The Virginia AAHAM Insider

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

The President's Message

Dear Virginia AAHAM Members and Friends:

"If someone offers you an amazing opportunity but you are not sure you can do it, say yes – then learn how to do it later." ~ Richard Branson

How many times have you been offered an opportunity to try something new or different? You might be asked to lead a project, take on a new role, meet someone new or even try out a new haircut. Did you say yes to something that might be out of your comfort zone or did you choose to stay the course?

Every day we are given another chance to start anew. There is nothing holding us back, but ourselves. We must strive to seek out what makes us unsure today, to achieve increased confidence tomorrow. It is our small forward steps that can pave the way for us to lead our best lives!

You have already taken a step and accepted an opportunity to join AAHAM. Why not take the next step by becoming involved? We are always looking for members to help and the choices are varied. You could start by volunteering on a committee, working at the registration table, selling 50/50 or raffle tickets, helping with a certification webinar, or possibly offering to speak about one of your successes at your organization. You tell us about your passion…and we will help you fulfill it!

If you are not yet certified, have you considered sitting in on a certification webinar that interests you? If you are already certified, how about going after a new certification that will bring you increased knowledge in your field? Attaining your certification can open new doors to new opportunities. Will you accept those opportunities when they come your way?

A few of your VA AAHAM colleagues and I have accepted the opportunity to attend this week's Annual National Institute at Caesar's Palace in Las Vegas. Yes, typically what happens in Vegas, stays in Vegas, but I will be bringing back updates from the national office as well as practical revenue cycle information, so stay tuned.

We have one more conference in 2019 which takes place at the Kingsmill Resort in Williamsburg. The dates are December 4th through the 6th. Registration information will be forthcoming soon. Please sign up early as this is a very popular conference and an amazing opportunity…say yes, won't you!

Enjoy your Fall and I'll see you in Williamsburg.

Yours in AAHAM,
Lin

Inside this Issue:

The Virginia Chapter of AAHAM
American Association of Healthcare Administrative Management

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

How do you handle

"Primary Care First Model" transactions? (Part One)

Rob Borchert CRCE-I

The Center for Medicare and Medicaid (CMS) is continually modelling various types of plans and programs in striving to minimize their payouts but at the same time expressing the 'quality of care' agenda. We have seen many changes since the first major change of Resource-Based Relative Value Scale (RBRVS) back in 1992. Over the past 17 years, CMS has collected a vast database of information regarding the treatment of patients with both various diseases and specific diseases. Treatment patterns, associated tests and procedures, timelines for treatment and prognosis stability, etc. have provided both CMS and numerous health insurance companies to not only fine tune the data but more importantly align the data (both diagnosis and practice patterns) with various reimbursement strategies. There have been reductions in the relative value units (RVUs) as well as combinations of procedures with one price. We have seen Ambulatory Patient Groups (APGs) and Ambulatory Patient Classification (APCs) developed and implemented to further strive to reduce payments for physician services. The "experiments" and strategies continue.

In 2017, Comprehensive Primary Care Plus (CPC+) was initiated in 14 regions of our country involving 53 payers and 2,891 physician practices. CPC+ is a regionally based, multi-payer care delivery and payment model that includes two separate tracks. Depending on their care delivery and health information technology (IT) capabilities, practice may apply to either Track 1 or Track 2 of the CPC+ program. Track 1 is intended for practices that have the health IT and other basic infrastructure necessary to deliver comprehensive primary care. Track 2 is intended for practices proficient in comprehensive primary care that are prepared to increase the depth, breadth, and scope of medical care delivered to their patients, particularly those with complex needs. Members of the CPC+ program are paid on a 'per beneficiary per month' (PBPM) system known as a "Care Management Fee: (CMF). For Track 1, the average PBPM is $15; for Track 2, the average PBPM is $28. These payments for these tracks is broken down into 'tiers' and the tiers consist of diagnosis from the develop 'Hierarchical Condition Category' (HCC). Each tier is part of the quartiles associated with the HCC; the first quartile pays the lowest rate PBPM and the fourth tier pays the highest. This program continues and offers practices the ability to assess their operations and professional care standards as reflected in their own data submitted to CMS. With all of this data collected over the last couple of years, CMS is offering a set of new models that can further challenge practice behavior. For patient accounting, it becomes an area for new strategies to take place in properly and compliantly billing and collecting for services as well as maintaining the quality patient care associated with both the simpler and more complex diagnostic conditions. Thus, we move into the Primary Care First Model options.

Primary Care First Model Options is a set of voluntary five-year payment options that reward value and quality by offering an innovative payment structure to support delivery of advanced primary care. Primary Care First is based on the underlying principles of the existing Comprehensive Primary Care Plus (CPC+) model design

Prioritizing the doctor-patient relationship
Enhancing care for patients with complex chronic needs and
High need, seriously ill patients
Reducing administrative burden, and
Focusing financial rewards on improved health outcomes

The Virginia AAHAM Insider

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

How do you handle

"Primary Care First Model" transactions? (Part One)

Rob Borchert CRCE-I

Primary Care First Model Options will be offered in 27 regions of the U.S. for a start date in 2020. Some of these states and regions have previously participated in the CPC+ program so it will be a matter of remaining in their current choice or applying for this new model. The statewide offerings will be for:

- Alaska
- Arkansas
- California
- Colorado
- Delaware
- Florida
- Hawaii
- Louisiana
- Maine
- Massachusetts
- Michigan
- Montana
- Nebraska
- New Hampshire
- New Jersey
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Rhode Island
- Tennessee
- Virginia

The regions offering this model are:

- Greater Buffalo, New York
- Greater Kansas City, Missouri and Kansas
- Greater Philadelphia
- North Hudson-Capital region, New York
- Northern Kentucky

Primary Care First addresses the needs of Medicare beneficiaries from chronic conditions to seriously ill patients. This is addressed in the fact that there are two models, Primary Care First focusing on advance primary care and Primary Care First for seriously ill patients (SIP) focusing on the needs of patients with highly serious illness, hospice or palliative care. There will be a Part Two of this article addressing more specifics regarding the SIP model.

The Virginia AAHAM Insider

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

How do you handle

"Primary Care First Model" transactions? (Part One)

Rob Borchert CRCE-I

Primary Care First focuses on the needs of chronic condition patients by creating a seamless continuum of care and accommodates a continuum of interest providers. The payment options test whether delivery of advance primary care can reduce total cost of care, accommodating practices at multiple stages of readiness to assume accountability for patient outcomes. This model will focus on advanced primary care practices ready to assume financial risk in exchange for reduced administrative burdens and performance-based payments. Based on all the data collected, CMS will prioritize patient choice in the assignment of Medicare beneficiaries to Primary Care First practices.

Although this may sound 'different', this model provides participating practitioners with the freedom to innovate their care delivery approach based on their unique patient population and resources. The program rewards participants with additional revenue for taking on limited risk based on "easily understood, actionable outcomes"…says CMS. CMS will use a focused set of clinical quality and patient experience measures to assess quality of care delivered at the practice. There are certain standards that the practice must meet that reflect quality of care. These measures were selected to be actionable, clinically meaningful and aligned with CMS's broader quality measurement strategy. Measures include

A patient experience of care survey
Controlling high blood pressure
Diabetes hemoglobin A1c poor control
Colorectal cancer screening and
Advance care planning

Practices will be incentivized to deliver patient-centered care that reduces acute hospital utilization. This model focuses and is oriented around comprehensive primary care functions:

Access and continuity
Care management
Comprehensiveness and coordination
Patient and caregiver engagement
Planned care and population health

The participation in this CMS model is open to all primary care practitioners (MD, DO, CNS, NP, and PA), certified in internal medicine, general medicine, geriatric medicine, family medicine and hospice and palliative medicine. NOTE: for the SIP model (will be found in Part Two) the key certifications are geriatric medicine, hospice and palliative medicine.

The payment mechanism for these models has, supposedly, been designed to be simple. There is a flat primary care visit fee added to a population-based payment (PBPM) for the practice. To this, there is a quarterly performance-based adjustment providing up to a 50% increase in revenue based on the measures discussed above. There is also a 10% incentive to reduce costs and improve quality (e.g. low hospital admission rate). Sound simple? Well, it can be stated as simple but you should recognize that there are a number of 'calculations' associated with the various elements. We can all accept the flat primary care visit fee of $50.52 (adjusted regionally). To this is added a population-based payment of PBPM. This payment is tied to the average hierarchical condition categories which are segmented into 5 groups. The payments for this range based on the overall risk factor of the patient population. So, this is the first part of the standard payment structure. The 10% incentive is an annual consideration based on if the practice met the quality benchmarks established for them.

The Virginia AAHAM Insider

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

How do you handle

"Primary Care First Model" transactions? (Part One)

Rob Borchert CRCE-I

The final piece of this payment structure is 50% which is broken into three sections: national adjustment, cohort adjustment, and continuous improvement adjustment. This model payment is scheduled to be paid on a quarterly basis and each section has a part of the total 50%. The first section is national adjustment of 10%. This addresses the question "is practice performance above the national acute hospital utilization minimum benchmark?"…yes or no. The next section is known as the cohort adjustment and ask "is the practice performing in the top 50% of Primary Care First practices? If yes, the practice is eligible for an adjustment of up to 34% based on performance compared to peers. Data review coming from CMS will have to be closely examined when this information is released. You may have to do some investigation yourself to validate published findings. You should also ask how all of this data is collected and evaluated by CMS in its decisions. The last 16% consideration is based on continuous improvement which means "did the practice achieve their acute hospital utilization improvement target?"

Each of these sections in the payment structure are also adjusted based on where the practice falls into the percentile levels. For instance, if the practice performance falls into the 40 to 60 percentile level, the practice will receive a 20% boost, not the 34% potential allocation. Confused yet!

As professionals, we are asked to manage and lead in the patient accounting arena. Models like these can be confusing not only in collecting and validating the data but in explaining the results to others. If you need a presentation on this subject, please feel free to contact me at (315) 345 5208 or email rob@bpa-consulting.com

Rob Borchert CRCE-I

315-345-5208

rob@bpa-consulting.com

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

Platinum Sponsor

VCU
VIRGINIA COMMONWEALTH UNIVERSITY
Health System

The Virginia AAHAM Insider

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

Mental Health Issues Spark Renewed Focus on Behavioral Health Facilities

Conner Girdley and Justin LeBell

The American Hospital Association estimates that one in four Americans suffer from a mental illness or substance use disorder each year.

You may have seen recent announcements from facilities regarding new behavioral health facilities that are being renovated or constructed. While it might be easy to pass these off as a niche concern for only certain organizations, it is in fact a response to widespread issues concerning the care of mentally ill patients and the increasing cost of caring for them inefficiently through emergency rooms and general hospital beds – often at a hefty price tag – and by health care professionals not fully equipped to care for mental illness.

Studies have shown that patients with mental illness tend to receive worse medical care than people without mental illness. Certain behaviors are more common among people with serious mental illness, such as smoking, substance abuse and physical inactivity, which increase the risk for chronic diseases. By some estimates, people with mental illness die an average of 25 years earlier, often from preventable or treatable conditions such as cardiovascular disease and diabetes.

Mental and behavioral health (the terms are used interchangeably) issues send almost 5.5 million people to the emergency room each year. Compared with physically ill patients, people with mental health conditions rely more on emergency rooms for treatment and tend to spend more time there. Patients with bipolar disorder, depression or psychosis and those diagnosed with multiple conditions are more likely than others to be held in the ER longer than 24 hours. The cramped, chaotic ER environment is not a good place for patients with mental illness. A national shortage of inpatient beds for psychiatric patients is part of the problem as the number of individuals struggling with a range of psychiatric problems continues to rise.

A History of Inadequate Care

Mental health resources have been diminishing in many areas for decades. Deinstitutionalization efforts that kicked off during the 1950s and 1960s are often cited as a beginning of the disappearance of long-term care facilities and psychiatric beds. A 2012 report by the Treatment Advocacy Center found the number of psychiatric beds decreased by 14 percent from 2005 to 2010. Between 2009 and 2012, states cut $5 billion in mental health services. During that time, nearly 10 percent of the total supply of public psychiatric hospital beds nationwide disappeared and have never been restored. Provider numbers are also falling as evidenced by a shortage of psychiatrists. The problem is further exacerbated as more than 50 percent of psychiatrists only accept cash and many private mental health hospitals still in operation do not accept insurance and can cost upwards of $30,000 per month.

The Virginia AAHAM Insider

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

Mental Health Issues Spark Renewed Focus on Behavioral Health Facilities

Conner Girdley and Justin LeBell

For decades, mental health care was done in distant wings of traditional hospitals or cold psych institutions. However, in the wake of this mental health crisis, there are those in the provider and financing community who are stepping up to bring behavioral health care to the forefront while improving care and providing more options for patients.

The Expanding Landscape of Behavioral Health

Numerous organizations have recently identified similar risks in their care models, and have chosen to create behavioral health units and facilities to improve their quality of care. One such group is the Mount Carmel Health System, which partnered with Acadia Healthcare in a joint venture to develop a $26 million, 80-bed inpatient behavioral health hospital in Columbus, Ohio. The hospital will replace the current 20-bed inpatient psychiatric unit at Mount Carmel West and is expected to open in late 2018. Private equity firm LLR Partners also recently announced a $34 million growth capital investment in SUN Behavioral Health, a national operator of freestanding psychiatric hospitals. Three SUN hospitals with a total of over 400 beds are scheduled to open in Ohio and Delaware.

In July 2018, Inova Health System opened a behavioral health inpatient unit in Falls Church, Virginia. One floor is dedicated to adolescents and one floor is dedicated to adults, further differentiating care units based on the patients' needs. All of the rooms are private, with individual bathrooms and large windows to let in natural light. And Long Island Jewish Medical Center created a 15-bed closed med-psych unit for medically ill patients with behavioral health disorders. This was launched as a pilot project to evaluate how a med-psych unit would work alongside a 200-bed inpatient psychiatric hospital located on another part of the medical campus. Doctors were seeing significant back and forth between the two facilities, and the new units should reduce this confusion. By creating the specialized unit, staffed by a dedicated hospitalist, a nurse practitioner, a psychologist and a nurse manager, the number of patients requiring continuous observation dropped to single digits, had a lower length of stay when compared to their previous admission in other units and became highly rated in terms of patient experience.

Other features of many such facilities include gyms, electroconvulsive therapy centers, outdoor activity areas and other personalized programs that cater to age, gender, acuity or other demographic factors.

Challenges to Implementation

Despite some of the opportunities and benefits highlighted by these examples, there are challenges. Are medical staff appropriately trained for patients with mental illness? How do hospitalists measure, record and share information and outcomes? How are prevention and early intervention efforts best accomplished? How is the care paid for? There is no single solution to these issues, but a careful approach can yield benefits while avoiding pitfalls.

The National Alliance on Mental Illness has created a course that educates and informs mental illness from a provider perspective, including mental health professionals and other health care professionals alike. Also, as the patients' care is transferred to specialized units, rather than emergency departments and general hospital beds, the medical staff will be better trained with more appropriate facilities and resources, especially with knowledge of proper medication and escalation protocol.

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

Mental Health Issues Spark Renewed Focus on Behavioral Health Facilities

Conner Girdley and Justin LeBell

By assessing the total burden and frequency of problems and reporting consistently to management that this impairs quality of care and creates patient risk, hospitalists can lobby for change, such as access to psychiatric personnel. For example, if the emergency department is staffed with the right mix of psychiatric personnel, are lengths of stay decreasing? Are there fewer occurrences of negative outcomes such as use of restraints or getting security involved? It is this data that can quantify how much money is being saved, or could be saved, because the patients are receiving proper care.

From Concept to Actualization

Several developments – both within the industry as well as in legislation – have encouraged communities to add or renovate behavioral health units. Recently, the Centers for Medicare and Medicaid Services (CMS) changed its payment model to improve access to and quality of mental health care. The Affordable Care Act also eliminated several roadblocks to the treatment of mental health. Given these favorable legislative changes, along with changing societal norms, strong margins, and greater demand for services, more investors are entering the behavioral health care sector. For example, REITs and private equity are pumping in capital at increasing rates.

In several states, the general expansion of Medicaid funding is expected to help, which is why it is important to remain aware of what developments can work in your favor when proposing a project, or to partner with those who can navigate the legislative and financial world to provide the best course of action.

Agency financing options also continue to be a valuable source of capital for nonprofit health care providers. The 2018 Omnibus bill increased the budget for the U.S. Department of Agriculture (USDA) Rural Community Facilities program to $2.8 billion, up $200 million from FY 2017. Earlier this year, the USDA announced $243 million for the Community Facilities Direct Loan Program, which includes upwards of $29 million in financing for opioid treatment centers in Colorado, Virginia and West Virginia. Additionally, the tax-exempt bond and loan market continues to be healthy, supporting a variety of financing options for creditworthy borrowers looking for capital.

And while the U.S. Department of Housing and Urban Development (HUD)/Federal Housing Authority (FHA) Section 242 program still does not provide insurance for stand-alone behavioral health hospitals, it can work for a hospital project that contains a behavioral health component.

Given epidemic levels of societal issues such as the opioid crisis and increasing suicide rates, it is fortunate that both societal trends and governmental legislation have provided favorable tailwinds toward expanding, renovating or constructing new behavioral health facilities. Communities can expect this trend in growth to continue as specialized care for mental illnesses and other behavioral issues becomes more prevalent. Successful health care organizations will remain attune to the rapid changes and different care models emerging in the treatment of mental illness to ensure that the organization's care providers have all the resources and facilities to support their patient's needs.

The Virginia AAHAM Insider

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

Mental Health Issues Spark Renewed Focus on Behavioral Health Facilities

Conner Girdley and Justin LeBell

Conner Girdley is a vice president with Lancaster Pollard, a financial services firm based in Columbus, Ohio that specializes in providing capital funding to the senior living and health care sectors. In addition to underwriting tax-exempt bond offerings, Lancaster Pollard provides organizations with a complete range of funding alternatives through its HUD-FHA/GNMA/ FNMA/ USDA-approved, mortgage lender subsidiary. It can also provide bridge-to-agency lending, private equity, balance sheet lending and investing, and M&A services.

Mr. Girdley has been a party to, as an underwriter or advisor, the issuance of over $2.5 billion in tax-exempt bond offerings for various entities and over $500 million in FHA insured debt for healthcare entities. These transactions include a variety of different funding vehicles and structures that have been tailored to fit the financial needs of his clients. Prior to joining Lancaster Pollard in 2016, he was an investment banker at a large regional bank that provided underwriting services to for-profit and non-profit healthcare entities. Preceding this role, he was a financial advisor to municipalities and other similar tax-exempt organizations on debt issuance in the public markets.
Mr. Girdley received his bachelor's degree in finance from Louisiana State University and a master's in business administration, with concentrations in finance and security analysis, from the University of Florida. In 2014, he was awarded the CFA charter and he is a licensed registered investment banking representative (Series 79), municipal securities representative (Series 52) and uniform securities agents state law (Series 63).

Justin LeBell is an associate with Lancaster Pollard in Columbus. Previously, he worked in Margin Lending at Goldman Sachs. Justin holds a BS in Accounting from the University of Utah and an MBA from Duke University. At Lancaster Pollard, he is responsible for financial modeling and valuation, credit analysis, interaction with all funding participants, and coordinating the closing process. He holds Series 79 and Series 52 licenses

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

The Virginia Hospital Advocate

September 2019

What's Happening in Richmond

Election Season Is Here!

Election Day is Tuesday, November 5 when all 140 seats in the Virginia General Assembly will be on the ballot. This is an opportunity for Virginia voters to elect their district representatives for the Virginia House of Delegates and the Senate of Virginia. In addition to legislative races, several localities are holding elections for local offices.

The results of state legislative elections are critical in shaping health care policy. Candidates in your local district are working hard to earn your vote! We encourage you to attend a meet-and-greet or town hall forum to ask candidates about their position on key health care issues. When you do, tell them why you support Virginia hospitals so they clearly understand that access to high quality, affordable care is critical in your community.

Spotlight on a Summer Work Group: Certificate of Public Need

Governor Ralph Northam, MD, directed Secretary of Health & Human Resources Dan Carey, MD, to convene a summer work group focused on Certificate of Public Need reform. Participating work group decision-makers include senior leaders from Virginia hospitals, health insurance companies, surgical centers, and physician groups, as well as consumer advocates and government agency representatives. Regular meetings, sometimes as often as three times per week, have occurred throughout the summer to work through various COPN reform options and to discuss the purpose of these public need regulations. The goal is to produce a consensus report by the end of October, giving the Governor time to consider potential funding or policy recommendations heading into the 2020 legislative session.

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

The Virginia Hospital Advocate

September 2019

What's Happening in Washington, D.C.

Surprise Billing

The issue of surprise medical bills will be a hot topic when Congress returns to Washington in early September. Prior to the August recess, the House Committee on Energy and Commerce and the Senate Health, Education, Labor, and Pensions Committee each advanced legislation to protect patients from surprise medical bills and improve transparency.

While VHHA strongly supports efforts to address this issue; however, we have significant concerns with the proposals' reliance on a benchmark rate to determine payment for out-of-network (OON) providers. This approach will allow insurers to unilaterally dictate below-market reimbursement rates for OON medical services, giving them even less incentive to enter into good faith contract negotiations with providers to establish and maintain broad provider networks. Over time, this will increase the number of OON providers and result in reduced access to care and fewer choices for patients.

As the legislative process moves forward, VHHA will continue to work with members of Congress in support of crafting a final proposal that protects patients and ensures providers are fairly compensated.

The Virginia AAHAM Insider

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

The Virginia Hospital Advocate

September 2019

Virginia Legislative Leader Spotlight

Senator Emmett Hanger
R-Mount Solon

Senator Barbara Favola
D-Arlington County

Throughout his career, Senator Emmett Hanger has been a strong advocate for health care access in the Shenandoah Valley and across the Commonwealth. This includes his steadfast support for Medicaid expansion that led to a compromise which has helped more than 300,000 Virginians gain access to coverage.

"I'm always pleased to be associated with Augusta Health and the outstanding work done at hospitals across Virginia. I look forward to continuing to work together to improve the quality of life for all Virginians."

Senator Barbara Favola is a passionate leader who fights hard for her constituents. She is a strong advocate on issues important to children, families, wage-earners and the environment.

"*I am proud to support the local hospitals in my community, and the safety net of hospitals across the Commonwealth. We scored a major victory, together, to secure Medicaid expansion for more than 300,000 Virginians, and I'm looking forward to continuing our collaborative efforts to improve access to high quality, affordable health care for all Virginians."*

~Senator Favola

The Virginia AAHAM Insider

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

The Virginia Hospital Advocate

September 2019

Register to Vote!

Voter Registration Deadline: Tuesday, October 15, 2019

Election Day is Tuesday, November 5, and the deadline to register to vote - or update your voter registration address - is Tuesday, October 15. It only takes a few minutes to register online. You can also easily check your registration status online.

Health care professionals who work extended shifts on Election Day, or work in a locality different from where they live, are qualified to vote by absentee ballot. The deadline to request an absentee ballot by mail is Tuesday, October 29 by 5:00 p.m. The deadline to request an in-person absentee ballot at designated locations is Saturday, November 2 at 5:00 p.m.

Engage with VHHA & HosPAC

VHHA ALERT
Urgent News for Hospitals and Health Systems

Join the Hospital Grassroots Network!

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

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

Register online today!

HosPAC
THE POLITICAL ACTION COMMITTEE FOR THE VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION

Support HosPAC!

HosPAC is VHHA's political action committee. HosPAC provides organized, effective political action by supporting candidates who will work to improve quality health care through policies that recognize the importance of Virginia's hospital and health systems.

To learn more or contribute to this year's important campaign, please visit www.VAHosPAC.com.

HosPAC participation is strictly voluntary and not tax deductible.

Sign up for continued updates at http://www.vhha.com/advocacy/hospital-grassroots-network/

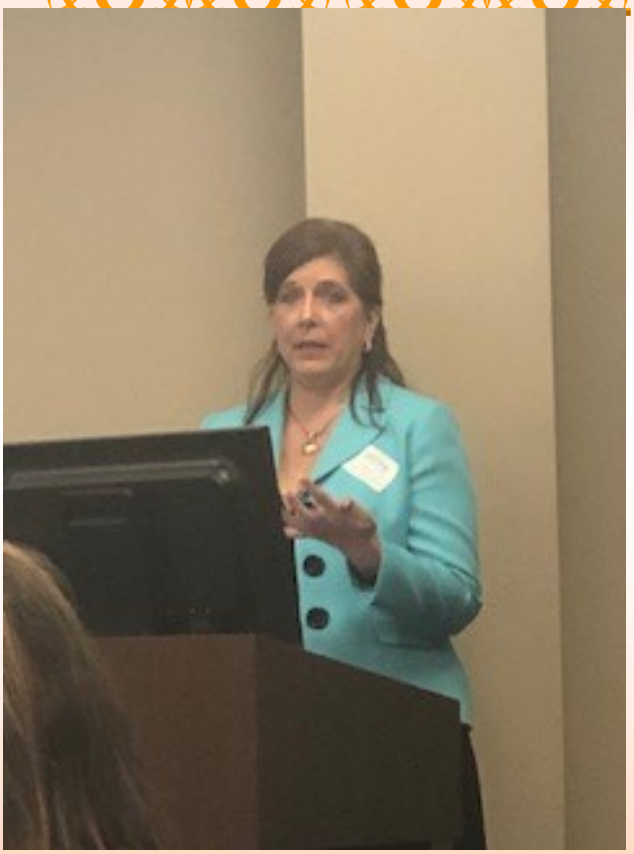
The Virginia AAHAM Insider
A Newsletter by and for the members of the Virginia Chapter of AAHAM

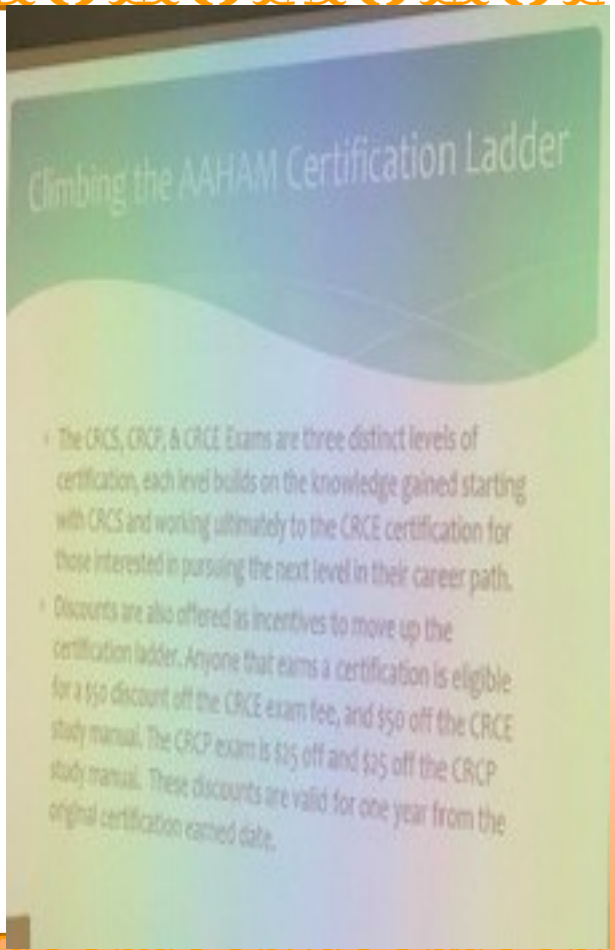
Platinum Sponsor

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

Highlights from the Fall Meeting

Lori Sickelbaugh, National First Vice President spoke on changes in Certification programs





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

Highlights from the Spring Meeting

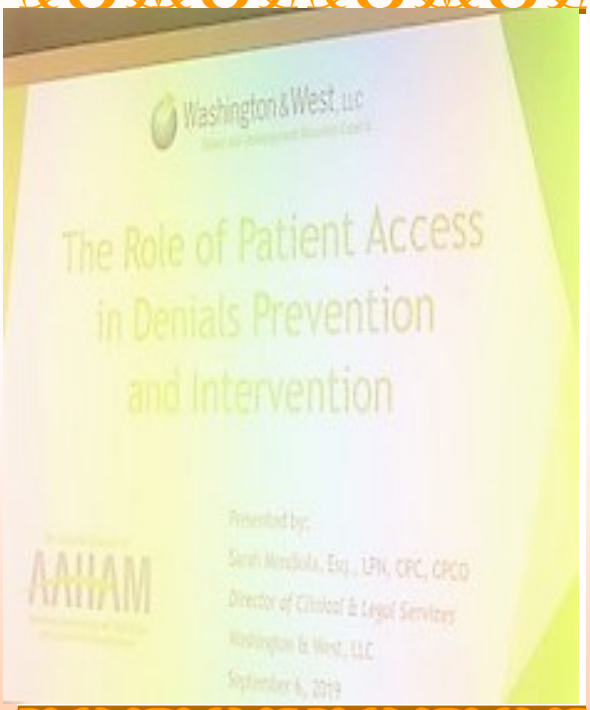
Revenue Opportunities in Providing Medicare Preventative Services

Gabriella Gold, Strategic Advisor

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

Highlights from the Spring Meeting

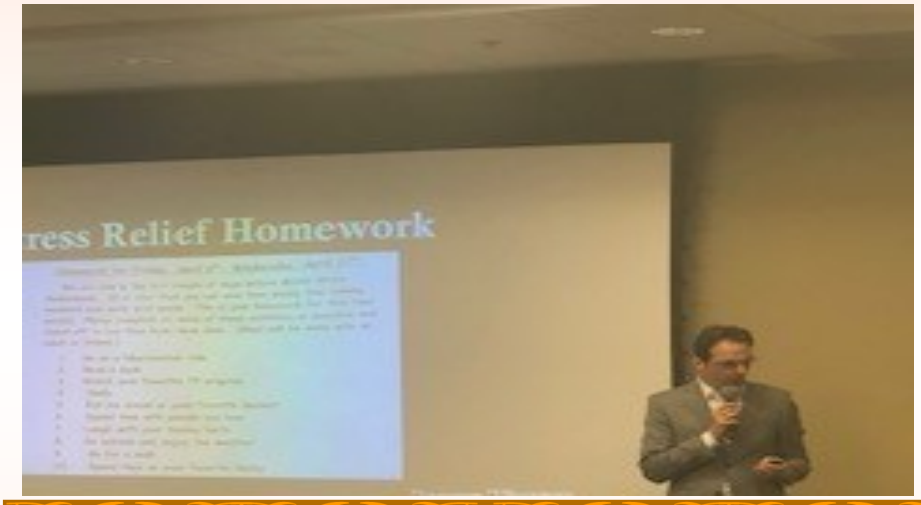
The Role of Patient Access in Denials Prevention and Intervention
Sara Mendiola, Senior Associate & Director of Clinical Services



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

Highlights from the Spring Meeting

Creativity, Attitude, and Motivation
Larry Weaver, Trusted Speakers



Spa Basket Raffle for the
Fairy Godmother Project

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

Notice of Elections of Officers of The Virginia Chapter of AAHAM for the two-year term beginning January 1, 2020

Your vote is very important, so watch for the ballot and participate in this important event in the life of The Virginia Chapter of AAHAM. Be sure not to miss this important opportunity to vote for your 2018-2019 AAHAM Chapter Officers.

Guided by the Chapter By-Laws and Regulations, the Nominating Committee will follow established nominating and voting procedures. The President of the Chapter has appointed a Nominating Committee. The Committee will nominate persons for the offices of President, First Vice President, Second Vice President, Secretary, and Treasurer. The Committee will also nominate any member who is qualified to hold office for nomination endorsed by members in good standing.

The Committee will report the names of the candidates for nomination to the President by October 1, 2019; and, ballots will be sent to members on October 16, 2019. Voting will be open until November 15th. The elected officers will take the oath of office at the Annual Meeting December 5th in Williamsburg.

Members in good standing have the right to vote.

All ballots will have provisions for write-in votes for each office.

Election of the nominees shall require a simple majority of those voting.

Additional information regarding nominations and voting can be found in the Chapter By-Laws and Regulations available in the Member Handbook on the members only section of the Chapter website www.vaaaham.com.

The Virginia Chapter of AAHAM 2017 Nominating Committee:

David Nicholas, CRCE-I, Chairperson

Leanna Marshall, CRCE-I, Member

Michael Whorley, CRCE-I, Member

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

Upcoming Events

Join us for our Annual Conference in December!

- **VA AAHAM Winter Annual Conference 12/4-12/6/19**
  - ⇒ **Kingsmill Resort Williamsburg VA**

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

AAHAM
American Association of Healthcare Administrative Management
CELEBRATING 50 YEARS
1968 - 2018

Congratulations on achieving certification!

We have a new CRCE-I! Bret Stearns
Congratulations from the AAHAM Board!

Jeanne Meadows with HCA passed the CRIP exam in July! Congratulations!

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

AAHAM
American Association of Healthcare Administrative Management
CELEBRATING 50 YEARS
1968 - 2018

Congratulations on achieving certification!

First Name	Last Name	Company	Certification
Sandra I.	Adorno-Millan	Chesapeake Regional Medical Center	CRCS-I
Charlene	Agustin	Inova Health System	CRCS-I
Reema	Ahmad	Inova Health System	CRCS-I
Cynthia	Avila	Inova HEalthcare System	CRCS-I
Martha	Bautista	Inova Health System	CCT
Melanie A.	Benson	Augusta Health	CRCS-P
Timothy	Breen	University of Virginia Health Sciences Center	CRCS-I
Claudia	Chevarria	Inova Health System	CCT
Nadine	Clark	Inova Health System	CRCS-I
Debbi	Crocker	Inova Health System	CRCS-I
Gabriel	Daigrepont	Inova Health System	CRCS-I
Debbie	Dennison	Chesapeake Regional Medical Center	CRCS-I
Patricia	Duggan	University of Virginia Health System	CRCS-I
Maribel	Escobar	Inova Health System	CRCS-I
Stefanie	Eury	University of Virginia Health Sciences Center	CRCS-I
Timothy	Fisher	Whitman Walker Health	CRCS-P
Michael	Fitzgerald	Inova Health System	CRCS-P
Jessica	Galberth	Inova Hospital	CRCS-P
Octavia	Goodwin	Inova Health System	CRCS-P
April	Grimm	Augusta Health	CRCS-I

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

AAHAM
American Association of Healthcare Administrative Management
CELEBRATING 50 YEARS
1968 - 2018

Congratulations on achieving certification!

First Name	Last Name	Company	Certification
Jessie	Howdyshell	Augusta Health	CRCS-P
Elana	Jones	Inova	CRCS-I
Benson	Ky	Inova Health System	CCT
seun	Lim	Seun lim	CRCS-I
Zohra	Masud	Inova Health System	CRCS-P
Windy	Maynard	Chesapeake Regional Medical Center	CRCS-I
Kellie	McBride	Whitman Walker Health	CRCS-I
Jeanne	Meadows	HCA	CRIP
Jennifer	Murcia	Whitman Walker Health	CRCS-P
Deborah	Organ	University of Virginia Medical Center	CRCS-I
Irma	Ortiz	Inova Cardiac And Thoracic Surgery/inova Vascular Surgery	CRCS-P
Sai Bandita	Pani	Whitman Walker Health	CRCS-P
Morssal	Panjshiri	Inova Health System	CRCS-I
Kerwyn	Phillip	Inova Health Systems	CRCS-I
Namrata	Pradhan	Inova Health System	CRCS-I
Wayne	Soto	Inova Health System	CRCS-P
Stephan	Sutton	Inova Health System	CCT
Mindy	Truong	Inova Health System	CRCS-P
Rahmathnissa	Vadakoot	Inova Health System	CRCS-P
Michelle	Wentz	Mary Washingon Healthcare	CRCS-I
Tanya	White-Deyo	Inova Health System	CRCS-I
Ebru	Yildiz	INOVA Health System	CRCS-I

Fall Volume 52 Issue 1

The Virginia AAHAM Insider

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

Certification… why bother?

You may wonder why you should bother with obtaining your certification. After all, it's a lot of work—Let us enlighten you! Certification is an investment in your personal growth and your professional future.

Benefits of obtaining AAHAM certification:

- Professional development
- Individual enrichment
- Employer awareness
- Recognition by industry and build a network of connections in the elite group that shares your designation
- Personal challenge and satisfaction
- National recognition
- Recognition and access to the positions and promotions you seek and deserve

—AND—

An AAHAM certification demonstrates your:

Commitment—to your field and your ongoing professional development.

Expertise—you possess the knowledge to meet the industry's highest standards and the capacity to pass a rigorous certification examination.

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

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

The webinars that were held on credit & collection; Patient access and Billing are out on the web site.. Also a practice test is out there and the power points from the three webinars are on the web site. You have to be a Va AAHAM member to access this information. If

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

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

Leanna Marshall, CRCE-I

PFS Consultant

UVA Health System (Retired)

Phone: (434)293-8891

Fax: (804)977-8748

814 Montrose Avenue

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

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

Platinum Sponsor

NCC

IT PAYS TO PARTNER

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

Woodrow Samuel Scholarship

Congratulations to our 2019 recipient, Cecilie Elliott!

Woodrow Samuel Annual Scholarship Application

Purpose:
The Virginia State AAHAM Scholarship Award was established with the primary purpose of educating its membership in the management of health care receivables. As the chapter increased in membership and cash equity, the concept of a scholarship program was initiated by the Executive Board of Directors and was first offered in the fall of 1987. The Executive Board of Virginia AAHAM has continued to make the scholarship program available as it is believed educational funds are a benefit to individual members, the Chapter, and dependents of our members. In 2007, the name of the scholarship was changed to the Woodrow Samuel Scholarship Award to recognize a lifetime member of the VA State AAHAM organization. A maximum of $1,000 scholarship award will be given.

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

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

Submission:

The form will be completed and returned to the address listed at the end of the application. This application will be postmarked no later than January 30th of the year the application is submitted to the Virginia State AAHAM Scholarship Chairman. All application materials and supporting documentation will be reviewed by the Virginia State Scholarship Committee. After all applications are reviewed, the applicant will be notified if they have been selected as a Scholarship recipient by the Chair of the Scholarship Committee.

Please submit all applications to Pam Cornell by email at pam.cornell@mwhc.com or mail the application to Pam Cornell 2300 Fall Hill Ave Suite 313 Fredericksburg, VA 22401 no later than January 31st. Awards will be presented at the March AAHAM meeting to be held in March 2020 in Charlottesville.

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

Gold Sponsor

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

Silver Sponsor

Bronze Sponsor

The Virginia AAHAM Insider

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

2019 Membership Application

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

Take advantage of these important benefits…

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

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

MEMBERSHIP RECOMMENDED BY: _____

For additional information contact Linda Patry @ 540-741-1591 or via email at: Linda.Patry@mwhc.com

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

Treasurer, Virginia AAHAM

Linda Conner

2204 Wilborn Ave.

South Boston, VA 24592

-OR-

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

The Virginia AAHAM Insider

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

Contest for Newsletter Articles!

Writers Wanted!

The Virginia Chapter of AAHAM will award **$100** to the author of the best article submitted to the Publications Committee during 2018. Submit articles to Pam Cornell at pam.cornell@mwhc.com. Newsletters are published quarterly. Don't miss your chance to be read, recognized, and rewarded for your writing talent.

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

Pam Cornell, CRCE-I

Secretary

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.

I ❤ Virginia