Dear Pahcom Friends and Colleagues:

Today is my writing day. This is the third item on the “To Do List” and my fingers sit hovering over the keys trying to decide what to type. The ideas float in my mind, as usual, while I think about what I can write that will strike a chord and someone will say, “I can relate to that”; or maybe you’ll just chuckle and be glad you’re not me with my crazy life. I’ll tell you about the first two items I wrote about in a bit. First, a little about last month. I would like to thank Tammy Finch for a wonderful presentation about Social Media and its Uses in the Medical Setting. It was very informative, especially to some of us who did not know all of the current, in vogue, vocabulary. Thanks, also, to David Heller, from the H Group, for providing a delicious dinner. For us hearty Midwesterners (and transplanted Virginians), we wait many long, cold months for our brief summer respite. We blink our eyes and it’s time for fall. August is almost gone and you can feel it in the air. I am sure we will have a few more teasers; but, for all intents and purposes, school is in session! Flu shots are coming in. Jackets will be back in style. August is our writing month. The ideas float in my mind, as usual, while I think about what I can write that will strike a chord and someone will say, “I can relate to that”; or maybe you’ll just chuckle and be glad you’re not me with my crazy life. I’ll tell you about the first two items I wrote about in a bit. First, a little about last month. I would like to thank Tammy Finch for a wonderful presentation about Social Media and its Uses in the Medical Setting. It was very informative, especially to some of us who did not know all of the current, in vogue, vocabulary. Thanks, also, to David Heller, from the H Group, for providing a delicious dinner. For us hearty Midwesterners (and transplanted Virginians), we wait many long, cold months for our brief summer respite. We blink our eyes and it’s time for fall. August is almost gone and you can feel it in the air. I am sure we will have a few more teasers; but, for all intents and purposes, school is in session! Flu shots are coming in. Jackets will be back on.

There are seasons for everything. As most of you know, I haven’t been in PAHCOM very long, as compared to many; but it seems to me that September starts a new season of growth and preparation in PAHCOM. Actually, maybe it is August. The contest for the Chapter of the Year runs from August 1 of one year to July 31 of the next year. Things begin anew in August. We already have a good start. September is our Member’s Only Business Meeting and this was my first item on my “To Do List”. Historically, I understand that this is not very well attended. I am asking all of our paid chapter members (YES, ALL) to please attend the meeting. Help shape the future of your chapter. Help make it strong; help make it grow; help make it what you want and need. At this meeting, we will slate officers for next year and plan elections for October. If you want to get involved, just raise your hand. In addition, we will discuss 2012 directions and plans. As the growing season continues, elections will follow in October. Post elections, the new officers will begin planning for 2012. Speakers and meetings are arranged to meet your needs and every effort is made for the topics to be educational and current. Installation of officers for 2012 is in November but the transfers of duties do not actually occur until January of the following year.

Growth also implies new buds or, in our case, members. Now, I’ll tell you a little about the second piece I wrote this morning. Earlier in the week, I did a database search on the PAHCOM membership site and saw many area managers that were unaffiliated with our chapter (or any chapter). I couldn’t help but ask myself, “Why?” Was it purposeful? Was it just an oversight? Could it have been the $30.00 annual local membership? Was it something that happened in the distant past that could be put to rest now? How can we rectify this? We need them just as much as national needs strong chapters. So, I wrote a letter to our National unaffiliated members asking them to join GCPAHCOM. National, I believe, can send this message to all members within a particular radius or zip code or we can post this. It will get posted, as well, with this Newsletter. We are reaching out to all of our PAHCOM Colleagues to join us in our endeavor to share our knowledge and educate each other, whether it’s across the country or across the street. This is the PAHCOM Mission.

Please support your chapter if you are already a GCPAHCOM and attend the Member’s Only Meeting. Also, please RSVP and let us know what Pot Luck Dish you will contribute. Karen Spellman is coordinating. The secret word is members. If you are a National unaffiliated PAHCOM member and want to join locally, please RSVP, bring your $30.00 check, and we will welcome you. We need and want your expertise, as well as your friendship. We hope to see you.

Respectfully submitted,

Renee R. Segal, CMM, CPC
President, GCPAHCOM
The meeting was called to order by President Renee Segal, CMM at 7:00pm.

**Board and Chairpersons Present:** Renee Segal, CMM, President, Roberta Malloy, CMM, Treasurer, Violet Elieff, CMM, Vice-President, Karen Spellman, CMM, Membership, Kelly Dietrich, CMM, Sponsor Chair, Lizz Dietrich, CMM, Communications Coordinator, and Roxie Esposito, CMM, Secretary.

**Members:** Jody Berman, Robert Dunk, Cindy Penar, CMM, and Donna Weinstock.

**Guest Managers/Sponsors:**

**Sponsors:** Tami Gilbert, Mike Hattie, Jeff Cumbee, Bert Rosenberg, Dan Fraser, and Joe Balice.

**Minutes:** Violet Elieff, CMM, made a motion to approve the minutes from the April meeting, and Roberta Malloy, CMM, seconded the motion. Minutes approved.

**Membership:** Karen Spellman, CMM, stated that we have 37 paid members.

**Communications Coordinator:** Lizz Dietrich, CMM, advised that she will change GCC PAHCOM on Facebook from a group to a page. National PAHCOM also has a page on Facebook. If sponsors would like to post anything about their company on Facebook, LinkedIn, or Twitter, please let Lizz know.

**Historian:** no report.

**Sponsor Spotlight:** David Heller from the H group. Thank you (to Fiona) for the delicious dinner!

**Programming:** September 2011 meeting: Members Only Meeting. It is important that our members attend this meeting.

Dinner will be a potluck. Please RSVP the Wednesday before the meeting date (September 6) and state what dish you will bring.

October 2011 meeting: Vendor Fair.

**Sponsor Information:** Kelly Dietrich, CMM, announced we have a new sponsor, Ike Schreibman, Healthcare Collection attorney. We need a sponsor to provide dinner for the November 2011 meeting. If you haven’t done so yet, please contact Kelly. Kelly reminded the sponsors to update and correct information on the GCC PAHCOM website. Many sponsors have no information on the website. This is an opportunity to advertise your company.

**Old Business:** none.

**New Business:** The speaker presentation was done prior to the business meeting. Renee Segal, CMM, offered congratulations to the two new CMM’s, Lizz Dietrich, CMM, and Roberta Malloy, CMM. Regarding Chapter points, Renee spoke with Karen Blanchette from National who states the point system is being revised. The posting for points is done online only. At the next meeting, we will discuss which members would be interested in taking the CMM exam. At this time, 8 members are attending conference. Janice Goodyear, CMM, is using the free conference tuition (2nd ticket drawn). Elections have to be held in September or October. You must be a paid member to vote. This will be discussed in more detail at the September meeting.

Violet Elieff, CMM, announced that the Holiday party will be held at Manzo’s in Des Plaines.
Wear your PAHCOM pin(s) 1 (no matter how many you wear)

The following will be awarded after the event and only awarded once per year:

- Your guest becomes a member (manager or sponsor) 2
- Serve as an officer 5
- Chair a committee 4
- Serve on a committee 3
- Participate in a chapter sponsored activity 2
- Attend National conference 4

"Each of us alone is one; together we are the Professional Association of Health Care Office Management."

Richard Blanchette
Founder

Spiral bound-easy reading books-National Press Publications, Inc.

Communication & Leadership Series:
- Techniques of Successful Delegation – by Carla Brown
- Assertiveness: Get What You Want Without Being Pushy – by Carla Brown
- How to Manage Conflict – by Carla Brown
- Getting Things Done – by Kristine C. Brewer
- Team Building – by Charles Mallory
- The Supervisor’s Handbook – by Mark R. Truitt
- Techniques to Improving Your Writing Skills – by Robert L. Iles

Lifestyle Series:
- Balancing Career & Family: Overcoming the Superwoman Syndrome – by Marian Thomas
- The Stress Management Handbook – by Kristine C. Brewer
- Powerful Leadership Skills for Women – by Dr. Patricia Murdock Miller
- Dynamic Communication Skills for Women – by Carla Brown
- Self-Esteem: The Power to Be Your Best – by Mark Towers

Time Power – by Charles Hobbs
- How To Collect At Time of Service – Video training for healthcare professionals
- How To Speak Up, Set Limits and Say No* by Maria Arapakis
  [*Without Losing Your Job or Your Friends] audio cassette program

TREASURER’S REPORT
AVAILABLE UPON REQUEST
By MEMBERS
Medicare

Waiver of Co-Payments

Professional courtesy or other practices that involve waiving co-payments or other cost-sharing amounts raise concerns. Where the recipients of such waivers are Medicare beneficiaries, the waiver of co-payments and deductibles can be viewed as a violation of the Federal False Claims Act. This is because Medicare regulations require providers to bill Medicare no more than the “actual charge” for the service rendered. When a provider waives the Medicare copayment, he or she is actually providing the service for a lower cost than what is being reported to Medicare. For example, if the actual charge of the service is reported as $100 and the co-payment is $20, then waiving the co-payment will result in an actual charge of only $80. A provider who misrepresents the actual charge as $100 could be charged with violating the False Claims Act.

Because the Health Insurance Portability and Accountability Act (HIPAA) extends the reach of the Federal False Claims Act to claims submitted to all payers, the practice of waiving co-payments could also result in violations for non-Medicare patients where a private health plan places the same type of “actual charge” limitation on payment. State laws and private insurance contracts may also prohibit waiver of co-payments for private pay patients.

In addition, waiver of co-payments, especially to the extent it is advertising to beneficiaries, potentially violates the prohibition on providing inducements to a patient to generate business payable by a federal health care program and can subject a provider to civil monetary penalties.

HIPAA 5010 National Testing Week, Aug. 22 to 26

Practices preparing for the transition to HIPAA 5010 have an important opportunity to test systems upgrades, when CMS conducts a national testing week later this month. Initially scheduled as a one-day follow-up to the first national day earlier this summer, CMS has expanded the testing period to five full business days: Aug. 22 to 26. From this point forward, practices only have 20 weeks left to make sure they and their vendors are ready for the transition.

If your practice’s claims processing is not compliant with the new HIPAA 5010 data standard by the Jan. 1 deadline, all third-party claims except workers compensation will be denied and your practice will not be paid. The national testing days are an important opportunity to assess your practice’s ability to submit HIPAA 5010 claims. After the last national testing date, CMS posted a list of the top 10 errors. These included:

- Wrong postal and zip information for the service location
- Failure to provide the correct payer ID number
- Wrong provider or tax ID number
- Incorrect subscription number for the patient

TrailBlazer Health also posted the most common submission errors for each state.
2011 Chapter Officers

President:
Renee Segal, CMM
Ph: 847-540-8020
rene@gepahcom.com

Vice President:
Violet Elieff, CMM
Ph: 312-642-9858
violet@gepahcom.com

Parliamentarian:
Elizabeth Dietrich
Ph: 847-677-1170
lizz@gepahcom.com

Secretary:
Roxie Esposito, CMM
Ph: 847-698-1487
roxie@gepahcom.com

Treasurer:
Roberta Malloy
Ph:
Robert@gepahcom.com

Membership:
Karen Spellman, CMM
Ph: 847-985-0881
Karen@gepahcom.com

Janice Goodyear, CMM
Ph: 773-775-0811
Janice@gepahcom.com

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RSVP BY FRIDAY, SEPTEMBER 2, 2011
Dinner will be a Pot Luck by the members
Let Karen know what you are bringing

Thank you for dinner at our August meeting
David Heller—The H Group

!!!!! We are Online !!!!
Pay your yearly membership dues
or
sponsorship online via PayPal
@
www.gcpahcom.com
August Minutes Cont…

Program: "Building your Practice with Social Media" presented by Tammy Finch.

Kelly Dietrich, CMM, made a motion to adjourn the meeting, and Jody Berman seconded the motion. The meeting was adjourned at 8:35pm.

Respectfully Submitted,
Roxie Esposito
Secretary

Roxie Esposito
Secretary

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Medicare

New ABN Form

CMS issues the Advance Beneficiary Notice of Non-coverage (ABN) for you to use to notify your Medicare patients when you believe an item or service may not be covered. This form has been updated and changed several times, with the most recent version being dated 03/08.

Because this is an official Office of Management and Budget document, CMS is required to review the form and make any necessary changes every three years. The new version is dated 03/11, and its use is mandatory by November 2011. There are no changes to the form, other than some minor font changes and, of course, the version date at the bottom. You must replace your old 03/08 forms with the 03/11 version.

There were no changes to the instructions about how to complete the form. There were changes to the Medicare Claims Processing Manual (MCPM) Chapter 30, section 50, which addresses the ABN and its use. For the most part, these are helpful clarifications. Here are a few of the high points:

- A new discussion about when an ABN is mandatory or voluntary.
  - Mandatory reasons include statutory exclusions, including “not reasonable and necessary” (e.g. not medically necessary) and “supplier number requirements not met” (i.e. the optical dispensary is not a Medicare supplier).
  - Voluntary reasons include statutorily excluded items and services, such as routine eye care.

- The MCPM states that the ABN “can be issued voluntarily in place of the Notice of Exclusion from Medicare Benefits (NEMB).” It does not say the ABN form must be used in lieu of the NEMB form.

- The MCPM reiterates that an ABN must be obtained prior to providing services, must be personally signed and dated by the beneficiary or his/her representative, and that the beneficiary must personally select an option.

- The ABN form is approved for Medicare fee-for-service only, not Medicare Advantage plans.

- The prohibition against issuing blanket ABNs still stands. An ABN must be specific as to the items or services being provided and the reason non-coverage is expected.

- There is also a specific instruction that “ABNs cannot be used to shift liability for an item or service that is described on the ABN as being “better” or “higher quality” on an ABN.”


The ABN forms (English and Spanish) may be accessed at http://www.cms.gov/BNI/02_ABN.asp.
Physicians strengthen Illinois’ economy

Illinois’ office-based physicians ensure the health and well-being of their communities. A recent report by The Lewin Group proves they also strengthen Illinois’ economy by creating jobs, purchasing goods and services, supporting wages and benefits, and generating state and local tax revenue.\(^1\) The people of Illinois benefit directly when the state creates a positive practice environment for physicians. By attracting and keeping physicians in the state, the people of Illinois have better access to health care and a stronger state economy.

- Jobs: Office-based physicians support more than 155,000 jobs in Illinois
- Output: Office-based physicians contribute $43 billion in economic output or sales revenue, representing 6.8 percent of the total GDP in Illinois
- Wages & Benefits: Office-based physicians in Illinois generate nearly $28 billion in wages and benefits
- Taxes: Office-based physicians generate more than $1.8 billion in state and local tax revenue in Illinois

In addition to supporting the state economy, physicians also give back to their community by providing charity care. In 2008, physicians provided an estimated $24.4 billion in charity care on a nationwide basis.\(^2\)

2011 Economic Impact Study of Office-Based Physicians

<table>
<thead>
<tr>
<th></th>
<th>Illinois</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Office-Based Physicians</td>
<td>26,917</td>
<td>638,661</td>
</tr>
<tr>
<td>Total Number of Jobs Supported by Office-Based Physicians</td>
<td>155,690</td>
<td>4.0 Million</td>
</tr>
<tr>
<td>Average Number of Jobs Supported per Office-Based Physician</td>
<td>5.8</td>
<td>6.2</td>
</tr>
<tr>
<td>Total Sales Revenue Generated by Office-Based Physicians</td>
<td>$43 Billion</td>
<td>$1.4 Trillion</td>
</tr>
<tr>
<td>Total Wages &amp; Benefits Supported by Office-Based Physicians</td>
<td>$27.8 Billion</td>
<td>$833.1 Billion</td>
</tr>
<tr>
<td>Total State &amp; Local Tax Revenue Generated by Office-Based Physicians</td>
<td>$1.84 Billion</td>
<td>$62.9 Billion</td>
</tr>
</tbody>
</table>

\(^1\) The State-Level Economic Impact of Office-Based Physicians Report, The Lewin Group, Jan 2011.
August 22, 2011

Dear PAHCOM Colleagues:

Do you remember the old TV sitcom, “Car 54, Where Are You?” Maybe some of you are too young and maybe some of you don’t want to own up to remembering it. However, the title suffices. Illinois National PAHCOM members: WHERE ARE YOU?

GREATERCHICAGOLAND Chapter of PAHCOM needs you. Our chapter dues are nominal—just $30.00 a year and slightly more if you pay online. As I searched the national database recently, I found many names of managers I know personally and many managers I don’t know in our immediate area who have not affiliated with our chapter.

That begs the question. WHY? As you may or may not know, I am still pretty new to PAHCOM and GCPAHC. I am not new to Medical Office Management. I don’t know all of the history, good and bad, related to PAHCOM and our chapter. If you have read any of my previous letters, you have learned that, for most of my career, I stayed isolated in my office and that I have never been much of an organization and meeting person. Like many of us, I took “privacy” to mean that I had to always invent my own wheels, make my own forms from scratch, and do my own research when necessary. Heaven forbid if I reached out to fellow competing offices for advice or help. How silly and what a waste of time!

Our chapter is evolving and changing. We are growing. We have new members. The topics of our meetings are timely and educational. We focus on what is happening today and what we need to know as managers to free our docs up to practice medicine. Our docs make sure they stay current by attending their professional meetings. Don’t they want you to do the same?

I am personally asking each of the national PAHCOM members for a commitment. Please join YOUR local chapter-GCPAHC. Your participation, your attendance at a meeting, your $30.00 annual dues. We need local chapters for national PAHCOM to prosper and grow. If there was reason you didn’t join the chapter in the past, please put that behind you. I would also be glad to speak with you if you have issues I can put to rest. We need YOU. If you choose not to affiliate with us, please call me (847-846-2130) or email (ejlss@aol.com) and explain why PAHCOM is important but making sure that the local chapter flourishes isn’t. This can be anonymous, if you wish. I really want to know.

Thanks so much for taking the time to read and think about this. “Car 54, Where Are You?”—“Chicagoland PAHCOM national members, Where Are You?”

Renee R. Segal, CMM. CPC
President, GCPAHC