

# The Evergreen Connection

Volume 24, Number 4

Fall 2010

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## HIPAA 2012 5010 & ICD 10

by Judy I. Veazie, CPAM

**A**AHAM's National EDI Liaison, Jim Whicker, has had a busy year. In addition to making a job change (Kaiser Permanente Principal Technology Consultant), moving from Utah to Portland, Oregon, Jim Whicker conceded that the active EDI agenda has kept him on the road, with little time in his new home. I got a few minutes with Jim at the National Annual Institute for AAHAM in Ft. Lauderdale, Florida. Jim states there will be a number of significant add-on features packed in the upgrades for the implementation of the 5010 version of the 837. As EDI Liaison, Jim provided the following key dates and deadlines outlined by CMS:

- CMS will be implementing 227 CA— Claim Acknowledgment with the 5010.
  - Be sure your vendor is preparing to accommodate this useful tool.
  - Verify with your top payers their roll out of this data element.
- CMS will also be implementing “accept with errors”.
  - Not to be confused with claims listed as “rejected” or “denied”.
  - Crossover claims will benefit from this concept.
- CMS will require MACs adapt to the new edits and rejection criteria employing the same standardized criteria across all MAC's.
- CMS will be adopting standards and operating rules for transactions to reduce the number and complexity of



forms (both paper and electronic entry. Reduction of complexity will also impact the data entry required by providers (and patients).

Rules Adopted Impact Eligibility, Status, EFT, ERA.

*continued on next page...*

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CMS announced even more benchmark dates for providers and their trading partners required adoption:

July 1, 2011	Eligibility for a health plan and health claim status transactions
January 1, 2013	Machine readable ID cards full implementation will be required
July 1, 2012	Adoption of Electronic Funds Transfers, payment and ERA
January 1, 2014	Fully effective automated electronic payment and ERA
Dec 31, 2013	Health plans must certify they are in full compliance with standards
April 1, 2014	Non compliant health plans will be assessed a fee of \$1 per covered life for each day in non-compliance.
October 1, 2012	Unique Health Plan Identifier shall be implemented
January 1, 2014	Electronic Funds Transfer (EFT)
January 1, 2014	(No later than 2016) Health Claims Attachments

**More details about the new Unique Health Plan Identifier.....**

HIPAA standards established the requirement for all medical industry trading partners to accommodate the ICD-10 codes in their billing which triggered a final countdown to some key milestones

leading up the 2012 deadline for implementation of the 5010 version of the ANSI 837—x12.

To prepare for new HIPAA standards and the adoption of ICD-10 codes, the Department of Health and Human Services has adopted new standards for electronic claims in the ANSI 837 format. The ANSI 837 file is the file format used for electronic billing of institutional (UB/837-I) and professional services (CMS-1500/837-P). ANSI 837 is shorthand for the ASC X12N 837 (004010X098A1) file format.

The compliance date for the ANSI 837 version 5010 is January 1, 2012. Insurance carriers and clearinghouses will accept the current ANSI 837 files through 2011. Many providers use the 837 Version 4010 and while they upgrade to the 5010 version of the 837, they can still use the 4010 for electronic claims transmission. (The new standards will also sunset acceptance of paper claims (under the UB or CMS 1500 formats) for most providers.

**ICD-10 Facts**

Long established as the international standard (the US is the only country on the ICD 9) and the key data base for the World Health Organization the ICD10 will require a significant expansion of medical systems currently in use. Here are some of the differences between the limited ICD 9 and the new US version of the ICD 10:

	ICD 9	ICD 10
<b>Number of Characters</b>	Seven	Nine
<b>Potential # of Codes</b>	17,500	155,000

Since the final rule was published on January 16, 2009, the next important dates in the implementation process are:

**Effective Date of the regulation:**

March 17, 2009

**Level I Compliance by:**

December 31, 2010

**Level II Compliance by:**

December 31, 2011

**All covered entities have to be fully compliant on:**

January 1, 2012

**Level I** compliance means “that a covered entity can demonstrably create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing.”

**Level II** compliance means “that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards.”

HHS permits dual use of existing standards (4010A1) and the new standards (5010) from the March 17, 2009, effective date until the January 1, 2012 compliance date to facilitate testing subject to trading partner agreement.

**The CMS Medicare Fee-for-Service schedule is:**

Level I

April 1, 2010 through December 31, 2010

Level II

Jan. 1, 2011 through December 31, 2011  
fully compliant on January 1, 2012





WA-AK HFMA / AAHAM

Joint Meeting  
& Trade Fair

February 23, 2011

Seattle Hilton Airport  
&  
Conference Center

Mark your calendar!



## EDITOR'S CORNER



by Judy I. Veazie, CPAM

I was fortunate to attend the Annual National Board Meeting in Florida prior to the ANI, representing our Evergreen chapter.

The 9 hours of meetings spanned over two days, but it actually seemed like a shorter time span because there was so much to accomplish.

I will cover some of the take-aways here, but there is one personal impression I have to share. As I looked around at the representatives from chapters across the country (as well as our international chapters), I was struck by the level of professionalism represented there. I was impressed by the focus and dedication to the tasks on our agenda that each person provided. There were some pretty challenging decisions to consider and despite the temptations of the Florida coast, everyone was vigorous in their discussion and thoughtful about their input.

When the decision to be made is challenging, a lot of us in our jobs have to find a way to put forth our position with skill and professionalism. I imagined these same chapter representatives in their role at their organization and how they represent PFS. Frankly I was proud to be part of this peer group.

Some of the big news from the work our National Board completed focused on certification:

The Chapter with the most success in certification exams (with over 375 technical certified members) was Chennai/India. Virginia has 328 technical certified members. (Let's support our staff certification to boost our Evergreen CPATs).

The big news in certification is the "compliance" requirements that establish

*When the decision to be made is challenging, a lot of us in our jobs have to find a way to put forth our position with skill and professionalism.*

some "firewalls" and boundaries to keep the integrity of our certification. As a non-profit professional organization AAHAM is subject to government inquiry. New rules have been established to make sure there is no benefit or influence on the part of established certified members in "favoring" their own employees in the process.

*Example:* To avoid real or perceived conflict of interest, coaching sessions cannot be conducted by the supervisor/ leadership of the study group/employees. The coach must be non-aligned to the employees of a workgroup. Likewise anyone conducting coaching sessions cannot proctor, grade, or rewrite any exam questions. Since this is a valuable source of test questions, and also offers additional CEU credits, this limit will be a big consideration in developing coaching

sessions. Once a certified member coaches a session, they are barred from other activities for two years. Everyone involved in the process must sign a confidentiality agreement.

One change actually eases the testing process. A testing proctor is expanded to include any AAHAM board member (not aligned with the test group), or the CEO, CFO or HR person who works at your organization as long as they are not aligned with AAHAM or test development.

### Evergreen Connection Rating:

Our newsletter was submitted for evaluation and we got top marks for the columns and the professionalism of the graphics. Some comments were "very creative" and excellent use of graphics." One consistent notation was the "more pictures" so if anyone has some photos from our chapter meetings to share, I will weave them into our publication.

"Thank you, Paul at Copy Break for the wonderful publication work!!" 

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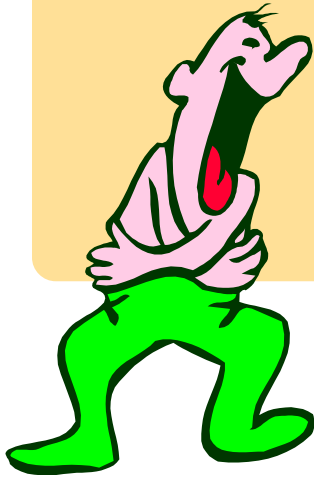
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Visit us at the AAHAM Evergreen Chapter Website

[www.aahamevergreen.org](http://www.aahamevergreen.org)



## President's Message



# LAUGH!

by Patti Peterson, Healthcare Resources Group

As we approach the New Year most of us take time to reflect

back on the year, bask in our accomplishments, learn from our less than perfect decisions and prepare for a new year with a fresh outlook. As my previous President's letters have indicated this year brought much change for me and with it a new quality in both my career life and personal life.

The one consistent thing that I used to help me adjust to all the changes has been humor and laughter. Studies show children laugh an average of 400 times per day whereas the average adult, older than 35, only laughs 15 times per day. Laughing lowers blood pressure, reduces stress hormones and increases muscle flexion. Laughter also triggers the release of endorphins, the body's natural painkillers, and produces a general sense of well-being.

In my personal life I choose to

surround myself with friends that enjoy life and laugh at the odd ball curves it throws and I am also fortunate to work at a place that not only allows humor but encourages it by having a Fun Committee. For those of you that don't have a fun committee take a few minutes a day to add laughter into not only your life but that of your team and co-worker's. It really is a productivity booster and helps clear the cobwebs from the brain. Not a humorous person? Sign up for a joke a day at: <http://www.ajokeaday.com/> and share them.

Here's to all of us finding laughter in the New Year!

*Patti*



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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

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## CPHW ALERT!!!

by Judy I. Veazie, CPAM

While Patient Accounts Managers have been working patiently with CHPW to get their clean claims issues resolved, there has been some red flags alerts.

CHPW has failed to implement the Provider Appeal process. Their staff have not been trained on the new process and even incorrectly tell the provider they must have the patient sign an appeal document for the PROVIDER to appeal. When contacted Julie Keefe (CHPW contact) conceded that this was because they had only developed the patient appeal process. When contacted about the status of the provider appeal process and the fact that Provider appeals would have to go to DSHS if CHPW fails to accept provider appeals, she acknowledged that CHPW would develop an appeal process. She conceded that all appeals should be sent to her from providers until she can get the process resolved. However, when contacted directly by providers about appeals, she directed them to send appeals to the same staff that insisted on a patient signature.

### Limited Access


Examining the reports from providers and the various updates, a large number of provider representatives from billers to physicians report they have discussed their concerns with Julie Keefe who took on their issues to resolve.

It is staggering to think how many issues have passed through Julie's hands, but it is hard to imagine that she could personally resolve them,

### Resource Concerns

In the first round providers thought Dell would be a good resource for CHPW, Rumor or fact?.....

.Word is that Dell is struggling with their resource bank. The number of people seeking other jobs indicates they are not attracting or keeping the best staff. There are concerns about their training and retention of staff. When our local providers are assured that Dell is helping in the project clean up, it is troubling that Julie Keefe is the only solution. Despite best intentions, no one could take on this volume of issues and resolve them without providers suffering large cash flow issues.

Suggestion: Attend the December 10 AAHAM Quarterly meeting and make sure we get a consistent provider presentation about the work that needs to be completed directly with PFS. 



## Provider One Update

by Judy I. Veazie, CPAM

At press time providers have logged over six months on Provider One, but have operated short of cash for most of that period. How far into the 2011 will it take to recover from the transition?

The answer to that question is central to the work conducted by the WSHA led Provider One action group. Andrew Busz has been coordinating a provider issue list that outlines the top issues providers listed as barriers to payment.

Here is the short list of issues:

At the December AAHAM Quarterly (December 10, 2010 at the Lynwood Embassy Suites) Provider One representatives will provide an update on their progress to solutions for that growing list of issues.

At the Fall Quarterly, Provider One representatives cited several main contributing issues that are holding up payment and claims resolution:

1. Over 270,000 claims backlogged
2. Backlogs of paper claims that will be difficult to process'
3. Work force reductions at DSHS has cut over 175 experienced workers.

Errors by workers at both the payer and providers have created an influx of pended claims requiring additional hand processing.

### UPDATE: Provider One Give Providers Tips and Introduces Triage:

Over the first six months post conversion to Provider One there have been ups and downs. There are some provider tips to get success:

1. Paper claims add to the backlogs without an immediate solution. Avoid Paper Claims!
2. Do not use Comments section unless following the Billing instructions.
3. Telephone calls are not the fastest mode of communication.
4. Use the new log for communicating your questions and needs.

Provider One developed the new Triage process to focus their resources to have the most impact on provider needs. They developed a five level triage, modeled on the same process used for years in ER in hospitals to identify the status of a problem and connect to the best level of solution to match the resources available. Great Effort on the part of DSHS in trying times.

DSHS and Provider One representatives will be at our December 10 meeting for more detailed instructions and updates.

[Click Here](http://hrsa.dshs.wa.gov/providerone/providers.htm)

<http://hrsa.dshs.wa.gov/providerone/providers.htm>



**TOP FIVE PROVIDER ISSUES--PROVIDER ONE**

Category	Examples	Count	Reported by	MPA Org	Comment
System Issue	Edit issues (CCI, rev code, diagnosis code, bundling, admit dates), pricing errors, denial reason mapping errors, missing info, scanner errors, client search parameters, takebacks	15	Seattle Children's, Swedish, UW, Peace Health	OMSD	1 closed, 2 pending verification by provider
Resource/Staff Training	In process claims (AKA aged claims, suspended claims and A/R), call wait times, email support wait times, PA wait times, imaging backlog, giving providers incorrect instructions, denying claims incorrectly	13	All	OCP, CC, PA and DCC	
Provider Training/Comm	Instructions for Special Code Indicator (SCI) =, billing cross-overs and spend down	5	Valley Med, NAVOS, Peace Health	PR	
Provider Enrollment	Provider not linked, taxonomy not loaded	2	Valley Med, Swedish, Provider Enrollment	PE	
Process Issue	Verifying/correcting date of birth	1	Swedish	OMSD	
<b>Total:</b>		<b>36</b>	<b>5</b>	<b>7</b>	

Evergreen Chapter Quarterly  
**Holiday Meeting &  
 35th Anniversary**  
 Dec. 10, 2010  
 Embassy Suites  
 Lynnwood, WA  
 Mark your calendar!





# Founders

## Greg Moga



Outreach Services  
was started in 1991  
by Greg Moga

by Judy I. Veazie, CPAM

*It was an unusual winter in 1995. Greg Moga and his family arrived at SeaTac just in time for the airport to close in one of the Northwest's worst snow storms which shut down electrical service in much of Seattle including the airport area hotels.* With all modes of transportation shut down, Greg and his family huddled at a nearby hotel (without electricity for much of their stay). For the five Moga children, the idea of being stranded in the Northwest, far from their lifelong friends and family in Chicago seemed doomed. The idea of living on an island in Puget Sound and connecting to the city on the Bainbridge Ferry was losing a lot of its charm.

But over 15 years later, with years of northwest memories behind them, only one Moga child is left at home. During that time, Greg expanded his Chicago based company to the Northwest, then Hawaii, California, growing to a company covering services much of the U.S.

Greg and his wonderful staff have been avid supporters of our AAHAM chapter since that beginning. Greg served as Chairman of the Board and President for the Evergreen Chapter after serving on the board in various roles over the past 15 years. For most of those 15 years, the Evergreen Board has had a representative from Outreach Services. Fredrik Andreasson (COO of Outreach Services) currently serves as Evergreen Secretary

of the Board. Chris Brazil, David Cartier and Norma Pearce are also familiar to long time Evergreen members.

Outreach Services provides uncompensated care management services to hospitals, health care systems and their uninsured and underinsured patients. Outreach Services' expertise include, without limitation, Medicaid advocacy, other medical assistance advocacy (COBRA, Crime Victims, IHS, etc.), Third Party Liability Reimbursement, and SSI Disability. Outreach Services also provides expert billing services, including out-of-state Medicaid billing, through Pacific EDI, an affiliated entity with common ownership and oversight.

Outreach Services was started in 1991 by Greg, who at that time was an attorney from Chicago who represented Medicaid applicants in appeals throughout Cook County. In 1996, he incorporated Pacific Medicaid Services, Inc. dba Outreach Services in the State of Washington. Outreach Services currently serves

hospital and health plan clients in twelve states and has over 300 employees, most of whom are patient advocates.

Greg credits his leadership team at Outreach for the growth and support of his client relationships.

Greg's personal time is devoted to his role as a Chair of the Board of Directors of the Olympic Park Institute. He is also invests his time as Trustee of Washington's National Park Fund. ❖❖❖

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**Join us for our annual Holiday meeting  
and 35th anniversary!**

We will have our Holiday basket, silent auction and 50/50 raffle so come prepared to do a little holiday shopping and hopefully win some cash.

We've kept our cost low with the help of our sponsors, and have included speakers you have requested, so we hope you will join us!

**Friday, December 10, 2010 8:30 AM – 4:00 PM**

Embassy Suites, Lynnwood

**Registration Fee:** \$55 per person

**Register at:** <https://www.acteva.com/go/aaham>

**Agenda:**

- |                     |  |
|---------------------|--|
| 08:30 – 09:00 AM    | <b>Registration &amp; Continental Breakfast</b>  |
| 09:00 – 09:30 AM    | <b>President's Welcome and updates on Announcements</b>  |
| 09:30 – 10:00 AM    | <b>Washington State Hospital Association Update</b><br><i>Andrew Busz, Director Financial Policy, WSHA</i>   |
| 10:00 AM - 11:00 AM | <b>Red Flag and Identify Theft</b><br><i>FBI Special Agents Austin T. Ryan and Blake Brotherton, Seattle Division, White Collar Crime Squad</i>  |
| 11:00 AM - 11:30 AM | <b>Regence Plan Changes for 2011; UMP, Boeing</b><br><i>Christina Bell and Sarah Espanol</i>   |
| 11:30 AM – 1:00 PM  | <b>Holiday Buffet Lunch</b><br><i>50/50 Raffle Sales and Holiday Basket Silent Auction</i><br><i>Recognition of Doris Fultz, Founder, Evergreen Chapter , 1975</i>   |
| 1:00 PM - 2:00 PM   | <b>Healthcare Reform: Learn about the Impacts of Health Reform on Insurance carriers, individual, providers and the new Accountable Care Organizations.</b><br><i>Dwight Johnson, Executive Director of Provider Contracting, Coppersmith Health Law Group</i> |
| 2:00 PM - 2:30 PM   | <b>Provider One</b><br><i>John Anderson, Project Manager Provider One</i><br><i>Gena Cruciani, Provider One Manager</i>  |
| 2:45 PM – 3:00 PM   | <b>Break/Networking</b>  |
| 3:00 PM - 3:30 PM   | <b>CHPW News</b><br><i>Julie Keffe RN, Director of Provider Relations Operations</i>   |
| 3:30 PM - 4:00 PM   | <b>Molina Healthcare:</b> Learn about services offered and enrollment<br><i>Nora Todd and Britt Travis</i>   |



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## Share the Wealth



Share your wealth of knowledge by submitting an article or experience to The Evergreen Connection....that way, we are all enriched!



## TriWest Offering Online Claims Correspondence/Webmail

Providers have shared their desire to correspond electronically with TriWest for resolution of claims issues and inquiries and we listened! TriWest Healthcare Alliance introduced two tools for registered providers – online claims correspondence and Webmail. Available from the secure provider portal, these tools allow registered users to electronically submit claims-specific issues and other general inquiries.

Registered users can use online claims correspondence for appeals, claim checks and claim reviews. They will be prompted to enter claims-related information (e.g., a beneficiary's Social Security number and/or claims number). Users also have the ability to electronically upload supporting documentation, if required, to process

their claims inquiry, appeal or review.

Webmail allows users to submit inquiries regarding general secure website topics (e.g., User Administration, Personal Profile, and Eligibility) that don't necessarily require an immediate resolution.

Registered users can enter the Secure Message Center from the secure provider portal at [www.triwest.com/provider](http://www.triwest.com/provider) by clicking [Send/View Webmail](#).

\*Note: for referral/authorization issues, users should continue to use the TriWest Online Service Center Tool by clicking [Technical Assistance with Submission Requests](#).

To take advantage of these exciting new time-saving features, make sure you are registered for the secure provider portal at

[www.triwest.com/provider/registration](http://www.triwest.com/provider/registration).

Registered users can also take advantage of these features:

- Verify patient eligibility
- Research covered benefits and check referral/authorization and medical review requirements for specific codes
- Submit referrals/authorizations online and check their status regardless of how the request was submitted
- Submit claims online and check claim status regardless of how the claim was submitted
- Download remittance advices
- Download claims status reports
- Electronic Funds Transfer (EFT) – Coming soon!



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# UPCOMING

## Evergreen AAHAM Meetings & Events

Dec 3, 2010 ..... Board Meeting Conference Call  
 Dec 10, 2010 ..... Quarterly Full Day - Embassy Suites, Lynnwood, WA  
*Theme "Motivational"*



Dec 15, 2010 ..... "Developing a Winning Strategy of Denial Prevention" - Audio Conference  
*Join AAHAM and Christine Fontaine, CHFP, CPAM, Vice President, Revenue Cycle Solutions, at Ingenix, as we present this informative webinar, "Developing a Winning Strategy of Denial Prevention." Registration Deadline is December 3, 2010. **Everyone earns 3 CEU's for attending***

Feb 23, 2011 ..... WA-AK Joint HFMA/AAHAM Evergreen Trade Fair, Seattle Hilton Airport & Conference Center

Mar 30 - 31, 2011 ..... AAHAM Annual Legislative Day, Washington D.C.

Oct 5 - 7, 2011 ..... 2011 AAHAM ANI, The Wynn in Las Vegas, NV

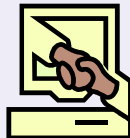
### Corporate Sponsors Make a Difference

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.

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.

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