HBMA

LEADING THE BUSINESS OF HEALTHCARE

RCM Advisor

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Thirty Years and Still Going Strong!

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RCM Advisor is published quarterly for the members of the Healthcare Business Management Association, Inc. (HBMA). Editorial offices are located at:

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HBMA MISSION

HBMA provides education, advocacy, collaboration and certification for healthcare billing professionals and providers engaged in the business and technology of healthcare revenue cycle management.

LETTERS TO THE EDITOR

Send to **info@hbma.org**, and include contact information. We reserve the right to edit all letters. All published letters become the property of ***RCM Advisor***.

How HBMA Provides Value to Members

HBMA's focus for 2023 is to deliver value to our members. HBMA's board, committees, and administrative team are laser-focused on examining HBMA's current value offerings and identifying new and innovative ways to deliver value. With that in mind, I challenge you to consider the value of your HBMA membership and ask yourself whether you are taking advantage of the opportunities your membership provides.

First, let us consider what HBMA should be for you.

Professional associations bring together individuals working in the same industry or profession. They provide a range of benefits to their members which can significantly impact their career and personal development. For RCM companies, HBMA serves as this platform.

Networking Opportunities

Professional associations provide a channel for members to network and connect with other professionals in their field. This channel can help to build relationships, establish new business contacts, and learn about job opportunities. These networks can be particularly beneficial for individuals looking to make career transitions or seeking advice on industry-related issues.

Professional Development

Most professional associations offer professional development programs and resources to their members. This offering can include training programs, certifications, and continuing education courses. These programs can help members improve their skills, stay current with industry trends, and enhance their career prospects.

Access to Industry Information

Professional associations provide members with access to industry-specific information and resources. This access can include research reports, industry news, and best practices. This information can help members stay informed about their industry and keep up with changes and developments.

Advocacy and Representation

Professional associations also play a role in advocating for their members' interests and representing their profession. For example, they may lobby for changes in legislation or regulations that impact their industry or work to improve the public's perception of their profession. This advocacy work can be vital for highly regulated industries – like healthcare.

Every organization should periodically self-assess and seize opportunities for improvement. HBMA is no different. I thank our volunteers who have worked hard the past two years to perform this necessary task for HBMA and those who continue to push HBMA forward.

Collaboration and Innovation

Professional associations also provide a platform for collaboration and innovation among their members. This platform can include opportunities to work on joint projects or share knowledge and expertise. This collaboration can lead to new ideas, solutions to industry challenges, and enhanced innovation.

Professional Recognition

Professional associations provide their members with opportunities for professional recognition. This recognition can include awards, certifications, and other forms of appreciation for their achievements and contributions to their industry. This type of recognition can be indispensable in building a professional reputation and advancing one's career.

How HBMA Stacks Up

As I examine these common purposes and characteristics of professional associations, I think "HBMA." They remind me of the common theme I hear from event participants who claim they "enjoy networking the most about HBMA events." I think about the successful Innovation Workshop and Fall Conference in 2022. The critical advocacy work of Matt Reiter and Capitol Associates comes to mind. I appreciate the work of our Education Committee in developing a new content-rich webinar series available to you this year through the redesigned HBMA website and HBMA's new quarterly RCM Best Practice Solutions Virtual Networking Events.

Furthermore, I am excited that HBMA has begun the process of revitalizing the CHMBE certification program. I eagerly await the launch of HBMA's new Learning Management System. Lastly, we all look forward to celebrating HBMA's 30th Anniversary at this year's Fall Conference. I hope that you join us as we plan to make it a memorable celebration.

Every organization should periodically self-assess and seize opportunities for improvement. HBMA is no different. I thank our volunteers who have worked hard the past two years to perform this necessary task for HBMA and those who continue to push HBMA forward. The success of this association over the past two years makes me proud to be a member and to serve as your 2023 president.

I tell my team that everything we do should be evidence-based. We should form our conclusions and advice on facts and data. So, in assessing HBMA, what does the evidence show?

HBMA is the PREMIER PROFESSIONAL ASSOCIATION for revenue cycle management.

I challenge you to engage with us to see for yourself.

– Landon Tooke, CPCO, CHC

HBMA President | Ltooke@impact-healthcare.net

HBMA Education Calendar

LIVE EDUCATION

2023 Owners & Managers Meeting

REGISTER!

Laguna Cliffs Marriott Resort & Spa
Dana Point, CA
May 2-4, 2023

2023 Revenue Cycle Management Annual Fall Conference

REGISTER!

JW Marriott Indianapolis, IN
September 26-28, 2023
Registration Now Open!

RCM Best Practice Solutions

REGISTER!

BROUGHT TO YOU VIRTUALLY BY YOUR HBMA MEMBERSHIP NETWORK

May 17, 2023
10am PT / 11am MT / 12pm CT / 1pm ET

This exciting members only event is designed to be an opportunity to connect with your fellow HBMA members to discuss the topics that are important to you! You will be able to join the topic you are most interested in, and a moderator will be available to help answer questions and keep conversations flowing.

DISTANCE LEARNING

GET HBMA EDUCATION ON DEMAND! Available 24/7, distance learning topics cover a wide array of topics to improve your healthcare business: Automation, Privacy & Security, Revenue Cycle Management, Compliance, Legislative Updates, Data, Claims Management, Patient Responsibility, Coding, and much more. Membership pricing available on all modules... many for free!

BROWSE!

- What is a 7 Element Compliance Program?
- Integral Leadership: Using the Framework of Spiral Dynamics to Improve Your Organization and Your Life
- How Hacks Happen: WIFI
- The 5-Star Leader: Become the Manager Who Leaves a Legacy
- How AI and Automation Will Reshape Billing Services
- HBMA No Surprises Act Webinar Series Part 1: Good Faith Estimate
- HBMA No Surprises Act Webinar Series Part 2: Out-of-Network "Surprise Bill" Protections
- HBMA No Surprises Act Webinar Series Part 3: IDR and PPDR Arbitration Processes
- Healthcare Innovation Workshop: Increasing Efficiency in Revenue Cycle Management Through Innovation
- Healthcare Innovation Workshop: Perspectives on Patient Responsibility
- Healthcare Innovation Workshop: Automation/Changes in Revenue Cycle 2022 & Beyond
- Healthcare Innovation Workshop: The Great Resignation and the Added Impact on Healthcare Revenue Cycle
- Healthcare Innovation Workshop: What is the Real Promise of Automation in the Revenue Cycle?
- Healthcare Innovation Workshop: Effective Intelligence: The New Measurement of Revenue Cycle Success
- Healthcare Innovation Workshop: Into the Weeds of Revenue Cycle Benchmarking: Data Analysis, and Process Design

Spotlight on the Commercial Payor Relations (CPR) Committee

By Ramesh Gogineni, CHBME, Chair

At the core of the HBMA is the CPR Committee. Most of our members interact with commercial insurance payors in our everyday business lives. Our communication with and understanding of the policies and guidelines of these payors is vital to our business interests.

The mission of the CPR committee is to promote this communication and understanding by serving as an "advocate for our membership and industry by establishing meaningful relationships with payors through cooperative initiatives that strive to reduce costs, administrative burdens and aid our membership in dealing with the increasing complexity of billing and reimbursement process."

The members of the CPR Committee have established relationships with key contacts from our payors, which helps us become better informed, while also providing intangible value to our individual organizations. The committee members meet once a month for about an hour. Additionally, we meet quarterly with each sub-committee that we are part of, and quarterly with all the payors. We currently work with Aetna, Cigna, Humana, and United Healthcare, and we are working to add more payors.

We are pleased to have held our inaugural Payor Week from March 20 -24, 2023. We hope members of your team were able to attend at least some of the sessions in order to learn how to do business with each of the commercial payors. Some senior members from each of the payors participated as well. We had an agenda for each day so that your team members could attend and ask questions from our commercial payors. Payor Week was designed to be an invaluable educational tool, and we hope you were able to join to make it a success and learn from it.

We would appreciate your help in bringing more payors on board and adding fresh ideas on what the CPR committee can do for our members. If you are interested in volunteering for this committee, please feel free to email info@hbma.org or call me directly at (703) 831-4207. We look forward to hearing from you! ■

The Business of HBMA and You

By Brad Lund, HBMA Executive Director

An association management company (AMC) has managed the business affairs of HBMA from its inception in 1993. In many respects, an AMC is similar to a revenue cycle management (RCM) company. Management of the revenue cycle of a healthcare provider is hard work and dealing with client expectations is an ongoing challenge. For the RCM, payors often times create barriers to being successful. High quality and knowledgeable staff is essential to overcoming these obstacles, along with the support of appropriate technology. Managing a not-for-profit association is also hard work. For an AMC, the key to success lives within the contribution of time and knowledge of its "volunteer staff," best described as committee members willing to give back to the association that represents their industry.

I served HBMA as its executive director from 2001 to 2014. During that period, we achieved financial stability, but more importantly, we attained recognition and status within the healthcare community. HBMA earned a seat at the tables of government and commercial payors along with other not-for-profit healthcare associations that dealt with the business aspects of their specific provider groups.

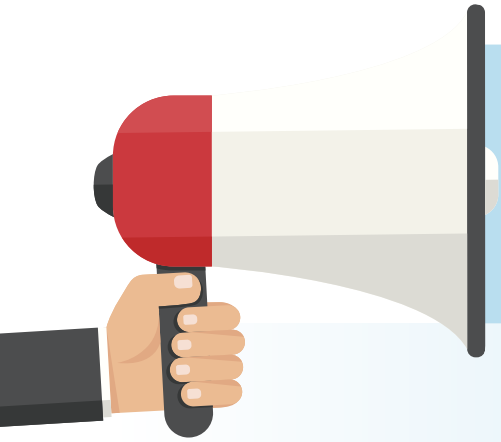
In January of 2022 I was honored by the board of directors to be once again appointed as the HBMA Executive Director. One of my first actions was to reach out to individuals who no longer held membership in HBMA. The first person I spoke with told me he will always be grateful for the tools HBMA gave him, but he achieved success and didn't need HBMA any longer. I found that odd, especially since the RCM industry is ever evolving with true administrative simplification yet to be achieved. My thought was how many past and current members of HBMA are not aware of the many resources that HBMA offers. I was concerned that we must be failing to communicate what we are working on and how HBMA's achievements become every member's success.

I have now been back with HBMA for one year. We have once again achieved financial stability. We have brought back many important resources and are building new resources designed to support future success for HBMA members, such as:

- Relaunch of HBMA's official journal, the *RCM Advisor*
- Development of in-person education to include:
  - Annual Conference
  - Owners & Managers Conference
  - Compliance Conference
  - Innovation Conference (new in 2022)
- Expansion of news and information from our Government Affairs office
- Introduction of a Learning Management System to provide online resources for your entire company
- Development of polls and surveys to inform members of key industry data
- Broadening of our webinar program so it is timely, focused, and topic specific
- Restructuring of the CHBME program to recognize broader educational opportunities
- Improvement of the HBMA Accreditation program to be consistent with other healthcare accreditation programs
- Revamping of HBMA's website for the ease of our community
- Strengthening of our communications with our members and community through social media and emails

These resources, among others in development, demonstrate myriad ways that membership in HBMA does bring value to you, your staff, and your clients. I am determined to demonstrate to the healthcare industry that doing business with an HBMA RCM company is the BEST decision for their financial success. My team and I are working hard to ensure that HBMA is a trusted partner that assists with your client retention and growth.

I began this article by discussing the similarities of your business and mine. However, there is one major difference. Your success, and that of your clients, is determined by the quality of your staff and the technology that supports your service. HBMA's success is determined by the support of its members through participation and donation of your time and knowledge. I promise you that by helping HBMA build and enhance its resources, the rewards will come back to you personally and professionally many times over. ■



SOUND OFF!

TOPIC: 2023 marks HBMA's 30th anniversary! Please tell us how HBMA has benefited you and/or your company.

I have been blessed to be a member for the last 26 years, past board member (6 years), Publications Committee chair (12+ years), and a current Publications Committee member. We celebrated 32 years in business on April 1st, and I am truly where I am today because of HBMA. The members who are considered friends, and some who have turned into family, are the true backbone of HBMA. The education and networking through the conferences, including annual conferences, Owners and Managers, and regional meetings, have provided me with the education I needed and continue to need to thrive as an RCM company. The vendors have been a tremendous help to our continued growth and success as well. I would highly recommend that you consider becoming a committee member and continue to enrich your work life!

– Cindy Groux, CHBME, Health Care Practice Management, Inc.

The camaraderie with other billing services is great. Being able to share the ins and outs of being a billing service is invaluable. ***– Anonymous***

We at WhiteSpace Health love to network with HBMA members at the annual conference and exchange thoughts on how to use analytics to grow and retain business.

– Carrie Bauman, WhiteSpace Health

Contacts, sharing, education, all of us going through the same thing. ***– Sue Irwin, Medical Billing Authority***

In these last ten years, HBMA has kept me up to date with the latest in innovation and technology. The knowledge I have learned from fellow members has been invaluable.

– Roxanne Smith Kovac, Advanced Pacific Medical LLC

Being on the Publications Committee has helped me hone my grammar skills. I have enjoyed learning more about HBMA and its history. ***– Penny Gotham, Dexios Corporation***

There are countless ways. First and foremost: compliance, education, opportunities to network and grow. I wouldn't be the biller I am today without HBMA.

– Susan Frager, Psych Admin Partners

Over the years HBMA has been a tremendous tool kit at our disposal for the most reliable and up to date information, resources and education to navigate the fast paced and perpetually changing US healthcare industry.

–– Kirk Reinitz, ADVOCATE Radiology & Billing

You sometimes feel all alone running an RCM company with all the challenges from clients, patients, employees, payors, and vendors. There are so many moving parts. There are so many things that can go wrong. The beauty of HBMA is we have an entire organization and hundreds of members who can share their expertise and experiences to help one another run a successful RCM company. Looking for the right organizational structure? Someone has already blazed this trail. Looking for KPIs so you know if you are on the right track? HBMA has them. Looking for help with compliance? HBMA will not only teach you but help you get certified. HBMA members have a place to go to get ideas and solve problems. You don't have to go it alone.

– Kyle Tucker, Dexios Corporation

HBMA provides a community for billing companies to reach their full potential and increase awareness of industry issues.

– Virginia (Ginna) Leigh Tucker, Dexios Corporation

HBMA was the first professional organization I joined in 2010 when I entered the RCM industry. Everything I learned about RCM started from HBMA and the network started from here. Thank you – we built a company from two employees to more than 500 employees.

– Vinod Sankaran, Medical Billing Wholesalers

I have been a charter member and enjoy the networking with others, the committee work and information that's disseminated and have benefited from many of the other members.

– Barry Reiter, FPS

I've been with HBMA since it was the IBA back in the early 1990s. HBMA is great for networking, education, and keeping us informed on government issues, as well as trends in the industry. ***– David Gillies, Consulmed, LLC***

HBMA is a great organization to learn from other medical billing executives and hear their challenges and successes. I also enjoy the Owners and Managers meeting and national meeting. Great place to network as well. Keep up the great work HBMA. ***– Paulo E. Santos, ONQ***

HBMA gives me the opportunity to volunteer and help steer the future and meet up with other leaders. I feel I have no room to complain if I am not going to be a part of the change I see needed. Also, the in person conferences have been amazing to refocus me, get me out of the office, and enjoy fellowship with other amazing people.

– Josh Klinge, NewportMed

HBMA has helped me by offering the opportunity to earn recognition within the compliance industry with the HBMA Compliance Certification, and continually offering ideas to help make our company more enticing to those we seek to serve.

– Julie Jolley, Health Claims Plus

Congrats to HBMA for providing members valuable benefits for thirty years. CIPROMS has been a member since 1996. Our team and our clients have benefited greatly from content, education, and data that HBMA has generated over the last three decades. Here's to many more years ahead. Happy Anniversary!

– Andrea Halpern Bryan, CIPROMS Medical Billing, Inc.

HBMA provides ongoing updates of what everyone is experiencing with clients and in the industry across the country – they are very helpful and informative. I also appreciate the Washington Updates and the Payor Relations Committee communications.

– Debra Nussbaum Johnson, On-Point Healthcare Services, LLC

Members help via the message board and conferences.

– Christina Talucci, CMT Consulting, LLC

HBMA provides a forum for those in the RCM industry to bounce ideas off one another and crowdsource information. It has allowed us to communicate directly with individuals who can and do listen to our feedback and take action to enact positive changes. Events and conferences provide valuable education and resources as well as networking opportunities with vendors that offer solutions for our day-to-day pain points.

– Anne Herer, Healthcare Administrative Partners

Resources and webinars.

– Keith Carter, Aptus Associates, LLC

I have learned how to run my billing business much better because of HBMA. I have found vendors providing excellent service to my company because of HBMA.

– Kathy Cramer, Professional Practice Resources

Government and payor regulations!

– Mary Reeves, Pinnacle Healthcare Consulting

I love the message board, and also the vendor recommendations. I like hearing about the legislative updates regarding billing issues also.

– Leslie Graves, Pintler Billing Services

I have met other HBMA members who have been very helpful with sharing ideas. I do love the message boards, but I think many of us do not get to read them as often and reply in a timely manner. ***– Kelly Stahl, Clean Claim MD***

HBMA has helped us keep up to date with the ever changing medical billing landscape and connects us with colleagues and resources.

– Dana O'Neal, Advanced Billing & Consulting Services, Inc.

SOUND OFF!

RESPONSES FROM SOME OF HBMA's PAST PRESIDENTS...

In the beginning, HBMA members were all curious about how each company did a,b,c and x,y,z. There was caution in conversations, but as the years went by, we became engaged in best practices and adapted them to our own companies. This required modifying specifics to the many healthcare specialties we represented, along with the protocols (and intricacies) mandated by the payors.

Some of us called it, "lessons from the frontline," and that was the raw truth. Each state had their own Medicaid program, Workers Compensation regulations, and at the time, the "Blues" were predominantly regulated by the same jurisdiction. The Medicare program, although Federally regulated, was managed by intermediaries assigned to specific locales throughout the US. All of this made for interesting discussions that we were able to build upon so that an informed foundation gained consensus.

As members, we represented our employees, clients and investors into an era of "best practices" for the Revenue Cycle Management … aka, "Coding and Billing." The tools that Team HBMA provided were always welcomed and shared openly with staff to improve the knowledge base. As the years progressed, this industry became highly complicated and the evolution of HBMA became even more important, encompassing a wide range of topics essential to the continued success of the RCM industry.

In today's environment, HBMA remains a cornerstone for knowledge, information, and learning for members to maintain a solid foundation for the continued success of our companies.

– Jean M. Campbell-Morgan (1999-2000), Synergistic Systems

As we all know, being a business owner can be an isolating job. While we may have partners to discuss issues with, I found that we still remained in a tower of "like perspective" and therefore were subject to "institutional bias." HBMA brought me a network of colleagues across the nation with a brilliantly diverse thought and experience set. These thoughts and experiences wove their way into our thought processes and helped us avoid bad and costly decisions. These relationships also led to meeting credible industry professionals who assisted us in achieving goals higher than we would have otherwise set.

Obviously, to build relationships of this depth required involvement and building trust. I didn't just pay my dues to HBMA and then question the short term value, like many do. So here comes the plug – get involved! The investment of time is worth it. That is where the collective magic lies.

I assure all reading this, my second career managing a national collaborative of highly functioning radiology groups showed me that "your clients" need, expect, and respect industry thought leaders on their team. HBMA can be your graduate level course and credibility builder in this regard if you choose to accept the invitation.

When I think of HBMA, I don't identify a quick Big Bang moment but rather an evolutionary Huge Bang effect.

I trust and hope you can achieve the same.

– Randal Roat (2009)

The industry knowledge we have gained from being an HBMA member has been invaluable since we began our company 30 years ago. HBMA education on compliance, marketing, staffing, client evaluation and retention, CMS information, automation, and many, many more reasons that are too innumerable to count have all been an integral part of our growth and success.

– Cindy Pittmon (2020), Acclaim Radiology Management

HBMA

TRIVIA TIME!

QUESTION #1

What was the association's first name?

(answer on page 46)

i3 HEALTHCARE SOLUTIONS

EVOLUTION

H Plus Software Solutions

POWERED BY

vantagehealth.ai

Digital Patient Statements & Payment Portal

Created to empower the patient financial experience

IMPROVEMENTS BY VANTAGE CLOUD

Profit Improvements

- Cash Flow and Operating Capital
- Speed & Volume of Recovery and Collections
- Reduced Risk/Compliance Costs and Penalties

Operating Expense Improvement

- Pay Plan / Auto-Pay Enrollment
- Reduction in Ops Costs

Patient Experience Improvements

- Ease of Use to Pay
- No username or password required
- Consolidated paper statements, if paper is sent out.

SECURITY & COMPLIANCE

- Supports the Health Insurance Portability and Accountability Act
- Supports Payment Card Industry Security Compliance
- Supports the Telephone Consumer Protection Act

FRICTIONLESS ACCOUNT SETUP

- Digital On-Boarding of your merchant services account
- Offer credit card and electronic bank drafts as payment methods
- Online and in-person contactless payments
- Reconcile payments quick and easy with our business analytics tools

DIGITAL BILL PAY UX ANYWHERE

- Fully customizable logo and input fields
- No hassle, multi-factor authentication
- One-click payment
- No Android, iPhone, or portal entity integration needed

i3 HEALTHCARE SOLUTIONS

At i3 Healthcare Solutions we use our artificial intelligence to consolidate, optimize and personalize patient communications to improve the patient financial experience.

To learn more contact us at i3verticalshealthcare.com | statements@i3healthcaresolutions.com

PAYMENTS UP. SATISFACTION UP. COST DOWN.

There are three significant ways HBMA was of major benefit to our company:

1) **Government Relations and Advocacy:** Many of my clients consistently looked to us to keep them up to date on what is happening in Washington and advocating for them.

2) **Education of the Members:** This area was most valuable in not only teaching me and our associates on ways to be in compliance, but also ways to be more efficient, and address strategic issues facing my company.

3) **Networking** was a very effective and subtle way to exchange ideas that could benefit my company and stimulate thinking of all facets affecting our company. ***– Jud Neal (2013)***

The only reason I am where I am now is because I joined HBMA many years ago. This is the only organization that is focused on RCM companies. HBMA taught my staff and I how to run an effective and efficient RCM company as well as ensure that we are compliant in all areas of RCM.

– Emily Osetek, CHBME, (2021), Pettigrew

HBMA has introduced us to technology solutions that help us save time and money, such as software with automation, steps in how to build and implement bot technology into our dialysis processes. Also, compliance guidance, best practices for daily processes to mitigate firing for client False Claims Acts violations. Networking opportunities allow us to see how the best in the industry are doing it and remaining successful in this cutthroat industry. Leadership opportunities help our team grow and become better leaders. Benchmarking information helps budget and project revenue, expenses and profit, which help build a sustainable company. Gaining updates on billing regulations, coding, and payor updates are all extremely helpful.

– Jennifer Hicks (2022), Sceptre Management Solutions, Inc.

GIVE US YOUR OPINION ON THE TOPIC FOR THE NEXT ISSUE'S SOUND OFF!

Share with us how your best practices on dealing with inconsistent information from payors and getting issues resolved.

We look forward to hearing from you! Check your inbox for a SOUND OFF! email or send your response to info@hbma.org. Please send your response by May 26, 2023.

NEW HBMA MEMBERS

Physicians Lifeline LLC
Rio Rancho, NM

CareCloud
Somerset, NJ

Culpepper Psychiatric Associates
Reno, NV

HENRY COUNTY HEALTH AND REHAB
Abbeville, AL

TriMed Technologies
High Point, NC

Integrity Billing Company, LLC
Palm Springs, FL

SyMed
Irvine, CA

Anatomy Financial
Burlingame, CA

PhyBus
Brentwood, TN

Spectrum Medical Billing Services, LLC
Anchorage, AK

PPM Medical Billing
Bakersfield, CA

FrontRunnerHC
Plymouth, MA

Advanced Medical Billing Service
Boerne, TX

Corporate Finance Advisors, Inc.
Garfield Heights, OH

Maverick Medical AI
Flowery Branch, GA

TKSoftware, Inc.
Carmel, IN

Accumed Revenue Systems
Spring, TX

San Francisco Otolaryngology Medical Group
San Francisco, CA

RCM360
Dardenne Prairie, MO

SHAI Health (Synthesis Healthcare)
San Antonio, TX

Kovo HealthTech Corporation
Evergreen, CO

Grey Ledge Medical Management, Inc.
Smithfield, RI

TriMed Billing Solutions LLC
Wake Forest, NC

SND Consulting
Oregon City, OR

2023 FALL REVENUE CYCLE MANAGEMENT CONFERENCE

HBMA

30th ANNIVERSARY

SEPTEMBER 26-28 / 2023

JW MARRIOTT / INDIANAPOLIS, IN.

HBMA 30th ANNIVERSARY 1993-2023

TIME TO CELEBRATE

By Madelon Berger, Editor

Congratulations to HBMA on celebrating thirty years! As with any fledgling business, HBMA had many bumps in the road through the early years. This was compounded by other factors that you will read about. We are fortunate that our past presidents contributed to this issue by writing about their experiences. Thank you to past President Bing Herald who wrote on behalf of the late past President Tim Maher.

We would not be here today if not for the tenacity and dedication of our past presidents, boards of directors, committee members, and other volunteers. Our management team has worked closely with membership to ensure growth and longevity. Thank you to Brad and your team at ISAM! There is no way to adequately thank all of our vendors for their ongoing support as well. Most importantly, we thank the membership for your continued support, attendance at conferences, and sustained membership. If you look at this issue's SOUND OFF!, you will read consistently positive comments about HBMA. Keep in mind, you can only get out of an organization what you put into it. Think about joining a committee, attending conferences, and becoming more active. You will see a difference in your business success.

HBMA: The Beginning

By J. Dennis Mock (recognized as "The Father of HBMA")

The past thirty years of memory about HBMA are preceded by the period of time that caused its beginning. Two seemingly-unconnected factors came together between 1989 and 1990.

Kathy Canny and I had, for a period of time, tried to bring third-party medical billers together to meet with various HMO payors. Our hope was that we could collectively bring about some serious communication on the ills of their industry. We quickly learned it was not difficult to bring them to the table individually, but getting two billers into the same room was next to impossible. When it did occur, little to nothing was shared about their HMO problems or their individual businesses.

At the same time, I was trying to purchase Errors and Omissions (E&O) insurance for my company and getting nowhere. It was clear that we were not recognized as an industry, let alone a cottage industry.

However, American Collectors Association (ACA) was facing the opposite of my challenge. They had extensive E&O for their members, and since it was the only place for ACA members to purchase it, ACA had significant purchasing power. The reverse was that they had members who had also become billers and who were using that insurance for their new venture. As a result, they launched a study to see what could be done. Ms. Sam Henry, ACA risk manger, began that process. When she had a grasp of how large the problem was, she went to John Johnson, Executive Director of ACA. Shortly thereafter, John went to Chicago and, thanks to Kathy, met with several billers. A meeting was then held at ACA headquarters and the International Billing Association (IBA) was born. It was to be a separate trade association administered by ACA. John assigned Bill Ryden, an ACA staff member, to oversee what was assumed to be its humble beginning. Bill and I agreed that the first formational meeting should be in Chicago. Thinking this would be of limited attendance, the small ballroom was booked at the Ambassador West Hotel.

Suddenly, the problem of billers not wanting to share and the perception of medical billing as a cottage industry disappeared. At best, the room was too small, as well over a hundred billers gathered at that meeting. We moved on to Phoenix, Arizona for our first annual meeting. We were overwhelmed with vendors and had a very successful meeting. At the same time, we began to see the challenges of our association with ACA.

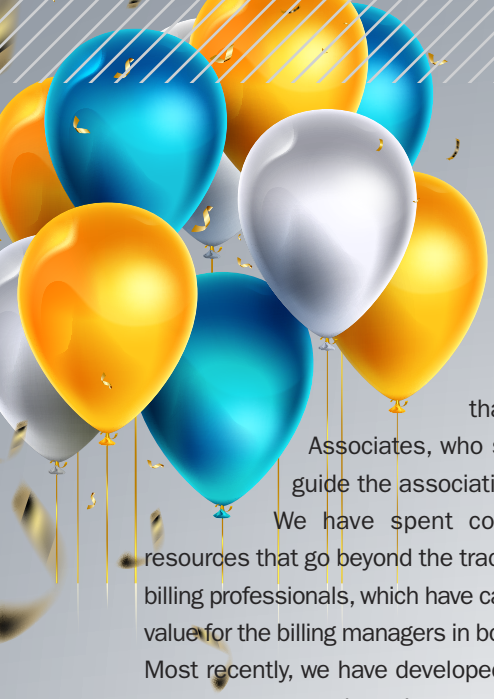
It was a beginning with many challenges, and leaving the management of ACA did not end the problems for a growing trade association born out of a cottage industry where some of its members needed to learn to communicate and work with a competitor. Twenty years later, it is satisfying to look back, forgetting the challenges the saga took and remembering the friendships and successes that have been made.

HBMA: The Middle 10 Years

By Sherri Dumford, Former Director of External Affairs, ISAM, current member of HBMA

That old saying, "Time sure flies when you are having fun!" certainly applies to the last ten years at HBMA. It has been a period of great growth, fantastic development, and many exciting initiatives as the leadership of HBMA has guided us to where we are today. As I review the many accomplishments that have occurred during the last decade, I wanted to highlight a few of the significant developments that are the direct result of dozens of volunteers and hundreds of volunteer and management team man-hours.

One of the first areas of development that comes to mind is the development of a network of regulatory and legislative relationship forums to promote the interests of medical billing and to advocate on behalf of HBMA members. It is important to point out that this network was not something that was created overnight. It was a long, slow process that developed over many years of knocking on doors, presenting a true picture of the challenges facing our industry, striving to create genuine credibility, and being willing to serve as a resource. Now, this network has learned to turn to us when looking for a credible revenue cycle resource. We would be remiss if we did not



thank Bill Finerfrock of Capitol Associates, who supported and continues to guide the association along this path.

We have spent countless hours developing resources that go beyond the traditional "third party" medical billing professionals, which have caused us to grow and provide value for the billing managers in both large and small practices. Most recently, we have developed an Academic Membership category to serve those just entering the business.

Did your mother ever tell you to know and be kind to your neighbor? Well, we at HBMA have worked hard to know and be kind to our neighbors in this industry. We have developed many strong relationships with the leaders of related not-for-profit associations that face the same challenges as an association that we do. A few among those relationships are AAFP, AAPC, ACA, ACMCS, AHIMA, AHIP, AHRA, AMA, ACR, CAQH & CORE, Cooperative Exchange, HFMA, HCCA, HIMSS, MBP, MGMA, RBMA, and WEDI. I think we might have the alphabet covered here. The reason this is so important is because there is strength in numbers and being able to comfortably collaborate and work together on issues facing our industry is imperative. Among this group are CORE, the organization charged with developing the operating rules and elements of electronic claims processing, and WEDI, the Workgroup for Electronic Data Interchange. We are happy to be in a position to collaborate with these organizations to ensure meaningful representation from the professional component side of the house.

In a world where technology advancement continues at unprecedented speed, so goes the business of medical billing. HBMA has created ongoing meaningful education and forums to address the emerging technology that impacts our revenue cycles, and the association will continue to create relevant education to provide the roadmaps for your business to stay preeminent in these shifting business models. The education on demand that you see available today evolved from the first webinar program presented from a "mock studio" set up at a hotel some ten years ago. The advancement in the technology allows us to produce these programs at more frequent intervals and at a much less expensive cost!

Where we have succeeded in government relations, we have also forged ahead in the commercial payor community. Over the last ten years – and in particular, the last three or four – HBMA has made great strides in developing relationships with the major commercial payors, focusing on administrative simplification. We have ongoing regularly scheduled calls with several of the major payors and have created a web tool that is available to members to report significant issues regarding 5010, ICD-10, provider enrollment, and other topics.

HBMA

TRIVIA TIME!

QUESTION #2

Where was the formational meeting held?

(answer on page 46)

Many other things come to mind, like the first annual report in 2007, our contributions to charitable organizations, the launching of a technology tool allowing our committees to manage communication and serve as a document repository, the development of a newsletter tool for members and the Employer Pages, affinity programs, the building of a strong regional and state community, the first "Hill" day that our members experienced on Capitol Hill last fall, the launching of many surveys, special edition publications, the Weekly Digest, a more robust certification program, an annual CMS day, and the list goes on. We have over a dozen standing committees and 150 active volunteers who contribute to the success of HBMA.

As I said above, "Wow, time flies when you are having fun!" And we have had a lot of fun building and developing HBMA over the past ten years. And now, as we face some of the biggest challenges and changes our industry has seen, HBMA leadership will continue to navigate the association through those waters. The organization deeply depends upon volunteers, so if you can make the time to give back to an organization that gives so much, and you want to have fun in the process, consider volunteering – the next ten years will fly by just as fast.

HBMA: The Last 10 Years

By Sara Nofziger-Drew, Chair, Membership Committee, HBMA Board Director, member of the Education Committee, Leadership Committee for Education, Government Relations Committee

Another 10 years has passed in what seems like the blink of an eye and HBMA is now celebrating 30 years in 2023! Throughout those years, HBMA has evolved step by step with the RCM industry, providing members access to education, resources, innovative solutions, and advocacy. One constant has been that our HBMA members volunteer countless hours of their time to bring valuable knowledge to our members, while directing our association on the path through transition and evolution.

HBMA has continued to build on the momentum of years past by collaborating with industry associations and by serving as a voice on legislative and regulatory changes, while nurturing our connections with CMS and commercial payors to provide valuable knowledge and feedback that impact the RCM industry.

Many have seen how important it is to have the big rocks in your Mason jar before adding smaller rocks, pebbles, sand, and finally water. HBMA has adjusted our foundation of big rocks to ensure that we can continue to evolve with the healthcare landscape and provide meaningful resources, education, collaboration, and advocacy for our members. Many of you may remember that HBMA changed our name from Healthcare **Billing** and Management Association to Healthcare **Business** Management Association. With this being the third evolution of our name, it gives HBMA the opportunity to define that our focus is greater than billing. Our beloved *Billing* journal evolved to *RCM Advisor*, complementing our association name change.

HBMA has been here to help our members ensure that they have the knowledge and tools needed to adapt and grow with the RCM industry. We have addressed some areas, but certainly not all over the last 10 years, including: Meaningful Use, QPP through MIPS, MACRA & MVPs, Business Intelligence Analytics & Reporting, CAQH Core operating rules for EFT/ERA mandates, cyber security, the Great Resignation, automation through Robotics Process Automation, (RPA), machine learning and Artificial Intelligence, and the elusive Administrative Simplification.

Perhaps the accepted daily ritual and reality of coding has allowed many to forget that we went through a huge change over the last 10 years from ICD-9 to ICD-10! Still smaller rocks may include changes to claim submissions, attachments, remittances, and appeals. Even statement processing and payments have evolved from paper statements and mailed checks to email, text delivery, and online bill pay through portals. Given that the patient is now referred to as the "new payor" with high deductible health plans, these may seem like significant changes rather than small pebbles to fill the jar.

HBMA

TRIVIA TIME!

QUESTION #3

Where was the first membership meeting held?

(answer on page 46)

Still fresh on our minds is the Coronavirus pandemic that started in 2020 and has changed lives forever, both professionally and personally. A multi-generational workforce transitioned to the new work from home (WFH) or remote work in days during March of 2020. HBMA was quick to evolve and adapt alongside our members, providing the latest information on the pandemic and Public Health Emergency (PHE) each week with written updates, remote learning, and

networking opportunities, hearing directly from member companies on their actions and plans, providing continued support over the last three years, and even now as we prepare for the looming end of the PHE.

Why is HBMA priceless? It is easy to see, looking through past publication issues, that HBMA was talking about remote staff in 2014, preparing our members for the future of RCM, formerly referred to as "telework." Identity theft, data breaches and cyber security were also hot topics around the same time. Members have seen since then that cyber and data security are critical to ensuring safety for our companies, their clients, and patients. Do you remember back to the days when distance learning was in a production studio broadcasting the live feed? Now, HBMA can provide educational webinars and networking opportunities multiple times a month, allowing members to ensure their entire company has the knowledge and education needed without leaving their desks. HBMA has offered resources for HR job boards, tools, and assessments, RFI Profile Tool, Company Compliance Accreditation, MIPS Calculator, Member Value Program, and so much more. We even have a weekly Newswire to ensure that you are keeping up with the industry.

However, one cannot pass over the No Surprises Act (NSA) which covers the alphabet soup of IDR, QPA, GFE, and so many more acronyms. Understanding and traversing the various state and federal NSA requirements has been a challenge for our members and HBMA is right in the middle of it, providing written updates, education, FAQs, and additional resources. Our Government Relations Committee works on the advocacy front through industry connections and written comments to CMS and Congress. Through our partnership with Capitol Associates, HBMA has recently started sending a weekly update, Capitol Insights, ensuring that you have the latest information each week on regulatory changes, along with Congressional updates relevant to the RCM industry.

There is one more significant item from the last ten years and HBMA didn't do it once, but twice. HBMA selected a new management company starting 2014. At the time, HBMA's desire was to propel forward in the industry with continued growth in membership, industry relationships, benefits, and tools for our members with a new partner. As years passed and with the lack of goals being achieved, HBMA was faced with making another change. HBMA is once again thriving under the guidance of our Executive Director Brad Lund and his team at ISAM. As RCM companies, we know clients come and go. It is when they return that one can reflect to see the excellent service, care, and professionalism left the door open to opportunity.

Through resilience, HBMA has continued to evolve within the healthcare industry. It seems each time we reflect on past years, our members wonder how they made it through. The answer most of them provide is because of HBMA.

Support our current HBMA leadership as existing relationships are strengthened, new ones built, and additional education and resources are provided to our members. Volunteers drive our association. Some give one hour a month, and some give countless hours. If you have one hour to give, please join our volunteer team, and make a difference in the RCM industry. When you look back from 2033, how will you have impacted HBMA? ■

HBMA

TRIVIA TIME!

QUESTION #4

Who was the first association president?

(answer on page 46)

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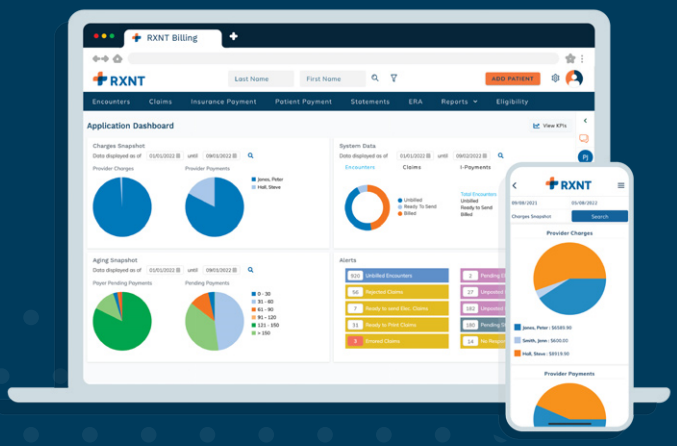

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A Chronology of HBMA from the Voices of Past Presidents

James Robertson

President / 1993 – 1995

I was the first president of the association and served in that capacity for four years. This was a time of getting a fledging association off the ground, and we successfully did that through the efforts of a lot of people. The organization was born in Chicago and was originally the brainchild of J. Dennis Mock, who still means a great deal to the organization. We organized the first meeting in Chicago, not knowing if anyone would show up, and ended up with over 100 people, as I recall, from all over the country. Out of this meeting, the association was born, its first board of directors was elected, and we were off and running. Those early years were not easy, but with so many people behind it, we were able to make it through the ups and downs. The rest is history.

I salute the association for what it has grown into and for all those who have contributed to its success.

Doug Jones

President / 1996 – 1997

I brought the idea of forming a billing association to John Johnson, Executive Director of the American Collectors Association, in the spring of 1991. On October 16, 1991, I attended the ACA's Billing Services Committee in Minneapolis where, after much discussion, I made a motion, seconded by Bob Burleigh and unanimously passed, that "the Billing Services Committee recommends to ACA's Executive Committee that ACA form a new association to be a wholly owned subsidiary of ACA." The name suggested and approved was the International Billing Association (IBA). This name was changed to the Healthcare Billing and Management Association (HBMA) in September 1998.

Early in 1992, I bought a mailing list from Centron Data Services of some 6,000 billing services. I subsequently trimmed this list down to medical billing services, then mailed out a questionnaire. In response, I received hundreds of phone calls. Later, I participated in the IBA organizational meeting at the Omni Hotel in Chicago, thinking that there may be 50 attendees – there were over 100.

While trying to get the fledgling IBA a foothold in Washington, I negotiated the first contract with a lobbyist for our association and signed it without having the funds to pay for it. I went on to establish our fund raising auctions with the help of Steve Hixson, member and auctioneer, as well as the rest of the members, who all brought something to auction off. We raised over $30,000 from our first two auctions to pay for our public relations program.

I established the J. Dennis Mock Award for outstanding service, HBMA's most prestigious honor. Dennis was the vice president of ACA and served as chairman of the ACA Billing Services Committee. Ultimately, Dennis' support was invaluable in the formation of our association. He and the first president James Robertson were the fathers of HBMA.

Dave Jakielo

President / 1997-1998

I was the first HBMA president whose full term included addressing the new HIPAA regulations. We were faced with teaching our employees about the new security and privacy standards relating to patient health data.

Thankfully, HBMA was there with educational programs that made compliance with the new rules easier to swallow. The best part of HIPAA was the Administrative Simplification Provision. What happened to that provision? Things sure aren't simpler.

Well, it has been an interesting journey and more challenges lie ahead for us. That is why medical billing companies need to become or remain members of HBMA: to ensure they remain viable and revelant.

Chuck Barker

President / 1998-1999

My presidency started at the 1998 Annual Meeting in New Orleans. It was a great meeting, but a hurricane forced many attendees to leave early. About 15 ended up not getting

out and were stranded for about four days. Despite this, we had a great auction on the last night and the meeting overall was very successful.

One of the biggest HBMA accomplishments during my presidency was the development of our working relationships with the Office of Inspector General (OIG) and CMS. Our Government Relations Committee spent many hours reviewing the draft of the "Compliance Program Guidance for Third-Party Billing Companies" document. Many suggestions were made and adopted by the OIG, leading to a close working relationship with OIG and CMS.

Our board of directors expanded to 13 members, and a number of our directors who started from 1997 to 1999 ended up becoming future presidents of HBMA. They still participate in significant leadership roles within the organization.

Jean Campbell

President / 1999 – 2000

A week following the installation of the 1999/2000 board of directors, I, as president, was informed of two issues that could have brought our young and growing association to an abrupt end. First, a notice of plagiarism committed by an independent contractor serving as our Washington lobbyist, and second, an empty bank account that just a week earlier was reported to contain in excess of $500,000. The situation required a plan of action, and the sooner, the better.

I contacted James Wieland, Esq., the HBMA attorney, and shared with him what I knew. We decided to immediately convene the board of directors at his law office in Baltimore, MD to disclose these issues.

The meeting grew somber as the details of both issues were fully disclosed. By the time the meeting was adjourned that afternoon, the board had been organized as the executive committee of the organization and all the administrative and managerial duties of HBMA were assigned to individual members. We were on our way to forge the future. Let's talk team work!

Each task assumed was a Priority One, and working in parallel, an enormous amount of investigation, discovery, and recruiting was accomplished in the subsequent six weeks. The next board meeting was held in December 1999 in Dallas/Fort Worth, Texas. The agenda was robust and it included a decision to contract with Capitol Associates (Bill Finerfrock, Director), as our lobbyist and HBMA's representative in Washington, DC. We also interviewed three corporate candidates to replace our management company. These decisions were not easy, as the risk involved was great. The financial outlook of the association was still uncertain.

By the end of the year, we chose Capitol Associates as our lobbyist and Adler-Droz as our management company. Both of these choices proved to be good ones.

The president's address I delivered at the 2000 Spring Conference in Orlando, Florida was carefully reviewed by Mr. Wieland, but I was able to express the true emotion of the situation and praise the board's high level of involvement with the successful resolution of the crisis. I welcomed the close of the conference because I was comfortable that, during the remaining six months of my presidency, I would be privileged to implement the many additional changes that were required to safeguard HBMA against any reoccurrence of similar problems.

The fantastic board of directors:

- Vic Glorioso, Vice President
- Tim Maher, Treasurer
- Brian Effron
- David Purvis
- Jackie Davis-Willet
- Madelon Berger
- Rick Conklin
- Charles Barker
- Robert Burleigh (consultant)

Vic Glorioso

President / 2000 – 2002

HBMA was struggling through a difficult period when I took office. During this time, we filed criminal charges against our management firm and were sued for damages caused by our public relations and lobbying firm. In January 2001, we had accounts payable of $135,000 with a potential income of only $87,500, leaving us $50,000 in debt. At our board of directors meeting in the spring of 2001 in Aspen, we were so poor that each member covered his or her own lunch tab. Finally, HBMA fired another management company – our fifth in ten years! – and began a new agreement with Brad Lund

and his company, ISAM, that continues to this day.

Our 2001 fall annual meeting was postponed until December, 2001 due to the September 11 terrorist attacks. The American flag that has been present at our meetings ever since is the gift of Bob Burleigh, given to commemorate this turbulent period in our country's existence, coincident with HBMA's survival.

For some perspective, during this time, HBMA had fewer than 125 members attending conferences, under 100 certified members, under 200 members attending our compliance course, and only 113 members making assessment donations. Treasurer Tim Maher's tireless efforts convinced our members to double their dues and pointed us toward solid financial footing. Coupled with vendor generosity and affinity, position papers, an email listserv and electronic information exchange, and a membership of 500, we dared to compare our impact to organizations such as AMA, MGMA, and HFMA, whose members number in the thousands. Over the years HBMA has survived and delivered.

Dave Purvis

President / 2002 - 2003

As I came into office as president of HBMA, the association was in the process of recovering from some difficult financial issues. As a result, we did a lot of soul searching about our core competencies and the directions that we needed to take to keep us on a path toward a solid future for both our finances and leadership.

What we determined was that our government relations and compliance activities were the most relevant and compelling reasons for our members to belong to HBMA. They were the activities that would solidify our future in the healthcare industry. We had been providing education to our members, but we needed to make a larger scale education program to get us on a solid financial footing. So, we expanded our educational offerings with webcasts and regional educational conferences on top of our annual conferences, with a focus on compliance and regulatory hurdles. At the same time, we worked to align our leadership, expand the board, and focus on recruiting the future leaders of HBMA. We must have been successful, because look at how far we have come. Thank you to all the past and current leaders.

We should all be proud of what we have built together!

Bob Burleigh

President / 2003 – 2004

In September 2003, I had the honor and privilege of succeeding Dave Purvis to become HBMA's eighth president in our ten-year history. Our 2003 Annual Fall Meeting was held in Philadelphia – my hometown – and, in addition to a solid program, attendees were treated to a visit from Ben Franklin and to close access to many of America's most historic sites. During our board meeting in Philadelphia, I established the first regularly scheduled monthly board meetings and redistributed committee leadership and oversight duties amongst the board.

In 2003 – 2004, HBMA still operated regional chapters and I personally attended all but one meeting. The 2004 Spring Conference was held in San Francisco and was enjoyed by a growing number of HBMA members and exhibitors.

Our finances were still recovering from the theft of HBMA funds by our former management company a few years earlier. Unfortunately in early 2004, despite much more rigorous controls and the use of an outside CPA firm to handle our bookkeeping and payables, we were once again victims of a dishonest employee, this time of the accounting firm. Fortunately, our prior precautions served us well, as did the special Audit Committee I appointed to conduct an independent review of these events. In the end, HBMA was "whole;" our treasurer was able to reestablish financial controls, and our newly selected CPA firm has served us well ever since.

The 2004 Annual Fall Meeting brought many logistical challenges. Our choice of a South Florida venue during hurricane season was ill-considered, despite over a decade of storm-free autumns. 2004 brought a series of back-to-back September hurricanes. HBMA had to "thread the needle" between these storms in order to hold our conference in Boca Raton. Before, during, and after our meeting, the local area, as well as many other parts of Florida, were without power, water, and passable roads. In the weeks following our conference, these storms caused many of our Florida member companies to shut down for three to ten days.

As with many, if not all HBMA presidents, what was accomplished during my year as president was the result of a team effort, notably by my fellow board members. Without their dedicated, steadfast work and commitment to the industry and our association, we would not have been able to move HBMA

forward and position it for further growth and the additional improvements that came in the decade that followed. At the end of my term, I passed the president's gavel to Tim Maher, a charter member and good friend.

Tim Maher

President / 2004 - 2005 (may he rest in peace)
By Bing Herald

Tim Maher's HBMA presidency from 2004 to 2005 was marked by both adventure and success. During this time, the association saw changes to its regional roadshows, which went nationwide. In response to the increasing need for a focus on government relations, HBMA's communication channels with CMS were significantly improved and a deeper relationship was formed with them. Additionally, the HBMA.org website was greatly improved through sweeping modernization. In all, the association's focus on information sharing and communication developed substantially throughout Tim's presidency.

However, during this time, HBMA also had two rocky conferences. The attendance at the spring conference in Boca Raton, Florida exceeded 150 people, despite running almost without electricity, suffering a stifling 11 PM curfew, and offering a host of travel challenges for all involved. Not to be outdone, the fall conference had to be relocated from New Orleans to Dallas due to Hurricane Katrina. The Owners and Managers meeting (O&M) was held in Maui for the first time, and had the distinction of Bob Burleigh and Dave Jakielo doing the hula in grass skirts! The weather was perfect for that meeting and its memorable entertainment.

Throughout all this, Tim's presidency saw HBMA's annual revenue reach the $1 million mark for the first time with a record margin, securing the start of the nest egg that has given HBMA financial security.

Tim Maher was a dedicated family man, successful billing company owner, respected leader, and great friend to not only HBMA, but to all folks who knew him. In his quiet way, he served HBMA loyally for over 15 years until his untimely passing. We will never forget him.

HBMA

TRIVIA TIME!

QUESTION #5

Who was HBMA's first woman president?

(answer on page 46)

Bing Herald

Past President / 2005 - 2006

After serving on the HBMA board of directors for two years (2002-2004), I set my sights on a loftier goal within our association: becoming one of its past presidents. What I had learned through my time among our leadership was that once a person has given all they can to an organization, it is time to hand over the baton and step out of the way. With that goal in mind, I set out to accomplish just a few things to leave as my legacy for those to come after me.

- Lead the organization through a strategic planning process, identifying where it wanted to take itself
- Align the committee chairs, associated work plans, and measurement tools to the Strategic Plan
- Activate the volunteers to serve on the committees to carry out their tasks
- Identify the future leadership for at least four years to come

I am proud to say that with the help of Tim Maher, Sherri Dumford, Randy Roat, Ken Goodin, and the ISAM team, I believe we accomplished most of the above.

Sherri Dumford

President / 2006 – 2007

During my presidency, I undertook a number of significant and long-standing changes to the HBMA committees. I created a technology taskforce that led to our current Technology Committee. I also re-engineered HBMA's messaging and branding through a revitalization of the Public Relations Committee and assigned Andy Kokosa to lead that charge. Responding to the increasing desire for online training in the industry, I expanded the online education efforts that began when I chaired the Education Committee.

Another significant and longstanding change was to establish the first HBMA Annual Report, a vital source of organizational transparency that has been published every year since.

In 2006 and 2007, HBMA began expanding a number of our relationships with related associations, including AMA, RBMA, HASC, MGMA, and CMS. During that time, it was especially important for HBMA to build industry awareness of itself as a credible, authoritative source for information and resources related to medical billing.

Although HBMA was fiscally sound, one of my goals that we achieved was to develop policies and procedures, and checks and balances that would ensure financial viability for the organization's long-term future. This could not have been accomplished without the work of the board and other volunteers.

Ken Goodin

President / 2008

Upon reflection, it is impossible to condense everything that our wonderful board and committees accomplished during 2008 into a brief paragraph, but there are a few highlights that I recall with a sense of pride. We raised the bar on openness and transparency at the board level by conducting our first ever "open" board meeting, in which all members were invited to attend. We had our first "Town Hall Meeting" via teleconference. In an effort to become more inclusive, we created a new category of membership called the "First Party Biller Affiliate." We significantly increased our working relationships with CMS officials, and of course, who could forget the celebration of our 15 year anniversary!

Randy Roat

President / 2009

It was my honor to follow in the footsteps of a great president, Ken Goodin, and to serve with another great leader, Scott Everson, as my vice president. The goals of our team were to improve governance through greater transparency and increased communication and to position HBMA as a credible voice to industry and government; this was my passion. It is difficult to fully communicate the activities of a vibrant organization acted upon by volunteers with limited availability. To that end, we incorporated the use of written reporting, published committee goals with monthly progress dashboards, and committee spotlights into our board meetings – all of which greatly increased board member reading requirements!

Bill Finerfrock and Barry Reiter led the effort to expand HBMA's relationship with CMS, while Andy Kokosa and his team incubated a public relations platform. Both of those initiatives enjoyed immediate successes and have evolved into the fabric of HBMA.

Scott Everson

President / 2010

2010 was a dynamic and rewarding time to be at HBMA's helm. Building on the solid foundation left by President Roat and having a long line of wonderful predecessors, I felt my job was to "stay the course" while preparing the association for some of the most sweeping changes the healthcare industry would see in decades. With the passage of the ARRA and HITECH Acts in 2009, and with 5010 and ICD-10 looming on the horizon, HBMA and our member companies were facing tremendous new challenges and opportunities. By implementing new tools and programs to improve workflow and communication between our volunteers and staff, and by focusing more resources on the increasing role that technology would play in our industry, I hope I was able to leave the association in good hands for those who would follow. I truly enjoyed my time as president and it was a wonderful honor and privilege to work with so many great people!

Jackie Willett

President / 2011

As I concluded my year of having the honor of serving as HBMA's president, I remained amazed at the level of commitment from so many HBMA members. With the expertise of the many who served on 15 committees, HBMA was able to submit comments or impact on the following:

- RAC audits
- 5010 transaction set transition and readiness
- ICD-10 transition and readiness
- MAC issues and new transitions
- EHR and Meaningful Use
- Operating rules for the 835, 837, etc.
- PECOS provider enrollment
- Fraud and Abuse
- Reimbursement issues and the development of commercial relationships
- Technology advances
- SGR
- Accountable Care Organizations

In addition to addressing these issues, as an organization we continued to focus on providing membership value through the proactive efforts and work products of all of our committees.

Don Rodden

President / 2012

2012 was a pivotal year for HBMA. Due to the tremendous forces impacting our industry, decisions needed to be made with increasing thoughtfulness, more rapidity, and increasingly less available volunteer time.

To accomplish this, three initiatives emerged to address these imperatives:

- Create more effective communication models
- Empower decision making to those best qualified to execute strategies
- Align our vision to anticipate and meet the needs of future HBMA members

I hope that history reveals the value in investing in communication, empowerment, and a renewed entrepreneurial spirit for defining, embracing, and executing HBMA's vision and strategies.

Jud Neal

President / 2013

Exactly 10 years ago, we were celebrating 20 years as an association. During that time, much was happening in the medical industry. HBMA and the entire healthcare sector were involved in three major challenges. First, the Affordable Care Act (ACA) was in full swing. Second, the medical community was moving from ICD-9 to ICD-10, and HBMA was spending considerable time preparing our members and clients to implement this major transition. Lastly, EMR/EHR and Meaningful Use was on everyone's mind and struggling with its interpretation. On the Hill we were working with the Sustainable Growth Rate (SGR) and how our clients faced another threat of large cuts in reimbursement.

As president, I wanted to improve our educational offerings and elevate the brand of HBMA with our clients, government, and payor stakeholders. To that end, we were able to completely revamp the CHBME program, and added "teeth" to it by enhancing the prerequisites and requiring that members pass a test. For these improvements, I am most proud.

Finally, during my term as president, the board tackled a major change in direction with our management company. We took a hard look at ISAM, the management company that had been handling our administrative responsibilities for years, and

HBMA

TRIVIA TIME!

QUESTION #6

What did "HBMA" originally stand for?

(answer on page 46)

decided to send out an RFP to ISAM, Smith Bucklin, and other association management companies. After much work, debate, and analysis, the board passed a resolution to make a major change and hire Smith Bucklin. For the final months of 2013, our board spent much of our time transitioning to Smith Bucklin with a start date effective January 2014.

One final thought. I am very proud that your board was able to continue raising the professionalism of the organization and we have been so recognized by the government, payors, and clients.

Thanks to all the presidents who preceded me.

Jeanne Gilreath

President / 2014

2014 was a transformational year for HBMA. The 2013 board of directors hired a new management company to begin in 2014, along with a new executive director. Rapid changes in the RCM space required different approaches and methods to redefine HBMA's value proposition. Membership was trending in the wrong direction for several years prior to 2014. Reduced income and uncertain attendance numbers at conferences and educational programs were additional warning signs that HBMA needed change. Not small changes or corrections; it needed to be significant, which required transformations that challenged our basic thinking.

The work to make these dramatic changes began in 2013 with the Business Strategy Task Force which I chaired in conjunction with a strategic consultant, to develop a roadmap for 2014 and three years beyond. The committee spent over 20 weeks conducting a structured in-depth examination of HBMA's strategy, services, membership types, and how best to service member needs. The board approved the plan in July 2014 to move forward on seven strategic imperatives.

1. Create a new vision that communicates a broader charter and clearer member benefits.
2. Create a marketing plan for new member recruitment that increases RCM company membership and attracts new members from individuals performing business management services with healthcare providers.
3. Offer a new membership category for individual members, broadening our capacity to grow membership and expand our industry footprint.
4. Offer educational programs that ensure relevance and maximum value-add to the membership.
5. Optimize our advocacy program by realigning Government Relations and Commercial Payor Relations structures to engage in additional areas and improve member communications on advocacy work products and progress.
6. Develop new service offerings that enhance membership value.
7. Create an association culture that supports implementation of new strategic plans and establishes processes for accountability and dynamic business strategy implementations.

As a result of these imperatives, HBMA had a restyled logo and a name change from Healthcare Billing and Management Association to Healthcare Business Management Association. HBMA's mission, vision, and strategy were also updated to better position HBMA for the future among other strategic changes.

At that time Falcon Capital Partners, well known to HBMA, reported, "The emergence of new payment and business models, rapid adoption of EHR, and a host of other trends are forcing RCM services and technology companies to redefine their value propositions."

I am proud to have led HBMA during this challenging year, and to this day appreciate the members of the Business Strategy Task Force and those members of the 2014 board who supported the important work that we accomplished in 2014. Happy 30th Anniversary to HBMA!

Curt Cvikota

President / 2015

As I reminisce about my term as HBMA president back in 2015, I am struck by what has changed since then, but also by what hasn't changed. Looking back at past emails, I see the support that members of the board and the executive team offered each other. It was a dynamic time in HBMA's history, and we leaned on each other as we sought to do HBMA's business and serve our membership.

While I had never actively sought to become president, I was honored and humbled by the trust and responsibility that was entrusted to me. During my tenure, we restructured our by-laws,

HBMA

TRIVIA TIME!

QUESTION #7

What does "HBMA" stand for today?

(answer on page 46)

worked to strengthen our educational offerings, and made some strategic decisions regarding our spring and fall conferences.

During my tenure, trade associations as well as the revenue cycle industry were coming under more and more pressure. We did our best to ensure that HBMA remained not only relevant to our members, but also that HBMA would continue to be the leading trade association for RCM companies. That tradition continues today.

As we face different challenges today, not only for our member companies, the one thing that hasn't changed is how our commitment as HBMA members to our association through our engagement, as well as our fellowship with fellow members, continue to help drive HBMA forward. I can't wait to see what the next 20 years brings.

Holly Louie

President / 2016

As I considered what to say about my year as president, the somewhat surprising conclusion is that the more things change, the more they stay the same. Although every president has wins and losses, challenges and successes, the HBMA membership always has the same asks year after year. HBMA leadership has the same challenges in meeting those asks each year. I'm not sure why, other than "value" is an individual perception and not a universal concept agreed upon by members. We have a number of members with many different value expectations, needs, and requests. The fact is that HBMA is a member led organization and not a leadership or board of directors (BOD) led association. I believed that transparency by the BOD was paramount, and I launched periodic town hall calls so members could talk to the BOD real time about the path we were on and then provide feedback on how we could improve.

Our strategic planning meeting identified three key goals to accomplish over the next three years:

1. Compiling "big data" for benchmarking, data metrics, and enhanced credibility
2. Leveraging our role and profile in government advocacy
3. Clearly defining revenue cycle management and HBMA's leading role in the industry

I believe that we are still working on those key goals seven years later.

2016 was the year of our name change. HBMA became the Healthcare Business Management Association from Healthcare Billing and Management Association. We believed billing was perceived in the industry as the only function our members handled. In reality, billing was and is only one small part of the depth and breadth of what we do.

Key topics of concern included: MIPS and APMs, CMS physician fee schedule issues, MAC problems, compliance, regulatory burdens, data analytics, growing our businesses, client expectations, business pressures, operational best practices, and streamlining operations. We are still hearing the same issues from members in 2023.

Based on very explicit member feedback about value, the BOD made changes we hoped would better meet member needs. The Education, Membership, and Certification Committees all had exciting changes and complete overhauls in member deliverables. A key goal was to focus on enhancing credibility of the CHBME designation so that it would be nationally recognized as an important credential. A member Hill Day to meet with their senators and representatives was planned in coordination with the Government Relations Committee. 25% of the compliance course attendees were first time HBMA attendees at one of our programs, including representation from a large healthcare system in Texas and an attorney from Australia.

In 2016, our members let us know that they were under

significant stress in a rapidly changing industry. That's certainly one more thing that has not slowed down! If anything, change is coming at us even faster. At that time, I said that for some, change is threatening, no matter how small. For others, it's exciting, no matter how large. My favorite quote on the topic is from psychologist Kurt Lewin, "If you want to truly understand something, try to change it."

Looking back, the BOD unequivocally knew that member involvement and volunteerism were the keys to HBMA's growth and success as an organization. That is as true today as it was in 2016, and I support and encourage current and future leaders to focus on that cornerstone.

Michelle Durner

President / 2017

In 2017, HBMA was evolving along with the RCM industry. The industry wide buzz word and acronym were "value-based" and "MIPS." Internally, HBMA was busy keeping up and the "On Pace" initiative, started in 2014, was culminating through various accomplishments within HBMA.

One of the accomplishments that HBMA saw was the name change from the Healthcare Billing and Management Association to the Healthcare Business Management Association. Six years later, I think we can all attest that RCM is dramatically more about the business of healthcare than only billing. Changing from "billing" to "business" aligned HBMA with our strategic vision and with our members' day to day operations.

Additionally, late 2017 saw the rebranding of our publication to the *RCM Advisor*. The Publications Committee wanted to better reflect membership and the overall mission of HBMA while also clearly articulating the theme of content and helping HBMA stand out as a thought leader in the industry.

We changed the HBMA logo in 2017 to what we still use today. For those who don't know, the check mark in the "M" symbolizes the role our members and the RCM industry hold within the healthcare landscape as they thoroughly investigate and check claims, while ensuring that high ethical and professional standards are being followed.

Finally, 2017 saw the development of the Data Science Committee. One of our strategic goals at the time was to "leverage member data for benchmarking, building credibility, creating a standard of excellence and as a revenue source." The Data Science Committee was the first step in achieving that goal.

Looking back, it was a busy year and I feel like we accomplished a lot in rebranding HBMA for success, along with the ever-changing RCM industry. I hold fond memories of our monthly board calls and the amazing board members and volunteers who I served beside. I've always felt that one of the best values of HBMA was volunteering. Some of the friends that I made during that time are still helping me grow both personally and professionally today.

Ginger Ryder

President / 2018

I had the privilege of serving as HBMA president in 2018, which was the association's 25th anniversary.

This was the third year of our Strategic Plan, where we reviewed and renewed our vision statement: **"To be an invaluable and influential resource for healthcare revenue cycle and business management services."** This was communicated to committee chairs to use as a springboard for their work and then it was expanded to the membership. The board worked hard to communicate this vision through the entire organization, with every board member taking on the excitement and carrying it to each of the committees. It was a big endeavor and harder than I believed at the outset.

Mick Polo and I both attended the SmithBucklin Leadership Institute where I appreciated the importance of sharing your knowledge and passion with others. This is what keeps that knowledge alive. Leadership is a topic we addressed in a pre-session with committee chairs and vice-chairs, and we worked hard to develop great, new HBMA leaders. Mick carried his own passions away from these sessions and into his own presidency that followed. It was a busy year of learning and growing, but one that I remember fondly.

The Government Relations Committee and the work of Bill Finerfrock and Capitol Associates refocused their directions, to become more proactive and influence the activities of our government rather than only react to what they do. The Commercial Payor Committee held its first all-payor conference

HBMA

TRIVIA TIME!

QUESTION #8

What was the former name of *RCM Advisor*?

(answer on page 46)

call. Four payors held individual sessions and were able to directly hear concerns from HBMA members. Then came the fall conference…

We had a hurricane that interrupted the fall conference, and it created a small disaster. We had to make last minute decisions based on grounded airplanes and closed airports and the safety of everyone. We probably didn't get it all right, but we came together and did our best. The hurricane was not as predicted (of course), but it was a tumultuous time and we managed to secure speakers and rebook hotel rooms and reallocated resources for a re-do one month later. I had no idea that I would fly that far twice. As I reminisce about that time, it is not unlike a typical response to the changes we face in this crazy industry, every month and year over year.

My passion of aspiring to inspire others to volunteer, to lead, to work, and to share our passion is something that was especially important to me during my tenure as president. Twenty-five years was a significant milestone for HBMA, and we had no idea that the next five years would bring on even more challenges. I am proud to have been a very small part of an organization that made such a difference for me professionally and personally and will be forever grateful to have answered the invitation to lead such a valuable organization. Thank you HBMA!

Mick Polo

President / 2019

I wish HBMA a happy 30th anniversary and share my congratulations on reaching such an incredible landmark, as well as acknowledge my appreciation for all the personal and professional growth, learning experiences, business assistance, opportunities, and especially the amazing people and friendships that I accumulated along my path to the presidency in 2019. Thank you HBMA!

As I reflect back on my term, I realize I was the last of the pre-pandemic leaders. Who knew how things would change?! But at that time, HBMA was just getting by financially and coming out of a period where we had some years of disconnect and divide amongst the board. We were working to reconnect ourselves as well as with the membership to deliver meaningful offerings and education while keeping within our budget. It was a challenging period.

The RCM industry was experiencing a growing need for many peripherals around basic operations with automation enhancements through introduction of Artificial Intelligence (AI), a continued stress on the importance of compliance, a strong focus on tightening cyber security, and new online tools to improve patient collections and experiences. This opened the door to introducing new vendors, speakers, and educational offerings, as well as providing an enhanced level of sophistication to our members' business needs.

By the time of our HBMA Healthcare Revenue Cycle Conference at Planet Hollywood in Las Vegas in September 2019, COVID-19 was only a whisper in the international headlines but not yet a reality here. We had the best attended and most successful event in several years, which was not only a much needed financial victory, but also reignited an important spark within the membership to keep the organization going strong with a new group of inspired volunteer leaders following the cry of "HBMA IS BACK!"

Cindy Pittmon

President / 2020

Wow, what can I say about 2020, the year of my HBMA presidency? It started with excitement and anticipation, much like waiting in line for a new theme park ride.

Unfortunately, this new rollercoaster had one stomach dropping plunge after another, all at high speed, and in the dark.

As an organization, HBMA was in the best financial position we had experienced in several years. As president, I was planning to stabilize and grow our membership. A number of members were reaching retirement age and mergers and acquisitions had impacted some other members. We felt that we could make our annual conference and other educational offerings attractive through a membership outreach to increase our ranks.

On January 9th, the World Health Organization announced that a new pneumonia-like virus had affected a few dozen people in Wuhan, China. By January 21st, a man in Washington was confirmed as the first case in the United States. On February 3rd, the US declared a public health emergency. COVID-19 was now front and center for the world.

At HBMA, we not only had to make quick decisions about our fall conference, but our finances were in freefall, due to non-renewals of memberships. With closure of non-essential offices, cancellations of elective physician procedures and hospital usage, our members were facing reductions of procedures and revenue.

On top of that, no one was going to be able to attend our fall conference with hotels, restaurants, and flights closed or restricted. After many extensive conference calls, our board made the decision to have a virtual conference – out of necessity.

To make that happen, we began an immediate search to find a partner to facilitate a virtual conference, new territory for all of us. We were fortunate that the hotel allowed us to push our conference to 2021 and avoid cancellation penalties.

Like most associations, member registrations only cover part of the expenses of our annual meetings, and we are dependent on our industry sponsors who purchase booths in our exhibit hall and pledge support for dinners, speakers, and other activities.

As a result of these sharp revenue decreases, we were going to end the year with a negative cash flow. We asked our 2021 renewals to become an HBMA Sustainer by making direct financial contributions to HBMA to compensate for the losses in our budget. I was extremely proud of the 2020 HBMA board's hard work, enthusiasm, and perseverance to continue HBMA's legacy of being the preeminent authority in the RCM industry.

Emily Osetek

President / 2021

When I became the president of HBMA in 2021, we were going through the pandemic and the HBMA organization was financially in trouble. My primary objective was to identify how to make HBMA profitable again as well as to bring back past members and add new members. We accomplished both by changing our management company at the end of 2021. Our board of directors worked together to review our budget, identified what we needed in a management company, and the needs of our members, and then we began the search. After reviewing three RFPs, we selected ISAM, our former association management company. Many of the board members were not familiar with ISAM, but enough of us had the faith in ISAM to make us profitable again and it worked! In less than 12 months we were back in the black and growing the organization again.

Because of the pandemic, many RCM companies found that we needed more technology, especially since our staff were working from home. ISAM helped us to set up a spring conference focused on Innovation, and it was a success! We were able to bring key vendors to our members to help them with interfaces, BOTs, Artificial Intelligence, and much more.

HBMA

TRIVIA TIME!

QUESTION #9

Who is known as the "Father of HBMA?"

(answer on page 46)

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While we all thought we were up to date with technology, the pandemic showed us that we needed more technology as we moved into a new work environment for our staff.

I won't tell you I enjoyed my term as president, but I can say it was challenging and we all worked together to make HBMA a much stronger organization for our members and their companies.

Jennifer Hicks

President / 2022

I served as HBMA president last year, in 2022. Our key challenges included a continuing decline of membership numbers and a management company that wasn't doing much about it. Members just didn't feel there was still value in being a member of HBMA. Our overarching goal was to bring back value to the membership. I was very concerned that we could lose this association that has given so much education and countless networking opportunities to the RCM industry over the years.

I was most impressed with how our current board and past board members came together to make the very tough decision of selecting a new managing partner in ISAM while doing the full time work of a management association with volunteer hours. The board members essentially became the marketing department, speaking with members to understand why they didn't renew and in planning and executing a successful Spring Innovation Conference. With ISAM, we created a strategic plan with initiatives to grow our membership and bring back value to every HBMA member. We held three successful in person meetings in 2022. These meetings created interest and added more meaningful education. We were able to bring back the Owners and Managers meeting with updated content and speakers.

I am proud of how our board and new management company came together to turn HBMA around. 2022 was the first year that HBMA was in the black financially for several years. We hope this partnership continues to provide pertinent educational events and networking opportunities for years to come. ■

HBMA

TRIVIA TIME!

QUESTION #10

Which past president is also a magician?

(answer on page 46)

HBMA AWARDS!

Every year, HBMA recognizes members for their contributions to the association. Members who demonstrate continuing dedication to the purposes and goals of the association are selected by the Awards Committee. The current president of HBMA appoints the Awards Committee at least ninety days before the presentation of the awards, which is held at the annual business meeting. The following key awards are given every year:

The President's Award

When deemed appropriate by the president, this award is given to a non-board member who has:

- Assisted the president above and beyond that which could be expected.
- Unselfishly volunteered his or her time and efforts to the president, whether or not he or she has been asked.
- Through dedication and deeds, enhanced the office of the president and HBMA as an association.

President Don Rodden presents Jackie Willett, CHBME, with The President's Award at the HBMA 2012 Fall Annual Conference.

The Thomas N. Hackett Memorial Award

Tom Hackett was a charter member of HBMA and on the Steering Committee of the Greater Northeast Chapter. He was instrumental in developing the chapter. Tom was an astute businessman, an active association member, and a gentleman. He passed away very suddenly and unexpectedly. This award honors Tom's legacy.

This award is given to an individual who has:

- Taken on leadership responsibilities to promote the purposes of their committee.
- Given beyond the scope of a volunteer to accomplish the goals of the committee.
- Influenced the overall direction and quality of the billing industry through the work of the committee.

The J. Dennis Mock Award

J. Dennis Mock is one of the founders of HBMA and is referred to as "The Father of HBMA." It is a special honor to be a recipient of this award.

This award is given to an individual who has:

President Jeanne Gilreath presents Mick Polo with The J. Dennis Mock Award at the HBMA 2014 Fall Annual Conference.

- Shown continuing dedication to the purposes and goals of HBMA.
- Consistently influenced HBMA with a definition of purpose.
- Given beyond the scope of a volunteer for the continuation of HBMA.

The Vendor Service Award

HBMA appreciates all the work and support of our vendors and recognizes a vendor member who has:

- Contributed their time and resources to the ongoing development of HBMA.
- Encouraged other vendors and members to participate in HBMA meetings and seminars.
- Volunteered their time beyond expectations.

The Rookie of the Year Award

This award is given when deemed appropriate to an individual who:

- Has engaged an HBMA responsibility for the first time in their membership.
- Has demonstrated a strong commitment to the HBMA work activity.
- Appears to have leadership potential for further HBMA responsibilities.

Key HBMA Meetings and Their Purposes

The Annual Conference

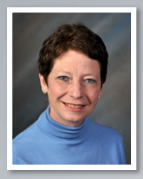
By Sarah Tolson, Chair, Education Committee

The Education Committee is so excited about HBMA's 2023 Fall Conference! The annual conference is an opportunity to provide members and attendees with relevant and valuable educational content as well as opportunities to network and share ideas with peers. Those of us on the Education Committee have been hard at work crafting an agenda with content not only for business owners and executives, but one that is relevant for managers as well.

We identify the educational topics that will be presented at the annual conference by combing through and analyzing feedback from HBMA's membership and attendees of prior conferences. This allows HBMA to provide the most sought-after and relevant content to our membership. After determining the list of topics, HBMA invites industry experts to submit proposals for conference sessions. Additionally, the Education Committee invites known industry experts to submit proposals for sessions addressing the topics requested by membership.

As the conference session proposals roll in, the Education Committee gets to work reviewing each submission to identify those with the highest quality content and the most engaging and knowledgeable presenters. Already this year, the Education Committee has spent countless hours reviewing speaker reels and bios, reading session proposals, and vetting speakers to ensure the sessions at this year's annual conference are engaging and will bring value to the HBMA membership.

We have all been to conferences that schedule a session after lunch which makes it hard to stay awake. The Education Committee takes special care when producing the schedule for the conference, making every effort to keep attendees engaged from the first session to the last. We're looking forward to the 2023 Fall Conference and can't wait to see you there!



HBMA's Compliance Course

Focus on Compliance Today and Yesterday for the RCM Industry

By Holly Louie, RN

HBMA was involved with the initial expectations for corporate compliance programs before the OIG published the Compliance Program Guidance for Third-Party Medical Billing Companies (63 Fed. Reg. 70138; December 18, 1998). A small group of HBMA leaders worked with the Office of Inspector General (OIG) on that guidance. The key win was a modification of a draft requirement to report any client with known errors or patterns of wrongdoing to the government. HBMA convinced the OIG that other viable options existed, such as terminating the client or working with them to correct the issues.

The first HBMA Compliance Course was held in Atlanta, Georgia in 1999. Presenters included Susan Lemanski, OIG, and other government agents. Attorney-led compliance education continued until 2000-2002 when HBMA President, Vic Glorioso chose compliance expert faculty from membership to develop the curriculum for what became HBMA's unique, in the trenches, compliance course focused solely on RCM issues and risks.

Over the intervening 25 years, the course has included speakers from CMS compliance and fraud and abuse programs, US attorneys, fraud and abuse investigators, forensic accountants, healthcare and white-collar attorneys, and a core faculty of HBMA experts.

To say compliance today is nothing like it was in 1998 is an understatement. Yes, the seven (eight) elements of effective compliance programs still exist. However, changes, modifications, updates, new guidance, ever-growing expectations, new risks that occur almost daily, and new ways of thinking about our compliance programs are an ever-changing reality. Fortunately, the focus on data analytics fits one of HBMA members' greatest strengths; we have data galore that we can use in improving our programs. The current effectiveness focus on leadership and managers provides a clear roadmap to choosing the right people and holding them accountable. The expectation that we all "teach our employees to think" means we have a full compliance team, regardless of the size of the company.

For those members who could use a little more help, the OIG and Department of Justice (DOJ) have provided extensive information on compliance program elements and how to measure effectiveness for everyone. The beauty of these tools is that you can customize them for your company. There is not now and has never been a "check the box" template and call it done. Our companies are unique and so is your effective compliance program.

At this year's compliance conference, session speakers and topics included compliance program oversight and leadership using current effectiveness expectations, new and emerging HIPAA risks, cyber insurance requirements, and cyber risks, (including real-time sharing of how my old email from an MGM cloud hack looks on the "dark web"), conducting today's risk assessments, the No Surprises Act, HBMA Government Relations update, coding compliance for RCM companies (even if you don't code), multiple mini compliance risk topics, contracts and business associates, and an interactive discussion with attendees on hot topics. ChatGPT was clearly a hot button for most attendees. Information was so current that faculty provided several significant updates to topics in real-time - as they were published during the conference.

Speaking on behalf of myself and my fellow faculty this year, we loved the networking among and with our attendees. Attendees are also invited to contact us after the conference if they have questions or need a little help. Even more exciting is HBMA exploring the options for an attendee faculty message forum to continue networking and discussion.

We are already looking forward to the next HBMA Compliance Conference and hope to see you there!


The Owner's & Managers Conference

By Dave Jakielo and Bob Burleigh

For the past two and a half decades, one of the premier educational offerings by the Healthcare Business Management Association (HBMA) has been the Owners and Managers Conference (O&M). The conference was the 1995 brainchild of Bob Burleigh, CHBME, Chris Kellogg, and then board member Dan Smith. In 1997, Dave Jakielo replaced Chris as a permanent member of the faculty.

The concept was to create and construct an educational conference in a workshop format for owners and managers of medical billing companies. Prior to the O&M, nothing existed that was aimed at helping industry leaders take their companies to the next level.

Most owners felt as though they were the only ones facing the issues that confronted them, as well as not having a venue where they could discover the industry's innovations, trends, and best practices. The O&M brought together HBMA members with a shared goal of exponentially bettering their companies.

In the early years of the O&M, attendees were reluctant to share with others because they thought that their respective companies had all the secrets on how to run a successful medical billing company! In fact, they didn't know what they didn't know.

However, what everyone found out was that many faced the same internal and external issues and that the marketplace was so big that every company seemed to have carved out their own niche. It wasn't so much that they were competitors; rather, what they realized was that they were all in the same boat and had the same goals – to improve productivity, profitability, and maintain growth.

Bob, Chris, and Dave were instrumental in helping the attendees achieve their objectives because the curriculum was designed with their goals in mind. The faculty was able to develop programs that were very beneficial because of their experience as medical billing company executives and industry consultants and advisors. Their experience was gained by working with hundreds of individual billing companies, as well as having previous experience running their own companies.

The conferences have been conducted either once, twice, or three times a year around the country and 80 percent of the curriculum provides new material each year. Some topics were just too good to drop, like Bob's Key Performance

Indicator (KPI) & Benchmarks session, which has grown to cover more areas and is updated annually, addressing new and improved technology that has penetrated the industry.

The programs became so valuable that many of the attendees return every year or every other year. Every audience has at least a few attendees who have participated in the O&M for 10 years or more. Each conference is educational and informative, containing sessions related to the latest industry trends, emerging technology, federal rules and regulations, legislative updates, compliance, ideas to improve sales and marketing efforts, staff and leadership development, and much more.

The conference is intentionally limited to 55 attendees because a crucial benefit to all attendees, besides the educational content, includes the multiple networking receptions where you meet and form relationships with other owners and managers from around the country. Some of our attendees who met over 20 years ago are still great friends.

Reflecting back over the years, we have presented 130 topics to over 1,000 attendees. Nothing has been more gratifying to the faculty than reading over the evaluations that tell us how our programs have helped them to become more successful owners, with higher profitability, and who remain compliant in this ever-changing industry. ■

30 Years of HBMA Government Relations

By Matt Reiter

As we celebrate 30 years of HBMA, it's helpful to reflect on how the value of HBMA membership has grown over this time. Government relations is one of the signature benefits of HBMA membership. Many of the policies that come out of Congress and federal agencies directly impact the RCM industry. Government relations ensures that members are educated about relevant policy changes and that our industry's voice is heard during the policymaking process.

HBMA was born partially in response to Medicare's 1992 switch from the Customary, Prevailing and Reasonable (CPR) methodology for determining Medicare payment rates to the relative value unit (RVU)-based fee-for-service (FFS) system that is still in use today.

Since then, we have seen the passage of HIPAA, the Affordable Care Act, created and repealed the Sustainable Growth Rate (SGR) formula, the shift to MIPS and other value-based payment programs, the creation of Medicare Advantage and Part D, and the No Surprises Act, just to name a few. Through it all, HBMA has sought to be a resource to members and to policymakers who rely on the expertise of industry stakeholders such as our members.

We approach government relations very literally. Effective government relations is about creating collaborative and productive relationships with policymakers. In addition to our advocacy recommendations, HBMA always seeks to establish communication channels that allow us to continually share feedback and issues with policymakers throughout the year. In many cases, agency and congressional staff will bring questions to us about policies they are considering or want to hear our expert perspective on an idea that was shared with them.

The cornerstone of this work is our annual day of meetings with CMS and Congressional staff. For almost 15 years, HBMA's Government Relations (GR) Committee has made regular visits (with a brief pause during the pandemic) to Capitol Hill and CMS headquarters in Baltimore, MD, to build and strengthen relationships with policymakers and advocate on behalf of the RCM industry.

While the first few years had some mild adversarial undertones to overcome, through our persistence, these offices now see HBMA as a partner that can provide invaluable "on-the-ground" perspectives into how the policies they write are working. During our most recent visit in June 2022, we received a compliment that speaks to the strength of this relationship when the person at CMS who helps plan these meetings for us remarked that he "doesn't need to twist any arms" to schedule meetings for us.

The actions of our federal government can be overwhelmingly complex to understand and implement. For 30 years, HBMA members have benefited from the resources we have cultivated to help members understand how these policies impact their companies and their clients. Members rely on our in-depth summaries of the annual Medicare Physician Fee Schedule proposed rule and our ability to create educational resources on pressing topics such as the No Surprises Act.

Whether it's the transition to value-based payments or changes to electronic standards, having a seat at the policy-making table is no longer a luxury, it's a necessity! It's hard to know exactly what the next 30 years will bring. However, you can be certain that HBMA will have a seat at the table as an advocate for you and the RCM industry. ■

Matt Reiter is a principal and the managing partner at Capitol Associates, Inc., a bipartisan government relations and policy analysis firm that has represented HBMA's interests in Washington for over 20 years. In this capacity, he serves as HBMA's Director of Government Affairs. Matt has worked at Capitol Associates since 2014 and became a co-owner of the company after Bill Finerfrock's retirement.

COLLABORATION & COOPERATION

WEDI Provides the Industry an Umbrella When Regulations are Raining Down

By Robert M. Tennant, MA

For nearly 30 years, the Workgroup for Electronic Data Interchange (WEDI) has been an instrumental force in igniting public-private partnerships to empower meaningful changes in the American healthcare system. The Biden Administration has released numerous regulations impacting healthcare stakeholders, including the data exchange requirements of the No Surprises Act, interoperability and prior authorization, and electronic attachments. Consequently, WEDI plays a critical role in convening the industry to develop consensus-based responses to these government proposals while also identifying best practices and other guidance to assist in implementation efforts once regulations are finalized.

WEDI drives strong, unified public-private partnerships to improve the health information exchange by bringing together organizations from across the healthcare spectrum, including providers, payors, vendors, and government organizations. By convening healthcare leaders and driving consensus-based solutions, WEDI has been successful in resolving current data exchange-related roadblocks and continuously motivating the industry toward administrative automation. With a focus on advancing standards for electronic administrative transactions, promoting data privacy and security, WEDI has been instrumental in aligning the industry in an effort to harmonize administrative and clinical data.

Background and History

WEDI was formed in 1991 by then Secretary of the U.S. Department of Health and Human Services (HHS), Dr. Louis Sullivan, in an effort to identify opportunities to improve the efficiency of health data exchange and the organization. Secretary Sullivan invited leaders from the health plan, provider, and vendor communities to discuss opportunities to advance administrative simplification, terming them the "working group for electronic data interchange."

Joseph Brophy, President of Travelers Insurance Company, and Bernard Tresnowski, President of the Blue Cross and Blue Shield Association, agreed to establish and lead a voluntary, public-private task force to develop an action plan to streamline healthcare administration by standardizing electronic communications across the healthcare and health insurance industry. The initial task force included members from the following health plan organizations:

- Aetna Life Insurance Company
- Blue Cross and Blue Shield Association
- Blue Cross of California
- Columbia Healthcare Corporation
- Health Insurance Association of America
- Mutual of Omaha
- National Committee to Preserve Social Security and Medicare
- Self-Insurance Institute of America
- The Travelers Insurance Company
- United Healthcare

Provider organizations:

- American Association of Retired Persons
- American Clinical Laboratory Association
- American Dental Association
- American Health Care Association
- American Health Information Management Association
- American Hospital Association
- American Medical Association
- American Nurses Association
- Medical Group Management Association
- National Association for Home Care

Government and standards organizations:

- ANSI ASC X12
- Department of Income Maintenance State of Connecticut
- Health Care Financing Administration

In July 1992, WEDI published a report that outlined the steps necessary to make electronic data interchange (EDI) a routine business practice for the healthcare industry by 1996. WEDI envisioned the entire healthcare industry transacting business electronically, under a nationwide set of coding and format standards for all transactions. The transaction records would be transmitted electronically, in a secure manner, to protect privacy, over private and public interconnecting networks. In the year following the publication of the report, the healthcare industry made substantial gains with EDI implementation:

- ANSI ASC X12 approved the claim and eligibility standards for trial use.
- The Insurance Subcommittee of ANSI ASC X12 formed new workgroups to develop other standards required by the healthcare industry.
- CMS (then known as the Health Care Financing Administration-HCFA) initiated the use of Health Care Claim and Health Care Claim Payment/Advice standards. They increased development efforts toward standardizing data content. EDI implementation guidelines were developed for Medicare Part A Intermediaries and Part B Carriers that were consistent with the ANSI ASC X12 standards.

WEDI drives strong, unified public-private partnerships to improve the health information exchange by bringing together organizations from across the healthcare spectrum, including providers, payors, vendors, and government organizations.

- The private sector began developing EDI implementation guides.
- EDI awareness and participation heightened as well as efforts to standardize data content.

WEDI reconvened in 1993 to resolve remaining implementation obstacles and issued a report calling on the industry to:

- Strengthen the understanding of and commitment to EDI among the healthcare industry, policymakers, and consumers by developing a targeted plan for using industry resources to educate key audiences on EDI, encouraging participation in demonstration projects that prove EDI benefits and cost savings, and expanding membership to reflect more broadly the key constituencies affected by EDI.
- Work for enactment of preemptive federal confidentiality protection for individually identifiable healthcare information in an electronic environment.
- Develop a strategy to facilitate quick, industry-wide transition to EDI, including universal identifiers for patients, providers, and payors; health identification cards; coordination of benefits in electronic environments; and implementation guidance for data standards.
- Work with appropriate parties to ensure that the healthcare industry can meet WEDI's target of universal adherence to uniform data content by 1996.
- Provide additional data to the industry on the cost and benefits of EDI, using WEDI demonstration projects as a primary source.
- Monitor the industry's progress toward the use of data standards and EDI.
- Have WEDI serve as a resource to coordinate state and national efforts on administrative simplification.

These two reports were leveraged by congressional staff into legislative language and ultimately were incorporated into the Health Insurance Portability and Accountability Act (HIPAA) legislation. WEDI was named in the law as an advisor to the HHS Secretary and since that time WEDI has closely interacted with every subsequent U.S. administration, including the current one. With its close working relationships with the Centers for Medicare & Medicaid Services (CMS), Office for Civil Rights (OCR), and Office of the National Coordinator for Health Information Technology (ONC), WEDI has the ability to influence all facets of health IT policy.

Through its foundation, WEDI released a report on the 20th anniversary of the 1993 report. This was the culmination of a nine-month public-private effort with more than 200 subject matter expert volunteers. Dr. Sullivan served as the Honorary Chair of the 2013 WEDI Report Executive Steering Committee and worked directly with healthcare businesses, associations, and government leaders to identify solutions that could be implemented quickly and driven by businesses. The 2013 WEDI Report identified four critical areas of focus:

- **Patient Engagement:** consumer (patient) engagement through improved access to pertinent healthcare information
- **Payment Models:** Business, information, and data exchange requirements that will help enable payment models as they emerge
- **Data Harmonization and Exchange:** Alignment of administrative and clinical information capture, linkage, and exchange
- **Innovative Encounter Models:** Business and use cases for innovative encounter models that use existing and emergent technologies

Workgroups

WEDI members volunteer their time and talent to workgroups, sub-workgroups, and task groups to provide thoughtful leadership and common-sense approaches that enhance the exchange of clinical and administrative healthcare information. They collect input, exchange ideas, and make recommendations that inspire impactful and far-reaching change in our industry. These include groups focused on the No Surprises Act, and many of the specific EDI transactions including claims, prior authorization, attachments, claim status, and remittance and payment. Other health IT issues are covered in the privacy and security, health equity, genomics, emerging technology, and telehealth workgroups.

Education and Industry Outreach

As health IT regulations are published, policy deliberations undertaken, and workgroup white papers, best practices, and guidance are released, WEDI develops education for members and the industry at large. In 2022, WEDI offered 24 educational events, twenty-two virtual, one hybrid program, and one in-person conference. In addition, WEDI offers health IT content through its YouTube channel and its very successful podcast series, "The Collective Voice of Health IT."

It's Raining Regulations

"Surprise" medical bills can arise when patients unknowingly seek treatment from an out-of-network provider and are forced to pay the difference between their in-network rates and out-of-network rates. Often, this is a result of an emergency situation, placing patients at an even greater risk of receiving financially crippling surprise medical bills. Also, patients can be treated at an in-network facility by an out-of-network provider leading to extremely high, and unexpected medical bills. Under considerable pressure to address these issues, Congress introduced the No Surprises Act (NSA), which then was included in HR 133 (Consolidated Appropriations Act, 2021). This bi-partisan legislation was signed into law in December 2020.

The NSA includes requirements that providers give a "Good Faith Estimate" (GFE) directly to patients if they present with no insurance, or to their health plan if they have insurance for the plan to develop and send to the patient an Advanced Explanation of Benefits (AEOB). If the service involves multiple providers (e.g., a surgery), a "convening provider" is required to communicate with the other providers and obtain GFEs from each. These GFEs are to be compiled and given to the patient if they are self-pay or sent to their health plan for the creation of the AEOB if they have insurance. Currently, there are no standards for sending GFEs to health plans and no standards for the convening provider communications. CMS has delayed the enforcement of AEOBs and GFEs.

HHS has released several regulations and numerous guidance documents, but to date, the government has not identified a method for exchanging NSA-related pricing information. Late in 2022, HHS announced enforcement discretion regarding the convening provider requirement, recognizing that no standards are in place for these transactions. While work is underway both at X12 and Health Level 7 to develop these and other NSA standards, national adoption of any NSA data exchange standard is years away.

Late in 2022, CMS released two long-awaited proposed rules that will significantly impact the healthcare industry. December 13 saw the release of the "Advancing Interoperability and Improving Prior Authorization Processes" Notice of Proposed Rulemaking (NPRM), followed about a week later with the publication of "Adoption of Standards for Health Care Attachments Transactions and Electronic Signatures, and Modification to Referral Certification and Authorization Transaction Standard" NPRM. Combined, these two proposals have the potential to significantly transform how providers and payors exchange information.

With the Prior Authorization rule, CMS is seeking to improve patient and provider access to health information and streamline prior authorization processes. The rule includes proposals requiring Medicare Advantage organizations, Medicaid Managed Care plans, state Medicaid agencies, Children's Health Insurance Program (CHIP) agencies, and CHIP managed care entities (issuers of qualified health plans on the federally facilitated exchange), to implement Health Level 7® (HL7®) Fast Healthcare Interoperability Resources® (FHIR®) standard Application Programming Interface (API) to support electronic prior authorization.

The agency also proposes requiring covered payors to include a specific reason when denying requests, publicly

reporting certain prior authorization metrics, and sending authorization decisions within 72 hours for expedited (i.e., urgent) requests and seven calendar days for standard (i.e., non-urgent) requests. CMS also proposes to add in the future a new electronic prior authorization measure for eligible hospitals and critical access hospitals under the Medicare Promoting Interoperability Program and for Merit-based Incentive Payment System (MIPS) eligible clinicians under the Promoting Interoperability performance category.

The electronic attachments rule, as proposed, would adopt standards to support both claims and prior authorization transactions, as well as adopt a standard for electronic signatures to be used in conjunction with healthcare attachments. CMS also proposes to move from Version 5010 to Version 6020 for the standard referral certification and authorization transaction (X12 278). WEDI was referenced several times in the proposed rule, including the agency citing a joint WEDI, HL7, and X12 white paper from November 2017, and acknowledging that it has taken the paper's contents "into account in [the] proposed rule." Furthermore, WEDI contributions were recognized in the cost-benefit analysis section of the rule.

Both proposed rules will significantly alter how providers and health plans transmit and receive health information. It will be critical for the industry to coalesce around a consistent message to ensure that the final rules will be beneficial to providers, payors, and the patients they serve.

In addition to these proposed rules, new standards for electronic transactions and operating rules have been proposed to the National Committee on Vital and Health Statistics (NCVHS). NCVHS receives requests for new or updated standards from Standards Development Organizations (SDOs) and obtains input from industry stakeholders. Following public input on the proposals, the NCVHS then can make a recommendation to the Secretary of HHS for adoption. While HIPAA requires NCVHS to render advice, the HHS Secretary is not bound by its recommendation.

The SDO X12 has requested NCVHS to recommend that the Secretary adopt version 8020 for certain transaction implementation guides, including Claims (837 Professional, Institutional and Dental) and the Payment/Remittance Advice (835). X12 is also developing new versions of several other mandated transactions. As well, the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) has proposed the following:

- Eligibility & Benefits (270/271) Data Content Rule
- Claim Status (276/277) Infrastructure Rule (updates + reference to updated Connectivity rule)
- Payment & Remittance Advice (835) Infrastructure Rule (a reference to updated Connectivity rule)
- Eligibility & Benefits (270/271) Infrastructure Rule (updates + reference to updated Connectivity rule)

Section 1104 of the Affordable Care Act, (ACA) which amended Section 1173 of HIPAA, identifies that operating rules are business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications. The ACA instructs the HHS Secretary to adopt a single set of operating rules for

The electronic attachments rule, as proposed, would adopt standards to support both claims and prior authorization transactions, as well as adopt a standard for electronic signatures to be used in conjunction with healthcare attachments.

each transaction, with the goal of creating as much uniformity in the implementation of the electronic standards as possible. Operating rules must be consensus-based and reflect the necessary business rules affecting health plans and providers and the manner in which they operate to support the standards adopted under HIPAA.

NCVHS is expected to issue recommendations later in 2023 regarding whether or not these electronic transaction standards and operating rules should be adopted by the healthcare industry. If the committee decides to recommend adoption of the proposed transactions, it will also have to determine whether to move forward with the new 837 and 835 transactions or wait for X12 updates to the remaining transactions and move them forward as a suite.

Opportunities for Member Input

One of the strengths of WEDI is its ability to convene the industry, effectively solicit perspectives from its multi-stakeholder membership, and submit to the government a consensus-based set of comments and recommendations. To respond to these and other important regulations and Requests for Information (RFIs), WEDI has implemented a significantly revised Member Position Advisory (MPA) process.

This MPA process typically includes:

- Surveying the industry on the provisions and questions included in an NPRM or RFI
- Discussing these provisions and related implementation issues in appropriate WEDI workgroups
- Conducting live virtual events to develop consensus positions on the NPRM or RFI

The MPA process culminates in the development of an official response to the government. WEDI comment letters carry additional weight due to their multi-stakeholder perspective. All WEDI responses to the government are public and included at www.wedi.org.

With its three decades of service, WEDI has provided a platform for the healthcare industry to come together, identify challenges, and find consensus-based solutions. Through its workgroup activity, educational programming, and development of responses to government regulations, RFIs, guidance, and other initiatives, WEDI members strive to improve healthcare data exchange to reduce costs and improve the care delivery process. ■

Robert Tennant is Vice President, Federal Affairs for the Workgroup for Electronic Data Interchange (WEDI). In his role at WEDI, Mr. Tennant focuses on federal legislative and regulatory health information technology issues. Areas of expertise include administrative simplification and automation, HIPAA Transactions, Code Sets, Privacy and Security, interoperability issues, and other HIT topics. Mr. Tennant is currently co-chair of the National HIPAA Summit and serves on the United Healthcare Administrative Simplification Workgroup. Mr. Tennant was named as one of* HealthData Management *magazine's "Top 30 Health IT Experts to watch in 2019."

Robotics Process Automation (RPA)

By Rich Papperman

As a charter member of HBMA, I find it interesting to look back to see how much has changed over the past 30 years. When we started our company in 1990, we:

- Used floppy disks to load programs and updates
- Hired our three sons to stuff monthly patient statements into envelopes, lick them closed, and add the stamps
- Mailed paper claims and hand-posted paper EOBs
- Made phone calls to contact insurance companies and patients
- Faxed documents and hired couriers to pick up/receive data to/from clients
- Had never heard of HIPAA or its components, No Surprise, etc.
- Never heard of outsourcing

TODAY we could not exist without:

- The internet – programs downloaded and updated.
- Websites for checking claims status, receiving insurance and patient payments, and many other functions.
- Patient statements sent electronically via the internet to the statement vendor
- Replacement of faxes and couriers – scan, drag/drop files, etc.
- Electronic claims (837), ERAs (835), and the other alphabet "things"
- Email and text messages to communicate with staff and clients
- Cell phones instead of home phones
- Electronic Word and Excel files
- Outsourcing is a way of life for RCM companies and many other industries

Today's Technology – Robotics Process Automation (RPA)

RPA is well-suited to boring, repetitive tasks. Using a computer to do this work requires thinking about which tasks are done and documenting the process as it is completed, including any "decision points." Decision points are when we humans need to make a choice for the next step. The programmer must include that in the program (in RPA language, they are called "flows").

We started our journey in December 2020 as a result of an article in the *RCM Advisor* about automation. I had heard of it, but the vendors at the time seemed very expensive.

Then I read the HBMA article and found that two friends of mine, Dennis Allen and Dan Johnson found a less expensive way to automate using a program called Win Automation.

We started this process with a few small tasks, and then as we gained experience, moved to more extensive ones. Some run only when we manually start them when needed; others are scheduled to work from midnight until 10:00 p.m.

Some of what we have automated are the following:

- Running MANY reports (Authorizations, payments, etc.) for clients and adding them to Share Point so they can be retrieved
- Sending insurance, picking up reports, applying ERAs
- Opening the clearinghouse reports for rejected claims, moving the rejections to Excel, then emailing the file to staff for handling.
- "Printing" software "ticklers/recalls" to PDFs, saving them in a certain location, then emailing the staff to let them know they are ready
- Accessing websites for insurance information, downloading the information as PDFs, then naming them to match the file they are related to
- At the end of the day:
  - Converting .jpg, .jpeg, etc. files to PDF files
  - Batching demographics, insurance, charge, payment, etc. files by client
  - Adding the location of the batch file to the billing software for easy retrieval
  - Then moving the batched files to the correct data entry company
- For our Monthly Closeout:
  - It runs the reports
  - From the reports, it pulls data to add statistics to each client's spreadsheet
  - Creates a Summary letter to recap the month
  - Attaches the client reports and our invoice to an email
- For management, most recently, it lets us know how many pending questions there are from the data entry staff, and the number of unread recalls

Our challenges:

- Microsoft sunsetted Win Automation in November without letting us know. SO, we quickly have to pivot to their Power Automate product. We will keep the programs we have but new ones will likely be updated in a new program.
- Finding good programmers and keeping them. All have full time jobs, so this is extra money. Some seem to be more motivated to work than to complete the work successfully.
- Dealing with websites. ANY changes to the location of various "buttons," fields, screen resolution, etc., can "kill" the flow. Change a monitor to a different one – ditto!
- Double authentication can be a challenge – we have not been able to work with two of them.
- The amount of staff time it can take to guide the programmers. Programmers don't know the steps, so our knowledge is critical.

Overall, we are saving at least three FTEs of work, not to mention that the "flows" do not take meal breaks, vacations, etc. They work 24/7 without complaint. They notify us when they have a problem, email us when they finish a task, etc. RPA is definitely a technology worth exploring for your company. ■

Rich Papperman opened Cape Professional Billing in 1990 and operated it until he sold the company in 2022. He served on the HBMA Board of Directors for nine years and chaired and served on the Education Committee for a number of years. He is currently a member of the CPR Committee.

New AMA Practice Resource Helps Physician Practices Fight Inappropriate E/M Downcoding

Reprinted from the American Medical Association

Effective January 1, 2021, major changes were made to the evaluation and management (E/M) services Current Procedural Terminology CPT® code set and reporting guidelines to reduce documentation burdens, simplify coding, and allow physicians to spend more time with patients. Unfortunately, some health plans are disputing E/M levels for submitted claims and implementing E/M downcoding programs that inappropriately – and often automatically, through claim editing algorithms – reduce payment for provided services.

The AMA recently published "Payer evaluation and management (E/M) downcoding programs: what you need to know," a new resource designed to support physician practices in navigating such payor E/M downcoding programs. The document offers examples of common downcoding scenarios, sample plan communications regarding these programs, and tips for how to identify downcoding on the remittance advice.

The resource provides guidance to practices seeking to appeal inappropriate payor downcoding, including a sample appeal letter for E/M visit downcoding (also available in an editable format on the AMA website). Based on the premise that "the best defense is a strong offense," tips for properly documenting E/M level selection based on either medical decision-making or time spent on the date of the encounter are outlined.

In addition to offering this tool to help individual practices combat unfair health plan downcoding policies, the AMA also works at a broader, national level to advocate against unwarranted E/M payment reductions according to the following principles:

- **Outliers only:** The AMA does not support blanket downcoding initiatives. Any downcoding program should only target true outlier physicians whose coding patterns differ significantly from those of their same-specialty peers.
- **Education first:** Prior to any payment reduction, health plans should first seek to educate practices with correct coding information.
- **Medical record review:** The AMA maintains that it is never appropriate for a health plan to automatically downcode a claim without first requesting and reviewing supporting clinical documentation.
- **Advance notice:** Any physician subject to an automatic downcoding program should be notified in advance.
- **Clear communication:** Health plans that downcode claims should provide the practice with clear remittance advice; written notification of the adjustment, including the specific clinical rationale for the decision; and a statement describing the process for appeal.

To track health plans' downcoding programs and support continued advocacy on behalf of physician practices, the AMA has created an informational survey. For more resources to help physician practices fight for proper payment and appeal inappropriate denials, visit the AMA website. ■

TRIVIA TIME! ANSWERS

1. **International Billing Association (IBA)**
2. **Chicago, Illinois**
3. **Phoenix, Arizona**
4. **James Robertson**
5. **Jean Campbell**
6. **Healthcare Billing and Management Association (HBMA)**
7. **Healthcare Business Management Association (HBMA)**
8. ***Billing***
9. **J. Dennis Mock**
10. **Dave Jakielo**

Q&A
United Healthcare

Q. What detailed claim status information is available on your website?

A. UHCprovider.com provides the following information:

- Claim billing summary
- Line-item details
- Payment information
- Letters and remittance advice documents

Q. What is the most efficient way to reach a live person?

A. Call our web support team at 1-866-842-3278

Q. What is the best way to check claim status?

A. Provider Portal: **uhcprovider.com/claims**

Q. Are you able to add the date and address where a check is mailed to on your website?

A. We currently provide the check issue date, address, and if the check has been cashed.

Q. Credentialing is painful for everyone. Is there a plan to add automation to your process? Have you considered making the application date the participation date?

A. Our goal is to make the process of joining our network faster, easier, and more transparent. We have four initiatives underway which are intended to make this happen as quickly as possible:

- **Turnaround time:** Inventory burn down plans have resulted in faster turnaround times. We are adding additional resources to right-size the credentialing team.
- **Phone support:** Re-establish phone team for credentialing questions and escalation. Ramp through mid-2023. Until that time, send escalations to networkhelp@uhc.com
- **Technology improvements for end-to-end process:** We are investing in and enhancing digital capabilities to improve the end-to-end process including: Migrate all credentialing to a single interface (Onboard Pro), including complex states, adds to existing group/contract, new contracts, initial credentialing, and recredentialing. This includes collecting all credentialing and contracting required documents at intake (today only credentialing documentation is requested when a provider asks to join our network). Additional information is often needed for contracting, causing unnecessary confusion, abrasion, and longer turnaround times. **A key component of the enhancements are to provide real-time tracking and updates**.
- **Unify experience:** Build a seamless and centralized credentialing experience across behavioral, facility, dental to set the stage for a scalable full solution.

Here is a **fact sheet** regarding our credentialing process.

Q. Do you require authorizations in an emergency situation? Do you have an automated process for obtaining an authorization?

A. **Emergency services:** Reference the Provider Administrative Guide. Rules can vary for Commercial, Medicare, Medicaid, and Exchange members, depending on the services being rendered.

Resources

- **Healthcare Provider Administrative Guides and Manuals**
- Here is the link to the **PAAN Self-Paced User Guide.**

Q&A
Humana

Q. What detailed claim status information is available on your website?

A. Humana provides detailed claim status through Availity Essentials at Availity.com. Providers have the ability to look up a claim status by member ID, claim number, or service dates. The response includes details such as line level detail, reason/remark codes, category/status codes.

Q. What is the most efficient way to reach a live person?

A. Please reference **humana.com/provider/contact** for specific contact numbers.

Q. Credentialing is painful for everyone. Is there a plan to add automation to your process? Have you considered making the application date the participation date?

A. At this time, Humana does not have an automated process for credentialing.

Q. What is the best way to check on claim status?

A. Using the Claim Status tool in Availity Essentials at Availity.com is the best way to check claim status.

Q. Are you able to add the date and address where a check is mailed to on your website?

A. Humana provides detailed remittance information including check date and address through the Humana Remittance Inquiry tool via Availity.com.

Q. Do you require authorizations in an emergency situation? Do you have an automated process for obtaining an authorization?

A. Humana evaluates emergency situations on a case by case basis. Humana utilizes Availity.com for electronic authorizations submission and status inquiry.

30 Years of Compliance Updates in the Healthcare Industry

By Chad Schiffman

There have been a number of compliance updates in the healthcare industry over the past 30 years. During this time, compliance programs have become a priority and critical for ensuring organizations adhere to laws, regulations, statutes, professional and ethical compliance standards, and guidance.

Below is a review and a brief description of one or more important compliance updates for each year over the past 30 years. While there are several to choose from each year, in our opinion, the following updates have had a significant impact on the healthcare industry.

Timeline of Updates

1993 / Family and Medical and Leave Act (FMLA) was signed into law by President Bill Clinton. FMLA provides certain employees with up to 12 weeks of annual unpaid, job-protected leave. It also requires that employee group health benefits be maintained during the leave.

1994 / The Vaccines for Children Program was created in 1993 and became operational in 1994. The Vaccines for Children program is an entitlement program (a right granted by law) for eligible children ages 18 and younger.

1995 / Senate's Health Information Reform Bill. This bill eventually became Title I of HIPAA. Title II included the Administrative Simplification Rules, Title III addressed medical savings accounts, Title IV focused on group health insurance requirements, and Title V addressed tax deductions for employers providing company-owned life insurance premiums. The House and Senate eventually passed these five Titles of HIPAA in 1996 before they were signed into law.

1996 / Perhaps one of the most significant updates during the past 30 years was when President Bill Clinton signed the Health Insurance Portability and Accountability Act (HIPAA) on August 21, 1996. The urgency for HIPAA came from two separate incidents; one was a healthcare worker's newspaper leak, disclosing that tennis legend Arthur Ashe was HIV-positive, and the second was a separate, unrelated impermissible disclosure of country singer Tammy Wynette's health records being sold to tabloids. Congress recognized and considered the advancements in electronic technology and its potential impact on health information privacy.

1997 / The Office of Inspector General (OIG) started issuing guidance documents for various healthcare industry types to help organizations develop and implement effective compliance programs to prevent and detect conduct that violates laws, regulations, or the OIG's guidelines.

1998 / Compliance Program Guidance for Third-Party Medical Billing Companies, Hospitals, Home Health Agencies, and Clinical Laboratories.

1999 / Compliance Program Guidance for Durable Medical Equipment, Prosthetics, Orthotics, and Supply Industry; Compliance Program Guidance for Hospices; and Guidance for Medicare+ Choice Organizations. The Proposed HIPAA Privacy Rule was published in 1999.

2000 / The U.S. Department of Health and Human Services (HHS) adopted code sets (ICD-9, CPT-4, National Drug Codes, Code on Dental Procedures and Nomenclature, and HCPCS) and standards for electronic transactions. OIG also issued its Compliance Program guidance for Individual and Small Group Physician Practices and Nursing Facilities that year. The Final HIPAA Privacy Rule was published at this time.

2001 / Administrative Simplification Act was signed. Going forward, electronic submission of Medicare claims became a requirement. A Final Rule addressing the correction to the effective and compliance date of the HIPAA Privacy Rule was published.

There have been a number of compliance updates in the healthcare industry over the past 30 years. During this time, compliance programs have become a priority and critical for ensuring organizations adhere to laws, regulations, statutes, professional and ethical compliance standards, and guidance.

2002 / Modifications to the HIPAA Privacy Rule were proposed and made final this year. President Bush launched the Health Center Growth Initiative, significantly expanding the number of community health centers serving the medically underserved.

2003 / The HIPAA Privacy Rule went into effect. The Privacy Rule sets national standards for the protection of identifiable health information by three types of covered entities: health plans, healthcare clearinghouses, and healthcare providers who conduct standard healthcare transactions electronically. The Medicare Modernization Act was signed into law in late 2003.

2004 / The United States Sentencing Commission sent to Congress significant changes to the federal sentencing guidelines for organizations, which should lead to a new era of corporate compliance. The amendment to the guidelines strengthened the criteria an organization must follow in order to create an effective compliance and ethics program. An effective compliance and ethics program is essential for an organization seeking to mitigate its punishment (including fines and terms of probation) for a criminal offense.

2005 / The HIPAA Security Rule went into effect. The Security Rule sets national standards for protecting the confidentiality, integrity, and availability of electronic protected health information (ePHI).

2006 / The HIPAA Breach Enforcement Rule went into effect. This Rule contains important provisions relating to compliance and investigations, the imposition of civil monetary penalties for violations of the HIPAA Administrative Simplification Rules, and procedures for hearings.

2007 / Phase III of the Stark Law was published on September 5, 2007 (although certain provisions were delayed until 2008). Phase III was significant because it contains the "stand in the shoes" provisions that address compensation arrangements.

2008 / The Genetic Information Nondiscrimination Act (GINA) was signed into law. GINA protects individuals against discrimination based on their genetic information in health coverage and in employment.

2009 / This was another big year for compliance updates, including enactment of the American Reinvestment and Recovery Act, the Health Information Technology for Economic and Clinical Health (HITECH) Act, and the Breach Notification Rule. The HITECH Act authorized incentives for adopting and using Health Information Technology – the launch of Meaningful Use. Regulations developed by the HHS Office for Civil Rights (OCR) require healthcare providers and other HIPAA-covered entities to promptly notify affected individuals of a breach, as well as the HHS Secretary, and the media in cases where a breach affects more than 500 individuals. The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10) Final Rule was also signed into law with a compliance date of October 1, 2013 – a compliance date that would later be updated.

2010 / The Patient Protection and Affordable Care Act (ACA) was signed into law by President Obama. The goal of the ACA was to ensure that every American could afford a health insurance plan. The ACA also expanded the Medicaid program for several states. However, not all states have expanded their Medicaid programs.

2011 / The start of Stage 1 of Meaningful Use: Data capture and sharing. To qualify for incentive payments through the Centers for Medicare & Medicaid Services (CMS) EHR Incentive Programs, eligible providers and hospitals must demonstrate meaningful use of an electronic health record (EHR). In other words, "meaningful use" sets the specific objectives that eligible professionals and hospitals must achieve to participate in the EHR Incentive Programs.

2012 / Stage 1 of Meaningful Use continued. HHS adopted Operating Rules for Healthcare Electronic Funds Transfers (EFT) and Remittance Advice Transactions Final Rule. HHS also adopted the Health Plan Identifier (HPID) standard and delayed the ICD-10 compliance date by one year to October 1, 2014.

2013 / March 26, 2013, the Final Omnibus Rule went into effect. Modifications were made to the HIPAA Privacy, Security, and Enforcement Rules. Key updates included providing patients greater protection of their health information, granting rights of access to individuals, and compliance obligations of business associates that perform certain functions or activities involving the use or disclosure of protected health information on behalf of, or providing services to, a covered entity. OSHA began implementing the Globally Harmonized System for information regarding hazardous materials to ensure they are communicated in a consistent manner in organizations and "throughout the globe."

2014 / Stage 2 of Meaningful Use which was referred to as "Advanced Clinical Processes." The National Institute of Standards and Technology (NIST) released the NIST Cybersecurity Framework 1.0. While voluntary, this framework provided guidance on critical infrastructure that governments and organizations would later adopt throughout the United States and worldwide. The ICD-10 compliance date was delayed another year until October 1, 2015.

2015 / October 1, 2015 ended up becoming the official compliance date of ICD-10. One of the most significant updates was the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which repealed the Medicare sustainable growth rate (SGR) methodology for updates to the physician fee schedule (PFS). MACRA replaced this with a new approach to payment called the Quality Payment Program. The Quality Payment Program had two pathways for participation: Advanced Alternative Payment Models (Advanced APMs) and the Merit-based Incentive Payment System (MIPS) for eligible clinicians or groups under the PFS.

2016 / Section 1557 of the Affordable Care Act protections took effect on March 23, 2010; however, the implementing regulations that HHS issued became effective on July 18, 2016. This required healthcare organizations to post nondiscrimination notices, and to provide language assistance with qualified interpreters when necessary. Also, this year, the 21st Century Cures Act (Cures Act) became law. The Cures Act included information blocking regulations and is said to support seamless and secure access, exchange, and use of electronic health information (EHI).

2017 / For each year from 1997, the Office of Inspector General (OIG) issued an annual work plan. Occasionally, the work plan was updated twice per year. Starting in 2017, the OIG moved to a web-based form of the work plan with monthly updates. The OIG's Work Plan includes various projects, audits, and evaluations that are underway each year and beyond.

MIPS went into effect in 2017. MIPS rolled out three existing quality and value reporting programs (PQRS, Value-Based Modifier, and Meaningful Use) into one points-based program. MIPS is one of two Quality Payment Programs, the other being APMs.

2018 / CMS published a final rule removing certain training requirements that applied to the first tier, downstream, and related entities (FDRs) of the Medicare Advantage program and for Plan D Sponsors. Toward the end of the year, OCR issued a publication indicating common findings of enforcement activities. OCR stressed the importance of performing an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of the ePHI.

2019 / The OCR's Right of Access Initiative went into effect in 2019. According to the OCR, the Right of Access Initiative was launched "to support individuals' right to timely access their health records at a reasonable cost under the HIPAA Privacy Rule." The Right of Access *(continued on page 55)*

Changes in Coding Over the Last 30 Years

By Melody W. Mulaik, MSHS, RCC, RCC-IR, CPC, COC

As we celebrate HBMA's 30th anniversary, it is only fitting that we should take the time to reflect on some of the changes we have seen in coding and reimbursement. A lot has changed in 30 years. Some improvements, such as standardization in denial reasons, have been welcomed by the industry. Others, including the transition to ICD-10-CM, came with much resistance. As we review the scope of the updates and revisions at a high level, it is no wonder that we have become adept at adjusting to change and challenges.

The creation of the International Billing Association (IBA), which was the original association name that eventually became HBMA, was created to bring like-minded billing companies together to address the ever-growing complexity of billing and coding. The association was founded a few years after the creation of the resource-based relative value scale (RBRVS) system for physician reimbursement in 1991. Before we talk about reimbursement, let's first look at the history of coding.

The American Medical Association (AMA) determined in April 1960 that standardization was needed for the classification of healthcare services. They created the first *Current Medical Terminology* (CMT) handbook which was published in June 1962. The focus of the handbook was to standardize the terminology of the Standard Nomenclature of Diseases and Operations (SNDO) and International Classification of Diseases (ICD), to allow for the analysis of patient records. Procedural information was dropped in the transition from the SNDO to CMT, but was released separately as the Current Procedural Terminology (CPT-1) in 1966; it was focused primarily on surgical procedures.

Subsequently, CPT-2 was released in 1970 and expanded the codes to a five-digit system and existing chapters were greatly expanded, or new ones added, to cover anesthesia, radiology, laboratory, pathology, and specialized medicine services such as physical therapy, pulmonary function testing, etc. CPT-3, introduced in 1973, brought two-digit modifiers into the mix, significantly changing the way many services such as assistant surgeon, co-surgeons, etc., were reported. In 1977, CPT-4, the version we still use today, was released and included myriad updates designed to address rapidly changing technological advances. Simultaneously, an update process was created to allow for input from the physician community and other stakeholders.

Despite the creation of procedure codes, there was no mandate for any payor, including Medicare, to use these codes until 1983 when the Health Care Financing Administration (the former name for CMS) adopted CPT® exclusively for the reporting of physician services for their beneficiaries. Four years later, CPT® coding was mandated for the reporting of all outpatient hospital and other ambulatory sites delivered to all federally funded beneficiaries. At this point, private payors still had the freedom and flexibility to dictate their own coding and billing requirements which created many challenges for providers. It was not until the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addressed this dilemma in the Administrative Simplification provisions (AS), requiring that all payors adhere to standard code sets set forth by the Secretary of Health and Human Services (HHS). In August 2000, CPT® was officially adopted for reporting all physician services and outpatient hospital procedures.

Similarly, ICD-9-CM was designated under HIPAA as the standard code set for diagnosis reporting by covered entities. ICD-9-CM also included a procedure classification that is the standard code set hospitals must use for reporting inpatient procedures. In January 2009, CMS announced that the United States would switch over to the 10th edition of the ICD on October 1, 2013. However, in August of 2012, CMS issued a Final Rule that pushed the ICD-10 implementation date back

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to October 1, 2014. Subsequently, in a Final Rule published in the Federal Register on August 4, 2014, CMS changed the implementation date to October 1, 2015, as required by the Protecting Access to Medicare Act of 2014 (PAMA).

Now to reimbursement. As previously mentioned, the AMA/Specialty Society Relative Value Scale Update Committee (RUC) was established in 1991. The RUC was established as a way for physicians and other healthcare providers to provide CMS with input on valuation for services reimbursed by CMS. The relative value units (RVUs) of physician work, practice expense, and malpractice, as we know and use them today, vary somewhat from when first introduced. Practice expense transitioned in January 1999 to resource based as per the location where the services were rendered, and in January 2000 the malpractice or personal liability insurance (PLI) was added.

The Medicare Physician Fee Schedule (MPFS) became effective on January 1, 1992. Legislation passed in 1989 for CMS to create the MPFS and change how physicians were paid. Prior to the creation of the MPFS, physicians would bill for services and were paid by Medicare based on charges for services, which also meant charging patients for any amount above what Medicare paid. Private payors set their own policies with many paying a percentage of charges. So, CMS, with the help of the AMA, developed RBRVS and the RVUs as we know them today, which are based on practice expense, work, and malpractice.

The last 30 years have brought significant coding and reimbursement reforms. Regardless of the required change, HBMA members have always been willing to rise to the challenge and ensure that their staff and their clients are appropriately equipped for success. Who knows what the next 30 years will bring! ■

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RCM Over the Decades

By Dave Jakielo

The Healthcare Business Management Association (HBMA) is celebrating its 30th anniversary this year. As a charter member, I thought I would take a trip down memory lane and share some of the history of how the Revenue Cycle Management (RCM) field has and hasn't changed over the last three decades.

Although HBMA has existed for 30 years, I got my start in 1971 when the field was known as Patient Account Management. In those days, when you submitted a bill to a third-party insurance company, it was usually paid in full, regardless of the amount billed. The only deductibles or copays were contained in policies known as Major Medical.

Only a limited number of insurers enforced a fee schedule. Allowable fees and enrollment/participation in plans were mostly limited to Blue Shield plans. If you raised your fees on an annual basis, the Blues would increase the allowable amounts that they would pay. Even back then, the fees that patients were charged had no relationship to the cost of providing the services or procedures. The strategy was to keep raising fees annually so that the third party would increase their payment amounts.

In the early 1990s, RCM was primarily a manual process that relied on paper-based systems. It was time-consuming and prone to errors. The introduction of computer systems and medical billing software changed the face of RCM. With the advent of RCM software, healthcare providers could automate many of the manual tasks that had previously been performed by hand. This led to a reduction in errors and a more streamlined process.

The decade of the 2000s was the start of outsourcing some of the basic RCM functions such as payment posting, demographics, and charge entry. It was cost-efficient to have offshore employees as part of your team. These companies were mostly located in India.

Then around 2010, the broad adoption of electronic payments and Electronic Health Records (EHR) drastically reduced the amount of manual work needed in the RCM processes. Offshore teams expanded their expertise and were now assisting with accounts receivable follow-up, denials, provider enrollment, and medical coding. Many of the vendors could handle a claim from creation to adjudication and they became responsible for all aspects of the RCM cycle.

Offshore companies are still part of the RCM equation, not only to reduce costs, but in certain regions of our country, it is almost impossible to find employees who want to work in the RCM business. Today, offshore companies are located in over a half a dozen countries and many can handle every function necessary for RCM success.

In January 2020, the first cases of COVID-19 were detected in the United States and the spread began. By March 2020, most billing companies had shuttered their offices, and RCM employees were forced to start working remotely from their homes. We wondered if the quality of our work would suffer because we have never faced a crisis of this magnitude.

A plethora of things took place. Some practices closed their doors due to lack of patients, and others were overwhelmed with sicker patients. Hospitals were maxed out and parking lots became makeshift hospitals.

However, the RCM process kept humming along and has forever changed how we deliver our services. We found out that working remotely, while not for everyone, actually improved productivity for the people who could adapt, and it was so successful that many billing companies have maintained this model of working remotely and have reduced their office space or abandoned it altogether.

Now in this decade, we are familiarizing ourselves with the tools known as Artificial Intelligence (AI), machine learning, and Robotic Process Automation (RPA) or BOTS, as they are

changing the RCM landscape. These technologies are being used to automate tasks, reduce errors, and improve the accuracy of payment and coding processes. For example, AI-powered systems can be trained to identify patterns in patient data and predict the likelihood of claim denials. This information can be used to proactively address issues before they lead to payment delays or denials.

In conclusion, revenue cycle management has come a long way over the last 30 years. From manual, paper-based systems to automated, data-driven processes, RCM has evolved to meet the changing needs of the healthcare industry. Today's RCM systems are more sophisticated and efficient, providing healthcare organizations with the tools they need to manage their revenue cycles effectively and to keep pace with the changing landscape of healthcare. ■

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Initiative has and is expected to continue to be an enforcement priority for the OCR.

2020 / The COVID-19 pandemic ushered in several important updates. Two of the most important updates for the healthcare industry: Telehealth and OCR enforcement discretion. HHS waived some of its telehealth restrictions, which led to telehealth services increasing dramatically. During the pandemic, HHS said they would not impose penalties with certain regulatory requirements under HIPAA against covered entities and healthcare providers in connection with the good faith provision of telehealth.

2021 / OCR published proposed modifications to the HIPAA Privacy Rule. These updates are said to support individuals' engagement in their healthcare, remove barriers to coordinated care, and reduce regulatory burdens on the healthcare industry. For example, it is no longer required to have a signed acknowledgment of receipt of the Notice of Privacy Practices. Additionally, there is a shortened response time on individuals' right to access to 15 calendar days from the current 30-day requirement. These and other proposed HIPAA Privacy Rule updates are expected to be final in 2023.

2022 / While the Information Blocking Provision of the Cures Act became active in 2021, in 2022, the definition of EHI expanded beyond the definition of ePHI as defined by HIPAA. As of October 6, 2022, the Cures Act prohibits healthcare providers from blocking or interfering with access to any EHI maintained in the designated record set.

2023 / Coding Guidelines, including coding and documentation for evaluation and management (E/M) services, went into effect. Notable changes include: the level of E/M services is based on the level of medical decision-making as defined for each service or the total time for the E/M service performed on the date of the encounter; history and exam are no longer used to select the level of code. There were also changes to prolonged services codes.

To be continued...

In other words, compliance updates are constantly coming out. The compliance updates included in this article represent a fraction of the updates that are published each year, but they are some important updates that have had a significant impact on the healthcare industry. ■

Chad Schiffman joined Healthcare Compliance Pros (HCP) in 2014 as the director of compliance. He has over 20 years combined experience in healthcare, information technology and compliance consulting services. Chad is primarily involved in consulting with healthcare clients about their HIPAA and HIPAA HITECH-related issues including breach determination, breach mitigation and corporate OIG and CMS compliance.

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Phone: 800-508-9890
4dglobalinc.com

AdvancedMD
698 W 10000
South Jordan, UT 84095
Phone: 800-825-0224 x9635
Phone: 801-984-9500
advancedmd.com

Advantum Health
500 W Jefferson, Suite 2310
Louisville, KY 40202
Phone: 888-416-6747
advantumhealth.com

Aetna
1 Decicco Drive
Freehold, NJ 07728
Phone: 732-666-1800
aetna.com

Agency of Credit Control, Inc.
2014 S. Pontiac Way
Denver, CO 80224
Phone: 303-757-5147
getitpaid.com

Alltres LLC
6124 E Shadybrook St
Wichita, KS 67208
Phone: 316-841-0353
alltres.com

AllZone Management Solutions
3700 Wilshire Blvd., Suite 979
Los Angeles, CA 90010
Phone: 866-854-2714
allzonems.com

Alpha II
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Jacksonville, FL 32256
Phone: 904-538-5632
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Cerritos, CA 90703
Phone: 800-253-7320
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255 Primera Blvd, Suite 264
Lake Mary, FL 32746
Phone: 860-787-6185

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Beverly Hills, CA 90212
Phone: 310-459-4186
codingnetwork.com

DocVocate
10627 SE Oneonta Dr.
Happy Valley, OR 97086
Phone: 951-235-2923
docvocate.com

eBridge, Inc.
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Ecare India Private Limited
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ecareindia.com

First Financial Resources, Inc.
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Phone: 508-545-3168
ffrcollects.com

GeBBS Healthcare Solutions, Inc.
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Suite 1250
Culver City, CA 90230
gebbs.com

Healthcare Compliance Pros
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Healthpac Computer Systems, Inc.
1010 E Victory Drive
Savannah, GA 31405
Phone: 912-341-7420
healthpac.net

Humana
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Louisville, KY 40202
Phone: 502-767-0642
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IMAGINE Software
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Charlotte, NC 28217
Phone: 704-553-1004
imagineteam.com

Inbox Health
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New Haven, CT 06510
Phone: 866-480-2699
inboxhealth.com

InstaMed
1880 John F Kennedy Blvd.
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Philadelphia, PA 19103
Phone: 215-360-0208
instamed.com

Kareo, Inc.
1111 Bayside Drive, Suite 150
Corona Del Mar, CA 92625
Phone: 888-775-2736
kareo.com

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Phone: 800-964-5129
medevolve.com

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medicalbillingwholesalers.com

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Irving, TX 75038
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medsoftwaresolutions.com

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San Ramon, CA 94583
Phone: 650-773-8070
medicodio.com

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Los Angeles, CA 90505
Phone: 310-704-3565

Merchants' Credit Guide Company
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Chicago, IL 60604
Phone: 815-405-2191
merchantscreditguide.com

OnQ Contact Center
1826 South Blvd.
Houston, TX 77098
Phone: 281-206-9083
onqoc.com

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Hudson, OH 44193-0012
Phone: 234-380-8345
openpracticesolutions.com

PatientPay
1005 Slater Rd., #100
Durham, NC 27703
Phone: 888-730-9374
patientpay.com

Quintessence Business Solutions & Services
Elnet Software City Module 21
Rajiv Gandhi Salai Taramani
Chennai, 600113 India
Phone: 410-630-4774
qbsshealth.com

QWayHealthcare, Inc.
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Phone: 844-640-1488
qwayhealth.com

RadPayor
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Raxia
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raxia.com

Revenue Management Solutions (RMS)
9020 North May Ave., Suite 140
Oklahoma City, OK 73120
Phone: 1-817-313-1521
rmsweb.com

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315 Capitol Street, Suite 100
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UnitedHealthcare
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Cypress, CA 90630
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Franklin, TN 37064
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vantagepay.net

Waystar
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Phone: 844-692-9782

Webteam, Inc.
2031 S 32nd St
La Crosse, WI 54601
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webteam.net

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