The Virginia AAHAM Insider

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

Fall 2015 Volume 36 Issue 1

The President's Message

Greetings Virginia AAHAM Members and Friends!

I'm happy to report that the Board of Directors for VA AAHAM has been hard at work in 2015 to keep our chapter in tip top shape. From managing our finances, to planning educational events, and providing certification training to members, these folks go all out each month and I'm so grateful for each and every one of them. So much goes on behind the scenes to make our chapter one of the **best** in the nation.

And speaking of best in the nation, Virginia AAHAM has once again put in an application to the national office for the annual Chapter Excellence award. Thanks to all the efforts of Leanna Marshall and Chris Fisher, the application was catalogued and submitted as efficiently as ever. This is an enormous effort each year and we are so fortunate to have their commitment to get this done. Wish us luck with the results, we will find out at the ANI in October how well we did. I'll keep you posted on those results!

Have you registered for our Fall Regional Meeting to be held in Warrenton Virginia on the 9th of October? If not, you will be missing out on a great meeting. We have a wonderful selection of topics and the meeting always draws a nice group to network with. For more information and to register, visit our Calendar of Events page of the website at www.vaaaham.com. If that meeting doesn't work out for you, Virginia AAHAM will be holding our Annual Meeting in Williamsburg December 2nd-4th. Amanda Sturgeon and her committee are putting together a great event once again, so please keep an eye out on your email for information and registration details for this meeting. Also, 2015 is the end of the 2-year CEU period for members who are certified so these meetings are a great way to gain those important CEU's to keep your certification current. If you have questions about your CEU status, you may contact National AAHAM at www.aaham.org.

We have two more folks that are taking advantage of the Virginia AAHAM Certification Scholarship Program. Natalie Hefner from UVA Culpeper Hospital is taking part in the CRCE Challenge in November and sitting for her CRCE exam. Korby Griffith from UVA Health System is sitting for his CRCP certification and benefitting from the scholarship program as well. Please wish both of these folks, as well as all the others taking exams in November your best wishes to pass with flying colors!

Have a wonderful Fall season and I look forward to seeing you or speaking with you 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

2014-2015 National Journal Award!

Hospital Compare Star Ratings: Too Much Power in the Patient Review? *Continued on next page*

Customer reviews have become a powerful force in recent years, as everything from apartments to restaurants have seen the success of their business affected by online comments and ratings. With the introduction of its new star rating system, the Center for Medicare & Medicaid Services' (CMS) Hospital Compare database now offers consumers a way to assess hospitals based on patient reviews. Some, however, are already suggesting the system needs revamping to include other quality measurements in addition to patient survey responses.

Hospital Compare and the HCAHPS

Choosing a doctor or hospital is no easy task. For years, patients have searched for useful tools that would allow them to compare hospitals and services to help ensure they are making the best decision. Originally established in 2002, Hospital Compare is a consumer-oriented website that allows prospective patients to compare hospitals in regard to the following categories:

- Patient survey results.
- Timely and effective care.
- Readmissions, complications and deaths.
- Use of medical imaging.
- Linking quality to payment.
- Medicare volume.

The first category mentioned above, patient survey results, provides information from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. The HCAHPS survey set the national standard in 2006 when it began collecting and publicly reporting data to allow comparisons of hospitals in local markets and across the country. In addition to compiling and reporting data for thoughtful consideration in the comparison of hospitals, the survey hopes to establish incentives to improve quality of care and increase the return value of public investment.

The survey consists of 27 questions and is administered to random sample groups of patients within six weeks of discharge. The survey is geared to produce results on how the patients viewed their communication with the medical staff, cleanliness of the facility, information on medication and discharge, and if they would recommend the hospital. By collecting this information and making it available to the public, the HCAHPS survey hopes to enhance hospitals' accountability by increasing the transparency of the quality of care.

The HCAHPS survey is currently being used in the Hospital Value-Based Purchasing (VBP) program created by the Affordable Care Act (ACA). With the VBP program, Medicare now has a payment system in place that takes a pay-for-performance approach. The Hospital VBP program adjusts payments based on their total performance score that is comprised of four domains:

 Continued on next page

- Clinical process of care
- Patient experience of care
- Outcome
- Efficiency

The HCAHPS survey is used when calculating the patient experience of care domain score, which is weighted as 30% of the total performance score. As a result, board members and hospital executives have increasingly begun implementing new plans and procedures to improve their HCAHPS survey score to ensure better reimbursement rates from Medicare. This, in essence, has given hospitals a bit of a head start in implementing policies that can improve their star rating in the new system, as that system is based on HCAHPS survey results.

Five-Star Rating System

With the introduction of the Hospital Compare star rating system in April of 2015, CMS now has a five-star ranking method in place for the public to view and compare the quality of care between hospitals. Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals, including acute care hospitals, critical access hospitals, children's hospitals, Veterans Affairs (VA) medical centers and hospital outpatient departments. The star ratings, with one star being the lowest and five stars being the highest, are based on an average of the hospitals' performance on each of the 11 publicly reported measures from the HCACPS survey.

The first results of the five-star rating system were released this past April, with CMS planning to release updated ratings every quarter. As seen in Figure 1 below, the first rankings released had over 40% of hospitals receiving either a four or five-star rating. These initial ratings came from patient surveys gathered between July 1, 2013, and June 30, 2014.

Many of the hospitals that received the five-star rating are smaller specialty hospitals that focus on elective surgeries. According to Modern Healthcare, more than 60 of the 250 hospitals that received the five-star ratings are specialty facilities. It should be noted that historically these facilities have received higher patient review scores than general hospitals. This is partially due to the fact that these hospitals are able to have a narrow clinical focus and are designed to provide high quality care for specific services, as opposed to the wide range of services that general hospitals have to provide such as hectic emergency rooms and care for a diversity of illnesses, factors that make it more difficult for general hospitals to receive positive feedback on their patients' experience.

There has been mixed reaction among industry leaders thus far to the new star rating system. For example, Akin Demehin, senior associate director at the American Hospital Association (AHA) noted: "While star ratings can be an effective way to make quality information easier to understand, the devil is in the details. There's a risk of oversimplifying the complexity of quality care or misinterpreting what is important to a particular patient, especially since patients seek care for many different reasons."

For now, hospitals are valuing their ratings but also taking them with a grain of salt. With a high star rating, a prospective patient can enjoy a sense of reassurance that they will receive valuable care from a highly-rated hospital. Conversely, hospitals fear that if they receive a lower rating than their peers it may not be an accurate reflection of the hospital's quality as the star rating is solely based on the patient reviews.

Room for Improvement

The current star rating system is a good starting point to allow patients to compare hospitals, but it may not capture the overall value and quality of care because it only uses the patient experience survey. Hospitals would like additional elements of care CMS currently tracks included in the overall star rating of a facility. The measures they would like taken into account include the use of medical imaging, number of Medicare patients, readmissions rates, complication rates and death rates. CMS has noted it realizes that the rankings need to encompass more than just patient reviews, and wants to expand the ranking system to include star ratings on clinical outcomes and safety in the coming years.

The Hospital Compare star rating system is not the first star rating system that has been established by CMS. CMS has other star rating systems in place to rate nursing homes, dialysis centers and private Medicare Advantage insurance plans. CMS's five-star system for skilled nursing facilities began in December of 2008 to assist the public in identifying meaningful distinctions among skilled nursing providers. Similar to the current reaction to the Hospital Compare system, the merits of the skilled nursing five-star system were highly debated in its infancy. Despite those concerns, and after adjustments were made, the skilled nursing rating system is a frequently referenced metric in the industry seven years after its introduction. It should be noted, however, that unlike the Hospital Compare star rating that currently focuses on patient survey results, the Nursing Home Compare star rating is based on health surveys, staffing numbers and quality measures.

The five-star rating system is a good resource for consumers to use when evaluating hospitals, but it does not mean that all will use it right away. It will take time for consumers to access and understand this information. It is too early to determine the degree to which patients have used the raw HCAHPS survey scores and quality measures that CMS tracks and publishes.

Even if the new five-star rating system is not perfect, it is drawing attention to the patient's perspective and enhancing the power of the patient to choose a hospital based on quality information. That, most would surely agree, is a positive step toward the universal goal of improving the patient experience and the overall quality of care.

Elliot Kaple is an associate with Lancaster Pollard in Columbus.

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CMS: Help Wanted in the Form of Unified Program Integrity Contractors

The alphabet soup of regulatory acronyms is becoming denser. The Unified Program Integrity Contractors (UPICs) are coming, as the Centers for Medicare & Medicaid Services (CMS) is soliciting bids for a program that will consolidate a number of functions currently carried out by other contractors conducting Medicare and Medicaid audits.

CMS is issuing a request for proposal (RFP) to solicit services for the UPICs.

According to CMS, the UPICs will combine and integrate existing CMS program integrity functions carried out by multiple contractors in order to improve its capacity to swiftly anticipate and adapt to the actions of those involved in healthcare fraud, waste, and abuse across the Medicare and Medicaid program integrity continuum.

As reported here last July by Ralph Wuebker, MD, MBA, chief medical officer for Executive Health Resources, the primary areas to be pursued by UPICs are anticipated to include the following:

- Patient abuse or harm;
- Ability to prevent future fraud, waste, or abuse by taking administrative actions to remove providers or suppliers from the affected program, or otherwise prevent inappropriate future payments;
- Multi-state fraud;
- Particularly costly potential overpayments;
- Likelihood for an increase in the amount of fraud or the emergence of a pattern, including the potential that findings can be used to refine CMS's anti-fraud prevention efforts and analytic models;
- Fraud complaints made by Medicare supplemental insurers;
- Law enforcement requests for assistance that involve court-imposed deadlines;
- Law enforcement requests for assistance in ongoing investigations that involve interagency initiatives or projects;
- Law enforcement requests for early administrative actions to prevent or mitigate losses to the affected program(s); and
- Other new elements that may be identified by CMS through technical direction.

UPICs will be tasked with reducing fraud, abuse, and waste within CMS, and they will operate under multiple legislative authorities.

About the Author

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They Aren't The Reason You Are Miserable

Continued on next page

Being a motivational speaker feels a lot like being a therapist, only without the degree, knowledge, or credibility. But still I meet people in their places of brokenness. I hear their issues and concerns. And I try to motivate them to see their problems/issues from a different perspective. And one of the consistent things I find in people, is the belief that their problem is someone else.

My boss is jerk.

They didn't value my opinion.

He didn't call.

She's always running her mouth about something.

He drives me crazy.

She thinks I don't have anything else to do but wait on her.

They didn't pay me what I'm worth.

He's an ungrateful teenager and I'm sick of it.

She thinks she's better than everybody else.

They didn't give me my money's worth.

She just has it out for me.

Nobody will cut me any slack.

Sound familiar?

We all find ourselves victim to this sort of thinking. We don't live in a bubble. Our lives are filled with people, and many of them are difficult to deal with. And while we are often valid in our assessment of these people, it doesn't change the truth – that we can't fix them, change them, or find perfect people who act exactly as we want.

And they aren't the problem.

They Aren't The Reason You Are Miserable

We are.

Yes, I said it. And you're probably mad. But it's true.

They aren't the reason you are miserable.

YOU are.

Life is filled with things circling us that are beyond our control – things happening to us – around us. Things that involve us directly, indirectly, or not really at all. So much of what is circling around us can't be controlled. Sure, some of it can be, and we should definitely work to control what we can in our lives. But the only thing you can control in EVERY situation, is how YOU will react to it.

YOU control your reaction.

YOU control your feelings. Well, maybe at first you can't control your initial reaction. But after you calm down, you can.

YOU decide what story you are going to write with this data you have been given, even if you are standing in the middle of the colossal mess. YOU still control whether you will allow it to make you miserable.

Unless you have a chemical imbalance, or issues bigger than you (in which case, this does not really apply to you, except that it is YOUR responsibility to get help for it and not use it as an excuse) you can control your reactions, your emotions, and your happiness. Yes, it's a choice.

YOU are the one who turns one bad moment into a bad hour, and then a bad day, and a bad week, and a bad life. You are the one who instead of letting it go, carries it around with you like a comfort blanket – finding more people to share your issue with – making it the focus of all your time, energy, and conversations.

So, unless you want to stay miserable (which apparently some people do – and actually thrive on it) that's your choice. Just acknowledge that it's your fault, not theirs. They aren't the reason you are miserable. You are.

You can choose happiness. And if you do it enough, one day you'll wake up, and it just is.

If we let others make us miserable, we always will be.

Kelly Swanson

Motivational Speaker, Comedian, Author of "Who Hijacked My Fairy Tale?
Helping You Find Your Happier Ever After – By Helping You Change The Way You See Your Life

For more about Kelly go to www.kellyswanson.net

To sign up for Kelly's 30-Days-To-A-Happier-Ever-After video program go to http://kellyswanson.placeboeffect.com

Case Studies-Documenting Success of Healthcare EFT Standard *Continued on next page*

The healthcare EFT standard became effective January 1, 2014, which required all health plans to deliver claims reimbursement payments via the ACH Network if requested by the provider. In 2014, more than 149 million healthcare EFT standard transactions were processed through the ACH Network saving the healthcare industry an estimated $740 million. Under HIPAA, providers are also able to receive electronic remittance advices (ERAs) if they request it from their health plan. In 2013, almost 50 percent of remittance advices were conducted using the HIPAA standard. It is estimated that more than $1.5 billion could be saved annually in the healthcare industry by full conversion to ERA.

To help healthcare industry providers recognize and realize the benefits of automation using the healthcare EFT standard and ERA, NACHA worked with provider groups to document savings realized by different sized organizations, from a single doctor micro-practice to one of the largest hospital groups in the U. S. The research proved that practices of all sizes can achieve cost savings and benefits from converting their claims reimbursements payments from paper checks to the healthcare EFT standard transaction and automating the reconciliation and posting process using the ERA. Benefits achieved across practices included:

- Faster patient billing, as EFT payments are received faster allowing for quicker secondary billing and billing of patient responsibility
- Reduced posting errors through automation of EFT and ERA
- Reduced processing costs
-

Documenting Success: Case Studies

Case Study #1 - A practice with one doctor, one physician's assistant and one administrative director leveraged the implementation of the healthcare EFT standard to move to a 95 percent adoption of both EFT and ERA in the practice. Through automation, the administrative director was able to limit the billing, reconciliation and posting to only 25 percent of her time allowing her to deal with all other administrative tasks of the practice.

Case Studies-Documenting Success of Healthcare EFT Standard

Case Study #2 - With the healthcare EFT standard, a midsized OB/GYN practice with 56 providers and 19 care centers with a centralized billing office was able to achieve a 90 percent adoption rate for both EFT and ERA. The billing management staff started converting insurers it billed most and continues to migrate all insurers to EFT and ERA. With the migration to the healthcare EFT standard and ERA, the practice has also been able to reduce its claims outstanding. Seven years ago, the practice's claims outstanding was at 25 days. Today, the practice has reduced the average claims outstanding to 13 days from claims submission to posted payment, significantly improving the cash flow of the practice. Additionally, despite growth in practice providers and care centers - and resultingly claims processed through the business office - the practice has not needed to increase the billing staff.

Case Study #3 - A large hospital group with165 locally managed hospitals and 115 freestanding surgery centers in 20 states and England has been converting checks to EFT for over 20 years. With the implementation of the healthcare EFT standard, the volume of checks converted to EFT has increased significantly for the hospital group. In addition, the hospital group has seen a 70 percent reduction in the processing costs for claims reimbursed with EFT and ERA as a result of improved payment posting and reconciliation. Now, the hospital group has an 83 percent match rate of EFT and ERA on the day received (Day 0), which improves to a 98 percent match by Day 2. The automation of the EFT and ERA has essentially eliminated the errors associated with manual posting and processing.

NACHA is the federally recognized standards body for the healthcare EFT standard and is the private-sector rule making organization for the ACH Network. NACHA staff has worked with the healthcare industry to provide information and education on the benefits of the healthcare EFT standard. All case studies are posted on the NACHA Healthcare Payments microsite at https://healthcare.nacha.org/ProviderResources

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

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

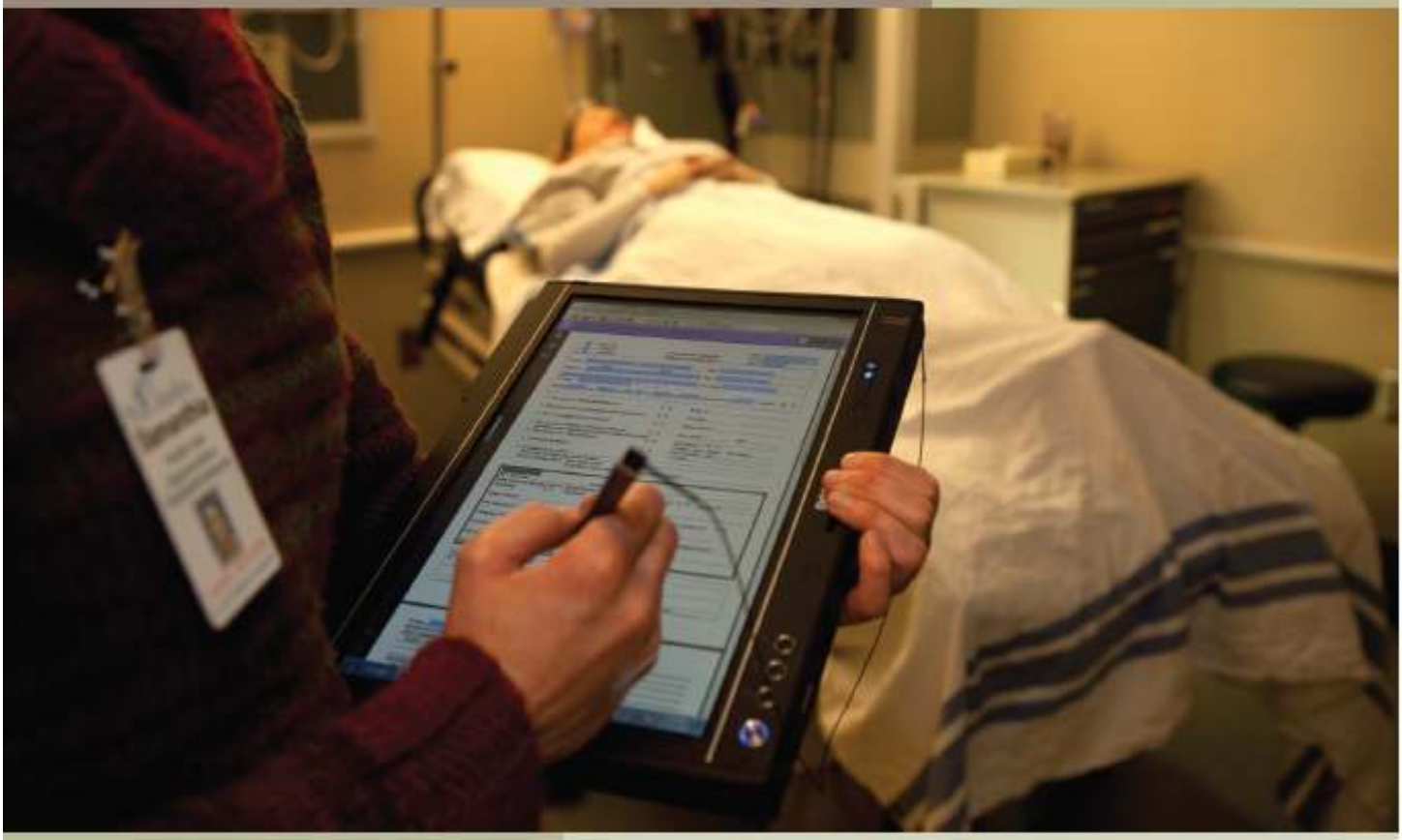
Hospital Spotlight…. Mary Washington Hospital

More than 100 years ago, Mary Washington Healthcare began as an eight-room hospital in Fredericksburg, Virginia. Today, it has evolved into a not-for-profit regional system of two hospitals and 28 healthcare facilities and wellness services. Their Board of Trustees is made up of community leaders who serve in a volunteer capacity to guide their direction.

Their mission to the community is clear. Mary Washington Healthcare exists to improve the health of the people in the communities they serve.

As a not-for-profit corporation, they invest their profits back into the organization through such activities as upgrading technology, developing new services and hiring new staff. The result is continuous improvement in the scope and quality of care they are able to provide to the community.

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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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
Linda	Clements	CRCS-I	Ridgecrest Regional Hospital
Lori-Ann	Davy	CRCS-I	VCU Health Systems
Caryl	Hamilton	CRCS-I	Centra Health
Karen	Hise	CRCS-I	Bath Community Hospital
Lisa	Morris	CRCS-I	Centra Southside Hospital
Darrah	Seawell	CRCS-I	University of Virginia Health Systems
Coni	Sandoval	CRCP-I	Fauquier Hospital

Congratulations!

We are proud of you!!

Certification

2015 Certification Schedule

September 1, 2015 - Registration deadline for November 2015 Exams
November 9-20, 2015 - Exam period
December 1, 2015 --Registration deadline for February 2016 Exams

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.

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Certification:	Employer Name:
Job Title:	Mailing Address:
Day Phone #:	City:
Fax #:	State & Zip Code:
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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

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The Virginia Chapter of AAHAM Executive Board 2014-2015

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Director, Director Finance and Governmental Services

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

Chris Fisher, CRCE-I

Patient Access Coordinator

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Second Vice President

(Committee Chairperson: Education Committee; Government Relations Committee)

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(Committee Chairperson: Publications Committee; Scholarship Committee)

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The Virginia Chapter of AAHAM Executive Board 2014-2015

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(Committee Chairperson: Vendor Awards Committee)

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Appointed Board Member

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

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(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

Autumn Word Search

F	H	W	U	L	E	A	V	E	S	N	R	O	C	A
O	W	F	F	O	L	I	A	G	E	U	Z	O	E	E
O	O	M	S	E	A	S	O	N	D	S	C	R	N	K
T	L	Q	A	E	P	D	T	V	X	E	L	E	I	R
B	L	Z	I	G	A	P	P	L	E	P	H	W	H	X
A	E	W	P	N	T	O	T	W	R	T	A	O	S	L
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L	B	B	N	M	E	E	F	C	W	E	D	U	M	I
Z	O	F	R	V	P	N	R	T	R	R	E	S	Y	U
I	T	P	O	O	O	K	D	A	P	I	U	P	C	Q
H	C	N	C	B	W	K	I	G	C	J	S	K	F	S
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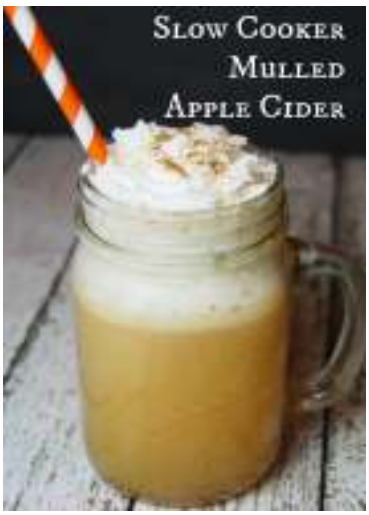
FOOTBALL
HALLOWEEN
HAYRIDE
LEAVES
OCTOBER
ORANGE
NOVEMBER
PUMPKIN
RED
SCARECROW
SEASON
SEPTEMBER
SQUIRREL
SUNFLOWER
SUNSHINE
YELLOW

On the Lighter Side...by Sara Quick



Enjoy the sights, sounds and smells of fall with this recipe. . . . . .

SLOW COOKER MULLED APPLE CIDER

- 64 oz bottle Mott's Apple Juice
- 2 oranges
- 1 lemon
- 1 tsp cinnamon
- 3 cinnamon sticks

Pour in the apple juice.

Add the juice of 1 lemon and 1 orange.

Add the cinnamon.

Then, mix it up.

Add the cinnamon sticks.

Slice up the second orange into rings and throw in the slow cooker.

Turn the slow cooker on low and it's ready in a couple of hours and can be served all day.

Embellish with whipped cream and a dash of cinnamon for an amazing flavor

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:

2015 Annual National Institute

Walt Disney World Swan and Dolphin - http://www.swandolphin.com/

Orlando, Florida

October 14-16, 2015

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Upcoming VA AAHAM events:

- **October 9, 2015: Fall Regional Meeting Faquier Hospital Warrenton, VA.**
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The Virginia Chapter of AAHAM American Association of Healthcare Administrative Management

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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.