The Virginia AAHAM Insider

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

Winter 2017 Volume 45 Issue 1

The President's Message

Inside this issue:

Happy Holidays and Happy New Virginia AAHAM members and friends,

As my final message to the members as President of the Chapter, I wanted to send my report that appeared in our annual meeting of the members document so that those who could not attend our annual meeting would see it.

I'm happy to report that we've had a eventful and successful 2017. During this year the chapter held four meetings of the members; they were the Spring Regional, Summer Regional, Fall Regional and Annual meeting and conference. All meetings were well attended and provided valuable education and networking opportunities for members and other attendees. During our Spring, Summer and Annual meetings, charity drives were held to support local and national gift giving by the chapter and it's meeting attendees.

The board of directors met monthly by teleconference to keep each other fully apprised of all committee activities, education planning, financial operations and other important topics of chapter business. The Chapter President or our Proxy also attended National AAHAM board meetings in Washington, DC and Nashville, TN (2) to receive information from and provide feedback to the national organization. As the President of this chapter, I sat on the National Certification Committee for CRCE certification. On that committee I worked with other members in revising the certification manual, the exams, and the webinars. I also presented a webinar on the Admissions section during the Summer Webinar series.

Virginia AAHAM was once again awarded 1st Place for Chapter Excellence in the President's Division, for 2017. Leanna Marshall and I attended the ANI in Nashville, TN where we accepted the award on behalf of the Chapter. Virginia AAHAM also completed the Chapter Operations report to National and received a perfect 100% score for chapter operations.

I wish to thank all the board members who I have enjoyed so much serving the needs of our members over these last four years. I hold each of you in the highest regard and respect and appreciate all that you have done. I also want to thank all our members, corporate partners and friends who have supported our chapter during my time as President. You have all played a big part in our chapters success and are the reason this President and Board have worked so willingly on your behalf. Thank you again, it has been my pleasure and an honor to have served in this capacity during this time.

David

David Nicholas, CRCE-I

President, Virginia Chapter of AAHAM

Legal Collections: Pursuing those who *can* pay, but will not

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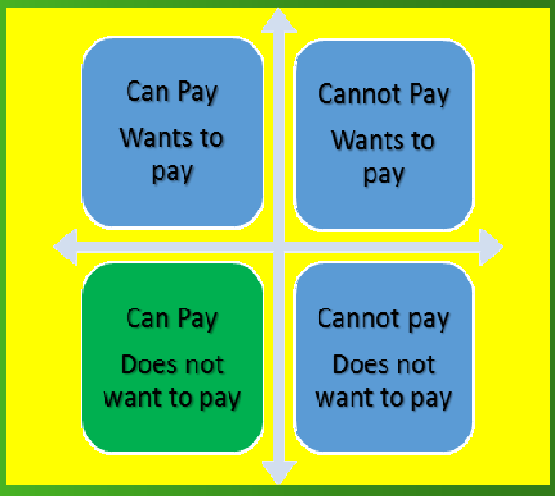
At the back-end of the healthcare revenue cycle, legal collections is traditionally reserved for patients who can pay, but simply will not do so. Prior to filing a lawsuit to collect a debt, many attempts are usually made by healthcare providers, billing agents and collection agencies to contact the patient to establish acceptable arrangements. Unfortunately, many patients do not respond to the calls or letters for myriad of reasons. After these attempts have been exhausted, the best course of action in many instances is legal collections. When reviewing revenue cycle strategies, administrators often ask about the legal process, particularly how to identify accounts that are most appropriate for legal treatment, what happens when an account gets referred to a law firm and what to expect in revenue cycle lift during the legal process.

Which accounts are best "suited" for legal

It is no secret that not all accounts deserve legal treatment. There are many legitimate reasons to exclude an account from the potential of a collections lawsuit, including hardship factors and account minimum balance thresholds. On the other hand, if we examine how to optimize legal healthcare collections, or legal collections in general, the "*can pay but will not pay*" matrix best depicts where legal treatment works the best.

As an extraordinary revenue channel, legal collections involves the decision to use the court system and the statutory legal remedies to file and serve a lawsuit to collect the money owed to the healthcare provider. Court costs are involved in this process, as is staff time in working with the attorney in placing accounts and providing supporting documentation. In the world of legal collections, the "*can pay and wants to pay*" patients are akin to unicorns, they are pleasant to think about but they really do not exist. The "*cannot pay but wants to pay*" patients do exist and their intentions are good, but their financial circumstances and season in life objectively reveal that they do not, and will not in the foreseeable future, have the ability to repay your account. The "*cannot pay and does not want to pay*" patients are facing similar



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life and budgetary challenges with no present or future prospects of payment; however, they also have no intention or desire to pay the provider even if they did have the ability to do so. The final quadrant in the matrix, the "*can pay but does not want to pay*" group, provide the focus of legal collections.

What happens when an attorney gets involved to collect healthcare accounts?

Before the first letter is mailed or lawsuit is filed, it is important to note that modern medical debt collection is compliance-centric and patient-focused. Past images of "debtor prisons," and abusive, unfair and embarrassing tactics being used to collect debt are, in general, rightfully gone for good. In 2016, U.S. healthcare expenditures were around $3.4 trillion. With healthcare spending representing approximately 17% of U.S. gross national product and 11.5% of all consumer debt, there is increasing regulator interest about all forms of medical revenue cycle management, including credit reporting, patient privacy and debt substantiation. At the same time, revenue cycle administrators are under pressure to produce results and, increasingly, to do so demonstrably within the letter and spirit of all laws.

Debt collection is a unique, highly specialized practice area where "success" in account liquidations can potentially be far outweighed by a collector's unprofessional, unethical and/or unprepared handling of what can be an embarrassing and stressful circumstance in a patient's life. As third party collectors collecting delinquent consumer debt, agencies and law firms must abide by the Fair Debt Collection Practices Act ("FDCPA"), a federal law enacted in 1978 that governs the collection of delinquent debts by anyone who is not the original creditor.

While the federal FDCPA is an important centerpiece to a compliant revenue cycle program, the FDCPA is just one small part of a collector's compliance operation. Collection attorneys (and agencies) all should employ significant hiring, training, testing and audit controls to demonstrate and ensure

1. To be sure, for purposes of this discussion, the "does not want to pay group" excludes patients who have legitimate reasons not to pay, such as unresolved disputes, pending insurance, etc.

2 .https://www.advisory.com/daily-briefing/2017/02/16/spending-growth "CMS: US health care spending to reach nearly 20% of GDP by 2025"

3. Consumer debt is defined as obligations arising from *personal, family or household* transactions.

4. 15 U.S.C. §1692 *et seq.* The FDCPA's purposes are to eliminate abusive practices in the collection of consumer debts, to promote fair debt collection and to provide consumers with a "level playing field" to dispute and obtain verification of debt information.

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compliance in all facets of consumer debt collection. These policies and procedures should be produced to healthcare client administrators and updated regularly as part of effective supply chain and compliance management.

While some differences exist from one company to the next, most collectors will provide up-to-date policies and procedures, training and certifications on the following subjects:

Selected Compliance Training and Controls		
Fair Debt Collection Practices Act	Fair Credit Reporting Act	Telephone Consumer Protection Act
Fair Lending and Equal Opportunity Act	Gramm-Leach-Bliley Act	Service Members' Civil Relief Act
Bankruptcy special handling	Deceased special handling	Complaint and dispute handling
Security awareness, data/privacy protection	Truth in Lending Act	Americans with Disabilities Act
Unfair, Deceptive or Abusive Practices Act	Consumer Financial Protection Act	Elder abuse awareness and prevention
Identity theft and fraud handling	HIPAA	Electronic Funds Transfer Act ("Reg E")
FTC Red Flag Rules	Customer experience expectations	Client-specific work standards

As stewards of the public's trust, officers of the courts, and keepers of clients' reputations, you will find that the most compliant and professional collection attorneys (and agencies) have robust policies and procedures to record and extensively audit all telephone calls to ensure parties are treated with dignity and respect. Further, these collection agents and attorneys will maintain video surveillance of their premises and have secure, badge swipe ingress and egress to protect the sensitive nature of personally identifiable information (PII) and protected health information (PHI). Pre-employment background checks and annual updates of all employees should be maintained to ensure the safest environment for sensitive client and customer data.

The process getting to judgment-The legal foundation for collection

Once compliance programs are demonstrated, healthcare administrators usually want to know more about what happens when accounts are placed with a law firm. When accounts are received, the firm will conduct extensive due diligence on each patient account to check for bankruptcies, active duty military, conflict, deceased, employment, real property and address verification. Additionally, a "collectability" score may be applied to the account that provides an objective predictor of a patient's relative ability to pay in the future.

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While due diligence reviews are being performed, the law firm will also perform account balance, proper party and dates of service reviews. If the accounts are approved to proceed, an initial attorney demand letter is sent to the patient or responsible party providing certain key information about the debt, including how much is claimed to be owed, the name of the creditor, dates of service and required FDCPA notices stating that the patient (consumer debtor) has 30 days after the date the letter is received to dispute the debt and or ask for additional documentation to verify the debt. A large percentage of debtors will begin to make payment arrangements at this stage. If the payment arrangement is to be in installments, the attorney will send a confirmatory letter and authorization forms for recurring debits or post-dated checks, depending on the payment preferences. Other options include 24-7 web and phone pay.

Should the debtor not respond to the initial letter, additional letters may be sent to provide additional options and alternatives. After this pre-lawsuit period has expired, eligible accounts are prepared to be filed as lawsuits by legal staff who review many factors, including whether the account has any unresolved disputes, whether the statute of limitations has expired, indication of a mail return or a bad address, whether the documentation and data provided support the balance claimed and the identity of the proper person being pursued. The lawsuits are then individually reviewed and signed by an attorney after a meaningful and thorough review of legal eligibility requirements and consumer safeguards.

Once the lawsuit has been signed by an attorney, it is filed with the appropriate court and served on the patient (defendant) at the home address listed on the lawsuit via a private process server or, in some cases, by sheriff. An affidavit executed by the healthcare provider and a redacted consent form will usually be attached as lawsuit exhibits under applicable court rules. No unredacted patient health identification/procedure documentation will be filed with the court.

At this point, after the debtor, now the defendant, has been served with the papers, a large percentage will make contact with the law firm to resolve the debt either by immediate payment in full or through an acceptable installment payment arrangement. In doing so, the law firm's collection and customer service agents and attorneys will work with the patient to update the details of the patient's employment, banking, home ownership, address and financial circumstances. This inquiry is particularly appropriate where there is a request from the patient for an extended payment plan in installments or, where appropriate, a discounted settlement or even outright hardship closure.

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In the event that the debt is not paid off before the court date on the lawsuit and no agreement has been reached to continue the case, the law firm's attorneys will appear in court and, if appropriate, request the court to enter a judgment if the defendant appears in court and agrees that the money is owed or if the defendant does not appear at the court date and the lawsuit was properly served. In Virginia, a representative from the healthcare provider *does not* have to appear at court in order for a judgment to be entered. Once the judgment is entered and the notice of appeal period expires, the law firm has multiple options under state law to generate payments including docketing the judgment against real estate, and filing wage and bank garnishments.

Legal collections enhances and extends the revenue cycle

One of the primary differences between collection agencies and collection attorneys in the context of the revenue cycle is the attorney's ability to file a lawsuit, obtain a judgment and *extend the life of the receivable to 10 and even 20 years* after its delinquency. Although payments start just after letters are sent, a very large percentage of money collected through law firms are after the lawsuit is filed and after judgment is entered.

For healthcare collections, one of the greatest benefits that a judgment gives is the extension of time. Generally, when a judgment is granted, the option to enforce post-judgment remedies is available for a minimum of 10 years, which can easily be extended to 20 years by properly recording the judgment. This extension is key for hospitals and physicians who serve patients who may have trouble paying the debt before the statute of limitations expires, which causes the creditor to lose a legal right to seek payment of the debt for the services rendered. A judgment affords the patient the opportunity to pay what they can while out of work, recovering or waiting on the outcome of a personal injury case, yet does not deprive the creditor of its right to seek payment at a later date.

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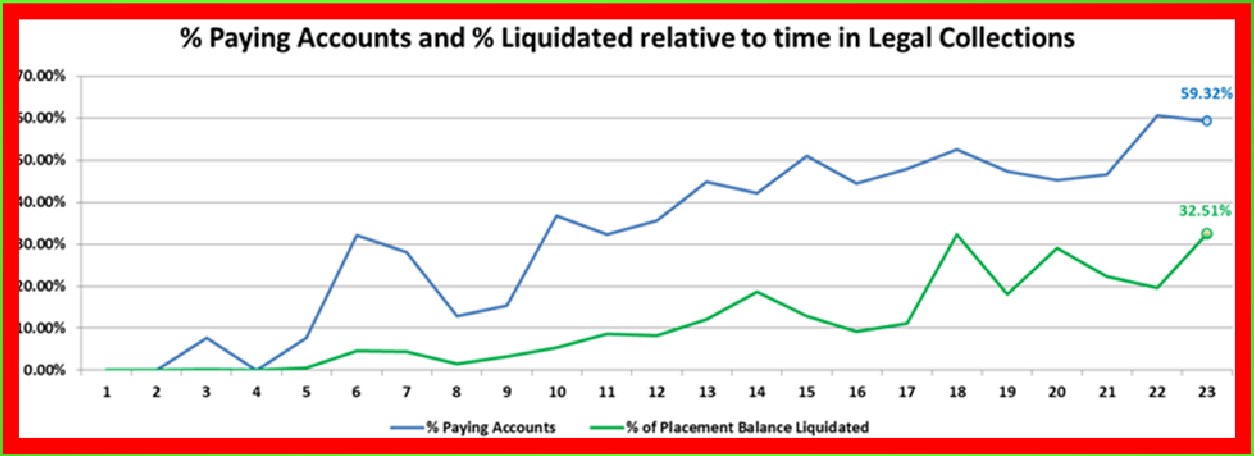
A judgment often affords the patient the opportunity to lower their monthly payment obligation to fit within their budget. These payers realize that the healthcare provider *does* care about the patient's financial situation and wants to work with them on a reasonable payment arrangement, thereby directly increasing patient satisfaction. In addition to increasing patient satisfaction, the reputation of the healthcare provider increases because it is seen as accommodating during a stressful time in the patient's life. A judgment provides the healthcare provider with the time (and leverage) to work with patients financially and be accommodating of circumstances yet still maintain a legal backing to get paid for services rendered.

As demonstrated in the above chart, accounts in legal collections produce payments from



debtors who can pay but will not do so. And the recoveries accrue over time. As the time-line progresses, the number of payments and the number of paying accounts increases. This positive correlation relates to the debtors' ability to pay increasing over time as they regain health, obtain employment and also work out other neglected bills such as mortgages, rent and auto.

The spikes in collections also relate to the general timeline in which the lawsuit is served, judgment is obtained and the first wage or bank garnishments begin producing cash recoveries. Importantly, as the payer (and judgment) base builds, healthcare providers can expect an increasing and steady stream of cash annuities.

Legal Collections: Pursuing those who *can* pay, but will not

What strategic advantages can I expect from compliant legal collections?

A legal judgment opens the doors to a number of remedies to enforce the terms of the judgment. These remedies include wage and bank garnishments, highly effective and quick producers of payment. Another direct benefit of judgment is the judgment lien, which is a lien that attaches to real estate owned or acquired by the judgment debtor. This judgment lien can "attach" to the property and the healthcare creditor would generally receive payment in full when the real property is later sold or refinanced.

Healthcare administrators are under constant pressure to "do more with less." Finding the right law firm to complement existing agency and internal collections can provide measurable, complementary value to the back-end of the revenue cycle. The legal channel can substantially increase the percentage of bad debt revenue that is compliantly collected, particularly from those patients who can pay, but who will not pay. Properly performed, professional legal collections will also achieve the goals of working with the patients' financial circumstances over time, while maintaining the healthcare provider's reputation in the communities they serve.

For more information, please contact Mark Groves or Austin Hale. None of the information provided in this article constitutes legal advice. This information is solely for informational purposes only.

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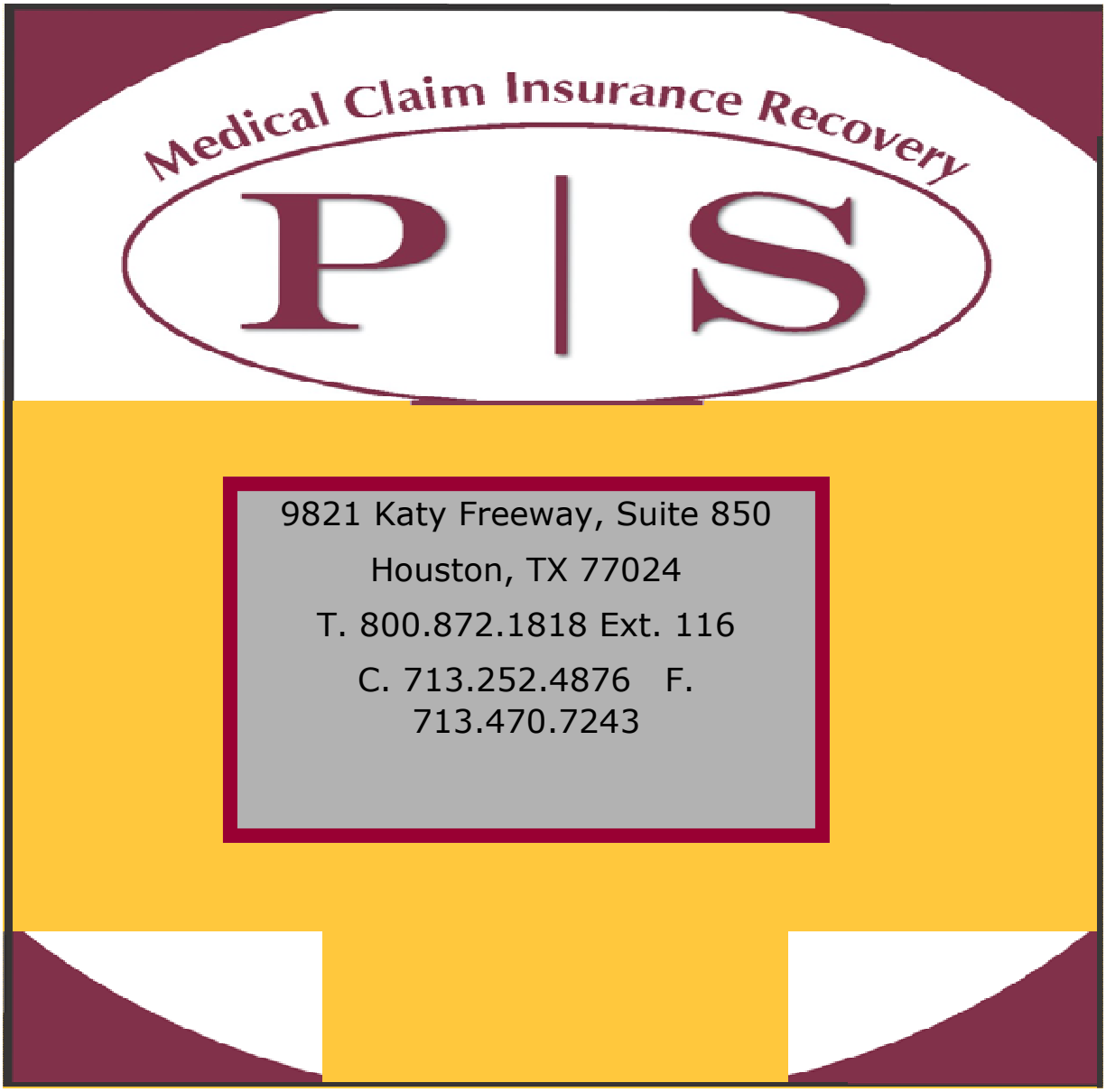
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Exploring the Growing Trend of Micro-Hospitals

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What exactly is a micro-hospital? Obviously it is a smaller version of a traditional hospital, but like most things in the health care space, it is far from that simple. Below, we explore the growing emergence of micro-hospitals and detail how they are finding their niche in the health care system.

Micro-hospitals typically operate seven days a week, 24 hours a day, and on average are 30,000 to 40,000 square feet in size with eight to ten inpatient beds for short-stays and observation. Most micro-hospitals are small-scale, fully licensed inpatient facilities. In general, no two micro-hospitals are exactly the same in design or services provided, but the majority of micro-hospitals tend to be located in areas and markets that are unable to support full-service hospitals. As such, micro-hospitals may be viewed as a low-cost entry into smaller markets, with the ability to expand services as needed. Micro-hospitals are designed to accommodate overnight stays but are primarily used to assess and treat lower-acuity inpatient medical conditions closer to a patient's home and in a more cost efficient manner than a full-service hospital.

Treatment costs at micro-hospitals are typically below that of a full-service hospital but higher than urgent care centers. Although micro-hospitals are able to treat a wide range of conditions due to having inpatient beds, the goal of a micro-hospital is not to be a one-stop shop. Rather, most micro-hospitals seek to treat the majority of care required by the community (up to 90% of treatments in some cases), but not the higher end of the acuity spectrum. Commonly, but not always, micro-hospital stays longer than 48 hours are sent to facilities that are capable of handling higher-acuity patients.

Characteristics

Typically, a micro-hospital is located within 20 miles of a full-service hospital to ensure an efficient transfer process for high-acuity patients. Additionally, markets are evaluated for potential service gaps where demand for full-service facilities is insufficient. Micro-hospitals are well suited to fill the void that exists between freestanding emergency departments (EDs) and full-scale hospitals by providing easy access to care with minimal waiting time.

Micro-hospitals and freestanding EDs are similar in that they both provide emergency care, however micro-hospitals also admit and guide patients to other appropriate care settings. Micro-hospitals, in some aspects, may be viewed as an extension of the freestanding ED model since most freestanding EDs need to be tied to a fully licensed hospital facility. Micro-hospitals, on the other hand, are fully licensed.

Micro-hospitals have sets of core services typically including emergency care, pharmacy, lab, and imaging. The rest of the services may be tailored to the needs of the community. Common services offered also include primary care, dietary services, women's services, and low-acuity outpatient surgeries

Exploring the Growing Trend of Micro-Hospitals

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Source: Advisory Board

Advantages and disadvantages

The most obvious advantage micro-hospitals have over larger hospitals is their ability to offer quicker and more convenient access to services. Specifically, one of the major advantages of micro-hospitals over other medical care centers is the fact that they are able to connect patients with specialty and primary care physician networks. For example, one micro-hospital in Las Vegas has a second floor with separate specialty and primary care physician offices to which patients could be referred. Other advantages include reduced wait-times, higher reimbursement than an urgent care center, decreased physician burnout compared to higher-acuity settings, and more customizable services to fit the needs of a specific population.

Conversely, one of the major disadvantages for micro-hospitals is the fact that they are limited to treating lower-acuity conditions. Often, micro-hospitals are not fully equipped to handle extreme medical situations such as heart attacks or life-threatening injuries from car accidents. Some of these patients may need to be transferred to larger facilities that are better equipped to handle high-acuity cases. Hence, the most successful micro-hospitals will have strong referral networks or be utilized as a cog in a larger health care delivery network.

NPR: https://www.npr.org/sections/health-shots/2016/07/19/486500835/microhospitals-may-help-deliver-care-in-underserved-areas

https://leavittpartners.com/2017/06/micro-hospitals-unique-opportunity-deliver-care-underserved-areas-amidst-transition-value

Exploring the Growing Trend of Micro-Hospitals

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Current outlook

As of the first quarter of 2017, micro-hospitals had a presence in 19 states, including Colorado, Arizona, and Texas. A common characteristic that many of those 19 states share is that a certificate of need (CON) is not required in order to build a facility. CONs can be a lengthy, complex process, thus states without that requirement are at an advantage. One of the major reasons for the growing popularity of micro-hospitals is that they are less expensive to build (most fall into the range of $7 to $30 million[2]) and have an abbreviated construction period compared to full-service hospitals, allowing health care services to be delivered to patients sooner.

Similar to fully licensed hospitals, micro-hospitals have multiple financing options available to them including taxable and tax-exempt bonds, the U.S. Department of Housing and Urban Development (HUD)/Federal Housing Administration (FHA) Sec. 242 program, private equity, real estate investment trusts (REITs), joint venture (JV) partnerships, and bank debt financing. In a recent example of a JV transaction, Emerus Holdings Inc., the largest operator of micro-hospitals in the nation, entered into an agreement with Allegheny Health Network (AHN), a Highmark Health Company, to fund the construction of multiple facilities using the Emerus neighborhood hospital concept. The Emerus neighborhood concept facilities are fully licensed hospitals that offer an array of onsite clinical services, an ED, 10 to 12 inpatient beds, diagnostic care, primary and specialty care.

In another recent example of new development, Mercyhealth announced plans to build a micro-hospital in Crystal Lake, Illinois. The plan consists of constructing a 13-bed facility with private inpatient and intensive care beds, two operating rooms, and ancillary services. As the city of Crystal Lake does not have an ED, the new micro-hospital will offer 24/7 emergency services. The facility is expected to open in 2020.

In Ohio, MetroHealth is proceeding with a plan to build a 12-bed micro-hospital in Cleveland Heights. The 12,000 square-foot facility will be constructed in a previously unfinished space within the existing MetroHealth 24-hour ED. The location should make coordination with the ED efficient, as ED patients can be admitted to the micro-hospital for observation. The maximum stay will be longer than most micro-hospitals at 124 hours.

CMS guidance

Effective on September 6, 2017, the Centers for Medicare and Medicaid Services (CMS) provided guidance regarding the requirement that a hospital participating in the Medicare program be "primarily engaged" in inpatient services in order to be considered by Medicare as a hospital and receive reimbursement for services rendered. Under this new guidance, CMS designates a facility as a hospital based on factors such as average daily census, average length of stay and number of off-campus locations. As a baseline for compliance, CMS will require that a facility have at least two inpatients at the time of a survey as a prerequisite for a survey to be conducted. If the facility has less than two inpatients, surveyors will review admission data while on-site and will proceed with the survey if the data demonstrates an average daily census of at least two patients, and an average length of stay of at least two midnights over the prior 12 months.

Exploring the Growing Trend of Micro-Hospitals

Due to constant changes in regulation regarding micro-hospitals, some hospital systems have been selective in opening hospitals in specific geographic and demographic areas. For example, Emerus has strategically positioned hospitals in zip codes with higher median incomes, more commercial coverage, and areas that are exhibiting rapid population growth. Additionally, Emerus has been expanding its network of micro-hospitals by forming strategic partnerships with larger health care organizations, including Dignity Health, Baptist Health, SCL Health, Hospitals of Providence, and Baylor Scott & White Health.[4]

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-44.pdf

[4]http://www.emerus.com/about/#offers

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-44.pdf

[4]http://www.emerus.com/about/#offers

The growing interest in micro-hospitals is likely to endure as the health care industry continues to undergo changes while promoting an over-arching trend towards specialization in patient care. Providers and investors interested in micro-hospital development should pay close attention to demographics, the type of services to be provided, design of the facility, and the available sources of capital as part of the due diligence process. Partnering with an experienced operator may be a way to minimize risk and implement best practices for those new to the micro-hospital space.

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Highlights from the Williamsburg Annual Meeting

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Healthcare Consumerism Study Shows Loan Programs Help Create Captured Consumer

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Healthcare organizations should be doubling down on patient retention, or keeping patients loyal to their health system, now more than ever. During the last few years, many providers have likely experienced higher inpatient volumes from newly insured Americans taking advantage of healthcare services for the first time; but as inpatient volumes stabilize—and perhaps even trend downward—healthcare organizations must consider ways to encourage patients to return to their system when they need care. Offering and promoting long-term financing to help patients pay their cost of care is a proven way to capture consumers, creating satisfaction and loyalty, according to the 3rd annual Healthcare Consumerism study from ClearBalance®.

ClearBalance has partnered with hospitals and health systems nationwide since 1992, providing consumer-centric affordable care while improving net recovery of patient pay and overall financial performance. The Healthcare Consumerism study measures patients' loyalty and satisfaction with the program, along with their perception of the healthcare organizations that provide long-term financing and their attitude about healthcare costs in general. These are the results:

More than 4,000 patients from ClearBalance healthcare provider partners completed the survey. Healthcare cost was an undeniable concern—a recurring pattern with this study. Ninety-two percent of respondents say healthcare is a big-ticket expense that requires long-term financing of 12 months or more. Eighty-one percent say cost is a factor when selecting a physician, and 84 percent say the same when choosing a healthcare provider—both slight increases from last year's percentages of 79 and 81, respectively.

Thirty-two percent of this year's survey respondents say they would delay care if a loan program wasn't made available to them, and 73 percent are more likely to ask about their cost of care up front. The availability of a loan program is critical in their decision-making process.

Almost all (97 percent) survey respondents say that a healthcare provider offering the ClearBalance program provides a community benefit. Ninety percent will likely return to a healthcare provider that offers the loan program, and 88 percent say they will likely recommend the healthcare provider to friends and family.

"Satisfaction and loyalty ratings consistently in the 90th percentile is a strong indicator the ClearBalance offering is a strategic asset for healthcare organizations," said Cynthia Porter, president of the healthcare market research firm Porter Research, which conducted the Healthcare Consumerism study again this year. "The above average response rate we see for this survey year-over-year demonstrates a committed following. This is an engaged consumer population willing to convey their continued positive perceptions of the ClearBalance program."

Slightly more than half of survey respondents report their annual insurance deductible to be between $1,001 and $3,000. Seventy-two percent depend on their employer-provided insurance to help cover medical costs. No matter the cost, a loan program helps to fill the gap for out-of-pocket expenses, especially when they're unexpected.

"Consumers expect quite a bit from hospitals for their clinical and financial needs," said Marilyn Koczan, Senior Vice President of Revenue Cycle Operations at Hackensack Meridian Health. "You can really spoil a great clinical experience when you present the patient with a large bill. At least the younger generations today understand they have a financial obligation and want to pay their bills. Being able to offer the ClearBalance program creates a very positive experience for the patient."

"I really appreciate the service that ClearBalance provides," said a survey respondent. "Even with stable employment and a health savings account, the cost of maternity care blew us out of the water."

Study findings are reinforced by repeat program use. Payment plan balances have increased from an average of $1,500 in 2014 to $1,660 in 2016, and the average requested repayment time frame is now about 24 months versus 18 months three years ago. While some of these increases relate to higher patient pay balances, much of this can be attributed to patients becoming captured (repeat) customers, of healthcare organizations. Patients are adding and consolidating new balances not only for themselves, but also for their spouse and dependents as a matter of convenience.

The overwhelmingly positive feedback in this year's survey responses proves that there is a high degree of loyalty and satisfaction with the ClearBalance program and the services it provides. This goodwill also extends to healthcare providers that offer the ClearBalance program.

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ClearBalance's attention and focus to managing only healthcare-related accounts is evident in continued high performance and satisfaction scores, as noted in this year's survey findings. Of the survey respondents who have called the ClearBalance Patient Experience Center to ask questions about their account, 95 percent were very satisfied with the customer service they received.

The ClearBalance online patient portal enables patients to check their account balance, make a payment or update their information at their convenience. Eighty-eight percent of respondents, a three percent increase from last year's results, utilize this service to keep their healthcare financing in order.

"I am a financial counselor at a local hospital. I meet with patients daily to set up payment arrangements. I am thankful for ClearBalance so I didn't have to use my credit card," said a survey respondent.

The ClearBalance program enables patients to easily pay their medical costs and engenders loyalty, positioning the individual health systems ClearBalance partners with as the care location of choice in their community. The need for patient financing is there, and ClearBalance has been partnering with health systems nationwide to fill that need for 25 years.

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Volume 45 Issue 1

Hospital Spotlight.....

NORTON COMMUNITY HOSPITAL
Mountain States Health Alliance

Norton Community Hospital is located in Norton Virginia, in the southwestern region of state. Norton Community Hospital is part of the Mountain States Health Alliance serving residents of Northeast Tennessee, Southwest Virginia, Southeastern Kentucky and Western North Carolina. This not-for-profit health organization is based out of Johnson City, Tennessee and operates 13 hospitals which service a 29 county region. They are an 80 bed facility, providing a wide variety of services to their respective communities and patients.

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Certification… why bother?

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

Benefits of obtaining AAHAM certification:

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

—AND—

An AAHAM certification demonstrates your:

Commitment—to your field and your ongoing professional development.

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

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

CRCE-I & CRCE-P exams are considered to be the best indication of knowledge in our field. Set a goal 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.

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

Charlottesville, VA 22902

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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Certification

2018 Certification Schedule

March 12-23, 2018
March 2018 Exam Period

April 18, 2018
Registration deadline for July 2018 Exam Period

July 9-20, 2018
July 2018 Exam Period

August 15, 2018
Registration deadline for November 2018 Exam Period

November 5-16, 2018
November 2017 Exam Period

December 19, 2018
Registration deadline for March 2019 Exam Period

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Newly Certified….

First Name	Last Name	Certification	Facility
Carla	Andia-Richards	CRCS-P	
Rocio	Arakaki	CRCS-P	Inova Healthcare
Jonathan	Brooks	CRCS-I	
Nannette	Burns	CRCS-I	
Mary	Conrad	CRCS-I	Mary Washington Healthcare
Misty	Floyd	CRCS-I	Centra Health
Carrie	Gibson	CRCS-I	Advanced Patient Advocacy
Jennifer	Hogg	CRCS-I	
Remedios	Holmes	CRIP	Parallon Business Solutions
Crystal	James	CRCS-I	Mary Washington Healthcare
Kristin	Johnson	CRCS-P	Inova Healthcare
Mary	Mickens	CRCS-I	Mary Washington Healthcare
Daniela	Moreno	CRCS-P	Inova Healthcare
Agathe	Nsingi	CRCS-P	Inova Healthcare
Caroline	Pagan	CRCS-I	Mary Washington Healthcare
Glorie	Ramdas	CRCS-I	Inova Healthcare
Pamela	Rector	CRCS-I	Mary Washington Healhcare
Betty	Spradlin	CRCS-I	Centra Healthcare
Jennifer	Suarez	CRCS-P	Inova Healthcare
Elisa	White	CRCS-I	Davis Memorial Hospital
Madelaine	Whitmore	CRCS-P	
Brandy	Wildman	CRCS-I	Davis Health System
Lisa	Yearby	CRCS-I	Inova Healthcare
Marc	Morhack	CRCE-I	

Congratulations!
We are proud of you!!

 Continued on next page

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:

Woodrow Samuel Annual Scholarship Application

Continued on next page

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.

Review Process:

All applications will be reviewed and scored by the Scholarship Committee. Points are awarded based on the following criteria:

- Active in school related organizations (e.g. Honor Society, FFA, Ecology Club, Science Club, Beta Club, Student Council, etc.)
- Elected leadership position in school or community related clubs or organizations
- Demonstrates community involvement (e.g., membership in Scouts, 4-H, civic group/club, volunteer work)
- References
- Essay (Explains why _____is important to the applicant and/or his/her family.)
- Awards received for school or community involvement

Section A—Application

Type or print all answers clearly. Fill in all information completely. Use a blank sheet of paper to continue answers, and number them to correspond with the question number (for example, D—Goals).

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Daytime Telephone _____ Evening Telephone _____

Date of Birth _____ E-mail address _____

Woodrow Samuel Annual Scholarship Application

Continued on next page

Present Place of Employment or Accredited School _____

Address of Employer or School _____

_____

Dollar Amount of Scholarship Being Requested _____

Section B—Education

Current School/College You Plan to Attend _____

Section C—Essay and Reference Letter

For Virginia members, please write an essay in 250 words or less on how the healthcare field has benefited you and the reason you would like to further your education. For dependent's of Virginia State AAHAM members, please write an essay in 250 words or less on the reason you would like to further your education and the reason you have chosen your career field major. Feel free to list any education experiences which have

this scholarship is important to you. Submit your answer on a separate sheet that includes your full name in the upper right hand corner.

A reference letter must accompany the application. It must state the reason why they feel the candidate deserves to win the scholarship.

Section D—Signatures

I certify that the information on this application is correct and represents the candidate to the best of my knowledge.

_____ _____

Applicant's Signature Date Application Submitted

Section E—Submission and Deadlines

Applications must include all signatures and titles. It must also include your written essay and reference letter. Submission deadline is February 15, 2018. The application is to be submitted to:

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Woodrow Samuel Annual Scholarship Application

Pam Cornell, CRCE-I

Mary Washington Healthcare

Patients Accounts

2300 Fall Hill Ave, Ste 313

Fredericksburg, VA 22401

(540) 741- 3385

Pam.cornell@mwhc.com

Please do not write below this line.

_____

Date Application was received _____

Scholarship Committee Chair Signature _____

Scholarship Approved or Awarded? _____ YES _____ NO

The Virginia Chapter of AAHAM
American Association of Healthcare Administrative Management

2018 Membership Application

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

Take advantage of these important benefits…

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

Please enter your information below.

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
Linda Conner
2204 Wilborn Ave.
South Boston, VA 24592

-OR-

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

Virginia AAHAM Tax ID: 54-1351774

SILVER SPONSOR

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The Virginia Chapter of AAHAM Executive Board 2016-2017

Chairman of the Board

(Chapter of Excellence Committee)

Linda McLaughlin, CRCE-I

Director, Director Finance and Governmental Services

VCU Health System

PO Box 980227, Richmond, VA 23298-027

Office—(804)828-6315 Email– linda.b.mclaughlin@gmail.com

President

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

David Nicholas, CRCE-I

President, Mercury Accounts Receivables Services

Office - (703) 825-8762

Email— David@Mercury.ARS.com

First Vice President

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

Linda Patry, CRCE-I

Director, Patient Financial Services

Mary Washington Hospital

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

Office—(540)741-1591 Email– Linda.Patry@mwhc.com

Email—cfisher@augustahealth.com

Second Vice President

(Committee Chairperson: Education Committee; Government Relations Committee)

Dushantha Chelliah

2212 Greenbrier Dr.

Charlottesville, VA, 22901

Office - (434)924-9266

Email- DC5P@hscmail.mcc.virginia.edu

Secretary

(Committee Chairperson: Publications Committee; Scholarship Committee)

Amy Beech, CRCE-I

Patient Accounting Supervisor

Augusta Health

PO Box 1000, Fishersville, VA 22939

Office—(540)245-7216 Email—abeech@augustahealth.com

The Virginia Chapter of AAHAM Executive Board 2016-2017

Treasurer

(Committee Chairperson: Vendor Awards Committee)

Linda Connor, CRCE-I

Manager of Patient Financial Services

Sentara Halifax Regional Hospital

Office: (434) 517-3433

Email: linda.conner@halifaxregional.com

Appointed Board Member

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

Brenda Chambers, CRCE-I,P

Revenue Integrity

HCA - RSSC Capital Division

7300 Beaufont Springs Drive; Boulders VIII – 2nd Floor;

Richmond, VA 23225 Office—(804)267-5790 Email—Brenda.Chambers@hcahealthcare.com

Email—Brenda.Chambers@hcahealthcare.com

Appointed Board Member

(Committee Chairperson: Certification Committee)

Leanna Marshall, CRCE-I

UVA Health System (Retired)

814 Montrose Avenue, Charlottesville, VA 22902

Phone—(434)293-8891 Fax—(434)977-8748

Email—ayden1@embarqmail.com

Honorary Board Member

Michael Worley, CRCE-I

Revenue Cycle Consultant

1807 Mount Vernon Street, Waynesboro, VA 22980

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

Appointed Board Member

(Committee Chairperson: Communications Chair)

Katie Creef, CRCE-I

Director of Patient Accounting

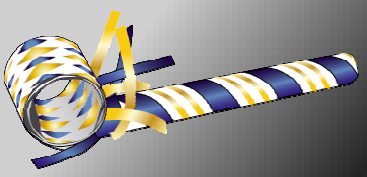
Augusta Health

P.O. Box 1000 Fishersville, VA. 22939

Office- (540)332-5159 Email-kcreef@augustahealth.com

Office- (540) 332-5159 Email– kcreef@augustahealth.com

On the lighter side of things.....



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National News— www.aaham.org

AAHAM announced a new mid-level certification at the 2014 Annual National Institute (ANI) in San Diego, CA, the Certified Revenue Integrity Professional (CRIP). This certification is intended for individuals in the revenue cycle to help ensure that facilities effectively manage their facilities charge master, and bill and document appropriately for all services rendered to a patient. This certification requires an in-depth, working knowledge of various revenue cycle areas and proper skill sets needed to increase revenue and reimbursement for facilities. It also ensures that proper charging takes place to maintain compliance within the insurance payer programs. With the addition of this new certification, AAHAM now offers a complete career ladder, beginning with the CRCS and culminating with the CRCE.

Visit the website for more information **http://www.aaham.org**

And calendar of upcoming events.

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/



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National News— www.aaham.org

The 2018 Annual National Institute will be held at Hyatt Regency Coconut Point in Bonita Springs,Florida

October 17-19, 2018

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Credit Control Corporation

Penn Credit
Trans Union
CCS
NCC
Glasser

DECO
RMC Corporation

Experian
Change Healthcare
Cirius Group

Sponsorship

Platinum Sponsorship - $1500

- **Exhibit space available at <u>both</u> the May & December Conference**
- **Full-page ad in <u>ALL</u> newsletters**
- **Full-page ad distributed at <u>ALL</u> meetings**
- **Free Registration at <u>BOTH</u> the May & December educational conference for four (4) sponsor employees**
- **Plus much more...**

Gold Sponsorship - $1,200

- **Exhibit space available at <u>both</u> the May & December Conference**
- **Full-page ad in <u>ALL</u> newsletters**
- **Full-page ad distributed at <u>ALL</u> meetings**
- **Plus much more..**

Silver Sponsorship - $1,000

- **Exhibit space available at EITHER the May OR December Conference**
- **Half-page ad in ALL newsletters**
- **Half-page ad distributed at BOTH meetings**
- **Plus much more.....**

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. I hope that you will consider supporting Virginia AAHAM this year. —***Dale Brumbach,***

Mark your calendars!

Upcoming VA AAHAM events:

2018 Annual Meeting and Conference, Williamsburg, VA.

Dec. 5-7 2018

Go to our web site for more information and registration:

The Virginia Chapter of AAHAM American Association of Healthcare Administrative Management

www.vaaaham.com

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A New Year's Tradition

Why Are Black Eyed Peas Good Luck?

The practice of eating black-eyed peas for luck is generally believed to date back to the Civil War. At first planted as food for livestock, and later a food staple for slaves in the South, the fields of black-eyed peas were ignored as Sherman's troops destroyed or stole other crops, thereby giving the humble, but nourishing, black-eyed pea an important role as a major food source for surviving Confederates.

NEW YEAR'S EVE

K F I B B I E W R M F D J E A T L X H B
E C N A S R N I S E I P H T Q O E V G A
M Z O L I K T D G Y S E O A U H Y L N B
I R F L R Z D T O E N O I L H Y G W L Y
T Y B D C Z L V D Y W R L P N X O Z E N
R X K R R U D T S W X X K U J D F X T E
E B L O W I N G H O R N S G T M V T Q W
H Y M P V I N Y T R A P M N B I I R Y Y
T N O I T A R B E L E C U I E O O L N E
A D Q O L P D I N D M O S Y D F P N J A
F I A D V V A V H N C T M A B N J A S R
F S L F I R E W O R K S J T I R I Z H B
T U E O R U N G P F C F U S V Z Q G O M
A F O Y B S S V N B Q T H T A N N S H L
M B Y G S M M Q T D P C D Y I Y X X Y T

Auld Lang Syne
Baby New Year
ball drop
blowing horns
celebration
clock
countdown
Father Time
fireworks
midnight
party
resolutions
staying up late
toast

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 2017. Submit articles to Amy Beech abeech@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**

Amy Beech, CRCE-I

abeech@augustahealth.com

Sara Quick, CRCS-I,P

squick@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.