



The Virginia AAHAM Insider

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

Summer 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 next several months, we will be working to summarize the impact of the Supreme Courts decision regarding Healthcare Reform. Our Legislative Committee will be sending out communications to our membership as processes in Virginia are finalized.

Representatives from The Virginia Chapter of AAHAM participated in the National Legislative Day April 11-12, 2012. This was a wonderful opportunity for our members to make a difference in Washington. Our topic of discussion was the Telephone Consumer Protection Act. In addition to our visit we have communicated with our Virginia legislative representatives regarding the importance of updating this Act. Basically, this Act puts constraints on cell phone communications.

Palmetto has been working with The Virginia Chapter of AAHAM over the last several months to address the issues and concerns of our members. The April workshops were well attended and Palmetto listened and reacted to our concerns. We will be sending out a new survey and look forward to hearing from our membership regarding whether Medicare operations and receivables have improved.

Our next seminar will be held at Fauquier Medical Center in Warrenton in October. Also, we will be celebrating The Virginia Chapter of AAHAM's 30th Anniversary this December. Please visit our website regarding the dates for these seminar's and mark your calendars!

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



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Palmetto GBA Online Provider Services (OPS) Web Portal Benefits Medicare Part A and Part B Providers

As part of Palmetto GBA's commitment to give providers seamless access to their Medicare information, the Online Provider Services (OPS) Web portal is available for providers from the Palmetto GBA Web site, www.PalmettoGBA.com/Medicare. This free secure Internet-based self-service application allows providers to:

- Review beneficiary eligibility information
- View claims information
- View and print Remittance Advices
- Inquire about payment information

Palmetto GBA is receiving rave reviews from the provider community as they test and use the application. "The Web tool looks great...good job," said Oleen Bowen, Director of Business Services at AnMed Health. "We are very excited and happy that finally Medicare-Palmetto GBA has this OPS [application]," stated Rebecca Aquino of RATEC Services Inc. "It looks like it will be very helpful," added Jeannie LaRue from the office of Anne Hughes, MD.

The OPS application can be accessed at no charge by all providers that sign an Electronic Data Interchange (EDI) enrollment agreement with Palmetto GBA. It is considered to be an alternative to the Interactive Voice Response (IVR) application, which providers can access via telephone to obtain similar information; however, OPS provides more detailed information that can be viewed and printed.

Providers can use the application to view Medicare Part A and Part B beneficiary eligibility and effective End Stage Renal Disease (ESRD) dates. The application also provides Medicare Part B deductible, blood deductible, occupational therapy cap and physical and speech therapy cap information.

Other eligibility-related information that can be obtained includes, but is not limited to:

- Hospital and Skilled Nursing Facility (SNF) benefit and billing information
- Hospice benefit effective and termination dates
- Primary insurance information when Medicare is the secondary payer

Providers can also use the OPS application to access detailed information for their claims that are being processed or have been paid, returned or denied. In addition, providers can view and print their Remittance Advices from the past year. Payment floor status and information on the last three checks paid can also be acquired using the application.

The OPS application is another in a long line of innovative ideas implemented by Palmetto GBA to benefit the provider community.

Hospital Spotlight—Winchester Medical Center —By Dennis Jones, CBIZ KA Consulting LLC



There's a big red apple, about the size of a Volkswagen, at the entrance to Winchester Medical Center. The spacious drives that lead up to the Medical Center from all directions are lined with apple trees. I suspect that beyond the beauty of the apple trees in the spring and the coordination of themes with the Shenandoah Apple Blossom Festival, there must be a subtle, subliminal message about wellness there somewhere.

Winchester Medical Center is Virginia's northern-most acute care hospital – the first of a dozen or so hospitals that cling to Route 81 like charms on a bracelet as it makes its way down the western border of the state. Winchester Medical Center provides services to residents of Virginia, Maryland and West Virginia and is the largest of the 6 acute care hospitals in the Valley Health system.

The hospital's original location was in the heart of Winchester's "Old Town" district. After 61 years in its original location, the new hospital was opened about

1 ½ miles due west on Highway 50 in December 1989.

More than a "medical center", Winchester's new location was more of a health campus occupying over 165 acres just inside Winchester's Route 37 beltway. The anchor of the campus is, of course, the medical center itself – a 445 licensed bed, level II trauma center that includes a full range of medical, surgical, oncology, radiology, rehabilitation, psychiatric services and more. Just north of the medical center is the Shenandoah University - Medical Center Campus. The site is dotted with apple trees and laced with walking trails, ponds and more open grassy areas than some local parks.

The biggest attraction at Winchester Medical Center is the new 5-level North Tower. The January 2012 dedication of the North Tower culminated a 3 year construction project that cost over \$160 million and added

critical care beds, NICU beds, enhanced labor and delivery resources, increased Emergency Department capacity and expanded outpatient services. The emphasis for the design of the North Tower was on creating a work-space that promotes coordinated care, patient safety, staff efficiency, and advanced technological capabilities in an eco-friendly environment.

Tom Urtz, Director of Marketing and Public Relations for Valley Health expressed the organization's strong commitment to the region. "We have a major catchment area spreading into three states. Valley Health takes its non-profit status seriously as we reinvest intensively in the communities we serve," said Mr. Urtz. "We ... invested another \$165 million in a major expansion of Winchester Medical Center. The five-story tower with 48 adult ICU beds, and a new newborn intensive care unit, includes two floors of shell space which paves the way for cost-effective expansion in the future."



Hospital Spotlight—Winchester Medical Center—*continued from previous page*

Yet with all of the facilities on campus that are available to help cure the sick and heal the injured, there is also an amazing and unique location dedicated to improving the general health and wellness of those in the community. The appropriately named Valley Health Wellness and Fitness Center open in 2008. The center is dedicated to the goal of helping the active stay active and the healthy improve their health. The Health Wellness and Fitness Center provides all of the services that you would expect in a private fitness club. If you like to work out with free weights or modern resistance training equipment, the Valley Health Wellness and Fitness Center has more varieties than you have probably seen before. If you like to swim laps, the center includes a full-sized pool. Spin class, aerobic class or Pilates? Check, check and check. Water aerobics? I don't even know what that is but apparently the Valley Health Wellness and Fitness Center has people who do.

In addition to the strength training and cardio options at the center, there are "wellness services" available including smoking cessation classes, weight management programs and routine screenings for blood pressure, cholesterol, body mass index, etc.

Special programs have also been designed for members who are facing future surgery (designed

to improve cardiovascular fitness level and increase muscle strength to improve surgical outcomes) or who have completed structured physical or occupational rehab programs and are transitioning into independent exercise activities.

Add to these services spacious locker rooms that include steam, sauna, massage rooms and what you have is premier gym that is also a wellness

center that can look like a country club that includes a spa. It's an appealing (apple pun intended) hybrid that addresses an important community need and provides an example for other providers in the Commonwealth.





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Part Two—ACOs — Are they a “savior” or a “snake” to the future of the healthcare industry? — by Rob Borchert

As a follow-up to the Part One article on ACOs, Part Two is intended to now address the current existence of the approved ACOs; the future plans of ACOs; some history of previous “pattern”; and some questions to ask regarding your future as a healthcare facility.

We all hear about ACOs today and they are becoming a three-letter code that many of us either ignore as another fad or don't believe it will touch us or we are in an ACO and awaiting certain outcomes to show success and sustainability. The concept of the ACO is one that has led to much discussion since its initial presentation by the Federal Government. If I remember correctly, the original/initial intent of an ACO was to formulate cost containment through the inter-relationships of physicians and hospitals. As this relationship was established and cost containment practices were put into place, there would be a financial benefit (from the Shared Medicare Fund) once the reduction of costs was presented and verified.

The modifications from the first Government presentation to become an ACO and abide by the somewhat complicating reporting and adhering to the large quantity of quality measures now makes it more appealing to the healthcare community to strongly consider forming an ACO. There is less

reporting requirements and down to 32 quality measures. The expectation is that there will be a very high increase in the formation of ACOs over the next two years. In April of this year, CMS picked 27 ACO participants for the shared-savings program. This is the initial list:

- Accountable Care Coalition of Caldwell County, LLC
- Accountable Care Coalition of Coastal Georgia
- Accountable Care Coalition of Eastern North Carolina, LLC
- Accountable Care Coalition of Greater Athens Georgia
- Accountable Care Coalition of Mount Kisco, LLC
- Accountable Care Coalition of the Mississippi Gulf Coast, LLC
- Accountable Care Coalition of the North Country, LLC
- Accountable Care Coalition of Southeast Wisconsin, LLC
- Accountable Care Coalition of Texas, Inc.
- AHS ACO, LLC
- AppleCare Medical ACO, LLC
- Arizona Connected Care, LLC
- Chinese Community Accountable Care Organization
- CIPA Western New York IPA, doing business as Catholic Medical Partners
- Coastal Carolina Quality Care, Inc.
- Crystal Run Healthcare ACO, LLC
- Florida Physicians Trust, LLC
- Hackensack Physician-Hospital Alliance ACO, LLC

- Jackson Purchase Medical Associates, PSC
- Jordan Community ACO
- North Country ACO
- Optimus Healthcare Partners, LLC
- Physicians of Cape Cod ACO
- Premier ACO Physician Network
- Primary Partners, LLC
- RGV ACO Health Providers, LLC
- West Florida ACO, LLC

These 27 healthcare entities in 18 states were the first ACOs officially approved by CMS. They represent over 10,000 physicians, 10 hospitals and 12 smaller physician-led entities who will serve over an estimated 375,000 Medicare beneficiaries. Now this seems like the meaningful intent of the ACO model. What we need to be aware of is the “history repeat itself” model of third party insurance companies becoming strongly involved in this ACO model. I say that with tongue in cheek since it is already happening. The major players are looking to the ACO model to play a growing role as health plans try to rein in costs and direct quality and clinical goals. They also see opportunities in managing care for Medicare and Medicaid dual eligibles. Here are some real examples:

Continued on next page

Part Two—ACOs — Are they a “savior” or a “snake” to the future of the healthcare industry? — by Rob Borchert—*continued from previous page*

Aetna: Look for more expansion in the health plan’s ACO business which currently has nine contracts including Carilion Clinic (Roanoke, VA), Sharp Community Medical Group (San Diego) and Cleveland Clinic (Cleveland) and six letters of intent. This relationship even goes beyond the Medicare population. Effective July 1, Aetna has been awarded the administrative services contract for Maine’s 33,000 employees and their dependents. It plans to develop a statewide ACO network for this membership

CIGNA: CIGNA acquired HealthSpring, a Medicare plan in 2011, and is preparing an ACO model to include dual eligibles. It is also expanding its participation in accountable care organizations with 17 initiatives underway in 15 states.

Humana: Like CIGNA, Humana intends to be a major player in the dual-eligibles market. Its strategy is to take state-by-state approach to opportunities. Humana has focused on developing a nationwide footprint for its Medicare Advantage and faces little competition in many of its markets. This is an excellent partnering opportunity when discussing future plans with an ACO.

United Health Group: United Health Group has stated that employers are very focused on

value-based benefit design for employees and its consumer – based health plans have done well in that marketplace with about 15% of its membership in value-based products. The company has several pilots in place around bundled payments in its commercial and Medicare business. The focus is on aligning the bundles with the right clinical programs and the right incentives. This is the new insight into the ACO model for non-Medicare members. In addition, United Health sees the dual eligibles market as a major opportunity.

WellPoint: WellPoint has several ACO pilot and medical home programs that involve more than 100,000 members and more than \$240 million in shared savings. The medical home program in Colorado posted an 18% decrease in acute inpatient admission over the first 2 years and a 15% reduction in emergency room visits. In the first year of its ACO partnership with the Dartmouth-Hitchcock Medical Center in New Hampshire, inpatient admissions and avoidable ER visits declined.

Everyone major insurance company is becoming a strong player in this new model and this could change the fact of healthcare access as we know it. If the major insurance companies focus on their strongest markets and offer very attractive plans to

employers and other members with restricted service at only “in-network” facilities....what will happen to competition; what will happen to those of us who do not have that plan... what will happen to the smaller insurers in that market? Only the future will tell us.

As this ACO model develops across the various geographic areas of this country, there are some questions that will need to be addressed. We recognize the intent of cost savings and in some cases have already achieved some demonstrative savings but there are other potential concerns that may need to be addressed moving forward:

ANTI-TRUST: the question of joint negotiation of contracts between physicians as well as between hospitals; and addressing what about physicians who may work at different hospitals that are not part of the ACO?

STARK/ANTI-KICKBACK: will this law have any effect on the ACOs approach to reward physicians if quality is maintained and cost savings achieved?

TAX-EXEMPT PROVIDERS: in the ACO environment, if clinically integrated, is the sharing of the cost savings a violation of any current tax laws?

Continued on next page

Part Two—ACOs — Are they a “savior” or a “snake” to the future of the healthcare industry? — by Rob Borchert—*continued from previous page*

STATE INSURANCE

REGULATION: If ACOs become their own insurer for services rendered and assume the financial risk under the reimbursement structure, will they have the financial capability to assume that risk is they experience a high volume of very expensive care patients?

MEDICAL MALPRACTICE: ACO structure /practices/procedures may prevent costs from decreasing due to ‘defensive medicine’.

HEALTH BENEFIT (INSURANCE)

EXCHANGES: how will these state exchanges “fit” into the ACO structure is they are a third party owned ACO?

As I said earlier, on the future will tell, but I hope that this reflection on ACOs have been helpful for both existing ACOs and for those who are contemplating being involve with an ACO. ☐

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315-345-5208

Successful Connections—by Sally Raynard

When asked about the Back to Basics Workshops sponsored by The Virginia Chapter of AAHAM and lead by Linda McLaughlin, CPAM attendees were more than willing to share their thoughts:

"I love, love, love the B2B workshops. I credit them with helping me pass the CPAT on the first try. However, the workshops aren't just for exam prospects. I continue the classes because they are great refreshers in the ever changing world of healthcare."

Joy Robinson
VCU Health System

"The Back to Basics Workshop was very informative. Linda was a great teacher, she kept your interest and went over a lot of the information that was on the exam. It was very helpful!"

Kelly Brooks, CPAT
Augusta Health

"I had a great time in the back to basic workshop with Linda. She made the class interesting and entertaining as well as informative. What she covers in her class is very helpful for the test."

Ronita Winston
Augusta Health



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**FirstPoint, Inc. Names Mark Prince as President & CEO
Mike Bumpass Set to Retire After Nearly 25 Years of Leadership**

May 2012, (**Greensboro, NC**) FirstPoint, Inc. has named G. Mark Prince as President and Chief Executive Officer, effective June 1, 2012. Prince currently serves as Senior Vice President and Chief Operating Officer for FirstPoint's Collection Resources division. He succeeds Michael F. Bumpass in the top position who is retiring in May after leading the organization for almost 25 years.

A recognized industry leader, Bumpass joined the Greensboro, NC-based organization in 1987 after serving as Corporate Vice President of the Merchants Association of Florida, Inc. for ten years. Under his direction, FirstPoint became a leading national provider of Equifax credit and mortgage solutions, background screening, accounts receivable management and association management services. Bumpass credits FirstPoint's success to strong client relationships, strategic acquisitions, new customer solutions and aggressive sales growth.

Bumpass says, regarding his retirement, "It has been an honor to serve as President of FirstPoint. When I got here twenty-five years ago I found a first-class organization with great employees and customers. My single goal was to leave it better than I found it. I could not be more pleased than to have Mark Prince selected to succeed me. I have had the pleasure of working with him over the past year and a half and he is a consummate business leader with a talent for staff development as well as a strong commitment to customers. I have no doubt FirstPoint will enjoy many more successes."

As FirstPoint's incoming leader, Mark Prince is an experienced financial, operational and strategic business executive with a 20+ year track record in the finance and healthcare industries. After earning both his undergraduate degree and MBA from East Carolina University, he began his career with Bank of America in commercial lending and branch management. Mark was Chief Operating Officer of Applied Business Systems and President of FirstCollect, a national collection agency. He then took on the role of Senior Vice President of Healthcare Business Resources, one of the nation's largest physician billing operations. Thereafter, Mark moved on to become Chief Operating Officer and equity owner of AmSol, a national physician practice management company based in High Point, NC. Mark has also served as an Administrator of Southeast Anesthesiology Consultants and Senior Director of MedQuest/Novant Healthcare.

Since coming to FirstPoint in 2010, Mark's diverse array of experience has proven valuable in his ability to effectively lead his division. 2011 was recognized as one of the most successful years in recent history for the Collections operation.

Mark has been actively involved in numerous professional and not-for-profit organizations including Healthcare Financial Manager's Association, American Collector's Association, United Way and Annual Walk for Hope. He has served on Boards of Directors of numerous corporate and charitable organizations over the years.

Prince says, "I am excited to have the opportunity to lead this extremely talented organization. Mike Bumpass will always be credited for establishing impeccable professionalism and employee integrity while maintaining an outstanding reputation in the communities and industries we serve. As his successor, I plan to work diligently with the management team and employees to capitalize on the momentum he has created over the past 25 years in an effort to best serve our valued clients."

About FirstPoint

FirstPoint, Inc. is a Greensboro, NC-based company with roots going back to 1906. FirstPoint provides accounts receivable management, call center management services, background screening, Equifax credit and mortgage solutions, and association management. FirstPoint has over 200 employees in offices located in Greensboro, Winston-Salem, Raleigh and Roanoke, VA. Learn more at www.firstpointresources.com

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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:



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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!

The Virginia Chapter of AAHAM first Membership Drive—by Miguel Wilkens

I hope that most of you reading this saw our membership drive material in your offices during the week of May 21-25th. Our goal was to increase participation in our chapter, and explain the benefits of being a National Member of AAHAM. With the support of United Healthcare we were able to launch our membership drive. We sent information regarding our drive to Facilities that actively participate in AAHAM, as well as the facilities that we never see anyone.

It's easy for me to express the benefits of being certified and the ongoing education that a member receives by participating in AAHAM, especially our great Virginia Chapter. However, getting others to see that benefit can be tough. We wanted to combine a few older efforts with a few bolder efforts. Our website, www.vaaaham.com, is the chapters primary form of communicating with our membership aside from our wonderful newsletter. But the website stands as a repository of useful information, as well as current events within our group. We are attempting to make the website an even

more useful tool and trying to keep it timely. A new effort was unveiled with the membership drive, our interactive quiz page! I was truly amazed at how many people participated in the quizzes. We incentivized participation by having a lucky winner selected from passing quiz takers every day! Our winners were Heather Eavers of Augusta Health, Brenda Umbarger of Wythe County Community Hospital, Kristin Williams of Mary Washington and Gabriel Diagrepoint of INOVA. Congratulations to them and a special thank you to our corporate sponsors for helping with the gift cards. Our chapter President Linda McCloughlin also generously donated a Kindle to one random participant of our online Quizzes. I'm happy to announce that Judy Johnson of Mary Washington is our Winner! We will also be announcing the winner of the grand prize going to an active National Member....a new iPod touch in July!

I am pleased to announce that we were able to increase our National membership during our drive! We now have 5 new National Members and I would like to welcome them! I would like to also take this time to encourage CPAT's and other state members to seriously look into the benefits of being a National Member.

Lastly, if you have not seen the quiz page, we have left the last quiz posted. Take the quiz and tell me what you think. I would love your input. We are looking to continue to utilize quizzes as additional training and education. As members, I would encourage you all to offer us feedback. As member chair I am always looking for ways to provide added value in your membership.



For more information on membership contact:

Miguel Wilkens

1st VP and Membership Committee Chairman

mwilkens@medical-account.com



2012 Membership Application

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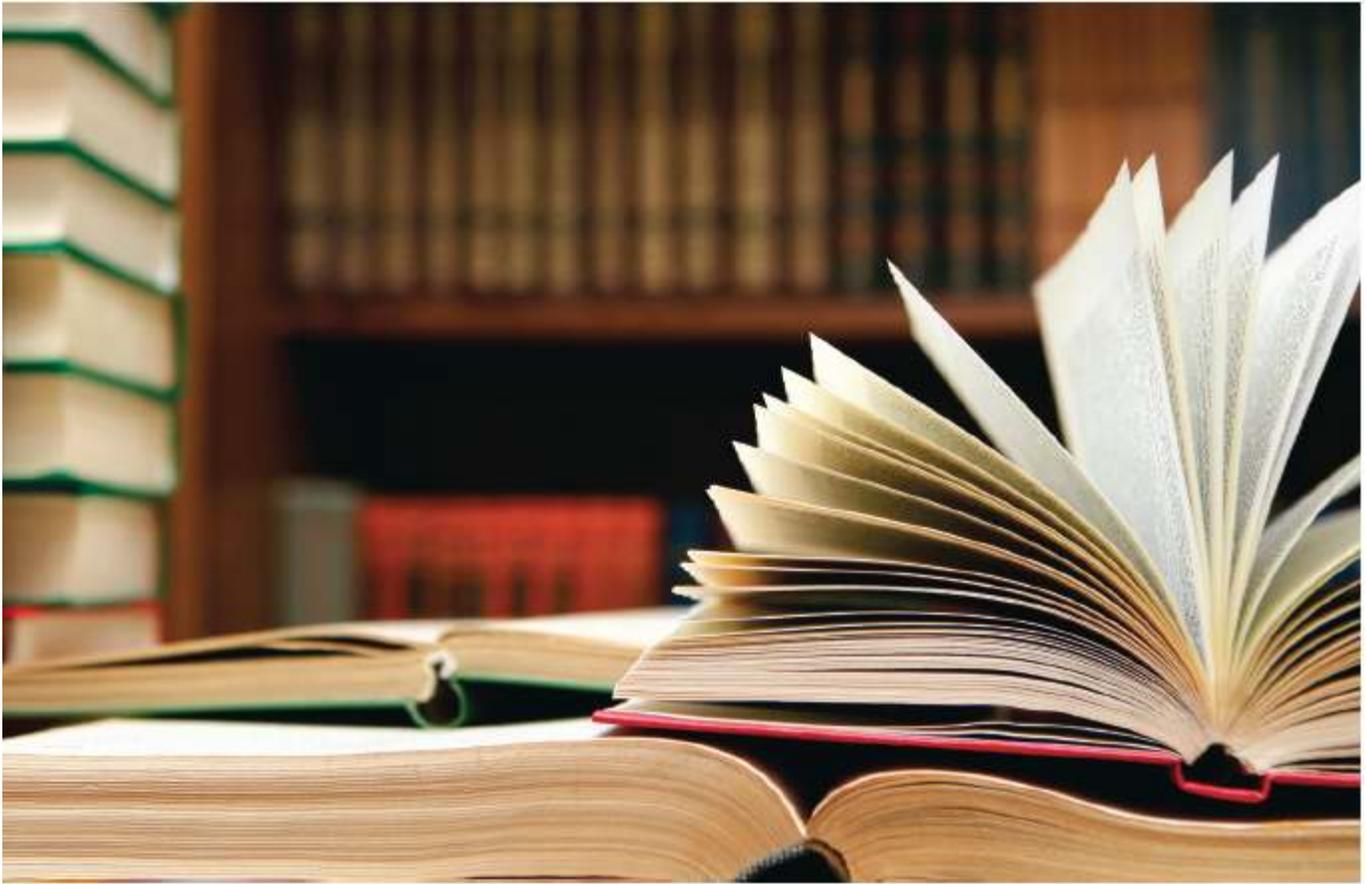
For additional information, contact Miguel Wilkens @ 410-227-3051 or via email @ mwilkens@medical-account.com .

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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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Second Vice President

(Committee Chairperson: Education Committee; Government Relations Committee)

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Secretary

(Committee Chairperson: Vendor Awards Committee)

Chris Fisher, CPAT

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Virginia AAHAM Executive Board 2010-2011



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(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

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Appointed Board Member

(Committee Chairperson: Certification Committee)

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Honorary Board Member

Michael Worley, CPAM

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



→ your **Solution** to **Problem Receivables!**

"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

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

- August 22, 2012 1:30-3:00 PM
EST—ICD-10

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

dmmart515@aim.com

Platinum Sponsorship—\$1,500

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

Gold Sponsorship—\$1,200

- Exhibit space available at **both** the May & December Conference
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- 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...

A special THANK YOU to our Annual Corporate Partners for their support!

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Executive Health Resources

Gold Partners

Advanced Patient Advocacy
FirstPoint

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DECO

Bronze Partner

ROI Companies

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Optima Health

Mark you 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.