

THE LINCOLN LOG

1987 - 1988
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2006

2006 ANI AWARDS

IL Chapter receives
1st in the Journal Award
2nd for Chapter Excellence

**Featured
Articles:** Sixth Sense
Customer Service Means Keeping Promises
Billers or Rebillers

Next Meeting Dec 7-8 Bloomington, 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.

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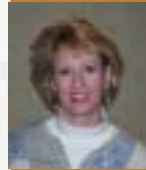
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President's Message

John Currier

Dear Fellow IL AAHAM members:

I am writing this having just returned from the Annual National Institute in Scottsdale, AZ. WOW !! The ANI is a real rush. Just the excitement of having AAHAM members from all around the USA in one area is a great experience. The networking is phenomenal; provider to provider, provider to vendor, vendor to vendor, etc. It is always good to know that the issues we face in IL are pretty much the same issues in Arizona, Pennsylvania, California, etc. I guess Medicare is Medicare, CMS is CMS, and Managed Care is Managed Care and have no boundaries. Our National Board did an outstanding job of providing us with great programs, great speakers, great banquet, and great entertainment.

Illinois faired well at the ANI. We received 1st place for our LINCOLN LOG publication. No doubt they recognize the outstanding work of our editor. Well deserved to TRACE MANNING, wouldn't you say?

Cheri Lockhart and Doris Dickey deserve big THANKS and CONGRATS for the work they did with the Chapter Excellence project. We received 2nd place in Chapter Excellence in the division for the larger member chapters. Great job ladies!

Illinois member and former board member Steve Dennis was in attendance at the meeting. Steve arrived at the opening ceremony right off the plane (and in his Pink Floyd tee shirt) just in time to be presented with the NATIONAL RECOGNITION AWARD for 2006. This award is given to an AAHAM member who goes "above and beyond" for AAHAM. Steve's nominators noted his outstanding work with certification for both Illinois and National. Congrats

Steve, we are proud to have you as an IL member and on a personal note, a good friend.

As I opened my "mound of mail" this week, I found my AAHAM renewal for 2007. As I opened it, filled it out, and sent it to AP, I began thinking about how my career has progressed and the role that AAHAM has played in that progression. My knowledge has increased through educational learning at AAHAM meetings. I stay current with healthcare issues through AAHAM. I have an extensive networking base through AAHAM. I often tell that there is not a question, concern or needed product that I would not know who to contact through my AAHAM network. I do hope that all our members feel the same way. I encourage you to renew early while the thought is fresh.

The year 2006 has been a "roller coaster ride" for me; numerous highs and lows. Actually, I am looking forward to getting in to 2007. What a better way to end the year than with my AAHAM friends and colleagues at the IL ASI. Mark the dates; December 7th and 8th. Where else can you get 1.5 days of education, a great meal and celebration for \$50.00? This year is really special as we celebrate 25 years of ILLINOIS AAHAM. I am looking forward to seeing all of you.

Yours in AAHAM,

John Currier



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SIXTH SENSE



When I first started in Patient Accounts, I just went through my accounts and performed the necessary duties per the policy and procedures in a rote mode. I was interested in my job and I took my duties seriously and my boss even told me I was good at what I did. Years later, I look back on that and I think he was wrong. I was not really good at my job. Sure, I showed up every day and on time. I didn't cause too much trouble and I got my work done on time. That still did not make me good at my job.

I think that over the years and by gathering experience every day, a person develops a sixth sense about accounts.

I think that over the years and by gathering experience every day, a person develops a sixth sense about accounts. Then you can start to get good at your job. What is the sixth sense? It is when you "read" an account and something does not ring true to you and it makes you dig a bit further to find out what is really going on. When you develop this type of a sixth sense, you get cash in the door.

People in Patient Accounts look at the information gathered by the registration people and some of the information entered by the clinical departments. In every day duties we do not usually see the patient or even talk to most of them. We look at data, notes and demographic information in the computer. We look at hundreds and some days close to a thousand accounts a day. We do not have a

lot of time to spend on any one account to make decisions. Yet, sometimes something just pops out at us and we have to take a second look at what we are being told. Something just does not ring true. For example, a man called one of our collectors and wanted to fill out a charity application over the phone and claimed he was an illegal immigrant working at a Mexican restaurant. He

claimed he was paid in cash and therefore did not have any tax forms or check stubs he could submit to us for proof of income. In our shop, this is not an

unusual circumstance. Of course we need to look at the possibility of a third party liability but that was not the case. When I looked at the diagnosis, this man's wife was in our facility to have a baby. What made me look more closely at the account was the physician's name on the account. I knew he was not one to take uninsured or charity cases. In two phone calls I got the bill paid in full. The first call was to the physician's office where I found that the wife paid cash at every visit. The second call was to the wife. She was embarrassed by what her husband had told us and apologized and sent a check for payment in full that day. They were the owners of the restaurant as well as the one on the other side of town.

Continued on page 7.

SIXTH SENSE

I know our CFO has developed his own sixth sense about statistics in our facility and when one of them “pops out” at him, he digs further and usually finds that there was a miscalculation. He is good at his job. He is always willing to help our department in any way he can but he knows Patient Accounting about as well as I know Accounting. The other day a woman wanted a very long time to pay a very small balance on her account. She refused all payment options and the offer to put the balance on her credit card or to apply for charity. Since she was not successful with the collector, she wanted to talk to the CFO. By the time he got the message to return her call, I had spoken with the collector about the case. The CFO wanted to know what he should tell the patient when he called her back. I told him the decision was his because the balance was so small it would not make any difference to our AR. I let him know that she had told our collector that her husband had been laid off but that we had him listed as a self employed farmer so he may want to question her about that. When he called me back, he told me that she said they had lost their farm so he let her have another 3 months to pay the bill.

The sixth sense took over. I wondered that if the family was in such dire financial straits, why would she turn down the opportunity for charity? We ran a credit bureau report and found pages of impeccable credit and a new auto loan taken out the prior month. The auto payments were more per month than the

balance of our account. When the timing was right, I showed the report to the CFO and explained how to read it. Of course he was a bit embarrassed but I shrugged it off. Accounting is very cut and dried but Patient Accounting is not.

Accounting is very cut and dried but Patient Accounting is not.

Have you developed a sixth sense about your job? Do you give your thoughts to your employees regarding how you decided to dig further on that particular account so the employee can learn to look for those things in the future? We need to teach the employees how to “read” an account and develop an instinct as to when something does not ring true. Maybe it is an address, the employer or the physician that rings the bell of experience and tells us something we have been told is not correct. It is something that just doesn’t feel right. We need to help the employees develop this sense about accounts. They will take more interest in what they do and they will be better performers. They will be PA professionals and you and your facility will benefit from it. ■

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Barbara Bartlein
The People Pro®

Customer Service Means Keeping Promises

One benefit of being a professional speaker and trainer is that I have the opportunity to stay in some of the nicest hotels. This was the case on a recent visit to Florida where I spent the night at a beautiful resort complete with pools, golf course, and spa. With the usual in-room amenities, I rose to make coffee while preparing to speak at a business conference.

Digging out the coffee pot, I located the decaf but not the regular coffee. Looking around the cupboard and in the drawers, I finally called the front desk to explain my dilemma.

"We are out of coffee," explained the desk clerk calmly.

"What do you mean, you are out of coffee?" I asked, not so calmly. "How can a five-star hotel be out of coffee?"

"Oh, I'm really sorry," he explained. "Our shipment did not come in, and we have no regular coffee packets for the rooms."

"Really?" I asked in disbelief. "I mean coffee is like towels or toilet paper. It is really a basic necessity."

"Yes, I know. I'm really sorry," said the desk clerk. "We will take steps to attend to this immediately."

Within minutes there was a knock on the door and a waiter stood with a pot of coffee, cream, and fresh fruit. He assured me it was complementary for the inconvenience of not having coffee in the room and, again, apologized for the problem.

It was clear that the desk clerk had kept his promise to rectify the situation, but two other important promises were not kept.

Customer Service means keeping promises. Promises build trust, understanding and customer loyalty. Customers evaluate a company based on how well promises get delivered. There are really three types of promises that need to be considered for great customer service:

Personal Promises. These are the promises that an individual makes to a customer. When the desk clerk indicated that he would attend to the problem; that was a personal promise. When a customer service representative says that they will get back to you by the end of the day; that is a personal promise. Personal promises are from one person to another, yet the results reflect on the entire company. Customers watch these promises carefully and evaluate the follow through. They know that if you can't trust a company's representative, you can't trust the company.

Companies committed to customer service train their staff carefully to make sure that they understand the

importance of their personal promises. Empty assurances and unrealistic timelines only frustrate the customer and erode trust. Staff must be careful in their efforts to "put out the fire," that they don't add gasoline.

Organizational Promises. These are the promises that the organization makes to the customer. Expecting coffee in a five-star hotel is an organizational promise. When a hotel advertised that they are "five-star," this indicates that they have passed the criteria to earn these stars. Customers expect a certain level of accommodations, services and extras that this classification implies. They certainly expect coffee.

Organizational promises can also include statements about service, product quality, pricing, etc. These promises may be a part of an organizations slogans or branding. When Midwest Airlines claims to be "*The Best Care In The Air*," they can back up their claim with the latest market surveys. When Harley Davidson says, "Be part of something bigger," they can back up their claim with information about bike rallies, events, clothing and the Harley culture.

Expected Promises. These are industry promises; what is expected from providers in a specific industry. This is what customers expect even if it is not spelled out. Fine hotels should have coffee. Period. The best ones also have fresh cream available in the room, instead of powered cement to stir in the coffee. I have learned to expect this after staying in hundreds of hotels.

Several years ago we bought a new van. We brought it home from the dealer with 175 miles on the odometer. The next morning it wouldn't start. I called the dealer and said, "Is it supposed to go more than 175 miles?" He didn't appreciate the humor. You expect a new car to run. Expected promises are the basic. You have to do them because everyone else in your industry is already doing them. Great companies do more than the expected promises; they do the extras to set their service apart from the competition.

What promises are you making to your customers? Remember the rule for great customer service, "Under Promise and Over Deliver." Give your customers more than they expect and they will be loyal advocates for the company.

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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,
Do we know yet, will there be a national directory of provider NPI numbers?*

How should I handle all the out patient referrals for out patient testing from physicians all over my service area, and the ones outside of my service area?

Dear NPI Questions;
The National Provider Identifier (NPI) for all providers, health plans and clearing houses is a ten digit number that is assigned by CMS and will be required by May 23, 2007 for large entities and by May 23, 2008 for smaller entities. It is part of the HIPAA regulations to facilitate electronic billing, payment and medical records. (Will we ever see the end of changes due to HIPAA?) The NPI will REPLACE the UPIN now used. A great deal of information can be found on the CMS web site. One of the questions posed there was: Will there be a crosswalk of UPIN and NPI? The answer posted is that there will be an extract file produced by the National Provider System. It also states that between October 6, 2006 and May 22, 2007, Medicare will report both the

Medicare Legacy ID's and the NPI's to providers to track payments and adjustments.

As to your question about how to handle all of the outpatient testing from physicians in and out of your service area, the CMS web site does state that the provider must disclose their NPI when asked. It does not state what we should do if they refuse to disclose the information. Like all of the other changes we have endured I guess it will be a wait-and-see game and we hope for the best.

PAM

*Dear Pam,
It's holiday time again, you know that means loss of productivity. Everyone's brain seems to get murky the day after Thanksgiving. Got any great ideas on how to keep staff on track for the next 30 days?*

Dear Holiday Brain;
What a great time for a contest! Let your imagination be your guide – or – better yet, have the staff come up with one. There is nothing like the desire to win a contest to keep people on their toes. Let me know what you come up with and how it worked out.

PAM



BILLERS or REBILLERS

By Jimmi Evans



We may talk about the billers we have in our offices but sometimes I wonder if we really have billers or do we have rebillers? Do we strive to get it right the first time or do we deal only with the rebills? Sometimes we call this dealing with exceptions and the exceptions are the accounts that did not really get billed correctly and go back to the biller to be rebilled. There are two schools of thought regarding what our billers really should be doing. One is that the billers should only deal with the exceptions and the other is that the billers should review every account prior to it being billed the first time. There are pros and cons to each.

In our computerized age today we rely more and more on the registration, coding and clinical people to get everything into the system, have the bill sent to the insurance electronically, hope that everyone did everything correctly and

deal only with the exceptions. The exceptions are the accounts that fell out of the electronic billing system because the insurance number was incorrect; there was a code missing or for some other required information that was not in place. You may have a report that will tell you which accounts these are so the biller can pull the account up in the system and get the correct information input by the proper person and resend the account electronically. The biggest reason I can see for practicing "touch less" billing is that dealing only with the exceptions may keep the number of billers down, depending upon how many exceptions you have. "Touchless" billing is not necessarily geared to keep your days outstanding down. Proponents of this system state that it is not good business sense to "touch" every account when the majority of them are billed

In our computerized age today we rely more and more on the registration, coding and clinical people to get everything into the system

and paid without intervention by the biller. However, these exceptions may be the culprit that is keeping your department from being exceptional.

Sometimes the account will go through the electronic billing system and we will find through follow up in 30 or 60 days that the insurance cannot process the claim because, among other reasons, we have a name misspelled or for some strange reason the insurance does not have record of receiving the claim. The follow up people then refer the account back to the biller to be rebilled. Regardless if the account was \$100 or \$100,000 that just cost you 30 to 60 days in collecting that revenue.

In our touchless billing office, we do not see an account prior to it being billed. Therefore we will not notice that the account has a trauma code on it and we need to investigate as to if this was

an auto accident and if the patient's own auto insurance needs to be billed as primary. We will know that fact when our follow up people call for payment from the group insurance and then, after contacting the patient for the auto insurance information, refer the account to the biller to have the account rebilled to that insurance as primary. If your follow up person found this information in 15 days or 45 days, you are just now starting the billing process on this account. You are back to square one.

The school of thought that the billers should review every account prior to it being billed has not been in favor since we have advanced in the computerized age and especially since the advent

Continued on page 13.

Billers or Rebillers

of electronic billing. Some may think that the “review every account prior to billing” philosophy must go by the wayside with 835 and 837 around the corner. Perhaps these are the very reasons that we should review every account prior to billing.

When we review each account prior to the bill dropping – perhaps during suspense days - we have the opportunity of getting it right the first time. We can see that the 19 year old patient that was registered as Public Aid really is no longer on Public Aid now that he has turned 19. We can recognize that the 65 year old person probably should be Medicare primary and we can check it out before we go down the wrong path to reimbursement only to find that the path is a dead end one. Those dead ends cost money and days outstanding.

A biller performing a review prior to billing can see that two people married to each other were in the ER on the same day and one was coded as auto insurance for the MVA and the other is coded as self pay. She or he can identify a possible crime victim versus a self pay account and get the process started days and perhaps months earlier. The biller performing review can identify that the broken leg should have been coded as workman’s compensation rather than group insurance and avoid that dead end.

Dead ends are costly. Billers are costly. Patient satisfaction is also costly. Our Administration wants it all. They want us to get it right the first time and keep our days outstanding low. They want us to keep our FTE’s low and we must have patient satisfaction. You probably think you would need to have an army of billers to perform review on every account but I would suggest that you would not need more than what you currently have. Once they get a routine down and know what to look for, each account can be reviewed very quickly. We tried only dealing with the exceptions and our days went up like a rocket. Our billers

**Dead ends are costly.
 Billers are costly.
 Patient satisfaction is also costly.
 Our Administration wants it all.**

became rebillers and they hated it. They said that it took a lot longer to figure out what had been done versus what should have been done and then get it all straightened out than it does to check the account before it was billed and just fix it the first time around. Furthermore, they take pride in doing their job well the first time. We just performed a study of our rebills and found that we are rebilling less than 2% of our

accounts. Our gross days are between 48 and 51 depending upon the payment cycle of Public Aid. Our billers are proud of their rebill rate especially when we can trace the majority of it to late charges and accounts that are termed as rebills but really are paper cross over bills with Medicare and are not actual billing errors.

You can have billers or you can have rebillers. Which school of thought are you in and whichever one you are, have you tried the other to see what fits best with your organization?




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Editors' Corner



Tribute to Robert M Anderson



If you are not already aware, Bob Anderson, CPAM the PFS Director of St. John's Hospital in Springfield, Illinois has retired as of November 2006. Several of the AAHAM members asked me about doing something recognizing Bob's service and dedication to AAHAM. So I asked for your stories, and/or comments regarding Bob. The following are some of the responses I received from our members. I deleted all the nasty ones ... just kidding Bob. It was a pleasure working with you at St. John's, and happy trails!

Having had the pleasure of working with Bob for way too many years, I can say only this: Bob personifies the highest of professional qualities and attributes; with a unique blend of technical and interpersonal skills. Bob Anderson represents what this profession is all about. His dedication had made AGPAM/AAHAM what it is today.

Dave Hume

My story isn't very long, but kind of cute.....Bob called me one day on the phone and when I answered hello, he said, Hi, V.....then laughed and said hey, HyVee, how unique!! Bob is always remembered for his quiet (but noticeable) sigh when he has had enough with long board meetings. Also, if Betty remembers the lunch time at one of our ILAAHAM meetings where Jim Knepper hired what we thought was a politician to speak and it turned out to be a comedian.....we had good pictures of he and Betty getting roasted!! It was hilarious.

Veronica

My best memories are of Bob and Betty B. helping me learn the ropes and introducing me to so many new faces at the different ANI's over the past 10 years. ANI meetings were also a great way to get to know Bob's wife, Marje better. Boy, can that woman shop!

I remember the time I was in my little hometown of Creston, IL pumping gas on a Sunday afternoon, when a car pulled up and started honking their horn. I wanted to ignore it, but the driver wouldn't let me. To my surprise it was Bob and Marje... just passing through!

Bob provided me with a lot of history on IL AAHAM that allowed me to lead this chapter for a couple years as President. Bob, you've also provided with me with many tips professionally over the years with your vast knowledge. I thank you for sharing your knowledge and experiences with me. You're the best!

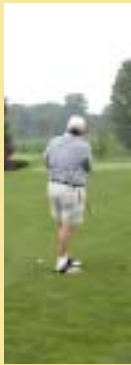
Doris Dickey, CPAM



Editors' Corner



Tribute to Robert M. Anderson



Editors' Corner

My friend Bobert.

I met Bob Anderson in 1985 when I joined AGPAM and shortly after became a board member. We did not really become close friends until years later, but we always got a long. You see, I think Bob is my alter ego. Bob, of course as everyone knows, is a calm, cool and patient person. He



never lets anything upset him. It probably will not surprise anyone, but I don't think I have ever heard Bob use a discouraging word about anyone. And I have spent a lot of time with him, so I would know.

I don't know how many times we would be behind someone slow on the golf course, or in traffic. I would start to get upset and curse them. But Bob would always calm me down and remind me of how short life is and you have just got to understand your fellow man. Bob has taught me a lot about patients and concern for others, particularly those who may not understand the etiquettes of golf or the rules of the road.

I really don't know if I have ever met someone as positive and energetic as Bob. Maybe Howie Mandel or Mother Theresa, but I never met them, so I really can't compare. All I know is, whenever I have needed the "glass half full" perspective I have always turned to my friend, Bob. His steak is overcooked, no worry, it's not the cooks fault, just accept it as an honest error and eat it. That attitude is Bob's mantra. I would always beg Bob to not sit on the fence all the time. Have an opinion about things, for God's sake! But no, it was just water off a ducks back to Bob.

I remember when Bob was contemplating retirement. It was not an easy decision for him. Sure, he had the nice new house on the river, the RV, the boat. But what did that compare to the daily delight it was for Bob to walk into that business office with all those smiling faces telling him how much they loved him, even worshipped him. I just think it was Bob's unselfish way that guided him to step aside for another lucky soul. Yes, that is the Bob everyone knows and loves.

Of course, there is Smarge, Bobs loyal and loving life companion. Smarge is the nickname we gave her years ago. It is short for Saint Marge. Now, don't get me wrong. You don't have to be a Saint to live with Bob for 40 years. Marge was given this nickname for her charity work. Going on Vacation with Bob, sleeping with Bob, talking to Bob.

When Bob said he was thinking about retirement, I remember asking him if he had warned Marge. I meant did he talk it over with Marge. For crying out loud, you have to give her the opportunity to think about spending day after day, hour after hour, minute after minute, second after

second with someone, even if it is our dear charismatic, devil may care, patron saint of holy patience friend, Bob Anderson. Ok, so after weeks of negotiation, Bob decided it was time to retire. But first he needed to negotiate with the hospital. After the negotiations with Smarge, the hospital was a pushover.

People might wonder what were Marge's conditions for accepting retirement? Well, I don't know everything, but here are a few of her conditions:

1. The RV can convert to Bob's house at the snap of her finger.
2. Now that he is retired from the hospital, it doesn't mean he no longer has a boss's butt to kiss.
3. Bob must agree that he is either right or he is happy. He must choose.
4. Asking Marge to pull his finger, or fluff the covers might have been cute on his days off, but now that he is home for good, he must never repeat these silly childish acts.
5. Bob must go on at least one lengthy trip per year with his friends. This will be known as therapy.
6. Bob must go shopping with Marge at least once a month and pretend to love it. Not just like, but Love it!
7. Bob must understand when Marge wants her "space" she doesn't mean at the other end of the sofa.

To be serious, Marge is truly Bob's alter ego. Their differences compliment each other.

I know they will truly enjoy the rest of their lives together, as long as Bob follows the rules. And, I know he will, because he knows she is the best thing that ever happened to him.

And, one of the best things that ever happened to me is having Bobert as my good friend.

Dave



MY TRIBUTE TO ROBERT ANDERSON

Robert Anderson, CPAM ... what a great guy! I may have met Bob at an Iowa AGPAM Meeting in 1980; however, Bob and I are too old to remember in order to confirm that theory. However, we were both in attendance at the Charter Meeting for the Illinois Chapter in Kankakee and what a privilege it has been to work with Bob during the past 25 years!

How can you write a "short story" about an individual who has given his all to the Patient Financial Services Industry and AAHAM? Here are just a few thoughts ...

- Charter member of the IL Chapter
- Was working at Covenant Hospital in Champaign-Urbana when the IL Chapter began.
- 18 years ago — accepted the position at St. John's Hospital, Springfield (Bob calls it "Springpatch") and Bob & Margie relocated to Rochester, IL suburb of Springfield).
- Bob was very active on the AAHAM Board, serving as President in 1991 & 1992 and I don't know how many terms he served as Treasurer. Even during the time that he was HFMA President for the McMahon-Illini Chapter — he didn't let AAHAM down.
- Remembering back to the beginning of the IL Chapter, it was people like Bob Anderson who had creative ideas and knew people who would speak at our educational meetings at no cost in order to build our treasury so that the membership can enjoy the quality of meetings that they receive today. Originally, we had to meet in hospital conference rooms because we couldn't afford a hotel.
- Have you seen Bob get excited? Watch the IL Chapter win its first Journal Award (at that time Dave Dorman was our Editor) at an ANI! Watch his expression when DVD players are handed out to each attendee at the end of a December AAHAM Meeting! Watch his expression on the golf course when he has a great drive or a good putt! Bob is NOT as serious as many believe him to be!
- Bob & Margie invited the AAHAM Board into their lovely home a few times (Margie makes fantastic desserts!!)
- Bob and Margie are great fun at the annual AAHAM ANI. Margie loves to shop during the day while Bob attends the educational sessions. We've enjoyed each other's company for many years at the ANI's; however, the one that stands out the most was the 50's dance at the Ft. Lauderdale ANI in the late 80's or early 90's. Bob and Margie are beautiful dancers and made The Stroll look like a cakewalk with their precision and enjoyment of the music!
- Bob & Margie moved their daughter and grandson back into their home for a couple years. Their grandson, Christopher, is still the "spark" in Grandpa's eyes and has traveled with his grandparents



on several long trips over the years. They have many grandchildren now and they are all special; however, having lived with Grandpa—Chris and Bob share a beautiful and special bond. In fact, Chris has taken after Grandpa with his musical talent!

- Did you know that Bob & Margie were active in the Drum & Bugle Corps as they were growing up and then were actively involved with their two daughters? Bob would use his hospital vacation time to go on the road with the Corps and his daughters — traveling thousands of miles and often, getting home at 3:00 or 4:00 a.m. to get a few hours sleep before going to work as the Director of PFS. We loved hearing the stories that Bob would share after these trips.
- Bob & Margie still enjoy traveling to different areas of the country (Boston in 2005) to enjoy the Drum & Bugle Corps competitions.
- I've had the opportunity to meet Bob & Margie at a few of the DeKalb Drum & Bugle Corps competitions. You could tell with their enthusiasm that they may physically be sitting on the bleachers, but mentally and critically, they were down on the field exacting the coordinates as they had done for many years!
 - Did you know that Bob use to play the drums in a band? (You should see those "hippy" pictures!)
 - Bob and Margie purchased a motor home 1 ½ years ago and "she" has been fondly named "Verna".
- Bob and Margie will be traveling in Verna during the next several months as Bob revisits his Book of Life as a Director of PFS. RETIRED? Bob? I don't think so — it is only MY opinion, but I truly believe that he'll "resurface" again in one PFS capacity or another. With Bob's knowledge, past performances and successes — how could he not?
- While we struggle with the Illinois winter, you can be assured that Bob will be on the golf course somewhere in his travels while Margie is enjoying crafts or shopping for a bargain! Who knows — maybe Margie will take up golf as well!

Isn't this what AAHAM has been about in the IL Chapter for 25 years? Networking and friendships made not only in our Chapter but also at the National level as well? Get involved in AAHAM and do more than attend meetings! Your payback can't even begin to be expressed in words!

I value Bob's friendship and am absolutely honored to have been able to stand beside him as we received the AAHAM Lifetime Membership and the Charles Garvin Achievement Award at the same time. Best Wishes, "Bub", for a wonderful winter of safe travels and relaxation as you ponder your next chapter in your Book of Life! Steve and I look forward to each opportunity for our paths to cross in the months and years to come!

Betty Burch, CPAM (aka "Bet")

I do not have any funny stories, but I have always had the up most respect for Bob and he was very helpful to me with suggestions when I first started out in my position and allowed me to call and ask questions. I admire him and wish him the best of luck on his retirement. He got out just in time with the UB04 and NPI headache coming "Way to go Bob".

Chris Bryant

To BOB

When we were asked to say a few sentences about Bob and his years of service to SJH, my first thoughts were to list some of his accomplishments ... which have been many over his 18 years of service. As you all know, the list would be endless. He has guided the Business Office through many changes and accomplishments ... And then 5 years ago he accepted the responsibility for Admitting ... and Ellen and I became part of his management team ... what an undertaking!

Bob has always believed and practiced the values of St John's and our mission ... he has represented SJH in many organizations, committees and endeavors both in the hospital, hospital organizations and the community.

So I would like to tell you something you may not know ... Bob names all of his vehicles ... he has a RV Coach named Verna ... after an aunt. When I asked Bob about his plans for retirement ... he talked about the trips he is planning for the next year in Verna ... one trip is to recreate a trip to California for the Drum and Bugle Corp competition ... a trip that he had taken with his family and in-laws 20 years ago. That is the Bob that I have been lucky enough to work with and know ... a man of integrity and love for his family and country.

As we know, when he walks through the doors to the next phase of his life ... it really does not matter what has been accomplished here ... because it is the past.

So please ... help me toast to the future ... to Bob for a future of many miles of winding roads ahead with family, friends, health and happiness ... To Bob!

Business Office Managers @ St. John's Hospital

You know how Bob likes to play golf.

Joe Mintjal, Bob Griggs, myself and Bob were playing two seasons ago at Panther Creek there in Springfield. We were on the I think 15th hole which is a water hole. Bob and Griggs were riding together in one cart and Joe and I in another. Griggs decided to go up in front of Joe and I about 100 yards up and stand by his ball next to the edge of the pond.

I suggested he move in case I shank the ball which I am famous for as Bob will tell you. Well anyway, Joe got a little annoyed and said just hit the damn ball ... so I did! Sure enough, I shanked the ball, Griggs ducked and fell head first into the black muck. Only his knees to his feet were sticking out! We all ran up to help Griggs ... who by now was backing his way out of the muck. With mud, green slime and seaweed dripping/dropping off Griggs ... Bob pulls up and sits quietly for a minute assessing the situation. Everything was quiet, then Bob says, "you know if that had been me, I would have fired you on the spot." Griggs then gets into Bob's cart and they drive off and finished playing the game. Joe then stated that when a circumstance like this occurs a nick name needs to be applied to the individual in despair. Joe promptly named Griggs "Wood Duck" for all times to come.

Congratulations ... Bruce Tichenor

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Congratulations to Steve Dennis, CPAM for receiving the **National Recognition Award** at the ANI for his outstanding work with certification!

Thank you to Doris Dickey, CPAM and Debra Wilson, CCAM for proctoring the professional exam in September!

Applications to sit for the professional exam in **April 2007** must be received at the national AAHAM office by **March 1st**.

For many people, becoming professionally certified takes commitment and planning to prepare for the 8-hour written exam. The **Patient Financial Services Resource Guide** is an excellent resource but can seem overwhelming to study from on one's own.

Did you know?

- The national AAHAM website provides a list of topics for each section to help examinees get started.
- In addition, our IL chapter has a resource CD developed by Steve Dennis, CPAM that consolidates information on professional certification in one place. It can also be used as a study aid. Please ask for the CD if you are planning to sit for the exam.
- Coaching support is also available via conference calls. We can arrange dates/times that work for you.

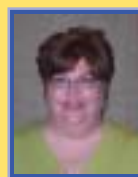
As your professional certification chair, please let me know other ways we can provide support to help your exam experience be a positive one!

GET CERTIFIED!!

Certification Committee



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2006 / 2007

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2007

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*Board of Directors Planning Meeting
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March 14-15

*AAHAM Legislative Day
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March 23

*Spring Educational Meeting
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April 28

CPAM/CCAM Examination

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For more information contact: ILLINOIS CHAPTER - AAHAM

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National Dues are \$150 for the year. Prorated dues amount for July 1 to September 30: \$115
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Please allow 2 – 4 weeks for processing once your application is received at the AAHAM National Office.

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