

Hawkeye Highlights

Iowa AAHAM Chapter

Fall 2014

Volume 6, Issue 4

Photo By: Steph Hultman

Message from the President.....

Dear AAHAM Members:

This is my last President's letter and I want to thank all of you for allowing me to serve as your president for the last two years. I have enjoyed it so much. I have made friends and learned so much from belonging to this organization. Please, to the extent that you can get involved, you will not regret it.

We are always looking for good speakers, so if you have heard any good ones please let someone on the board know so we can check them out.

You have elected very knowledgeable officers and board members for the next term. They are already working hard to make sure we get as many of you participating and attending meetings as possible.

The 2015 Legislative Day next year is March 30th and 31st. This is a great learning opportunity and I would recommend it to anyone that can attend.

I hope to see you at the May meeting!

Respectfully,

Luke Gruber



Luke Gruber
President, Iowa AAHAM

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Hawkeye Chapter

Officers - Board Members - Committee Chairs

Luke Gruber	<i>President</i>
Cristie Knudsen	<i>Vice President / Program Chair</i>
Connie Dudding	<i>Secretary / Registration</i>
Carrie Kuennen	<i>Treasurer / Nominating Chair</i>
Tara Spidle	<i>Chairperson of the Board / Audit Chair</i>
Rebecca Gough	<i>Board Member / Certification Chair</i>
Bobbie Jo Harrings	<i>Board Member / Hospitality</i>
Stephanie Hultman	<i>Board Member / Newsletter / Membership Chair</i>
Melissa Puck	<i>Board Member Corporate Sponsorship Chair</i>
Mike Dobbs	<i>Legislative Chair</i>
Becky David	<i>Board Member / Website</i>
Laurie Gaffney	<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 2013. ▲

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Hawkeye Chapter of AAHAM

BALANCE SHEET

Treasurers Report for Period
Ending: 08/31/2014

ASSETS:

Cash in Bank	\$24,385.20
Certificate of Deposit #30063596	\$6,083.68
Certificate of Deposit #30063430	\$3,229.58
TOTAL ASSETS	\$33,698.46

LIABILITIES:

Payables	\$0.00
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EQUITY:

TOTAL LIABILITIES AND EQUITY	\$33,698.46
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OPERATING STATEMENT

REVENUES:

Corporate Sponsor Fees	\$6,800.00
Technical Exams	\$680.00
Registrations/Spring 2014	\$4,655.00
Registrations/Fall 2014	\$1,290.00
Bank of America Credit Card	\$0.00
Other Revenue	\$0.00
TOTAL REVENUE	\$13,425.00

EXPENSES:

Travel	\$0.00
Website	\$665.00
Insurance Fees	\$900.00
Spring Conference 2014 Speaker Fees	\$0.00
Spring Conference 2014 Facility/Hospitality Fees	\$5,432.88
Miscellaneous	\$54.79
AAHAM National Legislative Day	\$7,355.47
Fall Conference 2014 Speaker Fees	\$0.00
Fall Conference 2014 Facility/Hospitality Fees	\$0.00
Fall Conference 2014	\$0.00
ANI Expenses	\$590.00
TOTAL EXPENSES	\$14,998.14

NET INCOME (LOSS)	(\$1,573.14)
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BEGINNING CASH BALANCE	\$25,958.34
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ENDING CASH BALANCE	\$24,385.20
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Respectfully,

Carrie Kuennen
Chapter Treasurer



501R – A Part of the Affordable Care Act

Written By: Joyce Schumacher

While I found this session at our September AAHAM Meeting to be very interesting, all of the unknowns are quite scary. This has been in effect since May 2010, but yet still no one knows when the regulations will be finalized or what the actual regulations or changes to them will be.

Julie VanPelt, from Avadyne Health talked about things that most of us are already doing such as:

- Financial Assistance programs
- EMTALA, etc.

But the Things We Might Not Be Doing that was discussed is a little extreme. I have listed a few of them below:

- Not engaging in any Extraordinary Collection Activities (ECA's) for 120 days after patient responsibility. ECA's include credit reporting, lawsuits, garnishments, sale of debt or body attachments.

Continued on Page 7 ...

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Claims Payment Automation: How to Make an Educated Choice

Written By: Priscilla Holland, AAP, Senior Director, NACHA – The Electronic Payments Association
Submitted By: Laurie Gaffney

Many providers have found that claims paid by virtual card have increased this year. As a result, the fees they pay for card acceptance have skyrocketed. Does your practice have a planned response to virtual card claims payments? Do you know your rights under the Affordable Care Act (ACA) to a less expensive form of claims payment?

Under the ACA, providers have a number of electronic payment options available to them for claims reimbursements. Options can include the healthcare EFT standard via ACH, credit and virtual card payments, and wire transfers. Each payment type has unique attributes and associated costs, and providers have the ability to choose the payment type that best suits the needs of their practice.

The Healthcare EFT Standard

Similar to Direct Deposit, EFT via ACH enables health plan-to-provider payments that are processed over the ACH Network using the healthcare EFT standard, or the NACHA CCD+ Addenda. Payments made this way include a TRN Reassociation Trace Number, which is used to tie the ACH payment to the appropriate Electronic Remittance Advice (ERA). This allows for the automatic reconciliation of the EFT payment with the ERA.

Other EFT Payment Options

Health plans may offer other EFT payment options, including wire transfer or virtual cards, in addition to the healthcare EFT standard via ACH. Some health plans are replacing all check claims payments with virtual card payments without prior authorization from the provider. A virtual card is a single-use credit card transaction that must be manually entered into the provider's point of sale terminal and manually reconciled with an explanation of benefits (EOB).

Providers should make an informed decision on accepting virtual card claims payments, as these payments shift the cost of payment processing from the health plan to the provider. Credit card rules do not require a provider to accept virtual card payments just because they accept credit cards for patient payments.

Costs of EFT Payments

The costs associated with EFT payments can vary widely. With ACH payments, providers, as small businesses, generally pay their financial institutions a per-transaction fee for each ACH payment directly deposited to their accounts. The average per-transaction cost is \$0.34, regardless of the payment amount.

Wire transfers and virtual cards are more costly. The fees associated with wire transfers vary, but the average provider will pay \$10.73 regardless of the payment amount. With virtual cards, providers pay an average interchange fee of 3 percent plus a per-transaction fee to process the transactions. Some health plans are being incented by card issuers to switch from check to virtual card payments in exchange for a rebate of up to 1.75 percent of the interchange fee paid by the provider.

Continued on Page 6 ...



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Comparing EFT Payment Options

	Healthcare EFT Standard (VIA ACH)	Virtual Card	Wire Transfer
Funds Availability (as measured from the time that a plan initiates payment)	Next day	2-3 business days, plus mail float	Same day
Average Cost to Provider On a \$2,500 Claim Payment	\$0.34	Percentage of total payment, plus a transaction fee Example: 3 percent average interchange fee on \$2,500, plus a \$0.10 transaction fee = \$75.10	\$10.73
Enrollment/Acceptance Process	One time with each health plan	Must have agreement with merchant card processing provider & POS processing system/terminal	One time with each health plan
Risk	Very low risk Financial Institutions can support additional account monitoring tools, such as debit filters or blocks	Higher risk Card numbers have information that can be used by anyone with the ability to accept card payments	Very low risk
Manual Processing	None	Each payment must be processed manually	None
Reassociation Trace Number (TRN)	Standardized inclusion of TRN with ACH payment	Not included with payments. Cannot receive HIPAA- compliant ERA with virtual card payments	No requirement to include TRN with wire transfer—but it can be included in remittance information

Educated Choice

While HIPAA requires health plans to make EFT via ACH available upon request, providers should be cognizant of any restrictions in payment methods when contracting with health plans. They should also avoid signing contracts with inflexible payment terms. Providers who don't wish to accept health plan virtual card payments should educate their office staff to recognize the difference between patient and health plan payments, in order to prevent undesired authorization of health plan virtual card payments.

It is important for providers to understand their rights under HIPAA and the ACA and make an educated decision on how their organization will be paid for claims reimbursements. Lack of understanding and transparency can have a significant impact on the bottom line of the practice.

To learn more, visit <https://healthcare.nacha.org>.

Priscilla Holland is the Senior Director of Healthcare & Industry Verticals for NACHA. As Senior Director, she leads NACHA's healthcare payments program and works on other payments and remittance information and standards projects. She has more than 20 years of experience in cash management, project management and product development and is an Accredited ACH Professional (AAP) and a permanent Certified Cash Manager (CCM).

The Blue Book of Bank Prices 2012-2013 published by Phoenix-Hecht –
<http://www.phoenixhecht.com/treasuryresources/PDF/BBExecSumm.pdf> ▲

....Continued from Page 4

- Sending out notices 30 days before ECA occurs and detailing what ECAs might happen to collect the bill.
- Sending out a written notice when Financial Assistance is incomplete, approved, etc. detailing why they qualified or did not qualify for the assistance
- After 120 days notification period, automatically allowing an additional 120 day application period – if during this subsequent period, the patient applies for FA, all ECAs must be abandoned until the application is processed and eligibility determined.
- Provide the most “generous” level of FA
- Including summary of FA policies with all billing
- Discussing your FA policy in every call with patients regarding their services and accounts

I can say we are doing some of the bullet points above, but definitely not to that extent. Up until about the last 6 months I had really not heard much about the 501R. I came back thinking how we are ever going to get this all in place, let alone the costs? What would some of these regulations do to the hospital AR?

There must be some accountability on the patient’s end, and I have been on that end several times.

- At what point do we have to continue to bend over backwards to get the hospital bills paid?
- Why should we have to continue to allow additional time for incomplete applications?

I have passed beyond the scary point and onto the frustrations of what this regulation could lead to. For now though, I have just decided to not worry about it as there are way too many other issues to tackle on a day to day basis.

I would be interested in knowing what others are planning, if anything at this time due to 501R. ▲

Save the Dates . . .

2015 AAHAM Meetings

May 14-15, 2015
September 17-18, 2015

Hilton Garden Inn
Des Moines / Johnston, IA

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Corporate Sponsors ~ Thank You

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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Don't Forget AAHAM!

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

Recap on Hawkeye Chapter Fall Meeting September 2014

Written and Submitted By: Laurie Gaffney

Medicare Enrollment and the 855

Dennis Grindle and Gretchen Heckenlively provided an excellent session on Medicare enrollment and the 855 forms Thursday morning. They gave us a look at many of the most common errors on each form and what we should look for. They were very clear that these forms are important to your hospital's financial well-being as well as compliance with claims filing. Something as simple as not having the correct zip code plus the 4 digit extension could cause a delay in your enrollment process or having your provider number revoked. They discussed revalidation, Method II and CAH's, locum tenens rules, as well as provider-based issues. The session was very informative and educational.

Wellmark Enrollment

Following the enrollment session was Wellmark who gave great information in regards to their enrollment process. Recently they have added to their website a credentialing submission tracker which should help providers know what status their applications are in. They also gave information on the most common errors. You can find information regarding the credentialing submission tracker on their website under provider webinars as they recently held one for this topic. The representative provided info on the new health plans, Wellmark member mobile app, provider education and more.

501R – A Part of the Affordable Care Act

The afternoon session started with information on 501R provided by Julie VanPelt from Avadyne Health. Please see the article, *501R – A Part of the Affordable Care Act* on Page 4 of this issue for complete highlights of this session.

The Collection “Brain Trust”

Thursday afternoon concluded with a panel of representatives from collection agencies. Each spoke briefly on items they would like providers to do or provide to them which would enhance the relationship between provider and agency as well as help them collect more. The more information that can be included in the file upload the better, giving them access to your legacy system for notes and payments, a timely payment file, making sure to keep to the same guidelines that you are asking them to relay to the patient, and more.

Payer Updates

Friday morning was spent with the following payers-United Healthcare, Meridian, Medicare and IME. Dan Royer also presented topics from IHA.

Overall an excellent fall meeting. Please make sure to contact any board member with ideas for topics or speakers you would like see or hear for future meetings. ▲



Photos By: Bobbie Jo Harrings, CRCE-I

AAHAM Board Minutes ~ January Planning

January 16, 2014

AAMS Office – West Des Moines, IA

I. Roll Call

Attendance: Luke, Tara, Mike, Connie, Cristie, Rebecca, Carrie, Laurie, Melissa

II. President's Report

- a) Committees—Forming sub committees when needed to assist. Additional resources and people to help cover all activities.
- b) President's Meeting San Diego-Luke and Mike attended. A lot of sessions and meetings. A lot of the same issues/concerns as last year.

III. Vice President's Report

- a) Spring meeting May 15th – 16th 2014 – Cristie is working on final speakers. Round tables are a favorite for a lot of the members. Will spend Thursday afternoon with round table discussion with collection agencies.
- b) Fall meeting Sept. 18th – 19th 2014—Still putting together. Enrollment for Medicare is becoming more and more difficult.

IV. Treasure's Report

V. Committees

- a) Certification—Rebecca continues to have more and more members going for certification. Great numbers
- b) Membership—Currently have 116 members in chapter
- c) Hawkeye Highlights—4 publications a year. Working on timeliness of getting this out to all members
- d) Legislative-Legislative day coming soon. As many members that can attend the better. Easier to split up and go to different areas.
- e) Corporate Sponsors—Melissa is doing great with sponsors.
- f) Hospitality—Bobbie Jo will continue taking care of hospitality
- g) Website—Steph and Laurie working on gathering documents timely.
- h) Registration

VI. New Business-nothing

VII. Old Business—nothing

Adjourn: Connie had a meeting so she had to miss the end of discussions, did not get who motioned and 2nd the adjournment. ▲

Respectfully,

Connie Dudding

Chapter Secretary



Results from the September 2014 Election

Written By: Tara Spidle

First of all, a big thank you to all of you who took the time out of your busy schedules to vote this year. We had approximately a 20% of our membership vote. Your 2015-2016 officers and board members are as follows:

Officers

Luke Gruber, AAMS, will close his two year presidency and move to Chairman of the Hawkeye AAHAM Board. Cristie Knudsen, Audubon County Memorial Hospital, was elected Madam President. Rebecca Gough, Myrtue Medical Center, will be Vice President and Programming Chair. Connie Dudding, Mary Greeley Medical Center, remains as Secretary for another two-year term; and Carrie Kuennen, Boone County Hospital, was elected as Treasurer.

Board

Board Members elected and re-elected were Bobbie Jo Harrings, Merit Billing Service; Stephanie Hultman, Craneware; and Melissa Puck, Crawford County Hospital.

Please note that the Hawkeye Chapter is always looking for people to help on committees. If you would like to become more involved in AAHAM, please contact any of your board members. It gives you an added advantage when applying for the ANI Scholarship in July. Your commitment to AAHAM is very much appreciated. ▲



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Fall Panel of Payers – Success

Submitted By: Stephanie Hultman, CHFP, CRCS-I, P
Photos By: Bobbie Jo Harrings, CRCE-I

AAHAM, together with HFMA, had a record turnout at the recent Annual Fall Panel of Payers Conference held on November 19th at the University of Iowa Hospital in Iowa City, Iowa.



On March 25th, HFMA, together with AAHAM, will sponsor our spring Panel of Payers at Iowa Methodist Medical Center in Des Moines. This is a popular event that brings together billing and revenue cycle professionals from across the state to learn the latest news from our area payer representatives. It is also a great opportunity for providers to network with one another and discuss various billing and revenue cycle issues.

Anticipated agenda includes updates on the January 1, 2015 changes for the Iowa Wellness Plan, presented by Iowa Medicaid. We will continue the day's presentation with updates from UnitedHealthcare, Meridian, CoOpportunity, Wellmark, and WPS Medicare. Again, payers will provide updates on the current state of ICD-10 readiness along with other billing and audit highlights. At the conclusion of the payer presentations, breakout sessions will be held so that providers can meet individually with each payer and ask any additional questions or discuss provider specific concerns. Throughout the day, networking with fellow providers is always much anticipated also.

We look forward to seeing you in Des Moines on Wednesday, March 25, 2015! Registration information will be coming to you via email in a few weeks. ▲

AAHAM Board Minutes – May 2014

May 14, 2014

Hilton Garden Inn – Johnston, IA

I. Roll call

Attendance: Luke, Tara, Mike, Melissa, Connie, Cristie, Becky, Rebecca

II. President's Report

A lot of reports back on the committees. Luke is on by laws committee. Mike reported new chapter. New Hampshire and Vermont are forming a chapter. Massachusetts will probably form a chapter as well. Very strong accounting groups. National memberships, Legislative Day attendees, Mike will update group at meeting.

III. Vice President's Report

Spring meeting, Mike kudos for helping so much. Round tables topics, not one person lead them, sit and help. Fall meeting topic ideas: Medicare Enrollment 855, 501R Charity Care speaker, need to find a speaker. Mastering Dispute and Appeal process. Avadyne puts on a webinar for the two above. Motivational speaker, only cost is his travel. Need to look at costs at each meeting. Metrics measuring performance, speaker to present on this topic. Ask for topics at the meetings. Let Cristie know if we hear of any topics.

IV. Treasurer's Report

\$28,798.30 cash in bank

V. Committee Reports

- a) Certification - Rebecca 13 passed CRCS. CPAT/CCAT
- b) Membership - 103 Hawkeye active members for 2014. 19 non renewed
- c) Hawkeye Highlights - Steph emailed out to membership today. Legislative Day - Carrie, Bobbie and Becky will write an article. Need article by mid-July. Laurie will put list together of what we need. ANI scholarship.
- d) Legislative Topics - same as has been. Another organization did get fined recently. Listening and modernizing it. 501R is happening. A lot of companies going to email. Consumer groups will not allow them to do anything.
- e) Corporate sponsors - 18 sponsors with 7 having booths for Spring meeting online payments and registering on line as well.
- f) Hospitality- Bobbie is setting all up
- g) Website-newsletter is on now. Some emails would not let handouts go through.
- h) Registration - 53

VI. New Business

- a) Discussion of utilization of PayPal or other companies. This could get costly but will check into it. Break down into two things. Brandon that does website thought we might be able to do. People could go into national website possibly and register and make payment through them. Mike will check with national to see if we can do pay through them. Table and do investigation.
- b) Officer and Board Elections. Offices open this fall: all officers and 2 directors. Luke will email out all next week.
- c) Nominations. Tara will do the ballots. We will announce that we need people to run. Chapter to be a sister chapter for a new chapter. Someone go so they have someone to call and talk to. Committee members are needed. Some chapters struggle because they do not have members stepping up and being a committee.
- d) National AAHAM. Mike is in charge of financial paperwork to national. Like a report card. We scored 100 on our recent report card.

Continued on Page 14 ...

V. Old Business - Nothing

Adjourn: Becky motioned and Cristie seconded. ▲

Respectfully,

Connie Dudding
Chapter Secretary



Revenue Cycle Webinar Series - Reminder

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

AAHAM and HFMA in search of great educational programs focusing on revenue cycle topics have joined forces and are co-sponsoring a Revenue Cycle Webinar Series this year. This series will be presented monthly from August through April. Focusing on topics for the Business Office Staff, Patient Access, Patient Accounts, Credit and Collections, Billing, Customer Service, HIM, Chargemaster, Scheduling and Compliance areas.

Below is a listing of the topics we plan to bring to our members this year.

2013-2014 Revenue Cycle - Monthly Topics

- **December** - ICD-10 Services
- **January** - Pricing Transparency
- **February** - Billing Compliance/Fraud & Abuse
- **March** - Preparing for Health Reform
- **April** - 501r

Please spread the word and email our program notifications to staff within your facilities as we are trying to get as many individuals listening as we can. After each event let us know how we are doing and what other topics you might like to have presented as part of this series. Please forward your topic ideas to Stephanie Hultman at sjhultman@mediacombb.net. ▲



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A Glance in the Mirror

Written By: Brandon Pittman
Submitted By: Laurie Gaffney

As another year comes to an end and the busyness that we have come to expect with 'End of Year' and the Holidays ensues, perhaps it might make sense to arrange some time to sit, reflect and plan – whether it's at a coffee shop, a porch or a personal favorite hideaway.

As I share some takeaways from recent professional events and workshops that I was able to attend, my hope is that there will be at least one thought provoking question that resonates with you and prompts ACTION.

"Unless you change how you are, you will always have what you've got." – Jim Rohn

I. SELF-DEVELOPMENT/SELF-HELP:

A. Personal Mission

- What are your personal, professional & civic commitments?
 - *Can you state your personal mission on a whim?*

B. Lessons Learned

- Are you learning with an open mind?
- Knowing that every situation and outcome is not desired, are you intentionally identifying the "Golden Nugget" in every situation?
- Journal – What would happen if you took a few minutes each day to jot down your lessons learned, thoughts before & after meetings, situations, etc.?
 - *What if you scheduled 30-minutes each week to review your journal for the week?*
 - a) *Would you be more or less likely to learn from the lessons that week?*
 - b) *TIP: Develop a basic outline for your journal entries promote quick thoughts*

C. Productivity

- Are you "multi-tasking" too much and not being as efficiently effective as possible?
 - "Shiny-Object Syndrome" – *Are you falling victim to whichever shiny object has grasped your attention at the moment?*
 - a) *Some reports estimate that it takes an individual upwards of 8-14 minutes to completely refocus after being distracted.*
 - "1-2-3"
 - a) *1 – Focus on (1) thing at a time*
 - b) *2 – Can it be done within 2-minutes? If so, do it!*
 - c) *3 – Identify & focus on achieving (3) goals each day*
TIP: Briefly state/jot down 'Why' you would like to complete/achieve each goal today and what the consequence would be if not completed

D. Best Self

- When is the last time you took inventory on yourself, or "cleaned out the closet"?
 - *Are you overcommitted?*
 - *Do you believe that when you say 'Yes' to that next request that you're saying 'No' to another opportunity?*
 - a) *Why or why not?*
- When are you at your personal best? At what time of day do you feel most energized & focused?
 - *Are you taking the most advantage of that time each day or are you stuck in recurring meetings?*
 - *What would happen if you closed your door to focus on your (3) goals for the day during this time?*
TIP: Place a note on your door letting people know when you'll be available next

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Certification Passed Exams – CRCS-I, CRCS-P and CRCP-I

Submitted By: Rebecca Gough, HIA, ALHC, FLMI, CRCE-I, CAC

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

Passed CRCS-I Exam in November		Passed CRCS-P Exam in November	
Shelly Barnette	UnityPoint Health, DMS	Christi Broughton	Avadyne Health
Wendy Brewer	UnityPoint Health, DMS	Kristin Clare	Avadyne Health
Julie Chase	Crawford Cty Hospital	Ashley Eggers	Crawford Cty Hospital
Allison Cole	Avadyne Health	Vanja Leka	Avadyne Health
Jennifer Doty	Boone County Hospital	Barbara Middleton	Avadyne Health
Mollie Ehlert	Avadyne Health		
Cynthia Garvey	Boone County Hospital		
Timothy Gentry	Avadyne Health		
Danielle Johnson	Avadyne Health		
Sue Johnston	Crawford Cty Hospital		
Caitlin Smith	Avadyne Health		
Rachael Smith	Avadyne Health		
Kim Wilson	Boone County Hospital		

A special congratulations goes out to Heather Ernst and Lori Weber of Regional Medical Center in Manchester, IA both passed the Certified Revenue Cycle Professional – I (CRCP-I) exam. The CRCP-I is a mid-level certification designed for Supervisors and Managers that focuses on the revenue cycle in a hospital / institutional health system. Heather and Lori were the 2nd and 3rd member from the Hawkeye Chapter to certify - Congratulations! ▲

ANI – October

Submitted By: Becky David, CRCE-I



Beautiful Manchester Grand Hyatt in San Diego was the site for AAHAM's 2014 Annual National Institute (ANI). Kicking off the meeting on October 15 with a keynote speaker and welcome reception, the conference continued through Friday, October 17th. The ANI had breakout sessions in the areas of Management/Revenue Cycle, Compliance/Specialty, Access/Quality Management, Leadership/Professional Development, and Specialty, with a variety of topics in each area. Speakers were industry experts consisting of healthcare consultants and hospital personnel. As is the case at our local meetings, the input provided by attendees made the sessions even more informative. Representing the Hawkeye Chapter were Luke Gruber, Mike Dobbs, Becky David and Cristie Knudsen. During the Chapter Awards presentation, it quickly became apparent that the Hawkeye Chapter could easily qualify to compete for the Chapter Excellence Award, which will become a goal of our chapter next year. The conference ended with an awards banquet, with a nautical theme, where Luke got into the spirit of the celebration. ▲

AAHAM Chapter Awards - 2014

Distinguished Service Award:



Becky David was giving this award for her work and dedication to the Chapter his past year. Becky attended legislative day and was very helpful in getting our message to the legislators.

President's Award:



Melissa Puck was giving this award for her hard work in getting a record number of corporate sponsors this year. Melissa is always willing to help in any way she can. ▲

Website Alert

The Iowa Hawkeye Chapter is excited to announce our website for members at 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

Please contact board member Becky David at (319) 352-4931 or BDavid@WaverlyHealthCenter.org with any ideas for additional information that you would like to see posted on our website.

Patient Accounting Week Proclamation

Written and Submitted By: Bobbie Jo Harrings, CRCE-I

Photos By: Bobbie Jo Harrings, CRCE-I

On August 27, 2014, Luke Gruber president of the Hawkeye Chapter of AAHAM, Mike Dobbs Hawkeye Chapter board member and Advisory/Legislative Committee Chair, and Bobbie Jo Harrings Hawkeye Chapter board member met with Iowa Governor Branstad as he signs Patient Accounting Week proclamation.



Patient Account Week Proclamation signing by Governor Terry Branstad. Mike Dobbs, Governor Branstad, Luke Gruber, and Bobbie Jo Harrings.

It was quite the honor to meet Governor Branstad. It says a lot about the AAHAM organization and what we are accomplishing in the healthcare industry for the Governor's office to acknowledge us in this way!

Definition of a Proclamation:

1. proc·la·ma·tion, prăklə'māSH(ə)n/*noun*
noun: **proclamation**; plural noun: **proclamations**
2. A public or official announcement, especially one dealing with a matter of great importance.

The process to file a proclamation is as follows:

Proclamation Requests

All requests must be submitted via the web form below. Requests submitted via e-mail, mail, fax, or in-person will not be accepted.

- Requests must be made to the Governor's office 6 weeks in advance of date needed.
- Please include 4-6 whereas clauses. Any draft language submitted may be edited or revised without notice at the discretion of the Governor's Office.
- Proclamations must hold statewide significance; out of state requests will not be processed.
- Issuance of a proclamation does not constitute an endorsement by the Governor.
- Proclamations are reviewed by the Governor's office on a case-by-case basis and we reserve the right to decline any request received.
- Formal proclamation signings are held on Thursdays between 2-3pm by appointment only. Please indicate below whether or not you would like a formal signing and a member of our office will be in contact with you.
- Proclamations will not be issued for retirements. You may request a congratulatory letter from the governor to a retiree.

The application is quite lengthy and you must know the proper verbiage and know what you are asking for and why. Our fearless leader and President Luke Gruber did a fantastic job of doing this for our chapter I think he deserves a world of thanks; it is the dedication of members like him that will grow our chapter so... Luke you ROCK! In the future when the opportunity arises it would be awesome to fill the Governor's office with as

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many of our Hawkeye Chapter members as possible to give visual affect to our dedication to our cause and organization! ▲



Luke Gruber, President of the Iowa Hawkeye AAHAM Chapter holding the signed Patient Accounting Week Proclamation.



Iowa State Capitol Building
Des Moines, Iowa