



MD AAHAM

National Journal Award Winner

President's Letter

connection

Dear Maryland AAHAM Members,

As the cold weather surrounds us, I would like to extend warm wishes to all of our Maryland members on behalf of the Maryland AAHAM Board of Directors! We have so much to celebrate in our chapter this time of year after a successful fall season full of education and networking at both the MD AAHAM Annual Institute and National AAHAM Annual National Institute have just come to a close.

Our chapter sure did stand out in the Sunshine state of Florida. We were awarded as a Chapter with National Membership of 400+, received the National Membership Retention Award and had the most CRCP & CRCE Certifications earned in the previous year. Although we are overwhelmingly proud with the awards that we earned as a together as a chapter, the most prestigious award of the entire Institute was dedicated to one of our very own, Past MD AAHAM President Catherine Clark. She was honored as the 2018 Bill Spare Award Winner.

Our very own state of Maryland was one of the highlights of the ANI this year. National President John Carrier announced that the 2021 Annual Institute is coming right here to our backyard to Baltimore, MD! I am thrilled that we will have the opportunity to show the rest of the nation just what Old Bay is and the many options for how to use it!

Maryland AAHAM continues to be the largest chapter within AAHAM. We currently have over 400 National Members, which distinguishes us amongst our peers. Please continue to share with your colleagues and teams in your place of business all of the benefits that AAHAM can bring to their professional development and personal growth.

Kayla F. D'Agostino,
MD AAHAM
Chapter President



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Mission:

The American Association of Healthcare Administrative Management (AAHAM) is the premier professional organization in healthcare administrative management. AAHAM's mission is to provide education, certification, networking, and advocacy for healthcare revenue cycle professionals. The Maryland Chapter continues this mission at a local level through our continual education.

Join us on:



Calendar of Events

2019

MD AAHAM Educational Meetings

February 15th	Open Topics Meeting
March 22nd	SPRING Third Party Payer Meeting
May 17th	Patient Access Meeting
July 19th	Open Topics, New Fiscal Year Celebration
October 18th	Legislative Meeting
November 22nd	FALL Third Party Payer, Annual Business Meeting
December 13th	Open Topics, Holiday Celebration

The Hotel at Arundel Preserve
7795 Arundel Mills Blvd. Hanover, MD 21076
www.thehotelarundel.com

SAVE•THE•DATES!



Charitable Commitment

Charitable News from our 2018 Annual Institute

This year's Annual Institute called attention to some incredibly important groups in and around Maryland. With the help of our Maryland Membership and our invaluable corporate sponsors, Maryland AAHAM gave back to the Eastern Shore community by collecting supplies for Diakonia, supported our local troops with care packages and contributed to a Wheelchair Accessible Swing at a local Maryland playground.

We made our annual visit to Diakonia to deliver necessities to keep them running smoothly through the fall. Diakonia is the only comprehensive provider of emergency and transitional housing for individuals and families in Worcester County and the Lower Shore. They provide shelter, food, clothing and the necessary resources to rebuild. Due to the generosity of our membership, who brought items like pillows, garbage bags, and cleaning supplies, from Diakonia's wish list, to Ocean City as part of our donation, we were able to play a small part in helping their team continue to do the amazing things that they do.

Our 50/50 raffle netted \$1240. Thank you to 50/50 winner, Stella Reid, who generously donated her half back to the soldier's fund. Maryland AAHAM has a list of 30 men and 8 women who are deploying for the holiday. The care packages for these men and women will be sent to the Army branch in Afghanistan, the Airforce in Kuwait, and the National Guard in Korea. Thank you to all active and retired military men and women who protect and serve.

Our Silent Auction proceeds of \$3232 were donated to Angel Park Playground in Perry Hall, MD. Angel Park is a community funded playground that was designed by 5,000 children and constructed by 4,000 members of the Baltimore community. The park playground is an all-inclusive playground, amphitheater, and pavilion where children with or without special needs can play together.

Thank You Letter From The Angel Park Board of Directors

Dear Maryland AAHAM team,

On behalf of the Angel Park Board of Directors, I cannot express enough our appreciation for this donation. We have proven time and again through our grass roots efforts of community involvement at Angel Park that one person, as part of an awesome group, can make a huge impact. Your team's contribution shows how big your hearts are and how much of an impact you can make.

Our team is working on the next big steps to add the Wheelchair Swing and some other enhancements, and contributions like yours allow us to do this! We cannot thank you enough. Please extend our thanks to your team as well. So many people will benefit from your contributions!! I have copied a few other members of our Board to share your good news.



About our Mission to Give Back

It is our goal to ensure that our communities benefit from all your hard work and generosity. We want to know what organizations you believe our chapter would have a chance to make a lasting impact. This year, we want to get out there and be more actively involved than we ever have before. We will send out communications as events draw closer so that all who wish to be involved will have the chance. You can also reach out to Jaclyn Lauber (Jaclyn.Lauber@medstar.net) directly with any ideas - we are always happy to hear your feedback. We hope to make 2019 one of our most charitable yet!



Membership Corner

What Does It Mean to be a Member of AAHAM?

AAHAM is the only national organization dedicated to the revenue cycle of both management and the front line staff.

Membership in AAHAM helps you work smarter, advance your career, and offers you access to a wealth of revenue cycle information. The association recognizes that professional development is one of the key reasons that many individuals become members. To this end, one of AAHAM's primary focuses is the professional development of its members.

We provide education and training for staff and managers, as well as offer a nationally recognized certification program in the form of publications, conferences and seminars, bench marking, professional certification and numerous networking opportunities for increasing the skills and knowledge that are necessary to function effectively in today's health care environment. AAHAM has 32 active chapters across the US and abroad, all offering superior education and networking on a local level.

Who are members of AAHAM?

AAHAM is the leading membership organization for individuals working in the hospital or clinical revenue cycle field including;

- Reimbursement
- Admitting
- Registration
- Data management
- Patient medical records and relations
- Collections
- Accounts receivable
- Billing
- Consulting
- Revenue Integrity

Our membership includes professionals who are front line personnel, directors, administrators, managers and executives.

[Membership Application](#)

Benefits of Membership

Education:

Opportunities to strengthen and improve your knowledge and skills

Certification:

Nationally recognized programs to give you the competitive edge in your career

Publications:

To keep you up to date on happenings in the association and the profession

Advocacy:

A voice in Washington, DC on legislative issues that affect your industry

Local Chapter involvement:

Opportunities for peer networking, cutting edge training, education programs and leadership development at the local level

Discount Program:

Receive discounts on products and services from companies like UPS, Alamo Rental Cars, Hewlett Packard, and Office Max just to name a few



Board Members for 2019-2020

On behalf of the Maryland Chapter of AAHAM Executive Board, I am pleased to welcome our newly-elected Board Members:



Jackie Lauber, CRCS



Toby Muller, CRCE,
CRCS, CCT



Mike Watkins, CRCE

Please be sure to congratulate each of them the next time you see them.



Membership Corner

Welcome New Members

Janet Adeosun

Steven Banks - Meddata

Michael Bartol - Johns Hopkins Community Physicians

Elisa Bennett - MedStar Health

Jamie Brady - CalvertHealth Medical Center

Ty Carson

Dana Coyle - MedStar Franklin Square Hospital

Kimberly Dages - Anne Arundel Medical Center

Diana Day - L J Ross Associates

Karen Friemoth - CarePayment

Barbara Glowack - MedStar Health

Sarah Greenfarb - Peninsula Regional Medical Center

Dirk Gross - CalvertHealth Medical Center

Milton Gross - Alteon Health

Austin Hale - Glasser and Glasser, P.L.C.

Lisa Harrison - MedStar Franklin Square Hospital

Christopher Hatfield - University Of Maryland University College

Amy Johnson - MedStar Health

Yolanda Johnson - Dr Russell Schub, Advanced Endoscopy Ctr, LLC & Advanced Anesthesia, LLC

Seidou Kientga - University of Maryland University College

Tara Killiebrew - HBCS

Judith Lauder - MedStar Franklin Square Hospital

Victor Mason - Alteon Health

Dawn Matthews - CalvertHealth Medical Center

Jeff Meely - Instamed

Katherine Nally - Bon Secours Hospital

Seline Nichols - Holy Cross-Trinity Health

Samuel Norton - Healthcare Legal Solutions, LLC

Bobbie Pierce - Emergency Medicine Associates

Solita Price - Alteon Health

Monique Ruben - Johns Hopkins Hospital

Darnetta Simpson - MedStar Health

Donna Smith - MedStar Health

Jeffrey Stallings - Clear Balance

Arline Swido - HBCS

Stephanie Tamakloe - University of Maryland University College

Tien Vo - University of Maryland, College Park

Tiffany Wells - drchrono

John Wilhelm Johns Hopkins Health System

Nichole Zoolakis MedStar Health



National AAHAM

The AAHAM Journal



The AAHAM Journal has gone green! In order to save resources and be ecologically responsible. Members can click the journal image to download the [Fall 2018](#) Journal (in pdf format). All the previous issues are available in the online archive in the member's only section of the AAHAM Website. It will still be filled with industry news and notes as well as fantastic educational articles.

AAHAM eNewswatch

Keep abreast of the latest industry news through National AAHAMs eNewswatch! To add yourself or anyone else to the subscription list [click here](#).

To view the latest eNewswatch [click here!](#)



This year's National Annual Institute took place in Bonita Springs, Florida. **Kate Clark** was the recipient of this year's Bill Spare Award.



Maryland was honored with the following awards and recognition:

- Official Proclamation for the Maryland Chapter for Exceeding 400 National Members
- The National Membership Retention Award
- Chapter with the Most New CRCP Certified Members
- Chapter with the Most New CRCP Certified Members



National AAHAM

2020 Annual National Institute



**Sheraton New Orleans
New Orleans, Louisiana
October 21-23, 2020**

2021

Annual National Institute

Comes Back To Maryland



**Baltimore Hilton
Baltimore, Maryland
October 13-15, 2021**



Executive Certification

This exam is intended for all senior/executive leaders in the revenue cycle industry, to help equip you for strategic management of the business. This certification possesses the highest level of difficulty combining content knowledge of the business with critical thinking and communication skills. The Executive Revenue Cycle Certification demonstrates a high level of achievement and distinguishes you as a leader and role model in the revenue cycle industry. The certification validates your proficiency and commitment to your profession and can play an integral role in your career strategy. In many instances certification may help you secure the promotion or the job you desire. In the healthcare revenue cycle industry, the Executive Revenue Cycle Certification is comparable to earning a CPA or passing the bar exam. Both designate mastery of the art of revenue cycle management, the CRCE-I for those who work in an institutional (hospital, health system) setting, and the CRCE-P for those in a professional (clinic, physician) setting.

Exam Overview

The Executive Certification is a comprehensive online, proctored, eight (8) hour exam covering focused revenue cycle subject matter that includes patient access, billing, credit/collections and revenue cycle management. The exam is comprised of multiple-choice, true/false, fill in the blank, short answer, essay and quantitative questions. AAHAM offers two types of Executive certification; one focused on the revenue cycle within an institutional (hospital, health system) setting and the other focused on the revenue cycle in a professional (physician, clinic) setting.

Eligibility

CRCE-I/CRCE-P exams are available to National AAHAM members, in good standing. The applicant must have a minimum of four (4) years of experience in a healthcare related field. A two (2) year associate degree or a degree from an accredited university or college can be substituted for two (2) years of experience. When using an educational waiver for experience, a transcript copy must accompany the application.

Exam Format

The exam is comprised of four (4) sections that contain multiple-choice, true/false, fill in the blank, short answer, essay and quantitative questions. Examinees must initially sit for all four (4) sections of the exam. Each section is graded

separately, and each of the four (4) sections must be passed with a score of 70% or greater in order to earn the certification designation. If one (1) or two (2) sections are failed, a retake of those sections is permitted. If three (3) or more sections are failed, a retake of the entire exam is required.

Dual Certification

Individuals who currently hold the CRCE-I or CRCE-P certification designation may take a three (3) section exam to obtain dual Certification. All sections of the dual CRCE-I/CRCE-P exam must be successfully passed (70% correct) to earn a dual certification. If two (2) of the three (3) sections are successfully passed, the remaining section can be retaken. If less than two (2) sections are passed, the entire exam must be retaken.

Exam Retakes

Exams for failed sections must be retaken within eighteen (18) months of the initial exam date.

Grading

Written notification of the examinees results will be forwarded to by mail no later than ninety (90) days from the date the exam was taken. The time required for the grading process is a result of the rigorous and thorough and complex hands-on grading process.

Exam Preparation

AAHAM certification examinations require comprehensive working knowledge of patient account management, financial operations, information systems, governmental regulations and policies that govern revenue cycle procedures. However, hands-on experience is not sufficient; candidates will need to enhance and refresh their knowledge through independent and group study programs. Participation in study opportunities provided by your local chapter and/or the national organization is highly recommended.

MD AAHAM Members, if you plan to take the CRCE (Executive) you should contact Toby to begin preparations for study materials and arranging testing sites.

CRCE (Executive) Contact:

Toby Ash Muller, CRCE
Email: toby.muller@umm.edu



Professional Certification

AAHAM Certified Revenue Cycle Professional

Intended Audience

This exam is intended for all supervisors and managers in the revenue cycle industry, to help equip you to effectively manage key aspects of the revenue cycle. This certification requires in-depth knowledge functional areas including registration (front desk), billing, credit & collections and revenue cycle management.

The Professional Revenue Cycle Certification validates the knowledge and skills possessed by a competent mid-level revenue cycle supervisor or manager. This certification is for the individual who desires confirmation and recognition of their expertise and/or for those who aspire to the executive level certification.

Although Professional Certification is not a pre-requisite for Executive level certification, it is designed as a rung on the AAHAM certification ladder to Executive certification for those interested in pursuing the next level in their career path.

Exam Overview

The Professional Certification is a comprehensive online, proctored, four (4) hour exam designed for supervisors and managers that covers revenue cycle subject matter including patient access, billing, credit/collections and revenue cycle management. The exam is comprised of true/false and multiple-choice questions. AAHAM offers two types of Professional certification; one focused on the revenue cycle within an institutional (hospital, health system) setting and the other focused on the revenue cycle in a professional (physician, clinic) setting.

Eligibility

CRCP-I/CRCP-P exams are available to National AAHAM members, in good standing. The applicant must have a minimum of two (2) years of experience in a healthcare related field. A two (2) year associate degree or a degree from an accredited university or college can be substituted for the two (2) years of experience. When using an educational waiver for experience, a transcript copy must accompany the application.

AAHAM Certified Revenue Integrity Professional

Intended Audience

The Certified Revenue Integrity Professional (CRIP) exam is intended for anyone in the revenue cycle industry to help ensure that facilities effectively manage their charge master, and bill and document appropriately for all services rendered to a

patient. This certification requires an in-depth, working knowledge of various revenue cycle areas and proper skill sets needed to increase revenue and reimbursement for facilities. It also ensures that proper charging takes place to maintain compliance within the insurance payer programs.

Exam Overview

The CRIP is a four hour online proctored exam that measures basic competencies in healthcare compliance.

CRIP Exam Focus Areas

1. Overall Review of Charge Capture
2. Ancillary Services
3. Surgical Services and Procedures
4. Recurring Outpatients and Clinical Services

Exam Format

The exam is comprised of four (4) sections that contain multiple-choice and true/false questions. Examinees must initially sit for all four (4) sections of the exam. Each section is graded separately, and each of the four (4) sections must be passed with a score of 70% or greater in order to earn the certification designation. If one (1) or two (2) sections are failed, a retake of those sections is permitted. If three (3) or more sections are failed, a retake of the entire exam is required.

Eligibility

The CRIP exam is only available to national AAHAM members, in good standing.

Exam Preparation

AAHAM certification examinations require hands on working knowledge of patient account management as it relates to national governmental regulations and policies that govern revenue cycle registration, billing and collection procedures. Working experience is not sufficient; candidates will need to enhance and refresh their knowledge through independent and group study programs. Participation in study opportunities provided by your local chapter and/or the national organization is highly recommended.

MD AAHAM Members, if you plan to take the CRCP or CRIP (Professional) you should contact Karen to begin preparations for study materials and arranging testing sites.

CRCP & CRIP (Professional) Contact:

Karen Moore, CRCE-I

Telephone: 404-201-6245

Email: kmoore@caremedic.com



Technical Certification

AAHAM Certified Revenue Cycle Specialist

Intended Audience

This exam is intended for revenue cycle staff with responsibilities in patient access, billing, account resolution, denial management, collections, cash posting, customer service, and self-pay collections. The exam focuses on knowledge required in revenue cycle functional areas including registration (front desk), billing, and credit and collections.

Although Specialist Certification is not a pre-requisite for Professional level certification, it is designed as a rung on the AAHAM certification ladder to the Professional certification for those interested in pursuing the next level in their career path.

Exam Overview

The CRCS-I/CRCS-P is a two (2) hour, online, proctored exam that requires working knowledge within focused areas of the revenue cycle, including relevant regulations and acronyms, and are comprised of three multiple-choice sections. AAHAM offers two types of Specialist Certification; one focused on the revenue cycle within an institutional (hospital, health system) environment, and the other focused on the revenue cycle in a professional (physician, clinic) environment.

Eligibility

The CRCS-I/CRCS-P exam is available to individuals involved in the management of healthcare patient accounts. Membership in AAHAM is not a requirement, although it is encouraged. One-year employment in the healthcare revenue cycle is recommended to successfully complete the exam.

CRCS-I/CRCS-P Sections

Sections included in the exams include:

CRCS-I Sections

1. Patient Access
2. Billing
3. Credit & Collections

CRCS-P Sections

1. Front Desk
2. Billing
3. Credit & Collections

Exam Format

Examinees must initially sit for all three (3) sections, which contain questions in a multiple choice format. Each section of the CRCS exam is graded separately and all three (3) sections must be passed with a score of 70% or greater in order to earn the CRCS certification. If only one (1) section is failed, a retake of that section is permitted. If more than one (1) section is failed, a retake of the full exam is required.

AAHAM Certified Compliance Technician

Intended Audience

This exam is intended for all revenue cycle staff who must meet employers' annual compliance training requirements. In today's healthcare environment, compliance is of the utmost importance. Regardless of what role you have in the revenue cycle, understanding compliance is a necessity.

The compliance exam covers such topics as Fraud and Abuse, the U.S. Sentencing Guidelines, HIPAA, Administrative Sanctions, and RACs. You can use your CCT Certification towards satisfying Centers for Medicare & Medicaid (CMS), The Joint Commission (TJC) and Det Norske Veritas (DNV) Requirements

Exam Overview

The CCT is a ninety (90) minute online proctored exam that measures basic competencies in healthcare compliance.

CCT Exam Focus Areas

1. The seven elements of a healthcare compliance plan
2. Agencies that oversee healthcare compliance
3. Knowledge of the OIG compliance recommendations
4. Non-compliance penalties

Exam Format

Examinees sit the online exam that covers all four (4) focus areas. Grading is immediate upon completion of the exam. All areas of the CCT exam are graded together and the exam must be passed with a score of 70% or greater in order to earn the designation. If the score is less than 70%, a retake of the full exam is required.

Eligibility

The CCT exam is available to anyone involved in the management of patient accounts which involve government payers and compliance. AAHAM membership is not required, although it is encouraged, one year of compliance experience is recommended.

MD AAHAM Members, if you plan to take the CRCS or CCT you should contact Amy to begin preparations for study materials and arranging testing sites.

CRCS & CCT Contact:

Amy Weber, CPC, CRCP-I

[Director, Non-Governmental Follow-up and Appeals/](#)

[Contract Management](#)

[Telephone: 410-933-2791](#)

[Email: Amy.Weber@medstar.net](mailto:Amy.Weber@medstar.net)



Newly Certified Members

Name	Certification	Company
Alisa Barclay	CRCS-I	Union Hospital of Cecil County
Brian Ball	CRCP-I	
Randi Beavers	CRCP-I	drchrono
Amanda Biscotti	CRCP-I	MedStar Health
Tamara Booker	CRCS-I	HBCS
Kirstin Boone	CRCS-I	MedStar Health
Nerissa Brown	CRCS-I	HBCS
Vandelia Brown	CRCS-I	Erickson Living
Brittany Brown	CRCS-I	MedStar Health
Therese Cearfoss	CRCS-I	MedStar Health
Shelly Cooper	CRCS-I	Howard County General Hospital
David Crimi	CRCS-I	HBCS
Patricia Crosson	CRCS-P	Kennedy Kreiger Institute
Julie Cumberland	CRCS-I	MedStar Health
Sherri Curbean	CRCS-I	Anne Arundel Medical Center
Kimberly Dages	CRCP-I	Anne Arundel Medical Center
Jennifer Deaver	CRCS-I	University of Maryland Upper Chesapeake Health
Shannon Disney	CRCS-I	CalvertHealth Medical Center
Temesia Exum	CRCS-I	Dimensions Healthcare
Sherry Furat	CRCS-I	University of Maryland Upper Chesapeake Health
Brandi Gibson	CRCS-I	Erickson Living
Gail Grant	CRCS-I	MedStar Health
David Greer	CRCS-I	MedStar Health
Jennifer Hogue	CRCS-P	Kennedy Kreiger Institute
Natalie Holland	CRCS-I	MedStar Health
Angela Ickes	CRCP-I	University of Maryland Upper Chesapeake Health
Amy Johnson	CRCS-I	MedStar Health
Melissa Kahl	CRCS-I	MedStar Health
Jessica King	CRCS-I	MedStar Health
Maria Kyriacou	CRCS-I	Anne Arundel Medical Center
Jessica Larsen	CRCS-I	HBCS
Amanda Leeson	CRCS-I	MedStar Health
Jamie Leppo-Peterson	CRCP-P	Carroll Hospital Center
Sarah Levy	CRCS-I	Kennedy Kreiger Institute
Jakia Lewis	CRCP-P	
Maumita Makar	CRCP-P	Maryland Oncology Hematology/ Us Oncology
Jessica Maskin	CRCP-I	
Renee Massey	CRCP-I	MedStar Health
Gillian McFarland	CRCS-I	University of Maryland Upper Chesapeake Health
Holly McLaughlin-Mowery	CRCS-I	MedStar Health
Keisha Meade	CRCS-I	MedStar Health
Monica Merlos	CRCS-I	Holy Cross Health



Newly Certified Members

Name	Certification	Company
Shannon Neidhardt	CRCP-P	United HealthGroup
Shannon Parks	CRCS-I	CalvertHealth Medical Center
Darious Phillips	CRCP-P	drchrono
Sarah Rausch	CRCS-I	MedStar Health
Diana Reilly-Steras	CRCS-I	Dimensions Healthcare
Mary Rizkallah	CRCS-I	Erickson Living
Eugene Rucker	CRCS-I	MedStar Health
Megan Schaufert	CRCS-I	MedStar Health
Stacey Seyler	CRCS-I	MedStar Health
Darnetta Simpson	CRCS-I	MedStar Health
Crystal Sizemore	CRCS-I	MedStar Health
Aaron Soff	CRCP-P	drchrono
Amber Squatrito	CRCP-I	MedStar Health
Alana Thomas-Hallback	CRCS-I	Anne Arundel Medical Center
Tiffany Wells	CRCP-P	drchrono
Trellene Willis	CRCS-I	Union Hospital of Cecil County
Stephen Wing	CRCS-I	HBCS
Gwendolyn Wise	CRCS-I	MedStar Health
Anita Yates	CRCS-I	Holy Cross Health
Cheryl Zimmerman	CRCS-P	Kennedy Krieger Institute
Lisa Ziv	CRCS-I	MedStar Health

The Maryland Chapter of AAHAM is proud to recognize our most recently
 Certified Revenue Cycle Professionals (CRCP)
 Certified Revenue Integrity Professionals (CRIP)
 and Certified Revenue Cycle Specialists (CRCS)

Way to go!

If you see these folks please congratulate them
 and celebrate their accomplishment.

We are proud of all of you!



Legislative Update

Greetings fellow AAHAM members. Below are some legislative and legal updates that may be of interest. As always feel free to contact me with any other issues.

Maryland Finalizes 2019 ACA Premiums With Record Rate Decreases. Maryland officials announced that the state's final Affordable Care Act individual market premiums for 2019 will decrease on average 13 percent, bringing the rates significantly lower than the original requests due to the state's new reinsurance program. Governor Hogan blamed rate increases on Congress' failure to approve bipartisan fixes to the ACA that could shore up the markets and said he expects the lowered rates to attract new insurers to Maryland. State officials announced they had approved an 11.1 percent rate decrease for CareFirst PPO, which had previously requested a 91.4 percent rate hike. CareFirst HMO, which previously requested an 18.5 percent rate, will now have a 17 percent rate decrease. Finally, Kaiser HMO, which previously requested a 37 percent rate hike, will have a 7.4 percent rate decrease for 2019.

MD Sues Administration Over ACA Attacks, Asks Court To Say Law Constitutional. On September 13th, Maryland's attorney general [filed suit against the federal government for its ongoing attacks against the Affordable Care Act](#), and asked the court to declare the law constitutional. Maryland's suit comes after the Trump administration refused to fully defend the ACA from a constitutional challenge by 20 GOP-led states -- a suit on which a federal judge in Texas recently heard oral arguments.

Maryland Attorney General Brian Frosh argues the state has invested millions to implement the current structure of the law, including by setting up a state-based exchange, expanding Medicaid, conducting an all-payer data base demonstration and receiving approval to implement a state innovation waiver, as well as other activities that would be undermined should the GOP-led states succeed in throwing out the law.

Trump Administration Proposes To Deny Green Cards For Those With Medicaid, Part D Low-Income Subsidies; But Not ACA Subsidies. The Trump administration has proposed a rule that would allow the government to deny green cards for immigrants who receive Medicare Part D low-income subsidies or Medicaid, but, in a departure from leaked drafts, the proposal wouldn't target immigrants who receive Affordable Care Act subsidies. The Department of Homeland Security also is considering adding Children's Health Insurance Program funding recipients to those whom could be denied green cards.

House Energy and Commerce Committee passed a number of Medicaid and anti-fraud bills on Thursday (Sept.13); including a one-year extension of the Medicaid Money Follows the Person demonstration and a tweaked version of the ACE Kids Act. The legislation includes a bill to clarify the authority of the state Medicaid Fraud Control Units, a bill strengthening the Health Care Fraud Prevention Task Force and legislation to prohibit so-called pharmacy gag clauses.

Respectfully submitted,

Scott S. London
Attorney at Law

Direct Dial:443-278-9020

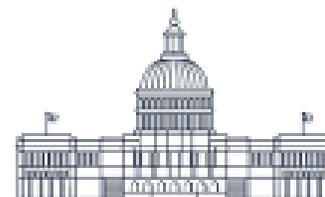
Phone:410-685-3737

Fax:410-752-0465

400 E. Pratt Street # 510 Baltimore, MD 21202

email: slondon@londoneligibility.com

www.londoneligibility.com



Educational Updates

Maryland AAHAM is committed to providing quality education at affordable prices. We host educational sessions throughout the year that allow our membership ample opportunity to secure the CEU's required to maintain your certification. In our continued effort to provide informative and topical educational sessions, we are always looking for additional speakers. In conjunction with the need for speakers, we can always use help with all aspects of preparing for our meetings.

We are asking members to tell us what topics you would like to learn. We are looking for other speakers/educators you may have seen that impressed you. Do you actually have a topic that you would like to present? Or do you have other input that you think would improve our educational sessions?

If you have speaker and/or topic suggestions for Maryland AAHAM's educational sessions, please contact Kate Austin, CRCE-I, kaustin@archar.net



Earn your CEU's!

Ensure you have the CEU's required to keep your certification active. To check your current CEU status, visit the national website by [clicking here](#).

Maryland AAHAM will turn in CEU's for members who provide their National AAHAM Number at the time they sign in to our programs. To ensure you are credited the proper credit hours please review your CEU status with the link below. Don't let your certification lapse, ensure you have enough CEU's to cover you!

If you have any questions related to the CEU process, National AAHAM has published policies to help answer your questions.

[CRCE Certified Revenue Cycle Executive](#)
[CRCP Certified Revenue Cycle Professional/CRIP](#)
[Certified Revenue Cycle Specialist Professional](#)
[CCT Certified Compliance Technician](#)

Turn in your CEU's by completing the CEU forms for your certification.

[Certified Revenue Cycle Executive](#)
[Certified Revenue Cycle Professional](#)
[Certified Revenue Cycle Specialist](#)



Monthly Educational Sessions

Please join us at The Hotel at Arundel Preserve for the 2019 Maryland Chapter educational sessions.

Remember to ensure your certifications remain up to date, you are required to have a certain percentage of CEU's from an AAHAM event, there is still plenty of time to secure your CEUs this year with Maryland AAHAM events.



2018 - 2019 Corporate Sponsors

Maryland AAHAM would like to extend our thanks to the vendors who provided their support for our Annual Institute in 2018

Platinum Level



Bloom and Associates, P.A.
A Law Firm Specializing in Debt Collection
MAMI Bloom and Associates



Gold Level



2018 - 2019 Corporate Sponsors

Silver Level



Friends of MD AAHAM



Industry News

Reducing the risk of readmission by talking about substance abuse before discharge

By [Maria Castellucci](#) | December 1, 2018

Modern Healthcare

Treating patients with substance abuse disorders can be challenging—and costly—for most hospitals.

Part of the problem is the delivery system has historically viewed substance abuse and mental health as separate from physical health. That's not the case. In 2014, 42.4% of 27.8 million hospital stays for a physical health problem had a co-occurring mental health or substance abuse condition, according to the Agency for Healthcare Research and Quality.

And readmission rates for patients with substance abuse disorders range from 18% to 26%, according to an August 2017 study in the American Psychiatric Association's journal *Psychiatric Services*.

Despite the problem's prevalence, most hospitals don't have the resources to care for patients with substance abuse disorders, said Dr. Melissa Weimer, an addiction medicine physician at Yale New Haven (Conn.) Health System. Only in the last few years has addiction been recognized as a medical condition so most hospitals face a shortage of providers or social workers who specialize in the treatment, she said. In fact, the American Board of Medical Specialties has only recognized addiction medicine as a subspecialty since 2016.

Concerned about scarce resources to help inpatients with substance abuse, Yale New Haven recruited Weimer earlier this year to launch the Addiction Medicine Consult Service. The program, which officially began in October, offers inpatients comprehensive addiction medicine services before they are discharged as well as a long-term plan for when they return home.

A similar, long-standing program was already operating in Yale's emergency department. It's staffed with addiction medicine specialists and health promotion advocates who refer patients to services in the community.

"We've done a great job in the ED, but when people ended up in the inpatient unit, that wasn't the case. I was concerned about it," said Dr. Gail D'Onofrio, physician-in-chief of emergency services at Yale New Haven Hospital.

The Addiction Medicine Consult Service at Yale is one of a growing number of such programs in the U.S. Weimer helped Oregon Health & Science University start a similar program in 2015.

"Services such as this try to break down barriers," Weimer said. "We are going to bring treatment to you in the hospital where you are more receptive and motivated. We can initiate treatment, not just give you a pamphlet."

The program has been initially rolled out at Yale New Haven Hospital's St. Raphael Campus. It involves a physician or surgeon at the hospital speaking with the patient about their substance abuse and Yale's Addiction Medicine Consult Service. If the patient is receptive, Weimer or a member of the addiction medicine team meets with the patient one-on-one to discuss the program.

"The way we approach the patient is nonjudgmental, so the patient feels comfortable sharing. We are intentional about our communication and the language we use," Weimer said.

Depending on the disorder, there are several treatment paths. For instance, for patients with opioid abuse disorder, a formal diagnosis is made after a full substance abuse history assessment is conducted. Then, all the medications the patient takes are reviewed to understand if any complicate or contribute to the disorder. Three treatment offers are then offered. If the patient is open to medication, one of three federally approved opioid disorder drugs are prescribed and started in the hospital. For patients unreceptive to medications, the patient is usually referred to a needle exchange or offered a naloxone rescue kit. Efforts are made for all patients to receive ongoing treatment in the community after discharge.

Weimer is new to New Haven, so she's spent the last several months getting to know the local community providers. "It's important that I have been to the place I'm referring the patient to so I can directly reassure the patient it's a nice place," she said.

She's also been making the rounds in the hospital, introducing herself to the physicians and nurses so they know the service is available to them. The program has been well-received by doctors.

"One of the primary drivers for this service was the hospitalists saying they needed extra support around caring for this population. So many of them noted that this was a gap in care and it was a source of real frustration to not have a lot of resources around this," she said.



Industry News

The Maryland Model www.mhaonline.org

Starting in January 2019, Maryland's hospitals will operate under a new contract with the federal government, designed to test whether the improvements hospitals have made under the All-Payer Model can be expanded to all health care providers.

The Total Cost of Care Model builds on the work of the All-Payer Model and on Maryland's more than 40-year history of innovation in hospital payment systems. For four decades in Maryland, hospital rates have been regulated by an independent state body, and all payers – private, commercial, Medicare, Medicaid, self-pay – are charged the same rate for the same service at the same hospital.

For the past five years, from 2014 to 2018, that system was further enhanced via the utilization of global budgets for hospitals – fixed annual amounts that hospitals could spend to care for patients and communities. The results were impressive:

- The cost of hospital care for has been held to a cumulative 11.16 percent increase (less than half of the model's target)
- Maryland has saved the federal Medicare program more than \$940 million on hospital care
- Readmissions rates, an important quality measure that shows patient care does not end with a hospital discharge, are down nearly 8.5 percent and are now below the national average
- Hospital-acquired infections and other complications, measures that demonstrate a hospital's attention to safety, are down more than 47 percent

Now, the Total Cost of Care Model will bring non-hospital health care providers into the fold. Rather than focusing on how hospitals alone can deliver efficient, high-quality care, physicians, skilled-nursing facilities, home health providers, and others, will be incentivized to improve how they coordinate care for patients and on societal health problems such as diabetes, heart disease, and opioid use disorders. In doing so, Maryland's entire health care system will work to ensure that patients receive the right care, at the right time, in the right setting.

These states have the most rural hospitals at 'high risk' of closure: report

By [Tina Reed](#) | February 20, 2019
FierceHealthcare



Unless their financial situations improve, at least 21% of rural hospitals in the U.S. are at high risk of closing, according to a new report from Navigant.

In all, at-risk hospitals represent more than 21,000 beds staffed by 150,000 employees and \$21.2 billion in total patient revenue. Of high-financial-risk rural hospitals, 64% of them are considered essential to their communities based on their trauma status, service to vulnerable populations, geographic isolation and economic impact.

Officials called for solutions such as advancing legislation around telehealth reimbursement and such bills as the Rural Emergency Acute Care Hospital Act.

The report comes just a day after the largest hospital groups around the country called on congressional leaders to delay the start of \$4 billion in Medicaid disproportionate share hospital cuts, which are scheduled to begin Oct. 1, 2019.

Among the findings:

- Mississippi has 31 rural hospitals at high risk of closure if their financial situations don't improve, making up nearly half of their rural hospitals. Alabama is at risk of losing 21 of its rural hospitals, representing exactly half of its rural hospitals.
- Of Montana's 12 at-risk rural hospitals, all of them are considered essential to their communities. Kansas has 29 total at-risk rural hospitals with 25 of them—or 86%—considered essential to their communities. Georgia and Mississippi have seen 77% and 61% of their essential rural hospitals at financial risk, respectively.
- At 127, Texas has the most rural hospitals by far. But less than 10%, or 12 rural hospitals, are at great financial risk.
- Four states have no rural hospitals at risk including Massachusetts, Maryland, Utah and Vermont.

What's driving this problem?

While rural hospitals face unique challenges to delivering healthcare, a number of emerging issues—from the opioid epidemic and cybersecurity threats to high drug costs and workforce shortages—could exacerbate their financial instability, according to a recent report from the American Hospital Association.

The overall degradation of the payer mix is a factor as well, in part because of a loss of agricultural and manufacturing jobs, the authors of the report said.

Navigant also pointed to declining inpatient care as the overall health system pushes to value-based care in outpatient settings. That "left many rural hospitals overstaffed and underused," the report said, with average rural hospitals having 50 beds and 321 employees but a daily census of just seven patients.

Rural hospitals are also generally already budget-strapped and unable to keep up with technological trends.

Captured in the Moment

May 2018 Educational Session



Captured in the Moment

July 2018 Educational Session



Captured in the Moment

Maryland AAHAM 46th Annual Institute

Racing Toward the Future of Revenue Cycle



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Job Postings

POSTING A JOB:

Would you like to gain access to a targeted group of medical professions in the administrative healthcare field? Well here's your chance to find the best in their field by posting an employment opportunity on the MD AAHAM website. It's simple with no headaches or hidden costs.

If you are interested in posting a job opening on the MD AAHAM website, please contact Hollie Miller at stillwater082@gmail.com for more details. Specific criteria does apply.

JOB LISTING:

Is it time for a change, are you not valued at your current job? Are you tired of all the keyword searches to find that you aren't even in the right area of the United States during your job search? We have a solution for you, as a member of the Maryland AAHAM Chapter you are free to browse our job listings directly on our website. Local leading companies in the healthcare administrative field are posting new and competitive opportunities exclusively for our members only.

To view what job opportunities are available you can visit:

<http://www.mdaaham.com/job-openings/>

As a member of the National AAHAM organization you can also view: <http://www.aaham.org/MembersOnly/Jobline.aspx>

Suggestions

If you have a topic or suggestion for inclusion in the newsletter, please don't hesitate to send it to Kim Cobb-Jimenez at newslettermdaaham1@yahoo.com. Your suggestions will be shared with the Executive Committee for final approval. You will be recognized as the contributor if your suggestion is approved and included.

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" The art of communication is the language of leadership." - James Humes

