

Northwest Outlook



hfma™ washington / alaska chapter
healthcare financial management association

January - March
2008

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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 Message

by Greg Moga, President

My 'official' swearing-in as the 53rd President of the Washington/Alaska Chapter of HFMA will be on Thursday, May 22nd, at our upcoming meeting at Campbell's Resort on beautiful Lake Chelan. Both myself, the Board and the officers will be sworn in by Mary Beth Briscoe, HFMA's National Chairman, who will also be presenting our keynote. Mary Beth is a terrific speaker who epitomizes Southern charm and charisma- you will be so impressed!

As all of you know, I have had the privilege of a 'prequel' by stepping in as President beginning last September. This has been a bonus time- allowing me to begin my leadership of the Chapter by getting a running start before my term officially begins. I am already a bit nostalgic when talking to Grant Baumgartner about his term, which begins in May 2009- it'll be here very soon. There is so much that I want to accomplish for our Chapter, and so little time.

February marked our 1st Annual CFO-only dinner at the Rainier Club. I want to offer special thanks to our

hosts, Lori Mitchell and especially Thomas Risse, whose efforts ensured a turn-out of 20 CFO's and laid the foundation for a successful 2nd Annual dinner next year.



Last month I attended our Alaska meeting in snowy Fairbanks- I was so impressed by the work done by our Board member, Cathy LeMay, and the other Alaska members, especially Brandon Tokar, to

please see PRESIDENT'S MESSAGE on page 15...

Contributing Writers

Annette Edwards
Tina Eller
Jim Heilsberg
Lisa Lamb
Rik Lewis
Greg Moga
David Morgan

THANK YOU!!!



Commentary:
**Non-Profit Hospitals
Need to Toot Their Own
Charity Horn**

by Tina Eller |

Senior Revenue
Cycle Strategist,
SearchAmerica

In 2008 you are hearing much about healthcare's failures from the politicians, media, and others. In their minds, the healthcare community is doing a poor job and needs to be dramatically reformed. I couldn't agree more. We have failed, but not where Americans may think we have.

Our 'F' belongs in our lack of public relations showing Americans the billions spent in charity care programs, and the associated belief that even non-profit hospitals are more focused on margin than mission.

Hospitals today do an outstanding job serving all of their patients. Most people don't realize how exceptional our healthcare is until they receive medical care outside of the United States. These experiences, even in the most civilized nations, usually include lengthy waits for services (sometimes more than a year!), unclean or archaic facilities, and almost always bureaucratic staff with no hint of a smile.

We need to remind the United States that we should be proud of our independent healthcare services. In 2008, don't just watch the news and let the politicians speak on healthcare. We have a responsibility to join in the discussion.

Who should the leading spokesperson be? Surprisingly, it may not be the hospital president or award-winning doctor, but its CFO and their revenue cycle staff. For who else could speak authoritatively on the dollar value of uncompensated care given by the hospital in recent years?

Charity Program – Huh?

If you ask the average American if non-profit hospitals in their area provide services at no charge to the indigent population, they would most often look confused at the question and

certainly lay all credit for serving the uninsured/underinsured community at the foot of government – 'isn't that what Medicaid is for?' Unfortunately, few people know about the billions of dollars that hospitals, especially non-profits, give back each year to their community in the form of free or discounted services.

It is like the saying if a tree falls in the forest with no one around, did it actually happen. If hospitals provide care on their own dime, and no one hears about it...did it actually happen?

Thus, in this year where healthcare and Iraq will dominate most discussions and debates, I urge you and your colleagues to make the billions spent on hospitals' charity care programs a point a topic of discussion at your next social gathering, kids' soccer match or class reunion.

Rumblings from Congress & the IRS

You are no doubt aware of the increased scrutiny rising from Washington. The updated IRS Form 990 and public statements by members of the Senate Finance Committee are just several examples of the government's increasing monitoring of the nation's healthcare providers. For the past year or more Senate Finance Committee Chairman Max Baucus, D-Mont and Sen. Charles Grassley, R-Iowa have spoken of the 'magical' 5% of annual revenues that non-profit hospitals should be required to allocate to free care for those unable to pay.

The bottom line is that the government is following poor public perception of healthcare and adding fuel to it with its current activities. Unfortunately, good news doesn't sell...so we must do our part to comply with their new regulations but not lose focus of the bigger issue — public opinion.

Choose More Than One

Just as doctors take a oath to serve those in need,

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healthcare organizations have a shared passion, or mission, to deliver quality care to its patients, to make a difference in their lives.

For non-profits, it's not just about margin. Unfortunately the public, and to be honest sometimes our staff, forget that it is not the balance sheet alone that steers the organization.

More than ever, hospital CFOs need to picture themselves at a buffet not a wedding reception. They can freely choose multiple desserts in whatever quantity, not just a single piece of cake.

This is how they should view their hospital's margins and charity programs. Hospitals can place both on their plate side-by-side, and neither is of more or less importance. In fact, just like ice cream and apple pie, both are better when served together.

How, you ask? When non-profit hospitals focus their collections on only those patients who are able to pay (removing those who qualify for charity and Medicaid in advance), their collections rates and margins dramatically improve while their bad debt decreases.

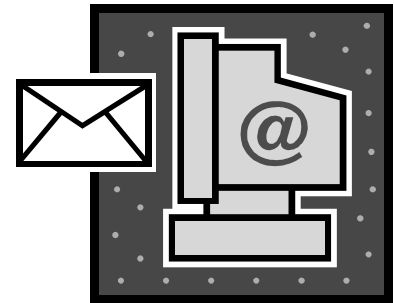
The revenue cycle is an important way to support a non-profit hospital's mission. It needs to develop processes and use technology to identify and enroll all qualified patients for charity care, and focus 100% of its collection efforts on patients with the means to pay for services. Tax-exempt hospitals are not asked to give away the "farm" but to simply serve those who need assistance.

The bottom line is that hospitals need to be proud of the services they bring to everyone, whether they can afford them or not. In 2008, I challenge you to be more vocal about the positive aspects of our healthcare systems. After all, if we don't toot our own horns it is clear that the politicians and media won't.

Tina Eller is a Senior Revenue Cycle Strategist, SearchAmerica, and has worked in healthcare, both physician and provider spaces, for 15 years. Ms. Eller's expertise is in helping organizations drive initiatives within the Revenue Cycle focusing on the self pay population and Consumer Driven Healthcare. She is a frequent speaker at healthcare forums as well as contributor to a number of healthcare publications on the topics of Revenue Cycle best practice, challenges in the industry, etc.

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.**

Keeping the Personal Bottom Line

by Jim Heilsberg | Whitman Hospital & Medical Center

There seems to come a time in my life, every so many months/years that I end up thinking about the industry we work in. The last time I thought about "Why do I do what I do," my thoughts focused on what seemed an altruistic perspective that people were drawn to Healthcare out of a need to matter. Similar to teachers, healthcare workers seem to want to make a difference in people's lives.

In the finance world of "bottom lines," "ROI" and the like, we often are taught to look at the "business side of things." In Healthcare, however, finance individuals have been able to look at the personal side of the world and feel part of that "making a difference."

In the past several years bottom lines and methods of obtaining them in Healthcare, have changed. Gone are the warm fuzzy moments associated with administration that came from the rich history of why people got into healthcare.

Several other business thoughts have arisen in their place from such books as Good to Great and others that focus on achieving organizational success but not necessarily resulting in personal growth.

Good to Great talks about great leaders and efforts to achieve not only a bottom line in business but also leaders that achieve on a personal level as well. To often however, it feels that the bottom line of business is winning over our heritage as an industry.

So what does the future hold?

Recent national economic stresses in the nation and an ever growing capturing of the GNP by healthcare will continue to put pressure on the healthcare industry to become more like a traditional business.

We in finance are being asked to lead charge

based on our formal training. We are asked to provide answers on how to obtain a bottom line. We have the traditional answers of "Cut costs" or "Increase Reimbursement" and methods to do so.

The reason for this article seems to be everything against what we have learned about delivering a financial bottom line and organizational success as traditionally defined.

What I fear we are losing is our reason for being in this industry, "The personal bottom line."

For myself, there is a need to make a difference in life. It has been said that when we die, we will not look back and appreciate all the countless hours we were at work. I laugh to myself, because I woke this morning at 3:30 AM and started writing this article. We work and are working more hours then ever in the past. Decreasing budgets or stagnant budgets force us to do more with less. I have heard from others in larger institutions, they are being asked to: Do the work of 3 with 2, get a promotion that forces them to put in more hours but they keep their job or help others find ways to do more with less.

In the end, our devotion to job will be remembered by some or many but from others that have passed, it is well known that our jobs are but a portion of our life.

Corporate America looks to many to try to find and keep their corporate soul. Healthcare of the past had at the soul of their business, their soul. As a result healthcare focused on making a difference in the work they did, which made a difference in people's lives by healing or saving their lives. In addition people we work with make a difference by providing an end of life with more compassion and honor.

We appear to be going the way of corporate America and honoring the business bottom line over the personal bottom line.

So – what is the bottom line?

It appears that going the way of corporate America is an unfortunate and predictable present

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and future outcome, we like they still need to find and keep our soul.

Many in Corporate America keep their soul through gift giving or employee involvement in the community and non-profit community organizations. Volunteering to help a child in need or to participate in organizations such as churches or hospitals is common practice in corporate America. Hmm..., they volunteer to work in hospitals. When is the last time you heard of someone going to volunteer to work at say McDonalds, in order to give back to the community?

If Healthcare loses its soul, where will corporate America find theirs? Where will we find ours?

I believe the bottom line to our bottom lines is to invest in things that matter not after the workday is done but while we are at work. Healthcare has allowed for that in the past as we had time and money to have groups within our organizations that probably drove us finance folks nuts.

Many in our institutions think differently then we do and focus in things we are taught to disregard, such as "feelings" or "emotions." Did anyone take a required class in school on how generating a net income was going to make your feel, other then the great feeling of counting all that money you would make?

The bottom line for healthcare and corporate America must be two fold. A bottom line of Net Income and of Net Worth must be balanced in order to be successful. Net Worth for me is not what the corporate balance sheet says, but what the corporate and personal soul are.

As we look to advise others and are pressured to not feel, we must fight to retain those things we are not taught to retain. To retain what others that are and have gone before us have lost and then try to regain.

We must fight to retain our personal and corporate soul.

Without both, we will lose what so many of us have got into healthcare for.

It is not easy, and I am not sure I have any answers on how, but do know that to fail to try will inevitably lead us down a path of destruction and rebuilding that will result in us being at the bottom and climbing back up to find our soul. While this may be the way we go, it is no doubt more painful and more costly then just keeping it in the first place.

In these dark times or dark times to come, continue to look to find the things that last, not the things you have to do. Find the things you need to do that will matter so that when you look back on life, it is a view well enjoyed and not one of regret. ■

HFMA.org What a Great Resource!!!

by Annette Edwards | Odessa Memorial Hospital

For those of you who were unable to attend our conference in February (or those who attended one of the other sessions), I wanted to highlight the session about the great resources available at HFMA.org.



Meg Flanagan, from the HFMA National Office, presented "Using HFMA Resources and Tools to Advance Your Career and effectively: MAKE a DIFFERENCE." There is a huge amount of information available at HFMA.org that can make our jobs as healthcare professionals easier. Now, I thought I knew my way around the HFMA website fairly well having logged in many, many times over the years, but after hearing Meg present, I knew I had only touched the surface.

Login to HFMA.org and you'll find a list along the left-hand side that includes topics such as: About HFMA, Jobs & Careers, Membership, News, Education & Events, etc. These are all pretty self-explanatory and certainly helpful. There is

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another item in that list, however, called "Resource Library" that I have been overlooking for years. Click on that item and you'll find a list of topics that includes accounting & finance, compliance, revenue cycle, reimbursement – among others. Within each of these topics there are more choices of information including research & reports, tools, articles and regulatory information. Just a few of the interesting items I found included a toolkit for denials management, a ready-to-use presentation on pricing, a checklist for disaster recovery and an article with tips on how to write to your legislator.

One of the areas that I didn't know much about, was the variety of items under the "education and events" section. I get frequent emails and faxes announcing a variety of HFMA conferences and webcasts, but there is an entire additional set of opportunities listed in this section called "e-learning" that included topics such as billing, denial management, cost control and finance. If you're in need of education for either yourself or your staff, don't overlook this opportunity.

There are also sections on the relatively new Communities of Practice (CoP) and various Forums that are available for additional learning and networking. These are great opportunities for interacting with other HFMA members from around the country.

My intent here was just to highlight a couple of the items from this presentation. I very much encourage you to login to HFMA.org and spend a few minutes exploring. Next time you're stuck "on-hold," or on a teleconference that turned boring, or maybe eating lunch at your desk, login and start clicking. I think you'll be surprised by the wealth of information just as I was.

One of the last slides in Meg's presentation included this:

Making a Difference by Making Connections:

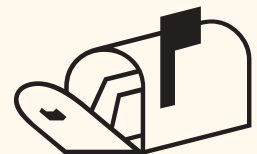
- HFMA connects people
- HFMA connects leading ideas with practical strategies
- HFMA connects people to information

That really says it all. ■



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Alaska Healthcare Watch



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

*Written by David Morgan,
Reimbursement Director,
Southcentral Foundation*

The Alaska Legislature 08 Update:

Alaska Health Care Commission: As the legislative session moves past the halfway point, four different bills concerning the establishment of the Alaska Health Care Commission have surfaced. The two bills (HB 337 and SB 245) that were introduced by the rules committee on behalf of the Palin Administration also include the establishment of the Health Information Office. The Health Information Office will create a website that compares prices of health care products and services for consumers to make informed decisions about their health care needs. Additionally, these two bills call for the repeal of the Certificate of Need (CON) process. However, each bill varies on the specifics concerning which aspects of the CON are repealed. The Final Report noted that the cost of health care in Alaska was too high, making it unavailable for some. "The high cost of health care is a barrier to many Alaskans getting the health care they need, and present system supports the high and increasing costs of health care and inefficient utilization of health care dollars," the plan says.

Six goals were approved by the Planning Council. They are:

- Health costs for all Alaskans will consistently be below the national average.
- Alaska will have a sustainable health care work force.
- All Alaskan communities will have clean and safe water and wastewater systems.
- Quality health care will be accessible to all Alaskans to meet health care needs.

- Personal responsibility and prevention in health care will be top priorities for government, the private sector, communities, families and individuals.
- Develop and foster the statewide leadership necessary to develop and support a comprehensive statewide health and health care policy.

Finally, the council said its work was not done and urged the Legislature to create an "Alaska Health Care Commission" to continue the council's mission and elevate the discussion of health care to a statewide audience. You can review the Final Report for the Alaska Health Care Strategies Planning Council at www.hss.state.ak.us/hspc/.

SB 300 reiterates many aspects of Governor Palin's proposal but does not attempt to repeal CON. HB 407, which would establish a Health Care Reform Policy Commission, is more general and does not include aspects from the CON or the information office. Each of these two bills has proposed a new health commission and a different composition of the commission.

On 3/14/08 SB 160 was referred to Finance Committee in February 2008. The key points of SB 160 are to ensure insurance coverage for essential health services for all residents of the State of Alaska; establish Alaska Health Care Board to define essential health care services and certify health care plans that provide essential health care programs; create/administer the Alaska Health care fund; establish a health care clearinghouse under

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the direction of the Board; provide for review of actions and reporting requirements related to the health care programs.

Progress is continuing on the implementation (Medicaid Reforms) of the provisions of SB 61. The next scheduled progress report is June 30, 2008.

Alaska Medicaid Update:

Changes to Regulations for Residential

Psychiatric Treatment Centers: On February 6, 2008, changes were made to the regulations governing Residential Psychiatric Treatment Centers (RPTCs), specifically & AAC 43. A new subsection was added to 7AAC 43.560 which describe non-covered services and circumstances under which the department may deny payment, deny enrollment, or remove the enrollment of the RPTC in the Alaska Medical Assistance Program. Non-covered techniques listed in 7 AAC 43.560(d) are holding or rage therapy; verbal abuse and shaming; rebirthing; punitive approaches to behavior management, including militaristic-style boot camp and "scared straight"; corporal punishment, including slapping, punching, kicking, pinching, shaking, or striking with and object; and therapeutic interventions not specifically directed toward the psychosocial risks and functional impairments of the child.

Changes for Submitting Medicare Crossover

Claims: When submitting Medicare crossover claims, all professional and institutional Crossover Claims must be submitted on the CMS-1500 or UB-04 claim form; this provides both the NPI and NDC information. Information regarding these new regulations can be obtained by visiting <http://hss.state.ak.us/apps/publicnotice/> and choosing *Medicaid: Residential Psychiatric Treatment Center (RPTC) Reimbursement*. All Crossover Claims require the same information that is normally required by CMS-1500 and UB-04 claims. Complete the claim form as you would when billing Medicare. The total line charges will then represent the total billed to Medicare. You can find the special billing requirement for using CMS-1500 for Professional Medicare, and UB-04 for Submitting

Institutional Medicare Crossover Claims at [Https://alaska.fhsc.com/providers.Billing.asp](https://alaska.fhsc.com/providers.Billing.asp).

As of April 1, 2008 all **Medicaid-covered prescriptions** that are not submitted electronically (e-prescribing or facsimile) or verbally must be written on tamper-resistant prescription forms. Methods to address the unauthorized copying of a completed prescription, erasure or modification of information written on the prescription, and methods that prevent counterfeit prescription forms can be found at <http://hss.state.ak.us/apps/publicnotice>.

Alaska Health Care National Legislation 08 Update:

A bill to provide low-cost health coverage to fisherman and families was sponsored by Re. Don Young, Sen. Murkowski, and Sen. Stevens and a bipartisan coalition of US House and Senate Members. The legislation would provide funding for researching the specific needs of the Alaska fishing industry and for implementing a state-wide program to ensure improved access to health insurance and health care.

Recovery Audit Contractor 2007 Report – “Looking Bad”

CMS has issued the 2007 RAC Demonstration Project. The 31 page report is an interesting read. Congress mandated that the RAC program to detect and correct improper payments in the Medicare program. Your organization should complete a comprehensive risk assessment based on the top problem areas: J code dosages, DRG coding errors, E&M leveling criteria. You can obtain a copy at the following: www.cms.hhs.gov/RAC//2007%20RAC%20status%20document%20vs1.pdf

Coming in the next Issue: President sends FY '09 Medicare budget to Capitol Hill and Alaska Legislature approved Medicaid budget for FY '09 - Details.

HFMA Meeting in Fairbanks

Dramatic ice sculptures by day and by night, top-quality education and the opportunity to see Greg Moga slide down an ice sculpture slide were just a few of the highlights of the Spring Meeting in Fairbanks!

The meeting was a great time of networking, sharing ideas and challenges and learning from top professionals in our field.

Tom Morris of Gustafson + Associates challenged us to examine our human capital and how we harness that energy in more effective ways. He followed up with an interactive exercise on Transforming the Revenue Cycle. This exercise tested our view of where tasks happen in the Revenue Cycle and allowed participants to examine alternative ways of gathering information. This discussion, combined with Day Egusquiza's dynamic presentations on Consumer Driven Charge Masters and Common Sense Approaches to Privacy, helped us focus on our mission of service and patient-friendly processes.



Health, brought us up to date on Medicare's 9th Scope of Work which is just getting underway.

A presentation on Marketing in Health Care by Cassandra Kincaid of First Choice Health focused our attention on marketing to our internal customers and reminded us how we can more effectively assist the departments we support through building positive relationships.



Alaska has a high percentage of TriCare members and April Williams, our TriCare representative, gave us updates on TriCare changes and what to watch for. From the State of Alaska perspective, Jerry Fuller, Director of Alaska Medicaid, addressed the current legislative climate while Randall Schlapia, who is responsible for provider audits and reviews, provided an update in these areas. Sharon Stiasney, Director of Mountain Pacific Quality

Topping off the event was a fantastic tour on Friday afternoon of Banner Health's new Emergency Department, Haz-Mat response area, state-of-the-art ambulance bays, laundry facilities, and generator plants. During the tour everyone we encountered at Fairbanks Memorial Hospital was friendly, helpful and obviously proud of their lovely and very

modern facility.

I thoroughly enjoyed the meeting in Fairbanks and I'm looking forward to our Fall Meeting in Anchorage in October with the high-quality education and opportunities to network our HFMA meetings provide.

Written by Lisa Lamb, Manager of Patient Accounts, Southcentral Foundation, Anchorage AK



hfma washington / alaska chapter
healthcare financial management association

Job Opportunities

TITLE	ORGANIZATION	LOCATION	CONTACT
Accountant, Staff	Michael R Bell & Company	Spokane, WA	bellcpa@bellcpa.org
Audit Manager	CHAN Healthcare Auditors	Tacoma, WA	SScott@chanllc.com
Business Office Director	Rockwood Clinic	Spokane, WA	mlyman@rockwoodclinic.com
Business Office Manager	Mark Reed Health Care District	McCleary, WA	MindyP@markreed.org
Business Office Manager	Northwest Medical Specialties, PLLC	Tacoma, WA	bcooper@nwmsonline.com
Chief Financial Officer	Family Health Centers	Okanogan, WA	dewey@deering-associates.com
Chief Financial Officer	Renown Health	Reno, NV	chris.corwin@kornferry.com
Chief Financial Officer	Willapa Harbor Hospital	South Bend, WA	tstone@willapa.net
Contract Manager	Rockwood Clinic	Spokane, WA	mlyman@rockwoodclinic.com
Controller	Island Hospital	Anacortes, WA	swhitlock@islandhospital.org
Decision Support Analyst	Providence Everett Medical Center	Everett, WA	heidi.miller@providence.org
Director of Access Services	Salem Hospital	Salem, OR	janelle.lilly@salemhospital.org
Director Compliance & Regulatory Affairs	Providence Health Plans	Portland, OR	Fiona.gladden@providence.org
Director of Finance	Providence Health & Services	Portland, OR	Fiona.gladden@providence.org
Director of Health Information Management	Salem Hospital	Salem, OR	janelle.lilly@salemhospital.org
Director - Patient Financial Services	Salem Hospital	Salem, OR	janelle.lilly@salemhospital.org
Director - Patient Financial Services	Rady Children's Hospital	San Diego, CA	csiwa@qwest.net
EPIC/EAP/DS/Finance Manager	University of Washington Medical Center	Seattle, WA	pamurray@u.washington.edu
Epic Resolute Training Specialist	University of Washington Medical Center	Seattle, WA	pamurray@u.washington.edu
Financial Analyst	Providence Everett Medical Ctr	Everett, WA	heidi.miller@providence.org
Medical Biller	Mark Reed Health Care District	McCleary, WA	MindyP@markreed.org
Project Director	University of Washington Medical Center	Seattle, WA	pamurray@u.washington.edu
Senior Accountant	National Medical Management	Bellevue, WA	jenns@natmed.net
Senior Accountant	Multicare Health System	Tacoma, WA	julie.richards@multicare.org
Sr. Risk & Reimbursement Analyst	Providence Health Plans	Beaverton, OR	marie.chambers@providence.org
Tax Accountant - Healthcare	Newman Dierst Hales, PLLC	Seattle, WA	nnewman@ndhaccountants.com

For more information on these listings or to include a listing, please contact Kimie Delos Reyes at (503) 507-6271 or <mailto:kimie@hawesfinancial.com>

See also National HFMA's website (www.hfma.org) for additional job listings.

[Last Update: March 13, 2008]

Wanted – Organization person to provide the most needed service in HFMA.

We are looking to find a replacement for Jadine Mclean who after years of faithful service is retiring from her registration role. In addition we are looking at the option of expanding this role to include other duties to help support various functions of our operation. This new role will be shaped at our next board meeting. If you have an interest either individually or as an organization that can provide services to HFMA please contact Jim Heilsberg.



Mark Your Calendar

Campbell's
A RESORT ON LAKE CHELAN

May 21-23, 2008

HFMA

**Workshop &
Meeting**

**Campbells Resort
Chelan, Washington**

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Tom Muller

Telephone: (360) 459-8994

Email: tjwashington@reachone.com

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How to Select an Insurance Agency

by *FinCor Solutions*

Selecting the right insurance agency may turn out to be one of the most important decisions you make. After all, your assets, your livelihood, and your future may well be at stake, and while they say you can't buy love, at least you can buy some peace of mind.

There are three types of insurance agencies, direct, independent, and hybrid—combining the direct and independent agency approach. A direct agency, sometimes called a captive agency, represents a particular insurance company and only sells that company's policies. While this may appear somewhat limiting at first blush, a direct agency representing a larger insurer may well offer a wide range of insurance products that will meet most, if not all, of the insurance requirements for a typical consumer. On the other hand, a direct agency may have a much narrower focus and specialized knowledge in a particular line of insurance, such as professional liability coverage for doctors or lawyers.

An independent agency represents many different insurance companies and sells policies from a variety of companies to meet a client's various insurance needs. A potential advantage with independent agencies is that they can shop around to obtain the best price or coverage in a particular line of insurance, auto or home for example, and also provide "one stop shopping" to meet all of the other typical insurance needs for their clients. An additional advantage to having all of your insurance requirements placed by a single agency is the comfort in knowing that a trained insurance professional can make certain there are no gaps in your insurance coverage package.

An agency type that is seen most often serving a specialized niche industry segment is the hybrid agency. This is an agency that offers specialized professional liability coverage on a direct and often exclusive basis with a particular insurance company, and may also offer professional liability coverage from a limited number of other carriers. The hybrid agency also rounds out complete insurance protection for businesses in the niche served by offering other lines of commercial and personal lines

coverage, i.e. coverage for Directors' & Officers' liability, employment practices liability, property damage, auto, home, life, and disability. This is perhaps the best of both worlds for insurance consumers employed in a professional field requiring liability insurance, as they not only receive the highly specialized care and service demanded by their profession, they receive the benefits of one stop shopping for their other lines of insurance as well.

The selection of an insurance agency will be driven in large part by your needs. It is vitally important that you look for an agency that understands your particular situation, and for this you can often turn to colleagues or trade associations for referrals. Once you have identified some potential agencies, ask them for the credentials of the insurance professionals you would be working with and compare them. Speak with the insurance professionals informally, paying strict attention to the type of questions they ask you, as this will be a very good indication of how well they understand your interests. Obtain a clear understanding of exactly how they will come to understand your individualized insurance needs, how they will present insurance quotes to you, and, perhaps most importantly, how they will provide service for your continuing needs after the sale. Regular reviews of coverage adequacy, premium comparisons, and seamlessly facilitating claims handling are a three key factors to consider in this regard.

It is also a good idea to check with your state's insurance bureau to confirm that the agency has all the proper and current licensure, and also to find out whether any complaints may have been filed against the agency. Finally, make sure the insurance agency you select has adequate errors and omissions insurance coverage of their own, just in case.

This article was provided by FinCor Solutions, a consultative, multi-line insurance agency offering health care providers both traditional and nontraditional products and services. FinCor Solutions represents multiple insurance carriers and is also the exclusive provider of MHA Insurance Company medical professional liability insurance. If you would like to discuss your insurance needs with FinCor Solutions, please contact them at (800) 777-6428. ■

MEDIA ALERT MEDIA ALERT MEDIA ALERT MEDIA ALERT

HEALTHCARE'S TOP FINANCIAL EXECUTIVES GATHER TO DISCUSS LEADING HEALTHCARE AND PATIENT WELLNESS INITIATIVES AT ANI 2008

**ANI: THE NATION'S LEADING
HEALTHCARE FINANCE CONFERENCE**

- WHAT:** **Healthcare Financial Management Association's (HFMA) 2008 Annual National Institute (ANI): The Healthcare Finance Conference** – the leading forum to discuss healthcare finance ideas, tools and results with more than 80 concurrent, practical and expert-led sessions covering:
- What's Next in Medicare, RACs, Policy, Tax and Legal
 - Accounting, Audit, and Tax-Exempt Issues
 - Physician Relationships and Compensation Models
 - Pricing Strategies and Patient Communication
 - Medicare, Managed Care and Revenue Strategies
 - Charge Capture and Documentation Best Practices
 - Financial Performance and Analysis Models
 - Supply Chain Cost Management
- WHO:** The nation's healthcare chief executives and industry professionals
- WHEN:** **Sunday, June 22 – Thursday, June 26, 2008**
- WHERE:** Mandalay Bay Resort and Casino
Las Vegas, NV
- KEYNOTE SPEAKERS:**
- Steve Case, Chairman and CEO Revolution Health Group and Co-Founder , America Online; *The Consumer's Role in Healthcare Transformation*
 - Richard J. Umbdenstock, FACHE, President and CEO, American Hospital Association; *Healthcare Policy in an Election Year*
 - James Carville, Political Consultant and Television Commentator and Mary Matalin, Republican Activist and Television Commentator; *Al's Fair: Love, War and Healthcare Policy*
 - Tom Peters, Best Selling Author and Business Management Consultant; *The Road to Excellence in Health Care*
- REGISTER:** Media can pre-register for complimentary passes to the conference, online at <https://www.hfma.org/education/ani/press.htm>, by phone at 800-252-HFMA (4362), extension 2 or by emailing memberservices@hfma.org.
- CONTACTS:** David Opon
p. 708-492.3407
dopon@hfma.org



New Members

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

Justin Anderson
Puget Sound Collections

Ginamarie Arafles
Alaska Native Medical Center

Gwynn Aranas
Evergreen Hospital & Medical Center

Erica Ash
Red Cedar Partners, Llc

Elena Axenova
Elgee Rehfeld Mertz LLC

Thomas Boivin
Providence Health Services

Douglas Carda

Maria Cardillo
Protiviti

Shane Clarke
Protiviti

Kathleen Couey
Central Washington Hospital

Melody Craff
VHA

Cecilia Edna
Virginia Mason Health Plan

Jason Faaborg
QuadraMed

Daniel Ford

Rich Fornof
Chapman Financial Services of WA, Inc.

Adrianna Foster
Southcentral Foundation

Scott George

Heather Goecke
Southcentral Foundation

Tim Hocum
Providence Kodiak Island
Medical Center

Rob Hryniewicz
Protiviti

Dany Hun
Overlake Hospital Medical Center

Shonta Jackson
Virginia Mason Medical Center

Heather Johnson
Evergreen Financial Services, Inc.

Rene Kiefer
Virginia Mason Medical Center

Lin Krell
Thomson Healthcare

Sharon Lai
Providence Washington Regional Services

Jason Landis
Providence Centralia Hospital

Tzeghe Makonnen
Harborview Medical Center

Rhonda May
Multicare Health System

Jason Meaux
ECG Management Consultants

Ali Mostek
Associated Credit Service Inc

Marge Nave
Associated Credit Service Inc

Parag Nene
Virginia Mason Medical Center

Frances Newell
Virginia Mason Medical Center

Vinh Nguyen
Highline Medical Center

Lori O'Banion
Aetna

Hakeem Olanrewaju
Providence Health & Services

Monica Ortega
Harrison Memorial Hospital

Corey Ostby
Professional Credit Service

Saruon Ouk
Red Cedar Partners

Dan Philpott
PeaceHealth - Whatcom Region

Anna Reach

Donna Reinhart
Children's Hospital &
Regional Medical Center

Michelle Rice
Virginia Mason Medical Center

Stacey Roberts

Barbara Shine
Providence Health Care

Mark Sims
Inland Northwest Blood Center

Mary Staab
Cordova Community Hospital

Christina Stewart
Virginia Mason Medical Center

Julie Sweet
Providence Health & Services

Jeffery Wajda
Lynx Medical Systems
A Picis Company

Janine Zorb
Pullman Regional Hospital

*Get
Connected!*



HFMA - AAHAM JOINT CONFERENCE & TRADE FAIR

by Rik Lewis

In case you missed it, the Joint Conference and Trade Fair was another smashing success! HFMA National level speakers, sold out trade fair, Casino night & and great prizes!



Steve Ford-Keynote Speaker

Our first keynote speaker was Steve Ford, son of former President Ford, who was very entertaining, providing insights to life as a President's son & as an actor with many of life's lessons along the way. Thank you Outreach Services for sponsoring Mr. Ford! Dr. Cleverley

presented "Ten Critical Questions for Healthcare Financial Management"

which provoked feedback from members of "fantastic," "very relevant," "handouts were excellent," were just a few of the positive comments received by attendees. Our final Keynote was Greg Vigdor, "Making Washington the Healthiest State in the Nation." Did you know that Washington is now rated as the 12 healthiest state in the nation? Washington was singled out as one of the Five Most Improved states in 2007! These are just a few of the many great speakers you missed if you did not attend the meeting!



Vendor Fair

Thursday night attendees were treated to a night of great food, fabulous prizes and Casino games. Casino tables were packed all night with fun for all. We would like to thank Audit & Adjustment Co., Evergreen Financial Services, Merchant Credit & Rainier Collection Services for sponsoring our social hour,



Casino Night

dinner and Casino night! Benefit recovery provided the Casino night Grand Prize, \$500 & 250 gift certificates to Rosario Spa and Resort!

Thank you to all of the corporate & event

sponsors, vendors & speakers that made this an event to remember. This is a "can't miss event" every year and we look forward to seeing you in 2009!

PRESIDENT'S MESSAGE

...continued from front page

prepare for such a successful meeting. The highlight of the conference was our tour of Fairbanks Memorial Hospital (especially the state-of-the-art laundry!) and our meeting with Michael Powers, the CEO/Administrator.

A special note to our Alaska members: we will shortly begin conference calls to plan upcoming meetings. Look for the announcement soon of the date and time for the kick-off call.

I have just returned from our Leadership Training Conference (LTC) in San Antonio where I told a long-time friend 'This is just like a wedding' - as I raced around to try to spend time with so many of my colleagues from the past 20+ years. So much of my professional career has been built around friends from almost a dozen HFMA Chapters from all over the country.

I was joined in San Antonio at LTC by Grant Baumgartner, Brad Becker, Jim Heilsberg, Susan Ruchin, Kathryn Stevens, Rik Lewis, Fredrik Andreasson, Harold Brockman, and Doug Bishop. What a great team to have at my side! All of our Chapter should be proud of their dedication- they all gave up their weekend, and the start of their workweek, to prepare for their roles as Leaders in the upcoming year.

In this coming week, I will be attending the Hawaii Chapter PFS conference in Honolulu, where our company's Regional Director, Cassandra Stewart, will be introducing the keynoter, her former boss, Lillian Koller, Director of the Hawaii Department of Human Services. I move in small (HFMA) circles indeed!

I hope to see you soon, at Lake Chelan. ■

UPCOMING CHAPTER MEETINGS

DATE	EVENT	LOCATION
May 21-23, 2008	HFMA Spring Workshop & Meeting	Campbell's Resort, Chelan, WA
June 22-25, 2008	ANI - National HFMA Conference	Mandalay Bay Resort, Las Vegas, NV
September 24-26, 2008	HFMA Fall Workshop & Meeting	Suncadia Resort, Cle Elum, WA
October 2008	HFMA Alaska Meeting	Anchorage, AK
Nov/Dec 2008	HFMA One Day Workshop	Tukwila, WA

A Medicare Poem

She was old and female, her head was snow white.
She could hardly make it, she was a sorry sight.
Saint Peter told an angel, go out and help her in.
She's old and so decrepit, and no doubt full of sin.
But put her in the gold room, with others of her clan.
Set up the banquet table, bring in the angel band.
Stand by and feed her slowly, but feed her very well.
On earth she worked with Medicare, she's had her time in hell.
Anonymous

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NW Outlook

January - March 2008

Published bi-monthly by the Washington/Alaska Chapter of HFMA

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- HFMA.org What a Great Resource!!!
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