

MISSISSIPPI

Headlines

Upcoming HFMA Meetings

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

HFMA Tri-State Winter Institute
January 20-22, 2010
Gold Strike Casino
Tunica, MS

MSHFMA Annual Meeting
April 26-28, 2010
Beau Rivage Casino
Biloxi, MS



HFMA President's Message

It doesn't seem possible that my term is almost half over. The time goes by so fast. Suzette told me it would be over before I knew it.

There has been so much going on my first few months, starting with the Mini LTC in May, June meeting in Jackson, and the August meeting in Philadelphia. I want to thank the membership for the good attendance (close to 100) who attended both the June and August meeting.

Everyone enjoyed the summer workshop. I appreciate all the work done by Margie McGhee, the program committee and thank you Sandy Riley for recommending Laurian Scott, who delivered a powerful and touching speech. I would also like to acknowledge all the corporate sponsors; it would be very difficult if not impossible for our chapter to bring experienced presenters to our meetings without their support. Our sponsors are listed in this newsletter. Please let them know you appreciate their support of the chapter.

Sandy Riley and I attended the 2009-2010 Region 9 President's meeting in San Juan, Puerto Rico. A total of 18 chapter representatives and 4 national members attended. [Continued on Page 2](#)

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

www.mshfma.org

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Lloyd Haggard, Regional 9 Executive facilitated the meeting. Some of the topics discussed were update on HFMA products and services, annual review of Chapter Bylaws, Chapter Balanced Scorecard, Chapter Education and review of Regional Operating agreement.

I want to encourage you to support our upcoming meetings. The next meeting will be Regional 9 in New Orleans, November 15-17. Region 9 includes chapters in Mississippi, Louisiana, Arkansas, Oklahoma and Texas. The Tri-State meeting will be January 20-22, 2010 at the Gold Strike Casino, Tunica, Ms. Our annual meeting will be April 26-28, 2010 at Beau Rivage in Biloxi, Ms.

In closing, I look forward to seeing you in New Orleans.

Jerry Knighton
President MS Chapter HFMA
2009-2010

The Failure Of The American Healthcare System

*By: Keith Heartsill
CFO, Grenada Lakes Medical Center*



The buzzword of our day is “Healthcare Reform”. In my opinion, the discussion should be more about “Healthcare ‘Overhaul’”. As I’ve had the privilege of working in the healthcare system of this great country for the past thirty years, I’ve seen many changes, but, for the most part the changes have never addressed the inequities of the system as we now know it. This article will address six areas of our current healthcare system that, working together, will bring it to its knees!

Unfunded Mandates – Many times our governments come up with great ideas that are legislated into law and then encumbered upon the hospitals of our country. Both our Federal and State governments have imposed these requirements over the years. They range from required screening of newborns, to quality measures, to the one that will be addressed here, EMTALA. EMTALA (Emergency Medical Treatment and Active Labor Act) was enacted by congress in 1986. The act was intended, among other things, to address “anti-dumping” requirements. Simply stated, the Act provides that if a person arrives at a hospital emergency room, that person cannot be turned away for treatment if a bona-fide emergent condition exists or a woman is in active labor. [Continued on Page 4](#)

MSHFMA Summer Institute

Member-Get-A-Member

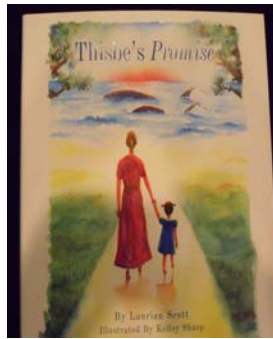
In conjunction with the National Member-Get-A-Member Program (MGAM), the MS Chapter of HFMA is proud to introduce a MGAM program at the Chapter level. Here's how it works:

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!



Scott Tucker
and The Big
Daddy Band



HFMA Members
Take Heart To
Thisbe's Promise



While on its face, this seems like a very good Act that would insure the provision of services to anyone who shows up at a hospital emergency room and needs emergent care; the first issue is that no provision was ever set up for hospitals to receive direct or adequate reimbursement for providing this emergent care. The second issue is that the public perception that came with this Act is that I can show up at a hospital emergency room for “any” care needed and don’t have to pay for it, regardless! The last issue is that the EMTALA regulations are not mandated evenly across all the providers of healthcare. My first employer in this industry drilled this into our heads, “Everything in the delivery of healthcare begins and ends with the doctor!” While the EMTALA regulations are primarily directed at hospitals, they are not evenly directed to other providers, including physicians. It is the hospital that is expected to contract with and maintain Emergency Physicians and on-call specialists; there is no regulation that physicians must agree to be a part of that system. Congress could have provided for this or could correct it now by simply requiring that physicians, who participate in the Medicare program, be required to provide requisite levels of emergency coverage as a condition of participation in Medicare. Wow, what an idea!! Do you think congress will act on something like that, I think not. Nonetheless, regardless of coverage provisions, the key issue is still the same; don’t enact laws that you also can not provide mechanisms in place for the payment thereof.

Improper Payment/Profit Alignment – This second issue is one of my pet peeves as it relates to our current healthcare system. The intent is for many providers working within the system of healthcare to provide care to one central individual, the patient! With the focus on the patient as the center of the equation, there are those who manufacture medicines, implantable devices and a myriad of other healthcare products. Taking these two as examples, U.S. drug companies have profit margins ranging in the twenty to thirty plus percent range. Hospitals that are providing direct care for the central point of the whole equation, the patient, must purchase the medicines to treat the patients from the drug manufacturers. Similarly, the makers of implantable devices, including orthopedic implants, cardiac implants, such as pacemakers, and so forth, also make profit margins in the twenty to thirty plus percent range. The problem comes into picture when you consider that the hospital is paying prices that support these kinds of profit margins, must then use those products in the care of the patient, regardless of the specific reimbursement. However, due to reimbursements that do not even cover cost many times; the hospital may be struggling to make a zero to five percent profit margin. Don’t get me wrong, I don’t have a problem with anyone making a decent profit margin; however, I do have a problem where the playing field is as unlevel as this one is. I think a specific example is worth noting here. If a Medicaid patient comes to our hospital for a pacemaker, the procedure is usually a one-day stay. The per diem for that one-day stay is \$1,200. The problem comes into focus when you consider that the pacemaker costs the hospital \$5,200. That means we have the opportunity to pay out in cash \$4,000 more for just the pacemaker itself, not even considering other costs involved with the stay, than we will get reimbursed. [Continued on Page 5](#)

Misaligned Incentives – Congress put a new system of reimbursement into place for acute care hospitals in 1984 called Prospective Payment based on Diagnostic Related Group's (DRG's). Not considering outliers, the hospital would be paid a fixed amount of reimbursement based on the diagnosis, and a few other factors, regardless of the length of the patients stay.

With a desire to still treat the patient's condition as appropriately as possible; the incentive for the hospital, of course, is to discharge the patient in the lowest appropriate time. The key issue again here is that the physician is the health-care provider writing the admission and discharge orders, as they should be. However, in its infinite wisdom, Congress decided not to include the physicians under this same form of reimbursement, but decided to leave the reimbursement for most physicians on a per diem basis.

While it has never been said why exactly this misalignment of incentives was created, maybe it was because the AMA lobby was stronger than the AHA lobby. Just don't know. For all to be focused on the same goals and using the same resources, the incentives must be aligned properly.

Out of Control Birth Rate of the Poor – This is a subject that is certainly akin to walking on egg shells. You talk about something that no one wants to discuss, let alone do something about it, this is it. The increasing birth rate of the poor of our nation is putting yet another strain on both our healthcare system with the immediate costs and services needed, but also, the affect it has on the costs of caring for those individuals, in many cases, over a lifetime. In the State of Mississippi, the rate of births to Medicaid mothers is approximately fifty-eight percent. In our county, in the most recent year, the Medicaid birth rate was over seventy percent. With reimbursement levels at or below costs, the provision of this level of services by hospitals and other healthcare providers adds to the increased toll on the whole system.

No Personal Accountability – During the last presidential election I heard one of the candidates say, "We don't have a 'healthcare' crisis in this nation, we have a 'health' crisis". I agree with him. He is right on target. Here again, this is an area where my home state, Mississippi, leads the nation in obesity per capita. What American's really want, but, no one is wanting to say it outright, is a healthcare system that allows them to eat as much as they want, drink as much as they want, do as many drugs as they want, legal or illegal, and to have sex with whomever they want and then to have the system care for their needs from the ill-effects of their choices and most of all, not cost them anything!

There's just one big problem here, that system doesn't exist and again, the toll it is taking on our current system is enormous. I read a study this past year that said seventy-two percent of all ER visits in this country are drug related in one of three ways: (1) the health effects due to drug usage, (2) patients seeking drugs, and (3) the injuries sustained due to drug-related criminal activity.

As one American, I would like to say to the drug users of our country, "I am not willing to sacrifice the health care of my grandson on the altar of your cocaine addiction". [Continued on Page 6](#)

Addressing the Cost of “End of Life” – This last area is also very delicate to both discuss and attempt to deal with. American’s, with the level of prosperity we have enjoyed for many years, have chosen not to address nor accept the fact that life does indeed come to an end. From a healthcare perspective, we attempt to intervene in a way unprecedented nor practiced in most other parts of the world. My own grandmother is a case in point here. At eighty-nine years old, she was diagnosed with a heart condition necessitating open-heart surgery. She had three bypasses and a valve replacement. Just think how many countries on the planet where an eighty-nine year old person can have open-heart surgery. I’m thinking there’s probably only one. The issue here is that currently thirty-five percent of all Medicare funds are spent on care provided in the last ninety days of a Medicare beneficiary’s life. This unbalanced usage of the healthcare dollar puts a severe strain on the remainder of the healthcare system as we attempt to balance care for the whole. We have all heard the phrase, “Do whatever it takes, at any cost”. This statement really has an unspoken ending to it. The full phrase really should be, “Do whatever it takes at any cost, as long as I don’t have to pay for it and it doesn’t affect my lifestyle”. While we want to insure proper care for all people, including our elderly, there must be balance brought into our system or the whole system will fail.

It is imperative; for the benefit of “all” American’s that our leaders address the fundamental issues noted above. These inequities are too great to let them “work it out” by themselves. What is at stake is the “whole” system. Not just one component.

UnitedHealth To Serve Mississippi CHIP Program

JACKSON, Miss. (June 25, 2009) – UnitedHealthcare by AmeriChoice has been selected by Mississippi’s State and School Employees Health Insurance Management Board to be the state’s partner in its Children’s Health Insurance Program (CHIP).

When the new policy begins in January 2010, UnitedHealthcare will be the exclusive health plan for approximately 65,000 children throughout Mississippi who are enrolled in CHIP.

“Particularly in these challenging times, we are keenly aware of the responsibilities that come in helping provide access to quality care statewide for the children of Mississippi,” said Rick Jelinek, CEO of AmeriChoice, the state and public programs business of UnitedHealth Group. “We look forward to bringing our substantial resources and experience to the critical mission of improving the health status of Mississippi’s CHIP beneficiaries.”

For more than 20 years, the company has served as an innovative developer of public sector health care solutions. The AmeriChoice Personal Care Model™ features direct contact by clinical staff, who work to build a support network for chronically and acutely ill members involving family, physicians and government and community-based organizations. "For additional information, please contact Cheryl Cotten at cheryl_cotten@uhc.com

HFMA's Certification Program Q & A

By: David Williams

MS Certification Chair and National Board of Examiners – PFS Specialty Group



Each year our Chapter promotes Certification. Our goal is to have 7 of our HFMA members certified this year. So far we have only 2 members who have taken the certification exam, which means we need 5 more members to take the exam. You may wonder why should I consider certification. Rather, than wonder, take a few moments and see what others have asked about the “why” of certification

Q: What are the benefits of becoming a Certified Healthcare Financial Professional (CHFP) or Fellow of the Healthcare Financial Management Association (FHFMA)?

A: CHFPs and FHFMA members demonstrate commitment to ongoing professional development and are more likely to be considered qualified for higher-level positions in the healthcare finance industry. They are also generally viewed more favorably for advancement and job retention during downsizing situations.

Q: What are the requirements for becoming a CHFP?

A: To become a CHFP, you must be a regular or advanced HFMA member for a total of 24 months (student membership does not count toward this requirement); have two years of healthcare financial management experience; receive passing scores on the HFMA Core and one specialty exam; have completed a minimum of 60 semester hours at an accredited college or university; and provide required references. A notarized application must be submitted with the processing fee within 24 months of passing the first exam.

Q: If I passed both exams, do I need to apply for certification?

A: Yes. Successful completion of the exams is only one requirement to be certified. You must complete all other requirements prior to submitting a conforming CHFP application available on line at hfma.org.

Q: I am already certified and want to add another specialty to my credentials. Do I need to retake the Core exam?

A: No. If you maintain your certification, it is not necessary to retake the Core exam. For any additional specialties, complete and submit the exam application with appropriate fees. The specialty will be granted upon successfully completing the exam and applying for the additional specialty.

Q: Where and how is the CHFP exam administered?

A: HFMA's exams are administered via the Internet through a secure browser. They are administered locally and are proctored by an approved, certified HFMA member. Contact me for available proctors @ David.Williams@HORNE-LLP.com.

Q: How do I sign up for an exam?

A: When you are ready to take the exam, contact an approved proctor and establish a mutually agreeable date. [Continued on Page 8](#)

An application for the exam must be submitted at least 10 business days in advance of the scheduled exam date and include the name of the proctor, the scheduled date of the exam, and the appropriate fee. There is a \$125 fee for each the Core exam and specialty exam. You must complete the exam within one year of submitting the application or the fee will be forfeited. You will then be required to submit a new application with the appropriate fee. An on-line exam application form is available under the certification area of www.hfma.org

Q: When will I know if I successfully completed an exam?

A: You receive your results immediately after submitting your response to the last set of questions on the exam. You are provided your overall score only and will NOT receive detail on how you performed on individual questions or sections of the exam. You will also receive an e-mail confirmation generated through the testing system.

Q: What are the requirements for becoming a FHFMA?

A: To become an FHFMA, you must be a regular or advanced member of HFMA for at least a total of five years (student membership does not count toward this requirement) ; hold the CHFP designation; have a bachelor’s degree or 120 semester hours of college credit from an accredited education institution; meet the volunteer activity requirement, and provide favorable references. You must then submit to HFMA National a conforming, notarized application with the processing fee.

Q: How do I determine the number of contact hours for a program?

A: Add the total length of the education event in minutes, subtract breaks, meals, networking activities, etc.and divide that total by 50. Round that number down to the nearest half hour.

For more information...

Send inquiry to certification @hfma.org, contact your local chapter certification contact person David.Williams@HORNE-LLP.com, or contact a member of the HFMA National Certification

MS HFMA Welcomes New and Reinstated Members!

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Sallie L. Burt
Senior Accountant
St. Dominic Hospital
Brandon, MS

Kirstie Evans
CFO
Covington County Hospital
Collins, MS

Meet a New MS HFMA Board member

Q & A with Wayne Walters
By: John O'Kelley



Wayne

Walters

Question: Tell us where you work and what you do there.

Answer: I work at MS Baptist Health System in Jackson as the Executive Director of Support Services. This includes overseeing the Business Office, Food and Nutrition, Security and Laundry. My responsibilities over the Business Office include Scheduling, Registration, Billing and Collections.

Question: How long have you been a HFMA member?

Answer: Since 1998

Question: What is the best thing about being a HFMA member/officer?

Answer: Being able to participate in planning and getting to know more people. I realized that the Board really is trying to make HFMA a better resource for its members. Oh yeah, playing in the Golf tournaments are fun too.

Question: What is your favorite place in the world?

Answer: Being with my family in the MS outdoors participating in some kind of hunting/sporting event.

Question: What is your favorite food?

Answer: Bacon cheeseburger and sweet potato fries

Question: What is your favorite movie of all time?

Answer: "Where the Red Fern Grows" and "To Hell and Back"

Interested in Corporate Sponsorship?

<p>PLATINUM SPONSOR</p> <p>Provides the following benefits:</p> <ul style="list-style-type: none"> • Recognition on the Meeting Sponsor Board • Reception held in honor of the corporate sponsors to introduce them to the members • Recognition in each Chapter newsletter • Recognition in each Chapter workshop brochure • Recognition on the Chapter website • Free registration for two people at each Chapter workshop, including the Annual Meeting • At the opening session of the workshop of your choice, you may have 3-5 minutes to introduce yourself to the group <p style="text-align: right;"><input type="checkbox"/> \$3,000 per year</p>	<p>SILVER SPONSOR</p> <p>Provides the following benefits:</p> <ul style="list-style-type: none"> • Recognition on the Meeting Sponsor Board • Reception held in honor of the corporate sponsors to introduce them to the members • Recognition in each Chapter newsletter • Recognition in each Chapter workshop brochure • Recognition on the Chapter website • Free registration for one person at each Chapter workshop, excluding Annual Meeting <p style="text-align: right;"><input type="checkbox"/> \$1,500 per year</p>
<p>GOLD SPONSOR</p> <p>Provides the following benefits:</p> <ul style="list-style-type: none"> • Recognition on the Meeting Sponsor Board • Reception held in honor of the corporate sponsors to introduce them to the members • Recognition in each Chapter newsletter • Recognition in each Chapter workshop brochure • Recognition on the Chapter website • Free registration for two people at each Chapter workshop, excluding Annual Meeting <p style="text-align: right;"><input type="checkbox"/> \$2,000 per year</p>	<p>BRONZE SPONSOR</p> <p>Provides the following benefits:</p> <ul style="list-style-type: none"> • Recognition on the Meeting Sponsor Board • Reception held in honor of the corporate sponsors to introduce them to the members • Recognition in each Chapter newsletter • Recognition in each Chapter workshop brochure • Recognition on the Chapter website <p style="text-align: right;"><input type="checkbox"/> \$1,000 per year</p>

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2009 - 2010 MISSISSIPPI CHAPTER HFMA ADMINISTRATION

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CLAY MCCOMBS- Newsletter Editor
TCM Debt Recovery Solutions

To submit articles for inclusion in *Mississippi
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claymcombs@comcast.net

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1. a person who voluntarily offers himself or herself for

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for more information