AAHAM
THE JOURNAL
OF HEALTHCARE ADMINISTRATIVE MANAGEMENT
Summer 2020

The Pros and Cons of Accelerated Patient Discharge

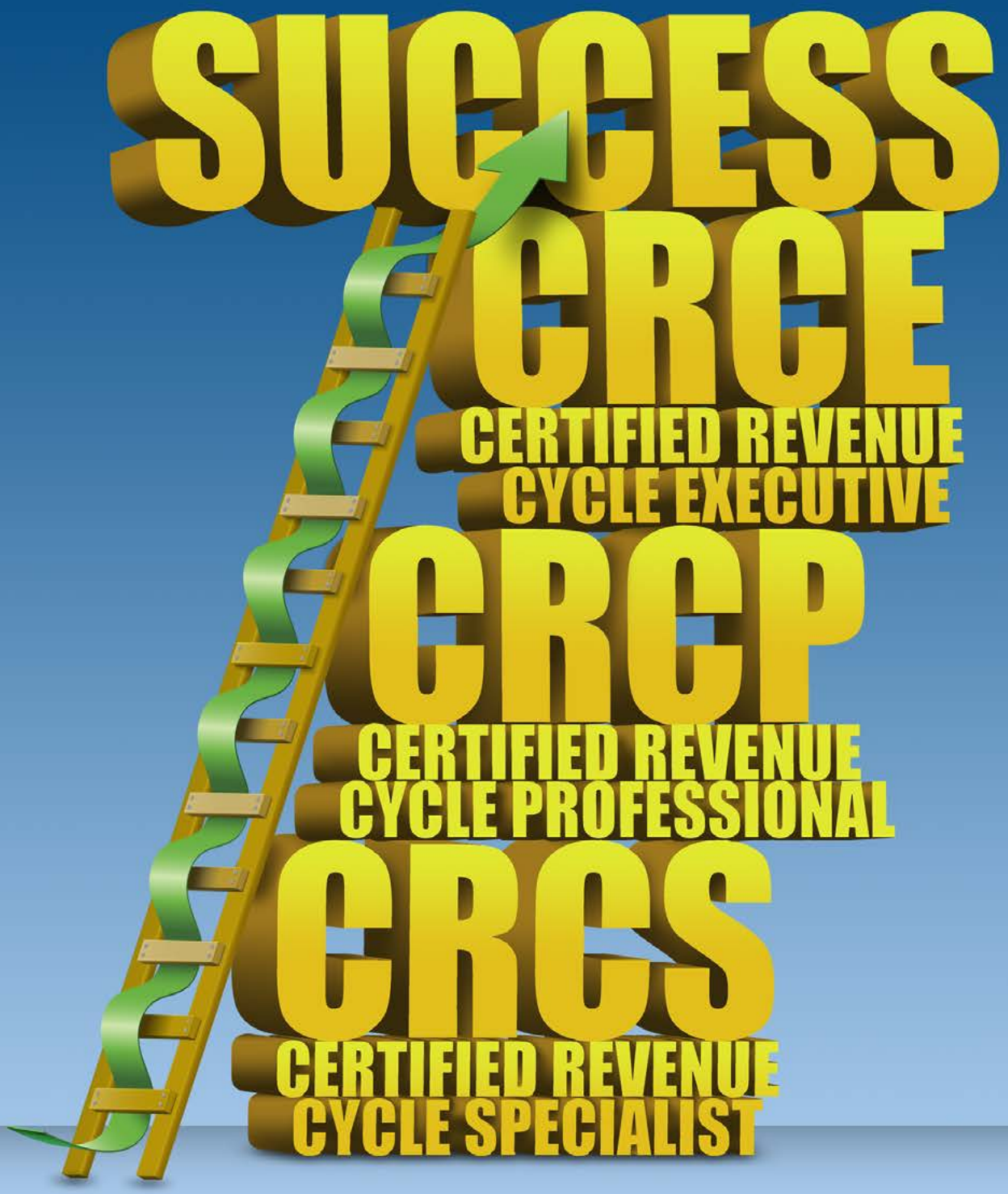
Working Remotely, Here to Stay?

Helpful Hints for a Successful Virtual Conference

Who Has Time For Audits?

COVID-19, Furloughs, and Lost Revenue, A Case Study

"Wow" Customer Service



AAHAM Certifications Offer You Solid Steps to your Professional Success:

Certified Revenue Cycle Executive (CRCE)
For directors and executives

Certified Revenue Cycle Professional (CRCP)
For mid-level managers

Certified Revenue Cycle Specialist (CRCS)
For front-line staff

Certified Compliance Technician (CCT)
For compliance professionals

Certified Revenue Integrity Professional (CRIP)
For revenue cycle professionals

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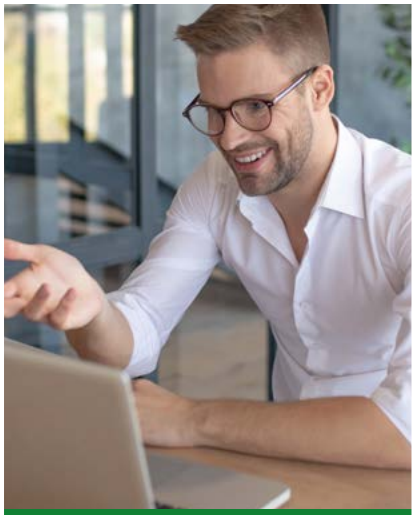
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LETTER FROM THE EXECUTIVE DIRECTOR

Sharon R. Galler

This is usually our pre-ANI issue and, as you know, sadly, our annual National Institute was canceled due to the COVID-19 pandemic. We were able to get our ANI keynote presenter, Charles Marshall to write an article on customer service for this issue though. We are also exploring new educational offerings, so please stay in touch.

This year PAM Week is October 18-24, our theme is "Working Together to Lead the Way." We frequently get asked why we hold Patient Account Management (PAM) Day when we do. Although other organizations celebrate it and may claim "ownership", it was an AAHAM (then AGPAM) movement and actually proclaimed by Congress in 1989 to fall on October 18th of every year. We decided many years ago to celebrate it the entire week the 18th falls in.

I hope you enjoy this issue of the Journal. Be sure to read our cover article by Joy Stephenson-Laws on the pros and cons of accelerated patient discharges and Rob Borchert's article on internal audits. Ed Norwood and Daniel Muhlbach's case study on COVID-19 and Medicare Advantage Organizations article was very timely, as was Vanessa Haydon's article on advice on how to host a virtual conference. Be sure to also check out my article on tips for working from home and setting up your home office. In addition to our regular columns, we also have our "Committee Corner" column which highlights specific committees and brings you up to date about what they are working on. This issue features our hardworking Education Committee.

Please be sure to visit our website COVID-19 banner and Info Hub section for access to late-breaking news. 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, tips and activities to help cheer you and connect with your AAHAM family.

I hope that you and your loved ones are well and safe. All of us at AAHAM wish you good health, please know we care about each of you and are committed to supporting you in any way possible.

Sharon

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THE JOURNAL
OF HEALTHCARE ADMINISTRATIVE MANAGEMENT

CRIP

Certified Revenue Integrity Professional

The AAHAM Certified Revenue Integrity Professional exam is intended for anyone in the revenue cycle industry to help ensure that facilities effectively manage their chargemaster, and bill and document appropriately for all services rendered to a patient. This certification requires an in-depth, working knowledge of various revenue cycle areas and proper skill sets needed to increase revenue and reimbursement for facilities. It also ensures that proper charging takes place to maintain compliance within the insurance payer programs.

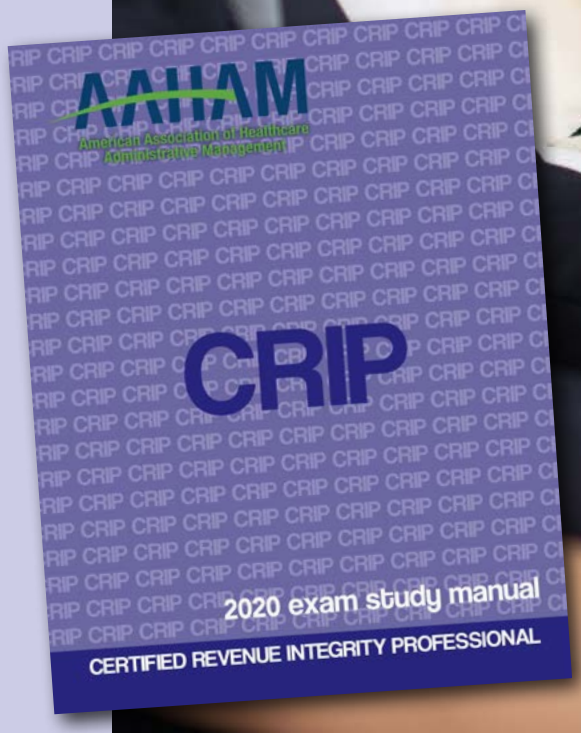
The four hour online, proctored AAHAM CRIP exam contains 240 multiple choice and true/false questions. A score of 70% must be achieved on each section of the exam to pass. The exams are held three times a year; March, July and November.

The exam is comprised of four sections:

1. Overall Review of Charge Capture
2. Ancillary Services
3. Surgical Services and Procedures
4. Recurring Outpatients and Clinical Services

AAHAM CRIP Eligibility: The AAHAM CRIP exam is only available to national AAHAM members, in good standing. Candidates must have a minimum of either two years of healthcare experience or a two-year college or university associate's degree.

Log on to www.aaham.org for more information and to order your Exam Study Manual today!



LETTER FROM THE NATIONAL PRESIDENT

Lori Sickelbaugh, CRCE

As I write this letter, I'm surprised how quickly time is going by, it's hard to believe we are more than halfway through 2020 but yet, January seems like ages ago.

So much has happened in just the first 6 months of the year; a year of many challenges, unprecedented experiences, moments of sadness, anxiety and concern as well as heartwarming moments, creative thinking, acts of kindness, endurance, support and teamwork.

We have had to make many tough decisions like canceling not only Legislative Day, but our 2020 ANI. I've been very impressed by the dedication of our hardworking Committee Chairs and the great work that continues under their leadership even in these difficult times.

In spite of canceling the ANI, our Education Committee is hard at work contacting presenters and planning topical webinars to provide educational opportunities to keep you updated and engaged.

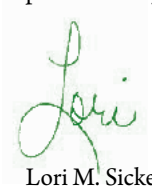
Our active Government Relations Committee helps AAHAM advocate on issues that are important to our industry. Richard (Rich) Lovich, AAHAM Legal Counsel, was just selected to represent AAHAM on the FCC's new Hospital Robocall Protection Group (HRPG) advisory committee dedicated to combatting robocalls to hospitals. AAHAM was just 1 of 3 other hospital groups selected to be on the Committee, joining The American Hospital Association and The Moffitt Cancer Center & Research Institute. The Government Relations Committee was also instrumental in the formation of a National Patient Financial Advocate Task Force, responsible for reviewing industry standards, practices and procedures regarding healthcare patient financial engagements.

If you are not certified, I strongly encourage you to consider taking the step this year. We offer many tools to help you prepare and AAHAM certification really is the cornerstone to career success. If you are already certified, I hope you will consider climbing the certification ladder to the next certification level; professional development is what can set you apart.

I am very proud of our local chapters and the creative ways they have been supporting our members and each other. Its uplifting and invigorating to see how they are sharing and learning from each other, collaborating with corporate partners and becoming masters of Zoom meetings.

I am not sure when we will get over this crisis, but I believe we will come out of this stronger, wiser and hopefully a more cohesive organization and nation. I'm focusing my sights on what's ahead, not what's behind. Please continue to provide your feedback on what matters to you as an AAHAM member, your voice is valuable to our present and our future.

Thank you for your continued support. I wish you the very best during the last half of this unprecedented year of 2020. Stay well, remain strong and cultivate kindness!



Lori M. Sickelbaugh, CRCE
President

THE JOURNAL
OF HEALTHCARE ADMINISTRATIVE MANAGEMENT

Deadlines & Submission Guidelines

The Journal welcomes submissions from AAHAM members. Submission deadlines are as follows:

Journal Issue	Submission Deadline
Fall 2020	September 18, 2020

Send submissions to:
Executive Director, AAHAM
11240 Waples Mill Road, Suite 200
Fairfax, VA 22030
sharon@aaham.org

- Please send a copy of your submission via email to: Sharon@aaham.org.
- Leave a one-inch margin on the top, bottom, and sides.
- Use upper-and lower-case letters as you would in typing any correspondence.
- Indent the first line of each paragraph five spaces.
- Include a cover page with the following information:
  Author's name, (degrees, certifications)
  Place of employment
  Position
  Address
  Phone/Fax number
  AAHAM Chapter Affiliation (if any)
- Any article submitted for reprint in the *Journal* must be accompanied by written permission to reproduce from the original source.
- Do not use abbreviations or italics.
- All photos become the property of AAHAM, unless you specifically request that they be returned. Each picture should be accompanied by a listing of all individuals in the picture (left to right). Black and white pictures reproduce better than color.
- All articles are subject to editing by AAHAM. AAHAM reserves the right to hold articles for future *Journal* issues when space is limited.
- Articles referring to or endorsing specific products or services will not be considered.

The *Journal* is published quarterly by the American Association of Healthcare Administrative Management, 11240 Waples Mill Road, Ste. 200, Fairfax, VA 22030. Opinions expressed in this publication represent the viewpoint of each author, and do not necessarily reflect the policy of AAHAM. Advertisements do not necessarily imply sponsorship by AAHAM.

Subscriptions are included with AAHAM membership. Reprints are available from the National Office in portable document format (PDF) for a $75 fee per article. Prepayment is required.

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October 21–23, 2020

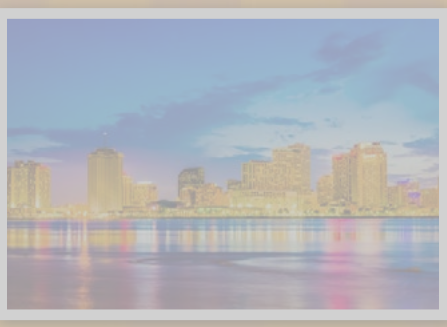
ANI 2020

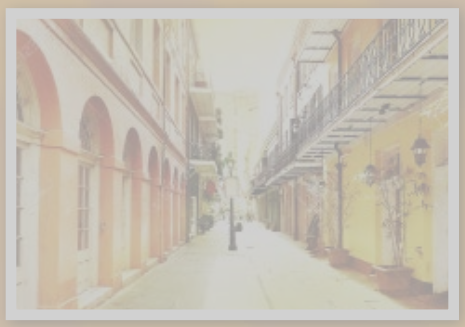
LEADING

NEW ORLEANS

ANI 2020
has been cancelled

The AAHAM ANI provides an interactive environment where industry leaders can learn, network and discover the latest developments and resources. AAHAM members can learn from industry experts about up-to-the-minute hot topics, news and technologies to help them do their jobs better and provide the most innovative, efficient and expert level of performance. There will be three full days of networking with the top revenue cycle experts.





Sheraton New Orleans Hotel, New Orleans, Louisiana

AAHAM Announces Patient Financial Advocate Task Force

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If you believe the myths in this country, debt collectors are those people who harass and threaten you when you have unpaid bills. These myths have continued to grow over the years because no one has challenged consumer groups, elected officials, or spent time educating the public about who these professionals are and what they really do. In order to start that education, you have to start by separating the profession into two parts. First, there are professionals who collect student loan, automobile, mortgage, and other debt. Then you have those who specialize in medical collections. These are two very different types of professionals. Healthcare collections requires a specialized set of rules, skills, experience, and expertise. These are what we call patient advocates.

Patient Financial Advocates (PFA) are not people who harass or threaten people over out-of-pocket healthcare costs. This is the picture some in Washington and who represent consumer groups want you to see. In good times, Patient Financial Advocates, not debt collectors, are important resources for patients to rely on for information and help. During a global pandemic, these Advocates have been even more important. These are not people who call or write you demanding payment for your out-of-pocket medical costs. These are advocates working with, and for patients during a time when they may be struggling to understand the complex healthcare maze.

At the start of this pandemic, we saw an immediate response from Washington and our Nations Governors, who sought to ban Patient Financial Advocates from communicating with patients about their medical expenses. The argument was that this is not the time for PFAs to be working with patients when the country is seeing millions of people unemployed and struggling to make ends meet. I will argue this was a mistake by Washington and the Governors. During a global pandemic and with the healthcare rules and regulations changing from one stimulus package to another, PFAs have been even more important to patients. It is hard enough for healthcare experts to keep pace with these changes, much less asking patients to fully understand what this all means to their healthcare options. A PFA's role is to help educate patients on options and resources available to them as they try and understand how they can afford the healthcare they need. PFAs have been on the frontline during this pandemic supporting patients struggling to maneuver through a healthcare process they do not fully understand. For many, this has been much needed help and support. When you have caring and knowledgeable experts working with you, not against you, it makes a world of difference. I call this doing it the AAHAM way.

Patient Financial Advocates are a critical part of the overall healthcare system. We should not be limiting their ability to communicate with patients. Instead, we should be working with them to make sure they can effectively provide patients with the tools and information they need in order to make informed healthcare decisions for their current and future care. AAHAM has been watching what has been going on in Washington and states across the country and has decided to take action and begin a dialogue about the important role PFAs play in our healthcare system. AAHAM is going to begin working with the Patient Financial Advocate community to develop a new path forward that allows them to serve the patients effectively and efficiently, who whether they know it or not, depend on them.

Unless you spend time talking with people like Tim Moore with Marcam Associates, Rick Rogers with AR-Solutions, or Julie Van Pelt with Avadyne Health, you may not know what they really do. These are people I have gotten to know over my time with AAHAM and are the type of people I would want to work with if I ever had an issue with my out-of-pocket healthcare costs. These are not debt collectors. These are the faces of Patient Financial Advocates. When we use the term debt collector, it conjures up a very different picture, almost like a mugshot you might see on an FBI Most Wanted poster. This stereotype is the picture the public sees and why AAHAM is taking steps to change that.

Building on AAHAM's role as a leading voice in the profession, it announced earlier this month its creation of a Patient Financial Advocate Task Force, which will focus on developing a new path forward for the profession. This includes creating a new set of standards for the profession focused on the way PFAs communicate with patients. This process will also include creating new educational tools for patients, which AAHAM believes will help them stay informed on how to manage the healthcare maze and where to go for resources that may be available to them. AAHAM's PFA Task Force will be developing standards that can be used as a national model for its members as well as the patients they serve.

The addition of the PFA Task Force is just another way AAHAM is taking the lead at a

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time when there is so much uncertainty when it comes to healthcare. AAHAM's goal is to help create a patient toolbox of resources, which will help Patient Financial Advocates better serve patients in the future. It is the new future for Patient Financial Advocates and path forward for patient engagement.

Patient Financial Advocate Task Force Members:

- John Currier, CRCE, AAHAM Chair of the Board, Fairfax, VA
- Shawn Gretz, President, Americollect, Manitowoc, WI
- Kristina Gursky, CRCP, Director, IC System, St. Paul, MN
- Deborah Kelly, CEO, MyCare Finance, Inc., Tampa Bay, FL
- Kenny Koerner, CRCE, AAHAM Second Vice President, Fairfax, VA
- Richard Lovich, Esquire, Managing Partner, Stephenson, Acquisto & Colman, Inc., Burbank, CA
- Paul Miller, PPC, LCP, Principal, Miller/Wenhold Capitol Strategies, Fairfax, VA
- Amy Mitchell, CRCE, Director, University of Utah Hospital, Salt Lake City, UT
- Timothy Moore, CRCP, CEO, Marcam Associates, Rochester, NH
- Chris Morgan, President, R3 Dynamics, St. Charles, MO
- Richard Rogers, CRCE, Vice President, AR-Solutions, Scottsbluff, NE

AAHAM continues to lead. They know the challenges you still face and will continue to face during this pandemic. They know the financial stress your hospitals are feeling with it estimated hospitals will lose $320 billion due to COVID-19 this year. Through all this, AAHAM continues to work with Congress and the White House on solutions that will help your hospital and the economy begin to shift to recovery, not survival. The Patient Financial Advocate Task Force is just one of those forward thinking opportunities.

You are not debt collectors. You are Patient Financial Advocates!

The Pros and Cons of Accelerated Patient Discharge

By Joy Stephenson-Laws, JD
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Acquisto & Colman, Inc.
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Research and real world experience continue to show that reducing patient length of stay (LOS) offers multiple benefits for providers and patients alike.

For providers, reducing LOS can increase capacity by freeing up already stretched resources, minimize the risk of denied claims and uncompensated care, increase patient satisfaction ratings, and improve throughput allowing for more patients to be treated. For patients, a reduced LOS usually saves money, reduces the risk of hospital acquired infections (HIA), gets them back to their normal routine more quickly (which has numerous psychological and economic benefits) and results in improved treatment outcomes.

Given these proven benefits and considering that providers are under constant pressure to achieve the dual goals of maintaining quality of care while lowering operating costs, it would be easy to believe that reducing LOS should be a sine qua non in provider operations management. The problem, and risk, of adopting this philosophy, however, is that while shortened LOS does, for the most part, benefit providers and patients alike, this is not always the case. There also is no universal agreement on exactly what LOS targets should be for different inpatient procedures nor of the corresponding risk/benefit. The situation is further complicated by contradicting results from different research studies on this very important aspect of provider operations.

Consider, for example, a recent study from Norway conducted by St. Olavs Hospital and the Norwegian University of Science and Technology. In this study, researchers were looking specifically at the relation between LOS of hip fracture patients and survivability after discharge. What they found was these patients had a higher risk of dying if they were discharged from the hospital too early (primary due to capacity issues). In their sample of 60,000 patients over 70 years of age who were discharged early, approximately 13 percent died within the first 60 days following surgery. During the first year, some 27% died. To give these data context, according to the researchers, the difference in 60 day mortality rates for these patients and others is approximately four percentage points.

Contrasting, and contradicting the Norwegian study, is one from Virginia Commonwealth School of Medicine in the United States. In this study, researchers found the opposite to be true, specifically that the longer a hip fracture patient stays in the hospital, the more likely that patient will die within 30 days of discharge. Here, researchers studied a sample of more than 188,000 patients admitted to hospitals for hip fracture in the state of New York. In comparison to the Norway study, they found that hospital stays of from 11 to 14 days were associated with a 32% increased odds of death 30 days after discharge compared to stays of five or fewer days.

The lead researcher explained the difference in results by opining that "the shorter you stayed in the hospital in the United States, the better." He went on to say that this may be due to the care received after leaving the hospital since, in the U.S., more than 90% of patients go from the hospital to a skilled nursing facility (SNF) for continued care and rehabilitation. This is not necessarily the case in other countries where patients may just be sent home after a hip fracture hospital stay.

There are other research data that could easily lead hospital administrators to rethink what has become conventional wisdom about LOS and even reexamine their existing discharge protocols and procedures. Some, for example correlate shorter LOS with a significantly higher risk of readmission. This can create a financial risk for providers from Medicare readmission penalties. Other studies also suggest the cost of readmitting patients (aside from possible Medicare penalties which recently totaled more than $563 million) can often be more than cost related to keeping a patient under the hospital's care for a little longer. This is not surprising given that unplanned readmissions cost U.S. providers between $15 billon and $20 billion annually.

For the patient, accelerated or premature discharge may also pose risks to their physical and financial health. A recent study of over 32,000 people discharged from the University of Texas Southwestern Medical Center showed that approximately 20% of them were dis-

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charged too early. An analysis of the outcomes for those patients discharged too early revealed that many had abnormalities or instabilities in temperature, heart rate, blood pressure, respiratory rate and oxygen saturation within 24 hours of discharge. The outcome was that while 12.8% of patients discharged with no instabilities in their vital signs at discharge either were readmitted or died, 16.9% of those with one instability died or were readmitted; 21.2% with two instabilities died or were readmitted; and 26% with three or more died or were readmitted.

LOS today are less than what they were back in 1980, when the average LOS in the United States was 7.3 days. The most recent measurement of this metric puts the average LOS at 4.5 days.

Steps Providers Can Take

Hospital inpatient acute care and critical care capacities will most likely continue to shrink over the short and medium term given hospital closures and cost cutting measures. This is happening at a time when demand for these resources most likely will continue to increase as a function of population growth and the ongoing COVID-19 pandemic. This creates a very delicate balancing act for providers since both discharging patients prematurely and keeping them in the hospital too long carries risks for both.

Given that finding the best LOS for any given situation has ramifications for provider and patient health, this would be a good time for providers to take a second look at their current discharge protocols and procedures, including post-discharge patient aftercare and follow up. Key elements to review include:

- Where will patient be discharged to? Sending a patient home to family members who can care for them has different implications than sending an older patient to a home where no one is there to support or care for them. Also is the home suitable for the patient's condition?
- How functional is the patient? Will they be able to adequately self-care once discharged? Or will they require some sort of life skills support for feeding, toileting and general daily activities?
- Will there be any challenges in getting medications, follow up services or other elements of the post discharge plan?
- At what time during the day is the discharge planned? In general, it is better to discharge patients during the day, if possible, to facilitate transportation and ease operational bottlenecks.
- Does the patient have a history of readmissions? If so, the most prudent thing for them and for the provider, is to consider extending LOS.
- How is the patient's cognitive status? Are they fully aware and able to understand discharge and post care instructions?

There are a variety of screening tools that providers can use to determine the readiness of any given patient for discharge. These include the LACE Index and Hospital score as well the 8Ps Risk Assessment tool.

The overriding guiding principle should be that reduced LOS due to better treatment is in the best interests of the patient and the provider. But reducing LOS primarliy because of capacity or financial pressures creates unnecessary risks for both.

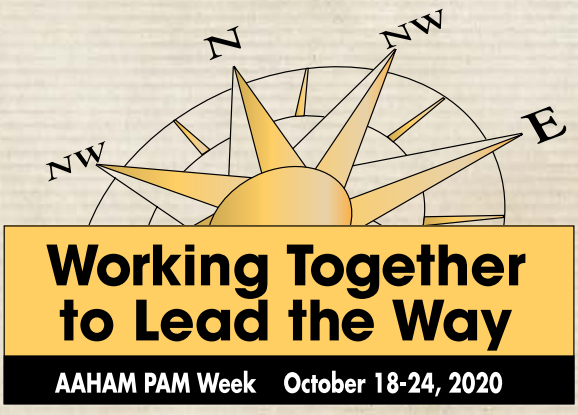
National Patient Account Management Week

National Patient Account Management Day was established on October 18, 1989 by a proclamation from the U.S. Congress when AAHAM (then AGPAM) sought to officially recognize healthcare administration management throughout the country. The 2019 National Patient Account Management Day will be part of a week-long celebration, October 14-18, by hospitals, physician offices and others involved with patient account management to recognize and honor the individuals engaged in healthcare administrative management.

This is a special week to honor those special people involved in healthcare administrative management; for managers to honor the individuals on their staffs, for the public to become aware of the profession, and for each of us to recognize our colleagues and ourselves.

There are numerous opportunities for you to gain recognition for your department or office. Submit an article on our profession to your chapter or company newsletter. Local newspapers often have sections that highlight important dates and celebrations. Create an informative display describing the work, growth and/or evolution of the department or spotlighting the department's employees. Some departments celebrate with decorations, contests, treats and create elaborate themes to get office/hospital-wide involvement.

By supporting PAM week, you show your healthcare administrative management team that you appreciate their hard work. A recognition program implemented during this special week is an excellent way of increasing hospital and office morale and expanding knowledge of our profession. We hope you have a truly rewarding and successful Patient Account Management Day and week!



Working Remotely, Here to Stay?

By Sharon Galler, CMP
AAHAM Executive Director
sharon@aaham.org

When I first thought about this article, many of us were scrambling to prepare for our workforces to begin working remotely as states were shutting down due to the COVID-19 pandemic. Fast forward a few months and we are still working from home. Some states are even considering shutting down again.

Many offices were already set up for telecommuting, as was ours and the transition wasn't difficult. Our phone calls come in via email, that includes a recording of the message as well as a text message, we connect to email and files over a virtual private network (VPN), and we all have computers and printers in our home offices. There was no lag time working remotely. We stay in touch with email, cell phones and monthly Zoom staff meetings. No more than two people are in the office at one time and everyone has hand sanitizer. Masks are required in common areas and by all visitors.

Some of you let your employees work from home as long as their work can be done remotely and there's a good Internet connection. While most don't allow employees to take office equipment home, some allow employees to use their own equipment or they provide a laptop and monitor. Employees who have to make outbound calls or receive inbound calls, leave their work phone number as a call back number and use the voice mail to email platform or other software.

Remote workers have productivity goals in place and employees must be at 100% productivity or greater. Some lucky workers have flex time, which works well for those with spouses or children at home.

Linda Patry, CRCE, President of the AAHAM Virginia Chapter and Director of Patient Financial Services at Mary Washington Healthcare instituted telework for her team earlier this year. She shared her productivity techniques below:

"If someone has a job where it's hard to measure productivity, we ask the Associate to keep a list of work they do every day, which they pass onto their Supervisor at the end of the week. They are expected to be readily available via phone or instant message. We report out on productivity to each Associate weekly. Managers and Directors are copied on those emails as well. Each Supervisor (who also works from home) has a quick morning meeting with their team members to ensure that everyone is doing well and has no questions or issues. Supervisors must also distribute a list of work/projects they have done over the week."

If you or your facility is considering telework, here are some tips on what you need to set up a home office:

- A designated area or room to separate home from work as well as add privacy
- A comfortable desk with space to spread out
- Sufficient lighting
- USB and electrical outlets
- A strong Wi-Fi signal
- Sufficient Internet speed, the more, the better (at least 3 Mbps)
- A desktop or laptop computer with a built-in webcam, microphone and speakers
- A telephone headset is helpful if you are on the phone a lot
- A printer with extra paper and toner
- A file cabinet or mobile file drawers
- A green plant to bring a touch of nature inside and also to help clean the air
- An uncluttered wall or area to use as a back drop for videoconferencing

The benefits of working from home are many:

- **No Commute:** No commute equals no wasted time! The average full-time worker spends an average of 4.35 hours a week or 200 hours+ a year commuting. It saves money on gas and wear and tear on your car and is good for the environment.
- **Healthy Meals:** Working from home offers the ability to cook a quick, healthy meal and saves money by not eating lunch out and opting for fast food. Use leftovers or make ahead meals. Stock your fridge with healthy snack options, like fruit, nuts, raw veggies, cheese cubes and sparkling water.
- **Fewer Sick Days:** People who work from home take fewer sick days and get sick less often.
- **Wear Whatever You Want:** Whatever helps you be productive and in work mode, go for it. Some people prefer to dress like they were going to the office, others prefer casual or athleisure wear.

These uncertain times can create anxiety and stress. Maybe these times can also help us reflect on what is truly important and add to our personal growth, be kinder, more grateful and more empathetic.

Helpful Hints for a Successful Virtual Conference

By Vanessa Haydon, CCT
Vice President, Account Management, MRA|Revecore
Member and President of the AAHAM Illinois Chapter
vhaydon@mra.revecore.com

Need: Today's current environment warrants a meeting that allows our membership to connect, provides relevant education, earn CEUs and all those same experiences that are contained within your face-to-face conference.

Goal: In planning our first online/virtual education session, our primary goal was to keep it as close to a regular conference as possible. In order to do that, it was critical to us that we maintain certain elements that were always included in our face-to-face quarterly conferences. Even though the entire conference was presented over video, we maintained our Corporate Partner slideshow, had our President deliver the Welcome Message, introduce all of the speakers and recognize all first time attendees and those who recently achieved certification, as well as recognize our Board, all over video! Keeping these components intact and allowing our members to view the people involved, made it much more engaging and overall made them feel more connected.

Platform: The first decision was platform. In my day to day client conference calls, I use "GoToMeeting" and when hosting trainings with multiple log-ins, I have never experienced any lagging or someone dropping off. I consulted with my corporate support team and they agreed from a server perceptive, GoToMeeting has the best performance. I use a separate call in number for audio instead of having members select audio through the computers. Laptop microphones are typically not high quality and when you present over computer, you get feedback. As the organizer, I was able to make each speaker the presenter with one click. For our attendees, it was a one click link and their screen launched, no credentials to enter and dial in. In the pre-registration blast, I notified attendees that log-in information would be sent later. A mass invite was sent the day before to all registered attendees. Don't be afraid to lean on your Corporate Partners to see what platforms they use and possibly share with you (Microsoft Teams, WebEx, Zoom).

Speakers: Since most conferences have been cancelled, this is a great time to form a partnership with phenomenal speakers that previously may have been out of your price range. I went back through our speaker file and reached out to several high-profile speakers. Of course, don't forget about your corporate partners, there are many thought leaders among them.

Structure: We kept the structure the same as a face-to-face conference; having the initial welcome and intro, first-time attendee slide, Corporate Partner slideshow rolling anytime I was talking and did not have a visual aid. Be sure to Involve your board and introduce your speakers so they hear and see a variety of folks.

Break: This may be a remote meeting but folks still need a break! Build in at least one 10-15 minute break.

Keep it Fun: We created five COVID-19 trivia questions to keep attendees engaged. Winners received $20 eGift cards.

The Mute Button is Your Friend: As many times as you tell everyone to mute their phones, if you have a slide that says welcome and mute your phone, someone will still forget so remind them again.

Accept there will be Minor Bumps: Like any meeting, there will be a few bumps along the road. At the end of the day, keep in mind that you provide an environment that meets today's new challenges with relevant content education. Our meeting took place May 20th and it was a big success! We will definitely do it again and are also adding prerecorded webinars for additional education options.

Survey: As this was our first virtual conference, we sent a post-conference survey and received fantastic results! We received an overwhelming portion of "excellent" responses with regards to the platform, wanting more virtual education and our speakers. Our members were grateful for engaging education considering today's challenges!

Good luck and stay well!

Who Has Time For Audits?

By Rob Borchert
S.M.E., MBA, CRCE, FHFMA
Principal, Federal Advisory Partners
Member of the AAHAM Virginia Chapter
rob@bpa-consulting.com

With all the chaos around us, who has time for audits? In today's fast moving and confusing environment, at times we do not even know what day it is. Oh, yes, it is today! With people working in the office, people working from home, inside pressures to improve our processes, there must be some relief, somewhere.

We know there is typically a department, or part of a department that performs audits on various processes. There have always been internal audits on the various elements of the revenue cycle to identify any gaps or lapses that may need attention to improve the specific process. We respect all the efforts associated with improving processes and striving for the best practices. In fact, most of the audits performed have been codified and conduct the same tests and examples and sectors as has been done before. This can be stated for two reasons. First it is to see if the previously suggested recommendations have been put into place and secondly, it is an easy, standard process that is performed on a regular basis.

What kind of audits do you experience? How often are they done? Do the same people do them every time? What kind of metrics are used to quantify and qualify the results of an audit and the follow-up audit for assessment? Do you have questions before, after or during each audit that are not answered? Do you make suggestions and recommendations before, after or during each audit? Are they being heard? Have

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you ever said, "they missed something" or "why didn't they look at this" or "I hope they considered this factor?"

Various audits are performed for various reasons and various sectors of the revenue cycle. Of course, I am referring to audits done by internal staff and not a third-party insurance audit or an audit done by an outside firm. I am referring to audits like:

- Pre-registration/pre-testing audits
- Full inpatient/outpatient registration audits
- Emergency room registration/data collections audits
- HIM inpatient coding audits
- HIM outpatient coding audits
- HIM department processing audits
- Accounts receivable audits
- Inpatient billing audits
- Outpatient billing audits
- Charge capture audits
- Denial management audits
- Chargemaster audits
- And the list goes on!

If I have not listed an audit you have been involved with, I apologize. "Busy work" is always something that many people find when there is nothing else to do. In the current environmental conditions that we are all experiencing, for me, it is a question as to the true value of performing any internal audit. I am referring to an "independent" internal audit that people from another department perform within the revenue cycle arena.

In many cases, the internal audit staff are a combination of people from other departments and from various disciplines. There can be staff from clinical areas, support areas, revenue cycle areas and sometimes even from administration. This conglomerate of people gives the "audit department" the air of independence as well as experience. This is what we want. This mixture of the various elements of a healthcare organization is an excellent way of maintaining independence and also having the benefit of generating new ideas and potential solutions from findings coming out of an audit. This mixture allows for the outcome that audits are supposed to produce, best practices.

Now, back to the current environment. I would like to offer some additional considerations and or modifications to the current audit process that may be within your facility/practice. With the somewhat exasperating changes that have occurred in our social environment such as social distancing, wearing masks, working remotely, etc. we recognize the overall working situations have changed. There may be new processes that have been added to the revenue cycle. Pre-registration may have changed, registration may have changed, pre-testing practices may have changed, working from home has caused a change. How do you perform an audit today?

I would like you to consider and talk about utilizing the dynamic experience of the audit/compliance department/team into the daily activities of the revenue cycle operations. Rather than have a specific group of people perform an audit on "something"; have these individuals actually work in a revenue cycle area for a period of time (two weeks or a month) and "live" with the current processes in this new environment. Have a nurse or coder work in the billing process or the denial management process; have a lab person or lawyer work in the registration process. Rotate the audit team into the actual daily processes of the revenue cycle so there is actual experience associated with their knowledge and observance. These people would not be observers or interviewers but actual "get into the weeds" and experience the revenue cycle process.

After a certain period, such as every two to three weeks, have a 'lunch discussion' about each of the processes these independent people are a part of. Have them and the supervisor or manager of that area attend the discussion to listen to their understanding of what they have been doing and even pose questions as to the "why" they are doing what they are doing. This open discussion, not recommendations to change (yet), will allow for, I believe, growth in all the involved areas. The basis for any open discussion, suggestions, recommendations, modifications, etc. is trust. We must trust each other and recognize the actual purpose of audits. This also gives the members of the independent audit team who are working in a specific revenue cycle area the opportunity to learn more about the history of the operational development over the course of time. They will also see and learn about the "value" of the specific revenue cycle process and the people who work this process every day. They will also better understand the data expressed in any metric modeling faction.

Can you do this on your own or will this need administration approval? My guess would be that you, as a revenue cycle manager (in any of the revenue cycle areas) would need to first sit and talk with the internal audit department about this idea and approach. The idea may be different for them to consider but the important thing is that the overall outcome of this process is the same outcome as before, continuous improvement leading to the best practice. In my opinion this new consideration, if implemented, will allow for a broader and fuller understanding of the entire revenue cycle process. I also think that any outcome recommendations will be more easily accepted and put into action. Better interpersonal relationships can be formed as well as improved communications between people.

From my own personal experience, I was performing an internal audit and discovered that a long-time friend of mine was a physician in the group. I had not seen him in years, and we spent time off-campus reminiscing and updating each other about our lives. Who knows, you or someone involved with this experiment may come across a person who has similar interests, similar past, mutual friends, etc. and form a new relationship. This happens whether you are a large facility or a small facility; a large physician practice or a small practice; a large skilled nursing facility or a small one; things happen and we never know the final outcome unless we try.

With this in mind, I challenge you to make this attempt to try a new approach to performing an audit. This may seem unusual and not the right time, but when is the right time? There is no time like the present and the present leads us into the future. I hope if you consider this and try it, that you have a wonderful outcome and that the best practice becomes a 'living thing' within your facility/practice.

COVID-19

Furloughs, and Lost Revenue, A Case Study

By Daniel Muhlbach and Ed Norwood
ERN Enterprises, Inc.
Members of the
AAHAM Western Region Chapter
ednorwood@ernenterprises.org

When you studied in school, whatever your concentration was, became your focus (to become your future). You had no guarantees. No guarantee you would find a job. No guarantee you would find your passion, your purpose or a job where you could make a difference.

Likewise, whatever we focus on during this pandemic becomes our future. We have no guarantees, but we still show up every single day. We fight problem payors. We wear masks. We instill preventative hygiene measures to protect our immune system. We create new appeal strategies to ensure we capture the authorizations and revenue needed to treat high-risk patients in the pandemic.

If we focus on fear, it becomes the life we create. Constant, cringing fear daily. Playing the news all day. Feeding our fear. However, if we focus on faith, it becomes our future. It affects our financial destiny. Our hospital doors staying open.

As the COVID-19 pandemic continues to disrupt the U.S. healthcare delivery system, limiting elective procedures and leading to sharp losses of revenue, a hospital's cash flow is more crucial than ever. With our nation's healthcare providers on the front lines in the fight against COVID-19, improper health plan denials relating to the care rendered to COVID positive patients should not exacerbate their worries.

Recently, we assisted a provider secure authorization for the inpatient treatment of two COVID-19 patients.

The Problem

At the end of March 2020, as COVID-19 cases began skyrocketing throughout the United States, two Medicare Advantage beneficiaries who were admitted to the geropsychiatric unit at a major Washington state healthcare system began presenting symptoms of COVID-19 after possible exposure to a COVID-positive individual.

These patients were subsequently moved to the hospital's Medical/Surgical unit for evaluation and isolation, testing positive for COVID-19 later that day. The patients' treating physicians determined the patients were not stable for transfer and they were subsequently admitted to the hospital's Med/Surg unit. Moreover,

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the patients' Medicare Advantage Organization (MAO)'s protocol during this time prevented the plan from transferring COVID-positive patients to an non-designated COVID-19 facility under the care of an MAO physician.

While the MAO concurrently denied authorization for inpatient admission at the non-MAO facility based on medical necessity, the hospital nonetheless continued to render medically necessary care to these patients. As it was evident that the MAO would not be assuming care of its beneficiaries, as required under federal law, patients were then transferred to the hospital system's designated COVID-19 facility to ensure the safety of the patients and staff.

Upon admission to the designated COVID-19 facility, the MAO was notified of each patient's admission and inpatient authorization was requested. The MAO subsequently denied admission to the second facility, stating the plan was not notified prior to transfer. However, the MAO was well aware that its beneficiaries were receiving COVID-related care within the non-MAO healthcare system, and while the MAO failed to manage the care of these high-risk patients, the hospital system continued to ensure the patients received all care necessary to maintain and improve the patients' condition.

It was immensely concerning that an MAO would refuse to provide authorization for providers treating its COVID-positive patients while maintaining that these patients could not be transferred to a MAO facility. These actions placed undue financial hardship on the emergency safety net providers fighting this pandemic.

The Solution

As soon as inpatient authorization requests were submitted to the MAO, this triggered the MAO's legal obligation to issue a pre-approval within one hour of the healthcare system's notification. By failing to pre-approve inpatient admission for these patients, the MAO's financial responsibility for services rendered to its beneficiaries ends when the plan assumes care of the patients, the patient's treating physicians come to a peer-to-peer agreement with an MAO physician, or the patients are discharged.

Pursuant to **42 CFR §422.113(c)(2)**, the MAO:

(i) Is financially responsible for post-stabilization care services obtained within or outside the MAO that are pre-approved by a plan provider or other MAO representative;

(ii) Is financially responsible for post-stabilization care services obtained within or outside the MAO that are not pre-approved by a plan provider or other MAO representative but administered to maintain the enrollee's stabilized condition within one (1) hour of a request to the MAO for pre-approval of further post-stabilization services; (Emphasis added.)

(iii) Is financially responsible for post-stabilization care services obtained within or outside the MAO that are not pre-approved by a plan provider or other MA) representative, but administered to maintain, improve, or resolve the enrollee's stabilized condition if –

A. The MAO does not respond to a request for pre-approval within (1) hour
B. The MAO cannot be contacted
C. The MAO representative and the treating physician cannot reach an agreement concerning the enrollee's care and a plan physician is not available for consultation. In this situation, the MAO must give the treating physician the opportunity to consult with a plan physician and the treating physician may continue with care of the patient until a plan physician is reached or one of the criteria in §422.113(c)(3) is met. (Emphasis added.)

The MAO's financial responsibility for this care is further delineated under **42 CFR §422.113(c)(3)**, which states:

The MAO's financial responsibility for post-stabilization care services it has not pre-approved ends when –

(i) A plan physician with privileges at the treating hospital assumes responsibility for the enrollee's care;

(ii) A plan physician assumes responsibility for the enrollee's care through transfer;

(iii) A MAO representative and the treating physician reach an agreement concerning the enrollee's care; or

(iv) The enrollee is discharged. (Emphasis added.)

Here, as the MAO declined to transfer its members who tested positive for COVID-19, no MAO physician ever assumed care of the patients at the non-MAO facility, and the MAO could not reach an agreement with the patients' treating physicians, the MAO's financial responsibility for the services ended when the patients were discharged. The MAO's failure to provide authorization for these inpatient services, rendered in good faith to these beneficiaries, directly violated the federal regulations delineating the MAO's obligations relating to the authorization of inpatient services.

Later, the MAO Medical Director confirmed that:

"Any potential COVID patient will be approved to remain at the presenting facility and a transfer will not be requested, but a call to the [notification department] is still required."

The Results

On April 3, 2020, ERN/TRAF sent an authorization demand and a Notice of Intent to File CMS Complaint to the MAO's medical directors citing the plan's legal obligations to assume care of its Medicare beneficiaries or reimburse the non-MAO facility for the treatment of its members pursuant to federal law.

The same day, the MAO's medical director responded to our demand, stating:

"Both cases have been approved for inpatient after a discussion with the hospitalist."

In mid-April 2020, both of these patients were discharged from the non-MAO facility and in May 2020, the MAO reimbursed all services rendered to these Medicare beneficiaries.

The cash flow secured by these two admissions prevented any loss related to the treatment of these patients and helped maintained the solvency of the healthcare system, which will continue to be an integral player in the fight against COVID-19 in the region.

As advocates, we may not have a 100% success rate, but we fight every case as if we had never lost.

"Wow" Customer Service

By Charles Marshall
Motivational Speaker and Author
M Power Resources, LLC
Charles@CharlesMarshall.net

I was mentored in the art of customer service by one of the world's very best, but I doubt you've ever heard of him. I met him when I got my first real job in the early 1980s working as a commissioned salesman at an upper-end clothing store named Waldoff's in Hattiesburg, Mississippi.

It didn't take me long to learn that James, a fellow salesman in the men's department, was a world-class customer service expert. But I'm pretty sure that he wouldn't have called himself that at all. James was one of those people who wasn't focused on himself. He was the type of guy who made you feel like you mattered, that you were the one who was important.

Coincidentally, James was also the store's top salesman and that didn't take long to learn either. It seemed that every other person that came into the store wanted to be waited on by James. When James was busy helping another customer, people would often refuse to be helped by other salesmen, opting instead to hover around the men's department waiting until James was free again.

When James was waiting on you, he put his whole being into the process. After ascertaining exactly what it was that you were looking for, he would bounce around the department, gathering things that he thought might be of interest to you. Things that held no appeal to you would quickly vanish to be replaced by other items of interest. This happened whether you were shopping with a $20 or $1,000 budget. It happened whether you wore Levi's jeans or an Armani suit into the store. It didn't matter to James, or if it did, you certainly couldn't tell.

He took care to know his business so that when he made a suggestion, you felt that an expert was advising you. Because he was confident, you felt confident making your buying decision.

He always suggested but never pushed. He recommended but never argued. If you needed a miracle, if you had a funeral the next day and had to have a suit altered quickly, if you were shopping on a limited budget but needed to look good in a hurry, if you needed something nice in your impossible size for a special occasion, James was your man. He was constantly pulling rabbits out of hats for his clients and as they were shelling out hundreds or thousands of dollars, they were thanking him profusely for helping them.

After my first three months working at Waldoff's, I received my first commission check. I knew I needed to invest in some clothes, so when it was time for me to go shopping, who do you think I went to? That's right. I wanted the very best service too, so when James wasn't busy, I asked him if he would help me put a few things together.

Even though he didn't make a dime of commission from anything sold to a co-worker, it didn't matter to James. At some point, customer service had become part of James' DNA, so he helped me as though I were his most important client.

Toward the end of that shopping session with him, I admired the maroon silk pocket square he had in his sport coat and lamented that our store didn't carry any more like it. Without a thought, he pulled it out of his pocket and gave it to me. I still own it today as a reminder of a spectacular individual and an extraordinary example of what real customer service can be.

My point is this: When you have a choice regarding how you and your business are perceived, when you have the power to be a "wow" person rather than a "ho-hum" person, when you can have other people perceiving you as a "James," as the go-to person, that is the answer to their needs, why on earth wouldn't you choose to be that person? Why not be exceptional by going the extra mile? By springing into action when either a potential or regular client walks into your door? By serving your coworkers and lifting the morale of those around you just by being focused on the needs of others?

To me, customer service isn't just something your boss or some customer service expert wants to get you to do. It's a telltale standard of behavior and excellence that communicates to the world the type of person you are.

Catherine (Kate) Clark, CRCE, CRIP
Committee Chair

AAHAM Education Committee

The Education Committee has been working hard to adjust to the "new normal" during these unprecedented times. Unfortunately, the 2020 Annual National Institute has been cancelled. To help our membership continue with their ongoing educational needs, we have increased the number of AAHAM educational webinars held each month. In addition, we are providing all the COVID-19 related and Price Transparency webinars at no cost to our members. This is a huge opportunity to receive quality education while working remotely!

Please mark your calendars for these upcoming webinars:

- July 22, "Veterans Administration Claims" with Ally Conner, EnableComp
- August 12, "Revenue Integrity Audits: Uncovering Hidden Risks and Opportunities" with Jon Menard, Integrated Revenue Integrity
- August 26, "Medicare and Medicaid Hurdles and Issues with Pre-Authorization" with Marcus Morrow, Law Offices of Stephenson, Acquisto & Colman
- September 16, "COVID-19 Future Impact 2021 – Financial Exposure" with Lyman Sornberger, Lyman Healthcare Solutions, LLC
- October 7, "Leading Remote Teams" with Skot Waldron

Starting in September and continuing through November, we will be providing sessions from ANI presenters who are able to provide their educational topics in a virtual format. Those sessions are currently being identified and set up with the presenters. We will keep you updated on details and pricing.

December 2, Lauren Rose, with Kohler HealthCare Consulting, Inc. will provide her popular update on the Current Procedural Terminology 2021 Code Updates that impact the Charge Description Master. This informative session will identify areas that revenue cycle and revenue integrity teams need to be aware of for the 2021 coding changes.

The AAHAM website has undergone various changes to make it easier for our members to access archived webinars. We have a unique separate tab for all COVID-19 related sessions.

We are continuing to explore pricing for the webinars to accommodate the telecommuters and folks who have been impacted financially during the COVID-19 pandemic. Stay tuned for future updates on employer purchasing opportunities as well as reduced prices for AAHAM national members. Our goal is to make AAHAM education informative, accessible as well as affordable.

We are very thankful for all of talented people who have offered to provide education to our members during this challenging time. We could not do it without them! Their time and talent allow us to continue with the vision of AAHAM. The Education Committee works hard to ensure AAHAM members have the learning opportunities they deserve. Our Committee consists of:

- George Buck, Tennessee Music City Chapter
- Karen Clark, CRCS, CRCP, Maine Pine Tree Chapter
- Vickie Heath, CRCE, CRIP. CRCS, Maine Pine Tree Chapter
- Diane Jones, CRCE, Western Region Chapter
- Claire Lester, CRCE, Florida Sunshine Chapter
- Jenni McConville, CRCP, Nebraska Aksarben Chapter

Join the AAHAM Social Network Platform and have access to over 3,000 healthcare revenue cycle professionals.

Make sure to visit our AAHAM Social Network, https://aaham.mn.co/, and request an invite or download the Mighty Networks App from ITunes or the Google play store and join on your mobile device!

Post a question and have access to your peers from across the country.
An easy and free benefit for all AAHAM members!

If you have any questions, please email Moayad Zahralddin at Moayad@aaham.org.

Matthew Hundley
AAHAM
Certification Director

Improve your earning potential with an AAHAM certification!

Having the right credential on you resume can be the deciding factor in landing your next job or promotion. By earning a certification from AAHAM, you'll have a solid understanding of the revenue cycle landscape and the well-rounded expertise that positions you for success. AAHAM offers a variety of certification levels designed to meet the needs of everyone, from early career professionals to those in executive leadership roles. In these uncertain times, obtaining or upgrading your professional qualifications can be one of the smartest decisions you ever make for your career.

AAHAM's certification program develops leaders who seek a deeper understanding of the revenue cycle industry. Visit our website to learn how AAHAM can help you expand your professional network, demonstrate your knowledge. become an expert and advance your career.

FREE STUDY WEBINARS FOR AAHAM CERTIFICATIONS

We are pleased to offer the renowned AAHAM certification webinar series again this year. Due to current logistical considerations with providing the webinars live, the first installment of the series will be on-demand recordings of the 2019* webinars along with quizzes to reinforce your knowledge. We anticipate that the live webinar presentation series will also resume later this year. You can earn 3 AAHAM CEUs for each webinar that you view. In order to receive credit for the CEUs, you will need to take a brief online quiz and answer 5 multiple-choice questions related to the webinar that you watched. The quiz can be taken more than once if necessary, which will help to ensure that you have a thorough understanding of the topics covered.

Whether you are planning on taking any of the AAHAM certification examinations, preparing for the future, or need the education to do your job better, you will want to participate in this free webinar program. Statistically, those who have participated in our webinars have a higher pass rate than those who did not.

All the webinars can be accessed at https://www.aaham.org/InfoHub/Webinars.aspx. Please note, only members can access the CRCE, CRCP and CRIP webinars.

- The CRCE and CRCP webinars will be multiple sessions covering each section of the exam.
- The CRCS, CRIP and CCT webinars will be one single session covering the entire exam.
- Each webinar is approximately 90 minutes long.

** Since webinars were previously recorded in 2019, it is important to note that certain topics such as deductible and coinsurance amounts have been updated for 2020. The 2020 AAHAM Study Manuals contain the current deductible amounts.*

AAHAM would like to congratulate those who earned their CRCP designation in March-May! Congratulations to:

Florida Sunshine Chapter
Alicia Bednar, CRCP
Gloria Escorcia, CRCP

Georgia Chapter
Joshua Marlin, CRCP

Indiana Chapter
Tabatha Gomez, CRCP

Maine Pine Tree Chapter
Jennifer King, CRCP

Maryland Chapter
Katie Polomski, CRCP
Paulina Silva, CRCP

New Jersey Chapter
Kelly Bryan, CRCP
Wendy Ebersole, CRCP
Apsara Madapoosi, CRCP

Pennsylvania Keystone Chapter
Jennifer Markley, CRCP
Allyson Moyer, CRCP

Pennsylvania Three Rivers Chapter
Michael Bachalis, CRCP
Julianne Tortorice, CRCP

Philadelphia Chapter
Margaret Gagliardi, CRCP
Linh Le, CRCP
Misty Monk, CRCP

Utah MountainWest Chapter
Chantel Reynolds, CRCP

Virginia Chapter
Wayne Soto, CRCP

Texas Bluebonnet Chapter
Misty Monk, CRCP

Washington Inland Empire
Cyndi Powell, CRCP

AAHAM would like to congratulate those who earned their CRIP designation in March-May! Congratulations to

Iowa Hawkeye Chapter
Sara Schwake, CRIP

Pennsylvania Keystone Chapter
Jody Joy, CRIP

Unassigned
Jessica Rooney, CRIP
Monica Torres, CRIP

Virginia Chapter
Heather Greene, CRIP

CONTINUING EDUCATION UNITS (CEUs)

CRCE CEUs

The current two-year reporting cycle began on January 1, 2020, and will run until December 31, 2021. All current CRCE's will need a total of 40 CEUs with 20 coming from AAHAM sponsored events. As of 2016, all new CRCEs will be on a two-year reporting cycle from their certification earned date, i.e. those certified in March 2020 will have a reporting period of 3/31/2020 – 3/31/2022. Please remember, all CEUs need to be reported by using the online CEU reporting form at https://www.aaham.org/Certification/RecertForm.aspx. Here is a chart, to show you how many CEUs you need to report:

CRCP and CRIP CEUs

CRCP and CRIP members are required to earn 30 CEUs during their two-year certification period (15 of those must come from AAHAM sponsored events) and maintain national membership in order to keep their certification. Verify all of your eligible education time has been submitted to the National office. Check your online activity to make certain you have received credit for all qualified education hours.

CRCS and CCT CEUs

CRCS examinees can maintain their certification with CEUs by joining as a national member of AAHAM; otherwise the exam will need to be taken every three years to maintain certification. Please note that your CEUs count starting the date you join as a national member, therefore any CEUs earned before joining AAHAM as a member aren't eligible. We encourage all CRCS and CCT certified individuals to join as soon as possible so you'll have adequate time to earn your CEUs. The sooner you join, the sooner you can start accumulating CEUs! National members are required to earn 30 CEUs in the three-year period (15 of those must come from AAHAM sponsored events) and maintain national membership. CCT examinees are required to earn 20 CEUs in the three-year period (10 of those must come from AAHAM sponsored events) and maintain national membership. Verify all of your eligible education time has been submitted to the National office. Check your online activity to make certain you have received credit for all qualified education hours.

AAHAM CRCE Recertification CEU Requirements
CEU Reporting Period 1/1/2020-12/31/2021

CRCE Certification Earned	Number of CEUs required
Prior to January 1, 2016	40 CEUs (at least 20 must be from AAHAM events)

All CEUs must be reported to the national office by 1/31/2020

CEU Reporting Period -
2 Year Reporting Cycle from Earned Date

CRCE Certification Earned	Number of CEUs required
After January 1, 2016	40 CEUs (at least 20 must be from AAHAM events)

All CEUs must be reported to the national office 2 years after earned date. Example: Those certified in November 2019 will have a reporting period of 11/30/2019 - 11/30/2021.

AAHAM SPONSORED EVENT

An AAHAM Sponsored Event for purposes of qualified CEUs is an educational program, meeting, seminar, or webinar, the subject of which is a healthcare revenue cycle topic, and which is presented or approved by AAHAM National or an AAHAM Chapter. All CEUs deriving from an AAHAM Sponsored Event shall be subject to review and final disposition by the National AAHAM Certification Committee.

The recertification contact at National AAHAM is Kristen Reamy, Certification Manager, kristen@aaham.org. You can submit your CEUs online at https://www.aaham.org/Certification/RecertForm.aspx

FROM THE DESK OF THE MEMBERSHIP DIRECTOR

Moayad Zahralddin
AAHAM
Operations &
Membership Director

Networking with your peers and colleagues is one of the biggest benefits AAHAM membership offers you. This active and involved network of other professionals offers you a resource you can't find anywhere else. AAHAM is the only national organization dedicated exclusively to the revenue cycle, both management and the front line staff. If you are looking for an edge in your career path, either in a job search or moving up the ladder in your current position, certification is the way to go. We offer three levels of certification; executive, professional and specialist, visit our website to learn more.

Don't forget! This year Patient Account Management Week (PAM Week) will be held October 18-24. Our theme this year is "Working Together to Lead the Way". PAM Week is your opportunity to promote your field through your hospitals and offices to honor your revenue cycle colleagues and bring awareness to the profession. Be sure to check the AAHAM website for more information. It is never too early to start recognizing your patient account management staff! As you are promoting PAM Week and recognizing your staff on social media (Facebook, Twitter, Instagram, etc.), please make sure to tag your posts with #PAMWeek2020 and share any pictures with the National Office. Let us make AAHAM and PAM Week trending on a regular basis.

Please continue to build your valuable relationships with other healthcare professionals as you gain essential knowledge. Continuing your membership in AAHAM is an investment in your professional career and personal growth.

Thank you for letting me serve all of you,
Moayad Zahralddin
Operations Director, AAHAM

Welcome New Members

Carolina Chapter
Haile Myers -Student
Kyishia Reed -Student

Colorado Rocky Mountain Chapter
Karen Meek
Cecilia Pena -Student

Connecticut Chapter
Debra Montalto

Florida Sunshine Chapter
Phillip Adler -Student
Amber Anderson -Student
Jennifer Diaz -Student
Noel Felipe
Amber Hart
Maureen Kosmala
Latoya Lipscomb
Jennifer McDaniel
Kerryann Nelson
Martest Sheffield -Student
Claudia Suarez
Nicole Tavarez

Georgia Chapter
Sandhya Advani

Illinois Chapter
Katelin Cruz -Student
Tina Ezeji-Okoye
Erma Fatima
Chauncie O'Neal -Student
Abdulrasheed Shoyemi -Student
Erica Singleton
Marta Sniezko -Student
Jainel Willard

Indiana Chapter
Anna Bacon
Deanna Beyerink
Jacqueline Sederburg

Maine Pine Tree Chapter
Gail White

Maryland Chapter
Megan Benedict
Madeline Burke -Student
Audrey Capps, CRCS
Maya Clark
Betsey Douge, CRCS
K.C. Lycett
Elizabeth Miller
Belinda Pitre, CRCS
Raul Rivera, CRCS
Gregory Taylor, CRCS
Sherrie Whitsell, CRCS

Missouri Hawthorn Chapter
Kristy Horton -Student

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Welcome New Members continued

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Lauren Peterson -Student

Nebraska Aksarben Chapter
Leatha (Joy) Anderson, CRCS

New Jersey Chapter
Andrew Boley -Student
Tonisha Burnett
Carlos Caban -Student
Christopher Noziere
Alexander Phu -Student

Pennsylvania Philadelphia Chapter
Magda Elien -Student
Oma Ramdeen, CRCS

Pennsylvania Three Rivers Chapter
Kristin Berkeybile
Brandi Brown -Student
Shreya Ramnath -Student
Norma Serafini

South Dakota Rushmore Chapter
Shannon Koupal

Tennessee Music City Chapter
Deonna Holden -Student
Adam Salvador
Valarie Sweet

Texas Bluebonnet Chapter
Bethany Bailey
Jerica Batiste
Neil Boudreaux
Meron Hailu
Shereefah Hunt -Student
Nikita Jones, CRCS
Hira Mumtaz -Student
Yvonne Nkwocha -Student
Shvani Patel -Student
Surender Raman
Laura Ramos
KaShika Rhodes -Student
Britney Shen -Student
Jessica Williams -Student
Russia Williams, CRCS -Student

Utah MountainWest Chapter
Michael Arave -Student
Emeliana Wright -Student

Vermont/New Hampshire Twin States Chapter
Marion Barbano, CRCS
Drew Copeland -Student
Tzachi Isaac Korzbart -Student
Nikita Kupko -Student
Naira Perez -Student
Parama Sahoo -Student

Virginia Chapter
Brittany Furr -Student
Heather Truman -Student

Washington Inland Empire Chapter
Monique Davis
Selena Ontiveros, CRCS

Western Region Chapter
Tursun Alkam -Student
Lloyd Bausa -Student
Christina Coleman -Student
Lashundra Davis -Student
Dr. Amber Gray
Jazmine Gutierrez -Student
Taylor Hooks
Angela Jones
Karla Llausas
Tanesha Mitchell -Student
Felicha Wilson -Student

Wisconsin Chapter
Karisa Friske

States Without a Chapter
Edline Francois -Student
Michelle Jackson -Student

The Benefits of AAHAM Membership

Discounts on Services

AAHAM members receive substantial discounts on educational and networking programs as well as AAHAM products including:

- AAHAM Annual National Institute
- AAHAM's Legislative Day
- Webinars
- Training Manuals

Education - Opportunities to strengthen and improve your knowledge and skills

Certification - Nationally recognized certification programs to give you the competetive edge in your career

Publications - To keep you up to date on happenings in the association and the profession

Advocacy - A voice in Washington, D.C. on legislative issues that affect your industry

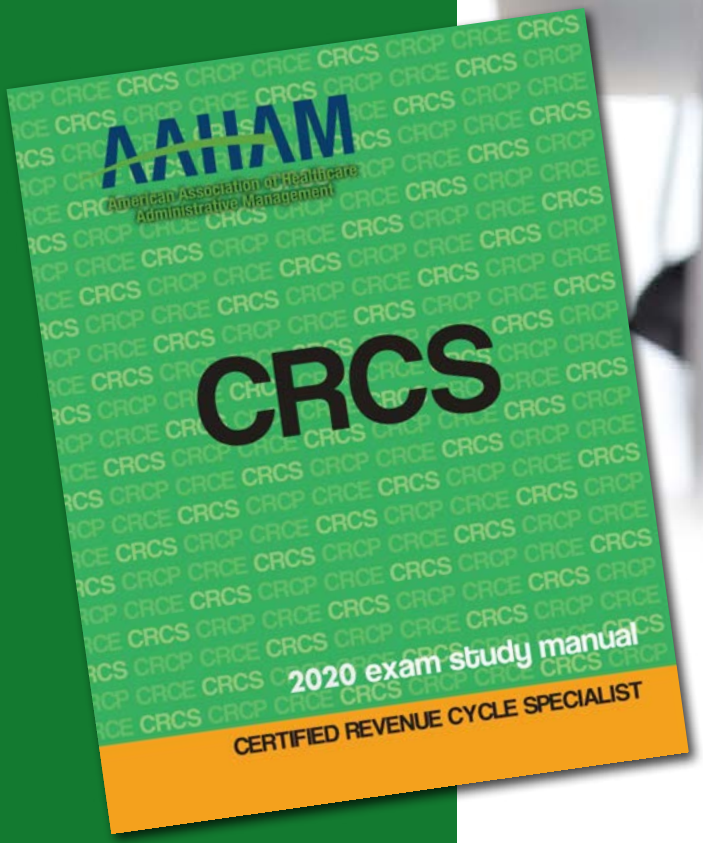
Local Chapter Involvement - Opportunities for peer networking, cutting edge training, education programs and leadership development at the local level

Discount Program - Receive discounts on products and services

CRCS
Certified Revenue Cycle Specialist

AAHAM certifications can give you a powerful competitive advantage with employers. Certifications demonstrate that you have mastered the common body of knowledge for your profession. AAHAM Study Manuals will help assist you in preparing for AAHAM certification programs. These manuals are the gateway to studying for and passing these exams. The manuals include review questions and study tips.

Log on to www.aaham.org for more information and to order your Exam Study Manual today!



2020 National Membership Application

Please Return to:
AAHAM Membership Department
11240 Waples Mill Road, Suite 200
Fairfax, VA 22030
Fax: 703.359.7562
Email: info@aaham.org

Name | Title

Employer Name | Email Address

Address □ Work

City | State | Zip | Country

Work Phone | Cell Phone | Secondary Email Address | Local Chapter

Address □ Home

City | State | Zip | Country

Membership Categories and Rates

* Local chapter dues may vary

NATIONAL MEMBERSHIP - The fee to become a National AAHAM member is $209. If you join between July 1st and August 31st, the dues are $160 for the rest of the current year. If you join between September 1st and December 31st, the fee is $250 for the rest of the current year and all of the following year.

FULL TIME STUDENT MEMBERSHIP - Students taking at least 12 credit hours per semester can join for free. You must submit proof of your full time status with this application. Student members receive the benefits of membership with the exception of voting, eligibility for professional or executive levels of certification, and cannot be a proxy for a chapter president at any national board meetings. If you are applying as a **Full Time Student Member**, please click here to join online or download the correct membership application.

PART TIME STUDENT MEMBERSHIP - The part time student membership fee is $50. If you join between July 1st and August 31st, the dues are $35 for the rest of the calendar year. If you join between, September 1st and December 31st, dues are $65 for the rest of the current year and all of the following year. **To qualify for the part time student membership you must currently be taking between 6-11 credit hours per semester and submit proof with this application.** Student members receive all the benefits of membership with the exception of voting, eligibility for executive and professional certification, and cannot be a proxy for a chapter president at any national board meetings.

AAHAM would like your consent to contact you through your cell phone in order to provide you with updates, notifications, and other information pertinent to your membership.

☐ I hereby expressly grant my consent to AAHAM to contact me through the cell phone number provided herein.

You may subsequently withdraw this consent by contacting:
AAHAM Membership Department
11240 Waples Mill Road, Suite 200, Fairfax, VA 22030
Phone: (703) 281-4043 Email: moayad@aaham.org

☐ I do not grant consent to AAHAM to contact me through my cell phone.

If referred by AAHAM member, please give their name:

Payment Method:
☐ Check/Money Order (Make Payable to AAHAM)
☐ Amex ☐ Visa ☐ MasterCard
Card Number:

Exp: _____ CVV2 Code: _____

Name *as it appears on card*:_____

Signature:_____

Billing Address for Credit Card:

PAYMENT TOTAL

NATIONAL DUES: _____

LOCAL DUES: _____

TOTAL ENCLOSED: _____

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. Approximately 4% of your annual dues are used for lobbying activities and are non-deductible.

Please note: AAHAM's membership year is from January to December, it is not anniversary based. Membership is on an individual, not institutional, basis and is non-transferable.

AAHAM
American Association of Healthcare Administrative Management
The Premier Organization for Revenue Cycle Professionals

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Fairfax, VA 22030
Fax: 703.359.7562
Email: info@aaham.org

2020 Full Time Student Membership Application

Name | Title

University Name | Email Address

Current Address

City | State | Zip | Country

Cell Phone | Major | Anticipated Graduation Date | Hours Taken This Semester

Permanent Address □

City | State | Zip | Country

Acceptable forms of proof of student status are:

- Current class schedule
- A signed statement for student faculty on college letterhead stating you are enrolled as a full time student taking at least 12 credit hours per semester. Please make sure to include email/phone number of professor signing the statement.

If referred by AAHAM member, please give their name:

AAHAM would like your consent to contact you through your cell phone in order to provide you with updates, notifications, and other information pertinent to your membership.

☐ I hereby expressly grant my consent to AAHAM to contact me through the cell phone number provided herein.

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Phone: (703) 281-4043 Email: moayad@aaham.org

☐ I do not grant consent to AAHAM to contact me through my cell phone.

Local Chapter Membership:

AAHAM has over 30 local chapters throughout the US and India. Local chapters offer you more opportunities for education and networking, and offer both in person and webinar educational opportunities. In addition, local chapters offer a great opportunity to obtain an industry leading healthcare certification which provides exceptional value to students when seeking employment in the healthcare field.

Upon receiving your full time student membership application, your local chapter will contact you to notify you of how to become involved in your local professional chapter.

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. Approximately 4% of your annual dues are used for lobbying activities and are non-deductible.

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Local Chapters

AAHAM has 30 chapters throughout the US and India. Local chapters offer you more opportunities for education and networking. Local chapters offer you more opportunities for education and networking, and offer both in person and webinar educational opportunities. In addition, local chapters offer a great opportunity to obtain an industry leading healthcare certification which provides exceptional value to students when seeking employment in the healthcare field. 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
Nebraska Aksarben #01	Nebraska	**$0.00**
Florida Sunshine #03	Florida	**$40.00**
Carolina #04	North & South Carolina	**$30.00**
Minnesota Gopher #06	Minnesota	**$40.00**
Iowa Hawkeye #07	Iowa	**$0.00**
Missouri Hawthorn #08	Missouri	**$45.00**
Illinois #09	Illinois	**$30.00**
Washington Inland Empire #10	Washington State, East of the Mountains	**$25.00**
Pennsylvania Keystone #11	Central Pennsylvania	**$25.00**
Maryland #13	Maryland	**$30.00**
Utah MountainWest #14	Utah	**$30.00**
New Jersey #16	New Jersey	**$40.00**
Ohio Western Reserve #18	Ohio	**$0.00**
Northeast PA #19	North East Pennsylvania	**$30.00**
Colorado Rocky Mountain #21	Colorado	**$20.00**
Maine Pine Tree #22	Maine	**$25.00**
North/South Dakota Rushmore #23	North & South Dakota	**$0.00**
Western Region #26	Arizona and California	**$0.00**
Virginia #27	Virginia	**$30.00**
Philadelphia #29	Philadelphia, Pennsylvania	**$35.00**
Georgia #33	Georgia	**$30.00**
Connecticut #34	Connecticut	**$35.00**
Pennsylvania Three Rivers #37	Pittsburgh, Pennsylvania	**$30.00**
Texas Bluebonnet #40	Texas	**$50.00**
Indiana #42	Indiana	**$25.00**
Wisconsin #44	Wisconsin	**$30.00**
Chennai #49	Chennai, India	**$0.00**
Tennessee Music City #53	Tennessee	**$35.00**
Vermont & New Hampshire Twin States #56	Vermont & New Hampshire	**$25.00**
Massachusetts #57	Massachusetts	**$85.00**

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

Position:
❑ CFO
❑ Consultant
❑ Director
❑ Executive Director
❑ Vice President
❑ Manager
❑ Patient Access Representative
❑ Partner, Principal, Owner
❑ PFS Representative
❑ Supervisor/Coordinator
❑ Other (please list)

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. Approximately 4% of your annual dues are used for lobbying activities and are non-deductible.

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NATIONAL CALENDAR

August 12, 2020 - AAHAM Webinar

August 17, 2020 - Registration deadline for November 2020 certification exams

August 26, 2020 - AAHAM Webinar

September 16, 2020 - AAHAM Webinar

October 7, 2020 - AAHAM Webinar

October 18-24, 2020 - Patient Account Management Week

November 2-13, 2020 - November 2020 certification exams

December 15, 2020 - Registration deadline for March 2021 certification exams

December 2, 2020 - AAHAM Webinar

December 31, 2020 - Legislative Advocacy Award Submission Deadline

October 13-15, 2021 - 2021 ANI, Hilton Baltimore, Baltimore, Maryland

THE JHAM NETWORK

Movers & Shakers

Don't forget to give us your information for the Movers & Shakers section of The Journal. This section includes job announcements (changes or promotions), birth and death announcements, and wedding announcements. Send your news to Sharon Galler at Sharon@aaham.org.

Chapters

Please send us notices of your upcoming events/meetings, chapter news and photos. We would be happy to post them for you!

Address Changes

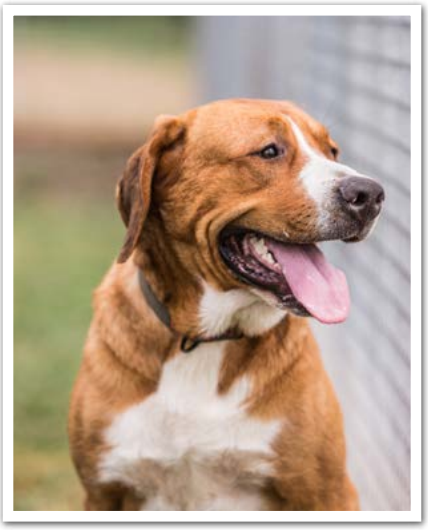
All address changes can be emailed to Moayad Zahralddin, moayad@aaham.org at the National Office or you can update your information yourself online at www.aaham.org.

Moayad Zahralddin

September 20 is Octoberfest

September 2020… Hispanic Heritage Month, International Square Dancing Month, National Blueberry Popsicle Month, National Courtesy Month, Chicken Month, Baby Safety Month, Little League Month, Self Improvement Month

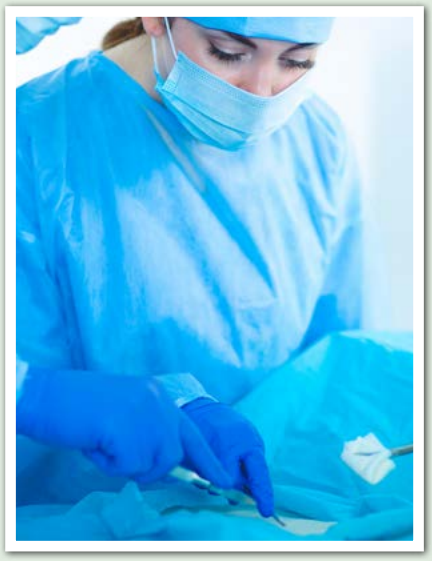
2 .....National Beheading Day
5 .....Be Late for Something Day
6 .....Fight Procrastination Day, Read a Book Day
7 .....Grandparent's Day
8 .....International Literacy Day
9 .....Teddy Bear Day
10 .....Swap Ideas Day
13 .....Fortune Cookie Day, National Peanut Day, Positive Thinking Day
14 .....National Pet Memorial Day -second Sunday in September
16 .....Mayflower Day, National Play Doh Day ,Working Parents Day
18 .....National Cheeseburger Day
19 .....International Talk Like A Pirate Day
20 .....Oktoberfest begins
21 .....International Peace Day, Miniature Golf Day, National Women's Friendship Day
22 .....Business Women's Day, Elephant Appreciation Day
23 .....Dog in Politics Day
28 .....Ask a Stupid Question Day, National Good Neighbor Day



Octoer is Adopt a Shelter Dog Month

October 2020… Adopt a Shelter Dog Month; Breast Cancer Awareness Month, Domestic Violence Awareness Month, National Diabetes Month, National Pizza Month, National Vegetarian Month, Sarcastic Month. Weekly Celebrations… Oct 1-7 Customer Service Week, Oct 8-14 Fire Prevention Week

1 .....World Vegetarian Day
5 .....Do Something Nice Day, Oktoberfest in Germany ends, World Teacher's Day
6 .....Mad Hatter Day, Physician Assistant Day
7 .....World Smile Day
8 .....American Touch Tag Day
11 .....It's My Party Day
14 .....Be Bald and Free Day, National Dessert Day
16 .....Bosses Day
17 .....Wear Something Gaudy Day
19 .....Evaluate Your Life Day
21 .....Babbling Day
23 .....National Mole Day
25 .....Make a Difference Day
26 .....Mother-In-Law Day
31 .....Increase Your Psychic Powers Day



November 14 is Operating Room Nurse Day

November 2020… Child Safety Protection Month, National Adoption Awareness Month, National Epilepsy Month, Native American Heritage Month, Peanut Butter Lovers Month, Real Jewelry Month, National Sleep Comfort Month

1 .....Book Lovers Day
2 .....Look for Circles Day, Deviled Egg Day
3 .....Election Day, Sandwich Day
6 .....Marooned without a Compass Day
8 .....Cook Something Bold Day, Dunce Day
11 .....Veteran's Day
13 .....Sadie Hawkins Day, World Kindness Day
14 .....Operating Room Nurse Day
15 .....Clean Your Refrigerator Day, America Recycles Day
16 .....Have a Party With Your Bear Day
17 .....World Peace Day
20 .....Absurdity Day, Universal Children's Day
22 .....National Adoption Day
26 .....Shopping Reminder Day
29 .....Square Dance Day
30 .....Stay At Home Because You Are Well Day