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NEWSBRIEF

NEWSLETTER OF THE SOUTHERN CALIFORNIA CHAPTER OF H.F.M.A.

VOLUME 21 / NUMBER 2

WWW.HFMA-SOCAL.ORG

OCTOBER 2011

PRESIDENT'S CORNER

Highlights for Chapter Activities Steven Blake FHFMA, CPA



We had record attendance at both the August General Education Session and Southern California/San Diego-Imperial Chapter Fall Conference. In addition to our Geographic and Finance Executive Committee programs (see Events section at the chapter website: www.hfma-socal.org) we look forward to our next General Education Session on the Queen Mary in Long Beach – November 17. We will also be joining our sister chapters in the presentation of a Statewide Webinar on October 27.

Each year HFMA sends out a survey to our membership asking for feedback on how the Southern California Chapter is doing to meet your expectations. As President, I can tell you we take these results and your comments very seriously and will report back to you on actionable items of common interest. If you receive the survey from National, please take the time to reply and let us know that you appreciate all that we are doing to deliver the best quality education, commenting on educational format and content you would like to see in the future. This survey means a lot to us and we appreciate your continued support.

We are faced with a large geographic area that makes up our Chapter and your comments last year reflected a need for diversity in location for our activities and educational events. The Chapter's Geographic Outreach Committee has presented more webinars this year in order to reach members who are unable to travel or get away from the office. These have proven to be very successful and helped members stay up-to-date on many current topics. We have adopted an innovative approach to pricing which allows institutions to register a common portal for a nominal amount that provides web-based education to a group for a single rate per log-on. We encourage members and institutions to take advantage of this service.

We continue to provide quality speakers on a wide range of subjects. Part of our survey process during each of our Education sessions is to ask for topic suggestions that we can utilize for upcoming programs. Last year you asked for more education related to healthcare reform and we have taken this to heart in this year's programming. You also requested more State legislative and regulatory updates and, with the support of CHA, some excellent programs have been provided.

We strive to keep our Education and Webinar sessions reasonably priced so that your budget allows you to more easily justify attendance. We continue to constantly upgrade our website: www.hfma-socal.org. Please take a look as it contains listings of educational events, copies of Newsbrief, Membership information, our photo gallery, and a listing of our Officers, Board members and Committee Chairs.

Finally, I would like to draw everyone's attention to a **change in the date** for the upcoming **Region 11 Symposium, January 29 to February 1, 2012.**



Steven Blake FHFMA, CPA | PRESIDENT, HFMA, SOUTHERN CALIFORNIA CHAPTER



2011-2012 CORPORATE SPONSORS

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PRESIDENT'S CLUB



GOLD



SILVER

BRONZE



Are You Ready for October 2013?

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

Does the date ring a bell? Are you ahead, behind, or right where you need to be? With less than 750 days before the biggest change to systems since Y2K, the time to be prepared is now. At our August education conference, we welcomed Cedrial Moore, Consulting Director for Dell Services Healthcare Group, to speak to us about the change over to HIPAA 5010 and ICD-10. Her primary focus was about the readiness of healthcare organizations for ICD-10, which has a far reaching impact on how we conduct healthcare services today. There are significant changes in the coding and classification which impact both clinical and procedural areas.

One of the most important takeaways we learned was that ICD-10 does not just affect clinical departments or accounting and finance. **All departments** within a healthcare organization and virtually every business associate within the organization will be impacted by ICD-10, so being prepared now and having a solid plan are keys to a smooth, or at least less bumpy transition.

Ms. Moore highlighted several critical questions to ask of your organization about the current status of ICD readiness. These questions hone in on issues such as governance structure, budget, IT infrastructure, management education, vendor partnerships, and overall implementation plan.

Ms. Moore recommended a three-tiered approach to achieve success for the conversion to ICD-10. **Assessing** the state of the organization is the first. Areas in the assessment should include leadership buy-in, clinical issues and education gaps, revenue cycle process improvements, staffing needs, information systems, and the impact/readiness of your systems. Secondly, **Implementation of "the plan"** and executing on the plan needs to tie the results of your assessments. It is important to note that a detailed project plan will need to address, among a number of key issues, financial considerations, governance, education and training of both clinical and non-clinical staff, and systems integration.

The third approach needs to include **PRE and POST "Go Live"** planning. This phase will also include ongoing training, financial impact analysis, support of A/R billing and collection backlog and staff augmentation plans. In order to ensure success for an implementation of this size there needs to be collaboration across your organization. All departments need to have awareness of how ICD-10 touches them and impacts their jobs.

All indications are that ICD-10 will happen as scheduled. The time to be prepared is now and have your plan underway. Hopefully this information has provided a good indicator of how your plan is going and offer some ideas and tips you may have not considered in your own organization's plan.

CA PCIP Breakout Session

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

For the August 11th Education Session held at the Hyatt Regency Irvine, the Revenue Cycle Committee organized a breakout session on how hospitals can benefit from the temporary California Pre-Existing Condition Insurance Plan (CA PCIP).

Craig Partridge and Andrew Fitch from Triage Consulting Group shared their insights into California's Pre-Existing Condition Insurance Plan, a program that has been severely under-utilized across the nation and especially in California. As a result of the Affordable Care Act, California received \$761,000,000 from the DHHS to start a temporary high risk pool for the medically uninsurable. Patients are eligible for the program if they have a pre-existing condition, are a U.S. citizen or are lawfully present in the US, and have been without credible health insurance for six months.

The program opened for enrollment on October 25, 2010, and is slated to last until December 31, 2013, at which point state-based health insurance exchanges are expected to provide broader access for subscribers in the individual market and federal rules will prohibit insurers from rejecting applicants due to pre-existing conditions. California originally projected that federal funding could support enrollment for over 24,300 subscribers. However, the latest data from October 25, 2010, through March 3, 2011, revealed that only \$10 million had been disbursed for medical claims incurred by California PCIP enrollees and the program had less than 3,000 subscribers. Needless to say, there remains plenty of funding for qualified patients.

As a temporary program, the CA PCIP has the potential to play an important role in expanding access to care. The challenge for providers is to spread the word and prepare themselves to assist patients with the application process. The presentation from the breakout session can be found online at the HFMA Southern California Chapter website, under past Education Materials. Additional resources can be found online at California PCIP's website, www.pcip.ca.gov.

California Hospital Association (CHA)

Robert Hemker, CFO, Palomar Pomerado Health

Through the collective efforts of the Northern California, Southern California, and San Diego-Imperial chapters, HFMA has a voice and a vote on the CHA Board. On a rotational basis (SD-I for CY2011 and 2012), Chapters appoint an HFMA representative to the CHA Board. This role assures that our collective perspectives on the various policy and programmatic issues are included in the discussions and decisions made by the CHA Board. Do not hesitate to contact me at rah4@pph.org with any questions, concerns, and input of ideas so I can be sure to reflect these during our board discussions.

The CHA Board has been focusing significant efforts on various matters including the existing and new Hospital Fee Program. In addition, the Board has discussed and taken action on ACOs, Health Benefit Exchanges, and various other matters and proposed legislation. These efforts are detailed below:

New Hospital Fee Program

SB 335 (Senators Ed Hernandez, D-Los Angeles and Darrell Steinberg, D-Sacramento). This CHA sponsored bill proposed a new Medi-Cal hospital fee and supplemental payment program. In June, the CHA Board of Trustees discussed the future of the Medi-Cal hospital fee program and concluded that SB 335 (Steinberg, D-Sacramento) should be supported as the vehicle for a new hospital fee program. The Board continued to evaluate options on several issues and essential components of a fee proposal that resulted in a 30-month hospital fee program. SB 335 proceeded through the legislative process and was signed by the Governor on September 16th.

The law will provide supplemental Medi-Cal and other payments to hospitals, and protect health care services for low-income, vulnerable patients and children by implementing a 30-month Hospital Quality Assurance Fee for the period July 1, 2011, to December 31, 2013. SB 335 will increase payments to hospitals by \$5.2 billion, and will save the state's General Fund more than \$900 million. The state will now seek approval from the Centers for Medicare & Medicaid Services (CMS). CMS review will likely take several months, and the program will be subject to significant scrutiny before it can be implemented. The program includes IGT solutions for Designated Public and Non-Designated Public Hospitals.

6-Month Hospital Fee Program

CHA continues to work with the Department of Health Care Services (DHCS) Managed Care Medi-Cal Division on the final federal approvals of the six-month hospital fee program, enacted earlier this year, covering January 1, 2011, through June 30, 2011.

The Centers for Medicare & Medicaid Services (CMS) has taken longer than expected to approve the managed care component. We expect CMS approval in late October, which will represent the final federal approvals of the program. Once the managed care component is approved, DHCS will make payments to the Medi-Cal managed care health plans, which will have 30 days to make supplemental payments to hospitals.

As of September 15th;

Status of Managed Care Component

DHCS submitted draft rate increases this week to the health plans for review. CHA is now working with those plans to validate the rates to ensure there will be sufficient funding to make supplemental payments according to the hospital fee program model. After their review, the health plans must sign contract amendments with DHCS to allow for the rate increases. Once CMS approves the final rates to be paid to the health plans, CHA will distribute the recommended payment that each private hospital should receive from each health plan, according to the hospital fee model.

The health plan rate increases include both a rate increase for private hospitals through the hospital fee program and rate increases for designated and non-designated public hospitals (DPH and NDPH) through the intergovernmental transfer (IGT) program. DPHs and NDPHs are working with the health plans on IGT agreements. The IGT agreements are subject to review by CMS before it grants final approval on the increased rates to health plans for all of the managed care supplemental payments to hospitals.

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As of September 15th;

Status of Fee-for-Service Component

To date, hospitals should have received three supplemental Medi-Cal fee-for-service payments from DHCS. Payments were made to hospitals on May 31, June 27 and August 29. Hospitals should have received 100.87 percent of their originally estimated fee-for-service supplemental payments modeled by CHA. The slight increase is due to a conservative formula used to calculate the modeled federal matching rate compared to a more aggressive formula for which CHA advocated during CMS review.

Accounting for Hospital Fee Program

CHA understands that audit firms will not allow hospitals to record the six-month hospital fee program funds as revenues or expenses until all final federal approvals are received. Hospitals are encouraged to work with their auditors on the correct accounting treatment. CHA will communicate the status of the hospital fee program approvals.

Medi-Cal DRG Payment System

Legislation enacted in 2010 requires the Department of Health Care Services, (DHCS), subject to federal approval, to develop, and implement by July 1, 2012, a Medi-Cal payment methodology for general acute care hospitals based on diagnosis-related groups (DRGs). DHCS decided that an All Patient Refined (APR) DRG system is most appropriate for Medi-Cal. Additional decisions on the structure of the budget neutral program will be made over the next several months. DHCS is working closely with CHA and hospitals on design and implementation of the payment system and is engaged in a series of meetings with CHA and California hospitals that will continue throughout 2011. Public hospitals, psychiatric hospitals and rehabilitation hospitals are excluded from the DRG payment system, but NCI-designated comprehensive cancer centers are included.

Section 1115

Medicaid Demonstration Project

In November 2010, the federal Centers for Medicare and Medicaid Services (CMS) approved the state's application for a five-year Section 1115 Medicaid demonstration project, "California's Bridge to Reform." CHA is represented on the DHCS-convened Stakeholder Advisory Committee (SAC) and participates in the meetings of all four technical work groups (TWGs). One component of the waiver is the Low-income Health Program (LIHP). The LIHP will expand coverage for low income Californians, using mostly county funding to draw down federal financial participation. AB 1066 (Perez, J. and Monning), among many other technical and substantive provisions relating to implementation of the Section 1115

waiver, expands public coverage for low-income uninsured individuals who are not currently eligible for Medi-Cal, Healthy Families, or the Access for Infants and Mothers (AIM) program, including low-income uninsured adults aged 19 to 64 inclusive. The bill requires DHCS to authorize local LIHPs no later than July 1, 2011 (*Signed by Governor – July 13*). The bill also establishes a formula for distribution of supplemental payments to designated public hospitals, using Certified Public Expenditures and IGTs as matching funds. As an urgency bill, AB 1066 became effective immediately.

Dartmouth Atlas Report Will Look at Readmission Rates

Researchers at The Dartmouth Institute for Health Policy & Clinical Practice will release a new report September 28 on readmission rates for Medicare beneficiaries. The study reviews six discharge diagnoses for 30-day readmission rates, 14-day physician follow up (primary care or any ambulatory physician) and emergency department use within one month. The six discharge diagnoses are 1) all medical diagnoses; 2) all surgical diagnoses; 3) heart failure; 4) pneumonia; 5) acute heart attack; and 6) hip fracture.

The study reports significant variation between communities. Researchers state the overall intensity of inpatient care provided to patients within a region influences hospital readmission rates. In general, if there are high hospital admission rates, there are higher readmission rates. The report uses hospital referral regions to determine rates. In addition, the rates for approximately 1,000 hospitals (including academic medical centers) will be published. CHA will issue talking points to assist hospitals.

Deadline Approaches for v5010 HIPAA Compliance

Hospitals must be in compliance with the v5010 Health Insurance Portability and Accountability Act electronic transaction standards by January 1, 2012. Many providers and payers have been preparing for this transition for the past several months. CHA encourages hospitals that have not yet performed testing with payers to do so as soon as possible. The Centers for Medicare & Medicaid Services (CMS) does not plan to extend the deadline for compliance. Successful implementation of the new transaction set is required before the pending transition to ICD-10 coding, which will be required of all providers by October 1, 2013. For a CMS fact sheet outlining the process for providers to test with payers, go to www.cms.gov/ICD10/Downloads/Versions5010TestingReadinessFactSheet.pdf.

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Report to Congress Released on Breaches of Unsecured Health Information

The Office of Civil Rights within the U.S. Department of Health and Human Services has released its first report to Congress on breaches of unsecured protected health information that occurred between September 23, 2009, (the date the breach notification requirements became effective) and December 31, 2010. The report was required by the Health Information Technology for Economic and Clinical Health Act, and contains information on breaches by entities and business associates as required under the Health Insurance Portability and Accountability Act. The primary reason for reported breaches was theft of both paper records and electronic media, affecting 1.9 million individuals. Improper disposal of paper records by covered entities or business associates was reported as central to paper record breaches. The majority of covered entities stated that encryption of electronic data would be utilized to avoid future breaches of unsecured electronic data. Most breaches involving fewer than 500 individuals were due to misdirected communication. The report is available at: www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/breachrept.pdf.

CHA Attends Exchange Board Meeting; Design Options Discussed

CHA attended a California Health Benefit Exchange Board meeting September 27 in Sacramento that focused on design options and goals, including a "no wrong door" service system, culturally and linguistically appropriate oral and written communications, seamless and timely transition between health programs, and how to reduce the consumer burden for establishing and maintaining eligibility. Information technology infrastructure framework options were reviewed in relation to the design goals, feasibility, efficiency and a number of other criteria. Also reviewed were draft comments in response to several proposed federal rules, as well as a legislative update and proposed 2012 board meeting calendar. The meeting materials are available at www.hbex.ca.gov, under "Board Meetings."

CMMI Requests Applications for Comprehensive Primary Care Initiative

The Center for Medicare & Medicaid Innovation (CMMI) released a request for applications September 28 for the Comprehensive Primary Care (CPC) initiative. Under the new initiative, Medicare will work with commercial and state health insurance plans, and offer bonus payments to primary-care doctors who better coordinate care for their patients. Public and private health care payers interested in applying to the CPC

initiative must submit a nonbinding Letter of Intent (LOI) no later than November 15. For more information about the initiative, including eligibility criteria, LOI, and application materials and deadlines, visit <http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/cpci/>.

CHA Submits Comments to IRS on Community Health Needs Assessment

Under the new Section 501(r)(3) of the Internal Revenue Service (IRS) code, added by the Affordable Care Act (ACA), tax-exempt-status hospitals are required to conduct a community health needs assessment at least once every three tax years. This new requirement applies to tax years beginning two years after March 23, 2010, the date of ACA enactment. California state law already requires private nonprofit hospitals to assess the health needs of the communities they serve, and develop a plan with broad community involvement. In response to the IRS request for comment, CHA urged the IRS to establish a "deemed status" policy for California hospitals as being in compliance with the new 501(r)(3) requirements for federal income tax status purposes. CHA also urged the IRS to exempt California small and rural hospitals from the federal requirement because they are precluded from complying with the state law. CHA further requested that the IRS allow the three-year reporting cycle to be flexible so California hospitals would not have duplicate reporting burdens.

Community Benefits/Not-for-Profit Hospital Issues

CHA continues to work with the Legislature, OSHPD, Board of Equalization and the California Health Facilities Financing Authority to preserve not-for-profit hospitals' tax exempt status, and to support all hospitals in defining and meeting their legal and social responsibilities. State law should be consistent with and non-duplicative of federal statutes and regulations regarding tax exemption and community benefits. CHA supports maintaining flexibility in community benefit standards so hospitals are able to meet the particular needs of their communities. CHA opposes unfunded dumping of broader societal responsibilities on hospitals. The Joint Legislative Audit Committee voted August 24 to direct the Bureau of State Audits to update a 2007 report on charity care and community benefits provided by hospitals. CHA will work with the State Auditor to assure that not-for-profit hospitals' charity care and community benefits are fully considered.

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CHA Participates in HHS Listening Session; Shares Comments

The U.S. Department of Health and Human Services, Region 9, held a listening session September 22 on Affordable Insurance Exchanges. An overview and explanation of the proposed federal rules related to exchanges, plan standards, eligibility and enrollment, Medicaid eligibility and tax credits was provided. During comments, CHA encouraged CMS to adopt a final rule that establishes a streamlined enrollment process that includes a single application for consumers to use to apply for premium tax credits, cost-sharing reductions, Medi-Cal and Healthy Families, and to collect information necessary to enroll in qualified health plans through the exchange. In addition, CHA urged CMS to direct states to comply with applicable state laws and regulations that already have standards developed for ensuring provider network adequacy. Finally, CHA pointed out two critical flaws in the proposed rule defining an essential community provider: 1) some disproportionate-share hospitals were not included because of tax status; and 2) academic medical centers were not recognized in the definition despite the comprehensive scope of services they provide. CHA submitted written comments to CMS on the establishment of exchanges and qualified health plans.

Payment Bundling Initiative — Deadlines Extended for Model 1

The Center for Medicare & Medicaid Innovation (CMMI) has extended deadlines related to Model 1 of the Bundled Payments for Care Improvement (BPCI) initiative, released August 23. Due to a large number of requests to allow providers more time to develop applications for Model 1, the letters of intent for Model 1 are now due October 6 and applications are due November 18. The revised deadlines will allow hospitals and other providers to study BPCI and prepare the necessary plans to submit to CMMI.

Basic Health Program Bill Shelved Until Next Year

SB 703 (Hernandez, D-West Covina), the bill to implement a Basic Health Program (BHP) in California, has been made into a two-year bill and will not be put to a vote this year. The Affordable Care Act (ACA) provides an option for states to implement a BHP to provide health plan coverage to individuals under age 65 with family incomes between 133 percent and 200 percent of the federal poverty level (FPL), and legal immigrants with family incomes at or below 133 percent of the FPL who are not eligible for Medicaid. This option would be instead of providing these two groups with federal premium tax credits

and cost-sharing subsidies through exchanges. An estimated 829,000 Californians are eligible for the BHP. If implemented, this population of consumers cannot receive coverage through the California Health Benefit Exchange. Their coverage must be obtained through the BHP with at least the minimum essential benefits under ACA, at no more than what the cost would be through the state exchange. CHA recognizes the important role a BHP could play in improving affordability and access to care for these populations. However, CHA has several concerns that may offset the benefits of a BHP, including the potential for a greater concentration of risk in the exchange as a result of moving 829,000 low-cost, healthy individuals into the BHP. CHA also believes that decreasing the number of participants in the exchange could raise premiums, thereby increasing the risk of adverse selection. BHP consumers could have more limited access to providers than if they were enrolled in coverage through the exchange, and enhanced provider networks are more likely available in the exchange than through the BHP.

CHA Informs Hospitals of ACA Rate Review Rules; Clarifies California Process

Federal rules became effective September 1 that require health insurers seeking to increase their rates by 10 percent or more to submit their request to state or federal reviewers to determine whether they are reasonable or not. In California, however, rate review legislation was signed into law last year with no threshold for review on the amount of the rate increase. California received rate review grant funds from the federal government to develop a rate review process and to enhance current systems to begin posting rate information and public access to rate filings on the California Department of Managed Health Care and California Department of Insurance websites. Starting in mid-September, consumers in every state can go to www.HealthCare.gov to view disclosure information explaining proposed increases, and will be given the ability to comment on large proposed rate increases.

CHA Comments on Value-Based Purchasing Regulations

CHA has submitted comments on the Centers for Medicare & Medicaid Services' (CMS) hospital outpatient prospective payment system proposed rule for calendar year 2012. CMS has proposed and finalized several provisions for the federal fiscal years 2013 and 2014 hospital value-based purchasing (VBP) program in three separate and overlapping regulatory cycles which began in January of this year. In the comment letter,

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CHA applauded CMS' effort to move quickly to get the program up and running in order to meet the aggressive deadlines set forth in the Affordable Care Act. However, CHA believes the fragmented regulatory cycle has led to serious unintended consequences that CHA hopes will be addressed in the final regulation. In addition, going forward, CHA urged CMS to utilize one regulatory cycle from which to make proposed changes to the program on an annual basis.

Prison Health Care/Law Enforcement Patients

CHA continues to work with the Regional Associations, local law enforcement agencies, state legislators and other officials to achieve adequate payment for arrestees and inmates treated at or admitted to community hospitals. CHA supports collaboration among the California Department of Corrections and Rehabilitation (CDCR), California Prison Health Care Services (CPHCS) and community hospitals to develop solutions to provide appropriate care to prisoners and parolees, payments to hospitals that cover the cost of care, and long-term stability between CDCR/CPHCS and hospitals. The CHA Prison Task Force is pursuing a collaborative effort with Health Net and the California Association of Physician Groups (CAPG) to control prison health care costs and thus protect hospital and physician services and reimbursement. CHA, Health Net and CAPG will review proposals to restructure health care services for prisoners and then meet with the Department of Finance to further refine the proposal. CHA also is monitoring the implementation of legislation enacted in 2010 that requires CDCR to release certain severely incapacitated inmates to supervised medical parole, to initiate benefits claims and to reimburse providers for medical care and long-term care costs at not less than the Medi-Cal rate until alternative coverage is obtained. (SB484)

Post-Acute-Care Services

CHA's Center for Post-Acute-Care Services advocates for, and represents the interests of hospital-affiliated post-acute-care-services, ranging from hospital-based medical rehabilitation programs, including freestanding rehabilitation, hospital-based units, and inpatient and outpatient rehabilitation services, to hospital sponsored, distinct-part, skilled nursing facilities, including sub-acute facilities. CHA supports policies, legislation and regulations that preserve patient access to post-acute services and ensure adequate reimbursement to providers. CHA opposes reductions to Medi-Cal rates for distinct-part skilled nursing services, sub-acute services and rural swing beds. Among other health care cuts, AB 97 (Assembly Budget Committee), enacted by the Legislature in the first round of deficit-related legislation this year and signed by the Governor on March 24,

included a significant reduction in Medi-Cal reimbursement rates for skilled nursing facilities and sub-acute units that are distinct parts of general acute care hospitals. While AB 97 ostensibly enacts a 10 percent reduction for these services, for many facilities the effective decrease would be 25 percent or more because the reduction is applied to a three-year-old base rate that has not been appropriately adjusted. CHA has expressed serious concern to CMS about the validity and impact of the proposed reductions on access and continues advocacy directed at CMS.

Notable Legislation

■ AB 43 (Monning)

Would require DHCS to establish, by January 1, 2014, eligibility for Medi-Cal benefits for persons who are newly eligible for Medicaid under federal health care reform and to undertake activities listed in the bill to secure CMS approval and state legislative review of a plan to manage the transition to the new eligibility levels. (Two-year bill)

■ SB 703 (Hernandez)

Would implement an option in federal health care reform to establish a Basic Health Program (BHP) to cover many low-income individuals who would otherwise be covered by subsidized coverage purchased through the Exchange. The BHP would contract with managed care plans to deliver services. (Two-year bill)

■ SB 810 (Leno)

Would establish a state-run single-payer healthcare system that would negotiate or set rates, and pay for, all covered health care services provided to California residents. (Two-year bill)

■ AB 377 (Solorio)

Would allow hospital systems to have a central pharmacy located outside a hospital in either another physical plant on the same premises or on separate premises located within a 100-mile radius of the hospital as long as it is regulated under a hospital's license within the system. Passed Senate Business and Professions Committee June 13th.

■ SB 336 (Lieu and De Leon)

Would require every hospital with an emergency department to calculate and record a crowding score every 4 hours using a methodology provided and would require each hospital to develop and implement a full-capacity protocol. (Two-year bill)

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■ SB 850 (Leno)

As amended would require an electronic health or medical record system to protect and preserve the integrity of electronic medical information, including any change or deletion of electronically stored medical information, including the identity of the person who accessed and changed the information.

(To Governor)

■ SB 24 (Simitian)

Requires any agency, person, or business that is required to issue a security breach notification to include specified information in the breach notification. Hospitals and others are deemed to be in compliance with new state law if in compliance with breach notification requirements under HIPAA.

(Signed by Governor)

■ AB 1136 (Swanson)

Would require hospitals to develop and maintain safe patient handling policies for patient care units, provide trained lift teams or staff trained in safe lifting techniques, and preclude a manager from disciplining a worker who refuses to lift, reposition or transfer a patient. *(To Governor – Veto Requested)*

■ AB 824 (Chesbro)

Would establish a demonstration project to authorize rural hospitals as defined by the bill to employ physicians to provide medical care, and would enact safeguards to ensure that hospitals which do so do not interfere with, control, or direct a physician's independent medical judgment. *(Two-year bill)*

■ AB 375 (Skinner)

Would have created a disputable presumption for purposes of workers' compensation benefits, that would have relieved direct-care hospital employees of the burden of producing evidence that a blood borne infectious disease or methicillin-resistant staphylococcus infection that arises while the person is employed by a hospital, is a job-related illness or injury, shifting the burden of disproving the work nexus to the hospital employer. *(Failed passage on Senate Floor)*

C F O C O M M I T T E E N E W S

CFO Roundtable Summary

By Eric Delgado, CHFP

The CFO Committee has a luncheon planned on Thursday, October 27th at the offices of Deloitte & Touche in Manhattan Beach.

Jason Dopoulos, Vice President at Lancaster Pollard, will present **Beyond Bailouts and Healthcare Reform; Moving Forward with Capital Financing Projects.**

When: Thursday, October 27 from 11:30 AM - 1:30 PM

Where: Deloitte & Touche LLP
1500 Rosecrans Ave., Suite 300, Manhattan Beach, CA 90266

The Agenda:

This session demystifies the construction, renovation, and refinance financing options that are available to California hospitals. Hear case studies that explain how actual hospitals evaluated their borrowing options, and learn about the various decision-making processes and results as we walk through the financing options available to California hospitals in 2011.

Participants will learn:

- Financing options available in 2011 to hospitals to fund renovation, expansion, and new construction projects, including FHA, USDA, Federal Home Loan Bank, Bank-qualified, tax-exempt, Cal-Mortgage, finance companies, and other structuring options.
- Congressional update on the revival of any of the financing options made possible by the American Recovery and Reinvestment Act that expired in 2010.
- Specific advantages and disadvantages of each structure.
- How several hospitals structured their recent transactions despite challenging market conditions.
- An update on how the rating agencies and market participants are assessing the impact of healthcare reform.
- A capital market update.

Speaker Information:

Jason Dopoulos is with Lancaster Pollard, a financial services firm located in Santa Monica, California, that specializes in providing capital funding to the hospital and senior living sectors. In addition to underwriting tax-exempt bond offerings, Lancaster Pollard provides organizations a complete range of funding options through its Fannie Mae/FHA/GNMA/USDA approved mortgage lender subsidiary.

MEMBER - GET - A - MEMBER CONTEST

HFMA SOUTHERN CALIFORNIA MEMBERS CAN
WIN A TRIP TO PUERTO VALLARTA, MEXICO

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 in Puerto Vallarta and \$1,000 towards travel expenses.

2ND PLACE

One free admission to all three 2012-2013 Southern California Chapter Educational Programs.

HOW TO WIN

Refer a new member to our Chapter – Each new member who lists you as their sponsor gives you an additional chance for the drawing at the end of the year. The more sponsored new members you have, the better the chance to win the grand prize. Each new member will be required to provide your name and your HFMA member number at the time of registration. If you don't know your member number, contact Lori Kuwahara at 323-266-4362. We encourage you to have them join via the National HFMA website at: www.hfma.org/membership

The contest begins on June 1, 2011 and ends on April 30, 2012

On April 30, 2012, we will draw the winner. We will announce the winner of the trip give-away at the chapter's Annual Awards Dinner. If the member with the most sponsored new members does not win the grand prize, he/she will receive the second place prize.

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.

Steven R. Blake, FHFMA, CPA, President, HFMA, Southern California Chapter

CERTIFICATION NEWS

CHFP Certification Gains Momentum

— Sam King, HFMA —

Three months into the Chapter's 2011-2012 fiscal year, the CHFP certification gains tremendous momentum at an unprecedented level. The Chapter's Board of Directors has allocated significant resources (a lot more than any previous years) and a solid commitment to supporting the efforts in getting more members certified. Through our focused outreach campaign, the Certification committee members have been working hard to communicate the benefits of becoming a certified member, and assist those who are interested and motivated to get certified. The chapter held two coaching sessions in August, the first one (6-hours) on August 11 in Irvine, and the second (8-hours) on August 19 in Ontario.

One of the most important collaborations in the outreach campaign is to team up with several organizations to promote and support CHFP certification efforts. These organizations have vision and resolve, and understand the benefits and potential of advancing their HFMA members' professional development and achievements. Jeff Brown, Vice President of Hospital Management Services, Inc. has been one of the strongest supporters, along with several of his colleagues. They actively participated

in the August 11th coaching session and are studying further to prepare for their exams. Prime Healthcare also takes an organizational view of the certification and hosted a special session at their corporate headquarters in Ontario for a full-day coaching course with 18 participants (see article below). The number of participants and the fact that they were all coming from one healthcare system is unprecedented and another welcome sign of the certification momentum.

The Chapter is having another coaching session on November 17 in conjunction with the chapter's education sessions. Stay tuned for the announcement and open registration. It's now the best time to get certified! If you need assistance, it's just a phone call or an email away.

CONGRATULATIONS!

New certified chapter members since June 2011:

Kenneth Mak, CHFP

Howard Kung, CHFP

Stay Competitive. Get Certified.

— Sujeethnath Lingutla, Certification Committee —

The HFMA Southern California Chapter, in collaboration with Prime Healthcare Services, conducted a one-day education session on August 19, 2011, focusing on Certified Healthcare Financial Professional (CHFP) exam coaching and study at Prime Healthcare's Offices in Ontario. Eighteen employees from different departments in Prime attended this training program. One-third of the attendees were from Prime's Executive Management team.

Prime Healthcare clearly understands that staying competitive is the key to growth and sustainability. To achieve that goal, they engage the staff in various training programs, keeping them motivated and up-to-date with industry trends and new technologies. This financial management certification training provided the participants with the ability to learn new skills or provide them with additional insight from staff in other areas. The interactive nature of the training has allowed the attendees to share ideas and explore the concepts with real-life scenarios. This new perspective enables them to become valued assets in their organization. *Continued on page twelve*

Become CHFP Certified

The CHFP Certification Program is Online January 2011

HFMA's CHFP (Certified Healthcare Financial Professional) certification is intended for mid-level healthcare professionals with a minimum of 3-5 years experience. Becoming certified distinguishes you a leader as well as a role model in the healthcare finance community. Earning the CHFP credential enhances your credibility, supports your professional development, demonstrates a high level of commitment to the field, and validates your skills and knowledge.

We've made the process of certification more convenient. Beginning January 2011 the requirements to becoming CHFP certified are:

- Active regular or advanced HFMA membership*
- The title Manager and above or equivalent
- The successful completion of one comprehensive certification exam

Also new for 2011, CHFP preparation and study materials will now be available online.

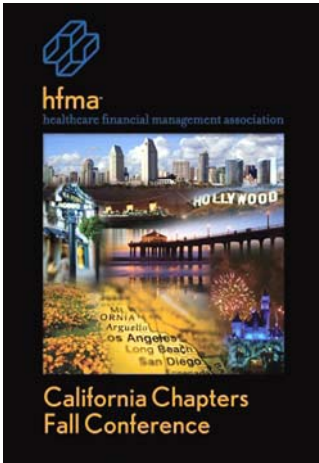
To learn more about becoming certified, visit www.hfma.org/certification.

To review FAQs about the program changes, visit www.hfma.org/certificationFAQ.

*The two year HFMA membership requirement has been dropped.



hfma
Healthcare Financial Management Association



Fall Conference Has Record Attendance

Jim Moynihan, FHFMA, Fall Conference Chair

The 21st annual SoCal-San Diego/Imperial Chapters Fall Conference enjoyed the fourth straight year of increased attendance and educational hours earned. A grand total of 228 people enjoyed multiple general sessions and 15 breakout sessions. This year's con-

ference was held at the Hyatt Long Beach which provided its usual excellent customer service. Our keynote speaker, Dr. James Robinson from U.C. Berkeley, provided an excellent snapshot of the Accountable Care Organization (ACO) initiatives nationally and in California. ACO-related topics were a theme for this year's conference and providers were able to hear from Commercial Health Plans as well as the industry regulator, the Department of Managed Health Care during our program.



This year's program marked the start of SoCal's partnership with the San Diego/Imperial Chapter for ongoing Fall Conferences. Next year our jointly sponsored program will be held at the Hyatt Grand Champion Resort in Palm Desert. Mark your calendars for **September 9-11, 2012.**

We greatly appreciate the work of our volunteers and sponsors. Special mention is due to Vickie Morgan who has contributed enormous amounts of time and talent to this event. She



provides meeting planning and conference management expertise that has made this event run on time and on budget for years. Her volunteer efforts may sometimes be invisible to those who attend but this event could not function without her contributions.

Over the years, the volunteers who put on this program have built up a great camaraderie that adds to the fun of the event. Additional volunteers are always welcome and the Fall Conference is a great way to learn about your chapter, meet people and learn how to organize a large multi-chapter event. If you would like to join us in working on the 2012 event, drop an email to james.moynihan@usbank.com. Our first, in-person meeting for next year will be on the Sunday prior to the Symposium meeting in Las Vegas but some planning and committee assignments may take place prior to that date. We would love to have new members on our team and work to have yet another record breaking conference in 2012!

Get Certified. *Continued from page eleven*

Sreekant Gotti, Chief Information Officer of Prime Healthcare, was one of the attendees. He states, "I find this training very engaging, informative and interesting. The training material gives a practical orientation towards healthcare finance and provides the content that reflects the ground realities. Whereas this training helps finance professionals to refresh their knowledge and address any gaps, it creates interest in non-finance professionals towards healthcare finance. I am very glad that I was able to attend this session".

Another participant, Angelita Salazar, Financial Analyst, says, "This session with its Micro Case Studies format allowed me to share my knowledge of the upcoming 5010 and ICD-10 changes. I obtained a better understanding of the intricacies of the

Contract Management functions. This type of training provides a special satisfaction allowing for increased understanding and more effectiveness in doing my job. I have worked with Prime for 5 years and I am committed to provide the best of my abilities. The fact that Prime enables me to grow those abilities is a boon not only to Prime but to me."

Leadership development is very crucial to any organization, allowing an organization to adapt to change as well as to explore better approaches to get things done. Skills support can unlock potential leadership talent and fosters the growth of good leaders.

Participants felt in general the CHFP Certification Coaching Course given on August 19, 2011, provided a wonderful overview of the relationship between key areas such as Revenue Cycle, Disbursements, Budgeting/Forecasting, Internal Controls, Financial Reporting and Contract Management.



2011 FALL CONFERENCE



NOVEMBER • SEVENTEENTH • 2011

Spend A Day with The Queen

— Jim Moynihan, FHFMA / SoCal Program Planning Chair —



Our usual Educational Program will be held in a new and exciting location this year. Come join your fellow HFMA members at the Queen Mary Hotel in Long Beach on November 17th. This will be a full day program with three breakout sessions selected by your Revenue Cycle/Managed Care, Government Programs and CFO Roundtable committees and two additional tracks for certification and customer service training. Five tracks in all for many options in healthcare education.

The day will kick off with a general session regulatory update provided by a speaker from the California Hospital Association.

Those who opt for Certification training can spend a full-day with Sam King FHFMA, FHIMSS, MBA, MPH, Lecturer, The Paul Merage School of Business, University of California, Irvine. Sam will teach from HFMA National material. This detailed course assists HFMA members to prepare for the HFMA Certified Healthcare Financial Professional (CHFP) designation test.

A second full-day program will be taught by Vickie Morgan, FHFMA, of Victoria Morgan and Associates. Her session will also use HFMA National material and provide instruction on "Excellence in Customer Service". This is one of two HFMA National courses that the chapter makes available for onsite education at hospital facilities. This is a unique opportunity for Revenue Cycle professionals to experience the Customer Service course which they might later bring to their own facilities. Incentive pricing is available to motivate managers to bring multiple people from the same organization.

In addition to these full day programs, there will be nine breakout sessions. Among the Revenue Cycle/Managed Care breakout sessions we will have a kickoff presentation called **"Basics of Lean Theory and their Practical Application for the Revenue Cycle"** by Michael Laidlaw, Regional Director of Patient Financial Services, Sutter West Bay Region Hospitals. We always welcome presentations by California HFMA members who can provide real life process improvement tips for fellow members. Mike has given this presentation to the Northern California Chapter to rave reviews and he will share it with us on November 17th.

Another Revenue Cycle/Managed Care presentation will be a Panel Discussion on **"Hot Topics Impacting Managed Care Reimbursement and Negotiations"**. Panelists will include Daron Toooh (Hooper Lundy Bookman), Wilfred Garand (Methodist Arcadia Hospital) and Yaman Kahf (Western Medical Center).

The third breakout session is entitled **"Critical Readmissions Strategies for Hospital Leadership: A Step-by-Step Approach to Reducing 30-Day Rehospitalization Rates"**.

This session will be presented by Marilyn Palmer, DO, from Executive Health Resources.

Continued on page fifteen



NOVEMBER • 17 • 2011

A Day with The Queen



Continued from page fourteen

Government Programs will be providing three sessions that include an update from our MAC for Southern California and an update on the latest news related to DSH payment regulations. Don Fry and John Flood from KPMG will devote an entire session as an update to Cost Reporting

rule changes and requirements. The final breakout session will be a session on Medicare Advantage Plans and the unique issues of dealing with them.

The Finance Track includes a Capital Markets update with Ellen Riley SVP, Kaufman, Hall & Associates, Inc., and Chad Kenan, Director, Citigroup. There will also be an accounting update presented by John Blakey, Partner, Moss Adams. The day will close with an important presentation entitled **“Revolving Door Patients: How to Reduce Costs of Care While Making Appropriate Discharges”**. This session will be presented by Henry Fader of Pepper Hamilton and LA City Attorney Carolyn Phillips.

Full details on all nine breakout sessions by track will be available on the chapter website!

For new members, there will be a new member breakfast starting at 7 am. Attendees can learn about HFMA and how to get active in So Cal activities. Plan to stay for the day and take advantage of great education and networking.

Speaking of networking, this program will end at 3:30 pm with a social event for members. This is a cruise ship setting without any risk of getting sea sick! For those who have not visited the Queen Mary, it is restored to its 1930's era Art Deco splendor and if you take the time to explore, you can readily imagine the movie stars and political leaders of that era strolling the deck and enjoying the First Class lounge and grand ball room where we will be.

Hope to see you there!



HFMA Southern California to Hold a New Member Breakfast November 17th

Greg Labow, FHFMA

Attention New Members: We will be having a special New Member Breakfast on Thursday, November 17th at 7 am at the Queen Mary in Long Beach. This will be a special invitation-only breakfast just prior to our Educational Program Number Two, also being held at the Queen Mary on the 17th. (See the article “Spend A Day with The Queen” on page fourteen.)

Members who have joined HFMA on or after June 1, 2010 will be invited to this breakfast.

Please come to meet your chapter officers and leaders and also to hear key information to get the most out of your membership within HFMA and our Southern California Chapter. Remember, new members also have the added benefit of complimentary registration for our Educational Programs this year. For those who want to take advantage of this terrific venue, consider staying on the ship the night before and soak up the history! Room rates are very reasonable. If you have AAA, use that discount.

Member-Get-A-Member Contest Update

Greg Labow, FHFMA

Our membership contest is off and running and there are three members who are largely neck and neck in terms of total number of sponsored new members. Those members are: Cari Balfour, Sujeethnath Lingutla and Dan Galles (last year's winner). There is still plenty of time for you to sponsor new members and get entries to possibly win the Grand Prize Puerto Vallarta vacation! Just make sure your new members use your member number when signing up. Please see the contest information in another section of NewsBrief. Also don't forget that we will announce the winner of the iPad at the Holiday Party in December. Plans are just finalizing for that event so look for announcements in the near future.

As an added benefit for sponsoring new members, you will also be participating in National's Member-Get-A-Member Program. Every sponsored new member counts toward prizes and awards provided by National HFMA. National also has cards that you can order from them which conveniently have your member ID number listed and you can provide these cards to potential new members. Please see their website www.hfma.org/mgam for additional information.

Integrated Healthcare Association Announcement Regarding Division of Financial Responsibility

Tom Williams, Executive Director of the Integrated Healthcare Association has announced the open comment period for a standardized Division of Financial Responsibility template that has the potential to benefit the entire healthcare community. Please take some time to review this. HFMA Southern California members participated in the workgroup process but are not advocating a particular position regarding the standardized DOFR draft. We encourage our membership to review the material and provide constructive feedback both pro and con.

When downloading the template from the IHA web site, those utilizing Internet Explorer 9 have experienced some problems, so it is recommended to use a different version browser or another browser such as Firefox. Here is Tom's statement:

Dear California Healthcare Stakeholder,

Today, the Integrated Healthcare Association (IHA) launched a standardized, coded Division of Financial Responsibility (DOFR) template developed by a multi-stakeholder workgroup, and opened the stakeholder comment period.

The DOFR is a vital tool to support the negotiation and administration of contracts involving capitation payments between health plans, physician organizations, and hospitals.

The DOFR does not standardize contract terms between parties, but clearly defines the elements of those terms and is an optional tool available at no charge to California healthcare organizations.

To access the DOFR, individuals must register and accept an end user agreement on the IHA website: www.iha.org/dofr.html.

Comment Period: September 26 - November 26, 2011

IHA invites California healthcare stakeholders to comment on the new tool from September 26 through November 26, 2011. California healthcare stakeholders include health plans, physician organizations, and hospital representatives that are engaged in contract administration, claims payment administration, and division of financial responsibility.

Please feel free to share this email with your contracts administration and claims management personnel. Further questions may be directed to Dan Cummins, IHA Program Manager, at 510-281-5615 or dcummins@iha.org.

Sincerely,

*Tom Williams, Dr PH, MBA
Executive Director,
Integrated Healthcare Association*

HFMA SO. CALENDAR

2011 EVENTS

October 13 / Excellence in Customer Service Course Arroyo Grande Hospital, Arroyo Grande – SOLD OUT

October 14 / Excellence in Customer Service Course Marian Medical Center, Santa Maria – SOLD OUT

October 19 / Education Outreach Session 7:45 am-12:00 pm – Loma Linda University Medical Center

October 20 / Education Outreach Session 7:45 am-12:00 pm – Moss-Adams LLP, Orange County

October 27 / FREE Lunch & Learn Webinar 11:30 am-1:00 pm

October 27 / CFO Luncheon 11:30 am-1:30 pm – Deloitte & Touche, Manhattan Beach

November 3 / Excellence in Customer Service Course Marian Medical Center, Santa Maria – SOLD OUT

November 15 / FREE Lunch & Learn Webinar 11:30 am-12:30 pm

November 17 / Chapter Educational Program II 7:00 am - 4:00 pm – Queen Mary, Long Beach

2012 EVENTS SAVE THESE DATES

January 29 - February 1 / Region XI Symposium Caesars Palace, Las Vegas

March 22 / Chapter Educational Program III Center for Healthy Communities, Los Angeles

April 18-20 / Education Outreach Session

April 27 / CFO Roundtable

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

September 9-11 / Fall Conference: SoCal/San Diego/Imperial HFMA Chapters Hyatt Grand Champions Resort, Palm Desert

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

HFMA EDUCATIONAL OUTREACH

Educational Outreach Sessions Scheduled for October 19 & 20

On October 19 and 20, locations in San Bernardino and Orange County will host the chapter's Fall Educational Outreach sessions. Both half day morning sessions provide a great opportunity for continuing education and local networking.

Robin Mancuso, Managing Director of GBS Healthcare Practice Group, will start each session with a presentation on **"The Fundamentals of Population Health Risk Management."** Mancuso's presentation will review the analytical and human engagement activities of best practice Population Health Risk Managers. It will also examine the tools available to organizations to provide quantitative and qualitative measurement, bench-marking, and management of the impact of expenses from lost productivity costs involved with employee health issues.

"Business Analytics for Evidence-Based Clinical Practice: Ensuring Cost-Effective, High Quality Care" will be presented by Dr. Jim Pappas, Vice-President for Quality and Patient Safety at Loma Linda University Medical Center, and David Blunt, Director of Business Finance for Glendale Adventist Medical Center. The presentation will focus on the use of business analytics in managing patient populations, connecting financial and clinical expectations, and optimizing organizational performance/patient outcomes.

FREE Statewide Lunch and Learn Webinar Scheduled for October 27

"Physician Practice Acquisitions and Valuations: Issues and Challenges"

Join us as the Southern California chapter hosts the first Statewide Lunch and Learn Webinar on October 27, from 11:30 am to 1:00 pm.

Healthcare reform and the competitive environment have re-focused California hospitals and health systems to develop physician alignment models (Medical Foundation, Friendly PC, etc.) that lead to the valuation and potential acquisition of physician practices and groups. In this webinar, Laurie Sicaeros, Vice President of Physician Integration from MemorialCare Health System, will discuss how they worked with major physician groups and independent physicians to create a competitive healthcare network through acquisition in less than two years. Phil Dalton, President and CEO of MDS Consultants, and his colleagues also will discuss the important issues in having a successful valuation and acquisition process.

This webinar is proudly sponsored by U.S. Bank.

HFMA Educational Outreach Event Schedule Revised 09/21/2011

2011

October 19 Educational Outreach Session San Bernardino 7:45am-12:00pm – See website for more information

October 20 Educational Outreach Session Orange County 7:45am-12:00pm – See website for more information

October 27 Statewide Webinar – Lunch & Learn 11:30am-1:00pm – See website for more information

2012

January 26 / Chapter Webinar – Lunch & Learn • **February 16** / Chapter Webinar – Lunch & Learn

April 18-20 / Educational Outreach Session • **May 17** / Chapter Webinar – Lunch & Learn

Several lunch and learn webinar educational opportunities are also scheduled for the coming months. Be sure to check the "Events" page on the chapter website for the full upcoming educational calendar.

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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healthcare financial management association
southern california chapter

**Southern California
Corporate Sponsorship
Program**

The Corporate sponsorship program is now in its third and most successful year. We currently have twelve corporate sponsors at a variety of sponsorship levels. It is my belief that corporate sponsors truly value the unique position of being a corporate sponsor. Corporate Sponsors are recognized at each of our three chapter education sessions. That recognition takes three forms: 1) All employees of the sponsoring firm wear name tags that identify them as a sponsor, 2) The name of the Corporate Sponsor is posted prevalently in the registration lobby, 3) All sponsors are featured in a Power-Point presentation that highlights them and upcoming chapter events.

In addition to the increased visibility at chapter events, Corporate Sponsors have links to their corporate website posted on our SoCal Chapter website. Our Chapter has over one thousand members who routinely visit the website. Additionally, members of other HFMA chapters also visit our website. And finally, in every edition of the chapter *Newsbrief*, there is a list of Corporate Sponsors along with their corporate logos.

Sponsorship registration forms are available on the chapter website www.hfma-socal.org. The contributions for corporate sponsorship are prorated so it is always a good time to sign up as a corporate sponsor. Should you have any questions about becoming a corporate sponsor contact, James Cummings, Sponsorship Chairperson, at: 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 a 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
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 hospitality 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, 2011, and runs through May 31, 2012.

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. Sponsorship 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 sponsorship agreement within a week of receiving payment.

FOR MORE INFORMATION Contact James M. Cummings, Sponsorship Chair, HFMA, Southern California Chapter, at cummingsllc@aol.com.



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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: James M. Cummings, Sponsorship Chair, HFMA SoCal Chapter, at cummingsllc@aol.com