The Virginia AAHAM Insider

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

The President's Message

Dear Virginia AAHAM Members and Friends:

"Life is about change, sometimes it's painful, sometimes it's beautiful, but most of the time it's both."
Kristin Kreuk

Change is inevitable. The Virginia Chapter of AAHAM is certainly not immune to change and we will be going through a few changes in 2020, as we begin a new two-year term for our Board of Directors. Dushantha Chelliah will move out of his 2nd Vice President spot and into the Finance Chair Position, which has been vacant for most of 2019. Pam Cornell will leave her Secretarial duties to assume the 2nd VP position. Linda Conner will hand over the reigns of the Treasurer duties to newcomer Jeff Blue, and she'll assume note taking and newsletter duties as our new incoming Secretary. Our Communications Chair, Katie Adams will pass the torch over to Tim Breen and we will welcome Austin Hale as our new Legislative Chair. We are so fortunate to have all these VA AAHAM members on board to help us as we continue to strive to be the best we can be.

During the next two years, I will be working closely with the Board of Directors and with our members to develop a succession plan for our chapter. It is critical to the success of VA AAHAM that we identify new talent and promote existing leaders to continue our legacy of being an award-winning chapter. Stay tuned, as we may be knocking on your door soon!

2019 was a fantastic year! I'd like to take a moment to thank everyone for their contributions to our chapter. We offered four conferences with varied topics focused on every facet of the Revenue Cycle. We took home a 2nd Place award in our division for Chapter Excellence, realized a 79% national member retention rate and we are the 4th largest chapter in AAHAM. Well done Team!

2020 is shaping up to be just as fabulous as 2019. Here is a snapshot of what we have planned thus far:

March – Charlottesville
3/19 Wine Tour
3/20 Spring Conference
September 25th – Fredericksburg
December 2-4 – Williamsburg

Pam Cornell and her committee are already working to add a 4th conference in either Roanoke or Virginia Beach. We'll share as soon as a location and date are confirmed.

Finally, I'd like to thank you for entrusting me to serve as your President for the next two years. I am humbled and honored to do so. If there is ever anything I can do for you, please reach out to me at Linda.Patry@mwhc.com or 540-741-1591. I look forward to seeing you in 2020!

Wishing you a wonderful holiday season and a great start to the new year.

Yours in AAHAM,
Lin
Linda M. Patry, CRCE-I
President, Virginia Chapter of AAHAM

Inside this Issue:

The Virginia Chapter of AAHAM
American Association of Healthcare Administrative Management

The Virginia AAHAM Insider

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

Platinum Sponsor

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

Virginia Hospital Advocate Newsletter

Hospital Lobby Day is Tuesday, January 14!

Plan to join your fellow hospital and health care advocates in Richmond for a day of lobbying at the Virginia State Capitol. ***Your representatives need to hear from YOU, and you do NOT need to be a policy expert!*** Just bring your real-life experiences to Richmond, and we'll brief you on the rest!

A face-to-face meeting in the first week of the 2020 General Assembly session will help remind elected officials that decisions made in Richmond have a major impact on their constituents' and community's economic success and quality of life.

Email kcannon@vhha.com for more info and to register

New Leadership in the General Assembly in 2020

The November elections resulted in a change of majority party in both the House of Delegates and the Senate of Virginia. Democrats will control the House with a 55-45 majority, and the Senate is narrowly divided under Democratic control at 21-19.

House Democrats have elected **Delegate Eileen Filler-Corn** (scroll down for Legislator Spotlight) to serve as Speaker of the House of Delegates. **Delegate Charniele Herring** (D-Alexandria) will serve as House Majority Leader and **Delegate Todd Gilbert** (R-Shenandoah) will be Minority Leader. **Delegate Luke Torian** (D-Prince William) will be the House Appropriations Chair. Additional committee chair announcements can be found on Speaker-designee Filler-Corn's website. We are still waiting to hear who will chair the House Health, Welfare & Institutions (HWI) committee.

The Senate Democratic Caucus has elected **Senator Dick Saslaw** (scroll down for Legislator Spotlight) to be the Senate Majority Leader. **Senator Louise Lucas** (D-Portsmouth) will serve as President Pro Tempore as well as Chair of the Education & Health Committee. **Senator Tommy Norment** (R-James City County) will be Minority Leader and **Senator Janet Howell** (D-Northern Fairfax County) will return to her former role as Senate Finance Committee Chair.

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

Virginia Hospital Advocate Newsletter

Congress Passes Short-Term Spending Stopgap

With much of Congress' attention focused on the public impeachment hearings, Congress recently passed another short-term continuing resolution (CR) to fund the federal government through December 20, 2019, setting up a potentially contentious pre-holiday rush to wrap up legislative business for the year.

Lawmakers remain deadlocked on many of the necessary appropriations bills that fund key government programs, and conventional wisdom is that Congress will once again pass another CR when the new deadline arrives. Because Medicare and Medicaid are considered "mandatory spending," funds for those programs are not caught up in the ongoing appropriations debate. However, conversations are occurring about tying drug pricing, surprise billing, and other health policy items into future funding legislation. If Congress does pass another CR funding the government until some point in the spring, it could set up a larger pre-election package of legislation that includes many VHHA policy priorities. Stay tuned for what could be a busy couple of months on health care policy to start the new year!

The Virginia AAHAM Insider

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

Virginia Legislative Leader Spotlight

Senator Dick Saslaw

Senate Majority Leader

D-Fairfax County

Senator Dick Saslaw was elected to the House of Delegates in 1975 and to the Senate of Virginia in 1979. He has been the leader of the Virginia Senate Democrats since 1998, and was recently elected by his peers to serve as Majority Leader in 2020. Senator Saslaw has championed investments in public K-12 and higher education and fought to strengthen the social safety net. He works tirelessly to maintain Virginia's business-friendly climate and find solutions to Northern Virginia's transportation problems.

Senator Saslaw helped lead the charge to expand Medicaid for hundreds of thousands of Virginians without access to healthcare. For these efforts, he was honored in 2018 with a HosPAC Healthcare Hero Award, and continues to work hard to ensure that all Virginians have access to quality, affordable healthcare coverage.

"Hospitals are critically important to Virginia, not just for the life-saving care they provide to all Virginians 24 hours-a-day, 365 days-a-year, but also for the high-quality jobs they bring to our communities. They are the anchors of our healthcare system in every region of the Commonwealth."

~ Leader Dick Saslaw

Delegate Eileen Filler-Corn

Speaker-designee of the House

D-Fairfax

Delegate Eileen Filler-Corn was elected to the House of Delegates in 2010. Earlier this year, she became Minority Leader of the House Democratic Caucus (the first woman to serve as a House caucus leader), and just last month she was elected by her colleagues to serve as Speaker of the Virginia House of Delegates. She will be the first woman and the first Jewish person to serve in this role. Filler-Corn is a passionate advocate for public education and gun violence prevention.

In 2018, VHHA honored Delegate Filler-Corn with a HosPAC Healthcare Hero Award for her advocacy and support of Medicaid expansion.

"Local hospitals are critical to patient care across the Commonwealth, especially in areas where access to providers is limited. Our priority is to support local health providers and expand access to quality, affordable healthcare for all Virginians so that we may boost preventative care and relieve the burden on emergency rooms. That starts with protecting advances made through the Affordable Care Act and Medicaid expansion and will continue with lowering the cost of prescription drugs and addressing the opioid crisis."

~Speaker-designee Eileen Filler-Corn

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

Platinum Sponsor

VCU
VIRGINIA COMMONWEALTH UNIVERSITY
Health System

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

Legislative Updates-VHHA
Jay Andrews

VHHA is an active participant in conversations about public policy to protect and enhance the public's access to high quality health care. This engagement includes monitoring, attending, participating in, and testifying at public hearings, legislative committee meetings, policy work groups, and other forums at which health care statutory and regulatory issues are discussed and debated. In each of these settings, VHHA staff advocates on behalf of Association members in support of policies and initiatives to enhance the health care delivery system. In the past week, VHHA staff members have engaged in these meetings, events, and activities:

VHHA staff attended a joint meeting of the Virginia General Assembly's money committees for Governor Ralph Northam's presentation of his two-year budget (state fiscal years 2021 and 2022) proposal. The Governor's introduced budget will be evaluated by the legislature and ultimately approved with whatever amendments the General Assembly inserts. As it relates to health care issues, the Governor's budget includes these provisions:

- $675 million for Medicaid to address increases in forecast expenditures.

- $80.2 million for the FAMIS (Family Access to Medical Insurance Security) program to address increases in forecast expenditures and to reflect the loss of enhanced federal matching dollars as the CHIP match rate decreases from 76.5 percent to 65 percent in federal fiscal year 2021.

- $68.3 million for the Commonwealth's Medicaid Children's Health Insurance Program (CHIP) to fund the latest forecast of utilization and inflation and to address the loss of enhanced federal matching dollars due to a CHIP match rate decrease.

- $56.6 million to continue the implementation of Virginia's Behavioral Health System - System Transformation Excellence and Performance (STEP-VA) initiative by adding funds for outpatient services, veterans services, peer support services, mobile crisis teams, and a hotline.

- $49.8 million from the general fund and $15.9 million in non-general funds to fund local social service departments to hire staff and create prevention service departments in response to the federal Family First Prevention Services Act (FFPSA).

- The introduced budget also proposes an increase in the rate improvement assessment to include an additional $16 million to fund a disproportionate share hospital (DSH) incentive program for temporary detention orders (TDO) to support an incentive payment of $5,400 for hospitals using 25 percent of their potential licensed beds for Medicaid TDOs.

- The Governor proposed a 14.7 percent physician reimbursement rate increase for psychiatric services.

- The budget calls for the creation of a state-based health insurance exchange, housed at the State Corporation Commission (SCC), to develop market stabilization policies and encourage coverage enrollment. As proposed, it would be paid for by user fees on insurance plans that are now paid to the federal government for participation in the federal exchange.

- The proposed budget includes a provision to pursue the creation of a state reinsurance program to lower exchange premiums by pursing a federal 1332 waiver. As envisioned, this proposal would be funded by a tobacco tax increase of 30 cents per pack of cigarettes.

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

Legislative Updates-VHHA
Jay Andrews

VHHA staff participated in a meeting of Governor Northam's Complete Count Commission focused on ensuring all Virginians are counted in the 2020 decennial Census. Data from the Census is the basis for determining the distribution of $675 billion in federal funding to support health care, transportation, education, housing, community improvement, and employment programs, among many others.

Summary of the continuing resolution that just passed Congress:

the U.S. Senate passed a $1.4 trillion spending package to fund the federal government through FY 2020. The package, which includes several important provisions supported by hospitals and health systems, passed the House of Representatives earlier this week. Importantly, the legislation does not include harmful provisions related to surprise billing or transparency that some legislators were pushing to finalize this year. President Trump is expected to sign the legislation.

Chief among the health care provisions included in the deal is an additional delay of the Affordable Care Act's Medicaid Disproportionate Share Hospital (DSH) cuts through May 22, 2020. The legislation also extends funding for community health centers and children's graduate medical education ($340 million). It also includes the CREATES Act, which will reduce barriers to bringing generic drugs to market. As reported in the media, the spending package will repeal the ACA's so-called "cadillac tax" on health insurance plans, the medical device tax, and the tax on health insurers.

By extending the DSH cuts and other health care programs until May 22nd, Congress is setting up a potential must pass health care package late next spring. That package could include additional drug pricing proposals and surprise billing. Last week, leaders on the House Energy and Commerce (E+C) and Senate Health, Education, Labor, and Pensions (HELP) committees announced an agreement on the Lower Health Care Costs (LHCC) Act that passed HELP earlier this year. According to summaries of that deal (text has not been released), the legislation includes the median in-network rate as the benchmark for settling surprise billing disputes and most, if not all, of the troubling transparency-related provisions (e.g. bans on "all-or-nothing" clauses that will enabled insurers to cherry pick which hospitals within an integrated system they contract with) that were included in earlier versions of the bill. Additionally, the legislation includes an option for arbitration for any claim in excess of $750, a provision that was added to E+C's proposal over the summer but was not included in earlier versions of the LHCC.

Following announcement of the deal, the House Committee on Ways and Means announced the broad principles underlying a surprise billing proposal it plans to introduce in early January. That proposal would ban balance billing in the same situations as the LHCC, but would not impose a benchmark rate according to a high level summary released by the committee. Insurers and providers would negotiate their own payment rates and proceed to arbitration if an agreement can't be reached. While few details have been released about the proposal, the exclusion of the benchmark rate could muddy the waters as the debate continues in 2020. Additionally, Congressman Bobby Scott's Education and Workforce Committee has indicated that it will also take up the surprise billing issue in the new year.

The Virginia AAHAM Insider

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

Platinum Sponsor

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

One Simple Way to Engage Your Employees

Kelly Swanson

What Leaders Can Learn From Motivational Speakers

Now more than ever before, people distrust government. They distrust institutions. They distrust sales people. They distrust churches. And they distrust leadership. We don't have a retention, sales, or customer service problem. We have a trust problem. Why don't they trust you? Because you haven't earned it. How do you earn it? Show them you care. KSwanson

The Unapproachable Leader

If there is one thing I've learned as a motivational speaker, it's the power of being able to connect with a stranger in a short amount of time. I'm always amazed at how I am able to impact an employee's life in moments, in a way that leadership has been unable to do in years. I know that I'm comparing apples to oranges, but still. I believe there is something leaders can learn from motivational speakers. So what is it?

The art of being approachable.

The key to trust is connection, and the secret tool of connection is story. Sharing your story, and even more important, stepping into theirs. A moment spent listening to their story, caring about what they value, and showing them you care about what they care about, is a moment very well spent. Those added-up moments create a team that is engaged and works harder for you.

Make Approachability a To-Do Not a Should-Do

As leaders, most of us already know that we need to be approachable. But somehow it never gets done. Why? Because we don't turn the Should-Do into a To-Do. So let's fix that.

I was at a conference recently where a leader shared her technique for engaging her team. It was brilliant, and something every single one of us could easily incorporate. What was so brilliant about her idea wasn't the idea itself, but that she made it a weekly task and stayed committed to it.

The Mingle Hour

Sarah is in charge of managing a large team of volunteers at her hospital. Keeping them motivated is especially important to her because it's hard to get volunteers, and they aren't being paid. She knows that connection is key, and that it can't be left to chance.

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

One Simple Way to Engage Your Employees
Kelly Swanson

Every week, Sarah schedules what she calls a Mingle Hour. During this hour, she puts all other responsibilities aside and simply walks the halls chatting with the volunteers. No agenda. No "while I'm here let's make sure you're doing this" conversation. The goal is purely social. The goal is to notice them, to ask about their families, to show them the picture of her new dog. Sarah never misses one scheduled Mingle Hour. Period.

Sarah told me that when she first started the Mingle Hour, it really felt like a chore and a waste of time. She was so tempted to put it off, but she stuck to it. And after a while, it went from a chore, to her favorite part of the week. The volunteers have become her second family. They ask about her kids, and even show up at their soccer games. She thought she was doing something for her team, but it turned out that they were doing more for her.

That's connection.

That's how you get more out of your people – by showing them you care.

I believe that every single one of us can incorporate this simple concept into our business and into our life. Imagine if you dedicated one hour a week to simply showing someone that you care?

Small Change. Big Impact.

Make today the day you turn Connection from a Should-Do into a To-Do. You'll be glad you did. And so will your team.

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

Platinum Sponsor

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

How do you handle 'Primary Care First Model' (SIP) transactions? (Part Two)

Rob Borchert

The Center for Medicare and Medicaid (CMS) is continually modelling various types of plans and programs in striving to minimize their payouts but at the same time expressing the 'quality of care' agenda. We have seen many changes since the first major change of Resource-Based Relative Value Scale (RBRVS) back in 1992. Over the past 17 years, CMS has collected a vast database of information regarding the treatment of patients with both various diseases and specific diseases. Treatment patterns, associated tests and procedures, timelines for treatment and prognosis stability, etc. have provided both CMS and numerous health insurance companies to not only fine tune the data but more importantly align the data (both diagnosis and practice patterns) with various reimbursement strategies. There have been reductions in the relative value units (RVUs) as well as combinations of procedures with one price. We have seen Ambulatory Patient Groups (APGs) and Ambulatory Patient Classification (APCs) developed and implemented to further strive to reduce payments for physician services. The "experiments" and strategies continue.

In 2017, Comprehensive Primary Care Plus (CPC+) was initiated in 14 regions of our country involving 53 payers and 2,891 physician practices. CPC+ is a regionally-based, multi-payer care delivery and payment model that includes two separate tracks. Depending on their care delivery and health information technology (IT) capabilities, practice may apply to either Track 1 or Track 2 of the CPC+ program. Track 1 is intended for practices that have the health IT and other basic infrastructure necessary to deliver comprehensive primary care. Track 2 is intended for practices proficient in comprehensive primary care that are prepared to increase the depth, breadth, and scope of medical care delivered to their patients, particularly those with complex needs. Members of the CPC+ program are paid on a 'per beneficiary per month' (PBPM) system known as a "Care Management Fee: (CMF). For Track 1, the average PBPM is $15; for Track 2, the average PBPM is $28. These payments for these tracks is broken down into 'tiers' and the tiers consist of diagnosis from the develop 'Hierarchical Condition Category' (HCC). Each tier is part of the quartiles associated with the HCC; the first quartile pays the lowest rate PBPM and the fourth tier pays the highest. This program continues and offers practices the ability to assess their operations and professional care standards as reflected in their own data submitted to CMS. With all of this data collected over the last couple of years, CMS is offering a set of new models that can further challenge practice behavior. For patient accounting, it becomes an area for new strategies to take place in properly and compliantly billing and collecting for services as well as maintaining the quality patient care associated with both the simpler and more complex diagnostic conditions. Thus, we move into the Primary Care First Model options.

In the last issue, we presented the Primary Care First Model that addresses the needs of patients who need a seamless continuum of care and accommodates a continuum of interested providers. This payment option (and the seriously ill patient (SIP) option) tests whether delivery of advanced primary care can reduce the total cost of care. The distinction between the Primary Care First Model and the Primary Care SIP model is best expressed by describing the type of patient that would be involved with a physician who typically provide hospice or palliative care services, take responsibility for high need, seriously ill Medicare beneficiaries who currently lack a primary care provider and/or effective care coordination. The typical SIP patient is one who has End state chronic obstructive pulmonary disease (COPD), Congestive heart failure (CHF), and Osteoarthritis and

- Sees multiple different specialists seeking care to address his/her symptoms

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

How do you handle 'Primary Care First Model' (SIP) transactions? (Part Two)

Rob Borchert

- Has recurrent emergency department visits (5 this year) and hospitalizations (3 in the past 6 months)
- Is unable to get timely appointments with a primary care provider or pulmonologist
- Has confusion regarding what to do, or which clinician to call when symptoms arise
- Has no developed care plan (i.e. has not identified goals, care preferences, or a healthcare proxy)?
- Walks with a cane and uses stairs to get to the second-floor bedroom, and
- Has a cupboard filled with multiple pill bottles and inhalers, some of which are duplicative or expired.

As you can see, this type of patient is becoming more common is our healthcare system since the population is getting older and living longer. These patients also have higher healthcare costs due to the aging process and, many times, have low patient satisfaction.

The goals of the SIP Model Option is very straightforward in the focus on this population:

Offer a transitional high touch, intensive intervention to help stabilize these patients; promote relief from symptoms, pain, and stress; develop a care plan, and transition to a provider who can take responsibility for their longer-term needs;

Provide participating practices with additional financial resources to proactively engage SIP patients, address their intensive care needs and help them achieve clinical stabilization and transition;

Transform high-need patient care into a replicable population health initiative that is patient-centered and supports long-term chronic care management.

You may wonder what the difference is between the 'regular' Primary Care First model and the Primary Care First SIP model regarding accessibility and care. There are definitely reimbursement differences but there are also accessibility and care distinctions. Above the 'normal' practice care guidelines for a Primary Care practice, the practice receiving SIP-identified patients must provide:

- An interdisciplinary care team that includes physician/nurse practitioner, care manager, registered nurse (RN), and social worker (optional team members include behavioral health specialist, pharmacist, community services coordinator, and chaplain)
- Comprehensive, person-centered care management ability, including ability to assess social needs of patients
- Relationships with community and medical resources and supports in the community to help address social determinants of health, medical and behavioral health issues
- Wellness and healthcare planning as part of management of SIP patients
- Family and caregiver engagement, and
- 24/7 access to a member of the care team.

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

How do you handle 'Primary Care First Model' (SIP) transactions? (Part Two)

Rob Borchert

Do these requirements hinder 'regular' Primary Care practices from participating in this new optional program with Medicare? The answer is NO as the Center for Medicare and Medicaid Services (CMS) has designed two options for medical practices to consider. The first model is recognized as the SIP-only option and consists of hospice and palliative care practitioners that can participate as a physician practice. SIP-only practices are expected to have a network of relationships with a variety of care organizations in a SIP beneficiary's community in order to help facilitate care transitions. Also, there is no minimum beneficiary requirement to be eligible to participate for SIP-only practices. However, CMS expects that SIP-only practices will facilitate transition of SIP patients to a Primary Care practice or other care provider or setting that can better meet the patient's longer-term care needs.

The option two model invites Primary Care First practices to apply to be assigned SIP patients in their service area. These practices must meet the eligibility requirements for both Primary Care First (see Part One of this article) and the Primary Care First SIP payment model options. Hospice and palliative care practitioners can participate by partnering with a participating Primary Care First practice that includes these practitioners on its practitioner roster or through an affiliated physician practice that meets the Primary Care First General requirements.

CMS appears to be very serious about the implementation of these new patient care and reimbursement models. They strongly believe that the cost of healthcare will definitely decline with these implementations. In fact, during the implementation stage of these models, CMS plans to be very active in recruiting these patients into the right Primary Care environment. Once CMS validates that beneficiaries meet claim-based SIP eligibility criteria, beneficiaries are engaged in the model through the following steps:

- CMS contacts SIP-eligible patients to solicit their interest in the model with support (e.g. via community-based organizations).
- In real time, CMS refers interested SIP-eligible patients to participating practices and helps set up an appointment.
- Participating practices seek to make contact as soon as possible with interested SIP patients (e.g. within 24 hours) but no later than 60 days, as evidenced by a Medicare claim for a face-to-face visit.
- Participating practices may also receive, on a limited case-by-case basis, referrals of SIP beneficiaries not identified by claims data.

Now what is the mystery about this model as distinct from model ONE – Primary Care First only? Aside from the various components of eligibility requirements, the SIP payment model is different. There are four (4) different payment components of the SIP model:

One time payment for first visit	$325.00
Monthly professional population-based payment	$275.00 PBPM*
Flat visit fee (geographically adjusted)	$50.52

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

How do you handle 'Primary Care First Model' (SIP) transactions? (Part Two)

Rob Borchert

Quality payment adjustment (1) +/- $50.00 PBPM**

*Per Beneficiary Per Month (minus a withhold & both geographically adjusted)

**Per Beneficiary Per Month, geographically adjusted

Quality to include a focus on successful transitions made at the earliest, most appropriate time.

The SIP Model Option monitors practice performance across multiple quality measures:

- ⇒ 24/7 Clinician Access (measures beneficiaries' perception of round-the-clock access)
- ⇒ Days at Home (measures the number of days a SIP patient remains outside of an institutional care setting
- ⇒ Patient Experience of Care Survey (periodic survey response from beneficiary to CMS)
- ⇒ Advance Care Plan (ensures that patients' wishes regarding medical treatment be established)
- ⇒ Total Per Capita Cost Measure (provides meaningful information about total Medicare Part A and Part B costs associated with delivering care.

Of course, by now, most of the physician practices have evaluated their model options and have made a selection to participate or not. The applications for participation started this past summer (2019) and have been reviewed by CMS for eligibility. The practices should have been selected and notified by now by CMS for launch in January 2020 with the reimbursement changes beginning in April 2020. The important factor here is YOUR knowledge as a 'reimbursement specialist' to be able to track these various payment models and be able to report back to senior management if there is value in the program. We must first recognize that any 'model' that enhances the overall medical care of the patient is highly valuable and beneficial to both the patient and the practice. We will not know the full outcome of these models for a year or more but we must be ready to monitor both sides of the 'see-saw'. Yes, not only will we monitor the financial aspects of these models, but we should be actively involved with the clinical and quality outcomes of the beneficiaries. This means that you will be working closely with whomever is the person(s) who monitor quality measures. These measures, especially where reimbursement is geographically adjusted and/or a plus or minus due to the result of a quality measure, the financial calculations and results are vital to the success of these models within your practice/institution.

If you need a presentation on this subject, please feel free to contact me at (315) 345 5208 or email rob@bpa-consulting.com

By Rob Borchert CRCE-I

315-345-5208

rob@bpa-consulting.com

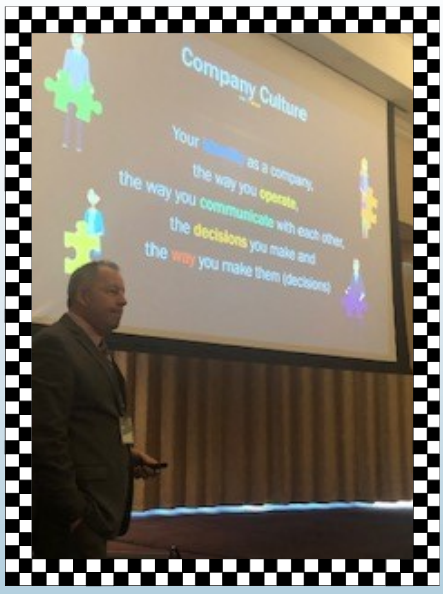
The Virginia AAHAM Insider
A Newsletter by and for the members of the Virginia Chapter of AAHAM

Platinum Sponsor

The Virginia AAHAM Insider

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

Highlights from the Winter Conference
Williamsburg, VA



The Virginia AAHAM Insider

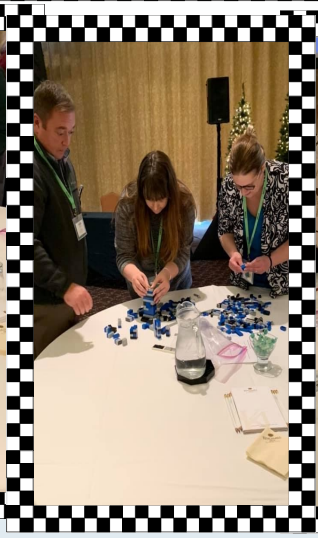
A Newsletter by and for the members of the Virginia Chapter of AAHAM

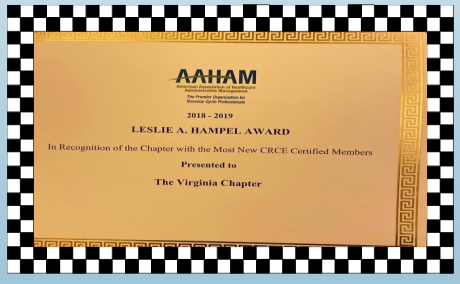
Highlights from the Winter Conference
Williamsburg, VA

The Virginia AAHAM Insider

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

Highlights from the Winter Conference
Williamsburg, VA





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

Upcoming Events

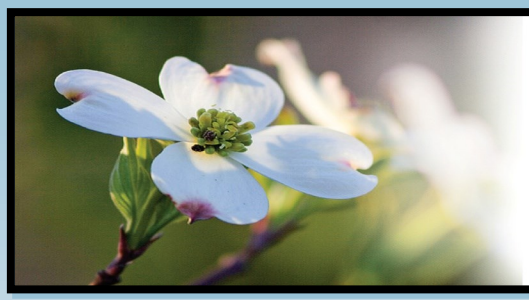
Join us for our Spring Conference and Wine Tour!

- **3/19/20– Wine Tour-Agenda to be announced**
- **3/20/20 VA AAHAM Spring Conference Charlottesville VA 1901 Emmet St Holiday Inn**

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

Virginia Certifications from our November Exams!

First Name	Last Name	Company	Certification
Lindsay	Ridder	Augusta Health	CRCS-I
Tamala	Peters	Augusta Health	CRCS-I
April	Grimm	Augusta Health	CCT
Crystal	McDilda	Augusta Healthcare	CRCS-P
Shelby	Case	Augusta Medical Group	CRCS-P
Tamara	Arthur	Augusta Medical Group	CRCS-P
Brittney	Foster	Brittney Foster	CRCS-I
Cheryl	Harbin	Chesapeake Medical Regional Center	CRCS-I
Emily	Comerford	Inova	CRCS-I
Katherine	Thompson	Inova	CRCS-P
Lacey	Williams	Inova	CRCS-I
Nhi	Lo	INOVA	CRCS-I
Semhar	Said	INOVA	CRCS-I
Charlene	Agustin	Inova Health System	CRCS-P
Debbi	Crocker	Inova Health System	CRCS-P
Ebru	Yildiz	INOVA Health System	CRCS-P
Tanya	White-Deyo	Inova Health System	CRCS-P
Eugenia Elizabeth	Ortiz	Inova Health System	CRCS-P
Ibonne	Villarroel	Inova Health System	CRCS-P
Kaliah	Coates	Inova Health system	CRCS-I
Lori	Holtzman	Inova Health System	CRCS-I
Patrick	Ferrer	Inova Health System	CRCS-I
Rene	Reyes	Inova Health System	CRCS-I
Peter	Carlson	Inova Health System	CRCP-I
Richard	Fleming	Inova Health System	CCT
Kerwyn	Phillip	Inova Health Systems	CRCS-P
Brittany	Biggs	Inova Health Systems	CRCS-I
Evelyn	Morris	Mary Washingon Healthcare	CRCS-I
Angela	Perin	Mary Washingon Healthcare	CRCP-P
Ashlea	Maclaird	Mary Washington Healthcare	CRCS-I
Amber	Clore	University of Virginia Medical Center	CRCS-I
Beth	Jenkins	University of Virginia Medical Center	CRCS-I



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

AAHAM
American Association of Healthcare Administrative Management
CELEBRATING 50 YEARS
1968 - 2018

Congratulations on achieving certification!

First Name	Last Name	Company	Certification
Jessie	Howdyshell	Augusta Health	CRCS-P
Elana	Jones	Inova	CRCS-I
Benson	Ky	Inova Health System	CCT
seun	Lim	Seun lim	CRCS-I
Zohra	Masud	Inova Health System	CRCS-P
Windy	Maynard	Chesapeake Regional Medical Center	CRCS-I
Kellie	McBride	Whitman Walker Health	CRCS-I
Jeanne	Meadows	HCA	CRIP
Jennifer	Murcia	Whitman Walker Health	CRCS-P
Deborah	Organ	University of Virginia Medical Center	CRCS-I
Irma	Ortiz	Inova Cardiac And Thoracic Surgery/inova Vascular Surgery	CRCS-P
Sai Bandita	Pani	Whitman Walker Health	CRCS-P
Morssal	Panjshiri	Inova Health System	CRCS-I
Kerwyn	Phillip	Inova Health Systems	CRCS-I
Namrata	Pradhan	Inova Health System	CRCS-I
Wayne	Soto	Inova Health System	CRCS-P
Stephan	Sutton	Inova Health System	CCT
Mindy	Truong	Inova Health System	CRCS-P
Rahmathnissa	Vadakoot	Inova Health System	CRCS-P
Michelle	Wentz	Mary Washingon Healthcare	CRCS-I
Tanya	White-Deyo	Inova Health System	CRCS-I
Ebru	Yildiz	INOVA Health System	CRCS-I

Winter Volume 53 Issue 1

The Virginia AAHAM Insider

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

Certification… why bother?

You may wonder why you should bother with obtaining your certification. After all, it's a lot of work—Let us enlighten you! Certification is an investment in your personal growth and your professional future.

Benefits of obtaining AAHAM certification:

- Professional development
- Individual enrichment
- Employer awareness
- Recognition by industry and build a network of connections in the elite group that shares your designation
- Personal challenge and satisfaction
- National recognition
- Recognition and access to the positions and promotions you seek and deserve

—AND—

An AAHAM certification demonstrates your:

Commitment—to your field and your ongoing professional development.

Expertise—you possess the knowledge to meet the industry's highest standards and the capacity to pass a rigorous certification examination.

Professionalism—your pursuit of excellence supports the quality of service in your career and in the healthcare industry.

CRCE-I & CRCE-P exams are considered to be the best indication of knowledge in our field. Set a goal or make a promise to yourself to pass the exam. It will be gratifying to prove to yourself that you can pass this difficult exam, and that your years of experience and hard work will be evident to all by the CRCE-I/CRCE-P designation after your name.

The webinars that were held on credit & collection; Patient access and Billing are out on the web site.. Also a practice test is out there and the power points from the three webinars are on the web site. You have to be a Va AAHAM member to access this information. If

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.

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

Platinum Sponsor

NCC

IT PAYS TO PARTNER

The Virginia AAHAM Insider

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

Virginia AAHAM Executive Board 2020

Chairman of the Board

(Chapter of Excellence Committee)

David Nicholas, CRCE-I

President, Mercury Accounts Receivables Services

Office - (703) 825-8762 Email— David@Mercury.ARS.com

President

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

Linda Patry, CRCE-I

Director, Patient Financial Services

Mary Washington Hospital

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

Office 540-741-1591 Linda.Patry@mwhc.com

First Vice President

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

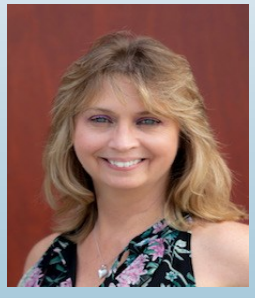
Amy Beech, CRCE-I

Patient Accounting Supervisor

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-I

Manager, Patient Accounts Billing, Follow Up, and Denials

Mary Washington Healthcare

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

The Virginia AAHAM Insider

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

Virginia AAHAM Executive Board 2020

Secretary

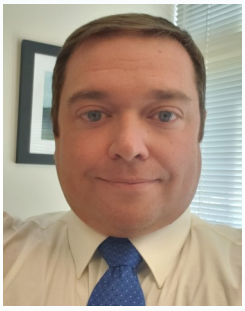
(Committee Chairperson: Publications Committee; Scholarship Committee)

Linda Connor, CRCE-I

Manager of Patient Financial Services

Sentara Halifax Regional Hospital

Office: (434) 517-3433 Email: linda.conner@halifaxregional.com



Treasurer

(Committee Chairperson: Vendor Awards Committee)

Manager, Revenue Cycle

University of Virginia Health System

4105 Lewis and Clark Drive | PO Box 800750

Charlottesville, VA 22908

434.297.7477 Jrb2re@virginia.edu

Appointed Board Member

(Committee Chairperson, Sponsorship Committee)

Thomas Perrotta

Vice President of Client Relations, CCCO

Penn Credit

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

Appointed Board Member

(Committee Chairperson: Certification Committee)

Leanna Marshall, CRCE-I

UVA Health System (Retired)

814 Montrose Avenue, Charlottesville, VA 22902

Phone—(434)293-8891 Fax—(434)977-8748

Email—ayden1@embarqmail.com

The Virginia AAHAM Insider

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

Virginia AAHAM Executive Board 2020

Appointed Board Member

(Finance Committee Chair)

Dushantha Chelliah

2212 Greenbrier Dr.

Charlottesville, VA, 22901

Office - (434)924-9266

Email- DC5P@hscmail.mcc.virginia.edu

Appointed Board Member

(Communications Chair)

Tim Breen

4105 Lewis & Clark Drive, Charlottesville, VA 22911

(434) 982 6355 tjb8pm@virginia.edu

Appointed Board Member

(Legislative Chair)

Austin Hale

Honorary Board Member

Linda McLaughlin, CRCE-I

Email– linda.b.mclaughlin@gmail.com

Honorary Board Member

Michael Worley, CRCE-I

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

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

Woodrow Samuel Scholarship

Congratulations to our 2019 recipient, Cecilie Elliott!

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.

Please submit all applications to Linda Conner by email at LWConner@Sentara.com or mail the application to Linda Conner, Manager Patient Financial Services-Patient Access, Sentara Halifax Regional Hospital, 2204 Wilborn Ave South Boston VA, 24592 no later than January 31st. Awards will be presented at the March AAHAM meeting to be held in March 2020 in Charlottesville.

The Virginia AAHAM Insider

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

2019 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

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

MEMBERSHIP RECOMMENDED BY: _____

For additional information contact Linda Patry @ 540-741-1591 or via email at: Linda.Patry@mwhc.com

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

Treasurer, Virginia AAHAM

Jeffrey Blue

Manager Revenue Cycle, UVA Health System

PO Box 800750 Charlottesville VA 22908

-OR-

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

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

Platinum Sponsor

TransUnion

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

Platinum Sponsor

RMC
Receivables Management Consultants, Inc.

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

Gold Sponsor

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

Gold Sponsor

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

Silver Sponsor

Bronze Sponsor

The Virginia AAHAM Insider

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

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 2019. Submit articles to Linda Conner at LWConner@Sentara.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**

Linda Conner, CRCE-I

Secretary

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.

I ♥ Virginia