



HAWKEYE HIGHLIGHTS



WINTER 2006

President's Message

Dear AAHAM Member:

My how time flies when you're having fun! It's hard to believe my two years serving as your chapter president are nearing an end. Looking back, it's important to acknowledge what your entire chapter has accomplished in this short time frame. Here are a few highlights:

- We have 92 new technically certified members, and 11 new professional members
- We initiated Certification "Cram" Sessions
- We developed a Hawkeye Chapter website
- We celebrated the Hawkeye Chapter's 30th anniversary

That's quite a bit to accomplish for a volunteer board! And let us not forget the day-to-day operations of running the chapter, maintaining financials, meeting minutes, excellent educational programming, etc.

But the most important factor of this chapter is its membership. Each one of you brings a unique element of expertise to the chapter and in networking with one another, we make the Iowa chapter stronger and better poised to handle our everyday challenges.

Thanks to each and every one of you for making the past two years a success!

Thanks,
Heather Hulscher



Seasons Greetings

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HAWKEYE CHAPTER ADMINISTRATION OFFICERS & BOARD MEMBERS

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Refined Charge Entry in Pharmacy Department Can Improve Hospital Operations

By Johnny S. Tureaud, MS, MHA, CHAM, CCP and Angie Votek, MS

An important influence on the efficiency and financial viability of healthcare organizations, especially hospitals, is the accuracy and timeliness of charging for items and services.

In a hospital environment, the pharmacy can account for as much as 25 percent of the total number of charges for the facility in a month. With this in mind, it is easy to see that vigilant charging practices in the pharmacy are essential. The continued occurrence of late charges is symptomatic of faulty charging practices. Late charges can play a major role in a hospital's financial viability.

You may be asking yourself, "Why worry about late charges?" Key reasons are as follows:

- **Inefficient utilization of billing staff:** Often, by the time a late charge is posted to a patient's account, the account has been billed. Frequently late charges result in added, unnecessary work for billing staff who may need to re-bill the account. Similarly, re-billing will increase the facility's days in accounts receivable and negatively influence cash flow.
- **Reduced patient/customer satisfaction:** Late charges are also a source of confusion and payment delays from both patients and payors. Late charges can significantly increase the number of inquiries your customer service team receives from both patients and insurance companies. Moreover, as with re-billing, confused patients and insurance companies can result in increased accounts receivable and reduced cash flow.
- **Lost reimbursement:** Untimely charge entry can also contribute to lost or missing charges. Without accurate charges, the full cost of a patient's care will not be recovered and the organization will not remain solvent in the future.
- **Appropriate assignment of ambulatory payment classification (APC)** (the new

hospital outpatient prospective payment system from Medicare): For hospitals, this is the single largest challenge since the implementation of the Medicare in patient diagnosis related group (DRG) system. APC assignment, as is the case with DRG assignment, directly determines the reimbursement a hospital will receive from Medicare. Late charges on the patient's bill can significantly alter the APC assignment, negatively impact reimbursement, and increase rework in your patient billing area.

Although potential causes of late charges vary, the means to address them are simple. Pharmacy departments can address late charges by embracing the following basic guidelines:

- Review and update all charge entry systems (PXYIS, Cerner, etc.) and the Charge Description Master (CDM). Ensure the information in the charge entry system(s) is the same as the information in the CDM.
- Establish sound, easy-to-understand policies and procedures for charging. As changes occur, update all employees involved. Make sure to train new employees on established charge procedures and update (at least annually) current staff on the same charge procedures.
- Create a flow chart of the charging procedures used in the area. This may help improve understanding of the system and identify opportunities to improve it.
- Establish monitoring systems and tools to identify the number, source, and cause of late charges. Constant review of the source and cause of late charges will help identify trends. Late charge trends will readily lend themselves to process improvement opportunities.
- Work in teams; use the principals of Total Quality Management (TQM) to act on process improvement opportunities and remedy chronic problems.

Clearly, continued focus on and reduction of late charges by the pharmacy department will help assure timely, accurate billing of services to both patients and insurance companies. Naturally, this will result in fewer outstanding accounts, improved facility cash flow and satisfied customers. Understandably, these are noteworthy goals of any organization!

Are You at Risk for Burnout or Depression?

By Jane Boucher, Certified Speaking Professional

The simple answer is yes. Everybody is at risk for burnout or depression, especially when you are doing more work with fewer resources. It is the wise person who keeps an eye on their stress level.

This brief quiz will help you determine whether or not you should be concerned about the possibility of burnout or depression and your current risk. Only a doctor can determine the diagnosis for your symptoms.

On a piece of paper, write out each of the symptoms listed below. Next to each, respond with the following numbers:

- 3 – Frequently
- 2 – Occasionally
- 1 – Rarely/Never

In the past 2 weeks, I have been:

- Disinterested in things I used to enjoy
- Experiencing wide mood swings
- Feeling irritable and anxious
- Feeling my life is out of control
- Overwhelmed by everyday affairs/trivial problems
- Feeling useless and unneeded
- Having difficulty sleeping
- Noticing a decrease or increase in my appetite
- Feeling tired w/ little energy for no apparent reason
- Experiencing unexplained physical ailments (headaches, indigestion, backaches, rapid heartbeat)
- Losing concentration or the ability to concentrate
- Crying frequently over small things

Scoring:

- Below 18 = Low Risk
- 18 - 12 = Moderate Risk
- Over 23 = High Risk

Your score may help you decide on a life change you have been mulling over, perhaps to take a less stressful job or even begin to plan for your retirement. In the past few decades, many American families have decided to “leave the fast lane behind.” Some take less stressful jobs. Others open a small family business of their own. Still others down-size their houses or move to smaller towns. Less radical solutions include joining a fitness club or changing eating habits.

No matter what your score is, visit your family doctor anyway. Annual wellness check-ups never hurt anyone.

Next issue... *First Aid for Stress.*

Jane Boucher received her Bachelor of Science and Master of Arts from The Ohio State University. She has done doctoral work at the University of South Florida and has been an adjunct professor at the University of Dayton, Wright State University, and Antioch University McGregor.

The author of six books, she uses both the podium and paper to promote personal and professional excellence. Her best seller, *How To Love the Job You Hate*, has been endorsed by Dr. Kenneth Blanchard, respected author of the best seller, *The One Minute Manager*. She is also a nationally syndicated newspaper columnist appearing in business journals throughout the country.

Jane worked with at-risk youth before going into her professional speaking career. This high-powered Fortune 500 professional speaker, corporate trainer, executive coach, and consultant tells it like it is with organizations such as: General Motors, Medical Group Management Association (MGMA), IBM, Inc. Magazine, and the United States Air Force. She has received praise from such notables as Senator Orrin Hatch and has shared the platform with General Norman Schwarzkopf, Bernard Siegel, M.D. and Nevada Governor Kenny Guinn. Not shy with the media, she has been on more than 1,000 radio and television programs, including CNBC and CBN.

She is one of the most dynamic women on the speaking circuit today. The National Speakers Association awarded the Certified Speaking Professional (CSP) designation to Jane. Fewer than 8% of all professional speakers hold this distinction.

Fall 2006 Certification Update

By Liz Baptist, CPAM, CHFP

Congratulations to those who recently passed the technical exams:



- **Andrea Anderson, CPAT**
Genesis Health System
- **Dawn Anderson, CPAT**
Mahaska Hospital
- **Dawn Daugherty, CPAT**
Genesis Health System
- **Shannon Hannagan, CPAT**
Humboldt County Memorial Hospital
- **Stephanie Hultman, CPAT**
H&R Accounts, Inc.
- **Holly Johnson, CPAT**
KACH
- **Joyce Vonk, CPAT**
Mahaska Health Partnership
- **Millie Binneboese, CCAT**
Mercy Kingsley Clinic
- **Brenda Cain, CCAT**
Mercy Medical Services
- **Meghan Donahue, CCAT**
MedPay Management Systems
- **Linda Miller, CCAT**
Henry County Health Center
- **Christine Sammons, CCAT**
Henry County Health Center
- **Katrina Warren, CCAT**
Mercy Medical Services

The deadline to sign up for the next exam period in February was December 1.

Now is a good time to decide to become professionally certified. The next test will be given April 28, 2007, with a sign-up deadline of March 1. One tip that has helped other members is to take the Technical Exam first. You get a great study guide and it will give you a good idea of the type of material that will appear on the exam. Passing the

Technical Exam can also give you the self-confidence to take the next step.

If you've been telling yourself, "I'm going to get certified!" don't put it off any longer. Make the commitment to yourself and your career and "just do it!"

Welcome, New Members!



Please help welcome our newest members to the Hawkeye Chapter of AAHAM!

Vera Cummings
Buchanan County Health Center

Norm Graff
Hauge Associates, Inc.

Marki Stamatiades
Central Community Hospital

Beth Watson
Hauge Associates, Inc.

30 Years of Presidents



Hawkeye Chapter Presidents

Back Row (left to right): Vicki Drish, Jean Burk, Duane Voshell, Craig Lee, Liz Baptist, Luke Gruber, Heather Hulscher.

Seated (left to right): Elenor Ward, Jean Barker, Mike Dobbs.

Letter from AAHAM to Health & Human Services

06 December 2006

Alex M. Azar, II, Deputy Secretary
The U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington DC 20201

Dear Mr. Azar:

I am writing on behalf of the Executive Committee of the Board of Directors of the American Association of Healthcare Administrative Management (AAHAM) to urge the Department of Health and Human Services to act quickly on an issue which is preventing the healthcare industry from meeting a regulatory deadline for implementing the National Provider Identifier (NPI) as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

AAHAM is a national organization with 38 chapters across the United States. Our membership is comprised of 2500 healthcare professionals, dedicated to patient financial services whose primary responsibility is healthcare billing and collections. In this regard, we represent hospitals, clinics, physician offices, and vendors, all involved in the business transactions of healthcare.

AAHAM understands that the National Plan and Provider Enumeration System (NPPES) Data Dissemination notice is still under review within the Department, and its publication date remains uncertain. The continuing delay of this important document, and the inability to access NPPES, is having a very detrimental impact upon the implementation status of the National Provider Identifier (NPI) and the ability of the healthcare industry to meet the May 23, 2007 regulatory implementation deadline.

It is critical to the timely implementation of the NPI that this publication, along with NPPES access, be expedited as quickly as possible. The provider identifier is the single most critical data element for a payer to properly determine contractual arrangements and payment information for a provider. Not having full access capability well before the compliance date puts the provider segment of the industry at risk for cash flow.

AAHAM supports the work WEDI is conducting to provide outreach initiatives to ensure that payers, providers, vendors and clearinghouses are prepared to meet the above deadline. However, without the Data Dissemination information and access, their efforts will simply not be successful. Previous communications from WEDI have been sent to HHS. Most recently, as a result of the WEDI NPI Hearing, WEDI wrote to HHS Secretary Leavitt about concerns that the dissemination notice had not been released. The letter stated: "The lack of a dissemination policy by CMS is delaying the industry from creating crosswalks and making other related business decisions because they do not have knowledge of how the dissemination system will work. WEDI recommends CMS/NPPES issue a notice and have an operational dissemination system by June 15, 2006."

It is now November 2006 and the full implementation of the NPI is dependant on the above cited items. CMS and HHS have been advised of the healthcare industry's status and the importance of these items of concern that need to take place prior to the May 23, 2007 deadline for compliance.

Your prompt response regarding this critical topic would be greatly appreciated. Please feel free to contact me directly with any questions.

Sincerely,

Robert L. DeBiase, CPAM
AAHAM President
DeBiase & Levine Associates
Foster Plaza VIII
730 Holiday Drive
Pittsburgh, PA 15220
Phone: 412/921-4994
Fax: 412-921-4996
Email: debiase@debiase-levine.com

Website Alert!

The Iowa Hawkeye Chapter is excited to announce our new website for members: www.hawkeyeaham.org.



The board has been working with Windsor Web Designs for the last month and the site is now up and ready for our members to use as a reference. The site includes:

- Chapter officers and board members
- Membership information
- Upcoming events / calendar of events
- Link to the National AAHAM website
- Chapter bylaws
- Current and past newsletters
- Sponsor information

Watch for more information to be added every month. Since the site is brand new, we are looking for any ideas for additional information from our members. Please contact board member Laurie Gaffney at Gaffney.laurie@bvrnc.org with ideas.



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AAHAM Board Meeting Minutes

September 13, 2006

- I. Present: Luke Gruber, Pam Brindley, Lisa Quillen, Laurie Gaffney, Liz Baptist, Heather Hulscher, Val Gifford, Sara McClure, Jolene Hansen, Melinda Crawford, Craig Lee, Stephanie Hultman
- II. Review and Approval of minutes from 6/22/06.
 - A. Correction on minutes 6/22/06 Section II paragraph A. Heather is no longer serving.
 - B. Motion made to approve old minutes. Craig 1st. Liz 2nd. Motion carried.

III. Officers' Reports

President:

- A. Website: Laurie is talking with someone to design and create an Iowa AAHAM website. The cost is \$1,400.00 per year, which includes updates and web posting. Word documents are best to send to put on the website. Will try to get the domain name of hawkeyeaham.org. Laurie will be the point person for contact. Luke motioned to proceed with the webpage. Sara 2nd. Motion carried.
- B. By-Laws: Heather made some by-law changes that were previously discussed. A copy of these changes is attached and a list will be mailed to the members. Luke motioned to approve. Val 2nd. Motion carried to approve changes to by-laws.
- C. Certification: Liz discussed CCAT clinic exam. This is basically over the clinic billing and 1500 form. Thirteen people passed the CPAT technical exam in the recent session; 36 are taking the technical exam in November. Jocelyn Cox of Mercy passed the CPAM exam but she has since moved away. Corporate compliance exam is now available. Melinda will host a training session in November. The date of the test is 15th - 26th. Melinda will have the training session the 1st or 2nd week in November. Discussed the training session should be held in three locations in the future (the eastern, middle, and western part of the state) so all interested

parties can attend. Melinda has certification exam written into job descriptions; she will share the job descriptions with others.

Vice President:

- A. July Joint Chapter Meeting Recap: There were 112 attendees and 52 vendors. No figures are back yet from this meeting. Very little participation for July meeting, some feel it is bad time of year. Luke motioned for no joint meeting for next 2 years to concentrate on Iowa Chapter. Lee 2nd. Motion carried.
- B. September 2006 Meeting: There were 51 attendees. Dale Gibson, FISS, and Lt. Governor Nominee Bob Vanderplatt speaking Wednesday. Thursday to include collection panels, Jeff with Silverstone presenting Health Savings Accounts. Roundtables held for charity care, Section 1011 and HSA. Sara McClure hosting roundtable to discuss issues among Business Office Managers. Banquet is 6 – 8 p.m. for the 30-year anniversary celebration. Awards and installation of officers will be at the banquet. Friday is Wellmark, Medicare and Medicaid updates. Suggested designing a survey through surveymonkey to go on the Internet to see what members wish to discuss at future meetings.
- C. Spring 2007: Booked for Hilton Garden Inn, in Urbandale. May 23 - 25, 2007. Some possible topics will be fraud presentation, Susanna Listina on the UB04, and Bob Masters about chargemaster issues. IHA is having a UB04 meeting in October. The board discussed having a one-day meeting in October for vendors to present the eligibility verification systems. This would include Passport, Emdeon and SSI. Sara will be calling Emdeon, Laurie will be contacting Passport, and Melinda will contact SSI to coordinate the times.
- D. Fall 2007 Meeting: To be discussed at the planning meeting in January. Date and meeting place to be arranged at a later date. Luke will notify board.

(continued on page 9)

HAWKEYE CHAPTER OF AAHAM
TREASURER'S REPORT FOR PERIOD ENDING 9/1/06

BALANCE SHEET

ASSETS:

Cash in Bank	\$14,787.37
Certificate of Deposit	\$7,500.00
TOTAL ASSETS	\$22,287.37

LIABILITIES:

Payables	\$0.00
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EQUITY:

	\$23,152.83
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TOTAL LIABILITIES AND EQUITY	\$23,152.83
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OPERATING STATEMENT

REVENUES:

Corporate Sponsors	\$4,250.00
Interest Income	\$33.51
State Dues	\$25.00
Certifications	\$2,290.00
1 Day Meeting	\$1,300.00
Fall Meeting	\$500.00
TOTAL REVENUE	\$8,398.51

EXPENSES:

Travel	\$2,039.59
Certifications	\$1,445.70
Miscellaneous	\$1,222.64
1 Day Meeting	\$427.27
Fall Meeting	\$1,189.29
TOTAL EXPENSES	\$6,324.49

NET INCOME (LOSS)	\$2,074.02
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BEGINNING CASH BALANCE	\$12,713.35
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ENDING CASH BALANCE	\$14,787.37
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OTHER (INCREASE OR DECREASE IN CASH)	\$0.00
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FUTURE PAYABLES

ACCRUED CASH BALANCE	\$14,787.37
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*Respectfully Submitted,
Val Gifford, Treasurer*

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

To update your national file, please log on to 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, at (703) 359-7562, or you may mail information to:

AAHAM
Attn: Debra Fernandez
11240 Waples Mill Road, Suite 200
Fairfax, VA 22030

Corporate Sponsors

The 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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