HFMA®
Washington/Alaska Chapter
Healthcare Financial Management Association

NW Outlook

January 2002

President's Message. . .

by Anne Stallard

Anne Stallard

The year 2002 seems to already be bringing new challenges, both for our industry and each and every one of us. CMS (formerly HCFA) cannot decide on when we will get paid, how we will get paid, and when do we get to file our cost reports.

The start of this New Year, I find myself with a new boss from a prior lifetime (Grays Harbor). John Sherrett is now serving as our interim CEO. We are recruiting, as everyone else is, for a pharmacist, lab and x-ray technologists, and an administrator. I then read in an accounting magazine that enrollment for accounting majors have decreased 20% and within 10 years there will be a shortage of financial personnel. How do we encourage the next generation that healthcare is a wonderful field to join? Education to the high schools and junior colleges thru job fairs and mentoring is a start.

This year brings us with a shortened agenda, due to ANI. The February meeting is a good start to the New Year. Please encourage people from billing and medical records to attend. I have talked to Robb Menaul and we are trying to see if we can pull off a meeting on Friday afternoon to talk about updates from the Washington State Medical Association, DSHS, Uniform Medical and others to discuss mutually agreed upon standards. Included in this newsletter is a call for volunteers for the Seattle ANI. I encourage each and every one of you to volunteer wherever possible. It is a great opportunity to meet new contacts and friends from all over the United States.

I look forward to seeing everyone in the next few months and have a Happy New Year. ■

Hospital Lien Law in Washington

by John Rademacher

As anyone in the healthcare industry is aware, there are numerous patients whose injuries or conditions are the result of some sort of accident or intentional action by someone else. The ways these injuries have happened are probably as numerous as the injuries themselves. Whether the result of a car accident, a fight, a fall down the stairs of a hotel, or whatever other way the patient was harmed, these injuries are the results of actions that attorneys call torts. No, in this case, torts are not small fruit-filled cakes. A legal tort is an action that one person (or company) causes to happen that causes an injury to another person. When a hospital or other medical service provider cares for a patient who was injured in an accident like this, how can that service provider recover the cost of its services?

Obviously, if a patient has his own health insurance that covers injuries caused by another, that health insurance can always be billed. If the patient sues to recover damages from the person

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www.waakhfma.org

Contributing Writers

Lee Johnson
Julie Meek
Tom Muller
Scott Nelson
Anne Stallard
John Rademacher
Jim Rowson

THANK YOU!!!

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who injured him, and the hospital has not been paid or fully paid, Washington law allows a hospital to recover the amount of the medical treatment it provided to an injured person from the proceeds of any lawsuit that the injured person brings against the party that injured him. These claims for recovery are known as liens, and are simply a claim that the hospital files with the court to recover its costs.

The Washington Supreme Court decided that a court does not have to pronounce someone to be guilty of negligence in order to be responsible for the hospital's lien.

Who can claim reimbursement from these lawsuits? Under the Revised Code of Washington Chapter 60.44, different types of medical service providers may file a lien against the proceeds of any suit by an injured person for whom they provided medical services against the person who injured them. The section applies to: public or private operators of hospitals or ambulance services, licensed nurses, practitioners, physicians, and surgeons who have provided care or transportation for the injured person. This ability to claim a lien applies to any claim, or right of action that the injured person has against the injurer as well as any money that the injured person recovers from the injurer, no matter whether the injurer or his insurer pays the money, and no matter whether the money is paid as a settlement or the result of a verdict after trial. Workers' compensation claims are specifically excluded from this right, however.

What precisely may a hospital recover from these claims? Obviously, they may recover the costs of the medical care provided to the patient. They may also recover the costs and attorney's fees they incur in filing and pursuing these liens. All of these liens, however, are limited to a cap of twenty-five percent (25%) of the amount of any award. For example, if a person recovers $100,000 from the person who injured him, the maximum amount of all of these liens that may be recovered is $25,000. If the liens total less than that amount, all parties who filed a lien will recover the full amount of their lien, plus costs. If more than one service provider has filed a lien, and these liens total more than $25,000, the lien holders will split the $25,000.

Can the hospital wait for a long time to file a lien? There are time limitations to filing these liens. The law provides that the medical service provider must file the lien with the county auditor within 20 days of providing the services, or at any time before settlement and payment of the patient's claim against the third party. Although a hospital could wait until the case is settled and before payment, the best practice should be to file a notice of claim for any patient whom the hospital knows was injured as a result of a third party's actions as soon as care is completed, and the bill is calculated. This is done by filing a notice of claim containing certain required information, including the name of the person or organization filing the lien, the name and address of the patient, the time and place of the incident, the nature of the injury, and the name and address of the person causing the injury. The county auditor will record the claim.

A promissory note or other evidence of indebtedness will not discharge the lien, unless the medical service provider expressly accepts it as a payment and specifies this in the note. Even if the patient settles his case with the third party and is paid, the lien is still in force. The lien remains in force unless the settlement expressly provides for the payment of the lien, or the medical service provider signs a release or waiver of lien and this is then delivered to the third party or his insurer. If a court case has been filed, this release must be filed

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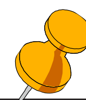
with the same court where the case has been filed.

How does the hospital force the patient to pay it from the proceeds of his suit? The liens may be enforced by filing a lawsuit within one year of the date of filing of the lien. This is true even if the third party has settled with the patient. In this suit, the fact that the third party or his insurer paid the patient's claim will be considered as *prima facie* evidence that the third party was negligent in his actions and also on the liability of the payer to compensate because of this negligence.

When does a third party or his insurer have to pay the hospital the amount of the lien? Whenever that party settles or is found to be guilty of negligence in causing the patient's injuries. The Washington Supreme Court decided that a court does not have to pronounce someone to be guilty of negligence in order to be responsible for the hospital's lien. In the case of United States of America v. Deaconess Medical Center Empire Health Service, and Farmer's Insurance Company of Washington,[1] the Court decided that the third party doesn't necessarily need to be found guilty by a court in order to apply the lien statute against them. In this particular case, a patient and his children had filed suit against a hospital for negligence. After this, the patient, a veteran, had gotten medical care for his injuries from the Veterans' Administration hospital. The VA hospital filed a lien for the value of its services. The hospital and its insurer settled the claims against it with all of the plaintiffs except one. When that last claim was tried, the hospital was cleared of all negligence. After the VA sued to collect on the lien, the hospital and its insurer claimed that since a court had found them not negligent, they could not be responsible to the hospital for the lien. The Washington Supreme Court decided that there is no requirement that a court find the third party to be guilty of negligence. The fact that the hospital and its insurer settled some of the claims against them was initial evidence of both the negligence of the third party and their responsibility to pay the injured party. This evidence was enough for the VA hospital to be able to sue the hospital and its insurer. The defendants could use the court's decision to show that since they were not actually negligent, they were not really responsible for the lien. Since one of the things that a lienholder has to prove to collect on its lien is the liability of the third party, the VA would then have to present evidence proving that the hospital was actually negligent in its treatment of the patient. Obviously, this type of situation is (hopefully) rare, and another hospital may never have to face the same set of circumstances. Unfortunately, it does mean that a hospital may well need to be prepared to face a full trial on the facts of the injury before being able to collect its lien. ■

[1] 140 Wn.2d 104, 994 P.2d 830 (Washington, 2000)

John Rademacher is an attorney with Pacific Medicaid Services and the law firm of Knepper & Moga PC, concentrating in hospital liens, SSI eligibility, L&I and third-party claims'



Mark Your Calendar

FEBRUARY - MARCH 2002

27	28	1

Workshop & Meeting

& Vendor Fair

Sheraton Tacoma Hotel

- Joint Session with AAHAM
- Guest Speakers

SEE YOU THERE!

Scrooge McCMS

by Lee Johnson, FHFMA
Central Washington Hospital

Scrooge sure tried once more, he had our whole Christmas all packed up and was heading back up to his cave when little Cindy Lou Who (Congress) stopped him again! The two now infamous memorandums disappeared from the CMS website just like a ghost from Christmas past (or future?) and Scrooge McCMS confirmed (see attached letter) that the 2002 OPPS changes are officially delayed until April 1st (or later). All the proposed changes are put on hold until CMS can get their systems updated for implementation on April 1st (or later).

So, it's business as usual on January 1st and we will continue to submitclaims and have them paid at 2001 rates. Also delayed are the new CPT/HCPC codes for 2002 until April 1st (or later).

Yes Virginia, there really is a Santa Claus!!!

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Room 303-D
200 Independence Avenue, SW
Washington, DC 20201

Public Affairs Office

FOR IMMEDIATE RELEASE
Tuesday, Dec.18, 2001

Contact: CMS Public Affairs
(202) 690-6145

HHS TO POSTPONE IMPLEMENTATION
OF OUTPATIENT PROSPECTIVE PAYMENT REGULATION

The Department of Health and Human Services' Centers for Medicare & Medicaid Services (CMS) will issue a notice in the Federal Register before Dec. 31, 2001, announcing that the 2002 hospital outpatient prospective payment system rates set to go into effect on Jan. 1, 2002, will be postponed while CMS continues to review the rates and codes announced in November of this year.

"Our goal is to provide the best service possible to Medicare beneficiaries, hospitals and doctors, and we believe this action will help CMS meet that goal," said HHS Secretary Tommy G. Thompson.

Since issuing the final regulation on Nov. 30, CMS discovered a number of technical miscalculations in the assignment of the cost of certain new technology devices to related procedure codes. Once the corrections are made, CMS will do a thorough review of all outpatient codes with medical experts and again review the data to insure there are no additional calculation errors. The revised rates and codes will then be published in the Federal Register. There are more than 300 ambulatory payment classification codes (APCs) for outpatient procedures and 53 APCs that involve new technology devices.

"I expect this to be a one time glitch in the system," said CMS Administrator Tom Scully. " I believe a review of all our outpatient codes, and the entire program, is best served by this delay. We do not want to undercut patient or provider confidence in the Medicare program.

"We also appreciate the bipartisan, bicameral support for our efforts to delay, as outlined in the letter from the key congressional committee chairs and ranking members," said Scully.

Hospitals will be paid for outpatient services they provide to Medicare beneficiaries at the 2001 rates until CMS has completed its review, but such review will not be extended beyond March 31, 2002.

Job Opportunities

TITLE	ORGANIZATION	LOCATION
Associate Hospital Administrator	Straub Clinic & Hospital	Honolulu, HI
Business Office Manager	Mayers Memorial Hospital	Fall River Mills, CA
Business Service Manager (Non-Gov't Payors)	A central billing office	Modesto, CA
Chief Executive Officer	Ketchikan General Hospital	Ketchikan, AK
Chief Financial Officer	Office of Mental Health & Addiction	Portland, OR
Chief Financial Officer	170-bed hospital	Dallas, TX
Chief Financial Officer	Kern Valley Hospital	Lake Isabella, CA
Chief Financial Officer	Clinical laboratory	Seattle, WA
Clinical & Financial Data Decision Support Analyst	Antelope Valley Hospital	Lancaster, CA
Controller	Carson-Tahoe Hospital	Carson City, NV
Director of Finance	Salick Health Care Inc.	Los Angeles, CA
Director of Financial Reporting	Catholic Healthcare West	San Francisco, CA
Director of Patient Financial Services	Sacred Heart Medical Center	Spokane, WA
Director of Patient Financial Services	Healthcare system	Washington State
Director of Patient Financial Services	Large hospital	West side Washington
Director of Patient Financial Services	160-bed NFP acute care hospital	Boise, ID
Director of PFS/Business Services	Large healthcare system	Nevada
Financial Analyst	Kadlec Medical Center	Richland, WA
Financial Analyst-Patient Care	Seattle Cancer Care Alliance	Seattle, WA
Financial Consultant	MultiCare Health System	Tacoma, WA
General Ledger Accountant	Seattle Cancer Care Alliance	Seattle, WA
Payment Contract Specialist	MultiCare Health System	Tacoma, WA
Privacy/Compliance Officer	Kadlec Medical Center	Richland, WA
Regional Chief Executive Officer	Hawaii Health Systems Corporation	Wailuku, HI
Regional Chief Financial Officer	PeaceHealth	Longview, WA
Reimbursement Manager	Providence Services-Eastern Washington	Spokane, WA
Senior Accountant	Virginia Mason Medical Center	Seattle, WA
Senior Auditor	Trinity Health	Fresno, CA
Senior Financial Analyst	Good Samaritan Hospital	Los Angeles, CA
Senior Financial Budget Analyst	Seattle Cancer Care Alliance	Seattle, WA
Senior Staff Accountant	Island Hospital	Anacortes, WA
Sr. Hospital Finance Managers (for turnarounds)	Cambio Health Solutions, LLC	Western U.S.
Vice President/Chief Financial Officer	Enloe Health System	Chico, CA

For more information...

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

Julie Meek, (509) 942-2708 or meekj@kadlecmed.org

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

VOTE

You have recently or will shortly be receiving your election ballot for 2002-2003. We have an excellent slate of candidates for both board positions and officers this year, all of whom are exceptionally well qualified to help lead the chapter. We appreciate those who have consented to participate in this process and to serve if elected. I hope all of you will take advantage of this opportunity and spend a few minutes to review the names and to vote conscientiously. Your participation directly determines our future.

Thank you, Scott Nelson, Immediate Past President, 2001-2002

ATTENTION

Are you ready to take the HFMA certification test?

The time to prepare is now.

In June the Annual National Institute (ANI) will come to Seattle for the first time ever.

This is the ideal opportunity to earn your certification.

Call (800) 252-HFMA Extension 311 now.

To reserve your place at the testing sight.

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.

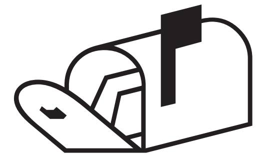
To receive a copy of your record, please contact

Tom Muller

Telephone: (360) 236-4215

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

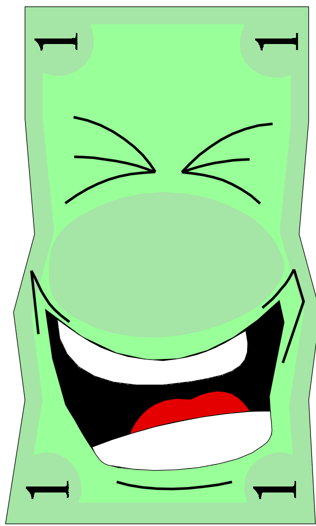
Phone:
509-685-2406

E-mail
rhoadev@mtcarmelhospital.org

Attend LCC; Win $$$

by Tom Muller
Membership Services Chairman

At each chapter LCC meeting, one member in attendance will receive $50 cash. Since officers and directors are not eligible to win the $50, this increases the chances of winning for the other members attending. *But, you must be present to win.*



Attend & WIN
50 Big Ones!

Of course, there are many other benefits to participating in LCC councils and committees besides cash. LCC participants determine the programs and activities of the chapter. In addition, LCC meetings provide many networking opportunities.

Patrick Green, from Overlake Hospital Medical Center, won the $50 at the September meeting for his participation in Committee B. **Del Nord**, from Quality Reimbursement Services, won the $50 at the December meeting for his participation in Committee A. You could be the next winner.

The next LCC meeting will be Wednesday, February 27th, at 5:00PM at the Tacoma Sheraton Hotel. Plan on being there.

History Corner

Can you name the 5 members in this 1982 photograph?

The Washington/Alaska Chapter of HFMA has served its members well and long. Our first president, Carl Ibach served during 1953-1954. Realizing that many of you are more recent members, I thought I'd share some history pictorially. You will need some long-time members to help you.

Who are these members and when was this picture taken? Answers will be published in February.

circa 1982

Al Hanson and Dan Harden compare awards.

WHO WE ARE

by Tom Muller
Membership Services Chairman

Members of Washington-Alaska chapter of HFMA are a diverse group who have come together because of a shared interest in healthcare finance. The average chapter member has lived for 46 years, has spent 18 years in the healthcare field, and has been a member of HFMA for 9 years. The current membership is 56% male and 44% female.

As of September 2001, 7% of the membership held the CHFP or FHFMA certifications. In addition 22% of the membership have listed CPA certifications on the membership directory. However, the proportion of CPA's is probably understated, since some members have not included their CPA certification on their directory listing.

Hospitals and medical centers are the largest employers of chapter members, with about 48% of the total. Consulting firms, accounting firms, physician groups and health system headquarters also account for significant proportions of the membership. The majority of the chapter membership work as directors, managers, supervisors, CFO's or controllers.

Chapter members are getting older. Since 1986 the average age of chapter members has increased from 38 to 46. In addition, the proportion of female members has grown significantly, from 31% in 1986 to 44% in 2001. The proportion of members with FHFMA or CHFP certifications has grown from less than 4% to over 7%.

In the early years, HFMA was primarily a hospital organization. However, members now come from a wider array of organizations. Hospital members were 52% of the chapter in 1986, dropped to 45% in 2000, and recovered to 48% of the total membership in 2001. ■

Washington-Alaska Chapter Profile

	2001	2000	1986
Average Age	46	46	38
Average Years in HFMA	9	9	--
Average Years in Healthcare	18	18	--
Gender:			
Male	56.2%	56.9%	69.0%
Female	43.8%	43.1%	31.0%
Certification:			
FHFMA or CHFP	7.1%	7.6%	3.9%
CPA	22.2%	25.2%	--
Organization:			
Hospital/Medical Center	47.8%	45.2%	52.0%
Consulting Firm	8.3%	8.6%	4.8%
Health System Headquarters	7.4%	6.9%	7.0%
Accounting Firm	6.2%	6.9%	13.9%
Physician Group	4.7%	4.8%	--
Other	25.6%	27.6%	22.3%
Job Titles:			
Director/Manager/Supervisor	31.5%	30.6%	--
CFO/Controller	23.7%	20..4%	--
Staff Specialist or Professional	18.4%	16.7%	--
President/CEO/Executive Dir/Administrator	7.1%	6.5%	--
Attorney	2.2%	1.4%	--
Other	17.1%	24.8%	--

HFMA Workshop
December 5-6, 2001
Embassy Suites, Seatac

Erik Wahl of the Wahl Group shows attendees at the Chapter December 2001 meeting how to explore new levels of vision and performance through creativity.

Del Nord receives his Follmer Bronze Merit Award from Chapter President, Anne Stallard.

THREE PAST PRESIDENTS: (L to R) Jim Rowson (1990), Sue Childers (1989) and Julie Meek (1995) share a laugh during the luncheon.

Lori Nomura receives Follmer Bronze Award from Membership Chair Tom Mullter.

The 2001-2002 Officers sit for this photo (L to R): Anne Stallard, President, and Tom Dingus, President-Elect, along with Bob Hinman, Secretary and Gregg Terreson, Treasurer.

Hospital Profits Rebound

by Tom Muller
Washington State Department of Health

During the four quarters ended September 30, 2001 the net operating income of hospitals in Washington State advanced to $143.2 million, as reported by the Washington State Department of Health, Center for Health Statistics. This was an increase of 5.1% over the previous quarter, 42.4% over calendar year 2000 and 19.0% over the year ago level. Net operating income per adjusted discharge of $157.66 was 15.7% over the year ago level and was the highest recorded for a four quarter period since calendar year 1999.

Net operating income was not distributed uniformly among the hospitals of Washington. A total of 40 hospitals experienced operating losses totaling $85 million, while 51 hospitals realized operating gains of $228 million. For individual hospitals operating results ranged from a loss of $22.3 million to a gain of $37.3 million. Nine hospitals had gains exceeding $9.9 million for a total of $151.5 million.

The gain in net operating income over the past year also was not spread uniformly over the state. Gains occurred in King County, Puget Sound, and Southwest Washington, while net income in Central Washington and Eastern Washington dropped substantially. Overall, urban areas and the least remote rural areas experienced increased operating income, while remote rural and frontier rural areas incurred operating losses. By type of ownership, not-for profit hospitals gained 50%, while district hospitals and proprietary hospitals recorded losses in the four quarter period ended September 30, 2001.

Net Operating Income	Twelve Months Ended September 30, 2000	Twelve Months Ended September 30, 2001	Change	Percent Change
Statewide Total	$120,389,347	$143,244,419	+$22,855,072	+19.0%
By Region:				
King County	26,699,163	38,889,124	+12,189,961	+45.7%
Puget Sound	71,790,240	95,285,893	+23,495,653	+32.7%
Southwest Washington	3,925,492	14,412,957	+10,487,465	+267.2%
Central Washington	-1,146,594	-6,864,781	-5,718,187	-498.7%*
Eastern Washington	19,121,046	1,521,226	-17,599,820	-92.0%
By Type of Ownership				
District	8,247,875	-4,851,096	-13,098,971	-158.8%
Not-for-Profit	90,298,706	135,503,888	+45,205,182	+50.1%
Proprietary	2,516,201	-1,296,502	-3,812,703	-151.5%
By Population Density:				
Frontier Rural	-269,281	-3,212,918	-2,943,637	-1093.1%*
Remote Rural	-1,608,110	-7,703,306	-6,095,196	-379.0%*
Less Remote Rural	5,684,265	14,043,117	+8,358,852	+147.1%
Urban	116,582,473	140,117,526	+23,535,053	+20.2%

*Mathematically, this is a positive percentage change. However, since the change is downward, a negative percentage change is less misleading.

During the twelve month period ended September 30, 2001 operating margin jumped to 1.17%, which was 28% above the calendar year 2000 level and was equal to the level achieved in the four quarter period ended June 30, 2000.. From the four quarter periods ended September 30, 2000 to September 30, 2001 operating margins were up substantially in the Southwest Washington area and down substantially in the Central Washington and Eastern Washington areas. Operating margins were down significantly for frontier rural hospitals and remote rural hospitals, but up significantly for less remote rural hospitals.

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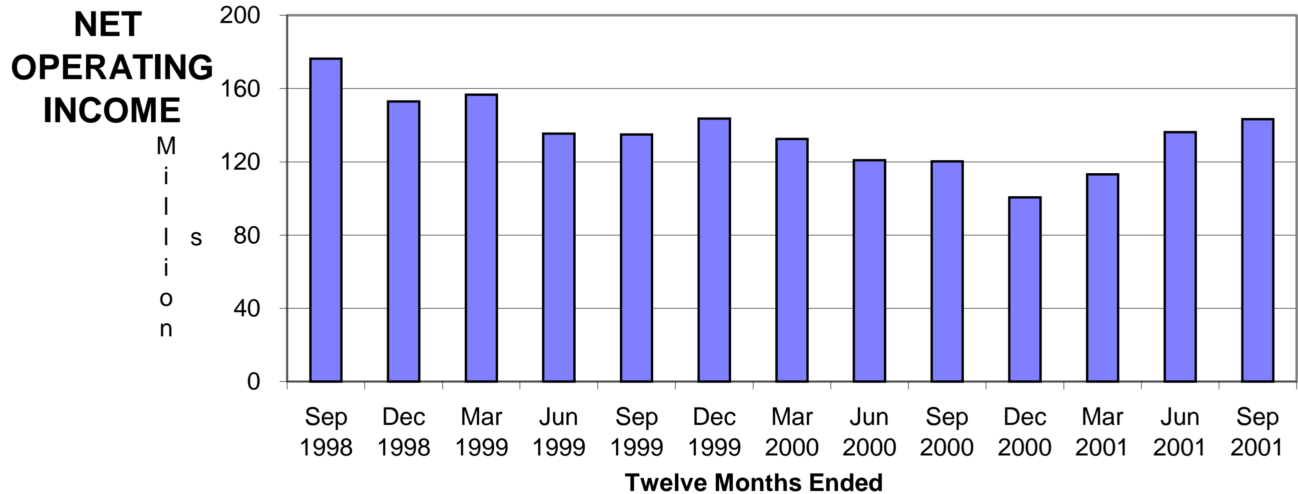
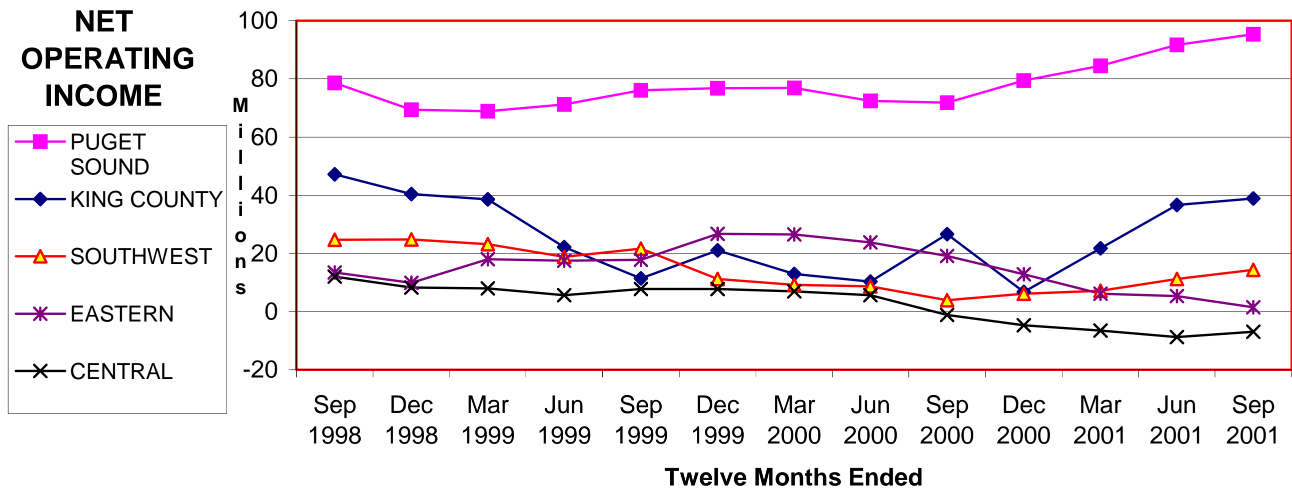
Operating Margin	Twelve Months Ended September 30, 2000	Twelve Months Ended September 30, 2001	Change	Percent Change
Statewide Total	1.12%	1.17%	-0.05%	+4.1%
By Region:				
King County	0.57%	0.73%	+0.16%	+28.0%
Puget Sound	2.80%	3.17%	+0.36%	+13.0%
Southwest Washington	0.34%	1.10%	+0.76%	+222.0%
Central Washington	-0.13%	-0.66%	-0.53%	-421.2%*
Eastern Washington	1.38%	0.10%	-1.28%	-92.8%
By Type of Ownership:				
District	0.57%	-0.30%	-0.87%	-152.9%
Not-For-Profit	1.14%	1.48%	+0.34%	+29.5%
Proprietary	0.85%	-0.41%	-1.26%	-148.5%
By Population				
Frontier Rural	-0.44%	-4.71%	-4.27%	-979.8%*
Remote Rural	-0.56%	-2.50%	-1.94%	-345.9%*
Less Remote Rural	0.53%	1.18%	+0.65%	+121.4%
Urban	1.25%	1.31%	+0.06%	+4.6%

*Mathematically, this is a positive percentage change. However, since the change is downward, a negative percentage change is less misleading.





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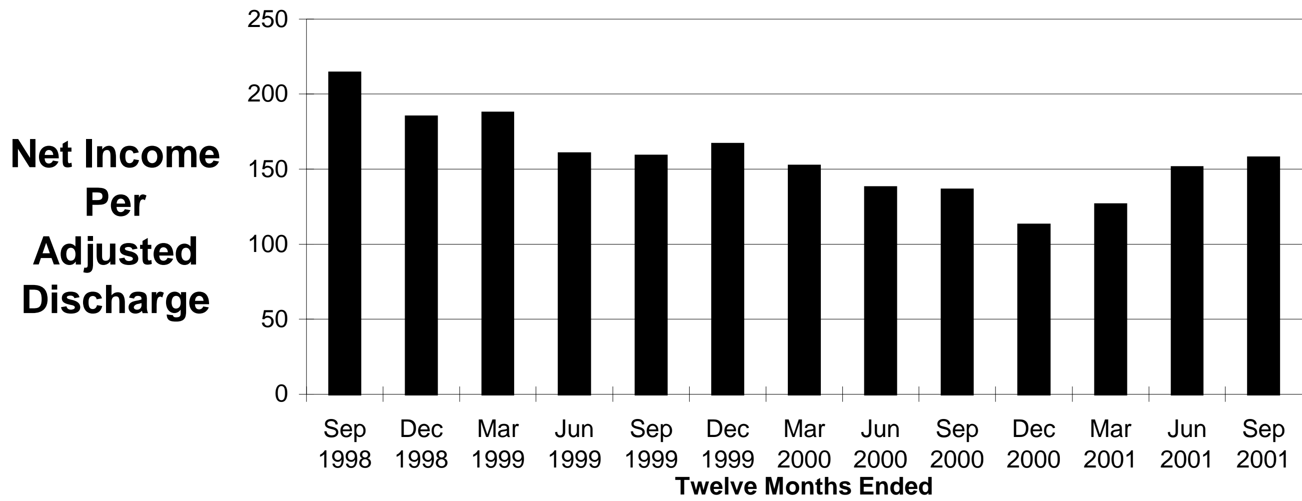
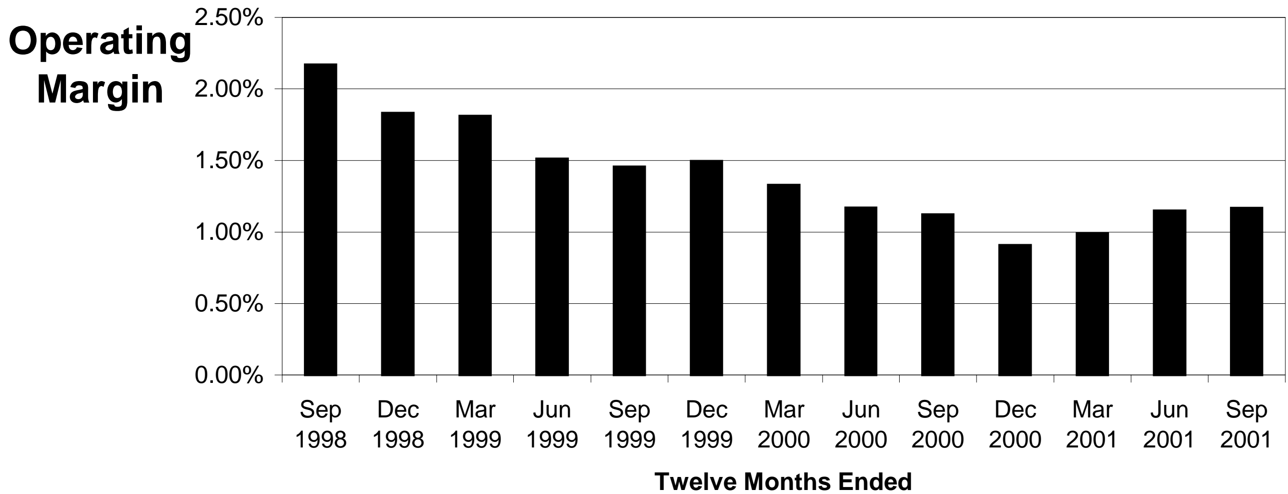
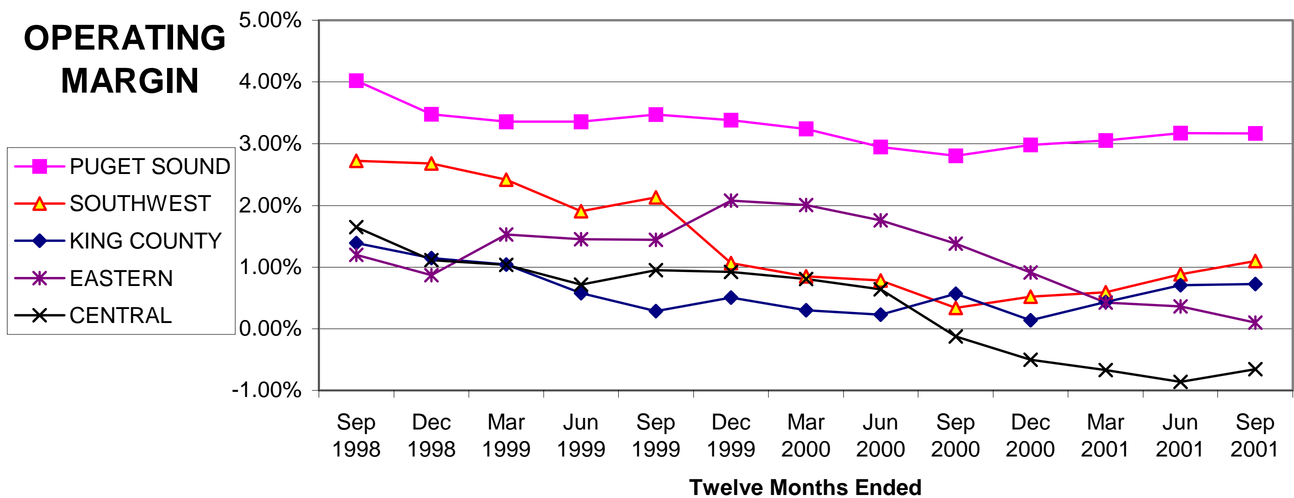






Editorial

REIMBURSEMENT (Lets get rid of it)

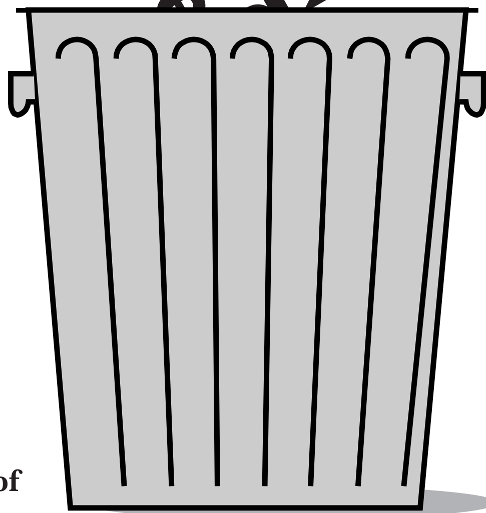
by Jim Rowson
Vice President
Harrison Memorial Hospital

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. I.e. – 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



DRG's, our outpatient laboratory services are paid on a fee schedule, much of our outpatient services are paid on an OPPS (don't you like that word) APC payment. Our home health services are paid on a prospective rate. These systems don't reimburse our organizations – They pay organizations. The payment may be adequate, or the payment may be inadequate. Any relationship to specific organization costs is more coincidental than intentional (though I recognize that the intention of each of the payment systems, initially, is a form of national average costs).

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. ■

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

VOLUNTEERS NEEDED!

by Julie Meek, Kadlec Medical Center

THE ANNUAL NATIONAL INSTITUTE IS COMING!

HFMA offers a large national conference each year and for the first time ever the ANI is in the Pacific Northwest. ANI will be June 16-20, 2002 at the convention center in Seattle. The Washington/Alaska Chapter is responsible for providing volunteers. We are asking for all members to volunteer this year at ANI. The volunteers needed are:

Course Coordinators-This is the largest time commitment needed. The coordinators will be needed Monday-Wednesday all day with Sunday optional. You will be able to attend all education events with free registration.

Friday Conference Bag Stuffing-This will be a 4-6 hour commitment. This will be a fun time of stuffing information into the conference bags given to all attendees. Snacks will be provided.

Information Booth Staffing-This will be a 2-3 hour commitment. This is actually two booths together that answer conference attendees questions and exchange banquet tickets. We will need to staff this Saturday through Wednesday. This is located in the registration area.

If you are willing to help and have not already signed up at one of our meetings, please contact Julie Meek, ANI Committee Chair. Please specify what type(s) of volunteer work you would be willing to do. She can be contacted at Kadlec Medical Center, 888 Swift Blvd., Richland, WA or (509) 942-2708 or meekj@kadlecmed.org ■

Congratulations

Craig R. Rixon
was recently certified as a
Certified Healthcare
Financial Professional (CHFP).

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the following companies
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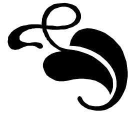
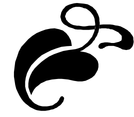


Welcome New Members



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

Norma J. Perkins
Assistant Director Corporate Business
SEARHC Mt Edgecumbe Hospital
Sitka, AK

Jesse J. Maier
Lead Accountant
Pullman Memorial Hospital
Pullman, WA

Gregg A. Becker
Chief Finance Officer
Alaska VA Healthcare System
Anchorage, AK

Eugenia Terry
Director MPI Sales
QuadraMed
Seattle, WA

Michele M. Betit
Business Service Director
Valley Hospital
Palmer, AK

Rebecca S. Mowry
President
OneSource Healthcare Mgmt Consultants
Snohomish, WA

Stephen Barchet, MD
Benefit Payment Solutions LLC
Issaquah, WA

Gwen Obermiller
Tribal Health Liaison
State of Alaska
Anchorage, AK

Deborah Duncan
University of Washington
Seattle, WA

June S. Tate
Harborview Medical Center
Seattle, WA

Brant Butte
Manager Business Development
American Medical Response
Seattle, WA

Liesa Rose
Director Contracting & Research Admin
University of Washington Medical Center
Seattle, WA

UPCOMING CHAPTER MEETINGS

EVENT	DATE	LOCATION
HFMA Region 11 Symposium	January 14-16, 2002	Caesers Palace - Las Vegas
HFMA Workshop, Meeting, & Vendor Fair	Feb 27 - Mar 1, 2002	Sheraton - Tacoma
HFMA Workshop	May 23, 2002	Embassy Suites - Seatac
HFMA National ANI Conference	June 16-20, 2002	Convention Center - Seattle
HFMA Workshop & Meeting	September 25-27, 2002	Campbells - Chelan
HFMA Workshop	December 5, 2002	Facility - TBD - Seatac
HFMA Region 11 Symposium	January, 2003	Caesers PalaceLas 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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