Washington Healthcare News

wahcnews.com — *Articles, Interviews and Statistics for the Healthcare Executive*

VOLUME 3, ISSUE 11 NOVEMBER 2008

Your Insurance Broker: Providing Value Beyond Just Finding Carriers

By Sharon L. Hall BSN MPH ARM
VP, Healthcare Risk Management
Parker, Smith & Feek

Even though current financial markets are in a state of flux, and floods and hurricanes have recently wreaked havoc on Midwestern and Southern Communities, the insurance industry is still flush with capacity. Therefore, the soft insurance market continues, and rates are at some of the lowest seen in years.

This is to the advantage of many health care organizations who may want to consider alternative options in risk financing before the market hardens with premium increases and the loss of important terms and conditions. In the past year, you probably have had a broker contact you to discuss business opportunities. The basic service a broker offers is risk assessment and insurance placement, but many brokers also have expertise that will assist your staff in their day to day risk management activities. Brokers can also assist your organization with planning and preparing for the next insurance market turn. So how do you evaluate which broker is right for your organization?

A broker's value lies in the ability to obtain broad coverage at an equitable premium. The broker is the facilities partner in assessing and mitigating risk exposures. And while this may seem simple, the process itself is complex. You can expect your broker to perform the following activities:

1. Meet with you to review your current insurance program and operations to design a program that is specific to your organization's needs. It is not uncommon to begin an insurance renewal 120 days before renewal. And if an organization is considering engaging in an alternate risk financing arrangement like a large retention or captive, a feasibility study may be needed which may be started a year or more in advance.

2. Help you prepare your insurance submissions to ensure a quality submission. Incomplete or discrepancies in information may not only cause delays in obtaining quotes but also may contribute to an underwriter declining to participate

Please see> Broker, P4

Inside This Issue

Article	Page
Your Insurance Broker: Providing Value Beyond Just Finding Carriers	1
Healthcare Law: New Stark Rules Raise Compliance Challenges	8
Healthcare Finance: Short Term Investment Strategies Require Change in Today's Environment	10
Healthcare Administration: Information Management: Now a Business-Critical Choice	12
Healthcare Facilities: Mt. Scott II Professional Center: Teamwork Produces Another Successful Medical Facility	14
Healthcare Finance: Study Reveals Unprecedented Growth in Catastrophic Health Care Claims	16
Healthcare Company Profile: Parker, Smith & Feek	18
New or Recently Promoted Healthcare Leaders	20
Career Opportunities	20
Plan and Hospital Financial Information	23

Washington Healthcare News
wahcnews.com | Articles, Interviews and Statistics for the Healthcare Executive

Publisher and Editor
David Peel
Contributing Editor
Nora Haile
Contributing Writer
Roberta Greenwood
Business Address
631 8th Avenue
Kirkland, WA 98033
Contact Information
Phone: 425-577-1334
Fax: 425-242-0452
E-mail: **dpeel@wahcnews.com**
Web: **wahcnews.com**

TO GET YOUR COPY

If you would like to be added to the distribution, go to our web site at www.wahcnews.com, click on the "Sign Up Today" button and enter all information requested. Be sure to reply to the confirmation email you receive shortly afterwards.

LETTERS TO THE EDITOR

If you have questions or suggestions regarding the News and its contents, please reply to dpeel@wahcnews.com.

Letter from the Publisher and Editor

Dear Reader,

Our cover article this month, written by Sharon L. Hall of Parker Smith Feek, provides a comprehensive list of activities a full service insurance broker would typically provide a client.

Her article brought back memories. I held Chief Financial Officer positions at several northwest health insurance carriers prior to founding the Washington Healthcare News and have worked extensively with insurance brokers for many years. Over 600 insurance brokers and agents receive the Washington Healthcare News and I communicate regularly with many of them.

One of the key roles of the health care executive is to select qualified external consultants. The insurance broker is a key external consultant, comparable in many ways to legal counsel. Like counsel, the value of the broker should be periodically evaluated.

There are a few things to consider when evaluating your insurance broker:

- Do they specialize in serving the health care industry?
- Are they large enough to service all aspects of your business?
- How do their fees compare to other brokers?
- Who pays them: your organization or the insurance company?
- What do their other clients say about them?
- Are they local and accessible?

The demands on a health care executive's time are substantial and taking the time to evaluate an insurance broker may be far down the list. However, the risk associated with a poor choice is real and the time dedicated to due diligence can bring substantial benefits.

David Peel, Publisher and Editor

Washington Healthcare News 2009 Editorial Calendar

Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2009	Urban Medical Clinics	December 1, 2008	December 22, 2008
February 2009	Human Resources	January 2, 2009	January 19, 2009
March 2009	Rural Hospitals	February 2, 2009	February 23, 2009
April 2009	Insurance Carriers	March 2, 2009	March 23, 2009
May 2009	Information Technology	April 1, 2009	April 20, 2009
June 2009	Rural Medical Clinics	May 1, 2009	May 25, 2009
July 2009	Facilities	June 1, 2009	June 22, 2009
August 2009	Human Resources	July 3, 2009	July 20, 2009
September 2009	Finance	August 3, 2009	August 24, 2009
October 2009	Community Health Centers	September 1, 2009	September 21, 2009
November 2009	Senior Living	October 1, 2009	October 19, 2009
December 2009	Urban Hospitals	November 2, 2009	November 23, 2009

Consultant Marketplace

Kathy Feldman, Shareholder
Employment Law Group, Ater Wynne LLP
Participating Company, **Consultant Marketplace**

The **Consultant Marketplace**, located on the **Washington Healthcare News** web site, is where over 45 companies that specialize in providing services or products to health care organizations are found.

When using external firms, doesn't it make sense to use those that specialize in health care?

Visit **wahcnews.com/consultant** to learn how these companies can help make your business more efficient and effective.

A Preview of Participating Companies:

Adaptis
Amerinet/HRS
Ater Wynne LLP
Bernard HODES Group
Carris Technology Solutions
Cicotte Law Firm LLC
CIDA, Inc.
COBRA Management Services, LLC
Deering & Associates
Derry, Nolan & Associates, LLC
E-MEDEX
Evergreen Re
FCG Benefits
Financial Consultants of Alaska & Washington
First Choice Health
Grubb & Ellis
Great Northern Staff Administrators
Hansten Healthcare PLLC
Health Business Navigators
Healthcare Management Administrators (HMA)
Healthcare Resource Group
HealthFirst Financial (HFF)
Intelius
Invisible CareGiver Innovations, LLC
JCW, Inc. Commercial Contractor/Developer
Kaye-Smith
KPS Health Plans
MedRisk, LLC
Miller Nash LLP
Moss Adams LLP
nhaile solutions, llc
Noyes & Associates, Ltd.
Pathway2Design Healthcare Solutions Group
Paul Goldberg & Associates, LLC
Prime Advisors, Inc.
Professional Credit Services (PCS)
Red Cedar Partners, LLC
SCP Inc.
Stoel Rives LLP
Strategic Opportunity Solution
Taylor Gregory Butterfield Architects
The Champion Healthcare Consulting Group, LLC
The Management Trust
The Washington Healthcare News
TIAA/CREF
Transworld Systems
UBC, Inc.
Washington Archives Management
Washington Imaging Services, LLC
Williams Kastner

Your Insurance Broker: Providing Value Beyond Just Finding Carriers

<Broker

From page 1

in your insurance program.

3. Negotiate terms and conditions of coverage and price with underwriters selected from the insurance carrier(s) that best meet your needs. By knowing your organization, its services and strengths, your broker account executive can work with underwriters, pointing out what sets your organization apart from others, to obtain the best possible rate.

4. Monitor and provide you with information on the financial performance, stability and service options of prospective carriers so that your senior management team can select the program that works best for your organization. Your broker's account executive will also be able to explain the advantages and disadvantages of your insurance options.

5. Review selected policies to ensure compliance with negotiated terms, and that declarations and endorsements are completed and attached to your policy.

6. Answer questions related to policy coverage.

7. Issue certificates of insurance as needed by the organization.

8. Monitor policy terms, conditions and exclusions, and advise

Please see> Broker, P6

Does Managing Your Health Insurance Require Heroic Efforts?

www.fcgbenefits.com ☆ 877-550-0088

Employee Benefits • *Insurance Broker* • *HR Consulting*

BE A HEALTH CARE LEADER
with an advanced education for busy professionals

Develop the management skills you need through a flexible program format while continuing to work:

» Executive Master of Health Administration
» Certificate in Medical Management

School of Public Health and Community Medicine
Department of Health Services
WWW.DEPTS.WASHINGTON.EDU/MHAP

Because...

Persnickety is Good

Choosing health insurance is like picking a favorite color - not everyone likes the same one. Perhaps that's why there are custom paint colors and boxes of 64 crayons.

KPS Health Plans offers a variety of plans for individuals/families, businesses, associations, federal employees and seniors.

When it comes to quality health coverage, with friendly, local customer service, and an extensive network of providers, consider KPS.

There's
KPS health plans
www.kpshealthplans.com
360 478-6786 • 800-628-3753

* Based upon a subscriber age 0-24, non-smoker, and accepted for coverage following the completion of required forms and questionnaires for the Sound Harbor Essential Five plan.

Your Insurance Broker: Providing Value Beyond Just Finding Carriers

<Broker

From page 4

you of those affecting your health care operations. Your broker will also keep you informed about new exposures and insurance policies created to cover them.

9. Check invoices, audits and premium adjustments for accuracy.

Other brokerage functions supporting insurance placement and renewal specific to healthcare operations may also be of value to you. These services often vary with the size of the brokerage firm and may be located outside the office servicing your organization. These include:

1. Risk management - Healthcare risk management specialists will coordinate loss control services from your selected insurance carrier or provide/arrange for services not available. They are able to review survey recommendations - both insurance carrier and regulatory - to provide you with assistance in formulating acceptable responses. They will also help to keep you informed of current risk management issues. Such specialists may have various backgrounds including clinical, workers compensation, property/safety, and human resources to name some of the most common areas of expertise.

2. Claims handling and loss stratification reports - Claims staff are able to process actual and potential claims to the insurance carrier on your behalf. They will monitor the status of existing claims and act as an advocate on your behalf if concerns arise in the disposition of a claim. For self insured organizations, or those considering large retentions, brokerage claims departments may assist in obtaining proposals for third party administrators, and some firms may have affiliated organizations whose function is third party administrators.

3. Contract review - Most contracts contain indemnification agreements or clauses addressing assumption of liability. Brokers will review such agreements to ensure that contractual language does not necessarily expose the organization to unforeseen liability. They will also advise if existing insurance will cover any such agreements entered into by the insured organization.

4. Alternative risk financing - While the traditional insurance market may have been the best option in the past, other methods of risk transfer, e.g. captives or risk retention groups, may provide a better option now. Your brokerage firm may be able to analyze past losses and make loss projections to provide you with alternative insurance options that may be more comprehensive or cost effective. In some cases, a feasibility study involving actuarial projections is advisable before an alternate risk financing mechanism is recommended.

5. Cost of risk - The value of risk management activities is difficult to quantify. Industry cost of risk - insurance premiums, retained or uninsured losses, administrative costs and risk control/loss prevention expenses - can be expressed and then analyzed. Assistance given with benchmarking costs internally and comparison with national data may help demonstrate the effectiveness of your risk management program.

Remember, your insurance broker represents your organization. It is important that you work with a broker that meets your individual needs, and those needs may vary over time with changes in your organizational operations or staff. Take advantage of their specialized knowledge and expertise in the field and use their value-added services. It can only make your job easier!

Sharon L. Hall is a licensed property & casualty broker providing consultative services to health care clients on professional liability issues. She is the past president of the Washington Health Care Risk Management Society (WHCRMS) and is also active in the American Society for Healthcare Risk Management (ASHRM) where she has been appointed to serve on various committees. Sharon can be reached by phone at her office in Bellevue, WA at 800-457-0220 or by email at slhall@psfinc.com.

We reward loyalty. We applaud dedication. We believe doctors deserve more than a little gratitude. We do what no other insurer does. We proudly present the Tribute® Plan. We go way beyond dividends. We reward years spent practicing good medicine. We salute a great career. We give a standing ovation. We are your biggest fans. We are The Doctors Company.

You deserve more than a little gratitude for a career spent practicing good medicine. That's why The Doctors Company created the Tribute Plan. This one-of-a-kind benefit provides our long-term members with a significant financial reward when they leave medicine. How significant? Think "new car." Or maybe "vacation home." Now that's a fitting tribute. To learn more about our medical professional liability program, including the Tribute Plan, call our Northwest Regional Office at (877) 673-2101 or visit us at www.thedoctors.com/tribute.

Richard E. Anderson, MD, FACP
Chairman and CEO, The Doctors Company

New Stark Rules Raise Compliance Challenges

By Robyn M. Tessin
Attorney
Miller Nash LLP

The Centers for Medicare & Medicaid Services ("CMS") issued a final rule on July 31, 2008 that makes important changes to the physician self-referral law (the "Stark" law). As health care providers know, Stark imposes complex restrictions on the financial relationships between referring physicians and entities that provide designated health services (a "DHS entity"). Many of these relationships will now need to be restructured in order to comply with Stark. Highlights of major changes from the final rule issued on July 31, 2008 are as follows:

Services Provided "Under Arrangements"

After the final rule takes effect in October 2009, most referring physicians will no longer be allowed to own interests in entities that provide services "under arrangements" with hospitals. Physician-owned entities or physician‑hospital joint ventures often contract to provide services to hospitals "under arrangements," meaning that the physician‑owned entity or joint venture provides services under a contract with the hospital, and the hospital then bills for those services. In the past, these arrangements were permitted under Stark because the definition of a DHS entity was limited to the entity billing for the services. The final rule revises the definition of a DHS entity to include physician-owned entities that perform services under arrangements. Under the new definition, both the entity that bills for DHS (the hospital) and the entity that performs DHS (the physician-owned entity) will be treated as furnishing DHS. This means that in order to comply with Stark, the financial relationship between the entity that performs DHS and its physician owners must meet a Stark exception, which would not be possible in most cases.

Percentage-Based Lease Arrangements

In the past, CMS has expressed concern over the use of percentage-based compensation outside the context of physician services that are personally performed. Space and equipment leases often use a percentage-based formula to determine rental charges. In this latest rule change, CMS has done away with percentage-based compensation for the rental of office space and equipment. The final rule prohibits the use of compensation formulae based on a percentage of the revenue raised, earned, billed, collected, or otherwise attributable to the services performed or business generated in the leased office space or through the use of the leased equipment. Space and equipment leases that rely on a percentage-based formula to determine rental charges will need to be restructured before the October 2009 effective date. CMS notes that it intends to monitor percentage-based arrangements for other non-professional services, such as management and billing, and we may see similar limitations on these arrangements in the future.

Per-Click Lease Arrangements

The final rule also restricts the use of rental charges based on units of service ("per-click" charges). CMS has stated that per-click lease arrangements are inherently suspect because the physician lessor is paid per unit of service and thus has a greater incentive to refer patients to the entity leasing the space or equipment. The final rule prohibits per-click rental charges to the extent they reflect services provided to patients referred between the lessor and the lessee. CMS clarifies that the restriction on per-click charges applies regardless of whether the lessor is a physician, an entity in which the physician has an ownership or investment interest, or a DHS entity that refers patients to a physician lessee.

Stand in the Shoes

In response to industry concerns, CMS makes welcome revisions to the physician "stand in the shoes" rule. At present, a physician is deemed to stand in the shoes of his

Please see> Stark, P19

She nose her background. Do you?

Intelius makes it easy to know if your candidates are telling the truth.

Call Intelius today for a free trial and discover how efficient, accurate and integrated your screening program can be.

Contact Jeff Sears
Northwest Account Executive
(425) 974-6126 | jsears@intelius.com

Every Company Is Unique

Prime Advisors, Inc.® is focused on managing customized investment grade bond portfolios.

Our systematic and disciplined approach to the complexities of managing investment portfolios gives us a unique ability to develop customized solutions that integrate investment strategy with the operational demands of hospital associations, insurance companies and health plans.

For more information contact Ryan Leahy at (425) 202-2018 or Ryan.Leahy@primeadvisors.com

PRIME ADVISORS, INC.

- **Specializing in Managing Customized Bond Portfolios**
- **Manage $8.3 Billion in Core Investment Grade Fixed Income as of August 31, 2008**
- **Headquartered in Redmond, WA**

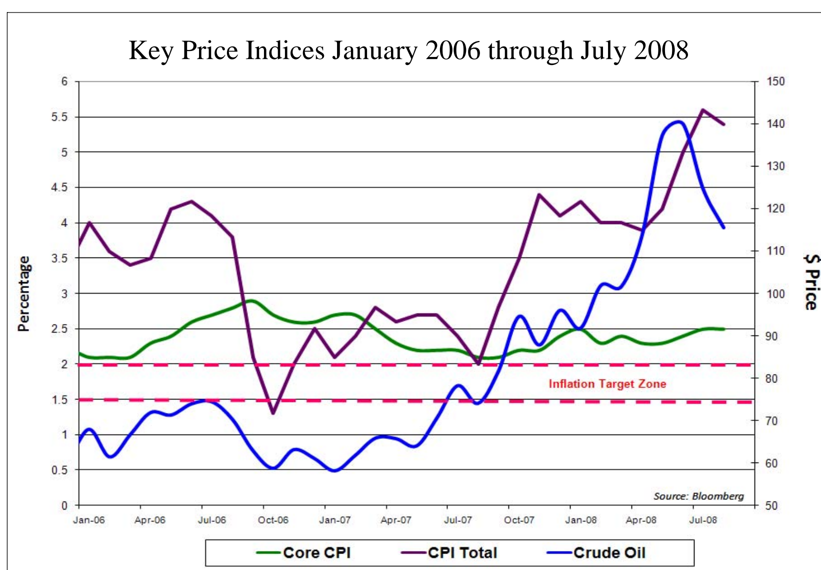
Prime Advisors, Inc.®
22635 NE Marketplace Drive, Suite 160
Redmond, WA 98053

WWW.PRIMEADVISORS.COM

Short Term Investment Strategies Require Change in Today's Environment

By Ryan Leahy
Vice President
Prime Advisors, Inc.

Most people and organizations are feeling the pressure of inflation through higher priced goods and services, and at the same time being paid very low interest on short-term investments. When an investment's future value is lower than its current value adjusted for inflation, it is said to have a "negative real dollar return." The health care industry may be more susceptible than others to this, as it is an essential ubiquitous service. The US Government measures inflation by observing two indices, the Consumer Price Index (CPI), currently at 5.4%, and the Core CPI, currently about 2.5%. Because food and energy are thought to create inflation volatility, these components are removed from the Core CPI number. The predominant measure used by the government is Core CPI, but that measure is argued by many to underestimate inflation (see chart below). The Core CPI target inflation zone ranges between 1.5% and 2%. Furthermore, some items may take time to "trickle down" in order to realize inflationary pressure; some of these items include bulk purchases, advanced purchases, and hedged inputs.



Historically, health care providers and their advisors were able to use a strategy of short term investments, including money market accounts, to achieve acceptable real dollar returns. The current market conditions have changed dramatically and those maintaining this strategy are feeling the squeeze of small or negative real dollar returns. In addition, recent news shows some money markets are actually breaking the buck, as a "run on the bank" situation is occurring.

Another detrimental strategy is to reduce the credit quality of investment vehicles. Yields are currently at attractive levels, but those yields come with a significant risk to principal, interest, and liquidity. This strategy provides a solution to increase real dollar returns during times of inflation, but at a substantial risk in the current market environment.

Insurance companies rely heavily on their investment portfolio to maintain a profitable business and gain a financial edge. A large component of an insurance company's strategy is asset/liability matching. Regardless of the industry, the strategy is simple: match predictable cash outflows with investment maturities of the same time period to match the cash need.

During periods of inflation, the actual process of asset/liability is much more complicated. The prediction of cash flows and choice

Please see> Investment, P19

We believe a great lawyer is a creative thinker who helps employers build and protect their business while empowering their workforce. That's our approach. We partner with clients to develop employment policies and strategies that prevent problems and drive results. At Ater Wynne, we do more than give legal advice. We give you confidence in your hire power. Contact Kathy Feldman, Partner, Employment Group, at klf@aterwynne.com.

Legal counsel from both sides of the brain.

Business. Litigation. Regulated Industries.

ATERWYNNE LLP
ATTORNEYS AT LAW

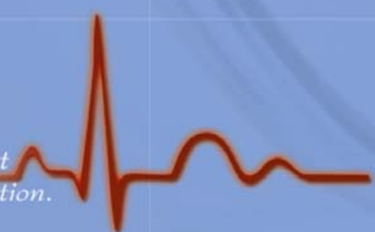
601 Union Street
Suite 1501
Seattle, WA 98101-2341
206-623-4711

MENLO PARK PORTLAND SEATTLE

aterwynne.com

Insurance and Risk Management for the Healthcare Industry

Our team of insurance and clinical risk management specialists is one of the strongest in the West. Let us show you how our experience and expertise can help you protect your medical facility, your employees and your patients.



Contact: Jim Chesemore,
Practice Group Leader

800.457.0220 (toll free)
jrchesemore@psfinc.com
www.psfinc.com

Information Management: Now a Business-Critical Choice

By Bill Naubert
Chief Executive Officer
Washington Archives Management

In the early morning hours of Sept. 4, Hurricane Ike, a massive storm 240 miles in diameter with sustained winds of 145 mph, hit the coast of Texas. As the storm slammed across the state, it triggered flooding that caused $27 billion in property destruction, 32 deaths and the evacuation of more than a million people in Texas alone.

The city of Houston, not normally considered a target of tropical storms, sustained severe flooding, loss of power and shut-downs of such companies as Exxon Mobil, ConocoPhillips, and BASF. Equally devastating was the storm's impact on thousands of hospitals, schools and small businesses.

That's because without a plan in place to deal not only with loss of power but damage to vital business files and records, an organization's ability to resume operations can be severely compromised. Thus, to the many challenges of running an organization these days, you can now add information management and continuity planning.

Here are three key reasons why:

- Regulatory mandates that require maintenance of medical and financial records
- Economic incentives to maximize costly real estate used for physical records storage
- Contingency and continuity planning for fires, floods, earthquakes or other natural disasters

> ***"Comprehensive information management only begins—not ends–with the archiving process."***
>
> Bill Naubert
> Chief Executive Officer
> Washington Archives Management

Virtually every organization in the health care field is seeking better ways to manage, archive and retrieve its business critical data, often by securing the services of an outside information management provider.

When outsourcing makes sense

Here are key questions to ask when vetting a potential partner in managing health care files and business data.

Records management. Can you develop a customized program to keep our physical files securely archived and accessible for rapid retrieval?

Compliance management. How will you reduce our risk exposure regarding compliance with HIPAA Sarbanes-Oxley and other regulatory mandates?

Imaging services. Do you provide trained staff to help us convert smoothly from physical files to electronic data?

Business continuity planning. Can you help us prepare a comprehensive recovery plan focused on data security and retrieval?

Without question, your organization benefits by moving aging files and physical records off-premises and using the space they occupied to more profitable advantage. But comprehensive information management only begins—not ends—with the archiving process.

Like the Boy Scouts, managers must always be prepared—for the worst that can occur.

Bill Naubert is CEO of Washington Archives Management in Lacey. The firm specializes in providing alternatives to on-site storage of patient records, compliance management and business continuity planning. He can be reached at 800.715.6683 or at info@washingtonarchives.net.

We provide the best reinsurance and liability solutions for health plans

You have enough to worry about without trying to figure out how to best protect your business from a catastrophic claim.

Specializing in managed care reinsurance and liability, MedRisk has the extensive knowledge and experience to design a plan that meets your unique insurance needs.

To learn how MedRisk can help lower your risk and transform your business, call one of our representatives today.

Bellevue, WA

Robin Brown, CIC
Healthcare Reinsurance Consultant
(425) 649-9876
rbrown@medriskllc.com

Oregon City, OR

Steve Couch
Principal
(503) 657-7475
scouch@medriskllc.com

(425) 649-9876 **www.medriskllc.com** **(503) 657-7475**

The Technology Quiz

Information Technology is:

a) a set of tools with unlimited potential
b) most helpful when it is not obtrusive
c) a necessary evil
d) all of the above

We have the answers.

carris | technology solutions SM

EXPERIENCE + INGENUITY + RESULTS

206.284.7154
info@carristech.com | www.carristechnology.com
Serving businesses and non-profits across the Puget Sound region.

Mt. Scott II Professional Center: Teamwork Produces Another Successful Medical Facility

By Roberta Greenwood
Contributing Writer

Scheduled to open on October 15, 2008, Mt. Scott II Professional Center joins its predecessor Mt. Scott I at the corner of SE 92nd and Johnson Creek Road in Portland, Oregon. Comprised of four floors, the 53,000 square foot medical building is among the almost thirty facilities that the team of developer and contractor Marc Jenquin and architect David Welsh, CIDA, has designed and built in the Northwest.

This successful partnership has been collaborating for twelve years and takes pride in designing and constructing medical buildings that are high quality, aesthetically pleasing and affordable according to Welsh.

"We listen" explains Welsh, "we find out what our clients do, how they do it, how they want each exam room set up. We make it a seamless process for them." That process, beginning with a demographic study of the area and continuing through all phases of the construction cycle, establishes owner-tenant partnerships that have resulted in a 100% lease rate at Mt. Scott I and a 65% pre-leased ratio at the soon-to-open Mt. Scott II.

"This is a very convenient location," says Jenquin, "with Mt. Scott II centered between two major hospitals. We've developed a facility that gives easy access to our doctors and makes referrals a simple process for patients." Jenquin goes on to explain that consumer surveys indicate patients don't want to drive long distances or even across town to be seen by a specialist; Mt. Scott II is positioned to make referrals as easy as possible. With appropriate specialists in place and no duplication of services between the two buildings, the referral process is simpler for doctors and patients.

"Our tenants, the doctors and practitioners, requested complementary services be provided at Mt. Scott II," Jenquin continues. "Metropolitan Pediatrics, the largest pediatric group in metropolitan Portland, will anchor an entire floor for us. As a way to support them, we've now leased space to a spine and pain management group, an allergist and an ENT (ear, nose, and throat) specialist – all modalities that will support their clients and make referrals

Artists rendering of
Mt. Scott II Professional Center in Portland, Oregon

less confusing and difficult for patients."

Located near Happy Valley, one of the fastest growing residential communities in Oregon, Mt. Scott II and Mt. Scott I offer a combined 95,000 square feet of medical office space – something that Welsh says continues to be in high demand. Explaining that many doctors have specialized needs, he believes Mt. Scott II offers extraordinary advantages to its tenants – starting with a design that allows for utilities to be installed on both sides of the corridors in the building. Electrical and plumbing (sewer and water) are easily accessible from all suites and this cost-effective design eliminates the necessity to shut down functioning systems as new tenants move into the building. "Because we're able to design and construct our buildings in this manner, tenant costs go down. That makes our buildings more attractive to potential clients and encourages banks to fund our projects," Jenquin says. Additionally, Mt. Scott II was designed from the "inside out" according to Welsh, providing a facility that balances exam rooms, nurse's stations and patient waiting rooms with open space and natural light from outer windows.

Apart from the design and construction of Mt. Scott II, both Welsh and Jenquin believe that tenant ownership is a huge factor in the success of their facilities. "Banks love us," Welsh says. "We deliver what we promise and doctors own between 40-65% of our buildings. Offering ownership generates interest among other doctors, improves the banks' view of our projects and enhances our ability to lease space. In fact, most of our buildings are leased out due to the promotion of ownership by the doctors."

Jenquin concludes that designing a facility with tenant needs in mind, doing the up-front work to ensure that all hard and soft issues are handled appropriately and assessing rents that are supported by the neighborhood will enable Mt. Scott II to meet the needs of all the clients it serves, doctors and patients alike.

Roberta Greenwood is a contributing writer and can be reached at rgreenwood@wahcnews.com.

Planning a Career Move?

Visit our **Career Opportunities** page to view some the best health care administrative jobs available in the Northwest.

wahcnews.com

Study Reveals Unprecedented Growth in Catastrophic Health Care Claims

By 2010, the severity and frequency of catastrophic health care claims are expected to grow to unprecedented levels, according to a recent study by Evergreen Re, a national reinsurance brokerage firm.

The frequency of catastrophic claims, defined as a member incurring medical claims of $1 million or more in a year, increased ten-fold from the year 2000 to 2005, from less than 1/10th of one member per 100,000 health plan members in 2000 to 1.1 per 100,000 members in 2005.

"This increased incidence is staggering," said Charles Crispin, CEO of Evergreen Re. "Using an assumption of 7% annual trend, 2.4 per 100,000 members would have a claim exceeding $1,000,000 by 2010, or twice as many as in 2005. Assuming an 11% level trend, the frequency would jump to 3.6 per 100,000 members."

Behind the significant growth in the frequency of catastrophic claims are the exceptional advances in medical technology, biotechnology and pharmaceuticals, compounded by America's insatiable demand for the latest and greatest drugs and treatment options.

"Technology and biotechnology advances have changed the nature of risk, leaving many health plan insurers vulnerable to these potentially high cost claims," said Crispin. "Many health plan insurers don't have adequate reinsurance coverage to deal with today's new reality. Traditional ways of covering risk and protecting against these challenges can leave plans totally exposed."

According to the study, in 2005, the top ten most expensive claims included three chronic respiratory cases ranging from $2 million to $3 million; two neonatal intensive care cases with claims around $2 million and several heart, cancer and trauma cases totaling $22 million in paid claims.

While respiratory illness and premature births continue to be at the top of the list of catastrophic claims, other factors contributing to the severity of claims include transplants and the cost of biotech drugs and therapies.

Premature births have increased 27% from 1980 and nearly 12% of all births require neonatal intensive care, with the number climbing higher among the Medicaid population. The average cost in a neonatal intensive care unit is about $15,000 a day.

The average cost of a transplant episode is $328,000, but can rise to more than $1 million depending on the circumstances. The level of transplants during the next few years is expected to be unprecedented, given the new initiatives to encourage donation as well as the 135% increase in live donors since 1993. While this is great news for the more than 93,000 Americans on the national organ waiting list, it could present major challenges to insurance plans.

Specialty drugs and therapies are projected to grow from $54 billion this year to $99 billion by 2010. There are approximately 90 biotech drugs available today, 600 in the FDA approval process and about 276 in development.

"The cost of these drugs can exceed several million dollars for one member alone, leaving health plans unprepared," according to Crispin. "In 2005, a health plan in the Midwest was presented with a $5 million claim for a hemophiliac member over the course of four months, from pre-surgery to post-surgery, with outpatient costs exceeding $3 million. The outpatient claim was primarily the cost of the blood product the member needed."

The delivery of these therapies and drugs can have a major impact if plans are not properly insured. Coverage for traditional in-hospital care – at one time the location for most if not all of these high-cost claims – would no longer be adequate to cover these therapies now being delivered in outpatient facilities, physician offices and even at home.

For more information on the Evergreen Re study contact Dave Kalb, Senior Vice President of Evergreen Re, at dkalb@evergreenre.com.

Freedom to focus.

With access to top-tier systems, streamlined functions and a broad selection of health payer services — claims processing, benefit administration, medical management and more — you get what you need, when you need it.

866.44.ADAPT salesinfo@adaptis.com www.adaptis.com

© 2008 Adaptis Inc. All rights reserved. Adaptis is a trademark of Adaptis Inc.

Providing the best quality, best value benefits management solution in the Pacific Northwest for over two decades.

HEALTHCARE MANAGEMENT ADMINISTRATORS

Washington
Brooke Vassar, Sales Executive
425.289.5227
proposals@accesstpa.com

Oregon
Melody Ortiz, Sales Executive
503.808.9287 Ext. 6213
proposals@accesstpa.com

We offer a full range of Third Party Administrative services including Medical, Dental, Vision, Pharmacy, HRA, FSA, HSA, COBRA and Advanced Health Management programs.

www.accesshma.com

Parker, Smith & Feek Now Among the Largest 100 Insurance Brokerage Firms in the United States

Parker, Smith & Feek, a full service insurance broker based in Bellevue, Washington, began as a sole proprietorship in 1937 and has grown to become one of the 100 largest insurance brokerage firms in the United States.

Charles Parker, the original founder, started his insurance career at the General Insurance Company of America (now Safeco). In 1938, he invited his former Safeco colleague, Graham Smith, to join him and their independent insurance agency Parker & Smith. Together, they helped many regional businesses and industries grow and prosper, fueling the Northwest into an important trade area and Seattle into a major city. Edward Feek, a surety bond specialist, joined the firm in 1955 and the three principals incorporated under the current name.

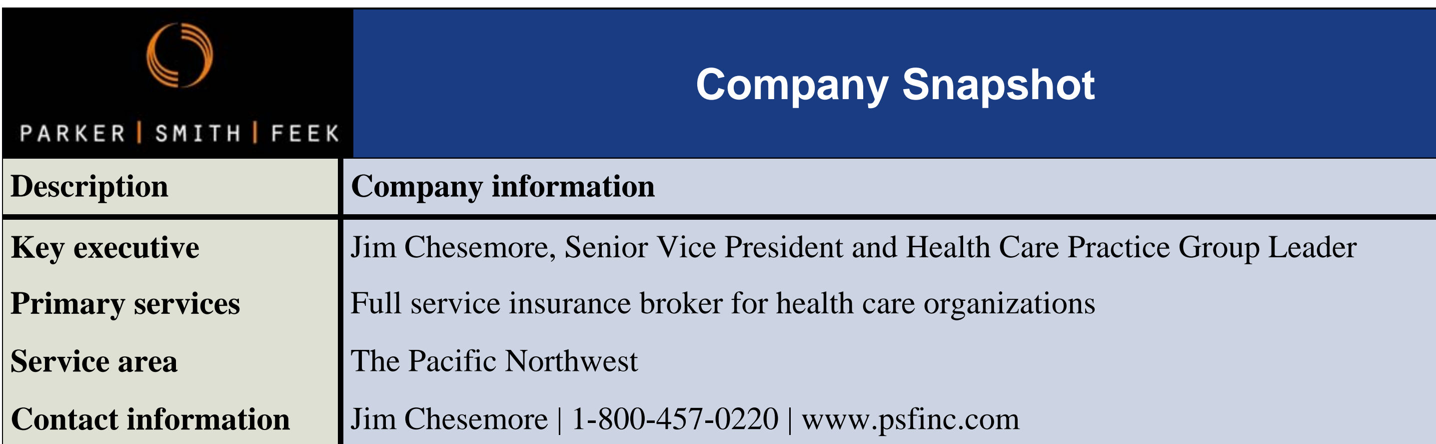
Today Parker, Smith & Feek employs 169 staff members. Employees are recruited for their technical expertise, desire to work in a team environment and their strength in communicating knowledge to clients. Each employee is paid a salary and there are no commission based salespeople. Offices are located in Bellevue, Washington and in Anchorage, Alaska.

The guiding purpose of the organization is to provide professional, state-of-the-art services with a commitment to developing a thorough understanding of a client's objectives, nature of business, exposure to risk and to communicate available alternatives in this continuously changing insurance marketplace.

Clients of the company's Health Care Practice Group include hospitals, long term care and assisted living facilities, physician groups, clinics, surgery centers and other health care related organizations. Possible alternatives are explored for protecting the financial assets of health care providers as well as managing the risk to prevent injury and loss of property to patients, caregivers and practitioners.

While professional liability is a particular specialty of the firm, assistance is also offered to explore the potential of alternative risk financing such as self-insurance, risk retention groups and captives. Arranging coverage in other business areas is provided as well, including property, business interruption, general liability, workers compensation, automobile, employment practices, employee benefits and D & O liability. Several additional services are also provided by the Health Care Practice Group including clinical risk management consulting and claims reporting and advocacy.

To learn more about Parker, Smith & Feek contact Jim Chesemore, Practice Group Leader, by phone at 1-800-457-0220 or by email at jrchesemore@psfinc.com.



Company Snapshot

Description	Company information
Key executive	Jim Chesemore, Senior Vice President and Health Care Practice Group Leader
Primary services	Full service insurance broker for health care organizations
Service area	The Pacific Northwest
Contact information	Jim Chesemore | 1-800-457-0220 | www.psfinc.com

New Stark Rules Raise Compliance Challenges

<Stark
From page 8

or her physician organization, meaning that any financial relationship between the physician organization and a DHS entity must satisfy a Stark direct exception. Under the new rule, only those physicians with an ownership or investment interest in a physician organization will be deemed to stand in the shoes of the physician organization.

Amendments to Agreements

CMS has also reversed its prior position on amending agreements for space and equipment leases and personal service arrangements. These agreements may now be amended without violating the requirement that compensation be "set in advance," as long as certain criteria are met. This means that parties will not need to adhere to the formality of executing new agreements for the same space, equipment, or services.

Period of Disallowance

The final rule also clarifies the "period of disallowance" during which a physician cannot refer and an entity cannot bill for DHS because their financial relationship does not meet a Stark exception. The period of disallowance runs from the time when the relationship first fails to meet a Stark exception until all the requirements of a Stark exception are satisfied.

Alternative Method for Compliance

CMS has adopted an alternative method for compliance when an entity has not yet collected all the required signatures for an agreement. As long as all the other requirements of the applicable Stark exception are met, and the signatures are obtained within 30 or 90 days after the financial relationship has begun, the entity may still receive payment for DHS.

More Changes Ahead

CMS is now working to finalize the 2009 Medicare Physician Fee Schedule, which will also likely contain rule changes that will impact the application of the Stark law. Current indications are that any additional rule changes will be published in early November. As a result, it is important for health care providers and their counsel to keep an eye on additional developments while working to make changes to existing arrangements as necessary to ensure compliance with the rule changes that have already been finalized.

Robyn M. Tessin is an attorney at Miller Nash LLP, a multispecialty law firm with offices in Seattle and Vancouver Washington, and Portland and Central Oregon. Ms. Tessin can be reached at robyn.tessin@millernash.com.

Short Term Investment Strategies Require Change in Today's Environment

<Investment
From page 10

of investment vehicles involves the use of statistical data, comparables, historical data, Pro Forma, allocation maximization, and vast investment experience. Although cash flows may have some similarities within industries, individual organizations are unique in their cash outflows, which require customized modeling of cash flow. For a quantifiable example, a $50 million portfolio that generates an extra 0.5%, results in an additional $250,000 of investment income. In a negative real dollar return environment, that same $250,000 would reduce a real dollar loss.

Given today's market, short duration portfolios would run a large risk of negative real dollar returns. Investment policies and guidelines that limit the maturities of investment vehicles to short term and cash vehicles actually increase the risk of portfolio during inflationary periods. Accordingly, current market conditions warrant reviewing investment policies and guidelines to minimize risk and maximize returns.

Otherwise, leaving a portfolio dependent on short term investments could rob it of real dollar returns.

Ryan Leahy is Vice President of Business Development with Prime Advisors, Inc. Prime employs a systematic and disciplined approach to the complexities of managing investment portfolios for hospitals, insurance companies and health plans. Ryan can be reached at ryan.leahy@primeadvisors.com.

New or Recently Promoted Healthcare Leaders

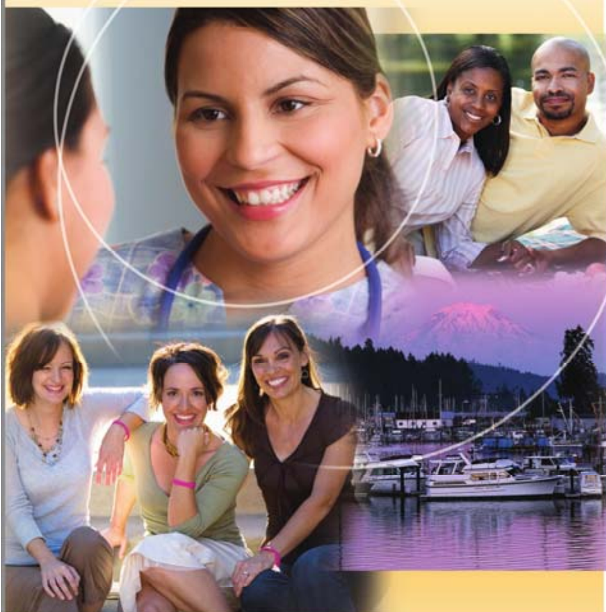
Last Name	First Name	Title	Effective Date	Organization	New or Promoted
Anderson	Ginger	Asst. Director of Sales Operations	06/08	Regence BlueShield	Promoted
Fuhrman	Shannon	Manager of Individual Sales	04/08	Regence BlueShield	Promoted
Nash	Audrey	Associate Account Executive	07/08	Regence BlueShield	New
Reed RN	Kate	Senior VP & Clinic Administrator	09/08	Virginia Mason Medical Center	New
Sebo	Erin	Manager of Micro Groups	06/08	Regence BlueShield	Promoted
Thomas	John	Executive Director	09/08	Eye Associates Northwest, PC	New
Vincent	Suzann	Director of Sales for Large Groups	06/08	Regence BlueShield	New

Career Opportunities

To advertise call 425-577–1334
Visit wahcnews.com
to see all available jobs.

A community built on care.

A career built on values.



At **Franciscan Health System**, our commitment is to our community. Every day, just as we have for more than a century, we proudly extend our mission of caring to our neighbors throughout South Puget Sound.

Join us in one of the following exceptional leadership opportunities:

- **Director, Emergency Services: St. Clare Hospital**
- **Directors, Perioperative Services: St. Anthony Hospital; St. Clare Hospital**
- **Regional Director, Perioperative Services: Franciscan Health System**

In addition, please visit our website for a complete list of opportunities.

Building Community. Building Careers.

Franciscan Health System

St. Joseph Medical Center
St. Francis Hospital • St. Clare Hospital
Enumclaw Regional Hospital
St. Anthony Hospital

Find your career at
www.FHSJobs.org

EOE

KADLEC Medical Center

Risk Manager

Are you where you want to be? Imagine living in a relaxed mid-sized riverfront community of 260,000 that offers 309 days of sunshine a year! Kadlec Medical Center is a progressive regional hospital located in Southeastern Washington State.

We are seeking a…

Risk Manager who will have broad responsibility for the organization's risk management activities. This includes administering the risk management program on a day-to-day basis, managing and analyzing risk management data, managing claims against the organization, interfacing with defense legal counsel, oversight of risk financing and insurance program, conducting risk management and educational programs, and complying with risk management related standards by the Joint Commission and the Washington State Department of Health, all with the objective of maintaining patient safety, enhancing quality care, and controlling and minimizing loss to protect the assets of the facility.

Requires: Bachelors degree in healthcare, administration or related area; bachelor of nursing is preferred. Requires a minimum of five years clinical or risk management experience, preferably in an acute care facility. Experience in quality management preferred.

To apply, download an application from **www.kadlecmed.org** and fax or mail to: 888 Swift Blvd. Richland, WA 99352 Attn: Human Resources Fax: 509-372-2731.

Career Opportunities

To advertise call 425-577–1334
Visit wahcnews.com
to see all available jobs.

C L I N I C A L   M A N A G E R ,   D I A L Y S I S   D E P A R T M E N T

The Communication.
The Collaboration.
The Spirit of PeaceHealth.

PeaceHealth Lower Columbia Region
Clinical Manager, Dialysis Department
Longview, Washington

PeaceHealth's Lower Columbia Region, in Longview, Washington, includes St. John Medical Center, a 200-bed acute care and Level III Trauma Center community hospital, and PeaceHealth Medical Group, a multi-specialty physician practice.

We are currently seeking candidates for a full-time Clinical Manager of our Dialysis department. This position is a great opportunity for those looking to utilize their supervisory/ management skills and work in a newly renovated 22 chair outpatient department with a 4 station inpatient unit. Our ideal candidate will be a Registered Nurse with a BSN, or willing to obtain a BSN within 2 years, who is a strong leader with excellent communication and relationship centered skills, as well as dialysis nursing experience.

Longview, Washington, is just 40 miles north of Portland, Oregon and an hour from the beautiful Pacific Coast and several different mountain adventures. In Longview, you can enjoy the pace and natural beauty of a traffic-free, family-friendly community with urban amenities nearby.

For additional information or to complete an application, please visit our website at **www.peacehealth.org**. Resumes may be submitted in addition to an application to **Lwishard@peacehealth.org**.

PeaceHealth
Dedicated to Exceptional Medicine and Compassionate Care

PEACEHEALTH LOWER COLUMBIA REGION

Chief Financial Officer

Community Health Center (CHC) of Snohomish County seeks a dynamic Chief Financial Officer to provide financial leadership for our rapidly growing and highly successful practice network of medical clinics, dental clinics and on site pharmacies. As a member of the Directors Team, the CFO contributes to the successful achievement of the organization's mission and strategic initiatives by providing leadership, direction and oversight for Accounting, Payroll, Patient Accounts, Purchasing and Information Systems.

Requirements: Bachelor's degree in Business, Finance, Accounting or related field with 5+ years progressively responsible management experience and 3 years at a senior level, preferably health care or services related.

Preferred: Master's degree in Finance, Accounting or related field; CPA; Experience in medical group practice or community health center; experience and knowledge of Federal/State tax guidelines and laws as they relate to non-profit organizations; familiarity with grant funding; Certified Healthcare Financial Professional (CHFP) and knowledge of Microsoft Dynamics software.

Join a team that loves what it does and cares about those it serves. Community Health Center of Snohomish County is a non-profit organization whose mission is "*to reach out to those who face obstacles to health care and improve the health of our diverse community.*"

CHC offers a competitive salary and benefits package. For immediate consideration, please send cover letter, resume and/or CV to Dewey Miller, Deering and Associates, reachable by e-mail at dewey.miller@comcast.net.

AA/EEO

S E N I O R   B U S I N E S S   D E V E L O P M E N T   A N A L Y S T

The Communication.
The Collaboration.
The Spirit of PeaceHealth.

PeaceHealth System Services
Senior Business Development Analyst
Bellevue, Washington

At PeaceHealth, we carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way. The fulfillment of this Mission is our shared purpose.

The **Senior Business Development Analyst** provides high-level market research and analytical services to support PeaceHealth's Planning, Strategy, Growth and Innovation agendas. This position is responsible for developing, utilizing, and reporting systems, processes and data to inform the key strategic and business development activities of the organization.

Qualifications: Bachelor's degree in business, healthcare administration or other related field required. Master's degree strongly preferred. Five years project management experience in health care planning or market research. Experience with relational database reporting and analysis, spreadsheets, word processing and graphics software.

To view the entire job description, see other qualifications and apply please visit:

www.PeaceHealth.org

PeaceHealth
Dedicated to Exceptional Medicine and Compassionate Care

SYSTEM SERVICES

Executive Director

Interfaith Community Health Center

Executive Director. Interfaith Community Health Center (Bellingham, WA) Board seeks an experienced individual who shares our passion for improving access to health care for everyone and possesses the skills to lead a dedicated team of professionals in providing affordable primary care and preventive medical, dental, behavioral health, and pharmacy services for children and adults. Our clinic served 13,000 clients last year (50,000 encounters) with a budget of $8.5 million. For application materials e-mail **kara@turnerhrservices.com**. Applications received by November 3, 2008 will receive first consideration. EOE.

Exceptional people, exceptional careers.
Experience the *Evergreen* difference.

At Evergreen Healthcare, we value and encourage the individuality, involvement and expertise of our team members. Our high-tech, high-touch philosophy allows us to serve our patients to the highest level while appreciating each individual employee as a vital element in our highly skilled, compassionate patient care team. Our employees are dedicated to service excellence and family-centered care. With this commitment we partner providers with patients and families to deliver exceptional care to our community. We have many exciting opportunities currently available.

Evergreen Healthcare is located in Kirkland, just minutes from parks, trails and waterfront activities. Evergreen offers highly-competitive salaries and generous benefits packages; including walking/biking to work incentives and free bus passes for all employees.

Director – Emergency Department
Administratively responsible for the planning, coordination and direction of operations for our new 42-bed Emergency Department, which includes 4 trauma rooms and 10 fast-track beds.

Infection Control Professional
The Infection Control Professional is responsible for assisting the program manager in monitoring the Evergreen Healthcare infection control program.

Controller
Oversees and directs the Accounting, Accounts Payable and Payroll functions. BA in accounting, graduate degree, and CPA preferred. Minimum five years experience in a health care setting, previous Federal or NIH Grant experience, five years accounting experience.

To learn more, visit us at www.evergreenhealthcare.org.

We think
anyone can have a good idea.

From the exam room to the boardroom, from the frontlines to behind the scenes, we have a simple philosophy here at Group Health: We count on everybody and everybody counts. What else would you expect from an organization that lets its members choose the CEO?

Why just work for a company when you can be part of one? We currently have a variety of administrative and clinical positions ready to fill.

We are currently seeking the following key positions:

- **Quality Improvement Consultant** (position #082342)
- **Associate Director of Provider Contracting Compliance** (position #082345)
- **Ambulatory Surgery Manager** (position #070516)
- **Practice Team Manager** (position #081715)
- **Nurse Analyst** (position #082296)

Visit www.ghc.org/about_gh/employ/publicEmployment.jhtml

GroupHealth

Plan and Hospital Financial Information

Financial Results for the 15 Largest Health Plans in the Pacific Northwest (Ranked by Total Revenues)[1]

Plan Name	State of Domicile	Total Revenues Qtr End 06-30-08	Net Income Qtr End 06-30-08	Net Income/ Total Revenues 06-30-08	Statutory Capital As of 06-30-08	Enrollment As of 06-30-08
Regence BCBS of Oregon	Oregon	$1,339,423,817	$3,757	0.0%	$536,726,207	1,013,851
Premera Blue Cross	Washington	$1,290,771,147	$26,309,269	2.0%	$788,857,086	697,911
Group Health Cooperative	Washington	$1,177,929,986	$74,803,760	6.3%	$760,346,297	396,598
Kaiser Foundation HP of the NW	Oregon	$1,161,173,186	$14,401,695	1.2%	$510,726,207	468,603
Regence BlueShield	Washington	$1,131,527,307	($4,167,871)	(0.4%)	$880,603,181	808,176
Blue Cross of Idaho Health Service	Idaho	$500,324,776	$21,048,190	4.2%	$269,690,217	430,833
Providence Health Plan	Oregon	$432,387,797	$11,874,037	2.7%	$346,083,758	186,291
Molina Healthcare of Washington	Washington	$352,505,614	$16,926,978	4.8%	$115,143,975	295,558
Community Health Plan of WA	Washington	$261,496,109	$82,518	0.0%	$77,240,330	233,379
Blue Cross Blue Shield of Montana	Montana	$260,004,498	$3,817,336	1.5%	$141,335,982	226,734
Regence BlueShield of Idaho	Idaho	$251,516,376	$5,582,462	2.2%	$128,151,741	212,260
Pacificsource Health Plans	Oregon	$240,721,859	$700,909	0.3%	$115,277,985	143,601
PacifiCare of Washington, Inc.	Washington	$224,213,912	$29,124,539	13.0%	$257,785,424	45,398
Health Net Health Plan of Oregon	Oregon	$209,423,940	$1,496,914	0.7%	$64,443,346	129,208
PacifiCare of Oregon, Inc.	Oregon	$144,074,363	$18,707,791	13.0%	$65,242,599	30,212

Financial Results for the 15 Largest Hospitals in Washington & Oregon (Ranked by Total Discharges)[2]

Hospital Name	State	Total Charges Qtr End 03-31-08	Total Margin Qtr End 03-31-08	Total Margin/ Total Charges 03-31-08	Total Discharges Qtr End 03-31-08	Total Days Qtr End 03-31-08
Swedish Medical Center-Seattle	Washington	$561,587,425	$9,149,369	1.6%	8,349	36,910
Sacred Heart Medical Ctr.-Spokane	Washington	$391,071,302	$2,804,485	0.7%	7,931	40,831
Providence St. Vincent Medical Ctr.	Oregon	$308,877,000	$30,000,000	9.7%	7,850	36,663
OHSU Hospital	Oregon	$382,207,044	$13,346,812	3.5%	7,198	38,864
Sacred Heart Medical Ctr.-Eugene	Oregon	$199,002,616	$13,446,846	6.8%	6,686	30,219
Providence Everett Medical Center	Washington	$315,975,769	$5,601,930	1.8%	6,298	26,651
St. Joseph Medical Center—Tacoma	Washington	$385,415,876	$17,297,432	4.5%	5,784	24,572
Providence Portland Medical Center	Oregon	$247,235,000	$1,935,000	0.8%	5,714	26,717
Southwest Washington Medical Ctr.	Washington	$264,391,255	$2,051,919	0.8%	5,040	21,783
University of Washington Med Ctr.	Washington	$250,246,553	$8,970,394	3.6%	5,024	28,076
Salem Hospital	Oregon	$182,601,633	$10,147,269	5.6%	5,018	23,144
Providence St. Peter Hospital	Washington	$242,327,750	$8,983,621	3.7%	4,961	22,124
Legacy Emanuel Hosp. & Health Ctr.	Oregon	$221,483,935	($1,080,819)	(0.5%)	4,837	26,914
Tacoma General Allenmore Hospital	Washington	$408,358,844	$16,572,683	4.1%	4,600	21,430
Harborview Medical Center	Washington	$295,731,000	$6,989,000	2.4%	4,543	34,057

[1]Source: National Association of Insurance Commissioners. [2]Sources: Washington State Department of Health, Oregon Health Policy & Research.

Lawyers who *know* EMPLOYEE BENEFITS

YOUR BENEFITS AND COMPENSATION PROGRAM DOESN'T EXIST IN A VACUUM. It intersects with your tax accounting, employee retention, financial projections and much more. That's why Stoel Rives offers a unique, multidisciplinary team approach and builds long-term relationships with clients.

Each of the firm's Employee Benefits attorneys practices exclusively in the area of employee benefits and executive compensation. Stoel Rives' attorneys know not only the law, but also the economics of benefits planning. The firm's attorneys keep an eye on costs and combine common sense with technical expertise. The firm's attorneys regularly handle and advise on the full range of benefits issues, including:

- Pension and profit-sharing plans
- Health and other welfare benefit plans
- Cafeteria plans and fringe benefits
- Executive compensation, incentive and retirement plans
- 401(k) plans
- Fiduciary governance and advice
- Benefit claim representation
- Vendor contract review
- Merger and acquisition support

The Stoel Rives Employee Benefits group practices from offices in Seattle, Portland and Salt Lake City. The Seattle team consists of the following:

J. Christopher Briggs	(206) 386-7616	*jcbriggs@stoel.com*
Howard D. Bye	(206) 386-7631	*hdbye@stoel.com*
Melanie K. Curtice	(206) 386-7651	*mkcurtice@stoel.com*
Richard A. Hopp	(206) 386-7609	*rahopp@stoel.com*
Wynn Kerr	(206) 386-7667	*wkerr@stoel.com*
Emily S. Newman	(206) 386-7554	*esnewman@stoel.com*
Alan R. Ross	(206) 386-7689	*arross@stoel.com*
Mimi G. Warner	(206) 386-7628	*mgwarner@stoel.com*

www.stoel.com

1 (800) 88-STOEL

Washington *Oregon* *California* *Utah* *Idaho* *Colorado* *Minnesota*

Prsrt Std
US Postage
Paid
Olympic Presort