

The Bottom Line

The Newsletter of the San Diego-Imperial Chapter

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Message from the President

By: **DEB HAGEN**

President San Diego / Imperial Chapter of HFMA

Time certainly does seem to go by fast. The first quarter of FY 2011-2012 (June 1 - August 31) is complete and we are into our second quarter and second month of autumn already! Although we can't 'turn back time' as Cher had hoped for in her iconic pop song, we will turn our clocks backwards one hour in observance of Daylight Savings Time on November 6th – and have the opportunity to recapture an hour. What is the best way to spend the hour?

We can spend the extra hour to try and catch up a little bit on one of the many demanding aspects of our careers, family, worship, or community services. Or.... we can choose to reflect during this autumn season of Thanksgiving on our successes and the many blessings we have in each area and with each other – and recharge our batteries to best prepare for a busy and festive season.

A few successes/highlights from your Chapter to date:

PROGRAMS: 2,000+ education Hours Provided
Collaborative HFMA Summer Event with SOHL and HIMSS
First Annual Fall Conference with SoCal

-See *Upcoming Programs* on page 5 and also our website: www.hfmasandiego.org

MEMBERSHIP: 233 Members – just 14% away from our year-end goal of 270
New Member Luncheon/HFMA 101 Will Be During Nov. 16th Program Event

VOLUNTEERISM: Julie Haluska Chairs our New Awards & Volunteerism Committee

-See *Chapter Volunteerism* and available positions in this Newsletter

COMMUNICATION: LinkedIn Chapter Site Created; Website Enhancement Underway

CERTIFICATION: Congratulations to Newly Certified Member John Garcia!

All members are encouraged to join the prestigious 7% of certified members!

As you can probably surmise, we have some very dedicated and talented Chapter volunteers that are committed to meeting our member's needs and Chapter goals. Upcoming Chapter programs, events, and other membership news can be found inside this edition.

During the last week of October, a Chapter Membership Survey was distributed. Thank you in advance for taking a few minutes to provide us feedback. It is valuable to us. We planned our FY 2011-2012 programs and venue locations this year in direct response to suggestions provided in the last survey. Additionally, we heard our members loud and clear on wanting local and regional and statewide sessions and webinars. In response, we have had two successful programs in collaboration with other organizations and have addressed local, regional, state, and national issues affecting providers. Our social networking after the holidays is being coordinated with SOHL in order to provide a grander event per the survey feedback. We strive to provide timely and relevant programs and enjoyable social events in the most cost effective manner. For this, we cannot thank our sponsors and volunteers enough. We truly exist to serve our members. Again, thank you in advance for survey participation. We will use your feedback in planning for FY 2012-2013.

In closing, time is a precious commodity that cannot be saved...only spent. As I reflect upon some ways in which to spend an upcoming extra hour, I would like to acknowledge the greatest gift is time. I have been thankful to spend time with my supportive husband and my grown children when they are near, my sister and parents in Northern California, and many friends locally and throughout the United States – many of whom I've met through my volunteerism in HFMA. "Connecting the Dots" is personal for me. I challenge each of you to likewise ponder a good use of the gift of an extra hour and thankfulness in your busy lives.

-Deb

Deb Hagen, RN, BBA; President, HFMA San Diego / Imperial Chapter

2011-2012 Chapter Leadership

- Deb Hagen - President
- Pia Labos - President-Elect
- Carl Hill - Vice President
- Jim Sprague - Secretary
- Shannon Vanderbilt - Treasurer
- Cheryl Hendershott - Program
- Jennifer Sievers - Membership
- Chris Udell - Newsletter
- Michelle Valencia-Jackson—Sponsorship
- Andrea Jacoby - Social
- Margie Drobatschewsky—Past President
- Tim Nguyen - Certification
- Bob Hemker - CHA Liaison 2011-2013
- Bryan Webster - Webmaster
- Rina Patel - Program Co-Chair
- David McNulty - Founders Contact
- Julie Haluska - Awards & Volunteerism
- Dave Epstein - Past Region 11 Executive

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Membership Update

By: Jennifer Sievers

Happy Fall!!!! We are excited to say that our chapters membership is at 233 active members. We are excited to have all of you apart of our chapter.

We are looking forward to our **NEW Member Luncheon** which is being held an hour before our ½ day event on November 16th. This is open to all new members to our chapter as of January 2010.... Yes, that is January 2010. You get a **free lunch** and the basics about HFMA and how to use your membership to its fullest extent (HFMA101). If you are a new member as of January 2010 and would like to attend please feel free to email me, Jennifer Sievers, Membership Chair at jsievers@acclivityhealthcare.com before November 10th and I will put you on our list of attendees. Hope to see you there!!!!

The benefits of an HFMA membership can help you grow both personally and professionally. With an HFMA membership, you gain immediate access to the largest network of healthcare finance professionals. The resources are numerous including:

- Practical tools and ideas that increase performance
- Essential industry news and information
- A breadth of career-related tools, resources and relationships

Don't Forget our **National Member-Get-A-Member** program:

(Show me the Money! \$\$\$\$\$\$)

Helping grow membership is now easier and more exciting to do with our **HFMA National Member-Get-A-Member program**. HFMA is giving out great new prizes as incentives to help us grow our San Diego Chapter membership – **Prizes such as:**

- Apple iPad**ohhh** 
- Visa Prepaid Card ranging from \$25 to \$150.....**ahhh** 
- \$ 1,000 Cash**Ka-pow!**
- \$ 2,500 Cash.... **Super!** 
- The Grand Prize of \$3,000 cash and \$2,000 donation in your name to the charity of your choice... **AWESOME!!!!**

Please see the HFMA National website for incentives and more details on our Member-Get-A-Member program: <http://www.hfma.org/membership/rewards/>.

JOIN US!!!

Remember we are always looking for our members to become active with our chapter and you can do so by joining the membership committee. We have so much fun interacting with our members and we would love for you to join in on the fun. If you would like more information please feel free to contact me via phone: 619-798-7404 or email: jsievers@acclivityhealthcare.com

Welcome Aboard New Members July 2011– September 2011

- Cecil Dunagan- CFO- Arch Healthcare
- Sonya Gulati-Brown- Principal- GBS Consulting
- Mark Starr- SVP Sales and Marketing- Herae, LLC
- Michael Fortmann- Vice President- Commerce Bank
- Iwo Iwaszkiewicz- Customer Service Manager- Herae, LLC
- Mariannna Martinez- HIM Manager- Paradise Valley Hospital
- Alexi Rubenstein- Director Marketing- Inventurus Knowledge Solutions

Our goal for this fiscal year is to increase our total membership from the prior year, so please take a moment and consider if there are any individuals in your organization who are not yet members. Please invite them to join our organization by letting them know about our **New Member Discount** and **Member-Get-A-Member Program**, as well as our Educational and Social Networking opportunities.

Also, when renewing your membership for the year, please check your profile on the HFMA website to ensure that we have your most current demographic information,

SPONSOR HIGHLIGHTS

We thank our ongoing sponsors, as they are part of our own "Revenue Cycle."

With the Sponsors ongoing financial support, the Chapter can in turn continue providing local economical education, and our members benefit from the education and meeting the Sponsors.

For Sponsorship Opportunities please contact Michelle.Valencia@pph.org

Gold Level Sponsors

SOLVE THE PROBLEM

Our Services:

- Self Pay Collections
- Insurance Follow-Up
- Third Party Liability Collections

Where Do We Fit In The Revenue Cycle:

- From Bill Drop Date / Early Out
- Late Stage Accounts Receivable
- Bad Debt

COLLECT THE MONEY

PMS
Progressive Management Systems
Employee Owned

Tom Barco, President
Kristine Colantoni, Manager
Juan Medina-Vargas, Vice President

KEEP THE CUSTOMER

Why PMS?

- Equal Results And Respect
- Superior Customer Service
- Over 30 Successful Years In Business
- Bilingual Specialized
- Employee Owned
- Nationally Licensed
- Minority Certified

Progressive Management Systems
1521 West Cameron Avenue, 10th Floor • West Covina, California 91790
(800) 258-7482 • www.pmscollects.com
Juan Medina-Vargas
Vice President, Client Relations

CBB/MBS

CALIFORNIA BUSINESS BUREAU, INC.
MEDICAL BILLING SERVICES
(a division of California Business Bureau, Inc.)
A MICHAEL J. SIGAL CO.

Triage Consulting Group

HEALTH ADVOCATES
Serving Hospitals ♦ Serving Patients

named BEST PLACES TO WORK
Los Angeles
Los Angeles Business Journal

- Firstsource is a global business process outsourcing company offering comprehensive healthcare revenue cycle solutions including eligibility and receivables management services.
- Health Advocates is a Public Advocacy organization whom assist individuals to qualify for insurance benefits.
- Progressive Management Systems is an employee owned Accounts Receivables Management company.
- Triage Consulting Group is one of the nations leading hospital revenue review consultancies.
- CBB/MBS provides a full range of receivables management programs including pre-collect, billing, follow-up and collection services, as well as backlog/clean-up projects.

Benefits of Sponsorship

	Presidents \$ 5,000	Gold Plus \$3,000	Gold \$2,000	Silver \$1,000	Bronze \$ 500
Annual amount from payment date					
Education Events					
Featured sponsor at one education program, includes speaker introductions	YES	NO	NO	NO	NO
Sponsor recognition in all future education program events flyers	YES	YES	YES	YES	NO
Sponsor recognition at all education events	YES	YES	YES	YES	YES
Free admittance for (x) for (y) event (s)	4 for all	3 for all	3 for all	2 for 2	2 for 1
Newsletter					
Opportunity to insert article in each newsletter	YES	NO	NO	NO	NO
Special recognition in one newsletter with brief description of company	YES	YES	YES	NO	NO
Recognition in newsletter	YES	YES	YES	YES	YES
Website					
Higher level of recognition	YES	YES	NO	NO	NO
Description of company services	YES	YES	YES	NO	NO
Sponsor recognition with logo and hyper link on SDIC Chapter website	YES	YES	YES	YES	NO
Sponsor Recognition with Logo	YES	YES	YES	YES	YES
Membership Directory					
Sponsor recognition	YES	YES	YES	YES	YES
Social					
Recognition at events	YES	YES	NO	NO	NO

- Gold -

FIRSTSOURCE CALIFORNIA BUSINESS BUREAU HEALTH ADVOCATES
PROGRESSIVE MANAGEMENT SYSTEMS TRIAGE CONSULTING GROUP

- Silver -

CYMETRIX
KAUFMAN HALL CIRIUS GROUP

- Bronze -

ACCRETIVE HEALTH
ELIGIBILITY PLUS, INC. STATE COLLECTION SERVICE
EMDEON PHNS, INC BACTES

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EDUCATIONAL EVENTS



Upcoming Events

Save the Dates!

November 8-10, 2011 National HFMA Seminar event in San Diego

For information regarding the November San Diego HFMA Seminar please visit our website at www.hfmasandiego.org

November 16, 2011 11:30am – 12:30pm
New Member Luncheon

November 16, 2011 1:00 – 5:00 p.m.
How Supply Chain Can Improve the Value Equation

Four Points Sheraton 8110 Aero Drive San Diego, California 92123

January 29 - February 1, 2012

Region 11 Symposium
Caesar's Palace, Las Vegas

February 16, 2012 8:00 a.m. – 5:00 p.m.

Revenue Cycle featuring Day Egusquiza, President of AR Systems, Inc

March 12, 2012 8:00 AM - March 16, 2012 5:00 PM Medicare Bootcamp

Palomar Pomerado Health
15255 Innovation Drive, 2nd Floor Conference Room, San Diego, CA 92128

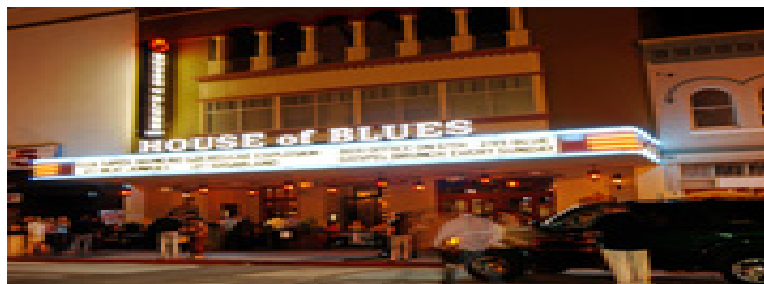
April 13, 2012 8:00 a.m. – 5:00 p.m.

Healthcare reform update including a CFO/CEO panel and featuring James Malone, Medical Group Administrator of Southern California Permanente Group who will present, Growing Service ... What Happens When Leaders Get Involved

This year we will also be offering webinars (topics to be announced) in partnership with the Northern and Southern California chapters of HFMA

Watch your mail for more information

Say tuned for an exciting House of Blues social event after the holidays



Suggestions for educational sessions are always welcome. Please send a message to Cheryl Hendershott at cheryl.a.hendershott@kp.org with any suggestions or comments you may have.

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HFMA's 2011 SDI \ SoCal Fall Conference



First Joint Fall Conference Partnership with SoCal is a Great Success!

This year may be remembered as the year of many 'firsts' for our San Diego-Imperial (SDI) Chapter. On the heels of our first attempted, and wildly successful multi-organization event with SOHL and HIMSS in July, our Chapter enjoyed a second very successful program event with the partnership of SoCal. Our joint Fall Conference event September 11-13 at the Hyatt Long Beach was the 21st annual Fall Conference for SoCal and the first for SDI.



A record 228 people attended Fall Conference. SoCal counts this year's attendance as the fourth straight year of increased attendance – and we are proud to be a part of this offering for our members in this and future years!

A few event highlights include: Presentations from local, regional and national experts such as our own Gerilynn Sevenikar, Stacy Hrountas, and Bob Hemker. Representing the state of California was Duane Dauner, President and CEO of California Hospital Association. Dr. James Robinson, a national expert on healthcare delivery provided updates and his insight. Attendees enjoyed session interaction on topics such as "Legal issues and implications of California and federal health care reform"; "Results to date of ACO implementation and PPACA in California and Nationally"; California state and provider responses to ACO's and health care reform"; Department of Managed Health Care and Department of Insurance initiatives and developments in the health care reform era"; "Be the change: Lead your team to health care reform success", and daily break out sessions focused on three key tracks: PFS, Finance, and Managed Care.



More information, pictures, and conference materials can be viewed at <http://hfmasocal-sandiegofallconf.org>

In addition to superb program sessions, we enjoyed the camaraderie shared in our new partnership between SoCal and SDI. Mark your calendars for next year's Fall Conference to be held in the beautiful Hyatt Grand Champion Resort in Palm Desert September 9-11, 2012.

As a volunteer Chapter, we always welcome members to assist us in each area of our Chapter. If program planning or helping at this or other events is of interest to you, please contact any member of the Board and we will be happy to pair you with a member of our leadership team!



By Deb Hagen, President San Diego-Imperial Chapter of HFMA

Update on California Hospital Association Activity



Robert A Hemker, CFO, Palomar Pomerado Health
HFMA California Chapters' Representative on the
CHA Board of Trustees (RAH4@PPH.ORG)

Through the collective efforts of the: Northern California, Southern California, and San Diego-Imperial chapters, HFMA have a voice and a vote on the CHA Board. On a rotational basis (SD-I for CY2011 and 2012) chapters appoints the HFMA representative to the CHA Board. This role assures 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 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 Dec. 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.

Update on California Hospital Association Activity (continued)

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.

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. In total, 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 Nov. 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 for 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.

Update on California Hospital Association Activity (continued)

Dartmouth Atlas Report Will Look at Readmission Rates

Researchers at The Dartmouth Institute for Health Policy & Clinical Practice will release a new report Sept. 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 Jan. 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 Oct. 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.

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 Sept. 23, 2009 (the date the breach notification requirements became effective) and Dec. 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 Sept. 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".

Update on California Hospital Association Activity (continued)

CMMI Requests Applications for Comprehensive Primary Care Initiative

The Center for Medicare & Medicaid Innovation (CMMI) released a request for applications Sept. 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 Nov. 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.

CHA Participates in HHS Listening Session; Shares Comments

The U.S. Department of Health and Human Services, Region 9, held a listening session Sept. 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.

Update on California Hospital Association Activity (continued)

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 Aug. 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 Oct. 6 and applications are due Nov. 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 Sept. 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, 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.

Update on California Hospital Association Activity (continued)

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 Jan. 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 (*Two-year bill*). The BHP would contract with managed care plans to deliver services.

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*).

Update on California Hospital Association Activity (continued)

Notable Legislation

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*).

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*)

The Bottom Line

The Newsletter of the San Diego-Imperial Chapter

Annual Chapter Leadership - Fall Presidents Meeting By Greg Moga



Each Summer the Region 11 Chapter Presidents and President Elects hold a meeting to discuss best practices in chapter management, effective succession planning and implement key ideas for chapter growth and member satisfaction.

I have the privilege of serving as HFMA's Regional Executive for Region 11, which is made up of 7 Chapters on the west coast- San Diego, Hawaii, Nevada, Northern California, Southern California, Oregon, and Washington/Alaska. Our Region just returned from our Fall President's Meeting, where the Chapter Presidents and President-elects gave me the assignment of writing this article to tell you what being a Regional Executive, and what I, Greg Moga, am all about.

A Regional Executive (RE) serves as the primary link between chapters and National HFMA. The RE oversees and maintains regional programs, policy, operations, and finances that involve policy making and compliance authority as it relates to the Davis Chapter

Management System (DCMS) and the Chapter Balanced Scorecard (CBSC). RE's are to monitor chapter performance and to convene and organize regional leadership meetings, such as the Fall Presidents' Meeting. There are a total of 13 RE's in the Regional Executive Council and we meet in person 3 times a year: in June at HFMA's Annual National Institute; in November in Chicago; and in April at the Leadership Training Conference. They also take part in five or six conference calls each year.

I was privileged to be elected to serve as Regional Executive after two terms as President of the Washington/Alaska Chapter. My predecessor as RE was David Epstein, of the San Diego Chapter; my successor as RE is Keith Ridley of the Hawaii Chapter, and his successor in turn (REE) is Diana Gernhart of the Oregon Chapter. The RE role rotates among the 7 chapters in our region. To be eligible to serve as RE you must have served at least two years as a chapter officer, and one year as a chapter president.

I began my membership with HFMA in 1985, as a young attorney working for a law firm in Evanston, Illinois. I took what I thought was a temporary 3-month job while I waited for the funding to come through with a position that I had been offered with the Solicitor General in Washington, DC. Instead of working in government, I now have a career in healthcare reimbursement that encompasses 3 companies (Outreach Services, Pacific EDI and CBO Solution, and the Moga Law Offices), with over 300 employees working in 11 different states. It is not the career that I expected, but my work has been intellectually stimulating and challenging- I never know what each day is going to bring at the office.

It was not until my family moved to Seattle in 1996 and I attended a Washington/Alaska Chapter conference in Vancouver, BC- where I remember feeling so warmly welcomed by a CFO, Jim Chaney, and all the chapter members- that I realized that I wanted to be a part of the leadership of HFMA. I can't remember a prouder day in my career, than when the Washington/Alaska Chapter elected me their President.

HFMA has helped me to live a bigger life. Getting out of the office to network and create working relationships and friendships has led me to know terrific people working in healthcare finance all across the US. I now have friends and business colleagues in every major city in the US. I urge all of you to follow my path- give your time and effort to your colleagues and peers through HFMA and it will be returned to you tenfold.

As I get older I repeat often (to my children and to anyone else who will listen) the central themes of my life. Live the biggest life that you can. Love the people that love you. Everyone has a story. You don't know what you don't know. And we are all, as John Guare wrote, connected within 6 Degrees of Separation, to everyone else on this increasingly inter-connected planet.

I value my connection to each of you and to your Chapters. I hope to attend a conference at each of the 7 Region 11 Chapters this Fall. Just let me know how I can be of assistance to you, and to your career both in HFMA and outside of HFMA. That is my role, in my year as your RE. I consider serving as Regional Executive to be the culmination of my 'HFMA career' and hope that all of you will have as rewarding and fulfilling an HFMA career as I have had. It has truly been a wonderful life for me, with HFMA.

The Bottom Line

The Newsletter of the San Diego-Imperial Chapter

Founders Awards

Welcome from Julie Haluska and Tina Roberts your Co-Chairs for Volunteerism and Awards.



We wanted to make you aware that we are excited to launch "Recognizing the Volunteer in you" campaign for our chapter and have added a LinkedIn page <http://www.linkedin.com/>

For you to communicate your stories of your impact; from patient experiences to what HFMA Volunteerism means to you! We will take two stories a quarter and publish them in our newsletter!

Nationally, The Healthcare Financial Management Association (HFMA) recognizes that its strength lies in volunteers, who contribute their time, ideas, and energy to serve the healthcare industry, their profession, and one another.

Your active participation in our Chapter or even regional and national levels can provides you with numerous opportunities for professional development, information, networking, and advocacy.

Founders Merit Awards

Established in 1960, the Founders Merit Award Series acknowledges the contributions made by HFMA members. These awards are part of a merit-rating plan in which specific activities are assigned a range of point values. Therefore, the point system and award levels have been established to promote continuous active participation in HFMA. A listing of point categories, definitions and their values is available

The William G. Follmer Bronze Award is awarded after an individual has earned 25 (formerly 100) member points. This award is named after William G. Follmer, who is credited with the creation of the American Association of Hospital Accountants (AAHA) (now HFMA).

The Robert H. Reeves Silver Award is awarded to an individual who has earned 50 (formerly 200) total member points. Reeves, was an organizing member of the AAHA, were elected president of AAHA in 1956 and was instrumental in creating the structure of AAHA.

The Frederick T. Muncie Gold Award is presented to a member who has earned a total of 75 (formerly 300) member points. This award honors Frederick T. Muncie, an organizing member of the AAHA, and the first president of the association (1947-1949). Muncie also assisted in the organization of the first AAHA chapter (First Illinois).

The Founders Medal of Honor was added in 1986 and is conferred by nomination of the Chapter Board of Directors. This prestigious award recognizes an individual who has been actively involved in HFMA for at least three years after earning the Muncie Gold Award, has provided significant service at the chapter, regional and/or national level in at least two of those years, and remains a member in good standing. A chapter may nominate members for this award at any time during the year.

We are proud to recognize the following this Year's Founders Award Recipients

GOLD	Thomas S. Kumura, FHFMA
MOH	Reid Hollyfield, FHFMA
MOH	Robert A. Hemker
MOH	Melanie L. Van Winkle, CPA
SILVER	Cheryl A. Hendershott
SILVER	Margie A. Drobatschewsky
SILVER	Julie Haluska

Chapter members can view their Founders points on the HFMA National web site under Manage My Account in their personal profiles through the membership directory area http://www.hfma.org/access_eseries.cfm.

Any discrepancies between points awarded and points earned should be reported to the Chapter's Founders Award Chairperson.

The Bottom Line

The Newsletter of the San Diego-Imperial Chapter

CHFP Certification

By: TIM NGUYEN, CHFP Certification Committee Chair

CONGRATULATIONS!

New certified chapter members since June 2011:



John M. Garcia, CHFP
Director of Financial Analysis
CentraMed



"As CentraMed's Director of Financial Analysis, I manage implementations of revenue cycle business intelligence software for hospital clients and identify revenue opportunities based on the analysis of key performance indicators. I am married to my beautiful wife Karmyn who is the former Sustainability Coordinator for Palomar Pomerado Health and also dances for Soulscape Dance Company as a hobby. My favorite activity is playing beach volleyball, and I also play golf as time permits. We are blessed with a 4-year old daughter named Vanessa and a 10-month old son named Anthony, and as a family we enjoy hiking and going to the beach. I look forward to helping out in a volunteer capacity at the upcoming February Chapter program event."

Becoming certified distinguishes you as a leader and high-level professional in the healthcare finance industry. It reflects a deep personal commitment and sense of accountability that inspires credibility and confidence in your professional knowledge. Through HFMA Certification Programs, you can show your dedication to high standards in the industry.

Why Become HFMA Certified? The benefits are many and not limited to the following:

- Continue learning and professional growth
- Credibility with the designation
- Prepare for future opportunities in healthcare
- Higher salaries and upward mobility

Why Now? The association and our local chapter have been working hard to make it easier for its members to be certified.

- The exams have been consolidated and require less time to complete
- Study materials are now online which is available 24/7 vs. thick binders in past years
- Sample exam can also be taken online
- To help you with your learning, coaching sessions will be available if you are interested.
- For those members whose employers are not going to reimburse for the cost (\$195 for online study guide and \$395 for exam registration), our Board of Directors have decided to offer scholarships up to \$200 for taking the exam and an additional \$200 for passing it. Subject to fund availability, it will be on a first-come, first-serve basis, but will do our best to accommodate all interested members.

So what are you waiting for? If you are interested in taking the exam this year, please contact me by the end of December at the latest so I can get a total head counts to hopefully get a group discount pricing for the cost of the online study as well as planning for the coaching sessions.

Thank you for support in meeting the certification goal for our San Diego – Imperial HFMA Chapter.

Should you have any questions you can email me directly at tim.nguyen@pph.org, send an email to HFMA at certification@hfma.org or visit the HFMA certification webpage at <http://www.hfma.org/certification/>.



San Diego-Imperial Chapter Volunteer Sign Up Sheet



The San Diego-Imperial Chapter needs volunteers and future chapter leaders for continued success!

We encourage you to seek involvement through volunteerism to meet personal or professional goals and to strengthen the quality and quantity of offerings through shared knowledge and participation. A brief description of each committee is below. Please review and check an area of interest and return to Jennifer Sievers, Membership Chair Jsievers@acclivityhealthcare.com or discuss via phone at 480-305-6110 or contact any chapter leader below.

SAN DIEGO-IMPERIAL CHAPTER POSITIONS AND COMMITTEES

PRESIDENT: DEB HAGEN

Purpose: Provides leadership and direction to the San Diego Chapter Board and its members toward the achievement of the adopted strategic goals. Mentor the president-elect.

PRESIDENT ELECT: PIA LABOS

Purpose: To provide support to the president. Learn the presidential responsibilities. Participate on the strategic planning committee made up of the President, President-Elect and Vice President. Mentor the Vice President.

VICE PRESIDENT AND DCMS CHAIR: CARL HILL

Purpose: To communicate required Chapter information to National as mandated. Help to establish and monitor Yerger goals and progress to date. Learn the president-elect responsibilities for the following year.

IMMEDIATE PAST PRESIDENT AND BYLAWS' REVIEW: MARGIE DROBATSCHESKY

Purpose: Annual review and recommendations for adoption or amendment of chapter Bylaws.

Joint Association Meeting CHAIR: MARGIE DROBATSCHESKY

Purpose: To actively participate and assist in the development of Joint Association education programs. To promote the value of the association, encourage involvement and elicit input for program development.

_____ Joint Meeting Volunteers

San Diego-Imperial Chapter Volunteer Sign Up Sheet

SECRETARY: Jim Sprague

Purpose: To record the meetings of the Chapter, notifies members of their election to office, maintains a roster of members, and issues notices of all meetings and events. Work closely with all chapter leaders.

- _____ Minutes at Board meetings
- _____ C-Vent Communications

TREASURER: SHANNON VANDERBILT

Purpose: To maintain a strong financial position and utilize chapter resources to enhance benefits to members. Provide monthly financial statements to the Board. Coordinate financial review at year end with designated auditor and submission of 990 to national. Provide oversight to Sponsorship chair and DCMS reporting chair.

FINANCIAL AUDIT COMMITTEE CHAIR: ALECE HON

Purpose: To perform the annual audit of the financial records and submit a report to the Board of Directors.

PROGRAM CHAIR: CHERYL HENDERSHOTT

CO-CHAIR: RINA PATEL

Purpose: To plan, conduct, and evaluate educational activities to meet the needs of the members and maximize the participation of all members in a meaningful learning process.

- _____ Topic Identification
- _____ Speaker Procurement
- _____ Program Logistics [Location planning; A/V needs;
- _____ Event Assistance [Flyer Prep for Secretary to Distribute; Registration, Room set up, Moderators, Evaluations,
- _____ Event Article for Newsletter

MEMBERSHIP CHAIR: JENNIFER SIEVERS

CO-CHAIR: CARL REYES

Purpose: To recruit and welcome new members, retain current members, promote reinstatement of inactive or former members who have not renewed their membership, and advance the opportunities of existing members through volunteer recruitment of future chapter leaders. Establish an Awards committee to recognize the efforts of chapter volunteers, i.e. new member volunteer; long service volunteer; major additional contribution volunteer.

- _____ New Member Welcome packet
- _____ New member Events and HFMA 101
- _____ New Member Outreach to providers and other healthcare organizations
- _____ Member Satisfaction and Retention
- _____ Membership Directory
- _____ Volunteer Outreach, Education, and Mentorship
- _____ Awards Chair and Program for Volunteerism

The Bottom Line

The Newsletter of the San Diego-Imperial Chapter

San Diego-Imperial Chapter Volunteer Sign Up Sheet

NEWSLETTER CHAIR: CHRIS UDELL

Purpose: To enhance chapter communications through regular publishing of the Newsletter. To provide members with advance information on upcoming chapter and National HFMA program events and social activities; provide members with messages from our chapter president; provide a site to recognize our new members and report on chapter growth, retention and volunteer opportunities; provide a forum for our sponsors; provide information relative to the goals of our strategic plan, and to provide a forum for reporting state and national issues relating to the healthcare finance industry. Publish four (4) newsletters: summer (June/July), fall (September/October), winter (December/January), and spring (March/April). Work closely with Programs; Secretary, and Website.

- _____ Article Procurement
- _____ Editor Assistance [Graphics; Publisher Design and Layout]
- _____ Photographers for local, regional and national events

SPONSORSHIP CHAIR: MICHELLE VALENCIA-JACKSON

Purpose: To solicit financial support in the form of general corporate sponsorships in return for recognition in Chapter publications and at Chapter events. To increase general sponsorship support to allow for the continuation of affordable cost educational programs, networking opportunities, and subsidization of memberships. Work closely with Treasurer.

- _____ Sponsorship Procurement
- _____ Value Benefit Analysis

SOCIAL CHAIR: ANDREA JACOBY

Purpose: Plans and organizes logistics, entertainment, & refreshments for chapter social events. Work closely with Membership and Sponsorship.

- _____ Social Event Assistance

CERTIFICATION CHAIR: TIM NGUYEN

Purpose: To promote professional certification of members as "Fellow of the Healthcare Financial Management Association" (FHFMA) and "Certified Healthcare Financial Professional" (CHFP) through coaching sessions.

- _____ Certification Coaching Assistance

The Bottom Line

The Newsletter of the San Diego-Imperial Chapter

San Diego-Imperial Chapter Volunteer Sign Up Sheet

WEBMASTER: BRYAN WEBSTER

Purpose: To provide member access to a real time up-to-date member directory; advance schedule of events including educational programs, social activities, certification test dates, and regional events; a site for sponsor information; a site for job postings; & and a link to HFMA national. Work closely with all chapter leaders.

_____ Website Assistance

FOUNDERS CONTACT: DAVID McNULTY

Purpose: To submit to National HFMA the information needed to score the San Diego-Imperial Chapter for Founders Points by August 10th annually. To check National's scoring for accuracy and report the chapter's progress during the year.

We look forward to having you join our volunteer team. Please provide your contact information and interests below:

Name: _____ Title: _____

HFMA Member #: _____ Email: _____

Company: _____

Phone#: _____ Fax #: _____

Address: _____

Committee Preference: 1st Choice:

Committee Preference: 2nd Choice:

On behalf of the Board of Directors, we look forward to having you on our volunteer leadership team!

-Deb Hagen, President San Diego-Imperial Chapter

FINANCE UPDATE

HFMA - San Diego Imperial Chapter Financial Performance Four Months Ended September 30, 2011



Balance Sheet	Sept 30, 2011	May 31, 2011	
Assets	\$117,720	\$143,713	
Liabilities and Fund Balances	\$117,720	\$143,713	
Income Statement	<u>YTD 09/30/11 Act</u>	<u>YTD 09/30/11 Bud</u>	<u>Variance</u>
Revenue	\$12,008	\$15,920	(\$3,912)
Expenses	<u>\$31,504</u>	<u>\$28,201</u>	<u>\$3,303</u>
Net Income	<u><u>(\$19,496)</u></u>	<u><u>(\$12,281)</u></u>	<u><u>(\$7,215)</u></u>

For more information go to our website at www.hfmasandiego.org

Editorial Policy: The statements and opinions expressed in articles or features are those of the author(s) and do not necessarily reflect the views of the HFMA San Diego/Imperial Chapter or the editor. The Editorial Board reserves the right to edit material and to accept or reject contributions whether solicited or not. All correspondence is assumed to be released for publication unless otherwise indicated. All rights reserved.

For any questions or comments, regarding this newsletter, please contact Chris Udell at Christopher.udell@pph.org

For more information visit our website at
www.hfmasandiego.org