

# The Chili Pepper Express Newsletter

October 31, 2008

## President's Corner

With the value of your 401(K) plan falling faster than a penny dropped off the Empire State Building, its time to take stock in another investment; your membership in HFMA.

The current economic climate is causing many hospitals and other healthcare providers to cut back on expenses; in many cases, continuing education and travel expenses are the first to go. As a result, our Program Committee has tried to think "outside of the box" by bringing the educational programs to our members rather than inviting them to travel to a meeting site. To that end, we recently held a half day program at Christus Spohn Hospital in Corpus Christi that had 50 attendees, over half of which were not HFMA members. In addition, in conjunction with the San Antonio Revenue Cycle Conference on October 23, the Chapter implemented its first audio webcast for a group in Corpus Christi.

While these and other steps can help us to provide educational sessions for those members that cannot physically attend meetings, your chapter leadership believes there is tremendous value in your attendance at our meetings. When I talk to members about why they don't attend meetings, universally the answer is because they are just too busy. As a general rule, all of us in the healthcare finance field work extremely hard, so why do some members come to meetings when others don't? In my opinion, if you attend the Chapter's meetings, you will find that they:

- Provide an opportunity to step away from your day to day work and see the bigger picture as to potential issues facing healthcare providers in the future.
- Provide an ability to network with other HFMA members to share ideas on how to best deal with changes facing our industry and to understand that you or your facility are not alone in dealing with these changes
- Provide an opportunity to hear from local and nationally recognized speakers as to issues that will impact your hospital, and how to best prepare to deal with them
- Provide an opportunity to meet and network with our sponsor/vendors to learn more about available products and services that can help you deal with the challenges in your business and hopefully improve your bottom line
- Are fun! Our colleagues in healthcare finance are an extremely hard working group but even they need a break sometime to enjoy good food and the occasional adult beverage that often accompanies our meetings.

If you want to get the most out of your investment in HFMA, I encourage you to attend at least one of our meetings. The schedule of our upcoming meetings is in this newsletter and the dates and locations are posted on our website ([www.stxhfma.org](http://www.stxhfma.org)). If you do attend, I think you will agree that it was time well spent which will further equip you with the information and tools necessary for you to be successful in your job. When you do attend, please introduce yourself to myself and the other members of the Board of Directors....we look forward to meeting you!



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Paul Rubin  
Chapter President  
2008-2009

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Chapter Administrators:  
Dean & Terry Newton

## Meeting Calendar

Mark your calendars **NOW** so you won't forget to attend STX HFMA's meetings during the upcoming year. Our scheduled meetings are:

Date	Meeting	Location
December 3-5, 2008	Region 9 HFMA Conference	New Orleans, LA
December 15, 2008	HFMA/ACHE	Austin, TX
January 30, 2009	HFMA/ACHE/GSAHC	San Antonio, TX
March 29-31, 2009	Statewide HFMA Conference	Driskill Hotel-Austin, TX
May 28-29, 2008	STX HFMA Annual Meeting	Sheraton Hotel-South Padre Island
June 14-17, 2009	HFMA National ANI	Seattle, WA

Registration Forms and Agendas for each meeting will be distributed by e-mail to all members about one month prior to each meeting date. Registration Fees for members vary based upon the number of CPE hours credit provided by each session, and other factors. If you do not receive a Registration Form via E-mail, please contact Tammie Jackson, Chair of the Membership Committee. Tammie's e-mail address is [tjacks@transunion.com](mailto:tjacks@transunion.com).

# Mark Your Calendars

ATTENTION ALL STX HFMA MEMBERS.....please mark your calendar to attend our upcoming half-day meeting at the Dell Children's Medical Center in Austin on December 15, and our joint meeting with ACHE at the Oak Hills Country Club in San Antonio on January 30, 2009.

## Test Your Certification Knowledge

1. Total fixed cost divided by contribution margin per unit is the \_\_\_\_\_.

- Calculated standard cost
- Contribution margin
- Break-even point
- Revenue earned per unit of service

2. Which of the following activities would raise inurement questions?

- Compensation plans keyed to the top quarter of common benchmarks
- Furnishing office space to physicians at significantly less than normal rent
- Service and supply arrangements with vendors commonly used in the community
- A rule forbidding transactions with controlling parties

*Answers on page 8*

# We're Not Listening...

By Bruce Clark, D.P.H., Cofounder, Impact Presentations Group & Age Wave

I remember years ago as a graduate student in health administration getting a laugh out of a Saturday Night Live parody in which Lilly Tomlin pretended to be an uncaring operator in the then all powerful AT&T phone system. Her closing line in the skit was, "we don't care, we don't have to."

Healthcare could never be perceived this way, could it? Unfortunately, with shocking regularity, this is the prevailing consumer perception. It began a few years ago with managed care and insurance, but consumers now lump hospitals, nursing homes, physicians, and much of the rest of our complex system of care into this pain-ful category. It has become so bad that a recent study revealed that consumers rated managed care and tobacco companies in a tie for last place in "industries that do a good job." Health insurance fared just slightly better coming in third from the bottom—behind oil companies.

As you know, the baby boom is migrating into their high utilization years—and with their aging bodies they are presenting another unique characteristic—attitude.

This "new" mature consumer requires a personal touch and has very different expectations than earlier generations as to both customer service and care. Unfair as the comparisons may seem, the new mature consumer is accustomed to commercial grade competition and service; they've set the bar high and they expect their healthcare providers to care about their level of satisfaction. This means good communications, reasonable wait-times, up to date information, helpful referrals, and so forth. But there is one skill the healthcare industry has poorly executed. The skill we need to become masters of, that trumps all the others—listening. In fact, not just listening—intense customer listening.

In the past, we listened pretty well. We actually had time. But as the pace of healthcare has quickened and the complexity of medical science grows exponentially our emphasis on listening has waned. We are busy to be sure, but that may not be an adequate excuse. Oddly, as those of us in healthcare stopped listening, other industries decided "getting close to the customer" was the defining characteristic of a successful business.

In our work over the years with consumer giants such as P&G, Nabisco, Nordstrom, Genworth, J&J, and others, I have found one characteristic consistent with each—they all seek what I refer to as deep touch with their customer. They are fanatics about making sure they understand what their customer is thinking and what they want. They do this by exploiting every chance they can get to listen to their customer. In healthcare, and especially medicine, we've had a tendency to find what our customer is thinking irrelevant and we don't need to care about what they want—we know what they need. We seem to think that there isn't room for science and service in the same encounter.

**"Healthcare is the only major American industry that continues to resist the customer service movement."**

In fact, not just listening—intense customer listening.

## Test Your Certification Knowledge

3. Which is the correct order for the key functions and processing steps of inpatient accounts receivable operations?
- Billed AR/account collection/account resolution/account follow-up
  - Account follow-up/Billed AR/account resolution/account collection
  - Account collection/billed AR/account follow-up/account resolution
  - Billed AR/account follow-up/account collection/account resolution

*Answer on page 8*

The beauty of our business is that we experience this deep touch on a daily basis. It is the nature of our work to be a part of the most dramatic moments and experiences of our patient's lives. You can go an entire career at P&G and never experience the level of mean-ingful contact we experience as a physician or nurse on a daily basis. Our problem is that we don't let this abundance of contact, context, and communication influence the way we structure our service, create programs, deliver care, and train our staff.

"Customer Driven Healthcare" is the current and catchy buzz phrase that supposedly captures where healthcare is heading. We remain the least customer driven of all the major American industries.

This needs to change and I am confident this change is under-way in leading healthcare organizations. What do we need to do? The following are five simple places to start or enhance what many healthcare leaders are already doing:

*(Continued on page 4)*

## Listening

(Continued from page 3)

### Focus Groups

To get the most out of them, whether you use sophisticated outside consumer research firms or offer a more “home grown” version conducted by your own staff, the point is actually hearing what patients have to say. If you don’t attend the session sitting behind the one-way mirror, watch the videotapes. In the last few sessions I’ve attended with clients, we “observers” have been in cities all over the country linked together online and able to communicate with each other and the moderator. The impact and immediacy is stunning. It is great to read the executive summary, but it will have a fraction of the impact of hearing it directly from the customer’s mouth and dialoguing with fellow executives as the session proceeds.

### Patient Interviews

The best example I’ve heard of is Cancer Treatment Centers of America. They begin each board meeting with an actual patient/customer in the room who describes their recent experience at CTCA and the board asks questions. Again, nothing like hearing it directly from the patient. They take about 30 minutes per board meeting.

### Patient Satisfaction Surveys

Keep doing them. My only recommendation here is to make sure the results find their way into the consciousness of every employee in the hospital. Too often the results are kept secret or barely revealed. The purpose is to let your employees in on the real “report card” that matters most to patients.

### Market Research

Not inexpensive, but it can transform your organization. At Age Wave we recently conducted extensive market research aimed at finding out what the healthcare dreams, nightmares, and aspirations are of baby boomer consumers. We not only conducted face-to-face interviews with subjects, we received permission to bring in video cameras, shot the interview, home, medicine cabinet, got personal stories and experiences, and so forth, so we could share the results with the client in a manner was truly memorable.

### Face Time

Perhaps the least expensive way to experience intensive patient listening, yet hard to plug into the busy hospital executives day, is spending one-on-one face time with patients in the hospital. The point here is not to “meet and greet,” it is rather to spend a few moments asking for candid, honest observations about the patient’s experience and being prepared to hear the truth.

*Bruce Clark, D.P.H., is the cofounder of the Impact Presentations Group and Age Wave. He will be presenting a featured program on the new mature consumer and genomics at The Governance Institute’s September Leadership Conferences. He is on the faculty of The Governance Institute and frequently consults, speaks for hospital events, and conducts leadership workshops for board retreats for Governance Institute members. For more information, contact Bruce Clark at (925) 837-0156, email DrBruceClark@aol.com, or visit his Web site at www.DrBruceClark.com.*

“With nearly 10,000 consumers per day experiencing their 60th birthdays, our principal customer is evolving rapidly and transforming the market as we know it.”

## Welcome New Members!

The South Texas Chapter  
HFMA welcomes the following

**Brian Agnew**, Catalyst Consulting

**Robert Allen**, Benefit Recovery Specialist

**Helen Boecker**, Student

**John Bruce**, BKD LLP

**Melissa Campa**, Physicians Hospital

**Michael Considine**, E-Scan Data Systems

**Bruce Filgote**, E-Scan Data Systems

**Sarah Garza Guerra**, Valley Baptist Health System

**Delissa Hamer**, BKD, LLP

**Heather Hernandez**, Valley Baptist Health System

**William Kamuthu**

**Gregory Kunst**, Kinetic Concepts

**Jeff Lovaas**, Salus Healthcare Real Estate Group

**Lee McKenna**, United States Air Force

**Erin Menke**, Yoakum Community Hospital

**Nanita Payn**, Seton Healthcare Network

**Cass Sanson**, Parish, Moody & Fikes

**Jillian Springer**

**Tommy Turpin**

**Roberto Villareal**, University Health System



# Ten Things to do When the RAC Comes Calling

By Bill Richburg, M.S., FHFMA, Director, Government Programs & Compliance, Accuro Healthcare Solutions

1. Enforce records completion. An irritated physician in your group or on your Medical Staff is a small price to pay compared to fines, interest, penalties and worse from CMS for billing undocumented services.
2. Have the staff ready and able to audit everything the RAC audits. They are supposed to document both under and over payments, but they only get paid for overpayments.
3. Appeal every decision the RAC makes, IF it is legitimately "appealable." The RAC gets paid for identified overpayments even if they subsequently are reversed in your favor. So they have little to lose, and much to gain, by reporting anything they THINK might be an overpayment.
4. Be prepared to repay overpayments within 30 days to avoid interest charges. If you are appealing, pay the alleged overpayments in 30 days anyway, because you'll owe LOTS of interest if you lose the appeal. If you win the appeal, CMS is required to pay you interest on the alleged overpayment amount.
5. Be certain you are using the Medicare Coverage Questionnaire on admission, to identify whether Medicare is secondary, as Medicare Secondary Payor is an integral component of the RAC audits.
6. Confirm you are up to date with Local Coverage Determinations (LCDs). If you use software for NCD/LCD screening on your outpatient claims, confirm your vendor keeps the LCD files current.
7. Provide Medical Records within 45 days after the RAC request. If you cannot, you must contact the RAC for an extension prior to the expiration of the 45 days. RACs MUST request medical records when there is a "high probability" (but not "certainty") of an overpayment.
8. Assure you have records of all claims previously audited by a Carrier, FI, MAC, DMERC, Program Safeguard Contractor, OIG or QIO. RACs are not supposed to review ANY claim that already has been reviewed by another federal entity.
9. Change policies and practices to prevent future recurrence of overpayments the RAC identifies. If you have a "denials management" group, add this to their role. If not, create one.
10. And the toughest of all: Self-disclose BEFORE the RAC comes to visit, if you know you are being overpaid or underpaid. If you have access to software that can help in this process, use it on 100% of your claims. If not, select a statistically significant sample and extrapolate those results to your entire book of Medicare business.

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## Fall Revenue Cycle Meeting Draws 75 Attendees and Rave Reviews:

By Pete Seaman

San Antonio, Texas....For one and one-half days beginning at 1:00 PM on Thursday October 22, a group of 75 members, sponsors and guests gathered at the Airport Hilton Hotel for the South Texas Chapter's annual Fall Revenue Cycle Meeting. The half-day session on October 22 featured a Golf Outing at the Quarry Golf Club for the golfers in the group. For those members who wanted to maximize their CPE credit and learning experience, four pre-conference courses were offered: an HFMA Certification Coaching Course; Hot Topics for Medical Managers and Healthcare Executives; Medicare/ Medicaid Legislative Update; and Financial Forecasting & Management for New Physician Practices.

On Friday morning at 7:00 AM sharp, the Conference kicked off with opening remarks by Paul Rubin, President of the South Texas Chapter. Paul welcomed several first time attendees to the conference. Joan C. Hoffman, HFMA Region 9 Executive, followed with an informative presentation describing the resources and opportunities available to members through participation in HFMA.

Day Egusquiza, President of AR Systems, Inc., gave a presentation entitled the "Revenue Cycle College". Day's presentation described in detail the soon to be implemented Medicare Recovery Auditor Contractors ("RAC") review process by CMS; in Texas, the implementation date is March 1, 2009. Based upon the results of the demonstration project, Day described the upcoming "RAC ATTACK....Lessons Learned, Getting Ready, Tools for an Internal Risk Assessment". Day advised that the RAC contractor for Texas is Connolly Consulting Associates. Day described automated vs. Complex Recoupments, how the RACs know what to

*(Continued on page 6)*

# Corpus Christi Workshop Recap

On September 19, 2008, the South Texas Chapter ("STC") conducted an educational workshop for 50 attendees at Christus Spohn Memorial Hospital. The topics discussed included Medicare Recovery Auditor Contractors ("RAC") and Management of Denied Claims.

The meeting opened with welcoming remarks by Gene Deutscher, Co-Chair of the STC Program Committee. Tammie Jackson, STC Membership Committee Chair, provided an overview of the Member-Get-A-Member Campaign. Chris Janik, who is a member of the STC Board of Directors and was the host of this workshop, added his welcoming remarks and introduced Bruce Holstein, CEO of Christus Spohn Health System.

Bruce described the mission of Christus Spohn Memorial Hospital. He then described at length his support for HFMA, and shared a rather humorous story about a presentation he made at the Virginia Chapter's Annual Meeting at Virginia Beach. Bruce mentioned a bottle of wine the Virginia Chapter gave to him as a gift for his presentation. Shortly thereafter, he and his wife were at a local supermarket shopping when he saw the same bottle on sale for \$ 2.99! Now that's expense control!

David Pearson, CEO of TORCH and a new member of STC, gave a presentation entitled "Run for the Hills; A RAC Update." His presentation emphasized the "top ten signs you are in a bad hospital". A copy of this presentation is available at the TORCH website; [www.torchnet.org](http://www.torchnet.org).

Ken Bulow, Senior Manager with Bearing Point in Los Angeles, CA office, followed with a detailed presentation on the RAC program. California was one of the initial three states selected for the RAC demonstration program. Ken's presentation, "Medicare Recovery Audit Contractor (RAC) – Planning for the Permanent Program", was presented in four parts:

1. demonstration project results
2. prepare for RAC
3. future of RAC
4. risk assessment

Ken advised that RAC audits in Texas are scheduled to begin in

## Test Your Certification Knowledge

4. Which of the following is NOT one of the primary factors on which rating agencies base their healthcare institution debt issue ratings?

- a. Institutional market position
- b. Medical staff characteristics
- c. Age of the institution
- d. Management capability

*Answer on page 8*

*(Continued on page 9)*

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# San Antonio Meeting Recap

*(Continued from page 5)*

audit, the Recovery Audit Process, the Validation Process, the RACs Scope of Work, and the high cost to appeal a RAC Determination. Day also described high areas of focus - Inpatient and Outpatient, and provided a detailed discussion of one day stay issues, 3 day SNF qualifying stay criteria, and observation rules. Charge Capture and identifying lost revenue through daily charge reconciliation was also discussed by Day.

During the Lunch Break, Tammie Jackson, Membership Committee Chair, and Clint Owen presented "HFMA 101", a session which described the resources and benefits available to HFMA members.

After Lunch, Mike Patrick from Hendrick Health System presented "Leadership Through Teambuilding". Mike's presentation focused on analyzing the temperament of team members to determine the relative strength of four personality types which influence individual thought and behavioral patterns and team interaction. Earl E. Smith, M.D., Medical Director from TMF Health Quality Institute, provided a very informative update regarding Quality Initiatives. Finally, a "Pay For Performance" Panel Discussion entitled "Whose Yardstick Do We Use?" focused on the pros and cons of various P4P measurements. The panel was moderated by John Montaine, President-Elect of STX HFMA, and consisted of Earl E. Smith; Dr. Harvey Balthaser, Medical Director of United Healthcare, Central Texas Division; Rebecca Preston, MD, JD, Scott & White Health System; and Donnie Hromadka, Vice President of Network Management for Humana, Central & Southwest Division. The panel discussed each of their organizations' initial steps toward P4P; educational vs. operational steps; specialty areas of focus; how to reach consensus on how to fix the model for healthcare delivery; and how long do we have to fix the model. If you would like to learn more about the information presented or how to contact any of the speakers, please contact one of the STX HFMA Chapter Officers.

# Certification Exams—Year End Information

By Lenora Johnson

The year end is nearing which means that new exams and study guides will soon be in effect for the Certification Process. As a reminder, please note that 2007-2008 self study guides expire December 31, 2008. These will not be effective study tools for the 2009-2010 exams.

Consider taking your Core and/or Specialty exams before December 31, 2008, so you can enjoy lower rates and so that you do not have to prepare using the new 2009-2010 study guides.

Effective immediately enjoy reduced pricing on 2007-2008 study guides!! End of year prices are \$200 for Core Study Guide (reduced from \$325) and \$200 for any Specialty Study Guide (reduced from \$295), plus shipping fees. The 2007-2008 courses expire on December 31, 2008 and are available until inventory is depleted. Go to the following link to place your order for these reduced price study guides: [https://www.hfma.org/site/certification/self\\_study\\_aids\\_form\\_0506.cfm](https://www.hfma.org/site/certification/self_study_aids_form_0506.cfm)

The 2007-2008 version of the exams will be administered until December 31, 2008 for your first-time attempt.

Any exam candidate who is unsuccessful on the 2007-2008 exam can retake it one more time after a required 90-day wait period has been met and no later than April 11, 2009.

After April 11, 2009, only the 2009-2010 exams will be available for subsequent retakes. Exam fees apply for all retakes.

The 2009-2010 version of the exams will be administered beginning January 1, 2009 for your first-time attempt.

Additional information is available regarding dates, application forms, and fees at <http://www.stxhfma.org/pages/certification> and <http://www.hfma.org/certification/chfp/>.

## Note the following price increases for the 2009-2010 certification program

- Effective immediately - Due to increased fuel charges, the cost for ground shipment of the self study guide has increased from \$10 to \$15 per copy of a course ordered.
- Effective January 1, 2009 - CHFP application fee is increasing from \$50 to \$75 and FHFMA application fee from \$125 to \$150.
- Effective for the 2009-2010 certification self-study guides, upon availability - All self study guides (Core and specialties) will be \$325 each, meaning the specialties courses are increasing from \$295 to \$325.
- Effective for exams scheduled January 1, 2009 or later - All exams will be \$125 each (Core and specialties), meaning the specialty exams are increasing from \$100 to \$125.

## Certification Study Guide

The South Texas Chapter has a complete study guide set available for members to borrow which includes the Core Specialty exam study guides of your choice, applicable for exam dates through 12/31/2008. The Chapter will loan the study guides for a two (2) week period, depending upon availability. Please contact Brenda Cox (512-496-9989) or LeNora Johnson (210-394-1521) to arrange a time to borrow the materials. You return them at your expense.

*Answers: 1. (c) Break-even point; 2. (b) Furnishing office space to physicians at significantly less than normal rent; 3. (d) Billed AR/account follow-up/account collection/account resolution; 4. (c) Age of the institution*

## 2008 Exam Dates & Proctor Information

### • Friday, November 14<sup>th</sup>—Noon

Proctor Lenora Johnson  
[durango500@sbcglobal.net](mailto:durango500@sbcglobal.net)  
Baptist Health System  
School of Health Professions  
8400 Data Point  
San Antonio 78229

### • Friday, December 12<sup>th</sup>—Noon

Proctor Don Sands  
[Victoria.Nikitin@hchd.tmc.edu](mailto:Victoria.Nikitin@hchd.tmc.edu)  
(713) 566-4342  
Deloitte & Touche LLP  
Three Allen Center  
333 Clay Suite 2300  
Houston, TX 77002

For questions about certification exams, please contact LeNora Johnson, Certification Chair, at

[durango500@sbcglobal.net](mailto:durango500@sbcglobal.net).

A few sample exam questions are available at the following link:

[www.hfma.org/certification/chfp/examcontent/SampleExamQuestions.htm](http://www.hfma.org/certification/chfp/examcontent/SampleExamQuestions.htm)

You can purchase printed Study Guides at the following address: [https://](https://www.hfma.org/site/certification/self_study_aids_form_0506.cfm)

[www.hfma.org/site/certification/self\\_study\\_aids\\_form\\_0506.cfm](https://www.hfma.org/site/certification/self_study_aids_form_0506.cfm)

# Campaigning HFMA Style: The HFMA Value Proposition

By Tammie Jackson

As of late, “campaigns” have become the topic of our conversations whether at the office or around the dinner table. So I thought it would be appropriate to offer up for discussion our own HFMA campaigns. We are in the throws of two exciting campaigns – both of which are easy to get behind. National HFMA each year manages the Member-Get-A-Member Campaign allowing you to earn prizes whenever you refer a new member. The polls have turned out positive numbers reinstating 16 members in September alone! In addition, new for our local chapter, is the Member-Bring-A-Guest Campaign. This is an opportunity to invite a guest to a designated meeting; the guest will receive a discounted registration fee and the host receives cash incentives. Our October Revenue Cycle Conference has been named a designated meeting and is sure to produce positive numbers at the polls which I will share with you next time.

In these uncertain economic times, many of us now need to justify our expenses. Fortunately, HFMA is a “no-brainer!”

In an effort to provide you with a foundation of support for both campaigns, I offer the following HFMA Value Proposition. In these uncertain economic times, many of us now need to justify our expenses. Fortunately, HFMA is a “no-brainer!”

Before you can attempt to educate your employer on the value of HFMA, you first need to assess whether you’re getting as much value out of your membership as you could be. Do you even look at your copy of *hfm* magazine when it’s delivered, or is it tossed into a pile with all the other reading materials you don’t read? Why is *hfm* different, and why should it be placed on top of your reading materials ahead of all the others? Easy—it’s the one monthly magazine that covers your industry from A to Z. It is full of insightful articles, commentary, and tools that can help you excel in your job. Many of

the articles are written by your peers, who are offering their ideas and expertise to their fellow healthcare finance professionals.

Other sources of information in *hfm* are the display ads. Healthcare vendors know that *hfm* has the exact audience they are looking for, and they spend big bucks on these ads. New products, new solutions, and customized answers are often debuted in these ads. If you’re seeking a solution to a challenge at work, the answer may be in an ad in *hfm*.

Are you using the HFMA web site at [www.hfma.org](http://www.hfma.org)? It’s packed with information that can help you and your employer solve challenges at work. If you haven’t logged in for a while, do so today. It’s easy to use and it is searchable. The content is continu-

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## South Texas Chapter Career Opportunities Listings...

### Make Your Job Openings Accessible to Over 2000 HFMA Members in Texas !

The HFMA Career Opportunities section of the South Texas Chapter website is accessible by over 2000 HFMA members statewide. HFMA members typically hold senior positions in healthcare finance including: CEO, V.P Finance, CFO, Controller, Department Head, etc.

**Employers:** There is no charge for any organization directly offering a position to post that job to the HFMA website. Simply download the Career Opportunity form, complete the information, and return it via email or fax. Jobs must include the name and location of the institution and a contact email address. Jobs are posted on all three Texas Chapter websites.

Jobs must be approved by HFMA prior to final publication. The approval process will typically take 1 to 4 business days. HFMA reserves the right to reject any job posting deemed inappropriate. You will receive an email confirming that we have posted your job to the website.

**To Post a Job:** <http://www.stxhfma.org/pages/jobpost>

**To see Job Openings:** <http://www.stxhfma.org/jobs> (member access only)

**Search Firms/Recruiters:** There is a \$50 per job fee for job postings by Personnel Agencies, Executive Search Firms, or Healthcare Recruiting Agencies. Please complete the Career Opportunity form with your credit card information and fax to the HFMA office at 713.776.1308. Upon payment and final approval, your job will be published to the website and you will be notified by email.

## Value Proposition

(Continued from page 8)

ously updated for late-breaking healthcare issues. Unlike the results produced by using a generic web browser (which can be potluck at best), the content on the HFMA web site has been vetted for its applicability to the field of healthcare finance.

What about the online member directory? It's a valuable tool that provides quick access to your peers both in your chapter and across the organization. What about the seminars, on-site learning, audio webcasts and e-learning? Do you take advantage of any of these to increase your education and develop your career?

If you're not an active member, either get active or don't be shocked when your boss informs you that your membership dues won't be covered. Better yet, get involved in our chapter. How many of us have been classic HFMA wallflowers looking at our shoes anytime the chapter was soliciting volunteers? Once you get involved, the value of your membership will soar! But don't take my word for it, ask your peers who do volunteer. It's so true—you'll get much more out of HFMA if you put something into it.


Now that you've assessed your own efforts to derive value from your HFMA membership, let's start on your employer. First, explain to your employer what HFMA is: the premiere membership association for healthcare finance professionals. An organization whose vision is "to be an indispensable resource for healthcare finance." An industry leader that doesn't just report healthcare news, but is helping to create the future of health care.

The best way to demonstrate the value HFMA brings to employers who pay our dues is to give tangible examples of the times you've used HFMA resources to solve a problem or learn something valuable. Show your boss the in-depth articles in *hfm*. Introduce him or her to the web site and to the quality and depth of resources that are listed. Share how the online member directory has been a resource to you in solving a problem. Show an agenda from an upcoming meeting, and highlight the line-up of industry experts who will be presenting. Better yet, get your boss to accompany you to an upcoming meeting and see the value first-hand (selfishly, you may even get a prize for doing so!). Or speak with the program committee about getting your boss a presenter's role at an upcoming meeting.

Any human resources consultant worth a hoot will tell you that an educated workforce is critical in today's fast-moving information age. Explain to your employer that there is no better organization than HFMA to keep you informed about the latest developments in healthcare finance. Forward to him or her pertinent e-mail alerts we receive on breaking issues, as well as the "Weekly News Highlights" e-mail that summarizes (with links for expanded analysis) critical developments in the healthcare industry.

Finally, make a value comparison with other resources your organization consumes. Suppose your annual HFMA budget consists of \$3,000, which covers your dues, a few chapter meetings, and perhaps ANI. Compare that with the cost of on site training that HR may bring on site for one day and make a value comparison! Point being - HFMA is an incredible year-round value for healthcare finance professionals.

So I invite you to get re-engaged with the value of HFMA and share that excitement with your peers. Invite them to meetings, share what you know and, by all means, get involved! There is a fit for any skill and varying amounts of availability. By the time we read the next newsletter, we will have a new President - one successful campaign. For South Texas HFMA, I trust we'll have two!



**“HFMA is the premiere membership association for healthcare finance professionals.”**

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## Corpus Christi

(Continued from page 6)

March, 2009.

Following a delicious lunch organized by Chris Janik, Todd Halprin of Phase II Consulting gave a presentation titled "Ongoing Game of Denials Management-Deal or No Deal". During his presentation, Todd focused on three key concepts in managing denied claims: discipline, accountability and measurement. Todd advised that the people assigned to manage denied claims should be well trained, effectively supervised, and must accept responsibility to produce the results necessary for success. He strongly urged that denials be tracked, with detailed analysis of trends by denial reason and the results of corrective action plans. Todd mentioned HFMA's denials tool kit as a valuable resource to assist hospitals in managing denied claims.

# Member Updates

## Editor's Alley

As always, an important part of this organization's newsletter is input and feedback from you, the members of the South Texas Chapter of HFMA! If you have an idea for an article or feature to be included in future newsletters or have updates for our current features (Member Updates, Events, etc.), please e-mail them to:

Pete Seaman  
([petecea1@sbcglobal.net](mailto:petecea1@sbcglobal.net)),  
Newsletter Chairman

or to Becky Turner  
([rturner@npscmgmt.com](mailto:rturner@npscmgmt.com)),  
NPSC Newsletter Designer.

Thank you for investing your time in a great organization like South Texas HFMA.

**Pamela Brower** has been promoted from Executive Director-Finance to Vice President-Finance at CHRISTUS Spohn Health System. Pam has worked in the Finance Department at CSHS since February, 2007.

**Ted Day** has been promoted from Executive Director-Revenue Cycle to Vice President-Development at CHRISTUS Spohn Health System. Ted has worked at CSHS since January, 2007.

In September 2008, University Health System promoted **Lenora A. Johnson** from Fiscal Director, Ambulatory Services to Director of Reimbursement for Medical Present Value.

**Matthew Grones** recently assumed the role of Administrator/CEO for South Austin Surgery Center. SASC is wholly owned and managed by National Surgical Care based in Dallas, Texas.

*Member Updates* is where we highlight members that have moved to other companies, received promotions within their organizations, or have advanced themselves by way of receiving some Degree, Certification or Awards. It is our way of helping members keep in touch as well as to recognize and congratulate others on their achievements. If you have news which you think should be mentioned in *Member Updates*, please e-mail the information to Becky Turner, NPSC Newsletter Designer at [rturner@npscmgmt.com](mailto:rturner@npscmgmt.com).

## Chapter Involvement Opportunities: The STX Chapter Needs YOU!!

Attention members. Your Chapter desperately needs committed members to serve on key committees:

- **Program Committee**  
develops agendas and recruits speakers for the Chapter's meetings
- **Newsletter Committee**  
drafts articles for the quarterly "Chili Pepper Express" newsletter
- **Membership Committee**  
recruits new members and manages social events for the membership

This is a great way to get involved, learn about the inner workings of the South Texas Chapter, make new friends, and position yourself to move up to a senior leadership position. Please contact any of the Chapter's Officers or Committee Chairs for more information. PLEASE VOLUNTEER TODAY!!!

## South Texas Chapter-Key Contacts

# Chapter Officers

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# Other Happenings:

“Other Happenings” is where we will list educational and networking opportunities in collaboration with other HFMA Chapters, primarily the Gulf Coast and Lone Star Chapters here in Texas. We will work in conjunction with the Newsletter Chairs from these Chapters to provide you with as many educational opportunities as possible.

## Gulf Coast Chapter HFMA Events:

A full schedule of GCC events can be found at <http://www.hfmatxgc.org/hfmacalendar.php>.

**November 17**

**Annual West Houston Symposium**  
**8:00 am to 5:00 pm**  
Marriott Westchase Hotel—Houston

**November 13**

**HFMA/ACHE Joint Program**  
**7:15 am to 10:50 am**  
The Junior League of Houston

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