

2009 | 2010

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A Big Hit!

12th Annual Region 11 Symposium



An engaged audience listens in at General Session while HFMA President Dick Clarke [far right] and George Colman share a cocktail at Opening Reception.



Scott Ujita —————

The Region 11 Symposium was a big success this year. First of all, I would like to thank all of the sponsors and vendors that helped to make this year's Symposium possible, and also for the Symposium Partner, California Business Bureau. If you weren't able to make it to the Symposium, you missed out on great educational sessions, as well as outstanding Keynote speakers. David Feherty, David Brailer, Susan Dentzer, Janet Rush and Ross Shafer did a tremendous job entertaining and educating the crowds.

As always, I enjoyed the evening reception. I had a good time walking around and chatting with as many people as I could, some of whom I had not seen since the last Symposium. I was pleased to see that there was a very good crowd of people enjoying the food, drinks and

music, as well as the television that was set up specifically to watch the NFL Championship Round of the playoffs. It was a great game. Who said that you can't have it all!

One of the unique things about this year's Symposium was the 25 separate breakout sessions that were offered. There were so many different topics and speakers that I had a difficult time selecting which sessions to attend. Most of the 25 breakout sessions submitted their presentations to be posted on the Symposium website. You can view them anytime at www.hfmaregion11symposium.org/conference_materials.lasso.

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Richard Anzalone

REGION 11 SYMPOSIUM

A Big Hit! *Continued from page one*

Other than the evening reception, one of my favorite things to do at the Symposium was to walk through the Trade Faire and check out the products and services that are offered by the vendors. They also gave away some very nice items. I saw many great giveaways, but one particular raffle that caught my eye was the Dell laptop computer!

I hope that everyone will consider supporting the Region 11 Symposium in January 2011 by: 1) Attending the Symposium; 2) Becoming a sponsor; and/or 3) Exhibiting at the Trade Faire. We're working on a great line up of speakers and educational sessions in 2011. Keep visiting our website at www.hfma-region11-symposium.org for updated information.



ABOVE: The Region 11 Symposium Committee.

LEFT & BELOW: Attendees taking a spin at the wheel and snagging giveaways during the Symposium trade faire.



HFMA Certification Program and The Southern California Chapter

— Debby Chanen —

The HFMA certification Program is the premier certification awarded by HFMA. The Certified Healthcare Financial Professional (CHFP) designation validates the specialized knowledge and technical expertise of healthcare financial professionals. HFMA Certification is widely recognized throughout the industry.

The Southern California Chapter of HFMA helps our Chapter members get certified by loaning study guides for free, offering Coaching classes and paying for exams. A copy of how the incentives work is located on the Chapter website at www.hfma-socal.org under Chapter Information and then by clicking on Certification.

Our next Coaching Course is coming up very soon: March 18 at the Chapter's Education Program III at the Center for Health Communities in downtown LA. The coaching course will focus on the Core Exam. After the morning Coaching Class, members may take the exam that afternoon with one of the proctors there or you may schedule your exam for a future date. See the Chapter website for registration information on the class.

HFMA SO. CALENDAR

2010 EVENTS

March 18 – CHAPTER EDUCATIONAL PROGRAM III
The Center for Healthy Communities, LA / 7:30am-4:00pm

April 14 / April 15 / April 16
EDUCATION OUTREACH PROGRAM IV
Different locations each day. Details will be posted on website.

June 20-23 – HFMA ANNUAL NATIONAL INSTITUTE
Gaylord Opryland Resort and Convention Center / Nashville, TN

September 19-21 – FALL CONFERENCE
Long Beach Hyatt Regency / Long Beach, CA

SAVE THESE DATES IN 2011

January 23-26 – REGION 11 SYMPOSIUM
June 26-29 – HFMA'S ANNUAL NATIONAL INSTITUTE

Details on all events can be found on the chapter's website www.hfma-socal.org/ > click on Events Listings.

If you are preparing to take the Core exam or if you are curious what the questions are like, here are a few examples:

1] Which of the following ratios assures that an institution has profitable operations?

- A. Profitability ratios
- B. Liquidity ratios
- C. Activity ratios
- D. Capital structure ratios

2] How is uncompensated care recognized in financial statements?

- A. It is shown as a receivable
- B. It is shown as revenue
- C. Revenues and receivables are shown net of such services
- D. It is accrued for

3] Which of the following is true of incremental budgeting?

- A. Assumes that the current year's results will best predict what will happen in the future
- B. Requires the manager to build a series of budgets for differing activity levels
- C. Is far more labor intensive than zero-based budgeting
- D. Discounts salary costs as a budget item

4] All of the following could be selected performance indicators for a strategic plan, EXCEPT _____.

- A. Average waiting time for patients to be scheduled for elective surgery
- B. Case Mix adjusted average cost per equivalent discharge
- C. Average days in accounts receivable
- D. Distribution of admission by physician age by specialty

5] An organization that is jointly owned by physicians and a hospital, whose purpose is to carry out a variety of joint initiatives including negotiating with managed care organizations is a(n) _____.

- A. Foundation model
- B. Equity model
- C. Organization that directly employs physicians
- D. Physician-hospital organization

Answers can be found on the page six.

Please consider becoming certified. If you have any questions on HFMA certification, please don't hesitate to call me at 818-409-8446 or email me at chanenda@ah.org.

Automated Charity Program Cuts \$1 Million from Uncompensated Care

— Bruce Nelson, SearchAmerica —

Touchette Regional Hospital, with campuses in Centreville and East St. Louis, Ill., offers cardiopulmonary, laboratory, radiology, physical therapy, behavioral health and obstetric services; an oncology infusion clinic; a 24-hour emergency department; and an intensive care unit. It also provides inpatient and outpatient medical and surgical services.

As a safety net facility, Touchette Regional Hospital fulfills its mission of providing care within their medically indigent population. More than half of the patients served at Touchette are on Medicaid or are self-pay customers. However, they realized that if good systems were not in place to support the charity-care policy, their mission could be taken advantage of.

"We really had to balance providing good care in our community to those who need it and aren't able to pay for it, which is our mission, with performing a gate-keeping role to identify those who do have some type of ability to pay or have access to providers in their community," explains John Majchrzak, CHFP, CPA, MBA and Vice President of Finance at Touchette.

As recently as two years ago, anyone who walked into the hospital asking for care would receive it, says Majchrzak. *"We didn't have a good system to verify income, and we didn't have a good system to verify someone's address, so it was all on your honor,"* he says. *"We saw a lot of patients driving over an hour, passing by several other providers and coming to our facility simply because somebody said you can get free care here."*

Administrators knew it was time for an overhaul of their front-end process, so they completely retooled their charity-care policy. To implement the new policy within an automated registration process, they teamed with SearchAmerica®, a part of Experian, which provides automated financial screening services, and Emdeon®, which provides revenue and payment cycle solutions for health care.

The revamped registration process included technologies designed to implement Touchette's new charity-care policy and verify patient identity. Frontline personnel were trained on the new system and interpersonal skills, both of which are needed to make staff and patients comfortable with the computerized verification and eligibility system.

Registration personnel at Touchette were accustomed to doing everything manually, so it was necessary to have 30 people trained on how to use a new, automated system. *"It was quite a kick-start, but I have to admit that it has made a dramatic change in our patients' attitude, our revenue and our handling of charity,"* explains Pat Niel, Admitting Director at the hospital.

The hospital worked with SearchAmerica and Emdeon to customize a system that would retrieve information from credit reporting agencies and insurance carriers so that it could automatically calculate a patient's copay or eligibility for the hospital's charity-care policy based on existing coverage, the size of the household, household income and address.

SearchAmerica's service provides Touchette registrars with one of three possible responses to frontline personnel at the point of service:

- **Probable** – A patient qualifies for 100 percent charity.
- **Review** – A patient qualifies to have 30 percent to 70 percent of their medical costs covered by charity care; the amount is determined after further financial information is provided by the patient to Patient Accounts.
- **Unlikely** – A patient does not qualify for any charity care and is responsible for paying the full estimated cost of the procedure prior to receiving the service.

With this information, frontline staff members know how to proceed with financial counseling of each patient even though they do not have access to a patient's personal information, which is available only to the Patient Accounts department.

"There are going to be occasions when someone may have just lost their job within the week. That may not show up, but when you can be 90 percent free of all that [manual retrieving of information] and you can instantly communicate financial assistance to a patient at registration, that is excellent customer service," Niel says. *"Patients can now be qualified for charity at the time of registration. This eliminates the additional step of asking patients to return with financial documentation and be subject to a timely review process."*

"In the first six months of 2008, Touchette had about \$8.8 million in uncompensated care, and in the first six months of 2009, we had \$7.8 million, so we had \$1 million in improvement," says Majchrzak. Even more interesting, while that improvement was occurring, the amount of charity care the hospital provided went from \$3.5 million in 2008 to \$5.6 million in 2009.

"Even though our total uncompensated care went down, our charity care has gone up, so to me this is showing that we are meeting the mission of taking care of those in our community who don't have the ability to pay while at the same time performing a gate-keeper role for those who do have the ability or who don't live in our community," Majchrzak explains.

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Life Cycle Cost Analysis: An Asset Management Strategy

— Pete Hugenroth, TRANE —

Many healthcare facilities treat building systems upgrades as large maintenance expenses. But these projects are not merely maintenance exercises and such an approach short-changes management on two key points.

While the upfront cost of major system components can represent only 5% of their total cost of ownership over 20 or more years, many organizations plan purchases on a first-cost basis. They issue requests for proposals (RFPs) that seek the lowest possible pricing for the initial equipment purchase. But given that the installations are intended to last for decades, they are clearly capital investments.

In addition, system components are prime energy consumers (HVAC systems, for instance, account for approximately 45 percent of a typical hospital's energy use according to the Consortium for Energy Efficiency). Purchase decisions therefore should also be driven by an institution's long-term energy management strategy.

Instead, the upgrades would be better managed according to their "Life Cycle Cost" (LCC).

According to the *NIST Handbook* from the U.S. National Institute of Standards and Technology, life cycle cost is "the total discounted dollar cost of owning, operating, maintaining, and disposing of a building or a building system" over a given period. A full Life Cycle Cost Analysis (LCCA) compares initial, maintenance, repair, and operating costs over the life of a building system upgrade. The LCCA particularly examines such critical variables as equipment materials behavior, intended facility use, environmental conditions, and energy costs.

A comprehensive LCCA can pinpoint bad bargains such as supposedly "low-price" systems that turn out to feature unacceptably short lifespans or excessively large lifetime operational costs.

• Initial Planning and Variables

Each RFP should include an LCCA, conducted as early as possible. The goal is to create a system that can operate at peak efficiency throughout its lifetime, making use of noncorrosive materials in harsh environments and eliminating system shutdowns. The LCCA equation contains three vital variables: 1) the costs of ownership, 2) the period of time over which costs are incurred, and 3) the discount rate applied to future costs to equate them with present-day expenses.

• Cost Variable – Initial Expenses

Costs incurred prior to system installation include capital costs for the system and its controls. Since flexible controls are the most important factor in maintaining high-performance environment systems at your hospital, emphasize issues such as centralized command and control; precise temperature and humidity control; ease of changing settings; control of core functions such as laundry, pharmacy, and security; and ease and efficiency of testing and balancing equipment.

Estimate initial construction costs by referencing historical data from similar facilities, and by consulting government and commercial cost estimating guides and databases.

• Cost Variable – Future Expenses

Future costs are incurred after the system is in place. They include energy, water, and other utility costs, non-fuel operating costs, and maintenance and repair (OM&R) costs. Energy and utility modeling software can help analyze a building's projected use, occupancy rates, schedules, and more. A thorough LCCA factors in an energy price projection as well as rate type, rate structure, seasonal differentials, block rates, and demand charges.

Since operating schedules and standards of maintenance vary widely from building to building, so do OM&R costs. HVAC systems usually remain in place for several decades. If a low-cost system comes with exorbitant upgrade costs, your preparer should consider alternative options that may bear a higher initial price tag but are more cost-effective to upgrade over the system's lifetime.

• Cost Variable – Non-Monetary Benefits

The capabilities of a system to optimize environmental advantages, including indoor air quality (IAQ), filtration, pressurization, airflow, and acoustics. Example: the non-monetary benefits derived from a particularly quiet system.

• Time Variable

The LCCA study period for evaluating ownership and operations expense ranges from 20 to 40 years, generally less than the intended life of the facility. NIST suggests dividing the study into planning/construction and service periods.

• Discount Rate Variable

The discount rate is the rate applied to future costs to equate them to present-day expenses. It's the number that would make you indifferent whether you received a smaller

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Another Precedent Setting Case for California Hospitals and ERISA

Barry Sullivan, Esq.

Law Offices of Stephenson, Acquisto & Colman

Marin General Hospital v. Modesto & Empire Traction Company, 581 F.3rd 941 (9th Cir. Sept. 10, 2009) represents a watershed development in ERISA law. Financially, it means hospitals finally found a legal means/theory by which they can pursue health plans for unpaid medical care which avoids the typical procedural traps raised by those plans in court. Until Marin General, health plans frequently escaped full payment for medical care they had authorized beforehand by claiming – after the fact (i.e. after the hospital had treated the patient) – that the patient had not paid premiums, or that the health plan’s language only promised to pay “reasonable and customary” charges (not the hospitals’ full billed charges), or that the patient had not “cooperated” with a claims adjuster, or that the patient had a pre-existing condition.

Such excuses naturally left hospitals in an unfair position when they tried to collect because those excuses involved disputes entirely beyond the hospitals’ control and contracts to which the hospital was not a party – i.e., the health plan agreements between health plans and their members. In a lawsuit for payment of the unpaid or underpaid hospital bill, the health plans’ favored maneuver by which to raise those excuses was to remove the case to federal court on the basis that the federal Employee Retirement Income Security Act (“ERISA”) entirely “pre-empted” all actions against health plans. Then, once in federal court, the health plans would obtain dismissal by arguing that since the hospitals “stood in the shoes” of the health plan member, all defenses that could be raised against the member under ERISA could thus be raised against the hospital (e.g., the member failed to pay premiums or the member had a pre-existing condition).

Since the nature of care for human illness demands treatment first and then payment afterwards, health plans in essence had shifted their underwriting risks to hospitals. Hospitals called up health plans before treatment, received assurances from a health plan that a particular patient was “covered,” treated the patient, and then found out the health plan had found some reason to deny the claim. This meant the risk of whether a patient was truly “covered” under a health plan always came after treatment was rendered. Since medical care cannot be repossessed from a non-paying patient like a car, and since health plans withhold payment depending their post treatment due diligence, hospitals not health plans carry the financial risk that a patient actually will be “covered” under a health plan. One would think that the risk-bearing entity regarding whether someone is “covered” under a particular

health plan would be the health plan. After all, health plans collect premiums for just such a possibility, not hospitals. As a result, hospitals must raise their rates to make up for such shortfalls while health plans can enjoy lower costs. Health plans got away with this because ERISA law allows health plans to insert restrictive language and limitations into plan agreements, which restrictions and limitations the courts would uphold.

Marin General changes that situation dramatically. Marin General recognizes hospitals have a legal right to pursue health plans independent of plan language and thus independent of possible ERISA defenses. Thus, even though a hospital may have an assignment of benefits from the patient, the hospital can forego that route and choose to sue on strictly state-law-based grounds regarding a duty to pay owed by a health plan directly to the hospital rather than derivatively through the patient. It is hard to peg a hard dollar estimate to hospitals and health plans stemming from this decision. However, it should be large. Certainly, the ruling could and should have a clear impact on the current health care debate. Among other things, Marin General affects the “Pre-existing condition” issue, the “Who should-pay-for-unpaid-care?” issue, and the “Why-are-hospital-rates-so-high?” issue.

For consumers as a whole, the favorable effect Marin General ought to have on lowering hospital rates probably would be offset by health plans raising premiums as health plans are forced to tighten up their underwriting standards. Nevertheless, an individual consumer needing treatment should have greater certainty the health plan would actually pay their hospital bills and thus would not have to pay such bills personally. Since this ruling came out of the Ninth Circuit, technically it affects only the Western United States. However, we believe it is the first case of its type to so clearly delineate the nonapplication of ERISA rules and limitations to disputes between health plans and hospitals (if hospitals choose to sue upon strictly state-law grounds). Thus, Marin General should have impact outside that area as other courts look for guidance.

Answers from Certification Article quiz:

1.)A 2.)C 3.)A 4.)C 5.)D

OCTOBER 2009 - FEBRUARY 2010

Welcome New HFMA Members

Tushar Bansal

Deborah Barbee
PHNS

Kashina Bishop
CecCal Health

Lynne Bolen, MBA, MSHCA
St. Jude Medical Center

Lourdes Casillas
Brotman Medical Center

Sharon Cisneros, CPA
Eisenhower Medical Center

Shaun Cleary
PHNS

Kathleen Conley
Health Quest Consulting

Brandon Edwards
Revive Public Relations, LLC

James Edwards
Pacific Healthworks, LLC

Nancy Ellin-Edwards
Aptium Oncology

Katherine Falco, RN

Paul Farinacci, Jr.
Designed Receivable Solutions

M. Fareed Farukhi
Dental Office Sales, LLC

Christian Gabriel

Cedars-Sinai Medical Center

Erik Hagge
Institutional Bond Network

Michael Hannon

Christopher Harris
Price Waterhouse Coopers, LLP

Amanda Hayes
Hooper, Lundy & Bookman, Inc.

Turhan Hunt
The Outsource Group

Daniel Jesudason
Quality Reimbursement Services

Mark Kawauchi

Nadia Kostrikin
White Memorial Medical Center

Pamela Kupsak
St. Bernardine Medical Center

Benjamin Laborde
Soteric, LLC

Phyllis Ligon
Medac, Inc

Sujeethnath Lingutla

Christopher Long
Hoag Hospital

Elizabeth Meisler

St. John's Well Child and Family Center

Prasanna Mohanty
Kaiser Permanente,
Los Angeles Medical Center

Cheryl Moreno
Ernst and Young

Patricia Mowlavi
L.A. Care Health Plan

Robert Moynihan
Henry Mayo Newhall
Memorial Hospital

Anslem Oshionebo
Price Waterhouse Coopers, LLP

Francis Ota

Karen Palmer
Palo Verde Hospital

Anthony Pishay
Kaiser Permanente

Jeff Powell
Perot Systems

Gary Raikin
BDO Seidman, LLP

David Saffert
Anya Sage

Traci Shirachi
Med Assets

Brandon Short
Novus Health Systems, Inc

Catherine Skelton, RN, NCA, BC
St. Joseph Hospital

Lubomira Skoropad
UCLA Neurology

Jonathan Spees
USC University Hospital/ USC
Norris Cancer Hospital

Stacy Stelzriede
Moss Adams, LLP

Kim Strange

Anthony Taddley
Lancaster Pollard

Anand Tated
Pacific Global Solutions

Tristyn Vu

Erin Ward
Loma Linda Mercantile

Zackery Welch
Cymetrix

Jeffrey Woolf
Cushman & Wakefield of CA, Inc

Uncompensated Care Cuts

Continued from page four

In addition to coming out ahead financially, the hospital has ample evidence that frontline personnel are much happier, according to Niel, who oversaw implementation of the new system. Employees formerly had to make multiple calls, inconvenience patients, and sometimes send patients home to retrieve pay stubs or other documentation. Now staff can verify addresses, income, insurance and charity-care eligibility via computer at the point of registration. *"It provides the staff with sufficient knowledge at the time of registration to counsel the patient on their insurance eligibility and/or their charity eligibility,"* Niel adds.

Life Style Cost Analysis

Continued from page five

payment now or a larger one later. Your preparer may consult with the U.S. Department of Energy whose discount rate is updated annually.

Constant-dollar analyses exclude the rate of general inflation; current-dollar analyses include the rate of general inflation in all dollar amounts, plus discount rates and price escalation rates. Both types of calculation result in identical present-value life cycle costs.

Building systems upgrades are not maintenance projects. Utilizing a Life Cycle Cost Analysis in their planning and purchase reinforces their place as key assets to an institution's operations, efficiency, and performance and allows for their accounting, and management, as such.

Important Notice Regarding Timely Claims Filing for Network and Non-Network Providers

TRICARE requires that all claims must be received by the TRICARE West Region claims processor, Wisconsin Physicians Services (WPS), within timely filing requirements. Claims must be submitted using the following guidelines:

- Within one year from the date the services were provided.
- Inpatient facility charges must be received within one year from the date of discharge.
- Professional services billed by the facility must be received within one year from the date the services were rendered.

Please submit any outstanding TRICARE claims prior to the one-year deadline. Claims will only be processed according to the timely filing guidelines as defined by the TRICARE Operations Manual Chapter 8, Section 3.

For more information, please refer to the TRICARE Operations Manual at <http://manuals.tricare.osd.mil/>.



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.

CFO Committee Update

The CFO Committee has added several new members to the group over the last three months which helps bring new ideas and additional help in planning future programs. Welcome new committee members!

We are looking for suggestions for topics of interest from the members for the CFO educational tracks and events. Our goal is to provide subjects that are requested by the membership. Please forward your ideas to Kathy Hammack at Kathy.Hammack@IHHIOC.com. Your suggestions will be discussed and considered for upcoming sessions at the monthly CFO Committee conference calls.

CORPORATE SPONSOR PROGRAM



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healthcare financial management association
southern california chapter

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.

For more information on sponsorship opportunities contact James Cummings, Sponsorship Chairperson, 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 \$1,000	SILVER \$2,500	GOLD \$3,500	PRESIDENT'S 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 (1/4) 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

2009-2010 CORPORATE SPONSORS

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..... BRONZE

