforward. A debt collection [survey report](#) from the Consumer Financial Protection Bureau found that "more than half of consumers (53%) who were contacted about a debt in collection in the past year indicated that the debt was not theirs, was owed by a family member, or was for the wrong amount."

Brad Stephens has served for eighteen years in the Bad Debt Division and as a Compliance Manager with KeyBridge Medical Revenue Care. He offers his insights on this ever-challenging —and ever-changing — medical debt landscape throughout our article.

Patient Confusion

The previously mentioned survey report showed just how confused patients often are when it comes to understanding what debt they owe, what their insurance covers, and what happens if or when they use an out-of-network provider.

Mr. Stephens agrees, pointing out that many patients are reluctant to pay what the insurance didn't cover because they believe their plans should have covered more. Some patients also believe their plans should cover 100% of their procedures.

As well as not knowing how to pay off their debt best, many patients did not know they could negotiate on their medical bills, or that they could ask their medical provider or insurance to clarify what they may owe before services were provided.





How Consumers Think About Hospital Debt Collection

See Things From the Patient's Point of View

Mr. Stephens gives valuable insight into how many patients think of their debts, and how providers can use these points to provide better services regarding medical debt collection.

He says:

1. Consumers want to do the right thing and repay their obligations, but may not know how.
2. Medical debt is not self-inflicted. Consumers who seek medical treatment do so as a physiological need. Consumers will often place medical debt repayment low in priority behind shelter, food, basic needs, and sometimes entertainment.

In addition to understanding these points, Mr. Stephens says KeyBridge's success to medical debt collection takes a "unique approach and a unique set of skills taught by expert trainers." He states The KeyBridge Patient Care Representatives use a combination of active listening, compassion, knowledge and empathy which often leads to first-call resolutions and positive patient experiences.

How Healthcare Providers Can Help

Healthcare is no longer just a medical industry — it's a consumer industry. For many patients, understanding their financial responsibilities can be stressful and confusing. Healthcare organizations can set themselves apart from their competitors by humanizing the patient's financial experience. Since fewer than [40% of Americans](#) have \$1000 or more in savings, and as patients become increasingly responsible for their own medical costs, it's important that healthcare providers communicate with patients before the debt is owed.

It turns out, the best way to increase revenue is by helping people. Mr. Stephens states, "Repayment for medical services falls at the end of the patient cycle and will often be the last thing he/she remembers about their total patient experience." To help recover costs from patients, he says "minimum wait times, friendly and knowledgeable staff, flexible payment terms and communications that are clear, precise and consistent" will set your organization apart and help recoup payment.

Patients can find it confusing to be billed for a service so long after a doctor saw them. Hospitals and healthcare organizations can help by creating simplified bills that clearly show what they owe, what services were performed and what is covered by insurance. Timely delivery of bills and keeping a limit on how many bills are sent can help.





How Consumers Think About Hospital Debt Collection

By explaining clearly what the patient will owe, and what their insurance will cover before any services have been provided, the patient will avoid being blindsided by a medical bill they don't understand or didn't expect. Many patients don't understand what their deductibles are or what copayments include. Days prior to the appointment, your staff can do eligibility checks on the patient's insurance to determine the copayment and deductible amounts. At this stage, you can also contact the patients and make sure they are aware of this information.

Electronic payment methods can also help recuperate a larger percentage of what is owed. According to the Academy of Healthcare Revenue, providers have a 70% chance of receiving payment at the time of service if they request it.

That number drops to 30% after the patient leaves the building. Yet many providers aren't set up to take credit cards, don't have a POS system at their reception desk, or don't save patient's credit card details into their secure payment systems. Patients would never accept this kind of service from a retail or any other service provider.

Train your staff to politely ask how your patients would like to pay after their appointment. While the end goal is to recoup as much as possible after the appointment, your staff should focus on providing an exceptional customer experience. This means taking the time to answer their questions and talking with them about what they owe and the systems you have in place for them to pay.

If patients cannot pay the full amount at the time, setting them up on a patient plan before they leave the building puts them into a system to repay within the next three to six months.

Improving the patient financial experience goes a long way toward recouping costs for your organization. What's more, when patients feel they have been treated in a dignified manner they are more likely to want to repay what they owe and return to your organization again if they require further treatment.

If you have any questions or comments about this article, please reach out to Susan McDonald: smcdonald@keybridgemed.com





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Metrics are meaningless unless.....

At the AAHAM ANI in Baltimore, Md (October 12 – 14), I was chosen to give a presentation on metrics. The title was “How are Metrics affected by Process...” The focus of this presentation was based on two distinct facts: (1) process has a direct effect on the measuring of a metric and (2) unless metrics are measured appropriately and “adjusted” once the metric is met, the metric is meaningless. Metrics provide essential links between strategy, execution, and ultimate value creation. Changing process dynamics are placing heavy demands on conventional metrics systems and creating stresses throughout our revenue cycle. Recent research has not kept pace with these new demands in an environment where it is no longer sufficient to simply let metrics evolve over time—we must learn how to proactively design and manage them. In our health care revenue cycle management environment, we have established metrics, or standards, in numerous departments. When the concept was first introduced, many consultants became advisors on how to establish metrics. The use of metrics can be very powerful, if individuals and the group work together to not only achieve standards, but to surpass them.

As a consultant, I have helped health care provider organizations establish metrics for their revenue cycle management processes. I have watched as these metrics helped spur employees and, in turn, entire departments, to meet their revenue cycle management goals. Once the standard is met, however, it can act as a leech, draining the energy around the activity. The reason: Employees remain at the achievement level of meeting set standards, rather than moving forward. Thus, the best use of metrics is to establish a meaningful and attainable standard and once met, adjust the metric to achieve higher levels of success. Let’s talk about a few examples:

Metrics at Patient Access

To make metrics meaningful, let’s examine patient access examples. Specifically, let’s take a closer look at preregistration and time-of-service collections metrics.

Preregistration metric

For scheduled patients, let’s say that the metric is 95 percent of scheduled patients are to be preregistered. Now, some questions must be answered:

- Who established the standard that 95 percent of scheduled patients be preregistered?
- What type of participation did employees responsible for preregistering scheduled patients have in setting the metric?
- Do patient access employees understand the preregistration metric and its ripple effects?





Metrics are meaningless unless.....

In general, this type of metric is meaningful and attainable. Now, let's break it down further. It is likely that staff members believe that achieving the goal of preregistering 95 percent of scheduled patients is dependent on others. For instance, employees responsible for preregistering patients may believe, "If others don't schedule a patient, I can't preregister them."

Further, if staff members were not involved in developing the metric, employees may hit the 95 percent preregistration standard and go no further. The reason: Since staff members had no real input, and thus no ownership, in developing the standard, there is no employee-driven motivation to push to 97 percent or even 100 percent.

Experience tells us that employees in all areas tend to relax once they meet an established metric. Unless there is some sense of ownership or self-motivation, employers miss the opportunity for employees to embrace a metric and to challenge themselves to exceed it by enhancing the process it measures.

For instance, nurturing a sense of ownership among employees in a preregistration metric could lead to actions that would enhance the preregistration process and, in turn, improve the ability to meet and/or exceed the metric that 95 percent of scheduled patients be preregistered. Some ideas to enhance the preregistration process could include:

- Partner with clinical staff members when setting metrics to establish a metric on patient scheduling or if one exists, discuss the impact of communication and patient satisfaction.
- After a patient is scheduled, put the patient in immediate contact with a preregistration staff member to complete registration data collection.
- As possible, combine schedule and preregistration, to eliminate the need for a hand-off.
- ◇ In patient satisfaction surveys, include specific questions regarding the quality of patient access services in the scheduling and preregistration process, to identify areas of strength and areas in need of improvement.

Time-of-Service Collections Metrics

In addition to maintaining metrics for preregistration/registration data collection in inpatient, outpatient, and emergency department settings, metrics associated with collecting patient-pay balances at the time of service also is important. Time-of-service collections can—and should—occur throughout the various health care delivering settings within a health care facility.





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Metrics are meaningless unless.....

Time-of-service collections are an issue that should be broached with patients during the preregistration process, with financial counseling involved as appropriate. Actual collections should occur, as possible, in all settings, from outpatient clinics through to emergency departments. (Any collections in emergency departments, of course, must occur in compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA)).

There may be different metrics associated by health care delivery setting, as mandated by the actual physical location and patient processing procedures that may present challenges in collecting from patients at the time of service in particular service settings. Such considerations must be factored into developing time-of-service collections metrics for each area.

For instance, in financial counseling, time-of-service collections metrics may be arranged in different categories, ranging from identification of patient-pay balances through to the collection of patient-pay balances at the time of service. Examples for time-of-service collection metrics to achieve in upfront financial counseling may include:

- Identify patients' financial obligations prior to or at the time of inpatient admission or outpatient visit.
- Work with patients to set up payment plans for larger patient-pay balances, with an initial down-payment to be collected at the time of service. Further, for uninsured or underinsured patients, initiate the enrollment or other eligibility verification processes so that patients may begin the processes required to apply for and receive any applicable financial assistance from local, state and/or federal programs.
- Create a discharge/exit process that allows for front-end employees to collect patient-pay balances at the time of discharge.

For outpatient clinic sites, payment always should be expected at time of service. Patients have come to expect to pay copayments at the time of service for physician office visits, where signage abounds with statements such as, "Payment at the time of service is expected." Similarly, outpatient clinic areas should implement time-of-service collection policies to collect copayments and/or deductibles when patients present for services.

Identifying patient-pay balances, after all, is part of the preregistration process, which includes insurance verification to determine patients' eligibility, coverage limits and financial obligations. Thus, for preregistered patients (for which there is a metric of at least 95 percent of scheduled patients are preregistered), collecting patient-pay balances at the time of service should be part of the package, as patients should be informed during preregistration of the amount they will be expected to pay when they arrive for service.





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In terms of the emergency department, as noted, time-of-service collection processes in this care setting must be implemented in compliance with EMTALA. Further, it should be noted that EMTALA does not preclude time-of-service collections. Rather, EMTALA requires the emergency patients be provided with a medical screening examination and stabilizing treatment, as needed, without delay due to insurance and/or payment queries. Typically, however, there is a waiting period during which patient access employees may carry out their registration job responsibilities, which includes data gathering through to determining patients' financial liabilities, as well as requesting payment. Key is to ensure that medical care and treatment are not delayed for these administrative aspects of the emergency department visit.

Patient education is among the components to enhance the ability for patient access to successfully meet any established metrics for time-of-service collections. Consider posting signage, in the emergency department and other areas, that states that payment is expected at the time of service so that the facility remains financially viable and, thus, able to continue to deliver quality health care to the community. To enhance time-of-service collections, also consider:

- Do patient access employees understand the need to collect patient-pay balances at the time of service?

Employees need to know that it costs less to request and receive payment at the time of service than to expand the human and material resources to mail patient bills after service. Not only does billing patients cost the facility more than if patient-pay balances are collected at the time of service, failure to collect from patients at the time of service can lead to lengthy payment delays or write-offs. The reason: patients tend to set aside medical bills in favor of paying more pressing daily living expenses and bills. Medical bills typically are placed on the bottom of the to-pay list, as medical care received cannot be taken away, regardless of whether the bill is paid, while telephone, cell phone and utility services, for example, may be suspended if unpaid.

- Are front-end employees trained to also offer patients a time-of-service payment discount?

If your facility opts to offer time-of-service payment discounts, the discount should be standard across the facility and all patients should be informed about this opportunity to reduce their portion of their medical bills.

The Value of Metrics

Metrics are a good way to understand a process and to establish a reasonable standard as to its completion. The power of metrics comes into play when the people performing a particular job are allowed to have input into the process. Involving employees in establishing metrics accomplishes two important goals. First, employee involvement allows those performing the job to identify the measurable components critical to a process. Second, employee involvement also allows for staff members to also identify gaps in the process that may present obstacles to meeting established metrics.





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Metrics are most valuable when individuals in a group compete both as individuals and as a team to enhance the process and adjust the metric. This employee involvement also helps new staff members to quickly become a part of the group and to be trained to enhance a metric. It also is valuable when the group can identify an enhancement possibility and present it to managers—along with the reasons for any proposed change—whether it is an improvement that requires new equipment or a change in process flow.

Moving Beyond the Metrics

It is frustrating to find people, even chief financial officers, who are indifferent toward enhancing a metric once the standard is achieved. For example, if a facility is at 50 days gross days revenue outstanding (GDRO), which is 10 days below the 60-day benchmark for this health care industry major financial indicator, there often is no incentive to work at reducing it further, to, say, 45 days. The chief financial officer is happy at 50 days, and staff members then are not challenged to improve upon the established standard.

There is no power in metrics if there is no pressure or incentive to surpass the metric. Rather, metrics should be accompanied by the expectation that the established standards are goals to be met and, once met, established goals should be revisited and revised so that there can be constant improvement.

It is important to keep in mind that even small tweaks to a metric can result in significant improvement. Indeed, even a one-day or one-dollar improvement can be significant enough to pique employees' interest and motivate them to strive to hit new and higher standards. How? Consider this: I worked at a facility where a one-day reduction in medical record backlogs created a \$1 million increase in cash flow.

Monitoring Metrics

In making a move to metrics, consider incorporating visuals for employees that show their progress toward meeting (or exceeding) goals. The visuals may be posted in employee break rooms or meeting rooms, and will help keep issues and goals at the forefront.





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For instance, consider posting a bar or line graph that shows daily time-of-service collection amounts. Employees who are able to visually see how the department is tracking toward meeting its goal are more likely to be inspired to meet this metric if they see how every little bit collected each day is building towards tens of thousands of dollars in immediate improved cash flow. For every metric there should also be a “suggestion box” or some opportunity for feedback. This feedback should be open to all employees from every department. You would be surprised how many new ideas come from “new” employees coming from another facility.

I have just discussed some of the frontend metrics in this article. I have additional discussion points involving the rest of the revenue cycle and will possibly write another article in the future. Till then, examine your metrics and if you have met or exceeded them for two months in a row, change the metric for the next challenge. Enjoy!

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**The Virginia Chapter of AAHAM Publications Committee
is Seeking Committee Members!**

No Experience Necessary!

As a member of the publication committee, you can earn AAHAM CEU's while collaborating with other Chapter members, vendors, and authors.

Writers Wanted!

Newsletters are published quarterly. Don't miss your chance to be read, recognized, and rewarded for your writing talent!

Submit articles or, express interest in participating on the Virginia AAHAM Publication Committee. Contact Amy Beech for information!

abeech@augustahealth.com





AAHAM Certification Options:

The AAHAM Certified Revenue Cycle Executive

The AAHAM Certified Revenue Cycle Professional

The AAHAM Certified Revenue Integrity Professional

The AAHAM Certified Revenue Cycle Specialist

The AAHAM Certified Compliance Technician

What are the AAHAM Exams?



What is the AAHAM CRCE (Executive) certification?

Executive Certification is an extensive online proctored exam directed to all senior and executive leaders within the healthcare revenue cycle industry, to help equip them for strategic management of the business. This certification possesses the highest level of difficulty combining content knowledge of the business with critical thinking and communication skills.

What is the AAHAM CRCP (Professional) certification?

Professional Certification is an online proctored exam directed to supervisors and managers in the revenue cycle industry, to validate their knowledge and skills. This certification is for the individual who desires confirmation and recognition of their expertise and/or for those who aspire to the executive level certification.





What are the AAHAM Exams?

What is the AAHAM CRIP (Revenue Integrity Professional) certification?

The Revenue Integrity Professional (CRIP) is an online proctored exam directed to anyone in the revenue cycle industry to help ensure that facilities effectively manage their 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.

What is the AAHAM CRCS (Specialist) certification?

Specialist certification is an online proctored exam that tests the proficiency of staff involved in the processing of patient accounts and to prepare them for the many details needed to perform their daily job duties.

What is the AAHAM CCT (Compliance) certification?

Compliance certification is an online proctored exam that thoroughly tests competencies in healthcare compliance for all staff involved in the processing of patient accounts. It is intended to meet the annual employee compliance training requirements and to support individuals with professional compliance responsibilities in both institutional (hospital, health system) and professional (physician, clinic) settings and to prepare them for the many details needed to perform their daily job duties.





Recently Certified in Virginia

VA AAHAM would like to congratulate those who earned the following designations in October, November, and December . Congratulations to:

Certified Revenue Cycle Specialist:

- Claire Bailey, CRCS
- Debbi Crocker, CRCS
- Ameshee Bansal, CRCS
- Minnie Saadi, CRCS
- Mohamed BenAbdallah, CRCS
- Ngoc Truong, CRCS
- Lisa Yearby, CRCS
- Glenda Roble-Guerrero, CRCS
- Tawana Wilson, CRCS
- Antoni Williams, CRCS
- Edmund Riberi-Addy, CRCS
- Andrea Marquina, CRCS

Certified Revenue Cycle Professional:

- Natasha Jackson, CRCP





Recently Certified in Virginia

VA AAHAM would like to congratulate those who earned the following designations in October, November, and December . Congratulations to:

Certified Revenue Cycle Executive:

Stephan Sutton, CRCE

Certified Compliance Technician:

Kaliah Coats, CCT

Charlene Collins, CCT

Amanda Gunnoe, CCT

Tazia Williams, CCT



CONGRATULATIONS VIRGINIA CHAPTER!

Virginia AAHAM received recognition for
Stellar Membership Numbers with
over 200 Members in 2021!

2023 VA AAHAM Membership Application

We are thrilled to be growing the Virginia Chapter of AAHAM. Visit our [online membership application](#) and payment options 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
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- Membership directory
- Chapter newsletter
- Reduced fees for chapter education events
- Interaction & networking with peers
- Preparation assistance for certification tests that demonstrate your professional skills
- Certification Training webinar slides and recordings

[Join VA AAHAM
Today!](#)





Upcoming Events

Upcoming Certification Exam Dates and Registration Deadlines

Certification Exams are now available each month!

January 2023– 1/16/23-1/20/23

February 2023– 2/20/23-2/24/23

March 2023– 3/20/23-3/24/23

April 2023– 4/17/23-4/21/23





Upcoming Events

Save the Date:

Virginia AAHAM 2023 Spring Meeting:

**Wednesday March 15, 2023
Inova EpicCare Training Center
811 Gatehouse Road
Falls Church, VA. 22042**



Please be sure to watch out for email blasts with registration details for Virginia AAHAM's next Conference! As always, you can view our [Events page](#) on our website for upcoming events.





Virginia AAHAM Executive Board 2021-2022



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Virginia AAHAM Executive Board 2021-2022



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Match The Snow Facts

MATCH THE SNOW PHRASE TO ITS MEANING!

Answers on page two.

- | | |
|------------------|--|
| 1 SNOWBOARD | the largest on record was 15" wide |
| 2 SNOW FENCES | special scales for measuring the depth of snowpack |
| 3 SNOWMOBILE | hills of powdery snow formed by the wind |
| 4 SNOWMAN | its density is determined by visibility |
| 5 SNOW BLINDNESS | intentional drifts built to protect roadways |
| 6 SNOWFLAKES | no school or work |
| 7 SNOWDRIFTS | help your feet stay on top of the snow |
| 8 SNOW CANNONS | winter weapon of choice for kids |
| 9 SNOW JOB | caused by intensified UV rays reflected from snow |
| 10 SNOWPLOW | create artificial snow |
| 11 SNOWBALL | a lie |
| 12 SNOW DAY | Frosty |
| 13 SNOW PILLOWS | clears roadways |
| 14 SNOWFALL | surfs on snow |
| 15 SNOW SHOES | called "snow machine" by Alaskans and others |





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Speedy tortilla soup

12 Ingredients

- ⊕ 1/4 cup vegetable oil
- ⊕ 1 medium red onion, chopped
- ⊕ 2 tsp Mexican chilli powder
- ⊕ 1 tbsp Massel chicken style stock powder
- ⊕ 400g can chopped tomatoes with roasted capsicum
- ⊕ 1 cup shredded **cooked chicken**
- ⊕ 400g can kidney beans, drained, rinsed
- ⊕ 2 x 125g cans corn kernels, drained
- ⊕ 2 tbsp lime juice
- ⊕ 2 large flour tortillas, cut into 3cm pieces (see note)
- ⊕ 1 tbsp chopped fresh coriander leaves
- ⊕ Sour cream, to serve

4 Method Steps

Step 1

Heat 1 tablespoon oil in a large saucepan over medium heat. Add onion. Cook for 5 minutes or until onion has softened. Add chilli powder. Cook for 1 minute or until fragrant.

Step 2

Add stock powder, tomato and 5 cups cold water. Bring to the boil. Add chicken, beans and half the corn. Reduce heat to low. Simmer for 10 minutes or until slightly thickened. Stir in lime juice.

Step 3

Meanwhile, heat remaining oil in a large, heavy-based frying pan. Cook tortillas, in batches, for 2 minutes each side or until golden and crisp. Transfer to a plate lined with paper towel.

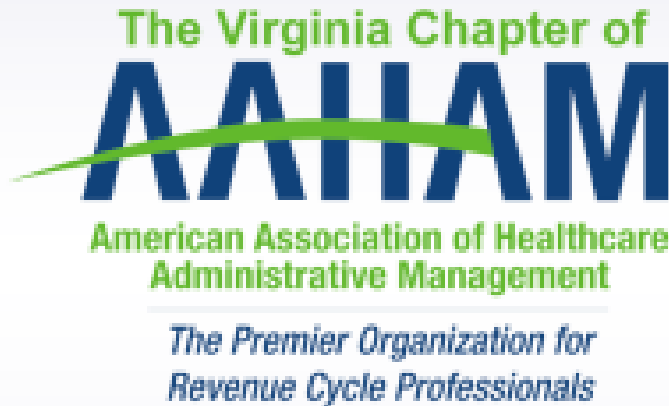
Step 4

Combine coriander and remaining corn in a bowl. Divide tortillas between bowls. Ladle over soup. Top with corn mixture. Serve with sour cream.





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



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.

