HEALTHcents

hfma: it's personal

Eastern Michigan Chapter

September 2003

Volume 1,Issue 14

HFMA's EASTERN MICHIGAN CHAPTER RECEIVES NATIONAL EXCELLENCE AWARDS

CHICAGO—The Healthcare Financial Management Association's (HFMA's) most prestigious chapter award, the Robert M. Shelton Award for Sustained Excellence, was presented to the Eastern Michigan Chapter on June 23, 2003 during the 50th Annual Chapter Presidents Dinner and Meeting at HFMA's Annual National Institute in Baltimore, Maryland.

The Shelton Award is given in recognition of five years of sustained excellence in service to members. The award was one of many honors that HFMA's voluntary leaders accepted on behalf of their chapters.

In the past five years, the Eastern Michigan Chapter showed steady growth in total registrant hours and averaged 18.58 registrant hours per member over the five-year period. The chapter created, maintained and improved a quality web site and produced, on average, five issues per year of their newsletter, *HEALTHcents*. The Eastern Michigan Chapter has maintained a high percentage of members that are certified, currently at 9.6%, and has a strong contingent of members that have earned Founders Awards, reflecting the depth of volunteerism present within the chapter. In the last five years, the chapter has earned 27 chapter awards, including five Awards of Excellence for Education.

The immediate past president, Diane S. Justewicz, FHFMA, was invited to address the group of chapter and national leaders. The four previous chapter presidents were also recognized during the ceremony for their efforts in earning this award: Michael A. Tomkovich, CPA (2001-02), David G. Zilli, CPA (2000-01), Joseph T. Scallen, Jr., FHFMA (1999-2000) and Deborah F. Wiley-Crossen, CPA (1998-99).

HFMA President and CEO, Richard L. Clarke, says, "The Eastern Michigan Chapter provides a great example for HFMA's 2003-04 Chairman's theme —*HFMA: It's Personal*. So many of their members are actively involved…contributing, sharing, and making a difference. This chapter's family spirit is at the root of their many accomplishments. "

In addition to the Shelton Award, the Eastern Michigan Chapter also received the Charles F. Mehler Gold Award of Excellence for Education, which recognize chapters that have achieved outstanding performance in educational programming, and the C. Henry Hottum Award for Educational Performance Improvement. In addition, the chapter earned two individual Helen M. Yerger Special Recognition Awards. One was for Membership Growth and Retention, and the other was for their entry, "Collaboration Between Providers and Payers to Reduce Claims Rejections." Finally, the Eastern Michigan Chapter earned a multi-chapter Yerger Award for the 49th Annual Michigan HFMA Fall Conference.

CONGRATULATIONS!

Past Presidents
(Left to Right) Mickael Tomkovich, Diane Justewicz, Deborah Wiley-Crossen, and Joseph T, Scallen, Jr.

See Page 2 for President's Message

PRESIDENT'S MESSAGE

Welcome to an exciting new year! The year started with a good showing at our June golf outing despite some periods of rain. Thank you to Tammie Chinavare, Jim Kopp and the rest of the social committee for another successful event. Furthermore, our past five chapter president's received the Shelton Award for their contributions at both the local and national levels during their tenure as President which was received at June's ANI. Congratulations to Diane Justewicz, Mike Tomkovich, Dave Zilli, Joe Scallen, and Deb Wiley-Crossen for a job well done.

In order to set the tone for the year, we have invited Dick Clarke, HFMA National Chairman to speak on September 5th at our first member meeting of the year. Dick will be discussing ways to improve the quality of our programs and to increase chapter membership and involvement. The presentation includes examples of success stories from various chapters around the country as well as an update on the resources that our national office has available. Dick will be stressing that now more than ever it is critical to be involved your HFMA chapter in order to help your organization remain stable in an unstable environment. Time will be given for questions and answers. The benchmarking and decision support committee is sponsoring the afternoon meeting on the topic of Six Sigma. Six Sigma relates to total quality management techniques used to improve processes in your organization. Everyone is encouraged to attend this seminar. Please see the calendar of events for further details.

According to this year's strategic plan our chapter's growth and retention of members is our primary objective. In order to achieve this our board has developed the following objectives:

- ·Offer high quality education programs
- ·Communicate regularly to members
- ·Increase involvement of members in various HFMA activities
- ·Strive to strengthen the healthcare profession in general

Even with our society's advances in technology related to communication, sometimes the best way to disseminate information is via word of mouth. So, bring a friend to our member meetings, committee meetings, etc and emphasize the benefits of being an HFMA member in order for our chapter to grow and prosper. Please feel free to contact me with any questions that you might have. I look forward to working with you in this challenging new year.

Jeff

Member Meeting Announcement
Eastern Michigan Chapter
Friday, September 5, 2003
MSU Management Education Center

Richard Clarke, FHFMA-President & CEO of HFMA

David Silverstein-President & CEO Breakthrough Management Group

11:30AM -12:30PM	Board Meeting
12:00PM -1:00 PM	Lunch & Registration
1:00PM - 1:15PM	Member Meeting
1:15PM - 2:00PM	Presentation by Richard Clark-"How HFMA Can Help Your Organization Remain Stable in an Unstable Environment"
2:00PM -4:00PM	David Silverstein -"Training Champions the Six Sigma Way"

E-Mail Sandy Roth at Sroth@botsford.org or register on line www.hfma-emc.org

WELCOME NEW MEMBERS

Priscilla	Sandberg	Meditech	(781) 821-3000	psandberg@meditech.com
George	Cardoza	Quest Diagnostics	(248) 373-9120	cardozasg@aol.com
Kate	Wood	Trinity Continuing Care Services	(248) 305-7638	woodka@trinity-health.org
Susan M.	Daul	Quest Diagnostics	(248) 364-1364	susan.m. daul@questdiagnostics.com
Denise M.	Klieman	Physician Healthcare Network	(810) 966-3120	dklieman@advnet.net
Karen	Hoskin	Ernst & Young LLP	(616) 774-0710	karen.hoskin@ey.com
Elizabeth B	Duwe	University of Michigan Dept. of Radiology	(734) 615-0172	bduwe@med.umich.edu
Richard	Williams	Polk and Associates PLC	(248) 642-5700	rwilliams@polkcpa.com
Lisa Ann	Mullin, CPA	Plante & Moran, PLLC	(248) 223-3633	lisa.mullin@plantemoran.com
Andrew	Potter	PPOM	(248) 357-7766	andrewpotter@ppom.com
Matthew	Legault	POH Medical Center	(248) 338-5063	matt.legault@pohmedical.org
Viparadee	Thanyakarn	Genius Solutions, Inc	(586) 751-9080	vipa@geniussolutions.com
Amy	Owens	Rybar Group, Inc.	(810) 750-6822	costrpt@therybargroup.com
Michael	Lacusta	University Physician Services Inc	(313) 966-5091	mlacusta@upsmos.com
Thomas P	Joseph	University of Michigan	(734) 741-0356	tpjoseph@umich.edu
Robert J.	Mackey	Oster Enterprises	(248) 483-5562	bmackey@medadvantage.com
Bill	Schwanki	CIT Equipment Finance	(248) 543-0727	bill.schwanki@cit.com
Transfered to Eastern Michigan Chapter				
Daniel T	Davis	Trinity Health	(248) 489-6625	davisdt@trinity-health.org

Healthcents Newsletter :

Maryanne VanHaitsma, Editor:
Phone: (248)549-2703
E-Mail: mvanhait@dmc.org

Please send all comments/questions/articles to me at the above e-mail address. See calendar for submission deadlines. Thank you for your continued support!

ACCESS THE MEMBERSHIP DIRECTORY ON-LINE
www.hfma-emc.org

Eastern Michigan Chapter 2003-2004 Calendar of Events

SEPTEMBER

9-05-03	Member Meeting- MSU Management Center; 12-4PM
9-24-03	FADS Committee Meeting (St. John, 28000 Dequindre; 8:30AM)
9-22-03	Healthcents material submission deadline
9-23-03	Physician Practice Committee Meeting (St. John, 28000 Dequindre; 9AM)
9-25-03	I & R Committee Meeting (Robbins Executive Park West, Troy; 8:30AM)

OCTOBER

10-16 & 17	50th Annual HFMA Fall Conference (Ypsilanti Marriott)
10-20-03	HealthCents material submission deadline
10-22-03	FADS Committee Meeting (St. John, 28000 Dequindre; 8:30AM)

NOVEMBER

11-13-03	Member Meeting (Providence Hospital; 9AM)
11-17-03	Healthcents material submission deadline
11-20-03	Physician Practice Committee Meeting (St. John, 28000 Dequindre; 9AM)
11-20-03	I & R Committee Meeting (Robbins Executive Park West, Troy; 8:30AM)

DECEMBER

12-15-03	Healthcents material submission deadline

JANUARY

1-15-2004	I & R Committee Meeting (Robbins Executive Park West, Troy; 8:30AM)
1-19-04	Healthcents material submission deadline
1-22-04	Member Meeting (Providence Hospital; 9AM)
1-27-04	Physician Practice Committee Meeting (St. John, 28000 Dequindre; 9AM)
1-28-04	FADS Committee Meeting (St. John, 28000 Dequindre; 8:30AM)

FEBRUARY

2-19-04	I & R Committee Meeting (Robbins Executive Park West, Troy; 8:30AM)
2-23-04	Healthcents material submission deadline
2-25-03	FADS Committee Meeting (St. John, 28000 Dequindre; 8:30AM)

MARCH

3-18-04	Member Meeting - Insurance and Reimbursement Annual Update (Holiday Inn Livonia West; 9AM)
3-22-04	Healthcents material submission deadline
3-23-04	Physician Practice Committee Meeting (St. John, 28000 Dequindre; 9AM)
3-24-04	FADS Committee Meeting (St. John, 28000 Dequindre; 8:30AM)

APRIL

4-15-04	I & R Committee Meeting (Robbins Executive Park West, Troy; 8:30AM)
4-19-04	Healthcents material submission deadline
4-21-04	FADS Committee Meeting (St. John, 28000 Dequindre; 8:30AM)

MAY

5-20-04	Member Meeting (Location TBD)
5-20-04	I & R Committee Meeting (Robbins Executive Park West, Troy; 8:30AM)
5-24-03	Healthcents material submission deadline
5-25-04	Physician Practice Committee Meeting (St. John, 28000 Dequindre; 9AM)

JUNE

6-12-04	Annual Golf Outing

Reimbursement eNews
for Health Care Professionals

August 2003

eNews Edition 03-08

Welcome to the August Edition of Reimbursement eNews sponsored by the Midwest Health Care Reimbursement Services team at KPMG. This electronic newsletter is designed to highlight relevant regulatory and reimbursement issues that impact our health care clients. We hope that you find this information useful, and we welcome any comments or feedback you may have.

Final Inpatient PPS Rule Issued for FY 2004

The final rule was issued by CMS in the August 1, 2003 Federal Register. A copy of the rule can be obtained at http://www.cms.gov/providers/hipps/cms1470f/. Along with the yearly updates (3.4 percent) to standardized operating rates, the wage index, and significant changes to DRG classifications and relative weights, the rule addressed the following issues, which we will comment on below:

- Outlier Threshold
- Changes to the Transfer Payment Policy
- Nursing and Allied Health Education Programs
- Medical Education Costs
- IME and DSH Adjustments - Determination of Available Beds and Patient Days

Other issues, such as updated reasonable compensation equivalent (RCE) limits, and changes for hospitals and hospital units excluded from IPPS were also addressed in the rule. The rule should be reviewed in detail for all issues relevant to your hospital.

Outlier Threshold

The outlier threshold for FY 2004 will be $31,000, down from the $50,645 in the proposed rule. The lowered threshold was a result of CMS accounting for the effects of the June 9, 2003 outlier final rule.

CMS identified approximately 50 hospitals that it believes have been consistently overpaid for outliers. These hospitals will have their outlier payments reconciled for FY 2004. Fiscal intermediaries have discretion to reconcile additional facilities if analysis is conducted that indicates inaccurate payments.

Hospitals should monitor their cost-to-charge ratios, and notify their fiscal intermediaries if there is a substantial change in the ratio. Hospitals should also establish clear line item pricing objectives that not only address net revenue, market and cost issues, but also potential outlier and stop-loss issues.

Changes to the Transfer Payment Policy

For transfers to another acute care hospital, the policy was expanded to include all situations where a patient is discharged from one IPPS hospital and admitted to another on the same day, even if the patient left against medical advice.

Revisions were also made to the post-acute care transfer policy by increasing from 10 to 29 the number of DRGs subject to the rule.

Hospitals should perform financial analysis to evaluate the impact of the new transfer policies on DRG reimbursement, and determine if internal transfer policies are appropriate.

Nursing and Allied Health Education Programs

CMS amended the regulation related to educational activities treated as normal operating costs by adding that the educational activities are normal operating costs if they "do not lead to the ability to practice and begin employment in a nursing or allied health specialty." In general, education programs that are required for an academic degree, and not board certification, would be considered normal operating costs because the programs are usually not provider operated. Also, even if a program leads to board certification, but it is not the industry norm to require board certification to be employed in a particular specialty, the program would not be eligible for reasonable cost pass-through payments. CMS defined industry norms as meaning that more than 50 percent of hospitals in a sample require the completion of a particular training to be employed in a specialty.

Applying the above to clinical pastoral education programs, since it is the industry norm for hospitals to hire only board-certified chaplains, residency programs that consist of the 1,600 hours to become board certified, and meet the other requirements for training programs, would be eligible for reimbursement based on reasonable cost.

For pharmacy residencies, CMS considers it the industry norm for hospitals to require clinical pharmacists with direct patient care to complete a one-year residency program accredited by the American Society of Health-System Pharmacists before hiring them. Therefore, the one-year programs would qualify for reimbursement based on reasonable cost. Specialized second-year pharmacy residencies that provide additional training, or even board certification, in a focused area of pharmacy practice would not qualify since it is not the industry norm to require second-year programs before treating specific types of patients, such as oncology, cardiology, etc. Hospitals should

Continued on Page 6

identify programs that will no longer meet the criteria for reimbursement after October 1, 2003.

Transferring Programs to Wholly Owned Subsidiary Educational Institutions

CMS also clarified its stance on nursing and allied health programs that are operated by wholly owned subsidiary educational institutions of hospitals. Transferring a program to a wholly owned subsidiary educational institution in order to meet accreditation standards does not necessarily mean the program is still provider operated. The hospital must have direct control of the program by employing the teaching staff and controlling the curriculum.

Due to possible misinterpretations of prior language, Medicare will not recoup reasonable cost payments from a hospital that transferred a program to a wholly owned subsidiary for accreditation purposes, and still incurred the costs associated with the classroom and clinical portions of the program, prior to October 1, 2003. After October 1, 2003, such a hospital would still receive reasonable cost reimbursement for the clinical training costs incurred by the hospital for a transferred program, but reimbursement for classroom costs would be limited to the costs associated with courses when the program was under direct control of the hospital.

Hospitals with transferred programs should review the "direct control" requirements in detail to determine if future reimbursement will be impacted.

Medical Education Costs

CMS has recently identified instances where hospitals have shifted resident costs from non-hospital settings to the hospital solely for the purposes of including the residents in the hospital's resident FTE count. CMS stated that this is inappropriate because it violates its long-standing principles of community support and redistribution of costs. Medical education costs that the community bears are not considered medical education costs to the hospital for purposes of Medicare reimbursement. Also, costs that are redistributed from an educational institution to a hospital are not considered medical education costs.

In order to include a resident in the FTE count, a hospital must have continuously incurred the cost of the resident's training since the date the resident started in the program. CMS has instructed fiscal intermediaries to review information back to January 1, 1999 to determine whether redistribution of costs or community support had occurred. Retroactive application prior to January 1, 1999 is possible if the intermediary determines redistribution of costs or community support has occurred with respect to certain residents.

Additional residents that have been added to programs with excluded residents (due to the application of the above principles) may be counted if the hospital incurs "all or substantially all" of the costs for the program at that site.

Hospitals should perform a thorough review of non-hospital agreements to address timing issues, "all or substantially all" criteria, redistribution issues and documentation requirements.

Regarding rural track programs, CMS clarified that residents in a rural track program are subject immediately to the hospital's rolling average FTE resident count.

IME and DSH Adjustments - Determination of Available Beds and Patient Days

CMS clarified that the bed and patient day counts for IME and DSH purposes "should be limited to beds or patient days in hospital units or wards that would be directly included in determining the allowable costs of inpatient hospital care payable under the IPPS on Medicare cost reports."

Non-acute Care Beds and Days

CMS revised regulations to clarify that the beds and patient days attributable to a non-acute care unit that does not provide a level of care that is consistent with what is provided to acute care patients should not be included in the IME and DSH calculations. CMS went on to say that this rule applies regardless of whether the unit is separately certified as a distinct-part unit, or even if the unit is within the same general location of the hospital as areas that are subject to the IPPS.

The rule is intended to focus on the type of care provided in a unit as a whole, and is not meant to focus on the care provided to individual patients. Therefore, there could be instances of individual patients receiving care not covered under the IPPS, but receiving the care in a unit that generally provides covered acute care services. The bed and patient days for those individual patients should be included in the IME and DSH calculations.

There are exceptions to the policy, such as the exclusion of all outpatient observation and swing-bed days regardless of where the care is provided. Also, nursery days are included in the DSH calculation due to extensive coverage by Medicaid.

Hospitals should identify the level of non-acute patient care, and options for unit consolidation to minimize the bed count for IME purposes, and potentially improve DSH reimbursement.

Labor, Delivery, and Postpartum Beds and Days

CMS made a significant change to the policy on counting days for maternity patients. Previously, a patient in the labor and delivery room at midnight was not to be included in the census, unless she had occupied an inpatient routine bed at some time since admission. With the increasing use of labor, delivery and postpartum rooms (LDP), CMS is now requiring that the time spent in an LDP room must be split between the ancillary and routine cost centers. CMS is allowing hospitals to track the time for a typical month, and apply the percentage to the entire year. This policy

Continued on Page 7

will be applied to all future and currently open cost reports. Hospitals should ensure that patient day policies for LDP and other labor and delivery services are consistent with the regulations. The impact of the new regulation on IME and DSH reimbursement should be quantified.

Section 1115 Demonstration Project Days

CMS clarified that for days to be included in the DSH adjustment calculation, the patient must be eligible for inpatient hospital benefits under an approved State Medicaid plan, or a section 1115 demonstration project.

Hospitals should ensure that patient day tracking mechanisms can identify section 1115 patients with limited benefit packages.

Issues Related to the IME and DSH Adjustments that have been Deferred in the Final Rule

For the following issues related to available beds and patient days, CMS deferred action due to the large number of comments it received on the May 19, 2003 proposed rule. CMS will address the comments, and issue a final rule related to these issues in a separate document.

Hospitals should not change their policies on these issues until a final rule is issued. However, to prepare for the changes, hospitals should estimate the potential impact of each issue on IME and DSH reimbursement.

Deferred *- Unoccupied Beds*

CMS proposed that "the bed days in a unit that is unoccupied by patients receiving IPPS-level care for the 3 preceding months are to be excluded from the available bed day count for the current month." It was also proposed that "the beds in a unit that was occupied for IPPS-level care during the 3 preceding months should be counted unless they could not be made available for patient occupancy within 24 hours, or they are used to provide outpatient observation services or swing-bed skilled nursing care."

Hospitals should establish or revise bed counting policies to incorporate the unoccupied bed changes once they become final. The length of time that units are out of service, and the extent to which rooms have been altered will need to be addressed in the policy.

Deferred *- Observation Beds and Swing Beds*

CMS proposed that the available beds and patient days associated with observation and swing beds were to be excluded for IME and DSH purposes, unless the patient was ultimately admitted to the hospital.

Deferred *- Dual-Eligible Patient Days*

CMS proposed that instead of including dual-eligible patient days in the Medicare fraction of the DSH percentage, the days should be included in the Medicaid fraction. However, the dual-eligible days are only to be included after the patient exhausts Medicare Part A coverage.

Deferred *- Medicare+Choice Days*

CMS clarified that since Medicare+Choice days are administered under Medicare Part C, the days should not be included in the Medicare fraction of the DSH percentage. The Medicare fraction is calculated by CMS, and results in the SSI percentage that is added to the Medicaid fraction. Days associated with Medicare Part C patients that are eligible for Medicaid would be included in total patient days and Medicaid days in the Medicaid fraction.

This issue of eNews was produced for distribution by Eric Carmack and Steve LaFrance.

Should you need any additional information on any of these or other topics, please contact a member of the KPMG LLP Midwest Health Care Reimbursement Service team mailto:slafrance@kpmg.com

HFMA Fall Conference
October 16th & 17th

Please plan to attend the award winning 50th Annual HFMA Fall Conference October 16th & 17th at the Ypsilanti Marriott. During this two-day educational conference you will have the opportunity to attend a variety of technical sessions, visit an array of vendors, and network with your colleagues. Relax and wind down at the Banquet as we welcome Ernie Harwell back as our special guest. Mark your calendars now and plan on attending this special 50th Anniversary event! Brochures will be mailed to you soon. If you have questions, please contact Kelli Oliver at 313-937-3764 or email her at *fallconference@aol.com*.

HFMA EMC Committee Officers & Board
2003-2004

Officer	Phone	E-mail address
Jeffrey Ewald, President	(586) 753-0323	jeffrey.ewald@stjohn.org
Sara McGlynn, President Elect	(248) 551-9376	smcglynn@smtpgw.beaumont.edu
Cindi Long, Secretary/Treasurer	(248) 652-5634	cllong@crittenton.com
Diane Justewicz, Past President	(586) 753-0307	diane.justewicz@stjohn.org
Board of Directors		
2002-2004		
Tammy Chinavare	(248) 305-7857	chinavat@trinity-health.org
Linda Height	(586) 498-4958	linda_height@bshsi.com
2003-2005		
Cheryl Comeau	(248) 489-6042	comeauc@trinity-health.org
Dave Kulek	(313) 253-9606	kulekd@oakwood.org
Ken Lipan	(313) 874-4527	Ken7722@aol.com
Debra Matson	(248) 858-6542	matsond@trinity-health.org
Darlene Mitchell	(313) 874-9526	dmitche1@hfhs.org
Kristi Nagengast	(248) 489-6514	nagengak@trinity-health.org

Committee	Chairperson	Phone	E-mail address
Awards/Founders Merit	Bill Lubaway	(248) 347-1416	bill_lubaway@voyager.net
Awards/Founders Merit	Barbra Kootsillas	(734) 654-7942	shootsnscores@peoplepc.com
Financial Analysis	Tina Wood	(586) 741-4465	Twood@mcgh.org
Certification	Ken Lipan	(734) 513-6126	Ken7722@aol.com
Compliance	Connie Williams	(248) 471-8632	crwilliams@botsford.com
Corporate Sponsorship	Shelly Lake	(248) 544-2300	slake@voyager.net
Chapter Audit	Cheryl Lippert	(312) 665-2288	clippert@kpmg.com
Education Council	Susan Stokes	(586) 786-9532	susan-stokes@hfma-emc.org
Elections	Jeff Ewald	(586) 753-0323	jeffrey.ewald@stjohn.org
Fall Conference	Bob Dery	(248) 223-3223	deryb@plante-moran.com
Historian/Retired Members			
Davis Mgt. System/Info. Systems	Susan Stokes	(586) 786-9532	susan-stokes@hfma-emc.org
Insurance & Reimbursement	Stephanie Bono	(248) 964-0361	sbono@beaumont.edu
Insurance & Reimbursement	Debbie Matson	(248) 858-6542	matsond@trinity-health.org
Internal Audit			
MACPA/HFMA	David Nathan	(313) 596-7100	david.Nathan@ey.com
Managed Care	Colleen Lidwell	(313) 586-6019	clidwell@wideopenwest.com
Managed Care	Natalie Trombley	(586) 753-0987	natalie.trombley@stjohn.org
Member Meetings	Ken Marcus (teleconference)	(248) 865-9956	krmarcus@krmarcuslaw.com
	Jeff Ewald	(586) 753-0323	jeffrey.ewald@stjohn.org
Membership/Member Involvement	Kristi Nagengast	(248) 489-6514	nagengak@trinity-health.org
New Member Orientation	Kristi Nagengast	(248) 489-6514	nagengak@trinity-health.org
Membership Service Plan	Linda Height	(313) 640-2408	linda_height@bshi.com
Membership Survey	Sara McGlynn	(248) 551-9376	smcglynn@beaumont.edu
Newsletter	Maryanne VanHaitsma	(248) 549-2703	mvanhait@dmc.org
Nominations	Diane Justewicz	(586) 753-0307	diane.justewicz@stjohn.org
Revenue Cycle	Mike Marulli	(810) 762-4065	mmarulli@genesys.org
Revenue Cycle	Dave Cavell	(248) 338-5683	dcavell@tc3net.com
Physician Practice	Jeff Ewald	(586) 753-0323	jeffrey.ewald@stjohn.org
Placement/Professional Development	Bob Lauer	(248) 858-6156	lauerr@trinity-health.org
Pro Action	Mary Ann Beyer	(248) 661-2460	mgb@twmi.rr.com
Social Activities	Tammy Chinavare	(248) 305-7857	chinavat@trinity-health.org
	James Kopp	(248) 641-1440	ocs4pymt@aol.com
Sponsorship	Shelly Lake	(248) 544-2300	slake@voyager.net