



THE OBSERVER

Volume 136
March, 2016

President's Message

Happy—almost—SPRING!! As I write this, I'm watching chairs blow all over my yard and the Jacuzzi top been ripped from the Jacuzzi!



Man you gotta love Texas!

So, are you guys ready to come visit us in San Antonio for what I believe is going to be our most awesome TMAA conference ever? Come celebrate 30 years of growth with us!! LOOK at how far we've come and the MANY changes we implemented in the auditing process to assure accuracy, fairness, and honesty in billings. I remember back to the days when INTERNAL and EXTERNAL auditors barely spoke. Now we buddy up to share rooms and rides to the TMAA seminar. LOL!

Your board has worked diligently and we've narrowed down our choice to two hotels. Both are great venues and I know you will absolutely love either one!! I have to say I'm very proud of the board for keeping cost low while assuring a quality experience for all members. Between the planned speakers, to the hotel on San Antonio's famed River Walk—with the extra surprise planned for the evening—this is one conference you do NOT want to miss.



Be sure to touch bases with everyone you know that was ever a member of TMAA all the way back to Ms. Carolyn Rich days, and invite them to come to our conference. Even if it's just coming to our Welcome Back to TMAA—we'd love to see everyone there!

Speakers and topics were chosen by what you requested at the end of the last conference. You all suggested excellent topics and I'm as excited as you are! There is NO better way to earn our required contact hours than to have a fun few days with friends that you can write it off as a business expense. We want to see your face in the place!

As always, we are your TMAA Board and here to help and serve you. Our open-door policy starts with my office as President! My cell phone—to reach me anytime—is 210-383-0455.

Remember this is your newsletter!

We'd love to see your articles. Do you have new information? A tip or resource? We welcome articles on topics pertinent to auditing or anything you think the members would benefit from—including your favorite recipe! Our future president Gaye McClellan does an awesome job with the newsletter and would love to have your input.

I look forward to seeing everyone in the fall!



Linda Hutchinson, RN, CMAS



Please keep Nancy Odom and her family in your prayers. Nancy lost her husband, Dan last month after a lengthy illness. A gift card was sent to her family on behalf of TMAA.



Nominations Committee Notes

It's a New Year and with that come new challenges, hopes and dreams.

We want to do everything better than last year. We made resolutions to reach new goals. Some goals are personal, some are professional, but all of us want to achieve and grow in all aspects of our lives.

“Just keep going, Everybody gets better if they keep at it.”—Ted Williams

As we celebrate 30 years of TMAA growth and achievement, our newly-elected TMAA Board members endeavor to continue our organizations pursuit of excellence.

Leticia Roth and I are thrilled to co-chair the Nominations Committee and we thank everyone who has welcomed us into this role. We also welcome Gaye McClellan, our president elect. Many of you know Gaye from her work as newsletter editor. I know I speak for everyone on the board when I say we will continue to work as a team to make TMAA great!

With a new year come new opportunities, ideas, and projects. We wish everyone the best in all endeavors and we hope you will help TMAA achieve excellence. Reach out to your coworkers. Introduce them to the organization that means so much to you. Share your ideas. This is your organization and your elected board—we welcome suggestions to improve our organization.

Congratulations, again, to the newly elected board members for this year and on 30 years of TMAA excellence.



Lupita Flores, RN
Nominations Committee

Just Desserts

Heart Healthy Apple Coffee Cake

Courtesy of Debra Braddock



Eating heart-healthy doesn't mean you can't enjoy yourself, just make sure you do so in a healthy way.

Apple coffee cake is a great way to cure that sweet craving you may be having and you won't feel bad about it afterwards! This cake gets its moistness from the apples and raisins, so it requires little oil.



Ingredients:

- 5 cups tart apples, cored, peeled, finely chopped
- 1 cup sugar
- 1 cup dark, plump raisins
- 1/2 cup pecans, chopped
- 1/4 cup vegetable oil
- 2 tsp vanilla
- 1 egg, beaten
- 2.5 cups sifted, all-purpose flour
- 1.5 tsp. baking soda
- 2 tsp. ground cinnamon



Directions:

Preheat oven to 350 degrees

Lightly oil a 13-by-9-by-2-inch pan.

In a large mixing bowl, combine apples with sugar, raisins, and pecans; mix well. Let stand 30 minutes.

Stir in oil, vanilla, and egg. Sift together flour, soda, and cinnamon. Stir into apple mixture about one-third at a time. Turn mixture into pan. Bake 35 to 40 minutes.

Allow cake to cool slightly before serving.



Why Pharmacy Revenue Integrity Is Important

Internal and External Auditors are concerned about correct documentation.
(Continued on the next page)

Coding, charging, and billing for medications must all be properly documented to support billing requirements. Medical coders and billers then abstract the quantity and type of drug administered from the record. Appropriate codes are assigned and then a claim is submitted for reimbursement. All drugs are identified and reported using a unique number, called the National Drug Code, (NDC) which serves as a universal product identification for the drugs.

The pharmacy has the responsibility for determining compliance with ordering guidelines. That department is often the area of focus for financial, compliance, and operations focused internal and external audits given its high dollar spending and its impact on patient care. The revenue cycle for pharmacy includes purchasing data, dispensing transactions, charge description master, pharmacy charges, and patient billing. Many organizations often lack the level of vigilance and proper maintenance revenue integrity programs to insure effective charge capture.

When health care facilities often neglect the pharmacy department in their billing cycle. The complexity of pharmacy revenue cycle makes it difficult to identify disconnects between the medications purchased and those dispensed and the dollar amount charged on the patient's account, and the payment actually received.

When health care organizations fail to implement a pharmacy-specific revenue integrity program they risk millions of dollars in revenue if the pharmaceutical data in their billing systems are inaccurate or incomplete, or even if the data is missing altogether.

One of many risks specific to pharmacy charge documentation is the tracking of both used and unused pharmaceuticals. Proper drug accounting is an essential component of both effective inventory control as well as accurate billing. And, of course, this is in addition to federal and state regulatory requirements, as well as our most important responsibility: minimizing medication errors to ensure patient safety while quality-care standards are met.

One effective method to ensure accuracy and accountability is the use of the bar coding system. If a drug has been discontinued or was unused, the drug should be returned immediately to the pharmacy and credited to the patient account. Drug distribution systems and processes should be periodically reviewed and circumventing distribution controls or stockpiling of unused drugs should not be allowed.

In many instances there isn't any established algorithm for establishing charges for medications. Charges may be based on vial size or HCPCS codes, which are often used to formulate fee schedules for medical supplies and equipment. Drug costs make up an increasing percentage of healthcare expenses. Proper management is essential for addressing cost and promoting patient safety and quality care.

Today, the challenge is to align prices for medications and its charge master. The process of pharmacy revenue integrity program could create issues related to compliance. Many healthcare facilities billing processes encounter gaps in pharmacy data as it moves through the complex multiple billing systems. As pharmacy charge data moves through the billing systems, and conversion factors are applied and National Drug Codes (NDCs) (Continued on the next page)

and units of measure are added, errors still occur, which of course, may affect the final hospital bill.

Internal audits are effect to assess if the formulary is appropriate. Some questions to consider would be: How is the medication administered to patients documented? Does the documentation include key elements such as the quantity, administration date, administration intervals, start and stop times, and prescriber information? What is the process for charging patient accounts? Are patient accounts automatically billed when the drugs are dispensed or upon administration? Do charges need to be manually entered into the patient accounts based on the Medication Administration Record (MAR)? What type of adjustments can be made and by whom for the charges? If compounding is ordered and completed, how would the compound drugs be documented and charged? How are unused medications returned or disposed/wasted, documented, and credited to the patient account and inventory? How is the pharmaceutical pricing determined? How is the NDC to HCPCS billing unit conversion factor configured? How are HCPCS J codes for injectable drugs periodically reviewed and updated?

It has been suggested that pharmacy data should be integrated into a single information system that pharmacists, coders, and finance staff can use to analyze variances, enhance transparency and determine action steps for improving revenue capture and reduce it's risk. A best practice is for the Pharmacy to monitor regulatory changes while communicating changes and updates to all team members.

Such programs require cooperation of pharmacy administration and staff with technical expertise and skills to manage

data—from establishing consistent pricing to reviewing costs and comparison with payment and directing conversations with physicians regarding changes that could protect and enhance revenue while providing high quality patient care.

Today, as healthcare examines the patient care challenges of value and cost-effectiveness, pharmacies will be called to higher levels of performance. Healthcare auditors can assess pharmacy processes for efficient and effective documentation. Organizations can reduce the risk for regulatory non-compliance and derive further financial benefits by focusing on effective documentation.



Mary Barrientos, RN
Education/Program Committee



Team Building

A belated Happy New Year to you all!

What a year we have before us! Many of us now realize with the coming of our 30th Anniversary of TMAA just how long we have been a part of the auditing process. I trust it is with good feelings.

The excitement continues to build as we get closer to the Convention in San Antonio!
(Continue on the next page)

Once again we have the chance to rekindle old friendships and spark imagination via a myriad of educational opportunities. We have listened to your recommendations for speakers and topics and the team is diligently working to bring together speakers with a vitality and passion for their topics.

Thank you, once again, from all of us on the board for your continued support of this organization. Changes in all the aspects of our profession, I feel, will only solidify the necessity of our combined talents.

There is a fireman's expression, "2 In." It simply means you never go in alone into any situation. I so appreciate that we all have been able to work together with this in mind.



Debbie Hewitt, RN, CMAS
Vice President



Our 2016 will include a photo of each member. Please send a picture of yourself to Debra Braddock or myself. Don't have a picture? Take this time to perfect your selfie.



The Hype on The Zika Virus... Or Is it Hype?

I'm sure by now we've all heard by now about the Zika virus, which is spread to people primarily through the bite of an infected mosquito. Unlike other mosquito born illnesses like West Nile virus or Malaria, Zika symptoms are relatively mild. Most common complaints are fever, rash, joint pain, and conjunctivitis. The normal course of the illness is a couple of days to a week.

Only about 1 in 5 people infected with Zika ever feel sick. Those who do complain of symptoms generally do not go to the doctor or hospital. Zika deaths are very rare. For this reason, many people might not realize they have even been infected.

Mosquitoes become infected when they bite a person already infected with the virus, and then infected mosquitoes then spread the virus to other people through their bites. The major concern is that this virus can also be transmitted from a pregnant mother to her baby during pregnancy or around the time of birth. While links to microcephaly have been suggested, the Centers for Disease Control and Prevention cautions that a conclusive link has not been established. (Continued on the next page)

For all the recent news coverage Zika is not new a new virus. Previous outbreaks in tropical Africa, Southeast Asia, and the Pacific Islands were documented but not widely reported. But as Zika continues to spread across South and Central America so has news coverage.

In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil. Since that time, local transmission has been reported in many other countries and territories.



If you plan to travel to areas where Zika—or any mosquito-born disease—is prevalent, sleep under a bed with mosquito netting.

Should you begin to feel ill seek immediate medical attention. Baring that we want to do is to treat the symptoms. As with any virus, drinking plenty of fluids and getting rest is some of the best medicine that we can use. Acetaminophen can help reduce fever and pain but we do not want to take aspirin or NSAIDs.

While there have been reports of serious birth defects such as microcephaly in babies of Zika-infected mothers, it is important to note a link between Zika and microcephaly has not been established. The CDC recommends special precautions for those traveling where Zika has been reported. Women who are pregnant or may become pregnant should consider postponing trips. Those who develop Zika symptoms should seek immediate medical attention.

There have been questions regarding links between Gilliam Barre Syndrome and the Zika virus but the CDC does not have a conclusive answer yet.

At this time there is no vaccine to prevent Zika infection or medicine to treat the infection. However, once a person is infected with the Zika virus, the CDC states it is likely they are protected from future infections based on studies of similar viruses. As the spread of the virus is anticipated, the best way to prevent the disease is to protect our-selves from mosquitoes.

Mosquitoes lay their eggs in standing water. Keep your plant pots, birdbaths, wading pools—or any other receptacles where water may collect—drained and/or covered.

You guys all know the value of tea tree oil I've preached for years to repel mosquitos. Other suggestions include:

- Wearing long-sleeved shirts and long pants
- Stay in places with air conditioning or that use window and door screens to keep mosquitoes out
- Using EPA-registered insect repellents

If you have a baby or child:

- Do not use insect repellent on babies younger than 2 months of age

- Dress your child in clothing that covers arms and legs, or cover crib, stroller, and baby carrier with mosquito netting
- Do not apply insect repellent onto a child's hands, eyes, mouth, and cut or irritated skin
- Adults: Spray insect repellent onto your hands and then apply to a child's face

(Continued on the next page)

Do NOT use permethrin products directly on skin. They are intended to treat clothing

The arrival of Zika in the Americas, I think, shows risks not only posed by this, but also by other exotic viruses. Prevention is the key!



Linda Hutchinson, RN, CMAS



Recipe for Happiness

Author Unknown, Presented Courtesy of
Mary Barrientos

Ingredients:

- 2 Hearts full of Love
- 2 Heaping Cups of Kindness
- 2 Armfuls of Gentleness
- 2 Cups of Friendship
- 2 Cups of Joy
- 2 Big Hearts Full of Forgiveness
- 1 Lifetime of Togetherness

Directions:

Stir daily with Happiness, Humor and Patience. Serve with Warmth and Compassion, Respect and Loyalty.



2016 TMAA Bylaws Review

I've served on the TMAA Board for several years in different capacities including Programs, Education Chair, and President. This year, I will embark on a whole new role as your Bylaws Committee Chairman.

In 2015, Linda Hutchinson (President), Debbie Braddock, (Membership & Website Chairman) and I spent several months updating job descriptions for the board. This task had not been done since Maria Petz was president of the organization.

It was a real eye-opener to see how much the health care and business environment has changed over the past several years. For example, the board used to meet only 3 times per year. All meetings were in person and required travel for out-of-town board members. We now meet much more frequently using a teleconference line for several of these meetings.



I suspect, as I begin going over our Bylaws with a fine-tooth comb, that I will find plenty of sections that can benefit from modernization. The plan is for me to identify what needs updating and provide recommendations and suggestions to the Board. (Continued on the next page)

They will have a chance to provide feedback on the recommendations, and help fine-tune them, before they are presented to the membership for a vote.

My goal is to present the recommended changes in writing by May or June. This will give members several months to review them. We will vote on the recommended changes during the TMAA general membership meeting at our conference in the fall.



Shonna Macaulay, RN, BSN, CCM
TMAA Bylaws Committee Chairman



MISOPHONIA, What Is It?

Misophonia or Selective Sound Sensitivity Syndrome is a disorder commonly thought to be neurological in origin. Symptoms are strong negative emotions, (anger, flight, hatred, and disgust) are triggered by specific sounds. The sounds can be loud or soft. The term was coined by American

neuroscientists Pawel Jastreboff and Margaret Jastreboff and is sometimes referred to as selective sound sensitivity syndrome.

Rarely diagnosed, misophonia is not classified as a discrete disorder in DSM-5 or ICD-10. In 2013, three psychiatrists at the Academic Medical Center in Amsterdam formulated diagnostic criteria for it and suggested that it be classified as a separate psychiatric disorder.

A 2013 review of neurological studies and MRI studies of the brain as it relates to the disorder postulated that abnormal or dysfunctional assessment of neural signals occurs in the anterior cingulate cortex and insular cortex. These cortices are also implicated in Tourette syndrome and are the hub for processing anger, pain, and sensory information. Other researchers concur that the dysfunction is in central nervous system structures.

When a person with misophonia is exposed to a sound in their trigger set, it results in an immediate negative emotional response. This response can range from moderate discomfort to acute annoyance or go all the way up to full-fledged rage and panic. Fight or flight reactions can occur. While experiencing a trigger event, a person may become agitated, defensive, or offensive. They may distance themselves from the trigger or possibly act out and express anger or rage at the source of the offending sound.

To help a non-affected person understand the impact misophonia has on someone with the disorder, they might be asked to imagine how they feel and react when they hear the sound of fingernails being scraped down a chalk board. Most people dislike this sound and will probably ask the person to stop!
(Continued on the next page)

However, this example falls short of reaching the intensity a misophonia sufferer experiences and lacks the strong negative emotional component that is elicited.

Taken to an extreme, a person with misophonia can become socially isolated and pull back from family and friends in an attempt to reduce the stress brought on by exposure to their triggers sounds.

The workplace can be an issue when a person with misophonia is put into a position in which they have little input in shaping the environment in which they will be asked to work. A coworker munching on food may be too distracting or could produce a full-fledged panic attack. An environment that will not or cannot accommodate the needs of a sound sensitive person can result in anxiety for the person with misophonia and challenges for supervisory staff. At times, the sound environment can be enough of a problem to make keeping the job intolerable.

People with misophonia can be reluctant to share their symptoms and triggers with others and sharing can have several outcomes. A person's friends and family will need to be educated about what misophonia is and its affects on a person with this disorder. Once made aware, they may be supportive or become part of the problem.

Some insensitive people can be dismissive of the disorder. Sufferers have reported being mocked and have had people purposefully make offending noises (at times exaggerating them as well). A person with misophonia may be told to "get over it," "stop being so difficult," or told to "grow up." Obviously, these reactions do not help the stress experienced because of a person's sound sensitivity problem.

Mouth and Eating:

"Ahhs" after drinking as well as burping, chewing, crunching (ice or other hard food), gulping, gum chewing and popping, kissing sounds, nail biting, silverware scraping teeth or a plate, slurping, sipping, licking, smacking, spitting, sucking, (ice, candy, etc.) swallowing, talking with food in mouth, tooth brushing, flossing, tooth sucking, lip smacking, wet mouth sounds, grinding teeth, throat clearing and jaw clicking—are all triggers for some.

Breathing/Nasal:

Grunting, groaning, loud breathing, sniffing, snorting, snoring, sneezing, loud or soft talking, congested breathing, hiccups, yawning, nose whistling and wheezing

Vocal:

Humming, screaming, muffled talking, nasally voices, overused words such as "um" or ah," repeated words, sibilance sounds (S, P, T, CH, K, B sounds), singing, gravelly or raspy voices, bad singing, soft whisper-like voices and whistling.

Environmental:

Clicking from texting, keyboard/mouse, TV remote, pen clicking, writing sounds, papers rustling/ripping, ticking clocks, texting and cell phone ringtone.

Utensils/metals:

Dishes clattering, fork scraping teeth, silverware hitting plates or other silverware and rattling change in pockets.

Wrappers:

Plastic bags crinkling/rustling, plastic bags opening or being rubbed and crinkling food packages

(Continue on the next page)

Body Movement related:

Foot tapping, finger snapping, foot dragging, heels, flip flops, knuckle/joint cracking, eye blinking, nail biting and clipping.

Visual (not necessarily sound related):

Fidgeting, hair twirling, movements out of the corner of eyes, repetitive foot or body movements,

Misophonia means constant pain and panic. It means fearing you may hurt somebody. It means suffering on a day to day basis and sometimes nobody knows.



Tish Roth, LVN
Nominations Committee



Website News

Have you met the TMAA board for 2016?

Well, now you can! They are featured on the TMAA homepage. Unfortunately the board picture is missing Linda Hempfling, our treasurer, since she was not in attendance at

the fall seminar. Your new board members are:

Linda Hutchinson, President

Gaye McClellan, President Elect

Deborah Hewitt, Vice President

Nancy Odom, Secretary

Linda Hempfling, Treasurer

Shonna Macaulay, Bylaws Committee

Deb Moore, Event Planner

Terri Harding, Historian

Debbie Braddock, Membership

Gaye McClellan, Newsletter

Lupita Flores and Leticia Roth, Nominations

Judie Spafford, Nurse Planner

Mary Barrientos, Programs

Debbie Braddock, Website Coordinator

We are here for you and you can reach us by going to the *Board Member* tab and clicking on our names. The email address will come up. Then ask away!



We all want to make TMAA strong and member friendly, so reach out with your suggestions/concerns/complaints. Our ears and hearts are always open, and we appreciate your feedback.

Watch the website for the all the 2016 TMAA Fall Seminar updates. Also take a minute to watch the photo gallery. Pictures are changed throughout the year.



Debbie Braddock
Website Coordinator

regarding some of our speakers last year, so we are asking some of them for a return engagement. We had a webinar this past month through ANCC regarding the changes in process for obtaining CEUs. TMAA has found it beneficial to use out of state credentialing to facilitate obtaining our CEUs.

We look forward to our conference in September. We are still accepting any suggestions for topics anyone would be interested in. Please let us know. (email)



Judie Spafford, RN, MSN
Nurse Planner



Program Posts

Mary Barrientos, program chair and I are working diligently along with all the San Antonio members to find speakers. We are also working to have a conference date set soon.

We received many very positive remarks



Save the Date!

Our TMAA 2016 Conference will be held September 22nd and 23rd at Hotel Indigo. This beautiful Spanish-styled villa, is located at 830 North Saint Mary's Street, San Antonio, TX 78205. We will be in the heart of downtown, right on the world famous San Antonio River Walk.

(Continued on the next page)



Situated between the financial and medical centers, the Museum Reach is the heart of the art community and you will see work from local artists showcased throughout the hotel. Other fabulous amenities include a pool, terrace, free wi-fi internet service, a business center, and fitness room. Parking is \$9.00 a night—which is an excellent value for the location.

Additionally, there is easy access to the water taxi and the Blue Line Trolley to the Alamo.

A link has been provided below to check out rooms. Rates are \$124.00 per night. As an added option for TMAA members, this rate is extended two days prior/post conference. Please contact Matt Goodrich 1-210-527-1900 to book your extended stay.

<http://www.ihg.com/hotelindigo/hotels/us/en/san-antonio/satsm/hoteldetail>

We look forward to see everyone there!



Debbie Moore, RN, CMAS
Event Coordinator



Membership Memo

This is a big year for TMAA as we celebrate 30 years and we want everyone accounted for and be present. We have seen lots of changes during these years, and lots of ebb & flow in our membership numbers. TMAA has survived these low tides due to the dedication of our members.

TMAA was founded in 1987 by Carolyn Rich and a group of like-minded nurses who wanted a professional organization for Texas-based medical auditors. She also wanted a platform where we all could learn charging rules, set up guidelines, and support systems plus learn of new medical procedures together. However, in these early years, there was a big division between hospital auditors and external/insurance auditors. It was, at times, a tense environment with conferences rooms divided by affiliation. Thankfully that has changed due largely to folks involved and determined to grow and improve TMAA.

Our organization has one goal: to have an accurate bill for both patient and provider, proven through documentation. We now work cordially side by side to review, exit records, share meals, and some of us even share hotel rooms at conferences! This is huge and a wonderful change that we should all take pride in. Unity in learning—new rules and new procedures—and a commitment to accurate charging has all made TMAA the solid organization it is today. Aren't you glad you are all part of this change in history?

(Continued on the next page)

This is why we need all medical auditors working today to join TMAA and promote and expand our professionalism and commitment in our work environment.

It's been a struggle at times to balance our budget while organizing the seminar presentations our members have come to expect. Our board and planning committee continue to find first-rate presenters who are highly knowledgeable in their fields as well as the best hotel values to insure safe, secure, and beautiful seminar venues. This year will be no exception and, as always, we intend to have some special attractions, too.

Of course planning and organizing takes a lot of time. We had our first meeting of the year on Saturday Feb 20th and board members brought a wealth of ideas to the table. We will update you via the TMAA website when date and hotel information has been locked in. It's never too soon to start planning for our fall seminar!

I look forward to seeing your membership application very soon. We will be publishing a photo directory in celebration of 30 years together—so be sure to send in your head-and-shoulder photo. Please send it in early since I will have a lot more work to do to be ready this September.

And again, THANK YOU for making TMAA great!



**Debbie Braddock,
Membership Chair**

The Historic Alamo



San Antonio's Distinctive Skyline



The World Famous Mi Tierra





Texas Medical Auditors Association

Membership Application for _____ (year)

Tax ID: 752127331

~~1~~ ~~2~~ ~~3~~ ~~4~~ ~~5~~ ~~6~~ ~~7~~ ~~8~~ ~~9~~ ~~0~~ New Member Renewal

Name: _____
Street Address: _____
City, State, Zip: _____
Home Phone: (____) _____ **Home Fax:** (____) _____
E-Mail: _____
Job Title: _____
 RN LVN Other: _____ **List credentials:** _____
Number of years in Medical Auditing: _____ Internal External

Employer: _____
Street Address: _____
City, State, Zip: _____
Phone: (____) _____ **Fax:** (____) _____
E-Mail: _____

_____ **Please do not publish my contact information in the membership directory or newsletter**

Committee Preference: *(Rate top three preferences for serving, #1 being the most preferred)*
 _____ Continuing Education _____ Newsletter _____ Standards and Bylaws
 _____ Historian _____ Nominations
 _____ Membership _____ Programs

Leadership/Organizational Skills: *(List positions held and/or qualities you possess)*

Annual Dues: \$60.00
(Dues received prior to March 1st will be included in the current year's membership directory)

Mail membership application and annual dues to:

TMAA - Membership Chairman
 P.O. Box 541227
 Houston, TX 77254

This application may be reproduced
Membership fees are non-transferable
Membership expires December 31st of each calendar year
Website address: www.TMAA.info

For Membership Chairperson Use

Date Received: ____/____/____ Amount: \$ _____ Check#: _____
 Received by: _____ From: _____ Directory _____

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