

# HAWKEYE HIGHLIGHTS



Iowa Hawkeye Chapter

Spring 2010

## Presidents Message



Pam Brindley, AAHAM President  
Iowa Hawkeye Chapter

### *Greetings AAHAM Member:*

Little did I know that my hooded sweatshirt and winter coat that I lugged onto the plane in Minneapolis would become utilitarian wear while attending the ANI in Ft. Lauderdale, FL. Record cold temperatures settled in for the week freezing citrus crops and threatening to frostbite my attitude. One day hit above 50 degrees, so not all was intemperate in the state of Frigida.

The *Reader's Digest Condensed Version* of the Board of Director's Meeting on January 11-13, 2010 highlights major points that may be of interest to chapter members. Do not hesitate to contact me if you want further information or have questions about any of the following items.

### **Board of Director's Meeting**

#### **Membership**

Total members as of 12/13/09: 2,832 (2,781 last year at the same time, up 51)

Total members to date: 1,547 (1,369 at same time last year, up 178)

Total renewed members: 1,334 (1,164 at same time last year, up 170)

214 new members joined last quarter of 2009 for rest of '09 and '10 (205 at same time last year, up 9)

1<sup>st</sup> invoice mailed in early October, 2<sup>nd</sup> invoice mailed in mid-December, final notices to mail early February. Reminder calls to be made first week of March.

#### **Certification**

##### *Professional*

We have 480 professionally certified members. We had a total of 130 people take the exams in 2009 (highest ever). 63 sat for the September exams and 22 (18 CPAMs and 4 CCAMs) passed (35% passing rate). We are working with the consultant on the new study guide and plan on having it completed by the summer. The next exams are scheduled for 4/26-5/1; deadline to apply is 3/1.

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*Hawkeye Highlights* is published three times a year by the Iowa Hawkeye Chapter of AAHAM. The statements and opinions expressed represent the attitudes of each author. Readers are encouraged to express their opinions of the written articles. Articles and letters to the editor are subject to editing and condensing.

### HAWKEYE CHAPTER ADMINISTRATION OFFICERS & BOARD MEMBERS

<b>Pam Brindley</b>	<i>President</i>
<b>Tara Spidle</b>	<i>Vice President / Program Chair</i>
<b>Kristina Gursky</b>	<i>Secretary / Registration / Membership Chair</i>
<b>Connie Dudding</b>	<i>Treasurer / Nominating Chair</i>
<b>Luke Gruber</b>	<i>Chairperson of the Board</i>
<b>Melynda Crawford</b>	<i>Board Member / Certification Chair / Hospitality Chair</i>
<b>Vera Cummings</b>	<i>Board Member / Hawkeye Website / Audit Chair</i>
<b>Diana Hiatt</b>	<i>Board Member / Newsletter Committee Chair</i>
<b>Marki Stamatiades</b>	<i>Board Member</i>
<b>Shari Mitchell</b>	<i>Board Member/Corporate Sponsorship Chair</i>
<b>Mike Dobbs</b>	<i>Legislative Chair</i>

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### *Technical*

We have 4,263 technically certified individuals. We had a total of 2,824 people take the exams in 2009. 836 sat for the November exams, 401 (282 CPATs, 109 CCATs and 10 CCTs) passed (48% passing rate).

### **ANI 2009**

Profit was \$15,328  
Final number of registrants: 408

### **ANI 2010**

The theme is “Catch the Wave of Healthcare Reform.”

### **Legislative Day 2010**

Brochure will be on the website by the end of January. We will not have a printed version. This year we will have appointments with both the Senate and the House side.

### **New Business**

#### ***2010 Legislative Day- Washington DC***

- April 21-22 at the Liaison on Capitol Hill Hotel

#### ***2010 Spring Board Meeting- Washington DC***

- April 23 at the Liaison on Capitol Hill Hotel

#### ***2010 ANI- Ft. Lauderdale, FL***

- October 13-15 at the Marriott Harbor Beach

### **AAHAM 2009 ANI Overall Evaluation Survey**

#### Positives

- Location
- Speakers
- Banquet- casual
- Networking

#### Negatives

- Vendor Location
- Breakfast/ Breaks
- Days too long

#### Suggestions

- Bring back coaching courses and exams after ANI
- More hospital presentations rather than vendors hawking themselves

- Speaker incentive for non-vendor speakers
- Round table discussions

### **Additional Information**

The following list consists of the chairs for the various committees for 2010-11. Specific contact information for each chair can be found on the National AAHAM website.

### **AAHAM National Committee Assignments 2010-11**

#### **Certification- Professional**

*Reports to: Christine Stottlemeyer, CPAM- 1<sup>st</sup> VP*  
**Liz Baptist, CPAM- Chair**

#### **Certification- Technical**

*Reports to: Christine Stottlemeyer, CPAM- 1<sup>st</sup> VP*  
**Brenda Chambers, CPAM- Chair**

#### **Chapter Development**

*Reports to: John Currier, CPAM- Treasurer*  
**Bruce Scheller, CPAM- Chair**

#### **Communications**

*Reports to: Lori Sickelbaugh, CPAM- Secretary*  
**Gina Kerr, CPAM- Chair**

#### **Constitution and Bylaws**

*Reports to: Lori Sickelbaugh, CPAM- Secretary*  
**Keith Beck, CPAM- Chair**

#### **Education**

*Reports to: Christine Stottlemeyer, CPAM- 1<sup>st</sup> VP*  
**Lisa Hennigan, CPAM- Chair**

#### **Government Relations**

*Reports to: Victoria DiTomaso, CPAM- 2<sup>nd</sup> VP*  
**Charles Myers, CPAM- Chair**

#### **Practices and Standards**

*Reports to: Victoria DiTomaso, CPAM- 2<sup>nd</sup> VP*  
**Amy Mitchell, CPAM- Chair**

#### **Membership**

*Reports to: John Currier, CPAM- Treasurer*

#### **Nominating and Voting**

*Reports to: Robert DeBiase, CPAM- Chairman of the Board*

**Vacant**

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## Annual Chapter Operations Report

I filled out the form for the report and filed it before the March 31<sup>st</sup> due date. It will now be scored and I will share the results of that score.

## Possible Resources

### **BridgeFront**

BridgeFront delivers online education to healthcare, government, business and education clients. The hosted learning system allows organizations to take skill-building courses as-is, to modify courses or design their own. BridgeFront helps organizations build competencies in compliance, the revenue cycle, nursing and customer service communication.

If you are preparing for AAHAM, HFMA or NAHAM certification or simply need more information about a particular issue, BridgeFront offers a manual, *Patient Financial Services Resource Guides*, with eight detailed guides. The following guides can be purchased as a unit or individually in hard copy or PDF format: Regulations Guidelines, HIPAA, EDI and Technology, Medicare Regulations, Key Financial Ratios and Indicators, Credit and Collections, Billing, A/R Management, Patient Access and Registration.

## Save the Date

One final reminder, be sure to save the dates for Legislative Day on April 21-22 and the spring meeting on May 27-28.

For the next President's Letter, with the assistance of Mike Dobbs, I will be providing an update from Legislative Day and posting the various views concerning Obama Care.

I am looking forward to the spring chapter meeting which will be held at the Hilton Garden Inn in Urbandale, IA. Since this meeting takes place during the last week of May, hopefully I will not need a prescription for a winter coat for this trip. ■

# 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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# Healthcare Reform Bill Signed

Now that the Healthcare Bill has been signed, what does it mean to me? Will it have a negative or positive impact on my facility?

These and many more questions have probably crossed your mind, and depending on final changes and possible lawsuits, it may take awhile to find out the answers. For starters though, here is a summary of some of the content of the bill:

## **HOW MANY ARE COVERED:**

The bill extends coverage to 32 million uninsured. Major coverage expansion begins in 2014. When fully phased in, 94 percent of eligible non-elderly Americans would have coverage, compared to 83 percent today.

Continued on Page 5...



### A Healthier Bottom Line <sup>SM</sup>

- ⇨ Third Party Self-Pay Management
- ⇨ First Party Transparent Billing
- ⇨ Insurance Follow-Up Programs
- ⇨ FAsTag – Presumptive Charity
- ⇨ Bad Debt Recovery
- ⇨ Intelligent Treatment
- ⇨ Claim Denial Management
- ⇨ Managed Care Contract Monitoring



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#### *For additional information contact:*

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### THE COST:

The bill is estimated to cost \$938 billion over 10 years.

### INSURANCE MANDATE

Almost everyone is required to be insured or else pay a fine, which takes effect in 2014. There is an exception for low-income people.

### GOVERNMENT-RUN PLAN

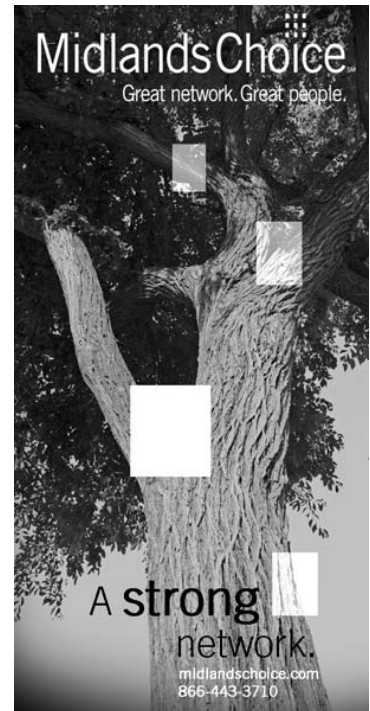
No government-run plan. People purchasing coverage through the new insurance exchanges would have the option of signing up for national plans overseen by the federal office that manages the health plans for members of Congress. Those plans would be private, but one would have to be non-profit.

Additional improvements are being worked on, and the final version of the bill is scheduled to be signed in the near future. There will probably be enough additional debates though to slow this process some. Maybe by the time we attend this year’s Legislative day a better picture of the impact of this bill will be developed. ■



Respectfully,

**Mike Dobbs**  
Legislative Chair



## Mark Your Calendars

Fall 2010 AAHAM Meeting

September 16-17, 2010

Hilton Garden Inn – Johnston, IA  
Des Moines/Johnston, IA

# AAHAM 2010 Board Planning Session

January 6, 2010

**Attendees:** Pam Brindley, Kristina Gursky, Luke Gruber, Tara Spidle, Diana Hiatt, Melynda Crawford, Marki Stamatiades, Kiel Christensen, Steph Hultman, Vera Cummings, Connie Dudding

## *ANI Updates - Pam Brindley:*

- All new officers were announced
- Scholarship winners were announced
- Awards were given with the IA chapter winning an award for over 12% growth in chapter membership
- Budgets and plans are very conservative with the economy in mind
- Education chapter has published study and resource guides; expectations for revenue should exceed \$35,000 in costs to publish
- National membership levels are up 84 members from last year. 610 new members-an increase of 48 over prior year
- 58 booths were at the ANI

Legislative Day will be 4/21/10 and 4/22/10, with the national board meeting on 4/23/10.

The 2010 ANI will be held from 10/6-10/8/2010 in Ft. Lauderdale. All chapter presidents will be asked to moderate at least 1 ANI session.

Bylaw changes need to be communicated to the chapter membership with a vote on approval/denial of the changes occurring. Kristina will send the membership listing and verbiage for the changes to Diana who will then poll the members.

## *Secretary's Report - Kristina Gursky:*

- Motions were made and carried to approve minutes from the fall 2009

board meeting and general business meeting.

## *Treasurer's Report - Connie Dudding:*

- \$13,683 in checking—lowest in a long time
- Over \$200 was spent in hospitality costs. We need to find a way to watch this expense.
- All members need to keep an eye on expenses.
- A motion was made and carried to approve the treasurer's report.

## *Vice President's Report - Tara Spidle:*

- Spring meeting is shaping up. Possible topics/speakers include:
  - Jeff Stodds. May be pricy and not attract members as we need
  - David Geiger: "This is not a bill" presentation. Deanna Gray and Luke Gruber have good feedback and he is a cost only speaker.
  - Kevin Willis has a good MSP program with great feedback from providers. Again, expenses only speaker.
  - IHA update w/Shannon Strickler: IHA may be imposing a fee.
  - Mock-Trial: Steph Hultman will review and see what costs were when HFMA did.
  - "Who wants to be a Millionaire". Susan Searcy did a nice program with HFMA. MN Chapter may also have good info. Steph will check on game software and HFMA's programs; Pam will follow-up w/MN chapter.
  - Chuck Sevier has a host of programs available. Kiel Christensen will gather and provide more information on topics and associated fees.
  - Friday will be payer updates. No response from UHC yet. Other payers identified include those carrying new Medicare Advantage products and Humana.

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- Fall meeting ideas include:
  - A Day with Day? Tara will follow-up on Day's availability.
  - RAC Panel
  - Award-Winning Hospitals including Sara McClure's facility for HFMA recognition on revenue cycle overall. Buena Vista and Wright Medical Center also made top 100 places to work.
  - Early out programs-have vendors host roundtables? Different hospitals speak to their experience. Day 1 vs. Day 30, etc.
  - Charity care—anyone from Grassley's office on new initiatives? Shannon Strickler from IHA?
  - Laura Durst in MN from Mayo has a good presentation on 501c.

On future registration forms we need to include a place for people to indicate if they want to serve on a specific committee.

The hospitality room has a policy that the board reviewed and will be following. A motion was made and carried to adopt the new policy drafted by Melynda. For hospitality it was discussed that poker seemed to take quite a bit of time. The Wii Bowling seemed to go over very well. Kiel will provide the Wii for our spring meeting, and Kristina will bring additional controllers. Appetizers will be kept to a low cost. Pam and John will have access to a kitchen if deemed necessary.

Surveys were discussed to determine how often one must be completed. National bylaws indicate one must be done every 2 years. Post-meeting surveys seem to be a good idea to gauge a response on how members liked the meeting formats and topics. Luke will price out Survey Monkey to see what is available to assist with this.

Sponsor invoicing will go out next week. Some checks have already been received. Members will be encouraged to ask their vendors to sponsor AAHAM.

A motion was made and carried to pay for three registrations to Legislative Day with members paying their own expenses.

Diana will forward Kristina the Highlights for publishing from this point forward. The winter 2009 edition seemed to solicit positive feedback from the membership.

**Website:** Highlights have been posted. 2010 certification calendar, 2009 treasurer's report, and sponsor listings will all be updated.

Based on Day's availability the Fall 2010 meeting dates may be moved. Tara will be following-up on this.

**Ways & Means:** An audit was completed in Fall 2009. Another audit is scheduled for Fall 2010.

The board noted the thank you card received from Laurie Gaffney for the passing of her father and AAHAM's thoughtfulness.

A motion was made and carried to adjourn the meeting.



Respectfully,

***Kristina Gursky***

# Patient Receivable Loan Programs Finding Resurgence in Today's Economy

Written by: Steve Chrapla, Revenue Cycle Partners

Loan programs that provide external hospital financing for patient receivables are nothing new. There have been various approaches over the years to provide patient alternatives and options to satisfying healthcare obligations over an extended period of time. With consumerism in healthcare on the rise and patients expecting more payment options.....

## **there is a new equation in healthcare finance and receivable loan programs are gaining popularity again!**

The current state of the US economy has placed extreme pressure on US households. The current economic recession has for maybe the first time impacted the financial health of our hospitals. Hospital CFO's have stated this has never occurred in previous recessions.

Here is the current economic reality:

- 74 year low in consumer savings rates.
- Credit markets that have dried up except for those who do not need credit.
- Highest unemployment in over 25 years.
- Trends in healthcare plan designs have increased co-pays, deductibles and out of pocket costs for consumers to an all time high.
- Uninsured population of working adults has grown significantly.
- Healthcare costs will continue to rise; the best we can expect is a slowdown in the level of increases.
- Consumerism in healthcare is generating stronger demands for customer service and payment options from hospitals.

All of these trends have resulted in hospitals extending more credit to patients for longer periods of time. This is occurring when hospitals themselves are challenged financially

to provide more services for less reimbursement.

We are also seeing the role of patients, as healthcare consumers, change over time. Patients have a greater say in when and where their healthcare services will be provided. In addition, patients usually do not plan for their healthcare expenditures. In fact, in today's challenging economy 24% of patients with large out of pocket costs stated that their current healthcare debt has caused them to seek care at an alternative facility to ensure treatments are received. For the first time we are seeing healthcare providers delaying or denying non-urgent treatments to patients with previous unpaid medical bills.

This shift to more consumerism in healthcare impacts the patient's financial obligations as follows:

- Patients control how their out of pocket costs are expended.
- Patients choose healthcare services based on their financial situation and their financial obligations.
- Patients expect to be treated as valued consumers and may not be willing to take direction from insurers or providers with respect to healthcare delivery.
- Patients are better educated regarding healthcare services.

Healthcare debt is perceived by consumers to be different than other types of debt and typical financing and collection techniques are only marginally successful. Patients are not traditional debtors as found in other industries. There have been many studies on the payment priorities of patients. Clearly, it is recognized that hospitals are last to receive payment from the patient. Here is an overview of how patients prioritize their monthly expenditures:

- Mortgage or Rent payment
- Car/Utilities/Bank loans
- Furniture/Credit card loans
- Insurance premiums
- Physician bills
- Hospital bills

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With the hospital at the end of the list, how can we facilitate changing this priority? Hospitals have traditionally attempted to establish monthly payment plans to assist patients in satisfying their obligations. These plans are usually interest free and managed and monitored internally by the patient accounting staff. While these plans may be convenient for the patients they place significant burdens on the hospital. There is the obvious loss of capital while they wait for the cash flow; additionally there are extensive administrative burdens encountered when managing these payment plans. Another challenge with extended payment plans is the potential for new debt to be incurred by the patient. Unplanned future debt may impact the patient's ability to continue making monthly payments and result in short or missed payments.

Patient receivable loan programs, when properly designed, can cause reprioritization of patient financial obligations. They raise the level of priority to ensure the obligations are met. In addition, loan programs can be designed to provide for immediate reimbursement to hospitals, removing the patient receivable from the hospital's balance sheet. Loan programs can provide significant benefits to cash starved hospitals as well as provide relief for patients finding themselves with few other options. Loan programs can be designed to provide funding directly to the hospital within days of the executed loan documents, while establishing manageable payment terms up to ten years, for the patient. Loan terms provide flexibility for patients seeking to minimize their monthly obligation.

So, what type of program works best? There are two types of programs, Non-Recourse and Recourse. Each provide value, but with very specific distinctions. The No-Recourse program removes any contingent liability from the hospital, regardless if the loan is paid or not. The Recourse program, on the other hand, provides that the hospital repay the outstanding loan balance in the event

of default. This significant difference in risk sharing of the patient's loan is based on the design of the loan portfolio. Non-Recourse program funding may be impacted by the patient's credit worthiness; whereas under a Recourse program all patients can qualify since the hospital is at risk for default. Here are the features of both Non-Recourse and Recourse Loan Programs:

- Hospital receives upfront cash for loan value.
- Simple and expedient loan application and approval process.
- Loan portfolio performance does not impact hospital/no bad debt reserves required.
- Loan values will likely be discounted. Hospital will receive less than 100% of the account balance.
- Patients may be assessed an interest charge which is usually impacted by the loan discount rate.
- Patient credit worthiness may impact patient's ability to qualify.
- Inability of a patient to qualify may present challenges in implementing a comprehensive collection policy. How do you handle a patient that does not qualify for loans and are not eligible for financial assistance?
- Loans are unsecured with no personal assets at risk.
- Payment terms can be extended over many years.

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# HAWKEYE CHAPTER OF AAHAM

TREASURER'S REPORT FOR PERIOD ENDING: 9/30/2009

## BALANCE SHEET

### ASSETS:

Cash in Bank	\$13,683.00
Certificate of Deposit	\$7,500.00
<b>TOTAL ASSETS</b>	<b>\$21,183.00</b>

### LIABILITIES:

Payables	\$0.00
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### EQUITY:

<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$0.00</b>
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## OPERATING STATEMENT

### REVENUES:

Corporate Sponsors	\$5,700.00
Registrations 2009 Spring	\$8,030.00
Registrations 2009 Fall	\$6,950.00
Certifications	\$2,140.00
Miscellaneous	\$110.00
<b>TOTAL REVENUE</b>	<b>\$22,930.00</b>

### EXPENSES:

Travel	\$6,145.91
Certifications	--
Web Design	\$1,609.40
Insurance Bond and Liability	\$675.00
Spring Meeting	\$6,297.16
Fall Meeting	\$7,686.87
Miscellaneous	\$837.71
Membership Dues	\$575.00
<b>TOTAL EXPENSES</b>	<b>\$23,827.05</b>

**NET INCOME (LOSS)** \$(897.05)

**BEGINNING CASH BALANCE** \$14,580.05

**ENDING CASH BALANCE** \$13,683.00

**OTHER (INCREASE OR DECREASE IN CASH)** --

**FUTURE PAYABLES**

**ACCRUED CASH BALANCE** **\$14,580.05**



Respectfully,

**Connie Dudding**  
Chapter Treasurer

#### Recourse Loan Programs:

- Hospital receives upfront cash for loan value.
- Simple and expedient loan application and approval process.
- Hospitals should establish a reserve for bad debt for loan portfolio defaults. National experience is between 15% to 22%.
- Loans that default should move directly to bad debt without consuming more administrative resources or expense.
- Loan valued at 100% of receivable. No discount applied and hospital receives 100% of account balance.
- Hospital guarantees loan. All patients qualify.
- With all patients qualifying for a loan the hospital has the ability to implement more consistent credit policies since all patients will have a loan option available to them.
- Patients assessed an interest rate. Usually below current market trends.
- Community relations can improve when all patients will qualify for loans.
- Patients with questionable credit rating have opportunity to improve credit history.
- Loans are unsecured with no personal assets at risk.
- Payment terms can be extended over many years.

Both types of loan programs when properly implemented can achieve desired results. It is critical however to ensure proper steps are taken to maximize the effectiveness of the programs. A well defined credit policy communicating all options available to patients is essential. Policies need to provide options for patients. Consistent support from administration as well as the medical staff is required to ensure exceptions to policies are minimized. A high touch patient sensitive model needs to be utilized in presenting the loan program. Hospital staff needs training in how to communicate the benefits of the program while presenting alternatives. In other words the loan programs need to be sold to patients. Including why the program is

good for the patients describing all the benefits and presenting the alternatives to not establishing a loan.

#### What type of benefits can you expect?

- Increased cash flow from self pay receivables.
- Reduced bad debt expense.
- Reduced days in AR.
- Improved liquidity.
- Removes the hospital from the financing business.
- Reduced administrative costs resulting from fewer billing statements and cash posting transactions.
- Improved recovery of term payments made to a bank vs. to the hospital. Patients less likely to miss a payment to a bank than to the hospital.
- Enhanced patient and community benefits when the hospital is viewed as providing options to assist patients with their financial obligations.

For more information on how to effectively implement a patient receivables loan program or to learn more about hospitals that have achieved improved performance through such programs contact Jeff Morgan, CHFP at Revenue Cycle Partners. 866.855.6905 or [jmorgan@revenuecyclepartners.com](mailto:jmorgan@revenuecyclepartners.com). ■



# 2010 AAHAM Certification Calendar

**February 15-26, 2010**

- CPAT/CCAT/CCT Exam Period

**March 1, 2010**

Registration deadline for all April/May Exams:

- CPAM/CCAM & CPAT/CCAT/CCT

**April 26, 2010 - May 1, 2010**

- Spring CPAM CCAM Exams

**May 10-21, 2010**

- CPAT/CCAT/CCT Exam Period

**June 1, 2010**

Registration deadline for August Exams:

- CPAT/CCAT/CCT

**August 2, 2010**

Registration deadline for Fall

- CPAM/CCAM Exams

**August 16-27, 2010**

- CPAT/CCAT/CCT Exam Period

**September 1, 2010**

Registration Deadline for November Exams

- CPAT/CCAT/CCT

**September 20-25, 2010**

- Fall CPAM/CCAM Exams

**November 8-19, 2010**

- CPAT/CCAT/CCT Exams

**December 1, 2010**

Registration deadline for February 2011 Exams

- CPAT/CCAT/CCT Exams

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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 local chapter records, please contact Kristina Gursky, membership chair, by calling 651-481-6533, or by emailing [kgursky@icsystem.com](mailto:kgursky@icsystem.com). To update your national file, please log on to [www.aaham.org](http://www.aaham.org), click on Members Only, and after logging in, click on "Click Here to Update Your Contact Information." You may also fax your change of information to AAHAM, attn: Debra Fernandez, fax # (703) 359-7562, or you may mail your information to:

**AAHAM**

Attn: Debra Fernandez

11240 Waples Mill Road, Suite 200

Fairfax, VA 22030 ■

# AAHAM May Spring Meeting Highlights

Thursday, April 27<sup>th</sup>, 2010

## ■ Sponsor Vendor Fair – All Day

### “Who Wants to be a Millionaire?” (Who Doesn’t?)

*Pam Brindley, AAHAM President*

Our president will conduct a short and lively educational forum in which participants can earn big bucks (candy) for correctly answering a variety of certification questions.

### “This Is Not a Bill...” Are those words supposed to be comforting? Satisfying the patient’s desire for simplicity

*David Geiger, Director of Marketing, ePAY Healthcare*

A patient’s decision to pay their healthcare bill is frequently related to their ability to understand how much they owe. Often times, multiple ambiguous statements create confusion and condition patients to delay payments. In this session, we will discuss how healthcare administrators can prepare for the emerging challenges associated with consumer-driven healthcare and how self-service portals can help improve patient satisfaction and the bottom line.

*David Geiger is the Director of Marketing at ePAY Healthcare. David’s experience addressing customer’s needs at all levels of healthcare organizations combined with his interest in consumer behavior has provided him with a unique patient-focused perspective. Since graduating from The Ohio State University Fisher College of Business and while attending business school at Butler University, David has accumulated over ten years of successful business development, marketing, project management, and leadership experience with Fortune 500 companies including Pfizer and Black & Decker.*

*Currently, David is leading the Marketing and Business Development efforts at ePAY Healthcare. ePAY Healthcare partners with healthcare organizations to provide patients with convenient self-service solutions to view and pay outstanding healthcare obligations online.*

## Medicare Secondary Payer (MSP)

*Kevin Willis, Medicare Solutions Director for Claim Services, Inc.*

While most MSP workshops merely regurgitate dry, painfully boring, Federal Regulations, which immediately lose the attention of the attendees who, as a result, gain no insight into the hard to understand realm of MSP compliance; this workshop promises to be both highly instructive and entertaining. This workshop will keep your attention from beginning to end, imparting valuable information throughout.

Kevin puts in plain words the Medicare Regulations as they apply to various aspects of MSP. He will illustrate an appropriate approach to common and not so common Medicare registration and billing scenarios, identify recurrent pitfalls and reveal the best way to avoid them. He will simplify the seemingly complicated regulations regarding Conditional Billing and explore Third Party Liability, impediments to reimbursement, the provider’s duty to investigate, the need to properly document findings and the consequences that face a provider that does not. This session will delve into coordinating between Medicare and commercial insurers in order to avoid potential recoveries long after payment was received.

*Kevin Willis, formerly a National Government Services MSP lecturer and Auditor, is now the Medicare Solutions Director for Claim Services, Inc. Kevin spent ten years with the Medicare Contractor in the States of Illinois, Indiana, Ohio, and Kentucky. Nearly four of those years were spent as the Medicare Secondary Payer (MSP) auditor and educator in those states.*

*Continued on Page 14...*



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**Luke Gruber: 515.225.0525**

**Toll Free: 877.770.5252**

Continued from Page 13...

In May of 2005 Mr. Willis joined Claim Services Inc. and has continued to provide educational speaking engagements throughout the United States for state and national groups such as NAHAM, the HFMA and AAHAM, as well as for individual hospitals. Kevin is also the credited author for HCPPro's "Medicare Secondary Payer Questionnaire Training Toolkit".

## Revenue Cycle Management

*Chuck Seviar, VP of Revenue Cycle  
Consulting for Array Services Inc.*

"From Soup to Nuts, Patient Sensitive Point of Service Strategies for 2010 and beyond" offers a participative, informative, real-life approach to bringing Point of Service strategies in-line with the current economic and legislative environment. We will discuss the impact of POS on the total receivable cycle and will look at key performance indicators (KPIs) for areas such as self pay and billing.

By changing our paradigm about how we think of POS activities, we are able to improve patient satisfaction, begin to change the way consumers utilize healthcare services and protect the financial stability of our organizations.

*Chuck Seviar has over 39 years of healthcare industry experience; for over 35 years Chuck has been a member of HFMA, MGMA, and AAHAM in various states. Chuck served as Director of Business Office Operations for large health system for many years and has consulted at over 150 hospitals during his extensive career.*

*Chuck is an experienced trainer and speaker for prominent healthcare associations such as ANI HFMA, ANI AAHAM, MHA, HFMA Montana, Wyoming, Iowa, Nebraska, Wisconsin and Minnesota chapters and at two Mega Conferences, which include multiple organizations.*

*Chuck served as a healthcare consultant for a major accounting firm specializing in revenue cycle, patient access, credit and collection, HIPAA and EMTALA. Chuck has been Vice President of Revenue Cycle Consulting for Array Services Inc. since 2004.*

Friday, May 28<sup>th</sup>, 2010

## Provider Updates:

- IME
- Health Alliance- Carrie Kuennen
- Wellmark- Sophia Eckert
- WPS- Aileen Sigler ■

## Fall Meeting Photos

Submitted by: Steph Hultman



Tara Spidle, Program Chair and Day Equisquiza. Day presented a program on Identifying Revenue Capture Opportunities- thru Charge Master and Charge Capture Ownership.



Meeting Breakout Sessions. Jan Wiseman, Marki Stamatiades, Debi Germann and Tara Spidle.



Hospitality - Wii Bowling Tournament.



Hospitality with Vera Cummings and Connie Dudding.

## Website Alert

The Iowa Hawkeye Chapter is excited to announce our website for members at [www.hawkeyeaham.org](http://www.hawkeyeaham.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 Vera Cummings at [vcummings@bchealth.info](mailto:vcummings@bchealth.info) with ideas.

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