

REFLECTIONS



*Empowering the future of healthcare
revenue cycle excellence.*

Pennsylvania Three Rivers AAHAM

Fall Newsletter

OCTOBER 2025



President's Letter – Alyshia Ravida	2	Member Spotlight: Jackie Shaw	13
Fall Conference Photos	3-4	What a Government Shutdown Means for Healthcare – Paul A. Miller	14-16
Sponsorship Highlights – Christine Ifft	5	Regulatory Changes in the Collections Industry – Commercial Acceptance Company	17-18
Scholarship Fund Update – Christine Ifft	6	Treasurer's Report	19
Certification Corner – Brenda Fraas	7-12		

President's Letter

Alyshia Ravida

Happy Fall!

The leaves are beginning to change here in Western Pennsylvania—one of the most beautiful times of the year!

We're excited to announce the launch of our 2026 membership campaign beginning October 1st. Take advantage of the early bird rate while it's available! In addition, the National AAHAM membership campaign is now open. National dues remain just \$243, offering exceptional value for the many benefits included.

National AAHAM Updates

Economic Challenges

AAHAM continues to face financial challenges due to the long-term impact of COVID-19, workforce retirements, and changing employer reimbursement policies related to professional memberships.

Core Services Remain Strong

Despite these challenges, AAHAM remains fully committed to its core services—certification programs, educational offerings, webinars, and healthcare advocacy are all active and accessible.

Management Transition

AAHAM's daily operations were previously managed by Association Headquarters (AH) under a scaled-back contract. In a strategic decision to improve financial health, AAHAM's Board has voted to end this contract and transition management responsibilities to Miller Wenhold (MW), a firm led by Paul Miller, a long-standing AAHAM partner.

Trusted Leadership

Paul Miller, a lifetime AAHAM member and nationally recognized healthcare policy advocate, brings decades of experience and dedication. His leadership will be instrumental in guiding AAHAM through this recovery period.

Looking Ahead

While the road to recovery may be challenging, AAHAM's leadership is focused, resilient, and fully committed to serving its members through this transition and beyond.

How Can You Help?

Continue to support your local chapter and the national organization. Share your experiences and highlight the valuable benefits AAHAM offers—your voice makes a difference!

A heartfelt thank you to our generous sponsors!

Your support has made 2025 a year to remember—filled with impactful education, engaging events, and meaningful connections. We couldn't have done it without you!

Warm regards,
Alyshia Ravida, MHA
Chapter President

Fall Conference Photos



Fall Conference Photos



Thank you to our AMAZING Pennsylvania Three Rivers AAHAM 2025 Sponsors! We truly couldn't do it without you! You are the reason that we can offer our membership such great educational opportunities and networking events!

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BRONZE SPONSORS



Commercial Acceptance Company



KeyMed Partners, Inc.



Bureau Of Account Management (BAM)

Sponsorship Recognitions!

Christine Ifft, Sponsorship Chair

We are three quarters of the way through 2025, and we have had some wonderful educational opportunities! We could not have offered these without the help of our wonderful sponsors!

Please remember our sponsors when you have an opportunity to do an RFP for a needed service, or if you are looking to resolve an issue that maybe they could help with! Did you know that a lot of them will do short-term projects? Our vendors are our trusted partners!

A special thank you to the following event sponsors for our Fall Conference:

Company Name	Sponsorship Type
Credit Management Company	Networking Food Sponsor
Americollect	Networking Drink Sponsor
Hollis Cobb	Networking Drink Sponsor
Audley Law Offices	Coffee/Beverage Sponsor
Keybridge Medical Revenue Care	Coffee/Beverage Sponsor

Let's all show a huge appreciation for the wonderful prizes that were donated by our Sponsors and some of our Board members for our Fall Conference!

Donated By	Item	Provider Winner
Audley Law Offices	Bottle of Wine	Brianna Hinch
Audley Law Offices	Bottle of Wine	Juline Fenton
BAM	Fall Basket	Renee Hinderliter
CAC	Pirates Fluffy Blanket	Christine Ifft
Keymed	Glass Pumpkin	Elizabeth Sublette

Our 50/50 Winner was Brenda Fraas. \$118.50 to her, \$118.50 to our general fund!

Investing in Potential – our Scholarship Fund for future meetings!

Christine Ifft, Sponsorship Chair

We still have a healthy scholarship fund! Please spread the word that this is available to our provider members who are in good standing and who have been members for at least a year.

It is available for the applicant (if qualified and approved) to use to attend an AAHAM-sponsored event if their employer does not cover the expenses.

We raise funds for this great provider member benefit through our 50/50 raffles and our Scholarship sponsorship level!

Don't hesitate to reach out with any questions regarding the scholarship fund! You can find information on our website at [Scholarship Program](#). You can also reach out to Christine Ifft, Scholarship Chair at cifft@phx-pt.com.



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

AAHAM offers five levels of certification:

AAHAM Certified Revenue Cycle Executive

Executive Certification is an extensive online proctored exam directed to all senior and executive leaders within the healthcare revenue cycle industry, to help equip them for strategic management of the business. This certification possesses the highest level of difficulty combining content knowledge of the business with critical thinking and communication skills.

AAHAM Certified Revenue Cycle Professional

Professional Certification is an online proctored exam directed to supervisors and managers in the revenue cycle industry, to validate their knowledge and skills. This certification is for the individual who desires confirmation and recognition of their expertise and/or for those who aspire to the executive level certification.

AAHAM Certified Revenue Cycle Specialist

This exam is intended for revenue cycle staff with responsibilities in patient access, billing, account resolution, denial management, collections, cash posting, customer service, and self-pay collections. The exam focuses on knowledge required in revenue cycle functional areas including registration (front desk), billing, and credit & collections. Specialist certification is an online proctored exam that tests the proficiency of staff involved in the processing of patient accounts and prepares them for the many details needed to perform their daily job duties.

AAHAM Certified Revenue Integrity Professional

The Revenue Integrity Professional (CRIP) is an online proctored exam directed to anyone in the revenue cycle industry to help ensure that facilities effectively manage their charge master, and bill and document appropriately for all services rendered to a patient. This certification requires an in-depth working knowledge of various revenue cycle areas and proper skill sets needed to increase revenue and reimbursement for facilities. It also ensures that proper charging takes place to maintain compliance within the insurance payer programs.

AAHAM Certified Compliance Technician

Compliance certification is an online proctored exam that thoroughly tests competencies in healthcare compliance for all staff involved in the processing of patient accounts. It is intended to meet the annual employee compliance training requirements and to support individuals with professional compliance responsibilities in both institutional (hospital, health system) and professional (physician, clinic) settings.

Proctoring: For the best testing experience, AAHAM recommends utilizing an in-person proctor. If your facility does not currently have an AAHAM proctor, please reach out to me at fraasbl@yahoo.com and I will work with you to find a proctor.

While Proctor U offers an alternative with comprehensive security measures to maintain exam integrity—including restrictions on testing work computers that have remote access software—we suggest considering this option only when an in-person proctor is not available.

Additional information on the five AAHAM certifications:

Exam	Number of Question	Length of Test	Duration of Certificat	Is Members hip	Cost of Exam (Member	Test Window or On-	Cost of Study Guide	Cost of Study Guide	Cost of Study Guide	Is Members hip	Required CEUs for Recertific	Reapply (Late) Fee	Re-schedule Fee
CRCE	188 total (45 per section)	8 hours	2 years	Yes	\$299 / \$509 per section	Testing window	\$299	\$509	\$299 / Practice exam	Yes	30	\$50	\$100
CRCP	240 total (60 per section)	4 hours	2 years	Yes	\$199 / \$359	Testing window	\$199	\$359	\$199 / Practice exam	Yes	30	\$50	\$75
CRIP	240 total (60 per section)	4 hours	3 years	Yes	\$159 / \$319	Testing window	\$159	\$319	\$159 / Practice exam	Yes	30	\$50	\$75
CRCS	100 total (25 per section)	2 hours	3 years	Yes	\$109 / \$75	On-demand	\$99	\$199	\$99	Yes	30	\$50	\$75
CCT	90 total (30 per section)	90 minutes	3 years	No	\$109 / \$75	On-demand	\$99	\$199	\$99	Yes	20	\$25	\$50

How do I create my Educational Certification Roadmap?

Step 1.) Review the recertification requirements:

You must be a National Member in Good Standing to use CEUs for recertification. This applies to all five certification programs. If you choose not to become a member, you must re-test to recertify.

Step 2.) Determine how many CEUs you need to recertify (see the above table):

Please note: At least 50% of your CEUs must be from AAHAM

Approved CEUs vs. Denied CEUs

To provide guidelines for recertification and CEU submission, The Certification Committees have drafted the following questions a certificant can ask themselves to assist in determining whether a submission will be accepted:

- Is this an AAHAM-sponsored event? (Automatically accepted) Yes or No - If "Yes" the course is automatically accepted; additional questions are not needed. If "No", it may still be accepted; move to the next question.
- Was this professional development? Yes or No - If "Yes" move to the next question. If "No", it is automatically not accepted.
- Was it related to the revenue cycle OR to ethics, DEI, or leadership within the workplace? Yes or No - If "Yes" move to the next question. If "No", it is automatically not accepted.
- Is learning transferable to a role at another institution? Yes or No - If "Yes" move to the next question. If "No", it is automatically not accepted

Is the session at least 15 minutes or longer? Yes or No - If "Yes" The session will more than likely be accepted. If "No", it is automatically not accepted

Additional CEUs can be earned in the following ways:

Weight	Description
2.0 Units	Each hour in attendance at an AAHAM sponsored event.
1.0 Unit	Each hour in attendance at an educational program or class relating to the health care field.
3.0 Units	Authored an article published in a National AAHAM publication.
3.0 Units	Given presentations related to AAHAM, patient accounting, or healthcare administrative management (AAHAM related credit given if made at an AAHAM sponsored event or if presenter is representing AAHAM).
2.0 Units	Authored an article published in an AAHAM chapter publication.
2.0 Units	Each hour coaching an organized executive (CRCE) certification review session.
2.0 Units	Each hour coaching an organized professional (CRCP) certification review session.
2.0 Units	Each hour coaching an organized specialist (CRCS) certification review session.
1.0 Unit	Each hour proctoring an AAHAM certification exam.
1.0 Unit	Question, answer, and reference material submitted and accepted into the CRCE or CRCP Exam Bank.
1.0 Unit	Each executive exam (CRCE) section graded and returned by the deadline.
8.0 Units	Attendance at a National Board meeting.
8.0 Units	Attendance at National Legislative Day.
6.0 Units	Officer of National AAHAM.
4.0 Units	National Committee Chairperson.
2.0 Units	Chapter Officer.
2.0 Units	Director or Chapter Committee Chairperson.

Examples of activities that do not qualify for CEUs:

1. Technical or collegiate coursework not relating to healthcare administrative management.
2. Educational events such as nursing, accounting, and other professional licensure or certification not relating to healthcare administrative management. Events will be considered if there is an interrelation with accounts receivable, billing, or other professional certification topics.
3. Computer conversions applicable to a certified member's place of employment.
4. Other work-related activities such as vendor meetings or training or employer internal training requirements. Events will be considered if there is an interrelation with accounts receivable, billing, or other professional certification topics.

Step 3.) When all of your CEUs have been submitted and approved, please complete and submit the recertification application here: <https://aaham.org/page/recertificationform>

Please visit National AAHAM's website at <https://aaham.org/certification> for more information on certification or reach out to me.

Member Spotlight Update: Jackie Shaw

We're thrilled to share a wonderful update following our Spring Newsletter spotlight on Jackie Shaw—she has received the kidney she had been waiting for!

This incredible news brings joy to all of us, and we couldn't be happier for Jackie as she begins this next chapter. Please join us in celebrating her continued strength and recovery!



What a Government Shutdown Actually Means for Healthcare — and Why It Hurts Patients, Providers, and Public Health

Paul A. Miller, AAHAM Legislative Counsel

When Congress fails to pass annual spending bills or a short-term continuing resolution before the fiscal year ends, the federal government enters a lapse in appropriations, better known as a government shutdown.

That phrase sounds like “everything stops,” but that’s not entirely true. Some federal functions continue, but many programs hospitals, clinics, and public health agencies rely on either stop or slow dramatically. This has real consequences for healthcare providers, patients, and the broader public health system.

What really shuts down (and what keeps operating)

What shuts down: Federal agency programs, contract work, and regulatory reviews funded by annual appropriations. For healthcare, this can mean:

- **Public health programs:** CDC, NIH research grants, and health preparedness initiatives may be delayed or paused.
- **Medical and social services:** New applications for healthcare grants, community health programs, and disease prevention initiatives can stall.
- **Regulatory reviews:** FDA approvals for medical devices, drug trials, and clinical research may be slowed.
- **Health oversight and inspections:** Inspections of laboratories, hospitals, and nursing homes may be postponed.

What keeps running: Social Security, Medicare, and Medicaid payments continue. Essential healthcare and emergency services operate, though many federal employees and program staff may work without pay until funding is restored.

Facts healthcare providers need to know

Fact — Federal employees eventually get back pay.

Doctors, nurses, researchers, and administrative staff employed by federal agencies will be reimbursed after the shutdown ends. But delays in staffing and program operations can slow public health initiatives, grant reviews, and clinical trial oversight.

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Fact — Federal contractors do not get guaranteed back pay.

Hospitals, research labs, and health contractors working on federally funded projects may face paused work and lost revenue. Delayed reimbursements can strain operations and cash flow.

Myth — The healthcare system bounces back immediately after a shutdown.

Not true. Backlogs in grant approvals, clinical trial reviews, and regulatory processes can take months to clear. For healthcare, this means delayed research, postponed treatment approvals, and slower implementation of public health initiatives.

How shutdowns affect the healthcare sector

Lost federal support: Past shutdowns delayed billions in reimbursements for public health programs, research grants, and disease prevention initiatives. Hospitals and clinics may have to absorb short-term funding gaps.

Delayed infrastructure and innovation: FDA approvals, NIH grants, and research funding freezes slow down the development of new therapies, vaccines, and medical devices.

Ripple effects on small healthcare providers: Community health centers, rural hospitals, and non-profit clinics that rely on federal grants face cash flow strain and service delays.

Public health setbacks: Disease surveillance, preparedness programs, and vaccination campaigns may be paused, leaving communities more vulnerable to health emergencies.

Real-world examples

2018–2019 shutdown: Federal funding delays disrupted NIH research grants and CDC programs, slowing scientific studies and public health initiatives.

Health inspections: Routine inspections of clinical labs and healthcare facilities were postponed, creating temporary bottlenecks in compliance and safety oversight.

Grant pauses: Public health programs targeting opioid prevention, maternal health, and disease outbreak response were temporarily suspended.

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What healthcare providers can do to prepare

Map exposure: Identify programs and grants that depend on federal funding and track cash flow needs.

Coordinate with partners: Work with research labs, community health centers, and contractors to understand program-level risks.

Plan budget contingencies: Build reserves or short-term financing for critical public health operations and patient services.

Maintain documentation: Keep detailed records of grant applications, clinical trials, and federal contracts to help with faster reimbursement after a shutdown.

Follow federal guidance: Agencies like CDC, NIH, and FDA publish shutdown contingency plans outlining which operations continue and which pause.

Bottom line for healthcare

A government shutdown is not just a political story — it has tangible consequences for healthcare. It delays grant funding, halts clinical trial approvals, suspends inspections, and slows disease prevention programs.

Federal employees will eventually get back pay, but hospitals, research labs, and community health providers do not have that safety net. Every week of shutdown means delayed services, postponed research, and real financial and operational stress.

Shutdowns ripple through the healthcare system, affecting everything from patient care and public health programs to cutting-edge research and medical innovation.

The collections industry is experiencing a wave of regulatory changes aimed at increasing transparency, protecting consumers, and refining reporting standards. Here's a summary of the most recent developments affecting agencies, creditors, and lenders as we move through 2025.

1. CFPB Medical Debt Reporting Ban

In early January, the Consumer Financial Protection Bureau (CFPB) finalized a rule that would ban medical debt from appearing on consumer credit reports and prohibit lenders from considering it during credit evaluations. While originally set to take effect in March 2025, this rule has been delayed due to ongoing legal challenges. Implementation is currently paused until at least June 15, 2025.

At the state level, California has already taken action. A new law effective January 1, 2025, makes the reporting of medical debt to credit bureaus illegal and renders such debts unenforceable within the state.

2. CFPB Advisory on Medical Debt Collection

On January 2, 2025, the CFPB released a formal advisory opinion reminding debt collectors of their obligations under the Fair Debt Collection Practices Act (FDCPA) and Regulation F when collecting medical debts. Collectors must verify the accuracy of the debt, avoid misrepresentations, and ensure they have substantiating documentation before initiating contact with consumers. This move signals increased scrutiny over medical collections specifically.

3. New Payday Lending Rule

Starting March 30, 2025, a revised CFPB rule will take effect to tighten regulations around payday loans, vehicle title loans, and certain high-cost installment loans. The rule limits repeated payment attempts, requires clear fee disclosures, and strengthens consumer consent requirements. These changes are designed to prevent harmful cycles of debt associated with high-interest, short-term lending.

4. Section 1071 – Small Business Lending Data Collection

The CFPB's Section 1071 rule introduces new reporting requirements for lenders making small business loans. The goal is to ensure fair lending practices by collecting demographic and financial data related to credit applications. While the rule is partially delayed due to legal proceedings, some institutions are still required to comply in 2025. Agencies working with commercial credit clients should be aware of these changes and monitor ongoing litigation for updates.

5. CFPB Overdraft Fee Rule Faces Congressional Pushback

A rule finalized in late 2024 aims to cap overdraft fees at a level close to the actual cost of providing the service—typically between \$3 and \$14. However, Congress has moved to repeal the rule under the Congressional Review Act. As of now, it remains in limbo, but if upheld, it could significantly change how banks assess and collect overdraft charges.

6. Upcoming NYC Debt Collection Rule Changes

New York City has proposed updates to its local debt collection laws, including enhanced disclosure requirements and additional consumer protections. These changes were initially scheduled for April 1, 2025, but have been delayed to October 1, 2025, to allow for further public input. Agencies operating in or collecting from New York City should prepare for these changes ahead of time.

In Summary

These changes reflect an increasing regulatory focus on data accuracy, consumer fairness, and financial transparency. At Commercial Acceptance Company, we remain committed to full compliance and proactive education—for ourselves and our clients. If you have questions about how these regulations may affect your business or your accounts, our team is always available to help.

Account Balances - As of 10/8/2025

Account	10/8/2025 Balance
Bank Accounts	
Non-Profit Checking xxxxxx1315	18,984.66
Scholarship	3,856.99
TOTAL Bank Accounts	22,841.65
OVERALL TOTAL	22,841.65