CHIROPRACTIC NEWS & VIEWS

Presented by:

Hawaii State Chiropractic Association, Inc.

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HSCA APRIL 2015 GENERAL MEMBERSHIP MEETING

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(FOR NEIGHBOR ISLAND DC'S, THE MEETING IS TELECONFERENCED BY YOUR HSCA ISLAND DIRECTOR)

PLEASE JOIN US FRIDAY EVENING, 7:30PM, APRIL 10TH AT THE SAINT LOUIS ALUMNI CLUBHOUSE…MEETING OPEN TO ALL, MEMBERS & NON. *916 COOLIDGE ST., HONO., HI*

PRESIDENT'S MESSAGE

Joseph G Morelli Jr DC FICC, HSCA President & ACA Hawaii Delegate

Aloha All:

As I am writing this we are in the throes of *March Madness*! Not just the basketball playoffs, but also the wrap up of the Hawaii Legislative Season, Spring Break/Easter Holidays, and the general business of our family and practice lives.

Regarding the Legislature: we have been monitoring and submitted testimony on several bills to tweak the workers' compensation system; including bills regarding Independent Medical Exams, and the relative fairness of these exams.

Additionally, there were some bills to unhook Acupuncture from the shared 30 visits in Auto accident claims, and another to raise the fee for Acupuncture.

There is a proposal to study the State Physician Fee Schedule that has not been really updated for about 20 years.

To find out about these issues and more, please make it a point to come to our next General Membership Meeting, on Friday, April 10th at 7:30pm. The meeting will be held at the Saint Louis Alumni Clubhouse in the Kaimuki area of Honolulu. Refreshments are available for purchase, and you are welcome to bring a snack if you like.

At this meeting, we will do an update on relevant legislative activity thus far. The legislature is in the final days, with regular session adjournment scheduled for May 7th.

All the current bills must make the final "Crossovers" which takes place in about 2 weeks. This is when the House Bills go to the Senate, and vice versa. All the hearings have to have been completed shortly thereafter. Then the bills that have survived go to the final general sessions for floor votes.

HMSA and Chiropractic coverage for our patients has been a hot topic that the HSCA has been dealing with for some time.

If you are an HMSA participating provider, you should have gotten a letter laying out their new Chiropractic Policy. We have been very disappointed with HMSA recently, since they have decided to take some stringent and restrictive measures regarding their new policy and adjudication of our claims on their subscribers.

As you may recall, last year we were pleasantly surprised when HMSA decided to honor Section 2706 of the "Obama" health care law and began to pay for our claims for the services that we our licensed performed.

Personally, as a participating provider with HMSA, I was paid more for claims that I submitted in the last 6 months with HMSA, then in all the 10 previous years.

Unfortunately, HMSA apparently was totally unprepared for the volume of claims that they would be getting from us on behalf of our patients for Chiropractic services.

Early on in her discussions with HMSA, we tried to explain to them that they had very poor data on Chiropractic care in Hawaii because there plans covered so little in the past. HMSA said that they had many years of claims data and knew what they were doing and would have no problem adjudicating our claims.

Well, when they began to process our claims in 2014, they did not expect to get the volume of claims considering their past experience with our profession.

In fact, they just did not know what to do as they began to pay out several millions of dollars for Chiropractic claims.

At our more recent meetings, we explained to them that most of the doctors in Hawaii that are now submitting claims, did not submit claims in the past since there was no expected payment for these claims. Additionally, since HMSA did not coordinate claims with many other insurance carriers, it did not make sense for us to do additional paperwork and filings with no expected return. (Unnecessary staff time, forms, postage, etc.)

Now, it is obvious that HMSA is trying to stem the flow of dollars out, by imposing stringent guidelines on our services.

We have been trying to educate HMSA about our everyday practice and what the usual and customary care is for our patients as well as our overall practice patterns etc. that are generally in the norm vs. what may be exceptional.

Initially, one of HMSA's knee-jerk reactions was that there must be a lot of fraud being committed in the billings that we are sending to HMSA. Additionally, they felt that there might be an overuse of services and treatment. We have tried to explain that we have been treating these patients all along for the most part, but now our patients expect us to file claims on their behalf. This is especially true since PPACA (Obamacare) they now have coverage, and no longer have to pay out of pocket.

HMSA has shown us some of these claims, and frankly, a few of our doctors are taking advantage by billing the maximum amount of services and overusing the evaluation and management services per visit. We have tried to convince HMSA that this is not the usual practice for most of us. HMSA has also admitted that in all types of medical claims, there will always be some outliers. Unfortunately, Chiropractic claims are under extra scrutiny, and this can hurt us in a major way in the future.

This is where I make a plea to the profession…Please bill what you normally do, no matter what the source of payment! There should be no clinical/ethical reason to do otherwise, just because someone else is now paying!

I believe HMSA understands about outliers; however, they are trying to grapple with what is real and medically necessary, vs. what is abuse.

We initially suggested to HMSA that they should consider at least 1 or 2 years to gather practice patterns and data on our claims, since their data was skewed and not representative of our actual practice.

We have been trying to educate HMSA, and have had multiple meetings with them. Recently, HMSA called a meeting with some select doctors (pointedly not inviting the HSCA) and reviewed there current policy and upcoming policies that they will be imposing. I believe this came from a different part of HMSA, that we were not dealing with directly. As I understand it, I think the purpose of that meeting was to tell the docs this is our new policy, so get with it.

Next week, I have called the special face-to-face meeting of your HSCA officers and Island Directors to review the

HMSA policy line by line, and word by word. The goal is to construct a formal response to their Draconian Chiropractic policy.

We are hoping to present a logical framework for a policy that we can assist them in developing. One that will be fair to their subscribers, and more representative of our Chiropractic standard of care here in Hawaii. This of course, is in consideration the framework of the Obama health care law (PPACA).

We will be discussing some of this at our next General Membership Meeting. Our face-to-face board meeting will be the following day. We would like to hear your ideas and opinions on this development so please take the time to come to our meeting on Friday night, April 10. I hope to see you there.

We will keep you informed of the outcomes of our continued contacts with HMSA.

Aloha,

Dr. JOE Morelli

THE U.S. SENATE PUNTS ON *'DOC FIX'* PASSAGE EXPECTED AFTER SPRING BREAK

Joseph G Morelli Jr DC, FICC, HSCA President & ACA Hawaii Delegate

As you may remember, I have been writing about this for more years that I can remember. That is, to assist in holding down the costs of entitlements (Medicare), Congress passed the Sustainable Growth Rate legislation, which is a formula supposedly to allow for necessary programs-like Medicare to continue but with a method to curb runaway cost increases. The idea in fact, was to have incremental cuts in the Physician Fee Schedules across the board.

Because this idea was so abhorrent to all the medical professions, major lobbying was able to stall implementation of this cutback every year since the law passed. Unfortunately, this has allowed the annual cuts to accumulate and if not stalled or replaced this year, the cuts will be 21.2% across the board. The 21.2% cut was supposed to have taken place on April 1 this year.

For us here in Hawaii, that would be catastrophic. As you know, the state of Hawaii sets the workers' compensation fee schedule based on the Medicare fee schedule for our accident and injury claims. This has become the *de facto* basis for all of our fees utilized in our everyday practice.

A 21% cut would be devastating not only for Medicare claims, but for all automobile accident and industrial injury accident claims. As I understand it, HMSA and other health insurers look at the prevailing fee schedules and adapt theirs accordingly. So, for a place like Hawaii, this must be fixed!

Congress has been lobbied hard again to fix this law and get rid of the cuts permanently. In "The Beltway" the Washington, DC pundits call this the **"*Doc Fix Law*".**

The U.S. Senate announced that it will take up legislation to replace the current Sustainable Growth Rate (SGR) formula when the chamber returns from their two-week recess. The Senate's announcement follows the day after the House of Representatives passed the long-awaited "permanent fix" to the flawed formula used to determine provider reimbursement levels under the federal Medicare program.

The Centers for Medicare and Medicaid Services has indicated it can delay claims processing for a few weeks to avoid cutting reimbursement rates, which would allow the Senate to return from their Spring Break to take up the reform package. Legislators expect that if Congress acts soon enough the government would be able to make payments without imposing the fee schedule cuts.

We expect the doc fix in mid-April. The Senate adjourned for spring break on Friday morning, March 27th without taking up legislation to repeal permanently Medicare's sustainable growth-rate formula.

The House passed the package, which also includes a two-year extension of the Children's Health Insurance Program, by an overwhelming 392-37 margin on Thursday, putting pressure on the Senate. President Barack Obama has indicated that he intends to sign the legislation.

Congress has dealt with the Medicare payment problem through short-term fixes for more than a decade. But the Senate is still widely expected to act on the permanent SGR repeal bill when it reconvenes on April 13.

"We'll return to it very quickly when we get back," said Sen. McConnell who told reporters this last Friday morning, following a marathon floor session to pass a budget agreement. "I think there's every reason to believe it's going to pass the Senate by a very large majority", said McConnell.

I am cautiously optimistic that this will finally get done! Please pay attention to the news in about two to three weeks to see if Congress finally lives up to their promise to fix this. We will make an announcement as soon as we hear anything definitive.

CHIROPRACTORS DON'T PLAY WELL WITH OTHERS

GARY SAITO, DC, HSCA IMMEDIATE PAST PRESIDENT

Now that I'm no longer the President of the HSCA, I can say what I want without being the voice of the profession. I've been around long enough to have seen the worst in our profession. I witnessed our loss of one of the most generous reimbursement rates for workers' comp in the country. I was around when the limit to treating an auto injury was the limit of the patient's medical benefits.

Today, we have a reimbursement rate in work comp of only Medicare plus 10%. We are not only limited to a per-visit charge now in auto, but we also have a visit limit (which we have to share with another profession!).

All this was the result of the greed and arrogance of some of our colleagues. Some doctors filled their offices with every modality under the sun, then charged insurance companies for each of them on every visit, whether the patient needed it or not, whether the patient's condition warranted the treatment. The almighty dollar was a greater incentive than good, responsible patient care.

Don't tell me you didn't know about these doctors yourself. In fact, some of the doctors reading this article were guilty of this kind of reckless behavior. The result? In the late 1990's, we got punished good. Work comp stripped away our lucrative reimbursement and auto locked us down to a cap limit in both the number of visits per incident and the amount we can charge per visit.

Some of the worst perpetrators no longer practice in Hawaii. Once the well dried up, they pulled up stake, took

their money and ran to the mainland and points beyond, and left the rest of us to struggle to make our practices work. We had to down-size our offices, cut staff, join together to meet overhead. Some doctors lost their homes.

This should not be news to anyone who has been in practice more than 15 years. We were around when the bad boys infuriated the carriers so much that they gave us a serious slap-down.

Practice was never the same after that . . . until now. Since 2014 and thanks to the Patient Protection and Affordable Care Act which was signed by President Obama in 2010 and upheld by the U.S. Supreme Court in 2012, we have been given a new lease on practice life. Coverage for chiropractic services is expanding in healthcare in an unprecedented way. More and more plans are covering our services and reimbursing for the work we do.

BUT---I'm witnessing the resurgence of the bad errors in judgment some doctors perpetuated in the past. I see greed all over again. I see overcharging all over again. I see some new bad boys joining some old bad boys to spoil it again for the rest of the doctors. They don't play well with others because their selfish motives trump reasonable and appropriate practice behavior.

I don't believe that those doctors who high-tailed it out of here in the late 1990's with their bags of money had the conscience to know what devastation they left behind. Once they couldn't make the same kind of money, they said adios without so much as an "I'm sorry". It's because it was never their intent to play well with others.

If we're going to do better in the future . . . all of us . . . together, we have to curb our appetite for excess. We're so good at shooting ourselves in the foot without thinking of the consequences or the long-term implications for the profession. Let this be the year to learn from our mistakes.

Today is a new day. A different kind of day. A new chance to build up our profession. A chance to show the healthcare marketplace that we belong and that we do good work. Here's my best council:

1. DON'T OVERTREAT.
2. DON'T OVERCHARGE.
3. WORK WITHIN POLICY PARAMETERS.
4. DON'T STRETCH THE ENVELOPE.
5. DON'T TAINT YOUR COLLEAGUES' REPUTATIONS BY YOUR BAD BEHAVIOR.
6. DON'T LET GREED BE YOUR GOD.
7. GIVE YOUR PATIENTS ALL THE CARE THEY NEED, NO MORE AND NO LESS.
8. THINK ABOUT OTHERS.
9. BE PROFESSIONAL AT ALL TIMES.
10. PLAY WELL WITH OTHERS.

By Gary Saito, DC

JUST SAY NO TO ALZHEIMER'S DRUGS?

A NEW APPROACH TO ALZHEIMER'S TREATMENT

University of Michigan Medical School

Doctors write millions of prescriptions a year for drugs to calm the behavior of people with Alzheimer's disease and other types of dementia. But non-drug approaches actually work better, and carry far fewer risks, experts conclude in a new report.

Are antipsychotic drugs more dangerous to dementia patients than we think?

In fact, non-drug approaches should be the first choice for treating dementia patients' common symptoms such as irritability, agitation, depression, anxiety, sleep problems, aggression, apathy, and delusions, say the researchers in a paper published March 2 by the British Medical Journal (BMJ).

The best evidence among non-drug approaches is for those that focus on training caregivers — whether they are spouses, adult children, or staff in nursing homes and assisted living facilities — to make behavioral and environmental interventions.

A TAILORED FRAMEWORK, the components of the **DICE** approach:

D: Describe - Asking the caregiver, and the person with dementia if possible, to describe the "who, what, when, and where" of situations where problem behaviors occur and the physical and social context for them. Caregivers could take notes about the situations that led to behavior issues, to share with health professionals during visits.

I: Investigate – Having the health provider look into all the aspects of the person's health, dementia symptoms, current medications, and sleep habits, that might be combining with physical, social, and caregiver-related factors to produce the behavior.

C: Create – Working together, the patient's caregiver and health providers develop a plan to prevent and respond to behavioral issues in the person with dementia, including everything from enhancing the patient's activities and environment, to educating and supporting the caregiver.

E: Evaluate – Giving the provider responsibility for assessing how well the plan is being followed and how it's working, or what might need to be changed.

The researchers, from the University of Michigan Medical School and Johns Hopkins University, reviewed two decades' worth of research to reach their conclusions about drugs like antipsychotics and antidepressants, and non-drug approaches that help caregivers address behavioral issues in dementia patients.

They lay out their findings along with a framework that doctors and caregivers can use to make the most of what's already known. Called DICE – for Describe, Investigate, Create, and Evaluate — the framework tailors approaches to each person with dementia, and as symptoms change.

"The evidence for non-pharmaceutical approaches to the behavior problems often seen in dementia is better than the evidence for antipsychotics, and far better than for other classes of medication," says first author Helen C. Kales, MD, head of the U-M Program for Positive Aging at the University of Michigan Health System and investigator at the VA Center for Clinical Management Research. "The issue and the challenge is that our health care system has not incentivized training in alternatives to drug use, and there is little-to-no reimbursement for caregiver-based methods."

Coincidentally, a new U.S. Government Accountability Office report published the same day as the BMJ paper

addresses the issue of overuse of antipsychotic medication for the behavior problems often seen in dementia. It finds that one-third of older adults with dementia who had long-term nursing home stays in 2012 were prescribed an antipsychotic medication — and that about 14 percent of those outside nursing homes were prescribed an antipsychotic that same year.

The GAO calls on the federal government to work to reduce use of these drugs further than it's already doing, by addressing use in dementia patients outside nursing homes.

ADOPTING A MORE PROACTIVE APPROACH

Kales, however, cautions that penalizing doctors for prescribing antipsychotic drugs to these patients could backfire, if caregiver-based, non-drug approaches aren't encouraged.

She and her colleagues from Johns Hopkins, Laura N. Gitlin, PhD, and Constantine Lyketsos, MD, note in their paper that "there needs to be a shift of resources from paying for psychoactive drugs and emergency room and hospital stays to adopting a more proactive approach."

But they also write, "drugs still have their place, especially for the management of acute situations where the safety of the person with dementia or family caregiver may be at risk." For instance, antidepressants make sense for dementia patients with severe depression, and antipsychotic drugs should be used when patients have psychosis or aggression that could lead them to harm themselves or others. But these uses should be closely monitored and ended as soon as possible.

The authors lay out five non-pharmacologic categories to start with, based on their review of the medical evidence. These approaches have been shown to help reduce behavior issues:

- Providing education for the caregiver
- Enhancing effective communication between the caregiver and the person with dementia
- Creating meaningful activities for the person with dementia
- Simplifying tasks and establishing structured routines
- Ensuring safety and simplifying and enhancing the environment around the patient, whether in the home or the nursing/assisted living setting

They also note that many "hidden" medical issues in dementia patients – such as urinary tract infection and other infections, constipation, dehydration, and pain – can lead to behavioral issues, as can drug interactions. So physicians should look to assess and address these wherever possible.

TESTING THE DICE APPROACH

Kales, Gitlin, and Lyketsos are working with the U-M Center for Health Communications Research to launch a National Institute of Nursing Research-sponsored clinical trial this spring that will test the DICE approach through a computer-based tool for caregivers called the WeCareAdvisor. The tool will help families identify tips and resources in a single computer interface to address behavioral symptoms. The tips are designed to prevent or mitigate possible triggers for common behavioral symptoms such as pacing, repetitive questioning, restlessness, or shadowing.

"Drugs still have their place, especially for the management of acute situations where the safety of the person with dementia or family caregiver may be at risk."

For instance, de-cluttering the environment, using music or simple activities that help to engage a person with dementia, or using a calm voice instead of being confrontational, could help greatly to reduce behavioral symptoms, Kales says. And making sure that caregivers get breaks from their responsibilities and take care of themselves, especially in the home, can help them avoid burnout and taking their frustration out on patients.

"Behavior-based strategies may take longer than prescriptions," acknowledges Kales, a member of the U-M Institute for Healthcare Policy and Innovation. "But if you teach people the principles behind DICE, the approach becomes more natural and part of one's routine. It can be very empowering for caregivers or nursing home staff."

More research on both new drug options and the best ways to assess and address behavioral symptoms is needed, the authors conclude. But in the meantime, the evidence to date comes down in favor of non-drug approaches in most cases.

INTEROPERABILITY CALLED FOR BY END OF 2017

The Federal Health Information Technology Coordinator released a report on Jan. 30, 2015, about how to improve interoperability in electronic health record systems (EHR).

The report, "Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap," would require most providers to be able to send, receive and use a common set of electronic clinical information at the nationwide level by the end of 2017.

The common data set would contain about 20 basic elements, such as patient demographics, lab test results and identifiers for a patient's care team members. The plan is open for public comment through April 3, 2015. The 163-page plan is available at:
www.healthit.gov/sites/default/files/nationwide-interoperability-roadmapdraft-version-1.0.pdf.

Accompanying the 10-year interoperability plan is a 13-page advisory, 2015 Interoperability Standards Advisory, from the Office of the National Coordinator for Health Information Technology to the health IT community on what it sees as the best available health care information exchange standards and implementation specifications to facilitate health data information exchange. The list will be continuously updated. The advisory is available at:
www.healthit.gov/standards-advisory .

TAX AUDITS AND THE CHIROPRACTIC PRACTICE

FROM ACA NEWS, 2015

A LETTER FROM THE IRS will understandably cause a certain amount of dread for most, and if the letter is informing you that you are being audited, it might cause outright panic! Before you start imagining all the worst-case scenarios of huge tax bills, penalties, interest and, God forbid, criminal charges, fines or prison, take a deep breath and understand that this is simply a business transaction. As inconvenient, stressful and time-consuming as it might be, there are steps you can take to minimize the impact on your chiropractic practice and your life.

First item to know and this is VERY important — You need a team of professional tax, financial and legal advisors who have extensive experience working with the IRS. After all, you may have a business professional who handles your tax planning, payroll, tax fi lings, business planning and retirement planning. _ is does not make that person necessarily qualified to work with the IRS.

There is a major difference between someone who simply does tax preparation a few months of the year and an expert who does tax planning, tax filing, business planning and financial planning. The former simply strives to put the right numbers in the right boxes with the hope of keeping you out of the big box with the bars on the windows. The latter works with you year-round, providing comprehensive planning to minimize taxes, legal and financial risks and to maximize the value of your capital.

Think of it this way: A patient comes to you for a particular solution that you specialize in, not for every ailment.

If you don't have a professional team of advisors, it's time to find and hire them. You will need to find a tax, financial and possibly a legal advisor.

The following is a step-by-step process to alleviate the stress of an audit of your chiropractic practice and develop a personal and business plan to protect yourself and, most important, provide for your future.

STEP 1. Find an enrolled agent to prepare for the audit.

An enrolled agent is a person who has earned the privilege of representing taxpayers before the IRS. He or she either passed a three-part comprehensive test covering individual or business tax returns or gained experience as an IRS employee.

In the first meeting with the enrolled agent, you will discuss what tax years are being audited and what documentation will be required. You will review possible problem areas such as questionable deductions and missing receipts and also review past returns and tax forms, such as W-2s and 1099s for errors. Retirement

account rollovers and transfers can be common sources of problems if not done correctly and even when done correctly are common sources of reporting errors by the custodians. Determining the cost basis for the purpose of calculating the possibility of any capital gains taxes that may be owed for the sale of stocks or real estate is another

potentially expensive error; if this is not reported correctly, the IRS will assume your cost basis is zero and the gains fully taxable.

STEP 2 Develop a plan with your enrolled agent.

This is the time you need to address any identified issues, while at the same time looking for any missed deductions and other tax strategies to minimize taxes. Best case: You may get a refund or find offsets against any tax liabilities.

STEP 3 The enrolled agent will meet with the IRS and represent you in the audit.

This is very important. Do not meet with the IRS on your own! There is an old adage, "A man who represents himself in court has a fool for a client." You need a professional who has experience in dealing with the IRS, and it will be far less stressful for you.

STEP 4 If you end up owing taxes, don't panic!

There are many options available to you in negotiating with the IRS to reduce the amount of taxes and/or penalties owed. This is where your tax and financial advisors work together to determine what resources are available and appropriate, while protecting your retirement accounts. It's another reason you want an experienced enrolled agent representing you with the IRS. You need an advisor who knows the best options for your situation, whether that be an installment agreement, offer-in-compromise or non-collectible.

STEP 5 Post-audit – Take the time to plan for the future.

There is no time like the present to improve the financial health of your chiropractic office and take it to the next level. Be proactive; take the steps today to build a strong foundation for the future of your practice. These next steps will benefit you, your family and your patients. Planning for the future starts with the right team, your own mastermind group to assist you in attaining all your business and personal financial goals.

STEP 6 Review your business structure with your team of experts.

How do you currently operate your practice: as a sole proprietor, partnership, S-corporation, C-corporation or LLC? There are tax, liability and cost considerations to be weighed for your specific situation. Choosing the right business structure can easily be worth tens of thousands of dollars to you annually and potentially protect you from losing everything you have worked so hard for.

STEP 7 Grow your practice.

Once the structure takes shape, the business and tax planning will begin to fall in place. Business planning includes how to grow your business, while minimizing taxes and liabilities and at the same time maximizing capital.

Your financial advisor will work with you on your insurance needs to protect you and your family and to build for your future with the appropriate retirement savings plan based on your specific needs and goals. Avoid the trap of thinking the value of your practice will provide for your retirement, as this rarely happens. A personal and business

financial plan will ensure that you are able to attain and maintain your standard of living and quality of life throughout your lifetime.

There you have it: seven steps to survive and thrive when life happens, whether an audit or any number of crises that may come your way. It all starts with a plan. As Winston Churchill said; "He who fails to plan, is planning to fail."

HSCA PLANNING A MULTI-DAY PRACTICE COMPLIANCE SEMINAR IN JULY

Please watch for announcements from HSCA regarding a comprehensive seminar regarding the ICD-10 Coding update that is mandated to begin on October1, 2015.

Additionally, the program will include all the necessary information to comply with the major HIPAA privacy requirements that we all must conform to in our practice. The latest Medicare, Meaningful Use & PQRS documentation requirements will also be presented. We will have HMSA go over their latest Chiropractic Policy Requirements.

July Seminar Date to be announced soon!

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Honolulu, HI 96819 808-836-6411

Seminar Topics include:

Ethics & Law/Current laws- review of current state laws, rules and regulations,discussion on truth in advertising and ethics marketing. Principles of Practice relating to diseases using chiropractic treatment- subluxation and its relationship to disease, managing pain and inflammation of an injured patient through instrument technology. Immunization guidelines, and posture neurology, hands on.

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or send check to Mark Cymerint 25283 Cabot Rd., Ste. 109, Laguna Hills, CA 92653

A second DVD will be available to purchase for an additional ($99)
12 hours of CE credit. Topics include:
Ethics & Law/ Nutrition/ Advanced Adjustive Technique
Hawaii Index Number: HI 14-041 / HI 14-042 / HI 14-040 :

>>HSCA GENERAL MEMBERSHIP MEETING<<

Date: Friday, April 10, 2015
Place: Oahu: St. Louis Alumni Clubhouse
916 Coolidge Street, Honolulu, HI 96826
Neighbor Isle's: Contact your Island Director
Time: **7:30pm**
Info: Call HSCA office: (808) 926-8883

>>SEMINARS<<

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