The Virginia AAHAM Insider

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

The President's Message

"The heart that gives thanks is a happy one, for we cannot feel thankful and unhappy at the same time."
~ Douglas Wood

My Dear Friends & Colleagues:

The time has come after four wonderful years, to write my last President's message. It has been my honor and privilege to serve as your Chapter President. Thank you for trusting me to lead!

When I first moved to Virginia from Maine, almost ten years ago, I had no idea what was in store for me. I was excited, nervous, and anxious to see where my next chapter would take me. I knew that I wanted to continue my involvement with AAHAM, but I did not know what that would look like. I remember being at a national ANI and telling David Nicholas that I wanted to help out if he needed me and the rest is history. Thank you, David!

I have been blessed to work with an outstanding group of 'AAHAMers' whose mission is to continue the legacy of the Virginia Chapter. This Board is outstanding. It is filled with so many hard-working individuals who have come together during a most difficult two-year pandemic to offer creative ideas and to stay the course. Thank you, my friends!

Our recent annual conference at the Kingsmill Resort did not disappoint. Although much smaller in size than what we have typically experienced, it was wonderful to see dear friends and colleagues in person. Our sponsors rose to the challenge and were exceedingly supportive. The speakers were outstanding, the food was excellent and the venue so accommodating. We were pleased that some took advantage of the virtual option to attend. Toys for Tots benefitted from Virginia AAHAM's generosity once again. The Corn Hole and Ugly Sweater challenges were just great and the dancing helped us to get the pandemic cobwebs out of our system! Thank you to all who participated!

Finally, my congratulations go out to our 2022-2023 incoming officers: Pam Cornell, President; Deanna Almond, First VP, Cathy Price Campbell, Second VP; Jeff Blue, Treasurer and Amy Beech, Secretary. They have taken the challenge to lead this fine Chapter and I know they will not disappointment. Thank you for your commitment.

I look forward to seeing all of you in 2022 and continuing my involvement with the Board as Chairperson. Thank you for being a part of my story…my heart is happy!

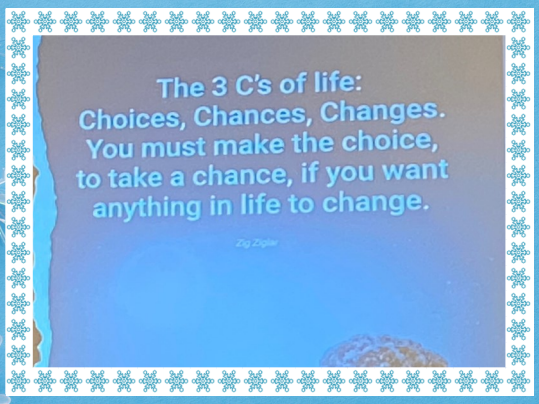
Yours in AAHAM,
Lin
Linda M. Patry, CRCE
President, Virginia Chapter of AAHAM

The Virginia Chapter of AAHAM
American Association of Healthcare Administrative Management
The Premier Organization for Revenue Cycle Professionals

FACEBOOK.COM/VAAAHAM
LINKEDIN: The Virginia Chapter of AAHAM
INSTAGRAM: VAAAHAM

Virginia AAHAM Winter Conference

Virginia AAHAM Winter Conference



Virginia AAHAM Winter Conference

Virginia AAHAM Winter Conference

Virginia AAHAM Winter Conference

Virginia AAHAM Winter Conference

Virginia AAHAM Winter Conference

An Ode to our Partners

By: Linda Patry

Platinum, Gold, Silver, and Bronze
Regardless of your level, you always respond
To Virginia AAHAM's wants and asks
Without ever uttering even a gasp
You present and you display and you provide
All the information and education from far and wide
We are so fortunate to have you as our sponsors
And even luckier to call you friends and partners
And today we honor you and your team
For all you have done and for all you have been
We want to extend our appreciation
And offer you this celebration
As an indication
That you are part of Virginia AAHAM Nation

Virginia AAHAM Winter Conference

Platinum Sponsors

Centauri Health Solutions

Credit Control Corporation

(UCI) United Consumers Incorporated

UVA Health

(RMC) Receivables Management Consultants, Inc.

TransUnion

Penn Credit Corporation

(NCC) Nationwide Credit Corporation

Gold Sponsors

Kemberton

Glasser and Glasser

Deco

(HRSI) Healthcare Receivable Specialists, Inc.

Experian Health

Silver Sponsors

The CCCS Companies

RSource Healthcare

Cirius Group, Inc.

Bronze Sponsors

Change Healthcare

Key Bridge

Conference Sponsors

CloudMed

UVA Health

Virginia AAHAM Winter Conference

The Virginia Chapter of AAHAM 2021 Winter Regional Conference
Kingsmill Resort Williamsburg, VA

Agenda
Wednesday, December 1, 2021

10:30-12:00	**Vendor Brunch/Buffet**
12:00-12:30	**Registration**
12:30-12:45	**Introduction and Welcome**
12:45-2:15	**Integrating Effective Change-Brian Garver, Keybridge**

Change is a necessary component for the success of every organization. Change is accepted differently by every individual. Successful, smooth, and lasting change takes planning, training, and acceptance by your staff. Develop a "toolbox" for implementing successful change.

Learning Objectives:

1. Learn how knowing the WHY behind change can help your staff adapt to change better.
2. Learn ways to drive change management
3. Achieve change by breaking down into smaller, more manageable and easily adapted parts.

Virginia AAHAM Winter Conference

The Virginia Chapter of AAHAM 2021 Winter Regional Conference
Kingsmill Resort Williamsburg, VA

Agenda
Wednesday, December 1, 2021

2:15-2:30 **Break-** Sponsored by Kemberton
2:30-4:00 **Jay Andrews-VHHA Update**

4:00-4:30 **Corporate Partners Networking**

6:00-7:00 **President's Reception-** Sponsored by Penn Credit

Thursday, December 2, 2021

7:30-8:30 **Registration and Breakfast-** Sponsored by NCC

8:30-10:00 **If Healthcare is about Well-Being-Why Am I So Stressed Out?**
Jerry Bridge
If the purpose of healthcare is to alleviate suffering and improve health and well-being, shouldn't that include everyone, including healthcare workers? Yes, of course!
Yet countless numbers of medical staff at every level, clinical and administrative, feel overwhelmed, overworked and overtired. Continually busy or multitasking, trying to keep up with increasing demands or maintain impossible schedules, workers often feel fragmented, exhausted and burned out! This presentation offers principles, practices and tools to help you deal more effectively with the challenges, stress and ever-increasing demands of 21st century living, at work and in life!

10:00-10:15 **Break and Corporate Partners Networking-** Sponsored by HRSI

10:15-11:45 **CPT Updates Kohler Healthcare Consulting, Inc**
Review 2022 CPT Revised, Added and Deleted Codes.
Discuss rationale for major changes; understand the "what" and the "why". Discuss other updates effective January 1, 2022.

11:45-1:00 **Lunch and Virginia AAHAM Annual Business Meeting and Award Ceremony-** Sponsored by Rsource

1:00-2:30 **Patient Engagement Laura Anderson, Change Healthcare**
Change Healthcare is focused on optimizing every stage of the revenue cycle from improving staff efficiency to elevating patient engagement. Patient Engagement is evolving patient's expect a modern digital experience while registrars are still expected to navigate complex processes to efficiently clear a patient. In this session we will discuss Change Healthcare's vision for Patient Engagement and capabilities that seek to address this evolution.

Virginia AAHAM Winter Conference

The Virginia Chapter of AAHAM 2021 Winter Regional Conference
Kingsmill Resort Williamsburg, VA

Agenda

Thursday, December 2, 2021

2:30-3:00	**Break and Corporate Partners Networking** Sponsored by Mercury Accounts Receivable Services
3:00-4:30	**PFS Directors Panel**
6:00-10:30	**Annual Banquet with Happy Hour and Dinner** Sponsored by Credit Control

Friday, December 3, 2021

7:30-8:30	**Registration and Continental Breakfast** Sponsored by RMC
8:30-10:00	**The Future is Now: Intelligent Automation in the Revenue Cycle** **Marc Morhack** Technology and solutions leveraging artificial intelligence, robotics, and machine learning are delivering outsized value to the healthcare industry. Revenue cycle leaders are evaluating automation to reduce operational cost, improve revenue integrity, maximize contract yield, and accelerate payment. We'll discuss the automation landscape, the automation maturity model, and recommendations for adoption.
10:00-10:15	**Break** Sponsored by Centauri Health Solutions
10:15-11:45	**Roundtable Discussion Patient Financial Services Issues/Topics**
11:45-12:15	**Door Prizes and Adjournment-** Sponsored by DECO and KeyBridge

The Virginia Chapter of AAHAM collected 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.

Virginia AAHAM Winter Conference

2021 Chapter Awards

Presented By: Linda Patry

COMMITTEE AWARD

This award is given to a member who has provided excellent service and dedication to one of the VA AAHAM Committees. This year we have a three-way tie! All three individuals are very deserving for this award, each for his/her own contribution to our Chapter.

The first individual joined our board at the end of 2020 to replace a member who moved out of State. Since that time, she has worked tirelessly to document our board meeting minutes efficiently and quickly, as our Board Secretary. Most often, she is sending out the meeting minutes before our workday has even ended. As Secretary for our board of directors, this incumbent was responsible for producing our quarterly newsletters. During the past year, she has not only produced excellent newsletters, but has incorporated interviews, industry related articles from various sources and has promoted all via social media. She is a professional who strives for excellence, and we could not be more proud and pleased to have worked alongside her in 2021. Please join me in recognizing **Natalie Hefner, the 2021 recipient of the Committee Award for her work with the Newsletter Committee.**

Our second individual has been with our board and our chapter for several years. She currently serves as our 1st Vice President and in this role, she oversees the membership committee. We anticipated that going into a second year with COVID still looming, we would be impacted by lowered membership numbers and less overall engagement. That was not the case! We saw our membership numbers increase from 226 in September of 2020 to 260 just one year later. Our retention rate is at 83% which is the highest retention rate for Chapters with more than 200 national members. And we are currently the third largest chapter in all of AAHAM. We have definitely earned bragging rights here in Virginia and a hat tip goes out to our membership chair. She has continued to survey our members to meet their needs and has worked our non-renewal lists and email bounces to ensure that all are contacted, and information is up to date. Please join me in recognizing **Amy Beech, the 2021 recipient of the Committee Award for her work with the Membership Committee.**

Virginia AAHAM Winter Conference

2021 Chapter Awards

COMMITTEE AWARD

Our third individual has become a bit of a celebrity within our chapter. He has continued to contribute to both the Communications & Education Committees. For two years now, he has taken on the role of game show host in leading our Certification Jeopardy webinars with dignity and flair. This dedicated member has ensured the game goes off without a hitch. He meets with the contestants in advance to coach them, provides recognition to our sponsors during the webinars and adheres to the game regulations. He has worked tirelessly to ensure that our website is up to date in all areas. He has brought Virginia AAHAM into LinkedIn, has expanded our presence on Facebook and has added our presence to Instagram. We could not have moved our certification study sessions into a more fun and exciting format without him. And we are also very proud of him for achieving the highest score on the CRCE exam! Please join me in recognizing **Timothy Breen, the 2021 recipient of the Committee award for his work with the Communications Committee.**

THE LEANNA T. MARSHALL, CRCE CHAPTER AWARD

This award is given to an individual who has been a member for two years or more and who has excelled in service to the chapter.

This individual was previously recognized with an award in 2020. She has held two board positions and has excelled at both. She is a dedicated individual who gives of herself to help the cause, whatever that may be. When faced with a second year of the COVID pandemic, she took a breath and a short pause and came back to line up a most excellent array of webinars in 2021. In September, when we attempted to host our first in-person conference in Charlottesville, but were faced with banned business travel, she and her committee did a quick 360 and offered it up virtually. She has a can-do attitude that always brings about positive results. We know we can always count on her to deliver and to do so with a smile. Please join me in recognizing **Pam Cornell, the 2021 recipient of The Leanna T. Marshall, CRCE Chapter award.**

Virginia AAHAM Winter Conference

2021 Chapter Awards

FORREST PERRIN AWARD

This individual has been a part of Virginia AAHAM for many, many years. He is our mentor, our advisor and our historian. He is adept at interpreting our Regulations and By Laws, always with a focus on doing the right thing for the right reason. He is professional in his dealings with everyone and gives of his time and energy as often as is needed. We would be at a loss without his words of wisdom and without his support. We are blessed to continue to work with this wonderful individual. Please join me in recognizing **Michael Whorley, the 2021 recipient of the Forrest Perrin Award.**

PRESIDENT'S AWARD

This individual has been with Virginia AAHAM for many, many years as well. She is our biggest cheerleader and keeps everything humming along. She spends countless hours preparing for our certification webinars and was instrumental in working with Timothy Breen in bringing about the Certification Jeopardy game and making it a real challenge. She works tirelessly to ensure that we adhere to national's expectations and regulations and is one of the big reasons why this chapter won the Chapter Excellence award throughout the years. You can always find her at our registration table, greeting conference attendees and chatting it up with new members to convince them to sit for a certification exam. Virginia AAHAM would not be where it is today if not for this woman. Please join me in recognizing **Leanna Marshall, the 2021 recipient of the President's Award**.

Virginia AAHAM Winter Conference

2021 Chapter Awards

LIFE MEMBER

The designation of Chapter Life Member is conferred upon individuals by the Chapter Executive Board to recognize their outstanding contributions and meritorious service to the Chapter. The criteria used for the Chapter Life Member are member must be retired and have had ten (10) years of continuous active membership in the Chapter.

The Chapter Life Member will receive automatic AAHAM State renewal membership at no charge. The Chapter Life Member will have all VA State chapter only meetings registration fees waived annually.

This year, in 2021 we recognize **Brenda Chambers'** contributions not only to our chapter, but to the national AAHAM organization. Brenda has given of herself time and time again to promote AAHAM both nationally and locally. We are so fortunate to call her our own and so thankful for what she has accomplished to make us a successful chapter. **I am honored to present Brenda with the designation of Chapter Life Member**, and I thank you for your unwavering dedication and service to Virginia AAHAM.

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

Virginia AAHAM Election Results 2022-2023

The Virginia Chapter of AAHAM would like to introduce your 2022-2023 AAHAM Chapter Officers! Guided by the Chapter By-Laws and Regulations, ballots were sent to members on October 15, 2021 and voting was open through November 15, 2021. The elected officers took the oath of office at the Annual Meeting in Williamsburg December 2, 2021.

Chairperson of the Board	**Linda Patry, CRCE**
President	**Pamela Cornell, CRCE**
1st Vice President	**Deanna Almond, CRCE**
2nd Vice President	**Cathy Price-Campbell, CRCR, CRCP**
Treasurer	**Jeffrey Blue**
Secretary	**Amy Beech, CRCE, CRCS**

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

Virginia Hospital Advocate Newsletter

What's Happening In Richmond

Governor-elect Glenn Youngkin

Political newcomer and former Carlyle Group executive Glenn Youngkin defeated former Governor Terry McAuliffe to win back the Governor's Mansion for Republicans following two consecutive terms of Democratic governors. While much of his campaign was focused on education and taxes, Mr. Youngkin did participate in a call with the VHHA Board of Directors in October to discuss health care priorities. He stressed his adamant support for maintaining Virginia's right-to-work law and discussed the need to reform the behavioral health care system and boost the skilled workforce.

In the coming weeks, Governor-elect Youngkin will announce his administration appointees and cabinet secretaries, including his picks to lead agencies such as the Virginia Department of Health, Department of Behavioral Health and Developmental Services, and Department of Medical Assistance Services. As this is his first elected office, it is unclear whether he will surround himself with political veterans or fellow newcomers. In either case, VHHA looks forward to establishing new relationships and renewing old ones within Governor-elect Youngkin's administration.

Lieutenant Governor-elect Winsome Sears and Attorney General-elect Jason Miyares

Virginia voters made history this year by electing Winsome Sears and Jason Miyares, the first Black woman and first Cuban American, respectively, to hold statewide office in Virginia. Both are former members of the House of Delegates; Ms. Sears represented Norfolk from 2002 to 2004, and Mr. Miyares has represented Virginia Beach since 2016.

The Lieutenant Governor presides over the Senate of Virginia and casts votes on legislation when the senators' votes are tied. Democrats currently hold a 21-19 majority in the Senate, and over the last two years, votes have frequently been tied when senators break with their party. All eyes will now be on the Senate, as the slim Democratic majority navigates a Republican-controlled House of Delegates and administration, with tie-breaking power within the hands of a new conservative Lieutenant Governor.

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

Virginia Hospital Advocate Newsletter

What's Happening In Richmond

House of Delegates

After facing significant losses in the past two elections, losing a combined 21 seats in 2017 and 2019, Republicans flipped seven seats this year to regain control of the House of Delegates, with a 52-48 majority (Note: two of those races, in HD-85 and HD-91, may be recounted). While a Republican-controlled House is not unfamiliar in Virginia, Democrats having held the majority for just one term in recent decades, the chamber will not look the same as it did the last time Republicans were in power. Between incumbents' retirements, primary losses, and general election losses, there will be 17 new members in the House of Delegates.

Some of the incumbents who will not be returning to the House next year, Delegate Nick Rush (R-Christiansburg) and Delegate Lashrecse Aird (D-Petersburg), have been true health care champions, and we sincerely thank them for their service.

The VHHA Advocacy Team is already working to get to know the new delegates-elect better and build strong relationships in the interest of Virginia patients and hospital and health system employees.

The new delegates-elect are:

HD-7: Marie March (R)
HD-9: Wren Williams (R)
HD-12: Jason Ballard (R)
HD-28: Tara Durant (R)
HD-45: Elizabeth Bennett-Parker (D)
HD-50: Michelle Maldonado (D)
HD-51: Briana Sewell (D)
HD-63: Kim Taylor (R)
HD-66: Mike Cherry (R)
HD-75: Otto Wachsmann (R)
HD-79: Nadarius Clark (D)
HD-82: Anne Ferrell Tata (R)
HD-83: Tim Anderson (R)
HD-85: Karen Greenhalgh (R)*
HD-86: Irene Shin (D)
HD-88: Phillip Scott (R)
HD-91: A.C. Cordoza (R)*

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

Virginia Hospital Advocate Newsletter

What's Happening In Richmond

Joint Commission on Health Care

September Update

The Joint Commission on Health Care met on September 21 to hear presentations from experts on trends and potential solutions related to maternal health and the behavioral health workforce. The presentations are available to view on the JCHC website. The meeting was primarily informational, and no votes were taken.

The Behavioral Health Commission held a meeting on September 22. Initially the Joint Commission to Study Mental Health Care in the 21st Century (or the Deeds Commission, named after Senator Creigh Deeds), the commission has now become a permanent standing committee by legislation passed by the General Assembly earlier this year. The commission will have full-time staff members to conduct studies, and the members reviewed job descriptions at the most recent meeting. They also heard from Commissioner Alison Land from the Department of Behavioral Health and Developmental Services, who provided an update on the state psychiatric facilities. After closing admissions to multiple facilities over the summer due to staffing shortages, all state hospitals are now re-open to admissions, though several are on a one-to-one basis, meaning they admit one individual for every one discharge.

December Update

The Joint Commission on Health Care has convened work groups throughout 2021 to review potential policy solutions to support aging in place, the nursing facility workforce, and health insurance affordability. The JCHC work groups have advanced the following policy options.

Nursing Facility Workforce:

- Increase Medicaid reimbursement for nursing homes with a high Medicaid population
- Require all nursing homes to meet a baseline staffing level using an across-the-board standard or an acuity-based standard
- Fund evaluation of incentive payments for nursing homes that meet higher staffing levels, above the required baseline
- Implement workforce development programs, including loan repayment and leadership development
- Develop a plan to increase Medicaid reimbursement for residents with specific behavioral health diagnoses

Health Insurance Affordability:

- Direct the state-based exchange to develop a budget for enhanced marketing and navigator services
- Prohibit the use of a tobacco surcharge when setting premiums
- Establish state-specific individual mandate penalty
- Implement a state-funded cost sharing program through either an FSA-style debit card or by enhancing federal cost-sharing reductions
- Establish a public option insurance plan to be sold in all localities, with provider reimbursement rates set below current individual market rates

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

Virginia Hospital Advocate Newsletter

What's Happening In Richmond

With the 2022 Legislative Session set to begin on Wednesday, January 12, advocates are finalizing their legislative priorities, legislators are drafting and filing bills, and legislative committees are issuing their final policy recommendations for the year. The 2022 Regular Session is slated to last 60 days, in what is known as a "long session," and will be entirely in person; the Capitol and General Assembly buildings will be open to the public, though floor sessions and committee meetings will continue to be livestreamed as well.

Budget

Sixty-day legislative sessions, also known as "long sessions," occur in even-numbered years and are particularly significant because they coincide with the adoption of new, two-year state budgets. Outgoing Governor Ralph Northam will present his introduced budget on December 16, though the General Assembly and incoming Governor -elect Glenn Youngkin will amend the budget bill and determine final appropriations during the session.

Virginia currently enjoys a budget surplus due to unexpectedly high revenues as well as federal aid related to the COVID-19 pandemic. However, with the pandemic ongoing and the spread of the new Omicron variant, economic uncertainties remain, and many individuals and businesses – not to mention hospitals and health systems – continue to struggle to recover pandemic-related losses and expenses.

What's Happening In Washington, D.C.

On September 9, President Joe Biden announced he would issue an emergency rule requiring broad swaths of American workers to get vaccinated against COVID-19, including: health care workers in facilities that receive Medicare or Medicaid reimbursements; employees of large businesses (with 100 or more employees); federal workers and contractors; and employees of some schools that receive federal funding. His announcement came as the delta variant began to surge among unvaccinated people, placing even greater strains on the nation's health care system and health care workers. (VHHA supports vaccine mandates for hospital employees and has launched a new statewide public education and outreach campaign encouraging Virginians to get vaccinated).

On November 15, President Joe Biden signed the bipartisan $1.2 trillion Infrastructure Investment and Jobs Act. Among the provisions closely linked to health care are major investments in broadband and low-cost internet plans, as well as the replacement of lead pipes to enhance access to clean drinking water. Investments in transportation infrastructure will also help to improve access to health care facilities, particularly in rural areas. Altogether, Virginia will receive roughly $600 billion in new infrastructure funding.

The social investment and human infrastructure bill, the Build Back Better Act, passed out of the House of Representatives in November and is currently being considered by the U.S. Senate. The approximately $2 trillion bill includes provisions to lower prescription drug costs and expand Medicare coverage, in addition to funding for climate change mitigation, support for low-income families, and universal pre-kindergarten. The legislation was passed by the Democratic majority in the House without a single Republican vote, but it is expected to run into more opposition in the Senate, where Democrats have a narrower majority and are dependent on the votes of some more conservative Democratic members.

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

Struggling with COB Denials? Why It's Time to Revamp Your Approach

By Lorrie Wood, CRCR

One of the most common hospital denials—coordination of benefits (COB) denials—puts 1% of net patient revenue at risk each year. Yet up to 65% of denied COB claims are never corrected and resubmitted for reimbursement. For hospitals, it's a missed opportunity to capture revenue for care and services delivered.

Consider that 70% of COB denials are approved after they are corrected and resubmitted. Yet often when hospitals receive COB denials, revenue cycle staff may attempt to reach the patient by phone and letter, but when that proves to be unsuccessful these balances are identified as "patient responsibility," and in some cases discounted to self-pay rates. This scenario not only diminishes revenue, but also tarnishes the patient experience by putting the brunt of responsibility for payment on the consumer.

The revenue opportunity can be substantial: At one multi-hospital health system in the East, failing to recover insurance dollars by correcting COB claims cost the health system over $1.2 million in lost revenue per month across 255 patients. The impact per year: $15.3 million in missed revenue across 3,000 patients.

The financial pressures hospitals face demand a better approach.

Why Breakdowns in COB Denial Management Occur

COB denials began to rise in 2014, when the Affordable Care Act prohibited insurance companies from denying coverage for preexisting conditions or charging higher premiums to those who have them. So did *patient involvement denials*, which occur when health plans request additional information from patients—such as eligibility information updates or prior medical history forms—before the claim will be processed.

Sometimes, COB denials stem from annual or biannual COB update requests from health plans. Other common causes include:

- Incomplete or inaccurate COB information on file with the payer
- Care may be covered by another payer
- Medicare Common Working File issues

COB denials are confusing for patients, and they can cause enormous turmoil at a time when patients might already feel vulnerable due to their health status. In one highly publicized incident, a couple from Kansas whose infant daughter spent seven days in neonatal intensive care were charged $270,951 for labor and delivery and NICU care. The reason: The parents weren't aware of the "birthday rule," which required the daughter's primary coverage to fall under her father's insurance plan.

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

Because the mother's insurance plan was more generous, the parents planned to enroll their daughter only in that plan, not knowing that health plan guidelines require a different approach. The situation took two years to resolve, significantly affecting their healthcare experience.

That's why it's crucial that healthcare revenue cycle departments invest in the resources needed to resolve COB and patient involvement claims. Given that these patients have insurance, they expect the majority of their care to be covered by their plan. When denials arise, revenue cycle departments must serve as an advocate for the patient, working with the insurance company to resolve issues that impede payment.

But capturing the information needed from patients after their healthcare encounter is over is more difficult than revenue cycle teams might anticipate. Sometimes, patients are discharged to a location other than their home address. Communication preferences—from text to email to letters sent by mail—vary by patient, and so does the likelihood that patients will respond.

Further, even when contact has been established, not all patients will follow up with their insurance company to provide the information necessary to process their claim.

Adopting a More Proactive Strategy

Given the challenges associated with correcting COB claims, it's easy to see why revenue cycle employees may be tempted to give up after a couple of attempts to contact the patient. But these accounts shouldn't simply be designated as self-pay when obstacles occur. As the percentage of COB denials rises, there are three reasons healthcare providers should rethink their process.

No. 1: The potential for revenue recovery is high. When hospitals attempt to resolve COB and patient involvement denials on their own, their recovery rate typically totals 30%, on average. This figure rises to as high as 75% when organizations invest in outside support, enabling staff to focus on more value-added work while boosting their bottom line.

EXHIBIT ONE:

Impact of a COB & Patient Involvement Denials Program on Revenue

COB & Patient Info Denials Program [1]	Health System	Outsourced COB Program
Annual COB & Patient Info Denials $ (Net) [2]	$36,525,000	$36,525,000
Recovery %	30.0%	75.4%
Revenue from COB Recoveries	$10,957,500	$27,539,850
Revenue Improvement		$16,582,350

1 Based on an RSource analysis of a multi-hospital health system.
2 Approximately 1% of the Health System's annual net patient revenue.

The challenge lies in putting the missing pieces together. To resolve COB claims, revenue cycle staff must understand the intricacies of COB requirements—including the birthday rule—to determine whether the correct payer was billed as the primary health plan. They must contact patients to confirm coverage. They must also assess whether secondary and/or tertiary coverage exists, in part by reviewing all associated accounts within the billing system. These can be time-consuming tasks. Revenue cycle leaders must consider: "Is my staff's time best spent on these activities? Or, is there greater return on investment from outsourcing this work?"

No. 2: Efforts to resolve COB denials significantly reduce bad debt. If your organization isn't actively correcting COB claims, your chances of mitigating other types of denials plummets. That's because payers will perceive a lack of action as a sign of complacency, and they will have limited incentive to work with your organization to resolve claim delays or denials.

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

Every payer contract contains an implied covenant of good faith and fair dealing. When a payer violates this covenant—such as by requesting COB annually or biannually just to delay paying the claim—hospitals need a strategy for recovering revenue for services delivered. The question is, does your organization have the time and expertise to hold payers accountable in scenarios such as these? Further, would the time and effort spent responding to COB denials match the recovery rates and timeframes of a third-party expert?

It's important to note that a COB denial may need to be reprocessed more than once before an organization receives payment. This effort requires not just persistence, but also careful tracking of which claims were resubmitted, when, and the status of recovery efforts across claims and health plans.

No. 3: Timely engagement is critical to revenue recovery. COB claim denials are complex, and many cannot be resolved without the patient's assistance. This puts pressure on staff to engage both the payer and the patient in a timely manner. Revenue staff tasked with contacting patients must possess a strong understanding of how to effectively gain patients' full involvement.

In our experience, multi-channel communications—from texts to emails, auto dialers and letters—produce the best results. In fact, we've found that the style of envelope matters when mailing print communications, with colorful envelopes and mailers more likely to spark a response than standard business envelopes. The time of day when contact is initiated also makes a difference not just in whether a patient responds, but how quickly.

Typically, a "once and done" approach to communication is not sufficient. Because so much handholding is involved, hospital revenue cycle teams often find that they need third-party assistance in initiating and managing these conversations if they are to achieve the desired recovery rate.

An Ounce of Prevention

Overturning COB denials is complex work, but hospital revenue cycle teams needn't go it alone. By investing in a more strategic model for preventing and responding to COB denials, with a focus on the right support at the right time, hospitals can more effectively bolster recovery rates while strengthening the patient experience.

About the Author:

Lorrie Wood, CRCR, is Chief Client Officer for RSource, which provides innovative third-party solutions that improve revenue cycle performance for hospitals. She may be reached at lwood@rsource.com

Find out how Yale New Haven Health turned around its cash collections and improved aging accounts receivable and the patient experience by creating a more sustainable approach to COB denials management. Read the case study.

A SPECIAL

Virginia AAHAM State Legislative Day

Follow Up Regarding Balance Billing Regulations

Surprise! It's the No Surprises Act

Reprinted with Permission

October 19, 2021 By: Kelly Noyes

In January 2022, a new law goes into effect limiting "surprise" medical bills, or bills insured patients receive for out-of-network care, either in emergency settings, or from out-of-network providers at in-network facilities. Congress passed the No Surprises Act as part of the 2020 year-end omnibus spending bill and, while many details of the No Surprises Act are still forthcoming as federal agencies engage in the necessary rulemaking (which may not be complete by the Act's effective date), health care providers, facilities, insurers, and health plans should act now to ensure they are ready to comply with the Act's requirements.

What is surprise billing?

In the context of the No Surprises Act, a "surprise bill" occurs when a health care provider or facility balance bills a patient the difference between the facility or provider's billed charges, and a health plan's out-of-network benefit. These bills are often a surprise because the patient either was not able to choose whether to use an in-network or out-of-network facility or provider, or was not aware that the provider was out-of-network until after the services were rendered.

For example, if a patient is injured in an accident and is unconscious, the patient may be taken to an out-of-network emergency room. Another example is when a patient chooses an in-network facility and an in-network primary provider, but is unaware that other providers, such as anesthesiologists, or specialists brought in to address complications, are not in-network. In both scenarios, patients can end up with large, out-of-network bills through no fault of their own.

What kind of care and treatment does the No Surprises Act apply to?

The No Surprises Act imposes requirements on health care facilities, providers, and group health plans or health insurance issuers offering group or individual health insurance coverage in three major areas:

1. Emergency Services.

Under the No Surprises Act, a health plan that provides emergency coverage must provide that coverage without prior authorization, without regard to whether a facility is in-network or out-of-network, and regardless of other terms of the plan, except for exclusions or coordination of benefits. Health plans also cannot deny claims for emergency coverage based on an after-the-fact assessment of the care provided, any purported delay between when symptoms began and when the patient sought care, or based on how long the symptoms were present.

Emergency health care facilities (including independent, freestanding emergency rooms and urgent care centers licensed to provide emergency care) also cannot balance bill patients for out-of-network emergency care. Instead, patient's bills are limited to the same cost-sharing as for in-network emergency care, and any patient payments must apply to the patient's deductibles and out-of-pocket maximums.

Emergency care also includes post-stabilization services, or services and items provided as part of outpatient observation or inpatient or outpatient stay with respect to emergency visits. Only after a patient is stable and can be moved to an in-network facility using non-medical transport (as determined by the patient's treating provider) can a facility or provider seek the patient's consent to paying out-of-network rates (as described below).

A SPECIAL

Virginia AAHAM State Legislative Day

Follow Up Regarding Balance Billing Regulations

2.Non-emergency services provided by out-of-network providers at in-network facilities.

The No Surprises Act also prohibits out-of-network providers from balance billing patients for services provided at in-network facilities. For this restriction to apply, the facility has to have a contractual agreement with the patient's health plan. It does not apply to out-of-network facilities.

This surprise billing situation often arises in the context of ancillary services, or services provided by professionals the patient does not choose, such as anesthesiologists or radiologists.

It can also apply when a health plan enters into a special arrangement with a health care facility to provide certain specialized care in-network, but does not reach a similar agreement with all of the providers at that facility.

3. Air Ambulance Services.

The No Surprises Act also bars balance billing for out-of-network air ambulance services, but not services provided by ground ambulance. Air ambulance services are expensive, and often provided on an out-of-network basis.

Can patients waive the No Surprises Act's protections?

The No Surprises Act allows patients to waive its protections with regard to certain non-emergency services only, but there are strict notice and consent requirements that apply. These requirements make it clear that Congress's intention is that waiver of the No Surprises Act protections and consent to payment of out-of-network fees should be the exception for patients, rather than the rule.
Besides not applying to emergency services, the rules regarding waiver also do not apply to ancillary services, including emergency medicine, anesthesiology, pathology, radiology, and neonatology; items and services provided by assistant surgeons, hospitalists, and intensivists; diagnostic services; and nonparticipating providers if there is no participating provider option.

Patients also cannot agree to waive out-of-network care for any complications that may arise, for example, during a surgical procedure, that would require assistance from an out-of-network provider.

If a patient declines to waive the No Surprises Act protections, an out-of-network provider can refuse to provide treatment, unless there is no in-network option, or there is another law barring such a refusal. However, the provider cannot pressure a patient into waiving their rights, including by delaying necessary treatment, or charging cancellation fees for existing appointments.

What do health care providers and facilities need to do?

Although many of the details of how the No Surprises Act will be implemented are still forthcoming, health care facilities and providers should begin work to ensure that they are ready to fulfill the Act's requirements beginning in January 2022. This includes the following:

1. Public Disclosures.

The No Surprises Act requires health care facilities and providers to provide – to both the public and patients with applicable health plans – a one-page disclosure providing a plain-language explanation of the No Surprises Act and its requirements. Although more details about the exact requirements of this disclosure are forthcoming, the existing regulations require that the disclosure give patients a clear and understandable statement of the requirements and prohibitions of the No Surprises Act. The disclosure also has to include information regarding the process through which patients can complain about

A SPECIAL

Virginia AAHAM State Legislative Day

Follow Up Regarding Balance Billing Regulations

The disclosure has to be publicly posted, available on a public portion of a provider or facility's website, and be provided to applicable patients prior to the patient receiving a bill.

2. No balance billing out-of-network patients.

Prior to the No Surprises Act, many health care facilities and providers would bill out-of-network patients directly, requiring the patient to seek reimbursement from his or her health plan. The No Surprises Act bars this practice. Instead, facilities and providers must determine what patients are in-network versus out-of-network, and negotiate any payment amounts for out-of-network care with the patient's health plan, rather than billing the patient and requiring the patient to negotiate with the plan. Also, because the amount of the patient payment will be determined using data only available to the plan (as discussed below), health care facilities and providers must rely on the health plan to determine how much the patient owes, rather than billing the patient directly.

Providers, facilities, and health plans that bill patients in violation of the No Surprises Act are subject to civil monetary penalties of up to $10,000. However, such penalties do not apply if the facility or provider does not knowingly violate the law, should not have reasonably known that it violated the law, withdraws the bill within 30 days, and reimburses any payments received plus interest.

3. Where applicable, obtain the necessary written waiver of the Act's protections.

If a provider seeks to have a patient waive the No Surprises Act's protections, the provider has to give the patient a detailed written consent form at least 72 hours prior to a scheduled appointment, or 3 hours before a same-day appointment. More details about the required consent are forthcoming, but the existing regulations require that the consent form be provided to the patient separate from other forms, and indicate: (1) whether pre-authorization is required; (2) what in-network providers are available; and (3) the good-faith cost estimate for the total bills for the proposed out-of-network care.

This third requirement – the good-faith cost estimate – will be the subject of forthcoming rule-making, and will not be immediately enforced in the No Surprises Act. The good faith cost estimate also triggers health plans to provide an advanced explanation of benefits, giving patients information regarding not just the total cost of the out-of-network care, but the patient's likely out-of-pocket expenses.

Patients have to give their consent to out-of-network treatment voluntarily, and can do so on a provider-by-provider, or service-by-service basis. Patients can also withdraw their consent at any time.

Providers and facilities must give patients copies of any consent forms they sign, and keep the forms for seven years. Providers and facilities also must submit the consent forms to patients' health plans.

What do facilities and providers get paid for out-of-network care?

There are two components to the payments provided to out-of-network facilities and providers under the No Surprises Act: patient payments, and health plan payments.

1. Patient Payments.

Under the No Surprises Act, patient payments are limited to the patient's cost-sharing requirement for in-network care. This means, for example, that if a patient's health plan has a 20% coinsurance requirement for in-network emergency care, that same 20% requirement applies to the out-of-network emergency care.

A SPECIAL

Virginia AAHAM State Legislative Day

Follow Up Regarding Balance Billing Regulations

Patient cost-sharing calculations are applied to the lesser of the facility or provider's billed amount or the Qualified Payment Amount, or QPA.

The QPA is the median of the contracted rates recognized by the health plan on January 31, 2019 for the same or similar item or service provided by a similar provider in the same geographic region, and indexed for inflation. Health plans must calculate the QPA using a long series of requirements detailed in the regulations and meant to ensure that the patient cost-sharing is based on a total amount similar to that charged for in-network care. If a health plan does not have enough data to calculate the QPA, it may use an eligible database.

Calculation of the QPA may place a significant burden on health plans, which must compile and analyze a significant amount of data to calculate these amounts. However, the QPA is important not just to assessing the patient's payment obligation, but to determining the reasonableness of the health plan's overall payment and in the dispute resolution process, as described below.

2. Health Plan Payments.

The second component of the payment to facilities or health care providers is the health plan's payment. Health plans must pay the facility or provider the total amount the plan believes it owes within 30 days of receiving a clean claim.

The No Surprises Act provides that plans' payments can be based on an All Payer model, state law, an agreement between the plan and the facility or provider, or a resolution decided by an arbitrator through the independent dispute resolution process.

[Excerpt excluded as it does not apply to Virginia law. To view article in its entirety, go to published article.]

3. Independent Dispute Resolution (IDR).

If a health care facility or provider initiates the IDR process, both the facility or provider and the health plan will submit to an arbitrator a proposed payment amount, and information regarding the following factors:

- The calculated QPA
- The provider's training and experience
- The complexity of the procedure or medical decision-making
- The patient's acuity
- The market share of the health plan, and the provider or facility
- Whether the care was provided at a teaching facility
- The scope of services
- Any demonstration of good faith efforts to agree on a payment amount; and
- The contracted rates from the prior year

The arbitrator will then choose one of the two proposals as the amount of the payment. Under the current regulations, the arbitrator cannot come up with his or her own payment amount. Arbitrators are paid through fees assessed to the entities that use the IDR process.

Many details about the IDR process related to health plan payments for out-of-network services are forthcoming, including what weight arbitrators should give to each of the factors provided.

How is the No Surprises Act going to be enforced?

States will have primary enforcement authority for the No Surprises Act, both of issuers who offer health insurance coverage in the individual or group markets in the state, and for facilities or providers offering services in the state. If the state does not provide adequate enforcement, the Center for Medicare and Medicaid Services (CMS) will take over enforcement.

A SPECIAL

Virginia AAHAM State Legislative Day

Follow Up Regarding Balance Billing Regulations

With regard to health plans, CMS and states may conduct random, targeted, market conduct investigations to ensure compliance. This includes audits of calculations of the QPA, and other investigations to ensure that consumers are not overpaying, without relying solely on complaints or other information indicating that there has been a violation.

CMS may also conduct random or targeted investigations of providers or facilities.

The enforcing authority must provide notice of a violation, including the information that prompted the investigation, and the potential for a civil monetary penalty or imposition of a plan of corrective action. The violator will typically have 14 days to respond, although that period can be shortened to 24 hours or extended to 30 days or more depending on the circumstances.

The No Surprises Act imposes civil monetary penalties of up to $10,000. In determining what penalty to impose, CMS may consider a variety of factors, including the degree of culpability, history and frequency of prior violations, the impact on affected individuals, the gravity of the violation, and whether any violations have been corrected. The penalty will be waived if a provider or facility does not knowingly violate, and should not have reasonably known it violated, the act, and reimburses any incorrect payments plus interest. There is also a hardship exemption to the civil monetary penalties.

Within 30 days, a provider or facility may request a hearing regarding the civil monetary penalty with an administrative law judge, and may also appeal the ruling of the administrative law judge to the U.S. Court of Appeals for the circuit in which the provider or facilities provides services or where the violation occurred.

What about my other questions?

The No Surprises Act is a complicated statute, and many details regarding how it will be applied and enforced are still forthcoming.

Kelly Noyes is a Shareholder in the Litigation and Risk Management Practice Group. Kelly represents businesses, banks, hospitals and health care systems in a variety of litigation matters including contract disputes, business torts, non-compete agreements, insurance coverage, ERISA, environmental disputes, collections, appellate work, and toxic torts. Kelly represents clients in both state and federal court, and has litigated appeals before the Wisconsin Court of Appeals and Supreme Court, as well as the 7th Circuit Court of Appeals. Since 2012, Kelly has been recognized as a Wisconsin Rising StarSM in the area of Business Litigation.

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

Emotional Intelligence: Turn Critical into Constructive

Justin Bariso, Principal, EQ Applied

"You know, you're the type of manager the rest of us hate." I've never forgotten when someone told me that. I was only 23, and I was working in a factory in downtown Brooklyn. We were making encyclopedias (remember those?), and our job was to quality check these huge hardcover books before sending them through a shrinkwrapping machine. In sweltering heat. On the 12th floor, with no air conditioning. This was no easy job. And I wasn't making it any easier. I was young and stupid, and all I cared about were how many books we could get done in a day. So when a line worker made a mistake, I reamed him out. He snapped back. I stood there, speechless. His words cut deep.

Justin Bariso, Principal, EQ Applied

Contrast my actions with those of one of my first supervisors, Marc. Marc was awesome—always focused on the positive and looking for things to commend. But when I messed up, he had no problem letting me know. The thing is, I always felt that Marc cared. He wanted our team to succeed, but he wanted me to succeed, too. In fact, Marc had such a deep impact on me, I still keep in touch with him—20 years after we stopped working together. Marc taught me a major lesson: My feedback was only critical. I needed to make it constructive.

The Lesson

In the last lesson, you learned how to be a diamond cutter: how to find the value in criticism, when other people give it to you. However, most people haven't learned that skill. Most will view critical feedback as a direct attack. But as you know, everyone needs critical feedback. So… How do you give feedback in a way that others view as helpful, instead of harmful? Over the years, I got schooled by some amazing mentors like Marc. Along the way, I learned that you can completely transform the way you deliver feedback with one word: Change critical, to constructive. Here's a four-step process to help you do it:

1. Praise regularly. People won't see you as someone who's trying to help, until they know you see them as someone who's trying at all. So, pay attention to the good others are doing. Recognize their potential. Then, say something. When you give positive reinforcement, make sure you're:

- Sincere (keep it real)
- Specific (tell them what you appreciate, and why)
- Not just using the "sandwich method," i.e., giving praise when you have to give critical feedback, too (otherwise they'll see right through it)

If you're quick to point out the positive things others are doing, they'll be more willing to listen when you point out areas for improvement.

Emotional Intelligence: Turn Critical into Constructive

Justin Bariso, Principal, EQ Applied

2. When delivering critical constructive feedback, give the other person a chance to express themselves. Give your communication partner a degree of control. Ask them questions like:

- How do you feel about (how you did, this situation, etc.)?
- What are your challenges?
- How can I help?

By doing this, you learn more about how things look through the other person's eyes…and how you can contribute to solving problems, instead of adding to them.

3. Acknowledge their feelings and empathize. Before giving any tips for improvement, share a struggle you've had in the past, and how someone else's feedback helped you improve. Then, ask if you can share something that you think will help them, too.

4. Thank the other person for listening. A simple thanks goes a long way. They might even surprise you and thank you back. This isn't a specific formula for every situation. Once you've established a certain level of trust, you can be more straightforward with your feedback…

But always focus on making it constructive.

Learning to give emotionally intelligent feedback completely changes how others see you. You're not the clueless colleague, or the boss who just doesn't get it. You're not the spouse or parent who's impossible to please. Instead, you're the one who cares. The one who's got their backs. The one who wants to make them better.

Try This

To turn your feedback from critical to constructive:

1. Schedule a regular appointment in your calendar to write down things you appreciate about:

- your colleagues
- your direct reports
- your boss
- your family members

Then, schedule a time to tell them those things.

2. When offering critical constructive feedback, remember to:

- Give the person a chance to express themselves
- Acknowledge their feelings and empathize
- Thank them for listening

In Summary

By transforming your feedback from critical into constructive, you'll. . .

- Transform the way others see you and your feedback
- Build trust into your relationships
- Bring out the best in those around you

The founder of EQ Applied, Justin Bariso helps organizations and individuals develop their emotional intelligence. His thoughts on leadership and EQ draw over a million readers a month, and his book, EQ Applied: The Real-World Guide to Emotional Intelligence, shares fascinating research, modern examples, and personal stories that illustrate how emotional intelligence works in the real world.

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

Government Healthcare: Strategizing Today for Success Tomorrow

Shanna Hanson, FHFMA, ACB
Centauri Health Solutions

The Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) both underwent a leadership change in 2021. Xavier Becerra was confirmed as HHS' Secretary in March and Chiquita Brooks-LaSure as CMS' Administrator in May.

CMS, an Operating Division of HHS, has oversight for what Brooks-LaSure calls "the three Ms": Medicare, Medicaid and the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA) Marketplaces. Enrollment in "the three Ms" runs at about 156.2 million lives (61.2 million Medicare as of 2020, 82.8 million Medicaid and CHIP as of May 2021, and 12.2 million Marketplace as of August 2021).

As you might imagine, it takes a lot of planning and coordination to define and achieve success with such large government healthcare programs! Between August and November 2021, both Secretary Becerra and Administrator Brooks-LaSure publicly shared their visions and objectives for the Department and Agencies they serve. This blog posting looks at what Becerra and Brooks-LaSure put forth. Table 1 offers a side-by-side review along with my interpretation and labelling of the major themes running through them. I close with the motivating words of Secretary Becerra.

HHS

Secretary Becerra released a draft of his "Strategic Plan for Fiscal Years 2022-2026" for HHS on October 7. His Strategic Plan and five Strategic Goals were available for comment until November 7 and have since been removed from the website. Table 1 captures the HHS Mission and Draft Strategic Goals as originally posted. HHS is required to have a Strategic Plan. It is updated every four years and "defines its mission, goals, objectives, and how it will measure its progress in addressing specific national problems over a four-year period."

CMS

Administrator Brooks-LaSure laid out the Strategic Vision for CMS, and some early successes, in a September blog posting. "Everything we do at CMS should be aligned with one or more of six strategic pillars," according to Brooks-LaSure.

There are several "Centers" that fall under the umbrella of CMS, two of which I have included in this posting: Center for Medicare and Medicaid Innovation (CMMI) and Center for Medicaid and Children's Health Insurance Program Services (CMCS).

Government Healthcare: Strategizing Today for Success Tomorrow

Shanna Hanson, FHFMA, ACB
Centauri Health Solutions

CMMI

The Center for Medicare and Medicaid Innovation (CMMI) aims to create a more value-based system that reduces spending while preserving or enhancing quality of care. It has spent the last ten years testing "more than 50 alternative payment models that reward health care providers for delivering high-quality and cost-efficient care."

CMMI recently went through a Strategy Refresh and published a Vision for the next 10 years along with five Strategic Objectives to guide the implementation of this vision. While its focus has primarily been on Medicare, its scope is broadening to include Medicaid, with an emphasis on value-based care. CMMI ambitiously set a target to have all Medicare Part A and B beneficiaries and most Medicaid beneficiaries in an accountable care model or provider relationship, respectively, by the end of the decade.

CMCS

The Center for Medicaid and Children's Health Insurance Program Services (CMCS) Deputy Administrator and Director Daniel Tsai, together with CMS' Administrator Brooks-LaSure, published a blog in Health Affairs outlining the Strategic Vision and three focus areas for Medicaid and the Children's Health Insurance Program (CHIP). As you might expect, they align with CMS and CMMI.

Each of the three focus areas for Medicaid and CHIP are expanded:

1. Coverage and Access
    - Protect Access to Coverage After the COVID-19 Continuous Coverage Requirement Ends
    - Close the Coverage Gap
    - Increase and Strengthen Eligibility and Enrollment
    - Protect and Expand Access to Care
    - Broaden Access to Home and Community Based Services (HCBS)
2. Equity
    - Make Bold Investments in Equity
3. Innovation and Whole-Person Care
    - Establish Section 1115 Policy Principles and Criteria
    - Bring Behavioral Health Care Up to Parity with Physical Health

This expansion adds a little clarity to what CMCS hopes to achieve, as well as the challenges. Let's look at "Increase and Strengthen Eligibility and Enrollment" under Focus Area #1. According to the blog posting, accessing and maintaining coverage is the desired result. Too often this is undermined by "unnecessary administrative red tape." "In 2018, roughly 17 percent of people who lost Medicaid or CHIP coverage (close to 3 million people) re-enrolled within three months." This statistic speaks to individuals losing coverage who were eligible.

Government Healthcare: Strategizing Today for Success Tomorrow

Shanna Hanson, FHFMA, ACB
Centauri Health Solutions

At Centauri Health Solutions, we see this scenario play out daily with the hospital patients and health plan members we work with. Our 37 years of experience working with the uninsured, along with our "Power to Solve" and "Passion to Serve" gives us the knowledge, skills, and dedication it takes to advocate for those who cannot advocate for themselves.

Table 1: Side-By-Side Review

	HHS	CMS	CMMI	CMCS
Mission or Vision	The mission of the U.S. Department of Health and Human Services (HHS) is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.	Vision: CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.	Vision: A health system that achieves equitable outcomes through high quality, affordable, person-centered care.	Vision: Aligns with CMS
Goals, Pillars, Objectives, or Focus Areas	Draft Strategic Goals (2022-2026)*	6 Strategic Pillars	Strategic Objectives	Focus Areas
Access; Affordability	1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare	Build on the Affordable Care Act and expand access to quality, affordable health coverage, and care	Address Affordability	Coverage and Access
Accountability	2: Safeguard and Improve National and Global Health Conditions and Outcomes	Engage our partners and the communities we serve throughout the policymaking and implementation process	Accountable Care	
Equity	3: Strengthen Social Well-being, Equity, and Economic Resilience	Advance health equity by addressing the health disparities that underlie our health system	Advance Health Equity	Equity
Innovation	4: Restore Trust and Accelerate Advancements in Science and Research for All	Drive innovation to tackle our health system challenges and promote value-based, person-centered care	Support Innovation	Innovation and Whole-person Care
Advance; Sustain; Transform	5: Advance Strategic Management to Build Trust, Transparency, and Accountability	Protect our programs' sustainability for future generations by serving as a responsible steward of public funds	Partner To Achieve System Transformation	
Excellence		Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS's operations		

*Removed from the website.

Government Healthcare: Strategizing Today for Success Tomorrow

Shanna Hanson, FHFMA, ACB
Centauri Health Solutions

Remarks from HHS Secretary Becerra

The National Association of Medicaid Directors (NAMD) held their 2021 Fall Conference in November and heard from HHS Secretary Becerra. His remarks were encouraging and motivating. "At the end of the day, all of us are working toward the same goal: How do we get people the services they need?" said Becerra.

> "Of course, our job today is not just to discuss the challenges we face during this pandemic, but also to articulate a vision for the future of Medicaid – the nation's largest health insurer.
> I tell my team never to be mild. I'm not mild. And I didn't take this job to be "mild." I took this job to be "game-changing."
> Our vision for Medicaid should be no exception.
> Now what does that mean? In my mind, this means making coverage more accessible, more equitable, and more holistic to meet the needs of every possible family."
>
> "COVID-19 hasn't just forced us to think outside the box. It's thrown the box out the window. And we need to work together on creative and innovative solutions to get families the care they need. Because that's what our work is all about – not just programs, but people. Not just dollars, but dignity. Not just numbers and figures, but names and faces. They are counting on us to succeed.'
> I like to tell folks: the Department of Health and Human Services is aptly named – you can't separate health from humanity. If we lead with our humanity, there's nothing we can't do for the American people." **HHS Secretary Becerra**

Shanna Hanson, FHFMA, ACB is Manager of Business Knowledge at Centauri Health Solutions. In her role, she is responsible for researching and reporting to executive staff on all legislative and environmental changes and trends impacting the company's health care markets, services and product development initiatives. This includes strategic knowledge leadership for the company on national health care reform and the Affordable Care Act; she has researched health care reform and the ACA for many years. Prior to her present role, Shanna served 14 years as Human Arc Midwest Operations Leader for its Medicaid eligibility enrollment services. She is a Past President of the Healthcare Financial Management Association's (HFMA) Heart of America Chapter and earned the designation of Fellow of the Healthcare Financial Management Association (FHFMA). Shanna holds the organization's Certificate of Advanced Technical Study in Mastering Patient Financial Services as well as the Founders Medal of Honor Award. She is a recognized industry writer and speaker on health care and related topics, conducts webinars, and was a frequent HFMA HERe blog contributor. Shanna holds a BS degree in business from Oklahoma State University (Stillwater, OK) and several certifications including Master Team Facilitator, Integrative Health Coach, and Toastmaster's Advanced Communicator Bronze.

Centauri Health Solutions works with healthcare payors and providers to improve the lives of their members and patients through compassionate outreach, sophisticated analytics, and data-driven solutions. Our reimbursement-focused services and unparalleled expertise lead to more accurate payment rates; a reduction in uncompensated care; transparent provider pricing; and referral management and analytics.

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

Virginia Medicare Part A MAC Palmetto GBA: Resumption of Postpayment Medical Reviews

As recently published at MACs Resume Medical Review on a Postpayment Basis, Medicare Administrative Contractors (MACs) resumed fee-for-service medical review activities to protect the Medicare Trust Fund against inappropriate payments. Effective September 1, 2021, the MACs will discontinue sending postpayment additional documentation requests (ADR) and will resume reviews conducted under the Targeted Probe and Educate (TPE) Medical Review Strategy.

Providers should continue responding to Postpayment ADR requests already issued.

Please continue to refer to information outlined in Receiving and Responding to a Palmetto GBA Additional Documentation Request (ADR) for Postpayment Review.

For more information on TPE please visit Targeted Probe and Educate.

Did you know? Virginia Part A providers can view **Post Payment Service-Specific Probe Results for Audits** on Palmetto's Medical Review home page. The probe results include denial rate percentages and a breakdown of denials by denial code & description. Palmetto publishes Denial Reasons and Prevention Recommendations for each specific denial code. This includes the reason for denial, how to avoid the denial, documentation that may be helpful to avoid future denials, and links to CMS Internet-Only Manuals for further education. Check it out!

Provider Outreach and Education Advisory Groups (POE-AGs) have been established as forums for Palmetto GBA to solicit input and feedback from the provider communities on various topics such as provider education materials; tentative dates and locations for education workshops or events; and particular topics of interest or concern. POE-AG members provide feedback to Palmetto GBA regarding provider education and training topics, as well as dissemination avenues and types and/or locations for educational forums. If you are interested in learning more about this group or would like to nominate someone for this group, go to Palmetto GBA's website and submit a completed Provider Outreach and Education Advisory Group (POE-AG) Membership Request today!

The Virginia AAHAM Insider

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

Interview with Linda Patry, CRCE

Virginia Chapter President 2018-2021

Tell us about yourself! I'm a native Mainer and lived in Lewiston, Maine until my move to the Fredericksburg area almost 10 years ago. I have two grown sons. Eric lives in New Jersey his wife Maggie and their 6 year old son Teddy. Brian lives in Northern Virginia, with his wife Alexia and their 5 year old son Nico and almost 3 year old son Lucas.

Lin Patry, CRCE

I am currently working at Mary Washington Healthcare as the Director of Patient Financial Services. I joined Virginia AAHAM shortly after my move to Virginia. I had just ended my third year as Chapter President for the Maine Pine Tree Chapter prior to my move. I was blessed to find another successful and welcoming chapter to work with. I began by helping out with the 1st Vice President role, then went on to serve as President.

Q: How many years have you been in healthcare?

A: I've been in healthcare since 1973! One of my first jobs was working on a teletype, keying in registration information and submitting OP and XOP Billings to Blue Cross Blue Shield. Those in my age group should remember those form types.

Q: How did you get where you are today professionally?

A: Getting into healthcare at a time when college degrees were not required, allowed me to "try out" different positions within the healthcare systems I worked for. I did everything from Assistant Blue Cross Billing clerk, to admissions, ED registrations, outpatient coding, data processing, revenue control, cashiering, refunds, payroll and accounts payable. I once did a three-month stint as Assistant Property Manager for a health system. My goal was to learn as much as I could in order to build my resume. The promotions eventually followed my experience. I obtained my CRCE certification in 1990 and eventually went back to school to obtain my college degree.

Q: How has being the Board President been rewarding to you?

A: I feel so fortunate to have served this chapter as President for four years. This is a very dedicated and hard-working group of colleagues who have become friends. It has been rewarding to see our chapter recognized time and time again at the national level and to cheer our colleagues on as they become certified. Joining this chapter allowed me to meet so many wonderful people and for that I am eternally grateful.

Q: Do you have a favorite memory of serving on the board?

A: I have always enjoyed our board dinners where we gather for drinks, food and camaraderie. It's great to enjoy time with friends outside of meetings.

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

Interview with Linda Patry, CRCE

Virginia Chapter President 2018-2021

Q: What is your favorite way to celebrate after you have completed a demanding project?

A: Pre-COVID celebrations usually involved happy hour and dinner out with colleagues and friends. During the height of COVID, it was creating a wonderful home cooked meal, accompanied by a great bottle of wine, candles and a movie. I'm slowly getting back to outings with friends.

Q: What is your favorite movie or book?

A: I have two favorite movies: "The Holiday" and "Love Actually". I love books by John Grisham and I'm currently reading Tim Cotton's second book "Got Warrants". Tim Cotton is a Lieutenant with the Bangor, Mane police department and a very funny and creative writer!

Q: Do you have a favorite quote?

A: "There is one art, no more no less, to do all things with artlessness" by Piet Pieterszoon Hein. My high school senior English Teacher had this posted on the board the entire school year. My classmates and I all recited it to him at our last class reunion.

Q: What is the best advice you ever received?

A: I once worked with a programmer who would ask me "Will it matter in 5 years?" Most often my answer was no and it helped me to keep things in perspective.

Q: What might someone be surprised to know about you?

A: I never learned how to ride a bike and I don't swim.

Q: Do you make New Year's Resolutions – yes or no, and why?

A: I don't make resolutions, but I do write a list of my goals for the upcoming year which I keep on my phone. It's divided into three sections: Family, Personal and Home. Having goals helps to keep me in line and accountable to myself for anything that I truly want.

Q: What are three things you cannot live without?

1. My family
2. Live music
3. My Nespresso coffee maker (and good wine)!

The Virginia AAHAM Insider

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

Interview with Linda Patry, CRCE

Virginia Chapter President 2018-2021

Q: How do you manage work/life balance?

A: A good work/life balance is so important to one's sanity. With that said, anyone who works in management knows that it's not a 40-hour job. I plan accordingly and actually pick out which day(s) I'll work a bit later to accomplish what needs to be done. I make lists and prioritize because at the end of the day, I know something will interfere with my plan, so I plan for that. Having a plan in place eliminates stress. Accomplishing goals and meeting targets is a great satisfier.

Q: Name something you feel should be prioritized for 2022.

A: One thing we are currently focusing on at Mary Washington Healthcare and will continue to expand upon in 2022 is automation. Epic allows for quite a bit of automation and with the current staffing challenges, we need to be able to work smarter with our existing staff to achieve more than we ever thought was possible.

Q: What do you find most challenging?

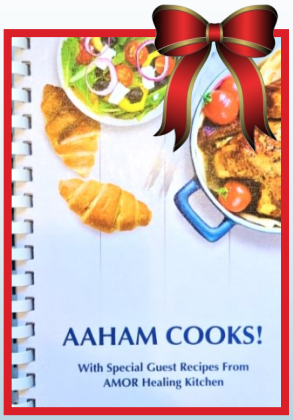
A: Keeping up with the various State and Federal regulation changes has always been a struggle. Proactively preventing denials is a challenge for all of us, but we have made great strides. Hiring in a timely fashion is a new issue that we are all dealing with.

Q: Name a favorite holiday tradition.

A: Our family holiday traditions have changed over the years as we moved, and my sons started their families. I'd have to say that the one standard is with the food we serve during the holidays. Food has always been very important in our family and my sons have become excellent cooks.

Q: Do you have a favorite holiday recipe?

A: One of my favorite holiday recipes is potato pie accompanied with a nice tenderloin roast. You can find the recipe on page 42 of the AMOR/AAHAM Cookbook. It is a wonderful way to serve a potato side dish, so flavorful and easy to make.



Thank you Lin, for your exceptional leadership as our Chapter President over the past four years! Our Chapter certainly benefited from having a fearless leader capable of navigating us through a pandemic. Despite the odds, you managed to bring us all closer together while continuing to grow our Chapter.

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

Price Transparency,
People Need a Visual Explanation

Rob Borchert, S.M.E., MBA, CRCE, FHFMA
Principal, Federal Advisory Partners
rob@bpa-consulting.com

Everybody is talking about "price transparency" but what does it mean? There are multiple interpretations concerning the legislation from the government and therefore multiple applications. The basic questions are fairly simple:

What is the main purpose of having every hospital post their "prices" on their website?
Who will go on the website to look up the "prices"?
Who will understand these prices?
Who will interpret these prices?
What does it mean if you have government insurance (Medicare, Medicaid, etc.)?
What does it mean if you have commercial insurance?
What does it mean if you have no insurance?
How does a potential patient put "prices" together to configure what their bill might be?
How do you compare one hospital to another?

All good questions and maybe, if you are not involved with this transparency process, you should stop reading now!

Well, if they know you work in a hospital, clinic, doctor's office, etc., you will probably be asked a lot of questions about "price transparency". If you are involved in any way, such as loading the Charge Description Master (CDM) or reading it in regards to billing and reimbursement purposes, then you should read on. Your facility may be cherry picking items from the CDM that could cause more confusion and require more explanation. We also have to recognize the government (Congress) has no idea what a commercial CDM looks like. Remember, they are under their own insurance plan and have no real concern about their healthcare coverage. If they had a plan like you and I, there would be a lot more debate on the subject and a much cleaner document as to what is expected in the display of prices to the public.

What is the main purpose? Well, if Congress thinks the main purpose of displaying a hospital's prices will cause better competition or marketing among hospitals, they certainly do not understand the healthcare environment. Even within a regional network of hospitals, under the same management, the CDMs can be different. The various sizes and services among these hospitals can cause prices in each facility to be different. The prices among large medical centers and small community hospitals in the same geographic area are very different but certainly not because the services are better in one than the other. This is what will confuse many potential patients. If they see cheaper prices at one hospital versus another,

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

Price Transparency,
People Need a Visual Explanation
Rob Borchert, S.M.E., MBA, CRCE, FHFMA

it does not mean their services are less professional than another. This again is another area where it is tough to explain to a potential patient.

So now we have recognized that pricing will be different from each facility but certainly not due to a professional or quality issue. We know the real reason. CDM prices are usually set based on two simple criteria; one being market pricing, which is done through research of both local, regional and national similar services offered and two, contracted reimbursement from third party insurance companies, as government reimbursement is set on a different methodology. If you start with the consideration of inpatient pricing, we know that government reimbursement is based on a "cost report" that each facility (approved for serving government covered people), submits annually. These cost reports are analyzed for services rendered to patients in the government programs. Based on this analysis, a dollar figure is established as the baseline for reimbursement. From this baseline, the amount of services (prices) generated is reimbursed by a single dollar value associated with the patient's diagnosis. Confusing, you bet it is!

Outpatient services for government patients are also calculated in a special manner and have nothing to do with the prices in the CDM. Diagnosis has become a big part of reimbursement in the healthcare environment and just publicly listing prices on a website has no real meaning. Some explanation of the differences in reimbursement needs to be published along with prices. As you can see, although public pricing of information may be different for each hospital, the reimbursement, in some cases, may be the same.

The average person looking up prices on the hospital's website can get easily confused. For instance, if the person needs an x-ray of the chest, can the person read the physician order and say that it is a two-view x-ray or a four-view x-ray and what is the price difference? If the physician order is for laboratory services, is the order for a CBC (complete blood count) or a urinalysis (with or without bacterial study) and how does one find these on the website? If the person knows they will be admitted, how do they know what services will be performed and how do you look any of this on the website? As you can see, the average person will not understand the collection of these prices and get more upset in not understanding them and could come into the facility highly stressed (which is another diagnostic condition). They may even call you before they come into the facility and you will be the one required to interpret the prices and the patient's concerns.

These concerns will probably come from two distinct populations. The first being those over age 65 who are on a government program (or Part C Advantage program) and have questions concerning both their coverage and the services they might be receiving. The second population are the younger

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

Price Transparency,
People Need a Visual Explanation
Rob Borchert, S.M.E., MBA, CRCE, FHFMA

generation who are efficient with technology. They have questions about the website and the individual prices associated with the services. This population can need more of an explanation than the over 65 since they are continually seeking knowledge. What is common is that both populations usually do not understand their insurance coverage and what might be their financial responsibility. Financial responsibility is usually the bottom line of any phone conversion or personal visit. This takes patience and if you had any examples (paper) that you could share with them, it would be very helpful.

The last population that will either visit or call is the patient who does not have any insurance. Yes, the self-pay patient who, after looking at the website and the CDM, is very confused about their financial responsibilities. If they visit, there is a wonderful opportunity to explain the process to them and also a way to offer them any financial plans your facility may have available. In fact, if they call, you should encourage a personal visit to discuss the various possibilities to minimize their anxiety.

Now, how does price transparency work in your facility? Have you ever gone online to the facility website and looked at what is there for “price transparency”? Is it the full CDM? Is it a partial CDM? Is it clear? It is understandable? What would you do to change it? Some basic questions for you to ask in placing yourself in a patient’s position. Does your website give any examples of what a combination of services may look like? Is there any explanation regarding various government programs and commercial insurance coverages? Is there any explanation about deductibles and co-pays? Is there any explanation about inpatient stay? Or ambulatory overnight stay? Or surgical center costs? Or outpatient therapies? Does your website present the best picture of your best services to the public?

In presenting examples of practical questions and practical answers, the visual explanations become “transparent” to the reader. In preparing for these examples and/or updating your website, one needs to review the current and short history (one year) of major services offered. This includes inpatient services (cardiac, cancer, orthopedic, etc.), ambulatory services (minor surgeries performed on an outpatient (overnight) basis, and outpatient services (radiology, laboratory, therapies). With this analysis, one can place clear examples of pricing so a reader would become more knowledgeable of the potential outcome of their service. These examples can also be in a ‘take-home’ or mailing piece to patients prior to their scheduled service. Price transparency is more than just putting parts of the CDM on display. It is a marketing opportunity to help make people comfortable with the professional services that are offered at your facility. Good examples also make good referrals from one patient to another potential patient. It also wards off a large number of phone calls.

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

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 **HERE**.

VA AAHAM Charitable Contribution: AMOR Healing Kitchen

HOLIDAY SALE!

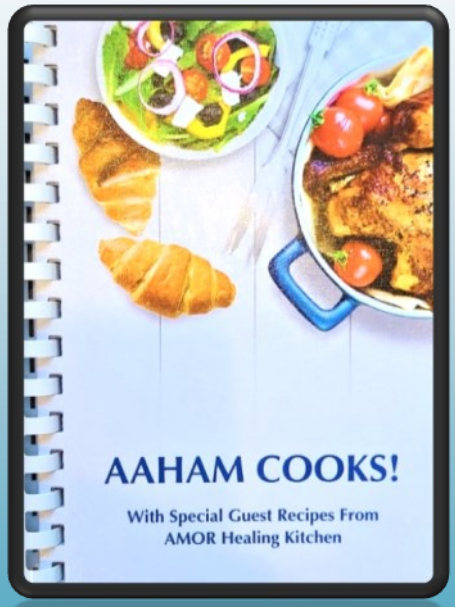
"AAHAM Cooks" Cookbooks!

The members of the Carolina, Georgia, Keystone, Maryland, Philadelphia, Three Rivers and Virginia Chapters of AAHAM along with Amor Healing created a cookbook to support the Amor Healing Kitchen.

The AMOR Healing Kitchen makes and delivers nutritious, healthy food (using in season organic, when possible, ingredients sourced from local and surrounding area farms) made with love by youth volunteers. On a weekly basis, AMOR's Teen Chefs and Kitchen Mentors prepare delicious, nutritious meals for people undergoing or recovering from medical treatments such as Cancer, Diabetes, and HIV. These meals are delivered to those in need by AMOR's Delivery Angels every Friday.

Cookbooks can be purchased at

https://www.amorhealingkitchen.org/aaham-fundraiser.html



Purchase Price: $15.00

You'll receive both a Hard Copy AND an e-book version of 250 Delicious Recipes!

PLEASE show your support for this worthy cause

AMOR Healing Kitchen

THE VIRGINIA CHAPTER OF AAHAM

"our first ever"

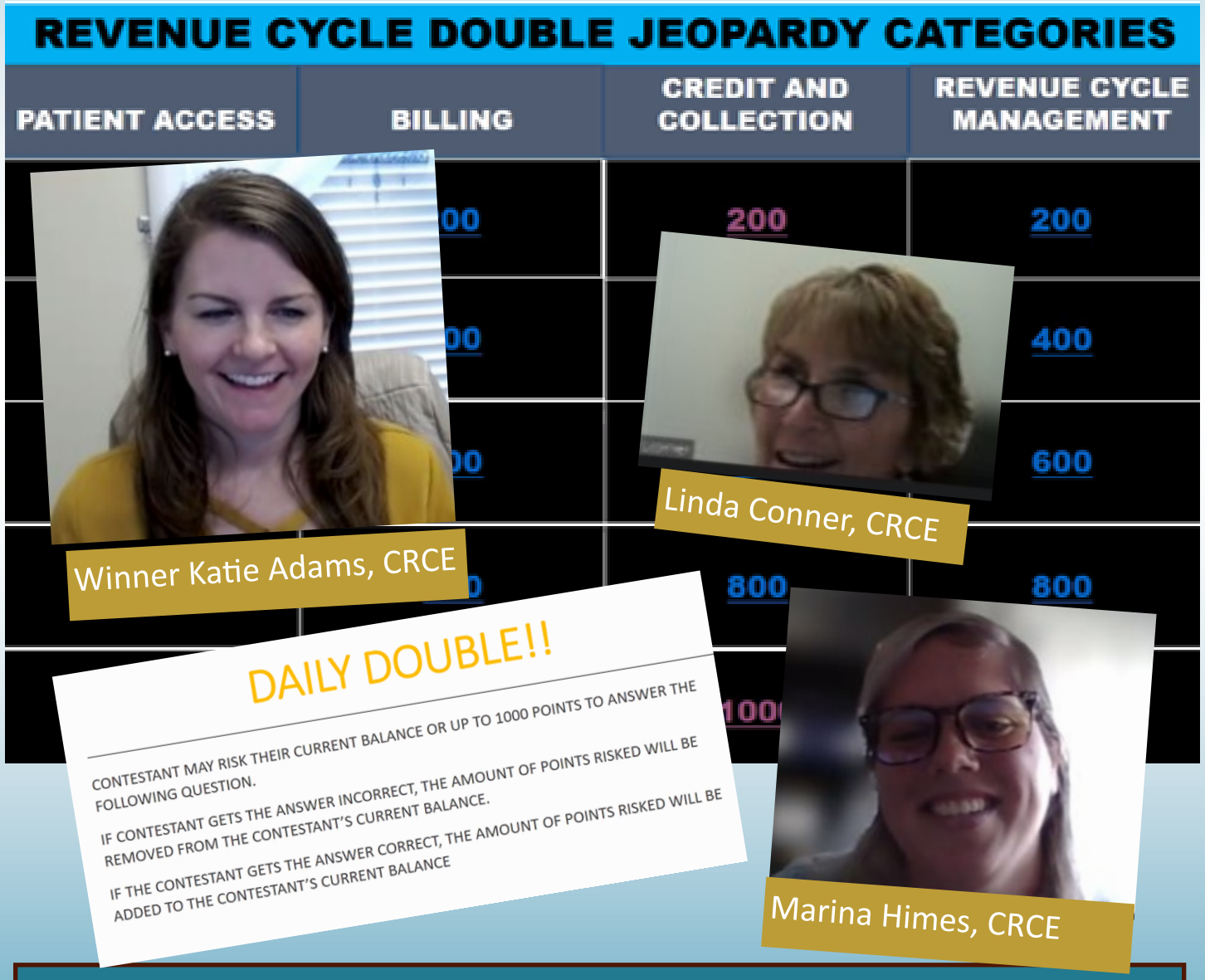
Tri-State

REVENUE CYCLE DOUBLE JEOPARDY

CERTIFICATION KNOWLEDGE CHECK

JEOPARDY!

The Virginia AAHAM Executive Board teamed up with some spectacular AAHAM members to host a fun, educational Jeopardy Game on October 28, 2021. Congratulations to our winner, reigning Virginia champion Katie Adams, CRCE and competitors Linda Conner, CRCE (North Carolina) & Marina Himes, CRCE (Maryland)!



Thank you to our sponsors!
Financial Recoveries, DMC Services and PennCredit.

CONGRATULATIONS VIRGINIA CHAPTER!

Virginia AAHAM received the Leslie A. Hampel Certification Award for Chapter with the **Most New CCT Certified Members in 2021**!

Spotlight: The AAHAM Certified Compliance Technician

The **CCT** exam is intended for all revenue cycle staff who must meet employers' annual compliance training requirements. In today's healthcare environment, compliance is of the utmost importance. Regardless of what role you have in the revenue cycle, understanding compliance is a necessity. The compliance exam covers such topics as Fraud and Abuse, the U.S. Sentencing Guidelines, HIPAA, Administrative Sanctions, and RACs. You can use your CCT Certification towards satisfying Centers for Medicare & Medicaid (CMS), The Joint Commission (TJC) and Det Norske Veritas (DNV) Requirements. Visit the AAHAM Certification webpage for more information.

About the AAHAM CCT Exams

AAHAM
American Association of Healthcare Administrative Management
The Premier Organization for Revenue Cycle Professionals

Exam Overview

The CCT is a ninety (90) minute online proctored exam that measures basic competencies in healthcare compliance.

Eligibility

The CCT exam is available to anyone involved in the management of patient accounts which involve government payers and compliance. AAHAM membership is not required, although it is encouraged, one year of compliance experience is recommended.

AAHAM CCT Exam Focus Areas

1. The seven elements of a healthcare compliance plan
2. Agencies that oversee healthcare compliance
3. Knowledge of the Office of Inspector General compliance recommendations
4. Non-compliance penalties

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

Recently Certified in Virginia

VA AAHAM would like to congratulate those who earned the following designations this fall. Congratulations to:

Certified Revenue Cycle Specialist

Emily Comerford, CRCS

Certified Compliance Technician

Halee Hefner, CCT

CONGRATULATIONS VIRGINIA CHAPTER!

Timothy Breen, CRCE of the Virginia Chapter was awarded the **Highest Score on the CRCE exam in 2021**!


AAHAM
American Association of Healthcare Administrative Management
The Premier Organization for Revenue Cycle Professionals

2021 CERTIFICATION EXCELLENCE AWARD

Congratulations on Receiving the Highest Score taking the CRCE exam

Presented to

Timothy Breen, CRCE
The Virginia Chapter

Brenda Chambers Certification Scholarship Program

Virginia AAHAM has earmarked funds for the AAHAM Certification Programs. The money is to be used by Virginia AAHAM National members who wish to apply for these funds to pay for the testing fee at AAHAM and will be applied on a first come first serve basis. This scholarship is meant for people that are truly interested in becoming AAHAM Certified but would have difficulty paying for it on their own and are not receiving funds from their employer for this purpose. This would be for any of the AAHAM Certification programs that AAHAM offers (CRCS, CRCP, CRIP, CRCE or CCT). In order to qualify for reimbursement of the expense of taking the exam you should meet these simple requirements:

- Be a member in good standing with both Virginia AAHAM and National AAHAM for 2022 if taking one of the Professional Exams: CRCP, CRIP or CRCE
- Be a member in good standing with Virginia AAHAM as a State Only member for 2022 if taking one of the Technical Exams: CRCS or CCT
- Be someone who is not receiving reimbursement from their employer for the exam fee
- Must register for and take exam of one of these programs in 2022: CRCS, CRCP, CRIP, CRCE, CCT. Visit www.aaham.org to view exam schedule and register
- Must reside in or be employed in the Commonwealth of Virginia
- To apply, Contact VA AAHAM Scholarship Committee **HERE**

Virginia AAHAM will reimburse your expense for your registration if you have a need and request it.

VA AAHAM hopes that you will consider sitting for at least one certification exam in 2022. Please reach out today to let us help you reach your career aspirations!

FREE STUDY GUIDE

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

If you are interested in testing your knowledge and gaining the recognition that comes with certification, or wish to request individual study sessions, contact Leanna Marshall for additional information. Phone: (434) 962-8508

Announcing the 2021 Woodrow Samuel Annual Scholarship Winner

Congratulations Taryn 'Tee Jaye' Chambers, RN! Tee Jaye was awarded $1,500, which will help her achieve her goal of attaining her MSN-NP.

Apply Now for the 2022 Woodrow Samuel Annual Scholarship

APPLY NOW

To be eligible for this annual scholarship award, you must be a Virginia AAHAM member employed full time in a healthcare related field or a child of a Virginia AAHAM member enrolled in an accredited college or school. For more information on how to apply and to obtain a copy of the scholarship application, logon to the Members Only page of the Virginia AAHAM chapter website.

CONGRATULATIONS VIRGINIA CHAPTER!

Virginia AAHAM received recognition for

Stellar Membership Numbers with

over 200 Members in 2021!

2022 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
- Educational seminars & workshops, conference presentation materials
- 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!

2022 Membership Dues Renewal

National AAHAM would like for you to know the 2022 membership renewal invoices have been mailed. As a thank you for your membership, they are continuing the **"pandemic dues renewal discount" of $188, payable in one lump sum by 12/31/21**. They are mindful of the times we are in and understand you may be struggling and wondering how to pay for your dues. If you are unable to take advantage of this discount, AAHAM does offer payment plans to help ease the dues burden Please contact the AAHAM National Office if you would like more information about these options.

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

Upcoming Events

Upcoming Certification Exam Dates and Registration Deadlines

Certification Exams are now available each month!

- January 17-21, 2022 January 2022 Exams
- February 21-25, 2022 February 2022 Exams
- March 21-25, 2022 March 2022 Exams
- April 18-22, 2022 April 2022 Exams
- May 16-20, 2022 May 2022 Exams
- June 20-24, 2022 June 2022 Exams
- July 25-29, 2022 July 2022 Exams
- August 22-26, 2022 August 2022 Exams
- September 19-23, 2022 September 2022 Exams
- October 17-21, 2022 October 2022 Exams
- November 14-18, 2022 November 2022 Exams
- December 12-16, 2022 December 2022 Exams

Stay Tuned for Information on Virginia AAHAM's Spring Conference

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

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

Virginia AAHAM Executive Board 2021

Chairperson of the Board
(Chapter of Excellence Committee)

David Nicholas, CRCE
President, Mercury Accounts Receivables Services

Office: (703) 825-8762

Email: David@MercuryARS.com

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

Linda Patry, CRCE, Director, Patient Financial Services
Mary Washington Healthcare
2300 Fall Hill Ave. Suite 311 Fredericksburg, VA. 22401

Office: (540) 741-1591

Email: Linda.Patry@mwhc.com

First Vice President
(Committee Chairperson: Membership & Chapter Development: Chapter Awareness)

Amy Beech, CRCE
Augusta Health PO Box 1000, Fishersville, VA 22939

Office: (540) 245-7216
Email: ABeech@AugustaHealth.com

Second Vice President
(Committee Chairperson: Education Committee; Government Relations Committee)

Pam Cornell, CRCE
Mary Washington Healthcare

Office: (540) 741-3385

Email: Pam.Cornell@mwhc.com

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

Virginia AAHAM Executive Board 2021

Secretary
(Committee Chairperson: Publications Committee)

Natalie Hefner, CRCE
Mercury Accounts Receivable Services

Office: (571) 620-0141

Email: Natalie@MercuryARS.com

Treasurer
(Committee Chairperson: Vendor Awards Committee)

Jeffrey Blue
UVA Health System
4105 Lewis and Clark Drive Charlottesville, VA 22911

Office: (434) 297-7477

Email: Jrb2re@virginia.edu

Appointed Board Member: SPONSORSHIP COMMITTEE
Thomas Perrotta, Vice President of Client Relations, CCCO

Penn Credit

Office: (888) 725-1697

Email: Tom.Perrotta@penncredit.com

Appointed Board Member: CERTIFICATION COMMITTEE

Leanna Marshall, CRCE, Retired

Charlottesville, VA

Phone: (434) 962-8508

Email: ayden1@embarqmail.com

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

Virginia AAHAM Executive Board 2021

Appointed Board Member: FINANCE COMMITTEE CHAIR

Dushantha Chelliah
UVA Health System
2212 Greenbrier Dr. Charlottesville, VA, 22901

Office: (434) 924-9266

Email: DC5P@hscmail.mcc.virginia.edu

Appointed Board Member: COMMUNICATIONS CHAIR

Timothy Breen, CRCE
UVA Health System
4105 Lewis & Clark Drive Charlottesville, VA 22911

Office: (434) 982-6355

Email: tjb8pm@virginia.edu

Honorary Board Member

Linda McLaughlin, CRCE, Retired
Office: (804) 690-7282
Email: Linda.B.Mclaughlin@gmail.com

Honorary Board Member

Michael Whorley, CRCE, Retired
Office: (540) 470-0020
Email: Michael@Whorley.com

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

Virginia AAHAM Executive Board 2021

Committee Chairperson LEGISLATIVE Committee

Austin Hale
Tiffany Law Firm

Office: (757) 597-1449

Email: Austin@TiffanyLawFirm.com

Committee Chairperson Student Membership Committee

Mary Prendergast
IC System

Office: (757) 839-6215

Email: MPrendergast@icsystem.com

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

Platinum Sponsor

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

Platinum Sponsor

VIRGINIA COMMONWEALTH UNIVERSITY
VCU
Health System

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

Platinum Sponsor

CREDIT CONTROL CORPORATION
Cash Recovery Specialists

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

Platinum Sponsor

PennCredit
Service • Integrity • Results

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

Platinum Sponsor

CENTAURI HEALTH SOLUTIONS®

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

Platinum Sponsor

Nationwide Credit Corporation

NCC

IT PAYS TO PARTNER

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

Platinum Sponsor

TransUnion

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

Platinum Sponsor

RMC
Receivables Management Consultants, Inc.

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

Platinum Sponsor

UNITED CONSUMERS INCORPORATED

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

Gold Sponsor

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

Gold Sponsor

experian

HRSI
Healthcare Receivable Specialists Inc.

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

Silver Sponsor

Cirius Group INC.
Results Driven Revenue Cycle Solutions

THE CCS COMPANIES®

RSOURCE HEALTHCARE

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

Bronze Sponsor

KeyBridge™
Medical Revenue Care™

CHANGE HEALTHCARE

The Virginia AAHAM Insider

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

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

The Virginia Chapter of AAHAM
American Association of Healthcare Administrative Management
The Premier Organization for Revenue Cycle Professionals

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.