

# HAWKEYE HIGHLIGHTS



SUMMER 2005

## President's Message

*Dear AAHAM Member:*

The delivery of health care in America is in a state of constant fluctuation and is gaining national attention as the number of uninsured continue to climb each year, employers waver between providing annual salary increases or shifting more health care benefit costs to employees, and substantial changes to the Medicare program—as set forth in the Medicare Modernization Act of 2003—loom in the near future. Further exacerbating the problem of the uninsured is the economic downturn felt at the state level following the tragic events of 9/11, as states continue to struggle with funding their Medicaid programs.

Medicare is about to enact some of the biggest changes to hit the program since its inception. In January, for the first time ever, Medicare beneficiaries will be able to enroll in the new Medicare prescription drug program. Also in 2006, all Medicare beneficiaries will have the opportunity to enroll in a Medicare managed care plan. Medicare fiscal agents and carriers will soon be one entity referred to as Medicare Administrative Contractors, or MACs, and the competitive bidding process for the 15 broad regions selected to serve the majority of provider types is slated to begin in the latter part of 2006.

But Medicare is not the only payer on the move. Iowa's Medicaid program is moving toward its own "reform" plan. Responding to pressure from the Centers for Medicare & Medicaid Services (CMS) to eliminate the use of intergovernmental transfers (IGT) that allow states to leverage additional federal funds to support Medicaid programs, the Iowa Department of Human Services successfully implemented a

Medicaid waiver that replaces the IGTs with a new creative financing mechanism. This plan replaces the Indigent Care ("State Papers") program with the Iowa Care waiver, allowing Iowans meeting certain criteria to receive care at only two of Iowa's 116 hospitals—not to mention the transition from ACS, the Medicaid fiscal agent, to the Iowa Medicaid Enterprise (IME) this July 1. Iowa is the first state ever to embrace the separation of the fiscal agent contract into nine separate contracts.

On a separate but related note, let's not forget the numerous lawsuits emerging across the country, alleging hospitals are gouging the uninsured population and questioning the appropriateness of hospitals' tax-exempt status benefit. This has placed an unprecedented spotlight on how hospitals set charges and provide discounts and charity care to the uninsured.

AAHAM exists to help patient financial professionals weave through the never-ending changes in health care. Resources such as AAHAM certification provide unprecedented verification of the individual's knowledge of the health care system in the United States. Probably the most valued benefit is the ability to network with peers and share helpful information and insights. As we continue to move forward in the sea of constant change, mark your calendars for the next Hawkeye Chapter conference September 14 - 16 at the Wildwood Lodge in Clive. We look forward to seeing you there. Until then, have a wonderful summer.

*Respectfully,  
Heather Olson*

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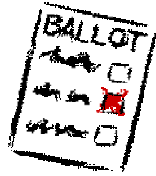
### HAWKEYE CHAPTER ADMINISTRATION OFFICERS

Heather Olson	<i>President</i>	Jean Barker	<i>Board Member</i>
Luke Gruber	<i>Vice President</i>	Pam Brindley	<i>Board Member</i>
Val Gifford	<i>Treasurer</i>	Laurie Gaffney	<i>Board Member</i>
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Elizabeth Baptist	<i>Chairperson of the Board</i>	Julie Wahl	<i>Board Member</i>
Lisa Quillen	<i>Secretary</i>		

# Special Edition!

## Hawkeye Chapter Open Board Elections: Meet the Candidates

The following individuals are running for the two open board member positions being vacated by Jean Barker and Julie Wahl:



### *Kristina Gursky*

Kristina is the National Healthcare Account Manager for I.C. Systems, Inc., an accounts receivable management company. Her responsibilities include working with I.C. Systems' healthcare clients to improve their bad debt expense and reduce days in accounts receivable.

Prior to joining the I.C. System team in January 2005, Kristina was employed by Wright Medical Center in Clarion, Iowa, as their Collections Specialist. While employed by Wright Medical Center, she was responsible for the self-pay and bad debt portion of the facility's accounts receivable cycle. Kristina also worked closely with the collection agencies used by Wright Medical Center to ensure the facility was maximizing the recovery efforts on their bad debt portfolio.

In November 2003, Kristina obtained the designation of Certified Healthcare Collection Specialist (CHCS) by successfully completing the exam co-designed by AAHAM and ACA International. In May 2005, she earned the designation of Certified Patient Account Technician (CPAT) by successfully completing the exam offered by AAHAM. Kristina is a member of HFMA, has been a member of AAHAM for five years, and is currently the Hawkeye Chapter membership chairperson.

### *Jolene Hansen*

Jolene has served Mercy Medical Center-Sioux City for 30 years, working in all areas of the revenue system. She started her career as a Financial Counselor for 16 years and loved the personal contact with patients and their families. Jolene then decided it was time to see how the back end of the revenue cycle worked, so she served as a Collections Specialist for the next seven years

before being promoted to Billing Manager, a position she has held for the past seven years. Jolene has hands-on experience in all areas of the revenue cycle and found each job function offered new opportunities to learn and grow. She has been a member of AAHAM since 2000 and received the designation of a Certified Patient Account Manager (CPAM) in 2002.

#### Professional Summary:

- Billing Manager: 1998 - present
- Collection Specialist: 1991 - 1998
- Financial Counselor: 1975 - 1991
- Billing Clerk/Cashier: 1970 - 1973

### *Craig Lee*

Craig currently works for Covenant Health System - Clinics, reporting to the clinic vice president. He is responsible for:

- Daily revenue cycle operations for 120 providers
- Multi-specialty clinic business office
- Charge posting, payment posting, claims submission, and follow-up
- Credit and collections
- AR balancing

Years in current position: 9

Years in healthcare industry: 24

Education: BA, University of Northern Iowa

#### AAHAM Involvement:

- Years as National Member: 23
- Years Certified: 21
- Offices Held:
  - Hawkeye Chapter board member, 1985 - 1998
  - Hawkeye Chapter board chairman, 1995 - 1996
  - National board member, 1993 - 1994
  - Hawkeye Chapter president, 1993 - 1994

#### Awards Received:

- Distinguished Service Award, 2002
- Lifetime Member, 2002
- Past President Award, 1995
- Distinguished Service Award, 1990

*Watch for Ballots Coming Soon!*

# IRF and SNF FY 2006 Proposed Rule Summaries

The following paragraphs highlight the FY 2006 proposed rules for the Medicare Inpatient Rehabilitation Facility (IRF) and the Prospective Payment System (PPS) and Consolidated Billing for Skilled Nursing Facilities (SNF), respectively.

## IRF PROPOSED RULE

- Market basket update of 3.1%
- Across-the-board reduction in standard payment rate of 1.9% due to changes in coding
- Implementation of several budget-neutral adjustment factors that will have a net effect of a reduction in the standard rate
- Adoption of the Core Based Statistical Areas without a transition or hold harmless provision as was adopted in the 2005 Inpatient PPS final rule
- Increase the portion of the standard payment that is adjusted by the wage index from 72.359% to 75.958%
- Increase the adjustment for rural areas from 19.14% to 24.1%
- Decrease the outlier threshold from \$11,211 to \$4,911. CMS states the IRF cost to charge ratios has dropped since implementation of the IRF PPS

## SNF PROPOSED RULE

- Market basket update of 3%
- Refinement of the case-mix classification system by adopting nine new Resource Utilization Groups (RUGs). By proposing to refine the RUG system, the temporary add-on payments as provided by the Balanced Budget Refinement Act (BBRA) and the Benefits Improvement and Protection Act (BIPA) will be eliminated. The nine new RUGs are expected to better account for medically complex residents
- An increase of 8.4% to the nursing component to better account for non-therapy ancillary services. CMS says this would result in an increase in SNF PPS payments by 3%
- Adoption of the Core Based Statistical Areas without a transition or hold harmless provision

In both rules, CMS mentions quality and pay for performance. CMS is working with the Research Triangle Institute (RTI) to identify quality indicators for IRFs. In the SNF rule, CMS states that Medicare Part A only accounts for 10% of nursing home care and that any attempt to structure a pay-for-performance model would be nullified by this small percentage. Rather, CMS indicated it wishes to move toward a performance measurement model that coordinates an approach to pay for post-acute services that reaches across settings and focuses on quality of care for the overall post-acute episode, regardless of provider type. This would include SNF, IRF, Home Health Care, and Long-Term Care Hospitals.

Comments on the IRF rule were due to CMS July 18, and comments for the SNF rule were due July 12.

On a related note, on June 16 the Subcommittee on Health of the House Committee on Ways and Means heard testimony addressing the significant payment differentials that exist across post-acute care settings for the same or similar services. Due to a lack of common patient assessment tools or outcome measures, it is difficult to know whether patients are being treated in the most appropriate setting and whether Medicare dollars are being allocated appropriately in post-acute care settings.

Questions on the IRF and SNF rules can be directed to Heather Olson ([olsonh@ihaonline.org](mailto:olsonh@ihaonline.org)).

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# The Monroe County Hospital Difference

## Creating a Culture of Service

By Pam Brindley, CCAE, CHFP, CPAT  
MedPay Management Systems/H&R Accounts, Inc.

By rethinking their customer care philosophy and revamping their billing system, Monroe County Hospital (MCH) in Albia, Iowa, has witnessed a dramatic turnaround in patient satisfaction and payments received. Chief Financial Officer Heather Cain and Business Office and Registration Manager Kathy Griffin credit this turnaround to “creating a culture of service.”

This “culture” centers on the experience a patient receives at the hospital, coupled with employee job satisfaction. Employees perform better when they sense that they make a difference by benefiting the hospital and the patient. An added benefit is that physicians are more willing to refer patients to the hospital when they know the care being administered is superb.

Now hop into Mr. Peabody’s *Way Back Machine* to the year 2000, when the MCH employee turnover rate was 26% and employee satisfaction was at 48%, while patient satisfaction was at 43%. Complaints from employees, patients, and families were frequent. Measures for clinical quality did not exist. The bottom line and cash reserves were suffering.

Now, abandon your VCR for a DVD player and fast forward to 2005 for a sampling of today’s patient satisfaction ratings:

- Emergency Room: 98%
- In-Patient: 94%
- Out-Patient: 91%
- Nuclear Medicine, Chemotherapy and Occupational Therapy: 99%
- CT: 98%
- RT: 92%
- Ultrasound: 89%
- Lab and Cardiac Rehab: 88%
- Specialty Clinic: 83%

Added together, all of the above score higher than the departmental goal set at 80%. This astounding rate of improvement was accomplished

by creating a vision to become one of the 10 best hospitals in Iowa.

To start this process of improvement, a vision, values, and pillars had to be outlined and defined. The core values MCH created were:

- Attitude
- Respect
- Teamwork
- Service
- Continuous Improvement
- Fun

No, the last value is not a four letter word or a misprint—healthcare is too stressful not to have some fun at work! In fact, a committee called *The Fungis* is charged with creating fun opportunities and events for all MCH employees.

To implement the new vision, it was necessary to guide people along to adopt it and believe in its value. As some people left the system, new employees embraced the new vision.

Relationship-building was strengthened through efforts such as sending out personalized birthday, anniversary, and holiday greeting cards to all employees. Every month the hospital has a free meal day, where individual accomplishments in the workplace are recognized.

Employee satisfaction is also strengthened by management team members who support learning and growth. More than a dozen employees current receive tuition assistance as they pursue further education. The hospital also reimburses employees for student loan payments. These efforts, along with other incentives, have dramatically improved the employee climate at MCH.

In addition to improving the work environment, MCH redirected how it collected patient payments by forming a Six Sigma Team that emphasized patient financial counseling while maintaining a strong customer service approach and philosophy. This approach definitely pays off for MCH—since 2003, cash in the bank has almost doubled, and the bottom line has skyrocketed since 2001.

By implementing a set of values and living by them, MCH has not only experienced revenue success, but also dramatic increases in employee satisfaction. Ultimately, the winners in this “culture of service” are the MCH patients and the residents of Monroe County.

# Comptroller General Urges Focus on Health Care to Balance Budget

Comptroller General David Walker painted a grim picture of the nation's long-term fiscal outlook, saying that fixing Social Security will be "easy lifting" compared to getting a grip on spiraling health care costs.



In a breakfast speech before the Republican Main Street Partnership, a group of moderate House Republicans, Walker said health care spending by the government has grown sharply since the 1960s and represents a major part of "large, growing, and structural" budget deficits.

"The last time we dealt with health care, we made it worse," Walker said, referring to the Medicare prescription drug plan enacted by Congress in 2003.

That bill, estimated by federal budget agencies at the time to cost in the hundreds of billions of dollars over the next 10 years, will cost about \$8.1 trillion over the 75-year time horizon.

"We should have debated that \$8.1 trillion (estimated cost) before the bill was passed," said Walker, who heads the nonpartisan Government Accountability Office. While the federal budget was in deficit by \$412.8 billion in the 2004 budget year, Walker noted that the figure included \$155 billion borrowed from the Social Security trust fund. When looked at under an accrual accounting method, where long-term obligations such as Social Security and Medicare benefits and veterans' benefits are matched against expected income, the long-term fiscal imbalance reaches \$45 trillion over 75 years.

By comparison, the current net worth of U.S. households, including home equity values, totals about \$48 trillion. Walker said wide-ranging budget reforms need to be enacted, including changing how bills' budget impacts are scored, renewed budget controls and caps, triggers on long-term spending, and a review of foregone revenues called "tax expenditures."

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## Colleen Kimble: Busy in Retirement

By Pam Brindley, CCAE, CHFP, CPAT  
MedPay Management Systems/H&R Accounts, Inc.



After over 21 years of service as Patient Account Services Director at Jefferson County Hospital in Fairfield, Iowa, Colleen Kimble finally did what she'd dreamed of—retire. Many of her friends and colleagues reluctantly believed the news when they received the following e-mail, sent on Feb. 25 to the Board and Officers of the Hawkeye Chapter:

*Subject: Retirement*

*Just a note to let you all know that I am FINALLY retiring. Today is my last day and I am really excited about doing some fun things and spending more time with my grandkids and family. There might even be some travel in the future!!!!*

*I treasure my friendship with all of you and have enjoyed my years in AAHAM. My e-mail address at home...*

*Later,  
Colleen Kimble*

Upon leaving her job, Colleen's first order of business was to celebrate both her retirement and birthday by vacationing in Playa Del Carmen, Mexico. The plane ticket was a surprise gift from her children. (Colleen has four children, three step-children, 17 grandchildren, and one great-grandchild, with another one on the way.)

One month after her retirement, Colleen joined the Jefferson County Hospital Auxiliary Board, which is composed of 318 volunteers. The auxiliary operates the gift shop in the hospital, along with the *The Bargain Box* second-hand store in downtown Fairfield. The second-hand store has proven to be a lucrative business; \$29,000 in profits were recently used to purchase recliners for patient rooms. CEO

Ralph Paulding cited the auxiliary as one of the outstanding aspects of the hospital.

In addition to her auxiliary duties, Colleen travel to Des Moines for a five-day training seminar to become a Senior Health Insurance Information Program (SHIIP) volunteer through the Iowa Insurance Division. The program helps seniors sign up for Medicare and fill out questionnaires and claim forms. Colleen has an extensive background in Medicare and will travel to surrounding communities to speak to groups. Her SHIIP position also serves as a great public relations tool for the hospital.

During her years at the hospital, Colleen processed all the self-pay, charity requests, payment plans, bank loan programs, collection agency placements, and any agency outsourcing. A gratifying part of her job was to help patients find other options for payment while they were without insurance during difficult times in their lives. Colleen also commented that she will miss the contact with patients and their families.

Colleen became involved with AAHAM during her second year of employment at Jefferson County Hospital. AAHAM helped her develop job skills, and she helped develop the Hawkeye Chapter. During her tenure, she served as board member, secretary, and editor of *Hawkeye Highlights*. She also was on the Medicare Advisory Board and received multiple President's Awards, as well as the Distinguished Service Award.

Regarding her years with AAHAM, Colleen says she found the educational training and information from the meetings to be very beneficial for her job. She also enjoyed the camaraderie developed through hospitality and dining out. This interaction with fellow peers is where Colleen learned as much as she possible from the programs. One fond memory is the Hawkeye Chapter's first Murder Mystery Dinner and Dance. In particular, Colleen remembers the unforgettable photos from that event.

Colleen plans on staying in Richland, Iowa, with her husband, Byron (once a long-time mayor of Richland). Byron—who happens to be the biggest Big Red fan east of Nebraska—currently sells real-estate for Heartland Realty and works part-time for the local funeral director. Both Colleen and Byron are members of the First United Methodist Church, where Colleen is the chairperson of the Missions Committee.

# AAHAM Strategic Meeting Minutes

May 18, 2005

## Officer Reports

### PRESIDENT HEATHER OLSON



A) Heather and Luke attended Legislative Day.

B) National elections: Liz Baptist is running for Secretary; Jim Grisbee is running for President, Bob DeBiase is running for President, and Dick Wytral is running for Second Vice President. Voting will be done electronically. Heather handed out information on National Board members.

C) Chapter Excellence Awards: National is revamping and will approve four or five different categories. Dividing up awards: one award will be for community service. Our chapter needs to come up with ideas for community service.

### TREASURER VAL GIFFORD

A) Val handed out Treasurer's Report. Jean and Liz will perform audit. Jean motioned to approve minutes, Sarah seconded, motion approved.

## Committee Reports

A) Certification: No professional tests taken this last season. CCAT – H&R Collection Specialists taking test. Revised study guide; Liz had old guide. Liz also has technical guide. In February we had 10 professionally certified, 20 technically certified. Discussed whether to purchase video for study guide. Val motion to purchase, Laurie seconded, motion approved.

B) Membership: We have 94 members.

C) *Hawkeye Highlights*: Received nice comments on the last issue. Next issue will be this summer with bios for elections. Vicki Drish and Donna Olson will help with the bios for the next issue. Jean Barker and Julie Wahl terms have been completed.

Next issue to be sent out in August. Julie needs information by the first of July.

D) By-Laws: Larry made some revisions to the by-laws. Board recommends taking out “during the spring session” on page 7 of by-laws and replacing it with “but shall not replace fall session.” Larry will update and send to Kristina, who will e-mail to members. Heather motioned, Jean seconded, motioned approved.

E) Corporate Sponsors: Trackers did not renew. Luke will check on this. Liz had someone ask to advertise something unrelated to healthcare. Liz will get further information on the advertising. Will have a committee for corporate sponsorship since Luke has many other tasks. Suggested formatting a new letter signed by the AAHAM board. Corporate sponsors are the advertisers.

## Old Business

A) Directors and Officers and Liability Insurance: Heather handed out information for Chubb Insurance for liability insurance. Cost is \$575.00 per year. Liz motioned to purchase liability insurance, Sarah seconded, motion approved. Heather will check further into bonding. Need to move to get bonding. Jean motioned, Val seconded, motion carried.

B) Website: Heather would like to pursue. She will ask during meeting for help in developing site.

C) September 2005 Meeting: Luke indicated the meeting would take place in Clive at the Wildwood Lodge. Dates are September 14-16. Agenda is:

- Wednesday: Listserv questions panel. Insurance Commissioner will speak in the afternoon.
- Thursday: Day Esquinza.
- Friday: Worker's Compensation for half of the time and attorney Ken Nelson for the other half.

Will put in the summer edition of the *Hawkeye Highlights*. IHA will e-mail members for questions for the Insurance Commissioner.

(continued on page 9)



(continued from page 8)

**D)** July 2006 Meeting: Pam wants a \$550.00 deposit for meeting; will check with Pam to see why we have to pay the deposit. Heather wants a contract in writing for joint meeting with Minnesota and Wisconsin. We should split the profits and expenses. Val motioned, Luke seconded, motion carried to have contract with joint meeting and \$550.00 will be paid.

**E)** September 2006 Meeting: Possible dates September 13-15, or 20-22. Will discuss later.

### Other Business

**A)** Journal will not be going electronic.

**B)** Louisiana Chapter up and running.

**C)** Potential new chapters: Vermont, West Virginia, New York, and India (third chapter).

**D)** Cap-Wiz: This is the National website; has tools and information from congressional reps.

Meeting Adjourned. Jean motioned, Liz seconded, motion carried.

## 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:

Phone: (800) 685-0595 ext. 6987

E-mail: [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 information to:

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# Certification is for Everyone!

By Stephen M. Stewart, FHFMA, CHE, MBA, CHCS, CPAT, CCAT

On more than one occasion, you have heard me extol the virtues of the HFMA certification program. I have spoke often of what it has done for me, and by transference, of what I believe it can—and will—do for you. The purpose of this discussion is to make you think of what a similar process of education and certification could mean to those who work for you, down to the staff level.

Let's begin with this premise: When one obtains a verifiably demonstrable command of a body of knowledge, benefits affect not only the individual, but also the organization of which they are a part. I have spoken of this principle on many occasions and believe it to be an absolute fact for each and every member of our chapter. But, let me ask you this question: If it is of value to you, what value could it be to your organization if you extended this learning process down to your staff level?

Let me tell you what my company has done. A little over a year ago, I recognized two things: 1) Staff training was the only way to succeed, and 2) How do you ever really know that the training has taken hold? As I struggled with this question, specifically as it applies to my front-line staff members, I stumbled across an exciting staff level certification process offered by AAHAM.

AAHAM has developed a dual certification process for staff. As I reviewed the Certified Patient Account Technician (CPAT) and Certified Clinic Account Technician (CCAT) programs, contemplating them for my staff, I decided to take a run at them myself. As I read the material and took the tests, I became convinced these two programs could and would become one of the cornerstones of our training program for staff level employees.

The primary difference between the two designations and programs is their billing focus. CPAT is focused on hospital billing and CCAT is focused on clinical billing. Both programs comprise three parts: 1) federal regulations, governing bodies, and patient access; 2) hospital and clinical billing; and 3) credit and collections—all subjects that require strong technical competence.

I decided in February 2004 that I wanted to roll out these programs to all staff. We purchased the materials and made them available to everyone. We also folded them into our training programs, but required that staff do the majority of the studying on their own time. To reward for this effort, we implemented a tiered wage premium for becoming both CPAT and CCAT certified, offering an amount for the first certification and an amount for the second. We pay all costs for staff to attempt the exams twice, and for successive attempts we reimburse the expenses fronted by staff; however, we only reimburse for success, so if they take it twice on their dollar, we pay only for the successful exam.

To date we've had 38 successful exams, and we have more than 20 people sitting for the current exam cycle. (Numbers include both exam parts.) As proud as I am of this, it is really not the entire point or benefit to our organization. What is truly amazing is the knowledge, confidence, and pride I observe in our staff as they achieve these worthy goals.

Now, this is a story of what has worked wonders for our company's overall performance and staff self actualization. I believe, however, the point is really pretty simple, and it applies to HFMA certifications just as it does to staff level programs. The point is that as people continue to learn and demonstrate they have indeed mastered a body of knowledge, they grow and develop as employees and as individuals. When that happens, the organization cannot help but improve. At least, that has been our experience.

In summary, I encourage you to consider certification not only for yourselves, but for those who work for and with you as well. None of you will be surprised that I am such a believer in the process. Do it for yourself and do it for your staff. I promise you will be enthralled with the results.



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**Luke Gruber: 515.225.0525**

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## HAWKEYE CHAPTER OF AAHAM

### TREASURER'S REPORT FOR PERIOD ENDING 5/11/05

#### BALANCE SHEET

**ASSETS:**

Cash in Bank	\$13,333.11
Certificate of Deposit	\$7,500.00
<b>TOTAL ASSETS</b>	<b>\$20,833.11</b>

**LIABILITIES:**

Payables	\$0.00
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**EQUITY:**

<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$20,833.11</b>
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#### OPERATING STATEMENT

**REVENUES:**

Corporate Sponsors	\$3,450.00
Interest Income	\$14.10
State Dues	\$100.00
Professional/Technical Exams	\$1,750.00
<b>TOTAL REVENUE</b>	<b>\$5,314.10</b>

**EXPENSES:**

Travel	\$2,049.35
Professional/Technical Exams	\$1,354.22
Miscellaneous	\$68.21
Spring Meeting Expenses	\$47.24
<b>TOTAL EXPENSES</b>	<b>\$3,519.02</b>

**NET INCOME (LOSS)** **\$1,795.08**

**BEGINNING CASH BALANCE** **\$11,538.03**

**ENDING CASH BALANCE** **\$13,333.11**

**OTHER (INCREASE OR DECREASE IN CASH)** **\$0.00**

**FUTURE PAYABLES**

**ACCRUED CASH BALANCE** **\$13,333.11**

*Respectfully Submitted,  
Val Gifford, Treasurer*

## Office of Policy to Help Coordinate CMS Activities

The Centers for Medicare & Medicaid Services (CMS) will establish a new Office of Policy within the office of Administrator Mark B. McClellan to assist in the implementation and coordination of the agency's broad range of policy activities.

The new office will provide economic analysis and evaluation of trends on a variety of CMS policies related to Medicare, Medicaid, and the State Children's Health Insurance Program, among others. The office also will provide support and help coordinate initiatives that "cut across" traditional zones of responsibility within CMS. However, existing components and councils within CMS will retain their present responsibilities.

McClellan also announced a new Policy Council within the Office of the Administrator. The council will provide guidance for the new policy office and develop strategic policy and directives to help CMS improve health care quality and reduce costs.

CMS is "busier than ever in carrying out a broad range of urgent policy implementation activities," said McClellan. "To help make sure we are headed in the right direction, we need to make use of the talent and insights throughout the agency for developing our overall broad policy directions." As of June 13, the Office of Policy is headed by Carol Kelly, former director of the Office of Legislation and Policy for the Health Care Financing Administration (renamed as CMS). In addition to directing the new office, Kelly will serve as the executive director of the Policy Council.



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