



The Virginia AAHAM Insider

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

Fall 2012

Volume 24 Issue 1

The President's Message

Hello Fellow Virginia Chapter of AAHAM Members:

As we prepare for the next few years in healthcare, The Virginia Chapter of AAHAM is here to help you meet the challenges that are coming our way! 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.

Over the last year The Virginia Chapter of AAHAM has been working with Palmetto to improve processes and communications. Palmetto held their second workshop in September. It is now time to check once again with our members to see what assistance is needed to resolve any outstanding concerns or questions. We will be sending out another survey in October and look forward to hearing from our membership regarding whether Medicare operations and receivables have improved.

The Virginia Chapter of AAHAM is dedicated to supporting its membership in resolving account receivables concerns. If there are other payer concerns or even training that would assist your facility/provider, please notify one of the Board Members and we will be happy to have our Third Party Committee work with the payers or coordinate training that may be required.

Our next seminar will be held at Fauquier Medical Center in Warrenton on October 12. This seminar is packed with vital information such as an updates from DMAS and Palmetto. Also, we will be celebrating The Virginia Chapter of AAHAM's 30th Anniversary at our Annual Conference to be held December 5th through December 7th. Mark your calendars!

The National AAHAM ANI will be held in Florida on October 17th through October 19th. Some of our members will be attending this conference and we will be sharing information in our next newsletter. If you have never been to a National AAHAM ANI, you should plan to attend next year as it is well worth the time and travel.

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



INSIDE THIS ISSUE:

Fall Meeting—Fauquier Hospital	2-3
Member Spotlight — Michael Worley, CPAM	4-5
Pause, Clarify, Define, and Deploy By John Cook	7
Save-the-date VA AAHAM's Annual Meeting	8
Understanding the 2012 Outpatient Therapy Limitation Outreach & Education, Palmetto	9-10
Successful Connections By Sally Raynard	10
Contracting Managed Care Under ICD-10—Part 1 By Rob Borchert	12-13
Certification	14-15
Membership Application	16
VA AAHAM Executive Board	18-19
National News	21
Sponsorship	22
Upcoming Events	23
What is AAHAM	24



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healthcare financial management association

**“Something For Everybody”
A mixed bag of learning opportunities for Revenue Cycle
Professionals**

**Friday October 12, 2012
8:00 AM – 3:30 PM**

**Hosted by: Fauquier Hospital
500 Hospital Drive Warrenton, VA 20186**

**Patient Access
Forum**

Hear from your peers around the Commonwealth on what challenges and solutions they experience in Patient Access. Moderated by Melissa Finley, Director of Patient Access at Fauquier Health.

**Medicaid
Reimbursement
Changes**

William Lessard from DMAS will present on the upcoming methodology changes for hospital reimbursement for Medicaid patients.

**Worker's Comp
Law in the
Commonwealth**

Claudine Nesheiwat from Advanced Patient Advocacy provides a refresher on Workers Compensation laws in Virginia and best practices for compliance.

**Healthcare Policy
Update**

Jay Andrews from the Virginia Hospital and Healthcare Association will provide the latest on the legislative aspect of healthcare.

**Palmetto GBA
Provider
Education**

Join Kathy Boehm as she presents the latest updates from Palmetto

**A raffle will be held to benefit
the Fauquier Free Clinic**

Providing no cost medical and dental care to low income uninsured families residing in Virginia's Fauquier and Rappahannock Counties. A small paid staff is supplemented by over 250 volunteers in delivering charity care each year.

**Register by mail or online at
www.vaaaham.com
Click on “Calendar of Events”
and locate “Fall Conference”**



hfma virginia-washington dc chapter
healthcare financial management association

Mail-In Registration Information

Registration Fees: Members: \$ 85
Non-members: \$125

Member of (check one):

AAHAM _____

HFMA _____

Non-Member _____

Full Name

Title

Certification Type and Number

Organization Name

Organization Address

City

State

Zip

Phone Number

Fax Number

E-mail Address

**Mail registration form and registration fee payable to
The Virginia Chapter of AAHAM**

To:

David Nicholas, CPAM

Treasurer, Virginia Chapter of AAHAM

6800 Versar Center, Suite 400

Springfield, VA 22151

Phone: 703-321-8633 or FAX 703-321-8765

Email: David.Nicholas@BMCcollects.com

We reserve the right to cancel or re-schedule a program because of insufficient number of registrants or other unforeseen circumstances or to close registration when a program is over subscribed.

Member Spotlight—Michael Worley, CPAM

By: Carol McCann



This year marks the 30th anniversary of The Virginia Chapter of AAHAM. The chapter was formed in 1982, and was originally called AGPAM - The American Guild of Patient Account Management. None of the original eight members are still with The Virginia Chapter of AAHAM, but Michael has been a member for the majority of that time and kindly agreed to give us a little insight into the last thirty years. Michael has his own consulting practice and has a lot of fun with it; he has been in healthcare for more than 25 years (actually he might have to agree to almost 30 considering this is the 30th anniversary), and has been married for 42 years to the same woman (*McCann: I've met Michael's wife and can attest that she is a wonderful woman*). Michael has two

grown children: his daughter lives in Virginia in the same town that he does, and has two children Hollis Carter age 6 and Henry Michael age 2, while his son lives near Baton Rouge and has a 9 month old Fiona Birch, born on New Year's Eve. Finally, he confessed that he has a hole in the water through which he pours money called a houseboat, or "the other woman".

While not one of the original 8 members, Michael joined in 1989 and has been a constant, extremely active member since then.

Michael said that in the early days there were three primary functions for the group. The first was setting up a method for networking. Michael was a CFO in 1982, and was on the Board of Directors for the Virginia Chapter of HFMA, when the Board for the newly formed Virginia AGPAM chapter requested a meeting with the HFMA board. The AGPAM Board let the HFMA Board know what they were doing to make sure that everything was amicable between the two groups. Since that time the two

professional groups have consistently held joint meetings to the benefit of both.

The second purpose the newly formed group served was facilitating the Certification Program in Virginia. Michael says that his certification has been critical to his career, giving him a verifiable way to document his knowledge.

The third purpose for the group was payer pattern validation and development of a unified response. The group allowed everyone to determine if the issues each had identified were present across the local industry, as well as providing a mechanism for presenting a unified response to the payers.

Michael then discussed the purpose of the group in the current environment being basically the same, but with much more emphasis on education for non-management levels and a strong advocacy presence noting that we have been able to make an impact on healthcare regulations.

Continued on next page

Member Spotlight—Michael Worley, CPAM—continued

By: Carol McCann

To respond to the changes in the industry, Virginia AAHAM added technical certifications in clinical and hospital specialties, and most recently added the CCT - Certified Compliance Technician. The group Virginia Chapter of AAHAM focused on responding to budget cuts in the provider arena by setting up free, and one day, seminars to support the reduced education budget availability, combined with having the meetings in different parts of the state.

I asked Michael to put on his "Kreskin turban" and look into the future of where healthcare is going. Michael indicated that he really couldn't predict that, but feels it will be exciting. He sees us forming as a nation in the development of health policies which we never had the will in the past to actually do. While it is impossible to predict what those policies will be, at least we are finally discussing it. Michael feels that what comes of the discussions will be a major evolution, and that while we may have a lot coming in the next couple of years, the changes will be

nothing compared to where we will be in the long run.

Michael indicated that to be effective in the future, AAHAM will need to continue to be forward thinking and supportive of industry participants by providing a voice where needed, and education at all levels.

When asked if Michael had anything else he would like to tell the Virginia AAHAM members on our 30th anniversary, he just said "Congratulations, and it is important that everyone know that it has really been what personally assisted my career and contributed to my success in so many ways." ☐



Bio: Carol McCann, CPAM is an independent consultant with more than 25 years (oops, I guess it is 30 now) in healthcare. She can be reached at cgmccann@verizon.net.



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Pause, Clarify, Define, and Deploy—by John Cook

I have learned that in many ways and life circumstances we are at a crossroad and seek wisdom of which way to go. **A close and deliberate look at self will provide clear direction.** As we look at our circumstances differently we are able to define and deploy a new or renewed mission.

Take time to truly pause and consider the following questions only as it relates to you.

Keep this checklist in mind of your journey to purpose and mission:

- Influence
- Self discipline
- A good track record
- Strong people skills
- Ability to solve problems
- Beyond mediocrity
- Display a positive spirit
- Free from anger and resentment
- Willing to make changes
- The ability to see what needs to be done next
- Accepted as a leader by peers
- A manner that draws people
- A positive self image
- Initiative
- The ability to bounce back

Now, the honest questions:

What is wearing me down? Thoughts:

Work issues, family issues, financial issues

What am I trying to reconcile within myself? Thoughts: This may be something very personal.

In what aspect of your life do you need “personal breakthrough”? Thoughts:

Self discipline, freedom, from anger and possible resentment, self image.

Who do I need to connect with or where do I need to connect? Thoughts: friends, community, church, a mentor.

Define your “Incredible”. Thoughts: your best practices

How can your “Incredible” help you where you are today?

What would you define as your top challenge?

What three disciplines could you activate that would help you deploy a new plan?

What goals have you put off?

From these questions, what are your defining moments?

What drive you?

What is your source of strength?

I can proudly say I am

What do you believe is your single most important purpose/mission?

How will you deploy that?

Write a five point plan of action that will begin now

When you ask the question(s), you will get the answer. ☐

John Cook can be reached at jcook@prorecoveryinc.com

Daily insights may be found at www.sunrisejohn.wordpress.com

**Join us for the Virginia
Chapter of AAHAM's**

ANNUAL MEETING & PEARL ANNIVERSARY

WHEN:

December 5 – 7, 2012

WHERE:

**Crowne Plaza at Fort Magruder
Williamsburg, Virginia**

Featured keynote speakers:

Jerry Bridge, LifeWorks Education
Motivational Speaker
www.lifeworkseducation.com

Weston Smith, Former CFO turned
whistleblower of Healthsouth Corporation
www.westonsmith.biz

Workshops include

Payment
Bundling

Customer
Service in
Healthcare

Healthcare
Compliance
Updates

How to Renew
Your Revenue
Cycle Team

Customer
Service in
Healthcare

And Plenty of
Other Revenue
Cycle Topics

Come for the education and stay for the celebration as the Chapter marks its 30th **Anniversary** with a **very special** event Thursday.

Understanding the 2012 Outpatient Therapy Financial Limitation

By: Outreach & Education, Palmetto

Why do we Have an Outpatient Therapy Limitation?

The Balanced Budget Act (BBA) of 1997 enacted financial limitations on outpatient physical therapy, occupational therapy, and speech-language pathology services in all settings except outpatient hospital. Section 3005 of the Middle Class Tax Relief and Job Creation Act of 2012 (MCTRJCA) extended the therapy caps exceptions process through December 31, 2012, and made several changes affecting the processing of claims for therapy services.

Are There Any Exceptions to the Outpatient Therapy Limitation?

Exceptions to the limits were enacted by the Deficit Reduction Act, and have been extended by legislation several times.

Suppliers and providers will continue to use the KX modifier to request an exception to the outpatient therapy cap for services that are over the 2012 cap amounts -- \$1,880 for occupational therapy services and \$1,880 for the combined services for physical therapy and speech-language pathology.

MCTRJCA also established a requirement for “prior authorization” of outpatient therapy claims over a \$3,700 threshold. Suppliers and providers will use the “prior authorization” process to request an exception on claims that are over the 2012 threshold amounts -- \$3,700 for occupational therapy services and \$3,700 for the combined services for physical therapy and speech-language pathology. The requirement for “prior authorization” of all outpatient therapy services over the thresholds shall apply to specifically identified providers on the effective date determined by the Centers for Medicare & Medicaid Services (CMS) for the phase.

What is the Phase-In Process for Outpatient Therapy “Prior Authorization” of Services Over the Thresholds?

Implementation to the “prior authorization” process will occur in three phases. CMS published the list of providers (by NPI number only) and the Phase to which they are assigned on the CMS Web site at www.cms.gov and the list is also posted on the Palmetto GBA Web site at www.PalmettoGBA.com. If a provider is not on the list, then that provider shall be

deemed to be in Phase III. CMS is implementing this process in phases in order to ensure a smooth transition to the new process. Effective dates for the phases are:

Phase I: October 1, 2012 – December 31, 2012

Phase II: November 1, 2012 – December 31, 2012

Phase III: December 1, 2012 – December 31, 2012

In addition, CMS is mailing a letter to every provider subject to the “prior authorization” thresholds notifying them of the phase they have been placed into.

What is the “Prior Authorization” Process?

You must send a request for “prior authorization” to Palmetto GBA in advance of providing outpatient therapy services over the \$3700 thresholds once you have phased-in to the “prior authorization” process. See the “Outpatient Therapy Services Caps and Thresholds” Job Aid for detailed instructions on “prior authorization” submissions.

Continued on next page

Understanding the 2012 Outpatient Therapy Financial Limitation^{-cont} By: Outreach & Education, Palmetto

You may request preapproval of up to 20 treatment days of services per “prior authorization” request per outpatient therapy discipline. Palmetto GBA is required to make a decision and inform both the provider and beneficiary in a letter within 10 business days of receipt of all requested documentation. If Palmetto GBA cannot make a decision within 10 business days as required, the “prior authorization” request will be considered automatically approved. The provider and beneficiary will receive a letter that indicates the approval was made because of time constraints and not on the documentation provided to Palmetto GBA. The

decision letter will contain a tracking number that will need to be used along with the KX modifier on the claim.

What Needs to be Submitted on my Claim After “Prior Authorization”?

Palmetto GBA has developed a tracking mechanism to identify claims that were preapproved or non-approved through the “prior authorization” process. Providers should ensure the tracking number (or numbers if there were more than one outpatient therapy disciplines for “prior authorization” on this claim) is in the remarks field and the KX modifier is appended to the lines of the

affected outpatient therapy threshold(s) on the claim.

Note: Any claims submitted without “prior authorization” from providers in the respective Phase will be subject to pre-payment review. ☐

References:

Change Request (CR) 8036:
www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1117OTN.pdf

Successful Connections—by Sally Raynard

“I would like to express my gratitude for VAAAHAM President, Linda McLaughlin! When a Palmetto GBA claims processing issue affected several of our high dollar claims, Linda generously contacted Palmetto GBA promptly on our behalf. By putting us in direct contact with the J11 VP, we were immediately assisted and our claims were processed for immediate payment! Thank you VAAAHAM!”

Natalie Hefner, CPAT
Culpeper Regional Hospital

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Contracting Managed Care Under ICD-10—Part 1

By: Rob Borchert, FHFMA, CPAM

In preparing for the new environment under ICD-10, most of us are focusing on the dynamic transformation that will be required internally. The various levels of education and training will consume any and all of the 'free time' of staff in all departments that are involved. In fact, we will probably have to build in some overtime pay in our budgeting. As one of the slides I have presented, the only departments not involved with any type of education and training will be dietary, maintenance, house-keeping, and volunteers. Everyone else will (or should have) some level of education and training.

In fact, we not only need to coordinate our internal education but we also need to, at least, monitor the education and training of our affiliates. The list of affiliates that I am referring to consists of independent physicians and clinics, associated laboratories, contracted vendors like clearinghouses and bolt-on technology companies, nursing homes, etc. We must be able to identify all external and internal sources of data generation that will have a direct effect on identifying all services rendered to a patient. Notably, in identifying all of these sources, we also need to identify what type of data will be required. Will the data be English descriptions or will there be a

requirement for CPT codes and/or ICD codes? Many of the medical necessity software protocols now require the actual CPT code and/or the actual ICD code. In addition, there is a recognition that the insurance companies that will give the approval for a test or an admission to a hospital will definitely require the medical CPT code and ICD diagnosis for an outpatient service and the ICD diagnosis code for an admission.

All of the above information is just the introduction into the new dynamics associated with Managed Care contracting. If you do not know the basic requirements during the initial process of a patient encounter, you should find out now. Also remember that insurance companies usually use the Milliman coding guidelines for admissions and utilization review and Milliman is being re-written for the ICD-10 environment. That particular point of fact presented, let us move on to the full contracting process. Most managed care contracts today consist of a 'Chinese menu' approach with various reimbursement specifications. One contract can consist of an inpatient DRG reimbursement; an inpatient Case Rate reimbursement; an outpatient surgery (APC or ASC) reimbursement; an outpatient, ancillary fee schedule reimbursement, and a flat ER

rate with levels. The facility data gathering to negotiate this type of contract takes a lot of preparation and many facilities just depend on the insurance companies' data rather than their own and are happy with any type of positive outcome.

In this first part of the article, I want you to think about the type of contract reimbursement that you have within each contract today. Is the content similar to what I have described, namely a mixture of different types of payment and different formulas for each type? Do you think that per diem methodology is a better reimbursement strategy than DRGs? Do you think that ICD 10 will have no bearing on a per diem contract? Do you think that moving to ICD 10 will have any bearing on contract negotiations at all? These are all good questions that you should be thinking about now because you can bet that the third party insurance companies have already run the numbers and know the answers. This is the main reason why each major insurance company has already stated that their "crosswalk" from ICD 9 to ICD 10 and from ICD 10 to ICD 9 "may be different" than the other insurance companies.

Continued on next page

Contracting Managed Care Under ICD-10—Part 1—*continued from previous page*

By: Rob Borchert, FHFMA, CPAM

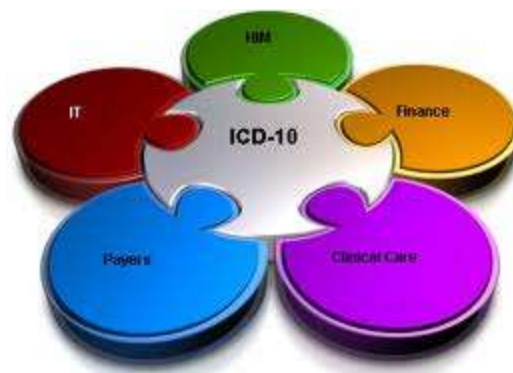
This “difference”, I bet, is primarily due to the higher reimbursement that could occur if the specificity of ICD 10 provides a higher patient acuity. Whatever you do....CHALLENGE any payer who says that they want to be “reimbursement neutral” during this ICD 10 transition. They will sell you the “safe” position of *guaranteeing your reimbursement* through this reimbursement or budget neutral environment. From my experience, this clearly means that if you do not trust your education/training approach to ICD 10; nor do you trust your physicians to document accurately, completely and compliantly; nor do you trust your front end staff to capture all the detail data required and the surgical documentation in its detail...play safe and take neutrality.

Look at the reimbursement method of APR-DRGs where, basically, for every MS-DRG there are FOUR (4) levels of APR-DRGs. Each level represents a different and distinct patient acuity status driven by the specificity of the diagnostic information. Since each level represents a distinct patient acuity, it tells a better “picture” of the patient’s condition and the amount of resources required to care for the patient. Therefore, each level is reimbursed at a different dollar value based on the “basis rate” times the level of patient

acuity or “weight”. The most NON-specific diagnoses are paid at the lowest rate and the most specific diagnoses are paid at the highest rate. Are you beginning to see a picture?

Even physicians can receive a higher reimbursement for their services based on specific diagnoses and modifiers that reflect intensity of care. Interested in more???? Watch for Part Two!☐

Rob can be reached at rob@bpa-consulting.com or (315) 345 - 5208



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!

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—

Virginia AAHAM offers a certification payment reward for passing the professional exam. AAHAM will reimburse the member for the cost of the exam.

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

Leanna Marshall, CPAM

PFS Consultant

UVA Health System (Retired)

Phone: (434)293-8891

Fax: (804)977-8748

814 Montrose Avenue

Charlottesville, VA 22902

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.

CPAM & CCAM 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 CPAM/CCAM designation after your name.



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

*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!



Deborah	Bennett	CPAT
Stacy	Brooks	CCAT
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Mary	McDowall	CPAT
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Milenka	Molina	CPAT
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Hayley	Romeo	CPAT
Sharon	Sipe	CPAT
Sharnita	Smith	CPAT
Tammy	Spring	CCAT
Ronita	Winston	CPAT
Beverly	Wisser	CPAT

CPAM/CCAM and CPAT/CCAT

examinations have set the standard of excellence in patient account and have defined new levels of professionalism in the healthcare administrative field. The exams are symbols of mastery of the art of patient account management. Congratulations to those who have successfully passed the certification examinations. This is an outstanding achievement!

**Join VA AAHAM
Membership applications are on
the next page. If you pay by the
end of this year your membership
will be good throughout 2012**



2012 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.

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| *Access & prep. assistance for certification tests that demonstrate your professional skills; | *Educational scholarship opportunities |
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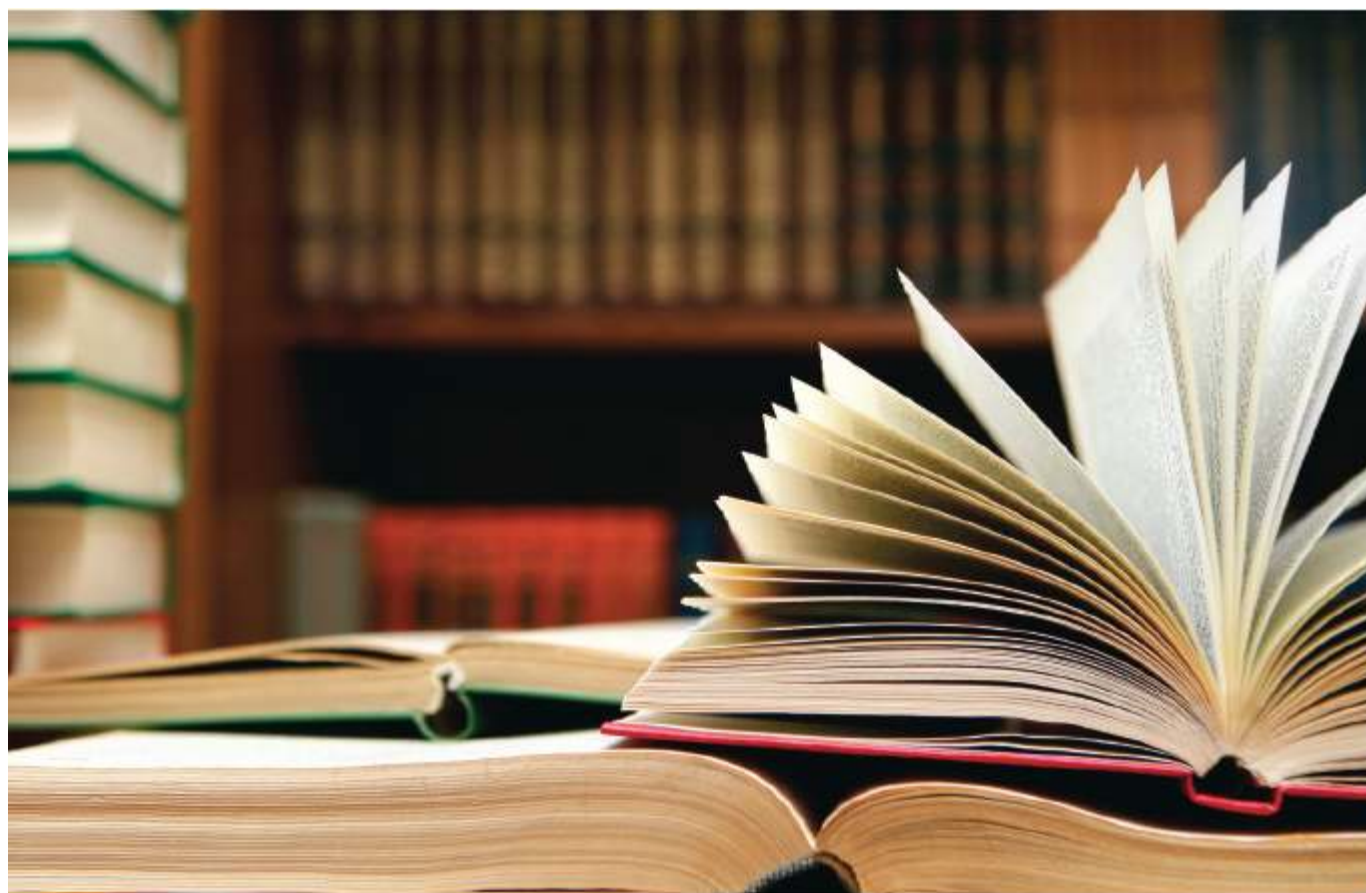
For additional information, contact Miguel Wilkens @ 410-227-3051 or via email @ mwilkens@medical-account.com.

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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Virginia AAHAM Executive Board 2010-2011



Chairman of the Board

(Chapter of Excellence Committee)

Kathleen Hughes, CPAM

Director of Patient Accounting

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President

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

Linda McLaughlin, CPAM

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First Vice President

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

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Sale and Marketing Associate

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Second Vice President

(Committee Chairperson: Education Committee; Government Relations Committee)

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Director of Employee & Professional Development

Advanced Patient Advocacy

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Secretary

(Committee Chairperson: Vendor Awards Committee)

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Virginia AAHAM Executive Board 2010-2011



Treasurer

(Committee Chairperson: Vendor Awards Committee)

David Nicholas, CPAM

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Appointed Board Member

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

Brenda Chambers, CPAM, CCAM

Revenue Integrity

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Appointed Board Member

(Committee Chairperson: Certification Committee)

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www.RMCcollects.com

**OUR SERVICES ARE
CUSTOMIZED TO MEET
THE NEEDS OF OUR
CLIENTS**



"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

> Business Office Outsourcing – Total or Partial

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

We're ready to provide a total outsourcing solution, or assist you with any segments that are difficult or costly to manage internally:

- Acute Care Hospital
- Ambulatory Surgical Centers
- Specialty Department (Psychiatric, Rehab, Hospice)
- Home Health

> Insurance Billing – Follow-Up – Recovery

- Medicare Deductible & Coinsurance
- Medicaid
- Managed Care
- Workers' Compensation
- Blue Cross
- Commercial Insurance

> 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

National News— www.aaham.org

Audio Conference Webinars

- Next Generation Revenue Recovery
November 7, 2012

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:



- October 17-18, 2012—ANI at the Hyatt Regency Coconut Point in Bonita Springs, FL

October 15-20, 2012 —Patient Account Management Week—"Feel The Strength"

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*

dm mart515@aim.com

Platinum Sponsorship—\$1,500

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- Full-page ad in **ALL** newsletters
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Mark your calendars!

Upcoming AAHAM events:

October 12, 2012—Fall Meeting—Fauquier Hospital

October 17-19, 2012—2012 ANI—Bonita Springs, FL

**December 5-7, 2012—Annual Meeting & 30th Anniversary Celebration—
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

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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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.