SPRING 2017

AAHAM
WISCONSIN CHAPTER

REVENUE CYCLE TODAY

PRESIDENT'S MESSAGE

BY MARCY MARQUIS

I spent the weekend working in my flower gardens and spreading about 80 bags of bark. It's amazing how fast the flowers grow with the sun and warm weather. With a little love and attention, they will grow into beautiful gardens over the next couple of months.

The board is also putting love and attention into our membership. We have done several memberships drives the past several months. Our membership of hospital, clinics, and corporate sponsors is what allows us to have great educational sessions. However, our membership can also grow by adding other healthcare professionals. We are reaching out to chiropractors, oral surgeons, pain management and skilled nursing facilities. If you know anyone in these facilities please share our brochure, newsletters, and AAHAM website link.

Jennifer Scuiti, Secretary and myself attended the AAHAM Legislative Day May 1 and 2nd in Washington D.C. This is an important event for AAHAM every year. Typical, we have been on the hill working on TCPA. But, this year our topic is Observation stay. Below is a brief paragraph of about the topic:

> TOPIC: Observation Stay; Improving Access to Medicare Coverage Act of 2017. Observation stays deny Medicare beneficiaries access to eligibility for coverage in a Skilled Nursing Facility (SNF). This year, we have the unique opportunity of taking a topic to Capitol Hill during our National Legislative Day, which already has legislation introduced on its behalf. On March 8, Sen. Sherrod Brown (D-OH) and Joe Courtney (D-CT), introduced legislation, H.R. 1421 and S. 568, to amend the requirement for a 3-day Inpatient stay to receive Medicare eligibility benefits for SNF care coverage. Sen. Brown seeks to provide for benefits following a 3-day Outpatient stay classified as Observation status. This topic has broad bi-partisan support in

Continued...

IN THIS ISSUE

GET **SOCIAL**

both the Senate and the House as well as among the nation's Medicare Beneficiaries. In 2016, AAHAM joined a consortium of 29 stakeholders in support of such legislation and since then has participated in written and verbal communications with members of congress as well as Health and Human Services (HHS). 2017 is a very promising year for our efforts in legislative advocacy and we hope you will consider being part of this exciting event. Our position paper will be finalized once the Government Relations Committee has an opportunity to review the legislation that is being introduced. We will be drafting our position paper and talking points to align tightly with the legislation.

The Spring conference planning committee (Nicole Querio, Colleen Nolan, Angie Hommen) has been very busy working on an amazing agenda. This year we are going to have all general sessions and not breakouts. The committee planned a payer panel on Thursday May 11th and a denial management plan on Friday May 12th. This is a great way to have open discussion with the entire membership. These are also topics that the membership has asked for. Our Gold and Silver Corporate Sponsors are also going to be introducing our keynote speakers.

The Fall Conference is scheduled for October 25-27, 2017 at The Radisson in Lacrosse. We haven't been there for a long time and we are excited. If you are interested in being on the planning committee, please let me know. The conferences and AAHAM is all about what you guys make it. Please get involved.

As you can see our goal is education, education and more education. With AAHAM certification is another huge piece of AAHAM. We can never stop learning and growing. Healthcare is changing everyday and sometimes it seems like every hour. It's sad, but I know some organizations have cut education. AAHAM does offer scholarships to show our commitment to education. Please see Nicole Querio, Alene Meidl, or any board member if you have questions.

We have had several changes to the Board in the past month. Robert Harsla, 2nd VP and membership / corporate sponsor chair has resigned his position due to a job change. Tim McChrystal, Corporate Board Member and newsletter chair has resigned his position also due to job change. We are working on filling these positions.

Let's work together as a team to keep this chapter growing. Let's give the other chapters something to talk about and show them how we did RAISE THE LEVEL.

Let's rock this!

2017 AAHAM-WI BOARD

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REVIEW 9 RULES FOR ABNS AS YOU PREPARE TO USE THE RENEWED FORM

BY JULIA KYLE, DECISIONHEALTH

Patient encounters

Get ready to switch to the new advance beneficiary notice of noncoverage (ABN), and use the new form as an opportunity to go over the ABCs of ABNs with administrative and clinical staff.

CMS added language that tells patients CMS doesn't discriminate and how to request the ABN in an alternate format such as large print, "in accordance with section 504 of the Rehabilitation Act of 1973."

There are no changes to the way practices complete the ABN, but they must start using the new form by June 21.

Here are nine ABN basics to share with the office:

1. **Check the expiration date.** After June 21, the expiration date in the lower left corner should be 03/2020.

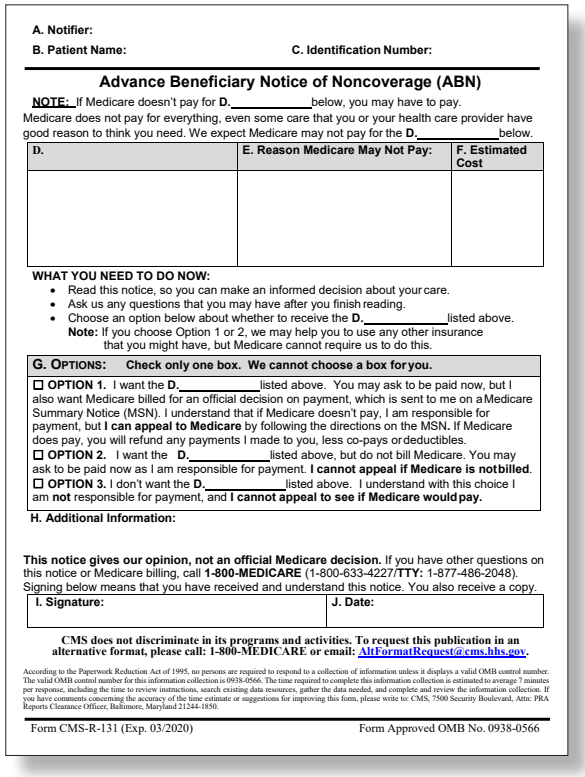
2. **Use ABNs for traditional Medicare Part A and Part B patients.** Private payers and Medicare Advantage may have forms that are similar to the ABN, but they are not interchangeable (PBN 5/23/16).

3. **Give patients an ABN when Medicare normally covers the service they will receive, but you know or believe it will be denied for the specific patient.** For example, if the service will exceed Medicare's frequency limits.

4. **Use the ABN to inform patients that a service is not covered by Medicare,** but understand that using the form is not mandatory.

5. **Review local coverage determinations regulatory** to make sure you're aware of changes to frequency, covered diagnoses and other requirements that may trigger the need for an ABN.

6. **Fill in some parts of ABN in advance,** such as the name and contact information for the practice in section A, the item or service covered by the ABN in section D and the estimated cost in section F.



A. Notifier:

B. Patient Name: **C. Identification Number:**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D.**_____below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.**_____below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.**_____listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the **D.**_____listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **D.**_____listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the **D.**_____listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (Exp. 03/2020) Form Approved OMB No. 0938-0566

7. **Write the reason Medicare may not pay in section E** in a way the patient can understand. The reason must be patient-specific.

8. **Provide contact information for your billing office in section H** if it's different from the practice's information in section A.

9. **Never select an option in G or tell the patient which one to select.** However, you may discuss the different options with the patient.

Resources:

- ABN form CMS-131-R: https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/ABN-Forms-English-and-Spanish.zip
- ABN form instructions: https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/ABN-Form-Instructions.pdf

THE BEST CRISIS COMMUNICATIONS STARTS WITH PREPARATION

BY SHARON GALLER, EXECUTIVE DIRECTOR OF AAHAM

The recent nationally televised error at the 89th Academy Awards was a lesson in crisis communications. There are many takeaways that unfolded from the huge gaffe when Warren Beatty, a presenter of the award, was given the wrong envelope.

Since probably you either were watching the event unfold or have read about it afterwards, it isn't necessary to recap the event but rather discuss what it teaches us in terms of lessons in crisis communications.

An article in the February 25, New York Times mentioned that the company responsible for tallying and distributing the award envelopes PwC ((Price Waterhouse Coopers) was quick to accept responsibility for the mistake.

Certainly, a major brand crisis can't be swept under the (red) carpet but quickly acknowledging responsibility is an important step. Rather than pointing fingers and placing blame, taking responsibility shows where the buck stops. Regardless, of the many factors that may have led to the error, this offers the opportunity to get to the bottom of the situation.

As PwC executives searched for the answers, there were also wheels put in motion to alert all employees the next day after the debacle. I particularly liked the comment by Tim Ryan, the US chairman of PwC, "bad news doesn't age well," in explaining the company will get to bottom of the error and if they made the mistake they would own

Continued...

Congratulations!

AAHAM Certifications

March 2017

Michael	Bosch	CRCS-I
Rachel	Gauger	CRCS-I
Angie	Havlichek	CRCS-I
Angela	Johnson	CRCS-I
Sheila	Longhenry	CRIP
Jennette	Wasikowski	CRCP-I
Traci	Witcher	CRCS-I
Sue	York	CRCE-I

Will you be on the next list?

AAHAM July Exams

We wish the 18 people scheduled to take the CRCS exam and the 7 people who are scheduled to take the CRCP in July the best of luck. You got this!

up to it. Plus in today's instant information world, news travels fast, especially bad news! Certainly the swiftness of the televised error as millions watched is different than a crisis that could occur with a hospital or facility but regardless, it illustrates how quickly the media responds.

Being prepared for a crisis is something all of us need to practice. While no one can predict what crisis could occur, everyone should be aware of the standard practices that will be put into place without having to scramble.

A crisis plan should be written for your specific organization or company. Then it should be reviewed regularly since people change and specifics of a plan can be easily forgotten.

There are also operational issues involved in a crisis plan and differing procedures for varying crisis situations. Every crisis plan needs to involve what I call the "4 P's"; planning, preparation, procedures and practice. A good starting place is asking your team the question "what will you do if" and brainstorming various crisis situations that could occur, the likelihood of a crisis occurring and what would the potential devastation be from various crisis situations.

Having a crisis plan which includes the communication aspects should also deal with the various audiences and how they are communicated to and by whom including how media is handled. It should establish who will speak on behalf of the organization. The media will look to a specific person who has the authority to comment and everyone should know who this individual is and how they can be reached. A communications plan should guard employee's privacy. Working with a human resource department is worthwhile to know what laws are in place to protect these people.

In good times, there should be media policies and procedures in place for media inquiries. Who speaks to the media if they call? When employees are familiar with these policies in good times, they are more natural to utilize them when there is a crisis.

In the case of the Oscar's accountants' crisis, the reputation of PwC is one of being a firm with integrity, accuracy and confidentiality. The two employees onsite will never handle the awards again but it has yet to be made public if PwC will keep the Academy Awards' contract.

AAHAM GOVERNMENT RELATIONS REPORT

BY BRIAN POTTER

WHA Testifies on ACA Reform Impact on State's Medicaid Program

Borgerding: "Medicaid debate can't just happen in Washington"

At the invitation of the Assembly Committee on Federalism and Interstate Relations, WHA President/CEO Eric Borgerding testified at an April 5 hearing in Madison on the impact health reform could have on the state's Medicaid program. He said the Medicaid debate must occur in both Madison and Washington and he told Committee members the Medicaid issue will land "squarely in your laps."

WHA has been heavily engaged in the health reform debate at both the state and federal level. Borgerding said the outcome of any reform will have significant implications for providers and patients in Wisconsin and for state public policy, including the current state budget.

Borgerding explained the "hybrid" approach Wisconsin took to expanding coverage, often referred to as the "Wisconsin Model." It relies on two key programs to substantially expand coverage—Medicaid and subsidized premiums on the Obamacare exchange. In all, the Wisconsin Medicaid program added 130,000 people under 100 percent FPL, all "in poverty," which he said in and of itself is a "significant Medicaid reform." However, because Wisconsin did not expand per the Obamacare definition, the state did not receive the enhanced federal funding. It is, according to Borgerding, a classic example of Washington's "our way or the highway" mentality that created a patchwork of haves and have nots that is proving to be one of the biggest snags in the effort to repeal the ACA.

"Our rough estimate puts the added cost to Wisconsin for not 'expanding' Medicaid the Washington way.at about $280 million per year," according to Borgerding. "In other words, 31 states receive nearly 100 percent federal funding for the exact population that Wisconsin now spends hundreds of millions to cover."

Those dollars, he said, could be used to expand the health care workforce, train more doctors and nurses and improve access in underserved rural and urban areas, as well as reduce the Medicaid cost shift to employers and their families. And, he said, Wisconsin could have created a low-income insurance pool if Congress eliminates the income-based premium subsidies that were so important to the Wisconsin Model of coverage expansion.

Medicaid Director Michael Heifetz also testified at the hearing. He said the state plans to release a draft of a plan soon that would allow the state to cap eligibility, charge premiums and drug test childless adults in BadgerCare, according to Heifetz.

Borgerding said he was concerned about how co-pays and premiums would be collected.

"I've said for years that if co-pays are a great idea in Medicaid, then maybe we should have them made payable to the state, not collected and payable to providers," he told lawmakers. "Because the truth is most of those simply won't be paid. It's hard to collect those. And we certainly won't be denying care based upon those."

To watch the entire hearing go to WisEye. WHA is a key sponsor of Wisconsin Eye's JFC and state budget coverage.

Governor Visits Three Hospitals to Celebrate Project SEARCH

Gov. Scott Walker visited three hospitals to highlight the success of workforce development initiatives,

such as Project SEARCH that work to employ people with disabilities. Walker visited HSHS St. Vincent Hospital in Green Bay, Aspirus Riverview Hospital in Wisconsin Rapids, and Mayo Clinic Health System in Eau Claire. Project SEARCH teaches students marketable, transferable and competitive skills to help them transition into Wisconsin's workforce. Several Wisconsin hospitals and health systems in the state support Project SEARCH.

"A top priority for us as we continue to move Wisconsin forward is rewarding work," Governor Walker said. "This means removing barriers to work so that anyone who wants a job can find a job—and a good-paying career. We know a strong Wisconsin workforce is one that celebrates and promotes the unique abilities and talents of all employees, including those with disabilities. Workforce development programs like Project SEARCH help make this a reality by providing students with disabilities with the practical skills and experience they need to thrive in the career of their choice."

During the most recent federal fiscal year, 4,615 people with disabilities entered Wisconsin's workforce, helping to drive the state's disability employment rate up to 41.2 percent. According to the 2016 Annual Disability Statistics Compendium, Wisconsin ranks among the top ten states in the nation for employing people with disabilities.

SPONSOR SPOTLIGHT: HELP FINANCIAL CORPORATION

Who They Are:

In 1989, inspired by the birth of his first child and the subsequent hospital bill that followed, the founder of HELP Financial created a company that would do onething - help patients pay off their out-of-pocket hospital obligations. 28 years later, HELP Financial is fortunate to have accomplished that "one thing" over 850,000 times. HELP has funded over $1 BILLION to it's provider partners.

HELP is a privately owned company. HELP provides a superior system to fund, manage and collect the patient portion of health care bills. HELP's philosophy is to create "Patient Focused Payment Plans" that are simple to implement while measurably improving accounts receivable performance. We create a Business Partner relationship with our Providers. We have 28 years exclusively in "patient financing" and are the longest standing company in this space today. We have funded over $1 BILLION in healthcare accounts while still being the market leader in recourse/default performance. We offer programs and platforms completely customizable which includes 0.0% interest offered to your patients and the most competitive fee structure in the market.

What They Do:

Aligning our goals with the goals of our Provider Partners and their patients results in a payment plan program that benefits all parties. Implementing HELP programs creates a true long term Business Partnership.

Contact Information:

Mitch Ulrich, Executive Vice President |734.612.5441| mitch@helpfinancial.com
HELP Financial Corporation | 765 Wing Street, Plymouth, MI 48170 | www.helpfinancial.com

NEW DENIAL IN TOWN

BY MARCY MARQUIS

There's a denial that is getting a lot of attention these days. The B7 denial, provider not enrolled, is causing a financial concern. The majority of insurances will not retroactively reimburse for services performed by these providers. Which is resulting in writing off the charges.

Provider Enrollment is a challenging and complex process. I have listed out a few of the challenges. Believe me there are many many more.

1. Understanding each carrier's forms and required documentation
2. Getting the new provider to send you the requested personal information and supporting documentation
3. Follow-up with the carriers

Each insurance carrier has their own form and requirements. Below is an example for how the carriers vary. Again, each carrier is unique.

1. Medicare requires original signatures from the provider and at times from the delegated official
2. BCBS, regardless of a contact, you need to complete the provider maintenance form on line. You need an updated CAQH profile
3. Humana and UHC both require paper applications and an update to date CAQH profile
4. UHC also requires a W9

The majority of carriers do not send "provider enrollment approved" letter and/or email. Therefore, you must call the insurance carrier and try to find out the status of your application. Good luck reaching a live person.

Provider enrollment is not just for a new provider starting at your facility. You need to notify carriers of new locations, providers retiring, bank changes for your EFT's, changing billing services or bringing billing back in house.

Keep in mind carriers will send correspondence on a regular basis requesting updated medical license, DEA, controlled substance, boards and malpractice / liability documentation.

Just when you think all is good you get a revalidation notice. This occurs every 3-5 years based on the carrier. Meaning, you need to fill out another round of papers for that carrier and obtain new signatures.

This is a fixable problem. But, like anything it's going to take time, work and a plan.

This is another important reason to run denial reports, identify trends and clean it up on the front end. If there is anything I hate...it's writing off money.

AAHAM CERTIFICATIONS

The AAHAM Certified Revenue Cycle Executive
The AAHAM Certified Revenue Cycle Professional
The AAHAM Certified Revenue Integrity Professional
The AAHAM Certified Revenue Cycle Specialist
The AAHAM Certified Compliance Technician

Healthcare patient financial services 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; an AAHAM certification helps you achieve all of these goals.

What is the AAHAM CRCE (Executive) certification?

Executive Certification is an extensive online proctored exam directed to all senior and executive leaders within the healthcare revenue cycle industry, to help equip them for strategic management of the business. This certification possesses the highest level of difficulty combining content knowledge of the business with critical thinking and communication skills. AAHAM offers two types of Executive certification; one focused on the revenue cycle within an institutional (hospital, health system) environment and the other focused on the revenue cycle in a professional (physician, clinic) environment. Dual certification is available for those interested in obtaining certification in both specialties.

What is the AAHAM CRCP (Professional) certification?

Professional Certification is an online proctored exam directed to supervisors and managers in the revenue cycle industry, to validate their knowledge and skills. This certification is for the individual who desires confirmation and recognition of their expertise and/or for those who aspire to the executive level certification. AAHAM offers two types of Professional certification; one focused on the revenue cycle within an institutional (hospital, health system) environment and the other focused on the revenue cycle in a professional (physician, clinic) environment. Dual certification is available for those interested in obtaining certification in both specialties.

What is the AAHAM CRIP (Revenue Integrity Professional) certification?

The Revenue Integrity Professional (CRIP) is an online proctored exam directed to anyone in the revenue cycle industry to help ensure that facilities effectively manage their charge master, and bill and document appropriately for all services rendered to a patient. This certification requires an in-depth, working knowledge of various revenue cycle areas and proper skill sets needed to increase revenue and reimbursement for facilities. It also ensures that proper charging takes place to maintain compliance within the insurance payer programs.

What is the AAHAM CRCS (Specialist) certification?

Specialist certification is an online proctored exam that tests the proficiency of staff involved in the processing of patient accounts and to prepare them for the many details needed to perform their daily job duties. AAHAM offers two types of Specialist Certification; one focused on the revenue cycle within an institutional (hospital, health system) environment, the other focused on the revenue cycle in a professional (physician, clinic) environment. Dual certification is available for those interested in obtaining certification in the institutional and professional specialties.

What is the AAHAM CCT (Compliance) certification?

Compliance certification is an online proctored exam that thoroughly tests competencies in healthcare compliance for all staff involved in the processing of patient accounts. It is intended to meet the annual employee compliance training requirements and to support individuals with professional compliance responsibilities in both institutional (hospital, health system) and professional (physician, clinic) settings.

WHY EARN AN AAHAM CERTIFICATION?

AAHAM certification states you are an expert in the field. It is an investment in your personal growth and your professional future. For over forty years, AAHAM's elite certification program has set the standard of excellence in patient financial services and the revenue cycle. It doesn't matter whether you are new to the healthcare revenue cycle or are a seasoned veteran, our family of AAHAM certification examinations offer a complete career ladder beginning with the Certified Revenue Cycle Specialist and culminating with the Certified Revenue Cycle Executive. We have a certification that will help advance your career. Plus the learning doesn't stop once you have obtained certification. Our certifications are maintained through a continuous education process. This assures you stay abreast of the important changes and updates that continually occur in our rapidly changing healthcare environment.

AAHAM certification options include:

- The AAHAM Certified Revenue Cycle Executive
- The AAHAM Certified Revenue Cycle Professional
- The AAHAM Certified Revenue Integrity Professional
- The AAHAM Certified Revenue Cycle Specialist
- The AAHAM Certified Compliance Technician

To learn more about certification visit our website or contact AAHAM WI Certification Committee Chair, Nicole Querio at nicole.querio@saukprairiehealthcare.org.

AAHAM WISCONSIN CHAPTER

Wisconsin Chapter Membership ONLY $25 Per Year!

Unique benefits include:

- Professional Development and networking with peers
- Notification of National Monthly Webinars (Costs: Free-$199)
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- Certification coaching and study sessions
- Access to national news and events and The National Journal
- Awards/Scholarship Opportunities
- Monthly interpreted updates on Key Legislative Issues
- Advocacy Movements
- Vote for Board Members and Officers

Become a member now at aaham-wi.org

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AAHAM CERTIFICATIONS
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Whether you are planning on taking any of the AAHAM Certification examinations, preparing for the future, or need the education to do your job better, you want to sign up for the webinar program. Statistically, those who've participated in our webinars have a higher pass rate than those who did not.

These 90 minute study sessions require a computer, high speed Internet, PowerPoint and a telephone line. The webinar includes a 60 minute presentation, a 30 minute Q&A period, and handout provided via email.

Earn 3 AAHAM CEUs for EACH study session attended.

Register and more details here!

FALL CONFERENCE
WISCONSIN CHAPTER

October 2017 | La Crosse, WI

Stay tuned for more information!

AAHAM
WISCONSIN CHAPTER

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