

Gopher Tracks

Fall 2010

President's Report

Hello to All! It's hard to believe the New Year is just around the corner and we had our last meeting of 2010. I would like to commend our VP's for the variety of educational content at our meeting in St. Cloud on November 8th – 10th. Member input was invaluable to them in arranging our speakers. Please continue to let us know what topics you want covered and we'll do our best to deliver. Many comments were heard that this was the best meeting ever. That is so exciting.

Our 2010 Awards Banquet and Election Results were held on Thursday evening, November 9th. The results are as follows:

ELECTIONS:

2 nd Vice-President	Rick Rogers
Treasurer	Tina Laverdure
Board Member	Pam Brindley
Board Member	Lisa Kamrowski
Board Member	Marie Murphy
Board Member	Tiffany Schleppegrell

AWARDS:

Member of the Year	Rick Rogers	
Enthusiasm Aware	Carla Simonson	
Rookie of the Year	Lisa Kamrowski	(tie)
Rookie of the Year	Tiffany Schleppegrell	(tie)
Journalism Award	Nels Peterson	

Community Service Event

Each meeting we pick an organization in the area that we can help provide items that they need.

Our July meeting was the Family Burn Camp and we held a silent auction where we raised over \$1000.

Our November meeting was United Cerebral Palsy of Central MN.

Matthew Koob, UCP Technology Coordinator came to talk about their program and services, especially what they are doing in the area of Assistive technology for people with disabilities.



2010 ANI
Scholarship
Winner

Tamora Ellis

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Highlight Corporate Sponsors

ARS / Magnet Solutions

My name is Rick Rogers and I am the Vice President of Strategic Services for ARS / Magnet Solutions. We are a proud 2010 Platinum Sponsor of the MN Gopher Chapter of AAHAM. ARS / Magnet Solutions is two separate organizations. Both based in Scottsbluff, NE, ARS is a collection agency servicing healthcare clients' bad debt accounts while Magnet Solutions provides Extended Business Offices service for the collection of Self-Pay accounts for healthcare providers. While both firms have the capacity and expertise to work for large healthcare providers, we have specialized in providers from Critical Access to 300 beds.

Being a Corporate Sponsor has been a very positive experience for the company and for me personally. From a business perspective, it has provided exposure within the chapter that extends beyond what I could generate as a member. Personally, it has been a source of pride to be able to personally witness the benefits that Corporate Sponsorship brings to the chapter in the form of financial strength and social development. We know that our support helps to insure that our chapter has access to outstanding educational opportunities at rates that still make it affordable for our provider members to attend. As a newly certified CPAT, I understand even better just how important the educational opportunities are.

Rycan

Rycan has been an industry leader since 1986 assisting providers of all sizes. Our solutions empower healthcare providers to accelerate their revenue cycle through a suite of comprehensive, web-based solutions designed to improve productivity and increase reimbursement. Our solutions simplify the difficult tasks of remittance management, denial management, contract management, Medicare RAC audit tracking and data analysis.

Supporting healthcare providers through organizations such as AAHAM is important to Rycan. In addition to providing valuable education it offers providers the opportunity to network and resources to rely on. Rycan has been an active supporter of the MN AAHAM Chapter for many years. Jody Heard has been involved since 2007 and is currently serving as a Board Member as well as being co-chair of the Welcoming Committee. Stephanie Brown has been a member since 2007 and is currently serving as a Board Member. Pam Wilbur has been an active member for over 15 years serving on various committees. Serving the members of the MN AAHAM Chapter is important to the entire Rycan team.

Avadyne Health

Pam Brindley, along with her company, H&R Accounts which has recently been rebranded as Avadyne Health, have been supporters of AAHAM chapters in various Midwestern states for many years. Pam has served as an officer and on various committees for AAHAM chapters in Iowa, Nebraska and Minnesota. For the past thirty years Pam has been involved in the health services field. Pam, along with the frontline staff at Avadyne Health, recognizes the importance and power of the AAHAM Certifications as Pam is a CPAT/CCAT.

Currently Pam is a Regional Account Executive in Minnesota and Wisconsin. Her future plans with Avadyne Health for AAHAM chapters include submitting articles and presenting seminars educating the membership about the changing role of technology to help improve the revenue cycle process. Avadyne Health, along with our partner, Benchmark Revenue Management, will be able to provide web based RCM tools for hospitals such as workflow, denial analysis and dash board monitoring. With Benchmark's technological expertise, Pam believes that Avadyne Health will be able to better inform AAHAM members about the technological opportunities as well as the challenges facing healthcare providers in coming years.

Military Connection October 2010 Newsletter

Veterans Day is quickly approaching, and all of us here at MilitaryConnection.com join a grateful nation in saying thank you to the men and women of our armed forces who serve, past and present. We also acknowledge and appreciate the many sacrifices of their families and friends. In this newsletter, we have featured a number of free benefits that are being offered to Active Duty Military, Veterans and their families. (See below)

Also, I recently had the opportunity to participate on a White House Briefing Call addressing Veterans. The discussion was about HR 3219, the Veterans Benefits Act of 2010 that was recently passed by Congress and signed into law by the President. The bill covers many areas including:

- * Protects soldiers who are deployed or moved from having to pay an early termination fee (such as for a cell phone) and on residential leases
- * Reauthorizes an expired VA work-study program for veterans
- * VA will be verifying their database of Veteran and Service Disabled Veteran-Owned Small Businesses
- * Authorizes \$10 million more for dedicated services for homeless women Veterans and homeless Veterans with children
- * Allows 100% disabled Veterans to receive free SGLI insurance coverage for two years
- * Increases the auto allowance for disabled Veterans
- * Allows parents whose child died on active duty to also be buried in a national cemetery if the deceased veteran was not survived by a spouse or children
- * Instructs the Institute of Medicine to carry out a review of best treatment practices for chronic multi-symptom Gulf War Veterans

I also want to congratulate the Veterans Administration on their new television ads to reach Veterans about the benefits they have earned. I am happy to report that the Post 9/11 GI Bill is working, and below are some recent statistics that are impressive:

- * Over 600,000 Veterans are enrolled in the Post 9/11 GI Bill (began August, 2009)
- * The VA has paid out over \$5.76 Billion to Veterans and Schools
- * 98 percent of the payments have been processed to date

Please check out the extensive area of MilitaryConnection.com for Education and Post 9/11 GI Bill information <<http://www.mailbotol.com/cgi-bin/uls/uls.cgi?ako=DXjOvXsODXODpYDXaDvpXsYXX>>

Debbie Gregory, CEO
MilitaryConnection.com

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Through the generous participation of our Corporate Sponsors, the AAHAM Gopher Chapter is able to provide high quality educational programs to our members while keeping registration fees manageable for our attendees. Please acknowledge these AAHAM Gopher Chapter Corporate Sponsors when you are looking for related services/products. Thank you.

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	Ingram & Associates Nicholas Kuzera 615-778-6201	

Aspirin –it can save your life

We did not know that you should not lie down while waiting for the EMT

Heart attack info NEW ASPIRIN/ Serious stuff

Just a reminder to all: purchase a box, keep one in your car, pocketbook, wallet, bedside, etc.

IMPORTANT READ.....

Something that we can do to help ourselves.

Nice to know.

Bayer is making crystal aspirin to dissolve under the tongue.

They work much faster than the tablets.

Why keep aspirin by your bedside?

About Heart Attacks

There are other symptoms of an heart attack besides *the pain on the left arm*.
One must also be aware of an intense pain on the chin, as well as nausea and lots of sweating,
however these symptoms may also occur less frequently.

. Note: There may be NO pain in the chest during a heart attack

The majority of people (about 60%) who had a heart attack during their sleep,
did not wake up.

However, if it occurs, the chest pain may wake you up from your deep sleep.

If that happens, *immediately dissolve two aspirins in your mouth*
and swallow them with a bit of water.

Afterwards:

CALL 911

- say "heart attack!"

- say that you have taken 2 aspirins..

- phone a neighbor or a family member who lives very close by

- take a seat on a chair or sofa near the front door,
and wait for their arrival and...

DO NOT lie down

TriWest Offering Online Claims Correspondence/Webmail

Providers have shared their desire to correspond electronically with TriWest for resolution of claims issues and inquiries and we listened! TriWest Healthcare Alliance introduced two tools for registered providers – online claims correspondence and Webmail. Available from the secure provider portal, these tools allow registered users to electronically submit claims-specific issues and other general inquiries.

Registered users can use online claims correspondence for appeals, claim checks and claim reviews. They will be prompted to enter claims-related information (e.g., a beneficiary's Social Security number and/or claims number). Users also have the ability to electronically upload supporting documentation, if required, to process their claims inquiry, appeal or review.

Webmail allows users to submit inquiries regarding general secure website topics (e.g., User Administration, Personal Profile, and Eligibility) that don't necessarily require an immediate resolution.

Registered users can enter the Secure Message Center from the secure provider portal at www.triwest.com/provider by clicking [Send/View Webmail](#).

*Note: for referral/authorization issues, users should continue to use the TriWest Online Service Center Tool by clicking [Technical Assistance with Submission Requests](#).

To take advantage of these exciting new time-saving features, make sure you are registered for the secure provider portal at www.triwest.com/provider/registration. Registered users can also take advantage of these features:

- Verify patient eligibility
- Research covered benefits and check referral/authorization and medical review requirements for specific codes
- Submit referrals/authorizations online and check their status regardless of how the request was submitted
- Submit claims online and check claim status regardless of how the claim was submitted
- Download remittance advices
- Download claims status reports
- Electronic Funds Transfer (EFT) – Coming soon!

“Providers have shared their desire to correspond electronically with TriWest for resolution of claims issues and inquiries and we listened!”



Authors: Christopher Thunder and Ryan Brebner, R&B Solutions, Waukegan, Illinois
Date: 5 October 2010
Subject: Automation is the Key to Efficient Health Care Reform

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (ACA) into law, expanding Medicaid and forming health insurance exchanges. The goal of the bill is for all Americans to have access to some form of medical coverage. Medicaid is expected to play a major role in covering more uninsured people and providing eligibility to nearly all people under age 65 with income up to 133 percent of the federal poverty level (FPL). Medicaid, along with its smaller companion program, the Children's Health Insurance Program (CHIP), is expected to cover an additional 16 million people by 2019. Health insurance exchanges are to be formed by 2014 to help insurers comply with consumer protections, compete in cost-efficient ways, and to facilitate the expansion of insurance coverage to more people. However, both government programs, Medicaid and the Government-Sponsored Enterprises (GSE), will have to coordinate in some way with each other.

A great deal of the burden in the coordination and enrollment of these programs will fall on the states. According to the Kaiser Commission on Medicaid and the Uninsured, it is commonly understood that "given the expected new demands on Medicaid eligibility and enrollment systems, and continuing fiscal strains on states, the impetus to streamline and automate Medicaid systems has never been greater." Many believe this task will be difficult for states to execute. U.S. hospitals expect a \$155 billion reduction in Medicare and Medicaid funding over the next decade as a result of the ACA's cost for health care reform. Disproportionate Share Hospitals will be affected more so than most since they receive a significant portion at a higher rate of reimbursement for services that treat more uninsured than insured. The Center of Budget and Policy Priorities found that 48 states had budget short falls in 2009 and 2010, and estimates that 46 states will continue to have budget shortfalls in the following year, which places the States' ability to provide matching funds in question. With budgets decreasing, unemployment and Medicaid eligible patients increasing, and health insurance exchanges forming, how do hospitals continue to assist their patients and ensure the fiscal health of the hospital?

Douglas Elmendorf, head of the Congressional Budget Office (CBO), recently remarked in a letter to Senator Max Baucus, Chairman of the Senate Finance Committee, that one of the greatest difficulties in enrolling people who are eligible for government programs is the application process itself. One solution he saw was to create a more "efficient enrollment process." Elmendorf indicated that an additional 14 million people would become eligible for Medicaid and CHIP under the new ACA guidelines. Even if states accomplish the goal of streamlining and automating Medicaid systems, it does not mean that patients will actively seek out and enroll themselves. Since there will be more Medicaid-eligible patients than ever before, hospitals will require a process that will quickly screen and fill out all the extensive paper work in order to expedite and secure approval for Medicaid and other programs.

Individuals won't be registered for these programs and taking advantage of their benefits until they find themselves in need of it, sick in the hospital. The car insurance industry has shown us that just because the state mandates auto insurance does not mean every driver has it. Often times, an accident will have to occur before an uninsured motorist looks to find insurance. In order for the hospital to gain reimbursement, it will have to educate patients on their options, and assist them with their enrollment in Medicaid, insurance exchanges, or other available programs. The verification of information will also have greater importance as the ACA established the new IRS Code Section 501(r), which requires hospitals to take action and confirm if a patient is eligible for financial assistance, and states look to implement investigations similar to (Recovery Audit Contractor) RAC audits on Medicare. The Washington Post recently published an article on North Carolina's hiring of IBM to review the past six years of Medicaid data for questionable payments. Now more than ever, the burden of proof is being placed at the feet of the hospital, not the patient.

In their executive summary titled “Optimizing Medicaid Enrollment: Perspectives on Strengthening Medicaid’s Reach under Health Care Reform,” Julia Paradise of the Kaiser Commission on Medicaid and the Uninsured and Michael Perry of Lake Research Partners, found and suggested “it is appropriate for CMS to spearhead automation efforts by developing model enrollment systems for states and providing technical assistance and incentives to promote their adoption.” Whether or not the states will be able to accomplish this remains to be seen, whereas hospitals are afforded a better chance of success on the front lines of patient interaction and care and have a major incentive to assist patients in enrollment than the state. The only way hospitals can handle the volume of necessary enrollment while driving down costs is through automation.

In doing this, hospitals keep with best practices, and all patients are screened for multiple programs at once with the same questions, which eliminates the possibility of repetition and other forms of human error. Automation also enables providers to maximize staff time and efforts, and allow the service to be offered in outpatient areas. Programs with integrated calculators can compute spend-down requirements, as well as insurance exchanges enrollment fees by the 2014 ACA deadline. All of this information is kept on file for report generation and the IRS 990, which will also eliminate duplicate applications in multi-system hospitals. At the end of the interview, the tool will bring forth the completed application for the best program the patient is eligible for, any necessary attachments, an electronic signature, and the documents required by the state for eligibility determination, such as electronic pay stubs and tax return information. By being electronic, the application is then capable of being submitted online, or by facsimile, with tracking information returned to the hospital.

If the goal of Healthcare Reform is for all Americans to have access to some form of medical coverage, then hospitals will need to play the largest role in assisting people towards the proper access channel and the appropriate form of eligibility. Hospitals are in the unique position of seeing patients when they will need coverage the most: at the time of care. The ACA does offer some direction in terms of an approach to handle the millions of newly eligible patients, but the guidance does not provide the means to properly assist the millions more currently now eligible or eligible-but-not enrolled. Unfortunately, the current state of the economy means hospitals will have to do more with less, and assist a greater number of uninsured patients. Automation will be the key component at the state level (as laid out in the ACA), and also for hospitals to handle the Medicaid increase and maximize their reimbursement across a variety of repayment options.

Christopher Thunder is a freelance writer for R&B Solutions, a Medicaid Advocacy company headquartered in Waukegan, Illinois.

Ryan Brebner is Manager of Business Development for R&B Solutions, and is responsible for leading the company’s sales and marketing. Ryan is an active member of HFMA, AAHAM, and NAHAM. Ryan graduated from Saint Norbert College in DePere, Wisconsin with a Bachelor of Arts in Politics and Philosophy. For further information, Ryan Brebner can be reached at 847-887-8514.

About R&B Solutions: (www.randbsolutions.net)

R&B Solutions is a leading Medicaid Advocacy corporation that both uninsured patients and medical providers alike have come to trust to solve many of the problems facing uninsured patients and the medical facilities from which they seek help. R&B Solutions offers a wide variety of solutions for medical providers to assist their patients. The company uses highly-trained patient advocates efficient in State Human Services processes, internally developed software, and years of legal experience to identify and assist the uninsured. R&B Solutions offers expertise in the field of Medicaid Advocacy (inpatient solution), Solutions for Uninsured Patients (SUP), outpatient solutions, and RAMP (Rapid Application for Medical Programs), proprietary software that screens for Medicaid and charity eligibility. Founded in 1986, R&B assists health care providers and their uninsured patients across the United States.

AUC Updates

AUC Best Practices

Are you aware the Administrative Uniformity Committee (AUC) website has a quick reference guide for existing AUC Best Practices?

Best Practice documents are consensus recommendations for the AUC to further standardize and harmonize health care administrative transactions for the providers and group purchasers for which the rules apply. While adoption or adherence to the best Practices is voluntary, it is strongly encouraged to further reduce health care administrative burdens and costs.

Currently the Best Practices denoted as “v4010” in the table should be used with the corresponding v4010 Minnesota Uniform Companion Guide. The Grid will be updated with any corresponding Best Practices for v5010. Users should not assume that the v4010 AUC Best Practices listed would apply to v5010 MN Uniform Companion Guides.

The Minnesota Uniform Companion Guides are rules for the exchange of standard, electronic health care administrative transactions. Health care providers providing health care services for a fee in the state of Minnesota and group purchasers (i.e. “payers,” “HMOs,” “carriers,” “TPAs,” etc.) licensed or doing business in Minnesota must comply with these rules. The Minnesota Department of Health (MDH) has consulted with the Minnesota Administrative Uniformity Committee (AUC) to develop these rules in accordance with Minnesota Statutes, section 62J.536.

Other AUC Resources

Claims Attachment Information and Fill-able Form
Companion Guides and Provider Resources
FAQ about E3 (62J.536)
Paper Claim Manuals
Federal Links
Laws and Rules
Alerts and News & Accomplishments
AUC Forms

Judy Gordon, CPAM, CHC

“Are you aware that the AUC website has a quick reference guide for....”

Nominations for 2011

They Gave All.....

These terms were up this year so please acknowledge them for the time they give volunteering for your organization.

- Vice President - Virginia Berney
- Treasurer - Lois Wakefield
- 4 Board Member Positions - Jamie Weappa
- Jody Heard
- Kari Marinowski
- Stephanie Brown



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BYLAWS

American Association of Healthcare Administrative Management Gopher Chapter BYLAWS

ARTICLE I – MEMBERSHIP

Application for membership shall be made in writing on application blanks furnished for that purpose.

The Board of Directors shall have the final authority to determine the eligibility of an individual for membership, or the revocation of membership, consistent with the ethical standards and requirements of this organization.

Membership shall not be transferable from individual to individual. A member who changes employment during a membership year shall continue to be a member for the remainder of the membership year for which dues have been paid.

ARTICLE II – DUES AND FEES

Annual dues shall be for the calendar year in an amount to be determined by the Board of Directors and reviewed on an annual basis.

If the Board of Directors imposes an application fee, it shall accompany the application.

New applications for membership, accompanied by the proper amount of dues and fees, received after the first day of the last quarter of the membership year shall constitute payment for the remaining portion of the membership year and for the following membership year.

Dues shall be forwarded to the Treasurer. The Membership Chair will track local and national membership.

An individual who submits an application for membership, accompanied by the appropriate dues and fees, which is received by the Treasurer by the first day of the third quarter of the membership year, shall have the right to vote in any election held during the remainder of that membership year.

ARTICLE III – VOTING

Eligibility

All eligible members shall have the right to vote. Proxy voting shall be used for any issue except for the election of Officers and Board of Directors.

Mail Votes

Votes shall be cast by mail on the official ballot.

A system of mailing the ballots and receiving the mail votes shall be designated to maintain the security and secrecy of the ballots and votes.

Ballots must be mailed to the members by the Chapter at least thirty (30) days prior to the meeting. To be counted, ballots must be returned by the members postmarked at least five (5) days prior to the meeting at which such vote is to be counted.

All mail votes shall be kept for thirty (30) days after the election results are announced in case recounts are required.

Majority

All matters except as otherwise specified in this constitution and Bylaws shall require a simple majority of those voting.

ARTICLE IV – MEETING

Annual Meeting

The Annual Meeting shall be the last scheduled meeting of the calendar year. The results of the election of Officers and Board of Directors shall be announced to the membership at the annual meeting following the election. Notice of this meeting shall be given at least thirty (30) days prior to the scheduled date. Notice shall be in writing.

Special Meetings

1. Special meetings of the Chapter may be called by the President, a majority of the Board of Directors, or not less than one tenth (1/10) of the membership. Notice of the meeting shall be made in writing.

Transitional Meeting

The Transitional Meeting of all current and newly elected Executive Committee and Board of Directors members shall take place on a mutually agreed upon date prior to the first meeting of the new year and after the final meeting of the prior year. All elected officers and outgoing officers shall arrange to meet at a time and place designated by the new President.

Meeting Place

1. The Executive Committee may designate any place within the State of Minnesota as the site of either the annual or any special meeting. A majority of the Executive Committee must approve the meeting place.

Regional Meeting

A Regional Meeting will consist of the Gopher Chapter of AAHAM and one or more other AAHAM chapters, or other recognized associations.

At the request of the President and by a majority vote of the Executive Committee, a Regional Meeting can be held. Notice of the meeting shall be made in conjunction with those chapters/organizations involved.

A Regional Meeting can be held outside of the State of Minnesota.

Quorum

One tenth (1/10) of the membership shall constitute a quorum, provided a majority of the Executive Committee is present.

A majority of the Executive committee shall constitute a quorum for a meeting of the Committee.

ARTICLE V – EXECUTIVE COMMITTEE

Composition of the Executive Committee

The Executive Committee shall consist of the elected or appointed officers of the Chapter, the members of the Board of Directors and the Chair of the Board of Directors.

Officers

There shall be six (6) elected or appointed officers of the Chapter. They shall be a President, First Vice President, Second Vice President, Secretary, and Treasurer.

An Officer is an individual in good standing with the local and National AAHAM organization. An Officer is a member that has been nominated in accordance with the procedures as set forth in these Bylaws and elected by the members of the organization or who has been appointed by the President.

National members who are associated with healthcare administrative services are eligible to run for office, provided they meet the respective officer qualifications.

Board of Directors

There shall be seven (7) members of the Board of Directors.

Vacancies on the Board of Directors shall be appointed by the President, and each person so appointed shall be a Director until a successor is elected by the voting members of the Chapter.

All members shall be qualified to be members of the Board of Directors.

Chair of the Board and Advisory Council

The Chair of the Board shall be the most recent past President.

The Advisory Council shall consist of the three (3) most recent past presidents whose term ended other than by removal. It shall be the function of the Council to serve in an advisory capacity to the Board of Directors.

ARTICLE VI – POWERS AND DUTIES OF EXECUTIVE COMMITTEE

Officers

President

The President shall preside at all general meetings of the membership of the Chapter, at meetings of the Board of Directors, and attend at least one National Presidents meeting per year. If the President is unable to attend the National Presidents Meeting, a qualified chapter member may be appointed, by the President, to attend. The President shall send an outline of the proposed programs and activities for the Gopher Chapter to the National AAHAM Executive Director as soon as is practical. The President shall be an ex officio member of all Chapter committees, standing and special, except the Nominating Committee. The President shall call meetings, execute policy, and provide leadership to the members of the Chapter. The President shall consult with the Executive Committee and the Advisory Council, and keep them fully informed so the programs and activities of the Chapter may be coordinated. The President shall strive, during his or her term in office, to guide the Chapter to meet the objectives outlined in the Chapter's constitution.

First & Second Vice Presidents

The Vice Presidents are responsible for all arrangements for Chapter meetings. The Vice Presidents shall serve as Co-Chairs of the Education Committee.

In the absence of the President, or during his or her incapacitation (as determined by the Board of Directors), the President's duties shall be performed by the First Vice President. The Second Vice President shall assume the duties if both the President and First Vice President are absent or incapacitated.

Secretary

The Secretary shall be responsible for maintaining the Chapter's official records. The Secretary shall keep minutes of the Board of Directors meetings and send a copy of the minutes to the Board Chair, Officers, Board Members, and Committee Chairs. The Secretary shall maintain past and present copies of Bylaws and Amendments. The Secretary shall provide each elected Officer and Committee Chair with copies of their job descriptions and Chapter Bylaws as soon as possible, following an election.

Treasurer

The Treasurer shall be responsible for all monies of the Chapter and for the disbursement of those monies. The Treasurer shall receive and acknowledge all monies due and payable to the Chapter. The Treasurer shall deposit all monies, in the name of the Gopher Chapter of the American Association of Healthcare Administrative Management, in a depository approved by the Executive Committee. S/He may reimburse approved expenses for business of the Chapter, authorized by the Executive Committee.

The Treasurer shall be bonded. S/He shall submit a financial report at each regular meeting of the Board, and make available to the Chapter membership an annual report. S/He shall maintain and forward such reports as may be required by National.

Chair

The Chair is required to attend all general meetings of the membership of the Chapter and meeting of the Board of Directors.

Executive Committee Duties and Obligations

Duties and obligations of the Executive Committee are further outlined in the Job Description manual.

Board of Directors

It shall be the duty of each Board Member to attend all Executive Committee meetings, to promote and encourage increases in membership and development of Chapters within his or her geographic area, and to represent the Chapter at regional or state activities in his or her areas that are related to the Chapter. Each member of the Board of Directors shall sit on a minimum of one Chapter Committee.

Advisory Council

1. The members of the Advisory Council shall be given notice of, and be invited to attend, as non-voting observers, regular business meetings of the Board of Directors. In addition, the Advisory Council shall meet as needed for the purpose of reviewing the Chapter operations, procedures, and recommending any changes to the Board of Directors which it considers desirable for the more efficient operation of the Chapter. The immediate past President shall be the chair.

Term of Office

Elections shall be held annually. The President, Secretary, and three (3) Board members shall be elected in uneven years. The Treasurer, and four (4) Board members shall be elected in even years. The Second Vice-President shall be elected every year. S/He shall be moved to First Vice-President in his or her second year of term, and a new Second Vice-President shall be elected with the rotation continuing. A term of office shall start January One (1) of the following calendar year. An Officer or Director who ceases to qualify for that office will be requested to fill out their term. An Officer or director may serve for more than one (1) consecutive term, but not more than two (2) consecutive terms in the same office.

Executive Vacancies

If any member of the Executive Committee (excluding the President) shall, for any reason, vacate his or her office, the President shall appoint, from the voting members, someone to fill the unexpired term.

If the President shall, for any reason, vacate his or her office, the First Vice President shall assume the office of President, to fill the unexpired term.

In the event the immediate past President cannot serve as Chair of the Board, the Board shall elect any past President to serve as Chair, by a mail vote of the majority of the Board. In the further event there are no past Presidents available to serve as Chair of the Board, the Board shall elect one of their members by a majority vote of the entire Board, which vote may be by mail, in person at a meeting, or both.

ARTICLE VII – COMMITTEES

Committee Membership

The President of the Chapter shall appoint a Chair to each Chapter Committee, who may in turn appoint additional members to the committee.

The Chair of each Committee shall be responsible for submitting a written report on committee activity to the Chair of the Chapter Excellence Committee, following each chapter meeting.

Bylaws

The Bylaws Committee shall be responsible for maintaining the current status of the Chapter Constitution and Bylaws.

The Bylaws Committee shall be responsible for staying current with National changes.

The Bylaws shall be reviewed on a yearly basis.

Certification

The Certification Committee shall be responsible for providing up-to-date materials and education to Chapter members who are interested in sitting for the Certified Patient Account Manager (CPAM), Certified Clinic Account Manager (CCAM) exam, Certified Patient Account Technician (CPAT) or Certified Clinic Account Technician (CCAT) exam.

Chapter Excellence

The Chapter Excellence Committee shall be responsible for gathering, collating and submitting the application for the National AAHAM Chapter Excellence Award.

Community Service

The Community Service Committee shall be responsible for arranging service projects that will benefit the community in which each Chapter meeting is held.

Corporate Sponsors

The Corporate Sponsors Committee shall be responsible for recruiting corporate sponsors and establishing guidelines for their participation at Chapter events.

Education

The First and Second Vice Presidents of the Chapter shall be Co-Chairs.

The Education Committee shall develop and recommend to the Executive Committee, programs and outlines for workshops, institutes, and seminars, in accordance with the goals and objectives of the Chapter.

HECAPP/Uniformity

The HECAPP/Uniformity Committee shall be responsible for representing the Gopher Chapter by participating with a group of providers to develop policies that recommend uniform reporting to insurance payers and coordinates coding for the benefit of healthcare providers.

Legislative

The Legislative Committee shall be responsible for representing the Gopher Chapter at the legislative level while monitoring governmental changes that affect healthcare.

Membership

The Membership Committee shall promote the increase of membership in the Chapter and shall report to the Board of Directors on all matters relating to the membership.

Nominating

No member of the Nominating Committee may be an Officer or Board of Directors of the Chapter or running for any elected office.

The Nominating Committee shall nominate a slate of candidates for election, in accordance with Article VI, Section 4, prior to the next annual meeting of the Chapter.

The committee shall report to the President, no later than six (6) weeks before the scheduled date of the annual meeting, the names of the candidates the committee has nominated.

All voting is to be done by mail. Ballots must be mailed to the members of the Chapter at least thirty (30) days prior to the meeting. To be counted, ballots must be returned by the members postmarked no later than five (5) days prior to the meeting at which such vote is to be counted.

The committee shall be responsible for receiving and counting all ballots and reporting the results at the Annual Meeting.

Publications

The Publications Committee shall coordinate and prepare material for publications of the Chapter and National Office to include Gopher Tracks, meeting brochures and such other publications as may be required.

The Publications Committee shall develop and promote publication policies in accordance with the goals and objective of the Chapter and National Office.

The Publications Committee shall utilize an Editing Sub-Committee to proof-read publications before they are sent to print.

Scholarship

The Scholarship Committee shall consist of the winner of the previous year's Scholarship Award.

The Scholarship Committee shall be responsible for keeping a running total of points (obtained by pre-established criteria) of all Chapter members who wish to run for the Scholarship Award.

The results will be reviewed by the President and the Chair.

Welcoming/Registration

The Welcoming Committee shall be responsible for registration at each Chapter meeting.

Other Committees and Assignments

The President and Executive Committee, during their terms in office, shall have the authority to appoint special committees in accordance with the objectives of the Chapter, and to request special tasks for the members for appropriate study and for action. Subject to the Constitution and Bylaws, the President shall have the authority to make appointments to all other committees.

The term of all committee members shall expire at the end of the calendar year unless otherwise provided for by the action of the Executive Committee.

The board shall hire an external accountant to audit, review and maintain financial records.

ARTICLE VIII – AMENDMENTS

A. The Bylaws of the Gopher Chapter may be changed, amended, or repealed by a two-third (2/3) majority of those members voting.

See Article VIII of the Constitution for procedure.

Approved by the Board of Directors 5/7/97.

Approved and adopted by a majority vote of the membership 1/15/97.

Changes approved and adopted by a majority vote of the membership 1/16/02.

Approved by the Board of Directors 7/2/10

CONSTITUTION

American Association of Healthcare Administrative Management

Gopher Chapter

ARTICLE I – NAME

The name of this organization shall be the American Association of Healthcare Administrative Management (AAHAM), Gopher Chapter.

ARTICLE II – MISSION

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.

ARTICLE III – PURPOSE AND OBJECTIVES

The purpose of the American Association of Healthcare Administrative Management, Gopher Chapter shall be to:

Promote and encourage recognition of Patient Account Management as an integral part of healthcare financial management.

Encourage the implementation of effective and efficient business and receivables management, policies, and procedures in the healthcare industry.

Stimulate and encourage an exchange of information among the membership.

Develop and encourage the implementation of programs for the purpose of furthering the education and increasing the knowledge of the membership of the healthcare industry.

Develop and implement such programs as may add to the knowledge and encourage the development of persons new to the healthcare industry.

Establish standards of performance for persons who participate in, or are involved with, the management of healthcare patient accounts.

Cooperate with other healthcare organizations, institutions, and other related agencies.

ARTICLE IV – MEMBERSHIP

A member shall be an individual associated with healthcare administrative services.

Membership shall be on an individual basis and not on an institutional basis.

One member from each institution must be a national AAHAM member. Other members from that institution may be Gopher Chapter (local) members only.

In the event the National AAHAM member leaves the institution, local only members may continue their membership for the remainder of the membership year.

ARTICLE V – MANAGEMENT

The Executive Committee shall direct the affairs of the American Association of Healthcare Administrative Management, Gopher Chapter.

The Executive Committee shall consist of the Officers and Board of Directors of the American Association of Healthcare Administrative Management, Gopher Chapter. The powers and duties of the Executive Committee are defined in the Bylaws.

ARTICLE VI – PERSONAL LIABILITY OF OFFICERS AND DIRECTORS

An Officer or Director of the AAHAM, Gopher Chapter shall not be personally liable to the Association or its shareholders for monetary damages as such including, without limitation, any judgment, amount paid in settlement, penalty, punitive damages or expense of any nature (including, without limitation, attorney's fees and disbursements) for any action taken, or any failure to take the action, unless the Officer or Director has breached or failed to perform the duties of his or her office under this Constitution, the Bylaws of the Association, or applicable provisions of the law and the breach or failure to perform constitutes self-dealing, willful misconduct or recklessness.

ARTICLE VII – MEETINGS

Annual or special meetings of the American Association of Healthcare Administrative Management, Gopher Chapter shall be held as provided for in the Bylaws.

ARTICLE VIII – BYLAWS

The Bylaws of the American Association of Healthcare Administrative Management, Gopher Chapter may be amended, repealed, or added to in the following manner:

Any of the membership of the American Association of Healthcare Administrative Management, Gopher Chapter may propose a change to the Constitution.

The Board of Directors shall, by a majority vote, determine if the proposed change shall be submitted to the membership for a vote.

Notification shall be in writing and shall inform the members of the Article or Articles to be changed.

The Article or Articles to be changed shall be submitted to the membership in their existing form and in the form of the proposed change.

Voting on any change shall be by mail ballot submitted to the membership. A two third (2/3) vote of the members voting shall be required to adopt the said change.

Approved by the Board of Directors 5/7/97. Approved and adopted by a majority vote of the membership 11/5/97.

Changes approved and adopted by a majority vote of the membership 11/6/02.

Changes approved and adopted by a majority vote of the membership 7/21/03.

Approved by Board of Directors 7/21/10.



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Primary care doctors carrying heavier mental health load

MORE THAN A THIRD OF PATIENTS RELY SOLELY ON THEM TO TREAT PSYCHIATRIC CONDITIONS AS THE NUMBER OF PSYCHIATRISTS FAILS TO KEEP PACE WITH DEMAND.

By Christine S. Moyer

As an internist, Charles Cutler, MD, was trained primarily to detect and treat physical problems. But he sees many patients for mental health issues at his practice in Norristown, Pa.

Because psychiatrists in the area frequently do not have openings for new patients, Dr. Cutler often provides mental health treatment.

He is among a growing number of primary care physicians who say they are handling a greater load of mental health care. A report from the Center for American Progress, a public policy and advocacy organization, shows that more than a third of patients who receive treatment for mental health disorders rely solely on primary care physicians.

"A key part of primary care is an awareness of the need to provide mental health services to your patients. If you're doing primary care and you're not aware of that, you're in the wrong field," Dr. Cutler said.

Although treating psychiatric conditions in primary care is not new, the amount of cases physicians are seeing is increasing, said Thomas Wise, MD, medical director of behavioral health services at Inova Health System in Falls Church, Va.

Nearly 1 in 10 Americans 18 and older is depressed.

One reason for the trend is that there are too few psychiatrists to meet the nation's mental health needs, doctors say. In the past decade, the number of practicing psychiatrists has grown from 39,494 to 40,904 -- an uptick of only 1,410, according to 2010 data from the American Medical Association's *Physician Characteristics and Distribution in the U.S.* The figure does not include specialists in child and adolescent psychiatry.

Although the number of psychiatrists has increased, the supply is not keeping pace with the demand for such specialists, said Steven Schlozman, MD, an assistant professor of psychiatry at Harvard Medical School in Boston. Too few students pursue psychiatry, in part, because the specialty typically requires four additional years of training after medical school -- more if doctors pursue child and adolescent psychiatry, he said.

In addition, psychiatrists often are disproportionately spread across the country, with a majority practicing in urban areas. And there is a stigma attached to psychiatry by some patients who may feel more comfortable seeing a primary care doctor for mental health issues.

PREVALENCE OF MENTAL ILLNESS

Nearly one in 10 Americans 18 and older is depressed, according to a Centers for Disease Control and Prevention study in the Oct. 1 *Morbidity and Mortality Weekly Report*. One in four adults has a diagnosable mental disorder in any given year, according to the National Institute of Mental Health.

When a psychiatric issue is identified, primary care doctors have limited options for referring patients to specialists due to the shortage of mental health professionals, particularly child and adolescent psychiatrists, Dr. Schlozman said.

Additionally, many health insurers contract out psychiatric benefits to different companies. Unlike most referrals from physicians, this approach often requires patients to find an available psychiatrist by making calls from a list provided by their insurer.

"This makes it immensely more difficult for patients to get care," Dr. Schlozman said.

Another problem is that some primary care physicians lack the training and appropriate amount of time to successfully treat mental problems, experts said. The result is that some mental disorders are going undiagnosed.

1 in 4 adults has a diagnosable mental disorder in any given year.

With mental illness affecting all ages and experienced by many with chronic conditions, the impact is great. "This is not something we can ignore," said Lesley Russell, PhD, a visiting fellow at the Center for American Progress.

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In October, the center issued a report on mental health care services in primary care. The report said more primary care doctors are treating mental health problems, but the quality of treatment is uneven, because many conditions are going unrecognized and untreated. Only a third of cases seen by primary care doctors received minimally adequate care, the report said.

IMPROVING MENTAL HEALTH CARE

To ensure that patients with mental health issues do not go untreated, the U.S. Preventive Services Task Force in 2009 recommended that physicians screen adults for depression when there is a support system in place to ensure "accurate diagnosis, effective treatment and follow-up."

Physician organizations, such as the American College of Preventive Medicine, also have issued depression guidelines for doctors to use. In 2009, the college recommended that primary care doctors screen all adult patients for depression.

In October, the American Psychiatric Assn. issued new clinical guidelines for patients with major depressive disorder, updating its 2000 guidelines. The guidance includes new evidence-based recommendations on antidepressants, depression-focused psychotherapies and strategies for treatment-resistant depression.

In the primary care setting, physicians should look for signs of mental health problems, such as trouble sleeping and eating, experts say. In children, doctors should look for atypical behavior that begins suddenly, such as irritability or a drop in grades with a good student, said Ulrick Vieux, DO, medical director of Children's Community Mental Health Services at St. Luke's and Roosevelt Hospitals in New York.

Daniel Yohanna, MD, vice chair of the Dept. of Psychiatry and Behavioral Neuroscience at the University of Chicago Medical Center, encourages physicians to attend mental health lectures at medical conferences. He also recommends that primary care doctors modify their practices so staff members can consult mental health specialists easily when they identify patients with psychiatric issues.

Russell, of the Center for American Progress, said some barriers to receiving mental health care will be reduced by the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. The law, which took effect Jan. 1, prohibits group insurance plans from restricting access to mental health care by limiting benefits and requiring higher patient costs than for general medical or surgical benefits.

Dr. Yohanna said telemedicine, such as video conferencing, might help physicians connect with child psychiatrists to evaluate a patient. Despite the benefits of the health parity law, challenges will remain for primary care physicians, he said.

"It's true that most of the people with psychiatric disorders are seen in primary care," Dr. Yohanna said. "It's up to [psychiatrists] to figure out ways to assist them, because we're not going to put a psychiatrist in every county."



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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.

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Gopher Tracks Staff and Information

Editor/Publisher Tamora Ellis

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Legislative	Judy Gordon
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