Pine Tree Times

The AAHAM Pine Tree Chapter Newsletter

February 2017

The Future of Rural Healthcare

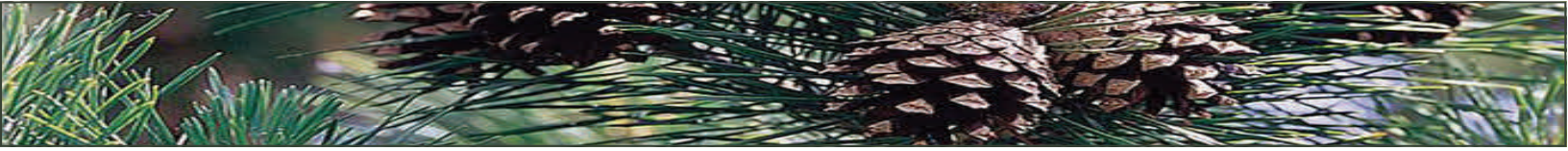
Getting to Know a Board Member

Pine Tree Chapter Gives Back

And much more!

AAHAM
American Association of Healthcare Administrative Management
Pine Tree Chapter

www.aahamme.org



President's Message

The Maine Chapter of AAHAM has been busy as we moved in to 2017. I'm excited about our educational sessions that are set for this year, culminating in our Annual Conference in November at the Samoset Resort in Rockland.

The Maine Chapter of AAHAM is proud to have won the National Chapter Excellence award for 2016, adding yet another excellent year under our belt. This honor is a result of the hard work and dedication of our board members and committees who tirelessly work to keep this Chapter current and providing robust and relevant educational topics for our membership.

National AAHAM has announced that they will be providing free Certification study webinars this year as well as rolling out a new student membership campaign. In addition, they have put together a great program for both Legislative Days (May 1 & 2, 2017) and National AAHAM ANI (October 2017).

I'd like to recognize our very hardworking board and committee chairs for 2017:

Natashia Nile - VP & Program Chair
Karen Clark - Treasurer
Jessica Nile - Secretary
Theresa Huck - Board Member & Chapter Excellence Chair
Lori Burton - Board Member
Frank Ungvary - Board Member
Mike Nile - Board Member
Melody Armstrong - Board Member
Kathy Kimball - Bylaws & Legislative Chair
Vickie Heath - Nominating & Governance

Vaughn Clark - Sponsorship Chair
Barbara Lynch - Newsletter Chair
Tammy Rose - Certification Chair
Kay Doucette - Scholarship Chair
Bonnie Richards - Membership Chair

Also, a special thanks to our current active Past Presidents:

Vickie Heath
Bonnie Richards
John Bosse
Tim Moore
Paul Fitzpatrick
Wendy Bennett

Please be sure to visit our new and updated website www.aahamme.org for information on our educational events and committee work. We look forward to working with our membership and having another great year for the Maine Chapter.

Respectfully Submitted,
Nicole Bishop - President, Maine Pine Tree Chapter

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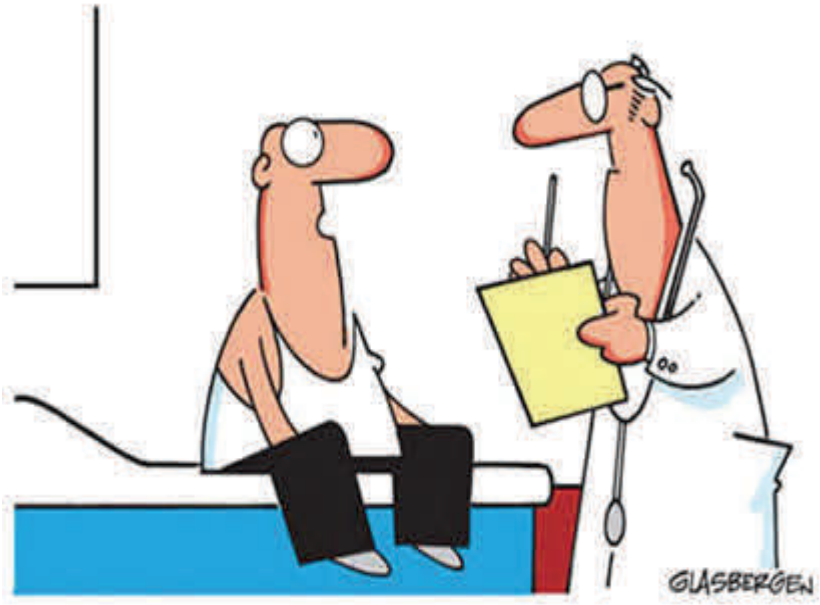
Healthcare Humor



"I have a question about my medication. Why is the couple in the commercial sitting outdoors in separate bathtubs?"

Pine Tree Chapter Board

President - Nicole Bishop

Vice President - Natashia Nile

Treasurer - Karen Clark

Secretary - Jessica Nile

Board Member - Theresa Huck

Board Member - Lori Burton

Board Member - Melody Armstrong

Board Member - Frank Ungvary

Board Member - Mike Nile

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Pine Tree Chapter

Pine Tree Chapter AAHAM

Upcoming Meetings

March 24, 2017	Specialty Meeting	Waterville Elks Lodge
May 5, 2017	Revenue Cycle	Franklin Memorial Hospital
September 8, 2017	Third Party Payor	Augusta Civic Center
November 2-3, 2017	Annual Conference	Samoset

Register online at www.aahamme.org

Certification Corner

I have some exciting news from the Pine Tree Certification Corner. You can now report your own CEUs directly on the www.aaham.org site. If it is for a meeting, you can enter your CEU information and it will be updated once they receive the file from me. If you have other activity that you need to report, that can also be done on the AAHAM website and you can upload your back-up.
Here are the steps:

Go to www.aaham.org
Click on the certification tab at the top
Click on recertification
Click on Online CEU Reporting Form
Fill out Recertification Type (s)
Fill out your name, member ID, address, etc. The CEU units are on the left so you can report the correct amount.
Click Add Files to add your back up.
When done, click Start Upload
You will get an e-mail from AAHAM afterwards.

This process is very user friendly. I am willing to walk anyone through this. I can be reached at 207-779-3151 or trose@fchn.org.

Tammy G Rose, CRCE-I, Pine Tree Certification Chair

Pine Tree Chapter Gives Back

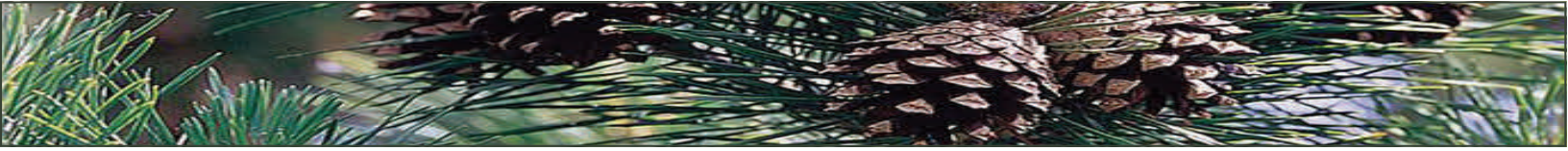
The Pine Tree Chapter has been active in giving back to our community.

At the end of this newsletter, please see letters we have received from the Alzheimer's Association and the Good Shepherd Food Bank expressing their gratitude for our chapter's support towards their causes.

Thank you for paying it forward!

Interesting Facts About WINTER

- Winter cold kills more than twice as many Americans as summer heat does.
- According to the Guinness World Records, on January 28, 1887, a snowflake 15 inches wide and 8 inches thick fell in Fort Keogh, Montana, making it the largest snowflake ever observed.
- Chionophobia is the persistent fear of snow, especially becoming trapped by snow. The term is derived from the Greek words chion and phobos, meaning "snow" and "fear" respectively.
- The largest recorded snowman ever built was in Bethel, Maine in February 1999. The 113 foot 7 inch snowman broke the previous record held by Yamagata, Japan at 96 feet and 7 inches.
- The most snow ever recorded in 24 hours in the United States was at Silver Lake, Colorado, in 1921 at 76 inches. Coming in second is Georgetown, Colorado in December 4, 1913 at 63 inches.
- The definition of a blizzard is when visibility is reduced to ¼ of a mile and the winds are 35 mph or more. The storm also must last at least 3 hours. If any of these specific conditions is not met, then it is a snowstorm instead.



The Future of Rural Health Care

Lancaster Pollard

Few topics are as emotional and personal as health care. Imagine your child breaking an arm playing football in the backyard, your mother calling to relay some bad news about your father's health after a visit to the doctor or your sibling telling you about an upcoming battle with cancer. Fear, anger, sorrow, uncertainty and other emotions flood over you instantly. It's inevitable that everyone will face health care issues in one form or another.

But rural Americans are suffering unique health care challenges that urban residents typically do not face. Simply accessing health care can be a significant hurdle for many. Even more challenging may be finding affordable care.

Defining Rural

The U.S. Census Bureau identifies two categories of urban areas: the first is an urbanized area of 50,000 or more people, including cities and metropolitan areas; the second is an urban cluster of at least 2,500 and less than 50,000 people, including suburbs and large towns. Rural encompasses all population, housing, and territory not included within either of the designated urban area definitions. According to 2010 census data, approximately 20% to 25% of the U.S. population lives in rural areas.

Typical demographic trends of rural areas include lower median incomes, a high proportion of seniors, higher acuity levels and lower life-expectancies. Based on 2010 census data, per capita income is on average $7,417 lower in rural areas than in urban areas, and rural Americans have a higher likelihood of living below the poverty level. According to the Rural Health Foundation, nearly 24% of children in rural areas live in poverty. And as younger residents leave home to attend colleges and universities, or seek employment in urban centers, the remaining population in the rural communities they leave behind becomes older. The fastest growing age cohort in rural America are residents 85 years old and above.[1]

Rural populations typically have high numbers of lower income and aged residents, and there are specific ailments that impact these communities at a higher rate than urban communities. Obesity, lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease are statistically more common in rural areas. Finally, the gap between urban and rural life expectancies is growing. According to a 2014 study published in American Journal of Preventive Medicine, consistent overall increases in U.S. life expectancy was noted during the past 40 years, from 70.8 years in 1970 to 78.7 years in 2010. However, the study reveals the rural-urban gap widening from 0.4 years in 1969 to 1971 to 2 years in 2005 to 2009.[2]

To make matters worse, the providers of rural health care suffer alongside the populations they serve. From reimbursement cuts to a suffocating regulatory environment, smaller facilities located outside urban and suburban population centers have a more difficult path to managing cash flow and scaling fixed costs. This article will focus on two of the primary challenges that both residents and providers face in rural communities.

Challenge One: Access to Health Care

In most U.S. cities, access to physicians and hospitals is a quick drive, a cheap public transit fare, or a taxi ride away. However, people in rural settings are likely to live further away from health care providers, particularly specialist services. Additionally, the deficiency of dependable transportation can be a barrier. Transportation services that exist in urban areas are often lacking or non-existent in rural areas.

Besides the geographical barriers to accessing health care, there are fewer providers. As noted earlier, about 20% to 25% of the population is rural; however, only about 10% of physicians practice in these communities.[3] Ask any rural hospital or skilled nursing CEO to list the top issues in the industry; most would likely tab finding qualified staff as a key concern. Per "Healthy People 2010: A Companion Document for Rural Areas," a project funded by the Office of Rural Health Policy, more than 33% of rural Americans live in "health professional shortage areas," and nearly 82% of rural counties are classified as "medically underserved areas."

Compounding these issues is the rate at which rural health care facilities are shutting down. The National Rural Health Carolina and iVantage, a health analytics firm, to conduct a study that identifies current and potential rural hospital closures.[4]

continued on page 6

1. "The Demographics of Aging," http://transgenerational.org/aging/demographics.html

2. "Widening Rural-Urban Disparities in Life Expectancy, U..S., 1969 -2009," http://www.ajpmonline.org/article/S0749-3797(13)00590-4/pdf

3. "Primary Care: Current Problems And Proposed Solutions," http://content.healthaffairs.org/content/29/5/799.full

4. "Rural Relevance - Vulnerability to Value," iVantage Health Analytics, 2016.

The Future of Rural Health Care

continued from page 5

The ultimate goal is to identify potential closings before they occur. The research targeted approximately 2,000 rural hospitals across the country, and labeled 210 as "most vulnerable" with another 463 labeled as "at risk." Those dubbed "most vulnerable" could close any day, while "at risk" ratings are reserved for hospitals that may only last another few years without adjustment. Ultimately, closing these sites will not only have a negative impact on the access to care in the service area, but also eliminate a top employer in the community.

Challenge Two: Affordability

With a new presidential administration on the horizon, the future of the Affordable Care Act (ACA) is unclear. The general purpose of the ACA was to create more affordable health insurance for the uninsured, thereby reducing the drain on the health care system created by caring for the uninsured. According to "The Affordable Care Act and Insurance Coverage in Rural Areas," a 2014 report, rural populations have a larger proportion of low-income residents who could potentially benefit from the ACA to receive health insurance coverage.

However, approximately 66% of uninsured rural individuals live in states that chose not to expand Medicaid. In some states that chose to expand, the enrollment has far exceeded the projections, which has caused strain on the Medicaid funds from the state. Additionally, several national insurers have pulled out of the ACA state exchanges as their losses piled up. In some cases, to offset losses, premiums on employer-provided insurance plans have increased, creating strains on small businesses subsidizing these plans to employees. Limited employment opportunities combined with mounting health care premiums continue to drive costs higher. Ultimately, these factors equate to rural individuals having fewer affordable health insurance choices.

Aside from the ACA complications, Medicare payment systems and reimbursement practices typically do not acknowledge the distinctive situations of small and rural hospitals. These hospitals are disproportionately impacted by the continual cuts to Medicare reimbursements, including the bad-debt program and disproportionate-share hospital payments. At some facilities, the average age of plant for health care and hospital facilities far exceeds acceptable levels. Improvements to the physical plant and the demand for new information systems climbs, yet access to capital financing can be limited. Reinvesting in the facility is difficult with dwindling revenues and limited financing options.

Solutions and Paths Forward

Though the landscape seems bleak, not all hope is lost. Many rural health facilities are using rural clinics, allowing them to open smaller yet impactful health care facilities across their service areas. This model allows for easier access to general care, but still limits the ability to access specialty care, such as cancer treatment centers or heart specialists. Accessibility is also being driven by new delivery methods, like telehealth, online prescription subscriptions and delivery services and 24/7 on-call doctors via the internet. Supplementing hands-on care with technology should allow greater access as long as communities become connected.

Health care organizations must also address affordability in expense reductions. Specialized consulting groups, such as Health Care Resource Group, focus on working with smaller rural facilities to navigate through difficult waters and improve operations.

A thoughtful capital structure is a good way for hospitals to address expense reductions through minimizing debt service payments. Several financing programs are available to rural hospitals that can address the need to reinvest in their facilities through expansion, acquisition, rehabilitation, or even a modern replacement facility and meet the needs of the community. The USDA Community Facilities Program is reserved for rural nonprofit organizations, including hospitals and skilled nursing facilities, and provides below market fixed-rate, long-term, non-recourse financing for construction and refinance. Other non-recourse financing solutions include the Federal Housing Administration (FHA) Sec. 242 mortgage insurance programs, which also provide agency-insured, long-term, fixed-rate debt at relatively high leverage points.

The aforementioned challenges in rural communities impact a significant portion of the U.S. on a daily basis. Simply accessing affordable health care is something the majority of the nation may take for granted. Without strategic financial action, our rural health care system will continue to face obstacles that severely inhibit community members from receiving necessary care.

Brett Murphy is a vice president with Lancaster Pollard in Chicago. He may be reached at bmurphy@lancasterpollard.com.

Pine Tree Chapter Attire

BLACK MENS JERSEY POLO	$15.00
BLACK LADIES POLO	$15.00
LIGHT BLUE MENS OXFORD	$20.00
LIGHT BLUE MENS PIQUE POLO	$15.00
NATURAL COTTON T SHIRTS	$10.00
PINK LADIES PIQUE POLO	$15.00
CHARCHOL MENS OXFORD	$20.00
WHITE LADIES PERFORMANCE POPLIN	$20.00
LIGHT BLUE LADIES STRIPE	$20.00

Please email Theresa at huckt@emhs.org for sizes and if you would like to purchase one of these great items.

limited sizes available*

"In the News"

In Sports, Who's Really 'Old'?

Michael Nedelman and Robert Jimison — CNN, February 8, 2017

Tom Brady's Super Bowl victory continues a string of big wins for aging professional athletes -- and at 39 years old, Brady has said he has no plans to retire.

The second-oldest quarterback to win the Super Bowl after Peyton Manning, Brady signals what avid fans and sports experts are calling a growing trend of older athletes -- from mid-30s tennis icons Roger Federer, Serena Williams and sister Venus to Florida Panthers right wing Jaromír Jágr, who turns 45 next week.

"We've really started to notice it in the last five or six years," said Shawn Arent, director of the Center for Health and Human Performance at Rutgers University.

"Don't be at all surprised if ... (we see) some of these guys winning their sixth Super Bowl in their 40s," he added.

Arent said advances in the science and technology of exercise are changing not only who excels in professional sports but how star athletes are preparing for the game.

Just keep swimming

On Super Bowl Sunday, former Olympic swimmer Dara Torres found herself arguing with a 9-year-old boy who predicted Brady's impending retirement. Brady, the boy said, is too old to continue playing.

"He had no idea who I was," said Torres, who last competed in the 2008 Games at age 41. That summer, she won three silver medals and set an American record.

"So now I have this bet with this kid that Brady's gonna be back next year," she added.

Torres, who won 12 medals during her 24-year Olympic career, was affectionately called "Grandma" by her teammates. But she said people learned to stop telling her that an athlete's career died at 30."I think I did away with that myth," she said. "Nowadays, 30 isn't that old anymore."

Getting to Know a Board Member

Natashia Nile/Vice President

Years you have been a National Member: Since September 2011

How did you get to where you are today professionally: Working hard and being willing to try new things

What was the last book you read: The Purpose of Christmas by Rick Warren

What was your first job: Going way back…my first job was selling pumpkins and other garden goods road side for my grandparents. However within the workforce my first job was at MBNA.

What do you never leave home without when you travel: My water bottle

Name something most people don't know about you: Although I try to be outgoing, I am most comfortable at home with only my family.

The world would be a better place if only: People were quick to smile and slow to respond.

Get Certified!

Why earn an AAHAM certification?

AAHAM certification is an investment in your personal growth and your professional future. For over forty years, AAHAM's elite certification program has set the standard of excellence in patient financial services and the revenue cycle.

It doesn't matter whether you are new to the healthcare revenue cycle or are a seasoned veteran, our family of AAHAM certification examinations offer a complete career ladder beginning with the Certified Revenue Cycle Specialist and culminating with the Certified Revenue Cycle Executive. We have a certification that will help advance your career.

Plus the learning doesn't stop once you have obtained certification. Our certifications are maintained through a continuous education process. This assures you stay abreast of the important changes and updates that continually occur in our rapidly changing healthcare environment.

"Due to its recognition throughout our industry, AAHAM Certification is the first giant career-step upwards in healthcare."

-Bernard W. Lane, Jr., CRCE-I
Yale New Haven Health Services

AAHAM certification options include:

The AAHAM Certified Revenue Cycle Executive

The AAHAM Certified Revenue Cycle Professional

The AAHAM Certified Revenue Integrity Professional

The AAHAM Certified Revenue Cycle Specialist

The AAHAM Certified Compliance Technician

Exam Schedule
2017 Certification Calendar

March 13-24, 2017
March 2017 Exam Period

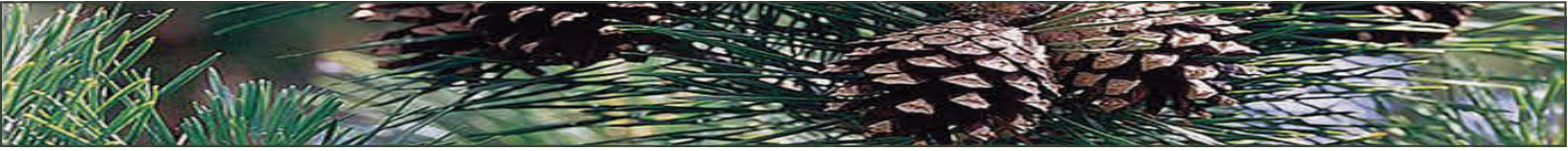
April 17, 2017
Registration deadline for July 2017 Exam Period

July 10-21, 2017
July 2017 Exam Period

August 15, 2017
Registration deadline for November 2017 Exam Period

November 6-17, 2017
November 2017 Exam Period

December 15, 2017
Registration deadline for March 2018 Exam Period



2017 Pine Tree Chapter Membership

AAHAM is having a membership drive in 2017 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 lean 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 2017 are $25.00. See the 2017 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

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MediRevv

Healthcare Revenue Strategies

Healthcare Revenue Strategies
A RevSpring Company

The ROI Companies

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Billing & Accounts Receivable Services

The Thomas Agency

THE THOMAS AGENCY

www.alz.org/maine

Maine Chapter
383 US Route One
Suite 2C
Scarborough, ME 04074

207 772 0115 **phone**
800 272 3900 **toll free**
207 289 3705 **facsimile**

alzheimer's association®

December 19, 2016

Maine Chapter of the AAHAM
P.O. Box 214
Athens, ME 04912

Dear Friends,

Thank you for your $92.00 contribution to the Alzheimer's Association, Maine Chapter. Your support will provide immediate assistance to the people in Maine affected by Alzheimer's disease, their families and caregivers.

The Alzheimer's Association, Maine Chapter offers a 24/7 HELPLINE that provides information, referrals and consultation to callers; education and training programs for families and professionals; care management services for families; a MedicAlert + Safe Return registry for memory-impaired individuals; advocacy and public policy efforts; over 40 support groups statewide; a Speaker's Bureau; two newsletters; information packets and publications. These services and programs are all available to individuals in Maine with Alzheimer's disease, their families and caregivers. We estimate that more than 37,000 Maine people are living with Alzheimer's disease or a related dementia.

We appreciate your support. Your contribution makes a difference in the lives of Maine families affected by Alzheimer's disease. Thank you again for your generosity and should you have any questions, please feel free to call us at 1 800 272 3900 or visit our website at alz.org/maine.

Sincerely,

Laurie A. Trenholm
Executive Director

No goods or services were provided to you for this donation.
Please keep this letter for your tax records.

Thank you for your gift!

PARTNERING TO END HUNGER

Good Shepherd

FOOD BANK OF MAINE

GIFT RECEIPT

Donor Information:

Karen Clark
Maine AAHAM Pine Tree Chapter
PO Box 214
Athens, ME Maine AAHAM Pine Tree Chapter

Gift Processed Date: 10/28/2016 **Gift Amount:** $71

Good Shepherd Food Bank certifies that no goods or services were exchanged for this contribution. Good Shepherd Food Bank is an exempt organization as described in Section 501(c)(3) of the Internal Revenue Code; EIN 22-2986809.

Your gift has been received and processed by Good Shepherd Food Bank as noted above. Should you have any questions about your gift, please contact Tabitha Leadbetter at 207-782-3554, ext. 1107.

On behalf of everyone at Good Shepherd Food Bank of Maine, and the more than 200,000 Mainers facing hunger, I thank you for your gift. We are grateful to you for joining us in our commitment to ensure that all the people of Maine have the healthy food they need to thrive every day.

With gratitude,

Erin H. Fogg
Vice President of Development

Thank you for your gift!

PARTNERING TO END HUNGER

Good Shepherd

FOOD BANK OF MAINE

GIFT RECEIPT

Donor Information:

Karen Clark
Maine AAHAM Pine Tree Chapter
PO Box 214
Athens, ME 04912

Gift Processed Date: 12/19/2016 **Gift Amount:** $30

Good Shepherd Food Bank certifies that no goods or services were exchanged for this contribution. Good Shepherd Food Bank is an exempt organization as described in Section 501(c)(3) of the Internal Revenue Code; EIN 22-2986809.

Your gift has been received and processed by Good Shepherd Food Bank as noted above. Should you have any questions about your gift, please contact Tabitha Leadbetter at 207-782-3554, ext. 1107.

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Erin H. Fogg
Vice President of Development