

2010 | 2011

OFFICERS

Christopher J. Kinsey
President

Steven R. Blake, CPA
President Elect

Scott Ujita
Vice President

James Moynihan, FHFMA, MBA
Treasurer

Mary (Kathy) Hammack
Secretary

Rick M. Lash
Immediate Past President

DIRECTORS

Donna Anglin, FHFMA, MBA

Richard Anzalone

King Bechtel

Kristina Cabral

John (Jack) Gilbertson

Samuel J. King, FHFMA

Lisa Wada

David L. Volk, Esq

Fun, Festive and for Charity!

— Scott Ujita —



Cheers from the Southern California HFMA Holiday Party! December 9th, 2010 at the Gazzella Restaurant in Long Beach.
To view all the photos from the party, please visit www.hfma-socal.org.

INSIDE THIS ISSUE

**Handling CCS Claims
by George Colman**
PAGE 4

**2011 CHA Board of
Trustees Announcement**
PAGE 7

**Methodologies of
Six Sigma**
PAGE 8

**Improving Better
Patient Outcomes**
PAGE 9

The Social Committee was responsible for planning this year's HFMA holiday party and they did a great job! There were a variety of hors d'oeuvres, desserts and cocktails. I had a really good time and was glad to see so many people bringing unwrapped gifts to donate. This year the Chapter selected Child S.H.A.R.E., www.childshare.org, as the organization to which we will be donating the toys. By the end of the night there was a huge pile of presents. I had a great time catching up with friends and colleagues. I cherish this time the most because this is neither work nor play, but a time to relax and spend quality time with old friends. I was also mystified by the entertainment this year as a magician went from table to

table. Two lucky people also won door prizes while the night topped off with the announcement of the member-get-a-member iPad winner. Dan Galles was responsible for signing up seven members between June and November. Great work Dan and keep it up! I would like to thank the Networking Committee for all of its hard work, the chapter sponsors, www.hfma-socal.org/sponsors.html, as well as everyone that attended the event this year. From the Southern California Chapter of HFMA, I would like to wish you happy holidays and hope to see you in January at the Region 11 Symposium in Las Vegas. To register for the Symposium, or to get more information, visit www.hfmaregion11symposium.org/.

2009 | 2011

COMMITTEES

Certification

Debby Chanen, FHFMA, MBA, CHAIR

CFO Round Table

Eric Delgado, CHAIR

Davis Chapter Management (DCMS)

Lisa Wada, CHAIR

Education Outreach

Carl R. Hill, CHAIR

Fall Conference

James Moynihan, FHFMA, MBA, CHAIR

Founder Points Coordinator

Donna Anglin, FHFMA, MBA, CHAIR

Government Programs

John (Jack) Gilbertson, CHAIR

Legislative Reports

David L. Volk, Esq., CHAIR

Membership

Genevieve Nelwan, CHAIR

Member Directory Coordinator

Lori Kuwahara

Networking and Social Committee

King Bechtel, CHAIR

Program Planning

Scott Ujita, CHAIR

Region 11 Symposium

Victoria Morgan, FHFMA, CHAIR

Revenue Cycle

Jerilin Cummings, CHAIR

Sponsorship

James M. Cummings, CHAIR

Student Recruitment, Mentoring & Scholarship

Sam King, FHFMA, CHAIR

Website

Donna Anglin, FHFMA, MBA, CHAIR

Yerger Coordinator

Greg Labow, FHFMA, CHAIR

NEWSBRIEF

COMMITTEE & EDITORS

Kristina Cabral, CHAIR

Anthony Lewis, CO-CHAIR

Donna Anglin

Lori Kuwahara

Rick M. Lash

Scott Ujita

Photographer

Richard Anzalone

HFMA SO-CAL

ADMINISTRATIVE ASSISTANT

Lori Kuwahara

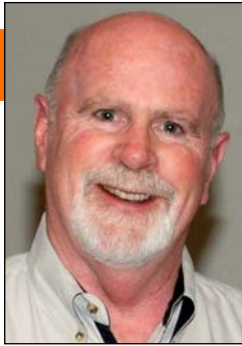
323-266-4362

714-844-9354 FAX

lori@hfma-socal.org

MESSAGE FROM THE PRESIDENT

Chris Kinsey



Dear Fellow HFMA Members,

On behalf of your Board of Directors of the Southern California Chapter of HFMA, I want to wish you and your families a very healthy and happy Holiday Season! It is difficult to believe that Thanksgiving is over and the first six months of our Chapter calendar year have passed. I hope that you are able to attend our Annual Holiday Party and renew old acquaintances.

We are off to a great start with our first half of the HFMA year. Our second Educational Program was held on November 18th and it was a great success. The General sessions and breakout sessions were well attended. Vice President and Program Chair Scott Ujita, CFO Roundtable Chair Eric Delgado, Revenue Cycle Chair Jerilin Cummings, and Government Chair Jack Gilbertson, are all to be commended for orchestrating this outstanding and well-attended program. We look forward to another exciting program March 17th.

The Chapter has conducted four webinars this year in an effort to reach those of you who are unable to get away from your offices. Our "Lunch & Learn" format has been successful in drawing people to our webinars. Thanks to Program Chair Scott Ujita, Educational Outreach Chair Carl Hill, and Government Chair Jack Gilbertson for putting together these webinars. And thanks to Jim Moynihan, our Chapter Treasurer, for making arrangements with US Bank to host these events.

I encourage everyone to attend the 13th Annual HFMA Region 11 Healthcare Symposium at Caesars Palace, Las Vegas, Nevada, January 23 – 26, 2011. We have exciting speakers on a variety of topics. We have increased the number of breakout sessions to 34 for 2011. Please plan to register prior to December 31st to get your early bird pricing.

We have Education Outreach Programs scheduled February 17-19, 2011. We have our Chapter Education session #3 March 17th at the Center for Healthy Communities, Los Angeles. We have a Cost Report Workshop on April 12 also at the Center for Healthy Communities.

I encourage everyone to take advantage of our Chapter website- www.hfma-socal.org. The website contains listings of educational events, copies of Newsbriefs, membership information, a photo gallery, and a listing of our Officers, Board members and Committee Chairs.

Thanks.



Chris Kinsey

President, HFMA, Southern California Chapter

2010-2011 CORPORATE SPONSORS

..... PRESIDENT'S CLUB



HOSPITAL MANAGEMENT SERVICES, INC.

..... GOLD



..... SILVER



..... BRONZE



Handling California Children's Services' Claims and Appropriate Reimbursement

George Colman, Esq.

Partner, Law Offices of Stephenson, Acquisto & Colman

After some research and conversation with Children's Medical Services' personnel, I was able to qualify the process and procedure with respect to California Children's Services, and the issues involving the ability of health care providers to be reimbursed whether they are paneled facilities or non-paneled, and irrespective of the fact that the physicians who render the care are paneled or not.

I am told that the mission and long standing policy of California Children's Services (CCS) is to provide authorization for necessary services for individual patients, (ages from birth to 21), who are receiving emergency medical services that have the identified CCS diagnosis. It is clearly recognized, that when a patient is eligible for CCS and its elective process, there should be minimal, if any, issues relative to the authorization or the payment for services. Despite this, there is an identified problem for many providers throughout the state.

The problem arises when emergency services are rendered, a CCS diagnosis is applicable, and a particular provider may not be paneled for the particular services, or may be paneled, but not for a long term or inpatient treatment for those services. In addition, there are difficulties presented when the physician providing the services may not be paneled. There is also an additional problem that arises when the health plan denies the claim because the patient allegedly has a CCS diagnosed condition; this is a carve out from the health plan. The response to the plan in this instance is that only the California Children's Services Medical Director and assigned personnel can determine whether it is an appropriate CCS diagnosis or not; a denial by a health plan is contestable, when the diagnosis that they denied is not CCS eligible.

In the course of my investigation and discussion with CCS personnel, I explored several levels of CCS provider services, and the many hospitals that may or may not be eligible for the particular services.

- **Special Facilities:** The special facilities are those facilities that provide special services such as ophthalmology, **otology**, orthopedic services, and other specialized care.
- **Community Facilities:** They are facilities approved to provide services for a term "lesser adult." These are patients between the ages of fourteen through twenty-one who really do not need essential pediatric care. These facilities treat patients of all ages from birth through twenty-one with limited NICU capability; services and care can be rendered based on an emergency for a limited period of time. Some of the services in the community facility can be authorized for continuing care. However, in most instances, after the

emergency care and the initial stay, and after the patient is stabilized, a transfer will be authorized to what is termed a Tertiary facility.

- **Tertiary Facility:** A "full scope" California Children's Services facility paneled for all purposes, and generally the physicians are paneled as well. For example, Northridge Medical Center, a CHW hospital, was recently approved for a pediatric trauma center and will be offering more rapid treatment for children with life threatening injuries and increasing their chances of survival. This is the only facility in the San Fernando Valley where youngsters with critical traumatic injuries can have immediate and around the clock care with physicians specializing in emergency medicine, anesthesia, orthopedics, neurosurgery, and with registered nurses and respiratory therapists with expertise in pediatric care. In essence, this is a definition of a Tertiary facility, which has all levels of NICU and PICU (pediatric intensive care unit) services. For obvious reasons, all Children's Hospitals are considered paneled Tertiary facilities.

It appears in the discussion with CCS staff, the circumstance of non-payment seems to arise out of a lack of understanding by healthcare providers and/or their personnel, as to how to best handle, register, and verify the CCS eligible, or potential eligible patient. The patient of course has to be Medi-Cal eligible, or covered through some health care program like Healthy Families, in order to fall under the California Children's Services jurisdiction and eligibility. If there is a CCS diagnosis, which is a carve-out from the health plan, there is CCS liability. However, the recognition must be made as to whether or not a particular facility is a Tertiary facility and paneled for all services, or a Community facility, that may be non-paneled, and therefore only able to provide emergency care for a limited period of time, and until a patient is stabilized. In those instances, it is highly recommended that contact be made with the CCS program in the participating county. For example in Los Angeles County, Dr. Edward Bloch can be directly contacted at 626-569-6012 or via email (ebloch@ph.lacounty.gov). He is readily available to review any case with every facility in Los Angeles County to cover those circumstances when a CCS eligible condition requires continuing care, and the facility is limited paneled or non-paneled. The failures and problems seem to surface when communication of these issues is not done until after the accounts are billed, or months after the patient is discharged. This is what creates the problem of a denial that many facilities encounter. It is critical to set up a proper process and procedure

Continued on page five

Children's Services' Claims and Reimbursement

Continued from page four

for the CCS eligible patient under an emergency service condition, so that appropriate authorization and communication can be completed, and reimbursement can be obtained.

Many facilities have non-paneled physicians, although paneled hospitals generally require that there be paneled physicians available to provide the service for eligible CCS patients who arrive with an emergency condition. If a hospital does not have a paneled physician available, there is a CCS policy that allows for retroactive approval for physicians to be paneled for the particular service. "A temporary physician approval process" can be obtained from the Department of Health Services, Children's Medical Service Network; Bulletin No.: 158, revised on March 21, 2006. For further research and information, the statutory basis for the program is the Robert W. Crown California Children's Services Act (California Health & Safety Code §123800, et seq.)

One of the major problems for providers is when a CCS patient or their parent produces an insurance card with the subsequent billing of the insurance company, and then the claim is denied because there is a "CCS carve-out." Under the circumstances, it makes sense that at the time of the patient's admission, a process for communication with CCS must be in place, if there is a diagnosis that fits within CCS guidelines. Contacting CCS at the time of the treatment, and certainly prior to the discharge of the patient to seek approval for that treatment, is a must.

In contacting CCS, we are sometimes told in our capacity as attorneys that the hospital is not paneled, and if it were paneled, it would have a contract or some document or agreement that would reference that particular situation. However, in doing a review with many provider clients, it seems no one can find a contract that would apply to these circumstances. Upon investigation, we have been able to find letters to some individual hospitals, its medical director, or to a pediatric or a NICU unit that defines the authorization. For example, a letter may state the following: "This is to inform you of the Children's Medical Services Program decision to grant approval to the neonatal intensive care unit at 'hospital A' as a Community NICU which is effective as of the date of this letter. The decision is based on your documentation as submitted to CCS."

Other conditions in the letter cover submission of data relative to morbidity and mortality, on-call schedules of the neonatal clinician, and other information that is generally a continuing responsibility of the facility. Generally speaking, this is the only documentation that we have been able to find. It has been confirmed by CCS that some of the documentation relative to the implementation of the program is old, and they in fact may not have hard copy documentation of a contractual nature either. In conclusion, a provider needs to work under the regulation and set up a functional process and procedure so as to obtain authorization to effect appropriate reimbursement. For further information or discussion, contact George Colman at gcolman@sacfirm.com.

HFMA SO. CALENDAR

2011 EVENTS

January 23-26 / Region 11 Symposium Caesars Palace, Las Vegas

February 17-19 / Education Outreach Program III 8am-12pm

March 17 / Chapter Educational Program III 8am-4pm / The Center for Healthy Communities, Los Angeles

April 12 / Cost Report Education 8am-3pm / The Center for Healthy Communities, Los Angeles

April 20-22 / Education Outreach Program IV Locations for three separate programs to be announced

April 29 / CFO Roundtable Lunch Location to be announced

June 26-29 / HFMA's Annual National Institute Gaylord Palms Resort and Convention Center, Orlando, Florida

September 11-13 / Fall Conference Hyatt Regency, Long Beach

2012 EVENTS SAVE THESE DATES

June 25-28 / HFMA's Annual National Institute Mandalay Bay Resort and Convention Center, Las Vegas

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

MEMBER - GET - A - MEMBER CONTEST

HFMA SOUTHERN CALIFORNIA MEMBERS CAN
WIN A TRIP TO PUERTO VALLARTA



THE SOUTHERN CALIFORNIA CHAPTER OF HFMA, IN ASSOCIATION WITH SPONSORS **PROGRESSIVE MANAGEMENT SYSTEMS** AND **CMRE, INC.**, WILL GIVE MEMBERS A CHANCE AT WINNING THE FOLLOWING PRIZES:

1ST PLACE

A trip to Puerto Vallarta, Mexico. Included in this trip give-away are 7 days / 6 nights in a beach-front condo and \$1,000 towards travel expenses.

2ND PLACE

One free admission to all three 2011-2012 Southern California Chapter Educational Programs.

HOW TO WIN

Refer a new member to our Chapter. The member who has the most referrals, wins.

Each new member will be required to provide your name and your HFMA member number at the time of registration.

We encourage you to have them join via the National HFMA website at www.hfma.org/membership.

The contest began on May 1, 2010 and ends on April 30, 2011

We will total the entry points on April 30, 2011 and will announce the winner of the trip give-away at the chapter's Annual Awards Dinner.

In the event of a tie, we will place the names of these individuals in a drawing. **You must be present to win.**

Please take advantage of this trip give-away. You'll be introducing your friends and colleagues to the finest healthcare financial management organization in the country while helping our local Chapter to grow; a win-win situation for all.

Christopher J Kinsey, President, HFMA, Southern California Chapter

Appointment of Robert A. Hemker to CHA Board of Trustees as HFMA Representative

— Steve R. Blake, FHFMA, CPA, President Elect, HFMA Southern California —
Executive VP & CFO, Integrated Healthcare Holdings, Inc. and Current CHA Trustee

It is my great pleasure to announce the appointment of Robert A. Hemker to the 2011- 2012 CHA Board of Trustees as our California HFMA Representative. Robert is an excellent candidate to represent us and will provide great leadership. He is a Past-President of the San Diego-Imperial Chapter as well as serving HFMA in national responsibilities. Below is a biography for those who do not already know Bob.

As we wrap up this year and reflect on all the proposed and passed legislation and other advocacy efforts by CHA, including the recent, hard fought provider fee initiative, I would like to thank Duane Dauner and the rest of the CHA staff, as well as the Officers and fellow Trustees for all that they contribute in talent and experience for the benefit of our industry. It has been a rare pleasure and privilege to share in a process that means so much to our ability to provide the best health care to our communities.

Robert Hemker was appointed Chief Financial Officer of Palomar Pomerado Health (PPH) in May 2001, and also served as its Interim President and CEO from May 2002 through January 2003. A twenty-seven year veteran of the healthcare industry, Bob has extensive experience managing the financial and operational aspects of healthcare organizations, working closely with community, physicians and board representatives.

His career includes CFO, COO and CEO experience in for-profit, not-for-profit, and governmental acute care hospitals in Southern California and Hawaii, as well as consulting experiences to various healthcare sectors.

Bob's responsibilities encompass: strategic financial planning, treasury, capital formation, financial management, budgeting, contracting, revenue cycle and real estate. In addition, he is currently responsible for the development and execution of a comprehensive Plan of Finance for a one billion dollar master facility plan utilizing Revenue Bonds and General Obligation Bonds. Bob serves on the boards of various PPH affiliated entities including: Arch Health Partners, a Physician Foundation, and North County Health Development, a 501(c)3 Grants Entity, as well as various joint ventures.

A member of the Healthcare Financial Management Association (HFMA) since 1983, he is Past-President (2004-2005) of the San Diego-Imperial Chapter, having served on its Board



Robert Hemker
Chief Financial Officer
Palomar Pomerado Health
456 E. Grand Ave., Escondido, CA 92025
760-740-6385 / rah4@pph.org

of Directors since 2002. He served on HFMA's National CFO Forum Peer Council and was its 2007-2008 Chair. He has been a Judge for its Yeager Award on numerous occasions.

Bob has been a member of the Association of California Healthcare District's Finance Committee since 2004. He is currently Chairman of the ALPHA Council, its workers' compensation insurance captive, having served on it since 2004. He has been a Board Member of the malpractice carrier BETA Alliance Insurance Group since 2007. He serves on the steering council of the VHA West Coast CFO/COO Forum and served as its initial Chair for two years (2007-2009). Currently, he is Chair of the Executive Committee of WestPac (VHA West Coast), a Southern California regional supply chain coalition.

He is a former Board Member of the Healthcare Association of San Diego and Imperial Counties.

Bob was named the *San Diego Business Journal's* 2009 government sector Chief Financial Officer of the Year.

Bob holds a Master's in Healthcare Administration and a BS in Accounting. He is a frequent speaker at the local, regional and national level on healthcare financial management topics.

He and his wife, Mary Ann, live in Carlsbad, California. They have three adult children: Mike, Melissa and Tim.

'But It Has Always Been Done This Way'

————— Leslie A. Pate, MBA, Client Development Manager, CSB —————

How many times have you heard this statement? How many times have you heard similar statements in your own organization? With healthcare facing major reforms, it is important to find opportunities to do more with less. In most healthcare organizations, it means to change the way it has always been done. Change can be difficult because of people's short tolerance for systemic change, fear of what will happen to them and the preference for an easy fix. One way to accomplish lasting change and to do more with less is to use Six Sigma methodologies within Revenue Cycle. The Six Sigma approach has widely been known to industries such as manufacturing for many years and today it has become a buzz word in Healthcare. So what is Six Sigma? Six Sigma is a business process which uses continuous improvement to find and reduce errors to increase revenues and/or reduce costs.

At the Southern California HFMA educational conference at the Embassy Suites in Downey, Marjorie Green of the Healthcare Excellence Institute took us through a case study in the Six Sigma approach and how it can greatly improve Revenue Cycle performance. Several years ago, CHRISTUS HEALTH approached Ms. Green to re-tool its revenue cycle. The CHRISTUS HEALTH revenue cycle went from being broken to becoming a MAP award winner. The transformation was accomplished by redesigning the entire revenue cycle through creating high performance work teams (HPWT).

A HPWT requires organizational change, culture change, creation of metrics, and an appropriate pay for performance program. The HPWT utilizes a cross functional work group who are physically co-located within a department and share metrics, processes, and management oversight. An example of such a team would be collection, validation, and billing representatives working together as a unit for a single payer or multiple payers. When the organization structure changed, so did the culture. CHRISTUS HEALTH found that the staff was more engaged in the business. It was now goal oriented and, as a result, saw dramatic improvements in account data integrity, collections, and cleaner accounts handed off to agencies.

What are we really measuring when we create metrics and to what purpose are we using them? Metrics need to be relevant, precise and unbiased in order to be successful. Pay for performance metrics should be the same for all teams. They must also be operational, drive desired behavior, be visible to management and staff, understood, and adopted by the team. Metrics like net A/R days, Cash and Cash as a Percent of Net may not paint a clear picture of success of the team because they are not entirely precise, as explained by Ms. Green. When the appropriate metrics are in place and clear, pay for performance can then be implemented. Performance goals are realistic, but challenging. The CHRISTUS HEALTH program emphasizes incentives on

the overall business first, and the work group team, second. It also clearly defines success and failure, makes the reward worthwhile, and celebrates victories. When goals based on the metrics are achieved, they are paid monthly and reset annually.

For CHRISTUS Health in Texas, creating a HPWT using Six Sigma methodologies provided much needed process improvement which had a direct impact on cost control and revenue improvements within the Revenue Cycle. The key takeaways from the session were:

- 1) Although the Revenue Cycle may be performing financially, the entire organization may not. If you are considering making changes based on Six Sigma methodologies, you must keep this in mind.
- 2) Make accountability clear to everyone involved. It should be embedded and visible in all processes, performance measurement, reward and celebration, documented processes and the technology used to monitor and track processes/performance.
- 3) Have continued improvement become part of the departmental culture. Create daily shift briefings. Involve Human Resources (HR) and other management in performance reviews. Perform regular internal and external audits to the processes and metrics. Utilize measurement systems to drive behaviors and intrinsic motivations. Implement focus groups to keep on track.
- 4) Invest in the staff. Pay staff based on achievement of set goals which are realistic but challenging. Get excited, celebrate, and reward outstanding performance. Provide good training (initial and ongoing) and develop support within your organization. Create a culture where employees have a career at your organization rather than just a job. Get the people involved in the process.
- 5) Use both internal and external resources where necessary. Internal resources can come from subject matter experts, staff who actually do the work and managers/directors. External resources can include utilizing different tools and technology such as measurement systems, data analysis, and change management skills. External assistance can also offer a different point a view (thinking outside the box or "the way it has always been done"), as well as, push for stronger change management.

Real and lasting change is possible in any healthcare organization. The biggest initial challenge is to embrace change rather than fear it and to be ready to throw away the "it has always been done this way" mindset. The Six Sigma approach can provide any healthcare organization, large or small, a way to do more with less. There only needs to be a willingness to think outside the box.

Improving the Physical Environment of Care for Better Patient Outcomes

—Pete Hugenhroth, Healthcare Vertical Market Leader, TRANE—

To put it colloquially, energy expenditures “*don’t get no respect.*” While they certainly claim a respectable share of a healthcare institution’s utility costs, compared to such an institution’s overall operating expenditures, the investment is miniscule.

Yet, the importance of energy expenditures, energy investments, is underscored in hundreds of studies cited by the Center for Health Design, which find that the ability of a facility to provide the proper physical environment has a direct impact on positive patient outcomes. Facility environment improvements, including energy-related projects such as modernizing heating, ventilating, and air conditioning (HVAC) technology, impact much more than just utility costs. They improve the institution’s number one priority: patient quality of care.

The best proof lies in the Physical Environment of Care Study. This structured process includes all key stakeholders, from caregivers to professional staff to management to patients, in uncovering solutions to improve patient outcomes.

Structuring the Critical Steps

Experienced planners say the most successful studies often follow these steps:

1. Planning starts with initiating a relationship with an energy service company, or ESCO. The ESCO not only will help plan but also conduct and analyze the study.
2. Information gathering starts at the top. Input is gathered from institutional department and hospital units, from human resources and safety, to the labs, as well as to quality and infection control.
3. Data gathering begins with patients and follows through the entire hospital operation, ranging from surveys to observation.
4. Effective solutions include considering options that will create a safer, more comfortable environment, improving the quality of patient care, reducing costs and boosting efficiency. Planners should examine airflow, lighting, humidity, temperature, and HVAC changes. Implementing such measures can impact the hospital’s “green” profile, as well as its employee productivity.

Providing a Positive Example

Recently, a ninety-three bed not-for-profit community health-care facility located in the midwest teamed with an ESCO to undertake a Physical Environment of Care Study. The study would evaluate the relationship between the facility’s physical environment and its quality of patient care.

Following a series of top-level meetings, with research and analysis of staff activities as well as operations and site data, the team agreed that three critical environmental areas were negatively impacting the institution’s quality of care. The three areas of concern focused on temperature, noise level, as well as on aging plant/equipment.

The team undertook an investment-grade systems audit in order to estimate and reconcile the required expenditures for infrastructure improvements with the anticipated savings in energy and operational costs. The audit also focused on quality outcomes as well as financial results, including quality of care, patient satisfaction, and staff impact and performance. The study incorporated the input of the professional staff with whom the results were shared.

The audit found that the recommended improvements, including upgrades in the HVAC system, would result in positive financial and quality of care outcomes. Improving the environment in terms of temperature meant increased comfort for patients and staff, as well as less staff involvement in temperature-control issues. A reduction in noise also improved both comfort and the quality of caregiver communications. Air-quality improvements again directly impacted comfort, as well as patient and staff health.

The audit findings resulted in board approval of \$2.3 million in capital improvements to upgrade the hospital’s environment of care. The hospital utilized a customized performance contract with the ESCO to draw upon an expected \$313,000 in anticipated annual energy savings to fund the improvements. The project is expected to pay for itself in just 6½ years.

Putting Patients First

A Physical Environment of Care Study is a critical tool that provides hospitals with the plan, process, and resources to achieve major improvements in its physical environment. While these improvements can include financial benefits such as reducing energy and cost savings, the more dramatic result is their direct impact on improving positive patient outcomes, the primary mission of every healthcare institution.

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



hfma™

healthcare financial management association
southern california chapter

**2010-2011
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, 2010 and runs through May 31, 2011.

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.



hfma™

healthcare financial management association
southern california chapter

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