

HEALTHcents



Eastern Michigan Chapter

hfma

the Business of Caring

September 2005

President's Message

Get Involved – An Exciting Year Planned!

This year the Eastern Michigan Chapter is fortunate to have as its Board of Directors a group of highly motivated and talented individuals. Their determination and guidance is very important as we embark upon another challenging year for Healthcare finance professionals.

In June our chapter completed the strategic planning process and have set the following goals for the 2005-2006 year:

- Increasing the number of CHFP and FHFMA certified members
- Enhancing our educational programming for our membership meetings
- Raising Chief Financial Officer involvement in the organization
- Expanding our placement efforts for members in need of these services

These are just some of the initiatives we have committed to undertake. These objectives cannot be achieved without the dedication of your HFMA Board, Committee Chairs and, of course, not without you. As with all other successes of this organization, the advancement of HFMA rests with you, its members. There will be many opportunities in the upcoming year for you to get involved and have an impact on Healthcare finance.

Please save the dates on the calendar of events for the 2005-2006 upcoming year.

Join me in thanking the Board members and Committee Chairpersons for investing their time and energy for our upcoming year. Also, I am grateful for the opportunity to serve the Eastern Michigan Chapter as President and ask for your continued support.

Look forward to seeing you,

Marina

Note: A copy of the Strategic Plan is attached with this newsletter or can be found on the chapter web site at www.hfma-emc.org click on [Chapter Info](#) and locate the Strategic Plan document.

MEMBER MEETING ANNOUNCEMENT

The Member Meeting Committee Presents:

The September Member Meeting

Friday, September 16, 2005

Providence Hospital Medical Building Room 8E
(8 story dark glass building)
22250 Providence Drive
Southfield, MI 48075
(248) 849-3177

Speakers & Agenda

- 7:30 - 8:30 AM Board Meeting and New Member Breakfast
- 7:30—8:30 Registration/ Continental Breakfast
- 8:30—9:00 Member Meeting—Installation of officers
- 9:00—10:00 Acceleration and the Consequences of Innovation in Healthcare, Speaker: David Ellis, Director of Planning and Future Studies at DMC
- 10:00—10:15 Break
- 10:15—11:15 Physician Gain Sharing Presentation, Speakers: Nancy Freeman, Director, KPMG and Patrick LePine, Attorney, Foley and Lardner
- 11:15 - 11:30 Adjourn

Acceleration and the Consequences of Innovation in Healthcare

Mr. Ellis will describe the impact of accelerating technological innovation on the practice of health-care, and argue that over the course of the next 2-3 decades the healthcare industry as we know it—along with its institutions and professions—will cease to exist.

Physician Gain Sharing

Co-Presenters Nancy Freeman and Patrick LePine will address the advisory/clinical and legal/regulatory aspects associated with Physician Gain Sharing Opportunities.

Registration Form September Member Meeting Friday, September 16, 2005

Please return this form and your check payable to:
HFMA-Eastern MI Chapter

By Mail: HFMA Registration
Susan Stokes
13064 Burningham Drive
Washington, MI 48094

Register On-Line!
Visit the Eastern Michigan Chapter Web Site at
www.hfma-emc.org

By Fax: Susan Stokes
(586) 786-7396

E-Mail: susan-stokes@hfma-emc.org

Registration Fees: **CPE Credits: 2**
HFMA Member \$30
Non-Member Guest \$40
1 time pay price - Member \$80
(includes September and January member meeting and March I & R Update— You save \$50—see next page for details)

Name _____
(As you would like it to appear on your name badge)

Company _____

Address _____

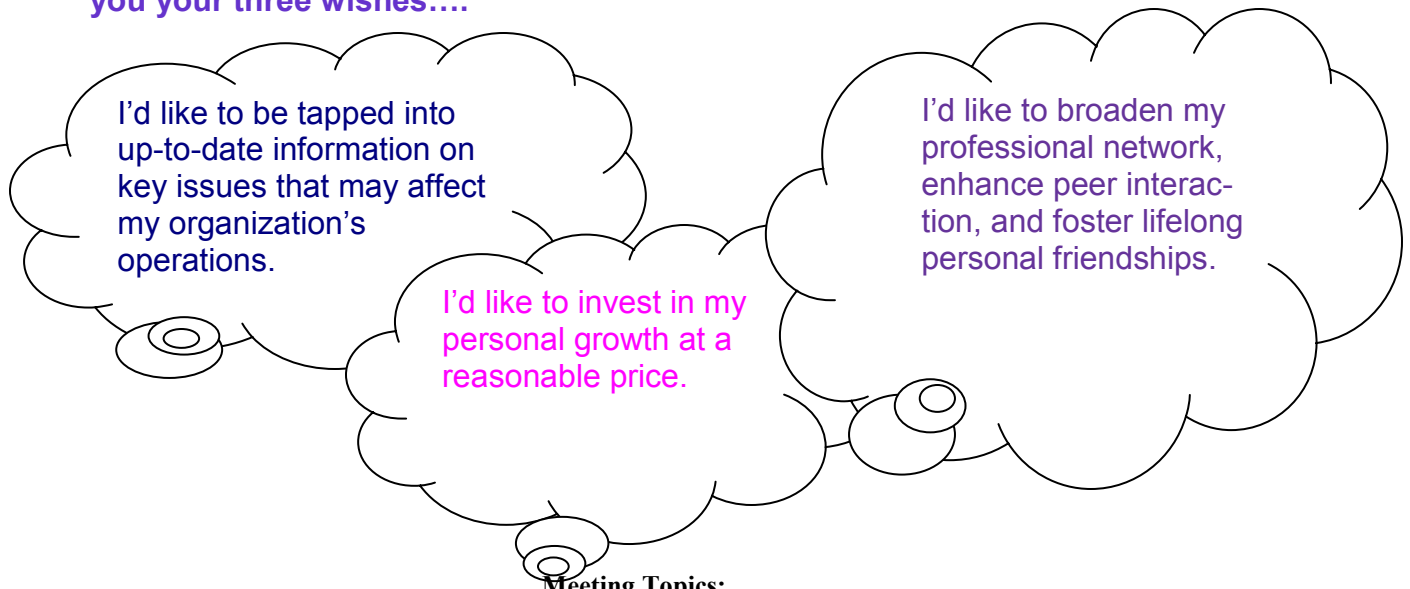
City, State & Zip _____

E-mail _____ or

Phone _____

Are you an HFMA member? _____

Today the Eastern Mi Chapter will grant you your three wishes....



Meeting Topics:

Sept. 16, 2005 - David Ellis presents Acceleration and the consequences of Innovation in Healthcare; Nancy Freeman and Patrick LePine Present Physician Gain Sharing (2 CPE's)

January 19, 2006 - Dr. Narendra Kini talks about the Hospital of the Future; Dr. Woll from BCBSM on Consumer Driven Healthcare and /or Disease Mgt. (2 CPE's)

March 23, 2006 - Annual Insurance & Reimbursement Update (4 CPE's)

Advantages to 1 time pay option

- 1. Save \$50 off Full Pay*
- 2. Low Cost only \$10 per CPE*

Register today for the 1 time pay option for Member meetings for the 2005 - 2006 year. **Cost = \$80**

The 1 Time Pay option includes the September and January member meetings and March I & R Update for **only \$80**

If you registered for each separately it would cost \$130 .

Name _____

E-mail or Phone# _____

Please complete form or register on web site, click on, 1 Time Pay. Send \$80 check payable to HFMA-EMC. Mail to Susan Stokes, HFMA-EMC Registration, 13064 Burningwood Drive. Washington, MI 48094.

UPCOMING EVENTS

The hfma super fall conference LII is scheduled for October 13 & 14, 2005. Mark your calendars and plan on attending this annual award winning conference held at the Ypsilanti Marriott. This years' conference will kick-off with Mike Duggan, President and CEO of The Detroit Medical Center. Participants will have the opportunity to attend from a selection of 18 different sessions covering topics in revenue cycle, reimbursement, finance, compliance, and more. A special guest from the Pro-Football Hall of Fame will be our banquet speaker. Jeanne Scott will be our post-game speaker Friday morning. Contact Kelli Oliver for more information at 313-937-3764 or e-mail fallconference@aol.com



EMPLOYEE BENEFITS CONFERENCE

2005

TUESDAY, SEPTEMBER 13, 2005

This program is jointly sponsored by: The MI Association of Certified Public Accountants and the Healthcare Financial Management Association-Eastern MI Chapter

Keynote Presentation: Department of Labor ERISA Enforcement Update

Speaker:

Paul C. Baumann - Deputy Regional Director,
United States Department of Labor

A discussion of the latest developments at the U.S. Department of Labor with an emphasis on important updates and changes as well as common filing problems. Also being discussed will be the DOL's delinquent flier voluntary compliance program and the voluntary fiduciary correction program.

Other featured topics are as follows:

- Update on 403(b) Plans
- 5500 Update
- Advanced Audit Update
- Ethics

Register online at www.michcpa.org
and receive a special discount.

Certified Members - Don't forget to maintain your CPE Credits

HFMA certified members in order to maintain certification, you are required and personally responsible for recording the education activities in which you have participated.

You must submit the required information for each education activity that you complete, with the exception of HFMA National activities for which you received a CPE letter from HFMA National. HFMA National will record these activities only.

Below is the link you go to on the HFMA National Web site to maintain your CPE Credits.
http://www.hfma.org/members_only/certification/education_activity.cfm

Education activities are structured learning experiences that enable CHFPs and FHFMA's to maintain or improve competence as a professional in the field of healthcare finance. To maintain certification, 90 contact hours must be achieved every three years, with a minimum of 20 hours per year and 45 per 3-year reporting period in the field of healthcare finance. Failure to do so will result in removal of your designation.

If you have further questions about maintaining your CPE Credits contact Susan Stokes
<mailto:susan-stokes@hfma-emc.org>

MEDICARE'S CHANGING THERAPY RULES

Maria B. Abrahamsen
mabrahamsen@dykema.com

August 2005

If you provide outpatient physical, occupational, or speech-language therapy, be sure you are familiar with recent changes in Medicare's therapy personnel requirements. The changes are most significant for physician offices and hospital outpatient departments.

Earlier this year, CMS announced that the following personnel standards would apply effective June 6, 2005. The requirements applicable to physician offices were suspended temporarily as a result of litigation, but are now in effect.

- In all settings, except physician offices, therapy must be furnished by licensed therapists or by qualified therapy assistants working under a therapist's supervision. Therapy also may be furnished by physicians, NPs, CNSs and PAs acting within the scope of their licenses. CMS also prescribes qualifications required of various therapy personnel, in addition to licensure.
- CMS' new guidelines expressly state that services covered under the outpatient therapy benefit may not be performed by therapy aides, even if supervised by a licensed therapist. CMS states that this has been the rule since 1999. However, in our opinion, CMS has not clearly stated prior to 2005 that

hospitals may not use aides to provide covered outpatient therapy.

- Therapy furnished "incident to" a physician's services (i.e. billed under the physician's name and number) may be performed only by a graduate of an approved physical or occupational therapy or speech-language pathology program. However, because of a quirk in the Medicare law, such therapists do not have to be licensed unless a license is required by state law.
- Some physicians have billed Medicare for therapy performed by therapy assistants, therapy aides, athletic trainers, low-vision specialists or massage therapists. Medicare's new standards prohibit physicians from billing for therapy performed by such personnel.
- If a physician practice employs both a therapist and a therapy assistant, services performed by the therapy assistant may be billed "incident to" the services of the therapist if the assistant is "directly supervised" by the therapist (i.e. the therapist is in the same suite and immediately available) and the therapist is enrolled in Medicare. The assistant could not, however, be billed "incident to" a physician's services.

Both CMS and the Office of Inspector General frequently focus on billing noncompliance by therapy providers. Failure to comply with the new personnel standards could result in recoupment or more severe penalties.

Continued on Page 6

ONCE YOU BILL MEDICAID, THERE'S NO TURNING BACK

The Sixth Circuit US Court of Appeals (whose jurisdiction includes Michigan) decided recently that a long term care facility which billed and accepted Medicaid payment could not receive additional payment for the same services from the proceeds of the patient's successful medical malpractice case. The Court's reasoning applies equally to any type of practitioner or facility that receives Medicaid payment. At issue was the provision in both the federal and Michigan Medicaid statutes which prohibits a health care provider that bills Medicaid from attempting to collect from the patient or the patient's relative or representative for the same services (i.e. the prohibition on "balance billing"). Highlights of the Court's opinion:

- The Court was not moved by the fact the provider in this case had cared for the patient for almost 4 years or that payment from the lawsuit was made more than 4 1/2 years after the patient was first admitted.
- The provider could not escape the ban on balance billing by refunding the Medicaid payment (approximately \$100,000) before accepting payment of full charges (\$575,000) from the proceeds of the patient's successful medical malpractice case against other providers.
- The Court refused to follow an advisory letter from a HCFA (now CMS) staffer which stated that a provider could escape the balance billing ban by refunding

Medicaid payments and accepting only that portion of a tort award that is specifically earmarked for medical expenses. The Court noted that the statutory prohibition on balance billing was clear on its face. Furthermore, the advisory letter was many years old and not publicly available on CMS' website.

- The Court rejected the theory that the provider was not being paid by the beneficiary (as prohibited by the balance billing law), but instead was being paid by the plaintiffs in the beneficiary's malpractice suit. (The court order approving the medical malpractice settlement had specifically allocated funds to cover the provider's \$575,000 lien on the proceeds.)

Lessons for Providers

If you bill Medicaid for goods or services, you will not be able to "un-do" the decision to accept Medicaid as payment in full if funds from a personal injury claim later become available to pay for the same care. In other words, either accept the risk of receiving no payment from the patient's lawsuit or give up the potential for being paid more than Medicaid rates.

This opinion also shows that there is no guarantee that a court will follow informal interpretations issued by CMS and payor staff (as distinguished from formally issued regulations).



**Medicare Contracting Reform (Medicare Prescription Drug, Improvement, and Modernization Act of 2003)
By Sheryl L. Wildoner, BBA, RT(R)(CT), RCC**

Section 911 of the above act mandates that the Secretary for Health & Human Services replace the current contracting authorities to administer the Medicare Part A and Part B programs, contained under Title XVIII of the Social Security Act, with new Medicare Administrative Contractor (MAC) authorities.

During the initial implementation phase (2005-2011), CMS plans to award contracts for 15 Primary MAC jurisdictions servicing the majority of providers (both Part A and Part B). CMS designed the new MAC jurisdictions to balance the allocation of workloads, promote competition, and integrate claims processing activities. These jurisdictions will be substantially more alike in size than the current existing fiscal intermediaries and carriers. Michigan is scheduled to be part of jurisdiction number 8 along with Indiana. CMS has chosen jurisdiction number 3, encompassing Arizona, South and North Dakota, Utah and Wyoming as the "start up" MAC for June of 2006. Jurisdiction 3, while large geographically, represents only 3 percent of the national fee-for-service claims volume.

In addition, four specialty MAC jurisdictions will be developed for home health and hospice providers and four specialty MAC jurisdictions for

DME suppliers. These specialty jurisdictions will overlay the boundaries of the 15 primary MAC jurisdictions.

Competition for the 23 contracts begins in October of 2005. The specialty MAC contracts should be implemented by December of 2005 and by June of 2006 for the primary MAC contracts. Contracts will expire and require renegotiation every 5 years.

Statistics for Michigan and Indiana for 2003 indicate that five contractors currently process claims for 2,322,941 Medicare beneficiaries, along with 49,807 practitioners, and 327 hospitals. This equates to 6.5% of the nations claims workload.

Once CMS integrates Part A and Part B into one MAC, most beneficiaries will have their claims processed by only one contractor effectually streamlining the process enormously. This will reduce the number of separate explanation of benefit statements a beneficiary will receive and need to organize. Contractors will be required to integrate and create new local determination policies. The entire transition is scheduled to be completed by October of 2011.

CONTACT INFORMATION:
p. 810-750-6822
f. 810-750-6733

**Financial Analysis and Decision Support Committee
Meeting Report
(by Kristine Nelson)**

At a recent Financial Analysis and Decision Support Committee meeting, the topic of discussion was Observation Patients – Models for Treatment that Yield Efficiency and Profitability.

Below is a brief summary of the articles and other discussion items that were covered during the meeting.

The first article discussed was from the Advisory Board and spoke to the issue of the nationwide struggle of growing Emergency Department populations. Physicians and administrators increasingly want more efficient operations with better customer service and are looking at clinical decision units (CDU) to accomplish these. Frequently located next to the Emergency Department, CDUs take care of patients who need up to 24 hours of observation or testing but may not meet admitting criteria yet. The article goes on to give a case study of a hospital that implemented a CDU along with its results. Most notably was the improved quality of care, reduced length of stay for chest pain patients, and reduced constraints on capacity in other hospital departments.

The second article was also from the Advisory Board and covered some of the current trends occurring in observation units. More specifically, how congestive heart failure is being managed, beginning with the patient's presentation in the Emergency Department. The key items to watch out for were stated as patient length of stay, frequency of readmission, and level of patient acuity. Additionally, three main points are worth noting. First, observation units are now being used in many hospitals to improve Emergency Department throughput. Those that do not have these units are relying on staff to accurately assign the correct classifications to receive reimbursement. Second, adherence to the standards and guidelines devised by the American College of Cardiology and American Heart Association are critical to receiving reimbursement from Medicare. Third, effective observation units move heart patients out of the

Emergency Department beds into ones better equipped at meeting their needs, which decreases costs while improving customer service via case management and education.

The third article speaks to inappropriate admission activity. It discussed inappropriate use of inpatient beds by filling them with outpatient activity. One factor mentioned is how observation patients occupying inpatient beds undermine the economics of the revenue stream. This observation patient activity also worsens the inpatient overcrowding issue, in addition to the many admissions that could have been avoided through better prevention and outpatient case management. Therefore, there are two key areas in which hospitals have the opportunity to free inpatient beds through more appropriate admissions. Managing the short-stay patient encompasses the hospital having an extended short-stay recovery unit and/or the hospital having a dedicated observation unit. Reducing avoidable admissions could be accomplished by the hospital setting up clinical decision units to aggressively treat patients thus reducing the need for inpatient admission and/or the hospital utilizing remote disease management for the chronically ill patient population. The article goes on to state that an assessment of the patient activity is the first step to accomplishing these efficiency goals. After this is completed the focus is much clearer about where the opportunities are located to gain revenue, patient volume, and patient satisfaction. Obstacles to accomplish these efficiency goals were mentioned as physician reluctance and lack of physical space for outpatient areas. These can be overcome by including the medical staff in the process from the beginning, keeping staffing ratios at acceptable levels, and reconfiguring the current space for more efficient use.

Sources:

“ED flow: Clinical decision units reduce unnecessary admissions, LOS”, The Advisory Board.
“Trends in Observation Unit Operations”, The Advisory Board.
“Appropriate Inpatient Admission”, The Advisory Board.

WELCOME NEW MEMBERS!



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Strength in Numbers, Health In Numbers

Through your involvement with HFMA, you understand the value of membership. In fact, your personal endorsement is HFMA's strongest recruiting tool, which is why we ask for your participation in this year's Strength in Numbers, Health in Numbers recruiting campaign. The program rewards participating members with prizes for each new member you recruit and for each former member you encourage to reinstate their membership. You can earn HFMA apparel items, gift certificates, cash and the ultimate reward, a \$5,000 world travel certificate!

Another reason to encourage your colleagues to join now is the discounted dues membership they enjoy when they join by 9/30/05. Any new member who joins by August 31 pays only \$130 for the year ended 5/31/06, and only \$120 if they join in September. See the website for more information www.hfma.org/join, or contact Tina Wood, Membership Committee Chair, 586-741-4465, or <mailto:twood@mcgh.org>.

Thank you for recruiting new members in 2004-2005!

Last year several members recruited one or more new members to join our chapter. They are:

Bob Plaskey
Terry Kalinski
Lorenzo Harris
Paul McGrath
Cynthia Long
Marina Houghton
Mike Tomkovich
Ryan O'Roark
Fred Korte
Julie Morse
Elyse Berry

Congratulations to Bob Plaskey who won the complimentary golf outing registration for his recruitment efforts! Continue to encourage your colleagues to join HFMA and experience the benefits you receive. More information is available at www.hfma.org/join or 1-800-252-hfma, ext. 2.

May, 2005 Insurance & Reimbursement Committee Meeting Report

Submitted by Ted Rozwadowski

At the 5/19/05 Insurance & Reimbursement Committee meeting, Vickie Seal of the MHA reported on Medicare issues. This included a detailed presentation on the FY06 Medicare Inpatient PPS Proposed Rule, the FY06 Wage Index, the FY06 Medicare SNF Proposed Rule, and the FY06 LTCH Final Rule. Highlights of the Inpatient PPS Proposed rule include an expansion of the post-acute transfer provision from 30 to 223 DRG's, which is expected to decrease payments by (1.1%) nationally, and a reduction in the Labor Share of the DRG rate from 71.1% to 69.7% which is expected to reduce payments to Michigan hospitals by \$3.3 Million. Providers were encouraged

to submit comments to CMS by 6/24/05 to reverse these two changes.

Vickie also reported on Medicaid issues including: Executive Order payment reductions, the State's Proposed FY06 Budget, the Quality Assurance Assessment Program (QAAP), DSH Payments, Claims Processing, APC Implementation, & other issues. The FY06 Proposed Budget includes payment reductions for all provider types as well as eligibility and benefit reductions for beneficiaries. For the QAAP program, providers are encouraged to review their cost & charge limits and request adjustments to avoid possible recoupment on final settlements.

Megan Menkveld was introduced as a new co-chair and will join current co-chair Sheila Pierson for the 2005-06 year. Stephanie Bono was thanked for her service as co-chair in 2004-05 and in prior years.

Date	Committee/Topic	Time	Location	Other Information
August				
8-17-05	Board Meeting Conference Call	7:30 – 9:30 a.m.		
8-18-05	Insurance & Reimbursement	8:30 a.m.	Beaumont Hospital, 500 Stephenson Highway, 1 st floor	
8-19-05	Newsletter			Deadline for September HealthCents
September				
9-13-05	HFMA/MACPA	8 a.m.– 4 p.m.	VistaTech Center SchoolCraft College, Livonia	Employee Benefits Conferece
9-14-05	Managed Care	8:30-9:30 a.m.	St.John’s, 28000 Dequindre, Warren, Conference Room TBD	
9-14-05	Internal Audit	3:30 – 5:00 p.m.	St.John’s, 28000 Dequindre, Warren, Conference Room N14	
9-15-05	Insurance & Reimbursement	8:30 a.m.	Beaumont Hospital, 500 Stephenson Highway, 1 st floor	
9-16-05	Board Meeting	7:30 – 8:30 a.m.	Providence Hospital Southfield, MI 8 th floor Room 8D	
9-16-05	New Member Breakfast	8:00 – 8:30 a.m.	Providence Hospital Southfield, MI 8 th floor Room 8E	
9-16-05	Member Meeting	8:00 am- Noon	Providence Hospital, South- field, MI, 8 th floor Room 8E	1. Acceleration & the Consequences of Innovation in Healthcare. 2. Physician Gain Sharing
9-21-05	Financial Analysis Decision Support	8:30 – 10:30 a.m.	St John Corp Offices 27800 Dequindre Rd Room S-7	
October				
10-12-05	Internal Audit	3:30 – 5:00 p.m.	St.John’s, 28000 Dequindre, Warren, Conference Room N14	
10-13 to 10- 14-05	Fall Conference	All Day/ ½ day	Ypsilanti, Marriott	
10-19-05	Financial Analysis Decision Support	8:30 – 10:30 a.m.	St John Corp Offices 27800 Dequindre Rd Room S-7	
10-21-05	Newsletter			Deadline for November HealthCents
November				
11-02-05	Managed Care	8:30-9:30 a.m.	St.John’s, 28000 Dequindre, Warren, Conference Room TBD	
11-02-05	Internal Audit	3:30 – 5:00 p.m.	St.John’s, 28000 Dequindre, Warren, Conference Room N14	
11-16-05	Financial Analysis Decision Support	8:30 – 10:30 a.m.	St John Corp Offices 27800 Dequindre Rd Room S-7	
11-17-05	Board Meeting Conference Call	7:30 – 9:30 a.m.		
11-17-05	Insurance & Reimbursement	8:30 a.m.	St.John’s, 28000 Dequindre, Warren, Conference Room NL2	
December				
12-7-05	Internal Audit	3:30 – 5:00 p.m.	St.John’s, 28000 Dequindre, Warren, Conference Room N14	
12-16-05	Board Meeting Conference Call	7:30 – 9:30 a.m.		
12-16-05	Newsletter			Deadline for January HealthCents

Date	Committee/Topic	Time	Location	Other Information
January 2006				
1-11-06	Managed Care	8:30-9:30 a.m.	St.John's, 28000 Dequindre, Warren, Conference Room TBD	
1-11-06	Internal Audit	3:30 – 5:00 p.m.	St.John's, 28000 Dequindre, Warren, Conference Room N14	
1-19-06	Board Meeting	7:30 – 8:30 a.m.	Providence Hospital Southfield, MI 8 th floor Room 8D	
1-19-06	Member Meeting	8:00 am-Noon	Providence Hospital, Southfield, MI, 8 th floor Room 8E	1. The hospital of the Future. 2. Consumer Driven Health-care and/or Disease Mgt.
February				
2-8-06	Internal Audit	3:30 – 5:00 p.m.	St.John's, 28000 Dequindre, Warren, Conference Room N-14	
2-14-06	Financial Analysis Decision Support	8:30 – 10:30 a.m.	St John Corp Offices 27800 Dequindre Rd Room S-102	
2-16-06	Board Meeting Conference Call	7:30 – 9:30 a.m.		
2-16-06	Insurance & Reimbursement	8:30 a.m.	St.John's, 28000 Dequindre, Warren, Conference Room NL2	
2-17-06	Newsletter			Deadline for March HealthCents
March				
3-1-06	Managed Care	8:30-9:30 a.m.	St.John's, 28000 Dequindre, Warren, Conference Room TBD	
3-8-06	Internal Audit	3:30 – 5:00 p.m.	St.John's, 28000 Dequindre, Warren, Conference Room N-14	
3-14-06	Financial Analysis Decision Support	8:30 – 10:30 a.m.	St John Corp Offices 27800 Dequindre Rd Room S-102	
3-23-06	Board Meeting	7:00 – 8:30 a.m.	Holiday Inn - Livonia	
3-23-06	Awards & New Member Breakfast	7:30 - 8:30 a.m.	Holiday Inn– Livonia	
3-23-06	Insurance & Reimbursement	8:00 – 1 p.m.	Holiday Inn - Livonia	
April				
4-5-06	Internal Audit	3:30 – 5:00 p.m.	St.John's, 28000 Dequindre, Warren, Conference Room N-14	
4-20-06	Insurance & Reimbursement	8:30 a.m.	St.John's, 28000 Dequindre, Warren, Conference Room NL-2	
4-20-06	Financial Analysis Decision Support	8:30 – 10:30 a.m.	St John Corp Offices 27800 Dequindre Rd Room S-102	
4-21-06	Newsletter			
4-21-06	Appreciation Luncheon	Lunch		Picano's in Troy



**HFMA-EMC Calendar
2005-2006**

Date	Committee/Topic	Time	Location	Other Information
May				
5-3-06	Managed Care	8:30-9:30 a.m.	St.John's, 28000 Dequindre, Warren, Conference Room TBD	
5-4-06	HFMA/MACPA Healthcare Conference	All Day	Livonia	
5-4-06	Board Meeting/ Installation of Officers	Following Healthcare Conference	Livonia	Meeting/Reception
5-7-06 thru 5-9-06	HFMA-Leadership Training Conference		Hyatt Regency, Huntington Beach, CA	Strategic Planning Conference sponsored by National HFMA
5-17-06	Strategic Planning Board Meeting—Mini Leadership Training Conference	3-7 p.m.	Trinity Health, 27870 Cabot Drive, Novi, MI 48377	
5-18-06	Insurance & Reimbursement	8:30 a.m.	St.John's, 28000 Dequindre, Warren, Conference Room NL-2	
5-18-06	Financial Analysis Decision Support	8:30 – 10:30 a.m.	St John Corp Offices 27800 Dequindre Rd Room S-102	
5-25-06				
June				
TBD	Annual Golf Outing		Tanglewood Golf Course South Lyon, MI	

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!

HFMA Eastern MI Chapter
Officers, Board and Committee Members
2005-2006

Officer

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