

**AGENDA**

*Mission: To relieve suffering and improve quality of life by promoting the excellence and professional competency of hospice medical directors.*

**THURSDAY, OCTOBER 11, 2018**

**5:30 PM CT** – Carlucci Italian Restaurant | 6111 N River Rd, Rosemont, IL 60018

- I. WELCOME & INTRODUCTIONS** **Manfredonia**
  
- II. STRATEGY & PLANNING**
  - A. Kindred Hospice Foundation Grant 2019** **Manfredonia**  
*Action: Receive update on Communications*

**FRIDAY, OCTOBER 12, 2018**

*Breakfast will be available at the Marriott Suites at Six1Five5, lobby level*

**8:15 AM CT** Meet in hotel lobby for transportation to HMDCB National Offices

**8:30 AM CT** Meeting Resumes

- I. CALL TO ORDER** **Manfredonia**
  
- II. CONFLICT OF INTEREST DISCLOSURES / CONFIDENTIALITY** **Manfredonia**
  
- III. MINUTES** **Manfredonia**  
*Action: Approve minutes of June 22, 2018 Board meeting*
  
- IV. STRATEGY & PLANNING Cont'd**
  - A. HMDCB's Intended Audience** **Manfredonia/Weir**  
*Action: Approve opportunities for further clarification*  
*Action: Informal Inquiry re: additional audiences*
  
  - B. Incomplete Application Survey** **Manfredonia**  
*Action: Discuss results*
  
  - C. 2018 Testing Window Surveys** **Weir**  
*Action: Review candidate post-test survey results*  
*Action: Review Testing Partner performance*

- D. **Examination Development 2019/2020 Update** **Farrell**  
*Action: Receive update on activities*

**10:45 AM CT BREAK – Picture with the 2018-2019 Board**

- E. **Recertification Marketing Efforts** **Hammond**  
*Action: Receive update on plan*

**VI. MANAGEMENT & OPERATIONS**

- A. **Taxes and Audits** **Schonwetter**  
*Action: Receive notification of 2017 IRS Form 990 filing*  
*Action: Confirm Decision for Review vs. Audit*

- B. **Financial Reports and Forecast** **Schonwetter**  
*Action: Accept and file August 2018 financial reports*

**12:00 PM CT LUNCH**

**1:00 PM CT MEETING RESUMES**

- C. **FY19 Operating Budget** **Schonwetter**  
*Action: Receive presentation on AMC Technology Services and Software*  
*Action: Approve budget and discuss grant request to AAHPM*

- D. **AMC Evaluation Survey** **M. Engle**  
*Action: Discuss process and identify opportunities for 2019*

**VII. RECOGNITION OF OUTGOING BOARD MEMBERS**

**VIII. ADJOURNMENT**

**2:30 PM CT Meeting adjourns/Shuttle to O'Hare**

## PROJECT OVERVIEW

In 2017, Kindred Hospice Foundation generously awarded the Hospice Medical Director Certification Board (HMDCB) a \$100,000, one year grant to carry out its efforts to increase the number of qualified hospice medical directors (HMD) and physicians who provide hospice care to serve the growing hospice community. The funding supported the development of the Continuing Certification Program (CCP) and marketing efforts to promote awareness of the program and its value and impact to the hospice community.

The activities for the CCP program included detailed test specifications and development of the application and initial form necessary for the examination and are on track to be completed in December 2018. Over the past year, our activities around awareness and promotion of the CCP have been instrumental in expanding the reach of the audience and have been well received with interest and excitement by stakeholders and others in the hospice community.

To continue this work, we have identified three critical areas that will help increase the number of qualified HMDs.

1. Promote awareness and value of the certification program
2. Support continuous learning and the CCP
3. Establish a current and relevant definition of the practice

## PROMOTE AWARENESS AND VALUE OF THE CERTIFICATION PROGRAM

**Continued identification of market:** As indicated in HMDCB's initial proposal, nowhere does there exist a database of HMDs and physicians who provide hospice care in the United States as most function in this role part-time and are identified by their primary role as primary care or specialty physicians. While we made traction in 2018, we will continue to expand and maintain a robust list of contacts to build market penetration. Our efforts include data-mining for contacts at hospice agencies and physicians and purchasing mailing lists.

**Awareness campaign:** Once identified through the data-mining process, HMDCB will continue to expand communication to the HMD/physician audience, as well as other primary audiences: hospice administrators and CEOs. Additionally, with the recertification program now established, HMDCB will communicate to its current certified physicians the value of maintaining their certification and staying abreast of medical knowledge and regulations in hospice and palliative medicine.

Communication materials will be developed and delivered using several new mailed pieces, email communication, social media, and video. In addition, HMDCB will continue to partner with state and national organizations, specifically exhibiting at relevant conferences such as AMDA – The Society for Post-Acute and Long-Term Care Medicine (AMDA), American Academy of Hospice and Palliative Medicine (AAHPM), and the National Hospice and Palliative Care Organization (NHPCO).



In 2018, HMDCB had great success exhibiting for the first time at AMDA in addition to AAHPM and NHPCO. Interest from this new audience is an opportunity to reach potential candidates for the 2019 and 2020 certification cycles. Funding is necessary to continue the efforts to advocate the value of certification and impact on the quality of care provided to individuals and their families as they approach the end-of-life.

## SUPPORT CONTINUOUS LEARNING

**Continuous Certification Program (CCP):** The goal of HMDCB's CCP program is to encourage and reward certified hospice physicians for ongoing learning and development of knowledge in the practice of hospice medicine amidst ever-changing regulatory and administrative conditions. HMDCB's CCP program is both flexible and relevant to guide physicians in this ongoing education to help certificants keep pace with this rapidly evolving profession. HMDCB's first cohort was certified in 2014 and will be ready for recertification in 2020, thus the urgency to continue work on developing a rigorous and relevant examination. Specifically, in 2019, we plan to continue accumulation of the necessary item bank of questions and develop an examination that meets the requirements of legally defensible examination standards. Moreover, the development of a rigorous assessment is essential to maintain the organization's credibility with delivering a high-quality program and provide the field with a qualified workforce of HMDs and physicians who provide hospice care.

## ESTABLISH A CURRENT AND RELEVANT DEFINITION OF THE PRACTICE

HMDCB plans to conduct a national practice analysis study to update the content blueprint upon which all examinations are based. The previous study was done by HMDCB in 2013. Based on the certification industry standards a practice analysis should be conducted every 3-5 years based on the nature of change of a profession. The results will not only drive the materials developed by HMDCB but also the development of course materials by other organizations that provide initial and continuing hospice and palliative medicine education.

HMDCB anticipates these projects will cost \$100,000. We would be honored to present a full proposal with a detailed work plan and budget for your consideration.



## Board of Directors Disclosures October 11-12, 2018 Meeting

The following Board members indicated they had no conflicts to disclose at this time: **Beryl Bills, and Brian Murphy.**

The following Board members disclosed that they currently or recently have or had associations with the following professional organizations or foundations in a leadership role.

<b>Tommie Farrell</b>	Board of Directors, Texas and New Mexico Hospice Organization
<b>John Manfredonia</b>	Consultant for Seasons Hospice
<b>Ron Schonwetter</b>	Chief Medical Officer, Chapters Health System Community Director, Center for Hospice, Palliative Care and End of Life Studies, University of South Florida
<b>Joelle Vlahakis</b>	Board Member, Hospice and Palliative Nurses Foundation
<b>Holly Yang</b>	Board of Directors, American Academy of Hospice and Palliative Medicine Board of Directors, San Diego County Medical Society Alternate Delegate to the AMA House of Delegates, California Medical Association

The following Board members reported educational activities they are scheduled to participate in as faculty or organizer within the next two years:

<b>Aspasia Apostolakis Miller</b>	Network for Change and Continuous Innovation – Annual Conference (July 2019)
<b>Ron Schonwetter</b>	University of South Florida Hospice and Palliative Medicine Fellowship – Didactic Series Lecturer
<b>Joelle Vlahakis</b>	Florida State University – Introduction to Hospice and Palliative medicine, general bedside teaching and occasional didactic sessions to medical students and residents (September 2018 – May 2019)
<b>Holly Yang</b>	VitalTalk – Partner/teaching faculty, Mastering Tough Communication and Faculty Development Upaya Institute – Faculty, ‘Being with Dying’ Harvard Macy Institute – Returning Scholar, A Systems Approach to Assessment in Health Professions Education

## **STAFF/CONSULTANTS**

The following staff member(s) has reported possible conflict in reply to financial relationships.

**Jeff Engle** Q1-4 - Principal, Association Management Center

**Sally Weir** Q1-4 – Employed as HMDCB Executive Director by Association Management Center

**Bruce Hammond** Q1-4 – Employed as HMDCB Senior Manager by Association Management Center

**Kelly Collins** Q1-4 – Employed as HMDCB Coordinator by Association Management Center

**HMDCB Board of Directors  
Meeting Minutes  
June 22, 2018**

**Present:** John Manfredonia, Brian Murphy, Ron Schonwetter, Tommie Farrell, Aspasia Apostolakis Miller, Holly Yang

**Absent:** Joelle Vlahakis

**Guests:** Larry Fabrey

**Staff:** Sally Weir, Bruce Hammond

Proper notice having been given, Manfredonia called the meeting to order at 1:02 pm CT.

**Minutes**

The minutes from the April 20, 2018 Board of Directors meeting were accepted.

**Strategy and Planning**

*Examination Passing Point*

Farrell discussed equators from previous years noting that the exam was slightly more difficult and candidates slightly less able than in previous cycles. The traditional equating formula resulted in a passing point of 100 this year, which yields an 80.1% pass rate for first time candidates. Responding to the Board's inquiry regarding the exam difficulty and potential risk for fewer people to apply in future years, Fabrey confirmed that the exam has been consistent in the raw score, which points to the fairness and reliability of the pass rate.

**Motion:** *To approve the recommended raw cut score of 100 for the 2018 examination. Seconded. Approved.*

*Larry Fabrey left the meeting at this time.*

*State Legislation Regarding MOC*

Weir provided an update on legislation in several states that would prohibit MOC requirements as a condition of licensure, or for privileging, employment and reimbursement by healthcare entities. She also shared that a bill in Louisiana was changed significantly based on the impact of the certification community coming together and the advocacy efforts of the Institute of Credentialing Excellence (ICE), of whom HMDCB is a member. The field is being heard in state houses, and this is positive for HMDCB.

*Kindred Hospice Foundation Grant Report*

Manfredonia shared the interim report will be provided to Kindred Foundation by the deadline of July 1 to share the impact of the work being done due to the grant. He also shared that activity at the AMDA booth was significant, which opens an additional avenue for HMDCB to gain greater awareness. He reminded the Board that there are other opportunities to look for additional grant support until additional revenue streams are realized in 2020 when Continuing Certification program begins.

**Management & Operations**

*2019 Examination Administration Cycle*

Weir made the Board aware that in 2019, all three meetings where HMDCB exhibits will be held within a one month period, and due to this, she recommends changing the timeline by three weeks to close after all three meetings. The cycle will include the same number of test days and Saturdays as there has been

in the past. Additionally, the close of early bird would be March 26, which would allow AMDA and AAHPM attendees to apply within early bird deadline.

***Motion: To approve the recommended dates December 19, 2018 – April 16, 2019 for the 2019 certification cycle. Seconded. Approved.***

*Registration Budget for 2019*

The Board agreed to set a number of 200 candidates for the 2019 budget.

*Financial Reports*

Schonwetter reviewed the April 2018 financial reports.

***Motion: To accept the April 2018 financial reports. Seconded. Approved.***

*Audit*

Schonwetter reviewed the FY17 audit report.

***Motion: To accept and file the FY17 audit report. Seconded. Approved.***

Meeting adjourned at 1:53 pm CT.





## BOARD FACESHEET: Intended Audience for Certification

### Attachments

1. NHPCO Regulatory Alert re: CMS's clarification of role of the Hospice Medical Director
2. Tagline research of related certification boards

### Background

Recent activities by CMS followed by discussions in the field regarding the designated title of hospice medical director vs hospice physician within an organization have created some confusion around the applicability of the Hospice Medical Director Certification (HMD certification). As is noted below on page 2 under Action, the Board will be asked to approve clarifying the intended audience through the use of a tagline and/or amending the mission statement.

The attached memo from NHPCO, which clarifies the roles, highlights that there can be only one designated Medical Director for the Hospice Agency (provider number). This is not a change from the Medicare Hospice Conditions of Participation as finalized in 2008. It also clarifies that responsibility for the overall quality of medical care delivered by that hospice, certification and re-certification may be done either by the Hospice Medical Director or by the physician member of the interdisciplinary team (usually a hospice physician). Again, no change from the 2008 CoPs. Some hospice agencies are updating physician titles, but ultimately their job responsibilities remain the same.

The rigorous practice analysis conducted by HMDCB in 2012 created the exam content outline and the eligibility criteria for applicants. These were based on the standard knowledge and skills needed by ANY physician delivering care to patients in a Medicare certified hospice who are members of the IDT and can certify and re-certify the terminal illness of hospice patients.

#### *Efforts by HMDCB to clarify Eligibility*

Since 2012, HMDCB's marketing language has often emphasizes eligibility using the text: "hospice medical directors and other physicians who provide hospice care". Over the past year, staff has been more consistent with this language and expanded the number of locations highlighting eligibility to "hospice physicians with two years of experience". In addition, opportunities in articles or print materials often emphasize the intended audience to include all hospice physicians. For example, the upcoming Q&A with the new HMDCB President is being drafted for the *AAHPM Quarterly* and the *NHPCO Newslines* and it explicitly addresses who the certification is intended for.

Two additional efforts that could be made to further clarify the intended audience would be the creation of a tagline and/or adjusting the organization's mission.

Taglines (excerpt from PCI's 2012 Marketing Plan for HMDCB)

*A tagline, subhead or slogan can help brand a product, deliver messages and help audiences remember the organization. Taglines and subheads can vary in length, but the most memorable ones are short and make a strong statement. They can also connect the product to a result ("Higher Standards, Better Care,") or be a command or suggestion ("Commit to a Higher Standard.") The key is to develop a tagline that encompasses HMDCB's key messages, is short, easy to remember, resonates with target audiences and doesn't try to do too much, such as list specific benefits of being certified.*

*A good way to develop an effective tagline is to review those of other organizations – both certification organizations and unrelated organizations – review key messages and experiment. (see attached document)*

*The best time to create a tagline is once the mission, strategic goals and messages are as firm as they can be.*

HMDCB's Mission:

The HMDCB helps to relieve suffering and improve quality of life by promoting the excellence and professional competency of hospice medical directors.

## Action

The Board is asked to discuss any further efforts to clarify our intended audience including:

1. An updated mission statement to read: "The HMDCB helps to relieve suffering and improve quality of life by promoting the excellence and professional competency of hospice physicians."
2. A new home page message, or tagline used alongside our logo:



*Promoting hospice physician competency for quality patient care.  
or  
Higher standards for physicians. Quality care for patients.*



## NHPCO REGULATORY ALERT

To: NHPCO Provider Members in CMS Region V (Chicago)  
NHPCO State Members in CMS Region V (Chicago)  
From: NHPCO Health Policy Team  
Re: Roles and Responsibilities of the Hospice Medical Director and Other Hospice Physicians  
Date: March 27, 2017

### Summary at a Glance

CMS Region V (Chicago) has clarified the roles and responsibilities of the hospice medical director and other hospice physicians. After months of NHPCO advocacy, CMS has agreed that:

1. There can be only one hospice medical director per hospice provider number.
2. Either the medical director **or** a physician member of the IDT may certify or recertify patients for terminal illness and eligibility for the Medicare Hospice Benefit.

Read more about what your hospice should do to ensure compliance.

Since early fall 2017, NHPCO has received numerous calls and emails from hospices in CMS Region V (Chicago) who have been cited for various conditional level survey deficiencies related to the role and responsibilities of the medical director. The citations were largely focused on surveyors' claims that the medical director must certify and recertify all patients as well as confusion regarding the role of other hospice physicians within the organization. In response to these citations and CMS's recommendation to terminate the Medicare certification of some hospices, many providers made significant changes to their certification and recertification processes to ensure the direct involvement of the hospice's medical director. These survey issues were focused on hospices in CMS Region V (Chicago), covering the states of Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin.

### NHPCO Advocacy

Since fall 2017, NHPCO has been in ongoing dialogue with CMS Region V and with CMS Baltimore Center for Clinical Standards and Quality (CCSQ), Hospice Survey and Certification. NHPCO's President and CEO, Edo Banach, was actively involved in the discussions with CMS, as were other NHPCO staff. In addition, NHPCO convened a meeting of healthcare lawyers working with hospice providers on this issue to discuss details and options for resolution. As a result of these efforts, NHPCO is pleased to share the following clarification from CMS about this issue.

### CMS Confirmation of Hospice Medical Director Issues

On January 12, 2018, the CMS Region V Office (Chicago) sent out clarification to their State Agencies. This clarification directs that:

- 1) There is only one designated Medical Director for the Hospice Agency (provider number). This is no change from the Medicare Hospice Conditions of Participation at §418.102, as finalized in 2008.

- 2) Either the Medical Director or a physician from the interdisciplinary team (IDT) can certify and recertify patients for terminal illness and eligibility for the Medicare hospice benefit.

NHPCO has awaited written confirmation of this clarification and was notified by CMS on Friday, March 23, 2018 of the resolution. CMS agreed that NHPCO can share this clarification with members in the region.

### **What Should Your Hospice Do?**

The CMS instruction brings needed clarification and relief to hospices that adapted their processes to require their medical director to directly perform all patient certifications and recertifications. It also provides an opportunity for all hospices to more closely evaluate, distinguish and document the roles of their hospice physicians. To maintain survey readiness, below are key considerations.

- (1) **Job title for hospice medical director:** Check the job titles for physicians in your hospice. There can be only one hospice medical director for a hospice provider number, which includes all of the hospice's multiple locations. Use the "Hospice Medical Director" job title only for the ONE medical director. If another job title is used, such as Chief Medical Officer, ensure that this individual's duties include the medical director responsibilities, as outlined in §418.102.
- (2) **Job duties and descriptions for all hospice physicians:** Review the written job duties of your hospice medical director, whether it be documented in a job description, written agreement or elsewhere. If there are additional physicians employed by, or under contract with the hospice, review these descriptions as well to ensure the duties are properly distinct from the medical director. For example, it will be important to make clear that the medical director is responsible for the overall medical component of the hospice's patient care program and supervising all hospice physicians. Similarly, hospice physicians should be designated to act under the supervision of the medical director.
- (3) **Job titles for other hospice physicians:** While the law does not generally prescribe job titles for other hospice physicians, evaluate your job titles to confirm it is clear that other physician(s) are not the medical director.
- (4) **Reporting relationship:** Verify that the reporting relationship between your medical director and all other hospice physicians is clearly depicted and consistently documented throughout the organization (e.g. organizational charts, relevant policies and procedures).
- (5) **Physician designee:** It is important to verify that the hospice has designated a "physician designee" to serve as the hospice's medical director in that person's absence
- (6) **Staff understanding of hospice physicians' roles and responsibilities:** During the survey process, hospice staff may be interviewed to assess their understanding of the medical director's role and how this relates to other physicians within the organization. Therefore, it is not enough to just address these issues "on paper" but confirm proper operation and understanding with staff. If asked, would staff be able to report that the hospice has a single medical director, identify that person by name and accurately communicate their role within the organization? Likewise, could staff distinguish this role from other hospice physicians? Where would they say these responsibilities are documented?

## Resources for your reference

### [§ 418.102 Condition of participation: Medical director.](#)

The hospice must designate a physician to serve as medical director. The medical director must be a doctor of medicine or osteopathy who is an employee, or is under contract with the hospice. When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director.

**(a) *Standard: Medical director contract.***

(1) A hospice may contract with either of the following—

- (1) A self-employed physician; or
- (2) A physician employed by a professional entity or physicians group. When contracting for medical director services, the contract must specify the physician who assumes the medical director responsibilities and obligations.

**(b) *Standard: Initial certification of terminal illness.*** The medical director or physician designee reviews the clinical information for each hospice patient and provides written certification that it is anticipated that the patient's life expectancy is 6 months or less if the illness runs its normal course. The physician must consider the following when making this determination:

- (1) The primary terminal condition;
- (2) Related diagnosis(es), if any;
- (3) Current subjective and objective medical findings;
- (4) Current medication and treatment orders; and
- (5) Information about the medical management of any of the patient's conditions unrelated to the terminal illness.

**(c) *Standard: Recertification of the terminal illness.*** Before the recertification period for each patient, as described in §418.21(a), the medical director or physician designee must review the patient's clinical information.

**(d) *Standard: Medical director responsibility.*** The medical director or physician designee has responsibility for the medical component of the hospice's patient care program.

### Medicare Hospice Interpretive Guidelines

#### [State Operations Manual – Appendix M](#)

L664

(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)

### §418.102 Condition of Participation: Medical director.

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L665

(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)

**§418.102 - The hospice must designate a physician to serve as medical director. The medical director must be a doctor of medicine or osteopathy who is an employee, or is under contract with, the hospice. When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director.**

**Interpretive Guidelines §418.102**

There is only one medical director for the hospice, including all multiple locations, if it has them. That individual may work full time or part time. If the medical director is not a paid employee or a contracted medical director, he/she is considered a volunteer under the control of the hospice. All other hospice physicians function under the supervision of the medical director.

**Procedures and Probes §418.102**

Identify through interview and documentation who the medical director is and who is designated to serve in this capacity in his/her absence.

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L666

(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)

**§418.102(a) Standard: Medical director contract.**

- (1) A hospice may contract with either of the following—
  - (i) A self-employed physician; or
  - (ii) A physician employed by a professional entity or physicians group. When contracting for medical director services, the contract must specify the physician who assumes the medical director responsibilities and obligations.

**Interpretive Guidelines §418.102(a)**

The medical director may also be a volunteer physician under the control of the hospice, as long as this person meets all Federal and State requirements for a hospice physician.

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L667

(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)

**§418.102(b) Standard: Initial certification of terminal illness. The medical director or physician designee reviews the clinical information for each hospice patient and provides written certification that it is anticipated that the patient's life expectancy is 6 months or less if the illness runs its normal course. The physician must consider the following when making this determination:**

- (1) The primary terminal condition;
- (2) Related diagnosis(es), if any;
- (3) Current subjective and objective medical findings;
- (4) Current medication and treatment orders; and
- (5) Information about the medical management of any of the patient's conditions unrelated to the terminal illness.

### **Interpretive Guidelines §418.102(b)**

- The medical director or physician designee (who is a hospice employee or under contract with the hospice) has the responsibility for the medical component of the hospice's patient care program, including initial certifications and recertifications of terminal illness.
  - During the clinical record review, verify that the clinical information necessary for certification is present in the record.
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### **L668**

**(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)**

**§418.102(c) Standard: Recertification of the terminal illness. Before the recertification period for each patient, as described in §418.21(a), the medical director or physician designee must review the patient's clinical information.**

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### **L669**

**(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)**

**§418.102(d) Standard: Medical director responsibility. The medical director or physician designee has responsibility for the medical component of the hospice's patient care program.**

**Interpretive Guidelines §418.102(d)** The single individual who fills the role of the medical director assumes overall responsibility for the medical component of the hospice's patient care program. This responsibility, which extends to all hospice multiple locations, includes overseeing the implementation of the entire physician, nursing, social work, therapy, and counseling areas within the hospice to ensure that these areas consistently meet patient and family needs.

-###-

NHPCO members with questions should email [regulatory@nhpco.org](mailto:regulatory@nhpco.org).

NHPCO • 1731 King Street • Alexandria, VA 22314  
703/837-1500 • 703/837-1233 (fax) • [www.nhpco.org](http://www.nhpco.org)

## **Tagline Research from related Certification Boards**

- American Board of Genetic Counseling - *Integrity. Excellence. Leadership.*
- International Board of Specialty Certification – *Knowledge. Experience. Excellence.*
- National Certification Board for Therapeutic Massage and Bodywork - *Choose Board Certified.*
- Hospice & Palliative Credentialing Center - *Advancing Expert Care in Serious Illness*
- American Board of Pediatrics: *Certifying excellence in pediatrics – for a healthier tomorrow*
- American Board of Medical Specialties: *Higher standards. Better care.*
- American Speech Language Hearing Assoc: *Making effective communication, a human right, accessible and achievable for all.*

### Homepage image message:

- American Board of Family Medicine: *Quality healthcare, public trust...setting the standards in family medicine.*
- American Board of Radiology: *Supporting our candidates and diplomates for the benefit of patients*

### **Staff Recommendations:**

*HMDCB: Promoting physician competency for quality patient care.*

*HMDCB: Higher standards for physicians. Quality care for patients.*

*HMDCB: Advancing physician competency in hospice care.*



## Background

The Board had asked to survey those candidates who began an application to take the certification exam, but did not complete it, in an effort to understand the decision process of candidates. Total survey recipients were 40, however after several reminders, only 12 physicians responded. The results are as follows:

1. What are the reasons that you did not complete your 2018 HMDCB application?

*Select all that apply:*

I did not start my application in time to complete it by the deadline	17%
I learned during the process that I did not meet the eligibility requirements	8%
I was unable to obtain the required documentation before the deadline	42%
I was unable to pay the application fee at the time of application	25%
I was unaware of the final deadline to complete the application	8%

Other – Write In

- Decided to take exam in 2019 due to time constraints
- Felt I hadn't prepared for the exam
- I had to change mentors so I submitted the final application late
- Uncertain how, in Canada, this certification would actually benefit me
- Had other projects due in Spring and would not allow me to study

2. Do you intend to apply for certification in the future?

Yes	67%
No	0%
Undecided	33%

3. If you responded 'No' please explain why: *No responses were given for this question.*

4. If you responded 'Undecided' please explain why:

- Change in job
- There are changes in the Canadian credentialing of palliative physicians that may have more direct application
- Unsure of benefit

5. How would you anticipate funding your application fee?
- |  |     |
|--|-----|
| I will pay the full fee myself                 | 75% |
| My organization will reimburse me upon passing | 25% |
6. How did you hear about HMDCB certification?
- |                            |     |
|----------------------------|-----|
| AAHPM Membership/Event     | 43% |
| NHPCO Membership/Event     | 8%  |
| AMDA Membership/Event      | 8%  |
| Supervisor Recommendation  | 25% |
| HMDCB direct communication | 8%  |
| Other – Write In           | 8%  |
| • Colleague                |     |
7. Are you currently certified in hospice and palliative medicine through ABMS or AOA?
- |     |     |
|-----|-----|
| Yes | 33% |
| No  | 67% |

**Action**

The Board is asked to discuss results and confirm whether this should be an annual survey.

**Attachments**

1. PSI Facilities Questionnaire Summary 2018

**Background**

Two surveys were conducted of the 199 HMDCB candidates who took the spring examination. First, PSI requires every candidate to complete a 16-question survey evaluating the test administration experience. Results of the survey are attached.

In 2018 the overall testing experience ratings once again improved with 82.98% of candidates noting “excellent” up from 78% in 2017. Other areas related to Assessment Center access and software ease of use also had improved ratings.

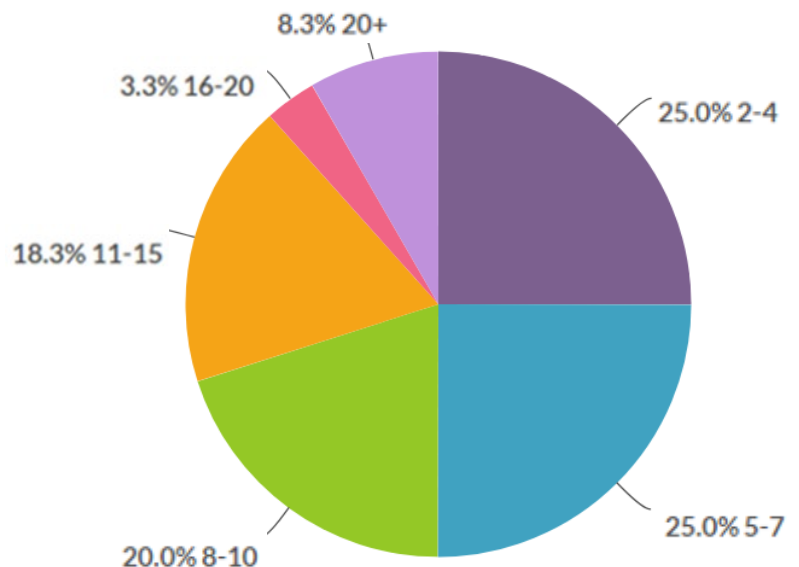
Over the past three years, HMDCB has shared our concerns regarding noise level in the testing environment with benchmarks below the national average. Following the trend of “Noise Level” after the PSI/AMP integration, we are pleased to report that 95% of candidates rated their testing location noise level as ‘quiet’ or only ‘occasional noise’ up from 85% in previous years. This can likely be attributed to new PSI owned Assessment Centers.

In addition, HMDCB staff sent a 7-question survey to all candidates to gain feedback on ways to improve the process for subsequent years. HMDCB had a 30% response rate (29% in 2017). The following questions were asked of the candidates:

**1. How did you hear about HMDCB? (candidates could select multiple options)**

Through AAHPM	65%
HMDCB marketing efforts	20%
Referred by a current HMDCB certificant	16%
Visiting an exhibit booth	10%
Through NHPCO	5%

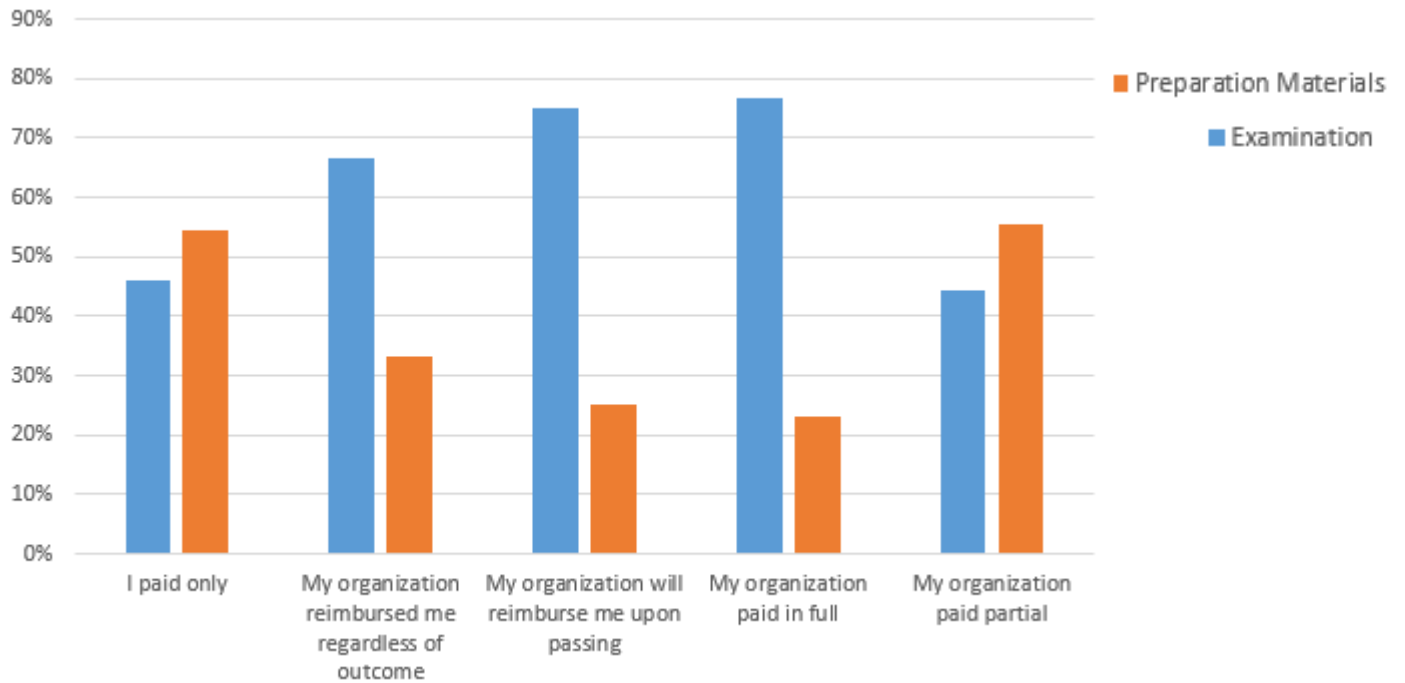
**2. How many total years have you been practicing as a hospice physician at least part-time?**



**3. What motivated you to seek HMDCB certification? (candidates could select multiple options)**

To be recognized for their knowledge and skills as a hospice medical director	73%
Not eligible for the ABMS/AOA subspecialty examination	17%
Supervisor suggested they become certified through HMDCB	17%
Wanted to assess the exam before having their employees take it	5%
Employer provides higher compensation for certified physicians	2%

**4. How were your examination and preparation materials funded?**



**5. Which preparatory materials did you use to study for the exam? (candidates could select multiple options)**

AAHPM book or practice tests	86%
AAHPM courses	46%
CMS Resources	20%
State Organization Resources	8%
NHPCO resources	5%

**Recommendation**

No additional action is required.



# Facility Questionnaire Summary

Delivery Method:

Candidates Testing: 1/1/2018 to 9/25/2018

Client: HMDCB

Test Center: ALL Owner: HRB

	Number	Percent	National%		Number	Percent	National%
Easy to schedule your examination appointment:				Supervisor helpful resolving problems:			
Yes:	181	95.77 %	96.72 %	Yes:	45	23.81 %	40.33 %
No:	8	4.23 %	3.28 %	No:	5	2.65 %	0.88 %
Unanswered:	1			N/A:	139	73.54 %	58.79 %
Test Center in a convenient location:				Unanswered:	1		
Yes:	171	90.48 %	91.94 %	Overall appearance of test center:			
No:	18	9.52 %	8.06 %	Excellent:	95	50.26 %	59.87 %
Unanswered:	1			Good:	73	38.62 %	35.03 %
Easy to locate Assessment Center:				Adequate:	20	10.58 %	4.73 %
Yes:	172	91.49 %	95.50 %	Poor:	1	0.53 %	0.37 %
No:	16	8.51 %	4.50 %	Unanswered:	1		
Unanswered:	1			Noise level rating:			
Promptly referred to supervisor:				Quiet:	106	56.08 %	63.27 %
Yes:	180	95.74 %	96.83 %	Occasional Noise:	75	39.68 %	32.00 %
No:	8	4.26 %	3.17 %	Distracted by Noise:	7	3.70 %	4.31 %
Unanswered:	1			Unacceptable:	1	0.53 %	0.42 %
Supervisor and staff friendly:				Unanswered:	1		
Yes:	184	97.35 %	98.13 %	Overall testing environment:			
No:	5	2.65 %	1.87 %	Professional:	152	80.42 %	88.00 %
Unanswered:	1			OK:	34	17.99 %	10.67 %
Testing area adequately sized:				Substandard:	2	1.06 %	1.13 %
Yes:	186	98.41 %	98.79 %	Unprofessional:	1	0.53 %	0.20 %
No:	3	1.59 %	1.21 %	Unanswered:	1		
Unanswered:	1			Overall computer-based testing experience:			
Temperature comfortable:				Excellent:	156	82.98 %	83.91 %
Yes:	176	93.12 %	92.83 %	Good:	30	15.96 %	14.21 %
No:	13	6.88 %	7.17 %	Adequate:	2	1.06 %	1.69 %
Unanswered:	1			Poor:	0	0.00 %	0.20 %
Lighting adequate:				Unanswered:	1		
Yes:	189	100.00 %	99.41 %	No. of Candidates:	191		
No:	0	0.00 %	0.59 %	No. of Test Centers:	140		
Unanswered:	1						
On screen instructions easy to follow:							
Yes:	188	99.47 %	98.59 %				
No:	1	0.53 %	1.41 %				
Unanswered:	1						
Software easy to use:							
Yes:	187	98.94 %	98.73 %				
No:	2	1.06 %	1.27 %				
Unanswered:	1						
Easy to mark/review answers:							
Yes:	180	95.24 %	97.94 %				
No:	9	4.76 %	2.06 %				
Unanswered:	1						

## **Attachments**

1. CCP Program Requirements
2. \*Exam Calendar 2019 (inclusive of initial and CCP)

*\*PSI to confirm timeline of application window for initial and recertification before 2019 calendar is published.*

## **Background**

Based on decisions made by the Board of Directors at the 2017 fall meeting, PSI and Exam Committee representatives have outlined examination construction and testing window components. As a reminder, the same level of competency will be tested for recertification as initial certification; the same content blueprint and test specifications will be maintained. The recertification fee is \$850.00.

### ***Exam Construction***

Utilizing the form from the same year's initial certification administration, PSI would create a recertification test form of 100-scored items (with no pretest sets) matching the content and statistical specifications (percentage of items per domain and cognitive levels). A review by the Exam Committee Chair will be conducted to ensure no changes in practice/laws/rules between the two examinations.

### ***Testing Window***

HMDCB certifications expire on November 30 six years after passing initial certification examination. The recertification test form will be administered during a fall testing window, with the first administration in fall 2019. Why 2019? In order to offer certificants more than one testing window in which to complete the examination before their certification expires, an examination window would be available the year prior to and the year of their certification expiration date (i.e., in the 5<sup>th</sup> and 6<sup>th</sup> year of certification).

A four-week testing window will be offered with a reduced timeframe of 2.0 hours for the 100-item exam (reduction of 1 hour from initial) which lowers the per candidate testing fee.

### ***Item Review and Passing Point***

As with initial certification, PSI will generate an item analysis following the close of the testing window; (a review of item performance and comments). If any extreme statistical issues or egregious candidate comments are noted, PSI would discuss those items with the Committee Chair (recommending no key change, unless there is a clear change in practice/laws/rules).

There will also be a determination of a separate cut score, or passing point, for the exam committee to confirm. There is a higher risk for someone recertifying than seeking initial certification (loss of reputation, recognition, job, etc). Because of this higher risk, HMDCB agreed to review the cut score leniency to aid those who fell close to the cut score. Examination passing point discussions allow for a

standard error of measurement, typically a range of 5 raw points. As the Board has done with each annual initial examination passing point discussion, consideration of a cut score would allow leniency, with the standard error of measurement, if one point variance would pass a notable number of physicians.

### ***2019 Calendar***

There is additional complexity to confirm dates for both application and testing windows in the first year of offering both initial and recertification examinations. Part of the complexity also involves NHPCO shifting their Management & Leadership Conference two weeks later than originally published. HMDBC Board officers discussed this at length and ideally would like the application cycle to remain open until after HMDCB exhibits at NHPCO. Staff is confirming the timeline with PSI to ensure this is possible as it reduces the timeframe between the close of applications and the opening of the initial testing window.

### ***Miscellaneous***

Staff will be producing a separate candidate handbook for recertification candidates.

### **Action**

No additional action is required.



# General Requirements for Recertification

- I. Continuously hold a current, active, and unrestricted license to practice medicine in the United States or its territories or any province of Canada
- II. Complete the HMDCB self-assessment survey
- III. Achieve 480 practice hours in a hospice setting during the recertification period
- IV. Obtain 75 points of continuous learning **every three (3) years**; a total of 150 during the recertification period. Points may be earned through Continuing Medical Education (CME) and Professional Activities. Certificants must obtain a minimum of 54 points through CME and up to 21 points through Professional Activities every three years.
- V. Pass a computer-based, multiple-choice recertification examination.

[Details Descriptions follow](#)



Details Descriptions of above components:

## Self-Assessment

*\*Note for Board: The requirement is only for **completion** of the self-assessment and with the goal to provide a tool for guidance on areas where certificants may need further study.*

## Practice Hours

Practice as a hospice physician for 480 hours of broad hospice related activities during the 6-year certification renewal period.

*\*Note for Board: This mirrors the requirements set for initial certification. Based on demographic information collected, over 85% of current certificants work 10 hours or more per week.*

## CME Categories Eligible for Recertification Credit

There are four categories of CME eligible for recertification credit. A summary of acceptable CME activities are found in the corresponding categories below. A minimum of 108 points must be obtained through CME; 54 points every 3 years. One CME hour is equal to one point.

*CME credits must be obtained from an accredited provider of medical education evidenced by reference to one or more of the following:*

- *AMA PRA Category 1™ credits*
- *Prescribed credit(s) by the American Academy of Family Physicians*
- *AOA Category 1-A or 2-A CME Credit*

### College/University Courses

Completing college/university courses from an accredited college or university to further enhance your education. Courses must be documented as including content related to the HMDCB Blueprint.

### Attending Professional Workshops or Conferences

Attend CME sessions at a professional conference to further enhance your education. Conferences must be documented as including content related to the HMDCB Blueprint.

### Attending Online Courses Specifically Designed to Enhance Competence

Internet or online courses including content related to the HMDCB Blueprint that enhance your education.

### Independent Study

This category allows certificants to learn in their own environment. Approved study materials must be based on content related to the HMDCB Blueprint, such as the completion of the American Academy of Hospice and Palliative Medicine's self-study materials or the National Hospice and Palliative Care Organization's E-OL Courses and webcasts.

## Professional Activities Eligible for Recertification Credit

There are eight categories of professional activities eligible for recertification credit. A summary of acceptable professional activities are found in the corresponding categories below. Up to twenty-one (21) points may be earned in Professional Activities every three (3) years.

### Obtain/Maintain a Certification in a Related Field

Credit will be given if you maintain subspecialty certification in: Pain Management, Geriatrics, Hospice and Palliative Medicine, or AMDA's medical director certification.

**3 points per certification**

### Special Project Performed in Work Setting

Special projects include performance measurement and improvement. Performance improvement (PI) activities describe structured, long-term processes by which a physician or group of physicians can learn about specific performance measures, retrospectively assess their practice, apply these measures prospectively over a useful interval, and re-evaluate their performance.

**2 points per project**

### Volunteer Service

Volunteer participation in leadership responsibilities or committee involvement in a state or national professional organization, a hospice-provider or other organization directly related to the field of hospice and palliative medicine.

**1 point per year/per service**

### Preceptorship and Mentoring

Hospice physicians serving as supervisor or preceptor may apply hours spent supervising those practicing professionals of the interdisciplinary team in a structured program within the hospice setting. One point will be awarded per 10 hours of preceptorship maintained.

**3 point maximum per year**

### Teaching, Lecturing, Presenting

Encompasses the certificant's participation as an instructor delivering content related to the HMDCB Blueprint. The presentation must be delivered within a structured framework of teaching/learning. A presentation includes a seminar, in-service, clinical conference, consumer education program, and/or presenting an original paper or poster. The participation may be as the primary instructor, lecturer or panelist. No credit is given for repeat presentations of the same content. One point will be awarded per lecture hour.

**4 points maximum per year**

### Publishing

Encompasses publications delivering content related to the HMDCB Blueprint. Responsibility in the publication may be authorship, co-authorship or editorial. The item to be published may be a book, chapter in a book, paper, article, abstract, book review, etc. One point will be awarded per publication.

**4 points maximum per year**

### Journal Club Participation

Certificants participating in a structured journal club who meet regularly to critically evaluate articles related to content outlined in the HMDCB Blueprint may earn credit through their membership. Two points will be awarded if the club meets quarterly; three points for monthly.

**3 points maximum per year**

# HMDCB Calendar (2019)

## January

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

## February

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

## March

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## April

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

## May

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## June

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

## July

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

## August

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## September

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## October

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

## November

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## December

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Jan 7 [Initial Application Cycle Opens](#)  
 Mar 7 [HMDCB Exhibiting at AMDA Day 1](#)  
 Mar 8 [HMDCB Exhibiting at AMDA Day 2](#)  
 Mar 9 [HMDCB Exhibiting at AMDA Day 3](#)  
 Mar 10 [HMDCB Exhibiting at AMDA Day 4](#)  
 Mar 12 [HMDCB Exhibiting at AAHPM Day 1](#)  
 Mar 13 [HMDCB Exhibiting at AAHPM Day 2](#)  
 Mar 14 [HMDCB Exhibiting at AAHPM Day 3](#)

Mar 15 [HMDCB Exhibiting at AAHPM Day 4](#)  
 Mar 16 [HMDCB Exhibiting at AAHPM Day 5](#)  
 Mar 26 [Initial Application Early Bird Deadline](#)  
 Apr 15 [HMDCB Exhibiting at NHPCO Day 1](#)  
 Apr 16 [HMDCB Exhibiting at NHPCO Day 2](#)  
 Apr 17 [HMDCB Exhibiting at NHPCO Day 3](#)  
 Apr 22 [Initial Application Cycle Closes](#)  
 Apr 23 [Last Day to Cancel Initial Certification Testing](#)

May 23 [First Day of Initial Certification Testing Window](#)  
 Jun 10 [Recertification Application Cycle Opens](#)  
 Jun 14 [Last Day of Initial Certification Testing Window](#)  
 Jun 24 [Item Analysis Window \(This Week\)](#)  
 Jul 8 [HMDCB Board Meeting \(This Week\)](#)  
 Jul 22 [Results Uploaded to WBT \(This Week\)](#)

Aug 12 [Recertification Application Cycle Closes](#)  
 Sep 26 [First Day of Recertification Testing Window](#)  
 Oct 24 [Last Day of Recertification Testing Window](#)  
 Nov 29 [PSI Uploads Recertification Results](#)

**2017 Exempt Org. Return**  
prepared for:

**HOSPICE MEDICAL DIRECTOR CERTIFICATION  
BOARD**

8735 W Higgins Rd Suite 300  
Chicago, IL 60631-2738

**BARNES GIVENS & BARNES**  
200 E. Evergreen Ave STE 117  
Mount Prospect, IL 60056-3240

	2017	2016	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	80,715	65,157	15,558
PROGRAM SERVICE REVENUE.....	217,024	227,169	-10,145
OTHER REVENUE.....	45	45	0
TOTAL REVENUE.....	297,784	292,371	5,413
<b>EXPENSES</b>			
OTHER EXPENSES.....	329,179	301,643	27,536
TOTAL EXPENSES.....	329,179	301,643	27,536
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	-31,395	-9,272	-22,123
TOTAL ASSETS AT END OF YEAR.....	90,369	116,330	-25,961
TOTAL LIABILITIES AT END OF YEAR.....	67,647	62,213	5,434
NET ASSETS/FUND BALANCES AT END OF YEAR.....	22,722	54,117	-31,395

2017

**GENERAL INFORMATION**  
HOSPICE MEDICAL DIRECTOR CERTIFICATION  
BOARD

PAGE 1

45-5204240

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990, SCH B, SCH O

**CARRYOVERS TO 2018**

NONE

FORM 990, PART IX, LINE 24E  
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT &amp; GENERAL</u>	<u>FUNDRAISING</u>
DUES & SUBSCRIPTIONS	1,018.			
DUPLICATING	1,214.			
EXHIBITS	3,670.			
MISCELLANEOUS	890.			
POSTAGE AND SHIPPING	4,409.			
PRINTING AND PUBLICATIONS	4,128.			
PROMOTION	2,779.			
PUBLICATION PRE-PRESS	5,415.			
REGISTRATION	700.			
SUPPLIES	1,217.			
TELEPHONE	4,113.			
TOTAL	<u>\$ 29,553.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>



**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2017 calendar year, or tax year beginning**, 2017, and ending

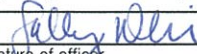
<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	HOSPICE MEDICAL DIRECTOR CERTIFICATION BOARD 8735 W HIGGINS RD #300 CHICAGO, IL 60631-2738	45-5204240
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		847-375-4700
<input type="checkbox"/> Final return/terminated		<b>G</b> Gross receipts \$
<input type="checkbox"/> Amended return		297,784.
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer:	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) (insert no.)	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶	N/A	<b>L</b> Year of formation: 2012
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>M</b> State of legal domicile: IL

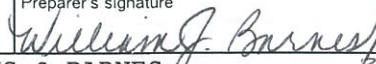
**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO RELIEVE SUFFERING AND IMPROVE QUALITY OF LIFE BY PROMOTING THE EXCELLENCE AND PROFESSIONAL COMPETENCY OF HOSPICE MEDICAL DIRECTORS.</u>			
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b>		7
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b>		7
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a).....	<b>5</b>		0
	<b>6</b> Total number of volunteers (estimate if necessary).....	<b>6</b>		24
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a</b>		0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34.....	<b>7b</b>		0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h).....		Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g).....		65,157.	80,715.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d).....		227,169.	217,024.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		45.	45.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....		292,371.	297,784.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3).....			
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4).....			
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....			
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e).....			
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....		301,643.	329,179.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....		301,643.	329,179.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12.....		-9,272.	-31,395.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16).....		Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26).....		116,330.	90,369.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.....		62,213.	67,647.
			54,117.	22,722.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	 Signature of officer	8.1.18 Date
	SALLY WEIR, Executive Director Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	WILLIAM J. BARNES		7/24/18		P00399658
	Firm's name ▶	BARNES GIVENS & BARNES		Firm's EIN ▶	36-2716239
	Firm's address ▶	200 E. EVERGREEN AVE STE 117 MOUNT PROSPECT, IL 60056-3240		Phone no.	224-764-2442

May the IRS discuss this return with the preparer shown above? (see instructions).....  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO RELIEVE SUFFERING AND IMPROVE QUALITY OF LIFE BY PROMOTING THE EXCELLENCE AND PROFESSIONAL COMPETENCY OF HOSPICE MEDICAL DIRECTORS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

DEVELOPMENT OF THE DESIGN, IMPLEMENTATION, AND EVALUATION OF THE CERTIFICATION EXAM TO ELIGIBLE APPLICANTS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> .....		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> .....		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> .....		X
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions). .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 7 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . . <b>1 b</b> 7		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? <b>SEE .SCH .O</b> . . . . .	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? <b>SEE .SCHEDULE .O</b> . . . . .	X	
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body? . . . . .	X	
<b>8 b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O.</i> . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</b>	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11 b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. <b>SEE SCHEDULE O</b>		
<b>12 a</b>	Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13.</i> . . . . .	X	
<b>12 b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12 c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done.</i> <b>SEE .SCHEDULE .O</b> . . . . .	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15 a</b>	The organization's CEO, Executive Director, or top management official. <b>SEE .SCHEDULE .O</b> . . . . .	X	
<b>15 b</b>	Other officers or key employees of the organization. <b>SEE .SCHEDULE .O</b> . . . . .	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16 b</b>	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
 ASSOCIATION MANAGEMENT CENTER 8735 W HIGGINS RD ST 300 CHICAGO IL 60631 847-375-4700

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN W MURPHY PRES ELECT	1 0	X		X				0.	0.	0.
(2) JOHN MANFREDONIA PRESIDENT	1 0	X		X				0.	0.	0.
(3) RONALD SCHONWETTER TREASURER	1 0	X		X				0.	0.	0.
(4) TOMMIE FARRELL MEMBER	1 0	X						0.	0.	0.
(5) JOELLE VLAHAKIS MEMBER	1 0	X						0.	0.	0.
(6) HOLLY YANG MEMBER	1 0	X						0.	0.	0.
(7) ASPASIA APOSTOLAKIS MILLER MEMBER	1 0	X						0.	0.	0.
(8) SALLY WEIR EXECUTIVE DIR.	9 0			X				0.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> .....							0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....							0.	0.	0.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0									

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ASSOCIATION MANAGEMENT CENTER 8735 W HIGGINS RD CHICAGO, IL 60631	MANAGEMENT	160,258.
ASSOCIATION MANAGEMENT CENTER 8735 W HIGGINS RD CHICAGO, IL 60631	PUBLISHING SVCS	5,415.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b>				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 80,715.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		80,715.			
<b>Program Service Revenue</b>	<b>2 a</b> <u>CERTIFICATION FEES</u>		216,100.	216,100.		
	<b>b</b> <u>COMMISSIONS</u>		924.	924.		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f			217,024.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal			
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
		<b>d</b> Net rental income or (loss)				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
		<b>d</b> Net gain or (loss)				
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses	<b>b</b>			
		<b>c</b> Net income or (loss) from fundraising events				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
<b>b</b> Less: direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue		<b>Business Code</b>				
<b>11 a</b> <u>OTHER</u>		45.	45.			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		45.				
<b>12 Total revenue.</b> See instructions		297,784.	217,069.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	151,310.			
b Legal				
c Accounting	3,000.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	70,064.			
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	18,833.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,627.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>INTERNET</u>	22,819.			
b <u>HOTEL/FOOD</u>	12,899.			
c <u>CERTIFICATION PROCESSING</u>	8,947.			
d <u>BANK AND CREDIT CARD FEES</u>	7,127.			
e All other expenses	29,553.			
25 Total functional expenses. Add lines 1 through 24e	329,179.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing.....	111,183.	<b>1</b>	82,452.
	<b>2</b> Savings and temporary cash investments.....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net.....		<b>3</b>	
	<b>4</b> Accounts receivable, net.....		<b>4</b>	429.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net.....		<b>7</b>	
	<b>8</b> Inventories for sale or use.....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges.....	5,147.	<b>9</b>	7,488.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation.....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments – publicly traded securities.....		<b>11</b>	
	<b>12</b> Investments – other securities. See Part IV, line 11.....		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11.....		<b>13</b>	
	<b>14</b> Intangible assets.....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11.....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34).....	116,330.	<b>16</b>	90,369.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses.....	41,313.	<b>17</b>	45,647.
	<b>18</b> Grants payable.....		<b>18</b>	
	<b>19</b> Deferred revenue.....	20,900.	<b>19</b>	22,000.
	<b>20</b> Tax-exempt bond liabilities.....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties.....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties.....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25.....	62,213.	<b>26</b>	67,647.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets.....	54,117.	<b>27</b>	22,722.
	<b>28</b> Temporarily restricted net assets.....		<b>28</b>	
	<b>29</b> Permanently restricted net assets.....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds.....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund.....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds.....		<b>32</b>	
	<b>33</b> Total net assets or fund balances.....	54,117.	<b>33</b>	22,722.
<b>34</b> Total liabilities and net assets/fund balances.....	116,330.	<b>34</b>	90,369.	

BAA

Form 990 (2017)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	297,784.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	329,179.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-31,395.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	54,117.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	22,722.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2c</b>	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2017)

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

Name of the organization **HOSPICE MEDICAL DIRECTOR CERTIFICATION BOARD**

Employer identification number  
**45-5204240**

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 501(c)( 6 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

**Schedule B (Form 990, 990-EZ, or 990-PF) (2017)**

Name of organization <b>HOSPICE MEDICAL DIRECTOR CERTIFICATION</b>	Employer identification number <b>45-5204240</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMR ACDMY HOSPICE & PALLIATIVE MED 8735 W HIGGINS RD CHICAGO, IL 60631	\$ 80,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HOSPICE MEDICAL DIRECTOR CERTIFICATION

45-5204240

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization <b>HOSPICE MEDICAL DIRECTOR CERTIFICATION</b>	Employer identification number 45-5204240
---	--

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$ \_\_\_\_\_ *N/A*  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
-----			
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			
-----			
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			
-----			
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			
-----			
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

HOSPICE MEDICAL DIRECTOR CERTIFICATION  
BOARD

Employer identification number

45-5204240

**FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO MANAGEMENT COMPANY**

HMDCB CONTRACTS WITH A MANAGEMENT COMPANY TO PROVIDE OFFICE FACILITIES, MANAGEMENT, ACCOUNTING, STAFFING AND SUPPORT SERVICES. THE ASSOCIATION'S MANAGEMENT FEE IS COMPARED TO DATA FROM THE ASAE BENCHMARKING SERIES PUBLICATION-OPERATING RATIO REPORT AND IS APPROVED DURING THE BUDGETING PROCESS.

**FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY**

BOARD MEMBERS VOTE ANNUALLY FOR GOVERNING BODY MEMBERS FROM A LIST OF CANDIDATES. CANDIDATES ARE PROPOSED BY THE NOMINATING COMMITTEE.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE FORM 990 WAS PROVIDED TO THE TREASURER TO REVIEW

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

NEW BOARD MEMBERS ARE ASKED TO REVIEW AND ACCEPT THE CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS ARE ASKED TO UPDATE THEIR DISCLOSURE OF CONFLICTS AT LEAST ON AN ANNUAL BASIS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

HMDCB HAS NO EMPLOYEES AS ALL STAFF FUNCTIONS ARE OUTSOURCED TO AN ASSOCIATION MANAGEMENT COMPANY. THE ASSOCIATION MANAGEMENT COMPANY COMPETITIVELY COMPENSATES ALL STAFF AND EVALUATES COMPENSATION BASED UPON SURVEYS AND REVIEWS OF INDUSTRY BENCHMARK DATA.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

HMDCB HAS NO EMPLOYEES AS ALL STAFF FUNCTIONS ARE OUTSOURCED TO AN ASSOCIATION MANAGEMENT COMPANY. THE ASSOCIATION MANAGEMENT COMPANY COMPETITIVELY COMPENSATES ALL STAFF AND EVALUATES COMPENSATION BASED UPON SURVEYS AND REVIEWS OF INDUSTRY BENCHMARK DATA.

Name of the organization HOSPICE MEDICAL DIRECTOR CERTIFICATION BOARD	Employer identification number 45-5204240
--	--

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

AVAILABLE UPON REQUEST

**FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CONSULTING	70,064.			
TOTAL	<u>\$ 70,064.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>



## **BOARD FACESHEET: Financial Statement Services**

### **Attachments**

1. Comparison of Financial Statement Services

### **Background**

A nonprofit organization is encouraged to engage a Certified Public Accountant (CPA) to prepare its financial statements. There are three levels of financial statement services offered by CPAs: Audits, Reviews, and Compilations. Attached is a comparison of these financial statement services. HMDCB has conducted a Review since 2012 based on the Board decision at that time.

### **Fees**

Fees are higher for preparations requiring the most time and effort: audits range from \$4,500 – \$5,000; reviews range from \$2,500 – \$3,000; and compilations are \$1,200 plus.

Previous conversations with HMDCB's auditor explained a determining factor should be the complexity of your financial revenue and expense streams, vendor contracts, and internal procedures.

### **Recommendation**

The Treasurer asks the Board to confirm which level of service to engage for the 2019 financials.

## Comparison of Financial Statement Services

A nonprofit organization can engage a Certified Public Accountant (CPA) to prepare its financial statements. There are three levels of financial statement services offered by CPAs: Audits, Reviews, and Compilations.

### Audits

An audit provides the highest level of assurance on an organization's financial statements. An audit provides assurance that an organization's financial statements are free of material misstatement and are fairly presented based upon the application of generally accepted accounting principles.

An audit includes:

- confirmation with outside parties
- testing selected transactions by examining supporting documents
- completing physical inspections and observations
- considering and evaluating the internal control system of the organization

### Reviews

A review provides more limited assurance on an organization's financial statements. During a review, inquiries and analytical procedures present a reasonable basis for expressing limited assurance that no material modifications to the financial statements are necessary; they are in conformity with generally accepted accounting principles. This "does it make sense" analysis is useful when the organization needs some assurance about their financial statements, but not the higher level of assurance provided by an audit.

### Compilations

A compilation provides no assurance on an organization's financial statements. The CPA takes financial data provided by the nonprofit and puts them in a financial statement format that complies with generally accepted accounting principles. There are no testing or analytical procedures performed during a compilation.



September 20, 2018

Ronald Schonwetter, MD FAAHPM HMDC  
Secretary/Treasurer  
Hospice Medical Director Certification Board

Dear Dr. Schonwetter:

Enclosed please find the August 2018 financial statements for HMDCB. All forecasted amounts represent 12 months of activity and are based upon actual results beginning January 1, 2018 through August 31, 2018 and forecasted results for the remainder of the year. Forecast is determined based on the approved budget and adjusted for trends/known changes.

At the close of August 2018, the total fund balance is \$150,545 with current year operations reflecting an excess of \$114,645.

Highlights of the July financial results include:

- The statement shows total net assets are forecasted to be \$26,065 at year end. Forecasts do fluctuate from month-to-month based upon the current month's activity and anticipated income and expenses for the remainder of the year.
- Certification revenue is anticipated to end just under budget by \$1,300 with 196 paid applications.
- Exhibit costs are anticipated to exceed budget. Adjustments have been made to consulting to offset the variance in exhibits.
- The 1<sup>st</sup> installment of the Kindred Hospice Foundation grant was received. The funds will be used to support the *Next Steps in Raising Awareness and Re-certification* project. Included in the budget are expenses associated with developing and implementing continuing certification activities.

Phyllis Milz, our Finance Manager, and I welcome any questions you have regarding the August financials. We will distribute to the full Board at the next scheduled Board of Directors meeting.

Sincerely,

A handwritten signature in cursive script that reads "Sally Weir".

Sally Weir, CAE  
Executive Director



## Twelve Month Financial Summary

	FORECAST (as of August)	ACTUAL		
	2018	2017	2016	2015
<b>Revenue - Operating</b>	<b>363,700</b>	<b>297,784</b>	<b>292,371</b>	<b>345,930</b>
Applications	223,700	216,100	226,800	264,600
Commission/Royalty				
Grants	140,000	80,715	65,157	81,125
Exhibits				
Registrations				
Sponsorship				
Other revenue		969	414	205
<b>Expense - Operating</b>	<b>360,358</b>	<b>329,179</b>	<b>301,642</b>	<b>317,323</b>
<b>Operating Net Excess (Deficit)</b>	<b>3,342</b>	<b>(31,395)</b>	<b>(9,271)</b>	<b>28,607</b>
<b>Investment Earnings</b>				
<b>Net Excess (Deficit)</b>	<b>3,342</b>	<b>(31,395)</b>	<b>(9,271)</b>	<b>28,607</b>
<b>Metrics</b>				
# of Certifications	196			
# Months Operating Expense in Net Assets, Unrestricted	0.9			
Net Assets, Unrestricted	\$26,065	\$22,723	\$54,118	\$63,389

### Comments

Recommended benchmarks for unrestricted net assets: (i.e. # of Months of Operating expense in unrestricted net assets)  
 NORI Study (all nonprofits) suggests a "minimum" OPERATING Net Asset (reserve) of 3.0 months (\$90,000) to ensure adequate liquidity  
 ASAE (stand alone associations) latest benchmark for TOTAL Net Assets (reserve) is 6.0 months (\$180,000)

**Hospice Medical Director Certification Board  
YEAR TO DATE TRENDS  
As of August 31, 2018**

	2018			2017	2016
	ACTUAL	BUDGET	Actual vs. Budget Variance	ACTUAL	ACTUAL
<b>Revenue - Operating</b>	<b>323,700</b>	<b>325,000</b>	<b>(1,300)</b>	<b>216,625</b>	<b>227,184</b>
Applications	223,700	225,000	(1,300)	216,100	226,800
Commission Revenue	-	-	-	495	369
Grants	100,000	100,000	-	-	-
Pledges & Donations	-	-	-	-	-
Registrations	-	-	-	-	-
Royalty Revenue	-	-	-	-	-
Sponsorship	-	-	-	-	-
Other Revenue	-	-	-	30	15
<b>Expense</b>	<b>209,055</b>	<b>225,468</b>	<b>(16,413)</b>	<b>203,791</b>	<b>184,197</b>
<b>Operating Net Excess (Deficit)</b>	<b>114,645</b>	<b>99,533</b>	<b>15,113</b>	<b>12,834</b>	<b>42,986</b>
<b>Investment Earnings</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Net Excess (Deficit)</b>	<b>114,645</b>	<b>99,533</b>	<b>15,113</b>	<b>12,834</b>	<b>42,986</b>

Comments

**Hospice Medical Director Certification Board  
TWELVE MONTH PROGRAM SUMMARY**

	FORECAST			BUDGET			Forecast vs. Budget Variance		
	Revenue	Expense	Net Excess/(Deficit)	Revenue	Expense	Net Excess/(Deficit)	Revenue	Expense	Net Excess/(Deficit)
<b>ALL PROGRAMS</b>	363,700	360,358	3,342	365,000	364,125	876	(1,300)	(3,767)	2,467
<b>Certification</b>	223,700	98,066	125,634	225,000	119,710	105,290	(1,300)	(21,644)	20,344
<b>NON REVENUE GENERATING</b>	40,000	159,417	(119,417)	40,000	144,415	(104,415)	-	15,002	(15,002)
<b>General</b>	40,000	135,010	(95,010)	40,000	112,615	(72,615)	-	22,395	(22,395)
<b>Governance</b>	-	24,407	(24,407)	-	31,800	(31,800)	-	(7,393)	7,393

**Comments**



**Hospice Medical Director Certification Board  
TWELVE MONTH PROGRAM SUMMARY  
Prior Years**

	ACTUAL								
	2017			2016			2015		
	Revenue	Expense	Net Excess/(Deficit)	Revenue	Expense	Net Excess/(Deficit)	Revenue	Expense	Net Excess/(Deficit)
<b>ALL PROGRAMS</b>	297,784	329,179	(31,395)	292,371	301,642	(9,272)	345,930	317,323	28,607
Certification	216,574	160,739	55,835	227,214	130,033	97,181	264,630	139,734	124,896
<b>NON REVENUE GENERATING</b>	81,210	168,440	(87,230)	65,157	171,609	(106,452)	81,300	177,589	(96,289)
General	81,210	145,534	(64,324)	65,157	141,887	(76,730)	81,125	125,697	(44,572)
Governance	-	22,906	(22,906)	-	29,722	(29,722)	175	51,891	(51,716)

**Comments**

**Hospice Medical Director Certification Board  
BALANCE SHEET SUMMARY  
For the For the Month Ending August 31, 2018**

	2018		2017	
	August Balance	Change Year to Date	Dec Balance	August Balance
<b>Assets</b>	<b>150,545</b>	<b>60,176</b>	<b>90,369</b>	<b>77,993</b>
Cash and Investment	98,654	16,202	82,452	75,560
Checking	98,654	16,202	82,452	75,560
Accounts Receivable	50,000	49,571	429	(199)
Other Assets	1,891	(5,597)	7,488	2,632
Prepaid Expenses	1,891	(5,597)	7,488	2,632
<b>Liabilities and Deferred Revenue</b>	<b>13,178</b>	<b>(54,469)</b>	<b>67,647</b>	<b>11,042</b>
Accounts Payable	13,178	(29,983)	43,161	11,042
<b>Net Assets (Reserves)</b>	<b>137,367</b>	<b>114,645</b>	<b>22,722</b>	<b>66,951</b>
Fund Balance - Beginning	22,722	(31,395)	54,117	54,117
Fund Balance- Current	114,645	146,040	(31,395)	12,834
<b>Liabilities and Net Assets</b>	<b>150,545</b>	<b>60,176</b>	<b>90,369</b>	<b>77,993</b>

**Hospice Medical Director Certification Board  
ALL PROGRAMS FORECAST DETAIL**

	FORECAST	BUDGET	Forecast vs. Budget Variance
<b>Revenue-Operating</b>	<b>363,700</b>	<b>365,000</b>	<b>(1,300)</b>
Applications/Workshops	223,700	225,000	(1,300)
Grants	140,000	140,000	-
<b>Expense-Operating</b>	<b>360,358</b>	<b>364,125</b>	<b>(1,767)</b>
Administration Fee	172,576	172,800	(224)
Certification Processing Fees	4,993	4,400	593
Audit Fees	3,000	2,700	300
Bank & Credit Card Processing Fee	6,634	8,400	(1,766)
Consulting/Professional Fees	78,820	81,520	(2,700)
Dues & Subscriptions	1,687	1,310	377
Duplicating	2,893	2,870	23
Exhibits	5,470	4,250	1,220
Hotel	11,936	11,900	36
Insurance	4,725	4,800	(76)
Internet/Website	20,955	20,827	128
Legal Fees	2,000	4,500	(2,500)
Miscellaneous	523	450	73
Postage/Shipping	7,130	7,100	30
Printing	4,450	4,450	(0)
Promotion	2,000	2,000	-
Meeting Expense	700	700	-
Publication Pre-Press	11,835	11,700	135
Supplies	1,463	1,104	359
Telephone/Fax	4,565	4,734	(169)
Travel - Staff	6,005	5,610	395
Travel - Volunteers	6,000	6,000	-
<b>Operating Net Excess/(Deficit)</b>	<b>3,342</b>	<b>876</b>	<b>467</b>
<b>Net Excess/(Deficit)</b>	<b>3,342</b>	<b>876</b>	<b>467</b>

**Comments**

Exhibit: exhibit costs are anticipated to exceed budget; adjustments have been made to consulting expenses to offset the variance

## Hospice Medical Director Certification Board 2019 Annual Budget

		Certification	Recertification	Governance	General	TOTAL	2018 Forecast	Variance
		610	620	300	500			
<b>REVENUE</b>								
5630	Application	\$ 226,250	\$ 21,750	\$ -	\$ -	\$ 248,000	\$ 223,700	\$ 24,300
5885	Comissions					-	-	-
5530	Grants					-	140,000	(140,000)
5900	Interest/Investment Income					-	-	-
5800	Miscellaneous Income					-	-	-
5880	Royalties					-	-	-
<b>TOTAL REVENUE</b>		\$226,250	\$21,750	\$0	\$0	\$248,000	\$363,700	(\$115,700)
<b>EXPENSES</b>								
7300	Staff Fees	\$ 40,000	\$ 30,000	\$ 20,000	\$ 84,500	\$ 174,500	\$ 172,576	\$ 1,924
6730	AMC Internet	-	-	-	1,075	1,075	20,955	(19,880)
7346	AMC Technology Fees				27,100	27,100	-	27,100
7308	Certification processing fee	6,600	-			6,600	4,993	1,607
6642	Audio/Visual					-	-	-
6420	Audits				3,200	3,200	3,000	200
6810	Bank & CC fees				8,370	8,370	6,634	1,736
6740	Computer Services					-	-	-
6450	Consulting	33,600	6,250	-	-	39,850	78,820	(38,970)
6470	Dues & Subscriptions				1,310	1,310	1,687	(377)
7320	Duplicating				360	360	2,893	(2,533)
6680	Exhibits				5,425	5,425	5,470	(45)
6850	Grant					-	-	-
6645	Hotel/Food	-	-	3,025	-	3,025	11,936	(8,911)
6460	Insurance				4,900	4,900	4,725	176
6410	Legal Fees	3,000	2,000	-	-	5,000	2,000	3,000
6800	Miscellaneous			600	-	600	523	77
6725	Postage	3,550	750	200	-	4,500	7,130	(2,630)
6721	Printing	5,275	1,050	-	-	6,325	4,450	1,875
6514	Promotion	9,500	-			9,500	2,000	7,500
7322	Publication Pre-Press	7,150	2,500			9,650	11,835	(2,185)
6602	Registration					-	700	(700)
6770	Supplies				1,137	1,137	1,463	(326)
6715	Telephone	-	-	350	-	350	4,565	(4,215)
6485	Travel	-	-	2,900		2,900	6,000	(3,100)
6495	Travel - Staff	-	-	180	4,250	4,430	6,005	(1,575)
<b>TOTAL EXPENSES</b>		\$108,675	\$42,550	\$27,255	\$141,627	\$320,107	\$360,358	(\$40,251)
<b>EXCESS(DEFICIT)</b>		\$117,575	(\$20,800)	(\$27,255)	(\$141,627)	(\$72,107)	\$3,342	(\$75,449)

**610 Certification**

One examination window is scheduled for May/June. HMDCB will utilize a modified reprint form in 2020 for initial certification, reducing psychometric and exam cmte expenses in 2019.

**Assumptions:****2019****2018**

Examination Fee	\$1,100	\$1,100
Number of Registrations	200	200
Late Fee	\$250	\$250
Number of Late Fees	25	20
Per Candidate cost	\$68	\$66
Certification Processing		\$22.00

**380 External Relations****Income****2019 Budget**

Detail Acct Total

Application		226,250
Late fee	6,250	
Regular filing fee	220,000	
<b>Total Income</b>		<b>226,250</b>

**2018 Budget**

Detail Acct Total

		225,000
	5,000	
	220,000	
		<b>225,000</b>

**Expense**

Detail

Acct Total

Staff Fees	40,000	40,000
Certification processing fee	6,600	6,600
Consulting Fees		33,600
Testing Company - annual psychometric	20,000	
Testing Company - candidate fee	13,600	
Consultant	0	
Hotel/Food		0
Job Analysis	0	
Item Writing Cmte		
Exam Cmte	0	
Internet-External		0
Web conferences		
Legal Fees	3,000	3,000
Postage		3,550
Brochure/flyer	2,000	
Postcard/letter	1,050	
Scores/certificates	500	
Printing		5,275
Brochure/flyer	4,000	
Certificates	500	
Postcard/letter	775	
Promotion	9,500	9,500
Publication Prepress		7,150
Brochure/flyer	4,000	
Candidate Handbook	0	
Certificates	150	
Job tickets	1,500	
Postcard/letter	1,500	
Telephone		0
Committees		
Travel		0
Job Analysis		
Item Writing Cmte		
Exam Cmte	0	
Travel- staff	0	0
<b>Total Expense</b>		<b>108,675</b>
<b>Net Income</b>		<b>117,575</b>

Detail Acct Total

	54,500	54,500
	4,400	4,400
		49,200
	36,000	
	13,200	
	0	
		5,600
	0	
		0
		0
	4,500	4,500
		500
	0	
	0	
	500	
		500
	0	
	500	
	0	
	0	
		0
	0	
		150
	0	
	0	
		0
	0	
		0
	0	
		0
	0	
	0	
	360	360
		<b>119,710</b>
		<b>105,290</b>

**620 Recertification**

Recertification examination window is scheduled for October. This is being offered to certificants who wish to take it one year prior to their expiration date.

Assumptions:	2019	2018
Examination Fee	\$850	
Number of Registrations	25	
Late Fee	\$250	
Number of Late Fees	2	
Per Candidate cost	\$50	
Recertification Processing	\$0.00	

620 Recertification	2019 Budget		2018 Budget	
	Detail	Acct Total	Detail	Acct Total
<b>Income</b>				
Application		21,750		
Late fee	500			
Regular filing fee	21,250			
<b>Total Income</b>		<b>21,750</b>		<b>0</b>

Expense	Detail		Acct Total	
	Detail	Acct Total	Detail	Acct Total
Staff Fees	30,000	30,000		
Recertification processing fee	0	0		
Consulting Fees		6,250		
Testing Company - annual psychometric	5,000			
Testing Company - candidate fee	1,250			
Consultant	0			
Hotel/Food		0		
Job Analysis	0			
Item Writing Cmte				
Exam Cmte				
Internet-External		0		
Web conferences				
Legal Fees	2,000	2,000		
Postage		750		
Brochure/flyer	500			
Postcard/letter	200			
Scores/certificates	50			
Printing		1,050		
Brochure/flyer	1,000			
Certificates	50			
Postcard/letter				
Promotion		0		
Publication Prepress		2,500		
Brochure/flyer	2,500			
Candidate Handbook				
Certificates				
Job tickets				
Postcard/letter				
Telephone		0		
Committees				
Travel		0		
Job Analysis				
Item Writing Cmte				
Exam Cmte				
Travel- staff		0		
<b>Total Expense</b>		<b>42,550</b>		<b>0</b>
<b>Net Income</b>		<b>(20,800)</b>		<b>0</b>

**300 Governance**

The Board of Directors will hold one annual in-person meeting in fall at the national offices in Chicago.

**Assumptions:** **2019** **2018**

300 Board	2019 Budget		2018 Budget	
Income	Detail	Acct Total	Detail	Acct Total
<b>Total Income</b>		<b>0</b>		<b>0</b>
Expense	Detail	Acct Total	Detail	Acct Total
Staff Fees	20,000	20,000	25,000	25,000
Audio/Visual		0		0
Board meeting	0		0	
Consulting Fees		0		0
Board Meeting Presenters	0		0	
Hotel/Food		3,025		3,400
Spring Meeting	250		300	
Fall Meeting	2,775		3,100	
Miscellaneous	0		0	
Internet-External		0		0
Wiki service	0		0	
Legal Fees	0	0	0	0
Miscellaneous		600		450
Holiday cards	300		300	
Plaques	300		150	
Postage	200	200	200	200
Printing		0		0
Business cards, letterhead	0		0	
Other	0		0	
Telephone		350		350
Board	350		350	
Travel		2,900		2,400
Fall Meeting	2,900		2,400	
Spring Meeting	0		0	
ICE	0		0	
Travel Staff	180	180		0
<b>Total Expense</b>		<b>27,255</b>		<b>31,800</b>
<b>Net Income</b>		<b>(27,255)</b>		<b>(31,800)</b>

