# Washington Healthcare News

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Articles, Interviews and Statistics for the Healthcare Executive

#### VOLUME 4, ISSUE 4

#### APRIL 2009

### Northwest Health Insurance Industry Capital Drops \$595 Million in 2008

Drop is temporary if stock markets rebound in 2009

### **By David Peel**

Publisher and Editor Washington Healthcare News



It wasn't long ago that many regulators, legislators, providers and other interested parties viewed the statutory capital held by some of the larger health insurance companies as excessive. In some companies these capital balances were more than three times that required by law.

State insurance departments have been under pressure to moderate rate increases so asking the health insurance companies to offset premium increases through capital reductions seemed like a good idea. For example, in an agreement with Colorado Insurance Commissioner Marcy Morrison in 2008, Kaiser Permanente Colorado reduced it's nearly \$500 million in statutory capital by giving subscribers premium credits and making investments in new facilities.

Times have changed. The collapse of the stock markets in 2008 provided a good example of how quickly *excessive* capital can become *required* capital.

Insurance companies are required to file an annual financial statement on March 1st of each year for the preceding year. We summarized key information from the 2008 filings for Washington, Oregon, Idaho and Montana health insurance companies with the goal of looking at the picture regionally rather than by individual state. Our report is presented on page 4. Most of the \$595 million drop in capital came from unrealized losses associated with the collapse of the stock markets. Health insurance companies own large stock portfolios and they, like other investors, saw them deteriorate. If the stock markets don't bounce back quickly then realized losses will need to be recorded and 2009 net income levels will be negatively impacted.

Changes to enrollment and net income also provided interesting information.

Enrollment was relatively stable with the exception of the 329 thousand drop in enrollment reported by Regence BCBS of Oregon. According to a Regence representative, this was driven by their loss of the Oregon Educators Benefit Board (OEBB) account.

Northwest industry-wide net income dropped \$388 million from 2007 to 2008. Health insurance companies tend to incur profits (or losses) in three to five year incremental periods called underwriting cycles. The industry was profitable in 2008 but a drop in net income of this magnitude could indicate slippage into a down cycle.

Inside This Issue				
Northwest Health Insurance Industry Capital Drops \$595 Million in 2008	1			
Healthcare Performance Improvement: The Process Improvement Imperative	6			
Healthcare Law: Is Concierge Care Right for You?	8			
Healthcare Administration: Anticipating the Trends: Current Challenges Faced by Washington's Leading Medical Professional Liability Insurer	12			
Healthcare Administration: KPS Health Plans: Nimble and Responsive to Changing Health Plan Trends	14			
<b>Healthcare Interview:</b> Ken Provencher, CEO of PacificSource Health Plans	18			
Healthcare Finance: Private Placement Securities: Another Option for Institutional Investments	20			
<b>Healthcare Facilities:</b> Constantine Builders Announces Opening of New Surgical Building	22			

Career Opportunities 24

### Washington Healthcare News

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### **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,

Each month we call hundreds of recruiters at northwest health care organizations to ask if they would like to advertise their open positions with the Washington Healthcare News. It's a great way to connect and gain first hand knowledge of the current hiring environment.

Over the last few months we've seen several changes related to our niche: helping health care organizations recruit manager and higher level staff. Some organizations have implemented hiring freezes while others have reduced recruiting budgets.

Revenues are flat at many health care organizations However, clinic and hospital utilization activity has either increased or gone down only slightly. Managers must still be hired and here are a few suggestions to use your recruiting dollars wisely.

- Recruit regionally. Go beyond your backyard. Good health care managers are scarce and a lone web site posting won't attract the most qualified applicants.
- Target your recruiting to health care specific networks, associations and publications.
- If you aren't currently hiring then redirect your recruiting budget to market your organization to employees you'll need in the future. This is very important if you're located in a regional or rural area.

In this difficult business environment it is important to bring on the best manager and higher level staff available. This requires a reasonable investment in up-front recruiting costs and a solid strategy to carry it out. *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 22, 2009
November 2009	Urban Medical Clinics	October 1, 2009	October 19, 2009
December 2009	Urban Hospitals	November 2, 2009	November 23, 2009

Bonnie Jasman Cech, MHSA President Cech Systems, Inc. **Participating Company, Consultant Marketplace** 

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Health Insurance Company Financial Results ID, MT, OR and WA Domestic Carriers (000's omitted) Calendar Year Ended 2008 versus 2007

\$2,530 \$1,565 \$3,503 \$590 \$109 -\$187,519 \$20,953 \$9,348 \$5,880 -\$1,394 \$4,340 \$8,758 \$2,177 -\$434 -\$111,795 -\$1,342 \$17,213 \$10,013 -\$1,792 \$11,103 -\$14,096 -\$128,290 \$19,001 \$14,152 -\$1,739 -\$68,088 \$26,977 \$31,26 Change Y/E Statutory Capital \$31,403 \$34,190 \$3,839 \$2,985 \$4,122 \$494,196 \$737,754 \$46,677 \$21,319 \$7,595 \$340,520 \$124,500 \$38,281 \$21,667 \$4,313 \$4,209 \$784,031 \$925,463 \$260,890 \$113,622 \$77,583 \$144,987 \$125,571 \$31,707 \$228,602 \$67,436 \$69,922 \$20,347 \$554,381 2007 \$4,318 \$32,796 \$39,846 \$3,405 \$4,712 \$550,235 \$259,548 \$94,621 \$108,358 \$249,555 \$44,885 \$58,819 \$30,667 \$37,283 \$11,098 \$2,959 \$486,293 \$672,236 \$480,100 \$797,173 \$343,050 \$118,010 \$29,968 \$93,239 \$57,423 \$29,105 \$6,490 \$63,431 \$17,327 2008 \$7,869 \$4,543 \$7,906 \$2,209 \$8,745 \$778 \$2,973 -\$966 -\$9,808 -\$622 -\$32 -\$553 \$4,242 \$70,946 \$26,449 \$82,910 \$16,520 \$60,610 \$9,718 \$88,525 \$5,080 \$3,533 -\$1,379 \$13,502 \$8,200 \$4,679 -\$931 \$5,782 \$8,260 Change Net Income \$5,548 \$21,220 -\$902 \$143 \$21,376 \$4,598 \$1,149 \$3,538 \$1,505 \$586 \$105,876 \$64,175 \$33,794 \$9,901 \$5,787 \$2,557 \$56 \$731 \$54,016 -\$3,620 <del>ب</del> \$20,852 \$59,041 \$66,598 \$58,468 \$45,477 \$12,098 -\$5,274 -\$2,281 2007 \$3,976 -\$647 \$24,350 -\$4,260 -\$1,236 \$45,816 \$29,245 \$5,692 -\$2,119 \$1,329 -\$3,488 \$834 \$235 \$25,094 \$16,312 \$17,274 \$40,397 \$17,687 \$3,501 \$10,250 \$33 \$34,930 -\$2,142 \$3,838 -\$9,953 -\$31 \$32,592 \$10,620 -\$3,601 2008 \$33,022 \$1,542 \$1,096 \$66,376 \$302,833 \$30,786 \$84,810 \$56,520 \$7,241 \$84,244 \$41,614 \$52,463 \$3,115 \$43,482 \$3,446 \$6,332 \$112,560 \$94,551 \$9,790 \$34,706 \$72,059 \$29,265 \$24,866 \$10,322 \$14,254 \$313,202 \$62,241 \$32,011 \$12,161 Change **Total Revenues** \$158,279 \$0 \$14,076 \$2,282,452 \$2,489,848 \$2,208,390 \$2,242,125 \$969,018 \$423,866 \$320,178 \$177,676 \$149,570 \$65,810 \$31,416 \$26,235 \$2,214,887 \$809,441 \$652,790 \$521,334 \$508,999 \$386,853 \$470,039 \$470,824 \$305,944 \$170,369 \$150,899 \$74,223 \$32,437 \$386,681 2007 \$709,310 \$267,715 \$195,235 \$84,545 \$20,408 \$2,595,654 \$533,495 \$508,110 \$479,829 \$429,210 \$230,338 \$182,592 \$154,014 \$67,352 \$46,691 \$43,482 \$32,512 \$2,552,089 \$2,320,950 \$1,939,292 \$516,240 \$481,404 \$273,933 \$2,281,263 \$999,804 \$421,387 \$206,941 \$29,681 \$894,251 2008 -102 0 0 99 မှ -14 17 25 16 15 9 2 33 -<u>-</u>3 ဖု ရ 34 ဖ 2 33 Ņ 2 0  $\sim$ 4 ო Ŷ Change Enrollmen 236 203 149 116 С 0 2 2 2 1,106 730 473 884 402 432 181 283 232 106 125 38 19 ß 51 91 9 47 45 36 2007 205 468 449 206 299 226 139 136 45 123 82 25 79 60 43 38 ß ß 4 2 2 2 664 782 388 247 29 87 777 2008 State ЯО M ЯО WA M 0R M Ю **N** ЯО ٨A ٨A MA ЯО ٨ M ЯО ЯО M ЯO M Å M 0R □ μ ₽ ₽ Я Kaiser Foundation HP of the NW Blue Cross of ID Health Service Community Health Plan of WA Health Net Health Plan of OR Blue Cross Blue Shield of MT Puget Sound Health Partners Primary Health Network, Inc. Insurance Company -ifeWise Health Plan of OR -ifeWise Health Plan of WA PacificSource Health Plans Columbia United Providers **Group Health Cooperative** Regence BlueShield of ID FamilyCare Health Plans **Molina Healthcare of WA** Samaritan Health Plans Asuris Northwest Health Providence Health Plan Regence BCBS of OR Group Health Options Arcadian Health Plan Regence BlueShield <sup>></sup>remera Blue Cross **Frillium Health Plan KPS Health Plans DDS Health Plan** acifiCare of WA PacifiCare of OR CareOregon

**-470** \$19,497,727 \$18,714,659 **\$783,068** \$193,494 \$581,900 **-\$388,406** \$4,726,950 \$5,322,112 Source: Five-year Historical Data page of the 2008 NAIC Annual Statement compiled by the Washington Healthcare News - wahcnews.com. 6,100 5,630 Total All Insurance Companies

-\$595,162

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Marcy Shimada, Executive Director Puget Sound Family Physicians and Edmonds Family Medicine Clinic, PS, Edmonds, WA

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### **The Process Improvement Imperative**

#### **By Bonnie Jasman Cech, MHSA** *President Cech Systems, Inc.*



Nowhere in our society is process improvement needed more than in health care. Growing at an annual rate over 6%, health care costs are outpacing inflation and wages. The media is focusing a lot of attention on inadequate access, service delays, error rates and less-than optimal outcomes, but significant labor shortages and care-giver burnout (including physicians) also threaten quality. At the same time, baby boomers grow older, the elderly live longer, and the prevalence of chronic disease increases; the industry faces significant increases in demand but limited resources to manage it.

While there is no panacea for all that ails the healthcare system, physician groups and hospitals can achieve dramatic improvements in efficiency, quality, and satisfaction by embracing systemlevel process improvement. Successful implementation requires a change in methods -- and a change in leadership. This shift in focus is neither easy nor quick, but the long term benefits are well-worth the investment. Using lean principles as a foundation, healthcare organizations can do something that matters right now: implement improvement in their core business processes and move towards a more efficient overall delivery system.

# Specify value from the patient's perspective

Lean process improvement can be described as the least wasteful way to provide value to your patients. The critical starting point then is to understand value, not as we have traditionally defined and measured it in healthcare organizations (e.g., revenue centers, asset optimization, technologies), but as specified from the patient's (customer's) perspective.

How do you find out what patients value? Ask them. Conduct focus groups or interviews with patients and ask targeted questions aimed at understanding the underlying (emotional) attributes they ascribe to the value of your services. If your budget doesn't allow for a formal interview process, start with the patient feedback information you already obtain through patient satisfaction surveys, patient complaint reports and patient suggestion systems. Categorize and quantify the information to begin understanding value. It's only when healthcare organizations fundamentally rethink value from the perspective of the patient that they begin to clearly focus on a service line, and ways to increase the value of that service for the patient.

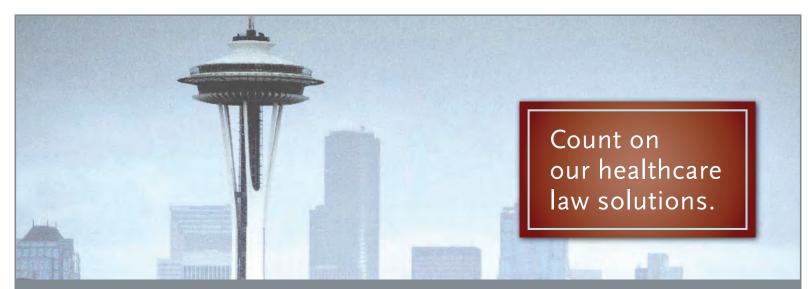
## Streamline primary patient pathways end-to-end

As we shift our thinking from functions or departments to service lines, it enables us to define the primary value streams within the core business. Through the process of mapping the value streams, we can begin to see clearly the individual steps of the process from beginning to end. With a clear view of each step, we are ready to streamline the process – to eliminate the hidden waste and improve the flow of value to the patient.

The key to streamlining your core business processes is to involve and engage the people providing the service - the physicians and front-line staff. Armed with the proper tools, techniques and training, they become your improvement experts to identify, quantify, and eliminate waste in their processes.

Core business process improvement - specifying value from the patient's perspective and streamlining patient pathways - is an enlightening experience. Not only is there clear benefit to the patient (e.g., better access, fewer service delays, quicker response to requests, higher quality), but the organization benefits as well. Physicians and staff experience

Please see> Improvement, P10



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–Bobbie Berkowitz, PhD, RN, Board chair, Alumni Endowed Professor of Nursing, University of Washington, and former deputy secretary of the state Department of Health. Currently serving her sixth year on the Board.

"I wanted to give back to the organization. Group Health's need for solid strategic thinking was a good match with my talents."

-Tracy Garland, consultant, former CFO for King County METRO and Washington Dental Service. Currently serving her first year on the Board.



# Healthcare Law

### Is Concierge Care Right for You?

**By Leslie M. Meserole** *Healthcare Attorney and Partner Miller Nash LLP* 



Primary care physicians are declining in number, largely because of heavy patient loads, poor reimbursement levels, and insufficient time for properly evaluating patients. One option for physicians wishing to continue practicing in primary care is to reform their practices into what is known as "concierge care." The underlying philosophy of concierge care is that of a "membership practice" in which patients pay an annual fee in exchange for enhanced physician services, such as same day appointments, longer appointment times, 24-hour telephone access to physicians and coordinated referrals to specialists. Physicians may limit the number of patients in the practice, self-regulate the time spent with each patient, and determine the membership fee amount charged independent of payor reimbursement rates.

Utopia in primary care? Sounds like the ideal practice, right? Not so fast! Concierge care's growth around the country has prompted scrutiny under the watchful eyes of Medicare, the Office of Inspector General (the "OIG"), and various state government agencies, including the Washington Office of the Insurance Commissioner (the "OIC"), resulting in new guidance, rules, and state law.

Medicare and the OIG. In March 2002, Medicare published guidance on concierge care in general, stating that concierge care membership fees collected from Medicare beneficiaries may constitute prohibited charges if those charges are for services already covered by Medicare. In addition, the OIG issued an Alert in March of 2004, stating that "when participating providers request any other payment for covered services from Medicare patients they are liable for substantial penalties and exclusion from Medicare and other federal healthcare programs." In other words, participating physicians who charge Medicare enrollees for services already covered by Medicare, other than the applicable deductible and coinsurance amounts, are violating the physician's assignment agreement, in which the physician agrees to accept the Medicare fee schedule amount for all covered services provided to Medicare beneficiaries. Non-participating providers must also observe this guidance, because even though non-participating providers do not accept the Medicare fee schedule amount as payment in full for covered services, they are still limited as to the amount they may charge Medicare beneficiaries.

**They really mean it!** In 2003 and 2007, the OIG entered into settle-

ment agreements with physicians operating concierge practices on the basis that the physicians had overcharged beneficiaries in violation of the physicians' assignment agreements. The OIG asserted that the physicians had charged Medicare beneficiaries a membership fee for services already covered and reimbursable by Medicare. The settlement agreements, however, did not specify which services were covered. The result: a compliance challenge and a desire for more clear-cut guidance.

**Opting out is an alternative.** To steer clear of these overpayment issues, physicians may opt out of Medicare altogether by agreeing to not submit for two years claims for reimbursement of any services provided to Medicare beneficiaries. By opting out, physicians are not limited in what they may charge concierge care patients for services, whether or not the services are covered by Medicare.

What's all this talk about insurance? In 2007, the Washington OIC published an opinion in support of proposed concierge care legislation stating that providers who practice concierge care assume risk by accepting prepayment for an unknown amount or type of services, and are therefore considered health care service contractors subject to OIC regulation. However, the OIC went on to say that given the limited amount of risk and potential harm to consumers, the full scope of regulation is not practical or warranted. In the end, the Washington legislature

Please see> Concierge, P11

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#### <Improvement, from P6

increased satisfaction with their work, while at the same time increasing throughput, productivity, and overall profitability.

# Identify organizational change needed to sustain improvement

The activities outlined previously require new methods (such as techniques for specifying value, mapping value streams, defining and eliminating waste). The third activity, identifying the changes needed to sustain improvement, requires new leadership. It involves rethinking organizational behavior and development, plus management systems and structures. It involves rethinking the traditional roles of department managers, for example, and introducing the concept of value stream managers. It involves the design of new systems to manage the improvement process itself, to monitor the value

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streams, and to ensure that the improvement efforts are linked to the over arching strategy and direction of the organization. It involves rethinking the flow of information throughout the organization, and how this knowledge flows to the people closest to the work - the physicians, clinical staff, schedulers and receptionists performing the core business processes. In other words, it requires the organization to develop the capacity to keep the primary patient pathways clear and ensure improvement results are sustained.

#### **Summary**

While the healthcare industry faces its share of challenges, core business process improvement provides an exciting opportunity for healthcare organizations to enhance their competitive position and ongoing ability to thrive. Just as important, continuing dedication to finding better ways to produce value-added services is what our industry needs now more than ever.

Bonnie Jasman Cech. MHSA is the President of Cech Systems, Inc. where she has developed an innovative systems approach to applying lean principles. Through CxInSight, Cech Systems, Inc. helps medical organizations implement resultsdriven process improvements, supportive management systems (tools and metrics), and effective training programs to sustain the improvement results. Bonnie can be reached at 206 524-7710 or bcech@cechsystems.com. To learn more about Cech Systems or CxInSight, visit the web site at www.cechsystems.com.

#### <Concierge, from P8

approved legislation codified at RCW 48.150, adopting rules for the operation of concierge care practices.

Washington law. Those physicians who decide that concierge care is their desired form of practice should carefully consult the Washington statute; failure to comply constitutes unprofessional conduct enforceable under RCW 18.130.180. These requirements include:

- Concierge care physicians may provide only primary care services, as defined in the statute, in exchange for the membership fee by entering into a written agreement with patients that must describe the services to be provided and be terminable at will by the patient.
- Insurance carriers may not be billed and patients may not be

charged more than the membership fee for the primary care services. Concierge care physicians may bill insurance carriers and patients for services provided outside the scope of the primary care services described in the written agreement with the patient.

- The membership fee must be charged to patients monthly and may not be increased more frequently than annually.
- The concierge care practice may not accept or decline patients based on health status, race, religion, disability, education, economic status, or sexual orientation, and the membership fee may not vary based on health status or sex.

**Focus on the future.** Both CMS and the Washington state government are monitoring concierge care. Washington concierge care

practices must submit annual reports to the OIC. In December 2012, the OIC will submit a study to the legislature analyzing whether concierge care improves or reduces access to care, increases consumer costs, and provides adequate consumer protection. CMS has implemented an agency wide effort to monitor Medicare beneficiaries' access to care, including a focus by the Seattle regional office on the impact of concierge care on access to care. The future promises evolving regulation, which mandates careful attention to compliance.

Leslie M. Meserole is a healthcare attorney and partner at Miller Nash LLP. She can be reached at leslie.meserole@millernash.com. Miller Nash LLP is a multispecialty law firm with offices in Seattle and Vancouver Washington, and Portland and Central Oregon.

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# Healthcare Administration

# Anticipating the Trends: Current Challenges We Face as the State's Leading Medical Professional Liability Insurer

#### By Susan Peskura, CPCU, RPLU

Associate Vice President, Marketing & Sales Physicians Insurance A Mutual Company



No one says it's easy being on top.

Physicians Insurance A Mutual Company insures more physicians than any other insurance carrier in Washington. Having physicians continue to entrust their coverage to us requires diligence in understanding health care delivery and controlling claim costs with practical and effective risk management tools and patient safety programs. It also requires a conservative approach to managing our investment portfolio. And to stay on top, the company must provide industry-leading customer service.

### 2009 premiums

In 2009, thanks to a decline in claim frequency, our member insureds received a 10% decrease in premium rates while continuing to be eligible for our ACCOLADES loss experience credits, which can reduce premium by another 5% up to 20% for members with excellent loss histories. In 2008, the company was also able to return dividends to its members totaling \$5,000,000.

#### **Cautious reserve management**

Physicians Insurance manages its assets conservatively. While other financial services organizations suffered weighty blows due to investment in derivatives or otherwise risky securities, more than 90% of our company's assets are placed in a highly rated and welldiversified bond portfolio. The rest is invested in equity mutual funds and short-term investments This conventional approach to asset management resulted in positive returns on investments and contrasted significantly to overall indices, which were down significantly in 2008.

## Risk management and patient safety initiatives

Our focus in risk management and patient safety education lies in augmenting providers' own practice standards with good patient communications skills-building programs, practice safety audits, and patient record-keeping tools.

Our new AVERT (AdVerse Event Response Team) training program incorporates enhanced physician/ patient communications skillsbuilding training. It also promotes a patient-focused approach to adverse outcome management. We're also launching Patient SAFE (Patient Safety Assessment for Ev-

ery Medical Practice), an auditing mechanism clinics can implement to regularly evaluate their patient safety practices. Patient SAFE uses ten parameters for assessing quality care, including maintaining detailed medical records, securing informed consent, and recording known allergies. These risk management programs, as well as numerous Continuing Medical Education courses we provide for our members, are designed to help physicians achieve their professional goal of outstanding patient safety while also lessening the frequency and severity of claims.

### **Regulatory reporting duties**

Challenges facing both insurers and self-insured organizations are their regulatory reporting duties. For many years, payers of medical professional liability claims have reported those payments to the National Practitioner Data Bank and the Medical Quality Assurance Commission. Last year, all payers of medical professional liability claims began reporting outcomes to the Washington Insurance Department. This year, the Center for Medicare and Medicaid Services (CMS) is requiring all liability insurers and self-insured organizations that pay liability claims to register with CMS and report all their claim payments made to Medicare beneficiaries. Additionally, both insurers and self-insured organizations have a responsibility to assure that their physicians

Please see> Trends, P16



10 1110





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### KPS Health Plans: Nimble and Responsive to Changing Health Plan Trends

**By Richard Marks** *President KPS Health Plans* 



At KPS Health Plans, healthcare is local and personal which allows us to distinguish ourselves with our members, providers and employers.

Located in Bremerton, Washington, KPS was formed in 1946 by physicians from the Kitsap County Medical Society to provide medical coverage to residents on the Kitsap peninsula. Over time, this best kept secret became better known and today we serve 43,545 enrollees throughout the State of Washington. KPS was acquired in 2005 by Group Health Cooperative, and operates as a separate wholly-owned subsidiary.

KPS offers a full portfolio of PPO and HSA products, serving large and small group employers, Federal employees and retirees, individuals and families, and Medicare Supplement subscribers. We also have administrative services only agreements (ASO) with several large self-insured clients.

KPS has a very large provider network through direct contracts with providers in Kitsap, Clallam, Jefferson, and Mason counties. We extend our network throughout the state and across the country through contracts with two large PPO networks - the First Choice Health Network and Multiplan. We also have an arrangement with MedImpact, our pharmacy benefits manager, to provide access to a large pharmacy network and a variety of effective pharmacy programs.

KPS offers our customers unique advantages that large companies can't. We are able to operate flexibly and develop creative solutions to problems without slow, complex decision-making processes. Our customer service representatives and account managers have frequent interaction with the company's top executives and KPS's top leadership is easily accessible to brokers and customers alike.

Because of our size and focus KPS has been able to remain nimble and responsive to changing health plan trends, allowing us to quickly design and implement new plans. Over the past year, we have introduced a new array of individual and small group products that are designed to address the needs of customers for more affordable health care coverage.

KPS has been in the forefront of the movement toward consumerdirected health coverage. We have teamed up with a number of chambers of commerce through the Chamber Benefit Services Fund (CBSF) to offer high-deductible, Health Savings Account (HSA) plans. HSAs give employers access to more affordable coverage and give their employees the opportunity to make thoughtful choices about the use of their healthcare dollars. The CBSF plans have been very successful at meeting the needs of small and mid-sized employers around the Puget Sound region and recently have been expanded to chambers across the state.

As one of the last local health plans in Washington State, KPS has maintained strong ties to our communities, including local providers and the County Medical Society. We are active in civic affairs and support local philanthropic activities, and our Board of Trustees includes representatives from the local community. With our strong loyal customer base, we continue to serve multiple generations of members and employers.

We are also one of the larger, nongovernmental employers in Kitsap County. We have 167 employees, many of whom have worked for the company for years. We have built an excellent reputation as an employer and have won numerous awards and citations as a one of the best places to work in the State.

Like all carriers, we are concerned about the rising cost of health care and we work with our customers to find strategies that help moderate those increases. We offer a

Please see> Marks, P16



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#### <Trends, from page 12

satisfy Washington State's risk management educational mandate. Every three years, physicians must complete a risk management course to maintain their coverage. Regulatory oversight of the health care liability system imposes time and resource burdens on insurers and on self-insured organizations.

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Susan Peskura is an Associate Vice President with Physicians Insurance a Mutual Company. Susan can be reached at (206) 343-6530, or SusanP@phyins.com. To learn more about Physicians Insurance A Mutual Co. visit www.phyins.com.

#### <Marks, from page 14

number of medical management services and have introduced wellness and disease management programs. We also provide our clients with timely, relevant information about their medical claims experience so they can make better informed choices.

Perhaps the biggest challenge for us as the best-kept secret is getting our story out. Because we don't spend our resources on a large advertising budget, we rely primarily on word-of-mouth recognition. We have a well-established reputation on the Kitsap Peninsula and some of the highest ratings for customer satisfaction for carriers serving Federal employees, but throughout much of the State, we are simply not known. We hope that over time, we will be able to share our story with more producers and potential customers. We think they, like many over the last 62 years, will be delighted when they give us a try.

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# Healthcare Interview

# An Interview with Ken Provencher, President and Chief Executive Officer of PacificSource Health Plans

Ken Provencher is the President and Chief Executive Officer of PacificSource Health Plans. The PacificSource service area includes Oregon, Idaho and now Washington State. David Peel, Publisher of the Washington Healthcare News asked Mr. Provencher a few questions in this February 2009 interview.

# What 100 words best describe the PacificSource organization?

PacificSource is an independent, not-for-profit health plan with a 76-year history. Founded in Eugene, Oregon, we now serve all of Oregon and Idaho and were recently granted licensure in Washington. Our core values of partnership, community, and service excellence are demonstrated in the personal relationships we create with our customers and business partners.

Our mission is simple: helping people get the healthcare they need. We display our commitment to that mission through our personal approach to customer service, our partnership with healthcare providers and other community stakeholders, and our involvement in various healthcare reform efforts at the local and state levels.

# *What are your significant products and services?*

PacificSource offers medical and dental coverage in the small and large group markets in Oregon and Idaho. We also offer individual and family health plans in Oregon and we are preparing to introduce individual products in Idaho this year.

Our organization also includes two subsidiary third-party administrators who provide additional services to employers. Manley Services administers flexible spending accounts, health reimbursement arrangements, and other tax advantaged benefit plans, while Select Benefit Administrators specializes in self-funded employee health benefit plans.



"Historically, we've been most successful in small to mid-size cities like Eugene, Bend, and Medford, Oregon, where we've been able to truly become part of the local healthcare community."

You recently announced Pacific-Source received a license to do business in Washington State. Why did you chose to expand into Washington State and not California?

We believe Washington is a good

fit for our growth strategy because it shares many similarities with Oregon. Historically, we've been most successful in small to midsize cities like Eugene, Bend, and Medford, Oregon, where we've been able to truly become part of the local healthcare community.

That's really become our niche, and we believe Washington has a number of communities where there's an opportunity for that model to work. Many employers are also located across Oregon-Washington-Idaho markets and we believe that our stronger regional presence will enhance our ability to serve those customers.

Washington State has a reputation as having a difficult regulatory climate for health insurance companies. In addition, the competitive environment is oligopolistic in nature with the "big three" of Premera, Regence and Group Health Cooperative controlling over 90% of the non-Medicaid fully insured health insurance market. How are you going to manage the regulatory issues in Washington State and, at the same time, take market share away from these three large, well established players?

Historically, we've been able to grow and remain independent by taking a slow and deliberate approach to growth; we've never focused primarily on market share.

We identify communities where we believe there's an opportunity for our community-based approach to be successful. For that to work, we need to be on the ground, working side by side with the local healthcare delivery systems, safety net clinics, and business community to provide solutions that will ultimately result in more people having better access to quality healthcare services.

That's not an approach that many of the larger health plans can, or would likely want to, pursue.

Is there anything you would like to share with our readers about PacificSource?

We are a mission-driven organization that is committed to delivering the best value possible to our customers, a high level of personal service, and a deep focus on the communities where we do business. Our history, our commitment to doing this right, and our strong group of dedicated employees help us achieve those goals.

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# Healthcare Finance

### **Private Placement Securities: Another Option for Institutional Investors**

**By Scott Sell** Vice President Prime Advisors, Inc.



Private placements are a negotiated sale in which securities are sold directly to investors, rather than through broker dealers in a public offering. They are exempt from registration with the Securities and Exchange Commission (SEC) under Regulation D of the Securities Act of 1933. They also are open to larger investment institutions that meet standards which allow the purchase under this SEC exemption.

Privately placed debt encompasses a wide variety of fixed income structures including secured and unsecured corporate obligations, lease related financing for real property (real estate investment trusts and pass-through obligations) and personal property from equipment leases on rail cars and aircraft to operating equipment and inventory, project finance, asset backed loans and government agency securities. This asset class averaged \$39B in new issuance for the last 5 years with roughly a 50:50 split between domestic and foreign credits.

Private placements provide enhanced yield, diversification and defensive characteristics not found in comparably rated public securities as well as access to mid market, privately owned and foreign issuers not available in the public market. Also through the due diligence process, private placements provide unprecedented access to the company's management team. Private placements are issued in an unlisted, less liquid format, normally on equal structural priority with bank funding. Agency ratings are not required for private placements, with the exception of National Association of Insurance Commission ratings which are required for insurance company investments.

Why private placements? This assets class offers financial covenant protection, a promise by a borrower (or guarantor) relating to the business or condition of the borrower. Covenants minimize the risk that the loan will not be repaid by attempting to assure the continued creditworthiness of the borrower. Private placements have higher recovery values under distressed conditions. Due to the less liquid

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nature of private placements, this asset class offer excess spread over public debt securities.

Private placements are less liquid due to smaller deal sizes and a smaller number of buyers. The deal settlement is longer due to complexity of documentation of the deal structure. Price discovery is less transparent due to the smaller size of the secondary market. This asset class also has a higher cost to administer and underwrite.

Scott Sell has over 28 years of experience in fixed income investment analysis, selection and trading. His areas of investment specialization include domestic and foreign debt issuance for privately-placed and public corporate investment, real estate investment trusts, credit tenant and equipment leasing, project financing and U.S. government agencies.



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# Healthcare Facilities

### **Constantine Builders Announces Opening of New Surgical Building**

#### **By Roberta Greenwood** *Contributing Writer*

Washington Healthcare News

Successfully utilizing their "team construction" approach, Constantine Builders Inc (CBI) announced the recent opening of a state-ofthe-art Oral Maxillofacial Surgical Building located at 230 15th Ave, Mount Vernon, WA. The two story facility, which sits directly across the street from Skagit Hospital, is an outpatient surgical center and houses the practice of Dr. Ashoka Subedar. Dr. Subedar also has another facility which he practices out of Bellingham.

Joining with partners Carletti Architects P.S. (Shell & Core Designer) and Officewraps Inc. (Interior Designer), CBI completed the

project from ground breaking to building occupancy in twenty-three weeks. "The main reason that we've been as successful in completing projects like this is our adherence to our company 'Core Values'", explains CBI owner O. George Constantine. "We strive to provide value to all members of our team, while protecting the owner's best interests. Our goal is

to deliver projects that exceed our client's expectations at a competitive cost."

With more than twenty years of

construction experience in the Pacific Northwest, CBI Inc specializes in building healthcare facilities. Past projects include ASC, Dental, Specialty Clinic, Out Care Center and Medical Office Buildings, each designed to deliver the most effective projects to its clients. Conducting a comprehensive preconstruction and value engineering process for the project insured that all possible savings were maximized before breaking ground. "We examine all opportunities to deliver more value for every dollar invested in the project," Constantine adds.

Noting its ability to establish relationships built on trust and quality craftsmanship, CBI strives to build a team atmosphere with not of the Oral Maxillofacial Surgery Building was to create an innovative building with a very clean industrial modern look," explains Peter Carletti, of Carletti Architects. "The metal wall panel seaming was aligned with the windows to create a rhythm of modulation on the exterior facade. The project also features "green" elements such as a living roof with patio area, solar sunshades and building overhangs on the west facing façade to control solar gain and lighting into the facility."

Designed to be a highly energy efficient building, the facility utilizes a Mitubishi City-Multi variable refrigerant flow zoning system that recovers wasted heat from the outside and wasted heat from



Oral Maxillofacial Surgical Building, Mount Vernon, WA

only clients but design partners as well. These partnerships resulted in a building that is striking yet completely functional. "The intent the inside from the use of lights and computers which serves both levels of the building. Poured in place concrete walls, architectural metal wall panels, and aluminum insulated wall panels not only increase the energy efficiency of the building but also the ability to deliver a cost-effective project, explains Constantine. "We understand the important role for time-

ly and accurate estimating and the selection of appropriate materials and systems. "Information must be clearly communicated to all part-

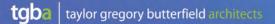
#### Volume 4, Issue 4

ners in a project," he concludes. "It's the way we continue to build with integrity and deliver the projects that our clients expect."

Due to the effective design and development of this project, patients requiring treatment for exodontia, management of infections, cysts, benign neoplasm, facial fractures, pre and postoperative care and other oral and maxillofacial surgical conditions are now able to receive care at the recently completed facility. Offering operating rooms, a recovery area and supporting facilities and equipment, the Oral Maxillofacial Surgery Building provides the highest level of wellness and recovery options for patients in the Mt. Vernon area.

To learn more about Constantine Builders, visit their web site at www.constantinebuilders. com, call 206-957-4400 or email georgec@constantinebuilders.com.





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#### **Requirements:**

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### Operations Supervisor-OB-GYN Department

Responsible for supervising minimum of 25 Medical Assistants, RN's, Patient Services Reps, Surgery Schedulers and Referral Coordinators.

#### **Requirements:**

Minimum 2-3 years supervisory experience in a medical office setting, medical business office setting, or insurance industry setting. Knowledge of clinic operational areas. Strong leadership skills. Strong interpersonal and problem solving skills, and the ability to confront and address issues with staff. PC utilization and software skills required. Ability to assess performance of employees. Ability to select, train, and develop qualified staff.

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### **Director of Perioperative Services, Good Samaritan Hospital**

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**Duties:** The PCS (Patient Care Services) Director has the responsibility and authority for directing the management operations and clinical practice within a defined PCS area (s). Which include: PO, PACU, Pre-Admit, GI/ Special Procedures Lab, Central Supply, Anesthesia, Infusion Services and Surgical Materials Management. The PCS Director plans with other directors/managers and the medical staff to identify needs, trends, and forecasts in order to provide quality patient care. He/she acts, as appointed, in the absence of the Vice President, Patient Care Services. The individual must have and be able to demonstrate the knowledge and skills necessary to provide care that is appropriate for the group of patients served.

**Qualifications:** Minimum of three (plus) years management experience required. Three (3) years clinical experience within the last seven (7) years preferred. Masters Required and valid RN License in Washington State.

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Please visit www.careoregon.org to see the complete job description. To apply, please reference Job Code HR-MM CSM and email a cover letter and resume to resumes@careoregon.org or fax to 503.416.3668 or mail to CareOregon, HR-MM CSM, 315 SW 5th, Suite 900, Portland Oregon 97204. Position may close at any time. EEO



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Contact swatkins@wsna.org if you are interested in obtaining more information or in applying.

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Good Samaritan is part of the MultiCare Health System, a comprehensive, private not-for-profit medical system serving the growing populations of Pierce and King Counties in the greater Puget Sound region of Washington.

### Administrator, Good Samaritan Outreach Services

The reasons to work at MultiCare Health System – Good Samaritan Outreach Services are as unique as the people who do. Join us for the professional challenges you seek. In the settings you prefer.

**Duties:** The Administrator position is the operational leader for the Outreach Corporation, providing community based services to individuals with mental illness, developmental disabilities, aging issues, and family support needs. This position directly supervises 9 managers, is responsible for approximately 240 staff, and is accountable to the Vice President of Good Samaritan Outreach Services.

**Qualifications:** Master's degree in Mental Health field, Social Services, and/or Health Care Administration required. Six (6) plus years' experience in progressively more responsible leadership/management roles. This experience includes both clinical and fiscal leadership. Community involvement, including Board membership, civic leadership, and stakeholder group involvement.

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