

Pine Tree Times

The AAHAM Pine Tree Chapter Newsletter

October 2016

Commissioning in Healthcare
Getting to Know a Board Member
Chapter Excellence
And much more!



www.aahamme.org



President's Message

With my first year as President nearing its end, I'm feeling great about this past year. The Board has worked very hard and I couldn't be more proud of their accomplishments. We've offered some really amazing educational opportunities, including our chapter's annual institute, held in May in Ogunquit. We are so pleased with the participation and attendance and hope that we can only improve and attract great speakers and continue to provide these amazing educational opportunities.

I recently attended the National AAHAM ANI in Las Vegas. What a great opportunity to network with my peers and chapter president's from around the country. I encourage anyone who has the opportunity to participate this conference or any other National offering to do so, as the benefits are immeasurable.

I'm pleased to announce that the Maine Pine Tree Chapter won first place in its class for Chapter Excellence!! I was honored to accept this prestigious award on behalf of the chapter during the National Business meeting at ANI. It's a lengthy application process and the requirements to qualify for this award are very strict. The Maine chapter has a long standing history with Chapter Excellence and has brought home this award for many years. I'd like to recognize our Chapter Excellence Committee – Theresa Huck and Karen Clark – for tracking and submitting the application and for making sure this Chapter continues to meet the requirements in order to qualify for consideration.

Our chapter has revamped our website www.aahamme.org. This site will be continually updated with chapter news and events. You can also now register and pay online for educational sessions. We are very excited. Please visit the website for more information, news and events information. We are also looking to increase our corporate sponsors. Please forward any vendors or businesses that you feel would be a good corporate partner to our association. We would like to work with any and all!

Thanks so much for a great year!

Nicole Bishop
President, Maine Pine Tree Chapter

In This Issue

They Aren't the Reason You Are Miserable

Healthcare Humor

Upcoming Meetings

Commissioning in Healthcare

"In the News"

Get to Know a Board Member

TCPA Comments Needed

Fun Facts About Maine

Chapter Excellence

They Aren't The Reason You Are Miserable

By Kelly Swanson

Being a [motivational speaker](#) feels a lot like being a therapist, only without the degree, knowledge, or credibility. But still I meet people in their places of brokenness. I hear their issues and concerns. And I try to motivate them to see their problems/issues from a different perspective. And one of the consistent things I find in people, is the belief that their problem is someone else.



My boss is jerk.

They didn't value my opinion.

He didn't call.

She's always running her mouth about something.

He drives me crazy.

She thinks I don't have anything else to do but wait on her.

They didn't pay me what I'm worth.

He's an ungrateful teenager and I'm sick of it.

She thinks she's better than everybody else.

They didn't give me my money's worth.

She just has it out for me.

Nobody will cut me any slack.

Sound familiar?

We all find ourselves victim to this sort of thinking. We don't live in a bubble. Our lives are filled with people, and many of them are difficult to deal with. And while we are often valid in our assessment of these people, it doesn't change the truth – that we can't fix them, change them, or find perfect people who act exactly as we want.

And they aren't the problem.

We are.

Yes, I said it. And you're probably mad. But it's true.

They aren't the reason you are miserable.

YOU are.

Life is filled with things circling us that are beyond our control – things happening to us – around us. Things that involve us directly, indirectly, or not really at all. So much of what is circling around us can't be controlled. Sure, some of it can be, and we should definitely work to control what we can in our lives. But the only thing you can control in EVERY situation, is how YOU will react to it.



continued on page 4



They Aren't The Reason You Are Miserable

continued from page 3

YOU control your reaction.

YOU control your feelings. Well, maybe at first you can't control your initial reaction. But after you calm down, you can.

YOU decide what story you are going to write with this data you have been given, even if you are standing in the middle of the colossal mess. YOU still control whether you will allow it to make you miserable.

Unless you have a chemical imbalance, or issues bigger than you (in which case, this does not really apply to you, except that it is YOUR responsibility to get help for it and not use it as an excuse) you can control your reactions, your emotions, and your happiness. Yes, it's a choice.

YOU are the one who turns one bad moment into a bad hour, and then a bad day, and a bad week, and a bad life. You are the one who instead of letting it go, carries it around with you like a comfort blanket – finding more people to share your issue with – making it the focus of all your time, energy, and conversations.

So, unless you want to stay miserable (which apparently some people do – and actually thrive on it) that's your choice. Just acknowledge that it's your fault, not theirs. They aren't the reason you are miserable. You are.

You can choose happiness. And if you do it enough, one day you'll wake up, and it just is.



If we let others make us miserable, we always will be.

Reprinted with permission from <http://www.kellyswanson.net/>

Healthcare Humor



Pine Tree Chapter Board

President - Nicole Bishop

Vice President - Natasha Nile

Treasurer - Karen Clark

Secretary - Jessica Nile

Board Member - Kelly Beal

Board Member - Barbara Lynch

Board Member - Melody Armstrong

Board Member - Frank Ungvary

Board Member - Mike Nile



Pine Tree Chapter AAHAM

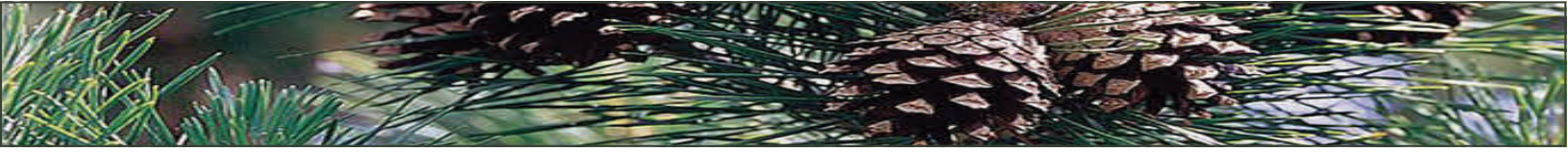
Upcoming Meetings

November 18, 2016

Third Party Payer Meeting

Augusta

Register online at www.aahamme.org



Commissioning in Health Care

Energy usage accounts for more than half of a typical hospital’s annual budget, according to the American Society for Health Care Engineering (ASHE). As the health care industry continues to face pressure to cut costs, hospitals are relying on the commissioning process to ensure that operational expenses and procedures are optimal.

ASHE’s Health Facility Commissioning Guidelines defines commissioning as a process intended to assure that all building systems in a facility are installed and perform in accordance with the design intent, that the design intent is consistent with the owner’s project requirements, and that operations and maintenance staff are adequately prepared to operate and maintain the completed facility.

History of Commissioning in Health Care

Because of the cost benefits and energy savings, the commissioning process has become more common in all types of new construction and is now considered crucial in health care facilities, due largely to the strict codes and standards for hospitals. Despite advocacy for commissioning in all hospitals, the process has not always been formalized. In 2010, ASHE published the “Health Facility Commissioning (HFCx) Guidelines.” The publication was the first set of standards that were specific to addressing the challenges of the commissioning process in health care facilities. According to the American Hospital Association (AHA), the guidelines assign accountability for actual building performance to an entire team, including the health facility commissioning authority (HFCxA). For two years, the HFCx guidelines set a new standard for health care commissioning and provided hospitals with the resources to maintain a meaningful commissioning process.

In 2012, ASHE published a follow-up publication to the HFCx Guidelines, the “Health Facility Commissioning Handbook: Optimizing Building System Performance in

New and Existing Health Care Facilities.” The follow-up provides program examples and how-to prescriptive instructions for health facility managers on achieving the standards. Most recently, the Facility Guidelines Institute (FGI) published “Guidelines for Design and Construction of Hospitals and Outpatient Facilities.” The 2014 guidelines includes increased requirements for commissioning infrastructure systems.

Existing Building Commissioning

Existing building commissioning (EBCx) usually occurs when a system upgrade is necessary. Existing building commissioning is valuable because it allows for hospitals to identify operational problems that may have occurred during construction. Hospitals that were not commissioned during new construction are likely to perform below their operational potential and use an excess amount of energy and pay higher costs to operate the facility. According to the U.S. Department of Energy, the EBCx procedures must be performed consecutively, but certain aspects of the process should be repeated periodically to ensure ongoing building performance. Commissioning an existing hospital requires the evaluation of the entire building. All of the hospital’s systems (including interactions among the systems) are required to be tested and proven to be satisfactory. The EBCx process can achieve both short-term and long-lasting results. By documenting exact specifications for the facility’s building envelope, equipment, and processes, EBCx provides a baseline for future commissioning projects and guidance for preventative maintenance strategies.¹ The EBCx process takes place in the basic phases listed below [on the following page].²

continued on page 7



Commissioning in Health Care

continued from page 6

- o **Planning.** Develop goals, determine facility requirements, and create a commissioning plan
- o **Investigation.** Conduct field inspections, collect data, analyze system performance, and identify improvement opportunities
- o **Implementation.** Make desired facility improvements and repairs and verify results
- o **Turnover.** Conduct a project hand-off meeting between the commissioning team and the operations and maintenance team and hand off final documents, including the final report
- o **Persistence.** Develop and apply systems to support continual performance improvement over an extended period of time

Choosing the Commissioning Provider and Design Phase

For new construction, the commissioning process starts as early as the design and programming phase of the project. If a hospital elects to have commissioning done on new construction, the HFCxA can be selected and become part of the team prior to the completion of the new construction's design.

A suggested procedure for choosing a HFCxA includes the following steps:³

- Establish an experienced selection committee
- Provide a common basis for HFCxA selection (e.g., a request for qualifications)
- Short-list qualified HFCxAs
- Interview qualified HFCxA candidates • Make the selection
- Negotiate the HFCxA fee and contract

Once the HFCxA is selected, it is crucial that the commissioning process includes design reviews throughout the duration of the project. The HFCxA will then develop commissioning specifications that should be included in the final construction project plans. The specifications should clearly delineate the responsibilities of the commissioning provider, owner, design team, construction manager/general contractor and subcontractors. It is important that the specifications provide clear detail about the process of special systems commissioning.

Going Green

As more and more hospitals participate in the commissioning process, many health care professionals are turning to the “go green” initiative to cut back on a hospital's energy consumption and reduce its impact on the environment. Many hospitals rely on Leadership in Energy and Environmental Design (LEED), a rating system for buildings developed and promoted by the U.S. Green Building Council (USGBC). A hospital may obtain one of the four levels of the LEED certification; certified, silver, gold and platinum. The rating system judges the design, construction and operation of hospitals that are going green. The “LEED-New Construction (NC) Reference Guide” states that “a commissioned building provides optimized energy efficiency, indoor air quality and occupant comfort” and goes on to say that “conventional commissioning has limited the focus to heating, ventilation and air cooling (HVAC) systems but that coordinating other building sustainable design systems in the commissioning process results in higher performance, sustainable buildings.”

continued on page 8

Commissioning in Health Care

continued from page 7

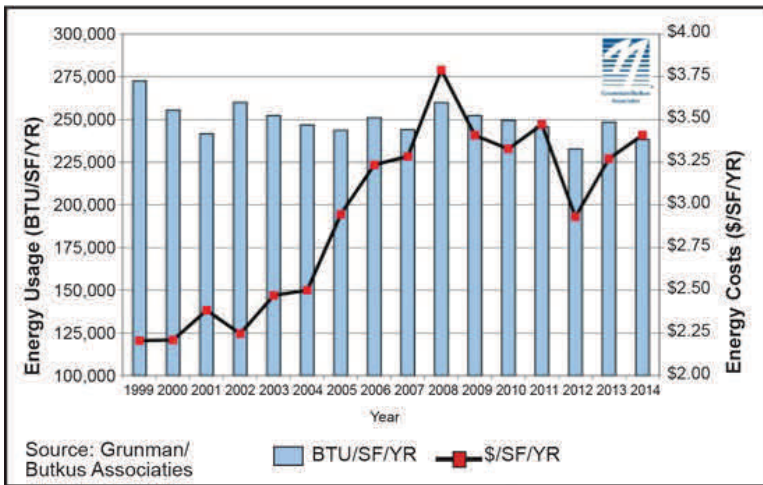
As seen in the chart below, hospitals have improved their overall efficiency since 1999. Total energy use (British thermal unit (BTU)/square foot) declined between 2013 and 2014, but energy costs (\$/square foot) are increasing, despite a slight drop during the economic crash in 2008.



Quintin Harris is a senior vice president with Lancaster Pollard in Minneapolis. He may be reached at qharris@lancasterpollard.com.



Matt Jensen is a mechanical engineer at Dunham Associates, Inc. in Minneapolis. He may be reached at matt.jensen@dunhameng.com.



More Efficiency, More Savings

With the commissioning process, persistence is key. Undertaking such efforts involves a process of tests, analyses, and follow-ups but the savings can exceed the initial investment. The process allows building systems to operate and perform efficiently and effectively which, in return, reduces capital expenditure costs. Further, as new guidelines are published, hospital standards and codes will continue to evolve. Whether it's for new construction or existing hospitals, the commissioning process allows health care organizations to achieve efficient facilities that provide significant value to staff and patients.

1. U.S. Department of Energy Building Technologies Program, http://apps1.eere.energy.gov/buildings/publications/pdfs/alliances/hea_ebc_fs.pdf.
2. Sustainability Road Map for Hospitals, <http://www.sustainabilityroadmap.org/strategies/hfcx-guidelines.shtml#.V59hVIUrLRY>
3. <http://www.sustainabilityroadmap.org/strategies/hfcx-guidelines.shtml#.V6CY6VUrLRY>

“Reprinted with permission from *The Capital Issue* at www.lancasterpollard.com”



Thank you AAHAM!

My husband and I would like to send my deepest gratitude to the members of Pine Tree Chapter of AAHAM and the board of Directors for your recent donation to our family. It is humbling to see the generosity over the past 6 months since Bill’s accident. It is gratifying to see how giving people are in others time of need.

Again thank you!!
Sincerely,
Donica and Bill Bailey



“In the News”

Big soda sponsored 96 health groups—a big conflict of interest, study says

Kerry Lauerman — The Washington Post, October 10, 2016

Nearly 100 national health and medical groups — including the American Heart Association, the American Diabetes Association and the Centers for Disease Control and Prevention — enjoy sponsorships by Coca-Cola Co. or PepsiCo, according to a new study by two Boston University researchers.

The report lands as the sugar industry’s supersized role in shaping — and spinning — health policy has come under increasing scrutiny. It also comes as the negative health effects of sugar and sugary drinks, including a link to rising obesity rates, are better understood.

“Now, most organizations refuse tobacco money,” write the study authors, Daniel Aaron and Michael Siegel. “Perhaps soda companies should be treated similarly.”

The authors identified 96 sponsorships, from 2011 to 2015, by Coca-Cola or PepsiCo to 96 “health organizations,” which they defined as any group or program “involved in the public’s health.” During that period, the researchers identified 29 proposed public health bills or regulations that one or both of the two companies lobbied against. All aimed to reduce soda consumption.

The American Beverage Association, which represents both Coca-Cola and PepsiCo, responded to the study with a statement saying: “America’s beverage companies are engaged in public health issues because we, too, want a strong, healthy America. We have a long tradition of supporting community organizations across the country. As this report points out, some of these organizations focus on strengthening public health, which we are proud to support.”

Read the rest of the article [here](#)

Getting to Know a Board Member



NICOLE BISHOP/CHAPTER PRESIDENT

Number of years you have been a National Member: 7 or 8 years

How did you get where you are today professionally: I started as a receptionist at a collection agency and worked my way into a collections rep position and then supervisor. From there I moved into home infusion billing and worked in every position in the Billing Department before becoming a Lead and then Supervisor. I worked there for almost 6 years and then came to Spurwink as the Patient Accounts Manager 15 years ago and I'm still here

What was the last book you read: Stuart Woods—Dishonorable Intentions

What is your favorite movie: Breakfast Club & An Officer and a Gentleman

What was your first job: Cashier at Shop N Save (now Hannaford) in Farmington

What do you never leave home without when you travel: Lip gloss

Name something most people don't know: I'm really good at horseshoes

The world would be a better place if only....: if this election were finally over





TCPA Comments Needed

AAHAM has continued to advocate on behalf of our members, organizations and our patients regarding changes to TCPA. AAHAM has filed a joint FCC petition and it is now open for official comment. Please take a few minutes and go online to submit your comments.

1. Include "CG Docket No. 02-278" in your caption or RE: line
2. Reference the petition/group of petitioner
3. Go here to file: <https://www.fcc.gov/ecfs/filings>

Please feel free to use the comment below:

I would like to urge the Federal Communication Commission (FCC) to approve the JOINT PETITION OF ANTHEM, INC., BLUE CROSS BLUE SHIELD ASSOCIATION, WELLCARE HEALTHPLANS, INC., AND THE AMERICAN ASSOCIATION OF HEALTHCARE ADMINISTRATIVE MANAGEMENT FOR EXPEDITED DECLARATORY RULING AND/OR CLARIFICATION OF THE 2015 TCPA OMNIBUS DECLARATORY RULING AND ORDER.

As you know, the Telephone Consumer Protection Act (TCPA) passed by Congress in 1991 serves an important role in ensuring consumers are not inundated with telemarketing calls. However, technology and the way in which consumers communicate today has changed dramatically. Today the number of cell phones and the number of minutes being used has jumped since the TCPA was first signed into law. Today, 44% of households are cell phone only homes, meaning 2 in 5 households today do not have a landline phone. This translates into over 2.3 trillion minutes annually versus 56 billion in 1997.

I continue to believe that any future changes to the TCPA must ensure that consumers are provided all the safeguards against unwanted telemarketing calls. This Petition does not open up any loopholes for telemarketing calls and is very narrowly focused on necessary healthcare related calls. This Petition simply requests that the FCC confirm for providers that when a patient comes into their facility and provides them with a contact phone number, that this is the "expressed consent" they need in order to use that number for any necessary follow-up calls.

Yesterday's method of sending patients information via the mail is no longer an effective way to reach patients, as all too often this information gets thrown out as junk mail. As you can see by the numbers above, cell phone usage has grown significantly since the TCPA was first implemented. Consumers have kept pace with new technologies, but the government and our well-intended regulations have not.

The FCC needs to confirm that the provision of a telephone number by an individual to a healthcare provider constitutes "prior express consent" under the Telephone Consumer Protection Act ("TCPA") and the FCC's TCPA rules for non-telemarketing, healthcare calls to that telephone number by or on behalf of the healthcare provider. In addition, the FCC should exempt from the TCPA's "prior express consent" requirement certain non-telemarketing, healthcare calls that are "not charged to the called party."

continued on page 12



TCPA Comments Needed

Continued from page 11

As you know, certain healthcare calls are also now required by law. For example, the Affordable Care Act ("ACA"): requires hospitals and outpatient clinics to perform post-discharge follow-up with patients; requires an insurance exchange to make a "reasonable effort" to contact all applicants who provide information to the exchange that is inconsistent with the information maintained in official records; and specifically grants federal and state health and human services programs the authority to make notifications of eligibility, recertification, and other needed communication regarding eligibility by placing calls to a patient's or client's wireless telephone number. In addition, on December 29, 2014, the Internal Revenue Service issued final rules pertaining to 501(r) of the Internal Revenue Code (Regulations for Tax-Exempt Hospitals). These new rules require hospitals to make a "reasonable effort" to notify individuals verbally and in written form about the facility's financial assistance policy ("FAP") and assistance with the application process. Moreover, the Hospital Readmission Reduction Program provides significant economic penalties for readmissions of Medicare patients within 30 days. To comply with these requirements, hospitals are placing follow up-calls to patients to make sure they are aware of their post-discharge treatment plans and have access to appropriate resources.

I see this Petition as not only reasonable, but a much needed one today. In addition to all the points made above, this Petition offers consumer's critical social benefits they are being denied today under the current requirements in the TCPA. Technology has been interwoven into our daily lives and it will only become more important in coming years. If we want healthcare costs to come down and for patients to be healthier, we need to allow changes to regulations that may not be keeping pace. I don't support a blanket exemption, but instead have narrowly focused this Petition and request on calls that are directly related to the health of patients. For these reasons, I urge the FCC to grant this Petition in whole.

Fun Facts About Maine



90% OF THE COUNTRY'S TOOTHPICKS SUPPLY IS PRODUCED IN
MAINE

IN THE MOVIE FORREST GUMP, FORREST MAKES MARSHALL
POINT LIGHTHOUSE A STOP ALONG HIS CROSS COUNTRY ON-
FOOT VOYAGE

BEFORE GOING ON TO BRING BOARD GAMES ACROSS THE
COUNTRY, MILTON BRADLEY WAS A VIENNA, MAINE BOY

IN 1641 YORK WAS AMERICA'S FIRST CHARTED CITY; IT THEN
BECAME THE NATION'S FIRST INCORPORATED CITY IN 1642

MAINE IS THE ONLY AMERICAN STATE WITH A ONE SYLLABLE
NAME



Chapter Excellence

Once a year, Maine AAHAM gets the opportunity to showcase what a truly amazing chapter we are so fortunate to be part of in our Chapter Excellence submission. This submission looks at many aspects that make a chapter the best, and we fully intend on finishing in the top spot this year. In order to accomplish this goal we need our members help!!

WE KNOW YOU MAKE OUR CHAPTER GREAT, HELP US SHOWCASE WHAT AN AMAZING CHAPTER WE TRULY ARE!!!!

A few of the items we must submit with our application include:

1. Articles published in National AAHAM publications or other National Association publications
2. Documentation of a chapter member presenting programs, as a representative of AAHAM, to non AAHAM groups or organizations.
3. Documentation of a chapter member presenting programs to an AAHAM chapter other than Maine AAHAM
4. Documentation for government/legislative involvement at local/or national level.

**if any of our members have knowledge of, can provide proof or direction on where to go to obtain any of the above information we ask you contact: Theresa Huck at huckt@emhs.org





2016 Pine Tree Chapter Membership

AAHAM is having a membership drive in 2016 and invites all members to encourage their peers to join our organization. If you are responsible for recruiting a new member, please, have the new member list your name on their membership form. The AAHAM member that recruits the highest number of AAHAM members will be eligible for a free 2017 Registration for The Pine Tree Chapter of AAHAM Annual Meeting or the Pine Tree Chapter of AAHAM will pay your national dues for 2017.

When you renew your dues, you will have the tools to learn how to work smarter, advance in your career and have access to a wealth of revenue cycle information. AAHAM is the only national organization dedicated to the revenue cycle, both management and the front line staff. We provide education and training for staff and managers, as well as offer a nationally recognized certification program.

Renewing your membership in AAHAM, provides the necessary tools to deal with the serious issues facing hospitals today. Some of the valuable benefits of membership are:

- ⇒ Access to Member's Only Section of AAHAM's website
- ⇒ Timely legislative and government updates to help stay in compliance-The latest networking on information systems, regulations, managed care, payer issues and more
- ⇒ Local and national education meetings-including the AAHAM Annual National Institute
- ⇒ Comprehensive certification programs for executives (Certified Revenue Cycle Executive-CRCE), for managers (Certified Revenue Cycle Professional-CRCP) and front line staff (Certified Revenue Cycle Specialist-CRCS and Certified Compliance Technician Exam-CCT). By ensuring your competency in Registration, Billing, Third Party Recovery and AR Management, you can demonstrate functional knowledge of the day to day operations of your facility.

Please, renew today and continue to build your valuable relationships with other Healthcare Professionals as you gain essential knowledge. Renewing your membership in AAHAM is an investment in your professional career and personal growth.

The dues for 2016 are \$25.00. See the 2016 membership application and dues form at the end of this newsletter.

If you have any questions, please, contact me.

Sincerely,

Bonnie Richards

Membership Chair

207-907-1850



Thank you sponsors!

**AAHAM's Pine Tree Chapter wishes
to thank our GOLD Sponsors**

Advanced Collection Services



MediRevv



Healthcare Revenue Strategies



The ROI Companies



Marcam Associates



The Thomas Agency





Renewal/Application Form

The Maine Chapter of AAHAM is pleased to welcome you as a member. Annual dues for 2016 are \$25.00 per person. Membership runs from January to December. Local dues cannot be prorated during the year.

To ensure that you are a recognized member for the Chapter year and receive all notifications of educational sessions, please submit your payment of \$25.00, made payable to “Pine Tree Chapter of AAHAM” to:

Karen Clark
Patient Accounts
Redington Fairview General Hospital
P.O. Box 468
Skowhegan, Maine 04976

If you are a member of National AAHAM and choose to pay your local dues through them, it is important that you still send this form (without payment) to the above address so that our records will correctly reflect your membership.

Please complete the following:

Name and Title: _____

Certification: _____

Organization: _____

Address: _____

Daytime Telephone: _____ Fax: _____ Email: _____

Check all that apply:

_____ This is a new application

_____ ***I was referred to AAHAM by*** _____

_____ I am renewing my application

_____ I have paid my local dues through National AAHAM

Please send checks to the attention of Karen Clark as close to the start of the new Chapter year as possible.

For Treasurer’s Use Only:
Check No. _____
Date Received: _____