

# MISSISSIPPI

## Headlines

### HFMA President's Message



Dinetia M. Newman

Today is November 2, election day! The end of a very busy, noisy, contentious, passionately fought and perhaps visually and auditorially over done campaign season! Whatever your political persuasion, you would probably agree with me that we have certainly had a sufficient amount of *communication* to last us for another four years! At this point, I cannot *hear* another word. Or, to be more precise, my emotions will not allow me to process, evaluate and judge the truth of another campaign message.

In this age of instant communication, when most of us own cell phones, use blackberries or some fashion of palm pilot, communicate by emails and facsimiles and forward documents if not by email then by FEDEX, one would think that our abilities to communicate would have drastically improved. The quantity of our communications no doubt has increased. On a good day, we all receive and read, delete or respond to more emails than we care to remember.

But, what about the quality of our communications? Being the skeptic that law school made me, I search for hidden agendas and ponder the risks. I counsel clients that emails live forever in that great computer heaven known only to our tech guys and that a few key strokes, composed in haste, can have long-lasting effects.

So, what does *communication* have to do with HFMA and particularly our Mississippi Chapter's health and welfare? The point is THAT'S WHAT WE ARE ALL ABOUT! Our Chapter's primary reason for existence is to offer educational opportunities in a convenient format and at a reasonable price. We try to do that with periodic workshops, Council meetings, newsletters and email blasts.

December and January offer excellent *communication* opportunities for our Chapter members. From December 1 through 3, we will gather in New Orleans with fellow Region 9 HFMA members from Louisiana, Arkansas, Oklahoma and

Texas for "Revenue and All That Jazz, Second Verse ". The agenda, crammed with interesting speakers and topics, offers time to listen, learn and socialize. Check the Chapter website for more information.

From January 19 through 21, 2005, we will "Unmask the Secrets to Successful Financial Management" during the first Mississippi-coordinated Tri-State Winter Institute in Tunica, Mississippi. David Butler and Lynn Holland, assisted superbly by Mississippi, Arkansas and Tennessee HFMA leaders, have put together one of the best programs I have seen in years! From Wednesday through Friday, we will be taught and entertained. I hear Mitch Beard has engaged a great band! Brochures are on the website!

But, lest you think that *communication* is a one way street, remember that we need to hear from you. When your Chapter's leaders planned this year's goals, we relied in large part upon what you said to us in the Chapter survey that HFMA National conducted in the spring of 2004. The bottom line is, you have an obligation to *communicate* with Chapter leaders - whether your communications offer positive or negative comments. Just as our nation needs for its citizens to *communicate* with their leaders by voting, your Mississippi Chapter HFMA needs for you to communicate with your leaders.

Whether you communicate by volunteering on a committee, by writing an article for the MISSISSIPPI HEADLINES, by studying for and taking the certification examinations, by attending a meeting and completing an evaluation form or by sending in next spring's survey, I encourage you to voice your opinions and to get involved. The *quality* part comes from your participation.

So, join us - both in December and January if possible. Quality communication. No hidden agendas. Reasonable price. Convenient locations (whether you live in north or south Mississippi, one venue is close by). You and your workplace will be enriched by your participation.

**News From HFMA National...Important Information  
Regarding HFMA Certification Program**

National announces the following changes to the certification program effective June 1, 2004. If you have not heard already, the Founders Award system is changing. Changes to certification eligibility and maintenance requirements are driven by changes to the Founders Award points (these now include only volunteer contributions to HFMA) as well as the elimination of parallel points.

At a glance, some of the changes are as follows:

For *Certified Healthcare Financial Manager (CHFP)*, all requirements will be the same with the exception of the following:

- Education requirements now allow for 60 contact hours of professional development activities as an alternative to the 60-semester hour requirement
- Career development points (combination of 40 Founders and Parallel points) will no longer be required
- One-time, non refundable application processing fee of \$25

For *Fellow of Healthcare Financial Management Association (FHFMA)*, all requirements are the same with the exception of the following:

- The education requirement can be met by earning a Bachelors degree OR 120 semester hours from an accredited institution
- The 200-point education requirement has been replaced with a volunteer activity requirement as described in the attached document

*Maintenance of designation* through continuous education will remain on the 3-year cycle. Some changes are as follows.

- Certified members are responsible for updating and keeping their education

activity records on line for all training activities external to HFMA. Chapters will continue to be responsible for recording Founders activities and HFMA National will record CPE/contact hours for our sponsored events.

- The 40-maintenance point requirement is being replaced with a **90-contact hour** requirement.
- The grace period for compliance is six (6) months versus one (1) year. Deficiencies not removed by December 1 of the year that maintenance is required will result in removal of the designation.

Please be advised that you will be required to meet the new maintenance requirements that are effective June 1, 2004 if you are due to maintain in 2007 or later.

If you have any questions, please send you inquiry to [certification@hfma.org](mailto:certification@hfma.org) and someone from the certification team will respond to you. HFMA National will use your inquiries as a way of tracking member questions and compiling a list of frequently asked question and responses that we will then make available to you.

We hope that you will find this new system professionally enriching as well as more user friendly. We will continue to keep you informed of any future changes.

Regards,

Joe Abel

Director, Professional Development

**UPCOMING HFMA MEETINGS**

**Region 9 Meeting  
December 2-3, 2004  
Marriott Hotel  
New Orleans, LA**  
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**Tri-State Meeting  
January 19-21, 2005  
Grand Hotel  
Tunica, MS**  
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**MS Chapter HFMA  
March 30-April 1, 2005  
Hilton Hotel  
Jackson, MS**  
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**MS Chapter HFMA  
Annual Institute  
May 18-20, 2005  
Biloxi Grand Bayside  
Biloxi, MS**  
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**Annual National  
Institute (ANI)  
June 26-30, 2005  
Las Vegas, NV**

## Welcome New MS HFMA Members

<u>NAME</u>	<u>COMPANY</u>	<u>TITLE</u>	<u>ADDRESS</u>
Mary Jenkins	Neshoba County General Hospital	PFS Director	1001 Holland Ave, Philadelphia, MS 39350-2161
Joy Payne	Mash, Inc.	Operations Manager	249 Heritage Dr, Madison, MS 39110-9401
Todd Day	Medassist Inc.	Operations Manager	1127 Suzanna Dr, Raymond, MS 39154-7669
Kimberly Lake	Memorial Hospital At Gulfport	Financial App. Analyst	907 Wood St, Waveland, MS 39576-3743
Patricia Byers, CMPE	Grantham Poole CPAs	Healthcare Consultant	6360 I-55 North, Suite 101, Jackson, MS 39211-2038
Shay Brown	Pioneer Health Services, Inc.	Financial Analyst	P. O. Box 1100, Magee, MS 39111-1100
Annissa Clay		Assistant Controller	6395 Kensington Road, Horn Lake, MS 38637-2083
Jason Raspberry	Riley Hospital	Business Office Director	1102 Constitution Ave, Meridian, MS 39301-4001
Towana Wright	Pmt, Inc.	President	6250 Hwy 612, Lucedale, MS 39452-4125
Richard Grimes	Mississippi Hospital Association	Chief Financial Officer	6425 Lakeover Road, Jackson, MS 39213-8008
Walker Coburn	KPMG	Audit Associate	One Jackson Place, Suite 1100, Jackson, MS 39211

## CORPORATE SPONSORS Mississippi Chapter HFMA

### PLATINUM SPONSOR

(\$3,000 Contribution)

- Franklin Collection Service
- KPMG
- The Horne Group
- PricewaterhouseCoopers, LLP

### GOLD SPONSOR

(\$2,000 Contribution)

- Alliance Collection Service
- Phelps Dunbar LLP
- The Mash Program
- Smith, Rouchon & Associates, Inc.
- Healthcare Financial Services, LLC

### SILVER SPONSOR

(\$1,500 Contribution)

- Med Data Management
- Mississippi Health Connection
- The SSI Group
- Receivables Management Bureau, Inc.
- HCR Healthcare Resources
- Custom Software Systems, Inc.

### BRONZE SPONSOR

(\$1,000 Contribution)

- Smith, Turner & Reeves
- Advance Practice, Inc.
- Network Collection Services
- Passport Health Communications, Inc.
- Professional Credit Management, Inc.
- MedAssist, Inc.

## Redesigning your Business Office for SUCCESS



Pat Murphy, MBA FHFMA

*By: Pat Murphy, MBA FHFMA,  
Director of Revenue Cycle  
Management, Thomas Hospital*

### Introduction

As the healthcare market has evolved from the cost-cutting model to the revenue enhancement model, many hospital business offices now face the dilemma of organizing a group of employees in a new way so as to achieve a sustained state of timely cash collections. With this in mind, the tried and true financial goal rings today as it has in the past: “CASH IS KING!”

### Approach

Any successful redesign initiative must demonstrate measured results. Most healthcare organization's senior management and management have developed critical success factors defining what drives the bottom-line at their facility. These critical success factors are monitored using benchmarks such as days in accounts receivable, cash collections as a percentage of net revenue, and A/R greater than 90 days. All financial professionals agree that the top priority for all healthcare institutions is high-quality patient care. But, in order to provide this quality of care, cash flow must be maintained and even increased. This whole phenomena has led many organizations to focus on their business office operations, resulting in redesigns of their organizational structure, staffing, team building, policy and procedures and work flow.

In an effort to improve the critical success factors, teaming has been employed within the business office. By definition, a team is a group of individuals working towards a common mission or goal. With this in mind, what employees or functional groups would best make up a team in the business office?

When developing your structure, some questions to consider: How many claims do we send out on a monthly basis? How many open accounts need to be worked? Do I want function-based teams? Do I want payer-specific teams? What is a manageable span of control? Do I have the supervisory skills in-house or do I need to look outside the organization? What is the skill set of my current employees and will they be able to quickly adapt to the team concept? These are all excellent questions and we will discuss them within this article.

First, lets look at the core positions in the business office: customer service, cash posting, billing, collecting, analysis,

refunds, correspondence, and reimbursement – contract management. Who fits together? What groups are a natural fit with each other? What groups should be on the same team? This brings us to the first step in the redesign process - deciding what the department will look like – its infrastructure or organizational structure.

### Staffing Analysis

The first step in the redesign process is a detailed staffing analysis – What is the correct number of people to perform all the functions within a successful business office? To do this, a detailed analysis of all claims submitted and the number of open accounts for at least a three-month period needs to be collected. These numbers are then benchmarked against comparable sized facilities using benchmarks such as The HARA Report. Using these benchmarks, a realistic characterization of your staff's knowledge and skill sets, and the relative degree of automation you can achieve for routine functions, you can determine the staffing numbers needed for success for your particular business office.

### Team Structure

After determining your staffing needs, a decision about the organizational structure will need to be made. Many organizations are moving towards payer-specific teams. With this structure, all aspects relating to a particular payer are centralized within this team. Essentially, the teams become experts in their payer group. Some organizations prefer to have a functional-based team where all the billers, collectors, and other staff members are grouped together regardless of the payer involved. Payer teams may be preferable because of the increase in communication between functions and increased teamwork.

When deciding how your teams will be structured, you need to analyze your financial class breakdown. Who are my larger payers? What payers generate the majority of my revenue? With these questions, a decision can be made to divide the teams evenly in an effort to concentrate on larger payers and getting the “biggest bang for your buck”. Most facilities have a government and non-government structure. These are ‘super-teams’ that are usually subdivided into concentrated teams. For example, the Super-team for non-government payers would include the Sub-team for Blue Cross and non-contracted commercial payers and the Sub-team for Aetna and Cigna payers.

Who makes up the teams within the business office? When answering this question, a natural fit between some jobs surface. Some natural fits are billing and collecting. Wouldn't it be great to have specialized, payer-specific billers and collectors? Many organizations have benefited from this structure. For example,

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on a non-government managed care team, expert billers perform the billing functions for set financial classes, along with expert collectors performing account resolution functions for the same financial classes. This brings a sense of ownership to the team – “we own these financial classes”. This can be motivating for your staff. When teams think like this, they see that their work is beneficial to the success of the organization and they strive to make their team successful.

Some other team structures are cash posting and refunds. Both areas complement each other and cross training works very well within this team. Many organizations find themselves in a crunch at the end of the month posting cash. With cross-trained refund specialists, this is no longer an issue. The refund specialists easily make the transition into the cash-posting role to ensure timely posting of cash by the end of the month.

Customer Service and correspondence work well together as well. Cross training within this team enables the business office to achieve a low abandonment rate (percentage of calls abandoned before being answered) and eliminates backlogs with correspondence. These two positions deal with incoming mail and phone calls and as a team they can work to keep correspondence from becoming backlogged and ensure all calls are answered in an efficient and effective manner.

In today’s managed care environment, many organizations utilize contract management software to monitor contracted payers to ensure accurate reimbursement. Dedicated contract management specialists work with the contracted payers on a daily basis to ensure accuracy. Included in this team can be financial analysis, training and special project employees. This team works as an advisory or support services team to report how the business office is performing on a daily, weekly and monthly basis.

### Management Structure

Now that the staff structure is determined, how should the management structure be set up? First, a director should be responsible for the business office as a whole. Many organizations divide their business office into “production” and “support services”. When the business office is separated this way, different managers are responsible for each area, Production Manager and Support Services Manager. Supervisors report directly to their respected manager. With the new redesign, supervisors should have between 12 – 15 employees reporting to them. This number can be achieved through the use of an additional level for the staff called either senior representative or team leader.

The senior representative or team leader is the most experienced/knowledgeable staff person on their team. Usually

the position is newly created and is posted for all current employees to apply for. This job creates a career ladder within the business office for staff to strive for, as well as a position to groom staff to become a supervisor. This position is a working position but some of the production monitoring and everyday job-specific issues are delegated to the senior representative to handle. This added responsibility allows the supervisor to focus on other areas, such as meeting and working one-on-one with payers.

### “Go-Live”

Prior to the “go-live” date for the new organizational structure, you should eliminate the workload backlogs by performing a clean up of all work-in-progress in the department. As with any redesign, some employees will be switching positions and/or taking on additional responsibilities. In order for the “go-live” to be successful, staff should not have the added burden of taking over workload backlogs. Most organizations use overtime for about a four-week period to catch-up on all backlogs to enter into the redesign with a clean slate.

### Reporting Package

With the new redesign, a standard reporting package should be developed. Some reports or charts included in the package are:

- Business Office report card which is a one-page snapshot of key financial statistics for senior management
- Daily, weekly, and monthly cash collections for the department and team level
- Weekly productivity charts for all employees
- A/R greater than 90 days
- First pass yield monitoring
- Special project status

### Conclusion

The many obstacles within the healthcare market today have led organizations to take a closer look at their business office. Many organizations have successfully redesigned their business office using this methodology. As with any project, careful planning during the analysis and preparation phases enables “go-live” to run smoothly and allows you to achieve your stated financial goal – timely cash collections.

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

[www.mshfma.org](http://www.mshfma.org)

## HIPAA Security Rule - Twelve Steps to Compliance



Tony Brooks

By: Tony Brooks, Senior Technology Consultant, Horne Technology Group, a division of Horne CPA Group

The compliance deadline for the HIPAA Security Rule is April 21, 2005. By now, many health care organizations are well on their way to ensuring their compliance by this mandatory deadline. However, most organizations still have work to do. This document provides a step-by-step project guide for organizations that aren't yet compliant.

Compliance with the Security Rule is no easy task. In fact, many organizations that have completed their HIPAA Security projects will tell you that they underestimated the amount of work that was required. Successful compliance involves a carefully orchestrated approach that involves key individuals from all parts of the organization, not just those responsible for computerized information systems. Here are twelve steps to help you organize your efforts and meet your compliance goal.

(1) *Study and understand the Security Rule.* The Security Rule prescribes a set of detailed safeguards designed to:

- Ensure the confidentiality, integrity and availability of all electronic protected health information (EPHI) that the organization creates, receives, maintains or transmits
- Protect against any reasonably anticipated threats or hazards to the security or integrity of such information
- Protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under the privacy rule
- Ensure compliance with the Security Rule by the organization's workforce

There are three classifications of safeguards, each with its own set of implementation standards:

- Administrative safeguards address information security policies and procedures at the organizational level, and are implemented through nine security standards: security management process, assigned security responsibility, workforce security, information access management, security awareness and training, security incident

procedures, contingency plan, ongoing evaluation, and business associate contracts.

- Physical safeguards address the controls needed to limit physical access to the systems, hardware and media that store EPHI, and are implemented through four security standards: facility access controls, workstation use, workstation security, and device/media controls.
- Technical safeguards address the controls needed to preserve the confidentiality and integrity of EPHI, and are implemented through five security standards: access control, audit controls, data integrity, person or entity authentication, and transmission security.

The majority of standards contain more detailed guidelines called implementation specifications that are divided into two categories: required and addressable. Required specifications must be implemented with no exceptions. Addressable specifications must be implemented if they are reasonable and appropriate in light of the following attributes:

- The size, complexity, and capabilities of the organization
- The organization's technical infrastructure, hardware and software capabilities
- The costs of the security measures
- The probability and criticality of potential risks to EPHI

If an addressable specification is not reasonable and appropriate, then the organization must (1) document why it is not reasonable and appropriate to implement the specification and (2) implement an equivalent alternative measure if it is reasonable and appropriate.

(2) *Obtain and maintain senior management support.* Top-down support is critical for any project that addresses a topic as important as information systems security and requires the participation of individuals throughout an organization. Senior management should receive an initial project briefing that describes the scope, resources, benefits, and cost of the project, as well as periodic progress briefings. They should provide a clear endorsement about the project's importance and priority so that everyone in the organization will be motivated to contribute to the project's success.

(3) *Establish an implementation team and project plan.* A clearly defined team and detailed project plan are mandatory requirements for any successful project. Make sure that each member of the project team has a clear understanding of his/

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her responsibilities and the project's scope, deliverables, and timetable. The organization's designated HIPAA Security Officer should chair or co-chair the project team since it will be his/her responsibility to ensure ongoing compliance.

(4) *Conduct and maintain an inventory of EPHI.* You can't adequately protect your organization's EPHI unless you know where it is received, stored, and transmitted. Conduct an in-depth "treasure hunt" for EPHI throughout your organization. Involve all employees, make it fun, and give out prizes for exceptional and unusual contributions.

(5) *Conduct a thorough risk analysis.* Each organization is required to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to EPHI. The purpose of an information security risk assessment is to help an organization (1) assure that its information systems operate effectively and provide appropriate confidentiality, integrity, and availability of important information assets such as EPHI; and (2) protect important information assets commensurate with the level of risk and magnitude of harm resulting from loss, misuse, unauthorized access, or modification. The risk assessment is one of the most difficult requirements of the HIPAA Security Rule. Fortunately, there a variety of internationally recognized IT security assessment tools that can be easily adapted for this project:

- CMS Information Security Risk Assessment Methodology (free)
- NIST Special Publication 800-26: Security Self-Assessment Guide for Information Technology Systems (free)
- OCTAVE® Operationally Critical Threat, Asset, and Vulnerability Evaluations (license required)

The risk assessment should include a penetration test and vulnerability scan to determine how information systems components can be hardened against both internal and external attacks.

(6) *Conduct a gap analysis between current practices and the Security Rule.* This process should itemize each Security Rule requirement, document what is currently being done to meet that requirement (policy, procedure, business practice, etc.), determine if the requirement is being met, what remediation is required (if any), and who is responsible for any remediation effort. The gap analysis and risk assessment determine the remaining components of this project are implemented.

(7) *Develop and implement required security policies and procedures.* Each organization must implement and maintain reasonable and appropriate policies and procedures to comply with each of the standards, implementation specifications and other requirements of the Security Rule. While no specific

format is required, the following format has proven to work well: title, Security Rule reference (for example, *HIPAA Security Rule §164.308(a)(6) — Security Incident Procedures*), overview/summary, purpose, scope, policy/procedure details, violation sanctions, and revision history. Like the risk assessment process, this is an area where help is readily available. A variety of information systems policies and procedures templates, many written with HIPAA Security in mind, can be obtained via the Internet. These resources are easily cost justifiable in terms of the quality and time savings they provide. Of course, any templates that you acquire must be customized to fit the operational practices of your organization.

(8) *Update and revise the information systems architecture.* For most organizations, the risk assessment and gap analysis processes will reveal opportunities to improve the reliability and security of the information systems components that receive, store, and transmit EPHI and other important computer information. A formalized plan should be developed to address these opportunities in a cost-effective manner that meets the requirements of the Security Rule. Additionally, future systems changes should be reviewed to assess the impact of those changes to HIPAA compliance.

(9) *Develop and implement a Contingency Plan.* Each organization must establish and implement policies and procedures for responding to an emergency or other occurrence that compromises the confidentiality, integrity, or availability of systems that contain EPHI (e.g., fire, vandalism, breach, virus, worm, spyware, system failure, natural disaster, power outage, etc.). The contingency plan must go well beyond a simple data backup plan to include detailed disaster recovery and emergency mode operation plans, an application and data criticality analysis, and testing and revision procedures. Again, a variety of resources are available to assist you with developing your organization's contingency plan, including:

- NIST Special Publication 800-34: Contingency Planning Guide for Information Technology Systems (free at <http://csrc.nist.gov>)
- Disaster Recovery Journal Toolbox ([www.drj.com](http://www.drj.com))

(10) *Develop and implement training and compliance monitoring programs.* Training in the handling of electronic protected health information (EPHI) is not only essential, but also a requirement of the HIPAA Security Rule. To mitigate liability and to be compliant, organizations must provide ongoing training to all employees who handle EPHI. The training should include the following components:

- HIPAA Security Rule overview
- Daily business practices discussion
- Policies and Procedures regarding storage/transmission of EPHI

- Workstation Use Policy
- Password Policy
- Sanction and Termination Policy
- Employee testing
- Employee acknowledgement form

Training methodologies can include classroom, train-the-trainer, self-study, web-based, and CD-ROM delivery mechanisms that are matched to your needs, budget and technological capabilities. An ongoing monitoring and retraining plan must be implemented to verify compliance with requirements of the Security Rule.

*(11) Business associate contracts.* Organizations must create contracts and agreements that require its business associates to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the EPHI that they create, receive, maintain, or transmit on behalf of the organization. Once again,

a variety of templates are readily available to help you implement this requirement. However, this is definitely one area where you should not go it alone. Be sure to enlist the services of a qualified legal professional.

*(12) Assemble detailed documentation.* Every organization is required to maintain detailed documentation about its efforts to comply with the Security Rule. This documentation must be retained for six years from the date of its creation or the date when it last was in effect, whichever is later. The documentation must be periodically reviewed and updated as needed to reflect any changes that affect the security of EPHI.

HIPAA Security Rule compliance will require a carefully structured, well-managed project plan. If you have already begun your project, use these steps to ensure that these important areas are thoroughly covered. If you have not yet started, do so soon; the deadline is just around the corner.

## HFMA Region 9 Annual Meeting & Conference 2004: ... And All that Jazz, December 1-3, 2004, New Orleans Marriott Hotel, New Orleans, LA

Join us in New Orleans for Fun...Food...Great education programs...and up to 16 hours of CPE Credit!!

- Cocktail Receptions on Wednesday & Thursday
- 38 Product/Service Exhibits
- See [www.hfma9.org](http://www.hfma9.org) for detailed agendas, information & registration or E-mail [info@hfma9.org](mailto:info@hfma9.org) or call 713.776.1314

### General Sessions Include:

- How To Hire the Best People: A Nuts & Bolts Workshop
- Good To Great: How Organizations Elevate Performance
- Management Response to Control Trends & Impact on Hospital Financial Statements
- Certifying Financials: Financial Disclosure, Ethics, and Success
- Capital Access Issues & Implications for Providers
- Washington Review & Legislative Update

### CFO Track Topics:

- Current Trends in Healthcare Finance / Subordinated Debt With Physicians
- Economic Credentialing / Conflict of Interest Update: At the Fault Line
- EMTALA: What You Need To Know

### Business Office Track:

- Using Technology to Process the Revenue Cycle
- Uncompensated Care: Issues and Answers
- Coding, Billing & Reimbursement Issues for APC's

### Presented by HFMA Region 9 ...

- Arkansas Chapter
- Louisiana Chapter
- Mississippi Chapter
- Oklahoma Chapter
- Texas Gulf Coast Chapter
- Texas Lone Star Chapter
- South Texas Chapter

## August Meeting Spotlights

Pictures from the August Meeting



Cheryl Price, Cheryl Kaufman,  
Rodney Keith



The Three Cheryls! Cheryl Price,  
Cheryl Kaufman, Cheryl Cotton



Ray Montjoy, Rick Knotts, Archie Lancaster



Julie Jackson, Robert Bolton, Karen Johnson



Sandy Walker, Ed Tucker



Suzanne Hart, David Langston, Danny Hart

## Tri-State Meeting Information: January 19-21, 2005, Grand Veranda Hotel & Convention Center, Tunica, MS

The Arkansas, Mississippi and Tennessee Chapters of the Healthcare Financial Management Association (HFMA) cordially invite you to participate in the 2005 Tri-State Winter Institute “Unmask The Secrets To Successful Financial Management”. The Institute, an annual symposium of HFMA, will be held January 19, 20, and 21, 2005 in Tunica, Mississippi.

### Winter Institute Fees -

- Full Registration – \$250.00 members & \$275.00 non-members (includes all breaks, meals, socials and educational materials)
- One-day registration – \$125
- Special student one-day registration – \$50.00
- Guest tickets for the lunches, socials and dinner – see registration form for details.
- Multiple registrants from the same organization – \$25 discount for 3<sup>rd</sup> person forward, if submitted together. Name badges are required at all educational sessions and social functions. *Any new member that brings his/her HFMA Membership application with a dues check for National to the meeting will receive a \$25 discount on his/her registration fee!*

*Watch your mail for the entire brochure, including speaker bios, and registration information, or go to [www.mshfma.org](http://www.mshfma.org) and register on-line.*

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### LOCATION:

#### GRAND VERANDA HOTEL and CONVENTION CENTER, TUNICA, MS.

Hotel Reservation Deadline: December 20<sup>th</sup>, 2004  
Reservations: 1-800-WIN-4WIN or 1-800-946-4946

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Make your reservations at the Grand Veranda Hotel early and mention HFMA at the time of registration to receive the group discount. The rate is \$49.00 for either a Single or Double room. Check-in time is 4:00 p.m. and check-out time is 11:00 a.m. **Please Note:** Cancellations on guest rooms must be made 48 hours prior to the arrival date to qualify for a refund.

## Meeting Agenda

### Wednesday, January 19, 2005

- 9:00-1:30 Registration-Hall
- 10:00-12:00 Coaching/Exams-Meeting Rooms 1-2-3
- 12:00-1:30 Lunch-On your own
- 1:30-3:00 IRS Session - Ballroom C
- 3:00-3:15 Break - Hall
- 3:15-4:45 2005, A Brave New World for Healthcare - and for the “New and Improved Medicare - Jeanne Scott - Ballroom C
- 5:00-6:30 Chapter Board Meetings - Meeting Rooms 1-2-3
- 6:30-8:00 Hospitality - Ballrooms A-C

- Understanding and Predicting Managed Care Contract Yields Using Term-Level Analysis - Les Blagg
- 2:30-3:00 Break - Exhibit Hall - Ballrooms A & B
- 3:00-4:30 **PFS Session 1 - Meeting Rooms 2-3**  
Discounts to the Uninsured - Legal and Public Policy - Susan Harris, Vinson & Elkins, LLP
- CFO Session 2 - Meeting Rooms 4-5-6**  
Summary of Stark II Interim Final Rule, Phase II - Greg Anderson, CVA, CPA, Horne CPA Group, Jeff Moore and Nicole McLaughlin, Phelps Dunbar LLP
- Managed Care Session 3 - Meeting Rooms 7-8-9**  
Anti-trust issues related to PHOs & IPAs - Arthur N. Lerner - Crowell and Moring LLP of Washington, D.C.
- 5:30-7:30 Hospitality & Dinner- Hall and Ballrooms A-C
- 7:00-10:00 Band - Ballrooms A-C

### Thursday, January 20, 2005

- 7:30-8:30 Breakfast - Exhibit Hall - Ballrooms A&B
- 8:30-9:00 Financing the Future - Joyce Zimowski - National HFMA - Ballroom C
- 9:00-12:00 Keynote Speaker - Laughter Matters - Kent A. Rader - Ballroom C
- 12:00-1:00 Lunch - Ballroom C
- 1:00-2:30 **PFS Session 1 - Meeting Rooms 2-3**  
Linking Benchmarks with Incentive Plans to Drive CASH - J. Patrick Murphy, MBA FHFMA, Thomas Hospital
- CFO Session 2 - Meeting Rooms 4-5-6**  
Summary of Stark II Interim Final Rule, Phase II - Greg Anderson, CVA, CPA, Horne CPA Group, Jeff Moore and Nicole McLaughlin, Phelps Dunbar LLP
- Managed Care Session 3 - Meeting Rooms 7-8-9**

### Friday, January 21, 2005

- 8:00-9:00 Breakfast - Exhibit Hall - Ballrooms A&B
- 8:30-10:00 Compliance Issues Affecting Physician - Hospital Joint Ventures - Max Reynolds, McDermott Will & Emery LLP - Ballroom C
- 10:00-10:30 Break - Exhibit Hall - Ballrooms A&B
- 10:30-12:00 Building Team Connections While in the Tornado of Business - Michael Hoffman - Ballroom C
- 12:30 Optional Golf - Call David Butler at 601-948-0940 for more information

## 2004-2005 MISSISSIPPI CHAPTER HFMA ADMINISTRATION

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