

THE CHICKADEE POST

Q2 2025



AAHAM

American Association of Healthcare
Administrative Management

*The Premier Organization for
Revenue Cycle Professionals*

Maine AAHAM - Pine Tree Chapter

WWW.AAHAMME.ORG



Our Chapter's Growth & Success Planning to Thrive!

As we embrace mid-year of 2025, we are thrilled to announce that our chapter is aiming for significant growth and success in 2025. We are evolving and changing!

Our hardworking team has successfully implemented new strategies and projects, and our goal is to increase membership, offer more education, and provide more networking opportunities!

Top News

AMA endorses resolution to expand access to anti-obesity medications

Maine has fifth-highest rate of emergency department visits nationwide



VOLUNTEER

Ask us about joining our team!



President's Message: Cultivating Hope and Bright Futures

Dear Friends, Members, and colleagues,
Here we are surpassing mid-2025, with so much to enjoy during the warm summer months in Maine, from its stunning coastlines to its majestic mountains. The rich history of our region reflects the resilience and dedication that defines our chapter.

I am excited about our future as we pursue ambitious goals to increase our membership and expand our educational offerings. Together, we can build a thriving network that not only supports one another, but also fosters professional growth and excellence in our field! With the unique charm and warmth of our community, we can work together to attract new members who share our passion for advancing healthcare management.

I encourage you to explore the benefits of national AAHAM membership, which provides invaluable resources, networking opportunities, and access to certification programs. These certifications can enhance your expertise and open doors to new career paths, ensuring we remain leaders in our industry.

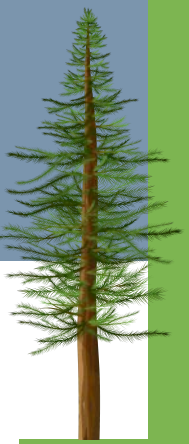
Looking ahead, I hope to see all of you at the AAHAM National Institute this October. It promises to be an inspiring event filled with knowledge, connections, and a chance to celebrate our achievements together. For more information, feel free to reach out to me directly, happy to help!

Lastly, I want to express my overwhelming gratitude to our Board of Directors, who work tirelessly to ensure our chapter thrives, and to our sponsors, whose generous support allows us to provide valuable education to our members. Your dedication and contributions are vital to our success. Let's continue to work hand in hand, making our Pine Tree Chapter a beacon of excellence in Maine and beyond. Together, we can achieve great things!

*Warmest regards,
Christine Telles*

About The Pine Tree Chapter President

Christine Telles is the President and Principal of Marcam Associates, bringing nearly 25 years of experience in the healthcare industry. She provides leadership for the company's day to day workflow and has advanced her expertise through education. A Certified Revenue Cycle Executive, Christine actively contributes to various professional organizations and has held leadership roles in multiple AAHAM chapters, as well as serving on AAHAM's national Government Relations Committee. Originally from Massachusetts, she now resides in New Hampshire with her husband and has three grown children in the New England area. She is also thrilled to welcome her two brand new grandbabies into the family!



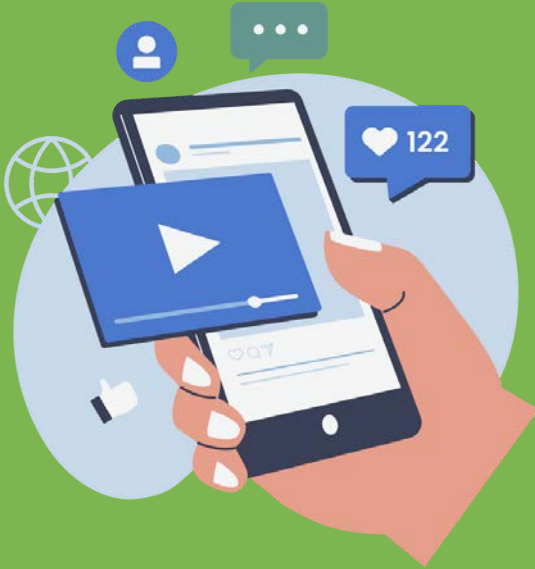
A favorite quote from your president....

"The future is a mystery; let's make it a good one."

— Dave Matthews Band



LinkedIn



Innovative New LinkedIn Account

As you may know, we launched our new LinkedIn account recently! This platform will help us connect and engage with each other more effectively. We have some exciting changes on the horizon aimed at growing our membership and improving attendance at our future events. Stay tuned for updates!

Look for the square image of our logo!

Every "like" and "repost" will help us spread the word!

Liking and reposting content on a new LinkedIn business account is crucial for several reasons



Check it out!

<https://www.linkedin.com/company/pine-tree-chapter-of-aaham/>



- **Visibility and Engagement:** Engaging with posts increases visibility in your network. The more you interact, the more likely your content will appear in the feeds of your connections and followers.
- **Building Relationships:** Liking and sharing relevant content fosters connections with industry peers, clients, and potential partners. It shows that you are active and invested in your field.
- **Establishing Authority:** By sharing insightful content, you position your business as a knowledgeable player in your industry. This helps build your brand's credibility and attracts followers.
- **Networking Opportunities:** Engaging with others can lead to new networking opportunities, collaborations, and partnerships that can benefit your business.
- **Content Strategy:** Reposting content from others allows you to diversify your feed and provide value to your audience without always creating original content. This can keep your followers engaged and informed.



2025

Board of Directors



Our dedicated team of volunteers serves the Pine Tree Chapter, bringing together a diverse range of expertise and passion for healthcare administrative management. Committed to fostering collaboration and driving our mission forward, they work tirelessly to support our members and enhance our community's impact.



JOIN OUR TEAM

President:

Christine Telles, CRCE, Marcam Associates 60 Rochester Hill Rd, Unit 5, Rochester, NH 03867, Phone: 603-834-0146, e-mail: ctelles@marcamassociates.com

Vice President:

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Secretary:

Julie DeMaere, Tegria, Phone: 207-694-1211, e-mail: julie.demaere@tegria.com

Treasurer:

Theresa Huck, Retired, Phone: 207-831-5995, e-mail: theresa859@hotmail.com

Board Members:

Barbara Jankovich
Denise M. Tobin
Timothy Moore
Vickie S. Heath
Paul Fitzpatrick
Alex Denham
Stacey Russell



Hundreds of NIH members condemn research cuts: 5 notes

More than 300 staff members across the National Institutes of Health's 27 institutes sent a letter to the agency's director June 9, condemning disruptions to medical research and cuts to essential staff in recent months.

Here are five things to know:

1

Ninety-two researchers signed the letter by name. Another 250 NIH colleagues endorsed the letter anonymously, out of fear of retaliation. The document is titled "The Bethesda Declaration," in reference to the NIH's headquarters in Bethesda, Md., and addressed to NIH Director Jay Bhattacharya, MD, PhD. It is modeled after the "Great Barrington Declaration," an open letter Dr. Bhattacharya and two other public health researchers published in 2020, urging federal officials to rescind lockdown policies in favor of less stringent COVID-19 prevention measures.

2

The letter urges Dr. Bhattacharya to restore the 2,100 research grants that have been terminated since January, totaling around \$12 billion. The authors also called on the NIH director to address recent disruptions to foreign research collaborations by allowing peer-reviewed research "with vetted foreign collaborators to continue." Additionally, researchers urged Dr. Bhattacharya to reinstate essential NIH staff members who have been terminated; forgo the 15% cap on indirect costs for medical research; and restore the independent peer-review process.

3

Collectively, disruptions and cuts to the nation's biomedical research infrastructure "waste public resources, and harm the health of Americans," the authors wrote. Research grant terminations have put clinical trial participants' health at risk, they said. "Trials are being halted without regard to participant safety, abruptly stopping medications or leaving participants with unmonitored device implants," the letter states.

4

Dr. Bhattacharya responded to the letter in a post on X, stating he wants the NIH to succeed and believes that "dissent in science is productive," but that the staff members' letter "has some fundamental misconceptions about the policy directions the NIH has taken in recent months." He said the agency has not ended "legitimate international collaborations" and that terminated grants are being reviewed, with some already being reinstated.

5

The letter came one day before Dr. Bhattacharya was set to testify before the Senate Committee on Appropriations, where he will face questions about President Donald Trump's 2026 budget proposal, which includes slashing NIH spending by \$18 billion. The reduction would mark a 40% cut from the agency's 2025 budget.



Source:

<https://www.beckershospitalreview.com/hospital-management-administration/hundreds-of-nih-members-condemn-research-cuts-5-notes/>





AMA endorses resolution to expand access to anti-obesity medications

The American Medical Association (AMA) House of Delegates today passed the Endocrine Society's resolution to improve access to anti-obesity medications.

In the resolution, the AMA committed to advocating for reducing the burden of prior authorization, when health care providers must seek insurance plan approval before prescribing anti-obesity medications. Currently, some insurers require approval before every dose change. Doses often need to be adjusted as patients become acclimated to taking GLP-1s, a new class of anti-obesity medication.

Research has shown these medications can help adults lose an average of 15%-20% of their weight. Despite their effectiveness, fewer than 20% of large employers cover the costs of GLP-1s to treat obesity, according to the Kaiser Family Foundation. Medicare is prohibited by law from covering these medications.

Expanded access would benefit many of the more than two in five adults nationwide who are living with obesity, according to the Society's Obesity Playbook. Obesity is caused by a complex mix of environmental and development factors, and it puts individuals at risk for other conditions such as heart disease and diabetes. Improved access to anti-obesity medications could help reduce obesity-related medical costs, which total \$173 billion a year in the United States.

In addition, the resolution supports the elimination of insurance requirements that force patients to obtain prescriptions only from contracted disease management companies. These measures would broaden access to anti-obesity medications.

Source:

<https://www.news-medical.net/news/20250611/AMA-endorses-resolution-to-expand-access-to-anti-obesity-medications.aspx>

“Many health care providers are delaying prescribing anti-obesity medications to avoid burdening their patients with high pharmacy bills. Removing hurdles to accessing this treatment will help more patients receive the care they need to effectively treat this chronic disease.”
Amanda Bell, M.D., one of the Society's House of Delegates representatives

The Endocrine Society, the American Association of Clinical Endocrinology and the American Society for Reproductive Medicine introduced the resolution. Co-sponsors of the resolution include the American Society for Metabolic and Bariatric Surgery, the Obesity Medicine Association and the American College of Physicians.

The adopted resolution builds upon the existing AMA policy of advocating for access to bariatric surgery and other obesity treatments to improve patient care and reduce health care costs.





Maine has fifth-highest rate of emergency department visits nationwide

While the trend is not new, it comes as Maine hospitals are merging, reducing services and even closing.

Maine has the fifth-highest rate of emergency department visits in the country, which hospital officials say could get worse with cuts to Medicaid and further contraction of services.

Hospitals in the state saw 555 emergency department visits per 1,000 people in 2023, according to recent data from the American Hospital Association analyzed by KFF. The only states with higher rates were West Virginia with a rate of 596 per 1,000 people, North Dakota with a rate of 591, Louisiana with a rate of 589 and Mississippi with a rate of 567.

Nevada had the lowest rate of 226, followed by Alaska at 258 and Arizona at 281 visits per 1,000 residents.

Steven Michaud, president of the Maine Hospital Association, said Maine has had a high rate of emergency department visits for decades, which he said is largely because it is one of the most rural states and has limited access to primary care doctors, which can drive Mainers to the emergency department if they can't get timely access to primary care.

"A lot of it is not an emergency," he said. "They're using it as their primary care, which you just don't want to do because it's inefficient, it's expensive and all that."

While the trend is not new, this all comes at a time when Maine hospitals are merging, reducing services and even closing.

Northern Light Inland Hospital in Waterville stopped its services on May 27. A California-based nonprofit announced plans to take over three hospitals through its purchase of Central Maine Healthcare. Northern Light Health reported a \$156 million loss last year.

Source:

Mount Desert Island Hospital announced it would close its birthing unit in July. MaineGeneral planned to end its pediatric psychological services last month. And on May 29, two Aroostook County hospitals said they would merge their management for a year to "remain viable."

Michaud said these are "unprecedented times," and that these closures are happening across the state, even in smaller communities where they don't grab as much attention. For example, he said Penobscot Valley Hospital also had to end behavioral health services due to financial losses and paused payments after lawmakers failed to initially pass the supplemental budget.

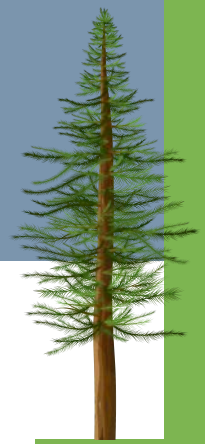
All these closures may not be the primary driver of the trend of emergency visits, but they're definitely a factor, he said.

"What happens when people get into a behavioral health crisis? Where do they go? The emergency departments," Michaud said.

Hospitals have tried to address the issue by creating walk-in clinics, he said, but that requires additional staff.

Dr. Jay Mullen, CEO of BlueWater Health and a practicing emergency physician with experience in hospitals around the state, agreed with Michaud that the highest use of emergency departments is in the "most rural areas where access to primary care, dental care and urgent care services are the most limited."

He added that Maine has a higher proportion of older adults and people with chronic conditions, which can contribute to emergency department visits.



<https://themainemonitor.org/maine-ed-rate-fifth-highest/>

Maine has fifth-highest rate of emergency department visits nationwide

Continued

High use of emergency departments can strain resources, leading to longer wait times and potentially delayed care, Mullen said.

“For patients, this can mean fragmented care and less continuity, especially when (emergency department) visits are used in place of primary care,” he said. “However, it’s important to note that (emergency departments) in Maine are doing their best to meet these needs – often serving as the only accessible point of care for vulnerable populations.”

And in some communities, Mullen said there can be benefits. High rates of emergency department visits can actually be a “financial stabilizer” for rural hospitals by providing critical revenue to support broader hospital operations.

“Rural (emergency departments) operate with high fixed costs – staffing, infrastructure, and compliance requirements remain constant regardless of patient volume,” he said. “When visit volumes are low, these fixed costs are spread across fewer encounters, making each visit disproportionately expensive. But when volume increases, even modestly, it helps offset those fixed costs and improves the financial viability of the department.”

Both Mullen and Michaud said another factor contributing to high rates of ED visits is that many Mainers have coverage from MaineCare, the state’s version of Medicaid. Nearly a third of all Mainers were enrolled in MaineCare last year, including two-thirds of nursing home residents and half of all children.

This isn’t limited to rural areas, Mullen said. Urban areas with a lot of people on

MaineCare also see higher rates of emergency department visits, suggesting “that both geographic and socioeconomic factors are at play.”

People on MaineCare often struggle to find primary care providers who will accept them due to low reimbursement rates, Michaud said. As a result, they might end up in the emergency department.

Michaud said expected federal cuts to Medicaid will only make this worse: “Any time you reduce coverage, you exacerbate this.”

U.S. House Republicans narrowly forwarded a bill last week that would reduce Medicaid spending by at least \$600 billion dollars over 10 years and is expected to reduce enrollment by about 10 million Americans.

Another factor impacting emergency department visits is that Maine sees high numbers of visitors, many of whom don’t have doctors, so hospitals in destination towns along the coast often see surges in the summer, Michaud said.

While Maine’s rural nature may explain its high ranking for emergency department visits per capita, there were some rural states that had low rates. In particular, Michaud said he was surprised to see Alaska among the lowest rates. And Massachusetts, which has near-universal healthcare, still had the 14th highest rate of emergency department visits. Michaud said there are many factors that contribute to these trends and it’s difficult to tell what might explain each state’s ranking. It might be that some states have robust public health networks, unlike Maine, which has only two city public health departments in Portland and Bangor.

“Hospitals in Maine serve as the public health infrastructure,” he said.

Source:

<https://themainemonitor.org/maine-ed-rate-fifth-highest/>





Meet a Member



Paul
Fitzpatrick

Thanks Paul, for letting us highlight you!



With over 30 years in healthcare, Paul Fitzpatrick is a dedicated professional committed to improving healthcare processes. He actively participates in local chapters of the American Association of Healthcare Administrative Management (AAHAM) and the Healthcare Financial Management Association (HFMA), reflecting his passion for advancing the field.

Q1 WHAT INSPIRED YOU TO JOIN THIS CHAPTER?

When I was very new to the industry 100 years ago, I visited a client who had just come back from the ME AAHAM annual meeting (it was so long ago it was called AGPAM back then). They went on and on about what a great group it was; I joined right away. I soon found out they were right, the friends I've made and all the things I've learned are invaluable. I was very proud to become president of the chapter years after that.

Q2 CAN YOU SHARE A DEFINING MOMENT IN YOUR PROFESSIONAL JOURNEY?

The defining moment for me was when I finally earned my CRCP certification; I put it off for many years, but it was gratifying to get it done.

Q3 WHAT ADVICE WOULD YOU GIVE TO SOMEONE LOOKING TO GET MORE INVOLVED WITH OUR CHAPTER OR THE HEALTHCARE SECTOR IN GENERAL?

My advice to anyone interested in getting involved with the chapter is JUST DO IT! You will never know the personal and professional rewards you will get, and you will have so many people to help you along the way.

Q4 WHAT'S YOUR FAVORITE SNACK?

My favorite snack is most any type of peanuts.

Q5 TELL US SOMETHING ABOUT YOU, THAT MOST PEOPLE WOULDN'T KNOW IF THEY MET YOU.

I talk a lot so there isn't really much people don't know about me, but I am an avid reader and follow civics, politics and current events to a perhaps unhealthy degree.

Q6 WHO HAS BEEN A SIGNIFICANT INFLUENCE IN YOUR LIFE, AND WHY?

I can't name one specific influence, there have been so many. All of the people who welcomed me into AAHAM and supported me through the years have been an enormous blessing.

Q7 FINALLY, IF YOU COULD TRAVEL ANYWHERE IN THE WORLD, WHERE WOULD YOU GO AND WHY?

If I could travel anywhere in the world it would to tour all of Europe and all of the historical sites.

A favorite quote from our friend....

"A good lawyer knows the Law, a great lawyer knows the judge."

— Unknown



Sponsors

We can't thank them enough!

Sponsor support is vital to our chapter as it provides essential funding that helps sustain programs and services. These partnerships not only enhance financial stability but also increase visibility and credibility within the community. Sponsors often bring valuable resources, expertise, and networking opportunities that can amplify the non-profit's impact. Ultimately, their support enables us to fulfill our mission effectively and reach more individuals in need.

Our Sponsors



Pine Tree Chapter
of AAHAM

Why Sponsor?



- Verbal recognition at all Pine Tree AAHAM events
- Recognition on Sponsor Slideshow at all Pine Tree AAHAM events
- Exhibit table at all Pine Tree events, including Annual Conference
- Recognition on our website, including company logo, and link to your website
- Advertisement in quarterly newsletter
- Featured on our LinkedIn page
- Opportunity to network with decision makers from many of Maine's largest providers
- Access to attendee lists for all Pine Tree AAHAM events



Chickadee Chatter

Welcome to Chickadee Chatter, your source for fun and fascinating tidbits! Here, we share quirky facts and intriguing insights that spark curiosity and brighten your day. Whether it's about nature, our community, or beyond, we hope these nuggets of information inspire you and get you chatting! Enjoy the chatter!

The First State to Abolish Slavery: Maine was the first U.S. state to abolish slavery in 1820, even before the Civil War!



The "Pine Tree State": Maine's nickname comes from its vast forests, which cover nearly 90% of the state's land area.

Bizarre Festivals: Maine hosts quirky festivals like the Annual Lobster Festival and the Maine Whoopie Pie Festival, celebrating local culture and cuisine.

Lighthouses: Maine is home to more than 60 lighthouses, more than any other U.S. state.



COASTLINE

Longest Coastline: Maine has the longest coastline of any U.S. state, measuring over 3,500 miles when including all its islands and inlets.

FUN FACT

Bananas Are Berries: Botanically, bananas are classified as berries, while strawberries are not.

The **chickadee** is a small, energetic bird known for its distinctive black cap and cheerful "chick-a-dee-dee-dee" call. Found across North America, these birds are often seen flitting among trees and feeders, where they delight birdwatchers with their playful behavior and curious nature.





AAHAM

American Association of Healthcare
Administrative Management

*Empowering the future of healthcare
revenue cycle excellence.*

UPDATE

National AAHAM

The Pine Tree Chapter of the National AAHAM (American Association of Healthcare Administrative Management) is dedicated to keeping you informed and updated on national developments in our field. We aim to enhance your understanding of key issues and initiatives affecting healthcare administrative management.

Annual National Institute

"Connect Locally, Influence Nationally"

October 20 - 22, 2025

Save the Date!

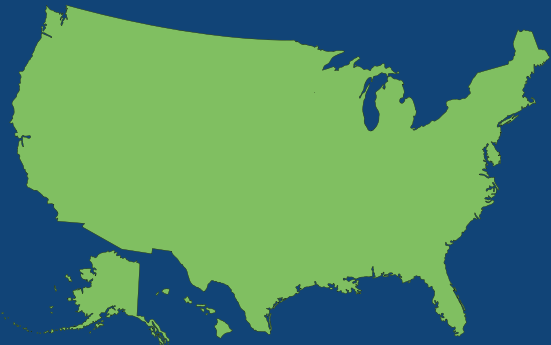
October 20 - 22, 2025

Location: Hilton Baltimore Inner Harbor,
Baltimore

More information to come!



Become a National Member



Becoming a member of AAHAM puts a world of revenue cycle experts and information at your fingertips.

With a call to one of our chapters, AAHAM members can network with experienced revenue cycle professionals who have faced many of the same challenges they face every day.

For a cost of less than a dollar a day, AAHAM membership is the best investment you can make in your career!



GET



CERTIFIED

Why earn an AAHAM certification?

National AAHAM certification is a valuable investment in your growth. For over 40 years, it has set the standard in patient financial services and the revenue cycle.

Whether you're new or experienced, AAHAM offers a career ladder from Certified Revenue Cycle Specialist to Certified Revenue Cycle Executive. Ongoing education ensures you stay updated on the latest industry changes.

Check out some our certified members!

We're proud of these folks!

- Karen Clark
- LeAnn Luczek
- Shannon Ryan
- Vickie Heath



There are various levels of certification

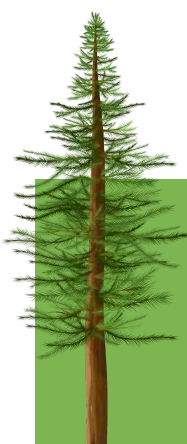
- CRCE (Certified Revenue Cycle Executive)
- CRCP (Certified Revenue Cycle Professional)
- CRIP (Certified Revenue Integrity Professional)
- CRCS (Certified Revenue Cycle Specialist)
- CCT (Certified Compliance Technician)

TRAINING WEBINARS AVAILABLE



Check it out!

[Click here for more information from National AAHAM](#)





Membership Renewal/Application Form

Pine Tree Chapter of AAHAM is pleased to welcome you as a member.

Annual dues 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 AAHAM”

Mail to:
 Theresa Huck
 405 Woodford Street
 Portland, ME 04103

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 membership

I am renewing my application

I have paid my dues through National AAHAM

For Treasurer’s Use Only:

Check No: _____

Date Received: _____

