

## President's Message



The holidays have come and gone and the first half of our chapter year is off to a great start! I hope that many of you were able to take advantage of the opportunities our chapter had to offer this fall, from both an educational and social perspective.

It is with great pleasure that I announce that at the November 17th Board meeting, Mary Whitbread was appointed by the Board of Directors as Secretary for the 2005-2006 fiscal year. Mary is Vice President of Reimbursement & Contracting for Henry Ford Health System. Mary has been a member of HFMA since 1994 and has served on various committees as a member and chairperson and also as a Board of Director from 1999-2001. Mary is an Advanced Member and is a past recipient of the Follmer Bronze Award, Reeves Silver Award and the Lawrence C. Redoutely Award. We are very excited about Mary's involvement and we look forward to having Mary assist our team in her new leadership role.

During the month of October, Bill Lubaway convened a Past Presidents meeting. The meeting was very informative and the past presidents expressed their desire to see more programming, increased attendance at membership meetings and succession planning. Joe Scallen, CFO of Mt. Clemens General Hospital, agreed to work with the CFOs and rally their support for these initiatives and he encourages their attendance at the next membership meeting on Tuesday, January 17, 2006 at the MSU Business Center in Troy. With your support and the support of your CFOs we are expecting an extremely well attended program featuring Dr. Kini from Trinity Health System and Dr. Woll from Blue Care Network. Take a moment to view the program brochure on our NEW chapters website and address, <http://www.hfmaemc.org>.

In the coming months the annual election will take place for our new slate of officers and directors for the fiscal year beginning June 1, 2006. At this time we are asking for nominees for Secretary, Treasurer and three Board member positions. Our leadership is committed to helping you get the most out of your HFMA membership. Working as a chapter leader does take time, but the return on your investment is significant. Please do not hesitate to contact me [marinahoughton@wolinski.com](mailto:marinahoughton@wolinski.com), or Susan Stokes [susan-stokes@comcast.net](mailto:susan-stokes@comcast.net) via email to express your interest or to nominate a candidate.

I hope you had a safe and happy holiday season!

Marina

### The Member Meeting Committee Presents:

**January Member Meeting**  
**Tuesday, January 17, 2006**

MSU Management Education Center

811 W. Square Lake Rd.

Troy, MI 48098

### Register Today On-Line!

Visit the Eastern Michigan Chapter Web Site at

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

# Becoming Active in HFMA/The January Membership Meeting

## **Become active and join an HFMA committee this year!**

I cannot express the importance of getting networked! I am new to the area – being in Southeast Michigan for over a year now. But, as I was actively involved for several years in the Metro New York chapter, I found my experience helped to open doors during my job search.

The HFMA Eastern Michigan Chapter is looking for members who are interested in contributing their knowledge and also in networking with other colleagues. Committees include Financial Analysis, Insurance & Reimbursement, and Social Activities. Contacts are listed in the back of this newsletter.

Get involved!

## **January Membership Meeting**

Please join us for our January Membership Meeting on Tuesday, January 17, 2006 entitled “The Hospital of the Future”! This meeting will feature insights into what the immediate and longer-term future holds for healthcare.

Dr. Narendra Kini, Trinity’s technology futurist, will discuss emerging trends and technologies that will have great impacts in shaping our health care system and delivery of patient care. Examples of this include Personal Health Records, which will allow FDA-approved implantable chips containing patient information, as well as innovations in molecular medicine. Dr. Kini is the Executive Vice President of Clinical Operations Support at Trinity Health System.

Dr. Douglas R. Woll will provide an overview of where managed care has been, where it is currently, and where it appears to be going. He will also discuss hot item issues related to escalating health care cost trends, consumer perceptions and movements, the move to cost-shifting and consumer directed health plans, the response of physicians and hospitals, the impact of e-commerce, and the transformation of medical and quality management. Dr. Woll is the President and Chief Medical Officer of Blue Care Network of MI.

Don’t miss it!

Christina Wong

Membership Committee Member

## **An I&R Opportunity**

The Insurance and Reimbursement committee is looking for a committee co-chair for the upcoming year. This is an excellent way to get involved in HFMA, meet others in your field, and keep up to date on I&R issues. We meet about seven or eight times a year and we are one of the most successful committees in the chapter. This is a two-year commitment, but is well worth your time. Responsibilities mainly include organizing and facilitating meetings. If you are interested or would like more information, please contact Megan Menkveld at MMENKVE1@hfhs.org or by phone at 313-874-4803. Don’t let this opportunity pass you by!

ACCESS THE MEMBERSHIP DIRECTORY ON-LINE AT:

**[www.hfmaemc.org](http://www.hfmaemc.org)**

Then click on member directory. When you select “Membership Directory”, not only can you search the members of our chapter, but also colleagues by name, company, and location—regardless of chapter! Using the on-line directory ensures that you have the most up-to-date contact information.



# DO THE ALGEBRA



## ALGEBRA

$$\text{HET} + \text{CR} + \text{CP} = \text{MDDC}$$

$$\text{MDDC} > 182 \text{ DRGS} = \text{< \$}$$

HIPAA ELECTRONIC TRANSACTIONS + CROSS REFERENCING + CENTRAL PROGRAMMING = MONITORING OF DISCHARGE DISPOSITION CODES ULTIMATELY MEANS OR = LESS MONEY

I have been spending a lot of my family time helping Kirk with Algebra. Now it is showing up in my work. But you and I have to do this math. This is serious stuff.

Money you use to get and expect to get you won't get. But there are actions you can take to better cope and maybe offset some of your losses.

CMS identified that sometimes hospitals actually do well on a DRG. The length of stay is less than expected. CMS has required hospitals to identify Discharge Codes on patients who do not go home but go to a Nursing Home, Home Health, or transferred to another facility. It is called the CMS Transfer Policy and only impacted 10 DRGs initially but expanded to 29 in 2004. Too much of a good thing for CMS they realized some real dollars coming back so now CMS has expanded the Transfer Policy to 182 DRGs. Take CMS's perspective for a moment. Medicare netted \$72,000,000.00 in 2001 auditing 10 DRGs. Think how much money Medicare will net in 2006 auditing 182 DRGs for Discharge Disposition Codes?

Because healthcare services are now all electronically billed, CMS has implemented advanced cross-reference programs to match claims from hospitals, skilled nursing homes, home health and other facilities. CMS has further expanded their capability to tie dates of discharge and dates of admission to the 72-hour window. CMS is taking back DRG payments as overpayments when they identify this error in discharge disposition codes. In a meeting with CMS (PCOM Provider Communication Outreach Meeting) when I asked if CMS was increasing payments when the patient did not go to the projected nursing home or home health etc. I was informed that they were not monitoring for that. Therefore we must monitor for over coding discharge disposition codes.

What a Healthcare Leader can do:

1. Make sure the correct transfer codes is placed on the UB-92
  - a. It is more complicated than that. The Doctor has to properly identify at discharge where the patient is going. The clinical staff has to document the information to the system so the medical records personnel can properly code.
  - b. Then you have to check your hospital system to ensure the code transfers to the bill UB-92. Be sure it makes it through editors front end, back end and your electronic intermediary.
  - c. Now go look at the claim in the Florida Shared System to make sure it all went there correctly.
2. Here is the challenge; did the patient really go to where everyone agreed they were going? Maybe Mom went home for a few days. Possibly the family didn't like that nursing home or home health agency.
3. Here is where you can increase your payment. If the patient didn't go where identified to go but rather went home you can change your discharge disposition code to a 01 HOME. If already billed, do an adjustment to the claim and change the discharge disposition code and receive a higher payment. If already billed you will have to process and adjusted claim.
4. To ensure your organization is "World Class" at discharge disposition codes you need to establish communication with your most frequently used Nursing Homes and Home Health Agencies. These healthcare providers can notify you of a "surprise" admission to their facility after discharge as well as the patient who never made it to their facility. This is especially important in the fore mentioned increase in payment because now the discharge disposition code is 01 HOME.

Algebra is often complicated but with a little work in makes sense. Remember that both Algebra and Discharge Codes are logical. Just take a logical approach and do the math and your facility will not be impact by Medicare take backs and you may even increase some DRG payments.

Dave P. Cavell, CHFP

Director Patient Accounts

Chelsea Community Hospital

# Time Is Running Out!

## Receive Bonus Rewards for Every Member Recruited Between November 1, 2005 and January 31, 2006!

As a member already, you are in the best possible position to directly and positively impact HFMA's continuing growth. The strongest recruiting tool for new and former members is your own personal endorsement. Participation in HFMA improves standards of industry leadership and practice, and offers education, networking, and more. This year's Strength in Numbers, Health in Numbers recruiting campaign rewards you with HFMA apparel, gift certificates, cash, and a chance at the ultimate reward worth \$5,000 in world travel. Between now and April 30, 2006, not only will new members count toward all Member-Get-a-Member rewards but so will reactivated HFMA members.

### Here's how it works:

Recruit one or two members between now and April 30, 2006, and you get your choice of an HFMA apparel item (\$25 value).

Recruit three or four members, and you'll receive a \$100 gift certificate, plus be entered to win \$1,000 cash. You'll receive one entry in the drawing for every member you've sponsored.

Recruit five or more members, and you'll receive \$150 gift certificate, and be entered into a drawing to win \$2,500 cash. Again, you'll receive one entry for each member sponsored.

In addition, for every member you recruit, you'll receive one entry into a drawing for **The ULTIMATE REWARD of \$5,000 in world travel!**

Let new and reinstated members know they also pay the prorated rate of \$143 if they join in November, or \$126 if they join in December. Visit the website at [www.hfma.org/join](http://www.hfma.org/join) for more information and membership forms, or contact Tina Wood, Membership Committee Chair, (586) 741 – 4465, or mail to: [twood@mcgh.org](mailto:twood@mcgh.org).

**Please Note:** When you provide a prospective member with an application, or a former member with a reinstatement form, please make sure that your name appears in the "sponsor" or referred member area, in order to receive proper credit.



### Healthcents Newsletter :

Maryanne VanHaitsma, Editor:

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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!

## STARK LAW EXTENDED TO NUCLEAR MEDICINE

*Maria B. Abrahamsen*  
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*January 2006*

### **CMS' Action**

Last month the federal stark regulations were revised to add diagnostic and therapeutic nuclear medicine services and supplies (including PET scans) to the list of "designated health services" covered by the Stark Law. Effective January 1, 2007, a physician may not refer federal program patients for nuclear medicine services if the physician has a compensation relationship with or an ownership interest in the nuclear medicine service, unless that relationship/interest fits in a Stark exception.

### **No Grandfathering**

Physician financial relationships with nuclear medicine facilities that are already in place will **not** be grandfathered. Instead, CMS delayed the effective date of the new regulations one year (until 1/1/07) to give physicians time to divest or otherwise reorganize their business arrangements to comply with Stark. The revised regulations retain special exceptions for some radiation therapy services ordered by radiation oncologists who have a financial relationship with the therapy facility.

## **Practical Consequences**

As a practical matter, after 12/31/06, a physician may be an owner of a nuclear medicine service only if it is operated as an integrated part of the physician's practice and satisfies Stark's "in-office ancillary services exception." Under this exception, the physician or his medical group practice that bills for the nuclear medicine services must either (1) own or lease the space in which the service is performed on a full-time basis (i.e., no sharing with others), or (2) perform the nuclear medicine services in the "same building" in which the referring physician or an employee or owner of the referring physician's group practice operates their regular medical office practice. The Stark regulations contain complex alternative tests for satisfying this "same building" requirement. Alternatively, a physician might retain ownership of nuclear medicine **equipment** and lease the equipment to another party that will actually operate the nuclear medicine facilities; however, if the physician-lessor will continue to refer to the facility, the terms of the equipment lease must satisfy specific Stark requirements.

Physicians who own an interest in a nuclear medicine facility that is not part of their practice, or who lease a nuclear medicine testing site on a part-time basis (such as nuclear imaging "time-share" arrangements which some cardiologists have entered into) will likely be required to divest or restructure their arrangement in 2006, or stop referring patients to these facilities by January 1, 2007.

## WELCOME NEW MEMBERS!



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# Responsibility Of A Physician-Consultant For Professional Negligence Committed During A Medical Exam Conducted At The Behest Of A Third Party

By: Theresamarie Mantese, Esq., and Christine L. Pfeiffer, Esq.

At the behest of various third parties, physicians may be asked to conduct independent medical examinations (IMEs) or other consultative examinations of individuals. Such examinations are typically conducted for review boards, insurance companies, insurance defense attorneys, and employers. This article will consider a physician-consultant's liability for professional negligence during two such examinations: IMEs and employment-related examinations conducted at the request of an employer.

## 1. Independent Medical Examinations

In the IME context, Michigan courts have traditionally recognized that a physician cannot be held responsible for professional negligence or medical malpractice, as there is no physician-patient relationship. However, in a surprising decision in early May 2004, the Michigan Supreme Court overruled previous judicial precedent and recognized that a physician may be held responsible for professional negligence or medical malpractice in conducting an examination in the absence of a traditional physician-patient relationship. (*Marquis Dyer v Edward Trachtman*, 470 Mich 45; 679 NW2d 311 (Mich 2004)). This decision aligns Michigan with a growing number of states that recognize the limited responsibility of a physician in an IME setting.

The Michigan Supreme Court in *Dyer* was cautious, however, to point out the limitations of its decision. Notably, the Supreme Court reasoned that imposing malpractice liability in an IME setting requires a physician to conduct the examination in such a way so as not to cause harm to the individual. In this case, Marquis Dyer injured his left knee and right shoulder during an altercation that resulted in Mr. Dyer filing a lawsuit in an unrelated civil action. Following the injury, Mr. Dyer underwent surgery to repair a tear in the superior labrum of his right shoulder. During the lawsuit, the defense attorney requested that Edward Trachtman, D.O. perform an independent medical examination on Mr. Dyer to determine the extent of his injury.

Dyer testified that before the examination, he told Dr. Trachtman that he recently had surgery performed on his right shoulder, and that his surgeon had placed restrictions on the movement of his right arm and shoulder. Specifically, Dyer was told to avoid lifting the arm above forty-five degrees. During the examination by Dr. Trachtman, Dyer claimed that Dr. Trachtman forcefully rotated Dyer's right arm and shoulder ninety degrees, detaching the labrum from the right shoulder, requiring Dyer to have to undergo another surgery to repair the new damage.

Dr. Trachtman claimed that in an IME setting, no physician-patient relationship existed between him and Mr. Dyer to impose liability on Dr. Trachtman for medical malpractice. The trial court agreed with Dr. Trachtman and dismissed the malpractice lawsuit filed by Dyer. The Michigan Court of Appeals affirmed the dismissal of the malpractice claim, but reversed the trial court to allow Dyer to amend his lawsuit to claim ordinary negligence.

The Michigan Supreme Court reversed the Court of Appeals, and reinstated the case against Dr. Trachtman. The Michigan Supreme Court stated the, "limited relationship [between a physician-consultant and examinee in the context of an IME] . . . imposes a duty on the IME physician to perform the examination in a manner not to cause physical injury." The Supreme Court stated that this ruling is appropriate in the particularized setting of the IME in which the physician's goal is to gather information for the examinee or a third party for use in employment or related financial decisions. It is not to provide a diagnosis or treatment of medical conditions.

After giving its rationale, the Supreme Court then acknowledged that those who have opposed the imposition of this limited duty in an IME setting have argued that this would lead to an endless stream of litigation in which defeated litigants would seek to recover damages from expert witnesses whose adverse testimony may have brought about the adverse result. The Supreme Court rejected this idea, recognizing that the duty imposed does not include general diagnosis and treatment that is recognized in the traditional physician-patient relationship. The Supreme Court was persuaded by the principle that the IME physician has undertaken limited duties, and in this situation he or she is "expected to exercise reasonable care commensurate with his [or her] experience and training."

Of course, each case will turn upon its facts. In *Dyer*, the Supreme Court stated that the IME physician was called upon to exercise professional judgment. The Supreme Court further noted that the facts, as claimed by the injured party, were that the physician made the medical decision to fully rotate Mr. Dyer's arm to examine its range of motion, despite the caution of his treating physician. Here, the Court said that since the claimed negligence occurred during the examination itself and the injury was directly related to the IME physician's exercise of professional services, such facts "raise questions involving medical judgment." In making this determination, the Court also said that the IME physician is entitled to the evidentiary protections granted by the Legislature for traditional medical malpractice cases.

CONTINUED ON PAGE 7

It is too soon to know how *Dyer* might affect decision-making by physicians licensed in Michigan. Physicians have traditionally become more conservative in their approach to medicine when they become aware of the potential for malpractice liability. It may be that IME physicians will adopt precautionary measures to limit frivolous claims in the IME setting. For example, we can anticipate that IME physicians may rely on medical releases and compliance with strict office procedures during an IME. One conclusion is certain, however: licensed physicians who conduct IME examinations in Michigan, as part of their practice, should consider the Supreme Court decision carefully.

2. Employment-Related Medical Examinations

As to employment-related medical examinations conducted at an employer's request, courts have also customarily held that physician-consultants are not liable for professional negligence or medical malpractice as there is no physician-patient relationship between the physician and the examinee.

In Michigan, the Court of Appeals has held that a physician who examines an individual at the request of the individual's employer cannot be liable for medical malpractice as the physi-

cian does not owe the examinee a duty of care (*Sexton v Petz*, 170 Mich App 561 (1988)).

However, the doctrine that a physician-consultant cannot be responsible for medical malpractice or professional negligence during an employment-related medical examination has been slowly eroding in other states. Although this doctrine is still the majority position, a growing minority of state courts have found that such a consultant can be liable for medical malpractice or professional negligence, including: Arizona, Louisiana, Massachusetts, New Jersey, New Mexico, Tennessee, and Washington.

Specifically, these courts have held that a physician-consultant owes a duty of reasonable care to an examinee despite the absence of a formal physician-patient relationship. This duty of care may include a duty to: inform the examinee of any abnormal test results or other abnormal findings discovered by the physician-consultant during the examination or exercise reasonable care in examination and diagnosis of the examinee.

The Michigan Supreme Court's decision in *Dyer* seems to reflect the erosion of the formal "physician-patient" relationship as the basis for a duty of care. It is thus entirely possible that Michigan courts will hold physician-consultants responsible for professional negligence in examinations conducted at the direction of an employer, as well as in the IME context.

**Core Certification Coaching Course and Core Certification Exam Date**

National HFMA is piloting a joint coaching course offered by the three Michigan chapters of HFMA and you could be the beneficiary of this pilot! **If you've been thinking about becoming certified and want to attend the coaching course and have an opportunity to take the exam, register now!**

**Dates:** Thursday, February 16, 2006 All-day Core Exam Coaching Course  
Friday, February 17, 2006 Core exam 8 a.m. - 12 p.m. OR 1:00 - 5:00 p.m.

**Location:** MidMichigan Health, Midland, Michigan.

**Fees:**

- Coaching course - FREE!
- Core Self-Study Guide - Only \$100 +\$5 shipping (a significant reduction from the normal cost of \$295 + \$10 shipping. Order form for study guide can be found at [www.hfmaemc.org](http://www.hfmaemc.org) click on certification test.)
- Exam - \$100, but you may be one of the lucky participants who wins a free exam registration (one in 5 participants will win).

Also, because attendees are reviewing the course materials as they complete the course, you will be eligible to receive 1 Founders Point, which would count toward the Founders Point requirement to become a Fellow of HFMA.

You will also receive contact hours (based on a 50-minute contact hour) for attending the course, which counts toward the certification maintenance requirements. Attendees, who also complete the required documentation within the self-study book at the stated minimum level, are eligible to receive 11.5 CPE credits, which also counts toward the certification maintenance requirement.

To register or obtain more information about this pilot course, send your name, phone number and email address to Susan Stokes at [susan-stokes@comcast.net](mailto:susan-stokes@comcast.net). Information on hotel accommodations will be distributed after registration.

For more information about becoming certified by HFMA, contact Cindi Long at [cclong@crittenton.com](mailto:cclong@crittenton.com) or click on [http://www.hfma.org/careers/certification\\_program/index.htm](http://www.hfma.org/careers/certification_program/index.htm)

## HFMA-PLACEMENT COMMITTEE NEWS

**\*\*\*NEW\*\*\*** We are now also showing job openings from professional recruiters. Make sure to check out the **OFFERINGS FROM PROFESSIONAL RECRUITERS** table after the regular job postings in our Friday broadcast e-mail.

We started this to aid the career advancement of our advanced members. Many hospitals use professional recruiters especially when trying to fill senior level positions. You may have noticed that a large portion of the regular entries posted in the Placement Committee over the years have been entry level through first level management. We hope that the new table will serve the needs of those looking for the all, especially those seeking advanced management positions.

I also hope this proves to be a valuable aid to the professional recruiters who service the healthcare financial professional. I personally believe that it is in the vested interest of healthcare financial professionals to have a robust recruiting industry in place to aid their career advancement.

The Professional Recruiters' table looks like this:

### Offerings from Professional Recruiters\*\*:

\*\* For HFMA member information and convenience only. Inclusion in this notice does not imply endorsement.

Job Title	Job Location	Recruiter	contact: e-mail	contact: phone
CFO	Grand Rapids	Michelle Whittaker-McCracken	<a href="mailto:MWhittaker@wgsearch.com">MWhittaker@wgsearch.com</a>	734-475-9300
CFO	Gaylord	Jim Delmotte	<a href="mailto:JimDelmotte@comcast.net">JimDelmotte@comcast.net</a>	313-885-4780
Corporate Controller	Southfield	Robert Eberline	<a href="mailto:RobertE@prosearchgroup.com">RobertE@prosearchgroup.com</a>	248-553-7700 ext 104
Director, Reimbursement	Southfield	Michelle Whittaker-McCracken	<a href="mailto:MWhittaker@wgsearch.com">MWhittaker@wgsearch.com</a>	734-475-9300
Manager, Patient Financial Serv	Flint/Lansing	Michelle Whittaker-McCracken	<a href="mailto:MWhittaker@wgsearch.com">MWhittaker@wgsearch.com</a>	734-475-9300
Manager, Patient Financial Serv	Flint/Lansing	Michelle Whittaker-McCracken	<a href="mailto:MWhittaker@wgsearch.com">MWhittaker@wgsearch.com</a>	734-475-9300
Manager, Accounting	Grosse Pointe/ St. Clair Shores	Michelle Whittaker-McCracken	<a href="mailto:MWhittaker@wgsearch.com">MWhittaker@wgsearch.com</a>	734-475-9300
Senior Fin Analyst	Detroit	Michelle Whittaker-McCracken	<a href="mailto:MWhittaker@wgsearch.com">MWhittaker@wgsearch.com</a>	734-475-9300
Senior Fin Analyst	Grand Rapids	Michelle Whittaker-McCracken	<a href="mailto:MWhittaker@wgsearch.com">MWhittaker@wgsearch.com</a>	734-475-9300

For your job openings for financial professionals, we encourage you to use this service to notify our members of the opportunities in your organization. Contact me for more information:

Bob Lauer, 248-858-6156, or by e-mail, [LauerR@trinity-health.org](mailto:LauerR@trinity-health.org).

# Eastern Michigan Chapter 2005- 06 Calendar



MARK YOUR CALENDARS!



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	
1-17-06	Board Meeting	7:30 – 8:30 a.m.	MSU Center, Troy Boardroom 107	
1-17-06	Member Meeting	8:00 am- Noon	MSU Center Theater 101	1. The Hospital of the Future. 2. Managed Care Meets Its Maker.
1-25-06	Cost Report Seminar	All Day	Mid Michigan Health Park, Mt. Pleasant, MI	Presenter: Ron Rybar
February				
2-8-06	Internal Audit	3:30 – 5:00 p.m.	St.John's, 28000 Dequindre, Warren, Conference Room N-14	
2-10-06	Revenue Cycle	2PM	Beaumont Business Center, 500 Stephenson Hwy., Troy	
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	
2-16-06 - 2-17-06	Certification Study Course and Exam	All Day & 1/2 day	MidMichigan Health, Midland MI	
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	7:30 – 8:00 a.m.	Holiday Inn - Livonia	
3-23-06	Awards & New Member Breakfast	8:00 - 8:30 a.m.	Holiday Inn– Livonia	
3-23-06	Insurance & Reimbursement	9 am – 1 p.m.	Holiday Inn - Livonia	

# Eastern Michigan Chapter 2005 - 06 Calendar (Con't)



Date	Committee/Topic	Time	Location	Other Information
<b>April</b>				
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			Deadline for May Healthcents
4-21-06	Appreciation Luncheon	Lunch		Picano's in Troy
<b>May</b>				
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	Schoolcraft College, Livonia	
5-4-06	Board Meeting/Installation of Officers	Following Healthcare Conference	Schoolcraft College 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
5-10-06	Revenue Cycle	2PM	Beaumont Business Center, 500 Stephenson Hwy., Troy	
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	
5-25-5-26-06	HFMA– Spring Conference	3 days	Soaring Eagle Conference Center, Mt. Pleasant, MI	Golf on 5-24
<b>June</b>				
6-15-06	Annual Golf Outing		Tanglewood Golf Course South Lyon, MI	
6-18 - 6-22-06	Annual National Institute		Gaylord Palms Orlando, Florida	

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

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