



KPAMA Journal

Keystone Chapter of AAHAM

December 2014

UPCOMING MEETINGS

- 12/11/2014** *Holiday Meeting - Holiday Inn - Harrisburg/Hershey*
- 1/28/2015** *Board Retreat - PATHS, Allentown Office Allentown, PA*
- 3/11/2015** *Keystone Educational Meeting Penn National, Grantville, PA*
- 3/30/2015-** *Legislative Day*
- 3/31/2015** *Washington, D.C.*

2014 OFFICERS OF THE BOARD OF DIRECTORS

Carolyn Brown, CRCE-I
Chairman of the Board
Philhaven
Phone: 717-270-2460
cbrown@philhaven.org

Roger Poremsky, CRCE-I
Chapter President
PATHS, LLC
Phone: 610-437-7144 Email:
rporemsky@hcppaths.com

Bill Major, CRCE-I, CRCS-I
Chapter Vice President
Wellspan Health
wmajor3@wellspan.org
Phone: 717-812-3907

Lisa Laudeman, CRCE-I, CRCE-P
Chapter Treasurer
PPI
llaudeman7@gmail.com

Kim Raftery
Chapter Secretary
HRSI
Phone: 215-391-4834
kraftery@hrs1.com

Irene Parks
Elected Board Member
Financial Recoveries
Phone: 856-669-2270
iparks@frnj.com

Christine Ifft, CRCE-I
Elected Board Member
Wellspan Ephrata Community
Hospital
Phone: 717-733-5901
ciff@wellspan.org

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NEW MEMBERS

Wayne Wadsworth
CBCS

Harry Albert
Modern Recovery Solutions

****Renew Your Membership****

If you have not renewed your membership with the Keystone Chapter or with National AAHAM, please take a few minutes to renew.

By updating your membership, you will continue to keep your pulse of what is happening now in this ever changing environment.

DON'T BE LEFT OUT!

Go to www.keystoneaaham.org to renew!

Thanks for your continued support!

Deb Sterling, CRCE-I

Chapter Membership Chairperson

Contact Keystone AAHAM
www.keystoneaaham.org

General Information
info@keystoneaaham.org

Certification
certification@keystoneaaham.org

Membership
membership@keystoneaaham.org

Corporate Sponsors
partners@keystoneaaham.org

Meeting Registration
meetings@keystoneaaham.org

Scholarships
scholarships@keystoneaaham.org

KPAMA Journal Editorial Policy & Objective

The KPAMA Journal Magazine is published by the Keystone Chapter of AAHAM to update the membership regarding chapter and national activities as well as to provide information useful to healthcare administrative professionals

Opinions expressed in articles or features are those of the author(s) and do not necessarily reflect the views of the Keystone Chapter of AAHAM, The National AAHAM organization or the editor.

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AAHAM Mission Statement

AAHAM's mission is to be the premier professional organization in health care administrative management.

Through a national organization and local chapters, AAHAM provides quality member services and leadership in the areas of education, communication, representation, professional standards and certification.

Healthcare Debt Woes are Worsening in the U.S.

October 8, 2014

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NerdWallet recently released a study, in part using ACA International's analysis of credit and collection data, on financial challenges faced by consumers with medical debt.

U.S. households have continued problems with medical debt, even with the establishment of the Affordable Care Act to help consumers avoid mounting bills. According to a new NerdWallet Health Study, which includes analysis of the ACA International and Ernst and Young study on the Impact of Third-Party Debt Collection on the National and State Economies, consumers annually pay three times more in third-party collections of medical debt than they pay for bank and credit cards combined.

Additionally, 63 percent of adults indicate they have received medical bills that cost more than they expected. The study also notes that households lost \$2,300 in median income, while medical expenses increased by \$1,814 between 2010 and 2013.

In 2013, NerdWallet Health researchers found that medical debt is the largest cause of bankruptcy.

ACA member companies work to collect rightfully owed medical debt. It remains most of what is collected in the credit and collection industry, according to the economic impact surveys by ACA and Ernst and Young in 2010 and 2013. Healthcare-

Continued to page 4

Get Published

We are always looking for articles from our members.

Do you have an article on a current financial healthcare topic? Please send to tmoritz@nragroup.com. Articles should be less than 800 words and submitted in a Word document.

PASS IT ON!

Do you know someone who would like to receive the KPAMA Journal? Email info@KeystoneAAHAM.org with the individual's name, company and contact information or visit our website at www.keystoneaaham.org and follow the link to 'Join Keystone AAHAM's Email List'

Please follow/join our social media pages!



www.keystoneaaham.org

Continued from page 3

related debt accounted for nearly 38 percent of all debt collected in 2013 and 52 percent of all debt collected in 2010, according to the surveys.

“Over the last three years, overall revenue collected by third-party debt collection has remained flat—except for medical debt, which has steadily increased,” ACA Public Affairs Specialist Alex Szeto told NerdWallet Health.

NerdWallet Health estimates that almost one in five, or approximately 51 million, adults in the U.S. may be contacted by a debt collection agency about medical debt in 2014.

In addition, based on information from the ACA and Ernst and Young study, \$21 billion in medical debt was collected from U.S. consumers in 2012, and more than \$1

in every \$3 paid to third-party collectors is for medical debt.

NerdWallet Health also researched uncompensated care, price transparency and medical billing compliance, including for Medicare, in its study on healthcare debt.

In 2012, according to the American Hospital Association, uncompensated care based on cost for nearly 5,000 hospitals was \$45.9 billion, or 6.1 percent of total expenses.

“The medical system is a minefield for the average consumer,” said Christina LaMontagne, general manager of health at NerdWallet and author of the study. “While expenses mount for households, bills are riddled by a shameful number of hard-to-detect medical billing errors. Consumers may be overpaying for their healthcare. They want

price transparency.” In January 2014, a Medical Debt Collection Task Force led by the Healthcare Financial Management Association, ACA and a group of diverse stakeholders, including medical providers and consumer advocates, announced new best practices to help make paying of medical bills more accessible and fairer proposition for consumers.

Did You Know...?

The American Association of Healthcare Administrative Management (AAHAM) was founded in 1968 as the American Guild of Patient Account Management. Initially formed to serve the interests of hospital patient account managers, AAHAM has evolved into a national membership association that represents a broad based constituency of healthcare professionals.

In 2015, the National Office will celebrate 47 years

In 2015, the Keystone chapter will celebrate 45 years. Founded in 1970, the Keystone Chapter was the 11th chapter to join the national organization. Out of the first 15 chapters, there are still 12 in operation today.

Keystone Chapter of AAHAM Takes 1st Place in Chapter Excellence!



Proudly displaying the First Place Trophy are Keystone Chapter members who attended the AAHAM ANI October 15 – 17 in San Diego. Holding the trophy is Sue Fasnacht (Wellspan – Ephrata) who is a member of the Keystone Chapter Excellence Committee

San Diego, CA

The Keystone Chapter of AAHAM was awarded First Place for Chapter Excellence in the Alan Tabas Division (Chapters with 81-180 National Members) at the AAHAM Annual National Institute (ANI) October 16, 2014. The award was announced by Christine Stottlemeyer (Wellspan), AAHAM Board Chair. National AAHAM 1st Vice President John Currier presented the trophy to Roger Poremsky, Keystone Chapter President.

Congratulations to the Chapter Excellence Committee led by Becky Hartranft, Wellspan – Ephrata and committee members Sue Fasnacht, Wellspan – Ephrata and Mary Beth McMenamain, Lehigh Valley Health Network. The committee did an outstanding job completing the Chapter Excellence Application and compiling the supporting documentation.

The award is the culmination of the chapter working together to bring our membership the best educational programming possible, certification opportunities, and legislative action on issues of concern to the health-care revenue cycle industry.

We want you to know you have an excellent chapter with dedicated volunteer officers, committee chairs and committee members making Keystone the best chapter in its division nationally. Outstanding job everyone!

Sincerely,
Roger Poremsky, CRCE – I
President

MEET KRISTY PIPHER RICHMOND KEYSTONE CHAPTER OF AAHAM

How did you get where you are today professionally? I started collecting on defaulted student loans at PHEAA in the early 90's.

What advice do you have for members that want to move up in their current healthcare careers? Get involved!!

What is your spouse's name and occupation (if applicable)? My husband Charles is an Architectural Historian.

What are your children(s) names, ages and occupations (if applicable)? I have an 11-year-old son Jackson and 9-year-old boy-girl twins Andrew and Sarah.

What was the last book you read? The Reason I Jump by Naoki Higashida. The author is a 13-year-old nonverbal autistic boy.

What is your favorite movie? The Dirty Dozen, Children of Men and the Bourne movies

What is your indulgence? Sweets

What was your first job? I was a crew member at McDonalds and minimum wage was \$3.25 at that time.

What did you have for breakfast today? A blueberry kale smoothie- kale from our garden, organic blueberries, a little agave and chia seeds. Delicious!

Where did you spend your last vacation? Last fall, our family spent a week in Orlando and visited Universal Studios.

What do you never leave home without when you travel? My cell phone!

I still can't quite get the hang of....the "new math" that is being taught in school now.

What is your favorite way to celebrate after you've completed a demanding project? Treat myself to a new book or CD.

Name something about you that most people don't know. I love to garden!

What do you know now that you wish you'd known when you were younger? Healthier habits and eating cleaner.

The world would be a better place if only....people were more tolerant of differences. ♦

MEMBERSHIP DRIVE

Tell a
Friend!

Keystone Chapter Announces The 2014 AAHAM Membership Campaign

**Sail with Us to the Island of Revenue Cycle Success
September 1 through December 31, 2014**

In conjunction with this year's membership drive, the Keystone Chapter will offer the following incentives and rewards to all of our members who help to increase our National and /or local membership:

- *Drawing for a free Local Membership at our December 2014 meeting.**
- *\$25.00 gift cards**
- *Grand Prize drawing of \$100.00 at our December 2014 meeting.**

If you are a member of Keystone and you sponsor a new National or Local member (between Sept 2014 through Dec 2014) you will receive:

- *One \$25.00 Gift Card for each new member whom you sponsor.**
- *One entry into the grand prize drawing (\$100.00) for each new member whom you sponsor.**

****Note: Please remember to have the new member list you as a sponsor on their membership application****

ALL NEW LOCAL MEMBERS for 2014 will be included in a drawing where the winner will receive a one year paid membership for 2015, compliments of the Keystone Chapter.



Supreme Court to rule on whether providers can sue states over inadequate Medicaid rates

U.S. Supreme Court October 6, 2014

U.S. Supreme Court

The U.S. Supreme Court will hear a case on whether private sector healthcare providers can sue states to increase Medicaid reimbursements, the high court announced Thursday. Based on previous rulings, the court is not likely to rule in favor of the providers, experts say.

The matter originated in 2009, when Exceptional Child Center and other providers sued the state of Idaho. They claimed that the state unlawfully had kept Medicaid reimbursements at 2006 levels despite cost of care increases. A federal judge and then an appeals court found in favor of the providers, and the state increased reimbursements to the tune of \$12 million in 2013, according to local reports. At issue is the Supremacy Clause of the U.S. Constitution. Idaho officials argue that it prohibits private legal actions like the one brought by the providers. The providers say they have no other recourse to ensure they receive adequate reimbursements to keep offering services under Medicaid. By law, Medicaid

funding must attract enough providers so that beneficiaries have roughly the same access to services as the “general population.”

The conservative wing of the court — Chief Justice John Roberts and Justices Antonin Scalia, Clarence Thomas and Samuel Alito — almost certainly will side with the state, attorney Joel M. Hamme told the Bureau of National Affairs. The deciding vote likely will rest with the most politically centrist justice, Anthony Kennedy.

“Hard to imagine a good outcome for providers and beneficiaries, though, of course, stranger things have happened,” said Hamme, of the Washington, D.C., firm Power, Pyles, Sutter & Verville PC. Medicaid generally does not reimburse long-term care facilities for the actual costs of care, and operators in states such as Maine have been squeezed by rate freezes or decreases. State leaders often say that tight budgets tie their hands.

Do You Remember...?

- Pagers (their use began in 1959)
- Out patient paper folder for each account
- MicroFiche
- Index cards
- Floppy disks
- Punched card
- Main frame computer
- Dumb terminals
- Rotary phone - their use ended in 1963 and touchtone phones took their place



19th ANNUAL KEYSTONE CHAPTER
SILENT AUCTION

It's not too early to start thinking about the upcoming Holiday Meeting!!

We are planning another spectacular Silent Auction in conjunction with our December 11 holiday meeting taking place at the Harrisburg/Hershey Holiday Inn. Thank you all for your past participation in the Auction—either through bidding or through donation. Please consider contributing a donation this year. It is the proceeds from this event that help keep our meeting fees remarkably low! Please mark this event on your calendar.

PLEASE BE PART OF THIS MAJOR FUNDRAISER FOR YOUR CHAPTER

Past items have included:

Beer/Alcohol Baskets - Jewelry, Sunglasses - Floral Arrangements - Artwork - Quilts - Handbags - Crafts - Sporting Event Tickets - Spa Treatments - Sports Memorabilia - Homemade Goodies - iPods, Kindles - Gift Cards Coffee Makers - Candles - Holiday Decorations - Electronics

CALL, SEND, EMAIL OR FAX KRISTY WITH YOUR DONATION TODAY!!!

Kristy Pipher Richmond
Commercial Acceptance Company, P.O. Box 3268, Shiremanstown, PA 17011
kprichmond@commercialacceptance.net

(717) 901-4557, x. 214 (Phone) (717) 901-5565 (Fax)

Name _____
Company _____
Item Name/Description _____
Estimated Value _____

_____ I will bring the Auction item on the day of the December 11 meeting.

_____ I will make arrangements to deliver my donation to Kristy prior to the December 11 meeting.

3 Impacts of High Deductible Plans on Your Revenue Cycle and 5 Ways to Fix It

A high deductible plan means the patient is paying more out of pocket expense for health care services. It is a health insurance plan with a high deductible and normally has a lower premium. People pick high deductible plans because the out of pocket premiums are lower and fit into a tight budget more easily. Employers like high deductible plans as a way to save money on health care coverage for employees. However, high deductible plans can have an impact on health care facilities or on a hospital's revenue cycle. The impact is not always in a favorable manner.

Approximately 16 million lives are insured via employer based high deductible plans. Approximately 8 million are insured under the Affordable Care Act plans.

What's the Impact?

1. Fewer people seeking treatment

One of the major factors that will have a negative impact on a revenue cycle is fewer people seeking treatment. If a person cannot afford the initial upfront cost of a health care service; the person will wait to seek medical attention. Health care services could see a decline as fewer patients chose to utilize different services. People will wait until seeking medical treatment is absolutely necessary or in some cases people just skip medical treatment. By waiting, health care facilities are no longer seeing an influx of revenue for services performed. The reduction in services

can have a lasting negative effect on health care facilities.

2. Increase in uncompensated care: Bad debt and charity care
People who wait to seek medical treatment may end up in the emergency room or urgent care for health care services (unfortunately, a lot of patients turn up there without insurance, too). Patients who could not initially afford to seek medical treatment will not be able to financially cover the visit to the emergency room. The amount of bad debt caused by high deductible plans could end up costing health care services more as bills go unpaid. Patients who cannot or will not pay for medical services due to the high deductible plans causes a major cash flow problem for health care providers. The amount of bad debt from unpaid services will show negative results in the revenue cycle.

Find a collection agency with healthcare industry experience when it comes to collecting debts from patients.

3. Inability to maintain adequate cash flow and profitability

It's going to be tough to attract AND maintain quality employees, as well as fund modernization and capital equipment purchases. Access to capital markets is going to change, which means the ability to borrow and meet existing (and potential) bond covenants will suffer. This will greatly impact whether your organization will remain relevant.

How to fix it?

1. Education and scripting

The best way for a health care facility to keep patients returning for necessary medical services is with education. A health care facility that spends money on educating patients can help in maintaining a positive cash flow during a revenue cycle. Hospitals and other health care providers need to make certain that the patient understands the full financial obligation of services performed.

By working with the patients for health care services a facility can continue to operate in a normal manner and reduce bad debt. Many patients do not understand the basics of their health care plans; encourage communication throughout treatment or services. A health care facility that can offer resources in helping to pay for medical services will continue to have an influx of patients for medical treatment.

Value your patient access staff!! This department, unfortunately, is known for being the most under-valued and the lowest paid within the revenue cycle. It's super important to communicate with your staff the difficulty in dealing with multiple insurance plans and services. Educate the revenue cycle staff on the difficulty of capturing accurate information from patients.

A survey completed by Carnegie Mellon University of household healthcare decision makers found that only 14% understood all four

Continued to page 4

concepts: co-pay, co-insurance, deductible, and out-of-pocket maximums. That means 86% do NOT understand these concepts – so what percentage of patient access understands them?

2. Payment Plans

Another way for a health care service provider to combat the negative effects of bad debt is through the use of payment plans. This seems like a no-brainer, but I recently received a bill from a hospital and a payment plan wasn't an option (per the bill's instructions). Unless it was, but I had to call first to find out? Either way, the statement should have a payment plan as an option.

A payment plan will allow the patient to spread out the cost of services over an extended period of time. Payment plans have both negative and positive impacts on a revenue cycle depending on how the implementation process is handled. A facility needs to be prepared to handle the payment plan option.

- The positive side of this type of option is receiving payments for services performed (rather than it rolling to bad debt because a patient is unable to pay). A patient who is allowed to spread the payments out over a period of time is more likely to pay for medical treatment. The payment plan option will help ease the burden of the medical treatment which means more people could seek health care services. Accounts can be set up with self-pay options and automatic withdrawal options which will help in bring funds into the health care facility.

- The negative side of this type of option is waiting for payment, of course (better late than never...). If a patient cannot financial afford a large payment amount due to financial burdens; a smaller payment amount will have to be implemented. Smaller payments for services performed may have to be spread out over a longer period of time in order to receive full payment. The smaller payments result in less revenue coming in on a monthly basis.

- The billing department will see an increase in the paper work with the implementation of payment plans. A provider will have to send out payment notices or late payment notices. The increased paper work will result in an increase work load which will cost the health care service more in employee hours.

3. Health Savings Accounts (HSA)

A health savings account (HSA) is a tax-advantaged medical savings account for taxpayers who are enrolled in a High Deductible Health Insurance Plan. Funds in these accounts will not be subject to Federal Income Taxes or state taxes. The funds in your HSA account can be used to pay for deductibles associated with eligible services. Its important patients understand they have this option (in most cases), and they utilize this feature.

4. Review charity care policy

How long has your charity care policy been in place? Maybe it's time to review it and make sure your policy precludes discounts for balances after insurance. Do you

limit your charity care to patients that only reside in your primary and secondary service areas? And lastly, does your policy follow a sliding scale? It's important your policy addresses presumptive charity care and a CLEAR understanding with finance and reimbursement the classification of both bad debt and charity care.

Bad debt = patients that appear to have the ability to pay, but do not or will not pay

Charity care = patients that lack the financial ability or resources to make a payment. Typically, organizations would not normally expect to be paid.

5. Price transparency

Price transparency is simply removing the mystery for patients. It's basically information that is readily available information on the PRICE of HEALTHCARE SERVICES and allows patients to choose the providers they use.

Conclusion

There are many more ways to help high deductible plans within the revenue cycle, such as financial counseling, point of service collections, and many more. The growth of high deductible plans is only going to continue to grow over time. Healthcare providers must continue to provide quality care to their patients and continue to enhance financial practices to flourish an ever changing environment. Take some of the responsibility off you, as a healthcare provider, and think about outsourcing.



THE 8TH ANNUAL FRANK GILL MEMORIAL GOLF OUTING **UPDATE**

WHEN: OCTOBER 1, 2014
9:30AM "SHOTGUN START"

WHERE: ARMITAGE,
800 ORR'S BRIDGE RD.
MECHANICSBURG, PA 17050

FORMAT: TEAM SCRAMBLE

The 8th annual **Frank Gill Memorial AAHAM Tournament** was held on October 1 2014 at Armitage located in Camp Hill Pa. The day turned out to be a beautiful day with around 40 golfers that participated in the tournament. The course was in fairly good shape except for one hole that was under construction. Everyone I talked to had a great time and really liked the course. The food we had was also good.

There was more participation than we had in the last several years. The tournament came in under

budget with a small profit. Our goal on this was to break even.

I would like to thank everyone who helped make this tournament a successful Day. I especially want to thank Christy Piper for all her help with the tournament and to Irene Parks for help and support. I would be remiss if I did not thank Frank Gill for a beautiful day. Thanks, Frank!!!

Dale Brumbach
Tournament Director

1st Place with a score of 55:
Barth Marino, Steve Kunkle, and Marty Park, James Fegley

2nd with a score of 63:
Rich Templin, Brian Bepler, and Dale Brumbach

3rd place with a score of 64:
Alan Cieslak, Matt Robinson, John Perry , and Brian Cattie

Closet to the Pin on hole 14:
Dale Brumbach

Closet to the Pin on 12:
Marty Park

Closet to the pin on hole 5:
Ed Farr

Longest Drive – Men
James Fegley

Longest drive – Women
Chris Stottlemyer

Board of Directors

Roger Poremsky, CRCE-I
Chapter President
PATHS, LLC
2010 Bevin Drive
Allentown, PA 18103
Phone: 610-437-7144
Mobile: 484-614-4880
Email: rporemsky@hcppaths.com

Carolyn Brown, CRCE-I
Chapter Board Chairperson
Certification Committee Chairperson
Philhaven
283 S. Butler Road, PO Box 550
Mt. Gretna, PA 17064-0550
Phone: 717-270-2460
Mobile: 717-926-3570
Email: cbrown@philhaven.org

Bill Major, CRCE-I, CRCS-I
Chapter Vice President
Education Committee Chairperson
Wellspan Health
1001 S. George St.
York, PA 17405
Phone: 717-812-3907
Mobile: 717-586-1523
Email: wmajor3@wellspan.org

Lisa Laudeman, CRCE-I, CRCE-P
Chapter Treasurer
1222 Running Deer Drive
Auburn, PA 17922
Mobile: 570-449-0560
Email: llaudeman7@gmail.com

Kim Raftery
Chapter Secretary
HRSI
Federal Reserve Bank Building
100 N. Independence Mall W.
Suite 5NW
Philadelphia, PA 19106
Phone: 215-391-4834
Mobile: 610-715-1523
Email: kraftery@hrsi1.com

Irene Parks
Elected Board Member
Chapter Corporate Partners Chairperson
Financial Recoveries
200 East Park Drive
Mt. Laurel, NJ 08054
Phone: 856-669-2270
Mobile: 267-334-5018
Email: iparks@frnj.com

Christine Ifft, CRCE-I
Elected Board Member
Education Committee Member
Wellspan Ephrata Community Hospital
446 N. Reading Road
Ephrata, PA 17522
Phone: 717-733-5901
Mobile: 717-884-9601
Email: ciff@wellspan.org

Deb Sterling, CRCE-I
Chapter Membership Chairperson
National Recovery Agency
2491 Paxton St.
Harrisburg, PA 17111
Phone: 800-360-2998, Ext. 3902
Mobile: 717-512-5322
Email: dsterling@nragroup.com

Kristy Pipher-Richmond
Chapter Ways and Means Chairperson
Commercial Acceptance Company
2 West Main Street
Shiremanstown, PA 17011
Phone: 717-901-4557, Ext. 214
Mobile: 717-503-2821
Email: Kprichmond@commercialacceptance.net

Rob Foust, CRCE-I
Chapter Web Master
Susquehanna Health System
1205 Grampian Blvd.
Williamsport, PA 17701
Phone: 570-326-8012
Email: rfoust@susquehannahealth.org

Mary Beth McMenamin, CRCS-I
Legislative Committee Chairperson
Chapter Excellence Committee Member
Lehigh Valley Health Network
2100 Mack Blvd, 4th Floor
Allentown, PA 18103-5622
Phone: 484-884-2671
Mobile: 484-225-7213
Email: marybeth.mcmenamin@lvhn.org

Sue Fasnacht, CRCS-I
Chapter Excellence Committee Member
Wellspan Ephrata Community Hospital
446 N. Reading Road
Ephrata, PA 17522
Phone: 717-733-5902
Mobile: 717-490-2386
Email: sfasnacht@wellspan.org

Rebecca Hartranft, CRCS-I/CRCS-P/CCT
Chapter Excellence Committee
Chairperson
Wellspan Ephrata Community Hospital
446 N. Reading Road
Ephrata, PA 17522
Phone: 717-733-5928
Mobile: 610-960-7017
Email: rhartranft@wellspan.org

Trish Moritz
Chapter Journal Editor
National Recovery Agency
PO Box 67015
Harrisburg, PA 17106
Phone: 800-360-9953
Mobile: 717-503-8467
Email: tmoritz@nragroup.com

Dale Brumbach
Golf / Social Committee Chairperson
Penn Credit Corporation
916 S. 14th Street, PO Box 988
Harrisburg, PA 17108-0988
Phone: 800-720-7293, Ext. 3433
Mobile: 717-329-8695
Email: dale.brumbach@penncredit.com

Keystone Corporate Partners

Your participation in the Corporate Partner Program enables the Keystone Chapter to continue providing a forum for the education of our members as well as opportunities to meet and network with our friends and associates throughout the Chapter

Thank You!

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Bureau of Account Management

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PLATINUM

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