

Spring 2005-06



Alabama Chatter

The Newsletter of the Alabama Chapter
Healthcare Financial Management Association

The 2006 OIG Work Plan

by Tedra Bonar, MSHA, MBA
Compliance Director, HealthSouth Corporation

The 2006 Department of Health and Human Services' Office of Inspector General (OIG) Work Plan details several key areas to be monitored by the OIG in 2006. The categories appear to be comparable to those of past plans but there are also some notable new categories, including those pertaining to Medicare Part D Administration.

The following is a brief summary of some of the Medicare-related areas to be monitored as found in the 2006 Work Plan. It is important for any health care organization to review the Plan, determine the level of risk associated with the applicable areas of the Plan, and then work to develop controls associated with identified risks for the organization.

Medicare Part D

With respect to Part D, the OIG will monitor:

- Protection of beneficiaries with respect to-
 - The understanding of Part D
 - Out-of-pocket costs
 - Marketing tactics of Part D providers
 - Enrollment
 - Accessibility
- Coordination between Medicare Part B and D to prevent duplicate payment for drugs
- Fraud, waste and abuse required programs for Drug Plans and Medicare Advantage Drug Plans as well as determine if CMS has controls in place to best minimize fraud, waste and abuse

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2005-2006

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President

Yolanda D. Rich
(205) 838-3426
ydrich@ehs-inc.com

President-Elect

Dawn H. Walton, CPA
(205) 939-9073
Dawn.walton@chsys.org

Secretary

Kim Shrewsbury, CPA
(256) 737-2595
Kim.shrewsbury@bhsala.com

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Vicki Parks, CHFP, CPA
Phone: (205) 838-3336
vhparks@ehs-inc.com

Parliamentarian

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dc Curry@bmss.com

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(205) 979-4120 ext. 295
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jburkhar@uab.edu

Southern Institute

Paul Shorosh
(251) 661-1911
paul@datasolutionsinc.net



Alabama Chapter Website: www.alabamahfma.org

Address communications to: Bama Chatter Editor

Jennifer Kingry, CPA
Eastern Health System, Inc.
50 Medical Park East Drive
Birmingham, AL 35235
Phone: (205) 838-3766 • Fax: (205) 838-6119
E-Mail: JKingry@ehs-inc.com

*Please contact National HFMA with address, employer, or title changes at
1-800-252-HFMA, ext. 350*

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Special discounts for long-term arrangements. Contact the editor for details.

Please consult with the editor for the best way to send your ad electronically. Deadline for publication is shown below. *Bama Chatter* is published quarterly and is posted on the Chapter website at alabamahfma.org for approximately 650 members.

Publication Schedule

ISSUE	DEADLINE	ISSUE	DEADLINE
June (Summer)	May 20th	December (Winter)	November 20th
September (Fall)	August 20th	March (Spring)	February 20th

The statements and opinions appearing in articles are those of the authors and are not necessarily those of HFMA, the Alabama Chapter, or the editor. The editor strongly encourages submission of material for publication. Articles should be submitted to the editor by the 20th of the month preceding the month of publication. The editor reserves the right to edit materials and accept or reject contributions whether solicited or not. Readers are invited to comment on any of the published material. Letters to the editor must be signed and are subject to condensation and editing. All rights reserved.

PRESIDENT'S MESSAGE

A Special Month

February is such a special month. It is the month of love and valentines. It is the last full month of winter. For African Americans it is Black History Month. For me, it is only fitting to provide a little black history to my message.

Black history has been recognized since 1926, formerly known as Negro History Week. Author Elissa Haney points out, *"...that black history had barely begun to be studied—or even documented—when the tradition originated. Although blacks have been in America at least as far back as colonial times, it was not until the 20th century that*

they gained a respectable presence in the history books."

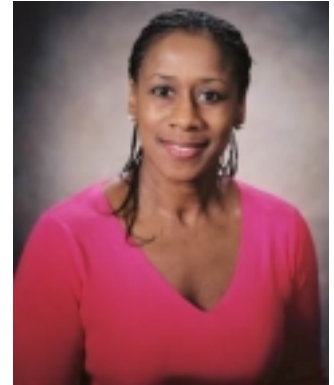
African Americans have played an important role in American's history. In 1940, Dr. Charles Drew invented the blood bank and Daniel Hale Williams in 1893 performed the first successful open heart surgery. In 1986, Oprah Winfrey became the first black woman television host. Even as my term ends, I hope to be listed in the Alabama Chapter history as the first black female president.

I have been actively involved in HFMA since 1996. It has been a wonderful experience and chapter of my life. Being a member


of HFMA has been a tremendous asset to my life both professionally and personally. I encourage all of the Alabama members to get involve in this great chapter. You should join a team today!

The future of the chapter will be sealed by your involvement, personality and expertise. The Call for Teams form is available on the website, so just click on it and get involved.

I encourage each of you to embrace our chapter's rich history and to join in the molding of its future; get involved today!!!



*Yolanda D. Rich
President, Alabama Chapter HFMA*

 Yolanda Rich

ALABAMA JOB BANK

STAFF / SENIOR ACCOUNTANT

Job Type: Public Accounting / Reimbursement
Group Name: DLMC Healthcare, LLC
Job Length: Full time
Travel Req: 35%
Telecommute: No
Pay Rate: Depending on experience

SKILLS:

Candidates must either be a CPA or in the process of passing the CPA exam; experience in public accounting with significant exposure to healthcare accounting and audit issues; experience with preparing Medicare and/or Medicaid cost reports. Candidates should possess exceptional computer skills – working knowledge of cost reporting software a plus. People skills and communication skills are critical for long term career growth. This will be a challenging position and candidate will need the acumen to learn quickly and adapt to change. Eventually candidates will be expected to assume in-charge roles on audits and other attestation engagements and manage services provided to clients.

JOB DESCRIPTION:

DLMC Healthcare, LLC is a rapidly growing division of DiPiazza, LaRocca, McDowell & Co., P C (DLMC) and has clients in five southern states. The candidate will primarily be supervised by a highly experienced reimbursement director (the Director). Initially the role will be to support the Director with special projects, assist with the audits of hospitals and groups owning skilled nursing facilities, and to prepare and/or review cost reports. Other assignments will be based on experience. Candidates are expected to be active in industry groups and eventually assume leadership positions. Management plans to double the size of the practice within three years. DLMC offers excellent benefits and working conditions.

Company: DLMC Healthcare, LLC a division of DLMC, based in Birmingham, Alabama
URL: <http://www.dlmc.com>
Contact email: av@dlmc.com or beh@dlmc.com



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The Alabama Chapter presents the
2006 SPRING INSTITUTE

March 15-17, 2006 • Embassy Suites • Birmingham, Alabama

ROWDY GAINES, OLYMPIC CHAMPION, Keynote Speaker

Dedication Through the Peaks & Valleys of Life Determine a Champion

Ambrose “Rowdy” Gaines IV was the fastest man in the water in the world throughout the 1980s. At the 1984 Olympic Games in Los Angeles, he capped his phenomenal career with a triple gold-medal winning and double world-record setting performance. Setting a new Olympic record just .45 seconds shy of his own world record, Gaines swam to victory in the 100 meter freestyle. He also set a new world record, with the fastest relay split in history swimming the anchor leg of the 4x100 meter freestyle relay. Rowdy completed his Olympic dream by swimming the freestyle anchor of the 4x100 meter medley relay where his foursome set a new world record and won a gold medal for the U.S. Rowdy's long swimming career has been outstanding. He has been chosen the World Swimmer of the Year and was honored as the Southeastern Conference Athlete of the Year in 1981 (chosen over Herschel Walker). Rowdy's Olympic triumph will live with him forever. But his story continues. In 1991 Rowdy contracted Guillan-Barre Syndrome, an auto-immune virus that attacks the nervous system. Paralyzed for over two weeks, Rowdy fought back and overcame the disease. One year later, he won the World Masters Championships in the 50 and 100 meter freestyle, both in world record time.



Rowdy has been a TV color commentator for CBS, TNT and ESPN, and called his fourth Olympic telecast for NBC at the 2004 Games in Athens, Greece. He will broadcast his 5th Olympic Games in Beijing in 2008. He is a spokesperson for Swim Across America, an organization helping to find a cure for cancer. Rowdy resides in Colorado Springs where he and his wife Judy are raising four children.

His stellar success marks Rowdy Gaines as one of the world's most dedicated and ambitious athletes and symbolizes the American quest for more than gold.

Mark Your Calendar for the HFMA Alabama Annual Institute
“Challenges in Healthcare....Are You Ready??”

Here are a few highlights planned for the upcoming “Beach” Institute June 5-8 at the Sandestin Hilton. Watch your mail for further details coming soon. Contact Kim Shrewsbury at 256-737-2595 if you have questions.

- Tuesday:** Mr. Jim Montgomery, CEO Tulane Health System, New Orleans, Louisiana
“Katrina and Healthcare”
- Mr. John Markus, Executive VP/ Chief Compliance Officer, HealthSouth Corp.
“Compliance in Today’s Healthcare Environment”
- Thursday:** Mr. Kent Rader, Comedian and former Healthcare CFO
“Laughter Matters”
- Special Events:** Golf Tournament Tuesday, sponsored by Warren, Averett, Kimbrough & Marino, LLC
Beach Fun Wednesday afternoon, sponsored by Draffin and Tucker
Luau Party on the Beach Wednesday night



Hospitals

Inpatient Rehabilitation:

The appropriateness of PPS payments as well as accuracy of payments when patient assessments are entered late will be reviewed by the OIG.

Education: The OIG is to establish whether audit adjustments for graduate medical education are appropriately calculated in reimbursement amounts to hospitals and will also determine the appropriateness of nursing and allied education as well as dental and podiatry resident payments.

Outpatient: The adherence to laws regarding outpatient department outlier payments as well as unbundling will be monitored. A review of “inpatient only” services performed in an outpatient setting is also to be completed by the OIG.

DRGs: The OIG will analyze acute care DRG coding patterns.

Restraint-Related Death

Reporting: Claims and enrollment data will be reviewed to determine hospitals’ adequacy of reporting with respect to restraint-related deaths.

New Technologies: The OIG will determine if reimbursement for new

devices/technologies is appropriate based upon an examination of the costs associated with the new devices/technologies.

Nursing Homes

The OIG is to review several nursing home-related areas.

Survey and enforcement issues:

- Review of survey and certification deficiencies
- Ascertain the effectiveness of CMS and State enforcement activities against nursing homes
- Examine State compliance with CMS abuse compliant investigations

Consecutive Inpatient

Stays: The OIG will determine if consecutive inpatient stays were necessary for patients who had been provided SNF care.

SNF Payments for Day of Discharge: The OIG is to establish whether Medicare is inappropriately paying SNFs for services on the day of discharge.

Physicians

Billing Service Companies: The OIG will identify and review relationships between billing companies and physicians as well as the

impact of those arrangements on physicians’ billings.

Initial Preventive Physical Examinations

(IPPEs): The OIG will evaluate the impact of IPPEs on Medicare payments and physician billing practices.


Part B Mental Health Services: Medical necessity with respect to Part B mental health services provided in physicians’ offices will be evaluated.

Medicare Advantage Plans and Other Areas

Medicare Advantage: The OIG will perform analyses and follow-up concerning Adjusted Community Rate (ACR) proposals, plan administrative costs, enhanced payments, accuracy of plan submitted encounter data as well as conduct a marketing practices review.

Laboratory: Reviews/assessments are to be carried out regarding:

- The appropriateness of laboratory services during an inpatient stay
- Providers’ compliance with automated multi-channel chemistry (AMCC) tests provided to ESRD patients
- CLIA compliance with respect to proficiency testing
- Medicare payment rates for specific laboratory tests versus the rates of other Federal and State health programs and private payors for those same tests

Medicare Part B Payments: The OIG will review calendar years 2001 and 2002 regarding Medicare Part B payments for Radiology and Ambulance services provided to beneficiaries who were in inpatient status. 

To review the entire OIG Work Plan online, go to:
<http://oig.hhs.gov/publications/docs/workplan/2006/WorkPlanFY2006.pdf>

THE ALABAMA CHAPTER HFMA

2005-2006 Recruitment Campaign

"Get Groovy & Recruit"

CONGRATULATIONS TO JEFFREY BURKHARDT!

Jeffrey 'kept on trucking' during this portion of our campaign by recruiting a total of **EIGHT NEW MEMBERS!!** Way to go Jeffrey, you are one 'cool cat!'. Jeffrey has won two tickets to the Talladega 500 to watch his favorite racers 'race for pinks!'

Thanks also to the rest of you who have recruited new members during this year as well. Because of your hard work and dedication, we are poised to win a gold award for New Member Recruitment at this year's Annual Institute!

Remember 'chicks and cats' . . . the \$400 gift certificate to any Hilton hotel AND the \$200 in cash is still up for grabs! We still need your help to make this a 'copasetic' year by getting some more new members. Let's show everyone how 'outta sight' the Alabama Chapter of HFMA can be. Don't be a 'drag' ...



Recruit!!! Ya Dig?

Keep on truckin,

Pollyanna

Pollyanna Brannan, Membership Chairman 



All members including student members qualify if recruitment chair is notified of sponsorship. To request applications for new members or any information, please call (800) 264-2700 ext. 213. If I am unavailable, please leave your name, company name, phone number, address, email address and/or fax number on my voicemail. You can also email me at: pbrannan@hollowaycredit.com. This will give me the opportunity to send your application to you ASAP! Or click on the link to download an application.

For New Member Applications, go to www.alabamahfma.org

Welcome New Members

Laura A. Keller <i>sponsored by Philip L. Cusa</i>	Kent Lynam <i>sponsored by Scott Jones</i>
Jason M. Gibney <i>sponsored by Michael S. Ruggles</i>	Brian Boyington <i>sponsored by Robert J. Olszewski</i>
Kevin Markham*	Scott Crawford*
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Campaign Totals

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Monte Handley	2
Maron Boohaker	1
Jeffrey Burkhardt	12
William Shrader	1
Philip L. Cusa	1
Yolanda Rich	1
Glenda Reyes	1
Robert Olszewski	1
Scott Jones	1
No Sponsor Listed	34
TOTAL NEW MEMBERS-2005/2006	69

*Please call us with your sponsor's name.

TEN STRATEGIC PLANNING RESOLUTIONS *You Can't Afford To Break*

by Aaron DeBoer, Consultant

Mitretek Healthcare - Jennings Ryan & Kolb

The New Year may have come and gone, but it's not too late to make a few more resolutions. Here are 10 resolutions that your management team can make to ensure a smooth, successful, strategic planning process.

1. ESTABLISH A STRONG ANALYTICAL FOUNDATION FOR YOUR STRATEGIC PLAN

A strategic plan is only as good as the foundation upon which it was built. A good strategic plan can propel your organization forward once your leadership team has a common understanding of your current position, future trends, and key uncertainties. On the other hand, a strategic plan based on an insufficient understanding of the internal and external environment can, at minimum, lead to poor acceptance of the plan and, at worse, subpar decisions.

2. FOCUS THE ENVIRONMENTAL ASSESSMENT

When developing an environmental assessment as part of your analytical foundation, it is important to select only those elements that will address the organization's future challenges and resulting array of strategic opportunities. An efficient way to focus your environmental assessment is to develop and test a set of planning hypotheses centered on major market forces. With hypotheses formed, the organization can focus its analysis efforts on building a *common* understanding of the environment.

However, performing a focused environmental assessment is not an end in itself. If the data does not convey a message and support the decision making process, it is simply data, not "information."

To mitigate this risk:

- Identify what information is most important to make decisions.

- Effectively transform the data into actionable information.
- Understand that there will never be perfect information.

3. EXPLICITLY CONSIDER KEY UNCERTAINTIES

Addressing key uncertainties can help build a sense of charting your own course, albeit in turbulent waters.

Tools like scenario planning, game theory, and decision tree analysis can all aid in understanding the risks associated with pursuing a particular approach/direction.

Strategies that reduce the identified risks can then be incorporated into the strategic plan.

4. KEEP YOUR STRATEGIC PLAN FOCUSED ON STRATEGY, NOT OPERATIONS

All organizations have extensive opportunities to improve their efficiency and effectiveness in the areas of customer service, cost, and quality. An internally-focused strategic plan often seems successful because of the substantial operational improve-

ments that can be made.

However, it does not take long for organizations that are too operationally focused to grow out of touch with their markets. True strategic initiatives on the other hand, frequently have higher risk, are more disruptive to the organization, and may have longer implementation times and payoff returns. While operational initiatives are necessary to keep you in the game, strategic initiatives address competitive advantage. Too many operational initiatives in your strategic plan will weaken it and detract from its value, so keep your strategic plan strategic.

5. AVOID THE USE OF "ME TOO" STRATEGIES

Many organizations take comfort in adopting the same strategies that other organizations have deployed. Once a strategy has been proven successful by one organization, it is often ubiquitously adopted by competitors, diluting the impact of the strategy. Strategic success begins with articulating what *differentiates* the organization from its key competitors. That is, how will we choose to compete (e.g., on price, quality,

service)? In what ways will we create value for consumers? How will we respond to other organizations' strategies?

6. MINIMIZE LEAST COMMON DENOMINATOR STRATEGIES

Decision making in health care organizations is often compromised when leaders wait for unanimous stakeholder agreement. Not only will this stall the process, but it will weaken the boldness of the strategy. After all, you will only be able to progress as fast and as far as the least ready person will allow. Remember, broad based *input* is desired, but effective leadership is ultimately about making tough decisions.

7. ALIGN STRATEGIES WITH FINANCIAL CAPABILITIES

Even the most brilliant strategy is reduced to mere speculation if the health care organization does not have the financial means to implement it. Every organization must ensure that their strategic plan is congruent with their financial capability.

A strategic-financial plan should:

- Include a full financial capability assessment
- Address the allocation of scarce resources
- Maximize the financial viability of the organization

8. COMMUNICATE EARLY, OFTEN, AND CLEARLY WHEN BRINGING YOUR STRATEGIC PLAN TO LIFE

A plan must be well known by key physicians and employees to be successful. The strategic intent for the organization should be communicated frequently, clearly, and concisely to ensure that the momentum created during the planning process is carried forward in the implementation. Make a resolution to communicate the strategic plan consistently throughout the year.

9. ADD METRICS TO YOUR STRATEGIC PLAN

In stable environments, one has the luxury of making a few mistakes and course corrections. In an unstable environment, those course corrections must come sooner. Metrics are one

tool that can be used to monitor the organization's progress towards achievement of goals, strategies, and/or tactics. Metrics are the combination of a measure and a target. Measures are what we want to achieve, while the target is the quantified value of the measure. Figure 1 outlines some of the different metrics an organization can adopt.

The value of this resolution can be summed up by the old adage "what you measure is what you get." If you want results, identify what you want to achieve, assign responsibility, and create appropriate timetables.

Here's number ten:

**HAVE FUN AND
INSPIRE YOUR TEAM!**



FIGURE 1: STRATEGIC PLANNING METRICS

	Strategic Metrics		Management Metrics
	VISION LEVEL	GOAL LEVEL	STRATEGY/TACTIC LEVEL
<i>Definition</i>	Metrics that indicate broad success, usually across multiple goals.	Metrics that indicate progress along a specific goal.	Metrics that indicate progress along a strategy or action.
<i>Characteristics</i>	<ul style="list-style-type: none"> • Number: approx. 3 • Accountability: Board/Senior Leadership • Review Cycle: Annually • Organized Around: Vision/Desired Future State • Applicability: Entity 	<ul style="list-style-type: none"> • Number: approx. 15 • Accountability: Senior Leadership • Review Cycle: Semi-Annually/Annually • Organized Around: Core Goals • Applicability: Entity 	<ul style="list-style-type: none"> • Number: approx. 100 • Accountability: Middle Management • Review Cycle: Weekly/Monthly/Quarterly • Organized Around: Strategy/Tactic • Applicability: Entity/Programs/Unit
<i>Example (Financial)</i>	Desired bond rating	Operating margin Days cash on hand Cash-to-debt	Personnel costs as a percent of net patient service revenue Supply cost per adjusted discharge

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Thanks to our Corporate Sponsors. Without their generous financial support, HFMA would be unable to provide quality programs and speakers.

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Make Plans To Attend These Events*

Quarterly

PROGRAM CALENDAR

March - June 2006

March 15-17, 2006

SPRING INSTITUTE

Embassy Suites
Birmingham, Alabama
Jenny Wakeford, VP

March 31, 2006

HFMA CERTIFICATION EXAM

MedAssist, Incorporated
2 Perimeter Park South, Ste. 500
Birmingham, AL
Phone: 970-4362

June 5-8, 2006

ALABAMA ANNUAL INSTITUTE

Sandestin Beach Hilton
Golf & Tennis Resort
Kim Shrewsbury, VP

June 18-22, 2006

ANNUAL NATIONAL INSTITUTE

Gaylord Palms Resort
& Convention Center
Orlando, FL

for details & to register for upcoming meetings, go to alabamahfma.org

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