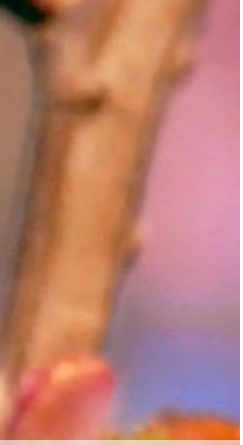
Oregon Chapter of HFMA

PIPELINE

Volume 15, Issue 2 • Spring 2011



In this issue

President's Message

Happy spring!

To our Oregon Chapter members, colleagues and partners:

> *Where magic sets sail and adventures become legendary. Where a moment of beauty lasts forever. Where memories take hold and never let go. A Disney moment is the adventure of a lifetime.*
>
> *— Disney Parks*

That quote from Disney sounds like the perfect invite to our upcoming Annual Spring Salishan Installation Banquet. This year's Disney theme is sure to be magical.

So now that it's spring, it's time for change, time to refresh and learn and, of course, a time for optimism. Fortunately, our spring conference is the environment where such ideas take shape and sprout. We're offering inspiring and cutting-edge health care financial management ideas just for you. It's also where Team Oregon networking opportunities will dominate, especially at our annual banquet at the ever-enchanting Salishan resort. Make sure you wear your favorite Disney costume or character to the banquet. Registration is now open, so sign up today at www.oregonhfma.org.

I'd like to reflect and share some of this past year's exciting accomplishments that have blossomed for our chapter:

- Chapter membership satisfaction increased to 65 percent, an all-time high. Go Team Oregon!
- Certification continued to soar, even with January 1, 2011, changes. The board also approved a certification budget increase of $11,570.
- New-member mentorship program continued and membership increased to 491, (not counting students) for a 5 percent increase.
- Oregon HFMA launched our first social media networks this year: Facebook, Twitter, and LinkedIn.
- Team Oregon continued environmentally friendly initiatives including, online handouts and electronic ballots for Officer and Director nominations.
- Education hours increased by 25 percent from our CBSC goal (total hours for the year were 8,613!)
- Sponsorship funding continued to increase. Thank you to our sponsors, for we could not succeed without you.
- Once again, the Region 11 conference was a superstar event. Team Oregon also stepped up by increasing our support and resources.
- Yerger madness in March for we submitted four Oregon applications and one multi-

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President's Message, *continued from page 1*

chapter application.

It has been my privilege and honor to have served and represent the Oregon Chapter (Team Oregon) this year. I want to thank each of you for allowing me this opportunity, in addition, thank you for all your amazing support. Team Oregon is recognized as one of the nation's best chapters, and it's all because of you, our members! Thank you for "Stepping Up" together. I will continue to serve as Oregon's Past President and on HFMA's National Advisory Committee (NAC).

As Mickey Mouse would say…"See you real soon!"

Terrie Handy
Oregon Chapter President 2010-2011

P.S. Over the past year, I truly hope you've been inspired by all Oregon HFMA has to offer. If not, I want to know. Please contact me at thandy@lhs.org or 503-413-4046.

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Upcoming events, page 12
New members, page 13

Please send information and articles for upcoming issues to:

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Pipeline is the official newsletter of the Oregon Chapter of the Healthcare Financial Management Association. Our objectives are to provide members with information about chapter and national HFMA activities and to provide a forum for reporting state and national issues relating to the healthcare industry. Opinions expressed in articles are those of the authors and do not necessarily reflect the view of the Oregon HFMA Chapter or its members. The editor reserves the right to edit material and accept or reject contributions, whether solicited or not. All correspondence is assumed to be a release of information for publication unless otherwise indicated. Editor 2010–2011: Chris Brazil

Revenue growth at not-for-profit hospitals lowest in a decade

Not-for-profit-rated hospitals struggled with the lowest revenue growth rate in more than a decade and reported flat patient admissions in 2010, a negative indicator for revenue growth in 2011, according to a Moody's Investors Service report, "Revenue Growth Lowest in more than a Decade for Not-For-Profit Hospitals in 2010 According to Preliminary Median Data."

Median revenue growth experienced a sharp decline from 6.5 percent in 2009 to 4.2 percent in 2010, the rating agency reported. Management at not-for-profit rated hospitals reduced expense growth to a median of 4.4 percent, but Moody's says more cuts in expenses will be difficult in the future as hospitals face pressure from all payers, leading to limited revenue growth. Balance sheets improved as median cash on hand increased to 164 days in 2010, from 150 days in 2009.

Separately, Moody's announced rating volatility slowed in the first quarter in its report, "U.S. Not-For-Profit Health Care Quarterly Ratings Monitor: Rating Volatility Lessened in First Quarter 2011." Eleven rated not-for-profit hospitals were downgraded or upgraded, the lowest quarterly total in more than 10 years. Rating downgrades, however, continued to outpace upgrades in the first quarter, with six downgrades and five upgrades. Moody's anticipates downgrades to continue outpacing upgrades throughout 2011 as hospitals continue struggling to achieve strong revenue growth due to mounting reimbursement pressures.

Follow us on Twitter and Facebook!

Aligning Physicians and Hospitals

Strong partnerships are the key to success

By Kate Lovrien and Luke Peterson, Kurt Salmon's health care strategy group

Health care and payment reforms, new structural models and myriad market forces have increased the pressure on the physician-hospital relationship. Forging stronger partnerships is a key element of future success.

There are three major elements of the physician-hospital alignment triangle required for full physician-hospital alignment:

Clinical activity alignment — The correlation of the patient care approach, expectations of quality and service, and consolidation of activity in the diagnosis, treatment and rehabilitation of a patient

Economic alignment — The correlation of physician and hospital financial returns

Alignment of purpose — The correlation of vision, values and energies; creating a shared belief in a single vision/mission, a common culture and an active involvement in the future direction of the organizations

To systematically study alignment, we developed the Physician-Hospital Alignment Diagnostic, a quantitative tool that allows hospitals to test their specific situation and alignment against others across the country.

Taking a sample of 40 hospitals shows some interesting results.

- The total alignment score is measured by adding the scores of the three types of alignment. With a maximum possible full alignment score of 150, the sample scores range from 59 to 106. The mean score is 81.
  - — Clinical activity alignment scores range from 19 to 38 of a possible 50 points with a mean score of 27
  - — Economic alignment scores range from 12 to 36 of a possible 50 points with a mean score of 27
  - — Alignment of purpose scores range from 17 to 36 of a possible 50 points with a mean score of 27
- Urgency of alignment is a factor of the market, hospital and competitive factors. The measure of urgency ranges from 22 to 39 (of a possible 50) with a mean score of 30.

These scores, which are similar to other hospitals' in the database, show the variability of alignment and that many hospitals have significant opportunity for greater alignment in multiple areas.

Strategies to improve physician-hospital alignment

There are 20 distinct strategies in four categories (business services, contracts, structured communications and employment) that hospitals can use to strengthen the three forms of alignment.

Business services
- Management services organization
- Lease and real estate contracts
- Information infrastructure
- Payor contracting organizations
- Clinically integrated physician networks

Contracts
- ER call pay
- Physican recruiting
- Medical directorships
- Clinical co-management and whole program PSAs
- Joint ventures

Structured communication
- Blogs/one-way digital communication
- Two-way digital communication
- Town hall forums and retreats
- Physician advisory council
- Direct physician leadership

Employment
- Individual contract, productivity
- Standard contract, varied incentives
- Single-specialty group
- Multi-specialty group
- Integrated organization

Aligning Physicians and Hospitals

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Moreover, each of these strategies impacts different parts of the physician-hospital alignment triangle. As such, the appropriate strategy needs to be used for the each situation. In general, hospitals wanting to align physicians should consider strategies based on the connections outlined in Table 1 at right.

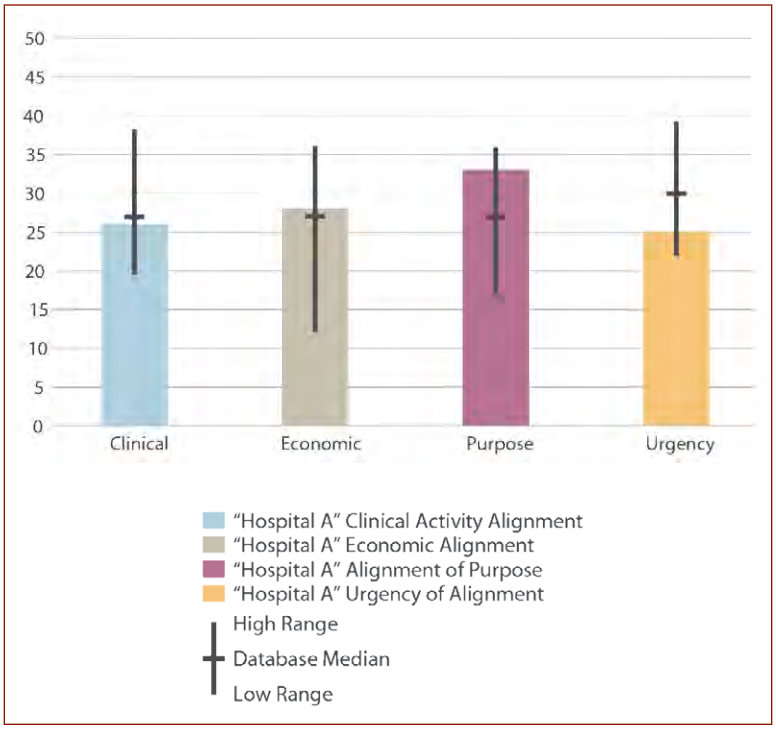
Table 1

Area needing improvement	Primary tools	Secondary tools
Economic alignment	Business services	Contracts Employment Structured communications
Clinical activity alignment	Contracts	Structured communications Employment Business services
Alignment of purpose	Structured communications	Contracts Employment Business services

Case study

Evaluating a sample hospital ("Hospital A") shows a typical profile of a hospital in the database. This 200-bed hospital has above-average financial indicators and provides strong community care to a growing, affluent, suburban market. The diagnostic shows that Hospital A has substantially higher-than-average alignment of purpose, but average alignment in clinical activity and economic areas (see graph below). Moreover, market indicators suggest that the urgency of creating stronger physician alignment is lower than average.

Case study: "Hospital A" physician-hospital alignment score



Further investigation of Hospital A shows that the hospital's administration has been actively working to create a common vision with its physicians. This common vision has led to direct physician leadership in setting the strategic course of Hospital A. However, while Hospital A has kept up with the national trends, it has not been overly aggressive at using the tools that might advance clinical activity or economic alignment. For instance the Hospital A does not employ any physicians, does not pay ER call pay, and has only a very limited number of other contractual and business service activities with its physicians. Given the relatively weaker alignment within clinical activity and economic areas, Hospital A has embarked on investigating the tools that directly impact these two areas of alignment.

Conclusion

Strengthening physician relationships is a key component of hospital and health system success. With the increasing integration of the physician into the hospital and health system organizations, it is important to create stronger alignment in all three areas. For more information, visit **www.physicianhospitalalignment.com**.

Kate Lovrien is a senior manager and Luke Peterson a partner with Kurt Salmon's health care strategy group, and the authors of www.physicianhospitalalignment.com. They have focused their careers on advising community and regional-referral hospitals and health care systems on strategic positioning, including physician-hospital alignment, health system organizational structures and continuum of care coordination. They can be reached at 612-810-8188 or by emailing ***Kate.Lovrien@kurtsalmon.com*** *or* ***Luke.Peterson@kurtsalmon.com****.*

Find me the money!

Financing capital projects: Some opportunities end, but options remain

By Tanya K. Hahn

The end of 2010 saw the expiration of a number of options for hospitals seeking financing for capital projects. These temporary measures stemmed from the American Recovery and Reinvestment Act (ARRA) and other Congressional action, and they leave hospitals with yet another shift in the financing landscape that requires re-examination of available avenues.

Build America Bonds no longer exist (though legislation has been proposed to extend them), the higher bank-qualified bond limits authorized by ARRA have reverted to lower levels, and the Federal Home Loan Bank can no longer support tax-exempt hospital financing.

Yet the changes to these options have not left holes behind; rather, they leave a different set of financing options to consider in 2011.

Shifting municipal hospital solutions

In 2009 and 2010, Build America Bonds (BABs) provided governmental hospitals with a 35 percent subsidy on their interest cost. The program was designed to provide an alternative to tax-exempt bonds, which were not — and still are not — providing the interest rate advantage they traditionally have.

In 2011, municipal hospitals in strong communities can try to leverage taxing authority and government relationships to reduce interest rates. They can consider issuing rated or unrated bonds, or pursuing enhancement to improve a credit rating. Some communities may have unfunded general obligation monies that could be applied to a hospital project without a new taxpayer vote. Hospitals seeking new general obligations must be mindful of the time necessary to bring a vote to the ballot; this is generally not an option for projects with a rapidly-approaching start date.

Bond insurance is still available to government hospitals that can back the insurance with a general obligation pledge, though generally the bond insurer will limit the enhancement to hospitals with revenues of over $50 million.

It is critical for hospitals relying on their tax bases to "stress test" their debt capacities prior to issuing bonds or seeking credit enhancement. Evaluate the impact of a material drop in the tax base on the current operations cushion and on the ability to repay the planned debt. In addition, the amount of debt per capita will be a major issue for investors and rating agencies if the project is located in an area where employment opportunities are concentrated among a small number of employers.

FHLB credit enhancement: Taxable vs. tax-exempt

The Federal Home Loan Bank (FHLB) consists of 12 independent entities that lend to local banks. Most are rated AAA. For the past couple of years, the FHLBs have been permitted to credit-enhance a hospital's tax-exempt debt when an unrated or low-rated bank provided a letter of credit. This meant local banks could provide hospitals investment-grade credit enhancement usually available only from larger banks. A local bank's familiarity with a hospital's community impact may make it more willing than a large bank to participate in a project.

In 2011, the FHLB can still enhance hospitals' taxable debt issuances, but not tax-exempt debt. Since fixed-rate tax-exempt debt is not providing the cost break it usually does, the taxable FHLB option is still a good one. Further,

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Find me the money!

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taxable bonds require fewer upfront closing costs, and there are fewer restrictions on the use of bond proceeds. This is a lesser-known option that may require investigation and research on the part of the borrower and the local bank, which will have to consider the implications of posting collateral for the letter of credit.

Bank-qualified bonds: Creative thinking needed

When tax-exempt bonds are designated bank-qualified, banks can deduct 80 percent of their cost of buying and carrying them. Banks pass along the savings to borrowers by way of a reduced interest rate. Normally, only $10 million can be designated bank-qualified by any bond issuer in one year, meaning if a municipality had commitments for the full amount of this limit, the hospital would be shut out of funding from that source that year. While ARRA increased this limit to $30 million and applied the limit to the borrower, the limits reverted to normal levels after Dec. 31.

Borrowers can get creative, though, by looking for bond issuers other than the hospital's traditional municipal source. If hospitals can find more than one issuer with bank-qualified capacity, they may be able to combine those sources to overcome the $10 million limit. Hospitals should keep in mind that the more funding sources involved, the more legwork and project management required.

Alternatively, hospitals can consider phasing their projects over multiple calendar years to stay within the $10 million limit. The risk in this scenario is, as always, market movement and changes in interest rates.

Other alternatives

A number of other options are still available in 2011 for both municipal and nonprofit hospitals, and they can be used on their own or combined to create an affordable, tailored debt structure.

Federal financing remains a viable option through both the Federal Housing Administration (FHA) and the U.S. Department of Agriculture. The FHA's mortgage insurance program is available for both new construction and, as of 2010, for simple refinances. And in 2011, the USDA offers both its Business and Industry Program and its Community Facilities Program for hospitals in communities of less than 50,000 people for the former and 20,000 people for the latter. These structures provide credit-enhanced debt with amortizations of up to 25 years for FHA and 40 years for USDA. Underwriting standards for these programs necessitate the utilization of a lender familiar with the programs' requirements and limitations who can compile a credit package that accurately describes the hospital's strengths and goals.

Private placement of bonds has been a successful structure for several hospitals despite the markets. This path requires a lender with a firm grasp on local, regional, national and international banks' appetite for purchasing certain types of debt. Lastly, off-balance sheet financing and Real Estate Investment Trusts are also potential 2011 financing alternatives.

Thinking ahead

The coming year brings numerous challenges. Access to capital will be competitive, particularly given the unusually high number of letters of credit expiring in 2011 and 2012, bringing borrowers to market to seek either extensions or revised debt structures.

Some borrowers are in the position of needing to finance in 2011, but they may not be able to access the ideal debt structure at an affordable cost of capital. For these borrowers who must proceed with financing at less-than optimal terms, special consideration should be paid to incorporating flexibility into debt covenants, prepayment penalties and other terms. The borrower may find that paying a higher interest rate is worth the benefit of future flexibility to refinance early. Borrowers may also be able to negotiate smaller periodic enhancement fees, rather than annual fees, to smooth cash flows.

While the loss of the ARRA provisions narrows the financial options available to hospitals seeking funding for capital projects in 2011, there are still ways to get projects done. A good knowledge of all other possibilities will be critical in obtaining required financing at reasonable terms.

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2011 Spring Conference

May 18-20

Salishan Spa and Golf Resort

7760 Highway 101 North

Gleneden Beach, Oregon

Wednesday, May 18

7:30 a.m.

Golf — 18 holes

First tee times begin 7:30 a.m.

Second tee times begin 9 a.m.

Includes cart

First tee gifts and prizes

Fees — $40 for member, $80 for non-member, $80 for golf-only (not attending the conference). Golf fees (including those for guests not attending the conference) should be paid through the online registration process. Indicate register guest on the bottom of the previous agenda selection page.

Registration questions? Contact Norma at npearce@outreach-services.com or 360-308-8222.

Golf questions? Contact Michael Chapman at mchaps@hevanet.com or 503-701-9805

7:30 a.m.

Golf — 9 holes

First tee times begin 7:30 a.m.

Second tee times begin 9 a.m.

Includes golf cart

First tee gifts and prizes

Fees — $25 for HFMA members,/ $50 for non-member, $80 for golf-only (not attending the conference). Golf fees (including those for guests not attending the conference) should be paid through the online registration process. Indicate register guest on the bottom of the previous agenda selection page

Registration questions? Contact Norma at npearce@outreach-services.com or 360-308-8222.

Golf questions? Contact Michael Chapman at mchaps@hevanet.com or 503-701-9805

Council Meetings

Noon–2 p.m.

Luncheon Board meeting

Open to all HFMA chapter members

Terrie Handy, president, thandy@lhs.org

Please RSVP to Terrie.

2:30–3:30 p.m.

Finance Problem-Solving

Tony Andrade, chairperson, tony.andrade@mossadams.com

2:30–3:30 p.m.

Patient Accounts Problem-Solving

Jason Metcalf, chairperson, jason.metcalf@providence.org

3:30–4:30 p.m.

Certification Committee

Sara Nofziger, chairperson, sara@absportland.com

3:30–4:30 p.m.

Communications Council

Liana Hans, chairperson, lhans@paymentclinic.com

3:30–4:30 p.m.

Finance Program Council

Jeff Johnson, chairperson, jjohnson@professionalcredit.com

3:30–4:30 p.m.

Member Activities Committee

Alice Ray-Graham, co-chairperson, alice@valley-creditservice.com

3:30–4:30 p.m.

Membership Council

Lori Kernutt, chairperson, lkernutt@cascadehealthcare.org

2011 Spring Conference agenda, *continued*

Wednesday, May 18

3:30–4:30 p.m.

Patient Accounts Programs Council

Michelle Peterson, chairperson, michelle@assetcollect.com

3:30–4:30 p.m.

Sponsorship Committee

Peter Fisher, chairperson, peter@humaninvesting.com

4:30–5 p.m.

Committee and Council Wrap-up

All

5–6 p.m.

Social Hour — sponsored by Asset Systems

Thursday, May 19

7:30–8:30 a.m.

Registration and Breakfast

8:30–10 a.m.

Joint Session — Darwin Awards: Lessons from the Shallow End of the Gene Pool

By Matthew M. Eschelbach, D.O., St. Charles Health System

Dr. Eschelbach is an emergency room physician whose hobby is collecting something entertaining and fun — injuries from the ER! Not just any injuries, the ones Matt collects are special. You may know them by another name: The Darwin Awards.

10–10:30 a.m.

Break

10:30 a.m.–noon

Finance Session: Physician Integration

By David Wofford, ECG Management Consultants

As the health care industry gears up for the full implementation of the Accountable Care Act, achieving alignment between hospitals and physicians is becoming a top priority. For many health care organizations, "alignment" is synonymous with "employment." And while physician employment is often the right alignment model, getting the model right can be an elusive goal indeed. Further, other models exist that merit consideration, particularly when physicians are unwilling to accept employment. This session will discuss best practices from our experience across the country with health care organizations that are bringing hospitals and physicians together for success in a future environment that favors cost and quality incentives over patient volumes.

10:30 a.m.–noon

Patient Accounting Session: ICD–10 Readiness: Discover the Impact to both HIM and Non-HIM Staff

By Day Egusquiza, AR Systems, Inc.

Day Egusquiza will provide timely updates on the change to ICD-10 including strategies that ensure testing and training are occurring. This session will cover the significant impacts ICD 10 will have on your organization in both the HIM and Non-HIM areas including the hot buttons of risk (every IT function that touches ICD-9 must be able to process both ICD-9 and ICD-10) and the productivity and budgetary hits. Learn steps to roll out plans to assess the current documentation to support the new, expanded coding system. Day will also cover the significant work in enhancing the physician's documentation, possible EMR issues, clinical documentation improvement programs and other fun 'to do' items. Learn the steps to ensure your organization is ICD-10 ready!

Noon–1 p.m.

Lunch — Sponsored by CIGNA

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2011 Spring Conference agenda, *continued*

Thursday, May 19

1–2:30 p.m.

Concurrent Finance Session: Oregon HFMA Professional Practicum

By Christoph Stauder, Stauder Consulting

This session is intended for Oregon HFMA members looking for an introduction to the new CHFP exam and willing to read a small packet of information beforehand. We will work in small groups on short case studies that supplement the new online study guide and cover some of the more difficult topics tested on the exam: Medicare rate setting, variances, and capital budgeting techniques. We will use three micro-cases from among eight developed for Oregon HFMA's first Professional Practicum (certification coaching course) in March, a series of three 1½-hour conference calls attended by about a dozen members of Oregon HFMA plus several members of other chapters. The session at Salishan repeats the March 18 class. Depending on interest, we will offer the other two Professional Practicum sessions via conference call in early June.

Attend this session if:

- You have 3–5 years of health care financial management experience.
- Don't know if certification is for you but are open to learning more about it.
- Already have taken your first steps to become certified: Learned about Oregon HFMA's certification program from the Oregon HFMA website, prepared a study plan and received access to the on-line study guide from Sara Nofziger, but weren't able to attend all three sessions of the Professional Practicum in March.
- Attempted to become certified under the old rules but ran out of time to complete the old exams by the March 31 deadline.
- Are already a CHFP or Fellow of HFMA and would like to see what the new exam is like.

Participants will receive a short reading packet via email on Monday, May 9. The three micro-case studies will be distributed at the session.

Please download the Oregon HFMA Professional Practicum.

1–2:30 p.m.

Concurrent Finance Session: What to Look for in Today's Investment Environment

By Ed Goard, CFA, Chief Investment Officer–Fixed Income from Munder Capital Management

Health care organizations have considerable sums of money invested in the markets and the need to understand macro events that influence these markets has never been more important. This presentation will focus on issues to watch for and how a decision maker might approach the investment market in these uncertain times. It will also answer the following questions:

What does qualitative easing mean to the investment market? Why is it needed?

What impact does low inflation and low interest rates have on investment portfolios?

Is re-regulation of the capital markets a good thing?

1–2:30 p.m.

Patient Accounting Session: Get Ready for 5010

By representatives from RelayHealth

The new HIPAA 5010 standards will yield greater accuracy and efficiency of electronic data interchange (EDI) transactions, eligibility, billing, claims processing, reimbursement, and many administrative functions. The upgrade is intended to:

- Increase transaction uniformity
- Support pay-for-performance
- Streamline reimbursement transactions
- Support ICD-10 coding
- Support future changes

Join RelayHealth's 5010 discussion and hear suggestions on how you can prepare as well as learn what the operational impact might be on your organization.

2:30–3 p.m.

Break

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2011 Spring Conference agenda, *continued*

Thursday, May 19

3–5 p.m.

Concurrent Finance Session: Finding Lost Revenue Opportunities in a Critical Access Hospital

By Day Egusquiza, AR Systems, Inc.

Day Egusquiza will help you optimize and find revenue opportunities in critical access hospitals by walking through the hot spots of lost revenue in an outpatient setting and will provide guidelines for conducting charge master capture audits and the key areas to look for when finding lost revenue. You will learn that department head ownership of the CDM and charge capture will be key to the long term success of charge capture strategies. Come to this session to learn, identify, optimize and find lost revenue opportunities for your critical access hospital.

3–5 p.m.

Concurrent Finance Session: Oregon Medicare EHR Incentive Programs Informational Session

By Susan Otter and Robin Moody from Oregon Association of Hospitals and Health Systems, with special guest Daniel Porter, Sr., Reimbursement Analyst, Legacy Health

Susan Otter, Oregon's Medicaid Health Information Technology Project Director, will provide an overview of the Medicare and Medicaid electronic health record (EHR) incentive programs with a focus on the hospital incentive payment calculation. Ms. Otter will explore the aspects of the incentive programs that have a different impact in Oregon, including Oregon's three-year hospital payment schedule, the impact of the significant penetration of Medicare Advantage, and how hospitals will be able to separate CHIP patient volume from Medicaid patient volume to determine eligibility. In addition to covering the highlights of programs, the bulk of this session will delve into the details of the Medicaid EHR hospital incentive payment calculation and what hospitals will need to have in place to calculate and apply for their incentives. A hospital representative will participate to share lessons learned from projecting hospital incentive payments and any challenges related to meeting eligibility requirements. Our hope is that this workshop will help hospital financial staff prepare to administer these critical programs.

3–5 p.m.

Patient Accounting: Evidence-Based Revenue Cycle Improvement: An HFMA MAP Educational Program

By Terrie Handy, Revenue Cycle Director, Legacy Health

Terrie will facilitate learning about the newly created HFMA unique education program exclusively for chapter use. evidence-based revenue cycle improvement. An HFMA MAP educational program is a ready-to-use educational program designed to inspire and instruct attendees to make measurable improvement in their organization's revenue cycle. Until recently, health care finance professionals have lacked the process-improvement tools they need to achieve a high-performing revenue cycle. There have been no generally agreed upon measures of excellence, and no way to compare performance with others. More challenging, there has been no consensus about the successful practices that produce measurably high performance. A new HFMA initiative called MAP puts reliable performance improvement of the revenue cycle in your grasp. MAP stands for Measure, Apply, and Perform—the core components of performance improvement.

5–6 p.m.

Social Hour — Sponsored by Delap

6–10 p.m.

Annual Banquet, Installation of Officers, Entertainment — Disney Style

Have you always wanted to be a Disney princess? Well, here's your chance! Rock the ears, wag the tail or don the lace and ruffles as a prince or princess or evil villain. Dress as your favorite Disney character and join us as we acknowledge our current leaders and introduce our new officers and directors for the 2011–12 year.

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2011 Spring Conference agenda, *continued*

Friday, May 20

7:30–8:30 a.m.

Registration and Breakfast

8:30–10 a.m.

Joint Session — No Barriers, Only Solutions!

By Neal Petersen, award-winning author and professional adventurer

South African-born Neal Petersen is an adventurer, solo around-the-world racing yachtsman, global investor and international speaker. PBS aired a documentary about his life titled "No Barriers, the Story of Neal Petersen," and he authored the award-winning autobiography *Journey of a Hope Merchant*. Petersen has faced many challenges in life — poverty, discrimination and others — and he has always responded by creating opportunities and solutions. His experience shows that imagination, coupled with the determination to achieve, can break through the toughest challenges. Neal completed the 1998–99 Around Alone, a 27,000-mile yacht race, involving nine months at sea, alone in a yacht he designed and built. In sharing his high-impact, unique and extraordinary adventure, Neal delivers a powerful message that "in life there are no barriers, only solutions."

10–10:30 a.m.

Break

10:30 a.m.–noon

Finance Session: Creating Operational Efficiencies and the Data Driven Organization

By Jeff McDonald, Ikon Enterprise Healthcare Services

Jeff McDonald, the National Director of Healthcare Innovation at Ikon, will discuss how today's complex IT environments have incredible pent-up potential lurking in databases. The key is how to unlock that information without analysis paralysis to create specific and predictable results. State-of-the-art manufacturing organizations have understood the principles of "execution systems," so why not health care organizations? Journey with him as we uncover dramatic process-improvement opportunities across the continuum of care. Performance analysis is not a dry topic but one that can lead to incredible business outcomes — in days rather than months.

10:30 a.m.–noon

Patient Accounting Session: Annual Payer Panel

Payer representatives:

Twila Baker, Regence

Phil Haas, Aetna

Joanna Martsen, HealthNet

Suzannah McDonald-Dellacorte, UHC

Lori Atkinson, Lifewise

Denise Arnold, Medicare

This session is dedicated to our payer partners. Come listen to the payer panel representatives discuss new developments, operational challenges, health care reform initiatives and plans for the future in their respective organizations. There will be plenty of time for questions and answers as well, so come prepared with your payer "hot topics." This is a popular session and a great way to finish off a fantastic meeting!

Noon–1:30 p.m.

Mini-LTC

Led by Megan Underwood, president-elect, meganu@samhealth.org

All 2011–12 leaders, including chairs, co-chairs, directors and officers are invited and encouraged to attend this Leadership session. Lunch will be provided. Please RSVP to Megan.

Oregon HFMA Sponsors

DIAMOND

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LifeWise Health Plan of Oregon
MedAssist
Rash Curtis & Associates
The SSI Group
Valley Credit Service, Inc.

UPCOMING EVENTS

2011 Summer Conference
July 20–22
Mt. Bachelor Village
Bend, Ore.

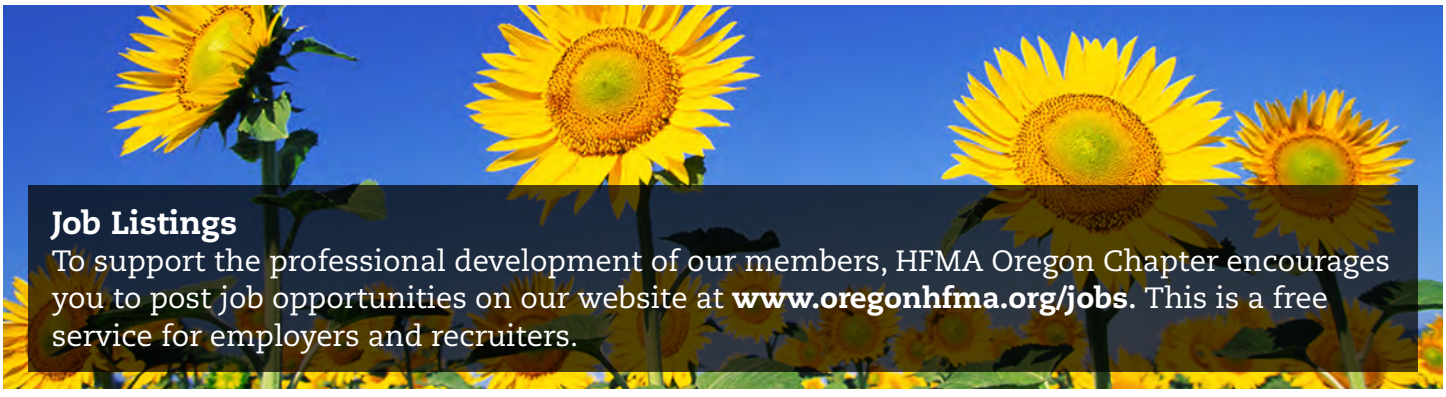
2011 Fall Conference
October 19–21
Hood River Resort
Hood River, Ore.

2012 Winter Conference
February 15–17 or 22-24
Location TBD
Portland, Ore.

2012 Spring Conference
May 16–18
Salishan Spa and Golf Resort
Gleneden Beach, Ore.

2012 Summer Conference
July 18–20
Location TBD

2012 Fall Conference
September 26–28
The Heathman Lodge
Vancouver, Wash.



Job Listings
To support the professional development of our members, HFMA Oregon Chapter encourages you to post job opportunities on our website at **www.oregonhfma.org/jobs**. This is a free service for employers and recruiters.

New Members • New Members • New Members • New Members • New Members

Scott W. Bennett
Associate
Qmedtrix

Gillian L. Brinegar
Professional Relations Representative
ODS Health Plan

Tyler J. Britsch
Payor Contract Coordinator
Samaritan Health Services

Christopher E. Brooker
Senior Financial Analyst
Willamette Valley Medical Center

Eric Burke
Financial Analyst
Salem Health

Chris C. Chang-Howitz
CEO, CFO
Health Future, LLC.

Michelle Cooper
Front End Revenue Cycle Manager
Oregon Health & Sciences University

Richard Dillon
President
Avamere Health Services

Zackary Douglas
District Manager
Chamberlin Edmonds

Lisa Freeman
Business Services Manager
Medford Clinic

Cheryl Jenks-Haggard
Revenue Cycle Manager
Columbia Memorial Hospital

Lorraine L. Kadlec
Patient Financial Services Manager
Mountain View Hospital District

Kyle W. Larson

Roxanna Long
Financial Analyst
Salem Health

Cyndi Love
Accounting GL Supervisor
St. Charles Health System Inc.

Steven D. Maddox
Application System Manager–Business Operations
Samaritan Health Services

Floyd C. Mattson
President
Professional Credit Service

Kris McGriff
Department Administrator
OHSU

David O. Olson
Health Care Leadership, Planning and Development Consultant

Scott Purcell
Chief Operating Officer
Hawes Financial Group

Kevin W. Rogers, M.A.
Behavioral Health Assessment
Kaiser Permanente

Alan Scott
Senior Financial Analyst
Northwest Permanente

Bob Thomas
COO
Infinity Group

Kimberly Thomas
Manager, WVPS
Salem Hospital

Gary Wart
COO
Avamere Health Services

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