

HAWKEYE HIGHLIGHTS



Winter 2009

Presidents Message



My View from the Top - Leaders Needed

"Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has."

- Margaret Mead, famous anthropologist (if you're old enough to know)

Recently, I heard a farewell speech by the outgoing Dean of the Stanford Graduate School of Business, who was about to retire. He stressed that one of the most important things he learned in his business career was that everybody in an organization, regardless of their position in the organizational chart can be a leader. An individual's leadership role need not be formalized with a title to be meaningful and far reaching. It is more important for each person to recognize that by taking initiative and setting goals, they too can be leaders.

To ignite these leadership roles within a company, the head of an organization should develop an overall vision and communicate it relentlessly and at all levels. Then, they must listen and invite open criticism. Never underestimate the power of a question from an employee- it can be often be extraordinarily revealing. Secondly, the leader must become the view and stand for the view. People will follow someone who professes to have a solid vision. The leader does not need to be an absolutely perfect being. But leaders do have to be real, honest, and they have to accept responsibility for the group.

The third part is to create followership. The leader's job is to earn trust and instill confidence. A leader depends upon the team to get things done, it is vital to enlist people who will make it happen because they want to, not because they have to.

Lastly, as a leader, the most important thing is to be cognizant that you are responsible for moving people forward. Your position as a leader is to actually be at the bottom of the organizational chart. Your job is to make sure people can perform at their very best. By empowering all employees to recognize themselves as leaders, you will move the organization forward at amazing speed.

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HAWKEYE CHAPTER OFFICERS AND BOARD MEMBERS

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Diana Hiatt	<i>Board Member / Newsletter Committee Chair</i>
Shari Mitchell	<i>Board Member/Corporate Sponsorship Chair</i>
Mike Dobbs	<i>Legislative Chair</i>

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The dean concluded by stating, “Ask yourselves: If not you, who else? If not now, when?” Leadership is about doing.”

In my duties as president of the Hawkeye AAHAM Chapter, I am constantly asking members to step up and volunteer to serve on the board and become leaders in their own right. For professional organizations to prosper and grow, new talent is needed; otherwise, the same people will occupy the same positions on the board and no new perspectives or ideas will be generated. Everyone is too busy these days, but true leaders make the time. Please consider sharing your knowledge and expertise by becoming a board member for the Hawkeye AAHAM Chapter. ■

Mark Your Calendars

Spring 2010 AAHAM Meeting

May 27-28, 2010

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

The Myriad of Universal Health Worldwide

Written By: Marc Krmen, Division Director/In-House Counsel at International Revenue Recovery Group

Submitted By: David Cartier, Outreach Services

The US State Department recognizes 194 independent countries. Add Taiwan, a formerly but not present member nation of the United Nations, and that number reaches 195. Fully understanding the intricacies of these nations’ healthcare systems is a daunting, if not impossible task. This overview will summarize

some of the more significant healthcare models found among these countries in an effort to reach a greater understanding of how healthcare is approached around the globe.

The European nations are quite consistent in their adaptation of universal healthcare. These government-sponsored and regulated basic healthcare plans may be augmented by supplemental insurance for non-covered services, which vary from country to country. Universal healthcare countries include Austria, Belgium, Bosnia and Herzegovina, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Russia, Serbia, Slovakia, Spain, Sweden, Switzerland, Ukraine, and the United Kingdom.

Most notable, perhaps, is Germany’s system in that it is the original model for universal healthcare. It is also known as the Bismarck Model, named after Prussian Chancellor Otto von Bismarck. Dating back to 1883, Bismarck’s Health Insurance Act mandated health insurance to low income workers and has since expanded to cover virtually all residents of Germany (there is an income ceiling to which participation is mandatory, above which high-income residents may opt for private insurers outside of the program, of which some may provide coverage in the US). The Bismarck system utilizes insurers financed by employers and employees, typically through payroll deductions, except for the unemployed for which funds are derived from unemployment insurance. Bismarck plans cover all who apply, and are non-profit with tight governmental regulation. The Bismarck model is found in Japan, as well as the European countries of Belgium, France, the Netherlands and Switzerland.

A similar, but not identical approach to unified care is the Britain’s Beveridge plan. This model is named after William Beveridge, who in 1942

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presented his eponymous report leading to the formation of Britain's National Health Service in 1948. The NHS utilizes tax-based financing under which most hospitals are government owned and physicians receive their compensation directly from the government. Similar to the Bismarck System, NHS providers are tightly regulated, thereby minimizing fees. The NHS is currently considering plans to partially bifurcate, allowing patients who are financially able to supplement their treatments at government –owned hospitals with privately-paid drugs and services, concerning some that this will lead to a degradation of services and the formation of a two-tier health system. The NHS offers reciprocal coverage to 56 countries, typically limited to the level of coverage offered by the foreign sovereign to their residents. The United States is not included.

In Canada, perhaps the most familiar form of single payer system exists, and is effectively a hybrid of Germany's private healthcare provider/multi-payer model and the British NHS government-run insurance system. Based upon the Canadian Health Act enacted of 1984, it is a government funded system which provides universal coverage to permanent Canadian residents. Under the Act, the individual provinces administer and finance health plans which, while varying somewhat, must meet the five essential elements of the Act. They must be available to all eligible residents, be comprehensive in their coverage, be accessible, be portable between the provinces (with partial

reimbursement for out-of-country services), and be publicly administered. Privately run health insurance plans are available for services not covered by the Canadian "Medicare" program. Canada's Medicare is also known to be challenged by excessive wait times, but recent legislation and funding is aimed to reduce this problem, increase system capacity, and improve medical technology.

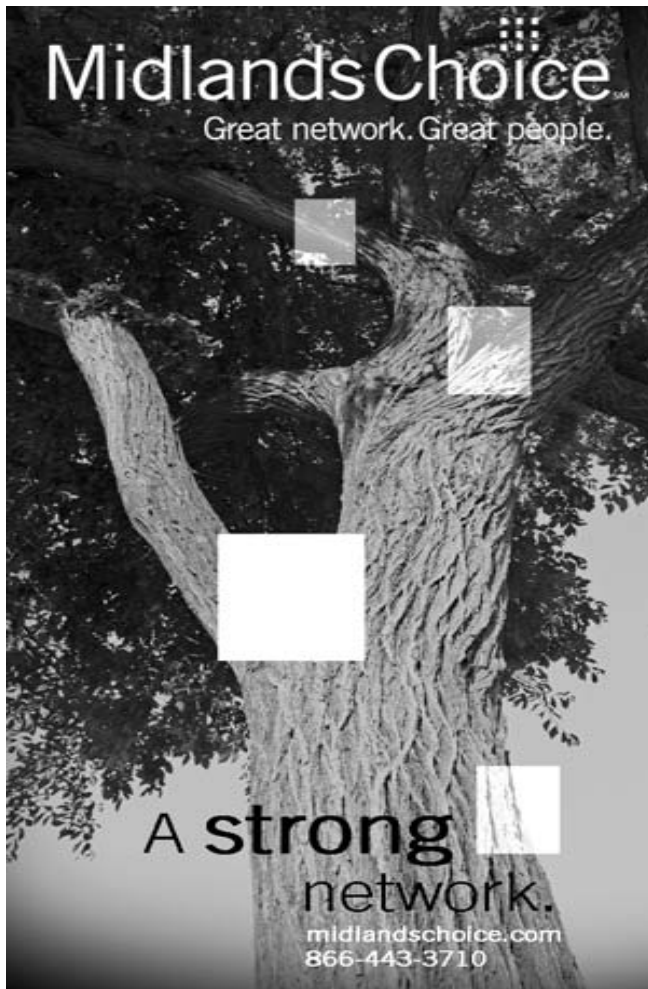
South Korea, one of the world's fastest developing industrialized nations, has followed the Canadian model of national health insurance, as has Taiwan.

In the Americas, Brazil and Peru have varying forms of universal health care, and Mexico has recently enacted legislation providing such coverage for children and pregnant woman, as well as pledging to achieve full universal coverage by 2011. On the Asian continent, China, Hong Kong, India, Israel, Singapore and Thailand have implemented versions of universal healthcare.

Universal healthcare, in the myriad of formulas found worldwide, is the dominant form of healthcare system. Whether the United States adapts such a system, in part or in whole is yet to be seen.

This is the first in a series of articles by Marc Krimen, Division Director/In-House Counsel at International Revenue Recovery Group specializing in international patient reimbursement issues. He welcomes any questions, and may be reached at mkrimen@pacificedi.com. In the installment, Marc will discuss third-party liability issues and procedures as they relate to international patients. ■





Annual National Institute News from Phoenix, AZ

Submitted by: Pamela Brindley

From the board meetings to sessions that I attended, there is much to report from the ANI held in Phoenix in October.

As your faithful president, I managed to survive the sweltering heat of the Arizona desert. The last day I was there, a record temperature of over 100 degrees was set for that time of year.

The Arizona State Fair was just beginning and a newspaper article detailed some of the fair food. If you think Iowa has some strange offerings, try biting into one of these: Scorpion on a Stick, Meal Worm Burgers, Lizard Meat on a Stick, Chocolate Dipped Tarantulas... I think I remembered that last one correctly. Anyway, it was some type of dipped insect that was

poisonous. I think they also offered jalapeno flavored cotton candy. Anyway, there wasn't any mention of a Pork Chop on a Stick or Meat Sundaes.

A very interesting glimpse into the future was given by Bob Treadway for the keynote session: *20/20 Foresight: How to Look into the Future of Healthcare*. The following are some of his main points from the presentation.

As for the future economic outlook, he favors several sources for accurate forecasting: ECRI- Economic Cycle Research Institute which posts a weekly leading index (WLI). On 9/25/09, ECRI forecast a 50% chance of double or triple dip recession. Another source is The Consumer Confidence Index which gauges the emotional element and finally, taking the pulse of small business, the Discover Small Business Index. www.discovercard.com

In looking at the US and Global Economy for 2009 – 2010, he outlined four different patterns of recovery along with the percentage of possibility

- 15%: V shaped recovery (what has always been)
- 65%: longer V shaped recovery (get back to '07 levels after 2017)
- 30%: W double or triple dip
- <10%: recession doesn't end

Regardless of how the economy recovers or not, he warns that the FDIC is out of money and if another institution goes down, the FDIC won't have money to lend.

For the Midwest, he gave a timeline for Job Upturn Timing:

- Beyond 2010- IL, IN, MO, KS, WI, FL, and don't know when for MI
- Mid to late 2010- IA
- Early to mid 2010- SD, ND, NE

Bob thinks that in five years we'll be up, out and different as far as the economy and business is concerned. He recommended a good book,

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The Wisdom of Crowds, which is about aggregate opinion.

Some other interesting points included:

- 40% of people over age 65 are still in the workforce.
- There is less than fifty percent likelihood that the base line currency will no longer be the dollar, but probably the YUAN, Chinese currency.
- If you really want to be good at looking at the future, think about the implications. Americans do not take the time to contemplate. They don't think about the ripple effect.
- Bob believes an oil spike is coming in 2012 and Asia, coming off the recession faster than most, will drive the worldwide demand.

Bob concluded with a discussion of a Knowledge Hierarchy:

1. Wisdom is at the top
2. Expertise- get really good at what you do best
3. Knowledge- knowing how to take the information and make a difference with it
4. Information- gather the data, associations are meant to enhance their members expertise and baby boomers are in the workforce because of their expertise

Some facets of being a success in your business hinge upon the following contingencies

- Emotional Connections- It's what healthcare is all about and we need to be reminded of that. Being the Brand Guardian is of utmost importance.
- Emotional Engagement- A person's passionate willingness to go the extra mile at work. Broaden and deepen your own personal assets and emotional connections
- The Noah Principle - Just predicting rain doesn't count, building the ark does.

In my next President's Letter, I will detail some of the more important pieces of information from the board meeting. The national association is working hard to provide members with new products and information for this challenging business climate. Instead of a rodent or insect on a stick, I see for my dinner future a juicy hamburger. ■



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Hawkeye Chapter of AAHAM Annual Business Meeting

September 17, 2009

Legislative Updates - Mike Dobbs provided the following legislative updates:

- Legislative Day for AAHAM has been successful with AAHAM members receiving good updates. It has also helped add a voice to the issues we face. The Hawkeye Chapter will be looking to send an additional person this year, and encourages everybody to attend.
- Based on AAHAM efforts there is one bill on healthcare that does include AAHAM language. This is a big win!
- The representatives need to hear from AAHAM members as much as possible as we are the nuts/bolts type people that see and deal with the issues daily
- Senator Harkin has replaced Kennedy as the head of healthcare—this is big for IA with Grassley being the head of finance.

Membership Updates - Kristina Gursky provided an update on membership:

- Our chapter has had big growth this year with sixteen new members. Keep spreading the word about what a great organization AAHAM is!
- We were asked by national if we wanted to implement a state fee that would bring revenue back to the chapter. Because providers are already facing tight budgets and because our chapter is in a healthy financial state, the IA AAHAM chapter leadership has decided not to pass on additional fees to the membership. The Hawkeye Chapter is one of just a few chapters that does not pass on state fees.

Logo-Wear. Several members of the AAHAM Leadership team have AAHAM logo-wear. If a

chapter member is interested in ordering personal logo-wear they should contact Pam Brindley.

Vera Cummings announced the financials have been audited and we have passed audit.

Connie Dudding announced the election results:

- **Diana Hiatt**-Two Year Board Member Term
- **Melynda Crawford**-Two Year Board Member Term
- **Marki Stamitades**-One Year Board Member Term

A motion was made and carried to destroy the election ballots.

Newly elected officers were sworn in by Pam Brindley.

Pam Brindley presented this year's awards:

- Distinguished Service: Angel of Learning to **Connie Dudding**
- Distinguished Service: The Bright Star to **Vera Cummings**
- Distinguished Service: The Spirit of Giving to **Diana Hiatt**
- Distinguished Service: The Angel of Courage to **Kristina Gursky**
- President's Award: The Grateful Angel to **Melynda Crawford**



Respectfully,

Kristina Gursky
Secretary

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AAHAM Fall Board Meeting Minutes

September 16, 2009

Attendees: Kristina Gursky, Diana Hiatt, Vera Cummings, Tara Spidle, Shari Mitchell, Connie Dudding, Mike Dobbs, Luke Gruber, Kiel Christensen, Steph Hultman, Melynda Crawford, Nancy Vollmer, Pam Brindley

- John Currier reviewed the Chapter Operations report again, and indicated that the Hawkeye Chapter's score would be adjusted to 100%.
- Linda Goldstein and Pam Brindley will be attending the ANI. The award banquet at ANI this year will be a Western theme rather than a formal dinner.
- Pam worked to order shirts for the Hawkeye Chapter Leadership Team. If the chapter

members would like to order shirts it should be a centralized effort to help control costs. Pam does have a brochure available to review other products available.

- John Brindley helped develop a membership survey to know where chapter members visited when they came to the meeting. The results of the survey were used to help attract friends of the chapter for donations. We were able to help obtain donations from various local vendors that will be used in hospitality prizes and door prize drawings.

Survey. A chapter survey was completed earlier this year. The results of the survey were discussed. Highlights from the survey include the following:

- Members want to see vendor presentations
- The meeting timeframes are okay
- The membership wants to see board meeting minutes
- Charity care, Red Flag, Upfront collections were all hot topics the membership wanted information about
- Few were willing to host a round table

Website. Our website has attracted the attention of the Minnesota chapter.

Election Results. Election results will be announced at the business meeting over lunch on 9/17. Pam also has a short speech and the language to swear in the new board members. A motion will need to be made to destroy the ballots. Also, Pam will be doing award presentations. Dessert with lunch will be brought back to the meeting room at 12:45, at which time the business meeting will be held.

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- With Carmen Wharton's resignation a new corporate sponsor chair needs to be appointed. Shari Mitchell has agreed to take on this role.

Minutes. The minutes from the last meeting were brought up for vote to accept them. A motion was made and passed with the minutes approved as published.

Treasurer Report. The chapter has \$22,640 in the checking account. Pam feels calling people ahead of meetings to encourage attendance has helped. The treasurer's report was approved.

Membership. Our membership currently stands at 116 members. To help maintain membership the board has decided not to implement a state fee for membership.

LCD Projector. Susan Searcy will be bringing the projector for the meeting from IHS. The remainder of the meeting agenda was discussed and all loose ends were tied up.

Registration. The NE AAHAM meeting registration from has a spot for people to check if they are interested in the following committees. We will add this to our registration from to encourage chapter volunteers.

Hospitality. Hospitality will have new treats like little smokies, stuffed mushrooms, various chips and dips, pinwheels, and a veggie tray. Kiel and Kristina each brought a Wii for the bowling tournaments. A TX Hold 'Em Poker tournament will also be held. Eventually the hospitality committee would like to ramp up to a BBQ. Discussion was held about when to close hospitality, with the board deciding to play it by ear.

Spring Meeting 2010. Spring meeting dates are set for May 27th/28th. Jeff Staadds may be a possible speaker. He does a good job, but can be pricy. RAC Audits—Virginia Gleason may be a good speaker, but fees are comparable to Day's. Perhaps a panel discussion on RAC Audits may be appropriate if people in IA have

experiences. Connie's CFO has FL Experience. Other topics may include:

- Corporate Sponsor Presentations
- Tami Osborne w/Gustafson & Associates-contract discounts/expected payments
- Creating new mindsets by Cy Wakeman – recommended by NE Hospital Association
- Robin Bradbury-probably too expensive
- Medicaid's RAC Product
- Wellmark's new payment program
- IHA Updates
- United Healthcare
- Humana
- Illinois did an all day payer panel that was popular
- IL hosted a speaker on generation gaps in the workplace-great reviews, may not be cheap
- MO AAHAM group has had good speakers—Pam and John will review various chapter websites for ideas
- Baptist Hospital-ideas on serving patients
- Des Moines College Ethics speaker spoke at HFMA—Steph has info
- Fraud Investigator with BKD was phenomenal
- IMGMA had a Family Practice Administrator that did a good fraud presentation
- Shawn Steffen presented at HFMA on a disaster recovery program based on Cedar Rapids Flood experience

Fall Meeting 2010. Fall meeting dates are set for the 16th and 17th. Based on the fact several hospitals have auditors in office during this time we will see if we can move to the last week of September. Tara will check

Legislative. Harkin is moving into Kennedy's seat as the head of healthcare. Combined with Grassley's position as head of finance a lot of IA influence is in Washington. There's a lot happening this year on the legislative front, and it may be a good idea to have more than one

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person attend from IA for Legislative Day. We may also be able to get local speakers at meetings from people in Harkin's office.

- Costs to send members to Legislative Day average \$1000-1200. Mike is suggesting ideas to help get the registration fee lowered.
- One of the healthcare bills on the table has wording from AAHAM incorporated. This is a big win for AAHAM.

Meeting Registrations. The meeting registration fees for members vs. non-members are not significant enough to encourage people to be AAHAM members. A motion was made to increase non-member fee to \$40 above registration cost. The motion was amended to be \$50 above meeting cost for non-members. The board voted and the motion carried to increase non-member registration fees to be \$50 above the cost of member registration fees.

Bridgefront. Pam will update on Bridgefront at the Certification Round table. Nobody is taking the CPAM exam in IA for the fall dates, but there are two possible people sitting for the exam in the spring.

Committees. Shari has agreed to take on corporate sponsorship. The campaign will begin in October with payments due in January.

- Audit. Vera Cummings has agreed to take on the audit chair. She will complete the audit in the morning, and Vera will announce the results at the business meeting.
- Newsletter. All articles for the Hawkeye Highlights winter edition need to be to Diana by 11/15.
- Bylaws. Will need to be reviewed next year.
- Mike Ehlen has offered to the AAHAM chapter two free days of business review for providers, with the providers paying for lodging and travel expenses. The board has agreed not to promote this so that AAHAM

does not appear to be endorsing Mike's services.

A motion was made to dismiss the meeting, and the motion carried. ■



Respectfully,

Kristina Gursky
Secretary

Hawkeye Chapter of AAHAM 2009 Survey Results 10.9% Response Rate

Submitted By: Kristina Gursky

In Summer 2009 a survey was sent to all Hawkeye Chapter of AAHAM members to gain your feedback about meeting attendance, meeting topics, and other various AAHAM related items. Thank you to those that participated. Your feedback is very important as we work to improve the services offered to our membership.

If you did not participate in our survey please note you are always welcome to share your feedback, questions, or concerns about AAHAM with any of the Chapter Officers or Board Members. We are always willing and ready to hear your thoughts and ideas.

Following are the questions, and how the membership responded to the questions asked.

1. How many years have you been a member?

The average tenure of respondents was 5.84 years.

2. How often are you able to attend?

- 58.3% attend both Spring and Fall Conferences

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- No responses to only spring
 - 8.3% can only attend fall
 - 16.6% can only attend one, but not both
 - 12.5% added additional comments:
 - Depends on vacation - Makes the Spring meeting more often because of Fall Vacation
 - Usually tries to attend both, but it depends on the work load of the person's job
- 3. If you cannot attend both spring and fall what is the reason for the not being able to attend both?**
- 8.3% indicated cost
 - 8.3% indicated location
 - Nobody indicated dates
 - Nobody indicated agenda items
 - 25% indicated they have an inability to be away from the office
 - 2% indicated other reasons
 - Will try to attend fall, unsure if would make it
 - Other obligations
- 4. Are the meeting timeframes okay?**
- 91.6% responded yes
 - 1 Misc. Comment:
 - Might consider April and October to see if attendance is better
- 5. What payers would you like to see present?**
- 58.33% IME
 - 58.33% Wellmark
 - 50.00% Medicare
 - 58.33% United Healthcare
 - Others?
 - 16.6% Humana
 - 8.3% Cigna
- 6. Do you know any corporate partners that would be interested in teaming with AAHAM?**
- 66.6% No
 - 8.3% Yes
 - CBE has a corporate facilitator that the respondent has heard good things about
- 7. Would you be interested in seeing presentations from vendors and corporate partners?**
- 75% Yes
 - 16.6% No
- 8. Would you be willing to volunteer for the Hawkeye Chapter of AAHAM?**
- 16.6% Yes
 - 41.6% No
 - 25% Need More Information
- 9. Would you like to see the minutes from the board meetings?**
- 91.6% Yes
- 10. Do you prefer information on CD's rather than paper?**
- 41.6% Yes
 - 25% No
 - 25% Did not Indicate Preference
- 11. Are there specific topics you would like to see addressed?**
- Charity Care, Upfront Collections, Red Flag Rules
 - RACS
 - What are others doing to handle influx of financial assistance apps and bigger self pay numbers
 - More info for CAH's
 - Red Flag Rules, RAC, Charity
 - Rural Health Clinic Billing
 - Good to have payers present for changes we need to plan for. I.E. Wellmark not paying for anesthesia. Would have been nice to be able to discuss that at last meeting.
 - It seems to be focused on hospital related issues and not so much towards clinic issues. I wish there were more clinical focus topics
 - Continue seeing info on RAC
 - Charity Care/Uninsured, Discount Programs
- 12. What suggestions do you have for round table discussions?**
- Red Flag, CEU's loaded on national site, upfront collections
 - RAC
 - Charity Care, RAC
 - What others are doing to handle increased charity and self pay

- How other CAH facilities are handling RACs
- Red Flag Rules, RAC, Charity
- Rural Health Clinic Billing, Early Out Programs
- Provider based RHC, completion of 855s, steps to take to add physicians
- Billing office benchmarks for staff, other metrics (Days in A/R, etc.)
- Really like the format from our user group that used to meet in Des Moines. Basically anyone could throw out anything for discussions I understand these are no longer scheduled because they may have been causing a decrease in attendance at the spring and fall meeting. They really were enjoyable and I learned a lot. Very informal round table with the same type of format as our user meetings would be great
- Charity, Self Pay, Outsourcing

13. Would you be willing to host a roundtable?

- 16.6% Yes
- 66.6% No

14. How often do you visit www.hawkeyeaaham.org?

- 8.3% weekly
- 41.6% monthly
- 33.3% semi-annually
- 8.3% annually
- 8.3% as needed for topics

15. Do you have any suggestions for the website?

- No response

16. Do you know anybody interested in joining AAHAM?

- Katie McCarty-Davis County Hospital in Bloomfield
- Yes, but is a cost issue with the hospital. Working on getting another member or two.
- 66.6% do not

17. Are there other benefits you would like to see AAHAM offer?

- Entertainment in hospitality suite
- Networking time
- If distance is a factor for not attending, would it be feasible to help those in a region make contact with each other and hold a one day session to discuss issues

18. Do you have any other comments for your AAHAM Leadership Team?

- Hey, I think you're all doing a great job!
- Thank you for your service, it takes time and with busy schedules I know it is a sacrifice to serve and just want you to know it is appreciated!
- Congratulations, you do a great job. I appreciate your time given to the organization. This is a great networking opportunity.
- I always enjoy the meetings.
- Thanks for being such a welcoming group!
- I marked yes to the CD, but had mixed feelings only because with the paper I was able to add notes I wanted to remember next to the topic. I am for "green" and have used my CD several times so I guess if push comes to shove, that is my choice.
- The board does a great job! ■



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Wellmark Going Green - Announces Change to the Processing of Paper Claims

As part of a corporate-wide effort to become Lean & Green, Wellmark Blue Cross and Blue Shield recently assessed its claims submission and adjudication process, comparing paper claims to electronic claims.

They found that paper claims require significantly more resources to process and review than electronic claims, while electronic claims move through the system more efficiently, resulting in quicker turnaround time, reduced errors, and lower administrative costs for both Wellmark and providers. In fact, a Milliman study shows that a typical provider can save \$3.73 per claim by filing electronically*.

Wellmark is actively encouraging all providers to begin submitting claims electronically as soon as possible. This heightened focus on

electronic claims will, in most cases, increase the turnaround time to process a claim submitted on paper. The increase in turnaround time will occur over the next few months. Clean paper claims will continue to be processed within 30 days of receipt.

Wellmark confirms that there will continue to be a limited number of claims that providers are required to submit on paper. The company is in the process of identifying these exceptions and determining if any of them can be eliminated.

There are several electronic filing options available through Wellmark. Please contact your Wellmark Network Relations representative, or call or e-mail EC Solutions at (800) 407-0267, ecsolutionsdsm@eds.com, for more information. ■

**To read the full study, go to the US Healthcare Efficiency Index Web site at http://www.ushealthcareindex.com/resources/Milliman_EDI_Benefits.pdf*

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. To update your national file, please log on to www.aaaham.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 ■

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
TOTAL ASSETS	\$21,183.00

LIABILITIES:

Payables	\$0.00
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EQUITY:

TOTAL LIABILITIES AND EQUITY	\$0.00
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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
TOTAL REVENUE	\$22,930.00

EXPENSES:

Travel	\$6,145.91
Certifications	--
Web Design	\$1,609.00
Insurance Bond and Liability	\$675.00
Spring Meeting	\$6,297.16
Fall Meeting	\$7,686.87
Miscellaneous	\$837.71
Membership Dues	\$575.00
TOTAL EXPENSES	\$23,827.05

NET INCOME (LOSS)	(\$897.05)
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BEGINNING CASH BALANCE	\$14,580.05
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ENDING CASH BALANCE	\$13,683.00
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OTHER (INCREASE OR DECREASE IN CASH)	--
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FUTURE PAYABLES

ACCRUED CASH BALANCE	\$14,580.05
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Respectfully,

Connie Dudding
Chapter Treasurer

ADVOCACY - IS THIS THE YEAR TO GET INVOLVED?

Submitted By: Mike Dobbs

Healthcare reform is at the center of the nation's biggest debate right now and regardless of what side of the fence you stand on, changes are looming that you may or may not be in favor of.

We all can agree that changes do need to happen, but some of the changes that need to happen may be the same issues that have been raised for years, such as simplicity, uniformity and consistency. Wouldn't it be nice if all payors accepted the same billing form and actually recognized each locator field the same! There actually is wording in one of the bills that is strikingly familiar to wording used when the UB82 was created.

Although this type of debate can cause many in healthcare to cringe, it also is a great opportunity to have your voice heard. We all need to be vocal and let our representatives know what concerns we have. Representatives from Grassley's and Harkin's offices are going to be quite receptive to hearing from constituents that are working at a hospital and/or clinic.

The following excerpts (tips) are from Charlie Myers, AAHAM's National Legislative Chair:

Legislators really do want to know what the "unintended consequences" of the legislation they are considering.

***Emails** are as important as phone calls. Even when legislators are on the floor they are checking their emails.*

How to influence a Legislator:

- *Know your subject*
- *Give clear instructions on the intent of your call or email*
- *Understand who is in power and who are the key players*
- *Follow advocacy alerts from your hospital association*
- *Understand the budgeting process is very different from the legislative process so ask your hospital association to help you understand how different that process is*
- *Understand your Legislators are people who vote, sometimes based on their personal experiences, not just political affiliation. Their bios are available. Let them know you*

understand the magnitude of the problems they are dealing with- especially dealing with huge state budget deficits

The reason you should advocate is because there are no "neutral" laws. It either helps or hurts. View a bill as "is this a good bill or a bad bill."

A legislator has 2 jobs:

- 1. Pass meaningful legislation or*
- 2. Stop bad bills*

Advocacy is no longer viable to do alone. You need to build a network. This is probably the most important year legislatively for healthcare ever. Develop a philosophy of what you believe government's role is and evaluate that against your personal convictions. Be consistent about your philosophy- stay clean once you have taken a public position.

AAHAM has done a great job of building a strong network and presenting issues to representatives from all states. If you have interest in being part of this process the next AAHAM Legislative day is April 21st and 22nd in Washington D.C. It would be great if Iowa could send a strong representation that is willing to voice their concerns. ■



The CBE Group INC.

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Paragon Solutions, Inc.
A subsidiary of The CBE Group, Inc.

Proven first-party early out collections and comprehensive insurance resolution services

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Mick Staebell, VP, Client Services
Phone: (800) 925-6686
E-mail: mrstaebell@cbegroup.com
www.cbegroup.com

The Importance of AAHAM Renewal

Submitted by: Kristina Gursky

It's that time of year when AAHAM renewals are due again. In today's tough economy you may wonder why you should renew your membership with AAHAM. Well, I for one can think of several! AAHAM provides you with continuing education, informative updates, fantastic networking opportunities, and the chance to stay updated and informed on the topics that matter most to you. In 2009 here are some of the educational sessions the Hawkeye Chapter of AAHAM brought to you by some of healthcare's industry experts:

- E-Healthcare by Barbara Bowman
- Effective Compliance Programs by Barbara Bowman
- Surviving the RAC Audit by Tanja Twist
- Iowa Hospital Association Updates by Shannon Strickler
- Identifying Revenue Capture Opportunities by Day Equisquiza
- Provider-Based Clinic Implementation by Phil Schmid and Mark Hollan



Hospitality....Wii Bowling Tournament.



Educational Sessions - Meeting Roundtables.

- Best Practices for POS Collections by Shannon King
- Roundtables with open discussions about AAHAM CEUs, certification, red flags, provider-based billing
- Updates from payers such as:
 - Wellmark
 - WPS
 - IME

AAHAM also offers you important benefits including certification possibilities, and national discounts on things such as flowers, computer equipment, rental car rates, moving companies. Also, you have the ability to meet with lawmakers on Legislative Day, the opportunity to attend the Annual National Institute, and the ability to network on a national level also through the National List Serve. You also get in addition to the Hawkeye Highlights, access to the national publication, the Journal. More information about all of these benefits can be found at www.aaham.org. Don't let your AAHAM membership lapse! Be sure to renew today to continue to take advantage of all the great benefits AAHAM has to offer you. ■

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

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 with ideas.



2010 New AAHAM Board Members: Melynda Crawford, Marki Stamatiades, and Diana Hiatt.



Hospitality – Vera Cummings and Connie Dudding.



Hospitality - Texas Hold 'Em Tournament.



Educational Session – Roundtable.