

The Lincoln Log

American Association of Healthcare Administrative Management Illinois Newsletter



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AWARD WINNING EZINE for the Illinois Chapter

1987 - 1990
2002 - 2009



LINCOLN LOG EDITORIAL POLICY & OBJECTIVES

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President's Message

How many times have we heard or used the old adage – “Time flies when you are having fun!” Well, I hope you are having some fun. As I get older, time seems to move faster than ever and my “things I want or need to do” list gets even longer. I’m sure that is the case for all of us.

This summer, for many of us, was hot, humid and rainy so I’m enjoying the crisp, clear days of autumn and taking some extra time for my family. I hope you still have the opportunity to get away and enjoy the people and things that are important in your life as well.

Illinois AAHAM was “hot” this summer as well. As of the August membership report from National, your chapter total membership is at 215 with 95 new members! I have been involved with Illinois AAHAM for a long time and don’t remember our membership ever being at this level. I am very proud of this accomplishment and kudos go to our Membership Chair, John McGlasson, his committee and to you all for getting the AAHAM word out to your colleagues.

I also want to welcome Tera Roesch to our Board as a new Director. Tera is the Assistant PFS Director at Gibson Area Hospital & Health Services and is filling a recent vacancy on our Board of Directors. I am looking forward to working with Tera in the months ahead.

Our Fall Education Meeting on September 17th, along with the Charles Garvin Memorial Golf Outing, was a great success. The meeting agenda was loaded with great education and speakers who helped us “git ‘er done” back at the office. I was also happy to get back on the links to honor Chuck Garvin’s memory and his contribution to Illinois AAHAM with an afternoon of golf and fellowship.

Our Annual State Institute is scheduled for December 2nd & 3rd at the Marriott Bloomington-Normal. We have a terrific agenda planned, the annual vendor fair and a fun “Team Spirit / Tailgating” theme set for our Thursday evening banquet. Get your favorite team jersey and gear ready and plan to join us in Bloomington. The ASI details and agenda will be sent to you soon. Remember - you can now register AND pay online for your meeting registration at our web site – www.illinoisaaaham.com.

With all that you deal with each day, winding your way through the maze of healthcare, you need to spend some time with your AAHAM colleagues and friends. We’ll help you with your professional development through our education meetings and speakers but we want to spend some fun time with you as well. Plan to join us for this year’s ASI in Bloomington. We’ll be looking for you.

Best regards –

Bill Carlson, CPAM
President – Illinois AAHAM

JUNE 8, 2010
AAHAM

Events



First Time Attendees



Lisa Becerra



Steve Yarck



Childs for Burn Camp



Terry Swan



Board



Stephanie Hunziker and Ann Allen

Photo Gallery



AAHAM Partner Panel



Ron Synder



Tim Friel



Steve Becerra and Bobette Gustafson



John McGlasson



Rick Rodgers



AAHAM Corporate Dance Panel



Dave Miller and Betty Marschang

SEPTEMBER 17, 2010
EDUCATION SESSION

Events

■ NORMAL, ILLINOIS



First Time Attendees, Kristin Goff and Robb Robinson



Registration Table



Doris Dickey and Marje Barber



New Member, Donna Stortzum



New CPAM - Marje Barber

Photo Gallery



Speaker, Beckie Bean



Speaker, Jerry Bridge



Speakers, Joel Lawson and Kate Banks



Tera Roesch and Rena Willey



AAHAM Normal, Illinois Session



Bone Up for CPAM Exam

by Marje Barber,
Hoopston Community Hospital

Editor's Note:

Marje recently sat for the CPAM exam and passed on her first attempt. I asked her to share some of her secrets to success. She shared her top tips!

1

Four months before the exam, announce to your family and friends that you will not be available until the exam is over. They'll still try to tempt you with invitations, but at least they won't be wounded when you say "No".

2

Take the webinar for all 4 sections and study the hand outs as well as the study guide. I haven't seen the new study guide so can't comment on it.

3

Google every issue/topic that you feel weak in. I googled Balance Sheet & Income Statement as well as many laws, and added those print outs to my study material. I never googled anything I didn't find information on!

4

I studied 2 nights/week and all day Saturday & Sunday and learned not to turn on the T.V. or answer the phone.

5

The most important advice is to create your own exam, with blanks for you to input the answers. Most of my self made exams took this format:

A) List 5 things that _____
1, 2, 3, 4, & 5

B) List 7 things that _____
1, 2, 3, 4, 5, 6, & 7

C) What does the Acronym _____ stand for?

Write a short paragraph on how A, B or C affects (which ever one of the 4 sections it applies to).

Take those exams (one for each section) over and over and over. When you can't answer a question, go back and review the material. If you just read/memorize the material, that's no guarantee that you can recall it in an exam format.

6

Keep all your study materials in a big canvas bag & take it everywhere you go. If I was home the bag was beside the sofa, if I was away from home, it was in my trunk. Every Doctor or Dentist wait time was productive!

7

I bought my dog a big "study bone" to keep him off my lap and off my papers while I studied.





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Professional Certification Corner

Doris Dickey, IL AAHAM Professional Certification Chair



Certification News August 2010

Congratulations to Marje Barber, Director of Patient Accounts,
Hoopston Community Memorial Hospital.

Marje passed her CPAM exam in April, 2010 on her **first** attempt.

This places Marje in an elite category of few individuals who pass on their first sitting. I coached Marje on a couple of occasions and know first hand she spent many hours preparing. I enjoyed working with her; in fact, she challenged me with some of her questions.

Way to go, Marje!

I recently received a copy of the new national CPAM/CCAM study manual.

I have not yet used it as a study tool to help others, but I am pleased with the layout. This appears to be a good study tool. They've done a nice job of indicating the differences needed to study for the CPAM vs. CCAM exams. Liz Baptist from Perry Memorial Hospital is the National Certification Chair and was very instrumental in the new guide.

Thanks, Liz.

The registration deadline for the October exam was August 2, 2010. If you are registered and would like some coaching to help prepare for the exam, feel free to call me.

The exam week is 10/25 – 10/30/10, location to be determined.

Doris Dickey, CPAM
Rochelle Community Hospital
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ddickey@rcha.net



AUTOMATION IS THE KEY TO EFFICIENT HEALTH CARE REFORM

*Written By: Christopher Thunder – Freelance
R&B Solutions, Waukegan, Illinois*

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (ACA) into law, expanding Medicaid and forming health insurance exchanges. The goal of the bill is for all Americans to have access to some form of medical coverage. Medicaid is expected to play a major role in covering more uninsured people and providing eligibility to nearly all people under age 65 with income up to 133 percent of the federal poverty level (FPL). Medicaid, along with its smaller companion program, the Children's Health Insurance Program (CHIP), is expected to cover an additional 16 million people by 2019. Health insurance exchanges are to be formed by 2014 to help insurers comply with consumer protections, compete in cost-efficient ways, and to facilitate the expansion of insurance coverage to more people. However, both government programs, Medicaid and the Government-Sponsored Enterprises (GSE), will have to coordinate in some way with each other.

A great deal of the burden in the coordination and enrollment of these programs will fall on the states. According to the Kaiser Commission on Medicaid and the Uninsured, it is commonly understood that "given the expected new demands on Medicaid eligibility and enrollment systems, and continuing fiscal strains on states, the impetus to streamline and automate Medicaid systems has never been greater." Many believe this task will be difficult for states to execute. U.S. hospitals expect a \$155 billion reduction in Medicare and Medicaid funding over the next decade as a result of the ACA's cost for health care reform. Disproportionate Share Hospitals will be affected more so than most since they receive a significant portion at a higher rate of reimbursement for services that treat more uninsured than insured. The Center of Budget and Policy Priorities found that 48 states had budget short falls in 2009 and 2010, and estimates that 46 states will continue to have budget shortfalls in the following year, which places the States' ability to provide matching funds in question. With budgets decreasing, unemployment and Medicaid eligible patients increasing, and health insurance exchanges forming, how do hospitals continue to assist their patients and ensure the fiscal health of the hospital?

Douglas Elmendorf, head of the Congressional Budget Office (CBO), recently remarked in a letter to Senator Max Baucus, Chairman of the Senate Finance Committee, that one of the greatest difficulties in enrolling people who are eligible for government programs is the application process itself. One solution he saw was to create a more "efficient enrollment process." Elmendorf indicated that an additional 14 million people would become eligible for Medicaid and CHIP under the new ACA guidelines. Even if states accomplish the goal of streamlining and automating Medicaid systems, it does not mean that patients will actively seek out and enroll themselves. Since there will be more Medicaid-eligible patients than ever before, hospitals will require a process that will quickly screen and fill out all the extensive paper work in order to expedite and secure approval for Medicaid and other programs.

Individuals won't be registered for these programs and taking advantage of their benefits until they find themselves in need of it, sick in the hospital. The car insurance industry has shown us that just because the state mandates auto insurance does not mean every driver has it. Often times, an accident will have to occur before an uninsured motorist looks to find insurance. In order for the hospital to gain reimbursement, it will have to educate patients on their options, and assist them with their enrollment in Medicaid, insurance exchanges, or other available programs. The verification of information will also have greater importance as the ACA established the new IRS Code Section 501(r), which requires hospitals to take action and confirm if a patient is eligible for financial assistance, and states look to implement investigations similar to (Recovery Audit Contractor) RAC audits on Medicare. The Washington Post recently published an article on North Carolina's hiring of IBM to review the past six years of Medicaid data for questionable payments. Now more than ever, the

(Continued on next page)

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burden of proof is being placed at the feet of the hospital, not the patient.

In their executive summary titled “Optimizing Medicaid Enrollment: Perspectives on Strengthening Medicaid’s Reach under Health Care Reform,” Julia Paradise of the Kaiser Commission on Medicaid and the Uninsured and Michael Perry of Lake Research Partners, found and suggested “it is appropriate for CMS to spearhead automation efforts by developing model enrollment systems for states and providing technical assistance and incentives to promote their adoption.” Whether or not the states will be able to accomplish this remains to be seen, whereas hospitals are afforded a better chance of success on the front lines of patient interaction and care and have a major incentive to assist patients in enrollment than the state. The only way hospitals can handle the volume of necessary enrollment while driving down costs is through automation.

In doing this, hospitals keep with best practices, and all patients are screened for multiple programs at once with the same questions, which eliminates the possibility of repetition and other forms of human error. Automation also enables providers to maximize staff time and efforts, and allow the service outpatient areas. Programs with integrated calculators can compute spend-down requirements, as well as insurance exchanges enrollment fees by the 2014 ACA deadline.

All of this information is kept on file for report generation and the IRS 990, which will also eliminate duplicate applications in multi-system hospitals. At the end of the interview, the tool will bring forth the completed application for the best program the patient is eligible for, any necessary attachments, an electronic signature, and the documents required by the state for eligibility determination, such as electronic pay stubs and tax return information. By being electronic, the application is then capable of being submitted online, or by facsimile, with tracking information returned to the hospital.

If the goal of Healthcare Reform is for all Americans to have access to some form of medical coverage, then hospitals will need to play the largest role in assisting people towards the proper access channel and the appropriate form of eligibility. Hospitals are in the unique position of seeing patients when they will need coverage the most: at the time of care. The ACA does offer some direction in terms of an approach to handle the millions of newly eligible patients, but the guidance does not provide the means to properly assist the millions more currently now eligible or eligible-but-not enrolled. Unfortunately, the current state of the economy means hospitals will have to do more with less, and assist a greater number of uninsured patients. Automation will be the key component at the state level (as laid out in the ACA), and also for hospitals to handle the Medicaid increase and maximize their reimbursement across a variety of repayment options.



Even if states accomplish the goal of streamlining and automating Medicaid systems, it does not mean that patients will actively seek out and enroll themselves.



For further information, please contact Ryan Brebner at 847-887-8514.

Ryan Brebner is Manager of Business Development for R&B Solutions, headquartered in Waukegan, Illinois, and is responsible for leading the company’s sales and marketing. Prior to joining R&B Solutions seven years ago, Ryan worked as a manager for the City of Lake Forest. Ryan is an active member of HFMA, AAHAM, and NAHAM. Ryan graduated from Saint Norbert College in DePere, Wisconsin with a Bachelor of Arts in Politics and Philosophy.

Tribute to Genevieve K. Legris, CPAM 1918-2010

By Robert M. Anderson, CPAM, CHFP

In September of 1979 I moved to Urbana, Illinois from Fort Madison, Iowa to take the position of Patient Accounts Manager for Mercy Hospital. Mercy was owned and operated by the Servants of the Holy Heart of Mary and also operated St. Mary's Hospital in Kankakee, Illinois. Gen Legris was the Patient Accounts Manager at St. Mary's and on occasion we would speak on the phone, though never in person.

I had joined the Iowa Chapter of AGPAM (Hawkeye Chapter) in 1978 and had noticed that Gen was also a member but I never saw her at a meeting in Iowa. In 1980, I decided to take the AGPAM CPAM certification exam and took it at the HFMA headquarters in Oak Brook. My proctor told me he had another person taking the exam that day but she had not shown up as of yet. Since I had traveled from Urbana, he put me in a room to take the exam. That other examinee was Gen Legris. We, again, did not meet as she finished the exam before me and left. Later, I found out that she had passed the exam in it's entirety on the first attempt and I had failed the Billing and Collections sections, but not by much. That fall I went to St. Mary's in Kankakee to finish my two sections and was proctored by Gen. We finally met! And I passed the exam!

In February of 1981, Gen called me and was wondering if I would attend a meeting that she was going to sponsor at St. Mary's to investigate starting an AGPAM Chapter in Illinois. She reasoned that since we were both now CPAMs, we had to maintain our certification by getting CEUs at AGPAM meetings. The closest chapters were in Iowa, Ohio, and Minnesota, which she felt were too far to travel to with our limited budgets. I agreed to attend that meeting in March 1981 and was there when 17 attendees voted to charter an AGPAM Chapter in Illinois. Gen was elected President and I was elected Treasurer. Now the real work was to begin.

Gen hosted meetings at St. Mary's at least every other month to get this new Chapter up and running until we had our first seminar in September of 1981. We had borrowed \$500 from National AGPAM to get started and our

first seminar enabled Gen to present a check for \$500 to National at the ANI in Hershey, PA in October. We were on our way.

Gen served a two-year term as our first President of the Illinois Chapter. Her leadership in those early years was evident in creating camaraderie amongst that first Board that lent itself to building a continuity that still exists today. When her term expired, she took on the position of Certification Chair for two years and slowly and steadily, our certified members grew in numbers.

In 1987, as Awards Chairman, I was honored to present Gen the first Lifetime Member Award from the Illinois Chapter of AGPAM. Gen continued to attend meetings and continued her interest in the activities of the Chapter and the National organization. The last time I saw Gen was at our State ANI in 2001. She and her husband Vernal came to help us celebrate the 20th anniversary of our organization and the recognition of all Chapter Presidents to date. It was a fun and memorable evening!

In writing this tribute, it came to mind that only a small minority of today's membership had the opportunity to know Gen. I, myself, had no clue that Gen was 92 at the time of her passing and then realized that she was 63 when she decided to organize an AGPAM Chapter in Illinois. Thank you Gen! That's about the time most of us think of retiring. When she did retire in 1987 at the age of 69, she continued to serve the St. Mary's Hospital patient population as the resident "volunteer expert" in patient account issues for many more years.

On a personal note, I am honored to have known Gen Legris and am most appreciative that she gave me a call that February day in 1981 to invite me to St. Mary's to start an adventure in AGPAM, now AAHAM, which will celebrate our Illinois Chapter's 30th anniversary next year. She is among the most dedicated, sincere, and good friends that I have made in my professional career. May peace be to her memory.

Congratulations on your retirement!



BERNIE HILGEMANN

DO YOU HAVE A FAVORITE MEMORY ABOUT ILLINOIS AAHAM THAT STILL BRINGS A SMILE TO YOUR FACE?

Getting my certification and the grader telling Chuck that it was a pleasure grading my test.

IF YOU COULD REPEAT AN EXPERIENCE OVER AND OVER THAT YOU'VE HAD IN YOUR CAREER, WHAT WOULD IT BE?

All the fun times at the local meetings and nationals. Working with great people in my department. Having Chuck as a boss – he was great to his employees.

WHAT WOULD BE THE THING YOU'D DO DIFFERENTLY IN YOUR CAREER, IF YOU HAD A "DO-OVER"?

Nothing – I've enjoyed it all.

IF YOU HAD ONE PIECE OF ADVICE TO SHARE WITH SOMEONE WHO IS STARTING OUT OR STILL HAS MANY YEARS AHEAD OF THEM IN OUR INDUSTRY, WHAT WOULD IT BE?

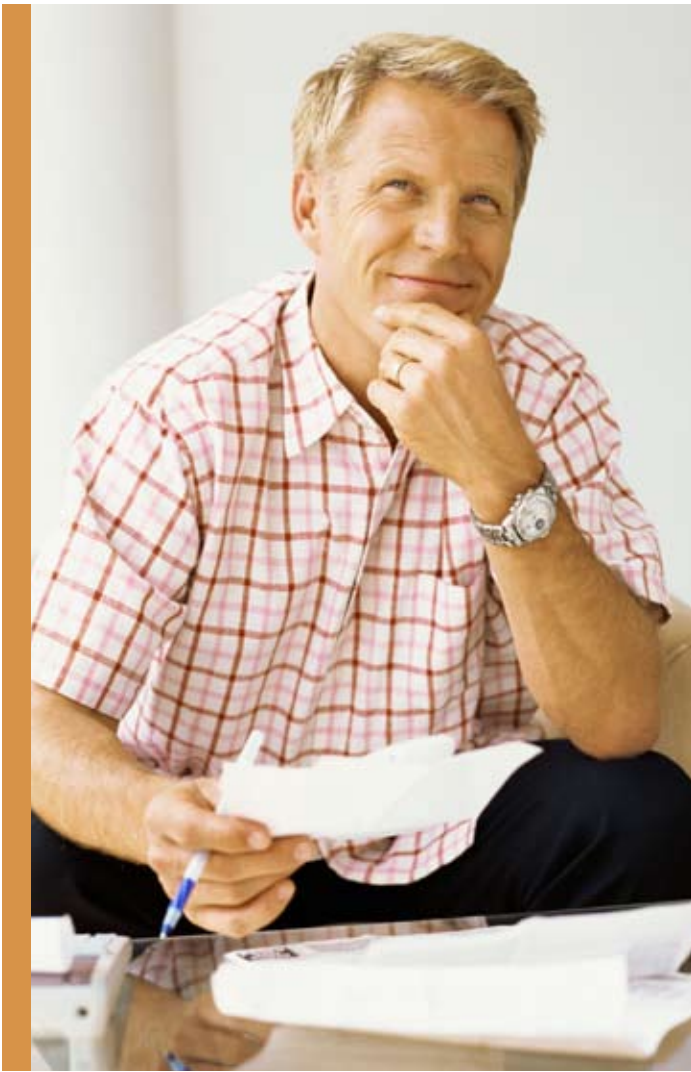
Learn everything you can as you never know what duty you may be asked to do the next day. The more hands-on experience you have, the more valuable you will be to your department and organization. Health care is an ever-changing world.

WHAT DO YOU PLAN TO DO IN RETIREMENT THAT IS TOTALLY DIFFERENT THAN WHAT YOU HAVE EVER DONE?

Sleep in!

member spotlight





Change Will Be Hard

I am normally writing about political issues, but nothing is happening. So allow me to be very personal, and I do mean personal.

My father died with colon cancer, so I am flagged for a colonoscopy every three years. This year was to be my second. I have an aversion to needles, so three years ago, the procedure was done without any kind of anesthesia. A strange feeling, a little uncomfortable, but nothing that I would describe as painful. When it was over, I put on my clothes, walked out and drove home; by myself.

When the bill came, almost all covered by insurance, I did not notice any acknowledgement of the lack of anesthesia. But I was paying so little, I just blew it off. This year, I thought a little differently.

When the endoscopy center called to discuss my copay, I said that without anesthesia, the cost should be reduced. The answer was that it was a “global charge” and it would be no different.

*If we are to rein in the cost of healthcare,
there must be NEW thinking.*

Several frustrating phone calls with my insurance carrier produced the same result. It is a contracted cost with a preferred provider and it is not going to change. At least until I win...

I have requested a chance to talk or exchange emails with the physician. In 2010, he doesn't have an email address. His nurse suggested I make an appointment to discuss it. Of course that comes with another copay and charge to my insurance company.

At this point, the procedure has been postponed. But, can healthcare reform succeed if this type of thinking continues. Imagine the number of colonoscopies and the savings if many were done without anesthesia. I can testify that the option is not offered; I demanded it.

In this case, no one is even considering savings. It is just the way it has always been done and they are not going to consider anything else.

If we are to rein in the cost of healthcare, there must be NEW thinking. Those of us who understand the financial aspects, must speak up when we have direct knowledge of the changes that must be made.

Rest assured, I am not done yet!

*John McGlasson
2nd Vice President*

Vacation

PHOTO ALBUM



Clockwise from left:

Bill Carlson and his Lake Thunderhead catfish.

JVP summer photo.

Ira and Rena at Nassau.

Cheri and Doris wish they were anywhere but here!





ILLINOIS CHAPTER

2009 - 2010 Corporate Partners

The Illinois AAHAM Chapter would like to thank our Corporate Partners for their continued support and dedication to the Chapter. Their partnership and generous financial support enable us to provide quality educational and networking opportunities throughout the year.

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For additional information regarding the Illinois AAHAM Corporate Partners program please contact Cheri Lockhart, 1st Vice President at clockhart@essex1.com



2010 Charles Garvin Memorial Golf Outing

By Al Staidl



We had our Charles Garvin Memorial Golf Outing on September 16, 2010. It was held at the Weibring Golf Club on Gregory Street in Normal, Illinois.

Mother Nature cooperated with some sun, but a few stiff breezes. Thank you, everyone, who joined in with celebrating our golf day with our memories of Chuck Garvin.

During our round, we had games which were played on the course. Here are those results:



This year's winning team shot a 4 under par in our scramble format.

The team consisted of:

- *Dick Brown*
- *Tim Haag*
- *Brad Taylor*



Long drive:

- *Cheri Lockhart*
- *Kathy Uphoff*
- *Dave Miller*

Longest putt:

- *Bill Carlson*



Our most honest golf results team recorded 6 over par.

The team consisted of:

- *Doris Dickey*
- *Cheri Lockhart*
- *Julie Van Pelt*
- *Brenda Wery*



Shortest drive:

- *Doris Dickey*
- *John Currier*



Closest to the pin:

- *Brenda Wery*
- *Julie Van Pelt*
- *Robb Robinson*
- *Bob Anderson*



Members & Friends of Illinois AAHAM: "SAVE THE DATES"

Our Annual State Institute, ASI, will be held this year at the Marriott Bloomington-Normal Hotel & Conference Center - December 2nd & 3rd. We have another great agenda planned this year including a vendor fair, timely education topics and our Thursday evening banquet and entertainment.

Please note: While we strongly encourage and invite new membership - you do not have to be a member of AAHAM or the Illinois Chapter to attend the ASI or any of our other meetings. If you are not yet a member, I invite you to attend the ASI and see what we are all about.

If you are interested in exhibiting at our vendor fair get in touch with Cheri Lockhart at clockhart@essex1.com for more information.

Detailed information regarding the ASI, hotel reservations, vendor fair and agenda will be available soon and will be posted on our web site at www.illinoisaaaham.com.

Mark your calendar now and plan to attend this event. We're looking forward to a great turn out and hope to see you there.

Best regards -

Bill Carlson, CPAM

President – Illinois AAHAM



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State: _____ Zip: _____ Phone: _____

Fax: _____ E-mail Address: _____

Website: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Local Chapter (see page 6, left, for name and fees) _____

Membership Type: (See back for details & dues) National Member Student Member

How did you hear about AAHAM? Colleague Publication Website

Other (Please list) _____

If referred by AAHAM Member, Give Name: _____

Please allow 2 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.

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Fairfax, VA 22030
AAHAM Tax ID# 23-1899873

Your Payment Total:

National Dues:	
\$Local Dues:	
\$Total Enclosed:	\$

National Membership - The fee to become a National member is \$175. If you join anytime between July 1st and August 31st, the dues are \$140 for the rest of the current year. If you join between September 1st and December 31st, the fee is \$210 for the rest of the current year and all of the following year.

Please note, membership is on an individual, not institutional basis, and is non-transferable.

Student Membership - The student membership fee is \$50. If you join between July 1st and August 31st, the pro-rated dues are \$35, and if you join between September 1st and December 31st, dues are \$65 (for 15 months of membership). To qualify for student membership you must currently be taking 6 credit hours per semester. Student members receive all the benefits of membership with the exception of voting, eligibility for professional certification, and cannot be a proxy for a chapter president at any national board meetings.

Please Check the Appropriate Codes in Each Category Below.

Years in Healthcare:	<input type="radio"/> Outsourcing	Responsibility:
<input type="radio"/> 0-5	<input type="radio"/> Software/IT	<input type="radio"/> Accounting
<input type="radio"/> 6-10	<input type="radio"/> Provider	<input type="radio"/> Administration/Operations
<input type="radio"/> 11-20	<input type="radio"/> Law Firm	<input type="radio"/> Admitting/Access
<input type="radio"/> 21-25	<input type="radio"/> Other (please list)	<input type="radio"/> Audit
<input type="radio"/> 25+	_____	<input type="radio"/> Benefits
Certification:	Position:	<input type="radio"/> Budget
<input type="radio"/> CPAM/CCAM	<input type="radio"/> President, Administrator, Executive	<input type="radio"/> Business Development, Sales, Marketing
<input type="radio"/> CPAT/CCAT	<input type="radio"/> Director, CEO	<input type="radio"/> Compliance
<input type="radio"/> CHAM (NAHAM)	<input type="radio"/> Partner, Principal, Owner	<input type="radio"/> Information Services/Technology
<input type="radio"/> CHFP (HFMA)	<input type="radio"/> CFO/Controller, COO, CIO	<input type="radio"/> Managed Care
<input type="radio"/> FHFMA (HFMA)	<input type="radio"/> Vice President	<input type="radio"/> Medical Records
<input type="radio"/> CHCS (ACA)	<input type="radio"/> Assistant VP/Assistant Administrator	<input type="radio"/> Medicare/Medicaid
<input type="radio"/> Other (please list)	<input type="radio"/> Director, Manager, Supervisor	<input type="radio"/> PFS, Patient Billing & Collections
_____	<input type="radio"/> Technician	<input type="radio"/> Reimbursement
_____	<input type="radio"/> Clinical	<input type="radio"/> Third Party Administration
Employer Type:	<input type="radio"/> Academic	<input type="radio"/> Other (please list)
<input type="radio"/> Vendor/Corporate Partner	<input type="radio"/> Other (please list)	_____
<input type="radio"/> Billing	_____	_____
<input type="radio"/> Collection Agency	_____	
<input type="radio"/> Consulting		

We're new to the Neighborhood... but not to Healthcare Receivables!

What we're bringing to meet your needs:

- Experience - Over 60 years of serving the healthcare industry
- Expertise - Leadership roles in HFMA and ACA International
- Professionalism - Better Business Bureau award winner for integrity
- State-of-the-art systems - Unmatched technology to drive results and processes

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