

OVER THE EDGE
 HFMA NORTHERN CALIFORNIA NEWSLETTER
 July/August 2006

healthcare financial
management association

northern
california
chapter



**HFMA Northern CA's
New Contact Info**

New Phone Number:

(925) 828-4532

New Fax Number:

(925) 828-4538

New Mailing Address:

4101-F Dublin Blvd. #320
Dublin, CA 94568

**Northern California
HFMA Board
2006-2007**

Mary Ackley
 Chuck Acquisto
 Kathy Cain
 Cynthia Denton
 Frank Fedor
 Ken Jensen
 Deborah Knight
 Jayne Kroner
 Dev Mahadevan
 Bernadette Mills
 Kim Miranda
 Jack Porter
 Mich Riccioni
 Jack Ruzic
 Christine D. Sarrico
 Valerie Sutton
 Stephen Thompson

CONTENTS

President's Message	
Legislative Update	2
Editorial	2
Technology	
Advancements	3
Seven Deadly Errors	4
What I Did on My Summer Vacation	5
PFS Committee in Action	6
Members on the Move	7
16th Annual Managed Care Conference	7
New Members	8
Calendar of Events	8

President's Message

Jack Ruzic
 President
 2006-2007



We, the Executive Committee, have a very busy and exciting year planned for you. The planning started as we sent 10 people to the national HFMA Leadership Training Conference held at Huntington Beach, CA. Northern California attendees included: the Program Chairpersons, Membership Chairperson, Spring Symposium Chairpersons, Publicity Chairperson, as well as your Executive Committee. Everyone came away from the meeting full of ideas and excited to get started on their projects for the new year.

One of the things we did at LTC was to analyze the survey that was sent to 400 of our chapter members. We had 166 responses, an outstanding 42% response rate, showing the interest in chapter activities. However, the message was pretty clear that the membership wanted some changes — and we will do our best to try and listen. One of the items that we noticed is you would like the Spring Symposium back in Sacramento. We're already responding to that request and the Program and Symposium Committees have already started looking for a Sacramento location. Also, the PFS "Road Shows" received lots of praise and we plan to expand these sessions consistent with your recommendations. Steve Thompson, Patient Financial Services Chairperson, has even promised to expand to other locations such as Visalia and Lake Tahoe.

As you are aware, HFMA is strictly a volunteer organization. The strength of our chapter is built upon the participation of our members. We need your help, expertise and involvement. There are opportunities for any member, at whatever level of experience, to participate in chapter activities. We currently have a number of committees that can use additional volunteers, in particular, the Compliance, Membership and Publicity Committees. If you have a particular desire to assist any of our committees, please contact me or any of the members of the board or directly with the committee chairperson. If you have a desire to get on the Board of Directors contact Frank Fedor, the Nominating Chairperson. I'm certain he will be looking for candidates for the next year.

Finally, I want to thank all the people that have volunteered for chair positions, co-chair positions or committee positions. You are the voice of HFMA and I applaud you.

OVER THE EDGE

HFMA NORTHERN CALIFORNIA NEWSLETTER

July/August 2006

Legislative Update—July 2006

By: Sherreta Lane, California Hospital Association

The Legislature concluded its work in policy committees, and left for its summer recess on June 29 and is scheduled to return August 7. Following is a summary of legislative measures of interest to HFMA members.

Seismic Mandate: Seismic mandate relief is CHA's top legislative priority. CHA-sponsored SB 167 would have allowed lower-risk buildings to bypass the 2008 deadline if the hospital agreed to meet 2030 requirements by 2020. This bill likely will not advance this year. CHA-sponsored SB 1661 would authorize OSHPD to grant an additional two-year extension of the January 1, 2013 deadline if the hospital building subject to the extension is under construction at the time of the request. This bill is scheduled to be heard in the Assembly Appropriations Committee in August.

State Budget: The Governor signed the state budget June 30, making it the first on-time budget since 2000. The budget includes approximately \$220 million for disaster preparedness so California can effectively respond to a major disaster. \$23 million in additional funding for Healthy Kids programs in 18 counties was removed from the budget to secure Republican votes to obtain the necessary 2/3ds majority. Many of the children served by those programs are undocumented immigrants. A \$300 million expansion in the Healthy Families Program was dropped from the budget bill for the same reason. The Governor vetoed \$10 million in additional trauma care funding.

Medi-Cal Financing Waiver: SB 1448 is the Senate and Assembly Democrats' bill to implement the coverage initiative (CI), which was part of the 2005 Medi-Cal Hospital Financing Waiver. The CI includes \$180 million in federal funds for years three through five of the waiver (beginning July 2007) and requires health services be provided to otherwise uninsured Californians. SB 1448 currently is awaiting signature by the governor. Counties, cities and consortia of counties are eligible to apply.

Other Medi-Cal: AB 2607 (De La Torre) would expand mandatory Medi-Cal managed care to seniors and persons with disabilities in two counties. This bill will be heard in Senate Appropriations in August and the author has committed to working with stakeholders during July to ensure adequate protections are included in the bill.

CHA is working with the Legislature and DHS to achieve the broadest and most flexible Medi-Cal proof of citizenship procedures allowed by the Centers for Medicare and Medicaid Services under the federal Deficit Reduction Act. The documentation requirements were announced by CMS on June 9 and are effective July 1. DHS currently is preparing for implementation likely in August and CHA also

is working with DHS to ensure providers are not disadvantaged by the implementation and/or the delay.



The Tobacco Tax Act of 2006: The Tobacco Tax Act of 2006 is on the Nov. 7, 2006 ballot as Proposition 86. It will furnish critically needed funding to support hospital emergency and trauma services, expand nursing education programs, and provide funding for other related activities if enacted by the voters. More information is available at the Coalition for a Healthy California website at www.healthycalifornia.org.

Billing and Collection Practices and Charity Care: Despite wide-spread implementation by hospitals of CHA-Board-adopted *Voluntary Principles & Guidelines for Assisting Low-Income Uninsured Patients*, AB 774 (Chan) has been resurrected this year and would impose mandates on hospitals regarding self-pay and charity care policies and practices, and as amended, shift costs of insurance deductibles to hospitals and would impose administrative penalties. This bill will be heard in Senate Appropriations in August.

EDITORIAL



In this inaugural issue for the chapter year, I would like to begin a process of allowing CFOs and other finance executives the opportunity to share products, services, ideas or programs that have helped their organizations' improved financial performance, quality or customer satisfaction. Ideas presented will already have been tested through the experience of other chapter members. In this issue, we hear about a software program that facilitates continued stay decisions.

I would welcome your input for future issues. Please ... no pushing or advertising of particular vendors, products or services. Word of mouth is the best advertising, so members can always contact the author for specifics.

Kathleen Cain, Committee Chair
News and Publicity Committee

OVER THE EDGE

HFMA NORTHERN CALIFORNIA NEWSLETTER

July/August 2006

Technology Advancements in Monitoring Continued Hospital Stays

By: Edward M. Duke and Walton K. Luke, FHFMA

Recently, the authors (both having served as Past Presidents of their HFMA State Chapters) were given the opportunity of updating the HFMA Managed Care Certification Self-Study Guide. When researching the state-of-the-art of Concurrent Review and Quality Assurance, involving hospitalists and UR nurses, the authors found themselves in discussions regarding frustrations over how subjective concurrent review has become, the difficulties of hospital appeals, the time (and costs) incurred in conducting reviews, and the coordination difficulties of monitoring the quality of care provided – all of which have become mainstream concerns to hospital CFOs.

During their research, the authors discussed this issue with a physician medical director from Nevada, who assured them that “there is a more objective way to do concurrent reviews, cut appeals, significantly reduce the cost of conducting the reviews, and allow real-time monitoring of the quality of care delivered.” This article focuses on that discussion.

In a world of ever-shrinking margins and revenue streams, hospital CFOs are always looking for effective cost savings. Determining the appropriate length of stay (LOS) of patients is becoming increasingly important, as hospitals seek to assure their patients and communities that they are effective and wise stewards of the hospital’s limited resources. This is especially true for care provided through any case rate-based government reimbursement (Medicare and Medicaid DRG payments), as well as any risk-based reimbursement the hospital is responsible for monitoring. Also, hospitals need to assure their resources are being effectively used in situations where there are not enough acute care beds, and that current recommended standards of care are being observed.

However, staff resources typically required to monitor LOS have become increasingly costly, due to a number of factors: the clinical nursing shortage and rising hourly costs, physician availability to monitor and consult with the clinical nurse reviewers, and the cost of traditional physician hospitalist options, if they are employed directly by the hospital.

The determination of the appropriateness of a continued patient stay is essentially still a clinically subjective evaluation by the attending physician and utilization reviewer/clinical nursing staff, or by the attending and a hospitalist physician. Currently, hospitals rely upon products such as McKesson/Interqual or Milliman USA for guidance about anticipated LOS by diagnosis, for various percentiles of patient stays. The continued stay determination often requires significant discussion, because of the subjective indicators used to make a typical determination.

What if the patient’s actual symptoms, together with the hospital services consumed, could be monitored to provide an objective indicator of continued stay, in real time?

Such a system has been developed and tested. A laptop friendly program, used by each reviewer, monitors daily the patient’s actual symptoms, together with the hospital services used. A tested “relative value scale” is used to objectively determine when the severity of illness and intensity of services justify continued hospital stay or discharge. In addition, the system allows for real-time monitoring of the quality of the care delivered. And the new system provides all this at a fraction of the cost of traditional products.

An insurance company in Nevada used this system in 2003 and 2004 to



Edward M. Duke

Walton K. Luke

support its hospitalist program, which was using other products to guide the plan’s continued stay/discharge decision. After implementing this new system, the hospitalist-authorized days dropped substantially without an increase in readmissions, or increased morbidity or mortality. Also, hospital appeals of denied days dropped to almost zero. The company concluded that this system was more objective, less costly and much easier to administer than other systems.

In 2005, a national Trust Employer Welfare Association in Nevada used this system to review their hospital-appealed denial-of-coverage determinations. Those determinations were previously made using McKesson/InterQual. The clarity and objectivity of the new system aided the Trust in successfully defending their denial-of-coverage determinations. An added benefit for the Trust was that their reviewer’s “inter-rater reliability” (consistency of use from one reviewer to another) was close to 100%.

By using this new tool, hospitals and insurance companies alike can cost-effectively monitor the patients’ progress, and better assure that quality care is available to all patients.

Edward M. “Mickey” Duke is President of E.M. Duke & Associates (Las Vegas, NV) and Past President of the HFMA Nevada Chapter – he can be reached at EM-Duke@aol.com. Walton Luke, FHFMA is Principal of L.H. & Associates (Lafayette, CA) and Past President of the HFMA Northern California Chapter – he can be reached at WLuke007@aol.com.

OVER THE EDGE

HFMA NORTHERN CALIFORNIA NEWSLETTER

July/August 2006

The Seven Deadly Errors

By: Brett E. Trusko, President IRC

Brett has a unique perspective of the healthcare industry from the standpoint that medical errors occur and it immediately sets all of us up defensively—i.e. malpractice concerns, etc. But there are other considerations and this article focuses on those. In terms of interaction, if the reader is interested in sharing knowledge of these concerns, contact can be made with Brett by e-mail.

Medical Errors

Type “Medical Error” into Google and you will get 49 million hits; yet there are only a little less than 300 million people in the U.S.

Before you become defensive as a healthcare professional, consider that professional errors are only one of many types of errors and, in fact, the majority of professional errors are actually caused by actions such as: process inadequacy, legally induced errors, incentive related errors, administrative policy and strategy, the inherent inequality among healthcare professionals, and finally, the one receiving the attention it deserves; the non-conformance to medical advice. Patients create errors because they don’t follow physician’s orders, don’t take care of themselves or overdose themselves because they are confused.

The Seven Deadly Errors project is an attempt to reach out to patients who have experienced medical errors as well as medical professionals to diagnose why medical errors actually happen. It’s our hypothesis that of the 100 thousand deaths attributable to “medical errors” the vast majority are actually ancillary to one of the other 6 errors and not necessarily caused by an error of the medical professional.

Bad “Press”

Consider a recent article in USA Today that makes the point that a \$1,000 cap on prescription drugs creates a situation where if a patient runs out of medications, quits taking them and they may end up in the hospital with a bill many times higher than the cost of the additional drugs. The article doesn’t talk about the number of patients that die in such a situation, nor does it address whether these deaths are considered “medical errors” but as any healthcare financial executive can attest, it is clearly an error of policy when a patient is injured or dies in this situation.

Now let’s consider the case of the patient who dies or is injured due to incentive errors. Although capitated managed care is slowly fading in popularity, anyone active in healthcare in the 90’s understood the implication of capitation. While in

theory the idea of providing preventative care to patients will keep them out of the office later, the reality of economics is that one always takes money today rather than the future. Some physicians did not practice due diligence either because they wanted to take the money today or because the recommended treatments were denied by the payer. This actually happened to a neighbor of mine who, after repeated visits to the doctor for stomach pain, was diagnosed with advanced stomach cancer that might have been avoided had tests been done at the onset of symptoms. In the case of incentive errors, it isn’t always malicious intent nor incompetence that causes the medical errors; it can be something more akin to an incentive to play the costs against the benefits, or the probability that the patient has stomach cancer versus an ulcer or other GI condition such as IBS.

The medical profession is one of the oldest and noblest in the world. Unfortunately, that perception has been tarnished by story after story in the popular press of bad things happening to good people.

Interested in Sharing Knowledge with The Author?

This author believes that the vast majority of medical errors are not caused by poor performance of the medical professional and instead by the system that creates the 6 other errors. If you are interested, you can help with the project by contacting the author at brett.trusko@thesevendeadlyerrors.com.



JOBS! JOBS! JOBS!
Members can view and post jobs directly on our web site



Check <http://www.hfma-nca.org> to post or review current job opportunities

OVER THE EDGE
HFMA NORTHERN CALIFORNIA NEWSLETTER
July/August 2006

What I Did on My Summer Vacation (and what that has to do with becoming a Fellow)

By: Laura Zehm, FHFMA, Co-Chairperson of the Professional Excellence Committee

Laura brings a perspective of what the value of HFMA Fellowship meant to her as a Provider. We want to recognize the importance of HFMA CERTIFICATION and in the next issue, the Chairperson will bring his perspective of value from a Consultant's viewpoint.



Being A Fellow

First, I am *not* talking about becoming a Fellow as in becoming a man but rather becoming a Fellow in HFMA (glad I cleared *that* up). Second, it was more like a Spring Vacation, and I went to Ireland, which is beautiful and the people are friendly. There did not seem to be as many high achievers, or A-type personalities, as we have in the U.S. Those that I spoke to admit this themselves and think we are all a bit daffy (*and* uptight) on this side of the pond. Don't get me wrong, they like Americans very much; they just don't understand our level of need to achieve.

In my case the place I spend most of my time striving for more, is at my work. I suspect most of you are the same way. In fact I know you are, because I have had conversations with some of you. You have described "secretly" sneaking down the stairs in the middle of the night to complete an HFMA obligation, so that your spouse does not feel neglected (sound familiar?). The good news is that I have been given more from HFMA than I put into it, which is the reason to participate.

Kissing The Blarney Stone

Back to my Ireland visit; while there I kissed the Blarney Stone. Not having done any research prior to doing so, I always thought that kissing the Blarney Stone would give me good luck. Turns out I was wrong! While it may confer good luck the real benefit is the "gift of gab". The word "blarney" means to placate with soft talk or to deceive without offending. Time will tell if I am now a better "politician" than I was before the kiss.

The Importance To Me Of HFMA Fellowship Certification

It is like when I pursued the HFMA Fellowship certification. I did it because I was shooting for a CFO position and believed that being a Fellow in HFMA would contribute to that goal. It might have made a difference. What I am certain about is that I received something important and unexpected from the experience. By going through the process of taking the exam, submitting the application, obtaining a reference, documenting my formal education and my participation in HFMA, **I saw my own commitment to my profession.** It changed the way I feel about HFMA and myself. In the end that is really what becoming a Fellow of HFMA has been about for me; an ongoing expression of my commitment to my profession.

I will leave you with this totally unrelated request; if you go to Balleybunion in Western Ireland say hello to Bill Clinton for me. There is a larger than life statue of him in the town center, really, no kidding. (See, I told you they like Americans.)

Laura Zehm, FHFMA
Vice President & CFO
Community Hospital of the Monterey Peninsula



DID SOMEONE SAY GOLF?
7th Annual Northern California
Chapter
HFMA Golf Tournament
October 6, 2006 (Friday)
Paradise Valley Golf Course
Fairfield, CA

Registration Deadline:
September 1, 2006

- Format: Scramble/Shotgun Start
- Tee-time: 12 noon
- Fee: \$130.00 per person (includes green fees, golf cart, box lunch and dinner/hors d'oeuvres)

For more information, call:
Terry Paff—(707) 454-2002
Barry K. Brown—(707) 454-2050

OVER THE EDGE

HFMA NORTHERN CALIFORNIA NEWSLETTER

July/August 2006

PFS Committee in Action

Committee Minutes for July 7, 2006

By: Steve Thompson, Director Patient Financial Services—Marin General Hospital, Novato Community Hospital

Steve is this year's Chairperson of the Patient Financial Services (PFS) Committee, which is one of the Chapter's most active committees in terms of conferences/seminars held, and other activities of importance to the PFS membership. These are the minutes taken from his last e-mail to the committee and the Newsletter Committee wants the membership to recognize just how active this group continues to be.

"What a great group we have and I really appreciate every one digging in so rapidly and helping us to move forward. Great work!"

We have a new member

Chris Fontes -- Welcome
Interim Director, Patient Financial Services
Kaweah Delta Health Care District
(559) 624-4065 (direct)
(559) 735-3065 (fax)

Here is a summary of the meeting as I recorded:

I. Road Show Locations

- Mills Peninsula—1st full week of August
- North Bay—Terry Paff working and shooting for latter part of August
- Visalia—Kaweah Delta – Jayne Kroner is working with Chris
- Washington Hospital—Fremont – October 13
- Tahoe (very tentative) — Late October
- Sacramento—Ramona will talk with Marge at Sutter Sacramento—November
- Enloe – Chico—December
- Novato— January

II. Spring Conference is being planned for February

III. Topics

UB-04 – Jayne is looking at some speakers and Terri and I will see if we can recruit someone at the payer relations meeting next week. Goal is to involve providers from each of the hospitals or surrounding area. Deb Knight has provided a potential speaker, and I will attach for review – we will see how we can coordinate all of this.

Uninsured/Charity – Cynthia has speakers that are available and we will evaluate this as part of a panel, once again including the providers.

Changes in Work Comp law – Cheryl Canaday can offer assistance and I will talk with her

NPI – we have a possible speaker for a few sessions, but I think we can do a small presentation along this topic. I will work with Dan and others on the committee to see how we can lock these down.



IV. Summary of the Speaker

Peter Barry provides consulting and development for health care payers, providers, managed care firms, clearinghouses, and technology firms. Peter was the outside consultant to CMS and the Dept of Commerce for national identifiers. He is co-chair of the National Provider Identifier (NPI) and the Transactions groups in WEDI SNIP. He chairs development of the Uniform Health Care Identification Card standard. He received the WEDI Award of Merit and Distinguished Service Awards. He also has extensive experience in international banking, bankcards, and payment systems. Formerly, he was Vice President and Director of Systems Development for Firststar Banks, now U.S. Bank, and he is presently a member of the Owners Group and Board of Directors of Ozaukee Bank in Wisconsin

V. Sponsorship

Cynthia has volunteered to do the continental breakfast at Kaweah (thanks).

Ramona had a great idea of creating a Save the Date flyer and she will write this (thanks)

VI. To Do's

- Aimee and Ramona will work to line up provider speakers for the locations
- Terri is looking to get some time and space at Mills, and Terri and I will see if we can recruit a speaker or so at the Payer Relations meeting
- Ramona to talk with Marge regarding space in Sacramento
- Terry Paff is working on the North Bay
- Jack Ruzic is working on Reno/Tahoe
- Lynn will be contacting Enloe to set the date
- Jayne will be looking to see if she can find some speakers
- Dan and I will work on the NPI
- Cheryl and I will look at her overall presentation and ideas
- Deb Knight has submitted some possible speakers, so we will see how we can use them
- Steve will look into how to set up the CPAR program

(Continued on page 7)

OVER THE EDGE
HFMA NORTHERN CALIFORNIA NEWSLETTER
July/August 2006

(Continued from page 6)

VII. Dates to keep in Mind

- Managed Care Conference September 17 – 19, 2006
- AAHAM conference October 23 – 25, 2006
- Spring Conference – February 2007

VIII. Not Discussed

Walt Luke and Kathy Cain would like us to write a 500 word article for the newsletter. **(Just a note from the Editor: these minutes make a great article)**

Jack Ruzic wants the group to be thinking about writing up a paper for a **Yerger award**. Need to look at what is involved and see how we can do this

Thanks again for all the assistance.

(Editor's note: if anyone is interested in being involved with the PFS Committee, be sure to contact Steve Thompson, Chairperson at ThompssT@sutterhealth.org)

MEMBERS ON THE MOVE

- **Bert Freyschlag**

Controller, Emanuel Medical Center
 Phone: (209) 664-5699 ext. 5699
 Fax: (209) 664-5697



- **Henry Kotula, FHFMA, CPA**

Interim Controller, Hoag Memorial Hospital
 Presbyterian
 Partner, Tatum LLC
 Address: One Hoag Drive, Newport Beach, CA 92658
 Phone: (949) 764-4448
 Fax: (949) 764-4435
 Email: Henry.Kotula@HoagHospital.org /
Henry.Kotula@TatumLLC.com

- **Dennis Milligan**

Retired/Lifetime Member
 Address: 30 Desert Willow Way, Reno, NV 89511
 Phone: (775) 853-2904

- **Raj Sandhu**

Financial Analyst, Daughters of Charity
 Address: 203 Redwood Shores Pkwy, Suite 800,
 Redwood City, CA 94065
 Phone: (650) 551-6512
 Email: RajSandhu@dochs.org

This section of the newsletter is provided to announce changes on members' contact information or news on members' job promotion/career advancement. Send your information to office@hfma-nca.org for publication in the next issue of Over the Edge.

16th Annual Managed Care Conference September 17-19, 2006

Hyatt Regency Union Square, San Francisco
 Visit <http://www.hfma-mgdcare.org> for more
information!

Conference Highlights

Join us for the "Healthcare Grand Prize – Race for Reimbursement," at the 16th Annual Conference on Managed Care, the premier healthcare conference. We have expanded the conference focus to include CFO/Finance and Patient Financial Services tracks in addition to Managed Care sessions for Hospital, IPA providers and payers. Healthcare experts and leaders from across the nation will speak to healthcare "here and now", and present their ideas on future trends. This conference offers intermediate and advanced education sessions on the major issues facing today's healthcare professionals in Managed Care, Finance and Patient Finance Services. Learn about metrics for contracted reimbursement, revenue cycle—tricks of the trade, progress on California SB 260 and AB 1455, the latest on the transparency issue, Consumer Driven Healthcare and more.

Learning Objectives

- Obtain national and California perspectives on the current and future state of healthcare and managed care
- Learn from experts in IPA/Medical Group, Hospital and Health Plan contracting providing recommendations to meet issues/challenges in today's environment
- Hear directly from high ranking federal and state government officials about changes in government programs such as Medicare Advantage, Part D, Medi-Medi Program Changes, Risk-based payment implementation, legislations and state policies
- Keep up to date on Consumerism and information on Charity Care/Uninsured, Charges, and Transparency
- Learn the latest about Consumer Driven Healthcare from the Provider, Plan, Employer and Consumer Perspectives
- Join the race for Reimbursement by participating in revenue cycle tricks of the trade, strategies for effective appeals and ICD-10 sessions
- Hear industry leaders speak to Changes in the Managed Care marketplace and the implication for National Healthcare Insurance Coverage



OVER THE EDGE
HFMA NORTHERN CALIFORNIA NEWSLETTER
 July/August 2006

WELCOME TO OUR NEW MEMBERS!

APRIL 2006

- Debbie L. Izquierdo—Supervisor, Community Hospital of the Monterey Peninsula
- Joe Tasto—Consultant, Pricewaterhousecoopers
- Elena Karoulina—Business Analyst, Sutter Solano Medical Center
- Andew Pashman—Vice President, Pay By Touch
- Jack F. O’Reilly
- Sharon Harris—PFS Manager, Mercy Medical Center
- Marta De La Torre—Service Line Leader Revenue Cycle, Saint Agnes Medical Center
- Katherine Isobel Urbanski—Financial Manager, Spinecare Medical Group
- Jay Govind—Executive Vice President, Tekhealth Services, Inc.
- Tim Hughan—Manager, Hyperion
- Jill McBride—CDM Coordinator, CHW-Mercy Hospitals Bakersfield
- Roger G. Gaw—President, BC Consultancy

MAY 2006

- William E. Chalkrow—Attorney, Fishman, Larsen & Golding
- Ernesto C. Heres—Pre-Billing/Billing Coordinator, Community Hospital of the Monterey Peninsula

- Samir Y. Panchal—Consultant, Freed & Associates
- Kimberly A. Gottsman—Director of Accounting, Stanford Hospital and Clinics
- David Bae—Associate Attorney, Murphy Austin Adams Schoenfeld, LLP
- Erin A. Fernandez—Compliance Director, The Cirius Group, Inc.
- Mark Crofoot—Senior Marketing Manger, Medefinance
- Huey Wong—CHW Bay Area CBO
- Danielle D. Reno—Director, Clinical Auditing, Sutter Health

JUNE 2006

- Paulette Hannah—Director of Business Development, Concern: EAP
- Kulwant N. Asthana—Chief Financial Officer, East Bay Agency for Children
- Socorro Sosa—Healthcare Financial Analyst, University of California
- Eric Brettner—Director, CHW Bay Area
- Ellen Gallagher—Health Care Consultant, Chancellor Consulting Group
- Audrey Hyde—Radiation Oncology Practice Administrator/Consultant
- Aizad Kamal—Vice President of Finance, Kaiser Permanente
- Mary Lynn—Director, CBSJ Financial Corporation

- Wanda Rotblat—Manager, Stockamp & Associates
- Olga Marquez—Patient Accounting Supervisor, Kaweah Delta Health Care District
- Lisa Morphis—Patient Accounting Supervisor, Kaweah Delta Health Care District
- Dorothy Concepcion—Recovery Resources
- Stefni Girnus—Patient Accounting Supervisor, Kaweah Delta Health Care District
- Lauren Mack—Of Counsel, Sonnenschein Nath & Rosenthal LLP

JULY 2006

- Jeannie Keough—Regional CDM Analyst, CHW Northstate
- Tamara Mattox—Audit Manager, CHW
- Joseph Gaffey—Marketing Director, Gaffey and Associates
- Peter Hugenroth—Healthcare Market Manager, Trane
- Sharon Thompson—Controller, Margaret R. Pardee
- Julie Betts—Admitting Supervisor
- Debra Emery—CDM Program Manager, CHW N. CA
- Cynthia Pon—Partner, Macias Gini & O’Connell LLP
- Lauren Sobel—Senior Staff Attorney, Consumers Union
- Derek Toliver—Medication Safety Consultant, McKesson Provider Technologies

<p>HFMA Calendar of Events Visit our website (http://www/hfma-nca.org) for more information</p>		<p>We hope that this newsletter will help keep you, our members, involved, informed and more connected to our Chapter’s 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.</p> <p>News and Publicity Committee: Chair – Kathleen M. Cain, CHFP kathleen.cain@samc.com Co-Chair – Walton K. Luke, FHFMA, MBA – wluke007@aol.com Valerie Woolsey – ywoolsey@co.sanmateo.ca.us Geli Argao – office@hfma-nca.org</p>
September 17-19, 2006	16th Annual Managed Care Conference Hyatt Regency Union Square, San Francisco, CA	
October 6, 2006	7th Annual Golf Tournament Paradise Valley Golf Course, Fairfield, CA	