

Northwest Outlook



hfma™ washington / alaska chapter
healthcare financial management association

March - May



2006



Officers 2006-2007

John Nutter, President
Eric Teshima, President-Elect
Greg Moga, Secretary
Grant Baumgartner, Treasurer
Gregg Terreson, Immediate Past President

Board Members 2006-2007

Doug Bishop
Annette Edwards
Jim Heilsberg
Marcy Nicol
Lori Nomura
Brad Becker
Charles Brown
Mike DeLuca
Cathy LeMay
Eric Moro

Editorial Policy

Opinions expressed in articles or features are those of the author and do not necessarily reflect the view of the Washington/Alaska Chapter, the Healthcare Financial Management Association, or the Editor. The Editor reserves the right to edit material and accept or reject contributions whether solicited or not. All correspondence is assumed to be a release for publication unless otherwise indicated.

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



Welcome

by John Nutter, President

Welcome to the 2006/2007 year for the Washington / Alaska chapter of HFMA. The year has already started off with one big surprise, our incoming president (Lee Johnson) felt compelled to accept a new job as Administrator of Kula Hospital on the island of Maui. The smile on Lee's face was hard to miss as he announced that he was moving to Maui. Now as I recall, one of Lee's favorite themes was "Ohana" – the Hawaiian term used to describe the extended family. And since Lee has called our chapter part of his Ohana, it only seems logical that all 850 members of our chapter now have a place to stay when we visit Maui? Look for directions to his new house in the next newsletter...

Despite losing Lee to the islands, I'm very excited about the upcoming year. We have some great leaders planning some terrific meetings. Grant Baumgartner has just been elected as our new treasurer, Greg Moga is advancing to the secretary role, and I'll survive my first (and unexpected) year as President thanks in great part to Eric Teshima who has agreed to serve a 5th year as a chapter

officer. Just when he thought he had finished his 4 year commitment, along came the "strategic opportunity" to make further contributions to the chapter. Ok, maybe it wasn't so strategic, but I appreciate Eric volunteering to help out for another year.

On the meeting calendar, we start out with a half-day meeting on July 14th at Valley Medical Center in Renton. This new meeting is co-sponsored by AAHAM and will have a PFS focus. Next up is our annual September meeting, this year it will be a joint meeting with the Oregon chapter, and will be held at the beautiful Skamania Lodge. October brings the 3rd annual Alaska meeting in Anchorage, and from there we move on to our single full-day

continued on next page...

www.waakhfma.org

Contributing Writers

David Cartier
James Kodjababian
Cynthia Marshall
David Morgan
Tom Muller
John Nutter
Gregg Terreson

THANK YOU!!!

...continued from previous page

meeting on November 30th in the SeaTac area. Following that is the ever popular February meeting (joint with AAHAM) at the Tacoma Sheraton where we have our annual vendor fair and Casino Night. And if one new meeting (July) wasn't enough, I'm hearing rumors of a second Alaska meeting in Fairbanks next March. And to cap the year off, we're already planning for next May's meeting at the gorgeous Coeur d'Alene resort.

The mission statement in our strategic plan is to help members and other finance related healthcare professionals excel thereby improving the business performance of organizations operating in or serving the healthcare industry. I think we do this particularly well. There are 69 individual chapters of HFMA spread across the country, and our education offerings and networking opportunities are some of the best. Please take the time to get involved and attend some meetings. Getting away from work to travel to meetings isn't always easy, but the education and skills you can gather will be invaluable. ■

Dedicated Project Leadership in Today's Healthcare Marketplace: Ensure Successful Outcomes for Critical Strategic Initiatives

by James Kodjababian | Point B Solutions Group, LLP

Several years ago, hospitals throughout the region were experiencing shrinking operating margins and severe pressure to reduce major capital initiatives. More recently, those margins have begun to improve, as cost-cutting measures and better payor reimbursement rates have resulted in healthier bottom lines in the healthcare arena.

Today, hospitals are focusing on developing and executing strategic plans that will guide future patient-care activities. Like in any other highly competitive industry, financial success in the healthcare field depends largely on the ability of a

hospital's management team to execute these innovative strategies to enhance internal efficiencies and improve bottom line performance.

Nowhere is this idea more critical than when hospital providers are faced with critical capital-intensive initiatives that have little to no room for error, and they come at a time when these investments have been deferred for a significant period of time. As a result, the critical nature associated with the successful implementation of these initiatives requires a special kind of leadership.

To ensure the best possible outcome, many of the most successful healthcare organizations now utilize dedicated project leaders — individuals adept at leading highly complex initiatives that simply cannot fail. These smart, savvy organizations have discovered that executive leadership and operational leadership are only two pieces of the total management equation. As a critical third component, dedicated project leadership has been proven to provide a surer path to successful project outcomes. And what's more, healthcare providers understand it's a discipline that will only become more important as the industry gets increasingly fast-paced and competitive.

Dedicated Project Leader Versus Internal Project Manager

When facing a critical, highly complex project, most healthcare organizations typically assign an internal resource who, more often than not, is responsible for moving the team forward on all the project's time-sensitive activities, in addition to day-to-day management responsibilities. But with limited ability to focus on a critical project, utilizing an internal project manager doesn't necessarily ensure a healthcare project's success.

Many internal managers, while skilled in analysis, planning and control techniques, struggle to successfully deliver on the more-complex projects that require a big-picture mentality or the ability to motivate various departments within the organization. And, internal project managers are not always prepared to be agents for executive leadership in the midst of the many change-management impacts that large projects can have on the organization.

continued on next page...

...continued from previous page

Enter a dedicated project leader. These individuals have years of experience working in multiple cultures and disciplines, including those specific to the healthcare industry. They're the eyes and ears of an organization's key executives, and they understand the mechanics of project management and business operations. These dedicated leaders are characterized by their ability to:

1. Motivate a diverse group of team members to follow them and build consensus on decisions that affect multiple groups.
2. See around corners and identify issues that must be dealt with by their team — today — to keep the project on track.
3. Anticipate and resolve people-oriented issues that often derail even the most scientifically managed projects.
4. Keep executive leaders properly informed of what's going on and how much they should engage to make the project a success.
5. Identify and manage project and business risks.

New Complexities Require Dedicated Project Leaders — and Teamwork

The rewards of effective project leadership in healthcare have grown significantly in recent years, especially as industry projects have become increasingly complex. Today, it's not uncommon for hospitals to be faced with multiple challenges such as enhancing service-line performance, improving patient-care quality, implementing patient-safety initiatives, and cultivating more intricate hospital-physician relationships.

Successful outcomes for these highly technical projects require collaboration, and it begins at the top. Big-picture healthcare executives rely on dedicated project leaders to keep them informed, to anticipate problems and to identify risks. An unencumbered project leader serves as a steward of the organization and grasps the outcome desired by the executive sponsor.

While the dedicated project leader acts as an agent of the executive, their relationships with operational managers are pivotal to a successful project outcome. Not only do project leaders often assemble

the project team from the organization's operational management staff, they depend on operations heads for technical expertise on specific organizational requirements and its internal systems and processes.

An example of such teamwork is depicted by a recent project conducted by Children's Hospital and Regional Medical Center in Seattle, Washington. Faced with numerous technology initiatives, its internal Project Management Office (PMO) was challenged to increase project efficiencies in order to respond to organizational requirements. Children's leveraged the expertise of dedicated project leaders to define consistent methods, data and tools to improve the predictability on projects. Specifically, Children's tasked the project leader with developing a custom toolkit that now aides its PMO in the assessment, selection and implementation of software solutions.

By hiring a project leader to address this issue, a plan was developed and managed to support the rollout and training of more than 100 Information Technology personnel at Children's on a comprehensive set of tools consisting of roadmaps, how-to guidelines, and deliverable samples and templates. Utilizing project leaders with experience at both developing methodology and deploying projects using standard project methodology allowed a faster development of a "Children's-specific" toolkit. The toolkit and sample deliverables now provide a common framework for project managers to draw from, as well as speedier on-boarding / orientation of new project team members, and the ability to manage the quality of deliverables and get projects out of the gate quickly. The toolkit recently proved its value when it was used to successfully deploy a large-scale systems implementation at Children's.

Significant Healthcare Organizational Benefits

Given the tight budgets inherent to the healthcare industry, keeping a project on time and within budget are fundamental expectations of any project leader. But there are more defined benefits that give a competitive edge to organizations implementing effective project leadership, including:

continued on next page...

...continued from previous page

1. A focus on the project outcome ensures that the purpose and benefits of the project are realized, while extraneous work is avoided.
2. Maximizing efficiency by controlling project costs is another benefit. Speedy completion of projects minimizes unnecessary project expenditures and keeps costs within budget. It also allows project benefits to be realized sooner.
3. Projects introduce change, which is inherently stressful for the people who work in the organization. The best project leaders prevent organizational breakdowns by minimizing the strain on people while changes are being made.
4. Strong project leadership also protects day-to-day operations against project-related distractions. Whether a healthcare organization launches a new electronic medical record system or revises a major operational process, project leaders ensure the changes don't interrupt normal patient care delivery or staff productivity. (How would a botched project affect patient satisfaction, the hospital-physician relationship or financial performance?)

Effective Executive Leadership Demands Focused Project Leadership

Dedicated project leaders are as important to project teams as a conductor is to a symphony orchestra. They are crucial for healthcare organizations focused on achieving or maintaining category dominance. But most importantly, project leaders are the tools that enable executives to reshape their organizations while "keeping the lights on."

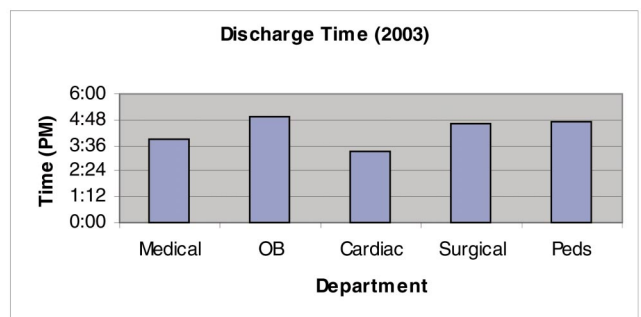
Jim Kodjababian is a senior associate at Point B Solutions Group, LLP, a professional-services firm specializing in project leadership. The firm has executed successful projects for a wide-range of regional healthcare organizations, including: Children's Hospital and Regional Medical Center, Providence Health System, Overlake Hospital Medical Center and the University of Washington Medical Center. More information is available at www.pointb.com and jkodjababian@pointb.com.

Uses of Statistical Information

by Cynthia D. Marshall RN | University of Phoenix On-Line

Statistical reasoning is practical and relevant to the healthcare environment. It is defined as "the science of collecting, organizing and interpreting data" (Bennett, Briggs and Triola, 2003). These interpretations can vary greatly depending on how the data is presented. The two kinds of statistical data are qualitative, which consists of "values that describe qualities or non-numerical categories," and quantitative, which is "values representing counts or measurements" (Bennett, Briggs and Triola, 2003). In the hospital setting, we use statistical analysis to determine patient satisfaction, cost-benefit, and service effectiveness, as well as needed areas of improvement. At my hospital, I used quantitative statistics to analyze the problem area of discharging patients late, which created dissatisfaction among nursing staff, patients, and their families. Additionally, because of the delayed discharges, fewer beds were available for new admissions.

In order to compile the necessary raw data, I used the random sampling method by conducting 100 random chart audits in 2003 (Marshall, 2003). The data I collected included the time the physician wrote the discharge order and the actual time the nurse discharged the patient. Using this data, I discovered that the average discharge time



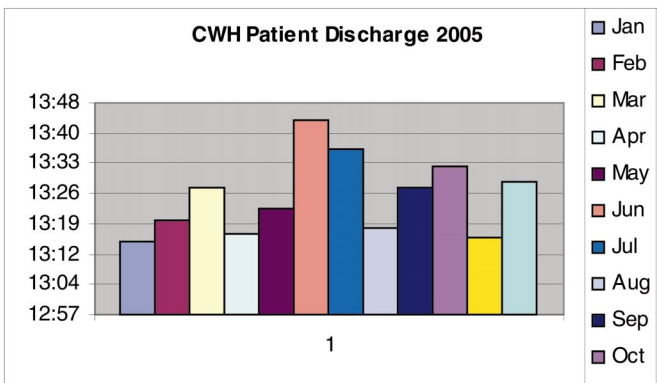
for 2003 was approximately 4pm; however, the doctors' discharge orders were written at approximately 7am, resulting in an average elapsed time of nine hours. Qualitatively, the

continued on next page...

...continued from previous page

reasons for this delay included patients waiting for rides home and nurses having high patient acuity loads, with discharges last on their priority list; also, discharge planners were occupied with insurance companies and patient families, further delaying discharges. Once I'd accumulated and analyzed the data, I recommended that the hospital implement a discharge nurse and a discharge lounge. The discharge nurse would provide discharge teaching to all patients and families prior to discharge and assist patients with extended education needs and demonstrations, for example, diabetes, dressing changes, and medications. This would enable the primary RN to tend to other patients and accept new admissions. The discharge lounge would allow patients to wait in a comfortable atmosphere during their discharge process, while freeing up beds for new patients. The overall potential benefits of implementing these facets to our healthcare system include the overall discharge time would take only one to two hours, rather than seven to eight hours, a greater quantity of beds would be available for new admissions, and patient flow from admissions to discharge would improve, with a higher quality of education and care. Additionally, with the increase in discharge efficiency, fewer RNs would be necessary, thus increasing the cost-effectiveness for the hospital. Also, patient satisfaction would improve and RNs would have the support and assistance needed on the floor for their discharges.

As a result of my recommendation, a delicate issue, this problem was brought to the attention of nursing administrators at my hospital. They



developed a Patient Flow Committee, which

develops strategies to improve problem areas of admission and discharge of patients. Currently, the managers for each department have the charge nurses facilitate patient flow, while not having their own patients; they are available to assist with admissions and bed assignments. In 2005, I reevaluated the average monthly patient discharge time (Marshall, 2005). The new data demonstrated an improvement of approximately three hours in discharge time, from order to release. However, an average discharge still took about six hours.

At this time, the discharge lounge and discharge nurse are still being evaluated for financial feasibility. In the future, implementing the discharge nurse will exceed the continuum of care during a patient's hospital stay. Innovative and organized nursing care is crucial today, especially with nursing shortages. Discharge nurses would not only reduce the pressure on floor nurses, but would also facilitate communication between case managers, doctors, nurses, patients, and families. The discharge lounge would improve patient and nurse satisfaction. It would enable "the release of hospital beds earlier in the day," while securing that "patients are being looked after by a team of care staff in a comfortable, well appointed area while they wait to be collected by relatives" (University Hospitals Coventry and Warwickshire website).

In conclusion, statistics enables us to discover problem areas and assess the quality of services. Sample size and randomness of the data collected can greatly affect the resulting analysis. It is imperative, in statistical analyses, to understand the process of determining accurate interpretations of the data. Additionally, accurate interpretations should facilitate quality improvements in indicated areas of need.

References

- Bennett, J.O., Briggs, W.L., Triola, M.F. 2003. Statistical Reasoning for Everyday Life. Pearson Education, Inc, p.1.
- Marshall, Cindy. Central Washington Hospital data. 2003-2005.
- University Hospitals Coventry and Warwickshire. Prince of Wales announces money to 'enhance healing environment' at Walsgrave Hospital. Retrieved January 29, 2006, from http://www.uhcw.nhs.uk/news/Prince_of_Wales_Announcement.htm



New Members

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

Anne Bonn
Philips Medical Systems

Christine Bragg
Yukon-kuskokwim
Health Corporation

Blair Bush
National Medical Management

Will Callicoat
Washington State
Hospital Assn.

Calece Cass
Chan/Peacehealth

Richard Charbonneau
Capella Healthcare

Jeff Coopersmith
Coopersmith Health
Law Group

Dale Cordner
University Of Washington
Medical Center

Weston Davis
Empire Health Services

Roxane Duplisea
Fairbanks Community
Behavioral Health Center

Sharon Ehler

John Ehrhart

Sandra Foley
Michael R. Bell & Company

Richard Friedman
Interfaith Community Health
Center

Lisa Fulson
Harborview Medical Center

Tammy Godwin
Alaska Regional Hospital

Marilyn Heger-Guy
Grays Harbor Community
Hospital

Maria Hickox

Linus Jacobson
Michael R. Bell & Company

Jeffrey Johnson
Professional Credit Service

Kali Jolly
Aim Healthcare

Justine Kennelly
Philips Medical Capital,
Philips Medical Systems

Tenise Kessler
North Valley Hospital

Kasia Konieczny
Providence Health Systems

Patricia Lawrence
National Service

Marcia Lingel
Airlift Northwest

Thomas Linville
Overlake Hospital Medical Center

Mark Mattis
Ascentium Corporation

Lorena Moon
Walla Walla General Hospital

Brian Nagle
Meddata, Incorporated

Cindy Noteboom
Ascentium Corporation

Tom O'Loughlin
Providence Health System In
Alaska

Todd Orth
Providence Health System

David Osenga
Inland Northwest Blood Center

Gail Pass
Providence Health System

Salvatore Passantino
Passantino Marketing LLC

Krista Place
Philips Medical Systems

Miruna Plesco
Highline Medical Center

Todd Reno
Wenatchee Valley Medical Center

Roya Rezai
Adaptis Inc.

Adrienne Setters
Protiviti

Kim Shultz

Cheyenne Silva
Inland Northwest
Health Services

Catherine Sisk
Children's Hospital &
Regional Medical Center

Jamie Slater
Klickitat Valley
Health Services

Jeffrey Sterken
Wells Fargo Bank

Robert Swan
Lynx Medical Systems, Inc

Tim Thomas
Inhs

Scott Thompson
Providence Health System
Alaska

Jon Trenkenschuh
Evergreen Financial

Christian Wilkin
Acs



**Get
Connected!**

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*

*Edited by, Cathy LeMay,
Patient Accounts Director,
Southcentral Foundation*

Great News for the Alaska Membership...

Cathy LeMay, FHFMA has been elected to the Board of Directors for the Washington/Alaska Chapter of HFMA. Cathy is the first Alaskan member of the Chapter to be elected by the membership to the Board. She has received the Reeves Silver Merit Award (2006), Muncie Gold Merit Award (2004) and the President's Award for Outstanding Service (2006) from the Washington/Alaska Chapter. We offer our best wishes and success in her term of office.

Medicaid Updates...

The Department of Health and Social Services proposes to adopt regulation changes in the following Alaska Administrative Code;

Omnibus Licensing Bill Implementation of Hospice, in Title 7, Chapter 12, of the Alaska Administrative Code, dealing facilities and local units, including the following:

- (1) 7AAC 12 that make hospice agencies subject to current new licensing and other requirements for hospice agencies and add exemptions from certain requirements of 7 AAC 12 for hospice agencies;
- (2) Revise general provisions in 7 AAC 12 applicable to some or all facilities and local units, including provisions dealing with scope, governing body, administration, employee health program, personnel, physical therapy service, social work service, infection control, risk management, and contracts;
- (3) Make additional changes to clarify intent and improve readability;
- (4) Make any additional changes the department determines are necessary after reviewing public comments.

Oral or written comments also may be submitted at a hearing to be held on June 28, 2006, in the Anchorage Legislative Information Office, 716 West 4th Avenue, Suite 200, Anchorage, Alaska. The hearing will be held from

10:00 AM to 12 PM. Public Comments are due by June 28, 2006.

A copy of the Public Notice and Proposed Changes can be obtained from the State of Alaska Web Site at <http://www.hss.state.ak.us/publicnotice/regulations.cfm>.

Attention Providers New Medicare Crossover Process for Alaska Medicaid (Effective July 3, 2006):
The Centers for Medicare & Medicaid Services (CMS) is implementing a new crossover process, the **Coordination of Benefits Agreement (COBA)**. The crossover process is the method by which claims and payment information are electronically transmitted from Medicare as the primary payer to a secondary payer, such as Medicaid, thus reducing the need for healthcare provider to submit the same claim information to Medicaid.

The new COBA process affects claims that you bill to Medicare for those who are eligible for both Medicare and Medicaid. CMS will transfer claim crossover functions from individual Medicare contractors (intermediaries and carriers) to a single national claims crossover contractor. **This Coordination of Benefits Contractor (COBA) IS Group Health Incorporated (GHI)**.

Be sure to watch for additional information that will arrive soon regarding COBA. Please submit any questions or comments to FHSC via facsimile, (907) 644-8126, or by mail to First Health services Corporation, Provider Inquiry at P.O. Box 240808, Anchorage, Alaska 99525-0808.

What's News-?

The State of Alaska has selected Premera Blue Cross Blue Shield of Alaska to administer their healthcare claims- which includes medical, dental, vision, audio, pharmacy and managed mental health effective July 1, 2006. The State of Alaska Benefits program is referred to as "AlaskaCare" and has approximately 68,000 employee and retiree members. Paper claims for services provided to State of Alaska mem-

continued on next page...

...continued from previous page

bers with dates of service as of July 1, 2006 or if you have any questions should be sent to:

Premera Blue Cross Blue Shield of Alaska
P.O. Box 240609
Anchorage, AK 99524-0609

Third Annual HFMA Alaska Workshop...

Details for the Third Annual HFMA Alaska Workshop are well underway. David Morgan will coordinate and chair the Alaska Workshop Planning workgroup. The Workshop is scheduled for October 12 and 13th, 2006 at the Sheraton Anchorage Hotel. The following programs are currently confirmed:

- Day Equisquiza (President of AR Systems Inc.) will provide training sessions on patient accounts managements, compliance and Chargemaster review.
- Educational sessions provided by Shar Sheaffer (Michael R. Bell Company) will focusing on Medicare and Medicaid cost report basics (Critical access hospitals and PPS), maximizing cost based reimbursement and Provider-based clinics.
- David Herman will present a program detailing how do you get a software system from "installed, processing and reporting" to what was envisioned when it was purchased.
- Medicare Reimbursement update from Tom Dingus (Dingus, Zarecor & Associates) and Alaska Medicaid update from the Director of Medicaid.

If you would like to be involved please contact David Morgan at Southcentral Foundation at (907) 729-4967 or by email dmorgan@southcentralfoundation.com

Founders Awards Earned by 17 Chapter Members

by Tom Muller | Founders Award Chairman

Founders Awards were earned by 17 members of Washington-Alaska chapter in 2005. Seven members earned the Follmer Bronze award, six members earned the Reeves Silver award, and four members earned the Muncie Gold award.

The Founders Merit Award series gives recognition to individual chapter members for participation in chapter and national activities. The award series

encourages members to make the sustained effort necessary for continued viability and growth of the chapter.

The first award in the series is the Follmer Bronze Award. To receive this award a member must accumulate a minimum of 25 points. The second award is the Reeves Silver Award and is earned by the accumulation of at least 50 points. The third award is the Muncie Gold Award. A member must earn a total of at least 75 points to reach this level.

Points are accumulated towards these awards in the following ways:

- Service as an officer or director,
- Serving as chair or co-chair of a Matrix/LCC committee or council,
- Serving as a member of a Matrix/LCC committee or council,
- Chairing or serving on other chapter committees or sub-committees
- Making presentations at chapter workshops and meetings,
- Making presentations at other healthcare related programs,
- Writing articles for HFM Journal, similar publications, or the *NW Outlook* newsletter,
- Proctoring certification examinations
- Working at chapter registration table or volunteering at Regional and ANI programs
- *Attendance at chapter meetings,
- *Attendance at Annual National Institute
- *Membership in National Forum(s)
- *Participation in audio teleconferences
- *Earning and maintaining certification,
- *Maintenance of membership (Student=1/yr, Regular=2/yr, Advanced=3/yr, Life=4/yr).

*Effective June 2004 these activities no longer earn Founders Award points. Meeting attendance will earn continuing professional educational (CPE) hours necessary for certification and certification maintenance, but not Founders Award points.

By participating in a large number of activities members can earn awards in a relatively short period of time. The only limiting factor is the

continued on next page...

...continued from previous page

members own time and energy limitations. Conversely, the perseverance to stay with one or two activities over a longer period of time also earns an award. Points are transferable if a member moves to another part of the country before reaching the level of points necessary for an award.

In 2004 seven members of Washington-Alaska chapter passed the 25 point threshold and earned their first Founders Award, the Follmer Bronze Award. These members were Doug Dale, Mike DeLuca, Sharon Horak, Kim Lintott, Peggy-Ann Rufener, Corey Shank, and Judy Veazie.

Doug Dale has earned the Follmer Bronze Award by participation in LCC, volunteer work at the Seattle ANI, attendance at ANI and other National programs, forum membership, and attending chapter meetings.

Serving on the chapter board of directors, serving on LCC, both as a chair and as a member, ANI attendance, volunteer work at the Seattle ANI, volunteer work at Region 11, writing newsletter articles, and chapter meeting attendance earned the Follmer Bronze Award for **Mike DeLuca**.

Sharon Horak has earned the Follmer Bronze Award by ANI attendance, forum membership, and attending chapter meetings.

Participation in LCC, volunteer work at the Seattle ANI, attendance at ANI, forum membership, participation in audio teleconferences, and attending chapter meetings earned the Follmer Bronze Award for **Kim Lintott**.

Peggi-Ann Rufener has earned the Follmer Bronze Award by working at the chapter registration table, both as chair and as a volunteer, serving on LCC, both as a chair and as a member, speaking at chapter functions, volunteer work at Region 11, forum membership, participation in audio teleconferences, and chapter meeting attendance.

Serving as newsletter editor, volunteer work at the

Seattle ANI, serving on LCC, both as a chair and as a member, writing newsletter articles, and chapter meeting attendance earned the Follmer Bronze Award for **Corey Shank**.

Judy Veazie has earned the Follmer Bronze Award by participation as a speaker at chapter functions, serving as an LCC chair, and attendance at chapter meetings.

In 2005, six members of Washington-Alaska chapter passed the 50 point threshold and earned their second Founders Award, the Reeves Silver Award. These members were Brad Becker, Tom Birmingham, Marcy Nicol, John Nutter, Roger Wiese, and Darlene Wood.

Brad Becker has earned the Reeves Silver Founders Award by serving on the chapter board of directors, serving on LCC, both as a chair and as a member, serving as sponsorship chair, ANI attendance, volunteer work at the Seattle ANI, volunteer work at Region 11, volunteering at the chapter registration table, participation in audio teleconferences, and chapter meeting attendance.

Serving on the chapter board of directors, serving on LCC, both as a chair and as a member, participation in audio teleconferences, and chapter meeting attendance have earned the Reeves Silver Founders Award for **Tom Birmingham**.

Marcy Nicol has earned the Reeves Silver Founders Award by serving on the chapter board of directors, serving on LCC, both as a chair and as a member, volunteer work at Region 11, ANI attendance, participation in audio teleconferences, and chapter meeting attendance.

Serving as chapter treasurer, serving on the chapter board of directors, serving on LCC, both as a chair and as a member, volunteer work at Region 11, participation in National meetings, and chapter meeting attendance have earned the Reeves Silver Founders Award for **John Nutter**.

Before transferring to the Washington-Alaska chapter, **Roger Wiese** served the Wyoming chapter as chapter president, Davis chapter management chair, founders award chair, membership directory editor, and certification chair. These

continued on next page...

...continued from previous page

activities were sufficient to earn the Reeves Silver Founders Award

Darlene Wood has earned the Reeves Silver Founders Award by serving on the LCC, serving on a National committee, volunteering at the chapter registration table, forum membership, and chapter meeting attendance.

Four Washington-Alaska chapter members passed the 75 point threshold in 2005 to earn their third Founders Award, the Muncie Gold Award. These members were Peg Figy, Jim Heilsberg, Bob Hinman, and Cathy LeMay.

Since earning the Reeves Silver Founders Award **Peg Figy** has served on the chapter board of directors, served on LCC, both as a chair and as a member, served as employment coordinator, maintained FHFMA certification, and worked as a volunteer at ANI and Region 11. She has also earned Founders Award points for writing articles for the chapter newsletter, ANI attendance, audio teleconferences, and chapter meeting attendance.

Jim Heilsberg has earned the Muncie Gold Founders Award by serving on LCC, both as a council chair and a council member, speaking at chapter functions, volunteer work at Region 11, writing newsletter articles, audio teleconferences, forum membership, and chapter meeting attendance.

Serving as chapter president-elect, chapter president, and chapter immediate past president and nominating committee chair helped to earn the Muncie Gold Founders Award for **Bob Hinman**. In addition, he has also served on LCC, both as a chair and as a member, written newsletter articles, volunteered at the Seattle ANI, attended ANI, and participated in audio teleconferences.

Since earning the Reeves Silver Founders Award **Cathy LeMay** has served as Alaska certification chair and as Alaska program chair. In addition, she has earned points for LCC participation, both as a chair and as a member, speaking at chapter functions, ANI attendance, audio teleconferences, forum membership, maintaining FHFMA certification, and chapter meeting attendance.

Individual scoring records for the Founders Merit Award program are maintained for each member of the chapter by LCC Council 3. To check your Founders Award points send an e-mail to Tom Muller at tjwashington@reachone.com ■

Required - Proof of Citizenship

by David Cartier | Outreach Services (PMSI)

Beginning on July 1 of this year a new federal law will take effect requiring individuals applying for Medicaid to provide proof of U.S. citizenship through primary identification (i.e. birth certificate or passport). This requirement is part of the Deficit Reduction Act of 2005, signed into law by President Bush earlier this year. The stated intent is to prevent undocumented aliens from receiving Medicaid benefits. Undocumented aliens are eligible to receive only emergency care through Medicaid, under current federal law. The Congressional Budget Office estimates a savings of \$220 million over five years and \$735 million over 10 years as 35,000 people are removed from the Medicaid rolls – hopefully mostly undocumented immigrants.

However, there could be greater – unintended – consequences. The Center on Budget and Policy Priorities estimates that three million to five million low-income citizens could lose Medicaid coverage because they do not have proper identification, do not know where to get it or can not afford it. A passport costs \$97, but requires a birth certificate. Birth certificates are much cheaper, but can take many months to acquire if an individual is not currently living in the county/state of birth.

Medicaid is the only safety net for many of the aged, blind and disabled as well as pregnant women, children and low income families; citizens who may not have the necessary documents or understand the requirement. Without planning and assistance, this provision will result in more uninsured in our country. The consequences of this provision will leave our hospitals to fund an ever increasing amount of the uninsured through our Emergency Departments as more citizens fail to follow through in gaining needed government benefits. ■



Mark Your Calendar

July 14th, 2006

HFMA/AAHAM

Joint Meeting

**Optimizing the
Revenue Cycle**

Valley Medical, Renton

SEE YOU THERE!

Would you like to check your progress toward a Founders Merit Award.

Individual scoring records for the Founders Merit Award program are maintained for chapter members by LCC Council III.

To receive a copy of your record, please contact

Tom Muller

Telephone: (360) 459-8994

Email: tjwashington@reachone.com

CORPORATE SPONSORS

The Chapter would like to thank the following companies for 2006 - 2007 sponsorships:

PLATINUM LEVEL

AIG Valic
Bennett, Bigelow & Leedom, P.S.
Clark Nuber
Merchants Credit Association
Moss Adams LLP
Pacific Medicaid
Triage Consulting Group

GOLD LEVEL

AllianceOne Inc.
ARS, Perot Systems Healthcare
Audit & Adjustment Company Inc.
Bank of America
Benefit Recovery Service Inc.
Case Mix Analysis
CIT Group
The Data Systems Group
Foster Pepper & Shefelman PLLC
Healthworks
KPMG LLP
LeMaster & Daniels PLLC
Ogden Murphy Wallace
Parker Smith & Feek
Protiviti
Que Financial
R&B Solutions
The SSI Group
Thomas D. Dingus, CPA PLLC

SILVER LEVEL

CDMSG Service Group
Cymetrix
Healthcare Resource Group
Kroll Incorporated
Michael R. Bell & Company
NCO Group
NDC Health
Rainier Collection Services, Inc.
Whitman Garvey Inc



hfma washington / alaska chapter
healthcare financial management association

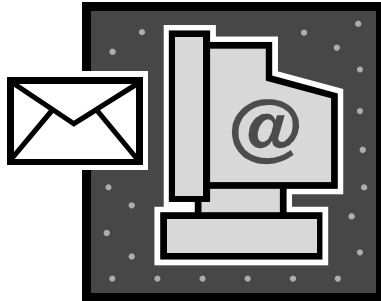
Job Opportunities

POSITION AVAILABLE	POSTED	ORGANIZATION	LOCATION
Accountant	2/6	Franciscan Health Systems	Puyallup, WA
Analyst – Risk & Reimbursement	5/6	Providence Health Systems	Portland, OR
Analyst Underwriter	5/6	Providence Health Systems	Portland, OR
CFO	5/6	Quincy Valley Medical Ctr	Quincy, WA
CFO	3/6	KPS Health Plans	Bremerton, WA
Director of Finance - CFO	5/6	Providence St. Vincent Med Ctr	Portland, OR
Compliance Specialist	5/6	Alaska Native Medical Center	Anchorage, AK
Controller/Materials Mgr	3/6	South Peninsula Hospital	Homer, AK
Decision Support Coordinator	5/6	St. Johns Medical Center, PeaceHealth	Longview, WA
Financial Analyst	5/6	350 bed III Trauma Center	Suburb Seattle
Financial Analyst	3/6	Overlake Hosp & Med Ctr	Bellevue, WA
Financial Analyst	2/6	Providence Health Services	Everett, WA
Financial Operations Mgr	4/6	Northwest Hospital & Med Ctr	Seattle, WA
Manager, Financial Accounting	5/6	Swedish Medical Center	Seattle, WA
Manager, Patient Access	5/6	Skagit Valley Hospital	Mt. Vernon, WA
Manager, Patient Accts	3/6	Southcentral Foundation	Anchorage, AK
Manager Managed Care Contract Collections ..	5/6	Healthcare Provider	Tacoma, WA
Manager, Reimbursement	5/6	Providence Health Systems	Portland, OR
Payroll Customer Svc Specialist	5/6	Providence Washington Regional Svcs	Renton, WA
Payroll Specialist	5/6	Providence Washington Regional Svcs	Renton, WA
Payroll Supervisor	5/6	Providence Washington Regional Svcs	Renton, WA
Sr. Financial Analyst	5/6	Holy Family Hospital	Spokane, WA
Sr. Financial Analyst	2/6	Kadlec Medical Center	Richland, WA
Sr. Financial Analyst	3/6	Multicare	Tacoma, WA
Controller	6/12	Cascade Valley Hospital and Clinics	Arlington, WA
Sr. Accountant	6/6	Multicare	Tacoma, WA
Director of Patient Financial Services	6/5	Harrison Medical Center	WA
CFO	6/5	Samaritan Healthcare	Moses Lake, WA
Sr. Reimbursement Analyst	6/5	Multicare	Tacoma, WA

For more on these listings or to include a listing, please contact Peg Figy, (509) 482-2348 or emailto: figypa@holy-family.org
See also National HFMA's website (www.hfma.org) for additional job listings.

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.

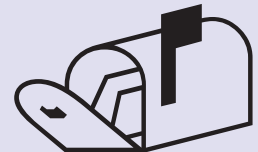
The easiest way to make changes is via the internet. Simply follow these steps to change any of your personal information.

- 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.**



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:



Fredrik Andreasson
Outreach Services
1120 Cherry Street, Ste 300
Seattle WA 98104

Phone: 206-215-2333
FAX: 206-215-2344

E-mail:
fandreasson@outreachservices.com

Snapshots

from the May 17 - 19th, 2006
Meeting at the Davenport Hotel
in Spokane, Washington



President's Award winner Cathy LeMay.



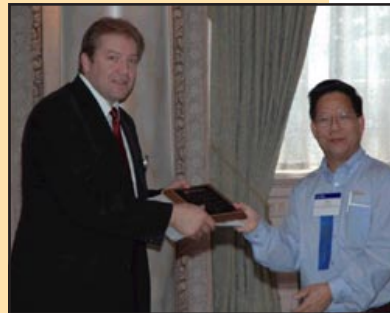
President's Award winner Catherine Wakefield.



Jim Heilsberg and Keynote speaker Dick Frederick from Northwest Medical Teams.



ANI Scholarship Award Brad Becker.



President's Award winner Dirk Bunker.

Officers and Directors for 2006-2007. First row: Annette Edwards, Lori Nomura, John Nutter, Eric Teshima, Doug Bishop. Second row: Cathy LeMay, Brad Becker, Greg Moga, Mike DeLuca, Charlie Brown, Grant Baumgartner. In Spirit: Eric Moro, Marcy Nicol, Jim Heilsberg.



Election Results

2006-2007 Officers & Board Members Elected



from Gregg Terreson, Immediate Past President & Nominating Committee Chair

We went through some last minute changes but the Washington/Alaska Chapter Officers and Board of Directors is now set.

As you may know, Lee Johnson as the President-Elect was to automatically succeed as President at the May meeting in Spokane. Lee decided to take a new position in Maui and stepped down right before the installation of the new officers. The results of the balloting for the other positions was:

President-Elect.....**John Nutter**
Secretary.....**Greg Moga**
Treasurer.....**Grant Baumgartner**

The nominating committee met, consulted the recently updated chapter bylaws and presented to the board this slate of officers at the May Board Meeting. The board approved and the follow officers were installed:

President – **John Nutter** was moved up to the President slot and will serve both Lee's term in 2006 to 2007 and his regular term in 2007-2008

President-Elect – **Eric Teshima** was appointed to fill in President Elect for one year to help the rest of the Officer team.

Secretary – **Greg Moga** will serve as Secretary as elected. He will move up to President Elect in the 2007-2008 chapter year.

Treasurer – **Grant Baumgartner** will serve as Treasurer as elected and will move up to Secretary in the 2007-2008 chapter year.

The role of Immediate Past President in 2006-2007 will be handled again by **Gregg Terreson**.

Elected to two-year board terms are:

Brad Becker
Charles Brown
Mike DeLuca
Cathy LeMay
Eric Moro

Current board members who will be serving the second year of their two-year terms are:

Doug Bishop
Annette Edwards
Jim Heilsberg
Lori Nomura

The remaining second year of Grant Baumgartner's two-year term will be fulfilled by:

Marcy Nicol

The nominating committee thanks those who volunteered and participated in this process, and wish them the best for the coming year.

We were pleased that so many chapter members participated, either as part of our extremely qualified slate of candidates, or as those who took the time and made the effort to vote. The nominating committee appreciates all of those who accepted the call to run for a board or officer position, and for their willingness to follow through on a two or more year commitment. The chapter truly has its share of exceptional leaders.

UPCOMING CHAPTER MEETINGS

DATE	EVENT	LOCATION
July 14, 2006	HFMA / AAHAM Workshop	Valley Medical Center - Renton
September 27-29, 2006	HFMA Workshop & Meeting (joint w/OR)	Skamania Lodge - Skamania
October 11-12, 2006	HFMA Alaska Meeting	Sheraton Anchorage Hotel
November 30, 2006	HFMA / AAHAM Workshop	Embassy Suites - Tukwila
January 27-31, 2007	HFMA Region 11 Symposium	Caesars Palace - Las Vegas
February 14-16, 2007	HFMA Workshop, Meeting, & Vendor Fair	Sheraton - Tacoma
May 16-18, 2007	HFMA Workshop & Meeting	CDA Resort - C'ouer d'Alene

www.waakhfma.org



NW Outlook

March - May 2006

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

Editor: Fredrik Andreasson
Outreach Services
1120 Cherry Street, Ste 300
Seattle WA 98104

Phone: (206) 215-2333

e-mail: fandreasson@outreachservices.com

Inside This Issue:

- President's Message
- Dedicated Project Leadership...
- Uses of Statistical Information
- Welcome New Members
- Alaska Healthcare Watch
- Founders Awards Earned by 17 Members
- Required - Proof of Citizenship
- Corporate Sponsors
- Job Opportunities
- How Do I Change My HFMA Information?
- Win \$100
- Snapshots from May Meeting in Spokane
- Election Results
- Upcoming Chapter Meetings