Gopher Tracks

Spring 2010

Congratulations!!

MN Chapter

receives 100% on

Chapter Operations

Report.

Inside this issue:

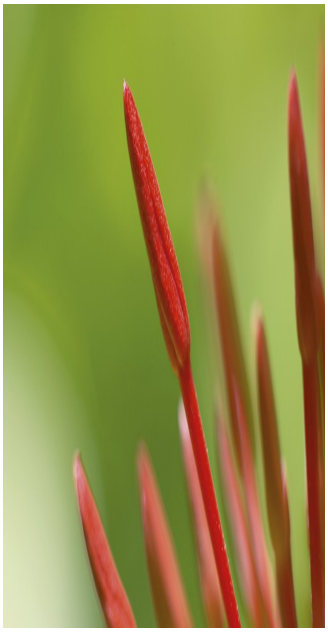
President's Report

Greetings to all.

Our summer meeting at Grand View Lodge in Nisswa is going to be here before we all know it. I have had the pleasure of staying at Grand View before and it is a lovely facility with a new conference center.

Every year each local AAHAM Chapter must present a Chapter Operations Report to National. We are ranked on many different items, from the financial security of the group to the educational sessions offered. I am very happy to report that Gopher Chapter received 100%! We are a healthy and vibrant chapter and I am so proud of our group.

Roberta



VP's Views

The March meeting was a great success. The payers did an excellent job with updates and answering questions.

Our MN Chapter held our first MN Legislative Day on the Hill with legislators. Eileen and her committee did an excellent job putting the day together and setting up our meetings with representatives. The agenda that was set up gave us information to help us with proper lobbying techniques and etiquettes that the group should follow.

The Board decided that Legislative Day would be done annually with our payers meeting. The dates will coincide with what will work best for all members attending.

The July meeting will be:
Where: Grandview Lodge
When July 21-23

The charity event for the July meeting will be a silent auction. The monies will be donated to the Severe Burn Camp. The burn camp serves Minnesota and surrounding states for children with severe burns.

Contact Kari Miranowski or Virginia Berney if you have auction items you would like to donate.

The Annual National Institute this Year will be at Harbor Beach Marriot in Fort Lauderdale October 13-15. The Gopher Chapter scholarship winner for attending the ANI will be announced at the July meeting.

See you all in July. Hope the beautiful weather continues for the meeting.

Virginia

Attention to Contract Details Pays Off
Bellin Health Realizes Refreshing Revenue Returns

By Matt Golas and Pam Brindley, Wisconsin HFMA Chapter

For Bellin Health System in Green Bay, one of the keys to increasing the facility's financial health came down to a very simple idea. Find a detail oriented person and set them to work on paying attention to the many individual payor contracts and their financial and non-economic terms. When Wendy Schultz came on board in 2004, her task was just that straightforward - understand the contracts and make sure the terms were being honored.

By paying attention to contract details, Schultz, Bellin's Managed Care Leader, dramatically increased the health facility's financial bottom line. Since 2004, over $7.8 million in underpayments have been recovered by her team. In 2008 alone, Bellin Health recovered $2.5 million in underpayments. In 2009, that number was $1.7 million and in the first seven months of Fiscal Year 2010, over $900,000 has already been recovered . In addition, there is currently almost $580,000 in disputed claims that are awaiting payment from insurance companies. "It is crucial for health systems to monitor their payments from insurance companies," Schultz said. "Improper contract loading by insurance companies and claim processing errors have resulted in huge amounts of underpaid claims."

Before hiring Schultz, Jeff Hampton, Team Leader of Revenue Cycle Management, had identified a major issue that plagues many providers. The heart of the problem was that Administration had taken painstaking care in negotiating a favorable contract but once the contract was signed, it was thrown into a file cabinet never to be seen again. He asked the simple question, "Are we being paid correctly?" When Schultz was hired, she had no medical background, but Hampton was confident that her business skills would translate well as she organized Bellin's contracts into a workable system. Looking back to the start of the project, Schultz now laughs. "I didn't even know the difference between a UB and a 1500," she said. Awaiting Schultz when she initially arrived at Bellin Health, currently home to a 167 bed acute care hospital, a 55 bed psychiatric hospital, a critical access hospital and 30 clinics, was a file cabinet full of contracts that were in total disarray. Schultz started by reading the terms of the contracts, paying special attention to the financial and non-economic terms like timely-filing limits. She took information regarding payment rates, entered it into a spreadsheet and distributed it to those on her team in the business office. Once the contracts were organized, Schultz began the process of auditing variances or anything else that appeared out of order and disputing underpaid claims.

Before long, the manual auditing process had become too tedious and Schultz brought in Pat Riley, Business Applications Manager, to automate the process by modeling the payor contracts. Schultz identified the terms that were valuable to her team to make sure that the hospital was being paid according to the terms of the contracts and Riley created a home grown system to identify variances in expected versus posted adjustments. Now, on a daily basis, Schultz's team runs daily variance reports. Each claim that hits the report is investigated to identify if the claim has been underpaid or if there is another type of error. Disputed and recovered underpayments are tracked on a spreadsheet that is reported to Administration on a monthly basis

When Chief Financial Officer Jim Dietsche was hired in 2005, he was instrumental in making another important change by involving Schultz in the contract negotiation process. "It is absolutely essential to involve those that work on the front line in the negotiation process," Schultz said. "They can identify potential pitfalls and tighten up contract language based on payor issues that they have experienced. This is valuable after the contracts are signed as well. Once a contract is in place, those working with insurance companies on a daily basis need to be aware of pertinent information like financial terms, timely filing deadlines and payor policies and

(Con't from pg 2)

procedures."

Another piece of the correct payment puzzle that Schultz's team had to master was monitoring refund requests from payors. "We receive hundreds of refund request letters and many of them are not valid," said Schultz. Her team team has denied over $1.1 million in refund requests since the process began in 2008. Each refund request letter is analyzed to determine its appropriateness before a refund in made. Some reasons for denied requests include those that require patients to pay more due to recalculation of benefits and those that have incorrect contract rates.

With a net impact to the bottom line of nearly $10 million, it is easy to see why Bellin Health has recognized the importance of this function and given Schultz the autonomy and resources to expand the functionality of the team and scope of the project. The team has grown from Schultz sifting through forgotten file cabinets on her own to eight people tracking contracts on a daily basis in six short years. The team now consists of four Reimbursement Specialists to monitor payments, three Refund Specialists to review refund request letters and work credit balances, and a Revenue Audit Coordinator to reduce risk by working with departments on billing compliance. "The annual salary of the entire team can be reclaimed within a month or two, so the return on investment is remarkable," Schultz said. "It is not difficult to track the tangible impact of underpayment recoveries and denied refund requests. What is not as easy to quantify is the money saved in wasted hours and the overall impact that the team has had on issues that are now being addressed at the source. It is a little difficult to imagine how many dollars could have been lost if we had not been proactive and fixed the root cause of the issues we've identified."

Schultz is proud of the system that she has developed and believes that a similar process is not being implemented by many providers. When attending conferences, Schultz shares her story with other providers and challenges them to configure their own process in order to increase revenue. She is willing to lend assistance and answer any questions about implementing such a process. "In our current economy, it is so important that providers be paid according to the terms of these agreements if we're to remain financially stable," Schultz said.

Wendy Schultz
Managed Care Leader
Bellin Health
Office: 2020 S. Webster Avenue
P: 920-445-7225
Fax: 920-445-7229
Email: wayurs@bellin.org
Website: www.bellin.org

Bellin Health
744 South Webster Avenue
PO Box 23400
Green Bay, WI 54305-3400

Pamela Brindley, CHFP, CPAT, CCAT, CCAE
Regional Account Executive
H&R Accounts/MedPay/PMD
85250 Apple Hill Road
Bayfield, WI 54814
Mobile: 515-669-9396
Toll Free: 800-383-6110

"….amended the timely filing requirements to reduce the maximum time period for submission of all Medicare FFS claims to one calendar year after the date of service"

Timely Filing Requirements for Medicare Fee-For-Service Claims

On March 23, 2010, President Obama signed into law the *Patient Protection and Affordable Care Act* (PPACA), which amended the time period for filing Medicare fee-for-service (FFS) claims as one of many provisions aimed at curbing fraud, waste, and abuse in the Medicare program. The time period for filing Medicare FFS claims is specified in Sections 1814 (a), 1835(a)(1), and 1842(b)(3) of the Social Security Act and in the Code of Federal Regulations (CFR), 42 CFR Section 424.44. Section 6404 of the PPACA amended the timely filing requirements to reduce the maximum time period for submission of all Medicare FFS claims to one calendar year after the date of service.

Under the new law, claims for services furnished on or after January 1, 2010, must be filed within one calendar year after the date of service. In addition, Section 6404 mandates that claims for services furnished before January 1, 2010, must be filed no later than December 31, 2010.

The following rules apply to claims with dates of service prior to January 1, 2010. Claims with dates of service before October 1, 2009, must follow the pre-PPACA timely filing rules. Claims with dates of service October 1, 2009, through December 31, 2009, must be submitted by December 31, 2010.

Section 6404 of the PPACA also permits the Secretary to make certain exceptions to the one-year filing deadline. At this time, no exceptions have been established. However, proposals for exceptions will be specified in future proposed rulemaking.

AAHAM
American Association of Healthcare Administrative Management
MN GOPHER CHAPTER

Join MN Gopher AAHAM
(American Association of HealthCare Administrative Managers)
For Certification Coaching Sessions

CCAM/CPAT/CCAT/CPAT/CCT

Target Area	Dates	Time	Where	Area to meet	Personnel	Contact
North-Central MN	every other Wednesday	4:30 PM – 5:30 PM	Hibbing, Advantage Billing Concepts Office	Lunch Room	Tamora Ellis, CCAM	Tamora Ellis 218-312-1225 or email tamora@advantagebilling.net
North West MN	every Wednesday	2:00 PM – 6:00 PM	Park Rapids, St. Joseph's Area Health Services	Computer Training Room	Eileen Froelich, CPAM/CCAM and Carla Simonson	Eileen Froelich 218-237-5504 or email eileenfroelich@catholic.health.net Carla Simonson 218-237-5346 or email carlasimonson@catholic.health.net
Central Mn	Every other Tues.	4:00pm 6:00pm	TBA	TBA	Sandy Pawelk CPAM	Sandy Pawelk 763-878-2767 or e-mail jspawelk@tds.net

MN GOPHER CHAPTER AAHAM's Mission - to be the premier professional organization in health care 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.

AAHAM
American Association of Healthcare Administrative Management
MN Gopher Chapter

2010 GOPHER CHAPTER CORPORATE SPONSORS

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.

PLATINUM SPONSOR

Rycan Technologies • Jody Heard • 507-532-3324
ARS / Magnet Solutions • Richard Rogers • 888-302-8444
Advantage Billing Concepts • Roberta Collins • 218-263-7540
Outreach Services of MN • David Cartier • 612.235.7442

GOLD SPONSORS

H&R Accounts • Pamela Brindley • 515-669-9396
State Collection Service, Inc. • Brad Taylor • 608-692-5064

SILVER SPONSORS

American Accounts & Advisors
Bryan McGroarty
651-405-9760

Apex Print Technologies
Nels Peterson
651-259-4639

Array Services Group
Nicole Snell
320-534-3622

BRONZE SPONSORS

Advantage Collection Professionals
John Erlandson
763-552-5568

Collection Resources
Mary Donnay
320-253-8295

Colltech, Inc.
Tom Osberg
800-487-3888

Certified Recovery, Inc.
Patrick Karr
800-236-0016

Diversified Adjustment Service, Inc.
Bob Sawyer
763-783-2301

Emdeon Business Services
Karen Friemoth
800-537-7563

Northland Credit Control
Steve Karch
763-533-8484

Pinnacle Financial Group
Matt Luepke
800-870-6683

Tri-State Adjustments, Inc.
Rhonda Helgeson
800-562-3906

Ingram & Associates
Nicholas Kuzera
615-778-6201

New Health Care Electronic Transactions Standards
Versions 5010, D.0, and 3.0

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards that covered entities (health plans, health care clearinghouses, and certain health care providers) must use when electronically conducting certain health care administrative transactions, such as claims, remittance, eligibility, and claims status requests and responses.

Over 99 percent of Medicare Part A claims and over 96 percent of Medicare Part B claims transactions are received electronically. The current versions of the standards (the Accredited Standards Committee X12 Version 4010/4010A1 for health care transactions and the National Council for Prescription Drug Programs [NCPDP] Version 5.1 for pharmacy transactions) used in these health care transactions lack certain functionality required by the health care industry. Therefore, it is necessary for providers to prepare for new standards in order to continue submitting claims electronically. This fact sheet provides basic information about the new transactions standards for the following versions adopted by HHS: ASC X12 Version 5010, and NCPDP Versions D.0 and 3.0.

What Regulatory Requirements are Responsible for the Transactions Standards?

- HIPAA mandated that the health care industry use standard formats for electronic claims and claims-related transactions.
- The Transactions and Code Sets Final Rule, published on August 17, 2000, adopted the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) as a HIPAA standard for transactions.

Preparing for Electronic Data Interchange (EDI) Standards: The Transition to Versions 5010 and D.0

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards that covered entities must use when electronically conducting certain health care administrative transactions, such as claims, remittance, eligibility, claims status requests, and responses. The current versions of the standards for health care transactions lack certain functionality required by the health care industry.

On January 16, 2009, the HHS Administration published a Final Rule that replaces HIPAA Accredited Standards Committee (ASC) X12 Version 4010A1 with ASC X12 Version 5010 and National Council for Prescription Drug Programs (NCPDP) Version 5.1 with NCPDP Version D.0. Therefore, it is necessary for covered entities to prepare for these new standards in order to continue submitting claims electronically. This fact sheet provides information on what covered entities can do to prepare for the transition to ASC X12 Version 5010 and NCPDP Version D.0.

Who Needs to Prepare for the Transition to Versions 5010 and D.0?

HIPAA covered entities affected by the transition to Versions 5010 and D.0 include the following:

- Providers, such as physicians, alternate site providers, rehabilitation clinics, and hospitals;
- Health plans;
- Clearinghouses; and
- Business associates that use the affected transactions, such as billing/service agents.

The Increasing value of the Patient Statement

"When's the last time you really looked at the patient statement your organization's providing? "

Business offices for hospitals and healthcare systems focus on coding and compliance for good reason. Public and private payer requirements make receiving a timely and correct reimbursement for their patients a challenge. Add the prospect of penalties or even criminal allegations from either payers or regulatory agencies and the reason is clear. However, with the current shift in today's healthcare environment from a reimbursement model based on government and insurance company reimbursement to self-pay patients, a business office's traditional emphasis on coding and compliance ignores the main patient communication vehicle for the revenue cycle – the patient statement.

Catastrophic insurance policies with high deductibles and the uninsured have combined to increase the number of self-pay patients. HFMA's November 2009 Research Findings regarding the shift to self-payment found that 97% of provider respondents experienced an increase in self-pay accounts receivables from the prior year. In a third of the respondents, this self-pay account receivable growth resulted in receivable balances growing faster than patient revenue. Revenues derived directly from the patient are increasing. These numbers highlight the increasing value of the patient statement to healthcare business offices.

The statement is the final 'patient touch' in their experience with your organization. It gives the patient an opportunity to make a first-hand impression of your revenue cycle. How good is the financial communications vehicle you send to your patients? The HFMA Patient Friendly Billing Project exposed patient billing as a significant problem for patients and providers. This project is based on the ideal that the patient statement should be easily understood by the average reader.

Is your statement intuitive from a patient's perspective? Who's it from? How much do I owe? What's my account number? What's that code mean? I need my readers - this font's too small. These are all examples of patient frustration with the bill received. Healthcare terminology can be an unknown. Codes and acronyms that professional billers take for granted mean nothing to others.

Is your statement an effective collections vehicle? Is the amount owed obvious? Is there a due date for payment? Do aging buckets help collection efforts by demonstrating days overdue or hinder those efforts by demonstrating probable lack of action for 90 or 120 days? Can you expect the same prompt payment that credit card companies do? Healthcare organizations are forced to ask questions like these to become more aggressive in their collection efforts.

When's the last time you really looked at the patient statement your organization's providing? An efficient statement design can affect important metrics. Both the number and length of inbound calls to your financial services call center staff can be decreased, the number of statement complaints and patient correspondence received can be reduced and the amount of self-pay receivables can be lowered. Are you tracking these metrics today?

Patient focus groups help in identifying current issues with your statement. How is your statement viewed from their perspective? What are your most common statement complaints? This group can be made up entirely of patients. However, a patient focus group made up of employees who are also patients may prove to be easier and faster to assemble.

Most healthcare administrative professionals are not looking for one more project requiring an investment of their time today. However, these issues can be addressed without involving changes to your medical billing software. At the very least it would take an investment of time - time that demonstrates your commitment to revenue cycle improvement that our changing healthcare environment requires. The increasing value of the patient statement today demands it.

Nels Peterson
Apex

Tracking the RAC Audits

One of the most difficult challenges faced by health care professionals during the Medicare Recovery Audit Contractor (RAC) process is managing and tracking the overwhelming number of overlapping deadlines and required responses. The two most common solutions for this challenge are creating a home-grown, spreadsheet based, system or partnering with a vendor offering an interactive, software based, solution. Although the spreadsheet provides a familiar low-cost option for most facilities, there are significant drawbacks to this approach.

Spreadsheets offer static lists of data that can be sorted and filtered in limited, predefined ways. This approach offers minimal functionality to handle the most basic of audit tracking requirements. Because most vendors offer software with easy-to-use interfaces which utilize extensive backend databases, they are able to offer robust data-mining and reporting solutions which enable you to truly analyze and react to the ever-changing RAC Audit process. This ability to data-mine every aspect of the RAC Audit will allow your facility to improve its process from the ground up.

While searching for a RAC Audit tracking vendor, look for one that supplies reports which preemptively identify potential compliance issues and claims that will come under the scrutiny of the RAC audits. Reports should be available at both a detail and summary level. Your vendor should also supply reports to track audited claims throughout the RAC process, from initial identification to the final level of appeal. A robust selection of financial reports should be available reflecting the cumulative impact on your organization. Ideally your vendor should also provide you with the ability to create instant Ad-Hoc reports to quickly adapt to the changing RAC landscape.

Another issue providers face while utilizing spreadsheets is the inability to automate their process. Choose a software vendor that can automate data entry and monitoring for you. Your vendor should be able to automatically pull all pertinent information directly from the electronic claim that you submitted to Medicare (837) and the electronic remittance they returned (835) eliminating the manual overhead of keying this information. The vendor should also calculate and monitor due dates automatically, notifying you when those deadlines approach.

This idea of automation should continue into the workflow process as well. The vendor should offer robust workflow tools that can coordinate tasks between multiple departments simultaneously. The vendor should enable you to electronically store RAC documentation, medical record requests, review results letters, demand letters, and appeal responses. Appeal letters should be integrated directly into the workflow as well, providing the ability to pre-fill patient information directly onto the forms. Templates of patient letters should also be available enabling you to inform the patient of your participation in this audit. The workflow should offer canned text and custom notes to track every detail of a claim audit. The workflow should also have tools in place to record your postage costs, package tracking numbers, and time invested.

Finally, when choosing a vendor, select one with a reputation for rapid response and unparalleled customer support. As the RAC process evolves, so will the needs of your organization.

Co-authored by:

Ben Widboom & Jody Heard

Rycan

"Reports should be available at both a detail and summary level."

Evaluation form - AAHAM Seminar

March 2010

Please rate and comment on the following:
1= poor and 5 = excellent

Location and Activities:

Bloomington 1(1) 2(1) 3(6) 4(11) 5(16)

Comfort Inn – Bloomington 1(2) 2(1) 3(8) 4(15) 5(10)

Meals 1(0) 2(0) 3(3) 4(14) 5(20)

Events Planned 1(0) 2(0) 3(4) 4(12) 5(17)

Comments:
Would like to see it North, very nice, very good food, like the idea of moving to Thursday to avoid Friday traffic

Thursday, March 11

2:00 – 4:00 *Coaching Session for CPAM/CCAM and CPAT/CCAT*

Coaches: Sandy Pawelk, CPAM; Virginia Berney, CCAM/CPAM

Content 1 2 3 4 5(5)

Comments:

4:00-6:00 PM *"Gopher Chapter Board Meeting"*

Please help us in evaluating the Board Meeting, if you attended.

Flow 1 2 3 4(4) 5(5)

Content 1 2 3 4 (3) 5(6)

Comments:

Friday, March 12th
9:00 – 11:45 Payer Panel

Speakers-Payer Representatives

Speakers 1 2(1) 3 (1) 4 (16) 5(21)
Content 1 2 (1) 3 (3) 4 (16) 5(19)
Comments:

Friday, March 12th
1:00 – 2:15 Payer Panal

Speakers 1 2(1) 3 (3) 4 (12) 5(21)
Content 1 2 (3) 3 (3) 4 (12) 5 (16)
Comments:

* * * * * * * *

Meeting Content:

Did this meeting meet your expectation?

If yes, how were your expectations met?
Great information overall. Legislative Day was amazing.

If no, what could we have done to meet your expectations?

What was your main incentive for attending this meeting?
Payer updates.

Please list any concerns or topics for future programs.
Auto claims, MN no fault.
Impact of ICD10, meeting increased restrictions based on HITECH.

2010 CME Conference Calendar

Continuing Professional Development

Dermatology for Primary Care: Beyond the Basics – March 26
28th Annual OB/GYN Update – April 8-9
Fundamental Critical Care Support – April 22-23
10th Annual Psychiatry Update: Selected Topics for the Non-Psychiatrist – April 23
Forever Young: Baby Boomers Come of Age – May 6
Pediatric Fundamental Critical Care Support – May 20-21
Fundamental Critical Care Support – July 15-16
28th Annual Strategies in Primary Care Medicine – September 23-24
Optimizing Mechanical Ventilation 2010: A Hands-on Practical Emphasis – October 8-10
Fundamental Critical Care Support – October 14-15
11th Annual Women's Health Conference - November 5
The Mind of a Child: Psychiatric Challenges for Today's Youth - November 12
Emergency Medicine and Trauma Update – November TBA
32nd Annual Cardiovascular Conference – December 9-10

For further information contact HealthPartners Institute for Medical Education, Center for Continuing Professional Development, 952-883-6225 or e-mail

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 11/5/97.

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

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.

We will be reviewing the By Laws and Constitution at our July meeting for any changes that need to be done. Please let us know if you see anything that needs updating at contactus@mnaaham.com

RYCAN

- Remittance Management
- Denial Management
- RAC Audit Tracking
- Contract Management
- Patient Charge Estimates
- Eligibility Verification
- Coordination of Benefits
- Reporting & Data Mining
- ERA Retrieval Services
- Claim Submission
- Claim Scrubbing

www.rycan.com

800.201.3324

*You've got a **Community** hospital to run.*

Carrying too much self-pay debt for too long?

Magnet Solutions works with each client to develop specific solutions to resolve your self-pay account challenges. Our programs, which are tailored to your specific needs, create an efficient, patient-friendly system that delivers measurable results.

"Let us Represent the Caring Face of Your Community Hospital"

P.O. Box 1826
Scottsbluff, NE 69363

MAGNET SOLUTIONS

AAHAM Gopher Chapter Scholarship Program

Eligibility

* Local Gopher Chapter member must be a member for 1 year before running for scholarship.
* If not a National member, the member will be responsible to pay national dues if wins.
* The President & Chair of the Board are ineligible.
* The winner of the scholarship award is ineligible for the next 3 years.
* The scholarship year runs from the day after the summer meeting the current year until after the summer meeting the following year.
* Points need to be turned in 30 days prior to the summer meeting.

10 Points	25 Points	50 Points	75 Points	100 Points
- Assisting with seminars - Recruiting a local member - Articles not writte by the member but published in the Gopher Tracks or the National Journal (max 2 per issue) - Conducting coaching sessions outside regular meetings - Grading CPAM/CCAM tests	- Setting up a speaker for a meeting - Serving on a Gopher Chapter task force or special committee - Representing AAHAM on a committee (ex. HECAPP or Uniformity) - Proctoring for a technical or professional certification - Representing AAHAM as a speaker for an organization - Presenting at a Gopher Chapter Meeting	- Sitting for a technical certification (1 sitting) -Passing technical certification -Articles you wrote that are published in the Gopher Tracks or the National Journal (max 2 per issue) - Attending Chapter meetings - Attending ANI - Chairing a Gopher Chapter committee - Serving on a National Committee -Presenting at ANI -Attending all chapter meetings for one year (bonus)	- Recruiting a National Member	- Sitting for CCAM,CPAM, CHCS (Max 10 points per certification) - Passing the CCAM, CPAM, or CHCS examination

Send point to:
Judy Gordon, CPAM. CHC
Gordon.Judy@mayo.edu
Or fax to 507-377-6464

Name: _____ Phone: _____

Address: _____ Email: _____

Signature: _____ Date: _____

Date	Qualifying Activity	Committee Chairperson	Points

APPLICATION for NATIONAL MEMBERSHIP

American Association of Healthcare Admistrative 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 ( ) -
MAILING ADDRESS		
CITY	STATE	ZIP
EMPOYER NAME	YOUR TITLE	
LOCAL CHAPTER NAME		DATE
IF SPONSORED BY AAHAM MEMBER, GIVE NAME		EMAIL ADDRESS
HOME ADDRESS (IF NOT LISTED ABOVE)		
CITY	STATE	ZIP

NATIONAL DUES		FOR CREDIT CARD PAYMENTS
LOCAL DUES		ACCOUNT NUMBER
TOTAL ENCLOSED		NAME ON CARD EXPIRATION DATE
		SIGNATURE

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

02 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)
6 CHCS (ACA)
7 CPA
9 Other _____

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
5 Rehabilitation
6 Skilled Nursing
7 Teaching
8 Other _____

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
9 Controller
10 Ass't Controller
11 President
12 Acc't executive
13 Representative
14 Coordinator
14 Other _____

10 - Department
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 _____

On the web at www.mnaaham.com

Gopher Tracks Staff and Information

Editor/Publisher	Tamora Ellis

Advertising

Business Card size	$25.00
1/4 page ad	$50.00
1/2 page ad	$70.00
Full page ad	$100.00

Advertisers will receive 25% discount with 1 yr commitment when paid in advance. All ads must be camera ready.

In addition, members can advertise positions for free in the Gopher Tracks. Non-members will pay a $25.00 fee to advertise in the Gopher Tracks.

There is also advertising available on our website for a fee. Contact tamora@advantagebilling.net for more information if needed.

Officers, Board Members, and Committee Chairs

President	Roberta Collins
VP's	Virginia Berney & Tamora Ellis
Secretary	JoAnna Justiniano
Treasurer	Lois Wakefield
Board Chair	Eileen Froelich
BD Member	Rick Rogers
BD Member	Stephanie Brown
BD Member	Sandy Pawelk
BD Member	Jody Heard
BD Member	Carla Simonson
BD Member	Jamie Weappa
BD Member	Kari Marinowski
By Laws	Pam Wilbur
Certification	Sandy Pawelk
Chapter Excellence	Eileen Froelich
Community Service	Kari Marinowski
Corporate Sponsors	Rick Rogers
Education	Tamora Ellis & Virginia Berney
Legislative	Judy Gordon
Membership	Tom Osberg
Nominating	Mary Donnay
Publications	Tamora Ellis
Website	
Gopher Tracks	
Scholarship	Judy Gordon
Welcoming	Jody Heard