

Volume 24 Issue 1

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

Positioning Yourself in a New Healthcare Era

Friday, February 18, 2011

7:30 am to 5:00pm

Marriott Medical Center Hotel, Houston

Up to 8 CPE Credits Available

Topics Include:

Innovative Thinking as it Relates to Healthcare Changes

Roberta B. Ness, MD, MPH - Dean, UT Houston School of Public Health

Legislative & Regulatory Update

Susan Feigin Harris - Partner, Baker & Hostetler LLP

Healthcare Enforcement

Scott McBride - Partner, Baker & Hostetler LLP

Shifting Healthcare Economics and Managed Care

Michael Nugent - Navigant Consulting

CEO Perspective

David Lopez - President/CEO, Harris County Hospital District

Executive Panel Discussion

David Witt - CFO, CHRISTUS St. John

Nancy Pittman - COO/CNE, CHRISTUS St. John

Barbara Summers - VP/CNO, MD Anderson Cancer Center

Robin Kornblum - Executive Director Inpatient Nursing Operations, MD Anderson Cancer Center

Luncheon Presentation by

B.J. Huffman - Learning Interventions

Networking Reception/80's Dance Party and Game Night!

HFMA Charity Golf Tournament Volunteers Needed!!

Mark your calendars!!

The first-ever HFMA Charity Golf Tournament will be held on April 14, 2011 at Wildcat Golf Club. The first meeting to begin organizing this event was held on January 7. There was a great turnout and we made great progress, but many more volunteers are needed to make this a spectacular event! Our next planning meeting will be held on January 20 at CHRISTUS in the Galleria area from 4-6pm. If you, or someone you know, would like to volunteer in any way, then please contact Dena McNeill at 713-996-0216 or dena.r.mcneill@us.pwc.com.

Upcoming Events:

February 18, 2011
**Positioning Yourself in a
New Healthcare Era**
Marriott Medical Center
Hotel

March 18, 2011
HFMA Monthly Luncheon
The Methodist Hospital
Topic: Six Sigma

March 27-29, 2011
**HFMA Texas State
Conference**
The Driskill Hotel
Austin, TX

April 15, 2011
HFMA Monthly Luncheon
The Methodist Hospital
Topic: Medicaid
Conversions / Trends in
Medicaid



HFMA Texas State Conference 2011

March 27-29, 2011

The Driskill Hotel
Austin, Texas

Thank you to the over 400 health care professionals who attended our 2010 State Conference!
This was an increase of 65% from our 2009 attendance.

2011 Featured Speakers:



Drayton McLane, Jr. | Drayton McLane, Jr. is chairman of McLane Group, L.P., and chairman and CEO of the Houston Astros Baseball Club. The McLane Group, L.P., based in Temple, Texas, is still a family-owned holding company that consists of McLane International, Classic Foods, Leading Edge Brands, Lone Star Plastics, Inc., M-C McLane International, CSP (Convenience Store/Petroleum), Trade Magazine, and the Houston Astros Baseball Team. McLane Group's latest venture is McLane Advanced Technologies (MAT) which combines Drayton's family history and experience with a conglomerate of professionals from military and commercial backgrounds.



Mary Beth Briscoe | Mary Beth is CFO of UAB University Hospital in Birmingham, Alabama and a former National Chair of HFMA. She has received the Follmer Bronze, Reeves Silver, Muncie Gold, and Medal of Honor merit awards. Ms. Briscoe, a Fellow of HFMA, a Fellow of The American College of Healthcare Executives, and a Certified Public Accountant, earned her BS degree in Accounting from the University of Alabama, Tuscaloosa, and her MBA from the University of Alabama at Birmingham.



Joel Allison | Mr. Allison is President and CEO of Baylor Health Care System in Dallas, Texas

Topics include:

National and State Legislative/Regulatory Updates
Payer Panel on the Impact of Healthcare Reform
Executive Insights on Healthcare Reform & Leadership
HFMA & Healthcare Leadership
Entrepreneurial Leadership
Leading Dynamic Organizations
The C-Level Perspective: Managing Unforeseen Events & the Financial Impact on the Health System
Alternative Financing
Employee Benefit Redesign
Payer Perspective on Healthcare Reform
PMO Management for CFOs
HFMA Core Certification Coaching Course



HFMA Texas State Conference 2011

March 27-29, 2011

The Driskill Hotel
Austin, Texas

Topics include (cont'd):

Accounting/Finance Track:

- ◆ Tax Exempt Bond Compliance
- ◆ FASB Accounting Update
- ◆ Reporting and Community Benefit

Revenue Cycle Track:

- ◆ RAC Process and Compliance
- ◆ RAC Provider Roundtable
- ◆ HFMA MAP
- ◆ MAP/ KPI

Physician / Hospital Track:

- ◆ Accountable Care Organizations: HMO Retread or Visionary Path to Healthcare Reform?
- ◆ ACO Case Study
- ◆ Hospital/Physician Alignment: Achieving Strategic & Operational Value

Top 10 Things You Don't Want to Hear During Surgery



#10 - "Accept this sacrifice, O Lord of Darkness"

#9 - Better save that...we'll need it for the autopsy.

#8 - Wait a minute, if this is his spleen, then what's that?

#7 - This patient has already had some kids, am I correct?

#6 - Oops! Hey, has anyone ever survived 500 ml of this stuff before?

#5 - Everybody stand back! I just lost a contact lens!

#4 - Could you stop that thing from beating?
It's throwing my concentration off.

#3 - Okay, what's this doing here?!

#2 - This is truly a freak of nature.

And the #1 thing you don't want to hear during surgery...

Isn't this the one with the really lousy insurance?

President's Message

By Laura Comer, CPA. FHFMA



I hope that each of you had the opportunity to slow down and enjoy the simple pleasure of the company of your loved ones over the holidays. Our second annual wine tasting event was held at Sonoma Wine Bar on December 1st. Attendees had the opportunity to network and tip a cup o' cheer together and a good time was had by all.

Now that we have toasted in 2011, the time has come for our President-Elect, Julie Rabat-Torki, to begin planning for the new HFMA fiscal year which commences June 1, 2011. Julie is currently working to place committee leadership as well as committee members. In addition, she is working with the Nominating Committee to present the slate of officers for the membership to vote on during the first quarter of 2011. There has never been a better time to "STEP UP" and get involved in your chapter. Julie would love for you to reach out to her and she can help you choose a committee that fits your volunteer needs. You can reach her at 281-523-2720 or julie.rabat-torki@christushealth.org

We are busily planning the first annual HFMA Charity Golf Tournament. We have established 11 team leaders to take on specific aspects of the planning process. Examples include the Sponsorship Team, Silent Auction/Raffle Team, Player Team, Tournament Day Contests Team, and the Tournament Awards Team. We are actively seeking volunteers to staff these teams and need all the help we can get! We are also actively looking for sponsors to support the tournament. We will be awarding prizes to the sponsorship committee members who bring in certain level's of sponsors. Please reach out to Dena McNeil, chair of the golf sub-committee (of the social networking committee) at dena.r.mcneill@us.pwc.com for additional information.

It has been such an exciting year to be President of our Chapter. Thank you for your support and allowing us to make a difference in your organization and community.

Please feel free to reach out to me at lcomer@mdanderson.org should you have any suggestions for the leadership team of your chapter.

To Your Health!

Laura

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

Changes to the Membership Committee:

Troy King, previously the Chair of the Membership Committee, has recently taken on a new professional role and, as a result, has regretfully resigned his position as Chair.

Jackie Lewis, previously the Co-Chair of the Membership Committee, has assumed the role as Chair.

Additionally, **Windell Yancy** has stepped into the Co-Chair position vacated by Jackie Lewis. Let's all welcome Jackie and Windell into their new roles!

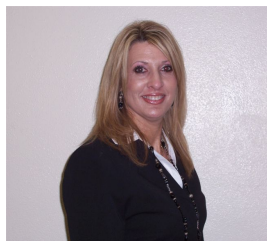
Changes to the Managed Care Committee:

Donna Charleson, previously a co-Chair of the Managed Care Committee, has let us know that she recently took a position outside of healthcare. As a result, she has let us know that she is not going to continue as a co-Chair.

Katie Mobley (Contract Manager, Texas Children's Managed Care Contracting) has agreed to take Donna's position as Co-Chair of the Managed Care Committee. Please join us in welcoming her!

Lastly, we have recently learned that **Dr. Dianne Love** is reducing the rigors of her schedule. As a result, while she has asked to return in the future, she has let us know that she is unable to participate as a Co-Chair of the Managed Care Committee at this time. We wish her continued success.

Community Service Corner



The Community Service Committee was actively involved in two major projects during 2010 which were geared toward Supporting our Troops serving in the Armed Forces. We collected monies to send to Marine Parents for a program to provide care packages to servicemen overseas. We also wrote "thank you" notes to our men and women serving across the world. The New Year brings new focuses for the Community Service Committee. This year, we will continue to reach the mission of the Community Service Committee through a "Spring Party" for the children at Shriners Hospital to be held in March around St. Patrick's Day. Our final project of the year will focus on the Senior adults of Houston. Look for more information in the coming months.

Deborah Saunders
Chair, Community Service Committee



Automation is the Key to Efficient Health Care Reform

By Christopher Thunder, R&B Solutions, Waukegan, Illinois

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (PPACA) into law, expanding Medicaid and forming health insurance exchanges. The goal of the bill is for all Americans to have access to some form of medical coverage. Medicaid is expected to play a major role in covering more uninsured people and providing eligibility to nearly all people under age 65 with income up to 133 percent of the federal poverty level (FPL). Medicaid, along with its smaller companion program, the Children's Health Insurance Program (CHIP), is expected to cover an additional 16 million people by 2019. Health insurance exchanges are to be formed by 2014 to help insurers comply with consumer protections, compete in cost-efficient ways, and to facilitate the expansion of insurance coverage to more people. However, both government programs will have to coordinate in some way with each other.

A great deal of the burden in the coordination and enrollment of these programs will fall on the states. According to the Kaiser Commission on Medicaid and the Uninsured, it is commonly understood that "given the expected new demands on Medicaid eligibility and enrollment systems, and continuing fiscal strains on states, the impetus to streamline and automate Medicaid systems has never been greater." Many believe this task will be difficult for states to execute. U.S. hospitals expect a \$155 billion reduction in Medicare and Medicaid funding over the next decade as a result of the PPACA's cost for health care reform. Disproportionate Share Hospitals will be affected more so than most since they receive a significant portion at a higher rate of reimbursement for services that treat more uninsured than insured. The Center of Budget and Policy Priorities found that 48 states had budget short falls in 2009 and 2010, and estimates that 46 states will continue to in the following year, which places the States' ability to provide matching funds in question. With budgets decreasing, unemployment and Medicaid eligible patients increasing, and health insurance exchanges forming, how do hospitals continue to assist their patients and ensure the fiscal health of the hospital?

Douglas Elmendorf, head of the Congressional Budget Office (CBO), recently remarked that one of the greatest difficulties in enrolling people who are eligible for government programs is the application process itself. Even if states accomplish the goal of streamlining and automating Medicaid systems into an "efficient enrollment process," it does not mean that patients will actively seek out and enroll themselves. Since there will be more Medicaid-eligible patients than ever before, hospitals will require a process that will quickly screen and fill out all the extensive paper work in order to expedite and secure approval.

Individuals won't be registered for these programs and taking advantage of their benefits until they find themselves in need of it, sick in the hospital. The car insurance industry has shown us that just because the state mandates auto insurance does not mean every driver has it. Often times, an accident will have to occur before an uninsured motorist looks to find insurance. In order for the hospital to gain reimbursement, it will have to educate patients on their options, and assist them with their enrollment. The verification of information will also have greater importance as the PPACA established the new IRS Code Section 501(r), which requires hospitals to confirm if a patient is eligible for financial assistance, and states implement investigations similar to (Recovery Audit Contractor) RAC audits on Medicare. The Washington Post recently published an article on North Carolina's hiring of IBM to review the past six years of Medicaid data for questionable payments.

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Automation is the Key to Efficient Health Care Reform (cont'd)

Now more than ever, the burden of proof is being placed at the feet of the hospital, not the patient. Hospitals are afforded a better chance of success on the front lines of patient interaction and care, and have a major incentive to assist patients in enrollment than the state. The only way hospitals can handle the volume of necessary enrollment while driving down costs is through automation.

In doing this, hospitals keep with best practices, and all patients are screened for multiple programs at once with the same questions, which eliminates the possibility of repetition and other forms of human error. Automation also enables providers to maximize staff time and efforts, and allow the service to be offered in outpatient areas. Programs with integrated calculators can compute spend-down requirements, as well as insurance exchanges enrollment fees by the 2014 PPACA deadline. All of this information is kept on file for report generation and the IRS 990, which will also eliminate duplicate applications in multi-system hospitals. At the end of the interview, the tool will bring forth the completed application for the best program the patient is eligible for, any necessary attachments, an electronic signature, and the documents required by the state for eligibility determination, such as electronic pay stubs and tax return information. By being electronic, the application is then capable of being submitted online, or by facsimile, with tracking information returned to the hospital.

If the goal of Healthcare Reform is for all Americans to have access to some form of medical coverage, then hospitals will need to play the largest role in assisting people towards the proper access channel and the appropriate form of eligibility. Hospitals are in the unique position of seeing patients when they will need coverage the most: at the time of care. The PPACA does offer some direction in terms of an approach to handle the millions of newly eligible patients, but the guidance does not provide the means to properly assist the millions more currently now eligible or eligible-but-not enrolled. Unfortunately, the current state of the economy means hospitals will have to do more with less, and assist a greater number of uninsured patients. Automation will be the key component at the state level (as laid out in the PPACA), and also for hospitals to handle the Medicaid increase and maximize their reimbursement across a variety of repayment options.

About the authors: *Christopher Thunder is a freelance writer for R&B Solutions, headquartered in Waukegan, Illinois.*

Ryan Brebner is Manager of Business Development for R&B Solutions, and is responsible for leading the company's sales and marketing. Ryan is an active member of HFMA, AAHAM, and NAHAM. He can be reached at 847-887-8514.



Make Your Revenue Cycle Hum

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

For many hospitals, an elusive portion of their financial processes just doesn't "hum." Whether it's 2 percent or as much as 15 percent of your revenues, the real impact on your bottom line of this elusive percentage can be the difference between surviving or not. Today's economy, combined with the uncertain impact of Washington's reforms, makes finding the last dollar critical to your financial goals and to your core mission of patient care. Some creative ideas and a step-by-step formula can help you tackle that elusive last percentage.

Step 1. Start with Your Star People

You need to start with a team that is aligned around the following points.

Be accountable. In this whole-system sequence, your team should be accountable to both personal and group goals. Finger-pointing or protecting departments from changes will only harm your work.

Measure up to the right goal. A goal that is measurable, achievable, and critical to your bottom line gives your team a "true north" point on its collective compass. Determine that necessary goal—for example, meeting the industry standard to financially clear 95 percent of all elective procedures five days before admission—and then measure your progress with a consistent scorecard of key metrics.

Keep the goal fresh with cash and noncash incentives for any hospital employee tied to the goal. Of course, checks and balances are needed between your accounting department and an external auditor to keep net revenue and the cash goal appropriate.

If needed, solidify your goals with an internal contract that emphasizes each individual's commitment to improve the whole system—even if the explicit goal has to shift along the way.

Create the "tackle team." A task force—focused on key goals and made up of your star performers—will keep you on track. A task force should:

- Represent staff members from across the revenue cycle and from related hospital departments.
- Be driven by a director-level steering committee, and use a working committee. Your business office director is a good team leader, seeing and understanding the entire revenue cycle. Meet regularly to review progress and goals.
- Obtain endorsement by a high-level executive to demonstrate organizational commitment.

Step 2. Disaggregate the Process

Next, separate your financial processes into key components. Start at the front end, and break it down all the way to the end of the revenue cycle.

Identify the tough pieces. The smaller you slice your revenue cycle pie, the greater the impact on your bottom line. Disaggregate your financial processes beyond component departments (patient access, health information management, and patient accounting) to a granular level. That's where the tough challenges exist that, if improved, will yield the greatest return.

Your financials may already painfully highlight your problem areas. Weaknesses that may yield significant ROI when corrected typically include registration errors, improper precertification methods, charge entry delays, chargemaster errors, and coding errors.

Analyze the data. With the tough pieces of your cycle identified, examine the data and ask the right questions. The more detailed the questions are, the more likely you are to target core issues.

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Make Your Revenue Cycle Hum (cont'd)

Step 3. Tackle Each Piece of the Pie Individually and Creatively

Now activate your task force and tackle away. The following are a few ideas for retrospective reviews applied to patient access. This process works for any step in the revenue cycle.

Audit every account within two days of discharge. A wrong keystroke by a registrar trickles throughout your process and leads to lost dollars. Disaggregating your processes quickly, and comprehensively correcting and documenting issues, can improve the quality of your entire revenue cycle, which means less follow-up work.

Determine areas to change. Cause-and-effect relationships are the most critical step in disaggregation. For example, don't waste time fixing the cashiering function when you should focus on how to determine patient liability.

"Score" your accounts. Every account has a set of core elements that must work perfectly to pay optimally. You can score each account and its elements using the following process: Elements within the account—valid addresses, good insurance information, full point-of-service collection efforts—receive X points if the element works perfectly and 0 points if there is even a single flaw.

A perfect account should add up to 100, so the number of elements will dictate the point value of each element, and the elements will be weighted based on overall value in getting the claim paid. Tackle the flaws that prevent a perfect score, and look for similar errors in other accounts.

Rely on experts and creative labor solutions. Expertise is important, so if any members of your team are knowledgeable about process change, devote their time to the task. If not, consider hiring outside experts, and manage them as you do your own team: requiring accountability and commitment to specific goals.

Implement a new technology or process. Evaluate new, creative tools on the market, and integrate them into your team's efforts. Often, a vendor partner can help determine how to best use such tools at various times in the revenue process.

Step 4. Reaggregate and Make It "Hum"

Now seamlessly put the pieces back together so all parts act as a whole again for the good of your bottom line. A few issues to watch for:

Collateral issues. Changing one process can affect related processes. Be sure all teams are on board, because a lack of buy-in will derail any process improvement.

Related policies within the department. While evaluating one process, take apart related processes, and make sure new processes work in lock-step with existing policies.

Resolving the Elusive 10 Percent

How long it will take to see results is different for every hospital and depends on the resources allocated. Too often, hospitals cut resources or chase small-dollar accounts in hopes that cost savings will follow. Instead, you should focus on the front-end root causes, break the process apart to fix it, and invest in creative solutions.

In the end, your new revenue cycle will make your organization more competitive among your peers and in today's unpredictable healthcare and economic environment.

This article is excerpted from Revenue Cycle Strategist, May 2010 (www.hfma.org/rcs).

The complete article is accessible to subscribers of HFMA's Revenue Cycle Strategist at www.hfma.org/rcs

About the authors: *Daniel Schulte is senior vice president, provider solutions, Apollo Health Street, Bloomfield, N.J., and a member of HFMA's Wisconsin Chapter (dschulte@apollohs.com).*

Michael S. Friedberg is associate vice president of patient access services, Apollo Health Street, Bloomfield, N.J., and a member of HFMA's New Jersey Chapter (mfriedberg@apollohs.com).

Andrew DeVoe is corporate advisor, Apollo Health Street, Conshohocken, Pa., and a member of HFMA's Metropolitan Philadelphia Chapter (adevoe@apollohs.com).

Social Networking Events

February 18, 2011 80's Dance Party and Game Night

Marriot Medical Center
(Immediately following the
February all-day meeting)

March 20, 2011 Rockets vs. Utah Jazz Toyota Center

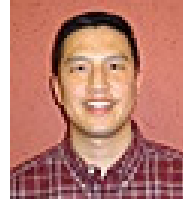
April 14, 2011 HFMA Golf Tournament Wildcat Golf Club



Mentorship

“Mid-Year Reminders and Reflections”

By Tim Eng



We are approximately 5 months into our Mentorship Program, and I have gotten good feedback from both Mentees and Mentors. Obviously, as with any new program, there are some obstacles and “kinks” to work out. However, overall, we are pleased with the progress our “freshman” Mentorship class is making.

Below are a few tips and reminders that I have been asked to pass along to both our Mentors and Mentees:

Mentees – it is your responsibility to keep up with your Mentors. Although you are both busy, the main responsibility for keeping the relationship going falls on you. **Mentors** – it is your responsibility to be responsive to your Mentees and to check in on their progress from time to time, especially if you have not heard from them in a while.

Mentors – it is tempting to offer insights to your Mentee and share with them your “wordily insights” but remember, you are helping them with their career and personal improvement aspirations, so sometimes you may have to just listen for a while before offering direction or advice.

Both – it is imperative to follow through on what you agreed to do as an “assignment” if you are a Mentee or what you agreed to help with if you are a Mentor. Follow-through is crucial in this type of relationship.

Both – Understand expectations about the relationship from both sides and set attainable, measurable goals to accomplish for the first year. Remember to report back on the progress towards those goals.

Both – Laugh, joke and just have fun. After all, it is a professional relationship we are talking about, not a work assignment!

Mentorship offers many lessons for both parties involved that will not only be helpful and insightful now, but also for the future and even a lifetime. The HFMA Gulf Coast chapter is very proud of this “freshman” class of Mentors and Mentees! The Mentorship committee stands ready to assist Mentors and/or Mentees in cultivating a successful Mentorship relationship.

Next Newsletter Deadline

January/February/March Edition

- ◆ *Articles due to the Editor no later than March 1, 2011.*
- ◆ *Submit articles (MS Word) or advertising (.jpg or .tif files) to the newsletter editor, Scott Sette: ssette@wittkiewfer.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@wittkiewfer.com*

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.*



hfma
healthcare financial management association



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 Requirements:

- ◆ 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 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 will select a date and time online at Castle's website. Sites are typically available Monday through Saturday during normal business hours.
- ◆ The new program requires candidates to have a minimum of 3-5 years management experience.

Why The Program Changed

Today's healthcare financial managers regularly work in cross-functional teams. They need to possess a common body of knowledge that is technically deep, cross-functional, and integrated.

HFMA has identified six knowledge areas as 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.

HFMA also wants to make the certification program and its preparation materials more readily available and easier to access.

The Texas Gulf Coast Chapter's Commitment to Members

The Texas Gulf Coast Chapter will offer coaching courses designed around the new on-line preparation materials.

Let us know if you are planning to order the on-line study material, and we will aggregate your order with others to achieve a small discount.

Questions? Check out the Certification FAQs at <http://www.hfma.org/certification>.

You may also contact Mark Worthen, Certification Chair for the Texas Gulf Coast Chapter at 713-329-2361 or by email at mworthen@trustmark.com.

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

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.



HFMA New Members

Wilhelmina Allen	Memorial Hermann Healthcare System
Mathew Axcell	U.T. - M.D. Anderson Cancer Center
Todd Creger	Philips Healthcare
Cheryl Faust	Methodist Hospital
Robert Haverstrom	Lincoln Financial Group
Mercedes Hernandez	Brazosport Regional Health System
Angelyn Kenyon	Methodist Hospital
Tom Konitzer, Jr.	Addison Search- Healthcare
Mark Macdonell	Bridgefront
Kathryn Mobley	Texas Children's Hospital
Michael Moon	VHA Texas, Inc.
Aaron Moore	Lincoln Financial Group
Josh Morrison	
Chiedozie Okafor	Huron Consulting Group
Jacquelyn Pham	Dynacq International Inc.
Melissa Reed	Resource Corporation of America
Michael Rzendzian, CPA, MBA	Nexus Health Systems
Paula Stapleton	U. T. -M.D. Anderson Cancer Center
Vivian Truong	
Harmonee Vice	University General Hospital
Brian Williams	University of Texas Medical Branch

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 Board of Directors & Committee Chairpersons 2011-2012

Officers	Member	Phone Number	Email Address
President	Laura Comer	713.792.2510	lcomer@mdanderson.org
President-Elect	Julie Rabat-Torki	281.386.7016	julie.rabat-torki@christushealth.org
Vice President	Mark Evard	832.355.3724	mevard@sl eh.com
Secretary	Natasha Metha	832.451.7728	nbmehta@deloitte.com
Treasurer	Mary Ann Waterman	713.745.9566	mmissman@mdanderson.org
Director Positions			
Director 2009-2011	Jackie Lewis	832.244.0219	jackie.lewis@xamandmax.com
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
Director Positions			
Director 2010-2012	Patrick Mason	832.418.0193	-
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	832.217.1820	ssette@wittkiever.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
Committee Positions			
Academic Affairs Chair	Kirk Pogue	972.757.4303	Kirk.Pogue@tenethealth.com
Academic Affairs Co-Chair	Mark Kline	281.825.8726	mgklinetexas@sbcglobal.net
Audit Committee	Rachel Tindall	713.499.4619	rtindall@bkd.com
Assistant Treasurer-Disbursements	Kim Reyna	713.794.1770	kmreyna@mdanderson.org
Awards Chair	Scott McBride	713.646.1390	smcbride@bakerlaw.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	Victoria Nitikin	713.566.2324	Victoria_Nikitin@hchd.tmc.edu
Certification Co-Chair	Donald Sands	713.448.6650	donald.sands@memorialhermann.org
Community Service Co-Chair	Deborah Saunders	281.455.4501	dsaunders14@yahoo.com
Community Service Co-Chair	Natasha Metha	832.451.7728	nbmehta@deloitte.com
Founders Co-Chair	Kim Reyna	713.794.1770	kmreyna@mdanderson.org
Founders Co-Chair	Phyllis Speer	713.745.9670	pspeer@mdanderson.org
Job Referral Chair	Dianne Love	832.842.2037	dlove8847@aol.com
Joint Programs Chair	Eric V. Depew	281.920.0300 x 100	edepew@mcctx.com
Managed Care Chair	Edward White	713.273.8829	ewhite@masonwhite.com
Managed Care Co-Chair	Katie Mobley	832.824.2742	klmobley@texaschildrens.org



HFMA Board of Directors & Committee Chairpersons 2011-2012

Committee Positions	Member	Phone Number	Email Address
Membership Chair	Jackie Lewis	832.244.0219	jackie.lewis@xamandmax.com
Membership Co-Chair	Windell Yancy	214.682.2343	wvancy@apexprint.com
Membership Co-Chair	Debbie Teesdale	214.789.1650	debbieteesdale@gmail.com
Mentor Chair	Tim Eng	956.357.0998	timothy.eng@valleybaptist.net
Mentor Co-Chair	Debbie Teesdale	214.789.1650	debbieteesdale@gmail.com
Newsletter Chair	Scott Sette	832.217.1820	ssette@wittkiewer.com
Newsletter Co-Chair	Laurie Mascorro	713.297.1817	lmascorro@bankoftexas.com
Nominating Committee Chair	Eric V. Depew	281.920.0300 x 100	edepew@mcatax.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	jkellern@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	rhill@texaschildrens.org
Public Relations Contact	Eric V. Depew	281.920.0300 x 100	edepew@mcatax.com
Social Networking Co-Chair	Jennifer Keller	713.339.0027	jkellern@comcast.net
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
Sponsorship Chair	Kent Walters	713.794.4354	kwalters@mdanderson.org
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
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
2004-2005 President	Allison	409.392.3370	terrya@gvtc.com
2003-2004 President	Kim Endlich	713.729.6510	shanholtzkim@sbcglobal.net
Administrators			
Web Site, Publishing & Minutes	Dean Newton	713.776.1307	Dean@hfmatxgc.org
Database & Correspondence	Terry Newton	713.776.1314	Terry@hfmatxgc.org
Reservations	Sue Thompson	713.776.1314	sue.thompson@npscmgmt.com



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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!

Membership Dues 2011-2012

Regular Membership Dues Through May 2012

Month Joined	Dues	*Discounted Dues for New Members
December	\$422	\$322
January	\$403	\$303
February	\$381	\$281
March	\$365	\$265
April	\$344	\$244
May	\$324	\$224
Or pay through May 2011 and be billed \$274 in June		
December	\$148	New Members: Take advantage of the reduced New Member Dues and save \$100 off your Membership Dues! Just pay through May 2012.
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 1-800-252-4362 or at memberservices@hfma.org.

Faculty Membership through May 2011

Month Joined	Dues
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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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:

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