

Spring Newsletter

March 2021

Hello Spring!

Before Covid last year, the Spring had me looking forward to Legislative Days in Washington. I have actually never been before and was disappointed in not being able to attend my first one last year. This year Legislative Days will occur June 22-24, but be a virtual event. Even so, I am still looking forward to my first Legislative Days with AAHAM.

Congress is still trying to understand the impacts of this virus across the healthcare system. We cannot expect them to know every issue or understand every issue that comes across their desk. This is why AAHAM's virtual Legislative Day may be the most important meeting you attend this year on behalf of your hospital. This is an opportunity for us to connect with members of Congress and their staff and share with them the direct impacts COVID-19 has had on your hospital. AAHAM's top priorities this year include Prior Authorization and Patient Financial Advocates.



Western Reserve Chapter

Notes from Nan

Happy Spring, everyone!! I hope that you and your families are safe and well.

I would like to start by thanking you all for your continued support of the AAHAM educational programs. Our joint educational session with Northeast Ohio HFMA boasted over 400 registrations!!

While the pandemic necessitated a virtual meeting environment, and we all miss meeting in person, the format has been very well-received. I am confident that a hybrid virtual/in-person model will be the norm moving forward. Special thanks to Maureen Smith, our technical coordinator, who has done a wonderful job of guiding us through the virtual meeting environment. As always, thanks also to our esteemed Corporate Partners. We would not be able to present these quality educational sessions without their loyalty and support.

After our February 18th meeting provided a successful start to 2021, we are excited to announce the meeting schedule for the rest of the year:

6/18/21 - Half-day Virtual Meeting

9/23/21 - Virtual Fall Conference. Full day event packed with education and fun surprises!

12/3/21-IN-PERSON (fingers crossed) half day Holiday Meeting at CCF Akron General Health and Wellness Center, Fairlawn OH.

As you have heard me say a hundred times, AAHAM Western Reserve Chapter is committed to providing quality education covering timely Revenue Cycle topics. Please feel free to email me with any comments about previous educational sessions or with ideas for topics that would be of interest to you.

I am looking forward to seeing your smiling faces in person in December. Until then, continue to be safe, get vaccinated and I would love to hear from you!

Nan Woldin
Second Vice President-Education Committee Chair
nwoldin@gmail.com

With this being a virtual event, it is even more affordable for many to attend. Registration is now open. I strongly encourage anyone that is able to attend this year's Legislative Days.

I hope to "see" you there.

Sincerely,
Marcie Carek



AAHAM Western Reserve President

Patient Financial Advocate Task Force

In late 2020, AAHAM announced the formation of a National Patient Financial Advocate Task Force. The top priority being the creation of a Patient Financial Advocate Pledge. This Pledge embodies the standards and principles that AAHAM early out and third-party collection agency members personify when contacting patients regarding out-of-pocket healthcare costs. The Pledge epitomizes the N.I.C.E. promise for the patient experience.

To learn more about the N.I.C.E. promise and advocate pledge visit aaham.org.



Want to obtain the Patient Advocate Seal for your organization?

Email ken.koerner@cghmc.com stating your organization abides by the Pledge and that you are applying for the seal.

Upon review of your acknowledgement that your organization operates within the standards of the Pledge, AAHAM will email you the patient Advocate Seal.

AAHAM Scholarships

The National AAHAM Scholarship Program provides for two classifications of awards. The primary emphasis is towards a member who applies and qualifies. Consideration is also given to an application submitted by a spouse, child, or grandchild of a National member.

Anyone interested in applying for The National AAHAM Scholarship should complete and submit a formal application to the National AAHAM Office by May 31st. The submission forms can be located [here](#).

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Thursday, March 4, 2021

Rural Hospitals Get \$8.5B In Senate Relief Bill

Rural hospitals are slated to get \$8.5 billion in bailout funding in the Senate version of Democrats' Covid stimulus package.

The legislation specifies that the new funding, which is separate from a provider relief fund Congress established almost a year ago, is designated to help rural providers cover expenses and losses related to the pandemic. Rural hospitals have faced a wave of closures over the last decade and have been especially vulnerable to financial problems throughout this health crisis.

The provision will be a disappointment for powerhouse hospital lobbying groups who urged lawmakers to add \$35 billion in bailout funds, with a dedicated portion for rural providers. But Democratic leaders have appeared reluctant to add to the existing \$175 billion provider relief fund, which helps facilities shoulder the costs of Covid-related treatment and equipment and offset lost revenue from canceled elective procedures. President Joe Biden and House Democrats both left out provider bailout money in their rescue plans.

There's about \$24 billion remaining in the provider relief fund, according to the federal health agency overseeing it. However, not all the money that's been spent has been publicly accounted for, leading to some confusion.

Telehealth Expands and Audits Have Started

“Do you have a technology solution in your strategy?”

**Lyman Sornberger, Principal
Lyman Healthcare Solutions**

The COVID-19 pandemic has accelerated the use of telehealth/telemedicine in U.S. healthcare. Providers and partners should benefit from this trend, as remote care services are helping to effectively provide a revenue stop-gap during this time of patients concerns with entering the healthcare system and social distancing. The question is whether everyone is prepared for this new future of Patient Financial Service and Revenue Cycle Management and do we have the right partners to support the “new normal”?

Telemedicine is largely providing revenue continuity and the downstream impact with doctors continuing to minimize cancelled patients visits, improve patient satisfaction, increase reimbursement, prescribe medications, and maximize healthcare reimbursement at a lower cost.

Note: that it is anticipated that behavioral health and post care rehabilitation will jump on that band wagon.

All of this is good news for health systems and consumerism, but it comes with one caveat: The demand for telehealth after the Covid-19 ends will depend on whether payers will continue to reimburse telehealth at current levels. At the moment, its payout is higher than in the past due to temporary waivers that are slated to evaporate once the public health crisis ends.

Hospital executives usually say that telemedicine improves patient access. But truth be known it has an impact on the total Patient Financial Services (PFS)/Revenue Cycle Management (RCM).

In the short-term providers have interpreted the opportunity with telemedicine to be a “green field”. It has been identified that many bill payers at levels of service that historically would not have been reimbursed. Some have interpreted the “relaxed rules” to be an opportunity to be compensated for services since with Covid-19-elective services have declined.

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AAHAM Certifications

Certified Revenue Cycle Executive (CRCE) The CRCE exam is directed to the executive level staff member. The CRCE exam is the highest level of difficulty combining content knowledge of the business with critical thinking and communication skills. It is comparable to earning a CPA or passing the bar exam.

Certified Revenue Cycle Professional (CRCP) The CRCP exam is directed to the supervisor or manager level staff member. It requires in-depth knowledge of focused functional areas of the revenue cycle.

Certified Revenue Cycle Specialist (CRCS) This exam is directed to staff who have responsibilities in the revenue cycle with a focus on specific knowledge required in registration (front desk), billing and credit and collections.

Certified Compliance Technician (CCT) The CCT exam is intended to meet employers' annual compliance training requirements and to support individuals with professional compliance responsibilities.

In other words, telehealth offers several opportunities to improve profitability and hospital revenue.

A recent Klas survey noted that hospital executives noted as telemedicine [49%] was their number one "innovation priority".

Let's add that more than twenty years ago, patient responsibility was in the 5% range. Today it is more like 20% and many predict that it will reach 30% in 2021. That is a significant loss that hospitals cannot afford to just write off.

Patients are more receptive to the "telehealth consumerism" concept with not only convenience but a savings to historical visit costs to include lost work, parking, and time invested to a real time face to face care event.

Some have coined the term with telehealth as the new "concierge healthcare service".

The Medical Group Management Association has documented that many hospitals have no show rates as high as more than 50%. Best run practices are now showing a 12% no show daily rate for visits. Historically, even 5% was painful to the providers bottom line.

Telemedicine is showing a minimal no-show rate, immediate access to care, and patients are enthusiastic about not having to deal with the historical complexity of a real time visit.

A recent MD Live survey found that adults 18 to 34 prefer same day health visits. An Intel study found that more than 70% of patients are more receptive to telemedical care [regardless of age]. It is all about consumerism of healthcare.

All said, "no good deed is unpunished" and that has been true for healthcare revenue cycle for years. In spite of the flexibility to providers for telehealth/telemedicine reimbursement; providers are now having denials and audits.

Primarily due to their internal interpretation of the reasonable flexibility with Covid-19, their understanding of the rules with telehealth/telemedicine; the rapid change and communications, and/or the fiscal concerns.

CMS [released](#) the 2021 physician fee schedule Dec. 1 with expanded telehealth services. Telehealth is growing and there are constant changes that will make them “ripe” for health system audits

Recent audits are finding that PHI has been relaxed with telehealth. That never meant that “over-coding” was not at risk. Recent examples in large health systems in OH, PA, AZ, FL, NC, and CA are finding that providers assumed the new COVID rules to communications to not factor in “standard coding and documentation requirements”. Simply to verify the appropriate level of service. Be on watch that behavioral health and high-risk elective care will have audit exposure. Many health systems have been sensitive and realize that documentation and coding is key to clinical and financial responsibility. Do you have a technology solution in place like BlueMark to compliment these challenges?

Covid-19 did not relinquish exposure to audits.

Telehealth/Telemedicine is not going away post Covid-19

Do you have a technology strategy for audits and denials?

BlueMark Solution:

The most effective way for providers to prepare for telehealth audits or any other type of audit is to implement a comprehensive audit management and response process. This will include identify dedicated staff and resources to receive, evaluate and respond to the audit requests and implementing a core audit management platform to make the entire process more efficient and effective. Today’s audit solutions have the ability to aggregate multiple points of data form disparate systems to automate and streamline the audit response process.

The main benefit of implementing a comprehensive audit management solution is to protect valuable insurance reimbursement dollars. This has become even more important with the revenue challenges resulting from the COVID-19 pandemic felt across healthcare providers of all types.

Upcoming Registration & Certification Exam Dates

[April 15, 2021](#)
Registration Deadline for July 2021 exams

[July 19-30, 2021](#)
July 2021 Exam Dates

[August 16, 2021](#)
Registration Deadline for November 2021 exams

[November 8-19, 2021](#)
November 2021 exams

[December 15, 2021](#)
Registration deadline for March 2022 exam

[June 2021](#)
Virtual Legislative Days
Registration Brochure coming soon

Upcoming AAHAM National Webinars

[April 7, 2021](#)
Recover Lost Revenue
Through Out-of-State Medicaid
1:30pm- 2:30pm

[April 21, 2021](#)
Consumer Communication Preferences &
the Consumer Financial Protection
Bureau’s Debt Collection Rule
1:30pm- 3:00pm

Learn more about these webinars [here](#) !!

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Additionally, audit solutions ensure compliance with time sensitive deadlines that often times accompany audit response process. With advances in artificial intelligence and process automation, clinical staff is freed to focus on more value-added tasks such as direct patient care. It is critical for revenue cycle leaders to measure and track the real-time financial impact of audit activity. Audit solutions can indicate current exposure in addition to predicting future exposure based upon relevant clinical indicators. Even if a provider's recent telehealth activity is not currently under audit, it may be a good idea to review submitted claims and plan for future audit activity accordingly.

There are several different audit and denials management solutions on the market today, but the features, benefits and costs will vary depending on which solution a provider chooses to implement. When selecting a new platform there are several critical pieces of functionality that should always be included in a new solution. Possibly the most important is full interface connectivity between the audit and denials platform and other related solution across the enterprise. The solution should be able to import claims, remittance, and electronic documentation requests, while exporting billing indicators and claim referrals to either release of information or appeals management systems. When fully integrated, over 90% of required data field can be sourced automatically without manual data entry.

If available, integrated release of information can be another valuable tool in the audit management and response process. By leveraging electronic document transmissions, including receiving initial documentation requests electronically and the electronic submission of medical records in response. For the Medicare Recovery Audit community this process is delivered through Health Information Handlers and the esMD Gateway. For Medicaid auditors and commercial payers, custom interfaces with their portals can also be developed and integrated with the audit management platform. This capability can result in tremendous saving of time and money over the traditional paper-based approach to audit document transmission.

Having the right workflow tools in place can customize an audit management solution to meet a provider's individual and specific needs. Case management tools include custom account status models, integrated workflows, intuitive work queues and activity notifications as audits move through the response process. With customizable payer contract tools, the solution can be configured to the specific commercial payer audit and denial rules and requirements. This allows for a single platform to manage both government and commercial audit activity. The final key piece of functionality is a comprehensive reporting package. It is important to have access to real-time audit status, worker productivity, and financial impact.

AAHAM Western Reserve truly lost a legend on March 7 when Jim McCauley suddenly passed away. So many of us can recall their first AAHAM meeting, feeling like a stranger and nervous, only to be greeted by Jim, who could make anyone feel like family. Even though he may not have been an official board member at the time, he was our chapter's "welcome committee".

To hear his deep baritone voice or that infectious laugh could put an instant smile on anyone's face. Jim was a friend to everyone, whether you were a provider, vendor, catering staff member, or speaker/presenter. His kindness should be an example of how everyone should treat everyone and be treated by everyone. To sit at the same table with Jim at an AAHAM Meeting was not only a privilege, but a treat (it actually was a secretly coveted honor). That man was exceedingly knowledgeable about not only Healthcare Revenue Cycle, but all topics of general interest. He could tell you about his favorite car he drove as a youngster as well as what wine paired well with a particular meal.

As a vendor at an AAHAM meeting, Jim never made anyone feel he was trying to sell or push his services. Everyone knew Jim was Quadax, and Quadax was Jim. If you wanted to learn more about that, he was happy to schedule a time to discuss at another time, which is one of the reasons he was so successful.

Our hearts go out to his family, whom he spoke of glowingly every chance he got. If anyone knew how to balance work and home life, it was Jim.

So yes ~~ the next time our Chapter can gather together in one room, there will not only be an empty seat, but also an empty space in so many of our hearts. We raise a glass to honor a truly special person

~~ To you, Jim. Rest well knowing you will be missed by those who loved you so much.

-Sandy Pepper

FOREVER IN OUR HEARTS

JAMES MCCAULEY



1944-2021