

Pennsylvania Three Rivers Chapter



American Association of Healthcare
Administrative Management

*Empowering the future of healthcare
revenue cycle excellence.*



Fall 2026 Newsletter

FALL 2026 NEWSLETTER

THREERIVERSAAHAM.COM

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We Saved You A Seat



A Message from the Chapter President

Happy Fall to our PA Three Rivers AAHAM Chapter Members!

I hope all of you had a wonderful summer, whether you were vacationing somewhere tropical or simply sitting on the porch enjoying a little peace and quiet! School is back in session, the seasons are changing, and the holidays will be upon us before we know it.

First and foremost, I want to extend a sincere thank you to our 2026 Corporate Sponsors. You are truly our partners in helping us connect our members with valuable educational opportunities and resources within the healthcare revenue cycle industry. Your continued support is greatly appreciated and plays an important role in the success of our chapter.

Our Fall Conference was extremely well done! A huge kudos to our Education Committee for putting together such a fantastic educational event. We are grateful for the time, effort, and dedication they put into creating meaningful learning opportunities for our members. Be sure to check out Sharon Taube's article in this newsletter for a recap of the event, including photos and highlights from the day.

I also highly encourage everyone to register for the AAHAM 2026 Annual National Institute (ANI) in Philadelphia, taking place October 19–21 at the Loews Philadelphia Hotel.

ANI offers numerous educational sessions and presenters across three distinct healthcare tracks: Revenue Cycle, Leadership/Strategy, and Operations. These sessions are specifically designed to support your continuing education, with up to 24 AAHAM Continuing Education Units (CEUs) available.

In addition to the educational sessions, ANI will feature roundtable discussions where attendees can share industry best practices, challenges, and experiences. The facilitators will then bring those conversations together during a panel discussion, providing even more opportunities to learn from colleagues and industry professionals.

Attending ANI is a great way to expand your knowledge, strengthen your professional skills, and become an even more valuable asset to your facility and colleagues, all while building essential connections within the healthcare revenue cycle community.

If you are not currently an AAHAM member, locally and/or nationally, I encourage you to consider joining our organization. Membership offers so many benefits, including educational programs, professional certifications, networking opportunities, leadership development, and access to a community of dedicated healthcare revenue cycle professionals.

Whether you are new to the industry or an experienced leader, there is tremendous value in becoming involved with AAHAM. Your participation not only supports your own professional growth but also helps strengthen our chapter and the healthcare revenue cycle profession as a whole.

I look forward to seeing you all at our December Meeting!

Warm regards,

Alyshia Ravida

President, PA Three Rivers AAHAM Chapter



2026 Fall Conference Recap

Sharon Taube, Education Chair & Julie Hardy, Vice President

What better way to celebrate America 250 than at the history-rich Omni Bedford Springs Resort for the Three Rivers AAHAM Fall Conference? Did you know that 12 U.S. presidents have stayed at the resort? So incredible! The conference was two days filled with amazing education and networking with peers and business partners, all at a wonderful, relaxing resort.

Before I write a recap of the conference, I want to give the **BIGGEST SHOUTOUT AND THANK YOU** to the event sponsors and attendees for making this event possible. Without your support it would not have been a success. Thank you so much!

We started the first day with lunch, networking and visiting our business partner tables. We had two presenters and a panel discussion to kick things off. Here are a few key takeaways from day one education:

1

Vanessa Moldovan, CRCR, CPB, CPC, CPPM, CPMA, CPC-I reminded us that AI isn't new, and it isn't scary. Healthcare has been using AI for years. Revenue cycle jobs aren't going away, and the best thing we can do for our industry right now is get educated and take ownership of how AI is used effectively in our organizations.

2

Chad Wallace with Med-Metrix told us how important it is to know your Medicaid population. Keep a close eye on your redetermination rate. He noted that the One Big Beautiful Bill (OB BB) is expected to cause financial disruption and strain provider resources. Measuring KPIs and adjusting processes now will set providers up for a smoother transition.

3

Our expert panel (**Jennifer Connell, Chad Wallace, Brenda Fraas, and Laura Moss**) discussed adapting across the revenue cycle. They shared that, beyond OB BB, organizations are making changes to respond to payer use of AI, speed up patient payments, and manage vendors more effectively.



2026 Fall Conference Recap

We had a wonderful evening networking dinner.

Attendees enjoyed it so much that resort staff had to kick us out of the room! (Our room rental time expired.) That's okay, we headed right outside to one of the firepits and finished the night under the stars.

Day 2: What a day of learning! And learning U.S. history with Alyshia's trivia questions throughout the conference. Those who had the correct answer won a lottery scratch-off! It was a lot of fun.

HERE'S A RECAP OF DAY 2

4

Vanessa Moldovan returned with a keynote taking a deep dive into implementing AI in the revenue cycle. She gave attendees practical guidance to confidently select the right vendor, share ownership, and measure success.

5

Shawn Long, MD, MBA walked us through a day in the life of a physician, giving revenue cycle professionals a fresh perspective on how documentation happens on the other side of the chart.

6

Jaclyn Truelove, CRCE, AAHAM National President, stopped by to bring our members up to speed on what's happening across the association. Don't forget to [register for the ANI!](#)

7

Nuket Curran, PT, DPT, CHC delivered a HIPAA update on the 21st Century Cures Act and information blocking, shed light on disclosures, and somehow made compliance entertaining!

8

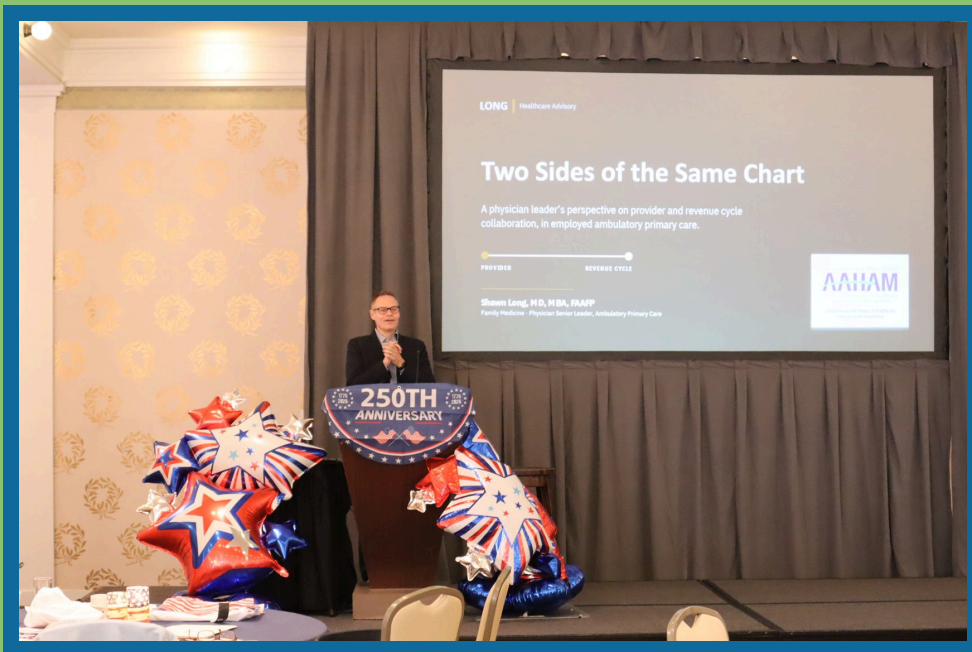
Julie Hardy and **Clair Kelley** with RubinBrown closed out the day with a "Dating Game"-themed session on the insource vs. outsource decision for revenue cycle, complete with the red flags and green flags to watch for.

We wrapped up the day with raffle drawings that the vendor partners and members so nicely donated. We'd like to offer a big shoutout to all the members of the PA Three Rivers AAHAM Education Committee for providing amazing education that our members can walk away from knowing that time away from work was well worth it. Thank you again to all our event and corporate sponsors for supporting our chapter; we could not do what we do without you!

Thank you to all of our speakers and attendees for making this such a valuable event!



2026 Fall Conference Photos



SAVE THE DATES

...and see yinz soon!

DEC
4
2026

Holiday Winter Meeting

Westinghouse Building (different location within the building)
Cranberry Township, PA

MAR
11
2027

Three Rivers AAHAM, Western PA HFMA & ACHE Joint Spring Summit

The Rivers Casino & Conference Center
Pittsburgh, PA

Sponsorship Spotlight

Christine Ifft, Sponsorship Chair

Can you believe we're already nearing the end of 2026? This year has flown by, and our chapter has been fortunate to provide outstanding educational and networking opportunities for Revenue Cycle professionals throughout the year.

None of this would be possible without the continued support of our incredible sponsors. Their partnership helps us bring valuable programming, professional development, and networking opportunities to our members, and for that, we are truly grateful.

As you evaluate future projects, issue RFPs, or look for solutions to operational challenges, we encourage you to remember the organizations that support our chapter. Many of our sponsors offer a wide range of services, including short-term project assistance, consulting engagements, and specialized expertise. They are more than vendors; they are trusted partners invested in the success of our healthcare organizations.

A SPECIAL THANK YOU TO OUR FALL CONFERENCE EVENT SPONSORS

RubinBrown

Networking Break Sponsor

IC System

Coffee & Beverage Sponsor

ONSITE BUSINESS PARTNERS

We also appreciate the partners who joined us onsite and shared valuable information about their organizations and services (click the links for more information):

RubinBrown

Kiwi-Tek

Penn Credit

Americollect, a GetixHealth company

We hope you had an opportunity to connect with these partners at their tables and learn more about the innovative solutions they provide.



Door Prize Winners

One of the highlights of every conference is the excitement of our prize drawings. A heartfelt thank you to our sponsors and chapter for generously donating the following prizes:

CHARLES J. HILTON & ASSOCIATES

Decorative Tray

Winner: **Paula Lavery**

RUBINBROWN

\$100 Gift Card

Winner: **Laurie Steffy**

NATIONWIDE CREDIT CORP

Steelers Bag & Blanket

Winner: **Lisa Ristau**

KIWI-TEK

Kate Spade Purse

Winner: **Brianna Hinch**

AMERICOLLECT, A GETIXHEALTH COMPANY

\$100 Gift Card

Winner: **Erica Methven**

PA THREE RIVERS AAHAM

Patriotic Candles

Winners: **Renee Hinderliter, Christine Ifft, Kelly Huey, Damaris Tidrick, Brenda Fraas, and Matthew Keeney**

\$350
TOTAL POT

And the 50/50 Winner Is... Lisa Ristau!

Congratulations to **Lisa Ristau**, our Fall Conference 50/50 winner! The total pot reached \$350, with \$175 awarded to Lisa and \$175 benefiting our **Chapter General Fund**. Thank you to everyone who participated and helped support our chapter.

As we reflect on another successful conference, we extend our sincere appreciation to all our sponsors, members, volunteers, and attendees. Your support and engagement continue to make our chapter a vibrant community for Revenue Cycle professionals. We look forward to seeing everyone at our next event!

Thank you for helping make our Fall Conference 2026 a great one for PA Three Rivers AAHAM!

Are Payors Downcoding Your Evaluation and Management Services?

Why Every Practice Should Be Paying Attention

Julie Hardy, Partner, RubinBrown

Evaluation and Management (E/M) downcoding is a growing concern for physician practices amid several payors announcing automatic downcoding policies in the last year.

While the reimbursement difference between a billed and downcoded E/M service may only be \$15–\$75 per claim, the actual financial impact can be substantial when multiplied across an entire practice.

What is Downcoding?

Downcoding occurs when a payor reduces a billed service to a lower-paying code level during claims review. This is commonly seen with Evaluation and Management (E/M) services, where a provider bills one level of service based on the documentation, but the payor reimburses the claim at a lower level.

Payors may downcode claims for several reasons, including:

- Potential insufficient documentation to support the reported service level
- Application of proprietary coding edits or algorithms
- Differences in interpretation of E/M guidelines
- Automated review processes that flag utilization patterns
- Payment-integrity initiatives or program changes affecting reimbursement

Regardless of the reason, incorrect downcoding can have a significant financial impact on provider organizations. Beyond the immediate reimbursement reduction, recurring downcodes can distort financial reporting, create inaccurate benchmarks, and mask larger reimbursement issues that warrant attention.

The Hidden Challenge: Identifying Downcodes

An additional challenge is that some payors are not consistently using downcoding-specific remark codes when processing these claims. Instead, the reduction may appear as a contractual adjustment, making it difficult to identify that a downcode was applied to the claim. As a result, practices should consider performing payment validation on all E/M services rather than relying only on adjustment or remark codes.

Why Appealing Payor Downcodes Still Matters

Many practices choose not to appeal these payment reductions because the administrative cost of preparing and submitting an appeal often exceeds the difference in reimbursement. While this is an understandable operational decision, routinely accepting downcodes can have significant long-term consequences.

Appealing incorrect downcodes helps practices:

- Recover reimbursement they are owed
- Identify patterns and trends by payor
- Gather objective data for future contract negotiations
- Show provider compliance with documentation requirements
- Surface and correct adjudication errors
- Support greater payment consistency and transparency in claims adjudication

How to Reduce Avoidable Downcoding

Although not every downcode can be prevented, organizations can significantly reduce their risk through proactive monitoring and education.

Effective strategies include:

- **Ongoing documentation audits:** Regular reviews help identify documentation deficiencies, coding trends, and provider-specific opportunities before they become widespread reimbursement issues.
- **Provider education:** Targeted education on documentation expectations can improve coding accuracy and support accurate reimbursement.
- **Coding quality reviews:** Periodic internal or external coding audits can validate coding accuracy and identify inconsistencies between providers, coders, and payor expectations.
- **Payment validation processes:** Comparing payments received against expected reimbursement can help organizations identify downcoding patterns that may otherwise remain hidden.
- **Payor trend monitoring:** Tracking downcoding activity by payor, specialty, provider, and code level can reveal systemic issues requiring escalation.

Resources and Support

The American Medical Association has developed a downcoding appeal letter template that practices can use when challenging inappropriate reductions:

AMA Downcoding Appeal Letter Template:

ama-assn.org/system/files/downcoding-em-letter-template.doc

RubinBrown's healthcare consulting team assists physician practices and healthcare organizations with payment validation reviews, downcoding analyses, appeal support, and reimbursement optimization initiatives. If you would like to better understand the financial impact of downcoding within your organization, we would welcome the opportunity to discuss how we can help.

Stop Guessing: How Data Integrity Transforms Revenue Cycle Performance

Using Revenue Cycle Key Performance Indicators (KPIs) to Build a Smarter, Stronger Financial Engine

Deb Kenney, Consultant, RubinBrown

A practice administrator knows when something is off. Cash flow feels tighter than it should be and denials seem more frequent. The team is working harder, but results are inconsistent. The years of experience provide a strong instinct that something is not working, but when revenue leadership is asked to produce denial rate by payor, clean claim rate trends, or first-pass resolution metrics, the answers are sometimes unclear, delayed, or incomplete.

This reflects the current reality for many healthcare organizations. Experience alone is no longer enough to manage revenue cycle performance. Without reliable data analytics, even the most experienced leaders operate with blind spots. The issue is not a lack of effort or expertise, but a lack of structured and actionable data visibility. Without that foundation, meaningful revenue cycle optimization remains out of reach. Revenue integrity depends on accurate, consistent data that supports informed financial decisions across the entire revenue cycle.

Why Most Organizations Are Tracking Activity Instead of Performance

Many healthcare organizations assume they are data-driven because they produce reports. They can quickly answer questions like: How many claims were submitted? What were total charges, payments, and adjustments last month? The problem: These are *activity* metrics, not *performance* metrics.

True revenue cycle KPIs now focus on how efficiently and effectively those activities generate results. For example:

- Submitting hundreds of claims does not indicate success if a significant percentage is denied.
- High charges are meaningless if collections lag or write-offs increase.
- Increased staffing does not guarantee improved outcomes if workflows are inefficient.

This gap frequently stems from legacy systems and siloed reporting structures. Billing, coding, front desk, and finance teams each work with their own datasets, definitions, and

timelines. As a result, organizations lack a unified view of performance across the entire revenue cycle and struggle to identify where breakdowns occur.

The result? Leaders rely on instinct to fill in the gaps.

But instinct, no matter how informed, cannot replace consistent and accurate measurement. Organizations that implement strong revenue cycle performance metrics frameworks consistently outperform those that do not. This is particularly evident in denial prevention, cash flow predictability, and long-term financial stability.

Six Revenue Cycle Metrics Worth Tracking Every Single Month

If your organization wants to move beyond guesswork, it must commit to a core set of KPIs. The following are commonly considered foundational metrics across most organizations.

1 Denial rate by payor and by reason code

Denials are not a single problem; they are a collection of root causes. Tracking denial rates at a high level is not enough. You must break this metric down by:

- Payor
- Denial reason
- Service line or provider (when possible)

BENCHMARK INSIGHT

A denial rate above 5–10% typically signals systemic issues. Higher denial rates may indicate eligibility errors, authorization gaps, coding inaccuracies, or misinterpretation of payor policies.

Understanding the “why” behind denials is the first step toward sustainable clean claim rate improvement.

2 Days in accounts receivable (A/R)

Days in A/R measures how long it takes to collect payment

Stop Guessing: How Data Integrity Transforms Revenue Cycle Performance

after services are rendered.

BENCHMARK INSIGHT

In 2026, many high-performing organizations maintain A/R days below 40–45. Higher numbers suggest delays in billing, follow-up inefficiencies, or payor processing issues.

This metric is a direct indicator of cash flow health and a critical financial health indicator.

3 Clean claim rate

The clean claim rate measures the percentage of claims that are accepted by the payor without edits or rework. These claims are processed error-free and complete on the first submission, without upfront rejections.

This is one of the most actionable revenue cycle KPIs because it directly reflects front-end performance:

- Patient registration accuracy
- Insurance verification
- Authorization processes
- Coding completeness

BENCHMARK INSIGHT

Best-in-class organizations often achieve clean claim rates above 95%. A lower clean claim rate indicates internal problems, such as registration errors, coding issues, or missing information. Not only does it create rework, but it also slows down the entire revenue cycle.

4 Net collection rate

Net collection rate measures how much of the allowable revenue an organization collects.

Difference between gross versus net collection rate: Gross collections compare payments to total charges, while net collections compare payments to expected reimbursement.

BENCHMARK INSIGHT

A net collection rate of 95% or higher is typically considered strong.

This metric reveals whether your organization is capturing

the revenue it has already earned or losing it through avoidable write-offs.

5 Cost to collect

Cost to collect evaluates how much it costs your organization to convert accounts receivable to cash deposited.

How it is calculated:

$$\text{Total revenue cycle costs} \div \text{total collections}$$

These costs include staffing, technology, outsourcing, and overhead.

BENCHMARK INSIGHT

Lower is better, but context matters. A rising cost to collect may indicate inefficient processes, overstaffing in certain areas, or poorly performing vendor relationships.

6 First-pass resolution rate (FPRR)

This KPI measures the percentage of claims that are fully processed and paid correctly the first time, without any rework, resubmission, or appeal.

It is closely tied to both denial rates and clean claim rates but offers a broader view of overall efficiency with end-to-end success of claim submission → adjudication → payment.

What it reveals:

- Coding accuracy
- Payor alignment
- Workflow effectiveness

A low first-pass resolution rate often signals process issues that ripple throughout the revenue cycle. A high clean claim rate but low FPRR suggests payor-side issues, such as medical necessity denials or lack of alignment with payor policies.

How Do You Know If Your Numbers Are Actually Good?

Tracking KPIs alone is not enough. Without context, numbers can be misleading and this is

Stop Guessing: How Data Integrity Transforms Revenue Cycle Performance

where benchmarking becomes essential.

The Role of Benchmarking in Healthcare Revenue Cycle Analytics

Effective benchmarking compares your organization's performance against:

- Peer organizations of similar size and specialty
- Payor-specific expectations
- Regional or national performance standards

However, not all benchmarks are created equal. National averages can be misleading if they do not account for:

- Specialty-specific workflows
- Payor mix
- Geographic variations

For example, a denial rate that appears acceptable at a national level may be unacceptable within a specific specialty or payor contract.

A structured revenue cycle assessment incorporates benchmarking as a core component, ensuring that performance is evaluated in the right context, not just against generic targets.

Why AI and Automation Will Not Fix a Broken Data Foundation

There is a lot of buzz around AI, automation, and outsourced revenue cycle solutions and for good reason. These tools can increase efficiency, reduce manual work, and accelerate decision-making. But they cannot fix inaccurate or partial data.

Organizations often make the mistake of implementing advanced technology before establishing strong data governance practices. The result? Tools that amplify existing problems instead of solving them.

The Reality of Data-Driven Technology

If your data is inaccurate, incomplete, or simply questionable based on your gut instinct, use of AI analytics to create visually impressive dashboards does not provide real, actionable insight.

- AI training based on inconsistent data produces unreliable recommendations.
- Automation built on flawed inputs accelerates existing points of failure.
- Dashboards built on fragmented datasets may lead to misdirected efforts toward corrective action.

In other words: bad data scales quickly.

Before investing in new tools and technology, organizations should ask:

- Are our definitions standardized across departments?
- Can we produce consistent KPI reports on demand?
- Do we trust the accuracy of our data?

If the answer to any of these questions is no, technology will not deliver the expected return. Strong data infrastructure is not optional. It's the prerequisite for any meaningful revenue cycle optimization using AI or automation solutions.

What Internal Reports Often Miss

Even organizations with internal reporting capabilities often fail to notice critical issues.

Why? Because proximity creates blind spots.

Internal teams are deeply familiar with workflows, systems, and constraints. Over time, this familiarity can normalize inefficiencies that would be obvious to an external reviewer.

A structured, independent revenue cycle assessment often reveals:

- **Inconsistent payor performance:** Some payors may have significantly higher denial rates or longer payment cycles than others.
- **Preventable denials:** Many denials stem from repeatable errors that can be corrected with process improvements.

Stop Guessing: How Data Integrity Transforms Revenue Cycle Performance

- **Undercoded or underbilled services:** Missed revenue opportunities often go undetected without chart reviews and detailed analysis.
- **Workflow bottlenecks:** Delays in specific stages, as with charge capture or claim follow-up, can interrupt the entire cycle.
- **Data inconsistencies:** Metrics may be calculated differently across departments, leading to conflicting reports.

These insights are difficult to identify and diagnose internally, but they have a measurable impact on financial performance. An organization operating on a razor-thin margin requires laser-sharp accuracy and efficiency across its revenue cycle.

An outside perspective does not replace internal expertise; it strengthens it by providing clarity, structure, and actionable direction. Collaborative partnerships between your organization and independent experts can create synergistic solutions and stimulate corrective action.

Can You Answer These Six Questions Right Now?

To assess whether your organization has a data problem, start with a simple test:

Can your leadership team provide accurate answers within 30 minutes of being asked the following questions?

- 1 What is our denial rate by payor, and the top denial reasons?
- 2 What are our current days in A/R?
- 3 What is our clean claim rate?
- 4 What is our net collection rate?
- 5 What is our cost to collect?
- 6 What is our first-pass resolution rate?

If the answer to any of these questions is “not easily,” your organization is relying more on instinct than on data.

Moving from Instinct to Insight

The most successful healthcare organizations are not those with the most advanced tools. They are the ones with

the strongest data foundations.

They understand that:

- Revenue cycle KPIs are not just metrics; they are management tools.
- Revenue cycle analytics must be consistent, accurate, and actionable.
- A revenue cycle assessment is not a one-time exercise; it is an ongoing discipline.

Experience still matters, but when paired with reliable data, it becomes exponentially more powerful.

Take the Next Step

If your organization is struggling to translate data into performance or if your leadership team cannot confidently answer the six questions above, it may be time for a structured evaluation.

RubinBrown’s revenue cycle assessment services are designed to:

- Establish a clear performance baseline
- Identify hidden inefficiencies and revenue leakage
- Benchmark your organization against relevant peers
- Provide practical, actionable recommendations
- Assist with implementing solutions and process improvements
- Strengthen revenue integrity through improved data quality, governance, and performance monitoring

The question is not whether you have data. It is whether your data is working for you. In today’s healthcare environment, running your revenue cycle on instinct is not just inefficient. It is a competitive disadvantage impacting your long-term financial stability.

Pennsylvania's Workers' Compensation Does Not Apply to the Railroads

Law Firm of Charles J. Hilton & Associates, P.C.
Attorneys at Law

Providers, hospitals, and physicians are very familiar with submitting claims under state workers' compensation laws, such as The Pennsylvania Workers' Compensation Act. However, there are some injuries and conditions affecting groups of employees that are not covered by those state laws. One example is railroad workers. Their work-related injuries fall under a federal law called the Federal Employers' Liability Act (FELA), which was enacted in 1908 under the power granted to the Federal government by the Commerce Clause of the Constitution. Its purpose was to improve safety, decrease dangers, and deal with the atrocious accident rates of railroad workers performing their jobs.

There are several differences between the Pennsylvania workers' compensation system and the FELA. That's why it is important to recognize when an employee of a railroad company is being treated for a work-related injury.

First, a railroad employee must show that the railroad was negligent in some way that caused or contributed to his or her injury. This usually falls under the concept that the employer has a duty to furnish a reasonably safe workplace. If the employee cannot show negligence on the part of the railroad at all, then he is responsible for his own injury. For example, a track inspector who was driving a work truck and got distracted and rear-ended the sedan in front of him at a traffic light *would not* be covered under the FELA and his/her medical treatment would go directly to his/her general health insurer. However, a track inspector whose foot was run over and crushed by a railcar that moved suddenly and unexpectedly *would* be covered under the FELA.

The second difference is that a railroad employee can go to court in either state or federal court and sue his employer for damages, including pain and suffering. In many instances, the compensation would be greater than an employee in a state workers' compensation plan. However, a full recovery can be reduced by the employee's own contributory negligence.

In contrast, state systems are considered No-Fault plans. Causally related work injuries are compensable within state workers' compensation systems with no impact of fault or

negligence by the employer or employee. So, for example, under The Pennsylvania Workers' Compensation Act, there is no burden on the employee to prove any fault on the part of the employer. Also, any negligence by the employee does not exclude him or her from receiving benefits. In exchange for those benefits, workers are prohibited from suing their employers. Compensation to the worker includes payment of medical expenses and wage loss benefits only. Pain and suffering are not assessed.

The third difference is that the FELA does not have a statutory fee schedule for payment of medical expenses, whereas the Medical Cost Containment Regulations of The Pennsylvania Workers' Compensation Act provide a reimbursement fee schedule per Act 44. Generally, under the FELA, a compensable claim is paid under special provisions of the employer-sponsored health plan including any portioned amount usually attributed to the patient as his responsibility. Keep in mind that there is no reimbursement rate exemption for a Trauma-designated injury under the FELA, which is a significant difference from The Pennsylvania Workers' Compensation Act.

Once a provider recognizes that the patient being treated for a work-related injury is a railroad employee, it should appreciate the differences from its more regularly experienced state workers' compensation claims and pursue payment of its medical bills accordingly.

If you have any questions or inquiries, please feel free to contact Attorney Charles J. Hilton at (412) 435-0162.

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Scholarship News

Christine Ifft, Scholarship Chair



Did you know that one of the valuable benefits of being a PA Three Rivers AAHAM member is access to our Scholarship Program?

Thanks to the generosity of our members and sponsors, our scholarship fund remains healthy and available to support eligible provider members who want to advance their professional development. Scholarships can be used to attend AAHAM-sponsored educational events when an employer is unable to cover the associated expenses.

To qualify, applicants must:

- Be a provider member in good standing
- Have maintained membership for at least one year
- Meet all scholarship program requirements and receive approval through the application process

Investing in education is one of the best ways to strengthen our profession, and we encourage eligible members to take advantage of this outstanding opportunity.

How Is the Scholarship Fund Supported?

Our scholarship fund is made possible through:

- 50/50 raffle proceeds at chapter events
- Our Scholarship Sponsorship level
- The ongoing generosity of our members and sponsors

Every raffle ticket purchased and every sponsorship contribution helps create educational opportunities for fellow Revenue Cycle professionals.

Help Spread the Word!

If you know a colleague who may benefit from attending an AAHAM event but is concerned about the cost, please encourage them to learn more about the scholarship program.

For complete details and application information, visit our website:

threeriversaaham.com/Scholarship_Program

If you have any questions, please feel free to contact me directly:

Christine Ifft, Scholarship Chair
cifft@phx-pt.com

Together, we can continue supporting professional growth and helping our members take advantage of the educational opportunities that make AAHAM such a valuable resource.

Our Year-Round Champions

Christine Ifft, Sponsorship Chair

While our conferences and educational events often take center stage, we want to take a moment to recognize the organizations that support PA Three Rivers AAHAM all year long through our annual sponsorship program. These valued partners help make it possible for us to provide educational opportunities, networking events, scholarships, and resources for our members throughout the year.

Whether sponsoring chapter events, sharing industry expertise, or supporting member development, our sponsors play an important role in the success of our chapter. We are grateful for their continued partnership and commitment to the Revenue Cycle profession.

THANK YOU TO OUR 2026 YEARLY SPONSORS

Diamond Sponsor



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Platinum Sponsors



[Audley Law / Audley Revenue Solutions](#)



[Credit Management Company](#)

Gold Sponsors



Silver Sponsor



Bronze Sponsor



These organizations have chosen to invest in our chapter and our members, and we encourage you to keep them in mind when evaluating services, solutions, and business partners for your organizations. Their support directly contributes to the strength and success of PA Three Rivers AAHAM and the professional growth of our membership.

On behalf of the Board and membership, thank you to all our yearly sponsors for your continued support. We truly appreciate your partnership and look forward to finishing another successful year together!

From First Claim to Final Recovery

REVENUE CYCLE MANAGEMENT • INSURANCE FOLLOW-UP • ACCOUNTS RECEIVABLE RECOVERY

50+

Years of NCC recovery experience

235+

Years of combined HCA team experience

100%

Of HCA work performed by US-based staff

12

Industries served nationwide

Our companies, Nationwide Credit Corporation and HealthCare Associates, work hand in hand to support healthcare providers capture maximum revenue — from the first claim through final recovery — while protecting every patient and client relationship. Our team of experienced, efficient, compassionate representatives are specifically trained for and dedicated to healthcare revenue cycle.

SERVICES DESIGNED FOR:

- Hospitals & Health Systems
- Specialty & Physician Groups
- Ambulatory Surgery Centers
- Long Term Acute Care
- Home Health Facilities
- Rehab/Skilled Nursing

BUILT ON COMPLIANCE:

HIPAA, FDCPA, GLBA & FCRA trained teams. HCA is SOC 1 Type 1 & SOC 2 Type 2 certified; NCC runs SOC-audited controls and quarterly PCI scans. HCA is a proud member of HFMA, HCLA & AAHAM.

HCA NMLS ID: 2488423

REVENUE CYCLE MANAGEMENT SOLUTIONS

- ✓ Insurance follow up
- ✓ Denial management
- ✓ Self pay customer service programs
- ✓ System conversion/AR clean up
- ✓ Credit Balance Resolution
- ✓ Special projects



Nationwide Credit Corporation is a full-service accounts receivable management firm, delivering compliant, ethical recovery for creditors nationwide since 1967.

ACCOUNTS RECEIVABLE RECOVERY

- ✓ Primary & contingency collections
- ✓ Extended business office solutions
- ✓ Patient statements and pre collection services
- ✓ Call center services
- ✓ Payment plan monitoring



GETTING STARTED IS SIMPLE

1

Consult

We review your portfolio, placement types and goals.

2

Design

We build a customized recovery strategy for you.

3

Launch

Onboarding, compliance setup and ongoing reporting.

Learn how NCC and HCA can strengthen your revenue cycle.

www.nccarm.com
www.hcabilling.com
5503 Cherokee Ave, Alexandria, VA 22312

Sharon Taube
Director, Business Development
Sharon.Taube@nccarm.com
717-712-5296 cell



Treasurer Note

Erica Methven, Treasurer

Account Balance from Fall 2026

Account	10/7/2026 Balance
Bank Accounts	
Non-Profit Checking xxxxxx1315	16,789.79
Scholarship	3,856.99
TOTAL Bank Accounts	20,646.78
OVERALL TOTAL	20,646.78

VS.

Account Balance from Summer 2026

Account	6/30/2026 Balance
Bank Accounts	
Non-Profit Checking xxxxxx1315	18,591.92
Scholarship	3,856.99
TOTAL Bank Accounts	22,448.91
OVERALL TOTAL	22,448.91

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