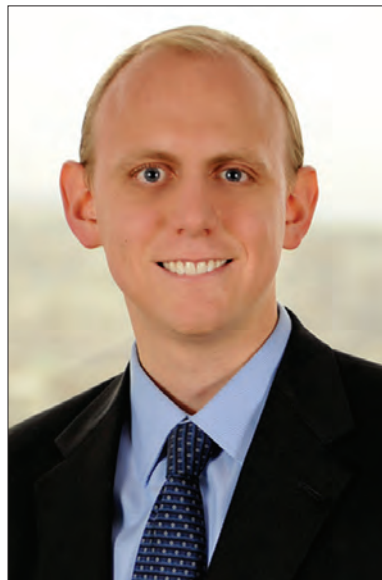


## Improving the Health of Community Hospitals: Is Affiliation an Option?

**By Robert Walerius**  
*Healthcare Attorney and Partner  
Miller Nash LLP*



**By Casey Moriarty**  
*Healthcare Attorney  
Miller Nash LLP*



In today's healthcare industry, community hospitals face unprecedented challenges. From problems with physician retention and recruitment, to increasing technology and compliance costs, to the lack of negotiating power with vendors and suppliers, many community hospitals are at a severe disadvantage. In order to ensure their survival in this difficult economic climate, community hospitals around the nation are reviewing possible merger or affiliation with health systems. While affiliation involves the loss of a commu-

nity hospital's independence and local control, it can also provide substantial benefits. But is affiliation the answer for all community hospitals? What key benefits and considerations should a community hospital analyze before agreeing to an affiliation?

### Benefits

Access to capital is perhaps one of the most important benefits that affiliation with a health system provides to a community hospital. Many community hospitals are forced to put off promising expan-

sion opportunities because they simply do not have the necessary capital to complete the projects. The capital resources available to a large health system are numerous and can allow a community hospital to achieve its expansion goals.

Information technology resources are another benefit to community hospitals that choose the affiliation route. The up-front costs of information technology investment are

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If you have questions or suggestions regarding the News and its contents, please reply to [dpeel@wahcnews.com](mailto:dpeel@wahcnews.com).

## Letter from the Publisher and Editor



Dear Reader,

Our cover article this month, by Robert Wale-rius and Casey Moriarty of the Miller Nash LLP law firm, is timely.

It was only last September that Stevens Hos-pital (now called Swedish/Edmonds) affiliated with Swedish. According to the Swedish/Ed-monds web site, “More health-care services will be offered, the quality of services will continue to improve and more patients will have access to care.”

On the east side of Lake Washington, Valley General Hospital issued an RFP to consider a strategic partnership to enhance their health care services. According to Mike Liepman, CEO of Valley General Hos-pital, “Long-term a partnership could help us fulfill our mission to provide quality and contemporary health care services that our com-munity needs and deserves.”

Government budget cuts and healthcare reform will result in more af-filiations and mergers. This isn’t a bad thing if it benefits the patient.

*David Peel, Publisher and Editor*

## Washington Healthcare News 2011 Editorial Calendar

Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2011	Hospitals	December 1, 2010	December 27, 2010
February 2011	ASCs	January 4, 2011	January 24, 2011
March 2011	Hospitals	February 1, 2011	February 21, 2011
April 2011	Insurance	March 1, 2011	March 21, 2011
May 2011	Clinics	April 1, 2011	April 18, 2011
June 2011	Human Resources	May 2, 2011	May 23, 2011
July 2011	Hospitals	June 1, 2011	June 20, 2011
August 2011	Hospitals	July 5, 2011	July 18, 2011
September 2011	Clinics	August 1, 2011	August 22, 2011
October 2011	Human Resources	September 1, 2011	September 19, 2011
November 2011	Hospitals	October 3, 2011	October 24, 2011
December 2011	Clinics	November 1, 2011	November 21, 2011

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## < Hospitals, from P1

enormous, and notwithstanding the cost savings that such technology may offer in the future, the initial investment is often unreasonable for a smaller hospital. Affiliating with a larger health system allows the cost of new information technology investments to be spread out among a greater pool of hospitals, physicians, clinics, and patients, and lead to greater savings.

Affiliating with a large health system is likely to provide community hospitals with better leverage when negotiating contracts and purchasing agreements. Suppliers and vendors want the increased business of larger entities and may be more willing to agree to concessions to ensure the entity's business.

Finally, affiliation can help com-

munity hospitals spread risk among many more clinics, physicians, and patients. Partnering with a large health system that has the financial resources to absorb unexpected events reduces the risk that a large malpractice claim or other lawsuit could destroy a community hospital's financial reserves. Additionally, a community hospital may also be able to take more chances with promising endeavors that require up-front investment, such as new accountable care organizations.

### Preliminary Considerations

In order to ensure that a community hospital can take advantage of these and other benefits of affiliation, the hospital must consider a number of factors when deciding whether to partner with a health system.

First, a community hospital should

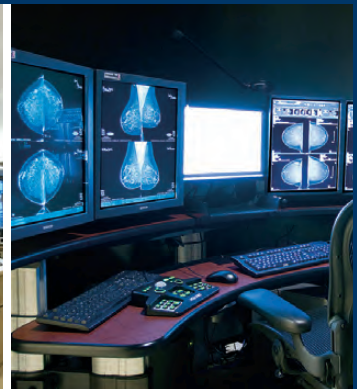
conduct a thorough internal review of its current business operations and structures and the goals of affiliation. What type of health system partner is needed for the hospital to materially improve its access to capital? Will an affiliation really help with information technology and other investments?

After this internal review, the community hospital should send a request for proposal to potential health system partners. The request should include a list of requirements for a potential partner and questions about how the affiliation will help the financial and patient care concerns of the community hospital.

### Negotiating the Affiliation Agreement

Once an affiliation partner has been found, the parties should enter into

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a letter of intent and confidentiality agreement, and commence negotiations on the terms of a final affiliation agreement. These negotiations should cover the governance and corporate structure for the affiliation, the financial and budgetary obligations, and the timelines and issues surrounding the transition of control of the acquired hospital's personnel and clinics.

During these negotiations, each party should also conduct intensive due diligence review of the other party's corporate documents, including business and financial operations, pending litigation, past and current compliance issues, and third-party contracts. The purpose of this due diligence is to discover any possible concerns or risks that could lessen the benefits of the affiliation.

Given the importance of the medi-

cal staff, coordination with the medical staff leadership is essential. Lack of support from the medical staff could be fatal to the affiliation.

**Regulatory Concerns**

No matter how much the potential affiliation partners like each other, nothing can happen without government review and in some cases approval. The Federal Trade Commission (FTC) and Department of Justice (DOJ) can be significant barriers to a potential affiliation. These federal agencies have challenged a number of hospital mergers in the last few years on the grounds that they present anticompetitive concerns and may raise costs for patients and payors. Under the Hart-Scott-Rodino Act, the parties to certain mergers must submit a "Hart-Scott-Rodino Form" and filing fee that provides

the FTC and DOJ with information about the proposed merger. FTC and DOJ review is needed only if the affiliation meets certain monetary thresholds.

In addition to federal requirements, the parties must work with state regulatory agencies to ensure compliance. The State Attorney General will review the proposed affiliation for anticompetitive concerns. In Washington State, a public hearing is required if the affiliation involves a for-profit entity's acquisition of a nonprofit entity.

In many states, including Washington, the Certificate of Need Program of the Department of Health must be notified of the affiliation. The Department will conduct a review and ideally, issue a letter of nonreviewability. In Washington, such a letter will be granted if the

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affiliation does not involve a sale or lease of a licensed hospital and the affiliation does not expand either party's current operations under the Certificate of Need regulations. If the affiliation plan does involve an expansion of the current services offered by the parties, and that expansion is subject to Certificate of Need, approval can take several months.

Finally, the parties must ensure that both state and federal authorities are notified of the change in ownership of the acquired hospital's license. On the state level, the parties must notify the Department of Health, and on the federal level the parties must inform the Centers for Medicare and Medicaid Services of the change of ownership.

### Other Items on the Affiliation Checklist

In addition to obtaining approval from the regulatory bodies, the parties will likely need appropriate lender approval for the change of control for any tax-exempt bonds, mortgages, loans, or lines of credit of the acquired hospital. The acquired hospital should also review and, as needed, obtain any necessary consents from third parties that have contracts or leases with the acquired hospital.

### Community Involvement

In order to achieve a successful affiliation, a community hospital must keep a finger on the pulse of community opinion as well as that of the medical staff. Many patients will be concerned with the thought of a large health system's takeover of their community hos-

pital and the loss of local control. Some will ask why an affiliation is needed. Instead of ignoring these real concerns, a hospital must take the initiative to educate the public about why partnering with a larger entity is a good idea. Current healthcare services will typically be maintained, and the affiliation may allow for an increase in the scope and quality of those services. A properly executed public relations campaign from the outset can prevent the spread of misinformation and undesirable public backlash down the road.

### Conclusion

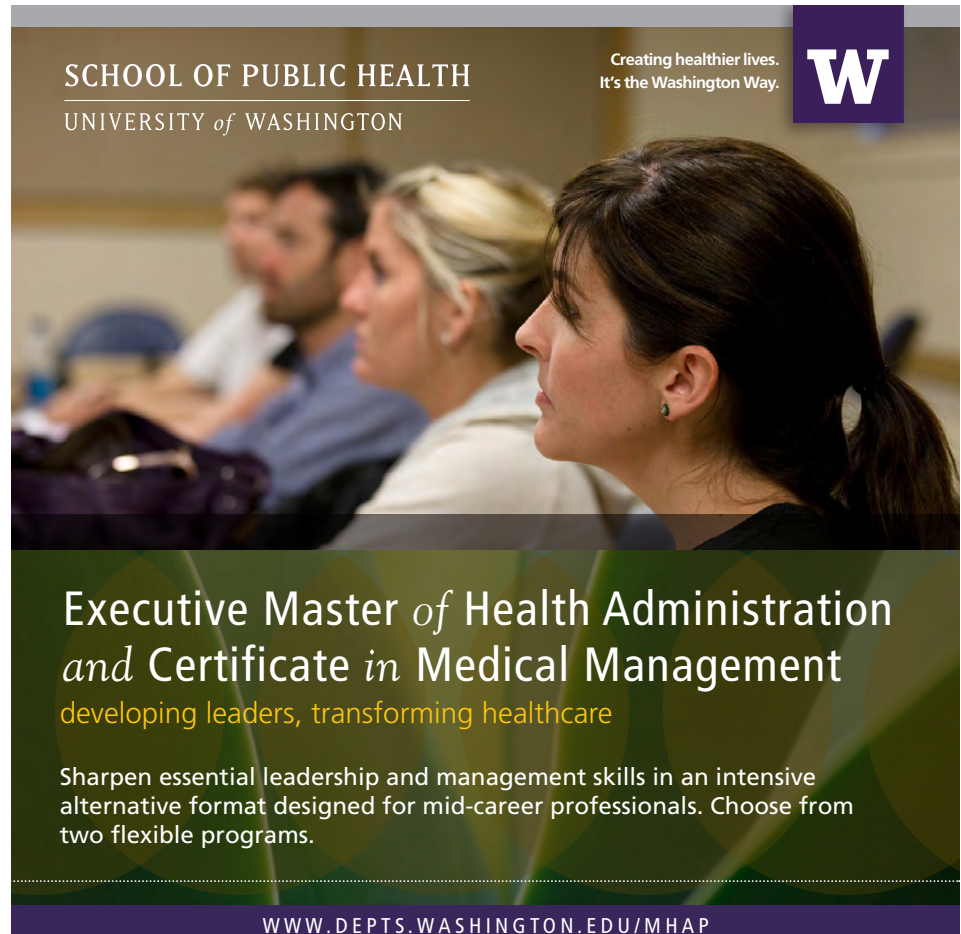
In today's healthcare industry, the review and analysis of the positives and negatives of affiliation or merger with a health system is one of the most important and challenging duties of the officers, board members,

and senior management of a community hospital. The benefits of affiliation must be weighed against the loss of independence, local control, and flexibility that community hospitals now enjoy.

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## Snuffing Out Employee Tobacco Use: The Trend Towards No-Nicotine Hiring Policies

**By Keelin Curran**  
*Partner*  
*Stoel Rives LLP*



**By Karin Jones**  
*Associate*  
*Stoel Rives LLP*



Policies prohibiting employees from smoking while on duty are widespread, but a developing trend represents even stricter regulation of employee smoking habits. An increasing number of employers are considering no-nicotine hiring policies, raising the question of the extent to which employers may influence employee lifestyle choices when those choices spill over to the workplace.

In an era of ever-increasing healthcare costs, it is not surprising that employers are seeking new ways to limit the impact of employee health benefits. Smoking, as the leading factor in controllable healthcare expenses, is a logical target. According to Action on Smoking and Health, an antismoking group in Washington, D.C.,

each smoker costs his employer an average of \$12,000 a year in health and disability-related costs. In addition to the expense of associated health benefits, smokers comprise a less efficient workforce. The average smoker takes four 15-minute smoking breaks during the work day and experiences twice as many illness-related absences from work as his typical non-smoking colleague. Finally, many employers, particularly in the healthcare industry, seek to promote wholesome lifestyle choices and to provide healthy work environments for their staff and customers.

For these reasons, many employers have decided to implement strict no-smoking policies, including no-nicotine hiring practices. This trend has spawned fierce debate

over the question of whether such hiring policies are legal – or “fair.”

In fact, many states have enacted legislation specifically prohibiting employers from discriminating against employees on the basis of lawful off-duty activities such as tobacco use. Washington, however, is one of the minority states without a statute to that effect, opening the door to those Washington employers seeking to exclude tobacco users from their hiring pools.

Even in states like Washington where no statute expressly prohibits employers from prohibiting off-duty tobacco use, opponents argue that no-tobacco policies infringe on employees’ privacy by regulating activities outside the workplace. Some argue that employers may begin screening job applicants who engage in other risky (yet legal) off-duty activities, such as over-eating, drinking alcohol, or pursuing high-risk hobbies such as rock-climbing.

However, the courts have thus far rejected the argument that an employer’s implementation of no-nicotine policies unlawfully infringes upon applicants’ privacy. For example, the Florida Supreme Court dismissed the claim that its state’s constitution provides job applicants with a privacy right regarding their smoking habits, noting that there is no reasonable expect-



tation that an individual's status as a smoker will not be publicly revealed in almost every aspect of his life. Courts have likewise dismissed claims that smokers enjoy a fundamental, constitutional "right to smoke."

Not yet tested before the courts is the claim that refusal to hire an applicant because of tobacco use violates the Americans with Disabilities Act, as Amended ("ADAAA"). In the few cases where lower-level courts have examined the question of whether nicotine addiction constitutes a "disability" under the prior version of the Act and as applied to current employees, that argument has been soundly rejected. As one court articulated: "Congress could not possibly have intended the absurd result of including smoking with the definition of disability, which would render 'disabled' somewhere between 25-30% of the American

public." *Brashear v. Simms*, 138 F.Supp.2d 693, 693-94 (D.Md. 2001). The ADAAA, enacted in late 2008, broadened the definition of a "disability" under the Act, and the new definition's application to no-tobacco hiring policies is an untested area of the law. While it is unlikely such practices would be deemed to violate the Act, it is a risk regarding which employers contemplating this type of policy should be aware.

Additionally, employers considering a no-tobacco policy with respect to current employees should be cognizant of the potential pitfalls under the Health Insurance Portability and Accountability Act ("HIPAA") and the Employment Retirement Income Security Act ("ERISA"). HIPAA prohibits health plans from discriminating against a participant on the basis of a health factor, including health status due to tobacco use. ERISA

prohibits employers from disciplining or dismissing a participant in order to interfere with the individual's attainment of a right to which he is entitled under an ERISA plan; this can encompass dismissal of an employee due to high healthcare costs associated with smoking.

No-nicotine hiring policies are a fairly new trend, presenting certain untried areas of the law. But as an increasing number of employers have determined, such policies, when implemented cautiously and correctly, can provide an effective tool for employers hoping to significantly improve the health and efficiency of their workforce.

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## Is Your Audit Committee Highly Functional?

By **Stacy J. Stelzriede**  
*Partner*  
*Moss Adams LLP*



Responsibilities of audit committees have increased significantly over the past 20 years. Although some committees have shifted to accommodate new structures and operations, many have been slow to embrace the increase in roles and responsibilities, leaving them vulnerable to shareholder and stakeholder scrutiny.

The most dramatic changes occurred in 2002 with the passage of the Sarbanes-Oxley Act (SOX), which set the requirements of public company audit committees, including preapproving audit and nonaudit services, overseeing auditor engagement, convening with auditors to share information on critical accounting policies, and ensuring their audit committee in-

cluded a “financial expert,” among other things. Because SOX didn’t involve nonpublic companies, several states have enacted legislation of their own.

The interaction between audit committees and their auditors has, for the most part, departed from a traditional year-end “check the box” process to something far more collaborative and consistent. As a firm that has communicated with numerous audit committees, Moss Adams has observed and experienced the spectrum of dysfunctional to highly functional audit committees.

What traits separate the good from the bad? Let’s examine four key ways you can help your audit committee become highly functional.

### **Understand Your Auditor’s Responsibilities**

The auditor’s responsibility to interact with audit committees has evolved over the years. With the issuance of Statement on Auditing Standards (SAS) No. 114, The Auditor’s Communication with Those Charged with Governance, and SAS No. 115, Communicating Internal Control Matters Identified in an Audit, auditors are required to communicate directly with audit committees on certain matters, including the auditor’s responsibilities under generally accepted auditing standards, an overview of the planned scope and timing of

the audit, and significant findings from the audit.

As a result, at a minimum, effective audit committees require their auditors to communicate during the planning phase of the audit, to present a concise audit plan and scope of work to be performed, and present the results of the audit and other required communications at the end of the audit. Such communications can be written or verbal, but, when possible, in-person meetings are more desirable for establishing lines of open communication.

### **Proactively Communicate with Your Audit Partner and Auditor**

Effective chairpersons don’t wait for their audit partner to contact them when a problem is identified and needs to be discussed. Those that communicate their expectation for immediate notification are far more effective at handling and responding to issues during the audit, rather than being surprised in a year-end audit committee meeting with unexpected information. We recommend at least semiannual one-on-one meetings between the chair of the audit committee and the audit partner or auditor.

### **Don’t Underestimate the Importance of an Executive Session**

The most highly functional audit committees are those whose standing agendas include an executive session with the auditor. Executive

sessions represent time set aside during the audit committee meeting during which management is excused and the audit committee and auditors are free to dialogue about any issues that may be too sensitive to discuss with management present.

Prescheduling executive sessions is always a good idea. While 9 times out of 10 the auditor won't have anything to say to the audit committee that he or she couldn't say with management present, occasionally there are sensitive topics to discuss. Requiring auditors to ask the audit committee chair for an executive session in front of management can create discomfort and may send an inappropriate message to management that the auditors have something negative to report. The auditor's responsibilities, after all, are not to management but to the audit committee.

By prescheduling these sessions, highly functional audit committees allow for open two-way communication to take place and encourage audit committee members to pose questions they perhaps wouldn't be comfortable asking with management in the room.

**Follow Up on the Auditor's Recommendations**

Auditors are required to communicate significant deficiencies and material weaknesses in internal controls to the audit committee. In addition, the auditor may communicate other areas for improvement that he or she believes warrant attention and oversight by the audit committee.

To ensure that these matters are addressed in a timely manner, effective audit committees require their management to present their response to the audit findings and

any action plans necessary to address them. Follow-up on these matters should occur throughout the year to ensure they're properly addressed prior to commencement of the next annual audit.

**The Bottom Line**

A highly functional audit committee is essential to ensuring appropriate oversight over management, financial reporting, internal controls, and assessment of the quality of the audit firm and audit team you've engaged to perform your audit. Want to learn more about ways to improve the effectiveness of your audit committee? The American Institute of Certified Public Accountants keeps a wealth of information useful to not-for-profit audit committees on its Web site, [www.aicpa.org](http://www.aicpa.org). From the home page, search for "not-for-profit audit committee" to find tool

Please see> **Audit, P13**



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## How Healthcare Professionals Can Take Action Against Diabetes

**By Marcelle Thurston MS RD CDE**  
*Manager, Diabetes Prevention and Control Program (DPCP)*  
*Washington State Department of Health*

A recent Washington State Department of Health study found that about one in three Washington adults ages 25 or older had fasting blood glucose levels indicating pre-diabetes. Pre-diabetes means that your blood sugar level is higher than normal. People with pre-diabetes have an increased risk of developing costly chronic diseases such as type 2 diabetes, heart disease, and stroke. We know that if we diagnose people with pre-diabetes early, help them increase physical activity and reduce body weight, we can prevent about half of the people with pre-diabetes from progressing to type 2 diabetes. Pre-diabetes is preventable and reversible.

Health care professionals can prevent type 2 diabetes by screening those at risk early. According to the 2010 American Diabetes Association (ADA) Clinical Practice Recommendations, to identify people with pre-diabetes, testing

should be considered in all adults who are overweight (BMI  $\geq$  25) and have one or more *additional risk factors*:<sup>1</sup>

- Physical inactivity
- 45 years or older
- First-degree relative with diabetes
- Members of high-risk populations including, African American, Latino, Native American, Asian American, and Pacific Islander
- Women who delivered a baby weighing more than nine pounds or who were diagnosed with gestational diabetes
- Hypertension ( $\geq$  140/90 mmHg or on medication)
- HDL cholesterol level less than 35 mg/dl and/or triglyceride level greater than 250 mg/dl
- Women with polycystic ovary syndrome
- History of cardiovascular disease

In addition, the ADA Clinical Practice Recommendations list the diagnostic criteria for pre-diabetes as one of the following:

- Impaired Fasting Glucose (IFG): 100 mg/dl -125 mg/dl
- Impaired Glucose Tolerance (IGT): Post-load glucose 140 mg/dl -199 mg/dl
- Hemoglobin A1C: 5.7% -6.4%

In 2002, the U.S. Diabetes Prevention Program confirmed that an intensive lifestyle intervention combining dietary modification and regular physical activity could reduce the development of diabetes by more than half among adults with pre-diabetes. Three and ten-year follow-up studies have shown that participants continue to delay diabetes onset.

Over the past seven years, Indiana University School of Medicine conducted a series of research studies to design a more cost effective, group based, community model. By partnering with YMCA's in Indianapolis, they were able to repli-

### Washington State Diabetes Prevention Program Locations

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cate the same weight loss (5%-7% body weight) as the intensive model at a fraction of the cost. Modest weight loss is important to delaying or preventing type 2 diabetes

The Centers for Disease Prevention and Control (CDC), Y-USA and UnitedHealth Group have recently partnered to formally disseminate the community based model across the nation. Currently, several YMCA's in Washington offer the 16 week YMCA Diabetes Prevention Program for people with pre-diabetes.

**How you can take action:**

- Identify patients at risk and screen for pre-diabetes
- Refer patients diagnosed with pre-diabetes to a Diabetes Prevention Program. See list of locations on prior page.

<sup>1</sup>ADA. Standards of Medical Care in Diabetes -2010. Diabetes Care, January 2010;33(Suppl. 1): S13 (Table 4).

*Marcelle Thurston MS, RD, CDE is the manager for the Diabetes Prevention and Control Program (DPCP) for the Washington State Department of Health. Marcelle previously coordinated policy and environmental activities within the healthcare sector for the Nutrition, Physical Activity and Obesity Prevention Program. Marcelle is the liaison between DPCP and other Department of Health programs to promote integration of activities that address shared risk factors for chronic disease. Marcelle is a member of the Washington Association of Diabetes Educators (WADE) and American Association of Diabetes Educators (AADE).*

< **Audit, from P11**  
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## Clinical Practice Area Manager (Wenatchee, WA)

The Clinical Practice Area Manager is responsible for the day to day operation of certain clinical departments at WVMC. We are seeking a manager with exceptional skills to manage outpatient physician departments including ENT, Dermatology and Family Practice. Ideal candidate will be a skilled manager with experience in performance mgmt, staffing, scheduling, operations and customer service.

### Requirements

Bachelor's Degree in Nursing, Business or Healthcare related field and 3-5 years supervisory experience in Ambulatory Clinic setting. Significant healthcare management experience may be substituted for degree.

To review the detailed job description and apply visit: [www.wvmedical.com](http://www.wvmedical.com)



## Director of Medical Services (Everett, WA)

Community Health Center of Snohomish County (CHC) is looking for an energetic Director of Medical Services. CHC provides its diverse community with access to high quality, affordable, primary health care. We are a non-profit provider of primary medical, dental, pharmacy and other support services in Everett and Lynnwood. We focus on family practice care, pediatrics, internal medicine and prenatal care. Our practice is intense but very rewarding as we serve a very diverse and challenging patient population.

The Director of Medical Services plans, develops, organizes, implements, evaluates and directs the administrative and clinical functions of the medical services and programs of the organization. As a practicing physician, the Director of Medical Services is required to complete the credentialing process and is required to have 7 years experience as a practicing physician; 5 years senior level/director position with supervisory responsibilities.

CHC covers all providers under the Federal Tort Claims Act and offers a competitive salary and excellent benefits. Apply online at [www.chcsno.org](http://www.chcsno.org). Join a team that loves what it does and cares about those it serves. AA/EEO



## Human Resources Director

(Snoqualmie, WA)

### POSITION SUMMARY:

This position works with the Executive Team to develop and implement strategies and programs consistent with the strategic directions for the District related to all human resource functions including;

- \* Compensation
- \* Regulatory compliance
- \* Recruiting
- \* Policy development and implementation
- \* Employee Relations
- \* Payroll Administration
- \* Benefits
- \* Training

This position is a member of the senior management team and works closely with all levels of management in the District.

### EDUCATION/EXPERIENCE:

A Bachelor's degree in Human Resource Management or related field as expected.

Two or more years experience in Human Resources is required preferably as a Director or Assistant Director.

PHR or SPHR is preferred. Rural Healthcare is a plus.

This is an opportunity to work for a very successful community based hospital with a sound administrative team in an area that is picturesque.

To apply and learn more contact George Deering, Principal of Deering and Associates, at [gdeering08@comcast.net](mailto:gdeering08@comcast.net)



## Director of Finance and Operations (Olympia, WA)

### POSITION SUMMARY:

The Director of Finance is responsible for preparation of the annual budgets, for managing investments, for cash management and for supporting the Finance Committee of the Board of Directors and managing the financial affairs of the organization. This position provides leadership and management in the development and implementation of supporting financial services for community and migrant health centers.

### EDUCATION/EXPERIENCE:

Bachelor's degree and or a master degree such as an MBA, MPH, MHA.

Working knowledge accounting, budgeting and financial statements. Experience negotiating and managing business contracts, including employee benefit and vendor contracts. Experience developing and implementing long range strategic plans and short term business strategies. Requires the ability to visualize the big picture, and think strategically as well as practically regarding day-to-day operations. Experience working with community based boards and a variety of people and circumstances in a culturally appropriate manner. Ability to facilitate communication, forge relationships, and modify systems to accommodate individual needs. Excellent written and oral communication skills. Experience facilitating meetings and making oral presentations required. Ability to work independently and to manage multiple concurrent projects.

To apply and learn more contact George Deering, Principal of Deering and Associates, at [gdeering08@comcast.net](mailto:gdeering08@comcast.net)



## Chelan Clinic Administrator (Wenatchee, WA)

The Clinic Administrator will provide leadership at our Chelan Clinic and future clinic site in East Wenatchee to ensure effective day-to-day operations and supervision of support staff. This position will work collaboratively with CVCH managers to ensure that all program goals are achieved in support of our mission to provide healthcare with compassion and respect for all.

CVCH provides Medical, Dental, Behavioral Health, Diabetes Education and WIC services. We serve 20,000+ people in a geographically stunning part of the world and are proud to be a progressive group of mission-focused employees committed to serving the underserved. Our center is Joint Commission accredited and is routinely recognized as one of the highest quality Community Health Centers in the state of Washington.

The ideal candidate will have a Master's degree in Healthcare, MPH or MHA, with two years supervisory experience in healthcare. Bachelor's Degree in Healthcare or related field with appropriate experience will be considered.

To learn more about CVCH, visit our website at [www.cvch.org](http://www.cvch.org).

To apply contact, Sarah Wilkinson, Human Resources @ 509-664-3587 or [swilkinson@cvch.org](mailto:swilkinson@cvch.org)



HEALTHCARE  
MANAGEMENT  
ADMINISTRATORS

## Senior Claims Manager

(Bellevue, WA)

The Senior Claims Manager works closely with the Director of the Department to develop long and short term goals for the claims operations department, and with the Director is responsible for the long term strategic planning and overall management of the Claims Operations department. This role is a critical one within HMA.

### Successful Candidate will have:

A minimum of 5 years of progressively more responsible management experience in a high production claims payment environment. A minimum of 3 years of claims processing leadership. A minimum of 1 year customer service experience. Exceptional analytical, statistical, problem-solving and research skills abilities. Excellent written and verbal communication and presentation skills. Experience with Claims best practices and development of Policies and Procedures. A commitment to Continuous Quality Improvement. Proficient with MS Office suite, Power Point and Excel. Bachelor's degree (Business, Health Insurance, Benefits Administration) or equivalent education and experience. Proven ability to work as a Team Player in a collaborative environment.

Healthcare Management Administrators (HMA) believes in delivering superior value to our many self-funded Northwest clients by combining competitive rates with superior service. If you would like to learn more about our organization, please E-mail your resume, cover letter and salary history to: [recruiter@accesshpa.com](mailto:recruiter@accesshpa.com) Faxed resumes are welcome at 305/574-0443. Be sure to visit our website at [www.accesshpa.com](http://www.accesshpa.com)

# Career Opportunities

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## Pharmacy Manager

Work in Alaska's playground!!

Homer is alive with a variety of activities. Nestled on the shore of Kachemak Bay, Homer offers breathtaking views of glaciers, mountains and wildlife for year-round outdoor recreational opportunities.

We are a full-service hospital that offers a wide range of general and specialty services. The newly constructed and remodeled areas of the hospital allow us to provide first-rate services in an entirely patient-focused and state-of-the-art facility.

**DESCRIPTION:** The responsible and accountable Pharmacist charged with the duty of organizing and providing pharmaceutical services to all hospital services and disciplines.

The Pharmacy Manager provides clinical and administrative services. The scope of this position involves professional and Administrative responsibility for pharmacy services provided to Acute Care, Long Term Care, Home Health, infusion therapy and outpatients of South Peninsula Hospital.

**REQUIREMENTS:** The position of Pharmacy Manager requires that the person possess a Bachelor's Degree in Pharmacy. An advanced degree in Pharmacy or Administration is recommended. This individual must meet state requirements for Pharmacist registration by the Alaska Board of Pharmacy. A minimum of three years experience in Hospital Pharmacy is required, with 3-5 years of management experience preferred.

Visit our website at [www.sphosp.com](http://www.sphosp.com)

Learn about living in Homer at [www.homer.alaska.gov](http://www.homer.alaska.gov)

For more information, please call Jesse Cashman at 907-235-0386 or email [jgc@sphosp.com](mailto:jgc@sphosp.com)



## Marketing Director (Wenatchee, WA)

**Marketing Director** needed to identify and execute marketing, communication and web development strategies both internally and externally for all of WVMC. Supervises the marketing staff and leads the day-to-day activities of the department. Coordinates publicity for regular and special events. Heavily involved in patient, employee and physician newsletters, videos, brochures, advertisements and other promotional materials. Works closely with leadership to align marketing and organizational goals. Serves as a resource for clinic departments, branch offices, physicians and managers.

### Requirements

Bachelors Degree in Communications or related field with 3-5 years marketing or PR management exp. Advanced degree and healthcare experience strongly desired.

To review the detailed job description and apply visit: [www.wvmedical.com](http://www.wvmedical.com)



## Director, Community Physician Practices (Los Angeles, CA)

### Reach your full professional potential.

At UCLA Health System, we work hard to ensure our employees have the support they need to make the most of their talents. In turn, we are able to deliver the extraordinary care our patients have come to expect. If you're an ambitious professional who's looking for a promising career in healthcare, pursue the following opportunity:

### Director, Community Physician Practices

You will manage the daily operations of community physician practices, supporting 30+ physicians and over 155,000 annual patient visits. You will have responsibility for 7 managers and 80 staff FTEs. Your responsibilities will include call center and patient access, financial and budgetary management, care coordination and communication, space management, clinical outcomes, quality and safety reporting, revenue cycle management and policy development and deployment.

To qualify, you must be an effective leader, mentor and motivator. Strong interpersonal and time management skills are essential. This role requires the ability to identify and recruit talent, develop and retain staff and encourage teamwork and cooperation in the department. You will be providing guidance and support to managers in the recruitment, training and supervision of all staff, including nurses, patient services support and administrative staff.

### THE BENEFITS OF BELONGING

As a valued full-time member of our staff, you'll enjoy outstanding benefits, including health, dental and vision plans that begin on your first day and a retirement plan that is one of the best in the nation. You will also receive 13 paid holidays and 15 vacation days beginning your first year. Relocation assistance is also available for those who qualify.

For more information, please contact Reggie Glynn at [RGlynn@mednet.ucla.edu](mailto:RGlynn@mednet.ucla.edu) or apply online at: <http://hr.healthcare.ucla.edu> and reference Job Code H55901. EOE



## Director of HIM

(Morton, WA)

Work in scenic splendor in beautiful Western Washington, in close proximity to Seattle and Portland. A progressive community hospital is seeking an experienced HIM Manager to manage all functions within HIM. Minimum of 2 years HIM supervisory experience required. Strong communication and leadership skills are necessary. Must have solid knowledge of HIM Operations, Release of Information, Charge Master, Coding, UM and electronic health records. Responsible for supervising 5 HIM FTEs. This is a small community hospital with an enthusiastic HIM team. Contact the number listed below to apply or for additional information about the position, please contact Shannon Kelly, Director of Human Resources.

No Recruiters please.

APPLY FOR THIS JOB

Contact Person: Shannon Kelly, HR

Email Address: [skelly@mortongeneral.org](mailto:skelly@mortongeneral.org)

Phone: 360-496-3531



## Medical/Surgical Manager

(Pendleton, OR)

### Job Summary:

This job is responsible for assisting with organizing, planning, leading, and directing clinical and management activities for the designated department. Contributes to organizational operations. Accountable for daily supervision of patient/nursing care delivery. Participates as a member of the health care team in maintaining continuity and quality of patient care.

### Qualifications:

**Education:** Graduation from an accredited school of nursing. Bachelor's degree in nursing required. Graduate from an NLN accredited School of Nursing or equivalent.

**Experience:** Three to five years related or in a charge nurse / leadership position preferred. Clinical knowledge as a Registered Nurse in the Medical/Surgical setting or similar clinical specialty preferred. Experience in acute care and program development required.

**License/Certification:** Current State Licensure as a Registered Nurse required. BSN or Master's in related field preferred. Current CPR certification.

St. Anthony Hospital, Human Resources  
1601 SE Court Avenue, Pendleton, OR 97801  
Phone: 541-278-3254  
[www.sahpendleton.org](http://www.sahpendleton.org)



## Manager, Utilization Review

(Bellevue, WA)

The Manager, Utilization Review performs all management functions of the Utilization Review unit and the UR program including daily work responsibilities; project work as required and assigned by the Director of Health Services; development and review of processes and procedures; and daily management of the Utilization Review unit staff, including but not limited to approval of absences; preparation and delivery of performance reviews; recommendations regarding hiring, terminations or job changes; UR program development and oversight; mentoring, teaching and training of UR staff, and interactions with external clients and brokers as needed.

### Successful Candidate will have:

Current WA state RN license. CCM certification preferred. 3-5 years experience in utilization review in a payer based environment required. 3+ years of nursing experience in a clinical setting. Extensive UR process knowledge. At least 3 years of leadership or management experience. Exceptional communication, presentation and interpersonal skills. Exceptional attention to detail. Team player able to work in a self directed position involving a high degree of complexity. Proficient with MS Office Suite and Excel.

Healthcare Management Administrators (HMA) believes in delivering superior value to our many self-funded Northwest clients by combining competitive rates with superior service. If you would like to learn more about our organization, please E-mail your resume, cover letter and salary history to: [recruiter@accesshpa.com](mailto:recruiter@accesshpa.com) Faxed resumes are welcome at 305/574-0443. Be sure to visit our website at [www.accesshpa.com](http://www.accesshpa.com)

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## We Know Healthcare and That's Not All...

We know the issues you face in healthcare and trial practice.  
We know how to address them. So you can focus on your business.



Bennett Bigelow & Leedom, P.S.