

SPRING 2010

The Lincoln Log

American Association of Healthcare Administrative Management Illinois Newsletter



FEATURED ARTICLES

Event & Board Member Pictures 2010 - 2011	5-6
New Member Spotlight.....	7
■ <i>Lorrie A Haden</i>	
Professional Certification Corner	8
■ <i>Veronica, Doris & Rena</i>	
Certified Patient Account Manager (CPAM) Benefits	9
■ <i>Joni Schnabel</i>	
Remodeled Website.....	12
■ <i>Al Staidl</i>	
IL AAHAM Goes to Washington	14
■ <i>John McGlasson</i>	
Patient Receivable Loan Programs: Finding Resurgence in Today's Economy	15-18
■ <i>Steve Chrapla</i>	

DEPARTMENTS

President's Message	2
■ <i>Bill Carlson</i>	
Editor's Corner.....	3
■ <i>Julie VanPelt & Tim Turczyn</i>	
Corporate Partners	10 -11
Calendar/Important Dates	19
Registration Application	20-22

AWARD WINNING EZINE *for the Illinois Chapter*

1987 - 1990
2002 - 2009



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LINCOLN LOG EDITORIAL POLICY & OBJECTIVES

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. Reproduction and/or use of the format or content of this publication without the expressed permission of the author(s) or the editor is prohibited. © Copyright 2007.



President's Message

Spring has arrived and the warmer temperatures and sunshine will soon cure the cabin fever that has afflicted many of us for too long this winter. It's time to dust off the golf clubs, get the boat ready for the lake, get the bicycles out of the garage and sharpen the mower blade. Our long winter will soon be a memory as we enjoy all that Spring has to offer.

My thanks to Cheri Lockhart and her program committee for a great Spring Meeting that included presentations by Steve Marshall on "Point of Service Collections", Susan Melczer of the MCHC, Roberta Anderson and Karen Damon from RSM McGladrey and a touching personal experience related by Sheila Brune. Over 70 people were in attendance including 12 first time attendees and 20 members who have earned either Professional and/or Technical Certification designation.

Your chapter is off to a great start for 2010!

- "Remodeled" web site launched at www.illinoisaaaham.com
- New email communications template designed by Communications Co-Chair Tim Turczyn and his team at LKCS – enews@illinoisaaaham.com
- New Communications Co-Chairs Julie VanPelt & Tim Turczyn complete and distribute their first "Lincoln Log"
- Illinois AAHAM is now the third largest chapter in the National organization and still growing. We are #2 in New Members!!

If you have not renewed your membership or are planning to join AAHAM as a new National and Illinois member – now is the time to get that off your "to do" list and get it done. 2010 is also the year to invest in yourself and your career and GET CERTIFIED. We can help you accomplish this goal – just give us a call.

Need some help with tuition and college expenses for you, your children or grandchildren? Illinois AAHAM's Scholarship Program may be able to help. Check out the "About Us" tab at www.illinoisaaaham.com and click on Scholarship Application PDF. The application deadline is May 31st for this opportunity.

"Save The Date" – our next meeting will be Tuesday June 8th at the Par-A-Dice Hotel in East Peoria with a Payor Panel and Corporate Partner Panel discussion. Meeting details will be distributed and available on our web site soon.

Thank you for your continued support of Illinois AAHAM & "Happy Spring"!

Bill Carlson, CPAM

EDITOR'S

CORNER



Welcome to the Spring edition of The Lincoln Log. When Steve Dennis retired from the editorial duties of our newsletter, the Illinois Chapter had a significant void to fill. It is daunting to follow someone who did something so well. In the true spirit of networking and partnership that is so representative of our chapter, we are taking a team approach to the editorial role. Tim Turczyn and I have joined to co-edit The Lincoln Log. We hope to combine each of our strengths to deliver The Lincoln Log with the same high level of information and education you've received over the years with new enhancements via available technology.

I will handle much of the pre-production stage of The Lincoln Log. Please feel free to send me any articles, bits of information or ideas you'd like to see covered in the newsletter. We believe one of our chapter's strengths is the number of combined experience years we represent. Each newsletter will contain an article written by a chapter member. Share your wisdom by writing an article. Don't be surprised to receive a call or email from me asking you to share the wealth. If there's a "hot" issue that has everyone talking, pop me an email and I'll try to find someone willing to write about it. We want the newsletter to be something you read with gusto as soon as it's available.

While much of the award winning features will remain, you will quickly notice technical changes in the look, feel and even the delivery of the newsletter.

As Julie stated, it is truly a difficult task to follow the past editors who have done so well with this publication. However, we are up to the challenge and hope to continue the streak of excellence that we have going. While Julie gathers photos and information to fill each edition I will be doing the design and placement. My biggest goal was to enhance the image of the Lincoln Log and how we deliver it to the membership.

Please don't hesitate to send Julie or I any suggestions for the Lincoln Log that you would like to see implemented in the future.



Julie VanPelt & Tim Turczyn



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THE RECEIVABLES PEOPLE



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RICK ROGERS RICHARD.ROGERS@AR-SOLUTIONS.BIZ 888-302-8444

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- **WE OFFER CUSTOM-MADE SOLUTIONS, DESIGNED SPECIFICALLY TO MEET THE NEEDS OF YOUR ORGANIZATION.**
- **WE HAVE A HIGHLY TRAINED AND CERTIFIED STAFF, PLUS STATE OF THE ART TECHNOLOGY WHICH SETS US APART FROM OTHERS IN THE ACCOUNTS RECEIVABLE MANAGEMENT BUSINESS.**
- **OUR COLLECTIVE EXPERIENCE AND ATTENTION TO DETAIL ALLOW US TO RECOVER MORE THAN TWICE THE NATIONAL AVERAGE.**
- **WE MAKE YOUR CASH FLOW!**

Event Pictures

2010 - 2011



Steve Marshal
Speaker



Susan Melczer
Speaker



Sheila Brune
Speaker



CPAT/CCAT Members



First Time Attendees



Name
Family House



Roberta Anderson & Karen Damon
RSM McGladrey



CPAM/CCAM Members (from left): Back Row: Kenny Koerner, Betty Marschang, Bob Anderson, Bill Carlson
Front Row: Doris Dickey, Judi Lines, Joni Schnabel, Steve Dennis, Rena Willey

Board **Members**



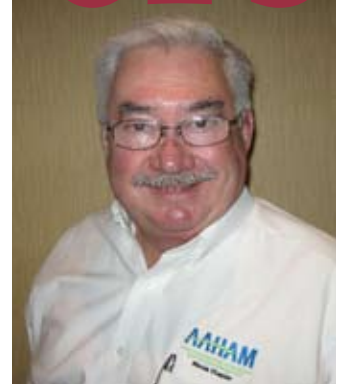
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LORRIE A HADEN, CPAT

*Administrative Director
Revenue Cycle Management*

Blessing Health System — 1.5 years

New Member Spotlight

WHEN/WHY DID YOU JOIN ILLINOIS AAHAM?

Recently switched from Missouri AAHAM to Illinois. I heard that the Illinois AAHAM group was one of the best groups there was.

WHO ENCOURAGED YOU TO GET INVOLVED WITH AAHAM?

Took it upon myself many, many years ago as I wanted to increase my knowledge base and reach out and establish good networks.

FAMILY

Heath *Spouse*

Kelsey – *21 year old daughter*

Titus – *18 year old son*

Allie – *11 year old daughter*

Zayn – *10 year old daughter*

Kaluha – *Chocolate Lab*

Jezebel – *Black Lab*

Bella Marie – *Brindle Mastiff*

Al Capone – *Brindle Mastiff*

HOMETOWN

Holdrege, Nebraska

Heath (Spouse) — Nickerson, Kansas

FAVORITE BOOK OR MOVIE

God, I love the Notebook each time I see it

TRAITS OF MY BEST BOSS EVER

Trusting, supportive, listened, valued me and encouraged me in everything I did

WHAT DO YOU KNOW NOW THAT YOU WISH YOU KNEW A LONG TIME AGO?

Not to wait until your 30's to go to college

WHAT WAS YOUR FIRST PAID JOB?

Swim lesson teacher

HOBBIES OR FAVORITE THING TO DO IN DOWN TIME

Go to our kids activities; Watch or go to Nebraska football games; Ride our Harleys; Read; Spend time with family and friends; Antiquing; Travel

WHAT WOULD WE FIND IN YOUR BRIEFCASE NEARLY EVERY DAY?

My phone and my laptop – don't leave home without it

Professional Certification Corner

Doris Dickey, IL AAHAM Professional Certification Chair

Sample essay answers for Professional Certification/AR Management

Know the Basic Components of a Patient's Bill of Rights

- Right to personal privacy and confidentiality
- Right to access information contained in the patient's medical record
 - Right to considerate and respectful care
 - Right to participate in treatment decisions
 - Right to request a consultation or second opinion
 - Right to refuse treatment
- Right to receive itemized statement and explanation of charges
- Right to formulate advance directives and appoint a surrogate to make healthcare decision on their behalf to the extent permitted by law
- Right to expect prompt and reasonable responses to requests and needs for treatment or service
 - Right to know what patient support services are available
- Right to be given upon request full information and necessary counseling on the availability of known financial resources for their care
 - Right to know if the hospital/clinic accepts Medicare assignment
 - Right to receive reasonable estimates of charges for services
- Right to be informed of any human experimentation or other research or education projects concerning their care or treatment

General Accounting Principles to be applied to Cashier functions

- Checks stamped for deposit only immediately
- Cash receipts to be deposited the same day as received
 - Separate cash box and funds per cashier
- Store un-deposited cash and valuables in fire proof safe
 - Maintain a duplicate receipt log

Reasons for Credit Balances

- Overpayment by third party payor or patient
 - Cash Receipts improperly posted
 - Miscalculation of contractual adjustment



Attaining American Association of Healthcare Administrative Management (AAHAM) certification as a Certified Patient Account Manager (CPAM) is beneficial for anyone working in healthcare.

I worked in healthcare for many years before joining AAHAM and prided myself in “learning on the job” everything I needed to know; or so I thought! I discovered a whole new world after joining AAHAM. I quickly realized I did not know everything I needed to do my job and AAHAM was helping me to gain the knowledge I was missing, and networking with peers is a great value and a large part of my enjoyment with the organization. Also, CPAM certification has been added as a requirement for several management positions at KishHealth System, including Director and Assistant Director of Patient Financial Services and the Patient Access Managers.

The education acquired at meetings over the years has been extremely valuable to me, prompting me to test for certification in 2004. I entered the process with certification as a personal goal, not necessarily professional. Shortly into the study process, however, I learned how much the process was improving my professional knowledge and confidence regarding regulations and daily practice in the four areas, Admissions, Billing, Collections and AR Management. The exam is difficult as anyone who has taken the exam would agree; the scope of knowledge it takes to pass is inspiring to say the least. I failed the exam the first time around. However, I received a large dose of encouragement from fellow members and took the exam a second time and passed. It was such an exhilarating feeling, personally and professionally.

My certification hangs in a prominent place in my office for everyone to see. The continuing education units required to maintain certification keeps me abreast of all the current changes, regulations and happenings in healthcare today. This makes me a valuable employee and resource for the health system and I encourage everyone to sit for certification. It is valuable, both for individual achievement, and as a professional asset.

Joni Schnabel, CPAM
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Email: jschnabel@valleywest.org



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.

PLATINUM LEVEL

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R&B Solutions
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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



Remodeled New Illinois AAHAM Website

We have totally changed our Illinois AAHAM Website. We have incorporated 8 different tabs. These tabs have been broken down into:

"HOME" tab gives you information presented by our president, Bill Carlson.

"LEADERSHIP" tab has our 2010 – 2011 officers & board members along with their photos.

"EVENTS" tab shows our meeting sessions with their dates and locations.

"NEWSLETTER" tab has our latest newsletter plus previous newsletters going back to spring of 2005.

"PHOTO GALLERY" tab shows the latest photos from recent educational sessions.

"OUR PARTNERS" tab identifies our corporate partners broken down into Platinum, Gold, Silver, and Bronze levels.

"CLASSIFIEDS" tab shows positions open for organizations within our Illinois membership.

"ABOUT US" tab gives you information for contacting us, joining information, scholarship applications, information about the "Chuck Garvin Award", and all other certification information.

Our revised website now has photos unique to our state. If you have good electronic photos of any area that you think would be appropriate to be shown in our website, please e-mail them to me. My e-mail address is: alanstaidl@yahoo.com. I can then have these photos placed into our website to give us a fresh look to our remodeled website.

Thank you.
Al Staidl



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IL AAHAM GOES TO *Washington*



Chairman of the Board John Currier, President Bill Carlson and yours truly, had the pleasure of representing Illinois AAHAM at Legislative Day in Washington, D.C. on April 21st and 22nd along with nearly 100 AAHAM members from across the nation.

Wednesday evening included a short course on how to lobby and an in depth discussion of the issues we were to take to Capitol Hill on Thursday. The issues were; a speed up in the issuing of the rules creating a unique health plan identifier, promulgating a rule adopting a national standard health card using the WEDI standard, making rules regarding the use of electronic funds transfers by all payers required to use the HIPAA 835 transaction, and promulgating a rule adopting standardized acknowledgement transactions as a requirement under HIPAA.

If these sound familiar, they are not new ideas. They have now been made law by the new healthcare act, properly known as Patient Protection and Affordable Care Act. They were essentially made law by HIPAA in 1996 but CMS and/or HHS have never made the rules to implement them. Very unfortunate because these items could reduce healthcare costs by as much as \$30 billion a year according to research done the Healthcare Efficiency Index.

AAHAM's lobbyist Paul Miller and staff arranged appointments with Senators and Congressional Representatives. The Illinois delegation met with staff members of Senators Durbin and Burris and Representatives Johnson, Shimkus and Kirk.

We met with limited success. All those with whom we spoke understood the benefits, were sympathetic but did not make firm commitments to help.

At the end of the afternoon of lobbying Congress, the group was to meet and jointly discuss the results of the effort. Bill and I had to leave early to make our flights. Hopefully, John will have time to write a report on the final session and include it with this report. Bill will be submitting photos.

It was a great experience, it is awe inspiring to be in our nation's capitol and involved in the process of government.

John McGlasson
2nd Vice President

Finding Resurgence in Today's Economy

Written by

Steve Chrapla

Director 3rd Party Solutions

Revenue Cycle Partners

schrapla@revenuecyclepartners.com

Loan programs that provide external hospital financing for patient receivables are nothing new. There have been various approaches over the years to provide patient alternatives and options to satisfying healthcare obligations over an extended period of time. With consumerism in healthcare on the rise and patients expecting more payment options.....

there is a new equation in healthcare finance and receivable loan programs are gaining popularity again!

The current state of the US economy has placed extreme pressure on US households. The current economic recession has for maybe the first time impacted the financial health of our hospitals. Hospital CFO's have stated this has never occurred in previous recessions.

Here is the current economic reality:

- 74 year low in consumer savings rates.
- Credit markets that have dried up except for those who do not need credit.
- Highest unemployment in over 25 years.
- Trends in healthcare plan designs have increased co-pays, deductibles and out of pocket costs for consumers to an all time high.
- Uninsured population of working adults has grown significantly.
- Healthcare costs will continue to rise; the best we can expect is a slowdown in the level of increases.
- Consumerism in healthcare is generating stronger demands for customer service and payment options from hospitals.

All of these trends have resulted in hospitals extending more credit to patients for longer periods of time. This is occurring when hospitals themselves are challenged financially to provide more services for less reimbursement.

We are also seeing the role of patients, as healthcare consumers, change over time. Patients have a greater say in when and where their healthcare services will be provided. In addition, patients usually do not plan for their healthcare expenditures. In fact, in today's challenging economy 24% of patients with large out of pocket costs stated that their current healthcare debt has caused them to seek care at an alternative facility to ensure treatments are received. For the first time we are seeing healthcare providers delaying or denying non-urgent treatments to patients with previous unpaid medical bills.

This shift to more consumerism in healthcare impacts the patient's financial obligations as follows:

- Patients control how their out of pocket costs are expended.
- Patients choose healthcare services based on their financial situation and their financial obligations.
- Patients expect to be treated as valued consumers and may not be willing to take direction from insurers or providers with respect to healthcare delivery.
- Patients are better educated regarding healthcare services.

Healthcare debt is perceived by consumers to be different than other types of debt and typical financing and collection techniques are only marginally successful. Patients are not traditional debtors as found in other industries. There have been many studies on the payment priorities of patients. Clearly, it is recognized that hospitals are last to receive payment from the patient. Here is an overview of how patients prioritize their monthly expenditures:

- Mortgage or Rent payment
- Car/Utilities/Bank loans
- Furniture/Credit card loans
- Insurance premiums
- Physician bills
- Hospital bills

With the hospital at the end of the list, how can we facilitate changing this priority?

Hospitals have traditionally attempted to establish monthly payment plans to assist patients in satisfying their obligations. These plans are usually interest free and managed and monitored internally by the patient accounting staff. While these plans may be convenient for the patients they place significant burdens on the hospital. There is the obvious loss of capital while they wait for the cash flow; additionally there are extensive administrative burdens encountered when managing these payment plans. Another challenge with extended payment plans is the potential for new debt to be incurred by the patient. Unplanned future debt may impact the patient's ability to continue making monthly payments and result in short or missed payments.

Patient receivable loan programs, when properly designed, can cause reprioritization of patient financial obligations. They raise the level of priority to ensure the obligations are met. In addition, loan programs can be designed to provide for immediate reimbursement to hospitals, removing the patient receivable from the hospital's balance sheet. Loan programs can provide significant benefits to cash starved hospitals as well as provide relief for patients finding themselves with few other options. Loan programs can be designed to provide funding directly to the hospital within days of the executed loan documents, while establishing manageable payment terms up to ten years, for the patient. Loan terms provide flexibility for patients seeking to minimize their monthly obligation.

So, what type of program works best?

There are two types of programs, Non-Recourse and Recourse. Each provide value, but with very specific distinctions. The Non-Recourse program removes any contingent liability from the hospital, regardless if the loan is paid or not. The Recourse program, on the other hand, provides that the hospital repay the outstanding loan balance in the event of default. This significant difference in risk sharing of the patient's loan is based on the design of the loan portfolio. Non-Recourse program funding may be impacted by the patient's credit worthiness; whereas under a Recourse program all patients can qualify since the hospital is at risk for default.

Here are the features of both Non-Recourse and Recourse Loan Programs:

Non-Recourse Loan Programs:

- Hospital receives upfront cash for loan value.
- Simple and expedient loan application and approval process.
- Loan portfolio performance does not impact hospital/no bad debt reserves required.
- Loan values will likely be discounted. Hospital will receive less than 100% of the account balance.
- Patients may be assessed an interest charge which is usually impacted by the loan discount rate.
- Patient credit worthiness may impact patient's ability to qualify.
- Inability of a patient to qualify may present challenges in implementing a comprehensive collection policy. How do you handle a patient that does not qualify for loans and are not eligible for financial assistance?
- Loans are unsecured with no personal assets at risk.
- Payment terms can be extended over many years.

Recourse Loan Programs:

- Hospital receives upfront cash for loan value.
- Simple and expedient loan application and approval process.
- Hospitals should establish a reserve for bad debt for loan portfolio defaults. National experience is between 15% to 22%.
- Loans that default should move directly to bad debt without consuming more administrative resources or expense.
- Loan valued at 100% of receivable. No discount applied and hospital receives 100% of account balance.
- Hospital guarantees loan. All patients qualify.
- With all patients qualifying for a loan the hospital has the ability to implement more consistent credit policies since all patients will have a loan option available to them.
- Patients assessed an interest rate. Usually below current market trends.
- Community relations can improve when all patients will qualify for loans.
- Patients with questionable credit rating have opportunity to improve credit history.
- Loans are unsecured with no personal assets at risk.
- Payment terms can be extended over many years.

Both types of loan programs when properly implemented can achieve desired results. It is critical however to ensure proper steps are taken to maximize the effectiveness of the programs. A well defined credit policy communicating all options available to patients is essential. Policies need to provide options for patients. Consistent support from administration as well as the medical staff is required to ensure exceptions to policies are minimized. A high touch patient sensitive model needs to be utilized in presenting the loan program. Hospital staff needs training in how to communicate the benefits of the program while presenting alternatives. In other

words the loan programs need to be sold to patients. Including why the program is good for the patients describing all the benefits and presenting the alternatives to not establishing a loan.

What type of benefits can you expect?

- Increased cash flow from self pay receivables.
- Reduced bad debt expense.
- Reduced days in AR.
- Improved liquidity.
- Removes the hospital from the financing business.
- Reduced administrative costs resulting from fewer billing statements and cash posting transactions.
- Improved recovery of term payments made to a bank vs. to the hospital. Patients less likely to miss a payment to a bank than to the hospital.
- Enhanced patient and community benefits when the hospital is viewed as providing options to assist patients with their financial obligations.

For more information on how to effectively implement a patient receivables loan program or to learn more about hospitals that have achieved improved performance through such programs contact Jeff Morgan, CHFP at Revenue Cycle Partners. 866.855.6905 or jmorgan@revenuecyclepartners.com.



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2010 Meeting Dates & Sites

Save These Dates for Illinois AAHAM

June 8, 2010

Education Meeting

Par-A-Dice Hotel in East Peoria, IL

September 16, 2010

Charles Garvin Memorial Golf Outing

Bloomington, IL

September 17, 2010

Education Meeting

Bloomington, IL

December 2-3, 2010

Annual State Institute

Bloomington, IL



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APPLICATION FOR NATIONAL MEMBERSHIP

Name: _____ Title: _____

Employer/Organization Name: _____

Primary Address: _____ City: _____

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.

For Credit Card Payment: AMEX VISA MASTERCARD

Account Number: _____ Name: *as it appears on card* _____

Expiration Date: _____ Signature: _____

Billing Address, If Different from Above: (please include Street Address, City, State and Zip)

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*Please make checks payable to AAHAM
 and send application with your payment to:*
AAHAM Membership
11240 Waples Mill Road, Suite 200
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		



Local Chapters

AAHAM has 37 chapters throughout the US and India. Local chapters offer you more opportunities for education and networking. Please see the listing of local chapters below to help you decide which chapter you should belong to along with your National membership:

Name of Chapter	Geographic Location	Chapter Dues
Aksarben #01	Nebraska	\$0.00
Greater Florida Buccaneer #03	Tampa/Orlando, Florida area	\$40.00
Carolina #04	North & South Carolina	\$30.00
Evergreen #05	Washington State, West of the Mountains	\$30.00
Gopher #06	Minnesota	\$35.00
Hawkeye #07	Iowa	\$0.00
Hawthorn #08	Missouri	\$35.00
Illinois #09	Illinois	\$25.00
Inland Empire #10	Washington State, East of the Mountains	\$25.00
Keystone #11	Central Pennsylvania	\$25.00
Maryland #13	Maryland	\$20.00
Mountain West #14	Utah	\$25.00
National Capital #15	Washington, DC	\$25.00
New Jersey #16	New Jersey	\$35.00
Northern California #17	Northern California	\$35.00
Western Reserve #18	Ohio	\$0.00
Northeast PA #19	North East Pennsylvania	\$30.00
Northwest PA #20	North West Pennsylvania	\$40.00
Rocky Mountain #21	Colorado	\$40.00
Pine Tree #22	Maine	\$15.00
Rushmore #23	North & South Dakota	\$0.00
San Diego #24	San Diego, CA	\$20.00
South Florida #25	Southern Florida	\$20.00
Southern California #26	Southern California	\$0.00
Virginia #27	Virginia	\$25.00
Philadelphia #29	Philadelphia, Pennsylvania	\$35.00
Cactus Wren #30	Arizona	\$25.00
Mid-York #31	New York	\$55.00
Tennessee #32	Tennessee	\$30.00
Georgia #33	Georgia	\$30.00
Connecticut #34	Connecticut	\$35.00
Three Rivers #37	Pittsburgh, Pennsylvania	\$30.00
Texas Blue Bonnet #40	Texas	\$50.00
Indiana #42	Indiana	\$25.00
Wisconsin #44	Wisconsin	\$25.00
Chennai #49	Chennai, India	\$0.00
Louisiana # 51	Louisiana	\$20.00