Northwest Outlook

hfma washington / alaska chapter
healthcare financial management association

4th Quarter
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Editorial Policy

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Publication Objective

The NW Outlook is the official publication of the Washington/Alaska Chapter Healthcare Financial Management Association. Our objective is to provide members with information regarding Chapter and national activities, with current and useful news of both national and local significance to healthcare finance professionals and to serve as a forum for the exchange of ideas and information.

President's Corner

by Jim Heilsberg, President

What is the meaning of M in HFMA?

That is the question posed to the HFMA board last February at our annual planning meeting. Their answer like the letters before was significant. Words like meaningful, mission and mentoring were echoed around the room.

Meaningful

To me along with the board, HFMA has been a place to find meaning. It is the place you can come to sit and listen to others talk about relevant industry information outside of our busy schedules at work.

Many have found answers to their work conundrums at HFMA. Those things we can't solve individually we can solve together. In a sense it takes a village to raise a member up and each of us are part of the HFMA village.

We take turns being the giver or the receiver of information that helps us out. Regardless if you give or receive, you grow through it together.

HFMA is meaningful and provides meaningful information for us to survive and succeed in this crazy industry we love so much.

Mission

It is easy to lose our way at times. HFMA gives us the opportunity to discover our personal mission and gain perspective on how we can better connect with those in our work environment.

I know for myself speakers like John Izzo and Mike Morrison and others have helped bring me along my journey and see things differently and

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Contributing Writers

John Blakey
Ryan Brebner
Rich Cohan
Jim Heilsberg
Richard Lewis
Tom Muller
Christopher Thunder

THANK YOU!!!

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some things more clearly. Others have shared the same with me.

Missions are tricky things. They take much thought and when we think we have it clear, we change and then the mission seems not as clear. Life does change us and I have found over the year that HFMA has helped change me but also given me the chance to change myself.

HFMA helps us see our personal mission and the mission within the industry more clearly now and in the future.

Mentor

In prior President Columns I talked about mentoring but it can not be over done. The way a village raises each member and itself up is by sharing with each other.

This seems like such a simple thing but even recently I have been reminded of how much we change over time as a result of mentoring and how our roles change over time from mentoree to mentor.

As we gain information we have a new duty to share it with others in a respectful way that allows others to absorb it but and not feel like we are the enlightened and they are not. Tricky process, however practice and feedback from others helps us figure it out.

Many want to be the person doing the mentoring because then they will have arrived. I have found that it works best to be always feeling like you are learning and just share your own experience. In general it becomes a parallel track type of phenomenon. I mean by this that each person sharing and learning allows them to be on their own and parallel tracks of learning. Neither is superior. Both learn from each other. The person with more seasoning can be reminded of what they were like but also see it anew and gain new perspective from the person trying to gain perspective.

Mentoring is a beautiful thing when done correctly.

There is a saying that my dad and mom had hanging in there kitchen that comes to mind. "We get to soon old and to late smart." The wisdom in this is that it takes much time to gain perspective. We need all the help we can get.

HFMA is and will be a great place to enter and participate in the mentoring process.

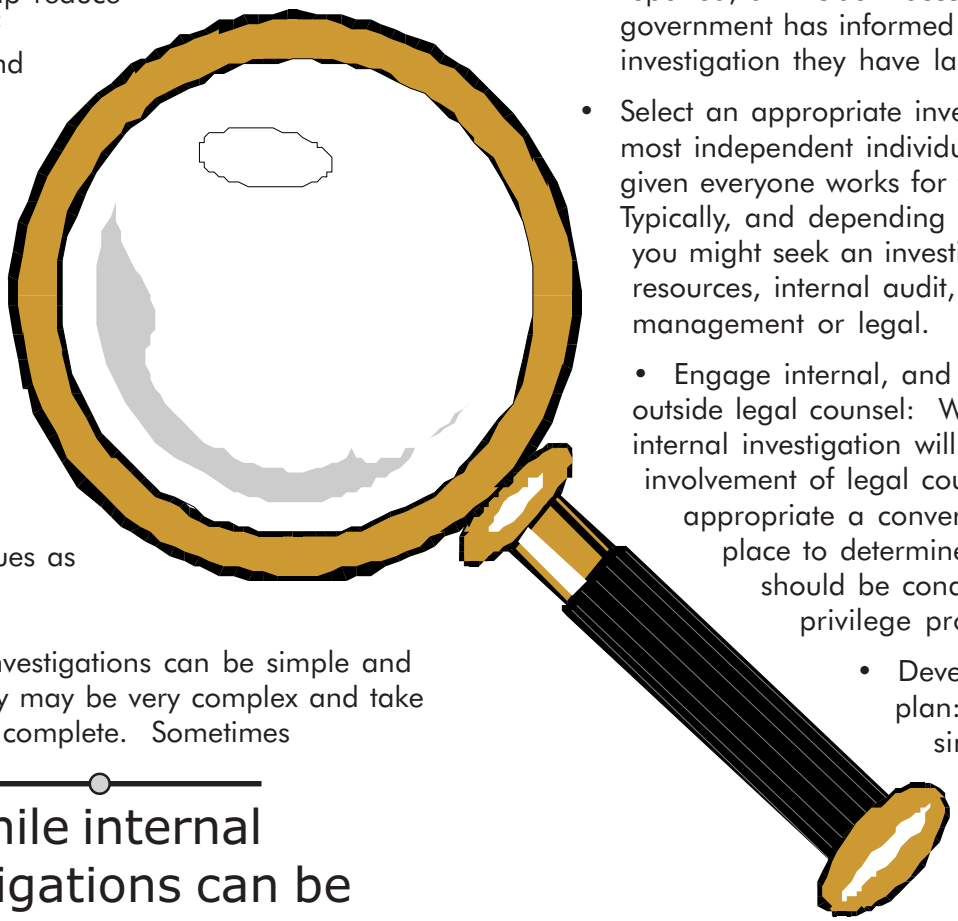
As I think of each of you who have contributed to helping me grow a smile crosses my face. A deep sense of satisfaction washes over me with how rewarding life has been within HFMA. Most importantly an overwhelming feeling of gratitude wells up from within my soul to each of you that have been willing to participate in my career either as mentor or as one who has asked me for mentoring. With real tears in my eyes – Thank you for being you and for helping others including me.

Merry Christmas and Happy New Year.

Internal Investigations: A Risk Mitigation Strategy

by Rich Cohan | Providence Health & Services

Internal investigations are a key element of risk mitigation within healthcare organizations. They are also crucial to demonstrating that an organization has an effective compliance program. Internal investigations when done properly can help reduce the possibility of lawsuits, fines and penalties. More importantly, a focus on appropriate investigations supports an entity's commitment to ethics and compliance - thereby supporting the organization's mission and values as well as morale.



While internal investigations can be simple and short-term, many may be very complex and take quite a while to complete. Sometimes

While internal investigations can be simple and short-term, many may be very complex and take quite a while to complete.

the investigation will begin following receipt of a good faith report and conclude producing a finding of no wrongdoing and, of course, the complete opposite might be the result. In any case, it is critical that all allegations of wrongdoing must result in an appropriate investigation.

The following are some simple steps to include when conducting an appropriate internal investigation:

- Prompt response: Begin the investigation promptly after the allegation has been reported, an incident occurs or the government has informed you of an issue or investigation they have launched.
- Select an appropriate investigator: Seek the most independent individual you can find given everyone works for the same company. Typically, and depending on the allegation, you might seek an investigator from human resources, internal audit, compliance, risk management or legal.
- Engage internal, and if appropriate, outside legal counsel: While not every internal investigation will warrant involvement of legal counsel, where appropriate a conversation should take place to determine if the investigation should be conducted under privilege protection.
- Develop an investigation plan: In a seemingly simple investigation this might not be documented while a complex matter might require a well documented process to be followed. This plan will help guide us in understanding the documentation to be maintained and provide the organization with support of the process used years later.
- Conduct the investigation: Talk to others involved and/or witnesses to document what they know, think they know or what they have seen. Gather and review any applicable documents, including e-mail, handwritten and

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typed notes and meeting minutes and assorted other material. Be sure to check existing policies as well as laws, rules and regulations that might come into plan.

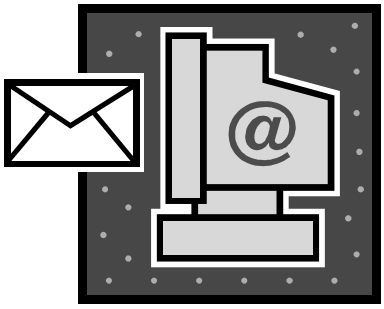
- Focus on facts: All too often an investigation will include some number of opinions, assumptions and exaggeration in addition to actual fact. Be sure to draw your conclusion(s) based on facts and let other input go.
- Wrap up the investigation with a written report: Be sure to run the draft report past legal where they are directing the work and only share the written report with those who truly have a need to know.
- Follow-up after the internal investigation: It is quite common for some follow-up to occur after an internal investigation has occurred. This might be internal with a department senior leader, human resources or a compliance committee or the outcome might mean self-reporting to a federal or state agency. Just be sure that the recommended actions have been taken.

Taking action after an investigation substantiates an issue takes on a significant role because an entity's awareness that an issue existed and a failure to correct the problem and prevent a recurrence could create significant additional liability.

Internal investigations are a way of life in any organization. Using a defined investigation process supports a corporate culture of ethical and complaint behavior and dedication to responding to employees and outside agencies. In the end, conducting effective internal investigations is both a mitigation strategy and the right thing to do!

Rich Cohan is System Director - Integrity, Compliance and Privacy for Providence Health & Services.

How Do I Change My HFMA Information?



All of our chapter directory information including e-mail and addresses for the newsletter are received from the National HFMA database.

The easiest way to make changes is via the internet. Simply follow these steps to change any of your personal information.

1. **Log on to http://www.hfma.org**
2. **Go to the membership section**
3. **Log in using the username and password prompts**
4. **Follow instructions to access your Profile**
5. **Edit information.**

Preparation is the Key for a Successful IT Implementation

by Charlie Brown | UW Medicine

Introduction

Facing a large-scale IT implementation at your healthcare organization can be a daunting proposition. From implementing Computer Physician Order Entry (CPOE) systems that meet Meaningful Use requirements, to replacing legacy hospital billing applications, there are always demanding new projects to execute. Although challenges abound, the upside to these IT projects can include improved patient access and safety, increased operational efficiencies, higher productivity, and better financials. By sharing lessons learned from these implementations, we can help each other's organizations avoid some pitfalls, find effective strategies, and have highly successful outcomes.

At UW Medicine in Seattle, we recently successfully replaced our 35-year-old systems with new Admission Discharge and Transfer (ADT) and Hospital Billing (HB) applications. The project included the University of Washington Medical Center, Harborview Medical Center, and the Seattle Cancer Care Alliance. The three entities combined generate more than $3 billion in annual charges. The installation of the new applications had potential for improving hospital operations and billing but also had a considerable risk if not implemented well. With an estimated project cost of $54 million and a possible negative impact on the hospital operations, the State of Washington's Information Service Board (ISB) determined the installation was a level-3 risk. Because of the risk and cost, the project had the highest level of scrutiny from all stakeholders including: the Boards of the respective entities, the University Board of Regents and the ISB. We found that careful planning and preparation were key to the success of the project.

Throughout the many stages of the project, we endeavored to focus on the needs of the patient and use the best practices from both the healthcare and IT fields to meet our goals. The following sections summarize some of the key processes we used at UW Medicine.

Gaining Approval and Building the Plan

Getting approval for a project of this scope is not an easy task. Like all health care organizations, there are many competing capital needs. Further, the return on investment is hard to justify for IT implementations. For UW Medicine it took over a year to obtain all the approvals necessary to replace our Patient Account system.

Because it was time consuming, careful planning was the key to getting the green light for our project. We prepared a detailed feasibility study that included the financial benefits, project timelines, and a detailed risk assessment. The 60-page document helped us gain buy-in and approval at all levels. After approval, we embarked on our two year implementation.

Building the Team

To execute the project, we built a team of talented individuals from both hospital operations and IT. The team included a blend of talented consultants and permanent staff. Our consultants had extensive experience from other implementations and brought a wealth of specialized expertise. We filled key positions with individuals from our current workforce to bring their wealth of experience to the table and with new hires to combine experience with fresh perspectives. Ensuring that existing operational experts took key leadership roles made it possible to build the required support within the organization for implementing process and workflow changes. This included taking some of our top managers out of Patient Accounting and

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putting them full time on the project. On the IT side, we assembled a talented team that included specialized expertise in areas such as interfaces, applications, and hardware.

We created a unique position, the Site Coordinator, to act as the bridge between our various facilities and the project team. We chose individuals with existing relationships and a high degree of credibility from within the organizations. These stalwart individuals were responsible for coordinating activities with the sites and the project team. They developed relationships with the management team of the site to gain organizational support to implement the changes. This role turned out to be one of the keys to the smooth implementation through their facilitating workflow re-designs, testing, training, and go-live support.

Executive Support

Implementing a large-scale IT project across multiple facilities requires a high degree of executive support and sponsorship. UW Medicine's four CFOs, the CIO and Chief Health System Officer were instrumental in building the initial support as well as addressing the ongoing needs of the project. These executives met monthly with project leadership to review progress, discuss strategy, align resources, and break down barriers. Their high level of involvement ensured organizational alignment and commitment.

Risk Mitigation

UW Medicine, like all healthcare organizations, must do all it can to minimize risk. With the potential adverse effects that a failed IT implementation can have on patient care and/or financial results, a project of this scale required a comprehensive risk-mitigation strategy.

Beginning with our initial feasibility study through go-live, we continually identified and addressed potential risks. Our project leadership met every two weeks to review known risks and discuss any newly identified risks. At each meeting, the team discussed the likelihood, priority, and mitigation strategies of each identified risk. Through this constant diligence, we were able to identify and mitigate potential risks as they were identified. For example, late in the project we identified a significant issue with processing throughput of our interface engine. By identifying this issue through a simulated go-live test, we were able to resolve a problem that would have dramatically reduced interface message response times to clinical systems. Through efforts like these, our go-live event went extraordinarily well.

Training

Preparing hospital staff effectively to use complex new software applications can be a challenge. With nearly 4000 employees impacted, training planning, design, and development started early in the project. We chose to use a blended approach integrating both Web-based training (WBT) modules with instructor-lead training (ILT). The blended approach allowed us to deliver prerequisite skills and knowledge to a large number of staff through WBT and develop complex skills through ILT. We used a mixed staff of internal and contract training developers who worked with experts from operations to create and deliver the more than 20 elearning courses and more than 25 ILT courses.

End-user training started seven weeks before go-live and we delivered 490 courses to the nearly 4000 staff members. To insure retention of training, we used additional practice labs to allow staff to practice their new skills before the go-live event.

To support training and the end user, we also trained individuals from each organization and department as Super Users. These individuals ensured we had strong expertise at the department level to support the users at go-live.

Conclusion

Three months after activation, our results have been gratifying. We have increased our cash balance, reduced account receivable days, and improved our operation processes. The application vendor indicated our metrics at three months post implementation are better than their top five benchmarks. Our hope is that through our experience at UW Medicine, you will be able to find some effective strategies that will contribute to the success of your projects. ■

Mark Your Calendar

Feb. 23-25, 2011
HFMA / AAHAM
Joint Meeting
& Trade Fair

Seattle Hilton Airport
& Conference Center

SEE YOU THERE!

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Christmas Message

by Jim Heilsberg

In the middle of our work we find holidays that cause us to sit back and take a break. Few holidays have the same meaning they started out with.

Memorial day and Labor day for example have a rich history but many see them only as a reason to get away for an extended weekend.

The fourth of July is a day for fireworks but few completely realize the value of freedom that we enjoy.

Thanksgiving has probably more meaning than most that is related to its original intent, which was to give thanks.

New Years is a day to think about the past and future and has become a day to watch football games and eat.

That leaves Christmas. For many this day has become a day to give gifts or in reality to receive gifts. As our children grow, gifts change and often become just something that people want or expect. For many it is easy to forget why we celebrate the most treasured of all holidays.

There is significant religious meaning for this holiday but even at the foundation of that significance we find many reasons to sit back and evaluate what we have and how we can share with others.

It seems to me that Christmas is much like healthcare. In the beginning healthcare was about taking care of those that had needs but not always resources. Many religious orders are at the beginning of many organizations. Without many that gave out of what they had for those that did not have, we would not have the stuff that holds this industry together.

We often think that money is what drives our organizations. I would suggest however that as much as that is true, without the giving nature of many of our caregivers we would not have the stuff that is needed to provide the customer service we do. Many of these caregivers if not all are initially drawn to healthcare because it allows them to live out their desire to give back. They are similar to teachers in that regard in that they see it as a calling.

In The Spirit Of The Season

In finance, we often can be in the middle of numbers all day and forget to breathe in the air of giving. We are forced to help others see the budgets and variances and other finance things that make others crazy. It is what we do and enjoy.

Giving is what provides the reason for the season but also provide us with opportunity to connect differently then we do the rest of the year.

There are many reasons to have a message like this but this year more than most it is needed. There are many needs out there beyond the normal. People that are losing their houses, losing their jobs, dealing with jobs they have lost etc., etc. Within our walls we have people that give all the time to our patients that may need a helping hand or just a word of encouragement.

If you have not had a moment to think, take a moment and in that moment realize that we have opportunity to make this season and holiday special, not in what we give to our families but in what we give to those that we don't know. It is in giving to someone outside ourselves that we see the real reason for the season.

Merry Christmas to all and to all a good night.

■

HFMA After Retirement

by Tom Muller

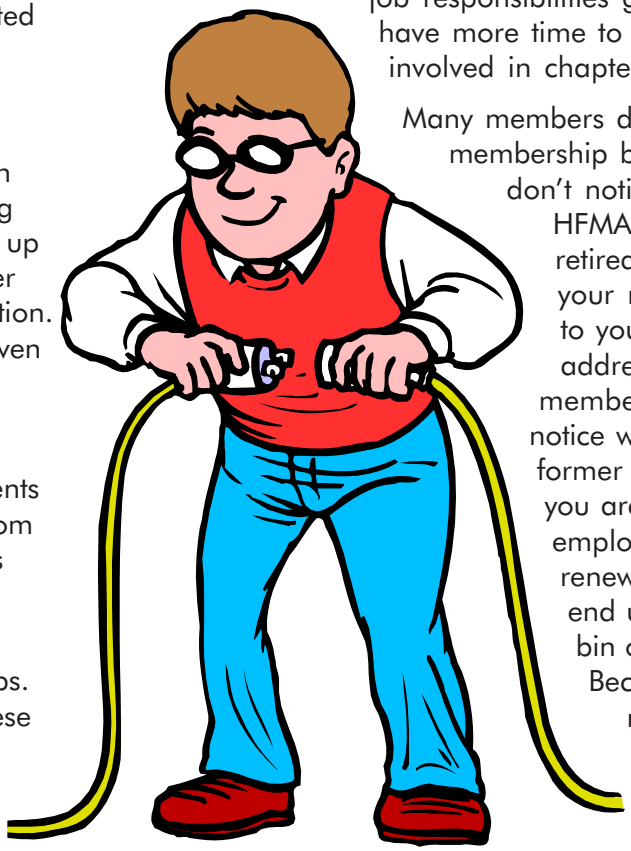
Continuation of HFMA membership after retirement is not a preposterous idea. Although HFMA is primarily for people employed in healthcare finance, it is not limited to those who are still employed. Retirees are welcome in HFMA, especially in Washington-Alaska chapter.

Interest in healthcare finance will not stop with retirement, especially if you have spent a long time in the field. You will need HFMA to keep up with the latest changes in the industry. Chapter conferences are a big source for this information. If you are no longer a member you will not even be on the distribution list for meeting notices. Not only do you learn from the conference speakers, you also learn from others in attendance. You can learn of new developments and ways to deal with these developments from newer members. Conversely, newer members can benefit from your experience.

During your years as an HFMA member you have made numerous contacts and friendships. As a member you will be able to continue these contact and friendships and will meet new contacts and make new friendships. If your membership lapses, you will lose track of these people. You will no longer be able to access the membership directory. Since people move about often, the directory you still have will rapidly become obsolete. Attendance at chapter functions will enable you to continue face-to-face meetings with your contacts and friends.

If your employer has been paying your membership dues and meeting registration, you may be concerned about assuming these expenses yourself. This should not be a big concern. Annual dues for retired members are substantially less (currently $35 per year) than for regular members. Also, Washington-Alaska offers a significant reduction in registration fees for retired members (and student members, also). As a result your registration fees will be based on the marginal cost of your attendance. In accounting terms think of it as paying direct cost rather than fully allocated cost. Not all chapters offer this discount. This is an additional benefit of membership in Washington-Alaska chapter.

Many of you who are already active in the chapter know that the more involved you are in chapter activities the more benefit you receive from your membership. With the time pressure of job responsibilities gone you will have more time to become involved in chapter activities.



Many members drop their HFMA membership by default. If you don't notify National HFMA that you have retired and change your mailing address to your home address, your membership renewal notice will go to your former employer. Since you are no longer employed there, your renewal notice will end up in the recycle bin or in the trash. Because you have not seen a renewal notice you will not realize that your membership has lapsed until you stop receiving communications from both the chapter and National office. Don't let this happen to you! When you are ready to retire notify the HFMA office to change your membership status to retired. Also change your mailing address to your home address. To keep all of your contact information in the membership directory also enter your home address, phone, and e-mail in the "business address" section of the National directory. This way you will also continue to receive the printed directory, since the business address is used to create mailing labels for the directory.

I believe that you will find membership in Washington-Alaska HFMA after retirement beneficial and enjoyable. This is not conjecture. I make this statement based on my actual experience. ■

HIPAA Version 5010: Staying Ahead of the Curve

by John Blakey, Partner &
Richard Lewis, Manager | Health Care Group

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was designed to simplify health care administration and improve efficiency and cost effectiveness. But much to everyone's surprise, the legislation didn't have a tremendous impact until 2003, when the Centers for Medicare & Medicaid Services mandated the use of electronic data interchange (EDI) and set standards for information privacy and security. More recently HIPAA introduced a new National Provider Identifier (NPI) system, creating unique identifiers for physicians and health care organizations across the United States.

Despite all these sweeping changes, the work of simplification continues and remains ongoing. Last year, for example, the Department of Health and Human Services published a final rule adopting the X12 Version 5010 for HIPAA transactions. The compliance date for Version 5010 is January 1, 2012, which gives the industry an opportunity to test-run the new standards and make sure they're in good working order as they replace Versions 4010 and 4010A.

The big driver behind HIPAA 5010 is the need to accommodate the new International Statistical Classification of Diseases and Related Health Problems, Version 10 (ICD-10). Version 5010 significantly improves the handling of clinical data, enabling the reporting of diagnosis codes (ICD-10-CM) and procedure codes (ICD-10-PCS) and distinguishing among codes for principal diagnosis, admitting diagnosis, external cause of injury, and patient reason for visit.

However, Version 4010 isn't compatible with the format of the new ICD-10 codes, meaning health care providers will have to upgrade to 5010 to report these codes in their HIPAA transactions. In practical terms, providers won't get paid unless they implement 5010 by the beginning of 2012, and they won't be reimbursed starting in October 2013 unless they submit ICD-10 coding.

An enhanced version of 5010 was required after the realization that certain parts of the HIPAA EDI lacked the right functionality to meet the needs of providers and payers. To rectify this, the industry has asked for hundreds of changes, such as better present-on-admission reporting on claims, improved use of NPI numbers, and an improved eligibility transaction that will provide more information during the treatment process.

Here are some of the specific changes in Version 5010, which will allow providers to better automate reimbursements:

- Authorization and referral transactions are significantly improved for enhanced implementation.
- Critical medical information has been added to allow health plans to make smarter authorization decisions.
- The implementation instructions are upgraded with logical guidelines.

The updated Version 5010 also has data-reporting requirements that differ somewhat from the current transactions. These changes may require the collection of additional data or the reporting of data in a different format.

Many of the changes will boost efficiency and cut costs by reducing the number of phone calls to health plans as well as appeals as a result of incomplete information. Version 5010 will also eliminate unnecessary customer support.

However, preparing for 5010 requires a good deal of advance work. First and foremost, you need a clear strategic approach to achieve compliance. Second, you must form a steering committee to help navigate the complex changes. Third, your technology infrastructure must be thoroughly assessed to make sure it can completely accommodate Version 5010, and your vendors in this area must be on board. Testing the new systems thoroughly is essential,

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as is in-house education to ensure that every part of the organization is on the same page. And finally, any investments made today must incorporate the next wave of changes to come after 5010 and ICD-10.

The time, energy, and resources invested in HIPAA 5010 compliance are sure to reap dividends, because the entire industry is moving toward digital streamlining. The Council for Affordable Quality Healthcare, for example, is seeking to improve interoperability among volunteering providers and payers by making eligibility, benefits, and claim-data transactions much more efficient and standardized.

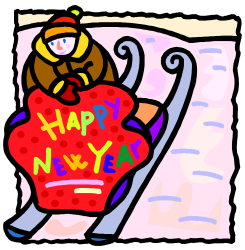
But to get the most out of their investment, health care organizations need to embrace HIPAA Version 5010 today-and act wisely and judiciously now to stay ahead of the curve.

John Blakey serves a wide variety of health care clients, including physician groups, hospitals, and long-term care organizations. He has more than 17 years of experience in public accounting.

Richard Lewis is the Director of Sales for the Moss Adams Health Care Consulting Group. He has more than 29 years of experience in health care coding consulting and workers' compensation claims management.

Alaska Healthcare Watch

This column is intended to share and inform the Chapter Members about Alaska healthcare financial news



FOR IMMEDIATE RELEASE - No: 10-165
Office of Governor Sean Parnell
Alaska Health Care Commission Appointments

Governor Names Five to Commission

September 15, 2010, Juneau, Alaska - Governor Sean Parnell today appointed Patrick Branco, Emily Ennis, Col. Paul Friedrichs, Dr. Timothy (Noah) Laufer, and David Morgan to the Alaska Health Care Commission.

Senate Bill 172, passed by the 26th Legislature and signed by Governor Parnell, extends the Alaska Health Care Commission and establishes it in state law. The purpose of the commission is to recommend and develop a statewide plan to address the quality, accessibility, and availability of health care for all citizens of Alaska.

Senate Bill 172 also provides for the reappointment of the current commission members. They are Keith Campbell, Valerie Davidson, Jeffery Davis, Dr. Ward Hurlburt, Wayne Stevens, Dr. Larry Stinson, Linda Hall, Representative Wes Keller, and Senator Donny Olson.

Branco, of Ketchikan, is the regional CEO of Ketchikan General Hospital. He has also served in the administration of Divine Providence Health Center in Ivanhoe, Minnesota as well as the Fairview-University Medical Center in Hibbing, Minnesota. Branco served in the U.S. Navy from 1979 – 1995 as a strategic medical planner, medical staff administrator, and director of ambulatory care. As the chair-elect of the Alaska State Hospital and Nursing Home Association (ASHNHA), he is appointed to a seat representing ASHNHA.

Ennis, of Fairbanks, is the executive director of Fairbanks Resource Agency, a non-profit corporation serving Interior Alaskans with disabilities. She is the president of the Alaska State Association on Developmental Disabilities, in addition to her service on the American Network of Community Options and Resources. Ennis is a former mental health specialist with the Marion County (OR) Mental Health Program, and is appointed to a seat representing the Alaska Mental Health Trust Authority.

Friedrichs, of Anchorage, is the commander of the Air Force/Veterans' Affairs Joint Venture Hospital. He is also the Air Force representative to the American Medical Association. He has served in the U.S. Air Force for 20 years in several capacities, including chief of operations of the Air Force Space Command, and commander of numerous medical squadrons in Iraq. He is the recipient of the Air Force Meritorious Service Medal as well at the Bronze Star. Friedrichs is appointed to a seat that represents the U.S. Department of Veterans Affairs.

Laufer, of Anchorage, is a physician at Medical Park Family Care in addition to serving as president. He also practiced at Valley Family Medicine and Valley Medical Center Rapid Care Clinic. Laufer is appointed to a primary care physician seat.

Morgan, of Anchorage, is the director of reimbursement for Southcentral Foundation. He is also the chairman of the Municipality of

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Anchorage Health and Human Services Commission. Morgan is a member of the Alaska Primary Care Association, the Medicaid Tribal Task Force, the Healthcare Financial Manager Association, and the Alaska Medical Group Management Association. He has worked in health care for 31 years, and is appointed to a seat representing community health centers.

Campbell, of Seward, is a retired hospital administrator. He holds national positions with the American Association of Retired Persons (AARP), including the national board of directors. Campbell served as CEO of the Seward General Hospital for 20 years, in addition to service at the Wesleyan Rehabilitation Center and the Seward Chamber of Commerce. He has held elected positions with the Seward City Council and school board, and the Kenai Peninsula Borough. Campbell is reappointed to a seat representing health care consumers.

Davidson, of Anchorage, is senior director of legal and intergovernmental affairs for the Alaska Native Tribal Health Consortium. She serves on the Alaska Tribal Health Compact, the Tribal Medicaid Task Force, and the National Indian Health Board. Davidson formerly worked as vice president and general counsel for Yukon-Kuskokwim Health Corporation and as a legislative staffer. Davidson is reappointed to a seat representing the Alaskan tribal health community.

Davis, of Anchorage, is the president of Premera Blue Cross Blue Shield of Alaska. He also chairs the Alaska Comprehensive Health Insurance Association and is a member of the Anchorage Economic Development Corporation. Davis is reappointed to a seat representing the Alaskan health insurance industry.

Hurlburt, of Anchorage, is the chief medical officer for the State of Alaska and the director of the Division of Public Health. Hurlburt served in the U.S. Public Health Service for 32 years and has executive experience in health care organizations in Washington, Utah, and Oregon. As medical director for the Department of Health and Social Services, he is reappointed as the chair of the commission.

Stevens, of Juneau, is the president and CEO of the Alaska State Chamber of Commerce since 2004. He formerly worked for the Kodiak Chamber of Commerce, the Kodiak Alaska Visitors Association, and for Wien Air Alaska. Stevens served in leadership positions with Kodiak's hospital, and was an elected member of the Kodiak Island Borough Assembly. Stevens is reappointed to a seat reserved for a representative of the Alaska State Chamber of Commerce.

Stinson, of Anchorage, is the co-founder of Advanced Pain Centers of Alaska, which operates clinics in Anchorage, Fairbanks, and Wasilla. He has served as an anesthesiologist, a surgeon for the 6th Infantry Division (Light) at Fort Wainwright, and as a clinical instructor for the University of Arizona. He is a member of the WWAMI Community Advisory Board, the American Medical Association, and the American Society of Anesthesiologists. Stinson is reappointed to a health care provider seat.

Hall, of Anchorage, has served as the director of the Division of Insurance since 2003. She is an experienced commercial insurance broker, and served as president of the Alaska Independent Insurance Agents and Brokers Association. Hall is reappointed to a nonvoting, ex-officio seat representing the Office of the Governor.

Representative Keller, of Wasilla, has served District 14 in the House of Representatives since 2007. He is co-chair of the House Health and Social Services Committee and chair of the Administrative Regulation Review Committee. Keller has previously served as a legislative aide, as an Alaska Air National Guard pilot, building contractor, oilfield worker, and contracting trainer. He is reappointed by House Speaker Mike Chenault to a nonvoting, ex officio seat representing the House of Representatives on the commission.

Senator Olson, of Golovin, has represented Senate District T since 2000. He is chair of the Community and Regional Affairs Committee. Olson is a physician, commercial pilot, and reindeer herder. He is a member of the Alaska State Medical Association and a former member of the State Medical Board. He is reappointed by Senate President Gary Stevens to a nonvoting, ex-officio seat representing the Senate. ■

hfma washington / alaska chapter
healthcare financial management association

Job Opportunities

TITLE	ORGANIZATION	LOCATION	CONTACT
Accountant I	Franciscan Health System	Tacoma, WA	click for more information
Accounting Manager	Seattle Radiologists	Seattle, WA	click for more information
Charge Description Master Manager	Swedish Medical Center	Seattle, WA	click for more information
Director Patient Financial Services	Deacones Medical Center	Spokane, WA	click for more information
Financial Analyst/Payor Contracting Spec	Legacy Health	Portland, OR	click for more information
Manager, Accounting	Franciscan Health System	Tacoma, WA	click for more information
Sr. Revenue Cycle Director	Providence Health & Services	Renton, WA	click for more information
Staff Accountant	Columbia Memorial Hospital	Astoria, OR	click for more information
VP of Finance / Chief Financial Officer	Samaritan Healthcare	Moses Lake, WA	click for more information

NATIONAL OPPORTUNITIES

Whether you're climbing the ladder or you've reached the top, you must stay continuously focused on your career. HFMA gives you a distinct advantage every step of the way. Professional certification programs, career self-assessments, employment opportunity updates, resume referral services, mentoring opportunities, and national and local leadership opportunities let you have a hand in shaping the future of the industry and the profession.

To access HFMA National's Job Bank please click here!

For more information on these listings or to include a listing, please contact
Kimie Delos Reyes at (360) 567-3594 or email at: kimie@hawesfinancial.com

See also National HFMA's website (www.hfma.org) for additional job listings.
[Last Update: Dec 2010]

New Members

Get Connected!

The Washington/Alaska Chapter is pleased to announce the following new members:

Kenji Asakura

D Lance Campbell
Valley Medical Care

Nerreda Chavez
Fred Hutchinson Cancer Research Center

Melinda Evans
Philips Healthcare

James Goldsmith
Washington Federal Savings & Loan

Matthew Harestad
Professional Credit Service

Rebecca Hogan
Tacoma Radiology Associates, P.S. dba TRA Medical

Jacque Johnson
The Data Systems Group

Natalia Kohler

Adam Maguire
Dell Services

Rosa McCabe
Yukon-Kuskokwim Health Corporation

Amber Reeff
Virginia Mason Medical Center

Chuck Stillwaggon
Orthopedics Northwest, PLLC

Viswanthan Subbiah
Evergreen Healthcare

Marcy Vixie
Central Washington Hospital

Mark Your Calendar

Region 11

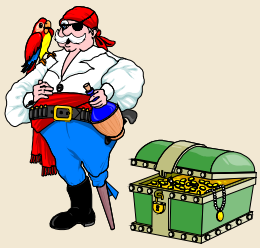
2011 Healthcare Symposium

Jan. 23-26, 2011

Caesars Palace
Las Vegas, Nevada

SEE YOU THERE!

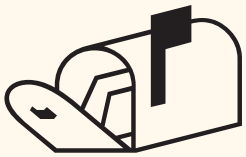
Share the Wealth



Share your wealth of knowledge by submitting an article or experience for the Northwest Outlook newsletter ....that way, we are all enriched!

$100

You could win $100 by writing an article for N.W. Outlook! Share your knowledge & experiences with other HFMA Members. You can help make a difference!



Please send information & articles for upcoming newsletters to:

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Upcoming Chapter Meetings

DATE	EVENT	LOCATION
Jan. 23 - 26, 2011	2011 Region 11 Healthcare Symposium	Ceasar's Palace, Las Vegas
Feb. 23 - 25, 2011	HFMA/AAHAM Joint Meeting & Trade Fair	Seattle Hilton Airport & Conf Ctr.

www.waakhfma.org

NW Outlook

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