

# THE LINCOLN LOG



Spring 2020

## SPRING 2020 EDITION

The Board of IL AAHAM would like to take a moment to say Thank You to all of the nurses, doctors, hospitals, and clinics that are providing frontline support day in and day out. Thank you for all you are doing and will continue to do until the COVID-19 pandemic is behind us.

# THANK YOU

*healthcare workers*



# WE APPRECIATE YOU!

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# PRESIDENT'S MESSAGE

Vanessa Haydon  
CCT  
IL Chapter President

Colleagues and Friends,

On behalf of our Chairman, Executive Board and Board of Directors, we would like to thank you for what you have already done to weather this crisis and personally cope with this situation. We would like to recognize our healthcare workers and our corporate partners that support them. And we would like to remind you of the special purpose each of you have to the community you serve.

Healthcare is always changing, a commonly used phrase. COVID-19 brought many changes and new household phrases; Telehealth, Shelter in Place, Quarantine, Social Distancing and Flattening the Curve. Healthcare professionals are the smartest, most innovative and dedicated people on earth. With this challenge healthcare professionals were required to move staff offsite, implement new technology and create new workflow in days. What did you learn from this ... you could do it!

Unprecedented travel restrictions and shelter in place orders have changed how IL AAHAM provides education to our membership. Due to our unique culture, we often refer to our chapter as a family and we certainly look forward to seeing everyone again as soon as the environment permits. Until then, your entire Board of Directors has adapted to the current challenges to provide you with valuable education, CEU's and networking ability.

The entire Board of Directors is committed to forming an even stronger and more united membership with the knowledge that each of you, our most valued asset.

Along with all of you, I am working hard to cope with this crisis. Like you, I am a mom, a wife, a daughter. At times like these, the worry list can be long for all of us, there are no exceptions. As time has slowed down, I reflect on the many special moments I have had with my children or that extra wave across the street from the neighbor. As difficult as these days are, they will pass.

Thank you for your trust in our leadership. Please, do look after yourselves and your families. I miss you all!

Truly Yours,

*Vanessa Haydon*

IL AAHAM President

# CALENDAR OF EVENTS

**May 19, 2020**

4:00 PM - 6:00 PM CST

IL AAHAM Board Meeting

**May 20, 2020**

12:00 PM - 4:00 PM CST

IL AAHAM Spring Virtual Conference

[Register Here!](#)

**September 22-23, 2020**

**Fall State Legislative Day (Save the Date)**

22nd - Social Event

23rd - Education

Springfield IL

**October 21-23, 2020**

**ANI 2020**

[Sheraton New Orleans Hotel](#)

For more information go to

<https://www.aaham.org/AnnualNationalInstitute.aspx>.



# UPCOMING WEBINARS

In order to meet the needs of our membership and continue to provide you with top-notch education opportunities we will be offering the following pre-recorded presentations to our members at no cost during the months of June and July! Offering these courses in this format will allow you to work through each course as time allows and continue to earn CEUs toward your AAHAM certification. Don't forget to report your CEUs to National at <https://www.aaaham.org/Certification/RecertForm.aspx>"

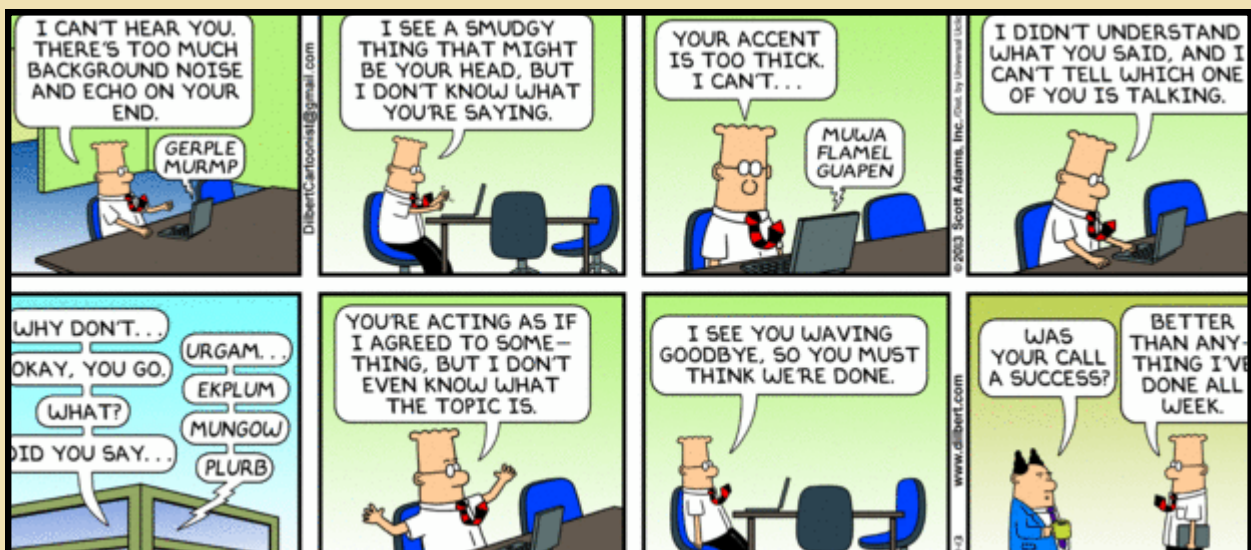
⇒ Adam White University (3 part series)

Skills of Influence

The 8 Drivers of Human Behavior

The 7 Habits that Unlock Greatness Within

⇒ Rules of Engagement During Time of Crisis



# MY SELF-ISOLATION QUARANTINE DIARY

Day 1 - I Can Do This!! Got enough food and wine to last the month!

Day 2 - Opening my 8th bottle of wine. I fear the wine supplies might not last.

Day 3 - Strawberries: Some have 210 seeds, some have 235 seeds. Who knew?

Day 4 - 8:00 pm: Removed my day pajamas and put on my night pajamas.

Day 5 - Today I tried to make hand sanitizer. It came out Jello Shots.

Day 6 - I get to take the garbage out. I'm so excited, I can't decide what to wear.

Day 7 - Laughing way too much at my own jokes!

Day 8 - Went to a new restaurant called, "The Kitchen." You have to gather all the ingredients and make your own meal. I have no clue how this place is still in business.

Day 9 - I put liquor bottles in every room. Tonight I'm getting all dressed up and going Bar Hopping.

Day 10 - Struck up a conversation with a spider today. He seems nice, he's a Web Designer.

Day 11 - Isolation is hard. I swear my fridge just said, "What the hell do you want now?"



Day 12 - I realized why dogs get so excited about something moving outside, going for walks or car rides. I think I just barked at a squirrel.

Day 13 - If you keep a glass of wine in each hand, you can't accidentally touch your face.

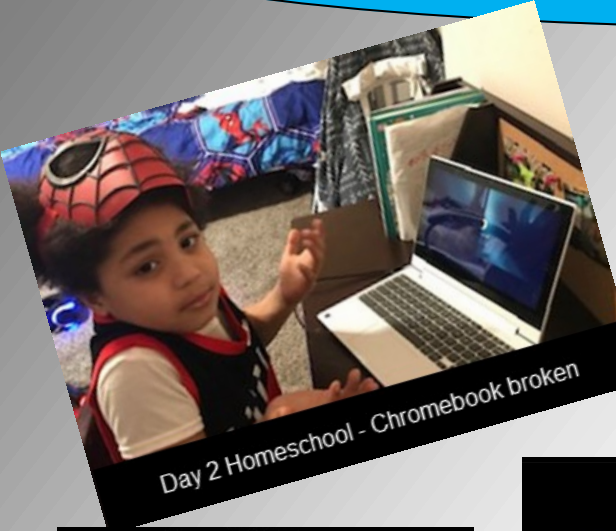
Day 14 - Watched the birds fight over a worm. The Cardinals led the Blue Jays 3-1.

Day 15 - Anybody else feel like they've cooked dinner about 395 times this month?

# IL AAHAM OFFICERS

	<p><b>President—Vanessa Haydon, CCT</b>  Vice President, Account Management  Medical Reimbursements of America (MRA)  6840 Carothers Parkway, Suite 150  Franklin TN 37067  Tele: 615.229.4403 Fax: 615.472.7401  Email: vanessa.haydon@illinoisaaaham.com</p>
	<p><b>Chairman of the Board - Joshua A. Johnson, CRCS, CRCP, CRCE</b>  Director of Patient Financial Services  Gibson Area Hospital &amp; Health Services  1120 N. Melvin Street  Gibson City, IL 60926  Tele: 217.784.2612 Fax: 217.784.2645  Email: josh.johnson@illinoisaaaham.com</p>
	<p><b>First Vice-President - Julie Van Pelt, CHFP, CPC, CRCS,, CRCE</b>  Vice-President of Operations, MedPay/PMD  Avadyne Health  7017 John Deere Parkway  Moline, IL 61265  Tele: 309.277.1547 Fax: 888.260.6020  Email: Julie.vanpelt@illinoisaaaham.com</p>
	<p><b>Second Vice-President - Meaghan Coward, CRCS</b>  Revenue Cycle Application Analyst  CGH Medical Center  100 E Lefevre Rd  Sterling, IL 61081  Tele: 815.564.4402 Fax: 815.632.5932  Email: meaghan.coward@illinoisaaaham.com</p>
	<p><b>Treasurer - C.J. Tonozzi - CRCS, CCT</b>  Billing Compliance Officer/Auditor  OSF Healthcare System  800 NE Glen Oak Ave.  Peoria, IL 61603  Tele: 309.308.5962 Fax: 309.308.5972  Email: Clinton.j.tonozzi@illinoisaaaham.com</p>
	<p><b>Secretary - Chris Bryant, CRCP</b>  Patient Business Services Manager  Dr. John Warner Hospital  422 W. White Street  Clinton, IL 61727  Tele: 217.937.5262 Fax: 217.937.5262  Email: chris.bryan@illinoisaaaham.com</p>

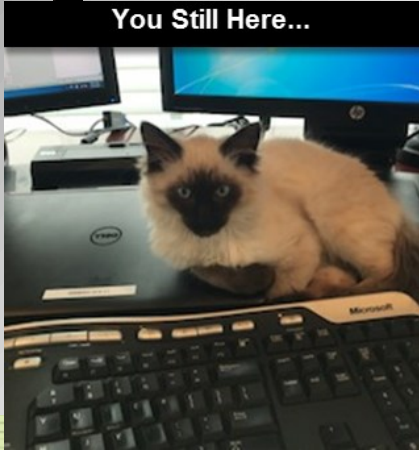
# Sheltering in Place



Day 2 Homeschool - Chromebook broken



What were we thinking????



You Still Here...



CJ Tonozi

Tina's iPhone

Zooming with Friends



Checking your temp twice a day!

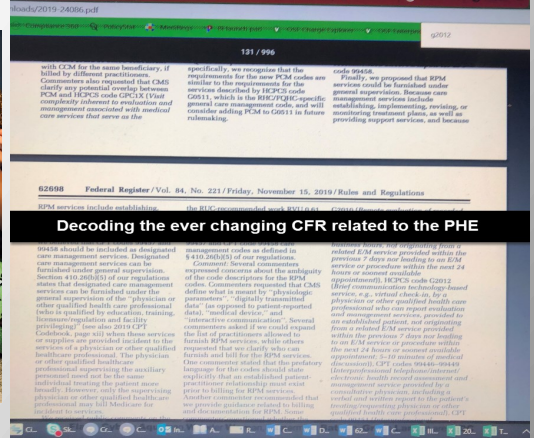


aaron

Claudia Zitkus's iPhone



When you can't get a haircut... you cut it yourself!



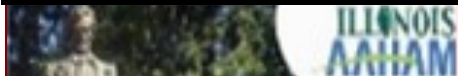
## Decoding the ever changing CFR related to the PHE

with CCM for the same beneficiary, if billed by different practitioners. Commenters also requested that CMS clarify any potential overlap between PCMA and ICD-10 code G93.1 (Cognitive impairment) in relation to evaluation and management services that serve as the... specifically, we requested that the requirements for the new PCM codes be similar to the requirements for the services described by ICD-10 code G93.1, which is the ICD-10-CM specific general care management code, and will consider adding PCM to G93.1 in future rulemaking.





Comment: Several commenters expressed concern about the ambiguity of the term "management" for the PCM codes. Commenters requested that CMS define what is meant by "physiologic parameters" (as opposed to patient reported data, "medical device," and "interactive communication"). Several commenters asked if we could expand the list of practitioners allowed to furnish RPM services, which we noted that we do not intend to do so. We requested that we clarify who can furnish and bill for the RPM services. One commenters stated that this predatory language for the codes development (telemedicine, "medical device," and "interactive communication") seemed to be a barrier to patient management services provided by a collaborative physician, including a nurse and another support to the primary or qualified health care professional, CPT...



Installed a flagpole, we are all in this together!



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	<p><b>Nicholas Barthel</b> Business Services Director CGH Medical Center 101 E. Miller Rd. Sterling, Illinois 61081 Tele: 815.625.4790 ext. 6204</p>
	<p><b>Jeremy Jester, CRIP</b> Director of Clinical Chargemaster and Revenue Enhancement Gibson Area Hospital and Health Services Tele: 217.784.2278 Mobile 765.744.4566</p>
	<p><b>Cheri Lockhart</b> PFS Coordinator Rochelle Community Hospital Tele: 815.562.2181 ext. 1600</p>
	<p><b>Lisa Ellis, CRCP</b> Patient Accounts Manager Paris Community Hospital 721 E. Court St. Paris, IL 61944 Tele: 217.466.4310 Fax: 217.463.2769</p>
	<p><b>Tera Roesch, CRCS</b> CBO Coordinator Gibson Area Hospital &amp; Health Services 1120 N. Melvin Street Gibson City, IL 60926 Tele: 217.784.2622 Fax: 217.784.5853</p>





**Richard Rogers, CRCE, CRCS**  
Vice President of Strategic Services  
Management Solutions  
Tele: 888.302.8444  
Mobile: 414.690.6099



**Paula Short, CCT**  
Hospital Compliance Auditor  
OSF HealthCare  
Tele: 309.665.4819



**Jill Stroot, MBA, CRCS**  
Director of Patient Access  
Blessing Health System  
Blessing Corporate Services  
Tele: 217.223.8400 ext 6873



**Meghan Weaver**  
Business Office Director  
Mason District Hospital  
Tele: 309.543.8510



**Rena Willey, CRCE**  
Director of Patient Financial Services  
Memorial Hospital  
P.O. Box 160  
Carthage, IL 62321  
Tele: 217.357.8696 Fax: 217.357.8697

# News from National

## AAHAM Certification Update

In response to the current public safety concerns, AAHAM is transitioning to delivering all upcoming certification exams remotely through our online proctoring partner, ProctorU. This method of testing online through a webcam enables our test takers to take their exam in an isolated room either at their home or office, while also upholding the high integrity standards that AAHAM values. AAHAM wants to ensure that there are no potential health risks for any of our test takers or proctors, therefore we will only be delivering exams in the July 20-31, 2020 testing period remotely through ProctorU and not through the traditional in-person proctor method. This also applies to any section retakes that are scheduled prior to the July exams.

## Exam Retake Policy

The AAHAM certification exam retake policy has been updated to give test takers more flexibility with scheduling their section retakes. The new policy allows for section retakes to be taken outside of the three standard exam cycles held each year in March, July and November. The only restrictions are that the section retakes need to be scheduled at least 30 days out from their initial testing date, and the test taker is responsible for making their own proctor arrangements, whether it's with their original exam proctor or online through ProctorU. This option has been requested by many members and we are pleased to be able to offer this in response to those requests.



## AAHAM Combined Certification Exams

Starting with the March 2020 certification testing period, the AAHAM CRCE, CRCP and CRCS certifications will no longer have separate exam versions for Institutional (I) and Professional (P). In recent years there has been a shift toward the professional and institutional departments working closer together in a centralized business environment within the revenue cycle. AAHAM strives to lead the way with forward thinking initiatives and a higher standard for those members seeking certification. The combined certification format benefits our examinees as they will be tested on both the Professional and Institutional sides of the industry in an effort to provide the most comprehensive certification possible on all aspects of the revenue cycle. This in turn will broaden their knowledge while making them more valuable to their employers and colleagues as well as more marketable to those looking to seek employment in any number of healthcare settings. The 2020 CRCS, CRCP and CRCE study manuals have been updated to reflect the new exam format as well with clear study instructions for the examinees. The CCT and CRIP certifications are unaffected by this change as they don't have a separate I or P distinction.

## Retired Members

AAHAM will be waiving membership dues for retired members! To qualify for this special membership benefit, an individual must be a National AAHAM member who has retired from healthcare. Retired members receive all benefits of AAHAM membership with the exception of voting. Any retired member who had already renewed before February 1<sup>st</sup> will have their payment refunded.

## Keep up With the Latest on COVID-19

As this unprecedented and extraordinary impact on our professional and personal lives continues to unfold, there is now a special COVID-19 website banner for late breaking news. There is also a designated tab in the [InfoHub section](#) of the AAHAM website for archived and current news related to the virus.

<https://www.aaham.org/InfoHub/COVID-19/TabId/5904/ArtMID/19430/ArticleID/44950/April-15-2020-COVID-19-Revenue-Cycle-Response-and-Strategies-Webinar.aspx>

# Illinois AAHAM visits EP!C

On Thursday, February 27<sup>th</sup>, 2020 Illinois AAHAM President Vanessa Haydon, Treasurer C.J. Tonozzi, Board Member Paula Short and Angela Click partnered with the Compliance and Audit team from OSF Healthcare System to assist artist Jodi Tockes from The Hive Studio in helping clients of EP!C of Peoria, Illinois in creating a painting.

The morning was filled with warm smiles, many laughs and incredible displays of artistic works created by the amazing clients of EP!C.

Here is a link to their website: <https://epicci.org/>



# COVID-19 MEMES



Zoom meeting,  
audio only

Zoom meeting  
with video



**Me after I eat all of  
my quarantine  
snacks in one night**



# **Pandemic in mid-America: How two local healthcare providers responded to a worldwide public health crisis: Part I**



*Jill Stroot, MBA, CRCS, Director, Patient Access, Blessing Health System, Quincy, IL*

Blessing Health System is the largest employer and healthcare provider in the region consisting of western Illinois, northeast Missouri and southeast Iowa. The system employs approximately 3,500 employees and provides *care to patients within a 100 radius of Quincy, Illinois.*

As the Director of Patient Access for Blessing Health System, my duties include the oversight of Registration, Scheduling, Financial Clearance, and Utilization Review.

## **Blessing Health System responds to COVID-19**

Blessing implemented travel restrictions in late February for all employees. That action laid the groundwork for what was to come, beginning March 11:

- Activation the Hospital Incident Command System (HICS).

- Establishment a telephone hotline, staffed by registered nurses, to answer public questions about COVID-19 and direct those with symptoms to the appropriate site for care.

- Opening of an offsite COVID-19 testing location.

- Assembly of a triage tent outside of the Emergency Department for patients who came directly to the department, instead of the off-site testing location, to separate them from patients with non-respiratory symptom.

- Implementation of visiting restrictions.

- Postponement of elective surgeries and invasive procedures.

- Outfitting of unused "shell space" adjacent to the Emergency Department.

The shell space is operated by the Emergency Department (ED) and adjacent to the department. It has a separate entrance, allowing caregivers to treat suspected COVID-19 patients in a space separate from ED patients with other illnesses and conditions. Within 72 hours of declaration of the pandemic, the health system and local contractors had the shell space ready for patient care, including the installation of a negative air system.

To prepare for a surge of COVID-19 patients, Blessing's staff education team developed cross-training programs for non-direct patient care RNs, nursing assist (non RN clinical licenses), and support services personnel. Non-bedside RN roles were cross-trained to provide direct patient care and work-shadowed shifts on the nursing units. LPNs, surgery techs, etc., were cross-trained to provide nursing assistance, and non-clinical team members were cross-trained to work in food and nutrition, environmental services, and as "compassion companions" for patients unable to have visitors due to visitor restrictions.

The HICS Labor Pool was activated to ensure these team members who no longer had regular work within their home departments and cross-trained continued to serve patients and fill needed roles specific to the COVID-19 response. IN addition to duties on nursing units and in food and nutrition and environmental services, Labor Pool staff assisted with temperature screening at all entrances, served as PPE runners to clinical departments, assisted staff with donning and doffing (getting into and out of) of PPE, and served as couriers to drive swabs to Springfield, IL, for testing at the state laboratory when the local health department was unavailable for transport. The cross-training and Labor Pool not only supported the organization's mission to improve the health of the communities served; but allowed all staff the opportunity to retain meaningful and value-added employment.

### **Patient Access answers the call**

Like many Revenue Cycle teams across Illinois prior to COVID, Blessing had nearly half of its Revenue Cycle staff working remotely. After receiving approval from Human Resources in late March, Patient Access started efforts to move all non-patient care team members home. By early April, all but eight non-patient care team members were working remotely. The team members who remain onsite have been assigned to work areas that allow for social distancing and are required to wear masks.

Moving staff home quickly did not come without challenges. Blessing's Information Systems Department work with Patient Access team members to ensure they had the equipment needed to work remotely and helped problem-solve as team members set up workstations in their homes.

As Blessing Health System began providing care that had been postponed by the pandemic, the Patient Access team took on the task of rescheduling two months' worth of delayed services. The team closely monitored payer changes to ensure pre-authorization timeframes were still valid and if not, secured new authorizations. Blessing also maintained detailed statistics of all cancelled and postponed appointments. This helped Patient Access team members work with ordering providers to prioritize rescheduled surgeries, procedures and appointments.

The Scheduling and Pre-Registration teams also help to screen patients during the outgoing call process. The teams are helping to ensure patients experiencing COVID-19 symptoms are not rescheduled at the time and that surgical and invasive procedure patients have COVID-19 testing within 72 hours of their scheduled service.

## **Blessing COVID-19 response avoids furloughs**

Blessing Health System's COVID-19 response required teamwork from all areas of the organization: Construction, Facilities, Information Systems, Telecommunication, Ancillary Services, Emergency Services, Nursing, Patient Access, Purchasing, Central Supply, Administration, etc. The response was an around-the-clock effort to ensure Blessing had the space, technology, supplies, and new processes to care for its patients and community. The teamwork was and continues to be remarkable.

During the pandemic, so many health care systems and industries have been forced to place staff on furlough, discontinue matching contributions to 403B/401K plans, reduce leadership salaries, freeze hiring, and delay merit increases. However, Blessing Health System's Board of Trustees has been committed to ensuring employees maintain employment and have the ability to support their families financially. I could not be more thankful to work for an organization who places such value in its workforce. I look forward to our next AAHAM in-person meeting. Until then stay well and take care of each other.

Jill

## **ABOUT BLESSING HEALTH SYSTEM**

BHS is a nationally recognized healthcare organization serving west central Illinois, northeast Missouri and southeast Iowa. In addition to two non-profit, community-based hospitals (*Blessing Hospital in Quincy and Illini Community Hospital in Pittsfield, IL*), BHS operates two multi-specialty provider groups (*Blessing Physician Services and Hannibal Clinic*), a charitable foundation (*Blessing Foundation*), a for-profit business marketing healthcare-related products and services to the general public and providers (*Denman Services, Inc.*), and a healthcare education provider (*Blessing-Rieman College of Nursing & Health Sciences*),

Blessing Health System is a member of the BJC Collaborative which is made up of: BJC HealthCare, St. Louis; St. Luke's Health System, Kansas City, MO; CoxHealth, Springfield, Mo.; Southern Illinois Healthcare, Carbondale, IL, and Memorial Health System, Springfield, IL.



## **Pandemic in mid-America: How two local healthcare providers responded to a worldwide public health crisis: Part 2**



*Kenny Koerner, MBA, CRCE, Director Revenue Cycle, CGH Medical Center*

*Kenny is the Director of Revenue Cycle at CGH Medical Center in Sterling, Illinois. His duties include managing the scheduling, patient access, billing, coding, clinical documentation and managed care-contracting departments for the hospital and clinic system. Kenny has his undergraduate degree from Olivet Nazarene University in Business Administration, and his Master's degree in Business Administration from St. Ambrose University.*

Looking back over the past 7 weeks it feels as if a lifetime of changes has occurred in this short period of time. I'm sure most of you reading this have endured the same. Each day these past couple of months we have been bombarded with regulation changes, technology challenges, staffing concerns, financial shortfalls and an exponential level of stress as we attempt to care for our patients, our staff members, our family and friends, and for ourselves. I feel so extremely fortunate to work at the hospital that I work at and am very proud how quickly we have adapted to the pandemic. In writing this, I am hoping to share with you some of my first-hand experiences. I only hope that you find some of this beneficial as to how we approached this great unknown. If nothing else, it's somewhat therapeutic for me to write about where we have come in this short period of time. So here goes, in my own words.....

The first communication I saw organizationally related to Covid-19 was in January, when my institution was communicating with our medical staff outlining Covid-19 screening criteria. I had been watching from afar the spread of the "corona virus" as it is called, but this was the first time I had actually thought about it and what affect it may have locally. My organization quickly implemented travel screening procedures at this time for all patients entering our facilities to ensure that we were identifying potential Covid-19 cases. Like many hospitals in Illinois, we have businesses in our community that have an international presence with frequent corporate travel to and from China, so the threat of having a patient present with the virus was real. That said, the month of February saw no cases locally and only a handful documented nationally until the middle of March. Like each of you, I was reading and watching the news, and observing how quickly it was spreading throughout Europe.

Simultaneously, as each of you know and faced just like we did, the world of telemedicine and the regulations surrounding it were rapidly changing. CMS announced that healthcare providers could begin to use this technology to provide a safe vehicle for office visits. Keeping up with the reading from each insurance company to find out what was allowed and specifically how to bill a clean claim to receive reimbursement for the service was a full time job in itself. We met internally on this to decide which technology we would utilize and how we would schedule, register and charge for this service. We were able to move fairly quickly with this and we billed our first tele health visit on March 23<sup>rd</sup>. We had 2 tele health visits on that Monday. This process was slow at first, as we tried one technology but quickly moved to a 2<sup>nd</sup> that worked much better for our providers and our patients. By the following Monday on March 30<sup>th</sup>, we were seeing 30 patients per day via tele. We now see around 100 patients each day with our primary care providers via tele. Word of this quickly got around the providers, and we were fielding questions from providers on a daily basis asking when they could provide tele services. This is one that I'm not sure how CMS will get back in the box after this pandemic is over. Patients love it and providers love it. The next step in this as revenue cycle leaders is ensuring that we are being reimbursed for these services. I have had numerous conversations with our contracted payers and we all agree that the rapid implementation of these changes will more than likely cause insurance denials as health plan technology and logic are being brought up to speed to accept and reimburse for these services. I have asked my managers to track these claims and to report specifically on them each week so that we can track and trend what health plans are paying appropriately and which companies we need to remain in communication with.

Reporting and timely reporting was another area that we worked on immediately so that we knew just how Covid-19 was affecting our volumes, with an influx of emergency and urgent care patients, but also in relation to scheduled outpatient visits and procedures that were being cancelled. Being able to have timely information to evaluate patient visits, claim volumes, daily revenue, and how much cash was still being posted was and is critical for us. On March 18<sup>th</sup>, we put together a shared drive spreadsheet that my revenue cycle managers and finance team all have access to. This spreadsheet updates each morning, in one shared location, so that evaluating volumes and staff workload can be seen easily in one single view. We knew that as volumes decreased without electives being performed, that we needed to evaluate revenue cycle services that we once outsourced and contracted labor for. We wanted to bring in house as many of these items as we could to ensure that we could continue to keep all revenue cycle staff employed, even with the significant decrease in volumes. In addition to that, we have cross trained some revenue cycle staff members to perform new functions, such as having coders performing insurance follow up. We also transitioned some staff members that were seeing significantly lower work volumes, such as a customer service telephone representative and two of our walk in cashiers, to perform insurance follow up.



The last item that I will touch on is communication and just how very different our methods and forms of communication have been. We all know that communication is the key to ensuring that we are successful as we move forward on this new journey. As revenue cycle professionals we are all working in a new work reality of such things as zoom meetings, texting, instant messaging, and calls to our staff's houses to see how they are doing. We also now must be cognizant of trying to be thoughtful in our approach with so many new stressors that our staff are dealing with such as lack of day care and home schooling all while trying to ensure that our staff can continue to be gainfully employed and efficient in their roles for our healthcare organizations. I think flexibility in our communication methods with staff is key and I know that I am still learning each day what works best with each of my team members.

I miss my AAHAM family dearly and hope each of you is well during these unprecedented times. I know that in my life running to ball games and practices each night followed by dinner at a fast food drive through have been replaced with family walks and sit down meals. I miss watching by kids play baseball and softball, but I also must say that I have really enjoyed spending so much time with them again and feel like it has strengthened our family bond and appreciation for each other. As life slows down, take time to reconnect with family members and find that silver lining that presents fresh opportunities in this new world. Be safe everyone.

Kenny

## **ABOUT CGH MEDICAL CENTER**

CGH Medical Center is a progressive acute care facility located in the heart of the Sauk Valley, in Northern Illinois. Since opening in 1909, CGH has consistently received high ratings for delivering quality care to our community, positive public awareness, safety, and high patient satisfaction. CGH is committed to the health and wellness of our community, and to providing leadership in the healthcare field. This includes public education and free to low-cost early detection activities.

A major expansion was completed in 2008, which produced a new suite of surgical rooms, a new Obstetrics Department and Birthing Center, a new Critical Care Unit, and a new Digestive Health Center. In the spring of 2015, CGH opened a second Cardiac Cath Lab, and a new state-of-the-art Emergency Department with technologies focused on enhancing the patient experience and better serving our community's changing healthcare needs. The new ER features 26 private treatment rooms, six easy care areas, two new trauma rooms, secured access, and streamlined registration. CGH Medical Center benefits from a long history of well-managed growth and currently employs over 1500 caring people.



**SUCCESS**  
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CERTIFIED REVENUE  
CYCLE PROFESSIONAL  
CRES  
CERTIFIED REVENUE  
CYCLE SPECIALIST

**AAHAM Certifications Offer You Solid Steps to your Professional Success:**



*AAHAM's Certifications are your ladder to success!*

# NEW CERTIFICATIONS

Let's give a **BIG** round of applause for these newly certified IL AAHAM members!!! Congrats and well done!

The following members received their **CRCS Certification!**

- Rande Anderson
- Kathy Boley
- Wendy Faley
- Shelda Griffen
- Mikeyra Jones
- Tamee Kaiser
- Colleen Lillie
- Ashley McDonald
- Amy Newson
- Jill Panian
- Darlene Seale
- Victor Sodeine
- Tara Ward



**Please Return to:**

AAHAM Membership Department  
11240 Waples Mill Road, Suite 200  
Fairfax, VA 22030  
Fax: 703.359.7562  
Email: [info@aaHAM.org](mailto:info@aaHAM.org)

## 2020 National Membership Application

Name		Title	
Employer Name		Email Address	
Address <input type="checkbox"/> Work			
City	State	Zip	Country
Work Phone	Cell Phone	Secondary Email Address	Local Chapter
Address <input type="checkbox"/> Home			
City	State	Zip	Country

### Membership Categories and Rates

\* Local chapter dues may vary

**NATIONAL MEMBERSHIP** - The fee to become a National AAHAM member is \$209. If you join between July 1st and August 31st, the dues are \$160 for the rest of the current year. If you join between September 1st and December 31st, the fee is \$250 for the rest of the current year and all of the following year.

**FULL TIME STUDENT MEMBERSHIP** - Students taking at least 12 credit hours per semester can join for free. You must submit proof of your full time status with this application. Student members receive the benefits of membership with the exception of voting, eligibility for professional or executive levels of certification, and cannot be a proxy for a chapter president at any national board meetings. If you are applying as a **Full Time Student Member**, please [click here to join online or download the correct membership application.](#)

**PART TIME STUDENT MEMBERSHIP** - The part time student membership fee is \$50. If you join between July 1st and August 31st, the dues are \$35 for the rest of the calendar year. If you join between, September 1st and December 31st, dues are \$65 for the rest of the current year and all of the following year. **To qualify for the part time student membership you must currently be taking between 6-11 credit hours per semester and submit proof with this application.** Student members receive all the benefits of membership with the exception of voting, eligibility for executive and professional certification, and cannot be a proxy for a chapter president at any national board meetings.

AAHAM would like your consent to contact you through your cell phone in order to provide you with updates, notifications, and other information pertinent to your membership.

I hereby expressly grant my consent to AAHAM to contact me through the cell phone number provided herein.

You may subsequently withdraw this consent by contacting:  
AAHAM Membership Department  
11240 Waples Mill Road, Suite 200, Fairfax, VA 22030  
Phone: (703) 281-4043 Email: [moayad@aaHAM.org](mailto:moayad@aaHAM.org)

I do not grant consent to AAHAM to contact me through my cell phone.

If referred by AAHAM member, please give their name:

**Payment Method:**

Check/Money Order (Make Payable to AAHAM)  
 Amex  Visa  MasterCard  
 Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_ CV2 Code: \_\_\_\_\_

Name *as it appears on card*: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

**PAYMENT TOTAL**

NATIONAL DUES: \_\_\_\_\_

LOCAL DUES: \_\_\_\_\_

TOTAL ENCLOSED: \_\_\_\_\_

Please allow two weeks for processing after your application is received at the national office. Dues are not tax deductible as a charitable contribution, but may be as a business expense. Approximately 4% of your annual dues are used for lobbying activities and are non-deductible.

Please note: AAHAM's membership year is from January to December, it is not anniversary based. Membership is on an individual, not institutional, basis and is non-transferable.

# BENEFITS OF AAHAM MEMBERSHIP



Healthcare revenue cycle professionals across the nation and around the globe are looking for an edge... a way to work smarter, build a career, stay informed and make the right contacts. Your membership in AAHAM helps you achieve all of these goals.

## What do I get for my \$239 yearly National and Illinois AAHAM Membership Fee?

- **Eligible for Certification Designations.** AAHAM membership allows you the opportunity to sit for the CRCE, CRCP, CRCS, CRIP, or CCT certification exams, which provide you with the recognition and respect within the Healthcare Revenue Cycle industry. Studies show certified members perform at a higher level of efficiency and provide a return on your investment.
- **Exclusive invitation and pricing to the AAHAM's Annual National Institute (ANI)** known for excellence in education, value and networking. (Save \$100 off your ANI registration for being a member.)
- **Exclusive invitation and pricing to the Illinois AAHAM's quarterly educational events.** (\$75 in Illinois meeting savings for being a member throughout the year.)
- **Exclusive invitation and pricing to National and Illinois AAHAM Webinars** (\$25 member savings for every Illinois AAHAM webinar. \$50 in yearly savings if you attend 2 Illinois AAHAM webinars.)
- **Exclusive invitation and pricing to Legislative Day.** Brings you face-to-face with decision makers in Washington who determine the outcome of healthcare legislative priorities. (\$100 member savings.)
- **Continuing Education Scholarships.** Opportunity to apply for and be awarded national and Illinois Scholarships for continuing education for you and your family members. Yearly Illinois AAHAM scholarships awarded in the amount totaling \$2,000 for members, children and grandchildren.
- **Member Directory.** An online Illinois AAHAM Membership directory helps keep you in touch with other members and vendors both locally and nationwide. Network with your revenue cycle peers!
- **AAHAM Member's Only List Serve.** Have an issue? Chances are your peers do as well. Bounce questions and issues off your revenue cycle peers via our list serve!
- **Subscription to Legislative Currents.** Distributed via email 8 times a year, to keep you up to date on legislative and governmental issues affecting our industry.
- **Subscription to the Journal of Healthcare Administrative Management.** Rated as the #1 membership benefit, the journal is issued quarterly.
- **AAHAM's National News.** AAHAM's monthly electronic Newsletter with timely updates and information about your association.
- **Illinois AAHAM's Award Winning Lincoln Log.** Illinois AAHAM's quarterly electronic Newsletter.
- **Job Bank** to assist you in searching and posting that special job.
- **Unlimited Networking with other revenue cycle professionals** through our website and Chapter Interaction.

INVEST IN YOURSELF AND YOUR STAFF - Attend the Illinois AAHAM meetings, the national AAHAM ANI and 2 Illinois AAHAM webinars throughout the year, and your \$229 National and Illinois AAHAM membership fee saves you over \$200 in meeting fees throughout the year!

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TO REGISTER](#)



## Updates on Telehealth Coding and Billing Services under the COVID-19 Waivers

May 13, 2020

Jackie King, MSHI, CPC, COC, RH-CBS Director of Clinical Informatics/HIM Consultant ICAHN

As Clinical Informatics Director, Jackie supports both clinical practice and administration by using health information technology and data analytics to reduce risk and improve processes with the goal of achieving cost savings, and ultimately improving patient care. She oversees both the ICAHN Informatics and the ICAHN HIM Peer Networks, provides web-based and on-site training for coding and other HIM-related functions and facilitates coding audits for ICAHN and IRCCO members.

*These are unique times indeed.* With the onset of the COVID-19 pandemic, our country has seen the most unprecedented and sweeping changes to our healthcare reimbursement system in history. These changes have taken place in such a rapid-fire manner that everyone who works in health care, including coding and billing professionals are becoming frazzled while trying to keep up.

One silver lining of this Public Health Emergency (PHE) has been the accelerated adoption of telemedicine services for treating patients. We have opened up access to care, and the temporary ability to receive reimbursement for that care, in a manner and speed that would never have developed without the dire need for social distancing to slow the spread of the virus.

*Telehealth vs. Telemedicine...is there a difference?* Telehealth refers to a broad range of technologies and services to provide patient care and improve the healthcare delivery system as a whole. Telehealth is different from telemedicine because it refers to a broader scope of remote healthcare services than telemedicine. You will see these two definitions used interchangeably in literature and payer guidance, but it is good to have a high level understanding of the difference. Telemedicine is a subset of telehealth that refers solely to the provision of health care services over a distance, through the use of telecommunications technology. Telemedicine involves the use of electronic communications and software to provide clinical services to patients without an in-person visit. During the PHE, telemedicine has expanded to provide virtually all methods of patient care that can be performed without physical contact.

*Technology requirements.* During the PHE, telemedicine technology requirements can include any non-public facing application (e.g. **not** social media) or software available to patients such as a telephone, computer, iPad, or cellular phone. The OCR (Office for Civil Rights) at the Department of Health and Human Services (HHS) stated on March 17, 2020 that it will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide

public health emergency. Some examples of allowable telemedicine technology during the PHE include: FaceTime, Zoom, and Skype. HIPAA compliant examples include, but are not limited to: Zoom for Healthcare, Doxy.me, Skype for Business, Updox, VSee, GoToMeeting, Amazon Chime, or Google G Suite Hangouts Meet. Examples of *unacceptable* telemedicine applications which are public facing like Tik Tok, Facebook Live and Twitch.

*Originating site.* Although it may sound counterintuitive, the originating site for telemedicine is the location of the patient. During the PHE this can include the patient's home both by CMS as well as most commercial payers. The most recent set of changes included in the CMS-5531-IFC (interim final rule with comment period) released April 30, 2020, declares that hospitals may bill as the originating site for telehealth services furnished by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is located at home. This can be accomplished by requesting an extraordinary circumstances relocation exception that will designate the patient's home as a provider based department (PBD) of the hospital.

Per [CMS -55341-IFC Section II.E-F.](#) : *To the extent that a hospital may relocate to an off-campus PBD that otherwise is the patient's home, only one relocation request during the COVID-19 PHE is necessary. In other words, the hospital would not have to submit a unique request each time it registers a hospital outpatient for a PBD that is otherwise the patient's home; a single submission per location is sufficient. Hospitals must send this email to their CMS Regional Office within 120 days of beginning to furnish and bill for services at the relocated on- or off-campus PBD. We note that, during the COVID-19 PHE, a patient's home would be considered a PBD of the hospital when the patient is registered as a hospital outpatient (as discussed in section II.F. of this CMS-5531-IFC 43 IFC) and is receiving covered OPD services from the hospital.*

*Billing the originating site fee:* Use HCPCS code **Q3014** for originating site fee to Medicare and Medicaid.

*Distant site.* The distant site is the location of the provider for telemedicine services. With the April 30, 2020 update to the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), CMS has expanded the types of healthcare professionals that are eligible to bill Medicare for their professional services. This now adds in healthcare professionals who were previously ineligible to furnish and bill for Medicare telehealth services, and includes physical therapists, occupational therapists, speech language pathologists and others, to receive payment for Medicare telehealth services. These providers, in addition to physicians, nurse practitioners, physician assistants, nurse-midwives, clinical nurse specialists, certified registered nurse anesthetists, clinical psychologists, clinical social workers, and registered dietitians or nutrition professionals must all be acting within their scope of practice under state law. This brings CMS more in line with most Medicaid and commercial plans who were allowing these practitioners to provide services via telehealth earlier in the PHE.

*Telemedicine & Related Remote Communication Services Codes.* Medicare has provided an expanded list of approved telehealth services that was updated on April 30, 2020 to include telephone (audio only) codes 99441-99443. This list can be located at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>. Note that unless provided otherwise, other services included on the Medicare telehealth services list must be furnished using, at a minimum, audio and video equipment permitting two-way, **real-time** interactive communication between the patient and distant site physician or practitioner. These visits can be performed for new or existing patients during the PHE for both Medicare and Medicaid beneficiaries. If an audio only telephonic interaction cannot meet key components of a face-to-face encounter (10 or more minutes), the provider may instead seek reimbursement for virtual check-in services using CPT code **G2012**.

HCPCS code **G2010** should be billed to Medicare for Virtual (**not live**) Check-ins which include remote evaluation of recorded video and/or images submitted by an established patient (e.g., portal, email, text), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. (For commercial payers, use **99421-99423** depending on total cumulative time spent on the Virtual Check ins).

*Billing distant site telehealth services under Medicare waivers (except for RHC/FOHC).* Use the location where the patient would normally have been seen such as office (POS 11) on the claim to receive the higher non-facility payment rate during the PHE. Add **Modifier 95** (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System) on these claim lines to indicate that the service was provided via telehealth per [CMS 1744-IFC pages 13-15](#). Physicians and other practitioners are allowed to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location per [COVID-10 Emergency Declaration Blanket Waivers for Health Care Providers](#). Telehealth services rendered from a CAH Method II billing provider must add modifier GT to indicate the service was performed via telehealth (this CAH guidance is unchanged from before the PHE).

*Billing distant site telehealth services under Illinois Medicaid and MCOs.* All distant site providers billing for telehealth services must use **modifier GT** and **Place of Service 02** on their claims with two exceptions: Community Mental Health Centers and Behavioral Health Clinics that have staff working remotely from home or another location during this health emergency should use their usual place of service (onsite/office). Services that are already allowed by telephone per the delivery modes identified by code in the Handbook for Community Based Behavioral Services, topic 208, should not be billed as telehealth and; Independent Practitioners (Psychiatrists, Licensed Clinical Social Workers and Licensed Clinical Psychologists) billing the Group A services from the Fee Schedule for Providers of Community-Based Behavioral Services. HFS will allow medical/dental/behavioral health encounters with new or existing patients using **audio**

**only** telephonic equipment to be reimbursed at the medical/dental/behavioral health **encounter rate**, as long as the encounter is of an amount and nature that would be sufficient to meet the key components of a face-to-face encounter. For medical encounters the claim must include the GT modifier on all detail code service lines. For behavioral health encounters, the claim must include the GT modifier on all service lines, including the encounter service line. In order for behavioral health encounters to price correctly, the behavioral health modifier must be the first modifier appended to the encounter "T" code. If an audio only telephonic interaction cannot meet key components of a face-to-face encounter, the provider may instead seek reimbursement for virtual check-in services or e-visit/online portal services. This guidance can be found in the [HFS Provider Notice Telehealth Expansion Billing Instructions](#).

*RHCs (and FOHCs) as distant site providers.* Another unprecedented waiver has authorized RHCs and FOHCs to furnish visits via telehealth as distant site providers. These services can include telephone (audio only) visits lasting more than 5 minutes, in addition to two-way synchronous audio/visual visits. CMS has established a uniform RHC telehealth payment rate of \$92.03 per visit for independent or provider-based RHCs.

*Billing for RHC telehealth services.* For telehealth distant site services furnished between January 27, 2020 and June 30, 2020, RHCs must report HCPCS code G2025 on their claims with the CG modifier. Modifier "95" (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System) may also be appended, but is not required. These claims will be paid at the RHC's all-inclusive rate (AIR), and automatically reprocessed beginning on July 1, 2020, at the \$92.03 rate. RHCs do not need to resubmit these claims for the payment adjustment. Beginning July 1, 2020, RHCs should no longer put the CG modifier on claims with HCPCS code G2025.

When *no live communication* (telephone or audio/video) takes place between the provider and patient, RHC's will use HCPCS code **G0071**: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FOHC) practitioner and RHC or FOHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FOHC practitioner, occurring in lieu of an office visit; RHC or FOHC only.

*Billing for FOHC telehealth services.* For telehealth distant site services furnished between January 27, 2020, and June 30, 2020, that are also FOHC qualifying visits, FOHCs must report three HCPCS/CPT codes for distant site telehealth services: the FOHC Prospective Payment System (PPS) specific payment code (G0466, G0467, G0468, G0469, or G0470); the HCPCS/CPT code that describes the



services furnished via telehealth with modifier 95; and G2025 with modifier 95. These claims will be paid at the FQHC PPS rate until June 30, 2020, and automatically reprocessed beginning on July 1, 2020, at the \$92.03 rate. FQHCs do not need to resubmit these claims for the payment adjustment. When furnishing services via telehealth that are not FQHC qualifying visits, FQHCs should hold these claims until July 1, 2020, and then bill them with HCPCS code G2025. Modifier 95 may be appended but it is not required. Beginning July 1, 2020, FQHCs will only be required to submit G2025. Modifier 95 may be appended but it is not required. See [MLN Matters SE20016](#) for complete details of RHC and FQHC telehealth billing.

*The DR Condition Code:* The title of the DR condition code is “disaster related” and its definition requires it to be “used to identify claims that are or may be impacted by specific payer/health plan policies related to a national or regional disaster.” Use of the “DR” (disaster related) condition code is mandatory for institutional and non-institutional providers in billing situations related to the COVID-19 PHE for any claim for which Medicare payment is conditioned on the presence of a formal waiver such as §1135 of the Social Security Act. An example of this would be a patient that is placed in a Swing bed without a 3-day qualifying inpatient stay due to the waiver.

*The CR Modifier:* Both the short and long descriptors of the CR modifier are “catastrophe/disaster related.” The CR modifier is used in relation to Part B items and services for both institutional and non-institutional billing. An example would be a retired provider/nurse is retired has been reinstated to provide care. In this case both the DR condition code and the CR modifier would be placed on the claim. CMS is not requiring the CR modifier on telehealth services. See [MLN SE20011](#) for details.

*The CS Modifier:* The Families First Coronavirus Response Act waives cost-sharing (waives coinsurance and deductible) under Medicare Part B for patients for COVID-19 testing-related services. This rule is not specific to any place of service or code set and applies to all Part B charges included in an encounter **only when the provider orders or administers COVID-19 lab test**. For services furnished on March 18, 2020, and through the end of the PHE, outpatient providers, physicians, and other providers and suppliers that bill Medicare for Part B services under these payment systems should use the **CS modifier** on applicable claim lines to identify the service as subject to the cost-sharing waiver for COVID-19 testing-related services and should NOT charge Medicare patients any co-insurance and/or deductible amounts for those services. For professional claims, physicians and practitioners who did not initially submit claims with the CS modifier must notify their Medicare Administrative Contractor (MAC) and request to resubmit applicable claims with dates of service on or after 3/18/2020 with the CS modifier to get 100% payment. For institutional claims, providers, including hospitals, CAHs, RHCs, and FQHCs, who did not initially submit claims with the CS modifier must resubmit applicable claims submitted on or after 3/18/2020, with the CS modifier to visit lines to get 100% payment.

*Physician or Practitioner Order for COVID-19 tests.* Medicare will not require an order from a treating physician or non-physician practitioner as a condition of Medicare coverage of COVID-19 and other related diagnostic laboratory testing during the PHE. CMS similarly removed these requirements for an influenza virus diagnostic laboratory test and any other diagnostic laboratory test that is necessary to establish or rule out a COVID-19 diagnosis. See this [link](#) for an updated listing of codes associated with this waiver.

*Payment for COVID-19 Diagnostic Testing.* Practitioners can be paid for assessment and specimen collection for COVID-19 testing using the level 1 evaluation and management code CPT code **99211**. In light of the public health emergency, Medicare will recognize this code to be billed for all patients, not just established patients. This approach helps physician practices to operate testing sites during the PHE. This does not apply to RHCs where specimen collection is part of the All Inclusive Rate (AIR) and is not separately billable.

Hospital outpatient departments can be paid for symptom assessment and specimen collection for COVID-19 using a new HCPCS code **C9803** (Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19])), any specimen source retroactive to March 1, 2020. The service would be paid as conditionally packaged when furnished with another payable service under the OPPS. This approach helps hospitals to operate testing sites during the PHE. See [Laboratories: Medicare Flexibilities to Fight COVID-19](#) for details related to the above items.

*Telehealth documentation requirements.* Providers should document medically necessary evaluation and management service the same as for any face-to-face patient encounter (history, exam, medical decision-making); with the addition of the following: A statement that the service was provided using telemedicine; the location of the patient; the location of the provider; the names of all persons participating in the telemedicine service and their role in the encounter; total time spent communicating with patient (in case key components of an E&M aren't met, time can be used for the level).

[Coding for COVID-19: Coding Clinic and CDC Guidance.](#) Guideline a) Code confirmed or presumptive positive cases of COVID-19 with U07.1 COVID-19 -f or services on or after April 1, 2020 and B97.29, Other coronavirus as the cause of diseases classified elsewhere - for services on or before March 31, 2020.

*Sequencing of codes:* When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except in the case of obstetrics patients as indicated in Section I.C. 15.s. for COVID-19 in pregnancy, childbirth, and the puerperium.



*Acute respiratory illness due to COVID-19: Pneumonia*: For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia. *Acute bronchitis*: For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8, Acute bronchitis due to other specified organisms. Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code U07.1 and J40, Bronchitis, not specified as acute or chronic. *Lower respiratory infection*: If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, codes U07.1 and J22, Unspecified acute lower respiratory infection, should be assigned. If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned. *Acute respiratory distress syndrome*: For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80, Acute respiratory distress syndrome.

*Exposure to COVID-19*: For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, assign code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out. (Use this for preoperative screening for elective procedures). For cases where there is an actual exposure to someone who is confirmed or suspected (not ruled out) to have COVID-19, and the exposed individual either tests negative or the test results are unknown, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. If the exposed individual tests positive for the COVID-19 virus, code U07.1 per guideline a.

*Screening for COVID-19*: For asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, assign code Z11.59, Encounter for screening for other viral diseases. For individuals who are being screened due to a possible or actual exposure to COVID-19, see guideline d. for exposure to COVID-19. If an asymptomatic individual is screened for COVID-19 and tests positive, see guideline code U07.1 per guideline a.

*Signs and symptoms without definitive diagnosis of COVID-19*: For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as: R05 Cough, R06.02 Shortness of breath, R50.9 Fever, unspecified. If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to someone who has COVID-19, assign Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, as an additional code. This is an exception to guideline I.C.21.c.1, Contact/Exposure.

*Asymptomatic individuals who test positive for COVID-19*. For asymptomatic individuals who test positive for COVID-19, assign code U07.1, COVID-19. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

**HOT TOPIC**

This document is current at the time of writing, but we know that facts within it can change in the blink of an eye (and a CMS press release). There is no official end date to the PHE and associated waivers at this time. The ongoing COVID-19 crisis may indeed cause CMS to enact further waivers to protect our patients and healthcare providers, this remains to be seen. It is my hope that once the PHE has been rescinded, our expanded access to telehealth services remains at least partially intact. This unique span of time can serve as an excellent data collection period to show the benefits both financially and clinically of being able to offer medical services remotely.

## Updates on Telehealth Coding and Billing Services under the COVID-19 Waivers

May 13, 2020

Jackie King, MSHI, CPC, COC, RH-CBS Director of Clinical Informatics/HIM Consultant  
ICAHN



**HOT TOPIC**

# STUDENT AAHAM MEMBERSHIP

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**Networking** – You can make contacts with hospital and clinic healthcare financial professionals to create a broader network for job placement upon graduation.

**Certification** – You can be eligible to take AAHAM's industry-leading revenue cycle certification exams. Students who pass the exams will stand out from the pack when seeking employment in the healthcare industry.

**Education** – 32 local chapters provide in-person and web-based educational sessions throughout the year covering all the hottest current revenue cycle topics. Upon applying for FREE membership, a local chapter leader will reach out to welcome you to their network.

Free membership available to students taking at least 12 credit hours.

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# IL AAHAM SCHOLARSHIPS

The Illinois Chapter offers an educational scholarship. An application must be filled out and turned in along with some other documents by the deadline given. Once the applications are turned in, the Scholarship committee reviews them and makes a determination on who is awarded the scholarship(s). Scholarship(s) will be awarded with a minimum of \$250 and not to exceed \$2000 at the discretion of the Scholarship committee.

## Who's Eligible?

- Member: Must be an Illinois AAHAM member for at least one year and current on dues as of March 31st.
- Child/Grandchild: The above rules apply for the parent or grandparent of the applicant.

**Documentation:** Each applicant must turn in their background, awards received, educational funding received, school transmittals, confirmations and award letters along with their application.

The application deadline for the AAHAM Scholarship has been extended to July 31, 2020..

The online scholarship application is available [here](#).

Application Deadline  
Extended—July 31st,



The Premier Organization for Revenue Cycle Professionals



# Platinum Level



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<p><b>EBO Solutions/National Recovery Agency</b> <a href="http://www.nragroup.com">www.nragroup.com</a></p> <p>Toney Fedullo - <a href="mailto:tfedullo@nragroup.com">tfedullo@nragroup.com</a></p>	<p><b>eSolutions</b> <a href="https://www.esolutionsinc.com/">https://www.esolutionsinc.com/</a></p> <p>James Ryan - <a href="mailto:jryan@esolutionsinc.com">jryan@esolutionsinc.com</a></p>	<p><b>Experian Health</b> <a href="http://www.experianhealth.com">www.experianhealth.com</a></p> <p>Katie Zibelin - <a href="mailto:Katie.zibelin@experian.com">Katie.zibelin@experian.com</a></p>
<p><b>Law Office of Stephenson Acquisto &amp; Colman</b> <a href="https://www.sacfirm.com/">https://www.sacfirm.com/</a> Marcus Morrow - <a href="mailto:mmorrow@sacfirm.com">mmorrow@sacfirm.com</a></p>	<p><b>Marcam Associates</b> <a href="http://www.marcamassociates.com">www.marcamassociates.com</a></p> <p>Tim Moore - <a href="mailto:tmoore@marcamassociates.com">tmoore@marcamassociates.com</a></p>	<p><b>Midstate Collections</b> <a href="https://midstatecollections.com">https://midstatecollections.com</a> Amy Dunn - <a href="mailto:adunn@midstatecollections.com">adunn@midstatecollections.com</a></p>
<p><b>OS Inc.</b> <a href="http://www.os-healthcare.com">www.os-healthcare.com</a></p> <p>Chris Hegwood - <a href="mailto:chegwood@os-healthcare.com">chegwood@os-healthcare.com</a></p>	<p><b>Revecore MRA   BLS</b> <a href="https://revecore.com/">https://revecore.com/</a> Vanessa Haydon - <a href="mailto:vhaydon@mra.revecore.com">vhaydon@mra.revecore.com</a></p>	



# Gold Level



<p><b>Avadyne Health</b></p>	<p>Julie VanPelt - <a href="mailto:JVanPelt@avadynehealth.com">JVanPelt@avadynehealth.com</a></p>
<p><b>Commerce Bank</b></p>	<p>Lisa Mullins - <a href="mailto:Lisa.Mullins@CommerceBank.com">Lisa.Mullins@CommerceBank.com</a></p>
<p><b>EnableComp</b></p>	<p>Matt Ellis - <a href="mailto:mellis@enablecomp.com">mellis@enablecomp.com</a></p>



# Silver Level



Collection Professionals Inc	Greg Himelick - <a href="mailto:cpils1@ivnet.com">cpils1@ivnet.com</a>
IC System	Greg Young - <a href="mailto:gyoung@icsystem.com">gyoung@icsystem.com</a>
Managed Care Partners	James Richmond - <a href="mailto:jrichmond@mngdcare.com">jrichmond@mngdcare.com</a>
Pro Com Services	John McGlasson - <a href="mailto:mcglasson.john@pro-comservices.com">mcglasson.john@pro-comservices.com</a>
RevCycle, Inc.	Rick Reeves – <a href="mailto:rick.reeves@revcyle.com">rick.reeves@revcyle.com</a>
RRCA Accounts Management	Nick Hubbard - <a href="mailto:Nick.hubbard@rrcaaccounts.com">Nick.hubbard@rrcaaccounts.com</a>
TCS United, Inc.	Bobby Fagin- <a href="mailto:rfagin@tcsunited.net">rfagin@tcsunited.net</a>
Wakefield & Associates	Shirley Mason- <a href="mailto:shirley.mason@wakeassoc.com">shirley.mason@wakeassoc.com</a>



# Bronze Level



Cirius Group	Mark Ehnen - <a href="mailto:mark.ehnen@ciriusgroup.com">mark.ehnen@ciriusgroup.com</a>
Craneware	Jeff Morgan - <a href="mailto:j.morgan@craneware.com">j.morgan@craneware.com</a>
Creditors Discount & Audit Company	Tony Muscato - <a href="mailto:tmuscato@cdac.biz">tmuscato@cdac.biz</a>
Eagle Recovery	Nancy Vollmer - <a href="mailto:nvollmer@eaglerecovery.net">nvollmer@eaglerecovery.net</a>

## Corporate Partners



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**THANK YOU, THANK YOU, THANK YOU to our 2020 Corporate Sponsors! We couldn't do it without your support!**

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

Should you need any services in which our vendors offer, please consider our Corporate Partners as your first choice! To see a listing of all of our Corporate Partners and the type of services they offer, click [here](#).

# Job Postings

Do you need to post an opening with your company?

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## **What is American Association of Healthcare Administrative Management? (AAHAM)**

---

AAHAM is one of the predominant organizations providing educational and professional development for revenue cycle professionals in Illinois. Our membership includes professionals from patient financial services/revenue cycle specialists, clinical managers, administrators, chief financial officers, consultants and a variety of other professionals in related fields. All of our meetings provide our membership an opportunity to learn, network among colleagues and earn continuing education credits.

Illinois AAHAM conducts several educational conferences each year. Each spring and summer our chapter presents one full day of educational meetings. In the fall, our education session is coupled with the annual Charles Garvin Memorial Event. The Annual State Institute (ASI), held in December, is spread over a day and half and includes a vendor tradeshow.

As an Illinois AAHAM Sponsor, your company will receive a significant amount of recognition opportunities throughout the year. Your organization's name will be included in pertinent marketing materials and on-site acknowledgement at ALL educational conferences. As a part of your sponsor package, you will also receive complimentary advertising in the Lincoln Log.

Open enrollment for our sponsorship program is held once a year. Your investment in our program will provide company recognition for an entire year (January 1, 2020 through December 31, 2020).

\*Please note: An additional fee of \$600 is charged to exhibit at our Annual State Institute in December. The exhibit fee also includes one meeting registration. For those vendor partners who sponsor at the Platinum Level, the exhibit fee and one meeting registration are waived (they are included in the Platinum sponsor package).

We believe participation in the IL AAHAM Sponsorship Program should be an integral part of your company's marketing program.

Please contact Julie VanPelt at [jvanpelt@avadynehealth.com](mailto:jvanpelt@avadynehealth.com) or Vanessa Haydon at [vhadon@mra.revecore.com](mailto:vhadon@mra.revecore.com) or send an e-mail to [ilaaham1@gmail.com](mailto:ilaaham1@gmail.com) to discuss your company's sponsorship opportunities!

*We appreciate your support of Illinois AAHAM!*





## Illinois Chapter Sponsorship Levels

---

### ***PLATINUM (\$1,400)***

- Annual State Institute Vendor Booth includes one (1) complimentary ASI meeting registration (sponsor representative only) and recognition as a Platinum Sponsor at the President's Reception
- Three (3) complimentary meeting registrations that can be used by a sponsor representative OR given to any non-member Illinois provider. (excludes ASI)
- One (1) "new" AAHAM membership which can be given to any non-member Illinois Provider – National and state dues for current year. New member registration must be submitted by March 31<sup>st</sup> of the calendar year
- Complimentary participation in 'Vendor Speed Dating' event
- Sponsor poster displayed at every educational meeting
- Sponsor identification on representative's meeting name badge(s)
- Recognition during our Annual State Institute (ASI) meeting
- Full-page ad in each quarterly issue of the award winning Lincoln Log newsletter
- Sponsor level recognition on the Illinois AAHAM website, including a representative's name and e-mail address. An additional link to your company's website is also included

### ***GOLD (\$900)***

- Three (3) complimentary meeting registrations that can be used by a sponsor representative OR given to any non-member Illinois provider. (excludes ASI)
- One (1) "new" AAHAM membership which can be given to any non-member Illinois Provider – National and state dues for current year. New member registration must be submitted by March 31<sup>st</sup> of the calendar year
- Complimentary participation in 'Vendor Speed Dating' event
- Sponsor poster displayed at every educational meeting
- Sponsor identification on representative's meeting name badge(s)
- Recognition during our Annual State Institute (ASI) meeting
- ½ page ad in each quarterly issue of the award winning Lincoln Log newsletter
- Sponsor level recognition on the Illinois AAHAM website, including a representative's name and e-mail address. An additional link to your company's website is also included



### **SILVER (\$750)**

- Two (2) complimentary meeting registrations that can be used by a sponsor representative OR given to any non-member Illinois provider. (excludes ASI)
- Complimentary participation in 'Vendor Speed Dating' event
- Sponsor poster displayed at every educational meeting
- Sponsor identification on representative's meeting name badge(s)
- Recognition during our Annual State Institute (ASI) meeting
- 1/4 page ad in each quarterly issue of the award winning **Lincoln Log** newsletter
- Sponsor level recognition on the Illinois AAHAM website, including a representative's name and e-mail address

### **BRONZE (\$350)**

- One (1) complimentary meeting registration that can be used by a sponsor representative OR given to any non-member Illinois provider. (excludes ASI)
- Sponsor poster displayed at every educational meeting
- Sponsor identification on representative's meeting name badge(s)
- Recognition during our Annual State Institute (ASI) meeting
- Business card size ad in each quarterly issue of the award winning **Lincoln Log** newsletter
- Sponsor level recognition on the Illinois AAHAM website, including a representative's name and e-mail address

**\*\*Please submit a current copy of your company's logo or small ad that you would like to have included in our Lincoln Log publication. We will size to the correct specifications according to sponsorship level.\*\***      [ilaaham1@gmail.com](mailto:ilaaham1@gmail.com)



**YES! I want to be an Illinois AAHAM Corporate Partner!**

Please select your level of sponsorship and complete the information below.

- \_\_\_\_\_ **PLATINUM \$1,400** (includes ASI vendor booth & 1 meeting registration)  
\_\_\_\_\_ **GOLD \$900**  
\_\_\_\_\_ **SILVER \$750**  
\_\_\_\_\_ **BRONZE \$350**  
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# Get to Know Our Corporate Partners!

James Ryan - VP of Sales with  eSolutions



## 1. Who inspires you and why?

My dad inspires me the most. He grew up in NYC and joined the army. He eventually ended up in Kansas on a farm and didn't know a thing about farming, but he did it anyway. I really look up to his perseverance and determination he's had all of his life and instilled in me.

## 2. What are you passionate about?

I'm very passionate about uncovering opportunities that are difficult to see. Solving challenges and problems that were hard to identify before is something I really enjoy. I like to bring a unique perspective especially from a business standpoint. eSolutions has given me the opportunity to gain much leadership and mentor experience but it also allowed me to help solve the hardest problems for providers in their revenue cycle. I really enjoy bringing both my passion and career together to help providers in strengthening the revenue health.

## 3. What's the craziest thing you've ever done?

On time I sang karaoke in a Vegas casino lobby with a homeless person. We sang Free Bird. (Not sure if you're aware but that's near a ten minute song. Yes— we sang the whole thing.)

## 4. What are you currently binge watching on Netflix?

Octonauts. It's a kids show that is constantly on in the house these days while being home. This isn't on Netflix but I've really enjoyed watching, "The Last Dance," documentary series on ESPN featuring Michael Jordan's career and the 90s Bull's team. Camera's followed the team all through the 90's and it does a great job of giving an inside look into Jordan and what his career was actually like.

## 5. Who is your lease favorite superhero?

Ant Man and Doctor Strange and basically the whole crew that came from the Marvel movies. I'd never heard of them before prior to the movie!

eSolutions offers powerful, easy-to-use revenue cycle and workflow management tools, paired with actionable data analysis and insights to improve efficiency, minimize denials and reduce time to revenue for hospitals and health systems. Our essential solutions—focused on eligibility, claims, data and analytics, audits and denials, and quality and compliance—save providers time and money in an industry that grows more complex by the day. Ultimately you can trust us as a valued partner to help strengthen your revenue health. Visit [www.esolutionsinc.com](http://www.esolutionsinc.com) to learn more!



# Get to Know Our Corporate Partners!

Becky Funk - VP of Sales with   
Front-End Revenue Cycle Intelligence™



## 1. Who inspires you and why?

Franklin Graham love all the great work Samaritan's Purse does around the world!

## 2. What are you passionate about?

My Volunteer Ladies Prison Ministry which includes counseling and helping the ladies get back on their feet once released.

## 3. What's the craziest thing you've ever done?

Entered and won a disco dance contest. (dress and all lol)

## 4. What are you currently binge watching on Netflix?

Nothing currently because I already finished all my binge watching. (Becky is open to suggestions!)

## 5. Who is your lease favorite superhero?

I like them all!

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A photograph of a modern hospital hallway with large windows. In the foreground, three men in white lab coats are standing and talking. In the background, a nurse in blue scrubs is pushing a patient in a wheelchair.

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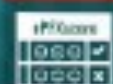
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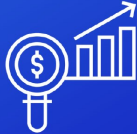


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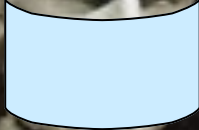
# Treasurer's Report

<b>American Association of Healthcare Administrative Management</b>		
IL CHAPTER – GENERAL FUND		
STATEMENT OF INCOME AND EXPENSES (Cash Basis)		
For the Period of: 1/1/2020 to 4/30 2020		
TOTAL INCOME	\$22,309.60	
Total EXPENSES		\$7,428.51
Net INCOME/LOSS	\$14,872.83	
BANK BALANCE BEGINNING OF PERIOD	\$42,637.83	
BANK BALANCE END OF PERIOD	\$57,510.01	



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Stay safe and  
healthy friends!



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 healthcare administrative professionals. Opinions expressed in articles or features are those of the author(s) and do not necessarily reflect the views of the AAHAM Illinois Chapter, 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.

Happy Spring!



Spring looks quite a bit different this year with the Shelter in Place and COVID-19 pandemic.

With everything going on I'm reminded of this quote:

**"Change is the only constant in life." - Heraclitus.**



IL AAHAM Lincoln Log Editor  
Leeann Ferris



[leeann.ferris@hshs.org](mailto:leeann.ferris@hshs.org)



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Do you have valuable content to share??? The Lincoln Log is always looking for content to publish. If you have revenue cycle knowledge and experience to share with the rest of the chapter we would love to hear it. Contact me at the email address above with any questions or submissions.