



Gopher Tracks

Joint Summer Institute 2013

Spirit Mountain Conference Center

Duluth, MN

August 7-9, 2013

ALPINE COASTER



Insider Highlights

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Gopher Tracks

By Tamora Ellis
President

PRESIDENT'S MESSAGE

It is May 7th and I think the snow has finally left my yard? Sure does give a person the incentive to stay in the office and work on those long overdue projects, like getting rid of piles of unnecessary paperwork. Why when we have a very efficient scanning process do I still feel the need to keep a paper copy of everything? Amazing how much I was able to purge and how gratifying it is to come into the office and see the top of my desk. It really was there.

We tend to get caught up in all the changes that we go through day in and day out. The major item now on our list is the change from WPS to NGS in September. Of course I am trying to get a jump on things but find that all I keep hearing is 'We do not have any information yet so check back later'.

Make sure to mark your calendars for our August meeting and check our website at www.mnaaham.com for more details.

But for me the most important news I can share with you is the birth of my first granddaughter Stella 2 days ago. I always said my greatest joy was being a mom and holding my beautiful daughters for the first time but I have to say, holding my granddaughter is pretty spectacular.

I look forward to seeing everyone soon and have a safe summer.

2013 Legislative Day scholarship

Dana Young Thanks Chapter for Opportunity



Thank you AAHAM. This year I was the winner of the 2013 Legislative Day scholarship. This year our topic was on the Telephone Consumer Protection Act (TCPA). Our mission was to speak to our House and Senate representatives to educate them on this issue. Optimal care cannot be provided without access to patients using modern technology such as an automated dialer to a cell phone line. It is crucial to be able to use cell phones of patients to provide such services as appointment reminder calls, messages to call for test results and collection of accounts.

This was a great experience not only for the House and Senate visits but also to the amazing people I met and the beautiful city of Washington DC. I would encourage everyone to apply for this great opportunity AAHAM provides for its members.

Save the Date

Joint AAHAM and HFMA Meeting on August 7-9

GopherTracks

By Rick Rogers
2nd Vice President

Sessions include:

*Health Care Delivery Strategies for Critical Access Hospitals
An Update on Billing and Reimbursement
Introduction to National Government Services*

Spring is trying very hard to arrive in the form of weather, though the equinox has long since passed. One day it is 60 degrees and the next day our friends north of the border send us a blast of cold air. I am even told that the folks in Orr, MN continue to get measurable snowfall as recently as the weekend of April 6.

Well, fear not, your programming teams for the MN Chapters of HFMA and AAHAM have been working through the weather to build a fun and information filled joint meeting for August 7-9 in Duluth. This year's joint summer meeting will be held at the Spirit Mountain Conference Center just outside of Duluth. As many of you know, August usually proves to be the most beautiful time of the year in Duluth and our presentation during these dates will only serve to enhance that feature.

While we still have a couple of speaking slots to fill, we are well on our way to producing a high interest, high quality program for all of you. Our meeting will kick off with Weston Smith, former CFO for HealthSouth, who was convicted of fraud and incarcerated for his role in one of the most widely publicized cases involving healthcare. In addition, we will have presentations on Patient Non-Compliance and an update on the MN Health Insurance Exchange. We are also pleased to announce that we will have a provider presentation on the implementation and impact of a presumptive charity evaluation process.

More information on hotels, programming and meeting cost will be coming in the form of emails very soon. You will want to save the dates of August 7-9 to take advantage of this outstanding opportunity. If you have any questions, please feel free to contact:

[Erika Running – AAHAM – 218.269.1386 – erika.running@charter.net](mailto:erika.running@charter.net)

[Jackie Hinderks – HFMA – 320.231.4425 – jhinderks@rice.willmar.mn.us](mailto:jhinderks@rice.willmar.mn.us)



Destination: Duluth

There's plenty to do while in Duluth!

Check out some of the following during the convention:

Canal Park

Fitger's Complex

Old Downtown Duluth

Miller Hill Mall

Vista Fleet Sightseeing and Dining Cruises

Great Lakes Aquarium

Gleensheen-The Historic Congdon Estate

St. Louis County Heritage and Arts Center

North Shore Scenic Railroad

Lake Superior Railroad Museum

The Duluth Playhouse

Duluth Art Institute

Lake Superior Zoo

S.S. William A. Irvin Ore Boat Museum

Renegade Theater Company

Duluth Huskies Baseball

Duluth Children's Museum

Top Hat Carriage Service

Twin Ports Charter Fishing

Duluth Golf Courses

Richard I. Bong Veterans Historical Center
(Superior, WI)

Bob Dylan Way

Rick Rogers Cul de Sac

Superior Whitewater Rafting Tours

Spirit Mountain Alpine Coaster and Timber Flyer

Lutsen Mountain Tram (Lutsen, MN)

Zinema 2 Movie Theater

Barker's Island (Superior, WI)

Duluth 10 Movie Theater

DeWitt Seitz Marketplace

Managed Care Revenue Recovery: Get the Dollars You are Owed

GopherTracks
Megan M. Iemma
Senior Consultant
Blue and Co.

With changes to Medicaid and Medicare reimbursement looming on the horizon, providers are

challenged with finding resources devoted to chasing down managed care reimbursement. Although payors are generally reimbursing at the correct rates, a comprehensive audit of claims data will reveal an alarming number of claims underpaid by 1-2%. These underpayments add up quickly, totaling in the hundreds of thousands of dollars in recoverable revenue for a SINGLE PAYOR!

Back in the dark ages, payor customer service, provider service and claims processors were all housed in the same facility and able to communicate face to face when a payment issue was discovered in the “field”. Changes in the payor industry, namely acquisitions and subsequent consolidation have resulted in these basic payor functions occurring in different regions, sometimes different countries. When considered from this perspective, it is easy to understand how system glitches, payment errors, and even training issues lead to incorrect provider reimbursement. It quite simply takes longer for the right hand to figure out what the left hand is up to.

Payors are obligated to reimburse providers at the contracted rate for a particular performance period, usually a calendar year. Most managed care contracts provide for an annual rate revision, based on the hospital’s chargemaster increases and sometimes the appropriate Consumer Price Index (CPI). “Clean” claims, appropriately submitted for payment and not considered at this annual rate technically breach the agreement with the hospital. Since “breach of contract” is not a congenial term, payors are generally more than happy to issue payment on claims reconsidered at the appropriate, contracted rate.

Contract management systems are an excellent innovation and a key component of revenue cycle management processes. However, the setup and maintenance of the system and corresponding process requires considerable initial efforts and constant oversight. Think about it; breaking down standard reimbursement methodologies employed by commercial payors is a daunting task. Are you completely confident the correct DRG is tied to the appropriate rate, and that correct units will automatically be calculated into the final expected payment?

Conversely, one would think that small hospitals, most often reimbursed on a percent of charge, would have no issues surrounding correct reimbursement from commercial payors. Once annual rates are implemented, claims should logically pay at the correct percentage. However we all know this is the exception rather than the rule. Small facilities, especially critical access hospitals simply do not have the resources to devote to validating correct reimbursement on every commercial claim and certainly do not have contract management systems taking contractuals at the time of billing.

The approach to auditing commercial managed care reimbursement is straightforward, yet potentially overwhelming. However, taking this action in manageable pieces will pay off and enhance revenue protection efforts. The following steps outline an initial auditing process to identify recoverable managed care reimbursement:

1. Review managed care contracts, capturing rates and terms impacting reimbursement (Look for terms that will either make or cost you money):
 - a. Annual rate adjustment language and any corresponding calculations.
 - b. Requirements surrounding annual rate

adjustments such as chargemaster and rate increase documentation.

2. Analyze up to two years of paid claims data by individual account, comparing payments against the expected, contracted amount:

- a. Audit contract management systems and validate contract terms are modeled appropriately, calculating expected reimbursement appropriately, and reporting variances accurately.
- b. If a contract management system is not employed, calculate expected payments by consolidating account information on a single line item and factoring in payor adjustments and payments against billed charges.
- c. Include financial class and place of service to determine if specific services, e.g., ED charges are consistently underpaid.

3. Calculate the total variance, by payor, including overpayments, documenting reported contract amounts and actual contracted rates:

- a. Validate underpaid amounts in your AR system on a sample of claims to demonstrate the variance pattern.
- b. Compile all contract documentation supporting the corrected, expected payment, e.g., current rate amendment documentation.

4. Identify the appropriate payor contact and develop an outreach strategy to recover dollars on underpaid amounts:

- a. Implement any corrective measures to avoid future underpayments, e.g., correct reimbursement for ED charges, or more specific financial class definition to receive the correct level of payment.
- b. Consider regular calls with payor contacts (at least quarterly) to discuss any payment variances, denial trends, or customer service issues.

Hospital leadership hesitant to pursue underpaid claims for fear of the payor retaliating during the next round of rate discussion need only consult their respective managed care contracts. Seeking payment

owed on underpaid claims has nothing to do with next year's chargemaster increase.

Payors are implementing audits designed to recover perceived overpayments. Providers need to consider auditing managed care payments to identify underpaid variances and recoverable revenue. This applies to providers of all sizes. Large systems need to perform regular audits of their contract management systems, and small hospitals need to perform comprehensive, regular audits of paid claims.

Additionally, it is important to develop and maintain professional relationships with your payor counterparts. Many issues can be addressed with a phone call to the appropriate contact, provided your team has assembled documentation supporting your claim. As in any problematic situation, payors are prone to respond in a timelier manner if the solution is presented to them. Namely, underpaid claims and supporting reimbursement documentation.

I've looked at thousands of claims in several different capacities throughout my career, and find the same variables in each situation. Payors have system issues like the rest of us. Even simple reimbursement methodologies can experience a "glitch" resulting in underpaid claims. Contract management systems and corresponding reporting mechanisms are not infallible as incorrect programming can lead to incorrect variance documentation. And finally, like it or not, providers need to audit every single claim to insure correct reimbursement from commercial payors.



Megan M. Iemma, MBA

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MN AAHAM Board Meeting



Above: Kari Miranowski is in deep contemplation about a motion that Rick Rogers and Heather Elwood (right) are proposing. Below: Pam Brindley is pondering splitting one of those marvelous cookies with Heather. Right: Erika Running, Tamora Ellis and Judy Gordon discuss the education and fun at the upcoming Summer Meeting in Duluth. Bottom: Over seventy members begin arriving for the Payer Panel session.



Minnesota AAHAM and HFMA 2013 Spring Payer Panel



Above: Rick Rogers and Jody Heard recruit members to fill those last three chairs during hospitality. Top left: Lisa Wichterman, a speaker from the Minnesota Department of Labor and Industry and a welcome to Paul Wright, a longtime HFMA member who is now joining AAHAM. Left: Paul came all the way from San Francisco to sample some SPAM from Austin, MN. Bottom: Aaron Bonell just volunteered to help Judy Gordon and Pam Brindley with Legislative Day next year- just kidding, Aaron.





Left: Elizabeth Nelson and Cheryl Marton from Health Partners.
Top: Jean, Mike H and Jenny Roth from DHS.
Left to right: Deb Buckler from Ucare, Amy Bumness from Ucare, Teena Wigley from NGS, Laura Gilamister from Medica, Barbara Knutson with the Shriners Hospitals and Dana Young at Legislative Day in DC.



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Legislative	Judy Gordon
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Non-members will pay a \$25.00 fee to advertise in the Gopher Tracks.

There is also advertising available on our website for a fee.

Contact jbrindley54@gmail.com for more information if needed.

Additional information available on the web at:

www.mnaaham.com

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Mark your Calendars

National AAHAM Dates to Remember

May 13-24, 2013 - CPAT/CCAT/CCT exam period

June 3, 2013 - Registration deadline for August CPAT/CCAT/CCT exams

August 1, 2013 - Registration deadline for Fall CPAM/CCAM exams

August 12-23, 2013 - CPAT/CCAT/CCT exam period

September 2, 2013 - Registration Deadline for November CPAT/CCAT/CCT exams

October 16, 2013 - Board Meeting Sheraton New Orleans, New Orleans, Louisiana

October 16-18, 2013 - 2013 ANI, Sheraton New Orleans, New Orleans, Louisiana

October 28-November 2, 2013 - Fall CPAM/CCAM exams

November 11-22, 2013 - CPAT/CCAT/CCT exam period

December 2, 2013 - Registration deadline for February 2014 CPAT/CCAT/CCT exams



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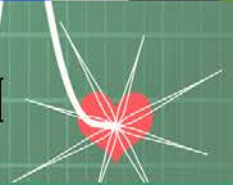
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member profile

Lois Wakefield

Nordic Consulting Partners

Who is your employer and what is your current position? How long have you been in this position and what are your primary duties?

Nordic Consulting Partners out of Madison, WI. I am a Senior Consultant, who switched jobs on March 1st from OptumInsight, which is owned by United Health Care, to Nordic. I have been doing Epic consulting since 2007 and currently am working with Santa Clara County Hospital and Medical Center in San Jose, CA. As an Epic consultant, I am assisting my client with custom building/modifying the Epic system to meet their needs, designing/redesigning their workflows to utilize Epic, supporting their go-live efforts, and generally being there for them to achieve a successful implementation.

If you were the Emperor of Healthcare, what would you enact to help the system?

Socialized medicine so that everyone would be covered! Also eliminate the paperwork/regulations that are involved with healthcare.

What have you never done and always wanted to do?

Take a hot air balloon ride!

Describe your favorite restaurant and what you always order there.

Alessia's Italian Restaurant in Mesa, AZ. It is owned by a young couple. The wife does all the cooking and it is marvelous! Northern Italian. John is the Host and has great wines! I usually will get the Shrimp appetizer that has a great sauce which includes garlic, tomatoes, and mushrooms.

Do you Tweet on Twitter, Like on Facebook or Link in LinkedIn?

In other words, what is your take on social media. I do NOT do any of the social media sites. I get enough of computers all day long at work.

What is one thing (or two or three things) you would like everyone to know about you?

Nothing.

How can the Minnesota AAHAM Gopher Chapter best serve you and other members?

Networking is what has helped me the most. It has allowed me to make lifelong friends, get leads on new jobs, and just help me to relax.



Member Profile

Paul Wright
Triage Consulting Group



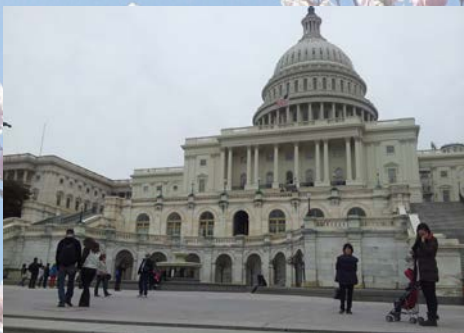
Gopher Tracks
Dana Young
Chapter Excellence

I would like to introduce Paul Wright. Paul works for the Triage Consulting Group in San Francisco, CA. The Triage Consulting Group is one of the nation's leading hospital revenue review consultancies, with offices in San Francisco and Atlanta. They have identified and recovered over \$2.1 billion in lost revenue for some 500 hospital clients. The Triage Consulting Group has been selected as one of the "Best Places to Work in Healthcare" by Modern Healthcare and was selected as one of the "Best Small & Medium Companies to Work for in America" by the Great Place to Work Institute for seven consecutive years.

Paul has been an HFMA member for 7 years and is a member of the Colorado and Texas chapters. His very first meeting with AAHAM was the Rochester meeting. I had the pleasure of meeting Paul for the first time in St. Paul.

Paul's wife is a native of Minnesota. She's originally from St. Louis Park. They have been married for 11 years.

Paul is looking forward to meeting new people and hopes to attend the meeting this summer in Duluth. Please welcome him into our AAHAM group.



April 11-12 / Washington DC

**8th Annual
Legislative Day**

Fairfax, VA – The American Association of Healthcare Administrative Management (AAHAM) www.aaham.org, a professional association, held its eighth annual Legislative Day, April 11-12, 2012 at the Hyatt Regency on Capitol Hill.

Speakers included:

Dan Elling, Staff Director of the House Ways & Means Committee, Subcommittee on Health, Julia Harris, Kaiser Family Foundation, Paul A. Miller, Miller/Wenhold Capitol Strategies, Adam J. Peterman is the Director of Federal Government Affairs for ACA International and Brad Schweer, Legislative Director, Rep. Lee Terry (R-NE).

"We were delighted with the participation by our members and have seen the benefits of repeated meetings with our elected officials. It was rewarding to see how our members place such a high level of importance in attending and participating, said Christine Stottlemeyer, AAHAM President and Director of Patient Accounting, Memorial Hospital, York Pennsylvania.



The 2013 ANI will be held on October 16-18, at the Sheraton New Orleans in New Orleans, Louisiana.

“Achieving Excellence in Your Revenue Cycle...and All That Jazz”

The ANI is attended by nearly 500 National members and over 75 exhibitors. Each year, the members of AAHAM come together to exchange ideas, renew old friends, make new ones, and further their knowledge and education in the field of Patient Account Management.

Get Exposure! Exhibit booths are available for unopposed time in the exhibit hall. Sponsorships are another way to show your support and enhance your sales, and double your company's visibility. Advertising space is available in the ANIinsider, the official conference program.

AAHAM's ANI always attracts a large number of qualified speakers, who present on a variety of topics. Be sure to check out this year's Agenda and Exhibitor listing (coming soon) for the ANI. Get a sneak preview of what sessions and educational opportunities will be taking place at this year national meeting.

If you would like to be considered as a speaker for AAHAM's ANI, please visit the Be a Speaker section for an application. Speaking positions, both paid and unpaid are usually filled by the end of April, but we do take information year round and will be sure to mail out Speaker RFPs to all interested parties.



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Fax - 916.443.8254

Community Service Project

For the upcoming joint meeting in August, the Community Service Project will center upon an organization based in the Duluth, MN area. The organization is still being determined at this point in time and will be announced at the joint meeting.

Gopher
Goings-On

Tamora Ellis became a proud grandparent along with celebrating a birthday this month.

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 and 7/21/03

Reviewed and Approved by Board of Directors 7/21/10 and 11/2012

National AAHAM Membership Application

For those interested in becoming a National AAHAM Member,
this application can be found at www.aaaham.org



APPLICATION FOR NATIONAL MEMBERSHIP

NAME: _____ TITLE: _____

EMPLOYER/ORGANIZATION NAME: _____

PRIMARY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ LOCAL CHAPTER: _____

E-MAIL ADDRESS: _____ WEBSITE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

How did you hear about AAHAM? Colleague Publication Website LinkedIn

If referred by AAHAM member, please give name: _____

Membership Type: National Member Student Member

NATIONAL MEMBERSHIP - The fee to become a National member is \$175. If you join anytime between July 1st and August 31st, the dues are \$140 for the rest of the current year. If you join between September 1st and December 31st, the fee is \$210 for the rest of the current year and all of the following year.

STUDENT MEMBERSHIP - The student membership fee is \$50. If you join between July 1st and August 31st, the pro-rated dues are \$35, and if you join between September 1st and December 31st, dues are \$65 (for 15 months of membership). To qualify for student membership you must currently be taking 6 credit hours per semester. Student members receive all the benefits of membership with the exception of voting, eligibility for professional certification, and cannot be a proxy for a chapter president at any national board meetings.

PAYMENT OPTIONS

For Credit Card Payment: Amex Visa MasterCard

Card Number: _____ Exp: _____

Name as it appears on card: _____

Signature: _____

Billing Address, if different from above: _____

Please allow two weeks for processing after your application is received at the national office. Dues are not tax deductible as a charitable contribution, but may be as a business expense.

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

For Check Payment:

Please make checks payable to AAHAM and send application with your payment to:

AAHAM Membership
11240 Waples Mill Road, #200
Fairfax, VA 22030
Fax: 703-359-7562
AAHAM Tax ID: 23-1899873

YOUR PAYMENT TOTAL:

NATIONAL DUES: _____

LOCAL DUES: _____

TOTAL ENCLOSED: _____



Local Chapters: AAHAM has 32 chapters throughout the US and India. Local chapters offer you more opportunities for education and networking. Please see the listing of local chapters below to help you decide which chapter you should belong to along with your National membership

Name of Chapter	Geographic Location	Chapter Dues	Please Check the Appropriate Category Below
Aksarben #01	Nebraska	\$0.00	<p>Years in Healthcare: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 25+</p> <p>Certification: <input type="checkbox"/> CHAM (NAHAM) <input type="checkbox"/> CHFP (HFMA) <input type="checkbox"/> FHFMA (HFMA) <input type="checkbox"/> CHCS (ACA) <input type="checkbox"/> Other (please list)</p> <p>Employer Type: <input type="checkbox"/> Vendor/Corporate Partner <input type="checkbox"/> Billing <input type="checkbox"/> Collection Agency <input type="checkbox"/> Consulting <input type="checkbox"/> Outsourcing <input type="checkbox"/> Software/IT <input type="checkbox"/> Provider <input type="checkbox"/> Law Firm <input type="checkbox"/> Other (please list)</p> <p>Position: <input type="checkbox"/> President, Administrator, Executive <input type="checkbox"/> Director, CEO <input type="checkbox"/> Partner, Principal, Owner <input type="checkbox"/> CFO/Controller, COO, CIO <input type="checkbox"/> Vice President <input type="checkbox"/> Assistant VP/Assistant Administrator <input type="checkbox"/> Director, Manager, Supervisor <input type="checkbox"/> Technician <input type="checkbox"/> Clinical <input type="checkbox"/> Academic <input type="checkbox"/> Other (please list)</p> <p>Responsibility: <input type="checkbox"/> Accounting <input type="checkbox"/> Administration/Operations <input type="checkbox"/> Admitting/Access <input type="checkbox"/> Audit <input type="checkbox"/> Benefit <input type="checkbox"/> Budget <input type="checkbox"/> Compliance <input type="checkbox"/> Business Development, Sales, Marketing <input type="checkbox"/> Information Services/Technology <input type="checkbox"/> Managed Care <input type="checkbox"/> Medical Records <input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> PFS, Patient Billing & Collections <input type="checkbox"/> Reimbursement <input type="checkbox"/> Third Party Administration <input type="checkbox"/> Other (please list)</p>
Greater Florida Buccaneer #03	North, West, and Central Florida	\$40.00	
Carolina #04	North & South Carolina	\$30.00	
Evergreen #05	Washington State, West of the Mountains	\$30.00	
Gopher #06	Minnesota	\$40.00	
Hawkeye #07	Iowa	\$0.00	
Hawthorn #08	Missouri	\$45.00	
Illinois #09	Illinois	\$25.00	
Inland Empire #10	Washington State, East of the Mountains	\$25.00	
Keystone #11	Central Pennsylvania	\$25.00	
Maryland #13	Maryland	\$20.00	
Mountain West #14	Utah	\$25.00	
New Jersey #16	New Jersey	\$35.00	
Western Reserve #18	Ohio	\$0.00	
Northeast PA #19	North East Pennsylvania	\$30.00	
Rocky Mountain #21	Colorado	\$40.00	
Pine Tree #22	Maine	\$25.00	
Rushmore #23	North & South Dakota	\$0.00	
South Florida #25	Palm Beach, Broward, Miami-Dade, and Monroe Counties	\$20.00	
Western Region #26	Arizona and California	\$0.00	
Virginia #27	Virginia	\$30.00	
Philadelphia #29	Philadelphia, Pennsylvania	\$35.00	
Mid-York #31	New York	\$40.00	
Tennessee #32	Tennessee	\$30.00	
Georgia #33	Georgia	\$30.00	
Connecticut #34	Connecticut	\$35.00	
Three Rivers #37	Pittsburgh, Pennsylvania	\$30.00	
Texas Bluebonnet #40	Texas	\$50.00	
Indiana #42	Indiana	\$25.00	
Wisconsin #44	Wisconsin	\$25.00	
Chennai #49	Chennai, India	\$0.00	
Mumbai #52	Mumbai, India	\$25.00	
Music City #53	Tennessee	\$25.00	

