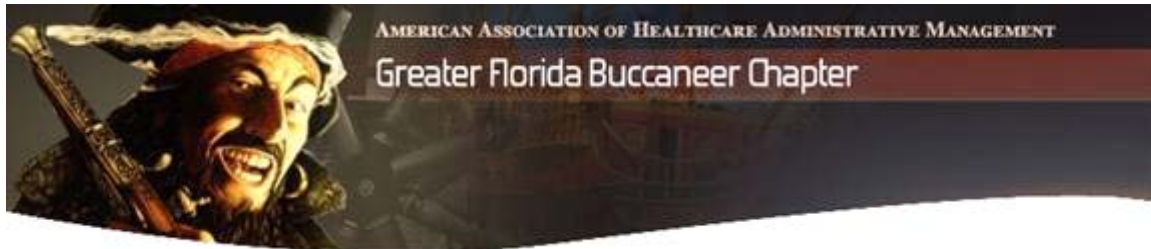




AAHAM Greater
Florida Buccaneer
Chapter
Buc Bytes Newsletter

April 2011





April 1, 2011

Dear AAHAM Members and Partners,

President's Report:

Our educational activities for the first quarter of this year included a one day session at Tampa General and a three day conference in Daytona Beach Shores. The content at these sessions received high evaluation scores. We are planning several more single day sessions as well as a fall two day conference. Please watch for more information to come on those events.

If you were unable to attend the Tampa or Daytona conferences, please log onto www.flbuccaneeraaham.org to get some of the educational content that occurred at those meetings.

Please note, for the balance of the 2011 year, all conferences will be free registration to members.

Our corporate partners have generously covered the cost for provider members' attendance at the rest of the conferences that take place in 2011. If you are not a provider and not a corporate partner, you will have to pay to attend. Providers will continue to be responsible for any travel expenses, but all registrations will be free to providers for the rest of the year.

Special thanks to our corporate partners who make education sessions possible. To see the list of companies you should do business with, please log onto our web site and click on corporate partners.

I am very sad to report that Johnny Holland passed away today. Johnny was a friend and dedicated AAHAM member for many years. Please keep his family in your thoughts and prayers. Service information will be provided on our web site as soon as it is available.

The board looks forward to seeing you soon at our education events. The Greater Florida Buccaneer AAHAM Chapter is here to help.

Sincerely,

Carol Plato Nicosia



2011 AAHAM Certification Calendar

February 14-25, 2011 – CPAT/CCAT/CCT exams

March 1, 2011 - Registration deadline for all April/May exams: CPAM/CCAM & CPAT/CCAT/CCT

April 25-30, 2011 –Spring CPAM CCAM exams

May 9-20, 2011 -CPAT/CCAT/CCT exam period

June 1, 2011 -Registration deadline for August CPAT/CCAT/CCT

August 1, 2011 –Registration deadline for Fall CPAM/CCAM exams

August 15-26, 2011 –CPAT/CCAT/CCT exam period

September 1, 2011 – Registration Deadline for November CPAT/CCAT/CCT

October 24-29, 2011 –Fall CPAM/CCAM exams

November 7-18, 2011 –CPAT/CCAT/CCT exams

December 1, 2011 –Registration deadline for February 2012 CPAT/CCAT/CCT exams

*congratulations to our latest members who passed the
Professional Certification exam in 2011!!!*

Shannon Furey, CPAM, Lakeland Regional Medical Center

and

Travis Gordon, CPAM, Tampa General Hospital

MEMBERS WHO OBTAINED PROFESSIONAL CERTIFICATION

Ann Alvarez, CPAM
Cindy Boots, CPAM
Marty Burgess, CPAM
Linda Catino, CPAM
Susan Davis, CPAM
Billie Jo DeBolt, CPAM
Victoria DiTomaso, CPAM
Toni Durilla, CPAM
William T. Duvall, CPAM
Jim Economou, CPAM
Diana Fetzer, CCAM
Shannon Furey, CPAM
Travis Gordon, CPAM
Jim Grigsby, CPAM
Karen Kennedy, CPAM
Vanessa Keene, CPAM
Barbara Kerrick, CPAM
Marty Lassiter, CPAM

Claire Lester, CPAM
Lorine Matney, CPAM
Mercedes Moers, CCAM, CPAM
Christine Mozur, CPAM
Patti O' Brien, CPAM
Carol Plato Nicosia, CPAM
Laurie Sager, CPAM
Joseph Sardelli, CPAM
Cynthia Sims, CPAM
Melissa Smith, CPAM
Joyce Sparling, CPAM
George Tirlokhi, CPAM
Patricia Vondrak, CCAM/CPAM
Bridget Walters, CPAM
Robert Ward, CPAM
Lou Ann Watson, CPAM
Terrie Hickman Williams, CPAM

For more information, contact the Certification Chairman for the
Buccaneer Chapter:

Linda Catino, CPAM - Wuesthoff Health System
321-637-2881
linda.catino@wuesthoff.org





Millennium Receivable Solutions, Inc.

2919 W. Swann Avenue, Suite 301, Tampa, FL 33609

Phone: (813) 876-4944 ♦ Fax (813) 877-8949

www.millrs.com ♦ email: clientservices@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.

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- Accounts Receivable Reduction & Recovery Services
- Extended Business Office Services
- Managed Care Payment Review and Recovery
- Medical Appeal Services

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

Contact: Tony DeBenedictis, MBA, CPAM, CHFP

Save the Date:

National Provider Calls on Attestation for the Medicare EHR Incentive Program

Tue May 3, 2-3:30pm ET (*for Eligible Hospitals*)

Thu May 5, 1:30-3pm ET (*for Eligible Professionals*)

Attestation for the Medicare EHR Incentive Program opened Mon Apr 18. Learn how to successfully navigate the attestation process and get an opportunity to ask questions of CMS experts. CMS will hold two national calls about attestation, one for Eligible Hospitals and one for Eligible Professionals.

The agenda will include:

- § Path to Payment
- § Walkthrough of the Attestation Process
- § Troubleshooting
- § Helpful Resources
- § Q&A

Information on registering for these calls will be available soon. For more information about Attestation, be sure to visit the new Attestation page on the CMS website.

Note: If you have problems accessing any hyperlink in this message, please copy and paste the URL into your Internet browser.

If you know someone who would like to subscribe to a Medicare Fee-For-Service (FFS) provider listserv, go to (http://www.cms.gov/prospmedicarefeesvcpmtgen/downloads/Provider_Listservs.pdf).

AAHAM

Greater Florida Buccaneer Chapter

Thanks to our 2011 Corporate Partners

Support those partners who support AAHAM!

PLATINUM PARTNERS

Financial Credit Services

628 ByPass Drive, Clearwater, FL 33764
Telephone: 800-788-7827, Fax: 727-462-5550
Contact: Deb Kelly
E-mail: dkelly@fcsservices.com
Web Page: www.fcsservices.com

For over 35 years, Financial Credit Services (FCS) has provided highly effective medical debt recovery services to healthcare organizations seeking excellence and professionalism. Operating within the corporate values of Trust, Dignity, Respect, Responsibility, and Excellence, FCS customizes each collection procedure based on individual client needs to accelerate the process of recovery and increase the rate of collection.

MedMax Financial Solutions provides healthcare clients with customized administrative and financial solutions to improve account collection and reduce administrative expense. Currently offering Active AIR and Pre-Collect Services, and we have the ability to customize a solution to your organization's revenue cycle needs.

We offer GOLD Client Service in everything we do. If you would like to learn more about what GOLD Client Service does for an organization contact us at 1-800-788-7827.

Let us customize a solution for your organization and see the difference GOLD Client Service makes.

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

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- Managed Care Payment Review and Recovery
- Medical Appeal Services

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emdeon

3055 Lebanon Pike, Suite 1000, Nashville, TN 37214
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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.

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Contact: Abby Birch, E-mail: abirch@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.

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.

SNS Recovery, Inc.

35201 Harbor Shores Rd. Leesburg, FL. 34788
Telephone: 352-357-6999, Fax: 352-483-0186
Contact: Linda Sayre, Email: lindacsayre12@comcast.net

SNS Recovery, Inc. was established in 2001 to help healthcare organizations obtain maximum reimbursement from all 3rd. party payers. SNS customizes it's services depending on the needs of the hospital and we work off the hospital system just as if we were in their business office.

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.

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134 S Tampa, St, Tampa, FL 33601
Telephone: 800-226-6188 ext:7660, Fax: 813-277-3630
Contact: Darlene Clemence,
E-mail: darlene.clemence@mafcollection.com
Web Page: www.mafcollection.com

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

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@ovagusa.com
Web page: www.ovagusa.com

OVAG is the leading provider of international receivables management and debt collection services to the U.S Healthcare industry, handling accounts from billing to bad debt. Let our multi-lingual, 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.

ParrishShaw

9821 Katy Freeway, #850, Houston, TX 77024
Telephone: 800-872-1818, Fax: 713-252-4876
Contact: Julie Shaw Noel, E-mail: Julie@parrishshaw.com
Web page: www.parrishshaw.com

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The ROI Companies

1920 Greenspring Dr. Suite 200, Timonium, MD 21093
Telephone: 215-740-7122, Fax: 410-561-1648
Contact: Rob DeLoach; E-mail: rdeloach@theroi.com
Web page: www.theroi.com

The ROI Companies provide Revenue Cycle AR Recovery Management services including:

- AR billing and system conversions
- Medicaid Eligibility Services
- Self pay outsourcing | Bad debt collections
- Zero balance | Underpayment reviews
- Charge master review
- Medical record coding

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Bacen & Jordan, P.A.

2901 Stirling Road, Suite 206, Fort Lauderdale, FL 33312
Telephone: 954-961-5544, Fax: 954-986-9751
Contact: Dwight Tillman, E-mail: bacenjordan_tillman@msn.com

Bacen & Jordan, P.A., A full service law firm exclusively dedicated to the provision of reimbursement and legal recovery services for the healthcare industry. We provide an integrated system of collection programs: managed care contract/compliance, third party denial/short pay resolution, workers' compensation, hospital lien early intervention, early-out projects, bad debt collations, RAC appeals/ALJ hearings, and litigation/arbitration.

DIVDAT Healthcare Solutions

10811 Northend Ave. Ferndale, MI 48220
Telephone: 248.721.0266, Fax: 248.399.2407
Contact: David McKenna,
E-mail: dmckenna@divdat.com
Web Page: www.divdat.com

DIVDAT Healthcare Solutions helps healthcare providers get paid faster through our patient communications solutions. We offer easy to read patient statements, on line patient portals for payments, point of service collection tools, broadcast voice and text messaging for appointment reminders and interactive voice payment solutions.

First Source Solutions, LLC

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

First Source Solutions, LLC, Incorporated, a Firstsource Company, is your one source solution for managing your Accounts Receivable. First Source Solutions, LLC 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.

First Source Solutions, LLC 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.

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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.



AAHAM GREATER FLORIDA BUCCANEER CHAPTER

June 3, 2011

9:00 am to 3:00 pm

Baptist Health

Business Office Location
**3563 Phillips Highway,
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Jacksonville FL 32207**

**Free for AAHAM Members
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AAHAM GREATER FLORIDA BUCCANEER CHARITY

Subject: Scholarship

Dale,

I am pleased to report that **we raised \$1500 for the Teany Foundation**. The Buccaneer Chapter is going to match that amount. Our Treasurer will send you a check for \$3000.

The lucky winner for the local scholarship was Marty Lassiter, one of our board members. Her school of choice is Gulf High School in New Port Richey.

Marty is attached to this email so you and she can work out the details on getting your check and her scholarship.

Thanks again for coming to our conference.

Carol Plato Nicosia CHFP, CPAM, MBA

Administrative Director of Corporate Business Services

[Martin Memorial Health Systems](#)

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Stuart, FL 34995

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P.O. Box 60182

Ft. Myers, FL 33906-6182

239-277-0006



Massachusetts General Hospital settles potential HIPAA violations February 24, 2011

The General Hospital Corporation and Massachusetts General Physicians Organization, Inc. (Mass General) has agreed to pay the U.S. government \$1,000,000 to settle potential violations of the HIPAA Privacy Rule.

Mass General, one of the nation's oldest and largest hospitals, signed a Resolution Agreement with HHS that requires it to develop and implement a comprehensive set of policies and procedures to safeguard the privacy of its patients. The settlement follows an extensive investigation by OCR.

"We hope the health care industry will take a close look at this agreement and recognize that OCR is serious about HIPAA enforcement. It is a covered entity's responsibility to protect its patients' health information," said OCR Director Georgina Verdugo.

The incident giving rise to the agreement involved the loss of protected health information (PHI) of 192 patients of Mass General's Infectious Disease Associates outpatient practice, including patients with HIV/AIDS. OCR opened its investigation of Mass General after a complaint was filed by a patient whose PHI was lost on March 9, 2009. OCR's investigation indicated that Mass General failed to implement reasonable, appropriate safeguards to protect the privacy of PHI when removed from Mass General's premises and impermissibly disclosed PHI potentially violating provisions of the HIPAA Privacy Rule.

This impermissible disclosure involved the loss of documents consisting of a patient schedule containing names and medical record numbers for a group of 192 patients, and billing encounter forms containing the name, date of birth, medical record number, health insurer and policy number, diagnosis and name of providers for 66 of those patients. These documents were lost on March 9, 2009, when a Mass General employee, while commuting to work, left the documents on the subway train. The documents were never recovered.

"To avoid enforcement penalties, covered entities must ensure they are always in compliance with the HIPAA Privacy and Security Rules," said Verdugo. "A robust compliance program includes employee training, vigilant implementation of policies and procedures, regular internal audits, and a prompt action plan to respond to incidents."

If you believe that a person or organization covered by the Privacy and Security Rules has violated your health information privacy rights or otherwise violated the Privacy or Security Rules, you may file a complaint with OCR at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

The ROI Companies

1920 Greenspring Drive, Suite 200
Timonium, Maryland 21093
Phone: (877) 243-2859
Email: nchapman@theroi.com
www.theroi.com

The ROI Companies provides Revenue Cycle AR Recovery Management services including:

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- Zero Balance / Underpayment Reviews
- Charge Master Review
- Medical Record Coding

Schedule an appointment today to learn more about obtaining a positive ROI through our AR services.



OCR will train state AGs to enforce HIPAA

By Mary Mosquera

Thursday, March 10, 2011

The Office for Civil Rights has invited the 50 state attorneys general for in-person training on HIPAA privacy and security rules, at the agency's expense, so they will be better prepared to take on expanded enforcement roles to safeguard health information privacy.

The training course will aid state attorneys general and their staff in investigating and seeking damages for violations of the Health Insurance Portability and Accountability Act (HIPAA) that affect residents of their states, said Sue McAndrew, OCR deputy director for health information privacy.

The HITECH Act gave state attorneys general the authority to bring civil actions for HIPAA violations. "We welcome them into the enforcement schema," she said at a March 9 HIPAA conference. The two-day training will take place by region, starting in Dallas, Texas, in April and continuing to Atlanta, Washington, D.C. and San Francisco. Once the in-person training is over, OCR will provide computer-based training for these offices.

OCR will also provide information upon request about pending or concluded OCR actions against covered entities, such as healthcare providers and health plans, and business associates related to state attorney general investigations. OCR will also provide guidance regarding the HIPAA statute, the HITECH Act, and HIPAA privacy, security and enforcement rules as well as those for breach notification.

OCR wants to make its message clear that the agency that oversees health information privacy is serious about enforcement of HIPAA privacy and security rules. OCR has had enforcement over all aspects of HIPAA since 2009.

In 2011, OCR has imposed fines of more than \$5 million and established agreements for corrective actions by three organizations.

Valerie Morgan-Alston, deputy director for enforcement and regional operations, a new OCR position, said to expect "big enforcement actions in the future."

In February, OCR slapped Cignet Health of Temple Hills, Md., with a \$4.3 million fine for denying patients access to their records and subsequently refusing to cooperate with the investigations. The fine marked the first civil money penalty that has been imposed since the HIPAA rule took effect in 2003.

The HITECH Act also expanded categories of violations and increased the fines that could be imposed.

OCR also settled potential privacy violations with Massachusetts General, which agreed to pay the U.S. government \$1 million and establish more stringent policies and procedures to safeguard the privacy of its patients.

All breaches of protected health information of any size are reported to OCR, and those affecting 500 or more individuals are published on OCR's website. There were 241 major breaches posted at OCR as of Feb. 28.

OCR will train state AGs to enforce HIPAA

Continued:

"It can be a tool to learn from the pain of others how to do things right and avoid these kinds of incidents," McAndrew said.

"It is so simple to encrypt your portable media, laptop and thumb drives. Then you are just faced with loss of property," she said. "It's not beyond your control to make sure that data is safe."

Top causes of large breaches are still theft and unauthorized access and loss of data. The major media for those large breaches is laptops.

It's much more effective to stop breaches before they happen, such as by conducting employee awareness training and providing visible security reminders, said David Holtzman, health information privacy specialist at OCR.

For example, at cafeterias in the office buildings of the U. S. House of Representatives, there are information security reminders on table tops as part of the napkin holders, he said.

NEW 2010 MEMBERS

Jill Albritton, Assistant Director, CPFS	- Baptist Health Care
Carmen Arce, Appeals Specialist	- Conifer Health Solutions
Abby Birch, Sr. VP Business Development	- GO SB
Kim Brannan, Patient Account Supervisor	- Lakeland Surgical & Diag Center
Sandi Burnside, Corporate Account Mgr.	- Financial Credit Services
Bobbie Celler, CEO	- GO SB
Brenda Desley, COO	- GO SB
Errno Jeannot	- Lakeland Regional Med Center
Bob Laskowki	- Great Lakes
Tony Moreland, Asst. Regional Director	- AIM Healthcare
Deborah Newbem, Manager, Patient Access	- Lakeland Regional Med Center
Cynthia Nichols, Patient Acct. Manager	- Lakeland Surgical & Diag Center
Tracy Rose, Director of Finance	- Lakeland Surgical & Diag Center
Dee Schneider, VP Business Development	- MedAssist, Inc.
Susan Sizemore, Consultant	- Gustafson + Associates
Michael Turi, President	- Healthcare Reach

Top 3 Reasons Auto Insurance Companies Have Been Able to Put the Brakes on Your Reimbursements



Introduction:

Florida is a “No Fault” Personal Injury Protection (PIP) state and automotive insurance companies should be looking out for your best interests and be your best payer. Yet most healthcare and medical providers do not realize that their motor vehicle accident claims are regularly underpaid. Healthcare and medical providers statewide are losing tens of millions of dollars each year on unpaid and underpaid PIP claims for the critical and lifesaving services they provide.

If you are a provider, it is essential to better understand where you are losing money and how to improve the reimbursements for PIP coverage.

Here are the top three reasons why you’re not collecting as much as you should and some steps you can take to get your reimbursements on track.

1. LACK OF FOCUS

Claim volume is too small to get any real focus from your management Teams and your Billing Staff.

We’ve all read the lists put out by HFMA, ACHE and the like about what keeps your hospital’s CFO, CEO and Revenue Cycle Manager up at night. Usually Motor Vehicle Accident (MVA) accounts do not make the list. In most cases, MVA claims are not even on your radar. It is most likely you see far more accident patients than you realize and Auto Insurance Companies should be your BEST Payers. The challenge: your billing staff is bogged down by high claim volumes from contracted and government Payers which consume all of their focus.

2. CUNNING TACTICS BY THE INSURANCE COMPANY

Auto insurance companies underpay by small amounts knowing it’s not worth your time to collect the difference, especially when there is a second payer to fall back on.

The most blatant abuses occur at the hospital level. Due to the size of your organization and the volume of claims your staff must process each day, the auto insurance companies know staff believes that it is not worth the time and attention of an already overwhelmed staff to scrutinize this relatively small segment of claims; especially when they have a second revenue source to fall back on.

The auto insurance companies are banking on the fact that the hospital will simply accept what they are given and bill the health insurance for the difference. The PIP payers will pay something that looks reasonable but not the amount required by law. Then again, sometimes they don’t pay at all. In both cases the PFS staff will bill the health insurance with little or no follow up to the PIP payer who still owes the hospital money and pays at a higher rate.

Top 3 Reasons Auto Insurance Companies Have Been Able to Put the Brakes on Your Reimbursements CONTINUED:

1. CONFUSION CAUSED BY RAPIDLY CHANGING PIP LANDSCAPE

Confusion about the rate Auto Insurance Companies are responsible to pay by law.

An ever changing legal landscape makes it a challenge to stay up to date on requirements for proper reimbursement. PIP statutes change every couple of years and new trial rulings are published daily. Some of those new decisions impact the hospital's right to reimbursement. For example, contrary to popular belief, most MVA insurance is not regulated by the statutory fee schedule. Yet PIP is still paying your claims according to the reduced calculations. This is typical and it is also wrong. It is costing your hospital far more than you realize. Knowing the law and how to leverage the cases will increase revenue immediately.

Automotive Insurance companies are going to continue to take advantage of your organization unless you make some changes.

What can you do to start collecting more revenue?

STEP ONE: Add MVA accounts to your To Do List.

Many times your list of priorities will focus on the problems that make the most noise but not always the most impact. It is time to add "Address MVA Accounts" to your To Do List which will have a positive effect on your organization's bottom line.

STEP TWO: Evaluate where you currently stand with MVA accounts.

It is a challenge to focus on an area you don't perceive as a problem. You first have to know where you stand. We suggest running a **Zero Balance ATB Report** going back five years (which is the Statute of Limitations to collect on MVA accounts). This report should be broken down by Primary and Secondary Payers and include Adjustments. Compare the total amount billed to the net amount paid by the primary payer.

EXAMPLE: One hospital reviewed this data over just a two year period and found those numbers were Approximately \$21 Million and \$4 Million respectively.

STEP THREE: Start a Revenue Recovery Project

Post Payment Review (PPR) or Zero Balance Revenue Recovery Projects are a risk free opportunity to uncover a revenue stream worth hundreds of thousands, possibly millions of dollars that is genuinely owed to your organization.

STEP FOUR: Change your MVA Billing and Collection Processes

The amount of time and effort you wish to spend on this relatively small segment of claims is up to you.

Option 1: Dedicate at least one FTE's full time and attention to MVA accounts

This person should have billing experience as well as a legal background. They should be familiar with the Florida Statutes and be comfortable reading and interpreting rulings handed down by Florida judges on PIP related matters. This person should understand how to properly Coordinate Benefits in order to maximize reimbursement on these claims without balance billing the health insurance companies which will cause problems for you in an audit. This person should also be doing regular follow up with the insurance companies, patient and the patient's attorney if one is involved.

Option 2: Bring in the Experts to Maximize Your Return

Allow your staff to focus their time and attention on the core payers and partner with a specialized vendor who can use their experience, knowledge and expertise to maximize reimbursements for MVA claims. Benefits include increased cash, lower AR days, lower patient balance and bad debt, lower overhead costs and an increase in the efficiency of your business office.

Collect more revenue for your hospital starting now. For question regarding this article or to request more information about Florida PIP laws, please contact Abby Birch at A.Birch@GO-SB.com or 561-727-4728.

Code of Ethics

With the increase in the ethical expectations of businesses and professions over the past years businesses need to ensure they define accepted/acceptable behaviors; promote high standards of practice; and provide a benchmark for members to use for self evaluation.

They also need to establish a framework for professional behavior and responsibilities. The need for an ethical society as a whole is mutually beneficial. An ethical society helps make relationships mutually pleasant and productive.

Those who conform to the rules are also those who benefit from the conformity giving each a stake in maintaining general compliance.

Ethical standards must be compatible with our common morality. Developing a code of ethics forces a large number of people to think through in a fresh way their mission and the important obligations with respect to society as a whole.

Ethical compliance guides people or sets out requirements of what the organization aspires to, the ideals it hopes to live up to.

These standards establish rules or principles and members of the organization are expected to adhere to them. They should include some sort of enforcement if not adhered to.

Remember that a code of ethics will not solve all ethical problems but should be tailored to the needs and values of the organization. It tells the world who you are, what you stand for, and what to expect when conducting business with you.

One should use ethical principles like Integrity, Objectivity, Confidentiality and Competency in establishing the code of ethics. Managers should lead by example to establish the tone of ethical behavior.

Integrity provides the basis for reliance on judgment. So be honest, diligent and responsible. Observe the laws and do not knowingly be a party to any illegal or discrediting activity. Make it a point to contribute to legitimate and ethical objectives.

Objectivity exhibits the highest level of professionalism. By objectively gathering, evaluating and communicating information you make a balanced assessment.

It will attune you to things that may be in conflict with the interest of your organization. Do not accept things that may impair or presume to impair your professional judgment.

Always disclose all material facts known to ensure you do not distort information.

Maintain confidentiality by respecting the value and ownership of information received; one should not disclose information without appropriate authority unless there is a legal or professional obligation to do so.

Protect the information acquired in the course of your duties by not using it for personal gain or in any manner that would be contrary to the law or detrimental to the legitimate and ethical objectives of the organization.

Maintain competency by engaging only in those services for which you have the knowledge, skills, and experience.

This will ensure acceptable behavior and provide a benchmark for continued self evaluation.

Claire Lester
BayCare Health System



Earlier this month during the AAHAM Board of Directors meeting in Washington DC, a discussion item was presented concerning the increased certification costs, primarily in regards to our technical certification program. As a result of the feedback received, we want to share the following letter with each of you. **We ask that you share this information with your membership as well.**

April 18, 2011

AAHAM Chapter Presidents

Subject: Recent Changes to AAHAM Professional and Technical Costs

The National AAHAM Executive Board has received concerns from several chapters and Chapter President's regarding the costs of certification exams and study materials. We value the feedback and are sensitive to the budgetary constraints faced in today's business and economic environment. The Executive Board also appreciates the fact many hospitals incorporated the CPAT/CCAT certifications into professional improvement programs within their work environments.

Over the past several years we have made a substantial financial investment into our certification programs and focused on the continued improvement of our exam content, electronic exam delivery and improving the content and structure of the supporting exam study material. We consider the AAHAM certification program as one of our cornerstones; it sets our organization apart from others. It was never our intention to create undo impact on our members. One of the basic premises we follow when making decisions, is how each decision will impact our members, and thus, our chapters.

The National AAHAM Executive Board takes this feedback seriously. However, this is not a matter that can be resolved without careful consideration. We have discussed this topic in detail and are conducting the following research:

1. Reach out and speak directly with leaders from the major organizations who have incorporated technical certification into their employee development and advancement process to gather additional feedback
2. Research certification program costs in other non-profit healthcare organizations similar to AAHAM to compare our pricing structure

We all know that change of any type can be difficult, however, change can also be positive. The exam study manuals available today are professionally written and the best exam preparation tools ever available to our members. Over the next several months, AAHAM will roll out both Professional (CPAM/CCAM) and Technical (CPAT/CCAT) exam coaching kits that will provide an instructor with a complete training package at their fingertips.

Thank you for your valuable input. As mentioned above, we are currently evaluating the concerns expressed by our chapter leaders and will respond in more detail by July.

Sincerely,
Laurie Shoaf, CPAM

New precertification requirements for Publix members

Blue Cross and Blue Shield of Florida, Inc. (BCBSF) Publix PPO members now require precertification for all outpatient services including physical, occupational and speech therapy services rendered in an outpatient or office setting and any outpatient services rendered at an ambulatory surgical center, hospital or other outpatient facility. Failure to request outpatient precertification will result in claim denial and increased member responsibility.

The new requirement does not apply to preventive services, labs, X-rays, emergency room and urgent care or office visits conducted by family doctors or specialists (with the exception of therapeutic services as listed above).

Providers can request precertification by calling **(888) 376-6544**.

Sample member ID card shown below:



¹Availity, LLC, is a multi-payer, joint-venture company. For information or to register, visit Availity's website at www.availity.com

**Hospital Readmissions
Policy change**

**Readmissions will no longer be paid separately
within 2 calendar days of discharge**

Effective July 1, 2011, our hospital readmission policy will change for agreements that include a DRG case rate methodology for inpatient stays. We will no longer recognize and pay for a new inpatient admission for Aetna members that are readmitted to the same facility as an inpatient within 2 calendar days when the patient is readmitted for symptoms related to, or for evaluation and management of, the prior stay's medical condition.

In alignment with CMS policy, this applies when an Aetna member is readmitted to your hospital within 2 calendar days of the original discharge for symptoms related to, or for evaluation and management of, the prior stay's medical condition. The initial inpatient stay will be adjusted to combine the original and subsequent inpatient stay onto a single claim for payment.

