



AAHAM Greater
Florida Buccaneer
Chapter
Buc Bytes Newsletter

February 2011



January 18, 2011

Dear AAHAM Members and Partners,

President's Report: January 2011

Happy New Year!! 2011 is going to bring many changes for those of us involved in revenue cycle work. I feel confident The Greater Florida Buccaneer Chapter will be a benefit to you and help you through all of the changes.

Many of us will be doing IT conversions in 2011. There is a lot of stress and concern whenever conversions take place. Two hands are not enough during conversions. Every team member needs to grow more limbs and create more hours in a day in order to get everything accomplished on time and in balance.

The government continues to challenge us with changes in reimbursement. In addition, they are keeping us hanging on many healthcare reform decisions. (I am picturing the poster of the cat that is hanging on with claws for her life...) We can always count on the government to keep us needing education on what is about to happen.

Speaking of education.....The Greater Florida Buccaneer Chapter of AAHAM has 2 upcoming conferences that may help you deal with and understand some of these changes. At the very least, the conferences will provide you with some fun, interesting topics, and needed CEU's.

We will have a one day educational event at Tampa General on January 28th from 9 to 3. Our Spring Conference will be held in beautiful south Daytona Beach, March 23 - 25. Update your calendars right now. Please log onto www.flbuccaneeraaham.org to get more info and to register.

I sincerely hope 2011 brings you luck, good health, and knowledge. I am looking forward to seeing you soon at our education events. The Greater Florida Buccaneer AAHAM Chapter is here to help.

Sincerely,

Carol Plato Nicosia

Buccaneer AAHAM President

NEW MEMBER RECRUIT CAMPAIGN



All Greater Florida Buccaneer Members are eligible
to participate in our
New Member Recruit Campaign!

We have three award levels as follows and there is
NO limit to the number of winners in each category,
so start recruiting TODAY!

Level 1:



Recruit *ONE new AAHAM National member to the Buccaneer
Chapter and receive one: **\$25.00 AMEX Gift Card!**

Level 2:



Recruit ***TWO** new AAHAM National members to the Buccaneer Chapter and receive **50% off** the registration fee for **ONE** Buccaneer Chapter Conference in 2011.

Level 3:



Recruit ***THREE** or more new AAHAM National members to the Buccaneer Chapter and receive one **FREE** registration to attend **ONE** Buccaneer Chapter Conference in 2011.

*In order for the sponsoring member to receive credit towards this incentive campaign, the new National AAHAM member application must list the sponsoring member's name on the new member application.

*In order for the new National AAHAM membership to be counted towards this incentive campaign, the membership application MUST be received in AAHAM's National office no later than March 1, 2011.

AAHAM National Membership offers you educational opportunities, specialized programs, peer networking and services to enhance your knowledge and skills. You also have a voice in Washington, DC on legislative issues that affect your industry and you have access to information that gives you the competitive edge. As a member you can join the AAHAM List Serve, receive AAHAM Member Discounts at Alamo, Congressional Federal Credit Union Membership, 1-800-flowers.com, Platinum Plus MasterCard and Gateway Computers.

Support your National and Local AAHAM Chapter, as they are here to help support you!

AAHAM Buccaneer Chapter Officers and Board are not eligible for the awards offered in the membership incentive program.

Save the date for the 2011 AAHAM Legislative Day



The 2011 Legislative Day will be held from March 30-31, 2011 at The Liaison Capitol Hill in Washington, DC.

The Registration Deadline is March 4, 2011!

You [may download the full brochure here](http://www.aaham.org/Portals/0/Documents/2011LegDay.pdf)
<http://www.aaham.org/Portals/0/Documents/2011LegDay.pdf>

Online Member Registration is [Available Here](http://www.aaham.org/MembersOnly/tabid/60/Default.aspx)
<http://www.aaham.org/MembersOnly/tabid/60/Default.aspx>

Online NON-Member Registration is [Available Here](https://connect.computility.com/form/index.php?id=455617c2a4c1b5ba4fc31762ea73cee0)
<https://connect.computility.com/form/index.php?id=455617c2a4c1b5ba4fc31762ea73cee0>

Why you should join AAHAM on Capitol Hill, and represent your facility, your state, and our industry at Legislative Day 3/30 - 3/31/11!

You can see the previous installments of our Legislative Day Video Series at **AAHAM's YouTube Channel**.



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

AAHAM

Greater Florida Buccaneer Chapter

Thanks to our 2011 Corporate Partners

Support those partners who support AAHAM!

PLATINUM PARTNERS

Gulfstream Outsourcing & Specialized Billing- "GO-SB"

5220 Hood Road, Suite 101, Palm Beach Gardens, FL 33418

Telephone: 561-727-4728, Fax: 877-358-6737

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.

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.

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 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

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.

SILVER PARTNERS

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.

BRONZE PARTNERS

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.

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 33601
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 receivables management services. The MAF Collection Services Division offers bad debt recovery services. We have served the Florida medical community since 1958.

BRONZE PARTNERS

Firstsource Solutions, USA, LLC

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.firstsource.com

Firstsource Solutions, USA, LLC is your one source solution for managing your Accounts Receivable. Firstsource 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.

Firstsource 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!**

JOIN NOW to take advantage of those BENEFITS!

**Please contact Jamie Wiley, Corporate Partners Chair @
Jamie.Wiley@na.firstsource.com**

RACING FOR REVENUE

Sponsored by Greater Florida Buccaneer of
AAHAM

March 23, 24, 25

The Shores Hotel and Spa
2637 South Atlantic Avenue
Daytona Beach Shores, FL 32118
(Tel) 866.934.7467

<http://www.shoresresort.com/aaham.php>

\$119.00 for a double and \$139.00 for an oceanfront king

Room Block ends March 1st

You will earn **30 AAHAM CEUs** for attending this event.

TO REGISTER FOR THIS CONFERENCE YOU MUST GO TO:

WWW.FLBUCANEERAAHAM.ORG

**Registration fee is \$179 for AAHAM members
and \$199 for non members.**



HIPAA News-HITECH Act

Risk Assessments with these devices should be on your audit agenda.

Report: Two-Thirds of all Breaches Resulted from Laptops, Portable Devices

(2/10/2011) Redspin, a Carpinteria, Calif.-based provider of HIPAA risk analysis and IT security assessment services, released an analysis of all protected health information breaches publicly recorded between August 2009 and the end of 2010, as per the interim final breach notification of the HITECH Act. The findings were based on 225 security breaches affecting 6,067,751 individuals.

Redspin's analysis focuses on single breaches affecting more than 500 people. Such large scale breaches must be reported on a timely basis to individuals, the media and the HHS Secretary according to the HHS Office of Civil Rights' regulations. The regulations also require business associates of covered entities to notify the covered entity of such breaches at or by the business associate.

Selected findings from the report include:

- 43 states, D.C. and Puerto Rico have suffered at least one breach affecting over 500 individuals.
- ~27,000 individuals, on average, are affected by a breach.
- 78 percent of all records breached are the result of 10 incidents, five of which are the result of theft of common storage media e.g. desktop computers, network servers, and portable devices.
- 61 percent of breaches are a result of malicious intent.
- ~66,000 individuals, on average, are affected by a single breach of portable media.
- 40 percent of records breached involved business associates

Audit Reporting Introduction

Knowing how to report an audit issue correctly is the first step in creating audit reports that get results. The Audit Report is an internal auditor's most important visible product. Senior management closely reads the audit report, frontline management uses the report to make changes, and auditing teams use the "library" of issued audit reports as examples in subsequent audits. Understanding the Audit Report helps departments being audited know what needs to be done and how to respond to the audit timely.

Audit reports are the internal auditor's formal means of notifying management of a potential problem or risk. Also referred to as an audit issue, audit observation, or audit finding, the audit problem should not be the only information in the report. According to the Standards for the Professional Practice of Internal Auditing's (Standards) Practice Advisory 2410-I: Communications Criteria, auditors should include at least the purpose of the audit, the scope of the work, and the results of the engagement. Some auditors also include background information, recommendations to address audit issues, and the status of past audit issues. Many add an opinion, which is the internal auditor's evaluation of the effects of the observations and recommendations on the activity audited. Although there are several ways to develop a report, it should be a consistent format from one audit to the next. This helps front line management hone in on the issues and respond timely.

Because of the audit report's importance and visibility, auditors need to ensure that it is in top-notch shape. By beginning with the most basic aspect of the reporting process -- how to report an individual audit issue -- auditors can create reports that are clear, meaningful and useful. Some auditors use the five attributes approach.

The five-attributes approach -- criteria, condition, cause, effect, and recommendation -- gives the audit report a base from which to present audit issues and enables auditors to compare what should be (the criteria) to what is (the condition). It's hard to beat this formula for concisely presenting to management either a problem, along with its cause and effect, or a satisfactory performance. Take, for example, hypothetical problems found in a reconciliation control. The five-attribute approach would cover the following points:

- *Criteria* -- The department desk manual calls for reconciliations to be completed by the 10th day of each month.
- *Condition* -- Reconciliations of four accounts have not been completed for the past seven months.
- *Cause* -- Responsibility for their completion was not assigned to a specific person.
- *Effect* -- Not reconciling these accounts could lead to failure to detect potential risks that were billed, not billed or something missing.
- *Recommendation* -- The responsibilities for completing reconciliations should be reviewed and clearly established.

With the five-attributes approach, the recommendation should address the cause, not the condition. Therefore, the recommendation should not say, "The four accounts should be reconciled"; rather, the recommendation should address the cause of the condition: "The responsibilities were unclear." Either during the audit, or as a recommendation in the audit report, the auditor might also want someone to investigate if any of the items identified under "effect" have actually occurred.

Although the five-attributes approach has been successful in presenting audit issues, it does not fully address the current trend toward risk-based auditing. In the risk-based approach to presenting audit issues:

1. Management sets an objective.
2. Management identifies the risks that may impact meeting that objective.
3. Management establishes controls to mitigate those specific risks.
4. Auditors test those controls to assure management that the controls are working as intended.

If management is familiar with this risk-based approach to internal controls, audit issues can be linked back to the business objective that may be imperiled. This normally would be done as part of the "effect" in the five-attributes approach. In risk-based auditing, the "effect" in the previous example would be: "Not reconciling these accounts increases the risks of being out of compliance and possible civil monetary penalties imposed. These risks could hinder meeting the business objectives of maximizing revenues and minimizing expenses."

Whether the auditor uses the five-attributes approach or links back to business objectives and risks, he or she should report any audit issue to management immediately. One of managers' most frequent complaints is that they don't find out soon enough about the issues auditors uncover. Auditors can use a formal audit memo, notification of audit issue, or verbal notification to give comments to their clients.

This notification process also can be used during the audit to obtain comments on audit issues. Drafting the audit report then becomes a matter of collecting the audit memos and responses and including them with the other sections of the organization's standard report format.

The writing in both the audit report and interim notifications must be concise and fact-based. The auditor should not state an opinion. Additionally, words such as "auditee" and "finding," and phrases such as "we found" or "the audit revealed," are best avoided. No one likes to be called an auditee; use "client" or "customer." Referring to an issue as a "finding" takes the focus off the objective-risks-controls approach. It's better to call the issue an "ineffective control" or a "residual risk" Finally, beginning sentences with "we" or "the audit" sounds a bit self-serving. Management knows who performed the audit.

Other issues to consider, some auditors arrange the audit report according to the control components - control environment, risk assessment, control activities, information and communication, and monitoring. They report strengths and weaknesses in each component.

Auditors often provide multi-level reporting. For instance, the auditor gives a detailed report to the immediate management of the audited area, a summarized report to the next level of management, and a one-page report to senior management. Senior managers can request additional details from management. After all, control responsibilities belong to management, not to the auditors.

Claire Lester BA, CPAM, Compliance Analyst PFS
Baycare Health Systems

Resources: <http://jobfunctions.bnet.com/thankyou.aspx?docid=124469&view=124469>

Compliance Audit Value

Today's compliance auditors must be attuned to opportunities for enhancement. They must consider Governance, The Annual Audit Plan, The Audit Work Program, Audit Execution, Audit Reporting, and Consulting.

Auditors add value by simply doing their jobs. The audit function serving as a governance control performs a crucial role by strengthening the organization's overall systems and practices of control by conducting assurance reviews of the critical controls intended to address entity-level, industry, and business-line risks.

Most compliance auditing departments use a risk-based annual compliance audit plan. Management needs to address the highest risks within an organization, and the annual compliance audit plan must reflect and address those same risks. A plan developed by incorporating the organization's highest risk departments, business units, processes, and respective controls. This makes effective use of internal compliance auditing's limited resources and adds value through efficiency.

A well-developed compliance audit plan should address the major risks at the level of the organization and within individual departments, units, or processes. This approach should encourage the compliance auditor to focus its efforts and activities where they are likely to have the most significant impact.

Auditors may observe numerous opportunities for process improvement that ultimately increases the organization's profitability while increasing overall compliance. While this creates value to the business, auditors need to be wary of going too far. Evaluating risk versus reward, auditors must continually consider if the effort and resources expended to find improvements are worth the potential benefits.

Auditors also need to consider where they want their audience to focus. Accordingly, they should take into account the needs, wants, and resources of various stakeholders. The audit report should be easy for readers to navigate in a language they understand. The report should stratify findings and recommendations into categories of importance. This helps the audience review and resolve issues timely and accurately.

Compliance auditors also known as risk assessment and internal control specialists use their expertise to help management analyze risks to the organization and design controls to mitigate those risks. By performing audits, researching issues, and benchmarking with peers on best practices. This makes auditors truly a valuable resource for internal control design.

Claire Lester BA, CPAM
Compliance Analyst PFS
Baycare Health Systems

Patient Access Value

We've realized the beginning of patient interaction greatly affects the end results. When registration is done correctly it shortens the reimbursement and collection process. Securing accurate patient information and insurance eligibility verifications helps determine payment responsibility and helps establish effective, positive patient communications. A thorough, focused Patient Access process empowers and helps determine upfront collections. The correct information and cost estimations positively affects the overall success of the revenue cycle and increases customer satisfaction.

Patient Access processes include well trained frontline staff that is prepared to handle expanded roles. They need to move in and out of roles like customer relations, patient financial counselors, as well as referral and verification specialists. They need a solid understanding of the entire patient process. When ever possible use technology to ease the burden on the Patient Access Representative. This lessens the registration time and increases the patient's satisfaction.

A good example of using technology is real-time eligibility and benefits verification. With electronic tools, frontline staff can immediately confirm and authenticate patient benefits, referrals, claim status and patient address/contact information. Obtaining reliable accurate information upfront streamlines the entire process, eliminating loss of valuable time chasing down payments or correct billing addresses after care is rendered.

Because of consumer-driven health plans, more patients now act as payers on their accounts, though payment responsibility has been challenging to determine upfront. Technology to calculate patients' payment obligations enables frontline team members to offer counseling to patients who are required to pay at least a portion of their care at some point during the encounter. Patients who are informed regarding their financial responsibilities will be better prepared to meet those responsibilities in a timely manner. Patients are given opportunity to pay by check or credit card. With substantiated payment amounts calculated by payment estimation tools, frontline staff can confidently request, receive and process upfront payments during the Patient Access encounter. Upfront payments ensure the revenue cycle runs smoothly and alleviates stress for patients entering the system. It is helpful to determine procedures are deemed medically necessary by government and commercial payers. Technology solutions provide staff the core information and workflow tools to evaluate the necessity of certain medical procedures.

Consumer materials, such as forms, brochures, information sheets, financial estimates, billing statements and web-based content, must be written and created for the understanding of patient. Likewise, the language used during one-on-one interaction should be patient-friendly as well. It's the little things that often matter the most in this effort. For example, while those of us in the industry may understand what it means to "adjudicate a claim," the majority of patients will better understand "settle a claim." Use of more familiar word choices and terminology even in conversation is sure to evoke more productive responses from patients.

Best practices in Patient Access get even better when treated with continuity, interlinking unified processes in which one action directly ties to the next.

Claire Lester BA, CPAM
Compliance Analyst PFS
Baycare Health Systems