

# gopher tracks

## Highlight a Corporate Sponsor

### Magnet Solutions

is a second generation, family owned provider of uncompromising customer service to patients on behalf of our clients, in the pursuit of self-pay balances. We take very seriously the fact that we are representing our provider clients as well as their reputations, when communicating with their patients. With more than 50 employees on staff, we are dedicated solely to the liquidation of healthcare provider self-pay accounts. Healthcare is all we serve.



Our Patient Account Representatives are thoroughly and regularly trained on the Health Insurance Portability and Accountability Act (HIPAA) as well as the ever changing healthcare legislation and regulation. HIPAA adds additional scrutiny in data security and corporate compliance, which we have applied to all aspects of our company business. In addition, our Patient Account Representatives are required to obtain their CPAT (Certified Patient Account Technician) and/or CCAT (Certified Clinic Account Technician) certifications by the end of their first year of employment. Certification is achieved through the American Association of Healthcare Administrative Management (AAHAM). All Patient Account Representatives are required to renew this certification on an annual basis by completing continuing education. This ensures that our staff is able to meet the needs of our hospital and clinic clients.

With virtually unlimited technical capacity, we operate Ontario Systems' "Artiva" software platform. Artiva is the 'state of the art' in patient collections systems, both in scalability and functionality. By combining Artiva, with Ontario Systems' "Guaranteed Contacts" predictive dialer platform MS is afforded the ability to optimize consumer contacts and, as a result, recovery results.

For more information, please contact Rick Rogers, 888.302.8444 or Richard.Rogers@AR-Solutions.biz

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## President's Report

2012 is here and I have so many things to be thankful for in no particular order.

1. The opportunity to serve as President of the MN Gopher AAHAM Chapter
2. The chance to watch my children grow and start new chapters in their lives.
3. To act as one of the caregivers of my father who suffers from Parkinson's and no longer drives himself anymore.
4. To work for a company that allows me to perform all of the above.



As I reflect on my past, I have no regrets. What may have not turned out as I wanted only made me stronger and provided me the opportunity to learn.

It has been a tough year since my mother passed away, but she was my best teacher of all. In spite of it all, she did not give up and was determined to fight until the end. I have come to realize that Cancer did not take my mother's life, it was her deciding that she wanted to win. She was deciding when she was going home to her parents and siblings that went before her. She was a stubborn gal, she was. I spent the first anniversary of my mother's death getting

ready to leave on the plane to the President's meeting in Florida. What an experience. Thank you for providing me with this chance to serve you.

As usual, the ANI will be held at a great hotel and we hope that you can join us October 17-19 at the Hyatt Regency Coconut Point in Bonita Springs, Florida.

I want to be available for any questions or concerns that any of you may have so feel free to contact me.

Submitted by  
Tamora Ellis, CCAM  
[Tamora@advantagebilling.net](mailto:Tamora@advantagebilling.net)

**“Remember, when you are looking for a new vendor to work with, consider working with one of our Corporate Sponsors .”**

## Editor's Corner

Thank you everyone for the overwhelming response to my request for articles. I had so many I saved a few for the Summer Gopher Tracks. But I do not have enough to fill another publication so start submitting now to [Tamora@advantagebilling.net](mailto:Tamora@advantagebilling.net)

Remember, when you are

looking for a new vendor to work with, consider working with one of our Corporate Sponsors . Without their support we would not be able to provide the quality of education that we are striving for at our meetings.

Each issue of the Gopher

Tracks has a list of our Corporate Sponsors along with Ads from those that qualify.

Submitted by  
Tamora Ellis, CCAM  
Editor

## VP's Views

Spring is just around the corner, though much of the state never really experienced much of a winter this year. There is, however, still time for that last blast of spring snow. The saving grace is that we know another beautiful Minnesota summer is just around the corner. The only question is which weekend summer will fall on this year...(insert uproarious laughter). Your program committee

has been working feverishly to put together this year's meeting. March 15 will see our annual Payer Panel meeting in St. Paul. For the third year, this meeting will be held the day after the Day on the Hill. We have a solid lineup of payer participants for the panel and Carla Simonson and her team have done great work in setting up the visits with legislators at the state capital. We hope you will be joining us for both events.

Once again our summer meeting will be a collaborative effort with our friends and colleagues in the MN HFMA. This year's venue is the Rochester Marriott Hotel in Rochester, MN. This is great meeting space with plenty for families to do if you bring them along. Rochester is quite a happening place in the summer and it should prove to be a meeting which is both productive and enjoyable. Please mark your calendars for August 1-

3. Meeting details will be available mid-May on the website and hotel reservation information will be available sometime in March.

Looking Forward,  
Richard J. Rogers  
1<sup>st</sup> Vice President

Erika Running  
2<sup>nd</sup> Vice President

Upcoming Education Opportunities  
From National AAHAM  
**You Do Not Want to Miss!**

April 20, 2011, 1:30-3:30 PM EST - Join AAHAM and Tanja Twist, Senior Director of Operations at Adreima, as we present this informative and timely webinar, "Understanding and Surviving the MIC Audits". Payment must be received on or before April 8, 2011. You will receive your confirmation and handouts via email by April 16, 2011.

May, 11, 2011, 1:30-3:30 PM EST - Join AAHAM and Richard (Dick) Finnegan, CEO of The Retention Institute, as we present this lively webinar, "The Recession is Over and I Quit". Payment must be received on or before April 29, 2011. You will receive your confirmation and handouts via email by May 6, 2011.

May 18, 2011, 1:30-3:30 PM EST - Join AAHAM and Janice G. Jacobs, CPA, CPC, CCS, ROCC, CPCO, Director at IMA Consulting as we present this informative and timely webinar, "ICD-10, Don't Panic, Prepare". Payment must be received on or before May 4, 2011. You will receive your confirmation and handouts via email by May 13, 2011.

June 1, 2011, 1:30-3:30 PM EST - Join AAHAM and April Langford, Vice President, Revenue Cycle at University of Pennsylvania Medical Center (UPMC) as we present this informative and timely webinar, "Automating Patient Access Workflow; A Case Study". Payment must be received on or before May 18, 2011. You will receive your confirmation and handouts via email by May 27, 2011.

Everyone earns 3 CEU's for attending

Online Member Registration is available at <http://www.aaham.org/>

## A Message from CMS

### 2012 Electronic Prescribing (eRx) Payment Adjustment

The payment adjustment of 1% applies to those offices (National Provider Identifier (NPI) and Tax Id individual combination) that did not meet the claims based submission requirements from January 1, 2011 through June 30, 2011. Medicare contractors will notify those eligible professionals who are subject to the 2012 eRx payment adjustment. The letters will go to the physician's correspondence address. It does not take into account those physicians who may have requested an exemption through the Quality Reporting Communication Support Page on or before November 8, 2011. CMS will notify those providers as they complete the requests. If you have further questions, please contact the QualityNet Help Desk at 1-866-288-8912.

## National Legislative Day by Carla Simonson

In 2011 when my essay was chosen as the winner of the Legislative Day Scholarship, I had no idea what an amazing experience I was about to embark upon.

Wednesday morning we headed for Union Station for a little shopping before our meetings and Judy was able to have a quick chat and photo with President Obama. I did not have the heart to tell her he was made of cardboard. After shopping, I also had time to visit the US Botanic Garden and grab a quick lunch before our first meeting.

Our meeting started with an informational session for us “first timers”, which included some entertaining and educational videos from AAHAM’s YouTube channel. We received a crash course in “tweeting” for any who wanted to sign up for Twitter and be able to share updates on AAHAM’s twitter feed as the day went along. We learned the dos and don’ts of Capitol Hill followed by a welcome reception and a chance to meet and network with the other attendees. I really enjoyed the opportunity to meet and learn from other chapters across the country.

This year we had over 80 members bringing our message to our elected officials. We reviewed our talking points on administration simplification (section 1104) of the Patient Protection and Affordable Care Act (PPACA), including Unique Health Plan Identifier, National Uniform Insurance Card format, Electronic Funds Transfers, and Claim Acknowledgement Transactions.

Thursday morning we had several fabulous guest speakers from Congress, including Rep. Michael Burgess who serves on the Health Subcommittee and spoke on PPACA. Rep Burgess is also a physician and clearly understood the impacts to providers from health care reform. We also heard from Elizabeth Jurinka who is a staffer to Sen. Ron Wyden and Jeanne Marie Davis from the Virginia Governor’s office who addressed the Empowering States to Innovate Act and the Virginia Healthcare Lawsuit and its impact on PPACA respectively. Our national office did a wonderful job of lining up engaging and well-informed speakers. We were able to get insight from both Republicans and Democrats on how their respective parties view health care reform.

After a quick break for lunch, it was off to Capitol Hill to meet our Legislators and make our voices heard! After setting off each and every security station with the metal that was on my shirt (I know brilliant choice of outfit for the day) I became very familiar with the security screening process and standing with my arms out so they could wand me and make sure I was not a security risk.

Roberta, Judy, and I were able to meet with all of our Senator and Representative’s staff and share our message on administrative simplification. We even caught up with Representative Cravaack for a picture. All graciously received us and we were fortunate to have sufficient time with each office to engage in a positive dialog on why these four measures are so important to improving healthcare not only for providers but for the patients we serve.

At our recap meeting Thursday evening, it was clear that this was a very successful day for all of our attendees. The stories of how everyone’s meetings went and even some excitement over “celebrity spotting” showed how engaged everyone was in this process. One of our members announced that AAHAM could join an evening tour of the Capitol given by Representative Louie Gohmert of Texas. Several of us took advantage of this rare opportunity and experienced the most incredible tour/history lesson I have ever participated in. Our tour was over 3 hours long and Representative Gohmert led us into places normally off limits to the public. We were on the floor of the Senate and House chambers, prayed in the chapel, and allowed onto the balcony overlooking the mall. He knew all the history of each part of the Capitol and shared with us so many wonderful and insightful stories from our nation’s history.

By the end of Thursday, our feet were sore but our hearts were full of the things we accomplished and the sights we experienced. I will remember this incredible opportunity for the rest of my life. I encourage everyone to try to attend National Legislative Day at least once. You will never regret it!

**“.....I had no idea what an amazing experience I was about to embark upon”**

## Grabbing the Reins of Your Self-Pay Population *By Vince Koch with CSI Financial Services*

### While Patients and Hospitals Struggle with Debt, There is a Win-Win Solution

The term “Perfect Storm” has been used many times during the current economic downturn. It is especially true when referring to the increasing challenges patients are facing while trying to afford healthcare.

**Consider this:** Employers are offering fewer benefits, which results in employees paying higher deductibles and more out-of-pocket medical expenses. Despite reduced insurance coverage, healthcare costs continue to increase, exacerbating the burden of medical expenses on the patient. The [Milliman Medical Index](#) reports that healthcare costs for a typical family of four increased 7.2 percent in 2009 to an all-time high of \$18,074.

With unemployment at a 27-year high, fewer patients have any form of health insurance, forcing more patients to use their rapidly dwindling savings to pay for the majority, if not all, of their healthcare expenses. Patients are doing their best to pay their obligations and avoid being sent to collections, however, there are fewer lenders in the market and the [Credit CARD Act of 2009](#) has made it more difficult for most consumers to obtain credit.

Patients who are not able to meet the provider’s minimum payment guidelines are being referred to collections, which in turn contributes to a deteriorating hospital-patient relationship.

The Perfect Storm shows no signs of letting up. As Health Care Reform becomes reality, insurance companies will be required to insure more people, resulting in even higher deductibles and additional strain on patients and the hospitals that will have difficulty collecting payment from the patients. A survey by [AMN Healthcare](#) revealed that approximately 70 percent of healthcare executives believe reform will hurt their facility’s financial stability.

[ClearBalance by CSI Financial Services](#), which provides patient-friendly loan programs, reports that the volume of loans being processed has risen dramatically over the past few years while the average loan amount has dropped from approximately \$1,500 to \$850 per patient. This statistic demonstrates that the rising cost of healthcare combined with challenging economic conditions makes it difficult for patients to pay a lump sum payment of nearly any size.

While the Perfect Storm continues, the sun is beginning to shine on self-pay patients and hospitals. Healthcare providers are embracing with greater enthusiasm patient financing programs that give patients the ability to pay out-of-pocket expenses over time, which also can help reduce their bad debt and, importantly, also reduce their A/R days.

The relationship between a healthcare provider and patient is critical to the provider, the patient, and the community at large. Giving patients a financing option with greater flexibility to pay their self-pay balance will not only help preserve that relationship and improve the revenue cycle, but also increase census as patients continue to look for affordable healthcare. For more information about ClearBalance, visit [www.ClearBalance.org](http://www.ClearBalance.org) or contact Vince Koch via [vkoch@clearbalance.org](mailto:vkoch@clearbalance.org) / (858) 200-9221.

## Self Pay Outsourcing: Questions You May Want To Ask

Outsourcing of self pay receivables is becoming an increasingly popular way of addressing the need to lower the number of self pay days outstanding. Typically this effort would start at day one to 60 and last for 60 to 90 days. If you are considering an Outsourcing Partner (OP) in your facility hopefully this will provide you with some thoughts and questions to start with:

- ◇ Do you want to enter into a program with your existing collection partner? This takes a certain degree of trust that they will do everything they can to collect the balance in this beginning stage, before it transfers to the higher cost standard collection stage.
- ◇ The OP will typically be calling in your name. Are they set up as a separate company with a segregated phone system and software? If not, they should disclose their “true” identity when contacting your patients, be licensed as a 3<sup>rd</sup> party collection agency, and follow the disclosure guidelines of the FDCPA.
- ◇ Will the OP let you design a program to your specify needs, or do they offer only cookie cutter type programs?
- ◇ Are they able to seamlessly transfer sensitive calls to someone in your operation? These would be calls that you would still prefer to handle, such as charity care or complaints regarding care.
- ◇ Are you willing to give access to your system so they are able to see up to the minute notes and payments on the account? This is crucial to speaking intelligently to the patient.
- ◇ Will you have real time secure access to their system to view notes, payments, and be able to audit their compliance of the contract?
- ◇ What kind of phone effort will they make? Hand dialed or predictive dialer? Dialer calls may satisfy the contractual terms but they are more likely to have a higher rate of hang-ups.
- ◇ Do they make night calls?
- ◇ Do they have medical office personal, or are they collection agency recycled people with limited medical knowledge?
- ◇ Where will the calls originate? Local, in country, or off-shore?
- ◇ Will the OP offer systematic meeting as needed and at your convenience to make adjustments to the program? Are they willing to be flexible after the start date and perform added duties that may have been overlooked?
- ◇ Do they agree to follow your existing internal policies, fully comply with the Minnesota A. G. Agreement, and with HIPAA?
- ◇ Will they provide you with phone scripts?
- ◇ Do they offer training for your front line employees on information gathering and payment at time of service?
- ◇ Are letters tailor made to your specifications, with their guidance and suggestions, on your letterhead?
- ◇ At the conclusion of their effort will they be performing any “self audits” to make sure all payments are recorded and the promised effort was completed?
- ◇ Will the OP fully cooperate with your collection firm that follows the first party effort by returning all necessary data in a convenient and specified format? This will allow you to effortlessly review accounts as needed and transfer the remaining accounts to the next stage.

By setting this up properly at the beginning you should have minimal ongoing effort, which will result in a well run self pay effort that also conditions your patient base to your expectations for payment.

Submitted by Ray Costello, CEO of Business Office Solutions and Colltech, a Minnesota AAHAM Corporate Sponsor.

## A Message from TRICARE

Doctors' Day is March 30, and here at TriWest Healthcare Alliance, we want to say something to the providers who accept TRICARE:

### *Thank you*

Thank you for being part of the mission to serve our nation's military families by joining the TRICARE network. Thank you for being the reason Service members can complete their jobs across the country and around the world—knowing their spouses and children are cared for back home. Thank you for helping repay military families for their many sacrifices, to protect our freedoms.

#### **On a Mission to Serve**

TRICARE providers join for one main reason. They're on a mission to serve those who serve our country. They work with military spouses, children with deployed parents, and even the Service members themselves.

"I've always wanted to be in the military, I've always wanted to serve. And what better way than to be a physician that can help treat and serve those that are serving our country?" said Mark Lenthe, D.O., of the Tanner Clinic in Utah.

The rewards of service to TRICARE patients are exponential.

"I don't think there's any better service that I can provide, at this point in my life, than to assure the war fighters and their families that we're going to be here, no matter where the war fighters have to be deployed," said Paul Echols, M.D., a surgeon at the University of New Mexico Hospital.

Providers can visit [TriWest.com/DocsDay](http://TriWest.com/DocsDay) to watch more profiles of service of other TRICARE doctors who have chosen to show their patriotism through serving our nation's military families.

## **CMS Starts Immediate Recoupment for Overpayments**

February 10th, 2012

The Centers for Medicare & Medicaid Services (CMS) is implementing an immediate recoupment process for demanded overpayments. As it stands, Medicare contractors begin recoupment of an overpayment on day 41 from the date of the initial demand letter. Effective July 1, 2012, however, providers can request recoupment to begin prior to day 41. Providers who elect this process may avoid the assessment of interest if the overpayment is paid back in full before day 31.

- ◇ Providers who voluntarily choose immediate recoupment must do so in writing (by mail, FAX, or email) to contractors. The letter should contain the following information:
- ◇ Provider name and phone number
- ◇ Provider Medicare number and/or National Provider Identifier (NPI)
- ◇ Provider or CFO's signature
- ◇ Demand letter number
- ◇ Which option the provider is requesting

Providers can elect a one-time immediate recoupment request for the current overpayment and all future overpayments or request immediate recoupment for a specific overpayment addressed in a demand letter.

A request for immediate recoupment letter must be received by contractors no later than the 16th day from the date of the initial demand letter.

In accordance with 42 CFR 405.378, simple interest at the rate of 10.50 percent (effective Jan. 19, 2012) will be charged on the unpaid balance of the overpayment beginning on the 31st day. Interest is calculated in 30-day periods and is assessed for each full 30-day period that payment is not made on time. In other words, if payment is received 31 days from the date of final determination, one 30-day period of interest will be charged. Further details can be found in MLN Matters® article MM7688, issued Jan. 27, 2012.

# 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.



## Officers

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## Highlight a Board Member



For the past thirty years Pam Brindley has been involved in the healthcare field in Iowa, Nebraska and now Minnesota, Wisconsin and North Dakota. She is a Regional Account Executive for Avadyne Health whose mission is focused on improving the revenue cycle by enhancing the patient experience. Pam has been active in AAHAM for many years serving as a board member and president for the Hawkeye Chapter along with being a board member in Nebraska. Currently she is a board member with the Minnesota Gopher Chapter and also acts as the Revenue Cycle Education Liaison between the AAHAM and HFMA chapters in Minnesota. She also maintains a membership with the Wisconsin AAHAM Chapter.

Three years ago Pam Brindley relocated from the heart of the Midwest in Des Moines, IA to the far reaches of the north in Bayfield, WI. During the past two winters she took for granted that copious amounts of snow would pile up in the northland. However, this year, winter didn't officially arrive until mid-January when several inches finally coated the brown ground. Pam is now looking forward to at least a few months of snowshoeing and cross country skiing while never taking for granted that the snow will always fly. When the ice thaws and spring returns, she can be found gliding across Lake Superior in her kayak. Through trial and error, she unfortunately learned that having a wet suit is a necessity for this sport- even in the heat of summer.

Pam can be reached at [pbrindley@avadynehealth.com](mailto:pbrindley@avadynehealth.com) or by calling 515-669-9396. More information about her company is available at [Avadynehealth.com](http://Avadynehealth.com).

I would like to congratulate the following winners of our elections:

Tamora Ellis – President;  
 Erika Running – 2<sup>nd</sup> Vice-President;  
 Carla Simonson – Secretary; and  
 Deb Addis, Virginia Berney, and Heather Elwood - Board Members

I would also like to thank Lois Wakefield for accepting the appointment as our Treasurer and Judy Gordon as Board Member after the resignation of the office holders. I believe we have a very strong board this year with a nice mix of new and experienced members.



I can't tell you how excited I was to be appointed the National Legislative Committee Chairperson by President Christine Stottlemeyer. Tamora and I were able to travel together to the national board meeting in Florida to begin our new roles for 2012. I would love to see lots of Gopher Chapter members heading to Senators Klobuchar and Franken's offices this April. Appointments will also be made with your Congressman. Please join us at AAHAM Legislative Day April 11-12, 2012 at the Hyatt Regency on Capitol Hill.

Submitted by Roberta Collins, CPC, CCAT Board Chairperson

# Advantage

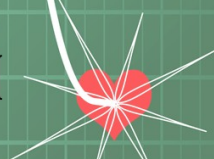
billing concepts

## We Bring:

- ☒ Full Service Billing Solutions
- ☒ Temporary Coding Services
  - Remote
  - Onsite
- ☒ Physician Chart Audits With E&M Services Focus



## EXCELLENCE OF EXECUTION



## and...

- ☒ Coding Training and Development
  - Physician
  - Billing Staff
- ☒ Professionally Certified Staff
  - Certified Clinic Account Manager
  - Certified Compliance Technician
  - Certified Health Chart Auditor
  - Certified Professional Coders
  - Certified Clinic Account Technician

**Advantage Billing Concepts, Inc**

**3920 13th Ave E, Suite 6, Hibbing, MN 55746**

**888-680-7540**

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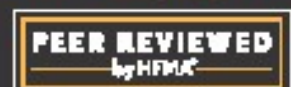
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HEALTHCARE AND LIFE SCIENCE

## Chapter Excellence

I want to give hats off to Ben Widboom, Sandra Pawelk and Virginia Berney.

Ben has been a wonderful resource for keeping our membership up-dated on any RAC's news. Thanks Ben for keeping our Chapter ahead of the ball game.

Sandra and Virginia have been dedicated to promoting and holding coaching sessions. Thanks for your time and commitment to provide learning opportunities for our Chapter.

Chapter Excellence could use a huge boom in number of Professional Certification and Membership.

In regards to Professional Certification, you will be please with yourself to no end if you delve in and become certified. The benefits are huge!

Newbie's going into Healthcare Administrative Management; it is a fabulous learning experience and provides a phenomenal foundation for any new manager.

Another target area that is so critical is membership growth. After the last board meeting, I am very hopeful that our numbers will continue to climb with the enthusiasm and spirited programs that are going to be offered.

Any help that you can provide in these areas is greatly appreciated.

Until we meet again in March, Have A Fabulous close to Winter and a Sunny beginning of Spring.

The Chapter Excellence Committee Chairperson, Eileen Froelich

## HOW TO IMPROVE COLLECTIONS FROM SELF-PAY PATIENTS

By Nels Peterson, APEX

*Nels Peterson is a sales rep at St. Paul-based APEX, a technology-driven statement processing company providing statement design, e-statement and e-payment tools, and complete print and mail services to the healthcare industry. For more information on APEX solutions visit [www.apexprint.com](http://www.apexprint.com).*

If your healthcare practice is like most practices in Minnesota, you are seeing an increase in the number of self-pay patients. If so, you may have also noticed your level of accounts receivable increasing too. This article provides concrete suggestions to improve your collections from self-pay patients. We'll cover two categories: *Clear Communication* and *Smart Technology*.

### CLEAR COMMUNICATION

Many self-pay patients are routinely confused by their healthcare bills. An Intuit Health study released in 2011 showed that 41 percent of all patients do not have confidence that the billed amount is correct, and 57 percent of all patients have had a bill go to a collection agency. Clearer communication can prevent some of those charges from accumulating as overdue accounts receivable and eventually being forwarded to a collection agency. Here are specific steps to promote crystal-clear communication and minimize collection delays

**Be clear and bold.** Show your brand clearly. Remember that many patients deal with multiple healthcare providers. Create a visual association to your practice by implementing your logo and other brand elements on your billing statements just the same way you do in your marketing materials and in your office. Ensure the brand is expressed both on the body of the statement and the tear-off stub.

**Use legible fonts.** Choose easy-to-read fonts and font sizes. For most information, use Sans Serif fonts. You can use a Serif font in a message area to draw a distinction between the main body of the statement and the message section. However, be sure to avoid using more than two fonts in the entire statement. Keep font sizes consistent within each area and only bold and enlarge those portions that need to be emphasized. Don't make patients reach for their reading glasses to understand *whom* to pay, *how much* to pay, *where* to send payment, *when* to pay, and their account details.

**Be concise.** Billing statements should inform, not overwhelm. Remember that self-pay patients are not experts in coding! It's important to include all relevant information in formats easy for non-experts to understand. However, leave out information that's likely relevant for only a small fraction of patients. Those few can call for further details where necessary. By keeping things simple, you will best help to reduce the overall volume of billing-related inbound calls to your administrative staff.

**Take your time.** A statement redesign project should be done carefully with input from multiple parties - ide-

## Stressed Out at Work?

Whoever thought that Healthcare would continually be more demanding every day? Is there ever breathing room for us? With everything that we have on our plate, life gets crazy. Just think of it, we have constant legislative changes, ie HIPAA, UB04, 5010, ICD10; computer implementations or new software; new service lines; consolidations; and on and on... Not to mention our financial situations in which we are always asked to do more with less or even worrying if we will have a job!

So how do you deal with your daily stress? First, do you even take breaks or lunches? Do you allow yourself time during the day to just get up and stretch? Are you eating at appropriate times and not just cramming at the end of the day? If any of this sounds familiar, let's see if you can take some time out of your day so you can gain your life back.

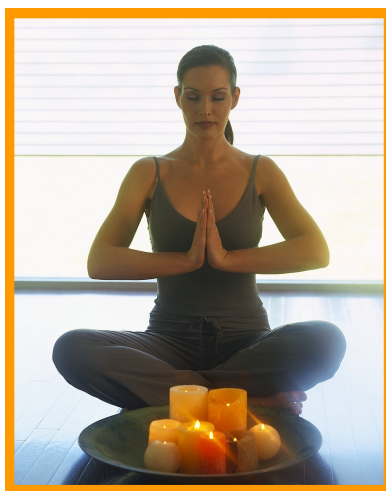
Through the years I can attest to most of this. In the last two years I have changed my lifestyles at work dramatically. I make it a point to make sure I eat, even if it means bringing a lunch to the meetings, and try to get in a healthy snack mid morning and mid afternoon. The most important change that has impacted my stress levels at work is my workout routine, no matter how tired I am when I leave work.

Exercise creates endorphins in our body. Did you know that endorphins are known for reducing pain levels and stress in the body? There are many benefits of endorphins, and many ways to get your endorphins going. The main benefit of exercise for me is it clears my mind from the work day. Have you ever come home from a bad day at work and took it out on your family? Whether it's just "snapping" at a question, or maybe even plain silence? Creating the endorphins will create euphoria of sorts and clear your mind.

Even if you take 30 minutes out of your day, you will find great benefits. For some people, the only time to work out is in the early morning. That is great too as it really puts your mind in a different perspective to get you through the day. Before or after work, the benefit of exercise is profound on how the stress from work impacts your life. Make a point of trying something... I guarantee you will feel better! Also, Yoga is a great treat for your body, mind, and spirit. I highly encourage this type of activity as it really clears the mind and at the same time you get the body benefit! Also, if you still say you don't have time, try meditation. Another great way to clear the mind even if for only ten minutes...

Namaste.....

Submitted by Janet Curtis  
Revenue Cycle Manager  
Fairview Range





Administrative Uniformity Committee (AUC)
Accomplishments for 2011

- Development and maintenance of v5010 Minnesota Uniform Companion Guides
• Testimony and comments to national administrative simplification initiatives
• National recognition and exposure
• Updated best practices for 5010
• Coordinated with MN HIPAA Collaborative on testing for 5010
• Development and maintenance of EDI standards and Operating Rules AUC letter to Centers for Medicare & Medicaid Services (CMS), March 23, 2011
• Laurie Darst of Mayo provided AUC testimony to National Committee on Vital and Health Statistics (NCVHS) Subcommittee on Standards, April 27, 2011
• Shelagh Kalland presented testimony on behalf of the AUC at the NCVHS Subcommittee on Standards hearing on April 27, 2011

CMS Update

CMS has given the Senior Medicare Patrol (SMP) a \$9 million grant to combat Medicare fraud. The grant is on top of the \$9 million grant given last year to SMP allowing seniors to identify and fight fraud. The Administration on Aging in collaboration with CMS and the Department of Health and Human Services' Office of Inspector General has about 5,000 volunteers who are recruited and trained retired professionals on how to recognize healthcare fraud. These volunteers work in their communities educating other Medicare beneficiaries, caregivers, and family members to assess their Medicare and Medicaid claims for potential fraudulent activity. States identified with high-fraud areas will receive increased funding targeted at maintaining strategies for partnership, media outreach and referrals.

MAP Percentages

Medicare advantage program (MAP) percentage continues to increase each year.

Table with 6 columns: National, 2007, 2008, 2009, 2010, 2011. Rows include US Enrollment, MAP Enrollment, MAP Percentage, and State Percentage.

2012 3-Day Payment Window

Under the 3-day payment window, a hospital (or an entity that is wholly owned or wholly operated by the hospital) must include on the inpatient claim for a Medicare beneficiary's inpatient stay, the technical portion of all outpatient diagnostic services and admission-related non-diagnostic services provided during the payment window. The statute makes no changes to the existing policy regarding billing of diagnostic services.

https://www.cms.gov/transmittals/downloads/R2373CP.pdf

When an entity that is wholly owned or wholly operated by a hospital furnishes a service subject to the 3-day window policy, Medicare will pay the professional component of services with payment rates that include a professional and technical split and at the facility rate for services that do not have a professional and technical split. Once the entity has received confirmation of a beneficiary's inpatient admission from the admitting hospital, they shall, for services furnished during the 3-day window, append a CMS payment modifier to all claim lines for diagnostic services and for those non-diagnostic services that have been identified as related to the inpatient stay. Physician non-diagnostic services that are unrelated to the hospital admission are not subject to the payment window and shall be billed without the payment modifier.

## HOW TO DEAL WITH THE STRESSES AND ANXIETIES OF WORKING IN THE HEALTH FIELD

Stress and anxiety are very common when you work in the health field. As a result, here is a list of techniques that a person who works in the health field can use to help manage their daily stresses and anxieties.

Sometimes, we get stressed when everything happens all at once. When this happens, a person should take a deep breath and try to find something to do for a few minutes to get their mind off of the problem. A person could take a walk, listen to some music, read the newspaper or do an activity that will give them a fresh perspective on things.

When facing a current or upcoming task at your health job that overwhelms you with a lot of anxiety, divide the task into a series of smaller steps and then complete each of the smaller tasks one at a time. Completing these smaller tasks will make the stress more manageable and increases your chances of success.

Challenge your negative thinking with positive statements and realistic thinking. When encountering thoughts that make you fearful or depressed, challenge those thoughts by asking yourself questions that will maintain objectivity and common sense. For example, you are afraid that if you do not get that job promotion then you will be stuck at your job forever. This depresses you, however your thinking in this situation is unrealistic. The fact of the matter is that there all are kinds of jobs available and just because you don't get this job promotion doesn't mean that you will never get one.

Remember that no one can predict the future with one hundred percent certainty. Even if the thing that you feared does happen there are circumstances and factors that you can't predict which can be used to your advantage. For instance, you are at your place of work and you miss the deadline for a project you have been working on for the last few months. Everything you feared is coming true. Suddenly, your boss comes to your office and tells you that the deadline is extended and that he forgot to tell you the day before. This unknown factor changes everything.

In dealing with your anxieties at your job, learn to take it one day at a time. While the consequences of a particular fear may seem real, there are usually other factors that cannot be anticipated and can affect the results of any situation. Get all of the facts of the situation and use them to your advantage. The more control you have over your stresses and anxieties, the better off you will be in the long run.

Take advantage of the help that is available around you. If possible, talk to a professional who can help you manage your fears and anxieties. They will be able to provide you with additional advice and insights on how to deal with your current problem. By talking to a professional, a person will be helping themselves in the long run because they will become better able to deal with their problems in the future. Managing your fears and anxieties takes practice. The more you practice, the better you will become.

### BIOGRAPHY:

Stan Popovich is the author of "A Layman's Guide to Managing Fear Using Psychology, Christianity and Non Resistant Methods" - an easy to read book that presents a general overview of techniques that are effective in managing persistent fears and anxieties. For additional information go to:  
<http://www.managingfear.com/>



## Will Your Healthcare Provider Organization be Revenue Cycle Compliant in 2012?

Healthcare Revenue Cycle Compliance rules ratchet up in 2012 with specific new regulations enforcement expected in 2012. The newly anticipated increased rule enforcement of the Health Insurance Portability and Accountability Act (HIPAA) and more importantly the HIPAA provision of the Health Information Technology for Economic and Clinical Health Act (HITECH), will create increased compliance requirements for both Healthcare Providers and their Healthcare Collection Partners. Also several new state and federal regulatory activities are bringing the issue of Revenue Cycle Compliance to the forefront of Healthcare Providers.

Historically, the State of Minnesota has been very active regulating Healthcare Collection Practices through the Minnesota Attorney General Agreement with Minnesota Hospitals. Also, recently the Minnesota Attorney General has filed a lawsuit with a Healthcare Revenue Cycle Company relating to their healthcare collection practices and HIPAA/HITEC data security breaches. Healthcare Providers and their Collection Partners must be cognizant of their responsibilities under the state collection agency requirements and federal HIPAA/HITEC data security requirements.

Aside from the two federal regulations of HIPAA and HITEC, which I will elaborate on in a moment, Healthcare Revenue Cycle Operations must also brace for increased regulatory activity from the following:

1. New regulatory oversight from the recently formed federal government Consumer Finance Protection Bureau, (CFPB). While initially the CFPB will not regulate Healthcare Providers, who knows what impact this new federal watchdog will have on Healthcare Revenue Cycle Collection Operations? Healthcare Providers need to be aware of this new federal regulator in town as they will be regulating their Healthcare Collection partners. Healthcare providers will have some exposure and liability with their collection partners and the CFPB. More to unfold with this new federal regulatory department
2. Continued regulatory compliance with the Telephone Consumer Protection Act (TCPA) which restricts phone calls to consumer cell phones utilizing dialing technology **without their consent**. If either a Healthcare Provider or their collection partner utilizes dialing technology they must comply with the TCPA.
3. And finally trying to comply with all the above and avoiding any other Federal and State Regulations violations. This has become a lucrative business for predatory lawyers who look for any type of real or perceived violation. These pesky civil lawsuits are a nuisance and are expensive to settle or defend.

These regulatory compliance concerns are a handful for all Revenue Cycle Operations. Now pile on the following Healthcare specific compliance regulations and you can understand the compliance complexity for Healthcare. New regulatory teeth for HIPAA with the new HITEC provisions are very troubling for Healthcare Providers. So what do Healthcare Revenue Cycle Staff need to be concerned with these Healthcare specific regulations? Let's look at both HIPAA and the new HITEC provisions.

HIPAA: Health Insurance Portability and Accountability Act was passed in 1996. Provisions of the act were phased in over 10 years with the most challenging provisions passed in 2003-2006. These are the patient privacy rules required of healthcare providers and their covered entities including Healthcare collection company partners. Between 2003 and 2006 the Department of Health and Human Resources, the federal government oversight regulator, fielded 23,886 complaints related to medical-privacy rules but did not take any enforcement actions against hospitals, doctors, insurers or covered entities like healthcare collectors. In 2006 HIPAA penalty provisions were implemented by the Department of Health and Human Resources. They became very active in enforcing the HIPAA Health Privacy provisions.

Several healthcare providers were fined since 2006 including UCLA Medical Center. UCLA was fined \$865,000 for patient privacy breaches that occurred from 2005-2008. The investigation concluded that UCLA allowed unauthorized employees, repeatedly and without legitimate cause looked at the electronic protected health information of numerous patients at their healthcare facility.

Also, Massachusetts General Hospital was fined one Million Dollars for the loss of a patient schedule containing 192 patient names and medical record numbers and 66 billing encounter forms that included patient names, date of birth, medical record number and diagnosis. The file with this information was left on a subway train in Boston and was never recovered. Many other healthcare organizations have been fined and prosecuted for HIPAA patient information privacy breaches.

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ally including some of your patients, through either informal questioning or formal focus groups. Solicit feedback from vendors experienced with participating and leading patient focus group efforts.

In summary, your billing statement should clearly convey both your brand and the patient's financial responsibility. By being crystal clear, you make the paying process easier for patients and are likely to improve your cash flow.

## **SMART TECHNOLOGY**

If your practice mails out large volumes of statements each month, you may already have considered working with a third-party billing provider to save money. Because of specialization and scale, third-party providers can typically print and mail - and electronically distribute - statements less expensively than providers themselves. When you work with a third-party provider, it's important to set up an easy and straightforward process to hand off billing data. You can manually upload a data file or automatically upload directly out of your practice management software - without needing to purchase additional software.

Since more and more patients are demanding the ease of online bills and bill-payment (especially younger patients, who represent your future revenue), it's important to offer online payment options. Providers are starting to hear from some younger patients who don't have a checkbook and need an electronic payment option.

Some third-party billing providers can offer web-based portals fully branded with your logo and brand information. It's important to ensure your web-portal branding matches your printed communications. In addition, your electronic statement should exactly match your printed statements. This visual consistency is important not only for branding but for clear communication. Adoption rates for patients dropping paper statements and selecting the electronic option will most likely be greater if the new electronic statement looks like the old paper statement previously received through the mail.

Consider printing QR ("quick response") codes on statements, which patients can photograph with their smart phones and be taken directly to the online billing portal. Every step that supports use of your online portal offers the double benefit of making payment easier for patients and lowering costs for providers.

Finally, make sure you have technology in place that allows call center and other administrative staff to review exact copies of patient statements to offer better patient support on the phone. When a call center representative can see exactly what the patient sees, issues are typically resolved in a single phone call.

Implementing clear communication and smart technology can help improve the patient experience, reduce incoming billing-related calls, and lower your accounts receivable greater than 90 days.



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## Streamline Your Work – Attend a TRICARE Provider Seminar

For the latest information on TRICARE® referrals and authorizations, claims and reimbursement, and TriWest's secure provider website, plan to attend the 2012 TRICARE provider seminars. Presented by TriWest Healthcare Alliance (TriWest), these seminars will be held from April 1 through September 30 throughout the TRICARE West Region. Go to [TriWest.com/Provider>Stay Updated>TRICARE Provider Seminar Registration](http://TriWest.com/Provider>Stay Updated>TRICARE Provider Seminar Registration) to register.

### **Who Should Attend?**

Providers, practice managers and office staff responsible for eligibility verification, referrals and authorizations, and claims and collections, as well as practice managers, should attend.

This seminar was not developed for providers or staff new to TRICARE. **If you are not already experienced with TRICARE, you should take a TRICARE 101 or Behavioral Health TRICARE 101 webinar or eSeminar before attending a live seminar.** Go to [TriWest.com/Provider>Stay Updated](http://TriWest.com/Provider>Stay Updated) to register for a [webinar](#) or take an [eSeminar](#).

### **What to Expect:**

This year's seminars are for experienced TRICARE staff and will focus primarily on referrals/authorizations, claims/reimbursement, and secure website functionality.

When you attend a seminar, you will receive:

- The newest *Provider Handbook* and *Quick Reference Guides*
- Updates on the latest enhanced functionality of the secure provider website

The length of the seminars is approximately 2½ hours. End times may vary based on audience participation. There is no charge to attend a seminar.

### **What Should I Do Prior to Attending a Seminar?**

If you are not already registered for the secure provider website, [register](#) before attending the seminar so you can obtain the full benefit while attending the live seminar.

If you are not already experienced with TRICARE administrative requirements, please take a TRICARE 101 or Behavioral Health TRICARE 101 [webinar](#) or [eSeminar](#) before attending the live seminar.

If you wish to have a copy of the seminar slides for note-taking or reference purposes, please print the slides and bring them with you to the seminar. Several days prior to the seminar, you will receive an email with a link to the seminar slides.

### **Benefits of Online Seminar Registration**

Registering online is the most convenient way to preregister for a seminar and includes these benefits:

- Immediate email confirmation of your registration
- Reminder email notices prior to your scheduled seminar
- Eligibility to participate in a drawing for a small prize at the seminar

Please note that confirmations are emailed to you only when your email address has been provided to us with your registration. Please add [pseminar@triwest.com](mailto:pseminar@triwest.com) to your safe sender list to ensure that you receive your confirmation from TriWest. Note: we will not sell or distribute your email address to other companies, with the exception of your Local TRICARE Representative.

### **Questions**

Please email [pseminar@triwest.com](mailto:pseminar@triwest.com) if you have questions about:

- How to register for a seminar
- How to change your registration to attend a different seminar, cancel your registration, or add additional people to your registration
- How to register if six or more people from your practice or facility wish to attend

## 5010 Nightmare, and Oh By the Way, are you Ready for ICD10?

Why is it that with Healthcare, CMS creates these wonderful regulations and time lines that no payor adheres to? Including CMS? Or, if they do adhere to the time line, their systems don't work and Business Offices have to take on the burden of missing claims, rejected claims, or claims that just go in the black hole. I know for those of us who have been in this field for any amount of years there is no surprise, but it appears to be getting worse. I also ask, that with all of our changes, has anything gotten easier, have you been able to decrease staff with all of our electronic capabilities?

I know, it sounds like I am whining. I was. With this on top of decreasing payments how do we survive? If I can put one answer to this, I would have to say it all resides in teamwork of your staff both within your department and external department support. Another key is to have a great relationship with all vendors to provide the tools for your staff.

Without the teamwork and dedication of our Revenue Cycle staff members, we would not be sitting at a GDRO of 42 or a Net Days of 22.75. I am so proud of the staff I get to work with every day. Without their due diligence and dedication none of this would be possible. The front line staff is the key to the revenue cycle's success. If you can create partnerships within the revenue cycle departments, and actually work together towards the common goals rather than finger pointing, your success will be amazing.

The teamwork within your department is crucial to success as well as the teamwork you have with your vendors. One example would be with our claims vendor. Making a change to Rycan a year ago has proven to be a very wise decision for us as they are more of a partner than a vendor. With 5010, Rycan's customization has enabled us to avoid costs and a computer conversion on our old system. This is vital as we embark on the Epic journey this year.

Partnering with your vendor is a key to your bottom line cash flow whether it is Emdeon, Magnet Solutions, Avadyne, or whoever you do business with. In this electronic world we live in, having great customer service and excellent support from your vendors will either make or break you. Reach out to your vendors; ask for options and new solutions. Even if you think you don't have any more time to take on one more project look at the opportunities. It's those projects that can really make a difference in your bottom line.

Ps... don't forget to breathe..... Somehow we always survive...We always get the job done....

Respectfully submitted,

Janet L. Curtis  
CPAM, CCAM

**“Ps... don't  
forget to  
breathe.....”**

Cont from page 17

And as we are all well aware the Minnesota Attorney General has filed a lawsuit in Minnesota against a Revenue Cycle Operations Company for HIPAA/HITEC data breaches and collection practices. This is a recent lawsuit and the final outcome is yet to be determined. The data privacy issue revolved around a stolen unencrypted laptop from an automobile that contained medical information on thousands of patients at Fairview Health Services and North Memorial Medical Center. More to follow on this lawsuit.

HITECH: Health Information Technology for Economic and Clinical Health. This provision of HIPAA takes effect in 2009. HITECH updates the newly designated civil and criminal penalties for business entities which includes Healthcare Providers and their covered business entities. Fine amounts have increased dramatically and Healthcare Provider Operations exposure has increased.

Healthcare Revenue Cycle Operations must insure that all provider patient information is secure and protected. Should a breach occur the Healthcare Provider must inform the patient within 60 days. The Department of Health and Human Resources must be notified of any breach annually. If the breach consists of 500 or more records, then the media must also be notified of the breach as well as the Department of Health and Human Resources within 60 days.

The Department of Health and Human Resources has already contracted with Booz, Allen, Hamilton and KPMG to identify and consult audits on suspect Healthcare Providers and their covered entities. That means Healthcare Revenue Cycle Operations are at more risk for a government HITEC compliance audit within the next two years.

Bottom line Healthcare Revenue Cycle Operations need to be sure they have HIPAA and HITECH compliance programs in place. Failure to comply with regulations could be costly to the Healthcare Provider. What do Healthcare Revenue Cycle Operations need to do to be compliant?

1. Make sure everyone in your Revenue Cycle organization is aware of the requirements of the privacy regulations, your privacy policies and procedures, and privacy practices. Revenue Cycle Management need to have these items in place and communicated. Annual compliance training for all employees is a must.
2. Make sure your physical facilities are protecting all patient information. No patient information is visible to others.
3. Make sure you have adequate security for all electronic patient information.
4. Make sure all of your operations policy and procedures comply with patient information privacy requirements.
5. Understand all the collection rules and regulations surrounding the MN Attorney General Agreement for MN Hospitals, and all debt collection rules for debt collectors licensed in Minnesota.

These five items are critical for an effective compliance program for Healthcare Revenue Cycle Operations HIPAA/HITEC and collection rules compliance. If your Healthcare Provider organization has not implemented these processes within your compliance program you need to consult an expert. Healthcare Revenue Cycle operations are now subject to increased civil and criminal fines and increased audit and media exposure. Will your Healthcare Provider be the next to be under state or federal scrutiny?

Tom Gavinski,  
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Tom has over 30 years of Healthcare Revenue Cycle Experience with two large Healthcare Providers in the Midwest. Tom currently works at IC System, Inc. a privately owned Accounts Receivable Management Company located in Vadnais Heights MN. Tom works with several Healthcare Providers nationally helping them with their Healthcare Revenue Cycle operational needs.

# Do You Make It Easy for Patients to Pay?

For over a decade now, high deductible health insurance plans have significantly changed the relationship between patient and health care provider. While patients have been pressed to become savvy consumers of health care, clinics and hospitals have experienced a dramatic increase in their accounts receivable and bad debt. What can you do to reverse this growing trend? Have you considered how easy it is for your patients to pay you?

## Understanding the cost of service and your payment policy:

Health care is a unique industry where consumers often receive a service without knowing or understanding what their cost will be. Several weeks later, the bill arrives and if it is not clear or includes surprises, this will delay payment. Many businesses are adopting some or all of the following solutions:

- ◇ Provide a good-faith estimate of services in advance when possible. This is not only prudent and worth the time and effort, but many states are requiring this by law when patients ask. The challenge can be the availability of accurate cost information at the points in your business where it would be needed to produce an estimate. There are a number of services and online tools typically for a per-use fee to assist in implementing this process.
- ◇ In conjunction with a good-faith estimate, obtain a signed authorization to process a one-time payment from the patient's designated financial account such as a health savings account, credit card or bank account, once the claim has been adjudicated. This will not only guarantee payment up to the estimated amount, but may also save on repeated mailing of statements and collection efforts. To implement this process, be sure to use a PCI compliant service provider to provide a secure card-on-file service to store payment account information and tools to process payments at a later date. Never store credit card or bank account information in desktop software, paper form or a 'tickler file'!
- ◇ Are your statements easy to read and understand? If you are not certain, check with your business office about how many calls they take from patients with questions about their statement. Invest in a re-design of your statement from a statement vendor who specializes in making health care statements easier for patients to understand.
- ◇ Use all available methods for informing patients of your payment policy, acceptable payment methods and payment terms before and after service; at registration, clearly on statements, and within one click on your web site.

## Online Bill Pay:

According to the Fiserv 2011 Billing Household Survey, 59% of consumers pay online at the biller's website. In fact, about 75% of households with Internet access are paying an average of 11 bills per month online. The principal driver for the high demand for online bill pay cited by consumers is convenience. So, while health care providers are offering online patient portals with login access to many secure tools, be sure to offer your online bill pay without the barrier of logging in. Couple this service with online bill presentment to satisfy consumers' concern for the environment, and you save on statement mailing costs as well.

## Automated Payment Plans:

If a patient owes a high balance, your business may offer a payment plan as a last effort before the account goes to collections. But if your current plan requires sending repeated statements and the patient promises to pay each month, that is not a good plan! Patients who intend to pay will appreciate the convenience of setting up an automated payment plan to process their authorized payments – the 2011 Billing Household Survey indicates 53% of consumers use automated payment plans. Typically, the same PCI compliant service provider with the card-on-file security mentioned above, will have tools to automatically process recurring payments. The process should include a written authorization confirming the payment plan terms. Some services also include an online payment plan authorization form - this will save even more staff time by allowing patients to complete the initial information themselves.

## Accept all Payment Types:

Notwithstanding the squawking about "trading chickens for healthcare" (Google search for 'Chickens for Checkups' - April 2010), health care providers concerned with reducing their A/R should accept all forms of 'acceptable' payment types. By this, I mean all credit cards, checks and ACH (or electronic funds transfer). Most health care providers do accept credit cards, but a smaller number are able to process an electronic funds transfer or ACH payment direct from a patient's bank account. With the cost of processing an ACH payment at one-third the cost of processing the same payment by credit card, be sure that the tools you employ for processing payments, especially by phone or online, have the capability for payment and refunding via ACH.

If your organization is faced with a growing A/R or bad debt issue, are you doing all that you can to make it easy for your patients to pay?

*About the author:* Dawn Lunde is VP of Sales and Marketing and a founding partner of Secure Bill Pay ([www.securebillpay.net](http://www.securebillpay.net)), a software-as-a-service company offering a comprehensive suite of payment processing and revenue cycle management tools specific to health care. Dawn has over 20 years experience in health care and has been involved on all sides of the payment process for both hospitals and clinics. Dawn's passion behind founding Secure Bill Pay is her desire to solve the challenges faced by most business offices: re-work, manual efforts, insecure storage of sensitive information, disparate systems and inaccurate reporting.

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the Caring  
Face of  
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**SOLUTIONS**

IN MEMORY OF OUR DEAR FRIEND  
MICHAEL P. REILING  
March 23, 1949— January 17, 2012

We entered this world  
without any cares,  
In a blanket of love and  
plenty of prayers.

Our parents caressed us and  
held us so near,  
Whispering softly 'there's  
nothing to fear.'

Our confidence was strong,  
our will undenyng,  
If we didn't get our way, we started a crying.

Our pleasures were found with things ever so simple,  
Before being replaced by our very first pimple.

Someday we'd grow up and surely would find,  
Our own special person – that one of a kind.

That special person, that one of a kind,  
A very rare treasure, a very rare find.

People have said that is comes through the years,  
Others more knowing say it comes through the tears.

Our time together has been short but intense,  
The love we share would measure immense.

We believe in hard work and a garden of green,  
And things of importance remaining unseen.

Our bringing together, to not pull apart,  
More love than we knew could fit into our heart

A special life with our families we'll share  
As well as our fathers who live over there.

We're scared and we're anxious – at the same time,  
But not sharing true love is the world's biggest crime.

The vows that we'll say will not say it all,  
How lucky are we for this love to befall!

*Written by special friend, Thomas St. Amand for Michael & Linda's  
wedding 6/11/88.*

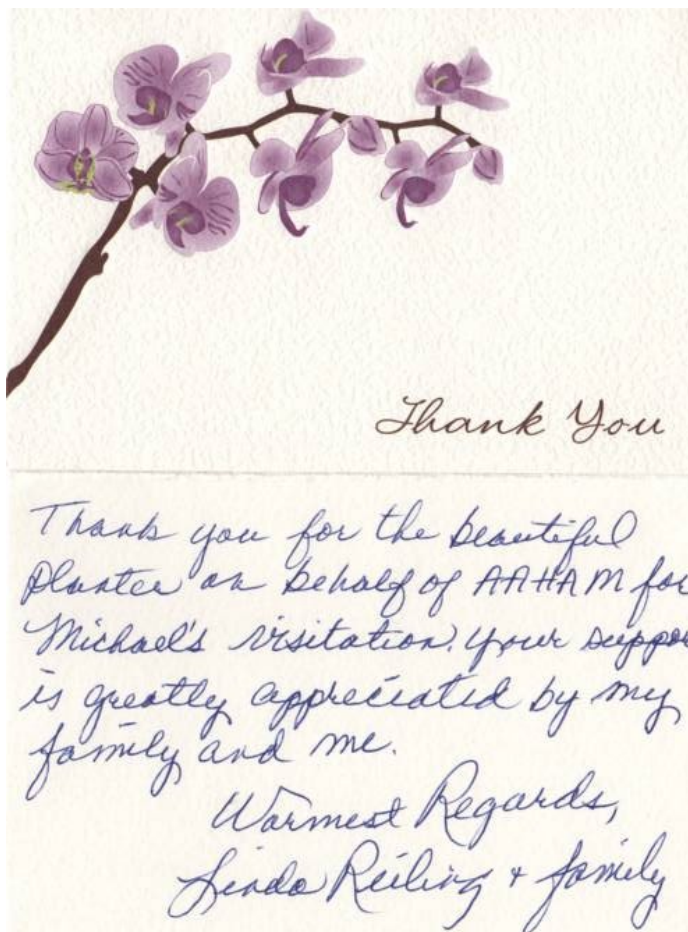


It is with heavy heart that I pass on the news that our dear friend, Michael Reiling passed away in January. Michael Reiling and Anne Smith have been attending our MN AAHAM meetings for years updating us on CPT/ICD changes. Michael will be greatly missed in the Healthcare profession and in our Gopher Chapter.

I did send a plant arrangement on behalf of the MN Gopher AAHAM chapter expressing our condolences and Linda wanted me to share these with our membership.

Submitted by

Tamora Ellis, CCAM, President



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Angels  
lead you into  
Paradise**

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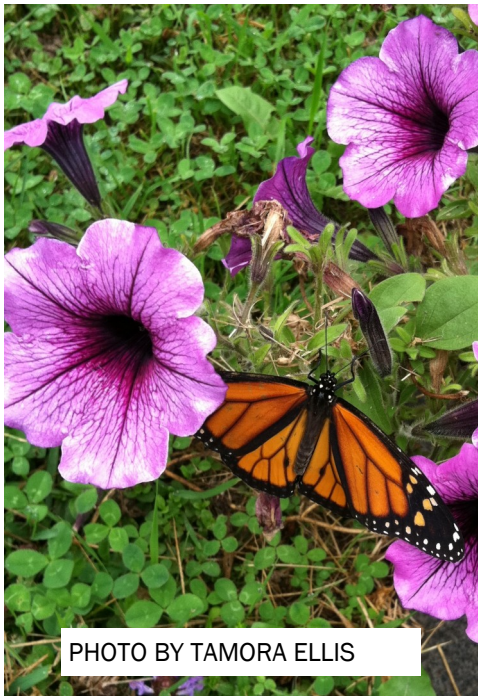


PHOTO BY TAMORA ELLIS



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## COMMUNITY SERVICE PROJECTS

Each meeting the MN Gopher AAHAM Chapter chooses a Community Service Project in the city that we are holding our Meeting. We thought it would be great to share some of the results from a few of the past recipients and thank all of our attendees that dug deep and helped these needy organizations.

Nov 2011, Penny Casavant (Catholic Charities) donations totaled \$330.00

July 2011, Alaena Dunn (Make-A-Wish Foundation) donations totaled \$400.00

March 2011, Mary Keuhn (March of Dimes) donations totaled \$256.00

Nov 2010, Matthew Koob (United Cerebral Palsy of MN) donations totaled \$278.00

July 2010, Silent Auction (Children's Burn Camp) donations totaled \$1292.00

March 2010 – Scott Nelson and Andrea Thompson (Gillette Children's Specialty Healthcare Foundation) donations totaled \$359.00

Our March 2012 meeting Community Service Project will be St. Jude Children's Research Hospital and cash/checks is easiest for them because of the regulations they have to follow on toys, blankets, etc that come in to the hospital. We will plan on having Julia Chapman speaking briefly at our lunch hour again and pass the basket for donations.

Submitted by Kari Marinowski, Community Service Chair



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**APPLICATION for NATIONAL MEMBERSHIP**

American Association of Healthcare Administrative Management

Tax Id # 23-1899873

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

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

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

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

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

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

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

Send TWO COPIES of this application with your payment to:

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

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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
<b>02 - Years in Healthcare</b>		6 CHCS (ACA)		5 Rehabilitation		9 Controller	
1 0-2 years		7 CPA		6 Skilled Nursing		10 Asst Controller	
2 3-5 years		9 Other _____		7 Teaching		11 President	
3 6-10 years		<b>06 - Employer or Type</b>		8 Other _____		12 Acct executive	
4 11-15 years		1 Accounting Firm		<b>08 - Hospital Size</b>		13 Representative	
5 16-20 years		2 Agency		1 Less than 50 beds		14 Coordinator	
6 21-30 years		3 Attorney		2 50 - 74		14 Other _____	
7 31-40 years		4 Clinic		3 75 - 99		<b>10 - Department</b>	
8 41+ years		5 Physician		4 100 - 149		1 Pt. Admin Services	
<b>04 - Major</b>		6 Emergency Tx Center		5 150 - 199		2 Pt. Financial Services	
1 Accounting		7 Government		6 200 - 299		3 Patient Accounts	
2 Business Administration		8 Hospital		7 300 - 399		4 Admin Services	
3 Finance		9 Home Care		8 400 +		5 Financial Services	
4 Health Administration		10 Ins. Representative		<b>09 - Title</b>		6 Accounting	
5 Management		11 3rd Party Payor		1 Administrator		7 Business Office	
6 Other		12 Vendor/Supplier		2 Director		8 Billing Service	
<b>05 - Certification</b>		13 Other _____		3 Manager		9 Collections	
1 CPAT		<b>07 - Special Interest</b>		4 Supervisor		10 Credit	
2 CAT		1 Alcohol/Drugs		5 Asst Director		11 Admissions	
3 CHAM (NAHAM)		2 Children		6 Asst Manager		12 Marketing	
4 CHFP (HFMA)		3 Hospice		7 Vice President		13 Sales	
5 FHFMA (HFMA)		4 Psychiatric		8 Consultant		14 Operations	
						15 Other _____	

## 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.

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## MN Gopher Chapter Committee Chairs

By Laws	Pam Wilbur
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Chapter Excellence	Eileen Froelich
Community Service	Kari Marinowski
Corporate Sponsors	Rick Rogers
Education	Rick Rogers & Erika Running
Legislative	Judy Gordon
Membership	Tom Osberg
Nominating	Mary Donnay
Publications	Tamora Ellis
Website	
Gopher Tracks	
Scholarship	Sharon Scofield
Welcoming	Jody Heard/Judy Gordon



## Gopher Goings-on

We want your news here!

Someone graduate?

Change jobs?

Get married?

Share it with us!