



The Virginia AAHAM Insider

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

The President's Message

Inside this issue:

We are on our way to cooler temperatures and the amazing colors of Autumn. The year has flown by and before we know it, we will be into 2025. The world is in chaos, but we can choose how we participate and keep a positive mindset.

I love this quote from Winston Churchill. Never, ever give up on your dream. Just because things don't work out the way that you had hoped, each failure is an opportunity to learn, grow, and become better.

We had a wonderful conference in Charlottesville that was well attended. The networking event was awesome as usual and we hope you can join us in Fort Worth, Tx for ANI- Pioneering the Future of Revenue Cycle Excellence from November 12-14, or in Williamsburg on December 11th and 12th at Kingsmill Resort. We also offered free study sessions for CRCE in September and will let you know when our next series will be held for CEU.

Patient Accounts Mgmt. week is coming soon-October 13-19, and the theme is Championing Patient Advocacy in Billing - Navigating Financial Wellness Together. Be sure to visit the National AAHAM page to learn more about this fun filled, educational week where we will all be celebrating healthcare administration management throughout the country. We honor the exceptional individuals that help keep our hospitals and practices financially sound. It has been a rough few years in healthcare, but we do recognize our front-line staff as well as those behind the scenes that make us so successful. Learn more at <https://aaham.org/page/pamweek>

As President of the Board for Virginia, part of my responsibility is working with the National team on the Certification committee. We are hard at work updating study guides and the exams. Our new partnership with Association Headquarters is progressing nicely. We are making great strides as an organization to bring our members quality education and networking opportunities for the same goal-Revenue Cycle Excellence.

Until next time, stay well and do not hesitate to reach out at info@vaaaham.com.

Pam Cornell
President, Virginia AAHAM

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The Virginia Chapter of
AAHAM
 American Association of Healthcare
 Administrative Management
*Empowering the future of healthcare
 revenue cycle excellence.*



FACEBOOK.COM/VAAAHAM
 LINKEDIN: The Virginia Chapter of AAHAM
 INSTAGRAM: VAAAHAM



Maximizing Efficiency and Financial Performance: Why Healthcare Providers are Turning to Business Process Outsourcing (BPO)



Hospitals and medical providers increasingly turn to business process outsourcing (BPO) for a variety of compelling reasons. The healthcare landscape is becoming more complex, with ever-changing regulations, increasing administrative burdens, and the constant pressure to improve financial performance. Managing insurance denials, in particular, requires specialized expertise and dedicated resources that many healthcare facilities may not possess in-house.

Outsourcing to a BPO vendor allows hospitals to tap into specialized knowledge and advanced technologies, ensuring more efficient and effective denial management. This not only leads to higher recovery rates and improved cash flow but also reduces operational costs by eliminating the need for extensive in-house administrative teams. Furthermore, outsourcing enables healthcare providers to focus more on patient care, enhancing overall service quality and patient satisfaction.

The scalability and flexibility of BPO services mean hospitals can adapt quickly to fluctuating demand, maintaining efficiency without overburdening their internal staff. In this competitive and regulation-heavy environment, BPO offers a strategic advantage by streamlining operations and optimizing financial performance, making it an attractive option for many healthcare providers.

Using a business process outsourcing (BPO) vendor for managing and catching up on business office workloads offers several benefits for hospitals and healthcare providers:

1. Expertise and Specialization

Specialized Knowledge: BPO vendors often have experts who specialize in denial management and are well-versed in the complexities of insurance processes and regulations.

Industry Best Practices: They use industry best practices to increase the chances of overturning denials and securing payments.





Maximizing Efficiency and Financial Performance: Why Healthcare Providers are Turning to Business Process Outsourcing (BPO)



2. Cost Efficiency

Reduced Overhead Costs: Outsourcing can be more cost-effective than maintaining an in-house team, especially when considering salaries, benefits, and training costs.

Economies of Scale: BPO vendors can leverage economies of scale, providing services at a lower cost due to their larger operational size.

3. Increased Revenue and Cash Flow

Improved Recovery Rates: Expert management of denials can lead to higher recovery rates, directly impacting the hospital's revenue positively.

Faster Resolution: Prompt handling of denials can improve cash flow by reducing the time between service provision and payment.

4. Focus on Core Activities

Allowing Focus on Patient Care: Outsourcing allows hospital staff to focus more on patient care and other core activities rather than administrative tasks.

Resource Allocation: Internal resources can be allocated to more strategic initiatives rather than being tied up in denial management.

5. Scalability and Flexibility

Adjusting to Demand: BPO vendors can quickly scale their services up or down based on the hospital's needs, providing flexibility in handling fluctuating volumes of claims.

Seasonal Fluctuations: They can manage seasonal variations and unexpected increases in denial volumes without compromising on efficiency.





Maximizing Efficiency and Financial Performance: Why Healthcare Providers are Turning to Business Process Outsourcing (BPO)



6. Technology and Innovation

Access to Advanced Technology: BPO vendors often use advanced technology and analytics to identify patterns in denials and predict potential issues before they arise.

Continuous Improvement: They continuously invest in technology and process improvements, ensuring that the denial management process remains efficient and up-to-date.

Data Supporting Benefits

A study by Black Book Market Research revealed the following:

Outsourced RCM (Revenue Cycle Management) Services Impact: Hospitals that outsourced their RCM processes, including denial management, reported an average increase in revenue of 5-10%.

Cost Savings: These hospitals also noted an average cost reduction of 15-25% compared to handling these processes in-house.

Efficiency Gains: Improved efficiency and effectiveness in denial management led to an average 20% reduction in denial rates and a 30% faster resolution time for claims.

By leveraging the expertise, technology, and efficiency of BPO vendors like KeyBridge Medical Revenue Care, hospitals can significantly improve their financial health and operational efficiency, ultimately enhancing their ability to deliver high-quality patient care.

*If you have any questions or comments about this article, please reach out to
Susan McDonald:*

smcdonald@keybridgemed.com





Monitoring Progress in Collections

There have been numerous articles about collections and there is always a talk or two about collections at every Annual National Institute, so why am I writing another one? It seems that there are always suggestions about how to collect on an outstanding claim and there have also been many suggested ways on how to avoid turning an account over to a 'collection agency'. In essence, we have years of experience in collections, so why do we keep talking about it?

Simple, we need the money! In writing this article, I will try to take a slightly different approach on collections. Since we all do it (and try to avoid the collection agency), the question for me is how do we, as managers or supervisors, monitor the progress of collections. Yes, we can say that monitoring collections is simply watching the increase in revenue and observing the reduction of accounts receivable. Also, most collection presentations focus on the self-pay angle and strive to collect this self-pay about "upfront". Good idea and we can monitor this also. I am also interested in monitoring the 'other' areas where collections can be monitored. There are other things to consider in trying to build a monitoring process within the patient accounts area. Some are:

- Number of staff associated with the upfront process
- Number of staff associated with the back-office process
- Turnover of staff in either location
- Outsourcing some collection processes
- Different types of third-party insurances
 - Various self-pay deductibles
 - Various insurance plan requirements for inpatient services
 - Various insurance plan requirements for outpatient services
 - Distinct diagnostic requirements for services

This may sound like 'denial management' approaches but denial management is also part of collections. The "key" is the monitoring! I am fairly confident that many of you who are supervisors or managers are monitoring each of your staff as to the amount of cash collections are being achieved. The question is are you monitoring staff activities based on "total" collections by area or by staff person? Can you monitor it in a more specific way to enhance the collections process?





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Monitoring Progress in Collections

For instance, upfront collections is a tough area to monitor based on individual staff. Some of you may have a “pre-admit” section that contacts the patient before they come to the facility whether inpatient or outpatient. Many of you may have an electronic process for “pre-admit” requirements but this does not (usually) include the cash up-front statement. When the patient shows (already registered), the staff person asked for the amount to be paid. I know that many of the electronic pre-admit contacts do not contain anything about “money” but if you can modify the message to include a general statement about money then the patient will not be shocked when you ask for it at the registration point.

The registration check-in point is that place where upfront collections happen. Sometimes the patient does not have the money with them, so you move on to patient care. Some staff members may even say, “it’s OK, just pay next time you come in.” Maybe you have staff members who will go into the waiting room and talk with each patient about their presence and reason for the visit. This would also facilitate the discussion regarding the payment up-front and the possible need to meet with a financial counselor before the clinical meeting. Maybe, you have staff who call the patient for the pre-admit process rather than the electronic process. This area of collections is easier to monitor in regard to actual contacts, dollar value of up-front requirements, even taking the payment over the phone. These staff members can be monitored as to their production in actual payments over the phone or follow-up after registration to see that the patient did pay at time of registration.

Back-office collections are more easily monitored. In many situations, the staff members are assigned a ‘group’ of patients to contact for payment, whether recent or “very” past due. These staff members can be monitored (after accounts are updated) as to full collections, discounts offered (if allowed), payment plans set-up (and monitored), and accounts turned over to collection agencies. Is it more valuable to monitor based on number of accounts contacted or total dollars collected? There can be various metrics set up for collection areas based on whether they are collecting inpatient claims or outpatient claims or insurance company follow-up. In this collection process, it is important to remember that good staff monitoring is based on results that are shown through updated accounts. By this, I mean, that it is great to state that “I just collected a \$10,000 account”, but now we need to wait for the payment then we can say “The payment for the \$10,000 account was just posted and settled.” So, metrics need to be set up based on final results and not just statements of success. This can be applied to outsourced collection staff as well. These are not collection agency staff but people representing the facility.





Monitoring Progress in Collections

There are some staff who are gifted with the ability to collect money and others are not. The staff who are gifted can be very pro-active in collections as well as competitive. In monitoring all staff in the collection area, a good supervisor or manager can identify these staff members and build on their gift. Overall, incentives can also be used to both enhance collections and motivate staff. The incentives do not have to be cash but such things like gift cards for dinners or general gift cards. They can also be trophies that are displayed in the office with names and dates on them, so they become a tradition. These incentives can also be used in upfront collections as well.

Also, included in these self-pay collections, outstanding or denied payments from third party insurance companies should also be performed and monitored. If any insurance company is constantly denying claims for the same reason, the staff member should not only focus on the collection process but also highlight the total number of claims in a calendar quarter that it occurs. This can help in two ways: one, identify if the facility is making the same error, or, two, if the insurance company is initiating the same denial regardless of the cleanliness of the claim. If the insurance company is initiating the same denial, then a meeting is required to address this issue. In reviewing the denial process by insurance companies, it would probably be to your advantage to assign specific companies to specific staff members. This helps focus on any issues that may occur in the facility as well as identifying insurance company's "practices" in denial claims. This type information is great for the "Contract Management" area of the revenue cycle.

One last point in this area, when I received a denial from an insurance company for any reason, I would investigate who the physician was and contact their office to inquire if they received payment for their claim. If they did, I would go over the ICD codes, the procedure CPT codes and some of the ancillary services to assure that both claims (professional and facility) were basically the same. So, when I contacted the insurance company, I inquired as to why my claim was denied when the physician's claim was paid. This usually resulted in success.

Robert Borchert

rob.bpa-consulting.com





Fall Meeting- Charlottesville VA.

VA AAHAM's Wine/Brewery Tour & Fall Conference on August 19th & 20th

August 19th - Wine and Brewery Tour -

We depart from the **Courtyard Charlottesville - University Medical Center** at 12:30pm, please arrive 15 mins early if possible.

The tour will be about 4-6 hours. Both locations have food items for purchase. We all may not be able to sit together at some locations. Locations are subject to change.

August 20th- Fall Conference

UVAA Northfork Town Center Four

994 Research Park Blvd., Charlottesville, VA 22911

8:30 am to 3pm. includes breakfast and lunch

The Virginia Chapter of AAHAM 2024 Fall Payer Meeting & Legislative Updates





Fall Meeting- Charlottesville VA.

Agenda
Tuesday, August 20, 2024

UVA NORTHFORK TOWN CENTER FOUR - 994 RESEARCH PARK BLVD., CHARLOTTESVILLE, VA
22911

8:30 - 9:00	Registration and Continental Breakfast
9:00 - 9:15	Opening Remarks & Updates Pam Cornell, CRCE-I, MHA, President, VA Chapter of AAHAM
9:15 - 10:00	AAHAM National Updates Lisa A. Laudeman, CRCE-I CRCE-P, National President, AAHAM
10:00 - 10:45	Humana Military Steve Bentz
10:45 - 11:00	Networking Break w/Corporate Partners
11:00 - 11:45	Palmetto GBA Kathy Boehm





Fall Meeting- Charlottesville VA.

Agenda

Tuesday, August 20, 2024

- 11:45 – 12:30 Lunch and Networking w/Corporate Sponsors**

- 12:30 – 1:15 CareFirst BlueCross BlueShield**
Chris Hundall

- 1:15 – 2:00 Cigna**
Audrey Thompson

- 2:00 – 2:15 Networking Break w/Corporate Partners**

- 2:15 – 2:45 VA Legislative Updates**
Pam Cornell on behalf of Jay Andrews

- 2:45 – 3:15 Donation Blue Ridge Area Food Bank, Door Prizes and**

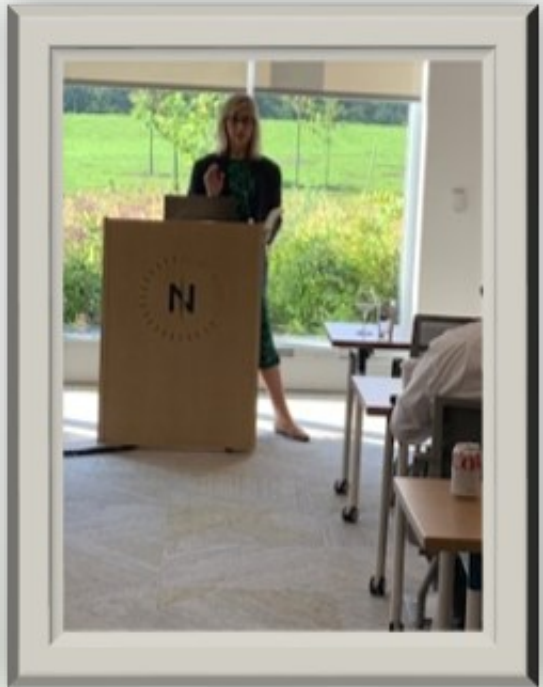




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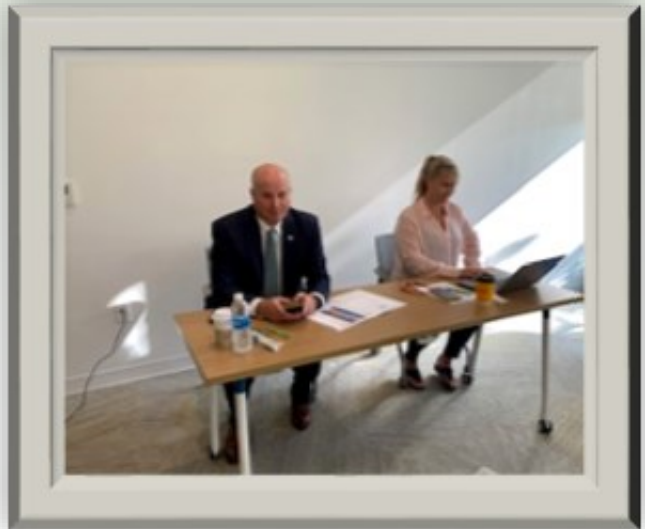




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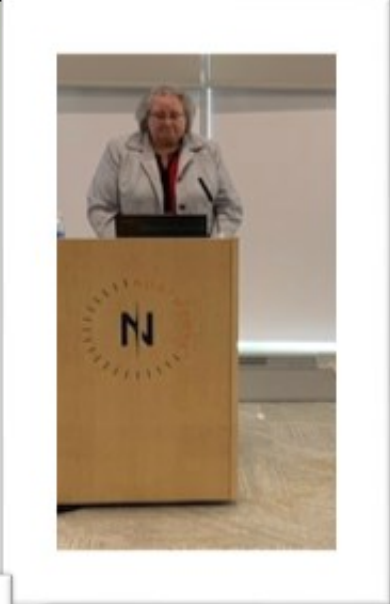




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The Virginia Chapter of AAHAM Publications Committee is Seeking Committee Members!

No Experience Necessary!

As a member of the publication committee, you can earn AAHAM CEU's while collaborating with other Chapter members, vendors, and authors.

Writers Wanted!

Newsletters are published quarterly. Don't miss your chance to be read, recognized, and rewarded for your writing talent!

Submit articles or, express interest in participating on the Virginia AAHAM Publication Committee. Contact Amy Beech for information!

abeech@augustahealth.com

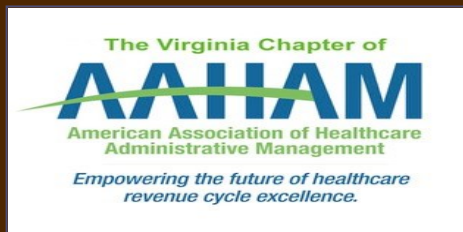




AAHAM Certification Options:

- The AAHAM Certified Revenue Cycle Executive
- The AAHAM Certified Revenue Cycle Professional
- The AAHAM Certified Revenue Integrity Professional
- The AAHAM Certified Revenue Cycle Specialist
- The AAHAM Certified Compliance Technician

What are the AAHAM Exams?



What is the AAHAM CRCE (Executive) certification?

Executive Certification is an extensive online proctored exam directed to all senior and executive leaders within the healthcare revenue cycle industry, to help equip them for strategic management of the business. This certification possesses the highest level of difficulty combining content knowledge of the business with critical thinking and communication skills.

What is the AAHAM CRCP (Professional) certification?

Professional Certification is an online proctored exam directed to supervisors and managers in the revenue cycle industry, to validate their knowledge and skills. This certification is for the individual who desires confirmation and recognition of their expertise and/or for those who aspire to the executive level certification.





What are the AAHAM Exams?

What is the AAHAM CRIP (Revenue Integrity Professional) certification?

The Revenue Integrity Professional (CRIP) is an online proctored exam directed to anyone in the revenue cycle industry to help ensure that facilities effectively manage their 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.

What is the AAHAM CRCS (Specialist) certification?

Specialist certification is an online proctored exam that tests the proficiency of staff involved in the processing of patient accounts and to prepare them for the many details needed to perform their daily job duties.

What is the AAHAM CCT (Compliance) certification?

Compliance certification is an online proctored exam that thoroughly tests competencies in healthcare compliance for all staff involved in the processing of patient accounts. It is intended to meet the annual employee compliance training requirements and to support individuals with professional compliance responsibilities in both institutional (hospital, health system) and professional (physician, clinic) settings and to prepare them for the many details needed to perform their daily job duties.





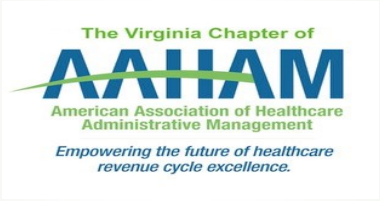
Recently Certified in Virginia

VA AAHAM would like to congratulate those who earned the following designations:

<p>Adrienne Liu</p> <p>Tunisia Hailstalk</p> <p>Hunter Robertson</p> <p>Hope Green</p> <p>Dana Lawrence</p> <p>Jessica Morales</p> <p>Angelina Root</p> <p>Taylor Crabtree</p>	
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Asil Al-Hadidi	
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Rinku Patel	
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CONGRATULATIONS VIRGINIA CHAPTER!

Virginia AAHAM received recognition for
Stellar Membership Numbers with
over 200 Members in 2023!

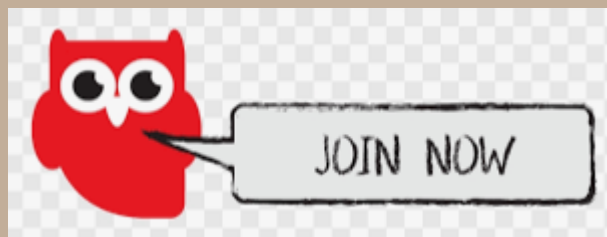
2024 VA AAHAM Membership Application

We are thrilled to be growing the Virginia Chapter of AAHAM. Visit our [online membership application](#) and payment options 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
- Educational seminars & workshops, conference presentation materials
- Membership directory
- Chapter newsletter
- Reduced fees for chapter education events
- Interaction & networking with peers
- Preparation assistance for certification tests that demonstrate your professional skills
- Certification Training webinar slides and recordings

**Join VA AAHAM
Today!**





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Upcoming Events

Upcoming Certification Exam Dates and Registration Deadlines

Certification Exams are now available each month!

October 2024– 10/21/24-10/25/2024

November 2024– 11/18/2024-11/22/2024

December 2024– 12/16/2024-12/20/2024





Upcoming Events

Patient Account Management Week

	<p style="font-size: 24px; margin: 0;">CHAMPIONING PATIENT ADVOCACY IN BILLING</p> <hr style="border: 1px solid white; margin: 10px 0;"/> <p style="font-size: 24px; margin: 0;">Navigating Financial Wellness Together</p> <div style="text-align: right; margin-top: 20px;">  </div>
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What is PAM Week?

National Patient Account Management Day was established on October 18, 1989 by a proclamation from the U.S. Congress when AAHAM (then AGPAM) sought to officially recognize healthcare administration management throughout the country. The 2024 National Patient Account Management Day will be part of a week-long celebration, October 13-19, by hospitals, physician offices and others involved with patient account management to recognize and honor the individuals engaged in healthcare administrative management.





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Upcoming Events



The 2024 AAHAM ANI will be November 12-14, 2024 at the Worthington Renaissance in Fort Worth, Texas!!! Please stay tuned for late breaking details!

Important reasons why you can't afford to miss AAHAM's ANI...

- Attend vibrant educational sessions on career-focused topics
- Learn real solutions from industry leaders about day-to-day challenges
- Learn new techniques
- Acquire new skills
- Obtain best practices
- Find out about the latest in products and services available to our industry
- Earn 20 continuing education units (CEUs)
- Connect with colleagues and expand your network
- Find out about important topics impacting healthcare
- Receive affordable and cost-effective education
- Enjoy fantastic networking opportunities





Upcoming Events

Virginia Chapter of AAHAM

Save the Date:

Winter Annual Conference– December 11-12, 2024, Kingsmill Resort,
Williamsburg, VA,



Please be sure to watch out for email blasts with registration details for Virginia AAHAM’s next Conference! As always, you can view our [Events page](#) on our website for upcoming events.





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Virginia AAHAM Executive Board 2024-2025



Chairperson of the Board
(Chapter of Excellence Committee)

Linda Patry, CRCE, Director, Patient Financial Services
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President
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Pam Cornell, CRCE, Claims and System Manager
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Virginia AAHAM Executive Board 2024-2025



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Appointed Board Member: SPONSORSHIP COMMITTEE
Thomas Perrotta, Vice President of Client Relations, CCCO
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Email: Tom.Perrotta@penncredit.com



Appointed Board Member: CERTIFICATION COMMITTEE
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Charlottesville, VA
Phone: (434) 962-8508
Email: marshallleanna86@gmail.com



Appointed Board Member: FINANCE COMMITTEE CHAIR
David Nicholas, CRCE, President
Mercury Accounts Receivables Services, LLC
Office: (703) 825-8762
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Appointed Board Member: COMMUNICATIONS CHAIR
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Virginia AAHAM Executive Board 2024-2025



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Committee Chairperson Student Membership Committee
Danielle Sadrack
Credit Control Corporation



Committee Chairperson Legislative Committee
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ABOUT US

We are a team of energetic and dedicated professionals who provide healthcare accounts receivable services. We have a passion about insurance billing, follow-up and accounts receivable resolution that is unmatched in the industry. Our professionals are members of the American Association of Healthcare Administrative Management (AAHAM), so we take our profession and your accounts receivable seriously. We specialize in all insurance receivables including Medicare, Medicaid, Blue Cross Blue Shield, Commercial, Managed Care, and Workers' Compensation. We are grateful to be of service to you.

OUR MISSION

To have the highest liquidation rate of our client's insurance receivables while providing excellent customer service.

CONTACT US

1.703.340.8775 / FAX 1.703.825.8732

MercuryARS.com

Info@MercuryARS.com

GIVE US A CALL TO DISCUSS THESE SERVICES

- DAY 1 Insurance Billing and Follow-Up
- Interim Staffing for Billing
- Aged Accounts Receivable Outsourcing
- Small Balance Billing and Follow-Up
- Workers' Compensation Billing
- Hospital Insurance Billing and Follow-Up
- Ambulatory Surgery Center Billing and Follow-Up





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MEDICAL ACCOUNT MANAGEMENT INC





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Bronze Sponsor





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FALL

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

AUTUMN
 HARVEST
 PUMPKINS
 THANKSGIVING
 HALLOWEEN

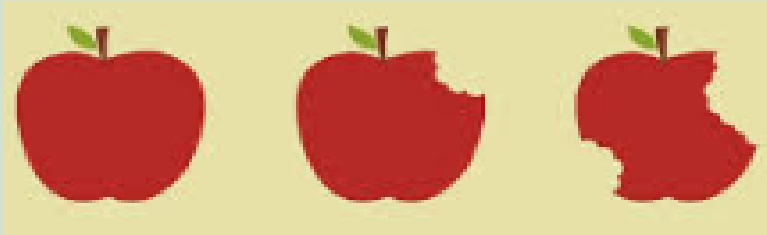
LEAVES
 SQUASH
 FALL
 HAYSTACK
 RAKE





The Virginia AAHAM Insider

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



Instructions

1. In a large bowl, mix the flour, salt, and baking powder. Cut in the butter with a pastry cutter or fork until a pebbly texture forms (with butter chunks about the size of peas). Add the milk and stir to combine, adding more milk by the tablespoon until the dough comes together (we usually add about 2 more tablespoons). Divide the dough into 6 equal balls (about 100 g each). Place in a covered container and refrigerate the dough for 30 to 60 minutes.
2. Preheat the oven to 350°F.
3. Peel the apples, then cut out the cores with a knife. Slice the apples into 1/8" thick rings width-wise, so the apple can stack after being cut (see the photos above). You can do this with an apple peeler-corer-slicer, or by hand. Check to make sure there are no extra seeds left inside the apple slices.
4. In a small bowl, mix the filling ingredients: granulated sugar, cinnamon, allspice, and ginger. Cut the 3-tablespoon piece of butter into 6 small stick shapes that fit inside the hole in the center of the apple.
5. Remove the dough from the fridge. Roll out one piece of dough wide enough to cover the apple when folded, about 8 inches in diameter. Place an apple in the center. Place 1 butter pat and 1 tablespoon of spiced sugar into the center of the apple. Wrap the dough up and around the apple from each side. Pinch the top gently to seal. Repeat for each dumpling, placing the finished dumplings in an ungreased 9 x 13" pan.
6. Bake the dumplings for 15 minutes. Meanwhile, make the syrup: bring the brown sugar, water, cinnamon and butter to a boil, stirring often, then remove from the heat.
7. After the first 15 minutes of bake time, spoon a few tablespoons of the syrup over each dumpling, using about half of the syrup. Bake for another 30 minutes, then spoon the remaining syrup over the dumplings. Bake for a final 15 minutes (to make a total of 1 hour bake time). Remove from the oven and allow to cool a few minutes before serving. Serve with vanilla ice cream.
8. Storage info: Refrigerate dumplings for up to 1 week. To reheat, place in a 250 degree oven for about 20 to 30 minutes until warmed through. Or, freeze dumplings for up to 6 months: place the dumplings in a freezer safe container, wrap it in plastic wrap, then aluminum foil, and then plastic wrap again. Reheat frozen dumplings in a 250 degree oven for 30 to 40 minutes until warmed through. Or, you can microwave them!

Ingredients

Crust

- 2 cups all-purpose flour
- 1 teaspoon [kosher salt](#)
- ¼ teaspoon baking powder
- ¾ cup unsalted butter*
- ½ cup milk

Filling

- 6 medium crisp tart apples
- 6 tablespoons granulated sugar
- 1 teaspoon cinnamon
- ½ teaspoon allspice

Syrup

- 2/3 cup brown sugar
- ⅓ cup water
- ¼ teaspoon cinnamon
- 2 tablespoons unsalted butter



Apple Dumplings



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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.

