Mississippi
Headlines
**MISSISSIPPI HFMA PRESIDENT’S MESSAGE**

I had a football coach in high school who always stressed that our primary goal out on the field was to “never be the weak link on the chain.” His point was clear: prioritize what you have to do to make sure you aren’t the one holding the team back. This focus on our responsibilities is meant to ensure that the team as a whole moves forward in sync. And just as the chain becomes useless once a weak link breaks, so is the case with the team’s ability to be effective if a player shows weakness.

Similar to the analogy above, it is important that our healthcare organizations get the most out of every person (both clinical and support staff) involved with the patient care experience. We know that the fee-for-service environment for healthcare is on its way out the door. Payments will increasingly be tied to quality and value to the patient instead of volume of patients. Healthcare finance leaders will no doubt be instrumental in navigating through the maze of changing payment models so we will all have to be able to keep abreast and manage the changes. As a leader in your organization, I urge you to use HFMA as your resource for educational sessions and networking with peers who are facing similar challenges.

This year’s HFMA Annual National Institute (ANI) in Las Vegas introduced HFMA’s 2016-2017 Chair Mary Mirabelli and her theme “Thrive”, which connects the importance of adapting to change in the evolving healthcare industry. The Mississippi chapter was represented well at the Chapter Awards ceremony, where I am happy to report that under Rhonda Atkins’ leadership during the HFMA 2015-2016 year we were awarded the Gold Award for Education, the Hottum Award for Educational Improvement and the Silver Award for Certification.

Our chapter has also had a strong start to the current year already, with great one day sessions held in Ridgeland in both June and July. Our first multi-day meeting is set for August 17-19 at the Pearl River Resort. I’m also excited to announce several outreach programs as joint efforts between HFMA and MGMA this fall in Tupelo, Jackson and Hattiesburg. As the first quarter for HFMA 2016-2017 ends, I want to thank you for your membership and involvement with HFMA. From a National and State chapter standpoint, things are moving quickly but are doing so in a positive manner!

If you would like to volunteer and become more involved with the chapter, please contact me at jim.wadlington@hornellp.com or (601) 326-1376. Please remember that this is YOUR chapter and its success depends on your participation!

Yours truly,

Jim Wadlington
President
Mississippi Chapter HFMA
EDITORIAL AND PRODUCTION

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EDITORIAL POLICY

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All article submissions must be typed and submitted as a Microsoft Word document.

Please email your submission to:
Ken Dulaney, Alliance Collection Service, Inc.
KDulaney@AllianceCollectionService.com

Mississippi HFMA…Your Educational Resource...

HFMA’s Online Membership Directory

Have you visited HFMA’s Online Membership Directory lately? Log in at www.mshfma.org or http://www.hfma.org/login/index.cfm. When you select “HFMA Directory,” not only can you search for members of your chapter, you can also search for all your HFMA colleagues by name, company, and location—regardless of chapter! Using an online directory instead of a printed directory ensures that you always have the most up-to-date contact information. While accessing HFMA’s Online Membership Directory, you can view your current contact information and make edits to your profile. You can also see products you have ordered, events you have registered for, your CPE credits, your Founders points, and more! It’s vital that HFMA has your correct information, so please take a moment to review your record now. By doing so, you’ll ensure that HFMA continues to provide you with valuable information and insights that further your success.

HFMA Membership Benefits

As you experience the value HFMA provides, don’t forget to value the experience. HFMA offers opportunities to network with those who face similar challenges and successes. If you are looking to gain experience in a safe environment, or would like to share the experiences you’ve gained, opportunities to volunteer at the Mississippi Chapter or at a national level are plentiful.

The bottom line is that HFMA is comprised of more than 35,000 people just like you. What do we know about our members? We are value driven. We are forward thinking. We are innovative. And together, we are defining, realizing, and advancing the profession of the financial management of health care.

To learn more about the benefits of your HFMA membership visit http://www.hfma.org/Membership/.
# 2016 Summer Workshop Agenda

**Pearl River Resort**

## Opening Day

<table>
<thead>
<tr>
<th>Time</th>
<th>Events</th>
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</thead>
<tbody>
<tr>
<td>11:00 am : 1:00 pm</td>
<td>Lunch on Your Own – Dancing Rabbit</td>
</tr>
<tr>
<td>1:00 pm : 5:00 pm</td>
<td>Golf Outing – Dancing Rabbit (The Oaks Course)</td>
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<tr>
<td>2:00 pm : 6:00 pm</td>
<td>Exhibitor Set Up</td>
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<tr>
<td>3:00 pm : 5:00 pm</td>
<td>Early Registration</td>
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<tr>
<td>4:00 pm : 7:30 pm</td>
<td>Exhibits Open</td>
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<tr>
<td>5:30 pm : 6:30 pm</td>
<td>Board Meeting</td>
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<tr>
<td>6:30 pm : 7:30 pm</td>
<td>Reception with Vendors</td>
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**Wednesday**
August 17  
2016

## Day 2

**General Session**

<table>
<thead>
<tr>
<th>Time</th>
<th>Events</th>
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<tbody>
<tr>
<td>7:30 am : 8:00 am</td>
<td>Registration and Continental Breakfast</td>
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<tr>
<td>8:00 am : 8:15 am</td>
<td>Welcome and Announcements</td>
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<tr>
<td></td>
<td>Jim Wadlington, MS HFMA President</td>
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<tr>
<td>8:15 am : 9:30 am</td>
<td>Re-Program to DeStress</td>
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<td>Dan Cain, Cain Illusions</td>
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<tr>
<td>9:30 am : 9:45 am</td>
<td>Break</td>
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<tr>
<td>9:45 am : 10:45 am</td>
<td>Doctors, Dollars, and Health Reform: Physician</td>
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<tr>
<td></td>
<td>Reimbursement for Fee-For-Service to MIPS</td>
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<td></td>
<td>Dr. Kurt Mosley, VP, Strategic Alliances, Merritt Hawkins</td>
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<tr>
<td>10:45 am : 11:00 am</td>
<td>Break</td>
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<tr>
<td>11:00 am : 12:15 pm</td>
<td>CFO Panel – Navigating through the Changing</td>
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<td></td>
<td>Healthcare Landscape</td>
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<td></td>
<td>Darrell Wildman, Rush Health Systems</td>
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<td></td>
<td>Brad Sinclair, University of Mississippi Medical Center</td>
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<td></td>
<td>Justin Stroud, Merit Health Central</td>
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<td></td>
<td>Moderator: Ed Tucker, MS HFMA</td>
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<tr>
<td>12:15 pm : 1:15 pm</td>
<td>Lunch</td>
</tr>
</tbody>
</table>
Day 2 (continued)

Thursday
August 18
2016

1:15 pm : 2:15 pm  Finance Track  Revenue Cycle Track
A&A Update  Revenue Cycle Round Table
JT Blalock, Manager  Ed Casteel, Partner, Trilogy
Healthcare, HORNE LLP  Healthcare Solutions

2:15 pm : 2:30 pm  Break

General Session

2:30 pm : 3:30 pm  Value-based Payments – Primary Care Home
Bryan Lagg, VP, Consumer Markets and Health and
Wellness, Blue Cross Blue Shield of MS

3:30 pm : 3:45 pm  Break

3:45 pm : 5:00 pm  Approaches to Improving Revenue Cycle Function
Katherine Cardwell, AVP, Revenue Cycle Solutions,
Ochsner Health System
Wendy Burns, AVP, Revenue Cycle Solutions, Ochsner
Health System

5:00 pm : 5:30 pm  Committee Meetings

6:00 pm : 8:00 pm  Social – Enjoy Open Bar & Hors d’oeuvres!

Closing Day

Friday
August 19
2016

General Session

7:30 am : 8:30 am  Continental Breakfast

8:30 am : 9:45 am  Innovative Payment Models: How to Succeed
Mary Beth Briscoe, CFO, UAB University Hospital & UAB
Medicine Clinical Operations

9:45 am : 10:45 am  CMS IPPS Update for 2017
Angela Carmichael, Director, Health Information
Management, Nuance Healthcare Solutions

10:45 am : 11:00 am  Break

11:00 am : 12:00 pm  Telehealth – Case Study
Cris Bourn, Orthopaedic/Neuroscience Service Line
Administrator, St. Dominic-Jackson Memorial Hospital

12:00 pm : 12:15 pm  Closing Remarks and Door Prizes
NEW MEMBERS

We’ve Gone Social!

'Like' our Facebook Page and join in the conversation with others just like you.

Follow us on Twitter to learn about upcoming educational events and other chapter information.

WELCOME TO OUR NEWEST MISSISSIPPI HFMA MEMBERS:

James M. Woodward, Controller, Winston Medical Center
Debbie Gibbons, Associate Director Admin & Finance
Michelle H. Reed, Manager, Professional Services, nThrive
Mary Ann Hood, Ambulatory Operations Director, UMMC
Nicole Boozer, Accountant, South Central Regional Medical Center

Know someone that would benefit from HFMA? Have them contact Bill Nesmith at wwnesmith@hotmail.com.

Thank you to Rhonda Atkins for leading the Mississippi Chapter of HFMA to four individual chapter awards, including the Gold Award for Education and the Hottum Award for Educational Performance Improvement, and the Silver Award for Certification. Rhonda’s leadership and dedication to our chapter has produced wonderful results.
Upcoming educational opportunities

Save the Date!

Summer Workshop

August 17th, 18th, 19th, 2016

Silver Star Casino
Philadelphia, MS

“Turn Denials Into Dollars”

HFMA & MGMA Outreach Programs
August 31 — Hattiesburg, MS
September 15 — Tupelo, MS
September 28 — Jackson, MS

VISIT www.mshfma.org for complete details

Region 9 Annual Conference

November 6 thru 8, 2016
Sheraton Hotel, New Orleans, LA

REGISTER NOW
Small Increases in Medicare Rates for IRFs, SNFs, Hospices

Rich Daly, HFMA Senior Writer/Editor

Aug. 1—Newly finalized FY17 Medicare rates include small increases for inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs), and hospice providers.

Under Medicare, IRFs garnered a 1.9 percent net payment increase, or $145 million more than in FY16, according to the final rule. That was higher than the estimated 1.45 percent increase factor proposed in April.

The IRF increase is based on a 2.7 percent market-basket update that was reduced by 0.3 percent for productivity and by 0.75 percent as required by the Affordable Care Act (ACA). The rate also was increased by 0.3 percent for high-cost outlier cases.

The Medicare rate for SNFs increased by a net 2.4 percent, or $920 million more than those facilities received in FY16, according to the final rule. That rate stemmed from a 2.7 percent market-basket update and a 0.3 percent productivity cut required by the ACA. The rate increase was larger than the 2.1 percent, or $800 million, bump that Medicare proposed for SNFs in April.

In FY17, hospice payments will increase by 2.1 percent, which is $350 million more than in FY16, according to a final rule. That rate stemmed from a 2.7 percent market-basket update reduced by 0.3 percent for productivity and 0.3 percent as required by the ACA. The hospice rate also is slightly larger than the 2.0 percent, or $330 million, increase proposed in April.

The hospice cap for FY17 likewise will be updated by 2.1 percent.

Credit-rating firm Moody’s Investor Service described even the lower increases proposed in the spring as credit-positive for most subsectors, although it noted that the increases would have a slightly different impact on the reimbursement rates paid to each.

Data Release
The final rules also advanced the Centers for Medicare & Medicaid Services’ (CMS’s) plans to require standardized quality-data reporting from post-acute care providers.

“This data will be used by CMS to compare quality across these segments in order to better coordinate and reduce the cost of care, possibly by changing to a reimbursement model that is based more on the level of care provided and less on the specific care setting,” the Moody’s report stated.

CMS maintained plans to begin publicly reporting IRF quality data in the fall, according to a fact sheet. The agency finalized four measures for public display in CY17, pending final data analysis, and adopted procedures associated with public reporting, including the review and correction of data and confidential feedback reports for providers.

READ THE ENTIRE ARTICLE FROM HFMA
Think “LEAN” by Ed Casteel, Trilogy Revenue Cycle Solutions

LEAN Six Sigma is a process improvement mind-set that focuses on effectiveness and efficiency. This is done by identifying various forms of waste that inhibits the smooth flow of a process. While this is often applied to manufacturing environments, it can also be applied to service industries such as healthcare, including revenue cycle. It just takes a little creativity to convert manufacturing descriptions and terms to their revenue cycle counter parts.

LEAN Six Sigma defines waste in a process as being one of eight types. They are:

- **Defects**,  
- **Overproduction**,  
- **Waiting**,  
- **Non-Utilized Talent**,  
- **Transportation**,  
- **Inventory**,  
- **Motion**, and  
- **Extra Processing**.

**Defects** are anything that has a flaw, error or mistake. This might be a wrong code or missing modifier on a claim, or an incorrect insurance verification/approval. **Overproduction** is when an inventory item is provided faster than needed to the next step or to the customer. Overproduction can be identified where a claims queue stacks up (i.e. inventory) waiting for the next billing step. **Waiting** applies to people, processes and inventory. A denial in a queue to be worked or a medical record needing to be coded are all forms of waiting. **Non-Utilized Talent** is not engaging someone to their full potential. This can happen when the staff working the day to day process are not included in process improvement initiatives.

**Transportation** is when something is being moved such as a claim working through the billing cycle where the movement adds no value. Various system interfaces are a common form of electronic transportation. **Inventory** is likely to exist in all processes even though the ideal state would reduce inventory to zero. Holding inventory has inherent risks such as degradation of the inventory. For example, the longer a claim sits in A/R or a denial sits in a work queue, the more likely they will be denied for timely filing. **Motion** is the walking, moving, bending, sorting, searching done by a person. This could be a person searching for a regulation on the Intranet or walking down the hall to copy a medical record. **Extra processing** is either rework or processing that is more than is needed. For example all appeals/denials are extra processing as they are a result of a defect in the up-stream process.

While going about your daily tasks, begin observing the everyday processes before you. Practice identifying and labeling the various forms of waste. Becoming familiar with, and practicing the identification and labeling of the eight forms of waste can help sharpen your awareness of processes that may have opportunities for improvement.

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Ed Casteel is a Partner in Trilogy Revenue Cycle Solutions
In July HFMA teamed up with Trilogy to bring you a special seminar, “Turn Denials into Dollars”. The event was a great success with over 100 attendees. Now, HFMA is working with the Mississippi Chapter of MGMA to bring you three more seminars on the subject along with a seminar on MACRA in three locations, Jackson, Tupelo, and Hattiesburg. Visit the MS HFMA Facebook page or website for time, date, and cost.

A big thanks to Ed Casteel and Trilogy for bringing this information to our members!
What is HFMA's Virtual Conference?

The Virtual Conference provides members and non-members with unique, interactive educational experiences, including real-time presentations with nationally recognized experts (CPEs available), networking opportunities, and industry solutions. All you need is a computer and a high-speed internet connection to participate. You don't need to leave your home or office!

HFMA's Virtual Conference

www.hfma.org/virtualconference/home/

HFMA's 2016 Virtual Healthcare Finance Conference

- Interactive, live event
- Free for members
- $175 for non-members (includes HFMA membership through May 31, 2016)
- Influential speakers
- Dynamic education sessions
- Online networking opportunities
- Industry solutions

(Up to 3 CPE credits)

CPE Credits

The HFMA Education Foundation is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may submitted to the National Registry of CPE Sponsors through its website: www.learningmarket.org.

Registered participants will receive a certificate of attendance at the completion of each program reflecting the number of instructional hours earned. Unless otherwise stated, there are no prerequisites required for attending a Virtual Conference session and 1.0 CPE credits will be given for each live session. CPE requirements may differ by jurisdiction; therefore, participants should consult their reporting jurisdiction. All HFMA education programs can be applied toward HFMA Certification maintenance point requirements.

REGISTER
As care models, treatments and technologies continue to evolve, a pair of hospital executives have devised several leadership strategies that help staff members at all levels work together to better accomplish their goals.

Terri Poe, chief nursing officer and senior associate vice president at University of Alabama Hospital, and Patricia Tietjen, vice president for Western Connecticut Health Network and Danbury Hospital, found that they shared similar methods of handling the various challenges at their facilities, according to an article from Hospitals & Health Networks.

Here are four of the strategies they suggest:

- **Unite on goals.** The first step was getting leadership on board, Tietjen said, and once those executives were all at the table, the team could set goals to tackle major issues. Bringing together stakeholders from outside the C-suite, Tietjen added, was a significant hurdle, as they potentially had to drop other projects to become involved.

- **Establish accountability.** In University of Alabama Hospital’s case, leaders were dealing with a significant influx of patient transfers, according to the article. The hospital created a position for a director of throughput to handle patient navigation, but Poe said that other team members had to work to accept the authority and accountability of the new leader.

- **Use “bed huddles.”** Poe said each day, 80 staff members meet in a 600-square foot room to discuss the day’s issues, according HH&N. The meetings are brief--usually 10 minutes, she said--but they are hugely helpful in getting everyone in the team on the same page. Daily huddles can reduce preventable errors and promote reporting of such mistakes, Fierce-Healthcare previously reported. Tietjen said meetings like this must extend beyond merely clinicians to accomplish as much as possible.

- **Develop a clear communications strategy.** At both hospitals, the article notes, the use of daily multidisciplinary rounds and compliance checklists have helped promote a culture of teamwork. A streamlined, simplified communications process can improve patient safety.

- read the *HH&N* [article](#)
July 13—Amid a crush of concerned feedback from providers, Medicare is considering delaying the January 2017 start of data collection under its new physician payment system, according to the agency’s leader.

Andy Slavitt, acting administrator of the Centers for Medicare & Medicaid Services (CMS), told a congressional committee Wednesday that CMS is considering delaying implementation of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The proposed rules would require most physicians paid under Medicare to begin tracking various quality indicators on Jan. 1, 2017.

CMS officials “remain open to multiple approaches,” Slavitt said in testimony to the Senate Finance Committee. “So, some of the things that are on the table, we’re considering, include alternative start dates, looking at whether shorter periods could be used, and finding other ways for physicians to get experience with the program before the impact of it really hits them.”

A CMS spokesman declined to provide any details of the possible implementation delays under consideration.

Many individual providers and organizations had urged delays in the start of MACRA reporting. For instance, the Medical Group Management Association (MGMA) urged in its comment letter that CMS push back the start of quality reporting to January 2018.

Slavitt said calls for delay were a “significant” part of the feedback CMS has received from physicians on the proposed rule implementing MACRA. Nearly 4,000 comments have been submitted, and 64,000 attendees have participated in more than 200 MACRA discussion sessions through CMS.

Sen. Orrin Hatch (R-Utah), chairman of the committee, echoed many of those physician concerns when he said release of a final rule for MACRA around Nov. 1 would give physicians only two months to prepare for the start of data collection. Hatch noted that the MACRA statutory language allowed “flexibility” on when quality-data reporting needs to start.

READ THE ENTIRE ARTICLE AT HFMA.ORG
PLATINUM SPONSOR HIGHLIGHT

MS HFMA would like to say “Thank You!” to our Platinum Sponsors who support HFMA at the highest level.
Education Roundup

Did you know that HFMA provides numerous education opportunities that can help the Chapter earn DCMS education hours?

Live HFMA programs also offer CPE credits that count toward your annual goals. The Mississippi chapter earns DCMS education hours that count toward the annual chapter education goal whenever a member of the chapter attends or participates in a national event.

With self-study lessons, you can learn at your own pace with the flexibility to access lessons any time or any place. Just read the lesson, go over the review sections, and complete a six-question exam. You will receive a certificate of completion listing the courses you successfully finish, and 1 certification maintenance point per lesson, if applicable.

August 2016 Live Webinars

**August**

**Wed., Aug. 10**  Digital Payments and Consumerism—The New Normal!
**Tues., Aug. 16**  2017 Proposed Rule Changes to Outpatient Payment Systems and Ambulatory Service Centers

**Thurs., Aug 18**  Emerging Practices for Hospitals to Engage Patients in the Field and on the Phone
**Tues., Aug. 23**  5 Signs It's Time to Outsource Your revenue Cycle: Key focus Areas to Improve Your Organization's Financial Health

**Wed., Aug. 24**  Work-from-Home Strategies: Creating Effective Programs to Increase Productivity and Improve Employee Satisfaction

**Tues., Aug. 30**  Moving Patient Access to the Front Lines: How the MetroHealth System Is Embracing Consumerism

Check the HFMA webinar calendar weekly. We schedule new sessions intermittently, and the calendar receives frequent updates and additions. For more information on a particular webinar or to register now, click the links above or call (800) 252-4362, ext. 2.

CLICK HERE FOR MORE INFORMATION FROM HFMA ON THESE PROGRAMS
The Consumer Financial Protection Bureau is about to make it a lot tougher for debt collectors to conduct abusive practices against consumers. Among the agency’s new proposal are capping collection calls, making it easier for consumers to dispute debts and forcing companies to clarify their data on consumers.

Under the CFPB’s proposal, debt collectors would have to collect some minimum information on consumers before initiating a collection. That includes properly and fully determining a debtor’s full name, last known address and phone number, account number, date of default, the amount owed at default, and the date and amount of any payments or credits applied after they defaulted.

According to a recent CFPB study, about one-in-three consumers had been contacted by a creditor or collector trying to collect a debt within the past year.

“We are considering proposals that would drastically overhaul the debt collection market,” said CFPB Director Richard Cordray in a statement. “This is about bringing better accuracy and accountability to a market that desperately needs it.”

Debt collection generates more complaints to the CFPB than any other financial product or service. The most common complaints are about collectors seeking to collect debt from the wrong consumer, for the wrong amount, or debt that could not legally be enforced. When consumers are contacted by collectors for debt they do not recognize, they often do not know what to do next.

Under the new rules, debt collectors would also have to limit to six communication attempts per week through any point of contact before they have reached the consumer.

“In addition, if a consumer wants to stop specific ways collectors are contacting them, for example on a particular phone line, while they are at work, or during certain hours, it would be easier for a consumer to do that,” the CFPB said.

The CFPB is also considering proposing a 30-day waiting period after a consumer has passed away during which collectors would be prohibited from communicating with certain parties, like surviving spouses.

READ MORE
Tough Truths Behind the Shifting Role of the Rural Hospital

David Williams
April 28, 2016

Here’s a potentially disturbing statement: “Rural healthcare needs healthcare – not buildings.”

I’ve been watching rural hospitals closely as they cope with the changing healthcare landscape, and I’ve come to believe this statement is true. You might find it disturbing because of its implications – if rural hospitals don’t need buildings, what happens to their staffs, their service, their presence in the community and their stakeholders? And most of all, without a physical presence in a community, what happens to urgent care and its lifesaving role in rural areas?

In the face of such profound implications, rural hospital boards and administrators are often tempted take the easy way out and do nothing. If you are of that opinion, I urge you to reconsider because I believe that doing nothing will quickly lead to your hospital’s demise.

Here’s why – the old models for success no longer apply.

In the old business models, rural hospitals secured their reputation and their profitability by offering as many services as possible, and then building clinics and departments and wings to house equipment, staff members, treatment rooms and beds. Having a large physical presence was integral to their business plans. They often tried to be all things to all people. They advertised local treatment – even if treatment at a facility in a larger town was less expensive and had better outcomes. The model seemed to work because patients weren’t paying the freight directly, and the hospital was reimbursed for the number of procedures it provided.

When the hospital wasn’t reimbursed for services rendered and indigent care overwhelmed care for patients with insurance, it was possible for rural hospitals to operate at a loss year after year because volume-based reimbursement programs, dedicated donors, foundations and grants often helped them stay in business. Rural hospitals were often providing care to those in the underserved community and some were created as a result of federal funding to provide charity care.

Now, however, the pressures on rural hospitals are pushing them to the breaking point. Bundled payments, value-based outcomes and an emphasis on population health are replacing fee-for-service in the marketplace. To survive, rural hospitals must reposition their business models, but they can’t change blindly. They must weigh the impact of their decisions in the following areas:

- Rural hospitals are often the largest employers in their communities. They have dedicated staff members who often have many years of service. How a hospital treats its professional and medical staff is key to its ongoing reputation.
- Communication is vital so that patients understand how their care will be delivered and by whom. Perceived disruption of services can result in extremely negative patient opinions.
- Springing a completely new business strategy and plan of operations on a community is counter-productive. Engaging staff members, community leaders and the media is crucial to success.
- Stakeholders, including a hospital’s philanthropic arm, donors, state and local government leaders, and physicians have a financial stake in the success of the hospital.

Here are six recommendations to redesign an effective rural hospital. This is an effective structure for the project; I’ll leave the details to you.

**Evaluate.** Start with comprehensive service planning geared toward reducing redundancies. It makes no sense to offer extremely specialized services, if they are available at a larger facility within an hour’s drive. It also makes no sense to maintain the same bed space, if you can’t keep them occupied. It does, however, make sense to strengthen high-demand services as well as EMT and ambulance services.

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Anticipate tomorrow. Deliver today.

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W E THANK THESE COMPANIES THAT MAKE MS HFMA STRONGER WITH THEIR SUPPORT!

PLATINUM

The mission of our chapter is to provide healthcare financial professionals in our state the 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 strive to enhance the value of our meetings in a number of ways, some of which include ensuring our topics and programming are relevant, providing consistent communication, expanding our agendas to offer more hours and a variety of topics, and partnering with other groups to leverage our resources for better speakers.

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 plays an essential role in ensuring the success of our chapter and our ability to meet the educational needs of healthcare professionals in our state. The Corporate Sponsorship Program details the different sponsorship levels available as well as the cost and various benefits you will receive as a corporate sponsor.

Your corporate sponsorship is key to the continued success of our chapter. Thank you for getting involved with our chapter and becoming a part of an organization with a strong tradition of excellence and service.

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ALEGIS
The Value of Certification

Many healthcare organizations in today’s challenging economy recognize their workforce as their most valuable asset. As such, these organizations tend to hold workforce development as a primary business strategy.

Investment in developing the talents, knowledge and skill sets of staffs are critical to the organization’s success. HFMA’s Healthcare Financial Pulse research identified this dynamic and noted that successful organizations today commit to the “bread and butter” of financial management, i.e. technically strong and comprehensive financial management.

Likewise, many individual financial managers today recognize the importance of assuming personal responsibility for their careers’ success. More than ever before, individuals understand the importance of acquiring and maintaining comprehensive skill sets to ensure their ability to provide the financial management demanded today. These individuals frequently seek out relevant professional development opportunities.

The larger business environment resulting from these forces is a heightened interest in workforce development initiatives including certifications and credentialing. Credentialing programs have exploded across the past couple of decades and include:

- Professional associations offering certifications
- Community colleges offering curriculum-based certificates
- Corporate sponsored in-house credentials for employees
- Technology companies providing proprietary credentials to customers

HFMA certification provides a fundamental business service to our industry, namely HFMA certification offers:

- Assessment of job-related competency
- The opportunity for an individual to demonstrate skills and knowledge
- Independent verification of the skills and knowledge
- Confirmation that an individual is current in the practice field

The value of HFMA certification can be seen in several reported “value-adds”:

- Increased departmental cooperation
- Heightened self-confidence among participants
- Increased performance against selected metrics
- Verification of staff knowledge and skills
- Assistance in structuring career paths

HFMA is committed to being the indispensable resource that defines, realizes and advances healthcare financial management practice. As such, HFMA provides professional certifications to achieve this purpose in today’s business environment. This makes HFMA Certification a smart workforce investment strategy.

For more information on HFMA Certification, visit [http://www.hfma.org/certification/](http://www.hfma.org/certification/).
The process for application, testing and certification can be found on the HFMA.org website or for further information contact:

David Williams, Certification Chair

@ 601-326-1320 or david.williams@horne-llp.com

HFMA Reinvents the CHFP Certification Program


The CHFP program has been updated to provide the broad range of business and financial skills essential for succeeding in today's high-value healthcare environment:

- Business acumen
- Collaboration
- Financial strategy
- Understanding future trends

The new CHFP is geared toward financial professionals, clinical and nonclinical leaders, and payers – all those whose jobs require a deep understanding of the new financial realities of health care. The new CHFP program includes two modules (both modules must be successfully completed to earn the CHFP):

2. Operational Excellence: The application of business acumen includes exercises that use a case study approach to understanding the business of health care.

The CHFP, which was first awarded in 1969, has long been seen as a must-have credential for healthcare finance professionals. The current program is highly technical and narrowly focused on accounting and finance skills. In June 2014, the HFMA Board of Examiners recommended that the program be reorganized. "We saw the need to focus on issues that reflect the contemporary healthcare environment," said Cindy Price, FHFMA, Chief Executive Officer, Parallon Business Performance Group - Houston, and Chair of the National Board of Examiners. "We wanted the preparation to emphasize ongoing learning, which is critical for providing leadership amid today's policy and economic shifts, and also to align CHFP with HFMA's strategic vision, where providers, physicians, and payers must work together to ensure financial sustainability." HFMA's National Board of Directors affirmed the recommendation.

More information is at hfma.org/chfp.

Www.HFMA.org/Certification
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<tbody>
<tr>
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<th>Sponsorship &amp; Website</th>
<th>History</th>
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ABOUT HFMA

HFMA is the nation’s leading membership organization for healthcare financial management executives and leaders. More than 35,000 members—ranging from CFOs to controllers to accountants—consider HFMA a respected thought leader on top trends and issues facing the healthcare industry. HFMA members can be found in all areas of the healthcare system, including hospitals, managed care organizations, physician practices, accounting firms, and insurance companies.

The Mississippi Chapter of HFMA, along with other regional chapters and the national HFMA, helps healthcare finance professionals in Mississippi meet the challenges of the modern healthcare environment by:

- Providing education, analysis, and guidance.
- Building and supporting coalitions with other healthcare associations to ensure accurate representation of the healthcare finance profession.
- Educating a broad spectrum of key industry decision makers on the intricacies and realities of maintaining fiscally healthy healthcare organizations.
- Working with a broad cross-section of stakeholders to improve the healthcare industry by identifying and bridging gaps in knowledge, best practices, and standards.

Vision

HFMA’s vision is: “To be the indispensable resource for healthcare finance.”

Purpose Statement

To define, realize, and advance the financial management of health care by helping members and others improve the business performance of organizations operating in or serving the healthcare field.

Quality Statement

Quality is the foundation of the Association and the keystone of its efforts to ensure member and customer satisfaction. HFMA’s objective is to:

- Consistently provide services and products that meet the quality expectations of its members, customers, and employees.
- Actively pursue a program of continuous quality improvement that enables employees and volunteers to do their jobs right the first time.
- Quality is a major, strategic association goal. It lies at the heart of everything done for members and customers. HFMA strives continually to improve the quality of services and products offered, the processes and procedures used to produce them, and the manner in which they are delivered.

Values Statement

We believe that service to members is our highest priority.

We believe in excellence in all that we do.

We believe that teamwork is essential in meeting the objectives of HFMA.

We believe in the importance of individuals.

We believe in encouraging innovation and creativity.

We believe in conducting HFMA with financial responsibility and a prudent approach to business.

Mississippi HFMA…Your Educational Resource…