



The Virginia AAHAM Insider

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

Spring 2018 Volume 46 Issue 1

The President's Message

Dear Virginia AAHAM Members and Friends:

First, let me thank you for entrusting me to hold the office of President of this great Chapter for the next two years. I look forward to the challenge and promise to continue to build upon the great foundation put in place by our past Presidents. I want to thank David Nicholas, our Chairperson of the Board, for his guidance and support during this transition. He has been and continues to be a great leader for our chapter!

Our Board has been working diligently to prepare for the upcoming year. We have planned for three educational sessions in 2018. In addition to the March conference in Charlottesville which was a great success, please mark your calendars to attend the September 21st session at Mary Washington Healthcare's Fick Center in Fredericksburg and our annual meeting held from December 5th through the 7th at the Kingsmill Resort.

Legislative Day was held in Washington, DC on March 27th. I will have an update on our lobbying efforts for you in my next message. This year's Annual National Institute (ANI) is being held in Bonita Springs, Florida, from October 17th through the 19th. Please consider attending the ANI as it offers many opportunities to network obtain CEUs and become informed about our industry.

Our March 8th Board meeting focused on strategic planning for the next two years. Our goals are centered on membership growth to include increased student membership, activating our third party payer committee and offering chapter-led certification webinars. We support the national AAHAM organization in the #RaiseTheLevel initiative and challenge each of you to raise your level of involvement with AAHAM, by attending local and national conferences and for some of you, by choosing to serve on one of our committees. We are always looking for energetic individuals to help lead our award winning chapter! If this sounds exciting, please reach out to myself or one of our board members.

I would like to close with a quote from Norman Vincent Peale "Believe in yourself! Have faith in your abilities! Without a humble but reasonable confidence in your own powers you cannot be successful or happy." I wish each of you great happiness and success. Enjoy your spring!

Yours in AAHAM,

Lm

Linda M. Patry, CRCE-I

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Groundhog's Day and Denials

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Do you remember the movie "Groundhog's Day" starring Bill Murray? He was Phil Conners, a young reporter who was sent to get a story on Punxsutawney Phil, the groundhog who could predict the rest of winter. On Groundhog's day, it was up to the shadow of this groundhog to tell us whether winter was going to be short or another 6 weeks long. He did not appreciate the assignment and complained a lot since he did not believe that this groundhog was a weatherman. As you may recall, he was put into a situation where when the day was done and he went to bed...the next morning was a repeat of the "yesterday". Same people, same actions, same verbiage, same situation...this was his life.

Well, according to a recent (June 2017) survey by Change Healthcare, denials appear to be our "Groundhog Day". There was an estimated \$3 trillion (that is a T) in claims submitted by hospitals, an estimated 9% of charges or \$262 billion (that is a B) were denied. Wow, that appears to be a big number! But when you look at it further and divide it all by the number of hospitals (no matter what size hospital), it is an average of \$4.9 million in denials per hospital. Again, no matter what size hospital you are this number now becomes huge! What could your hospital do with an additional \$4.9 million.

Now from this database, a sample of more than 3.3 billion hospital transactions valued a \$1.8 trillion was pulled by Change Healthcare. From this sample, there is the recognition that there is a statistical appeal success rate of 63% but there is also recognition of the additional work and cost (both staff and administration cost) involved in reaching that success. So, from this database of transactions, the denials found involved the entire revenue cycle...from the front end to the back end. It really doesn't matter where these denials have occurred, the list indicates that these denials are our "Groundhog Day". Here are a couple of charts from this survey:

DENIAL REASON	%
Registration/Eligibility	23.9
Missing or Invalid Claim Data	14.6
Authorization/Pre-Certification	12.4
Medical Documentation Requested	10.8
Service Not Covered	10.1
Other	9.6
Medical Coding	5.8
Medical Necessity	5.8
Untimely Filing	3.7
Appropriateness of Care	3.4

See what I mean! We have been working on these denial for AGES! We have bought software to reduce our denials; we have created special teams; we have had education; we have had meetings; what is there left to do? Also, further analysis was performed to identify what areas of the country experienced these denial patterns and the chart below tells us that story.

GEOGRAPHIC REGION	%
Pacific	10.89
South Central	10.5
Mid-West	10.32
Southeast	9.33
Southern Plains	8.6
Northeast	8.3
Mountain	6.99
Northern Plains	6.64

Now that we have this information and we can also say that we have done everything possible to reduce our denials, further translation of this data could be accomplished if you are receiving any 'resistance' in offering suggestions/recommendations in the overall reduction of denials. For instance, if we took the example of the denial loss from the average hospital (\$4.9 million), the first table would look like this:

DENIAL REASON	%	DOLLAR VALUE
Registration/Eligibility	23.9	\$1,171,100
Missing or Invalid Claim Data	14.6	\$715,400
Authorization/Pre-Certification	12.4	\$607,600
Medical Documentation Requested	10.8	\$529,200
Service Not Covered	10.1	\$494,900
Other	9.6	\$470,400
Medical Coding	5.8	\$284,200
Medical Necessity	5.8	\$284,200
Untimely Filing	3.7	\$181,300
Appropriateness of Care	3.4	\$166,600

Does this give you a bigger impact? If you think so, you can build your own table and fill the numbers in every month based on your own statistics. You can further identify the area of penetration where, as the old saying goes, "you get the biggest bag for your buck!". From the above chart, one can tell that registration/eligibility issues are the top consideration for improvement. This indicator alone is just the "top of the iceberg". You need to further ask...do I have central registration for ALL departments? Is my registration process decentralized and therefore I need further breakdown into departments? Do I receive some of this information from a physician's office or physician system? Do I register patients in the Emergency Department by non-registration staff? So many questions but is reducing denials that are over a million dollars' worth the investigation?

Other questions from this table...are my insurance (government and non-government) system tables up-to-date regarding authorizations and pre-certifications? Do I use "cheat

sheets" at my registration sites and department sites to identify this requirement? When was the last time I contacted my companies to ask for a current listing of their requirements? Are physicians/departments adding or changing patient tests without getting authorization/pre-certification? Are we placing the authorization/pre-certification codes on our claims appropriately? Are we getting the authorization/pre-certification from the physician's office? Is it correct? Is it appropriate for the test? Is it a 'classical' practice of the insurance company to deny the first submission and then pay it the second time? If this is the case, you need to have a meeting immediately with a senior manager at the insurance company and present the proof as identified in the data history.

If ICD-10 was 'advertised' as providing more detail to the patient's diagnosis, why do we need more documentation to resolve the claim? What type of documentation are they asking for? Are all of these Workers' Compensation claims and they still want the physical documentation without using the ICD codes? Are the ICD codes specific enough or fully appropriate for the tests/procedures performed? Do I still have a full-time person, or an independent company come in to make copies of documentation? If I can resolve this issue through conversation about their actual need for documentation, I can delete the independent company and/or utilize the employee in other areas? Is the request for documentation pertaining to a particular department like lab, or radiology, or surgery? Is so, why? If you find out why from the insurance company then you can either resolve it through another systematic solution or have the department make system file copies of this 'procedure' every time and submit it with the initial claim.

Untimely filing has no excuse! Investigation into this denial usually results in various common findings. A department can be late in submitting their results to a claim; for example, one holds the claim for pathology results to come back. Pathology, especially if not on site, can take a period of time to establish the final result...but not over the timely period line. There may also be other reasons for holding a claim before initial submission and these need to be investigated. But the most common reason (and this could be part of your third party contracts) is that the timeline for an 'official' claim begins when you achieve a "clean claim". This could mean that if you submit a claim and it is rejected for any reason, administrative or clinical, the submission date is not recorded in the insurance company's processing system. You may re-submit the claim once fixed but it may reject for another reason which takes more time. Long story short, each submission and re-submission that is rejected does not establish an initial claim date. So, if this is the systems' acceptance protocol, the claim can be untimely due to the lack of an initial claim submission date.

I could go on and address each of these "Groundhog Day" denials but I hope you get the picture of how you can address your denials. Gather data is a good thing. Analyzing it is also good. Using it as an instrument to accomplish your goal is the purpose. Whether you use it to work with staff and departments to reduce denials or whether you use it to talk with management to obtain more staff or an improved system process in order to reduce denials...it is all good. If you are having any particular problems or issues with denials and would like some further input, please feel free to contact me at my email address or give me a call.

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Are You Standing In Your Own Way To Happy? How My Fake Fire Warmed My Soul

One of the biggest items on my *wish I had this* list is a fireplace. I love the crackle of a fire. Fires make me want to cuddle up in slippers with a cup of coffee and write a novel. Fires remind me of my best family memories growing up. Fires make me feel creative. I can even get misty eyed at the sight of a gas log fireplace. But my house wasn't built for one, and to add it is too big a challenge. So I'm doing the best I can. With a fake fire. A *really* fake fire. A Netflix fire.

Yes, there are actually movies on Netflix that consist of nothing more than a crackling fire playing for two hours. So beside my Christmas tree with twinkling lights, and gingerbread candle collection, I now have a huge computer monitor sitting on a table with a crackling fire on live stream. You laugh. But I love it.

So what does this have to do with anything? I'm getting there. Just sit tight and follow me for a minute.

My family laughs at my web-induced fire. They come and warm their hands by the screen. They check the carpet for wayward sparks. They can laugh all they want - but the sight of that fire in my office makes me really really happy. A fake fire brings almost the same joy. Hhhmmmmm.

Here's the really odd thing about my fake fire.

It's warm.



You are going to find this hard to believe. Even my own family is flabbergasted by it. But we all swear that when you walk near the computer it gets warmer. My husband says he can point out the exact spot where it starts to get warmer. My son insists on doing his homework in this room because it's warmer. I was cold this morning when I settled into my office to write this article, but once I started my fire, I had to remove my sweater. And we all swear we can even smell burned wood.

Now we all know that the Netflix fire is not warming my room. So what's going on? Something pretty amazing. Our brains are showing us a fire, and telling us how we should feel. Fire equals warm. Fire equals happy. Fire equals a certain smell and sound. Our brains are telling our bodies how to react. Our brains are actually making us feel warmer!

That, my friends, is the power of our thoughts. The power of that script running through our head. If seeing a fake fire can actually make us feel warm, then imagine what our other thoughts are causing our bodies to do.

That inner voice tells you that you're stupid, and you obey.

That voice that tells you that you are useless, and you believe.

That voice that tells you that you don't deserve happiness, and you agree.

There are many things happening around us that we will never be able to control. That's life. But there is one very big thing happening in us that we can always control - the way we think. It's not as easy as I'm making it sound, but it's not as hard as you may be making it.

So next time you feel yourself headed to a bad place - anger, bitterness, worry, hopelessness - try lighting a fake fire. Try tricking your brain by giving it something else to focus on. A different thought. A new belief. A positive story line. A new flame. Because what you feel is not always what is true. And sometimes, you're just one new phrase away from being warmed by a new fire.

Gotta run. I smell smoke.

Kelly Swanson, Contributor

1. https://www.huffingtonpost.com/entry/are-you-standing-in-your-own-way-to-happy_us_5a26a59de4b0b1dc3502abbe

"Are You Standing In Your Own Way to Happy?" Huffpost, December 5, 2017



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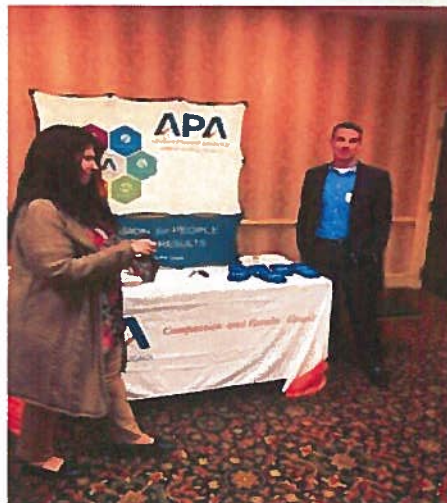
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Highlights from the Charlottesville Spring Meeting Continued on next page

Thanks to our Vendors!



Highlights from the Charlottesville Spring Meeting Continued on next page



Highlights from the Charlottesville Spring Meeting



Highlights from the Charlottesville Spring Meeting

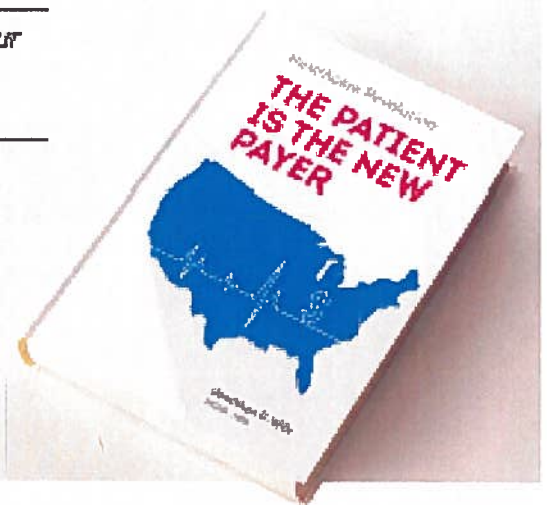


"A must-read if you wish to understand how and why our healthcare payment system is so complex."

-William A. Hurson, Jr., Vice President and CFO, Boulder Community Health

Healthcare Revolution:

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As a **VAAAHAM** attendee, TransUnion Healthcare is pleased to offer you a complimentary copy of *Healthcare Revolution: The Patient Is the New Payer*.

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Jonathan Wiik

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Chairman of the Board

Brenda Chambers Certification Scholarship Program

Congratulations to Stephanie Roelfs, CRCP-I of Fauquier Health for passing her CRCP exam this period and for applying for and receiving reimbursement from Virginia AAHAM's Brenda Chambers Certification Scholarship Program! We are so happy for her and encourage others to follow in her footsteps.

Have you been considering getting certified in one of the many valuable certifications programs that AAHAM has to offer? If so, then maybe we can help! Once again, Virginia AAHAM received an anonymous donation made to the chapter that is to be earmarked as funds for the AAHAM Certification Programs. The amount we have available to offer this year is \$1,100.00 and is to be used by Virginia AAHAM National members who wish to apply for these funds to pay for the testing fee at AAHAM.

This scholarship is meant for people that are truly interested in becoming AAHAM Certified, but would have difficulty paying for it on their own and are not receiving funds from their employer for this purpose. This would be for any of the AAHAM Certification programs that AAHAM offers (CRCS, CRCP, CRIP, CRCE or CCT).

So, to summarize in order to qualify for reimbursement of the expense of taking the exam you should meet these simple requirements.

- Be a member in good standing with both Virginia AAHAM and National AAHAM for 2018
 - Be someone who is not receiving reimbursement from their employer for the exam fee itself
- Must register for and take exam of one of these programs in 2018: CRCS, CRCP, CRIP, CRCE, CCT. Visit www.aaham.org to view exam schedule and register

- Must reside in or be employed in the Commonwealth of Virginia

Contact David Nicholas, Chairman of the Board VA AAHAM at David@MercuryARS.com to apply

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

Once these funds run out then the program will automatically end, so please don't hesitate to register and apply for these funds if you need them.

Depending on the success of the program, The Virginia Chapter of AAHAM will consider bringing this back annually with the help of a Corporate Sponsor.

Thank you for your interest and membership with Virginia AAHAM and National AAHAM!

Sincerely,

David Nicholas, CRCE-I

Chairman of the Board, VA AAHAM

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Dale Brumbach

VP of Client Relations

800-720-7293

dale.brumbach@penncredit.com

Woodrow Samuel Scholarship

Congratulations to Jacob Quick for receiving the annual Woodrow Samuel Scholarship award. Jacob is the son of Sara Quick. She is employed at Augusta Health Care and Jacob received early acceptance to JMU and is on his way to becoming a Physician Assistant.

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.

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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.

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.

Certification

2018 Certification Schedule

March 12-23, 2018

March 2018 Exam Period

April 18, 2018

Registration deadline for July 2018 Exam Period

July 9-20, 2018

July 2018 Exam Period

August 15, 2018

Registration deadline for November 2018 Exam Period

November 5-16, 2018

November 2017 Exam Period

December 19, 2018

Registration deadline for March 2019 Exam Period



2018 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
- Access and preparation assistance for certification tests that demonstrate your professional skills
- Educational seminars & workshops
- Chapter newsletter
- Interaction & networking with peers

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 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
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Office - (703) 825-8762

Email— David@Mercury.ARS.com

President

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

Linda Patry, CRCE-I

Director, Patient Financial Services

Mary Washington Hospital

2300 Fall Hill Ave. Suite 311 Fredericksburg, VA. 22401

First Vice President

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

Ashlee Schuch

Patient Accounting Supervisor

Augusta Health

PO Box 1000, Fishersville, VA 22939

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

Second Vice President

(Committee Chairperson: Education Committee; Government Relations Committee)

Dushantha Chelliah

2212 Greenbrier Dr.

Charlottesville, VA, 22901

Office - (434)924-9266

Email- DCS2@hscmail.mcc.virginia.edu

Secretary

(Committee Chairperson: Publications Committee; Scholarship Committee)

Pam Cornell, CRCE-I

Manager, Patient Accounts Billing and Follow Up

Mary Washington Healthcare

Office— Pam.Cornell@mwhc.com 540-741-3385

Virginia AAHAM Executive Board 2018-2019

Treasurer

(Committee Chairperson: Vendor Awards Committee)

Linda Connor, CRCE-I

Manager of Patient Financial Services

Sentara Halifax Regional Hospital

Office: (434) 517-3433

Email: linda.conner@halifaxregional.com



Appointed Board Member

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

Revenue Integrity

HCA - RSSC Capital Division

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

Richmond, VA 23225 Office—(804)267-5790 Email—Brandi.Chambers@hcahealthcare.com



Appointed Board Member

(Committee Chairperson: Certification Committee)

Leanna Marshall, CRCE-I

UVA Health System (Retired)

814 Montrose Avenue, Charlottesville, VA 22902

Phone—(434)293-8891 Fax—(434)977-8748

Email—ayden1@embarqmail.com



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

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



Virginia AAHAM Executive Board 2018-2019

Appointed Board Member

(Committee Chairperson, Sponsorship Committee)

Thomas Perrotta

Vice President of Client Relations, CCCO

Penn Credit

Office—800-800-3328 x3301 tom.perrotta@penncredit.com

Appointed Board Member

(Committee Co-Chair, Sponsorship Committee)

Dale Brumbach

Vice President of Client Relations

Penn Credit

Office 800-720-7293 dale.brumbach@penncredit.com



Honorary Board Member

Linda McLaughlin, CRCE-I

Director, Director Finance and Governmental Services

VCU Health System

PO Box 980227, Richmond, VA 23298-027

Office—(804)828-6315 Email— linda.b.mclaughlin@gmail.com



Honorary Board Member

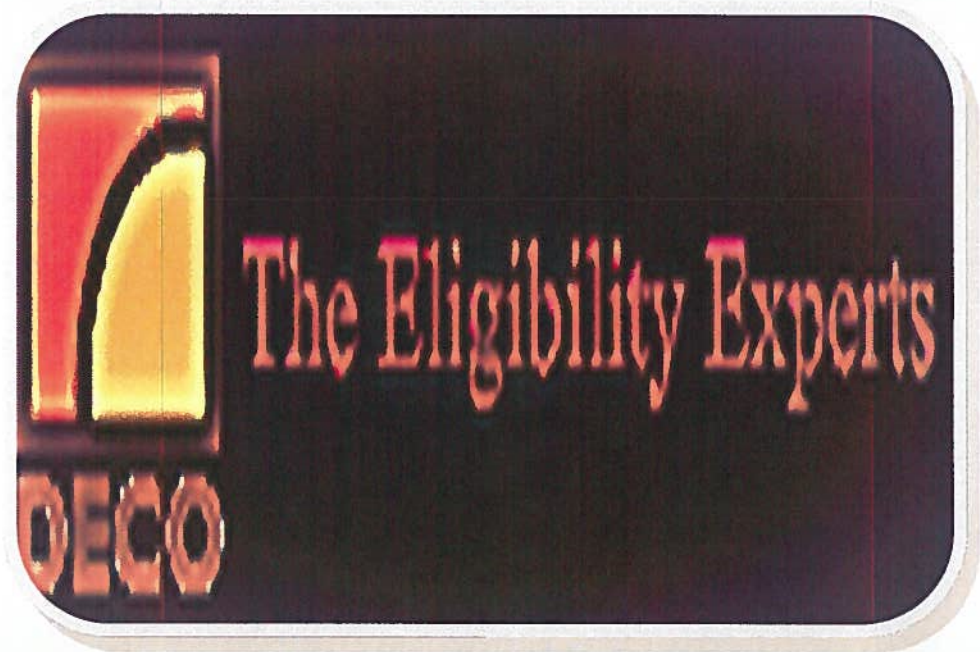
Robert M. Sintes

Revenue Cycle Consultant

1807 Mount Vernon Street, Waynesboro, VA 22980

Office—(540)470-0020 Email— rsintes@sintes.net

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National News— www.aaham.org

**The 2018 Annual National Institute will be held
at Hyatt Regency Coconut Point in Bonita
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October 17-19, 2018**



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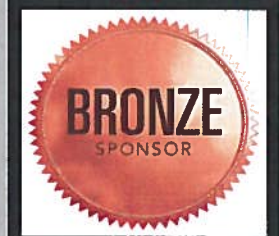
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The Virginia Chapter of the American Association of Healthcare Management (VA AAHAM) exists to provide or facilitate professional education, promote professional excellence, provide opportunities for sharing management strategies and tactics through 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. I hope that you will consider supporting Virginia AAHAM this year. —Dale



Mark your calendars!

Upcoming VA AAHAM events:



**2018 Annual Meeting and Conference,
Williamsburg, VA.**

Dec. 5-7 2018



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

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What is AAHAM?

AAHAM is a premier professional organization for healthcare administrative management. Our goal is to provide quality member services and leadership in the areas of education, communication, representation, professional standards and certification. Virginia AAHAM was founded in 1982 as the American Guild of Patient Account Management. Initially formed to serve the interests of hospital patient account managers, AAHAM has evolved into a national membership association that represents a based constituency of healthcare professionals.

