



LHA @ Work for You

an orientation manual for Member CEOs

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LOUISIANA HOSPITAL ASSOCIATION

MISSION

The mission of the Louisiana Hospital Association is to support its members through advocacy, education and services.

VISION

LHA will be recognized as the leader in fostering collaborative efforts that result in effective health policy and a vibrant provider system for Louisiana.

HISTORY

The Louisiana Hospital Association is a non-profit, voluntary organization of hospitals in Louisiana, including not-for-profit religious-based hospitals, other not-for-profit voluntary hospitals, parish hospitals, state hospitals, municipal hospitals and proprietary hospitals. It was officially born February 25, 1925, at a meeting of representatives from accredited Louisiana hospitals and schools of nursing held at Touro Infirmary in New Orleans.

Initially called the "Louisiana Association of Directors of Schools of Nursing," this first organizational assembly was attended by 31 representatives -- 10 superintendents (administrators) of hospitals, six directors of schools of nursing, 10 superintendents (directors) of nursing, three members of the Louisiana Nurses Board of Examiners and two visitors. The group represented 17 hospitals in eight Louisiana cities. The name of the organization was officially changed to "Louisiana Hospital Association" on February 17, 1926 at the Annual meeting held at Charity Hospital in New Orleans.

In 1966, the Association created the Louisiana Hospital Association Research and Education Foundation to promote and provide instruction and training in hospital and related health service institution management and administration, research to improve the scope and content of such instruction and training, and dissemination to the public of the information and data obtained as a result of such research.

The LHA remained headquartered in New Orleans until August 20, 1979 when it moved its office to Baton Rouge in a temporary location. Construction was begun in 1981 on the present LHA Headquarters Building in Baton Rouge and was occupied on Monday morning, October 18, 1982.

The LHA Board of Trustees, which meets approximately six times per year, is composed of the chairman, chairman-elect, secretary-treasurer, immediate past chairman, one trustee representing each of the Association's seven geographical districts throughout the state, and six at-large members. The executive power of the Association is vested in the Board, which is charged by the membership to oversee and manage the property, affairs and funds of the Association. The Executive Committee, composed of the chairman, chairman-elect, secretary-treasurer and immediate past chairman, may be convened as needed. The officers and trustees, who are elected by the member hospitals, serve without financial compensation, although they may be reimbursed their out-of-pocket expenses incurred in discharging their official duties as members of the Board.

LOCATING THE LOUISIANA HOSPITAL ASSOCIATION HEADQUARTERS

9521 Brookline Avenue, Baton Rouge, LA 70809 (225) 928-0026

DIRECTIONS FROM THE BATON ROUGE AIRPORT

Leaving the airport, turn left onto Veterans Memorial Blvd. At the intersection (with traffic signal) turn right onto Harding Blvd. The far right lane becomes an entrance ramp onto I-110 South. Take I-110 South to I-10 to the I-10 & I-12 Split. @ the Split take I-12 (Hammond). Exit Essen Lane. Turn left onto Essen, go over the overpass and turn right onto Jefferson Hwy. Turn left (@ 1st traffic signal) onto Drusilla Lane. Turn right onto Brookline (5th street on right) LHA is on the left on the corner of Weymouth & Brookline (9521 Brookline Ave).

DIRECTIONS TO LHA FROM POINTS EAST

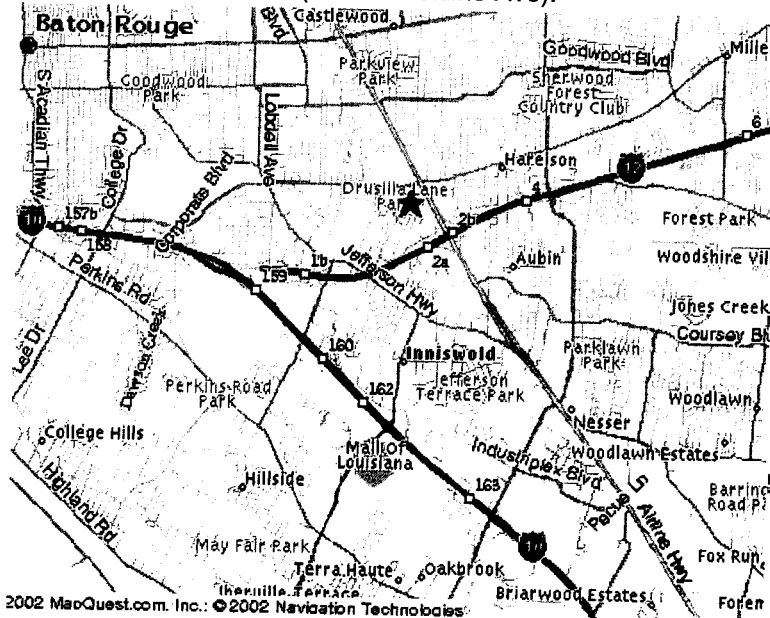
Take I-12 West, Exit Essen Lane. Turn left onto Essen, go over the overpass and turn right onto Jefferson Hwy. Turn left (@ 1st traffic signal) onto Drusilla Lane. Turn right onto Brookline (5th street on right) LHA is on the left on the corner of Weymouth & Brookline (9521 Brookline Ave).

DIRECTIONS TO LHA FROM NEW ORLEANS

Take I-10 West. After reaching Baton Rouge take the I-12 (Hammond) Exit. Exit Essen Lane. Turn left onto Essen, go over the overpass and turn right onto Jefferson Hwy. Turn left (@ 1st traffic signal) onto Drusilla Lane. Turn right onto Brookline (5th street on right) LHA is on the left on the corner of Weymouth & Brookline (9521 Brookline Ave).

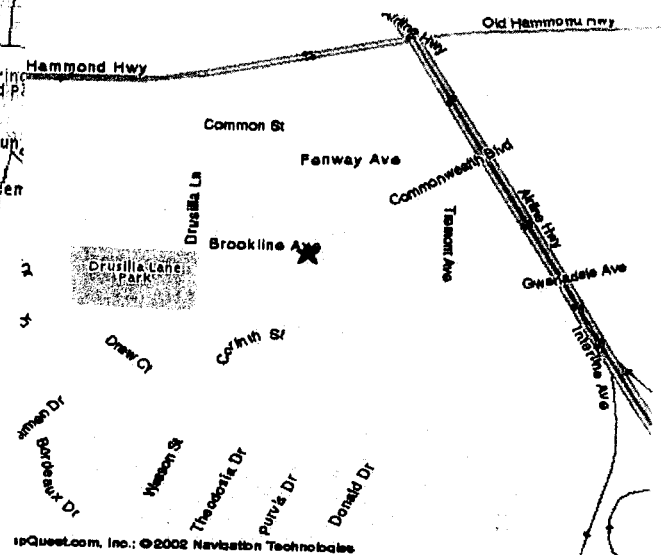
DIRECTIONS TO LHA FROM POINTS WEST

Take I-10 East, across the Mississippi River Bridge, to the I-10 & I-12 Split. @ the Split take I-12 (Hammond). Exit Essen Lane. Turn left onto Essen, go over the overpass and turn right onto Jefferson Hwy. Turn left (@ 1st traffic signal) onto Drusilla Lane. Turn right onto Brookline (5th street on right) LHA is on the left on the corner of Weymouth & Brookline (9521 Brookline Ave).



Interstate Map

Local Street Map



**LOUISIANA HOSPITAL ASSOCIATION
BYLAWS
Revised and Adopted July 23, 2008**

**ARTICLE I
MEMBERSHIP**

Section 1. Classes. Membership shall be available to qualified organizations and individuals interested in the purposes of the Association on application and election as hereinafter provides.

Section 2. Institutional Membership. Institutional Membership shall consist of the following:

- (a) Hospitals, both general and special, that care primarily for patients with conditions normally requiring a comparatively short inpatient stay.
- (b) All other hospitals that provide for the care of patients requiring a comparatively long inpatient stay.
- (c) Hospitals owned or operated by the State of Louisiana or the United States of America.

Section 3. Other Classifications of Membership. Associate Membership, shall be non-voting and shall consist of the following:

- (a) Other healthcare organizations and institutions, except hospitals, that provide for the care of patients, including those owned in whole or in part by Institutional Members.
- (b) Individuals licensed to independently provide care of patients.
- (c) Groups formally organized for the construction of a new health care facility.
- (d) Auxiliaries or other volunteer groups organized in connection with an institution which holds Institutional Membership in the Association. Such members shall not pay dues.
- (e) Societies or associations of the Louisiana Hospital Association and the Members thereof, such as associations of hospital and medical personnel, provided such organizations are approved by the Board of Trustees.
- (f) Foundations which support hospitals and healthcare within the state.
- (g) Lifetime Honorary Personal Members shall be persons of distinction who may be elected to Lifetime Honorary membership by the Board of Trustees according to its established. Lifetime Honorary members shall pay no dues.
- (h) Corporate Affiliate Membership shall include organizations interested in the purpose of the Association and having interests and goals consistent with the Association's but that are not eligible for any of the above types of membership, provided these organizations qualify for membership in accordance with such requirements as the Board of Trustees may enact from time to time.

- (b) The following shall be elected from the membership of the association at each annual meeting of the Assembly:
1. A Treasurer who shall serve for a one-year term beginning at the time of his election and installation at the annual meeting at which elected and ending with the installation of his successor; and
 2. At-Large Trustees for expiring and vacant terms.
- (c) District and At-Large Trustees shall serve terms of two years each and shall be eligible to serve not more than two successive terms. At-Large Trustee positions shall be equally divided by the Board of Trustees into A and B positions. At-Large Trustees-A will be elected in even number years, and At-Large Trustees-B will be elected in odd numbered years.
- (d) Association members shall elect District Trustees in accordance with the provisions of Article X of these Bylaws.
- (e) Procedure.
1. The Nominating Committee shall present to the membership one or more nominations for the positions to be elected at the annual meeting.
 2. Other nominations for any of these offices may be made by Institutional representatives from the floor of the Assembly.
 3. Any candidate who is unopposed for election shall be declared to be elected.
 4. The membership shall vote between competing candidates and, if no candidate receives a majority, shall vote again between the two candidates initially receiving the largest number of votes.

Section 5. Voting. Each Institutional member shall be entitled to one vote which shall be cast by the chief administrative officer of the institution. The chief administrative officer may designate in writing an individual from his institution as proxy, but no proxy designation shall be valid unless it specifies the meeting at which the vote by proxy is authorized. Only Institutional members shall be entitled to vote. No business transacted at an Assembly shall be valid unless a quorum is present. A quorum shall consist of thirty (30) Institutional members present in person or proxy.

ARTICLE III BOARD OF TRUSTEES

Section 1. Composition. The Board of Trustees shall consist of the Chair, the Immediate Past Chair, the Chair-Elect, the Treasurer, and the President & CEO/Secretary, all of whom shall be members ex-officio with power to vote, one Trustee representing each of the Districts and six At-Large Trustees.

- (a) In the event that at least one member of the Board listed above is not serving as a Delegate to the American Hospital Association Regional Policy Board, an ex-officio Board Member may be elected to serve in this capacity.

- (g) enact and enforce a written policy that requires the association to negotiate in its transactions and arrangements with potential joint venture partners such terms and safeguards as are adequate to ensure that the association's tax exempt status is protected.

Section 7. Publications. The Board of Trustees shall cause to be published (a) a newsletter, which shall be the official communication tool of the Association, (b) the transactions of the annual meeting, and (c) such other publications as may be desirable.

Section 8. Compensation. Members of the Board shall serve without financial compensation, but may be reimbursed their out-of-pocket expenses incurred in discharging their official duties as members of the Board.

ARTICLE IV OFFICERS AND DUTIES

Section 1. Officers.

- (a) The Chair of the Association shall act as Chair of the Board of Trustees and of the Assembly.
- (b) The Chair-Elect shall perform the duties of the office of the Chair in the absence of the Chair.
- (c) Subject to the provisions of Section 4 of this Article, the Treasurer shall oversee the finances of the Association in cooperation with the President & CEO and responsible staff, chairs the Finance Committee, and report their findings and recommendations to the Board of Trustees.
- (d) The President & CEO shall serve as the Secretary of the Board of Trustees and of the Assembly, and shall be responsible for contemporaneously documenting the proceedings of the Board of Trustees and the Assembly.

Section 2. Duties. In addition to the foregoing and the other duties provided in these Bylaws, the officers of the Association shall perform the duties usually assigned to such officers.

Section 3. Qualifications. All Officers shall continually meet the Qualifications provided in Section V.2.

Section 4. Vacancies. A vacancy in the Chair shall be filled by the Chair-Elect, who shall continue to hold the office of Chair during the term for which he was elected. A vacancy in the offices of Chair-Elect shall be filled by the Treasurer for the remainder of the unexpired term. A vacancy in the Treasurer shall be filled by Board appointment for the remainder of the unexpired term.

Section 5. Reports. The Chair and the President & CEO shall each submit an annual report to the Assembly. The report of the Treasurer shall include a written financial statement accompanied by an audit report for presentation to the Board of Trustees.

Section 6. Signatures. All checks, drafts and other orders for payment of money shall be signed by such officer or officers, agent or agents of the Association in accordance with Association policy adopted by the Finance Committee.

Section 4. Special Committees. The Chair may appoint such special committees as may be required subject to approval by the Board of Trustees. All special committees so appointed shall be charged with specific responsibilities, and upon completion of their respective charges, the committees will cease to exist. All special committees will terminate on the day the Chair-Elect assumes office as Chair unless they are re-appointed and charged.

Section 5. Duties of Standing Committees.

- (a) The Executive Committee shall meet as often as called together by its chair. In the interim between meetings of the Board of Trustees, all of the corporate powers of this Association shall be vested in and exercised by the Executive Committee, subject to such limitations as may be imposed by the Board of Trustees, Bylaws or resolution. All action taken by this committee shall be reported to the Board of Trustees at the first meeting thereafter.
- (b) The Nominating Committee shall nominate to the membership at the annual meeting candidates for Treasurer and At-Large Trustees, and to the Board of Trustees candidates for LHA Management Corporation's Board of Directors, LHA representatives to serve on ShareCor's Board of Representatives and on any other governing body on which the association has the right to be represented, and the Delegates and Alternate Delegates to the Regional Policy Board of the American Hospital Association. For the purpose such nominations, the committee shall meet not later than sixty (60) days prior to the date of the annual Assembly, and at such times as requested by the Chair.
- (c) The Finance Committee shall make recommendations to the Board of Trustees as appropriate regarding the relevance and integrity of the Louisiana Hospital Association's financial statements, budgeting process, and investment strategies. The Finance Committee shall also serve as the Audit Committee.
- (d) Executive Compensation & Benefits Committee/Retirement Plan Oversight Committee shall make recommendations to the Board of Trustees regarding salaries of Senior Association Management and benefits, including retirement, offered to all Association employees.

Section 6. Vacancies. The Chair shall have the power to fill vacancies on any committee, except where otherwise specified.

Section 7. Quorum. A majority of the members of any committee shall constitute a quorum, except where otherwise specified. Where the President & CEO is an ex-officio member of any committee, regardless of whether he is entitled to vote, his attendance shall count in determining a quorum.

Section 8. Procedure. Each committee may adopt rules for its government, not inconsistent with the Articles of Incorporation and these Bylaws, subject to approval by the Board of Trustees.

ARTICLE VIII COUNCILS AND TASK FORCES

Section 1. Types. Councils and/or Task Forces shall be formed as the Board deems necessary to assist it and the Association to address the needs of Members. At a minimum there shall be a Legislative, Regulatory & Policy Council.

ARTICLE X DISTRICTS

Section 1. Establishment. Unless and until rearranged, increased or consolidated as provided in this Article X, , the Institutional membership shall be divided into the following Districts, the geographic boundaries of which may be modified from time to time by the Board of Trustees

1. Northwest Louisiana
2. Northeast Louisiana
3. Central Louisiana
4. Southwest Louisiana
5. Southeast Louisiana
6. New Orleans
7. Bayou

Section 2. Bylaws. Each District shall by two-thirds (2/3) vote of its membership present and voting adopt Bylaws for its governance, which shall be subject to review and approval of the Board of Trustees.

Section 3. Officers, Qualifications, Duties.

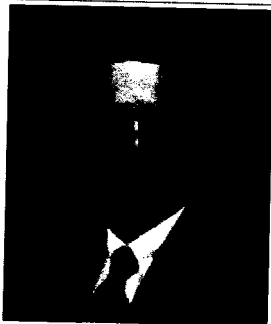
- (a) Each District shall elect from among its voting membership a District President, a District Secretary-Treasurer and a District Trustee of the Louisiana Hospital Association. The same person may hold the office of District Trustee and any other one office herein provided. District Officers, District Trustees and Trustees at Large, shall have the same qualifications for office as established for Trustees of the Association.
- (b) Trustees from odd-numbered Districts shall be installed as Trustees at the conclusion of the annual Assembly held in odd-numbered years; trustees from even-numbered Districts shall be installed in even-numbered years.
- (c) The District President, or in his absence, the District Secretary-Treasurer, shall preside at all meetings of the District membership. Both shall also perform such other duties as are normally required of such officers.
- (d) The District Secretary-Treasurer shall issue notices of meetings of Districts, record minutes of each meeting and forward a copy of same to the office of the Association, have charge and custody of any funds at the disposal of the District including disbursement of such funds on order to the President or the assembled District, and perform such duties as are normally required of a District Secretary-Treasurer of similar organizations.

Section 4. Voting. Voting in the Districts shall be on the same basis as in the Assembly of the Association. Except as otherwise expressly provided herein, the number, qualifications, terms of office, manner of election, powers and duties of the officers and governing board, the time and place of calling, giving notice and conducting meetings, the number of members which shall constitute a quorum, and all other operations of the District shall be as provided in rules and regulations adopted by the District.

Section 5. Transfer of District Membership. An Institutional member may petition the Board of Trustees for transfer of its membership from one District to another.

LOUISIANA HOSPITAL ASSOCIATION

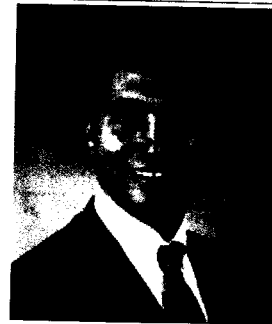
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Sean M. Prados
Executive Vice President
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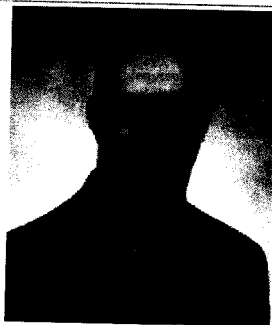
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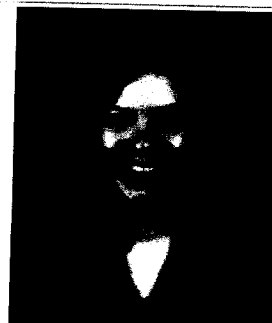
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Key Association Meetings & Activities 2009

(As of February 11, 2009: please visit our website –
<http://www.lhaonline.org/calendar.cfm> – for updates and details)

Major LHA Governance & Membership Meetings

Jan 1, 2009		New Year's Day – LHA OFFICE CLOSED
Jan 6, 2009	9-11am	Southeast District Meeting – Baton Rouge (LHA Headquarters Board Room)
Jan 7, 2009	12-2pm	Southwest District Meeting – Lafayette (Bailey's Seafood)
Jan 9, 2009	10a-pm	Bayou District Meeting – Houma (Terrebonne General Medical Center)
Jan 14, 2009	12-2pm	Northwest District Meeting – Shreveport (Petroleum Club of Shreveport)
Jan 15, 2009	12-2pm	Northeast District Meeting – Monroe (St. Francis Medical Center)
Jan 16, 2009	12-2pm	Central District Meeting – Alexandria (CHRISTUS St. Frances Cabrini Hospital)
Jan 28, 2009	9:30a-12pm	LHA Trust Funds Board – Baton Rouge (HSLI)
Feb 3, 2009	10a-3pm	LHA Quality & Patient Safety Advisory Panel (LHA Headquarters Board Room)
Feb 5, 2009	1-2pm	LHA Finance Committee Meeting – (via conference call)
Feb 9, 2009	9a-3pm	Winter Leadership Symposium – Baton Rouge (Capitol Hilton)
Feb 10, 2009	7:30a-12pm	Winter Leadership Symposium <i>day 2</i> – Baton Rouge (Capitol Hilton)
Feb 10, 2009	1-3pm	LHA Board Meeting – Baton Rouge (Capitol Hilton)
Feb 11, 2009	12-1:30pm	ShareCor Board Meeting – Baton Rouge (via conference call)
Feb 13, 2009	9-11am	MHCNO Healthcare Policy Meeting – New Orleans (MHCNO Headquarters)
Feb 18, 2009	9-11am	MHCNO Board of Directors Meeting – New Orleans (Andrea's Restaurant)
Feb 24, 2009		Mardi Gras – LHA OFFICE CLOSED
March 10, 2009	10-11:30am	LHA Rehab. Constituency Group Meeting (LHA Headquarters Conference Room)
March 10, 2009	1:30-3pm	LHA LTAC Constituency Group Meeting (LHA Headquarters Conference Room)
Mar 11, 2009	10a-12pm	Behavioral Health Constituency Group (LHA Headquarters Conference Room)
Mar 13, 2009	9-11am	MHCNO Healthcare Policy Meeting – New Orleans (MHCNO Headquarters)
Mar 19-20, 2009		AHA Regional Policy Board (RPB 7) – The Woodlands, TX (LHA Chair & CEO attend)
Mar 25, 2009	TBA	LHA Spring Health Law Symposium – New Orleans (Doubletree)
Apr 8, 2009	9-11am	MHCNO Board of Directors Meeting – New Orleans (Andrea's Restaurant)
Apr 8, 2009	10a-2pm	Rural Leadership Forum (TBA)
Apr 10, 2009		Good Friday – LHA OFFICE CLOSED
Apr 20, 2009	9:30a-12pm	LHA Trust Funds Board – Baton Rouge (HSLI)
Apr 22, 2009	10:30a-1pm	LHA Board Meeting – Baton Rouge (LHA Conference Center)
Apr 25-29, 2009		American Hospital Association Annual Meeting – Washington, DC
Apr 27, 2009		2009 Louisiana Regular Legislative Session Begins
Apr 30, 2009	1-2pm	LHA Finance Committee Meeting – (via conference call)
May 5, 2009	9-11am	Southeast District Meeting – Baton Rouge (LHA Headquarters Board Room)
May 6, 2009	9-11am	Southwest District Meeting – Lafayette (TBA)
May 8, 2009	10a-1pm	Bayou District Meeting – Lusher (St. James Parish Hospital)
May 12, 2009	10a-3pm	LHA Quality & Patient Safety Advisory Panel (LHA Headquarters Board Room)
May 13, 2009	12-2pm	Northwest District Meeting – Shreveport (Petroleum Club of Shreveport)
May 14, 2009	12-2pm	Northeast District Meeting – West Monroe (St Francis LaVerna Conf Center-478 Good Hope Rd)
May 15, 2009	9-11am	MHCNO Healthcare Policy Meeting – New Orleans (MHCNO Headquarters)
May 15, 2009	12-2pm	Central District Meeting – Alexandria (CHRISTUS St. Frances Cabrini Hospital)
May 18, 2009	2-5pm 6:30-8:30pm	LHA Board Meeting – Baton Rouge (Capitol Hilton—in conjunction w/Legislative Day) LHA Legislative Reception – Baton Rouge (Capitol Hilton, 10 th floor)
May 25, 2009		Memorial Day – LHA OFFICE CLOSED
Jun 10, 2009	9-11am	MHCNO Board of Directors Meeting – New Orleans (Andrea's Restaurant)
Jun 18-19, 2009		AHA Regional Policy Board (Region 7) – Little Rock, AR (LHA Chair & CEO attend)
Jun 25, 2009		2009 Louisiana Regular Legislative Session Ends
Jul 3, 2009		Independence Day – LHA OFFICE CLOSED



The **Louisiana Hospital Association** (a 501(c)(6)) established in 1926, is a not-for-profit association representing all types of hospitals and healthcare systems throughout the state. The LHA carries out its mission by providing services and resources to members through advocacy, education, research, representation, and communication.

LHA Research & Education Foundation (a 501(c)(3)) organized for education and research purposes, to instruct and train individuals and groups through educational offerings, forums, panels, lecture or similar programs to improve and/or develop capabilities in the field of hospital and related health service management and administration.

LHA Management Corporation (a for-profit C Corp) is an affiliate of the LHA formed to support the activities of the Association as it pursues its mission by providing cost effective services to LHA in education, events planning, publishing and other activities.



SHARECOR

ShareCor, a limited liability company or 'LLC', is a joint venture and equally owned subsidiary of the Louisiana Hospital Association (LHA) and the Metropolitan Hospital Council of New Orleans (MHCNO). **ShareCor** provides opportunities for its' members through negotiated contracts for services with vendors to improve

the financial viability of Louisiana hospitals through cost effective and innovative programs and services, while supporting the missions of the parent organizations.



HOSPAC
Louisiana Hospital Association
Political Action Committee

HOSPAC and LA Health PAC, are non-profit, Incorporated, political action committees that act as the political action arms of the Louisiana Hospital Association. They serve as vehicles to develop political awareness and understanding of the political process with

the objective of electing public officials that support the healthcare industry in Louisiana. Both are independent, bipartisan organizations, not affiliated with any political party.

LHA Trust Funds Just as healthcare constantly changes, so must each hospital's insurance coverage. That's why the LHA Funds offer flexible options that are designed for today's healthcare facilities. Through programs managed by a board made up of hospital administrators, the stable, secure, LHA Funds guarantee real value when it comes to providing Hospital Professional Liability, Physicians Professional Liability, General Liability, and Worker's Compensation Coverage.



The American Hospital Association (AHA) is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Close to 5,000 hospitals, health care systems, networks, other providers of care and 37,000 individual members come together to form the AHA.

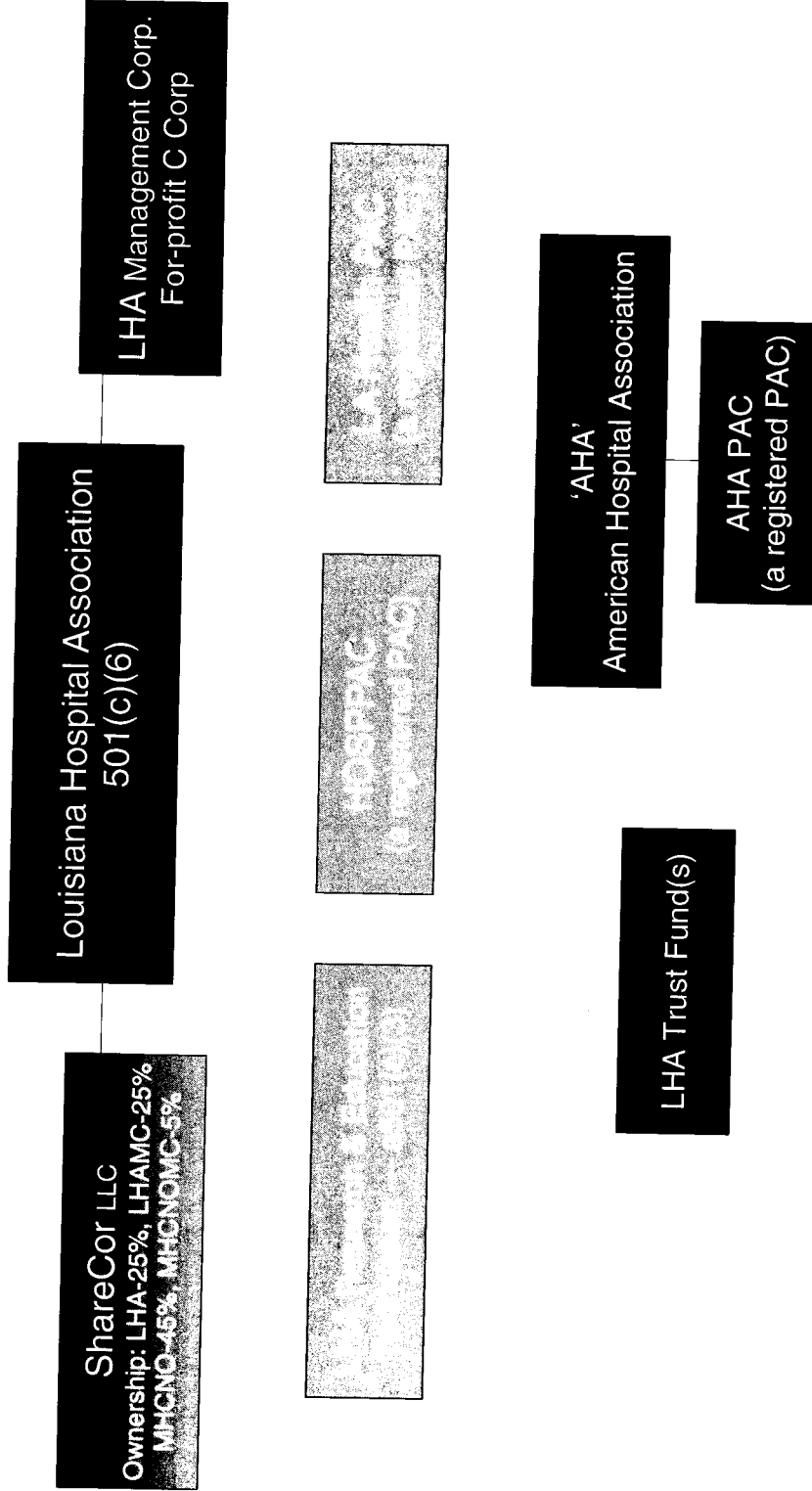


AHAPAC

Is the political fundraising arm of the American Hospital Association.

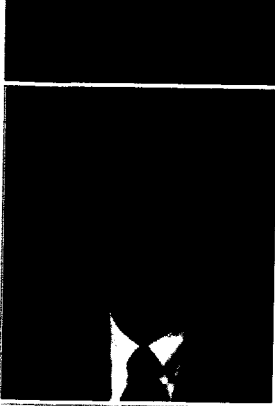


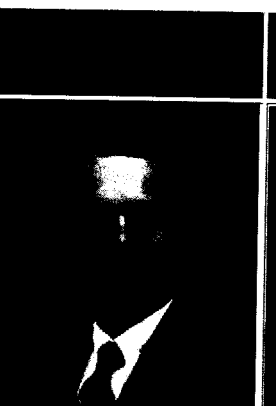
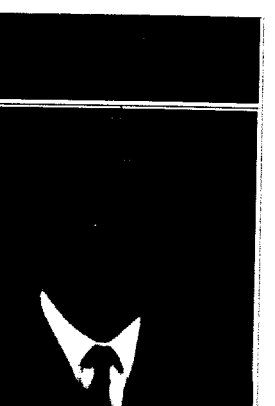
MCHNO The Metropolitan Hospital Council of New Orleans is a Metropolitan Association, affiliated with the American Hospital Association, which provides advocacy and other services to its members in the New Orleans area.

Diagram of Association Related Entities

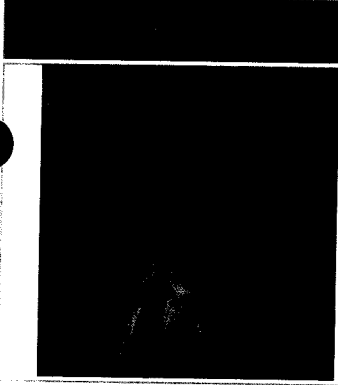
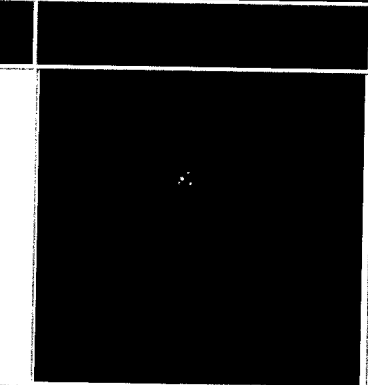
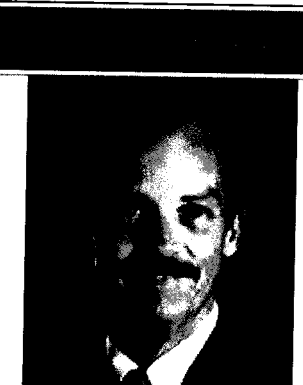



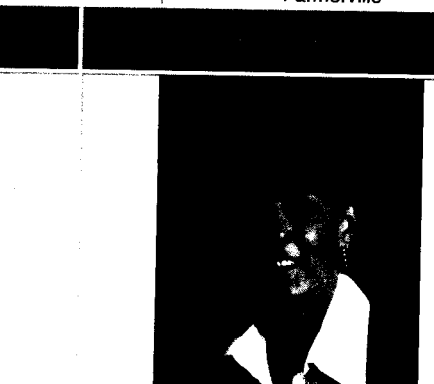


- LHA Fully or Partially Owned
- Related Entity
- LHA Sponsored
- Affiliated Organizations

Officers~ Executive Committee

				
<p>William R. Holman, FACHE President & CEO Baton Rouge General Medical Center Baton Rouge</p>	<p>Cindy J. Rogers, FACHE CEO St. Patrick's Psychiatric Hospital Monroe</p>	<p>Milton D. Bourgeois, Jr. CEO Ochsner-St. Anne General Hospital Raceland</p>	<p>John A. Matessino President & CEO Louisiana Hospital Assn Baton Rouge</p>	<p>Mark E. Marley, FACHE CEO Natchitoches Regional Medical Center Natchitoches</p>

District Trustees

			
<p>Wayne M. Arboneaux Chief Executive Officer Assumption Community Hospital Napoleonville</p>	<p>Roger LeDoux CEO Byrd Regional Hospital Leesville</p>	<p>Steve Worley President/CEO Children's Hospital New Orleans</p>	<p>Evalyn Ormond Chief Executive Officer Union General Hospital Farmerville</p>
			
<p>Karen Mixon Administrator CHRISTUS CoushattaHealth Care Center Coushatta</p>	<p>James E. Cathey, Jr. CEO North Oaks Medical Center Hammond</p>	<p>Kathy J. Bobbs CEO Women's & Children's Hospital Lafayette</p>	



LHA Board of Trustees

Officers (Executive Committee) – Term: 7/2008-7/2009

William R. Holman, FACHE
 President & CEO
 Baton Rouge General MC
 2600 Florida Blvd
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 225-237-1660
 Fax: 225-237-1638
 william.holman@brgeneral.org
Chair

Cindy J. Rogers, FACHE
 Chief Executive Officer
 St. Patrick's Psychiatric Hospitz
 309 Jackson Street
 Monroe, LA 71201
 318-327-4370
 Fax: 318-327-4951
 rogersc@stfran.com
Chair-Elect

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 President & CEO
 Louisiana Hospital Assoc
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 225-928-0026
 Fax: 225-923-1004
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Secretary

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 St. Anne General Hospital
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 Fax: 985-537-4248
 mibourgeois@ochsner.org
Treasurer

Mark E. Marley, FACHE
 Chief Executive Officer
 Natchitoches Regional MC
 501 Keyser Avenue
 Natchitoches, LA 71457
 318-214-4512
 Fax: 318-214-4354
 memarley@cp-tel.net
Immediate Past-Chair

District Trustees

Wayne Arboneaux
 Chief Executive Officer
 Assumption Community Hospital
 135 Highway 402
 Napoleonville, LA 70390-2217
 985-369-4209
 Fax: 985-369-4236
 warbonea@ololrhc.com
Bayou District Trustee
Elected in even years
 1st term: 07/2008-07/2010

Roger C. LeDoux
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 Byrd Regional Hospital
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 337-239-5114
 Fax: 337-239-5360
 Roger_ledoux@chs.net
Central District Trustee
Elected in odd years
 Unexp term (Buchanan) 11/08-7/09

Steve Worley
 President/CEO
 Children's Hospital
 200 Henry Clay Avenue
 New Orleans, LA 70118-5799
 504-896-9450
 Fax: 504-896-9707
 sworley@chnola.org
New Orleans District Trustee
Elected in even years
 Unexp term (Stein) 7/05-7/06
 1st term: 7/2006-7/2008
 2nd Term: 07/2008-07/2010

Evalyn Ormond
 Chief Executive Officer
 Union General Hospital
 901 James Ave
 Farmerville, LA 71241-2234
 318-368-7066
 Fax: 318-368-8270
 eormond@uniongen.org
Northeast District Trustee
Elected in even years
 Unexp term (Spraberry) 10/07-7/08
 1st Term: 07/2008-07/2010

Karen Mixon
 Administrator
 CHRISTUS Coushatta Health
 Care Ctr
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 Coushatta, LA 71019-9022
 318-932-2199
 Fax: 318-932-2198
 karen.mixon@christushealth.org
Northwest District Trustee
Elected in odd years
 Unexp term (Kutch) 10/07-7/09

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 Hammond, LA 70403
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 Fax: 985-230-6482
 ccoats@northoaks.org
Southeast District Trustee
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 1st term: 7/2005-7/2007
 2nd term: 07/2007-07/2009

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 337-521-9101
 Fax: 337-521-9102
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Southwest District Trustee
Elected in even years
 Unexp term (Broussard) 5/2005-7/2006
 1st term: 7/2006-7/2008
 2nd term: 07/2008-07/2010

At-Large Trustees

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 President & CEO
 Willis-Knighton Health System
 2600 Greenwood Road
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 318-212-4785
 Fax: 318-212-4005
 gturner@wkhs.com
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 2nd term: 07/2007-07/2009

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 dlejeu01@steh.com
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 2nd term: 07/2007-07/2009

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 Fax: 225-650-2450
 bday@promisehealthcare.com
 Unexp term (Barrilleaux) 7/08-7/09

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 318-448-6700
 Fax: 318-483-4045
 stephen.wright@christushealth.org
 Unexp term (LeDoux) 11/2008 – 7/2010

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 Fax: 985-873-4640
 Phyllis.peoples@tgmc.com
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 2nd term: 7/2008 – 7/2010

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 pquinlan@ochsner.org
 1st term: 07/2008-07/2010

Ex-Officio Members (Active Past-Chairs)

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 President & CEO
 Our Lady of Lourdes Regional MC
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 Fax: 337-289-2574
 barrowb@lourdesmc.com

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 Fax: 337-462-7479
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Louisiana Hospital Association Board of Trustees Chairs 1925 – 2008

1925	Crebbin, John T., MD	1968-69	Jerome, Frank A.
1925-26	Spelman, John D., M.D.	1969-70	Smith, David M.
1926-27	Leake, W. W., M.D.	1970-71	Hermann, Richard C.
1927-28	Crawford, L. B., M.D.	1971-72	Simonds, Warren W.
1928-29	Smith, Mrs. Annie L., R.N.	1972-73	Shows, Wayne D.
1929-30	Bristow, Louis J., D.D.	1973-74	Alexius, Haller
1930-31	Sanderson, E. L., M.D.	1974-75	Gayle, Frank R.
1931-32	Vidrine, Arthur, M.D.	1975-76	Hightower, Thomas R.
1932-33	Pierson, Clarence, M.D.	1976-77	Elrod, James K.
1933-34	MacLean, B. C., M.D.	1977-78	Hebert, Donald R.
1934-35	MacLean, B. C., M.D.	1978-79	Mang, Herbert J. Hebert, Donald R.
1935-36	Vidrine, Arthur, M.D.	1979-80	Boyne, Bernard J.
1936-37	Ayo, J. J., M.D.	1980-81	Terrebonne, Terry J.
1937-38	Hockett, A. J., M.D.	1981-82	Pitts, David R.
1938-39	Hockett, A. J., M.D.	1982-83	Collins, Stephen B.
1939-40	Barker, Mrs. H. O.	1983-84	Davidge, Robert C.
1940-41	Barker, Mrs. H. O.	1984-85	Barnette, Chris W.
1941-42	Groner, Frank S., Jr.	1985-86	Longman, Douglas C.
1942-43	Blue, R. E.	1986-87	Lawrence, Lee Morrogh, James C.
1943-44	Tipping, Mrs. Kate V.	1987-88	Morrogh, James C.
1944-45	Galloway, Edgar, M.D.	1988-89	Sawyer, Thomas H.
1945-46	Battle, Burton M.	1989-90	Roberts, Elliott C., Sr.
1946-47	Kurzweg, Paul H., M.D.	1990-91	Bird, David A.
1947-48	Jarrett, Lewis E., M.D. Herold, Herman L.	1991-92	Cooper, Michael E.
1948-49	Miller, Richard E. C., M.D.	1992-93	Tuten, Allen
1949-50	Richard, A. P., II	1993-94	Page, David R. Badger, Theodore J., Jr.
1950-51	Lockridge, W. E. B., D.D. Hinsley, Joseph W.	1994-95	Badger, Theodore J., Jr.
1951-52	Hinsley, Joseph W.	1995-96	Swiniarski, Wayne, FACHE
1952-53	Guy, Robert	1996-97	Taylor, Robert R.
1953-54	Abram, John C.	1997-98	Young, Frederick C., Jr.
1954-55	Burgoyne, S. Everett	1998-99	Burdin, John J., Jr.
1955-56	Wilson, Raymond C.	1999-00	Smith, H. Gerald, FACHE
1956-57	Herold, Herman L.	2000-01	Worley, Steve
1957-58	Mackenzie, John C., M.D.	2001	Viator, Kyle J.
1958-59	May, Freeman E. Brown, Billy W.	2002	Fontenot, Teri G.
1960-61	Hargrove, W. Rigsby, M.D.	2003-04	Barrow, William F. 'Bud'
1961-62	Heroman, J. B., Jr.	2004-05	Muller, A. Gary, FACHE
1962-63	Losberg, Clifford C., Jr.	2005-06	Williams, Elton L., CPA, FACHE
1963-64	Gardiner, James M.	2006-07	James T. Montgomery, FACHE
1964-65	Sophie, Sister Madeleine Ryder, Firal L.	2007-08	Mark E. Marley, FACHE
1965-66	Huckabay, H. Hunter	2008-09	William R. Holman, FACHE
1966-67	Hamilton, H. E.		
1967-68	McLaurin, Julius R.		





Overview – LHA Board of Trustees

Officers(5) District Trustees(7) At-Large Trustees(6) Ex-Officio(active)

Officers: The LHA Nominating Committee makes recommendations to the Membership to fill Officer positions (Chair, Chair-Elect, Treasurer). Election by the membership takes place at the Annual Assembly each July. **Term:** 1 year.

Duties:

- Chair – Acts as Association, Board and Executive Committee Chair, presides at all Board and general membership meetings, invited guest to AHA Regional Policy Board meetings
- Chair-Elect – Performs duties of the Chair in his/her absence, Chairs the LRPC, is a member of the Executive Committee
- Treasurer – Chairs the LHA Finance Committee and reports to the Board on the LHA's financial status, is a member of the Executive Committee
- Secretary (President & CEO of the Association) – Responsible for documenting Board and Assembly proceedings, is a member of the Executive Committee
- Immediate Past-Chair – Chairs the Nominating Committee, is a member of the Executive Committee

District Trustees: Act as a conduit between the hospitals in their District and the Board and are elected to represent each of the geographic districts of the Association by a 2/3 vote of the District's voting membership. Elections in the NW, Central, and SE Districts are held in odd numbered years. Elections in the Bayou, NE, SW, and New Orleans Districts are held in even numbered years. **Term:** 2 years.

At-Large Trustees: The purpose of the At-Large Trustees is to ensure that the Board reflects the composition and diversity of the membership as a whole. The LHA Nominating Committee makes recommendations to the Board to fill the At-Large Trustee positions. Election by the membership takes place each July at the Annual Membership Meeting. 3 are elected in odd numbered years and 3 in even numbered years. **Term:** 2 years.

Qualifications for Board Members: A member of the Board of Trustees must, at the time of his election and during his term of office, be an executive officer who is employed, full-time, by or in connection with an Institutional member. An "executive officer" is defined as one who is vested with the authority and responsibility for the establishment and implementation of policy for an Institutional member. A Trustee of the Board of Trustees can represent a district only when employed by an institutional member holding membership in that district. To serve as an Officer of the Board of Trustees, one must also meet the requirements for being a District Trustee.

Nomination process for Officers & At-Large Trustees: Prior to making recommendations to the Membership, the Nominating Committee reviews membership demographics and compares the current makeup of the board of trustees to those. Data points include: hospital type, for-profit status, service district status, hospital bed size, and district representation. While a composition in diversity of the membership is a key criteria, also considered are: potential leadership capabilities to assume the responsibilities of being an officer and a willingness to serve and fulfill the obligations of the Board and bylaws.

- The Nominating Committee is composed of the three most Immediate Past-Chairs available and active and meeting the qualifications for Board Members. The most Immediate Past-Chair serves as Committee Chair.



Directors & Officers Liability Coverage

The LHA maintains a claims made insurance policy, for coverage of nonprofit directors and officers liability, with an aggregate limit of liability each policy year of \$5,000,000.

This product is sponsored by the American Society of Association Executives and we will gladly provide a copy of the full policy to you upon request.

C E R T I F I C A T E O F I N S U R A N C E

COVERAGE DECLARATIONS FOR NONPROFIT DIRECTORS AND OFFICERS LIABILITY ASSOCIATION PROFESSIONAL LIABILITY INSURANCE (APLI)

Annual Premium:	<u>\$6,965.00</u>
Name of Insured Entity:	<u>Louisiana Hospital Association</u>
Policy Period:	<u>09/14/2007 to 09/14/2008</u>
Limits of Liability:	
Aggregate each Policy Year:	<u>\$5,000,000.00</u>
Deductible (also known as Retention):	
Employment Practices Claim:	<u>\$5,000.00</u> Each and Every Claim

Entity Coverage:

D&O-related lawsuits nearly always name the association itself as a defendant. There are D&O policies that do not provide coverage for liability incurred by the organization. The ASAE sponsored D&O program makes sure your association is covered.

Broad Coverage:

The policy specifies any past, present or future director, officer, trustee, employee, volunteer or committee member as an INSURED.

Special Conditions:

Please note that the entities listed under the Additional Insured Endorsement are as follows:

1. Louisiana Hospital Association Research and Education Foundation
2. Louisiana Hospital Association Management Corporation
3. Hospital Political Action Committee
4. Louisiana Health PAC, Inc.

Special Program: The American Society of Association Executives Sponsored

Company: The Hartford



Louisiana Hospital Association Legislative, Regulatory & Policy Council (LRPC)

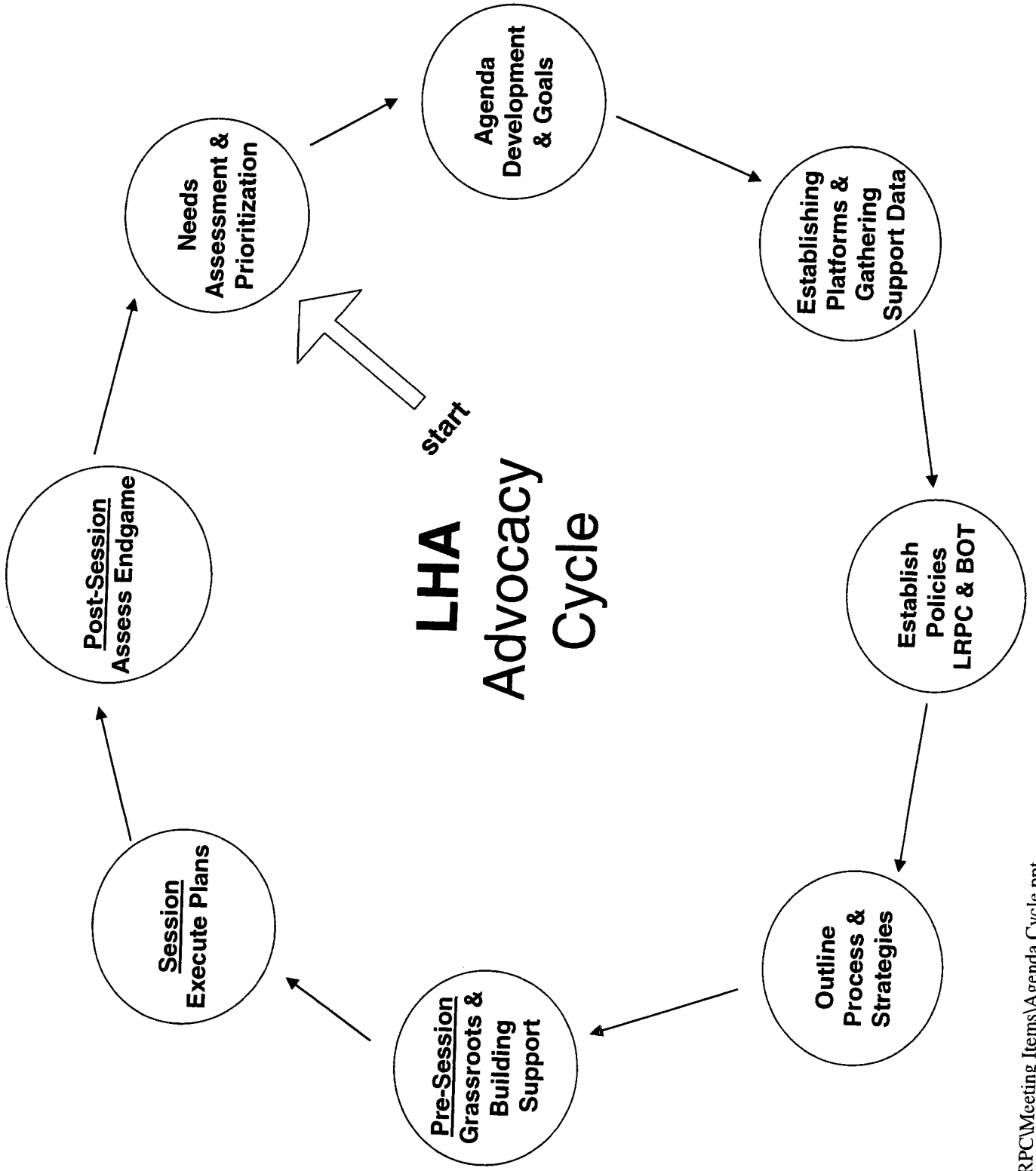
PURPOSE: The purpose of the Council is to enable the LHA to improve performance and coordination of the existing policy development process in several key areas: (1) more timely and accurate identification of issues; (2) increased involvement of the membership in policy matters, both in identifying issues and influencing positions to be taken; and (3) better utilization of Board responsibilities and resources in the development of policy.

CHARGE: The Board of Trustees is the sole body within LHA that has authority and responsibility for establishing policy for the Association. To assist LHA in accomplishing policy responsibilities, the LHA Board Chair will annually appoint the LRPC and charge it with assisting staff in identification of those issues advantageous to the Association and its members at the federal and state levels so that the Association can express its collective opinion through a policy, statement or position. These positions will be used to determine support of specific legislation and/or regulation where feasible and otherwise guide Association staff in responding to media and other publics. The LRPC may on occasion identify and establish a priority for those issues which should be investigated or considered in depth and to recommend to the Board the appointment of appropriate task forces, including a recommended charge and time frame for each. Prior to the approval of most positions, staff will provide a "framing document" to guide the discussion/dialogue. The policy approval process will consist of the following steps: 1) Emerging Issues and Next Steps; 2) Issue and Staff Recommendation; 3) LRPC Policy Recommendation; and 4) LHA-BOT Position Statement.

Frequency of Meeting: The Council will meet 3 times per year at a minimum and may be contacted by telephone or electronically on occasion to address specific issues.

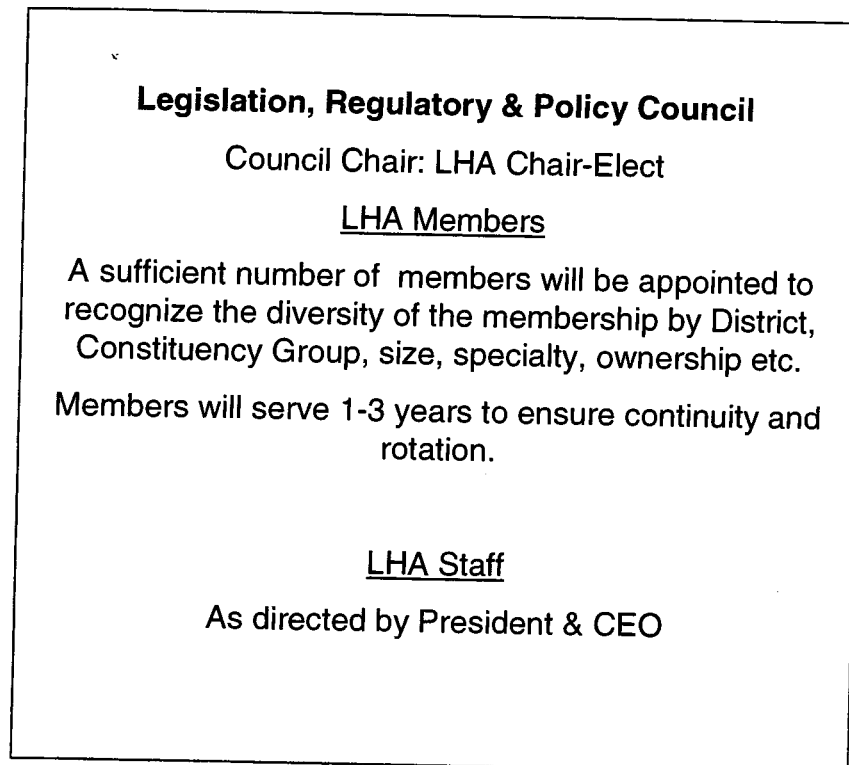
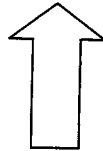
Members: The core membership should be a sufficient number of LHA members to ensure the diversity of the membership is represented. In addition, constituency group member hospitals will have a seat at the table so as to provide additional perspective and coordinate efforts for those issues that they have in common with LHA. The chairs of the Constituency Groups serve as representatives to the LRPC. In addition, representatives from Metro Hospital Council of New Orleans and other formal healthcare organizations or collations may be invited to attend. The Chair-Elect of the Association will serve as the Council Chair. By working together, LHA can and should serve as the "master convener" of health policy formation in Louisiana.





Louisiana Hospital Association Legislation, Regulatory & Policy Council (LRPC)

LHA Board of Trustees



- LHA chairman appoints Council members in consultation w/LHA President & CEO
- LHA Chair-Elect serves as the Chair of the LRPC
- LHA Executive VP serves as staff
- Invited Guest of the LRPC include:
 - Metro Hospital Council of New Orleans
- Any other formal healthcare organization or coalition may also be invited to attend



Legislative, Regulatory & Policy Council (LRPC) Members 2008-09

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(318) 327-4951
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Ex-Officio

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(985) 652-5161
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(985) 649-8626
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(225) 658-4287
rolson@lanehospital.org

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(225) 765-8305
scott.wester@ololrhc.com

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President & CEO
Louisiana Hospital Association
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(225) 928-0026
(225) 923-1004 FAX
jmatessino@lhaonline.org

The following documents are examples of policies recommended by the LRPC and adopted by the Board and are enclosed for your perusal.



“HOSPITAL QUALITY & PRICING DATA REPORTING”

LHA - BOT Position Statement

January 31, 2008

LRPC Approval Date: January 31, 2008

LHA BOT Approval Date: February 27, 2008

ISSUE:

Louisiana's hospitals are actively engaged in efforts to improve quality and patient safety in a timely and cost-effective manner. Hospitals are facing multiple requests for quality and pricing data from insurers, employer groups, accreditors and government agencies. This myriad of demands creates confusion and duplication, which is costly for both hospitals and the public.

Congress recently began linking submission of certain quality data to receipt of the full Medicare market basket update for hospital inpatient payment. Beginning in this fiscal year, FY 2008, the number of measures hospitals are to report to receive their full market basket update expands from 21 to 27 quality measures, including patients' experience of care (measured with the HCAHPS survey); 30-day mortality rates for heart attack and heart failure; and care for surgical patients.

Approximately 200 hospitals now display pricing, quality, and demographical data on the *Louisiana Hospital Inform* website, www.lahealthinform.org. This public reporting gives the public unprecedented access to information to help them make educated healthcare decisions.

The LHA is also engaged in dialogue with the Louisiana Health Care Review (LHCR) to facilitate the development of additional hospital quality reporting. LHCR responsibilities as a Quality Improvement Organization (QIO) for the Centers of Medicare and Medicaid Services (CMS) are to protect Medicare beneficiaries' rights, improve quality of care, and protect the integrity of the Medicare Trust Fund.

Most consumers want access to their “out-of-pocket” expenses. Only health plans are in a position to provide this information for their insured population, as consumers costs are tied directly to the specifics of their particular plan benefits.

When it comes to hospital “costs,” charges vary from hospital to hospital because each hospital has a unique mixture of payers, patients and services reflected in their charges. The most relevant variable in these factors is payer mix. Medicare and Medicaid reimburse hospitals at a rate decided by the government that is often less than the cost of care. The volume of services provided to the uninsured and underinsured also varies. Privately insured patients pay more than the government does for the same services, which helps to offset the costs of providing care to patients who cannot afford to pay for their care at all.

LRPC BOT POSITION STATEMENT:

The LHA supports the current efforts of Louisiana hospitals that are sharing reliable, credible and useful information on hospital quality with the public. The LHA strongly urges that any mandatory reporting of hospital data, including pricing and quality data, should be reported to one source in a standard format, which is being done now through the federal government and the QIO. This will avoid costly and over-burdensome duplication.

The LHA further supports comprehensive data collection efforts to include health plan information, such as direct premiums earned, direct losses incurred, number of policies, number of certificates, number of covered lives and average number of days to pay a claim. Health plans should also provide public access to answer the “out-of-pocket” bottom line for their insured population.



"MEDICAID & UCC REIMBURSEMENT"

LHA

February 27, 2008

LHA Committee Approval Date: February 19, 2008

LHA BOT Approval Date: February 27, 2008

LHA Funding and Provider Reimbursement Platform

Adequate reimbursement to healthcare providers for the provision of services has a direct bearing on timely and quality access; thus, reimbursement methodologies should be fair, equitable, and designed to facilitate and encourage all providers to participate in caring for Medicaid, Medicare, and uninsured patients.

- *Additional funding for Medicaid should recognize the following priorities:*
 - 1) *Modernize hospital Medicaid reimbursement systems to more closely align rates and costs of providing services by increasing the baseline reimbursement levels (hospitals with greater Medicaid reimbursement shortfalls).*
 - 2) *Provide an annual inflationary Medicaid rate adjustment of not less than 4% for hospitals to promote provider participation and reduce cost-shifting to private insurance plans and businesses.*
 - 3) *High Medicaid utilization; and*
 - 4) *Relative increases in GME training programs post-2005.*
- Maintain and enhance funding for the Rural Hospital Preservation Act, the Community Hospital uncompensated care (UCC) pool, and the private hospital high Medicaid pool.
 - *Community Hospital UCC funding should recognize:*
 - 1) *the proportion of uninsured utilization/uncompensated care provided*
 - 2) *the provision of behavioral health and psychiatric services; and*
 - 3) *on-going post-disaster financial and operational challenges.*
- Increase accountability in the current UCC program by implementing patient specific data submission protocols, similar to Medicaid, Medicare, and private insurance, for all public and private hospital providers that participate in the UCC program.
- *Support utilizing CPE/UPL funding mechanisms when appropriate on a statewide and local level to support funding for hospital services.*
- *Support Medicaid efforts similar to Medicare that would include reporting of certain quality and patient safety indicators by all hospitals.*
- Support efforts to increase Medicaid physician reimbursement and to allow physicians to be reimbursed for uninsured care through the UCC program, provided adequate funding for hospitals is not reduced.
- *Support pilot reform efforts to expand access to healthcare coverage by utilizing existing and additional funding with appropriate safeguards to provide fair reimbursement levels - aligned with the cost of services - for hospitals and physicians that continue to provide services to uninsured and Medicaid eligible patients.*

* *New items are in italics and bold type*



BOARD OF TRUSTEES RESOLUTION May 19, 2008

Whereas, the Louisiana Hospital Association is acutely aware of the on-going and increasing problems associated with Methicillin Resistant Staphylococcus Aureus (MRSA) and other hospital acquired infections (HAIs); and

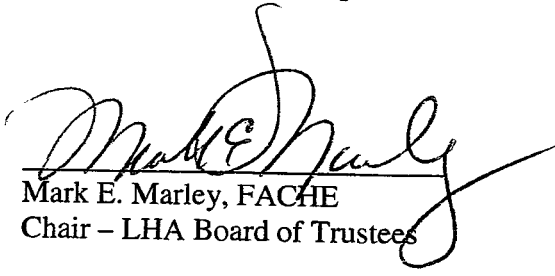
Whereas, the Louisiana Hospital Association acknowledges that, nationwide, 126,000 patients develop MRSA infections each year, and over 5,000 patients die as a result; and


Whereas, the Louisiana Hospital Association understands that MRSA and HAIs remain a major cause of patient morbidity, mortality, and increased cost to the healthcare system; and

Whereas, the Louisiana Hospital Association recognizes that organizations such as the Centers for Medicare & Medicaid (CMS), the Centers for Disease Control and Prevention (CDC), and the Institute for Healthcare Improvement (IHI) have all made reducing MRSA and other HAIs a priority;

NOW, THEREFORE, BE IT RESOLVED, The Board of Trustees of the Louisiana Hospital Association is committed to assisting hospitals to develop the necessary programs, protocols, and partnerships to significantly reduce MRSA and HAIs and improve the health and well being of Louisiana's citizens; and

BE IT FURTHER RESOLVED, The Board of Trustees of the Louisiana Hospital Association will partner with the Louisiana Medicare Quality Improvement Organization, and healthcare professionals across Louisiana and elsewhere to accomplish the collective goal of ultimately eliminating MRSA and HAIs in Louisiana hospitals.


Mark E. Marley, FACHE
Chair – LHA Board of Trustees


John A. Matessino
President & CEO



“SUPPORT DEVELOPMENT OF HOSPITAL SYSTEMS FOR LERN”

LHA - BOT Position Statement

LRPC Approval Date: November 13, 2007

LHA BOT Approval Date: December 4, 2007

ISSUE:

In 2003, the LRPC and LHA Board of Trustees approved a position statement endorsing the assessment of the creation of a trauma network. Under Governor Foster, the Regional Trauma-Patient Care Statewide System Task Force was created. Using data collected by the task force, the Louisiana Emergency Response Network (LERN) was enacted as a quasi-public entity in the 2004 regular session. The legislature approved \$3.5 million in the 2006 regular session to begin creation of the LERN network.

The LERN Board of Directors has hired a medical director and executive director, as provided for in the enabling legislation, to begin the planning and development of LERN. A three-year plan was developed and approved by the board to begin creating regional medical call centers as well as setting goals for six components identified as necessary to begin to operationalize the LERN system throughout Louisiana.

Nine Regional Commissions have been established throughout the state for implementation of LERN. The LERN Board has identified a need for a task force of leaders to proactively develop a hospital voluntary system for LERN in order to accomplish the goals set forth by the LERN board.

Some questions that the task force would answer are:

- Currently, are we comfortable that patients are brought to the most appropriate facility for definitive care? Do our facilities currently have all the information they need to assess level of care needed for the treatment of trauma patients before they are transported to our facilities?
- The American College of Surgeons has published criteria for determining levels of care for Trauma care. Will it be our recommendation to follow these criteria for LERN hospital self determination. How do we decide the level of care we provide?
- How do we implement a system in which hospitals can self-declare their level of participation based on current trauma care standards?

LHA-BOT POSITION STATEMENT:

The LRPC and the LHA Board of Trustees approved the trauma network policy statement in 2003. The LERN board would like the LHA to reaffirm the trauma network policy statement, and to support the proactive development of hospital systems for LERN. The LHA staff further recommends the creation of a task force/advisory group to provide counsel, develop benchmarks from other states with successful trauma systems and provide recommendations to the LERN board on the creation of a system where hospitals can self-declare their level of participation based on current trauma care standards.



“ACT 147 OF 2007 SESSION MEDICAID RECOVERY”

LHA - BOT Position Statement

December 4, 2007

LRPC Approval Date: November 13, 2007

LHA BOT Approval Date: December 4, 2007

ISSUE: MEDICAID RECOVERY

By way of Act 147, third-party health insurers may be held liable for coverage if a Medicaid recipient has other health insurance coverage. The Department of Health and Hospitals (DHH) can seek reimbursement from health insurers for Medicaid payments up to 36 months from the date healthcare services was provided in such instances. Health insurers must provide DHH with eligibility and coverage information in order to determine the existence of third-party coverage for Medicaid recipients.

Currently, the only way a provider can make a claim for payment to an insurance company is if the patient communicates to the provider that he or she has insurance through a particular health insurance company. If a patient tells the hospital that he or she has no insurance, the hospital will attempt to enroll the patient in Medicaid and accept payment from Medicaid if the patient qualifies.

Medicaid can receive reimbursement for a payment it made on an obligation of the health insurer, but a healthcare provider has no remedy against the health insurer for the under payment it suffered as a result of the health insurers failure to fulfill its obligation.

LHA-BOT POSITION STATEMENT:

The LHA and its membership supports legislation to sufficiently amend this Act to:

- 1) Notification of applicable provider (hospital, physician, ancillary, etc.) at the time DHH notifies the payer of the recovery.
- 2) Make the provider eligible for the difference, to be paid by the payer, between the contractual amount and the amount that was paid by Medicaid. If no contractual relationship exists/existed between the payer and provider, then the difference between the amount paid and the provider's billed charges should apply.
- 3) Require the payers to automatically make this adjustment and payment upon notification from DHH.
- 4) For the purposes of this adjustment and reimbursement, any contractual timely filing restrictions should be waived.



“OUT OF NETWORK REIMBURSEMENT”

LHA - BOT Position Statement

December 4, 2007

LRPC Approval Date: November 13, 2007

LHA BOT Approval Date: December 4, 2007

ISSUE: OUT OF NETWORK REIMBURSEMENT

A managed care survey conducted of our membership last year indicated that there were some potential issues with how health plans reimburse providers for non-network care. Typically, plans pay a reduced benefit percentage to non-network providers and the provider pursues the enrollee for the difference. As an example, an enrollee may have 90% in-network coverage and 70% non-network coverage. However, when the provider receives payment for non-network services, it is typically at a rate much less than 70%. While the benefits plans say 70% for non-network coverage, the health insurance companies actually have the ability to pay at levels such as “usual and customary” or “not more than would be paid in that market under a contracted rate”. This is accomplished through the filings in their master policies with the Department of Insurance.

LHA-BOT POSITION STATEMENT:

These methods of reimbursement are confusing to enrollees and providers, as well as deceptive. The LHA supports efforts to legislatively address this issue by:

- 1) Standardization of Out of Network benefit interpretation and disclosure.
- 2) A) Definition and disclosure of calculation/determination methods.
B) Differentiation between the plan responsibility and the covered individual's responsibility compared on an in/out of network basis.
- 3) Prohibition of unsubstantiated and arbitrary methods of determining out of network reimbursement.



“RETROACTIVE DENIALS”

LHA - BOT Position Statement

December 4, 2007

LRPC Approval Date: November 13, 2007

LHA BOT Approval Date: December 4, 2007

ISSUE: RETROACTIVE DENIALS

It is commonplace in the managed care arena for payers to authorize services, pay for services, and at some point down the road, deny the claim retroactively and recoup the money from the provider. The provider has followed the steps of the contract and obtained the authorization from the health plan, rendered the services to the members, and absorbed the cost of performing the services – all in good faith. There are states that have either introduced or passed legislation protecting the providers from retroactive denials after a certain time has lapsed.

LHA-BOT POSITION STATEMENT:

In order to legislatively resolve this issue, it is our recommendation that LA RS 22:250 be amended to prohibit payers from retroactively denying claims for eligibility after a reasonable time frame, as well as prohibiting subsequent related recoupments.

The goal is to bring the employers and payers into the accountability spectrum with regards to keeping eligibility current and to prevent the providers' detrimental reliance on payer eligibility data that can change without appropriate notice.



“WORKER’S COMPENSATION”

LHA - BOT Position Statement

December 4, 2007

LRPC Approval Date: November 13, 2007

LHA BOT Approval Date: December 4, 2007

ISSUE: WORKER’S COMPENSATION

Current Issues Facing LHA Membership

- Exchange of rates/discounts (Silent PPOs) among Worker’s Compensation payers.
 - These discounts have not specifically been negotiated as Worker’s Compensation discounts.
 - The discounts are typically accessed through commercial healthcare contracts.
- Prospective notice not given to providers regarding these discounts
 - The provider does not know that a discount is going to be taken until after reimbursement is received.
 - The contract through which the discount was accessed is not always identifiable on the Explanation of Payment.
- Worker’s Compensation Fee Schedule and claims administration issues
 - The current State fee schedule was implemented and last updated in 1990’s.
 - Reimbursement is often reduced via Silent PPO discounts, as well as other methods such as bill review/charge reduction and claim-editing software.
- Costs incurred as an employer
 - Hospitals face lengthy return-to-work times for injured employees, thus exacerbating the current workforce issues.
 - The current process involves lengthy and costly claims adjudication processes.

LHA-BOT POSITION STATEMENT:

Current LHA Positions

- The existing Worker’s Compensation Fee Schedule should be updated and appropriate administrative and claims payment criteria needs to be included.
- Prospective notice and agreement, when discounts beyond the fee schedule are being accessed, must be a requirement for Worker’s Compensation services.
- The LHA does not support any efforts to retroactively resolve or change any Silent PPO class action lawsuits currently in the judicial system.
- The LHA supports the concept of reform as it relates to the network model, medical management and quality of care as currently described by the Louisianans for Worker’s Compensation Reform (LWCR). While the LHA is supportive of these reform efforts, the aforementioned core membership issues remain. The LHA’s goal of participation in the LWCR is to ensure that any reform efforts are balanced with regards to our membership’s unique position as employers and healthcare providers.



“INVESTIGATION & RECOUPMENT”

LHA - BOT Position Statement

December 4, 2007

LRPC Approval Date: November 13, 2007

LHA BOT Approval Date: December 4, 2007

ISSUE: INVESTIGATION AND RECOUPMENT

During the 2007 Legislative Session, HB 968 was introduced as an effort to extend the time allowed for health plans to investigate claims when a suspicion of fraudulent activity existed. However, this particular bill also broadened the definition of fraud, would have enabled a health plan to make the determination that a fraudulent insurance act had been committed, allowed the health plans to recoup monies paid to providers, and left the providers with no other recourse than to utilize contractual appeal processes which typically lead back to the health plan. HB 968 was eventually defeated on the Senate Floor.

LHA-BOT POSITION STATEMENT:

All indications presently point to either the same bill or something similar being introduced in the 2008 Session. The LHA staff recommends offering legislation that includes the following provisions:

- 1) **Reciprocity** - Insurance fraud is not limited to providers and any investigative/audit provisions should afford providers the same rights as payers.
- 2) **Neutral, third-party resolution process** – No party should control the entire process, but a mechanism for resolving disputes outside of the courtroom should exist.
- 3) **Recoupment** - In addition to fraud dispute, recoupment dispute should be included in the resolution process. Improper recoupment should be subject to penalties.
- 4) **Disclosure** - Transparency of payers' DOI filings regarding fraudulent activity



LOUISIANA HOSPITAL ASSOCIATION

JOHN A. MATESSINO
PRESIDENT & CEO

9521 BROOKLINE AVENUE ♦ BATON ROUGE, LOUISIANA 70809-1431
(225) 928-0026 ♦ FAX (225) 923-1004 ♦ www.lhaonline.org

HOSPITAL DATA REPORTING Position Statement

LRPC Approval Date: September 26, 2006

LHA BOT Approval Date: October 10, 2006

ISSUE: Hospital Data Reporting

BACKGROUND: Hospital data reporting has been a national movement to require more transparency in hospital costs, pricing, quality and staffing to name a few areas. Blue Cross Blue Shield of Louisiana has recently begun to report hospital specific data on their website. The LHA and HSLI have identified many concerns in the data and information that is being made available to the public. This information could have major implications for hospitals that have not verified the information being reported.

LHA – BOT POSITION STATEMENT

LHA supports hospital transparency initiatives and has recently developed the LAHealthInform web-site. The LHA also agrees that sponsors of the various public reporting initiatives have a responsibility to the public that the information being reported is verified and validated as being accurate. The LHA also recommends direct hospital CEO involvement and approval of individual hospital data that is being reported to any entity that intends to present the information as part of these initiatives.



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EMERGENCY PREPAREDNESS REPORTING SYSTEM EMSYSTEM

Position Statement

LRPC Approval Date: April 20, 2006

LHA BOT Approval Date: July 24, 2006

ISSUE:

BACKGROUND:

During the last storm season, tracking of hospital resources was maintained on a system that required manual entry. Last fall we reviewed several web based emergency preparedness reporting systems that monitor available hospital resources. While many resource tracking tools are available, the EMSYSTEM product was recommended by Federal HHS Region 6. The EMSYSTEM product was purchased thru the HRSA Emergency Preparedness grant.

The system tracks:

- The status of operations (open, limited services, or closed)
- The availability of beds by category (M/S, ICU, Ped, Psych, etc)
- Other resources that may be needed by hospitals in an emergency (blood products, fuel, pharmaceuticals, personnel, etc)

During an emergency the collected information could be used to facilitate hospital requests for resources, support and patient transfers.

Hospitals will input information on a pre-determined basis. Training sessions will be provided primarily through "webinars" that will be facilitated by EMSYSTEM. To ensure understanding of the system, periodic collection "drills" will be performed. During hurricane season, drills will be conducted weekly; specific information will be collected on Mondays and input between 7:00 am and 9:00 am.

QUESTIONS:

- Should the system be activated year round or just during a declared state of emergency?
- Should hospitals only have access to their information, regional hospital information, regional totals, all hospital information statewide or only statewide totals?
- Should access to information vary depending on when the system is activated?
- Should the Designated Regional Coordinators (DRCs) have access to all hospital information?

LOUISIANA HOSPITAL ASSOCIATION

DISTRICT STRUCTURE

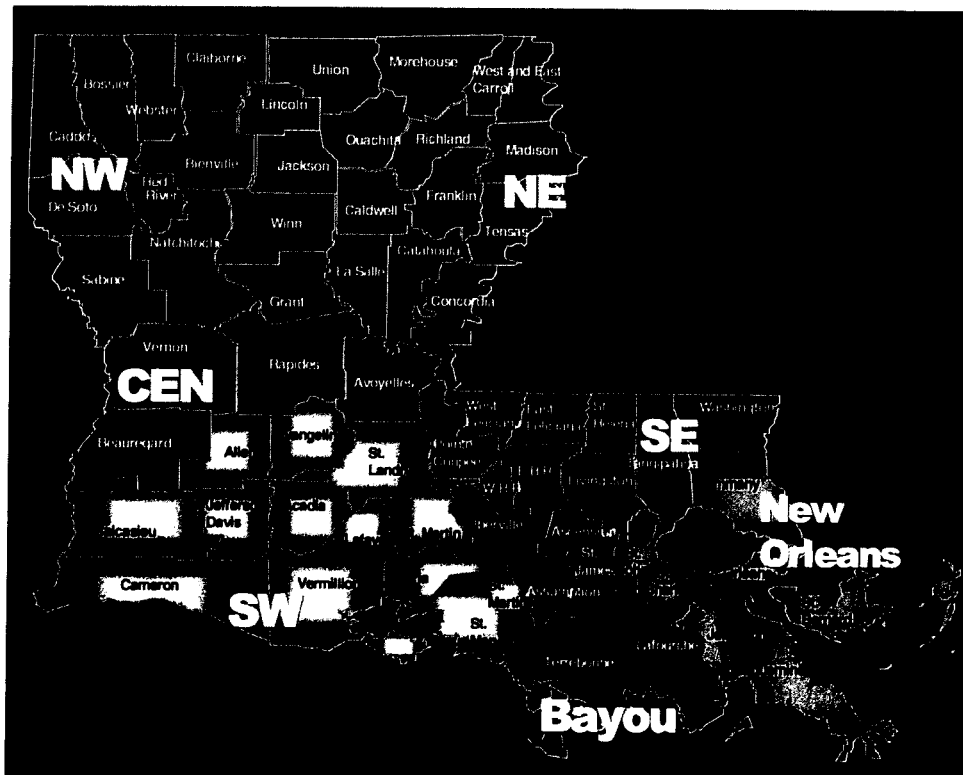
The Louisiana Hospital Association Institutional members are divided into the following geographical **Districts**:

- Northwest
- Northeast
- New Orleans
- Southwest
- Southeast
- Bayou
- Central

Each District, by a two-thirds (2/3) vote of its membership present and voting, adopt Bylaws for its governance, which are subject to review and approval of the LHA Board of Trustees. In addition, each District elects from among its voting membership a President, a Vice-President (optional), a Secretary-Treasurer and a District Trustee of the Louisiana Hospital Association.

Each District meets at least three times per year. The LHA President & CEO and/or other LHA executive staff attend these meetings to bring information on new initiatives and projects, as well as to solicit member feedback on LHA activities. All member CEOs or their designees are encouraged to attend these regional meetings for the exceptional networking and informational opportunities they offer.

The LHA Districts are illustrated in the map below:



LOUISIANA HOSPITAL ASSOCIATION

Current District Officers

(As of February 11, 2009)

BAYOU

President	Wayne M. Arboneaux	<i>Assumption Community Hospital</i>
Trustee	Wayne M. Arboneaux	<i>Assumption Community Hospital</i>

CENTRAL

President	Roger LeDoux	<i>Byrd Regional Hospital</i>
Sec/Treas	Paul Mathews	<i>Hardtner Medical Center</i>
Trustee	Roger LeDoux	<i>Byrd Regional Hospital</i>

NEW ORLEANS

President	Patti Elish	<i>St. Tammany Parish Hospital</i>
V-President	Michael O'Bryan	<i>NorthShore Regional Medical Center</i>
Sec/Treas	Robert "Bob" Hawley	<i>Slidell Memorial Hospital</i>
Trustee	Steve Worley	<i>Children's Hospital</i>

NORTHEAST

President	L.J. Pecot	<i>Jackson Parish Hospital</i>
Sec/Treas	William Adcock	<i>Union General Hospital</i>
Trustee	Evalyn Ormond	<i>Union General Hospital</i>

NORTHWEST

President	Karen Mixon	<i>CHRISTUS Coushatta Health Care Ctr</i>
Sec/Treas	Jason Rounds	<i>CHRISTUS Schumpert Highland</i>
Trustee	Karen Mixon	<i>CHRISTUS Coushatta Health Care Ctr</i>

SOUTHEAST

President	Randy Olson	<i>Lane Regional Medical Center</i>
Sec/Treas	Dee LeJeune	<i>St. Elizabeth Hospital</i>
Trustee	Jimmy Cathey	<i>North Oaks Medical Center</i>

SOUTHWEST

President	Gerald "Jerry" Fornoff	<i>Opelousas General Health System</i>
VP	Brandon Moore	<i>Park Place Surgical Hospital</i>
Sec/Treas	Larry M. Graham	<i>Lake Charles Memorial Hospital</i>
Trustee	Kathy J. Bobbs	<i>Women's & Children's Hospital</i>

CONSTITUENCY GROUPS

In order to provide a mechanism for hospitals with unique services to collaborate on common issues, the LHA has established several **member constituency groups**. A small constituency advisory group for each area will be established to help steer the activities of the group and will be appointed by the LHA Chair. A representative of each LHA member fitting the definition of the constituency group will be designated by the member CEO and invited to all meetings. Specific LHA staff (as noted below) will be assigned to oversee each group.

The following areas have been established as LHA constituency groups:

- **Behavioral Health** – Contact Denise Chaney dchaney@lhaonline.org
- **Long-term Acute Care (LTACs)** – Contact Kevin Bridwell kbridwell@lhaonline.org
- **Rehabilitation Constituency** – Contact Kevin Bridwell kbridwell@lhaonline.org

The purpose of the constituency groups is to:

- Identify and provide input on policy issues to be considered by the Board of Trustees
- Identify data needs and other resources useful to that constituency which are not readily available elsewhere
- Provide a forum where providers with similar interests can network

Visit LHA's Online Calendar for Constituency Meetings -
<http://www.lhaonline.org/calendar.cfm>

2009 Meeting Dates

(as of February 11, 2009; please visit the calendar on our website for updates & details)

Behavioral Health	March 11, 2009	August 18, 2009	November 10, 2009
LTAC	March 10, 2009	August 19, 2009	November 11, 2009
Rehabilitation	March 10, 2009	August 19, 2009	November 11, 2009

LHA CENTER FOR RURAL HEALTHCARE

In 2007, the LHA hosted the first Rural Hospital Leadership Forum to collaborate with rural hospital CEOs on federal and state legislative issues that impact our rural population. Beginning in 2008, LHA will develop the **LHA Center for Rural Healthcare Excellence**. Rebecca Bradley, Director of Rural Health Programs is the staff contact (rbradley@lhaonline.org).

The Center will be utilized to:

- Provide effective communication to keep small and rural hospital members informed and engaged
- Host Rural Hospital Leadership Forum meetings at least twice per year
- Support and provide input to the State and Federal advocacy agenda for small and rural hospitals
- Identify and prioritize healthcare policy issues that affect small and rural hospitals in Louisiana
- Represent rural hospitals in various statewide projects, workgroups and education programs

2009 Small & Rural Leadership Forum Meetings

April 8, 2009 * Additional dates TBA

LOUISIANA HOSPITAL ASSOCIATION COMMITTEES, TASK FORCES & ADVISORY GROUPS

The Louisiana Hospital Association has a number of committees, task forces and other such structures that rely strongly on member involvement for input and ideas to assist in our work on behalf of the membership. A listing and overview of current committees is found below. We encourage members to utilize these avenues as a way to get involved in your association.

In addition, LHA staff and members are regularly appointed to statewide boards, commissions and other entities. A complete listing of current appointments is included in this section, and offers further ways for member involvement and hospital representation on the statewide level.

Finance Committee

Along with the Board of Trustees and the Legislative, Regulatory, & Policy Council, the **Finance Committee** is one of the standing committees provided for in the LHA bylaws. The duties of the Finance Committee include making recommendations to the Board of Trustees as appropriate regarding the relevance and integrity of the Louisiana Hospital Association's financial statements, budgeting process, and investment strategies.

The Secretary/Treasurer of the LHA Board serves as Chair of the Finance Committee. This committee meets approximately four times a year.

2008-2009 LHA Finance Committee

(As of February 2009)

Milton D. Bourgeois, Jr. - Chair

Ochsner-St. Anne General Hospital
Raceland

Stacy Alexander

Willis-Knighton Medical Center
Shreveport

Julia Lively

Woman's Hospital
Baton Rouge

Paul G. Mathews, CPA

Hardtner Medical Center
Olla

Roger Mattke

Lafayette General Medical Center
Lafayette

Michael J. Nolan

Promise Hospital of Baton Rouge
Baton Rouge

Robert D. Ramsey, CPA

Our Lady of the Lake RMC
Baton Rouge

Charles P. Whitson, CPA

Lake Charles Memorial Hospital
Lake Charles

LHA Staff

Patricia T. Jeter

Sr. Vice President & CFO

Theresa Samaha

Director of Accounting/Controller

Scott White

Staff Accountant & HR Associate

American Hospital Association Louisiana's Representatives

(current as of February 11, 2009)

*The four positions listed immediately below (RPB Delegate & Alternates)
are the only AHA positions in which LHA plays a role in filling*

William F. "Bud" Barrow, II
President & CEO
Our Lady of Lourdes RMC
611 Saint Landry St
Lafayette, LA 70506
337-289-2999
Fax: 337-289-2574
barrowb@lourdesrhc.com
Group: Regional Policy Board 7
Designation: State Delegate
Term: 1/07-12/09

Mark Chustz
Administrator
West Feliciana Parish Hospital
5266 Commerce St
St. Francisville, LA 70775
225-635-3811
Fax: 225-635-2442
chustzm@wfph.org
Group: Regional Policy Board 7
Designation: State Alternate
Term: 1/08-12/09

Patrick J. Quinlan, MHA, MD
Chief Executive Officer
Ochsner Medical Center
1514 Jefferson Hwy
New Orleans, LA 70121
504-842-6939
Fax: 504-842-3984
pquinlan@ochsner.org
Group: Regional Policy Board 7
Designation: State Delegate
Term: 1/08-12/10

Robert L. Hawley, Jr., FACHE
Chief Executive Officer
Slidell Memorial Hospital
1001 Gause Blvd
Slidell, LA 70458-2987
985-649-8503
Fax: 985-649-8778
hawleyb@smhplus.org
Group: Regional Policy Board 7
Designation: State Alternate
Term: 1/08-12/10
(Muller 1/07-11/07)

Other AHA Representation

Kathy J. Bobbs
Women's & Children's Hospital
Group: RPB 7
Designation: At-Large Delegate
Term: 1/2008-12/2010

William D. Binder, MD
Woman's Hospital
Group: Committee on Governance
Designation: At-Large Member
Term: 1/2009-12/2011

Nancy Crawford
Woman's Hospital
Group: Section for Maternal & Child Health
Designation: Chair-Elect
Term: 1/2009-12/2009

John J. Finan, FACHE
Franciscan Missionaries of Our Lady Health System
Group: Board of Trustees
Designation: At-Large Member
2nd Group: RPB 7, Desig: Ex-Officio
3rd Group: Operations
Term: 1/2009-12/2011

John A. Matessino
President & CEO
Louisiana Hospital Association
Baton Rouge
**Group: RPB State Hospital Association;
State Issues Forum**

Teri G. Fontenot, FACHE
Woman's Hospital
Group: Long-Range Policy Committee
Designation: Member
Term: 1/2008-12/2009
2nd Group: Health Forum
Designation: Member
Term: 1/2008-12/2010

Craig S. Juengling
Acadia Vermilion Hospital
Group: Section for Psych & Substance Abuse Services
Designation: Member
Term: 1/2009-12/2011

Phyllis L. Peoples
Terrebonne General Medical Center
Group: Section for Metropolitan Hospitals
Designation: Member
Term: 1/2009-12/2011

Paul A. Salles
President
Metropolitan Hospital Council of New Orleans
Group: RPB
Designation: Metro Executive and Member

William W. Pinsky, MD, FAAP, FACC, FACCPC
Executive VP & CAO
Ochsner Clinic Foundation
Group: Accreditation Council for Continuing Medical Education
Designation: Liaison
2nd Group: Committee on Health Professions
Designation: Ex-Officio Member
Term: 1/2007-12/2009

Nancy M. Richmond
Board Member
Woman's Hospital Foundation
Group: RPB 7
Designation: Regional Trustee Alternate
Term: 1/2007-12/2009

Warner L. Thomas
Ochsner Health System
Group: Section for Health Care Systems
Designation: Member
Term: 1/2008-12/2010

David E. Morton, FACHE
Regional Executive
American Hospital Association
Oklahoma City, OK
Designation: Executive for Region 7



HOSPPAC is the political action arm of the Louisiana Hospital Association. HOSPPAC serves as a vehicle to develop political awareness and an understanding of the political process with the objective of electing public officials that

support the healthcare industry in Louisiana. HOSPPAC is an independent, bipartisan organization, not affiliated with any political party.

HOSPPAC Objectives: To promote the improvement of healthcare in Louisiana and the health of her citizens, and establish a climate where hospitals can continue to survive and thrive and to raise funds for the purpose of supporting for election candidates that best represent this philosophy.

HOSPPAC Board of Directors

(As of February 11, 2009)

(CHAIR) AT-LARGE		BAYOU	
M. Bryan Day SENIOR VP – EASTERN REGION Promise Healthcare Baton Rouge		Milton Bourgeois CEO Ochsner-St. Anne General Raceland	
CENTRAL	NORTHEAST	NORTHWEST	
Stephen F. Wright President & CEO CHRISTUS St. Frances Cabrini Alexandria	L.J. Pecot Administrator Jackson Parish Hospital Jonesboro	Karen Mixon Administrator CHRISTUS Coushatta HC Ctr Coushatta	
SOUTHEAST (VICE-CHAIR)	SOUTHWEST	AT-LARGE	
Randall "Randy" Olson CEO Lane Regional Medical Center Zachary	Brandon Moore CEO Park Place Surgical Center Lafayette	Robert Hawley, Jr., FACHE CEO Slidell Memorial Hospital Slidell	
NEW ORLEANS	EX-OFFICIO	EX-OFFICIO	
VACANT	Clark R. Cossé (Sec/Treas) Chief Governmental Officer Louisiana Hospital Assn	John A. Matessino President & CEO Louisiana Hospital Assn	

To be considered for membership on the HOSPPAC Board of Directors, a person should meet the following criteria:

- Be personally active in support of HOSPPAC, including support of the HOSPPAC goals and mission.
- Be active in LHA district meetings and known to its members.
- Be interested and familiar with Louisiana politics and the political process.
- Be an AHA member and/or be willing to contribute to AHAPAC directly or through HOSPPAC unless prohibited through campaign finance law in which case contributions will be to HOSPPAC only.
- Be able to commit to participation in quarterly meetings, either face-to-face or telephone conference calls.
- Be willing to communicate HOSPPAC goals and activities at LHA district meetings and encourage peer participation.

LHA MANAGEMENT CORPORATION

The Louisiana Hospital Association Management Corporation (*a for-profit C Corp*) is an affiliate of the LHA formed to support the activities of the Association as it pursues its mission by providing cost effective services to LHA in education, events planning, publishing and other activities.

Management Corp. Board of Directors

(As of February 2009)

Steve Worley, Chair

President/CEO
Children's Hospital
New Orleans

Theodore J. "Ted" Badger, Jr., FACHE

CEO
Beauregard Memorial Hospital
DeRidder

William F. "Bud" Barrow, II

President/CEO
Our Lady of Lourdes Regional Medical Center
Lafayette

Kyle J. Viator

CEO
Southwest Medical Center
Lafayette

Vacant



2450 Severn Avenue, Suite 210
 Metairie, LA 70001
 (504) 837-6266 * www.sharecor.com

SHARECOR is a joint venture and equally owned subsidiary of the Louisiana Hospital Association (LHA) and the Metropolitan Hospital Council of New Orleans (MHCNO). **SHARECOR** is a shared services company which provides opportunities for its' members through negotiated contracts for services.

The mission of **SHARECOR** is to improve the financial viability of Louisiana Hospitals through innovative programs and services, while supporting the missions of the parent organizations.

The Board of Directors for **SHARECOR** consists of ten members; half appointed by LHA and half by MHCNO. The LHA President & CEO serves as Chair and the President/CEO of the MHCNO serves as Secretary-Treasurer and acts as the managing partner.

SHARECOR BOARD OF DIRECTORS
(as of February 2009)

Chair

John A. Matessino
 President & CEO
 Louisiana Hospital Association

Secretary-Treasurer

Paul A. Salles
 President/Chief Executive Officer
 Metropolitan Hospital Council of New Orleans

LHA Immediate Past-Chair

Mark E. Marley, FACHE
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Chief Executive Officer
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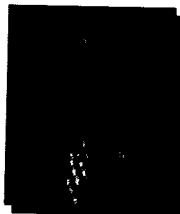
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**LHA Malpractice & General Liability Trust
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For nearly three decades, hospitals have turned to the specialized programs provided by the Louisiana Hospital Association (LHA) Trust Funds, HSLI, and the HSLI Agency, Inc.

Just as healthcare constantly changes, so must each hospital's insurance coverage. That's why the LHA Funds offer flexible options that are designed for today's healthcare facilities. Through programs managed by a board made up of hospital administrators, the stable, secure, LHA Funds guarantee real value when it comes to providing Hospital Professional Liability, Physicians Professional Liability, General Liability, and Worker's Compensation Coverage.



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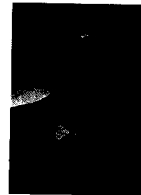
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