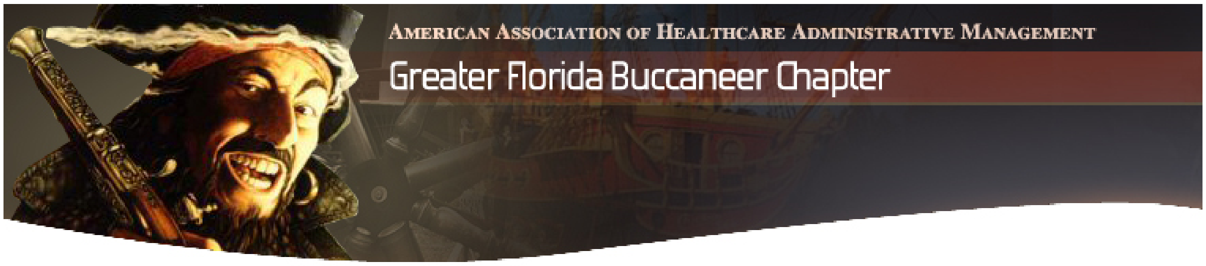

AAHAM Greater Florida Buccaneer Chapter
Buc Bytes e-news for May 2010

Greetings fellow AAHAM Florida Buccaneer's! We hope you enjoy the features in our AAHAM Florida Buccaneer e-newsletter which includes: Upcoming news and events, educational opportunities, our article of the day, and much more.

Please be sure to visit our **newly redesigned web-site at the following link: http://FLBuccaneeraaham.org** for more information on upcoming education events and you also may download the presentation handouts from our spring conference in Jacksonville!

If you were unable to attend our Spring Conference in March, you missed a lot of good education. You can access the program presentations and download the handouts on our website.

AAHAM 6th Annual Legislative Day
April 21-22, 2010

This is a copy of the News Release issued by AAHAM.

AAHAM
American Association of Healthcare Administrative management

FOR IMMEDIATE RELEASE **10 May 2010**

The American Association of Healthcare Administrative Management (AAHAM) Holds 6th Annual Legislative Day

Fairfax, VA – The American Association of Healthcare Administrative Management (AAHAM)www.aaham.org, a professional association, held its sixth annual Legislative Day, April 21-22, 2010 at the Liaison on Capitol Hill.

Speakers included:

Jeffrey Young, Bloomberg Government; Robert Book, Senior Research Fellow, The Heritage Foundation; Paul Miller and David Wenhold, Principals of Miller/Wenhold Capitol Strategies, LLC. Mr. Wenhold is also President of the American League of Lobbyists.

"We were extremely pleased with the participation in the event by our members. With the current economic cutbacks; it was especially meaningful that this many members placed such a high level of importance in attending and participating, said Laurie Shoaf, CPAM, AAHAM President.

AAHAM issues were included in the Patient Protection and Affordable Care Act, signed into law on March 23, 2010. AAHAM's concern now is the length of time that will occur before the regulations become effective coupled with the length of time these issues have already been delayed which has cost our health system billions of wasted dollars. Based on research conducted by the Healthcare Efficiency Index, these items could reduce healthcare costs by as much as $30 billion a year.

AAHAM is requesting their members work with HHS and CMS to reduce the timeframe for promulgating rules for adopting the following provisions included in HR 3590. Specifically:

• Unique Health Plan Identifier have an effective date of December 31, 2011, not October 1, 2012.

• Eligibility for a health plan and health claim status have an effective date of December 31, 2011, not January 1, 2013.

• Electronic funds transfer and health care payment and remittance advice have an effective date of December 31, 2011, not July 1, 2012.

• Health claims or equivalent encounter information, enrollment and disenrollment in a health plan, health plan premium payments, referral certification and authorization have an effective date of January 1, 2012 not July 1, 2014.

“AAHAM is planning an aggressive push for solid reforms we believe will make a real difference and save the tax-payers money.” said Paul A. Miller, AAHAM’s Congressional Liaison of Miller/Wenhold Capitol Strategies, LLC.

“Bringing our members together for this collaborative effort on behalf of the association, shows the impact AAHAM membership can make on issues” said Charles Myers, CPAM, Chairman of the Government Relations committee.
Following the Hill visits, a members’ debriefing reception provided an opportunity to unify messaging and share results of this years Legislative Day.

2010 Legislative Day sponsors included “Senator Level” sponsors; Keystone, New Jersey and Philadelphia AAHAM chapters. “Representative Level” sponsors were the Illinois and Maryland AAHAM chapters.

For more information regarding AAHAM and its programs, please visit www.aaham.org or contact AAHAM, 703-281-4043.

ABOUT AAHAM

The American Association of Healthcare Administrative Management (AAHAM) is a national professional association of thirty-seven chapters and over 2600 healthcare patient financial services professionals from hospitals, clinics, billing offices, allied vendors, physicians and multi physician groups. AAHAM members direct the activities of the thousands of people who are employed in the healthcare industry.

AAHAM is the preeminent professional organization for revenue cycle professionals and is known for is prestigious certification and educational programs; professional development of its members is one of the primary goals of the association. AAHAM is also recognized for its quarterly journal, The Journal of Healthcare Administrative Management and its Annual National Institute, held each fall. AAHAM actively represents the interests of its members through a comprehensive program of legislative and regulatory monitoring and participation in industry groups such as WEDI, ASC X12, NUBC and NUCC.

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Stay tuned for more information regarding our next upcoming conference!

Charity Corner

Habitat for Humanity

Our spring 2010 Conference generated $2,500.00 for Habitat for Humanity for the Women's Build!

We were able to send 5 volunteers to help build apartments for single mothers! What an awesome amount and we are grateful to all who donated. Our wonderful Jamie Wiley Volunteered on Saturday May 8th! Way to Go Jamie!

The Carpenter's House for Children

Our Fall 2009 Conference generated $1,000.00 for the children of the Carpenter's House! Way to Go AAHAM attendees, what a GREAT cause!

(Below is the wording in a Thank You card received by AAHAM)

Dear Friends,

We just want to "Thank You" again for your "Love Offering" during the Holiday Season. It came at a time that was so needed and greatly appreciated. Your support was truly a Blessing to all of us. We look forward to seeing and visiting soon.

God Bless, Linda & Pat Manfredi

Congratulations to the following 2 people who have successfully passed the Professional Certification Exam in November 2009.

CPAM Certification

Shannon Furey, CPAM
Lakeland Regional Medical Center

Travis Gordon, CPAM
Tampa General Hospital

Congratulations to the following 13 people who have successfully passed the Technical Certification Exam in February 2010.

CPAT Certification

Judy Allen, HMA

Kenna Chisler, Lee Memorial

Carrie Devine, VRMC

Kimberly Estes, Martin Memorial

Walter Gonzalez, Venice Regional Medical Center

Rebecca Hill, CareMedic Systems

Rosalie Mead, Lee Memorial Health System

Deborah Menefee, Venice Regional

Karen Rimides, Venice Regional Medical Center

Jacquelyn Rouke-Hill, Lee Memorial Health Systems

Cynthia Samueli, Venice Regional HMA

Tina Sullivan, Baptist Health Care

Natalie Westhoff, Baptist Health Care

Congratulations to you all for a Job Well Done!

2010 Certification Schedule

NEW! CPAT online learning opportunities available with exciting new partnership with BridgeFront.

Need training? Need CEU'S? Need to stay current with changes and regulations? Take educational courses from the comfort of your home or office. **Click here** to find out more.

June 1, 2010 – Registration deadline for August exams: CPAT /CCAT /CCT

August 2, 2010 – Registration deadline for Fall exams: CPAM /CCAM

August 16-27, 2010 – CPAT /CCAT /CCT exams

September 1, 2010 – Registration deadline for November exams: CPAT /CCAT /CCT

October 18-23, 2010 – Fall CPAM /CCAM exams

November 8-19, 2010 – CPAT /CCAT /CCT exams

December 1, 2010 – Registration deadline for February 2011 exams: CPAT /CCAT /CCT

SAVE THE DATE FOR THE 2010 ANI

Mark your calendars! The 2010 Annual National Institute (ANI) will be held in Fort Lauderdale, Florida from October 6-8, 2010 at the Harbor Beach Marriot

AAHAM

Greater Florida Buccaneer Chapter

Thanks to our 2010 Corporate Partners

Platinum Partner

Millennium Receivable Solutions, Inc.
Tony DeBenedictis, 813-876-4944

Gulfstream Outsourcing & Specialized Billing
Abby Birch - 561-727-4728

Gold Partners

Emdeon – Vann Whisenhunt – 205-661-9542

Financial Credit Services - Deb Kelly 800-788-7827

The M.A.R.C., Inc. - Tonya Emerson- 239-277-0006

Silver Partners

Gulf Coast Collection Bureau, Inc. Dick MacMillan- 888-839-6999
OVAG International USA, Inc. – Darrell Lassonde – 866-367-6824

Bronze Partners

Bacen & Jordan, P.A. – Dwight Tillman **–** 954-961-5544
Cymetric – Maria Hallman – 321-537-3237
Merchants Association Colleciton Division - Curt Flynn – 800-226-6188
MedAssist Incorporated – Dee Schneider – 513-324-2549 / Jamie Wiley – 321-662-9655
Noble Systems Corp. – Dan Donaldson – 407-248-3400
Trace.The White Sone Group – Jerry Thomas – 865-531-4545

Support those partners who support AAHAM!

PLATINUM PARTNERS

Millennium Receivable Solutions, Inc.

2919 W. Swann Avenue, Suite 301, Tampa, FL 33609
Telephone: 813-876-4944; Fax: 813-877-8949
Contact: Tony DeBenedictis, E-mail: clientservices@millrs.com
Web Page: www.millrs.com

Millennium provides healthcare organizations with excellence in receivable management services. By utilizing highly trained management, staff and technology, we provide the resources required to ensure timely, complete and maximum reimbursement. We follow a patient accounting orientation ensuring that your reimbursement is maximized while your valued relationships are preserved.

For over 10 years Millennium has provided excellence in:

- Accounts Receivable Reduction and Recovery Services
- Managed Care Payment Review and Recovery
- Medical Appeal Services

Millennium follows a customer-focused philosophy tailoring its services to unique client needs.

Gulfstream Outsourcing & Specialized Billing- "GO-SB"

5220 Hood Road, Suite 101, Palm Beach Gardens, FL 33418
Telephone: 877-358-4672, Fax: 800-525-2812
Contact: Bobbie Celler, E-mail: b.celler@GO-SB.com
Web Page: www.GO-SB.com

Gulfstream Outsourcing & Specialized Billing ("GO-SB") is a specialized Third Party Liability (TPL) vendor created by Healthcare Attorneys and TPL Billing Specialists. GO-SB services hospital clients in all MVA, WC and Third Party lien billing and collections. GO-SB is dedicated to providing the best services in the industry at the most aggressive rates. GO-SB handles day 1 billing (from your most complicated and time-consuming accounts) while handling coordination of benefits, credit balance, increasing revenue and lowering A/R days.

GOLD PARTNERS

Emdeon
3055 Lebanon Pike, Suite 1000, Nashville, TN 37214
Telephone : 615-932-3000
Contact: Vann Whisenhunt, Email: vwhisenhunt@emdeon,com
Web Page: www.emdeon.com

Emdeon is a leading provider of revenue and payment cycle solutions that connect payers, providers and patients to integrate and automate key business and administrative functions throughout the patient encounter. Through the use of Emdeon's comprehensive suite of products and services, its customers are able to improve efficiency, reduce costs, increase cash flow and more efficiently manage the complex revenue and payment cycle process.

Financial Credit Services
628 ByPass Road, Clearwater, Fl 33764
Telephone: 800-788-7827, Fax: 727-462-5550
Contact: Deb Kelly, E-mail: dkelly@fcservices.com
Web Page: www.fcsservices.com

Providing effective debt recovery services to healthcare organizations for twenty-nine (29) years. Financial Credit Services (FCS) maintains the highest levels of customer service while re-defining the practices of process improvement. FCS customizes each collection procedure based on individual client needs to increase the rate of recovery

The M.A.R.C., Inc.
3745 Broadway Ave., Suite 307, Ft. Myers, FL 33909
Telephone: 239-277-0006, Fax: 239-277-1365
Contact: Tonya Emerson, E-mail: tonya@themarc.com
Web Page: www.themarc.com

Our mission at The M.A.R.C., Inc. is to obtain maximum reimbursement for our clients and their patients, by timely recovery of maximum benefits from 3rd party payers; while building the best possible relationships with payers, clients and patients.

Specialized Insurance Claim Services offered by The M.A.R.C., Inc.:

- Auto Accident/Liability Program with MARC On-site Rep for Day One Programs
- Workers' Compensation Program
- Receivables Placement by Aging
- Early-Out Program
- Managed Care, PPO, HMO, & Commercial Claim
- VA and TRICARE Claims
- A/R Clean-Up Program

SILVER PARTNERS

Gulf Coast Collection Bureau, Inc
5630 Marquesas Circle, Sarasota, FL 34233
Telephone: 888-839-6999, Fax: 888-924-8872
Contact: Dick MacMillan; E-mail: macr@gulfcoastcollection.com
Web page: www.gulfcoastcollection.com

Gulf Coast Collection Bureau, Inc. Established in 1978, is licensed in all 50 states and offers all clients web-based client access, high success rate of recovery and superior customer service.

OVAG International
1 Alhambra Plaza, Suite 1425, Coral Gables, FL 33134
Telephone: 866-367-6824; Fax: 305-569-7704
Contact: Darrell Lassonde; E-mail: Darrell.lassonde@aovagusa.com

OVAG is the leading provder of internation receivable management and debt collection servicees to the U.S. Healthcare industry, handling accounts form billing to bad debt. Let our multilingual, Swiss-based agency assist your facility with your international receivable needs, including foreign and travel insurance, self pay and Embassy accounts. No collection, no fee.

BRONZE PARTNERS

Bacen & Jordan, P.A.
2901 Stirling Road, Suite 206, Fort Lauderdale, FL 33312
Telephone: 954-961-5544, Fax: 954-986-9751
Contact: Renee Jordan, E-mail: rjordan@bacenjordan.com

Bacen & Jordan, P.A., is a Florida based law firm, established in 1981, with its practice exclusively devoted to healthcare provider account recovery and reimbursement issues. Services include but not limited to: RAC Appeals, Managed Care / ERISA compliance with particular emphasis on claim denials and underpayments, Workers Compensation, Hospital Lien early intervention, Bad Debt collections and Early out projects

Cymetrix
2875 Michelle Drive Suite 250, Irvine, CA. 92606
Telephone: 321-537-3237
Contact: Maria Hallman, Email: maria.hallman@cymetrix.com
Web page: www.cymetrix.com

Cymetrix teams with hospitals and healthcare networks to create custom revenue cycle solutions that drive long-term success. Since our founding in 2001 by a team of industry innovators, Cymetrix has helped more than 200 healthcare organizations unlock hidden financial opportunities, improving performance and profitability.

Merchants Association Collection Division
134 S Tampa, St, Tampa, FL 33602
Telephone: 800-226-6188, Fax: 813-277-3688
Contact: Curt Flynn, E-mail: curt.flynn@macd-inc.com
Web Page: www.mafcollection.com

Merchant's Association Collection Division is a full receivables management company. The Fitness Financial Services Division offers active receivable management services. The MAF Collection Services Division offers bad debt recover services. We have served the Florida medical community since 1958.

MedAssist Incorporated
1661 Lyndon Farm Court, Louisville, KY 40223
Telephone: 513-324-2549; 321-662-9655
Contact: Dee Schneider or Jamie Wiley,
E-mail: Dee.Schneider@na.firstsource.com; Jamie.Wiley@na.firstsource.com
Web Page: www.medassist.biz

MedAssist, Incorporated, a Firstsource Company, is your one source solution for managing your Accounts Receivable. MedAssist provides a comprehensive suite of innovative, technology-driven eligibility and revenue cycle management services to help drive financial results. Our suite includes Medicaid Eligibility, Receivables Solutions, Business Office Outsourcing and Bad Debt Collection Services, all of which have been Peer Reviewed by HFMA.

MedAssist is recognized as an industry leader in delivering the professional excellence required to improve cash flow, maximize reimbursement and reduce bad debt. Our unique combination of revenue cycle management solutions will allow you the freedom to focus on patient care.

Noble Systems Corp.
7041 Grand National Drive, Suite 128-H, Orlando, FL 32819
Telephone: 407-248-3400; Fax Number: 407-248-9463
Contact: Dan Donaldson; Email Address: ddonaldson@noblesys.com
Web Page: www.noblesys.com

Noble Systems is a global leader with 4,000+ client installations worldwide. We empower personnel doing collections, customer service, patient access, pre-registration, appointment scheduling and reminders etc. to become substantially more productive. In addition to unlimited combinations of both live and automated interactive messaging including 24/7 payment options, we blend outbound and inbound calls: optimally inserting outbound calls as inbound call traffic decreases and vice versa. Our modular contact suite provides outbound predictive, progressive and preview dialing including blended inbound with skill-based routing, call recording with screen capture, point and click IVR with TTS, workforce management, speech analytics and an IP PBX.

Trace/ The White Stone Group, Inc.
2030 Falling Waters Road, Suite 250, Knoxville, TN. 37922
Telephone: 865-531-4545; Fax Number: 865-291-2154
Contact: Jerry Thomas; Email Address: jerry.thomas@TWSG.com
Web Page: www.tracecommunication.com

Trace by The White Stone Group, Inc. is a communication management system that captures, indexes and archives routine communication for retrieval through a central web-based tracking system. Proven results include improved productivity, increased reimbursement and enhanced quality across the revenue cycle.

When you join AAHAM as our Corporate Partner
You don’t belong to it – it belongs to you

For more information regarding the benefits of being a Corporate Partner, please contact Jamie Wiley at Email: Jamie.wiley@na.firstsource.com or call (Office) 321-662-9655.

Enjoy the "article of the day"

Health Care Reform and "The Change" that is yet to come.

By: Tonya R. Emerson, CPAT

As we all know, there were a lot of changes that were a part of the Health Care Reform and we need to make sure that we are paying attention to the time line in which these changes will take place. Keeping up on the time line will assist you in making sure you are protecting your organization. It will also allow you to monitor the insurance companies to verify they are doing what the new law stipulates they must do.

On January 1, 2010 the following rules went in to effect:

- Eligible beneficiaries with Part D coverage who enter the "donut hole" in 2010 can receive a one-time $250.00 rebate to pay for prescription drugs that were purchased while in the donut hole. The rebate will be less for individuals earning more than $85,000.00 per year and for couples earning more than $170,000.00. The donut hole is the period of time during which some Medicare prescription drug plans won't contribute anything toward your prescription costs.
- Businesses with 25 or fewer full-time employees that pay for at least 50 percent of premiums and pay average annual wages below $50,000.00 may be eligible for a tax credit of up to 35 percent (25 percent for nonprofits) of premiums the business pays. This tax credit increases in 2014. (see 2014)

On July 1, 2010 the following rules go into effect:

- Individuals who have been without coverage for at lest six months and who have a preexisting condition may obtain coverage through a high-risk health insurance pool to be run by the state, the federal government, or a nonprofit. These risk pools will be temporary until exchanges become effective in 2014.
- A website being set up by the federal government is scheduled to be available by July 1st to help consumers shop for coverage.

On September 23, 2010 the following rules go into effect:

- The insurers may not arbitrarily cancel your coverage when you get sick, except only in the case of fraud.
- Insurers may not impose a lifetime coverage limit and, until 2014, may only set restricted annual limits for essential health benefits.
- Insurers also must cover preventive services with no co-payments or deductibles and we are hopeful this will help reduce the chronic issues that arise due to the lack of preventive care in the past.
- Children who don't get health care coverage from their employers may stay on their parents' plans until the age of 26.
- Insures may not deny coverage to a dependent child under the age of 19 because of preexisting conditions. The same will be true for adults and dependent children over the age of 19 beginning in 2014.

In January 2011 the following new rules apply:

- Insurance companies are required for small group and individual plans to spend at least 80 percent of revenue from premiums on medical services and programs directly related to improving health care quality. The amount does increase to 85 percent for large group plans. Insurers that fail to meet the minimum payment requirements must provider REFUNDS to enrollees. This will be interesting to watch and see IF they do.

- Seniors with Part D coverage in the donut hole will begin receiving a 50 percent discount on brand-name drugs.
- Co-payments and deductibles for preventive services will be eliminated for Medicare beneficiaries.

In January 2013 (no new rules in 2012) the following new rules apply:

- Medicare payroll taxes will increase for individuals earning more than $200,000.00 per year and couples earning more then $250,000.00 per year.
- Health insurance fee to fund the Comparative Effectiveness is imposed.
- Health plans develop and file new rates for approval or disapproval by States and HHS Secretary and states approve or disapprove premium rate increase requests.

In January 2014 the following new rules apply:

- Health insurance provider fee imposed for $8 Billion; $11.3 Billion 2015-2016; $13.9 Billion 2017; $14.3 Billion 2018; and each year after, the tax amount would increase in an amount proportionally equal to overall premium growth.
- Health plans create and file new policy forms and health plans will develop and file new rates.
- State approves or disapproves new policy forms and the state will approve or disapprove new rate filings.
- HHS Secretary and states approve or disapprove premium rate increase requests.
- Health care coverage will be required for U.S. citizens and legal residents. The tax penalty will be $95.00 or 1 percent of taxable income in 2014; $325.00 or 2 percent of taxable income in 2015; $695.00 or 2.5 percent of taxable income in 2016; and adjusted according to income every year after. There are exceptions for religious objectors, those who can't afford coverage, individuals below the fax-filing threshold, and various others.
- States or the federal government will create insurance marketplaces, known as "exchanges," for individuals and small businesses to buy coverage. U.S. citizens and legal residents who are not incarcerated would qualify to buy coverage in an exchange. States can expand the exchanges to provider coverage for large employers in 2017.
- Premium subsidies will be available for individuals and families with incomes between 133 percent ($14,404.00 for individuals and $29,326.00 for a family of four) and 400 percent ($43,320.00 for individual or $88,200.00 for a family) of the federal poverty level.
- States will be required to expand Medicaid to individuals under age 65 (children, pregnant women, parents, and adults without dependent children) who are up to 133 percent of the federal poverty level. There is an option for states to expand Medicaid in 2011.
- Insures may NOT deny adults age 19 and over coverage because of preexisting conditions.
- Insurers must accept everyone who applies for coverage when they apply during a defined enrollment period.
- Insurers can only base premiums on age, tobacco use, geographic area, and whether coverage is for an individual or a family.

- Insurers may not deny coverage because of a person's health status, medical condition, claims experience, medication history, genetic information, or disability.
- Large employers who don't offer employee health care coverage will pay $2,000.00 for each full-time worker who receives a tax credit for health insurance through a state exchange.
- Tax credits for small employers increase to 50 percent (35 percent for nonprofits) of the health care premiums the business pays.
- Businesses with more then 200 employees must automatically enroll employees in a health insurance plan. Employees can opt out.

In January 2020 the Medicare beneficiaries with Part D coverage will have the donut hole completely eliminated.

A self-funded plan is still a type of group health plan, so some provisions of the legislation will affect them, including the following:

- The restriction on preexisting conditions
- Elimination of annual and lifetime benefits restrictions
- Prohibition against policy rescissions
- Coverage of adult dependents to age 26
- Requirement to provide coverage of preventive care services with no cost sharing
- Provision of uniform explanation of coverage documents and additional information in plan language as required by the federal HHS Secretary
- Availability of an external appeals process
- Prohibition on discrimination against individual participants based on health status
- Prohibition on plans from discriminating against providers based on their scope of practice
- Prohibition against requiring women to obtain referrals to see a participating physician for obstetrics or gynecological services
- Requirement that emergency services must be covered without prior authorization, regardless of whether the provider is in-network or out-of-network. Out-of-network costs for emergency room services must be paid at the same cost sharing level as in-network services.
- Reports to HHS on how benefits ensure quality of care
- Prohibition on plans from discriminating against or penalizing individuals or employers based on their eligibility for subsidies.
- Limitations on annual enrollee cost sharing provisions
- Prohibition on excessive waiting periods for new enrollees
- For individuals who participate in a clinical trial, the health plan must continue to provide coverage of all services that the individual would normally have received under the terms of the insurance plan

We will watch this make history and will see how that history shapes our future. Only time will tell if this is the answer to the health care woes we are currently facing today. Knowledge is power and knowing what is to occur when, can assist you with health care payment reductions and denied claims of the future.