

PRESIDENT'S MESSAGE



We've had a busy beginning of our chapter year with many great things being accomplished. The Chapter Leadership has worked hard in several areas and our membership and healthcare professionals have responded.

Here's some of what's been going on:

As our first newsletter went out in July, the HFMA Annual National Institute had just completed where our chapter won three significant awards. We

received Yerger Special Recognition awards for the Southern Institute and the Tri-State Institute that we partnered with other chapters to organize and present. We also received the John M. Stagl Silver Award for outstanding performance in educational programming. These awards were recognition of a great year led by Martha Hemphill.

We had a great meeting in Philadelphia in August with over 100 registrants. Suzette Duhe' and the Education committee did a wonderful job of balancing speaker backgrounds and content. We had speakers representing providers, consultants, and third party intermediaries who were specialists in a broad range of topics. Our intent was to give you speakers from providers who were doing things you can do and to concentrate on our core audience with business office and reimbursement topics. Your response and attendance was tremendous.

We spent the summer in our sponsorship drive and are pleased to announce a great result. We had 18 companies agree to become chapter sponsors providing \$31,500 in sponsorship revenue. This response was outstanding and allows the chapter to continue to provide economical education for the healthcare financial professionals of Mississippi. The chapter does have some financial reserves that have built up through the years. Those reserves however have been utilized to some degree over the past few years as our investment performance has been weak, our costs have increased and as meeting attendance has been up and down. The response to this year's sponsorship drive will help us remain in a strong financial position for the future.

Our sponsors are listed in this newsletter, our web site, and at signs at our meetings. Please let them know you appreciate their support of the chapter. I would like to personally thank each of them for their help and support and service.

The chapter leadership made a couple of other decisions this summer that we believe were necessary to insure that we remain financially strong. First, we decided to look for another location for our Annual Institute in May. We had been at the Beau Rivage for the past three or four years. The Beau is a very nice hotel but also very expensive. We made the decision to look for a more economical location and with the help of Martha have booked the Grand Casino Gulfport with hotel rooms in the Oasis Resort. This meeting will be May 26 – 28. We believe this change was the right one in order to be better stewards of the chapter's funds.

The other decision made to reduce costs was to eliminate the paper membership directory booklet and move to a web-based directory. The cost of the directory booklet over the past several years had grown to several thousand dollars. We simply could not justify that cost when the use of the Internet had become so common for so many similar databases. Dinetia Newman has worked hard on pulling the directory together and Karen Stuart is in the process of loading that information onto our web site. We know that the directory booklet was handy and convenient. But we believe the web-based version will be also be very useful and easy to use. Please support us in this decision. Dinetia will be providing additional information on the directory, how to find it and use it and the logic behind the set up sometime in the near future.

As I close I would like to once again encourage you to support our upcoming meetings. Our next statewide meeting will be the Region 9 meeting in New Orleans December 3 – 5. Region 9 of HFMA consists of chapters in Mississippi, Louisiana, Arkansas, Oklahoma and Texas. A region wide meeting had been discussed for several years and now is about to happen. We decided to cancel our traditional November meeting in order to give our full support to this region wide meeting. Detailed information will be hitting your E-mail and US Mail in the next few weeks, but please go the web site www.hfma9.org for the latest information. The cost is \$225 (after October 31) for members and is very reasonable, I think, for this type meeting.

Remember this is a Mississippi meeting. We share in the profits, in part, based on the number of Mississippi folks attending. We also get credit for the education hours for all Mississippi members. We could not put together a meeting of this quality alone. By partnering with the other chapters in our region though, we can provide you with a national quality meeting at only a slightly higher than normal cost.

I hope you have a great Fall (my favorite season) and I look forward to seeing you in New Orleans.

Lynn Holland
President, MS Chapter of HFMA
2003-2004
lholland@nmhs.net

WELCOME NEW MS HFMA MEMBERS

<u>NAME</u>	<u>TITLE</u>	<u>COMPANY</u>	<u>ADDRESS</u>
George B. Bennett	CPA	KPMG, LLP	188 E. Capitol Street, Jackson, MS 39201
Jeana M. Bennett	APHO Director	Anderson Physician Hospital	2124 14th St, Meridian, MS 39301
Irvin L. Breckenridge	Sr. Auditor	KPMG, LLP	188 E. Capitol Street, Ste 1100, Jackson, MS 39201
Yolanda Campbell	Supervisor	Horne CPA Group	200 E Capitol St Ste 1400, Jackson, MS 39201
John X. Carrier	Senior Accountant	Speciality Hospital of Meridian	1314 19th Avenue, Meridian, MS 39301
Pam Evans	Reimbursement Analyst	St Dominic-Jackson Mem Hospital	600 Northpointe Pkwy Apt N5, Jackson, MS 39211
Kathy M. Hartung	Senior Financial Analyst	Singing River Hospital System	2101 Highway 90, Gautier, MS 39553
Julia Z. Lein	Regional Director	HCFS, Inc.	14285 Midway Rd Ste 280, Addison, TX 75001
Michael Meaders	PFS Trainer	Memorial Hospital at Gulfport	4500 13th St, Gulfport, MS 39501
Timothy H. Moore	Administrator	Clay County Medical Center	835 Medical Center Dr, West Point, MS 39773
Rose A. Pegoda	Senior Financial Analyst	Singing River Hospital System	2101 Highway 90, Gautier, MS 39553
Della B. Sellers	Associate	Phelps Dunbar	P.O. Box 1220, Tupelo, MS 38802
Tony J. Smith	Corporate Controller	St. Dominic Health Services	969 Lakeland Drive, Jackson, MS 39216
Brad Tisdale	Associate	KPMG Peat Marwick	188 East Capitol ST., Suite 1100, Jackson, MS 39201
Michael B. Williams	Senior Manager	KPMG LLP	613 Boxwood Pl, Madison, MS 39110

CORPORATE SPONSORS of Mississippi Chapter HFMA

PLATINUM SPONSOR

(\$3000 Contribution)

- Franklin Collection Service
- KPMG
- Horne CPA Group

GOLD SPONSOR

(\$2000 Contribution)

- Alliance Collection Service
- HealthCare Resources
HealthCare Revenue Recovery
- Smith, Rouchon, & Associates
- Phelps Dunbar LLP
- The Mash Program

SILVER SPONSOR

(\$1500 Contribution)

- Med Data Management
- Mississippi Health Connection
- Automating Peripherals Inc (API)
- Kaufman Hall & Associates
- The SSI Group

BRONZE SPONSOR

(\$1000 Contribution)

- Smith, Turner & Reeves
- Advanced Practice Inc
- Healthcare Financial Services, LLC
- Network Collection Services
- Passport Health Communications Inc



Martha Hemphill, President, (left) presenting the President's Award to Margie McGhee (right).

This prestigious award is presented to a member in recognition of special service during the year.

Web-Based Mississippi Chapter Membership Directory 2003-2004

In November 2003, the Mississippi Chapter HFMA's Board of Directors and Officers will enter into a new phase of chapter history. The Chapter's Membership Directory for 2003-2004 will be loaded on the Chapter's website by November 10, 2003. All of the features of the Membership Directory previously included in print version will be available on line.

Having a web-based membership directory is an exciting step for the Mississippi Chapter – a step that puts the Mississippi Chapter in the forefront of chapters nationwide as well as a step that saves the Mississippi Chapter thousands of dollars that it may now spend on educational activities. Members may have access to the Membership Directory by using the following log-on information:

<http://www.mshfma.org>

Once a member accesses the Mississippi Chapter's website, he or she may click on "Mississippi Chapter Membership Directory 2003-2004." That click will identify five separate tabs enabling the member to drill down on information regarding National HFMA, the Mississippi Chapter's organization and history, information regarding National HFMA's certification program, a direct link to the National membership list providing up-to-date names, addresses and contact information for Mississippi Chapter members and a legal notice regarding the limited use license for Mississippi Chapter HFMA members.

For those members who still enjoy the feel of paper, a spirally bound, printed directory including members' names and addresses, Chapter leader information and corporate sponsor details is available upon request. The Chapter thanks Franklin Collection Service for its contribution of copying the membership directory pages.

Mississippi Chapter's officers and board members hope that the website, Membership Directory and the available printed version are useful to Chapter members.

For any questions or comments regarding the web-based Membership Directory and/or the printed membership booklet, contact Dinetia M. Newman at (662) 690-8156 or newmand@phelps.com.

Upcoming HFMA Meetings

HFMA Region 9 Meeting

December 4-5, 2003
Marriott Hotel
New Orleans, LA

Tri-State Winter Workshop

January 21-23, 2004
Grand Casino
Tunica, MS

2004 Spring Meeting

March 24-26, 2004
Hilton Hotel
Jackson, MS

MS HFMA Annual Institute

May 26-28, 2004
Grand Casino & Hotel
Gulfport, MS

H

F

M

A

3rd Annual Tri-State Institute -- January 21st through 23rd, 2004

“Tackle your Healthcare Problems, with a Super Bowl of Solutions”



Registration \$225 for members, \$275 for non-members and \$125 for a 1 day participation. Note: Any new member that brings their HFMA Membership application with a dues check to the meeting, will receive a \$50 discount on their registration fee! So if you join at the meeting, you get the member price for registration.

Meeting Location: Grand Casino – Veranda Hotel, Tunica, Mississippi

Reservation Number: 1-800-WIN-4WIN, or 1-800-946-4946

Room Rates: Single or Double \$49.00

Mark your calendars to attend the 3rd Annual Tri-State Winter Institute, and learn to “Tackle your Healthcare Problems, with a Super Bowl of Solutions”. Education tracks will include sessions for Patient Financial Services, Business Office, Financial Management, Compliance and Managed Care. We will share current updates and innovative ideas to help improve your skills and performance; for everyone from staff new to healthcare through the experienced CFO. We will also have a presentation by David Cottrell, the President and CEO of CornerStone Leadership Institute. As an internationally know leadership consultant, educator and speaker; Mr. Cottrell will certainly provide some insight for our future Game Plans! Come and tailgate with your friends and peers from Tennessee, Arkansas and Mississippi and learn a little in the process. Look for additional meeting and registration information on our website (mshfma.org), and in your mail.

Don't Miss the Region 9 Meeting in New Orleans!

Mark your calendars for the Region 9 HFMA meeting to be held in New Orleans December 3-5, 2003. Since we are so fortunate to have a Region meeting within driving distance, the Board has elected to omit one of our MS Chapter meetings for us to attend this in its place. You will find the preliminary agenda and information about speakers below. You should begin receiving further information in your mail soon, but you may visit http://www.hfma-region9.org/hfma_email_newsletter.htm for hotel and registration information (or click the link on our chapter website www.mshfma.org).

Remember, this is considered a Mississippi meeting! Please make your plans to attend and help us represent our Chapter at this meeting.

(Continued On Next Page)

December 3-5, 2003
Welcome Reception evening of December 3
Conference Agenda & Topics

Headline Speakers:

[Dennis Barry - Chairman, American Hospital Association](#)

President & CEO - Moses Cones Health System, Greensboro, NC

[Dr. Thomas Royer, MD - President & CEO](#)

CHRISTUS Healthcare System

[Richard Rodriguez - Secretary/Treasurer of HFMA National](#)

University Health Systems, San Antonio, TX

[Tim Wright - *Take Charge of All That JAZZ*](#)

WrightResults - Round Rock, Tx

Noted Management & Motivational speaker on Healthcare Issues

Tentative Agenda (topics and speakers subject to change)

Wednesday, December 3

2:30 - 4:30 pm	Exhibit Set-up
1:00 - 2:45 pm	Certification
2:45 - 3:15 pm	Break
3:15 - 5:00 pm	Certification (continued)
5:00 - 6:30 pm	Reception

Thursday, December 4

7:30 - 8:15 am	Registration & Continental Breakfast
8:15 - 8:30 am	Opening Remarks
8:30 - 9:00 am	Richard Rodriguez - Secretary/Treasurer, HFMA National Assistant Administrator, University Health Systems, San Antonio, TX
9:00 - 10:00 am	Denial Management Jackie Hodges - CEO, Med Data Management
10:00 - 10:30 am	Break
10:30 - 12:00 pm	Dennis Barry - Chairman, American Hospital Association President & CEO, Moses Cones Health System, Greenboro, NC
12:00 - 1:00 pm	Lunch Breakout Session A
1:00 - 2:45 pm	Case Mix Index
2:45 - 3:15 pm	Break
3:15 - 5:00 pm	Contractuals Breakout Session B
1:00 - 2:45 pm	Revenue Cycle Case Study 1
2:45 - 3:15 pm	Break

Thursday, December 4

3:15 - 5:00 pm	Revenue Cycle Case Study 2
5:00 - 6:30 pm	Reception

Friday, December 5

7:00 - 8:00 am	Continental Breakfast
8:00 - 9:00 am	Professional Development: Make Your Message Count...Speaking Skills for Healthcare Professionals J. Michael Peppers - Director of Internal Audit University of Texas Medical Branch at Galveston
9:00 - 10:30 am	Once the Deal Is Done: Oversight & Implementation Issues in Merging Organizations Dr. Thomas Royer, MD - President & CEO CHRISTUS Healthcare System
10:30 - 11:00 am	Break
11:00 - 12:30 pm	Turnarounds
12:30 - 1:30 pm	Lunch
1:30 - 4:00 pm	Take Charge of All That Jazz Tim Wright - WrightResults, Round Rock, Texas
4:00 pm	Meeting Adjourns

CMS Proposed Changes for HOPPS 2004

Below is a quick recap of items CMS is proposing for 2004. This analysis was prepared by Jackie Hodges of Med Data Management. (www.meddata-inc.com)

- Conversion Factor for 2004: \$54.289
- Elimination of Transitional Corridor Payments for 2004
 - Applies to all facilities except Cancer and Children's Hospitals. Cancer and Children's Hospitals are held harmless permanently under the transitional corridor provisions of the statute.
 - Even though rural hospitals under 100 beds did not see the declining payments for the last 3 years they are not exempt from the 2004 elimination.
 - Until a rule is changed there is no safety net for hospitals under 100 beds.
 - CMS states " We are concerned that small rural hospitals are not able to achieve the same level of operating efficiencies as larger rural hospitals and urban hospitals, and we are concerned that the decrease in payments these hospitals experience once they stop receiving transitional corridor payments will result in these hospitals having to decrease or altogether cease to provide certain outpatient services. In light of these concerns, one thing we could do is to provide increased APC payments for clinic and emergency room visits furnished to rural hospitals having 100 or fewer beds. Any adjustment to payments for these hospitals would be made under the authority granted to the Secretary...."
- Transitional Pass Through Payments for Drugs, Biologicals and Devices
 - Only 8 status "H" pass thru device categories in 2004
 - Only 14 status "G" pass thru drugs/biologicals for 2004
- Proposed APC Rate Decreases based on Median Cost Decreases
 - CMS has identified 55 APC categories where the median cost decrease is 10% or greater and as a result CMS has reduced the APC payment amounts for 2004. The decreases range from 10.12% to 93.12%.

- CPT/HCPCS Code Gainers/Decliners for 2004
 - o Based on APC Migration and/or status indicator changes
 - Gainers: 214 codes
 - Decliners: 115 codes
 - o Based on change in APC rate only with no change in APC category
 - Gainers: 4,066
 - Decliners: 685
- Revised Rule for Calculation of Unadjusted Co-Payments
 - o 6 revised proposed rules for calculation of co-payments
 - o Within these changes, the unadjusted co-pay will not be less than 20% or greater than 50%
- Proposed Outlier Policy:
 - o Target for Outlier Payments: 2% of total OPPS Payments
 - CMHC's outlier payments in total capped at 0.36 percent of the estimated 2.0 percent outlier target amount
 - o Target Hospital Threshold is 2.75 times the APC amount
 - o Target CMHC Threshold is 11.75 times the PHP APC Payment
 - o Target Hospital & CMHC Outlier Payment Percentage: 50% - costs over the threshold level
 - o CMS has serious concerns regarding CMHC charges as they relate to other provider settings and "inappropriate outlier payments in 2003".
- Comprehensive Restructuring of All "New Technology APC" Payments
 - o To provide narrow cost bands to avoid incorrect payment for new technology services. Previous cost bands ranged from \$50 to \$1,500.
 - o CMS has dedicated two new series of New Technology APC numbers to the restructured New Technology APCs
 - o Will retain two parallel sets of new technology APCs: one with status indicator "S" and one with "T"
 - o Have established cost bands from
 - Zero to \$100 in increments of \$50
 - \$100 to \$2,000 in increments of \$100
 - \$2,000 to \$6,000 in increments of \$500
 - o Will reassign current new technology procedures to the level in the restructured New Technology APCs so that the payment amount for the procedure in 2004 closely approximates 2003.
 - If CMS finds the original classification was based on inaccurate information they will reassign the procedure to a different New Technology APC
 - o New Technology APC Category Range:
 - S Status: 1501 – 1537
 - T Status: 1538 – 1574
- Status Indicator Categories
 - o Definitions unchanged for 2004
 - o Changes in CPT/HCPCS code status indicator assignments for 2004
 - 36 codes changed from N or E to a paid status of G, K, S or T
 - 6 codes changed from G to K
 - 2 codes changed from H to N
 - 3 codes changed from S to T
- Inpatient Only Procedures
 - o No codes were moved from "C" status to OPPS payment
 - o No change in coding and modifier requirements for payment in OPPS environment
 - o Change in APC payment for those cases where OPPS payment is allowed (emergency cases who die before admit)
 - o Old APC: 0977 \$1,125
 - o New APC: 375 \$ 1,150

- 7 CPT Category Three Tracking Codes will now have APC payments
 - Some of these are being utilized to address C codes for medical devices that CMS states were incorrectly left in New Technology APCs
- Proposed Changes in Coding and/or Billing Requirements
 - Evaluation & Management proposed G codes still not approved.
 - Propose to accept the recommendations for codes and coding guidelines as submitted by AHA and AHIMA.
 - Include 8 G codes that will fall into current APCs for clinics/ER visits.
 - CMS currently considering the proposed coding guidelines and has made no decision. CMS states “Before implementation of the codes and coding guidelines, adequate time will be provided for the education of clinicians and coders and for hospitals to make the necessary changes in their systems to accommodate the codes and guidelines.”
 - NOTE: The actual Federal Register tables still include the old E/M codes at present. However, some of the G code placeholders designated for E/M visits do appear in Appendix B for chemotherapy and infusion therapy? CMS will have to clarify.
 - 4 options proposed for coding and billing infusion therapy and chemotherapy services and the associated drugs (Q0081, Q0083, Q0084, and Q0085.) Some of these are not easily implemented by providers trying to bill correctly.
 - CMS is trying to find an equitable way to account for cost differences when the drug is packaged versus separately paid.
 - In addition to the four coding and billing options, CMS developed 4 proposed billing rules related to infusion therapy and other services such as surgical procedures, transfusions, etc.
 - CMS proposed a requirement for “the separate coding of individual drugs and device categories, even where their costs are packaged...”.
 - CMS has determined that if they are to continue to price drugs and devices using up to date median costs from claims data they will need information on the costs of the items even when packaged.
 - CMS is requesting comments as “to whether or not to require coding of devices.”
 - This would mean that device codes taken out of the CDM would have to go back in the CDM even though the services are packaged.
 - CMS would like comments on their proposal to “report drug codes on claims and alternative methods for rate-setting, if codes for drugs and/or devices are no longer present on the claim.”
 - CMS did not state whether they would re-instate the old device codes or apply new codes.
 - CMS did not state how facilities should handle packaged drugs for which there is no HCPCS code.



2003-2004 MS HFMA Officers and Board of Directors

Left to right: Hallie Duckworth, Board Member; Tommy Moore, Board Member; David Butler, Board Member; Lynn Holland, President; Dinetia Newman, President-Elect; Athena Adams, Treasurer; Mitch Beard, Secretary; Martha Hemphill, Immediate Past President. Not pictured: Cheryl Cotten, Board Member; Charles Emens, Board Member.

WHAT'S REASONABLE PHYSICIAN COMPENSATION

By Eron C. Reid, Jr., CPA/ABV and Gregory D. Anderson, CPA,CVA

Often as a last-ditch effort to keep critical providers or services in the market, hospitals are finding creative ways to keep physicians from fleeing to states that offer a more physician-friendly environment. These strategies include lucrative compensation packages, medical directorships and malpractice subsidies.

Aggressive strategies for recruiting and retaining physicians are often the subject of regulatory investigations and represent a significant compliance risk to the hospital and physicians. Hospitals and physicians engaging in such activities run the risk of violating the physician self-referral (Stark II) law, the anti-kickback statute, and the false claims act. Furthermore, tax exempt organizations and physicians receiving benefits from those organizations also run the risk of penalties for aggressive behavior.

One of the best defenses against regulatory non-compliance allegations is to enter into arrangements that fall squarely within the available safe harbor provisions. Many such provisions include requirements that compensation paid to physicians fit within the definitions of fair market value or reasonable compensation. Supporting fair market value can be challenging at best, particularly in volatile markets or specialties. The following tools may be useful to hospitals in their efforts to document fair market value levels of physician compensation:

- Hospital Staffing Requirements – Hospitals have invested millions of dollars in cardiovascular surgery programs and cancer centers. The Hospital must have on staff a certain number of specialists in these areas to maintain an optimum level of patient care.
- Community Needs Assessment – A very detailed and well-written needs assessment is an excellent means for documentation of the demographic demands for physician coverage within a market area. Hospitals located in states experiencing a malpractice crisis should have their needs assessment updated every two years.
- Documentation of Previous Physician Offers – Physicians often claim that large dollar offers are made by competing hospitals. This in itself does not create fair market value; however, solid documentation of local market demands can create a stronger case for physician compensation. In addition, Hospitals should track all offers that have been denied as further evidence that the bar on compensation has been raised.
- Locums Tenens Rates – Due to the shortage in certain specialties, Hospitals may be required to contract with locum tenens firms over long periods of time to insure appropriate coverage. This is a very expensive solution for the Hospital and cost avoidance should be considered when recruiting a Physician.
- Physician Recruiting Firms – Recruiters often have the most current information on physician compensation requirements and can often rely on other offers in the marketplace as a good resource for salary requirements in a variety of specialties.
- Physician Compensation and Production Surveys – Although industry surveys do not always accurately reflect the effects of crises in physician shortages or malpractice insurance coverage and premiums; hospitals should employ the use of the various available survey instruments to help in gathering data on physician compensation.
- Expert Analysis – An opinion from a credible, independent third party expert on fair market value physician compensation is an excellent source of documentation. Often times an independent valuator is familiar with difficult compensation issues and can shed new light on potential remedies and strategies.
- Revising Existing Physician Employment Agreements – Some physicians are sticking it out, with the community and hospital in mind. As a result, their workload has increased dramatically and may include taking on additional call coverage and administrative duties. Physician contracts should be reviewed and revised to consider these additional responsibilities if appropriate, and compensation should be based on the current workload and those duties and responsibilities.

To protect its interests and physicians, hospitals should be very straightforward with employed physicians, making it clear that compensation will be reviewed for reasonableness on a regular and periodic basis. To keep pace with the constant changes in the market and to help mitigate compliance risks, hospitals should review physician compensation annually to determine what adjustments, if any, are necessary.

The key to a successful compliance risk management program is clear, relevant and independent documentation. We have all heard it said, "Healthcare is a local market". Hospitals should obtain as much local information as possible to defend its physician compensation policies and practices by documenting both internal and external sources. The risk of not doing so often far outweighs the cost.

2003-2004 Mississippi Chapter HFMA Administration

MS HFMA Officers

President

Lynn M. Holland, CHFP, CPA
Director Accounting Services
North Mississippi Health Services, Inc.
830 S Gloster St
Tupelo, MS 38801-4934
Phone: (662) 377-3195
FAX: (662) 377-4024

President-Elect

Dinetia M. Newman
Attorney
Phelps Dunbar, L.L.P.
PO Box 1220
Tupelo, MS 38802-1220
Phone: (662) 690-8156
FAX: (662) 842-3873

Treasurer

Athena Adams, FHFMA
Director Business Services
Clay County Medical Center
835 Medical Center Drive
West Point, MS 39773-9320
Phone: (662) 495-2302
FAX: (662) 495-2361

Secretary

Mitch R. Beard
Client Services Representative
Franklin Collection Services, Inc.
P.O. Box 3910
Tupelo, MS 38803-3910
Phone: (662) 844-7776
FAX: (662) 844-8592

MS HFMA Board of Directors

Director Business Service

Charles H. Emens
North Mississippi Medical Center
PO Box 2240
Tupelo, MS 38803-2240 USA
Phone: (662) 377-3200
FAX: (662) 377-3564

Shareholder

David L. Butler, CPA
Horne CPA Group
200 E Capitol St Ste 1400
Jackson, MS 39201-2210
Phone: (601) 948-0940
FAX: (601) 948-2179

Executive Director

Hallie K. Duckworth
Mississippi Health Connection
301 Highland Park Cv #B
Ridgeland, MS 39157-6059
Phone: (601) 956-3486
FAX: (601) 956-8537

Director of Managed Care

Cheryl Cotten
River Oaks Health System
1030 River Oaks Drive
Jackson, MS 39208
Phone: (601) 936-1068
FAX: (601) 933-5499

Associate Vice President

Tommy T. Moore
Quorum Health Resources, LLC
2772 Owens Rd
Terry, MS 39170-8733
Phone: (601) 373-9273
FAX: (601) 372-2551

COMMITTEE CHAIRMEN

Chief Financial Officer

Brandon H. Slocum, CPA
Hancock Medical Center
P.O. Box 2790
Bay Saint Louis, MS 39521-2790
Phone: (228) 467-8700

Regional Vice President of Marketing

Sandy E. Riley, CME
HCR Financial Group
38 Emerald Row
Hattiesburg, MS 39402-7951
Phone: (601) 268-1678

Controller

Suzette B. Duhe', CHFP, CPA
Singing River Hospital System
2101 Highway 90
Gautier, MS 39553-5340
Phone: (228) 497-7918

Director Accounting Services

Lynn M. Holland, CHFP, CPA
North Mississippi Health Services, Inc.
830 S Gloster St
Tupelo, MS 38801-4934
Phone: (662) 377-3195

Shareholder

David A. Williams, FHFMA, CPA
Horne CPA Group
P.O. Box 22964
Jackson, MS 39225-2964
Phone: (601) 948-0940 ext 218

Regional Vice President

Martha B. Hemphill
Medifax - EDI
1283 Murfreesboro Rd. Bldg II
Nashville, TN 37217-2432
Phone: (800) 444-4336 xt 2976

Director of Reimbursement

Marjorie E. McNeil
North Mississippi Medical Center
830 South Gloster Street
Tupelo, MS 38801-4934
Phone: (662) 377-2349

Administrative Director Reimbursement & Compliance

Margie B. McGhee
Southwest Mississippi Medical Center
215 Marion Ave
McComb, MS 39648-2705
Phone: (601) 249-1183

Mississippi Headlines, the official newsletter of the Mississippi Chapter of HFMA, published by:

- Sandy Riley, CME – Newsletter Editor
- Mr. Jim Douglas
Vice President of Marketing
HealthCare Resources - HCR
HealthCare Revenue Recovery - HCRR
- Mr. Clay Plaisance
Chief Executive Officer
HealthCare Revenue Recovery
HealthCare Resources

To submit articles for inclusion in MS Headlines, please forward
information to: sandy@hcrinfo.com