



Washington/Alaska Chapter  
Healthcare Financial Management Association

# NW Outlook

June-July 2002

## Officers 2002-2003

Tom Dingus, President  
Bob Hinman, President-Elect  
Gregg Terreson, Secretary  
Eric Teshima, Treasurer  
Anne Stallard, Immediate Past President

## Board Members 2002-2003

Grant Baumgartner	Frank Hemeon
Annette Edwards	Greg Moga
Peggy Figy	Tom Muller
Tim Howden	John Nutter
Lee Johnson	Deirdre Ridgway

### 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

from  
Tom Dingus



## Create the Future

HFMA National Chair, Phyllis Cowling's theme for 2002-2003 is "Create the Future." Her key message is that we, as individuals, create the future through our own actions. HFMA's theme for the upcoming year is also appropriate for our Chapter. "Create the Future" is a call to action to the membership to make a difference in our Chapter's operations and future relevance and success. The officers and board of the Washington/Alaska Chapter have developed the following three key goals in our strategic plan for this fiscal year:

### Improve the Quality and Value of Educational Programs

As your Chapter leaders we recognize that our primary service at the chapter level is providing affordable, accessible, high quality education. We are committed to providing four local conferences in the upcoming year and the Region 11 Symposium in Las Vegas. The Chapter has a strong financial position due to the success of our corporate



sponsorship program, joint vendor fair with AAHAM, and our share of the Region 11

Symposium proceeds. Because we have a solid financial reserve we are able to invest these resources into our educational programs by paying for quality speakers without raising registration fees.

### Enhance Membership Participation

*continued on next page...*

[www.waakhfma.org](http://www.waakhfma.org)

## Contributing Writers

Tom Dingus	Julie Meek
Jim Heilsberg	Eric Moro
Lee Johnson	Tom Muller

**THANK YOU!!!**

...continued from previous page

This goal is two-pronged. First, we would like to encourage more members to attend the Chapter and Region 11 educational programs. These educational programs provide high quality education and also allow for networking with peers. Networking with peers provides each individual member with a broader

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*As your Chapter leaders we recognize that our primary service at the chapter level is providing affordable, accessible, high quality education*

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base of individuals to draw upon for assistance, mentoring, counseling, etc when we return to our place of business.

The second focus is on increased participation in our leadership councils and committees (LCC). This is your opportunity to “Create the Future.” The LCC is where Chapter members meet to plan future educational programs and handle Chapter operations. The Chapter depends on the LCC volunteers to provide the high quality educational programs.

The Chapter depends on new member participation each year to provide fresh ideas and perspectives. Please join us at the next LCC, which are usually held immediately after the first day’s educational program at 5:00 PM. HFMA is an inclusive organization so join us and participate

at whatever level you are comfortable with whether it be taking the minutes, providing educational topic ideas and

lead chapter for the 2004 symposium. We encourage members to attend and/or participate on a planning



Officer Planning Session: L to R Eric Teshima, Treasurer; Tom Dingus, President; Bob Hinman, President-elect; Gregg Terreson, Secretary

presenters, contacting speakers, etc.

committee.

### ***Increase Involvement in Region 11 Symposium***

The Washington/Alaska Chapter is one of seven Chapters that comprise Region 11. Region 11 leaders developed the Region 11 Symposium held annually each January in Las Vegas, Nevada. The Symposium provides value to our Chapter in two primary ways.

First, it provides an opportunity for healthcare education at National conference level quality and diversity. Second, it provides a key revenue source to fund our local educational programs. Our Chapter will be a

Let’s all begin to “Create the Future” today! ■



**Mark Your Calendar**  
**Sept 25-27, 2002**  
**Workshop & Meeting**  
**Campbell’s Resort**  
**Chelan**

- Guest Speakers
- LCC Meeting

**SEE YOU THERE!**

# Jim Rowson Earns Best Newsletter Article Award

by Tom Muller, Membership Services Chairman



“Reimbursement (Lets Get Rid Of It),” authored by Jim Rowson, was voted the best newsletter article for 2001-2002. Jim does not advocate getting rid of the money. It is the term “reimbursement” that he wants to delete from usage. Jim makes a good case for changing the terminology to “payment.” This article appeared in the January 2002 issue of *NW Outlook* and earned \$100 for Jim.

Second place in the best newsletter article contest went to Sean Douglas for his article “Quality, Cost & Critical Access”. In his article Sean describes the Critical Access Hospital (CAH) program and its impact on rural hospitals. He covers the implementation of the program, the eligibility requirements, and the impact on reimbursement (payment). This article appeared in the April 2002 issue of *NW Outlook* and earned \$75 for Sean.

“CLR, What Is It ???,” authored by Al Hanson, is the article that won the \$50 reward for third place in the best newsletter contest. This article appeared in the October-November 2001 issue of *NW Outlook*. Al explained that the term CLR means Chapter Liaison Representative. He then described what a CLR does and his experience as a CLR in 1996-1997. However, since the time that Al wrote this article, National HFMA has replaced CLRs with “Regional Executives.” So, Al will need to write another article to explain the difference between a CLR and a Regional Executive and what a Regional

Executive does now.

Council III extends congratulations to the winners and a big “thank you” to all members writing articles for the *NW Outlook*. In addition to the winners, the following members wrote articles appearing in the *NW Outlook* from March 2001 through April 2002: Mike Cross, Jim Heilsberg, Lee Johnson, Julie Meek, Greg Moga, Tom Muller, Scott Nelson, Anne Stallard, and Gregg Terreson.

Another big “thank you” to James Alderson, Larry Hettick, Bill Mackey, Randy Morgan, John Rademacher, and Corey Shank for the articles they contributed to *NW Outlook*. However, they were not eligible for the best newsletter contest, since they were not members of Washington-Alaska HFMA.

You are strongly encouraged to submit articles for upcoming editions of the *NW Outlook* chapter newsletter. The 2002-2003 best newsletter contest starts with this edition (June-July 2002). As an incentive for writing articles, winners in the best newsletter contest receive \$100 for first place, \$75 for second place, and \$50 for third place, as well as recognition from the readers of *NW Outlook*.

Members of Council III vote to pick the winners immediately prior to

**EDITORIAL**

## REIMBURSEMENT (Lets get rid of it)

by Jim Rowson  
Vice President  
Harrison Memorial Hospital

**What you say?** How can our healthcare organizations survive without reimbursement? As easily, or with similar difficulty as they currently survive. I am not advocating the elimination of the dollars that are commonly associated with the word reimbursement. It is only the use of the word that I propose to eliminate.

**Perhaps a little historical perspective is in order.** Medicare cost reports. Does your healthcare organization spend substantial efforts to collect the data, complete, and file these extensive reports? Do they substantially impact the dollars your organization receives from Medicare? These reports don't mean much now, though roll the clock back as many years as I have been in healthcare finance and the impact these reports meant for the financial statements was tremendous. The Medicare cost report was then used for cost reimbursement.

**Let's examine the common use of the term reimbursement.** Think about you, taking a business trip, with expenses reimbursed. While recognizing that businesses have rules related to what and how business travel is reimbursed - its my presumption that the intent of the reimbursement is to replace any out-of-pocket costs you incur.

**Le. -** To make your travel costs whole. Likewise if you send your driving age son or daughter to the store to pick up a few items for you, and you indicate you will reimburse them - you replace the funds they spend on your behalf.

**Back to healthcare finance.** Over time we have moved from a reimbursement of costs system, to a payment system. We no longer receive our costs reimbursed. Instead our inpatients are paid on

Reimbursement - as I indicated in the title - Lets get rid of it.

**I favor payment as the word to replace reimbursement.** It may be that other chapter members favor others words. Regardless, in only a few situations do Medicare and Medicaid actually reimburse healthcare organizations - in most cases they pay organizations. Eliminate the word reimbursement from your healthcare lexicon. I realize that change is difficult. However, I believe our organizations will be more successful with discussions on healthcare finance, in the media, the legislature, and in our own neighborhoods, if we present how payments are inadequate, rather than how our reimbursement is inadequate. ■

(Country points of view are welcome. In fact this newsletter's editor actually would enjoy receiving additional commentaries ready for inclusion in future newsletters)

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the May Board of Directors meeting each year. The Board then acts on the recommendations from Council III. All Washington-Alaska HFMA members are eligible to compete for these awards. However, articles that are a regular feature of *NW Outlook* such as the President's corner, Job Opportunities, Founders Award winners, etc. are not included in the contest.

Couldn't you find use for an additional \$100? If so, get started on those articles. You can't win if you don't write. So, please submit those articles to Ginger Rhoades, Newsletter Editor, at (509) 685-2406 or rhoadev@mtcarmelhospital.org. ■

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# **PAYMENT PROBLEMS?**

by Lee Johnson, FHFMA  
Central Washington Hospital

*How many times per week (or is it per hour, per minute?) do you hear your billing staff complain about problem*

*payers? "Our AR Days would be so much better if they would just pay our claims and stop playing all those games to delay or deny payments," they tell you month after month.*

Has your staff surprised you as they mutter utterances that would blush an old salty seaman about a particular payer's problems? These are the times you wish you could pick up the telephone and call a person at that payer but you just didn't know who to call.

The next time you hear one of these complaints ask yourself if you or your staff attended the last Washington State Payers Relations Committee held on May 15th at Steven's Hospital in Edmonds? Oh, your staff was too busy that day, well then how many of these meetings this past year have they attended? Ah, I see, too busy again.

So are they too busy fixing the same problem over and over again instead of resolving it and moving on to new challenges?

They could be so much more effective



at reducing AR issues by meeting face to face with the payers and partner with them on permanent resolutions! Maintaining a high AR and restricting your facilities cash flow is not a long term career strategy!

So if you want to be informed, proactive and involved in addressing and fixing problems, you need to attend the next Washington State Payer Relations Committee. Representatives from many of the major payers are in attendance at these meetings as are many progressive providers.

These meetings are held quarterly and are chaired by Cheryl Mustard of Uniform Medical Plan (CMus107@HCA.WA.GOV). The next meeting of the Washington Payer Provider Relations Committee is scheduled for August 21, 2002 from 9:00 a.m. to 12:00 p.m. at Valley Medical Center in Renton. Next time

remember that when you point the finger of blame for your problems that

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*be...more effective at reducing AR issues by meeting face to face with the payers and partner with them on permanent resolutions!*

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you've got three fingers pointing right back at you. Hold up your hand and try it, you'll see!

That's three good reasons for you to attend the next meeting! 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) 236-4215***

***Facsimile: (360) 664-8579***

***Email: tom.muller@doh.wa.gov***



# The Rural Community Hospital Assistance Act of 2002 (H.R. 4515)

Submitted by Eric D. Moro, CPA  
Director of Reimbursement  
LeMaster & Daniels PLLC

Congress proposes Medicare reimbursement reforms to assist small rural hospitals by allowing them to elect cost reimbursement for many of the services they provide. The House introduced the Rural Community Hospital Assistance Act of 2002 (Act) on April 18, 2002 and, as of May 6, 2002, referred it to the House subcommittee on health. The American Hospital Association backs the Act and is the bill to be watched by rural hospitals during 2002.

The Act would establish a Rural Community Hospital (RCH) program and would enhance reimbursement for Critical Access Hospitals (CAHs). The effective date for such changes could be as early as October 1, 2002. The main provisions of this Act follow.

Hospitals eligible for RCH designation must be considered rural by the Medicare program either by being located in a rural county (non-MSA) or within a rural census tract of an urban county. They must report fewer than 51 available beds (not licensed beds) on their Medicare cost report. Such beds do not include nursery or exempt units such as psych and rehab. They must make available 24-hour emergency care services. Eligible hospitals then must request such designation. For those rural hospitals incorrectly reporting more than 50 beds on their cost reports, we advise them to document the actual beds

available for patient care and revise their cost report before the 2000 or 2001 reports are filed with their fiscal intermediaries.

For inpatient services, RCHs may elect either to receive the current Prospective Payment System reim-

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*The Act would establish a Rural Community Hospital (RCH) program and would enhance reimbursement for Critical Access Hospitals (CAHs)*

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bursment or reasonable cost reimbursement not subject to lower of cost or charges. RCHs may elect to receive outpatient service reimbursement under the Outpatient Prospective Payment System or reasonable cost reimbursement not subject to lower of cost or charges.

A qualified RCH-based or CAH-owned home health agency may make a one-time election to go cost based. The cost-based reimbursement is not subject to lower of cost or charges, cost limits do not apply, and consolidated billing requirements are eliminated. To qualify, the home health agency must be the only home health

agency within the county and must be located at least 35 miles from the nearest main or branch location of a competing home health agency.

The Act would provide for a return on equity at 150% of the average rate on obligations issued for purchase by the Federal Hospital Insurance Trust Fund. Such return on RCH services would apply to inpatient, outpatient, home health, and ambulance. In addition, Medicare would reimburse bad debts for deductibles and coinsurance at 100%.

The Act would allow RCHs and CAHs to have distinct part psych and rehab units. The Act would allow CAHs to devote up to 10 additional beds for these distinct part programs. Currently, CAHs are limited to 15 acute care beds or up to 25 total beds when counting swing-beds.

Under the Act, CAH-owned skilled nursing facilities would revert to cost-based reimbursement in which lower of cost to charges and consolidated billing do not apply. CAH-owned psych and rehab units would be cost reimbursed in which lower of cost or charges do not apply and the cost limits are eliminated. The Act also eliminates the 35-mile limitation on cost reimbursed ambulance services for CAHs. The return on equity would apply to the following CAH-owned services: inpatient, outpatient, skilled nursing, home health, ambulance, psych, and rehab. ■

# Snapshots



## LTC Luncheon

Officers at lunch at Leadership Training Conference in Puerto Rico-April 2002. L to R Bob Hinman, Eric Teshima, Gregg Terreson, Tom Dingus.



Anne Stallard receives President's Plaque 2001-2002.

## Awards



Ginger Rhoades receives a President's Award from former Chapter president Libbie Loux.



Libbie Loux presents a 2001-2002 President's Award to Rik Lewis for his coordination of the February vendor fair. Mark Flaten also received a President's Award.



Al Hanson honored for third place newsletter article for 2001-2002.

# Board & Officer Installation May 2002



2002-2003 Officer Installation: Tom Dingus, President; Anne Stallard, Immediate Past President; Bob Hinman, President-elect; Gregg Terreson, Secretary; Eric Teshima, Treasurer with former President Al Hanson administering oath of office



2002-2003 Board Installation: front row L to R Peg Figy, Tom Dingus, Anne Stallard, Lee Johnson, Gregg Terreson, Eric Teshima, with former President Al Hanson doing installation. Back row L to R Bob Hinman, Tim Howden, John Nutter, Tom Muller



Tom Dingus receives president's gavel from Anne Stallard

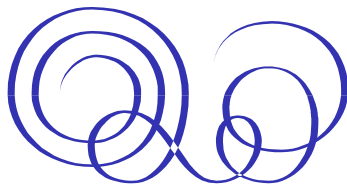


Past Presidents enjoy installation ceremonies at the May meeting. L to R Keith Mock, Scott Nelson, Craig Goodrich

# Thank You

## Special Thank-You's from Tom Dingus, Chapter President 2002-2003

I would like to thank Anne Stallard, our past President, for her outstanding leadership and passion for HFMA and the healthcare industry. It has been great to serve as an officer and Board member with Anne for the past several years. My thanks to Mike Cross who has chosen to step back from his HFMA volunteer duties for a while. Mike has been invaluable to the Chapter in his work on the Chapter's behalf in performing many of the less glamorous but critical functions within the Chapter such as facilities chair, strategic planning, member surveys, and program evaluations. Mike not only performed these duties at a high level but also developed procedures and policies for his successors that are all so important in a volunteer organization.

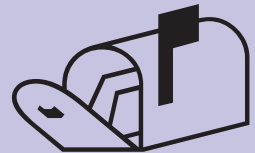


WIN \$100.00



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:



Ginger Rhoades  
Mount Carmel Hospital  
982 E. Columbia  
Colville WA 99114

Phone:  
509-685-2406

E-mail  
[rhoadev@mtcarmelhospital.org](mailto:rhoadev@mtcarmelhospital.org)



# Accounts Receivable Drop to 70.5 Days

by Tom Muller

During the twelve month period ended March 31, 2001 days in accounts receivable in the hospitals of Washington State averaged 70.5 days. This was 9.2 days less than the year earlier period, as reported by the Washington State Department of Health. Days in accounts receivable averaged 57.0 days for Medicare, 80.1 days for Medicaid, and 76.7 days for other payers, which were decreases of 5.8 days, 1.9 days, and 12.9 days, respectively from the previous year.

Over a three year period days in accounts receivable decreased in all geographic areas, except Puget Sound.

As a result the Puget Sound region moved from second lowest to highest in average days in accounts receivable. In contrast, the Southwest region moved from highest to lowest in average days in accounts receivable.

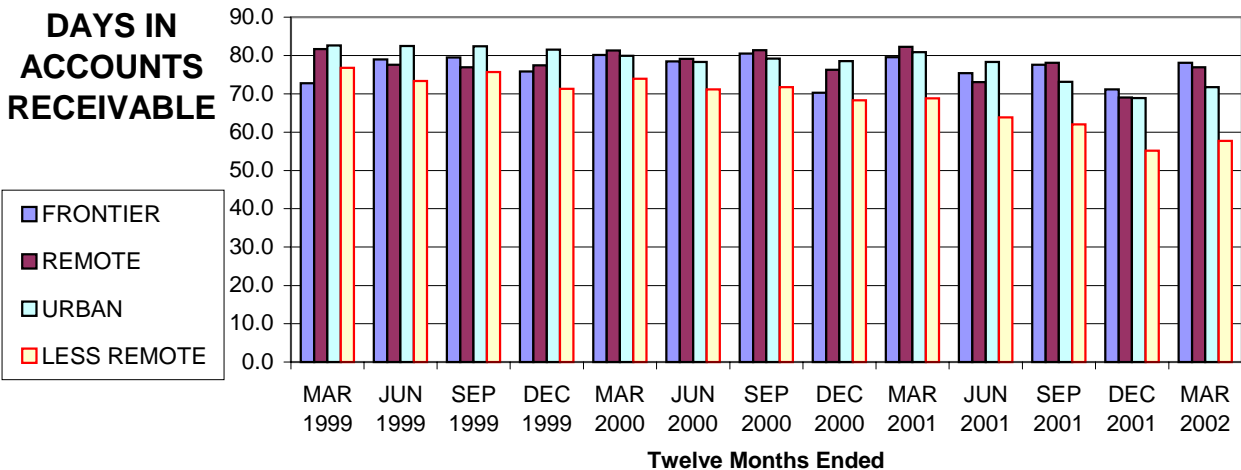
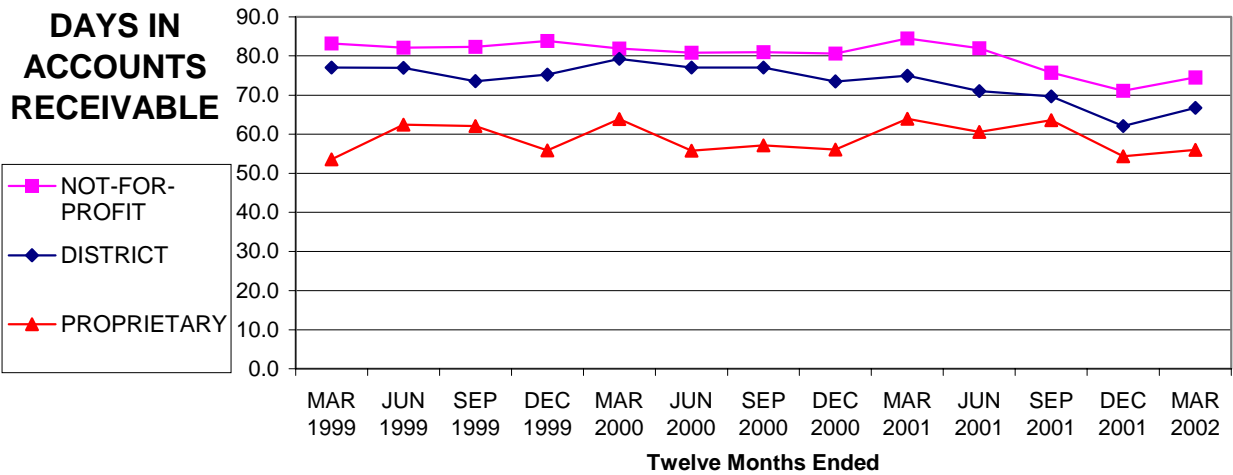
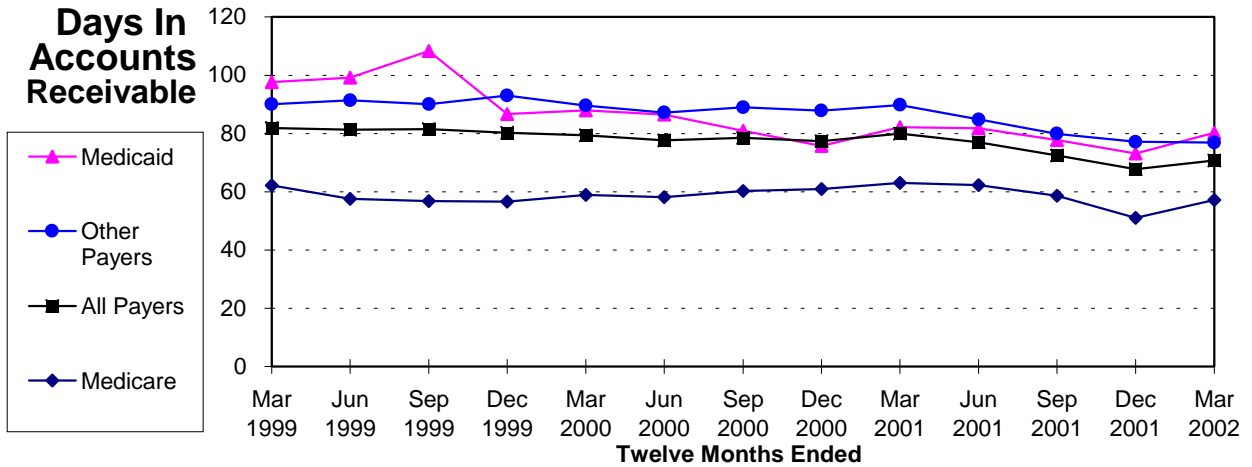
Although days in accounts receivable for proprietary hospitals increased over three years while average days in accounts receivable for district hospitals and not-for-profit hospitals were dropping, the proprietary hospital group still retained the lowest average days in accounts receivable in the twelve month period ended March 31, 2002.

Frontier hospitals experienced an increase in average days in accounts receivable over the past three years, while remote hospitals, less remote hospitals, and urban hospitals all experienced reductions in average days in accounts receivable. As a result the frontier hospital group moved from lowest to highest over the three year span.

In the four quarter period ended March 31, 2002 average days in accounts receivable for individual hospitals ranged from 21 days to 128 days.

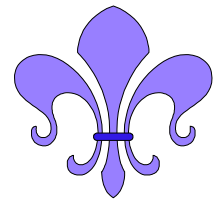
<u>Days in Accounts Receivable</u>	<u>Twelve Months Ended</u>			<u>Change from</u>		<u>Change from</u>	
	<u>March 31, 1999</u>	<u>March 31, 2001</u>	<u>March 31, 2002</u>	<u>March 31, 1999</u>	<u>March 31, 2001</u>	<u>March 31, 2001</u>	<u>March 31, 2001</u>
				<u>Total</u>	<u>Percent</u>	<u>Total</u>	<u>Percent</u>
Statewide Total	81.9	79.7	70.5	-11.3	-13.9%	-9.2	-11.5%
By Payer:							
Medicare	62.1	62.8	57.0	-5.1	-8.2%	-5.8	-9.2%
Medicaid	97.6	82.0	80.1	-17.6	-18.0%	-1.9	-2.3%
Other	90.1	89.6	76.7	-13.4	-14.9%	-12.9	-14.4%
By Region:							
King County	89.2	86.6	72.1	-17.0	-19.1%	-14.4	-16.6%
Puget Sound	75.3	75.6	75.9	+0.5	+0.7%	+0.3	+0.4%
Southwest Washington	80.8	76.6	60.3	-20.5	-25.4%	-16.3	-21.3%
Central Washington	78.2	72.2	63.3	-15.0	-19.2%	-8.9	-12.4%
Eastern Washington	73.7	71.7	68.1	-5.6	-7.6%	-3.6	-5.0%
By Type of Ownership:							
District	77.0	75.0	66.8	-10.2	-13.3%	-8.2	-10.9%
Not-for-Profit	83.2	84.5	74.5	-8.7	-10.5%	-10.0	-11.8%
Proprietary	53.6	64.0	56.0	+2.4	+4.5%	-8.0	-12.5%
By Population Density							
Frontier Rural	72.8	79.6	78.1	+5.3	+7.3%	-1.5	-1.8%
Remote Rural	81.6	82.3	76.9	-4.7	-5.8%	-5.4	-6.5%
Less Remote Rural	76.7	68.9	57.7	-19.0	-24.8%	-11.2	-16.2%
Urban	82.6	80.9	71.8	-10.8	-13.1%	-9.1	-11.3%

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# Chapter Recognition Awards



by Tom Muller  
Membership Services Chairman

Members who are willing to volunteer their time and energy are essential to the survival of volunteer organizations, such as HFMA. Washington-Alaska chapter is fortunate to have many members who are willing to make this commitment.

This year the chapter was pleased to recognize four of these members for outstanding contributions to the chapter and its members. The ANI scholarship was presented to Julie Meek and the President's Awards were presented to Ginger Rhoades, Mark Flaten, and Rik Lewis.

During the past year Julie has put a tremendous amount of effort into the first ANI to ever be held in Washington. The success of this ANI is primarily due to the efforts of Julie and the members she recruited to work with her. In addition to her work with ANI, Julie did not neglect the other duties she has been performing for the chapter. She has continued to maintain the employment registry for the chapter. Thanks to Julie we can always count on having the latest job opportunities available at chapter meetings, in each edition of the newsletter, and on the chapter's website. In addition, she has continued recruiting possible new

chapter members from attendees at our chapter meetings who are not yet HFMA members.

Ginger has taken on the difficult task of editing the NW Outlook for the past year. During the past year Ginger led the transition of NW Outlook from a print-only publication to primary distribution via the internet. She has produced six newsletters during

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the year, while many chapters only develop four newsletters per year. She has managed to fill the newsletter with an interesting variety of articles and pictures.

Mark and Rik took over the chairmanship of the annual joint meeting with AAHAM. In addition to coordinating the activities of two

organizations, it also involves considerable effort in recruiting participants for the vendor fair and insuring that each vendor has what they need to set up and operate. Mark has been active on the Keynote Speaker and Current Events Committee (Committee C) of the LCC and Rik has been active on the Rural Health Committee (Committee E) of LCC. In addition, Mark has hosted the hospitality suite on numerous occasions.

All members of the chapter are eligible for these awards except officers and directors. Recipients of the ANI scholarship are only eligible to receive this award once, but remain eligible to receive the President's Award. Nominations for these awards are made by each council and committee of the LCC at the February meeting.

Congratulations Julie, Ginger, Mark and Rik and a big "thank you" from the chapter for the effort you have expended to earn these awards. ■



**hfma** washington / alaska chapter  
healthcare financial management association

# Job Opportunities

<b>POSITION AVAILABLE</b>	<b>ORGANIZATION</b>	<b>LOCATION</b>
Assoc. Director of Finance-Physician Billing Group ....	University of California-Irvine .....	Irvine, CA
Billing Manager .....	Anchorage Neighborhood Health Center .....	Anchorage, AK
Chief Financial Officer .....	Sitka Community Hospital .....	Sitka, AK (S.E. Alaska)
Chief Financial Officer .....	Columbia Basin Hospital .....	Ephrata, WA
Decision Support Financial Analyst .....	Kadlec Medical Center .....	Richland, WA
Director of Billing Operations .....	National Medical Management .....	Bellevue, WA
Director of Finance .....	Sharp Healthcare .....	San Diego, CA
Director, Patient Business Services .....	Evergreen Hospital Medical Center .....	Kirkland, WA
Director, Registration Services .....	Enloe Medical Center .....	Chico, CA
Financial Analysts .....	Health Resources & Services Adm.-DHHS ...	San Francisco, CA
Healthcare Audit Professionals .....	GE Capital Corporation .....	San Francisco, CA
IS Manager of Patient Financial Services .....	Hospital .....	Los Angeles, CA
Manager of Patient Financial Services .....	Hospital .....	Los Angeles, CA
Manager, Audit & Consulting Services .....	Catholic Healthcare Audit Network, LLC .....	Various CA locations
Patient Financial Services Director .....	Major health system .....	Orange County, CA
Patient Financial Services Supervisor .....	Seattle Cancer Care Alliance .....	Seattle, WA
Regional Alliance Manager-Reimbursement .....	Cyberonics (medical device company) .....	California
Reimbursement Manager .....	Providence Services-Eastern Washington .....	Spokane, WA
Senior Internal Auditor .....	Sacred Heart Medical Center .....	Spokane, WA
Senior Manager, Audit & Consulting Services .....	Catholic Healthcare Audit Network, LLC .....	Various CA locations

## FOR MORE INFORMATION...

...on these listings or to include a listing, please contact

Julie Meek, (509) 942-2708 or [meekj@kadlecmed.org](mailto:meekj@kadlecmed.org)

See also National HFMA's website ([www.hfma.org](http://www.hfma.org)) for additional job listings.

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# Is There a Relationship Between Dying and the Non-Clinical Job?

by Jim Heilsberg

**A**t a recent conference I sat and listened to a Doctor giving a report on how we as institutions perform in situations involving dying patients and their families. I had to wonder what perspective people in non-clinical areas have. Financial/office personnel usually do not get to see patients during the dying process unless they experience a death in their own family. Seeing our own loved one or aged parent die would allow each of us a different perspective.

Outside of our own experiences with family, is there a relationship between dying and non-clinical persons jobs? We are often seen as just taking care of the books, accounts or coding. What difference does it make if we understand pain or feelings of the patients, families or caregivers.

Caring is what makes the healthcare industry so much different than any other industry.

In healthcare we worry and deal with emotion more than any other industry. There is an impact on non-clinical staff when customers die. Healthcare is not like other industries. We cannot look at numbers, financial performance and budgets and be oblivious to what the customer thinks or feels, or what the family of the customer thinks, feels and needs.

In healthcare it is important to better understand other factors involved in the clinical setting so that we can better predict budget changes or budget overruns. These other factors may better help us understand and anticipate fluctuations in financial performance when there are higher levels of acuity or death rates. Knowing these factors better may help us

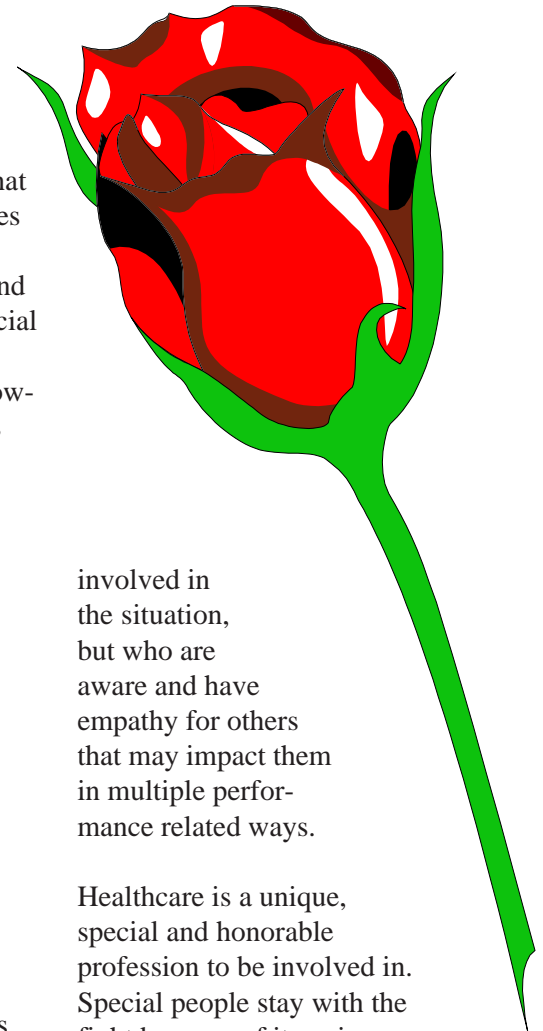
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*We are often seen  
as just taking  
care of the  
books, accounts  
or coding*

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see why there is a rise in staff needs for patient care or why there is an increase in absenteeism following a death or multiple deaths. If we have some type of support group to help deal with these issues there may be more costs and absenteeism as well that needs to be planned for.

On top of this, we need to account for how feelings of this type can impact staff productivity for those not directly



involved in the situation, but who are aware and have empathy for others that may impact them in multiple performance related ways.

Healthcare is a unique, special and honorable profession to be involved in. Special people stay with the fight because of its uniqueness. This is true of clinical and non-clinical personnel. Dealing with death so close is one of those things that makes the profession unique. ■



## ***Welcome New Members***



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

**Kris L. Knight**

Coordinator Budget/Treasury  
Empire Health Services  
Spokane, WA

**Holly C. Thomsen**

Manager Patient Accounts  
Good Samaritan Community Healthcare  
Puyallup, WA

**Carolyn A. Foster**

Accounting Manager  
St Joseph Hospital  
Bellingham, WA

**Mich P. Hassing**

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*continued on next page...*

## ***Welcome New Members***

*~ continued ~*

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PacifiCare of WA  
Mercer Island, WA

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Evergreen Healthcare  
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**Pru Arnquist**

Denials Coordinator Compliance Auditor  
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Director Registration Services  
Yakima Valley Memorial Hospital  
Yakima, WA

**Jacqueline A. Smith**

Mgr Reimbursement Services  
Ocean Beach Hospital  
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**Marcie Faaborg**

Contract & Reimbursement Analyst  
Valley General Hospital  
Monroe, WA

**Ed Norris**

Chief Finance Officer  
Ocean Beach Hospital  
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**Jose E. Balcells**

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**Gladys Destefano**

Collections Manager  
Patient Accounts Multicare  
Tacoma, WA

**Shelley E. Godwin**

District Sales Manager  
Medifax EDI  
Seattle, WA



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## UPCOMING CHAPTER MEETINGS

EVENT	DATE	LOCATION
HFMA Workshop & Meeting .....	September 25-27, 2002 .....	Campbells - Chelan
HFMA Workshop .....	December 5, 2002 .....	Facility - TBD - Seatac
HFMA Region 11 Symposium .....	January, 2003 .....	Caesars Palace Las Vegas
HFMA Workshop, Meeting, & Vendor Fair ....	February, 2003 .....	Sheraton - Tacoma
HFMA Workshop & Meeting .....	May, 2003 .....	Davenport Hotel - Spokane
HFMA Workshop & Meeting .....	September, 2003 .....	Joint Mtg w/OR - Portland
HFMA Workshop .....	December, 2003 .....	Facility - TBD - Seatac

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

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