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

Spring 2012 Volume 23 Issue 1

The President's Message

Linda McLaughlin, CPAM

Hello Fellow Virginia Chapter of AAHAM Members:

The next few years in healthcare will bring many challenges and changes which as Healthcare providers we will need to be prepared to tackle. The Virginia Chapter of AAHAM is here to help you meet these challenges! Educational conferences/workshops, newsletter articles, legislative updates, third party payer committee support and networking opportunities are just a few of the ways that we can assist facilities or individual providers in ensuring that they continue to have successful financial performance.

The Virginia Chapter of AAHAM started off the year with an outstanding educational conference packed full of need to know information on March 16, 2012 in Charlottesville, Virginia. Now, we are looking forward to April which will be a month full of educational opportunities.

On April 7, 2012, we will hold our first Back to Basic class of the year. This class will be held at Augusta Medical Center and will be free. We always have a great time during these classes as we discuss revenue cycle processes.

The Virginia Chapter of AAHAM is looking forward to participating in National Legislative Day April 11-12, 2012. This is great opportunity for our members to make a difference in Washington. We have several members going this year and hope that others will join in this valuable and memorable experience next year.

Palmetto has been working with The Virginia Chapter of AAHAM over the last several months to address the issues and concerns of our members. In January, we sent out a survey requesting membership feedback on items that we would like for Palmetto to address. They have taken this information and will be offering training sessions in April based on the survey feedback. We are encouraging everyone to can attend as they are responding to The Virginia Chapter of AAHAM's concerns. The session will be FREE!!

Virginia HFMA/DC and The Virginia Chapter of AAHAM have partnered this year to present an Insurance Submit on April 27, 2012 in Richmond, VA at the Sheraton on Midlothian Turnpike. A notice will be coming out soon! This session promises to be a day packed of great information from our payers including Palmetto, NGS, and Medicaid.

As many of you may already know, I have been a member of AAHAM for a very, very long time. The Virginia Chapter of AAHAM provided me with the tools that I needed to advance professionally. As President this year, one of my goals is to ensure that we continue to provide these tools to our membership throughout the year and to be there to assist as issues arise in each of our operations. Your participation is vital to meeting this goal so I hope in the upcoming year that each of you will become involved!

We look forward to seeing everyone at our upcoming events!!!!

Thanks,

Linda

Linda B. McLaughlin, CPAM

President, The Virginia Chapter of AAHAM

INSIDE THIS ISSUE:

The Value of Professional Certifications—Mary N. Mannix, FACHE, President & CEO, Augusta Health

In 2008 at Augusta Health, we worked very diligently to revise our compensation system to develop a more market competitive salary program. Of course, as luck would have it, in the midst of our planning and design, the US economy began to spiral downward right along with the housing market. Who will ever forget October of 2008? And as we all know, recovery has been slow and arduous since that point in time. For those of us in healthcare, we now have the added responsibilities of driving innovation in care design, lowering cost, and improving outcomes brought forth with the Accountable Care Act; and we will soon see another version of a Balanced Budget Act which will call for further reductions in reimbursement due to the crisis of the national deficit. The reimbursement reductions are now compounded by the escalating activity of recovery auditing. This perfect storm of events has also precipitated health care systems to move into a Darwin mode (survival of the fittest) as every provider strives for enough market share to keep their health system relevant. This is a long winded way of conveying that it is tough to build and develop a market competitive compensation system when the national, regional, and local economic forces are working so perfectly against us.

At Augusta Health, we realized the best way to take this challenge "head on" was to stay rooted in our four values: patient centeredness, professionalism, teamwork, and excellence. We understand that our sole purpose as a health care system is to take care of our community through **patient centered** care and programs, we understand that a prerequisite of fulfilling our mission is to assure our **professionalism** in all that we do, the performance standard we subscribe to in all that we do is one of **excellence**, and our best opportunity of achieving this is through **teamwork**.

So, how do we design a compensation system in the midst of this economic environment while staying true to our laudable values? We came to the conclusion that we needed to be more proactive and innovative in linking individual performance to compensation. And, we decided that we needed to come up with tangible ways to link compensation with the overall performance of the health care system at large. As a result, Augusta Health focused on the development of career path programs and certification opportunities for most every department throughout Augusta Health. We believed that if we could connect professional development opportunities with the performance goals of our health care system, and with the values of our organization, then we would actually experience enhanced performance in all six of our performance pillars, which would generate the funds to reward our achievements.

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The Value of Professional Certifications—Mary N. Mannix, FACHE, President & CEO, Augusta Health—continued from previous page

The Augusta Health patient business services department provides a perfect example of how we designed the system. Augusta Health's business office director, Katie Hughes, developed a certification initiative that ties directly into the American Association of Healthcare Administration Management—and directly into the goals and objectives of the Augusta Health compensation program. Katie led an initiative for all of the business office staff to pursue the credential of Certified Patient Account Technician (CPAT) and/or Certified Clinical Account Technician (CCAT) through AAHAM. To date, 27 of the 52 employees have successfully completed their CPAT or CCAT certification. Every employee who achieves this certification receives a pay differential in recognition of the achievement and the enhanced contribution to the department – and to Augusta Health. Additionally, we have also observed a steady three year rate of improvement in employee satisfaction levels since the inception of this program. While we think this steady improvement is a result of many initiatives, we believe the certification journey provides a meaningful contribution to developing a sense of professional fulfillment. Additionally, affiliation with AAHAM represents invaluable opportunities for staff to network with their peers at other Virginia hospitals. During this journey, the patient business services department has pushed the envelope in other areas of performance as well such as driving down days in accounts receivable to 41 gross days and the implementation of a point of services collection system that has driven $1.6 million to our bottom line over the last 2 years. This is a high performance department!

At the level of the health system, we have aligned the year end performance bonus with our health care system's performance in patient satisfaction. We believe that having a relentless focus on the patient and family experience is of the highest priority at Augusta Health. For the last four years, we have worked diligently to build our culture around service. There are many compelling reasons to do this, but the best reason is, quite simply, it is the right thing to do. If we achieve our annual goals in providing an exceptionally satisfying experience for our patients, then every single full-time employee is awarded a $500 cash bonus payout during the first week in December (the payout is prorated for part-time employees). If we exceed our patient satisfaction goal there is an opportunity for a higher payout. We believe that this extra "boost" around the Holidays is a wonderful way to thank our work force for caring for our community.

All in all, these are tough times for people who work in healthcare. Professional organizations such as AAHAM play an incredible role in keeping health care employees professionally motivated and satisfied. As hard as these times are, we cannot lose sight of our blessings. We all work for healthcare organizations that have a very noble calling, we are privileged to care for our communities, we do make a difference, and we are fortunate to have jobs. I have made the decision not to complain about all of the pressures on our industry right now. I think it is much more fulfilling to lead the innovative changes that our nation needs from health care providers. Resisting the changes will not be the best use of our energies. I don't know who to attribute the quote to, but a very wise person noted that the more difficult path can lead to surprising rewards---and I am a believer of that philosophy.

Successful Connections — by Sally Raynard

Successful connections **are excellent reasons to attend a VA AAHAM conference. If you have had the opportunity to network or attend a session at a conference and you had a positive connection we want to share your experience. Please contact Sally Raynard (sally.raynard@uhsinc.com or 757-617-7118) with your ideas, claims resolution, process improvement, educational opportunities, career connections, etc that you gleamed from a VA AAHAM conference.**

"At the 2011 Williamsburg conference, I connected with James Loftus, United Healthcare provider representative, who was available after his presentation for a one-on-one discussion. We reviewed a complex billing issue, that I had been dealing with for several weeks, and he provided me specific instructions that I communicated to my office to execute while at the conference. This connection resulted in claims resolution within three weeks thanks to the face-to-face discussion."

Sally Raynard, Business Office Director at Virginia Beach Psychiatric Center.

"I did enjoy the Director's forum because it dealt with situations we are all facing and how others are handling them."

Maryann Cundiff, Director of Patient Accounts at Community Memorial Healthcenter

Hospital Spotlight—Carilion Stonewall Jackson Hospital—by Dennis Jones, CBIZ KA Consulting LLC

Critical Access Hospitals (CAHs) are vital to Virginia's western rural areas along the Route 81 corridor. There are 7 CAHs from as far north as Woodstock all the way down to Stuart, only a few miles from the North Carolina border.

Carilion Stonewall Jackson Hospital is a CAH and one of Virginia's most unique institutions. With its classification as a CAH and its myriad of services made available to the community through Carilion's healthcare network, Carilion Stonewall Jackson Hospital may be the biggest small hospital in Virginia.

Certainly this is a hospital with a fascinating history. The original structure was built in 1801 and was the home of General Thomas "Stonewall" Jackson from 1859 to 1861. When Jackson was killed after the Battle of Chancellorsville, his wife Mary Anna left Virginia and rented the house - eventually selling it to the United Daughters of the Confederacy who converted it into the Stonewall Jackson Memorial Hospital in 1907. Stonewall Jackson Memorial Hospital served Rockbridge County from that location for almost 50 years.

In 1954, a new Stonewall Jackson Memorial Hospital facility was opened only a half mile south of the Stonewall Jackson House. The new hospital started with 65 beds but added 15 beds in 1958 and a 50 bed "extended care" facility in 1964. A patient tower with upgraded patient rooms was added in the 1980s as the hospital saw a bright future for its role in the growing Lexington community.

As the hospital approached its 100th anniversary it was faced with a changing healthcare landscape, nationally and in Virginia. Community issues, financial issues, and strategic issues pulled the leadership of Stonewall Jackson Memorial Hospital in a new direction. In 2005, the hospital agreed to take a big step and become part of the Carilion Clinic system of hospitals.

According to Charles "Chuck" Carr, current CEO and President, the hardest decision made at that time was the conclusion to transform into a Critical Access Hospital. This meant eliminating most of its inpatient capacity and cutting down to the CAH maximum of 25 (5 ICU and 20 general med/surg) beds. In 2011 another difficult decision was made to close the Obstetrics and Labor and Delivery units. Although the downsizing was difficult, Mr. Carr says the new Carilion Stonewall Jackson Hospital has been able to continue to provide core inpatient and outpatient services to its unique rural/college-town community while providing many services that were previously beyond its reach through its relationship with Carilion Clinic.

"A true community hospital meets community needs," says Mr. Carr. "We want to take advantage of all of Carilion's resources even if we don't need them 24/7."

Close to Rte 81 and with a rambunctious college population that includes students and faculty from Virginia Military Institute, Washington & Lee University, and the nearby Southern Virginia University, Carilion Stonewall Jackson Hospital has a very active emergency department, averaging about 16,000 ED visits per year. The finishing touches are being made on the facility that will allow Level 1 trauma patients to be transferred via helicopter to either Carilion Roanoke Memorial Hospital or University of Virginia Medical Center, both within 60 miles of Carilion Stonewall Jackson Hospital "as the crow flies."

Hospital Spotlight—Carilion Stonewall Jackson Hospital—by Dennis Jones

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The amazing aspect of Carilion Stonewall Jackson Hospital's outpatient services is their scope. Rehabilitative therapies are a priority for the Lexington population. The hospital provides physical therapy to a community where over 20% of the population is over 65 and sports-related injuries are common among the college age population. Occupational therapy and speech therapy are also available. A fitness/wellness center called "Fit For Life" was opened in 2004. A fully equipped cardiac and pulmonary rehab facility helps reduce readmissions for patients with chronic conditions.

In February 2012 a Heart Failure Clinic will open in an adjacent facility. This clinic is designed to provide transitional care services after an inpatient discharge, concentrating on an education and dietician evaluation model that was successful at Carilion's Roanoke Memorial Hospital.

Some of the other outpatient services include ophthalmology, sleep studies, advanced imaging CT/MRI/Ultra Sound capabilities, pediatric gastroenterology services (that are unique for small hospital), audiology senior services, home health services, and Fast Track Urgent Care services for patients who are in need of non-emergent healthcare services but don't have a primary care physician. In addition, a wound clinic in will open in March 2012 that will primarily serve Lexington's comparatively large diabetic population, and they are evaluating adding Alzheimer's and geriatric psychiatric services.

Aside from the direct clinical services, Carilion Stonewall Jackson Hospital contributes to Rockbridge County community in other ways as well. Importantly, the hospital provides $4 to $5 million in charity care services annually. The hospital is a major employer in the county and the community gives back to the hospital as evidenced by its very active volunteer auxiliary that acts as "Greeters", staffs the hospitals gift shop, and conducts fund raising.

As if to compliment its idyllic setting, Carilion Stonewall Jackson Hospital is beautiful inside its walls as well as the result of its volunteer Art Selection Committee. Over 60 pieces of art in various media adorn the walls of the hospitals, outpatient facilities and Fit For Life Center.

As you can see, Carilion Stonewall Jackson Hospital has a personality that is as unique as its history.

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Accountable Care Organizations (ACO) – Part One —by Rob Borchert, President, Best Practice Associates, LLC

There have been so many financial "squeezes" in the past that the future can only involve working together more closely . We believe that by working more closely together, we can reduce costs and enhance our bottom line – if the government and managed care companies keep a level reimbursement structure. However, not only do we believe this but so does the Center for Medicare and Medicaid Services (CMS)! Please pay attention…this may be very important to your facility, physician practice and your department!!!

With the passage of the Affordable Care Act, the establishment of the Medicare Shared Savings Program (MSSP) occurred along with the introduction of the Accountable Care Organization (ACO). Initially, the structure of this new concept was characterized by the integration between physician partners and the reimbursement model coordinated with the Medicare Shared Savings Program (MSSP). There were 700 pages of "standards" that the ACO had to meet to gain any value (reward) from the MSSP. Some of these standards included such things as:

- Must include both clinical and admin systems such as Electronic Health Record (EHR), Computerized Physician Order Entry (CPOE), etc.
- Primary care physicians to sustain at least 5,000 beneficiaries.
- Commit to participation in the MSSP for at least 3 years.
- An ACO must define processes to promote evidence-based medicine, patient engagement, coordination of care, and quality and cost measures with a demonstration that it focuses on patient-centered care.
- ACO must enter into a legally binding agreement with the Secretary of Health and Human Services (HHS) signed by an executive of the governance board.

"There have been so many financial "squeezes" in the past that the future can only involve working together more closely . We believe that by working more closely together, we can reduce costs and enhance our bottom line –"

- Shared savings bonuses are distributed directly to the ACOs for saving generated from reducing healthcare costs.
- Determined by the Secretary of HHS and calculated according to a percentage of the difference between an ACOs Medicare expenditures and a "benchmark" amount set for each ACO.

The proposed rules set out 65 proposed measures for establishing quality performance standards that ACOs must meet for shared savings. As you can imagine, this did not initially go well and CMS received 1,320 comments, many of which contained criticisms that the initial rules were too burdensome and too prescriptive and dissuaded even the leading hospitals from partaking in what they saw as a risky experiment. As a result, CMS issued significant modifications to reduce burden and cost for those interested in forming an ACO. The table below indicates the distinctive changes.

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Accountable Care Organizations (ACO) – Part One —by Rob Borchert, President, Best Practice Associates, LLC —*continued from previous page*

TOPIC	PROPOSED RULE	MODIFICATIONS IN FINAL RULE
Transition to risk in Track 1	ACOs could choose from two tracks, each entailing a 3-year agreement. Track 1 would comprise 2 years of one-sided shared savings with a mandatory transition in year 3 to performance-based risk under a two-sided model of shared savings and losses. Track 2 would comprise 3 years all under the two-sided model	Remove two-sided risk from Track 1. Two tracks would still be offered for ACOs at different levels of readiness, with one providing higher sharing rates for ACOs willing to also share in losses
Prospective vs. Retrospective	Retrospective assignment based on utilization of primary care services, with prospective identification of a benchmark population.	A preliminary prospective-assignment method with beneficiaries identified quarterly; final reconciliation after each performance year based on patients served by the ACO
Proposed measures to assess quality	65 measures in 5 domains, including patient experience of care, utilization claims-based measures, and measures assessing process and outcomes. Pay for full accurate reporting first year, pay for performance in subsequent years Alignment of proposes measures with existing quality programs and private-sector initiatives	33 measures in 4 domains. (Note: Claims-based measures not finalized to be used for ACO-monitoring purposes.) Longer phase-in measures over course of agreement; first year, pay for reporting; second year and third year pay for reporting and performance Finalize as proposed
Shared savings	One-sided risk model: sharing beginning at savings of 2%, with some exceptions for small, physician-only, and rural ACOs. Two-sided Risk Model: sharing from first dollar.	Share on first dollar for all ACOs in both models once minimum savings rate has been achieved.
Sharing beneficiary ID Claims Data	Claims data shared only for patients seen by ACO primary care physician during performance year; beneficiaries given opportunity to decline at the point of care	The ACO may contact beneficiaries from provided quarterly lists to notify them of data sharing and opportunity to decline
Eligible entities	The four groups specified by the Affordable Care Act, as well as critical access hospitals paid through Method II, are eligible to form an ACO. ACOs can be established with broad collaboration	In addition to groups included in the proposed rule, Federally Qualified Health Centers and Rural Health Clinics are also eligible to both form and participate in an ACO. In order for beneficiaries to be assigned on the basis of utilization of primary care services, these organizations must provide a list of practitioners who directly render primary care services to their facilities
Start Date	Agreement for 3 years with uniform annual start date; performance years based on calendar years	Program established by January 1, 2012; first round of applications are due in early 2012. First ACO agreements start 4/1/2012 and 7/1/2012. ACOs will have agreements with a first performance "year" of 18 or 21 months. ACOs starting 4/1/2012 and 7/1/2012 have option for an interim payment if they report CY2012 quality measures. ACO must report quality measures for CY 2013 to qualify for first-performance-year shared savings

Accountable Care Organizations (ACO) – Part One —by Rob Borchert, President, Best Practice Associates, LLC —*continued from previous page*

TOPIC	PROPOSED RULE	MODIFICATIONS IN FINAL RULE
Aggregate reports and preliminary prospective list	Reports will be provided at the beginning of each performance year and include: name, date of birth, sex, and health insurance claim number.	Additional reports will be provided quarterly.
Electronic Health Record (EHR) use	Aligning ACO requirements with EHR requirements, 50% of primary care physicians must be defined as meaningful users by start of second performance year	No longer a condition of participation. Retained EHR as quality measure but weighted higher than any other measure for quality-scoring purposes.
Assignnt process	One-step assignment process: beneficiaries assigned on the basis of a plurality of allowed charges for primary care services rendered by primary care physicians (internal medicine, general practice, family practice, and geriatric medicine).	Two-step assignment process: Step 1: for beneficiaries who have received at least one primary care service from a physician, use plurality of allowed charges for primary care services rendered by primary care physicians. Step 2: for beneficiaries who have not received any primary care services from a primary care physician, use plurality of allowed charges for primary care services rendered by any other ACO professional.
Marketing guidelines	All marketing materials must be approved by the Center for Medicare and Medicaid Services (CMS).	"File and Use" 5 days after submission and after certifying compliance with marketing guidelines; CMS to provide approved language.

Needless to say, with these significant changes, more interest has been generated in the consideration of the formation of an ACO. With the adjusted financial risk model, reflecting no down-side risk for some participants, and the removal of the 255 withhold of shared savings, various elements of the health care industry are also looking into this option.

In the Part Two of this article, I will not only discuss how traditional healthcare institutions are addressing the ACO proposal but how "others" – namely third party insurers – are also addressing this. Some observers watching the development of insurers buying physician practices and hospitals say that "…the healthcare law, which was suppose to put a rein on insurers, has had an opposite result, opening the door for insurance companies to take control of even more parts of the health system." (Washington Post 9/4/11). Stay tuned…

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Member Spotlight—Linda McLaughlin, CPAM
By Carol McCann, CPAM

Happy 2012! Although it seems like it was just last week, the year is almost a quarter over already. With the start of the New Year, we offered a grateful "thank you" to Katie for all of her hard work as President, and offered another grateful "thank you", this time to Linda McLaughlin as she accepted the group's nomination for President.

Without giving away too much information, I can say Linda and I have been friends for more than 25 years (time flies, huh?), and she was gracious enough, even with her packed schedule to answer some questions for me.

Linda has been in AAHAM since 1984 and certified almost as long. She started out as the Secretary for the group in her first year with Virginia AAHAM and her involvement has continued in some capacity for that entire time.

Linda has also been with MCV – VCUHS for the past 32 years, currently as the Director, Financial and Governmental Services, and she is the Subject Matter Expert for all governmental regulations for the organization.

Linda offered her goals for Virginia AAHAM for the next two years:

- To enhance VA AAHAM membership both nationally and locally – The Virginia Chapter is considered a large group nationally and Linda would like us to continue to attract both National members as well as state only members in addition to increasing VA AAHAM's technical and professional certifications.

- To become one of the premier networking resources for the healthcare community - Linda feels that Virginia AAHAM is already viewed this way, but she is eager to increase that visibility. Linda mentioned that AAHAM has partnered with members, vendors, and payers in educational opportunities, and that exposure has led to additional networking opportunities. Linda would also like to see Virginia AAHAM continue to join with other groups, like VHHA, or Palmetto as opportunities arise.

- To increase the number of people involved in the group as well as getting more of the new members involved - Linda mentioned that it takes a great deal of time and effort to run a group as dynamic as Virginia AAHAM. But to keep the positions filled with a variety of talent is critical too, or the group risks becoming stagnant. People can be shy about volunteering and think that they have to be in certified, in management and/or well known in the organization. Not true! Come on out, volunteer, and see how much fun you can have.

- To increase the amount of educational opportunities available – Linda is eager to continue offering combined efforts with other groups, such as HFMA, Maryland AAHAM, etc., and to offer as many as possible free or greatly reduced as well as getting to all parts of the state.

When questioned about changes she has seen in the payer realm for the last five years, Linda indicated that things seem to be coming full circle again in the Commercial / HMO payer world. At first these payers were very strict about pre-certification / notification / recertification, then they loosened up quite a bit. Now, they are swinging around to the same position they maintained before – very tight requirements. Linda said that deductibles are higher as people try to afford healthcare, and payers try to control usage as much as possible, and payer audits are almost out of control. Of course, the audit arena includes the RACs (Recovery Audit Contractors) and all of the work responding to those require. How to bill correctly is frequently a topic of discussion for most people now as they try to figure out what is observation and what is an inpatient and the correct methods for billing each.

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Member Spotlight—Linda McLaughlin, CPAM—continued from previous page

By Carol McCann, CPAM

Linda indicated that healthcare faces increasing challenges from having to "do more with less" – people that is, as automation continues to be the answer to decreasing payment amounts / percentages, to how self pay accounts will need to be handled. There are many requirements for communicating to uninsured or underinsured patients about your charity care program and public assistance and all of those contacts must be monitored and reported – which again takes a lot of people or a lot of automation. Some of the other challenges Linda sees coming include trying to keep the governmental regulations straight, understanding and communicating contract information and changes for commercial payers, managing PHI and data security, and training ones' replacement. Linda feels strongly that it is every manager's job to have people trained to replace them – not that they are giving up the job, just so that in the event of promotion or emergency, the business will continue as it should.

When I asked Linda what about her would surprise other people, she said that she is very shy – Then she laughed. If you know Linda you know that she is NOT shy – ha ha. Then she told me three things: She is about to be a first time grandma – her daughter and son-in-law are pregnant and due in August (congratulations to them!), and she crochets. She has made blankets for the Neonatal Intensive Care Unit (NICU) babies among other projects, including one she made for Virginia AAHAM last year. She also has a 6 pound Pomeranian named Missie that keeps her company.

Next time you see Linda, be sure to tell her hello, thank her for her service to AAHAM, and volunteer if you are so inclined. It will be much appreciated.

Linda has been in AAHAM since 1984 and certified almost as long. She started out as the Secretary for the group in her first year with Virginia AAHAM and her involvement has continued in some capacity for that entire time.

Third Party Payer Update

Since the beginning of January 2012, the Third Party Committee has been working with Palmetto to address the issues and/or concerns that our members are having regarding Palmetto processing. A survey was sent out to the membership in January which the Third Party Payer Committee summarized the results and submitted to Palmetto.

We are very pleased to announce that Palmetto has utilized our feedback and will be providing workshops in April based on the survey results. On March 21, 2012, The Virginia Chapter of AAHAM and VHHA worked with Palmetto to have representative from some of the Virginia Hospitals to review their workshop plans and provide feedback. Note that the presentation was excellent and we encourage everyone to send billing staff, follow-up staff, appeal staff, supervisors and managers to the Palmetto session in April!!!

As the Third Party Payer Committee continues to work with Palmetto, we will start addressing other areas of concern submitted by our Virginia Chapter of AAHAM members. Please forward any concerns or topic that you would like us address or assist with to one of the below individuals.

Third Party Payer Committee Chairs

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Legislative Update—by Elizabeth Staas

Greetings AAHAM Members!

I wanted to provide you an update on what is going on within The Virginia General Assembly. Below are some of the more important updates and pressing issues. Please feel free to reach out to me with any questions or comments you have. I am happy to assist in individual lobbying efforts on your behalf (as a constituent) or that of the organization you represent (a healthcare provider and an employer). Please remember---you are representing an very large economic engine in the Commonwealth of Virginia and your opinions are important to your legislators.

The 2012 General Assembly session included a variety of bills impacting hospitals and health systems. At this writing the General Assembly is still working to finalize a state budget but is making progress on that issue. The following provides an overview of the session and provides some insight regarding what may be on the agenda in 2013.

State Budget

The introduced budget did not include scheduled Medicaid inflation increases for hospitals or nursing homes. Without changes to this budget proposal inpatient payments would average 59 percent of costs by 2014. The introduced budget also would have cut safety net organizations like free clinics and community health centers by 50 percent in the second year. VHHA worked closely with the Medical Society of Virginia (MSV) and the Virginia Health Care Association (which represents nursing homes), and others on a three-part strategy related to Medicaid funding, including immediate restoration of inflation increases, as study of rate adequacy, and longer term approaches to high-cost populations. VHHA also opposed cuts to safety net organizations.

The House and Senate have the opportunity to amend the introduced budget, and both chambers opted to provide an inpatient Medicaid rate inflation increase in the first year of the budget for hospitals (2.45% in the House and 2.6% in the Senate). The budget amendments do not include a second-year hospital inflation update. Each chamber also included nursing home updates in each year and also restored nearly $5 million that had been cut from safety net organizations including free clinics and community health centers.

The General Assembly, the Senate in particular, were unable to finalize the state budget before the March 10 scheduled adjournment. However, on March 22 the Senate Finance Committee approved its budget amendments, which would maintain the Medicaid interest provisions noted above. The amendments likely will be approved by the full Senate and placed in a conference committee to negotiate differences with the House amendments as early as March 26. VHHA continues to advocate for our health care priorities in the state budget and will inform all concerned when concrete action is taken.

All-Payer Claims Database

Another VHHA priority for 2012 was creation of a Virginia All-Payer Claims Database (APCD) to improve quality and control cost through better-informed decision-making by all health care stakeholders. An APCD collects medical claims information from private and public payers, allowing providers, payers, employers, government and consumers to identify opportunities for improvements in cost, quality and benefits. Organizations like the MSV and the National Federation of Independent Business, as well as Dominion Resources, MeadWestvaco, Luck Stone and other businesses supported the effort.

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Legislative Update—by Elizabeth Staas-continued from previous page

The final legislation, which passed both chambers, represented a compromise reached by health care providers and health plans that includes voluntary health plan submission of claims information, with the expectation – and confirmation – that by December plans have executed agreements voluntarily to submit data representing at least 75% of privately covered lives.

Workforce

MSV and nurse practitioners (NPs) compromised on legislation intended to assure that NPs may provide care to the full extent of their training. The legislation as passed promotes multidisciplinary patient care teams that include more flexible processes for collaboration and consultation with physicians.

Legislators also approved proposals directing health practitioner regulatory boards to accept equivalent military training in satisfaction of practice requirements for service members and their spouses.

Other Issues

Many of the following issues resulted from legislative efforts this session or in other recent years and are among those that will be examined by various groups during 2012 with potential for legislation in the 2013 General Assembly session. VHHA will work with all these groups and stakeholders to shape these issues during 2012 to achieve sound health policy.

•The Administration and the Virginia Health Reform Initiative will work towards implementation of a Virginia Health Benefit Exchange, assuming the related federal provisions are upheld by the Supreme Court.

•The Virginia Joint Legislative Audit and Review Commission (JLARC) will begin a two-year evaluation of the consequences of Medicaid underfunding on access to care. The resolution directing JLARC to undertake this study was a key element of VHHA's Medicaid advocacy this year and the results should be very helpful to our near-term goals to improve provider payment adequacy.

•The Department of Medical Assistance Services and the administration will roll out care coordination systems, especially for the dual-eligible population.

•Measures prohibiting assignment of auto insurance medical benefits to health care providers have been continued to the 2013 session so that providers and insurers can work toward consensus.

•The Worker's Compensation Commission intends to issue the results of a two-year study later this year. VHHA is examining initial results of the report, has charged a technical workgroup of member representatives with providing insight, and will work with senior executives to consider potential approaches to improving Virginia's workers compensation system.

•We anticipate proposed health practitioner regulation next year from dietitians and surgical assistants and technologists, whose proposals this year were defeated. Other practitioner professional groups likely will pursue new regulation as well.

•The Department of Health will study procedures in the certificate of public need program for approval of relocation of nursing home beds and for extension of nursing home open admission periods in continuing care retirement communities.

•The Crime Commission will study options for obtaining consent for forensic examination of suspected sexual assault victims who do not have decision-making capacity.

•A Department of Health work group will continue its work to clarify procedures for transfers of nursing facility residents with particular focus on transfers between the nursing facility and hospital and the required notice to the resident of such transfers.

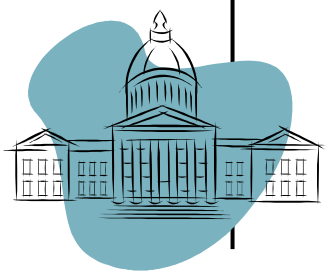
•Providers and health lawyers will work with DMAS and the Secretary of Health and Human Services on procedures related to appeals of Medicaid overpayments.

Best regards-

Elizabeth Staas

Legislative Chair

The Virginia Chapter of AAHAM



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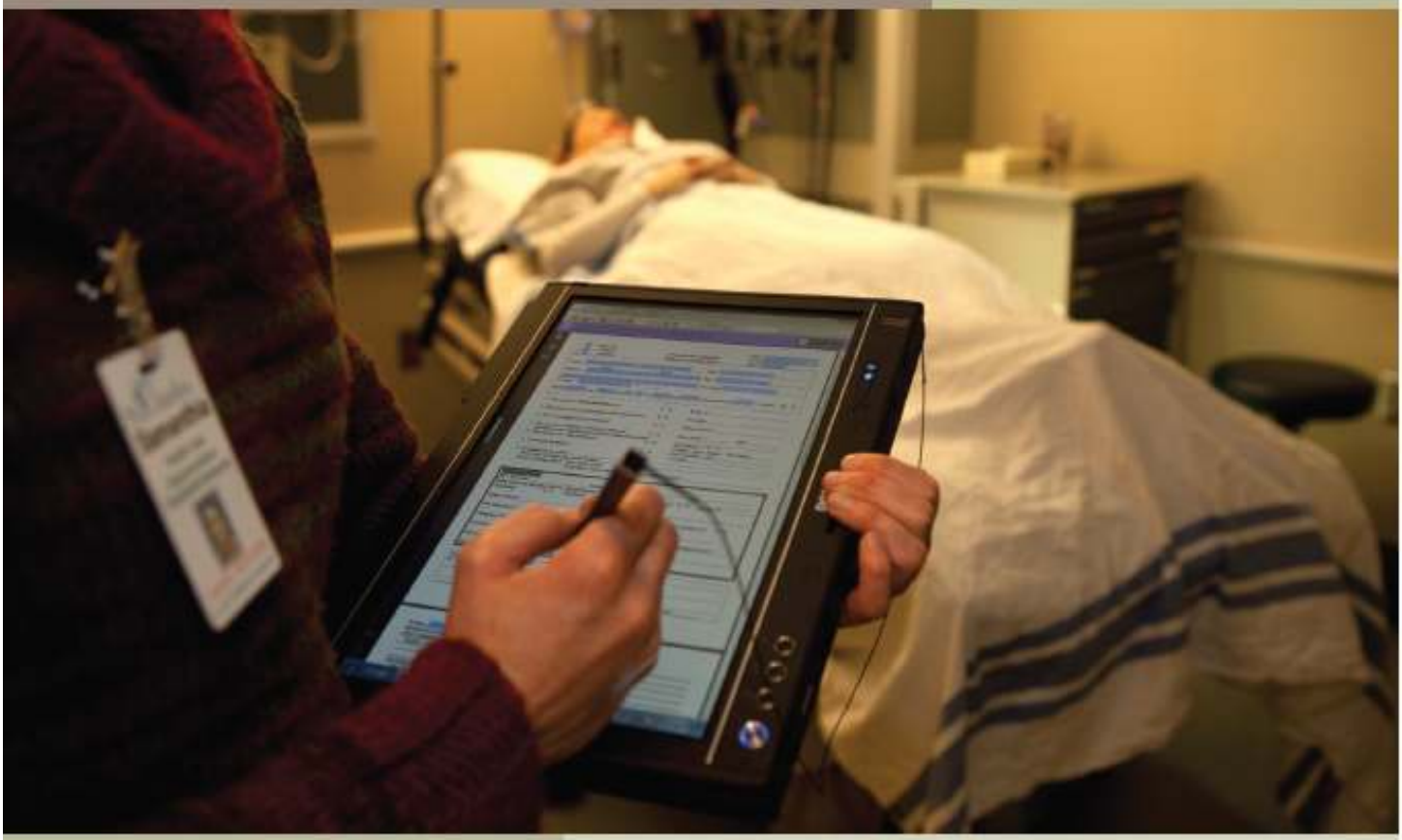
uncompensated care shortfalls.



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If you are interested in testing your knowledge and gaining the recognition that comes with certification, contact Leanna Marshall for additional information.

CPAM Study Sessions will be conducted by Leanna Marshall on the third Saturday of the month from 9:00am until approximately 3:00pm.

Leanna Marshall, CPAM
PFS Consultant
UVA Health System (Retired)
Phone: (434)293-8891
Fax: (804)977-8748
814 Montrose Avenue
Charlottesville, VA 22902

Contact Leanna for more information on CPAM certification or study sessions.

Newly Certified:

Congratulations
to the following members for successfully passing their CPAM, CCAM, CPAT or CCAT exams! We are so proud of you!

Cory Barbee, CPAT
Mukesh Bhavsar, CPAT
Pamela Douglas, CPAT
Lisa Falwell, CPAT
Misty Floyd, CPAT
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Fax #:	State & Zip Code:
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MEMBERSHIP RECOMMENDED BY:_____

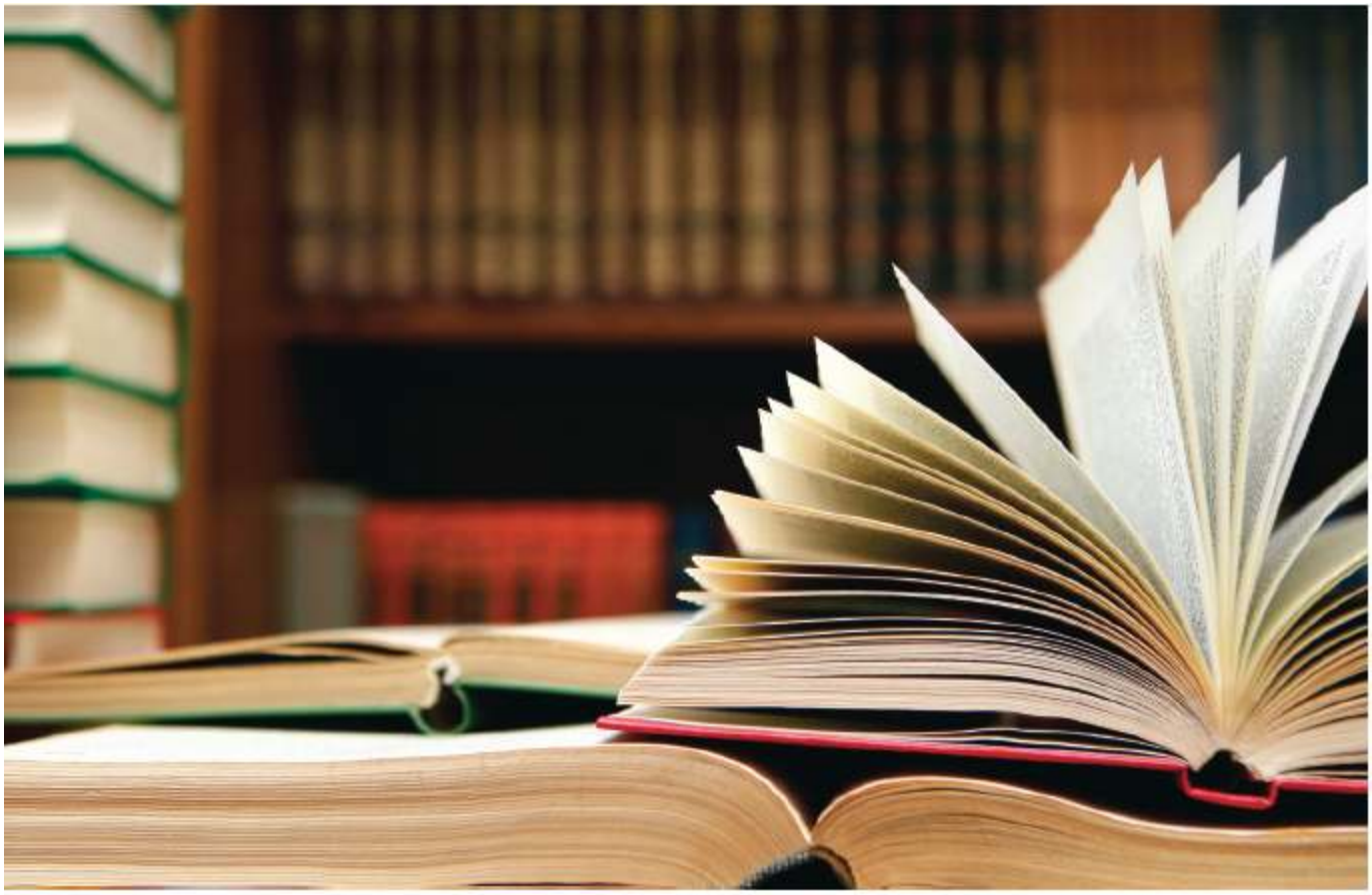
For additional information, contact Miguel Wilkens @ 410-227-3051 or via email @ mwilkens@medical-account.com .

Please mail the completed form with your dues Payment of $30.00 to the following address**:**

Treasurer, Virginia AAHAM
David Nicholas
6800 Versar Center, Suite 400
Springfield, Virginia 22151
-OR-

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

Virginia AAHAM Tax ID: 54-1351774



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(Chapter of Excellence Committee)

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Email—k1hughes@augustahealth.com

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

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Sale and Marketing Associate

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Email—mwilkens@medical-account.com

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Director of Employee & Professional Development

Advanced Patient Advocacy

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Phone—(804)327-6899 Email—jpustlnik@apallc.com

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(Committee Chairperson: Vendor Awards Committee)

Chris Fisher, CPAT

Chargemaster Specialist

Augusta Health

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Office—(540)332-5030 Email—cfisher@augustahealth.com

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(Committee Chairperson: Vendor Awards Committee)

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Director of Operations RMC, Inc.

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Email: David.Nicholas@RMCcollects.com

Appointed Board Member

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

Brenda Chambers, CPAM, CCAM

Revenue Integrity

HCA - RSSC Capital Division

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Richmond, VA 23225

Office—(804)267-5790 Fax—(804)267-5791

Email—Brenda.Chambers@hcahealthcare.com

Appointed Board Member

(Committee Chairperson: Certification Committee)

Leanna Marshall. CPAM

UVA Health System (Retired)

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Phone—(434)293-8891 Fax—(434)977-8748

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Honorary Board Member

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Revenue Cycle Consultant

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Receivables Management Consultants, Inc.
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Fax: (703) 321-8765
www.RMCcollects.com

"I couldn't be happier -- RMC has collected over $2 million in outstanding A/R for us, reducing A/R days by 49% and decreasing outstanding A/R by 52%. At one time we had considered bringing billing and follow-up back in-house, but they're doing such an outstanding job we decided to continue outsourcing."
– Administrator, Inpatient Psychiatric Facility

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From billing through collections, follow-up, appeals, and recovery, RMC has the commitment and experience to be your trusted business partner.

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- Managed Care
- Workers' Compensation
- Blue Cross
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> Revenue Recovery Projects for Underpayments

> Denials Management

> Clean-Up Projects for Very Aged or Backlogged Receivables

> Credit Balance Audit and Resolution

> Interim Management

> Training

"We're very pleased with the level of collections coming in, and with how RMC works to build the team. They've given us much better coordination; it's like they're part of our staff. In addition to billing and follow-up they helped implement our new computer software system, setting up billing protocols and helping us make processes more efficient."
– Administrator, Ambulatory Surgery Center

Job Postings

Patient Account Follow Up Spec (6 vacancies) @ MCV

Chief objective of this position:

- To follow-up on assigned claims (outpatient, inpatient or specialty billing) in order to obtain payment or the reason for non-payment.
- Takes the necessary measures to supply third party insurance carrier or other payors (grants, contracts, VA, etc.) with correct
  information in order to get claim paid and make a positive impact on reimbursement.

Licensure, Certification, or Registration Requirements for Hire

- Certified Patient Accounting Technician (C PAT) or Certified Patient Account Manager (CPAM) by the American Association of Healthcare Administrative Management (AAHAM) **preferred**

Licensure, Certification, or Registration Requirements for continued employment including CPR, etc

- Current CPAT or CPAM certification **preferred**

Level and type of experience REQUIRED

- Minimum of two (2) years of healthcare billing, follow-up and/or insurance collections work experience
- Previous experience using a personal computer and various software applications, including Microsoft, e-mail, etc.

Education/training REQUIRED

- High School Diploma or equivalent

Education/training PREFERRED

- Post high school course work or an Associates Degree in Accounting, Business or related field

Independent action(s) required

- Contacts departments and/or patients/guarantors to obtain additional information.
  Targets which accounts to focus on to reduce accounts receivables.
  Contacts third party payor to problem solve account

Contact:
Cynthia B. Simmons
Medical College of Virginia Hospital
Assistant Director
804-828-2898 ext 1097
804-628-0148 fax

National News— www.aaham.org

Audio Conference Webinars

The AAHAM Journal has gone green!

In order to save resources and be ecologically responsible. Members can access the Journal from the national AAHAM web site

www.aaham.org

Important Dates for 2012:

- April 11-12, 2012—Legislative Day at the Hyatt Regency on Capital Hill
- October 17-18, 2012—ANI at the Hyatt Regency Coconut Point in Bonita Springs, FL

Stay up-to-date on Administrative Simplification and other healthcare Legislative issues of interest by visiting the National AAHAM web site:
https://www.capwiz.com/aaham/home/

Sponsorship

The Virginia Chapter of the American Association of Healthcare Management (VA AAHAM) exists to provide or facilitate professional education, promote professional excellence, provide opportunities for sharing management strategies and tactics through professional networking. You and your organization are important to this mission. Virginia AAHAM benefits by drawing on the experience and education that you and your organization can bring to the activities and efforts of our association. Virginia AAHAM's mission also benefits from the financial support that many organizations provide. I hope that you will consider supporting Virginia AAHAM this year.

—Denise Martin, Vendor Sponsorship / Corporate Partners Chair

dmmart515@aim.com

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ROI Companies

Supporter

Optima Health

Mark you calendars!

Upcoming AAHAM events:

April 7, 2012—Back to Basics Workshop
9:00am—4:30pm
Augusta Health
Augusta Community Care—Conference Room 3

April 27, 2012—Virginia/DC HFMA and the Virginia Chapter of AAHAM Insurance Summit
Sheraton, Richmond, VA

October 12, 2012—Fall Meeting—Fauquier Hospital

December 5-7,2012—Winter Meeting & Confernece
Williamsburg, VA

To: All Virginia Chapter of AAHAM Members:

The Virginia Chapter of AAHAM Education Committee, in an effort to provide our members with "Back to Basics" training is looking for interested parties to conduct a 30-45 minute webinar series. The web series would focus on professional development for operational level staff or first time managers. Presenters can share their professional experiences in networking, positioning yourself to grow in your organization, establishing yourself as a leader and a go-to person, etc. Please contact Gio Naranjo at gnaranjo@claimlogic.com or 405-548-1492 if you can assist in this education opportunity.

Linda McLaughlin, CPAM
President, The Virginia Chapter of AAHAM
Jack Pustilnik
Second Vice President, The Virginia Chapter of AAHAM

Watch our web site for details:
www.vaaaham.com

Palmetto Workshop Coming Soon!!

SAVE THE DATE

In January, The Virginia Chapter of AAHAM sent out a survey requesting topics of concerns and/or educational requirements that our membership felt we needed addressed with Palmetto. Utilizing the survey results as a resource, Palmetto will be offering two educational sessions. These sessions will be free and will include detailed training on Medicare billing.

It will be vital that Medicare billers, follow-up staff and management attend one of these sessions to mark your calendar and be on the look out for detail information regarding locations. Palmetto is planning full day sessions.

Tentative dates:

April 24, 2012—Roanoke, VA

April 26, 2012—Richmond, VA

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 2012. Submit articles to Chris Fisher cfisher@augustahealth.com. Newsletters are published quarterly. Don't miss your chance to be read, recognized, and rewarded for your writing talent.

This publication is brought to you through the collective efforts of the **Publications Committee**

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cfisher@augustahealth.com

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Dennis Jones
drjones@cbiz.com

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cgmccann@verizon.net

Sally Raynard
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Tammy Shipe, CCAT
tshipe@augustahealth.com

What is AAHAM?

AAHAM is a premier professional organization for healthcare administrative management. Our goal is to provide quality member services and leadership in the areas of education, communication, representation, professional standards and certification. Virginia AAHAM was founded in 1982 as the American Guild of Patient Account Management. Initially formed to serve the interests of hospital patient account managers, AAHAM has evolved into a national membership association that represents a based constituency of healthcare professionals.

COMMITTEES

- Third Party Payer
- Government Relations
- Publications
- Chapter Awareness
- Website Development
- Membership
- Education
- Scholarship
- Finance
- Chapter of Excellence

If you are interested in serving on a committee contact one of the Board Members.