

HEALTHCENTS



www.hfmaemc.org

President's Message

By Mary Whitbread

Our 2008/2009 Election results are in!! I am pleased to announce the Eastern Michigan Chapter officers and board for the 2008–2009 year:

Officers:

President: Steve Collard
President–elect: Elyse Berry
Secretary: Maria Abrahamsen
Treasurer: Mark McIntosh
Assistant Treasurer: Cheryl Comeau

Board of Directors:

2007 – 2009

Mel Armbruster
Doug Banks
Rob Carlesimo
Rhonda Main
Steve Hathaway

2008 – 2010

Bob Dery
Sue Dimic
Donna Kopinski
Megan Menkveld
Amy Vandecar

We continue to have a great group of people serving as our officers and board members, which is part of the reason we continue to have such a successful chapter. Congratulations to all of you! Also, thank you to everyone who participated in this year's election process.

Also, a big congratulation to all who received awards at our March Member Meeting:

See **President's Message** page 2



Breakfast conversation at the March Member Meeting.
Photographer Sherrie White.

INSIDE THIS ISSUE

| | |
|---|-------|
| President's Message | 1–2 |
| Welcome New Members | 3 |
| MACPA/HFMA Healthcare Conference Info. & Key | |
| Compliance Issues Seminar Info. | 4 |
| Mentoring | 5 |
| Member Profile | 6 |
| Bowling – Social Outing & Golf Outing Information | 7 |
| Insurance & Reimbursement Committee Update | 8 |
| Pictures of Chapter Award Winners | 9 |
| Big Changes in Blue Cross Physician's Asst. Program | 10–11 |
| Chapter Calendar for 2007–08 | 12 |
| Health Bytes | 12 |
| Looking for a High Quality, Information Speaker for | |
| Your Next Committee Meeting? | 13 |
| Tell Us What You Think | 14 |
| CMS Confirms Its Position on Off–Campus Emergency | |
| Departments | 15 |
| Current Issues in Health Insurance Meeting | 16 |
| HFMA Spring Conference Information | 17 |
| District Court of Columbia Decision Issued in | |
| DSH Case | 18 |
| Fall Conference Call for Speakers | 19 |
| Sponsor Recognition & Opportunities | 20 |
| Chapter Officers, Board and Committee Chairs | 21 |

President's Message from page 1

The **Frederick T. Muncie Gold Award** is presented to members who has earned a total of 75 (formerly 300) member points. This award honors Frederick T. Muncie, an organizing member of the American Association of Hospital Accountants (AAHA) (now HFMA), and the first president of the Association (1947–1949). Muncie also assisted in the organization of the first AAHA chapter (First Illinois).

Marina A. Houghton, FHFMA, CPA
 Kristi K. Nagengast, FHFMA, CPA, CIA
 Robert E. Lauer, FHFMA, CMA
 Stephen W. Loree, FHFMA, CPA
 Sara J. McGlynn, FHFMA, CPA
 Mary A. Whitbread, CPA

The **Robert H. Reeves Silver Award** is awarded to individuals who has earned 50 (formerly 200) total member points. Reeves, an organizing member of the AAHA, was elected president of AAHA in 1956 and was instrumental in creating the structure of AAHA.

David K. Livingston, FHFMA
 Douglas C. Banks, FHFMA, CPA, CIA, MBA

William G. Follmer Bronze Award is awarded after an individual has earned 25 (formerly 100) member points. This award is named after William G. Follmer, who is credited with the creation of the AAHA.

Fred D. Korte, Jr.
 Bernadine J. Montrose, CPA
 Mark D. Leonard
 Christina M. Wong, CHFP
 Stephen A. Wood

The Founders **Medal of Honor** was added in 1986 and is conferred by nomination of the Chapter Board of Directors. This prestigious award recognizes an individual who has been actively involved in HFMA for at least three years after earning the Muncie Gold Award, has

provided significant service at the chapter, regional and/or national level in at least two of those years, and remains a member in good standing.

Cynthia L. Long, FHFMA
 Valerie J. Lauer

Outstanding Chair of the Year for Sponsorship Committee –

Marina A. Houghton, FHFMA, CPA

New Member of the Year –

Rhonda I. Main
 Sheila Yono

The **Lawrence C. Redoutey Award** was created to recognize individuals who promote the involvement of members in Chapter activities. The Award was first presented to Lawrence C. Redoutey, FHFMA, CMPA in the 1989–1990 Chapter year.

H. Michael Flash

The **Thomas F. McNulty Achievement Award** is designed to recognize an HFMA member for outstanding contributions to the Eastern Michigan Chapter of HFMA as the result of significant activity over the course of a career. The award was initiated to recognize Thomas McNulty as the 1995 recipient of the Frederick C. Morgan Award, national HFMA's highest personal award.

Benjamin R. Carter, FHFMA, CPA

Once again congratulations to all award winners! Your involvement in HFMA is very important to the chapter. (See page 8 for picture of some of the award winners.)

We had another great education session at the March Member Meeting and our annual bowling event was a blast. Check out the pictures on page 7. See the calendar for our upcoming events.

Happy Spring!



New Members

By Christina Wong and Jeana Hobart

New Members of the Eastern Michigan Chapter are an important part of the chapter's continued success. Please take a moment to contact our new members and share your experiences about our chapter. We value their membership and encourage them to become active on chapter committees.

Karol Clason, Senior Planning Specialist
William Beaumont Hospital
Kclason@beaumont-hospitals.com

Lynn Waroway, Director of Accounting
Mount Clemens Regional Medical Center
lwaroway@mcrmc.org

Ryan Silvestre, Associate Business Development Officer
Healthcare Finance Group
RSilvestre@hfgusa.com

Doug Barker, Vice President
Management Recruiters of Traverse City
dbarker@mritc.net

Nancy Vannest, Director Managed Care Contracting
Foote Health System
Nancy.vannest@wafoote.org

Chuck Zinkosky, Financial Services Account Manager
GE Healthcare Financial Services
Charles.zinkosky@ge.com

John Meloeny, Controller
William Beaumont Hospital
jmeloeny@beaumont-hospitals.com

Janet Marshall, Director, Financial Services – Clinical
William Beaumont Hospital
jmarsh2429@aol.com

Toni Theisen, Senior Consultant
Ascendium Healthcare Consulting
Toni.theisen@ascendium.com

Jonathan Rye, President
Greenfield Health Services
jrye@greenfieldcredit.com

Transferred into our chapter from the Florida chapter.

Matt Earley, Senior Financial Analyst
Henry Ford Health System
mearley@hfhs.org

MACPA/HFMA Healthcare Conference

[Healthcare Conference Brochure](#)

MACPA/HFMA HEALTHCARE CONFERENCE

Date: Thursday, April 24, 2008

Location: Radisson Hotel, Livonia

Fees: MACPA/HFMA Member \$209 /
Non Member \$309

Presented in partnership by the Michigan Association of CPAs and the Healthcare Financial Management Association. This one-of-a-kind program will offer you great information on current health systems and economic trends in the healthcare industry.

[Click here to register](#)

[Click here to view brochure](#)



Key Compliance Issues for 2008

Dykema is pleased to co-sponsor this 10th annual compliance seminar with the Great Lakes Chapter of HFMA. Experienced attorneys from Dykema's Health Care Group will address a variety of key health care compliance issues, with particular emphasis on practical application.

Tuesday, April 22, 2008
9:30 AM - 4 PM

The H Hotel (formerly Ashman Court
Conference Center)
111 West Main Street, Midland, MI
989-839-0500

[Click here to register](#)

[Click here to view agenda](#)

Pre-registration for this program is required as space is limited. First registration is \$75, each add'l registration from same organization is \$60.

Make all checks payable to:
Dykema, 400 Renaissance Center
Detroit, MI 48243

Attn : Darralynn (Dottie) Miller
For More Information contact Dottie at
dmiller@dykema.com or
313-568-5375

Mentoring

By: Dave Cavell

Chelsea Community Hospital

DCavell@cch.org

If you care about your organization and its future, please read on. If you care about people and always try to do the “right thing,” then please continue.

How can you help others do a better job, learn new skills, and create an atmosphere of ongoing successes?

Mentoring!

The Baby Boomer Generation is getting ready to exit to a much warmer climate and who are we going to leave in control? Will they be able to do a good job? Did we prepare them or did we just leave them on their own?

For some reason (probably age-related) I have been giving this more attention lately and did a little research on how I can be a better mentor.

I present the Dave Cavell steps to mentoring:

1. Identify who would be a good mentee. Certain individuals stand out as outstanding performers who display some people skills and the ability to perceive the big picture.
2. Can the mentee make the commitment to put in the extra effort while facing the challenges soon to be given? Can you commit to honesty between the mentor and mentee? The truth must be shared and understood.
3. A commitment to confidentiality is important. It builds trust.
4. The mentor must work with the mentee on his or her listening skills. This is key to all communication.
5. Include the mentee in meetings, education and decision making. Form a working partnership.
6. Support and promote the mentee’s further formal education.
7. Continue to give the mentee more responsibility and independence but be available for support and guidance.
8. Introduce the mentee to your network and other mentors.
9. Motivation and recognition will help them move through the challenging times.
10. Ultimately let them lead.

Committee Chair Profile



Douglas C. Banks,
HFMA, CPA, CIA, MBA

Organization: **Trinity Health for 7 years.**
 Title: **Manager Revenue Reimbursement**
 HFMA Member Since: **1982**
 Years in current position: **4 years**

Joined HFMA because: **I joined HFMA initially because my boss at Oakwood Hospital said I had to. He believed, as I do now, that HFMA is not only a great career benefit, but also benefits your employer in providing the member with information, education and “professional go to” contacts.**

What does your committee do and how has it benefited you? **The Certification Committee puts together coaching classes for members that want to obtain free continuing education (qualified CPEs) and/or wants help in preparing for one of the certification exams. The committee members also make themselves available to members that need a Proctor for the exams. Serving on the committee is a great way to refresh financial skills when preparing for the coaching classes.**

“Get to Know You” questions:

- **Top 3 Bands? I really love a lot of different music, from new age, classical to hard rock; some of my favorite bands/singers are**

Enya, Cranberries, Talking Heads, David Bowie, John Denver and Fleetwood Mac.

- **Greatest indulgence? My 3 kids are my greatest indulgence.**
- **If I had time, I would like to learn? I play guitar only slightly, and it is one of my dreams to share time playing music with my children. I believe music enriches your life, whether you appreciate it as a listener or an amateur player.**
- **If I had time, I would like to travel to: Back to the Northwest – Washington/Oregon – I love hiking in the mountains and Mother Nature.**
- **Three things you’ll always find in my fridge: Milk, pickles and olives.**
- **Proudest moment: My proudest moments are getting married and my three children.**
- **Favorite saying: Happy Friday, Happy Thursday, Happy Wednesday, Happy Tuesday, and Happy Monday – each morning you wake up to the first day of the rest of your life which we should all celebrate.**

A big Thank you goes out to Kim Hauschild for taking it upon herself to coordinate the CFO, Committee Member or Member Profiles this year. She worked hard to make sure to obtain the information and get a picture of each person featured. I think we would all agree it was a nice touch to learn about other members in this wonderful organization! Thanks Kim!!!

Bowling– Social Outing

By: Pete Stewart

On Wednesday, March 12th, the Eastern Chapter of HFMA held its annual bowling night at Langan Northwest Lanes. Sixteen members attended the event which included three games of bowling, strike ball and mystery game prizes, pizza and refreshments. Pete Stewart and Maryanne Konrad were winners of strike ball while Mary Whitbread and Dale Inda won the mystery games. Near the end of the last game we were joined by Jeana Hobart's family, her two girls helped Jeana and a tiring Dan Arnold finish up their final game. Check out the pictures below, that were snapped by Social Activities Committee member, Sherrie White. As you can see, a fun time was had by all! Come on out and join us next year!!

Next Social Outing is the
Golf Outing
June 19, 2008
Location: Tanglewood
Golf Course
South Lyon, MI
Shotgun Start : 10:30AM

Registration materials will
be emailed shortly.

Pete Stewart



Chapter Award Winners



Muncie Gold Winners – Pictured (L–R)
Ken Lipan (Award’s Chair) Sara McGlynn, Steve Loree, Marina Houghton, Kristi Nagengast and Mary Whitbread



Medal of Honor Winners – Pictured (L–R)
Ken Lipan (Award’s Chair) Cindi Long, Valerie Lauer (not pictured), Mary Whitbread (Chapter President)



New Member of the Year Winners – Pictured (L–R)
Ken Lipan (Award’s Chair) Sheila Yono, Rhonda Main (not pictured), Mary Whitbread (Chapter President)



Committee Chair of the Year Winner- Sponsorship Committee Pictured (L–R)
Ken Lipan (Award’s Chair), Marina Houghton, Mary Whitbread (Chapter President)

Insurance & Reimbursement Committee Update

By: Michael Klett

Beaumont Hospitals

mklett@beaumont-hospitals.com

Ms. Lisa Wille (Director, Deloitte & Touche regulatory and capital markets consulting group), Mr. David Paluck (Manager, Deloitte & Touche regulatory and capital markets consulting group), and Mr. Michael Klett (Director of Reimbursement, Beaumont Hospitals) presented on current third party accounting processes used by Michigan hospitals.

Ms. Wille began her presentation with some background information on how hospitals typically approach recording of net revenue. Lisa highlighted the differences between an income statement approach and a balance sheet approach. The balance sheet approach helps reduce the inherent risk to an organization's financial statements as cleared contractals are recorded directly to the income statement and the valuation of accounts receivable is generally speaking the only estimate for reporting net revenue. Under an income statement approach 100% of net revenue is essentially an estimate. Ms. Wille noted that although many hospitals in Michigan use an income statement approach (or have employed a similar approach until recent years) very few facilities outside Michigan use an income statement model to set contractual provisions.

Mr. Paluck spent a considerable amount of time providing third party accounting examples under the balance sheet approach. Several detailed schedules were provided that highlight how a provider could calculate its net accounts receivable under the balance sheet approach which led to a long group discussion. The month-end entries required under the balance sheet approach are twofold: 1) an adjustment to contractual allowances from the prior month, and 2) entries to record settlement accruals that fall outside of traditional accounts receivable activity. Lastly, Mr. Paluck discussed the traditional advantages afforded under a balance sheet approach.

Mr. Klett began his presentation recapping Beaumont's historical practice and its difficulties in the conversion to using a balance sheet approach. He shared with the group several recommendations for hospital finance and reimbursement staff to consider to help ensure as smooth a transition as possible as part of the lessons learned discussion. Beaumont's reconciliation template to compare actual to budgeted net revenue for a month was discussed at length to illustrate all the reconciling items traditionally found under a balance sheet approach that would not be transparent under an income statement approach. Many The audience members asked many questions about the process overall and the standard amount of time required to complete a monthly close.

The next meeting of the HFMA Insurance and Reimbursement Committee is April 17 at St. John Corporate Offices, 27800 Dequindre Rd, Warren, MI 48092 from 8:30 - 10:30AM.

Big Changes In Blue Cross Physician's Assistant Payment Policy

By: Marian B. Abrahamsen

Dykema Gossett PLLC

mabrahamsen@dykema.com

Effective April 1, 2008, Blue Cross Blue Shield of Michigan's payment policy for physician's assistants will change significantly.

Current Policy

Services performed by a PA before April 1 may be billed only under the name and provider identification number of the supervising physician and are paid at the same rate as if the physician had performed the service personally. The supervising physician is not required to be personally present when the PA performs services - the basic level of physician supervision required under Michigan's health professional licensure laws is sufficient. BCBSM did not enroll PAs under its current policy.

New Policy

BCBSM's new policy divides PA services into two distinct categories, which will be reported differently on claim forms and paid at different rates.

1. "Autonomous" PA Services

- The PA's NPI should be included on the claim as the "rendering provider" if the service was "primarily performed by a physician assistant working autonomously without collaboration with the supervising physician."
- The PA's NPI should also be included on all paper claims for services performed by a PA.
- PAs who provide services independently must register with BCBSM, including designating a sponsoring physician. The PA is deemed to be a participant in the same networks in which the sponsoring physician participates.
- Claims billed using the PA's NPI will be paid at 85% of BCBSM's Traditional fee schedule.
- Claims for PA services will be paid to the sponsoring physician or the sponsoring physician's group (if the PA is properly registered with BCBSM as a member of the group).

2. PA Services with Specific Clinical Direction by a Physician

- Services performed by a PA may be billed by the supervising physician without the PA's NPI in only two circumstances:
 - The supervising physician is "physically present in the room at any time during the service and delivers any component of the service."

Big Changes from page 10

- The supervising physician provides “specific clinical direction to the physician assistant prior to or during the services” or up to the end of the day following the service if such physician direction “results in further communication with the patient.” Application of general protocols or pathways does not qualify as “specific clinical direction.”
- Claims billed without the PA’s NPI will be paid at 100% of the particular fee schedule that applies to the member’s health plan.
- The medical record must include documentation of the supervising physician’s involvement that justifies billing without the PA’s NPI.

BCBSM’s new PA payment policy is substantially more similar to Medicare policy than is current BCBSM policy. However, differences between the two payors remain. Medicaid follows its own policy for billing PA services. It is essential that bills for (PA and other non-physician practitioner) services comply with the requirements of the applicable payor.

Why Advomas?

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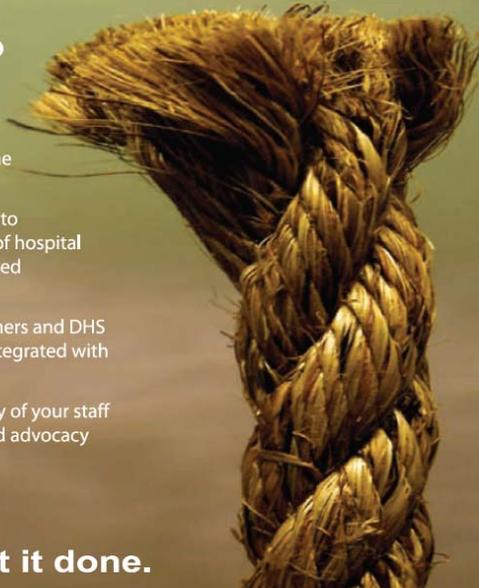
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Chapter Calendar

Click Link for entire Calendar

www.hfmaemc.org/ChapterCalendar.htm

Chapter Calendar Highlights

April 14, 2008 Current Issues in Health Insurance (See page 16 for details)

April 24, 2008 MACPA/HFMA Healthcare Conference – Radisson Hotel – Livonia

May 2, 2008 HCCA/HFMA Compliance Seminar – Hilton Grand Rapids Airport

June 12, 2008 Member Meeting – Henry Ford Health System – Warren Campus
Topic: Outpatient Joint Ventures/Installation of Officers

June 19, 2008 Annual Golf Outing – Tanglewood Golf Course – South Lyon Shotgun Start
10:30AM



Health Bytes



Kenneth R. Marcus, Esq. of Honigman Miller Schwartz & Cohn LLP, played a lead role in achieving what is believed to be the largest single settlement in Medicare payment appeals history. The case was, In re Medicare Reimbursement, which involved a challenge to the reopening prohibition in HCFA Ruling 97-2.



Newly Certified Member Pictured (L-R)
Ken Lipan (Award's Chair), Megan Menkveld, Mary Whitbread (Chapter President)

If you have any information you would like to share with your fellow members, please send your articles to Jo Ann Roberts JRoberts@beaumont-hospitals.com or Maryanne VanHaitsma MVanhait@dmc.org our newsletter editors. The next HealthCents deadline is May 15, 2008.

Looking for a High Quality, Informative Speaker for your Next Committee Meeting?

Amy Vandecar – Managed Care Committee Co–Chair

Henry Ford Health System

Avandec1@hfhs.org

As co-chair and member of the HFMA-EMC Managed Care Committee, I have been involved in many searches for “experts” to present on topics of interest to our committee members. These “experts” have years of experience in their field, are often leaders within their organizations, and have in-depth knowledge in their area of expertise. When seeking a presenter to educate our committee about win-win language alternatives to common managed care contract terms, the Managed Care Committee found their “experts” by looking across the table.

Instead of bringing in an outside speaker, we chose to leverage the knowledge within the committee and have a discussion about key issues that are often the focal point in contract negotiations. Like the other educational committees within HFMA-EMC, we have several “experts” on our membership roster. On the Managed Care Committee, these experts include: Directors who are responsible for all aspects of contracting for some of the major hospitals and health plans in our region, Financial Analysts with years of practice working through the financial issues related to managed care, Contract Administrators who have negotiated countless managed care agreements, and other highly skilled healthcare professionals.

By tapping into the quality resources we had within our committee, we had a great discussion regarding specific contract clauses, which we had identified prior to the meeting. Active participation in the discussion by all members of the group lead to an in-depth study of the issues at hand. The group was so involved in exchanging information and ideas that we extended the discussion to our next scheduled meeting in order to address all of the issues on our agenda.

Our committee valued the information exchange resulting from a focused group discussion so much that we wanted to share the idea with other committees. So at your next meeting, if you are looking for someone to present on a topic, you may not need to look farther than across the room.

Tell Us What You Think...About Universal Healthcare?

I've experienced government provided health care first hand, when I was younger and lived in Romania. The quality of health care was extremely POOR. Many people suffered because they didn't have extra cash to "upgrade their coverage." The memories of my childhood medical treatments in Romania are extremely unpleasant.

Recently I witnessed my Canadian friend have to "wait in line" for a cardiac surgical procedure. Before he could have his scheduled surgical procedure, he suffered a heart attack and subsequently required emergency surgery.

I feel that Universal Health Care doesn't allow for competition in health care. I would hate to see it universalized in this country. I understand it's difficult for folks who can't afford the insurance premiums, and I don't have all the answers, but there must be a better solution out there than allowing for Universal Health Care.

Rodica Gabor
William Beaumont Hospital

I'm not in favor of Universal Healthcare because, as evidenced, in other countries citizens are: being denied critical procedures, waiting for admission, and experiencing canceled operations due to shortages.

It would seem unlikely that the United States would be able to develop and manage a healthcare program which would satisfy the overwhelming majority of its citizens while providing essential coverage.

Michaeil Feakes
William Beaumont Hospital

The Questions for "Tell Us What You Think" for the next newsletter is, "What is your personal motto or saying?" Submit your response to Jo Ann Roberts JRoberts@beaumont hospitals.com or Maryanne VanHaitisma MVanhait@dmc.org our newsletter editors. Next HealthCents deadline is May 15, 2008.

CMS Confirms Its Position On Off-Campus Emergency Departments

Maria B. Abrahamsen
Dykema Gossett PLLC
mabrahamsen@dykema.com

For many years CMS has decided in individual provider-based status determinations, that a properly structured hospital-operated emergency facility qualifies as a department of the hospital, even if it is located off the hospital's main inpatient campus. Earlier this year, CMS confirmed this position regarding off-campus emergency departments ("EDs") in a short letter sent to the Michigan Department of Community Health and other state agencies that perform survey and certification functions on behalf of the Medicare program.

The CMS letter states that an off-campus emergency facility must comply with the following in order to qualify as a hospital department for Medicare coverage and payment purposes:

- General Hospital Conditions of Participation ("CoP") such as those related to medical staff, governing body, nursing, lab and other diagnostic services, quality assessments/performance improvement, medical records and infection control.
- The specific Hospital CoPs regarding emergency services.
- If applicable, the Hospital CoPs regarding optional services such as surgery, anesthesia, respiratory and rehabilitation services.
- Because the off-campus emergency facility would be a "dedicated emergency department," as defined in the EMTALA regulations, it must comply with EMTALA obligations to provide emergency screening, and stabilizing treatment or appropriate transfer.
- In order to qualify as a department of the hospital, the relationship between the hospital and the off-campus ED must also satisfy Medicare's "provider-based" criteria, which define the level of integration and subordination required for any facility to be treated as a part of the hospital.

While this recently issued CMS letter confirms that an off-campus ED may be recognized by the Medicare program as a part of the hospital, it does not address a number of additional issues faced by such facilities including:

- At what rate will Medicare pay for visits to the off-campus ED? CMS distinguishes between "Type A" and "Type B" EDs. An ED must operate 24/7 to qualify as a Type A facility. Visits to a Type B ED are currently paid at the same rate as a clinic visit.
- Will the facility qualify to receive emergency patients transported by ambulance? Michigan administrative rules authorize ambulances to transport emergency patients only to emergency departments operated by and located in a hospital or in a licensed freestanding outpatient surgery facility that provides emergency services on a 24/7 basis.

The Insurance and Reimbursement Committee
and
The Managed Care Committee
Jointly Present

**"Current Issues in Health Insurance –
A Discussion with Joseph Aoun"**

APRIL 17, 2008 - 8:30 am to 10:00 am

*St. John Health Corporate Services Building
Northern Lower Conference Rm #2
28000 Dequindre
Warren, MI 48092*

The HFMA Managed Care and Insurance and Reimbursement Committees jointly present a presentation and discussion on current issues in health insurance in Michigan.

Mr. Aoun is a shareholder of Nuyen, Tomtishen and Aoun, P.C. and a business lawyer with over twenty years of experience advising clients in the insurance and health care industries.

While Mr. Aoun has served as counsel to a wide range of businesses, his practice has been focused in the areas of third party payment, insurance and managed care. He has significant experience in health care financing systems, including Medicare, Medicaid and Blue Cross, and he regularly provides advice and consultation to providers and health plans on payment and strategic issues in connection with these programs.

Mr. Aoun also provides advice concerning compliance with regulatory requirements applicable to health plans and insurance companies. This advice encompasses licensing, participation in government programs, and ongoing compliance issues. He also has assisted hospitals and managed care organizations in the development of alternative risk financing programs, such as captive insurance companies.

Mr. Aoun was one of the principal attorneys involved in successfully challenging the State of Michigan's Medicaid payment system for inpatient hospital services in 1990. He also spearheaded successful litigation by hospitals against no-fault insurers for failing to make payment to providers in accordance with statutory requirements. He led the firm's representation of providers in connection with the rehabilitation proceedings of several HMOs, and he is currently involved in a case challenging the level of Blue Cross rate increases to individuals.

ALL ARE WELCOME

If you are not a current member of the Insurance and Reimbursement or Managed Care

Save the Date!

HFMA Michigan Spring Conference: May 21 - 23, 2008 Soaring Eagle Casino and Resort, Mount Pleasant, MI

Wednesday, May 21, 2008

HFMA Golf Outing at the PohlCat
Registration and Hospitality Suite

Thursday, May 22, 2008

Keynote Address: Moving Positively Through Change

Renee Waller, M.S., LifeCore Development, Inc.

Concurrent Breakout Session I

Reimbursement: Medicare Reimbursement and Its Effect on Medicaid Reimbursement

Larry Bara, Senior Consultant, and Dave Ferguson, Principal, Health Mgt. Association

Revenue Cycle: POA and Clinical Documentation - The Connection

Holly Sutton, The Rybar Group

Finance: Conducting Effective Meetings & Taming Your Meeting Monsters

Renee Waller, M.S., LifeCore Development, Inc.

Concurrent Breakout Session II

Reimbursement: Who Manages Your Case Mix Index?

David Raymond, President, Clinical Financial Management Associates

Revenue Cycle: Top 10 Compliance Issues for 2008

Joan L. Lowes, Esq., Hall, Render, Killian, Heath & Lyman

Finance: Financial Literacy in Medical Centers

Patricia Kane, Partner & Art Wells, Partner, The Schuster Kane Alliance, Inc.

Concurrent Breakout Session III

Reimbursement: CAH & Rural Health Reimbursement Strategies

Pam Sanborn, Manager, Cost Reporting, The Rybar Group

Revenue Cycle: Patient Loyalty. If quality determines loyalty, how could you possible explain Dominos Pizza?, Joe Heuer, JoeSpeaks!

Finance: Charity Care and Bad Debt - Reporting and Reducing!

Paul Soper, Executive Director, Ernst & Young

Pre-Banquet Cocktail Reception

Spring Conference Banquet

Everything I Know I Learned from Rock & Roll

Joe Heuer, JoeSpeaks!

Friday, May 23, 2008

General Session I

Update on Michigan & National Healthcare & Financial Trends

General Session II

How HFMA and You Can Make a Difference

Joe Fifer, Vice President of Finance-Delivery System, Spectrum Health

District Court for the District of Columbia Issues Decision in Important DSH Case

By: Kenneth R. Marcus

Honigman Miller Schwartz and Cohn LLP

KMarcus@honigman.com

On March 31, 2008, the United States District Court for the District of Columbia issued its decision in *Baystate Medical Center v Leavitt*. Click the link for a copy of the decision: [Decision in DSH Case](#)

In that case, the Provider challenged the SSI% as used to compute the Medicare disproportionate share hospital ("DSH") adjustment. The Court partially granted the Hospital's motion for relief, stating as follows:

"[T]he Administrator's finding that CMS relied on the best available data in determining the patients entitled to SSI benefits is arbitrary and capricious because CMS failed to use superior data readily available to it, including

(1) an updated SSA tape available before the end of the DSH cost report settlement period that would have reflected retroactive SSI eligibility determinations;

(2) forced pay SSI records; and

(3) inactive SSI records -- the "stale records" -- omitted from the SSI fractions for 1993 and 1994. With respect to the patient identifiers used in the matching process, a remand is necessary to determine whether individuals without Title II numbers were excluded from the match process and also to allow the Administrator to provide any further explanation of why social security numbers and other patient identifiers (such as the patient's name) are not considered the "best available data" for use in the match process. Moreover, the Administrator abused his discretion in concluding that retrospective relief should not be granted in this case in those respects.

The Court ordered a remand to the Secretary of Health and Human Services for a determination of the SSI% based in accordance with the legal principles stated in the Court's decision.

It is likely that this decision will be appealed to the United States Court of Appeals for the District of Columbia. Many cases before the Provider Reimbursement Review Board are in abeyance, pending the outcome of this decision.

Fall Conference September 25 & 26, 2008 Inn at St. John

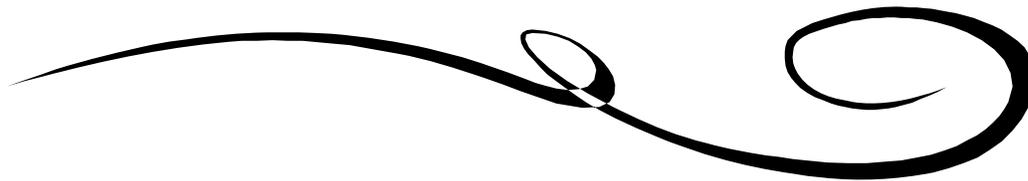
A call has gone out for speaker presentations and the committee will review the proposals on Friday, April 11, 2008. There is still time to be considered as a speaker at the Fall Conference.

The committee takes care to ensure that all speakers at the fall conference bring value and practical information to attendees. We look for current topical material, new trends, and ideas, and updates on systems, and programs in the areas of accounting, revenue cycle, finance, and managed care, Medicare, Medicaid and Blue Cross.

We are also looking for suggestions for a dinner speaker. Last year's speaker seven foot tall Tim McCormick was a hit and we would like to ensure the same this year.

Please e-mail your proposal to fallconference@aol.com before Wednesday, April 10, 2008.

Shelley Lake & Debby Sieradzki
Fall Conference Committee Chairs



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www.hfmaemc.org/BoardCommitteeList2007_2008.htm

If you are interested in any of the committees listed above and would like to attend one of their meetings or volunteer to help, feel free to contact a committee chair. All committee meeting dates are listed on the calendar and are open to everyone.