AAHAM
American Association of Healthcare Administrative Management
MN Gopher Chapter

Gopher Tracks

Save the Date:

August 12-13, 2015

MN AAHAM/ HFMA Joint Summer Conference

Conference Information on Page 5

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American Association of Healthcare Administrative Management
MN Gopher Chapter

hfma minnesota
healthcare financial management association

Rick Rogers

President's Message

Greetings MN Gopher Chapter Members,

Welcome out of hibernation for 2015 to all of my friends and colleagues in Minnesota. It has been another long winter, but unlike other parts of the country, Minnesota residents take the coldest season in stride and get on with their lives.

Every year, along with nicer weather, spring brings the annual MN AAHAM Payer Panel. This year the meeting was held in Owatonna, MN at the Mayo Healthcare System facility. I would like to thank Sharese Haddy for coordinating our use of the facility for our meeting. The meeting was well attended by our provider members and Pam Brindley and Rhonda Helgeson did a great job in getting our payers on board as well as collecting questions from providers in advance of the program. I would especially like to thank them and Sharese for the successful return of Blue Cross Blue Shield of MN in person. It was obvious that our members had been missing an actual presence by this significant payer. The two ladies representing BCBS did a masterful job of addressing the questions of our attendees and some of the pent up frustration created by the lack of a BCBS presence for the past 3 years.

The presentations that were made available to our group are still available, for another month or so, on our chapter website at: http://www.mnaaham.com/2015-payer-panel-handouts/

Spring also brings the National AAHAM Legislative Day in Washington, D.C. This year's meeting with the house and senate legislative aides took place on March 31. There were two topics of importance that our group carried to the hill this year:

1. The first was the modernization of the Telephone Consumer Protection Act (TCPA). This topic has been raised in past years, but this year we put a decidedly "Healthcare Provider" spin on our conversations. This antiquated piece of legislation was put in place back in 1991 when very few people had cell phones and the industry standard was to charge for calls by the minute on inbound and outbound usage. The 1991 legislation was designed to eliminate telemarketing calls to cell phones, among other goals, because the subscriber would be charged for these calls and not the telemarketer.

Fast-forward to 2014 and 96% of American adults subscribe to a wireless plan and 1 in 5 households are wireless only. Under the antiquated law, it is unlawful for a healthcare provider to contact a patient or guarantor on a cell phone without "Prior Express Consent" by using an automated dialing system or artificial or pre-recorded message system. These restrictions, we argued, are detrimental to the delivery of quality care because it precludes providers from using these tools to make appointment reminder calls, request a call to discuss lab results or other clinical findings, etc…

I am happy to announce that within days of our return home, we were notified by National AAHAM that some of the legislators, whose staff we spoke with, have agreed to get behind this effort. They will work to try to have the FCC amend their rules to allow some type of carve out for the Healthcare Provider Industry.

2. The second issue we met with legislative staff on was the Hospital Improvements for Payment (HIP) Act of 2015. This act aims to fix a number of issues within the Medicare payment systems. Just a couple of these are: changes to the OPPS and IPPS reimbursement systems to create a single unified structure to deal with both IP and OP claims; the definition of a "Short Stay"; problems with the Two Midnight Policy and reform to the RAC program.

The HIP Act of 2015 is a very complex piece of legislation, but suffice it to say, the passage of this act and signing it into law will have a profoundly positive impact on Critical Access Hospitals (CAH) in particular. This act corrects many of the unintended negative consequences of the Affordable Care Act and provides for the financial health of our rural healthcare in the U.S.

It was another valuable trip to the hill and a lot of positive meetings were had a positive responses received from the legislative aides with whom we met.

Speaking of meetings, Pam Brindley and Rhonda Helgeson are way out in front of the curve in preparing our annual Joint Summer Institute with the MN HFMA. This year's meeting will be held in the Minneapolis area and is shaping up to be another impactful meeting filled with high quality and current topics of importance. The dates of this summer's meeting are August 12-13 at The Double Tree by Hilton in St. Louis Park. I hope you will save those dates and plan to join us.

I wish the best to the entire membership of the MN Gopher Chapter of AAHAM and I look forward to seeing you at a meeting very soon. If you ever have questions, I serve you the members; please do not hesitate to contact me.

Warmest Regards,

Rick

October 14-16

2015 ANI Conference

2015 Annual National Institute

Walt Disney World Swan and Dolphin

Orlando, FL

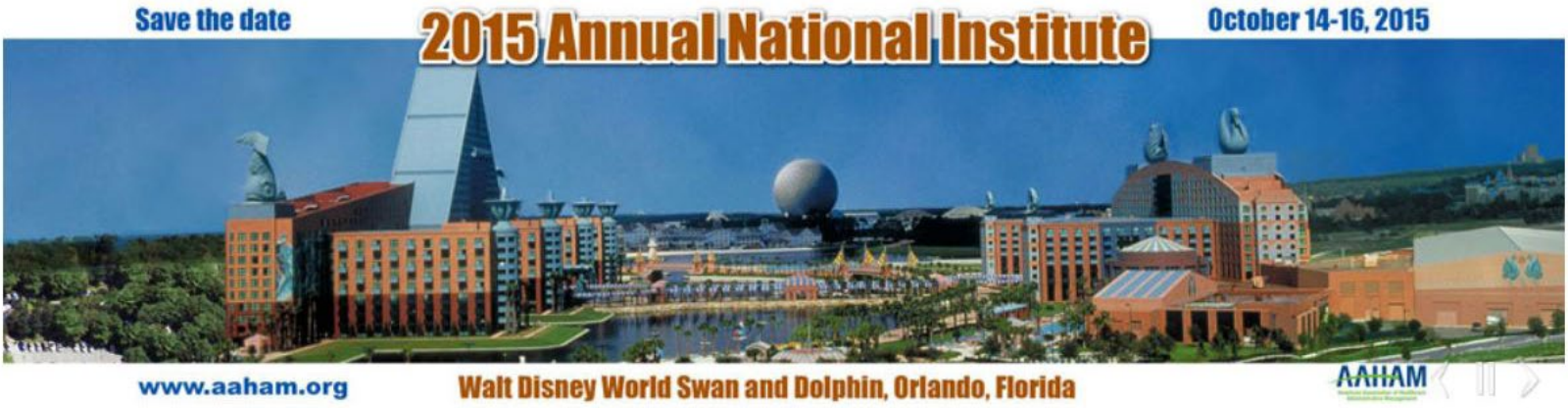
The ANI is attended by nearly 500 National members and over 75 exhibitors. Each year, the members of AAHAM come together to exchange ideas, renew old friends, make new ones, and further their knowledge and education in the field of Patient Account Management.

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 the Agenda (available in 2015) and Exhibitor Prospectus for the ANI. Get a sneak preview of what sessions and educational opportunities will be taking place at this year national meeting.

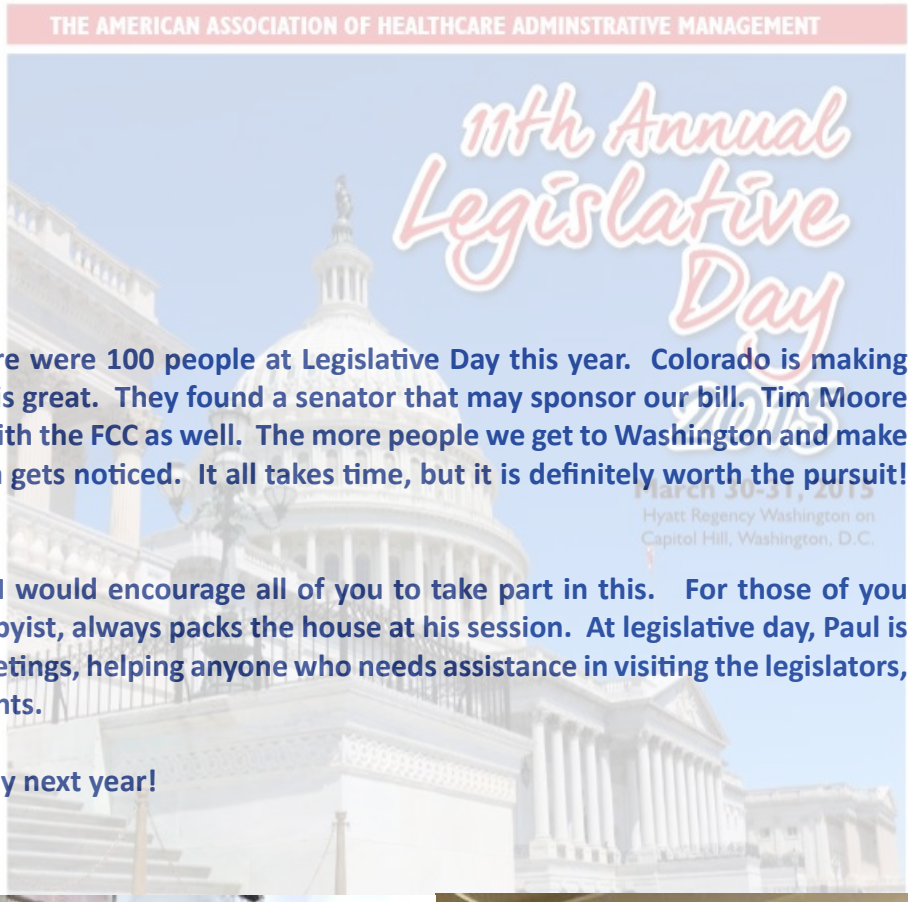
If you would like to be considered as a speaker for AAHAM's ANI, please visit the Be a Speaker section for an application. Speaking positions, both paid and unpaid are usually filled by the end of April, but we do take information year round and will be sure to mail out Speaker RFPs to all interested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

If you have any additional questions about the ANI, please feel free to contact the National Office at 703-281-4043 ext 209 or by email at danielle@aaham.org.



March 30-31, 2015

Legislative Day Report



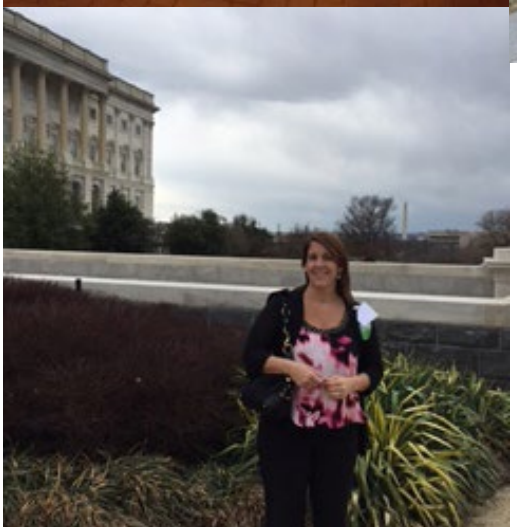
Legislative Day…..

What a grand event to be part of. There were 100 people at Legislative Day this year. Colorado is making headway on the TCPA legislation which is great. They found a senator that may sponsor our bill. Tim Moore appeared to have a successful hearing with the FCC as well. The more people we get to Washington and make a statement, year after year, our agenda gets noticed. It all takes time, but it is definitely worth the pursuit! This event has momentum.

As Chair of the Legislation Committee, I would encourage all of you to take part in this. For those of you who attend the ANI, Paul Miller, our lobbyist, always packs the house at his session. At legislative day, Paul is present during the entire time at the meetings, helping anyone who needs assistance in visiting the legislators, or bringing awareness of the talking points.

Please don't miss out on this opportunity next year!

- Janet Curtis



Top: Judy Gordon on Capitol Hill.

Upper Left: Tim Moore (far right) and Kenny Korner (Bruins jersey) back-up the military.

Left: Janet Curtis is the chair person for Leg Day.

Right: Rick Rogers shows who really is the Chief Excutive Officer.

Summer Institute

Conference Agenda

DoubleTree by Hilton Hotel Minneapolis - Park Place

1500 Park Place Blvd., Minneapolis, Minnesota, 55416, USA
TEL: +1-952-542-8600
FAX: +1-952-542-8063

Aug. 12-13

A registration form and more information will be available on-line soon.

Room Rate: $125 per night

Wednesday August 12, 2015

10:00 - Noon	Board Meeting
12:45 - 1:00 PM	Welcome, Thank You's & Housekeeping
1:00- 2:15 PM	Joseph Schindler: Minnesota Hospital Association
2:15 - 3:45PM	Doris Dickey: PFS Revenue Cycle Open Forum
3:45 - 5:PM	Paul Miller: National Legislative Perspective
5:00 - 6:00 PM	Social Hour with Vendors

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Thursday August 13, 2015

7:30- 8:15 AM	Registration & Breakfast with Vendors
8:15 - 8:30 AM	Welcome and Business Meeting
8:30 - 9:45 AM	Suzanne Lestina: Improving Business Processes to Effectively Collect in a Consumer World
9:45 - 10:00 AM	Check out of Hotel
10:00 - 11:30 AM	Julie VanPelt: 501r
11:30 to Noon	Vendor Networking
Noon to 1:00 PM	Lunch and Charity Presentation
1:00 - 2:15 PM	Chad Powers: The Hidden Dangers of Liability Billing
2:15 - 3:30 PM	Sara Mendiola: Defending Agaisnt a ZPIC or other Potential Fraud Investigation by the OIG
3:30 PM	Door Prizes/ Vendor prizes Must be present to win
	Vendor Tear Down

MN AAHAM/ HFMA Activities

2015 Payer Panel

Over 60 MN AAHAM and HFMA members attended the annual Payer Panel Meeting on March 12th. This year the location and meeting format were changed to better accomodate the needs and wishes of the chapter members. Instead of hotel venue over a two day period, the meeting was held at the Mayo Clinic Health System in Owatonna. Sharese Haddy Non-Government Claims Manager acted as host. Special prices for overnight lodging were made available for those who wished to stay.

Payer Panel representatives were:

Jean Roberts
National Government Services Medicare Part A

Anna Tockman and Dodie Ledeen
UCare

Cheryl Wilson and Elizabeth Nelson
Healthpartners

Kevin Davis and Gary Helmin
PreferredOne

Laura Gildemeister
Medica

Lisa Wichterman
Minnesota Department of Labor and Industry

Ann Wandersee, Mike Hauck, Linda Monchamp and Sommer Rosette
State of Minnesota DHS Member and Provider Services

Karen Amezcua, Kate Mikonowicz and Rebecca Schumacher
Blue Cross

Questions from members were forwarded to Payer Panel speakers in advance so that they were prepared before the meeting, to respond to inquiries.

During the luncheon, Sara Packard presented a program detailing the Beds for Kids charity which provides beds, pillows and blankets to children living in unsuitable sleeping situations. Over $300 was collected for this worthy cause.

If you have not done so, Payer Panel registrants are encouraged to fill out the Payer Panel Survey sent in an e-mail following the meeting.

Above: MHCP Provider Resources Linda Monchamp, Summer Rosette and Mike Hauck.

Top Right: Laura Gildemeister from Medica.

Right: Members attending the 2015 Payer Panel meeting in Owatonna, MN.

November 11-12, 2015

Annual Fall Meeting

Our fall meeting will once again see the MN Gopher Chapter descending upon St. Cloud, MN in November. 2015 will bring a format change that will help keep costs down for our attendees. We will be starting on Wednesday 11/11 at 1 p.m. and will adjourn Thursday afternoon around 4:30 p.m.

Awards will be presented during a cocktail reception held Wednesday night and our attendees will be able to take advantage, on their own, of the restaurants St. Cloud has to offer. It is very likely that we will meet up later at any one of the usual haunts for this meeting.

Stop back for more information as it becomes available as well as the event page and registration site.

Two speakers have already been scheduled for the conference. On Wednesday Joseph Schindler will be speaking on behalf of the Minnesota Hospital Association and on Thursday, David Dyke from Relay Health will present New Perspectives on Revenue Cycle Performance: From Panoramas to Gnat's Eyelashes.

Venue:

Best Western PLUS Kelly Inn – St. Cloud, MN
100 4th Ave S
Saint Cloud, MN 56301 United States

Phone:
(320) 253-0606

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Organizer:

Pam Brindley
Phone:
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News Article

EFT Standard Enrollment Challenge

Solving the Healthcare EFT Standard Enrollment Challenge for Providers

The HIPAA healthcare electronic funds transfer (EFT) standard for claims reimbursement is EFT via ACH (NACHA CCD+Addenda), which works similarly to Direct Deposit. Money is sent electronically from a health plan directly to the provider's bank account and is required to carry the TRN Reassociation Trace Number that allows for automated reconciliation of the EFT via ACH payment with the Electronic Remittance Advice (ERA). Providers will save an estimated $1.53 per EFT via ACH payment compared to check payments, according to the 2013 U.S. Efficiency Index Report. Other benefits include significant savings in staff time through automated reconciliation of the EFT and ERA and reduced risk by having payments directly deposited to your bank account instead of receiving a check. One large hospital group reported a 70 percent reduction in accounts receivable processing costs with EFTs via ACH when compared to checks through automated reconciliation and reduction in errors.

If EFT via ACH saves money, lowers risk, reduces errors through automated receivables posting, and allows staff to focus on secondary billing and improve cash flow, why haven't more providers moved from check to EFT via ACH? The answer: challenges with EFT enrollment.

EFT Enrollment Challenge

Enrollment for Direct Deposit of your payroll is simple. You complete one document, which takes about five minutes, return it to your Human Resources Department, and begin receiving your pay directly in your bank account. Enrollment for EFT via ACH with 25, 50 or 100-plus health plans requires more information, multiple forms and considerably more staff time and resources.

Making Enrollment Easier

Project Plan—Identify where most of your payment volume is coming from and start there. Prioritize your health plans by volume of payments received and have your office staff begin EFT enrollment with those organizations first. Then have your accounting/office staff continue enrolling with a specified number of health plans each week. Starting with the top 20 percent of your health plans will help move the majority of your claims reimbursements to EFT via ACH quickly. The rest can be moved as time allows.

Standardized Information—The Healthcare EFT & ERA Enrollment Operating Rules established a maximum set of data fields that can be used in the EFT & ERA enrollment process that must be used in a standardized order. So, if you are enrolling with multiple health plans, all of the information requested should be the same and in the same order. Once you or your staff has identified the appropriate information for EFT via ACH enrollment, you should be able to use it to enroll with additional health plans.

Enrollment Databases—The Council for Affordable Quality Healthcare (CAQH) has developed a free EFT & ERA enrollment database tool that allows providers to enroll with multiple health plans through one online process. Providers complete the standardized enrollment form and select the health plans with which they do business. CAQH notifies the health plans of the enrollment, and the health plan can then access the provider's information. For additional information on the CAQH EFT & ERA Enrollment Utility, visit solutions.caqh.org.
Healthcare Clearinghouse—Many providers work with healthcare clearinghouses for a variety of services. One service that may be offered is EFT enrollment with health plans that the clearinghouse supports. Performance Pediatrics, a Plymouth, Mass.-based micro practice, was able to increase receipt of EFTs via ACH from 65 percent to 90 percent using their healthcare clearinghouse to assist with EFT enrollment.

Account Safeguards—With measures in place to protect the accounts of providers who accept the healthcare EFT standard, providers can be assured that health plans will not be able to debit their accounts in the event of overpayment. ASC X12 version 5010 835 TR 3 (Implementation Guide) expressly prohibits debiting a provider's account to recoup overpayments. Additionally, financial institutions have treasury services available to prevent debits from being processed to providers' bank accounts. Providers should work with their health plans to understand overpayment recovery procedures and discuss with their financial institutions any services that can provide additional bank account protections.

Acceptance of the healthcare EFT standard for claims reimbursement allows providers to improve the efficiency of their account procedures, reduce errors, speed up secondary and patient billing, and reduce costs of payments received. While enrollment with multiple health

plans can be time consuming and providing bank account information can be concerning, there are resources available to assist providers in the EFT & ERA enrollment process and measures in place to safeguard accounts. In the end, providers will find that the benefits of EFT via ACH will offset initial challenges and concerns with enrollment.

Priscilla Holland is the Senior Director of Healthcare & Industry Verticals for NACHA. As Senior Director, she leads NACHA's healthcare payments program and works on other payments and remittance information and standards projects. She has more than 20 years of experience in cash management, project management and product development and is an Accredited ACH Professional (AAP) and a permanent Certified Cash Manager (CCM).

[1]*Performance Pediatrics Reaps Savings, Efficiencies from New Healthcare EFT Standard*

Exam Dates

Benefits of Certification

Examination Dates:

June 1, 2015 - Registration deadline for August 2015 Exams
August 10-21, 2015 - Exam period
September 1, 2015 - Registration deadline for November 2015 Exams
November 9-20, 2015 - Exam period
December 1, 2015 --Registration deadline for February 2016 Exams

How does certification benefit an individual?

Earning an AAHAM certification demonstrates a high level of achievement and distinguishes you as a leader and role model in the revenue cycle industry. The certification validates your proficiency and commitment to your profession and can play an integral role in your career strategy. In many instances certification may help you secure the promotion or the job you desire.

Earning certification can help you by:

- Improving your earning potential
- Giving you a competitive advantage with current and prospective employers
- Granting you the recognition you deserve
- Providing access to the positions and promotions you seek and desire
- Building a network of peers in the influential group that shares your certification designation
- Continuing to expand your skills and expertise through continuing education

How does certification benefit an employer?

Earning an AAHAM certification demonstrates an individual's expertise. It shows they possess the knowledge to meet the industry's highest standards and the capacity to pass a rigorous certification examination. It shows commitment to their profession and ongoing career development. It also represents professionalism in the individual's pursuit of excellence to quality of service in their career and the healthcare industry.

By hiring AAHAM certified individuals and investing in AAHAM certification for your staff you can:

- Increase the competency of your staff
- Increase quality and productivity
- Build a strong team
- Promote ongoing education and training
- Reduce exposure to fraud and abuse
- Develop a career ladder for staff

Administrative Uniformity Committee

AUC UPDATE

March 27, 2015

Volume 3, Number 3

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Reminder: January 1, 2016 Deadline Rapidly Approaching for Prescription Drug Electronic Prior Authorization

It has been estimated that nationally over 150 million prescriptions require a prior authorization (PA) each year.[1] In order to reduce the costs and burdens associated with non-standard, manual PAs, state laws were enacted requiring: the AUC to develop a single companion guide for the electronic exchange of prescription drug PAs; and health care providers and payers must exchange prescription drug prior authorization (PA) requests via secure electronic transmissions no later than January 1, 2016.

In 2014, the Minnesota Department of Health (MDH) consulted with the AUC and adopted and incorporated by reference the relevant parts of the National Council for Prescription Drug Plans (NCPDP) SCRIPT Standard version 2013101 as the basis for the state's required prescription drug electronic PA companion guide. **By January 1, 2016, providers and payers must exchange any prescription drug PAs electronically, in conformance with the state's companion guide.**

For additional background and other information, please see the MDH Prescription Drug Prior Authorization (PA) Companion Guide webpage.

1) Source: National Adoption Scorecard: Electronic Prior Authorization (ePA). March 2015. CoverMyMeds. (https://epascorecard.covermymeds.com)

Legislative proposal latest step in follow-up to improve workers' compensation e-transactions

As reported previously in this newsletter, the Minnesota Department of Health (MDH) and Department of Labor and Industry (DLI) co-hosted an industry-wide symposium on November 5, 2014 to identify and address challenges to the use of health care e-transactions associated with workers' compensation medical billing and payment.

As a result of the symposium, several steps have been taken and are planned to address key issues

and concerns raised at the event. In late 2014 MDH and DLI presented the symposium findings to national organizations representing health care clearinghouses and practice management systems, and to the national Workgroup on Electronic Data Interchange (WEDI). MDH and DLI will continue working with these groups to develop best practices and other resources to help improve the implementation of health care e-transactions in workers' compensation.

Most recently, on March 16, 2015, the Minnesota Department of Labor and Industry (DLI) introduced a bill in the Minnesota Legislature, Senate File 1822, to address key challenges discussed at the November 5 symposium.

The bill includes requirements for: payers to report certain information on their websites to facilitate electronic connectivity, correct medical bill routing, and reconciliation of medical bills and corresponding payments; use of electronic claims attachments; and monetary fines and penalties for noncompliance.

Additional information regarding SF 1822 is available at the State Legislature website (https://www.revisor.mn.gov/bills/bill.php?b=Senate&f=SF1822&ssn=0&y=2015).

Payer ICD-10 Information for Providers

As spotlighted occasionally in this newsletter, there are many sources of information and tips to help prepare for the required implementation of ICD-10 by the October 1, 2015. One of these sources is available on special ICD-10 pages of the AUC Website, and includes a list of AUC and Minnesota ICD-10 Collaborative payers with links to ICD-10 information they have posted for providers. Providers are also encouraged to contact payers directly with questions or if they have more specific information needs, such as ICD-10 testing or other issues.

ICD-10 Update Profile – Park Nicollet

Illustration published by AMS on February 19, 2014

In a recent email, AUC Operations Committee members were asked for any updates regarding the status of their organization's transition to ICD-10 for this newsletter, as well as any lessons learned.

We received a reply from Park Nicollet, who reported that its ICD-10 preparation has focused on: clinician, clinical staff, coder, and revenue cycle readiness; testing with major payers; preparation for possible transition issues on October 1, 2015, including prior authorizations, pre-registration, future orders, services ordered pre-October and performed post- October 1; and technical readiness.

In addition, Park Nicollet also reported that:

- Each physician has been provided with specialty specific information on the changes required in his/her documentation and workflow. A team approach with coders and Epic trainers was used to communicate not only coding changes, but the tools in the EMR that will help physicians do their work.
- A clinical GO-live was scheduled for March 23, with physicians and clinical staff working in an ICD-10 environment while still billing in ICD-9;
- Clinical staff have been identified will be impacted with ICD-10 and they have been provided readiness training and tools;
- It is in various stages of testing with payers, but it has not yet received

remittance advices to understand the impact;

- It has built and tested its Epic electronic medical record with the focus of getting the right level of diagnosis specificity in the most efficient manner for its clinicians. It has also identified all systems that use diagnosis information and are updating for ICD-10.

We will continue to publish future AUC member ICD-10 updates, lessons, and suggestions as they become available. To submit an update, please email it to the AUC inbox, at health.auc@state.mn.us.

CMS Announces Call for Volunteers for ICD-10 End-to-End Testing in July

The federal Centers for Medicare & Medicaid Services (CMS) recently announced that a third sample group of providers will have the opportunity to participate in ICD-10 end-to-end testing with Medicare Administrative Contractors (MACs) and the Common Electronic Data Interchange (CEDI) contractor during the week of July 20 through 24, 2015.

CMS reported that it intends to select volunteers representing a broad cross-section of provider, claim, and submitter types, including claims clearinghouses that submit claims for large numbers of providers. In all, about 850 volunteer submitters will be selected to participate in the testing.

To volunteer as a testing submitter:

- Volunteer forms are available on your MAC website and are due April 17;
- CMS will review applications and select the group of testing submitters;
- By May 8, the MACs and CEDI will notify the volunteers selected to test and provide them with the information needed for the testing.

Any issues identified during testing will be addressed prior to ICD-10 implementation and educational materials will be developed for providers and submitters based on the testing results.

For more information please see the following resources:

MLN Matters® Article #MM8867, "ICD-10 Limited End-to-End Testing with Submitters for 2015"

MLN Matters Special Edition Article #SE1435, "FAQs – ICD-10 End-to-End Testing"

MLN Matters Special Edition Article #SE1409, "Medicare FFS ICD-10 Testing Approach"

CAQH Reports $8 Billion Potential Savings from Additional Use of E-transactions

Illustration source: freepixels.com

The national Council for Affordable Quality Healthcare (CAQH) announced on March 17 that the US could save a potential $8 billion annually if six common health care business transactions were exchanged electronically instead of manually. The announcement is based on the second annual CAQH Index report, which monitors rates of electronic health care business transactions as well as estimates of the differences in costs between manual and automated, electronic transactions.

According to the report, national rates of electronic transactions vary widely, with a high of 92% electronic for health care claims, and a low of 7% for prior authorization, with claims payments and remittance advices about equally split at nearly half manual, half electronic.

Savings from increasing the rates of electronic transactions accrue because health plan manual transactions were found to be on average as much as twenty times more expensive than electronic transactions, while manual transactions averaged about three times as expensive for providers.

More information is available at the CAQH website, at http://www.caqh.org/EfficiencyIndex.php.

TAG Updates

Information about AUC committees and Technical Advisory Groups (TAGs) and their activities, including meeting minutes, can be accessed from the AUC TAG page. Meeting agendas and other materials are posted on the AUC website in advance of meetings. TAG meeting schedules and information are also available on the AUC calendar page.

With the exception of the Medical Code TAG, all TAG meetings are generally conducted via teleconference rather than in-person. All AUC meetings are open, public meetings.

Executive Committee

The AUC Executive Committee met on March 2, 2015 to review recent work of the TAGs and to plan the Operations Committee meeting scheduled for March 10 (see article below).

Operations Committee

The AUC Operations Committee met in its regular quarterly meeting March 10, 2015. The Committee reviewed and discussed:

- Recent work of the AUC TAGs, including discussions with the Department of Human Services (DHS) regarding coding on eligibility responses and remittance advices to report an enrollee's proper Prepaid Medical Assistance Program (PMAP) designation;
- Initial findings and recommendations of a separate "Data Analytics subgroup," to identify and standardize key data analytic elements needed as part of health care delivery transformations being undertaken through the State Innovation Model (SIM) grant from the federal Centers for Medicare and Medicaid Services (CMS);
- A draft DLI legislative proposal to address issues and concerns identified at a previous industry-wide symposium regarding challenges and obstacles to implementing health care e-transactions in workers' compensation (see related article, above);
- Planned outreach efforts to promote ICD-10 readiness; and
- Readiness for complying with state requirements for exchanging prescription drug prior authorizations electronically no later than January 1, 2016 (see related article above).

Medical Code TAG

The Medical Code TAG met on March 12, 2015 and reviewed several coding clarification issues which remained open following the meeting pending additional information.

The TAG also recently voted to approve revisions of claims companion guides (837 Professional, Institutional, and Dental companion guides) undertaken as part of annual maintenance of the guides. However, questions were raised about the clarity and accuracy of two items in the guides. As a result, the TAG agreed to an email vote on suggested changes to one item, and to additional discussion and review of the second.

The subsequent email vote was completed March 20, with the TAG recommending

removal of the item because it was unclear and not needed in the guide. Additional discussion and resolution of the second item is still pending. When the TAG has completed and approved its final revisions they will be sent to the Operations Committee for its review and vote before being submitted to MDH as recommendations to be adopted into rule.

EOB/Remit TAG

The EOB/Remit TAG met on March 16, 2015 and discussed coding on remittance advices to report an enrollee's proper Prepaid Medical Assistance Program (PMAP) designation. Further discussion or action of the issue is pending additional discussions between DHS and representatives of hospitals, and posting of any updated codes to be reported. In addition, the TAG received information regarding a DLI legislative proposal (see related article on page 1 above).

Eligibility TAG

The Eligibility TAG met March 25, 2015. Prior to the meeting, TAG members submitted suggestions of key issues, concerns, and questions regarding the eligibility transaction to be addressed by the TAG. The TAG reviewed and discussed the submissions at the meeting, and began prioritizing them for additional brainstorming of possible best practices and other resources to help address the issues.

AUC Newsletter Subscription

Interested in signing up to receive this newsletter and other AUC updates and information? Please sign up using the Subscribe feature on the right hand side of the AUC homepa (http://www.health.state.mn.us/auc/index.html) under the "Most Viewed" navigation frame.

Comments or questions about this newsletter? Please contact us at: health.auc@state.mn.us.

AUC April Meeting Calendar

(For additional information, see the AUC Calendar)

Date/Time	Event
April 6, 2015	Executive Committee Meeting
April 8, 2015	Claims Data Definition TAG Meeting
April 9, 2015	Medical Code TAG Meeting
April 20, 2015	EOB Remit TAG Meeting
April 22, 2015	Eligibility TAG Meeting

MN AAHAM Officers/ Board of Directors and Committee Chairs

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Email: helw@rice.willmar.mn.us

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Email: MCMurphy@eidebailly.com

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Mobile: 218-966-5779
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Golden Valley, MN 55422
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Email: kimberleywood@TCOmn.com

Sharese Haddy/ 2016
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Owatonna, MN 55060
Phone: 507-446-7368
Email: haddy.sharese@mayo.edu

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St. Cloud, MN 56303
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jweappa@eyesurgeonsandphysicians.com

Other Contacts

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Plymouth, MN 55447
Phone: (800)487-3888
F: (763)553-1655
Email: tosberg@colltechinc.com

Committee Chairs

By-laws	Richard Rogers
Certification	Sandra Pawelk
Chapter Excellence	Sandra Pawelk
Community Service	Jamie Weappa
Corporate Sponsors	Jody Heard
Education	Pam Brindley and Rhonda Helgeson
Legislative	Janet Curtis
Membership	Tom Osberg and Heather Elwood
Publications	Pam and John Brindley
Scholarship	Janet Curtis (ANI), Janet Curtis (LEG)
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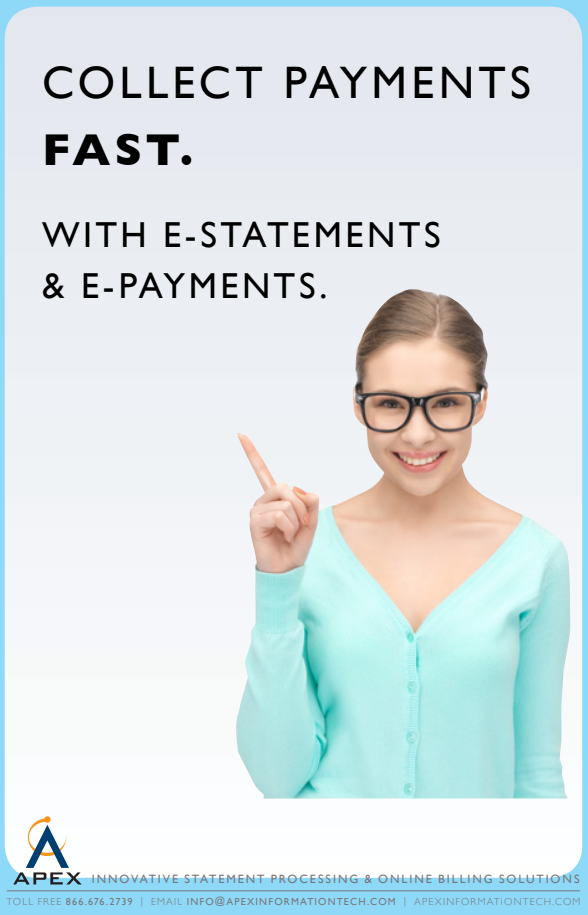
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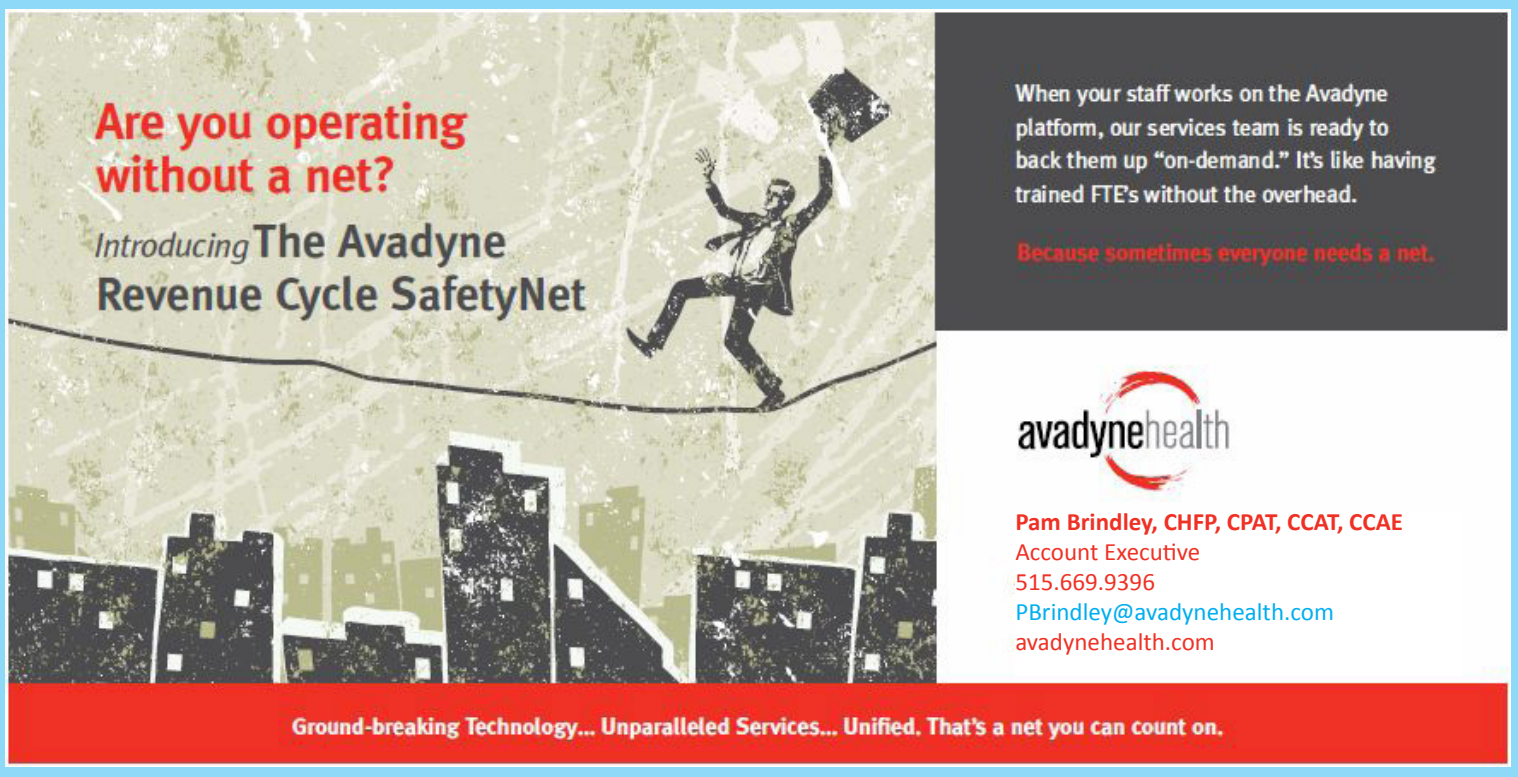
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The Officers and Board of Directors would like to express out gratitude to our Corporate Sponsors for their continued support of our mission. It is through your support that we are able to deliver on our mission of providing top quality educational resources to our members. In addition, your sponsorship helps our chapter engage lawmakers in the important work of legislation which impacts our industry on the state as well as national level.

To our Provider Members, when looking for partners to provide services and products to your institutions, please include our sponsors in your consideration. They have made a commitment to our chapter to support both the chapter and you, the members.

Advertising Rates

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 year commitment when paid in advance. All ads must be camera ready.

In addition, members can advertise positions for free in the Gopher Tracks.
Non-members will pay a $25.00 fee to advertise in the Gopher Tracks.
There is also advertising available on our website for a fee.

AAHAM
American Association of Healthcare Administrative Management

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
Aksarben #01	Nebraska	**$0.00**
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**
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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**

Please Check the Appropriate Codes in Each Category Below

Years in Healthcare:
□ 0-5 □ 6-10 □ 11-20 □ 21-25 □ 25+

Certification:
□ CHAM (NAHAM) □ CHFP (HFMA)
□ FHFMA (HFMA) □ CHCS (ACA)
□ Other (please list)

Employer Type:
□ Vendor/Corporate Partner □ Billing
□ Collection Agency □ Consulting
□ Outsourcing □ Software/IT
□ Provider □ Law Firm
□ Other (please list)

Position:
□ President, Administrator, Executive
□ Director, CEO
□ Partner, Principal, Owner
□ CFO/Controller, COO, CIO
□ Vice President
□ Assistant VP/Assistant Administrator
□ Director, Manager, Supervisor
□ Technician
□ Clinical □ Academic □ Other (please list)

Responsibility:
□ Accounting
□ Administration/Operations
□ Admitting/Access □ Audit □ Benefits
□ Budget □ Compliance
□ Business Development, Sales, Marketing
□ Information Services/Technology
□ Managed Care
□ Medical Records □ Medicare/Medicaid
□ PFS, Patient Billing & Collections
□ Reimbursement
□ Third Party Administration
□ Other (please list)

AAHAM Gopher Chapter Scholarship Program

Eligibility

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

Points

10 points	25 points	50 points	75 points	100 points
♦Assisting with seminars ♦Recruiting a local member ♦Articles not written by the member but published in the Gopher Tracks or the National Journal (max 2 per issue) ♦Conducting coaching sessions outside regular meetings	♦Setting up speaker for meeting ♦Serving on a Gopher Chapter task force or special committee ♦Representing AAHAM on a committee (ex. AUC) ♦Proctoring for technical certification(max 50 pts./day) ♦Representing AAHAM as a speaker for an organization ♦Presenting at a Gopher Chapter meeting ♦Attending MN Leg Day	♦Sitting for technical certification (1 sitting) ♦Passing technical certification ♦Articles you wrote that are published in the Gopher Tracks or National Journal (max 2 per issue) ♦Attending Chapter meetings ♦Attending ANI ♦Attending Nat'l Leg Day ♦Chairing a Gopher Chapter committee ♦Serving on a National Committee ♦Presenting at ANI ♦Attending **all** Chapter meetings for year	♦Recruiting a National Member ♦Grading CPAM/CCAM ♦Proctoring for Prof certification	♦Sitting for CCAM, CPAM, or CHCS **(Max 100 pts per certification)** ♦Passing the CCAM, CPAM, or CHCS

Name: _____ Phone: _____ Email: _____

Address: _____

Signature: _____ Date: _____

DATE	QUALIFYING ACTIVITY	COMMITTEE CHAIRPERSON	POINTS

Send to: Janet Curtis
Fairview Range Regional Health Services
Revenue Cycle Manager
Hibbing, MN
218-362-6240
jcurtis1@range.fairview.org

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 stan-dards 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 Man-agement, 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 dam-ages 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 pro-vided 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.aaham.org

AAHAM
American Association of Healthcare Administrative Management

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.

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AAHAM Membership
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AAHAM Tax ID: 23-1899873

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.

YOUR PAYMENT TOTAL:

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LOCAL DUES: _____

TOTAL ENCLOSED: _____

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