



2011

annual report

educate. advocate. cooperate.



Healthcare Billing & Management Association

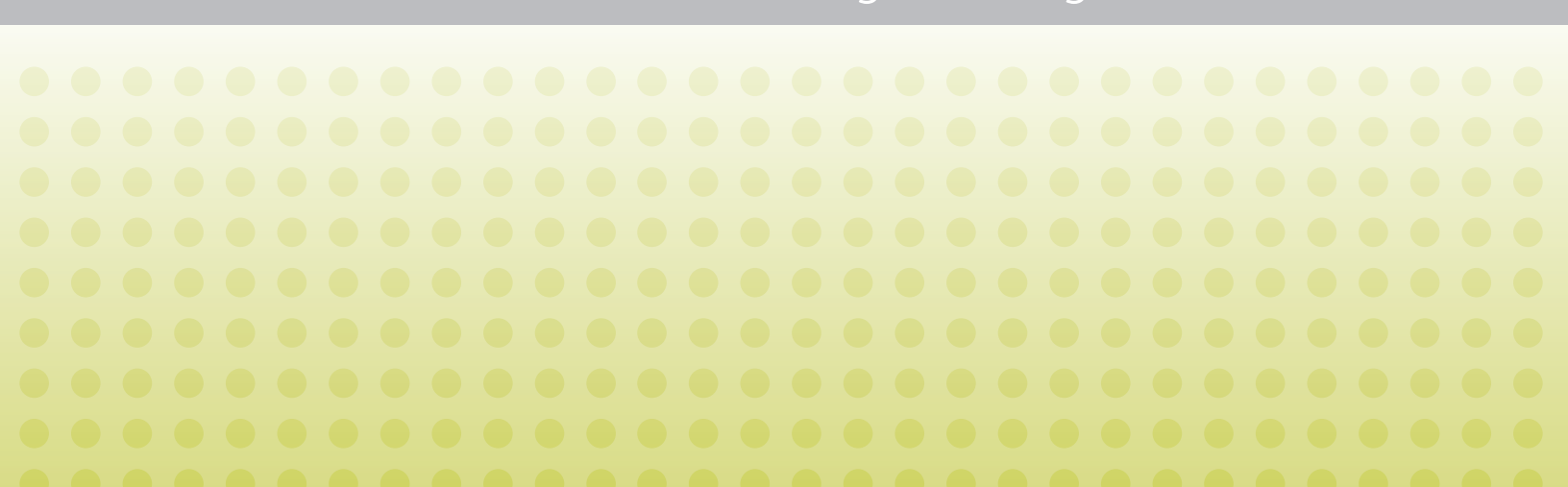


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www.hbma.org
Brad J. Lund, Executive Director





About HBMA

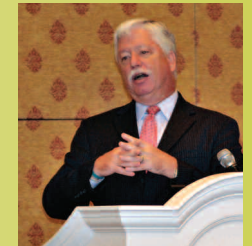


The Healthcare Billing and Management Association (HBMA) is the premier trade association representing both first and third-party billing professionals. HBMA is dedicated to working on behalf of the membership and the entire medical billing industry for the purpose of education, training, professional development, and industry advocacy. The HBMA membership represents over 700 medical billing companies employing more than 30,000 staff, managing claims on behalf of hospital-based physicians, office based physician practices and other allied healthcare providers. An increasing number of members offer accounts receivable management, consulting, electronic medical record services,

“ HBMA has established itself as a recognized industry revenue cycle management authority... ”

governmental and commercial payors, with the majority of the other two thirds submitted directly by providers. HBMA members are constantly seeking ways to improve their efficiency, productivity, technical and operating skills, to better serve and anticipate their clients’ needs, and of course, grow their companies. Despite its modest membership size

H B M A 2 0 1 1 A N N U A L R E P O R T



and practice management functions.

Today, it is estimated that there are nearly 2,000 billing companies nationwide. Although HBMA membership represents less than 50% of the total number of medical billing companies, they do represent nearly 80% of claims submitted by third-party medical billing companies on behalf of providers. The average HBMA Member has 40-50 employees, uses commercial software, has been in operation over five years, has company revenues of \$2.5 to \$3.5 million and processes about 350,000 to 400,000 claims per year. HBMA membership includes most of the nation’s largest billing companies. Nearly half of HBMA members have clients in more than one state. HBMA members collectively submit nearly one-third of all initial medical claims to the country’s

compared to other healthcare trade and professional associations, HBMA has established itself as a recognized industry revenue cycle management authority by both the commercial insurance industry and the governmental agencies that regulate or otherwise affect the U.S. healthcare system. With increasing frequency, CMS and other agencies regularly seek HBMA's input and commentary on proposed regulatory, operational changes and proposed legislation.

HBMA’s mission is the commitment to advancing the healthcare billing and management industry through advocacy and by providing education, information, and other valuable resources to its members while promoting high ethical and professional standards.



LETTER FROM THE

➔ President

In the midst of... Accelerated Transformation

It's easy to respond quickly and decisively to an "event," an "occurrence," or an "issue." It's quite another thing to respond to an industry "transformation."

In the medical billing space, we are not only witnessing a transformation, but an *acceleration* of transformation.

It is for this reason, that *your* board and administrative leadership are intensely focused on helping HBMA members successfully navigate the incredible challenges that we are in the midst of, and that are immediately over the horizon.

The membership of HBMA continues to be quite diverse with over 65% of our members leading 30 or less employees while several of our member companies have staffs of hundreds and into the thousands.

And therein lies one of our greatest strengths; a broad footprint yielding the breadth and depth of vast perspectives.

Fortunately, the foresight of many who have gone before us, have left a foundational legacy from which we can respond decisively and intelligently to the forces upon us and the many challenges ahead.

And it is that foundation that is so encouraging to reflect upon. Because of the vision of former leaders, 2011 became a year of government relations breakthroughs. Relationships that were years in the making provided us opportunities to be invited into the inner circle of CMS's confidence, providing them with vital feedback in statistics and knowledge to help guide future decisions, as well as modify strategies of current policy implementation.

Years back, our visionary leaders embraced the 5010 transition and created an industry leading ICD-10 initiative which, in combination with our direct government relations efforts and commercial payor initiatives, created the opportunity to give testimony to the National Committee on Vital and Health Statistics (NCVHS) and a request to present directly to CMS this past fall.

Our continuous, consistent, and professional outreach to CMS has yielded multiple opportunities on many fronts in 2011. As a result, the HBMA is positioned to anticipate and solve systemic issues as or before they occur.

Standing calls with commercial payors is leading the way into expanded and collaborative relationships established to provide you access, answers and pathways to resolution.

The regional development and membership arm of HBMA has exploded in vision,

“ Contained in this Annual Report are these and many more accomplishments represented by the deliverables... ”



implementation and outreach, creating dynamic leadership opportunities within each MAC jurisdiction and by state, to forge a visual national network and footprint for years to come.

With the quietness and strength of a stealth mission, the ultimate underpinning of HBMA member value has been the strong and growing educational foundation on which much of who we are today has been built *and...* upon which our future successful navigation depends. HBMA offers education to help lead us, and an ever expanding CHBME Certification Program gaining in credibility and relevance to help reflect the profession that medical billing has become.

Contained in this Annual Report are these and many more accomplishments represented by the deliverables, successes and achievements of many, making 2011 yet another pinnacle year in HBMA's developing history.

When it's all said and done, HBMA exists because *we need each other*. No man/woman is an island and we all stand on others' shoulders, no matter who we are.

Engage, learn, grow, change, share, contribute, give, receive... *succeed*.

Lend your hand in some way, big or small, to keep HBMA accelerating at the speed of change, so that in some way, big or small, HBMA is there for you when you need it most.



– Don Rodden, CPA, CHBME



strategic planning

H B M A 2 0 1 1 A N N U A L R E P O R T

HBMA's Timeless Core Ideology

Core ideology describes an organization's consistent identity that transcends all changes related to its relevant environment. HBMA's core ideology consists of two elements: core purpose – the organization's reason for being – and core values – essential and enduring principles that guide the behavior of an organization.

HBMA's core purpose, or reason for being, is to advance the healthcare management industry. The culture and essence of the organization are driven by guiding principles that grow stronger every year. HBMA values the highest level of professionalism, integrity, and compliant business practices in every aspect of our industry. We expect transparency and accountability from our leaders while ensuring the continued growth of the association by providing valuable benefits and resources to our members and other industry stakeholders.

Assumptions About the Future

In order to make progress toward an envisioned future, an association must constantly anticipate the strategic factors likely to affect its ability to succeed and to assess the implications of those factors. This process of building foresight about the future has allowed HBMA to constantly recalibrate its view of the relevant future, a basis upon which to update the strategic plan.

Global Business and Economic Climate

1. There will be an increase in the number of boutique/specialty medical practices, but the impact will be minimal.
2. Current economy will persist; creating a "new normal."
3. Continued government stimulus money will not

significantly impact long-term economic growth.

4. The global economy will be the dominant influence on the U.S. economic climate.
5. Outsourcing technology and RCM will continue to grow.
6. The use of "off shore" will continue, but will be impacted by new technologies.
7. Uncertainty, instability, and political polarity will overshadow economic conditions.

Legislation and Regulation

1. Government regulations on the medical billing industry will increase.
2. There may be a political backlash against the current administration and its policies.
3. There will be increased government involvement in the payment of healthcare, such as SGR.
4. There will be healthcare reform.
5. EHR will create threats, challenges and opportunities for the billing industry.
6. ICD-10 will create challenges for all physician practices and opportunities for the billing industry.
7. Changes in government payment methodologies for medical services will threaten medical billing companies.
8. Government limits or restrictions on the ability to offshore medical billing services will create challenges for medical billing companies.

Social Values and Demographics

1. There will be an increase in Medicare patients.
2. There will be an increased expectation for work/family balance.

3. The workforce and patient base will become more diverse and larger.
4. There will be an increased expectation to “do more with less.”
5. Populations will shift geographically in response to economic conditions and growth.
6. The workforce will continue to age.
7. There will be greater acceptance of non-physician providers by communities, but not by payors, contractors, and carriers.
8. Social networking will drive electronic communication between doctors and patients.
9. Real time claims adjudication will become prevalent within the next two to three years.
10. The technology demands and associated costs will continue to increase for billing companies.

HBMA's Five-Year Goals and Objectives

What is a goal? Goals represent outcome-oriented statements intended to guide and measure the organization's future success. The achievement of each

In order to make progress toward an envisioned future, an association must constantly anticipate the strategic factors...

8. Younger workers will increasingly expect greater levels of technology in the workplace.

Technology

1. There will be an increase in EHR adoption (growing to 98% in five years).
2. There will be complete utilization of EHR features.
3. It will become more difficult to determine which EHR systems will survive; may become easier to determine with Federal certification.
4. There will be greater utilization of telemedicine.
5. Technology will drive and facilitate ICD-10 adoption.
6. EHR adoption will drive consolidation of billing companies.
7. Technology will enable administrative simplification.

goal will move the organization towards the realization of its “envisioned future.” Supporting objectives further clarify direction and describe what the HBMA wants to have happen.

The envisioned future conveys a concrete yet unrealized vision for our organization. It consists of a big (hairy) audacious goal (BHAG) – a clear and compelling catalyst that serves as a focal point for effort and a vivid description which is a vibrant and engaging description of what it will be like to achieve the BHAG.

“HBMA's BHAG (vision) is to be recognized as the most influential authority on healthcare revenue and management services.”

Our Envisioned Future

HBMA is sought after for its expertise, up-to-date resources and advice on matters relating to healthcare



strategic planning

H B M A 2 0 1 1 A N N U A L R E P O R T

revenue and management services. The association is known for facilitating cutting edge industry practices and innovative ideas. Members view the association as essential to their success and their primary source for solutions. Members regularly take advantage of its wide array of educational and networking opportunities, information resources, certification, network of diverse members, and benefiting from the association's legislative and regulatory advocacy successes. As a result, members have grown and diversified and customers view their relationship with HBMA members as a strategic partnership.

To achieve the vision that is inherent in our core purpose and core value, HBMA has identified four categories and stated goals that will further the progress of this realized vision.

Information Source

Stated Goal: HBMA is utilized as the leading authoritative source for industry data and information.

Supporting objectives for achieving this goal include consistently gathering meaningful, valid, and relevant data for our members and other industry stakeholders. In addition, establishing research creation and distribution as a profit center within the HBMA will contribute to the success of achieving and maintaining HBMA as the leading authoritative source for our industry.

Membership

Stated Goal: HBMA has experienced explosive growth through attracting and engaging individuals involved in healthcare revenue and practice management.

With the changing face of healthcare and the trend toward company consolidations over the last five

years, HBMA has a primary goal of seeking out new members and potential new membership categories to accommodate all those involved in the business of healthcare revenue and practice management. At the same time, we want to ensure the stability and support of our existing members.

Education

Goal: HBMA members will be equipped to leverage opportunities created as a result of the changing healthcare environment, using a variety of educational delivery models.

Education has always been a primary focus of HBMA and has been an area of excellence and growth for the organization. With the advancement of technology and the unending need to provide timely and relevant information to members fast and often, HBMA will continue to enhance the delivery methods of education and resource offerings to core members, clients, and stakeholders. Through the use of technology, HBMA will begin to disseminate information and education to a broader audience.

Last year, HBMA launched a new format for the certification program. Through the work of our many committees, HBMA is bringing more awareness of the value of an HBMA certification to the industry at large.

Advocacy

Goal: HBMA is recognized as the most influential healthcare revenue and practice management association.

Over the last several years, HBMA has developed meaningful relationships with major commercial payors. Continuing to develop these relationships

to provide a collaborative environment within our respective organizations remains a focus for this year. From the government relations perspective, HBMA will continue to contact and communicate, and help our members communicate, with elected officials and agency staff. HBMA will continue to develop and promote proactive solutions to government and commercial payor issues by first identifying issues and then providing recommendations based upon member feedback. HBMA will consistently communicate and disseminate available data to HBMA members, clients, and stakeholders.

Conclusion

To summarize, our strategic plan begins with a clear understanding of our core purpose and value which lets us create the vision for the organization. With great focus and whittling, leadership of HBMA has identified those four strategic areas, four stated goals, and primary objectives for achieving those goals. These objectives are then woven into the work plans of HBMA's more than 18 committee work plans to develop the tactical approach to ensure the objectives are met. HBMA's strategic plan is revisited often to ensure the viability and sustainability of the organization.

How Do We Achieve Results?

VISION

BHAG – To be recognized as the most influential authority on healthcare revenue and management services.

MISSION

HBMA's mission is the commitment to advancing the healthcare billing and management industry through advocacy and by providing education, information, and other valuable resources to its members while promoting high, ethical, and professional standards.

GOALS

There are four main goals as prescribed by the strategic plan.

WORKPLAN

The documented plan to manage both the strategic initiatives and the operational activities of each committee reside in the workplan.

TACTICS

The how activities undertaken by the committee to achieve the desired results (goals).

HBMA VISION

HBMA shall be the leading authority on healthcare billing and management services for association members and their employees, government decision makers and other industry stakeholders.

HBMA CORE VALUES

HBMA values the highest level of professionalism, integrity, and compliant business practices in every aspect of our industry. We expect transparency and accountability from our leaders while ensuring the continued growth of the association by providing valuable benefits and resources to our members and other industry stakeholders.

HBMA MISSION STATEMENT

HBMA is committed to advancing the healthcare billing and management industry through advocacy and by providing education, information, and other valuable resources to its members while promoting high ethical and professional standards.

HBMA CODE OF ETHICS

HBMA Members Pledge to:

- Exercise sensitive professional and moral judgment in all business activities
- Act in a way that will honor the public interest and demonstrate a commitment to professionalism and competence
- Perform all business activities with the highest sense of integrity
- Maintain objectivity and avoid any conflict of interest
- Strive to improve the quality and competence of services performed through continuing education
- Exercise care and diligence in providing services
- Maintain confidentiality of patient and client information
- Strive to comply with all relevant federal, state, and local laws and regulations
- Refrain from making misleading or false statements about professional qualifications, experience, performance, or results that can be achieved





Who We Are

HBMA Membership Demographics

HBMA MEMBERSHIP BY CATEGORY:

Affiliate Members	14
Associate Members	20
First Party Billers	10
Honorary Members	2
Principal Members	576
Satellite Members	17
Vendor Affiliates	75
<hr/>	
Total Membership	716
Total Certified Individuals	192
Total # of Employees	23,546
Average # of Employees Per Company	40

PRINCIPAL MEMBERS BY COMPANY SIZE:

# of Employees	# of Companies	% Total
1 to 5	180	31%
6 to 15	178	30%
16 to 30	92	16%
31 to 60	52	8.9%
61 to 90	38	6.5%
91 +	46	7.8%

HBMA REGIONS

J1	CA, NV, GU, AS, MP	79	203
J2	AK, ID, OR, WA	27	66
J3	AZ, MT, ND, SD, UT, WY	29	53
J4	CO, NM, OK, TX	64	183
J5	IA, KS, MO, NE	33	76
J6	IL, MN, WI	48	157
J7	AR, LA, MS	12	23
J8	IN, MI	36	120
J9	FL, PR, VI	32	60
J10	AL, GA, TN	42	100
J11	NC, SC, VA, WV	36	80
J12	DE, DC, MD, NJ, PA	55	75
J13	CT, NY	44	98
J14	ME, MA, NH, RI, VT	19	23
J15	KY, OH	32	121
TOTAL		586	1,438

TOP TEN SPECIALTIES MEMBERS BILL FOR:

Specialty	# of Members
Internal Medicine	287
Family Medicine	271
Radiology	239
General Surgery	230
Pathology	227
OB-GYN	197
Anesthesiology	194
Pediatrics	159
Emergency Medicine	127
Orthopedic Surgery	120

Total # of Employees of Member Companies 59,608



PRINCIPAL MEMBERS BY REGION

MANAGEMENT STAFF REGISTERED TO PRINCIPAL MEMBER COMPANIES BY REGION

➔ Member Resources

HBMA EDUCATIONAL PROGRAMS

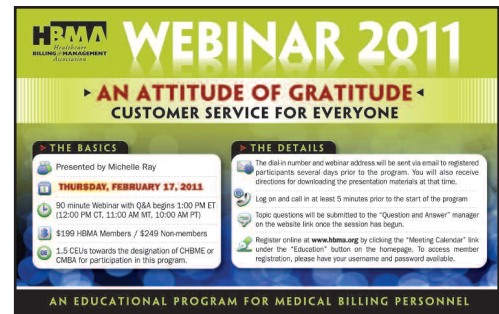
- Spring Educational Conference
- Fall Annual Conference
- Owners & Managers Conferences for HBMA members only, designed for owners and senior management
- Annual Compliance Courses
- Annual CHBME Executive Development Summit and Annual EHR Summit
- Monthly Distance Learning programs on specific subject matter important to our industry
- Specialty workshops to address our rapidly changing industry

HBMA PUBLICATIONS

- The HBMA official journal, *Billing*, published bi-monthly and disseminated to members, is also available on the HBMA website in the “Members Only” section, with back issues archived
- The HBMA Federal Legislative Update is published monthly on the HBMA website in the “Members Only” section, with back issues archived
- *The Washington Report* is a monthly report on federal laws and legislation from our legislative consultant
- *The Weekly Digest* is emailed to members and updates current changes in the industry

HBMA ONLINE RESOURCES AT www.hbma.org

- Archive of all HBMA publications
- HBMA Message Board covering:
 - Coding
 - Compliance
 - EHR
 - ICD-10
 - State specific billing resources and information
 - General Business Practices
- Online Membership Directory
- HBMA Document Library enables members to upload forms and documents for others to view and download
- Email notification of legislation and government regulations by state
- Online store
- EmployerPages
- Client Newsletter



HBMA's Distance Learning programs bring education directly to the members with webinars and audiocasts. ▲



HBMA *Billing* was redesigned and relaunched in print format. ▲



The HBMA website offers easy access to member resources. ▲

HBMA PARTNERSHIPS

- Over 60 companies have joined HBMA as vendor affiliates and are committed to providing the finest products and services to our membership
- Our quality Errors & Omissions Insurance program was designed to meet the needs of third-party medical billing companies
- HBMA members have access to *Coding* and other related publications at a 20-30% discount

HBMA CONFERENCE MOBILE APPS

- Smartphone and iPad users can download the app to scan all event information
- Tweet or send emails to colleagues
- Instantly share all your contact information with fellow attendees and exhibitors
- Immediately find any exhibitor
- Read about speaker backgrounds
- Find out about the sponsoring companies by clicking on their banner ad, instantly connecting you to their materials, brochures or videos
- Receive regular updates during the conference



CHBME

CERTIFICATION PROGRAM

Certified Healthcare Billing & Management Executive

In 2010, the HBMA Board of Directors charged the Certification Committee with the task of improving the Certified Healthcare Billing & Management Executive (CHBME) program. The goal was to develop a path to successfully achieve a high level of professionalism in the key elements of industry knowledge, compliance and business competency. This was achieved by creating three distinct categories of education and information.

The new CHBME Program began January 1, 2011. The HBMA Education Committee responded to the educational and informational requirements of the program by creating a significant number of opportunities to achieve the required credits in each of the three categories. Currently, over 15% of HBMA Members hold the CHBME designation with a goal to increase this to 25% by the end of 2014.

It is with pride that the Certification Committee presents CHBME to the members of HBMA and with great gratitude to the Certification Committee from the Board of Directors for achieving the outstanding design of the Program.





Member Resources

HBMA MARKETING EFFORTS FOR MEMBERS

HBMA offers a variety of tools to promote member companies, including:

- A website search engine of member companies that can be searched by location and/or specialty
- HBMA markets to the medical community, including exhibiting at a variety of annual conferences of medical and medical management associations, promoting HBMA and the website search engine
- Speakers are made available for national associations of medical and medical management professionals
- HBMA retains strong working relationships with other industry associations, including:
 - AAFP (American Academy of Family Practice)
 - AAHAM (American Association of Healthcare Administrative Management)
 - ACA (American Collectors Association)
 - ACMCS (American College of Medical Coding Specialists)
 - ACR (American College of Radiology)
 - AHIMA (American Health Information Management Association)
 - AHIP (America's Healthcare Insurance Plans)
 - AHRA (American Healthcare Radiology Administrators)
 - AMA (American Medical Association)
 - APF (American Pathology Foundation)
 - BCBS (Blue Cross/Blue Shield) Association
 - Cooperative Exchange
 - EDPMA - Emergency Department Practice Management Association
 - HCCA (Health Care Compliance Association)
 - HFMA (Healthcare Financial Management Association)
 - MGMA (Medical Group Management Association)
 - NSCHBC (National Society of Certified Healthcare Business Consultants)
 - RBMA (Radiology Business Management Association)
- HBMA Online Resources at www.hbma.org:
 - State-specific and national billing resources and information



HBMA Leadership

PAST PRESIDENTS



2010-2011
Jackie Willett, CHBME
Intermedix, Corp.



2009-2010
Scott H. Everson, CHBME
PracticeMax, Inc.



2008-2009
Randal J. Roat, CHBME
CBIZ MMP



2007-2008
Kenneth Goodin, CHBME
Intermedix, Corp.



2006-2007
Sherri L. Dumford, CHBME
Three Bridges Consulting, LLC



2005-2006
Bing Herald, CHBME
Zotec Partners, LLC



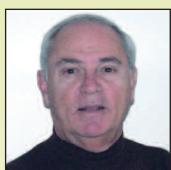
2004-2005
Timothy M. Maher
Medical Data Systems, Inc.



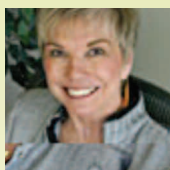
2003-2004
Robert B. Burleigh, CHBME
Brandywine Healthcare Services



2002-2003
David C. Purvis
Cvikota Company, Inc.



2000-2002
Victor S. Glorioso
Professional Management Inc.



1999-2000
Jean M. Campbell
Synergistic Systems, LLC



1998-1999
Charles M. Barker, CHBME
Med Group Billings & Collections



1997-1998
David F. Jakielo, CHBME
Seminars & Consulting



1995-1997
Douglas C. Jones
Portland Billing Service



1993-1995
James Robertson
Cambridge Integrated Services
Group, Inc.



HBMA Leadership

EXECUTIVE COMMITTEE 2012

The HBMA Executive Committee is responsible for overseeing the day-to-day activities of the association. It meets, as needed, to take care of any business matters between scheduled Board meetings. Members are the President, President-Elect, Secretary, Treasurer, and Past President.



PRESIDENT

Don Rodden, CHBME
HealthPro Medical Billing, Inc



TREASURER

Jeanne Gilreath, CHBME
AdvantEdge Healthcare Solutions, Inc.



VICE-PRESIDENT and PRESIDENT ELECT

Judson S. Neal, CHBME
Physicians Business Network, Inc.



PAST PRESIDENT

Jackie Willett, CHBME
Intermedix Corp.



SECRETARY

Barry S. Reiter, CHBME
Faculty Practice Services, Inc.

BOARD OF DIRECTORS 2012

The HBMA Board of Directors is elected by the membership of HBMA and is the governing body of the association. The Board is responsible for all the activities of HBMA and meets annually at the HBMA national meetings and monthly via conference call.



DIRECTOR

Cindy Groux, CHBME
Healthcare Practice Management, Inc.



DIRECTOR

Karen L. Olson, CHBME
KLO Professional Billing, Inc.



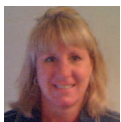
DIRECTOR

Susan Chandler, CHBME
Physician Services, Inc.



DIRECTOR

Joe Schendel, CHBME
Provider Support Services



DIRECTOR

Karen B. Linsteadt, CHBME
Med Group Billings & Collections



DIRECTOR

Bill Carns, CHBME
PracticeMax, Inc.



DIRECTOR

Madelon Berger, CHBME
Bill of Health Services, Inc.



DIRECTOR

John Outlaw, CHBME
PSA, LLC a MED3000 Co.



DIRECTOR

Curt Cvikota, CHBME
Cvikota Company, Inc.

HBMA Leadership

STANDING COMMITTEES

EDUCATION COMMITTEE

The mission of the Education Committee is to provide pertinent education for the HBMA membership and our medical billing community in a variety of ways so it is accessible to all. Additionally, the committee strives to develop new programs so members can remain on the cutting edge of mandated requirements in this age of healthcare reform.

The committee is committed to produce two annual conferences and a variety of annual specialty meetings that will meet our members' needs. We always welcome feedback from the membership to help us direct our programs and add value for future meetings.

During 2011, the Education Committee was responsible for planning, securing speakers, reviewing material, and producing all aspects of the following face-to-face meetings:

- February – Winter Owners and Managers Conference
- March – Annual Compliance Conference including a post-conference session
- April – Spring Educational Meeting including a pre-conference and post-conference session
- July – First Annual CHBME Summit
- September – Fall National Conference including two pre-conference and two post-conference sessions

- October – Fall Owners and Managers Conference
- November – Third Annual EHR Summit

Additionally, the Education Committee produced nine web-based programs focused on staff-related education. As an added benefit to our members, we also offered a variety of free web-based programs centered on significant changes to healthcare reform. In 2011, there were 185.75 hours of education available to HBMA members and non-members alike.

This committee works closely with the Certification Committee to offer education to our members specific to the HBMA CHBME Certification requirements. 2011 saw the initiation of a more accurate record-keeping system that automates attendance at sessions that meet requirements of the revised CHBME Certification program. We employ the input of a myriad of HBMA committees throughout the year, including Ethics and Compliance, Technology, and Government Relations.

New initiatives for 2012 include launching HBMA University and our first 'Visit to the Hill Day' in Washington, DC prior to the 2012 Fall Annual Conference.

Joe Schendel, CHBME, chairs the Education Committee, and is supported by 13 committee members.

SURVEY COMMITTEE

During 2011, the Survey Committee has been responsible for promoting the exchange of meaningful industry information among HBMA members through the analysis and dissemination of surveys. Data collected from HBMA membership provides valuable data for: HBMA members and their clients, HBMA Government Relations Committee, other HBMA committees and other key stakeholders.

The vision of the committee is to contract with an outside professional survey company/statistician to establish: HBMA's position as a clearinghouse for meaningful and relevant industry data and increase credibility of HBMA's data and collection process.

The Survey Committee completed eight surveys and four polls. Survey data provided by this committee continues to strengthen HBMA's relationship with CMS by providing information on time-sensitive topics.

The committee will continue to provide statistical benchmarks for HBMA's educational and lobbying efforts.

Karen Olson, CHBME, chairs the Survey Committee; there is currently a total of six members.

H B M A S T A N D I N G C O M M I T T E E S

ETHICS & COMPLIANCE COMMITTEE

The Ethics and Compliance Committee is charged with addressing member issues of non-compliance with the HBMA bylaws and/or Code of Ethics. Additionally, committee members are actively involved in the development and delivery of a wide variety of compliance educational programs, tools, and information for our members.

The Compliance Implementation Course is a unique program that was designed specifically for third-party medical billing companies. Hot Topics is presented at the two annual meetings and is oriented to the experienced compliance professional.

Committee members contribute compliance articles to each issue of *Billing*, write FAQs, evaluate industry compliance products, and recommend new compliance resources. A variety of compliance resources are located on the HBMA website.

For 2012, the committee is developing the compliance curriculum for the Summit, a new segment designed to meet compliance CHBME certification requirements for executives.

The Ethics and Compliance Committee Chair is John Outlaw, CHBME, and currently has thirteen members.

ELECTRONIC HEALTH RECORDS COMMITTEE

The Electronic Health Records (EHR) Committee was established in 2009 to provide education, resources, and networking opportunities that can facilitate HBMA members to develop an EHR business model.

The vision of the committee is to enable our members to thrive in their efforts to engage with their clients in all aspects of their EHR processes.

The EHR Committee held the Third Annual EHR Summit that included a dynamic speakers bureau and educational presentations that far exceeded an offering of any other association or organization in the health care industry.

Educational offerings are supported through national conferences, webinars, and standing articles in *Billing*. Furthermore, the committee is extensively developing an aggressive work plan to continue meeting member needs.

The EHR Committee is currently prioritizing several initiatives within our extensive committee work plan. The committee is working to continue to deliver a broad delivery system of education that will include: webinars, articles, and conference speakers for national and specialty meetings, and have added a focus on vendor and governmental advocacy, and are working to consolidate EHR and Meaningful Use resources within the HBMA website.

Patrick Lukacs, CHBME, chairs the Electronic Health Records Committee, with a total of eleven members. There has been an increase in the number of committee members to ensure broad representation of all HBMA member companies.

GOVERNMENT RELATIONS COMMITTEE

2011 was a year of significant development for HBMA's Government Relations Committee. A special task force was asked to look at not only assessing the needs of our members, but how HBMA can best respond to those needs and the industry as a whole. In response to the assessment of the GR Taskforce, HBMA has established a Government Affairs office in Washington, DC, through Capitol Associates, and appointing Bill Finerfrock as HBMA's Director of Government Affairs.

The mission of the HBMA Government Relations Committee is to monitor ongoing national regulatory activities affecting the medical billing industry; actively comment on or otherwise explain HBMA's position on such regulatory activity through HBMA's lobbyist group; offer HBMA expertise and research to regulatory agencies as appropriate; inform HBMA membership of pertinent regulatory activity; and where appropriate, solicit the HBMA membership position on regulatory activities.

The HBMA Government Relations Committee will continue to work with Congress for enactment of a permanent fix to the Sustainable Growth Rate (SGR) problem. In addition, we will follow through with CMS on initiatives aimed at reducing unnecessary and costly administrative burdens for both physicians and billing companies. We anticipate commenting on a variety of new federal rules and guidelines that may be issued in 2012 to implement healthcare reform.

Randal Roat, CHBME, Chair of the Government Relations Committee and Bill Finerfrock, Director of Government Affairs, along with 11 other committee members, carry out the initiatives of this committee.

PUBLICATIONS COMMITTEE

One of the core responsibilities of the Publications Committee is to oversee the content and quality of *Billing*—The Journal of the Healthcare Billing & Management Association.

The committee actively works with our editor, Madelon Berger, CHBME, and assistant editor, Sarah Conner throughout the year to publish a bi-monthly journal rich in industry relevant articles for our members and other industry stakeholders. The activities leading up to publication include: article content selection; reaching out to qualified authors; recognition of industry trends; ensuring that the content is interesting, variable and timely; creating new topics and ideas for *Billing*; focusing on content that is pertinent to the HBMA membership value; and including feature articles in the five CHBME credit areas:

- Strategic Planning
- Financial Management
- Legal and Operations
- Sales and Marketing
- Technology

This aligns with our primary goal, “to develop meaningful and relevant content to help billing companies prosper and succeed.”

Following the trend that we set in January/February 2010, HBMA will continue to produce the *Billing* publication in a print version.

A recent initiative has been to add a new column called “Sound Off!” which addresses pros and cons of a specific topic. This allows the membership to share their experiences and opinions with the entire membership in the next edition of *Billing*.

The Publications Committee has a number of initiatives that include: develop meaningful and relevant content for billing companies that will enable them to prosper and succeed; elevate the appearance and professionalism of HBMA’s publication; increase the exposure and readership of *Billing*; work with ISAM and member vendors to recognize the ROI of advertising; work with ISAM and member vendors to increase advertising in *Billing*; establish a method for membership to obtain additional CHBME credits via quizzes taken from articles published in *Billing*; and uphold the timeline established by the committee chair and ISAM office for the production and distribution of the bi-monthly creation of *Billing*.

Cindy Groux, CHBME, chairs the Publications Committee and there is a total of 13 members.

PUBLIC RELATIONS COMMITTEE

The mission of the Public Relations Committee is to promote HBMA and its members to the healthcare community and its stakeholders; promote HBMA to its members; brand HBMA materials and tools. The committee is working to bring greater focus on social and other forms of media to promote visibility for HBMA and further develop the branding of HBMA.

The Public Relations Committee continues to support many efforts for increased industry awareness. A growing number of quality articles are being produced and HBMA has become the recognized source for credible information related to billing. The Public Relations Committee is chaired by Karen Linsteadt and she is supported by thirteen committee members.

The Public Relations Committee has accomplished the following over the last 12 months:

- Increased industry awareness of HBMA
- Increase in the number and quality of articles published
- Developed relationships whereby industry publications now recognize our name and seek articles from HBMA
- Continued development and improvement of the website and development of a Website Sub-committee
- Establishment of a Social Media Task Force that will move us forward next year into the social media arena.

HBMA STANDING COMMITTEES

HBMA REGIONAL DEVELOPMENT & MEMBERSHIP COMMITTEE

The mission of the Regional Development and Membership (RDM) Committee is to provide a network of supporting resources at a regional and local level with the MACs, Medicaid, and commercial payors for the billing and provider community. This will facilitate educational and informational outreach, and identify regional issues that members in the same locality may be experiencing.

The vision of the RDM Committee is to ensure member representation throughout all states, with the knowledge that HBMA is the premier source for billing resources, education, and advocacy.

Building the RDM Committee volunteer structure has been among one of the major accomplishments during 2011. We have more than half of the states covered with our field representatives, and all of our regional chair posts have been filled. Training in both state legislature and the utilization of our communication tool, KAVI were achieved through our volunteer training efforts.

This committee held two regional meetings in early 2011, not only bringing in new members, but providing much needed education to a local level.

The RDM Committee has five sub-committees

addressing the issues of membership growth, retention, and membership benefits.

Collaboration with our vendor partners for joint webinars and information outreach to potential members has also been a focus during the past year. We initiated a formal vendor membership growth program, that enables vendor members to gain significant benefits by bringing in new members to HBMA.

The committee has ongoing outreach efforts to reach all 50 State Medical Societies and make their members aware of the benefits of HBMA.

The RDM Committee has also added a new mentor program at the national meetings.

The RDM Committee plans to have six regional/local meetings during the second half of 2012 and a full outreach campaign to bring further awareness of HBMA to potential new members. Members can get HBMA bucks for bringing new members!

The Regional Development and Membership Committee is chaired by Sarah Nofziger-Drew, CHBME. There are currently 16 regional chairs, 2 at large members and 27 state representatives.

**J1: AS, CA, GU, HI, NV,
N. MARIANA ISLANDS**

Co-Chair: Susan McEntire, CHBME
Financial Data Management, Inc.

Co-Chair: Roxanne Smith-Kovac, CHBME
Advanced Pacific Medical Billing

J2: AK, ID, OR, WA

Chair: Ginger Ryder, CHBME
EMEDEX

J3: AZ, MT, ND, SD, UT, WY

Chair: David Gillies
Consulmed, LLC

J4: CO, NM, OK, TX

Chair: Clay Fast
Compass Billing Service Corporation

J5: IA, KS, MO, NE

Chair: Kyle Shupe
Medical Billing, Inc.

J6: IL, MN, WI

Chair: Kathryn J. Canny, CHBME
AdvantEdge Healthcare Solutions, Inc.

J7: AR, LA, MS

Chair: Amy Grissett, CHBME
Medical Practice Solutions

J8: IN, MI

Chair: Mary Ellen Duffy, CHBME
Innovative Practice Concepts, LLC

J9: FL, PR, US VIRGINIA ISLANDS

Chair: Scott Risley
BilAmerica, Inc.

J10: AL, GA, TN

Chair: Jim Trotter, CHBME
Management Services Network, LLC

J11: NC, SC, VA, WV

Chair Pro Tempore:
Sherri Dumford, CHBME

J12: DE, DC, MD, NJ, PA

Chair: Dena Mallin
Claims Pro, Inc.

J13: CT, NY

Chair: Barry Haitoff, CHBME
Medical Management Corporation of America

J14: ME, MA, NH, RI, VT

Chair: Marc Bolh
Bolh Management Advisors, LLC

J15: KY, OH

Chair: Mick Polo, CHBME
NCDS Medical Billing

CERTIFICATION COMMITTEE

The Certified Healthcare Billing and Management Executive (CHBME) credential is authorized by the HBMA Certification Program. This program encourages excellence within our membership through education and awareness of the industry. These goals can be achieved by requiring an appropriate level of attendance and participation in HBMA sponsored programs, and creating incentives to include various types of related educational sources, as approved by HBMA.

The HBMA Certification Committee has been committed to enhance the certification program by streamlining the process, and tracking the progress of each member. It is also the goal of the committee to make the certification recognizable in the medical and healthcare communities, including CMS, and to gain more credibility and visibility among other medical peers. We envision the concept of a university type system where members can take courses and receive a “degree” upon completion. The committee is also in the preliminary stages of developing the CHBMO (Certified Healthcare Billing Management Organization).

The Certification Committee has accomplished many projects over the last two years. The CHBME program enhancements have been put into operation. With Paul Myers assistance, the committee is able to monitor credits and each member can track their individual progress. The first HBMA Summit centering on certification requirements took place in 2011, and was a success. It is the committee’s desire to hold future summits, preferably each summer. These would be designed in conjunction with the Education Committee, focusing on the significance of the certification

and education achieved by attending the summit meetings. The committee is also working with the Education Committee to enhance the educational offerings at many of the meetings held each year. By implementing requirements for each session or meeting, the value of the sessions, in the Certification Committee’s opinion, becomes more elevated. These element requirements are now included in each conference in order to help meet CHBME requirements.



One of the other new features the committee has added is a new CHBME pin for all certified members. The pins were sent to all CHBME members in January with a congratulatory letter from the committee chair. This pin will also be displayed in one of the upcoming newsletters so that other members can view it.

As stated previously, it is the Certification Committee’s goal to design and implement a CHBMO program and to develop a university concept program. While we feel that both are important, the initial goal is to complete the requirements for the CHBMO program. The committee would like to announce to the membership sometime in late 2012 that this program has been developed and will be ready for all to participate in by 2013. The next course of action will be to start the degreed university courses and requirements. The committee will partner with an outside organization to help develop this process.

Susan Chandler, CHBME, chairs the Certification Committee; there is a total of seven members.

HBMA ICD-10 – 5010 COMMITTEE

The 5010/ICD-10 Committee was established in 2009 to assist HBMA members prepare for and successfully implement 5010 and ICD-10. Committee members are assigned as liaisons with other industry stakeholders.

The committee represents HBMA on the industry stakeholder group, works directly with CMS, has testified before the National Committee on Vital and Health Statistics, and contributes to other organizations’ outreach programs.

Committee members provide education through a wide variety of programs and regular HBMA website updates and resources. The committee actively solicits member input on implementation and transition issues, attempts to work at the highest levels to resolve problems, provides authoritative answers to inquiries, and provides ongoing updates, tools, and education during the transition to ICD-10.

The 5010/ICD-10 Committee Chair is Holly Louie, CHBME and currently has 20 members, including principal members and vendor representatives.

HBMA STANDING COMMITTEES

COMMERCIAL PAYOR RELATIONS COMMITTEE

The mission of the Commercial Payor Relations (CPR) Committee is to serve as an advocate for HBMA membership and our industry by establishing meaningful relationships with payors. This is accomplished through cooperative initiatives that strive to reduce costs, administrative burdens, and assist our membership in dealing with the increasing complexity of billing and the reimbursement process.

Through continued efforts and strategic focus, the committee will have achieved the appropriate credibility and notoriety within the commercial payor community so that when issues arise, either by the payor or at the biller's end, we have a direct connection to all major payors for problem resolution. It is the vision of the committee to strive to reduce costs and administrative burdens in the processing of provider claims.

The Commercial Payor Relations Committee continues to lead the charge and provide significant advocacy work and benefits to HBMA members. There have been several committee achievements in 2011 and a few are listed below.

An article entitled, "How to Maneuver Obstacles to Getting Fully Reimbursed" was co-authored by Theodore Strange, MD, FACP and Committee Chair, Jeanne Gilreath, CHBME, and was published in *Modern Medicine* in May, 2011.

An HBMA website reporting tool was released and will allow members to report payor problems regarding denials, provider enrollment, and more. The committee will use this to provide meaningful feedback during payor discussions.

A white paper was prepared on covering issues surrounding provider enrollment and credentialing, specifically for use when HBMA members testified at the National Committee

on Vital and Health Statistic hearings in November.

In 2012, the committee will sponsor a payor workgroup with eight key payors in the industry. This is a significant event in that for the first time, we will be sitting around the table with multiple payors, not only sharing some of our members' significant challenges, but also hearing from the payors what we can do to better facilitate expedient claim adjudication. This meeting comes from our mission of reducing the administrative burden that exists in the healthcare claims process.

We will also continue to focus in the following areas: providing education, resources and information to our members; providing a feedback mechanism to members and payors for resolution of global issues; becoming recognized as an authority on billing to commercial payors and their associations; working to achieve industry standards of a clean claim; and reducing denials and rejected claims.

Additionally, the committee is promoting the use of standard denial reason codes. One of the major accomplishments has been the development of relationships with key industry stakeholders including: AHIP; the American Medical Association (AMA); Hospital Association of Southern California (HASC); Council for Affordable Quality Healthcare/Committee on Operating Rules for Information Exchange (CAQH / CORE); the Cooperative Exchange; and HIMSS (Healthcare Information and Management Systems).

The committee will continue to solidify meaningful relationships with payors, and participate in the development of articles for healthcare publications.

Jeanne Gilreath, CHBME, chairs the Commercial Payor Relations Committee, and there are 12 committee members.

VENDOR AFFILIATE ADVISORY COMMITTEE

The Vendor Affiliate Advisory Committee serves as the vital communications link between HBMA and the vendor community. The committee seeks feedback on all marketing programs HBMA offers to the vendors of HBMA and maintains and enforces all marketing and communication policies of HBMA marketing programs. The Vendor Affiliate Advisory Committee also works with HBMA and the vendor community on all conferences and exhibits. The committee is responsible for maintaining working relationships with the vendor community. The committee is responsible for the wrap-up meeting which is held after each conference.

The committee has several goals for 2012 that include: clearly define the relationship of our vendor supporters; create and maintain a strong relationship between our members and our supporting vendors; continue to reiterate the value of our vendors to the HBMA membership without favoritism or endorsement; design and enforce a Policy and Conduct Manual to answer questions and privileges associated with being a vendor.

Judy R. Cardenas, CHBME, chairs the Vendor Affiliate Advisory Committee. There are currently ten members.

Non-Board Chairs



Judy Cardenas
Vendor Affiliate Advisory Chair
HealthMed, Inc



Holly Louie, CHBME
ICD-10 Committee Chair
Practice Management, Inc.



Patrick Lukacs, CHBME
EHR Committee Chair
PracticeMax, Inc



Sara Nofziger-Drew, CHBME
Regional Development and Membership Chair
PracticeMax, Inc.

Support Staff



James Wieland, Esq.
Legal Counsel



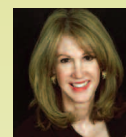
Bill Finerfrock
Director of Government Affairs

Administrative Support

HBMA NATIONAL OFFICE



Bradley J. Lund
Executive Director



Fran Cashen
Public Relations



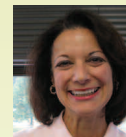
Gail Sunshine, CMP
Conference Director/
Meeting Manager



Kris Cvikota
Website and Database Management



Paul Myers
Director of Education



Madelon Berger, CHBME
Billing Editor



Cindy Rounds
Associate Director for Finance,
Certification and Membership



Sherri Dumford, CHBME
Director of Operations



Michelle Botana
Associate Director for Administration
and Governance



John Davidson
Graphic Design



Financials

B A L A N C E S H E E T AS OF DECEMBER 31, 2011



ASSETS

Current Assets

Bank Accounts

Wells Fargo Bank - Checking	\$47,466
Smith Barney Money Market	\$134,239
Wells Fargo Bank - Money Market Funds	\$5,148
Time Certificates of Deposit	\$731,298
Total Bank Accounts	\$918,151
Accounts Receivable	\$14,554
Prepaid Expense	\$112,284
Total Current Assets	\$1,044,989

TOTAL ASSETS \$1,044,989

LIABILITIES

Current Liabilities

Accounts Payable	\$87,667
Accrued Expenses	\$94,662
Deferred Revenue	
Membership Renewals	\$23,130
Meetings and Seminars	\$68,900
Website Advertising	\$6,875
Total Deferred Revenue	\$98,905
Total Current Liabilities	\$281,234
Total Liabilities	\$281,234

NET ASSETS

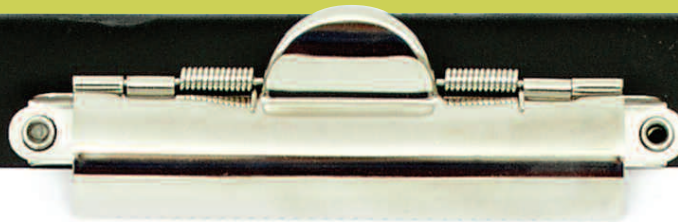
Unrestricted	\$841,456
Decrease in Net Assets	(\$77,701)
Total Net Assets	\$763,755

TOTAL LIABILITIES & NET ASSETS \$1,044,989

STATEMENT OF REVENUE AND EXPENSE



CHANGES IN UNRESTRICTED NET ASSETS	TOTAL
Unrestricted Revenue	
Membership Revenue.....	\$578,427
Meetings and Seminars	\$1,031,049
Certification	\$37,050
Contributions/Advertising/Newsletters.....	\$125,793
Publications.....	\$806
Billing Specialty Survey.....	\$6,490
Products.....	\$1,775
Other Income.....	\$42,587
Total Unrestricted Revenue	\$1,823,976
Unrestricted Expenses	
General and Administrative Expense	\$932,891
Meetings and Seminars Expense	\$673,749
Certification Expense	\$1,379
Publications Expense	\$63,692
Committees.....	\$204,085
Related Association Expense	\$25,598
Exhibition Expense.....	\$284
Total Unrestricted Expenses	\$1,901,677
DECREASE IN NET ASSETS	(\$77,701)



HBMA Partners



AFFILIATE MEMBERS provide special services to the company of a principal HBMA member, such as, but not limited to, attorneys, accountants, and billing and business consultants who possess particular knowledge and experience in areas of third-party billing and healthcare management.

Alternative Pediatric Services, Inc.

McDonald Hopkins, LLC

Brandywine Healthcare Services

www.mcdonaldhopkins.com

Brenda Jackson Consulting

Provider Resources, Inc.

www.provider-resources.com

Falcon Capital Partners

Seminars & Consulting

www.falconllc.com

www.DaveSpeaks.com

Global Equity Partners

Solutions Healthcare Management

www.globeequitypartners.com

www.solutionshealthcare.com

Haverford Health Advisors

www.haverfordhealthcare.com

VENDOR AFFILIATES are companies that supply products and services to the principal HBMA members that are, or could be, used in the normal course of business. They also include companies that have developed advanced products and services to enhance the productivity and efficiency of third-party medical billing companies.

ABILITY Network
www.abilitynetwork.com

BV Investment Partners
www.bvlp.com

Dell Systems
www.dell.com/services

Access Healthcare Services
www.accesshealthcare.com

Caliber Point Business Solutions LTD
www.caliberpoint.com

DigiDMS Inc.
www.DigiDMS.com

Acryness
www.acryness.com

Capario
www.capario.com

e4e Healthcare Business Services
www.e4ehealthcare.com

Acurus Solutions Inc.
www.acurussolutions.com

Centron Data Services, Inc
www.centrondata.com

eBridge Solutions, Inc.
www.ebridge-solutions.com

Advanced Data Systems Corporation
www.adsc.com

ClinicSpectrum Inc
www.ClinicSpectrum.com

Elico Ltd
www.elicobpo.com

ADP AdvancedMD
www.advancedmd.com

Clinix Medical Information Services, LLC
www.clinixmis.com

Emdeon
www.emdeon.com

AllZone Management Solutions
www.allzonems.com

Chetu Inc.
www.chetu.com

eMedix
emedixus.com

AlphaWave
www.alphawavetech.com

Coderyte, Inc.
www.coderyte.com

ePAY Healthcare
www.epayhealthcare.com

American Business Systems, LLC
www.ABSsystems.com

Coding Network, The
www.codingnetwork.com

Episource, LLC.
www.episource.com

Aquarius Imaging, LLC
www.aquariusimaging.net

Coding Strategies, Inc.
www.codingstrategies.com

Exdion
www.exdion.com

Ascent Business Solutions
www.ascent-group.com

CollaborateMD
www.collaborateMD.com

FlagShipMD LLC
www.flagshipmd.com

ASPenLink
www.aspenlink.com

CPSstatements.com, Inc
www.cpsstatements.com

Freedom Imaging Systems
www.freeimage.com

AZZLY
www.azzly.com

CPU Medical Management Systems
www.cpumms.com

Gateway EDI, Inc.
www.gatewayedi.com

HBMA Partners

VENDOR AFFILIATES (continued)

GeBBS Healthcare Solutions, Inc.
www.gebbs.com

gloStream
www.glostream.com

Global Healthcare Resource
www.globalhealthcareresource.com

Grant & Weber
www.grantweber.com

HeW
www.hewedi.com

Heartland Payment Systems
www.heartlandpaymentsystems.com

Healthpac Computer Systems, Inc.
www.healthpac.net

Infinx Healthcare
www.infinxhealthcare.com

Infor-Med Medical Information
Systems, Inc.
www.infor-med.com

Inga Ellzey Practice Group, Inc.
www.iepg.com

InstaMed
www.instamed.com

IntelliSoft Group
www.intellisoftgroup.com

iTech BPO, Inc.
www.itechbpo.com

JPI Data Resource
www.jpidr.com

Kareo, Inc.
www.kareo.com

Lister Technologies Private Limited
www.listertechnologies.com

MD On-Line
www.mdon-line.com

MD Synergy Solutions, LLC
www.mdsynergy.com

Med DataCare Pro
www.meddatacarepro.com

MedEnEx, LLC
www.medenex.com

Medical Billing Wholesalers
www.medicalbillingwholesalers.com

Medical Business Bureau, LLC
www.mbb.net

Medical Electronic Attachment
www.me-fast.com

MediStreams
www.medistreams.com

Medusind Solutions, Inc.
www.medusind.com

MEGAS - Alpha II
www.megas.net

Merge Healthcare
www.merge.com

Moneris Solutions
www.monerisusa.com

NAPLIA
www.naplia.com

National Provider Network
www.nationalprovider.net

Nuesoft Technologies
www.nuemd.com

Office Ally
www.officeally.com

Omega Healthcare Management
Services
www.omegahms.com

OptumInsight
www.optum.com

PDM Productive Data Management
www.pdmssoftware.com

PPM Information Solutions
www.pppinfo.com

PracticeAdmin, LLC
www.practiceadmin.com

Practice Insight
www.practiceinsight.com

PSC Info Group
www.pscinfogroup.com

RealMed Corporation
www.realmed.com

RemitDATA
www.RemitDATA.com

RISO, Inc.
https://us.riso.com

Rising Solutions Private Limited
www.risingsolutions.com

Sequel Systems, Inc.
www.sequelmed.com

Sevocity Division of Conceptual
MindWorks, Inc.
www.Sevocity.com

simplifyMD
www.simplifymd.com

SlashSupport Inc dba CSS Corp
www.csscorp.com

SNB Bank
www.banksnb.com

Sy.Med Development, Inc.
www.symed.com

SysInformation, Inc.
www.sysinformation.com

Talisman Solutions
www.talismansolutions.com

Technosoft Corporation
www.technosoftcorp.com/hbma

TekHealth Services, Inc.
www.tekhealthservices.com

The SSI Group, Inc.
www.thessigroup.com

TSYS, Inc.
www.tsysoutputservices.com

United Education Institute
www.uei.edu

Vantiv
www.ftpsllc.com

Webteam Inc.
www.webteam.net

WorkcompXchange Florida
www.workcompexchange.com

ZirMed, Inc.
www.zirmed.com



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 www.hbma.org