

FTC Will Grant Six-Month Delay of Enforcement of 'Red Flags' Rule Requiring Creditors and Financial Institutions to Have Identity Theft Prevention Programs

SPRING 2009 ISSUE



The Federal Trade Commission will suspend enforcement of the new "Red Flags Rule" until May 1, 2009, to give creditors and financial institutions additional time in which to develop and implement written identity theft prevention programs. Today's announcement and the release of an [Enforcement Policy Statement](#) do not affect other federal agencies' enforcement of the original November 1, 2008 deadline for institutions subject to their oversight to be in compliance.

The Red Flags Rule was developed pursuant to the Fair and Accurate Credit Transactions (FACT) Act of 2003. Under the Rule, financial institutions and creditors with covered accounts must have identity theft prevention programs to identify, detect, and respond to patterns, practices, or specific activities that could indicate identity theft.

The Rule applies to creditors and financial institutions. Federal law defines a creditor to be: any entity that regularly extends, renews, or continues credit; any entity that regularly arranges for the extension, renewal, or continuation of credit; or any assignee of an original creditor who is involved in the decision to extend, renew, or continue credit. Accepting credit cards as a form of payment does not, in and of itself, make an entity a creditor. Some examples

of creditors are finance companies, automobile dealers, mortgage brokers, utility companies, telecommunications companies, and non-profit and government entities that defer payment for goods or services. Financial institutions include entities that offer accounts that enable consumers to write checks or to make payments to third parties through other means, such as other negotiable instruments or telephone transfers.

The Commission staff launched outreach efforts last year to explain the Rule to the many different types of entities that are covered by the Rule. The agency published a general alert on what the Rule requires, and, in particular, an explanation of what types of entities are covered by the Rule – <http://www.ftc.gov/bcp/edu/pubs/business/alerts/alt050.shtm>. During the course of these efforts, Commission staff learned that some industries and entities within the FTC's jurisdiction were uncertain about their coverage under the Rule. These entities indicated that they were not aware that they were engaged in activities that would cause them to fall under the FACT Act's definition of creditor or financial institution. Many entities also noted that, because they generally are not required to comply with FTC rules in other contexts, they had not followed or even been aware of the rulemaking, and therefore learned of the Rule's requirements too late to be able to come into compliance by November 1, 2008. The Commission's delay of enforcement will enable these entities sufficient time to establish and

implement appropriate identity theft prevention programs, in compliance with the Rule.

To meet the requirements of the Rules, a health care provider covered by the Rules is required to implement an Identity Theft Prevention Program that accomplishes the following:

- **Identifies** patterns, practices or specific activities that could indicate an account holder has been the victim of or is engaged in identity theft and incorporate those "red flags" into the Program;
- **Detects** red flags that have been incorporated into the Program;
- **Responds** appropriately to any red flags that are detected to prevent and mitigate identity theft; and
- **Ensures** that the Program is updated periodically to reflect changes in risks from identity theft.

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Avoid these top 5 resume mistakes

Over the years as a recruiter and career coach, I've seen the consequences of poorly written resumes, resulting in the frustration of a long and fruitless job search. Most resume problems can be traced to these top five resume mistakes.

#1 No resume focus.

The most effective resumes leave no doubt as to the job seeker's career objective. A one-size-fits-all resume gives the impression that the job seeker is uncertain of his career goal. An employer once told me that if a candidate is interested in two completely different positions, he must not be very good at either. If you have more than one career objective, you need more than one resume.

#2 Lack of marketing strategy.

Job seekers rarely see their search for what it is—a sales campaign. Think of your resume as marketing material designed to create a powerful first impression and win a multitude of job interviews. Translate your career history into an effective marketing piece by selling toward the reader's buying motives: solving problems, saving time, cutting costs or increasing profits.



#3 No accomplishment statements.

95% of all resumes lack accomplishment statements. Accomplishment allow employers to visualize your contribution to their company. Quantifiable accomplishments motivate employers to call you before their competition discovers you. These statements can dollarize your worth and increase your bargaining power.

#4 Lack of resume keywords.

These days, resumes are screened by both humans and computers. A resume lacking in keywords runs the risk of being read by neither. An average screening of a resume is 15 seconds or less, so more attention is paid to resumes using the same words found in the job description. Candidate-tracking software retrieves resumes by keywords. A keyword-focused resume will put you front and center.

#5 Incorrect resume format.

Basically, there are three resume formats: chronological, functional and hybrid.

Chronological: The chronological is best known and easiest to write, a time line style resume. This format works well if your objective is to remain in the same industry or occupation.

Functional: The functional resume places transferable skills and accomplishments at the beginning of your resume. However, a poorly crafted functional resume can be confusing, causing the reader to believe the candidate has something to hide.

Hybrid: The hybrid resume combines the best features of other resumes. It showcases skills and accomplishments while maintaining ease of reading. This is the best format for job seekers of all level. The Hybrid resume is well worth the additional time and effort to craft.

Once your resume is designed to avoid the top five resume mistakes, you will be well on your way to winning interviews and reaching your career objective.

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Deborah Walker, CCMC is a career coach helping job seekers compete in the toughest job markets. Her clients gain top performing skills in resume writing, interview preparation and salary negotiation. Learn more career tips at:

<http://www.AlphaAdvantage.com>

**President's Report**

submitted by **Roberta Collins CCAT/CPC**

Hello all from chilly Northern Minnesota. I say that after attending the National AAHAM board meeting in balmy Scottsdale, AZ at the Fairmont Princess Resort. This is the location for the 2009 ANI October 14-16 and you won't want to miss it. The facility is incredible and plans for outstanding meetings are well on their way.

Each chapter president is on a national committee and I represent all of you on the Legislative Committee. Our task at the board meeting was preparing our topic for the upcoming 2009 Legislative Days in Washington, DC. The exciting event is scheduled for April 15<sup>th</sup> and 16<sup>th</sup>. All attending will meet with their Senators about reducing the

administrative costs of healthcare.

At our November Gopher Chapter board meeting we decided to establish a scholarship for a member to attend the 2009 Legislative Days. What an opportunity and example of your chapter giving back to you. I am pleased to say we had a number of entrants answering three questions about this opportunity. A panel of three judges reviewed the de-identified responses. And the winner is.....Tamora Ellis!

Congratulations!

I am pleased to be able to tell you all, that despite tough economic times, both our Chapter and National AAHAM are on solid footing. It is vital that we continue attending and

participating in our organization to stay on top of issues and serve our own facilities with the knowledge we gain.

Our next Gopher Chapter meeting is March 12<sup>th</sup> – 13<sup>th</sup> at the Grand Rios in Brooklyn Park. The meeting brings back our popular annual Third Party Payer seminar. I look forward to seeing you all there.

Roberta Collins  
Gopher Chapter President



**'...I am pleased to be able to tell you all, that despite tough economic times, both our Chapter and National AAHAM are on solid footing.**

**Keeping Up With Medicare**

Medicare Contractor Provider Satisfaction Survey (MCPSS) comments indicate that many providers' staff members are unaware of timely Medicare information such as workshops, seminars, coverage updates and more. Noridian Administrative Services, LLC (NAS) wants to correct this problem. NAS offers a free, no-hassle method of providing Medicare communications in the form of an email subscription service commonly referred to as a listserv.

Upon enrollment, NAS will send email notifications twice a week to inform subscribers of training opportunities, claims procedure and policy updates, new CMS information, open door calls with the NAS contractor medical director and staff, and any other issues requiring provider attention. NAS encourages you to sign up for this service and to distribute this information to staff members who have a need for the most current Medicare information on a timely basis.

The email subscriptions can be individually customized to highlight the subscriber's personal area of interest. See page 13 for a brochure that explains the subscription process. There is no limit to the number of subscriptions per provider.

Karen Newton—Education Representative, Medicare Part A

# Officers & Board Members

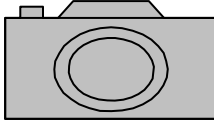
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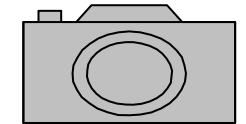
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**VP's Views****submitted by Virginia Berney, CCAM/CPAM**

We hope the New Year is a good one and your holidays were joyous.

2008 will go down in history with the first African American elected as our President and Minnesota having the closest senatorial race ever.



Congratulations to our new officers and board members and a big thank you to our retiring board. We want to thank our Corporate Sponsors for

their support in 2008 and their continued support in 2009!

The year end meeting was great and those who attended seemed to enjoy. Thank you all who contributed and made it happen.

The March meeting will be at the Ramada Grand Rios in Brooklyn Park where we will welcome our Payer Panel who will be there to let us know what changes are happening in 2009. This year we will be testing another meeting

format and assigning times for each panel member. This will allow flexibility for those that have to meet travel schedules. Let's hope March will bring better weather and our meeting is well attended.

We will see you in March.

**Three Cups of Tea One Man's Mission to Promote Peace****....One School at a Time**

By Greg Mortenson and David Oliver Relin, submitted by Pam Brindley

One of the advantages of road time is listening to books. A good friend in North Platte suggested that I listen to a book called Three Cups of Tea, the story of Greg Mortenson's mission to fight terrorism... one school at a time. Greg Mortenson is the director of the Central Asia Institute. A former mountaineer and military veteran, he spends several months each year building schools in Pakistan and Afghanistan. He was coming down from a climb in the Himalaya's and had lost his way and was starving and half frozen, when the people of an impoverished village in Pakistan's Karakoram nursed him to health. He was just a broke mountain climber but made a promise to come back and build them a school. He has now built 55 schools.

In the Karakoram they taught him this; The first cup of tea you share is with a stranger. The second cup of tea you share is with an honored guest. The third cup of tea you share is with family. Mortenson said they taught him that building relationships is as important as building projects.

This book was so engrossing I missed a couple of exits while listening.

## Administration Uniformity Committee

submitted by Judy Gordon, CPAM/CHC

**Mission:** To develop agreement among Minnesota payers and providers on standardized administrative processes when implementation of the processes will reduce administrative costs.

### Initiative named E3

Streamlining health care transactions in Minnesota. eligibility - claims - remittance

Watch for the E3 name and logo to point you to information you need to know regarding the requirements to standardize health care transactions in Minnesota. While the AUC continues to lead the effort, the new E3 label will help distinguish AUC's work on the state law requiring the rapid implementation of standard, electronic exchange of common health care business transactions. The "E" is for electronic, and the "3" represents the three transactions: eligibility, claims, and remittance advice. You'll find the new name and logo on handouts, mailings, the website and other updates in the future.

### Minnesota's E3 Initiative (2007 Minnesota Statutes 62J.536)

#### 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)



Learn more about the Implementation Schedule and how this law impacts you at [www.health.state.mn.us/auc/](http://www.health.state.mn.us/auc/)

#### General Questions

**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.

1. **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.
2. **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.
3. **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.
4. **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.

5. **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.
6. **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.
7. **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.
8. **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.
9. **I am a health care provider. The law (MN Statutes 62J.536) requires “electronic” eligibility checks after January 15, 2009. Will I still be able to check patient eligibility for insurance and benefits over the phone after January 15, 2009?** Please note all parts of the answer. 1. The law does not require you to check patient eligibility and benefits, although providers often choose to as a matter of practice to ensure payment. 2. If you verify patient insurance and benefits, do your initial check electronically and according to the requirements in law. The only exception to the law is for payers not covered by federal HIPAA transactions regulations – workers compensation, auto, and property-casualty carriers. Providers are not required by state law to exchange electronic eligibility verification with these payers not covered by HIPAA. 3. The easiest way to check eligibility electronically in compliance with the law may be to use websites available from health plans and other payers for this purpose, as many providers now already do. If the initial electronic exchange does not provide all the information needed, you can seek additional information by any other means provided by your payer (including by phone if that option is available through your payer). 4. We understand that there will be a transition occurring on January 15, and that some time may be needed to become fully familiar with the use of electronic eligibility checking. We encourage everyone during this transition to become more familiar with the electronic process, and for providers and payers to share information and tips to make the transition as easy as possible.

#### Technical Questions

1. **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.
2. **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.

[Minnesota Statutes, section 62J.536](#)

**Two TRICARE Provider E-Seminars Updated**

TriWest Healthcare Alliance has recently updated the Medical/Surgical Provider E-Seminar and Behavioral Health E-Seminar. Developed with busy providers and their staff in mind, these E-Seminars contain the same content as our live Fall 2008 provider seminars.

TRICARE Provider E-Seminars allow you and your staff to learn about TRICARE and TriWest in the comfort of your own office, home or any location with Internet access. In addition, the E-Seminars are a good way to educate new staff about TRICARE and for experienced staff to get a refresher between live provider seminars in their area.

The Medical/Surgical presentation is 67 minutes long, and the Behavioral Health session is 64 minutes long. If you can't complete the E-Seminar in one setting, you can pause it and finish it later.

You will need headphones or speakers to take an E-Seminar. Viewing the entire

E-Seminar is necessary to receive credit for taking the training. It is important to complete the online form at the end of the E-Seminar. You also will need your Tax Identification Number(s) (TIN) to complete the online form.

The Medical/Surgical and Behavioral Health E-Seminars cover the following topics:

- TRICARE Overview
- TRICARE Programs and Benefits
- Clinical Programs
- Referrals and Authorizations
- Consult and Treatment Reports
- Claims and Reimbursement
- Electronic Data Interchange (EDI)
- Provider Resources

You may begin a seminar immediately as no pre-registration is required and there is no waiting.

Just click on the "Begin the Seminar" button below where you can choose the E-Seminar you would like to take. At the completion of the seminar, take the time to follow additional instructions to receive credit for taking the course.

If you have any questions about E-Seminar content, you may e-mail us at [providerservices@trivest.com](mailto:providerservices@trivest.com).

If you have technical difficulties with accessing the E-Seminars, you may e-mail us at [pseminar@trivest.com](mailto:pseminar@trivest.com).

Submitted per request of  
Tiffany Anderson  
Sr. Communications Specialist  
[TriWest Healthcare Alliance](#)

***Future Meeting Dates***

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

Project P.E.A.C.E., is a domestic violence intervention program that serves women and men in Maple Grove, Robbinsdale, Brooklyn Center, and Crystal. It got started in 1992 and was incorporated as a 501(c)3 non-profit organization in 1998. Project P.E.A.C.E. provides services to victims and individuals including but not limited to the following areas: assisting victims file Orders for Protection and Harassment/Restraining Orders, service referrals to other domestic violence programs for support groups,

legal aid, shelter, etc, criminal/civil court advocacy, and community outreach and prevention education. Project P.E.A.C.E. has two full-time and one part-time staff, all working collaboratively to coordinate the needs of individuals involved in domestic violence within the four mentioned cities.

Visit [www.projectpeace.org](http://www.projectpeace.org) for more information.



## Decline in Uninsured - from a US CENSUS BUREAU report released August 2008

### Health Insurance Coverage

#### Overview

The number of uninsured children declined from 8.7 million (11.7 percent) in 2006 to 8.1 million (11.0 percent) in 2007.

#### **Race/Hispanic Origin (Race data refer to those reporting a single race only. Hispanics can be of any race.)**

Both the number and percentage of uninsured for non-Hispanic whites decreased in 2007, to 10.4 percent and 20.5 million, respectively. For blacks, the number of uninsured remained statistically unchanged from 2006, at 7.4 million, while the percentage declined from 20.5 percent in 2006 to 19.5 percent in 2007. The uninsured rate for Asians rose from 15.5 percent in 2006 to 16.8 percent in 2007.

The number and percentage of uninsured Hispanics decreased from 15.3 million and 34.1 percent in 2006 to 14.8 million and 32.1 percent in 2007.

#### Regions and States

At 11.4 percent each, the Northeast and the Midwest had lower uninsured rates in 2007 than the West (16.9 percent) and the South (18.4 percent). The rates declined from 2006 in every region except for the Midwest, where the change was not statistically significant.

Rates for 2005-2007 using a three-year average show that Texas (24.4 percent) had the highest percentage of uninsured. No one state had the "lowest" uninsured rate. At 8.3 percent, Massachusetts and Hawaii had the lowest point estimates for uninsured rates, but they were not statistically different from Minnesota (8.5 percent), Wisconsin (8.8 percent) and Iowa (9.4 percent). In addition, Hawaii was not statistically different from Maine (9.5 percent)

Comparing a pair of two-year average uninsured rates (2004-2005 versus 2006-2007), five states and the District of Columbia saw a decline, while 10 states experienced an increase.

For the complete report visit: [http://www.census.gov/Press-Release/www/releases/archives/income\\_wealth/012528.html](http://www.census.gov/Press-Release/www/releases/archives/income_wealth/012528.html)

**Condensed Board Meeting Minutes submitted by Rolene Lampi, Sec.****AAHAM Gopher Chapter Board Meeting****November 5, 2008—Best Western Kelly Inn, St. Cloud, MN**

Roberta Collins, President, called the meeting to order at 4:12 pm. Introductions were done.

**Secretaries Report:** No additions or corrections. Motion by Lois Wakefield; Second by Virginia Berney. MPU.

**Financials and Treasurer's Report:** Profit & Loss Statement reflected profit distribution to WI AAHAM \$389.90 and MN AAHAM \$1,973.16. Budget reviewed by committee. Motion by Rick Rogers, Second Judy Gordon. MPU.

**President's Report:** Roberta brought information back from the National meeting. The Gopher Chapter won 4<sup>th</sup> place in Chapter Excellence. National has a campaign going for AAHAM membership with a football logo. Membership applications and payment must be received within November 1, 2008 to January 31, 2009. We are reminded to promote certification at the chapter level.

**Committee Reports:**

*By laws:* Pam Wilbur; no update.

*Certification:* Rhonda reported about 15 people are sitting for the technical exam in November. She encouraged the professional exam. We had one person sitting for compliance and she passed.

*Coaching:* Judy Gordon, Roberta Collins and Tamora Ellis did the coaching session.

There was discussion on grading the professional exam taken on line.

*Chapter Excellence:* We placed 4<sup>th</sup> in the national competition. We need a team to take over this endeavor. There is a list in the previous Gopher Tracks of what would help gain points. The work group is Eileen Froehlich, Marie Murphy, Erika Running, Brenda Moos, along with guidance from past chapter excellence mentors Sue, Diane Ronda & Judy. There was a power point presentation by Eileen on how to gain points. Discussion on having a booth at MGMA or AHIMA vendor show at either ANI or state meetings

*Corporate Sponsors:* Pam Wilbur reported there is one Platinum Sponsor, 2 Gold Sponsors, 2 Silver Sponsors, and 10 Bronze Sponsors for this meeting. Array Services Group is a new bronze sponsor. Discussion on possible change to sponsorship levels. Eileen Froehlich made a motion to keep it the same, Tom Osberg second. MPU.

National dues will be raised 1/1/09 and local dues increase 1/1/09.

*Education:* Virginia and Tamora are starting to set up the meeting for July 22<sup>nd</sup>-24<sup>th</sup> in Eau Claire, WI. The WI Chapter is working with MN on the program. The March 12-13<sup>th</sup> meeting is the annual payor panel presentation. It will be held at the Ramada Grand Rios in Brooklyn Park for \$79 a night. The November fall meeting will be at the Kelly Inn in St. Cloud.

*Election/Nominations:* Announcement tomorrow night at the award ceremony.

*Awards:* Will be presented tomorrow night during the award ceremony.

*HECAPP/Uniformity:* No update.

*Legislative:* FAQ's for AUC can be found in the Gopher Tracks. Suggestions for scholarships did not receive any response. There was discussion on a scholarship for Legislative Days in April. We need a back up attendee for AUC TAG meetings to attend or listen to the meeting. Tamora volunteered to be the back up.

*Membership:* Membership information was sent to 10 schools. Jody Heard gave information about benefits of AAHAM and we can use the material.

*Publications:* Fall Gopher Tracks available on website.

*Website:* A member only link will be available with one log in and one password that are given to members. Requests to post jobs on our website. Discussion to continue at Friday's Transitional Board Meeting.

*Scholarship:* Roberta reported that the scholarship recipient had a good time at ANI. Points must be turned in within 30 days of the event with exception of summer meeting. This will be announced at the Business Meeting.

(continued on page 11)

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

*Community Service:* Pam Wilbur reported that the St. Cloud Toys for Tots is the organization that we will be working with for the meeting.

*Welcoming:* We have 63 people registered for the meeting. Welcoming committee will be Jodi Heard, Rick Rogers and Judy Gordon.

**New Business:** A scholarship for Legislative Day was discussed. Motion by Tyanne Ryan to cover air fare, legislative day fee, room and per diem. Second by Tamora Ellis. MPU. The Chapter will establish the scholarship; the announcement will be made tomorrow at the Business Meeting. The application will be on the web site; you have to be a member and write a 500 word summary on why you want to attend. The recipient will present at a meeting and write an article for Gopher Tracks. Further discussion will occur at Friday's meeting. Tyanne will put a form together with the questions.

Chapter donation for national member who passed away. Motion made by Lois Wakefield for \$100. Second by Virginia Berney. MPU.

**Old Business:** None.

Meeting adjourned at 5:55 pm

Motion by Tamora Ellis. Second by Virginia Berney. MPU.

Respectfully submitted,

Rolene Lampi

**CMS Provider Call Center Directory for Minnesota effective 02/15/09**

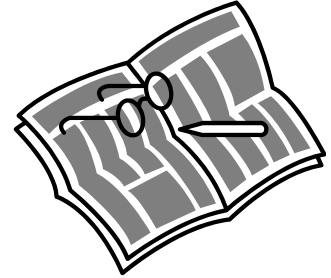
| CONTACT CENTER    | TOLL FREE #  | PROGRAM | SERVICE DESCRIPTION                    | URL                                                                      |
|-------------------|--------------|---------|----------------------------------------|--------------------------------------------------------------------------|
| NAS Fargo 40th St | 866 497 7857 | AB MAC  | Provider Part A IVR (J3 & T18)         | <a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a>   |
| NAS Fargo 40th St | 877 908 8437 | AB MAC  | Provider Part A CSR (J3 & T18)         | <a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a>   |
| NGS Cincinnati    | 866 590 6727 | DMEMAC  | Provider DMEMAC Jurisdiction B CSR     | <a href="http://www.ngsmedicare.com">www.ngsmedicare.com</a>             |
| NGS Shelbyville   | 877 299 7900 | DMEMAC  | Provider DMEMAC Jurisdiction B IVR     | <a href="http://www.ngsmedicare.com">www.ngsmedicare.com</a>             |
| WPS Omaha (T18)   | 866 580 5945 | Part A  | Provider Part A CSR Northeast          | <a href="http://www.wpsmedicare.com/">http://www.wpsmedicare.com/</a>    |
| WPS Omaha (T18)   | 866 580 5983 | Part A  | Provider Part A IVR                    | <a href="http://www.wpsmedicare.com/">http://www.wpsmedicare.com/</a>    |
| Palmetto GBA RRB  | 877 288 7600 | RRB     | Provider Part B IVR                    | <a href="http://www.palmettogba.com">www.palmettogba.com</a>             |
| Palmetto GBA RRB  | 888 355 9165 | RRB     | Provider Part B CSR                    | <a href="http://www.palmettogba.com">www.palmettogba.com</a>             |
| TBHE Denison      | 866 448 5894 | Part B  | Provider Part B Indian Health Services | <a href="http://www.trailblazerhealth.com">www.trailblazerhealth.com</a> |
| WPS Madison       | 866 359 1598 | Part B  | Provider Part B MN CSR                 | <a href="http://www.wpsic.com/medicare/">www.wpsic.com/medicare/</a>     |
| WPS Madison       | 877 908 8470 | Part B  | Provider Part B MN IVR                 | <a href="http://www.wpsic.com/medicare/">www.wpsic.com/medicare/</a>     |
| NGS Cincinnati    | 866 590 6728 | RHHI    | Provider RHHI WI CSR                   | <a href="http://www.ngsmedicare.com">www.ngsmedicare.com</a>             |
| NGS Shelbyville   | 866 275 3033 | RHHI    | Provider RHHI WI IVR                   | <a href="http://www.ngsmedicare.com">www.ngsmedicare.com</a>             |



**Editors Corner****submitted by Tamora Ellis**

The first thing I must do is thank my former Co-editor Roberta for the honor of receiving the 2008 Journalism Award. It was quite a surprise.

I need your help to put the "Gopher Tracks" over the top. Submit your articles today and please email me with feedback on the content of this newsletter. I am trying to find articles that have current items of interest and hot topics.



This is your newsletter so let me know what you would like to see.

**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

# Noridian Administrative Services Medicare E-mail Lists

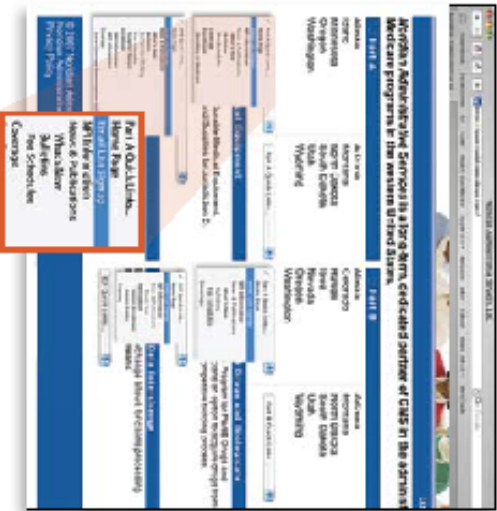
Delivering timely information to our Medicare community.

## Everyone in your office can sign up to receive free email updates for:

- The latest news and information in your e-mail box every Tuesday and Friday
- Up-to-date Medicare regulations
- Workshop notices
- Medical policies
- Payment and reimbursement updates
- Office hours/notifications

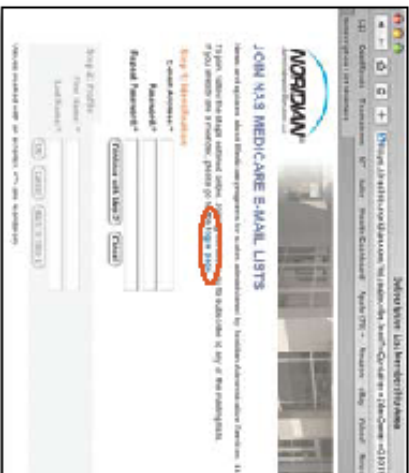
### 1 Registering for E-mail is Easy

Go to: [www.noridianmedicare.com](http://www.noridianmedicare.com) and select the E-mail List Sign up from the Quick Links box beneath Part A, Part B, Durable Medical Equipment or Drug CAP:



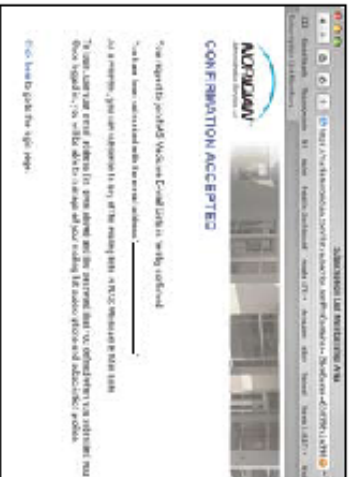
### 3

To become a registered member of the NAS Medicare E-mail Lists fill in the information in Step 1 (e-mail and password) and Step 2 (name) to establish your personal profile. Then select OK. The NAS Medicare E-mail Lists screen will appear next.



### 4

A confirmation e-mail is then sent to your registered e-mail. Select the confirmation within the e-mail to have the Confirmation Accepted screen appear. To access the NAS login page select Click here.

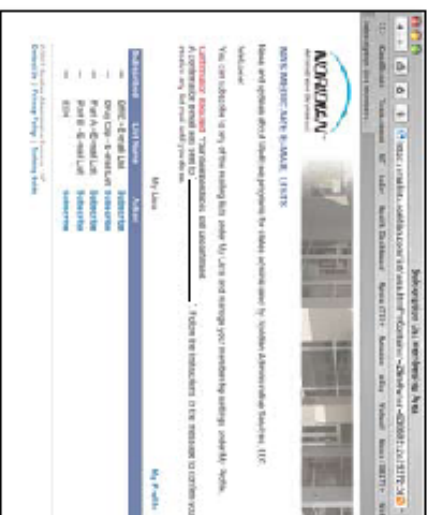


### 5

Login by entering your e-mail address and password you provided in your personal profile.

### 6

On the NAS Medicare E-mail Lists page you can subscribe, unsubscribe or edit the list profile of the four e-mail lists shown. You may also access and change any features of your personal profile from this page by selecting the My Profile link.



For more detailed information on any of these steps, click on the Training Guide link at the bottom of the screen.



### 2 Read and select Accept on the End User Agreement For Providers to continue.

## Under the Hill By Judy Gordon

### Medicare Administrative Contractor (MAC) Awarded

Noridian Administrative Services, LLC (NAS) has been awarded a contract for the combined administration of Part A/Part B Medicare claims payment in Jurisdiction 6 comprised of Illinois, Minnesota and Wisconsin. Noridian will also process home health and hospice claims from home health agencies and hospices in the states of Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Michigan, Minnesota, Nevada, New Jersey, New York, Northern Mariana Islands, Oregon, Puerto Rico, U.S. Virgin Islands, Wisconsin and Washington. The NAS website is <https://www.noridianmedicare.com/>.

MLN Matters Number: SE0837 has guidance on preparing for a transition from an FI/Carrier to a Medicare Administrative Contractor (MAC). The article outlines impacts on providers, milestones definitions, post-award preparation, one month prior cutover, post cutover and post cutover monitoring. Some of the key points for post ward are as follows:

- \*Pay attention to the mail you receive from your outgoing Medicare Contractor and your new MAC.
- \*Sign up for your new MAC's listserv.
- \*Access and bookmark the MAC's website and visit it regularly.
- \*Review the Frequently Asked Questions (FAQs) on the MAC's website.
- \*Participate in the MAC's advisory groups and "Ask the Contractor" meetings.
- \*Review the MAC's local coverage determinations (LCDs)

One month prior to cutover a couple of items are listed. Complete and return your Electronic Funds Transfer (EFT) agreements. The CMS-588 form can be found at <http://www.cms.hhs.gov/cmsforms/downloads/CMS588.pdf> on the CMS website. Your new MAC may also request you to execute a new Electron Data Interchange (EDI) Trading Partner Agreement. The form can be found at <http://www.cms.hhs.gov/EducationMaterials/downloads/TradingPartner-8.pdf> on the CMS website. Contact your claims processing vendor and clearinghouses to ensure that they are aware of all the changes affecting their ability to process claims with the new MAC.

We do not have a timeline for transition, but do expect it to be during 2009

**The compliance date for ICD10 is October 1, 2013**

**The compliance date for 5010 is January 1, 2012**

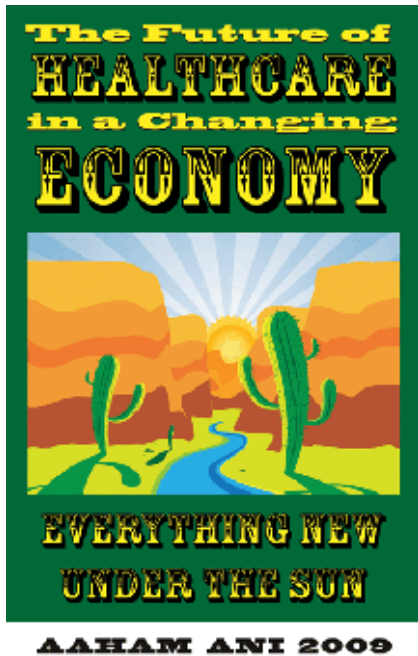
The advance documents for public inspection can be accessed at the following locations:

HIPAA Transaction Changes [http://www.federalregister.gov/OFRUpload/OFRData/2009-00740\\_PI.pdf](http://www.federalregister.gov/OFRUpload/OFRData/2009-00740_PI.pdf)  
ICD-10 [http://www.federalregister.gov/OFRUpload/OFRData/2009-00743\\_PI.pdf](http://www.federalregister.gov/OFRUpload/OFRData/2009-00743_PI.pdf)

#### DISCLAIMER

This information has been provided to inform AAHAM membership of changes and developments in the healthcare arena. It is not intended to be a comprehensive list of all issues. Further research for your specific facility should be completed before any conclusions or changes are made.

Always feel free to contact me at 507-377-6460 or email me at [gordon.judy@mayo.edu](mailto:gordon.judy@mayo.edu) with any questions,



### ANI Scholarship

Every year the MN Gopher Chapter awards a free scholarship to the ANI. This year will be in Arizona at the beautiful Fairmont Princess Resort and Hotel October 14-16.

Winning the scholarship award is so rewarding 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 rush. Points need to be submitted to Dana Young within 30 days of the qualifying event with the exception of the July meeting. See page 13 for more information.

**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.**

### 2009 Legislative Day Scholarship submitted by Judy Gordon

This is the first year the Gopher Chapter has offered a Legislative Day Scholarship.

Notification of the scholarship opportunity was sent to Gopher Chapter members. The application was located on our website including the criteria for applying. The deadline for the application was January 15th.

The applications were submitted to three judges with all identifying information removed. The judges based their determination on the answers to the three questions on the application.

I am happy to announce that Tamora Ellis was the winner of the scholarship and will be going to Legislative Day in Washington DC in April 2009!





## Certification News

submitted by Ronda Cooling

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

Great Job!

Michelle Gulbranson    CCAT    Austin Medical Center  
 Barbara Johnson        CCAT    Range Regional Health Services  
 Deborah Witt            CCAT    Fairmont Medical Center  
 Mary Kampsen          CPAT    St. Cloud Hospital Home Care

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)

### Important Testing Dates

March 2, 2009 Application deadline for April 2009 Professional Exam period

March 2, 2009 Application deadline for May 2009 Technical Exam period

### Important Information Regarding Deceased Physicians

Please keep in mind it is imperative that representatives for deceased providers promptly inform Medicare contractors of the death of their member physicians and non-physician practitioners so their NPIs can be properly deactivated.

Representatives should complete an 855I form (available by accessing [http://www.wpsmedicare.com/part\\_b/business/enroll\\_forms.shtml](http://www.wpsmedicare.com/part_b/business/enroll_forms.shtml)) and submit sections 1A, 13 and 15, along with supporting documentation confirming the provider is deceased, such as a death certificate or obituary. Section 15 of the form should be signed by an executor of the provider's estate and the appropriate paperwork indicating proof of death should be submitted to the proper address below.

For additional information/assistance, feel free to contact our Provider Enrollment department at the following:

| Provider Enrollment Contact Information |                                                                                                                                                                                    |                |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| State                                   | Address                                                                                                                                                                            | Phone Number   |
| Wisconsin<br>Illinois<br>Michigan       | Wisconsin Physicians Service<br>Medicare Part B<br>Provider Enrollment Department<br>P.O. Box 8248<br>Madison, WI 53708-8248<br>OR<br>1707 West Broadway<br>Madison, WI 53713-1834 | (877) 908-8476 |
| Minnesota                               | Wisconsin Physicians Service<br>Medicare Part B<br>Provider Enrollment Department<br>8120 Penn Avenue South<br>Suite 200<br>Bloomington, MN 55431-1394                             | (866) 564-0315 |



**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





And the Winner is.....



**February is American Heart Month** ~ In recognition of American Heart Month, the Centers for Medicare & Medicaid Services (CMS) reminds health care professionals that Medicare provides coverage of cardiovascular screening blood tests and smoking and tobacco-use cessation counseling for eligible Medicare beneficiaries.

### Quick Facts

- Although heart disease is sometimes thought of as a "man's disease," it is the leading cause of death for both women and men in the United States and women account for 52.8% of the total heart disease deaths.
- Heart disease is the leading cause of death among women aged 65 years and older.
- Major risk factors for heart disease include high blood pressure, high blood cholesterol, tobacco use, diabetes, physical inactivity, and poor nutrition.
- The average age of a first heart attack for men is 66 years.
- Smoking causes coronary heart disease, the leading cause of death in the United States. Cigarette smokers are 2–4 times more likely to develop coronary heart disease than nonsmokers.
- Cigarette smoking approximately doubles a person's risk for stroke.
- Cigarette smoking causes reduced circulation by narrowing the blood vessels (arteries). Smokers are more than 10 times as likely as nonsmokers to develop peripheral vascular disease.

### **Cardiovascular Screening Blood Tests**

Medicare provides coverage of the following cardiovascular screening blood tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk of heart disease and stroke:

- Total Cholesterol Test
- Cholesterol Test for High-density Lipoproteins
- Triglycerides Test

Coverage of cardiovascular screening blood tests is provided as a Medicare Part B benefit. The beneficiary will pay nothing for the blood tests (there is no coinsurance or copayment and no deductible for this benefit.)

**IMPORTANT NOTE:** *The cardiovascular screening benefit covered by Medicare is a stand alone billable service separate from the Initial Preventive Physical Examination or Welcome to Medicare Visit and **does not** have to be obtained with the first six months of a beneficiary's Medicare Part B coverage.*

### **Smoking and Tobacco-use Cessation Counseling**

Medicare provides coverage of smoking and tobacco-use cessation counseling for people with Medicare who meet one of the following criteria:

- Use tobacco and have a disease or an adverse health effect that has been found by the U.S. Surgeon General to be linked to tobacco use; or
- Are taking a therapeutic agent whose metabolism or dosing is affected by tobacco use as based on Food and Drug Administration-approved information.

Eligible beneficiaries are covered under Medicare Part B when certain conditions of coverage are met, subject to certain frequency and other limitations.

Continued from page 21

### For More Information

- CMS has developed a variety of educational products and resources to help fee-for-service health care professionals learn more about coverage, coding, billing, and reimbursement for preventive services and screenings covered by Medicare.

The MLN Preventive Services Educational Products Web Page ~ provides descriptions and ordering information for CMS MLN preventive services education products and resources for fee-for-service health care professionals. The web page is located at [http://www.cms.hhs.gov/MLNProducts/35\\_PreventiveServices.asp](http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp) on the CMS website.

Expanded Benefits Brochure ~ This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of the initial preventive physical exam (IPPE), ultrasound screening for abdominal aortic aneurysms, and cardiovascular screening blood tests. To view online go to [http://www.cms.hhs.gov/MLNProducts/downloads/Expanded\\_Benefits.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/Expanded_Benefits.pdf) on the CMS website.

Smoking and Tobacco-Use Cessation Counseling Services ~ This tri-fold brochure provides health care professionals with an overview of Medicare's smoking and tobacco-use counseling service benefit. To view online go to <http://www.cms.hhs.gov/MLNproducts/downloads/smoking.pdf> on the CMS website.

To order copies of these brochures, free of charge, visit the CMS Medicare Learning Network (MLN) at <http://www.cms.hhs.gov/MLNGenInfo/>, scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page."

The CMS website provides information for preventive service covered by Medicare. Go to <http://www.cms.hhs.gov>, select "Medicare", and scroll down to the "Prevention" section.

- For information to share with your Medicare patients, visit <http://www.medicare.gov>
- For information about American Heart Month, please visit the American Heart Association's website at <http://www.americanheart.org/presenter.jhtml?identifier=3063135> and the Centers for Disease Control and Prevention's website at [http://www.cdc.gov/dhdsp/announcements/american\\_heart\\_month.htm](http://www.cdc.gov/dhdsp/announcements/american_heart_month.htm) on the Web.

**In just forty eight hours  
Tomorrow will be yesterday**

## Humor in Healthcare

### Nurses Entering Heaven

Three nurses went to heaven, and were awaiting their turn with St. Peter to plead their case to enter the pearly gates.

The first nurse said, "I worked in an emergency room. We tried our best to help patients, but occasionally we did lose one. I think I deserve to go to heaven."

St. Peter looks at her file and admits her to heaven.

The second nurse says, "I worked in an operating room. It's a very high stress environment and we do our best. Sometimes the patient is too sick and we lose them, but overall we try very hard."

St. Peter looks at her file and admits her to heaven.

The third nurse says, "I was a case manager for an HMO."

St. Peter looks at her file. He pulls out a calculator and starts punching away at it furiously, constantly going back to the nurse's file. After a few minutes St. Peter looks up, smiles, and says, "Congratulations! You've been admitted to heaven .....for five days!"

### Weight Loss Plan

An extremely overweight man was put on a diet by his doctor.

"I want you to eat regularly for 2 days, then skip a day, and repeat this procedure for 2 weeks. The next time I see you, you'll have lost at least 5 pounds," the doctor said.

When the man returned, the doctor was shocked that the man had lost nearly 20 pounds.

"Why, that's amazing!" the doctor said, "Did you follow my instructions?"

The man nodded... "I'll tell you though; I thought I was going to drop dead that 3rd day."

"From hunger, you mean?" asked the doctor.

"No, from all that skipping."

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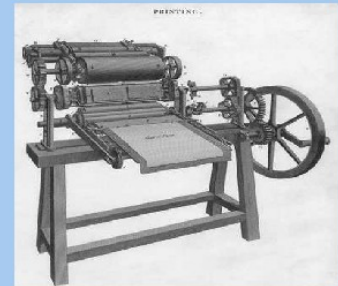
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**800.201.3324**

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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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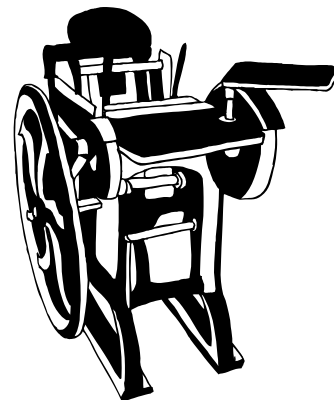
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## POST IT NOTES

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 :  
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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!

**Reserve this Post-it**  
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# MISC Tidbits



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