



hfma™ alabama chapter  
healthcare financial management association

## Annual Institute Recap June 1 - 4, 2009 The Hilton Sandestin Beach & Golf Resort

By Stephanie Martin

If you missed celebrating our 50th Anniversary at the Annual Meeting in San Destin, Florida, June 1st through June 4th, you truly missed a memorable celebration.

We had 200 attendees and 28 exhibiting sponsors. The Alabama Chapter has informed and educated its members about healthcare challenges since 1959.

After 50 years we continue to remain one of the most respected chapters in HFMA. Our Annual Institute was no exception. We began by honoring our Sponsors for their continued support to our organization with a Sponsorship Reception, followed by everyone meeting by the pool for a Welcome Reception while the chil-

dren enjoyed "Kids Night Out". It was a tremendous success! Everyone seemed to enjoy reminiscing with old friends and creating new bonds as they networked and feasted on a few cocktails and appetizers including a whole roasted pig.

Our Chapter President, Linda Maddox, was unable to attend due to her husband's hospitalization. Linda was truly missed, but was present in our thoughts and prayers.

John Carl, President of Retirement Learning Center, prepared us for legislative changes and their impact on retirement plans as well as retirement plan participants and hospital liability. Our keynote speaker, Joe Flower, author and principal of *What If...* delivered a wealth of futuristic healthcare information taking us on

a venture into the future 5, 10 and 15 years. Afterwards, golfers were able to enjoy a full afternoon at Baytowne, while others of us enjoyed relaxing at the beach or poolside.

The next day, we began at 7:00am with CFO & PFS Forum Breakfasts followed by individual break out sessions. . . CFO, PFS and Compliance Tracks. The participant surveys showed presentations were some of the best we've ever had in several years. The CFO's were able to receive necessary Accounting & Auditing hours which is always a plus.

For the first time that I can recall, we had to cancel "The Sandcastle Contest and Fireworks Show" due to rain. However, some were able to enjoy an afternoon of fun at our 1st WII contest. During the evening festivities we enjoyed a cocktail reception and our 1st Martini Bar. The children began their evening with face painting activities. After dinner we were entertained with music and laughter as we watched adults and children display their talents at limbo and the dreaded hula hoop contest. Hopefully everyone received a slice of the 50th Anniversary cake. I believe we all enjoyed a great evening of relaxing entertainment with our family and friends.



continued on page 4

## 2009-2010 Leadership

### Officers:

#### President

Linda Maddox  
Medassist, Inc.

#### President-elect

Stephanie Martin  
Helen Keller Hospital

#### Secretary

Vince Bonetti  
Huntsville Hospital

#### Treasurer

Eric Jeffries  
Baptist Health System, Inc.

#### Past Chapter President

Vicki H. Parks, CPA, FHFMA  
St. Vincent's Health System

#### Regional Executive

Mitzi Winters, FHFMA  
Medassist, Inc.

#### VP Fall Institute

Jerry Smith  
St. Vincent's Health System

#### VP Annual Meeting

Stephanie Martin  
Helen Keller Hospital

#### VP Sponsorship

Jason Frye, CPA  
Medical Properties Trust  
Phone: (205) 397-8576

#### VP - Membership

Lonnie Younger, CPA, FHFMA  
Huntsville Hospital  
Phone: (256) 265-8818

### Directors:

Kim Shrewsbury, CPA  
Decatur General Hospital

Jon Kimsey, CPA, FHFMA  
Warren Averett Kimbrough &  
Marino, LLC

Annette Baker, FHFMA  
BlueCross Blue Shield of Alabama

Greg Johnston, CPA  
Baptist Health System

Vicki Parks, CPA, FHFMA  
St. Vincent's Health System

Yolanda Rich, MBA, CHC  
St. Vincent's Health System



Time sure passes quickly. It seems yesterday that I joined HFMA and became an ACTIVE member serving in many positions along the way and volunteering whenever needed. Now 2009, almost 20 years later it is with Honor that you, the members have elected me to serve and lead you as this year's President. Thank you for allowing me this privilege.

As we celebrate our 50th year as a chapter within the National HFMA organization, we do so with the theme from our national chairperson, Cathy Jacobson, "MAKING IT COUNT". As Cathy stated, "making it count" will be our focus in all we do. "Making it count" is meant to motivate, inspire and encourage all of us, as we work to achieve the goals we have set.

"MAKING IT COUNT" says so much! What can you do to "make it count" in your Alabama HFMA Chapter this year? Think about it, everyone can do something. (even if a small something)

As I served in various rolls of the board and officer positions, I had thoughts of what it would be like, what could be accomplished, and what would be left behind once the year was over. As I thought about it, I realized if we start our day with "MAKING IT COUNT" in mind, no matter where we work, what we do, or where we are, we would continue to be one of the strongest chapters nationally and would leave many



Linda J. Maddox  
President

footprints along the way.

Along with all the board members, committee chairs and co-chairs, we feel the need this year to BUILD our committee structures. Are you on a committee, would you like to be, how can you contribute this year? Please let me know how you can make a contribution.

With so many economic challenges ahead of us, I feel we all need to do a LITTLE. The old saying, "DO MORE WITH LESS" is just not true for our chapter. We can do less (each of us) with more (each of you) this year. I challenge each of you to sign up and do your part for our chapter. It may be as little as one or two hours at a meeting, working on calls, sending out cards, planning with a team, working on our charity project, whatever you feel you can contribute, we can use! In spite of the unknowns ahead of us, I can promise, our HFMA family will be there when we need them. The friends you make may become life long, such as I have made over the years.

Continued education being rolled out throughout the state is a personal goal I would like to see us obtain this year. Our chapter wants to provide to you, the members, the best education possible when others seem to think the challenge is too large. "Making It Count" today will leave us with a sense of contributing to the Healthcare Industry of the future.

## 2009-2010 Leadership

### DCMS Contact

Randy Comer  
Athens-Limestone Hospital

### Founders Contact

Donna Ezell, RN  
Athens-Limestone Hospital

### Newsletter Chair

Libby Bailey, CPA, FHFMA  
Callahan Eye Foundation Hospital

### Membership Chair

Lonnie Younger, CPA, FHFMA  
Huntsville Hospital

### Member Directory Contact

Richard Byerly, Jr. CHFP  
East Alabama Medical Center

### Technology Chair

Mitzi C. Winters, FHFMA  
Medassist, Inc.

### Certification Chair

Vciki Parks, CPA, FHFMA  
St. Vincent's Health System

### Quality Chair

Laura McRea  
Cullman Regional Medical Center

### 50th Anniversary Chair

Yolanda Rich, MBA, CHC  
St. Vincent's Health System

### Forum Chairs:

#### PFS

Tavie Bender  
Trinity Medical Center

#### CFO Co-Chairs

Kim Shrewsbury, CPA  
Decatur General Hospital

Craig Tolbert

PricewaterhouseCoopers, LLP

#### Compliance Co-Chairs

Kim Bullock, CIA, CICA, CHC  
Children's Hospital of Alabama

Leigh Aufdemorte, RHIA

Callahan Eye Foundation Hospital

## PRESIDENT'S MESSAGE

Tell someone you love them, help a child, encourage a coworker, visit an elderly person and always make sure to close out the day knowing all is well with those you have daily contact with and those you love. WE never know when today may be our last opportunity to do that.

The officers and board want to hear from you so don't hesitate to contact us. We are here to serve and provide opportunity for you this year.

Again, HAPPY ANNIVERSARY ALABAMA HFMA!

God bless each of you and join me in "MAKING IT COUNT" this year.

- Linda Maddox  
2009-10 President

# Save the Dates!

## February 16 - 19, 2010

### The 2010 Dixie Institute - Charleston, SC

#### hfma Region 5

healthcare financial management association

#### The 2010 Dixie Institute

February 16 - 19, 2010

**Charleston Place Hotel**

205 Meeting Street

Charleston, SC 29401

800-611-5545

[www.charlestonplace.com](http://www.charlestonplace.com)

#### Limited exhibit space and sponsoring opportunities available!

*Beautiful Charleston, South Carolina will once again host the hfma Region 5 Dixie Institute. We invite you to attend and enjoy with your clients and prospects all there is to see and do!*

[www.charlestoncvb.com](http://www.charlestoncvb.com)

### Watch for more information coming soon!

Can't wait?

contact:

**[dixie@schfma.org](mailto:dixie@schfma.org)**



# Annual Institute Recap

Our closing keynote speaker Marcia Wieder, America's Dream Coach, taught us how to reignite our passion in our work and personal life.

I want to especially "Thank" the following additional sponsor's: Accu Reg, Agilis, Bradley, Arant, Boulton & Cummings, Cash Retriever, CPSI, Draffin & Tucker, Dixon Hughes, Emdeon Business Services, Franklin Collections, High Cotton, Holloway Collections and Johnson Development.

Special Thanks also to all of our speakers, vendors and to all of our Diamond, Gold and Bronze sponsor's for the valuable information and financial support you provide to us!

I want to say "Thank you" to Jonathan Bedell, Kelly Gieger and Yolanda Rich for the great 50th Anniversary video and assistance throughout the conference, Sherri Harper, Donna Ezell and Brandy Simpson for handling our registration desk, Donna Ellenburg & Mitzi Winters for managing our photos and website, Jeff Burkhardt & Rick Schmitt and all of our exhibitors, and to all of our board members and volunteers for the countless additional hours you spend while you could be relaxing or working on other projects in your real job.

I encourage all of you to come Celebrate our 50th Anniversary during the Fall Institute. The Alabama Chapter has accomplished so much due to our members' dedication and commitment to excellence. We have a lot to be proud of. Together we can all make a difference in our professional and personal lives through networking as we create new friendships within our HFMA organization. This conference has always been a special time for us to network and to be with family and friends.

To our members new and old, without you our organization would not be the success that it is today. Thank you for your continued support! I look forward to seeing each of you at the Fall Institute in November.

**-Stephanie Martin, President Elect  
Helen Keller Hospital**



# Celebrating 50 Years With Food, Fun and Knowledge



# Celebrating 50 Years With Food, Fun and Knowledge



# Alabama Chapter "Makes It Count" at 2009 Annual National Institute

WHAT a night to remember! The Alabama Chapter of HFMA was honored at the 2009 Annual National Institute (ANI) in Seattle, Washington on June 15, 2009 for its outstanding accomplishments during the past year.

The Chapter received the **Charles F. Mehler Gold Award for Excellence in Education** and the **C. Henry Hottum Award for Educational Performance Improvement**. The Chapter held numerous educational events totaling 13,570.47 registrant hours which equates to 23.48 educational hours per member. These events included institutes, forums and workshops organized to educate members on various issues affecting the healthcare industry.

The Chapter also received the **Bronze Award for Excellence in Certification** ending the year with 7 passed exams and the **Bronze Award for Membership Growth and Retention** ending the year with 585 members.

In addition, the Chapter received a total of six Helen M. Yerger Special Recognition Awards. These awards recognize chapters who have achieved outstanding performance in programs, services and administration. The Alabama Chapter received awards in the following areas:

## **Innovation - The Alabama Chapter Introduces I-GEN**

## **Innovation - The Script: Celebrating 50 Years: Exchange of information, Excellent Service and Quality Education**

## **Collaboration - AAHIM/HFMA Symposium**

## **Improvement - Alabama Annual Institute Meeting June 2008**

## **Education - Multi-Chapter HFMA Region 5 2009 Dixie Institute in Mobile (Alabama, Florida, Georgia, South Carolina and Tennessee)**

## **Member Services - Multi-Chapter Region 5 Charitable Activity: Collection of Toiletry Items (Alabama, Florida, Georgia, South Carolina and Tennessee)**

Congratulations to the Chapter officers, Board members, Vice-Presidents and Committee Chairs and members for their dedication and outstanding achievements during the year.

**-Vicki Parks, CPA, FHFMA, 2008-2009 President**



**Alabama Board members in attendance at the banquet**



**Vicki Parks with National Chairs**



Region V 2008-09 Presidents and Pres-Elects  
with Regional Execs



Region V 08-09 Presidents receiving  
multi Chapter Yergers (2)



## HFMA Members

## On The Move

### Jason Frey

Finance Manager, Medical Properties Trust

[jfrey@medicalproptiestrust.com](mailto:jfrey@medicalproptiestrust.com)

### Garey Morrison

PershingYoakley & Associates (PYA)

[gmorrison@pyapc.com](mailto:gmorrison@pyapc.com)

Congratulations to both Jason and Garey on their new career opportunities and we wish them the best. Both have promised to continue to be an active part of our HFMA Chapter.

### Retired:

**Jerry Chambers** from BC/BS after 38 years of service (oh my gosh, we have members that aren't even that old:

**Tim Thornton** from UAB West, formerly BessemerCarraway Medical Center, after 10 years of service.

We congratulate both Tim and Jerry on their retirement, and wish their wives good luck with having them at home. Maybe Dottie and Cathy will be successful in getting these guys "on the move" and get some of those honey-dos done!!

# Top Nine Healthy Industry Issues in 2009 - A Summary

by Anne Almeida

The strength of the health industry is set to be disrupted in fiscal year 2009 by external forces. This summary will give the major points of an article published by PricewaterhouseCoopers' Health Research Institute.

The economic downturn of late 2008 will continue to affect healthcare throughout 2009. Media reports indicate that consumers are delaying or skipping recommended treatments due to financial hardship. In addition, elective surgeries and outpatient procedures are not performed as frequently. Due to the payer mix shifting from commercial insurers to Medicare, Medicaid, and self-pay, hospitals will experience an increase in bad debt. Medicaid programs may become stricter with their funds due to state economies pinched by unemployment and lower tax revenues. Hospitals will need to be more innovative to do more with less.

We typically hear problems regarding the increasing population of uninsured. The number of underinsured is growing at a faster rate than that of the uninsured. The underinsured population has health insurance coverage, but not enough to cover most co-pays and high deductibles. We can expect patients to delay and forgo care. Hospitals are trying to improve their up-front collection procedures. Hospitals will need to utilize technology from other industries to manage self-pay and underinsured patients. Not-for-profit hospitals must be careful to not be seen as further complicating the credit for uninsured and low-income patients.

The pharmaceutical industry is facing a large shift as very few new drugs are coming to market. The existing drugs are going off patent to generic. As sales and marketing become more government regulated, the focus of the industry is shifting to acquisitions of smaller biotech firms as the cash-rich pharmaceutical companies find bargains. Use of generics will continue to accelerate and companies must increase efficiencies in response.

Although various prescription drugs will be going off



patent, vaccines will give an increase in sales for pharmaceutical companies. On the regulatory side, more state and local governments are governing health-related behaviors. Some states have regulations against smoking and the use of trans-fats in fast food restaurants. This pressure to spend more on prevention could result in a reduction of available dollars on treating disease.

As the cost of genetic testing drops, new companies are giving unprecedented access to consumers' genetic codes. The marketing of this information bypasses traditional physicians, raising questions about how the information affects diagnosis and treatment. With increased awareness, regulations regarding genetic testing will continue to develop at the state and federal level.

Technology is a huge focus for 2009. Beginning in 2009, providers who use qualified e-prescribing systems can earn incentive payments of up to 2% per Centers for Medicare and Medicaid Services (CMS). Private health plans are moving in a similar direction. BCBS of Massachusetts announced it will offer doctors bonuses for using such a system. Electronic health records and medical records are also becoming more common as large investments are made by key players in the business world.

Hospitals must perform well to be reimbursed. Presently a hospital's MS-DRG payment is adjusted for market factors through the wage index and case mix index. In October 2009, CMS proposes to add a new index-the total performance score. This is a move toward value-based purchasing (VBP). If Congress approves, CMS will replace the current quality reporting system with one in which Medicare withholds 2% to 5% of its reimbursements based on the results. The scores focus on areas in surgical care, heart attack care, pneumonia care, heart failure care, and patient satisfaction. If the facility's

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# Legislative Update

score is less than or equal to the average score in a specific metric, no points are given. Partial points can be awarded, and if the facility exceeds the average score, bonus points can be awarded. The first proposed year for this measurement is a data collection year in 2012. 2013 is the first proposed year for implementation.

Employers are beginning to offer incentives to encourage healthy behaviors and disease prevention. Wellness programs typically do not have high participation without a monetary incentive through cash or gift cards. These programs promote preventative care, which has the potential to reduce healthcare costs overall.

The federal government has created a proposal for the 10th version of the International Classification of Diseases (ICD) code set. The ICD-10 is much more detailed with 155,000 codes compared to 17,000 codes in the ICD-9 code set. Once complete, the new code set will increase the accuracy and quality of reimbursement. Providers should use the more specific information to gain additional efficiencies and offset the cost of implementing the new code set.

As this article exhibits, new factors are disrupting the old ways of our health industry. Health leaders must navigate these changes and prepare for the risk and disruptions of the future. The focus of regulations on reducing healthcare costs to stimulate the economy must also be monitored carefully. As new players enter the healthcare market, the next phase of healthcare is unknown at this time.

- Anne Almeida  
Healthcare Advisory, PricewaterhouseCoopers

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## Interested in Advertising in the *Bama Chatter*?

The *Bama Chatter* is a quarterly, four-color publication. Two issues are e-letters and two issues are printed and mailed to our entire membership roster.

The *Bama Chatter* is also archived on our website for our membership and outside interested parties to access the information.

### PRICE PER ISSUE:

Full Page Ad -	\$800
Half Page Ad -	\$500
Quarter Page Ad -	\$300

(discounts available for placing in multiple issues)

### AD SIZES:

Full Page Ad -	7.75" w x 10.25" h
Half Page Ad -	7.75" w x 4.75" h
Quarter Page Ad -	4" w x 4.5" h

## Financial Dilemma - Is it the Worst of Times or the Best Of Times?



Americans are famous for thinking that no matter what has happened or what might happen in the future, we are smart enough to figure it out and fix it. If all else fails, we think we can always get back to where we were by making a few simple modifications. Well, guess what? Not this time.

Historically, going back as far as 1929, there have been four dramatic declines in the markets.

1. The Dow plunged -89.2% starting in 1929 through 1932
2. The S&P 500 was down 48.2% in 1973 through 1974
3. Then again in 2000 through 2002, the S & P 500 lost 49.1%
4. The latest slide we have all watched in horror started in 2007 resulting in an S & P 500 decline of 56.8%

Now many economists and political leaders are saying things are getting better. We are going through an unprecedented period of proposed political solutions that are hard for many of us, who truly believe in the concept of capitalism, to grasp. Are the current proposals in Washington really the solution? Our President has said, numerous times that "It will take a long time to work our way out of this mess." In truth, no one really seems to know how long it will take.

What do we, as individual consumers and investors, do when things get like this? The dismal picture is that our homes are worth half of what they were two years ago and many won't even sell at a price to recoup our outstanding mortgage, even if we needed or wanted to sell them. The concept of taking more risk to receive more reward, if taken literally, could truly put you in the poor house very quickly in this market. But then if you go safe, using tried and proven risk reduction techniques, you won't have enough money to retire.

Our thoughts this past year have taken us to a time we didn't personally experience but have been told about and read about often. A time in U. S. history that we never thought we would get the chance to personally experience, called survival.

Since coming out of the Great Depression, we Americans have been the ultimate consumer - want-

ing things bigger, better, faster and we haven't seemed to be as concerned about how much things cost, saving for a rainy day or living within our means. During this time we have seen significant innovations and improvements in our lifestyles. However our bigger, better, faster and more expensive mentality has had its cost. If something positive can be said about the recent economic and market conditions, it is that Americans have become more perceptive. It may be the worst of times we've all personally experienced, but in some respects it is also the best of times - we are now more cautiously optimistic about our futures. The current economic conditions have touched all our lives. We now have a better understanding of the importance of work, the true meaning of a dollar and tend to think more before we spend or become obligated.

If we haven't already done so, we all need to get back to the basics, like history has taught us. Doing so will not guarantee that we will return to a prior standard, but we will survive. The most effective way we've seen to make it work in times like this is by reducing fixed costs as much as possible, perhaps downsizing your home, selling a beach or lake house, getting rid of extra automobiles and eliminating leases. Many are working longer and spending less to be able to have a meaningful retirement down the road. Although you may think this paints a dismal picture, the bottom line is that none of us need to create more dependence on risk or leverage and we need to build our base back. Proper budgeting and financial planning is more important than ever. Make it a priority in your household to know where every dollar is spent and make sure every family member does likewise. Humbling though it may be, these current times have meaning and we all need to make the most of them.

**- Mark McGarvey, CFP and Patricia Burris, CFP**  
**Meld Financial, Inc.**  
**[www.meldfinancial.com](http://www.meldfinancial.com)**

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# Membership Chatter

## MEMBERSHIP COMMITTEE

THE

WHO:

WHAT: &

WHY:

Of the Membership Committee



### Who We Are:

**Lonnie Younger**, Huntsville Hospital, Chair  
**Annette Baker**, Blue Cross/Blue Shield  
**Jonathan Bedell**, St. Vincent's Health System  
**Megan Elliott**, Warren, Averett, Kimbrough & Marino  
**David Hattaway**, Waldrop & Associates  
**Pat Murphy**, Thomas Hospital  
**Ryan Schultz**, PricewaterhouseCoopers, LLP  
**Carol Slivka**, Huntsville Hospital

### What We Do:

We work to sustain and grow the membership of the best HFMA Chapter in the Southeast---your Alabama Chapter. This year, to coincide with our Chapter's 50th year we hope to recruit 50 new members! Cash cards are waiting to be claimed.

### Why We Need You:

As we strive to continue the high level of excellence that our members have come to expect and enjoy, we need your help. By volunteering in any way, shape or form, our Chapter is strengthened and renewed by the enthusiasm of its members. Don't delay - contact any of us on the committee to see how we can utilize your energy and skills to benefit our Chapter.

## NEW MEMBERS: APRIL 2009

David B Lee, Manager, Revenue Control  
Baptist Health System

Kendall Holman, Executive Vice President  
Protective Securities  
Sponsor: Libby Bailey

Cindy Rogers, Internal Auditor  
Children's Hospital of Alabama  
Sponsor: Tricia Seale

Peggy Panos, Director, Internal Audit  
Children's Health System  
Sponsor: Jason Frey

Elizabeth Strawbridge, Marketing Event Rep  
The SSI Group, Inc

Donna Kelly, Insurance Services Manager  
St. Vincent's Health System

### STUDENTS:

Sponsored by Jason Frey  
Mackenzie Moorehead  
Jeffrey Rouse  
Ashley Huckeba  
Whitney Blackwell  
Miles Parker Smith

## NEW MEMBERS: MAY 2009

Steven King, Managing Director,  
Asset Management & Underwriting  
Medical Properties Trust

Sylvia Weeks  
University of Alabama System

Wanda A James, Collections & Customer  
Service Manager, Baptist Health System  
Sponsor: Donald H Payne, Jr

Gregory Neil, Director, New Business Development  
Receivables, LLC  
Sponsor: Joseph Malloy, Jr

Greg Lemley, Associate Director  
UAB

Matthew G Parker, Accountant  
Northwest Alabama Healthcare Authority



## WE WELCOME OUR NEW TRANSFERS

John T Faulstich, CPA  
CFO  
UAB Health System

William B House, III  
Regional CFO  
Healthsouth

Patrick Milburn, Advanced Staff Auditor  
Cahaba Gov't Benefit Administrators, LLC

### NEW MEMBERS: JUNE 2009

Linda W Tucker, Director of Operations  
Agilis Outsourcing

Courtney Long

David Strevy, CFO  
Integrated Medical Systems, Inc

Make it Count is the national slogan for the HFMA and we are COUNTING on our current members to help grow our Membership. Start COUNTING your cash -

**\$25 Cash Card**  
when you recruit a new member.

**\$50 Cash Card**  
when you recruit a  
Sr. Financial Executive

MAKING IT  
**Count**

*Dear New Members,*

*Please let me extend to you a personal welcome to the Alabama HFMA Chapter. I hope you will be able to join us at our Fall Institute in Birmingham at the Wynfrey on November 11-13th. It promises present day topics for discussion, great speakers, and of course, lots of food, fellowship and fun. Hope to see you there and I look forward to meeting you.*

*Lonnie Younger, FHFMA, CPA  
Chairman,  
Membership Committee  
Huntsville Hospital*

**2009-2010 MEMBERSHIP CAMPAIGN**  
50 years & counting...

\$25 Cash Card for recruiting new members

\$50 Cash Card for recruiting Sr. Financial Executives

**MAKE IT COUNT!**

1. **MAKE** the Alabama HFMA the Best Chapter
2. **IT** takes all of us to grow the Alabama HFMA: Maintain your membership
3. **COUNT** your benefits as well as cash: Recruit a new member

Questions? Contact  
lonnie.younger@hhsys.org

# SAVE THE DATE



The Wynfrey Hotel  
Birmingham

## NOVEMBER 11 - 13, 2009



**hfma**™ alabama chapter  
healthcare financial management association

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

### Developments and Trends in Health Care Law 2009 - Friday, September 11, 2009 The Wynfrey Hotel

Program approved for 8 hours business-related CPE

HFMA Members Registration Fee: \$245 if registered and paid prior to 9/4.

If not paid prior - then full fee will be required at the door.  
Make checks payable to Alabama HFMA Chapter

#### Sessions:

*Recovery Audit Contractors (RACs): Overview of Process and Appeals*

*Update on False Claims*

*Legal Ethics of Protecting Attorney-Client Privilege\**

*Business Meeting Health Law Section ASB*

*Stark Update: Effect of the New Rules on Physician/Hospital Alignment*

*Federal Health Care Reform? Alabama Update: Including the Medicaid Fix*



get ready for...

# Game Day

## HFMA Certification Exam

### Learn all the X's and O's!

Certification coaching and testing will be offered on the following days:

9/18/09 – 11/11/09  
1/12/10 – 3/19/10

Coaching session will be from  
9:30 a.m. to 11:30 a.m.  
Exam will begin at 1:00 p.m.

Game Day pavilion is located at: MedAssist, Inc., Suite 300,  
1 Perimeter Park South, Birmingham, AL 35243

### Need to call an audible?

→ Alternate testing dates may be added by calling Matt Robbins at 205.838.3203 or Vicki Parks at 205.939.7191

→ Alternate testing sites are available at Huntsville Hospital or The SSI Group in Mobile. Call Matt or Vicki to schedule.

- All testing study guides are provided free of charge.
- × Upon successful completion of the exam the Alabama Chapter will reimburse you for the exam fee.
- **NOTE: Registration is required with National at least 10 days prior to the exam date.**



### Need motivation?

All members passing the exam between 5/01/09 and 4/30/10 will be entered in a drawing for \$500 cash! (one entry for each section passed)

# Message from Region V

## A Message from the Region V 2009-2010 Regional Executive

It is my honor and pleasure to serve as the 2009-2010 Regional Executive (RE) for Region V which includes Alabama, Florida, Georgia, South Carolina and Tennessee.

Being a member of the Alabama HFMA Chapter since 1989, I have had the pleasure of meeting many of the Alabama Chapter members so feel strange introducing myself - but here goes.....My name is Mitzi Winters and I am a Certified Fellow in HFMA and live in Birmingham, Alabama. I have been an active member of the Alabama Chapter for 19 years. For the past year, I have served as Region Executive Elect and have worked with the 2008-09 Regional Executive Rick Childs from the Georgia Chapter and have watched and learned the responsibilities of the position. I can't think of a better person to learn from than Rick - he has been a wonderful role model and I would like to thank him for his help and support. It has also been a pleasure getting to know the leaders from all five chapters and look forward to continuing to work with them during the upcoming year. The Alabama Chapter is blessed to have a strong and dedicated group of people serving on the Chapter Board. Vicki Parks, the 2008-09 President finished a fantastic year at ANI in Seattle and I know that Linda Maddox your new President has a focused agenda for the Chapter for the upcoming year.

The role of the Regional Executive is to serve as the volunteer and policy link between the chapters of the region and the National Board of Directors. Our Regional Executive-Elect is Lee Ann Burney from the Tennessee Chapter. She and I will be working closely together to ensure that the Region's Presidents and Presidents-Elect have a strong voice in shaping



**Mitzi Winters, FHFMA**  
**Region V 2009-10 Regional Executive**

the future of HFMA during what I think will be a pivotal year for us all.

The new Region V Leadership group has already come together twice, first at our LTC meeting in Ft. Lauderdale and then again in Seattle at the recent ANI National meeting. We chose best practice topics to review as a Region and share back to National. As a group, the Region decided to concentrate on Membership Retention, Shared Resources and Speakers, and Corporate Sponsorship. In addition to these topics, National has selected several other DCMS Chapter Specific Topics for our review. These include the Chapter Balanced Score Card, The Chapter Web Site Verification, Constitution/Bylaws, Yerger Best Practices, Social Networking (Facebook, LinkedIn, etc.) and Technology updates.

Our next Regional face-to-face meeting will be during our Fall President's Meeting in August and then we will be coming together as a group during the Region V Dixie meeting that will be hosted by the South Carolina chapter in February in Charleston. It's going to be a busy year!

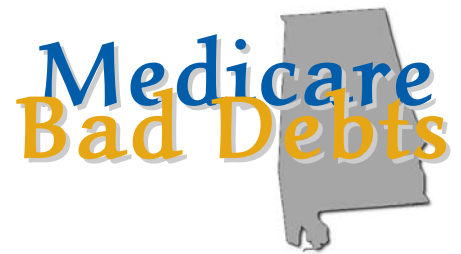
### Chapter Visits

I plan on visiting each chapter in the region during my term as Regional Executive and, of course, I wouldn't miss the Fall or Annual Institute in the Alabama Chapter. So I look forward to seeing you at the meetings and finding out what you think our chapter is doing to MAKE IT COUNT.

**- Mitzi Winters, FHFMA**  
**Region V 2009-10 Regional Executive**  
**Medassist, Inc.**



# Recent Developments in Medicare Bad Debts. . .Will we ever be able to claim our Medicare Bad Debts?



By Trent Messick and Delane Buck

On May 2, 2008, the CMS issued a Joint Signature Memorandum (JSM) to all of its Fiscal Intermediaries (FI) titled "Clarification of Medicare Bad Debt Policy/Bad Debt Policy Related to Accounts at a Collection Agency." CMS states that the purpose of the memo is to "clarify longstanding policy concerning reimbursement for a Medicare Bad Debt while the account is at a collection agency." This memo has created both controversy and confusion for providers and now leaves them with questions of how to respond to bad debt audits as well as set their collection and bad debt policies for the future.

## History of Medicare Bad Debt Reimbursement

Chapter 3 of the Provider Reimbursement Manual (PRM), as well as 42 CFR §413.89, defines the criteria for an allowable bad debt:

- The debt must be related to covered services and derived from deductible and coinsurance amounts.
- The provider must be able to establish that reasonable collection efforts were made.
- The debt must be uncollectible when claimed as worthless. If after the provider applied reasonable and customary attempts to collect a bill, the debt remains unpaid more than 120 days from the date the first bill is mailed to the beneficiary, the debt may be deemed uncollectible unless there is reason to believe that the debt is collectible. This is what the PRM calls the Presumption of Uncollectibility.
- Sound business judgment established that there was no likelihood of recovery at any time in the future.

Based on interpretation of language contained in the Omnibus Budget Reconciliation Act of 1987 (OBRA of 1987), many Medicare contractors allowed providers' bad debts for accounts sent to a collection agency. The OBRA of 1987 imposed a "bad debt moratorium" which says that if an intermediary was allowing hospitals to write off bad debts at the time they were sent to a collection agency prior to August 1, 1987, then the intermediary must continue applying that same principle when allowing write-offs in subsequent years so long as the provider had not changed its policy or changed its FI. All other bad debt criteria in PRM Section 310 still had to be met, including maintaining


collection efforts for at least 120 days from the date of first bill. It is the provider's responsibility to document that, prior to August 1, 1987, it was allowed to claim bad debts at the time they were sent to a collection agency.

CMS acknowledged the "moratorium" throughout the 1990s in directions provided to FIs on auditing bad debts. In addition, many FIs published specific memos outlining how providers should handle bad debts and gave specific instructions on how a provider could remain eligible for the "moratorium." Many FIs continued to allow providers to claim bad debts when the related patient account had been turned over to a collection agency at least for cost reports filed through FY 2007. All of these instances illustrate that CMS, in many ways, had acknowledged the existence of the "moratorium" for the past twenty years. However, in one fell swoop with the issuance of the May 2 memo, CMS has reversed its policy and taken a more narrow interpretation.

## CMS Position on May 2, 2008

In its memo CMS instructed FIs that they are "required to disallow Medicare bad debts for accounts at a collection agency where the contractors may heretofore have allowed those bad debts in the past based, at least in part, on interpretation of language contained in the OBRA of 1987."

CMS highlights in the memo that the bad debt policies have been in existence since the late 1960s and it has been its policy that when an account is in collection, a provider cannot have determined the debt to be uncollectible and cannot have established that there is no likelihood of recovery under the regulations. In other words, until a provider's reasonable collection effort has been exhausted, including both in-house efforts and the use of a collection agency, a provider may not deem a bad debt as uncollectible under the provisions of PRM Chapter 3. CMS is claiming that even if there was a "moratorium" in 1987 providers should have never been able to claim bad debts that were still placed at a collection agency.



# Medicare Bad Debts

*(Writer's commentary: If this is only a policy clarification and not new policy, then why has it created such confusion in the provider community? Also, if the regulations and longstanding policy have been in existence since the late 1960s, then why did it take CMS over forty years to come out with such a concise stance?)*

CMS has determined that any instructions previously issued which allowed hospitals to claim bad debt for accounts at a collection agency based on a Medicare contractor's interpretation of the policy as of August 1, 1987, are incorrect. In no case is an unpaid Medicare account which is in collection, including at a collection agency, an allowable bad debt under the regulations. If a Medicare contractor's practice has been to allow bad debts for some hospitals while the accounts are at a collection agency, based on its practices as of August 1, 1987, the Medicare contractor shall disallow these bad debts effective May 2, 2008.

CMS states that contractors should not reopen cost reports to apply these guidelines. Cost report years that have not been final settled (NPR) are subject to the guidelines. This is typically FY 2006 and FY 2007 although some providers have unsettled reports back to FY 2000. FIs have verbally indicated that if a provider reopens a previously settled cost report for an issue other than Medicare bad debts, it is not the intention of the contractor to subject the bad debts for that year to the new guidelines.

## What Should a Provider Do?

Regardless of opinions on the May 2 memo, hospitals will have to decide how they will respond to the new CMS guidelines. Most providers' primary concerns will relate to cash flow and financial implications. Providers will either choose to stand firm with their current policy and procedures and fight any Medicare audit adjustments through the appeal process or they will adapt and change their policies to conform to the recent CMS clarifications. Each has implications that providers must consider. Listed below are the two options with potential advantages and disadvantages.

- Stand firm with current policy and procedures.
  - Could result in cash flow decreases as appeals move slowly through the system.
  - Puts provider in better position if favorable court cases compel CMS to retract current position. (Remember one of the criteria to be eligible for the moratorium is that the provider could not have changed its policy since 1987.)
  - Only recommended for providers that could sustain the legal battle and reduced reimbursement in the short run.
- Adapt and change policy to conform to recent CMS clarifications.
  - Results in less cash flow interruptions.
  - Less favorable position if court cases compel CMS to retract current position, because now provider has changed policy.
  - With introduction of Medicare Administrative Contractors (MAC), providers may lose eligibility under the moratorium anyway.
  - Potential loss of collection revenue on non-Medicare accounts because hospital will be forced to pull back all accounts from collection agency. There may be methods to mitigate these losses.
  - Potential to claim additional bad debt that provider had not previously claimed because they may have transferred to collection agency prior to 120 days.

Most providers will not be able to sustain the cash flow issues or the lengthy legal battles resulting from standing firm. In addition, providers should be aware of when their FI converts to a Medicare Administrative Contractor (MAC) the provider will probably no longer be eligible for the moratorium.

Regardless of a provider's choice to stand firm or adapt and change policy, there are steps that should be taken.

- Stand firm with current policy and procedures.
  - Engage a healthcare attorney that is familiar with the Medicare bad debt regulations and rules.
  - File timely appeals when NPRs are issued excluding the regular bad debts.
  - Consider alternatives for joining class action filings
  - Be prepared for lengthy appeal process.
  - Be prepared for NO reimbursement on regular Medicare bad debts until providers have a favorable court ruling that forces CMS to change. (All providers should continue to identify and claim crossover and indigent care bad debts separately.)

■ Adapt and change policy to conform to recent CMS clarifications.

o Form a team at the hospital to rework collection and charity care policies. The team should include individuals from finance, business office, reimbursement, collection agency and compliance.

o Policy should be drafted to comply with new guidelines and clarifications issued by CMS.

■ Consult regulations, memos issued and question/answer issued through FIs.

■ Consider using account balance thresholds in shaping the collection procedures

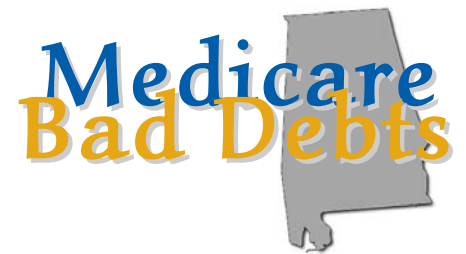
■ Evaluate the appropriate days to leave at collection agency to make sure that money is not left on the table for non-Medicare accounts.

■ Make sure that collection agency is aware of Medicare bad debt regulations.

■ Work with collection agency to assist in the preparation of Medicare bad debt logs.

o If an FI disallows regular bad debts on prior year cost reports, consider filing an appeal for that year to reserve appeal rights. Then work with collection agency to have the prior year accounts returned (pull back all payor accounts) so they can be claimed in a subsequent year.

o Evaluate potential of claiming additional Medicare bad debts that may have been previously excluded



due to the 120 day rule.

o Utilize/Implement charity/indigent care policy to identify appropriate charity care Medicare bad debts that are not subject to the collection agency rules. (See §312 of PRM)

### Summary

Providers should understand that this issue is far from over. Litigation and appeals will continue for years. The courts will eventually decide for us. However, there are things that are known to providers. CMS has made a clear stance regarding bad debts at collection agencies. Providers cannot stand on the sideline waiting to decide how to respond to this issue. They need to make prompt, informed choices and understand the resulting implications. Stay tuned!

- Trent Messick, CPA, Member  
Delane Buck, CPA Senior Associate  
Dixon Hughes PLLC  
Healthcare Consulting Practice  
www.dixon-hughes.com

## ALABAMA HFMA FACEBOOK GROUP PAGE

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<http://www.alabamahfma.org>

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Click on the "We're on Facebook!" icon.

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If you already have a Facebook account, login. Otherwise, follow the instructions to create a new account.

# Fall 2009 CPAR Certification Exam

## Testing

CPAR Test will be held on  
Saturday, November, 14 2009  
Registration will begin @ 8:30 a.m. and testing  
will begin @ 9:00 a.m. until 1:00 p.m.

## Fees

Total fee: \$50.00  
Deposit: \$15.00 due at the time of registration.  
The remaining balance of \$35.00 can be paid on the date of the test.

We encourage you to register online. Registration will begin in September 2009. You may register and pay online via credit card. If you pay online using your credit or debit card, you will be required to pay in full at time of registration.

Due to the administrative cost in handling returned checks, we will no longer accept personal checks.

If you are a Hospital or other Healthcare provider and paying on behalf of employees sitting for the CPAR exam, we will accept a company check.

## CPAR coaching and testing will be given at the following locations:

Mobile Infirmary Medical Center (Coaching only)  
Mobile, AL 36652

Grove Hill Memorial Hospital  
295 South Jackson Street  
Grove Hill, AL 36451

The SSI Group Training Room (Testing only)  
4721 Morrison Drive  
Mobile, AL 36609

Southeast Alabama Medical Center  
Ross Clark Circle  
Dothan, AL 36301

Baptist Health Montgomery  
301 Brown Springs Road  
Montgomery, AL 36117

Trinity Medical Center  
800 Montclair Road  
Birmingham, AL 35213

Marshall Medical Center South  
Physician Office Building  
2505 US Highway 431 North  
Boaz, AL 35957

Northeast Alabama Regional Medical Center  
400 East 10th Street, PO Box 1380  
Anniston, AL 36202

DCH Health System  
809 University Blvd East  
RMC in the Willard Auditorium  
Tuscaloosa, AL 35401

Medical Center Barbour  
820 West Washington Street  
Eufaula, AL 36027  
Phone: 334-793-8827



For further information please contact Tavie Bender at [Tavie.Bender@TriadHospitals.com](mailto:Tavie.Bender@TriadHospitals.com) or call 205-592-3846.

## Congratulations to our 2009 spring CPAR recipients!

Phoebie Ceaser  
Medical Center Barbour

Valerie Cliatt  
Medical Center Barbour

Lindsey Langley  
Holloway Credit Solutions

Phyllis Parker  
UAB

Trina Farrey  
Southeast Alabama Medical Center

Ethylea Griffitt  
St. Vincent's Birmingham

Kara Todd  
Southeast Alabama Medical Center

Keenya Lawrence  
Medical Center Barbour

Robert Wheeler  
Holloway Credit Solutions

Amanda Gunter  
Medical Center Barbour

Tomi Cornelius  
Marshall Medical Center South

JoAnne Escobar  
Southern Bone & Joint

Marilyn Herring  
St. Vincent's Hospital

Jacqueline Jefferson  
UAB Medical West

Mark Hearn  
St. Vincent's Health System

Nicole Stultz  
The Healthcare Authority for Baptist Health

Wanda James  
Baptist Health Montgomery

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Southeast Alabama Medical Center

Nancy Brown  
Holloway Credit Solutions

Carrol Flanigan  
Proxsys Corporation

Jessica Goldsby  
Trinity Medical Center

Tracy Braswell  
St. Vincent's Birmingham

Towandra Slaughter  
Trinity Medical Center

Katrina Hall  
St. Vincent's Birmingham

Christy Hare  
St. Vincent's St Clair

Mary Tran  
St. Vincent's

Monique Hill  
UAB Hospital

Tracey Hollie  
Proxsys Corporation

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St. Vincent's Hospital

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Medical Center Barbour

Barbara Holland  
UAB Medical West



# BUILDING REPORTING. . .

## TO ASSIST IN MANAGING THE CHARGE CAPTURE PROCESS

by Ed Kerner, Director of Charge Revenue Cycle Operations, Montefiore Medical Center and  
Mark Jeziorski, President, Sophical Solutions

### Introduction

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

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

### Managing the Charge Capture Process

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

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

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

### Benefits:

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

- Areas not entering charges timely
- Charges not being entered
- Charges not transferring between systems

- Charges being entered and then reversed
- Usage on "inactivated" charge codes
- Implementation of incorrect prices
- Budgeted volumes not being achieved

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

## Keys to Success

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

■ **Someone needs to take ownership of the program.** The Revenue Cycle department at Montefiore owns this initiative. The Revenue Cycle department works with a vendor to obtain the reports each month, uploads the reports to our internal website, reviews each recipient's reports, follows-up with the recipients and provides assistance in addressing each significant variance. The Revenue Cycle department also takes responsibility for ensuring that any needed follow-up action takes place.

■ **Provide each recipient with information specific to his/her area of responsibility.** Each month, the recipients of the reports receive information specific to his/her area of responsibility. At Montefiore, each vice president has responsibility for select departments on the inpatient side and select registration areas on the outpatient side. Department administrators have responsibility for one or more departments. The vice presidents receive inpatient information for their departments and outpatient information for their registration areas. The department administrators receive both inpatient and outpatient information for the departments under their control.

■ **The issues that need to be addressed should be highlighted and specific information should be provided to enable the recipients to take action.** It is important that the variances that need to be addressed are highlighted so that the recipients of the reports do not have to spend time trying to figure out where they need to focus their attention. It is also important to provide both high level and specific information with regards to variances. For example, it is helpful to know that -\$80,000 of a registration area's total charge variance of -\$95,000 is associated with one charge code.

■ **The information should be provided in a user friendly manner.** Recipients need to be able to quickly and easily navigate through the information. The use of electronic reports with menus and point and click features helps greatly.

## Conclusion

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

**Ed Kerner, Director of Charge Revenue Cycle Operations**  
Montefiore Medical Center  
[ekerner@montefiore.org](mailto:ekerner@montefiore.org)

**Mark Jeziorski, President**  
Sophical Solutions  
[markj@sophicalolutions.com](mailto:markj@sophicalolutions.com)



Libby Bailey, CPA, FHFMA

## A Note from the Editor

Well here I am, Newsletter Chair for the **Bama Chatter** - the best newsletter in the land! Too bad you don't have the "best" Newsletter Chair in the land - but hey, hopefully with a little time and a little learning I'll get better.

With everything that is going on in healthcare, I'm sure there will be times during the year we feel like we are in kindergarten again and learning our ABCs - we've got RACs, we've got EHRs, CPOE, and EMRs we've got MACs, ROI (not the return on investment one), MICs, TJC, CMS, ICD 10s, and AARE. Then we have things like Red Flag Rule - is that kinda like drop the handkerchief (okay maybe some of you never played that in your generation)? I think there is a never ending list of acronyms related to healthcare, and hopefully "your" **Bama Chatter** will be your guide to learning.



The National HFMA theme this year is "Making It Count", and when I hear the word count, I think of volumes, or lots of "stuff", "people", etc. By stepping forward and volunteering, you can help our **Bama Chatter** "Make It Count". Get involved in a committee, get involved in a meeting, or better yet get involved in feeding articles to the **Bama Chatter**. If there have been events at your company or your facilities that have been rewarding for employees/patients, lessons learned, or processes improved; share them with us. Those "real life" stories always interest our readers and have a tendency to hit home.

When you want to write an article, just drop me an email, or give me a call, I'll tell you how to see your name in print (isn't that exciting). If there are things you want to see in the **Bama Chatter**, let me know and we'll see what we can do. This is your newsletter, and we want to be a good provider and give the customer what they want/need. During LTC I learned that we now work in a world with 4 generations; and guess what. . . all those generations want something different. Whatever the generation gap, work with us to find the balance so that your newsletter has something for everyone. If you are a Matures, send me a letter, if you are a Baby Boomer, give me a call, if you are a Generation X, send me an email, and if you are a Millennial, tweet me (and hope that I get it - because I'm the Baby Boomer). With all kidding aside, reach out and make your **Bama Chatter** work for you.

And by the way, if you've not visited us on Facebook - take a look: Until next time, whether it's your personal life, or your professional life. . . **"Make It Count"**

- Libby Bailey, CPA, FHFMA  
Newsletter Editor  
Callahan Eye Foundation Hospital

### Editorial Mission

The Bama Chatter supports the mission of the Alabama Chapter by serving as a key resource for individuals involved or interested in the financial management of health care.

### Editorial Policy

Opinions expressed in articles or features are those of the author and do not necessarily reflect the view of the Alabama Chapter, the Healthcare Financial Management Association, or the Editor. The Editor reserves the right to edit material and accept or reject contributions whether solicited or not. All correspondence is assumed to be a release for publication unless otherwise indicated.

### Publication Objective

The Bama Chatter is the official publication of the Alabama Chapter of HFMA and is written and edited principally to provide members with information regarding Chapter and national activities, current and useful news of both national and local significance, information about seminars and conferences and networking with colleagues, and to serve as a forum for the exchange of ideas and information.

### Article Submission

The Bama Chatter encourages submission of material for publication. Articles should be typewritten and submitted electronically to the Editor. The Editor reserves the right to edit, accept or reject materials whether solicited or not. HFMA Founder Points are granted for any articles published in the Bama Chatter.



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