

2010 | 2011

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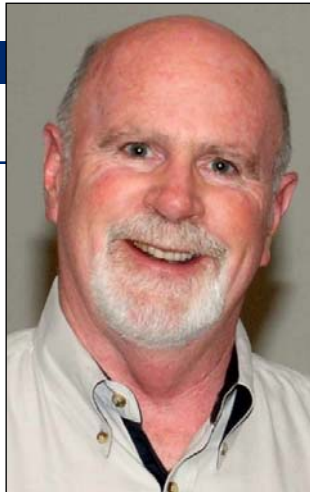
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MESSAGE FROM THE NEW PRESIDENT



Chris Kinsey

We are off to a great start in the new HFMA fiscal year, which runs June 1, 2010 to May 31, 2011. The Officers and Board Members of the Southern California Chapter actually started their year well before the official June 1st date. We begin in January when the President-Elect presents a slate of Officers, Directors, Board Members, and Committee Chairs to the Nominating Committee. The process extends to the Leadership Training Conference (LTC) presented by National HFMA in April. This year LTC was held in Phoenix where the attendees learned about terrific tools for running an HFMA Chapter. The new Officers are installed in May at the Annual Banquet.

The Chapter year began with our Annual Chapter Planning Meeting held June 4, 2010 at Huntington Hospital (Pasadena); with thanks for their hospitality. We had a good turnout and met both long term members and new members. We were fortunate to have two former Southern California Chapter Presidents present a program entitled "The Value of HFMA." George Colman and James Stewart presented what HFMA has meant to them over the years and the value of the organization. This was followed by an introduction of all Chapter Officers. After this, Board Members and Committee Chairs were introduced and each chair gave a brief synopsis of their committees and what their goals are for the year. We then broke into Committee groups where the members could visit with the committees that interested them and volunteer to be part of the education program process over the upcoming year.

I recently had the opportunity to attend the Annual National Institute (ANI) in Las Vegas. The new Chairman of HFMA is Debora Kuchka-Craig, FHFMA. Debora is a poised and entertaining speaker. She rolled out the theme for the 2010 to 2011 year, which is "Step Up". She asks everyone to "Step Up" and get involved in healthcare finance. We will certainly ask you to "Step Up" and encourage you to volunteer in the Southern California Chapter of HFMA.

We will have many and varied educational programs for you this upcoming year. The Educational Outreach Committee presents its first program being held July 21 in Orange County, followed by one on July 22 in San Bernardino and another on July 23 in Bakersfield. In addition to these programs, we will be holding several webinars this year. We also will present our first education session on August 26th at the Embassy Suites in Arcadia. The 20th Annual Fall Conference, September 19-21 at the Hyatt Regency Long Beach, will follow.

I encourage everyone to take advantage of our Chapter website: www.hfma-socal.org. The website contains listings of educational events, copies of *Newsbrief*, membership information, a photo gallery, and a listing of our Officers and Board Members and Committee Chairs. We also have past educational materials and chapter documents.

We support you to "Step Up" and get involved in your chapter. We are always looking for volunteers and new leaders eager to help with chapter planning and various educational programs.

Chris Kinsey
 President, HFMA, Southern California Chapter

2009 | 2011

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What's in the Middle of the Revenue Cycle?

— Ed Kerner, Director of Revenue Cycle Operations, Montefiore Medical Center —

Like any good movie, book, play, TV show, a truly successful plot usually has a great beginning and climactic finish. There is no better experience than becoming engrossed in a story that immediately grabs your interest, and gets you excited to see what happens next. However, after a promising start, a common viewer experience is that “it really dragged in the middle”, which detracts from the full product offering. As much as a director might attempt to try alternative endings, different camera shots, add exciting spectacular special effects to give the end some “oomph”, the middle, not pulling its weight, did have an overall impact on the quality of the experience and the end result.

Similarly, a health care organization which strives for excellence in Revenue Cycle processing, might indeed have a strong front-end process, where it excels in accurate data capture, insurance verification, thoroughness in obtaining all required authorizations, referrals, pre-certifications, and does exemplary work around the collection of co-pays. It has equally strong back-end processes, producing error free bills and invoking best practice in follow-up and collections. However, if not all charges

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HFMA SO. CALENDAR

2010 EVENTS

June 4 – Chapter Annual Planning Meeting 7:30am-12:00pm / Huntington Hospital, Pasadena

June 20-23 – HFMA's Annual National Institute Venetian-Palazzo Resort / Las Vegas, Nevada

June 24 – CHA Hospital Reimbursement Seminar 9am-4pm / Sheraton Grand Hotel, Sacramento

June 29 – CHA Hospital Reimbursement Seminar 9am-4pm / Hyatt Regency, Newport Beach

July 21 – Education Outreach Program I / Orange County 7:45am-12:05pm / Cisco, Irvine

July 21 – Webinar: Healthcare Reform's Impact on Hospitals 2pm-4pm / Online

July 22 – Education Outreach Program I / San Bernardino

7:45am-12:05pm / St. Bernardine Medical Center, San Bernardino

July 23 – Education Outreach Program I / Bakersfield

7:45am-12:05pm / Mercy Hospitals of Bakersfield, Bakersfield

July 30 – AAHAM Summer Educational Session

8am-1pm / Long Beach Memorial Medical Center, Houshels Forum

August 3 – Webinar: X12-5010 and ICD-101 12pm-1:30pm / Online

August 26 – Chapter Educational Program I 8am-12:30pm / Embassy Suites, Arcadia

September 19-21 – Fall Conference Hyatt Regency, Long Beach

September 23 – Cost Report Education (Beginning) Center for Healthy Communities, Los Angeles

October 28 – CFO Roundtable Lunch *Save the date / Location TBD*

November 18 – Chapter Educational Program II 8am-12:30pm / Embassy Suites, Downey

2011 EVENTS SAVE THESE DATES

January 23-26 Region 11 Symposium • **February 17-19** Education Outreach Program III

March 17 Chapter Educational Program III • **April 20-22** Education Outreach Program IV

April 29 CFO Roundtable Lunch • **June 26-29** HFMA's Annual National Institute

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

The 20th Annual California Fall Conference is Fast Approaching!

— Jim Moynihan, HFMA, Fall Conference Co-Chair —

Save the Dates: September 19-21
Register by August 15th for the best rates!
<http://www.hfma-cafallconf.org>

This year's Annual Fall Conference, jointly sponsored by the Northern California and Southern California HFMA chapters, returns to Southern California and the beautiful Hyatt Regency Long Beach!

The California Fall Conference is one of the most successful and long standing educational traditions of HFMA. Our objectives for this conference are three-fold:

First: Provide keynote speakers who will both entertain and inspire AND provide insights about healthcare trends and regulation both nationally and in California.

Second: Provide our attendees with top quality educational programming in three distinct disciplines within healthcare: Finance, Patient Financial Services and Managed Care Contracting.

Third: Provide a forum where our vendor sponsors can mingle with users and prospective users of their services in a social setting designed for effective networking.

This year's keynote speaker will be **J. Mario Molina**, President and CEO, Molina Healthcare Inc. Since 1980, Molina Healthcare has been a leader in providing quality healthcare to those who depend on government assistance. Molina Healthcare provides healthcare assistance to approximately 1.4 million members in nine states. Over the last 25 years, Dr. Molina has served in various capacities at Molina Healthcare, Inc. From 1991 to 1994, he served as the Medical Director working with providers and clinics while overseeing medical and risk management issues. In 1994, he became Vice President responsible for provider contracting, member services, marketing and quality assurance. Dr. Molina was elected Chairman of the Board and assumed the chief executive role at Molina Healthcare in 1996. Dr. Molina's presentation is entitled "Beyond Health Insurance Reform - What Comes Next?"

Back by popular demand, our panel of health care experts will tackle the issue of healthcare reform in a panel presentation entitled: "Yikes! ObamaCare Has Passed, What Do We Do Now?" Our panel consists of **Richard Figueroa**, Deputy Cabinet Secretary Office of Governor Arnold Schwarzenegger, **Don Crane**, CEO, California Association of Physician Groups, **Duane Dauner**, CEO, California Hospital Association, **Patrick Johnston**, CEO, California Association of Health Plans, and **Dustin Corcoran**, CEO, California Medical Association. Another general session will include a California regulatory update from the **Cindy Ehnes**, Director of the Department of Managed Care.

One new general session for 2010 will be a CEO panel with four distinguished Hospital CEO's from Northern and Southern California. The panel is composed of **Richard Afable**, MD, MPH, President and CEO, Hoag Memorial Hospital Presbyterian, **Thomas Priselac**, President and CEO, Cedars-Sinai Health System, **Marcy Feit**, President and CEO, Valley Care Health System, and **Robert Issai**, President and CEO, Daughters of Charity Health System.

The final general session speaker is **Jeanne Scott** who brings her inimitable blend of wit and political insight to the conference.

The winning formula of MANY breakout sessions (18 in all) will provide our attendees with tools to be used back at the office. The breakout sessions are divided into three tracks: Patient Financial Services, Finance and Managed Care. All our courses are designed to enable our attendees to return to their health systems with ideas and tools that can be implemented to complete our work better and faster!

So get online and point your browser to <http://www.hfma-cafallconf.org> for more details and registration forms. Rates go up August 15th and Early Bird discounts will no longer be available.

See you in Long Beach!

Update on California Hospital Association Activity

— Steve Blake, Trustee for California HFMA Chapters —

On July 15-16, 2010, the CHA Board of Trustees met for review and update on California Hospital Association Activity. Many topics were covered, most significantly:

Affordable Care Act [ACA] | Status for the California Provider Fee Section 1115 Medi-Cal Waiver | International Studies and Missions in Health Care

Affordable Care Act [ACA]

Enactment of the Patient Protection and Affordable Care Act (ACA) this March (CMS issued supplemental proposed rules on June 2, 2010) set the stage for a series of changes to health care regulation over the next decade. This defines the landscape for CHA's federal advocacy for years to come and its leadership role to help hospitals and caregivers adapt to new delivery system approaches and payment structures. CHA is taking a proactive role working with CEOs and lawmakers to help California develop a model for the future that is fair for providers and the patients they serve.

Guest Speakers Bruce Merlin Fried (Partner, Sonnenschein Nath & Rosenthal LLP) and Herb Schultz (Regional Director Region 9 U.S. Department of Health and Human Services) provided their analyses of the sweeping changes on our horizon. To recap, some of the key elements and dates of implementation are:

- Insurance Reform [2010 to 2014]
- Long term policy on Geographic Variation [2011-2012]
- Creation of Accountable Care Organizations (ACO) [2012]
- Value Based Purchasing [VBP] and quality and efficiency measures [2013]
- Expanded eligibility for Medicaid [2014]
- Cuts to Medicare and Medicaid DSH payments proposed [2014]
- Initiation of state Exchanges [2014] and universal expansion [2017]

Mr. Fried highlighted the core focus—that emphasis on quality is expected to be the key driver for cost reduction. The government estimates \$1.2 trillion in achievable savings, \$200 billion from hospital providers. Emphasis on primary care, reduction in hospital errors, acquired conditions and readmissions are expected to yield significant savings. Additionally, there is a belief that reimbursement cuts are sustainable if the uninsured population becomes covered.

Insurance reform focuses on perceived abuses, eliminating denial of pre-existing conditions, banning rescissions and regulating loss ratios.

Geographic Variation (i.e., the elimination thereof) was postponed pending further study but remains a future threat to California revenues.

Accountable Care Organizations will be primary care based and fee for service reimbursed, relying on shared savings incentives to encourage innovation in the delivery of care. Hospital Council of Northern and Central California and the Hospital Association of Southern California [HASC] are working on demonstration models. The bar on corporate practice of medicine presents a significant challenge that most other states do not contend with.

Additional initiatives [VBP, Cuts, Eligibility and Exchanges] are still being defined and can be counted on to be key sources of substantial changes in the delivery of health care.

Mr. Schultz introduced himself and the role of HHS Region 9 in the development of new delivery approaches. He expressed confidence in the ability of California providers to “step up” to the challenges and offered the services of his department to assist in that role.

California Provider Fee

Adjustments to the model, a narrative description and payment justifications, have been negotiated with the state this week. In addition to the changes required in managed care, other minor adjustments will be made. In aggregate, the changes are designed to minimize the impact on the original model but in the aggregate the reduction in matching revenues (net of fees) can be as much as 23%. In addition to amendments in law and modifications to the State Plan Amendment filed by the state with CMS, an independent actuary retained by the state must certify the actuarial soundness of the managed care rates. The certification must include an acceptable allocation of managed care payment increases to hospitals.

The initial payment for the first quarter of the program (April 1, 2009, through June 30, 2009) will be processed as soon as possible after CMS approval. Thereafter, each subsequent quarter will be processed in rapid succession with expected completion by December 31, 2010.

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THE ANI HIGHLIGHTS

2010 Annual National Institute, Las Vegas

Renae D. Price, CPA, CHBME, CMPE / Kindred Healthcare Hospital Division

The HFMA Annual National Institute is held in the summer each year and it is attended by approximately 3,500 healthcare finance professionals and related vendors. It features key note speakers of national repute in healthcare plus many breakout sessions on special topics related to healthcare finance. It would be impossible to summarize all the excellent presentations but there was a consistent theme expressed by the keynote speakers worth reporting to all HFMA members who were unable to attend. The message was clear: Runaway healthcare entitlement spending could bankrupt the country!

1) Keynote Speakers: Runaway healthcare entitlement spending could bankrupt the country!

Keynote Speakers. There were four keynote speakers who, despite different political leanings, presented a common view of the future of healthcare in the United States. The keynote speakers included Ian Morrison, a healthcare futurist of mildly leftist leanings; George Will, noted *Newsweek* Columnist and TV commentator; Bill Frist, M.D., former Republican Speaker of the House, and Dick Clarke, Ph.D., CEO of HFMA. All speakers presented a common message. The United States healthcare system is overly expensive and inefficient as measured by the highest costs in the world with outcomes that are clearly not the best in the world. The system is plagued by administrative waste, the provision of unnecessary services and dysfunctional incentives that fail to address the care of chronic illness, which is now the primary driver of healthcare spending. These comments could have been said during the Clinton administration yet the 2010 message echoed by all is loud and clear. The common theme mentioned by all was that entitlement spending growth for Social Security, Medicare and Medicaid expenditures is absolutely unsustainable and will jeopardize our standard of living and our future as a nation. The consequence of our current approach is that we will saddle a younger generation with an excessive burden of debt from which there will be no escape. All speakers agreed that while recent reform legislation dealt with some key issues, principally coverage for many of the uninsured, the reform legislation did not address the key underlying causes of increased healthcare spending. While comments were made that Social Security could be dealt with by some changes including later retirement, most speakers felt the problems with Medicare and Medicaid spending were larger, more dangerous and more challenging to change. Keynote speakers who understood healthcare (Morrison,

Frist, and Clarke) repeated two generalizations that they shared in common and of relevance to all:

- a. *Healthcare providers must be able to maximize Medicare reimbursement rates or they will not survive.*
- b. *Government efforts to institute "bundled payments" and "Accountable Care Organizations", essentially managed care techniques with some new twists, will become the principal methods by which the government will implement reduced spending rather than by simple rate reductions.*

2) Breakout Sessions: Solutions for the runaway healthcare problem?

HFMA clearly had many programs on denial management, supply chain management and solid ways to cut costs but two sessions reported quite specifically on how "Bundled Payments (BP)" and "Accountable Care Organizations (ACO)" are working. Both Medicare and private sector initiatives are proceeding with these BP and ACO concepts.

A. The ACE Demonstration Project Report.

Medicare began a pilot program with one MAC, Trailblazer, to explore the concept of "bundled payments" during 2009. Under the bundled payments model a hospital will receive a DRG payment for a contracted procedure and, from that DRG payment, pay the surgeon and other medical professionals involved in the episode of care. ACE stands for Acute Care Episode Demonstration Project. Pilot participants were Exempla Health in Denver, Ardent Health facilities in Tulsa, and Baptist Health System in San Antonio. All three facilities presented findings at the conference. Information obtained verbally and through questions presented additional information for the participants at the conference:

- 1) Exempla negotiated its deal with the government at 95% of the current DRG rate for its procedures. MDs were able to earn more money than they earned for the same work outside of the pilot. The ability to make this profitable for the hospital stemmed from lower costs for implants that were obtained from vendors who provided the discounts when all participating physicians agreed to standardize.
- 2) Baptist, the facility in San Antonio, was able to establish a gain sharing pool with physicians that worked out to over \$300 per case for the surgeon. They are in operation and reported using a Third Party Administrator (TPA) to process claim payments for paying surgeons and others. That process is paper-based and fraught with errors, including

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2010 Annual National Institute Highlights

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physicians being paid twice. The overall impression from the program was that administrative processes and details received little attention in these pilots. The emphasis has been on cost and clinical detail and the business administration model will not scale well when volumes grow.

It is disconcerting that these presenters and Trailblazer in these pilots did not address or have possibly failed to recognize the risk in having to process and pay claims unique to current industry practices, a tedious detail-oriented task that requires resources and systems most providers do not have. The choice of a TPA rather than an IPA management company is particularly challenging as most TPAs cannot receive an automated notice of admission and would have trouble paying for certain episodes of care but not other episodes of care. Trailblazer itself may not be as well-equipped as managed care payers to cope with encounter versus claim reporting, and that may be the underlying reason for duplicate physician payments in the pilot.

B. Geisinger's Glenn Steele: Physician Integration to Align Interests, Coordinate Quality, and Lower Costs

This was a complex, excellent presentation that provided some guidelines for other providers to take away but also indicated that certain characteristics of the Geisinger experience would be difficult to duplicate outside of their region and without their unique history. Geisinger has been able to achieve successful

pilots with payers based on their model in part because they own a payer. When they institute a "Medical Home" model that encourages them to keep the patient OUT of the hospital, the contract with the payer allows them to share a portion of the value created. Bundled payments are also being piloted because the System has both contracted and owned hospitals in its market. A financial representative of Geisinger stated that the administrative details of managing bundled payments were very challenging. The key take away for HFMA members is that solutions may vary from market to market and experimentation is needed before a large scale rollout.

The good news from both the ACE pilots and Geisinger report was that providers could reduce costs and improve working relationships with physicians in these situations. The challenging requirement for all is capturing these savings without losing funds through administrative mismanagement. The claims processing and financial administrative challenges may be best understood by providers in states with managed care populations where encounter reporting and providers acting as payers are not uncommon.

The HFMA ANI was forward focused and an "eye-opener" even if the message was not entirely upbeat. We have challenges in healthcare and, wherever there is a challenge, there is an opportunity.

CHA Activity Update *Continued from page four*

Section 1115 Medi-Cal Waiver

The Department of Health Care Services (DHCS) is working on a new Medi-Cal demonstration project waiver to expand coverage to the uninsured, improve coordination of health care to seniors and persons with disabilities, and obtain new federal financing to strengthen the state's safety-net hospitals. DHCS issued a concept paper that builds upon the existing delivery system while providing the foundation for implementing health care reform over the next 36 months. The current fiscal crisis in California casts doubt on the State's ability to achieve this purpose as it seeks to expand coverage with no additional general fund contribution.

International Studies and Missions in Health Care

Barry Arbuckle, Ph.D., President and CEO MemorialCare Health System, Fountain Valley, presented the Walker-Sullivan Fellowship Report providing both quantitative and qualitative

analyses of healthcare delivery around the world complete with slides and anecdotes that put the data in perspective. Clearly the level of expenditure (percentage of Gross Domestic Product or other measure) is not the only factor in mortality or longevity. Culture and lifestyle contribute challenges that money cannot cure.

Chris Van Gorder, FACHE, President and CEO, and Brent Eastman, M.D., Corporate Senior Vice President and Chief Medical Officer Scripps Health, San Diego, provided a Special Report on "Mission Haiti". Their first hand and very moving accounts of the tragedy and loss of life as well as the care and hope they were able to deliver under extremis, exemplified the best of what members in our industry have to offer when we rise to the challenge.

More detail on developments above and other activities can be found on the CHA Website @: calhospital.org.

What's in the Middle of the Revenue Cycle?

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are collected, or incorrect charges are selected and/or invalid billing codes assigned, or bills are delayed from being submitted as they were never coded, the ability to get paid quickly and accurately will be jeopardized: End of story!

What Revenue Cycle Operations Do

Montefiore Medical Center is a 1500+ bed tertiary teaching facility in the Bronx, NY. With an excess of \$2.7 billion dollars in net patient revenue per year, it ranks as one of the largest not-for profit facilities in New York. In a facility as large as Montefiore's, the need was identified to create a department which could effectively manage and facilitate projects with a focus on the following key components in the middle of the Revenue Cycle:

• Charge Capture

Ensure that departments have systems and processes in place, where they perform daily, weekly and month-end reconciliations to reconcile daily visits and procedures/tests to charge capture for billing. If charges are not captured, this will affect revenue generation, accurate reimbursement and claims submission.

• Charge Description Master (CDM) Maintenance and Pricing Strategies

The charge master must be kept current to conform to regulatory requirements, so that new, revised or deleted codes are correctly reported and assigned to the services performed. Prices for items on the CDM must be based on a defensible model and be reviewed and updated regularly to ensure that charges are comparable to established fee schedules.

• Encounter Data Revisions and Reconciliation Process

Encounter forms must reflect the actual services being rendered in a distinct location, and are used by clinicians to select the specific codes that match the treatment. The level of specificity of these codes in the reimbursement arena additionally translates to accurate reimbursement. Additionally, performing routine checks to ensure that the most current codes are reflected on the encounter form is the best defense to prevent claim denials.

• Coding Reviews

Continually auditing and sampling coding to ensure accuracy of assigned codes from a compliance perspective, helps mitigate risks associated with external audits. There must be a focus on medical necessity support and training with a goal of reducing incorrectly coded tests which result in increased exposure to bad debt write offs.

• Monitoring and Assisting with Reductions to Unbilled Accounts Receivable

Build a bridge between the billing and medical record departments to review work flows and reporting with an emphasis on expediting claim submission.

• Project Management Support for Documentation Initiatives throughout the Organization

Many of the documentation integrity projects are so interdisciplinary in their complexity and interactions with nursing, physician medical records, require staff with a good knowledge of all the component parts, and who can assist in identifying process flow revisions and build the meaningful metric reporting for tracking purposes.

• Assuming Lead Role in Major Revenue Cycle Initiatives

Since a majority of operational areas are focused on their daily jobs, pushing through many of these initiatives requires a dedicated team that can assist with the projects and also assess and correct issues.

At Montefiore Medical Center, most crucial was the need to have a department that could serve as a liaison between the "front-end" and "back-end" revenue cycle areas, facilitating issue resolution, and enhanced communication between the affected teams. Staff in this area have built solid relationships with many of the clinical sites, and are counted on to communicate issues or changes that have a tremendous impact on the revenue cycle processing. Additionally, through the creation of a formal tracking of service requests with billing, we are able to effectively identify root cause issues and either update systems, processes or offer training to assist in identifying additional resources available to adjust a claim.

The Epilogue

In the movie *Field of Dreams*, who can forget the angelic-like distant voice Kevin Costner heard encouraging him to "Build it and they will come", meaning the ball field will create an opportunity for legends of the past to relive their dreams. Unfortunately, in the Revenue Cycle arena, to "Bill it and they will Pay" will not come to fruition when you don't have the correct CPT code for Venipuncture, and what a nightmare that could be.

Ed Kerner, Director of Revenue Cycle Operations at Montefiore Medical Center, can be reached at ekerner@montefiore.org.

First HFMA Southern California Seminar in Arcadia

Scott Ujita

A new year for HFMA has begun. The Chapter planning meeting at Huntington Memorial Hospital seems like it was yesterday. ANI has come and gone. Now the Chapter is looking to education. The first half-day seminar is August 26, 2010 at the Embassy Suites in Arcadia. This is the same location that was used last year.

Planning committees hard at work during the Chapter kick off meeting on June 4.

I am excited to see that the Certification, Revenue Cycle, Government Programs and CFO Roundtable committees have arrived at some very good topics. I would like to encourage all of our members to take advantage of the certification coaching session. Certification could help you with your career advancement. I understand that many hospitals look very highly upon an applicant with HFMA certification.

The Revenue Cycle committee has put together two good sessions. The first is a panel discussion on healthcare reform. With all of the changes currently happening, this session will be very beneficial. This panel will discuss reform on both the payer and provider sides and will discuss where providers should focus their resources in response to reform. The second session will discuss the POET program. This is the Partnership in Operations Excellence and Transparency program. This program allows Blue Shield to work jointly with providers to identify and prioritize process improvements.

Government Programs has a speaker from Hooper, Lundy, and Bookman who will speak on recent changes to Medicare reimbursement. This will cover the Inpatient Prospective Payment System final rule and other developing issues. The second session is going to be equally good. Marty Lothes from First Coast Service Option is going to speak on the recent transition of work from Wisconsin Physician Services. Marty will also provide an update on the Baystate SSI ruling, and discuss other current issues. I would recommend both of these sessions if you are involved with any work involving reimbursement regulations.

The CFO roundtable has put together two great breakout sessions. The first session features David Merriam from PricewaterhouseCoopers. He will give an accounting and reporting update. With FASB scheduled to issue 16 new exposure drafts between now and September 30th, and GASB re-examining its major standards on the reporting entity and pension, there will be a lot to cover in this session. The second session introduces Anne McLeod from the California Hospital Association. She is no stranger to our seminars and she will discuss the provider fee process. This process is in its final approval phase so it will be informative for all to hear the latest update to this project.



If any or all of these sessions are of interest to you, please save August 26th from 8:00am to noon. This seminar will be held at the Embassy Suites in Arcadia. If you would like to go to this seminar and don't know how to register, you can e-mail Scott Ujita at Scott.Ujita@toyonassociates.com, call him at 925-685-9312, or contact Lori Kuwahara at lori@hfma-socal.org.

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 (¼) page ad in every newsletter.				X
Option to host a hospitality suite at any Chapter educational program, with President's approval (i.e. sponsoring company will pay fees of suite).				X
Special ribbon and/or name tag designating Chapter Sponsor.	X	X	X	X

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

II. CORPORATE SPONSOR INFORMATION SHEET

START DATE This Corporate Sponsorship Program begins on June 1, 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

2010-2011 CORPORATE SPONSORS

..... PRESIDENT'S CLUB

..... GOLD

..... SILVER



..... BRONZE

