

# Hawkeye Highlights

Iowa AAHAM Chapter

Fall-Winter 2015

Volume 7, Issue 4

Photo By: Steph Hultman

## Message from the President.....

“The only constant is change” - Heraclitus.

We all know that he must have worked for Medicare and Medicaid.

I would love to report that things have settled down and that we can look forward to fewer changes in the future, but that would be a blatant misrepresentation of the truth. Iowa Medicaid is looking at changes, presumably effective January 1, 2016, that the Iowa hospitals are still awaiting answers on and Medicare is looking at reissuing the RAC Statement of Work. Physicians may be facing their first PQRS payment reductions and RHCs are facing billing changes. I always seem to be reporting that changes are coming or have just arrived. It helps to have friends available to help understand the changes or to brainstorm with on how to implement a change. If nothing else, AAHAM has become my own personal “brain trust”. I know that many of my contacts are reliable sources of information that I can contact for help with a wide variety of topics. I hope that the rest of you share these feelings. We will talk to each other in the New Year. Have a safe and happy holiday season.

Respectfully,

Cristie Knudsen



Cristie Knudsen  
President, Iowa AAHAM

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# Hawkeye Chapter

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<b>Laurie Gaffney</b>	<i>Newsletter Editor</i>

## HAWKEYE HIGHLIGHTS EDITORIAL POLICY & OBJECTIVES

The HAWKEYE HIGHLIGHTS newsletter is published four times annually by the AAHAM IOWA CHAPTER to update the membership regarding chapter and national activities as well as to provide information useful to health care administrative professionals. Opinions expressed in articles or features are those of the author(s) and do not necessarily reflect the views of the Iowa Chapter. AAHAM, the NATIONAL AAHAM organization or the editor. Reproduction and/or use of the format or content of this publication without the expressed permission of the author(s) or the editor are prohibited. © Copyright 2015. ▲

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It Pays to be Different!

# Hawkeye Chapter Food Drive - September Meeting

Submitted By: Laurie Gaffney

As part of the Chapter Excellence award, the Hawkeye chapter is required to participate in some type of community event or involvement. At the 2015 Fall Meeting in September, the chapter reached out to members and attendees to donate some type of canned good, paper product, diapers, toothpaste etc. As you can see from the photos we had a nice response. We also collected about \$40.00 to donate to a local food bank or shelter. Mike Dobbs took the 8 boxes of donations and the cash to the Community Food Pantry in Ames. Thank you to all who donated and supported this worthwhile cause. Look for future community involvement by our chapter. ▲



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# 2015-2016 All-Payer Panels Set

Submitted By: Stephanie Hultman, CHFP, CRCS –I, P

Back by popular demand, the 2015-2016 All Payer Panels have been set for this HFMA Year. We have a great line up of presenters from UnitedHealthcare, Wellmark, IME (Medicaid), and WPS (Medicare). We will follow our previous format for the meeting, individual payer updates followed by individual payer roundtables where you can address your specific questions with the various payers.

## Spring Payer Panel

Date: March 30<sup>th</sup>, 2016

Location: UnityPoint, Des Moines, IA

Watch your emails for full details and registration information for the Spring Payer Panel! ▲



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# Case Studies – Documenting Success of Healthcare EFT Standard and ERA

Written By: Priscilla Holland, Senior Director of Healthcare & Industry Verticals for NACHA

Submitted By: Laurie Gaffney

The healthcare EFT standard became effective January 1, 2014, which required all health plans to deliver claims reimbursement payments via the ACH Network if requested by the provider. In 2014, more than 149 million healthcare EFT standard transactions were processed through the ACH Network saving the healthcare industry an estimated \$740 million.<sup>i</sup> Under HIPAA, providers are also able to receive electronic remittance advices (ERAs)<sup>ii</sup> if they request it from their health plan. In 2013, almost 50 percent of remittance advices were conducted using the HIPAA standard. It is estimated that more than \$1.5 billion could be saved annually in the healthcare industry by full conversion to ERA.<sup>iii</sup>

To help healthcare industry providers recognize and realize the benefits of automation using the healthcare EFT standard and ERA, NACHA worked with provider groups to document savings realized by different sized organizations, from a single doctor micro-practice to one of the largest hospital groups in the U. S. The research proved that practices of all sizes can achieve cost savings and benefits from converting their claims reimbursements payments from paper checks to the healthcare EFT standard transaction and automating the reconciliation and posting process using the ERA. Benefits achieved across practices included:

- Faster patient billing, as EFT payments are received faster allowing for quicker secondary billing and billing of patient responsibility
- Reduced posting errors through automation of EFT and ERA
- Reduced processing costs

## *Documenting Success: Case Studies*

**Case Study #1** - A practice with one doctor, one physician's assistant and one administrative director leveraged the implementation of the healthcare EFT standard to move to a 95 percent adoption of both EFT and ERA in the practice. Through automation, the administrative director was able to limit the billing, reconciliation and posting to only 25 percent of her time allowing her to deal with all other administrative tasks of the practice.


**Case Study #2** - With the healthcare EFT standard, a mid-sized OB/GYN practice with 56 providers and 19 care centers with a centralized billing office was able to achieve a 90 percent adoption rate for both EFT and ERA. The billing management staff started converting insurers it billed most and continues to migrate all insurers to EFT and ERA. With the migration to the healthcare EFT standard and ERA, the practice has also been able to reduce its claims outstanding. Seven years ago, the practice's claims outstanding was at 25 days. Today, the practice has reduced the average claims outstanding to 13 days from claims submission to posted payment, significantly improving the cash flow of the practice. Additionally, despite growth in practice providers and care centers - and resulting in claims processed through the business office - the practice has not needed to increase the billing staff.

*Continued on Page 6 ...*

**Case Study #3** - A large hospital group with 165 locally managed hospitals and 115 freestanding surgery centers in 20 states and England has been converting checks to EFT for over 20 years. With the implementation of the healthcare EFT standard, the volume of checks converted to EFT has increased significantly for the hospital group. In addition, the hospital group has seen a 70 percent reduction in the processing costs for claims reimbursed with EFT and ERA as a result of improved payment posting and reconciliation. Now, the hospital group has an 83 percent match rate of EFT and ERA on the day received (Day 0), which improves to a 98 percent match by Day 2. The automation of the EFT and ERA has essentially eliminated the errors associated with manual posting and processing.

NACHA is the federally recognized standards body for the healthcare EFT standard and is the private-sector rule making organization for the ACH Network. NACHA staff has worked with the healthcare industry to provide information and education on the benefits of the healthcare EFT standard. All case studies are posted on the NACHA Healthcare Payments microsite at <https://healthcare.nacha.org/ProviderResources> ▲

- i CAQH 2014 U.S. Healthcare Efficiency Index.
- ii The X12 835 version 5010 is the HIPAA standard for electronic remittance advice (ERA).
- iii CAQH 2014 U.S. Healthcare Efficiency Index.

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## Website Alert

The Iowa Hawkeye Chapter is excited to announce our website for members at [www.hawkeyeaaham.org](http://www.hawkeyeaaham.org). The site includes:

**Chapter officers and board members**  
**Upcoming events-Calendar of events**  
**Chapter Bylaws**  
**Sponsor Information**

**Membership information**  
**Link to the National AAHAM Website**  
**Current and Past Newsletters**  
**Photos from past meetings**

Watch for more information to be added every month. Since the site is new, we are looking for any ideas for additional information from our members. Please contact board member Becky David at [BDavid@WaverlyHealthCenter.org](mailto:BDavid@WaverlyHealthCenter.org) with ideas. ▲

# Orlando AAHAM ANI - 2015

Submitted By: Mike Dobbs and Cristie Knudsen

Mike Dobbs and Cristie Knudsen had the pleasure of attending AAHAM's National Institute in beautiful Orlando, Florida October 14th through the 16th. Although the weather in Iowa this fall has been very nice, it was great to spend some time in the Florida sunshine.

This year's ANI theme was "The Wonderful World of Revenue Cycle" and the meetings and social events were very much tied to this theme. The conference started off with an extremely entertaining presentation by Chris Blackmore, who spoke about the Disney customer service model. His presentation was enhanced by the fact that Chris is a very accomplished magician, and he was able to mix his magic skill with humor and some very insightful observation on how medical facilities should treat their patients and employees.

The "nuts and bolts" of the conference had a mix of presentation from documentation, coding, charge description master, today's Business Office, the future of the revenue cycle, pre-encounter, automation, leadership, relationship building, managing bundle payments, ICD-10, and other pertinent topics.

Social events included a visit to EPCOT where food and drink were provided and a chance to have a front row view of the fireworks display that is put on every night. It was awesome!!!

AAHAM changed things up a bit this year and did away with the traditional banquet and instead held an outside networking get-together where everyone was invited to come dressed in clothes from their native country. It was a nice change and very well received.

The conference ended with a presentation by Paul Miller, AAHAM'S "Man in Washington" who gave an informative and at times, humorous presentation on this year's election and healthcare reform.

If you have not had a chance to attend an ANI, please try and do so as the meetings and the networking opportunities will make the investment well worth it. Next year's 2016 ANI will be held at Caesar's Palace in Vegas. The ANI in 2017 will be held in Nashville, and the ANI in 2018 will be held in Bonita Springs Florida. ▲



# AAHAM Board Meeting - May 13, 2015

## Roll Call

Carrie, Cristie, Rebecca, Sarah, Melissa, Connie, Luke, Becky, Bobbie Jo

## Presidents Report

- Washington DC great trip,
- ANI Orlando is the location October 14-16th President, Scholarship winner-will attend.

## Vice President Report

- Spring Meeting: Linda Burke, speaker, Healthcare Finance--Financial analytics. How to use financial data. Cristie will do a recap of Medicare, WPS, and critical access swing bed. John cannot attend. Roundtable discussions-Pecos. We can break off into groups, Presumptive eligibility, Pecos, CQI. Credit card payments, CMS PT reviews, Should leave time to talk with vendors. Certification-stand up and introduce them. Discuss the qualifications for scholarship. Scholarship pays for the registration and travel. Have drawing for just the free registration. Afternoon will be Julie VanPelt- 501R, final regulations. Broadpath - PQRS. IME-Brian will be here on Thursday. Friday, payers will report out. Chapter excellence will not be filing this year. Who will head up the chapter excellence for next year and what we need to do, etc.
- Fall Meeting: Credit card speaking, nothing really planned yet. ICD-10 speaker. VA speaker Medicare Boot camp-2/3 day meeting. Possible performance discussion-Joelle Whitney.

## Treasurer's Report

- Balance: \$15,909.54.
- Two CD's: \$6,089.76 and \$3,229.58 = \$25,228.89.
- Audit--two board members.
- Rebecca needs to sign the signature card. Luke will be taken off of the account.

## Committee Reports

- Certification – Sarah: February test 35 out of 69 CRCS pass, May 7th testing. Most are from Avadyne and UnityPoint.
- Membership – Steph: 2015-121 members 15 non renewals-maybe we should contact them. If retirees, who might have taken their place.
- Hawkeye Highlights – Steph: Newsletter will be out to membership next week. Spring meeting-take pictures with their phones. Meeting review article for the summer highlights.
- Legislative – Connie: Nothing to report
- Corporate Sponsorship – Melissa: 17 corporate sponsors and 6 or 7 vendor booths. Lots of late responses. Change the contact and who they want listed on the website. Run the form by Cristie. Vendor booth-more time first break. Take credit cards for the payment. Check into "square". Set up through bank? PayPal via the website.
- Hospitality - Bobbie Jo: Instead of doing the hospitality in the room, suggested that we get a bus. Attendance would be slacking. Most want to go out and do their own thing and not stay the entire evening.
- Website – Becky: New website looks really nice. Something to represent our group—picture. Password went out to the members. The password will change for each meeting.
- Registration – Connie: 45 attending Spring Conference. January board Minutes were approved.

## New Business

- Insurance. Need to do a bylaws review and make sure that it matches with the national bylaws. New insurance quotes. Zurich is expiring. They are not writing in Iowa any longer. Cincinnati cost is about 1500.00.

*Continued on Page 9 ...*



This is a two year guarantee. This does not include financials because of the guarantee fire walls Philadelphia-drove on business. For AAHAM-annual DL check. Screened for auto insurance. NSI-leaving the state-would only write for 1 year. Propose to Cincinnati be our carrier.

- Security Access. Access to lists for the HFMA group when we co-sponsor a webinar.

### Old Business

- IAHHA-Iowa admitting hospital access
- NAHAAM group

### Adjourn

- Carrie motioned to adjourn
- Sarah 2<sup>nd</sup> ▲

Respectfully,

**Connie Dudding**  
Chapter Secretary



## Corporate Sponsors

The Iowa Hawkeye Chapter wishes to thank its Corporate Sponsors. Their generous financial contributions help ensure our chapter meets its goals and objectives, and allow us to provide educational programs, social functions, training programs for member certification, and the Hawkeye Highlights newsletter.

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# Certification Passed Exams – CRCPS-I, P

Submitted By: Sarah E. Sumpter, CRCPS-I / P, CRCR

Congratulations to the following people on their recent certification testing! These folks were successful in obtaining their CRCPS-I Certification. The exams were taken this past August - Congratulations on a job well done!! ▲

Passed CRCPS-I Exam in August		Passed CRCPS-P Exam in August	
Mary Bauer	UnityPoint Health	Catherine Baulder	UnityPoint Health
Austin Boysel	Avadyne Health	Mira Crncevic	Avadyne Health
Batiste Brownlee-Scott	UnityPoint Health	Tonya Eckert	Avadyne Health
Katie Buckner	Avadyne Health	Deborah Farnsworth	Avadyne Health
Holly Chiles	UnityPoint Health	Penny Huss	Madison Co. Hospital
Kassidy Craig	Avadyne Health	Leanna Reams	Avadyne Health
Mindy Dunlavy	UnityPoint Health	Desiree Shean	Avadyne Health
Mary Fitz	UnityPoint Health		
Linda Helmricks	UnityPoint Health		
Jessica Hemann	Avadyne Health		
Karen Hendrickson	UnityPoint Health		
Shari Higgins	UnityPoint Health		
Michelle Nicholson	Genesis		
Katherine Nyheim	UnityPoint Health		
Madison Olson	Avadyne Health		
Rhonda Richards	UnityPoint Health		
Emily Sunderland	UnityPoint Health		
Elizabeth Waldrop	UnityPoint Health		
Connie Wright	UnityPoint Health		

## Certification Updates ...

AAHAM has made a change to the certification calendar. Beginning in 2016, AAHAM will offer the certification exams three times a year, in March, July, and November. This is one exam period less than in past years. This exam schedule adjustment allows additional time for registration between testing periods.

### March 14-25, 2016

March 2016 Exam Period

### April 15, 2016

Registration deadline for July 2016 Exam Period

### July 11-22, 2016

July 2016 Exam Period

### August 15, 2016

Registration deadline for November 2016 Exam Period

### November 7-18, 2016

November 2016 Exam Period ▲

# How to Identify Who Sent Your Healthcare EFT Payment

Written By: Priscilla Holland, Senior Director of Healthcare & Industry Verticals for NACHA

Submitted By: Laurie Gaffney

Healthcare providers interested in cost savings and other benefits are converting to electronic payments at a steady clip. In 2014, the ACH Network moved more than 149 million healthcare Electronic Funds Transfers (EFTs), transferring about \$876.6 billion in claim payments from health plans to providers. During the same period, it is estimated that the healthcare industry saved approximately \$295 million by using the healthcare EFT standard and Electronic Remittance Advice (ERA).

But what if a provider has received an EFT payment with no corresponding ERA and doesn't recognize the sending organization? How is the sender determined? Unfortunately when a provider does not receive the associated ERA and cannot recognize the originator of the transaction, the provider must follow-up with the bank and the health plan—often with numerous phone calls.

## Populating the Company Name Field of the CCD+Addenda

For the healthcare EFT standard CCD+Addenda, the *NACHA Operating Rules* require that “the Company Name field must contain the name of the Health Plan originating the CCD, or, where an organization is self-insured, the name of the organization’s third-party administrator that is recognized by the Healthcare Provider and to which the Health Care Provider submits its claim.”

Using the name of the clearinghouse or vendor instead of the health plan or third-party administrator does not comply with the requirements of the *NACHA Operating Rules*. If the originator of the healthcare EFT standard transactions is not populating the company name field in accordance with the *NACHA Operating Rules*, the provider’s financial institution can file a Report of Possible Rules Violation through NACHA’s National System of Fines.

The goal of the National System of Fines is to ensure compliance with the *NACHA Operating Rules* and to have all parties correct possible formatting errors. If corrections are not made and the originator is found to be in violation of the *NACHA Operating Rules*, fines can be levied against the Originating Depository Financial Institution (ODFI), which may then pass those charges along to the originator. Fines range from \$1,000 to \$500,000, depending on the classification and severity of the violation.

## Determining the Payment Originator

In those instances when the company name field is not populated correctly and the name of the originator of the CCD+Addenda is unknown, some financial institutions recommend that providers contact NACHA directly for assistance. However, as the rulemaking body for the ACH Network, NACHA is not a payments processor and does not possess detailed information on individual payments. NACHA staff does not have access to any information that can identify the originator of the healthcare EFT transaction and will recommend that the providers contact their financial institution for assistance.

Here are some helpful tips for healthcare providers that need to work with their financial institution to identify the EFT originator:

- Contact your financial institution and give them the account number, the deposit date, and the amount of the transaction.
- Advise the bank that you need assistance in identifying the originator of the transaction.
- Ask the bank to contact the ODFI of the transaction.

The bank will need to give the ODFI the ACH trace number of the transaction (which is different from the TRN Reassociation Trace Number) to receive the name of the originator and a contact phone number.

*Continued on Page 12 ...*

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The 2013 CAQH U.S. Efficiency Index estimates that the healthcare industry can save \$1.98 per claims payment using the healthcare EFT standard and ERA, thanks to the automated reconciliation of the payment with the ERA and the auto-posting of both the EFT and ERA.

It is important to both health plans and providers that the originator of the healthcare EFT is easily and correctly identified in the healthcare EFT standard format and that associated ERA or explanations of benefits are sent in a timely manner to eliminate the need for manual intervention and time-consuming follow-up. ▲

## Election Results

Submitted By: Cristie Knudsen

The ballots have been tabulated and Sarah Sumpter and Becky David have been elected for another 2 years on the Iowa AHA Board of Directors. Congratulations! ▲





## AAHAM Legislative Day – 2016

Submitted By: Mike Dobbs

Now is the time to start thinking about attending next year's AAHAM Legislative Day. Presently, AAHAM has chosen two topics for next year:

*The Medicare Audit Improvement Act and the Hospital Improvements for Payment (HIP) Act*

Next year's Legislative Day will be held while congress is in session, and attendees may have an opportunity to meet with their state's Senator and/or Representative.

Before meeting with your representative's office, you will be given issue overviews, talking points and any other information you need to make AAHAM's case. This is a very rewarding experience and it would be great to have a large contingency from Iowa attend. Dates for next year's meeting are April 25<sup>th</sup> & 26<sup>th</sup>.

Give this some serious thought and hopefully we will see you there!!



The Iowa Hospital Association invites you to become a member of a fast-growing grassroots network of hospital and health care advocates in Iowa! The Iowa Hospital Action Network keeps you up to date on important health care policy issues and, through its action alerts, provides a quick and easy way to contact legislators when legislative action is needed.

It's easy to become an Iowa Hospital Grassroots Advocate. Hospital advocates help keep health care a top priority with state and federal legislators.

As a hospital advocates you will:

- Represent Iowa's Hospitals
- Receive Legislative Action Alerts from IHA
- Interact with Iowa's Legislators on Policy Issues
- Keep Health care a Top Legislative Priority

Register today at [www.ihaonline.org/actioncenter](http://www.ihaonline.org/actioncenter).

Once registered you will receive IHA Legislative Action Alerts directly to your e-mail providing you an easy and effective way to contact your legislators!

Contact [Dan Royer](#) at IHA with questions.

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## Don't Forget AAHAM!

If you've recently had a change to your personal contact information, please let AAHAM know. If we aren't able to contact you, we can't keep you informed of all the great benefits AAHAM has to offer. So please, keep us in mind as your life changes and let us know how to reach you.

To update your AAHAM Records please contact Stephanie Hultman, Membership Chair by calling 319-240-5306, or by emailing her at [sjhultman@mediacombb.net](mailto:sjhultman@mediacombb.net). ▲

