

# MISSISSIPPI

## Headlines

### Upcoming HFMA Meetings

2009 MS HFMA Summer Institute  
August 20-21, 2009  
Silver Star Casino  
Philadelphia, Mississippi

HFMA Region 9 Meeting  
November 15-17, 2009  
Sheraton, Canal Street  
New Orleans, Louisiana



Please visit our chapter's website often  
as information changes frequently.

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

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### HFMA President's Message

As I began my year as your Mississippi HFMA Chapter President, I thank you for the opportunity and privilege to let me serve your chapter. We have many opportunities and challenges before us, such as National Healthcare Reform, the transition to a

new Medicare intermediary, Rac's and economic issues. How we handle these will determine how well we do as a chapter. Recently I had the opportunity to attend Leadership Training Conference (LTC). Catherine Jacobson, HFMA Chairperson introduced her theme, **Making It Count**. Ms Jacobson said "The theme **Making It Count** will help focus HFMA's various services and initiatives around a core quality in its members that needs to be recognized and nurtured: the drive to make it count by putting their business leadership skills in the service of improving our healthcare system."

"We as healthcare professionals have a passion for **Making It Count**, applying our professional skills to the cause of building the best healthcare system" Ms Jacobson said. The Annual National Institute (ANI) was held in Seattle, Washington where Suzette accepted the following awards on behalf of our Mississippi chapter:

- Charles F. Mehler - Gold Award for Excellence in Education
- C. Henry Hottum - Award for Educational Performance Improvement
- Award of Excellence for Certification-Silver
- Helen M, Yerger - Special Award for our Tri-State 2009 Institute: and
- Helen M. Yerger - Special Recognition for the Region 9 Conference

Thank you Suzette for the outstanding job you did, as well as the Officers, Board and Committee members during this past year. I'm looking forward to working with each of you this coming year.

I ask that each member not actively involved, to get involved. Your chapter needs your participation. Step out of your comfort zone, join one of the committees.

Our chapter leaders and I are available to assist you. Please let us know how we can better serve you.

Hope to see you all in August in Philadelphia, Ms.

Jerry Knighton, FHFMA

## Building Reporting To Assist In Managing

### **The Charge Capture Process**

By Ed Kerner and Mark Jeziorski

The process of obtaining reimbursement for the care provided in hospitals is a complex interdisciplinary one, requiring that people and systems are effectively aligned. Given its inherent complexity, the number and types of problems are voluminous, often occur repetitively and re-occur even after fixes have been implemented.

In an effort to address the opportunities presented in enhancing its processes, Montefiore Medical Center initiated a charge capture reconciliation management program in 2006. The initial process began with the premise that the vanilla reports being generated out of the legacy patient accounting system were not sufficient for its needs. The immediate first step prior to initiating the program was to assess the requirements and define what data would ultimately be required.

Managing charge capture is a process that starts with reporting. At the close of each month, Montefiore obtains electronic reports of the volumes, charges and variances customized for each vice president and department administrator's areas of responsibility. Montefiore utilizes a module developed by an external consultant that provides these customized electronic reports. There are separate inpatient and outpatient reports that contain the following data:

- **Executive Summary:** Significant variances at department, registration, plan code and charge code levels. The option exists to drill down to the charge codes that are driving the variances in the registration areas.
- **Department Level:** Historical volumes and charges and the current month's charge variance relative to a four month rolling average at the department level.
- **Registration Level:** Historical volumes and charges and the current month's charge variance relative to a four month rolling average at the registration area level.
- **Plan Codes Level:** Historical volumes and charges and the current month's charge variance relative to a four month rolling average at the plan code level.
- **Historical Usage:** Monthly inpatient and outpatient units at the department level for twelve months plus prior year's monthly average units in graphical form.

These reports are uploaded to the Revenue Cycle intranet site where the vice presidents, department managers and Revenue Cycle department staff can review them. The Revenue Cycle department follows up with the department administrators to discuss the reasons for the significant variances in their areas and works with them to develop and implement the needed corrective actions. The Revenue Cycle department then monitors the charges in areas where corrective actions have taken place to ensure that the problems have been resolved. It also assists in the development of work flows and revisions to departmental processes and systems.

#### **Benefits:**

By managing charge capture, Montefiore is able to identify and correct problems that may be affecting cash flow and reimbursement. These problems include:

- Areas not entering charges timely
- Charges not being entered
- Charges not transferring between systems
- Charges being entered and then reversed
- Usage on "inactivated" charge codes
- Implementation of incorrect prices
- Budgeted volumes not being achieved

In addition, the use of the monitoring reports helped when merging the charge description master (CDM) from a hospital that was added to the health system. Using the reports enables the identification of problems with the linkages between the two CDMs. Another benefit is the creation of a database of historical volume and charges that can be used for various types of analysis. Finally, the vice presidents and department managers appreciate receiving volume and charge information specific to their areas of responsibility.

### **Keys to Success:**

The charge capture management program has evolved since its inception. During that time, Montefiore constantly looked for ways to improve and build add on reporting functionality. Based on Montefiore's experience, a successful program should have the following four key features:

- **Take ownership of the program.** The Revenue Cycle department at Montefiore owns this initiative. The Revenue Cycle department works with a vendor to obtain the reports each month, upload the reports to our internal website, review each recipient's reports, follow-up with the recipients and provide assistance in addressing each significant variance. The Revenue Cycle department also takes responsibility for ensuring that any needed follow-up action takes place.
- **Provide specific information:** Each month, the recipients of the reports receive information *specific* to his/her area of responsibility. At Montefiore, each vice president has responsibility for select departments on the inpatient side and select registration areas on the outpatient side. Department administrators have responsibility for one or more departments. The vice presidents receive inpatient information for their departments and outpatient information for their registration areas. The department administrators receive both inpatient and outpatient information for the departments under their control.
- **Highlight the issues to be addressed:** It is important that the variances addressed are highlighted so that the recipients of the reports do not have to spend time trying to figure out where they need to focus their attention. It is also important to provide both high level and specific information with regards to variances. For example, it is helpful to know that -\$80,000 of a registration area's total charge variance of -\$95,000 is associated with one charge code.
- **User Friendly information:** Recipients need to be able to quickly and easily navigate through the information. The use of electronic reports with menus and point and click features helps greatly.

In order to determine where there are fluctuations in charge capture, it is important to develop reporting tools that can be produced timely, are accurate and most importantly, are user friendly, so they can be reviewed by all affected areas to assist in the determination of where there are known areas for follow up to review operational enhancements. By developing and expanding these reporting capabilities, you can effectively manage the charge capture process.

Ed Kerner is Director of Charge Revenue Cycle Operations for Montefiore Medical Center. Ed can be reached at [ekerner@montefiore.org](mailto:ekerner@montefiore.org). Mark Jeziorski is President of Sophical Solutions. Mark can be reached at [markj@sophicalolutions.com](mailto:markj@sophicalolutions.com).

## **Chapter Member-Get-A-Member Program**

In conjunction with the National Member-Get-A-Member Program (MGAM), the MS Chapter of HFMA is proud to introduce a MGAM program at the Chapter level. Here's how it works:

For each member recruited, the referring member will receive an HFMA logo item. In addition, the Chapter will present a Grand Prize at the Annual Institute to the member who recruits the most new members.

Members may also bring a guest (non-member) to one meeting of your choice. The guest will be eligible to receive a 25% discount off the normal fees. If the guest is successfully recruited to join MS HFMA at this meeting, the referring member will receive a \$25 gift card.

If you have any questions about the program or would like additional information regarding recruiting points, please feel free to contact anyone on the Membership Committee.

Remember: The best possible recruiting tool is your own personal experiences with MS HFMA!

## Recent Chapter Involvements



*The Chapter comes together in Jackson for the 2009 MSHFMA Summer Workshop.*



*Facebook: A new way to connect for MSHFMA members*

## Financial Assistance within Reach for Patients and Hospitals with Automated Screening

By Steve Millhouse, Product Manager, SearchAmerica, A part of Experian

Many patients need financial assistance to cover their medical costs, and this population is growing quickly. This fact is well agreed upon within the healthcare community, especially as under-insured and uninsured patient populations increase daily.

The challenge is to correctly identify these patients accurately and quickly enroll them in the programs designed to assist them. The answer for many is automation.

There are many advantages and lessons to be learned by the hundreds of hospitals who are using technology to streamline the screening and enrollment process for numerous financial assistance programs. In recent years, hospitals have used automated screening and enrollment processes to identify more than five million patients who qualified for various financial assistance programs. Without automation, individuals may not have been identified as candidates or enrolled in a program. They would have received medical bills that they couldn't afford, and the hospitals would have seen many of these accounts sent to collections and never recovered.

Physicians routinely balance their time between numerous patients, serving those in the most critical need of care first. Financial counselors are no different. Their growing caseload requires them to select patient accounts that need the most attention, either they have the most dire financial circumstances or have a diagnosis that will result in costly medical treatment. These staff members need to keep the hospital's best interests in mind and maximize their recovery while serving out the hospital's mission.

Hospitals and patients alike have much to gain by pursuing financial assistance with these accounts. It would greatly reduce their bad debt, as patients in financial need will be unable to pay their bills even if they wish to, and the hospital could gain much good will by setting a patient's mind at ease regarding financial matters and enable them to focus more attention on their health.

### ***Automated Financial Screening Works***

Not surprisingly, hospitals are rethinking how they screen patients for third party financial assistance or their charity program as well as automating the process. As healthcare networks overhaul their registration processes to automatically alert registrars and financial counselors of accounts likely to qualify for financial assistance, they are seeing measurable results.

Novant Health has more than tripled its number of charity cases and experienced a 50 percent decline in bad debt after automating its screening processes. In addition, it reduced charity enrollment process time by 90 percent.

By automating the screening process, hospitals can quickly identify individuals who qualify for charity care or other programs 87 percent of the time, with patients incorrectly qualified less than 1 percent of the time. This level of accuracy is unmatched by today's manual processes.

As today's economy continues to challenge our healthcare system's delivery and financial systems, hospitals are finding that automating this step in the process is reaping rewards. Often using the same number of financial staff, hospitals can secure more financial

assistance to improve their bottom line.

“Technology enabled us to automate how we identify self-pay patients and screen for eligibility for our charity program,” said Linda Krish, Director of Revenue Cycle at Mercy. “Today we have improved the quality of our data for self pay patients which resulted in increased collections and improved accuracy of our charity care applications. Today’s easy-to-use solutions allowed us to take a paper intensive process and change it to a streamlined one. Our financial counselors love the solution and the time that it saves them.”

Answers are available. Just ask the hospitals that have automated and thereby helped more than five million patients receive financial assistance available to them.

### MS HFMA Welcomes New and Reinstated Members!

**Kathy Teater**  
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### HFMA Founders Merit Award Program

The Healthcare Financial Management Association (HFMA) recognizes that its strength lies in volunteers, who contribute their time, ideas, and energy to serve the healthcare industry, their profession, and one another. Active participation in HFMA at the national, regional and/or chapter levels provides members with numerous opportunities for professional development, information, networking, and advocacy. Established in 1960, the Founders Merit Award Series acknowledges the contributions made by HFMA members. These awards are part of a merit-rating plan in which Specific activities are assigned a range of point values, ie written article, article review, board member, officer, committee chair/member, event volunteer, mentor, proctor.

The Founders Merit Award Series was revised in April 2004, returning to its core purpose of "Recognizing the Volunteer in You". Point categories were adjusted to reflect volunteer activity only - eliminating the accumulation of points for membership and educational attendance. Corresponding point allocations and award levels were simultaneously adjusted. HFMA encourages continuous active participation at the local and national levels. Therefore, the point system and award levels have been established to promote continuous active participation in HFMA.

#### Awards:

The **William G. Follmer Bronze Award** is awarded after an individual has earned 25 (*formerly 100*) member points. This award is named after William G. Follmer, who is credited with the creation of the American Association of Hospital Accountants (AAHA) (now HFMA).

The **Robert H. Reeves Silver Award** is awarded to an individual who has earned 50 (*formerly 200*) total member points. Reeves, an organizing member of the AAHA, was elected president of AAHA in 1956 and was instrumental in creating the structure of AAHA.

The **Frederick T. Muncie Gold Award** is presented to a member who has earned a total of 75 (*formerly 300*) member points. This award honors Frederick T. Muncie, an organizing member of the AAHA, and the first president of the association (1947-1949). Muncie also assisted in the organization of the first AAHA chapter (First Illinois).

The Founders **Medal of Honor** was added in 1986 and is conferred by nomination of the Chapter Board of Directors. This prestigious award recognizes an individual who has been actively involved in HFMA for at least three years after earning the Muncie Gold Award, has provided significant service at the chapter, regional and/or national level in at least two of those years, and remains a member in good standing. A chapter may nominate members for this award at any time during the year.

**Interested in Corporate Sponsorship?**

<p><b>PLATINUM SPONSOR</b></p> <p>Provides the following benefits:</p> <ul style="list-style-type: none"> <li>Recognition on the Meeting Sponsor Board</li> <li>Reception Held in Honor of the Corporate Sponsors to Introduce Them to the Members</li> <li>Recognition in Each Chapter Newsletter</li> <li>Recognition in Each Chapter Workshop Brochure</li> <li>Recognition on the Chapter Website</li> <li>Free Registration for Two People at Each Chapter Workshop including the Annual Meeting</li> <li>At the Opening Session of the Workshop of Your Choice You May Have 3 to 5 Minutes to Introduce Yourself to the Group</li> </ul> <p style="text-align: right;"><input type="checkbox"/> <b>\$3,000 Per Year</b></p>	<p><b>GOLD SPONSOR</b></p> <p>Provides the following benefits:</p> <ul style="list-style-type: none"> <li>Recognition on the Meeting Sponsor Board</li> <li>Reception Held in Honor of the Corporate Sponsors to Introduce Them to the Members</li> <li>Recognition in Each Chapter Newsletter</li> <li>Recognition in Each Chapter Workshop Brochure</li> <li>Recognition on the Chapter Website</li> <li>Free Registration for Two People at Each Chapter Workshop (Summer, Fall, Winter)</li> </ul> <p style="text-align: right;"><input type="checkbox"/> <b>\$2,000 Per Year</b></p>
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### MS HFMA OFFICERS

*President*

**Jerry D. Knighton, FHFMA**  
*Director of Business Services*  
 Southwest MS Medical Center  
 P.O. Box 1307  
 McComb, MS 39469  
 Phone: (601) 249-1758

*Vice President*

**Sandy Riley**  
*Regional Vice President*  
 RMB, Inc.  
 3404 Southaven Drive  
 Hattiesburg, MS 39402  
 Phone: (601) 310-1982

*Secretary*

**Kimberly L. Cappleman**  
*Associate*  
 Phelps Dunbar LLP  
 P.O. Box 1220  
 Tupelo, MS 38802-1220  
 Phone: (662) 842-7907

*Treasurer*

**Lexie Fuller**  
*Controller*  
 Rush Foundation Hospital  
 1314 19th Ave  
 Meridian MS 39301-4195  
 Phone: (601) 703-4458

### MS HFMA BOARD OF DIRECTORS

**Rhonda B. Atkins, CPA**  
*Controller*  
 Magnolia Regional Health Center  
 611 Alcorn Dr  
 Corinth MS 38834-9388  
 Phone: (662) 293-7650

**Charla G. Rowley, CHFP**  
*Senior Manager*  
 Home, LLP  
 200 E Capitol St Ste 1400  
 Jackson, MS 39201  
 (601) 948-0940

**Suzette B. Duhe, FHFMA, CPA**  
*Financial Analyst*  
 Gilsbar, Inc.  
 1526 Brodie Rd  
 Biloxi, MS 39532  
 (985) 898-1734

**Wayne Walters**  
*Business Operations Director*  
 Mississippi Baptist Health  
 Systems, Inc.  
 1225 N State St  
 Jackson, MS 39202  
 (601) 968-1185

**Amanda T. Suber**  
*Director Of Fiscal Services*  
 Calhoun Health Services  
 140 Burke-cc Road  
 Calhoun City MS 38916-9690  
 Phone: (662) 628-6611 x216

**Jennifer Callahan Sinclair**  
*Vice President of Finance*  
 St. Dominic-Jackson Memorial  
 Hospital  
 969 Lakeland Dr  
 Jackson MS 39216-4606  
 Phone: (601) 200-6955

### COMMITTEE CHAIR

*Membership Committee Chair*  
**Joyce Turnage**  
*Manager*  
 HORNE LLP  
 P.O. Box 22964  
 Jackson, MS 39225  
 Phone: (601) 948-8693

*Certification Committee*  
**David A. Williams, FHFMA, CPA**  
*Partner*  
 HORNE LLP  
 200 East Capitol Street #1400  
 Jackson, MS 39225  
 Phone: (601)948-8728  
 Fax: (601) 969-2179

*Newsletter Committee Chair*  
**Clay McCombs**  
*Senior Account Executive*  
 TCM, Inc.  
 513 Waldron Street  
 Corinth, MS 38835  
 Phone: (662) 808-5741

*DCMS and Founders Contact*  
**Kimberly L. Cappleman**  
*Associate*  
 Phelps Dunbar LLP  
 P.O. Box 1220  
 Tupelo, MS 38802-1220  
 Phone: (662) 842-7907

*Education Committee Chair*  
**Margie B. McGhee**  
*Administrative Director R & C*  
 PO Box 1307  
 McComb, MS 39649  
 Phone: (601) 249-1183

*Sponsorship Committee Chair*  
**Karen Stuart**  
*Administrative Director*  
**MS Chapter HFMA**  
 PO Box 277  
 Sumrall, MS 39482  
 Phone: 601-758-0677  
 Fax: 601-758-0745

*Revenue Cycle Committee Chair*  
**Mark LaFontaine**  
*Revenue Integrity*  
 Singing River Hospital System  
 2809 Denny Avenue  
 Pascagoula, MS 39581  
 Phone: (228) 497-7482

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To submit articles for inclusion in *Mississippi  
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[claymcombs@comcast.net](mailto:claymcombs@comcast.net)

### VOLUNTEERS NEEDED!

*making connections*

*vol-un-teeer*  
*now contributor*  
 1. a person who voluntarily offers himself or herself for

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