

## Rear Admiral Karen Flaherty visits MN Gopher AAHAM

FALL 2008 ISSUE



We all in some way or another know someone who has chosen to serve our country and has been sent overseas. Unfortunately not all have made it home and those that did have a lot of issues to deal with.

An unexpected visit from Rear Admiral Karen Flaherty of the Navy brought a lot of information about the servicemen that have made it home safe and how the Navy is helping them and their families cope as well as the families of those that did not make it home safe.



Rear Admiral Karen Flaherty is a native of Winsted, Conn., and joined the United States Navy as a Nurse Corps Candidate in July 1973. She completed her senior year at the Skidmore College and attended Officer Indoctrination School in Newport, R.I. in August 1974

She began her career as a Nurse Corps Officer at Quantico Naval Hospital where she served as a staff nurse, charge nurse on the Surgical and Orthopedic floors, and the Maximum Care Unit. In 1977 she was transferred to the Philadelphia VA Naval Medical Center and assumed the charge nurse role for a General Surgery Unit and the Obstetric and Gynecology Clinic. Rear Adm. Flaherty reported for duty as the Officer Programs Officer for Naval Recruiting Command, Navy Recruiting District New Jersey in 1979. She transitioned to the Naval Reserve in 1982.

Rear Adm. Flaherty's reserve tours include Naval Hospital 404, Atlantic City, N.J.; Fleet Hospital 20, Philadelphia, PA.; and Fleet Hospital XX, Fleet Hospital 7, Fleet Hospital 22, and Fleet Hospital Ft. Dix, all at Ft. Dix, N.J. She served in a variety of roles during these tours, including Commanding Officer, Executive Officer, Officer-in-Charge, Training Officer, and Director of Nursing Services. In February 1991, during *Operation Desert Shield/Storm*, she was recalled to serve with Fleet Hospital 15, Al Jubail, Saudi Arabia. Most recently, she served as COS OPNAV 093, prior to assuming her duties as the Deputy Commander Force Integration National Capital Area and the Deputy Chief of the Navy Nurse Corps.



A special invitation was extended to conference attendees to attend the practice session of the 'Blue Angels'.

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**“The best way to learn more about the ‘AAHAM’ organization is to become involved. The best way to become involved is to serve as an officer or board member.”**

## It's Election time again.....

Open positions include 2nd VP, treasurer, and 4 board positions.

Ballots have been sent out and must be mailed back by November 3rd. Those post-marked after November 3rd will not be accepted.

### 2nd VP Candidates

**Virginia Berney, CCAM/CPAM** was an Instructor at High-Tech Institute MN in their Medical Billing and Coding program. She is currently employed by Allina Clinics as Coding Educator Analyst at their Minneapolis location and has been a member of AAHAM since 1989. She has held the positions of Board Member, Vice President, Certification Chair, and Editor for the Gopher Tracks and has served as National Recertification Chair.

**Mary Windsor** is currently Registration Services Manager at St. Luke's Hospital in Duluth and has held positions of Registration Representative, Emergency Medical Technician, Trainer, Account Manager, and Transcriptionist. She has worked for other healthcare organizations such as Columbia Healthcare, Humana, and Tenet Healthcare. Mary graduated from The College of St. Scholastica with a Bachelor's Degree in May of 2008, joined St. Luke's in June of 2008, and is currently pursuing her Master's Degree at The College of St. Scholastica.

### Treasurer

**Lois Wakefield, CCAM/CPAM** has been a member of our AAHAM Chapter for the past 14 years and has held positions of VP and Treasurer in the past. She is currently an IT consultant for Healthia Consulting. Nationally, Lois chairs the Certification Grading Committee and has worked with the Certification Committee rewriting the CCAM/CPAM exams.

### Board Members

**Stephanie Brown** has been Business Office Manager at Rice Memorial Hospital since May of 2004. Rice Memorial Hospital is a 100 bed, city owned, non-profit, PPS hospital serving 14 counties in west central Minnesota. Prior to Rice Memorial Hospital Stephanie was the Billing Director at Rice Home Medical, a Durable Medical Equipment provider in Willmar.

**Kari Miranowski** has been with I.C. System since 2001 and is currently responsible for new account development and support of existing clients in Minnesota. Since starting in this territory, she has secured ongoing business relationships with some of the largest and highest performing receivable accounts at I.C. System. She is an active member in MMGMA and the local Gopher chapter for AAHAM.

**Erika Running** started out her health care career at United Health Care as a claims processor and then became an eligibility trainer. After 3 years at UHC she moved over to the hospital world at St. Mary's Medical Center in Duluth, MN. Erika was a Blue Cross analyst, then became a trainer for the billing and admissions area. She currently supports 16 hospitals in Minnesota and specializes in Critical Access hospitals and Provider Based Billing. She is a member of AAHAM because of the wonderful opportunity it brings to rural hospital communities for education, training, networking, and resources.

**Tyanne Ryan** is a Regional Director for AIM Healthcare Services Inc. and has been in the healthcare industry for seven years with a focus on credit balance resolution. She's served as an AAHAM board member for the last two years and has been an active member since 2005. Last year, Tyanne developed an action plan to increase student membership within the Gopher Chapter of AAHAM. Tyanne is running for a second term on the board to promote the networking and informational exchange that AAHAM offers as well as to help follow-through the student membership drive.

Winners will be announced at the November meeting in St. Cloud at the awards banquet.

## President's Report

submitted by Roberta Collins CCAT/CPC

Thanks to all who attended the July Bi-State meeting in Duluth. I hope you were pleased with the variety of topics and our guest from the US Navy. Hats off to our VP's!

National AAHAM reported 2585 members as of September. Gopher Chapter has 83 national members and an additional 37 local members. I encourage you all to recruit a new member. Remember, our chapter awards a free ANI registration to the member who recruits the most new members each year.

Congratulations go out to Dana Young and Tamora Ellis. Dana earned the scholarship

award this year given on a point basis for AAHAM activities and volunteering. She receives round-trip transportation, room, per diem, and admission to the Annual National Institute being held in Chicago on October 8<sup>th</sup> to 10<sup>th</sup>. Tamora won a free registration to ANI for recruiting the most new members. I'm sure they'll both have a memorable time and return with valuable information.

MN Gopher Chapter has tried a new recruiting technique. We partially sponsored a training session held by SISU (our member from this group is Erica Running). This allowed us to present our Gopher Chapter and ITS benefits to 17

medical organizations. We will be watching closely to see if this results in additional meeting attendance or memberships.

Our Annual Meeting is quickly coming. It will be held November 5<sup>th</sup> to 7<sup>th</sup> in St. Cloud. I hear we're having a Murder Mystery at our banquet. We have not done that in years but I do remember what fun we all had at the last one. Election results and awards will also be announced. I'm sure our VP's have a full line of up guest speakers to educate us during the day. I really look forward to seeing you there.

Remember our corporate sponsors.



**'...our chapter awards a free ANI registration to the member who recruits the most new members each year.'**

### REMINDER-Excerpt from "AAHAM National Office Monthly Update September 2008"

Don't forget to check out the new **member's only section** of the new AAHAM website. There is valuable information there to help you both professionally and personally. To login all you need is your email address and your membership ID number which is located on your membership ID card. If you do not have this information, please contact Moayad Zahraiddin at [moayad@aaaham.org](mailto:moayad@aaaham.org) for more information.

Here is an example of what you will find:

- **Information Central** - A repository of documents for AAHAM National Members to share copies of policies and practices related to healthcare administrative services in support of the AAHAM's mission statement.
- **Membership Directory** - Search by last name, chapter, state, and more. Member data is updated monthly so you will always have access to the most up-to-date information year-round.
- **Legislative Action Center**- AAHAM's interactive Get Active Legislative Action Center makes it easy for members to get information on their congressional delegation, e-mail government officials, track legislation, and most importantly, make a difference. Get Active provides up-to-the-minute information on the issues and how it impacts AAHAM members.
- **AAHAM Journal** - You can view the current issue of the Journal as well as the previous issues.



# OFFICERS & BOARD

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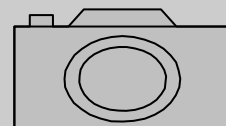
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## VP's Views

submitted by Virginia Berney, CCAM/CPAM



The meeting in Duluth was great and we got great reviews from all that came.

A special thank you to our vendors for the Golf. A good time was had by all. The weather even cooperated, at least for the first 9.

The chill set in after, you know me I am a freeze baby.

The speakers were informative and we received

good information to bring back to our employers.

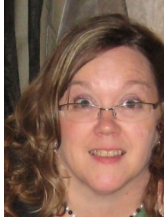
The Annual National Institute was in Chicago in October. There were quite a few of us that took the Amtrak and headed to the windy city. The program was great. It is an experience you never forget.

Our Annual Year End Meeting will be in St. Cloud at the Kelly Inn which is a favorite location for all. The hotel rate

is great & the dates are November 5-7, so mark it on your calendar.

We have some great speakers lined up and a Murder Mystery for Thursday night banquet/awards dinner. Election results will be announced.

To all our vendors, a special thank you for your support. They give not only financial support but their time serving on committees and the board.

**A Local View of Patient Friendly Statements**

Submitted with permission given by Rick Rogers as published by Philip Rohs, Apex Print Technologies

Modern healthcare is requiring patients to become more engaged than ever before. Patients are being bombarded with choices and information about their care, insurance policies, and out of the pocket expenses. One of today's primary challenges is deciding what information will be constructive for patients to understand and use when making choices about the services they receive. Striking a balance between informed and overwhelmed is a common challenge both doctors and financial departments face when communicating with patients.

My daily challenge is to strike this balance when designing a self pay statement. The HFMA Patient Friendly Initiative, published in the summer of 2006, is a great reference to find new regulations and initial steps you can take. What isn't clear in this initiative is how to implement the outlined changes specific to your self pay patient statements.

Looking up the topic of Patient Friendly Initiative on the HFMA website, you are given the instructions to be clear, concise, correct and patient friendly. The information is not elaborate or explained and leaves many people confused. What the document is lacking is HOW to be clear, concise, correct and patient friendly.

After working with a wide variety of facilities across the Midwest here are some of the foundational ideas that have surfaced.

**Clear: BE BOLD!**

To be clear to patients the first thing you need to do is brand your statement. When people are sick they often go to many facilities and specialists. When they get your bill they need to know where it's from. Make sure your logo is on your statement in its actual form with the colors you use. Also make sure that your brand is found on both the tear off stub as well as the informational section patients keep for their records. It is important that they remember where their bill was from.

Another way to be clear is to highlight and enlarge font sizes of the most important informational points on the statement. The most important areas in my opinion are the amount due and the account or guarantor number. Patients are first and foremost interested in how much they owe, bold and increase the size of this section to make it effortless to find.

To facilitate smoother phone conversations, highlight the account number. By doing this you can ask the easy question of "Please tell me your account number, it is in the yellow highlighted box." This will eliminate the awkward game of trying to find the account number buried amongst many other data fields on the statement.

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## Administration

submitted by Judy Gordon

## Uniformity

## Committee

### Frequently Asked Questions (FAQs)

**What does the 62J.536 law do?** This law simplifies, standardizes and automates the processes for: 1. Checking a patient's eligibility and reporting back eligibility status 2. Submitting and adjudicating claims; and 3. Producing and receiving a remittance advice (RA) These transactions must be electronically transmitted between providers and payers by 2009, using a single, uniform, standard data content and format. Learn more about [how the law impacts you](#)

#### **When do these changes take effect?**

This law takes effect in three phases in 2009:

1. Eligibility (implementation deadline 1/15/09)
2. Claims (implementation deadline 7/15/09)
3. Payment and remittance advice (implementation deadline 12/15/09)

#### **3. Why was this law enacted?**

Paper and nonstandard electronic health care transactions are expensive and inefficient for providers, payers, consumers, and government alike. This law is intended to improve efficiency, and applies to all providers and payers to get the most benefit from electronic, standard exchanges. Electronic data interchange can also speed up reimbursement time and enhance the accuracy of a claim before it is submitted for adjudication.

#### **4. Who must follow the law?**

With some limited exceptions below, this law applies to all health care providers in Minnesota who provide services for a fee, and all group purchasers (insurance companies, health plans, and other payers) licensed or doing business in Minnesota.

#### **5. Are there any exceptions to the law's requirements?**

There are only two exceptions, as follows:

1. State laws do not apply to Medicare or other federal programs, so the requirements do not apply in these cases.
  2. A one-year exception has also been authorized, and granted to all non-HIPAA covered entities (workers' compensation, auto, and property/casualty carriers) and only for the eligibility inquiry and response transaction. The exception also applies to providers in those situations where they cannot exchange the eligibility inquiry and response transaction because the responder is an exempt non-HIPAA covered group purchaser. This exception was authorized only because the ANSI ASC X12 270/271 Eligibility Inquiry and Response lacks certain data fields required by these carriers to conduct business.
6. **Can small providers such as those without computers or with few transactions** receive an exception or be allowed to delay implementation?  
No. The only exceptions to the requirements in Minnesota Statutes, section 62J.536 are those noted above. Minnesota Statutes, section 62J.536 and related rules apply to all health care providers, as well as all group purchasers (payers) as described above.

The Minnesota Uniform Companion Guide rules are being promulgated one year before they take effect to allow providers and payers time to make changes that best meet their business needs.

#### **7. What are the options for providers?**

Health care providers will have options for becoming compliant with the rule. Consider your options for how you will verify eligibility, submit claims and receive your remittance advice (RA) electronically. Options include a practice management system, billing service, clearinghouse or web-based portals offered by some payers.

#### **8. Is Minnesota the first state to do this?**

Utah also uses one set of billing standards. However, Minnesota is the first state to require that all providers and health care purchasers exchange transactions electronically, using a single standard data content and format.

#### **9. What is the difference between the MN Uniform Companion Guides and the AUC Best Practices documents?**

The MN Uniform Companion Guides are intended to serve as companion documents to the corresponding HIPAA Implementation Guides. The MN Uniform Companion Guides which reflect the new uniform billing and coding standards for all licensed MN group purchasers and MN health care providers are required by Minnesota law.

Best Practices documents are intended to reduce variation and encourage further industry administrative simplification. Best Practices documents are not under the force of Minnesota law, but may be proposed to be included in future revisions of the MN Uniform Companion Guides.

#### **10. Do the requirements of Minnesota Statutes, section 62J.536 apply to Medicaid subrogation or other payer to payer exchanges?**

The requirements for standard, electronic exchanges of health care administrative transactions in Minnesota Statutes, section 62J.536 apply only to HIPAA-covered transactions. HIPAA does not include Medicaid subrogation, and the Uniform Minnesota Companion Guides do not apply to Medicaid subrogation or other payer to payer exchanges.

### **Technical Questions**

**What is the definition of health care provider referenced in the statute?** Under Minnesota law (Minnesota Statutes, section 62J.03 and Minnesota Statutes, section 62J.536), a health care provider is "a person or organization ... that provides health care or medical care services within Minnesota for a fee and is eligible for reimbursement under the medical assistance program" It includes doctors, dentists, pharmacists, chiropractors, hospitals, personal care attendants, waived services providers and others. A "health care provider" also includes licensed nursing homes, licensed boarding care homes, and licensed home care providers.

**What is the definition of group purchaser?** Minnesota Statutes, section 62J.03 defines "group purchaser" as a person or organization that purchases health care services on behalf of a group of people regardless of whether the cost of coverage or services is paid for by the purchaser or by the persons receiving coverage or services. This includes the Minnesota Department of Human Services which administers Medical Assistance, MinnesotaCare, and other programs, health insurers and health plans, as well as non-HIPAA covered entities such as workers' compensation, auto, and property and casualty carriers, and others.



Putting Seminar Knowledge to the Test: Text Messaging

By Roberta Collins, CCAT/CPC

Franny Knight spoke at our July Bi-State meeting on "Generations". Part of her presentation was a short demo on sending text messages. I rolled my eyes, put on my stupid mask, gritted my teeth with anxiety, and finally decided to go for it.

After struggling for what seemed an eternity to type in "I luv u" I entered my 22 year old daughter's number and hit send. Guess what? I had no text messaging on my phone. All of a sudden my age hit me. I had turned into my technologically inept mother. Now I had to learn more.

I searched "text messaging" and got 430,000,000 results. Yes, that's 430

million.

The first text message was sent in 1989 on a simple Motorola beeper from New York City to Melbourne Beach, Florida using upside down numbers that could be read as words and sounds.

Text messaging was initially designed for the deaf and hard of hearing.

The use of text messaging for business purposes has grown significantly during the mid '00's. As companies seek competitive advantages, many employees turn to new technology, collaborative applications, and

real-time messaging.

The American College of Emergency Physicians warns that being distracted by text messaging at inappropriate times — such as when crossing streets — can result in serious injury or death.

There is a service available that will text you to remind you to check your blood sugar.

I have used texting a few times with staff and it has worked well. My daughter now said I'm the cool mom. And I have a brand new Blackberry and Jawbone. Technology; it's amazing.



Future Meeting Dates

November 5-7, 2008

Best Western Kelly Inn, St. Cloud, Mn

March 12 -13, 2009

Ramada Grand Rios, Brooklyn Park, MN

July 22—24, 2009

Ramada Eau Claire, Eau Claire, WI

November 11 -13, 2009

Best Western Kelly Inn, St. Cloud, MN





## Community Service submitted by Sharon Scofield. CPAM



The organization that we will be working with for the November 2008 Gopher AAHAM Meeting in St. Cloud will be Toys for Tots. Catholic Charities Emergency Services, with the support of the US Marine Corps League, sponsors the St. Cloud Area Toys for Tots program

for children from families in need. The primary goal of Toys for Tots is to deliver, through a shiny new toy at Christmas, a message of hope to needy youngsters that will motivate them to grow into responsible, productive, patriotic citizens and community

leaders. In the past toys have been distributed to approximately 2,000 children locally. In addition to new toys, parents may also select hats, mittens, stocking stuffers, books and school supplies for their children and teens.

## E-Statements and E-payments, can they reduce your A/R?

Submitted with permission given by Rick Rogers, published by Philip Rohs-Apex Print Technologies

**“From a provider standpoint, the advantages of e-statements are not as predictable.”**

Over the past few months, you have probably noticed an offer in a monthly bill to stop receiving a paper statement and start paying your bill faster and easier online. What a deal. You don't have to have your mail cluttered, not to mention pay postage, and the receiving organization doesn't have to wait for payment and pay for the printing and mailing of your statement. With what seems like such clear benefits for both customers and service providers why are most healthcare organizations not offering an online bill payment and presentation option? The answer to this question lies in the fact that the benefits, costs, adoption rates, marketing strategies and demographics do not parallel most businesses that are luring their clients to pay online.

The benefits of electronic delivery and payment are

most transparent when looking at it from a patient perspective. As a patient you are allowed to instantly view, pay, and manage your past and present bills via the web. Patients are engaged with the billing process and are spared the inconveniences of paper statements.

From a provider standpoint, the advantages of e-statements are not as predictable.

If properly introduced to your patients, e-statements can engage patients, control postage and printing costs as well as speed cash flow. Engaging patients online fosters an on going relationship with your organization that also can reduce call center volume by providing easy access to answers via the web. Long term costs are controlled and reduced by eliminating as much printing and mailing as possi-

ble. E-statements are approximately half the cost of printed and mailed statement and generally don't have multiple page costs. Cash flow is sped up in a variety of ways. The reduction of time statements and checks spend in the mail system is the primary way. Other ways include faster processing times of payments and increased methods of taking payments via the web.

The key to harnessing the benefits discussed is linked to adoption rates and expectations. Unlike a cell phone or utility company, most healthcare provider's primary patient base is mature. The first step in evaluating e-statements is understanding the type of patients that could utilize the service. Because of varying demographics from community to community it is hard to look at a clinic in Madison and say it will

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**Condensed Board Meeting Minutes** submitted by Rolene Lampi, Sec.

**Call to order:** Roberta Collins, President, called the meeting to order at 2:08 pm. Announcement: Dave Cartier has resigned as a member of Board. The President appoints someone for remainder of term (through 2009). Brian Osterman will be the replacement.

**Secretaries Report:** Previously sent to members; no additional corrections or additions. Motion to approve by Lois Wakefield, second by Virginia Berney. MPU.

**Treasurer's Report:** Lois reviewed balance sheet. Motion to approve by Virginia Berney, second by Tamora Ellis. MPU.

**President's Report:** Roberta shared National news. Gopher Chapter received 100% on the Operations Report. The ANI is in October in Chicago. Webinars are also available by CD. 2008 CEU's have not been posted yet on the national website. To check the status of CEU's you can send an email to National. Patient Account Management Week is October 13<sup>th</sup> – 18<sup>th</sup>. There are 2,470 national members (80 national members from Gopher Chapter). CMS report came out 2/11/08 on RAC program. AAHAM refutes the success of these findings. Remember to send letters to your legislators.

**Committee Reports**

**Bylaws:** No report.

**Certification:** Rhonda reported - One person signed up for professional exam this fall. Good success rate for passing technical exams. 9 people sitting for August technical exam. One person is sitting for the compliance exam.

**Coaching:** Tamora and Roberta did the coaching session today; one person signed up today and it was a misunderstanding of the content of the session. There was a discussion on the minimal attendance at these coaching sessions. Rhonda will speak about this at the business meeting. We need a minimum of 3 people attending, or it will be cancelled. Roberta will send an email to national to help bolster the certification nationwide. Judy and Sharon have study guides they will share.

**Chapter Excellence:** Sue, Rhonda, Diane and Judy – paperwork is in progress. This is the last year this group will be doing this. A recommendation for a group to take this project on for next year. Rhonda will bring this forward to the group at the business meeting tomorrow for volunteers.

**Corporate Sponsors:** No report. Thanks to all our sponsors for their support.

**Education:** Tamora and Virginia – For the November 5<sup>th</sup> to 7<sup>th</sup> meeting, David Glaser will speak on RAC's and legal ramifications and will have a speaker on compliance. The meeting will be held at the St. Cloud, Kelly Inn. March 12<sup>th</sup> to 13<sup>th</sup>, 2009, meeting will be at the Grand Rios in Maple Grove. WI wants to join us on odd calendar years for a joint meeting. October 14<sup>th</sup> to 16<sup>th</sup>, 2009, ANI is at The Fairmont Scottsdale Princess, AZ.

**Committee Reports**

**Legislative:** Information in the handouts for meeting. AUC website has news and accomplishments. Discussion on scholarship for attending Legislative Day. Send any information regarding scholarship suggestions to Judy Gordon. Judy will present tomorrow during the legislative report.

**Membership:** Tyanne – student membership update will include emails to various schools. She will mention speaking opportunities for classes.

(continued on page 11)

**Business Meeting Minutes (continued from page 10)**

**Publications:** Tamora – Gopher Tracks went out. The journalism application went in. We need articles in the Gopher Tracks.

**Website:** Tamora working on members only log in.

**Scholarship:** Tamora (for Sharon) – Janet collecting points; give them to her tomorrow. Request to give points right after the meeting to Janet. Tamora motioned to have points turned in to chairperson within 30 days of event with the exception of July meeting. Virginia second; MPU.

**Community Service:** Tamora (for Sharon) – We will have a speaker from the Autism Treatment and Resource Center. This is a nonprofit organization dedicated to the needs of children and adults with “Autism Spectrum Disorders and their families, while providing awareness for our communities. A free will offering will be taken for this community service project.

**Welcoming:** Judy and Rick – 64 registered for this meeting.

**New Business:** Discussion on golf outing and decision to keep it the same. Transitional Board Meeting discussion about when to meet. In the past the Transitional Meeting combined with the first Board Meeting of March. Tyanne motioned to have the transitional board meeting to be moved to the Friday afternoon after the November meeting. Rhonda seconded; MPU.

Laptop discussion; Treasurer laptop needs to be upgraded or purchase new laptop. Secretary needs laptop also. Rick will price laptops for us and email Board with quotes. Discussion on suggestions for nomination forms for qualifications for candidates. Sign up sheets will be ready for tomorrow. VP, Treasurer and 4 Board Members are the open positions.

**Old Business:** None.

**Adjourn:** Lois motioned to adjourn, Judy seconded; MPU.

(E-Statements cont'd from page 9)

have similar adoption rates in Monroe. What you can do to gain an idea of what your patient base is up to in relationship to internet activity is research the percentage of broadband users in your service area.

After initial research, the next steps involve your marketing team. The message to patients can include postage savings, convenience, environmental benefits as well as more control and understanding during the billing process. How to get this message out should be done in as many ways as possible. Insert campaigns in papers statements, messages on your website promoting the new service and other traditional advertising methods should be implemented to insure all potential users are informed.

When proposing an e-statement implementation it is important to understand that instant cost savings are not a reality for most healthcare organizations. You cannot force adoption as many other industries can through statement fees and other methods that would help adoption. The adoption rate will most likely be gradual and benefits will be long term. E-statements are first a patient service that separates you

from other facilities and as a secondary benefit a potential cost reducer and controller.

It is not of matter of if e-statements are an option for your organization, but rather when is the best time to implement them. The time and money involved in implementing an e-statement offering is determined by the customization desired and availability of internal resources. Out of the box packages start around \$5000.00 and take around 12 weeks to implement. This base time and price can be expanded quickly as custom components are requested. To ensure a smooth implementation, it is important to have your I.T. resources available. E-statement implementation requires data testing and website syncing that needs attention from your technical staff. The final item to address in implementation is how your electronic payments will be set up with your bank. There needs to be collaboration between your e-statement provider and your financial institution prior to introducing the solution to your patient base. Most facilities want the ability to use their current financial institution for credit card and ACH payments. An ACH payment is the ability for a patient to pay the state-

ment directly from their checking or savings account. Once a payment is made, either online by the patient, or entered online during a phone call from a patient to the CSR in the business office, there needs to be an electronic file created by the e-statement provider that is sent to the bank for processing. With credit card payments, there needs to be an instant acceptance or rejection of the payment. A facility can't spend time contacting patients upon each credit card rejection or miss-keyed account number. This will only add to your administrative load. With ACH, you do not have a choice because the bank clears the transactions at night. Any payments that are rejected are provided back to the facility from the bank in a report, so the business office can contact the patient.

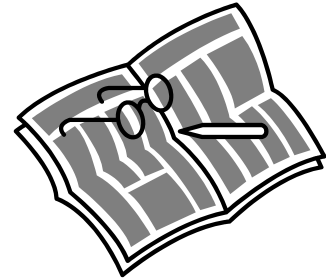
The key thing to remember in e-statements and e-payments is that it should decrease the call volume to the business office and reduce your days outstanding. If these 2 goals can't be met by implementing a vendor's solution, then it will just be another task for the business office to manage with the same personnel.



## **Editors Corner**

The “Gopher Tracks” is taking on a new look. It is our goal to provide our members with important updates along with news-worthy events.

This is your publication and we want your input. What would you like to see published 3 times a year? What information would you like added to the content?



We have the basics but we need your help to put the “Gopher Tracks” over the top. Submit your articles today!

## **Division moves to P.O. boxes for mailed correspondence**

The Minnesota Department of Labor and Industry's Workers' Compensation Division now has post office boxes - and corresponding ZIP codes - for mailed correspondence. Stakeholders should begin using the new address format immediately.

### **Workers' Compensation Divisions**

#### **Claims Services and Investigations**

P.O. Box: 64229  
ZIP code: 55164-0229

#### **Claims Services and Investigations - insurance information requested**

P.O. Box: 64224  
ZIP code: 55164-0224

#### **Copy File Review**

P.O. Box: 64226  
ZIP code: 55164-0226

#### **Vocational Rehabilitation unit**

P.O. Box: 64223  
ZIP code: 55164-0223

#### **Workers' compensation general mail**

P.O. Box: 64221  
ZIP code: 55164-0221

#### **Workers' compensation legal-material mail**

P.O. Box: 64218  
ZIP code: 55164-0218



## Top Ten Ways to Improve Collections submitted by Jodi Nielsen

It's a problem faced by virtually every business – how to deal with customers who pay their bills late, or not at all. While customers expect prompt and professional service, they don't always meet the same standard when it comes paying their bills. Often, accounts become seriously past due, or when payments are made, there are insufficient funds in the customer's account to cover the check. Accounts not paid within terms can severely impact the cash flow of a business. A clearly defined and carefully communicated yet diplomatic payment policy can go a long way to avoiding difficult collections situations.

These 10 simple steps can dramatically improve your results:

1. **Have a Defined Credit Policy** — The first step is to clearly define when accounts are to be paid. If customers are not educated that accounts are to be paid on time, chances are they'll pay late or sometimes not at all. Make sure that your business's terms of payment are clearly stated in writing to each customer.
2. **Invoice Promptly and Send Statements Regularly**—If your business doesn't have a systematic invoicing and billing system, get one. Many times the customer hasn't paid simply because they haven't been billed or reminded to pay in a timely manner. This situation frequently occurs in smaller or newer businesses where there isn't enough staff to handle invoicing and billing.
3. **Use "Address Service Requested"** - One of the most difficult collection problems is tracking down a customer who has "skipped" – or moved without informing your business of the new address. The U.S. Postal Service has a procedure to address this situation. Any statement or correspondence sent from a business should have the words "Address Service Requested" printed or stamped on the envelope, just below your business's return address in the top left corner. If a statement or invoice is sent to a customer who has moved and the words "Address Service Requested" appear on your business's envelope, the Post Office will research this information. If they can locate a change of address for that person, they will send your business Form #3547 with the correct address for a small fee. This also keeps your business's address file up to date.
4. **Contact Overdue Accounts More Frequently**—No law says your business can contact a customer only once a month. The old adage "The squeaky wheel gets the grease" has a great deal of merit when it comes to collecting past due accounts. Contacting late payers every 10-14 days will enable your staff to diplomatically remind the customer of your business's terms of payment.
5. **Use Your Aging Sheet, Not Your Feelings**—Many businesses (or well-meaning people on their staff) have let an account age beyond the point of ever being collected because he or she 'felt' the customer would pay eventually. While there certainly are isolated cases of unusual situations, the truth is that if your business isn't being paid, someone else

probably is. So stick to your business's systematic plan of follow up. Soon it will be apparent who intends to really pay and who doesn't. Appropriate action can and should be taken once you know where your business stands.

6. **Make Sure Your Staff is Trained**—Even “experienced” staff members can sometimes become jaded when dealing with past-due accounts. This usually occurs when the customer has made and broken promises for payment. Make sure the staff is firm yet courteous when dealing with them. Your business's collection staff may benefit from customer service training because, in effect, they must “sell” your customer on the idea that your business expects to be paid. Make sure that your business's collection staff is trained to not only bring the account current, but to also maintain good will.
7. **Admit and Correct Any Mistakes on Your Part**—Sometimes customers don't pay because they think your business has made a billing error, and if that's the case, quickly admit it and correct it. Generally, customers realize that mistakes can happen in business. Unfortunately, some customers believe that “the owner/president doesn't need the money.” Denying an obvious error only feeds the fire of resentment your customer may already feel.
8. **Follow the Collection Laws in Your State**—In many states, businesses are governed by the same collection laws as are collection agencies. For example: Calling to collect on an account at an odd hour or disclosing to a third party that a person owes your business money are just a couple of the collection practices that can cause serious repercussions. Contact your state's department of finance for any clarification on the collection laws.
9. **Use a Third Party Sooner**—If your business has systematically pursued a past due account for 60-90 days from the due date, and it still isn't paid, the customer is sending a message. More than likely, your business's staff has requested payment four to six times in the form of phone calls, letters and statements. The time and financial resources budgeted for internal collection efforts should be focused within the first 90 days when the bulk of accounts can and should be collected. From that point on, a third party can motivate a customer to pay in ways your business cannot, simply because the demand for payment is coming from someone other than your business. Before paying a percentage to a contingency collection agency or using small claims court or an attorney, check into using a flat-fee collection service.
10. **Remember that Nobody Collects Every Account**—Even with a carefully designed and administered collection plan, there are a few accounts that will never be collected. Save your business time and money by identifying these accounts early. At the same time, your business will benefit from improved cash flow from the vast majority of accounts that do pay.

Developing an implementing a sound collections policy is a vital part of running a successful business. Follow these 10 steps, and watch your business thrive while retaining a good professional relationship with your customers.

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### Scholarship Tips

Who wouldn't want a free trip to ANI?

There are so many of our members that do so much for the organization but do not run for the scholarship.

Winning the scholarship award is so re-

warding and such an experience. An all expense paid trip to National AAHAM's ANI for being an active member of the MN Gopher AAHAM while learning so much about what our Mission is. We can all do this.

FYI—We have

changed the points submission timeline to eliminate some of the last minute. Points need to be submitted to Dana within 30 days of the qualifying event with the exception of the July meeting. See page 13 for more information.

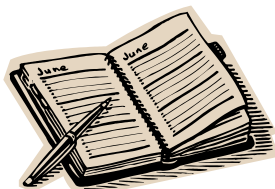


Dana, this years winner, with Chicago's finest.

**Would you like to see your organization highlighted in the next issue of the 'Gopher Tracks'?**

**Contact us to let us know. We will need a photo and an article highlighting your facility or business.**

### Your Article Could be Here Today!!!!



**Your photo could be here!**

That's right! The article that you submit could be right here. But it's not. Why?

We have a lot of talented individuals with a wealth of information to share.

So let's get started on those articles for the next issue now. Why wait until the last minute and miss the opportunity to have yourself heard.





## Certification News

submitted by Ronda Cooling

### Certification News

I would like to thank everyone who recently proctored certification exams and congratulate the following people for achieving their Technical Certifications.

Great Job!

|                     |                                  |
|---------------------|----------------------------------|
| CCT Dana Young      | Advantage Billing Concepts       |
| CCAT Jerilyn Ring   | Array Services Group – Prosource |
| CCAT Barbara Beeman | Austin Medical Center            |

Again, I would like to remind everyone that future registrations need to be sent directly to the National AAHAM office along with your payment. It is important to be aware of the deadlines for submitting your registration. Please find the registration deadlines and other helpful information at [www.aaham.org](http://www.aaham.org).

(Patient Friendly statements—continued from page 5)

### **Concise: State Only What is Needed**

To be concise you have to remember that most patients are not members of a billing department. I often see a tendency to put as much information on a statement as possible to answer any question that could possibly be thought up. Doing this can be counterproductive. By adding something that only applies to the minority you can confuse the majority of your patients causing an increase in phone calls. Include information that applies to the majority of the patients and allow the rare questions to call in and speak with a representative.

### **Correct: Proof, proof and proof**

When re-designing your statement be sure to go through an intensive proofing phase. What can be forgotten is that your system's data may have a variable that only prints on a monthly or weekly basis. Test your updated statement format over a month's worth of statement files at a minimum to ensure all the information is populating the new design correctly.

### **Patient Friendly: Loyal Patients and Improved Processes**

When patients leave your medical facility happy about the services they received you cannot afford to spoil that experience and their loyalty to your organization by frustrating them with the billing process. By using all of the concepts discussed the goal of developing a patient friendly statement can be achieved. Simply put patient friendly means that you are being transparent. What they owe, where it's from, and what they are paying for are easily understood from reading the statement. The benefits I have seen facilities enjoy from going through this process include decreased patient phone calls, increased patient payment, and most importantly improved patient satisfaction in relation to their mailed bill.



**APPLICATION for NATIONAL MEMBERSHIP**

American Association of Healthcare Administrative Management

Tax Id # 23-1899873

**DO NOT USE THIS FORM FOR RENEWING YOUR MEMBERSHIP OR MAKING AN ADDRESS CHANGE.**

Membership is on an individual, not institutional, basis and is non-transferable.

Local dues vary by chapter. National dues are prorated according to date of application.

For dues amounts and your chapter assignment, please call AAHAM's National Office at 703-281-4043 M - F, 9 am - 5 pm, Eastern time

Prorated dues amount for 07/01 to 09/30 - 75% of full amount  
10/01 to 12/31 - 125% of full amount (15 mos of membership)

Please allow 2 - 4 weeks for processing once your application is received at the National Office.

Dues are not tax-deductible as a charitable contribution, but may be deductible as a business expense.

Send TWO COPIES of this application with your payment to:

**Tom Osberg**  
**Colltech Inc.**  
**15600 35th Ave N**  
**Suite 201**  
**Plymouth, MN 55449**

|   |  |                          |                     |
|---|--|--------------------------|---------------------|
| NAME                                    |  | DAY PHONE<br>( ) -       | FAX NUMBER<br>( ) - |
| MAILING ADDRESS                         |  |                          |                     |
| CITY                                    |  | STATE                    | ZIP                 |
| EMPLOYER NAME                           |  | YOUR TITLE               |                     |
| LOCAL CHAPTER NAME                      |  |                          | DATE                |
| IF SPONSORED BY AAHAM MEMBER, GIVE NAME |  |                          | EMAIL ADDRESS       |
| HOME ADDRESS (IF NOT LISTED ABOVE)      |  |                          |                     |
| CITY                                    |  | STATE                    | ZIP                 |
| NATIONAL DUES                           |  | FOR CREDIT CARD PAYMENTS |                     |
| LOCAL DUES                              |  | ACCOUNT NUMBER           |                     |
| TOTAL ENCLOSED                          |  | NAME ON CARD             | EXPIRATION DATE     |
| SIGNATURE                               |  |                          |                     |

**PLEASE SELECT THE APPROPRIATE CODES BELOW AND ENTER THEM IN THESE PROFILE BOXES**

| 02<br>Yrs. in<br>Healthcare     | 04<br>Major | 05<br>Certification          | 06<br>Employer | 07<br>Special<br>Interest | 08<br>Hospital Size | 09<br>Title              | 10<br>Department |
|---------------------------------|-------------|------------------------------|----------------|---------------------------|---------------------|--------------------------|------------------|
| <b>02 - Years in Healthcare</b> |             | 6 CHCS (ACA)                 |                | 5 Rehabilitation          |                     | 9 Controller             |                  |
| 1 0-2 years                     |             | 7 CPA                        |                | 6 Skilled Nursing         |                     | 10 Asst Controller       |                  |
| 2 3-5 years                     |             | 9 Other _____                |                | 7 Teaching                |                     | 11 President             |                  |
| 3 6-10 years                    |             | <b>06 - Employer or Type</b> |                | 8 Other _____             |                     | 12 Acct executive        |                  |
| 4 11-15 years                   |             | 1 Accounting Firm            |                | <b>08 - Hospital Size</b> |                     | 13 Representative        |                  |
| 5 16-20 years                   |             | 2 Agency                     |                | 1 Less than 50 beds       |                     | 14 Coordinator           |                  |
| 6 21-30 years                   |             | 3 Attorney                   |                | 2 50 - 74                 |                     | 14 Other _____           |                  |
| 7 31-40 years                   |             | 4 Clinic                     |                | 3 75 - 99                 |                     | <b>10 - Department</b>   |                  |
| 8 41+ years                     |             | 5 Physician                  |                | 4 100 - 149               |                     | 1 Pt. Admin Services     |                  |
| <b>04 - Major</b>               |             | 6 Emergency Tx Center        |                | 5 150 - 199               |                     | 2 Pt. Financial Services |                  |
| 1 Accounting                    |             | 7 Government                 |                | 6 200 - 299               |                     | 3 Patient Accounts       |                  |
| 2 Business Administration       |             | 8 Hospital                   |                | 7 300 - 399               |                     | 4 Admin Services         |                  |
| 3 Finance                       |             | 9 Home Care                  |                | 8 400 +                   |                     | 5 Financial Services     |                  |
| 4 Health Administration         |             | 10 Ins. Representative       |                | <b>09 - Title</b>         |                     | 6 Accounting             |                  |
| 5 Management                    |             | 11 3rd Party Payor           |                | 1 Administrator           |                     | 7 Business Office        |                  |
| 6 Other                         |             | 12 Vendor/Supplier           |                | 2 Director                |                     | 8 Billing Service        |                  |
| <b>05 - Certification</b>       |             | 13 Other _____               |                | 3 Manager                 |                     | 9 Collections            |                  |
| 1 CPAT                          |             | <b>07 - Special Interest</b> |                | 4 Supervisor              |                     | 10 Credit                |                  |
| 2 CAT                           |             | 1 Alcohol/Drugs              |                | 5 Ass't Director          |                     | 11 Admissions            |                  |
| 3 CHAM (NAHAM)                  |             | 2 Children                   |                | 6 Ass't Manager           |                     | 12 Marketing             |                  |
| 4 CHFP (HFMA)                   |             | 3 Hospice                    |                | 7 Vice President          |                     | 13 Sales                 |                  |
| 5 FHFMA (HFMA)                  |             | 4 Psychiatric                |                | 8 Consultant              |                     | 14 Operations            |                  |
|                                 |             |                              |                |                           |                     | 15 Other _____           |                  |



# A Glance at the Past







The Past Revisited—can you identify them?





While in Chicago for the ANI, we were approached by several people requesting donations to their cause. We bought a book of poems from a man outside the hotel for \$3 and we thought we would share one with you.



Great  
Expectations  
of the Human Race.  
We have done so much  
for so long with so little.  
We are now qualified  
to achieve the impossible  
With absolutely  
Nothing.

*Marcus L. Greene*  
Marcus L. Greene

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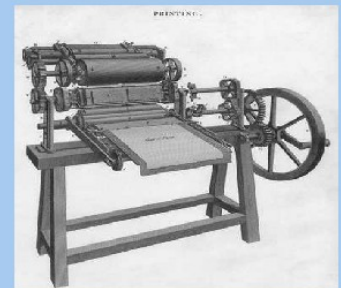
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Advertisers will receive a 25% discount for a 1 year commitment. To receive the discount, advertisers must pay in advance in full. All ads must be camera ready.

In addition, AAHAM members can advertise positions available, free of charge. There is a \$25.00 charge for non-member position available advertising. If you would like more information or would like to advertise, please contact Tamora or Roberta at:

[contactus@mnaaham.com](mailto:contactus@mnaaham.com)

Thank you!



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Our Mission is to be the premier professional organization in healthcare administrative services. Through a national organization and local chapters, we provide quality member services and leadership in the areas of education, communication, representation, professional standards, and certification



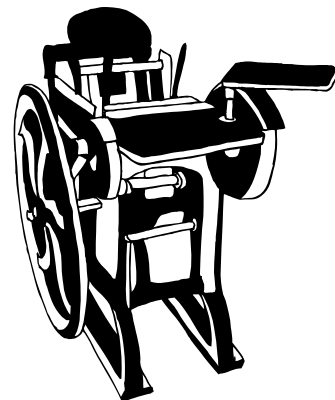
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    Dana Young

Deadline for next issue is January 15, 2009  
Send articles to [tamora@advantagebilling.net](mailto:tamora@advantagebilling.net)





POST IT NOTES

Remember if running for the scholarship to ANI, you need to turn in points within 30 days of the event.

For those that are running but have not turned in points yet, we will accept any points after the July meeting that qualify. Any points from a qualifying event after this publication will need to be submitted within 30 days of the event to :  
dyoung@advantagebilling.net

Do you have a change that we should know about?  
Have you moved, changed jobs, or other life changing event that you would like to pass on?  
Do you have someone you would like to congratulate?  
It should be here!

Congratulations to Dana Young, our newest CCT.

Dana, hats off to you!!

From Roberta & Tamora

# MISC Tidbits



*Maximizing Revenue with Compassion and Care*

## Did you know???

- We're owned and controlled by a charitable trust. Our charitable mission ensures your patients will be treated with dignity and respect.
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- Our customers describe us as "...prompt," "...dependable," "...flexible," and "...thorough."

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