The Virginia AAHAM Insider

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

The President's Message

"And once the storm is over, you won't remember how you made it through, how you managed to survive. You won't even be sure, whether the storm is really over. But one thing is certain. When you come out of the storm, you won't be the same person who walked in. That's what this storm's all about.

~ Haruki Murakami

My Dear Friends:

It's a beautiful sunny Friday afternoon. The birds are chirping, the squirrels are chasing each other around the back yard, and I am enjoying the show while sitting at my kitchen table. This storm we call COVID has taken its toll on all of us in one way or another. If you are anything like me, you are now a bit more appreciative of the little things. A smile, a wave, a phone call instead of a text or email are welcomed distractions from the dreary everyday news stories. Even the squirrels have become more fun to watch now. Gone are the days when we could plan a fun night out, hug friends and go to a concert. Our daily lives now include wearing a mask (hopefully one that matches your outfit), carrying hand sanitizer and maintaining six feet from others in public spaces.

And we at VA AAHAM continue to dance through the storm. Our Education Committee has risen to the challenge as they completely re-vamped the educational offerings for the rest of the year. Our first virtual conference will be held on July 22nd from noon to 1:00 pm. The notice for this free joint HFMA session will be going out shortly. Meanwhile the team is preparing topics and dates for the remainder of 2020. There may even be an "after hours, virtual cocktail hour" at some point in the future. For those of you who had paid for the March conference in Charlottesville, please know that your refunds are on the way. Thanks to our Treasurer, Jeff Blue for taking care of the details.

So how are you weathering the storm? Online shopping, Netflix bingeing, clearing out clutter or possibly dancing to a Facebook live concert? Are you doing what makes you happy? This is our time to reflect on life and what is important. It is time to review our lives, reinvent ourselves and make positive changes. We will not be the same when this is all over with, but I know that we will be better than before.

Our Board of Directors wants to hear from you. Please reach out to one of us to give us your thoughts and ideas on educational topics and anything else you need, even if it's just to provide a listening ear. We want to hear from you….we're in this storm together…till it is over.

Be well, be safe and "see" you on July 22nd

Yours in AAHAM,
Lin
Linda M. Patry, CRCE-I

Inside this Issue:

The Virginia Chapter of AAHAM
American Association of Healthcare Administrative Management

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Virginia Hospital Advocate Newsletter

What's Happening In Richmond

Legislative Special Session will include criminal justice reform; Governor Northam reviewing CARES Act funding requests

A date has not yet been finalized for the forthcoming special legislative session of the Virginia General Assembly, but it is expected to be held in August or September. The purpose of the special session is to take action on new budget items that were frozen during the April veto session due to state revenue uncertainties associated with the pandemic. Governor Northam is expected to announce the FY2020 state revenue shortfall on July 10. In addition to budgetary considerations, the Democratic majorities in the Senate of Virginia and House of Delegates have announced plans to introduce legislation addressing systemic racism, including criminal justice and policing reform, inspired by the civil rights protests following the May death of George Floyd while in Minneapolis, MN police custody.

Given everything that's happening, we strongly encourage you to sign up for VHHA's hospital grassroots network action alerts if you haven't done so already. Please register here and keep an eye out for e-mails with opportunities to contact your legislators during the special session!

Governor Northam's Administration is also reviewing requests for the state's remaining funding from the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act. VHHA member hospitals and health systems have requested that a portion of the funds be dedicated to reimbursing hospitals for expense related to surge capacity planning. Hospitals have experienced dramatic financial losses due to decreased patient visits, the temporary suspension of scheduled procedures, and the expenses associated with expanding surge capacity, increasing staffing, and procuring personal protective equipment (PPE) for the treatment of COVID-19 patients. Hospitals' investment in the COVID-19 response helped saved the state tens of millions in avoided costs, but despite their significant financial losses, Virginia's hospitals and health systems have not received adequate financial assistance from the federal and state government. Governor Northam's Administration has not yet responded to the request.

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Virginia Hospital Advocate Newsletter

New laws passed this year by the General Assembly are in effect today, July 1.

This year, the Virginia General Assembly passed a number of bills related to health care. Some noteworthy legislative changes include:

- Balance billing will be prohibited for emergency services. This accomplishment is the culmination of several years of advocacy work by providers and consumer advocates to ensure that patients aren't financially penalized when insurers refuse to pay their fair share for the cost of care.
- Surgical assistants will be licensed, rather than simply registered, by the Board of Medicine.
- Elective surgery patients must be informed if they will need physical therapy (PT), and will be required to select a PT provider, prior to discharge.
- Emergency departments are required to establish specific protocols for patients experiencing a substance-use related emergency.
- Magistrates may grant a medical temporary detention order (TDO) for observation and treatment of an intoxicated person beyond the 8-hour emergency custody order (ECO) period in order to allow the intoxication to resolve and provide for better assessment of the need for inpatient behavioral health care.
- Pharmacists will have expanded authority to prescribe and administer certain medications and treatments, including Naloxone, hormonal contraceptives, prescribed prenatal vitamins, dietary fluoride supplements, and certain medications which may be less expensive than over-the-counter alternatives.
- Certified registered nurse anesthetists (CRNA) will have the authority to prescribe Schedule II-IV controlled substances under the supervision of a physician.
- Hospital screening teams no longer need to complete a Medicaid assessment for individuals who are being discharged from a hospital to a nursing facility for a non-Medicaid, short-stay rehabilitation admission.
- Lithotripsy, magnetic source imaging, and nuclear medicine imaging have been removed from Certificate of Public Need (COPN) review. A State Health Services Plan task force will convene to provide recommendations on the redevelopment of the State Health Services Plan (formerly the State Medical Facilities Plan).

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Virginia Hospital Advocate Newsletter

What's Happening in Washington, D.C.

Court Rules Against Hospitals In Price Transparency Lawsuit

In late June, U.S. District Court Judge Carl Nichols ruled against the American Hospital Association (AHA) and hospital plaintiffs in a lawsuit challenging the U.S. Department of Health and Human Services' sweeping rule regarding price transparency. That rule, finalized in November 2019, requires hospitals to publish negotiated rates with commercial insurers, as well as a list of 300 "shoppable" services. The rule is scheduled to take effect on January 1, 2021 and hospitals will face fines of up to $300 per day for failure to comply with its requirements.

In the ruling, Judge Nichols wrote that "HHS has the right to issue the rule because it considered the concerns of providers and payers, acknowledged conflicting information and explained its decision. The agency fulfilled its duty to examine evidence before it and connect it to the final rule." The AHA plans to appeal the ruling.

The Future of Telehealth

No area of health care has evolved as rapidly during the COVID-19 pandemic as telehealth. As providers, payers, and elected officials consider the next steps for health care, preserving and expanding the progress made in telehealth is a top priority.

Federal Action

The U.S. Senate Committee on Health, Education, Labor & Pensions held a hearing on June 17 titled "Telehealth: Lessons from the COVID-19 Pandemic." The committee invited a panel of four experts to testify, including Dr. Karen Rheuban of UVA Health System. In addition to being a pediatric cardiologist and professor of pediatrics, Dr. Rheuban is the Director of the UVA Center for Telehealth, which was renamed in her honor in 2016. She is also Chair of the Virginia Department of Health (VDH)/VHHA COVID-19 subcommittee on telehealth. She was introduced by U.S. Senator Tim Kaine (D-VA), who serves on the committee.

During her testimony, Dr. Rheuban stated, "The simplest and most important action needed is for Congress to authorize the Secretary of Health and Human Services to make permanent many of the telehealth policy changes enacted during the public health emergency. In addition, Congress should provide support for further broadband deployment…to reduce geographic and demographic disparities in access to care. Also needed is increased funding for the HRSA-funded telehealth resource centers and for innovative models of virtual continuing education programs for health professionals to improve outcomes."

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What's Happening in Washington, D.C.

The Future of Telehealth

Goals expressed by the Senate committee members include improved health equity, better geographic and demographic access to care, expanded access to behavioral health and substance abuse services, and use of remote patient monitoring for chronic conditions. Among the concerns expressed are patient privacy, broadband access, price transparency, pay parity, and potential impact on workforce.

Virginia Action

During the 2020 legislative session in Richmond—prior to the COVID-19 pandemic—the General Assembly passed a bill introduced by Delegate Terry Kilgore (R-Gate City) to create a Statewide Telehealth Plan.

The VDH/VHHA COVID-19 subcommittee on telehealth, chaired by Dr. Rheuban has begun to focus their efforts on developing recommendations for the Statewide Telehealth Plan. While some of the progress made on telehealth during the pandemic is exclusively in the hands of the federal government (such as Medicare coverage and regulatory waivers), significant policy changes and funding initiatives including Medicaid reimbursements and broadband access may be achieved at the state level.

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Virginia Hospital Advocate Newsletter

Virginia Legislative

Senator Mamie Locke

D-Hampton

Senator Mamie Locke has represented the 2nd district (encompassing parts of Hampton, Newport News, Portsmouth, and York County) since 2004. In addition to chairing the Rules Committee, she serves on the Education and Health, Finance and Appropriations, Rehabilitation and Social Services, and General Laws and Technology committees. Senator Locke has also served as Chair of the Senate Democratic Caucus since 2016. Prior to running for the Senate of Virginia, she was elected the first African American mayor of the City of Hampton. She holds a PhD in political science and is a professor at Hampton University. Senator Locke was honored as a HosPAC MVP in 2018.

"The public health and civil rights emergencies facing our Commonwealth, and our country, do not exist independently of one another. We see their overlap clearly in the way that the novel coronavirus is disproportionately harming Black Americans—not because the virus itself targets them, but because existing health care and environmental challenges put Black communities at greater risk. I commend and appreciate the care that Virginia's hospitals and frontline workers have provided during the COVID-19 crisis, at great sacrifice to themselves. But the fight for health equity cannot be solely shouldered by health care providers. We must put in the work at the state legislative level, and as Chair of the Senate Democratic Caucus, I am committed to advancing health equity through policy in the upcoming special legislative session and beyond."

Delegate Terry Kilgore

R-Gate City

Delegate Terry Kilgore has represented the 1st district (including Scott and Lee Counties, part of Wise County, and the City of Norton) in the House of Delegates since 1993. He serves on the Labor and Commerce, Courts of Justice, and Rules committees. Delegate Kilgore is the Chairman of the Tobacco Region Revitalization Commission and a member of the Southwest Virginia Health Authority, in addition to serving on many other boards focused on the unique issues of Southwest Virginia. He practices law in Gate City and serves as the Dean of Institutional Advancement at the Appalachian School of Pharmacy in Grundy, VA. Delegate Kilgore was honored as a HosPAC MVP in 2018.

"I am extremely grateful for the work and dedication from our healthcare providers throughout the COVID-19 pandemic. They have faithfully and professionally provided access to healthcare across the Commonwealth. Access to healthcare is critical, especially in rural areas. For rural Virginia, telemedicine is one way that we are able to address healthcare disparities. Too often, access to specialists would not be available to Southwest Virginians unless they drove to Charlottesville or other out-of-state hospitals. With House Bill 1332, we are able to provide those services from a site close to home or, actually, in the home. Now with COVID-19, it is important that we are able to serve citizens in a safe environment while providing the care they need. I look forward to continuing to advance telemedicine in the Commonwealth."

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The Virginia AAHAM Insider

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

Who Has Time For Audits????

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

With all the chaos around us, who has time for audits? In today's fast-moving and confusing environment, at times we do not even know what day it is. Oh, yes…it is today! With people working in the office, people working from home, outside contractors for some of us and always inside pressures to improve our processes, there must be some relief, somewhere.
We know there is typically a department, or part of a department that performs audits on various processes. There have always been internal audits on the various elements of the revenue cycle to identify any gaps or lapses that may need attention to improve the specific process. We (and I) respect all the efforts associated with improving processes and striving for the "***best practice***". In fact, most of the audits performed have been codified and conduct the same tests and examples and sectors as has been done before. This can be stated for two reasons: (1) it is to see if the previously suggested recommendations have been put into place; and (2) it is an easy, standard process that is performed on a regular basis.

What kind of audits do you experience? How often are they done? Do the same people do them every time? What kind of metrics are used to quantify and qualify the results of an audit and the follow-up audit for assessment? Do you have questions before, after or during each audit that are not answered? Do you make suggestions and recommendations before, after or during each audit? Are they being heard? Have you ever said…'they missed something' or 'why didn't they look at this' or 'I hope they considered this factor'?
Various audits are certainly for various reasons and various sectors of the revenue cycle. Of course, I am referring to audits done by internal staff and not a third-party insurance audit or an audit done by an outside firm. I am referencing such audits as:

- Pre-registration/pre-testing audits
- Full inpatient/outpatient registration audits
- Emergency room registration/data collections audits
- HIM inpatient coding audits
- HIM outpatient coding audits
- HIM department processing audits
- Accounts receivable audits
- Inpatient billing audits
- Outpatient billing audits
- Charge capture audits
- Denial management audits
- Charge master audits
- And the list goes on!!!!!

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If I have not listed an audit you have been involved with, I apologize. "Busy Work" is always something that many people find when there is nothing else to do. In the current environmental conditions that we are all in, for me, it is a question as to the true value of performing any internal audit. I am referring to an 'independent' internal audit that people from another department perform within the revenue cycle arena.

In many cases, the internal audit staff are a combination of people from other departments and from various disciplines. There can be staff from clinical areas, support areas, revenue cycle areas and I have even seen staff from administration. This conglomerate of people gives the 'audit department' the air of independence as well as experience. This is what we want. This mixture of the various elements of a healthcare organization is an excellent way of not only maintaining independence but also having the availability of generating new ideas and potential solutions to findings coming out of an audit. This mixture allows for the outcome that audits are supposed to produce…***best practice***.

Now, back to the current environment…I would like to offer some additional considerations and or modifications to the current audit process that may be within your facility/practice. With the somewhat exasperating changes that have occurred in our social environment such as social distancing, wearing masks, working from home, etc. we recognize that the overall working situation has changed. There may be new processes that have been added to the revenue cycle. Pre-registration may have changed; registration may have changed; pre-testing practices may have changed; working from home has caused a change. How do you perform an audit today?

I would like you to consider and talk about utilizing the dynamic experience of the audit/ compliance department/team into the daily activities of the revenue cycle operations. Rather than have a specific group of people perform an audit on "something"; have these individuals actually work in a revenue cycle area for a period of time (two weeks or a month) and "live" with the current processes in this new environment. Have a nurse or coder work in the billing process or the denial management process; have a lab person or lawyer work in the registration process. Rotate the "audit team" into the actual daily processes of the revenue cycle so that there is actual experience associated with their knowledge and observance. These people would not be observers or interviewers but actual "get into the weeds" and live a revenue cycle process.

After a certain period, like every two to three weeks, have a 'lunch discussion' about each of the processes these independent people are a part of. Have them and the supervisor or manager of that area present for the luncheon discussion to listen to their understanding of what they have been doing and even pose questions as to the "why" they are doing what they are doing. This open discussion, not recommendations to change (yet), will allow for, I believe, a growth in all the involved areas. The basis for any open discussion, suggestions, recommendations, modifications, etc. is ***trust.***

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We must trust each other and recognize the actual purpose of audits. This also gives the members of the independent audit team who are working in a specific revenue cycle area to learn more about the history of the operational development over the course of time. They will also see and learn about the "value" of the specific revenue cycle process and the people who work this process every day whether on-site or away – from their home. They will also better understand the data expressed in any metric modelling faction.

Can you do this on your own or will this need "administration approval". My guess would be that you, as a revenue cycle manager (in any of the revenue cycle areas) would need to first sit and talk fully with the internal audit department about this idea and approach. The idea may be different for them to consider as well as the approach but the important thing is that the overall outcome of this process is the same outcome that is desirable of both the revenue cycle area and the internal audit department…continuous improvement leading to the ***best practice.*** This new consideration, if implemented, will allow (I think) for a broader and fuller understanding of the entire revenue cycle process. I also think that any outcome recommendations will be more easily accepted and put into action. Better inter-personal relationships can be formed as well as improved communications between people. Who knows???

From my own personal experience, I was performing an internal audit and discovered that a long time (past) friend of mine was a physician in the group. I had not seen him in years, and we spent time off campus reminiscing and updating each other and our families. Who knows, you or someone involved with this "experiment" may come across a person who has similar interests, similar past, mutual friends, etc. and a new, open relationship is formed. This happens whether you are a large facility or a small facility; a large physician practice or a small practice; a large skilled nursing facility or a small one; things happen and we never know the final outcome unless we try.

With this in mind, I challenge you to make this attempt to try a new approach to performing an audit. This may seem unusual and 'not the right time' but when is the right time? There is no time like the present and the present leads us into the future. I hope that if you consider this and try it, that you have a wonderful outcome and that the ***best practice*** becomes a 'living thing' within your facility/practice.

ROB BORCHERT, S.M.E. MBA, CRCE; FHFMA
rob@bpa-consulting.com

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Health Care Providers on High Alert: COVID-19 Billing & Reimbursement Issues

DAVID S. GREENBERG, CAROLINE TURNER ENGLISH

Below are six reimbursement issues that health care providers should be on "high alert" for as the COVID-19 crisis persists.

1. An increasing number of patients will be losing their health insurance coverage.

One of the most unfortunate and disruptive aspects of the current crisis is widespread unemployment. Preliminary figures from the US Department of Labor indicate that approximately 30 million people filed for unemployment since mid-March and some experts are predicting that unemployment could be within 25% by mid-summer. Because so many people receive their health insurance coverage through their employer, job loss (as well as reductions in hours) can inevitably lead to loss of health benefits. Patients may be entitled to continue their coverage with their former employer through COBRA, but may find it difficult to afford the unsubsidized premiums themselves. Some patients may qualify to enroll in a federal marketplace qualified health plan during a "special enrollment period" and receive federal subsidies to help pay for the coverage. Others may be best served by enrolling in their state Medicaid program. One thing is certain: it is essential for individuals who require medical services to obtain health insurance to pay for those services.

Provider Action Item: Consider adopting a protocol to educate patients as to their health insurance options and how to fill gaps in coverage, especially if they require expensive medical treatments.

2. Who will be paying for patient copayments, coinsurance, and deductibles for COVID-related medical services?

Typically, a patient is responsible for paying his or her plan copayments, coinsurance, and deductibles (patient cost-share) to a medical provider. That is not necessarily true now due to COVID-19. Under the Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief, and Economic Security (CARES Act), Congress required group health plans and health insurance issuers to cover *without patient cost-sharing* (a) diagnostic testing for COVID-19 and (b) items and services furnished to an individual during healthcare provider office visits, urgent care center visits, and emergency room visits that result in the administration of a COVID-19 diagnostic test (but only to the extent the items and services are related to the evaluation of the patient for COVID-19). Consequently, benefit plans and insurers should be paying the full allowable amount for those tests and services, regardless of the normal deductible, coinsurance, or copayment requirements. This means that even if the patient has a high-deductible plan, the plan should be paying for qualifying tests and services – not the patient.

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Additionally, several major insurers, including Aetna, UnitedHealthcare, Anthem, and Cigna, have voluntarily agreed to waive patient cost-sharing for all COVID-19 patient treatment, including inpatient admissions, through at least the month of May, for many of their members.

Provider Action Item: Make sure your clinical records and medical coding clearly indicate COVID-19 testing and related medical services were rendered. Also, closely monitor your accounts receivable to make sure you are receiving the full required payment from the benefit plan or insurer and that the patient is not being required to pay cost-sharing amounts.

3. Keep a close eye on your COVID-19 lab testing activity.

The good news is that, as mentioned above, plans are now required by law to cover diagnostic testing for COVID-19. Moreover, Section 3202 the CARES Act requires benefit plans and insurers to pay either (a) the negotiated rate for the testing in effect before the COVID-19 public health emergency was declared or (b) the "cash price" for the test, if there is no negotiated rate with the provider. Given the enormous existing need for COVID-19 testing and the likelihood that COVID-19 testing needs will increase as state and local stay-at-home restrictions are slowly lifted, health care providers may find their COVID-19 testing services in demand for the foreseeable future. However, providers could wind up in trouble if they submit claims for laboratory testing that do not meet payer requirements or if they enter into improper relationships to generate testing referrals.

Provider Action Item: Adopt a compliance plan to ensure COVID-19 laboratory testing and billing protocols are appropriate and above-board and meet payer requirements. Vet testing arrangements to make sure they pass muster with state and federal law.

4. Telemedicine is here to stay, but make sure you know plan coverage and payment requirements.

COVID-19 has caused the widespread adoption of telemedicine. Even the Centers for Medicare and Medicaid Services (CMS), which traditionally strictly limited the availability of telemedicine for Medicare program beneficiaries, has embraced telemedicine with the understanding that currently it is the primary way patients can receive medical treatment without exposing patients to undue risk of exposure to COVID-19. Private insurers have also expanded telemedicine coverage and reimbursement, as well. While this transformation has been rapid, one concern is that governmental and private payers have adopted different payment guidelines, criteria, and policies for covering telemedicine visits over a very short time. Moreover, this is the first time many providers are offering telemedicine extensively.

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Provider Action Item: Designate someone in your organization to keep a close eye on payer coverage and billing requirements for telemedicine. Payers are modifying and expanding coverage of telemedicine services regularly, and not entirely consistently, to respond to COVID-19.

5. If you wind up testing and treating a COVID-19 patient who is uninsured, you could still get paid.

As part of FFCRA and the CARES Act, Congress is funding health care providers who render COVID-19 related services to the uninsured. The program is run by the Health Resources & Services Administration (HRSA) and allows providers to receive Medicare rates for their COVID-19 medical services, subject to available funding. Information about participation in the program can be found here.

Provider Action Item: Track COVID-19 related medical services provided to the uninsured closely and submit claims to HRSA as quickly as possible, since funding for the program is limited and could be quickly exhausted by providers who have seen a surge in COVID-19 uninsured patients.

6. The Medicare sequestration suspension and increased Medicare DRG payments could impact your managed care arrangements.

Section 3709 of the CARES Act temporarily suspended the 2% Medicare sequestration reduction from May 1, 2020, and December 31, 2020. This means Medicare providers should expect to see a 2% increase in Part A and Part B Medicare payments for eight months. Contracted providers may also be entitled to a 2% increase in payments from Medicare Advantage plans, depending on their particular contractual arrangement. Out-of-network providers should also expect a 2% increase in payments from Medicare Advantage plans.

Likewise, Section 3710 increases the weighing factor of the assigned Diagnosis-Related Group (DRG) by 20% for an individual diagnosed with COVID-19 discharged during the public health emergency. Consequently, Medicare Inpatient Prospective Payment Systems (IPPS) hospitals should expect additional reimbursement for inpatient stays for COVID-19. Moreover, as with the sequestration suspension, it is possible that a hospital's Medicare Advantage contracts will require those plans to pay additional reimbursement as well for inpatient COVID-19 medical care.

Provider Action Item: Review your managed care contracts to see if the federal legislation requires your contracted Medicare Advantage plans to increase their payments. Track your out-of-network Medicare Advantage patient accounts to make sure you are receiving the sequestration payment.

Arent Fox's Health Care Payer Disputes & Reimbursement team knows the ins-and-outs of the issues to come, and we are here to help. Our group is composed of lawyers in Arent Fox's Complex Litigation and Health Care practice groups. We have substantive experience in ERISA, COBRA, FEHB, HIPAA, the ACA, the Medicare Secondary Payer Act, Medicare Advantage, Medicaid Managed Care, TRICARE, state insurance laws, and federal and state health care regulatory law. *We know health care reimbursement.*

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Upcoming Events

Join us for 2 virtual events plus continuing education sessions!

Virginia AAHAM/Virginia HFMA Joint Conference

- **Join us for a lunch and learn event and earn CEUs.**
- **Copy and paste the link to attend one or both for 2 CEUs**
- July 22 https://attendee.gotowebinar.com/register/2374854264700481039
- July 24 https://attendee.gotowebinar.com/register/2589364584741309195

The Certification Committee of The Virginia Chapter of AAHAM is holding a series of FIVE **FREE** interactive Webinar Study Sessions each Friday starting on July 31, 2020 and extending to August 28, 2020!

These webinars are a great way to prepare for your future CRCS and CRCE exams, so it is highly encouraged for those taking exams during 2020 to sign up for all five of these **FREE** webinars!

1) **A/R Management - July 31, 2020 from 12:30 PM to 1:30 PM**

2) **Patient Access - August 7, 2020 from 12:30 PM to 1:30 PM**

3) **Credit & Collection - August 14, 2020 from 12:30 PM to 1:30 PM**

4) **Billing: Part 1 - August 21, 2020 from 12:30 PM to 1:30 PM**

5) **Billing: Part 2 - August 28, 2020 from 12:30 PM to 1:30 PM**

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Studying Resource for CRCS Exam

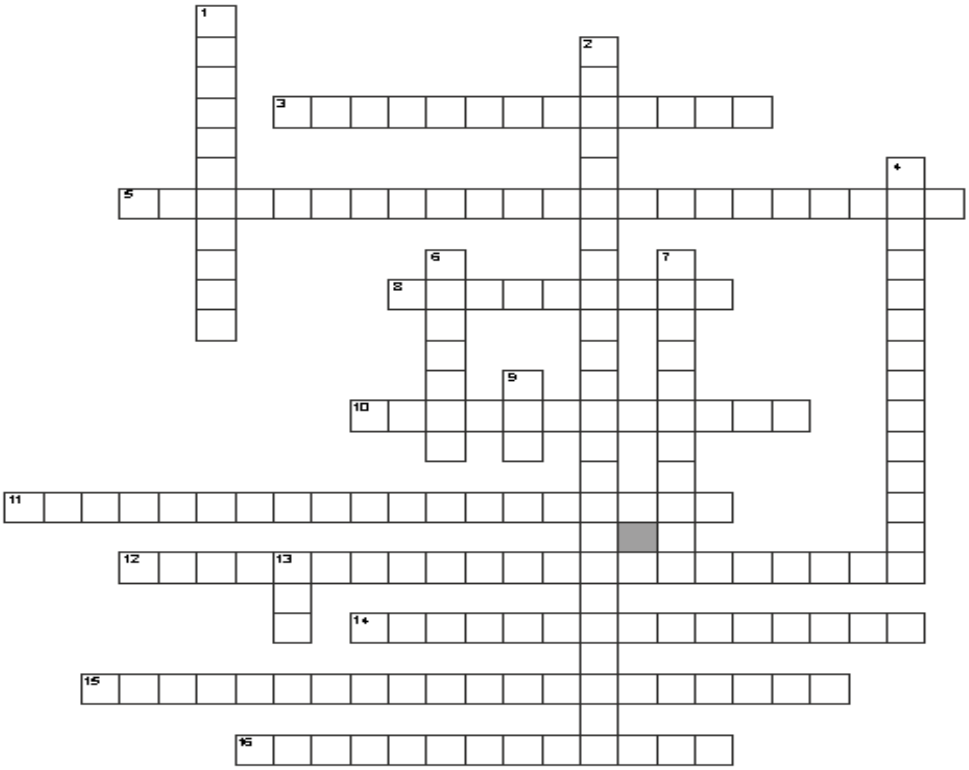
By: Alene Meidl, Manager of Customer Service, Americollect

Studying Resource for CRCS Exam
By: Alene Meidl, Manager of Customer Service, Americollect

Are you currently studying for the CRCS exam or debating if it is a certification you may want to work towards? An AAHAM Cerification can give you a competitive advantage with current and prospective employers, grant you proper recognition, and create the stepping stones needed to secure future career goals. Earning a certification can help you take the right steps on your career path to success.

A roadblock some people face when studying for the CRCS exam, or really any exam, is the nervousness of studying for a test. If this is one of your fears, I completely understand as this was a worry of mine when I took the CRCS exam in 2010, but don't worry because I have the perfect studying tool for you!

Every individual has a unique learning style that works best for studying. For myself, I found creativitiy and fun was a huge driving force in my success with studying, so I created games and activites to aid in my studies. I shared my games and activities with my co-workers whom were also taking the certification exam with me and soon found many of my teammates found this path of learning very helpful. So, today, I am sharing one of my tools with you! Below is one of the crosswords I created for the CRCS exam. I hope this resource proves helpful for anyone who is on the journey of becoming a Certified Revenue Cycle Specialist. I hope you enjoy!



WORD BANK

Medigap
Beneficiary
CWF
Locum Tenens
Assignment of Benefits
Electronic Health Record
Tricare for Life
Field Locators
Non Availability Statement
Medicare Summary Notice
Condition Code
Informed Consent
Average Length of Stay
IEQ
Dual Eligible
Medicare

ACROSS

3. A two-digit code that clarifies an event or condition that may affect payer processing
5. EHR
8. Title XVIII
10. A beneficiary that qualifies for both Medicare Part A & B and Medicaid
11. ALOS
12. A quarterly statement sent to a Medicare Beneficiary reflecting services, charges, and patient responsibility
14. Patient has the right to make informed decision on whether to receive treatment
15. A written authorization to an insurance company to pay benefits directly to the provider
16. Data fields on the CMS 1450

DOWN

1. A temporary substitute, especially for a doctor or member of the clergy
2. NAS
4. Tricare plan that is a supplement to Medicare
6. Medicare supplemental Insurance Coverage
7. What is the name of a person covered by Medicare referred to?
9. The questionnaire sent out 3 months before a patient becomes entitled to Medicare. This questionnaire asks about other health coverage that may be primary to Medicare
13. Common working file

Summer Volume 55 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.

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(Chapter of Excellence Committee)

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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

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Virginia AAHAM Executive Board 2020

Secretary

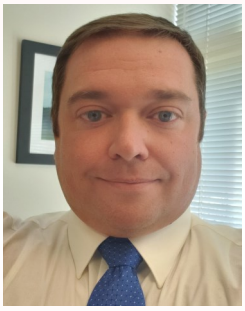
(Committee Chairperson: Publications Committee; Scholarship Committee)

Linda Connor, CRCE-I

Manager of Patient Financial Services

Sentara Halifax Regional Hospital

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



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(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

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(Committee Chairperson, Sponsorship Committee)

Thomas Perrotta

Vice President of Client Relations, CCCO

Penn Credit

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

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(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

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Dushantha Chelliah

2212 Greenbrier Dr.

Charlottesville, VA, 22901

Office - (434)924-9266

Email- DC5P@hscmail.mcc.virginia.edu

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4105 Lewis & Clark Drive, Charlottesville, VA 22911

(434) 982 6355 tjb8pm@virginia.edu

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(Legislative Chair)

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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.

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2020 Membership Application

Please enter your data below, and then send this form, along with the $30.00 annual dues to the address below to join or renew your membership with the Virginia Chapter of AAHAM.

Take advantage of these important benefits…

- Problem solving and solution sharing with your associates
- Membership directory
- Reduced fees for chapter education events
- Access and preparation assistance for certification tests that demonstrate your professional skills
- Educational seminars & workshops
- Chapter newsletter
- Interaction & networking with peers

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

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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 2020. 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