

## Message from the President ...



Rebecca Gough President, Iowa AAHAM

The countdown has begun for me. I won't give you the numbers since by the time you read this they will be wrong. After 40 years in the health insurance business, I've seen a lot of changes. When I started the Part B Medicare Deductible was \$75.00 and the Part A Deductible, I believe was somewhere about \$650.00. The first UB version I worked with was a UB-80. I was fortunate that throughout these 40 years I always had a computer of some sort and didn't have to track charges on paper as many probably remember.

Even in the last 16 years since I've been with AAHAM, we've seen an increase in the Medicare Advantage market, the Affordable Care Act, Medicaid managed care, EAPG payments with Wellmark, the expansion of HIPAA transaction code sets, transition from ANSI 4010 to 5010 and the conversion to ICD-10. Of all these, I'd have to say the smoothest transition was the ICD-10, at least from a billing perspective.

I'd like to take the opportunity to thank all those AAHAM members who've been with me on my journey. Some of you will continue for many years to come and some have already taken another course. I have learned so much by participating in this wonderful organization. I've benefited from everyone's ideas, experiences and opinions. It was always good to hear that "my" facility wasn't the only one to have an issue with a payer even when the payer insisted that "they've never heard of this problem before".

The next few years will continue to bring about changes and challenges. Your new officers and board members will do a great job of helping you to navigate the waters and make the contacts to stay informed. For myself, I'll be a "Savvy Senior" and attempt to make good choices for my own Medicare coverage.

Again, thank you for the memories.

Respectfully,

Rebecca Gough

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### **Hawkeye Chapter**

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### 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 2013.





#### Submitted By: Stephanie Hultman, CHFP, CRCS-I, CRCS-P

### The 2019 Legislative Day is April 15-16, 2019 at the

### Hyatt Regency Washington Capitol Hill, Washington, D.C.

Represent your facility, your state and your industry at the one political event that directly impacts you, your facility and your bottom-line; AAHAM Legislative Day. Our strong grassroots program creates new opportunities for our industry, but we need your continued support! We need you to make the trip to Washington to make a difference in our industry, attendance is limited, so register to attend today. It is all about strength in numbers. The more AAHAM members participate in this effort, the stronger the voice AAHAM will have. Remember, if you don't speak up someone else will.

There is plenty to talk about...

2019 marks the 15th year AAHAM has brought members together with their elected officials at the AAHAM Legislative Day. We need your support to make sure our voices are heard.

\* When grassroots advocates from around the nation unite, shaping healthcare policy becomes more effective. Once we receive your registration, we'll schedule meetings with your Senator and Representative.

\* Before going to Capitol Hill you will be given issue overviews, talking points and any other information you need to make our case

\* Although the idea of meeting with elected officials may seem daunting, those that have met with them report very positive experiences. Remember, your elected officials work for you!

We need your support to make sure our voices are heard.

AAHAM encourages you to bring other chapter members and coworkers along for this fantastic learning experience.

Hyatt Regency Washington on Capitol Hill 400 New Jersey Ave., NW Washington, DC 20001 For reservations call: 1-888-421-1442







# Fall Payer Panel ...

Submitted by: Stephanie Hultman, CHFP

HFMA and AAHAM sponsored the Fall Panel of Payers on November 27th at Iowa Methodist Medical Center in Des Moines. There were nearly 80 attendees present for this popular event. The meeting began with presentations from the two Medicaid managed care companies. This included representatives Rondine Anderson, Patty Bucklin and Beth Chicoine with Amerigroup, and Vickie Owenby, Amy Lapaczonek, and Tina Gordinier with UnitedHealthcare Plan of the River Valley. All helped to answer attendees' questions and provide feedback relating to the Medicaid managed plans and various claims processing issues. Vickie, Amy and Tina also provided information on the United Healthcare commercial line, and listened to feedback related to the new Emergency coding policy. The afternoon concluded with speakers Nat Kongtahworn and Nicky Cooney with Wellmark and Karen Kroupa and Mary Sue Gardner with WPS Medicare. Topics included policy and billing updates, as well as tips on accessing educational resources. Throughout the payer presentations, providers were able to ask additional questions and network with the payer representatives.

This event was a great opportunity for revenue cycle and billing professionals to continue discussing similar claims processing and revenue cycle questions with the Medicaid managed care changes, as well as receive updates from many of our major payors. **HFMA and AAHAM will be hosting the next All Payer Panel March 27, 2019.** 



### **BALANCE SHEET**

Treasurers Report for Period Ending: 9/14/2018

ASSETS: Cash in Bank Certificate of Deposit #30063596 Certificate of Deposit #30063430 TOTAL ASSETS	\$16,094.85 \$6,093.07 \$3,237.53 <b>\$25,425.45</b>			
LIABILITIES: Payables	\$0.00			
EQUITY:				
TOTAL LIABILITIES AND EQUITY	\$0.00			
<b>OPERATING STATEMENT</b>				
REVENUES: Corporate Sponsor Fees Vendor Booth Rental Certification Fees (Technical Exams) Discounts/Refunds Given Registration Fee - Student Registration Fees - Members Registration Fees – Non-Member TOTAL REVENUE EXPENSES: Website	\$ 6,545.00 \$ 725.00 \$ 1,740.00 (\$140.00) \$ 10.00 \$ 5,860.00 \$ 1.410.00 <b>\$16,150.00</b> \$ 820.00			
Insurance Fees Facility Rental Hospitality Meal Speaker Fees ANI Registration Legislative Day Registration Fee Donations Office Supplies & Postage Airfare Hotel Shuttle/taxi/car rental/parking Travel Meals PayPal Fees <b>TOTAL EXPENSES</b> NET INCOME (LOSS)	\$ 1,701.00 \$ 2,576.03 \$ 1,769.09 \$ 1,194.92 \$ 169.72 \$ 690.00 \$ 269.00 \$ 500.00 \$ 10.00 \$ 1,183.32 \$ 1,373.22 \$ 1,373.22 \$ 157.17 \$ 90.05 \$ 270.58 <b>\$ 12,774.10</b> <b>\$ 3,375.90</b>			
BEGINNING CASH BALANCE	\$ 12,718.95			
ENDING CASH BALANCE	\$ 16,904.85			

Respectfully,

Becky David Chapter Treasurer



# AAHAM Board Minutes ...

<u>Date</u>: May 16, 2018 <u>Location</u>: Hilton Garden Inn – Johnston, IA

Roll Call: Carrie, Becky, Rebecca, Lori, Laurie, Charlie, Cristie, Audra

- 1. Minutes-were approved from September 2017 meeting.
- 2. We need a nominating Committee Chair as all but two board members as well as all officers are up for election. Cristie volunteered. Ballots need to be out by 7/25 and due back by 8/15.
- 3. **Core Report**-There is no Chapter Excellence report or Journalism award. There will be a new Chapter Excellence report. Points determine who wins this award. It has been recommended to keep copies of email sent to members as well as surveys.
- 4. **Bylaws**-we need to do a formal vote of the revisions.
- 5. Looking for new ideas for Fall Meeting:
  - a) Iowa Revenue Cycle-Hometown Health
  - b) Double up with Medicare on meeting-see if they could do half
  - c) Compliance-big topic
  - d) ACO's-how do they work
  - e) New MCO's
  - f) Day-very expensive!!
  - g) Red Flags
  - h) Brochure needs to go out the 1<sup>st</sup> week of August
- 6. Spring meeting May 16-17-time for a change of venue? Sending out summer survey to ask members and Sponsors.
- Treasurer's Report-Becky reported as of 5/31/18 checking account totaled \$12,718.95 and 2 CD's totaling \$9330.60. Becky will do some further checking on the CDs. Report was moved by Charlie and 2<sup>nd</sup> by Carrie.
- 8. Committee Reports
  - a) <u>Website</u>-updates to Brandon-flat fee for additions.
  - b) <u>Newslette</u>r-no updates. Out in Jan, March, June & Nov. Articles due the 15<sup>th</sup> of the month before.
  - c) <u>Membership</u>-New Committee lead, Laurie Bruck.
  - d) <u>Corporate Sponsor</u>-12 sponsors, 9 non-renewals; looking to change format of sponsorship to make it more appealing to sponsors.
  - e) <u>Legislative</u>-Bobbi Jo is new lead.
  - f) <u>Certification</u>-Roster sheets are available to submit for CEU's and brochures for upcoming testing will be set out at sign in table.
  - g) <u>Hospitality</u>- trying new format for this meeting and will ask in survey if people like it better.
- 9. Insurance renewal due for \$1700 for a 3 year policy.
- 10. Becky is looking to get electronic treasurer's report. Moved by Laurie and 2<sup>nd</sup> by Carrie to use \$100 in funds.

Audra Ford

Adjourned: Meeting adjourned 6:48 PM.

Respectfully,



# AAHAM Fall Meeting Recap ...

Written and Submitted By: Laurie Gaffney

I can't believe that our annual September meeting has come and gone already. It was a good meeting even with the lower attendance.



We kicked off the conference with information on swing beds by Kerry Dunning. She reminded us that Swing bed is for two reasons: 1. Quality of Life and 2. Safety. She gave a lot of recommendations for documentation in the chart as well as 3 questions that should be addressed in your physician certification: 1. How much longer in swing bed, 2. What are discharge expectations, and 3. Is it still related to the acute care hospital stay? Remember to make sure you get a new MSP on your swing bed admit as well.

Miss Sandy Sage from Home Town Health Flex grant spoke to us on Charge master compliance. We learned that this is the foundation of our hospital's financial health. She stressed that access to the charge master should be very limited in the organization as changes by department managers could cause various problems. She gave an overview of pricing formulas that can be used to set prices as well as how important valid CPT/HCPCs, rev codes and descriptions are. Sandy talked about modifiers and that it is really important that only coding staff add or change these. The application of a modifier can change the whole claim and reimbursement. Everyone should verify that their billers are not adding them.



Staff from nThrive discussed denials and bundled payments. Denny Roberge discussed why charge capture is so important even in a value based environment. Charge capture is important because it improves financial performance, quantifies resource needs, minimizes compliance and audit risk and is an integral component of patient satisfaction. Gave an overview of which areas in the revenue cycle that denials occur-every step of the way from scheduling to billing and collections. As we all know there is so much disparity in our systems and processes we do on a day to day basis. Thus creating issues in trying to figure out the dollars and volume of denials and how to make corrections. Barry Zajac gave us many things to think about in the bundled payments arena that may be upon us soon. We learned some valuable things to think about when contracting for this type of payment system.

We heard from Wellmark, United Healthcare, Medicare and Amerigroup for any updates. Nothing earthshattering from any of them. Make sure to read their bulletins as they are published.

Dan Royer from IHA joined us on Friday morning. He discussed the price transparency requirement effective January 1, 2019. CMS has confirmed that providing a link to the Iowa Hospital charges compare meets this requirement. This is the link needed on your hospital's website to be compliant <u>http://www.iowahospitalcharges.com</u>. This information is updated quarterly. He gave updates on Medicaid Managed Care in Iowa and what IHA is pushing for in regards to claims processing, credentialing, adequate reimbursement for emergency services, and more.



Hope to see you all next Spring in Des Moines.

# AAHAM Fall Meeting Photos ...

Photos Submitted By: Stephanie Hultman, CHFP, CRCS-I, CRCS-P



# 2018 CORPORATE SPONSORS

### The Iowa Hawkeye Chapter wishes to extend their gratitude to our Corporate Sponsors.

The activities and success of our chapter could not be possible without the support of our Corporate Sponsors. Their continued support and engagement within the chapter certainly adds to the strength of our chapter by allowing us to provide quality educational opportunities and outstanding networking events for the benefit of our membership.

If you are an existing Corporate Sponsor, we appreciate your past and continued support of our chapter.

Platinum: <u>The Hauge Group</u> <u>Avadyne Health</u> <u>Tri-State Adjustments, Inc.</u> <u>Revcycle, Inc.</u> <u>Credit Bureau Services of Iowa</u>

<u>Gold</u>:

Eagle Recovery Associates

<u>Silver</u>:

ICSystems General Service Bureau

Bronze:

<u>MaxRTE</u> <u>Automated Accounts Management Services</u> <u>Experian Health</u> Bloom Payment – Creditor Advocates

If you are interested in becoming a Corporate Sponsor, please contact Ashley Allers at <u>aallers@vandiestmc.org</u> or visit our website <u>https://hawkeyeaaham.org/sponsorship-information/</u>

### SPONSOR SPOTLIGHT

### The Hauge Group

Hauge Associates, Inc. is a respected leader in the collections industry, they offer clients effective, technology-driven solutions for resolving past-due accounts in a secure environment to protect sensitive data. They offer customized services and campaigns', credit bureaus reporting, digital call recording, online access to accounts, robust reporting and much more.

Established in the 1960s as Hauge Credit Services, The Hauge Group has experienced first hand the evolution of the debt collection industry from processes and practices to regulation and oversight. As the industry changed, they have adapted to accommodate the changes, expanding the services we offer, adjusting our processes, updating our systems and reshaping our philosophy.

The Hauge Group led the way this fall with sponsoring part of our hospitality event. As many know, the Hawkeye chapter decided to shake up the format some this past year and offer hors d'oeuvres and beverages in a conference room following the first day's meetings. Our gratitude goes out to The Hauge Group and all of our 2018 corporate sponsors.

Visit <u>www.thehaugegroup.com</u> to learn more about The Hauge Group's services, or call them at 800-284-3131 to get started with their team.

## Certification Passed Exams - CRCS-1 & CRCS-P

Submitted By: Lori Weber, CRCP

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

Passed CRCS-I Exam in July		Passed CRCS-P Exam in July		
Angela Alton	UnityPoint Health	Kristin Buchanan	UnityPoint Health	
DeAnn Anderson	UnityPoint Health	Jim Byers	UnityPoint Health	
Catherine Baudler	UnityPoint Health	Mira Crncevic	Avadyne Health	
Batiste Brownlee-Scott	UnityPoint Health	Pam Fopma	UnityPoint Health	
Taylor Burke	UnityPoint Health	Amy Innis	UnityPoint Health	
Mark Capati	UnityPoint Health	Brenda McFarden	UnityPoint Health	
Brandi Cappello	UnityPoint Health	Jill Roberts	UnityPoint Health	
Stephanie Cropp	Avadyne Health	Lavonne Seaton	Avadyne Health	
Tiffany Daugherty	Avadyne Health	Desiree Shean	Avadyne Health	
Electra Disbrow	UnityPoint Health	Caitlin Smith	UnityPoint Health	
Mindy Dunlavy	UnityPoint Health			
Mary Fitz	UnityPoint Health			
Alissa Gardner	Avadyne Health			
Penny Gearhart	Avadyne Health			
Shawnna Hall	UnityPoint Health			
Katherine Henderson	UnityPoint Health			
Shari Higgins	UnityPoint Health			
Jeff Jost	UnityPoint Health			
Tina Kurt	UnityPoint Health			
Hayley Lester	UnityPoint Health			
Sara Lloyd	Avadyne Health			
Say Lo	UnityPoint Health			
Christine Miller	Avadyne Health			
Jessica Ogren	UnityPoint Health			
Madison Olson	Avadyne Health			
Yesenia Pyle	UnityPoint Health			
Rhonda Richards	UnityPoint Health			
Denise Sullivan	UnityPoint Health			
Whitney Todd	Avadyne Health			
Emily Whitaker	UnityPoint Health			
Katie Wisnousky	UnityPoint Health			
Tracy Woods	UnityPoint Health			
Connie Wright	UnityPoint Health			





## The Importance of Social Security Numbers in Self-Pay Collections

Written and Submitted By: By Jody Heard, Regional Director of Ridiculously Nice Sales at Americollect

In today's environment of rampant identity theft and data breaches, many organizations are reevaluating what patient data they truly need to collect and store in order to perform their day-to-day operations. One such piece of information that is under the microscope is Social Security Numbers (SSNs). The reason that SSNs are under scrutiny today, is because the Centers for Medicare and Medicaid Services (CMS) is currently issuing new Medicare cards which replace the SSN-based Health Insurance Claim Number (HICN) with a new Medicare Beneficiary Identifier (MBI). Along with this change, you have most likely seen the headlines and articles which quotes CMS Administrator, Seema Verma as saying, "We're taking this step to protect our seniors from the fraudulent use of SSNs, which can lead to identity theft and illegal use of Medicare benefits." These two facts taken out of context have led many to believe that utilizing SSNs in healthcare is toxic.

What we need to understand though, is that it was not CMS's use of SSNs that caused issues, but the way in which they utilized them. CMS's choice to openly display the HICN/SSN on the front of all Medicare cards, a card which many seniors keep in the front of their wallet inadvertently displaying their SSN throughout the day to any number of strangers, caused the issues and the potential for identify theft. In fact, according to the Office of the Inspector General (OIG), "For more than a decade, we and other Federal agencies recommended taking SSNs off of Medicare cards, to limit identity theft and Medicare fraud against seniors." I will point out that the OIG recommended removing SSNs from the Medicare cards, not eliminating the use of them.

### Accurate Identification

SSNs play a vital role in correctly identifying U.S. citizens and in healthcare, your patients. This becomes especially important as you consider the back-end of your revenue cycle process or more specifically, self-pay collections. The ability to correctly identify the appropriate patient while collecting self-pay balances reduces cost and increases collection rates while minimizing exposure to litigation. SSNs are required for many of the processes that your self-pay vendors utilize. When you neglect to provide that information, your vendors are forced to rely on less accurate processes like matches based on name and date of birth. Now if you consider that according to Ancestry.com there are 38,313 James Smith's, 34,810 Michael Smith's, and 32,092 Maria Garcia's in the U.S., the likelihood of getting the wrong match with only a name and date of birth exists. Having a wrong match can lead to, in the best case, an uncollectable account or poor patient experience. In the worst case, litigation.

### Processes

The following are a few examples of the processes that can be utilized, which require SSNs. Because these searches require the SSN, agencies are unable to perform them for organizations not providing it.

- Known Litigant Search Identifies patients whom frequently sue collection agencies. These accounts are handled by specialists in this area reducing the likelihood of future litigation.
- Title 19 Search Identifies patients whom fall under Title 19.
- TRIP (Tax Refund Intercept) Search For states which offer this program, enables garnishment of tax refunds to pay outstanding medical bills.
- Credit Reporting A SSN is now required in order to report on credit files.
- Insurance Eligibility Verification When a potential insurance carrier is identified for an account, eligibility is validated before the client is notified, reducing the labor and cost for our clients.
- Presumptive Eligibility For organizations that wish to implement a Presumptive Eligibility program, check to see if your agency provides that metric. This process requires a SSN in order to be successful.

The following procedures do not require a SSN but are vastly more accurate when one is provided. Guarantor Level Grouping – Verify that your agency groups all incoming accounts at the Guarantor level. This reduces

Continued on Page 12...

#### Continued from Page 11 . . .

the number of calls and correspondence that a household receives, greatly improving patient satisfaction and collection rates. If SSNs are not provided, this matching is not as accurate resulting in many accounts not being combined and patients receiving multiple phone calls and statements.

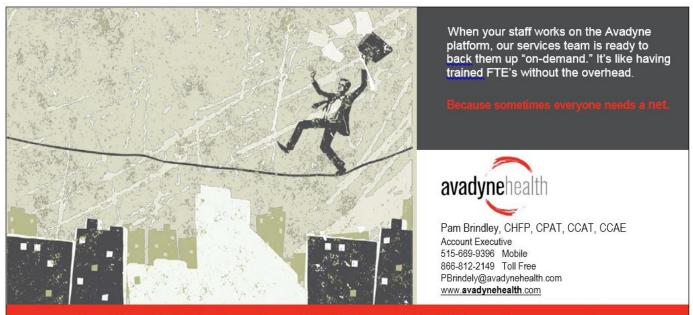
- Bankruptcy Search Bankruptcy searches can be performed without a SSN; however, they are significantly less accurate resulting in an increased litigation rate.
- Deceased Search Deceased/Probate searches can be performed without a SSN; however, they are significantly less accurate resulting in an increased litigation rate.
- Skip Tracing When skip tracing, use of the SSN provides a significantly better chance of locating a correct address and phone number.

Now that you understand why a SSN is important to your self-pay process, we should also discuss your staff's largest barrier to getting it – the patient. As identity theft has grown across the nation, the public has become educated on the dangers of providing their SSN. As a result, your staff may encounter push-back from your patients when requesting this information. Two approaches that we have seen work well in this discussion with the patient are as follows:

- Privacy To protect your privacy, we utilize your SSN to validate your identity when speaking with you. Your SSN is one of the only numbers that you, and you alone know, allowing us to verify that you are you before discussing your sensitive personal health information.
- Credit We need your SSN because we are extending you credit for our services. Once your portion of the bill comes due, we need to make sure that we can collect on it. This is just like when you apply for a loan or a credit card with a bank and your SSN is the first number that they ask for.

By providing your self-pay vendors with the correct SSN for your accounts, you ensure accurate, timely, and effective debtor identification while reducing cost, increasing collection rates, and minimizing exposure to litigation. You should also remember that your self-pay vendors are trusted partners of your organization whom you rely on to protect the PHI of your patients. If you cannot trust them to protect your patient's SSNs, should you really be trusting them with your PHI?

For additional information on this article, please feel free to contact Jody Heard, Regional Director of Ridiculously Nice Sales at Americollect at <u>jody@americollect.com</u> or 920-769-1425.



Ground-breaking Technology... Unparalleled Services... Unified. That's a net you can count on.

## **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 Laurie Bruck, Membership Chair by calling (712) 655-8152, or by emailing her at <a href="mailto:laurie.bruck@mrchia.com">laurie.bruck@mrchia.com</a>

## Mark Your Calendars

Spring Meeting - May 16-17, 2019 Fall Meeting - TBA

