

THE LINCOLN LOG



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Award winning e-Magazine for the Illinois AAHAM Chapter

2004-2005

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*Saying
Goodbye
to
2005*

Thank You

for your Service!

Articles in this Issue:

Hospital Pre-Admitting Concept and Revenue Cycle Practices

How to Deal with "Energy Suckers"

The Essentials of Financial Counseling in Today's Hospital Setting

The Ten Traits of Legendary Leaders

"Shine your Light".....Who you are makes a Difference

Next Meeting December 8, 9

Winter 2005

THE LINCOLN LOG

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★ The stars and years located on the Lincoln Log logo represent the number of first place finishes for Illinois AAHAM in the publication category at AAHAM National.

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The LINCOLN LOG magazine is published four times annually by the AAHAM ILLINOIS CHAPTER to update the membership regarding chapter and national activities as well as to provide information useful to health care administrative professionals.

Opinions expressed in articles or features are those of the author(s) and do not necessarily reflect the views of the Illinois Chapter - AAHAM, the National AAHAM organization or the editor.

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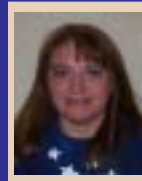
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Veronica Modricker

President's Message

Dear ILAAHAM Friends,

As my two year term as your President comes to an end, I want to thank and acknowledge all of you for your perseverance and drive to, once again, make your Illinois Chapter one of the top organizations in the United States.

I am listing just a few of the items that you have accomplished at a local level that has certainly been recognized nationally.

- Conducted web coaching sessions & personal training for certification
- Administered over 100 certification exams in Illinois
- Supplied local educational programs with renowned speakers on healthcare hot topics from Revenue Cycle Improvements to IL Public Aid Delays to New Workers' Compensation Laws and the new Medicare Drug Prescription Act
- Written articles, by IL members, that have appeared in the AAHAM National Journal magazine
- Devised surveys for the membership on the internet Survey Monkey
- Submitted four toolkits that were accepted and published on the National AAHAM website
- Grew our local chapter by 12%

- Became the first chapter to devise and submit electronic ballot voting
- Received the following National Awards of Journal, Membership and Chapter Excellence
- Had the largest number of IL members participate and contribute to the success of the first of many National Legislative Days in Washington, D.C.

I could go on and on, but Trace's computer would probably blow a gasket trying to send the Log out this month, so I will end with saying how proud I have been to have had the opportunity to represent our chapter these short 24 months. You know the sky is the limit for our chapter to grow and thrive with your creativity and hard work. New officers and board will be elected soon, and I know we will give them our full support!

Have a blessed and peaceful holiday and I hope I will see all of you at our "Mexican Fiesta" December ASI on the 8th. You all deserve to experience and enjoy this extravaganza!

Veronica Modricker

IL AAHAM Chapter President



HOSPITAL PRE-ADMITTING CONCEPT and REVENUE CYCLE PRACTICES

By: Robert V. Jacobs, CPAM

A patient doesn't appear at your door hoping to get a "good seat to read the latest magazine." That customer is there for medical care, and a lengthy wait only aggravates the situation.

A successful pre-registration program can lay the groundwork for a good flow of information that will follow the patient through the complete admitting process.

That's why everyone should aim toward pre-admitting between 75% to 90% of your admissions.

The advantages of this type of program are as follows:

- . Getting correct/complete information
- . Decrease long waiting time for admitting interviews
- . Enable the staff to make sound credit judgments
- . Make financial arrangements
- . Have time for insurance benefit calls

One key element to reducing the net days revenue outstanding and improving cash flow is to initiate date collection activity before the patient is admitted or prior to medical service.

The system should provide for strong patient communication and as a result becomes the hospital's cornerstone for a successful collection program.

Accurate and concise information gathering is an important element in the pre-admission process and in the collecting of self-pay portions.

The pre-admission process includes initial patient contact, collection of demographic and financial information, insurance verification, pre-certification, patient deposit calculation, and payment arrangements.

The pre-admission program benefits both the patient and the physician. The larger part of the admission

process can be completed before the patient arrives at the facility and has a "two-fold benefit."

- . It reduces patient waiting time,
- . It gives ample time to verify all information and resolve any insurance and prior open balance issues before the patient's admission.

The "key items" of the pre-admitting department are listed below:

- . **Telephone patient contact,**
- . **Insurance verification,**
- . **Pre-Certification processing,**
- . **Checking on all self-pay portions,**
- . **Opportunity to screen the patient for charity,**
- . **Deposit calculation,**
- . **Checking for open accounts / bad debt write-offs,**
- . **Establishing payment arrangements.**

The process gathering must be:

- . **Timely**
- . **Complete**
- . **Consistent**

In keeping up with obtaining the best available information a state ID or drivers license must be required for identification purposes. Some hospital facilities have gone to have a picture taken in order to prove the patient is the person getting treatment. The "place of employment" should be called during the insurance verification aspect of the process because you may get patients having healthcare insurance cards but not being gainfully employed. The registration staff must have on-going training to reinforce the importance of obtaining "authorization" for the patient's services. Another step to prevent losses is to observe the practice to determine "pre-existing condition" by calling the insurance carrier to verify medical service is covered under the patient's plan.



HOSPITAL PRE-ADMITTING CONCEPT and REVENUE CYCLE PRACTICES

The “rule of thumb” for patient contact concerning a deposit amount is as follows:

Any reservations received more than 72 hours before admission the patient will be notified of the deposit requirement no later than 48 hours before admission.

Any reservations received less than 72 hours before admission the patient will be notified of the deposit no later than 24 hours before admission.

Any patient admitted on a routine or urgent basis less than 24 hours before admission, the patient will be notified of the deposit requirement and forwarded to the financial counselor.

The need of the program and the benefits that can be obtained are listed below:

- . It gives personalized service for the patients while enhancing continuity in the office,
- . It helps develop better public relations because of better program understanding,
- . It improves the ability to screen patients financially and accurately estimate deposits,
- . It allows the patient time to familiarize themselves with the hospital policies,
- . It gives the patient time to relax and time to make any needed arrangements for their households.
- . It verifies third-party coverage before admission.

Good service is another key to keeping your patients. When you keep patients through good service, you create a positive cycle of higher profit margins, lower staff turnover, better customer service and higher patient satisfaction.

If the hospital uses the pre-admission program properly it can benefit the patient as well as the hospital through expedited admission and having a better understanding of hospital policies and procedures.

You need to establish a “link” between the admissions office and the business office in regards to credit and collections. Obtaining the right information at the port of entry is critical to most of the outcomes of the account.

In the end, service is not merely what you can do for your patients, but how you do it. This step provides basis for comparison between your hospital facility and the hospital down the street.

In conclusion, the total revenue cycle depends upon having an effective team approach. The registration/admitting department’s need to track and monitor their key indicators. The personnel and their functions are vital to the overall success of the hospital, and the front-end associates are generally the first staff encountered by the patient. Trained staff that is familiar with these procedures will enable the process to flow in a timely, and have a positive approach in dealing with our patients/customers.

About The Author:

Robert V. Jacobs has over twenty (20) years of healthcare experience. He began his healthcare career at a large inter-city unionized medical center. While working in a Catholic Hospital, his success for the financial turnaround was featured in a healthcare magazine. He had worked at a behavioral health hospital before joining a hospital consulting/revenue cycle agency, which incorporated process improvement at over thirty (30) hospitals in Indiana. In 2000, he joined one of the largest hospital chains and was highlighted in a leading receivable magazine as having one of the ten best hospitals in revenue cycle practices in the U.S. Currently, he is working at a for-profit hospital as Director of Patient Financial Services. He is an active member of the HFMA, AAHAM, and NAHAM health state organizations.



How to Deal With Energy Suckers (Negative People)

by Barbara Bartlein

We all know some; maybe at work or even at home. The Energy Suckers. They will suck you dry if you fall into their trap.

Energy Suckers are negative people. It's easy to know when you are with them because the longer the exposure, the more drained you feel. You try to avoid them, but Energy Suckers thrive on spreading bad tidings so they seek you out. They show up in your office, at meetings, and family gatherings.

If they call you on the phone, your stomach starts to hurt as soon as you realize who is calling. While you pretend to listen, you are really thinking of a way to get off the phone. In fact you try to return their calls when you know they won't be at home or at the office. You just want credit for the call; you don't really want to talk with them.

While you don't want to join them in the mud, they seem to know when you are vulnerable and try to pull you in. You may even find, to your dismay that you agree with some of what they are saying.

So how do you protect yourself? Here are some of the common types of Energy Suckers and how to deal with them:

- **The Seagull** — These are often managers or supervisors. They fly by when everyone is busy with a project, deposit garbage all over and soar away after destroying enthusiasm. They tend to pick at details like they are combing the beach, making negative comments as they work. They leave staff and co-workers feeling defeated and unappreciated.

Solution: Obtain careful clarification before starting a project. If there has been confusion in the past with this Sucker, you may want to get things in writing.

- **The Yeh-Butts** — While they pretend to be friendly, their real focus is on the negative. They often use the phrase, "Yeh, but ..." They then describe why the procedure, idea, or approach couldn't possibly work. Experienced "Yeh-Butts" extend their method to other areas of life as well. If you mention the great weather, they say, "Yeh, but it's supposed to rain by the weekend." If you tell them they look nice, they say, "Yeh, but this dress really isn't in style anymore." They are not happy and they want you to know it.

Solution: Ignore Yeh-Butts and their awful phrase. You may want to charge a quarter when ever someone in the office or at home uses the "Yeh, But" phrase.

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How to Deal With Energy Suckers (Negative People)

- **The Muck Mixers**—These are the folks who love to stir the pot. They look for gossip or “information” that they feel they must know and then take it upon themselves to disseminate the dirt. They adore turmoil and conflict and will feed both if given the chance. Muck Mixers often “keep score” and tend to remember obscure information that can hurt others or their reputations. They are sometimes hard to ignore because their information is SOOO interesting.

Solution: Avoid them like the plague or you will also become fodder for discussion. Their lack of productivity will eventually catch up with them. Make sure you are not standing next to them when they go down.

- **Melvin Milktoast or Dorothy Doormat**—These are the male and female equivalents of the Martyr. They are absolutely convinced that no one has seen the trouble they have. No one works as hard as they do. And they are the only ones who do not get a break. They seem to find trouble and then want everyone to know how they fix things at great personal expense. They may try to make those around them feel guilty with their superhuman efforts.

Solution: Let them work. You have worked too hard to have a balanced life to fall for this game.

Stay away from the Energy Suckers in your life. Spend your time with people who lift you up...not pull you down. You will find your own energy to be contagious.

Barbara Bartlein is The People Pro and President of Great Lakes Consulting Group. She can be reached at 888-747-9953 by e-mail at Barb@ThePeoplePro.com or visit her website at www.ThePeoplePro.com. Copyright, October 2005 by Barbara Bartlein. All Rights Reserved.

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The Essentials of Financial Counseling in Today's Hospital Setting

By: Robert V. Jacobs, CPAM

The hospital business office has changed from just requiring to create a bill, but how to provide the patient and the family all of the avenues available in order to get the bill paid along with how any patient portion's can be handled and resolved.

Most of the hospital finance directors defined the financial counselors role as explaining how insurance third-party payers cover the hospital bill, and the payment options for the patient on the amounts not covered.

The financial counselor's role is to make sure the patient understands the hospital financial policies, and the ways any self-pay co-pays and deductibles can be paid.

They also serve as the liaison between the patient and the Medicaid state program, and for reviewing and granting any charity based on the government poverty guidelines.

Having financial counselors who know the ins and outs of the insurance carriers patient portions, and being able to explain what the customer owes following insurance is a key to the success of the program.

For the patient, it's difficult enough to deal with an illness and then have to handle the financial burden as well. In most cases, if the patient has a problem paying the hospital bill then most likely they have other financial problems. For the financial counselor, they must find all of the alternatives to either get the self-pay portion paid or be able to establish a monthly patient arrangement that will meet the needs of the patient.

During pre-registration is a good time to determine the patient's liability, and depending on the amount and time before surgery or treatment the financial counselor should get involved with the case.

There are still hospitals adjusting and having some difficulties when getting patient objections for collecting at the time of service. Some of the major issues from the patient population are listed below:

- * **I have never had to pay at the time of service before**
- * **I thought my insurance paid for everything**
- * **I didn't bring any money today**
- * **I can't pay in full**

All of these questions can be answered effectively, and the job of the financial counselor is to **SELL** the importance of paying today.

Self-pay is continuing the upward climb and can make up at least 20% to 25% of the hospital's net revenue. Increased insurance premiums are having the employers transfer more of this liability on to the employees which leads to a higher self-pay portion.

Collecting these self-pay amounts at the time of service or treatment makes a lot of sense. One of the major financial counselors tasks is to reach out to these customers and explain their responsibility. Not collecting this cash will lead to higher bad debt, and a slow down in cash collections.

Establishing a payment program that will allow the patient the opportunity to make payments is another effective tool in controlling the cash flow. Many hospital facilities are giving a discount to the patients making the monthly payment on time. Also it has been shown by giving a discount on the true self-pay patient including the patient's who have a co-pay after insurance has increased overall monthly collections up to 40%. This step has proven to be one of the key factors for increasing self-pay payments.

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THE ESSENTIALS OF FINANCIAL COUNSELING IN TODAY'S HOSPITAL SETTING

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Developing some major financial counseling functions will help you to handle this ever growing self-pay problem. Some of them that have worked well at a number of hospitals are as follows:

- **Handle all patient walk-ins / calls / and take payments**
- **Make payment arrangements**
- **Determine co-pays / self-pay portions / deductibles**
- **Make floor visits for the in-house patients in order to discuss any financial obligations**
- **Work with the patients needing Medicaid/Public Aid**
- **Work with admitting / registration staff on problem cases**

Some of the options the hospitals are offering that have been successful are as follows:

- **Interest free internal payment plans**
- **Outside bank loans**
- **Taking partial deposits**
- **Credit bureau scoring**
- **Charity above federal guidelines**
- **All credit card processing**

CONCLUSION:

The uninsured patient population is not going to fall into very many of these self-pay programs, and with the continuing rise of employees not taking or selecting healthcare coverage this trend will continue. Many hospital facilities have seen an increase for the self-pay population using the Emergency Room as their physician, and this becomes the only means in getting treatment. This population will always be an issue and a on-going financial problem as most of these patients are unemployed.

The area that you need to continue to concentrate on is the self-pay after insurance group, and the self-employed. These groups of payers usually have the means to make arrangements or pay the bill.

It is very important to spell out your hospital procedures in regard to credit, payment, discount, and charity policies. Once your patient base understands the self-pay concept, and the registration staff along with the financial counselors can explain your guidelines then the collection process will continue to improve on a monthly basis.

ABOUT THE AUTHOR:

Robert V. Jacobs has over twenty (20) years of healthcare experience. He began his healthcare career at a large inter-city unionized medical center. While working in a Catholic Hospital, his success for the financial turnaround was featured in a healthcare magazine. He had worked at a behavioral health hospital before joining a consulting / revenue cycle agency, which incorporated process improvement at over thirty (30) hospitals in Indiana. In 2000, he joined one of the largest hospital chains and was highlighted in a leading receivable magazine as having one of the ten best hospitals in revenue cycle practices in the U.S. Currently, he is working at a for-profit hospital as Director of Patient Financial Services. He is an active member of the HFMA, AAHAM, and NAHAM health state organizations.

SHINE YOUR LIGHT ... WHO YOU ARE MAKES A DIFFERENCE

A teacher in New York decided to honor each of her seniors in high school by telling them the difference they each made. She called each student to the front of the class, one at a time. First she told each of them how they had made a difference to her and the class.

Then she presented each of them with a blue ribbon imprinted with gold letters, which read, "Who I Am Makes a Difference."

Afterwards the teacher decided to do a class project to see what kind of impact recognition would have on a community. She gave each of the students three more ribbons and instructed them to go out and spread this acknowledgment ceremony. Then they were to follow up on the results, see who honored whom and report back to the class in about a week.

One of the boys in the class went to a junior executive in a nearby company and honored him for helping him with his career planning. He gave him a blue ribbon and put it on his shirt. Then he gave him two extra ribbons and said, "We're doing a class project on recognition, and we'd like you to go out find somebody to honor, give them a blue ribbon, then give them the extra blue ribbon so they can acknowledge a third person to keep this acknowledgment ceremony going. Then please report back to me and tell me what happened."

Later that day the junior executive went in to see his boss, who had been noted, by the way, as being kind of a grouchy fellow. He sat his boss down and he told him that he deeply admired him for being a creative genius.

The boss seemed very surprised. The junior executive asked him if he would accept the gift of the blue ribbon and would he give him permission to put it on him. His surprised boss said, "Well, sure." The junior executive took the blue ribbon and placed it right on his boss's jacket above his heart.

As he gave him the last extra ribbon, he said, "Would you do me a favor? Would you take this extra ribbon and pass it on by honoring somebody else? The young boy who first gave me the ribbons is doing a project in school and we want to keep this recognition ceremony going and find out how it affects people."

That night the boss came home to his 14-year-old son and sat him down. He said, "The most incredible thing happened to me today. I was in my office and one of the junior executives came in and told me he admired me and gave me a blue ribbon for being a creative genius. Imagine. He thinks I'm a creative genius. Then he put this blue ribbon that says: "Who I Am Makes a Difference, on my jacket above my heart. He gave me an extra ribbon and asked me to find somebody else to honor. As I was driving home tonight, I started thinking about whom I would honor with this ribbon and I thought about you.

I want to honor you. My days are really hectic and when I come home I don't pay a lot of attention to you. Sometimes I scream at you for not getting good enough grades in school and for your bedroom being a mess, but somehow tonight, I just wanted to sit here and, well, just let you know that you do make a difference to me. Besides your mother, you are the most important person in my life. You're a great kid and I love you!"

The startled boy started to sob and sob, and he couldn't stop crying. His whole body shook. He looked up at his father and said through his tears, "Dad, earlier tonight I sat in my room and wrote a letter to you and Mom explaining why I had killed myself and asking you to forgive me. I was going to commit suicide tonight after you were asleep. I just didn't think that you cared at all. The letter is upstairs. I don't think I need it after all."

His father walked upstairs and found a heartfelt letter full of anguish and pain. The envelope was addressed, "Mom and Dad."

The boss went back to work a changed man. He was no longer a grouch but made sure to let all his employees know that they made a difference. The junior executive helped several other young people with career planning and never forgot to let them know that they made a difference in his life...one being the boss's son.

And the young boy and his classmates learned a valuable lesson. Who you are DOES make a difference.

You never know what kind of difference a little encouragement can make to a person.



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The People Pro
By Barbara Bartlein

The **10** Traits of Legendary Leaders

What is the difference between leaders that are great and other leaders? This is an area that has been studied by many writers like John Kotter in *The General Managers*, Warren Bennis in *On Becoming a Leader*, and Burt Nanus in *Visionary Leadership*. But after consulting with dozens of CEO's and executives in fortune 500 companies, here are the 10 traits that we have seen most often with great leaders. Legendary leaders:

- 1. Seek significance (people) rather than success (money).** Great leaders are focused on people; their families, employees, and customers. They evaluate each initiative, plan and decision as to the impact on these key stakeholders. People are consistently put first at work and at home.
- 2. Serve a purpose rather than achieve results.** In a corporate world where quarterly results and profits are the barometer of success, effective leaders resist the pressure for immediate gratification and focus on long term purpose. They evaluate new product and services based on the needs in the marketplace and how they can improve the lives of the users.
- 3. Focus on “what can I give?” rather than “what can I get?”** Great leaders follow a philosophy of abundance. They know that the more they give, the more that returns. Instead of fighting to get a bigger piece of the pie, they work to make the pie larger.
- 4. Do the right thing regardless of the outcome.** Legendary leaders listen to their guts and follow a moral compass. With a high value on creativity and intuition, great leaders take time each day for reflection and meditation. They know that creativity does not take place in a cluttered mind.
- 5. Expect in advance for things to go wrong.** Problems are not only anticipated they are sought out by great leaders. They know that every computer conversion, new product launch and corporate initiative will result in glitches. They openly communicate this to staff so all are comfortable with change and, at times, ambiguity.
- 6. Redefine failure for learning.** When things do go wrong, effective leaders view these times as opportunities for learning. They analyze and evaluate what could be improved, re-designed, or scrapped. They actively encourage those around them to also participate in a “learning” process and recognize that experimenting is essential for knowledge.
- 7. Resist “urgency addiction.”** The bane of multi-taskers, great leaders resist the addictive tendency to run around putting out brush fires rather than staying focused on what's important. They avoid the caffeinated tyranny of the urgent to follow through and complete what is truly significant. They guide others in the organization to resist the “hop-scotching” that decreases productivity.
- 8. Stay focused on vision.** Like a rudder for a ship, vision guides effective leaders each day, week, and month. They communicate the vision for the organization frequently so all employees understand and can implement what is important. They have employees and customers participate in the vision and direction of where the organization is going to increase loyalty and commitment.
- 9. Do not take rejection personally.** Great leaders don't spend time keeping score or worrying about their popularity. They know that the key to success is the recognition that they will never please everyone. With careful consideration they listen to feedback, especially unpopular opinions. They know that this may offer some of the most valuable insights.
- 10. Keep a sense of humor.** A healthy funny bone allows the great leader to maintain balance, reduce stress and enjoy each day. They communicate the humor to their team and employees which set a positive tone in the organization. The legendary leader knows that happy employees provide effective customer service, are likely to stay long-term, and recruit other positive employees to join the team.

Barbara Bartlein, is The People Pro and President of Great Lakes Consulting Group, which helps businesses sell more goods and services by developing people. She can be reached at 888-747-9953, by e-mail at: barb@barbbartlein.com or visit her website at www.ThePeoplePro.com.

ASK ...

P.A.M.

PATIENT ACCOUNT MANAGER

WHO IS P.A.M.?

If you have a question for Dear P.A.M., please email it to the editor of this publication and it will be considered for future Lincoln Log publications. This is for fun as well as educational. (trace.manning@st-johns.org)

Dear P.A.M.,

I'm curious what your thoughts are on closing a hospital business office during holidays such as the day after Thanksgiving and the day before and after Christmas. Many of our insurance companies and Medicare are closed during this time making it difficult to conduct outside business. If I let my follow-up and billing staff have the day off then my front level people such as cashiers are upset. What do you find is common practice?

Signed: Holiday Helen.

Dear Holiday Helen,

As you know there are many aspects to this dilemma. Would your people want to use these times off as unpaid or use up another PTO day to have that time off if you did close? It is true that the cashiers may be unhappy about working those days but in comparison to the clinical staff that actually works ON the holidays, working the day before or after is nothing. How many phone calls and walk ins do you normally get on those days that could cause patient complaints because you were closed? A lot of the staff asks for those times off anyway and we usually operate with a skeleton crew but I have not experienced Patient Accounts Departments who are actually closed on those days after the holiday. Readers ... what are your thoughts and experiences in this area? P.A.M.

Dear P.A.M.,

Is there any whole dollars paid to the hospitals any more? All the hospitals get are discounted rates, negotiated rates, percentage of charges, self pay discounts, charity care and mandated workman comp rates. Does any other business have to put up with the payment methodology that the health care system does?

Signed Fed Up

Dear Fed Up,

The only type of business that seems to come close in my mind is that of the grocery stores. Think about it. Food and health care are both necessities. The prices on the items seemingly go up all the time to the point that it stretches our dollars to the breaking point. Watch the poor checkers at the stores. They take coupons and try not to get ripped off by taking the ones that are out dated. They offer double coupons and match prices with the competitors in town. Then there are the food stamps and the WIC coupons. They have the buy one get one free sale as well as numerous other sales. They do all of this while practicing the store's newest smile program and give you a refund with a smile on the item you bought yesterday before it went on sale. They continue to smile at the person with a full cart in the 10 items or less line and try to ignore the smashed bread the customer tossed aside and refuses to pay for. Heaven forbid that the checker would mention the bag of cookies the children in the cart are devouring.

I would venture to say that a grocery store's losses do not total that of a hospital each year and that is why the healthcare industry's mark-up is higher. The actual cost of that loaf of bread to the grocer is much less than that of the actual cost of an unpaid MRI at the hospital. Every business experiences losses and therefore mark-ups to cover those losses as well as enough to make a profit. Sooner or later people will realize that the lack of payment to cover cost plus a modest profit will only result in either the store closing or the government totally taking over the supply.

In the meantime consider the constantly changing billing and payment methodologies a challenge and an opportunity to see how innovative and operations savvy your facility can be. There is a small army of us in the same boat and we are always willing to share any ideas and solutions.
P.A.M.

Our ability to dig up cash is 1,000 times better than other species.



When we go to work for healthcare providers, we're looking for just one thing. Cash. And we know how to find it in the not-so-obvious places. Since 1974, we've generated over **\$6 billion** for our clients by unleashing our revenue and reimbursement expertise.

Our Medicaid Application Services program shifts the burden of the Medicaid eligibility process from the applicant to skilled professionals. By partnering with Accordis, hospitals are assured of receiving reimbursement for care rendered to indigent persons.

For more information on our Medicaid Application Services, contact Debra Carmack at 217.528.8090.



Editors' Corner



2004 - 2005 National Journal Award

Trace Manning

Employment Ads What do they really mean?

Competitive Salary

We remain competitive by paying you less than our competition.

Join our fast-paced company

We have no time to train you

Casual work atmosphere

We don't pay enough to expect that you will dress up: a couple of the daring guys wear earrings

Some overtime required

Some every night and some every weekend

Duties will vary

Anyone in the office can boss you around

Must have an eye for detail

We have no quality assurance

Career-minded

Female applicants must be childless (and remain that way)

Apply in person

If you're old, fat or ugly you'll be told the position has been filled

Seeking candidates with a wide variety of experience

You'll need it to replace the three people who just quit

Problem-solving skills a must

You're walking into perpetual chaos

Requires team leadership skills

You'll have the responsibilities of a manager without the pay or respect.

Good communicates skills

Management communicates, you listen, figure out what they want and do it



Steve Dennis, CPAM

CPAM
CCAM
CCAT
CPAT

CERTIFICATION CORNER

Welcome to Certification Corner:

We try to provide the latest information about Certification for the Illinois Chapter! So let's start by recapping 2005's outstanding results.

We've had a great year as the interest in certification continues to grow. The Illinois Chapter has recently received notification of 2 new Professional Certifications. Ken Koerner earned his CPAM & Dick Wyrwal earned his CCAM. Earlier in the year Joanne Schnabel CPAM, added her name to the list of new Professional Certifications. This makes 3 new Professional Certifications in 2005.

I'm pleased to report we're not done, as this past October, the Illinois Chapter had 3 more examinee's sit for the professional exam.

Technical Certification is exploding with interest! We've received notification of 19 new CPAT's, 1 new CCAT & 3 of the 19 new CPAT's went on to earn their DUAL CPAT/CCAT certification during 2005.

Eighteen examinees will be sitting for the November exam. I'll announce the results as soon as they are in, but I'm looking forward to one of our best year's ever for Technical Certification!

We will be starting off 2006 with a bang as we have approximately 20 interested parties ready to sit for the next Technical Exam which will be in February 2006. Watch for the dates to be finalized

Other 2005 RESULTS include:

Illinois AAHAM's 1st Audio Conference Call for Professional Certification last Spring, including using internet based tools for registering for the call.

A Chapter Tool Kit submitted and accepted by the National Office explaining to other chapters how to set up their own conference call

National has released the long awaited New Version of the Patient Financial Services Resource Guide. It's now available in both Paper & a CD version. Check out the National Website and you will find a crosswalk for studying each section. (The Illinois AAHAM Resource Guide is in the shop being retooled with the new updates.....watch for news in the coming months)

Dates to Watch:

March 1st is the last day for the National Office to receive your Professional exam which will be given in April 2006.

All Technical applications must be received no later than December 1st 2005 for those planning on sitting for the February exam. Remember, these applications "must" be sent to the Chapter Chair & not the National Office.

This will be my last column as I have decided to take a step back and am not running for re-election to the Board of Directors this term. I'd like to thank the Officers and Board of Directors over the last 4 years for the opportunity they've given me to work on certification issues for the chapter. I'd especially like to thank Doris Dickey, Carol Hoehn & Sharon Bounds for their contributions towards coaching sessions & proctoring examinee's. It has been a lot of work & a lot of fun.....Thanks

Steve Dennis, CPAM

LOG POST-IT NETWORK

Send in your P.A.M. questions
and have them considered
for the next
Spring Lincoln Log Issue.

Send to
trace.manning@st-johns.org

I will forward to P.A.M.

“On the keyboard
of Life, always
keep one finger on
the escape key”

Dilbert



“Be careful of the toes
I step on today
as they may be
connected to the feet
I may have to kiss
tomorrow”

Lincoln Log Deadlines for Articles

Spring 2006 - March 15

Summer 2006- May 15

2005 / 2006 MEETING SCHEDULE & SITES

RESERVE THESE DATES FOR IL AAHAM

December 8 & 9

*Annual ASI
Crown Plaza, Springfield*



Jodi Edmonds, IDPA
Bob DeBiase, National AAHAM President
Elena Butkus, IHA
Tom Hajny, ARM
Robert Greer, ARM
Jeanne Scott, Health Politics



Dec 8, Awards Program and Banquet

December 31

Membership Renewals

2006.....

January 28

Board Planning Meeting

January 31

Deadline for certified members with designation of CPAM or CCAM to renew their membership.

October 25-27

*Annual National Institute
Fairmont Princess Hotel, Scottsdale, Arizona*

*For more information contact: ILLINOIS CHAPTER - AAHAM
John Currier 815-539-7461 jcurrier@mendotahospital.org*

2005 - Platinum

2005 - Platinum



Jerry Westfall
217-528-8090
jwestfall@accordisinc.com



Allied Business Accounts



William Carlson
Betty Burch

800-533-0216

WCarl20810@aol.com
bburch@abacollect.com



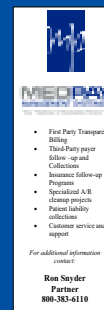
CB Accounts, Inc.
CHS

Bruce Tichenor
800-950-2270

Bruce.tichenor@cbaccounts.com



H & R Accounts, Inc.
MEDPAY
Management Systems



Ron Snyder
800-383-6110



Rockford Mercantile



ARRAY
Services Group
Diana DeMarlie
800-841-5181



diana.demarlie@arrayservicesgrp.com



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Jerry Westfall jwestfall@accordisinc.com

Ron Snyder rsnyder@hraccounts.com
Dick Brown rlb@rmacollections.com

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Jim Knepper jaknepper@aol.com
Jim Dufeimeier jimd@nebo.com
Kevin Heller rrca@essex1.com
Eric Ludtke Eric@Trackerscorp.com

SILVER

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Gustafson & Associates, Inc
Healthcare Financial Resources, Inc

John Anderson janderson@medlearn.com
Bobette Gustafson b.Gustafson@GustAssoc.com
Dave Dorman dcdorman@hfri.net

BRONZE

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O S I
CDM Outsourcing
Pro Com Services
R & B Solutions
HRS Erase
UCB, Inc.
State Collection Service

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Angie Stultz astultz@hrserase.com
Linda McClelland llmcclelland@ucbinc.com
Ted Witt tedw@stcol.com

2005 ASI VENDOR BOOTH

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CB Accounts
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IXT Solutions
Medical Learning, Inc
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Nelson Systems
Outreach Services
R & B Solutions
Rockford Mercantile Agency, Inc.
Trackers
UCB, Inc.

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Dick Brown rlb@rmacollections.com
Eric Ludtke Eric@Trackerscorp.com
Linda McClelland llmcclelland@ucbinc.com



Application for National Membership

AAHAM Membership • 11240 Waples Mill Road • Suite 200 • Fairfax, VA 22030
 Phone: (703) 281-4043 Fax: (703) 359-7562 http://www.aaham.org

Name _____ Mailing Address _____ City _____ Employer Name _____ Local Chapter Name _____ If Sponsored by AAHAM Member, Give Name _____ Home Address (if not listed above) _____ City _____	Day Phone () _____ Fax Number () _____ <input type="checkbox"/> Home <input type="checkbox"/> Check if this is the billing address <input type="checkbox"/> Business of the credit card you will use below. State _____ Zip _____ Your Title _____ Date _____ E-Mail Address _____ <input type="checkbox"/> Check if this is the billing address of the credit card you will use below. State _____ Zip _____
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National Dues \$ _____ Local Dues \$ _____ Total Enclosed \$ _____	For Credit Card Payments: <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD Account Number _____ Billing Address, if Different From Above (please include Street Address, City, State and Zip) _____	Name as it appears on card _____ Expiration Date _____ Signature _____
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Please Circle the Appropriate Codes in Each Category Below.

1 Years in Healthcare 1 0 – 2 years 2 3 – 5 years 3 6 – 10 years 4 11 – 15 years 5 16 – 20 years 6 21 – 30 years 7 31 – 40 years 8 41+ years 2 Certification 1 CPAT 2 CCAT 3 CHAM (NAHAM) 4 CHFP (HFMA) 5 FHFMA (HFMA) 6 CHCS (ACA) 7 CPA 8 Other	3 Employer Type 1 Accounting 2 Ambulatory Care/Clinic 3 Computer Hardware/Software 4 Consulting 5 Credit/Collection 6 Library/Education 7 Government 8 Health Plan/Insurance 9 Home Health 10 Hospital/Medical Center 11 Healthcare System/Multi Facility 12 Law Firm 13 Long Term Care/Post Acute 14 Managed Care 15 Physician Group Practice 16 Physician Practice Management 17 Specialty Practice Group	18 Sub Acute Care 19 Shared Service Organization 20 Coordinated Business Organization 21 Other Medical Facility/Org. 22 Professional/Trade Association 23 Student 24 Retired 25 Non-Working 26 Media 27 Hospice 28 All Other (not listed above) 4 Position 1 President/Administrator 2 Partner/Principal/Owner 3 CEO/Exec Dir/Exec VP 4 COO 5 CFO/Controller 6 CIO	7 Vice President 8 Assistant of Associate VP or Administrator 9 Director 10 Manager 11 Supervisor 12 Staff 13 Technician 14 Clinical 15 Academic 16 All Other (not listed above) 5 Responsibility 1 Accounting 2 Administration 3 Admitting/Access 4 Audit 5 Benefits 6 Billing 7 Budget	8 Business Development/Sales 9 Compliance 10 Collections 11 Finance 12 Information Services/Technology 13 Managed Care 14 Marketing 15 Materials Management 16 Medical Records 17 Medicare/Medicaid 18 Operations 19 Patient Financial Services 20 Provider Services/Relations 21 Reimbursement 22 Third Party Administration 23 Utilization Review 24 Underwriting 25 All Other (not listed above)
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DO NOT use this form for renewing your membership or making an address change.

Membership is on an individual — not institutional — basis and is non-transferable.

Local dues vary by chapter. National dues are prorated according to date of application.

For dues amounts and your chapter assignment, please call AAHAM's National Office at (703) 281-4043 M–F, 9 am – 5 pm, Eastern time.

National Dues are \$150 for the year. Prorated dues amount for July 1 to September 30: \$115
 For October 1 to December 31: \$185 (15 months of membership)

Please allow 2 – 4 weeks for processing once your application is received at the AAHAM National Office.

Dues are not tax-deductible as a charitable contribution, but may be deductible as a business expense.

Send application with your payment to:

AAHAM Membership
 11240 Waples Mill Road
 Suite 200
 Fairfax, VA 22030

Make checks payable to AAHAM
 Tax ID# 23-1899873