



The BOTTOMLINE

Oklahoma Chapter

October 2005

A Word from Our President



“The One Constant in Life is Change”

When I mentioned to a close friend that I was going to be writing this issue’s letter on change, the quote above is the first one she mentioned. As many times as I have heard it, I have never seen the author acknowledged. As those who know me well can tell you, I am not the “poster child” for liking, enjoying, or even accepting change very well. Yet here I am, twenty years into my career,

making a decision to enter the “real” world of healthcare by joining a hospital organization.

I have been struck by the range of comments I have received, from “ohmigosh, how exciting for you!” to “really???” and I think that is indicative to how all of us in our daily lives respond and react to change. Some people will always respond with enthusiasm and confidence that all change is good, while others see only doom, gloom and conflict.

I have chosen to embark on a new path; hopefully one that will lead to continued personal and professional success, in that order. My new favorite quote on change is from Gail Sheehy, *“If we don't change, we don't grow. If we don't grow, we aren't really living.”*

With the change in seasons now upon us, football, falling leaves and early morning frost, we are taking this opportunity to make some changes in the focus of our quarterly newsletter. We want to make this newsletter about you. We all have so many outlets for daily technical updates, and *HFMA Magazine* addresses many of the issues more comprehensively than we ever could. We want to hear what is going on at **YOUR** facilities and in **YOUR** lives. We want to routinely provide information about upcoming programs and give you more details about our recent meetings and speakers.

Tamie Osburn, as our Vice President and Newsletter Chair, is leading this charge. Please let Tamie know if you have topics of interest, and when she emails or calls to hear your opinion, please share it with her.

I hope to see you all at our upcoming meeting November 9th during the Oklahoma Hospital Association meeting and if you want to learn more about HFMA, please plan to attend the HFMA 101 breakfast that morning.

Becky Speight

President 2005-06

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OHFMA Fall Agenda

The Fall meeting will be held Wednesday, November 9th in conjunction with the Oklahoma Hospital Association's Annual Convention. There is no charge for attending OHFMA events

7:30 – 8:00 Check-in

8:00 – 8:45 HFMA 101 Breakfast – Renaissance Biltmore Room

Join us for breakfast and learn the value of membership in HFMA. Learn how to navigate in the HFMA website, how to accumulate Founders' points and how to become a Certified Healthcare Financial Professional (CHFP). This will be a great opportunity to network with new members, potential members and the Oklahoma chapter officers.

There is no separate registration fee for this breakfast. If you plan to attend, please e-mail Karen Hendren khendren@stillwater-medical.org so we can plan appropriately.

9:00 – 12:00 Observation – Everything You Need to Know!

We are very pleased to have Dr. Joseph Zebrowitz speak for us again. He will be speaking from 9:00 a.m. - 12:00 p.m. on Wednesday, November 9th and we encourage you to invite your CEOs and anyone with questions about observation. A flyer is attached; there is NO CHARGE for this meeting.

**1:30 – 5:00 Mini – LTC Session (Leadership Training)
Renaissance Biltmore Room**

The mini-LTC (Leadership Training Conference) is a tool that we have used in the Oklahoma chapter for the last three years to provide opportunities for members to get involved. During the session in November, we will focus on three areas in the chapter: membership, programs & newsletter. Each person attending will have the opportunity to focus on one of these areas led by our committee chairs and participate in planning the future of the chapter.

This is a great time to network with other members and identify areas where you can contribute.

If you plan to attend, please email me at bspeight@hillcrest.com (918-599-5529) by Friday, November 4th, to ensure we have enough space.

Certification Exam

If you are interested in becoming a CHFP (Certified Healthcare Financial Professional), the first step is to take the certification exam in Core and in one of the specialty areas: Accounting & Finance, Patient Financial Services, Managed Care and Management of Physician Practices.

The Oklahoma Chapter is offering the following date for you to take the exam(s).

St. Anthony Hospital
1000 N. Lee Ave.
Oklahoma City, OK 73102
Information System Training Room #3105
8:30 a.m.

We also plan to have a certification-coaching course at our January meeting in Tulsa. If you are interested in taking the exam and/or have questions regarding the certification process, please contact:

Linda J. Short 405-272-6552
St. Anthony Hospital Linda_Short@ssmhc.com

**HFMA Features Joseph Zebrowitz, MD
At the OHA Convention**

Please join HFMA members and OHA Convention attendees for a special presentation by Dr. Joseph Zebrowitz on managing observation patients through the use of effective case management and physician advisors. Dr. Zebrowitz will also provide important information on new Medicare rules and regulations surrounding observation billing and payment. Don't miss this outstanding speaker.

**November 9, 2005
OHA Convention
Cox Convention Center
9:00 to 12:00**

No additional registration required. Hope to see you there!



Observation - the term sends chills down the spine of anyone who works in hospital finance or case management. Finally learn how Medicare defines observation and about new rules and regulations that will allow your hospital to become compliant with observation regulations and ensure that you get reimbursed appropriately along the way. Sample results of audits will be examined and the various approaches hospitals use to deal with observation compliance will be discussed. Finally, a step-by-step program that will allow you to leverage case management and physician advisors to ensure a tightly run observation program will be presented. This presentation will discuss:

- What to look for in ascertaining your performance in Observation
- The difference between Medicare Compliance and Managed Care Compliance
- How to institute a program to ensure 100 percent compliance with CMS regulations surrounding Observation Status
- The importance of uniting clinical and financial departments in understanding and administering the solution

Joseph Zebrowitz, MD
Executive Vice President
Executive Health Resources

CERTIFICATION — MAKE IT YOUR GOAL!

Enhance your career potential by becoming a Certified Healthcare Financial Professional (CHFP). HFMA's certification program provides you an opportunity to earn this designation when you meet the following requirements:

- Two years total as a regular HFMA member
- Two years of professional experience in the healthcare finance industry
- 60 semester hours of college coursework from accredited institution or 60 professional development contact hours
- Successful completion of the HFMA Core certification exam
- Successful completion of one of HFMA's specialty certification exams – Accounting and Finance, Patient Financial Services, Financial Management of Physician Practices, or Managed Care
- References from a current elected HFMA chapter officer or director and your CEO or supervisor
- Submit conforming application with one-time fee

All active members are eligible to take the certification exams. The Oklahoma Chapter will be providing opportunities to assist you in achieving your goal to become a CHFP. The chapter has a set (core and each of the specialties) of the self-study courses available for your use. There will be a coaching course offered at the chapter's January 2006 meeting in Tulsa. There is an exam date set for November 10, 2005, in Oklahoma City, and we will offer another exam date in connection with the January 2006 meeting in Tulsa. Also, you can work directly with one of the proctors in our chapter to schedule an exam date and location that accommodates your schedule.

The proctored on-line exams are available 24/7. Contact Linda Short, Certification Committee Chairperson, to identify proctors in your area. Schedule a time with your proctor and then submit to HFMA National an exam application (available on the HFMA website). The two requisite exams must be successfully completed within two years of passing the first exam. To prepare for the exam, you can use the corresponding self-study course available on the HFMA website or contact Linda to utilize the chapter's set of the self-study courses.

Once you meet the requirements for becoming a CHFP, submit a CHFP application to HFMA National with a one-time fee. You will then receive a certificate through your chapter that you can proudly display and will be entitled to use the CHFP designation after your name.

As a CHFP, you are on your way to becoming a Fellow of HFMA (FHFMA). Fellowship is available upon meeting the following requirements: five years of total HFMA membership, a Bachelor's degree or 120 semester hours of college credit required references, and demonstrated volunteer activity in the healthcare finance field.

I challenge you to set a goal to become a CHFP. When the next job opportunity becomes available, your name will be at the top of the list because you are a Certified Healthcare Financial Professional! To learn more about HFMA's certification program, go to the website at www.hfma.org, and push the button labeled "Certification" for your future.

The Oklahoma chapter supports your efforts in becoming HFMA certified. For more information about the HFMA certification program or resources available locally, please contact Linda J. Short, Certification Committee Chairperson, 405-272-6552 or email Linda_Short@ssmhc.com.

Kacia Allen	Stockell Healthcare	Jane Sharpe	Berkley Medical Excess
Christina Chavez	Saint Francis Health System		Underwriters
Karen Crowley	Hillcrest Healthcare	Patty Shipes	Kronos Incorporated
Jamie Eitzen	Fairview Municipal Hospital	Beth Shipley	Medquist, Inc
Russ Farrington	Hillcrest Physician Group	Renee Slover	Deaconess Hospital
Cherlyn Gelinis	INTEGRIS Grove General Hospital	J. David Thompson	BKD, LLP
Rodney Goddard	NDC Health	Robin Van Vickle	Bristow Medical Center
Collen Madere	Saint Francis Health System	Ricky Wallace	Dunn Memorial Hospital
Rebecca Patterson	Blue Cross/Blue Shield of Oklahoma	Mendy Watkins	Chickasaw Nation Health System
Tammy Pea	Tulsa Spine & Specialty Hospital	Carley Williams	BKD, LLP
		Stephen Williamson	EMSA
		Michael Wille	Ardent Healthcare

Oklahoma Healthcare Financial Management Association 2005-2006 Member-Get-A-Member Campaign



Hello Members!

We have just concluded the first campaign which began July 1 and ended September 30, 2005. Each new member, as well as their sponsor, will be entered in the drawing. The winner of the drawing will receive \$750 towards attending the Region 9 meeting in The Woodlands, Texas, December 1 & 2, 2005. The winner will be announced at our November meeting.

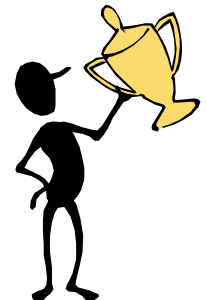
The second campaign will begin on December 1, 2005 and run through March 31, 2006. As before, all new members, as well as their sponsors, will be entered in the drawing. The winner of the drawing will receive FREE registration to ANI in Orlando June 25 - 29, 2006.

Here are the rules:

1. On their membership application, the new OHFMA member must enter your membership number showing you as their sponsor. National HFMA must have you listed as the sponsor.
2. To be considered a "new" member, they must not have been a member for the HFMA 2004-2005 fiscal year (June 1, 2004 through May 31, 2005).
3. The new OHFMA member must sign up after the start date of the contest.
4. Due to time constraints, the grand prize is nontransferable.

The Board of Directors will be responsible for resolving any disputes. Any questions about contest rules should be forwarded to Connie Proctor, membership chair, Connie.Proctor1@integris-health.com.

GOOD LUCK!



Beyond the Numbers: The CFO's Expanding Role

By: *Mark W. Liston, FHFMA, CPA*

The complexity of the healthcare industry and its ever-increasing regulatory environment is definitely not easing up any and it doesn't appear that this picture will be getting rosier any time in the near future. Add to that the Enron, Tyco, Worldcom and other corporate scandals which triggered the push for governance reform and the role of the CFO just keeps getting tougher and tougher and the number of hats the CFO must wear keeps increasing. In looking up a definition for CFO, the only one found was the following which may be how the public in general may perceive this position but simply cannot be further from the truth.

(n) chief financial officer, CFO – the corporate executive having financial authority to make appropriations and authorize expenditures for a firm.

More and more, CEO's in industries across this country are delegating additional executive level responsibilities to the CFO and given declining reimbursements, thinner profit margins, deteriorating cash reserves, etc., the hospital CFO is definitely no exception. Presently and historically, the CFO position has required an exceptionally high degree of technical skills in the areas of financial reporting and controls. However, when describing the CFO's role in hospitals or any other business organization today, one has to go way beyond this simplistic description. In essence, the CFO has become one of the CEO's strongest partners with respect to strategic planning and rather than just "running the numbers", the CFO should now be providing constructive input and counsel on "running the business". As stated by the former chairman and CEO of Coca-Cola Bottling Corporation, "The secret isn't counting the beans. It's growing more beans."

Over the years, it has become quite evident that the characteristics of an effective and successful CFO have to include the following:

- Leader
- Strategist
- Communicator

These characteristics are discussed in more detail below.

Leader: As stated by Ross Perot, "Inventories can be managed but people must be led." Hospital CFO's today are not only asked to provide their perspective or opinion on new ventures, organizational direction, etc. but are asked to provide leadership and direction to members of the administrative staff, departmental managers, board members and the medical staff on how to achieve the stated goals and objectives established by the hospital. One who has strong leadership skills is able to improve the quality of, and contribute to, the

discussions leading to the decisions being made. In addition, one can view a CFO with strong leadership capabilities as a major asset to the CEO. Unlike a COO, CFOs who are strong leaders in the hospital don't create an organizational barrier since they don't stand between the business and the CEO. Strong leaders are those who possess the ability to promote and develop positive and constructive relationships within the hospital. Having the ability to speak well, listen well, understand how things are done and knowing how to win people over rather than running over them is highly important.

Strategist: Jonathan Swift once stated, "Vision is the art of seeing things that are invisible." Lack of vision is one of the most common complaints by CEOs and governing boards when speaking of their CFO's abilities. Balancing the roles of a "steward" and "strategist" has become commonplace for CFOs. Not being strategic enough is problematic for hospital CFOs especially when you have to be continually thinking ahead of the game and outside the box in order to survive continual reimbursement cuts, payment reductions, etc. Just because a CFO has to possess technical and logical skills does not mean that he or she can't be creative and think with the right side of their brain. In short, one can't expect to meet the challenges of today with yesterday's tools and expect to be in business tomorrow. The CFO has to be able to recognize what hospital programs are profitable and what potential services can be financially beneficial since these are the lifeblood of the organization and most importantly, allow the hospital to offer unprofitable but much needed healthcare services to its surrounding community and market area. Moreover, the CFO has to play a leading role in the creation of the hospital's strategic plan given that financial pressures most likely will govern what can and what can't be done by the organization. Being able to provide the strategic planning team with both "creative foresight" and a "dose of reality" is extremely important in tailoring and further refining the hospital's vision for the future.

Communicator: Whether it is writing or verbal, strong communication skills are vital to the success of the CFO. There is no doubt that CFOs have to possess the required technical skills to perform in their capacity but just as important is the CFO's ability to clearly explain the numbers, the hospital's business operations and its short and long-term strategies. Additionally, although reading financial reports may be easy for finance professionals, it is not so easy for those without a financial background. It is imperative that the CFO be able to present, explain and discuss the financial reports to departmental managers, members of the administrative staff as well as members of the board so they can make reasonable and prudent decisions on behalf of the hospital. Unfortunately, many boards of the smaller rural

hospitals across the country are comprised of individuals who don't necessarily possess a high degree of business or financial experience but merely agree to serve on the board in an effort to make a contribution to the communities in which they live. Undoubtedly, stumbling from the dark corners of the back office into the limelight and center stage can be quite a traumatic experience for some but it is a skill that has to be developed in order to be an effective CFO. Further, the lack of writing skills can also impair the CFO's reputation since in most cases, the reader will typically equate poor writing skills to poor technical skills. No, we are not suggesting that one possess the talent necessary to win the Pulitzer Prize but having the basic skills to write an effective letter or other communication piece is fundamental to gaining respect from one's superiors, subordinates and others and its importance should not be minimized. Having said that however, one must never forget that famous quote, *"Never mistake legibility with communication."*

Obviously, the role of the CFO is more than counting beans. Simply put, it has turned into a high level executive position which requires a wide range of skills and competencies.

Mark Liston is a principal and the Executive Vice President and C.F.O. of *Community Partners, LLC* and is also the Managing Principal of *Mark W. Liston, P.C.*

IN THE NEWS

(Links available through HFMA website)

Uninsured Total Up, Even as Government Rolls Grow

The number of uninsured Americans rose to 45.8 million in 2004 from 45 million in 2003, while the percentage held at 15.7 percent, according to U.S. Census Bureau data. Employment-based health insurance continued a decline that started at the turn of the century, but state and federal programs picked up the slack. Some 59.8 percent of Americans had employment-based insurance in 2004, down from 60.4 percent in 2003, while 27.2 percent had government coverage, up from 26.6 percent.

Specifically with regard to children, a new study by the Center for Studying Health System Change reports that more than 650,000 children with special healthcare needs were uninsured in 2003. That year, an estimated 13.5 million American children had special healthcare needs, ranging from learning disorders to severe disabilities. Medicaid or the State Children's Health Insurance Program) covered nearly two out of five children with special healthcare needs. However, many likely were eligible for public insurance but not enrolled. Among special-needs children, those with public and private coverage were reported to have about equal rates of problems obtaining health care, indicating Medicaid and SCHIP provide access to care comparable to private insurance. Overall, children with special needs faced more access problems than other children, and their families reported more problems paying medical bills. Policy measures now under consideration, such as increased cost sharing in Medicaid and SCHIP, would likely increase access problems for children with special needs.

To read the Census Bureau's report, *Income, Poverty, and Health Insurance Coverage in the United States: 2004*, go to www.census.gov/prod/2005pubs/p60-229.pdf.

To read the HCS study *Public Coverage Provides Vital Safety Net for Special-Needs Children*, go to www.hschange.org/CONTENT/778/.

Unfortunately in most cases, the CFO position is never one that is glamorous or uncomplicated but nevertheless is vitally important to the organization's future success.

It is extremely imperative that CEOs and their boards take the appropriate action(s) to ensure the appointment and retention of a CFO who possesses the right qualities and characteristics. The days of simply reporting the numbers are over and the CFO job description needs to be enhanced to include these other expectations. Now more than ever the CFO must take the initiative and work with the CEO to lead the hospital and its board down a path that leads to success. There is no question that this road will be full of bumps, pot-holes and other obstacles, but one cannot waver.....rather, one must forge ahead and do everything possible to ensure achievement of the organization's vision while taking steps to ensure its long-term financial viability.



Indications of Growing Healthcare Cost and Access Problems

The Center for Studying Health System Change has found growing potential for cost increases and access-to-care problems. During site visits January through June in Boston; Cleveland; Greenville, S.C.; Indianapolis; Lansing, Mich.; Little Rock, Ark.; Miami; northern New Jersey; Orange County, Calif.; Phoenix; Seattle; and Syracuse, N.Y., HSC interviewed stakeholders in health coverage and delivery issues. Some of the findings included:

- ✓ Hospital-physician competition for profitable specialty services is driving costly investments in capacity and medical technologies.
- ✓ Employer and health plan initiatives are directed more at increasing patient cost sharing than other aspects of rising costs.
- ✓ The rising costs are continuing to push private health insurance out of reach for more people, causing states and local governments difficulty in meeting the needs of low-income and increasing the number of uninsured.

HSC reports that “many states now are considering far-reaching changes, such as reducing covered services and eligibility levels--primarily for adults--lowering provider payment rates, introducing patient cost sharing and requiring aged and disabled people to enroll in managed care.”

To read Initial Findings from HSC’s 2005 Site Visits: Stage Set for Growing Health Care Cost and Access Problems, go to www.hschange.org/CONTENT/776.

HFMA Issues Financial Management Checklist for Disaster Recovery

HFMA has posted a financial management checklist for disaster recovery to provide guidelines for the recovery of healthcare facilities’ financial functions once a disaster situation is stabilized. Some of the immediate steps that financial managers must take to address employee needs and business continuity include:



- ✓ Address payroll, employee benefit, and other HR issues that could affect employees’ state of mind and distract them from the important recovery work at hand.
- ✓ Project cash flow and needs, and make an action plan for getting necessary funding assistance. Key considerations include evaluating whether collection activities should be suspended, if banking relationships are intact, and if the facility can communicate with key payers.
- ✓ Ensure there is documentation in patient financial or clinical records to facilitate the reporting of the care and claims for disaster relief funding (see story #3 below).

The checklist was developed by HFMA’s Hurricane Relief Task Force and will be revised as HFMA members share their recovery experiences.

To download the checklist and view related resources, go to www.hfma.org/hurricane.

Aetna to Post Negotiated Physician Fees

Some healthcare consumers will soon be able to compare prices for medical visits before going to the doctor. Aetna, a national health insurer, has launched an online pilot program that posts the exact prices it has negotiated with Cincinnati-area physicians for the 25 most common office-based services. The resource will initially provide information on 5,000 physicians and physician groups in Cincinnati, Dayton, and Springfield, Ohio; northern Kentucky; and southeast Indiana. Aetna said it would continue to seek feedback from physicians and consumers before rolling out the program in other markets.

Aetna members may access the fee information by logging in to Aetna Navigator, searching for physicians using “DocFind,” then choosing “View Rates for Aetna Members” on the provider detail screen (www.aetna.com).

To read the Aetna announcement of the physician fee pilot program, go to www.aetna.com/news/2005/pr_20050818.htm.

AHIMA Releases Guidelines for Defining the Legal Health Record

Regardless of a health record's format--paper, hybrid, or fully electronic--healthcare organizations must ensure that it meets the requirements of a legal health record, according to the American Health Information Management Association. In the September issue of the Journal of AHIMA, the association released its guidelines for defining the legal health record. The AHIMA electronic health information management (e-HIM®) work group developed the guidelines to assist organizations in defining their health record for legal applications.

According to the work group, each organization must define the content of the legal health record to best fit its system capabilities and legal environment. Considerations for the content of the legal health record should include ease of access to different components of patient care information, guidance from the medical staff and the organization's legal counsel, community standards of care, federal regulations, state law and regulations, standards of accrediting agencies, and the requirements of third-party payers.

For a copy of the workgroup's complete report, Guidelines for Defining the Legal Health Record for Disclosure Purposes, go to <http://library.ahima.org>. Click on "practice guidance reports," then click on the name of the report.



IRS to Review 501(c)(3) Bond Compliance

The IRS is expected to announce a new initiative to review post-issuance compliance with 501(c)(3) bonds that were issued in 1995 and 1996, according to Wayne Henry, partner with the law firm of Stinson Morrison Hecker LLP. Details are unavailable, but comments from IRS officials suggest that the primary focus of the program will be on whether there have been changes in the private use of funds that exceed the limits permitted by law. Thirty to 40 bond issues will be reviewed in the first phase, which will likely start in 2006. While the initiative applies to all tax-exempt entities, in view of recent IRS and congressional examination of not-for-profit hospitals, exempt healthcare providers with bonds issued in that time period may wish to conduct proactive compliance audits.

To read more about the post-issuance bond review in the Aug. 8 issue of the Stinson Morrison Hecker Nonprofit Tax-Exempt e-Alert (see third paragraph), go to <http://stinsonmoheck.com/legalpublications/smhilupage.asp?key=279>.

To review the IRS guidance regarding the post-issuance compliance requirements for issuers of tax-exempt debt, go to www.irs.gov/pub/irs-pdf/p4077.pdf.

Highlights of our Summer Meeting



The Entertainment Committee did a great job coordinating the Luau! Louise Littlejohn, Erin Suess, Amy Marsh & Angel Hill.

President-elect Karen Hendren and President Becky Speight enjoy the festivities.



New member Carley Williams participates in the Limbo Contest.



A group of our sponsors enjoy the spotlight.



And a good time was had by all!

OHFMA 2005 Summer Meeting Review

By: Tamie Osburn

The Oklahoma Chapter meeting was held in Tulsa, July 28-29, at the beautiful Renaissance Hotel and Conference center. Attendance at the conference was excellent and members were treated to a program packed with legislative updates, regulatory information, business tips and personal growth opportunity.

Thursday morning's general sessions kicked off with Patti Davis of the Oklahoma Hospital Association updating us on current legislative issues and their impact on providers. Facilitating the segue from legislation to regulatory information, Leigh Ann Hancock, Stan Hopper and Donna Payne from Chisholm Administrative Services provided Medicare updates and overviews including:

- National Provider Numbers which are required for use May 23, 2007
- Inpatient Psych transition and prospective payment overview
- Inpatient Rehab Facility requirements and requirement percentage threshold
- Data Center update for submission and payment of Part A claims
- Defining Medical Review; Local Provider Education & Training (LPET); and Comprehensive Error Rate Testing (CERT)

Cathleen Ryan, attorney with the Midland Group, concluded the morning program with a presentation of Section 1011 of the Medicare Prescription Drug Improvement and Modernization Action of 2003 which provides reimbursement to eligible providers for emergency health services to undocumented aliens. Ms. Ryan provided the group with a comprehensive overview of enrollment, third-party payer and patient payment requirements and claims payment examples.

Following a superb Italian Luncheon, Thursday afternoon kicked off with consultant William Dennison reminding us not to forget about HIPAA just because we have overcome the implementation phases of the final rule. Mr. Dennison provided outlines and strategies which included assembling an audit team and auditing activities for Privacy, Security, Disclosures, Agreements and Administrative Requirements.

Concluding the afternoon were two concurrent breakout sessions:

PFS Forum – The Forum received excellent attendance once again and continued on its open information sharing format lead by chairman Bob Sayles. This meeting topic was Point of Service Collection. Tips, tricks, examples and policies were shared by forum members representing healthcare perspectives from both provider and vendor.

Funding Healthcare Facility Needs – Sodexho's Kevin Conley presented information to creatively fund facility infrastructure and capital renewal projects. Mr. Conley pointed out opportunities to transform facilities' assets and operations into increased stakeholder value while improving facility performance.

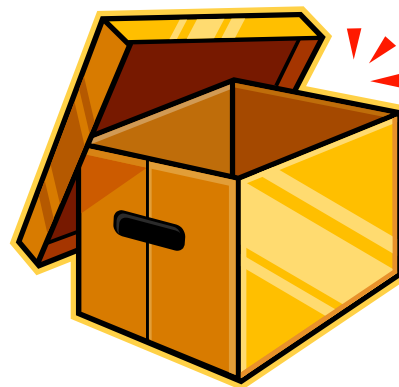
Additionally, our enthusiastic entertainment committee and July social event sponsor Sodexho hosted a Hawaiian Luau on Thursday evening. Members were asked to wear festive Hawaiian attire to set the tone for the evening. Games, Food, Spirits, Door Prizes and loads of fun were enjoyed by all.

The conference ended on Friday with a personal development session entitled "Leap, Don't Sleep!" John Madden, professional speaker, energized us with a challenge to look at our habits in a new light and get different results by doing something different. Mr. Madden used humor and daily reality to provide tips which promote success; solve problems; form new habits and allow you to laugh at life.

This 2005 Summer Meeting provided valuable information and networking opportunities in a very comfortable and organized environment. Karen Hendren, President Elect, and the program committee did an excellent job of planning and facilitating all events.

Members on the Move

- Kevin Cox has transferred from INTEGRIS Grove General Hospital to INTEGRIS Bass Baptist Hospital in Enid. Congratulations Kevin!
- Becky Speight has accepted a position as Controller at Tulsa Regional Medical Center. Congratulations Becky!
- Jeff Mincher has been promoted to Regional Director of Patient Financial Services for Mercy Health. Congratulations Jeff!
- Shasta Manual has been promoted to Chief Financial Officer at Tulsa Regional Medical Center. Congratulations Shasta!
- David Jamin has been promoted to Chief Operations Officer at Tulsa Regional Medical Center. Congratulations David!
- Ben Scott has accepted a position as Vice President of Finance at McAlester Regional Health Center. Congratulations Ben!
- Randy Hamil has joined Ardent Health Services as Assistant Vice President of Revenue Cycle. Congratulations Randy!



Send your personal and career news (job announcements, births, weddings etc.) to the Newsletter Editor, Tamie Osburn at t_osburn@gustassoc.com

NEW ARRIVALS

Congratulations to —
Jeff and Jaime Mincher

Proud parents of
JULIA REESE MINCHER
Born: September 27, 2005
7 pounds 12 ounces and 20.5 inches long

Julia joins a brother Jake who is 4 years old.



Meet Our Sponsors

Platinum Level (\$2,000)

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OHFMA Corporate Sponsors 2005

Sponsorship Status August 31, 2005

Send all meeting information and correspondence to home office:
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Director Customer Relations
The MASH Program
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Are you currently receiving "HFMA Wants You to Know," a weekly email for HFMA members? If not, and you would like to receive a free subscription, send an email to memberservices@hfma.org.

The Oklahoma Chapter has implemented email distribution of the chapter newsletter and other updates. We will continue to mail newsletters to those members for which we have no email address. If you do not receive the email version and would like us to have your email address on file, please email Karen Hendren at khendren@stillwater-medical.org.

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WE WANT YOUR FEEDBACK!

Do you have ideas on topics for upcoming educational programs? Are there ways we can serve you better either through networking opportunities or educational initiatives? Other comments or suggestions?

Call or e-mail:

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