



The Virginia AAHAM Insider

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

The President's Message

Inside this issue:

Happy Summer 2025! July is here and it is time to celebrate with fireworks, beach trips, and cook outs! I hope you have an amazing vacation or staycation planned!

The Virginia Chapter of AAHAM Board is preparing for the upcoming Fall Conference and Winery tour on October 8th and 9 so be sure to save the dates! Our December Conference will be held at Kingsmill in Williamsburg on December 10th and 11th. You can keep up to date on the details and registration by following this link. <https://vaaaham.com/meetinginfo.php> Registration will be open soon

The National Board is busy working to become better than ever. Please be sure to attend the National Institute in Baltimore Md October 20th-22nd. You will not want to miss the exciting changes we are working on, plus the CEUs, education, and networking that makes AAHAM the Premier Revenue Cycle Association for you and your team!

This is an election year for the Virginia Chapter of AAHAM. Keep reading to review the candidates and their bios. Also watch your email in the coming months for the election ballot.

We want to recognize our organizations, so please feel free to share anything happening within your team so that we can share it on social media. We have a lot of exciting things happening around the state and we want to celebrate with YOU. Send your kudos to info@vaaaham.com and we will be sure to share it!

If you are interested in sponsoring with Va AAHAM, please check out the link at https://vaaaham.com/Become_a_Sponsor. You can become a corporate sponsor, or you can sponsor a portion of an event. The Corporate Sponsorship Chair is Owen Foley and he can be reached at Owen.Foley@penncredit.com

National will also be presenting webinars in the summer to help you obtain CEUs. Be sure to join us and earn those CEUs! The dates can be found on the event page at https://aaham.org/events/event_list.asp.

Enjoy your summer and we will see you soon!

Pam Cornell

President

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Virginia Hospital Advocate Newsletter

Join the Hospital Grassroots Network!

Sign up for the VHHA Hospital Grassroots Network to join our rapid response network that helps legislators understand the importance of a pending health care vote or issue.

The Virginia Hospital Advocate newsletter will also help keep you updated on key issues so that you're informed and ready to respond when an urgent action alert is issued.



Register online today!



Support Dedicated Legislators through HosPAC!

HosPAC is VHHA's political action committee. HosPAC provides organized, effective political action by supporting candidates who will work to improve quality health care through policies that recognize the importance of Virginia's hospital and health systems.

To contribute,
please visit www.VAHosPAC.com.

HosPAC participation is strictly voluntary and not tax deductible.





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How to Tell If You Need a New Revenue Cycle Vendor?



Healthcare revenue cycle management is a complex process that involves the management and improvement of all parts of the revenue cycle. Many healthcare providers struggle to find the time to efficiently and accurately manage their own revenue cycle because healthcare revenue cycle management requires a fair amount of training and expertise in the areas of billing and coding. For this reason, many providers choose to outsource the management of this service to an outside vendor in the hope of reducing errors and increasing consistency in payments.

RCM vendors exist to make the revenue cycle less complicated and more profitable. However, it's not always clear how a provider is improving the revenue cycle. Laura Lay, Vice President of Revenue Cycle at Fisher-Titus Medical Center, helps shed some light on red flags, best fit, and sourcing new vendors.

If your healthcare organization has outsourced its revenue management but isn't sure if your chosen vendor is the best fit for your establishment, here are some red flags to look out for.

Your vendor isn't the best fit if:

- Collections haven't improved significantly. RCM providers exist to make the cycle more profitable for healthcare providers. The bottom line is your bottom line matters. If your service provider has not shown a 5-10% increase in collections in the first few months, it could be time to find a vendor who can.
- They can't work at scale. There are many RCM providers who offer improvements in every step of the cycle. There are multiple ways to improve collections and the customer experience that extend to improvements in point-of-service, to EHR and billing.





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- Follow-up and payment posting isn't always completed. If your vendor does not ensure complete follow-up and payment posting on all transactions, your practice is leaving money on the table. It's essential that every payment is followed through to a final result.
- They have no clients in your niche. The healthcare industry is wide, and what works for one provider may not work for another. Make sure the RCM provider you outsource to has other practices like yours in its portfolio.

Your vendor isn't transparent if:

- Access to patient data is limited: Your provider should give open access to the system which holds billing and coding data so that everyone in your practice knows and can be accountable for patient accounts. Ms. Lay explains a vendor that is nonresponsive to your concerns is a huge red flag.
- Reporting is infrequent: A good RCM provider will provide you with regular reporting (whether that's weekly, bi-weekly, or monthly) so that you have an idea of how collections are going and whether or not they are improving. Reporting needs to be done on a regular basis.
- Access to the lead biller is limited. Your team should have access to the lead biller assigned to your account. There's no good reason that your team shouldn't have communication with the person responsible for billing your patients accurately.





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- Reporting is infrequent: A good RCM provider will provide you with regular reporting (whether that's weekly, bi-weekly, or monthly) so that you have an idea of how collections are going and whether or not they are improving. Reporting needs to be done on a regular basis.
- Access to the lead biller is limited. Your team should have access to the lead biller assigned to your account. There's no good reason that your team shouldn't have communication with the person responsible for billing your patients accurately.
- You don't know where money is coming in from. Without transparency over every dollar coming in, how do you know whether your vendor has plugged all the gaps in your cycle? Your vendor is not meeting performance expectations if:
 - Denials and claim rejections are high. A good RCM vendor should have a team dedicated to denied and rejected claims. Nationally, denial management costs providers billions of dollars every year. Many healthcare providers also struggle to find the time to identify and fix denied claims. It is essential that RCM vendors get this right.
 - You don't know whether KPIs are being reached. Your practice should know whether your key performance indicators are being reached in real-time. It matters to both your bottom line and to your patients. Without accurate and timely reporting it is hard to know whether patient satisfaction is improving, revenue is improving or if your provider is worth keeping on. Ms. Lay advises keeping tabs on ROI and holding vendors to expected results.
- Their reporting is in a format that is hard to understand. If your vendor is providing you with regular reports but you can't comprehend them, then they are not being very helpful. This may not be a reason to terminate the vendor immediately, but it is worth asking for clearer reporting. A good vendor should always make sure you understand what they are measuring and tracking.





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- They don't offer areas for improvement. Revenue cycle management goes further than just the billing and coding office. A good vendor will take a holistic approach to revenue management and offer ideas for improvement. This should start with the front desk, and include everything from your communication methods to how you speak to patients about payments.

Your vendor is leaving money on the table if:

- Collection periods haven't gone down. A good RCM vendor should be doing more than collecting payments. They should also be reducing the average amount of time it takes patients to pay. If they aren't reducing and streamlining revenue collection functions, your cash flow could be more irregular than it needs to be.
- The vendor uses manual processes. A good RCM vendor will use the best technology to their advantage to identify holes in your revenue processes and plug those gaps. Automation allows for streamlined tasks and fewer opportunities for errors. If your vendor is resisting automation, that is a big red flag.
- There is a lack of automation in some processes. If your RCM service provider cannot automatically accept charges from your EMR, they are wasting valuable time on something that can be easily automated.

Your vendor may be doing more harm than good if:

- They don't have a visible track record of success. There is a lack of positive word of mouth regarding your provider among your peers or industry.
- They can't commit to deadlines. If your RCM service provider does not offer a guarantee for the turnaround of their services, they may not be prioritizing your work. A good vendor will be able to tell you how long they take to rectify difficult processes such as denied claims.





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- They can't work on your own software. If your RCM service provider will not agree to do your billing on your software – and insist on using their own, they are not being fully transparent with their services.
- They aren't compliant. Staying compliant is one of the biggest challenges for in-house revenue cycle management teams. An outsourced vendor can put you at risk if they aren't following the latest compliances such as ICD-10 and MU-3.

How do I hire a revenue cycle vendor that is a good fit?

While the above may feel like an exhaustive list of reasons for firing your RCM vendor, not every point is a reason for dismissal. If your vendor isn't doing a good job of reporting, it could pay to have a conversation with them before letting them go. Ms. Lay recommends vendor performance/enhancement audits annually to ensure your vendor is meeting expectations.

However, if your vendor isn't transparent with you and hasn't shown any improvements to denied claims, wider processes, and collection times, there are plenty of vendors who will deliver an exceptional experience in these areas.

By now, you should have some idea of whether your healthcare revenue cycle management vendor is a good fit for your practice and is doing enough to improve your bottom line. The question still remains — how do I make sure an RCM vendor is a right fit for my company?

Ask potential vendors about the following areas of their service

Make sure they have other clients who exist in the same niche as your practice. Look for testimonials and reviews on why they are a good choice in relation to your specialty.





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Ask about the technology they use and the processes they plan on improving. A good RCM vendor should have a response for improving every step of the cycle from before a patient makes an appointment to collecting after services rendered. They should consider patient experience, reductions in collections, and increases in revenue as areas to focus on improving.

Make sure they are open and willing to provide consistent reporting on a wide range of KPIs — particularly ones that your healthcare organization is interested in tracking.

Ask about what improvements they expect to achieve in the first two months. If they don't have a firm answer (they should have a number in mind for increasing collections), find a vendor who can.

A potential RCM provider should make switching to their services easy. Make sure you go over timeframes, training and any costs involved in switching.

Finally, ask what kind of access your team will have to patient revenue data and whether you have access to the billing team when you need it. A good vendor will make sure you can access everything you need to make your patients and practice run smoothly.

Ms. Lay believes maintaining a great relationship with your vendor requires honesty, clear expectations, and collaboration between all parties. Vendors with an eye toward true partnership and a willingness to embrace your organization's culture will use phrases like "What can I do for you?" and "How can we help?"

At the end of the day, a revenue cycle management vendor should be providing your healthcare organization with all of the data, analytics and measures to be able to assess whether they are making improvements to your collections, patient experience and bottom line. Asking yourself whether your vendor meets all of the expectations listed above is a good first step. The next is finding a vendor who truly values your practice and provides the transparency and processes needed to be a valuable partner.

Reach out to Susan McDonald at smcdonald@keybridged.com for more information about how KeyBridge RCM services can serve you.





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VA AAHAM Executive Board Elections 2026-2027



The Virginia Chapter of AAHAM Nominating Committee presents the following individuals as candidates for the 2026-2027 Executive Board. Voting will be open until November 1st, and the elected officers will take the oath of office at the Annual December in Williamsburg.

All ballots will have provisions for write-in votes for each office. Election of the nominees shall require a simple majority of those voting.

Additional information regarding nominations and voting can be found in the Chapter By-Laws and Regulations available on the Chapter website www.vaaaham.com, under Chapter Information.

Respectfully,

The Virginia Chapter of AAHAM 2025 Nominating Committee:
Linda Patry, CRCE, Chairperson
David Nicholas, CRCE, Member
Michael Whorley, CRCE, Member

Now Let's meet your Candidates:





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President - Amy Beech, CRCE, CRCS

Amy serves as a Patient Financial Services Manager with over 17 years of experience in healthcare revenue cycle operations at Augusta Health. She began her career as an insurance accounts receivables representative and has since held roles as an Insurance Team Lead and Patient Financial Services Supervisor. Each step has deepened her understanding of the field and strengthened her passion for helping both patients and teams navigate the financial side of healthcare.

Ms. Beech earned her bachelor's degree in healthcare administration from Western Governors University and joined AAHAM in 2009 after obtaining her CRCS certification. She later went on to earn the CRCE, and has been actively involved in the Virginia Chapter ever since. Over the years, Amy has had the privilege of serving as Chapter Secretary for four years, First Vice President for another four, and most recently, she returned to the role of Secretary for another term. Amy truly values the relationships she has built through AAHAM and the opportunities it's has provided for growth, both professionally and personally.

Amy lives in Stuarts Draft with her husband and their two boys. She loves to travel and get to the beach whenever she can. She is excited to continue supporting the growth and success of our Virginia AAHAM Chapter and looks forward to the connections and progress still to come.





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First Vice-President – Cathy Price-Campbell, CRCP, CRCR

Cathy Price serves as SVP, of Client Development at Knowtion Health and has 25 years of experience in the healthcare industry working in professional and hospital revenue cycle.

Since 2022, she has worked with the Virginia Chapter of AAHAM Board as the 2nd Vice President. In this role, she has managed all educational sessions, secured speakers, booked venues, selected menu options, and planned for networking and entertainment.

Cathy resides in Winchester, VA with her 2 children, Wyatt and Wesley, and enjoys camping and gardening.

Second Vice-President Stephan (Leo) Sutton, CRCE, CRIP, CRCP, CRCS, CCT

Leo Sutton collaborates with a cross functional team handling workflow optimization and documentation in support of finance and revenue cycle at Inova Health. His areas of expertise include hospital and physician finance and revenue cycle operations. Leo has a Master of Business Administration with a concentration in finance and marketing from George Mason University. He has attained six Epic certifications in Resolute Hospital Billing, Resolute Professional Billing, MyChart, and Single Billing Office.





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Inova Health is Northern Virginia's leading nonprofit healthcare provider and serves more than two million individuals annually through an integrated network of hospitals, primary and specialty care practices, emergency and urgent care centers, outpatient services and destination institutes. Inova's five hospitals are consistently recognized by the Centers for Medicare and Medicaid Services (CMS), U.S. News & World Report Best Hospitals and Leapfrog Hospital Safety Grades for excellence in healthcare. Inova is home to Northern Virginia's only Level 1 Trauma Center and Level 4 Neonatal Intensive Care Unit. Its hospitals have a total of 1,936 licensed beds.

Treasurer - Arlynn Flecker

Arlynn Flecker currently serves as the Vice President of Compliance and Client Experience at Nationwide Credit Corporation, bringing more than two decades of expertise in healthcare finance and revenue cycle management. Over the past 20 years, she has worked closely with healthcare clients, developing a deep understanding of industry challenges and best practices.

A committed member of the Virginia Chapter of AAHAM, Arlynn has served as Treasurer for the past two years. Prior to that, she held the role of Communications Chair, where she helped enhance member engagement and chapter visibility. Her leadership and dedication have consistently supported the chapter's growth and success.

Arlynn's extensive background in compliance, client relations, and financial operations positions her as a knowledgeable and dependable candidate. She is passionate about advancing the goals of AAHAM and is eager to continue contributing her skills and experience to support the chapter's mission.





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Secretary – Sara Quick, CRCS, CCT

Sara currently serves as the Patient Data Quality & Training Coordinator for the Medicare team at Augusta Health. She is considered as the “go-to” person for all things Medicare. Sara has worked in healthcare for 28 years and joined AAHAM in 2010 to expand her educational opportunities and to benefit from the networking possibilities.

In her spare time, Sara enjoys working on home DIY projects, gardening, traveling, and spending time with her family. She is also skilled in solving jigsaw puzzles quickly, typically only spending one to two hours for a 1,000-piece puzzle.

Secretary – Danielle Sadrack

Results-driven business development leader with a strong background in financial analysis, sales strategy, and accounting leadership. As Director of Business Development at Credit Control Corporation, Danielle leverages a decade of healthcare accounting experience to optimize financial operations and revenue cycle management.

Holding a bachelor’s degree in accounting from Old Dominion University, Danielle applies a data-driven approach to decision-making, helping organizations improve financial performance and achieve strategic objectives. Passionate about problem-solving, relationship-building, and delivering impactful financial insights, she thrives in dynamic environments that foster business growth and operational excellence.





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AI – ANTI-INTUITION



There has been an enormous amount of presentation, advertisement, articles, news stories, etc. about this NEW media product called “Artificial Intelligence (AI) over the last six months to a year. The media that will *replace* people and other media products. I am sure that in many industries this is true. In fact, I remember when I received my first laptop computer and the replacement of secretaries began to happen. I could do it myself (and with grammar and spelling support in the computer). Progress is wonderful!

I may be one of the oldest Certified Revenue Cycle Executives (CRCE) still around and I still get yelled at for going too far “into the weeds” to reach the “best practice”. But I thought why not look at definitions to start with and then express my thoughts. I titled this article “Anti-Intuition” for a reason. I want to first present the definitions of *Intuition, Artificial, and Intelligence* and see what comes out of it.

INTUITION: the power or faculty of attaining to direct knowledge or cognition without evident rational thought and inference; immediate apprehension or cognition; knowledge or conviction gained by intuition; quick and ready insight; the ability to understand something immediately, without the need for conscious reasoning; a thing that one knows or considers likely from instinctive feeling rather than conscious reasoning. Intuition is an ability to understand or know something immediately based on your feelings rather than facts; a natural ability or power that makes it possible to know something without any proof or evidence; a feeling that guides a person to act a certain way without fully understanding why and something that is known or understood without proof or evidence.





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Wow! That is a lot of ‘meaning’. The funny thing is that we probably have all experienced some form of intuition ourselves or know someone who has this ‘ability’. We who are in the medical industry may experience this more than others. I know physicians, nurses and other technical professionals who ‘know’ the condition of a patient before any tests are performed. Each of them have ‘seen’ the external signs and conditions of a person to know what the probable diagnosis is and then what the probable outcome will be after tests/ procedures. I know there are other examples that can be mentioned but I am sure that you get the meaning. Then there is...

ARTIFICIAL: made or produced by human beings rather than occurring naturally, especially as a copy of something natural; (of a situation or concept) not existing naturally; contrived or false; (of a person or their behavior) insincere or affected; made by human skill; produced by humans; imitation; simulated; sham; lacking naturalness or spontaneity; forced; contrived; feigned; made without regard to the particular needs of a situation, person, etc.; imposed arbitrarily; unnatural.

So, the ‘meaning’ behind this word is that it involves something that is made or produced by human beings. The knowledge-based input into something ‘artificial’ appears that it can be not only true but also false and an imitation of what may be the actual truth. I am sure that the AI industry does not want to build something that is an inaccurate product/ outcome. So, investigating any and all AI products, one must dig deep into the ‘core’ of its building blocks to assure the ‘answer’ is sincere and truthful. And now...





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INTELLIGENCE has been defined in many ways: the capacity for abstraction, logic, understanding, self-awareness, learning, emotional knowledge, reasoning, planning, creativity, critical thinking, and problem-solving. It can be described as the ability to perceive or infer information and to retain it as knowledge to be applied to adaptive behaviors within an environment or context.

There is controversy over how to define intelligence. Scholars describe its constituent abilities in various ways and differ in the degree to which they conceive of intelligence as quantifiable. Individuals differ from one another in their ability to understand complex ideas, to adapt effectively to the environment, to learn from experience, to engage in various forms of reasoning, to overcome obstacles by taking thought. Although these individual differences can be substantial, they are never entirely consistent: a given person's intellectual performance will vary on different occasions, in different domains, as judged by different criteria. Concepts of "intelligence" are attempts to clarify and organize this complex set of phenomena. Although considerable clarity has been achieved in some areas, no such conceptualization has yet answered all the important questions, and none commands universal assent. Indeed, when two dozen prominent theorists were recently asked to define intelligence, they gave two dozen, somewhat different, definitions.

So where are we with the use of AI? Most of us who are in the healthcare field, recognize the uniqueness of each individual involved with healthcare services. We recognize that surgeons are different from other medical specialists. We further recognize that, basically, each 'section' of the medical field has its own personality and within this personality, there are individual personalities that "have their own style". I say this because AI products, in their presentation, are stating that their product "identifies" these individual personalities and therefore are an excellent addition to your operational activities.





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Some simple operational activity in an AI driven Revenue Cycle could be:

- 1.) A patient comes into the ER and is triaged to identify the reason for the visit. The triage reveals that the patient needs an Xray as well as some Lab tests. Meanwhile, the patient is being treated for some pain in the back and down the legs. The ER physician has referred care to an orthopedic surgeon and there is an additional examination. The Xray is reviewed as well as the Lab results and the surgeon decides that surgery is needed, and the patient is admitted to the hospital.
- AI documentation: ER physician dictates the arrival of the patient and the general pain associated with the back and legs and orders the tests. The ER physician reviews the results of the Xray and Lab tests and refers to an orthopedic surgeon. The ER physician dictates his/her description of the Xray and Lab and focuses on the lower back only. The AI software follows through and adds some other possible conditions drawn from the basic description of the Xray and Lab that the ER physician dictated.
 - The Xray reader (Radiologist) uses AI and also focuses on the back but also includes the pain in the legs due to some apparent bone and muscle 'indicators' from the Xray. AI expands the "notes" due to the indicators stated by the radiologist.
 - The surgeon exams the patient, reviews the Xray and Lab results and dictates the reason for the BACK surgery with slight mention of the condition of legs. Now, since AI begins the documentation process prior to the surgery itself, it expands the documentation regarding the condition of the legs.





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- The surgeon performs the back operation and recognizes some additional surgery needed on a bone in one leg. After completing the operation, the surgeon dictates in the AI software the surgery conditions and the additional surgery for the leg. This physician's dictation is very complete and specific to this particular operation. After the dictation, the AI software does not add anything to the record.

Medical Records gets all of this information when they review the record and code the patient based on the surgeon's documentation. The DRG is assigned to the claim and things move forward.

The patient accounting system processes the information and the AI asks some questions. Are there any other CPT codes associated with the additional surgery for the leg? Are there any missing lab tests? Are there any modifiers needed? All of these questions are probably 'built in' to the AI software. Make sure you check it out! The DRG is a surgical DRG and therefore needs to have an ICD-10 procedure code on the claim. Hopefully, it is there. The claim is now submitted and gets paid without much fuss.

Now, the patient is home and still in some therapy. The patient still has great pain in the leg that did not receive any surgery. It takes some encouragement but the patient sees an attorney and the attorney sends all of the information to another orthopedic surgeon for review. The lawsuit was agreed to and movement occurs. [As part of the attorney prep, all of the patient information is re-entered into a different AI software.]

The main focus of the lawsuit is based on "different" codes coming out of the AI software that the other orthopedic surgeon had. The case goes to court...so who is right?





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In court, does one blame the original orthopedic surgeon? How about the coders and patient accounting staff? How about the AI software of the hospital? OR is the AI software of the ‘other’ orthopedic surgeon wrong? Who do you think will win?

Although this is a fictitious case, it could happen. The main point of this article is not to scare you from AI but to recognize that AI is a “magnification” of people’s knowledge, experience and understanding. In your investigation into purchasing an AI software product, you must do a lot of research on your own to validate what this AI software product you are looking at has a “deep” basis at it’s core. If there is an AI product that will assist in the documentation process of the manufacturing industry, you do not want it for the healthcare industry. If there is an AI product for the radiology specialty, you do not want that one for a pediatric practice. Do you see my concern?

I do not believe that there is ONE AI product that will do everything, but you don’t have to buy 100 AI products for every medical operational area in your hospital or physician office. Do your homework... dig deep into the CORE of the product...do not consider/buy “vapor ware”...contact current AND former clients to investigate their experience with the product. I could go on about the importance of “system support” in any operational area but I think you get the idea OR maybe AI is helping you get the idea!!! In any case, be aware of the outcome/result you want from AI and always buy with a 60 day full refund clause.

If you have any questions, please contact me at rob@bpa-consulting.com or ask your fellow contacts in other facilities who may be on an AI product or searching for one. Go luck moving forward and remember, intuition isn’t a bad thing

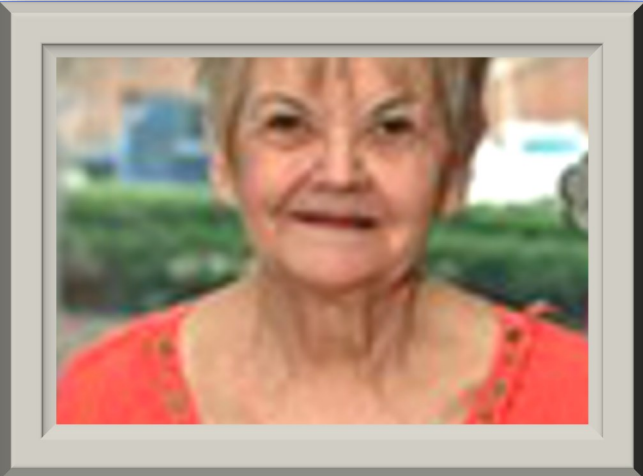




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Getting to know the Board!!



Leanna Marshall
VA AAHAM Chapter
Certification Chairperson 2024-2025

- Years in healthcare: 40 years
- Why did you join AAHAM: For meetings, networking, and obtaining my certification as a CRCE
- Current Company/Position: Coordinating the education and certification of the Executive, Professional, and Specialist examinations offered by AAHAM
- Hobbies: Attending Bluegrass festivals and rodeos, spending time with grandchildren and great-grandchildren
- Fun Fact: I have three children, five grandchildren, and 12 great-grandchildren who all love the beach!





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Getting to know the Board!!



Emoni White

VA AAHAM Chapter Communication
Chairperson 2024-2025

- Years in healthcare: 12 years
- Year joined AAHAM: 2016
- Why did you join AAHAM: To equate my first-hand experience with insurance billing with a higher level of Revenue Cycle policy and procedure through certification. Learn from seasoned healthcare leaders
- Current Company/Position: Sentara Health - Epic IT Hospital Billing Specialty Analyst
- Hobbies: Reading, Traveling, attending ComiCon's, Lego Building
- Fun Fact: Cannot stand gummies or licorice candy...even worse is Saltwater Taffy





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Sponsorship Overview by Owen...

The Virginia Chapter of AAHAM is actively seeking sponsors to join us for the 2025 sponsorship year!

Are you ready to amplify your brand and make waves in the healthcare revenue cycle industry? The Virginia Chapter of AAHAM is rolling out the red carpet for our 2025 sponsorship season, and we want YOU to join the excitement!

By becoming a sponsor, you'll take center stage with decision-makers and trailblazers in the healthcare finance world. This is your chance to build meaningful relationships, share your expertise, and show how your solutions can help drive success across the industry.

Here's why you don't want to miss out:

Get Seen and Be Heard! Boost your brand visibility through our events, newsletters, and website.

Make Meaningful Connections! Connect directly with key professionals at our chapter meetings and conferences.

Be Part of the Solution! Partner with industry leaders to tackle the hottest challenges in healthcare finance.

Whether you're a returning superstar or new to the scene, we've got sponsorship tiers that fit your goals like a glove. Head over to the Virginia AAHAM website to check out all the perks and secure your spot today!

Don't miss out on the chance to be part of one of the region's most engaged healthcare financial management communities. Secure your sponsorship and help us make 2025 our best year yet!

For more information– Contact Owen Foley

Owen.Foley@penncredit.com





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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





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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.





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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.



CONGRATULATIONS VIRGINIA CHAPTER!

Virginia AAHAM received recognition for
2nd in the Nation for National Membership in 2024!

2025 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





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Upcoming Events

Upcoming Certification Exam Dates and Registration Deadlines

Certification Exams are now available each month!

July 21-25, 2025

August 18-22, 2025





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Upcoming Events

Virginia Chapter of AAHAM

Save the Dates:

October 8, 2025

Fall Wine Tour, Charlottesville VA.

October 9, 2025

Fall Meeting,

UVA North Fork Town Center

Charlottesville 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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Upcoming Events

Virginia Chapter of AAHAM

Annual Winter Conference

December 10-11th, 2025 Kingsmill Resort, Williamsburg VA





Upcoming Events



AAHAM 2025 Annual National Institute

Save the Date! October 20 - 22, 2025 | Hilton Baltimore Inner Harbor, Baltimore

More information is coming soon!





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Virginia AAHAM Executive Board 2024-2025



Chairperson of the Board
(Chapter of Excellence Committee)

Linda Patry, CRCE, Retired
Director, Patient Financial Services
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President
(Committee Chairperson: Nominating Committee; Accounts Receivable/Third Party Payer Committee)

Pam Cornell, CRCE, Sr A/R Resolution Specialist
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(Committee Chairperson: Publications Committee)

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Treasurer

(Committee Chairperson: Vendor Awards Committee)

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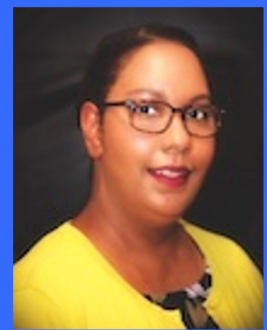
Appointed Board Member: SPONSORSHIP COMMITTEE
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Penn Credit
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Appointed Board Member: CERTIFICATION COMMITTEE
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Charlottesville, VA
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Appointed Board Member: FINANCE COMMITTEE CHAIR
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Mercury Accounts Receivables Services, LLC
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Email: David@MercuryARS.com



Appointed Board Member: COMMUNICATIONS CHAIR
Emoni White
Sentara Health
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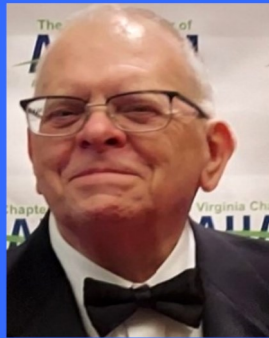
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Virginia AAHAM Executive Board 2024-2025



Honorary Board Member

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Honorary Board Member

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Committee Chairperson Student Membership Committee

Danielle Sadrack
Credit Control Corporation



Committee Chairperson Legislative Committee

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Our culture is built on doing the right thing, compassion for others, continuous improvement, and the pursuit of excellence. Our expert teams deliver best-in-class RCM solutions to healthcare providers nationwide using innovative, specialized technology to address the most complex challenges of the revenue cycle.





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GIVE US A CALL TO DISCUSS THESE SERVICES

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.

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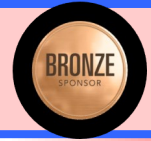


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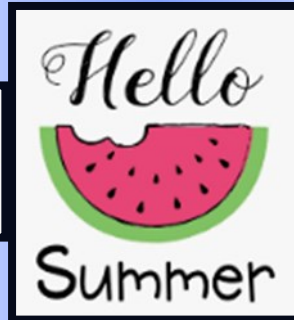
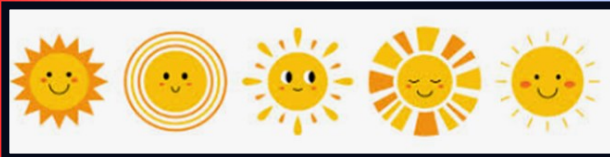
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2-Ingredient Watermelon Sorbet (Made in a Blender)

PREP TIME: 10 MINUTES CHILL TIME: 5 HOURS TOTAL TIME: 5 HOURS 10 MINUTES SERVINGS: 4 CUPS

ingredients

- 6 cups cubed watermelon (about 750 grams)
- 3 tablespoons lime juice
- pinch of sea salt (*optional*)

instructions

- 1 Prep your watermelon.** Dice watermelon into 1-inch cubes. Place cubed watermelon in a single layer on a parchment paper lined baking sheet in the freezer and freeze for 5 hours, or until frozen.
- 2 Blend.** Add frozen watermelon chunks, lime juice, and sea salt (if using) in a [Vitamix](#) or high-powered blender. If needed, wait a few minutes so it is easier to blend. Blend until watermelon is broken down into shaved ice consistency.
- 3 Enjoy!**





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Watermelon Facts




RED WATERMELON

YELLOW WATERMELON

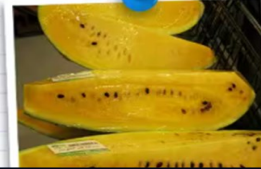
HEALTH BENEFITS & NUTRITION FACT

1. Hydrate the body
2. Improve Body Immunity
3. Maintain Healthy Eyes
4. Preventing Cell Damage Due to Free Radicals
5. Reduce the Risk of Cancer
6. Keeping Kidneys Healthy
7. Reducing the Risk of High Blood Pressure
8. Helps the metabolism of body
9. Reduce Risk of Osteoporosis
10. Reduce Blood Glucose Level
11. Reduce Risk of Cardiovascular Disease
12. Improve Mood



LET ME TELL YOU ABOUT... WATERMELONS

FACT:
There are about 1,200 different types of them, grouped into four categories.




How to Pick a Perfect Watermelon

| | | | |
|---|--|---|---|
|  |  |  |  |
| Uniform Size & Heavy <i>Sweet</i> | Elongated <i>Watery</i> | Orange Field Spot <i>Full of Flavor</i> | White Field Spot <i>Little to No Taste</i> |
|  |  |  |  |
| Smaller "Webbing" <i>Bland</i> | Larger "Webbing" <i>Sweet</i> | Dark & Dull <i>Ripe</i> | Shiny <i>Not Ripe</i> |





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WATERMELON WORD SEARCH

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

- | | | | |
|------------|--------|-----------|---------|
| WATERMELON | PINK | DELICIOUS | SLICE |
| SEEDS | GARDEN | FRUIT | SUMMER |
| GREEN | RIND | JUICY | HEALTHY |





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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.

