

2009 | 2010

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## Fall Conference Sees Further Increase In Attendance

— Jim Moynihan, FHFMA, SOCAL Co-Chair California Fall Committee —

The California Fall Conference, held September 13-15 at the Hyatt Monterey, was very successful with 300 attendees, which exceeded last year's total. As last year was a 20% increase over the prior year, there is a very favorable trend here despite the deterioration in general economic conditions. The number of vendors and sponsors also increased,

thus creating a financially successful program for the 19th occurrence of the California Fall Conference. The conference also set a record in the number of CFOs who attended. Your Fall Conference Committee team designed a Saturday CFO luncheon with a guest speaker followed by a round of golf at the Del Monte Golf Course next to the Hyatt. That was followed by a strong Finance Track throughout the conference where updates on the capital markets and panels presenting on "What keeps a CFO up at Night" were very well attended. We are always pleased to see CFO involvement in HFMA because it is both a key indicator tracked by national HFMA and a good way to ensure support for all healthcare financial managers in HFMA activities.

The subject of healthcare reform dominated the conference as our speakers made the point that the current reimbursement system is unsustainable without major changes. In a



slight change of format, the Conference started with two general sessions, both focused on the issues of reform. Jay Gellert, CEO of HealthNet, is involved at the highest levels in the current efforts to find a solution for the inexorable

rise in healthcare costs and the commensurate decline in availability and access. The numbers he presented were sobering. Mr. Gellert's presentation was followed by a panel of representatives from the California Medical Association, California Association of Health Plans, California Hospital Association and the California Association of Physician Groups. Despite the varied backgrounds, most of these individuals shared a consensus. California almost passed legislation to provide Universal Access last year, and the high level structure of that plan may be a model for what eventually emerges from Congress. They all agreed that the current model was unworkable and the prospects of a shrinking pool of physicians, hospitals burdened by unfunded mandates and expensive new technology and a growing number of uninsured and underinsured patients, invoked the phrase "The Perfect Storm".

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**HFMA SO-CAL**

ADMINISTRATIVE ASSISTANT

Lori Kuwahara

323-266-4362

714-844-9354 FAX

lori@hfma-socal.org

**NEWSBRIEF**

COMMITTEE & EDITORS

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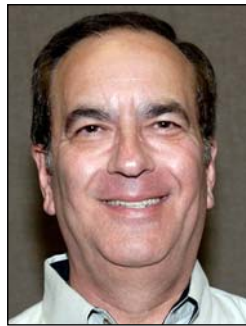
Karen Wade

**Photographer**

Richard Anzalone

MESSAGE FROM THE PRESIDENT

**Rick Lash**



Dear Colleagues,

*Our Chapter year is off to a great start. We ended our first quarter of the HFMA year on August 31st. Our Educational Program #1 was a great success. Not only the General Session, but the breakout sessions were well attended. Vice President and Program Chair Steve Blake, CFO Roundtable Chair Kathy Hammack, Revenue Cycle Chair Ed Norwood, Government Chair Jack Gilbertson, Legislative Reports Chair David Volk, and Certification Chair Debby Chanen are all to be commended for orchestrating this outstanding and well-attended program. The bar has been set, and I am personally looking forward to the November Educational Program.*

*Prior to the breakout sessions, I had the privilege of announcing our first Chapter Sponsor, Progressive Management Systems. Our thanks to Tim Banta and Juan Vargas Medina for being the first vendor to become a Southern California Chapter sponsor. We formed a new committee this year, the Sponsorship Committee. It is chaired by our Immediate Past President, James Cummings. Stay tuned! You will be hearing more from James in the coming months.*

*The Chapter held an Education Outreach Program on July 22, 23 and 24, 2009, in Irvine, San Bernardino and Bakersfield, respectively. The speakers included our own Education Outreach Chair, Sam King, and Nancy Lakier, Dennis Sullivan and Bill Denton, the three of them being from the Sullivan Lakier Group.*

*In July, we saw our usual drop-off in membership. Your Executive Board has jumped in and started calling individuals who may have overlooked or misplaced their renewal notice. We want them back. If you are interested in helping us contact these members, let us know. You would provide a great service to our chapter.*

*The Networking and Social Committee had planned a guided tour and lunch at Descanso Gardens in La Canada. Due to the fires and the bad air quality, we had to cancel the original date. We are rescheduling. Please look for an upcoming announcement.*

*The next Education Outreach Program is scheduled for October 14, 15 and 16, 2009, in Irvine, Bakersfield and San Bernardino, respectively. The title is "Revenue Cycle Boot Camp. The speakers include Bill Phillips from Revenue Strategies, Inc., Sarath Degala from IMA Consulting, Bryan Healy and David Mclurg from IVAR LLC. What an awesome program this will be.*

*October 29th is our next CFO/Controller Luncheon at the offices of Deloitte and Touché, LLP, in Manhattan Beach.*

*On November 12th, our Educational Program #2 will take place at Presbyterian Intercommunity Hospital. More information will follow, so please watch for the announcement.*

*We are diligently working on our Annual Holiday Party. And please don't forget the Region 11 Symposium, at Caesars Palace (Las Vegas), January 24-27, 2010. Register early to take advantage of the savings.*

*There is always much activity occurring in our Southern California Chapter. Take advantage of it. Stay involved or become involved! We have much to offer.*

*In closing, please let us know if you would like to see specific educational breakout sessions. The more input we receive, the more we can strive to meet our members' needs. Any other feedback, too, is appreciated. Feel free to contact me or any Officers and Board Members.*

Warm Regards,

**Rick Lash**

President, HFMA Southern California Chapter

## HFMA EDUCATION SESSION ARTICLE

## Payer Panel Discussion on Claims Processing and Contracting

————— Kiet Lam, Senior Manager, Triage Consulting Group —————

For the August 20th educational session held at the Arcadia Embassy Suites hotel, the Revenue Cycle Committee hosted an action packed payer panel discussion on claims processing and contracting issues. We were fortunate to bring together a panel of representatives whose combined experience provided the necessary breadth and depth of knowledge that made this discussion a worthwhile and valuable exercise. The panel consisted of the following representatives:

**Omar Padilla**, District Manager of Provider Relations, Blue Shield of California

**John O'Neil**, Director of Finance, Blue Shield of CA

**Denise Louie**, Senior Counsel, Health Net

**Jennifer Searfoss**, Vice President of External Provider Relations, PacifiCare/UHC

As the representatives prepared to take the podium, I could feel the anxiety and anticipation thicken in the air. How would these stoic and courageous panelists withstand the inevitable barrage of challenging, perhaps contentious questions? What would they say to win the respect and cooperation of the audience? I braced myself as Mr. Padilla started the discussion.

While Mr. Padilla introduced himself and reached out to the audience with an eager and compassionate tone, I began to feel my body relax as my heart rate slowed. As each panelist took the microphone, what seemed so inevitable never materialized. Instead, the panelists were winning the audience over with their sincerity and acknowledgement that they have been very much part of the problem, and most importantly, their pledge to play an active role in coming up with a solution. To this end, the panelists presented their perspectives along with initiatives that are being taken to improve the efficiency of the claims adjudication process and to reduce erroneous claims denials. Following are some notable highlights of their presentations:

- Blue Shield recently launched an initiative to partner up with 12 high volume hospitals to identify trends in claims denials. Key metrics used to identify trends include claims life cycle, denial rates, and percentage of appeals submitted. Once a trend is identified, the parties dig deeper to identify the root cause of such denials in order to address them.

- UHC has invested over \$30 million in the last couple of years to improve its claims processing systems and processes. It focuses on metrics such as payment accuracy, days in inventory, and quality of claims payment. They have invested in new eligibility verification technology facilitated by the swiping of insurance ID cards. They have also updated their systems to indicate the reason why a claim is being denied, information that was not previously provided. Finally, they have established a program called "HP4", which takes a 6-Sigma approach at identifying system defects and has led to the identification of errors such as incorrectly loaded contract rates.

- Ms. Louie from Health Net shared some interesting facts and figures that really put the claims adjudication process into perspective. For example, Health Net processes an average of 500,000 commercial claims per day with each claims examiner being responsible for 100 claims per day. This translates to 4 minutes per claim. The expectation for error is around 5% of claims processed. With such high volume, there is a lot of pressure on the examiners. Thus, it is crucial that claims are submitted cleanly with accurate coding. Health Net is also making a push to simplify its contract templates in order to help streamline claims payment and minimize the need for claims disputes.

In summary, the panelists truly demonstrated their sincere willingness to work with our provider community in order to address inefficiencies while enhancing relationships. It was refreshing and reassuring to establish this dialogue, which will hopefully continue to grow. Kudos to our panelists!

## 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 and many 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](http://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.

## SO YOU DON'T THINK YOU HAVE IT IN YOU TO BECOME CERTIFIED?

**If you can answer any or all of the following questions, you are already on your way to passing the Certification exam.**

*Genevieve Nelwan, Certification Committee*

.....

**1. Which of the following would you NOT expect to find in the basic financial statements of a healthcare organization?**

- a. A balance sheet
- b. Statement of goals
- c. Notes
- d. Statement of operations

**2. Depreciation, long-term lease expense, or amortization of any incurred financing costs would be what type of cost behavior?**

- a. Variable cost
- b. Fixed cost
- c. Semi-variable cost
- d. Semi-fixed or stepped variable

**3. Which of the following activities is NOT a responsibility of the Medical Records Department?**

- a. Transcribing physician dictation
- b. Coding and abstracting
- c. Billing
- d. Assembling charts

**4. Paying benefits directly to a provider of care rather than to the member is**

- a. Assignment of benefits
- b. Retrospective reimbursement
- c. Coordination of benefits
- d. Balance billing

**5. Which of the following would be an acceptable question to ask a potential employee during a pre-employment interview?**

- a. Child care arrangements
- b. Religious affiliation
- c. Educational background
- d. Military discharge

*You can find the answers on page twelve*

The August 20, Chapter educational program offered a Core certification coaching course which had eight attendees and one has already passed that exam and several others are planning to take the exam shortly. At the November 12 Chapter educational program, there will be a second coaching course, this time for the Accounting and Finance specialty exam. To become Certified, members need to pass both the Core exam and a specialty exam. Look for details on the Chapter educational program at [www.hfma-socal.org](http://www.hfma-socal.org).

If you would like more information on Certification, please go to HFMA National's website at [www.hfma.org/certification/](http://www.hfma.org/certification/) or contact Debby Chanen at [chanenda@ah.org](mailto:chanenda@ah.org). Review courses are also being offered at future Educational Sessions. Look for details at [www.hfma-socal.org](http://www.hfma-socal.org).

Our Chapter is basically offering to cover most of the certification fees:

**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!*

Don't pass up this opportunity. If you would like more information on Certification, please go to HFMA National's website at [www.hfma.org/certification/](http://www.hfma.org/certification/) or contact Debby Chanen at [chanenda@ah.org](mailto:chanenda@ah.org). Review courses are also being offered at future Educational Sessions. Look for details at [www.hfma-socal.org](http://www.hfma-socal.org).



## MACtoberfest

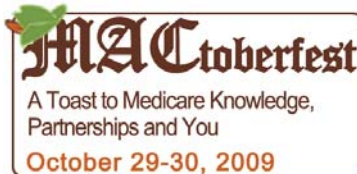
*A Toast to Medicare Knowledge, Partnerships & You*

Palmetto GBA Jurisdiction 1 A/B Medicare Administrative Contractor (MAC) Provider Outreach and Education team cordially invites you to **MACtoberfest**, a two-day educational and networking event, at the beautiful JW Marriot Las Vegas Resort & Spa in Las Vegas, Nevada. Join us on October 29 and 30 for a toast to Medicare knowledge, partnerships and you!

During these two days, participants will have the opportunity to meet Palmetto GBA J1 staff and other key Medicare partners while sampling from our six-course education menu that covers a great variety of Medicare subjects. All expertly prepared by our subject matter specialists from seven departments, these courses offer the most frequently requested information entrees such as Appeals, Electronic Data Interchange (EDI), Medicare Secondary Payer (MSP), Part A and Part B Beyond Basic Billing, Provider Enrollment, Part A and Part B Top Billing and Claim Submission Errors and Updates, Medical Review, Medical Affairs and much more. Other key Medicare partners such as Recovery Audit Contractor (RAC), Quality Improvement Organization (QIO) and Program Safeguard Contractors (PSC), also will serve up valuable insights on their processes as well as their impact to you.

Each **MACtoberfest** participant may choose one entree from each of the six courses in our all-you-can-learn buffet. Among these information entrees, you don't want to miss our exclusive preview of Palmetto GBA's new online services pilot application that will let providers check beneficiary eligibility and claim status on our Web site! Also, if you are a provider currently serviced by Wisconsin Physician Services (WPS), please plan to attend our WPS transition updates session.

Conference space is limited, therefore, registration is on a first come, first served basis. Click on the icon below to register or visit the Palmetto GBA J1 [Part A](#) or [Part B](#) home page.



- **Date:** Thursday, October 29 and Friday, October 30, 2009. Early sign-in Wednesday, October 28
- **Location:** JW Marriot Las Vegas Resort & Spa in Las Vegas, Nevada
- **Conference registration closes on Wednesday, October 21, 2009**
- **Conference registration fee:** \$100 per person. Advance registration is required. Mail a copy of your online registration confirmation page with your registration check or money order (no cash or credit card payment please) to

Palmetto GBA Finance and Accounting AG-215  
P.O.Box 100192  
Columbia, SC 29202-3192

JW Marriot Las Vegas Resort & Spa is offering our conference attendees a group rate of \$159 per night. Call (800) 297-5056 or visit [Marriott.com](http://Marriott.com) to make your hotel reservation before Friday, October 16, 2009. The group name [Palmetto GBA MAC Symposium](#) must be mentioned when you make your reservation to receive the discounted rate.



J1 Provider Outreach and Education  
P. O. Box 2166  
Augusta, GA 30903-2166

# The Denial Money Room

— Lincoln Fish, VP Product Management and Marketing —  
Benchmark Revenue Management, San Diego, California

Let's assume you walk into a room, and there are bills everywhere. Not bills you have to pay, but dollar bills: ones, fives, tens, twenties, and hundreds. Some look easy to grab, because they're sitting on tabletops and just lying on the floor. Others are up on higher shelves with no quick way to get at them. Still others are stuffed deep into tiny cracks in the walls or hidden in furniture.

In today's healthcare environment, we often walk into this room, which we'll call the Denial Money Room, and we are apt to make one of three mistakes:

- We walk right through the room, not noticing the bills are even there, because no one told us about them beforehand and we don't really take the time to look very carefully.
- We come into the room, grab a few of the bills and are very happy with ourselves for doing so; then we simply "write-off" the rest because at least we already got something.
- We walk in, see that some of the larger denominations are stuffed deep in the cracks in the walls, and spend so much time reaching and grabbing and clawing at that hundred that we miss a dozen twenties just laying at our feet.

## This is the dilemma of denials.

We often don't define clearly what they are, so we don't even realize that many of them exist. We are so pleased to recover something that we don't go after everything we're due, even when some of it may be the easiest money to get. When we prioritize, we often use only balance or timeliness and not some indicator of how easy the money is to actually recover. And the easy money in the room probably shouldn't be there in the first place! In other words, many of us in healthcare leave a lot of cash in the Denial Money Room, until some cleaning person, who we'll call the Payer, comes in and simply sweeps it away.

## So what can we do about it?

There are a lot of denial management tools available in the market today, and some of them are quite effective. But none of them are of any real value until you begin thinking about your denials differently. And it's really not that difficult, but it takes setting aside some time-honored approaches, like alpha-splitting and small balance write-offs. It's about creating a new vision about what denials are, where they come from, and how to avoid them...and recover them when you can't. Here are a few simple things to get you started:

**Step 1: Redefine a denial.** A denial is any non-contractual adjustment of payment, period, end of story. All too often we see a \$10,000 claim with some items paid, \$2,800 received, and a few line items rejected by the payer, and the \$7200

balance is written off to contractual adjustment. Wrong, wrong, wrong. Some portion of it certainly is contractual, but what if there's another \$1,200 that's available for a simple modified addition or other correction. It's not a variance. It's a denial! And it may be persuasible, even though we already got a big chunk of payment. Take a look at your 835's with this in mind. Now go back in the Denial Money Room...I bet you see more of those bills just lying around now.

**Step 2. Create a denials scorecard.** It's easier than you think. Every denial, even every line item denial, can be assigned some basic information: Account Number, Denied Amount, Reason Code, Denial Type, Responsible Area, Resp. Party, Root Cause. You don't have it all? Start thinking about how to get it, and at least start logging what you do have. Make someone responsible for gathering this information, and log it in some way that's searchable! Putting it in note fields virtually guarantees nothing useful will ever come from it, because no trends or trouble spots will be identified. We have a spreadsheet available for readers of this newsletter. Just go to our education page and download it from the first talk discussed: [www.benchmarkrevenue.com/education.php](http://www.benchmarkrevenue.com/education.php). The password to download and unlock it is just "social". It's not slick or flashy, but it's free and at least it will get you started. By the way, this one also includes some supporting sheets for trending, and has a few columns for tracking your recovery process. You certainly don't need to use this, but please start using something!

**Step 3. Pick up the easy ones.** Once you start understanding where your denials are coming from, and you meet with other revenue cycle players to share the data, three things happen. First, the number of bills that end up in the Denial Money Room will drop dramatically. Secondly, you'll know which bills are easier to pick up quickly – so go get those right away. And finally, you now have the luxury to spend your time fishing in the cracks for those difficult ones.

**Step 4. Create an ROI and show your VP Rev Cycle/CFO that the business office is a money-maker.** Everyone who works in a business office knows that if they just had a little more time, or one more person, they could recover more money. But on the hospital budget, the office is just an expense item, not a revenue source. It's very simple. Once you have set up proper tracking and recovery methods and can assign dollar values to your work, you can write a simple equation. The average denials worker in this country costs about \$185 a day. For each additional \$185, you'll soon know you can generate extra recovered revenue, say \$1,600 as an example, instead of letting it lapse or writing it off. I dare you

*Continued on page seven*

## 12th Annual HFMA Region 11 Symposium

Scott Ujita

Working on the Symposium committee for the past several years has opened my eyes to how much work and dedication each of the volunteers have to do to make this event successful. This year is no exception. Mark your calendar for the 12th Annual HFMA Region 11 Symposium at Caesars Palace, Las Vegas beginning on the evening of Sunday, January 24th and closing the afternoon of January 27, 2010. We have secured several great keynote speakers this year including, golfer, David Feherty, healthcare correspondent, Susan Dentzer and motivational speaker, Janet Rush.

The educational committee has gone out of their way to provide a record number 25 breakout session topics. They have also increased the number of breakout sessions this year to five. The topics will be broken out between 1 of 6 Tracks:

**TRACK 1 - Compliance/Legislative/Legal**

**TRACK 2 - Financial Management**

**TRACK 3 - Managed Care/Payment/Reimbursement**

**TRACK 4 - Patient Financial Services/Revenue Cycle**

**TRACK 5 - Leadership/Management**

**TRACK 6 - Critical Access Hospitals**

In order to fit 6 Tracks into five breakout session, either Leadership or Compliance will have a topic for each session and the remaining tracks will have a session for each.

One important thing to note for this year's Symposium. We have negotiated a deal with the hotel for a reduced room rate for those who book their room by 11/28. The rate will be \$169 per night instead of \$210. I think that it is very convenient to stay at the hotel where the Symposium is located. This cuts down on the extra travel time and cost of a taxi. It is also convenient to have your room close for a quick change or to retrieve a forgotten item like your name badge. My recommendation is to book your room early to take advantage of this savings.

To get more information about the Symposium, you can go to [www.hfma-region11-symposium.org](http://www.hfma-region11-symposium.org). I hope to see you there.

## The Denial Money Room

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to show me any financial executive, anywhere, who wouldn't take that kind of return on his/her own investments. But it has to be in black and white, and supported by the data. And to do that, you have to start tracking everything and looking at it in a new way. Once you do, you can take your finance execs into the Denial Money Room, and together you can really clean up, before the payer does it for you!

## Welcome New HFMA Members

### JULY - SEPTEMBER 2009

|                                       |  |
|---------------------------------------|--|
| <b>Mustafa Abdelsamad</b>             | Cedars-Sinai Medical Center              |
| <b>Nicolet Araujo</b>                 | SOURCECORP / Healthserve                 |
| <b>Doug Bacon</b>                     | Experian                                 |
| <b>Lee Barron</b>                     | Southern Inyo Healthcare District        |
| <b>Sharon Cisneros, CPA</b>           | Eisenhower Medical Center                |
| <b>April Contreras</b>                | College Hospital                         |
| <b>Henry Contreras</b>                | Surgical Center Billing Solutions        |
| <b>Kimberly Dillard-Bethel</b>        | Bright Health Physicians                 |
| <b>Bryan Dunn</b>                     | Healthcare Payment Specialists, Inc.     |
| <b>Katherine Falco, RN</b>            |  |
| <b>Anailia Garcia</b>                 | White Memorial Medical Center            |
| <b>Jon Giese</b>                      | Simi Valley Hospital                     |
| <b>Cathy Guibal</b>                   | Scripps Medical Foundation               |
| <b>Ralph Helton</b>                   | Helton Law Group, LLP                    |
| <b>Chad Holmes</b>                    | VA Greater Los Angeles Healthcare System |
| <b>John Humphrey</b>                  | Kaiser Permanente                        |
| <b>Margaret Ilagan</b>                | St. Jude Medical Center                  |
| <b>Lois Johnson</b>                   | Ridgecrest Regional Hospital             |
| <b>Richard Kritsch</b>                | Wells Fargo Foothill                     |
| <b>Rafael Lanto</b>                   | Memorial Care                            |
| <b>Sun Lee</b>                        |  |
| <b>Sandra Leiva</b>                   | Cedars-Sinai Medical Center              |
| <b>Sujeethnath Lingutla</b>           |  |
| <b>Mark Loos</b>                      | Dell                                     |
| <b>William Luiz</b>                   |  |
| <b>Chase McLaughlin</b>               | Healthcare Payment Specialists, Inc.     |
| <b>Prasanna Mohanty</b>               | Kaiser Permanente                        |
| <b>Karen Palmer</b>                   | Palo Verde Hospital                      |
| <b>Jeff Powell</b>                    | Perot Systems                            |
| <b>Traci Shirachi</b>                 |  |
| <b>Catherine Skelton, RN, NCA, BC</b> | St. Joseph Hospital                      |
| <b>Chase Spent</b>                    | Adventist Health                         |
| <b>Sylvia Szewan Ng</b>               | A.T. Still University                    |
| <b>John Nutly</b>                     | Cymetrix                                 |
| <b>Richard Rupert</b>                 | The Coding Source                        |
| <b>Anya Sage</b>                      |  |
| <b>Michael San Juan</b>               | Quality Reimbursement Services           |
| <b>Limor Sharabi</b>                  | Siemens                                  |
| <b>Anthony Taddey</b>                 | Lancaster Pollard                        |
| <b>Roger Wang</b>                     | Monterey Park Hospital                   |
| <b>Zackery Welch</b>                  | ymetrix                                  |
| <b>Nicholas West</b>                  | Churchill Mortgage Capital               |
| <b>Charles Willhite</b>               | Cardinal Health                          |
| <b>Michael White</b>                  | Pinnacle Healthcare Associates, LLC      |
| <b>Cathy Wolfe</b>                    | Toshiba                                  |

# California Hospital Association Update

— Steve Blake, California HFMA Liaison —

Much has happened behind the scenes since *Newsbrief* reported on the Provider Fee Proposal. Now passed by both Legislative Houses, Assembly Bill 1383 is awaiting gubernatorial approval. 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 payments. The bill involves a fee on hospitals to produce the matching funds to draw down Federal Funds. Not all providers will come out ahead with increased reimbursement sufficient therein lies to cover the fee. Therein lays an inevitable 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 the 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 or approximately \$1 billion. The CHA Board of Trustees have re-affirmed [6/25/09] continuing the current course, in spite of the risks, while continuing to seek longer term security for the foregoing principles. This continued to be a central topic at the regular meeting July 16-17 in Sacramento and again at a special meeting in Los Angeles August 14, whereupon CHA provided the following summary: "By a substantial majority, the California Hospital Association Board of Trustees on August 14, 2009, voted to continue sponsorship of AB 1383 (Jones, D-Sacramento), including the model to increase Medi-Cal payments to hospitals, as prepared by the CHA Workgroup."

Note: The above statement is interpreted to convey the message that CHA is moving forward with a short-term proposal to increase Medi-Cal reimbursement through supple-

mental payments to hospitals for the period April 1, 2009 – December 31, 2010. The Board is inclined to move forward with a November 2010 ballot initiative to establish a new long-term Medi-Cal payment system. A decision on a specific initiative will be made in the coming months. In the interim CHA has offered the following update for AB 1383:

*"The Legislature adjourned the 2009 legislative session Saturday morning, September 12, after working all day Friday and through the night. The Legislature is likely to reconvene for one or more special sessions before the regular 2010 session begins January 4.*

*The Governor must sign or veto bills passed by the Legislature by October 11. If he takes no action on a bill by that date, it will automatically become law.....*

*The Legislature passed AB 1383 (Jones, D-Sacramento/Alquist, D-Santa Clara) on Saturday morning, September 12. However, the urgency clause and the appropriations authority were removed at the last minute so the bill could be passed on a simple majority vote instead of a two-thirds vote, which is required for any appropriation or urgency measure.*

*In the Senate, the Republican caucus decided to withhold votes on all bills requiring a two-thirds vote, including AB 1383, because of various political considerations. Some Republican votes were needed to achieve a two-thirds vote, while only Democratic votes were needed for a majority vote. While AB 1383 had bipartisan support on its merits, it got caught up in these unrelated procedural and political actions.*

*The urgency clause would have made the bill immediately effective upon signature of the Governor. Now, if signed, the bill will become effective January 1, 2010. The primary reason for seeking immediate enactment was to allow the state to begin seeking federal approvals immediately in order to secure retroactive approval at least to April 1, 2009. The delay in enactment may or may not impact this ability; we are still reviewing the effect of this change.*

*The bill originally included appropriations for \$1 million from the Private Hospital Supplemental Fund and \$1 million from the Federal Trust Fund to provide up to \$2 million for the Department of Health Care Services to pay the staffing and administrative costs associated with seeking the necessary federal approvals to implement the provisions of the bill. This appropriation was removed. An appropriation of \$13.5 billion from the Hospital Quality Assurance Revenue Fund also was removed. The Hospital Quality Assurance Revenue Fund, which is created by AB 1383, would include all the hospital fee money and all related federal matching funds. CHA will address both of these appropriation issues as soon as possible.*

*During the early morning efforts to get AB 1383 through the political holdup, concerns were raised by the Administration about the lack of appropriations and the risks of not securing a two-thirds vote for increasing revenue. CHA will work closely with the Administration and Legislature to resolve these issues."*  
*Continued on page nine*

## Government Programs Education

Scott Ujita

Last August, the Government Programs committee contributed to the HFMA Southern California Seminar. The breakout sessions were very well attended. We had a crowd of over 50 people in attendance for each breakout. Jordan Keville from Hooper, Lundy Bookman, Inc. spoke about the Medicare Regulatory update. This included the PPS final rules and changes for the upcoming Federal Fiscal Year. Since there were relatively few changes this year, Jordan also updated us on Medi-Cal litigation in California. There have been numerous cases pending that continue to have implications for various providers. Jordan also added in an update on the California legislative issues. The summary for this session is that providers should not expect to see any payment increases from the State in the near future.

Don Fry and John Flood from KPMG were up next. Don started off with his funny top 10 list. John then took over with his 100 page PowerPoint presentation to cover all of the changes due to cost report transmittal 19 and 20. John was able to present this information very well and maintained our attention throughout the session. There were a lot of details and questions to cover during his presentation.

Don closed the breakout with an update on the CMS PS&R redesign. Don reviewed the basics including background, advantages of the new system, how to self register and contact information. If you are a fiscal year end 6/30/09 provider, you should already be in the process of setting up your organization to use this system. All PS&R data for these cost reports will come from the online system so it is important to have your security officer and provider registered and approved.

This educational session was very informative. If you would like to contact any of the speakers with questions, you can download their presentations at [www.hfma-socal.org/education\\_materials.html](http://www.hfma-socal.org/education_materials.html) and look at the August 20, 2009 section. I hope to see you at the November seminar. For this November seminar and other meeting information, see the events listing at [www.hfma-socal.org/events.html](http://www.hfma-socal.org/events.html).

## CHA Update

Continued from page eight

By the time this goes to print, we should have either confirmation that AB 1383 has been signed into law or our focus has by necessity shifted to the longer term.

For additional information, please contact myself, Steve Blake [[steve.blake@ihhioc.com](mailto:steve.blake@ihhioc.com)] or Anne McLeod [916-552-7536 or [amcleod@calhospital.org](mailto:amcleod@calhospital.org)]

## HFMA SO. CALENDAR

### 2009 EVENTS

#### October 14 / October 15 / October 16 EDUCATION OUTREACH PROGRAM II: REVENUE CYCLE BOOT CAMP

*DIFFERENT LOCATIONS EACH DAY / 7:30am-12:00pm*  
10/14 Location I: Cisco Systems Inc., Irvine  
10/15 Location II: Mercy Hospitals of Bakersfield  
10/16 Location III: St. Bernardine Med. Ctr., San Bernardino

#### October 19 – REVENUE CYCLE BOOT CAMP AAHAM - WORKERS' COMP BILLING & LEGAL INFO

Long Beach Memorial Med. Ctr. / 7:30am-12:00pm

#### October 29 – CFO/CONTROLLER LUNCHEON

Deloitte & Touche LLP, Manhattan Beach / 8:00am-12:00pm

#### November 12 – CHAPTER EDUCATIONAL PROGRAM II

Presb. Intercommunity Hospital, Whittier / 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. Look for details in early 2010.*

#### February 25 – CFO/CONTROLLER WEBINARI

*Details will be posted when available.*

#### March 18 – CHAPTER EDUCATIONAL PROGRAM III

The Center for Healthy Communities, L.A. / 7:30am-4:00pm

#### April 14 / April 15 / April 16

#### EDUCATION OUTREACH PROGRAM IV

*Different locations each day. Look for details in early 2010.*

#### June 20-23 – HFMA ANNUAL NATIONAL INSTITUTE

Gaylord Opryland Resort / Nashville, Tennessee

*Details on all events can be found on the chapter's web site [www.hfma-socal.org](http://www.hfma-socal.org) > click on Events Listings*

## CFO Committee Update

The CFO Committee has a **luncheon** planned on **October 29th** at the offices of Deloitte & Touche in Manhattan Beach. Two speakers, A.M. Best Company and Anne McLeod from CHA will be presenting topics at the luncheon. You can register at the HFMA website.

We welcome suggestions for topics of interest to the members and want the CFO tracks to deliver the education needs of the event attendees. Please forward your ideas to Kathy Hammack at [Kathy.Hammack@IHHiOC.com](mailto:Kathy.Hammack@IHHiOC.com). Your suggestions will be shared and considered by the CFO Committee for future events.

# Hospitals Reaching Out to Communities to Provide More Charity Care

— Bruce Nelson, Vice President, SearchAmerica, A part of Experian —

It may come as a surprise to the general public, but a little known fact is that millions of patients are automatically identified and enrolled in hospital sponsored charity care programs nationwide. It is unlikely that your patients understand much about a hospital's generosity, let alone the technologies that automate its community benefit programs. These charity care systems enable hospitals to execute their community benefit programs more effectively, providing medical services free of charge or at a significantly reduced rate to qualified patients – *amounting to billions in savings annually to U.S. consumers*. This practice is at the core of the mission of our nation's not-for-profit healthcare networks.

Unfortunately, it can be difficult and time consuming to manually identify all qualified patients and efficiently enroll them in a hospital's charity care program. Doing so without automation is wrought with errors and inconsistencies, so many hospitals have taken a new approach for improved accuracy and consistency.

These systems have greatly impacted the lives of millions of patients and their families over the years who otherwise may not have received charity care. The following are excerpts from actual thank you notes from hospitals and patients who have seen the benefits of these systems first-hand:

*'Our automated charity care screening system approved two patients yesterday – one's wife shed tears of gratitude. We were also able to approve another just now, a child whose father lost his regular job recently, and is now making \$9 per hour. This is a wonderful service that we are providing. The staff feels good and the patients are truly grateful that the financial stress has been lifted and they can focus on their health.'*

## Automation = More Charity Benefits for your Patients

Since 2001, it is estimated that more than five million low income patients been enrolled in charity care programs through automated solutions from third party providers. These solutions rapidly identify patients who meet the criteria for a hospital's charity care program, Medicaid or other financial assistance programs. Using data from third party service providers ensures that each patient's need is assessed on their financial need, eliminating factors like age, race, gender, etc. from the process.

More and more hospitals are having these systems routinely check all incoming patients to see whether or not they are qualified for their community benefit program. This ensures that all qualified patients are identified and eliminates any bias.

Automated qualification and enrollment processes connect patients with programs that were designed to help them. This saves the patients money, but just as importantly, it preserves their dignity by eliminating concentrated collection efforts.

## Saving Time and Money for Patients and Hospitals

Hospitals need to reduce costs across their organizations, but wish to do so without negatively impacting their services or the patient's satisfaction. Third party charity care solutions are one of very few methods that offer a win-win scenario for the hospital and the patient alike by:

**Reducing Enrollment Time:** Automating this step reduces the enrollment process to minutes, instead of the hour or more needed to manually process an application – saving a hospital's financial counselors hours of time spent on paper-work. Likewise, patients find out immediately whether or not they qualify, eliminating added stress from their medical situation.

**Improving Compliance with Government Regulations:** Hospitals need to demonstrate their commitment to serving their communities. Charity care solutions provide the results and reporting needed to comply with the IRS' 990 Form Schedule H and other state and local requirements.

**Stopping Unproductive Collection Efforts:** Hospitals can save on their collection processes by eliminating any collection activities on patient accounts that qualify for charity care. Its efforts can be better focused on those who have the ability to pay. In addition, patients enrolled in charity care programs eliminate the anxiety often caused by collection efforts on hospital bills that they are truly unable to pay.

## Curing a Nation's Misperception

Hospitals have been wrongly portrayed as organizations focused more on money than care. Those of us in the health-care industry know that this is just not true. How can we prove that we are living up to our mission? The clearest answer is by demonstrating community benefit.

Unfortunately healthcare networks are often unable to publicly demonstrate their mission of serving their communities. Manual and inconsistent qualification and enrollment processes offer varied results that are often understate their level of generosity.

*Continued on page twelve*

# Fall Conference Attendance Increase

*Continued from cover*

The key focus of the Fall Conference has always been on providing practical tools for attendees to do a better job back at the office and this year the breakout sessions tied very closely to the theme of payment reform. One of them in many sessions was that of “bundled payment”. This subject was treated in depth by speakers from Ardent Healthcare whose facilities in Oklahoma, Texas and New Mexico are pioneering “bundled payment” arrangements with Medicare. The Acute Care Episode (ACE) Demonstration Project was deemed to be the most important session that we could arrange for the PFS track by our Fall Conference Planning committee. This is how Payment Reform will be initiated by Medicare.



The speakers from Ardent reported that they contracted with Medicare for certain joint and cardiac conditions and receive one payment for a DRG which would then be split between the hospital and physicians involved in the patient’s care. There were some very interesting components to this arrangement. Hospitals and physicians work very closely under this Medicare approved arrangement. Standardization of implant selection, for example, enabled the hospital to sharply cut costs. Physicians and hospitals were allowed to jointly market their services. Medicare even provided a financial incentive to beneficiaries to direct those beneficiaries to those hospitals that participated in the program.

The outcome of the pilot resulted in lower costs and more volume to the hospital, lower costs to Medicare and incentives (most achieved) for higher clinical quality. The ACE demonstration project is limited now to where Trailblazer is the MAC but the concept is certainly spreading. In other presentations on Pay for Performance, it was mentioned that United Healthcare and other commercial payers are also experimenting with “bundled payments”. While this may be payment reform it creates an administrative challenge to providers comparable to what hospitals faced with receipt of global capitation payments in the 90s.

In Southern California, capitated hospitals made claim payments to physicians. While some did so with claims systems, most channeled such payments through AP systems, and the quality of the EOB/RA data was poor. In the Ardent model, all of the data exchanges were based on X12 EDI standards so they could be automated from end to end. The challenge for the industry is how to minimize the administrative overhead

of bundled payments through effective claims processing without paper. While healthcare reform, bundled payments, and Pay for Performance featured prominently in this year’s program, participants also learned about Medicare and Medi-Cal updates and more specific sessions on the nitty gritty requirements of Patient Accounting and Hospital Finance. Any participant who took good notes could probably return to his or her facility with a handful of ideas on how to save money and do a better job. This

is value for money; spend a few hundred dollars on education and find ideas to save many thousands at your facility. Our closing speaker was Cindy Ehnes from the California Department of Managed Care, and her stated goals were very much approved by the participants.



Many thanks are due to a SOCAL team of hardworking volunteers who made this all possible. **From SOCAL ...**

- |                      |                       |             |
|----------------------|-----------------------|-------------|
| Rick Lash            | Sam King, FHFMA       | Ira Forkish |
| Vickie Morgan, FHFMA | Debbie Chanen, FHFMA  | Karl Rebay  |
| Frank Matricardi     | Dave Schinderle       | Lynn Otani  |
| Chris Stein          | Greg Labow, FHFMA     |             |
| Linda DeAntonio      | David Lee             |             |
|                      | Gordon Johnson, FHFMA |             |

Our colleagues from Northern California were also a great help and we look forward to joining them for next year’s conference in Long Beach, California. Mark your calendars  
*Continued on page twelve*

## Attendance Increase

*Continued from page eleven*

now to be at the Hyatt Long Beach for the 20th Annual Fall Conference, September 19-21, 2010. Our planning for this begins in late January, and we are always looking for more people to join in on the fun. Everyone in the chapter should let us know about great speakers and ideas for next year's program. Send them to [james.moynihan@usbank.com](mailto:james.moynihan@usbank.com).



**The Fall Conference is a great tradition.**  
And it just keeps getting better!

## Hospital Charity Care

*Continued from page eleven*

Using automated charity care solutions, healthcare networks can provide reliable statistics showing their community benefit through the number of patients they have aided, both medically and financially, and the cost of these services absorbed by the healthcare network within their charity care program. Positive public relations are critical to every hospital.

Today's public is mostly unaware of the healthcare industry's generosity to those in need through their unique charity care programs. To address this issue, smart hospitals are implementing strict processes and technologies to enroll all quailed patients. The hospital will use this information to show how committed the hospital's mission is to the community.

Automating charity care programs is good for the patient, the hospital, and our nation. Thank you notes from patients and hospital staff are just the tip of the iceberg of the appreciation and impact of these systems.



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- *HFMA Wants You To Know*  
Career and professional development insights (bi-weekly)
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- Professional Designations
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- Premium Web Content

## Certification

### Do You Have What It Takes?

*Continued from page four*

The questions to these answers may be found on page 4.  
1. b | 2. b | 3. c | 4. a | 5. c

## TriWest Provider Services

# TriWest Online Care Program Now Available

TriWest Healthcare Alliance is offering the TriWest Online Care program, a videoconference Tele-Behavioral Health Care program for eligible TRICARE beneficiaries in the West Region. This Department of Defense (DoD) initiative supplements TRICARE's existing face-to-face behavioral healthcare benefits and improves access to behavioral health providers.

**Make the Connection**

Military families may find themselves living through unusually stressful and difficult situations. Individuals may need an experienced professional to talk to, behavioral health counseling, medical treatment, or some additional support resources to help them through a challenging time.

TriWest's Online Care Program expands access to behavioral health services for eligible TRICARE beneficiaries in the West Region. TriWest's continuum of online behavioral health services includes:

- Tele-Behavioral Health Care
- TriWest Behavioral Health Portal
- TriWest Behavioral Health Contact Center (BHCC)
- TRICARE Assistance Program (TRIAP)

Providers may participate in providing Tele-Behavioral Health Care to eligible TRICARE beneficiaries either as an Originating Site or Distant Provider. An *Originating Site* is the site where an eligible TRICARE beneficiary is located when Tele-Behavioral Health Care is being furnished via a videoconferencing system. Please note that an Originating Site does not have to be a behavioral health facility. A *Distant Provider* is the TRICARE network behavioral health provider rendering Tele-Behavioral Health Care via a videoconferencing system.

To sign up as an Originating Site or a Distant Provider for this exciting new program, please contact your local network representative. If you do not have their contact information, refer to [www.triwest.com/provider](http://www.triwest.com/provider), Resource Library, Phone Numbers. Additional information about TriWest Online Care can be found on the secure provider portal at [www.triwest.com](http://www.triwest.com) in the Behavioral Health Online Care section as well as on the Behavioral Health Portal at [www.triwest.com/bh](http://www.triwest.com/bh).

Continued on page twelve



TriWest Healthcare Alliance provides access to quality health care for 2.7 million members of America's military family in the 21-state TRICARE West Region.

TriWest Provider Services

# TriWest Online Care Program

Continued from page eleven

## TriWest Online Care Program Summary

| Service  | Get Connected   | Description  |
|--|---|--|
| <b>Tele-Behavioral Health Care</b>                     | 1-888-TRIWEST (874-9378)  | <ul style="list-style-type: none"> <li>• Clinical services such as consultation, counseling, psychotherapy and medication management</li> <li>• Provided by TRICARE network behavioral health providers</li> <li>• Accessed from Originating Sites, conveniently located throughout the West Region, via videoconferencing</li> </ul>                                  |
| <b>TriWest Behavioral Health Web Portal</b>            | <a href="http://www.triwest.com/bh">www.triwest.com/bh</a>  | <ul style="list-style-type: none"> <li>• Access to evidence-based education 24/7/365 by beneficiaries and providers, reference information, streaming video and links to hundreds of community-based resources</li> <li>• Topics include deployment concerns, stress, PTSD, parenting, relationships, depression, substance abuse, suicide grief, and more.</li> </ul> |
| <b>TriWest Behavioral Health Contact Center (BHCC)</b> | 1-888-TRIWEST (874-9378), secure Web-based e-mail or live chat for eligible TRICARE beneficiaries at <a href="http://www.triwest.com/bh">www.triwest.com/bh</a> | <ul style="list-style-type: none"> <li>• Beneficiaries are assessed and triaged</li> <li>• Provides assistance with scheduling the first Tele-Behavioral Health Care appointment</li> <li>• Crisis Line Services are provided 24/7/365 by licensed professionals, accredited by the American Association of Suicidology</li> </ul>                                     |
| <b>TRICARE Assistance Program (TRIAP)</b>              | 1-888-TRIWEST (874-9378) <a href="http://www.triwest.com/bh">www.triwest.com/bh</a>   | <ul style="list-style-type: none"> <li>• Confidential</li> <li>• Non-medical counseling available 24/7/365 via Web-based video conferencing</li> <li>• Discussion, problem solving and assistance with personal life issues</li> <li>• Provided by Assistance Counselors (licensed Master's or Ph.D.-level counselors)</li> </ul>                                      |



TriWest Healthcare Alliance provides access to quality health care for 2.7 million members of America's military family in the 21-state TRICARE West Region.

C O R P O R A T E S P O N S O R P R O G R A M



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**2009-2010  
Corporate Sponsorship  
Program**

The Southern California Chapter of HFMA is now accepting Corporate Sponsors at the chapter level. Companies that participate in the Corporate Sponsorship Program strengthen the chapter while at the same time increasing their own corporate visibility. As a corporate sponsor, you will be listed on the corporate sponsor page of the chapter website with a link to your corporate website, or a link to the email of a corporate representative, or just an informational page about your company. In addition to the visibility provided on the web site, you will be featured on the Corporate Sponsor page of the chapter's *Newsbrief*.

The Southern California Chapter of HFMA has over one thousand members who receive *Newsbrief* and visit the chapter website on a regular basis. HFMA members from around the country, as well as other interested parties, visit our chapter's website.

Becoming a Corporate Sponsor will increase your company's visibility to healthcare finance professionals and will also ensure that the Southern California Chapter of HFMA is able to continue to provide excellent education programs and networking opportunities.

A special thanks and welcome to chapter sponsors **Progressive Management Systems**, the **Law Offices of Stephenson Acquistio and Colman** and **Triage Consulting Group**.

For more information on sponsorship opportunities contact James Cummings, Sponsorship Chairperson, [cummingsllc@aol.com](mailto:cummingsllc@aol.com).

**WHY BE A CORPORATE SPONSOR?**

Visibility is a powerful advantage, and as a sponsor of the Southern California Chapter of the Healthcare Financial Management Association (SCCHFMA), you gain exposure to a select audience that is over 1000 members strong, consisting of CEO's, CFO's, Patient Financial Services Directors, and other healthcare finance professionals. You emerge as a leader by demonstrating your support of professional education and quality programs.

As an SCCHFMA sponsor, a wealth of recognition opportunities are yours to explore. At minimum, you will see your organization's name and logo on pertinent marketing materials and gain on-site acknowledgement and signage at educational conferences. Additional promotional opportunities are available, depending on the category of sponsorship you choose.

With your support and technical expertise, SCCHFMA can continue to thrive and provide more valuable services to our members and other healthcare professionals. The Southern California Chapter is proud of its previous affiliations with sponsors and looks forward to hearing from you.

All sponsorships are received with great appreciation and in good faith, as we are managers of your investment.

**I. CATEGORIES AND BENEFITS OF CORPORATE SPONSORSHIP**

| BENEFITS   | BRONZE<br>\$1,000 | SILVER<br>\$2,500 | GOLD<br>\$3,500 | PRESIDENT'S<br>CLUB \$5,000 |
|--|-------------------|-------------------|-----------------|-----------------------------|
| Posting at all chapter meetings according to sponsorship category.   | X                 | X                 | X               | X                           |
| Listing of sponsor according to level in all Chapter program brochures.  | X                 | X                 | X               | X                           |
| Listing of sponsor according to category in each issue of the Chapter newsletter and on Chapter website.   | X                 | X                 | X               | X                           |
| Option to sponsor an Information table at all chapter education events.  |                   |                   |                 | X                           |
| Listing in the membership directory if joined before publication of directory.   | X                 | X                 | X               | X                           |
| Free registration certificates at any one chapter education session (as indicated).  | (1)               | (2)               | (3)             | (5)                         |
| Quarter (¼) page ad in every newsletter.   |                   |                   |                 | X                           |
| Option to host a hospitality suite at any Chapter educational program, with President's approval (i.e. sponsoring company will pay fees of suite). |                   |                   |                 | X                           |
| Special ribbon and/or name tag designating Chapter Sponsor.  | X                 | X                 | X               | X                           |

C O R P O R A T E   S P O N S O R   P R O G R A M

II. CORPORATE SPONSOR INFORMATION SHEET

**START DATE** This Corporate Sponsorship Program begins on June 1, 2009 and runs through May 31, 2010.

**DETAILS OF THE PROGRAM** Enrollment period will be throughout the chapter year. An email announcement will be sent to all chapter members and vendors listed in the current membership directory. Selected vendors who have expressed an interest in sponsoring past HFMA events will also be contacted.

**PAYMENTS** Payments are due with application / agreement, and can be submitted at any time during the chapter year. Quoted rates assume a full year's sponsorship at the various levels. Sponsorships agreements can be entered into at any time during the chapter year. The donation amount will be prorated based on time remaining in the chapter year. A confirmation letter will be mailed after the potential sponsor commits to the agreement. The sponsor will be sent a "thank you" once the payment is received. The website will be updated to reflect sponsor ship agreement within a week of receiving payment.



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Corporate Sponsor Application

PLEASE COMPLETE AND RETURN THIS FORM TO:  
James M. Cummings, SCCHFMA Sponsorship Chair  
20638 Merridy Street, Chatsworth, CA 91311

NOTE: Please make checks payable to "HFMA Southern California Chapter"

SPONSOR'S COMPANY NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY | STATE | ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

WEB SITE ADDRESS \_\_\_\_\_

We would like to participate at the following sponsorship level:

**PRESIDENT'S CLUB (\$5,000)**    **GOLD (\$3,500)**    **SILVER (\$2,500)**    **BRONZE (\$1,000)**

We would like to make two installment payments.

For more information, contact:

James M. Cummings, Sponsorship Chair, HFMA Southern California Chapter: [cummingsllc@aol.com](mailto:cummingsllc@aol.com)

2009-2010 CORPORATE SPONSORS

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