

THE EVERGREEN CONNECTION

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President's Message

by Sherri Gullings, UW Medicine

Winter's greetings to all. As I write this message the weather forecast is calling for snow. Bundle up and safely enjoy your time with family and friends.



We just completed our Holiday Basket workshop and it proved to be a huge success. The NW Burn Center received \$1031.00 this year from our Auction. In addition, the recipients of the baskets went home with some real treasures.

As always, the stories Nancy Mendoza, Executive Director, NW Burn Foundation,

continued on next page...

AAHAM/WHAMA Joint Meeting December 5, 2008



AAHAM PRESIDENTS L-R - Sherri Gullings, present, Judy Veazie, Doris Fultz – 1st and founding President, Linda Zigler, Janet Walthew, Greg Moga

INSIDE THIS ISSUE:

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told of burn victims were heartbreaking and brought tears to many of our eyes. As Nancy told us story after story, you would have thought she was recanting a years worth of burn victim's stories. It turned out to be stories of burn victims at Harborview Medical Center over the past two WEEKS!

One of Nancy's tips hit home for me. We just installed a gas fireplace with a glass cover. I have two grandchildren that spend lots of time in our living room. Obviously, we never leave the 11 month old in the living room without supervision and are always

between her and the fireplace. However, after Nancy's story, I decided that the fireplace should never be on when either of the children is in the living room. Nancy's story about how curious children place both hands on the glass to see the fire and how their tiny hands once placed on the glass don't come off sent shivers down my spine. Things happen too fast and it is simply not worth the pain and suffering that can come from simple distraction. Here are some safety tips for this holiday season. Happy Holidays to you and yours from Evergreen AAHAM!



 <p>NORTHWEST BURN FOUNDATION</p> <p>The Northwest Burn Foundation would like to wish you a Happy Holiday season. Here are a few reminders to keep your family safe and healthy this year. Be sure to spread the holiday cheer this season by passing along this life saving information to friends and family.</p>  <p>Remember, it is also important to keep your tree healthy and happy. Please be sure to pick a fresh tree and to keep plenty of water in the tree stand. Cut a few inches off the trunk of the tree to expose the fresh wood. This allows for a better water absorption and will help keep your tree from drying out. To prevent a fire hazard, place your tree in a safe area away from fire places, radiators and portable heaters.</p> <p>-NWBF Board & Staff</p>	 <p>Inspect holiday lights each year for frayed wires, bare spots, gaps in the insulation, broken or cracked sockets, and excessive kinking or wear before putting them up. Use only lighting listed by an approved testing laboratory.</p>  <p>While doing your holiday cooking please be sure to turn all pot and pan handles inward and out of reach of young children. All cooking should be done by adults, or under the supervision of an adult.</p>  <p>Never use lighted candles near trees, boughs, curtains and drapes, or within reach of a young child's exploring hands.</p>  <p>Please make sure children are aware of the "danger zones" or off limit areas around the house that are potentially hazardous to their safety.</p>  <p>Before lighting any fire, remove all greens, boughs, papers, and other decorations from fireplace area. Check to see that the flue is open.</p>  <p>To prevent both burns and electrical shocks, don't give young children (under age ten) a toy that must be plugged into an electrical outlet. Instead, buy toys that are battery-operated.</p>
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**Take a moment..... Make a gift to the
Northwest Burn Foundation
and join us in our mission.
Your contribution will change a life ... Forever.**

**Band Together for Burn Awareness. A portion of the
proceeds from the sale of these triumph bracelets will
benefit the burn organization of your choice. Click on
this link and go to shopping cart to order. Thank you!**

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Eligibility Verification: Once is Not Enough

by Ray Shealy
Vice President & General Manager, RelayHealth

In tough economic times eligibility verification should occur at multiple times throughout the patient access continuum.

Hospitals and healthcare providers are facing significant financial challenges, and ranking high on the list is orchestrating the collection of insurance coverage. More of the costs for services and procedures are being billed directly to patients, and if they don't pay, then it becomes bad debt. Adding to this burden are higher service costs, increasing numbers of the uninsured and underinsured, and rising pressures to boost charity care. The ability to meet revenue goals has never looked so grim.

To cope with these economic challenges, many hospitals are seeking ways to improve their financial position by enhancing patient eligibility verification. Eligibility verification is the one process from which all other revenue cycle functions should flow. When captured with a newly available level of detail, this data provides the basis for efficient claim submission and the accurate bill estimation that is needed to support increasing consumer requirements for information about healthcare costs.

The Bare Minimum

Hospitals often limit themselves to the bare minimum of eligibility verification transactions because, until recently, it simply didn't pay to run multiple eligibility checks on all but the highest-charge patients. Online eligibility queries are often billed on a per-transaction basis, and manual verifications, involving phone calls to insurers, consume excess time and manpower. To prevent these problems, hospitals often rely on what little coverage information a patient can provide pre-service or at point of service. It's not surprising that 80percent of

accounts receivable staff time is spent re-working claims.

Patients frequently do not know the name of their current health plan, let alone coverage details such as deductible amounts, co-payments and year-to-date met totals. They also may not have reliable forms of personal identification, leaving providers with no vital information. Combine these issues with common health benefit changes and coverage lapses, and it becomes clear that once is not enough when verifying patient benefits eligibility.

Best Practices

New web-based technologies enable hospitals to make eligibility verification a top priority through automated workflows and flat-fee pricing. Revenue cycle best practices, compiled over years of real-world experience, show that in order for hospitals to effectively collect from patients and third-party payors, eligibility verification must occur at multiple times. When an automated verification system is combined with unlimited eligibility queries, it becomes possible to check eligibility pre-service, then multiple times until final resolution of the claim. Here's how eligibility verification can best be achieved:

1. Pre-Registration Scheduling

The earlier patient identification and eligibility is verified, the more smoothly the subsequent patient accounting process will go. Pre-registration is often the hospital's first opportunity to capture all the critical patient information



necessary to produce a clean bill for the right payor. Registrars should begin by verifying the identity of the patient, address, health plan benefit coverage and self-pay status.

Here, "verification" means objective verification, and not relying primarily upon patients' statements. Automated, web-based eligibility verification technologies prompt registrars to request backup documentation from patients and externally verify data through real-time eligibility queries.

Standardized computer display screens with normalized payor responses create a user-friendly data source, minimize typographical errors, and support higher quality data capture. The increased accuracy and thoroughness of information gathered using newly available technologies significantly improves point-of-service collections by providing more detailed benefit eligibility data regarding co-payments, co-insurance, deductibles and year-to-date met estimates. This externally verified

continued on next page...



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data will also limit opportunities for fraud and reduce back office workload and staff frustrations.

2. Patient Registration

The face-to-face registration process provides the registrar with another opportunity to verify all critical data. If a pre-registration benefit eligibility verification check was performed, this is an additional opportunity to correct any discrepancies between the information provided by the patient and data returned from the health plan verification queries.

Patients should be queried for any missing data, and a standardized process to collect patient liabilities should be performed. To maximize the effectiveness of upfront collections, bill estimation software can be incorporated to provide patients with an accurate picture of their ultimate financial liability and support access staff efforts to collect appropriate deposits towards the services to be delivered. This newly available technology also supports pricing transparency initiatives that providers find increasingly critical.

3. Time of Service Quality Assurance Review

Shortly after services are delivered or while a patient is still in-house, health plan benefit eligibility should automatically be checked again, especially in the absence of significant coverage found during pre-registration or registration. With a flat-fee model for eligibility verification queries, the hospital can ensure that it has the most up-to-date information without incurring additional transaction costs.

This is important because patient circumstances such as diagnosis, treatments or length of stay may change, or previously unknown supplemental or primary coverage may be located from a spouse or other responsible party's health benefit plan. Similarly, Medicaid applications may have been approved in the interim. Repeated eligibility

verifications increase the likelihood of identifying patient coverage and reducing claim errors.

4. Billing

Before a final bill is produced, it is often useful to verify all critical patient data once more. This is the time to reconfirm patient employment and insurance information, include any month-end changes and identify pending or newly approved Medicaid benefits. This final verification ensures that more complete and accurate claims are submitted to the correct payor. In turn, claims can be paid more quickly and cash flow can be significantly improved.

Success

One Ohio health system has reaped success from implementing new eligibility verification technology that allows them to perform an unlimited number of real-time eligibility verifications that identify whether a patient is covered by private insurance, Medicaid/Medicare or is truly self-pay.

Cincinnati's Mercy Health

System (Mercy) is identifying an additional \$500,000 each month in gross charges of Medicaid coverage for patients prior to claim drop (3 day hold) after patient discharge. The health system has also experienced the benefits of batch processing capabilities allowed by the technology's flat-fee pricing structure. Quarterly, Mercy runs a batch of all self-pay accounts up to one year-old (including primary and secondary balances) using a new generation of eligibility verification services and has identified an average of \$380,000 in eligible charges each quarter. In addition, through a new bill estimation tool supplying more accurate data, they were able to improve pre-service collections by \$1,700,000 over a year's period and reduce full time employees.

Yet another benefit of identifying charity care earlier through the improved

collection strategies for Mercy has seen a \$1,300,000 increase in post-service collections from self-pay patients in 2006. Mercy is also utilizing new technology that assists access team members in performing proactive financial counseling and screening of patients for potential charity funding sources when a patient is uninsured. This enabled Mercy to provide an additional \$350,000 in charity care funding for patients in the first month of usage. Most impressive is the fact that Mercy has been able to increase Medicaid payments by \$1,800,000 in their first six months of using these new technologies.

Mercy demonstrates the immense value that can result from a consistent application of a new generation of eligibility verification technology throughout the patient access continuum. As technology continues to make more accurate and complete patient and payor data available, the ability to access that data multiple times without incurring escalating costs becomes essential to an efficient, sustainable revenue cycle that supports better customer service and significantly enhances the hospitals' bottom lines.

CALL OUT

You need multiple eligibility checks when:

- You are experiencing front-end eligibility rejections from your payors.
- Services have been added that may impact how the bill is presented.
- Newborn babies of Medicaid mothers are not covered until after the birth, and pre-service eligibility checks the mother but will not check on the baby.
- Pre-service eligibility verification does not occur on every encounter.
- When the patient has a long hospital stay, benefits may have changed or been exceeded.



Happiness is a Membership in AGPAM



**Twenty years ago I joined AGPAM,
now AAHAM. Little did I know what an
impact on my life that this would make.**

by Joyce Gibb, Merchants Credit

A young man named Denis Felgenhauer joined in the same year. Denis joined AGPAM in 1988. He passed the CPAM exam in 1989 and is still certified. He worked in hospitals for five years as a collection manager and as a Patient Account Manager. Denis chaired the Patient Accounts Committee at the Seattle Area Hospital Council for three years. The last 15 years he has worked with private practices and small group practices, in Seattle and Spokane, as both an administrator and consultant. Denis says that AAHAM is special to him because, for the pure educational and networking value, the programs, contacts and

information that is special to none.

I've had the pleasure of Denis's friendship all these years and got to sit with him at one of our last AAHAM meetings. He shared with me that his daughter's 18th birthday was that day and he wanted to get back to Spokane to celebrate with her and the family. By the way he said, I want to show you the poem that she wrote about me and entered it in a contest and won, on Teen Ink which is an online network reaching millions of teens nationwide. The subject was, Focus on Mom and Dads. Here's the poem I want to share with you.

MY FATHER'S HANDS

My father's hands
are rough and worn.
Not at all like my mother's.
They are strong,
from years of baling hay.
They are calloused,
from each new project.
They are sure,
from practice with basketballs and hammers
They are the hands that protect me,
and pick me up when the world knocks me down.



by Rachel Felgenhauer, Spokane, WA

I remember when Rachel was born and it seems like only yesterday. This brought a tear to my eye, and I wanted to share this with all of you. What a gift to a parent. What a gift to me, that Denis shared this and took me down memory lane.

I appreciate my membership in AAHAM, for all the friends I have made, the education, networking, my clients and Dave Quigley that has supported my membership and the time I have given to AAHAM.



MEETING NOTICE



Joint AAHAM/HFMA Meeting & Trade Fair



Feb. 25 - 27, 2009



Fred Lee

Mark
Your
Calendar!

Alongside the regular education sessions, nationally renowned author & speaker Fred Lee will be presenting "If Disney Ran Your Hospital, 9 1/2 Things You Would Do Differently"

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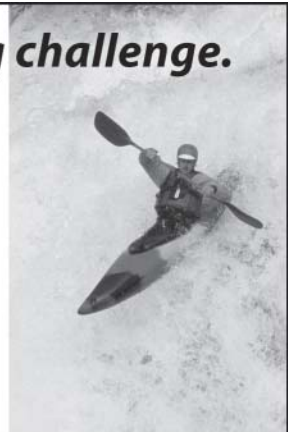
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MEET ONE OF YOUR BOARD MEMBERS

by Darlene Wood, CPAM

Julie Beaurain, the Evergreen Chapter Treasurer for the 2008-09 Term

Following is my interview with Julie:

Darlene: Julie, what was your first job in Healthcare? What Healthcare jobs did you hold after that and up until your current position?

Julie: My first job out of high school was a temporary position for a file room conversion at UW Medicine PFS Billing Department. I've been working in the same department since: as a Biller, Department Admin, Billing and Follow-Up Supervisor, and PFS Manager.

Darlene: What is your current title, where do you work and what are your areas of responsibility?

Julie: In February 2008, I started working on the project to convert our 40 year old legacy ADT and Billing systems to Epic.

Darlene: What is your biggest challenge in your current position?

Julie: In some respects, it's tough to let go of the past. Although our legacy system is old, it's got some great programming that we may not be able to duplicate in the new environment.

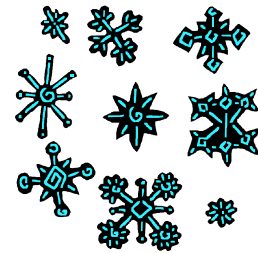
Finding new ways to accommodate our needs is a challenge – but an exciting and energizing one. One of the things I am really enjoying about being on this project is that we have the opportunity to identify cumbersome manual processes born out of necessity, and provide programmatic solutions to them.

Darlene: When did you first join AAHAM? What positions have you held?

Julie: I've been a member of AAHAM since 2000 (I think). I joined the board as Treasurer in September of this year.

Darlene: What are your hobbies outside of work?

Julie: I'm an avid landscape photographer and scrapbooker... although I spend more time shopping for scrapbooking supplies and reading scrapbooking magazines, then I do actually scrapbooking. Other than that, I like hanging out with friends and family.



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Welcome New Members

Jennifer Sharko-Taylor
&
Kathy Porter

They are both
from
Jefferson HealthCare
in
Port Townsend.



Congratulations to all the following who were awarded technical certification through AAHAM for the August 2008 certification period:

CPATs

Harrison Medical Center

Nancy Doyle
Kevin Pool

HealthServicesNW

Donna Canham
Cuong Ha
Lisa Maringer

OHSU

Elizabeth Alicea
Merle Carter
Jackie Hines
Sarah Krzeminski
Lynn Larson
Lisa Vann
Julie Wilson

Perot Systems

Heather Culver
Vonda Lange



CCATs

HealthServicesNW

Frederica Goodrich
Lisa Niedermeyer

Perot Systems

Christina Hinchman
Mary Tran

CCTs

Perot Systems

Christina Hinchman

The next CPAT/CCAT/CCT exams will be given in February 2009





Thanks to our Corporate Sponsors

Corporate Sponsorships help us provide high quality, low cost educational programs and networking opportunities for AAHAM members. We thank the following companies and organizations for their continued support of the Evergreen Chapter.

Diamond Level

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Gold Level

Audit & Adjustment Company
Merchant's Credit Association
Outreach Services/PMSI


Silver Level

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The SSI Group
Xactimed, Inc.

Bronze Level

CareMedic
The Cirius Group
HealthFirst Financial
The Kramer Group
NCO
Perot Systems
Que Financial Services
Retail Lockbox
VisionShare
Wells Fargo Bank
The White Stone Group, Inc.

Evergreen Chapter/AAHAM welcomes your help in bringing new sponsors on board. We encourage you to contact suppliers and vendors you know who might be possible candidates. For more information please e-mail jennifer@audit-adjustment.com



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New Online Referral/Authorization Form Available to Providers

A new fill and print version of the TRICARE Patient Referral/Authorization Form has been developed to assist providers in completing the form. Providers are now able to complete all fields of the Referral/Authorization Form online, print the form, and submit it to TriWest via fax.

Please visit the Forms page on the Provider Connection at www.triwest.com/provider and click on the [printer icon](#) next to the TRICARE Patient Referral/Authorization Form to access.

The online referral/authorization form is an optional alternative to handwritten forms.

Corporate Sponsors Make a Difference



Corporate Sponsorship is becoming more critical to the continued growth of the Evergreen Chapter.

Sponsorship allows us to offer you low cost workshops and educational events every year. We currently have 16 sponsors including our newest, Relay Health, HealthFirst Financial and The Kramer Group.

The Evergreen Chapter is actively seeking corporate sponsors to join the list of our long-time supportive organizations. We welcome your help in recruiting new corporate sponsors for the Evergreen Chapter.

Sponsorship levels are:

Bronze	500.00
Silver	1000.00
Gold	1500.00
Diamond	2500.00

If you have a good candidate for sponsorship please email jenniferm@audit-adjustment.com



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Please help your TRICARE patients avoid unnecessary out-of-pocket costs, balance billing issues, and other service issues by always referring to network providers.

Radiology

- Always use network radiology providers. Refer to the Find a Provider tab on www.triwest.com and search by "Facility" or "Specialty."

Laboratory

- Always use network laboratories
 - o LabCorp
 - o Quest
 - o Use www.triwest.com, Provider tab, to find local LabCorp and Quest draw stations
 - o Check www.triwest.com, Provider tab, to find many other local, network outpatient laboratories

HPV

- The HPV test is covered if performed as a second test after an abnormal PAP result.
- The HPV test is not covered if performed at the same time as a routine PAP.
- Network labs that perform the HPV test simultaneously with the initial PAP for TRICARE Prime beneficiaries will be required to write off the charges.

Genetic Testing

- Genetic testing requires prior authorization. Refer to www.triwest.com for the Prior Authorization List. The referring physician should submit the authorization request to TriWest. If a specific lab is not requested by the referring physician, TriWest will identify an appropriate genetic testing lab. To find other genetic testing laboratories, refer to the Find a Provider tab on www.triwest.com and search by "Facility" or "Specialty."
- Providers may refer to www.labcorp.com/dos for information on genetic testing performed by LabCorp.
- Providers may refer to www.questdiagnostics.com/hcp/topics/genetic-testing/genetic-testing.html for information on genetic testing performed by Quest.
- Genetic laboratories should review the Government No Pay List at www.triwest.com or www.tricare.mil to ensure services may be covered before services are provided.

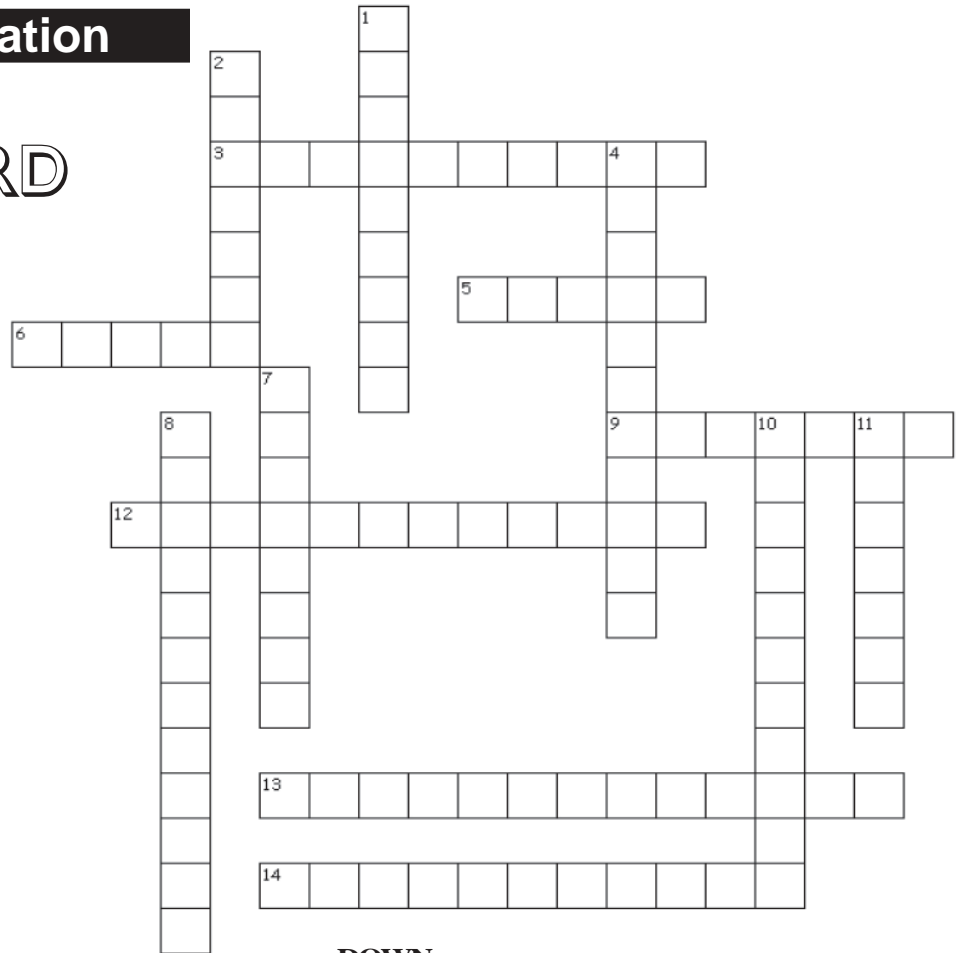
For additional information, please visit the Provider Connection area of www.triwest.com or call 1-888-TRIWEST (888-874-9378).



Technical Certification

CROSSWORD QUIZ

by Maureen Mann



ACROSS

3. _____ Payment Classification (APC)
5. Offering or accepting kickbacks
6. Consolidated Omnibus Budget Reconciliation Act
9. Healthcare program for active duty members of uniformed services
12. Gathering and confirmation of patient demographic and financial information in advance of admission
13. _____ File - CMS file containing Medicare patients' eligibility and utilization data
14. Advanced _____ Notice

DOWN

1. Another name for a series account
2. Civilian Health and Medical Program of the Veterans Administration
4. Truth in Lending Act
7. _____ Directives relate to provision of medical care when an individual is incapacitated
8. Determination of the primary payer when a child is covered by both parents' insurance
10. Pre-existing condition
11. Average Daily _____ - average amount of charges generated for a period of time

For answers please go to the AAHAM website at <http://aahamevergreen.org/newsletter.html>



UPCOMING

Evergreen AAHAM Meetings & Events

*Save the following dates
for future
AAHAM meetings!*

February 25-27, 2009 Joint AAHAM/HFMA Trade Fair
Hotel Murano, Tacoma, WA

March 20, 2009 Target Workshop
UW Auditorium, Seattle, WA



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