



# Gopher Tracks



Hilton Garden Inn  
550 Division Street  
Waite Park, MN 56387

## WED Nov 11th

*Price Transparency 2021  
Proven Strategies for Patient A/R Recovery Success  
Round Table Discussion:  
Handling the COVID-19 Crisis*



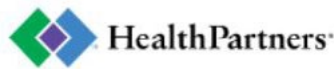
## THURS Nov 12th

### Payer Panel

*Veterans Affairs Claims*



## Spring Conference Moved to November



*Inside: AUC Update  
Minnesota Corona Virus News*



## *President's Message*

*Heather Rickgarn*

Fellow AAHAM Members,

I hope this newsletter finds you, your family, and your coworkers safe and healthy. I want to start by saying Happy Spring to everyone! As the days get warmer and longer, we can hopefully begin to enjoy the great outdoors again. That said, we can all probably admit that these are unusual times given the COVID-19 situation. During these challenging times, the MN AAHAM chapter is committed to helping and supporting you as its members.

Your MN AAHAM Board of Directors has been continually meeting regarding this fluid situation and is aiming to make the best decisions for the chapter and its members. While it deeply saddens us that we have to postpone the payer panel and spring conference, we do so with safety in mind. We've heard from several members about growing concerns with job security, changing roles and hours, budgets, and overall health. I want you to know we are listening to you, and are working towards finding options to help you wherever possible.

From a membership standpoint, the National office has extended free memberships to individuals that qualify for retiree status. If you renewed your membership at a retiree level, you could contact Moayad Zahralddin at [Moayad@aaham.org](mailto:Moayad@aaham.org) for help regarding the fee.

From the certification perspective, the National office is offering a one-year CEU extension to all members that are up for recertification in 2020 and need additional time to meet the CEU requirements. Please watch for communications from Matthew Hudley at [Matthew@aaham.org](mailto:Matthew@aaham.org).

Additionally, in response to the public safety concern, all upcoming certification exams will be delivered remotely through online proctoring software. The exams for this summer will be offered between July 20-31, 2020 through the online Proctor U. If you have questions on the testing practice, please contact AAHAM through [certifications@aaham.org](mailto:certifications@aaham.org)

From the local perspective, we are continuing to monitor the situation regarding our upcoming conferences. At this point, you may have received word that the payer panel is being postponed again to this fall at the same location. Our hope is by moving this event and aligning it with a second, this will allow groups to maximize the educational opportunity while minimizing budgetary burdens. Again, we will continue to see how the situation progresses, and if we see a continued concern for health and safety, the MN AAHAM board will address if these events need to be canceled at that time.

As a compromise, we are actively working on providing you with free webinar experiences, which would allow you to still obtain CEU credits without having to leave the office. While we understand that budgets and time are at a premium, we still want to provide you with the best opportunities possible. If there is something you would like to learn more about or if we could host roundtable events, we want to hear from you.

To help facilitate this dialog, we will be sending out a new Needs Assessment. While we did one in December, we acknowledge that your needs are changing with these challenging times. Please tell us how we can help you further. I genuinely mean it when I say I want you to see value in AAHAM still as AAHAM sees in you.

Finally, as your new AAHAM president, I want to thank each and every one of you for your continued support. It is our amazing members that truly make this chapter what it is today. As we continue to prepare succession plans, it is critical to the success of the MN AAHAM chapter that we identify new talent as a way to continue our legacy of being an award-winning chapter. If you're part of a clinic or facility, we need your input! Furthermore, we want to recognize our existing leadership and board for all they have sacrificed to keep us moving forward. As John Quincy Adams once said, "if your actions inspire others to dream more, learn more, do more, and become more, you're a leader."

Again, thank you for your contribution to our chapter, and let's continue to strive for greatness! May each of you have a safe and healthy Spring.

Sincerely,

Heather E. Rickgarn, Ph.D, CRCP, CRCS



Dear Members:

We want to convey the deep concern and care AAHAM and I have for everyone in our AAHAM family. We know the health and well-being of our members and our partners are paramount, and we are here to support you. We know you are looking to us for leadership and when ready, a path forward. While no businesses' resiliency will be untested, there are few industries better suited than ours to withstand this challenge.

We are sensitive to your time and priorities and don't want to overwhelm you with data and information you may be receiving from other sources as well. We do want to provide you with a helpful resource. As this unprecedented and extraordinary impact on our professional and personal lives continues to unfold, we now have a special COVID-19 website banner for late breaking news. There is also a designated tab in the InfoHub section of our website for archived and current news related to the virus.

Our Executive Director, Sharon Galler will be distributing weekly tips and information. Make sure you follow us on Instagram at AAHAM1968, like us on Facebook and sign up for the Mighty Network app to receive inspirational quotes, remote working tips and some fun activities to help connect and maybe cheer you up a bit. We would love for you to send and post items for sharing and inspiration, as well.

With so much uncertainty, we don't have immediate answers and are learning together, but as we move ahead and navigate this uncharted landscape, we will find them, together. We are stronger together!  
All my best,

Lori M. Sickelbaugh, CRCE  
President

Questions?  
Contact Us

<https://www.aaham.org/Home.aspx>

The American Association of Healthcare Administrative Management  
11240 Waples Mill Road Suite 200  
Fairfax, VA 22030  
703.281.4043  
"Raise the Level"  
#AAHAMRaisetheLevel

AAHAM... Providing Excellence in the Business of Healthcare · Certification · Compliance · Leadership  
Development · Networking · Advocacy



AUC and interested parties –

We recently sent you the email below announcing a new AUC page with COVID-19 related billing and coding updates and information. In addition, we are now sending this email to create broader awareness of recent developments regarding telemedicine.

In response to the COVID-19 pandemic, CMS has announced expansions of telemedicine coverage and reimbursement for Medicare. Relevant resources include:

- o MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET;
- o General Provider Telehealth and Telemedicine Tool Kit;
- o Long-Term Care Nursing Homes Telehealth and Telemedicine Tool Kit;
- o ESRD Provider Telehealth and Telemedicine Tool Kit; and
- o Billing for Professional Telehealth Distant Site Services During the Public Health Emergency — Revised.

A new state law (see “Article 3” of the law) was also passed recently to help address the COVID-19 pandemic. The new law temporarily expands the definition of “telemedicine” under Minnesota Statutes, section 62A.671, subdivision 9, to now include “health care services or consultations delivered to a patient at the patient's residence.” This new definition is now in effect.

The Minnesota Department of Human Services (DHS) has recently updated its provider manual with a section related to COVID-19, which includes information regarding DHS's coverage for telemedicine.

Please note: Due to the rapidly-changing nature of the COVID-19 response, Minnesota Department of Health (MDH) staff normally supporting the AUC may be assisting other activities. We apologize for any inconvenience and will respond as timely as possible given the situation.

As the COVID-19 outbreak proceeds at a dizzying pace, so do updates and instructions for COVID-related billing and coding. We have posted a collection of recent COVID-related billing and coding news and updates from several sources on the AUC homepage (see the March 27 news item on the home page). Please share the information with anyone who might be interested.

Thank you for your work in supporting the health care system during this critical time. Please contact us if you have questions or suggestions.

Best regards,

David K. Haugen

Administrative Simplification Program Director | Center for Health Information Policy and Transformation

Minnesota Department of Health

Office: 651-201-3573

## ***AUC members and interested parties –***

We apologize for the short notice as we implement important changes to the AUC website. The AUC webpages are transitioning to a new, more attractive, more professional-looking, modern color scheme and layout. All of the current content, features, and the general organization will remain the same. In addition, we have added an easy-to-spot link (in the upper right corner of every AUC webpage) to relevant information regarding the COVID-19 pandemic. Due to this conversion, the AUC webpages will have new URLs.

Transition Period: Today through next Tuesday, April 14, 2020

During the transition period there will be two ways to access the AUC website:

“Old” AUC Website – You can either continue to use the existing website address at <https://www.health.state.mn.us/facilities/auc/index.html>; OR

“New” AUC Website – You can use the new website address (with the new look) at <https://www.health.state.mn.us/facilities/ehealth/auc/index.html>.

Starting April 15, 2020, if you go to any page on the “old” AUC website, you will receive the new link for that page. (Please reset your bookmarks accordingly.)

We are undertaking this change for several reasons. The Minnesota Department of Health (MDH) maintains the AUC website and is working to ensure that all MDH websites and websites administered on behalf of others by MDH have a consistent look and organization. This will help ensure that the websites meet accessibility requirements and can also be maintained more easily and by more staff, which is especially important given MDH’s multiple other priorities and responsibilities in responding to the current COVID-19 pandemic. The AUC website’s new look had already been under development and we are implementing it now in the event that relevant MDH staff and resources may be redirected to other priorities as part of the COVID-19 response.

We understand the new website is being implemented quickly, but it is an important step to help ensure that key AUC information remains available and accessible during this time and to be better positioned for the future as well. We hope you will check out the new website soon and become familiar with it.

Thank you for all you do to support the health care industry at this critical time, and for your continued participation and contributions with the AUC. As always, please contact us with any questions, feedback, or suggestions.

Stay well,

David K. Haugen

Administrative Simplification Program Director | Center for Health Information Policy and Transformation

Minnesota Department of Health  
Office: 651-201-3573





## Certification News

# All Exams to be Delivered On Line

In response to the current public safety concerns, AAHAM is transitioning to delivering all upcoming certification exams remotely through our online proctoring partner, ProctorU. This method of testing online through a webcam enables our test takers to take their exam in an isolated room either at their home or office, while also upholding the high integrity standards that AAHAM values. AAHAM wants to ensure that there are no potential health risks for any of our test takers or proctors, therefore we will only be delivering exams in the July 20-31, 2020 testing period remotely through ProctorU and not through the traditional in-person proctor method. This also applies to any section retakes that are scheduled prior to the July exams.

Click [here](#) for an overview of the ProctorU services and fees, they are also available on the certification page of our website. All of the 2020 exam dates and deadlines will remain the same as originally scheduled, the certification calendar is available for reference.

We appreciate your flexibility and look forward to continue providing our industry-leading certifications in a safe and responsible way.

Sincerely,  
Amy Mitchell, CRCE

First Vice President

Matthew Hundley

Certification Director

Questions? Contact Us

ProctorU Information

Visit the AAHAM Certification Page

### **AAHAM Certification Update**

We are pleased to announce that starting with the March 2020 certification testing period, the AAHAM CRCE, CRCP and CRCS certifications will no longer have separate exam versions for Institutional (I) and Professional (P).

### **2020 Annual National Institute Call for Speakers**

The 2020 Annual National Institute will be held at the Sheraton New Orleans in New Orleans, Louisiana October 21-23, 2020

Don't miss the only Revenue Cycle meeting designed just for you!  
#AAHAMANI2020



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*Price Transparency 2021  
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Round Table Discussion: Handling the Covid Crisis*

## THUR Nov. 12th

**Payer Panel**  
*Veterans Affairs Claims*

### Tuesday November 10th

6:00-7:00 PM **Board Meeting** Meet in the hotel lobby.

### Wednesday November 11th

9:00-10:00 AM **Welcome/ Business Meeting**

10:00-11:30 AM **Amy Tepp/ Eide Bailly**  
**Price Transparency 2021**

This presentation will cover the evolution of pricing transparency for hospitals. It will discuss the final rule that will become effective January 1, 2021 and how hospitals can work towards implementation compliance.

11:30-12:30 PM **Katie Peterson, Rachel Harris/ Nemadji**  
**Revenue Cycle 101: Denial Prevention/ The Real Cost of Denials**

Learn the top types of front-end denials and how and why they happen. Discover why there is a higher cost to working denials than what can be seen on a patient's bill and learn how much your denials are actually costing you. By preparing for and preventing denials through process improvements will save you money later.

12:30-1:30 PM **Lunch with Vendors and Charity Presentation/ Heads-Tails Game**

*During the conference, there will be a Vendor Fair and we will be playing the ever popular Heads-Tails Game to support the charity, St. Cloud Area Special Olympics.*

As a local Team with Special Olympics, we are responsible for being self-funded. We have a couple of fundraisers we perform every year. We have a wreath sale in the fall and The Polar Plunge in the winter along with selling raffle tickets throughout the state in the fall.

We offer children and adults with intellectual disabilities year-round sports training and competition. Through Special Olympics we offer athletic leadership programs for people with intellectual disabilities who transform themselves, their communities and the world.

We also help athletes who are interested to become Global Messengers to get their stories out into the communities they serve.

Currently we offer the following sports: Floor Hockey, Power Lifting, Basketball, Swimming, Golf, Track, Bowling, Softball, Skiing and a new sport, Snow Shoeing. As you can see, they are kept very busy. All of our coaches are volunteers so, if you or someone you know is interested, we are always looking for more coaches!

Every story has a hero and we currently serve over 100 athletes through out the year in the above sports. Thank you for your help in serving these athletes!

**1:30-3:00 PM Sjern Lundquist/ Capio  
Proven Strategies for Patient A/R Recovery Success**

In this interactive session the panelists will talk about what they are doing strategically to address growing Patient A/R, and what's been successful and what hasn't worked. Strategies will be discussed that are impacting recoveries such as technology, new processes, new services (patient financing, charity, financial counselors, new payment policies and working with vendors (without naming names.) Gain insights on successful strategies your peers have implemented to achieve exceptional Patient Balance recovery performance while sustaining a compassionate patient-centered culture. Discover steps you can take home to create positive change in your Business Office. CFO's, Revenue Cycle professionals and individuals involved with Patient Access and Patient Billing will find this to be an informative and beneficial session.

**3:00-3:30 PM Break with Vendors**

**3:30-4:30 PM Round Table Discussion: Handling the Covid Crisis**

- i. What have you done differently since Covid?
- ii. If doing work-from-home, what have you learned/ willing to share?
- iii. Advice for your peers?

**5:00-7:00 PM Social at Convention Center**

Hosted Open Bar sponsored by Sjern Lundquist, Capio; Chris Fisher, maxRTE and Greg Young, IC System. Besides food and beverages, the ever popular Bag Game- also known as Corn Hole Golf will be played during the social. Also, please join in celebrating Marie Murphy's tenure as MN AAHAM President.

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**Thursday November 12th**

Our annual Payer Panel Meeting will be on Thursday November 12th at the Park Event Center, 500 Division Street in Waite Park, MN. We will have representatives from many payers, including, NGS, MN Medicaid, Medica, HealthPartners, and more. Representatives will update us with important changes and issues within their companies. Each representative will have a time to present and go over answers to previously submitted questions. Attendees will also have the opportunity to submit in writing any other "last minute" questions which reps will take back to their office to get answers.

**8:00-9:00 AM Breakfast with Vendors**

**9:00-10:00 AM Veterans Affairs Claims/ Jim Hoffman**

In this session, attendees will focus on Veterans Affairs claims, specifically learning about the MISSION Act and the impact it has had and will continue to have on the revenue cycle. Attendees will learn updates on the Cerner EMR system. Attendees will take away three key learning points to help with VA claims, and will have the opportunity to ask questions, bounce ideas, brainstorm, and problem solve specific areas of the revenue cycle as it relates to VA claims.

**10:00-10:45 AM MN Department of Labor and Industry, Workers' Compensation Division**

**10:45-11:30 AM National Government Services**

**11:30-12:15 AM Blue Cross of Minnesota**

**12:15-1:00 PM Lunch with Payers and Vendors**



- 1:00-1:45 PM **Minnesota Department of Human Services**
- 1:45-2:30 PM **HealthPartners**
- 2:30-3:15 PM **PreferredOne**
- 3:15-4:00 PM **Medica**
- 4:00-4:45 PM **U Care**
- 4:45 PM **Grand Prize Drawing** (Must be present to win.)

### Payer Panel Questions

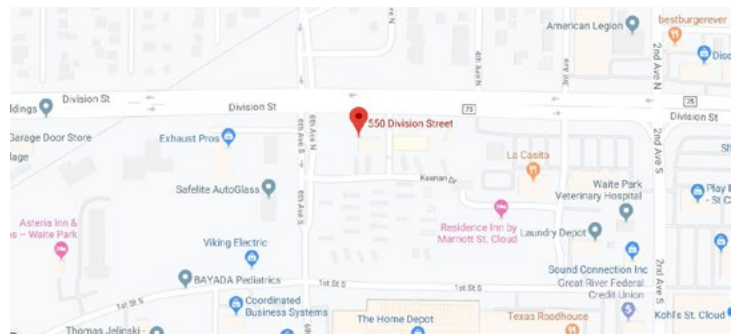
Attendees will have the opportunity to submit in writing any other 'last minute' questions which reps will take back to their office to get answers. Submit questions to Pam Brindley at [pbrindley@avadynehealth.com](mailto:pbrindley@avadynehealth.com) by October 12th.

### Hotel Reservations

**Hilton Garden Inn/** Double click on the link below for Hotel Reservations

<https://www.hilton.com/en/hotels/stcoughi-hilton-garden-inn-st-cloud/>

Hilton Garden Inn  
550 Division St.  
Waite Park, MN 56387  
Phone: 1-320-640-7990



Last Day to Book:  
November 1, 2020

Room Rate  
Single King \$114 per night  
Double Queen \$119 per night

Double click below for Driving Directions

<https://www.google.com/maps/place/550+Division+St,+Waite+Park,+MN+56387/@45.5531582,-94.225592,17z/data=!3m1!1e3m4!1s0x52b45f228eb83bf9:0xdfbe20f01df35c5f8m2!3d45.5531582!4d-94.2234033>

### Refund Policy

#### Refund Before November 1st

Full Refund for cancellations received by email or phone on or before November 1st.

#### Substitution After November 1st

Cancellations received after November 1st are not eligible for a refund, but another attendee may be substituted for the original attendee

If cancelling after November 1st, please notify Pam Brindley of the change to attendee name and other registration information. (DO NOT register the substitute attendee through the online system).

If you are eligible for a refund, the refund will be made in the form of a check. Please include to whom the check should be made out and the address of where it should be sent.

### Rates for Wednesday and Thursday Meetings

AAHAM/ HFMA Member Tuesday + Wednesday	Additional Person with a Member from the Same Facility	Non-Member Tuesday + Wednesday	MN AAHAM Officers and Board Members
\$150	\$75	\$200	Free
AAHAM/ HFMA Member Tuesday Only	AAHAM/ HFMA Member Wednesday Only	Non-Member Tuesday Only	Non-Member Wednesday Only
\$100	\$100	\$150	\$150

**For Questions Contact Pam Brindley at [pbrindley@avadynehealth.com](mailto:pbrindley@avadynehealth.com) or 866-812-2149**

## Speakers

### Jim Hoffman, COO, Argos Health



Jim Hoffman serves as Chief Operating Officer at Argos Health. He is responsible for operations, client relations, marketing, sales, and information technology at Argos. He brings over twenty-five years of healthcare operations and technology experience to his role. He is a frequent writer and speaker on current topics in revenue cycle and reimbursement. He has held executive-level positions at BESLER, MedAssets, Accuro Healthcare Solutions, and Innovative Health Solutions. Jim is a graduate of the University of Virginia.

### Sjorn Lundquist



Sjorn has over 20 years of experience in Healthcare Revenue Cycle sales and operations management. He has worked with Health Systems, Physician Groups, ASC's and outsourcing partners to develop and execute payer and patient facing recovery programs.

He has served as Chairman of the ACA-Minnesota Legislative Committee, been a Board Member of Great Lakes Credit & Collection Association and was a National Council of Delegates representative for ACA.

He is currently responsible for developing and growing business partnerships for Capio, the nation's largest buyer of aged healthcare receivables.

### Amy Tepp, CPA, Partner-in-Charge of Revenue Cycle, Eide Bailly LLP



Amy has more than 30 years of experience in health care finance, leadership, reimbursement, revenue cycle, and compliance. She has worked as a Medicare auditor; director of reimbursement, revenue integrity, & regulatory review and analysis; compliance officer and consultant.

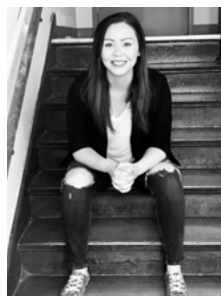
Amy is the Partner-in-Charge of Revenue Cycle within health care consulting for Eide Bailly. She assists providers by developing solutions focusing on revenue cycle process optimization, Chargemaster development, pricing transparency strategy, compliance program assessment and compliance audit function.

### Katie Peterson, CPAR, Denial Management Coordinator, Nemadji



Katie holds 17 years of revenue cycle experience, ranging from hospital pre-registration to insurance claim resolution. Her knowledge spans a variety of topics, including insurance verification, prior authorizations, coding verifications, claim editing and submissions, and insurance denials. She is a strong believer in success by collaboration and teamwork, and actively participates on Nemadji's advisory and innovation teams. Katie enjoys attending AAHAM events both locally and nationally and looks forward to continuing to build relationships that support growth for both members and providers.

### Rachel Harris, RHIA, CPAR, Denial Management Coordinator, Nemadji



Rachel's background is in Health Information Management—a graduate of the College of St. Scholastica, she has spent the past 10 years involved in everything from hands on patient care to software development. She has extensive work experience with the revenue cycle and HIM functions; including coding, claim scrubbing, denials, physician training, transcription and dictation, records creation and retention, credentialing processes, portal development, coordination of departments and mentoring interns.

Both Katie and Rachel are passionate about helping providers understand the complexities surrounding denials—both preventing and overturning— and have been key players in developing Nemadji's new denial management solution, Resolve. Resolve offers providers an outsource denial management option that appeals and overturns denials to obtain proper reimbursement for services, as well as provides actionable data to allow for process improvement and prevention of future denials.



# CMS in 2020: New and Existing Rules That Affect Organizations

Along with perennial concerns like staffing and overall population health, the regulatory environment is an omnipresent consideration for health care organizations looking to thrive, improve and grow. Nowhere does this concern manifest more clearly than in reimbursement and payor structures, which largely includes policies and rules put in place by the Centers for Medicare and Medicaid (CMS). Even as certain subsets of the care spectrum adjust to CMS changes, such as the transition to a Patient Driven Payment Model (PDPM), hospital facilities have had their own set of guidelines to adjust to and work within. In this article, we take a look at some recent and underutilized CMS programs and look ahead to proposed rule changes that could affect organizations.

## Proposed and Implemented Policies for 2020

Among potential new rules from CMS in 2020 are those on the outpatient payment system, Medicare physician fee schedules and payments related to treatment of patients with renal failure.

An important topic included in these, which has been the subject of much recent discussion, is price transparency. Importantly, the rule would stipulate that negotiated rates for hundreds of popular services would need to be transparent. This has received some pushback in the industry, but has the backing of the current White House administration. "Hospitals will finally have to make their real, negotiated prices known to patients, enabling patients to shop among providers," Department of Health and Human Services Secretary Alex Azar said in 2019.

This is in addition to the list price of a service, which also must be made publicly available. This is a large shift for some providers, and may alter negotiation relationships as the market adjusts to the new transparency requirements.

Price transparency is an area that has been challenging for many hospitals to implement effectively. The complexity of negotiated insurance rates with hospitals makes it difficult to meet the disclosure requirements while providing published information that is meaningful to individual patients, making it an area of concern in 2020 and beyond.

## Implementation of Existing Policy

Amidst changes, it is important to remain mindful of existing rules that affect reimbursements. An estimated \$563 million in Medicare payments is expected to be withheld in fiscal year (FY) 2020 under the Hospital Readmissions Reduction Program[1]. This number is based on readmissions data from July 2015 to June 2018. The need for operational efficiency and strong partnerships to reduce readmissions is a frequent goal related to quality of care, but high readmissions also levy a heavy collective financial toll on organizations that struggle to maintain acceptable levels.

CMS is also implementing a final rule issued in 2019 that will update Medicare payment policies for hospitals under the Inpatient Prospective Payment System and the Long-Term Care Hospital Prospective Payment System for fiscal year 2020. Several areas are affected under this rule, including the pipeline for development of new approved technologies, increasing payment ratios related to technological add-on services, and another increasing the accuracy of wage index calculations that affect payments to rural facilities.

## Technology and Payment

While technological infrastructure is generally framed as having the potential for long-term cost reduction, there are generally upfront costs associated with the transition to new services. In certain cases, however, CMS will provide support for eligible services. The Medicare Shared Savings Program (MSSP) is one example of how payment guidelines are pivoting to account for an increasingly tech-dependent health care landscape. With the intent of transitioning accountable care organizations (ACOs) to a mindset of value over volume, the program supports such services as remote monitoring of physiological parameters (weight, blood pressure, etc.) through apps or smart watches, as well as clinician-to-clinician consultations that help to share information and practices among and between health systems. Documentation guidelines can vary state to state, making education crucial to maximizing the monetary benefit.

Additionally, CMS has also finalized Medicare Advantage plans to cover telehealth without regard to the classic rural telehealth restrictions beginning in 2020<sup>[2]</sup>. This has implications for urban and larger hospital systems, in addition to rural facilities that have been able to benefit from this rule for some time.

## Focus on Innovation

The CMS Innovation Center was established under the Affordable Care Act and acts as a pipeline for new policies and procedures. The program recently transitioned leadership and has received endorsements from Washington. While the number of rules adopted from the program since its inception is comparatively low, as testing of payment and delivery models are refined, it is likely more will find their way to official policy.

## Beyond 2020

The regulatory and legislative wheel does not stop turning, and announcements have already been made about impending changes to Medicare Advantage payment plans that will not take effect until 2021. While this particular rule would only adjust an existing rule instead of creating a new one, it is a sign that the next wave of adjustments is never far off. Most rules will not require wholesale changes to operations or payment structures. However, staying abreast of the latest information to understand which rules affect your organization will continue to be the most proactive approach to gauging risk and opportunity.

Innovation will be a key to hospital success in the future. Not only is there a focus on innovation by CMS, but newer, non-traditional organizations like CVS, Amazon, and Walmart have set their sights on changing the health care delivery model. Given these external pressures, hospitals will need to adapt and innovate to maintain market share and support their relatively high capital costs.

Transforming health care to maintain or improve quality of care while lowering costs is the holy grail of clinical and operational success. ACOs and the processes that define them through CMS provide an opportunity for standardization of best practices. This ongoing process is a vital way forward for many organizations. Close attention to the CMS system can thus yield valuable insights for prioritizing change in the years to come.

To see what projects are currently in the pipeline at the CMS Innovation Center, check out its website.

[1] Rau, J. (2019, October 1). New Round of Medicare Readmission Penalties Hits 2,583 Hospitals. Retrieved from <https://khn.org/news/hospital-readmission-penalties-medicare-2583-hospitals/>

[2] HealthLeaders Media Staff (2019, April 22). CMS EXPANDS RECOGNITION OF TECHNOLOGY-ENABLED SERVICES. Retrieved from <https://www.healthleadersmedia.com/innovation/cms-expands-recognition-technology-enabled-services>.



Bradley Granger  
Director



Chris Walski  
CPA, MSA - Plante Moran



## U.S. Hospitals and Health Systems: Issues Threatening Delivery of Quality Patient Care

Christopher Fisher  
maxRTE Business Development Director

There are approximately 5,200 acute-care hospitals in the U.S., including elite health systems (research and care in critical, life-threatening areas), community and specialty hospitals, for-profit and non-profit chains, the unique vertically integrated healthcare system Kaiser Permanente, and safety-net hospitals. Many of these institutions face financial challenges, particularly safety-net hospitals that serve a huge percentage of Medicare and Medicaid patients.

### Costs, access, and quality

Considering that costs have continued to grow at a percentage higher than inflation, it's impressive that the American healthcare system continues to do a pretty good job of delivering quality care to more than 325 million people. In other countries, there are pockets of care that are certainly better and more advanced, but somewhat limited to pockets versus an entire system.

However, rising costs is a trend that could impact the quality of care, with some costs such as pharmaceuticals, technology, bricks and mortar, and labor posing particular challenges. In addition, increasing costs logically lead to higher patient treatment costs, which in turn affects access to affordable care.

Access is already compromised for financially challenged populations, but provider shortages (especially among specialties and subspecialties) have evolved that extend this issue more broadly. The Association of American Medical Colleges predicts an alarming shortage of up to nearly 122,000 physicians by 2032 as the population grows and ages to create

demand that outpaces provider supply. This forecast is causing great concern over delayed care that can negatively impact outcomes.

Seeking to accelerate supply, the American Medical Association is exploring shortening a lengthy education process with medical school, residency, and fellowship. Partnering with Kaiser Permanente Northern California, the University of California, Davis School of Medicine has initiated a six-year model—three years each of medical school and residency.

### Healthcare reform

Our healthcare systems, in particular hospitals, are taking stock of the political debate over healthcare preceding the national 2020 election. The "Medicare for all" movement provides adequate "access" at a certain level for everybody in terms of health insurance coverage. However, providers are rightfully concerned that extremely low reimbursement would deter people from pursuing career medicine, thus exacerbating the dearth of physicians and its effect on access. Pragmatists are concerned over financing this giant endeavor.

The "free market" side of the debate is somewhat misleading since 30 to 50 percent of most provider revenue is from Medicare and Medicaid. Free market incentives like health savings plans and transparency help, but there is no totally free market.

The public seems to favor having a public option that allows citizens to buy insurance either from a private company or Medicare. All eyes will be on the State of Washington for results of the first test of a public option, which will launch in 2021. Current public sentiment seems to be in favor of: 1) being able to buy insurance with a pre-existing condition; and 2) having some sort of public option to access health care.



## Evolving insurance challenges

Payer strength is snowballing as payers broaden their scope of business. UnitedHealth Group's Optum, the Advisory Board, Equian and others, and Cigna's Express Scripts are just two examples. Entrées into technology, consulting, payment, pharmacy benefit management, post-acute care, and provider areas enable health insurers to wield more power in the industry. This trend could conflict with the "patient first" foundation that the practice of medicine was built on if power players pressure provider fees.

Some power payers are even developing their own provider networks and alternatives to health systems and their delivery systems. For instance, Blue Cross Blue Shield Association plans to launch a national provider network in 2021 that spans 55 markets, purportedly to help large employers better control medical costs.

Development of new types of insurance programs like Haven, a collaboration between JPMorgan, Berkshire Hathaway and Amazon to serve their combined 1.2 million employees, will have a negative impact on hospitals and health systems. These new plans will siphon off payments from employed people and commercial insurance that subsidize Medicare and Medicaid, which will shrink the pool of good-paying patients and therefore increase uncollectible accounts receivable.

There is no doubt that the future for U.S. health systems and hospitals is uncertain. Thankfully, there are technologies and processes that can help them avoid being mired in financial crisis due to uncontrollable outstanding patient payments.

*Find out more at [maxrte.com](http://maxrte.com)*

## Patient Payments During the COVID-19 Pandemic

### Article Submitted by MN AAHAM Corporate Sponsors

Many agencies have implemented a process where they still make outbound calls, but they are now driven by a desire to let the patient know that they want to help alleviate the stress of the situation and work with them to come through this successfully. The talk offs range from patients who have payment arrangements and cannot meet them, to those who are calling because they received their collection notice and are unable to pay. These agencies begin by understanding the patients' particular situations; are they caring for a sick family member, have they been laid off, etc. From there they are offering to lower their existing payment arrangement and start the repayment 30 - 60 days in the future, providing a 30 - 60 day grace period. If that doesn't work, they offer the 30 -60 day grace period and set up a follow up call to re-evaluate these individuals' situations.

None of us know how long this will go on and we are all waiting to see how quickly Americans will receive their stimulus checks and how/if the unemployment funding in the CARES Act will provide relief to the extent that displaced workers are paid at 100% of their income for 60-90 days or longer. Following up in 30 - 60 days may prove to be very appropriate if the CARES Act is applied as we expect.

The main contention of agencies is that ceasing all communication, except possibly statements, does not allow them the opportunity to show the compassion and empathy that will have a patient more likely to engage after we are through this situation. By proactively communicating, with that compassion and understanding, we garner goodwill with the patient that will go miles further than no communication at all and we will not have to start the communication cycle cold when we emerge from this ordeal.

The industry, with respect to healthcare debt, doesn't appear to have experienced any significant negative complaints from patients nor have we seen an increase in negative sentiment from our speech analytics software. Data from several agencies indicates guarantors claiming an inability to pay due to the COVID-19 situation began on 3/18 and has remained steady at 1 out of every 100 to 120 conversations. This figure is actually lower than what the expected. The contact rates are up 15% and recovery rates remain surprisingly strong. There hasn't been a measurable difference in defaulted payment plans, although there have been some guarantors call up to lower their monthly payment amounts. Anecdotally, agents are reporting guarantors are appreciative when contacted and are provided with their payment / payment plan options. More recently, agents have noted guarantors promising to pay off their balances, in full, when they receive their stimulus check.

The takeaway thus far: People with jobs are looking to pay down their debts. People that have been laid off, or are otherwise financially affected, have opted for payment plans or deferred payments. When people start receiving their stimulus check, we expect to see some bump in collections but for that to be the case, we will need to be on their radars.

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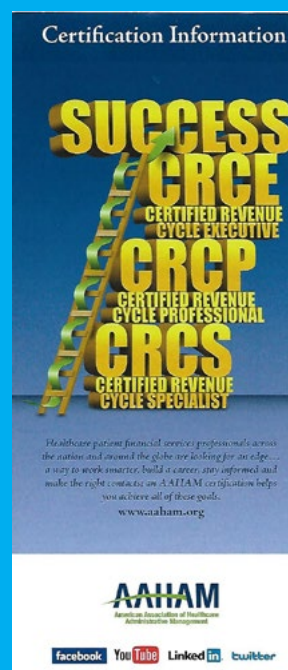
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AAHAM offers the certification exams three times a year in March, July and November.

MN Gopher Chapter AAHAM Members:  
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Up Date Your Profile with National AAHAM



## Online CEU Reporting Form

National AAHAM Resources

To learn more about CEU's and to access the Online CEU Reporting Form, click on the link below:

<http://www.aaham.org/Certification/RecertForm.aspx>



## Social Networks Boost Spirits During the COVID-19 Crisis

As this unprecedented and extraordinary impact on our professional and personal lives continues to unfold, we now have a special COVID-19 website banner for late breaking news. There is also a designated tab in the InfoHub section of our website for archived and current news related to the virus.

Make sure you follow us on Instagram at AAHAM1968, like us on Facebook and sign up for the Mighty Network app to receive inspirational quotes, remote working tips and some fun activities to help us connect and maybe cheer you up a bit. We would love for you to send and post items for sharing and inspiration, as well.

### *National AAHAM Quick Links*

Here are the most common pages with information you would need to link to:

- **Membership** - <http://www.aaham.org/JoinNow.aspx>
- **Certification** - <http://www.aaham.org/Certification.aspx>
- **Legislative Day** - <http://www.aaham.org/LegislativeDay.aspx>
- **The ANI** - <http://www.aaham.org/AnnualNationalInstitute.aspx>
- **The infohub** - <http://www.aaham.org/InfoHub.aspx>
- **The National Calendar** - <http://www.aaham.org/Events.aspx> (Please don't forget to send me any upcoming meetings for me to post there)

Also, if you've missed any of the emails going out to the membership, all the current news and immediate upcoming events can be found on the aaham homepage.

**Moayad Zahraiddin**  
Operations & Membership Director

### Getting E-Mail from National AAHAM and MN Gopher Chapter AAHAM

National AAHAM and the MN AAHAM Gopher Chapter send out messages via a mass e-mail system called Constant Contact. Some hospital systems are blocking those e-mails- it has to do with the mass mail program. Hopefully, with your help, we can get past the hospitals' e-security.

If you are not receiving e-mails from National AAHAM and MN Gopher Chapter AAHAM, please take the following steps:

1. First, check your junk mail, especially if you have a non-work e-mail (Gmail, yahoo, Hotmail, Verizon,

Comcast, etc). If you see any e-mails there (The first word in the subject of all our blasts is AAHAM), and add moayad@aaham.org to your safe list along with MN Gopher Chapter AAHAM.

2. If the e-mails are not in your junk mail, you'll need to contact your company's IT Dept. Tell them that you're a member of the organization and specify that e-mails come from Constant Contact and to add moayad@aaham.org and MN Gopher Chapter AAHAM to the safe or white list. They'll know what that means.



# Opt in for AAHAM Text Messaging

At this year's Legislative Day, we debuted text messaging to our attendees to keep them informed on events happening at the meeting. After much success and positive feedback, we have decided to expand the use of this technology throughout the year to the entire membership.

AAHAM text messages may cover such things as membership renewal notices, exam deadlines, ANI deadlines, CEU submission reminders, etc. We assure you that we won't flood you with text messages and we will also provide you with a way to opt out if you change your mind about receiving them.

Our hope is that all of our members will opt in for our text messaging by clicking on the link below, and then following the instructions to complete this process.

<https://www.aaham.org/MemberTextOptIn.aspx>

Please contact our national AAHAM office at 703.281.4043 x 4 if you have any questions.

Thank you very much,

Moayad Zahralddin  
Operations & Membership Director

The American Association of Healthcare Administrative Management  
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<b>2019 - 2020</b>	
	<p><b>Mary Fitcher</b> Lakewood Health System 401 Prairie Ave NE Staples, MN 56479</p> <p><b>Phone:</b> 218-894-8395 <b>Email:</b> maryfitcher@lakewoodhealthsystem.com</p>
<b>2020</b>	
<b>Other Contacts</b>	
<b>Membership/Mailing List</b>	
	<p><b>Tom Osberg</b> PSB-MARS</p> <p><b>Phone:</b> O - 877.688.2268 ext. 354 <b>Email:</b> osberg.tom@prosb.net</p> <p>PSB - Professional Service Bureau, Inc. MARS - Managed Accounts Receivable Services, LLC 911 Lund Boulevard, Suite 100 Anoka, MN 55303</p>



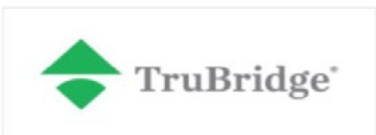
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<u>Certification</u>	<u>Tamora Ellis, CRCE-I</u>
<u>Corporate Sponsors</u>	<u>Greg Young</u>
<u>Education</u>	<u>Pam Brindley, CHFP/ CRCS-I, P/CCA and Rhonda Helgeson</u>
<u>Legislative</u>	<u>Janet Dorry, CRCE-I,P</u>
<u>Membership</u>	<u>Tom Osberg</u>
<u>Publications</u>	<u>Pam and John Brindley</u>
<u>Scholarship</u>	<u>Janet Dorry, CRCE-I,P/ ANI and LEG</u>
<u>Website</u>	<u>Richard Rogers, CRCE-I</u>
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 <p><b>Nemadji</b></p>	<p><b>Amber Ketchmark</b>  <b>P:</b> 320-838-3838  <b>E:</b> aketchmark@nemadji.org</p>
 <p><b>TruBridge</b></p>	<p><b>Kelly Morgan</b>  <b>P:</b> 877-543-3635  <b>E:</b> Kelly.Morgan@TruBridge.com</p>

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<a href="#">Creditor Advocates/BloomPayment</a>	Steve Juve	877-488-9926
<a href="#">IC System</a>	Greg Young	612-275-0351

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Xtend Healthcare	Kimberly George	206.747.1811
Colltech, Inc.	Shar Burch	800.487.3888

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# LINKS:

## **Leg Day Scholarship Application Form**

<http://www.mnaaham.com/download/1803/>

## **AAHAM ANI Scholarship Information**

<http://www.mnaaham.com/download/1801/>

## **AAHAM ANI Scholarship Points and Submission Form**

<http://www.mnaaham.com/download/1798/>

## **Corportate Sponsorship Information and Form**

<http://www.mnaaham.com/download/1061/>

## **MN AAHAM Membership Form**

<http://www.mnaaham.com/download/1058/>

## **National AAHAM Membership Application Form**

<http://www.aaham.org/Portals/5/Files/2017MemBrochure.pdf>

## **By Laws**

<http://www.mnaaham.com/resources/bylaws-constitution/bylaws/>

## **Constitution**

<http://www.mnaaham.com/resources/bylaws-constitution/constitution/>

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