

Chapter Chatter

THE EVERGREEN CONNECTION

A Joint Publication of the Inland Empire and Evergreen Chapters of AAHAM
& WHAMA

Volume 20, Number 1

Winter 2006

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Top 10 Productivity Traps for Employees

by Judy I. Veazie, CPAM

As I audit the accounts in many hospitals, I see notations in the account history that indicates a lot of emphasis on activity, and little focus on outcomes or results.

In many hospitals employees are provided worklists, reminders, tickle lists, action "queues" etc. to flag their need to work accounts. Unfortunately a lot of people fall into the trap of working the list and not resolving the accounts. Sometimes the multiple entries are a date listing of the times the account was touched, moved, handled, fondled and lovingly placed back to rest until the next time it comes up on a worklist.

This is often a way to get an account off a list and a worklist "worked" but it also is a symptom of future backlogs and delays in cash and increased days in AR.

I often place the blame on supervisors placing too much emphasis on tracking actions taken. Instead results should be tracked in the form of accounts resolved, payment amounts promised, cash collected, etc. I prepared a list of ten common traps employees fall into and placed a notice to my employees, somewhat as a fair warning that I never want to find backlogged accounts that got caught in these productivity traps.

For all those employees who come across accounts with this type of activity, and for those managers who see AR growing despite good productivity statistics, here is my top ten list of productivity traps:

Top Ten Productivity Traps

1. "Forever Young"

I find a lot of accounts that I see the "age" of the account (or the action step needed) has been set back to make the account appear current. I have also seen the statements dates set back over and over again to keep the statement from aging out to trigger an action or call on the account. I also see or the statement has been suspended thus it gets lost and stays perpetually "young" and never ages or gets a notice to the patient. This causes the account to age for months or years without moving out or being worked, then when someone finds the account it is too late to bill the patient or any other payor. My rule: The only person to approve suspending a statement should be a supervisor/lead.

2. "We lost the trail"



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A note in the account indicates that an account has been worked, a tickler cleared or a reminder resolved with no indication of the action taken, the intent of the original reminder or the plan of action and the dates for next steps.

3. "The Needy account" (Gee somebody needs to do something, gee that can't be me)"

I see notes that indicate someone looked at the account, updated it and never actually worked the account with statements like "needs rebill" (but no rebill action taken), "needs rebill if this happens" or "needs follow-up" or "needs review."

4. "Where's my mom when I need her."

Often an account will contain a notation that "needs action by supervisor" (or another team member), but on indication of what action is needed, if the account was prepared with recommendations or forwarded to that individual. If that note is there, I would expect a note that states: "Prepared account history and recommended action to have one of the following happen (1, 2, 3) and forwarded to ____."

5. "The teeter-totter Effect"

Accounts that the balance has been moved back and forth between insurance buckets and self-pay with no resolution or action taken. In the time the action was taken it could have been resolved. If an employee sees an account needs adjustment, they should just write it up. In the time it takes to send it to someone else, it could have been done.

6. "I need an accountant!"

If an account is difficult to balance, some employees just keep it in the loop or backlogged because they cannot determine the way to get the account correct and on to resolution. The rule is: do not just pass on the account, simply get that to your supervisor/lead to help get it resolved. Do not just pass over the account and leave it there for someone else to discover. Some of these are complicated and it would be better to get them to your supervisor to get the problem solved.

7. The "Round Robin Strategy"

I see accounts where the account was

passed on from one employee to the other with notes to have the other employee review it or work it. Some of these never were worked, just sent from hand to hand.

8. "I do it my way"

I hear a lot of new hires telling me that they are trained to do a process, then their co-workers tell them not to follow it or ask them to not do it because they do not want to do it and it will make it more visible if someone else is complying. This puts staff in a tough situation and VERY confused about what they should do on their job. It is not fair to get them caught in this type of issue. If we have a difference in the way a process should work, escalate it to your supervisor. You may have a much better way to do it or even identify a process that has outlived its effectiveness. Or possibly you never had a good explanation of why it needs to be done that way.

9. "The Heritage Club"

I find employees who have been concerned for a long time about the way a process was going, but never asked a question or mentioned it to anyone because "we have always done it that way." Well, you are probably right, your instincts are telling you that something is wrong, and yes, we want to know. Please let your supervisor know if you have one of those issues.

10. "The avalanche effect"

"The person who made the mistake should have to correct the mistake, it's not my fault." This is what I call the avalanche effect. Yes, it is true, no individual snowflake feels it is responsible for an avalanche, but if enough of them build up it can be devastating.

Every time you pass over an account because you feel it should be someone else to work it, without getting that issue escalated to your supervisor, you build up your backlog or contribute to the overall backlog of the accounts. You may be right, it may be a good time to get everything batched and use it as an education tool, but that needs to be escalated to your supervisor as an issue. We must work on training and standards so we can all feel that quality is everyone's job.

Try these out in your organization. You may find that it is a pet peeve for many people who want to see the work resolved. Once these are eliminated from the work process, people find their backlogs gone and the relief of having problems resolved makes everyone wonder why they got into those old traps.

For managers, the trap is created when you over-track activity and not results. Tracking the number of items worked without evaluating the account level quality is a way to pressure staff to "work their list" and not resolve their accounts.



News from National

FEBRUARY CPAT/CCAT EXAMS POSTPONED!

After listening to the feedback from many of the examinees and giving this issue careful consideration, we have decided to postpone all upcoming February Technical Certification Exams until the scheduled dates in May. The May CPAT/CCAT Exam dates are scheduled to occur **May 15-27, 2006**.

The recent format change to the study guide, moving from a paper format to an electronic PDF format available on the AAHAM website, created a delay for many in studying for the exam. The decision to postpone the February Technical Certification Exams was made with the examinees in mind, to afford them the best possible chance to prepare for the CPAT/CCAT exams.

*from Roberta Patrow,
National Certification Chair.*





THE CORNER OFFICE

by Michelle Juette

Here we are past Halloween and looking at Christmas and New Years, and if your personal schedule doesn't have enough to do, the Fed's have helped by taking away our grace periods for codes! We should all be using 2006 ICD-9 codes as of 10/1/05, and the new CPT codes for 2006 will be effective 1/1/06... no grace periods, no phase-in dates, and supposedly ALL carriers should (heavy on the "should") be using these — but as we know in this not-so-perfect world, you have to check with each of your carriers and implement them as you are instructed. We can kick and scream all we want that they are supposed to be following the same guidelines, but bottom line is, we have to make sure our claims get paid and that means following the guidelines in different ways.

That also means all those "annual" things are coming due too — things like annual changes to fee schedules, annual staff evaluations, annual reporting and auditing, annual CPT updates (ICD-9's depending on carrier), and any other # of things on our plates!

I think the common refrain that I continue to hear, whether it be office-based or hospital-based billing departments, is that we all continue to do "more" (more reviews, more claims coded, more \$\$ posted, more reports created/reviewed, etc.) with "less" (less time, less staff, less resources), and struggle to do a quality job while we do. Our staffs look to us in many ways — to set the pace... the tone... the example... and it's darn hard to keep that cheery attitude and "lead" when all I want to do is take a blow-torch to that ever growing stack on my desk (what was that

code for pyromania??!!)

What I'd like to do with this column is two-fold: I'd like to use it to garner "input" from all of us — about the things we do to keep staff morale up, and perhaps even those things that help keep our own sanity intact. AND I'd like to try & share as many pieces of information about those "corner cutting" options — electronic accesses, carrier tips/tragedies, and anything you find useful. I'll keep poking around out there as well, but anything you find that is helpful, please take a moment (doesn't have to be a novel, even just a website address will do) to let me know and I'll compile them on a quarterly basis to share. Additionally, if/when we confirm access to new websites for eligibility and/or claims, we will go back through AAHAM and request that the information be forwarded out by e-mail immediately.

So for this edition, here goes:

- We just got our Medicare direct access (for us office-based practices, they haven't let us do this in the past) via VisionShare up and running and it's been an absolutely amazing tool. Definitely had some hair-pulling in getting our passwords and security codes from Medicare (only took 5 months!) but definitely is a time saver in all directions. Allows us to confirm actual name on record (since they now match up names EXACTLY), in addition to verifying things like Hospice, screening exam eligibility dates, Medicare Secondary Payor, and more, and as a result, means far less denials first time through.
- OneHealthPort continues to grow, not only in carriers for eligibility and claims status, but also for things like providing Secure Transport Protocols (STP) for transmitting claims, picking up your

daily reports (Medicare Batch Detail Control lists, 837's, 997's, and even 835's). We just transitioned from Premera's "dial-up" bulletin board to the STP via OneHealthPort and talk about quicker, faster, and more flexible — I've only had two staff set up to share a modem, so it's quite limiting — the STP protocol is via an internet website, so that allows me to train anybody with internet access (and a OneHealthPort User/Password) to process these.

- 835's, also known as Electronic Remittance Advices (ERA's), continue to expand for multitudes of carriers. If you have access to these, you need to continue to take advantage of them!! We are currently using Medicare, Group Health, working through the bugs with Regence; and lined up to implement next are Premera Blue Cross and DSHS/State Medicaid. After we have those up and running, I'll start contacting the other big carriers and see who we can process next.
- Molina continues to work on their "on-line eligibility and claims access". This will be through their own website, and has run into a number of difficulties since we first heard from them in this regard. As of the time of this article I have not gotten an updated time frame from them, but will keep you posted as I hear.
- Community Health Plan of WA has access to claims and eligibility and we are working on that process, and will provide additional information as we go live and can provide feedback as well!

Current Problems with carriers:

- Medicare Part B has a problem with at least one CPT code we're aware of — MRI Cervical Spine Without Contrast, 72141 — seems that there was an update in their system, references effective date 10/1/05, and messed up the payable ICD-9's on the current LCD/LMRP. This is the only code that we're currently aware of, but if you've started getting denials the end of October/first

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part of November on a specific CPT that HAS A KNOWN LCD/LMRP, ask the Medicare Call Center to fax you the print screens of the Procedure Code Inquiry and compare those to your LCD/LMRP list — that's how we identified that part of these are correct, and that they actually picked up the "lumbar" spine codes for part of them. This is currently being reviewed to see how it happened and what needs to be done to fix it!

Suggestions for Morale Boosters and/or Sanity Keepers:

- When you attend a meeting, take back something for staff — I've asked vendors if I might take a couple extra pens, and by doing that with 2 or 3 different things, you can usually garner one for each staff member. My staff has asked that we draw numbers for those items.
- We posted a smaller "white board" (wipe off kind) to note current problems or issues (like the Medicare CPT issue above) — staff can check the board before doing follow-up and other job duties, AND you won't have every single one of them asking you the same question!!
- Pick up bagels (or donuts, depends on the diets!) and bring them in one morning — just because! Inexpensive way to say a personal thank you — not only did you buy, but you took the time to do this for them.

I hope you find something useful in my articles, and that you will take a moment to drop me an e-mail (or give me a call) and help keep this informational for all of us! You can reach me at: Michelle R. Juette, CPC, RCC, Business Services Manager, Yakima Valley Radiology
michellej@yakrad.com or (509) 895-0402. 

BILLING LEAD

HealthServicesNW, Renton, WA

The Billing Lead assists with tracking and reporting information back to management. This position provides assistance and is a resource for others. Employees in this position will provide accurate and timely claims billing. Job assignments will include daily billing and account documentation functions. These functions carry out the Mission, Vision, and Core Values of HealthServicesNW by ensuring that all healthcare services provided at the facility are billed and paid both accurately and timely. These functions are performed in accordance with applicable laws and regulations, and HSNW policies and procedures.

The requirements for the position are: High School Diploma or GED equivalent. Five years hospital billing experience preferred. Experience with Washington Medicaid and Workers Compensation preferred.

We are looking for someone who has Proficiency in Excel & Office applications, strong organizational skills, medical and Insurance terminology, able to multi-task with high level of accuracy, team player/flexibility, strong communication skills and interpersonal skills, comprehensive understanding of claims submission, ability to understand and apply facility contracts and third party billing requirements, ability to function as a leader or reference person.

For more information visit www.hsnw.wa.providence.org, or send your resume and cover letter to pwrrecruit@providence.org.

CHITA Readiness Forum Offers Tips and Insights for Local Providers on National Healthcare Issues by Jim Fitzpatrick

Northwest healthcare professionals gathered on Tuesday, October 18 at Swedish Medical Center for CHITA's seventeenth "CHITA Readiness Forum." CHITA—the Community Health Information Technology Alliance—holds these quarterly half-day forums as a way to bring together health technology and patient safety professionals in the Puget Sound area to discuss HIPAA privacy and security issues, and more.

The session featured several presentations on the local implications of national initiatives and trends, and recommendations on how healthcare organizations can get ready for what's coming down the pike. Jim Fitzpatrick, Facilitator of the Washington Health Care Forum's Administrative Simplification Committee, discussed progress to date on both the national and local levels to implement a National Provider Identifier. He made recommendations on how healthcare organizations can keep track of changes by "communicating locally" and "monitoring nationally."

Dana Livingston Kenny of Miller Nash also gave the group an update on changes to HIPAA Privacy/Security Enforcement Regulations and the implications of these changes; and Mark Gary of Bennett, Bigelow & Leedom discussed recent amendments to Washington's Uniform Healthcare Information Act.

Three presenters addressed the complicated issues surrounding identity theft for healthcare organizations. The three speakers represented different perspectives—a provider perspective (from Rob Brown of the University of Washington Medical Center); a legal perspective (from John Christiansen of Christiansen Law), and a law enforcement perspective (from Ivan Orton of the King County Prosecutor's Office). They each offered recommendations for how an organization can protect themselves from criminals looking to steal identities, and how to respond, minimize damage, and comply with investigations once a crime has been committed.

The forum also included updates from two newly formed collaborative organizations. Alexis Wilson of MultiCare Health System, HIIAB board member, spoke about the goals and organization of the Health Information Infrastructure Advisory Board, created in July of this year by the state legislature. Margaret Stanley spoke about the mission and progress to date of the Puget Sound Health Alliance, which was formed following the recommendation by the King County Health Advisory Task Force convened by Executive Ron Sims in 2004.

For more information about CHITA and about the ongoing CHITA Readiness Forum series, go to www.chita.org. 





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formerly American Guild of Patient Account Management

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Chapter Chatter

The Newsletter of the AAHAM Inland Empire Chapter

Volume 20, Number 1

Winter 2006

President's Message

by Bonnie Berg, Inland Empire President

Dear Inland Empire AAHAM
Members,

I want to take this opportunity to welcome each of you to a new and exciting year in healthcare with AAHAM as a partner in meeting all of the challenges set before us!

As President for the 2006-2007 term, I am excited to look forward to what we can accomplish together. I have already had the opportunity to represent the Inland Empire Chapter at the National President's meeting in Arizona. It was refreshing to hear the National Board's commitment to building relationships throughout the organization. One of the strengths of the Inland Empire Chapter has been our commitment to each other. I believe that together we can accomplish most anything!

My greatest passion is education and certification. I have the privilege to serve on the National Certification Committee and will be leading our chapter in setting and achieving goals related to certification. We currently have 5 CPAMs and 53 CPAT/CCATs. There are 6 people sitting for the CPAM exam in April (watch for coaching dates – all are welcome) and numerous people already scheduled for the May CPAT exam. More on this wonderful opportunity for certification later.

The Inland Empire Board met at a retreat in Spokane on the 27th. We had a very productive meeting – you are well

represented by a wonderful dedicated, hard working board! The dates for this year's meetings are as follows (mark your calendars):



March 9-10
Tri-Cities

June 15th-16th
Wenatchee

August 24-25th
Templin's, Post Falls, Idaho

November 9-10th
Spokane

Watch for the registration and agenda for the March meeting coming soon!!



Inside this Issue:

- President's Message
- New Board Members
- Meeting Schedule





The Board Members for the new term are:



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MEETING SCHEDULE

March 9-10	Tri-Cities
June 15 th -16 th	Wenatchee
August 24-25 th	Templin's, Post Falls, Idaho
November 9-10	Spokane

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THE EVERGREEN CONNECTION

Volume 20, Number 1

Winter 2006

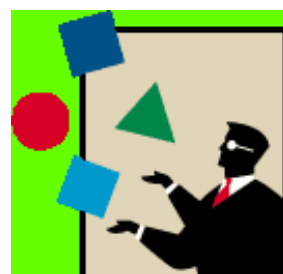
President's Message

by Gary Smith

Since this is the first President's Message I had to write, I have spent a significant part of the day reading the President's Messages, in previous newsletters, from Lee Johnson and Greg Moga. At first this did not help, as I read each message I kept convincing myself I wasn't up to this challenge. Their words provided insight and wisdom, which I was unsure if I could live up to. However, this started me thinking about wisdom. A few years back, probably while in middle school, someone shared their ideas concerning the difference between intelligence and wisdom; intelligence is knowing the answer, wisdom is knowing where to find the answers. This interpretation of wisdom has stuck with me for many years and is a large reason I was drawn to AAHAM. In our industry, no one person is going to have all the answers. Not only are the regulations, requirements and exceptions too much for a single individual to completely master, healthcare billing is in a state of flux, with no end in sight to this continuous change. So, in order to be successful in healthcare receivables, we must rely on being able to find the answers, rather than knowing it all.

The Evergreen Chapter has played a big part in assisting me in achieving many of my goals and successes. While, this chapter provides a means to find answers, it is more than that. AAHAM offers us the opportunity to network, establish

relationships, friendships and community. Lee Johnson was acutely aware of the importance of relationships and community, for improving the management of each of our organizations' receivables. Lee's theme for his 2004 – 2005 term as Evergreen Chapter President, was "Ohana." Ohana is a Hawaiian term loosely meaning family. Lee was able to start the process of fostering a sense of community and family within our chapter that will



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benefit all the members.

A clear demonstration of the above concept occurred to me today. While I was reading the previous President's Messages, I received an email from Tom Byron at WSHA. Tom sent me the recently released Statewide Databank Management Comparative Report, for the third quarter of 2005. Due to my involvement in AAHAM, I have been fortunate to establish relationships with various individuals within and outside the chapter. I had requested data from Tom several months back and now, unprompted, he sent me additional information, as it became available. While this is a great example of the benefits of active participation in the

chapter and being part of the Ohana, the data in the report, leads us to the next topic, results.

Statewide, we have been experiencing continued improvements to the management of Washington's hospital receivables. The third quarter numbers, continue to demonstrate this trend with significant improvements compared to the third quarter of 2004. The average number of days in accounts receivable, for Washington hospitals, were reduced by 4 days, from 64 to 60 days, with Medicare leading the way, dropping 7 days, from 50 to 43 days. The improvements to the accounts receivable, helped to increase the operating margins, from 3.30% to 4.30%. This report and more information is available on WSHA's website.

These improvements demonstrate the power we have when we work together to learn, grow and develop our industry in a united front. Although, the current trends are looking great, we have several large challenges facing us. The UB04, NPIs and ICD-10s are significant issues that we will need to tackle as a community in order to continue the positive trends. So, now is the perfect time to step up your involvement in the chapter. If you do not attend the meetings, join us for one. If you are interested in getting more involved with the chapter, we need additional members for the Government / Payor Relations, Membership, Certification and the Publications Committees. If you are interested, please contact me, gary.smith@providence.org



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MEETING NOTICE

Spring Target Workshop March 17, 2006

Northwest Hospital
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MEET YOUR BOARD MEMBERS

by Darlene Wood, CPAM

Patty Rinard was our Education Director for 2004-2005

Following is my interview with Patty:

Darlene: What was your first job in Healthcare?

Patty: My first job was switchboard and ED admitting at Monticello Medical Center in Longview. After that I was a lead in Admitting, Financial Counselor, Medicaid Specialist, and Credentialing and currently am the Manager of Patient Financial Services. I have 17 years in Healthcare.

Darlene: In your current position, what are your areas of responsibility?

Patty: I am the manager of Patient Financial Services. I am over all patient balances for our hospital and our medical group. Insurance verification, financial counseling, collections and patient calls are my areas of responsibility. I have been in this position since 2000 and report to the System Director.

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

Patty: I joined AAHAM in 2001. I have held the position of Director of Education.

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

Patty: My biggest challenge is following the ever changing cycle of Medicaid programs for patient eligibility and the increasing shift from insurance companies to higher patient responsibility and educating the patients of these.

Darlene: In closing, tell us about your hobbies and family.

Patty: I have three children and two grandchildren. I love to craft, stamp, sew, quilts, paint and garden. I also love to travel the northwest. My husband and I will celebrate our 27th anniversary next month.



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THANK YOU

Thanks to everyone who contributed to the success of the 2005 Silent Auction & Raffle at our December 1st joint meeting with HFMA. Your generosity resulted in our donation of \$1736 to the Northwest Harvest Food Bank.



CPAT Certification

By Jennifer R. Nies CPAM, Evergreen Chapter Certification Chairperson

The Evergreen Chapter is proud to announce 20 recipients of CPAT certification. Congratulations to the following Certified Patient Account Technicians (CPAT).

Please contact Jennifer Nies jennifer.nies@seattlechildrens.org for more information about certification or to schedule an examination.



Emelita Caldejon,
Harrison Memorial Hospital
Donna Canham, CPAT, HSNW
Lisa Edwards, CPAT, HSNW
Maria Gomez, CPAT, HSNW
Marisol Gonzalez, CPAT, HSNW
Cuong Ha, CPAT, HSNW
Passhun Hawkins, CPAT, HSNW
Jackie Hines, CPAT, OHSU
Debra Huckins, CPAT, HSNW
Sarah Krzeminski, CPAT, OHSU

Lynn Larson, CPAT, OHSU
Lisa Maringer, CPAT, HSNW
Carter Merle, CPAT, OHSN
LE-uyen Nguyen, CPAT, HSNW
Julie Onuliak, CPAT, OHSU
Maria Salinas, CPAT, HSNW
Imelda Santa Cruz, CPAT, HSNW
Lisa Vann, CPAT, OHSU
Julie Wilson, CPAT, OHSU
Sharee Wilson, CPAT, HSNW



Thanks to our Corporate Sponsors

Many AAHAM members may not realize how important our vendors are to the financial success of the Evergreen Chapter. In addition to their support for the AAHAM/HFMA Vendor Fair each year, their participation allows us to continually reflect a solid financial statement .

Gold Level

**Merchant's Credit Association
Pacific Medicaid/Outreach Services
R and B Solutions**

Silver Level

**AllianceOne
Audit & Adjustment Company
Per-Se Technologies (previously NDC Health)
Que Financial Services
Retail Lockbox
The SSI Group**

Bronze Level

**Benefit Recovery Services, Inc.
The Cirius Group
Cymetrix
IDM Services
Perot Systems
Wells Fargo Bank**

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 larry@audit-adjustment.com





CPAT Certification



**Congratulations to 21 newly
Certified Patient Account Technicians &
1 Certified Clinic Account Technician.
*Evergreen Chapter applauds your success.***

Jacqueline Cacka, CPAT
HealthServices NW

Shari Knutzen, CPAT
Oregon Health Sciences

Delsi Diaz, CPAT
HealthServices NW

Karin Martin, CPAT
Oregon Health Sciences

Kristina Foster, CPAT
HealthServices NW

Kristin Odell, CPAT
Oregon Health Sciences

Hendrick Parong, CPAT
HealthServices NW

Elaine Perkins, CPAT
Oregon Health Sciences

Cynthia Chapman, CPAT
Morton General Hospital

Maria Zialcita, CPAT
Oregon Health Sciences

Patricia Dillon, CPAT
Oregon Health Sciences

Elizabeth Alicea, CPAT
Oregon Health Sciences

Sharon Fawcett, CPAT
Oregon Health Sciences

Catherine Taino, CPAT
Harrison Memorial Hospital

Cynthia Forte, CPAT
Oregon Health Sciences

Dawn Barnett, CPAT
Harrison Memorial Hospital

Arlene Glueck, CPAT
Oregon Health Sciences

Terry Miner, CPAT
Harrison Memorial Hospital

Mary Johansen, CPAT
Oregon Health Sciences

Gloria Dennison, CPAT
Harrison Memorial Hospital

Lori Ruffin, CCAT
Health Services NW



February Technical Certification Exams Postponed:



The May CPAT/CCAT Exam dates are scheduled to occur
May 15-27, 2006.



newsletter for the

WASHINGTON STATE HEALTHCARE ACCESS MANAGEMENT ASSOCIATION

BOARD MEMBERS:

PRESIDENT:

Sara Blair

Patient Admitting/Access Manager
Northwest Hospital & Medical Center
sblair@nwsea.org

VICE PRESIDENT:

vacant

former VP, Donna Aasheim, CHAM
relocated early this year

SECRETARY/HISTORIAN:

Lynn Herberholz

Denial Management/Appeals Coordinator
Multicare Health Systems
Lynn.Herberholz@multicare.org

TREASURER/MEMBERSHIP CHAIR:

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Director, Access Services

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Volume 20, Number 1

Winter 2006

Message from the President

by Sara Blair,
WHAMA President

I find the benefit of having an avenue to access my Patient Access peers extremely powerful and exciting! It is satisfying to announce during meetings or when casually talking with colleagues, 'I queried my Patient Access peers and the community standard is...' I don't believe I am alone in this experience. I can now confidently communicate to my facility that I have an active network of peers. I can tap into their broad knowledge base when the latest compliance initiative is announced, a new and challenging process is implemented, new insurance plans come into effect, etc. My ability to effectively prioritize and navigate through the Patient Access landscape has significantly improved with the support of this network called WHAMA and it feels great!

Prior to WHAMA being revived, I was having lunch the Director of Care Management at my facility. She was telling me that her peers throughout the greater Seattle area have a monthly gathering over lunch. Their get togethers are very informal with no agenda or Board of Directors. She and her peers in the community simply meet to discuss what's happening in Care Management, who is trying new processes, what is working, lessons learned and so on. Being relatively new to my position of Patient Access Manager, I wanted to tap into my peers as well. I wanted to have some method of sharing the collective knowledge of Patient Access resources in the community, state and even nationally.

We've come a long way in a relatively

short time reviving WHAMA. The reception we have received has been especially positive. We can all appreciate the barrier of time, and often wish we could squeeze just a little more for educational offerings, email queries, conferences and the like. But the reality is we never seem to have enough time. In spite of that particular challenge, I am optimistic that the value of being involved in a professional association of peers who 'speak your language' will be the time we get back in short cycling problems and opportunities through our communication with each other. That will be the key factor in the continuing membership growth of WHAMA.

What has WHAMA been up to? Here are a few highlights:

We are about to launch our new website!

Our goal of publishing a website for WHAMA will soon be a reality! Stay tuned for whama.org to be live, tentatively

continued on next page...

Inside this Issue:

- Message from the President
- Northwest NAHAM Region Winter News

...continued from previous page

scheduled for the end of February. Special thanks to Judy Veazie for referring us to Register.com, somewhat of a 'build your own' website service.

Next Scheduled WHAMA Meeting:

The next quarterly WHAMA meeting is scheduled for late March or early April at Northwest Hospital & Medical Center. The meeting will be from 9am-12pm. The agenda will be forthcoming. Plan to have several vendors in attendance.

New Board:

The current Board has been in place since the association was revived in the early fall of 2004. Due to the fact that the membership was small, we made the decision to remain in place until the membership grew to a number that would reasonably allow for a new Board to be elected. The Treasurer position, currently held by Kathryn Stevens at MultiCare, is required to serve 4 consecutive terms. The other positions of President, Vice President and Secretary are to be elected each year. A query was sent to members in hopes to illicit interest to serve on the Board. Those of you who have served on Association Boards can appreciate the commitment required. I'm happy to report that we will be voting in a new Secretary and Vice President within the next month. The latter position has been vacant for over a year.

Our membership continues to grow:

WHAMA has almost 50 members now! I am optimistic that our membership will continue to grow to include Patient Access representatives from all Healthcare facilities throughout the state. A query was sent to non-members to determine the barriers to becoming involved; the consistent response was time and distance, no surprise! In an effort to accommodate the distance factor, we plan to hold meetings in various locations to accommodate more potential members.

As we embark on this year ahead, I look forward to continuing to work closely with AAHAM in blending the efforts of Patient Access and Patient Accounting. I also look fondly back on the fall of 2004 and remember how we got to this point. It feels great to be part of this growing association.



NORTHWEST NAHAM REGION WINTER NEWS

by, Kathryn Stevens, PhD, MBA

Hard to imagine that the summer and fall have come and gone and the holidays are rapidly approaching. Lots of activities helped speed the time passing, including NAHAM and regional meetings.

I attended the NAHAM Fall Board Meeting and learned of the plans for next year. Board members shared the region news and the exciting and valuable work of the committees, especially the Policy Development and Government Relations. We learned about the results of special projects, from the denials and POS collections collaborations, with highlights of the results soon to be published on the website. I was reminded of the value of networking and the rich resource pool that NAHAM provides to its members. Here's the NE list of these services.

WASHINGTON

Twenty members of the local NAHAM affiliate (WHAMA) turned out for our 2nd Patient Access get together. We try to do at least two of these each year and pick different sites to host these sessions so that the host facility can show off their Patient Access Model. We got to see Evergreen Hospital's setup in action and were impressed by the efficient processes they've created. Unfortunately our speaker was unable to join us but we had no problem filling the time with roundtable discussion, mostly about point-of-service copayments. Valley Hospital reports that the use of the automated system from TransUnion, ADRS, which identifies the patients' ability to pay or qualify for financial assistance, has helped them in the appropriate collection of deposits. Many people who previously paid the deposit were later determined to be eligible for Medicaid or Financial aid, which created

the need for a refund—something to consider before implementing POS collection in the ED. Overlake and Evergreen Hospitals shared the POS collection incentives (non-cash items) that have helped to increase amount collected. We discussed the challenges of calculating amount due for certain services and one hospital (sorry I didn't make a note of who) provide their front-end staff with a grid that shows pricing for the top surgeries performed and top payer benefit plans. Access staff members calculate from that grid and other tools and tell the patient the "anticipated" (versus estimated) amount owed for their service.

All attendees agreed that this kind of forum was beneficial. Although WHAMA does not yet have a website to communicate the calendar, we will continue to notify all hospitals of coming events via email. Make sure I have your address if you are not a member but want to receive these notices.

WHAMA co-hosted the quarterly meeting with AAHAM's local Chapter. The focus of this all day session was Leadership and customer service. The session was packed with informative and thought provoking ways of looking at leadership and of delivering outstanding customer service. Mike Meines was an amazing speaker and if you want to bring to your organization someone who looks differently at being there for the customer, contact me. He is affordable and delivers his message with outstanding humor and wisdom.

Montana, Idaho, and Wyoming

Thanks to those of you who were able to spend some time with me via phone and share your interests, concerns activities. Some of your state members may not have email addresses so please share this newsletter with your peers, whether members or not.

I learned that some Montana members are gearing up to take the CHAM. That was great to hear since it is my mission to

continued on next page...



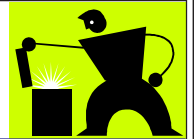
UPCOMING

Meetings & Events

Spring Target Workshop March 17th at Northwest Hospital

Spring Quarterly May 12th at Valley Medical Center

UPCOMING NATIONAL EVENTS



**April 4-5, 2006 AAHAM Legislative Day,
Washington, DC/Fairfax VA**

**October 25-27, 2006 37th Annual AAHAM ANI,
Scottsdale, AZ**

THE EVERGREEN CONNECTION

CHAPTER CHATTER

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