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TEXAS GULF COAST CHAPTER

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

Texas Hold'em - Post Election Conference

Wednesday, November 10, 2010

Norris Conference Center
Houston City Centre
803 Town & Country Blvd

RICHARD L. CLARKE, DHA FHFMA, PRESIDENT/CEO, HFMA
Keynote Address – Healthcare REFORM – The Tipping Point

Full Day – 10 Hours CPE TSBPA

Clinical Integration and Accountable Care Organizations
C. Douglas Ardoin, Jr., MD, Physician-in-Chief, Memorial Hermann Healthcare System
Thomas W. Knight, MD, Senior VP/Chief Quality Officer, The Methodist Hospital System
William M. Granberry, MD, President, St Luke's Hospital IPA
Patrick Carter, MD, Medical Director for Care Coordination, Kelsey-Seybold

Managed Care Panel
Tom Wicklund, United Healthcare
Johnna Lenamon, Blue Cross Blue Shield of Texas
CIGNA
PHCS

Medical Errors and RAC
Scott Nichols, Partner, Strasburger & Price LLP

Red Kool-Aid, Blue Kool-Aid: Healthcare Reform 2010
Leonard Zwelling, MD,

Keynote Address: Healthcare Reform – The Tipping Point
Richard L. Clarke, DHA, FHFMA, President/CEO, HFMA, Westchester, IL

Dr. Clarke will discuss the significant ramifications of the new healthcare reform legislation on healthcare organizations. He will focus on the implications of implementation and timing of various sections of the new law, and strategies that healthcare organizations should consider to deal with these implications. He also will discuss the potential for changes to the current law as a result of November elections and the balance of power between the Republicans and Democrats in the U.S. Congress

Health Reform Act and Texas
Texas Medical Association - Rocky Wilcox
Texas Hospital Association - Representative to be Announced

EMR Update – Texas Connectivity
Kimberly Dunn, MD, PhD, CEO, Your Doctor Program, L.P. and Faculty at UT School of Health Information Sciences.

(Continued on Page 2)

Upcoming Events:

November 10, 2010
Texas Hold'em Post Election Conference

November 14-16, 2010
Region 9 Conference
New Orleans, LA
www.hfmaregion3.org

November 19, 2010
HFMA Monthly Luncheon
The Methodist Hospital

Texas Hold'em - Post Election Conference *(cont'd)*

Hold'em or Fold'em: Successful Strategies for Career Advancement

Scott Sette, CPC, Consultant, Witt/Kieffer
Linda Gonzalez, Employment Services Manager, MedServ-Harris County Medical Society
Amy Adams, CPC, Partner, Richard, Wayne & Roberts

Can't Make The Entire Day?

RSVP and join us at 5:00PM for a **FREE** hour of CPE/ACMPE, followed by a *Happy Hour Networking Reception with light hors d'oeuvres and cash bar.*

HEALTHCARE HOLD'EM SCHEDULE

7:30 AM – 8:00 AM Registration check-in; Continental Breakfast
8:00 AM – 6:00 PM **Healthcare Symposium**
6:00 PM – 6:45 PM Social Hour (Light Hors d'oeuvres & Cash Bar; Meet & greet other professionals, sponsors and executive recruiters)

Sponsors:

Texas Gulf Coast HFMA
Houston Society of CPA's
Gulf Coast MGMA

The event registration is available at www.houstoncpa.org

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It's that time of year again! Don't miss out on 3 great days of learning and networking at the HFMA Region 9 Annual Conference in New Orleans!

2010 Annual Region 9 Conference

November 14 - 16, 2010

Sheraton New Orleans Hotel

500 Canal Street
New Orleans, LA 70130

2010 Conference Agenda Information

General Sessions

- Healthcare Reform Update
- Financial/Clinical Collaboration
- Executive Panel Discussion
- RAC: An Executive Overview
- Physician Integration: Aligning Interests, Coordinating Quality & Lowering Costs
- Executive Perspective on EHR Challenges
- CIO Panel Discussion
- Fraud and Embezzlement: Lessons From the Trenches

Revenue Cycle Track

- Living With RAC: Audit Results / Best Practices
- Splitting the Reimbursement Pie: ACE Case Study and Incentive
- A For-Profit vs Non-Profit Conversation on Healthcare: How to Go From $17 million to $438 million in Three Years

Accounting/Finance Track

- Accounting Update
- Medicare Cost Reporting
- Reducing Clinical Costs
- Managing the Supply Chain to Cut Costs

Leadership Track

- Leadership in a Time of Change and Uncertainty
- Developing Your Staff to Achieve
- Leadership Persuasion Skills: Getting the Results You Want!
- Effective Written Business Communications
- Moving Up to CEO

Certification Training Track

- HFMA Core Certification Coaching Course
- HFMA Specialty Managed Care Course
- HFMA Specialty Accounting/Finance Course

PLUS...Sunday Early-Bird Sessions

- Louisiana Medicaid Update
- Compliance Update

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HFMA Monthly Luncheon

Friday, November 19

11:15am - 1:30pm

The Methodist Hospital

Dunn Rio Grande Conference Center
6565 Fannin St.
Houston, TX 77030

Topic: How Many Denials Walking Do You Have? – Using Your Denial Information Proactively

This session will begin by examining a few real-world patient access denials to understand how they are generally handled in a business office environment and to see the information regarding those denials is captured and used once the appeal has been generated. Because most business offices are doing quite a bit of research on a denial to make sure it is appealed correctly, then we should assume that such information can be used to avoid that same denial in the future, right? Wrong. Unfortunately, in very few hospitals is the information learned during denial processing ever delivered back to patient access in anything more than an anecdotal way.

Learning Objectives: Attendees will learn processes for capturing denial information in a meaningful, trendable, reportable way. We will look at benchmarks for denials and understand which ones should be used to determine how a particular facility stacks up. Finally, we'll revisit those same patient access denials we examined in the beginning and see how we could have used what we learned from our business office to handle this situation before these patients became "Denials Walking" in our facility. Each attendee will have access to a Denials Scorecard Spreadsheet to take back to their facility to assist in better understanding how many "Denials Walking" you may have!

About the speakers:

Lincoln Fish, VP Customer Relations | Lincoln heads up Product Management for Benchmark Revenue Management. After spending several years working with Navigant Consulting to truly understand revenue cycle processes and data in hospitals across the country, Benchmark set out to build an unparalleled web-based revenue cycle platform. Lincoln's job at Benchmark is to assist the CEO and chief architect in interpreting real-world needs and incorporating them into the technology solutions. A co-founder of the company, he works directly with hospital customers and business partners to gather feedback for improving current offerings and adding new ones. A graduate of the Wharton School and an entrepreneur with several successes under his belt, Lincoln strives to keep his talks fast, educational, and entertaining. As one recent attendee put it, "I've never laughed and learned so much, all in the same session."

Ted Barduson – EVP of Sales and Business Development | Ted has spent the last 24 years of his professional life implementing enterprise-level systems and services in the healthcare industry. He has held roles in customer service, project management, sales, and business development. Prior to his work with Benchmark Revenue, where his chief responsibility is developing partner relationships with like-minded revenue cycle solution providers, he was a Senior VP of Sales at Alteer Corporation. Ted worked at Siemens, IDX and Spheris, so as he puts it, "I feel your pain."

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President's Message

By Laura Comer, CPA. FHFMA

The inevitable change of autumn is in the air as we embark on the implementation of the first "Obama Care" changes in our industry which take effect this week. As of September 23rd, young adults can stay on their parents' insurance until they are 26 and insurance companies cannot deny children with pre-existing conditions. There are also no more lifetime limits for what insurance companies will pay to cover medical costs, preventative care must be covered with no cost to the patient, and insurance companies cannot drop patients who suffer a major medical problem such as a heart attack or stroke. We are indeed leading our organizations through a major industry transition over the next several years and have an increased need to keep informed of what experts expect from these regulatory changes.

During this time of change, I stand in amazement with the activity level of the chapter volunteers and the new initiatives that we are embarking upon. On September 19th and 20th we held a day and a half educational session in Galveston entitled "The Changing Tide in Healthcare". We were able to attract speaker experts from the United Kingdom to Indianapolis, to right here in our own Galveston Texas to share with the chapter their thoughts on changes in our industry. My congratulations go out to the planning sub-committee who worked so hard to create a wonderful conference for us.

The Mentorship Committee, led by Tim Eng and co-chaired by Jim Matthews and Debbie Teesdale, kicked off the first annual mentor/mentee training at the Galveston meeting. Jim taught the mentor class while Debbie trained with the mentee class. Tim's vision of pairing early careerist with tenured healthcare financial professionals came to life with 15 "pairs" of mentors/mentees.

In June Immediate Past President, Melisa Fisher, and I had the honor of representing the Texas Gulf Coast Chapter at the Annual National Institute (ANI) hosted by HFMA National in Las Vegas. Melissa was honored as our exiting president for leading the team to several awards last year including: The Sister Mary Gerald Bronze award for Excellence in Education, the Silver Award of Excellence for Certification, the Gold Award of Excellence for Membership Growth and Retention, and a special Yerger Award for Membership Innovation.

President Elect, Julie Rabat-Torki and I just returned from the Region 9 Fall Presidents meeting in Cabo San Lucas. At this meeting we had the opportunity to exchange best practices with the other chapters in our region. I must share how proud I am of the cutting edge ideas that this chapter has implemented and Julie and I both took the time to brag about the great accomplishments of the chapter's volunteer leaders. What a wonderful team we have!

Coming up in November we will have the annual Region 9 Conference in New Orleans from the 14th through the 16th. More information is available on the chapter web site. We hope to see you there.

Thank you sincerely for the opportunity to represent the Texas Gulf Coast Chapter of HFMA.

To your health,

Laura

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Members On The Move Column

The “Members on the Move” column highlights recent achievement of our members, such as, career advancement, scholastic achievements, awards received, and other new ventures. Share your recent successes with Scott Sette at: ssette@wittkieffer.com, so he can share them with the Texas Gulf Coast Chapter of HFMA.

Members On The Move

Richard L. Clarke, President and CEO for HFMA National recently invited **Carolyn Gay** to serve as a member of the *hfm* 2010-2011 Helen Yerger/L. Van Seawell Best Article Judging Committee. This committee reviews published articles from the National *hfm* magazine on a quarterly basis, to select the "best of the best". Carolyn previously served as newsletter co-chair for the Texas Gulf Coast Chapter of HFMA. She also presently serves on HFMA National's Manuscript Review Committee that reviews articles for potential publication in the National *hfm* publication.

Eric Depew has been promoted to the position of President at MCA, a company specializing in the development of IT solutions that help healthcare providers navigate complex payer relationships and reimbursements. Depew joined the company in 1995 as vice president and later senior vice president. In his new role as president, Depew will oversee all business development activities along with taking on additional operational responsibilities at the company. Eric is a past President of the HFMA Texas Gulf Coast Chapter and current member of the HFMA National Chapter Advancement team.

OUR CLIENTS SEE THE BEST RESULTS IN THE INDUSTRY. WE SEE A WORK IN PROGRESS.

Cardon Healthcare Network produces industry-leading results for over 200 hospitals' unfunded and underfunded patient accounts. Some say we are the best in the business. We want to be better. Over thirteen years ago we founded Cardon on a pledge of constant innovation, and the principles of hard work, service and care. Holding true to those, we continually improve. Recently we implemented a system that will reduce missed accounts to near zero. That's right, zero. So while we may be the best today, we will be even better tomorrow.

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OUR PEOPLE OUR TECHNOLOGY YOUR SUCCESS

To find out more about how Cardon's complete suite of revenue cycle solutions can help your facility, visit www.cardonhealthcare.com or email services@cardonhealthcare.com

Eligibility Solutions | Third Party Liability | SSI / SSDI | Presumptive Charity Scoring (PARO®)

* HFMA staff and volunteers determined that this product has met specific criteria developed under the HFMA Peer Review Process. HFMA oes not endorse or guaranty the use of this product. ("this product" is applicable to Eligibility Solutions, only)

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Ten ICD-10 Items to Review and Budget for in 2011 and Beyond!

By Veronica Hoy

It is budget season! Between the conversations of infrastructure builds, quality initiatives, civic responsibilities, ACO's, healthcare reform, and payment reductions, you may hear "5010" or "ICD-10" in the executive suites. While many know the compliance date is coming, most do not realize the percentage of their revenue that is needed to fund a comprehensive plan.

If you haven't already done so, now is the time for all covered entities to review their budget plans to ensure they have incorporated the essential elements for a successful International Classification of Diseases, Tenth Revision (ICD-10) plan. This HIPAA mandated code set update date is established and there is no indication that the date will change. On October 1, 2013 the U.S. healthcare system will transition from ICD-9 to ICD-10 for diagnosis (ICD-10-CM) and inpatient procedure coding (ICD-10-PCS) for all HIPAA transactions. Meeting this compliance date requires an enterprise transformation of systems, operations and financial processes. In this article, we present ten things for you to review or include in your 2011 budget review.

In building a budget for ICD-10 there are cross departmental issues and overlapping needs such as dual system processing and enterprise-wide testing requirements. An approach including a governing body with responsibility and ownership over such areas as technology, operations and finance is suggested. A comprehensive enterprise-wide plan is an essential efficiency item and ensures all necessary touch points are covered. When considering budgets, if you have not already done so, an enterprise-wide assessment, evaluation and plan development for ICD-10 is a must for 2011.

Technology

In an electronic environment, the beginning of the ICD-10 solution is a separate piece of health insurance reform legislation referred to as Version 5010 (5010), which defines the technical electronic transaction standards mandated for HIPAA transactions. (5010 is oversimplified here but details can be found at http://edocket.access.gpo.gov/2009/pdf/E9-740.pdf) 5010 compliance includes, among other things, incorporating changes required for transmission of claims and payment data in an ICD-10 format, and 5010 will have been a requirement for over 20 months, when ICD-10 is effective October 1, 2013.

One of the areas in your 2010 budget for the 5010 initiative should have been to achieve Level 1 testing which consisted of internal testing to verify a covered entity can send and receive compliant transactions. Level 2 testing is legislated to be completed in 2011. Level 2 testing consists of external testing with trading partners and operating in a dual processing mode. This requires knowing the programming and testing schedule of all your external vendors, including payers, healthplans, and providers with whom you transmit HIPAA transactions, and integrating their plans with your own internal systems design, development and test plans. The Level 2 compliance date for all covered entities is by January 1, 2012 and is a definite 2011 budget item.

If your 5010 budget already includes the software modifications and upgrades such as writing interfaces and reports to conform to the new ICD-10 code set formats, then you do not need to cover it again with ICD-10. If you have not already included these items in the budget, now is the time to begin thinking of 5010 and ICD-10 in a combined fashion and develop a comprehensive multi-year plan. Assign someone to plan and estimate resources needed for all external and internal systems analysis, design, development and testing.

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Ten ICD-10 Items to Review and Budget for in 2011 and Beyond! (cont'd)

Technical *(cont'd)*

The technical components of the plan should include an inventory and review of every application, report, form and interface which will need to be reprogrammed to ICD-10 and/or 5010 standards. In this scope, you can expect to see over a hundred reports, forms, and other documents to be revised and up to 40 different systems or interfaces which will need some level of programming change, and testing.

Preparation and planning for testing needs are to be budgeted because the scope, schedule, testing and validation of changes are a covered entities responsibility. If something is not programmed or interfaced correctly, internally or externally, it could mean untenable revenue reductions for covered entities. A recent risk analysis indicated that for every dollar not spent in preparation, there was $100 in net revenue that was at risk.

Another area for technical review and evaluation is the hardware or systems engineering environment. Hardware and processing capacity must be evaluated to ensure adequate resources are available for ICD-10. Dual processing will be a requirement for ICD-10 for some time with testing taking place parallel with operations. All vendors will not migrate on the same day therefore dedicated testing servers are expected to be required, which is an expense to factor into the budget. It is important to inventory equipment and evaluate the transmission capability and physical storage of hardware. Besides the dual processing demand, ICD-10 will increase the number of claims, records, and overall data storage requirements. Enterprises should budget to ensure they have adequate processing and storage capacity for live operations and testing.

Operations

Similar to the software and hardware inventories, operationally, a full evaluation of processes, policies and departmental touch points impacted by the ICD-10 code set is something to budget for in 2011. Once identified, a focused risk assessment, training plan and a compliance approach for ICD-10 can be constructed for each department including front-end, middle and back-end revenue processes such as preadmissions, coding, billing, collections, and many others that will be impacted by a change to ICD-10.

Operationally, it is too early to begin coding in an ICD-10 format, but it is not too early to train personnel in the new code sets. Providers, data users and coders will all need code set training. Training should begin with the basics of ICD-10, the benefits of the code set, the changed structure, as well as the expanded and revised meaning of each of the digits in the new code sets (remember, in the transition the number of codes moves from approximately 14,025 to 68,000 diagnosis codes and from approximately 3,824 to 87,000 procedure codes).

Trending data will be an important executive decision point. Training data users in 2011 is a good strategy to employ so they also have input into the solutions process. For the data users in your enterprise, once there is a core understanding of the code set changes, a facility can begin to craft a plan for crosswalking ICD-9 data for use with ICD-10 trending and analysis. Familiarizing staff with the GEMS crosswalk available now so they have knowledge and understanding of how the new codes will change future reporting is beneficial.

Coders know that ICD-10 requires strong comprehension of anatomy, physiology, and pathophysiology. Assess your coders in 2011 to determine competency in these areas and establish individual training plans to ensure coding strength, accuracy and aptitude in 2013. Starting with anatomy training is a good strategy because of the specificity required in ICD-10 coding.

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Ten ICD-10 Items to Review and Budget for in 2011 and Beyond! *(cont'd)*

Operations *(cont'd)*

Since coders code what is documented in the chart, also schedule a baseline documentation optimization/integrity review in 2011. The purpose of the review is to evaluate that the care documented is representative of the care rendered and can be coded with the expected specificity in the ICD-10 code sets.

Finance

As already mentioned, putting together a multi-year budget is something to consider. Doing this begins to validate the financial needs in 2011 and beyond. Post go-live, trending and productivity are key areas to include in your plan. Enterprises will want to have trending information to help them evaluate the impact of go-live and to identify problem areas for correction. At go-live some financial targets to track are days not billed, claims delayed, claims denied, and similar financial targets. Define and begin capturing these data points in 2011.

Performing reimbursement modeling and identifying what key performance measurements to use to evaluate ICD-10 success are two other areas that can be incorporated into a 2011 budget to get a jump on the ICD-10 go-live process. Plan for a database modeling system which can use ICD-9 data and perform ICD-10 trend analysis to ensure the proper training is conducted and that when it comes to contracting, appropriate terms and coverage points are included in any contracts coming up for renewal which will extend beyond the ICD-10 effective date of October 1, 2013. Whether it is constructing an ICD-10 database for trending, modeling contracts, or establishing important areas for focused review, a modeling database is a helpful planning tool for financial analysis of the impact of ICD-10 on your enterprise.

After go-live, productivity will drop. In coding, it is estimated that there will be as much as a 50% productivity drop for months following ICD-10 activation. Similar to MS-DRG's the increased complexity of the coding model will keep productivity lower than it is today, by an estimated 20%. A manpower plan or a reserve fund to curb the financial impact of productivity drops in 2013 is an important budget element to consider. The coding resources available continue to be in high demand with manpower market shortages. If necessary, work with external vendors to develop a plan of action and commitment for resources in 2013.

In summary, 10 things you can do while building your 2011 budget to ensure ICD-10 success in 2013:

1. commit to a multi-year enterprise plan and budget
2. conduct an assessment and develop an ICD-10 plan
3. manage to plan by having a governing body and assign accountability and ownership
4. commit to providing resources for success (hardware and software assessment, Level 2 compliance, training, and testing resources)
5. engage vendors, payers and trading partners in the process and know their plan for 5010/ ICD-10
6. test the skills of staff and develop training plans, for coders, physicians and data users
7. provide auditing of records for Provider Documentation Integrity reviews

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Finance *(cont'd)*

8. customize your results with your own data trending and mapping plan
9. establish a database for modeling financial reimbursement, monitoring key performance indicators, and negotiating contract terms
10. have a manpower plan with expertise and knowledge in ICD-10, whether it is project management or coding support, if necessary, use external partners to provide resources.

Adding thought to these things in 2011 will help you build a multi-year plan and give you confidence of success with ICD-10 activation.

Forward thinking organizations that commit and provide resources in 2011 for ICD-10 success including planning, capital equipment, training, and manpower will be able to more easily weather the storm of ICD-10 activation in the years to follow. While the reasons of "meaningful use" and other priorities are taking a front seat, it is equally important to plan now for of the specificity required in ICD-10 coding.

About the author: *Veronica Hoy has an MBA and is Vice President of **SOURCECORP HealthSERVE** Consulting, Inc. Visit http://www.sourcecorp.com/icd10 for a description of SOURCECORP HealthSERVE's ICD-10 services. **SOURCECORP**, Incorporated provides business process outsourcing solutions and specialized high value consulting services to clients throughout the U.S. Headquartered in Dallas, the Company has locations in the U.S., Mexico, Philippines and India.*

For more information, visit our corporate website, www.sourcecorp.com, our divisional site, http://www.sourcecorp.com/Lines-of-business/HealthSERVE/ or contact Veronica Hoy at srcpconsulting@srcp.com or 1-877-369-0344.

"I have been thinking about the healthcare problem and how to pay for healthcare. If you took all the money the Republicans have spent trying to stop healthcare and all the money Democrats have spent trying to get healthcare, we could afford healthcare."

Jay Leno

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The Growing Charity Challenge Form 990 and Health Reform

By Steve Levin, CEO and Co-Founder of Connance

Providers have made great progress in expanding and developing financial counseling processes over the past several years. Unfortunately, a large number of patients are continuing to fall through the cracks. Many patients meriting financial assistance fail to participate in financial counseling and are instead declared to be bad-debt and sent to collections.

This situation, while disappointing, is taking on new concern with Form 990 filing obligations, in which hospital executives are required to declare the amount of charity they believe they missed by current processes and which ended up as bad-debt. This admission of process breakdown is in addition to documenting the various types of financial assistance delivered and scale of community benefit spending.

It is likely that community groups and consumer advocates will closely study the new information disclosed on the Form 990. They will use this information to form opinions with respect to how well not-for-profit hospitals are delivering on their community responsibilities.

Recently passed health reform legislation is also picking up on this issue, setting expectations for comprehensive financial assistance effort prior to any extraordinary collection activity. How this component of the legislation ultimately is converted into guidelines and operating standards remains to be seen; however, it is hard to imagine that the results will lessen the current anxieties. Similarly, it remains unclear what limits or restrictions the new Consumer Financial Protection Agency will impose.

Size of the Opportunity

Based on research done by Connance and PARO, it is common to find that 20-30% of a provider's bad-debt is from guarantors that would qualify for charity, but slipped through the cracks in the process. This is a meaningful percentage and is sure to attract attention when reported on Form 990.

Of course, the amount of missed charity for any individual hospital varies based on the local market, their specific financial assistance policies, and the financial counseling process in place. Poverty is a local phenomenon.

Root Causes of Missed Charity

Simply working harder under today's standard patient access and financial counseling processes is unlikely to overcome the missed charity issue. Structural challenges stand between many poor people participating in counseling and properly documenting their eligibility.

Consumers living in poverty have less education and higher illiteracy than the average household. While statistics on illiteracy and poverty are limited, the U.S. Department of Education estimates that, *on average*, 1 in 5 Americans are functionally illiterate. With this national average, a sizable share of the poor are very likely unable to fill in a basic charity application or even read a charity sign in the emergency room.

People living in poverty often lack stable addresses, are immigrants, or are embarrassed by their situation and prefer to not participate in application processes and announce their plight.
The Federal Reserve estimated that as many as 25% of those living in poverty lack access to traditional "banking" resources such as a savings or checking account. This means they are unable to provide financial documentation and databases of such information will not have their information.

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The Growing Charity Challenge Form 990 and Health Reform *(cont'd)*

Poverty and Credit Scores

The relationship between poverty and credit scores is an interesting one.

It stands to reason that if people living in poverty lack traditional banking relationships they will also lack a credit score. However, the corollary is not true – just because one lacks a credit score does not mean they are poor. There are many reasons other than income that will cause an individual to lack a credit score. Consider the situations of students who are just entering the workforce, someone who is newly widowed or divorced, or recent immigrants.

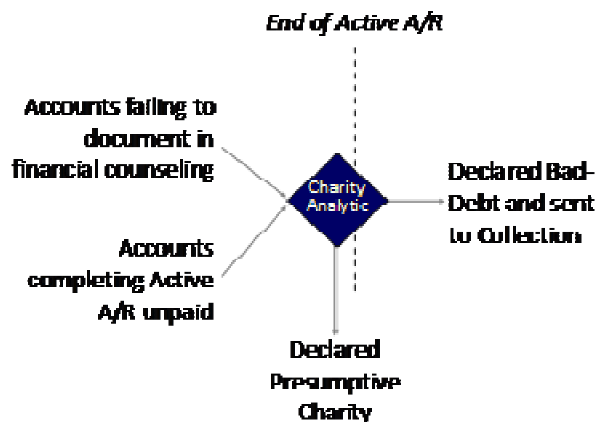
Next, consider that credit scores are really not an income measure but a delinquency measure. They answer the question "is this person likely to repay a new credit obligation?" Poverty is not a question of being overextended or spending more than you make. It is simply a question of income and household structure.

A common example of the difference between credit scores and poverty is an elderly patient living on a fixed income without any property. This patient will often have a bank account and a credit card, which they use sparingly or under tight control so as to never run up a bill they cannot afford. This patient will likely have a solid credit score, but also be eligible for poverty classification based on income. One can contrast this with a middle income consumer who has racked up large bills buying the latest electronics or being overextended on their mortgage. They probably have poor credit scores, but would not meet the charity test for low income.

Presumptive Charity Analytics Leading Solution

Presumptive charity analytics are the leading approach to addressing both day-to-day operational issues of missed charity and Form 990 disclosures. They are a type of predictive model built specifically for identifying accounts eligible for poverty classification. Presumptive charity analytics use publicly available information to predict whether or not that guarantor would have been approved for financial assistance had they participated in the process.

Providers are using predictive analytics to evaluate accounts that fail to document through standard financial counseling processes. Accounts are scored just prior to bad-debt assignment. Those qualifying for presumptive charity are reclassified as such and removed from the bad-debt placement file. Those failing to qualify are declared bad-debt and handled as such.



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The Growing Charity Challenge Form 990 and Health Reform *(cont'd)*

Pr p v Charity Ana y c L ading S n *(cont'd)*

Using a presumptive charity analytic in this fashion complements the existing financial counseling and patient access processes by addressing recognized breakdowns and barriers. Every account, including those that were missed by or failed to participate in financial counseling, are reviewed using a proactive, consistent and repeatable process.

This approach also provides a clear pathway for Form 990 submissions. Hospitals are able to reclassify significant bad-debts as presumptive charity, demonstrating a truer view of their community benefit. The estimate of missed charity ending up in bad- debt is reduced to the error rate of the model applied against bad-debt placements. In total, the institution is communicating a comprehensive and proactive effort to identify and aid needy patients, even those unable to speak up. This is clearly on point with newly passed federal health reform legislation.

In order to implement this approach, charity policies need to explicitly note that presumptive charity can be conferred based on a third-party analytic. Similarly, auditors should be apprised of the decision to implement a presumptive analytic. Their input should be incorporated into the process and policies.

Picking a Pr p v Charity Ana y c

There are a range of presumptive charity analytics available to identify missed charity eligible accounts. In picking a model, consider the following elements:

- L ca ca ibra n. Poverty is heavily weighted to local economic circumstances and socio-economic attributes. Better predictive models will be calibrated during implementation to the hospital's specific community.
- th d hand h h d ith t bank acc nt and cr dit . Credit based models may have challenges with this population. Socio-demographic models are often better able to handle households living in the cash economy.
- nf r a n r q ir d. Some models require a current address and guarantor social security number for scoring. Understanding differences in data requirements is important as it can have significant impact on Patient Access activities.
- P r n f acc nt a d cann t va at . Better models will have broader coverage, e.g. fewer accounts that are not able to be predicted or assessed. Some models cannot evaluate as many as 30% of self-pay accounts, while others will have issues with as few as 1-2%.
- S iding Sca Ca ibra n. Models differ in the extent to which they can be tuned to a hospital's sliding-scale discount, e.g. the discount offered at different income thresholds.
- Acc ptanc by RS, R g at r and Oth r Organiza n . With many different vendors offering models, understand the extent to which the model in question has been used in previous filings or been recommended as an effective solution.

Si p St p S v r ing

Analytics are commonly accessed through simple web-based applications and can be connected to a patient account system through secure file transfer. The system generates a file for scoring and sends it to the scoring website, much the same way patient accounting systems generate bad-debt placement files today. The web-based scoring system picks up the file, scores each account and sends back a response file. Your patient account system grabs the file and automatically reclassifies accounts based on the score.

(Continued on Page 14)

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Social Networking Events

Happy Hours

NOVEMBER 10, 2010
Norris Conference Center
Houston City Centre
803 Town & Country Blvd
Houston, TX 77024

Hold'em or Fold'em: Successful Strategies for Career Advancement
Scott Sette, CPC, Consultant Witt/Kieffer

Linda Gonzalez, Employment Services Manager, MedServ-Harris County Medical Society

Amy Adams, CPC, Partner, Richard, Wayne & Roberts

Can't Make The Entire Day?
RSVP and join us at 5:00PM for a FREE hour of CPE/ACMPE
Followed by a *Happy Hour Networking Reception until 7pm with light hors d'oeuvres and cash bar.*

DECEMBER 1, 2010
Annual Holiday
Wine Tasting Event
Sonoma Wine Bar and Bistro
6-8pm
2720 Richmond Avenue
Houston, TX 77098
713-526-9463

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The Growing Charity Challenge Form 990 and Health Reform (cont'd)

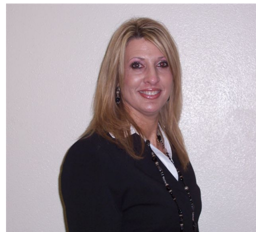
Few Simple Steps Solve Growing Issue *(cont'd)*

Within just a few weeks of selecting a charity analytic an organization can be automatically reviewing accounts as they age out to bad-debt. In some instances it is also possible to review, at initiation, existing bad-debt inventory and execute a one-time financial adjustment for those identified as presumptive charity eligible.

Adopting a presumptive charity analytic is a straightforward, cost effective solution to a problem of significant public concern. It is additive to a great financial counseling and patient access program, closing the loop on patients missed in current routines, incapable of participating, or reluctant to make themselves visible. Your patients win and so does your organization.

About the author: *Steve Levin is CEO and co-founder of Connance, whose products help hospitals and third-party revenue cycle vendors improve patient collections and satisfaction. Connance products increase a provider's self-pay cash, reduce costs and improve the patient experience throughout the collection process. Contact him at slevin@connance.com or visit www.connance.com.*

Community Service Corner



We are supporting our military troops for the months of September, October and November. We are participating in a card writing campaign. We are supplying cards for each of our HFMA members to write a note of appreciation to a serviceman or woman that will be distributed through "Hugs From Home" to our military, some of which are deployed and away from family and some who are wounded, sick or in a hospital. When you see the cards on the table at our next meeting, please take the time to write a few words. This will mean so much to the person receiving it and will let them know you care. These can be words of encouragement, thank you, and words of support.

We are also collecting donations to purchase magazine subscriptions in November. For $10.00 we can purchase a year subscription for a service member. So please show your support and drop your donation in the labeled gift bags you will find on each table at the October luncheon.

At our November luncheon, we will be collecting socks, t-shirts, and underwear to make care packages to send to our deployed troops. Remember, they don't have washing machines while serving on the front lines. They are very much in need of socks,t-shirts and underwear. They are essential as they go through a lot of them. Please remember to pick up a package the next trip you make to WalMart and bring it to our meeting in November. This will be a nice Christmas gift for our troops.

Thank you for your kind support, it means so much.

Deborah Saunders
Chair, Community Service Committee

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New Mentor Program Gains Momentum

The HFMA two day conference in Galveston on Sept 19-20 was not only a great success from an education standpoint, but it was a lot of fun also, especially the Luau on Sunday night. Great fun was had by all.

Just as importantly, the Mentorship Program of the Gulf Coast Chapter of HFMA officially kicked off with a Mentor and Mentee Orientation, followed by a luncheon the Mentors had with their new Mentees in the Café of the San Luis Resort where the HFMA Conference was being held.

However, this Mentorship Program was conceived over a year ago and through the hard work of the Mentorship Committee over that last year, culminated in a fantastic kickoff on September 19th in Galveston.

The Mentorship Program pairs up a Mentor with a Mentee for a minimum of a year in which the Mentor assists the Mentee with his or her career aspirations and skills development. Specifically, the Mentor and Mentee work out three goals that the Mentee wishes to develop and the Mentor agrees to assist the Mentee with. The Mentor and Mentee are asked to meet at least once a month, and for each month's meeting, to be in person as often as possible. The Mentor and Mentee are also asked to go through an initial "Orientation" as well as sign a Mentorship Agreement. The Mentor/Mentee goals and Mentorship Agreement are kept confidential by the Committee to use for monitoring and assistance during the year.

During the lunch, our committee observed a great deal of exciting relationships beginning as well as some very in depth conversations. We are extremely excited to be a part of this groundbreaking new program that we believe is both desired by our HFMA members as well as needed by our healthcare professionals during this time of change in our industry.

Although many HFMA members contributed to getting this Program off the ground, and to who I owe a debt of gratitude, there are a few "diehards" who stuck it out with me all the way to the kickoff a year and half after we initially begun. Specifically, I wanted to thank the following individuals for the many meetings on matching up Mentors and Mentees, following up on ideas discussed during the meetings and for just putting up with a crazy Chairperson like me! Thank you Anup Bodhe, Lita Abreu, Patrick Mason, Deb Saunders and Mark Hawkins. I also want to thank Jim Matthews for not only participating in all of the meetings but for putting together and leading an awesome Mentor Orientation. Finally, I wanted to say a HUGE thanks to my Co Chair and absolute right arm in this Mentorship Program who has done SO much alongside me that has made this program what it is today, and that person is Debbie Teesdale.

Again, there were many other folks who I didn't name here who came to the initial meetings and help in many other ways, who I am eternally grateful to. Many, many thanks to you as well. Finally, I wanted to thank our "freshman" class of Mentors and Mentees who are truly the trailblazers in this effort. We are truly excited about your Mentorship relationships and what we will all learn from all of you because that is what this program is really all about.

If you are interested in participating in the next "class" of Mentors and Mentees, please feel free to reach out to any member of the Mentorship committee or of course, me, Debbie and Jim.

Salud and thanks!

Tim Eng

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HFMA New Members

Pamela Badeaux, MS, MBA, FACHE	U.T. - M.D. Anderson Cancer Center
Amineh Baradar	The University of Texas Medical Branch
Bryan Bodnar, CHFP	BKD LLP
Quinetta Boston	Quinn's Recovery Service
Ivette Bowlin	Acclivity Healthcare of Texas
Brett Burk, CPC	UT Southwestern Medical Center
Daren Bush	Grant Memorial Hospital
Kevin Cain	Veterans Affairs
Jiayan Chen	Bone & Joint Clinic of Houston
Ryan Clarke	U.T-M.D. Anderson Cancer Center
Rebecca Coates	HCA Healthcare PAS
Beth Colle	Ernst & Young LLP
Cheri Conerly	St. Joseph Medical Center
Dana Darragh	Resource Corporation of America
Frank Dominguez	Resource Corporation of America
Nicholas Dupuy	Precision-Automation-Solutions
Leslie Elliott	Integrity Medical Bookkeeping Services
James Finklea	Resource Corporation of America
Tranel Flowers	U.T.-M.D. Anderson Cancer Ctr
Laura Freudenberger, CPA	BVC
George Gaddie	University of Texas Medical Branch
Tiffinie Garner	Texas Spine & Joint Hospital, ltd.
Zara Gavidia	MD Anderson Cancer Center
Emily Hardeman	U.T.-M.D. Anderson Cancer Center
April Hoke	CambellWilson
Richard Howell	BankServ
Sandra Johnson	Quality Reimbursement Services
Cory Jones	Memorial Hermann
Joe Jordan	Intercede Health

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

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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:

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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)

Amy Kaszak	Intercede Health, Inc
Jason Kunnacherry	Harris County Hospital District
Sara Langlitz, CPA	Kindred Hospital Houston
Christine Lehrman	Laurel Ridge Treatment Center
Paul Lewis	NCO
Michael Linkins	University of Texas Houston
Will Lloyd	St. Luke's Episcopal Hospital
Trish Malone	Texas Children's Health Plan
Glen Marconcini	Intercede Health
Cucharras Martin	St. Joseph Medical Center
Gray Miller	Intercede Health
Ngu Morcho	TriMedx LLC
Alice Oberholtzer	University Of Texas Medical Branch
Vicki Pascasio, FACHE, FDPHM	Texas Organization of Rural Community Hospitals/TMSI
Dennis Paul	U.T.-MD Anderson Physicians Network
David Perez	St. David's North Austin Medical Center
Linda Pritchard	U.T._M.D.Anderson Cancer Center
Brenda Slough	University of Texas M. D. Anderson Cancer Center
Kenneth Smith	
Margaret Smith	St. Luke's Episcopal Health System
Gina Stinson	Tomball Regional Medical Center
Mark Taiclet	Resource Corporation of America
Jeffery Toal	Med-Enterprise LLC
Tom Tucker	Resource Corporation of America
Amy Vander Voort, MBA	U.T.-M.D.Anderson Cancer Center
Kim Vanzant	University of Texas Medical Branch
Leah Vaughn	University of Texas Medical Branch
Laurel Waller	Resource Corporation of America
Jomel Whittington	University of Houston Clear Lake
Shane Wibel	Capital One Bank

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TEXAS GULF COAST CHAPTER

Certification Exam Dates

December 10, 2010
Certification Exam
9:00 am
Deloitte & Touche LLP
Heritage Building
1111 Bagby, Suite 4500
Houston, TX 77002

Proctor:
Laura Comer
(713) 792-5210
lcomer@mdanderson.org

HFMA Certification Impact

Over the years, I have been asked about the value of the HFMA Certification Programs. Having achieved my Certified Healthcare Financial Professional (CHFP) designation in 1993 and Fellow of the Healthcare Financial Management Association (FHFMA) in 2003, I thought a brief article in our Chapter Newsletter might benefit those considering the commitment.

I have been a member of HFMA for over 20 years, but prior to achieving CHFP and FHFMA designations, I was not actively engaged in the HFMA membership. I was focused on building my career within the company and considered the designations as simply a challenge to benchmark my level of knowledge and expertise. I was not prepared for the resulting whirlwind of opportunity that happened next.

Immediately, business as well as personal relationship began to develop based on a new found camaraderie with other HFMA Certified members. With full support of my employer, the local Chapter invited me to explore HFMA volunteer committee opportunities. Having benefited from the professional affiliation of HFMA, I seized the opportunity to engage with other local healthcare professionals as well as the upcoming healthcare professionals of our Student membership. I must say, we have a robust group of emerging healthcare professionals within our Chapter.

The train was out of the station from that point forward. The whirlwind went like this; HFMA Chapter Board Member, Program Committee Co-Chair, Program Committee Chairperson, Panel Discussion participant, presentations , FHFMA designation, Vice- President, President Elect , President and then this year Past President for our Chapter. All of these opportunities were served within the collaboration of the one of the most active Chapters within National HFMA. The entire journey was joined fully with the proud support of my employer, as they understand the value of serving our HFMA members as well as the competitive edge HFMA Certification provides for their own Leadership team.

Today's job market is one of the most challenging and dynamic times for all healthcare professionals. Now is the time for you to take advantage of the opportunities that HFMA Certification provides. Regardless of the outcome of healthcare reform, HFMA Certification is the one sure thing that will allow you to posses the competitive advantage to pursue new opportunities.

Cindy Price, CHFP, FHFMA

HFMA Certification Program

Are you looking to promote your specialized knowledge and technical expertise? If so, the HFMA Certification Program is right for you!

The HFMA certification program recognizes healthcare financial management executives who have reached an enhanced level of knowledge and proficiency. The ability to establish and maintain a clear competitive edge is a prerequisite for success in today's changing economy. You will not only enhance the knowledge and industry insight you need, but you'll also have the opportunity to demonstrate your proficiency to your colleagues and competitors. Through your participation in achieving the Certified Healthcare Financial Professional (CHFP) designation and the Fellow of Healthcare Financial Management Association (FHFMA), you will demonstrate an exceptional commitment to professional development.

(Continued on Page 19)

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Certification Exam Dates

December 10, 2010
Certification Exam
9:00 am
Deloitte & Touche LLP
Heritage Building
1111 Bagby, Suite 4500
Houston, TX 77002

Proctor:
Laura Comer
(713) 792-5210
lcomer@mdanderson.org

How to Achieve Your Certification

Once the online exam application is completed, the process begins. To become a CHFP, one of the requirements specifies that a candidate must successfully complete the Core exam and one specialty exam. By certifying in a specialty area, you are proving your specialized proficiency and technical aptitude. Submit the CHFP application within twelve months of successfully completing both exams.

Specialty exams areas include:

- Accounting and Finance
- Patient Financial Services
- Physician Practice Management
- Managed Care

To prepare for an exam, you can use the corresponding self-study course available on the HFMA website www.hfma.org or loan a study guide from the Certification Committee. You can also participate in an instructor led coaching course offered locally by TX Gulf Coast Chapter, by HFMA National at ANI, or Region 9 in New Orleans.

HFMA Core Certification Coaching Course Announcement

The chapter supports your efforts in becoming HFMA certified. For more information about the HFMA certification program or resources available locally, please contact Victoria Nikitin at 713-566-2324 or Victoria_Nikitin@hchd.tmc.edu or Mark Worthen at 713-329-2361 or MWorthen@trustmark.com. Also, check out national resources at www.hfma.org and your local chapter website.

Next Newsletter Deadline

January/February/March Edition

- *Articles due to the Editor no later than December 1st, 2010*
- *Submit articles (MS Word) or advertising (.jpg or .tif files) to the newsletter editor, Scott Sette: ssette@wittkieffer.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@wittkieffer.com*

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HFMA Board of Directors & Committee Chairpersons 2009-2010

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Director Positions			
Director 2009-2011	Jackie Lewis	832.244.0219	jlewis@paragonhs.org
Director 2009-2011	Lisa Dixon	281.296.1771	LDixon@cardonhealthcare.com
Director 2009-2011	Alice Sands	832.295.0848	alicesands@charter.net
Director 2009-2011	Pam Potter	832.678.2404	ppotter@alteramedgroup.com
Director 2009-2011	Kirk Pogue	972.757.4303	Kirk.Pogue@tenethealth.com
Director 2009-2011	Cindy Price	713.448.2100	cindy.price2@hcahealthcare.com
Director 2009-2011	Kent Walters	713.794.4354	kwalters@mdanderson.org
Director 2009-2011	Dena McNeill	713.996.0216	dena.r.mcneill@us.pwc.com
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Director 2010-2012	Patrick Mason	832.418.0193	
Director 2010-2012	Tim End	956.357.0998	timothy.eng@valleybaptist.net
Director 2010-2012	Scott McBride	713.646.1390	smcbride@bakerlaw.com
Director 2010-2012	Scott Sette	832.217.1820	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	Victoria Nikitin	713.566.2324	Victoria_Nikitin@hchd.tmc.edu
Director 2010-2012	Debbie Teesdale	214.789.1650	debbieteesdale@gmail.com
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Academic Affairs Co-Chair	Mark Kline	281.825.8726	mgklinetexas@sbcglobal.net
Audit Committee	Rachel Tindall	713.499.4619	rtindall@bkd.com
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By-Laws	Scott McBride	713.646.1390	smcbride@bakerlaw.com
Certification Chair	Mark Worthen	713.329.2361	mworthen@trustmark.com
Certification Co-Chair	Victoria Nitikin	713.566.2324	Victoria_Nikitin@hchd.tmc.edu
Certification Co-Chair	Donald Sands	713.448.6650	donald.sands@memorialhermann.org
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Community Service Co-Chair	Natasha Metha	832.451.7728	nbmehta@deloitte.com
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Founders Co-Chair	Phyllis Speer	713.745.9670	pspeer@mdanderson.org
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Membership Co-Chair	Jackie Lewis	832.244.0219	jlewis@paragonhs.org
Membership Co-Chair	Debbie Teesdale	214.789.1650	debbieteesdale@gmail.com
Mentor Chair	Tim End	956.357.0998	timothy.eng@valleybaptist.net
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Newsletter Chair	Scott Sette	832.217.1820	ssette@wittkieffer.com
Newsletter Co-Chair	Laurie Mascorro	713.297.1817	lmascorro@bankoftexas.com
Nominating Committee Chair	Eric V. Depew	281.920.0300 x 100	edepew@mcatx.com
Nominating Committee Chair	Melissa Fisher	713.791.6205	mfisher@giveblood.org
Physician Practice Co-Chair	Pam Potter	832.678.2404	ppotter@alteramedgroup.com
Physician Practice Co-Chair	Jennifer Keller	713.339.0027	jkellerrn@comcast.net
Program Chair	Victoria Nikitin	713.566.2324	Victoria_Nikitin@hchd.tmc.edu
Program Co-Chair	Natasha Metha	832.451.7728.	nbmehta@deloitte.com
Program Co-Chair	Cody Hill	832.826.5668	rchill@texaschildrens.org
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Social Networking Co-Chair	Lisa Dixon	281.296.1771 x10018	LDixon@cardonhealthcare.com
Social Networking Co-Chair	Daymon Couvillon	832.216.1110	daymonc@texicaninc.com
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Sponsorship Co-Chair	Steve Hand	713.448.4191	steven.hand@memorialhermann.org
Sponsorship Co-Chair	Cindy Price	713.448.2100	cindy.price2@hcahealthcare.com
Strategic Planning Chair	Julie Rabat—Torki	281.386.7016	julie.rabat-torki@christushealth.org
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Database & Correspondence	Terry Newton	713.776.1314	Terry@hfmatxgc.org
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Member-Get-A-Member Program

As a current HFMA member, you're in the best possible position
to share your experience as a member and help impact HFMA's future.

HERE'S HOW THE 2010-11 MEMBER-GET-A-MEMBER (MGAM) PROGRAM WORKS:

- Recruit one or two new members who begin their membership between June 1, 2010, and April 30, 2011, or former* HFMA members who reactivate their membership between August 1, 2010, and April 30, 2011, and you will win your choice of an HFMA apparel item (approximate retail value of $25) or a $25 Fuel Visa® Prepaid Card.** Fuel cards can be used at the gas station of your choice or anywhere Visa debit cards are accepted worldwide.

- Recruit three or four new and/or former* HFMA members and you will receive a $100 Visa prepaid card good anywhere Visa debit cards are accepted worldwide. You will also be entered into a drawing among all those recruiting three or four to receive a $1,000 cash prize.

- Recruit five or more new and/or former* members and you will receive a $150 Visa prepaid card. You will also be entered into a drawing among all those recruiting five or more to receive a $2,500 cash prize.

2010-2011 "MEMBER-GET-A-MEMBER MAKE A DIFFERENCE" GRAND PRIZE

- For every new or former* member you recruit, you will receive one entry into the drawing for the "Member-Get-A-Member Make A Difference" Grand Prize worth $5,000. You will receive $3,000 in cash for yourself and a $2,000 donation in your name to the charity organization of your choice.

- You will receive one entry in the drawing for each new member or former* HFMA member you bring in (or bring back).

* Sponsors will receive credit in the Member-Get-A-Member campaign for former members who reinstate (reactivate) their memberships between August 1, 2010, and April 30, 2011. Sponsors will also continue to receive credit in the Member-Get-A-Member campaign for new members who join (or have joined) between June 1, 2010 and April 30, 2011.

** Cards are issued by Citibank, N.A. pursuant to a license from Visa U.S.A. Inc. and managed by Ecount, a Citi company.

The more members you sponsor, the greater your chance to win!

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Membership Dues 2010-2011

Regular Membership Dues
Through May 2011

Month Joined	Dues	*Discounted Dues for New Members
June	$267	$167
July	$245	$149
August	$226	$137
September	$207	$126
October	$187	Take advantage of these reduced new member dues by joining before October 2010!
November	$167	
December	$148	
January	$129	
February	$107	
March	$91	
April	$70	
May	$50	

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 (800) 252-4362 or at memberservices@hfma.org.

Faculty Membership through 2010

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

Paying by Check?

Please print an application and mail it to:
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:

Troy King
Membership Chair
Texas Gulf Coast Chapter
Phone: 832-493-5054
Email: troy@parrishshaw.com