

PUBLICATION FOR THE MISSISSIPPI HEALTHCARE FINANCE COMMUNITY

Mississippi Headlines

info@mshfma.org



OFFICIAL NEWSLETTER OF THE MISSISSIPPI CHAPTER OF HEALTHCARE FINANCIAL MANAGEMENT

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President's Message

I hope you and your loved ones have been staying healthy as we keep dealing with COVID. One of the consequences of the rise in numbers was rescheduling the Mid-South conference. The conference will now be held February 23rd through 25th in Tunica, MS. We hope to see as many of you as possible.

We have also rolled out the registration link for our Annual Conference to be held April 20th-22nd in Biloxi, MS. This is our last meeting of the 2021-2022 HFMA year, so please join us to say goodbye and thank you to the members that served for the past two years as officers and on the board. If for some reason you haven't gotten the emails about the meetings, please reach out to info@mshfma.org so we can make sure you start getting them. In the meantime, the link to register for the Annual Conference is:



Andres Posada, President

<https://cvent.me/QqAv1x>

While we'll be saying "see you later" to our current officers and some board members, this gives us the opportunity to introduce our new leadership team. Along those lines, we would like to get new faces involved in our committees. If we have learned anything from COVID, we've learned that we can all work together regardless of our location. If you have an interest in any of our committees, please reach out to me, an officer, or a board member, and we would be more than happy to get you started. In order for our chapter to keep growing and doing great things, we need involvement from the membership, so please consider serving. I can tell you from experience that it is one of the best decisions I've made.

As always, your officers and board members are here to serve and help provide value for your membership. Please reach out to any of us personally with questions, comments, or concerns.

Warm regards,

Andres Posada
President
Mississippi Chapter of HFMA

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MS HFMA Annual Institute

April 20, 21, 22, 2022

Golden Nugget Hotel & Casino
Biloxi, MS
12 CPEs

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Midsouth HFMA Annual Conference

February 23, 24, 25, 2022
Gold Strike Casino, Robinsonville, MS

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HFMA Annual Conference

June 26 thru 29, 2022
Denver Colorado

[STAY TUNED FOR DETAILS](#)

MISSISSIPPI HEADLINES

PUBLICATION FOR THE MISSISSIPPI HEALTHCARE FINANCE COMMUNITY

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All article submissions must be typed and submitted as a Microsoft Word document.

Please email your submission to:

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Mississippi HFMA...Your Educational Resource...

HFMA's Online Membership Directory

Have you visited HFMA's Online Membership Directory lately? Log in at www.mshfma.org or

<http://www.hfma.org/login/index.cfm>. When you select "HFMA Directory," not only can you search for members of your chapter, you can also search for all your HFMA colleagues by name, company, and location—regardless of chapter! Using an online directory instead of a printed directory ensures that you always have the most up-to-date contact information. While accessing HFMA's Online Membership Directory, you can view your current contact information and make edits to your profile. You can also see products you have ordered, events you have registered for, your CPE credits, your Founders points, and more! It's vital that HFMA has your correct information, so please take a moment to review your record now. By doing so, you'll ensure that HFMA continues to provide you with valuable information and insights that further your success.

HFMA Membership Benefits

As you experience the value HFMA provides, don't forget to value the experience. HFMA offers opportunities to network with those who face similar challenges and successes. If you are looking to gain experience in a safe environment, or would like to share the experiences you've gained, opportunities to volunteer at the Mississippi Chapter or at a national level are plentiful.

The bottom line is that HFMA is comprised of more than 35,000 people just like you. What do we know about our members? We are value driven. We are forward thinking. We are innovative. And together, we are defining, realizing, and advancing the profession of the financial management of health care.

To learn more about the benefits of your HFMA membership visit <http://www.hfma.org/Membership/>.

WELCOME TO OUR NEWEST MEMBERS!

Kelli Holway, Admissions Mgr, Magee General Hospital

Jessica Washington, Dir of Business Office & Billing, Trace Regional Hosp.

Kari Moran, Revenue Cycle Mgr., Ni2Health

Sarah McGoldrick, Exec. Dir. Finance, Singing River Health Sys.

Brandy Pickering, Spec. Accounts Receivable

Mitchell Cox, CFO, Relias Healthcare

Michael Wurster, Accounting & Finance Specialist, Relias Healthcare

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JOIN US IN BILOXI FOR THE ANNUAL INSTITUTE!

Registration and sponsorship for the upcoming MS HFMA Annual Conference is now open. You will have the opportunity to exhibit and we have many opportunities for sponsorship items to bring brand awareness to your organization. These items are listed below and are on a first come basis. The social dinner will be out by the pool (as done previously) and the entertainment will be the Platinum Premier Band (same as the December event). We will also have a provider roundtable on Wednesday prior to the reception. Please let me know if you have any questions.

Registration link: [MS HFMA Annual Conference Registration](#)



2022 Mississippi HFMA Annual Conference

Exhibitor & Sponsorship Prospectus

Where: The Golden Nugget Hotel and Casino
Biloxi, MS

When: April 20-22, 2022

SPONSORSHIP OPPORTUNITIES

Check Payments must be received by April 15, 2022 in order to receive sponsorship benefits.

We accept check or credit card.

Exhibit Table: \$1200

Space is limited to 15 exhibitors and priority is given to MS HFMA Chapter Corporate Sponsors.

Exhibit discounts are applied for chapter sponsors depending on the level of sponsorship and each will receive a discount code in a separate email.

Exhibit Setup Time: April 20th from 2:00-5:30 PM

Included:

- 6 foot table and 2 chairs
- 1 conference registration
- Attendee list 1 week in advance

Opening Reception Honoring Past Presidents – Wednesday Night \$600

Benefits Include:

- Recognition at the bar location
- Sponsor(s) has the option to provide bar items such as cocktail napkins, drink huggers
- Does Not include Registration

Social Event/ Bar on Thursday \$1250

Benefits Include:

- 1 registration included
- Recognition at the bar location
- Sponsor(s) has the option to provide bar items such as cocktail napkins, drink huggers

Social Event/ Dinner on Thursday \$1500 each (2 available)

Benefits Include:

- 1 registration included per sponsoring company
- Company name (s) and logo(s) will be featured with signage and sponsor(s) will be acknowledged by the Chapter President

Social Event/ Entertainment: The Platinum Premier Band \$1,000 each (2 spots)

Benefits Include:

- 1 registration included per sponsoring company
- Company name (s) and logo(s) will be featured with signage and sponsor(s) will be acknowledged by the Chapter President

Keynote Speaker: Remaining Positive in Time of Crisis presented by Tyler Enslin \$1500

Benefits Include:

- See agenda/speaker page on the website for more information
- 1 registration included
- ***Opportunity to introduce KeyNote speaker and give a 3-5 minutes company introduction***
- Company name (s) and logo(s) will be featured with signage and sponsor(s) will be acknowledged by the Chapter President

Panel Discussion Sponsorship (No Surprises), \$750

Benefits Include:

- See the agenda/speaker page on the website for more information
- *Gift must be supplied by the sponsor and approved in advance.*
- 1 event registration included
- Opportunity to introduce your company along with a short overview of your company
Company name (s) and logo(s) will be featured with signage and sponsor(s) will be acknowledged by the Chapter President

Board Installation & Awards Lunch Sponsorship \$750

Benefits Include:

- Company name and logo will be featured with signage
- Sponsors have the opportunity to put out literature on tables
- Does Not include Registration
-

Breakfast Sponsorship (2 available - Thursday and Friday) \$500

Benefits Include:

- Company name and logo will be featured with signage
- Sponsor has the opportunity to put out literature on tables
- Does Not include Registration

Lanyards Sponsorship \$500

Benefits Include:

- Opportunity to be the exclusive sponsor for conference lanyards
- *Vendor to supply Lanyards in advance of conference – no later than 4/15/2022*
- Does not include event registration

Mid-Morning Break Sponsorship (2 available: Thursday and Friday) \$350

Benefits Include:

- Company name and logo will be featured with signage
- Does not include event registration

Afternoon Break Sponsorship (1 available: Thursday) \$350

Benefits Include:

- Company name and logo will be featured with signage
- Does not include event registration

Provider Welcome Gift, \$500

Benefits Include:

- Sponsor has exclusive rights to provide a gift that will be delivered to providers at check in
- *Gift must be supplied by the sponsor and approved in advance.*

Does not include event registration

NEED MORE INFORMATION?

Contact:

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rseale@kemberton.net
251-232-3742

New surprise billing regulations: Assessing a patient's network status will be a key challenge

By Nick Hut, HFMA.org

- **With new surprise billing regulations in place, providers should ensure they have efficient processes for gauging whether a patient is in-network.**
- **For some providers, the task may prove to be more trouble than it's worth in terms of opportunities to balance-bill patients.**
- **The new regulations make communication between providers and insurers even more important.**

Heading into the Jan. 1 implementation date for new surprise billing regulations, a few issues emerged as pain points for providers trying to adjust to the new rules.

An [obvious concern](#) involved the requirement to provide good-faith price estimates to uninsured and self-pay patients ahead of scheduled services, but other challenges loomed as well.

"Part of the administrative burden that patients had been taking on is now going to fall on providers," said Kathryn Beard, regulatory compliance manager with R1 RCM.

Emphasis on tracking network status

The regulations protect patients from owing out-of-network payment amounts for emergency services and for care received from out-of-network clinicians who operate at in-network facilities. Patients [can be balance-billed](#) for post-stabilization services and in most nonemergency scenarios, but only if they have given formal consent before receiving care.

That creates a greater impetus to identify a patient's network status in advance of services.

"There's just a while lot to unpack around billing for out-of-network scenarios and notice-and-consent," said Heather Kawamoto, vice president of product strategy with Waystar.

Identifying out-of-network care episodes may seem simple on the surface, but Kawamoto is reminding clients that payers generally don't pass along information on network status during eligibility inquiries. Instead, providers should go into their payer master files and highlight payer-plan combinations that are out of network.

Providers also can apply the denial codes that are issued when payers process patients as being out of network.

Said Kawamoto, "That can be a secondary check to say, 'Where we're seeing these out-of-network denials, are we then making sure that those are flagged on the front end so that when we register that patient, we see that they're out of network and we can issue the necessary consents?'"

[READ THE ENTIRE ARTICLE FROM HFMA.ORG](#)



In an unprecedented resource constrained era, reallocating staff and partnering with a specialty complex claims partner yields higher returns

By Kemberton | February 2022

On the long road to financial recovery, healthcare providers need to rethink how to best utilize resources to better recover cash
The great financial bleed



It's been well-documented just how much of an overwhelming impact Covid-19 continues to have not only on hospitals and health systems nationwide, but also on patients and employees. Staggering revenue losses and rising costs associated with [treating Covid-19 patients](#), vaccine mandates, and other unprecedented interruptions to hospitals' revenue — along with a sluggish return of patient volumes to pre-pandemic levels — have created “the perfect financial storm” for healthcare providers, in which margins are likely to rebound much more slowly than they fell.

Latest data projects that healthcare providers will end 2021 with an astounding [\\$54 billion net-income loss](#). Despite the extensive measures already taken by hospitals to curtail losses, revenue cycle challenges associated with the pandemic will likely continue into 2022 and beyond.

Although these factors depend on the unique environment, location, and population mix of each healthcare provider, the main challenges contributing to negative operating margins revolve around:

Loss of Income

As Covid-19 cases continue to surge throughout the country, facilities may not have enough resources to handle the rising costs of testing and treatment. In a new HealthAffairs study, direct healthcare costs during the pandemic are estimated to total \$654 billion. In addition, margins are projected to finish 2021 [11% below pre-pandemic levels](#), stemming in part from a higher-cost case mix.

Rising Costs

As hospitals are required to treat a higher volume of high acuity patient cases that require longer lengths of stay, organizations face higher expenses for medical and safety supplies needed to care for them. Other expenses including labor, drugs, purchased services, and personal protective equipment also continue to increase across the board.

Resource Constraints

The height of the pandemic saw healthcare workers furloughed or subjected to pay cuts as hospitals and health systems struggled to keep costs in check. The more recent vaccine mandates for healthcare facilities that receive Medicare and Medicaid reimbursement has also led to thousands of employees being [fired or suspended](#) for not complying, raising even greater concerns over staffing shortages at already-overburdened hospitals. In total, the healthcare workforce has lost more than 500,000 people since February 2020.

Margins continue to be squeezed, reimbursements are declining, and labor shortages are at critical mass — putting many health systems at extreme financial risk. As hospitals continue to struggle, it's time to look closer at areas of the balance sheet that are often dismissed as too complex to properly tackle.

Against this backdrop, healthcare organizations must shift gears and resources to other areas of accounts receivable (A/R) to uncover greater revenue opportunities that may be otherwise delayed or lost. Prioritizing the improvement of revenue cycle management processes, dubbed the most efficient way for providers to create [much-needed economic lift](#), is no longer a “nice-to-have” goal to be addressed at some point in the future. To optimize all available revenue streams today, healthcare providers must bring complex and difficult A/R to the top of the list of RCM priorities — the specialized revenue cycle, which encompasses claims involving Motor Vehicle Accidents (MVA), Workers' Compensation (WC), Veterans Administration (VA), and Complex Denials.



Why outsource complex A/R?

Specialized revenue cycle claims are grueling, resource intensive, and time-sensitive proving to be a distraction from healthier, more viable A/R. Suitably trained or available staff with concentrated expertise is scarce and becomes an unnecessary burden on aging and receivables. Cost may be a concern when considering outsourcing any function, but healthcare organizations that have outsourced complex A/R work to a specialized revenue cycle partner like Kemberton have found it to be a far more cost-effective option to recover lost or stale dollars. At the same time, outsourcing allows the healthcare organization to redirect resources toward revenue cycle operations that are more likely to yield higher returns. Working with the right specialized revenue cycle partner allows healthcare organizations to:

Tackle complex coverage claims efficiently

For most healthcare providers, the specialized revenue cycle, including discovery and coordination of benefits amongst payers, is too costly, time-consuming, and resource-intensive to efficiently pursue. Claims involving complex medical coverage requires specialized knowledge to process — with a combination of technology, legal expertise, experience working with specific insurers, and continuous attention to stringent requirements, deadlines, and follow-up guidelines.

As the flow of work can be inconsistent, complex claims may be a perfect candidate for outsourcing, rather than investing in the technology or labor to develop these specialized resources internally.

Get ahead of staffing challenges that inhibit performance

The unexpected disruption due to Covid-19 has made it challenging to staff roles effectively across all RCM functions. In addition to furloughs and the transition to remote work operations, suspensions, and exodus of employees due to the vaccine mandate also impact providers' ability to address staffing challenges.

Meanwhile, the challenges continue for existing RCM teams, most of which are not adequately staffed or equipped with the specialized knowledge required to effectively pursue complex A/R. Increasing rework volume not only increases providers' [costs to collect](#), but it also adds pressure on internal staff with a seemingly never-ending task list.

Utilize available resources on more viable claims

The likelihood of collecting the full amount owed on accounts, significantly decreases the longer it ages, highlighting the urgent need for providers to move stagnant complex claims before it's too late. By enlisting the support of a specialized revenue cycle partner, healthcare providers can reallocate available staff to their core competencies and pursue the more straight-forward, more viable, higher dollar claims involving commercial and government health insurance payers, which represent over 95% of providers' claim volume.

How Kemberton can help

When considering revenue cycle outsourcing, there's a unique difference in revenue capture between traditional claims and specialized complex claims. Traditional business offices are not designed to properly handle the process flow or the specialized regulatory, legal, and third-party liability knowledge required for specialized complex claims. The level and intensity of the work efforts required makes it almost impossible to adequately staff. This is where Kemberton goes to work for you. With state-of-the-art proprietary technology and a distinct economies of scale advantage, our complex coverage revenue cycle specialists work as additional resources and an extension of your team to efficiently maximize reimbursement on complex claims.

To find out how we can best assist you, contact:

Roze Seale, CRCR,
Regional VP Sales
C: 251-232-3742
rseale@kemberton.net



 Motor Vehicle Accident Claims	 Eligibility and Enrollment Services
 Workers' Compensation Claims	 Veterans Administration Claims
 Complex Denials	 Disability Enrollment Services

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Common Misconceptions of Worker's Compensation and Patient Access Services



Rachel Craig
Program Manager – Patient Access
Trilogy Revenue Cycle Solutions
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(601) 427-5988

A common misconception among front line staff is that worker's compensation provides full medical benefits for all medical services rendered to an injured worker. Many hospital and healthcare providers believe an injured employee covered under an employer sponsored Worker's Compensation claim can see as many providers as needed to receive essential care. Though it is true according to the Mississippi Worker's Compensation Commission "an injured worker is entitled to whatever reasonable and necessary medical services are required to treat the injury and achieve maximum cure. These include but are not limited to doctor and hospital services, nursing services, medication, physical therapy, crutches and any other apparatus or medical service which is necessary." However, it is important to remember that:

- Worker's compensation benefits only cover one referral from the patient's originating servicing provider to another servicing provider
- All additional referrals must be approved by either the employer's [worker's](#) compensation insurance carrier or the Workers Compensation Commission.

Therefore, if not captured and tracked appropriately, these additional patient referrals have the potential to cause significant denials for noncovered services with no authorization. That is why it is imperative that we utilize effective and efficient scripting when registering or scheduling a patient for work related injuries. Best practice industry standards suggest that:

- If an injured individual(s) arrives for services without an employer sponsored accident-related report or approved worker's compensation claim form, the patient's medical insurance is to be entered as Primary with the patient listed as the guarantor; this is true for both urgent and non-emergent scenarios
- If an injured individual(s) arrives for services with an employer sponsored accident-related report or approved worker's compensation claim form, this information is to be entered as Primary and the patient's medical insurance as Secondary listing the "employer" as the guarantor.

If you are concerned about potential reimbursement associated with worker's compensation claims for services rendered at your hospital or healthcare servicing provider, you may want to revisit your front-end revenue cycle process and strategy. Here is a helpful link to CMS for additional information [WCFacts2013.pdf \(ms.gov\)](#) or you may contact Trilogy Revenue Cycle Solutions.



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THE VALUE OF CERTIFICATION

Many healthcare organizations in today's challenging economy recognize their workforce as their most valuable asset. As such, these organizations tend to hold workforce development as a primary business strategy.

Investment in developing the talents, knowledge and skill sets of staffs are critical to the organization's success. HFMA's *Healthcare Financial Pulse* research identified this dynamic and noted that successful organizations today commit to the "bread and butter" of financial management, i.e. technically strong and comprehensive financial management.

Likewise, many individual financial managers today recognize the importance of assuming personal responsibility for their careers' success. More than ever before, individuals understand the importance of acquiring and maintaining comprehensive skill sets to ensure their ability to provide the financial management demanded today. These individuals frequently seek out relevant professional development opportunities.

The larger business environment resulting from these forces is a heightened interest in workforce development initiatives including certifications and credentialing. Credentialing programs have exploded across the past couple of decades and include:

- professional associations offering certifications
- community colleges offering curriculum-based certificates
- corporate sponsored in-house credentials for employees
- technology companies providing proprietary credentials to customers

HFMA certification provides a fundamental business service to our industry, namely HFMA certification offers:

- Assessment of job-related competency
- The opportunity for an individual to demonstrate skills and knowledge
- Independent verification of the skills and knowledge
- Confirmation that an individual is current in the practice field

The value of HFMA certification can be seen in several reported "value-adds":

- Increased departmental cooperation
- Heightened self-confidence among participants
- Increased performance against selected metrics
- Verification of staff knowledge and skills
- Assistance in structuring career paths

HFMA is committed to being the indispensable resource that defines, realizes and advances healthcare financial management practice. As such, HFMA provides professional certifications to achieve this purpose in today's business environment. This makes HFMA Certification a smart workforce investment strategy.



For more information on HFMA Certification, visit
<http://www.hfma.org/certification/>.

CMS finalizes changes to the price transparency penalty, inpatient-only list and more for 2022

By Nick Hut - HFMA.org excerpts



- Medicare payments for outpatient services will increase by 2% for 2022 without factoring in scheduled across-the-board cuts to the program.
- Previously proposed changes to the penalty for noncompliance with price transparency regulations and to the inpatient-only list were finalized.
- Two new measures are being added to the Outpatient Quality Reporting program. Hospitals are disappointed that the reduced payment rate for 340B drugs will be retained as a Supreme Court review looms.

"Price transparency

CMS finalized its proposal to change the penalty for noncompliance from \$300 per day for all hospitals to a sliding scale based on bed count. Specifically, the penalty will increase by \$10 per day for each additional bed beyond 30, up to a maximum of \$5,500 per day for hospitals with at least 550 beds. The penalty for a full year of noncompliance would range from \$109,500 to slightly more than \$2 million.

The approach "affirms the administration's commitment to enforcement and public access to pricing information," CMS wrote.

The updated regulations specify that machine-readable files with price information must be accessible to automated searches and direct downloads.

"We are very concerned about the significant increase in penalties for noncompliance with the hospital price transparency rule, particularly in light of the many demands placed on hospitals over the past 18 months, including both responding to COVID-19 as well as preparing to implement additional, overlapping price transparency policies," Stacey Hughes, executive vice president of the American Hospital Association, said in a written statement."

[READ THE ENTIRE ARTICLE HERE](#)

THE LATEST NUMBERS

National Debt 90 days ago - \$28,953,016,500.00

National Debt as of today—\$29,9914,107,500.00

Total Debt to GDP Ratio: 127.63%

Debt Per Taxpayer: \$239,087.00 Debt Per Citizen \$89,946.00

Mississippi Debt \$15,135,500.00 vs 90 days ago \$13,800,000.00

National Unemployment Rate: 3.9%, down from 4.6% 90 days ago

National LABOR PARTICIPATION RATE: 62.85%

Mississippi Unemployment Rate as of today: 4.5%

National Average Household Income - \$67,521 / Mississippi - \$45,792



Ken Dulaney
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CREDENTIALS MATTER



David Williams
Carr, Riggs & Ingram

The process for application, testing and certification can be found on the HFMA.org website at hfma.org.

David Williams, Certification Chair

CPA, MPH, FHFMA

David.williams@cricpa.com

HFMA has credentials for those seeking certification or certified specialist programs.

Let's discuss the CHFP program which includes a the broad range of business and financial skills essential for succeeding in today's high-value healthcare environment:

- Business acumen
- Collaboration
- Financial strategy
- Understanding future trends

The CHFP is geared toward financial professionals, clinical and nonclinical leaders, and payers – all those whose jobs require a deep understanding of the new financial realities of health care. The CHFP program includes two modules (*both modules must be successfully completed to earn the CHFP*): The CHFP consists of two online modules:

- **The Business of Healthcare:** A big-picture overview of healthcare finance, risk and risk mitigation, new payment models, financial accounting and cost analysis, strategic financial issues, managing financial resources, and shifting payment models.
- **Operational Excellence:** The application of business acumen includes exercises that use a case study approach to understanding the business of health care.

In addition to the CHFP, HFMA offers specialist programs in accounting/finance, managed care, physicians practice management and business intelligence. For more information contact me.

Thanks,

David Williams

For more information on HFMA Certification, visit <http://www.hfma.org/certification/>.



[Www.HFMA.org/Certification](http://www.HFMA.org/Certification)

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ABOUT HFMA

HFMA is the nation's leading membership organization for healthcare financial management executives and leaders. More than 35,000 members—ranging from CFOs to controllers to accountants—consider HFMA a respected thought leader on top trends and issues facing the healthcare industry. HFMA members can be found in all areas of the healthcare system, including hospitals, managed care organizations, physician practices, accounting firms, and insurance companies.

The Mississippi Chapter of HFMA, along with other regional chapters and the national HFMA, helps healthcare finance professionals in Mississippi meet the challenges of the modern healthcare environment by:

- Providing education, analysis, and guidance.
- Building and supporting coalitions with other healthcare associations to ensure accurate representation of the healthcare finance profession.
- Educating a broad spectrum of key industry decision makers on the intricacies and realities of maintaining fiscally healthy healthcare organizations.
- Working with a broad cross-section of stakeholders to improve the healthcare industry by identifying and bridging gaps in knowledge, best practices, and standards.

Vision

HFMA's vision is: "To be the indispensable resource for healthcare finance."

Purpose Statement

To define, realize, and advance the financial management of health care by helping members and others improve the business performance of organizations operating in or serving the healthcare field.

Quality Statement

Quality is the foundation of the Association and the keystone of its efforts to ensure member and customer satisfaction. HFMA's objective is to:

- Consistently provide services and products that meet the quality expectations of its members, customers, and employees.
- Actively pursue a program of continuous quality improvement that enables employees and volunteers to do their jobs right the first time.
- Quality is a major, strategic association goal. It lies at the heart of everything done for members and customers. HFMA strives continually to improve the quality of services and products offered, the processes and procedures used to produce them, and the manner in which they are delivered.

Values Statement

We believe that service to members is our highest priority.

We believe in excellence in all that we do.

We believe that teamwork is essential in meeting the objectives of HFMA.

We believe in the importance of individuals.

We believe in encouraging innovation and creativity.

We believe in conducting HFMA with financial responsibility and a prudent approach to business.



Mississippi HFMA...Your Educational Resource...