



# The Virginia AAHAM Insider

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

## The President's Message

*"There is always light, if only we're brave enough to see it; if only we're brave enough to be it."*

*~ Amanda Gorman*

My Dear Friends & Colleagues:

The past year has allowed each and everyone of us the opportunity to be brave. It has not been easy. It has not been pleasant. Yet here we are seeing the light and being the light for each other and for others.

As I write this message in my fourth year as Chapter President, I am not sitting in my office, nor am I at my kitchen table peering out into the sunshine. I am sitting at my organization's vaccine clinic on a cold Wednesday night, serving as the scheduling lead and helping where I am needed. What a ray of light it is to help bring about hope to our community. The atmosphere is filled with optimism, faith, and courage. It has been good for the soul to be a part of this initiative, part of a solution.

Our Board of Directors is also working on a solution to plan for education in 2021. We do not yet know if there will be an "in-person" conference in the Spring or whether it will be postponed until later in the year. We will keep you apprised of that decision. For now, please know that the national AAHAM office cancelled its January Presidents' Board Meeting, as well as Legislative Day. We are hopeful that the ANI will go on as scheduled in October, in Baltimore, Maryland. Pam Cornell and her Education Committee are working on a plan to bring you virtual education, as they did in 2020, should we not be able to meet in person. Please stay tuned for more information. And we have another Jeopardy Certification Webinar on its way. The invitation should be out soon.

Our Chapter is so fortunate to have such a brave and wonderful group of individuals working together for a common goal. I am sure that many of you are as eager as I am to attend a conference and to network with others, as we did pre-COVID. Please be safe, wear your masks and socially distance so we can meet again soon!

*"When this ends, we'll smile sweetly, finally seeing. In testing times, we became the best of things."*

*~Amanda Gorman*

Yours in AAHAM,

Linda

Linda M. Patry, CRCE

President, Virginia Chapter of AAHAM

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The Virginia Chapter of

# AAHAM

American Association of Healthcare  
Administrative Management



## Virginia Hospital Advocate Newsletter

### What's Happening In Richmond

#### Virginia General Assembly Adjourns Sine Die

The Virginia General Assembly formally adjourned its legislative session on March 1. All approved legislation will now head to the desk of Governor Northam, who has several options available to him: he may sign legislation into law, veto it, amend and send it back to the legislature, or take no action and allow it to become law without his signature. The General Assembly will convene for two “veto,” or reconvened, sessions to take action on the Governor’s amendments or vetoes. Typically, there is just one veto session, but because the General Assembly technically adjourned its regular session on February 11 and immediately transferred all legislation to a subsequent special session, legislators will meet again on March 17 and April 7 to evaluate the Governor’s legislative changes.

#### VHHA Legislative Priorities:

- **Maternal Health Data Task Force** – We are pleased to report that House Bill 2111, sponsored by Democratic Majority Leader Charniele Herring unanimously passed both chambers. This bill will be a critical step in comprehensively addressing causes of and disparities in maternal mortality.
- **Reinsurance Program** – We were proud to support Delegate Mark Sickles, Chairman of the House Health, Welfare, and Institutions Committee, on his successful legislation to create a Virginia reinsurance program, which will lower premiums for many Virginians.

#### VHHA Budget Priorities:

- **Emergency Department Utilization Program** – Unfortunately, the penalties on emergency providers that provide care to Medicaid patients remain in the budget for now. VHHA has strongly advocated for their removal and will continue to do so in the 2023-2024 biennial budget.
- **Trauma Fund** – The General Assembly did not amend the budget to include a new funding source for the Virginia Trauma Center Fund, but legislative budget staff have indicated that the current funding will be sufficient for Fiscal Year 2021. House and Senate leadership have committed to work with VHHA to establish a sustainable, dedicated funding source beyond FY2021.
- **Emergency Department Care Coordination** – The amended budget includes funding for the EDCC program with several enhancements that should result in cost savings to the Commonwealth and higher quality care for Medicaid and FAMIS beneficiaries.
- **Nurse Preceptor Incentive Program** – The General Assembly restored funding to create an incentive program to help Advanced Practice Registered Nurses enter the workforce and mitigate hospitals’ staffing shortages.
- **Behavioral Health** – The amended budget includes VHHA priorities related to continuing the Temporary Detention Order (TDO) work group; establishing a work group to review barriers to sharing relevant patient information between community hospitals and Community Services Boards (CSBs); and funding alternative inpatient options to state behavioral health hospital care through the establishment of pilot projects to reduce census pressures on state hospitals.



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## Virginia Hospital Advocate Newsletter

### What's Happening In Washington, D.C.

#### **Biden Administration Begins COVID-19 Relief Negotiations; Executive Orders on Health Care Coverage**

Capitol Hill negotiations are underway on President Joe Biden's [proposed \\$1.9 trillion COVID-19 relief package](#). The package, which was met with criticism from congressional Republicans who note that \$4 trillion has already been spent on virus relief, includes a variety of provisions aimed at boosting the economy, helping families and small business, and providing additional resources to combat the COVID-19 pandemic. Key provisions of the plan include an additional \$1,400 in direct payments to individuals and families; a gradual increase of the federal minimum wage to \$15 per hour; more than \$400 billion to support a national vaccination program and reopen schools; \$50 billion to expand testing; and \$350 billion for state and local governments, among other proposals. Democrats have signaled their intent to push the package through Congress with or without Republican support. Meanwhile, a group of 10 Republican senators recently offered a \$600 billion counter proposal that includes elements of the President's package. This alternate proposal could result in a more bipartisan effort to pass a package that incorporates proposals on which there is agreement even as Democrats push forward on other proposals that have drawn Republicans' skepticism.

President Biden also recently issued an executive order (EO) to expand access to care and rescind previous executive actions aimed at undermining the Affordable Care Act and its insurance exchanges. The EO directs the U.S. Department of Health and Human Services (HHS) to establish a special enrollment period in states that rely on the federally-facilitated marketplaces, and to review policies, regulations, and guidance governing Medicaid demonstration and waiver programs and private market coverage standards to ensure they do not undermine access to care. The Centers for Medicare & Medicaid Services (CMS) subsequently issued a press release announcing a special enrollment period spanning Feb. 15-May 15, 2021.



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### What's Happening In Washington, D.C.

#### Congress Debates Next Round of COVID-19 Relief

As the calendar turns to March, debate continues in the U.S. Congress over President Joe Biden's \$1.9 trillion American Rescue Plan. The legislation – which passed the U.S. House of Representatives in late February – now heads to the Senate, which could amend it to align with reconciliation requirements as soon as the beginning of the month. As with previous COVID-19 relief legislation, the current package contains many programs aimed at stimulating the economy, helping small businesses and families, and responding to the ongoing pandemic. Much of the health care-related funding is dedicated to enhancing vaccine distribution and testing, with \$10 billion allocated to activities under the Defense Production Act, \$70 billion to support vaccine and testing efforts, and \$47.8 billion to support continued implementation of an evidence-based national testing strategy.

On health care coverage, the legislation gives states the option to extend Children's Health Insurance Program (CHIP) eligibility to women for 12 months after giving birth and includes incentives aimed at inducing non-Medicaid expansion states to expand their Medicaid programs. It also temporarily increases individual marketplace tax credit subsidies to reduce the costs of marketplace coverage. And the legislation directs the U.S. Centers for Medicare & Medicaid Services (CMS) to recalculate annual disproportionate share hospital (DSH) allotments for any year in which the temporary COVID-19 federal medical assistance percentage (FMAP) increase applies to ensure states receive the full DSH amounts.

Other provisions in the legislation include: requirements that Medicaid and CHIP cover COVID-19 vaccines and treatment without cost-sharing; allocation of \$3.5 billion to mental health and substance use disorder block grants; funding to support the public health workforce; \$250 million for states to establish strike teams to help skilled nursing facilities (SNFs) experiencing COVID-19 outbreaks; \$200 million to support infection prevention efforts in SNFs; reinstatement of mandatory paid family and medical leave provisions included in the Families First Coronavirus Response Act; and, modifications to affiliation rules under the Paycheck Protection Program (PPP).

It is expected that the Senate will move quickly to pass an amended version of the legislation and send it back to the House for a final vote.



## Remembering Virginia Senator Ben Chafin



We are heartbroken to learn of the passing of Senator Ben Chafin (R-Russell County) from complications related to COVID-19 on New Year's Day. We join Senator Chafin's family, friends, and scores of Virginians — particularly those in Southwest — in mourning this loss and celebrating his life.

A staunch health care advocate and member of the Senate Education & Health Committee, Senator Chafin received VHHA's HosPAC Healthcare Hero award multiple times. His support for Medicaid expansion in 2018 will be a lasting legacy, as the program recently reached 500,000 new enrollees. Senator Chafin's dedication to rural communities and Southwest Virginia will be missed.



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## **In the Year Since Virginia's First Confirmed COVID-19 Case, a Look Back at All the Contributions Made by Hospitals**

VHHA Communications

*In the Past Year, Virginia Hospitals Have Treated and Discharged More Than 47,500 COVID-19 Patients, Added Nearly 3,700 Beds to Increase Treatment Capacity, Administered More Than 930,000 Vaccine Doses, and Continued to Provide Essential Care to all Virginians in Need*

In the year since Virginia reported its first confirmed case of COVID-19 at a U.S. Army base in Northern Virginia, hospitals and health systems across the Commonwealth have been on the frontlines treating patients while working with partners in local, state, and federal government, as well as other stakeholders, to combat this potentially deadly virus and protect public health. The past year has been unlike anything we've encountered in recent memory – one filled with disruption to everyday life, economic upheaval, and many other challenges people have had to adapt to. Through it all, Virginia hospitals have been a steadying presence in our communities, providing life-saving care, critical health information to the public, and more recently supporting statewide vaccination efforts. Since the start of the pandemic, Virginia hospitals have:

- Treated and discharged more than 47,500 patients who contracted COVID-19 and required hospital care;
- Added nearly 3,700 beds to increase patient treatment capacity;
- Pursued effective strategies to boost testing and address shortages;
- Supported efforts to increase overall ventilator capacity in Virginia;
- Administered more than 930,000 doses of COVID-19 vaccine to Virginians;
- Served as a national leader in the use of new treatments and therapeutics such as remdesivir and monoclonal antibodies;
- Adapted staffing models and developed innovative solutions to expand the health care workforce to serve patients; and
- Endured combined revenue losses exceeding \$1.8 billion, partly due to a temporary halt on non-emergency scheduled procedures, and sharp declines in inpatient and emergency department volumes due to stay-at-home directives.

"The last year has tested hospitals and providers like never before," said Carilion Clinic Chief Operating Officer Steve Arner, the Chairman of VHHA's Board of Directors. "It's been incredible to witness the resiliency, passion and dedication of the health care workforce driving care delivery across Virginia. While we wouldn't wish to be in this situation, we appreciate that Virginia has a structurally-sound health care delivery system. We are fortunate to work alongside thousands of talented clinicians and health care workers whose dedication to patients is unparalleled." Added VHHA President and CEO Sean T. Connaughton: "Throughout these difficult times, the Commonwealth has weathered the storm through collaboration between government partners and stakeholders across the health care continuum. Despite being twelfth in overall population among states, Virginia has the sixth lowest COVID-19 infection rate in the U.S., the ninth lowest rate of cases, the fourteenth lowest death rate, and is thirteenth among states in percentage of vaccine doses administered. These statistics speak to the effectiveness of Virginia's pandemic response, which hospitals have supported every step of the way." During the early days of the pandemic, Virginia hospitals encountered challenges related to testing availability and adequacy. Facing shortages of testing equipment and concerns about coronavirus transmissibility, several hospitals established drive-through testing sites, while others developed their own testing processes to enhance testing access. Hospitals rapidly moved to increase treatment capacity by fast-tracking expansion projects, adding hospital beds, establishing field hospitals, and retrofitting or converting existing spaces to accommodate patient treatment needs. The interruption of traditional supply chains in the pandemic's early days also required hospitals to find new sources for acquiring personal protective equipment (PPE) then in short supply, and to develop innovative strategies to disinfect PPE for reuse. In the ensuing year, hospitals have implemented new safety protocols, increased the use of telehealth consultations to comply with social distancing standards while meeting patient care needs, incorporated new COVID-19 therapeutics (remdesivir, monoclonal antibodies) into patient treatment regimens, and since December 2020 have helped lead the way on vaccinations in Virginia.



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## Virginia Medicaid Updates to Coverage of High-Throughput COVID-19 Testing

In Virginia Medicaid Memorandum dated February 8, 2021 to Providers and Managed Care Organizations participating in the Virginia Medicaid and FAMIS Program, the Department of Medical Assistance Services (DMAS) informed providers that DMAS fee-for-service (FFS) and all contracted managed care plans will: 1) retroactively cover two high-throughput testing codes to no later than April 14, 2020 and, 2) add coverage of one COVID-19 high throughput testing add-on code and simultaneously update reimbursement for the aforementioned two high-throughput testing codes effective no later than February 1, 2021.

### Retroactive coverage of U0003 and U0004

The Virginia Medicaid Memorandum dated November 5, 2020 “Coverage of COVID-19 Laboratory Tests” previously announced coverage of two high-throughput COVID-19 testing codes – U0003 and U0004 – effective November 5, 2020. U0003 and U0004 provide reimbursement for Clinical Diagnostic Laboratory Tests (CDLTs) using high throughput technology. The Virginia Medicaid Memorandum dated February 8, 2021 retroactively changed the date of coverage for U0003 and U0004 to dates of service on or after April 14, 2020 for DMAS FFS claims, and no later than April 14, 2020 for managed care plans.

### Coverage of U0005 and Update to Reimbursement Rates of U0003/U0004

Effective dates of service on and after February 1, 2021, DMAS and all contracted managed care plans will ensure coverage of a new high-throughput “add-on” code, U0005: Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within two calendar days from date and time of specimen collection. (List separately in addition to either HCPCS code U0003 or U0004.)

The introduction of U0005 is intended to ensure that the elevated reimbursement level for high-throughput technology testing compared to non-high-throughput testing is provided only if results are completed rapidly (within 2 calendar days). As explained in the [Centers for Medicare and Medicaid Services \(CMS\) COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#), providers eligible to bill for U0003 or U0004 will also be eligible to bill U0005 if they meet the following two requirements:

- They complete the COVID-19 Clinical Diagnostic Laboratory Test CDLT in two (2) calendar days or less from the date of specimen collection; and
- The majority of their COVID-19 CDLTs performed using high-throughput technology in the previous calendar month were completed in two (2) calendar days or fewer for ALL of their patients (not just Medicare or Medicaid patients).

DMAS will monitor compliance with CMS standards for U0005 laboratory billing practices as it does with all laboratory services. Laboratories must be able to demonstrate that the two aforementioned conditions have been met whenever U0005 has been billed.

The introduction of U0005 will impact reimbursement rates for U0003 and U0004. Effective for dates of service on or after February 1, 2021, DMAS FFS reimbursement for these codes will be:

- U0005: \$22.00
- U0003: \$66.00\*
- U0004: \$66.00\*

\*This reimbursement rate is a reduction from the previous reimbursement rate of \$88 for these codes. Providers that are able to meet the criteria to bill for U0005 along with U0003 or U0004 may be reimbursed a total of \$88 (i.e., the same reimbursement amount as previously set for U0003/U0004).

This information is current as of the time of this publication. Providers are encouraged to frequently review Virginia Medicaid Memos and Bulletins for up to date information. Go to Provider Services at [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov) to locate a list of Medicaid Memos and Bulletins to Providers.



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## Biden-Harris Administration Increases Medicare Payment for Life-Saving COVID-19 Vaccine

On March 15, CMS increased the Medicare payment amount for administering the COVID-19 vaccine. This new and higher payment rate will support important actions taken by providers that are designed to increase the number of vaccines they can furnish each day, including establishing new or growing existing vaccination sites, conducting patient outreach and education, and hiring additional staff. At a time when vaccine supply is growing, CMS is supporting provider efforts to expand capacity and ensure that all Americans can be vaccinated against COVID-19 as soon as possible.

Effective for COVID-19 vaccines administered on or after March 15, 2021, the national average payment rate for physicians, hospitals, pharmacies, and many other immunizers will be \$40 to administer each dose of a COVID-19 vaccine. This represents an increase from approximately \$28 to \$40 for the administration of single-dose vaccines and an increase from approximately \$45 to \$80 for the administration of COVID-19 vaccines requiring two doses. The exact payment rate for administration of each dose of a COVID-19 vaccine will depend on the type of entity that furnishes the service and will be geographically adjusted based on where the service is furnished. These updates to the Medicare payment rate for COVID-19 vaccine administration reflect new information about the costs involved in administering the vaccine for different types of providers and suppliers, and the additional resources necessary to ensure the vaccine is administered safely and appropriately. CMS is updating the set of toolkits for providers, states, and insurers to help the health care system swiftly administer the vaccine with these new Medicare payment rates. These resources are designed to increase the number of providers that can administer the vaccine, ensure adequate payment for administering the vaccine to Medicare beneficiaries, and make it clear that no beneficiary, whether covered by private insurance, Medicare, or Medicaid, should pay cost-sharing for the administration of the COVID-19 vaccine.

### Coverage of COVID-19 Vaccines:

As a condition of receiving free COVID-19 vaccines from the federal government, vaccine providers are prohibited from charging patients any amount for administration of the vaccine. To ensure broad and consistent coverage across programs and payers, the toolkits have specific information for several programs, including:

**Medicare:** Beneficiaries with Medicare pay nothing for COVID-19 vaccines and there is no applicable copayment, coinsurance, or deductible.

**Medicare Advantage (MA):** For calendar years 2020 and 2021, Medicare will pay providers directly for the COVID-19 vaccine (if they do not receive it for free) and its administration for beneficiaries enrolled in MA plans. MA plans are not responsible for paying providers to administer the vaccine to MA enrollees during this time. Like beneficiaries in Original Medicare, Medicare Advantage enrollees also pay no cost-sharing for COVID-19 vaccines.

**Medicaid:** State Medicaid and Children's Health Insurance Program agencies must provide vaccine administration with no cost sharing for nearly all beneficiaries during the Public Health Emergency (PHE) and at least one year after it ends. Through the American Rescue Plan Act signed by President Biden on March 11, 2021, the COVID vaccine administration will be fully federally funded. The law also provides an expansion of individuals eligible for vaccine administration coverage. There will be more information provided in upcoming updates to the Medicaid [toolkit](#).

**Private Plans:** CMS, along with the Departments of Labor and Treasury, is requiring that most private health plans and issuers cover the COVID-19 vaccine and its administration, both in-network and out-of-network, with no cost sharing during the PHE. Current regulations provide that out-of-network rates must be reasonable, as compared to prevailing market rates, and reference the Medicare reimbursement rates as a potential guideline for insurance companies. In light of CMS's increased Medicare payment rates, CMS will expect commercial carriers to continue to ensure that their rates are reasonable in comparison to prevailing market rates.

**Uninsured:** For individuals who are uninsured, providers may submit claims for reimbursement for administering the COVID-19 vaccine to individuals without insurance through the Provider Relief Fund, administered by the Health Resources and Services Administration (HRSA).

- [Medicare COVID-19 Vaccine Shot Payment webpage](#): Payment for COVID-19 vaccine administration, including a list of billing codes, payment allowances, and effective dates
- [CDC COVID-19 Vaccination Program Provider Requirements and Support webpage](#): How the COVID-19 vaccine is provided at 100% no cost to recipients
- [HRSA COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured webpage](#)





## Monitoring for Hospital Price Transparency Palmetto GBA

Hospital Price Transparency requirements went into effect January 1, 2021. CMS plans to audit a sample of hospitals for compliance starting in January, in addition to investigating [complaints that are submitted to CMS](#) and reviewing analyses of non-compliance, and hospitals may face civil monetary penalties for noncompliance.

Has your institution prepared to comply with the requirements of the [Hospital Price Transparency Final Rule](#)? Effective January 1, 2021, each hospital operating in the United States is required to provide publicly accessible standard charge information online about the items and services they provide in 2 ways:

- Comprehensive machine-readable file with all items and services
- Display of 300 shoppable services in a consumer-friendly format

In the final rule, CMS outlined a monitoring and enforcement plan to ensure compliance with the requirements. We finalized a policy that CMS monitoring activities may include, but would not be limited to, the following, as appropriate:

- Evaluation of complaints made by individuals or entities to CMS
- Review of individuals' or entities' analysis of noncompliance
- Audit of hospital websites

If we conclude a hospital is noncompliant with one or more of the requirements to make public standard charges, we may take any of the following actions, which generally, but not necessarily, will occur in the following order:

- Provide a written warning notice to the hospital of the specific violation(s)
- Request a Corrective Action Plan (CAP) if noncompliance constitutes a material violation of one or more requirements
- Impose a civil monetary penalty not in excess of \$300 per day and publicize the penalty on a CMS website if the hospital fails to respond to our request to submit a CAP or comply with the requirements of a CAP

For more information, see 45 CFR part 180 Subpart C- Monitoring and Penalties for Noncompliance. Visit the [Hospital Price Transparency website](#) at for additional information and resources to help hospitals prepare for compliance, including:

- [FAQs \(PDF\)](#)
- [8 Steps to a Machine-Readable File \(PDF\)](#)
- [10 Steps to a Consumer-Friendly Display \(PDF\)](#)
- [Quick Reference Checklists \(PDF\)](#)

**Did you know..?** Provider Outreach and Education Advisory Groups (POE-AGs) have been established as forums for Palmetto GBA to solicit input and feedback from the provider communities on various topics such as provider education materials; tentative dates and locations for education workshops or events; and particular topics of interest or concern. POE-AG members provide feedback to Palmetto GBA regarding provider education and training topics, as well as dissemination avenues and types and/or locations for educational forums.

If you are interested in learning more about this group or would like to nominate someone for this group, go to [Palmetto GBA's website](#) and submit a completed Provider Outreach and Education Advisory Group (POE-AG) Membership Request today!



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## 2020 AAHAM Bill Spare National Recognition Award

The Bill Spare National AAHAM Recognition Award is presented to a National AAHAM member to acknowledge and honor significant, commendable and long-standing contributions to the AAHAM organization.

The award is named in honor of Bill Spare, CRCE, who served as the National AAHAM President from 1996-1998. Bill demonstrated integrity and leadership in every role he served within the organization and provided support and encouragement for so many of its members.

This year's recipient of the Bill Spare Award walks in that same path. **The Virginia Chapter would like to share our profound congratulations to the 2020 AAHAM Bill Spare National Award winner, Leanna Marshall, CRCE!**

Leanna Marshall has impacted the lives of so many during her 30+ years of service to AAHAM. She has served in many leadership roles within the Virginia Chapter, including President. Even after her retirement, she remains active in the Chapter, continuing to give of her time to promote Certification because it is truly her passion to watch people grow. As the nomination below states, Leanna is an AAHAM Treasure!



Leanna Marshall, CRCE Bill Spare Award Winner

*"I have had the pleasure of knowing Leanna Marshall for the past twenty-five years of my career. When I met her, Leanna was already a long-standing member of the Virginia Chapter and was already working with those seeking certifications. Though she has been officially retired for many years, she still continues to work tirelessly in the Virginia Chapter to promote certification at all levels and continues to give testimonials at meetings to demonstrate what certification can do for professional advancement. She has helped many in our chapter rise up through the ranks at their hospitals by encouraging them to remain active in AAHAM and continue their certification journey. Leanna continues to serve as a mentor to many of us in the chapter. As I face retirement in the coming years, I can only hope that I will be as giving of my time to my profession. I cannot think of a more fitting recipient of this award.*

*Leanna has been devoted to the promotion of the AAHAM organization and demonstrated tireless leadership in showing others the benefits of certification. Even now, many years into retirement, she still remains a very active member of the Virginia chapter and still gives her all towards promoting certification. It has been an honor to be a member of the Virginia Chapter alongside her as she served as every Board position, including President. But her true passion has been certification and for that, we owe her our thanks and respect for keeping the fire for professional development alive in Virginia AAHAM. Thank you for the opportunity to nominate this AAHAM treasure."*



## **Awarding Excellence**

The Virginia AAHAM Chapter was nationally recognized during the first ever Virtual AAHAM Holiday Awards Showcase in December. In addition to the aforementioned Bill Spare National Recognition Award winner, Leanna Marshall, CRCE, the Virginia AAHAM Chapter won two Leslie A. Hampel Awards: Most New Certified Compliance Technician (CCT) Members and Tied with winners for the Most New Certified Revenue Integrity Professional (CRIP) Members. The Virginia AAHAM Chapter also received a Chapter Milestone Award for a Chapter with 200 Members!

## **Woodrow Samuel Annual Scholarship Winner**

Congratulations to 2020 Woodrow Samuel Scholarship Award Winner, Cecilie Elliot, Daughter of Stephanie Elliott, CRCS!

To be eligible for this annual scholarship award, you must be a Virginia AAHAM member employed full time in a healthcare related field or a child of a Virginia AAHAM member enrolled in an accredited college or school. For more information on how to apply and to obtain a copy of the scholarship application, logon to the Members Only page of the Virginia AAHAM chapter website.



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## **Out of Chaos... Calm What The Revenue Cycle Management (RCM), Can Do TO Help!**

**Rob Borchert, S.M.E., MBA, CRCE, FHFMA**  
**Principal, Federal Advisory Partners**  
**rob@bpa-consulting.com**



**W**hat has happened and how can we help? We all have experienced horrible events in both the political and in the healthcare worlds. Each of these horrible events have involved chaos and death. In these events, we have seen both good and bad, confusion and straight-thinking, action and inaction. No matter who we are or how old or young we are, the happenings in our world today will affect us the rest of our lives. It is critical that we look in the mirror and ask ourselves “who am I and what effect can I have on the current situation?” The “current situation” is where you are today.

The “current situation” is where you are every day. Yes, you can affect your “current situation” no matter where you are or who you are. Now that may sound like “pie in the sky” but it really isn’t if you are serious about making a change for the better. The future depends on us, actually the future depends on us every day! You and I are very important people in today’s world. We are all in the healthcare industry and therefore we should care about the health of others. We may not look at ourselves as being part of the clinical area of healthcare, but we can certainly affect the people in the clinical areas of our facility, and other facilities.

It does not matter if you are in the patient access department, the health information management department, the patient financial department or any other department associated with the revenue cycle processes (nonclinical), you can make an impact and bring some peace to a chaotic environment. The first thing that we must do is to recognize we may also be in a chaotic environment ourselves, regarding the revenue cycle processes that are under stress both operationally and financially. We must also recognize that in this chaotic environment at work, we may also have a chaotic situation at home. Our personal lives may be under stress and we need to relieve some tension for our own mental health.

If we recognize the “current situation” that we are in personally, we should also seriously think about the “current situation” that members of our clinical team are under. We may struggle with getting the right information at registration or trying to code an incomplete chart or deal with denials while trying to collect as much money as possible, but we are not dealing with severe pain, struggle and death. We may hear about this through the internal channels of communication, but we are not in that “current situation.” We may even know and/or have friends in the clinical environment, but we are not experiencing the pain, struggle and death of people. In fact, we may be the one trying to collect debt after someone’s death. Have you ever thought about that?

Now, I am not a clinical psychologist or someone with any real medical background, but I am familiar with stress and chaos. I have been in the revenue cycle environment for forty years and I have been in many different environments throughout my career, but I have never had to “live with death” on a daily basis in the healthcare world. We, in the revenue cycle management arena have our own levels of stress but none like the clinical people in



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## Out of Chaos... Calm. What The Revenue Cycle Management (RCM), Can Do TO Help!

Rob Borchert, S.M.E., MBA, CRCE, FHFMA

our own facility or within our community. By now, hopefully, most of us may have received the vaccine shot (or maybe two) and, although still masked and/or distanced, feel somewhat more comfortable in doing our work. However, our clinical brothers and sisters, even if vaccinated, are still dealing with the disease and its sickly and deadly outcomes. What can we do to help?

First, we can't help if our own environment, "current situation", is not giving us a sense of safety. If we have a sense of safety, we, as a revenue cycle team, can design, develop and implement things that can relieve some of the stress and chaos. As I said, I have been around a long time and have done many different things to relieve stress and provide some smiles and laughter during chaotic times. For people in the revenue cycle areas, we could have moments of enjoyment by:

Creating your own lottery system for all areas of revenue cycle or each area of revenue cycle. The lottery system can simply have everyone put \$5 into the pot and pick a weekly winner for a \$25 gift card. Post the winners and have them share their story before each weekly pick.

Create a game of bingo and buy bingo cards for distribution. Call about three bingo numbers each week (or twice a week) until you get a winner. Each card costs \$5 and the winners gets either a monetary prize or a gift card.

Create a "story of the week" prize with people writing a short story and posting them on a bulletin board anonymously. Have staff read them and then vote on the best one. The winner could receive a trophy or plaque to proudly display at their desk or their private space.

Have a weekly (or two weeks or monthly) recipe and cook off contest. Have members write up the recipe and cook up the "food" for the contest. Staff vote and then pick a winner. All recipes can be kept and collated into a cookbook for people to buy. Either internally among all hospital staff or even have it available in the gift shop, design a prize for the winner!

Have a "friendly" winner prize each week. This involves everyone being aware of voting on the friendliest person in the department. This could mean having one for each area of the revenue cycle. Measuring the friendliest criteria can be things like saying hello to many people, asking about their family, smiling at people who come into the department, taking care of some business processes with a smile or laugh, sharing jokes, making other people laugh in any area of the facility, etc. There are many ways for measurement but what it comes down to is people putting a name in a jar (for example) and then the names being tallied for the "most friendly" person with a weekly prize of some sort.

Have a crazy hat or ugly sweater contest, have a charity drive for a needy cause, be open to ideas from staff for departmental and interdepartmental fun ideas.



# The Virginia AAHAM Insider

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

Out of Chaos... Calm. What The Revenue Cycle Management (RCM), Can Do TO Help!

Rob Borchert, S.M.E., MBA, CRCE, FHFMA

Now in the clinical areas, we might be able to do as many distracting things, but I know we can come up with some things that can help relieve the stress and make some people laugh. Depending on your “current situation” with your clinical sites (if you are hospital based or physician office based or clinic based, etc.), you can potentially monitor their activities as far as patients and patient activities. You know how many patients came through the Emergency Room per day/week, you know how many patients are in intensive care or recovery or medical/surgical beds, etc., you potentially know the level of care and support provided by nursing, anesthesia, radiology, laboratory, medical supplies, etc. If you don’t, this is a great way to learn more about the many clinical areas that care for the human beings that live in your geographic area. I don’t want to forget the physicians either, but we tend to recognize them more than the clinical support they receive in caring for patients. It may sound like a big job to do something for the clinical areas, but it certainly is a way to help. Of course, before there is any real intervention between you and the clinical areas, management needs to be aware of your intentions and, in some cases, give their permission.

So, we have seen clinical areas recognized by the public on our local television stations and that is wonderful. They have brought meals to them and sang for them and sent them thank you cards. What have we done? What can we do?

Yes, we can send them thank you cards and even bring them meals, but what else? Do you have a storyboard area in your facility? Many storyboards are located outside of the cafeteria so that both staff and the public can see some of the things happening around the hospital. You could use that and post the stats associated with a department but also recognize a department of the week or month for their caring for patients. You may not be able to give them a gift card, but maybe you could send them a fruit basket or pizzas or even a plaque with spacing for multiple departments (future awards). Think of a public recognition for their service. This may be more than just a department; it can also be by nursing floor/unit for a more personal recognition. There is nothing saying you can’t bring the department/unit some hot meals, snacks, homemade cookies, boxes of candy, etc. But public recognition and a plaque or sign that all members of the department/unit can see no matter what shift they are on, is a caring act. We always need to look for things that uplift the spirit of someone or some area within our healthcare processes that has meaning and that people can talk about.

Now, I know you have many more ideas! Be creative, be generous, be caring and definitely be part of a movement that can make things happen. Change the typical environment of both business and clinical areas of a healthcare facility to one of smiling, caring people, aware of each other’s role and treat each other with respect and dignity. This is what we, the Revenue Cycle Management people, can do to help!



# The Virginia AAHAM Insider

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

## CALLING ALL HEROES!

JOIN THE FIGHT AGAINST COVID-19 BY RETURNING TO HEALTH CARE

Virginia Governor Northam has waived the continuing education requirements and reinstatement fees for health care professionals whose licenses recently expired. With COVID-19 hospitalizations rising, hospitals and health care facilities are working hard to continue providing quality, necessary health care for patients. Now more than ever, trained providers are needed to return to the health care workforce.

**Hospitals, health systems, long-term care facilities, and other health care providers are seeking to hire YOU on a full-time, part-time, or PRN (as needed) basis in a variety of roles. Your invaluable skills are needed immediately!**

If you are interested in returning to health care work, it's easy to sign up by using [this form](#) on the Virginia Hospital & Healthcare Association (VHHA) website. Your information will be shared with employers in your area and you will be contacted about any available openings.

When submitting your information, you can be specific about the health care roles you are interested in, and the regions of the Commonwealth where you are willing to work. Travel costs and accommodations may be available if you are willing to work outside your area.



# The Virginia AAHAM Insider

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

## Upcoming Events



**There will be no Spring Conference in Charlottesville, VA this year.  
Please join us for virtual events plus continuing education sessions!**

### **Virginia AAHAM**

March 31 The Future of the Healthcare Workforce in the Intelligence Age: Speaker Bradley Gallaher, Executive Director at Olive Join us and earn 2 AAHAM CEUs!

May 15 Jeopardy: Join us for a lunch and learn event and earn 2 AAHAM CEUs!

June 22-24 The 2021 AAHAM Virtual Legislative Day The Virginia Chapter supports National AAHAM Legislative Day. Registration is now open! Earn up to 12 AAHAM CEUs!

### **Upcoming Certification Exam Dates and Registration Deadlines**

April 15 Registration Deadline for July 2021 Exam Period

July 19-30 July 2021 Exams

August 16 Registration Deadline for November 2021 Exam Period

November 8-19 November 2021 Exams







# The Virginia AAHAM Insider

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

**NEW!**

**Check out the VA AAHAM Job Board!**

## **VIRGINIA HEALTHCARE EMPLOYERS!**

**Are you looking for great candidates to fill positions in your revenue cycle?**

Let us help by connecting you to our very qualified VA Chapter Members, many of which are certified and excellent team players ready to bring value to your company! VA AAHAM Membership now has access to exclusive Job Opportunities posted on our new Job Board. If you're not already taking advantage of our **Members Only** content, register today!

**HOW DOES IT WORK?** Just send the job title, job summary, and link to the job posting on your career page to [HERE](#), and we will get your new opening posted to our Members Only section!

## **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 2021. Newsletters are published quarterly. Don't miss your chance to be read, recognized, and rewarded for your writing talent! *Submission deadline for the Summer Newsletter is June 15, 2021.*

### **Now Seeking: Publication Committee Members**

We are seeking creative individuals to join our Publication Committee!

Submit articles for a chance to win or, express interest in participating on the Publication Committee [HERE](#).



# The Virginia AAHAM Insider

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

## Recently Certified in Virginia

VA AAHAM would like to congratulate those who earned the following designations in November-January! Congratulations to:

### **Certified Revenue Cycle Specialist**

Asil Al-Hadidi, CRCS

Jodi Bailey, CRCS

Karen Barnhart, CRCS

Valerie Brown, CRCS

Brenda Castellon, CRCS

Kelli Cefalu, CRCS

Silas Eyi-Mensah, CRCS

Claudia Galiatsos, CRCS

Ana Garay, CRCS

Terizian Ghourghy, CRCS

Ashley Godwin, CRCS

Michael Gozdieski, CRCS

Lori Grimm, CRCS

Danni Lovelace, CRCS

Michelle Maxwell, CRCS

Stephanie Mayhew, CRCS

Alma Naguit, CRCS

Jacqueline Peery, CRCS

Ariel Perez-Mejia, CRCS

Katherine Putnam, CRCS

Logan Rexrode, CRCS

Katherine Rivera, CRCS

William Roberts, CRCS

Sullen Rovder, CRCS

Elizabeth Tabron, CRCS

Lindsey Thomas, CRCS

Leslie Thurston, CRCS

### **Certified Revenue Cycle Professional**

Ashley Johnson, CRCP

### **Certified Revenue Integrity Professional**

Grace Fisher, CRIP

### **Certified Compliance Technician**

Ashleigh Burnette, CCT

Kelli Cefalu, CCT

Kristen Hebb, CCT

Carla Sensabaugh, CCT



## 2021 Career Goal: Invest in Yourself... Get Certified!

**What better career goal is there than to become certified in your field of expertise? It's time to reward yourself with a designation that supports your commitment to excellence. Certification is an investment in your personal growth and your professional future! Already hold a certification? Check out all of the AAHAM certification options available!**

- CCT – Certified Compliance Technician – intended for revenue cycle staff who must meet their employers' annual compliance training requirements. The exam covers such topics as Fraud and Abuse, the U.S. Sentencing Guidelines, HIPAA, Administrative Sanctions.
- CRIP – Certified Revenue Integrity Professional – intended revenue cycle industry staff to help ensure that facilities effectively manager their charge master, and bill and document appropriately for all services rendered to a patient.
- CRCS – Certified Revenue Cycle Specialist – intended for revenue cycle staff with responsibilities in patient access, billing, account resolution, denial management, collections, cash posting, customer service, and self-pay collections. The exam focuses on areas of registration, billing and credit and collections.
- CRCP – Certified Revenue Cycle Professional – intended for supervisor and managers or anyone aspiring to a leadership position in revenue cycle management. The exam focuses on registration, billing, credit and collections and revenue cycle management.
- CRCE – Certified Revenue Cycle Executive – intended for senior and executive leaders or anyone aspiring to a position in that field. The exam focuses on the same categories as the CRCP, but is more complex. The CRCE is the highest level certification that is offered by AAHAM.

**FREE STUDY GUIDE**

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, or wish to request individual study sessions, contact Leanna Marshall for additional information.

**Leanna Marshall, CRCE-I**

Phone: (434) 962-8508

We hope that you will consider sitting for at least one certification exam in 2021. Please reach out today to let us help you reach your career aspirations!



## 2021 Career Goal: Invest in Yourself... Get Certified!

### 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.

### 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

### Brenda Chambers Certification Scholarship Program

Once again, Virginia AAHAM has earmarked funds for the AAHAM Certification Programs. The money is to be used by Virginia AAHAM National members who wish to apply for these funds to pay for the testing fee at AAHAM and will be applied on a first come first serve basis. Once these funds run out, money won't be available until 2022. 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).

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 2021 if taking one of the Professional Exams: CRCP, CRIP or CRCE
- Be a member in good standing with Virginia AAHAM as a State Only member for 2021 if taking one of the Technical Exams: CRCS or CCT
- Be someone who is not receiving reimbursement from their employer for the exam fee
- Must register for and take exam of one of these programs in 2021: CRCS, CRCP, CRIP, CRCE, CCT. Visit [www.aaham.org](http://www.aaham.org) to view exam schedule and register
- Must reside in or be employed in the Commonwealth of Virginia
- To apply, Contact David Nicholas, Chairman of the Board VA AAHAM [HERE](#)

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!**



## 2021 VA AAHAM Membership Application

Visit our [online membership application](#) and payment options 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
- Educational seminars & workshops
- Conference presentation materials
- Membership directory
- Chapter newsletter
- Reduced fees for chapter education events
- Interaction & networking with peers
- Preparation assistance for certification tests that demonstrate your professional skills
- **NEW!** Certification Training webinar slides and recordings
- **NEW!** Job Postings board



# The Virginia AAHAM Insider

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

## Virginia AAHAM Executive Board 2021



**Chairman of the Board**  
**(Chapter of Excellence Committee)**

**David Nicholas, CRCE**  
**President, Mercury Accounts Receivables Services**  
**Office: (703) 825-8762**  
**Email: David@MercuryARS.com**



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

**Linda Patry, CRCE, Director, Patient Financial Services**  
**Mary Washington Healthcare**  
**2300 Fall Hill Ave. Suite 311 Fredericksburg, VA. 22401**  
**Office: (540) 741-1591**  
**Email: Linda.Patry@mwhc.com**



**First Vice President**  
**(Committee Chairperson: Membership & Chapter Development: Chapter Awareness)**

**Amy Beech, CRCE**  
**Augusta Health PO Box 1000, Fishersville, VA 22939**  
**Office: (540) 245-7216**  
**Email: ABeech@AugustaHealth.com**



**Second Vice President**  
**(Committee Chairperson: Education Committee; Government Relations Committee)**

**Pam Cornell, CRCE**  
**Mary Washington Healthcare**  
**Office: (540) 741-3385**  
**Email: Pam.Cornell@mwhc.com**



# The Virginia AAHAM Insider

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## Virginia AAHAM Executive Board 2021



**Secretary**  
**(Committee Chairperson: Publications Committee)**

**Natalie Hefner, CRCE**  
 Mercury Accounts Receivable Services

**Office: (571) 620-0141**

**Email: [Natalie@MercuryARS.com](mailto:Natalie@MercuryARS.com)**



**Treasurer**  
**(Committee Chairperson: Vendor Awards Committee)**

**Jeffrey Blue**  
 UVA Health System  
 4105 Lewis and Clark Drive Charlottesville, VA 22908

**Office: (434) 297-7477**

**Email: [Jrb2re@virginia.edu](mailto:Jrb2re@virginia.edu)**



**Appointed Board Member: SPONSORSHIP COMMITTEE**  
**Thomas Perrotta, Vice President of Client Relations, CCCO**

**Penn Credit**

**Office: (888) 725-1697**

**Email: [Tom.Perrotta@penncredit.com](mailto:Tom.Perrotta@penncredit.com)**



**Appointed Board Member: CERTIFICATION COMMITTEE**

**Leanna Marshall, CRCE**

**Charlottesville, VA**

**Phone: (434) 962-8508**

**Email: [ayden1@embarqmail.com](mailto:ayden1@embarqmail.com)**



# The Virginia AAHAM Insider

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

## Virginia AAHAM Executive Board 2021



**Appointed Board Member: FINANCE COMMITTEE CHAIR**

**Dushantha Chelliah**  
UVA Health System  
2212 Greenbrier Dr. Charlottesville, VA, 22901  
**Office: (434) 924-9266**  
**Email: DC5P@hscmail.mcc.virginia.edu**



**Appointed Board Member: COMMUNICATIONS CHAIR**

**Timothy Breen**  
UVA Health System  
4105 Lewis & Clark Drive Charlottesville, VA 22911  
**Office: (434) 982-6355**  
**Email: tjb8pm@virginia.edu**



**Appointed Board Member: LEGISLATIVE CHAIR**

**Austin Hale**  
Tiffany Law Firm  
**Office: (757) 597-1449**  
**Email: Austin@TiffanyLawFirm.com**



**Honorary Board Member**

**Linda McLaughlin, CRCE**  
**Office: (804) 690-7282**  
**Email: Linda.B.Mclaughlin@gmail.com**



**Honorary Board Member**

**Michael Whorley, CRCE**  
**Office: (540) 470-0020**  
**Email: Michael@Whorley.com**



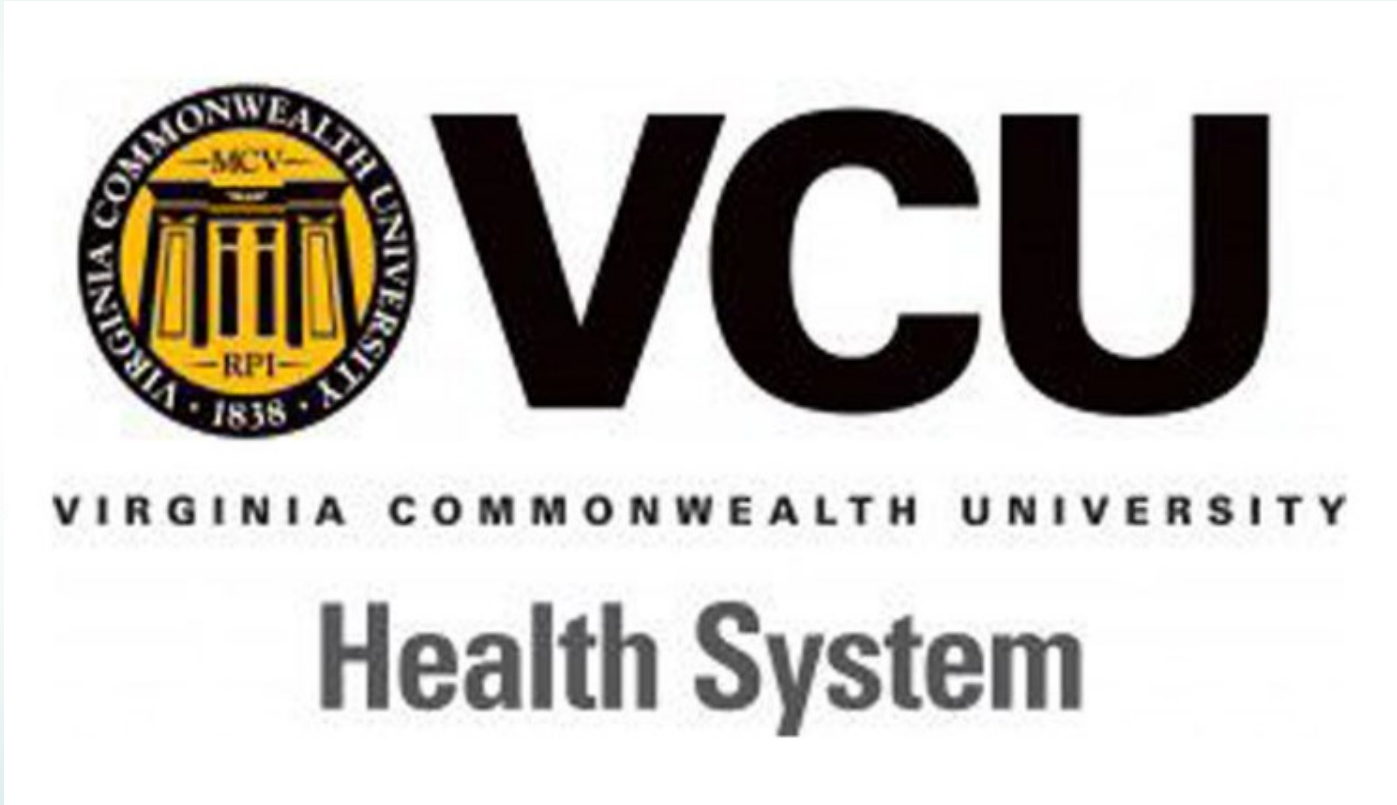


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## What is AAHAM?

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