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CALIFORNIA HEALTH CARE SYMPOSIUM 2001

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SAN FRANCISCO • CALIFORNIA • MAY 10 — 11, 2001

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In many ways California health care is different — not necessarily better, just different. It is American alright — quintessentially so. But its history, geography and social context have come together to create some of the great experiments in health care finance and delivery in the United States: for example, the Ross Loos Medical Group, the nation's first prepaid group practice; California Physician's Service (now California Blue Shield), the nation's first statewide Blue Shield plan; Kaiser.

A HERITAGE OF EXPERIMENTATION From the mid-nineteenth century, California's health system evolved uniquely. It was isolated from other American population centers by great distances. The health system was highly competitive. The population influx following the discovery of gold and silver brought an abundance of both regular and irregular practitioners. California had the highest physician-to-population ratio of any state from the late 19th Century through the mid 20th Century.

California's health system incorporated alternative healing approaches. Alternative practitioners of all types flooded into the state. Especially in Southern California, many infirm sought the alleged healthful qualities of California's climate. Ultimately, the nation's most extensive public hospital system was constructed to care for this largely indigent population.

European immigrants pouring first into San Francisco and later into Los Angeles brought with them traditions of mutual risk sharing. In 1851, the nation's oldest prepaid health plan was established in San Francisco by the French Mutual Benevolent Society. Later, German and Italian health societies were formed.

Geographically isolated industries, including mining, timber, the railroads and, later, the great public works projects of the Depression in California's deserts and mountains, led to the establishment of a number of closed health systems created by employers, unions, mutual benefit associations and fraternal organizations. These traditions led ultimately to the establishment of Kaiser Permanente Health Plan.

With the turn of the century came a quick sequence of health system experiments: a referendum battle over compulsory health insurance in the teens; the establishment of the state's early medical groups; the explosive growth of unregulated capitated health plans during the depression; the formation of the nation's first all-hospital Blue Cross Plan in Sacramento in 1935 and the first statewide Blue Shield Plan in 1939; and the emergence of Kaiser.

THE CALIFORNIA MODEL By the early 1990s, California's health care vision had coalesced into what many observers called The California Model. This model was founded on a contractual partnership among purchasers, payers and providers intended to restructure and revitalize the health care landscape. Activist employers would drive employees into a limited number of health plans, and would unite to negotiate aggressively to lower premiums. Rapidly consolidating health plans in turn would capitate and delegate function to providers to encourage utilization efficiencies and quality enhancements. Providers would then pursue horizontal and vertical integration strategies to rationalize resources. Physician organizations, funded primarily by Wall Street or health systems, would coalesce to manage large pools of capitated patients.

A TROUBLED PARADIGM California employers have enjoyed an unprecedented long run of medical cost inflation, arguably helping fuel California's long economic boom. Managed care California style has also lowered resource use, especially inpatient days per thousand population. However, many of the goals of the California Model remain unrealized.

The vision of provider integration proved remarkably difficult and expensive to implement and operate. Mergers, both horizontal and vertical, failed to deliver on expected efficiencies. Consumers revolted against gatekeeper models, re-popularizing open network plans and sending a strong message to the market that provider choice was everyman's proxy for quality health care. Capitated medical groups struggled to survive, and risk-sharing experiments with hospitals were abandoned as many integrated systems terminated capitated contracts. In short, by the end of the 1990's it was obvious that something had gone awry with the model.

THE UNINSURED At the same time, California's uninsured population continued to grow. More than 21% of California's population, or approximately seven million residents, are uninsured. At a time of extraordinary economic prosperity, the problem of the uninsured worsens.

CULTURAL COMPETENCY California is the "Blade Runner" society of the 21st Century. Ethnically, racially, linguistically and culturally disparate, California is a melting pot. For example, Latinos make up nearly 33% of California's population.

Since 1990, 55% of the State's population growth has been Hispanic.

Distinct cultural, ethnic and linguistic populations have special medical needs, as well as access issues. Issues of cultural and linguistic competency have emerged as crucial policy and operational matters for California's health plans and providers.

THE CONSUMER REVOLUTION Just when plans and providers sought to create an economical and accessible managed care-based health system for patients, consumers rose up to speak for themselves. Rejecting limits on choice of physician, this "managed care backlash" has resulted in benefit package revision to create broader provider networks and passage of patient protection legislation by the legislature. The role that the empowered consumer will play in the future of California's health system remains unclear.

SCIENCE AND TECHNOLOGY Extraordinary advances in science and technology create new pharmaceuticals and medical devices. While such developments offer hope of advances in health status and treatment, new costs are being added to the system. In particular, the increased costs of outpatient pharmaceuticals have been felt by California health plans and risk-bearing providers.

THE INTERNET The Internet investment bubble has burst — especially in health care. Still, some feel that the Internet may transform health care finance and delivery.

Will content sites empower the new health care consumer? Will Internet connectivity prove to be an effective surrogate for the bricks and mortar approach to health system integration of the past decade? Will e-commerce create a much more efficient health care supply chain? Only time will tell.

REGULATION How and the extent to which California's health plans and providers should be regulated are hotly debated issues. Patent protection, health plan liability and medical group solvency regulation all hang fire. Issues of seismic safety and power availability challenge California's health care providers.

LEADERSHIP AND THE FUTURE OF CALIFORNIA'S HEALTH SYSTEM The challenges facing California's health systems are daunting — the opportunities great. Leadership not found within the system will be imposed from without.

SYMPOSIUM OBJECTIVES Important questions and issues will be addressed at California Health Care Symposium 2001. At the conclusion, attendees should be able to:

- Recognize what California's health care consumers want.
- Describe the future of employer-sponsored health insurance in California.
- Determine if major health care purchasers will contract directly with providers in California,
- Explain how California benefit packages will evolve; defined benefit to defined contribution, co-pays and deductibles, annual maximums, etc.
- Discuss the future of Medicare risk in California.
- Explain premiums, capitation, and risk adjustment in California; where are we, and where ought we be?
- Discuss the regulatory agenda of California's Department of Managed Care.
- Describe the demographics of California's uninsured.
- Employ effective strategies to enroll eligible uninsured in existing programs, e.g., Healthy Families, Medi-Cal, etc.
- Recognize health reform legislation needed to address the issue of the uninsured.

TARGET AUDIENCE The Symposium will be attended by the following individuals and institutional representatives:

- Consumers and Consumer Representatives
- Purchasers, including Private Employers and Public Purchasers
- Health Plan and Health Insurers
- Hospitals and Health Systems
- Medical Group and IPA Leaders
- Health Care Executives and Board Members
- Health Plan, Health System, Medical Group and IPA Medical Director
- Physicians, Registered Nurses, Pharmacists, Physician Assistants and Other Allied Health Professionals
- Investment Bankers and Venture Capitalists
- Health Care Consultants and Advisors
- Health Care Attorneys and In-House Counsel
- Health Care Policy Makers and Regulators
- Health Services Researchers and Academics
- Commentators and the Press

Thursday, May 10, 2001

8:00 A.M. WELCOME AND INTRODUCTION

Peter N. Grant, J.D., Ph.D.
Partner, Davis Wright Tremaine LLP
Seattle, WA and San Francisco, CA
(Symposium Co-chair)

8:05 A.M. PURCHASING HEALTHCARE SERVICES IN CALIFORNIA

Alan Feezor
Executive Director, CalPERS
Sacramento, CA

Alan Katz
Senior Vice President of Sales, Wellpoint
Woodland Hills, CA

Peter Lee, Esq.
President, Pacific Business Group on Health
San Francisco, CA

Mark Smith, M.D.
President, California HealthCare Foundation
Oakland, CA
(Interviewer)

9:15 A.M. PURCHASING HEALTH SERVICES IN CALIFORNIA: THE ROLE OF BROKERS, THE INTERNET, EHEALTH INSURANCE, DEFINED CONTRIBUTION AND NEW PURCHASING MODELS

John Danaher, M.D.
President, HealthMarket.com
Norwalk, CT

Sam Gibbs
Vice President and General Manager
EHealthInsurance.com
Sunnyvale, CA

Arnold Milstein, M.D., M.P.H.
National Healthcare Thought Leader, William M. Mercer,
and Medical Director, Pacific Business Group on Health
San Francisco, CA

James C. Robinson, Ph.D.
Professor of Health Economics, School of Public Health
University of California at Berkeley
Berkeley, CA
(Interviewer)

10:30 A.M. BREAK**11:00 A.M. CONCURRENT SESSIONS I**

I.A. IMPACT OF AB 1953, THE SEISMIC-SAFETY LAW, ON CALIFORNIA'S HOSPITALS
David Carlisle, M.D., Ph.D.
Director, Office of Statewide Health Planning and Development
Sacramento, CA

I.B. CALIFORNIA CIO ROUNDTABLE
David Bowen
Senior Vice President and CIO, Blue Shield of California
San Francisco, CA

John Hummel
Vice President and CIO, Sutter Health
Sacramento, CA

Thelma Kay-Weiss
President, TKW
Woodacre, CA

I.C. CHALLENGES AND OPPORTUNITIES FACING CALIFORNIA'S PHYSICIAN ORGANIZATIONS

James C. Robinson, Ph.D.
Professor of Health Economics, School of Public Health
University of California at Berkeley
Berkeley, CA

I.D. YEAR ZERO OF GENOMICS ADOPTION: IGNORANCE, DENIAL AND PHYSICIAN-CENTRIC HEALTH CARE

Wanda J. Jones, M.P.H.
President, New Century Healthcare Institute
San Francisco, CA

I.E. HEALTH CARE PRIVACY: COMPLIANCE WITH CALIFORNIA LAW AND REGULATION AND THE HIPAA PRIVACY RULE

Clark Stanton, Esq.
Partner, Davis Wright Tremaine LLP
San Francisco, CA

NOON LUNCHEON AND PRESENTATION**12:30 P.M. CALIFORNIA'S HEALTH CARE POLITICS 2001**

Senator Jackie Speier
(D, 8th District)
San Mateo, CA

1:00 P.M. REFLECTIONS ON CALIFORNIA HEALTH CARE—LESSONS OF THE PAST; FUTURE DIRECTIONS

Alain Enthoven, Ph.D.
Professor, Stanford Business School
Palo Alto, CA

1:45 P.M. CONCURRENT SESSIONS II

II.A. AN ASSESSMENT OF CALIFORNIA'S PHYSICIAN ORGANIZATIONS AND INTEGRATED HEALTH SYSTEMS

Stephen Shortell, Ph.D.
Blue Cross of California Distinguished Professor
School of Public Health, University of California
Berkeley, CA

II.B. CALIFORNIA CFO ROUNDTABLE

Gerard C. Bajada
Vice President and Director Financial Services
The Permanente Medical Group
Oakland, CA

Kenneth Jones
Chief Financial Officer, UCSF Medical Center
San Francisco, CA

II.C. REGULATING HEALTH PLANS AND RISK IN CALIFORNIA

Herbert Schultz
Deputy Director for External Relations
Department of Managed Health Care
Sacramento, CA

II.D. THE ROLE OF THE INTERNET IN PLAN/PROVIDER CONNECTIVITY AND COMMERCE

Dennis J. Streveler, Ph.D.
Senior Strategist, Web MD
Santa Clara, CA

II.E. HEALTH CARE DATA SECURITY: COMPLIANCE WITH CALIFORNIA LAW AND REGULATION AND THE DRAFT HIPAA SECURITY RULE

Steven M. Fleisher, Esq.
Vice President and General Manager, MEDePass, Inc.
San Francisco, CA

2:45 P.M. BREAK

3:00 P.M. CALIFORNIA'S HEALTH PLANS

Jay M. Gellert
*President and CEO, HealthNet
 Woodland Hills, CA*

Kathryn Mead
*Chief Executive Officer, Sharp Health Plan
 San Diego, CA*

Mark Hyde
*President, Lifeguard
 San Jose, CA*

Walter A. Zelman, Ph.D.
*President, California Association of Health Plans
 Sacramento, CA*

Carol Emmott, Ph.D.
*Partner, Heidrick & Struggles
 San Francisco, CA
 (Interviewer)*

4:15 P.M. CALIFORNIA'S HOSPITALS AND HEALTH SYSTEMS

C. Duane Dauner
*President, California Healthcare Association
 Sacramento, CA*

Lloyd Dean
*President and Chief Executive Officer, Catholic Healthcare West
 San Francisco, CA*

Stephen Shortell, Ph.D.
*Blue Cross of California Distinguished Professor
 School of Public Health, University of California
 Berkeley, CA
 (Interviewer)*

5:45 P.M. ADJOURNMENT AND NETWORKING RECEPTION

Friday, May 11, 2001

8:00 A.M. WELCOME AND INTRODUCTION

Molly Joel Coye, M.D., M.P.H.
*President, The Health Technology Center
 San Francisco, CA
 (Symposium Cochair)*

8:05 A.M. CALIFORNIA'S MEDICAL PRACTICE, IPAS AND MEDICAL GROUPS

Patrick E. Kapsner
*Chief Executive Officer, Bristol Park Medical Group
 Orange, CA*

Jack Lewin, M.D.
*President and Chief Executive Officer
 California Medical Association
 San Francisco, CA*

Robert J. Margolis, M.D.
*Chief Executive Officer, Healthcare Partner Medical Group
 Torrance, CA*

Artie Southam, M.D.
*Executive Director, California Association of Physician Organizations
 Los Angeles, CA*

Beau Carter
*President, Integrated Healthcare Association
 Walnut Creek, CA
 (Interviewer)*

9:15 A.M. CALIFORNIA'S UNDER AND UNINSURED

Irene Ibarra
*Chief Executive Officer, Alameda Alliance for Health
 Alameda, CA*

Sandra Shewry
*Executive Director, MRMIB
 Sacramento, CA*

Lucien Wulsin
*Director, Insure the Uninsured Project
 Santa Monica, CA*

Edward O'Neil, Ph.D.
*Co-Director, Center for the Health Professions
 University of California
 San Francisco, CA
 (Interviewer)*

10:30 A.M. BREAK

11:00 A.M. CONCURRENT SESSIONS III

**III.A. RESPONDING TO THE IOM'S "TO ERR IS HUMAN":
 COMBATting MEDICAL ERRORS IN CALIFORNIA HEALTH CARE**
Molly Joel Coye, M.D., M.P.H.
*President, The Health Technology Center, and Member,
 Institute of Medicine Committee publishing "To Err is Human"
 San Francisco, CA*

**III.B. CALIFORNIA HEALTH SYSTEMS REFORM FROM THE
 CONSUMER'S PERSPECTIVE**
Ellen Severoni
*President, California Health Decisions
 Orange, CA*

**III.C. HEALTH SYSTEM TRANSFORMATION IN CALIFORNIA:
 CLOSURES, CONVERSIONS, MERGERS AND ACQUISITIONS**
Sherwin Memel, Esq.
*Partner, Manatt Phelps & Phillips
 Los Angeles, CA*

III.D. CALIFORNIA'S NURSING WORKFORCE CRISIS
Edward O'Neil, Ph.D.
*Co-Director, Center for the Health Professions
 University of California
 San Francisco, CA*

III.E. CONTAINING THE EMTALA VIRUS
M. Steven Lipton, Esq.
*Partner, Davis Wright Tremaine LLP
 San Francisco, CA*

NOON LUNCHEON AND PRESENTATION

12:30 P.M. WHAT CALIFORNIA HEALTH CARE CONSUMERS WANT

Lois Salisbury
*President, Children Now, and Founding Chair
 Health Access
 Oakland, CA*

1:15 P.M. CALIFORNIA'S HEALTH CARE MARKET — AFTER THE FALL

Jeff Goldsmith, Ph.D.
*President of Health Futures, Inc. and
 Associate Professor of Medical Education
 Charlottesville, VA*

2:15 P.M. TRANSITION BREAK

2:30 P.M. CONCURRENT SESSIONS IV

IV.A. RESPONDING TO JAMA — CALIFORNIA 4¹ST IN MEDICARE QUALITY: CMRI'S QUALITY SCORECARD AND OTHER INITIATIVES

Myra Snyder, Ph.D.
Senior Vice President of Operations, CMRI
San Francisco, CA

IV.B. CALIFORNIA COMPLIANCE OFFICER ROUNDTABLE

Helen Des Ruisseaux
Senior Vice President and Chief Compliance Officer
Cedars Sinai Health System
Los Angeles, CA

Sheryl Vacca
Director, National Health Care Compliance Practice
Deloitte & Touche
Sacramento, CA

IV.C. CAPITATION AND RISK ADJUSTMENT IN CALIFORNIA

Adams Dudley
Institute for Health Policy Studies, University of California
San Francisco, CA

Paul Katz, M.B.A.
President, Intelligent Healthcare LLC
Santa Monica, CA

IV.D. HOW INVESTORS VIEW HEALTH CARE

Molly Joel Coye, M.D., M.P.H.
President, The Health Technology Center
San Francisco, CA

Mark F. Donovan
Salix Ventures, San Francisco, CA

Walter Kopp
President, Medical Management Services
San Anselmo, CA

Barbara Lubash
Versant Partners, Newport Beach, CA

Caren Taylor
Vice President, Equity Research, Wit Sound View
San Francisco, CA

3:30 P.M. TRANSITION BREAK

3:45 P.M. CONCURRENT SESSIONS V

V.A. HOW THE INTERNET WILL IMPACT HEALTHCARE CONSUMERS

Albert L. Greene
Chief Executive Officer, HealthCentral.com
Emeryville, CA

V.B. CULTURAL AND LINGUISTIC COMPETENCY IN CALIFORNIA HEALTH CARE

Maria Lemus
Interim Executive Director
California Pan-Ethnic Health Network
Oakland, CA

V.C. CALIFORNIA PRIVACY REQUIREMENTS APPLICABLE TO HEALTH INSURERS AND HEALTH PLANS: GRAMM-LEACH-BLILEY, ETC.

W. Reece Hirsch, Esq.
Partner, Davis Wright Tremaine LLP
San Francisco, CA

4:45 P.M. ADJOURNMENT

Continuing Education Credit

ACHE Credit. Medical Education Collaborative is authorized to award 15.5 hours of pre-approved Category II (non-ACHE) continuing education credits for this program toward advancement, re-certification, or re-appointment in the American College of Healthcare Executives. Participants of this program wishing to have the continuing education hours applied toward Category II credit should list their attendance when applying for advancement, re-certification, or re-appointment in ACHE.

ACMPE Credit. This program may qualify for continuing education credit in the American College of Medical Practice Executives (ACMPE). To apply for ACMPE credit, submit a generic credit hour form with a copy of the brochure. Forms will be available on-site.

CME Credit. This activity has been planned and implemented in accordance with the Essential areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Medical Education Collaborative and Health Care Conference Administrators. Medical Education Collaborative, a nonprofit education organization, is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality and scientific integrity of this CME activity.

Medical Education Collaborative designates this educational activity for a maximum of 15.5 hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

CNA (Nursing) Credit. This educational activity for 18.7 contact hours is provided by Medical Education Collaborative. Medical Education Collaborative is approved as a provider of continuing education in nursing by the Colorado Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. Provider approved by the California Board of Registered Nursing. Provider No. CEP-12990 for 18.7 contact hours. Florida BN Provider No. FBN-2773.

***MCLE Credit.** This activity is pending approval for minimum continuing legal education by the State Bar of California.

NASBA Credit. Registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Nashville, TN 37219-2417. Telephone: (615) 880-4200. (A maximum of 18 credits based on a 50-minute hour will be granted. Program Level: Intermediate to Advanced.)

ACEP Pharmacy CEU Credit. Medical Education Collaborative, Inc. is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. Medical Education Collaborative, Inc. has assigned 15.5 contact hours/1.55 CEUs of continuing pharmaceutical education credit. ACEP provider number: 815-999-00-014-L04. Participants will be required to sign in daily and complete an evaluation form for credit. Registration fee includes a certificate, which will be mailed within six weeks after the meeting.

SAVE THE DATE

The Northern & Southern California Chapters,
in cooperation with National HFMA, present

Eleventh Annual Conference
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Hyatt Regency, Long Beach, Long Beach, California
Sunday, September 23 – Tuesday, September 25, 2001
Building on the strong traditions of the San Francisco and
Santa Barbara Conferences on Managed Care held since 1991,
we are joining forces to create an even better conference.

For more information please contact
conference co-chairs:
Terry Paff, 800-929-3935 or
Kim Orr, 626-792-9839

Corporate sponsorships available.
Please contact:
Christine Hoskinson, 925-989-5668 or
CHOSKCPA@aol.com

Visit the conference website for the latest information: www.hfma-mgdcare.org

• **HOTEL ACCOMMODATIONS**

The official hotel for the conference is the Hyatt Regency Embarcadero Center. Located downtown on San Francisco Bay in the financial district, the Hyatt Regency is part of the dynamic 8-block Embarcadero Center business and retail complex. It is convenient to Fisherman's Wharf, Chinatown, Moscone Convention Center, Ghirardelli Square and Cannery Row. The Hyatt is adjacent to BART rapid transit, California Street Cable Car and the ferry terminal. With 805 guest rooms, including 45 suites, the Hyatt Regency features Equinox, the revolving rooftop restaurant, Eclipse Cafe, 13 View coffee and cocktail bar, Concierge, Club-One Fitness Spa, and on-site exercise room, golf and tennis nearby and a jogging path.

A special conference rate of \$230 per single or \$250 per double, plus tax, per night, is available to all attendees of the Symposium. To receive the special conference rate, please call the Hyatt Reservations Department directly at 415-788-1234, or by fax, 415-291-6538. Please be sure to make your reservations by **April 23, 2001** and identify the meeting as the "California Health Care Symposium 2001." After the cut-off date, reservations will be accepted on a space-available basis. You will be required to guarantee the reservation with a major credit card. Call early to ensure availability.

**Hyatt Regency San Francisco In Embarcadero Center
5 Embarcadero Center, San Francisco, CA 94111
Reservations: 415-788-1234 / Fax: 415-291-6538**

TRAVEL PARTNERS

• **UNITED AIRLINES**

If you or your travel agent call United Airlines, 1-800-521-4041, to book your reservations, you will receive special discounts. Make sure you refer to the California Health Care Symposium 2001 and Code No. **594XC** when making your reservations.

• **AMERICAN AIRLINES**

If you or your travel agent call American Airlines Meeting Services, 1-800-433-1790, to book your reservations, you will receive special discounts. Make sure you refer to the California Health Care Symposium 2001 and File No. **A0251AT** when making your reservations.

• **AVIS RENT A CAR**

Special meeting rates are available through American Airlines Meeting Services, 1-800-433-1790. Please mention the group number **AWD#B136000** in order to receive the special rates.

• **SCHOLARSHIP APPLICATION FORM**

The California Health Care Symposium 2001 offers a limited number of full scholarships to cover the Symposium registration fee to qualifying representatives of nonprofit providers and hospitals; part public and safety net providers; educational institutions; and governmental agencies. Scholarship applicants must complete and submit this Scholarship Application form on or before May 1, 2001. Qualifying scholarships will be granted on a rolling forward basis commencing March 1, 2001.

NAME

TITLE

ORGANIZATION

TYPE OF ORGANIZATION

ADDRESS

TELEPHONE

FAX

E-MAIL ADDRESS

REASONS FOR REQUESTING SCHOLARSHIP

• **SCHOLARSHIP CRITERIA**

A variety of factors will be considered in determining the issuance of scholarship aid. These factors include financial need and the desirability of geographic and organizational representation at the Symposium. Funding for scholarships is limited, and scholarships will be issued on a rolling basis commencing March 1, 2001.

This Scholarship Application form should be submitted to:

BY FAX: 760-771-3183

BY E-MAIL: ehcsusan@aol.com

BY MAIL: California Health Care Symposium 2001
53881 Avenida Villa
La Quinta, CA 92253

CALIFORNIA HEALTH CARE SYMPOSIUM 2001

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Program and Schedule subject to change

HOW TO REGISTER

Fully complete steps 1-3 (one form per registrant, photocopies acceptable). Payment must accompany each order.

FAX: 760-771-3183 PHONE: 760-771-5102 TOLL-FREE: 1-800-684-4549

BY WEB: www.californiasymposium.com

BY E-MAIL: ehcsusan@aol.com

BY MAIL: California Health Care Symposium 2001
53881 Avenida Villa, La Quinta, CA 92253

1 COMPLETE THE FOLLOWING

NAME _____

TITLE _____

CHE FACHE

ORGANIZATION _____ DEPARTMENT _____

ADDRESS _____

CITY/STATE/ZIP _____

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→ Please advise us if you will need interpretive services or other reasonable accommodations.

2 PRICING

California Health Care Symposium 2001
(Thursday and Friday, May 10-11)

- Before April 15, 2001

First Registrant	\$745.00
Additional Registrants	\$695.00
- After April 15, 2001

First Registrant	\$795.00
Additional Registrants	\$745.00

Total \$ _____

Note: Scholarships available based upon financial exigency. Registration fees are not refundable or transferable.

3 PAYMENT OPTIONS

Please enclose payment with your registration and return it to the conference registrar at the conference headquarters, or fax your credit card payment to 760-771-3183.

- Check/money order enclosed (checks payable to):
California Health Care Symposium 2001
- Payment to be made by check/money order. Credit card must be given to hold registration. If payment not received by date of conference, credit card payment will be processed.
- American Express Visa Mastercard

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EXPIRATION DATE _____

NAME OF CARDHOLDER _____

SIGNATURE OF CARDHOLDER _____

All registrations require faxed or original signature on this form.

CONFERENCE HOTEL INFORMATION

A special rate of \$230 per single and \$250 per double, per night, plus tax, has been arranged. Please make your reservations directly with the hotel and mention the California Health Care Symposium 2001 to receive the reduced rate. Reservations will be accepted until April 23, 2001. After that cut-off date, reservations will be accepted on a space-available basis.

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