HOWARD UNIVERSITY HOSPITAL - ONE OF AMERICA’S BEST HOSPITALS

THE SIX MILLION DOLLAR QUESTION - INCREASING CASH-FLOW & PATIENT SATISFACTION

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Dear Valued VA/DC HFMA Chapter Members,

As we start out the year, we are thrilled about what the Chapter has accomplished over the past year and look forward to the new, exciting things to come in 2014.

In 2013, your Chapter Leaders listened to you, its valued members, and built on yesterday’s successes. Each year, the national office of HFMA conducts its annual member satisfaction survey. The goal of the survey is to ensure that each chapter is meeting the objectives of HFMA National, gauge satisfaction and gain feedback from members. It is the job of the chapter’s leadership to ensure the chapter succeeds in all measurable areas and meets standards of quality. The 2012 survey saw a 20% jump in membership satisfaction; the 2013 survey, completed in the Fall yielded a steady approval rating when compared to the 2012 results. Each year, we strive to implement suggested changes regarding education topics & events to accommodate the majority of member responses. We are listening and take action on your feedback! We would like to thank those of you that responded to survey and for providing your candid feedback; after all, this is your Chapter and only by active engagement can we, collaboratively, make the chapter better.

As a volunteer organization, it is critical that we come together and make progress toward achieving success. This requires active participation from our valued-members. The Chapter Leaders continually “CALL TO ACTION” its Members to fill the ever-important roles in our committees and continue on the path to greater success. We invite and encourage you to take advantage of the opportunity to gain knowledge, expand your networking and enhance your career through active engagement in the Chapter! Become a leader in your HFMA chapter by volunteering. You’ll find that the time and expertise you offer are rewarded many times over through your personal and professional growth and your influence on your chapter’s future.

Our Spring 2014 Conference is scheduled for March 19-21 at the Hilton Short Pump in Richmond, Va. On Wednesday, March 19, we will hold the Committee Meetings. In order for this to be successful.....we need you! While the Conference is full of educational opportunities, networking and fun-filled events, we challenge all members to volunteer & participate on a committee. The committees are open to all, so plan to attend these meetings on March 19th! Your committee choices are Education, Registration, Membership, Certification, Publications and Sponsorship. You can meet the committees and their chairs at the committee meetings on March 19, 2014 at The Hilton. If you have questions about getting involved, please contact me at va-dchfma@rsico.com.

This Spring Conference will also be the unveiling of some very exciting new programs and Chapter enhancements! Your Chapter Leaders have worked very hard this last year to propel this Chapter into becoming one of the Nation’s leading Chapters. This meeting also provides up to 16 hours of CPE credits available on varying topics. We have two receptions scheduled as well as some fun events planned for Wednesday and Thursday evenings! Come meet with your peers there and visit with the many vendors and sponsors that support our chapter and find the products and services you need. Visit http://www.vadc-hfmaevents.com/m/3 to see the full conference agenda and to register. See you in Richmond!

On behalf of the 2013-2014 Virginia-Washington DC HFMA Board of Directors, I want to thank all members, volunteers and sponsors that make our chapter great. With your continued support, our quest for excellence will not fail. I also want to recognize our chapter leadership for their volunteerism in 2013-2014. Thank you!

Finally, I wish all VA/DC HFMA Chapter Members a happy, healthy and prosperous new year. I look forward to our continued work together to take on the difficult challenges and embrace the exciting opportunities that 2014 will bring.

Best Regards,

Lynne Wisehart
President-Elect VA-DC HFMA
Howard University Hospital
One of America’s Best Hospitals

Howard University Hospital is one of America’s best hospitals. The rich tradition of leadership and service at Howard University Hospital (HUH) dates back to 1862. Housed in converted army barracks, it was initially called Freedmen’s Hospital and provided a refuge where ex-slaves received the medical care they were denied elsewhere.

In the late 1860s, Freedmen’s formed a partnership with the Howard University College of Medicine to train African-American medical professionals. Together the medical school and the hospital have served as a training ground for many of the nation’s top African-American physicians.

Over the course of its 145-year history of providing the finest primary, secondary and tertiary health care services, Howard University Hospital has become one of the most comprehensive health care facilities in the Washington, D.C. metropolitan area and designated a DC Level 1 Trauma Center. In April 2007, the Hospital ranked number one among selected area hospitals on 19 quality measures published by the U.S. Health and Human Services Department.

A private, nonprofit institution, HUH is the nation’s only teaching hospital located on the campus of a historically Black university. It offers medical students a superior learning environment and opportunities to observe or participate in groundbreaking clinical and research work with professionals who are changing the face of health care. Washingtonian and Black Enterprise magazines have identified physicians affiliated with the hospital as leaders in a vast range of specialties.

Howard University Hospital was recently awarded $2.2 million to strengthen health workforce diversity. The award helps students from disadvantaged backgrounds enter health professions.

The Howard University Health Careers Opportunity Program (HCOP), a collaborative effort by three of the University’s colleges to create a more diverse healthcare workforce, was awarded the funds by the federal Health Resources and Services Administration (HRSA).

The money is to help develop an educational pipeline for economically and educationally disadvantaged students, and prepare them for careers in the health professions.

At Howard, the College of Arts and Sciences, the College of Medicine and the College of Dentistry will work jointly. Dr. Robert E. Taylor, who recently stepped aside as dean of the College of Medicine, was instrumental in securing the grant and is the program director.

“The HCOP grants allows us to continue the essential mission of the colleges, which is to train promising students who desire to become physicians or dentists but who are from disadvantaged or underserved backgrounds,” Taylor said. “This program is so important that before we received this grant, we supported it through funds from donation to the medical school.”

About one of every 10 students graduating from the medical and dental schools will benefit from the grant, Taylor said.

Dr. Mark S. Johnson, the new dean of the College of Medicine, said the program fits perfectly with the college’s mission to serve the underserved.

“In order for us to expand the pipeline of disadvantaged students who are prepared to enter college and subsequently careers in the health sciences, we must provide programming such as that which is included in the HCOP program,” Johnson said. “We are proud to have been selected to continue our work in this area.”

Howard’s HCOP brings together three of the University’s colleges, selected K-12 schools of the Washington metropolitan area, and the D.C. Area Health Education Center. The program is designed to increase the pool of qualified medical and dental school applicants, facilitate their entry into professional school and ultimately increase access to quality health care for communities that are medically underserved.

The Center for Pre-professional Education in the College of Arts and Sciences will expose K-12 students to health professions careers. The center will provide science knowledge enhancement activities for disadvantaged students in grades 7-12 and an academic summer enrichment program for underserved pre-medical and pre-dental students prior to their freshman year at Howard University.

It will provide assistance to disadvantaged college juniors, seniors and graduates with the Medical College Admissions Test and the Dental Admissions Test.

Additionally, the College of Dentistry and the College of Medicine will offer disadvantaged dental and medical applicants who have been granted conditional acceptance a strong program of retention counseling and mentoring designed to enhance their academic success.

“This grant continues and sustains our efforts in increasing the pipeline of underrepresented minorities young men and women with outstanding potential for success as future health care providers,” said Dr. Leo Rouse, dean of the College of Dentistry. “This allows us to develop the next generation of health care providers who will continue our mission of serving the underserved.

To learn more about Howard University Hospital - visit them at: About Howard University Hospital.
The Six Million Dollar Question
Increasing Cash Flow and Patient Satisfaction
By John Cook

Medicine really is a strange, strange business. Think about it. We provide a service to protect what is most important to each one of us – our life and the lives of others. Without argument, this is the most valuable service any business or organization can provide.

We have some of the most sophisticated technology and procedures known to mankind to help people suffering from just about any ailment. Heart disease, cancer, trauma victims … it doesn’t seem to matter. We can help. We are even among the best trained at talking with people about the one thing no one wants to talk about … life and death.

Yet, when it comes to money we don’t seem to have an answer… We try to avoid even having the conversation with patients. “We will be sending you additional information in the mail” or “Someone from billing services will contact you about making payments.”

Please don’t misunderstand me. Medicine is in the business of saving and protecting lives – as it should be. But just about any business – medicine included – needs to be compensated. And this is also where many medical providers fall woefully short.

What has hospital executives so scared?

In fact, financial challenges rank No. 1 on the list of hospital CEOs’ top concerns – making it their No. 1 concern for the last nine years, according to the American College of Healthcare Executives’ (ACHE’s) annual survey of top issues confronting hospitals. It’s no wonder when you look at the trends:

- 60% of hospitals lose money providing patient care
- One-third of all hospitals lose money overall
- A majority of the nation’s hospitals lose money treating Medicare and Medicaid patients
- Growing government shortfalls are jeopardizing the financial health of hospitals

These are trends cited by the American Hospital Association its seminal study in 2005 and have remain unchanged since then leading the study authors to conclude: “These financial pressures make it difficult for hospitals to make critical investments and keep up with the cost of caring.”

We see it firsthand. Just about every hospital and health care provider we talk with is experiencing the same problems:

- Denial rates for billing claims are now in the double digits despite their best efforts to reduce them
- Cash flow continues to be a problem
- And patients simply do not understand what they owe

Revenue Cycle Managers are facing a whole new set of challenges in 2014, which will intensify their need for solid and continued cash flow. At the same time, it is top priority to not only increase patient satisfaction, but exceed it. It is a good time to review your current processes and make necessary changes or improvements.

I am going to pose what I now call the Six Million Dollar Question. This question centers on an ultimate goal of improving cash flow and communication with the patient. Rate your organization on a scale of 0-10.

On a scale of 0 to 10, how well do you communicate your patients’ payment responsibility?

A good starting point is to take a close look at some areas that are critical for defining where you are and where you want to be. Continue to use the 0-10 scale and consider these questions.

- Overall, how would you rate your pre-encounter program? Is there a good solid program in place? Could this be a project that has been overlooked due to time and resources?
- How would you rate the information you get from patients? Is the information current and inclusive of what you need?
- How would you rate your clean claims? Would claims be cleaner if better information was obtained?
- How would you rate your scheduling process and software? I remain in favor of centralized scheduling where everyone is on the same page.
- How would you rate your insurance eligibility capabilities?
- How would you rate your ability to estimate charges? This is a critical piece which enables the provider the ability to estimate charges and future patient liability. Not only is this a time to employ pre-service collection, but increases patient satisfaction because the patient truly understands what to expect.
- How would you rate your ability to refer uninsured patients to their payment options? What programs are in place? Do you assist the patient with Medicaid or ACA insurance applications? Is charity care an option?
- How would you rate your current collection policies and procedures? Policies must be updated and there must be total buy in and approval of administration.

Continued Next Page
Here are some other thoughts to consider on your journey to increase cash flow and improve patient satisfaction.

1) Gathering accurate and up to date information is the single most critical piece of the patient admission process: The result will be cleaner claims which will result in less denials and faster turnaround. This is the high dollar piece.

2) Financial clearance for patient: Determine any patient issues and challenges they may have in paying their bill. This is an opportunity to offer other options such as Medicaid, assistance in applying for insurance through the Affordable Care Act, clearing up any past due accounts, or determining possible charity care or financial assistance.

3) Communication of expectations: This is the opportunity to provide the patient with estimates and potential balances after insurance pays. Providing expectations will assist the patient in planning for these expenses.

4) Pre-Service collection: Simply stated, asking for money up-front (i.e. deductibles, co-pays, past due debts, deposits).

5) Statement presentment: Statements must be clear, understandable, leaving no more for confusion.

6) Service Excellence: Make the difference. Create the first impression.

One last thought: How would your patient rate your organization if asked this question:

On a scale of 0 to 10, how well did this provider communicate your payment responsibility?

Fortunately, we have the solutions you need. We call it the Three P’s to Perfect Your Pre-Encounter.

The Three P’s are based on the most important areas in health care organization when it comes to improving the revenue cycle. They are:

**Process ~ Patient ~ Payment**

Address these key areas and you’ll see dramatic changes.

Our E Book, *The Six Million Dollar Question*, will be available in February, 2014. This will share in-depth information regarding the 3 P’s and the question you will need to ask.

For a free copy of the book contact:
John Cook at PRC, Inc.
866-907-8023
Or email at jcook@prorecoveryinc.com

John Cook is the Chief Client Officer for Professional Recovery Consultants, Inc. He is a long member of NCHFMA and has served as President of Carolina AAHAM.

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Ten Cost to Patients Continue to Skyrocket
2013 Milliman Medical Index

Last year, when healthcare costs for the typical American family of four exceeded $20,000 for the first time, the Milliman Medical Index (MMI) compared the cost of a family’s healthcare to the cost of an average midsize sedan. This year, with costs exceeding $22,000 ($22,030), we note that other major purchases are also comparable to the annual cost of healthcare. For example, the cost of attending an in-state public college is $22,261 for the current academic year.1

The total share of this cost borne directly by the family—$9,144 in payroll deductions and out-of-pocket costs—now exceeds the cost of groceries for the MMI’s typical family of four.2 The out-of-pocket cost alone—$3,600 for co-pays, coinsurance, and other cost sharing—is more than the average U.S. household spends on gas in a year.3

Whether a family fully realizes the degree to which total healthcare costs eclipse so many other household costs is another question. The employer pays a significant share of a typical family’s healthcare cost; some of these costs are not visible in the family budget. However, in four of the last five years, families have seen a larger percentage increase in costs than the employer. A typical family is well aware of the increasing cost of care, even if it is only responsible for paying 41 cents of every healthcare dollar.

Specific findings
As measured by the 2013 MMI, the total annual cost of healthcare for a typical family of four covered by an employer-sponsored preferred provider plan (PPO) is $22,030. The 6.3% increase over 2012 is the fourth consecutive year of decreasing trends, but the total dollar increase of $1,302 is the fourth year in a row of increases over $1,300.

Of the $22,030 healthcare cost for a family of four, the employer pays about $12,886 in employer subsidy while the employee pays the remaining $9,144, which is a combination of $5,544 in payroll deductions and $3,600 in employee out-of-pocket costs. For employees, this represents a cost increase of 6.5% compared with last year’s total employee cost of $8,584.

Is this pattern of lower rates of increase over the past four years a sign that America is “bending the cost curve”? It is difficult to pinpoint a single cause of the slowing rates of increase, as a number of factors may be influencing trends. Possible explanations include the economy, provider integration, and a shortage of new “blockbuster” drugs coming online.

We expect that the emerging reforms required by the Patient Protection and Affordable Care Act (ACA) will have little impact on the cost of care for our family of four in 2013 because this family tends to be insured through a large group health plan.

More Detailed Data is Available Online


http://us.milliman.com/insight/Periodicals/mmi/2013-Milliman-Medical-Index/
CHAPTER MEMBER PROFILE
An Interview with Khalida Burton

Khalida is the Senior Director of Patient Financial Services at Howard University Hospital and recently joined the board of our chapter.

VA/DC HFMA
Tell us a little about your path to Healthcare Finance?

KB
When I graduated from Virginia State University with a bachelor’s degree in accounting, I interviewed with a few potential employers. I accepted a job with McBee Associates in 1999, and I have been in healthcare ever since. McBee Associates is a healthcare consulting firm, so my entry into healthcare was on the vendor or service side of the industry. I worked with McBee Associates until July 2012, and after enjoying a month off, I started with Howard University Hospital in August that same year. My work with Howard University has been very exciting. When I began with McBee Associates, Howard University Hospital was my first client. I initially began in both Revenue Cycle and Patient Accounting. Throughout my tenure with McBee Associates, I primarily worked in the revenue cycle area on projects such as charge capture, audits. I also worked in reimbursement on cost reports and other related items. When I began as a Howard University Hospital employee, I was hired as the Senior Director of Patient Financial Services. Within my duties I am responsible for Patient Access, Patient Accounting, and the Cashiers Business Office. I also lead the hospitals Revenue Cycle Strategies Team; which is a committee made up of assistant directors and directors within Revenue Cycle; including: Revenue Integrity and Health Information Management. The team focuses on revenue cycle issues and develops strategies to solve problems and improve outcomes. We also developed a new Denials Management Team who are involved in the process as well. Additionally, I sit on the Utilization Review Committee and a host of other various forums that Howard has in place to improve operations.

VA/DC HFMA
Tell us a little about your role at Howard University Hospital?

KB
My role is to be a strategist. When I joined the organization I was asked to keep my consulting hat on. I provide leadership to several departments and about 80 plus employees. I oversee directors and assistant directors who oversee the day-to-day management of operations; all of which have impact on Patient Financial Services. I focus on making sure that all of the day-to-day operations are working properly. Also, if there are any initiatives that need to be sent down the chain of command; I make sure those are being followed through.

VA/DC HFMA
Can you give us an example of a particular initiative that you and the team have worked on?

KB
We are in the middle of revamping our UR Committee structure.. This is a committee that I have been fairly instrumental in, providing advice from a compliance perspective - which was my primary role when I was with McBee Associates. I focus much of my time on items around Federal compliance.

Another example; I took the lead in starting our Denials Management Team made up of certified coders and registered nurses. The team includes a physician advisor. Together we look at denial trends; then analyze and identify root causes. This is a fairly new initiative so we are currently working through the typical hurdles of setting up a new team and determining any bottlenecks or obstacles; ensuring we have the correct information and are measuring well. We’re working on outcomes for fewer denied claims and ultimately better treatment of our patients; making sure that were being paid appropriately and that all aspect of the continuum of care was correctly coded. We are identifying anything that can hamper a claim or cause it to be denied; identifying them, then putting permanent fixes in place to make sure that they don’t continue to occur in the future.

VA/DC HFMA
You have been a member in the VA/DC Chapter for many years – please tell us some about your experiences, what you like and how you have benefited from your involvement with HFMA?

KB
I joined the DC chapter in the year 2000. About two years into my membership I was asked to join DC’s Board of Directors. I was responsible for helping the board with planning and for promoting membership. I had tremendous opportunity and experience in planning education events at various times and places for the chapter. I was still serving on the board when the decision was made that we would merge the DC and Virginia chapters together. At the time that the DC chapter was interested in merging with another chapter; due to the nature of how hospital systems bill and are reimbursed, it was decided that Virginia was the best place for us to merge. I helped to guide our board through the decision process and the subsequent merger. I was on the membership committee and dedicated time to calling members encouraging them to renew. During this time I met Tom Henderson, our current chapter president. Tom and I had the pleasure of working together quite a bit in that season.

Continued Next Page
Of course, having spent the majority of my time on the vendor side of the Healthcare Industry, I did attend many of the conferences and meetings where I had the opportunity to exhibit and meet with so many other healthcare professionals at various HFMA chapters throughout the United States. I have certainly been privileged to experience HFMA from both sides of the industry. The education that I have received by attending the various events and seminars through the HFMA have benefited my career tremendously. I've been able to take the information learned from both the sessions and from other professionals that I've met through the Association and put them to work both with McBee Associates and now with Howard University Hospital. I’ve certainly taken great information that I’ve learned back to my staff at Howard University and we have benefited from this. Additionally, my participation as a vendor with the organization has helped me tremendously with communication skills and with relating to other people more effectively. If you’re an introverted person who is not inclined to walk up and reach out to someone new, working as a vendor certainly forces you to overcome that. This has helped me tremendously to overcome any shyness I had and simply not be afraid to hear the word ‘no’.

VA/DC HFMA
You were once shy? You certainly don’t seem shy now.

KB
Yes, my leadership at McBee Associates invested into me; providing me training on presentation skills and helped me to overcome it. They also sent me to the various trade association meetings and just put me out there. Between their training and encouragement in addition to the fact that so many people in our industry at the tradeshows are so friendly and approachable - all of this helped me tremendously. So personally, I know the value of the HFMA organization.

I’ve been talking internally to various folks at Howard University Hospital about more involvement in the events and education days. Certainly one of the issues for them is the proximity or location of the events. Additionally, here at Howard University Hospital we have an auditorium for such gatherings - so we are working on having our location used for some future education events. Another reality is that the DC area is so heavily regulated that most of the hospitals here are part of the DC Hospital Association which helps us focus on those areas of regulation and compliance that are unique to the DC area. I think there is an opportunity for us to work with the DC Association.

VA/DC HFMA
What are the unique challenges that Howard University Hospital has faced in recent years?

KB
First of all healthcare in the DC area is a very competitive market. Howard University Hospital has a significant percentage of its patients that are considered indigent. So there is a continual challenge for the hospital to find insurance coverage for these individuals. Our operational challenges are consistent with other provider. Our struggle like all the other hospitals is marinating an market share.

VA/DC HFMA
How has healthcare reform shaped or affected operations and finance at Howard University Hospital?

KB
Well, as a result of the Affordable Care Act, we now have the DC Health Exchange. Howard University Hospital is now been officially designated as site where patients can go to receive counsel and sign up for healthcare coverage. We are working on that process now. The only real downside of being a part of the exchange in this fashion; when helping people to find what coverage will work best for them – we are not permitted to say we are contracted with a particular provider Hospitals are not permitted to monopolize covered patients based on where their contracts are. We are required to present patients with all of the necessary information and give them the best recommendation for coverage based on their income and their health needs.

Also in the Washington DC area there are quite a few uninsured people, some of whom are citizens and some of whom are undocumented. Howard University Hospital does not turn away patients who are in need of care, particularly emergency care. However, this can present a challenges with regards to reimbursement.

Howard’s goal is always to provide the best possible care in the treatment of patients. Howard University Hospital has a number of current initiatives including a cancer treatment center, a diabetes treatment facility - we are continually focused on providing improved treatment and using cutting-edge technology to improve treatment. This week we’re opening up a surgery assimilation center that is specifically designed to help patients get optimal surgical treatment through life-like training for Interns and Residents.

VA/DC HFMA
Tell us about some of the changes or challenges you’ve had to navigate in your leadership in the HealthCare Industry?

KB
I have found it challenging to balance my personal life and my life at work. For many years the career and the work consumed me. In more recent months, I’ve been concentrating on making sure that I have time for myself; time to refresh. When I leave work for the day, I have improved at leaving work at work. Also, in my leadership role at Howard University Hospital I’ve quickly realized that our industry and our organization has challenges, and I’ve learned to recognize that I can’t solve them all - that I’m only one person.
Ultimately all I can do is my very best, and that is certainly what I offer every day at work. But, I’m unable to give it my very best if I’m not taking care of myself or denying myself down time to do things other than work-related stuff. Howard University is certainly an excellent organization to work with and they look out for their employees very much. As a leader I don’t look at employees strictly for their work output or productivity. Ultimately their well-being is important. If an employee is never taking vacations, or taking some time for themselves to wind down, I know that they will not be as productive as they ultimately can be.

VA/DC HFMA
What is the biggest or best kept secret about Howard University Hospital?

KB
Well, Howard University Hospital displays a lot of pride. The hospital being affiliated with a respected university - from the history of Howard in its early years being an HBCU – there is a certain degree of pride and prestige that we carry. Before Howard University Hospital - the facility was known as Freedman’s hospital. There are a lot of individuals in the community, and organizations around who are either related to Howard University and the hospital system or in one way or another have partnered with them, or benefited by them. When events are held locally, you'd be surprised at how often Howard University receives a standing ovation. There’s a genuine sense of community associated with Howard University Hospital and the University itself.

VA/DC HFMA
Tells us some about your activities away from the office – what do you do for fun?

KB
I like to go home and watch TV, especially the old TV shows. I'm a bit of a TV and movie buff. I enjoy watching random movies on Netflix or Hulu - you know the kind of movies that I may never spend money on at the theater. I am also a youth minister leading a weekly youth ministry at my church, Mt. Jezreel Baptist Church. So, when I leave here I put on my clergy hat. Sometimes I teach, sometimes I preach and may even officiate a funeral.

For the past two years, I have traveled with a team of volunteers from my church to New Orleans where I wear a hard hat and goggles and help with rebuilding homes that were destroyed by Hurricane Katrina and the subsequent flooding. In actuality, we go twice a year - one of the trips is for a medical mission’s team. The initiative was started by a local doctor and the team sets up in a stadium where for a few days. We provide free healthcare for those who need it. Physicians and other volunteers from all over the country come to help. The volunteers are doctors, dentists and other healthcare providers with the goal of providing care on the spot. In addition, volunteers who are good at helping with administrative needs come along and provide assistance. So, in May each year is the medical teams and then in September each year are the teams that help with the rebuilding of homes.

VA/DC HFMA
Ok - so you know you can have to send us a picture of you working down there – a picture of you with a hard-hat on that we can share on the chapter website or with the members of the chapter!

KB
I certainly have a few pictures – some with spackle and paint all over me. I pretty much do anything they ask of me except for crawlspace underneath the houses. I’ve done insulation, drywall, and baseboards - pretty much whatever they need.

VA/DC HFMA
Well, I must say that has certainly been one of my most enjoyable interviews to date. I am going to enjoy getting this to our members!

KB
Well thank you for a fantastic interview!

Khalida Burton currently serves as the Senior Director of Patient Financial Services at Howard University Hospital. Khalida has joined the Board of our VADC HFMA Chapter where she will serve for outreach to DC Healthcare providers.
The VA/DC Chapter will be launching a brand new website soon! Look for a big announcement in March 2014.

In the meantime be sure to connect with hundreds of chapter members and industry professionals at the:

**Virginia-DC Chapter of HFMA Linked-In Page**

Hope to see you online.

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**PEOPLE ON THE MOVE!**

**Wills Memorial Hospital Selects Tracie Burriss for CFO**

Tracie Burriss is the new Chief Financial Officer of Willis Memorial Hospital. She has been serving as the hospital's Assistant Chief Financial Officer since August 2010.

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**Mary Washington Healthcare CEO Fred Rankin to Retire**

Mary Washington Healthcare President and Chief Executive Officer Fred M. Rankin, III, will retire Dec. 2014 after guiding the Fredericksburg region's leading health system through two decades of growth and advances in patient treatment, services, and technology.

"We've been blessed to have a great leader like Fred for a long time," said John F. Fick, III, chairman of the MWHC Board of Trustees. "As a direct result of Fred's leadership, we've remained ever committed to a noble mission, providing excellent healthcare for the citizens of our region regardless of ability to pay. And, through increasing grants from our Foundations, we've supported community organizations with more than $12 million in grant funding."

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**LewisGale Hospital Alleghany Selects Charlotte Tyson as CEO**

Tyson has been with LewisGale Medical Center for 29 years, serving in various leadership roles during her tenure. Beginning her professional career at LewisGale in 1984 as a staff nurse, Tyson quickly moved into the roles of Charge Nurse, Director of Oncology/Medical/Surgical services, and then to Director of Quality/Risk Management. In 2001, she was promoted to Chief Nursing Officer and, in 2005, to Chief Operating Officer. In May, 2013, she was promoted to her current role of Chief Nurse Executive for LewisGale Regional Health System.

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**CEO of Memorial Hospital in Virginia to Become Valley Health COO**

The Chief Executive Officer of Memorial Hospital in Martinsville, Virginia, Grady “Skip” Philips, has resigned, reported the Martinsville Bulletin. His resignation is due to the offer he received and accepted from Valley Health System to become their new Senior Vice President and Chief Operating Officer. Philips believes that relocating is a great opportunity to build his career because Valley Health System is a large and growing health care organization. Since Philips began working with Memorial Hospital, donations increased and partnerships have grown. Employees at the hospital are grateful for his hard work and service and understand his desire to move on to better career opportunities. There is no word on who the next Chief Executive Officer of Memorial Hospital will be, but the national search has begun to fill Philips’ place.
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**Our newsletter is distributed to approximately 700 chapter members.**

Dispatch issues are published in January, April, July and October. Our deadline is typically the 20th of the same month the issue is published.

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\text{Full Page - Inside Front Cover} & : $440.00 \\
\text{Full Page - Inside Back Cover} & : $440.00 \\
\text{Full Year} & : \text{your ad price} \times 4 - 3% \\
\end{align*}
\]

For details or advertising requests please contact our editor & Board Member - Patrick Miller