

Gopher Tracks

MN AAHAM/MN HFMA JOIN FORCES AGAIN

And you do not want to miss it!

July 27th–29th

Radisson Hotel

Duluth, MN

We have joined forces to bring you a meeting packed full of presentations by qualified speakers on timely topics and issues. We have asked, heard your concerns, listened and hope that you can find this meeting has exceptional quality.

We are also using another website called Constant Contact to get the registration and updates out to you. Please let us know what you think of it after this meeting.

You will find the complete brochure on our website at www.mnaaham.com under the 'Meetings' tab and feel free to contact any of your Board or Officers if you have any questions.

We look forward to seeing everyone there!!

Your VP's, Tamora and Rick



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President's Report

Our July Meeting is coming soon and we look forward to hosting with the MN HFMA Chapter.

There are some exciting speakers and topics on the agenda that you will want to see.

Remember, this meeting is where you can throw your hat in the ring for



our open positions for Officers and Board. It is a great way to get involved and learn more about the organization. Plan on attending our Transitional Board meeting after our November Meeting in St. Cloud should you happen to win. This meeting needs to be attended by both outgoing and incoming Officers/Board Members in order to make the transition as smooth as possible.

We will also be announcing the winner of our ANI Scholarship at the end of

our July meeting in Duluth and I want to remind everyone that it is within reach of everyone of you. For information on how you can run, visit our website at:

www.mnaaham.com.

An all expense paid trip to the National AAHAM meeting, this year at the beautiful Wynn in Las Vegas. See photo on opposite page.

Have a safe and happy summer.

Roberta Collins, CCAT/CPC/CHCA

Editor's Corner

"An all expense paid trip to the National AAHAM meeting, this year at the beautiful Wynn in Las Vegas."

Thank you to those that supplied articles for this issue.

It was nice to have some articles written by people that we know and value. I would like to remind all of you that locked up inside of each and everyone of us is a wealth of information to pass

on to your peers.

So write those articles...and when they are submitted in our local newsletter, forward them to National for submission in the Journal.

I know I sound like a broken record but if I keep asking,

maybe I will also keep reminding you how important you are to our organization.

Have a great summer.

Tamora Ellis, CCAM

VP's Views

Our July meeting information is on the front page so we hope you did not miss it!!!

Our November meeting will be held in St. Cloud at the Best Western Kelly Inn with our Annual Awards Banquet meeting. We honor members who have volunteered their time as Officers or Board and welcome those that are taking over.

If you want to run for any of the open positions, our July meeting is the time to let Mary Donnay know. The positions open are President, 2nd VP, Secretary, and 3 Board Members.

We are hoping that our March meeting will be held at the Kelly Inn in St. Paul which is within walking distance of the Capitol. It looks hopeful and we are just wait-

ing for confirmation on rooms d/t conflicting with Hockey tournaments again. This change will also allow for adequate parking facilities.

See you soon.

Rick and Tamora

Membership Benefits as a National AAHAM Member

There are many benefits that you can receive by becoming a National Member of AAHAM as well as a local member. I have listed below some of them for you to see. The AAHAM organization has made my jobs a lot easier with the wealth of educational opportunities I have had available to me. If you have any questions on becoming a National or local member, feel free to contact me at Tamora@advantagebilling.net or 218-312-1225.

- * Subscription to The Journal of Healthcare Administrative Management. Rated as the #1 membership benefit, the Journal is issued quarterly.
- * Subscription to Legislative Currents. Distributed via email eight times a year, to keep you up to date on legislative and governmental issues affecting our industry.
- * Membership Directory. Available on-line at www.aaham.org helps you keep in touch with other members and vendors both locally and nationwide.
- * Job Bank to assist you in searching and posting that special job.
- * Eligibility for Certification Designations. Professional Certification (CPAM & CCAM) demonstrates your knowledge and proficiency to your employers and your peers
- * Unlimited networking and information exchange through our web site and chapter interaction.
- * Exclusive invitation and pricing to the AAHAM's Annual National Institute (ANI) known for excellence in education, value, and networking.
- * Seminar, meeting, and product discounts offered by the chapters and the National organization.

Submitted by Tamora Ellis, CCAM

2011 ANI - Wynn in Las Vegas

The MN Gopher Chapter has a Scholarship program that may give you the opportunity to enjoy an all expense paid trip to this beautiful hotel.

The ANI is an experience that everyone should enjoy. The chance to network with other chapters and to receive so much education all in one place.

For more information, see the scholarship application on page 8.



Does the Revenue Cycle Impact the Total Patient Experience? And Are Hospitals Missing the Financial Opportunity?

According to Jennifer Robinson, Senior Editor for the Gallup Management Journal, “for over 20 years or so, healthcare organizations have realized providing exemplary medical care isn’t enough to engage hospital patients. That’s because, from the patient’s perspective, excellent medical attention is the least a healthcare organization can offer. Many hospitals recognize this and now focus on the patient experience.”

So what is the “Patient Experience”?

The Beryl Institute collaborated with healthcare professionals and practitioners at hospitals around the county to develop a definition.

Patient Experience- *The sum of all interactions, shaped by an organization’s culture, that influence patient perception across a continuum of care.*

‘.....So what is the “Patient Experience”?’

This statement and effort is so powerful that 93% of healthcare leaders say patient experience is among their top 5 priorities. Additionally, HealthLeaders Media Patient Experience Leadership Survey indicated 45% of healthcare executives see this as a priority 5 years from now.

As consumers spend more and more of their disposable income on monthly health insurance premiums, higher co pays and out of pocket expenses, they are demanding more from their chosen “provider.” In addition, the landscape around experience in healthcare is shifting dramati-

cally in part due to the Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS) and the pending value-based purchasing program that will link payments to clinical care. This will, in the future significantly impact the market basket index, that is used to annually adjust the Medicare Inpatient Payment Rates. The level of reimbursement hospitals receive from their largest payer will be directly tied to the HCAHPS survey. Healthcare economists are advising hospitals with the advent of healthcare reform and future reimbursement levels, one of their financial objective hospitals will need to achieve is to generate positive returns under government reimbursement policies. This places increased significance on the outcomes of HCAHPS surveys and hospitals will need to take a more proactive step in managing their operations as they are reflected within the survey.

The HCAHPS survey consists of 27 questions that cover everything from the cleanliness of the patient room, to nurse-patient communication, to pain management. However there are 2 questions, by their nature transcend the entire spectrum of the healthcare delivery system.

- Rate the hospital on a scale from 0 to 10.
- Would you recommend the hospital?

The responses to these questions can definitely be impacted by the administrative

processes within the Revenue Cycle. Remember the revenue cycle representatives are usually the last contact with patients upon completion of their healthcare experience. While the time line for the HCAHPS survey requires the survey to be administered within 6 weeks of discharge, there is ability, for a deliberate focus on the patient interactions by the revenue cycle representatives, stressing the organization’s culture and responsiveness to assist with the administrative challenges patients deal with, to influence the patient’s perception of the hospital. This is not only good business sense from an accounts receivable management position but also allows for a world class customer service environment that is proactively managing the patient’s account portfolio. In contrast to an approach that just puts out the fires and is limited to responding to questions and focused only on the immediate collection of a debt. Make no mistake collecting everything that is due is important but realize the collection of an out of pocket patient liability or even one entire patient account balance has far reaching effect on greater future reimbursements.

In fact hospital revenue cycle representatives are the final personal touch points that usually occur between patients and the hospital.

(con’t on next page)

You need to ask these questions.

- Are these touch points/ encounters being used to positively support the hospital's mission statement?
- Is there active participation with patients during these encounters to shape the hospital's reputation and brand?

The answer to these questions all center around how to guide the patient's journey through the healthcare reimbursement maze to find the most appropriate solution for the patient's situation. This journey can be accomplished through the use of specific tools that focus on enhanced communications and a comprehensive resolution of the patient's account. By using people-driven, technology supported services you can achieve a high level of patient satisfaction. Through this satisfaction you can enhance both patient and physician loyalty to the hospital.

The loyalty of these patients can unlock huge future potential revenue sources. The patient life time revenue value is the amount of revenue a patient can expect to generate for a hospital over their lifetime if they choose to utilize the same hospital for all the medical needs. With the impact of consumerism in healthcare this lifetime revenue value is becoming an important part of hospital's reputation management process and strategic marketing initiatives.

What are things you need to do to maximize the revenue cycle impact on the patient experience as well as protect your future patient lifetime revenue potential?

- Educate all employees of the patient experience initiatives especially the revenue cycle representatives and their impact on the outcomes.
- Create an environment that fosters patient loyalty as a critical outcome.
- Design a patient centered revenue cycle process that is focused on customer service excellence while resolving all patient concerns.
- Integrate HCAHPS survey completion within the patient revenue cycle communication process.
- Utilize technology to support the customer service function with call centers personnel trained and motivated to achieve established goals.
- Insure all third-party service providers are fully supporting your mission and your initiatives to enhance the patient experience.
- Explore social media sites to communicate your message and encourage patients to be positive spokes persons for your organization.

Remember your reputation matters and what your patients are saying is crucial and these experiences are still be formed long after the patient leave the hospital. That is why revenue cycle operations are critical to effective Total Patient Experience initiatives.

Submitted by Steve Chapla
Third Party Solution at
Revenue Cycle Partners



Some of our Payer Panel Representatives from our March 2011 Meeting



BACK BY POPULAR DEMAND!**PREPARE FOR YOUR CPAM/CCAM EXAM OR STAY CURRENT IN YOUR SKILLS & EARN AAHAM CEUs AT THE SAME TIME!**

Earn 4 AAHAM CEUs for EACH 2 hour study session attended

AAHAM PRESENTS THE PROFESSIONAL CERTIFICATION WEBINAR SERIES

Join AAHAM and top CPAMs & CCAMs coaches as we present A Four Part Webinar Study program for the AAHAM Professional Exams

Certified Patient Account Manager & Certified Clinic Account Manager (CPAM/CCAM)

Whether you are planning on taking the CPAM/CCAM exams or just preparing for the future, you want to sign up for the new AAHAM webinar study program. We will cover the four parts of the exam in a 4 part webinar series:

1. Patient Access

2. Billing

3. Credit & Collections

4. Revenue Cycle Management The entire 4 part series costs \$350.00 and includes a free practice exam. You save \$200 by registering for the entire 4 part series. Individual parts can be purchased separately for \$125.00 each. The practice exam can also be purchased separately for \$50.00. A recorded version on a cd Rom format is available for purchase for \$350 for the entire 4 part series or individually for \$125 each.

The webinar dates are:

July 22, 2011 - 1:00 - 3:00 EDT (12:00 Central, 11:00 Mountain, 10:00 Pacific) Patient Access

August 5, 2011 - 1:00 - 3:00 EDT (12:00 Central, 11:00 Mountain, 10:00 Pacific) Billing

August 26, 2011 - 1:00 - 3:00 EDT (12:00 Central, 11:00 Mountain, 10:00 Pacific) Credit & Collections

September 2, 2011 - 1:00 - 3:00 EDT (12:00 Central, 11:00 Mountain, 10:00 Pacific) Revenue Cycle Management

Feel free to gather up your department, chapter or colleagues to participate. Everyone that attends receives CEUs! These 2 hour study sessions require a computer, high speed Internet, PowerPoint and a telephone line. The webinar includes a 90 minute presentation, a 30 minute Q&A period, and handout provided via email. Due to the nature and timing of the webinar series, there will be no cancellations or refunds given. We apologize but we do not invoice nor accept purchase orders. Payment in full must be received on or before JULY 12, 2011 for the series or the July 22th webinar. We are unable to accept registrations for the series after that date. Correspondence and handouts will only be sent to the registrant. The member name and number must match the email address. Please note that you will receive your confirmation and handouts via email by July 18, 2011. The fee is for one line and one computer. If multiple lines and computers are to be used a separate fee must be paid. The webinar format permits an unlimited amount of people to listen in from one phone. Everyone receives CEUs for attending, so feel free to gather your whole team! Correspondence and handouts will only be sent to the registrant. The member name and number must match the email address. You will receive a CEU sign up form for your entire group of listeners with your confirmation. To ensure the quality of interaction, the number of registrations for each audio seminar is limited. Reserve your space by registering ASAP.

To register...Email, fax or mail the registration form along with your payment to:

AAHAM CPAM/CCAM Webinars
11240 Waples Mill Road Suite 200
Fairfax VA 22030
Fax: 703/359-7562

Email: moayad@aaaham.org After registering...Approximately 1 week prior to the conference, you will be emailed a confirmation, phone number and passcode to use for the call, a CEU form as well as a set of handouts. On the program date...It's easy! Just call in at the scheduled time and enter your passcode & click on the link. Long-distance rates are covered in your registration fee. Earn 4 AAHAM CEUs for EACH 2 hour study session attended

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Patient Receivable Loan Programs Finding Resurgence in Today's Economy

Loan programs that provide external hospital financing for patient receivables are nothing new. There have been various approaches over the years to provide patient alternatives and options to satisfying healthcare obligations over an extended period of time. With consumerism in healthcare on the rise and patients expecting more payment options.....

**there is a new equation in healthcare finance and
receivable loan programs are gaining popularity again!**

The current state of the US economy has placed extreme pressure on US households. The current economic recession has for maybe the first time impacted the financial health of our hospitals. Hospital CFO's have stated this has never occurred in previous recessions.

Here is the current economic reality:

- 74 year low in consumer savings rates.
- Credit markets that have dried up except for those who do not need credit.
- Highest unemployment in over 25 years.
- Trends in healthcare plan designs have increased co-pays, deductibles and out of pocket costs for consumers to an all time high.
- Uninsured population of working adults has grown significantly.
- Healthcare costs will continue to rise; the best we can expect is a slowdown in the level of increases.
- Consumerism in healthcare is generating stronger demands for customer service and payment options from hospitals.

All of these trends have resulted in hospitals extending more credit to patients for longer periods of time. This is occurring when hospitals themselves are challenged financially to provide more services for less reimbursement.

We are also seeing the role of patients, as healthcare consumers, change over time. Patients have a greater say in when and where their healthcare services will be provided. In addition, patients usually do not plan for their healthcare expenditures. In fact, in today's challenging economy 24% of patients with large out of pocket costs stated that their current healthcare debt has caused them to seek care at an alternative facility to ensure treatments are received. For the first time we are seeing healthcare providers delaying or denying non-urgent treatments to patients with previous unpaid medical bills.

This shift to more consumerism in healthcare impacts the patient's financial obligations as follows:

- Patients control how their out of pocket costs are expended.
- Patients choose healthcare services based on their financial situation and their financial obligations.
- Patients expect to be treated as valued consumers and may not be willing to take direction from insurers or providers with respect to healthcare delivery.
- Patients are better educated regarding healthcare services.

Healthcare debt is perceived by consumers to be different than other types of debt and typical financing and collection techniques are only marginally successful. Patients are not traditional debtors as found in other industries. There have been many studies on the payment priorities of patients. Clearly, it is recognized that hospitals are last to receive payment from the patient. Here is an overview of how patients prioritize their monthly expenditures:

- Mortgage or Rent payment
- Car/Utilities/Bank loans
- Furniture/Credit card loans
- Insurance premiums
- Physician bills
- Hospital bills

With the hospital at the end of the list, how can we facilitate changing this priority?

Hospitals have traditionally attempted to establish monthly payment plans to assist patients in satisfying their obligations. These plans are usually interest free and managed and monitored internally by the patient accounting staff. While these plans may be convenient for the patients they place significant burdens on the hospital. There is the obvious loss of capital while they wait for the cash flow; additionally there are extensive administrative burdens encountered when managing these payment plans. Another challenge with extended payment plans is the potential for new debt to be incurred by the patient. Unplanned future debt may impact the patient's ability to continue making monthly payments and result in short or missed payments.

Patient receivable loan programs, when properly designed, can cause reprioritization of patient financial obligations. They raise the level of priority to ensure the obligations are met. In addition, loan programs can be designed to provide for immediate reimbursement to hospitals, removing the patient receivable from the hospital's balance sheet. Loan programs can provide significant benefits to cash starved hospitals

as well as provide relief for patients finding themselves with few other options. Loan programs can be designed to provide funding directly to the hospital within days of the executed loan documents, while establishing manageable payment terms up to ten years, for the patient. Loan terms provide flexibility for patients seeking to minimize their monthly obligation.

So, what type of program works best?

There are two types of programs, Non-Recourse and Recourse. Each provide value, but with very specific distinctions. The Non-Recourse program removes any contingent liability from the hospital, regardless if the loan is paid or not. The Recourse program, on the other hand, provides that the hospital repay the outstanding loan balance in the event of default. This significant difference in risk sharing of the patient's loan is based on the design of the loan portfolio. Non-Recourse program funding may be impacted by the patient's credit worthiness; whereas under a Recourse program all patients can qualify since the hospital is at risk for default.

Here are the features of both Non-Recourse and Recourse Loan Programs:

Non-Recourse Loan Programs:

- Hospital receives upfront cash for loan value.
- Simple and expedient loan application and approval process.
- Loan portfolio performance does not impact hospital/no bad debt reserves required.
- Loan values will likely be discounted. Hospital will receive less than 100% of the account balance.
- Patients may be assessed an interest charge which is usually impacted by the loan discount rate.
- Patient credit worthiness may impact patient's ability to qualify.
- Inability of a patient to qualify may present challenges in implementing a comprehensive collection policy. How do you handle a patient that does not qualify for loans and are not eligible for financial assistance?
- Loans are unsecured with no personal assets at risk.
- Payment terms can be extended over many years.

Recourse Loan Programs:

- Hospital receives upfront cash for loan value.
- Simple and expedient loan application and approval process.
- Hospitals should establish a reserve for bad debt for loan portfolio defaults. National experience is between 15% to 22%.
- Loans that default should move directly to bad debt without consuming more administrative resources or expense.
- Loan valued at 100% of receivable. No discount applied and hospital receives 100% of account balance.
- Hospital guarantees loan. All patients qualify.
- With all patients qualifying for a loan the hospital has the ability to implement more consistent credit policies since all patients will have a loan option available to them.
- Patients assessed an interest rate. Usually below current market trends.
- Community relations can improve when all patients will qualify for loans.
- Patients with questionable credit rating have opportunity to improve credit history.
- Loans are unsecured with no personal assets at risk.
- Payment terms can be extended over many years.

Both types of loan programs when properly implemented can achieve desired results. It is critical however to ensure proper steps are taken to maximize the effectiveness of the programs. A well defined credit policy communicating all options available to patients is essential. Policies need to provide options for patients. Consistent support from administration as well as the medical staff is required to ensure exceptions to policies are minimized. A high touch patient sensitive model needs to be utilized in presenting the loan program. Hospital staff needs training in how to communicate the benefits of the program while presenting alternatives. In other words the loan programs need to be sold to patients. Including why the program is good for the patients describing all the benefits and presenting the alternatives to not establishing a loan.

What type of benefits can you expect?

- Increased cash flow from self pay receivables.
- Reduced bad debt expense.
- Reduced days in AR.
- Improved liquidity.
- Removes the hospital from the financing business.
- Reduced administrative costs resulting from fewer billing statements and cash posting transactions.
- Improved recovery of term payments made to a bank vs. to the hospital. Patients less likely to miss a payment to a bank than to the hospital.
- Enhanced patient and community benefits when the hospital is viewed as providing options to assist patients with their financial obligations.

APPLICATION for NATIONAL MEMBERSHIP



American Association of Healthcare Administrative Management

Tax Id # 23-1899873

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

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

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

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

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

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

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

Send TWO COPIES of this application with your payment to:

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

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

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

02 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	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 Asst Director 6 Asst Manager 7 Vice President 8 Consultant	5 Rehabilitation 6 Skilled Nursing 7 Teaching 8 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 _____			

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.

Reviewed and approved by Board of Directors 03/2011

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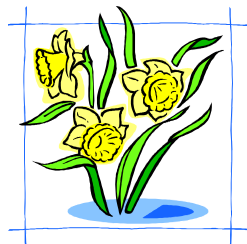


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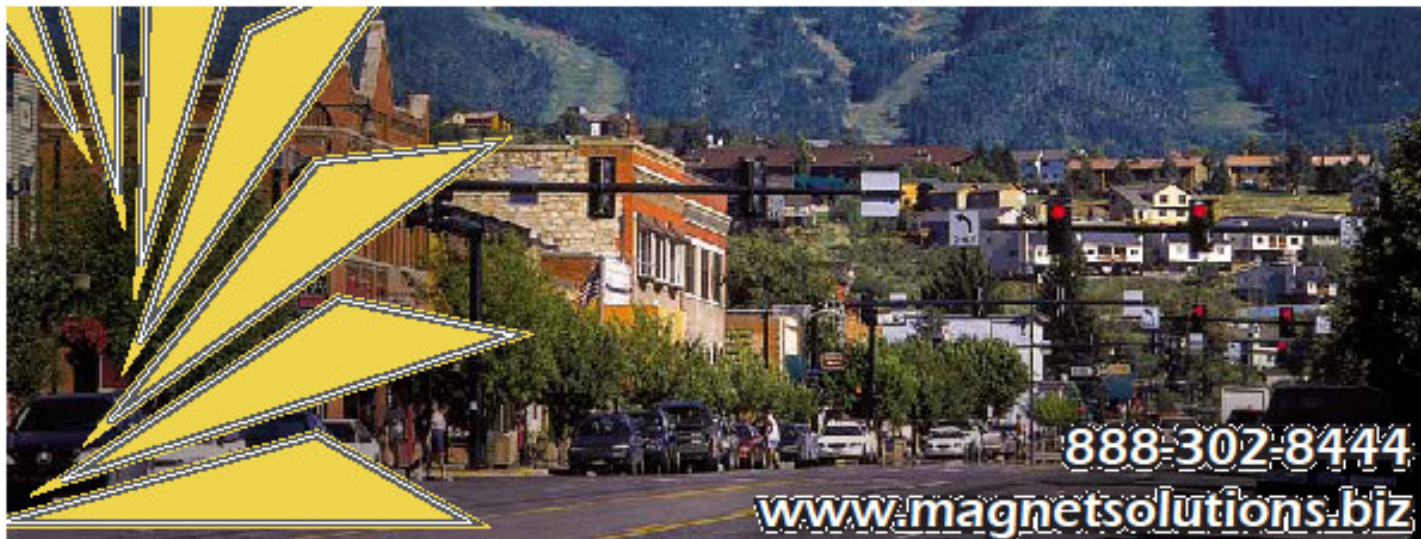


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Congratulations Daniel Hopper, son-in-law of Tamora Ellis, on your graduation from UND School of Law.

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