

2009 | 2010

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ANNUAL NATIONAL INSTITUTE

HFMA ANI Seattle

— Scott Ujita —

Seattle was a great place for ANI this year. The weather was beautiful and there were many sights to see. The conference opened on Sunday with the evening reception. This was a good time to meet people and have some food and refreshments. The next day opened with Pat Lencioni. He spoke about the five dysfunctions of a team: Absence of trust, fear of conflict, lack of commitment, avoidance of accountability and inattention to results. Pat was a great speaker and gave me some good points that I would be able to apply back at my job.

There were so many good breakout sessions that I had a hard time in choosing which one to attend. There was a topic for almost every aspect of healthcare. I was pleasantly surprised by the quality and the variety of the topics.

I knew that Al Gore was going to speak Tuesday morning, so I skipped breakfast and tried to get to the session early for a good seat. To my surprise, there was a line of people waiting to

get in. I could only guess that the doors were still closed due to some planning or security reasons. Al Gore spoke on the challenges with the environment healthcare and some of the problems with our current political climate. I was looking forward to hearing him speak and he did not let me down. As our former Vice-President and Nobel Peace prize winner, he shared his views on global warming and the environment which were topics that I had anticipated.

The closing general session was a panel of hospital administration leaders from a variety of health systems and hospitals. They spoke on the challenges that each of them faced due to the recent financial crisis that has affected us all.

All in all, ANI was a wonderful experience. The trade faire had vendors that provided solutions for hospital needs. I enjoyed walking around the faire, talking to people and seeing what they could provide. Don't forget to mark your calendars for next year's ANI in Nashville!

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REMINDER

DON'T FORGET TO REGISTER FOR THE

HFMA SoCal Chapter Geographic Program

ON ONE OF THE FOLLOWING DATES:

Wednesday, July 22, 2009 | Cisco Systems, Inc.
Conference Room on UC Irvine Research Park campus

Thursday, July 23, 2009 | St. Bernardine Medical Center
Carmel Conference Room in the Matich Center

Friday, July 24, 2009 | Mercy Hospitals of Bakersfield
The Clerou Conference Room

For more detailed information, please go to www.hfma-socal.org

MESSAGE FROM THE PRESIDENT

Rick Lash

2009 | 2010

COMMITTEES

Certification

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Mary (Kathy) Hammack, CHAIR

Davis Chapter Management (DCMS)

Lisa Wada, CHAIR

Education Outreach

Samuel J. King, CHFPA, CHAIR

Fall Conference

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Founder Points

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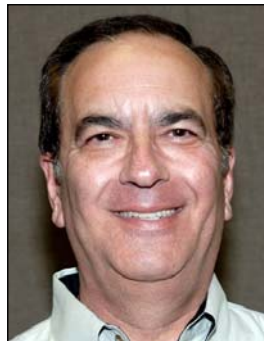
Genevieve Nelwan

Scott Ujita

Karen Wade

Photographer

Richard Anzalone



As is the practice, the Officers and Board Members of the Southern California Chapter start their year well before the official "June 1st" date. It actually begins in January when the President-Elect presents a slate to the Nominating Committee. It progresses to the Leadership Training Conference (presented by National HFMA) each April. This is followed by the Installation of Officers in May. Planning for the first Educational Programs, too, begins prior to the new HFMA year.

The Chapter's year begins with the Annual Chapter Planning Meeting. This year it was held at Huntington Hospital (Pasadena), and we thank them for their hospitality. We were very pleased with the turnout. I was more pleased to meet newer members who want to "get involved" with our chapter. That is what it is all about . . . getting involved. Vickie Morgan, FHFMA, a past President, presented

"HFMA 101." In addition to providing some history, this subject explains the Chapter's structure, what we do and why we do it. Following the Chapter Announcements, all Officers, Board Members and Committee Chairs introduced themselves and gave a brief synopsis of their organizational roles. We broke into committee groups to afford those attendees who are not yet committee members the opportunity to meet with the Committee Chairs, hear what the committees do, and hopefully join one or more that will be of interest to them.



I had the opportunity to attend the Annual National Institute held in Seattle, WA. The new Chairman of HFMA, Cathy Jacobson, FHFMA, is a poised, polished and enthusiastic speaker. Her theme for this year is "Making it Count." It is a clear concept and gets right to the

point. It involves everyone who touches or is touched by healthcare. In these challenging times, our efforts and actions need to make it count. It is certainly a theme our Chapter will rally around and carry forward.

We have several Educational Programs coming up. The first is presented by the Education Outreach Committee. They are scheduled for July 22nd, July 23rd and July 24th in Irvine, San Bernardino and Bakersfield, respectively. The topics include ARRA Grant Money, Bridging the GAP between Nursing and Finance and Non-Labor Expense Reductions. Our Educational Program #1 will occur on August 20th in Arcadia. The Fall Conference, being held this year in Monterey, CA, is from September 13 through September 15th. You don't want to miss any of them, and these are just a few of the educational sessions your Chapter will offer this year.

I encourage everyone to take advantage of our Chapter's website. It contains Chapter information, a listing of events, copies of Newsbrief, Membership information, a Photo Gallery, and a listing of your Officers and Board members, Committees and Committee Chairs, Chapter documents and Educational materials.

This year your Chapter Leadership continues to encourage the importance of becoming certified. Please consider taking the certification exam this HFMA year. You will be hearing a lot more about this throughout the year.

Rick Lash

President, HFMA Southern California Chapter

The Value of Certification

Debby Chanen, FHFMA, Certification Chair

HFMA Certification Study Guide

\$650 for Core and one specialty
[but for you it's free]

HFMA Certification Testing Fee

\$250 for Core and one specialty
[but for you it's free]

HFMA Coaching Course

\$240 each for Core and specialties
[but for you it's the \$75 registration fee for our educational program]

What becoming Certified could mean to you and your career?

Priceless!

Priceless? Okay I know that I may be overstating it a little bit, but I wanted to get your attention so I could talk to you about becoming a certified member. One of our Chapter goals this year is to get more certified members. Why? Because we think certification is important and valuable for our members.

I've heard all of the excuses for not becoming certified:

- **Some say that they haven't become certified because their company won't pay for the test or the study materials.** We've taken care of that one. It's Free! We'll even give you more than one chance to pass on our dollar.
- **Some say it's because they don't have time to study.** We're offering a coaching session at our upcoming August 20, 2009 at 8:30 at the Embassy Suites in Arcadia.
- **Some say it's because they've heard that the test is too hard or unfair.** Attend the study session. See for yourself. You'll soon realize that you already know most of the material.

Whatever your reason in the past, forget about it. Shed that old negative attitude and join the session on August 20th "Certification Coaching Coach – Core." In case you need more to convince you, here are the top 10 reasons why you should consider certification:

- 10:** Survey results indicate a strong relationship between certification and career advancement.
- 9:** Meeting the certification requirement helps prepare you for increasingly responsible positions in healthcare.
- 8:** Certified members tend to earn a higher annual salary.
- 7:** Certified members of HFMA are more likely to be hired for upper level positions in healthcare finance.
- 6:** Certified members are respected members of any healthcare leadership team.
- 5:** Certified members have proven that they are knowledgeable and understand today's healthcare finance issues.
- 4:** Becoming a certified member demonstrates your dedication to professional development.
- 3:** HFMA Fellowship requires that you first become a Certified member first.
- 2:** It's time you did something for yourself, not because you have to, but because you want to and you relish a good challenge.

And finally . . . [drum roll please]

- 1:** You get to wear those cute little tags at the bottom of your name badge at all HFMA events.

For those of you who would like more information on Certification, please go to HFMA National's website at <https://www.hfma.org/certification/> or contact me at chanenda@ah.org.

HFMA Needs Your Help!

The HFMA Southern California Chapter needs your help. If you would like to get involved with HFMA and do not know how, just ask any one of the 15 Board members or the chapter Administrative Assistant, Lori Kuwahara. They will make sure that they introduce you to all of the right people. There are many functions within the organization that can use help. There are committees for all talents and opportunities for anyone that has some time. Here is a list of some of the committees that need help: Certification, CFO Roundtable, Educational Outreach, Government Programs, Legislative, Long Term

Care, Revenue Cycle, Membership, Networking and Social, *Newsbrief*, Payor Relation/Compliance, and Student Recruitment/Mentorship/Scholarship. Each Committee has a chairperson that can be contacted if you are interested.

To get contact information for any of the committees, you can go to www.hfma-social.org/committees.html anytime or you can call 323-266-4362. Whether you want to start off slowly or just check things out, I invite you to take a step and get involved with this award winning HFMA chapter.

SoCal Chapter Hosts Gala Affair

James Cummings, Immediate Past President

On May 21, the Southern California Chapter of the Healthcare Financial Management Association (HFMA) hosted its annual award banquet and installation of new officers, at the Garden Bistro restaurant in Studio City. The evening started with cocktails and Hors d'oeuvres served from 6:30 to 7:30 pm. A jazz quartet, headlined by Lori Andrews and Bart Samolis, provided perfect background music while chapter members and their guests sipped cocktails and enjoyed the elegant ambience of the Garden Bistro.

After an hour of listening to smooth jazz and drinking even smoother cocktails, the members were shown to their seats and dinner was served. Dinner was a choice between filet mignon, salmon, or a vegetarian plate. dinner the conversations and wine continued to flow smoothly.

Immediately following dinner, the awards ceremony began. All of the officers and committee chairs were presented engraved plaques that expressed appreciation for the commitment and leadership they provided to the Southern California chapter of HFMA. Here are those individuals and companies:



RECIPIENTS OF THE ANNUAL AWARDS PRESENTED AT THIS EVENT

PRESIDENT'S AWARD

Rick Lash
James Stewart

OUTSTANDING COMMITTEE MEMBERS

Joseph Demont - Education Outreach
Anthony Lewis - Newsbrief

OUTSTANDING COMMITTEE CHAIRS

Samuel King - Education Outreach
Kathy Hammack - CFO Roundtable

OUTSTANDING NEW MEMBER

Genevieve Nelwan

BEST PRESENTATION

Steve Valentine - "Opportunities During Economic Crisis"

BEST ARTICLE

Donna Anglin, FHFMA - "Delegation to Russia"
George Coleman - "RAC'em Up"
Ed Norwood - "Underpayments"

APPRECIATION AWARD (Company)

Deloitte and Touche LLP
KPMG LLP
Latham & Watkins
Progressive Management Systems



Following the awards ceremony, the officers and directors for the upcoming FY 09-10 chapter year were installed. James Stewart performed the installation ceremony for Rick Lash and his leadership team. Following the installation ceremony, the band resumed playing and chapter members were again nodding their heads to a smooth jazz beat whilst they sipped cocktails. Finally, the eleven o'clock hour arrived and the evening of festivities came to an end.

While Lori, Bart and the band packed their equipment, King Bechtel, the social and networking committee chair, his assistant Sherry Weaver, and myself settled the final tab and had a glass of wine. We sighed, sipped wine and celebrated an outstanding chapter year.



19th Annual California Fall Conference

September 13-15th, 2009 • Hyatt Monterey Hotel and Spa • Monterey, CA

This year's Fall Conference, jointly sponsored with the Northern California HFMA chapter, returns to Northern California at an extremely attractive coastal location. The CFO Golfing Event on Saturday was a new event last year, and a big success, so we are doing it again at the fabulous Del Monte Golf Course. The Fall Conference provides an unmatched 21 breakout sessions with great general session speakers.

This year's keynote speaker will be HealthNet's CEO Jay Gellert. Health Net is one of the nation's largest, publically-traded HMOs, offering a variety of health benefit plans for Commercial, Medicare, Medicaid, and CHAMPUS military healthcare programs. Mr. Gellert is a national leader in the drive for universal access. His topic is: "Universal Healthcare Access in a Down Economy: What Can Be Achieved, and When?"

Additional General Session speakers include a regulatory update from the California Department of Insurance (Steve Poizner, California Insurance Commissioner) and the California Department of Managed Care (Cindy Ehnes, Director). In addition, the successful panel that ended last year's presentation will discuss the status of California Healthcare Reform and Universal Access. The panelists include **Herb Schultz**, Senior Adviser to the Governor; **Duane Dauner**, CEO, CHA; **Don Crane**, CEO, CAPG; **Charles Bacchi**, Interim CEO, CAHP; and **Joe Dunn**, CEO, CMA. Finally, a Pay For Performance (P4P) general session will present the impact of pay for performance on medical groups and hospitals. (CAPG – California Association of Physician Groups and CAHP – California Association of Health Plans)

The winning formula of many of the breakout sessions (21 in all) is to provide our members tools to be used back at the office. The breakout sessions are divided into three tracks; Patient Financial Services, Finance and Managed Care.

The Patient Financial Service track will cover topics to help every attendee learn process improvements for the revenue cycle. Of particular interest are payment reforms now being implemented in pilot form by Medicare. The *Medicare ACE Demonstration Project* now underway will "bundle" payments to hospitals for both hospital and physician services. Speakers from the Lovelace Health System will present how this worked in the demonstration project where they were the pilot site. PFS professionals may find their world turned upside down as they did when managed care capitation first rolled out in the 90's. The PFS track has additional speakers on performance metrics and updates specific to the Medicare and Medi-Cal programs. The PFS roundtable is always a hit so please email your suggested topics to hfmcafallconf@aol.com.

The Finance track will include several C suite presenters including CFOs and CEOs of hospitals presenting on subjects as diverse as a SOCAL regional hospital turnaround (Downey Community) and physician-hospital relationship management. Specific bottom line oriented presentations will focus on labor and supply cost management and succession management.

The Managed Care track continues its long tradition of being the best place for managed care professionals to learn the latest in contracting and operational developments. There will be one payer panel dealing with commercial and Medicare contracting issues and another payer panel dealing with Medi-Cal Managed Care, a unique learning opportunity for California-based providers.

More details will be available at www.hfma-cafallconf.org. The conference has many sponsorship opportunities still open. The full sponsorship matrix is also on our web-site.

Stay tuned and be sure to keep your calendar clear to join us September 13-15th for a wonderful program!



Red Flag Rules Compliance

Now standard part of Revenue Cycle Operations

— Steve Millhouse, Lead Product Manager for SearchAmerica —

WITH SUPPORT FROM EXPERIAN INFORMATION SOLUTIONS, INC.

Hospitals are working diligently on their programs to comply with the new Identity Theft Red Flags and Notices of Address Discrepancy from the Federal Trade Commission (FTC) to combat identify theft at their facilities. However, as the details of their programs are being evaluated, many questions arise:

- Will our proposed program create too many false positives or 'red flags' that we cannot manage appropriately?
- How should the collection of patient demographic information alter our program?
- Should a red flag account be identified at patient registration or during the billing and collections processes following services?

Providers Have Assumed More Responsibility

The Red Flag Rules require healthcare organizations to properly identify patients in order to protect their identity. The FTC assures the healthcare community that the Red Flag Rules should not prevent any organization from providing medical services to a patient. Instead, they have placed another layer of responsibility onto the providers.

Some in our industry have referred to this new regulation as an "unfunded mandate" which obligates hospitals and clinics to proactively identify ID theft triggers based on FTC criteria. This new criteria may cause unnecessary triggers due to routine patient interaction. For example: a patient calls and states "I have never been to your facility." This fairly routine event according to the FTC is a Red Flag rule trigger. In this situation, after researching, the patient had a specimen taken at their doctor's office which was later ran at the hospital's lab thus creating a false positive Red Flag trigger.

Most Medical ID Theft Risk is Internal

Medical ID theft most often results from internal misuse of patient or guarantor information. This should not be surprising. Retailers have known for decades that most of their shop-lifting incidences occur not from its shoppers, but its employees. Hospitals are not immune to this phenomenon.

The Red Flag Rules do require internal controls over staff and preventive steps to reduce the number of Red Flag alerts and identity theft cases for a hospital *before they occur*.

Storing photocopies of government IDs such as driver's licenses and Social Security cards within patient files is currently commonplace. These files can be accessible by all individuals participating in the care of the patient, including lab technicians, nursing staff, physicians, physical therapists, pharmacists and pharmacy technicians, among others. How-

ever these can be the information sources needed by identity thieves to perpetuate their crimes. This process requires review to ensure appropriate controls are in place to eliminate the temptation by internal staff.

A recommended solution to prevent internal misuse of patient information would be to automate the demographic validation process. This involves utilizing state of the art identity verification workflow and storage solutions. Access would be controlled by user security and passwords.

Red Flags Will Be Numerous Under Current Processes

Creating too many false positives is a justifiable concern by all healthcare providers. Many every day billing questions and occurrences could be used alone to identify a Red Flag account, but would create dozens or hundreds of red flag accounts each day. A vast majority of these would not be true instances of identity theft.

For example, if a patient arrives at the Emergency Department (ED) without documentation, should this be considered a red flag account?

The answer is not a simple yes or no, but an assessment of the demographics and what is considered normal for each facility. For example, if a facility serves a large immigrant population, it will not be uncommon to encounter patients in the admissions process without documentation. In this case, this should not constitute a Red Flag, as it would create too many false positives and become burdensome for the hospitals and its patients. Instead, Ms. Lefkovitz recommends adding other criteria that would identify a Red Flag, such as billings returned to the provider by the post office as undeliverable.

The FTC is advising each provider to assess its patient populations and identify potential red flag criteria are too commonplace to be considered an anomaly. Providers should develop multiple criteria that must be encountered before identifying it as a red flag.

A few examples of common billing questions that may prove to be a false positive red flag are:

Billing Inquiries:

- Patient states to never have been at the hospital.
- Patient states to have never received the medical service on the bill.
- Dispute of a bill based on claim of identity theft.
- Mail sent to patient repeatedly returned as undeliverable despite ongoing transactions on active account.

Continued on page seven

Red Flag Rules Compliance

Continued from page six

Clinical Identifiers:

- Medical services are inconsistent with a diagnosis
- Allergies listed on chart are disputed by patient

Admissions Alerts:

- Patient provides insurance number but provides no insurance cards
- Lack of correlation between Social Security number range and date of birth
- Repetitive address or phone number supplied by multiple patients on financial assistance applications
- Personal information inconsistent with information already on file

Steps to Improve Compliance

Until the Identity Theft Red Flags and Notices of Address Discrepancy, most hospitals discovered identity theft cases after medical services were rendered and the patient released. This unfortunate discovery resulted in unrecoverable expenses. Now not only will there be a loss in revenue, but potential government fines if processes are not in place and used consistently. The following are recommended steps that hospitals can use to mitigate their risk and improve their compliance with recent regulations:

Step One: Be Proactive

The FTC has mandated providers to become both proactive and reactive in their approaches. Historically, this has not been the case, and hospitals have followed-up on accounts only when their traditional billing and collection efforts failed.

Emphasis needs to be on the prevention of Red Flag instances.

To do so, providers need to establish new controls. First, they need to dramatically limit access to SSN and other patient identification information to internal and third parties (e.g., collection agencies) to prevent internally generated cases. Minimizing the internal theft of medical IDs will have the most significant impact on reducing both red flag instances and losses from identity theft.

Secondly, patient folders need to be stripped of all references and photocopies of government IDs. This includes folders for new patients, recurring patients, and former patients.

Step Two: Involve Other Departments

Securing patient information cannot be achieved by finance and administration alone. Executives are required to monitor the Red Flag Program periodically. However, other departments need to become actively involved in the process. The following are just a few examples:

Human Resources

For hiring, payroll, credential validations, and other activities performed by this group, human resources staff have access to the identification (SSN, driver's license number, etc.) needed by identity thieves. Hospitals need to be sure this information is secure and accessed only by those that need it.

Likewise, as they hire, they should pay attention to any background checks that include identity theft citations or convictions. These individuals need to have very strict controls on their access to patient information, or no access at all, and have their activities monitored frequently.

Human Resources is usually vital in setting up permissions and access to a providers facility and systems. Administration should team with this department to create access controls that are consistently and appropriately maintained, at hiring, and throughout a staff member's employment.

Lastly, as hospital personnel are oriented to the provider's policies in training sessions, they need to become aware of the Red Flag Rules and, if appropriate, their role in compliance. This will specifically impact the registration and billing staff, but all hospital staff should be aware of the need for strict controls over patient identification information.

Healthcare Information Management (HIM)/Medical Records

This department is critical for proactive reduction in identity theft and compliance with the Red Flag Rules. Its staff must work with finance and administration to identify new user access and controls to protect the electronic storage of government IDs in patient folders (until removed) and the secure database where they will reside. They should also review their current procedures used to detect misuse of passwords that have access to identification information.

In addition, patient folders contain identification information that will need to be removed. Medical Records is critical to performing this task as they are knowledgeable in where this information resides within the folders for current patients and in historical records that may be accessible to staff. This department is instrumental in developing the plan that will govern the information in new patient folders as well as how to 'clean' existing and former patient documentation.

Step Three: Develop Industry Best Practice

Virtually all hospitals must comply with the Identity Theft Red Flags and Notices of Address Discrepancy. Providers should team together to share their programs and aid one another in developing best practices for those serving similar patient demographics. *Continued on page eight*

Red Flag Rules

Continued from page seven —————

Your Red Flag Policy should reflect a strong due diligence process with a goal to decrease premature filings. The following are some examples of industry best practices that hospitals are considering and/or including in their Red Flag Rules programs:

Red Flag Policy Triggers:

- **Differing Information.** Management will be immediately notified when personal information provided by the patient is inconsistent with current patient information residing in its systems.
- **Altered Documents.** Management will be immediately notified if a patient's identification documents appear to have been altered.
- **Unauthorized Charges.** Management will be immediately notified when the hospital is advised of unauthorized charges applied to bank or credit/debit card accounts from their organization.
- **Fraud Alert.** If a fraud alert is associated with a patient account, the information must be verified with the guarantor or disregarded if unable to validate.

Proactive Protection of Patient Accounts:

- **Website.** All patient websites or portals containing patient information must be password protected.
- **Phone Inquiries.** Date of birth or a SSN of the account guarantor will be verified on all phone calls requesting account information.
- **Statements.** Requests for medical documents and/or patient statements will only be sent to the address on record for the guarantor.
- **Physician/Health Provider Requests.** These offices will be provided an identification code that will be required when requesting account information.
- **Name & Address Changes.** A photo ID (for in-person requests) or the patient's date of birth and/or SSN (for phone requests) is required to change the name and/or address on a patient's account.

Payment/Refund Controls:

- **Credit Card Payments.** All payments given via phone will require the 3 or 4 digit identification number located on the backside of the credit card.
- **Refunds.** All patient refunds will be mailed to the address of the guarantor or refunded to the original credit/debit card used for payment.

Policy Changes:

- **Updates to the Red Flag Program.** Management will periodically update its Red Flag Rules program based on its experience with identity theft, new methods of identity theft are discovered, and the availability of new solutions to detect, prevent, and mitigate identity theft.

For information from the FTC on the Red Flag Rules, visit www.ftc.gov, call 202-326-3058 or email your questions to redflags@ftc.gov.

HFMA SO. CALENDAR

2009 EVENTS

July 22 – EDUCATION OUTREACH PROGRAM I

Location I Cisco Systems, Inc. / 7:45am-12:00pm

July 23 – EDUCATION OUTREACH PROGRAM I

Location II St. Bernardine Medical Center,
San Bernardino / 7:45am-12:00pm

July 24 – EDUCATION OUTREACH PROGRAM I

Location III Mercy Hospitals of Bakersfield / 7:45am-12:00pm

August 20 – CHAPTER EDUCATIONAL PROGRAM I

Embassy Suites, Arcadia / 7:30am-12:00pm

September 13-15 – FALL CONFERENCE

Hyatt Regency Monterey, Monterey, CA

October 14 / October 15 / October 16

EDUCATION OUTREACH PROGRAM II

Different locations each day SAVE THE DATES!

November 12 – CHAPTER EDUCATIONAL PROGRAM II

Presbyterian Intercommunity Hospital / 7:30am-12:00pm

2010 EVENTS

January 24-27 – REGION 11 SYMPOSIUM

SAVE THE DATE! Caesars Palace, Las Vegas

February 17 / February 18 / February 19

EDUCATION OUTREACH PROGRAM III

Different locations each day SAVE THE DATES!

March 18 – CHAPTER EDUCATIONAL PROGRAM III

The Center for Healthy Communities / 7:30am-4:00pm

April 14 / April 15 / April 16

EDUCATION OUTREACH PROGRAM IV

Different locations each day SAVE THE DATES!

Details on all events can be found on the chapter's

web site www.hfma-socal.org/ > click on Events Listings

CFO Committee Events

SAVE THE DATES

July 30th – CFO/Controller Luncheon

Western Medical Center Santa Ana / Conference Room #2
1001 North Tustin Avenue, Santa Ana

October 29th – CFO/Controller Luncheon

Deloitte & Touche LLP
1500 Rosecrans Avenue, Manhattan Beach

February 25th – CFO/Controller Webinar

California Hospital Association

Steve Blake, California HFMA Liaison

Much has happened since *NewsBrief* reported on the Provider Fee Proposal [CHA Board of Trustees Action – February 6, 2009]—now embodied in State Assembly Bill 1383. Numerous meetings have been held, throughout the state, with analysts, providers and legislators to secure a plan to generate an estimated \$2 billion in federal matching funds to hospitals for increased Medi-Cal rates. The bill involves a fee upon providers to produce the matching funds and not all providers will come out ahead with increased reimbursement sufficient to cover the fee. Therein lies a source of controversy among providers. Additionally, the fee is necessary to secure these funds only because the State of California has been unwilling (or unable) to allocate the funds necessary to procure the federal match.

The provider fee approach is not uncommon. 21 states take full advantage of the federal match via implementation of a provider fee. CHA has taken this lead, embracing the following guiding principles:

1. Hospitals must be permanently protected with respect to payment and the amount of the tax (i.e. the State cannot use this as a pretext to reduce its level of support in other areas)
2. Hospitals should be paid by Medi-Cal at the highest level allowed under federal law.
3. The State must be required to ensure that criterion 2 is met even when General Fund money is required (state maintenance of effort).
4. All of the money generated from the hospital tax must be used solely to benefit hospitals.
5. Only legislation votes can make changes to the program.

Securing these principles is not assured and AB 1383 does not offer all of these safeguards to eliminate the risk. Nevertheless, further delay could result in forfeiture of the opportunity for half of these funds for the remainder of the current fiscal year – approx. \$1 billion. The CHA Board of Trustees have reaffirmed continuing the current course, in spite of the risks, while continuing to seek long term security for the foregoing principles. This will be a central topic at the regular meeting July 16-17 in Sacramento.

Other significant matters to report are:

- Obama administration proposal to cut \$220 billion from the Medicare and Medicaid programs. CHA issued Data Suite Analyses of the estimated impact for its providers.
- Proposed legislation to allow employment of physicians in rural areas (AB 648).
- Update on state budget activity.
- Non-payment for “hospital acquired conditions” (AB 542).
- Peer review reform. (AB120).

With all eyes on health care reform, only one thing is certain... the status of “pending changes” is obsolete as fast as it is printed. More to follow...

Welcome New HFMA Members

Michelle Babin	Relational Technology Solutions
Carissa Terry-Bechtloff	Tenet Healthcare
Paulina Borrero	
Adrian Brindis	Capital Advance Leasing Inc.
Charles Brown	Methodist Hospital of Southern Cal
Deborah Burke	Desert Valley Hospital
Jose Campos	Deloitte & Touche LLP
Crystal Cantu	On Assignment Healthcare Staffing
Jaymi Cotter	Computer Credit, Inc.
Cindy Criner	Relay Health
Alisa Demirchyan	Glendale Memorial Hospital
Kevin Don	Hoag Memorial Hospital
Linda Du	San Dimas Community Hospital
Erin Fontenet	
Elisa Gamez	White Memorial Medical Center
Ana Goff, MBA	Chapman Medical Center
Robert Granados	Cedars-Sinai Medical Center
Tom Jefferis	Abraxis Bioscience
Brice Keyser	Moss Adams
Kyung Kim	Cha Health Systems, Inc.
Shirley Komoto	Moss Adams LLP
Kevin Kraiss	Hammes Company
Diana Lee	I-Flow Corporation
Ron Lee	Medtronic Minimed
Todd Leight	MedArtis
Nancy Leparto	Price WaterHouse Cooper, LLP
Jeffery Linn	MedSupport, Inc.
Joan Madden	Children's Oncology Group
Mark Marten	Athena Group Consulting, LLP
Catherine Mesnik	
Craig Miller	CMA
Garrett Myklak	
Stephen Nam	Carenex Health Services
Christine Napora	BSM Consulting
Rebecca Nick	Account Management Services
Jennifer Nonog	St. Francis Medical Center
Emeka Prince Nwaneri	North American Medical Management
Sarah Ottesen	GME Solutions
Scott Reitan	Amplify Consulting
Blanca Rojas	Hollywood Presbyterian Medical Group
Sadia Sanders	Cedars-Sinai Medical Center
Christopher Schroeder	
Robert Sherman	VWA, Inc.
Michelle Spaun	Computer Sciences Corporation
Roy Thompson	PMR Progressive
Ralph A. Wadsworth III	Hunter Donaldson, LLC
John Wallace	BMS Reimbursement Management
Connie Wilson	Lucille Packard Children's Hospital
Kim Worobec	Hooper, Lundy & Bookman, Inc.
Alazar Yinbal	Aviisha Health & Wellness Services, LLC
Amelia Tingting Yu	

CAREER OPPORTUNITY

BE PART OF OUR BEAUTIFUL STORY AT Mountain View Hospital in Madras, Oregon

We are seeking an exceptional CFO to be a part of our extraordinary organization.

Energy. An interesting way to describe a hospital, but at *MOUNTAIN VIEW* we are teeming with it. Our small town hospital is making some big changes and we are glad that you've taken a moment to learn more about us.

Clinical Excellence: 74% of our Core Measures of clinical quality are on par with the Top 10% of all hospitals in the nation. If you are looking for the very best in clinical quality, then look no further.

Best Practices: *MOUNTAIN VIEW* was the first hospital in Central Oregon to join the 100K and 5M Lives Campaigns. These national campaigns outline best practices for your safety. *MOUNTAIN VIEW* has successfully implemented these practices and has even been recognized as a national Mentor hospital for our successes.

Hospitality: Our patients rate us at **97% Patient Satisfaction**.

Comparative Affordability: Through careful use of resources, *MOUNTAIN VIEW* has been able to keep its prices very competitive. We are rated as one of the Top 100 Hospitals in the nation for providing Community Value.

This is an excellent opportunity for the seasoned CFO that is interested in growing with this unique health care facility whose mission is to enrich life for those who work and are cared for here. Our CFO should be forward thinking with the ability to inspire the team with passion for our mission. This role is responsible for the development, interpretation, coordination and administration of the hospital's policies related to financing, financial planning, accounting, patient accounting information services, taxes, insurance, investments, internal controls and auditing.

As you can see, *a beautiful story is unfolding at Mountain View Hospital*. We invite you to come join in our progress and help us to define what a model community hospital looks like. If you are looking for a place to do the work of a lifetime with a phenomenal team; Mountain View Hospital is the place for you.

Requirements:

The candidate must possess a collaborative and participatory management style with open, honest and direct communication skills. Candidates should possess a Bachelor's in Accounting or Business Administration along with at least ten years of progressively responsible financial management experience. An MBA or CPA certification is preferred. Our successful candidate will have financial management experience in a hospital environment of similar size and complexity. Previous participation in HFMA is desirable. Applicants should also possess an in-depth knowledge of the social, economic and political environment as related to the health care field and knowledge of the principles of administration and management, including the factors pertaining to human relations.

How To Apply:

- Express would like to extend thanks to all applicants, however, only candidates with relevant experience will be contacted for a pre-screening interview. Pre-selection will be based on prior experience, employment history, qualifications and education.
- Applicants should forward a Word formatted resume and professional references to karen.turner@expresspros.com for immediate consideration.

Helping People Succeed! www.expresspros.com

Share Your E-mail Address with TriWest

TriWest Healthcare Alliance is developing a more effective and efficient means of communicating with providers by collecting provider e-mail addresses. The goal is to obtain provider e-mail addresses that will allow TriWest to communicate the right information to the right person at the right time.

For example, it will allow TriWest to inform you about:

- TRICARE program changes
- New TriWest processes, policies and/or resources to help you care for TRICARE beneficiaries
- Educational opportunities or events in your community

TriWest will not sell or distribute your e-mail address to other companies with the exception of your local network representative. TriWest will not send spam e-mails as all communications will be TRICARE/TriWest-related information only, and TriWest will not overload your e-mail account.

You can share your e-mail address(es) with TriWest by registering for the TRICARE eNews on our web site at www.triwest.com, by contacting your local representative, or by calling TriWest at 1-888-TRIWEST (888-874-9378).

TriWest Online Referral/Authorization Submission Now Available

You asked for it and now you have it! All registered providers on the secure provider portal at www.triwest.com now have the ability to submit referrals/authorizations online.

This new enhancement is the preferred way to submit a referral/authorization request to TriWest. In most cases, the requests process to completion with a status available to the referring provider, the servicing provider, and the TRICARE beneficiary immediately.

To take advantage of this and many other benefits, you must become a registered user of the secure provider portal. Just go to the "Register Now" section on www.triwest.com/provider to sign up to enjoy these benefits:

- Verify patient eligibility
- Submit referrals/authorizations online
- Determine status of referrals/authorizations
- Submit claims online
- View claims and check claim status
- Download Explanations of Benefits

Once you are registered, you can log in to the secure portal by clicking on My Account. Then go to the Referrals & Authorizations section and click on the "Learn to Submit Requests" button. There is a short online tutorial to assist you with getting started and answer common questions about using the tool. Additional online help is also available.

For more information, go to www.triwest.com/provider or call 1-888-TRIWEST.

FOUNDERS POINTS! FOUNDERS POINTS! FOUNDERS POINTS!

If you haven't heard, its time to update your Founders Points for submission to National. There are two things you as a member need to do:

- 1) Access your Founders Points online at <http://www.hfma.org>. After logging on, scroll down to the "View Founders Points" button and click to generate your report.
- 2) Complete the Excel spreadsheet e-mailed to you in June (also available on the SoCal website on the "Chapter Documents" page) and forward to your Founders Contact, Donna Anglin at danglin@memorialcare.org by July 22nd.

Donna will be forwarding any missing points to National by the August 1st deadline. If you have any questions, use the e-mail above or call Donna at 714-377-3228.



hfma[™]

healthcare financial management association

HFMA helps finance leaders create and maintain fiscally sound healthcare organizations in order to provide excellent patient care.

Some of the reasons to Join HFMA

- Unique and targeted intelligence on key educational and regulatory topics
- Connections to a local, regional and national network of peers
- Access to the latest research and thought leadership findings
- Premier job bank exclusively for healthcare finance professionals

Membership applications & brochures

<http://www.hfma.org/membership/applications/>

Some of the Benefits:

HFMA Magazine – Ranked No. 1 by Hospitals and CFO's

Weekly newsletter

Buyer's Resource Guide

Resource Library

Local Chapter Membership

Professional Development

Career Development Resources

HFMA Special Interest Forums

HFMA Wants You To Know

career and professional development insights – bi-weekly

HFMA's *Patient Friendly Billing* newsletter

Professional Designations

Public Policy Initiatives

Premium Web Content