

# THE LINCOLN LOG

- 1987 - 1988
- 1988 - 1989
- 1989 - 1990
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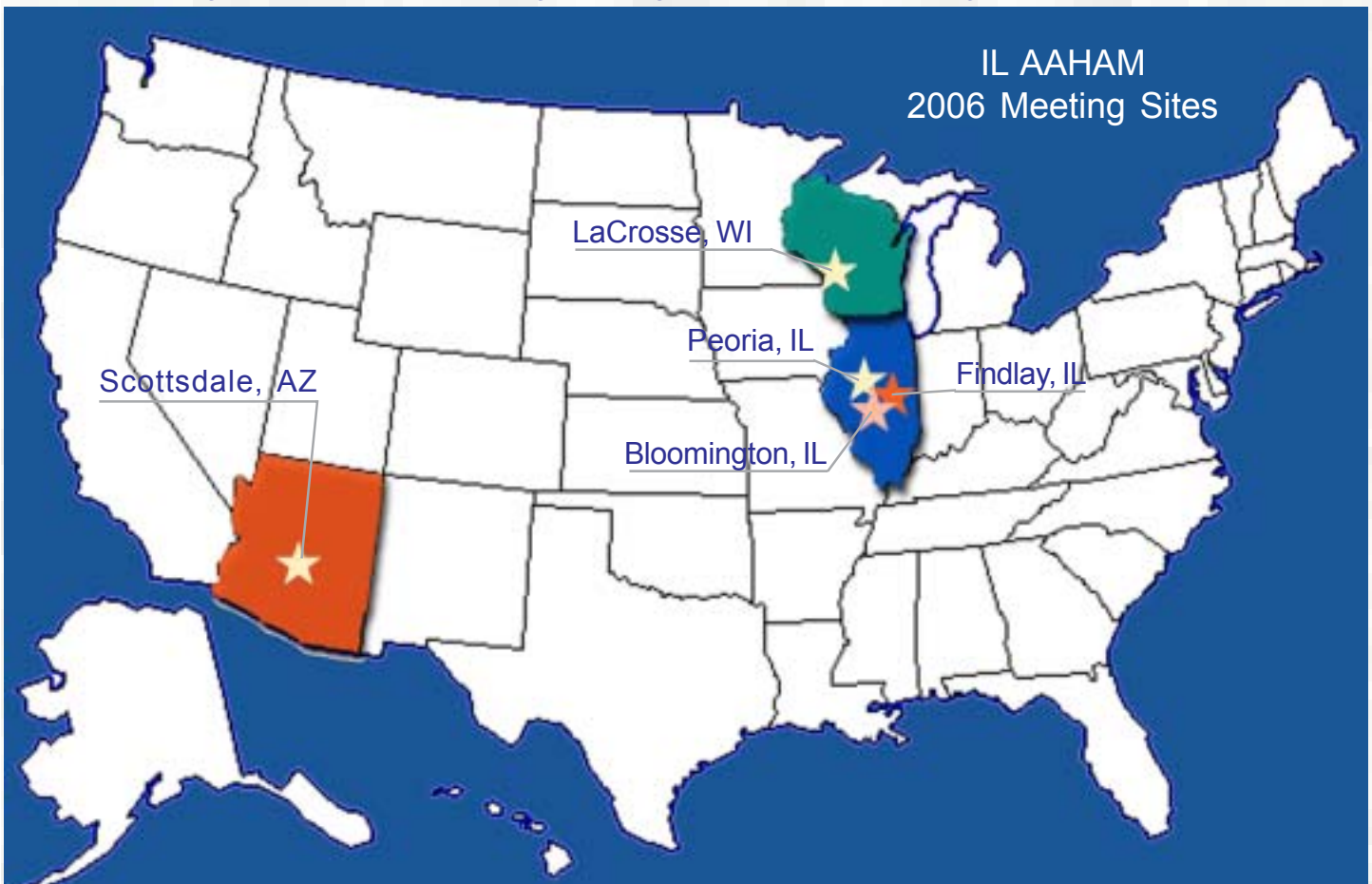


'05'-06?



## Featured Articles:

*"Mommy Tracks"*  
*We Are All Literally Two-Faced*  
*Hospital Pre-Admitting Concept and Revenue Cycle Practices*



IL AAHAM  
 2006 Meeting Sites

LaCrosse, WI

Peoria, IL

Findlay, IL

Scottsdale, AZ

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*Inside*  
 Chuck Garvin  
 Remembered

Next Meeting Sept 14 & 15  
 Chuck Garvin Memorial Golf Outing  
 Eagle Creek Resort & Conference Center  
 Findlay, IL

Award winning e-Magazine for the Illinois AAHAM Chapter

# 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.

#### LINCOLN LOG EDITORIAL POLICY & OBJECTIVE

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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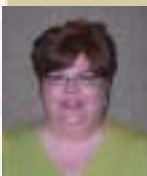
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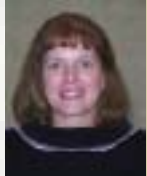
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# *President's Message*

*John Currier*

Dear Fellow IL AAHAM Members:

I hope everyone has been enjoying a great summer. With six grandchildren, our summer has been very action packed. They all like to hang out at our place (not that we would spoil them or anything!). School will be starting before we know it. Where does the time go?

Many Illinois members enjoyed a successful 4 state regional meeting in July in LaCrosse Wisconsin. The educational sessions went over very well, coupled with a National AAHAM update from National President Bob DiBiase. There is current discussion about having a summer regional meeting on the even numbered years.

Your Illinois Chapter Board has been busy getting the remainder of the year lined up for educational meetings. Our annual Charles Garvin Memorial Golf Outing is set for September 14th at Eagle Creek Resort. The Educational meeting is the 15<sup>th</sup>. This is a new location for IL AAHAM and we are hoping for a great showing of members and potential members.

October 25 - 27 is the ANI in Scottsdale, AZ. With last years ANI being cancelled due to Hurricane Katrina, this year promises to be a spectacular event. I hope many of you can attend. If you have never

attended an ANI, it is well worth the time and money. The Fairmont Princess Resort is absolutely beautiful, and you must see to appreciate spot this beautiful resort.

The ASI in December (7th & 8th) is moving back to Bloomington. Plans are being made for a great education slate plus updates from two of our favorites; Jodi Edmonds and Jeanne Scott. Mark your calendars!

We now have a certification category of CCT (Certified Compliance Technician) so remember to include your Compliance folks in your invitation to attend a meeting. The ANI also has a compliance track in the breakout sessions.

You have heard me say before that your IL Chapter is only as strong as its membership. To that end, we need your help in our constant goal to increase our membership and get the word out about the benefits of AAHAM Membership. Keep spreading the word of AAHAM.

See you all very soon.

*John Currier*



## Companies Are Establishing “Mommy Tracks” to Retain Female Employees

By Barbara Bartlein



A growing number of mothers are leaving the workforce with plans to return at a later date. These so-called sequencing moms are finding that employers are much more willing to accommodate them than several years ago, in spite of resume gaps. According to a recent study by Chicago-based Corporate Project Resources, Inc., more than 90% of *Fortune* 500 Companies say they would likely hire a sequencing mom on a contract or short-term basis.

Companies are adopting new attitudes to moms in part because there has been a dramatic shift in women's attitudes towards career and motherhood. Many women in Generation X reject the workaholic lifestyle that they saw with their parents. They identify balance between work and family as a priority in choosing and staying at a job. Some spent their childhoods as “latch-key” children and grew up determined that they would not put career ahead of family.

For the first time in decades, more new mothers are leaving the work force. The labor force participation rate of mothers ages 15-44 with infant children under 1 year old dropped to 55% in 2002 from a record 59% in 1998. This is the first decrease since the Census Bureau began tracking the figure in 1976. Many are dual-career households and higher income couples.

But these parents do not want to stay out of the workforce forever. About 84% of Generation X stay-at-home moms are planning to return to work, according to Boston-based marketing strategy and research firm Reach Advisors. Due to the trend to delay parenthood, these women tend to be older than boomers who left the workforce a generation ago. They often have 10 -15 years of work experience and leave higher level positions. They provide a valuable labor pool for employers looking for experienced people.

While some are recruiting these women, other employers are developing programs that help their own employees leave and return. Offering them to both women and men, they are popular with employees who have family responsibilities that require some flexible time.

IBM offers a program that allows their employees to take up to three years off. Typically, working mothers and dads who use the program take a year off and then use the rest of the leave to return on a part-time basis for several years. When the three years are up, they have the option of returning either full or part time. IBM surveyed employees who had taken the leave and found that 59% would have left the company if this was not available.

Proactive employers are establishing entrance and exit ramps to retain quality employees for the future. Here are some ideas for your organization:

- **Offer job share.** Extremely popular with employees, these programs give an opportunity for two employees to share the same job. It allows for flexibility, better coverage and succession planning. Only 11% of employers currently offer this type of program.
- **Establish telecommuting.** This is an excellent option for growing companies that want to reduce capital investment. There is less need for office space, computer equipment and phone systems when staff works, at least part time, at home.

There is research that demonstrates workers are more productive away from the interruptions and distractions of the office, yet only 12% of companies have telecommuting.

- **Offer a formal flex-time program.** Have a flex program where workers can use vacation and personal time on an hourly basis rather than taking a whole day. This allows for more flexibility for doctor's appointments and family responsibilities. Incorporate into the program the ability to “flex” the position for Fridays off or extended vacation.
- **Consider having variable shifts for different positions.** While it is certainly easier to schedule regular shifts, it may be easier to retain employees with variable shifts. For example, nursing traditionally has been 7-3, 3-11, and 11-7 to cover patient care. Some of the innovative hospitals systems I work with have established variable shifts that work better for young mothers. It may have them coming in later and leaving earlier so they can get kids to school or daycare. These hospitals are not having the shortage some of their competitors are.
- **Make it easy for people to return.** Stay in contact with staff that left and involve them in company meetings and activities. They are more likely to return if they feel there is genuine interest in them and their careers. Offer part-time opportunities to ease back into the workforce. Have resources available in HR for childcare, eldercare, social services and other resources that can help families.



Position your organization for the labor shortages predicted in the future. Create programs to help workers return instead of leaving.

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## We Are All Literally Two-Faced



by Kare Anderson

## We Are All Literally Two-Faced

*Your face is my map to your life.” Harry Houdini, magician*

**W**e are all literally and unwittingly two-faced. To learn more about how you present yourself to the world and about your underlying, more “private” feelings, you just have to look yourself in the face. Want to get out a mirror now, before you read further? Do you attract or alienate your prospects and long-time staff?

You constantly present two aspects of yourself, on the two sides of your face. Recent research on the different functions of the left and right sides of the brain helps to explain why this is so. The two vertical halves of the face are each affected by the nerves of the opposite side of the brain and show the world different parts of how you feel.

In fact, the two sides of your face, like the two sides of your body — the left and the right — are usually asymmetrical and unequal in proportion. Look at yourself in the mirror — full-face and full-length — to see the differences.

In short, your face is your shorthand to your body language.

Your expressions, in repose, are icons of your attitudes toward life.

The left side is the more “private” part of your personality, and your right is the more “public” side of your face. The left often looks less happy than the right. Most subjects who have been analyzed projected their wish images on the left side of their face, and their right side related more to their real or basic self-image and attitude toward the world.

Your face’s right side often appears more pleasant, sensitive, vulnerable, and/or open in expression. The left side is less expressive than the right and tends to

reflect the hidden, severe, stern, and/or depressed aspects you usually intend to keep private from the world — and sometimes even from yourself.

The left side is more likely to register negative emotions, while the right side tends to reflect the more positive and optimistic but not necessarily phony part of your personality.



“When I smile I must also show the grimace behind it.”

- Liv Ullman, actress and author

Because the right side of the brain has more control over the left side of the body — including the face — it stands to reason that the research on how the brain is organized, left and right, can give us insights into how we literally face the world and how we can better understand others. The left brain — reflected more in the right side of the face — relates to logic, pragmatic thinking, practicality, and language.

The right part of the brain, in turn, relates more to intuition, imagination, and other more creative leaning.

The basic gut feelings, including your attitude toward yourself and your life, emanate from your right brain. You express them more in the left side of your face.

We do not see things as they are; we see them as we are.

Your more controlled or conscious responses — the social mask you put on for the world — may be processed more by the pragmatic left brain and appear more readily on the right side of the face.

Perhaps you’re getting lost in the “lefts” and “rights” of all this, but let’s continue with some experiments you can conduct to learn more about yourself and others for



## *We Are All Literally Two-Faced*

whom you have strong feelings (like or dislike) in your life.

### **How Do You See the World?**

Ironically, the right brain is more actively involved in observing the world — which it does predominantly through your left eye. And, when you face someone, your left eye is across from the other person's right side. Therefore, you are more aware of their right side. But you are thus most noticing the side of the other person's face that is more connected with their left or "logical" and less revealing side. You miss facing the part of their face that is most likely to show underlying "true" feelings.

### **"Public / Private Face" Exercise**

Here is a rather intimate exercise to do with someone — and it doesn't involve disrobing or even touching. Sit facing each other. Now look at the left and the right sides of the other person's face. Does the right side show a more open, less tense presence? Does the left look more reserved, serious? The left side — that is, their left side — is the more private face, remember, and the right side is their more public face. In fact, their left side is likely to show their more basic disposition. As you face each other, discuss your observations, one side at a time.

"The face is the most memorable part of the body and the eyes are the most memorable part of the face."

- *Werner Wolff, psychiatrist and hypnotist*

### **"Driver's License Photo Show" Exercise**

Now try this experiment. Get out your driver's license. Look at both sides of your face, covering one side at a time with a piece of paper. Look "inward" at yourself and see if you observe different aspects of yourself.

You may also want to look back at your family album and look at the progression of your face and your personality development over time — and that

of others in your family. Look at the childhood albums of close friends and in-laws for other perspectives on them.

### **"Photo Finish" Exercise**

To gain a still more revealing view of yourself, find two photographic negatives of "head and shoulders" close-up pictures of yourself. If you don't have any handy, ask someone to take two pictures of you; offer to do the same for them and compare notes on this exercise. Cut both negatives of yourself vertically in half, down the center of your face. Flop over one side of each negative.

Take a glossy-coated side and a dull-coated side of the left side of your face from the two negatives and ask your camera shop to print it to create a "left-left" photo. Take another pair and also get a "right-right" print made. Thus, instead of the normal right-left photo of your actual face, the joined half negatives become left-left and right-right faces. You will then see exaggerated versions of both aspects of yourself — and will probably be able to see each more clearly.

Kare Anderson is the founder of the Say It Better Center, located in Sausalito, CA. She can be reached via email at [kare@sayitbetter.com](mailto:kare@sayitbetter.com).

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## 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
- . Able 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 communications, as a result becomes the hospitals cornerstone for a successful collection program.

Accurate and concise information gathering is an important element in the pre-admission process and in 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 is 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.

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 forward to the financial counselor.



## Hospital Pre-Admitting Concept and Revenue Cycle Practices continued

The need of the program and the benefits that can be obtained is 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 departments needs to track and monitor there 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 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 as Director of Revenue Cycle Services for a large hospital chain in Indiana. He is an active member of the HFMA, AAHAM, AND NAHAM health state organizations.

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# 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 Pam,

**I'm hearing a lot about UB04. Can you give me a highlight of changes you've seen? What is the proposed implementation date? Should I be doing anything now or just wait it out?**

Thanks UB

Dear UB:

First there were different claim forms from each and every insurance and employer and then we "simplified" things with the UB82. When additional information was needed we went to the UB92. Now, in our ever increasing electronic age, some information previously gathered is no longer necessary and some additional information is needed again. Hence, the arrival of the UB04.

I believe the UB82 went into effect in 1984 and the UB92 went into effect in 1994. The UB04 is scheduled to go into effect beginning 3/07 and the UB92 will be totally phased out by 5/07.

The differences are many - too many to list here. The changes range from no longer having the "signature on file" changed into a code and there are changes in the multitude of transaction code sets, value codes, a NPI (National Provider ID) and corresponding changes in the Illinois Data Reporting requirements.

You asked if there is anything you should be doing now or just wait it out. If you just wait, you may well be out. I mean out of revenue and perhaps out of a job. The first thing you should do is to attend every seminar and meeting you can to familiarize yourself with the changes and then go back to your shop and figure out how each of those changes applies to your facility. You need to get the the various departments involved in gathering the information and getting it into the computer as well as your billers who will likewise be affected since they will also need to enter some of the needed information.

When you have buy in from the other departments as to who will gather the information, how will they enter it into your system? Who is responsible for the changes your system will need to accommodate all this information? Can your system create prompts for the other departments when a code is needed? Will your system create an error code or a report that identifies a code is missing prior to billing the account or are you going to let the bill go out the door as is and then get a denial for the missing code and start the billing process all over again? You have plenty to do and less than a year to get all of this ready. He who hesitates loses.

*P.A.M.*

Dear Pam,

**I have a new CFO and he's not very supportive of outside education, specifically attending AAHAM meetings and even retaining my AAHAM membership. What suggestions do you have for me?**

Dear Quarantined;

I would bet that your new CFO goes to the HFMA meetings. If not he is missing out on a lot. If you do not attend seminars and the AAHAM meetings you will also be missing out on a lot. You obviously recognize this. Until your CFO gets a clue or gets replaced, you should continue your education even if it is at your own expense. Keep putting the expense in your budget every year and if it keeps getting cut every year, take matters into your own hands. If you have to take personal time off and pay for the meeting and membership yourself, it is far better than to be isolated from what is going on and what is coming up in the world of Patient Account Management. You must not become stagnant! If this CFO sticks around longer than you can tolerate and he still has not agreed to have the company pay for your professional education and meetings, you will find plenty of networking capabilities in AAHAM that could help you find a new opportunity. Good luck and see you at AAHAM!

*P.A.M.*



Eric Ludtke, Liz Baptist, & Kim Velazquez



Certification coaching session

# La Crosse, Wisconsin 2006



Robert DeBiase, Jr. CPAM



Dick Wytwal, Cheri Lockhart, Doris Dickey & Nancy Swim



Kim Velazquez, Angie Knox, Chris Bryant, & Carol Hoehn



Lisa Kronenberger, Liz Baptist, Bud Zeisberger, & Judi Lines



John Currier & Cheri Lockhart



Veronica and Liz



Speaker Mary Pretzer-Walker



# Remembering Chuck Garvin, CPAM

## **Who was Chuck Garvin and why has the IL AAHAM chapter chose to honor him with a memorial golf outing and a recognition award to current members?**

Charles G. Garvin was a past AAHAM member, Board member and Chapter President. Chuck joined the IL chapter in the early 80's and became certified in 1988. He served on the board of directors in the early 90's. During that time he served as several committee chairs including Membership, Programs and Constitution and ByLaws. In 1995, Chuck started his officer term as Vice President of the IL Chapter, succeeding on to Chapter President in 1997, 1998 and 1999. In 2000 and up to the time of his passing on May 28, 2001, Chuck served as Chairman of the Board for our Illinois Chapter.

Chuck was not an AAHAM member in name only. He willingly gave of his time to participate in all chapter events and became well known at the national level of AAHAM as well. He never missed an Annual National Institute since joining AAHAM. He was an active member in educational offerings, social outings and political events related to PFS. Chuck insured that his employers knew the importance and advantages he gained from his membership in AAHAM.

His service to our chapter will be remembered at both the national board level and at the local chapter level. Chuck contributed much to our profession: Chuck presented numerous programs over the years, either as a part of a panel discussion or as a single presenter; authored numerous articles which were published in the Lincoln Log, the AAHAM Journal and the HFMA journal.

As devoted as Chuck was to AAHAM, he was similarly devoted to his family; wife Wendy, son Adam and daughters Kimberly and Laura. Several of Chuck's professional friends were given the opportunity to meet his family as he would periodically bring one of the children with him to an ANI or IL meeting.

Those AAHAM members who have been involved with the chapter for at least 10 years or more were deeply saddened by Chuck's passing. We lost a great friend and a tremendous PFS resource.

The year following his death, the IL Board agreed that we needed to find a way to honor Chuck's dedication to our chapter. We knew after his family and AAHAM, his third passion was golf. The board felt there was no better way to keep Chuck's memory alive than to name our annual golf outing after him. In fact, his son Adam continues to join the IL chapter at both the golf outings and several of the annual December meetings.

The Board also created the Charles Garvin Achievement Award. This award is given based on nominations from the membership at large to those individuals who continue to follow the high standards and commitment set by Chuck as it relates to AAHAM. Nominations for the award are based on attendance, commitment and development made to special AAHAM projects, professionalism and efforts made to assist our chapter in setting and meeting established goals.

Those individuals who have received awards from either the golf outing or from being recognized as a high achiever are honored to receive such an award in memory of Charles G. Garvin.



# Editors' Corner



2004-2005 Journal Award

I was not able to attend the 2006 Regional AAHAM meeting in La Crosse, Wisconsin, but I heard the meetings were informative and there was plenty of fun for all. I want to thank everyone who was able to attend from Illinois and was kind enough to take pictures for the Lincoln Log, I appreciate it very much. Everyone's support is what makes this Chapter strong.

The last four issues of the Lincoln Log, Fall & Winter of 2005, and Spring and Summer of 2006 have been submitted to National AAHAM for the Journal Award for Excellence. They were reprinted and bound and accompanied by a CD containing all four issues. A copy of what was submitted will be at the fall meeting in Findlay. Hopefully we can bring home the gold again at the ANI in Scottsdale, AZ.

*Trace*

Laughter is healthy, healthcare is in need of more of it. Do you laugh enough in your office?

A lady rushes into the veterinarian and screams, "I found my dog unconscious and I can't wake him do something."

The vet lays the dog on the examination table and after a few simple tests he says, "I'm sorry, I don't feel a pulse, I'm afraid your dog is dead".

The lady can't accept this and says, "No, no, he can't be dead — do something else."

The vet goes into the other room, and comes back with a little cat. The cat jumps up on the table and starts sniffing the dog from head to toe. It sniffs and sniffs up and down the dog, then all of a sudden just stops and jumps off the table and leaves. "Well, that confirms it," the vet says, "your dog is dead."

The lady is very upset but finally settles down. "Okay, I guess you're right. How much do I owe you?"

The vet says, "That will be \$340."

The lady has a fit and asks, "Why is it so much? After all the vet didn't do anything for the dog."

"Well", the vet replied, "it's \$40 for the office visit and \$300 for the CAT SCAN!"

**2 P C M E**

Urologist's license plate

**"To be successful you can't show up to the potluck with just a fork."**

Dave Liniger, co-founder and chairman of RE/MAX International

## 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 [Jerry Westfall](#) at 217.528.8090.



Let us help you get certified!

CPAM

CCAM

CCAT

CPAT

# CERTIFICATION CORNER

**Professional Exams:** Ten people attended the coaching session at the regional meeting last month in Wisconsin. The “millionaire” game was used as a study tool. It was fun and effective!

**Fall exam update:** Coaching sessions via conference calls for the fall session are set up for the following dates: 8/22, 8/29, 9/5, 9/12, 9/19, 9/26 from 3:30 - 4:30 PM.

Three people have signed up to sit for the September 30th professional exam. If you are interested in obtaining an outline and joining us in the upcoming conference calls, please contact me at [jlines@kishhospital.org](mailto:jlines@kishhospital.org) or (815) 756-1521, ext. 3612.

As a reminder, if you are planning to take the professional exam, please ask about our resource CD-ROM.

When you sign up for the technical exam you receive a password to download the *Technical Study Guide* from the AAHAM website. The download may be also purchased for \$75 even if you are not going to take the exam.

The **Compliance Certification Test** has arrived! The new CCT is intended to meet employers’ annual compliance training requirements, and to support individuals with professional compliance responsibilities. The CCT exam is one hour and is given electronically via the internet with immediate on-line grading. No paper exams are available. The cost of the full exam is \$35.

The CCT measures basic competencies in healthcare compliance. The exam is offered by local AAHAM chapters during the third and fourth weeks of February, May, August and November.

**Deadline:** Application must be received by Chapter Certification Chair by:

- **December 1** for the February Exam
- **March 1** for the May Exam
- **June 1** for the August Exam
- **September 1** for the November Exam

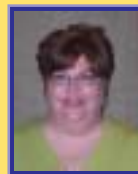
1. Knowledge of the Office of Inspector General compliance recommendations.
2. The seven elements of a healthcare compliance plan.
3. Agencies that oversee healthcare compliance.
4. Noncompliance penalties.

As your certification co-chairs, we are dedicated to help you get certified. By increasing the number of certified members in Illinois, we will be developing a network of quality healthcare professionals that serve as resources to help ensure compliance with the many regulations we encounter everyday.

## Certification Committee



Judi Lines, CPAM  
[jlines@kishhospital.org](mailto:jlines@kishhospital.org)  
(815) 756-1521  
Ext. 3612.



Lisa Kronenberger  
[lisa\\_kronenberger@gibsonhospital.org](mailto:lisa_kronenberger@gibsonhospital.org)  
(217) 784-2613

# CONGRATULATION

The following IL members that passed the technical exam in May 2006

## Technical Exams:

**Jolanda Coleman, CPAT**  
**Andrea Michau, CPAT**  
**Sarita Ortiz, CPAT**

**Mt. Sinai, Chicago, IL**  
**Mt. Sinai, Chicago, IL**  
**Mt. Sinai, Chicago, IL**

**Angie Harris, CPAT**

**Pana Community Hospital, IL**

**Wendy Selover, CPAT**  
**Brandi Brooks, CPAT**  
**Renee Duncan, CPAT**  
**Rebecca Zook, CCAT**

**CGH, Sterling, IL**  
**CGH, Sterling, IL**  
**CGH, Sterling, IL**  
**CGH, Sterling, IL**

### *\*Dual Exam*

**Michele Fackler, CPAT/CCAT**  
**Teresa Benter, CPAT/CCAT**  
**Tera Roesch, CPAT/CCAT**  
**Stacey Derrico, CPAT**

**GAHHS, Gibson City, IL**  
**GAHHS, Gibson City, IL**  
**GAHHS, Gibson City, IL**  
**GAHHA, Gibson City, IL**

**Lorraine Schnelle, CPAT**  
**Linda Boener, CPAT**  
**Jill Petersen, CPAT**

**Michigan Spectra Healthcare**  
**Michigan Spectra Healthcare**  
**Michigan Spectra Healthcare**

**Satish Joshi, CPAT**  
**Deborah Warden, CPAT**

**Memorial Hospital, Spfld, IL**  
**Memorial Hospital, Spfld, IL**

## Great Job to all of You!!

Passing the technical exam shows your commitment and dedication to Patient Accounting.

# LOG POST-IT NETWORK

## ANI

Scottsdale, AZ

October 25-27

*mark your calendar*



**2005 Chuck Garvin**  
winning foursome

(hey that's a fivesome, no wonder they won)

### John Currier

IL AAHAM President  
has accepted a new position  
as Director of PFS at  
Illinois Valley Community  
Hospital in Peru, IL  
(John starts September 18)

Congratulations John!



John Rademacher & Adam Garvin  
at the

2005 Chuck Garvin Memorial Golf Outing

## Sept 14-15

**Chuck Garvin**  
Memorial Golf Outing  
Eagle Creek Resort  
Findlay, IL

## Illinois Website

[Illinoisaaaham.com](http://Illinoisaaaham.com)

Check it Out !

# 2006 / 2007 MEETING SCHEDULE & SITES

**RESERVE THESE DATES FOR IL AAHAM**

*Sept 14 - 15*      *Fall Meeting*  
*Chuck Garvin Memorial Golf Outing*  
*Eagle Creek Resort & Conference Center*  
*Findlay, IL. (Lake Shelbyville)*

*October 25 - 27*      *Annual National Institute*  
*Fairmont Princess Hotel, Scottsdale, AZ*

*December 7 - 8*      *Annual State Institute Meeting*  
*The Chateau in Bloomington, IL*

*For more information contact: ILLINOIS CHAPTER - AAHAM*  
**Bill Carlson 563-242-2586 or 319-230-4488**  
*wc@abacollect.com*



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T: 800.906.3210  
F: 309.272.1400  
C: 309.258.2424  
nvollmer@eaglerecovery.net

2006 - Platinum

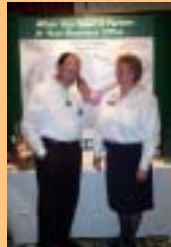
2006 - Platinum



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



**Allied Business Accounts**



**William Carlson**  
**Betty Burch**  
  
800-533-0216  
  
wc@abacollect.com  
bburch@abacollect.com



**AHC**

**Healthcare Receivables Management**

**Bruce Tichenor**  
800-950-2270

btichenor@ahcinc.com



**Eric Ludtke**

Eric@trackerscorp.com



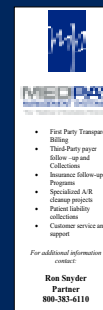
**Rockford Mercantile**



Dick Brown rlb@rmacollections.com

**H & R Accounts, Inc.**

**MEDPAY**  
Management Systems



**Ron Snyder**  
800-383-6110

# ILLINOIS AAHAM SPONSORS 2006 - 2007

## PLATINUM

H&R Accounts, Inc. / Med Pay Management Systems	Ron Snyder	rsnyder@hraccounts.com
Rockford Mercantile Agency, Inc.	Dick Brown	rb@rmacollections.com
Allied Business Accounts, Inc.	Bill Carlson	wc@abacollect.com
Accordis, Inc.	Jerry Westfall	jwestfall@accordisinc.com
Trackers, Inc.	Eric Ludtke	eric@trackerscorp.com
AHC Healthcare Receivables Management	Bruce Tichenor	btichenor@ahcinc.com

## GOLD

Medical Learning, Inc.	John Anderson	janderson@medlearn.com
Nebo Systems, Inc.	Jim Dufelmeier	jim@nebo.com
Medical Recovery Specialists, Inc.	Keith Bull	kbull@medrecovery.com
RRCA Accounts Management	Kevin Heller	rrca@essex1.com

## SILVER

Gustafson & Associates, Inc.	Bobette Gustafson	b_Gustafson@GustAssoc.com
Healthcare Financial Resources, Inc.	David Dorman	dcdorman@hfri.net

## BRONZE

AAMS	Luke Gruber	lgruber@aams.biz
R&B Solutions	Dennis Brebner	dbrebner@randbsolutions.com
Eagle Recovery Associates, Inc.	Nancy Vollmer	nvollmer@eaglerecovery.net
Van Ru Credit Corporation	Mike Howard	corporate@vanru.com
Pellettieri & Associates, Ltd.	Carl Pellettieri	cpellettieri@pellettieri.net
Managed Care Partners, Inc.	Jim Richmond	jrichmond@mngdcare.com
State Collection Service, Inc.	Ted Witt	tedw@stcol.com
ProCom Services of Illinois, Inc.	John McGlasson	jmx2@frontiernet.net
United Collection Bureau, Inc.	Linda McCleland	llmccleland@ucbinc.com
General Service Bureau / Early Out Services	Brad Uhlenhopp	buhlenhopp@gsbcollect.com
Great Lakes Family of Companies	James A. Knepper	JAKnepper@aol.com
Outreach Services of Illinois	Joe Schoenig	jschoenig@outreachservices.com
Medical Reimbursements	Veronica Modricker	modickerv@medicalreimbursements.com
HRS Erase	Megan Logan	mlogan@hrserase.com
Array Services Group	Chuck Seviour	chuck.seviour@arraysg.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

<input type="text" value="Name"/>	<input type="text" value="Day Phone"/>	<input type="text" value="Fax Number"/>
<input type="text" value="Mailing Address"/>	<input type="checkbox"/> Home	<input type="checkbox"/> Check if this is the billing address
<input type="text" value="City"/>	<input type="checkbox"/> Business	of the credit card you will use below.
<input type="text" value="Employer Name"/>	<input type="text" value="State"/>	<input type="text" value="Zip"/>
<input type="text" value="Local Chapter Name"/>	<input type="text" value="Your Title"/>	<input type="text" value="Date"/>
<input type="text" value="If Sponsored by AAHAM Member, Give Name"/>	<input type="text" value="E-Mail Address"/>	
<input type="text" value="Home Address (if not listed above)"/>	<input type="checkbox"/> Check if this is the billing address of the credit card you will use below.	
<input type="text" value="City"/>	<input type="text" value="State"/>	<input type="text" value="Zip"/>

<input type="text" value="National Dues \$"/>	<b>For Credit Card Payments:</b> <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	<input type="text" value="Name as it appears on card"/>	<input type="text" value="Expiration Date"/>
<input type="text" value="Local Dues \$"/>		<input type="text" value="Account Number"/>	<input type="text" value="Signature"/>
<input type="text" value="Total Enclosed \$"/>		<input type="text" value="Billing Address, if Different From Above (please include Street Address, City, State and Zip)"/>	

**Please Circle the Appropriate Codes in Each Category Below.**

<b>1 Years in Healthcare</b> 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  <b>2 Certification</b> 1 CPAT 2 CCAT 3 CHAM (NAHAM) 4 CHFP (HFMA) 5 FHFMA (HFMA) 6 CHCS (ACA) 7 CPA 8 Other	<b>3 Employer Type</b> 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. Association 22 Professional/Trade 23 Student 24 Retired 25 Non-Working 26 Media 27 Hospice 28 All Other (not listed above)  <b>4 Position</b> 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)  <b>5 Responsibility</b> 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*