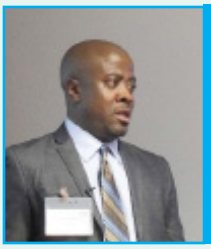
American Association of Healthcare Administrative Management
MN Gopher Chapter

Gopher Tracks

2017 Payer Panel and Ed Norwood Boot Camp
CentraCare Plaza
St. Cloud, MN
March 14-15

2017 Payer Panel Participants

MN Department of Labor and Industry
Blue Cross of Minnesota
National Government Services
Minnesota Department of Human Services
HealthPartners
PreferredOne
Medica
U Care



Ed Norwood Boot Camp

Track A:
Access to Care Denials

Conference Details and Registration Coming Soon

Conference Lodging Available at Kelly Inn Best Western Plus

President's Message

Marie Murphy

Fellow AAHAM Members,

I would like to start by saying Thank You to 2016 -2017 MN AAHAM Board of Directors, I believe we have an outstanding board that is set to continue to strive to "Raise the Level".

We ended our year with a great fall conference at the Best Western in St. Cloud, our highlighted presenter Day Equsquiza provided us a wealth of information, and I would like to say thank you to everyone who helped put together the conference.

This past year our national AAHAM president, John Currier challenged each of the chapters to "raise the level", and I truly feel the Gopher chapter as met that challenge. Our chapter has now reached a total of 100 national members, membership growth has been a personal action item of mine, and I am proud of the level of national members our chapter now has. AAHAM is a great organization which gives our members the opportunity for education and networking with our peers.

As we come to the end of 2016, I want to take a moment to wish each of you a blessed holiday season. I often reflect this time of year of all the blessings that I have, and our chapter is blessed to have each of you as members.

We will be back in St. Cloud for our spring payer panel, which will be hosted by our members at CentraCare. Also, we are excited to have Ed Norwood back for additional education during our spring meeting.

I look forward to seeing everyone back in St. Cloud in 2017.

Respectfully,

Marie Murphy

AAHAM Gopher Chapter President

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.

What needs to be done?

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.

Pam Brindley

Payer Panel/ Ed Norwood Boot Camp headline two day conference on March 14-15

For all those who attended the MN AAHAM Fall Conference, the Ed Norwood Success Stories showed that his workshops make a huge difference in recoveries. On Wednesday, March 15th, the day after the Payer Panel, Ed will present his second workshop: PCCP Accelerated: Mastering Federal and State Appeals, Dispute and Prompt Payment Laws – Track A. Last March he presented Track B. Track A will be new tools to help us be successful. Topics in Track A cover access to care denials:

- Disagreement of Care
- Emergency Service & Transfer Denials
- Post Stabilization Service & Transfer Denials
- VA Access to Care & payment Failures
- Unauthorized Treatment
- Medical Necessity Denials
- Retroactive Denials
- Untimely Payment

2017 Payer Panel Participants:

- MN Department of Labor and Industry
- Blue Cross of Minnesota
- National Government Services
- Minnesota Department of Human Services
- HealthPartners
- PreferredOne
- Medica
- U Care

CentraCare Plaza in St. Cloud, MN will be the host for the upcoming Payer Panel/ Ed Norwood Boot Camp on March 14-15, 2017.

Our host this year is Ruth Fladmark, Manager, Patient Financial Services, at CentraCare Health in St. Cloud, MN. The conference will be held at CentraCare Health in the Plaza Building at 1900 CentraCare Circle in St. Cloud, MN.

Speaking of the Payer Panel, for Tuesday March 14th we have confirmed that all our Payers will be returning to join us for the day and network at lunch. We have also invited them to our Tuesday evening Social at the Kelly Inn Best Western Plus in St. Cloud. We will again have very affordable room rates at $89 per night.

And finally, don't forget, we will play the popular Head/ Tails game to raise money for a charity. As CentraCare is our host, they get to pick their favorite one.

Sponsor Spotlight

Avadyne Health/ Gold Sponsor

Avadyne Health provides outsourced revenue cycle services and proprietary workflow software to hospitals and health systems to optimize financial results and elevate the Patient Financial Experience. Our experience encompasses over 27 years in self-pay resolution and 45 years in bad debt collection. We serve more than 285 providers in 31 states and handle over $3 billion in new account placements and 5 million patients annually.

Our professional certification in revenue cycle, formal customer service program, patient satisfaction survey, predictive dialing, proprietary algorithms for accurate predictive modeling and robust analytics focus on accelerating cash, improving cost savings, fostering loyalty and providing a seamless Patient Financial Experience.

Products and Services offered:

Outsourced Services
Pre-Service Financial Clearance
Early Out/Self Pay Account Resolution
Bad Debt Collection
Technology
Patient Access
Financial Counseling
Business Office
Denial Management

Pam Brindley
866.812.2149

https://www.avadynehealth.com/
800-973-9890

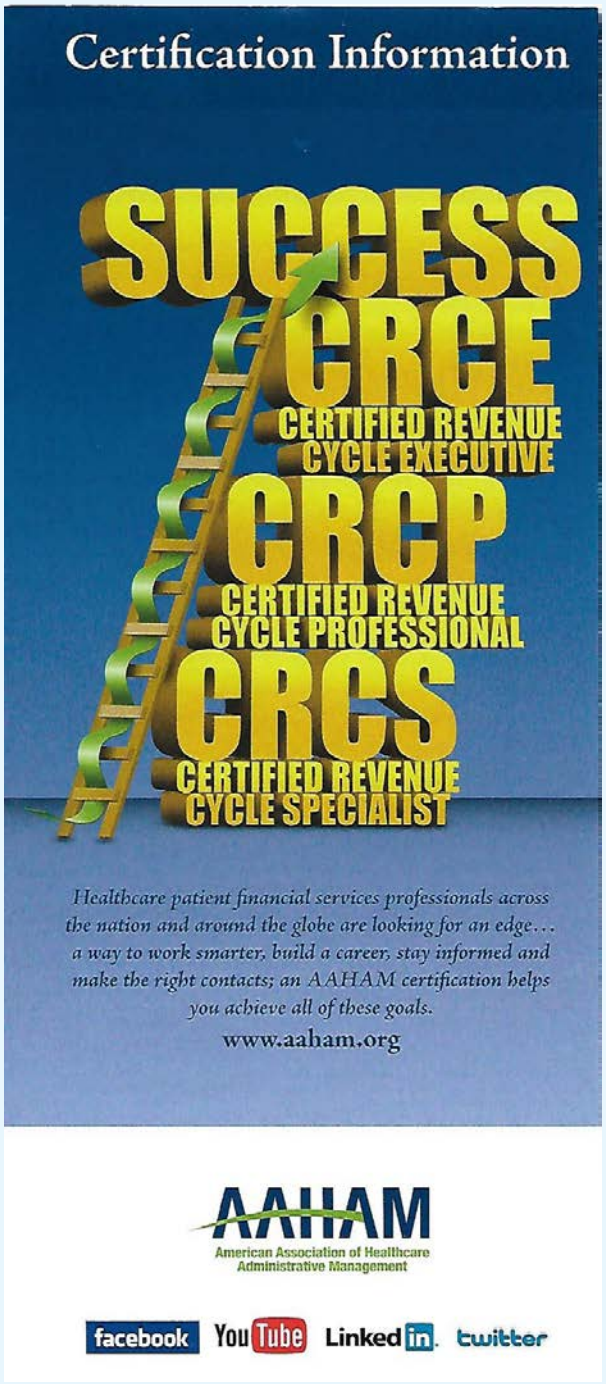
Certification Up Date

National AAHAM

On behalf of the Gopher Chapter we once again want to thank everyone who recently proctored certification exams and congratulate the individuals who have studied hard and passed their professional and technical exams. Thanks to all the employer's that have given their employee's the opportunity to invest in their personal growth and their professional future in earning an AAHAM certification.

Why earn an AAHAM certification?

AAHAM certification is an investment in your personal growth and your professional future. For over forty years, AAHAM's elite certification program has set the standard of excellence in patient financial services and the revenue cycle. It doesn't matter whether you are new to the healthcare revenue cycle or are a seasoned veteran, our family of AAHAM certification examinations offer a complete career ladder beginning with the Certified Revenue Cycle Specialist and culminating with the Certified Revenue Cycle Executive. We have a certification that will help advance your career. Plus the learning doesn't stop once you have obtained certification. Our certifications are maintained through a continuous education process. This assures you stay abreast of the important changes and updates that continually occur in our rapidly changing healthcare environment.



AAHAM certification options include:

The AAHAM Certified Revenue Cycle Executive

The AAHAM Certified Revenue Cycle Professional

The AAHAM Certified Revenue Integrity Professional

The AAHAM Certified Revenue Cycle Specialist

The AAHAM Certified Compliance Technician

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

2017 Certification Calendar

December 15, 2016
Registration deadline for March 2017 Exam Period
March 13-24, 2017
March 2017 Exam Period

April 17, 2017
Registration deadline for July 2017 Exam Period
July 10-21, 2017
July 2017 Exam Period

August 15, 2017
Registration deadline for November 2017 Exam Period
November 6-17, 2017
November 2017 Exam Period

December 15, 2017
Registration deadline for March 2018 Exam Period

Certification Benefits

National AAHAM

How does certification benefit an individual?

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

Earning certification can help you by:

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

How does certification benefit an employer?

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

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

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

Fall Conference 2017

November 15-16, 2017

Day Egusquiza to Return as Keynote Speaker

On the MN AAHAM Fall Conference 2016 evaluation forms, an overwhelming number of attendees indicated that they would like Day Egusquiza to return as a speaker at the next MN AAHAM Fall Conference. Day has committed to the conference which will be held again in St. Cloud, MN at the Best Western Plus Kelly Inn on November 15-16, 2017.

Charity Program Recap

Pam Brindley

At the fall conference, President Marie Murphy presented $405 to LifeSource which is a non-profit organization dedicated to saving lives through organ, eye and tissue donation in the Upper Midwest. They serve the 7 million people who live in communities across Minnesota, North Dakota, South Dakota and portions of western Wisconsin.

They are dedicated to working with our hospital and community partners to support donor families, facilitate the donation of organs, eyes and tissues to transplant recipients and encourage the people in our communities to register as donors. Your support helps sustain our programs to increase donor designation and support families of organ, eye and tissue donors.

Prepaid Debit Cards

Dawn Lunde

Prepaid debit cards have become a popular from of payment from insurers due to the fact that they cost insurers less. For example, an ACH or wire transfer payments can cost the insurer anywhere from ten-dollars or up to 2 to 4 percent of the transaction. Also, paper checks can be costly to produce and can have security issues if lost in the mail.

However, health care providers now have to bear the brunt of the associated costs in the form of card processing fees by using prepaid debit cards.

While you are able to process these prepaid debit cards in Secure Bill Pay, you don't have to accept them from insurers. Many hospitals and clinics have been successful in blocking this form of payment and requiring the insurer to send a check to save them the card processing fees.

You may want to contact your payer as well if you do not want to receive the cards as payment.

Welcome to Secure Bill Pay's video blog. Today we'll be discussing the growing trend of insurance companies paying health care providers with prepaid debit cards. Click on the link below for the video presentation:

http://getpaidfaster.securebillpay.net/blog/are-you-accepting-virtual-debit-cards-from-insurance-companies?

Norwood Success Story

Rose Hockett

Per Ed Norwood: Here is the information on timely filing when the patient hasn't notified us of coverage. It is 180 days or contractual from the date the patient gives us the information.

Last week, I spoke with Pam Gergen, Audit Director at the Enforcement Division of the Minnesota Department of Commerce regarding the timeframes to file claims under §62Q.75 Subd. 3, which states:

Claims filing. Unless otherwise provided by contract, by section 16A.124, subdivision 4a, or by federal law, the health care providers and facilities specified in subdivision 2 must submit their charges to a health plan company or third-party administrator within six months from the date of service or the date the health care provider knew or was informed of the correct name and address of the responsible health plan company or third-party administrator, whichever is later. A health care provider or facility that does not make an initial submission of charges within the six-month period shall not be reimbursed for the charge and may not collect the charge from the recipient of the service or any other payer. The six-month submission requirement may be extended to 12 months in cases where a health care provider or facility specified in subdivision 2 has determined and can substantiate that it has experienced a significant disruption to normal operations that materially affects the ability to conduct business in a normal manner and to submit claims on a timely basis. Any request by a health care provider or facility specified in subdivision 2 for an exception to a contractually defined claims submission timeline must be reviewed and acted upon by the health plan company within the same time frame as the contractually agreed upon claims filing timeline...."

Rose Hockett
Director, Business Services
St. Luke's Hospital/Lake View Hospital

AUC Operations Alert

Dave Haugen

Alert: Phishing Email Disguised as Official OCR Audit Communication

It has come to our attention that a phishing email is being circulated on mock HHS Departmental letterhead under the signature of OCR's Director, Jocelyn Samuels. This email appears to be an official government communication, and targets employees of HIPAA covered entities and their business associates.

The email prompts recipients to click a link regarding possible inclusion in the HIPAA Privacy, Security, and Breach Rules Audit Program. The link directs individuals to a non-governmental website marketing a firm's cybersecurity services.

In no way is this firm associated with the U.S. Department of Health and Human Services or the Office for Civil Rights. We take the unauthorized use of this material by this firm very seriously. In the event that you or your organization has a question as to whether it has received an official communication from our agency regarding a HIPAA audit, please contact us via email at OSOCRAudit@hhs.gov.

Always invest in yourself

What benefits does my $190* annual national AAHAM membership fee get me?

- $100 discounted registration fee for the AAHAM Annual National Institute
- $90 discounted registration fee for AAHAM webinars
- $100 discounted registration fee for AAHAM Legislative Day
- $9,000 in continuing education scholarships awarded annually to members, children and grandchildren of members (*additional scholarships may be available at your local chapter)*
- Certification opportunities to advance your career
- Access to other revenue cycle professionals through the AAHAM membership directory
- Certification continuing education credits, no need to re-test after certified
- AAHAM Member's Only listserve
- Unlimited networking with other revenue cycle professionals

* Local chapter dues may vary

"Do something today that your future self will thank you for."

Healthcare revenue cycle professionals across the nation and around the globe are looking for an edge… a way to work smarter, build a career, stay informed and make the right contacts. Your membership in AAHAM helps you achieve all of these goals. Make an investment in yourself and in your career!

For less than $16.00 a month, you can invest in yourself through AAHAM!

Join the thousands of other revenue cycle professionals that utilize the AAHAM network of peers to get answers to their questions and to strengthen their careers.

"Being AAHAM certified has resulted in a big pay hike for me"

"I value my AAHAM membership for the wonderful educational benefits and all the fun and networking"

"Through my AAHAM membership, I have developed professional networks that I tap into routinely and have developed friendships that will last a lifetime"

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MN Gopher Chapter

Convention Candids

Rose Hockett and Joan Krause

Joe Schindler, MN Hosptial Association

Rochelle Dahmen, Eide Bailly

John Currier, National AAHAM

Richard Rogers, National AAHAM

Day Equsquiza, AR Systems.

Marie Murphy, Chapter President

Mark Kloster, Credit Collections Bureau.

Kimberly George, Xtend Healthcare.

Scott Strittmater, Tri State Adjustments.

Dawn Lunde, Secure Bill Pay.

Break time.

Greg Young, IC System.

AAHAM
American Association of Healthcare Administrative Management
MN Gopher Chapter

Convention Candids

Rose Hockett and Joan Krause

Courtney Dilley, First Time Attendee

Jill Richards, Nemadji Research.

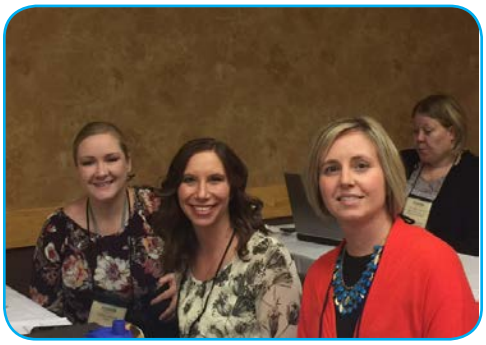
Christopher Fisher and Jason Rhode, HFMI get Photo Bombed!

Roberta Collins at the Rycan booth.

Anne Bofferding and Tony Matt, Rycan.

Paula Bonneville, North Clinic.

Paula Bonneville and Mary Donnay.



Attendees from Willmar, MN.

Wednesday night social.

Robert talks about Lifesource.

Jamie Weappa with Lifesource speakers.

Wednesday night social.

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American Association of Healthcare Administrative Management

Legislative Day

May 1-2, 2017

The 2016 Legislative Day will be held at the Hyatt Regency Washington on Capitol Hill, Washington, D.C. from May 1-2, 2017.

There is Plenty to Talk About...

2017 marks the thirteenth year AAHAM has brought members together with their elected officials at the AAHAM Legislative Day. We need your support to make sure our voices are heard.

* When grassroots advocates from around the nation unite, shaping healthcare policy becomes more effective. Once we receive your registration, we'll schedule meetings with your Senator and Representative.

* Before going to Capitol Hill you will be given issue overviews, talking points and any other information you need to make our case

* Although the idea of meeting with elected officials may seem daunting, those that have met with them report very positive experiences. Remember, your elected officials work for you!

Bring others from your chapter as well as from your facility AAHAM encourages you to bring other chapter members and coworkers along for this fantastic learning experience.

Click on the Links below for more information:

Download the registration brochure

Online Member Registration

Online Non-Member Registration

Sponsorship Opportunities

Where & When

Hyatt Regency Capitol Hill

Washington, DC
May 1-2, 2017

#AAHAMLD2017

#AAHAMRaisethelevel

Sponsor Spotlight

Magnet Solutions/ Platinum Sponsor

Founded in 1932, Accelerated Receivables Solutions (ARS) is a second generation, family owned Nebraska company since 1976. ARS has over 80 years of expertise serving the Accounts Receivable Management (ARM) needs of our diverse client portfolio of hospitals and other healthcare providers. What does this mean for you as a Partner?

- In-house counsel, with over 15 years of industry experience
- Highly trained and experienced team of agents with healthcare expertise
- Consistently exceeding industry liquidation benchmarks with a focus on Partner reputation

1999 brought the founding of Magnet Solutions, as a sister company to the already well-established ARS. Magnet Solutions' inception was in response to an emerging demand for solutions to a ballooning self-pay receivable in the healthcare industry. Magnet Solutions responded quickly to the demand and introduced a service that was cutting edge in self-pay account management. How did we get here and what does it mean for you as our Partner?

- Investment in State-of-the-Art technology
- Staff development from top industry experts resulting in highly skilled and certified Customer Service Representatives with high standards for meeting patient needs and partner expectation
- Self-Pay receivables liquidation on average 38% higher than our partners achieved in-house
- We become an extension of your in-house business office operation, acting as financial counselors on your behalf. Our financial counselors get results, period.

The combination of these two companies and the strengths they embody make for a powerful solution in the liquidation of a partner's patient responsibility receivables. From the customer service focused Extended Business Office of Magnet Solutions, to the compassionate, yet matter of fact approach to bad debt collection by Accelerated Receivables Solutions, we have a custom tailored solution to drive positive Cash and Cash-Flow for each of our partners.

For more information on how you can energize the liquidation of your self-pay receivables and reduce their cost to collect, please call

Rick Rogers
888.302.8444
or visit
www.ar-solutions.biz
or
www.magnetsolutions.biz

HOSPITALS

Challenges and Solutions

The Future of Rural Health Care

Few topics are as emotional and personal as health care. Imagine your child breaking an arm playing football in the backyard, your mother calling to relay some bad news about your father's health after a visit to the doctor or your sibling telling you about an upcoming battle with cancer. Fear, anger, sorrow, uncertainty and other emotions flood over you instantly. It's inevitable that everyone will face health care issues in one form or another.

But rural Americans are suffering unique health care challenges that urban residents typically do not face. Simply accessing health care can be a significant hurdle for many. Even more challenging may be finding affordable care.

Defining Rural

The U.S. Census Bureau identifies two categories of urban areas: the first is an urbanized area of 50,000 or more people, including cities and metropolitan areas; the second is an urban cluster of at least 2,500 and less than 50,000 people, including suburbs and large towns. Rural encompasses all population, housing, and territory not included within either of the designated urban area definitions. According to 2010 census data, approximately 20% to 25% of the U.S. population lives in rural areas.

Typical demographic trends of rural areas include lower median incomes, a high proportion of seniors, higher acuity levels and lower life-expectancies. Based on 2010 census data, per capita income is on average $7,417 lower in rural areas than in urban areas, and rural Americans have a higher likelihood of living below the poverty level. According to the Rural Health Foundation, nearly 24% of children in rural areas live in poverty. And as younger residents leave home to attend colleges and universities, or seek employment in urban centers, the remaining population in the rural communities they leave behind becomes older. The fastest growing age cohort in rural America are residents 85 years old and above.[1]

Rural populations typically have high numbers of lower income and aged residents, and there are specific ailments that impact these communities at a higher rate than urban communities. Obesity, lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease are statistically more common in rural areas. Finally, the gap between urban and rural life expectancies is growing. According to a 2014 study published in American Journal of Preventive Medicine, consistent overall increases in U.S. life expectancy was noted during the past 40 years, from 70.8 years in 1970 to 78.7 years in 2010. However, the study reveals the rural-urban gap widening from 0.4 years in 1969 to 1971 to 2 years in 2005 to 2009.[2]

To make matters worse, the providers of rural health care suffer alongside the populations they serve. From reimbursement cuts to a suffocating regulatory environment, smaller facilities located outside urban and suburban population centers have a more difficult path to managing cash flow and scaling fixed costs. This article will focus on two of the primary challenges that both residents and providers face in rural communities.

Challenge One: Access to Health Care

In most U.S. cities, access to physicians and hospitals is a quick drive, a cheap public transit fare, or a taxi ride away. However, people in rural settings are likely to live further away from health care providers, particularly specialist services. Additionally, the deficiency of dependable transportation can be a barrier. Transportation services that exist in urban areas are often lacking or non-existent in rural areas.

Besides the geographical barriers to accessing health care, there are fewer providers. As noted earlier, about 20% to 25% of the population is rural; however, only about 10% of physicians practice in these communities.[3] Ask any rural hospital or skilled nursing CEO to list the top issues in the industry; most would likely tab finding qualified staff as a key concern. Per "Healthy People 2010: A Companion Document for Rural Areas," a project funded by the Office of Rural Health Policy, more than 33% of rural Americans live in "health professional shortage areas," and nearly 82% of rural counties are classified as "medically underserved areas."

Compounding these issues is the rate at which rural health care facilities are shutting down. The National Rural Health

1. "The Demographics of Aging," http://transgenerational.org/aging/demographics.htm
2. "Widening Rural-Urban Disparities in Life Expectancy, U..S., 1969-2009," http://www.ajpmonline.org/article/S0749-3797(13)00590-4/pdf
3. "Primary Care: Current Problems And Proposed Solutions," http://content.healthaffairs.org/content/29/5/799.full

Association recently teamed with the University of North Carolina and iVantage, a health analytics firm, to conduct a study that identifies current and potential rural hospital closures.[4] The ultimate goal is to identify potential closings before they occur. The research targeted approximately 2,000 rural hospitals across the country, and labeled 210 as "most vulnerable" with another 463 labeled as "at risk." Those dubbed "most vulnerable" could close any day, while "at risk" ratings are reserved for hospitals that may only last another few years without adjustment. Ultimately, closing these sites will not only have a negative impact on the access to care in the service area, but also eliminate a top employer in the community.

Challenge Two: Affordability

With a new presidential administration on the horizon, the future of the Affordable Care Act (ACA) is unclear. The general purpose of the ACA was to create more affordable health insurance for the uninsured, thereby reducing the drain on the health care system created by caring for the uninsured. According to "The Affordable Care Act and Insurance Coverage in Rural Areas," a 2014 report, rural populations have a larger proportion of low-income residents who could potentially benefit from the ACA to receive health insurance coverage.

However, approximately 66% of uninsured rural individuals live in states that chose not to expand Medicaid. In some states that chose to expand, the enrollment has far exceeded the projections, which has caused strain on the Medicaid funds from the state. Additionally, several national insurers have pulled out of the ACA state exchanges as their losses piled up. In some cases, to offset losses, premiums on employer-provided insurance plans have increased, creating strains on small businesses subsidizing these plans to employees. Limited employment opportunities combined with mounting health care premiums continue to drive costs higher. Ultimately, these factors equate to rural individuals having fewer affordable health insurance choices.

Aside from the ACA complications, Medicare payment systems and reimbursement practices typically do not acknowledge the distinctive situations of small and rural hospitals. These hospitals are disproportionately impacted by the continual cuts to Medicare reimbursements, including the bad-debt program and disproportionate-share hospital payments. At some facilities, the average age of plant for health care and hospital facilities far exceeds acceptable levels. Improvements to the physical plant and the demand for new information systems climbs, yet access to capital financing can be limited. Reinvesting in the facility is difficult with dwindling revenues and limited financing options.

Solutions and Paths Forward

Though the landscape seems bleak, not all hope is lost. Many rural health facilities are using rural clinics, allowing them to open smaller yet impactful health care facilities across their service areas. This model allows for easier access to general care, but still limits the ability to access specialty care, such as cancer treatment centers or heart specialists. Accessibility is also being driven by new delivery methods, like telehealth, online prescription subscriptions and delivery services and 24/7 on-call doctors via the internet. Supplementing hands-on care with technology should allow greater access as long as communities become connected.

Health care organizations must also address affordability in expense reductions. Specialized consulting groups, such as Health Care Resource Group, focus on working with smaller rural facilities to navigate through difficult waters and improve operations.

A thoughtful capital structure is a good way for hospitals to address expense reductions through minimizing debt service payments. Several financing programs are available to rural hospitals that can address the need to reinvest in their facilities through expansion, acquisition, rehabilitation, or even a modern replacement facility and meet the needs of the community. The USDA Community Facilities Program is reserved for rural nonprofit organizations, including hospitals and skilled nursing facilities, and provides below market fixed-rate, long-term, non-recourse financing for construction and refinance. Other non-recourse financing solutions include the Federal Housing Administration (FHA) Sec. 242 mortgage insurance programs, which also provide agency-insured, long-term, fixed-rate debt at relatively high leverage points.

The aforementioned challenges in rural communities impact a significant portion of the U.S. on a daily basis. Simply accessing affordable health care is something the majority of the nation may take for granted. Without strategic financial action, our rural health care system will continue to face obstacles that severely inhibit community members from receiving necessary care.

Brett Murphy is a vice president with Lancaster Pollard in Chicago. He may be reached at bmurphy@lancasterpollard.com.

4. "Rural Relevance - Vulnerability to Value," iVantage Health Analytics, 2016.

Four Myths Debunked

Priscilla Holland

4 Myths About the Healthcare EFT Standard, Debunked

By Priscilla Holland, Senior Director, Healthcare Payments, NACHA – The Electronic Payments Association. NACHA serves as the standards organization for the healthcare EFT standard. The NACHA Operating Rules govern the ACH Network, through which healthcare EFT standard transactions are processed.

While it's been in effect since January 2014, the Healthcare EFT Standard via ACH is still a source of confusion for many medical providers.

The standard allows providers to request that claims payments be made using EFTs instead of paper checks—that is, electronically transferred from the insurer to the provider's bank account via ACH, similar to direct deposit. Health plans are required, by law, to comply.

Converting to EFTs via ACH can result in substantial cost and time savings for healthcare practices. Yet, because the standard is still relatively new, many providers have received misinformation about EFTs via ACH that could be deterring them from making the switch.

Here are four common myths about the Healthcare EFT Standard and the reasons they're false:

Myth: Enrollment is difficult.
In fact, new operating rules have standardized sign-up data requirements for providers, so the process is the same, no matter the health plan.

Additionally, the CAQH Enroll Hub allows providers to fill out one form and enroll with multiple insurance carriers all at once. Clearinghouses can also assist providers with the enrollment process.

Myth: Receiving healthcare EFTs via ACH is costly and requires special equipment.
Actually, the only item required to receive EFT via ACH payments is a bank account, and signing up costs nothing.

What's more, EFTs via ACH are more cost effective than many other forms of payment, including checks and virtual cards. Providers see an average savings of $3.04 for every claims check converted to an ACH payment.

When EFTs are used in combination with ERAs—which allows for automated reconciliation of EFT and ERA and automated posting—cost and time savings increase even more. Providers can save $7.21 per payment when they switch from checks and explanations of benefits to EFT and ERA.

Some practices may need to upgrade their practice management or accounting software to accommodate automated posting, but it's not necessary if a provider simply wants to receive EFTs.

Myth: Healthcare EFTs via ACH are less secure than other methods of payment.
In reality, healthcare EFTs via ACH are among the safest forms of payment available.

Funds are transferred directly from bank account to bank account via the ACH Network, which has been in use since the 1970s. Because EFTs are entirely electronic, using them eliminates the risk of a check being lost or stolen.

Myth: Not all health plans offer the Healthcare EFT Standard.
Health plans have been required by law, since January 2014, to offer the Healthcare EFT Standard via ACH to any provider who requests it. If a health plan refuses to offer the Healthcare EFT Standard via ACH, providers should speak with the company's compliance officer and, if necessary, file a HIPAA violation.

Additionally, some health plans are offering virtual cards for claims payments instead of EFTs and believe that this complies with the standard. It does not. The healthcare EFT standard is the NACHA CCD+ and must flow through the ACH Network. Providers have the option to say no to virtual cards, and all health plans must offer the healthcare EFT standard via ACH if it is requested.

It's easy to be misled by incorrect information, especially when it revolves around a new standard. To get the facts on the Healthcare EFT Standard, providers should always turn to reliable sources to research any outside information they receive. There are plenty of sources available online, including NACHA's Healthcare Payment website, NACHA's ACH Primer for Healthcare, and the American Medical Association's EFT Toolkit and ERA Toolkit.

Introducing New Board Members for 2017

Board
Ruth Fladmark

Ruth previously worked in the trucking industry for 18 years, and then in 2000 she started working for the St. Cloud Hospital. She started out with the St. Cloud Hospital as a claims analyst for the Commercial insurances. In the position as a Claims Analyst for the Commercial Billing she billed claims out to insurances, followed up with insurances, work denials and credits. She moved to working onsite at the St. Cloud Hospital for several years billing claims for our Long Prairie and Melrose Critical Access hospitals. Along with being onsite she helped customers that came in for help with their claims questions, took payments and anything else they needed help with. When they went to EPIC in 2010 there was a lot of set up that needed to be done prior to going live. She helped with the implementation of the Charge Master. Once they went up on Epic she went back to a Claims Analyst working with the Blue Cross team. During this time as a Blue Cross analyst she was also a Super User for the Commercial Billing teams. She took questions and EPIC issues they had to the build team for resolution. She is currently employed as the Manager of the Commercial Billing teams as well as the RTE team for CentraCare Health/St Cloud Hospital. She enjoys working with the teams and helping them learn and grow.

She became involved in AAHAM when her Director at the time wanted her to become certified with AAHAM. She has since attended several AAHAM seminars and enjoyed them.

Board
Kelly Swearingen

Kelly has worked at North Shore Health for over 23 years, working in Revenue Cycle and Accounting. In November of 2014, she became the Assistant Controller and oversees the operations of their Registration and Business Office departments. She is a former member of HFMA and a current member of AAHAM. She has a Bachelor of Science degree in Education from St. Cloud State University. In April she was accepted and is taking part in, Leading Age of Minnesota's Leadership Academy for one year.

She lives in Grand Marais, MN with her husband, her 20 year old son, and her two Labrador Retrievers. She enjoys fishing, baking, time at her family cabin, curling, playing cards and spending time with her family and friends.

Congratulations to the following board members who were elected for another term:

2nd VP
Rhonda Helgeson

Treasurer
Dawn Buck

Certification Chair
Sandra R Pawelk CRCE-P,CRCE-I

MN AAHAM Officers/ Board of Directors and Committee Chairs

Officers

President: Marie Murphy, CHFP/ 2017

Eide Bailly LLP
4310 17th Ave S
Fargo, ND 58108
Phone: 701-476-8321
Email: MCMurphy@eidebailly.com

1st Vice President: Pam Brindley, CHFP/ CRCS-I/ CRCS-P/ CCAE/ 2017
Avadyne Health
85250 Apple Hill Road
Bayfield, WI 54814
Phone: 866-812-2149
Email: pbrindley@avadynehealth.com

2nd Vice President: Rhonda Helgeson/ 2017

Tri-State Adjustments
3439 East Ave S
La Crosse, WI 54601
Phone: 800-562-3906
Email: rhonda@wecollectmore.com

Secretary: Sharese Haddy, CRCS-I, P/ 2017

Mayo Clinic Health System
2200 NW 26th St.
Owatonna, MN 55060
Phone: 507-446-7368
Email: haddy.sharese@mayo.edu

Treasurer: Dawn Buck/ 2017

Mille Lacs Health System
200 North Elm Street
Onamia, MN 56359-0800
Phone: 320-532-2641
Email: dbuck@mlhealth.org

Board Chair: Richard Rogers, CRCE-I/ 2017

ARS / Magnet Solutions
1822 North 60th Street
Milwaukee, WI 53208
Phone: 414-690-6099
888-302-8444 (O)
Email: richard.rogers@ar-solutions.biz

Board of Directors

Ruth Fladmark/ 2017

CentraCare Health
1406 Sixth Avenue North
St. Cloud, MN 56303
Phone: 320-251-2700
Email: FladmarkR@centracare.com

Kelly Swearingen/ 2017

North Shore Health
515 5th Avenue West
Grand Marais, MN 55604
Phone: 218-387-3277
Email: kelly.swearingen@northshorehealth.com

Sandra Pawelk, CRCE-P/CRCE-I/ 2017

Elim Care, Inc.
1520 Wyman Ave.
Maple Plain, MN 55359
612-272-8451
Email: jspawelk@tds.net

Jamie Weappa/ 2017

1001 9th Avenue North
Sauk Rapids, MN 56379
Phone: 320-266-0973
bjweappa@q.com

Greg Young/ 2017

I.C. System, Inc.
12527 Central Ave.
Suite 220
Blaine, MN 55434
Phone: 612-275-0351
Email: gyoung@icsystem.com

Membership/ Mailing List

Tom Osberg

Colltech, Inc.
15600 35TH Ave N, #201
Plymouth, MN 55447
Phone: (800)487-3888
F: (763)553-1655
Email: tosberg@colltechinc.com

Committee Chairs

By-laws	Richard Rogers
Certification	Sandra Pawelk
Chapter Excellence	Sandra Pawelk
Community Service	Jamie Weappa
Corporate Sponsors	Richard Rogers
Education	Pam Brindley and Rhonda Helgeson
Legislative	Janet Curtis
Membership	Tom Osberg
Publications	Pam and John Brindley
Scholarship	Janet Curtis (ANI), Janet Curtis (LEG)
Website	Richard Rogers
Welcoming	John Brindley

MN AAHAM
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TruBridge RYCAN	TruBridge Rycan E: kelly.morgan@trubridge.com	Kelly Morgan	877.543.3635

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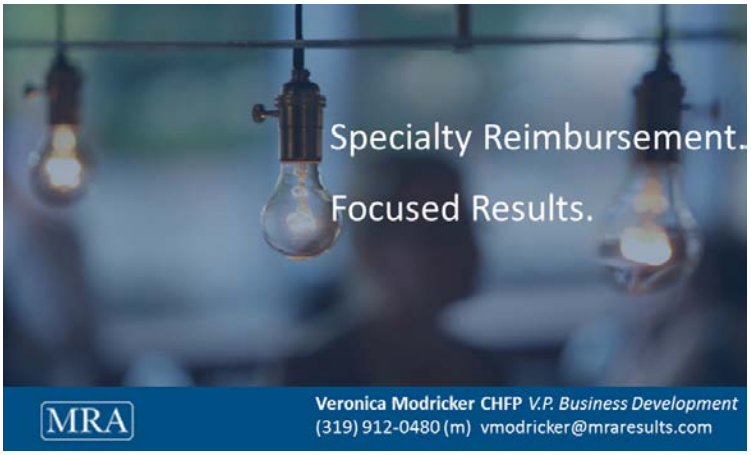

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Mike Korte
Sales Manager
800-391-6460
507-280-7072 direct

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COLLTECH
Collection Technique & Technology

Tom Osberg
Vice President/Partner

15600 - 35th Ave. N., #201
Plymouth, MN 55447
www.colltechinc.com
tosberg@colltechinc.com

Toll: (800) 487-3888
Direct: (763) 274-1297
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Mary Donnay
Account Executive
P.O. Box 2270, St. Cloud, MN 56301
Phone: (800) 950-7188 Cell: (320) 260-8204
Email: Mary@CollectionResources.net

The Officers and Board of Directors would like to express out gratitude to our Corporate Sponsors for their continued support of our mission. It is through your support that we are able to deliver on our mission of providing top quality educational resources to our members. In addition, your sponsorship helps our chapter engage lawmakers in the important work of legislation which impacts our industry on the state as well as national level.

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

Advertising Rates

Business Card size	$25.00
1/4 page ad	$50.00
1/2 page ad	$70.00
Full page ad	$100.00

Advertisers will receive 25% discount with 1 year commitment when paid inadvance. All ads must be camera ready.
In addition, members can advertise positions for free in the Gopher Tracks.
Non-members will pay a $25.00 fee to advertise in the Gopher Tracks.
There is also advertising available on our website for a fee.
Contact jbrindley54@gmail.com for more information if needed.

MN Gopher *AAHAM* Chapter Scholarship Program

gibility

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

nts

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

ne: _____ Phone: _____ Email: _____

lress: _____

nature: _____ Date: _____

ATE	QUALIFYING ACTIVITY	COMMITTEE CHAIRPERSON	POINTS

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

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

Name of Chapter	Geographic Location	Chapter Dues
Aksarben #01	Nebraska	$0.00
Florida Sunshine #03	Florida	$40.00
Carolina #04	North & South Carolina	$30.00
Evergreen #05	Washington State, West of the Mountains	$30.00
Gopher #06	Minnesota	$40.00
Hawkeye #07	Iowa	$0.00
Hawthorn #08	Missouri	$45.00
Illinois #09	Illinois	$25.00
Inland Empire #10	Washington State, East of the Mountains	$25.00
Keystone #11	Central Pennsylvania	$25.00
Maryland #13	Maryland	$25.00
Mountain West #14	Utah	$30.00
New Jersey #16	New Jersey	$35.00
Western Reserve #18	Ohio	$0.00
Northeast PA #19	North East Pennsylvania	$30.00
Rocky Mountain #21	Colorado	$20.00
Pine Tree #22	Maine	$25.00
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
Mid-York #31	New York	$30.00
Georgia #33	Georgia	$30.00
Connecticut #34	Connecticut	$35.00
Three Rivers #37	Pittsburgh, Pennsylvania	$50.00
Texas Bluebonnet #40	Texas	$50.00
Indiana #42	Indiana	$25.00
Wisconsin #44	Wisconsin	$25.00
Chennai #49	Chennai, India	$0.00
Music City #53	Tennessee	$25.00
Michigan #55	Michigan	$0.00
Twin States #56	Vermont & New Hampshire	$25.00

Please Check the Appropriate Codes in Each Category Below

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

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

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

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

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

CONSTITUTION

American Association of Healthcare Administrative Management
Gopher Chapter

ARTICLE I – NAME

The name of this organization shall be the American Association of Healthcare Administrative Management (AAHAM), Gopher Chapter.

ARTICLE II – MISSION

Our mission is to be the premier professional organization in healthcare administrative services. Through a national organization and local chapters, we provide quality member services and leadership in the areas of education, communication, representation, professional stan-dards and certification.

ARTICLE III – PURPOSE AND OBJECTIVES

The purpose of the American Association of Healthcare Administrative Management, Gopher Chapter shall be to:
Promote and encourage recognition of Patient Account Management as an integral part of healthcare financial management.
Encourage the implementation of effective and efficient business and receivables management, policies, and procedures in the healthcare industry.
Stimulate and encourage an exchange of information among the membership.
Develop and encourage the implementation of programs for the purpose of furthering the education and increasing the knowledge of the membership of the healthcare industry.
Develop and implement such programs as may add to the knowledge and encourage the development of persons new to the healthcare industry.
Establish standards of performance for persons who participate in, or are involved with, the management of healthcare patient accounts.
Cooperate with other healthcare organizations, institutions, and other related agencies.

ARTICLE IV – MEMBERSHIP

A member shall be an individual associated with healthcare administrative services.
Membership shall be on an individual basis and not on an institutional basis.
One member from each institution must be a national AAHAM member. Other members from that institution may be Gopher Chapter (local) members only.
In the event the National AAHAM member leaves the institution, local only members may continue their membership for the remainder of the membership year.

ARTICLE V – MANAGEMENT

The Executive Committee shall direct the affairs of the American Association of Healthcare Administrative Management, Gopher Chapter.
The Executive Committee shall consist of the Officers and Board of Directors of the American Association of Healthcare Administrative Man-agement, Gopher Chapter. The powers and duties of the Executive Committee are defined in the Bylaws.

ARTICLE VI – PERSONAL LIABILITY OF OFFICERS AND DIRECTORS

An Officer or Director of the AAHAM, Gopher Chapter shall not be personally liable to the Association or its shareholders for monetary dam-ages as such including, without limitation, any judgment, amount paid in settlement, penalty, punitive damages or expense of any nature (including, without limitation, attorney's fees and disbursements) for any action taken, or any failure to take the action, unless the Officer or Director has breached or failed to perform the duties of his or her office under this Constitution, the Bylaws of the Association, or applicable provisions of the law and the breach or failure to perform constitutes self-dealing, willful misconduct or recklessness.

ARTICLE VII – MEETINGS

Annual or special meetings of the American Association of Healthcare Administrative Management, Gopher Chapter shall be held as pro-vided for in the Bylaws.

ARTICLE VIII – BYLAWS

The Bylaws of the American Association of Healthcare Administrative Management, Gopher Chapter may be amended, repealed, or added to in the following manner:
Any of the membership of the American Association of Healthcare Administrative Management, Gopher Chapter may propose a change to the Constitution.
The Board of Directors shall, by a majority vote, determine if the proposed change shall be submitted to the membership for a vote.
Notification shall be in writing and shall inform the members of the Article or Articles to be changed.
The Article or Articles to be changed shall be submitted to the membership in their existing form and in the form of the proposed change.
Voting on any change shall be by mail ballot submitted to the membership. A two third (2/3) vote of the members voting shall be required to adopt the said change.
Approved by the Board of Directors 5/7/97. Approved and adopted by a majority vote of the membership 11/5/97.
Changes approved and adopted by a majority vote of the membership 11/6/02 and 7/21/03
Reviewed and Approved by Board of Directors 7/21/10 and 11/2012

National AAHAM Membership Application

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

AAHAM
American Association of Healthcare Administrative Management

2015 APPLICATION FOR NATIONAL MEMBERSHIP

NAME: _____ TITLE: _____

EMPLOYER/ORGANIZATION NAME: _____

PRIMARY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ LOCAL CHAPTER: _____

E-MAIL ADDRESS: _____ WEBSITE: _____

HOME ADDRESS: _____

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

How did you hear about AAHAM? ☐ Colleague ☐ Publication ☐ Website ☐ LinkedIn

If referred by AAHAM member, please give name: _____

Membership Type: ☐ National Member ☐ Student Member

NATIONAL MEMBERSHIP - The fee to become a National member is $190. If you join anytime between July 1st and August 31st, the dues are $150 for the rest of the current year. If you join between September 1st and December 31st, the fee is $230 for the rest of the current year and all of the following year.

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

PAYMENT OPTIONS

For Credit Card Payment: ☐ Amex ☐ Visa ☐ MasterCard

Card Number: _____ Exp: _____

Name *as it appears on card*: _____

Signature: _____

Billing Address, if different from above: _____

_____

For Check Payment:

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

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

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

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

YOUR PAYMENT TOTAL:

NATIONAL DUES: _____

LOCAL DUES: _____

TOTAL ENCLOSED: _____

AAHAM Providing Excellence in the Business of Healthcare
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