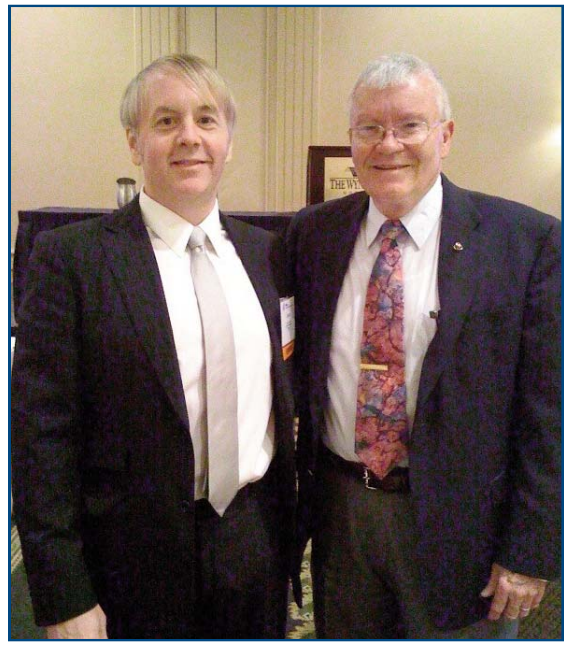
Winter 2010
Volume XXXXX - No. 3

Bama Chatter

hfma alabama chapter
healthcare financial management association

Fall Institute

November 11-13, 2009
The Wynfrey Hotel, Birmingham



Keynote speaker, Apollo 13
Astronaut Fred Hais

See story page 4

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President's Message

Linda J. Maddox
President

It's hard to believe that 2009 has gone and we are now in 2010. Our HFMA year is half over and I can't believe it. . .seems as if we just got started. Our program chairs and our committee chairs have all fulfilled their roles in providing our membership the quality and meaningful education we promise. I sincerely appreciate each volunteer for all your hard work and what you do for our Chapter. Without the volunteers, we would not be one of the strongest chapters nationally.

If you missed the Birmingham meeting held in November, then you missed 2 days of very pertinent and timely education and a fun filled evening. The meeting entitled, "Failure Is Not an Option" was overseen by Jerry Smith and his committee. We appreciate all the efforts that were put into the meeting. With over 175 attending and with our opening speaker Fred Haise the Apollo 13 astronaut, we celebrated not only our 50th birthday as a chapter, but Fred's birthday as well.

Huntsville Hospital and team hosted a GREAT one day event on Jan 15. Tracy McCowen and her team planned the event with great success. It had been several years since we have held an all day event in the area. We now hear you want us back next year. I must say the program met and exceeded our expectations! We had 118 attending with 6.5 CPE's credited that day

As an organization, we want to provide the needed education to all our members. With the state of the economy at this time, we felt if we planned some one day events in various areas we would retain the level of education to which our state has become accustomed.

Keep your eyes open for the next one! **Montgomery here we come!** March 2010 we will host another one day program in the Montgomery area. Details will be out via a web-blast in the next week or so.

Feb 16th-19th the Dixie Institute will be held in Charleston, South Carolina. Come and join us along with Florida, Georgia, Tennessee and South Carolina chapters of HFMA. This conference rotates between the five states whch make up what is known as REGION V. The institute promises to be full of informative sessions, as well as great networking events. I hope to see you there! For more information please go to www.schfma.org/dixie.htm site.

Our participation in **"Operation Million Cup"** is underway. For those of you who haven't heard about this, let me tell you what we're doing. We have partnered with Boca Java; a Florida based coffee company, to send their coffee to our troops overseas. For every bag of coffee you buy to donate to our troops, they will

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2009-2010 Leadership

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MAKING IT Count

match it with two more for a total of three bags. This is a great way to show your appreciation for our brave men and women fighting to keep our freedom. We will be providing more information in this edition of Bama Chatter. I encourage everyone to join us in this effort. Share the event with your family and friends as well. We have our own state site, so that as a region we can report how much we have supported our troops. The month of February is targeted as the month to order, but order today before you forget. I know that everyone can donate one bag of coffee to the thousands that serve. If you wish to participate please click on the following web site. www.bocajava.com/learn/troops/index.psp?promo=lphfmaal

As we begin the New Year, I am thankful for the opportunity to serve the Alabama Chapter members. To date we have had a successful year, and we attribute that to listening to what you are telling us you want from HFMA. We would not be able to do this without the support of our Corporate Sponsors. I want to give a very special thank you to all the sponsors who chose to support us this year with their contributions.

I want to personally wish you all the best in 2010 and hope to see you on the road at one of our many events yet to come.

If you have not yet committed to volunteer, remember there is still time to "MAKE IT COUNT".

- Linda Maddox
President 2009-2010
HFMA Alabama Chapter
"Making It Count"

Fall Institute

Another Successful Education and Networking Opportunity

The Alabama Healthcare Financial Management Association Fall Institute was held November 11th-13th, 2009 at the Wynfrey Hotel in Birmingham with over 175 in attendance. I appreciate all of you who attended and especially those who worked so hard in making the event happen. The goal of the conference was to provide relevant topics for today's turbulent Health Care world made even more troublesome by the Great Recession presently underway. During this event, we also expanded our Social and Networking opportunities by expanding the IGen Breakfast meeting to its own track in an effort to develop our younger HFMA members. We also brought back the Casino Night Social event to offer a chance to unwind and network with peers and supporting vendors.

The Institute began on November 11th with our annual HFMA CORE Certification Coaching Session. These sessions are designed as a great finish to your own personal studying. We strongly encourage HFMA Certification as a way of distinguishing yourself from other professionals in an increasingly competitive Health Care job market. The Certification exam was offered immediately following the coaching session.

The Kickoff for the Institute got underway Thursday morning with an "open to all members" CFO Breakfast with a presentation by Joel Gleason, Vice President, Client Development for the Cerner Corporation. Mr. Gleason updated the group on the HIT provisions of the American Recovery and Investment Act of 2009. Gleason also gave a broad overview on Health Care reform efforts underway in the Congress.

The general session kicked off with opening remarks by yours truly. The timing of this year's conference coincided with our Nation's celebration of Veteran's Day. There was a presentation of the National Colors by the Junior ROTC from Ramsay High School followed by the Pledge of Allegiance to the United States flag. We were welcomed by Linda Maddox, President of the Alabama Chapter of HFMA and Vicki Parks, Past President of the Chapter. Following their welcome, service awards were presented to the following for personal achievement:

The William G. Follmer Bronze Award:

Jerry Smith
Paul Shorrosh
Keren Elkins
Tavie Bender

The Frederick T. Muncie Gold Award: Vicki Parks

Robert M. Coats Outstanding Member Award:

Kim Shrewsbury

Medal of Honor Award: Richard Byerly

Lifetime Member: Jerry Chambers

2009 marked a historic year in the life of our Chapter with the marking of our 50th Anniversary as a Chapter. A video presentation was presented depicting the evolution of the Health Care Financial System as it developed in the late 20th Century. Medicare, Cost Accounting, Medicaid, Managed Care and now Health Care reform, the video did a fantastic job of charting our Chapter's history. The celebration continued following the video presentation with a Birthday Cake to mark the occasion.

Our keynote speaker was Apollo 13 Astronaut Fred Hais. This was an opportunity to hear from a true legend about overcoming challenges and achieving excellence. Fred showed video shot on board the Apollo 13 Capsule during the crisis following the explosion early in the flight with personal narration of the events as they unfolded. Fred's topic related to the phrase "Failure is not an option" used by the NASA Flight Director in the 1995 Blockbuster movie about their mission. The respected American icon displayed how competence, perseverance and leadership combine to assure ultimate victory under any circumstances. Mr. Hais graciously stayed greeting everyone who wanted to meet him personally, have an autograph signed or photo made with the legend.

We broke into our concurrent sessions for lunch, with the CFO/Compliance Track enjoying a presentation by Don McCall from Dixon Hughes on Lean Principles in Health Care. Lean Principals are the application of the Toyota Production System in healthcare provider space and Clinical Quality capabilities in response to the Federal Government's new definition of Quality. The PFS Track

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enjoyed a presentation by JE Avrard on Blue Cross of Alabama reimbursement issues. The IGen luncheon provided an opportunity for young HFMA Members to network with their peers.

Late afternoon sessions included a session presented by Dr. John Ryan, CEO of PLATOCODE and Susan Evans, RHIA from St. Vincent's Health System in Birmingham on the dynamic new world of Computer Assisted Medical Coding. With the market for coders becoming increasingly competitive and expensive for Health Care providers, Dr. Ryan and Ms. Evans presented the results of a beta project at St. Vincent's Health System. The Birmingham Health System has seen an explosion in outpatient surgical cases over the last 7 years and Dr. Ryan and Ms. Evans offered results on the efficiencies achieved using the computer assisted coding solution, both in productivity and accuracy.

The PFS mid afternoon session was presented by Karen Faircloth, RN, Director of Emergency Management at Trinity Medical Center along with Jane Northcutt from Trinity shared their plans for EMTALA compliant Medical Screening for Emergent Patients. The presentation formulated a boiler plate plan that could be tailored by a Hospital to meet their individual requirements for the development of a compliant medical screening process for true non emergent patients, those that contribute to high denial rates and 60-70% of Bad Debt expense for most hospitals in the nation.

This year's Fall Institute expanded the success of 2008's IGen Breakfast to a dedicated IGen Track tailored to the young HFMA professional. The late afternoon track offered the opportunity for IGen members to hear from HFMA Leadership on "What is HFMA", an orientation focused session on opportunities for the young professional to get fully engaged into HFMA and make the most of their membership. The mid afternoon IGen Track presentation by Doug Dean, Vice President Human Resources for the Children's Health System in Birmingham on "Generations in the workforce", offered insight on how Generation X and Y evolve in a dynamically changing work force with the gradual retirement of the Baby Boomers over the next 20 years.

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Following a mid afternoon break which afforded members the opportunity to visit the Exhibitor's booth area, the CFO/ Compliance Track reconvened with presentations from Anthony Elwood, Evolution Consulting, Karen Northcutt, Medical Management Plus and Kelly Geiger from St. Vincent's Health System on the latest compliance issues facing Alabama Health Care providers. The PFS Track featured Bonnie Bradley, the Central Regional Manager for the Alabama Department of Public Health on the "ALL Kids" insurance coverage program, followed by a presentation from Sandy Riley from RMB, Inc. on leveraging technology to improve Self Pay Collections in a challenging economy.

The IGen late afternoon track afforded young HFMA Members to hear real life experiences from seasoned healthcare financial executives from the hospital world as well as the consulting world on their career paths and how they achieved their levels of success. Presenters were Mike Burgess, CFO for the Children's Health System, Jon Kimsey, Partner at Warren, Averett, Kimbrough and Marino, Mary Beth Briscoe, CFO University Hospital, and Libby Bailey, CFO Callahan Eye Foundation Hospital.

The evening began with the HFMA Lounge offering a chance for members, sponsors and exhibitors to convene for some fun and fellowship. The Lounge moved to the Alabama HFMA Casino Royale managed by Good Fellas Gaming, with Black Jack, Craps and Roulette Tables of fun with winning tickets going to prizes graciously offered by our sponsors. It was a fabulous night of great fun, great food and fellowship with our Master of Ceremonies Alan Aycock from Emdeon.

The Friday General Session began with a Continental Breakfast and an opportunity to visit the Exhibitor areas, followed by an update from attorney Kent Upshaw on the latest developments in the Alabama Court system concerning the unbundling of charges related to Worker's

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Fall Institute

compensation claims. The General Session opening speaker was Jeff Booth, a Partner with the Atlanta office of PriceWaterhouseCoopers, LLP. Jeff's presentation presented an overview of President Obama's trio of health reform promises, to expand access to affordable health insurance, modernizing health care to reduce costs and promote wellness and how we as a Nation would pay for the solution and how it would affect the Alabama market. The final session was presented by Dr. Mark Williams, Chief Medical Officer for North Mississippi Medical Center and Joan Ragsdale, CEO for MedManagement LLC on the latest developments in the Medicare Recovery Audit Contractors as they begin their work in the state if Alabama.

In closing, the Institute provided an opportunity for members to hear subject matter presenters on the latest developments in today's turbulent Health Care Market. It also afforded opportunities to network, make connections and just have fun! Special thanks go to the Forum Chairs, Craig Tolbert from PWC and Kim Shrewsbury from Decatur General for the CFO/Compliance Forum, Tavie Bender for the PFS Forum and Jason Frey for the IGen Forum. To Mitzi Winters and Sherri Harper from MedAssist for Web communication, Donna Ellenburg from Trinity Medical Center and Donna Ezzell from Athens Limestone Hospital, and Sherri Harper from MedAssist for doing an exceptional job in managing the registration area, to Rick Schmitt from St. Vincent's for working with exhibitors, to Alan Aycock and Karen Dillard form Emdeon for Casino Night, Brenda Tiner from Proxsys for assistance and Linda Maddox from MedAssist for support.

-Jerry Smith
VP Fall Institute

Winners at the Membership Table Alabama / Auburn contest during the Fall Institute.

1st Quarter	Linda Maddox
2nd Quarter	Shirley Smith
3rd Quarter	Robin Long
4th Quarter	No winner (square was blank)

Congratulations to each of them on their $25.00 cash prize.

Improving Workforce Expense Management

Labor expense can amount to 50% or more of a hospital's total operating expense. Yet, many hospitals do not provide a comparable effort when managing this expense. Worse yet, many department managers and front line supervisors are unaware of the significant impact that their staffing decisions have on the bottom line. Many staffing plans are not based on predictable workload variations, and when staff flexing is required, managers find all too often that they have too many full time employees working a given shift. Sending staff home with paid time off is clearly not in the CFO's plan.

Do you know how your staffing efficiency compares to other hospitals for each of your departments? Benchmarking each department's labor utilization to other hospitals is the quickest way to identify labor savings opportunities. And it's also a good way to establish appropriate labor targets for each department. Hospital leaders find the labor targets that work best to improve the bottom line are those that the department managers "buy into". Managers, therefore, need to understand how their labor targets were established so they can decide if they are valid and achievable.

Labor targets should be based on worked hours per unit of service not paid hours. Worked hours are what a manager has the opportunity to manage on a daily basis based on the actual workload demand for the day. So, how do you manage paid hours? You only have one opportunity to actually manage paid hours. That's when you hire the person. If you hire a person as a 1.0 full time equivalent, you've just committed to paying for all worked hours as well as any benefit time accrued such as paid time off. If you "hire" a person as PRN or for a float pool, you're only committed to paying for actual worked hours. Even hiring a person as 0.8 or 0.9 FTE gives you more flexibility to your staffing plan. You are not committed to having them work 40 hours per week and they accrue PTO (Paid Time Off) at a lower rate.

The unit of service used as the workload volume measurement for each department should be a simple measurement that is easy to obtain and is directly related to the amount of worked hours required to accomplish the work. Yes, it's possible to develop more accurate measures such as weighted measures or relative value units. But, do you have the staff time available to develop and maintain these measures? An example of a target is 0.43 worked hours per procedure.

Leading hospitals train their managers and those who make staffing decisions in the fundamentals of productivity management. Managers need to understand how to efficiently plan their staffing mix, and how to schedule staff to meet workload variations. Many managers are clinical experts. Unfortunately, many have never received formal training in productivity management. Then, to manage labor productivity most effectively, managers need to know how well their departments are performing through timely productivity reports. These reports should be provided to department managers at least at the end of each pay period. Ideally, managers need to know their department's daily productivity. If reports are not provided daily, the managers should be trained in how to calculate daily productivity themselves.

To be most effective, productivity reports should display the target and actual worked hours per unit of service, and the target and actual worked FTEs. The variances between target and actual for each of these measures should also be displayed. It's also helpful for managers to see the productivity %, non-productive % and total paid hours. In addition to the measures for the reporting period, year-to-date measures should also be shown. Reports that include a year-to-date graph are ideal. A critical factor is that department managers need to understand how all the calculations on the productivity report are made. If they don't understand the calculations, they won't understand what they need to manage better in order to improve their department's performance.

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Improving Workforce Expense Management, cont.

Flex staff up, not down. Sounds backwards, but think about it. To maximize staffing efficiency, managers must flex staff up to meet increased workload demand. Then, flex down by using less of the staff they flexed up with. Here's how it works. You start by determining the correct staffing mix for the Core Staffing level. The Core Staffing level should be based on an identified time period with lower workload volume, not the average volume. A systematic methodology must be used to calculate the most efficient staffing plan that provides positive impact to the bottom line. Identifying the correct mix of full time, part time and PRN staff is critical to maximizing labor productivity, and it's all based on identifying the correct core staffing.

Match staffing plans to expected workload volumes. Sounds simple, but many department managers have never analyzed their workload volume by time-of-day and day-of-week. When they do, they often find they have too many staff when workload is low and not enough when workload is high. Managers should prepare staffing plans that allow them to achieve their target worked hours per unit of service. For position control efforts to be most effective, each department must have a staffing plan that is calculated using a systematic and methodical process for determining the correct mix of full time, part time and PRN staff.

Train all department managers and key staff in the utilization of Lean methodologies. Lean is derived from the Toyota Production System which uses proven concepts enabling hospitals to focus on the elimination of non-value added activities, inefficiencies and defects while achieving a balance between quality and finance. Lean is a growth strategy, a survival strategy and an improvement strategy. Use Lean to create a better working environment where what is supposed to happen, does happen, on time, every time.

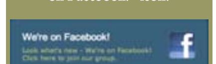
- Mike Stroble
Dixon Hughes PLLC

About the author: Mike Stroble is a manager in Healthcare Consulting with Dixon Hughes PLLC. He is a former Director of Management Engineering with both for-profit and not-for-profit hospitals. Mike can be reached at mstroble@dixon-hughes.com.

ALABAMA HFMA
FACEBOOK GROUP PAGE

Step 1
Visit the Alabama HFMA Homepage:
http://www.alabamahfma.org

Step 2
Click on the "We're on Facebook!" icon.



Step 3
If you already have a Facebook account, login. Otherwise, follow the instructions to create a new account.

Huntsville Hospital "Makes it Count" by hosting PFS Roadshow

On January 15, 2010, Alabama HFMA held a one day PFS Leadership Conference in Huntsville, Alabama. Overall 118 people participated in the event. The event was attended by PFS Leaders from many organizations throughout North Alabama and some from South Tennessee. The sessions were designed to provide practical business and operational information in a fast paced environment. Over the course of the day, we featured nine sessions.

The event opened with Linda Maddox, Alabama HFMA president discussing current initiatives within our Alabama Chapter and how "Making it Count" is so important for us not only as an organization but also as individuals for each of us to grow professionally and personally. Alabama HFMA has joined with other "Dixie Region" HFMA chapters in this year's theme of community sponsorship with giving back to our troops and veterans. Alabama HFMA has partnered with Boca Java in "Operation Million Cup." With this effort for every bag of coffee purchased by a HFMA member, Boca Java will match the donation two-for-one. Donations can be made through http://www.bocojava.com/learn/troops/index.jsp. All Alabama HFMA members are encouraged to participate in this gesture of gratitude for our troops and veterans.

Our conference session topics included Red Flag security, managed care contracting basics, third party liability collections, PFS performance measures, workers compensation collections, HFMA membership benefits, cost reporting from business office perspective, Medicaid Integrity Contractors, and business office daily RAC operations. Our speakers included attorneys in the areas of practice for third party liability, work compensation law, and Medicaid integrity compliance. Other guest speakers included PFS leaders from Huntsville Hospital, Decatur General, Trinity Methodist, and auditing firms. These speakers provided insight of case studies of how they have tackled such topics as Red Flag Rules, RAC compliance operations, and managed care contracting. The very fast paced day ended with most attendees commenting the content provided them with useful information that can be applied in their day-to-day operations.

- Tracy McCown, MBA
Huntsville Hospital
Director Patient Accounting Services

2009 Brought Big Changes to Fraud and Abuse Law

What you need to know for 2010

As 2010 begins, it has never been more important for healthcare organizations to carefully monitor their compliance activities and stay on top of the evolving obligations imposed on them under federal law. Healthcare providers now have more hurdles than ever in complying with the rules and regulations associated with the Medicare program. Last year brought significant changes to the federal government's two biggest means of recovery for Medicare costs – the False Claims Act and the Medicare Secondary Payer Act. This article outlines these new potential pitfalls and what actions you can take to protect your organization.

The False Claims Act (FCA) is the government's primary enforcement vehicle for prosecuting Medicare fraud and abuse. 31 U.S.C. § 3729 et seq. The FCA allows the government to recoup payments it has made in response to fraudulent activity, and allows private whistleblowers with knowledge of such action to also bring claims. While this statute was originally passed during the Civil War to prevent contractors' fraudulent dealings with the Union army, today it impacts nearly every industry in the country. The 2009 amendments to the FCA are only the second major overhaul of this enforcement scheme since the 1880's. These changes drastically expand the reach of the statute's civil penalties, which can include treble damages and fines up to $11,000 per false claim (as well as criminal penalties in some circumstances).

The changes to the FCA were, ostensibly, enacted for the purpose of reaching possible fraud associated with institutions seeking TARP funds and other stimulus programs created by the federal government. Perhaps coincidentally, the new language in the FCA works to specifically overturn recent court decisions which limited the government's right to recovery in certain situations. These new amendments affect every business that deals with federal funds, whether through contracts, grants, sub-contracts, entitlement programs or other transactions. Because of these changes, FCA liability will be much broader and easier to assert. Some estimates forecast these changes to increase government false claims recoveries to more than $2 billion annually. In recent years, the healthcare industry has accounted for more than half of all FCA recoveries.

The major changes to the FCA include the following:

• **Elimination of the "intent" requirement:** The FCA amendments reverse the recent decision of the Supreme Court in Allison Engine Co. v. U.S. ex rel. Sanders. 128 S. Ct. 2123 (2008). In Allison Engine, the Court made clear that a defendant subject to liability under the FCA must intend for the government itself to directly pay the claim. The decision would require the government to show a clear link between the defendant's submission of a false claim and payment by the government. Although the Allison Engine court warned that limiting this requirement would turn the FCA into a "boundless" and "all-purpose anti-fraud statute," Congress effectively overruled the warnings of the court in the new version of the FCA by removing language in § 3729(a)(2) which required defendant to intend to get its claim paid "by the government." This change in the FCA scheme potentially broadens liability to any transaction in a chain of events that may involve federal dollars at some level. Specifically, it paves the way for the federal government to attempt to expand the reach of its enforcement ability to Medicaid claims.

• **Liability for overpayments:** This is potentially the most troubling aspect of the FCA amendments for the healthcare industry. In the past, in order to establish liability for a "reverse false claim" under the FCA, a defendant must have taken some affirmative action to improperly conceal, avoid, or decrease an obligation to repay the government. The 2009 changes to the FCA remove any requirement of affirmative action by the defendant – it is now arguably enough to simply have possession of an overpayment to incur liability. Now, a healthcare company may arguably be subject to FCA liability for violations of any number of other statutory reimbursement obligations if it has failed to take reasonable steps to identify and return funds owed to the federal government – even if those overpayments were made through no fault or affirmative action of the healthcare provider. There are significant unresolved questions surrounding the parameters of this new language (e.g., how often must an entity check for overpayments, how should they be reported, and how quickly must they be returned?). Healthcare providers

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What You Need To Know for 2010

(and their lawyers) should monitor court decisions that may help define their obligations under this new language.

• **Retaliation:** Under the prior version of the FCA, only employees of the company alleged to have defrauded the government were protected from retaliation or firing for reporting the misconduct. The 2009 changes to the Act expand this protection to independent contractors and other agents of the defendant. In addition, the whistleblower protections now cover lawful efforts to stop violations of the FCA even if no formal FCA action is ever filed. These changes are likely to provide disgruntled employees with additional grounds to contest terminations that are unrelated to FCA issues.

To ensure compliance with these new provisions, the Obama Administration has appropriated $532 million over the next two years toward enforcement efforts. As part of this enforcement initiative, the Administration has created a series of "Healthcare Fraud Prevention & Enforcement Action Teams" (HEAT) and expanded the Medicare Fraud Strike Force. The HEAT task forces are a combined effort of the Department of Health & Human Services (HHS) and with the Department of Justice (DOJ), and they promote interagency collaboration to root out potential Medicare fraud. In addition, the recent changes to the FCA give DOJ increased flexibility in gathering and sharing information related to FCA investigations. The federal government's renewed focus on enforcement makes clear that companies dealing with federal funds in any respect should expect increased scrutiny for the foreseeable future.

What can you do to minimize your organization's liability exposure under the False Claims Act? Here are a few ideas for your organization to proactively protect itself from the expanded dangers of False Claims Act liability: (1) Assess your highest risk areas for potential compliance problems – this would likely include billing and refund procedures, record retention policies, certifications and reporting practices, and contracts with outside vendors that rely on the accuracy of clams data; (2) Either strengthen or create systems for identifying and refunding potential overpayments; and (3) Update employment and compliance policies – ensure that your employees understand these obligations and the steps they need to take to avoid compliance issues.

2009's other major change to federal laws dealing with the Medicare program is the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA). The MMSEA became effective January 1, 2010, and imposes several important procedures for healthcare entities involved in personal injury (e.g., medical malpractice) litigation. The MMSEA adds certain procedural requirements to the existing Medicare Secondary Payer Act (MSP) which established that Medicare will not pay for the healthcare costs of its beneficiaries when some other source of payment is available. The MSP was originally enacted in 1980 and was designed to recoup proceeds from automobile liability insurance when motor vehicle accidents cause injuries to Medicare beneficiaries. As it has evolved, the scope of these reimbursement obligations has continually grown and in 2003 Congress enacted amendments which purport to require Medicare beneficiaries, their lawyers, and some civil defendants to reimburse Medicare for medical expenses that are awarded in lawsuits (either by settlement or judgment). Now under the MSP, Medicare has a right to institute legal proceedings to recoup its payments from anyone that received settlement funds that cover "items and services" previously paid by Medicare, as well as against certain parties that pay a beneficiary for those costs as a result of an underlying lawsuit.

The purpose of the MMSEA is to provide the Centers for Medicare & Medicaid Services (CMS) with information regarding these settlements and judgments arising from personal injury lawsuits, and thereby assist CMS in recovering payments it has made for those injuries. The MMSEA creates three affirmative obligations for an entity that is the subject of a claim that includes medical expenses. First, the statute requires a defendant to ascertain whether Medicare has paid for any of the plaintiff's healthcare related to the injury at issue. Second, a defendant must register with CMS as a "Responsible Reporting Entity" (RRE) if it may have an obligation to pay for a Medicare beneficiary's healthcare costs (or otherwise compensate them for a personal injury). Last, once registered, the RRE must report to CMS certain information about any "settlements, judgments, awards, or other payments" made to a Medicare beneficiary.

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What You Need To Know for 2010

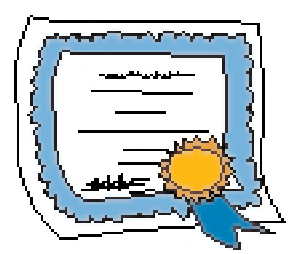
The process of enrolling for and making these reports to Medicare is completely electronic and quite onerous. However, many outside vendors in the market are available to assist with these logistical challenges. Organizations need to diligently adhere to these new requirements because there are severe penalties for failing to comply with the reporting requirements of the MMSEA. If you are an RRE, and you fail to report all information related to your payments to a Medicare beneficiary within the time specified by the MMSEA, you are subject to a fine of $1,000 per day for each claimant who is unreported. In light of this penalty, any healthcare organization that finds itself a defendant in personal injury litigation needs to carefully consider Medicare's interest during the discovery process and when considering settlement.

There are a number of practical issues that have been created by the MMSEA and remain unaddressed by CMS. Chief among these concerns is the ability of CMS to deal with the onslaught of data, and whether litigating parties will be able to receive timely information from CMS regarding its interests in a beneficiary's claims. These uncertainties will make the management of litigation and risk assessment very difficult, and healthcare organizations involved in personal injury litigation should make sure their legal counsel has taken these issue into account in all new and pending cases.

- Ty Dedmon
Bradley, Arant, Boult & Cummings, LLP

Ty Dedmon is an attorney with Bradley, Arant, Boult & Cummings, LLP in Birmingham. His practice focuses on all aspects of healthcare litigation, including fraud and abuse, professional negligence, and commercial disputes. You can reach him at tdedmon@babc.com.

"Certify Yourself. Ask Me Why. Ask Me How."



HFMA Region V is proud to introduce our new campaign to help you get certified!

In January, the Certification Chairs from each state in our region gathered to officially kick-off a campaign for a revamp of the Region V State Chapters efforts to increase certification among its members. We wanted to develop a message of what certification is and the importance to a member's career development.

In the upcoming months, look for email and phone messages announcing the campaign along with a redesign of the certification portion of the State Chapter web site. The site will have an FAQ section about certification and the commitment to it, sample test questions, study materials and certified member testimonials. We want to make it as seamless as possible to invite our members to learn about, sit for and successfully pass the certification process.

Additionally, members of each States' Certification Committee will have a visible presence at upcoming educational conference's including the Dixie in February. Please be sure to take a few minutes to speak with them about becoming certified and let them know how they can help you make this a worthwhile process.

For more information contact:
Vicki Parks, St. Vincent's Health System
vicki.parks@stvhs.com
(205) 939-7191

The Alabama Chapter of HFMA Compliance and Professional Financial Services Forums proudly present:

"Insurance Panel Roadshow"

Insurance Panel Outline:

- Each payor will provide updates
- Discuss any upcoming changes for 2010
- Answer any general claim/Pre-certification questions

Who should attend?

- Business office personnel, especially billing and follow-up, and collection supervisors. Front-end staff (admissions, registration, financial counselors, etc…) and Case-management nurses are encouraged to attend in order to be informed on any changes and the process for their role.

Dates & Locations

March 16, 2010
Providence Hospital, DePaul Center
6801 Airport Boulevard ● Mobile, AL 36685
Registration 1:30
Event from 2:00p.m. – 4:00p.m

March 17, 2010
Hosted by Trinity Medical Center
Harrison Auditorium
800 Montclair Road ● Birmingham, AL 35213
Registration 1:30
Event from 2:00p.m. – 4:00p.m

March 18, 2010
Hosted by Decatur General Hospital
Camp BlueBird Room
1201 7th Street Southeast - Decatur, AL 35601
Registration 1:30
Event from 2:00p.m. – 4:00p.m

"You do not have to be a member to attend"

Please forward this information to your staff and have them register online today.

Don't Miss Out! Register Today!
Registration Deadline March 11th

Educational Session: Provider updates, upcoming changes for 2010, open forum for general questions.

The following Insurance Companies have been invited: Blue Cross, Viva, Healthspring of Alabama, Medicaid of Alabama, All Kids, Humana, UHC, Cigna and Aetna

Providers may present questions in advance of the meeting. Please submit all questions via email to tavie_bender@chs.net

Please remember to submit on general questions. If you have questions related to a specific patient and/or claim, you will need to follow up with the provider representative directly. I will forward the questions to the payors to review and prepare a response.

Membership Chatter

MEMBERSHIP COMMITTEE

Who We Are:

Lonnie Younger, Huntsville Hospital, Chair
Chris Allen, Amsher
Annette Baker, Blue Cross/Blue Shield
Jonathan Bedell, MedAssist, Inc.
Megan Elliott, Warren, Averett, Kimbrough & Marino
Ryan Schultz, PricewaterhouseCoopers, LLP
Carol Slivka, Huntsville Hospital

NEW MEMBERS: SEPTEMBER

Melvin Levy, Jr.

Michelle Hendrix, Billing Supervisor
Mary Spencer, Billing Supervisor
Baptist Health System

Tammie Milledqe, Medical Auditor
Children's Health Systems
Sponsor: Peggy Weiland

Beth Green, Dir. Revenue Cycle
Lifeguard Ambulance Service

Stashia Adams, President
Medco Staffing LLC
Sponsor: Danny Adams

NEW MEMBERS: OCTOBER

Matt Klosterman
Student, UAB

NEW MEMBERS: NOVEMBER

Jena Phillips, Staff Accountant
East Alabama Medical Center

Tracy Powell, Regional Sales Director
Origin Healthcare Solutions

Jimmy Norman, CFO
In Med Group

Chris Allen, Business Development
Amsher

NEW MEMBERS: DECEMBER

John Hamilton, Executive VP, CFO
Principle Pharmacy Group, Inc

Mike Wilson, Director Business Office
DCH Health System

TRANSFERS

Thomas Westerkamp
Westerkamp Group, LLC

Jessica Bodner
Student, UAB

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

$25 Cash Card
when you recruit a new member.

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

Welcome to all our new members and transfers. I would encourage each of you to consider volunteering in the Chapter.

Lonnie Younger, Membership Chair

FROM ARIZONA ⇨ TO FACEBOOK ⇨ TO THE ALABAMA CHAPTER OF HFMA
A member tells her story how she found us and how we measure up

Value of Membership

LinkedIn, Facebook, Twitter, Naymz. We have all heard of, used, leveraged or socialized on these sites. You may even have one or two or three of them being managed by a platform manager such as Hootsuite. If you are really connected, you have them available through the touch of your finger on an iPhone or Blackberry. Social networking... electronic social networking is an iconic phenomenon.

- 80% of companies are using Linkedin to find employees.
- If Facebook were a country it would be the world's 4th largest behind: China, India and the United States
- By 2010, Gen Y'ers will outnumber Baby Boomers. 96% of Gen Y'ers have joined a social network.
- Facebook added 100 million users in less than 9 months

Source: Socialnomics.net/video

These statistics fascinated me when I first came across them. It is impressive to see how much our world has changed since the invention of the Internet. As innovative as we have become as a society, it makes me wonder what happened to the good 'ol fashioned world of human interaction. Have the days of conversation over a cup of coffee or a simple phone call left us forever? I don't think so. I believe it is alive and well in the Alabama HFMA.

Ironically, while surfing the Internet and chatting on Facebook a few evenings back, I came across the Alabama's HFMA Facebook page. After quickly becoming a fan, I noticed the following quote:

"Members are the lifeblood of the HFMA. Over 34,000 members provide the focus for the broad range of services and benefits that HFMA delivers. Members also provide the ideas and effort to help create and ultimately to administer these activities. With a broad range of professional titles and settings, from account to senior financial manager, from hospitals and nursing homes to consulting firms and insurance companies, members express a wide variety of viewpoints on key healthcare issues facing the industry, thereby guiding HFMA in representing the profession."

34,000 members... that is a staggering number! And yet the numbers are outweighed as it is the value of the members that is emphasized because they have the unique ability to impact healthcare in their own realm. Through professional development, expansion of thought and influence within the industry, members transform patient care and personal quality of life. With an organization this large one is left to wonder how it can focus at the human level with you and me.

Being a recent transplant to Alabama from New York, by way of Arizona; I found myself at the Alabama HFMA meeting in November. I learned of the meeting through a contact I had reached out to on LinkedIn. The meeting

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was extremely fulfilling on a professional level, but what I carefully observed was the welcoming support and friendship the members offered each other. Handshakes, laughter, pats-on-the-backs, shared stories and the exchanging of ideas is what I was looking for. Aside from my own career in healthcare and all of the benefits that the Alabama HFMA could offer, I decided I want to be part of an organization where members are truly "the Lifeblood" of the association.

In the Alabama HFMA, I am not just a number. Membership has already provided me occupational growth, networking and warm professional friendships. It has been one of the most rewarding organizations I have had the opportunity to be part of in my career, thus far. Although I may choose to spend hours networking on LinkedIn or Facebook, I know that if I need professional assistance, t he members of the Alabama HFMA are just a phone call or a cup of coffee away.

- Tracy Powell, Member of Alabama HFMA
Origin Healthcare Solutions/Precision.BI
tpowell@precisionbi.com

3 IN A ROW

AAHIM / HFMA Symposium Big Success – "Again"

With the start of 2010, we are approaching many changes in Healthcare which most likely will have a significant effect on our reimbursement such as the HITECH Act, and coding and billing changes.

For the 3rd year in a row, AAHIM & HFMA have collaborated to provide members of both associations updates affecting all stages of the revenue cycle. Both AAHIM and HFMA members play an important role in managing this function. At this year's meeting which was held on December 10 at the Vestavia Country Club approximately 200 people attended. In attendance were HIM Managers, CFO's, HIM coders, Controllers, Compliance Officers, Billing Managers, Director's Revenue Cycle, and Utilization Review Nurses. Over 48% of the attendees traveled over 50 miles from healthcare organizations around the state.

If you weren't able to join us, below is a recap of the speakers and the education that was shared:

Joan Hicks, CIO for the UAB Healthsystem kicked us off with updates on the latest information available on the ARRA, specifically HITECH and what is "meaningful use".

Gregg Everett, Sr. VP and General Counsel for ALAHA updated us on Congressional activity specifically as it relates to healthcare reform as well as the recent state legislation especially with Medicaid.

Tessa Strickland, Health Information Unit Manager, Blue Cross/Blue Shield educated everyone on the CURP process and how Blue Cross utilizes the InterQual criteria.

Dr. Greg McKinney, Senior Contractor, Medical Director, Cahaba GBA was back by popular demand! Dr. McKinney made a brief presentation on the MAC transition and updated us on the Part A audits Cahaba is currently performing.

Joy King, Joy King Consulting was also back by popular demand. Joy was fortunate enough to share with everyone an overview of ICD-10 and ICD-10-PCS procedure coding. Not very exciting information, but one of those things we have to know about and be prepared for. She reminded us not to shoot the messenger – and we didn't.

Both AAHIM and HFMA members received 6 CEU's for attending the meeting. As a result of suggestions received on the evaluations we received after the 2008 meeting, we also provided 5.4 CEU's for RN's. The evaluations from this meeting were all very positive and it appears this meeting has become a very important educational opportunity for everyone.

If you have any suggestions for next year's meeting or would like to be a speaker, please contact Leigh Aufdemorte (laufdemorte@uabmc.edu) or Libby Bailey (ebailey@uabmc.edu).

- Leigh Aufdemorte
Callahan Eye Foundation Hospital

HFMA Region V

Annual Giving Back to the Community Initiative

HFMA Chapters across the country are assigned into regions. The Alabama Chapter of HFMA is a member of Region Five, along with our sister chapters of Tennessee, Florida, Georgia, and South Carolina. Normally referred to as the "Dixie Region," these chapters come together annually and choose a common theme for its members to give back to the community.

This year that theme is to give back to our troops and our veterans.

Alabama HFMA has partnered with a company in Deerfield Beach called Boca Java (http://www.bocojava.com/hfmaal) and has joined in Boca Java's "Operation Million Cup" to get good, quality coffee to our service men and women. You may begin to use the site listed above to place orders and get that coffee going to those who give their lives daily for us. This is a small contribution to make for all they do . You may also share this site with others so that the state of Alabama will show our troops how much we appreciate them. By using this site, Boca Java will track the numbers for us that we have contributed.

Operation Million cup (http://www.bocojava.com/learn/troops/index.jsp) was launched in 2003. Thanks to the generosity of Boca Java's customers, over six million cups of coffee have reached our deployed troops since, and shows no signs of slowing down.

Boca Java has offered that for every bag of coffee purchased by a HFMA member, they will match that donation two-for-one. They also handle all logistics, including packaging and shipping. Shipping must be to an APO address.

Any HFMA member with a loved one deployed overseas will also be able to send that coffee directly to them.

The Alabama Chapter will be making contact with the Alabama Army National Guard's 2101st Transportation Company to begin sending care packages to those individuals who are committed to helping secure the future to come.

More information will be coming concerning the needs for the packages. We plan to send the care boxes in the month of February so if you or your facility will be willing to commit to sending one or more boxes please notify Johnathan.bedell@na.firstsource.com. We will need to get those boxes mailed by the end of February.

TIME is running out! Will you help?

No Such Thing As Easy Money

There Is No Such Thing As Easy Money

There is no such thing as easy money, but in these difficult financial times with decreasing healthcare reimbursement, hospitals need to carefully evaluate their charging processes to make sure they are not leaving money on the table. Two areas that hospitals often overlook are: the charging of injection and infusion services for observation patients and the medical necessity of laboratory tests. Hospitals may not pursue these areas of charging because both can be challenging and time-consuming. They often require dedicated staff to accomplish; however, even with the extra costs, the payoff may be worth the effort.

Why So Difficult?

In billing for infusions and injections, it is not as simple as adding the charge codes to your chargemaster and asking staff to enter charges when an infusion or injection is performed. The CPT rules for charging infusions and injections are complex: generally only one initial service should be billed per episode of care, there is an hierarchy for determining the correct initial service, codes are time-based and documentation must include start and stop times - just to name a few of the rules. Since the "initial service" rules apply to a complete episode of care, a review of the entire record is required to make sure charges from a combined ED / observation stay are correct. The record should also be carefully reviewed for complete documentation to support the charges, especially the time component.

Obtaining information to support the medical necessity of laboratory tests is not as complex, but can be time consuming. If diagnostic information to support the medical necessity of a laboratory test is not provided by the ordering physician on the laboratory requisition, someone should contact the physician and see if additional diagnostic information can be provided. Additional diagnoses must be appropriately documented, present in the medical record, and coded on the claim to support reimbursement. Challenges are getting in touch with the physician, getting the physician to understand the need for more information, and getting appropriate documentation for your record. Hospitals could consider adding such a process to a clinical initiatives program. They could also involve members of the medical staff that lead a physician integration program.

Is It Worth It?

Obviously there are several factors that will determine a return on investment for these charge processes: the volume of observation patients and laboratory tests, the types of services usually provided to your observation patients, and the volume of laboratory tests that are denied or written off for failing to meet medical necessity requirements. Before billing for any service, hospitals should always evaluate for appropriate utilization considering quality standards, best practices and the "better not more" mindset of healthcare in the future. Hospitals should do an internal analysis of the financial impact of both areas. You may even want to consider a limited "trial run" to determine the resources required, the challenges and the benefits of the process.

One large Alabama hospital implemented a process to charge for injections and infusions on Observation patients over a year ago and has seen a calculated reimbursement of over $1M for FY 2009 as a result of the program. The reimbursement was calculated using average reimbursement percentage for all payers based on charges. In considering whether to implement such a program, the hospital performed pilot projects: first, they selected an RN who had some knowledge of coding, billing, and payer reimbursement issues. The RN was then trained on the coding and billing rules for injections and infusions. The hospital utilized internal personnel already knowledgeable on coding injections and infusions to perform the training with additional guidance from an outside consultant with expertise in injection and infusion coding. The RN then reviewed all observation patient records for one week, assigned the appropriate injection/infusion codes, and calculated reimbursement based on the Medicare APC rate. The hospital realized not all payers pay at this rate, but this method was used to determine a potential financial impact. Two pilot projects were done and both indicated potential reimbursement of $250 - $300 per Observation patient.

The calculated reimbursement since full implementation of the process has actually been approximately $160 per Observation patient. Based on their experience, the hospital projects one FTE per 250 Observation patients per month is needed to adequately implement such a program. The hospital states the major keys to success of their program have been:

• Dedicated personnel to perform the tasks. Employees must be knowledgeable and organized.

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No Such Thing As Easy Money

• Utilizing an RN to perform the process. An RN has the clinical knowledge and experience to interpret and understand documentation and to make clinical judgments regarding medical necessity.

• A thorough understanding of the guidelines and rules for coding and billing injections and infusions.

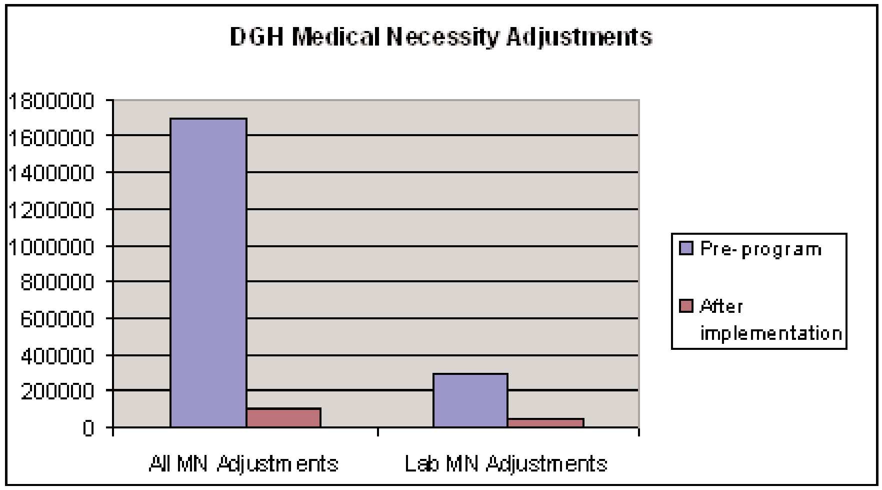
• Oversight of the program. Regular audits are performed by the Compliance department.

• Support of hospital Administration and other departments, especially Nursing.

The biggest challenges the hospital has faced relate to appropriate documentation, especially documentation of start and stop times for infusions; following all the CPT rules; and the time it takes to adequately review the records. The hospital has committed to holding all observation claims until the review for injection / infusion charges is complete. This takes an average of 10 days post discharge to allow time for all documentation to be complete and in the record. It has been a struggle to get everyone to understand the need for more accurate and consistent documentation. That is why the support of Administration, Nursing, Information Services and other departments has been critical.

Other hospitals considering implementing such a program need to consider several factors such as their overall number of observation patients, the types of services provided to observation patients, the medical necessity of the services provided and the availability of resources such as dedicated staff. And although the task may seem daunting, consider the payoff if your hospital has similar results to this hospital – for an average of 250 Observation patients per month and employing one RN to execute the program with associated training and oversight costs, there is the potential for $480,000 of reimbursement annually for an investment of less than $100,000.

Hospitals often ignore denied laboratory tests because the reimbursement rates are low. However, there is often a large volume of lab tests and enough volume of even low-paying lab tests could result in a substantial financial benefit. Decatur General Hospital in Decatur, Alabama chose to include laboratory tests when implementing a process to address medical necessity denials. Prior to implementation of the program, all medical necessity adjustments totaled over $1,700,000 including radiology and laboratory tests. Obviously, the higher priced radiology tests accounted for most of this amount, but lab tests were almost 20% of the total



adjustments. Since the process was put in place, there has been a 94% decrease in the amount of medical necessity adjustments.

Decatur General took several steps initially to ensure the success of their program but has also made adaptations as needed to improve the process along the way and ensure continued success. They started by creating a task force comprised of representatives from Accounting, Physician Marketing, Health Information Management (HIM), Patient Financial Services (PFS), Information Services, the Emergency Department and Compliance. This ensured support throughout the hospital and allowed the process to be designed to meet the needs of all departments. They eventually decided an RN was best suited to perform the process due to clinical knowledge and the ability to receive verbal orders. They also invested in marketing the program to physicians' offices through Physician Office Managers' luncheons and physician newsletters. This created physician buy-in. The RN works as a team with the physicians and their office staffs. Good, respectful communication between the RN, physicians, and their staff has been key to the program's success.

Initially, the process was performed manually but now billing software produces a daily Medical Necessity Report. The RN reviews the report, the patient account history, and contacts the physician's office to determine

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No Such Thing As Easy Money

if additional diagnoses are available to support the medical necessity of the test(s). If additional diagnostic information is available, the RN documents it on a "diagnosis revision form" and faxes it to the physician's office for the physician's signature. The signed form becomes part of the patient's medical record and HIM revises the diagnosis coding as appropriate. The RN also works with the billers to assure accurate billing (appropriate use of modifiers, etc.); addresses code sequencing issues with the coders when there are more than nine diagnoses on a claim; and reviews denials, submitting appeals when appropriate.

Increased reimbursement has been the biggest impact of the program. Obviously, radiology procedures have the largest impact due to their larger reimbursement rates. But at Decatur General, approximately 3,900 laboratory tests a year fail to meet Medicare coverage requirements. The medical necessity review process has been able to obtain covered diagnoses on 75% or more of these. Considering the top laboratory tests that fail medical necessity at Decatur, the average laboratory test reimbursement rate is around $21.00. If medically necessary diagnoses are obtained for 3,000 of the 3,900 lab tests, this would result in increased reimbursement of $63,000 per year for just the lab tests. Since the RN also addresses medical necessity for other types of tests and performs the other duties as described above, this is a significant return on investment.

Physician education concerning Medicare coverage requirements has also been a benefit; over time this has resulted in a reduced number of tests failing medical necessity initially. Patients and physicians are pleased when tests meet Medicare's medical necessity requirements and the patients do not have to sign an ABN to assume financial liability.

The biggest challenge of the program has been obtaining the support of all physicians. Potential challenges that need to be addressed for others considering implementing such a program are obtaining the support of hospital Administration and other hospital departments and being sure there is appropriate oversight of the program for coding and billing compliance. At Decatur, the HIM Director oversees documentation/coding questions and the PFS Director reviews for billing compliance issues with an outside consultant serving as a final resource for tough questions. Per Decatur General, the process requires "an interest in decreasing denials, a commitment to learn the process and the patience to see it through."

Be Very Careful

Instituting charging processes for these areas can result in appropriate reimbursement if done correctly. Follow the suggestions below to ensure compliant processes:

• Know the rules. Understand the CPT guidelines for the billing of injection and infusion services. Be careful when asking physicians for additional diagnostic information – do not suggest diagnoses that would cover the test in question and be prepared to accept the answer that there are no additional diagnoses.

• Consider dedicated staff to manage the process. Because of the complex rules, one person or a few people to understand the rules and apply them appropriately may be necessary.

• Be sure the documentation in the medical record is complete and supports your charges and diagnosis coding.

• Verify appropriate utilization and that the services are medically necessary.

• Establish metrics to ensure success of the program. Institute on-going processes to monitor return on investment at least annually.

• Educate to make the process easier going forward. For example if start and stop times are not being documented, provide education to nursing staff on appropriate documentation to support infusion charges. And although you can't "code steer" physicians on diagnoses to support a lab tests, you can share medical coverage policies with the physicians for their review. As physicians become more knowledgeable of the policies, they should start providing appropriate diagnoses at the time of order.

- Debbie Rubio, MT (ASCP)
Manager of Regulatory Affairs and Compliance
Medical Management Plus
Birmingham, AL

Ms. Rubio may be reached at drubio@mmplusinc.com

HFMA Chapter Life Membership Awarded to One of Our Best

Jerry Chambers

During the Fall Institute, I had the pleasure of presenting, on behalf of the Alabama Chapter, the Chapter Life Membership award to one of our members, Jerry Chambers.

A Chapter Life Membership may be conferred on a member to recognize outstanding accomplishments and contributions to the chapter. When an HFMA member in good standing fully retires, or reaches the age of 70, (hmmmm did Jerry reach 70??? – oh certainly not, but he did retire) the chapter with which the member has been affiliated may recommend that Chapter Life Membership be granted. The award is then reviewed by the National Board of Directors for final decision.

Those of us that have had the opportunity to know Jerry, will certainly agree that over his 20 years as a member of our chapter - outstanding accomplishments and contributions to our chapter he certainly did make. Jerry has always supported all of our meetings as well as supported us with his company's (Blue Cross Blue Shield) sponsorship.

Jerry in his hippie years

It was with great pleasure, as this year's President, to have the honor of submitting Jerry's name for the recognition he so greatly deserves.

Now Jerry says he will be playing a lot of golf, but he does promise to come and join us at some of our meetings. We all wish Jerry well; good health, wealth and a much lower handicap this next year. Jerry thank you for the years you have supported us at the Alabama Chapter. Now please join us when you can because we sure don't want to say "we miss Jerry".

God Bless you daily.

- Linda Maddox
President Alabama Chapter 2009-2010

God bless you Dottie!

Alabama Certification Patient Account Representative
"CPAR"

2009 was another successful year. We had 149 sit for the exam and out of those 111 passed the CPAR exam. Wow a 74% pass rate! Great job!

I want to personally thank those at each location that volunteered there time to host a coaching and test site for 2009. Without your support, this program would not be successful. Most importantly, with your support, we could not provide the education and personal growth needed for the healthcare professionals throughout the state of Alabama.

Thank you again for your continued support!

2009 Coaching and Test Locations

Mobile Infirmary Medical Center
Jennifer Bartlett
Janet Wilson
Dyanne Reagan

The SSI Group
Host Location

Marshall Medical Center South
Jo Ann Hudspeth

DCH Health System
Mike Wilson
Jennie Gamble

Grove Hill Memorial Hospital
Elaine Averett

Southeast Alabama Medical Center
Ericka Chancey

St. Vincent's East
Johnathan Bedell

Northeast Alabama Regional Medical Center
Bruce Turner

Medical Center Barbour
Renae Fleming

Trinity Medical Center
Host Location

Baptist Health Montgomery
Dean Miller
Wanda James

CPAR Exam Information

The CPAR exam is administered twice each year, once in the spring and again in the fall. Coaching sessions are held in multiple locations throughout the state to prep for the exam.

Directors and Managers, this is where we need your help! For those receiving a CPAR certificate and recognition, we will return those to each facility for the Directors and/or Managers to present and recognize them in the next department meeting. This will provide the recognition to the recipient among their peers as well as encourage others to participate in the program. Our plans are to get these to you by February 2010 for those recipients for 2009.

If you are interested or would like to encourage your staff to become certified, you may contact Tavie Bender, PFS Chairman @ 205-599-3846 or access our website for more information at www.alabamahfma.org.

See page 23 for Certification Exam information.

Spring 2010 CPAR Certification Exam

Testing

The CPAR test will be held on Saturday, May 15, 2010 from 8:30a to 1:00p.
The deadline for registration is March 2010. The CPAR examination is pass/fail and no scores will be released.

If you have any questions, please contact Tavie Bender @ 205-599-3846 or via email @ tavie.bender@trinitymedicalonline.com

Registration deadline is April 16, 2010

Register online today!

Registration will begin February 15, 2010.

To sit for the CPAR Exam, you must attend one (1) coaching session. We encourage you to register online. When registering, you are required to select one (1) coaching location date and one (1) test site location for the CPAR Institute Agenda. If you register online, you do not need to print and mail in registration forms. You will receive an email confirmation that will include the locations you selected.

Applications will be available to print and mail in along with deposit. To ensure your application is legible, please print!

Fees

Total fee: $50.00

Deposit: $15.00 due at the time of registration. The remainder ($35.00) is due by May 15th. You may pay the remainder on the date of the test. We encourage you to register online. 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.

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 you are making payment on behalf of employees sitting for the CPAR exam, we will accept a company check.

2009 CPAR Recipients

Crystal Harrison - Agilis LLC, Mobile
Estelle Simmons - Agilis LLC, Mobile
Jessica Johnson - Agilis LLC, Mobile
Koya Pugh - Agilis LLC, Mobile
Demetria Lawrence - Armstrong & Associates, Mobile
Deaitra Palmer - Atlanta Technical College, Atlanta, GA
La Toyna Jackson - Atlanta Tech. College, Roswell,GA
Sherita Mosley - Baptist Health,Montgomery
Wanda James - Baptist Health, Montgomery
Jennifer Richbourg - Baptist Health, GAFB
Sheila Shuford - Baptist Health System, Millbrook
Chris Patterson - Baptist Health System, Helena
DeVarius Jackson - Baptist Health System, Birmingham
Tonia Blanks - Brookwood Hospital, Birmingham
Jason Lowman - Callahan Eye Foundation, Birmingham
Ashley Ponder - Citizens Baptist, Munford
Davis Davis - DCH, Tuscaloosa
Ashley Herink - DCH, McCalla
Tina Tinker - DCH, Tuscaloosa
Lakiesha Parrish - DST Health Solutions, Birmingham
Frances Ryals - Enterprise Medical Clinic, Enterprise
Amanda Causey - Holloway Credit Solutions - Montg.
Marty Deering - Holloway Credit Solutions - Montg.
Sharon Durbin - Holloway Credit Solutions - Montg.
Donna Fomby - Holloway Credit Solutions - Montg.
Tara Hassell - Holloway Credit Solutions - Montg.
Lydia Lopez-Jordan - Holloway Credit Solutions - Montg.
Lindsey Langley - Holloway Credit Solutions - Montg.
Robert Wheeler - Holloway Credit Solutions - Montg.
Nancy Brown - Holloway Credit Solutions - Montg.
Lakesha Caldwell - Holloway Credit Solutions - Montg.
Mary Larch - Holloway Credit Solutions - Montg.
Diane Caldwell - Huntsville Hospital, Fayetteville,TN
Melissa Cooper - Huntsville Hospital, New Hope
Latasha Grays - Huntsville Hospital, Huntsville
Sharon Johnson -Huntsville Hospital,Hazel Green
Sandy Jones - Huntsville Hospital, Meridianville
Nancy Newby - Huntsville Hospital, Athens
Lori Rochester - Huntsville Hospital,Somerville
Loretta Boman - Marshall Medical Center, Crossville
Shirley Bozzell - Marshall Medical Center,Guntersville
Leann Light - Marshall Medical Center, Arab
Tomi Cornelius - Marshall Medical Center S., Section
Phoebie Ceaser - Medical Center Barbour, Georgetown, GA
Valerie Cliatt - Medical Center Barbour, Eufaula
Keenya Lawrence - Medical Center Barbour, Eufaula
Amanda Gunter - Medical Center Barbour, Pooler, GA
Lasheena Morris - Medical Center Barbour, Eufaula
Kara Todd - Neurospince Center - Southeast Alabama Medical Center, Dothan
Tahomah Blackmon - Northport Medical Ctr, Moundville
Rachel Bolin - Northport Medical Center, Fayette
Tammie Adams - Proxsys, Leeds
Tracey Hollie - Proxsys LLC, Hoover
Carrol Flanigan - Proxsys LLC, Hoover
Lisa Kohler - Proxsys LLC, Chelsea
Jodi Crisp - Southeast Alabama Medical Ctr., Dothan
Janie Smith - Southeast Alabama Medical Ctr., Newton
Renee Bottomlee - Southeast Alabama Med Ctr., Kinsey
Sanfronia Harley - Southeast Alabama Medical Center, Enterprise
Rachel Harrell - Southeast Alabama Medical Ctr, Dothan
Belinda Herring - Southeast Alabama Medical Center, Dothan
Alice Jackson - Southeast Alabama Medical Ctr, Dothan
Rebecca Thomas - Southeast Alabama Medical Ctr,Opp
Trina Farrey - Southeast Alabama Medical Ctr, Dothan
Pamela Owens - Southeast Alabama Medical Center, Marianna
Angela Crisp - Southeast Alabama Medical Ctr., Dothan
Donna Thornton - Southeast Alabama Med. Ctr, Dothan
JoAnne Escobar - Southern Bone & Joint Cottownwood
Alicia Toliver - Southern Bone & Joint, Dothan
Dennia Banks - Southern Bone & Joint, Dothan
Narry Chum - Springhill Medical Center, Irvington
Sheila Marshall - Springhill Medical Center, Moss Point
Gloria Schmidt - Springhill Medical Center, Mobile
Carolyn Saucer - Springhill Medical Center, Mobile
Erica Roberson - Bowden, Springhill Memorial, Grand Bay
Peggy Walker - St. Vincent’s St.Clair Hospital,Springville
Sandra Montgomery - St. Vincent's East, Birmingham
Tracy Braswell - St.Vincent's Health System, Ashville

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2009 CPAR Recipients

Beverly Moody - St. Vincent's Health System, Oneonta
Christy Hare - St. Vincent's Health System, Odenville
Mary Tran - St. Vincent's Health System, Birmingham
Audra Stephens - St. Vincent's Health System, Oneonta
Pamela Stephenson - St. Vincent's Health Syst, Altoona
Mark Hearn - St. Vincent's Health System, Moody
Anna Willoughby -St. Vincent's Health Syst, Birmingham
Sharon Wright - St. Vincent's Health Syst, Gardendale
Ethylea Griffitt - St. Vincent's Health System, Ohatchee
Marilyn Herring - St. Vincent's Health System, Remlap
Katrina Hall - St. Vincent's Health System, Birmingham
Tamela Skinner - Saxon - St. Vincent's Hospital, Pleasant Grove
Nicole Stultz - The Healthcare Authority for Baptist Health,Union Springs
Felicia Wilson - The Outsource Group, Bessemer
Jessica Goldsby - Trinity Medical Center, Birmingham
Towandra Slaughter -Trinity Medical Ctr., Birmingham
Deborah Melvin,Trinity Medical Center, Birmingham
Shannon Salters -Trinity Medical Center, Kimberly
Stephanie Moon -Trinity Medical Center, Empire
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Monique Hill - UAB Hospital, Centerpoint
Jacqueline Jefferson - UAB Medical West, Bessemer
Barbara Holland - UAB Medical West, Hueytown
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Carmenlita Thornton - Virginia College, Birmingham
Nei-Tarsha Mickens - Tuscaloosa
Sylvia Doxie - Snellville, GA

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.

Editor's Note

A Note from the Editor

Well here it is 2010, the beginning of another decade. In the past few months, we've celebrated Thanksgiving with lots of food, we've celebrated Christmas, with lots of food, we celebrated New Years with lots of food, we celebrated a National Football victory (well maybe some of you didn't), but I bet you had food, and then we've celebrated (well maybe not celebrated) some of the coldest weather in years right here in Alabama – and I BET you ate good ole fattening "comfort foods" like chili, and stews.

As we begin a new year of worrying about what in the world is going to happen to our world of healthcare, I can't help but think of the devastation I've seen in Haiti on the TV stations and in the newspapers. Thousands of people missing, thousands known dead, and thousands homeless, sick, injured, hungry, scared, and feeling helpless and hopeless. I just "thought" we had our fair share of problems here in our country. I'm not sure any of our issues can measure up to what's happening in Haiti today. And what does this have to do with us as HFMA members?

Well my first wish is that we could take all of our members and go help those folks. But I know, that is not possible. But I do encourage each of you to do what you can, even if it is just to think about those folks often when you want to complain about your bad day. Just as those folks may be fearful of the future, and their next steps - let's think about what we can do for ourselves, our hospitals, companies, and our HFMA chapter. Engage!!!! Make it Count!!!!! In 2010, begin again (or begin anew). This year will be hard for many of us in healthcare – it's hard to even think about an annual budget, and probably impossible to think about a 3 – 5 year strategic plan. Where will Healthcare Reform take us? I'm sure there will be times, we will feel so overwhelmed, maybe even almost stupid, because we can't get our hands around how this will affect our bottom lines and what changes will be expected of us to do our jobs.

Libby Bailey, CPA, FHFMA

Things are much easier to tackle as a group – bad news is always easier to shoulder when someone shares with you. . .so let 2010 be the year YOU and your staff become really INVOLVED in your Alabama HFMA Chapter. All of us are in this together, and just as in past years, we will survive these turbulent times. HFMA is the place to go for up-to-date information relative to Healthcare, not just here in Alabama, but across our nation. Step up to the plate this year, write an article, or become a speaker and share your knowledge, your experiences/victories at your facilities, your expertise, or just your good old fashioned hard work to keep our chapter among the tops in the US.

If you're working hard for your local chapter – thanks thanks thanks. If you are fearful that you have nothing to offer – well fear no more. . . there is always something that needs to be done. Get in touch with one of our chapter's officers or committee chairs and let them know 2010 is going to be your year to step forward. If you're bashful and don't wanna work in front of folks, maybe writing is your thing, I HOPE SO!!!!!!!! Send me an article, or send me the name of someone that you think has some good info that needs to be shared.

We look forward to seeing and hearing more of you in 2010. Healthcare Reform will have nothing on us, if we'll just continue to make what we do count. . .continue to work hard, continue to share with each other, and continue to focus on the ideals we have established for ourselves.

Don't forget – everyone who writes an article for HFMA before the annual meeting, will be in a drawing for a cash prize – and I KNOW YOU COULD USE A LITTLE CASH.

Have a great 2010.

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

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