The Virginia AAHAM Insider

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

Winter 2015 Volume 37 Issue 1

The President's Message

Happy Holidays Virginia AAHAM!

Just coming off another successful and eventful annual meeting in Williamsburg, I wanted to share with you all a synopsis of what was in my President's report that was delivered at that meeting.

"*We have had an eventful and successful 2015! During this year the chapter held four meetings of the members in March, April, October and December. All meetings were well attended and provided valuable education and networking opportunities for members and attendees.*

The board of directors met monthly by teleconference in order to keep each other fully apprised of all committee activities, education planning, financial operations and other important topics of chapter business.

The Chapter received two top awards during the 2015 year from our National AAHAM office at the ANI held in Orlando in October. Virginia AAHAM was awarded 1st Place for Chapter Excellence in the President's Division, and 1st Place for the Journalism Award in the President's Division. Additionally, VA AAHAM reached 200 Member level and received recognition for this as well as having the greatest increase in our membership during this year. I am very proud of all the board members for their hard work to keep Virginia AAHAM one of the best chapters in the nation. Another significant award that was given this year was a perfect 100% for our Chapter Operations Report submitted to national. This grade acknowledges the strength of the operations of the chapter and its leadership."

At that meeting we also inducted in the new Executive Board for the 2016-2017 period. Your new board will be: David Nicholas, President, Linda Patry, 1st Vice President, Dushantha Chelliah, 2nd Vice President, Linda Conner, Treasurer and Amy Beech, Secretary. I would like to offer a warm welcome to all my fellow board members and committee chairs who will be joining me on this journey. I know it will be an exciting time for the chapter as well as a time for continued growth. I also want to wish a fond farewell to outgoing board members Amanda Sturgeon and Saurabh Sharma. Many thanks to both of them as well as the rest of the 2014-2015 board for all their accomplishments and contributions to the chapter. They helped make us great and I so appreciate it!

I wish to thank all of the Virginia AAHAM members who participate on this board, sit on chapter committees, submit articles for our newsletters, provide education at our meetings and attend our meetings. A special thank you goes out to our corporate partners that give so much throughout the year in sponsorship of our meetings and other chapter activities. These activities help us be the best we can be.

I hope to see many of you at our Spring Regional meeting which will be held in Charlottesville in March. Keep your eye out for the agenda and meeting registration that will be coming out soon.

Happy Holidays to each and every one of you. I wish you a safe, happy and healthy 2016!

David

Inside this issue:

The Virginia AAHAM Insider

1st Place Winner for Excellence in Journalism

2014-2015 National Journal Award!

Are you "Super-Bowl" material?

Continued on next page

Well, the football season is underway and the world is waiting to see who will be the 2016 Super-Bowl Champions. So we thought it would be a great idea to discuss the role of a Certified Revenue Cycle Executive (CRCE) in light of Super Bowl material. The pattern of discussion is that a CRCE is considered to be a 'head coach' and leader in our business. The CRCE leader must have a FULL knowledge of the Revenue Cycle and be able to direct others within this arena to become a great offensive team, defensive team, and special team to make them Super-Bowl champions. Please note that we are not saying that only a CRCE can be this leader; but anyone who has these leadership skills and steps onto the field has what it takes to compete and win at the Super-Bowl level. We also think these all-stars should pursue a CRCE certification.

Now the head coach of any football program must be able to identify the strengths and special skills of each of their players in order to place them on the right "team" to be successful. For us in the Revenue Cycle, many of our 'players' are already 'in place' but, with all of the on-going changes in the healthcare environment, we must ask if they are in the 'right place'. So one of our first tasks is to individually meet with our team members and ask them to share – not what they do – but what is their 'passion'. Tim and I have talked with many individuals and asked them their passions, and more often than not it was different from what their actual daily tasks were. For instance, someone in "billing" was most excited when they had the opportunity to talk with a payer and resolve an outstanding claim rather than just getting a bill out the door. This person expressed a desire to be a 'resolution seeker' rather than just doing paper or electronic billing. Another individual who had billed Medicare for over 10 years was asked if she would consider billing another payer – since she expressed her passion for billing. Her response was overly enthusiastic to learn more and bill another payer while still responding to questions from her replacement in Medicare billing.

In the other areas of the Revenue Cycle, we recognize that not all CRCEs or management leaders have responsibility over Registration or Medical Records or Quality Assurance or Revenue Integrity, etc. BUT there should be and needs to be a strong relationship among all. For the Super-Bowl head coach (leader), one can consider the various department directors to be other coaches such as an offensive line coach, a defensive line coach, or a special teams coach. The Super-Bowl head coach needs to meet with the other coaches to fully understand their role and their required actions to make the entire team a winning Super-Bowl team. These other coaches need to also 'know' their players and the strengths and skills of each. Let's talk about each team and their role.

<u>The defense team:</u>

We have all heard the phrase, "Defense wins championships." On the field, the defense responsibility is to stop the opposing team from moving down the field and making a touchdown. In our world, the members of the defense team are Scheduling, Pre-Registration, and Registration (including Insurance Verification). This team is extremely important in order to prevent 'the other team' from questioning a test or procedure or admission; delaying a reimbursement due to lack of full information; or flatly denying a claim. In today's changing and complicated environment, it is particularly important that this team know the insurance and managed care 'quirks' that can cause these situations. Therefore, there should be good communication between the defense team and the special team that understands the insurance and managed care contracts as well as all current information from Medicare and Medicaid.

Are you "Super-Bowl" material?

Continued on next page

The Head Coach should work with the defense team coach and set up regular meetings with each other to discuss the contract issues to give the defense team the best knowledge it can in performing great customer service to patients. For instance, patients want to know upfront if there will be any co-pay or deductible responsibility before they have the test or procedure or admission occurs. The patients also want to know that the requested tests, procedures, or admission will be a covered service and not be a financial burden to them. A good defense team also has 'safeties' who are those players who search for a reimbursement source for anyone who does not have insurance or has very poor coverage. These meetings with other Revenue Cycle players from other teams should also be a 'brain-storming' session allowing members to talk about and make suggestions and recommendations to improve the overall front-end process. Topics such as communication with physician offices, meetings with insurance representatives, meetings with Medicare and Medicaid personnel, internal meetings with Medical Records, Quality Assurance, etc. should be discussed and scheduled if needed.

Special Teams:

On the field, these players are specifically trained to perform in an outstanding manner to achieve a "special" task. To this end, we have such special teams as kick-off return, punting team, punt return team, and extra point team. Each member of these teams may be cross-trained from other teams but when they are on their "special" team, they know their responsibilities. These special teams have the basic responsibility to support both the defense team and the offense team by striving to optimize their actions to achieve their success. The kick-off team and punt return team strive to obtain the maximum yardage they can to assist their offense team in scoring a goal. The punting team strives to maximum their strength in preventing the other team from gaining any yardage and the extra point team protects the kicker to allow for the maximum opportunity to score the extra point.
In our world, we can and should have "special teams". We can have such special teams as a "pre-registration team" that performs insurance verification to optimize reimbursement and provide the patient with the full knowledge of their coverage. We can also have a "concurrent review team" from Medical Records that will optimize the assignment of the most accurate and specific diagnosis through the examination of physician documentation and the professional comments required to assist the physician with the addition of more information for specificity.

Another special team would be a "pre-denial/contract review" special team. This team would actually work on any claims that would appear on the electronic claim return file returned from the payer that indicates a possible 'delay' in processing. Also, any claim, including Medicare, where a request for more information is made. Contract questions can be addressed since one of the functionalities of the ICD-10 assignment (both CM and PCS) is to reduce/cease questions from payers due to the specificity of the code. An additional special team is the "denial team". This team, of course, would handle denials from payers and focus on payer behavior in order to strive to establish a pattern to reduce/cease future denials. All of these special teams, plus others you may think of, would continue to serve in supporting both the defense team and offense team through internal meetings on, at least, a monthly basis.

The offense team:

On the field, the goal of the offense is to move down the field and score a touchdown. It means battling against a defense team but with the right strategy the offense can make the plays required to score. In our world, the members of the offense team are typically Patient Billing, Customer Service, and Follow-up. This team is extremely important in order to prevent delays and denials that hinder cash flow. It may appear that this team, led by a strong quarterback (manager or supervisor) is a 'mechanical' team since we think that "billing" is a standard process.

Are you "Super-Bowl" material?

This appearance is very similar to the offense football team (different from the defense team) in that there are set "strategic" plays that are performed to move down field and score. The set "strategic" plays of the Patient Billing operations is the compliant process of meeting all of the payer requirements/ edits for electronic billing. This 'constant' is what makes good offense teams score and have claims submitted without edit rejection both at the facility and at the host payer. It is the team that monitors the "clean claim" process and provides feedback when there are too many 'dirty' claims.

Customer service is the team that not only answers questions from patients and others but also makes outgoing calls to collect funds from patients even before the insurance company pays. This team has the defined amount of co-pay and/or deductible that needs to be collected. Customer service also handles the arrangements for payment plans as well as offering discounts when appropriate. This team deals with patient complaints and strives to resolve any issues involving patient responsibility. The last part of the offense team is Follow-up. This team develops a successful pattern regarding 'time' to follow -up with a payer regarding any and all open claims. This 'time' factor may adjust over time due the level of involvement between the follow-up staff person and the payer representative. This relationship can bring about a strong and effective way to process claims quickly, thereby enhancing the cash flow. Follow-up team members need to be aggressive but not offensive. They need to be direct but not superior.

So, as you can see, the 'head coach' needs to be very decisive in choosing and monitoring his/her team. He/she needs to talk with each member within the Revenue Cycle to help define their strengths and capitalize on them. He/she also needs to have a strong relationship with the other teams of the Revenue Cycle. These are very important attributes if you want to have a winning Super-Bowl team. Additionally, if you are already a head coach in charge of the Revenue Cycle team, or this is something you aspire to achieve, you should consider earning the Certified Revenue Cycle Executive (CRCE) certification. This designation demonstrates a high level of achievement and distinguishes you as a leader and role model in the revenue cycle industry. Moreover the certification validates your proficiency and commitment to your profession and can play an integral role in your career strategy.

If you have any questions or want to play 'football' with assistance, please contact Rob Borchert, Best Practice Associates at 315 345 5208 or Tim Borchert, Altarum Institute at 703 328 3953.

Rob Borchert - MBA, FHFMA, CRCE-I and
Tim Borchert – MBA, CHFP, PMP

Switching to the Healthcare EFT Standard: 4 Ways to Ease the Transition *Continued on next page*

Healthcare electronic funds transfers (EFTs) via ACH – the Healthcare EFT Standard - can make practice management easier and more affordable—and switching doesn't have to be difficult.

Compared with other payment methods, providers can save up to $7.21 per payment using EFTs via ACH in combination with electronic remittance advice (ERA), according to the 2014 CAQH Index. EFT via ACH payments, which transfer funds electronically from the insurer's account to the provider's account, are also faster than other methods, with funds available the same day they're received.

Additionally, going electronic also has security and efficiency benefits. Because they're transferred digitally, EFTs via ACH come with lower fraud risk than, for example, paper checks, which often change hands multiple times. And, with most practice management systems, reconciliation between EFT and ERA can be fully automated.

Best of all? It's not difficult to switch. Thanks to the implementation of the Healthcare EFT Standard effective Jan. 1, 2014, which requires insurers to deliver EFT payments via ACH upon request, it's easier to transition than ever, especially if you use the following tips.

Enroll the easy way

CAQH offers an enrollment hub that's free to all providers. Entering your information into the secure database just once allows you to enroll with multiple participating health plans, simultaneously. For plans that aren't participating in the enrollment hub, providers should rank them according to payments volume. In most practices, roughly 80 percent of payments come from 20 percent of insurance providers. It makes sense, then, to enroll with the largest payments providers first to reap maximum benefit right away. Then, gradually work your way down the list until you've enrolled with all insurers.

Don't forget ERAs

EFTs via ACH produce more savings for practices when they're used in conjunction with ERAs. ERAs allow for the automatic reconciliation and posting of payments to patient accounts, saving your staff time as well as eliminating manual posting errors. It's easy to set up ERAs: in most cases, they can be requested at the same time as EFTs via ACH. If your practice uses a clearinghouse, contact them for additional assistance.

Switching to the Healthcare EFT Standard: 4 Ways to Ease the Transition

Talk to your vendors

Communication and cooperation between all parties involved in the EFT process—practices, banks, clearinghouses, practice management systems—is essential to a smooth transition. Your bank is required by *NACHA Operating Rules*, which govern the ACH Network through which healthcare EFT standard transactions are processed, to deliver ACH remittance data to your practice. If you've requested ACH data and your bank won't provide it, contact NACHA immediately. Additionally, while most clearinghouses and practice management systems can support EFT/ERA reconciliation and auto posting, make sure yours can and, while you're at it, ask about any set-up help or services they might provide.

Address staff concerns

Change can be uncomfortable for staffers who are used to tried-and-true processes or who might be concerned about being replaced by technology. In truth, transitioning to EFT/ERA simply reduces staffers' time spent on reconciliation and posting. This allows them to handle a larger volume of claim payments or frees them up to focus on other important tasks and patients. Prior to transitioning, get ahead of staff concerns and make sure everyone understands the EFT/ERA process and its benefits.

Switching to EFTs via ACH is one of the easiest ways to dramatically simplify your practice management and reduce costs. For more resources and tips on how to make the transition a smooth one, visit https://healthcare.nacha.org/ProviderResources.

Priscilla Holland, AAP, is Senior Director of Healthcare Payments at NACHA – The Electronic Payments Association

Virtual Doctor Visits Offer New Approach to Traditional Health Care *Continued on next page*

As hospital leadership knows, there is no hard and fast formula for providing the best possible health care to every patient in every situation. However, with the recent onset of telemedicine, rural providers now have a dynamic new tool at their disposal that has the potential to revolutionize access to care while improving hospital efficiency and profitability.

Telemedicine is defined as the use of telecommunication and information technologies in order to provide clinical health care at a distance. It is most commonly used by rural communities to help eliminate distance barriers and can improve access to medical services that would otherwise not be available. However, telemedicine has more recently come to describe a growing genre of specialized applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology catering to hospital patients.

Despite its recent rapid growth, telemedicine actually began more than 40 years ago with demonstrations of hospitals extending care to patients in remote areas through telephones. Today, these methods are being readily adopted into the regular operations of hospitals, specialty departments, home health agencies, private physician offices as well as consumer's homes and workplaces.

Telemedicine and Technology

The two primary avenues of implementation of telemedicine technologies by healthcare providers is through direct-to-patient services and robotic testing, diagnosis and monitoring. Direct-to-patient services using telemedicine are most often simple health exams (e-visits) conducted over the internet, usually via telephone or webcam, from the convenience of a patient's home or easily-accessible community facility. These e-visits are successful because on average 70% of patients do not require a physical exam during office visits, limiting the need for a "physical" presence. E-visits allow providers to offer patients the same level of personal connection and care without incurring the typical costs associated with bringing patients to the facility, including more in-depth scheduling and greater staffing. Additionally, orthopedics departments have been experimenting with e-visits at local skilled nursing facilities (SNFs) to reduce transportation costs for patients and leverage existing personnel and equipment already located in the community.

On the other end of the spectrum, some providers have taken a more high-tech approach to implementing telemedicine services by developing robotic testing, diagnosis and monitoring facilities for patients with more serious health issues. E-ICUs, as these facilities are often called, allow intensive-care patients in small hospitals to receive care from specialists at a tertiary-care facility without the burden of having to be transferred to that facility. In practice, e-ICUs developed for rural populations have resulted in significant reductions in mortality rates, ventilator-acquired pneumonia and death from sepsis. These results bring immediate and long-term positive financial impacts for hospitals by reducing ICU length of stay and remittance (see chart below), which have become increasingly more important measures for reimbursement rates under the Affordable Care Act (ACA).

Benefits and Challenges

While the benefits attained by providing these technologies may seem readily accessible to all hospitals and health care facilities, telemedicine has thus far been primarily a rural phenomenon resulting from the unique challenges providers face in these markets. Historical data suggests that rural patients face the greatest outcome disparities in emergency situations because of their isolation and often limited capabilities of small rural hospitals in treating serious illness or injury. Further, elderly rural patients are more likely to forgo necessary care than their urban counterparts because of travel costs and a lack of social support, even when all of their health care costs would be covered by Medicare. These concerning trends support the notion that rural hospitals have the most to gain from the implementation of telemedicine services designed to ease the barriers to access of quality care. Further, telemedicine allows rural hospitals to improve their fiscal outlook by growing their patient base and reducing costly emergency care while increasing their focus on preventative care.

However, there are still myriad challenges facing the rural population surrounding its adoption and effective use of telemedicine services.

For one, high speed internet is unavailable in many rural communities, which affects the quality of telemedicine programs that can be implemented and provided to patients at reasonable cost. Also, the rural population tends to be older than the typical urban or suburban population and, thus, their adoption of technology has come at a slower pace. This puts stress on the efficiency of telemedicine services for providers and raises the importance of robust educational programs in the community, which can come at significant monetary and time costs. As rural seniors stand the most to gain from the growth of telemedicine services in their communities, the thoughtful implementation of these programs by providers is especially important in order for them to achieve the full scope of financial benefits available.

Government and Industry Partner Involvement

Naturally, as telemedicine has grown and expanded across the country, local, state and federal governments as well as major industry players have all become increasingly involved in the implementation of these technologies. Thus far, the majority of actions taken by governments and related industry partners have been largely positive towards encouraging provider adoption of telemedicine, improving access for patients and requiring fairness of payment across services rendered. For example, 20 states have currently enacted parity laws requiring insurers to reimburse for telemedicine services on par with traditional face-to-face services to encourage that these programs be treated seriously by physicians and patients alike. While these parity laws do not necessarily mean a direct boost to hospitals revenues, they do result in a net positive gain to their bottom lines as they receive equal reimbursement for services rendered at a lower cost basis once initial implementation costs are excluded.

As far as state governments supporting telemedicine, the majority of action has been concentrated in the northwest and southwest regions given their more rural demographics. Idaho has been a particularly strong proponent of telemedicine services having passed the Idaho Telehealth Access Act this spring aimed at increasing the use of direct-to-patient services via telemedicine for prescriptions, diagnoses and consultations.

At the federal level, a number of special interest groups have arisen recently aiming to push action in D.C. to increase federal funding for telemedicine programs. Despite the widespread support for telemedicine throughout levels of government and related industries, there are still a number of legal and legislative challenges that remain. The most pressing issue for many early adapters relates to professional licensing for doctors engaging patients via these technologies, as they are currently required to be licensed in the state that the patient is located in. This can defeat the purpose of the care in rural communities near state borders where the closest hospital is in another state or in extreme circumstances that require out-of-state specialists.

Liability is another serious concern being raised by many providers worried that the absence of a physical presence may result in doctors missing medical issues during e-visits and subsequently facing malpractice suits. This worry may be somewhat overblown, however, as many physicians already take certain shortcuts by prescribing medication via telephone to patients unable or unwilling to schedule a physical visit and very few substantial liability issues have resulted. Finally, data privacy has also been highlighted as another key potential weakness of telemedicine services given their reliance on a technology infrastructure that could open patient health records to the same privacy concerns as email and other online activities. Despite these concerns, there is still far greater potential for telemedicine as a benefit to providers, patients, doctors and insurers as the technology continues to develop and improve.

The Future of Telemedicine

While telemedicine is just one wave in a sea of transformative technology platforms seeking to disrupt traditional health care, many early adapters strongly believe that these technologies are at the forefront of systemic changes throughout health care. Much still remains to be seen with how telemedicine is treated by governments, entrenched insurers and industry participants, patients and doctor. However, providers should still explore these opportunities as they can deliver a substantial boost to profitability and ensure the longevity of rural health care systems struggling to compete for market share and facing increased costs of care.

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Highlights from the Williamsburg Annual Meeting, Dec. 2–4th……

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For more information, please contact
Terry Fuller or Rika Gripp at 1.800.723.5463

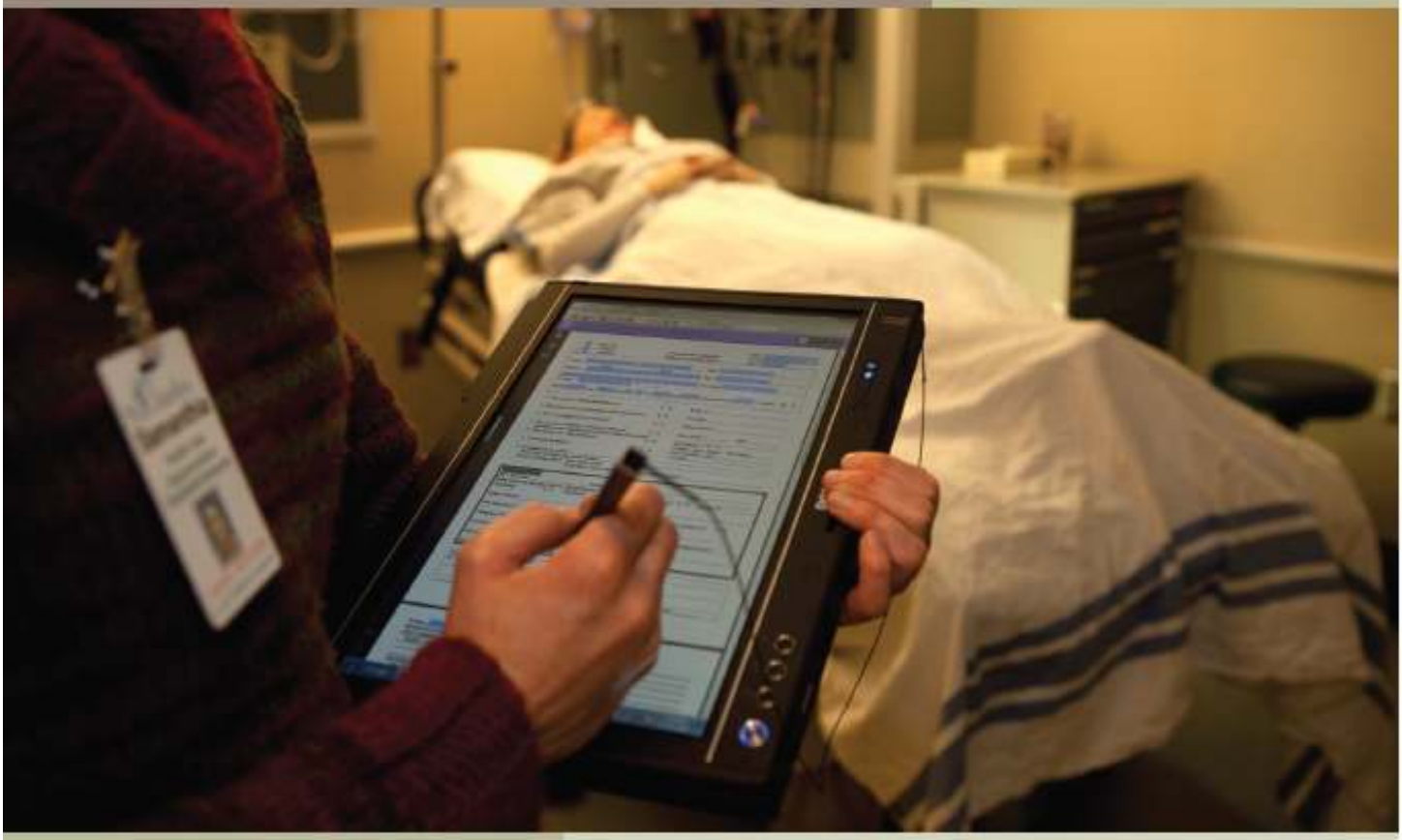
Hospital Spotlight…. Novant Health Prince William Medical Center

Their main campus is located in Manassas, Virginia and is home to a 170-bed, acute care hospital, which includes a behavioral health facility, fitness and wellness centers. They proudly serve the ever growing, diverse northern Virginia community, with outpatient services in many different locations.

In early 2014, they opened Novant Health Haymarket Medical Center, a new 60-bed community hospital in Haymarket.

Prince William Medical Center is part of Novant Health. Novant Health is a four-state integrated network of physician clinics, outpatient centers and hospitals that delivers a seamless and convenient healthcare experience to our communities. The Novant Health network consists of more than 1,200 physicians and 25,000 team members who make healthcare remarkable at nearly 500 locations, including 13 medical centers and hundreds of outpatient facilities and physician clinics. Headquartered in Winston-Salem, North Carolina, Novant Health is committed to making healthcare remarkable for patients and communities, serving more than 4 million patients annually.

You see
uncompensated care shortfalls.



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Struggling with low self-esteem? Lack of confidence? Scared to take risks? Burned out on life?

Being a motivational speaker, my job is cheering people up, helping them see beyond their obstacles, and showing them how to change their lives. And the biggest secret in changing your life is changing your inner script. You can change your life by simply changing the way you see it. Attitude is EVERYTHING. Which is sometimes easier said than done. So today I want to give you six steps to help you rewrite your inner script and reach a new level of confidence and passion for what you do and who you are.

Review

In every situation you are writing a story about that situation. You are writing a story about yourself – a story about someone else. Awareness is always the biggest step. So stop and review what is entering your thought process when stress or opportunity hits.

Example: Telling yourself you hate exercise will make you hate exercise. That's a negative storyline. If you wake up in the morning and say, "Oh, crap, I have to exercise today. Might as well get it over with" – then your storyline needs work. And chances are good you won't workout as much as you should. Trust me on this one!

Rewrite

If this storyline is negative and will keep you down, then rewrite it with a positive one that will serve you better.

Example: I don't like to jog, but I do like to dance. I will dance every day.

Recite

Saying it once is not enough. You have to reprogram. Write it down. Speak it to someone to hold yourself accountable. Say it over and over. It's in the repetition where you start to really reprogram your internal storyline.

Example: Note tacked on bathroom mirror – don't forget to go dancing tonight! Wahoo!

React

This is the part where we have to prove our new storyline. You have to act on it. Once you act on it, you have proven it true and the old storyline really starts to disappear.

Example: I just signed up for a hip hop dance class every Tuesday. I paid the money. No going back. Yippee!

Rejoice

It is very important that when you act on this new storyline, you celebrate it. Celebrate it no matter how well you did. The point is that you did it.

Repeat

As with any habit, it takes at least a month to change bad ones. Reprogramming your inner script will take dedication and work. But the payoff is huge. And it will get easier. Eventually your brain will automatically start changing those story lines right away. You'll find yourself not hanging on to things other people say and do. You let go of it faster. And you live happier.

Life isn't about waiting for the magic to begin.
It's about finding the magic in the moment we're in.
Kelly Swanson

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 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

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.

Newly Certified…

First Name	Last Name	Certification	Facility
Ashleigh	Burnette	CRCS-I	Augusta Health
Soronya	Fleming	CRCS-I	Centra Health
Venus	Senior	CRCS-I	Inova Health Systems
William	Hearn	CRCS-I	Centra Health
Anthony	Montgomery	CRCS-I	UVA Medical Center
Catherine	Green	CRCS-I	Mary Washington Hospital
Judith	Robertson	CRCS-I	Mary Washington Healthcare
Lenoira	Cooper	CRCS-I	Mary Washington Healthcare
Michael	Garde	CRCS-I	Mary Washington Healthcare
Nancy	Kamenski	CRCS-I	Mary Washinton Healthcare
Nezenine	Munoz	CRCS-I	Mary Washington Healthcare
Patricia	Smith	CRCS-I	Medicorp
Phindi	Johnson	CRCS-I	Mary Washington Healthcare
Scarlett	George	CRCS-I	Mary Washington Healthcare
Heather	Haywood	CRCS-P	Wythe County Community

Congratulations!

We are proud of you!!

Certification

2016 Certification Schedule

December 15, 2015
Registration deadline for March 2016 Exam Period

March 14-25, 2016
March 2016 Exam Period

April 15, 2016
Registration deadline for July 2016 Exam Period

July 11-22, 2016
July 2016 Exam Period

August 15, 2016
Registration deadline for November 2016 Exam Period

November 7-18, 2016
November 2016 Exam Period

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.

Woodrow Samuel Annual Scholarship Application—page 2

Review Process:

All applications will be reviewed and scored by the Scholarship Committee. Points are awarded based on the following criteria:

- Active in school related organizations (e.g. Honor Society, FFA, Ecology Club, Science Club, Beta Club, Student Council, etc.)
- Elected leadership position in school or community related clubs or organizations
- Demonstrates community involvement (e.g., membership in Scouts, 4-H, civic group/club, volunteer work)
- References
- Essay (Explains why _____is important to the applicant and/or his/her family.)
- Awards received for school or community involvement

Section A—Application

Type or print all answers clearly. Fill in all information completely. Use a blank sheet of paper to continue answers, and number them to correspond with the question number (for example, D—Goals).

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Evening Telephone _____

Date of Birth _____ E-mail address _____

Present Place of Employment or Accredited School _____

Address of Employer or School _____

_____

Dollar Amount of Scholarship Being Requested _____

Section B—Education

Current School/College You Plan to Attend _____

Section C—Essay and Reference Letter

For Virginia members, please write an essay in 250 words or less on how the healthcare field has benefited you and the reason you would like to further your education. For dependent's of Virginia State AAHAM members, please write an essay in 250 words or less on the reason you would like to further your education and the reason you have chosen your career field major. Feel free to list any education experiences which have

Woodrow Samuel Annual Scholarship Application—page 3

this scholarship is important to you. Submit your answer on a separate sheet that includes your full name in the upper right hand corner.

A reference letter must accompany the application. It must state the reason why they feel the candidate deserves to win the scholarship.

Section D—Signatures

I certify that the information on this application is correct and represents the candidate to the best of my knowledge.

_____ _____

Applicant's Signature Date Application Submitted

Section E—Submission and Deadlines

Applications must include all signatures and titles. It must also include your written essay and reference letter. Submission deadline is January 31, 2015. The application is to be submitted to:

Amy Beech, CRCE-I

Augusta Health Business Office

PO Box 1000

Fishersville, VA 22939

(540)332-5030

abeech@augustahealth.com

Please do not write below this line.

_____

Date Application was received _____

Scholarship Committee Chair Signature _____

Scholarship Approved or Awarded? _____ YES _____ NO

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

Medical Claim Insurance Recovery

P | S

9821 Katy Freeway, Suite 850

Houston, TX 77024

T. 800.872.1818 Ext. 116

C. 713.252.4876 F. 713.470.7243

The Virginia Chapter of AAHAM Executive Board 2014-2015

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(Chapter of Excellence Committee)

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Director, Director Finance and Governmental Services

VCU Health System

PO Box 980227, Richmond, VA 23298-027

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(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

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Patient Access Coordinator

Augusta Health

PO Box 1000, Fishersville, VA 22939

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(Committee Chairperson: Education Committee; Government Relations Committee)

Amanda Sturgeon, CRCE-I

Director of Payer Relations

500 Hospital Dr., Warrenton, VA 20186

Office phone—(540)316-4313 Email—sturgeona@fauquierhealth.org

Secretary

(Committee Chairperson: Publications Committee; Scholarship Committee)

Amy Beech, CRCE-I

Patient Accounting Supervisor

Augusta Health

PO Box 1000, Fishersville, VA 22939

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

Appointed Board Member

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

Brenda Chambers, CRCE-I,P

Revenue Integrity

HCA - RSSC Capital Division

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

Richmond, VA 23225

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

Honorary Board Member

Michael Worley, CRCE-I

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

On the Lighter Side...by Sara Quick

Keeping it "light" in the new year

- Cut a banana into 1 1/2 chuncks
- Spread one end of each with a 1/2 of tsp of peanut butter
- Dip in your favorite granola or trail mix

National News— www.aaham.org

AAHAM announced a new mid-level certification at the 2014 Annual National Institute (ANI) in San Diego, CA, the Certified Revenue Integrity Professional (CRIP). This certification is intended for individuals in the revenue cycle to help ensure that facilities effectively manage their facilities charge master, and bill and document appropriately for all services rendered to a patient. This certification requires an in-depth, working knowledge of various revenue cycle areas and proper skill sets needed to increase revenue and reimbursement for facilities. It also ensures that proper charging takes place to maintain compliance within the insurance payer programs. 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

Calendar of Events:

12th Annual Legislative Day

Hyatt Regency on Capital Hill, Washington DC.

April 25-26, 2016

2016 Annual National Institute Caesar's Palace, Las Vegas, Nevada

October 5-7, 2016

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/

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Deco

Sponsorship

—Saurabh Sharma, Vendor Sponsorship / Corporate Partners Chair

Saurabh.sharma@rycan.com

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**

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.

Mark your calendars!

Upcoming VA AAHAM events:

- **March 11, 2016– Spring Meeting, Charlottesville, VA. Location to be determined**
- **December 7-9, 2016: Annual Meeting and Conference, Kings Mill Resort Williamsburg, 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

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 2015. 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**

Amy Beech, CRCE-I

abeech@augustahealth.com

Sara Quick, CRCS-I,P

squick@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.