The Virginia AAHAM Insider

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

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The President's Message

Hello Fellow Virginia Chapter of AAHAM Members:

I am happy to report that we have just completed our Spring Regional Meeting in Charlottesville on Friday, March 7th. This was a great event that was attended by 88 of us. All the speakers had excellent information to share and we received many positive remarks from the attendees. We wish to send our deepest thanks to the corporate partners who provided support of this meeting through their generous sponsorship. These partners are; Credit Control Corporation, NHI Billing Services, Chamberlin Edmons/Emdeon, Receivables Management Consultants, and Penn Credit Corp. Without the continued support of our vendor partners, these events would not be as affordable and cost effective as they are now. So please, when considering your next A/R need, say thanks by contacting someone who supports VA AAHAM and our educational programs.

We have another exciting educational program that's coming your way on Friday, April 25th in Richmond. This is our annual Payer Summit that will be held as a joint conference with our friends at VA HFMA. Speakers from some of the largest insurance carriers, including Palmetto, will be in attendance. Stay tuned for information regarding this meeting, as you will not want to miss it!

The National Office of AAHAM is hosting their 10th Annual Legislative Day which will run April 23rd – 24th. The topic in this year's visit to our Legislators is the outdated Telephone Consumer Protection Act (TCPA) and the changes that need to occur to reduce waste and improve your bottom line. This is an important topic, and an exciting opportunity to get in front of our government leaders to discuss topics of importance. Please plan on joining me and other VA AAHAM members at this incredible event. To register, please visit www.aaham.org.

Big News! National AAHAM will soon be providing a new certification program. In addition to the existing CRCE, CRCP, and CRCS certifications, in 2015 there will be a new Revenue Integrity certification. This will be a 4-hour exam like the CRCP exam. Manuals should be on sale later this year, and the new exams which are being created now will be ready for the first exam period in 2015. What makes this even more exciting is that one of our own Virginia AAHAM members is responsible for the creation of this new certification program, including the manual and the exams, and her name is Brenda Chambers. I couldn't be more proud of Brenda for bringing such an important new certification program to AAHAM. Please join me in congratulating Brenda Chambers on this significant accomplishment, and watch for additional information to come from AAHAM and Virginia AAHAM later this year.

Have a warm and enjoyable Spring. I look forward to seeing you or speaking to you sometime soon!

David

David Nicholas, CRCE-I
President, Virginia Chapter of AAHAM

INSIDE THIS ISSUE:

The Virginia AAHAM Insider
2nd Place Winner for Excellence in Journalism
2012-2013 National Journal Award!

The Future of Managed Care Contracting—Data Driven Decisions —Part 3

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Since the writing of Part Two – "How Do You Measure a Winner?" - we have seen numerous articles and attended a number of presentations on the evolving managed care market and future reimbursement possibilities. Awareness is happening across our industry and we hope that our articles are contributing to understanding the labyrinth that is Managed Care Contracting. If you provide high quality healthcare to patients, we believe that you should get paid properly for it. As "quality and outcome" become more intertwined with reimbursement requirements, the monitoring of appropriate data becomes critical. For example, if your patients have a higher acuity and require more intense care AND these patients have an improved outcome above a national norm…then we believe you should get reimbursed MORE. So what can help you reach these elements of reimbursement…DATA.

The Merriman-Webster's dictionary defines data as, "factual information (as measurements or statistics) used as a basis for reasoning, discussion, or calculation." We also like to use the acronym DATA as – Document All Things Accurately! Yes, good data is to document all things accurately and, just as important, is that the data must be timely, appropriate, meaningful and measureable. Data can certainly be collected but if it doesn't provide information leading to a conclusion of some sort, it is just numbers. Data provides the most valid information against previously defined information. Many of us are used to data driven information by which we measure performance. Some examples are:

- **GDRO** (Gross Days Revenue Outstanding) – the measurement of how long it takes to collect ***ONE*** dollar of accounts receivable.
- **Net Days Revenue Outstanding** – same measurement but deducting projected contractuals, etc. where possible striving to give the same outcome of collections.
- **DNFB** (Discharged Not Final Billed) – the measurement of the discharged patient charges that are ***ON HOLD*** awaiting information to complete the claim for billing.

For these measurements to be worthwhile, the data elements must be accurate. This means that all services rendered to patients during their inpatient or outpatient status must be identified, documented and entered into the computer system for charging purposes. Effective health data aggregation are built with a solid foundation from the physician-patient encounter through the Electronic Health Record (EHR) and a central repository for these records that allows tools to access the data to monitor, analyze, document, and report clinical quality and financial results. As one can see, data is vital to the successful running of any operation and if it is incorrect, stability and business management is questioned. The same can be said about our topic – Managed Care Contracts.

We laid out the various historic reimbursement models in Part One of this article. In Part Two, we presented some possibilities for future reimbursement models. In this final Part, we want to present to you some of the basics of sound managed care contracting measurements. This data presented throughout comes from various contract analysis examples that have highlighted risk areas, positive areas of reimbursement and definite areas for immediate further study. It should be noted that all of the names of hospitals, physician groups and managed care companies are fictitious; but the data is true.

Examples of this data as a measurement for management to closely review can be found in the exhibits at the end of this article. The names of these exhibits are the following:

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The Future of Managed Care Contracting— Data Driven Decisions- Part 3

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1. Managed Care Company reimbursement percentages
2. Total Patient reimbursement by managed care companies
3. Patient reimbursement by managed care companies
4. Site reimbursement by managed care companies
5. Paid Revenue by Bed Station by managed care companies
6. DRG Managed Care Company comparatives to Medicare
7 .CPT Managed Care Company comparatives to Medicare
8. Overall Summary of claims/bills/collections by managed care company

The first step towards monitoring managed care contract payment performance is identification of key payor relations metrics. Targeted analytics can assist management with identifying a variety of pertinent measures such as: payor mix trends, collection trends, deductible triggers, variance explanation, and market analysis. Such capabilities enhance the business office's ability to account for managed care contract behavior (collections), and assist the Managed Care management and staff in targeting specific contracts for intervention. Data should provide for several tiers of drill down capabilities for better understanding the managed care contract markets and their penetration. Focusing on key metrics can help identify managed care contract behavior which demonstrates significant deviation from baselines. Conducting "Allowed-to-Billed" (AtB) analysis will allow the hospital or physician practice to provide better predictors of potential reimbursement levels, as compared to a traditional Collections-to-Billed (CtB) analysis. CtB does not provide accurate projections as it is difficult to identify precise reimbursement, without having an understanding of the various deductible amounts in many of the contracts today. Variance and root cause analysis identify and isolate payers necessitating investigation or trending. Moreover, greater aggregation and comfort with routinely available data builds familiarity for process control and allows for proactive efforts in addressing and resolving managed care contract issues. Prevention of managed care contract issues yields greater revenue cycle efficiency and productivity, contributing to reduced costs and increase revenue.

Managed Care management activities should be supported by timely communication from other departments. Access Management, Medical Management, Patient Financial Services, affiliated physician offices, etc. data regarding contracts and their components should be communicated promptly, and through established channels to ensure timely processing and enhance the context of third party payor performance.

Activities that Validate Third Party Payer Compliance

Validating TPP payment compliance should be a priority for your Managed Care Contracting Department. This process begins with obtaining paid claims data for targeted payers. This data should come from payers aligned with your markets in order to establish payment trends by service type (inpatient/outpatient). Understanding market data is critical to establishing baselines for comparison. Additionally, you should gather other benchmarks (e.g., Medicare). Any discrepancies discovered during validation should be communicated through appropriate channels and escalated to the Third Party Payer. To effectively analyze data, here are specific activities that you should engage in:

- **Analyze historical VistA data** - Establish regular data push routines that rank and trend allowable-to-billed (AtB) ratios by TPP on a monthly basis using the 835 feedback from payers. Note that this is different than a Collections-to-Billed (CtB) ratio, as the AtB ratios would allow for further drill down into specific reimbursement variance by CPT code, DRG assignment, Non -Covered Services, etc. These ratios support the analysis of payer contracts as well as billing

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- **Analyze 835 data** – by insurance plan and product, review monthly collections of 835 remittance data to gauge true impact of payment history and trending. This data would also allow for detection of under-payments and over-payments by the type of service(s) rendered;

- **Routinely evaluate existing contracts between payers and your organization** - Contracts should be reviewed using both quantitative techniques (analyzing rates and trends) and qualitative methods (reviewing language terms and conditions) to evaluate acceptability. Staff should be trained with the knowledge and tools to review agreement language and identify unfavorable terminology such as: carve outs, reduced timely filing, silent Preferred Provider Organizations (PPOs), ambiguous medical necessity, all products and networks clause, and benefit penalties. Contract reviews should be structured and collaborative. Pertinent stakeholders (e.g., General Counsel) should have clearly defined roles and responsibilities, and review results should be standardized and stored in a central location for efficient access;

- **Establish Third Party Insurance Enterprise Payment Compliance Accountability Management System (PCAMS) -** Implementing a structured approach to payment validation will enable your organization to identify real-time payment errors for overpayments, underpayments, and no-payment. Reviews should be established on a regular basis, and adhere to a standard methodology to ensure consistency across the enterprise. It is important that payment validation occur for all payers – and not just the TPPs with contracts in place. Payments and denials from those TPPs with contracts should be analyzed against the established rates and terms, while payments from TPPs without contracts should be validated against billed charges.

In summary, leveraging data is critical to evaluating and managing the balance between clinical and financial information to support effective Managed Care Contracting. The use of dashboards to monitor key measures enables your organization to identify clinical and financial outliers and react quickly to potential risks. Additionally, best practices that incorporate quality outcomes and cost-effectiveness must be based on credible, holistic data. Data driven analysis also improves preparation for audits, affording CFO's the knowledge of exactly how well their hospitals are performing against its contracts and how its vendors are performing to their agreements. Effective contract management helps insure that you are meeting compliance with your contracts, which helps maintain your reputation as a preferred business partner to your vendors.

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Exhibit 1 Managed Care Reimbursement Summary by Year/Quarter/Month Hospital ABC and Five Managed Care Payors

	Allowed to Billed Ratio					Collected to Billed Ratio				
Period	Red	White	Blue	Green	Yellow	Red	White	Blue	Green	Yellow
Total	**74.2%**	**44.3%**	**35.4%**	**35.6%**	**37.2%**	**65.5%**	**33.0%**	**27.5%**	**26.8%**	**29.1%**
By Year										
2012	74.3%	45.8%	35.3%	32.2%	37.2%	66.1%	36.3%	27.6%	25.4%	30.9%
2013	74.1%	43.3%	35.5%	37.5%	37.2%	65.2%	30.7%	27.4%	27.7%	28.1%

Exhibit 2: Patient Reimbursement Total

Bill Charge Type	Claims	ALL PAYORS Billed[3]	Allowed[4]	(Paid)	Allowed-to-Billed Ratio	Collected-to-Billed Ratio
	360,354	**$369,397,407**	**$219,159,046**	**$185,047,477**	**59.3%**	**50.1%**
Institutional	1,700	$80,210,055	$47,056,266	$44,948,399	58.7%	56.0%
Professional	4,528	2,813,074	834,283	686,324	29.7%	24.4%
Unknown	3	22,253	16,357	15,707	73.5%	70.6%
All	6,231	$83,045,381	$47,906,907	$45,650,430	57.7%	55.0%
Institutional	265,903	$263,751,961	$163,958,023	$134,624,935	62.2%	51.0%
Professional	77,327	22,000,489	6,870,733	4,540,104	31.2%	20.6%
Unknown	10,874	593,070	419,380	229,302	70.7%	38.7%
All	354,104	$286,345,520	$171,248,136	$139,394,341	59.8%	48.7%

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Exhibit 3: Reimbursement by MCC

Bill Charge Type	Red	White	Blue	Green	Yellow	Red	White	Blue	Green	Yellow
	74.2%	**44.3%**	**35.4%**	**35.6%**	**37.2%**	**65.5%**	**33.0%**	**27.5%**	**26.8%**	**29.1%**
I/P										
Institutional	74.8%	22.5%	26.6%	25.4%	40.3%	73.1%	18.4%	23.9%	22.3%	34.0%
Professional	n/a	30.4%	34.7%	23.4%	28.0%	n/a	23.0%	31.4%	18.7%	23.5%
Unknown	73.5%	n/a	n/a	n/a	n/a	70.6%	n/a	n/a	n/a	n/a
All	74.8%	23.3%	27.4%	25.2%	39.8%	73.1%	18.9%	24.6%	21.9%	33.6%
O/P										
Institutional	74.0%	52.1%	37.1%	42.4%	36.0%	63.1%	39.2%	28.4%	31.6%	26.6%
Professional	70.8%	33.6%	38.6%	21.7%	32.0%	69.2%	21.0%	26.5%	14.6%	22.1%
Unknown	75.1%	59.6%	49.7%	30.2%	n/a	40.5%	28.6%	35.7%	17.4%	n/a
All	74.0%	48.9%	37.3%	37.8%	35.3%	63.0%	36.1%	28.1%	27.9%	25.8%
ER										
Institutional	78.0%	53.4%	33.0%	44.0%	n/a	60.4%	36.3%	29.7%	0.7%	n/a
Professional	n/a	28.2%	33.0%	n/a	n/a	n/a	28.2%	23.6%	n/a	n/a
Unknown	78.0%	n/a	38.3%	44.0%	22.4%	43.7%	n/a	32.6%	35.2%	22.4%
All	78.0%	50.4%	35.2%	44.0%	22.4%	52.1%	35.3%	29.6%	18.0%	22.4%

EXHIBIT 4: Site Reimbursement

	Red	White	Blue	Green	Yellow
Hospital ABC	73.6%	40.8%	31.7%	26.1%	n/a
Physician's Office ONE	72.6%	47.8%	39.9%	26.7%	n/a
Physician's Office TWO	75.5%	45.0%	41.3%	23.7%	n/a
Urgent Care Center	74.8%	44.9%	46.0%	31.3%	n/a
Ambulatory Care Center	74.9%	44.3%	36.9%	22.5%	n/a
All	73.6%	41.5%	32.4%	26.2%	n/a

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Exhibit 5

Revenue by Bed Station

	Red	White	Blue	Green	Yellow
TOTAL	**74.2%**	**44.3%**	**35.4%**	**35.6%**	**37.2%**
General Medical Care	74.3%	25.9%	25.5%	23.1%	39.2%
Surgical Care	76.4%	15.9%	27.1%	21.8%	31.2%
Obstetrics	74.2%	17.9%	33.6%	24.0%	11.9%
Rehabilitation Medicine	78.0%	42.0%	24.0%	96.3%	100.0%
Psychiatric Care	78.1%	80.8%	25.1%	78.1%	66.5%
Neurology	77.9%	16.1%	21.4%	43.0%	32.8%
All	74.8%	23.3%	27.4%	25.2%	39.8%

Exhibit 6: Revenue by Product Type

	Red	White	Blue	Green	Yellow
Total	**74.2%**	**44.3%**	**35.4%**	**35.6%**	**37.2%**
Preferred Provider Organization (PPO)	74.0%	43.7%	37.7%	35.8%	34.6%
Point Of Service	76.9%	45.1%	34.6%	36.5%	34.7%
Health Maintenance Organiz	76.6%	42.5%	31.4%	32.8%	51.8%
Medicare A	78.0%	42.7%	47.1%	40.2%	n/a
Medicare Secondary (No B Exc)	67.8%	50.2%	33.6%	19.6%	30.7%
ASO	78.1%	48.0%	37.7%	11.2%	30.8%
Medicare Secondary (B Exc)	71.8%	64.5%	20.3%	36.7%	37.4%
Comprehensive Major Medical	76.9%	53.5%	35.9%	33.5%	52.0%
Percent of Charge	n/a	55.0%	31.1%	91.4%	n/a
Medicare Supplemental	43.8%	50.9%	38.1%	18.2%	18.0%
Prepaid Group Practice Plan	78.0%	49.0%	33.4%	36.8%	37.6%
HSA	78.0%	47.8%	n/a	6.3%	57.2%

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Exhibit 7 : Top 25 DRG Revenue as % of Medicare

DRGs DRG		% of Medicare Red	White	Blue	Green	Yellow
470	Major joint replacement or reattachment of lower extremity w/o MCC	680.7 %	89.1%	219.7 %	138.1 %	1677.0 %
313	Chest pain	563.7 %	194.9 %	212.5 %	165.1 %	180.6%
392	Esophagitis, gastroent & misc digest disorders w/o MCC	529.4 %	197.1 %	148.1 %	59.3 %	226.5%
247	Perc cardiovasc proc w drug-eluting stent w/o MCC	855.5 %	74.6%	139.3 %	73.3 %	411.5%
885	Psychoses	349.9 %	48.7%	131.9 %	322.9 %	1509.9 %
603	Cellulitis w/o MCC	405.1 %	157.1 %	na	326.8 %	138.9%
310	Cardiac arrhythmia & conduction disorders w/o CC/MCC	755.2 %	170.5 %	332.1 %	159.3 %	na
312	Syncope & collapse	443.0 %	160.6 %	120.9 %	na	175.5%
303	Atherosclerosis w/o MCC	714.3 %	154.1 %	212.4 %	147.0 %	na
683	Renal failure w CC	460.7 %	177.9 %	96.8%	152.4 %	na
309	Cardiac arrhythmia & conduction disorders w CC	909.9 %	265.2 %	na	36.3 %	na
194	Simple pneumonia & pleurisy w CC	522.4 %	44.0%	na	na	733.4%
395	Other digestive system diagnoses w/o CC/MCC	510.0 %	64.7%	272.5 %	61.4 %	na
292	Heart failure & shock w CC	530.5 %	444.3 %	226.0 %	138.9 %	251.5%
694	Urinary stones w/o esw lithotripsy w/o MCC	565.3 %	125.2 %	na	110.9 %	101.8%
192	Chronic obstructive pulmonary disease w/o CC/MCC	374.2 %	372.8 %	na	134.1 %	162.2%
743	Uterine & adnexa proc for non-malignancy w/o CC/MCC	480.3 %	na	174.9 %	120.3 %	na
690	Kidney & urinary tract infections w/o MCC	460.6 %	207.2 %	221.7 %	na	na
641	Misc Disorders of Nutrition, Metabolism, Fluids/Electrolytes w/o MCC	446.5 %	63.5%	194.5 %	100.7 %	na
897	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	365.5 %	na	18.4%	264.1 %	na
195	Simple pneumonia & pleurisy w/o CC/MCC	737.3 %	na	na	na	52.2%
881	Depressive neuroses	847.6 %	na	19.1%	na	na
176	Pulmonary embolism w/o MCC	199.2 %	na	197.9 %	na	na
440	Disorders of pancreas except malignancy w/o CC/MCC	366.8 %	98.6%	na	na	na
343	Appendectomy w/o complicated principal diag w/o CC/MCC	na	46.0%	na	na	na
Total for Top 25 DRGs		552.4 %	159.3 %	182.1 %	164.4 %	509.6%

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Exhibit 8: Top 25 CPT Revenue as a % of Medicare

CPT	Red	White	Blue	Green	Yellow
99214	206.2%	146.6%	104.5%	134.9%	90.9%
99213	208.5%	146.5%	102.5%	103.9%	95.5%
99283	524.1%	374.2%	263.5%	270.3%	271.2%
90471	567.8%	689.7%	270.4%	346.7%	256.3%
88305	1165.3	742.0%	521.9%	645.8%	545.8%
99212	209.9%	146.5%	101.6%	84.5%	90.8%
99284	571.0%	406.1%	288.4%	280.9%	276.2%
20610	707.3%	365.7%	223.3%	420.6%	202.8%
71020	583.1%	404.9%	276.7%	331.6%	226.9%
96372	568.2%	401.8%	267.1%	373.5%	248.3%
92012	202.5%	145.7%	102.5%	139.2%	88.1%
99211	224.1%	158.7%	109.5%	175.0%	91.6%
92014	208.1%	147.0%	102.5%	130.2%	92.5%
99202	205.7%	144.2%	101.1%	153.3%	92.5%
73630	591.3%	494.1%	289.6%	362.5%	238.1%
97110	293.4%	199.8%	180.9%	186.5%	136.5%
73030	592.3%	416.9%	280.2%	367.1%	233.9%
92557	307.9%	214.6%	155.4%	192.0%	129.9%
90853	463.8%	132.2%	333.8%	280.3%	183.1%
99203	209.5%	145.7%	100.2%	133.1%	100.4%
92250	423.6%	287.9%	194.7%	244.6%	167.0%
97001	166.7%	131.2%	89.8%	100.3%	83.2%
99201	220.0%	157.3%	111.2%	178.2%	100.0%
90472	601.3%	na	301.3%	337.9%	269.0%
97140	222.2%	134.0%	150.8%	114.7%	81.8%
Total for Top CPTs	304.9%	203.9%	146.8%	264.6%	163.3%

Exhibit 9 : Summary Compari-son

Payors	CLAIMS	BILLED	COLL	%
Red	164,182	$203M	$132M	65.0%
White	75,162	60M	20M	33.3%
Blue	53,142	43M	12M	27.9%
Green	42,702	38M	10M	26.3%
Yellow	10,731	10M	3M	30.0%

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Setting Goals– by Heather Eavers

Working hard without setting goals can leave you feeling like a wheel spinning to no where. Goal setting allows you to motivate yourself and decide what you are going to achieve. Your goals can either be long term goals or short term goals. Either will allow you to focus and organize yourself to make the best of yourself.

First, create a "big picture" of what you want to accomplish and then set smaller target goals that will help you achieve this.

When setting goals be realistic and specific. This will ensure you are able to stick to your plan. Allow yourself time to achieve your goal. Not all goals can be accomplished over night. Commit to your goal and don't get discouraged along the way. If you have more than one goal, be sure to prioritize your goals so that you don't end up feeling overwhelmed.

However, do set deadlines for your goals. This will give you something to work towards.

Even the accomplishment of a minor goal is cause for celebration. Don't get hung-up with thoughts about all you still have to do. Then move on to the next milestone. A useful way of making goals more powerful is to use the SMART mnemonic. SMART usually stands for:

- **S**– Specific (or Significant)
- **M** – Measurable (or Meaningful).
- **A** – Attainable (or Action-Oriented).
- **R** – Relevant (or Rewarding).
- **T** – Time-bound (or Trackable).

You can be successful in 2014— just set a goal!

Top 5 Ways To Improve Your Time Management

Do You Have The Time….. to Improve Your Own Time Management?

From the day we are born, we are well on our way to running out of time. In business and in life we are all challenged to do more with less time. So what are the top 5 ways of improving time management? Read on and you will find out.

None of us can afford to waste the precious time available to us. Regardless of our chosen profession, the demands of our jobs dictate that we get the most from our time. Many famous people throughout our history have commented on the importance of time management and what we need to do to make the most of our time. I found the following quotes by a variety of people who value the essence of time. These individuals come from every walk of life, they are management experts, statesmen, businessmen, famous academics, homemakers, motivational gurus, and keynote speakers. They value their time and hope to inspire others to value time as well.

Thomas Jefferson said: Determine never to be idle. No person will have occasion to complain of the want of time who never loses any. It is wonderful how much can be done if we are always doing.

Lee Iacocca said: If you want to make good use of your time, you've got to know what's most important and then give it all you've got.

Louis E. Boone said: I am definitely going to take a course on time management… just as soon as I can work it into my schedule.

Benjamin Franklin said: Time is money.

Peter Turla said: Managing your time without setting priorities is like shooting randomly and calling whatever you hit the target.-

Peter F. Drucker said: Everything requires time. It is the only truly universal condition. All work takes place in time and uses up time. Yet most people take for granted this unique, irreplaceable, and necessary resource. Nothing else, perhaps, distinguishes effective executives as much as their tender loving care of time.

Anthony Robbins said: Once you have mastered time, you will understand how true it is that most people overestimate what they can accomplish in a year — and underestimate what they can achieve in a decade!

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Michael Altshuler said: The bad news is time flies. The good news is you're the pilot.

Michael S. Traylor said: If it weren't for the last minute, a lot of things wouldn't get done." –

Jim Rohn said: We can no more afford to spend major time on minor things than we can to spend minor time on major things.

Lord Chesterfield said: I recommend to you to take care of the minutes; for hours will take care of themselves.

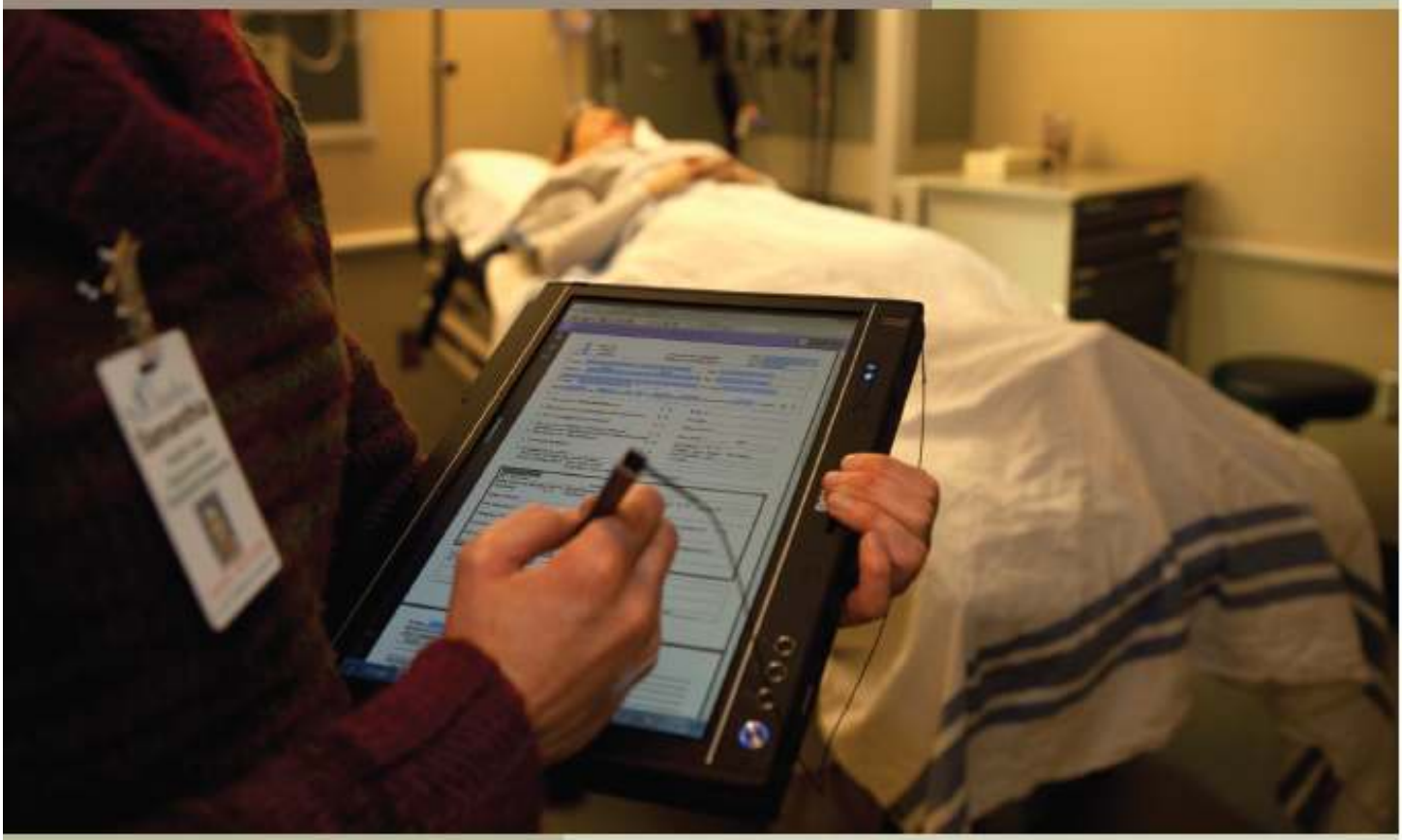
Marcus Aurelius, 140 AD said: Live each day as if it be your last.

Patty Gardner said: If it won't fit on one page, it won't fit in one day.

Stop and rethink the way you manage your time. You will be more productive and enjoy the time you have. I recommend you follow the wise words of a distinguished businessman, Harvey McKay. He said: *Time is free, but it's priceless. You can't own it, but you can use it. You can't keep it, but you can spend it. Once you've lost it you can never get it back*.

Author:
Phil C. Solomon
http://philcsolomon.com/

You see
uncompensated care shortfalls.



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Chamberlin Edmonds® eligibility and enrollment track record is the most productive in the nation. Our custom-tailored services examine the widest spectrum of uninsured and underinsured patients, including inpatient, outpatient and emergency department cases. The advanced technology of our web-based system is built on the unique experience and expertise of the most qualified professionals in the industry – our people. By gathering and analyzing information faster and more accurately, we are even more patient-centric and more effective in securing reimbursement for the hospitals Chamberlin Edmonds serves. For more information, contact Robert Meyer at 800.255.0953, ext. 5108.

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Highlights … Spring Regional Conference March 2014 Charlottesville, VA.

Denise Martin, Second VP with Mike Gentine of Washington and West LLC.

Denise Martin, Second VP with Larry Fitzgerald, Associate VP for Business Development and CFO, UVA

Jeff Morgan, Avadyne Health

Highlights … Spring Regional Conference March 2014 Charlottesville, VA.

Heather Eavers and Lisa Showalter.

Denise Martin, Second VP and David Nicholas, President.

Jessica Marshall and Mary Walker

General Assembly 2014

2014 General Assembly session, as always, saw action on a wide variety of issues that impact hospitals and health systems. However, the signature health and business issue this year has been the question of closing the health insurance coverage gap in Virginia. Unfortunately, the General Assembly adjourned without addressing that issue or passing a biennial budget.

When the U.S. Supreme Court ruled in 2012 that Medicaid expansion as part of the Affordable Care Act (ACA) is optional, Virginia and other states were left in a challenging position. The ACA includes taxes, fees, and provider cuts intended to pay for Medicaid expansion that continue irrespective of whether a state expands or not.

For Virginia, these taxes and cuts represent nearly $30 billion between now and 2022. Closing the coverage gap would return $15 billion of these funds to Virginia over that same time period and provide coverage for about 250,000 Virginians.

Failure to return the $15 billion simply leaves those funds with the federal government to spend elsewhere and forgoes the opportunity to add more than 27,000 jobs to Virginia's economy.

Moreover, because closing the coverage gap would enable Virginia to use those federal dollars for some health care services that the state currently funds, Virginia would realize about $200 million a year in savings that could be spent on other core services like education and transportation. That's a lot of savings.

A bipartisan coalition of legislators has proposed a "private option" approach to closing the coverage gap. Rather than expanding the traditional Medicaid program, which many policymakers oppose, the private option would bring back the dollars that Virginia loses through the ACA to help fund the purchase of private health plans for the low-income uninsured. Numerous business groups, VHHA, and others strongly support a private option approach.

Some legislators oppose the private option, arguing that the federal government will break its promise to fund nearly all of the costs of the newly insured. However, the proposals being discussed all include an escape clause for the Commonwealth to address that concern.

Other legislators argue that that the coverage gap should not be debated in the context of the budget; but when the state is considering bringing back $1.7 billion annually plus saving an additional $200 million annually, the budget context is appropriate.

At this writing, Governor McAuliffe has called a special session of the General Assembly beginning March 24 to renew efforts to pass a budget and close the coverage gap. VHHA strongly supports finding a solution that reclaims Virginia's tax dollars and helps the hundreds of thousands of Virginians who would be eligible under the new program.

It is critical that legislators hear your support for closing the coverage gap. Please go to www.AHealthyVirginiaWorks.com to easily send an email to your legislator.

To be Continued…….

Written by Paul Speidell

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!

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—

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

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.

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

Charlottesville, VA 22902

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

Newly Certified…

First Name	Last Name	Certification	Facility
Shazia	Akbar	CRCS-I	Express Employment Professionals
Kekee	Brown	CRCS-I	Mary Washington Hospital
Elissa	Engler	CRCS-I	Inova Loudoun Hospital
Peter	Kenyon	CRCS-I	Inova Loudoun Hospital
Eunice	Kobi	CRCS-I	Inova Loudoun Hospital
Sandra	Lopez	CRCS-I	Mary Washington Healthcare
Robert	McCall	CRCS-I	Inova Loudoun Hosptial
Mary	Mickens	CRCS-I	MWH Home Health Agency
Betty	Morris	CRCS-I	Mary Washington Hospital
Rebecca	Ramsburg	CRCS-I	Fauquier Health
Robin	Waybright	CRCS-I	Mary Washington Hospital

Congratulations!

We are proud of you!!

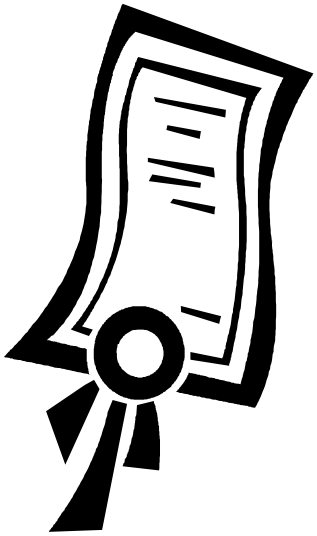
2014 Certification Schedule

March 3, 2014—Deadline for May 2014 Exam Period (May 12-23, 2014)

June 2, 2014—Deadline for August 2014 Exam Period (August 11-22, 2014)

September 2, 2014—Deadline for November Exam Period (November 10-21, 2014)

December 1, 2014– Deadline for February 2015 Exam Period



The Virginia Chapter of AAHAM American Association of Healthcare Administrative Management

2014 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

Please enter your information below.

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

MEMBERSHIP RECOMMENDED BY: _____

For additional information contact Chris Fisher @ 540-332-5030 or via email at: cfisher@augustahealth.com

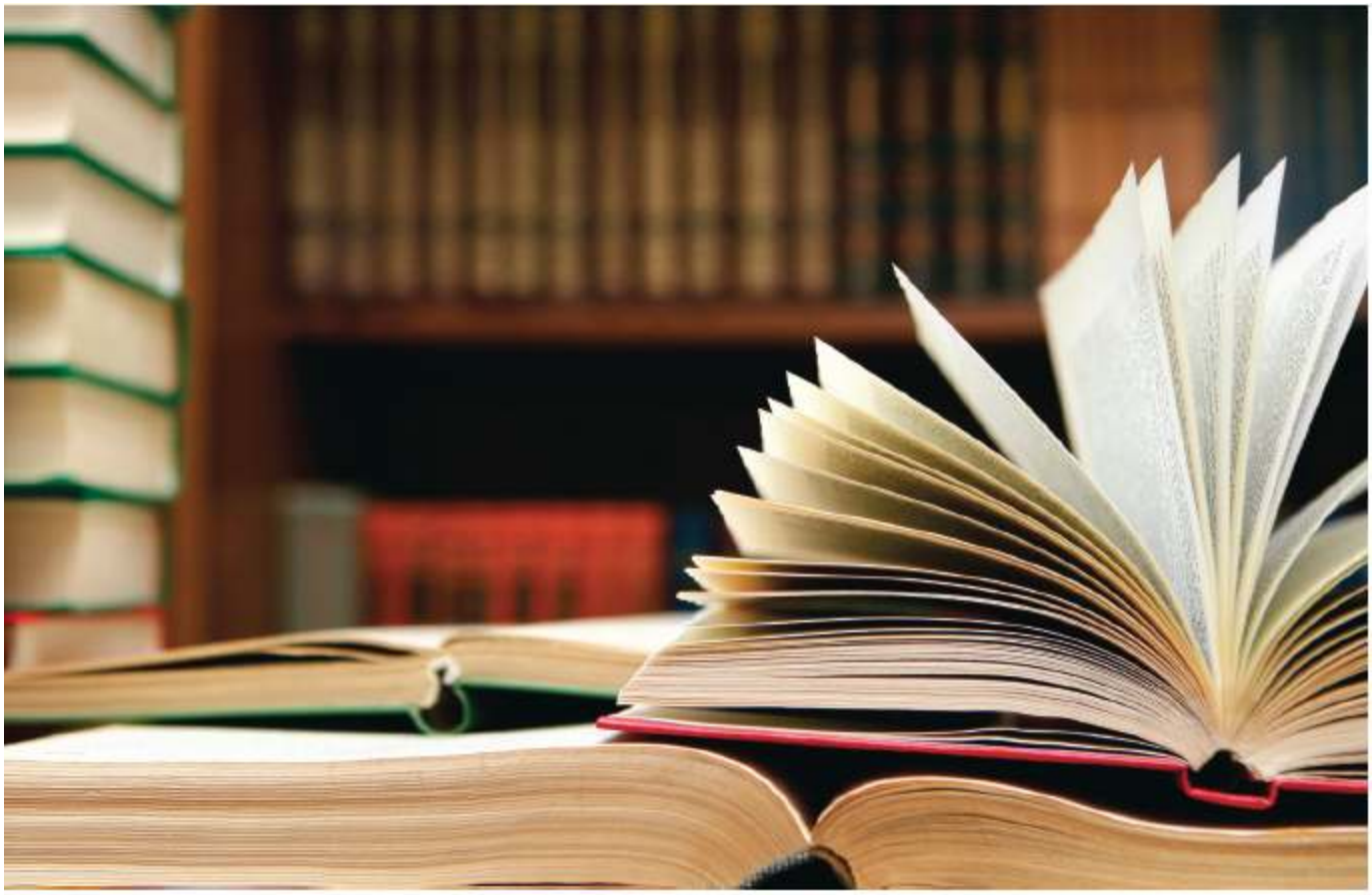
Please mail the completed form with our dues payment of $30.00 to the following address:

Treasurer, Virginia AAHAM
Dushantha Chelliah
2212 Greenbrier Dr
Charlottesville VA 22901

-OR-

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

Virginia AAHAM Tax ID: 54-1351774



The Virginia Chapter of AAHAM Executive Board 2014-2015

Chairman of the Board

(Chapter of Excellence Committee)

Linda McLaughlin, CRCE-I

Director, Director Finance and Governmental Services

VCU Health System

PO Box 980227, Richmond, VA 23298-027

Office—(804)828-6315 Fax—(804)828-6872

Email—lmclaughlin@mcvh-vcu.edu

President

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

David Nicholas, CRCE-I

Director of Operations RMC, Inc.

Office - (703)321-8633 Fax- (703)321-8765

Email— **David.Nicholas@RMCcollects.com**

First Vice President

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

Chris Fisher, CRCE-I

Patient Access Coordinator

Augusta Health

PO Box 1000, Fishersville, VA 2293

Office—(540)332-5030

Email—cfisher@augustahealth.com

Second Vice President

(Committee Chairperson: Education Committee; Government Relations Committee)

Denise Martin

P.O. Box 1324 Duxbury, MA 02332

Phone—(774)454-9993 Email—dmmart515@aol.com

Secretary

(Committee Chairperson: Publications Committee; Scholarship Committee)

Amy Beech, CRCE-I

Patient Accounting Supervisor

Augusta Health

PO Box 1000, Fishersville, VA 2293

Office—(540)245-7216 Email—abeech@augustahealth.com

The Virginia Chapter of AAHAM Executive Board 2014-2015

Treasurer

(Committee Chairperson: Vendor Awards Committee)

Dushantha Chelliah

2212 Greenbrier Dr.

Charlottesville, VA, 22901

Office - (434)924-9266

Email: DC5P@hscmail.mcc.virginia.edu

Appointed Board Member

(Committee Chairperson: Finance Committee; Constitution & By-Laws Committee; Historical Committee)

Brenda Chambers, CPAM, CCAM

Revenue Integrity

HCA - RSSC Capital Division

7300 Beaufont Springs Drive; Boulders VIII – 2nd Floor;

Richmond, VA 23225

Office—(804)267-5790 Fax—(804)267-5791

Email—Brenda.Chambers@hcahealthcare.com

Appointed Board Member

(Committee Chairperson: Certification Committee)

Leanna Marshall. CPAM

UVA Health System (Retired)

814 Montrose Avenue, Charlottesville, VA 22902

Phone—(434)293-8891 Fax—(434)977-8748

Email—ayden1@embarqmail.com

Honorary Board Member

Michael Worley, CPAM

Revenue Cycle Consultant

1807 Mount Vernon Street, Waynesboro, VA 22980

Office—(540)470-0020 Email—mworley@ntelos.net

Appointed Board Member

(Committee Chairperson: Communications Chair)

Katie Creef, CRCE-I

Director of Patient Accounting

Augusta Health

P.O. Box 1000

Fishersville, VA. 22939

Office- (540) 332-5159 Email– kcreef@augustahealth.com

On the Lighter Side...by Trista McGuire

Staying Healthy at Work

- Stand up and/or walk around every so often. Consider delivering some information in person instead of sending an email; take a walk on breaks or lunch
- Clean your desk often
- If there is room, do small exercises at your desk when possible. For example, when on the phone or on hold, stand up. You may be able to keep small weights at your desk to use or do chair dips
- Drink plenty of water throughout the day to avoid dehydration
- Plan meals and snacks ahead of time. You will have healthier options and can save money by avoiding unhealthy and pricey vending machine options

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Do you have exciting news or a special announcement you would like to have shared in the next newsletter? Please, let us know!

tmcguire@augustahealth.com

Looking for a light lunch?

Try Greek-Yogurt Chicken Salad!

- 2 large boneless chicken breasts, poached
- 1/3 cup apple, diced
- 1/3 cup celery, diced
- 1/3 cup grapes, halved
- 1/4 cup almonds (or pecans, walnuts)
- 1/4 cup nonfat Greek yogurt, plain

1. Dice poached chicken breasts and place in a large bowl. Mix in Greek yogurt until all the chicken is coated evenly.
2. Add celery, apples, grapes, and almonds to the bowl and mix in.
3. Enjoy immediately; store remaining chicken salad in fridge.

Makes 6 servings.

RMC
Receivables Management Consultants, Inc.

Receivables Management Consultants, Inc.
6800 Versar Center; Suite 400
Springfield, VA 22151
Phone: (703) 321-9400
Fax: (703) 321-8765
www.RMCcollects.com

"I couldn't be happier -- RMC has collected over $2 million in outstanding A/R for us, reducing A/R days by 49% and decreasing outstanding A/R by 52%. At one time we had considered bringing billing and follow-up back in-house, but they're doing such an outstanding job we decided to continue outsourcing."
– Administrator, Inpatient Psychiatric Facility

OUR SERVICES ARE CUSTOMIZED TO MEET THE NEEDS OF OUR CLIENTS

> Business Office Outsourcing – Total or Partial
From billing through collections, follow-up, appeals, and recovery, RMC has the commitment and experience to be your trusted business partner.

We're ready to provide a total outsourcing solution, or assist you with any segments that are difficult or costly to manage internally:

- Acute Care Hospital
- Specialty Department (Psychiatric, Rehab, Hospice)
- Ambulatory Surgical Centers
- Home Health

> Insurance Billing – Follow-Up – Recovery

- Medicare Deductible & Coinsurance
- Medicaid
- Managed Care
- Workers' Compensation
- Blue Cross
- Commercial Insurance

> Revenue Recovery Projects for Underpayments

> Denials Management

> Clean-Up Projects for Very Aged or Backlogged Receivables

> Credit Balance Audit and Resolution

> Interim Management

> Training

"We're very pleased with the level of collections coming in, and with how RMC works to build the team. They've given us much better coordination; it's like they're part of our staff. In addition to billing and follow-up they helped implement our new computer software system, setting up billing protocols and helping us make processes more efficient."
– Administrator, Ambulatory Surgery Center

MEMBER SPOTLIGHT:

LAUREN STRONG

CRCE-I

RAPPAHANNOCK GENERAL HOSPITAL

- **How did you first get involved with AAHAM?** I have been an AAHAM member for many years, probably going back to 2006, when I belonged to the Keystone Chapter in Pennsylvania. I was a Patient Account Manager at Summit Health and worked for Waynesboro Hospital, Waynesboro, PA for 20 years prior to moving to Virginia in September of 2012.
- **What is the best or most beneficial part of being with AAHAM?** I have benefited from my membership with AAHAM in numerous ways. I enjoy the meeting from a networking stand point. It is very helpful to get to know your peers at other healthcare institutions, to both share information and to hear what other facilities are doing. The meetings keep me up to date with industry changes and challenges. The provider updates are always beneficial as well as discussions on CMS regulations and how others are interpreting the change and applying the changes in their everyday practices. Also the vendors presence is beneficial because its good to know what services can help in maximizing efficiencies in the revenue cycle.
- **How long have you been a member?** I joined the Virginia chapter as soon as I could after moving to Virginia in September 2012. I was previously a member in the Keystone Chapter in Pa.
- **Tell us about your job at RGH:** I joined RGH in September of 2012 as Director of Patient Financial Services. I have direct responsibility over the Patient Access and Patient Accounting offices. RGH is a 76 bed, rural, Medicare dependent, PIP hospital, with an Inpatient Psych unit. Because of the unique challenges from both clinical and financial aspects, RGH entered into a clinical affiliation agreement with Bon Secours. This agreement has allowed RGH to explore opportunities to expand healthcare services in our community. Bon Secours and RGH have recently signed a letter of intent to move forward with acquisition of RGH into the Bon Secours Health system.
- **What do you like to do for fun in your spare time?** I enjoy spending time with my husband and family. We love the area and the slightly warmer weather, going for car trips to see the area and we love the water. We of course make frequent trips back to the PA area and enjoy having family down to visit.
- **What is your dream job?** I don't really know, I enjoy what I do. I get bored easily, so healthcare finance is perfect with the never ending changes we experience. I am always looking for opportunities to learn new skills and appreciate the association over the years of so many that have helped me to build my knowledge base. I think I'll stay where I am as long as healthcare will have me.
- **Brag on your self- name your biggest achievement!** I am very proud of my latest accomplishment of achieving Certified Revenue Cycle Executive through AAHAM. Hands down though my biggest accomplishment in life are my son Andrew and my daughter Mallory. Andrew is currently studying for his Master Degree in Nursing through Penn State University. He will be a Certified Registered Family Nurse Practioner when he graduates. My daughter just graduated from Shippensburg University this past December with a degree in Communication/Journalism and is starting her first job (soon).

HOSPITAL SPOTLIGHT: Rappahannock General Hospital

RGH is located in the Northern Neck and Middle Peninsula of Virginia. Rappahannock General Hospital has been serving residents of the Northern Neck and Middle Peninsula since 1977.

They are currently licensed for 76 beds and provide a wide array of inpatient services, including acute care and long-term care along with many outpatient programs such as home health, physical therapy and many others.

They have recently signed a letter of intent to become a part of Bon Secours Virginia Health System.

RGH currently offers:

- Behavioral Health Treatment & Care: RGH's Bridges Behavioral Health offers both inpatient and outpatient services and treatments
- Cancer Treatment and Education Center: The RGH Cancer Treatment and Education Center opened in 1996. Through the Cancer Center, RGH has a partnership with The Massey Cancer Center of Virginia Commonwealth University Health System of Richmond that brings an outreach program to the community, allowing the hospital to provide university level cancer care to our rural community.
- Emergency Care: RGH's Emergency Department treats around 11,000 emergencies each year
- Radiology: Diagnostic Imaging Services including MRI, CT, Ultrasound, X-ray, MUGA scans, fluoroscopy, nuclear medicine, bone scans, vascular imaging, mammography, stereotactic biopsies, and sentinel node mapping
- Rehabilitation Services: providing physical, occupational, speech, aquatic and Anodyne® therapies, LSVT® BIG & LOUD treatments as well as a wellness program
- Surgical Services: gastrointestinal, orthopedic, cataract surgery, cancer related surgery, urologic procedures, gynecologic procedures, breast surgeries, general surgery

National News— www.aaham.org

The renaming of our renowned certifications was announced at the Annual National Institute (ANI) in New Orleans, LA. The new AAHAM designations now accurately reflect the scope of knowledge and skills required to secure these prestigious certifications. The names are designed to more accurately reflect current job and industry titles and reinforce the association's growth and continued focus on healthcare revenue cycle professionals. Also unveiled was news regarding a new mid-level certification, the CRCP, Certified Revenue Cycle Professional. This new exam is designed for mid-level managers and tests the participant's knowledge of the revenue cycle. With the addition of this new certification, AAHAM now offers a complete career ladder, beginning with the CRCS and culminating with the CRCE.

Visit the website for more information
http://www.aaham.org
And calendar of upcoming events.

Calendar of Events:

Manchester Grand Hyatt in San Diego, California from October 15-17, 2014.

The ANI is attended by nearly 500 National members and over 75 exhibitors. Each year, the members of AAHAM come together to exchange ideas, renew old friends, make new ones, and further their knowledge and education in the field of Patient Account Management.

Stay up-to-date on Administrative Simplification and other healthcare Legislative issues of interest by visiting the National AAHAM web site:
https://www.capwiz.com/aaham/home/

Sponsorship

A very special thank you to our 2013 Corporate Sponsors!!

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Platinum Sponsorship - $1,500

- **Exhibit space available at <u>both</u> the May & December Conference**
- **Full-page ad in <u>ALL</u> newsletters**
- **Full-page ad distributed at <u>ALL</u> meetings**
- **Free Registration at <u>BOTH</u> the May & December educational conference for four (4) sponsor employees**
- **Plus much more...**

Gold Sponsorship - $1,200

- **Exhibit space available at <u>both</u> the May & December Conference**
- **Full-page ad in <u>ALL</u> newsletters**
- **Full-page ad distributed at <u>ALL</u> meetings**
- **Plus much more...**

Silver Sponsorship - $1,000

- **Exhibit space available at <u>EITHER</u> the May <u>OR</u> December Conference**
- **Half-page ad in ALL newsletters**
- **Half-page ad distributed at <u>BOTH</u> meetings**
- **Plus much more...**

The Virginia Chapter of the American Association of Healthcare Management (VA AAHAM) exists to provide or facilitate professional education, promote professional excellence, provide opportunities for sharing management strategies and tactics through professional networking. You and your organization are important to this mission. Virginia AAHAM benefits by drawing on the experience and education that you and your organization can bring to the activities and efforts of our association. Virginia AAHAM's mission also benefits from the financial support that many organizations provide. I hope that you will consider supporting Virginia AAHAM this year.

—Charles Lewis, Vendor Sponsorship / Corporate Partners Chair

Charles.lewis@penncredit.com

Mark you calendars!

Upcoming VA AAHAM events:

- **April 23-24, 2014** **Legislation Day, Hyatt Capitol Hill Washington, D.C.**
- **April 25, 2014** **Payor Summit– Joint meeting with HFMA, Westin . Richmond VA.**

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

The Virginia Chapter of AAHAM American Association of Healthcare Administrative Management

To: All Virginia Chapter of AAHAM Members:

The Virginia Chapter of AAHAM Education Committee, in an effort to provide our members with "Back to Basics" training is looking for interested parties to conduct a 30-45 minute webinar series. The web series would focus on professional development for operational level staff or first time managers. Presenters can share their professional experiences in networking, positioning yourself to grow in your organization, establishing yourself as a leader and a go-to person, etc. Please contact Gio Naranjo at gnaranjo@claimlogic.com or 405-548-1492 if you can assist in this education opportunity.

Linda McLaughlin, CRCE-I

Chairman of the Board, The Virginia Chapter of AAHAM

Denise Martin

Second Vice President, The Virginia Chapter of AAHAM

Watch our web site for details:

www.vaaaham.com

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 2014. Submit articles to Amy Beech abeech@augustahealth.com. Newsletters are published quarterly. Don't miss your chance to be read, recognized, and rewarded for your writing talent.

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

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Sara Quick, CRCS-I,P
squick@augustahealth.com

Heather Eavers, CRCS-I,P
heavers@augustahealth.com

Trista McGuire, CRCS-I, P
tmcguire@augustahealth.com

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.