OVER THE EDGE

HFMA NORTHERN CALIFORNIA NEWSLETTER

FEBRUARY 2004

healthcare financial management association northern california chapter

HFMA: It's Personal

REGISTERED??

Spring Program

MARCH 18 –19

Northern California HFMA Board

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Laura Zehm

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PRESIDENT'S MESSAGE

We are all just getting back from the 6th Annual Region 11 Symposium in Las Vegas. It was a huge success with more paid attendees than any Region 11 so far and looks as if the numbers are coming it at over 500. This program provides half of our annual budgeted educational program revenue. Thank you to Nancy Arata and Christine Sarrico for your participation on the education and sponsorship committees. Also thank you to Marion Gonzalez who serves on the registration committee each year and to those of you from the chapter who attended the conference. Part of our distribution is based upon our chapter participation.

We are gearing up for the First Annual Spring Program to be held on March 18th and 19th in Berkeley. Brochures and registration information will be out within the next couple of weeks so keep an eye out for that. We are fortunate to have a hard-working and dedicated core team working on this program. My thank you to: Geli Argao, Steve Edson, Ken Jensen, Artlette Kendall, Walter Kopp, Kathryn Leppert, Walt Luke, Brian Marrs and Deb Nystron. Also assisting with the effort is Frank Fedor, Marian Gonzalez and Bernadette Mills. Please see the related article by Walt Luke in this issue of the newsletter.

Thanks again for the opportunity to serve as your Chapter President. I look forward to seeing you all at our upcoming First Annual March Spring Program

Laura Zehm, VP/CFO
Community Hospital of Monterey

Save the Date – October 1, 2004

The date is 10/1/04 @ Canyon Lakes Country Club - San Ramon. The format will be a scramble format, **with a shotgun start**, & we will need @ least 100 golfers. Reserve your foursome now. The cost of a foursome is $520.00.

To reserve a foursome now will require a $100.00 deposit. Individual reservations require a $25.00 deposit. Registration forms will be sent out soon.

Thank you to our sponsors: Toyon & Associates, Tom Knight; Laidlaw Consulting Group Inc., Mike Laidlaw; Certus Corp., Bernadette Mills; Rash-Curtis, Jack Ruzic & Terry Paff; Healthcare Financial Solutions, Rich Gianello; Triage Consulting Group, Rich Griffith; & Stephenson, Acquisto & Colman, Chuck Acquisto.

Legislative Update - Hot off the Press

By Sherreta Lane, California Healthcare Association

State Budget/Health Care Funding. The CHA Board voted Feb. 6 to support Propositions 57 and 58 on the March ballot as necessary steps in solving the state's fiscal crisis. Proposition 57 provides for a $15 billion bond measure and Prop 58 is the state spending cap.

The Assembly and Senate Budget Committees have rejected midyear health care budget cuts proposed by the Governor (including a 10 percent non-institutional provider rate reduction), arguing that the cuts should be considered only after full debate and in the context of the FY 2004-05 budget. To accelerate the budget process, the Governor is reported to be considering releasing his revised FY 2004-05 budget proposal as much as a month earlier than the traditional mid-May revision. (The court recently ruled in the CMA lawsuit finding non-institutional provider rate reductions violate federal law. The case is being reconsidered and likely appealed, and it is unclear at this time how this case will affect potential rate reductions.)

The Governor's January budget proposes to restructure Medi-Cal beginning in FY 2005-06. Part of that restructuring most likely would include expanding Medi-Cal managed care to additional counties and encourage enrollment of the aged, blind, and disabled into managed care. The proposal will be developed on an aggressive timetable. CHA is participating in Administration-convened meetings with other stakeholders.

For FY 2004-05, the proposed budget would revise the payment methodology for Rural Health Clinics, expand hospital billing audits of fee-for-service hospital cost reports; delay check writes by one week; reduce, by 10 percent, the interim rate paid pending final settlement; and cap enrollment in programs including Healthy Families and CCS. CHA is working to protect budget funding for health care, focusing on funding for hospitals and the health care safety net. Budget priorities include protecting: inpatient and outpatient payments to hospitals; disproportionate share hospital (DSH) funding and payments; payment levels to distinct part nursing facilities (DP/NFs); funding levels and governmental obligations for indigent health care; access to health care for children and families; and behavioral and rural health services funding.

Workers' Compensation. CHA is closely monitoring Workers' Compensation reform legislation and proposed ballot initiatives. Many provisions of interest to health care providers were enacted as part of a reform package in 2003, including an outpatient fee schedule, a pharmacy fee schedule, limits on chiropractic and physical therapy visits, and provisions to limit utilization of medical services, among many others. 2004's workers' compensation reform generally is targeting areas other than medical providers.

CHA is cosponsoring AB 4X 14 (Vargas) which would increase the workers' compensation outpatient reimbursement from 120 percent of Medicare to 137 percent (per the Rand Report, this will allow providers to recoup costs).

Charity Care and Payment Policies. CHA seeks adoption of realistic and workable policies with respect to patient billing and payment arrangements and hospital charity-care policies. On February 6, 2004, the CHA Board adopted *Voluntary Principles and Guidelines for Assisting Low-Income Uninsured Patients* and urged California hospitals to adopt the principles and guidelines.

AB 232 (Chan), among other things, would impose a system to limit prices paid to hospitals by qualified self-pay patients. The bill also would impose a number of requirements with respect to billing, collection procedures, charity care and an OSHPD-developed uniform self-pay application. AB 232 is currently in the Senate Appropriations Committee. Also pending in the Legislature is 2003's SB 379 (Ortiz), among other things, would require hospitals to develop charity and reduced payment policies for the uninsured, inform patients regarding them, and would regulate hospital collection practices.

Health Care Coverage and Plan-Provider Relationships. Actions are underway on many fronts on managed care practices and state regulation of plan-provider relationships. CHA is seeking changes to the "continuity of care" legislation enacted in 2003 and continues to work for changes in DMHC's "AB 1455" regulations through advocacy and litigation. CHA and CMA also will file a joint brief in separate litigation arising from DMHC's positions on implied contracting and balance billing. CHA-opposed, **SB 921** (Kuehl) would establish a state-administered single payer health care system in California. This bill currently is in the Assembly Health Committee. **AB 1157** (Romero) would repeal a provision in existing law that allows health insurers to deny coverage for any loss caused by the insured being intoxicated or under the influence of any controlled substance. This bill was introduced this year.

Staffing Ratios/DHS Licensing Regulation. CHA is working to secure reasonable implementation of state nurse-to-patient ratios. CHA has filed litigation seeking to block the state Department of Heath Services, (DHS), from unreasonably interpreting its nurse-to-patient ratios in a manner that would force hospitals to dramatically reduce services to remain in compliance with the regulations as applied by DHS.

Two bills regarding enforcement of nurse-to-patient ratios could still move this year after being stalled in the Legislature in 2003. **AB 253** (Steinberg) would require DHS to enforce nurse-to-patient ratios using announced and unannounced inspections, citations, fines and closures of non-complying units. Among other things, **SB 1005** (Dunn) would impose fines on hospitals to fund the enforcement of Title 22 requirements including staffing regulations and other licensing requirements.

Emergency Services and Trauma Care. Through the Coalition to Preserve Emergency Care (CPEC), CHA is working with the CMA, Cal-ACEP, the Emergency Nurses Association of California, California Professional Firefighters, and the California Primary Care Association to enact a November 2004 ballot proposition to increase the 911 telephone surcharge on phone calls made in California to help fund 911 emergency dispatch, emergency rooms, trauma centers, emergency medical care and related services. Hospitals are urged to participate in the signature gathering phase. More than 900,000 signatures must be submitted by April 1 for the initiative to qualify for the November ballot.

Health Facility Data Disclosure and Reporting. AB 1629 (Frommer), among other things, would impose new data reporting requirements on hospitals and affiliated organizations and explicitly make labor organizations a part of OSHPD's data reporting development process. This bill is opposed by CHA and is in the Senate Appropriations Committee.

Miscellaneous. CHA is working with a coalition of provider organizations to identify areas, primarily within the Department of Health Services, where streamlining and cost savings could be

achieved. Some of the ideas which likely will be addressed via legislation or the state budget process include streamlining the Medi-Cal treatment authorization request (TAR) process and reducing duplication in the Medi-Cal cost reporting and audit area.

HFMA Northern California Chapter
Presents 1ST ANNUAL SPRING CONFERENCE ON
CONSUMERISM AND ITS IMPACT ON HEALTHCARE
By
The Northern California Chapter Spring Conference Committee:
Geli Argao, HFMA Chapter Administrative Assistant
Ken Jensen, Vice-President/CFO ValleyCare Health System
Walter Kopp, President Medical Management Services
Kathryn Leppert, Director Patient Accounts Contra Costa Health Services
Walton Luke, President L.H. & Associates, LLC
Brian Marrs, Senior Financial Analyst Kaiser Foundation Health Plan
Bernadette Mills, Chapter President-Elect, Director Certus Corporation
Debra Nystrom, Manager Reimbursement Finance Enloe Medical Center
Thelma Weiss, President TKW Search
Laura Zehm, Chapter President, VP/CFO Community Hospital Monterey Peninsula

SAVE THE DATE: 1st Annual Spring Conference—March 18th and 19th, 2004

A number of years back, the Northern California Chapter presented 2 very successful conferences--the Spring Conference, which used to be held at a Lake Tahoe casino, and the Fall Conference, which was usually held at the Hyatt Monterey. These conferences unfortunately, had to be temporarily discontinued because of the change in Northern California's healthcare industry, resulting in low attendance and, the concerns back then for a different venue of education opportunities for the Chapter. Since then however, there has been a continued interest by the Chapter members to return back to an Annual Chapter Conference.

This year, the Northern California Chapter volunteer leadership has listened to the many Chapter members who, in yearly surveys taken, as well as at various Chapter Board Meetings, have expressed an interest in re-starting these Conferences again. As described in our December, 2003 Chapter Newsletter article, "PFS Committee's Successful Educational Events", the 1st Annual Spring Conference would coincide with and, be a part of the successful Annual PFS Committee's One Day Seminar. It was decided by the Committee that this event would be held at the Doubletree Hotel, Berkeley Marina. This would include respected Healthcare Speakers as well as the following event highlights:

CFO Forum Breakout Sessions;
Managed Care Forum Breakout Sessions;
PFS Seminar to include an afternoon breakout session on either PFS Medicare Updates or a Session on Disproportion Share Revenue Cycle Management issues; and
A Boat Trip/Dinner Cruise Thursday Evening, March 19th.

CONFERENCE THEME: Consumerism and Its Impact On Healthcare

One of the key concerns for the Conference Theme was relevancy and "hot topic issue" for the attendees. Just what would for example, a Vice President/ CFO of a Hospital or Integrated Delivery System give approval to send their Finance Department personnel to this event.

The Committee posed this question to one of its own—Laura Zehm, this year's Chapter President and Vice-President/CFO of Community Hospital Monterey Peninsula. Here is Laura's response:

"Why would I want to go to, or approve sending Finance Staff to a conference on "Consumerism And Its Impact On Healthcare"? Well first of all, not only will the patient's "accountability" for how the healthcare dollar is spent increase, but so will the facility who treats them. As the Vice President/CFO of a Hospital/Healthcare Delivery System, I need to understand these new "accountabilities" that will be placed on my organization as, patients begin to question, more than ever before, the perceived cost and quality of services for which they are paying a larger share."

COST AND SCHEDULE OF EVENTS

The cost of the Conference is supportive of the Schedule of Events. The total conference cost to include both "One Day Sessions and Boat Trip (Dinner Cruise)" is $275. However, if an Attendee is only interested in the Conference for "One Day Only", then it is $100, and for the "Boat Trip Only", it is $95.
For Thursday, the Schedule of Events would begin registration in the morning and the Conference beginning with a Group Session at 1:00pm featuring Jeff Flick, Regional Administrator California Medical Services, speaking on "The New Medicare Prescription Drug Law: How It will change our Industry". Breakout Sessions will follow:

CFO FORUM: CFO Update at 2:00pm Thomas D. Pyper, Managing Director CBIZ Healthcare Solutions and Benchmarking at 3:30pm Seth Sharpe and Keith Gott of CAMBIO.

MANAGED CARE MEETING: Web Strategies for Managed Care at 2:00pm (Speakers to be Announced) and Watch What Consumers do to the Health System at 3:30pm Wanda Jones of New Century Healthcare.
Then at 5:00pm, the Boat Trip and Dinner Dance will start with Boarding at the Hotel Berkeley Marina Dock.
For Friday, the Schedule of Events begins with registration at 8:00am, and the Panel Discussion at 9:00am on "Consumerism VS Managed Care, How Will the System Evolve?", with Panelists Paul Swenson, Senior Vice President of Blue Shield of CA, Fred Harder, Vice President of CA Healthcare Association, Robert Hertzka, President of CA Medical Association and Artie Southem, MD Senior Vice-President Kaiser Foundation Health Plan. Then at 11:15am, Sharreta Lane, Vice President of CA Hospital Association will address "Healthcare Updates".
The afternoon starts with a Breakout Session at 1:00 pm with either a "Medicare Update" by Juliette Chinen, Manager UGS Medicare Billing, or "Bringing Medicare Disproportionate Share Reimbursement into Your Revenue Cycle", a Panel Discussion with Marty Loethe Vice President UGS Medicare Audit and Reimbursement, Sharreta Lane, Vice President of CA Hospital Association, and Kathleen Cain, CFO Eden Medical Center. Then the Conference's last session begins at 2:30pm, on "Revenue Cycle Management" by David Haray, Vice President Patient Financial Services, Stanford Hospital.

CLOSING

The Speakers invited are excellent and well respected in the Healthcare Community. The HFMA Northern California Chapter invites you to attend its 1st ANNUAL SPRING CONFERENCE at the Doubletree Hotel, Berkeley Marina on March 18th and 19th, 2004.

See you there!

Thank you to our Sponsors!

The SSI Group, Inc. | **Morgan Stanley**
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The Cirius Group, Inc. | **Laidlaw Consulting**
Davis Wright, Tremaine, LLP | **Healthcare Resource Group, Inc**

EAST COUNTY MEDICAL GROUP UPDATE

By Cindy Rudow, John Muir/Mt. Diablo Health System

The *Contra Costa Times* recently had an article that stated East County Medical Group (IPA) faced bankruptcy. I contacted the Department of Managed Healthcare for an update of the situation on 1/22/04 and was advised of the following by Mark Wright, Chief, Division of Financial Oversight:

"All remaining enrollees will be transferred out of East County Medical Group effective 2/29/04. The group will cease operations sometime thereafter, and has not filed for bankruptcy protection. Please refer further questions related to medical groups to:

William J. Barcellona
Chief, Special Compliance Branch
Department of Managed Health Care
980 9th Street, 5th Floor
Sacramento, CA 95814
Phone: (916) 324-9026
Fax: (916) 327-6352"

Derivatives Made Easy, is that Possible?

In consultation with Eben Garnett, Moran Stanley

On Thursday, November 20th, the members of HFMA met with a team from Morgan Stanley to discuss the application of interest rate derivatives for healthcare organizations. The discussion focused on the application of interest rate swaps, and a review of the various accounting treatments under FAS133. An interest rate swap is simply a contract between two parties to exchange cash flows over time. These cash flows are calculated based an applying either a fixed interest rate or a floating interest rate to an agreed-upon notional amount. In a typical swap contract, this notional amount is not exchanged, but is simply used to calculate ongoing swap payments. Over the past ten years, such derivatives have been increasingly utilized by corporations, government agencies, and non-profit organizations to manage interest rate risk.

Healthcare entities can use interest rate swaps strategically to manage interest rate risk within the organization. Swaps can be applied to existing assets or liabilities to create synthetic fixed-rate or synthetic floating-rate exposure. For example, suppose a healthcare entity has $100mm of short-term investments and $100mm of long-term fixed-rate debt. If short-term rates rise, the organization would benefit from additional interest income, and if interest-rates decline, the organization will suffer from lost interest income. If the entity converted the fixed-rate debt to floating-rate with an interest rate swap the organization would be indifferent to changes in interest rates as both investment income and interest expense would rise and fall by similar amounts. Likewise, if this entity converted its floating-rate investments to a fixed-rate of comparable duration to the debt, it would also be indifferent to changes in interest rates. This type of Asset-Liability Management through derivatives is designed to provide potentially higher returns without a material increase in risk (measured as the variability of returns) by taking advantage of natural hedges on both sides of the balance sheet.

Another application of derivatives is to provide a lower cost-of-funds versus traditional borrowing instruments. An issuer could issue floating-rate debt and synthetically swap this debt to a fixed rate and potentially have a lower borrowing cost than issuing traditional fixed rate bonds. Alternatively, an issuer could issue fixed-rate bonds and swap these bonds to floating-rate and have a lower borrowing cost than selling traditional floating rate bonds. Decision makers should be cognizant of the relative value of traditional fixed or floating-rate debt versus synthetic fixed or floating-rate debt to take advantage of the lowest available borrowing costs in the marketplace.

Starting June 15, 2003, nongovernmental not-for-profit health care organizations must apply the provisions of FASB Statement No. 133, _Accounting for Derivative Instruments and Hedging Activities_, as amended. Under FAS133, all derivatives must be measured at fair value in the financial statements. Depending on the application of a derivative instrument to create fixed-rate or floating-rate exposure, the accounting treatment may differ.

An interest rate swap that is used to convert existing fixed rate debt to floating-rate is called a **Fair Value Hedge**. With a Fair Value Hedge, the derivative is carried at Fair Value on the balance sheet with changes in the value flowing through earnings. In this type of hedging relationship, the fixed-rate debt that is hedged is also marked-to-market with changes flowing through earnings. The healthcare entity will experience earning's volatility to the extent that changes in the value of the swap do not exactly offset changes in the value of the hedged debt.

An interest rate swap used to convert floating-rate debt to fixed-rate is called a **Cash Flow Hedge**. Under this hedge accounting treatment, the interest rate swap would be marked-to-market on the balance sheet as a change in net assets. Over time, healthcare entities must calculate the effectiveness of the hedge. If a hedge experiences ineffectiveness, that ineffectiveness must be quantified and reported through earnings. Under FAS133, both Fair Value Hedges and Cash Flow Hedges may qualify for "short-cut" accounting which greatly reduces administrative requirements for measuring and calculating hedge effectiveness.

While derivatives provide an enormously useful tool to manage interest rate risk and potentially reduce borrowing costs, financial decision makers must assess not only the potential risks of derivatives (such as counterparty credit risk and unwind risk) but also the appropriate application of swaps as hedges, not speculation. In addition to assessing financial risks, healthcare entities should always consult their internal tax and accounting advisors before entering into a derivative contract to fully understand the accounting implications of derivatives on an organization's financial statements.

The Challenges of Delivering the Elusive IT ROI

By Michael Cook, Cardinal Consulting
CFOs are in a unique position to help solve the elusive ROI problem of costly IT investments. This article offers strategies, processes and tools to help CFOs succeed.

Senior executives continue to be frustrated over the lack of Measurable ROI (ROI) on costly IT investments. The healthcare industry is no exception - according to the 2003 HIMSS survey of provider CEOs, their number one frustration with IT was not being able to measure business value. Gartner, a respected IT research firm, goes a step further and suggests that many executives are not convinced the appropriate mechanisms for translating IT investments into business value exist. Bottom line, IT struggles with credibility problems in the executive suite and at the board level.

While there is no lack of explanations for this troubling ROI trend, many experts point to IT's transitioning to a more complex strategic role as a root cause. This advanced "change enabler" role offers great promise of ROI - allows organizations to redesign complex business processes, facilitates major business innovations and transforms how businesses are run. But also offers greater risks of failure with larger, more complex IT investments, business value dependent on the difficult restructuring of key business processes and governance processes not designed for these complex projects. A final by-product of this new role is the many difficulties of directly linking ROI back to the IT investment. In summary, some high profile "poster children" of this new IT change enabler role are ERP and CRM solutions with CPOE an obvious candidate.

Delivering ROI will never again be as easy as the "good old days" where IT was primarily a substitute for labor-intensive back office tasks like payroll. The more complex change enabler role requires a modified strategy for organizations to consistently deliver ROI. The strategy needs to successfully tackle three related problems: implementing complex IT solutions; restructuring business processes to deliver the IT enabled business value and developing more effective governance processes to manage these difficult activities. CFOs are in a unique position to collaborate with their peers to develop the new strategy that delivers measurable ROI for high profile, costly IT investments.

The strategy starts by converting potential change enabler IT investment to a larger blended investment opportunity that includes all the non-IT pieces needed to deliver the ROI. Besides highlighting all necessary restructured business processes that will deliver the ROI, the advantages of this approach includes a more comprehensive view of decision-making factors such as scope, costs, risks and value.

The next steps in the strategy include: creating a value map to identify and integrate the IT and non-IT pieces needed to deliver ROI; performing a readiness assessment to evaluate the integrated projects developed from the map for risks and corrective actions to deliver ROI; and reviewing the current governance process because change enabler IT investments often require governance changes. The following briefly explains these steps in more detail:

1. **Create a Business Value Realization Map**… which provides a collaborative process and tool to identify and organize the relevant IT and non-IT elements into a series of integrated initiatives and associated outcomes to deliver ROI for proposed investment opportunities. The initiatives include the necessary business process changes, organizational changes, IT solutions support, human resource requirements, training and other needed business changes to deliver the expected outcomes. Outcomes, either economic or strategic (i.e. patient safety) should be measurable and quantified. And relevant business assumptions supporting the initiatives and their associated outcomes should also be included. The importance of this map is the linking of IT capabilities to the restructured business processes and detailed quantified outcomes that provide the basis for ROI.
2. **Perform a readiness assessment for the integrated projects**… that allows the organization to perform a "gap" analysis of needs against current resources and capabilities to successfully deliver the projects. This step is performed after a set of integrated, detailed projects is created from the above map, researched and approved as potential solutions. The assessment should address at least the following five areas: business processes changes required; people/skills availability; management support processes i.e. change management; organizational support for the projects; and IT capabilities or options, including how the projects will fit into the current IT Architecture. This readiness assessment provides an ideal checkpoint to identify risks and corrective actions needed to successfully deliver the investment. It's also a good point to risk adjust the ROI if appropriate.
   3. Evaluate current governance support for change enabler IT investments… candidate processes to start with include: (a) Accountability for the ROI; (b) ROI Measurement System to support Accountability; (c) Change Management Skills to facilitate the delivery and acceptance of complex business changes; and (d) Project Management Skills to manage the integration and delivery of multiple complex projects:

- _ROI Measurement System…"_ if it's not measured it's not managed". The system needs three components to be effective: (1) ROI outcomes that are specific, measurable and quantified (this also applies to strategic value such as patient safety); (2) a baseline measurement for the ROI outcome targets prior to starting the projects; (3) and a process to measure and collect the ROI outcomes. The measuring, tracking and reporting should be on going to insure the value continues to be delivered. Please note that reporting systems are not easily implemented because the required information is not generally a by-product of existing systems. However, effective ROI accountability without measuring systems is not possible.

- _Change Management Skills..._ resistance to change is fairly common and since change enabler IT investments are dependent on restructured business processes for ROI, proactive management of change is important. Superior change management skills to engage staff in understanding, incorporating and accepting business changes are needed for success. If your organization does not have a solid track record of change management success then improving these process should be high priority before undertaking these projects.

- _Project Management Skills…_ the skills, processes and tools needed for complex change enabler IT investments are greater than those needed for typical IT projects. Skills for review include: coordinating multiple integrated projects with major business pieces vs single IT projects, project scope that includes complex business process changes vs. IT functional capabilities, ROI focus vs IT project time and cost focus, and ROI accountability vs IT project accountability. Adding these advanced project management skills is necessary to manage the delivery of ROI.

In summary, IT is transitioning to a more strategic business "change enabler" role. This new role requires revised strategies, processes and tools to deliver ROI. And this article introduces CFOs to many of the important changes needed and provides a "starter kit" to help champion the necessary changes – ideally in time for CPOE and other patient safety decisions.

Author:
Michael Cook is a Principal of Cardinal Consulting Inc. (CCI)
CCI is a Healthcare IT consulting firm specializing in strategic IT projects
Mike can be reached at: mikecook@cardinalconsulting.org or 630.832.8206

HFMA Calendar of Events	
March 18, 2004	**HFMA Board of Directors Meeting**
March 18-19, 2004	**HFMA No. Calif. Spring Conference and Social Event Berkeley, CA**
April 25 - April 27, 2004	**HFMA National Leadership Training, San Francisco, CA**
May 14, 2004	**No Calif Board Retreat**
June 27- July 1, 2004	**HFMA Annual National Institute, Nashville, Tennessee**
October 01, 2004	**HFMA No. Calif Golf. Tournament, Canyon Lakes, San Ramon, CA**

HFMA PROFILES

In an effort to get to better know our active HFMA of Northern California chapter executives, Board members, chapter chairs and committee members better, profiles of HFMA leaders will run in each newsletter. This issue we will meet current Board Member Chuck Acquisto and a former chapter president, Walt Luke.

Name: Chuck Acquisito

HFMA Position:	Board Member and Pt. Fin. Svcs.Committee
Occupation:	Associate Attorney
Hometown:	Dublin, California
Born:	Feb. 12, 1967 in Harrisburg, PA
On a Free Day I Like To:	Be outdoors playing golf.
Hobbies:	Baseball, golf, writing screenplays
Favorite Read:	John Grisham's "The Rainmaker,"
Favorite Movie:	It's A Wonderful Life
Favorite Music:	Jimmy Buffett, Frank Sinatra, Dean Martin
Favorite Artist:	Norman Rockwell
Favorite Food:	New York City Pizza
High School:	St. Vincent Pallotti in Laurel, Maryland
College:	Loyola College
Graduate School:	University of Baltimore School of Law ("UB" in movie "Diner")
Worst Job Ever Worked:	The Gap stockroom in the Laurel Mall. Never saw the light of day.
Best Job (excluding now):	Regular extra playing investigating cop on NBC's "Homicide"
When I Retire, I Plan to:	Write, work as an extra, play with grandchildren

Name: Walton Luke, FHFMA

HFMA Position:	Past HFMA of Northern California President 1999-2000
Occupation:	Managed Care/Reimbursement Consultant for Hospitals
Hometown:	Honolulu, Hawaii
Born:	May 6, 1944
On a Free Day I Like To:	Take My dog or my wife for a 3-mile walk
Hobbies:	Tennis, Raising orchids, reading science fiction books
Favorite Read:	Tolkien's the Hobbit Series
Favorite Movie:	James Bond (Sean Connery versions)
Favorite Music:	Hawaiian Music
Favorite Artist:	Several Hawaiian: Israel Kamakawiwiole,
High School:	Kamehameha High School, Honolulu, Hawaii
College:	University of Hawaii
Graduate School:	Golden Gate University
Worst Job Ever Worked:	A big 8 CPA Firm – my first job auditing
Best Job (excluding now):	N/A
Family Activities:	Walking th dog, movies, going to dinner with the family
Favorite Vacation Spot:	The Islands of Hawaii – Oahu, Maui, Kauai, Hawaii
When I Retire, I Plan to:	I don't–plan to work part-time when I reach that age and stay active in HFMA And other activities.

MEMBER-GET-A-MEMBER
CHANCE TO WIN A VOUCHER WORTH $500 TOWARDS A VACATION OF YOUR CHOICE

Rules: For each new California member that is sponsored by a current member from June 1, 2003 thru May 3, 2004, the current member receives 1 chance for the voucher. At the May HFMA Board meeting of the year, a drawing will be held for the winner. It is the responsibility of the current member to keep track of the members they register. The membership chair will get reports starting mid year of the member-get-a-member totals and bimonthly after that. Should you have any questions please call:

Deborah Marsh, Membership Chair, Rubin and Raine, 1-888-354-8174x324
Thomas Trautman, Membership Co-Chair, Fremont Rideout Health Group, 1-530-749-4567.

For more information and to register a new member, visit the following websites:

http://www.hfma.org/membership/join.cfm (click regular member)

http://www.hfma.org/

On the bottom where it states member-get-a-member have the applicant fill in your name and your member number.

Thank you to the following members that have helped with recruitment

N. California Member-get-a-member campaign

Nationals contest, Member all sponsoring 1 N. California member with 1 sponsored :

Chapter	National
Arlette Kendall	Arlette Kendall
Babette Pisacco	Babette Pisacco
Gail Hedding	Daniel J. Dahl
Gary W. Erickson	David R. Haray, FHFMA
James E. Aldrich	Frank P. Campbell
Kent R. Johnson, FHFMA	Gail Hedding
Kevin Walters	Gary W. Erickson
M. Steven Lipton	James E. Aldrich
Michael F. Harrington, CPA	Kent R. Johnson, FHFMA
Paul Evans	Kevin Walters
Raoul Miranda	M. Steven Lipton
Richard A. Gianello	Mark W. Olmstead Michael F. Harrington, CPA
	Paul Evans
	Raoul Miranda
	Richard A. Gianello
	Stephen R. Thompson, FHFMA

We hope that this newsletter will help keep you; our members, involved, informed and more connected to our chapters activities. Our goal is to help make you the best healthcare professionals you can be. We are always looking for authors for newsletter articles. If you would like to help please email any one of us,
News and Publicity Committee

Christine Sarrico csarrico@aol.com
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