

MISSISSIPPI

Headlines

HFMA President's Message



Mitch Beard

Wow! departments. This will be the key for everyone's success.

What a meeting! When Richard Rodriguez stepped on the stage Monday morning at ANI with a fishing pole in hand, I said to myself, "What's going on?" As I sat back to listen to his message, I realized he was right on track. His point was that, in today's health care environment, with all the pressures of our jobs, sometimes we need to get away or at least clear our minds.

This year's HFMA theme is "The Business of Caring." By taking a closer look at patient care, we realize that is why we are all here. We must provide outstanding customer service to all of our patients, from the Emergency Room to Intensive Care to outpatient

We encourage you to become actively involved with a committee or just with an idea. We look forward to another great year. See you at the meeting!

Mitch Beard

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UPCOMING HFMA MEETINGS

[MS Chapter HFMA Summer Workshop](#)
August 18-19, 2005
Golden Moon
Philadelphia, MS

[MS HFMA/MSCPA Health Care Services Seminar](#)
September 23, 2005
Hilton Hotel
Jackson, MS

[HFMA Region 9 Meeting](#)
December 1-2, 2005
New Orleans, LA

[MS Chapter HFMA Spring Workshop](#)
March 23-24, 2006
Hilton Hotel
Jackson, MS

[MS Chapter HFMA Annual Institute](#)
March 24-26, 2006
Biloxi Grand Bayview
Biloxi, MS



Please visit our Chapter's Web site often, as information changes frequently

www.mshfma.org

HFMA Chapter Awards

CONGRATULATIONS, MISSISSIPPI CHAPTER!

The Mississippi Chapter of HFMA received four chapter awards for the 2004 – 2005 year, including the Charles F. Mehler Gold Award of Excellence for Education, the Silver Award for Certification and two Helen M. Yerger Special Recognition Awards.

The Charles F. Mehler Gold Award of Excellence for Education recognizes chapters that achieve outstanding performance in educational programming. In order to obtain this award, chapters must achieve a goal of 19.51 education hours or more per member. The Mississippi chapter surpassed

this goal, reporting an average of 27.22 hours per member in 2004-2005. The Mississippi chapter also earned a silver award for certification, with four certification exams passed last year.

Finally, the Mississippi Chapter received two Helen M. Yerger Awards, recognizing outstanding chapter performance in education for its participation in the 2005 Tri-State Institute and the Second Annual HFMA Region 9 Conference.

Congratulations, Mississippi Chapter HFMA! Keep up the good work!

2005-06 Numerical Standards for Chapter Awards

At its June 26 meeting, the Regional Executive Council established the 2005-06 numerical standards for chapter awards. The standards are based primarily on past years of performance data for all chapters. The council also considers changes that may affect chapter award performance, environmental factors, and HFMA National budget targets.

The Davis Chapter Management System (DCMS) offers several opportunities to recognize exceptional chapter activities and accomplishments. They are:

Awards of Excellence for Education

Chapters that achieve outstanding performance in educational programming are recognized with the Awards of Excellence for Education.

- To achieve the Sister Mary Gerald Bronze Award, chapter registrant hours per member must be greater than 13.70 and no more than 15.06.
- To achieve the John M. Stagl Silver Award, chapter registrant hours per member must be greater than 15.06 and no more than 19.61.
- To achieve the Charles F. Mehler Gold Award, chapters must deliver more than 19.61 hours per member.

C. Henry Hottum Award for Educational Performance Improvement

The Hottum Award recognizes chapters that have achieved a significant increase in educational performance from one year to the next. To achieve the award, a chapter's percentage increase in registrant hours from the previous year must be greater than 7.1 percent.

Awards of Excellence for Certification

Chapters that achieve outstanding performance in

certification support are recognized with the Awards of Excellence for Certification. The award is based on an increase in the number of passed certification examinations in the chapter year.

- To achieve the Bronze Award, a chapter must surpass its three-year average performance in passed exams by more than 0.65 percent but no more than 0.97 percent of its membership (as measured by the May 1, 2005, start count).
- To achieve a Silver Award, a chapter must surpass its three-year average performance in passed exams by more than 0.97 percent, but no more than 1.62 percent of its membership (as measured by the May 1, 2005, start count).
- To achieve a Gold Award, a chapter must surpass its three-year average performance in passed exams by more than 1.62 percent of its membership (as measured by the May 1, 2005, start count).

Awards of Excellence for Membership Growth and Retention

Chapters that demonstrate excellence in membership activities are recognized with the Awards of Excellence for Membership Growth and Retention. This award is based upon the percentage of net membership growth at the end of the DCMS year.

- To achieve the Bronze Award, a chapter's membership growth must be greater than 2.40 percent and no more than 4.93 percent.
- To achieve the Silver Award, a chapter's growth must be greater than 4.93 percent and no more than 10.36 percent.
- To achieve the Gold Award, a chapter's membership growth must be greater than 10.36 percent.

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Specialty Hospital Update

By: *Eric Zimmerman, McDermott, Will & Emery LLP*

The 18-month moratorium on physician referrals to specialty hospitals established under the *Medicare Modernization Act of 2003* lapsed on June 8, 2005 with little fanfare, and with little rush from would-be developers to begin construction of new facilities. The hesitation may be the result of legislation introduced in mid-May by Senators Grassley (R-IA) and Baucus (D-MT), Chairman and ranking Democrat on the Senate Finance Committee, respectively, that would permanently extend and substantially expand the current self-referral ban. The legislation, dubbed the Hospital Fair Competition Act of 2005, sent a chill through the specialty hospital community because it made clear that, if enacted, its effect would be retroactive to June 8th, thereby potentially eliminating any window of opportunity that would-be developers might have sought to exploit when the original moratorium lapsed.

However, the Grassley-Baucus legislation might not be the silver bullet sought by opponents of physician-owned specialty hospitals. The bill leaves unaddressed several loopholes that have enabled developers of physician-owned hospitals to proceed with plans for new facilities, even during the moratorium period, and includes several changes likely to be troubling to general acute care hospitals. Moreover, the future of the Grassley-Baucus bill remains uncertain after both the Administration and a key House Republican announced opposition to a permanent ban on physician-owned specialty hospitals.

Under the self-referral proscription, commonly known as the “Stark Law,” a physician may not make a referral to an entity for the furnishing of designated health services that may be covered by Medicare if the physician (or an immediate family member of the physician) has a financial relationship (including a direct or indirect ownership or investment interest) with the entity, unless an exception applies. Violators are subject to repayment, civil monetary penalties of up to \$15,000 for each prohibited referral, and up to \$100,000 for deliberate circumvention schemes, as well as exclusion from the Medicare and Medicaid programs.

Two exceptions to this general prohibition have been exploited to legitimize physician ownership in specialty hospitals. The first, commonly referred to as the “whole hospital exception,” permits a physician with an ownership

interest in a hospital to make referrals to that hospital, provided the referring physician is authorized to perform services at the hospital, and the physician’s ownership or investment interest is in the entire hospital, and not merely in a distinct part or department of the hospital. The second, called the “rural exception,” likewise permits a physician with an ownership interest in a hospital to make referrals to that hospital, provided the entity is located in a rural area and it furnishes “substantially all” of the designated health services to individuals residing in the rural area.

Section 507 of the Medicare Modernization Act of 2003 (MMA) amended both exceptions by excluding referrals to “specialty hospitals” for the 18-month period beginning December 8, 2003, the date on which the legislation was enacted. The 18-month moratorium was intended to give Congress more time to further study and debate the matter. While Congress has done both, no clear consensus on how to proceed has yet emerged.

On one side of the debate are Senators Grassley and Baucus, who believe that physicians should not be permitted to own and refer cases to specialty hospitals. To halt further development of physician-owned specialty hospitals, the two Senators now are proposing to amend the Stark Law in several ways. First, and perhaps most significantly, their bill would permanently render referrals to specialty hospitals ineligible for the whole hospital and rural exceptions.

They also would amend the grandfather protection extended by the MMA that allowed certain physician-owned specialty hospitals in operation or under development before November 18, 2003, to continue to function. In such cases, these hospitals could continue to operate, provided they meet certain requirements intended to limit their growth or expansion. Specifically, hospitals qualifying for the grandfather could not increase the number of physician investors, change the categories of services furnished by the hospital, or increase the number of beds beyond prescribed limits. The new bill would additionally prohibit grandfathered facilities from increasing their overall investment by physicians in the hospital beyond the amount held on June 8, 2005, and prevent individual physician-owners from increasing their individual ownership stake beyond that held on June 8, 2005. The bill likewise would prohibit

(continued on page 4)

grandfathered specialty hospitals from increasing the number of operating rooms and beds after June 8, 2005.

The Senators' firm stand is supported by the American Hospital Association and Federation of American Hospitals, among other trade associations, as well as scores of legislators in both the House and Senate, many of whom have signed on to various letters and statements urging more restrictions. However, several key players in the debate have withheld support or openly opposed a permanent ban.

The MMA required the Medicare Payment Advisory Commission (MedPAC) and Centers for Medicare and Medicaid Services (CMS) to study, among other things, the differences in the costs of care, referral patterns, payor mix and quality of care between physician-owned specialty hospitals and full-service community hospitals. MedPAC issued its report in March 2005. The Commission was unable to find ample evidence to support a permanent ban, but found enough disparity in key indicators to support extending the moratorium temporarily, through December 31, 2006, to allow more time to study these facilities.

CMS issued its report the day after the Grassley-Baucus bill was introduced. The Administration refused to recommend that the moratorium be formally extended, but did announce steps that will informally perpetuate the moratorium, at least for six months. CMS Administrator, Dr. Mark McClellan, told the House Energy & Commerce Committee that CMS will instruct its fiscal intermediaries to refrain from processing participation applications from specialty hospitals until the Agency can complete a comprehensive review of its procedures for approving new hospital applications. The Administrator also announced that the Agency may revoke provider agreements from some specialty hospitals that fail to satisfy a long-standing Medicare condition of participation that hospitals be predominantly engaged in furnishing services to inpatients. If CMS determines that a participating hospital is not primarily engaged in inpatient care, the hospital may have its provider agreement terminated. The Administrator gave little clue as to how CMS would measure whether a hospital is primarily engaged in inpatient care.

As a long-term remedy, CMS further proposed to address perceived disparities by adjusting payment rates for certain inpatient hospital services, such as cardiac, orthopedic, and surgical services, that are alleged to be overpaid and that may create incentives for physicians to form specialty hospitals,

and payment rates for ambulatory surgical centers, which are perceived to be too low, and likewise encourage physicians to form specialty hospitals to receive higher hospital reimbursements. CMS's proposed payment reforms, as well as similar provisions in the Grassley-Baucus legislation that also would direct Medicare inpatient service payment refinements, would apply to general and specialty hospitals alike. To the extent general acute care hospitals see these changes as cutting into their margins, their enthusiasm for the Grassley-Baucus bill may diminish.

Also now standing in the way of a permanent ban is Representative Joe Barton (R-TX), Chairman of the House Energy & Commerce Committee, who stated that he will take up the mantle of his predecessor, former Committee Chairman Billy Tauzin, and oppose efforts to extend the ban. The Grassley/Baucus and Barton stand-off now focuses attention on Representative Bill Thomas (R-CA), Chairman of the powerful House Ways & Means Committee and an influential voice in all matters Medicare, to arbitrate the matter. To date, Mr. Thomas has assiduously avoided staking out a position on whether to extend the moratorium, although he has historically regarded the Stark Law as cumbersome and overly broad, and he opposed the outright ban on physician ownership of specialty hospitals approved by the Senate during consideration of the MMA in 2003.

Although the moratorium was allowed to lapse on June 8, 2005, this recent activity likely will buy opponents of physician-owned specialty hospitals more time to advance a bill. Senators Grassley and Baucus put the specialty hospital community on notice that any legislation that does advance this year likely will apply retroactively to June 8, 2005. Their warning shot was no doubt intended to shake the confidence of would-be investors and put any pending development plans on hold until Congress can take action.

The Grassley-Baucus measure may not be the panacea opponents of specialty hospitals seek. Surprisingly, the Hospital Fair Competition Act does not attempt to address some of the most major shortcomings of the existing specialty hospital referral ban, and may leave ample loopholes to enable further development.

For example, the Grassley-Baucus bill does not clarify the definition of a specialty hospital. The MMA ban defines the term "specialty hospital" as a hospital that is "primarily or exclusively" engaged in the care and treatment of patients

(continued from page 4)

with a cardiac or orthopedic condition, or patients receiving a surgical procedure. To date, despite several attempts to clarify other aspects of the law, CMS has not further defined what it means to be a specialty hospital. As such, it remains unclear what it means to be “primarily” engaged in furnishing services in one of the defined categories. The term is not defined in either the MMA or regulations, and there presently is no legislative, administrative or judicial guidance clarifying this question. Moreover, the term “primarily” is not a term of art that carries an implied definition. As such, it is not clear whether “primarily” means 33 percent, 50 percent, 66 percent or some other threshold.

It also is unclear what the basis is for determining the extent to which a hospital is engaged in treating or caring for a category of patients or diagnosis related groups. In other words, what units would be used to measure “primarily” engaged? It remains unclear whether the term would be defined based on revenues or case volume, or something else altogether. Moreover, it is not clear whether it is to be based on Medicare cases alone (since the Stark Law applies only to this program), or all patients.

Would-be investors can look at several studies conducted by federal authorities for some guidance on this matter. The U.S. Government Accountability Office (GAO) issued several reports regarding specialty hospitals in which they defined a specialty hospital as a hospital in which two-thirds or more of its inpatient claims were in one or two major diagnosis categories, or two-thirds or more of its inpatient claims were for surgical diagnosis-related groups. MedPAC took a more liberal view by defining a specialty hospital as having 45 percent of its Medicare discharges in the heart or orthopedic major diagnosis category (MDC) or being from surgical diagnosis-related groups (DRGs). It is questionable whether 45 percent would constitute “primarily engaged in” for purposes of the definition. CMS generally followed the MedPAC report criteria, but with an additional requirement that cardiac and orthopedic hospitals perform at least five major procedures. To be considered a cardiac specialty hospital, 45 percent or more of a hospital’s Medicare cases must have been in the MDC 5, Diseases and Disorders of the Circulatory System. Orthopedic hospitals must have had 45 percent of their cases in MDC 8, Diseases and Disorders of the Musculoskeletal System and Connective Tissue. For

surgery hospitals, 45 percent or more of their discharges must have involved a surgical procedure.

Nonetheless, the definitions established for purposes of these reports do not carry the force of law. Absent binding legal clarification, CMS could have a tough time labeling certain physician-owned hospitals as specialty hospitals in the face of these ambiguities. A hospital that specializes in orthopedic procedures, but also provides a considerable amount of diagnostic imaging and lab services, may not be considered a “specialty hospital.” If not, it would not be subject to the self-referral ban. Physician owners could continue to have an ownership interest in the hospital and make referrals to it so long as the conditions of the whole hospital or rural exceptions are satisfied. Developers may continue to exploit these and other ambiguities by diversifying services sufficiently to avoid falling within the ambit of the law.

Additionally, the Grassley-Baucus legislation seems to lay to rest the larger threat that the whole hospital exception would be eliminated out-right. Opponents of specialty hospitals have urged Congress to eliminate the whole hospital exception in its entirety, and therefore preclude any physician investment in hospitals. Senators Grassley and Baucus have apparently declined to take such a drastic step, at least for the time being.

The two Senators have also apparently rejected suggested changes presented earlier this year by the FAH, which urged that the whole hospital exception be amended to apply only to ownership or investment in a full-service hospital. FAH defines the term “full-service hospital” as a hospital that has a comprehensive and fully functional emergency department and that furnishes a broad range of vital health services.

The preemptive strike by Senators Grassley and Baucus, and statements by Dr. McClellan, no doubt cut the legs out from under what could have been a flurry of development activity beginning June 8, 2005, when the current moratorium expired. Nonetheless, astute developers of specialty hospitals may look at the legislation as the high-water mark for their opponents, and see ample opportunity within the shortcomings of the proposed legislation and administrative action to proceed with development plans after an appropriate cooling-off period.

HFMA Medicaid Task Force Update

The HFMA Medicaid Task Force was formed as a means for providers to raise billing issues to the attention of the Mississippi Division of Medicaid and its fiscal agent, ACS. Over the past year, the Task Force has solicited comments on billing issues from HFMA providers, discussed these issues with Medicaid and ACS representatives and reached a resolution of many of the issues, while communicating the resolution of these issues to members at each HFMA meeting. At the HFMA Annual Institute, Margie McGhee, Task Force chair, reported on the resolution of a number of these issues, including:

- X-12 Claim Format
- Rate Reprocessings
- Rural Health Clinics
- Single Day Hospital Stays
- Crossover Claim Forms
- Chemo/Hyperbaric Oxygen
- Retro TANs
- Crossover Duplicates
- Claims Voided and Units Not Restored
- Revenue Code 450
- CRNA Licensure Renewal Delays
- CRNA Claims Duping Against Physician Claims
- CRNA Claims Not Crossing Over
- Laboratory and Radiology Fee Schedule in Downloadable File Format
- Hospital Billing for Repetitive Services

Ms. McGhee will present a further update at the August 17-19 meeting at the Golden Moon.

(Chapter Awards...continued from page 2)

Awards of Excellence for New Member Retention

Chapters that achieve outstanding performance in retaining HFMA members who have been with the association for fewer than four years are recognized with the Awards of Excellence for New Member Retention. The award is based upon the percent of net new member retention achieved at the end of the DCMS year (April 30). At that time, the number of retained new members will be compared to the chapter's count of new members at the beginning of the year. Members with a join date that is later than the start of the current DCMS year (May 1) are not included in the award calculation. For example, an individual who joins HFMA on June 1, 2005, will not be included in the calculation for the 2005-06 award year, which runs from May 1, 2005 until April 30, 2006, but will be factored into the following year's results.

- To achieve the Bronze Award, a chapter's new member retention must be greater than 76.66 percent and no more than 80.16 percent.
- To achieve the Silver Award, a chapter's growth must be greater than 80.16 percent and no more than 83.65 percent.
- To achieve the Gold Award, a chapter's membership growth must be greater than 83.65 percent.

Helen M. Yerger Special Recognition Award

The Helen M. Yerger Award recognizes outstanding chapter performance in the categories of Collaboration, Education, Improvement, Innovation, Member Communications, Member Service, and Membership Recruitment and Retention.

HFMA Wants to Hear From You!

As Mitch said in his President's Message, HFMA's theme for 2005-2006 is "The Business of Caring." Do you have a story about ways that HFMA exhibits "The Business of Caring"? Do you have an article you'd like to submit for

publication? If so, please email Kim Cappleman at capplemk@phelps.com. We look forward to hearing from you!

Catch Up With Old Friends and Make New Ones at HFMA Meetings

What a week! Whether you were soaking up the knowledge in the educational meetings, catching sharks and redfish on the fishing trip, enjoying a round of golf, chatting with vendors or hanging out with friends on the schooner excursion, the HFMA Annual Meeting May 18 - 20 had something for everyone.

Our educational programs on Thursday covered a broad range of topics including building team connections, business intelligence, emergency preparedness, increasing hospital financial margins and an update on health care issues. Friday, we heard updates on Medicaid and Medicare, as well as a discussion of the Medicare prescription drug benefit from a CMS representative. On a lighter note, members enjoyed our annual deep sea fishing trip and golf tournament, as well

as a moonlit ride on the Biloxi Schooner.

All in all, as you can see from these pictures, it was a great week to catch up with old friends and meet new ones. And another opportunity is just around the bend! Check out our Upcoming Events calendar for future meetings, and don't forget to make plans now to join us for our summer meeting at the Golden Moon Hotel and Casino in Philadelphia on August 17-19. The agenda is on page 8. To register, go to the chapter's website, www.mshfma.org, and click on Educational Programs. You can register on-line, or print out the program brochure and send it in via mail or fax.

We look forward to seeing you there!

HFMA Fishing Trip



Karen Stuart and Dinetia Newman soak up the sun



Margie McGhee makes a new friend



Julia Leggett, Margie McGhee, "Peanut," "Cap'n Jay," Karen Stuart, Kim Cappleman, Dinetia Newman

Past Presidents Reception



Past Presidents Pat Riley, Bryan Stevens, Dinetia Newman, Wiley Philley

Golf Awards

Mitch Beard, David Butler and Dan Franklin present golf awards to:



Jerry Knighton



Semmes Ross, Rick Cooper, William "Sunny" Dickey, Dan Chaney



Lance Moak and Danny Hart

Swearing In 2005-2006 Officers and Board Members



Hallie Duckworth, Suzette Duhe, Jerry Knighton, Sandy Riley, Brandon Slocum, Cheryl Cotten, David Butler, Athena Adams, Mitch Beard



2005-2006 President Mitch Beard takes office

2005 MS Chapter of HFMA Summer Workshop Agenda

Wednesday, August 17, 2005

1:30 **Golf Outing** - Dancing Rabbit Golf Course
 7:00 **Board Meeting** - Triton Room

Thursday, August 18, 2005

8:00 - 8:30 **Registration & Continental Breakfast** – VIP Room
 8:30 - 8:45 **Welcome** – VIP Room I
 Mitch Beard, MS HFMA President
 8:45 - 10:00 **Extreme Make Over** – VIP Room
 Janice Ridling, VP of Revenue Management,
 Baptist Health System, Inc., Birmingham, AL
 10:00 - 10:15 **Break**
 10:15 - 11:15 **Making A Difference Through Technology** – VIP
 Room, Neal Smith, VP of Business Development,
 D-MED Corporation
 11:15 - 12:15 **The Healthcare Triangle: The Patient, The Provider,
 The Payor** – VIP Room
 Anthony C. “Tony” Grove, Director of PFS,
 UAB Medical West, Birmingham Alabama
 12:15 - 1:15 **Lunch** – VIP Room
 1:15 - 2:15 **Reimbursement, Documentation and Clinical
 Outcomes** – VIP Room
 Jan Englert, Director of Clinical Outcomes,
 North Mississippi Health Services
 2:15 - 3:15 **P4P - Pay for Performance** – VIP Room
 Jeff Greene, President and CEO, MedEntentive
 3:15 - 3:30 **Break**
 3:30 - 5:00 **The Uninsured: Process, Communication, and Policy
 Changes in Your Facility** – VIP Room
 Moderator: Ed Tucker, CFO, Forrest General
 Hospital

Panelists:

- Dale Armour, Director of Operations - Finance, Mississippi Division of Health Management Assoc.
- Scott Smith, Director of PFS, Forrest General Hospital
- Debbie Thornton, Director of PFS, Delta Regional Medical Center
- Jane George, CFO, North Mississippi Health Services
- Bryan Stevens, CFO, Crosby Memorial Hospital

Certification Class – Vela Room
 David Williams, FHFMA, CPA, Horne, LLP,
 Jackson, MS

Committee Meetings – Locations to be announced
Reception – VIP Room

Friday, August 19, 2005

8:00 - 8:30 **Continental Breakfast** – VIP Room
 8:15 - 9:00 **Hospital Financial Update from the Mississippi Hospital
 Association** – VIP Room
 Amy Arrington, VP for Government Relations,
 Mississippi Hospital Association
 9:00 - 10:15 **Update on HIPAA Privacy, Security and Enforcement
 Rules** – VIP Room
 Kim Cappleman, Esquire, Phelps Dunbar, LLP
 Karl (Rusty) Lacy, Jr., KPMG, LLP
 10:15 - 10:30 **Break** – VIP Room I
 10:30 - 11:30 **Medicare Update** – VIP Room
 Sheila B. Thomas, CPA, Director, Provider
 Reimbursement, TriSpan Health Services

- Agenda is subject to change -

David Williams to Serve as Regional Executive-Elect

Every year, HFMA chapters choose a Regional Executive to serve as the primary volunteer and policy link between the chapters and HFMA National. This year, David A. Williams, CPA, FHFMA, long-time member of the Mississippi chapter, has been selected to serve as Regional Executive - Elect.

David, a partner at Horne, LLP, has been recognized as a Fellow of HFMA and is Past President of the Mississippi chapter. He has written numerous articles on health care finance and currently serves on the Editorial Review Board for Healthcare Financial Management.

As Regional Executive - Elect, David will support the efforts of the Regional Executive in preparation for leading the region during his term of office. The Regional Executive assists chapter leaders in serving members, fosters communication between HFMA National and the chapters,

represents the needs and interests of chapter leaders to the HFMA board and management and encourages chapters to collaborate and help other chapters.

To serve as Regional Executive, a member must be an advanced member or National Life Member in good standing and must have served at least two years as a chapter officer. The Regional Executive must be knowledgeable about chapter and national matters, have demonstrated abilities as an HFMA leader, be an effective communicator, be genuinely interested in future involvement in national leadership, have the ability to make a commitment to meet the responsibilities of the position and be a knowledgeable and astute professional in health care financial management. Mississippi HFMA members know that David fits the bill.

Congratulations on your appointment, David, and thank you for your continued service to HFMA!

MS HFMA Welcomes New, Returning and Transfer Members

<u>NAME</u>	<u>COMPANY</u>	<u>TITLE</u>	<u>ADDRESS</u>
NEW:			
Monica Edwards	Webmd Business Services	Account Executive	1283 Murfreesboro Pike, Nashville, TN 37217
Lisa Weathers	Natchez Community Hospital	Business Office Director	P.O. Box 1203, Natchez, MS 39121-1203
James Thomas	Montfort Jones Memorial Hospital	Chief Finance Officer	P. O. Box 887, Kosciusko, MS 39090-0887
Chad Miller	HMA, Inc	Controller	1850 Chadwick Drive, Jackson, MS 39204-3404
Willis Washington	State of Mississippi	Director, Contracts & Patient Accounts	Jackson, MS
Robert Faulkner	Leake Memorial Hospital	Administrator	P.O. Box 909, 310 Ellis Street, Carthage, MS 39051
Danelle Harrell	Leake Memorial Hospital	Billing Specialist	P.O. Box 909, 310 Ellis Street, Carthage, MS 39051
Dale Honeycutt	Gilmore Memorial Hospital	PFS Manager	1105 Earl Frye Boulevard, Amory, MS 38821
Russell Ingram	Lifesigns Management, Inc.	President	1714 West Massey Road, Memphis, TN 38120-4205
Paulina Jordan	KPMG, LLP	Audit Associate	188 East Capitol Street, Jackson, MS 39201-2100
RETURNING:			
Bobby Brunson	Tallahatchie General Hospital	CEO	Post Office Box 230, Charleston, MS 38921-0240
Sally Harrison	MS Hospital Association	Practice Manager	6425 Lakeover Road, Jackson, MS 39213-8008
Courtney Phillips	Delta Regional Med Center	CFO	Post Office Box 5247, Greenville, MS 38704-5247
TRANSFERS:			
Michael White	St. Dominic Health Service	Dir Patient Financial Svcs	969 Lakeland Drive, Jackson, MS 39216-4606
Jean Ann Hartzell-Mirzey	Healthcare Education Strategies	Senior Educator	45 Hardy Court #289, Gulfport, MS 39507-2501
Deborah Thornton	Delta Regional Med Center	PFS Director	1693 Fairgrounds Road, Greenville, MS 28703-7810

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2005-2006 MISSISSIPPI CHAPTER HFMA ADMINISTRATION

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