

MISSISSIPPI

April 2010

Headlines

HFMA PRESIDENT’S MESSAGE

Upcoming HFMA Meetings

MS HFMA Meeting

June 10 - 11, 2010
Hilton Hotel
Jackson, Mississippi

2010 MS HFMA Summer Workshop

August 19 - 20, 2010
Golden Moon Casino
Philadelphia, Mississippi



Jerry Knighton
MSHFMA President

As I pause for a moment, I realize my year as President of the chapter is coming to an end. I would like to thank all of our members for making this year a successful one. Thank you for making it count! I especially thank the Officers,

Board Members and Committee Chairs for an outstanding year and for your dedication to our chapter.

It all started last May at our Mini-LTC planning session when plans for the coming year were put into place. I believe our leadership group made some good decisions. Two items accomplished this year were implementation of Facebook for social networking, and strong programming with good attendance at our meetings. It appears all of the goals set by the national HFMA will be met this year. I would especially like to thank Margie McGhee for all of her work as Education Chairperson and all of the great meetings this year. Joyce Turnage, Membership Chairperson, thank you for your leadership in helping us meet and exceed our membership goal. Our goal set by the national office this year was to have 312 members. As of

today, we have 332 members. David Williams, Chairman of the Certification Committee, all goals were met. Sandy Riley for organizing the “Making It Count” Awards Ceremony and Irena Zaneva for her work on the newsletter. Great job! You made it count!

Thank you to all of our sponsors for your continued support of our chapter. Without your support it would be hard for our chapter to operate as we do. You make it count!

As I mentioned last May when I became your chapter’s President, this is your chapter. We need your support, attendance and input. Make a difference in your chapter. Thanks to everyone for your support and attendance at our Annual Institute. Thanks to the hard work of so many people, the support of our sponsors, and the dedication of our members, it was an outstanding meeting. As I pass the gavel on to Sandy Riley, I am confident she will be an outstanding President for the chapter this coming year. I encourage all of you to support the incoming Officers, Board Members and Committee Chairpersons and to utilize the opportunities your chapter has to offer. Again, thank each of you for supporting me this past year. I hope to see you in Jackson at the A&A meeting.

NEWS TO NOTE

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www.mshfma.org



Lee Matricaria
Data Management, Inc.

Lee is president of Data Management, Inc., a leading provider of hospital based physician billing services since 1976. Data Management delivers revenue cycle management solutions designed to meet the strategic business objectives of healthcare practices.

Efficient billing and collections processes are critical components to a successful and profitable medical practice. Any efforts you make to improve efficiencies can help better capture the money you earn. Most practices leave anywhere from 5 to 30% of their reimbursement on the table because they either lack the proper processes, staffing, training or technologies. By following this Top 10 list, you can regain control of your billing operations and be on the road to increased revenues.

- 1. Verification of Benefits and Patient Registration.** A step frequently overlooked in establishing best practices in billing is verification of benefits. It is increasingly important to take the time to verify the patient's benefits prior to the date of service. Determining if the patient has coverage for the upcoming procedure can decrease the cost of collections, as well as minimize the risk of having to write-off a balance. This is also when a practice should address outstanding patient balances and co-pays. An efficient registration process can significantly improve your cash flow.
- 2. Medical Coding.** Insist that AAPC Certified Professional Coders perform your coding. This step is critical in ensuring that all codes are billed correctly the first time. Missed or improper codes could equate to thousands of unbilled dollars, as well as expose you to potential liability and compliance issues. Consider hiring an auditing consultant or firm annually to ensure that claims are being coded correctly and completely. This can either confirm that your coding processes are correct or serve to help rectify any problems.
- 3. Charge Validation.** Prior to submission, claims should be scrubbed via an industry specific tool which utilizes both standard and custom edits. This system should automatically detect coding combinations related to unbundling, modifier appropriateness, and mutually exclusive procedures. Medical necessity concerns can be discovered, and proper channels are exercised to improve or amend documentation.
- 4. Remittance Management & Payment Posting.** The retrieval and processing of claims should be done with electronic remittances from government and large commercial payers whenever possible. Automating this process reduces human error and highlights claims that need additional follow-up. The ERA/EFT combination puts money into your account quicker, and allows for timely billing of secondary claims.
- 5. Denials Management.** Understanding the issues surrounding a denial is critical to know what course of action to take to rectify the situation and obtain payment. Denials management is often a neglected area of the billing cycle due the labor involved and intrinsic knowledge needed to work outstanding claims. A dedicated team should be assigned to the posting and follow-up of denials. Trends in payer reimbursement can be identified and addressed. Appeals and reviews to combat payer tactics should be submitted and followed through to conclusion. Try and target problem areas that affect the bottom line in order to obtain the maximum reimbursement for all the services you provide. Managing the process can be time consuming and sometimes difficult, but it is essential in optimizing cash collections. Having a team of individuals who understand this process is the number one factor in maximizing cash collections.
- 6. Insurance Follow Up.** An essential element to help you maximize collections is to have a timely, effective follow-up process in place. You should initiate follow-up efforts with insurance payers on unresolved claims at the right time based on their payment patterns. Your follow-up specialists can use a variety of tools including claim status websites and phone calls to achieve results in the shortest amount of time. Diligence in this area keeps patients out of the loop until the patient responsibility amount is fully determined.
- 7. Reporting Capabilities.** Your end of month reports should be customized to provide you with the specific metrics that are most valuable to your practice. They should provide a comprehensive view of your practice's financial performance and give you the insight to make smart business decisions. If you can't measure it, you can't manage it. Understanding these details and how they affect your business are the foundation of effective practice financial management.
- 8. Hold the Collection Agency Accountable.** Your collection agency handles many accounts, so it can be easy for mistakes to occur. While the occasional error may not significantly harm the practice, if it happens repeatedly and is not detected in a timely manner, the impact could be significant.
- 9. Technology.** To do medical billing right, your technology platform needs to be state-of-the-art. You should invest in the right billing platform, claim scrubber software, have the ability to submit claims electronically, have a robust document imaging system and use electronic remittance for posting.

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Melissa A. Bruntlett
Magee General Hospital

At Magee General Hospital, one of the most notable accomplishments of 2009 is our continued profitability during a time when many U.S. hospitals are closing their doors. We've outperformed many hospitals with similar patient demographics by adopting standards relating to patient safety, fiscal accountability, growth and ethics. Initiating these standards has not been without challenges.

MGH is a small community hospital centrally located less than one hour from Jackson and Hattiesburg. Both of these growing metropolitan areas offer medical centers equipped with the latest medical advances and the state's top specialists within easy driving distance for the majority of residents. To maintain and grow our patient base, I'm often required to take a leap of faith when making decisions, simply because those decisions at times involve intangibles that extend far beyond financial data. Over the past eight years, one certainty of the ever-changing landscape of healthcare is this: If your decisions are guided by what is best for patients over the long term, it is likely the outcome will be beneficial to your organization.

At the top of the list, I would place the recent cutbacks by the Medicare and Medicaid programs. Receiving reimbursement for the services that we provide to our patients is certainly a major challenge for us, as it is for most hospitals in the nation. Medicare and Medicaid, as well as private insurance, are very important sources of revenue to us.

When reimbursement falls short of the cost of the type of care we have always provided our patients, it does impact many aspects of our operations. We continue to operate in a pro-active mode by planning for future cuts and reacting quickly to the current cutbacks at a time when cost of supplies and resources continues to increase.

One way we've counteracted the cuts has been through the implementation of cost-savings measures in all area. The overall savings from these measures will, we hope be sufficient to allow us to provide basic services to patients while updating our facility to better accommodate physicians.

In 2009, we were forced to reduce employees' hours an eight month period. This measure, accepted by employees as a way to ultimately protect their jobs, proved to be a profitable move in numerous ways. It resulted in a sizable cost savings and allowed us to counteract employee layoffs while continuing to provide major patient services.

Another challenge has been in the area of uncompensated care, another cost that has increased significantly in most U. S hospitals as the economy has taken a downward spiral.

“If your decisions are guided by what is best for patients over the long term, it is likely the outcome will be beneficial to your organization.”

A major source of assistance in the area of indigent care has been our charitable foundation, HealthTrust. In only its fifth year of operation, the foundation has raised over \$3 million and helps provide funds for indigent medical care as well as state-of-the-art equipment and technology the hospital might ordinarily go without.

Another challenge Magee Hospital faces daily is the basic challenge of allocating scarce resources. A finite amount of money can be expected from in-patient care in a hospital containing only 64 beds.

A major source of additional revenue is brought in through our in-house medical specialty clinic, staffed on a rotating basis by physicians representing over 20 specialty areas.

Both in-patients and out-patients can access a wide array of some of the state's top specialists, ranging from general surgery to ophthalmology, cardiac care to urology and gynecology to neurosurgery. Our outpatient clinic offers specialized services and treatment options previously offered exclusively at some of the state's largest hospitals. In fact, most of the physicians affiliated with MGH's clinic are on staff at one or more of Mississippi's metropolitan healthcare facilities.

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Thomas R. Green
Lancaster Pollard

Thomas is the CEO of Lancaster Pollard, an investment banking, mortgage banking, financial advisory and investment advisory firm serving the health care, senior living and affordable housing sectors. He has more than 25 years of senior management experience in corporate finance, banking and health care.

Thomas speaks regularly on capital market funding methods for health care and senior living and helped tailor Lancaster Pollard's portfolio of services to these sectors. The firm has expanded to seven offices nationwide, maintaining its impeccable reputation as one of the nation's leading underwriters for the health care and senior living industries.

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It could be said that if the credit markets were not so risk-averse right now, it would be an incredible time to issue debt for expansions, renovations, acquisitions or refinances. Construction costs remain low, and the 10-year treasury rate, an indicator of base interest rates with no risk pricing built in, has been hovering under 4 percent – compared with 6 percent in the late 1990s and 9 percent in the 1980s.

It appears that a “typical borrower” cannot take advantage of these low-cost opportunities to modernize a property, extend service lines or expand a facility because many financing options fell off the table as bond insurers and banks retreated in 2008 and 2009. Credit remains tight, and it seems that only the strongest borrowers can issue debt without enhancement or subsidy at a reasonable cost.

But several credit enhancement and financing options created or modified in the past two years have helped ensure key community resources could continue evolving despite the temporarily tough economy. Some allow borrowers to capitalize on local relationships; others allow them to rely on federal credit enhancement or subsidies in ways that weren't possible before. Some work brilliantly for small projects that perhaps would not see any interest from a larger bank; others are being used for huge new facilities.

And some will expire after 2010, before many realize they exist. By looking both locally and federally for financing, providers may find more options available to them in 2010 than they did in 2008 or will in 2011.

Looking Locally: Federal Home Loan Bank

Borrowers that can issue tax-exempt bonds can supplant larger regional or national banks that aren't lending or providing credit enhancement by combining local bank financing with Federal Home Loan Bank (FHLB) credit support to enhance the debt and reduce the interest rate. This opportunity already existed for housing borrowers, but Congressional legislation opened it up to non-housing borrowers in June 2008. The non-housing permission expires after Dec. 31, 2010.

There are 12 Federal Home Loan Banks nationwide, each with its own credit rating of AA or AAA. The option provides a local-level financing solution on par with what can be offered by the country's strongest investment-grade rated banks. Because many local banks do not maintain investment-grade ratings, they typically could not provide borrowers letter of credit (LOC) enhancement unless a larger national bank also participated, which can become expensive and dilute the local bank's involvement in the community project.

The FHLB LOC wrap is a viable option for small-to-medium-sized projects, but it will be limited by the local bank's capacity to lend. Some smaller banks cannot take on too much exposure to one particular borrower, making loans of over \$15 million or so more difficult for one bank to handle on its own. In the case of a larger project, however, the borrower has the option to involve multiple local banks, so long as the banks will take a parity security position in the collateral. While some banks may be inhibited by market conditions and are holding back on lending to retain liquidity, many other local community banks still have considerable capacity to lend, and are willing to do so. According to the Federal Home Loan Bank of Pittsburgh, which has been aggregating these transactions, more than 100 non-housing FHLB LOC transactions totaling over \$3 billion have been completed nationwide in the past year.

Looking Locally: Bank-qualified Bonds

When tax-exempt bonds are “bank-qualified,” banks can deduct 80% of their purchase and carrying costs, and can pass along the savings to borrowers by way of a reduced interest rate.

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SHORT-LIVED FINANCING OPTIONS CAN MAKE CAPITAL PROJECTS FEASIBLE IN TOUGH ECONOMY - CONT.

This provides local banks the opportunity to get involved in a community project by purchasing the bonds directly, and it entices non-local banks to purchase bonds at lower rates because the purchases reduce the banks' tax burdens.

Until recently, only \$10 million in bonds could be designated bank-qualified by any single bond issuer (often the local municipality) in one year, limiting project sizes. But in 2009, the American Recovery and Reinvestment Act increased the amount of bank-qualified bonds that can be issued to \$30 million and applied this new limit to the borrower, not the bond issuer. After December, though, this limit reverts to the pre-ARRA limit of \$10 million.

Looking Federally: Build America Bonds

Build America Bonds (BABs) were also created by the American Recovery and Reinvestment Act. Public entities (e.g. municipal hospitals or retirement communities) that issue BABs are subsidized for 35% of their interest cost. This means that a county-owned retirement community that issued BAB debt with a 6.5% coupon would pay an effective rate of 4.2%.

BABs must be issued as taxable notes, and in 2009 and 2010 only public entities can use them, and only for new construction, acquisition or other capital expenditures – not for refinancing or working capital needs. The subsidy can be applied only to the interest coupon cost, not to any fees that are incorporated into the all-in rate.

BABs are set to expire after Dec. 31. The administration's fiscal 2011 budget proposes opening them to nonprofits in 2011, but reducing the subsidy to 28%. Investors have a strong appetite for this structure, and BABs constitute about 20% of the municipal bonds market. As of Jan. 31, there had been 834 issuances in 47 states for a total of \$70.8 billion, according to U.S. Treasury data collected from Bloomberg.

Conclusion

Affordable financing is available via these temporary options, via governmental financing programs and, to some borrowers, via conventional structures such as bank letters of credit or traditional unenhanced bonds. Those that do not take advantage in 2010, however, could be left in an unfriendly meantime if conventional financing options and the credit markets have not recovered more by the time these temporary options expire. Progress means remaining aware of opportunities, understanding each financing option's impact on both the long- and short-term health of the organization, and being prudent in financing decisions.

2010 Temporary Financing Options

Option	Best For	Special Feature	Evolution & Timing
Build America Bonds	Public (e.g. municipal or county-owned) facilities with projects of all sizes	Reimburses 35% of interest cost, or 45% in special reinvestment zones	Build America Bonds were created by the American Recovery & Reinvestment Act. The ability to issue them expires at the end of 2010 but could be extended
Bank-qualified bonds	Mid-size and smaller nonprofit projects	Banks receive reimbursement for interest expense related to these tax-exempt bonds, incenting them to offer lower interest rates to borrowers	Prior to 2009, bond issuers (e.g. municipalities) could designate up to \$10 million as bank-qualified bonds. The limit was raised to \$30 million for 2009 and 2010 only, and for this temporary period the limit applies to the borrower, not the issuer
Federal Home Loan Bank credit enhancement	Mid-size and smaller nonprofit projects	Hospitals can supplant large banks that aren't providing credit enhancement by relying on local bank credit support backed by the AA- or AAA-strength of the Federal Home Loan Banks	Congress opened up FHLB credit enhancement to non-housing transactions in 2008, but permission for hospitals to use the option expires after 2010

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HFMA MEMBER HIGHLIGHT MAGEE GENERAL HOSPITAL - CONT.

To further enhance these services, two years ago the hospital purchased one of the most technologically-advanced MRI systems and opened a Sleep Center now fully accredited by the American Academy of Sleep Medicine.

Our goal for the past several years has been to create a campus on which we offer family medical clinics, rehabilitation, imaging and diagnostic capabilities, an area for outpatient medical services and same-day surgery; and professional in-patient care. In addition to regular surgery, the hospital is equipped to handle same-day or outpatient surgery, which statistics say is quickly replacing most forms of traditional surgery.

By offering all the conveniences of “one-stop” medical care, we have realized a significant increase in our patient base and revenue sources.

As we enter a new decade, we realize that no matter how well you do something or how successful a program has been, for a slightly larger investment, you can usually do it better. How do we grow and then allocate our resources among the many innovative medical technologies and services continually being introduced in the healthcare field? That is new challenge we will seek to conquer in 2010.

Ask us about our

“Member-Get-A-Member”

Rewards Program!

Contact:

Warren Ladner, Membership Committee Chair

warren.ladner@hma.com

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MS HFMA WELCOMES NEW AND REINSTATED MEMBERS

Marilyn Welch

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Forrest General Hospital

Michael Slay

Senior Account Executive

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Victoria Dorathy

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Denise T. Windom

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Southwest MS Medical Center

Tara M. Woodard

Controller

Greenwood Leflore Hospital

Mandy L. Alford

Controller

Tri-Lakes Medical Center

D. James (Jim) Blackwood, Jr.

Attorney

Copland, Cook, Taylor & Bush, P.A.

**NATIONAL HFMA LEADERSHIP TRAINING CONFERENCE
PHOENIX, ARIZONA**

Six members of the 2010-2011 MS HFMA Leadership Team had the pleasure of attending National’s HFMA Leadership Training Conference in Phoenix, Arizona, April 18-20. This conference is designed to assist Chapter leaders in preparing for their volunteer roles within the Chapter. Many hours were spent in both education and strategic planning sessions and those that attended returned with an even stronger commitment to our chapter’s success.



From left to right::

Kimberly Cappleman, Phelps Dunbar LLP, MSHFMA Secretary

Robin Long, Healthcare Financial Services, LLC, MSHFMA Newsletter Committee Chair

Melody Green, Winston Medical Center, MSHFMA Treasurer

Sandy Riley, RMB, Inc., 2010 MSHFMA President

Joyce Turnage, HORNE LLP, MSHFMA Education Committee Chair

Warren Ladner, Natchez Community Hospital, MSHFMA Membership Committee Chair

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1. a person who voluntarily offers himself or herself for

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From left to right: Sandy Riley, Kim Cappleman, Melody Green (standing), Joyce Turnage 7

MEDICAID AND MEDICARE RECOVERY AUDITS - COMPARISON



Betty Hatten
HORNE LLP

Betty is a manager in health care services at HORNE LLP. Her primary responsibilities include oversight of the chargemaster assessment and maintenance team, as well as providing charge capture audits, performance improvement assessments, and focused compliance reviews for laboratories, diagnostic services, physical therapy, occupational therapy, speech therapy, sleep labs, respiratory therapy, emergency departments, inpatient and outpatient billing and coding, physician and physician office staff education. Betty has been the team leader or the point person for more than 100 chargemaster reviews, dozens of charge capture projects, and multiple compliance audits and compliance plan implementations for clients in 39 states and Washington, DC.

While the words “fraud and abuse” may have diminished in use, they have been replaced with the latest catch phrases “improper payments” and “recovery audits.” Both Medicare and Medicaid are active in their efforts to remain true to their agency’s survival during this financial crisis through the audit processes.

While we are on the front end of the audit implementation, it is a good time to compare the nuances of the audits and better prepare ourselves for addressing time lines, audit issues and appeal processes for the federal agencies. But don’t forget, OIG audits and third-party payer audits are not going away. Everyone is enforcing their agendas as providers try to maintain their revenue cycle daily activities and keep up with audits.

First, the similarities between all the various payer audits that providers are juggling are less daunting than the differences, so let’s start easy with a comparison.

Table 1 delineates the similarities while Table 2 notes the basic differences. However, please note that these are not the only comparisons.

Similarities between MICs and RACs - Table 1

RACs	MICs
Notification of selection for an audit comes in the mail with a specified number of days to respond. Extensions are possible.	Same
Data Mining is used on at least some of the audits in selecting the particular issue or claim to review.	Same
All providers- not just hospitals or physicians - who submit claims to this payer, are eligible for audit.	Same
Providers have the right to appeal the decision.	Same
CMS has contracted with firms to carry out the audits.	Same

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The mission of our chapter is to provide healthcare financial professionals in our state education and information to assist them with better job performance and career enhancement. We believe our organization is in the best position to provide this education and information and we intend to do that.

Our intent is to offer healthcare professionals a quality product and a value for their money. We intend to enhance the value of our meetings in several ways including making sure our programming is relevant, filling up our agendas with more hours and speakers, consistent communication, and by partnering with other groups to leverage our resources for better speakers, etc.

So how does this impact you? In order to keep our educational sessions at the highest level and also at an affordable price; we need your sponsorship commitment to subsidize those meetings. Your corporate sponsorship is important in insuring our success in meeting the educational needs for healthcare professionals in our state. The Corporate Sponsorship Program details the program, including costs and the various benefits you will receive as a corporate sponsor.

The term of our sponsorships is our fiscal year of June 1 to May 30. We would like your commitment by July 31 in order to plan our meetings effectively and insure our plans and related expenses are in line with our revenues.

Your corporate sponsorship is key to the continued success of our chapter. Now is the time to get involved with our chapter and become a part of an organization with a strong tradition of excellence and service.

**Thanks to all of our corporate sponsors
for their support in time and money to
assist our Chapter in providing great
educational and networking sessions
throughout the year.**

**Please give these companies a special
Thank You!**

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Differences between RACs and MICs—Table 2

RACs	MICs
RACs are mandated to post approved issues and time lines and to reach out to providers with proactive education on the issues.	MICs have no mandate for provider outreach, however they do have remedial “education MICS” gearing up for implementation in 2010. They have posted a number of desk audit examples ranging from hysterectomies on males, DRG assignments and debridements. These are state specific.
There are 4 Recovery Audit Contractors and 2 RAC subcontractors who will oversee specified regions (A-D) of the country. Each of the RACs will perform financial recovery audits for over or underpayments. There are two types of audits: <ol style="list-style-type: none"> 1) Automated Audits 2) Complex Audits 	There are 5 Medicaid Integrity Contractor jurisdictions each covering 2 CMS regions. There are 3 primary types of MICs: <ol style="list-style-type: none"> 1) Review MICs 2) Audit MICs <ol style="list-style-type: none"> a) Desk Audits b) Field Audits 3) Education MICs
RACs are reimbursed on a contingency fee basis.	MICs are eligible for bonuses based on their effectiveness and efficiency.
RACs will not look at claim that has been previously audited by any CMS entity.	MICs exclude previous State audits and will not interfere with potential law enforcement investigation.
The appeal process is consistent nationwide.	The appeal process is based on state guidelines.
RAC look back period is 3 years.	MIC look back is based on the particular state guidelines.
RACs allow providers 45 days to produce medical records and pays 12 cents per page for copying.	MICs will give providers up to 14 days (extensions are available if requested) to produce the medical records. There is no payment for copying the records.
The number of records reviewed is limited to 200 for the RAC audits.	There is no record limit for MICs.

While many are developing home grown electronic tracking tools in order to avoid missing deadline and others are purchasing audit software from vendors, the OIG and various insurance companies are surprising all of us with their random audits and requests.

Remember the old saying that the devil is in the details? In the case of RACs and MICs, it truly is the little things that can result in major problems that haunt us.

Needless to say, there are many, many comparisons that could be explored on the topic of auditor guidelines and specifications and we have only addressed a baker’s dozen. No doubt we need to re-address RACs and MICs toward the end of the year when we all have had a chance to experience them live.

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HFMA National Chairman Cathy Jacobson selected the theme "Making It Count" for her 2009-2010 leadership year. She states that...“Making It Count depends on leadership; on individuals who are willing to take an extra step, take a chance, speak up, or make a difficult choice because they believe that their actions will help a loved one, better their community, improve an organization, or bring about a needed change....

And when true leadership is on display you don't have to hope. Others will catch it. Our industry is going through some of the most challenging times in decades, and our leadership as finance professionals is more important than ever in making it count for our organizations.

We are all being called upon to make difficult decisions while preserving the mission of our organizations to help the many people who depend on the care we provide. By serving as financial leaders, and cultivating the leadership of staff throughout our finance departments, we will ensure that our organizations continue to make it count in service to our communities. You have all proven yourselves as leaders in healthcare finance and in HFMA. Keep on drawing from the inspiration of your own achievements as leaders and from the achievements of the other leaders you admire. And keep on making it count for the millions of people who rely on us to keep our healthcare system accessible, efficient, and strong.”

Source: www.hfma.org

Last June at the MS Chapter's Annual Strategic Planning Meeting, the Officers, Board, & Committee Chairs discussed the possibility of creating an event to recognize outstanding healthcare financial individuals from throughout Mississippi who exemplify Cathy Jacobson's description of "Making It Count." The implementation process began soon thereafter and Mississippi healthcare financial executives graciously responded by providing information about those that have "Made It Count". And, on April 27th, the Mississippi Chapter of HFMA was pleased to host this special event.

**Congratulations to these outstanding
individuals!**

TOP 10 WAYS TO MAXIMIZE COLLECTIONS - CONT.

The use of outdated technology may prevent the practice from running its billing operations to maximum efficiency. The long-term benefits and savings of investing in the right technology can often easily surpass the costs.

10. Choosing a Billing Company. It is important to understand that not all billing companies are the same. Some items to consider are experience in your specialty, technology platform, service offerings and the willingness to customize their services to your requirements. Be aware of the benchmarks and ranges for what billing companies charge for your specialty, and understand that not all operations are equal. Sometimes, a low price option can undercut the competition because the services offered may neglect some of the labor intensive practices that are required to capture every dollar. Make sure there are no hidden costs for items like billing secondary payers, patient statements, and postage fees that you will need to factor in. Saving a little money on the rate charged by the billing company is shortsighted if they skimp on the steps addressed above.

To collect all of the money you have worked for requires fully optimizing each of these billing functions to realize efficiencies. Each area might only be responsible for a small percentage of collections, but taken together you can quickly find your practice leaving a large amount of revenue on the table. The first 80% of your payments are relatively easy to collect, it's the next 20% that is harder to obtain and more expensive for an office or a billing company to properly staff the functions that are required to collect your money. You need to efficiently manage each of these billing functions so as to not leave any money on the table. This is money you have earned, so it's important that you have a team or a partner that is willing to go out and fight for every dollar.



Althea Crumpton
Chief Executive Officer
Magee General Hospital

When Althea Crumpton took over the top office at Magee General Hospital in 1996, she inherited more than a new title. Immediate needs included the recruitment of new physicians to replace several nearing retirement age; implementing services and programs to counteract increasing competition and perhaps the most challenging, replace a severely outdated facility. Most of her time as Chief Executive Officer has been spent accomplishing these goals.

In 2009, many years of planning, design work and construction came to fruition with the opening of Phase I of the new hospital. The \$25 million project will replace the entire facility as areas are demolished in stages. The ongoing construction, which includes a new Labor and Delivery Department that opened in early 2010, is an exciting, yet time-consuming part of Crumpton’s job. In addition to overseeing these significant milestone in the life of Magee Hospital and its patients, Crumpton has continued to implement new services and recruit many of the state’s top specialists for the hospital’s growing outpatient clinic. Despite the progress, Crumpton’s focus and motto remains the same: “Always put the patients’ needs first, do the right thing and the rest will fall into place.”

At the helm of MGH for 14 years, she oversees a staff of over 250 that includes a physician and two nurse practitioners. In addition, a large active medical staff that includes physicians representing a variety of specialty areas, along with numerous specialists and surgeons from Jackson and Hattiesburg help keep the hospital at the forefront of medical care and treatment for patients in Simpson County and four adjacent counties.

Crumpton is well-known throughout the state’s healthcare community. She is an active member of the Southwest Council of the Mississippi Hospital Association and serves on the Ad Hoc Committee for the State Board of Health Certificate of Need (CON) process. In addition, she continues to serve as a member of the Mississippi Health Information Manage-

ment Association. Locally, she has offered her experience and support to the Magee Chamber of Commerce and Simpson County Development Foundation.

Mrs. Crumpton and her husband Bodie are members of First Baptist Church of Raleigh. The Crumptons, who have been married for over 30 years, enjoy spending time with their two married sons and their wives.

Magee General Hospital, located in Magee, Mississippi, is a 64 bed acute care, non-profit hospital that serves residents from a 5 county area. Magee General offers the widest range of healthcare services in the area, including a fully accredited Sleep Center, MRI Center, and out-patient specialty clinic. Since Magee General opened its doors over 70 years ago, there have only been three hospital administrators at the helm, providing a continuum of strong, stable leadership appreciated by several generations of families who continue to choose Magee General and its physicians as the primary source for healthcare services.



2010 MSHFMA “MAKING IT COUNT” AWARD RECIPIENTS



Wendy Fisher is married to Ronald Fisher and they have two children, daughter Ally, 6 years old, and son Colton, 2 years old. Wendy received a BS in Business Administration with an emphasis in Accounting from Mississippi State University.

Wendy Fisher began her career with Rush Health Systems in 1995 as a Radiology receptionist, transferring to the Accounting Dept in 2002. Her professional achievements include implementation of productivity system for the hospital, implementation and conversion of Fixed Asset Software within new acquisitions, presenter at Corporate Leadership Meeting, Labor Productivity Trainer, and streamline of accounting processes.

Wendy has served as a volunteer and/or committee member both at Rush Health Systems and various organizations - Executive Productivity Committee, Customer Satisfaction Committees, Tabulator for various fundraisers held by the hospital (Diabetes, Employee Benevolent Fund), Auditor for First Baptist Church of Marion.

Wendy has been recognized by peers and other co-workers through the organization's internal recognition program and as a Customer Service Star Employee.

Wendy Fisher

Senior Accountant

Rush Health Systems

Rush Foundation Hospital is a major community-based acute care medical center that serves inpatients and outpatients who are primarily residents of the area, including Meridian, Mississippi and communities that are within a 70 mile radius of Meridian. Rush Health System is comprised of The Specialty Hospital of Meridian, Laird Hospital, Rush Medical Group, H. C. Watkins Memorial, and Scott Regional Hospital.



From left to right: Lexie Fuller, Wendy Fisher, Sandy Riley

2010 MSHFMA “MAKING IT COUNT” AWARD RECIPIENTS



Vicky Fox

Patient Accounts Manager

Forrest General Hospital

Vicky Fox has 21 years of Healthcare experience in Patient Financial Services. She began her career at Catholic Healthcare West in Sacramento California. After 9 years, she transferred to Catholic Healthcare West in Phoenix, AZ where she served as Design Team Analyst and then as Manager of Training and Quality Assurance for a total of 5 years before moving to Hattiesburg, MS in 2003.

Vicky is currently employed with Forrest General Hospital as a Patient Accounts Manager. Her focus is on denial management / process improvement and contract management reimbursement /variance reporting. She manages the variance review and appeal dept as well as the commercial/managed care insurance follow-up dept. She participates in contract negotiations, serves on the RAC committee for FGH and provides support for the CDM coordinator.

A native of Luling, LA, Vicky attended Folsom Community College in Folsom, CA and graduated with an Associates in Arts degree. When not at work she enjoys spending time with her husband, Roger and her 10 year old son, Dalton.

Forrest General is a 512-bed facility located in Hattiesburg, Mississippi, that provides regional health services to a 17-county area. Generations of Pine Belt residents have counted on Forrest General, and today's generations continue to rely on the comprehensive care offered through the hospital's constantly expanding range of healthcare services.



From left to right:: Denise Waits, Vicky Fox, Sandy Riley



Tammy Boudreaux is a 34 year veteran at Memorial Hospital at Gulfport. She is currently the Patient Access Manager, responsible for the inpatient, outpatient and Emergency Department registrations. She also manages the preadmission area, financial counseling, and Medicaid eligibility. In her role as Manager of Patient Registration, Tammy has many duties. She oversees the functions of a 60 plus staff and supervisors, plans and executes budgets, resolution of patient issues and accomplishing the goals and tasks assigned to her. In conjunction with Patient Financial Services and Health Information Management, she has implemented tools and practices that streamline the billing process from the front end. Tammy has served as the Registration department educator where she developed a training program for Access staff. She has also served as the Quality Control Coordinator for the Registration Department.

Tammy lives in Gulfport, MS with her husband, Billy, and their 9 year daughter, Sarah. She is a graduate of the University of Southern Mississippi with a Bachelor of Science degree in Business Administration. She is a member of NAHAM (National Association of Hospital Admitting Mangers) and also MSAHAM (MS Association of Hospital Admitting Mangers). She is a STAR recipient for Service Excellence at Memorial.

Tammy Boudreaux

Patient Access Manager

Memorial Hospital at Gulfport, MS

Memorial Hospital at Gulfport: Located just 2 blocks from the beautiful Gulf of Mexico, Memorial Hospital is a 447 bed acute care hospital. Memorial sees 17,000 inpatients and has 125,000 plus outpatient visits a year. A full range of healthcare services are provided including a 24/7 emergency room, a behavioral health center, cardiac, oncology, rehab services and more than 20 physician office practices.



From left to right:: Mike Ernst, Tammy Bourdeaux, Sandy Riley



Denise Windom

Director of Case Management

Southwest MS Regional Medical Center

Denise Windom is married to Reverend Vance Windom, Jr., who is the Pastor of West McComb Baptist Church in McComb, MS where they currently reside. Denise and Vann have three wonderful children and five beautiful grandchildren. Denise is active in her church and community by teaching 5th and 6th grade Sunday school, participating in the Adult Choir, Handbells, medical mission trips, and Women on Missions. She is currently the Director of Women on Missions for the Pike County Baptist Association, a statewide consultant for the Mississippi Baptist Nursing Fellowship, and serves on the W.T.C. Executive Board for St. Paul Missionary Baptist Church in Summit, MS.

Denise graduated from the Mississippi College School of Nursing with a Bachelors of Science Degree in Nursing in 1993. While at the Mississippi College School of Nursing, she participated in the first medical mission program to Mexico that is still a part of the curriculum today. Denise was honored as a MC Who’s Who inductee and on the Dean’s List. She was a Charter Member of the Omicron Lambda Chapter, a Mississippi College member, Sigma Theta Tau, and International Honor Society for Nursing.

Southwest MS Regional Medical Center includes 160 beds with over 1000 employees and 70 physicians on staff, the MS Cancer Institute, a 20 bed geriatric/psychiatric unit, and a home health service serving 17 counties. In addition, SMRMC owns and operates 9 clinics, including rural health clinics, an internal medicine clinic, and an outpatient rehabilitation center. SMRMC also manages and operates Lawrence County Hospital in Monticello, Mississippi.



From left to right:: Jerry Knighton, Denise Windom, Sandy Riley

2010 MSHFMA “MAKING IT COUNT” AWARD RECIPIENTS



Kim Simmonds

Director of Accounting

Mississippi Baptist Health Systems

Kim Simmonds, CPA, is the Director of Accounting Operations at Mississippi Baptist Health Systems. She worked in public accounting for Smith, Turner, and Reeves, P.A. (now part of BKD, LLP), as Manager in both the audit and tax areas. She served as Treasurer for the MBHS Federal Credit Union Board of Directors and volunteers for Baptist sponsored events such as Annual Heart Day and Habitat for Humanity. Kim served on the Finance, Ordinance, and Building the Vision committees at Highland Colony Baptist Church; and as a volunteer for the Southern Baptist Convention International Missions Board in Antigua, Greece, Hungary, and Poland.

Kim received a Bachelor of Professional Accountancy degree from Mississippi State University. She passed the Certified Healthcare Financial Professional (CHFP) exam and is a member of HFMA, AICPA, MSCPA, and the Central Chapter of MSCPA.

She lives in Ridgeland with her husband David Simmonds, an Actuary and CPA for Southern Farm Bureau Life Insurance Company.

Baptist Health Systems is the parent company of Baptist Medical Center, The Mississippi Hospital for Restorative Care and a number of related healthcare services and programs.

From its beginnings in 1911, Baptist has grown to include a 564-bed medical center, along with a variety of health and medical services for people in every stage of life. Through the decades, Baptist has continued to provide quality, compassionate Christian-based medical care to the people of Mississippi.



From left to right:: Wayne Walters, Kim Simmonds, Sandy Riley



Catherine Purvis lives in Brandon, Ms and is the mother of two boys, her oldest lives and works in Pensacola and the youngest is a junior at Brandon High school. Ms Purvis has been in the healthcare industry for the past 15 years. The past 3 years she has been working as the Managed Care Coordinator in the Business office at River Oaks Health Systems. She is responsible for the payment verification on all contracted insurance payments. Prior to this she spent the previous 12 years working for two other hospitals in the Jackson metro area, Cross-gates at River Oaks, and Madison County Medical Center where she handled duties as the Cashier, Self pay Collections, Insurance follow up and Payment Verification.

As the Managed Care Coordinator at River Oaks, Ms. Purvis has made a substantial impact in improving payment verification processes and recoveries for her facility and other HMA hospitals in MS. She is a key member of the development team to refine and implement a MS Worker’s compensation model and Medicare Advantage model in 2010. The Worker’s Compensation model will be used by all ten HMA hospitals in MS. During the preliminary testing of the WC payment verification model, \$70,000.00 in underpayments has already been identified. The Medicare Advantage model will be used nationally for all HMA facilities for verifying Medicare Advantage payments. She has developed payor specific underpayment training materials and worked with her peers to improve the identification and collection of underpayments. For the year of 2009 Ms Purvis collected over \$1 million for River Oaks Health systems.

Catherine Purvis
Managed Care Coordinator
River Oaks Hospital

River Oaks Hospital is a 110 bed facility located in Flowood, MS. River Oaks provides a comprehensive range of services and is recognized as a leading provider of orthopedic and maternity services. River Oaks is ranked #1 in MS for spine surgery, joint replacement and overall orthopedic services by HealthGrades.



From left to right:: Pat Riley, Catherine Purvis, Sandy Riley



Jennifer Barrett lives in Pearl, MS. She has 3 children, 2 girls and a boy. Her oldest daughter lives and works in Hattiesburg, MS. Her second daughter is a Junior at Pearl High School, and her son is in 4th grade. Ms. Barrett has worked 11 years in healthcare; 5 years in physician practice billing and 6 in hospital billing and payment verification.

Jennifer Barrett is the Managed Care Coordinator in the Business Office at Woman’s Hospital where she is responsible for payment verification and billing with an emphasis on Blue Cross Blue Shield. Since becoming the BCBS of MS payment verification lead, she has been instrumental in developing payment logic with corporate programmers to build payment models for all ten Mississippi HMA hospitals. Her work on the BCBS of MS models for outpatient APC payment calculations has led to the development of Tricare and Medicare outpatient models being developed for all 57 HMA hospitals. Last year, Jennifer Barrett collected approximately half a million dollars in underpayments primarily from commercial payers.

Jennifer Barrett
Managed Care Coordinator
Woman’s Hospital

Woman’s Hospital is a 111 bed facility located in Flowood, MS, and is one of Mississippi’s premier providers of services for women including obstetrics and gynecology, general surgery, and plastic surgery. Woman’s Hospital has a Wound Care and Hyperbaric Center, provides comprehensive breast health services and offers an NICU transport team.



From left to right:: Pat Riley, Jennifer Barrett, Sandy Riley

2009 - 2010 MISSISSIPPI CHAPTER HFMA ADMINISTRATION

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