

Volume 25 Issue 1

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GULF COAST LINES *The Newsletter of the Texas Gulf Coast HFMA*

HFMA Luncheon

Friday, August 19, 2011

11:15am - 1:30pm

The Methodist Hospital

Dunn Rio Grande Conference Center
6565 Fannin Street
Houston, TX 77030

Topic:

ICD-10: To Boldly Go Where Coding Has Not Gone Before

Overview of ICD-10, including a Description and Overview of the Codes and comparison with ICD-9, a discussion of GEMs and Crosswalks, Key Points with ICD-10, Testing Information, Impacts, Implementation Issues with ICD-10, and a discussion of the Healthcare Reform Act and additional changes upcoming as a result.

Learning Objectives: Participants will learn information on the ICD-10 codes themselves and how they relate to ICD-9, identifying areas impacted by the change, and identifying implementation challenges that may arise during the transition.

About the Speaker:

Pam Grosze - Vice President of Payer Services, PNC Bank Healthcare Division



Pam has spent 20 years in healthcare environments, implementing and supporting healthcare EDI transactions for leading companies, including PNC Bank and RelayHealth. She has worked with numerous healthcare EDI transaction types, including claims, remittances, claim status, eligibility, and acknowledgements, with particular expertise with X12 837 Claims and X12 835 ERAs. She has extensive knowledge and expertise in clearinghouse operations, revenue cycle management, remittance posting products, and payer processing. Pam has been directly involved in industry committees and organizations, including X12, WEDI, CAQH CORE, and HFMA. In addition to attendance at these regular meetings, she has presented on multiple occasions on a variety of topics, including EFT, HIPAA, NPI, 5010, and ICD-10.

President's Message

By Laura Comer, CPA, FHFMA



As I write my last newsletter article while serving in the capacity of President for the Chapter, I am amazed at the invigorating pace and accomplishments of the volunteer leadership team of the Texas Gulf Coast Chapter. I want to thank each and every one of you who have so successfully contributed to making our chapter shine. We set out as a team to make our Texas Gulf Coast Chapter “the fun chapter” and we have most definitely accomplished this goal. I believe we have created an atmosphere of increased professional and social networking and have engaged new members as well as existing members along our journey.

I would like to congratulate Cindy Price, FHFMA, 2008/09 HFMA Texas Gulf Coast Chapter President, and Chief Operating Officer at HCA on her appointment at the national level to the Board of Examiners. This is a great honor and we are very proud to have our chapter represented at the national level in HFMA. Congratulations Cindy!

On the national horizon, HFMA has formed the Health Reform Advisory Committee to provide input and counsel to HFMA management in the development of HFMA’s perspectives on key provisions of the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 (HCERA). In order to get input from across the nation, national has charged each region to develop Local Information Networks (LINK Committees). Region 9 has decided to create our LINK Committee at the Regional Level and each Chapter President was asked to assign two chapter members with an expertise in reimbursement and the revenue cycle. I am proud to announce that our chapter will be represented by:

Mr. Brad Gibson	Mr. Ken Janda
Associate VP & Treasurer	President
MD Anderson Cancer Center	Community Health Choice

Thank you Brad and Ken for serving on our LINK committee and supporting this national initiative to influence health care policy in the United States.

In closing, thank you for the opportunity to serve as President of the phenomenal Texas Gulf Coast Chapter of HFMA. Please help me welcome Julie Rabat-Torki as she steps into the role of President. To our nearly 150 volunteers who make the chapter so special, thank you for lending your talents and taking the time to “Step Up” and support your chapter this year.

To Your Health!

Laura

President's Message

By Julie Rabat-Torki

Greetings from your 2011/2012 President of the Texas Gulf Coast Chapter of HFMA!



As we begin the new HFMA year I would like to sincerely thank Laura Comer, Mark Evard, Natasha Mehta, Mary Ann Waterman, Melissa Fisher, the Board Members, Committee Chairs & Co-chairs, Sponsors, Volunteers and Students for a magnificent year of learning, innovation and most especially for the tremendous dedication to our Chapter. I am so thankful for the friendships, the spirited discussions, and for being part of a great group of professionals, always looking out for one another and willing to lend a helping hand. The kind of rapport in our leadership team is one imbued with a great deal of trust and this is what makes it successful and helps insure we meet and exceed our goals as a Chapter.

Many thanks to our Chapter Members for entrusting the position of Chapter President with me; I will do my very best to fill the colossal shoes of those who have come before me.

The 2011/2012 HFMA National Chairman's theme is "Believe to Achieve". I think this theme fits in squarely with our Chapters' "can-do" personality. As a pioneering Chapter, your 2011/2012 Leaders will continue the tradition of excellence, bringing forward robust opportunities for education, innovative thinking and discussion, networking and continuing on our quest to make Healthcare Finance professionals more sociable creatures.

You will be happy to know, we will only ask for four things in return:

- 1) Please, attend our Chapter meetings, webinars, and social events and take advantage of the free webinars that HFMA National has been offering and will continue to offer. Bring a friend along! Introduce yourself to someone new each time you attend a meeting. These things will help your Chapter meet its education goals for the year and more importantly will help you make the most out of your membership.
- 2) Please, commit to becoming HFMA Certified. Your Chapter will support you in this worthwhile endeavor with a robust coaching program currently under development. I would like to propose a challenge this year to all of our Members. As of last count, we had 6.8% of our Members certified. Let's shoot for having 10% of our Members certified by this time next year! I Believe we can Achieve this lofty goal!
- 3) Please, join a committee, help us continue to grow our Volunteer numbers; share your talent and at the same time make your membership most meaningful.
- 4) And lastly, please, don't let your membership dues lapse! Think of it like your electric bill, if you don't keep it current, the coffee pot won't turn on in the morning! And that's not a good thing! At last count, our Chapter had 764 Members. I would like to see us at 900 Members. If everyone reading this article recruited one new Member (and kept their membership dues current) we would make this number easily. I Believe we can Achieve!

These four things will help ensure a successful Chapter, but even more than that, these four things will guarantee that YOU have made the most of your HFMA Membership!

Thank you and remember, You must Believe to Achieve!

Julie Rabat-Torki



Upcoming Events:

**HFMA
Monthly Luncheon
Friday, September 16
11:15am-1:30pm**
The Methodist Hospital
Dunn Rio Grande
Conference Center
6565 Fannin Street
Houston, TX 77030

**HFMA Texas Gulf Coast Chapter
Healthcare Innovation Summit
October 19-21, 2011**

**San Luis Resort
Galveston, Texas**

16.5 CPE Credits

plus
HFMA Certification Course
Ethics for Texas CPAs
Vendor Exhibits
and

**Dinner/Dance
with The Fab 5
Thurs - Oct 20**



HFMA New Member Spotlight - Mr. Sean Kim



1. Please tell us a little about your professional background and what is your current area of expertise, professionally, in your organization?

My career began in administration and education, working in the Office of Continuing Medical Education at Baylor College of Medicine (BCM) after studying economics, psychology, and managerial studies at Rice University in Houston, Texas. I then became certified to teach English as a foreign language and took one year to educate the citizens of Djibouti, East Africa before I began my graduate studies in business administration. It was at that time that my career took a turn towards healthcare administration, working in accounting and finance.

After completing a one year Administrative Fellowship at BCM, I joined the Department of Molecular and Human Genetics and currently serve as the Director of Business Operations for the Medical Genetics Laboratories at BCM where I manage the day-to-day financial operations, operating and capital budgets, financial reporting, and revenue cycle.

2. Where did you grow up?

I was born in South Korea and came to Houston, Texas at two years old and have been here ever since. I spent one year living in Djibouti, East Africa teaching English.

3. What experience or person has made the biggest impact on your life?

My beautiful wife - currently pregnant with our first daughter - who is currently a resident physician in Family Medicine at The Methodist Hospital, has made the biggest impact on my life through her constant support of my career. She is able to explain to me the clinicians' point of view with regards to current issues in healthcare, which gives me a more complete perspective on managing a successful healthcare organization.

4. What is your favorite hobby and what is something that very few people know about you?

My favorite hobby is anything to do with music – piano, guitar, percussion, and composition. Very few people know that I almost pursued a career as a Korean pop star, but chose healthcare administration instead because it provided a longer and sustainable profession.

5. What is something interesting or exciting you are working on professionally that has an impact on the world of Healthcare financial management?

I very recently became certified as a public accountant by the Texas State Board of Public Accountancy. As I pursued this professional accomplishment over the past several years, I learned business skills ranging from financial accounting, business law and ethics, auditing, economics, etc. I hope to utilize these skill sets to impact my organization's bottom line through prudent financial management.

6. What advice would you give new members about making the most of their HFMA membership?

I would highly recommend attending the national annual conference (ANI). It is an incredible learning and networking opportunity, and the event opens one's eyes to a myriad of vendors that could potentially provide valuable financial services to one's organization. I would also suggest attending events within one's local chapter for similar educational and networking opportunities.

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HFMA REGION 9
th ANNUAL
CONFERENCE
NOVEMBER 13-15, 2011
NEW ORLEANS
21.5 CPE Credits
www.hfma-region9.org



Community Service Corner



I am so excited to be back chairing the Community Service Committee of our Chapter. For those of you that know me, you know that Community Service is one of my greatest passions. My sincere thanks to our President, Julie Rabat-Torki, for providing me this opportunity once again. I am even more excited about having Alice Sands and Rachel Beasley as my Co-Chairs.

We have a great list of community service projects planned for this year. Our first project was for **Be An Angel**. Be An Angel was started in 1986 by a concerned parent who discovered the overwhelming needs of the multiple handicapped and profoundly deaf students at T.H. Rogers Elementary School. Twenty-five years later, Be An Angel serves children all over the Houston area by providing specialized programs, services and equipment that will contribute to longer, more productive and fuller lives. On June 17, Dustin Tracy, of Be An Angel, kicked off our drive for cans of Ensure and children's' diapers. That day we collected \$268.00 in monetary donations, 8 packages of diapers (493 diapers), 3 packages of 6 cans of Ensure, and 2 14 oz cans of Ensure powder mix. At our July 15 meeting, we collected an additional \$120 in monetary donations, 36 diapers, and 6 cans of Ensure. Thank you so much to everyone who contributed. If you did not have the opportunity to make a contribution and would like to be a part of this drive, please contact me at 281-296-1771, ext. 10018 or via email at: ldixon@cardonhealthcare.com.

Our upcoming projects include travel toiletries for the **Ronald McDonald House**, within Texas Children's Hospital, from September-October 2011; An Accessory Drive for **Dress for Success** from January-February 2012; and a Board Game Drive for **Boys and Girls Clubs of Greater Houston** from March-April 2012.

This chapter is the most generous when it comes to giving to the community service projects we promote each year. I look forward to what all we are going to be able to "give back" to these four well-deserving charitable organizations within our community.

Lisa Dixon
Community Service Chair

Social Networking Events



I want to thank all of those who came out to the happy hour last Thursday evening. I had a blast and I hope everyone who attended feels the same. Don't worry if you were not able to make it, there will be more!! Remember, this is a great time to come out and network with your peers and others from within our industry. Guests are always welcome and you can come and go as you please. Please mark your calendars so that we can make each one bigger and better than the last - or at least as much fun! The upcoming events are as follows:

- ⇒ August 25 - Cova Wine Bar 5-7pm
- ⇒ September 22 - Bowling event
- ⇒ October 19-21 – GALVESTON EVENT
- ⇒ December 1 - Sonoma Wine Tasting Event (Sponsored) 6-8pm

Best regards,
Daymon Couvillon
Social Networking Co-Chair

Health Care and the 82nd Texas Legislature

During the regular session, legislators crafted a budget for 2012-13 that fails to adequately fund existing levels of care or growth in the Medicaid program. Hospitals were left to finance more than \$780 million in cuts – reductions disproportionate to those affecting any other industry in the budget. A summary of health care-related actions appears below.

State Budget

Lawmakers approved a \$172 billion (all funds) budget, which represents an 8.1 percent decrease – or a \$15.2 billion cut – in current spending. Although every sector of the economy took a hit, health and human services were hardest hit, with a 17.2 percent decrease in funding. Of the \$11.3 billion cut, the biggest loss is federal funds due to the expiration of federal stimulus dollars and the associated 10-point decline in the federal Medicaid matching rate.

Texas Medicaid

The Legislature ignored the realities of growth in Medicaid caseload and costs and decided to address shortfalls in a supplemental appropriation when the 2013 session convenes. Despite the original 10 percent across-the-board reduction in Medicaid rates for all providers, in the end only hospitals were cut. Physicians, nursing homes and mental health services were held to their 2010-11 funding levels. For hospitals, legislators counted the 2 percent reduction already in place and added 8 percent to it for the next biennium. However, the hit to hospital reimbursement will go much deeper.

Legislators will expand Medicaid managed care statewide, and health plans will be incentivized to reduce hospital expenditures. Lawmakers also directed the Texas Health and Human Services Commission to identify some \$450 million in Medicaid “cost containment” initiatives, many of these directed at hospitals, such as reducing emergency department rates for non-emergency visits, reducing neonatal care unit admissions, and implementing penalties for certain preventable readmissions, hospital-acquired infections and adverse events.

Fundamental changes in hospital payment methodologies – including the transition to a statewide Standard Dollar Amount – will produce cost savings for the state and redistribute money among hospitals. On average, hospitals will be paid about 53 percent of allowable Medicaid costs. Hospitals potentially face additional rate reductions to achieve budgeted savings if managed care expansion is delayed or underperforms.

Trauma Funding

Numerous attempts to repeal the Driver Responsibility Program, which is the major source of funding for designated trauma hospitals, failed. However, the budget cut trauma funding by 23 percent to \$57.5 million for each year of the biennium.

Health Professions Education

The budget includes \$30 million for the biennium to fund the Professional Nursing Shortage Reduction Program, which has increased nursing school enrollment over the past two years. Proposed cuts in funding for medical education were reduced, but Texas still will have an inadequate number of medical residencies and fail to meet the growing need for physicians. The physician education loan repayment program, which encourages doctors to practice in underserved communities, lost 76 percent of its funding.

(Continued on Page 7)

Health Care and the 82nd Texas Legislature (cont'd)

Physician Employment

The one bright spot in health care legislation was the approval of measures allowing rural hospitals, certain hospital districts and the Texas Scottish Rite Hospital in Dallas to employ physicians directly. One bill applies specifically to hospitals in counties with a population less than 50,000 and to sole community and critical access hospitals. Specific bills give hospital districts in Bexar, El Paso, Harris and Tarrant counties the authority to employ physicians. All of the bills require hospital policies to protect employed physicians' independent medical judgment.

Nursing Issues

Legislators approved a bill to extend current law that protects a nurse or his advisor from retaliation for engaging in patient advocacy activities, creates immunity protections from criminal liability, and increases the administrative penalty against a facility that retaliates against a nurse to an amount not to exceed \$25,000. The bill was passed in response to the case of two Winkler County nurses who were criminally indicted for reporting a physician to the Texas Medical Board.

Another patient safety-related nursing bill authorizes the Texas Board of Nursing to establish a confidential, voluntary error reporting system for nursing peer review. Nursing union-backed bills to require a mandated ratio of nurses to patients again failed.

Advance Directives

Despite several bills being filed and House floor amendments being offered to "must pass" legislation, no significant changes were made to the Texas Advance Directives Act during the regular session.

Legislation was approved that clarifies that EMS personnel are required to honor only Out-of-Hospital Do-Not-Resuscitate orders.

Tort Reform

The Legislature held the line on previous tort reform efforts and actually strengthened the legal climate by passing "loser pay" legislation.

Operational Issues

Several bills passed that will require changes to hospital operations. Changes were made to requirements for privacy of electronic health records, notification of filing of hospital liens, newborn screening laws and disposal of medical records.

The Texas Hospital Association has published a special edition of the Health Care Advocate that recaps specific health care legislation in greater detail. A PDF of the report is available online at www.tha.org/2011specialedition.

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TEXAS HOSPITAL ASSOCIATION



Does the Revenue Cycle Impact the Total Patient Experience? And Are Hospitals Missing the Financial Opportunity?

By Daniel Schulte, Michael S. Friedberg, and Andrew DeVoe

According to Jennifer Robinson, Senior Editor for the Gallup Management Journal, “for over 20 years or so, healthcare organizations have realized providing exemplary medical care isn’t enough to engage hospital patients. That’s because, from the patient’s perspective, excellent medical attention is the least a healthcare organization can offer. Many hospitals recognize this and now focus on the patient experience.”

So what is the “Patient Experience”?

The Beryl Institute collaborated with healthcare professionals and practitioners at hospitals around the county to develop a definition.

Patient Experience- *The sum of all interactions, shaped by an organization’s culture, that influence patient perception across a continuum of care.*

This statement and effort is so powerful that 93% of healthcare leaders say patient experience is among their top 5 priorities. Additionally, HealthLeaders Media Patient Experience Leadership Survey indicated 45% of healthcare executives see this as a priority 5 years from now.

As consumers spend more and more of their disposable income on monthly health insurance premiums, higher co pays and out of pocket expenses, they are demanding more from their chosen “provider.” In addition, the landscape around experience in healthcare is shifting dramatically in part due to the Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS) and the pending value-based purchasing program that will link payments to clinical care. This will, in the future significantly impact the market basket index, that is used to annually adjust the Medicare Inpatient Payment Rates. The level of reimbursement hospitals receive from their largest payer will be directly tied to the HCAHPS survey. Healthcare economists are advising hospitals with the advent of healthcare reform and future reimbursement levels, one of their financial objective hospitals will need to achieve is to generate positive returns under government reimbursement policies. This places increased significance on the outcomes of HCAHPS surveys and hospitals will need to take a more proactive step in managing their operations as they are reflected within the survey.

The HCAHPS survey consists of 27 questions that cover everything from the cleanliness of the patient room, to nurse-patient communication, to pain management. However, there are 2 questions, by their nature, that transcend the entire spectrum of the healthcare delivery system.

1. Rate the hospital on a scale from 0 to 10.
2. Would you recommend the hospital?

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Does the Revenue Cycle Impact the Total Patient Experience? (cont'd)

The responses to these questions can definitely be impacted by the administrative processes within the Revenue Cycle. Remember the revenue cycle representatives are usually the last contact with patients upon completion of their healthcare experience. While the time line for the HCAHPS survey requires the survey to be administered within 6 weeks of discharge, there is ability, for a deliberate focus on the patient interactions by the revenue cycle representatives, stressing the organization's culture and responsiveness to assist with the administrative challenges patients deal with, to influence the patient's perception of the hospital. This is not only good business sense from an accounts receivable management position but also allows for a world class customer service environment that is proactively managing the patient's account portfolio. In contrast to an approach that just puts out the fires and is limited to responding to questions and focused only on the immediate collection of a debt. Make no mistake collecting everything that is due is important but realize the collection of an out of pocket patient liability or even one entire patient account balance has far reaching effect on greater future reimbursements.

In fact hospital revenue cycle representatives are the final personal touch points that usually occur between patients and the hospital.

You need to ask these 2 questions:

1. Are these touch points/encounters being used to positively support the hospital's mission statement?
2. Is there active participation with patients during these encounters to shape the hospital's reputation and brand?

The answer to these questions all center around how to guide the patient's journey through the healthcare reimbursement maze to find the most appropriate solution for the patient's situation. This journey can be accomplished through the use of specific tools that focus on enhanced communications and a comprehensive resolution of the patient's account. By using people-driven, technology supported services you can achieve a high level of patient satisfaction. Through this satisfaction you can enhance both patient and physician loyalty to the hospital.

The loyalty of these patients can unlock huge future potential revenue sources. The patient life time revenue value is the amount of revenue a patient can expect to generate for a hospital over their lifetime if they choose to utilize the same hospital for all the medical needs. With the impact of consumerism in healthcare this lifetime revenue value is becoming an important part of hospital's reputation management process and strategic marketing initiatives.

What are things you need to do to maximize the revenue cycle impact on the patient experience as well as protect your future patient lifetime revenue potential?

- ⇒ Educate all employees of the patient experience initiatives especially the revenue cycle representatives and their impact on the outcomes.
- ⇒ Create an environment that fosters patient loyalty as a critical outcome.
- ⇒ Design a patient centered revenue cycle process that is focused on customer service excellence while resolving all patient concerns.
- ⇒ Integrate HCAHPS survey completion within the patient revenue cycle communication process.

(Continued on Page 10)



Does the Revenue Cycle Impact the Total Patient Experience? (cont'd)

- ⇒ Utilize technology to support the customer service function with call centers personnel trained and motivated to achieve established goals.
- ⇒ Ensure all third-party service providers are fully supporting your mission and your initiatives to enhance the patient experience.
- ⇒ Explore social media sites to communicate your message and encourage patients to be positive spokes persons for your organization.

Remember, your reputation matters and what your patients are saying is crucial and these experiences are still being formed long after the patient leaves the hospital. That is why revenue cycle operations are critical to effective Total Patient Experience initiatives.

Revenue Cycle Partners, a division of Avadyne Health, provides customer service solutions for hospitals nationally that improve profitability while enhancing the Total Patient Experience. Call Steve Chrapla at (847) 395-7655 to learn more about our Patient Experience and Reputation Management programs and how they can assist your organization.

Next Newsletter Deadline ***October/November/December Edition***

- ◆ *Articles due to the Editor no later than September 1, 2011.*
- ◆ *Submit articles (MS Word) or advertising (.jpg or .tif files) to the newsletter editor, Scott Sette: ssette@wittkiever.com*
- ◆ *For advertising rates for NON-SPONSOR ads, please contact the newsletter editor at the same e-mail address.*
- ◆ *Gulf Coast Lines is published quarterly by the Texas Gulf Coast chapter of the Healthcare Financial Management Association as a communication medium to Chapter members. Opinions expressed in articles are those of the authors and do not necessarily reflect the views of the Texas Gulf Coast chapter or its members.*
- ◆ *The Editor reserves the right to edit any submission for clarity and length and to accept or reject any submission.*
- ◆ *Please submit all submissions to Newsletter Chair Scott Sette at ssette@wittkiever.com*

A Review of Just Culture: Engineering Better Outcomes

*Presented by: K. Scott Griffith, C.O.O., Outcome Engineering:
Curators of the Just Culture Community*

Authored by: Aditi Sheth, MHA/MBA 2012, University of Houston-Clear Lake

Edited by: Jessica Foster & Julie Rabat-Torki, FHFMA

We all think, “it won’t happen to me.” We believe that regardless of our behavior, we will not be the ones to face a negative outcome. This mentality is elevated in professionals, who often believe they have the knowledge and skills to avoid errors and therefore are less likely to recognize and correct their mistakes.

Scott Griffith, Chief Operating Officer of Outcome Engineering: Curators of a Just Culture Community delivered an incredibly motivating and attention-grabbing speech at this year’s HFMA Texas Gulf Coast Chapter Annual Conference. Through Mr. Griffith’s and CEO David Marx’s solid backgrounds and experience in the aviation and airline industry, they became developers of the Just Culture ideology and methodology, which has been implemented in various industries and organizations. By observing several suboptimal outcomes, the pioneers of Just Culture developed a new set of rules that are now being used at over 1000 hospitals and over 250 airline programs across the United States. This ideology is applicable to employees in the healthcare sector at all levels, whether they are provider, manager, regulator, etc.

This application has been especially useful in the healthcare industry, in which we are currently seeing a loss of about 198,000 lives per year due to healthcare acquired infections and medical errors. Many healthcare leaders today believe that the greatest hindrance to error prevention in the medical industry to be the punishment of those who make mistakes. Though punishing a doctor or nurse solely for an unfavorable outcome is not always the right answer, it is often the course of action taken by management. This prevents the employee and others from learning from their mistakes.

Just Culture practices were developed in an effort to understand how human nature and outcomes affect decision-making at an organizational level. Surveys have been used to test employees’ perception of what action a hospital would take based on a resulting outcome. It has been repeatedly demonstrated that organizations will generally take action only if a negative result occurs, but in reality, they should be preventing the possibility of a negative outcome from occurring in the first place. Reckless and at-risk choices may not result in unfavorable outcomes each time, but they may lead to potentially dangerous situations down the road. If we turn a blind eye to risky behavior because it did not result in an adverse outcome, we are allowing for a strong possibility that these outcomes will occur in the future. Mr. Griffith stated that 70-80% human errors and 70-90% at-risk behaviors are unexplained in healthcare today. Therefore, not addressing causes and underlying issues of possible adverse behaviors and outcomes is in itself an immense risk.

Become CHFP Certified



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

The CHFP Certification Program is Online January 2011



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

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

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

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

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

*The two-year HFMA membership requirement has been dropped

The New HFMA Certification Program

HFMA's certification program changed January 1, 2011. Since many of you are considering becoming certified, we want to let you know that HFMA and the Texas Gulf Coast Chapter will continue to support your professional development goals.

New Program Features:

- ⇒ A single, comprehensive four-hour certification examination has replaced the two exams previously required (Core and Specialty).
- ⇒ New members become certified immediately upon passing the online exam; the two-year HFMA membership requirement and the paper CHFP application have both been eliminated.
- ⇒ New online study materials have replaced the printed hard-copy study guides.
- ⇒ The exam will be administered via the Internet at testing sites operated by Castle Worldwide. Candidates may select a date and time online at Castle's website. Sites are typically available Monday through Saturday during normal business hours.

The New Exam

The test covers six knowledge areas considered essential to healthcare financial management: revenue cycle, budgeting & forecasting, financial reporting, internal controls, disbursements, and contracting. All of these areas were tested in the old certification exams but will be better integrated with each other in the new exam. The program anticipates that candidates will have a minimum of 3-5 years management experience.

The Texas Gulf Coast Chapter's Commitment to Members

The Texas Gulf Coast Chapter is designing a coaching course focused on the new exam, which will be offered Friday, October 21, 2011 at the San Luis Resort in Galveston in conjunction with the HFMA Gulf Coast Fall Conference.

Questions?



Mark Worthen

Check out the Certification FAQs at <http://www.hfma.org/certification>. You may also contact Mark Worthen, Certification Contact for the Texas Gulf Coast Chapter at 713-329-2361 or by email at mworthen@trustmark.com, or Jeff Helton, Certification Co-Chair at 713-500-9186 or by email at Jeffrey.R.Helton@uth.tmc.edu.

You may also contact HFMA at 1-800-252-4362 and ask for Certification.



Mentorship...A Commitment to a Relationship!

By: Tim Eng, Mentorship Committee Co-Chair



As the Co-Chair of the Mentorship Committee, I committed to a Mentorship relationship myself so I could experience the same thing all of our Mentors and Mentees were experiencing - all the ups, downs and everything in between. I told myself that would make me a better Mentorship Co-Chair.

Well, I went one better and I actually have two Mentorship relationships. One was an “official” relationship and one was a relationship that started as a result of working together on a committee. Both are great relationships, but it is the one that grew out of working together that I think has made such a difference, at least for me, as a Mentor.

That is kind of how relationships work, whether personal or mentoring. The ones that tend to make the most impact and last the longest are the ones where both individuals desire to have the relationship and are committed to that relationship.

The Mentorship Committee is set up to help foster those relationships and make them as successful as possible by providing an introduction of a Mentor to a Mentee, providing educational material and, of course, assistance to the Mentor and or Mentee whenever it is requested.

However, the most important element in that relationship is something that no Committee or Officer of HFMA can provide, and that is a commitment of both parties to fostering that relationship.

If both individuals are willing to commit, and of course, have a natural “chemistry,” then both of you are in for a very special relationship that will grow into a wonderful friendship.

I know from personal experience that is what my Mentorship relationship with the individual who I have worked with on a Committee has become.

The Mentorship Committee is ready to help you with anything you need, just let us know. However, remember the two of you must provide the one item we cannot and that is a commitment to make time for that Mentorship relationship.

Happy Mentoring!

Tim, Debbie and Jim

HFMA New Members

Samina Afzal	St. Luke's Episcopal Health System
Richard Beech, MD, JD, MBA	Legacy Community Health Services
Amy Berliner	Texas Oncology / US Oncology
Latoya Blaylock	HER HEALTHCARE
Jennie Campbell	Houston Orthopedic Surgical Hospital
Jason Casey	
Kelly Caskey	Methodist Hospital System
Nan Chi, CPA	Methodist Hospital System
Josiah Corley	Medix Professional Services
Francisco Escamilla	U.T. Medical Branch Galveston
Jennifer Fowlkes	U.S. Oncology
Arnold Frias	
Robin George	
Kenneth Green	GLG Consulting
Donna Hagdorn, CPA	U.T. Health - Harris County Psychiatric Center
Erin Harrison, MPA	Baylor College of Medicine
Cole Hatcher	Sugar Land Surgical Hospital
Jessica Hinojosa	Texas Children's Hospital
Carlo Ianni	U.T. - M.D.Anderson Cancer Center
Cherry Joseph	Acclivity Healthcare
Kimberly Kennedy	
Vadim Kidin	Baylor College of Medicine
Mira Lala	Nexus Health Systems
Mun Lam	
Laquette Lewis	Emerus 24 Hour Emergency Hospital
Cindy Macik	Tomball Regional Hospital
Andrew MacMillan	CSI

Has Your Contact Information Changed?

If you are relocating, changing jobs, changing e-mail addresses or phone numbers, don't forget to update your information on the National HFMA website at www.hfma.org, or e-mail your new contact info to:

memberservices@hfma.org

Also, please notify the Chapter office of your changes at 713.776.1314 or info@htmatxgc.org

HFMA Texas Gulf Coast Chapter Job Bank

Contact Dianne Love, PhD at love@cl.uh.edu to post job opportunities and/or to be added to the HFMA e-mail distribution group for future job opportunities.

HFMA National Job Bank
http://www.hfma.org/careers/job_bank_new.cfm

HFMA New Members (cont'd)

Michael McCoy	US Oncology
Angela McCrary	Cook Children's Health Plan
Angela Morris	U.T.-MD Anderson Cancer Center
Shelly Moses	Trinity Mother Francis Health System
Julie Nickell, CPA	Baylor College of Medicine
Eugene O'Brien	Texas Children's Hospital
Corey O'Connor	BKD, LLP
Kenny Oduguwa	Parallon Business Solution
Bryan Pannagl	
Brian Pape	BKD, LLP
Darshan Patel	
Omar Perez	GRANT & WEBER
Christopher Roach	Think-IT Services, LLC
John Roberts	
Mark Robinson	Cardon Healthcare
Sara Rogers	CSI Leasing
Shante Romant	U.T.- MD Anderson Cancer Center
Perry Ruthven	Priority Power Management LLC
Erin Schmidt	
John Schmidt, CPA	University of Texas Medical Branch
Robert Sorrells	CarePayment Technologies Inc.
Jim Tempio	First American Equipment Finance
Sharon Van Ness	The MASH Program
George Walker	Foundation Surgical Hospital
Danielle Williams	Christus St. Catherine Hospital
Rhonda Williams, MPA	U.T. - M.D. Anderson Cancer Center
John Young	University General Hospital

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HFMA National Job Bank
http://www.hfma.org/careers/job_bank_new.cfm



HFMA Board of Directors & Committee Chairpersons 2011-2012

Officers	Member	Phone Number	Email Address
President (+DCMS Contact)	Julie Rabat-Torki	281.523.2720	julie.rabat-torki@christushealth.org
President-Elect (+DCMS Co-Chair)	Mark Evard	832.355.3724	mevard@sleh.com
Vice President	Natasha Mehta	832.451.7728	nbmehta@deloitte.com
Secretary	Victoria Nikitin	713.566.2324	Victoria_Nikitin@hchd.tmc.edu
Treasurer	Steve Hand	713.448.4191	steven.hand@memorialhermann.org
Past President	Laura Comer	713.792.5210	lcomer@mdanderson.org
Director Positions	Member	Phone Number	Email Address
Director 2011-2013	Jackie Lewis	832.244.0219	jackie.lewis@xamandmax.com
Director 2011-2013	Lisa Dixon	281.296.1771 - Ext 10018	LDixon@cardonhealthcare.com
Director 2011-2013	Alice Sands	832.295.0848	alice.sands@acs-inc.com
Director 2011-2013	Pam Potter	832.678.2404	ppotter@alteramedgroup.com
Director 2011-2013	Cody Hill	409.656.8220	r.cody.hill@memorialhermann.org
Director 2011-2013	Cindy Price	713.448.2100	cindy.price2@hcahealthcare.com
Director 2011-2013	Kent Walters	713.794.4354	kwalters@mdanderson.org
Director 2011-2013	Dena McNeill	713.996.0216	dena.r.mcneill@us.pwc.com
Director Positions	Member	Phone Number	Email Address
Director 2010-2012	Patrick Mason	832.418.0193	mpmason@tmhs.org
Director 2010-2012	Tim Eng	956.357.0998	timothy.eng@valleybaptist.net
Director 2010-2012	Scott McBride	713.646.1390	smcbride@bakerlaw.com
Director 2010-2012	Scott Sette	713.266.6779	ssette@wittkieffer.com
Director 2010-2012	Mark Kline	713.295.2394	mark.kline@communityhealthchoice.org
Director 2010-2012	Mark Worthen	713.329.2361	mworthen@trustmark.com
Director 2010-2012	Jennifer Keller	713.339.0027	jkeller@Westerkampgroup.com
Director 2010-2012	Debbie Teesdale	214.789.1650	dteesdale@paragonhs.org
Committee Positions	Member	Phone Number	Email Address
Academic Affairs Chair	Kirk Pogue	972.757.4303	kirkpogue@yahoo.com
Academic Affairs Co-Chair	Mark Kline	281.825.8726	mgklinetexas@sbcglobal.net
Audit Committee	Rachel Beasley	713.410.4073	rmbeas1@texaschildrens.org
Assistant Treasurer, Disbursements	Rosanna Sharp	281.523.2721	rosanna.sharp@christushealth.org
Awards Chair	Scott McBride	713.646.1390	smcbride@bakerlaw.com
Awards Co-Chair	Natasha Mehta	832.451.7728	nbmehta@deloitte.com
Awards Co-Chair	Anup Bodhe	832.618.8674	bodheanup@gmail.com
By-Laws	Scott McBride	713.646.1390	smcbride@bakerlaw.com
Certification Chair	Mark Worthen	713.329.2361	mworthen@trustmark.com
Certification Co-Chair	Donald Sands	713.448.6650	donald.sands@memorialhermann.org
Certification Co-Chair	Jeff Helton	281.910.4531	jeffrey.r.helton@uth.tmc.edu
Community Service Chair	Lisa Dixon	281.296.1771 - Ext 10018	ldixon@cardonhealthcare.com
Community Service Co-Chair	Rachel Beasley	713.410.4073	rmbeas1@texaschildrens.org
Community Service Co-Chair	Alice Sands	832.295.0848	alice.sands@acs-inc.com
Founders Co-Chair	Kim Reyna	713.794.1770	kmreyna@mdanderson.org
Founders Co-Chair	Phyllis Speer	713.745.9670	pspeer@mdanderson.org



HFMA Board of Directors & Committee Chairpersons 2011-2012

Committee Positions	Member	Phone Number	Email Address
Charity Golf Event Chair	Laura Comer	713.792.5210	lcomer@mdanderson.org
Charity Golf Event Co-Chair	Natasha Mehta	832.451.7728	nbmehta@deloitte.com
Job Referral Chair	Dianne Love	832.842.2037	dlove8847@aol.com
Joint Programs Chair	Eric V. Dpew	281.920.0300 - Ext. 100	edepew@mcctx.com
Managed Care Chair	Edward White	713.273.8829	ewhite@masonwhite.com
Managed Care Co-Chair	Kathryn Mobley	832.824.2742	klmobley@texaschildrens.org
Managed Care Co-Chair	Tammy Vincent	713.354.7140	tamorah_vincent@bcbstx.com
Membership Chair	Jackie Lewis	832.244.0219	jackie.lewis@xamandmax.com
Membership Co-Chair: Students/Faculty Liason	Windell Yancy	214.682.2343	WYancy@apexprint.com
Membership Co-Chair	James Lawson	832.527.4010	james.lawson@cbcsnational.com
Mentor Chair	Tim Eng	956.357.0998	timothy.eng@valleybaptist.net
Mentor Co-Chair	Debbie Teesdale	214.789.1650	dteesdale@paragonhs.org
Newsletter Chair	Scott Sette	713.266.6779	ssette@wittkieffer.com
Newsletter Co-Chair	Laurie Mascorro	713.297.1817	lmascorro@bankoftexas.com
Nominating Committee Chair	Eric V. Depew	281.920.0300 - Ext. 100	edepew@mcctx.com
Nominating Committee Chair	Laura Comer	713.792.5210	lcomer@mdanderson.org
Physician Alignment Co-Chair	Pam Potter	832.678.2404	ppotter@alteramedgroup.com
Physician Alignment Co-Chair	Patrick Mason	832.418.0193	mpmason@tmhs.org
Program Chair	Jennifer Keller	713.339.0027	jkeller@Westerkampgroup.com
Program Co-Chair	Patrick Mason	832.418.0193	mpmason@tmhs.org
Program Co-Chair	Cody Hill	409.656.8220	r.cody.hill@memorialhermann.org
Program Co-Chair: Sponsorship Liason	Kent Walters	713.794.4354	kwalters@mdanderson.org
Public Relations Contact	Natasha Mehta	832.451.7728	nbmehta@deloitte.com
Social Networking Co-Chair: LinkedIn	Tom Konitzer	713.850.9500	tom.konitzer@addisonsearch.com
LinkedIn Membership Coordinator	Rachel Beasley	713.410.4073	rmbas1@texaschildrens.org
Social Networking Chair: Extended Program Events	Letitia Reyna	210.241.3188	letitia.reyna@na.firstsource.com
Social Networking Co-Chair: Stand-alone Events	Daymon Couvillon	832.216.1110	dcouvillon@earthlink.net
Sponsorship Chair	Dena McNeill	713.356.5939	dena.r.mcneill@us.pwc.com
Sponsorship Co-Chair	Debbie Teesdale	214.789.1650	dteesdale@paragonhs.org
Sponsorship Co-Chair	Cindy Price	713.448.2100	cindy.price2@hcahealthcare.com
Strategic Planning Chair	Mark Evard	832.355.3724	mevard@sleh.com



HFMA Board of Directors & Committee Chairpersons 2011-2012

Committee Positions	Member	Phone Number	Email Address
2010-2011 President	Laura Comer	713.792.5210	lcomer@mdanderson.org
2009-2010 President	Melissa Fisher	713.791.6205	mfisher@giveblood.org
2008-2009 President	Cindy Price	713.448.2100	cindy.price2@hcahealthcare.com
2007-2008 President	Nancy Brock	281.599.5712	nancy.brock@christushealth.org
2006-2007 President	Scott McBride	713.646.1390	smcbride@bakerlaw.com
2005-2006 President	Arden J. Biggar	Deceased	-
2004-2005 President	Terry Sanchez Allison	409.392.3370	terrya@gvtc.com
2003-2004 President	Kim Endlich	713.729.6510	shanholtzkim@sbcglobal.net



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Membership Dues 2011-2012

Regular Membership Dues Through May 2012

Month Joined	Dues	*Discounted Dues for New Members
June	\$274	\$174
July	\$252	\$156
August	\$233	\$144
September	\$214	\$121
October	\$194	Take advantage of these reduced New Member Dues by joining prior to Oct. 2011. New Members: Take advantage of the reduced New Member Dues and save \$100 off your Membership Dues! Just pay through May 2012.
November	\$174	
December	\$155	
January	\$136	
February	\$114	
March	\$98	
April	\$77	
May	\$57	

Student e-Membership

Are you interested in becoming an HFMA student member to get a head start on your future success? Please contact our Member Services Team for more information at 1-800-252-4362 or at memberservices@hfma.org.

Faculty Membership through May 2012

Month Joined	Dues
June - November	\$100
December - May	\$50

Paying by Credit Card?

Use our online applications to join now or print a downloadable application and mail it to:

Healthcare Financial Management Association
Dept. 77 - 5195
Chicago, IL 60678-5195

You can fax your completed application with completed credit card information to:

FAX: 1-708-531-0665
Attention: MSC

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Healthcare Financial Management Association
Dept. 77 - 5195
Chicago, IL 60678-5195

Questions about your Membership status?

Please call HFMA's Member Service Center @ 1-800-252-4362, EXT 2, with questions about joining, reinstating your membership or if you are unsure of previous membership status and/or information.

If you have specific questions regarding your local chapter, please contact:

Jackie Lewis
Membership Chair
Texas Gulf Coast Chapter
Phone: 832-244-0219
Email: jackie.lewis@xamandmax.com