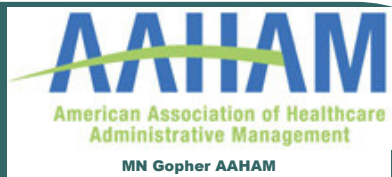


GOPHER TRACKS



The American Association of Healthcare Administrative Management (AAHAM) Holds 5th Annual Legislative Day

SUMMER 2009 ISSUE



Fairfax, VA – The American Association of Healthcare Administrative Management (AAHAM) www.aaham.org, a professional association, held its fifth annual Legislative Day, April 15-16, 2009 at the Liaison on Capitol Hill.

More than 100 members of the association participated in the congressional overview discussion, “Healthcare Reform and What Congress has Planned for this Session” and attended one on one meetings with their senators.

Congressional speakers included:

Jennifer Mallard, Senior Associate Director, American Hospital Association; Erik Rasmussen, House Ways and Means Committee; David Sitcovsky, Representative John Larsen (D-CT) and Jay Solzmann, Representative Wally Herger (R-CA)

“We were extremely pleased with the participation in the event by our members as this Legislative Day drew the largest number of attendees than previous gatherings. With the current economic cutbacks; it was especially meaningful that this many members

placed such a high level of importance in attending and participating, said Laurie Shoaf, CPAM, AAHAM President.

We accomplished our goal of having the majority of senators agree to support AAHAM’s four key issues of:

1. Establishment of National Payer Identifiers;
2. Mandating the use of a Standard Patient Identification Card;
3. Adding a HIPAA transaction for claim-by-claim acknowledgements and
4. Requiring all payers to have the ability to pay electronically using Electronic Fund Transfers (EFT) or Automated Check Handling (ACH) transfers.

Additionally, senators agreed on sending a letter to Department of Health and Human Services Secretary, Kathleen Sebelius, urging the adoption of these actions.

“Bringing our members together for this collaborative effort on behalf of the association, shows the impact AAHAM

membership can make on issues” said Charles Myers, CPAM, Chairman of the Government Relations committee.

The Government Relations Committee had identified the four issues that would streamline certain aspects of the revenue cycle and taken together, could cut as much as \$30 billion a year in administrative costs.

Following the Hill visits, a members’ debriefing reception provided an opportunity to unify messaging and share results of this years Legislative Day.

2009 Legislative Day sponsors included “The President’s Level” Sequetor Inc.; “Senator Level” sponsors were AAHAM chapters of Keystone, New Jersey and Philadelphia. “Representative Level” sponsors were Illinois and Maryland Chapters.

For more information regarding AAHAM and its programs, please visit www.aaham.org or contact AAHAM, 703-281-4043.

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Status Report for Chapter Excellence for 2009

	Activity	Possible Points	Gopher	Standing
	Programs/Activities in Support of AAHAM's mission:			
1	Articles Published in National Journal	Unlimited	0	Below Goal
	Chapter President attend Nat'l Bd Mtg	20/mtg, MAX 60	60	Met Goal
	How many members went to ANI?	25/attendee/Max 150	150	Met Goal
	Educational Programs:			
2	Education Programs for chapter.	Unlimited 8 pts/hr (Goal = 1000)	312	Below Goal
	Education Programs Co-sponsored.	Unlimited-8 pts/hr (Goal = 200)	0	Below Goal
	Publish a chapter journal, newsletter	20/pub. 200 points Max	60	Below Goal
	Host a Website	75 Max	75	Met Goal
	Professional Development			
3	New Certified CPAMs and CCAMs	Unlimited - 5 pts ea. (Goal 5/yr, 25pts)	1*5 = 5	Below Goal
	Existing CPAMs and CCAMs	Unlimited-5pts ea (Goal 25 /yr, 125 pts)	20*5 = 100	Below Goal
	Study Session - Chapter	200 (5/hr)	30	Below Goal
	Study Session - Other Chapters	75 (5/hr)	7.5	Below Goal
	New Certified CPAT, CCAT, CCT	Unlimited - 5 pts ea. (Goal 150/yr, 750 pts)	117*5 = 585	Below Goal
	Membership Development			
4	Growth of National Membership	5 Points/ Member Unlimited		
	A. New Membership	Goal 10		Below Goal
	B. Retention	Goal 100	82*5 = 410	Below Goal
	Written surveys	2 pt/survey/Max 12 pts	12	Met Goal
	Chapter Board Mtgs	20 pts/mtg/Max 40 pts	40	Met Goal
	MN Chap. promote AAHAM to other MN Org.	5 pts/event/Max 25	10	Below Goal
	MN Chapt. promote AAHAM to other OOS Org.	10 pts/event/Max 50	0	Below Goal
	Subjective Chapter Activities			
5	Community involvement projects undertaken by the chapter	10 pts /event/Max 30 pts	30	Met Goal
	Special Projects undertaken by the chapter	25 pts/event/Max 100 pts	100	Met Goal
	Government/legislative involvement at local and/or national level	15 pts/event/Max 60 pts	60	Met Goal
	Projects undertaken by the chapter relating to third party issues at the national or local level	15 pts/comm./Max 60 pts	60	Met Goal
	Membership benefits provided by the chapter	15 pts/ea./Max 45 pts	45	Met Goal
	Social Activities undertaken by the chapter	5 pts/event/Max 15	15	Met Goal

President's Report

submitted by Roberta Collins

Thanks to all who attended the March 2009 Annual Payer Panel seminar in Brooklyn Park. I hope you were pleased with the variety of payers and their answers.

National AAHAM reported 2435 members as of April. Gopher Chapter has 78 national members including 9 new members but also 9 non-renewals. Do you know a colleague who hasn't renewed? Please re-extend a warm welcome to join us. I encourage you all to be recruiting a new member. Remember, our chapter awards a free ANI registration to the member who recruits the most new members each year.

National Legislative Days were held in Washington D.C. this March.

Judy Gordon, our legislative chairperson, Tamora Ellis, our scholarship winner, and myself participated from MN. (We were the focus of a few jokes as we were the only ones there with only one Senate office to visit.) The three of us were able to visit with staff aides of Senator Amy Klobuchar, Congressman Tim Walz, and Congressman Jim Oberstar and present our four requests. These cost-saving measures are listed on the National Website.



I was lucky enough to still be in D.C. the day after (for our national board meeting) and received a call from Oberstar's office that he would be in and would meet personally. I was able to spend over an hour with him after our board meeting and he listened very intently to our issues and seemed earnestly enthused about them. What an experience! My husband was instrumental in arranging this and my thanks go to Barry.

Our Bi-State Meeting is quickly coming. It will be held July 22nd to 24th in Eau Claire, WI. I look forward to seeing you there.

Remember our corporate sponsors.

CHAPTER EXCELLENCE REPORT CARD—on opposite page

The Chapter Excellence Committee has been working on the task of compiling a status report of all of the MN Gopher Chapters accomplishment's to submit to the National Office. As you may see in the status report on the opposite page, there are areas where our Chapter has not been able to meet the requirements. We are pleading for those of you that have a strong skill set in any of the hurting areas or if your organization has a strong resource to be able to lend a hand in a specific task to please contact one of the Committee Members. Thank You!

Respectively submitted, The Chapter Excellence Committee: Marie, Erika, Brenda, Jamie, Carla, Elizabeth and Eileen

Officers & Board Members

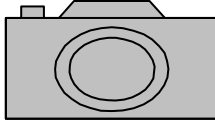
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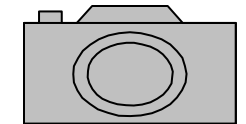
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By Laws & Corporate Sponsors—Pam Wilbur
Certification—Ronda Cooling
Chapter Excellence—Eileen Froelich
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Membership—Tom Osberg
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VP's Views

submitted by Tamora & Virginia



It has been a pleasure working with all of you to make our meetings a success.

We have an exciting meeting coming up in July in Eau Claire, WI with our neighboring chapter of WI.



We will be holding our November meeting again in St. Cloud at the Best Western Kelly Inn and are working on the speaker line up.

Our March 2010 meeting will be our Annual Payer Panel with place yet to be determined d/t some problems with our 2009 hotel.

Remember, our goal is to try to bring you the speakers with topics that are important to you. If you have any suggestions, please contact us and we will do our best.

We look forward to assisting you with future meetings.

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Legislative Days.....well worth working towards the scholarship

My time in Washington D.C. was unbelievable. If you have never participated in AAHAM'S march on Capital Hill, you have truly missed out. The National Committee that puts this together for us makes sure that we are well prepared. Any questions or apprehensions that I may have had disappeared with the well planned orientation process for the 'newbies'.

With Roberta and Judy at my side, we visited the representatives that the committee had lined up and presented our topics to staff aides of Senator Amy Klobuchar, Congressman Tim Walz, and Congressman Jim Oberstar .

I will not repeat the topics as they can be found in our front page article. Most of us had positive responses from the people with met with and it appeared we would have support.

I encourage you all to apply for the scholarship and take advantage of the opportunity that our chapter is offering.



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/

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 ESeminars 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 ESeminars 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.

If you have technical difficulties with accessing the E-Seminars, you may e-mail us at pseminar@trivest.com.

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



Future Meeting Dates

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

We raised \$230 at our March meeting for our community service Project Peace.

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 for more information.



Compliance Corner By Judy Gordon, CPAM, CHC

What is compliance?

Compliance just means following the rules. It means we understand and comply with all the laws and policies that apply to Albert Lea Medical Center, Mayo Health System.

Who is responsible for compliance?

Everyone. This includes every employee, board member, administrator, physician and volunteer, as well as those with whom we do business (i.e. third-party consultants and vendors).

How do I get a copy of the Integrity and Compliance Program booklet?

New employees receive their copy with orientation materials. All employees were given updated copies in 2008. Any employee may call the Corporate Compliance department if they have not received a copy.

What can you do to promote a culture of compliance?

- Commit to "Doing the Right Thing"
- Obey the regulations and policies that apply to your job
- Make compliance awareness part of your job
- Plan to always do the right thing
- Lead by example
- If in doubt, check it out
- Attend training sessions
- Notify supervisor of possible wrongdoings
- Communicate openly and honestly
- Encourage co-workers toward a culture of compliance

Condensed Board Meeting Minutes submitted by Rolene Lampi, Sec.

Gopher Chapter Board Meeting, March 12, 2009, Ramada Grand Rios, Brooklyn Park, MN

Roberta opened meeting 4pm. Sign in Sheet and introductions

Secretary's Report—No changes

Treasurer's Year End Report—Mike Harder, CPA & Lois Wakefield

Mike needs to review items on tax report. Filing electronically this year. Quick Books on new computer today.

Balance Sheet: Money market: Mike is going to get that on-line. Money Market loss this year.

Profit and Loss: Anticipating a bit of revenue loss as CEU's can be earned for technicals. Emailing Gopher Tracks and brochures have saved money. Net cash decrease \$1,963.11.

Revenue & Expenditures Actual vs. Budget: Certification Budget was \$5,100 and actual \$310.

Office Expense includes new computers and they shouldn't be in that category so there will be significant decrease. 2 Computers were \$1,417.72.

President's Report—Roberta Collins

Comments from Presidents meeting in Scottsdale. Financials positive on the National side. Prepared for Legislative Day in April. Roberta is on the National Legislative Committee. Tamora Ellis won scholarship to Legislative Day. ANI scholarship is in the works through July. Next year need President, Secretary and 2nd VP. Working on summer Eau Claire meeting.

By-Laws—Pam Wilbur had no updates at this time.

Certification—Discussion of Coaching

Tamora had only 1 person lined up for this meeting so cancelled the session. We need to rotate who handles coaching session in case Tamora can't always make every meeting. Discussion on continuing coaching sessions. WI does want us to have a coaching session at July meeting. Lois volunteered to do July coaching session. Stephanie suggested that we be more detailed in our brochure about coaching sessions – maybe links to certification website.

2 people are signed up to take Professional exams

Corporate Sponsors—Pam Wilbur

16 sponsors last year, 15 this year, only down \$400. It was good to maintain 15 in this climate.

Education—Tamora & Virginia

WI crowd working hard. Many speakers already lined up. Jeff Staad will be there and he lives in area so no travel expenses. Other local speakers will keep down expenses. Ramada Eau Claire rate \$75 and for Friday and Saturday night as well. Dates are July 22, 23, 24th.

Pam Wilbur suggested we tap in to larger facilities when they bring in great speakers. Sanford Health does this for SD AAHAM. Judy Gordon suggested get a work group together to talk off-line. Call Tamora Ellis with any ideas.

Legislative—Judy Gordon

Legislative Day already discussed. Reminded us to complete AUC Survey. Patrice and other members of AUC would come to our next meeting at no charge.

(continued on page 11)

Business Meeting Minutes (continued from page 10)**Membership**—Tom Osberg

Have 29 local members. 21 did not renew from last years list. Many have left the industry. Tom wants everyone to look at list. 67 national members, 19 did not renew. Chapter is always 65 to 70. Tom sent a letter to all national members that did not renew in January. Good response to that letter. National has been behind on renewals.

Publications—Tamora Ellis

She's looking for a facility to highlight on the front page. Discussion on Spotlight on Sponsors as well.

Website—Tamora Ellis

Looking for suggestions for our website.

Scholarship—Roberta updated us about scholarship to ANI. Need more people to apply.**Community Service**

Tamora said tomorrow is "Project Peace". Roberta thinks we have moved away from our original intent. Virginia say that Chapters that have won Chapter Excellence have had excellent group participation with for example, Habitat for Humanity, or taking food for Thanksgiving Dinner to a family, but doing it as an AAHAM group, with 4 or 5 members. Another idea was "local mini-meetings." Or push a March Food Month at every March meeting. Something that might get the facilities excited and bring that to the meetings.

Welcoming—Judy Gordon, Jody Heard, Diane Pemrick, Tom Osberg

61 people signed up, so we are down. Usually run 90 have been over 100.

Pam Brindley suggested personal phone calls to extend meeting invitations. Roberta reminded us we can bring someone from a facility that has no members and you can bring them at no charge. Virginia wondered if within some of the big conglomerates this would qualify for the "no charge" meeting - what if it was someone in a different department that didn't have an AAHAM member. Board needs to email Roberta with thoughts on that.

Karen suggested that we have some "advance" brochures to reach out to other organizations. This meeting is the same week as MHA. Should we watch meeting schedule?

Chapter Excellence—Eileen Froelich

Of note – publication points are unlimited. Need to push. Education points are unlimited. Eileen talked about National Chapter Excellence call in February. One chapter puts out webinars the second Saturday of every month. What matters is the education you offer, not who participates. Maybe ask corporate sponsors to present education webinars. Eileen's committee will work with Pam Wilbur on a survey for the sponsors. Stressed areas of "unlimited" point potential. The report is hardcopy at this point. Judy passed on compliments to new committee. National recommended April deadline.

New Business

Tamora talked about the "refunding" process for meetings. One member asked for special consideration and asked Tamora to bring it to the board. Discussion followed. No refund if 7 days or closer to meeting. Notice must be 10 days prior to the meeting to get a full refund. Policy doesn't address special situations. Board agreed stand on policy.

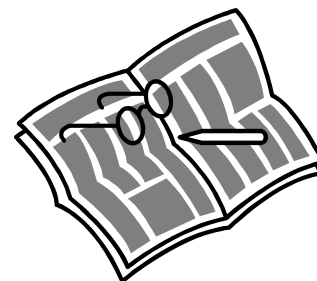
Old Business—None

Adjournment 6:25—Tamora motioned and Stephanie Seconded.

Editors Corner

submitted by Tamora Ellis

We 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 us know what you would like to see.

“Give us a clear vision that we may know where to stand and what to stand for, because unless we stand for something, we shall fall for anything.”

Peter Marshall

Scam Alert

CMS aware of scams targeting physicians offices

The Centers for Medicare & Medicaid Services (CMS) has become aware of a scam where perpetrators are sending faxes to physician offices posing as the Medicare carrier or Medicare Administrative Contractor (MAC). The fax instructs physician staff to respond to a questionnaire to provide an account information update within 48 hours in order to prevent a gap in Medicare payments. The fax may have the CMS logo and/or the contractor logo to enhance the appearance of authenticity.

Medicare FFS providers, including physicians, non-physician practitioners, should be wary of this type of request. If you receive a request for information in the manner described above, please check with your contractor before submitting any information. Medicare providers should only send information to a Medicare contractor using the address found in the download section of the CMS.gov website found at <http://www.cms.hhs.gov/MLNGenInfo/> or <http://www.cms.hhs.gov/MedicareProviderSupEnroll>

HIGHLIGHT A CORPORATE SPONSOR

H&R Accounts Provides Complete Self-pay Management Services

H&R Accounts, Inc. (www.hraccounts.com) and its operating divisions, MedPay Management Systems and Preferred Medical Deposit, provide revenue cycle management services to a wide range of healthcare providers across the nation. The Midwest-based company has offices in Moline, IL, Cedar Rapids, IA and Des Moines, IA.

From third-party claim resolution to self-pay billing and collections, H&R Accounts delivers maximum revenue-to-cash conversion, respect for the patient, regulatory compliance, and ease of use. Hundreds of hospitals, physician clinics and other healthcare providers rely on H&R Accounts to help them accelerate their cash flow cycle and achieve a Healthier Bottom LineSM.

The company's mission is to strengthen the financial health of healthcare providers, so they can focus on caring for the patient. H&R Accounts prides itself on its honesty and fairness when dealing with clients, employees and consumers.

H&R Accounts is a community-minded organization contributing both time and funds to the communities where the company is based and does business. The company actively supports efforts to promote health and wellbeing among staff, and encourage all employees to volunteer time in the community, particularly in the areas of youth education and financial literacy.

PPMS Certification

H&R Accounts is one of the few providers nationwide (less than 1% of companies in the industry) awarded the ACA International's Professional Practices Management System (PPMS) certification. Since the program's inception in 2000, H & R Accounts was the ninth company certified and only the third company certified with multiple locations.

Similar to JCAHO (Joint Commission on the Accreditation of Healthcare Organizations) accreditation, PPMS consists of a series of stringent process and quality standards covering areas ranging from operational procedures and quality to continuous improvement. Internal reviews are audited by external independent examiners to verify strict compliance. The company has successfully maintained its PPMS certifications since 2002.

Staff Education and Training

H&R Accounts believes that having the most knowledgeable, trained, committed, and caring front line staff sets it apart. Depending on the area of service, every new member of the front line staff is formally trained towards certification through either the AAHAM Certified Patient Account Technician (CPAT)/ Certified Clinic Account Technician (CCAT) credentials, or the ACA International's Professional Collection Specialists (PCS) program and Certified Healthcare Collection Specialists (CHCS) designations.

The management team stays at the forefront of the industry's regulatory developments and thought leadership through significant involvement in AAHAM, the Healthcare Financial Management Association (HFMA), and the ACA International.

The company's self-pay services divisions specialize in the billing and resolution of patient-responsibility accounts, while enhancing each patient's billing experience. Employees come into contact with virtually every one of a client's patients with the overarching goal of enhancing every patient's perception of the client as a provider.

Both of the self-pay divisions combine a specialized array of technology tools, automated processes, and trained staff to attain revenue-to-cash conversion rates that are very difficult for individual healthcare providers to replicate in a cost effective way.

The staff at H&R Accounts is well-versed in promoting and discussing financial assistance programs, coordinating the completion of the necessary forms, and providing completed applications to our clients for consideration.

First-party self-pay billing

MedPay Management Systems is a first-party self-pay billing division that provides self-pay management services to providers as a seamless extension of their business office. MedPay Management Systems is invisible to patients.

**Third-party self-pay billing**

Preferred Medical Deposit is a third-party self-pay billing division providing self-pay management services to providers who prefer the impact that a third-party can bring to the billing process.

In these challenging economic times, it pays to have a specialized self-pay provider to ensure effective, thorough and professional treatment of your self-pay accounts. For more information, please contact Pam Brindley, Regional Account Manager, at (515) 669-9396 or pbrindley@hraccounts.com.

Under the Hill By Judy Gordon

It has been my pleasure as the AAHAM Gopher Chapter Legislative representative to serve on the Administrative Uniformity Committee (AUC) Operations and Steering Committees. Many opportunities have come my way with this role. I attended the 2009 Legislative Day in Washington DC, along with Roberta Collins, AAHAM Gopher Chapter president and Tamora Ellis, first time Legislative Day Scholarship winner. This was my second time at this event but each time has been a learning experience. Last year we asked for a one year moratorium for the delay of the RAC rollout. This year we came with four key issues to save the government money. I feel that we captured their attention more so this year than last.

The four key issues were:

1. Establishment of National payer Identifiers.
2. Mandating the use of Standard Patient Identification Card.
3. Adding a HIPAA transaction or claim-by-claim acknowledgements
4. Requiring all payers to have the ability to pay electronically using Electronic Fund Transfers (EFT) or Automated Check Handling (ACH) transfers.

I feel the AUC E3 initiative and our Legislative Day issues both work together towards the same goal of standardization.

Minnesota's E3 Initiative

The AUC is working closely with the MN Department of Health (MDH) to implement a stat law (Minnesota State Statues, section 62J.536) for the standard, electronic exchange of common health care business transactions.

Extensive consultation with and technical assistance to MDH, resulting in adoption of first-in-the-nation rules for the "E3" transactions and meeting all statutory rulemaking deadlines

Communications/outreach with stakeholders and the industry, including:

- AUC/E3 presentations to 19 industry groups & associations
- Informational alerts to providers, payers, and others
- Adoption of 12 "best practices" to supplement E3 rules and further standardize health care administrative transactions

I want to thank everyone in their participation to make this happen.



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.

Legislative Day Scholarship 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!

Keep an eye out for the announcement of next years opportunity!!!

Certification News

by Ronda Cooling

Certification News

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

Great Job!

The following pass her Professional exam in April:

Sandra R. Pawelk CPAM Monticello-Big Lake Hospital

The following passed their Technical exams in February 09:

Michelle Gulbranson	CPAT	Austin Medical Center
Theresa Knutson	CPAT	Austin Medical Center
Mary Kampsen	CCAT	St.Cloud Hospital Home Care
Lisa Kamrowski	CCAT	Prime West Health
Anna Fischer	CPAT	St Cloud Hospital

The following passed their Technical exams in May 09:

Denise Corrigan	CCAT	St Cloud/CentraCare Lab Svc
Sandra Fish	CCAT	VA Medical Center
Nellie Ingvalson	CCAT	VA Medical Center
Barbara Johnson	CPAT	Range Regional Health Services
Julie Nacey	CCAT	CentraCare Health System
Robert Nei	CCAT	VA Medical Center
Jamie Norton	CCAT	Austin Medical Center
Tammy Peck	CCAT	St Cloud VAMC
Sarah Peterson	CCAT	Prosource Billing
Pamela Santel	CCAT	Prosource Billing
Angie Shaw	CCAT	Austin Medical Center
Janne Wolbeck	CPAT	St Cloud Hospital

Registrations for the Technical and Professional exams 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.



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 () -	FAX NUMBER () -
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MAILING ADDRESS	
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CITY	STATE	ZIP
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EMPLOYER NAME	YOUR TITLE
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LOCAL CHAPTER NAME	DATE
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IF SPONSORED BY AAHAM MEMBER, GIVE NAME	EMAIL ADDRESS
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HOME ADDRESS (IF NOT LISTED ABOVE)

CITY	STATE	ZIP
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NATIONAL DUES		FOR CREDIT CARD PAYMENTS	
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LOCAL DUES		ACCOUNT NUMBER	
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TOTAL ENCLOSED		NAME ON CARD	EXPIRATION DATE
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	SIGNATURE		
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PLEASE SELECT THE APPROPRIATE CODES BELOW AND ENTER THEM IN THESE PROFILE BOXES

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

Information from Insurance Companies

Will you be ready to submit electronic claims by 7/15/09?

The Minnesota State Statute, section 62J.536, requires that all health care providers in the state submit health care claims electronically to the group purchasers by 7/15/09. Are you aware of this law? Are you currently working with a clearinghouse or intermediary to submit electronic claims by July 15th? If you answered **no** to either one of these questions, UCare has created a document that can help you find answers to these questions and which resources are available to you. Click [here](#) to find out how you can be in compliance when the mandate is enforced.

Note: If the document does not come up or the link does not work, log on to: www.ucare.org/providers/pages/default.aspx and click on the link called, "Minnesota Law Mandates Electronic Health Care Transaction in 2009 – Electronic Claim Submission (837) effective 7/15/09."

"Almost all new ideas have a certain aspect of foolishness when they are first produced."

Alfred North Whitehead

Comprehensive Error Rate Testing (CERT) Alert - Legible Identifier of the Author of Medical Record Documentation

WPS Medicare is aware that the CERT Review Contractor (CRC) may assess an error when medical record documentation does not include a legible identifier of the author. The CRC confirmed that the Office of Inspector General has made it clear that the signature must be legible. To avoid potential assessment of CERT errors for this reason, WPS Medicare recommends that providers make certain their signature is legible, and include a signature sample when responding to CERT Documentation Contractor (CDC) requests for medical records. The legible identifier requirement applies to documentation for any service performed and billed to Medicare.

You can learn more about general principles of medical record documentation in the Centers for Medicare & Medicaid Services (CMS) 1995 and 1997 Documentation Guidelines for Evaluation and Management Services. To view these requirements, including the need for the legible identity of the provider, please refer to the respective guidelines available on following CMS Web-page:

http://www.cms.hhs.gov/MLNEdWebGuide/25_EMDOC.asp

Modifier 22 Fact Sheet - Update on June 8, 2009 - <http://www.wpsmedicare.com>

Definition:

- Increased Procedural Service requiring work substantially greater than typically required.

Appropriate Usage:

- Surgeries where services performed are significantly greater than usual.
- Anatomical variants could be an appropriate use of the modifier.
- Assistant at surgery claims where a procedure is significantly greater than usual.
- Procedures having a global surgery indicator of 000, 010, or 090 on the Medicare Physician Fee Schedule Database (MPFSDB).
- Procedures having a global period but not surgical services (i.e. 77761, 77777, 77782).

Inappropriate Usage:

- Additional time alone does not justify the use of this modifier.
- Do not use when there is an existing code to describe the service.
- We may deny the claim when the documentation supports another existing code.
- Do not use to indicate a specialist performed the service.
- Not appropriate for an Evaluation and Management (E/M) service.

Documentation:

- Indicate "additional information available upon request" in field 19 of the 1500 form or loop 2300 NTE for the claim level or loop 2400 NTE segment for the line level in your electronic claim. We will send a development letter asking for the additional information.
- Supply an operative/procedure report along with a short, concise statement describing the way the service was unusual and the increased physician work.
- If we do not receive documentation, the claim will process based on normal Medicare guidelines and fee schedule.
- Carrier Medical Review staff determine the amount of reimbursement based on the information in the documentation.

Unassigned Claim:

- For unassigned claims, an increase in the limiting charge is allowed only when a charge above the fee schedule amount is justified.

Examples:

Procedure code 66984 has a 90-day global period on the MPFSDB.

Procedure code 77781 does not contain a global period on the MPFSDB.

This is an **informational** modifier.

Our medical review staff make any payment decisions based on the documentation received.

June 7th was National Cancer Survivors Day

In honor of the millions of Americans who are living with a history of cancer, the Centers for Medicare & Medicaid Services (CMS) reminds the Medicare provider community of the many cancer screenings that Medicare covers. Early detection and treatment of cancer can help Medicare patients live longer, healthier lives.

What Can You Do?

As a health care professional who provides care to seniors and others with Medicare, you can help protect the health of your Medicare patients who may be at risk for cancer by educating them about their risk factors and reminding them of the importance of getting the preventive cancer screenings covered by Medicare.

For More Information

CMS has developed several educational products related to Medicare-covered preventive services, including screenings for various forms of cancer. Please visit the [Medicare Learning Network](#) for more information, including the following cancer-screening pages:

- The MLN Preventive Services Educational Products Web Page ~ provides descriptions and ordering information for Medicare Learning Network (MLN) preventive services educational products and resources for health care professionals and their staff. http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp
- Cancer Screenings Brochure ~ This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of cancer screening tests, including screening mammographies, screening pap tests, screening pelvic exams, colorectal screenings, and prostate cancer screenings. http://www.cms.hhs.gov/MLNProducts/downloads/cancer_screening.pdf
- Quick Reference Information: Medicare Preventive Services ~ This double-sided chart provides coverage and coding information on Medicare-covered cancer screenings. http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf

Thank you for helping CMS improve the health of Medicare beneficiaries who are at risk for cancer by joining in the effort to educate beneficiaries about cancer, and the importance of early detection by taking advantage of the cancer screenings covered by Medicare.

MEDICARE TIP OF THE WEEK

Please assist us in ensuring your satisfaction with the WPS Medicare Website by completing the Website Customer Satisfaction Survey that pops up when you are visiting <http://www.wpsmedicare.com>

This quick survey gauges your satisfaction with the WPS Medicare Website. We encourage you to complete the survey, and appreciate your valuable time.

Health Information Technology Website from CMS

A new website is now available from the Centers for Medicare & Medicaid Services (CMS) concerning Health Information Technology as provided for in the American Recovery and Reinvestment Act of 2009. On this website, you can find information pertaining to the Medicare and Medicaid incentives for electronic health records adoption and important links to related websites at the Department of Health and Human Services.

Posted now are:

- A CMS fact sheet and questions/answers pertaining to the incentive programs
- Link to press release pertaining to the process of defining meaningful use (Comments are due June 26, 2009.)
- Resources on Health IT and privacy & security (HIPAA)

Bookmark http://www.cms.hhs.gov/Recovery/11_HealthIT.asp#TopOfPage today to find the latest on Health Information Technology.



FDA Consumer Alert: Warning Consumers of a Tainted Skin Sanitizer

Following an announcement by the U. S. Food and Drug Administration (FDA) warning consumers of a tainted skin sanitizer, the Centers for Medicare & Medicaid Services (CMS) is advising health care providers and consumers not to use skin products made by Clarcon Biological Chemistry Laboratory. Clarcon is voluntarily recalling some skin sanitizers and skin protectants marketed under several different brand names because of high levels of disease-causing bacteria found in the product during a recent inspection.

Consumers and providers are being warned to not use any Clarcon products and to throw these products away in household refuse.

FDA analyses of several samples of Clarcon products revealed high levels of various bacteria, including some associated with unsanitary conditions. Some of these bacteria can cause opportunistic infections of the skin and underlying tissues. Such infections may need medical or surgical attention, and may result in permanent damage. Examples of products that should be discarded include:

- Citrusshield Lotion
- Dermasentials DermaBarrier
- Dermasentials by Clarcon Antimicrobial Hand Sanitizer
- Iron Fist Barrier Hand Treatment
- Skin Shield Restaurant
- Skin Shield Industrial
- Skin Shield Beauty Salon Lotion
- Total Skin Care Beauty
- Total Skin Care Work

Health care professionals and consumers may report serious adverse events (side effects) or product quality problems with the use of this product to the FDA's MedWatch Adverse Event Reporting program either online, by regular mail, fax or phone.

--[Online](#)

--Regular Mail: use postage-paid [FDA form 3500](#) and mail to MedWatch, 5600 Fishers Lane, Rockville, MD 20852-9787

--Fax: 800-FDA-0178

--Phone: 800-FDA-1088

For more information: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm164845.htm>

Take a Break – Stress Reliever

We all know how our jobs can be stressful in this economy.

Have fun figuring out these common phrases.

Answers on page 24

1 U S T I	2 STROKES! <i>STROKES</i> STROKES	3 SOMETHING	4 KJUSTK
5 S T I N K	6 W A L K G N I	7 you just me	8 M M A P
9 FISHING	10 GET IT GET IT GET IT GET IT	11 <i>more it it than!</i>	12 VAD ERS
13 i.e. •	14 GOLDEN GATE H ₂ O	15 WAY <u>PASS</u>	16 END N D

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Colltech, Inc.	Patrick Karr	Pam Wilbur
Ray Costello, Tom Osberg	800-236-0016	320-685-8945
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	Stephen Karch	Pam Brindley
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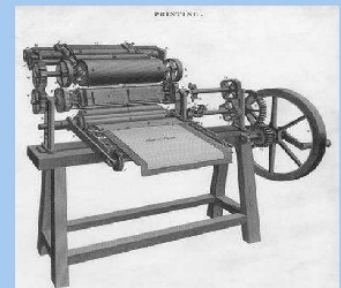
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Advertisers will receive a 25% discount for a 1 year commitment. To receive the discount, advertisers must pay in advance in full. All ads must be camera ready.

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

Thank you!

Answers to page 22 stress reliever

- | | | | |
|------------------------------|----------------------------|-----------------------------------|----------------------|
| 1. It's up to you | 2. Different Strokes | 3. The start of something big | 4. Just in case |
| 5. Fouled up | 6. Jay walking | 7. Just between you & me | 8. Time's up |
| 9. Deep sea fishing | 10. Forget it | 11. More to it than meets the eye | 12. Space invaders |
| 13. That is beside the point | 14. Water under the bridge | 15. Highway overpass | 16. Making ends meet |



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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



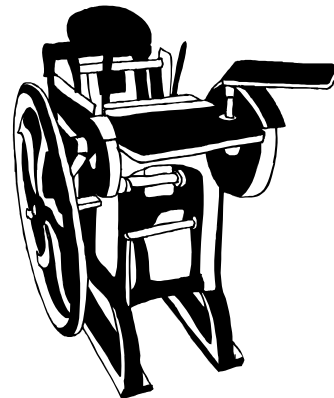
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Editing Pam Wilbur
Dana Young
Roberta Collins

Deadline for next issue is September 30, 2009
Send articles to 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!

Reserve this Post-it
for your news and announcements in the next "Gopher Tracks"! Let us know about your job changes, weddings, births, and other life changing events.

MISC Tidbits



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UNICARE is Going Green!

Starting June 20, 2009, UniCare will be posting your remittances on AccessPoint®. All AccessPoint® users who have the rights to view claims data on-line will automatically have remittance viewing access. At your convenience, you will be able to view, print, and save your remittances in a protective PDF format.

Benefits of accessing on-line remittances:

- Effective business administration and reduces the volume of paper remittances
- Provides a PDF version of the complete paper remittances you receive today in the mail, for issue dates starting June 20, 2009
- Access to remittances up to 18 months after the issue date, beginning June 20, 2009
- Gives you more timely access to remittance data
 - No postal delays
 - Access availability is 24 hours a day / 7 days a week
- Allows multiple AccessPoint® staff users real-time access to your remittances
- Search by Issue Date, Check Number, and Paid Amount

Accessing your on-line remittances is quick and easy:

- Access will be through the Claims Tab of AccessPoint®
- Enter your search criteria and a summary list of available remittances will display
- Click on the link to obtain the desired remittance
- View, print, and save the PDF remittance displayed

From June 20, 2009, through August 31, 2009, you will continue to receive mailed paper remittances AND also be able to view on-line remittances. As of September 1, 2009, AccessPoint® users will no longer receive mailed paper remittances; now you will have the capability and control of viewing, saving, and printing your on-line remittances anytime!

[Click here for detailed information](#)

