



Washington Healthcare News

Articles, Interviews and Statistics for the Healthcare Executive

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Why Employers Self-Fund Employee Benefit Plans

By David Peel, Principal
David Peel & Associates

Employers have grappled with double digit increases in employee benefit costs for several years. Aging populations, new technologies and advancements in pharmaceutical therapies have been cited as primary reasons for the increases. Anxious to avoid these rising costs, employers have turned to self-funding employee benefits and found it to be more cost effective and offer other advantages.

ERISA: The foundation of self-funded benefit plans

Up until the early 1970's, employers that funded their own employee benefit plans had to be licensed as insurance companies. Recognizing this problem, Congress passed the Employee Retirement Income Security Act (ERISA) of 1974. Since passage of ERISA, self-funded benefit plans have been governed exclusively by ERISA and not by individual states.

ERISA provides detail for the regulations an employer must follow to legally administer a

self-funded employee benefit plan. ERISA includes guidelines for developing plan documents and amendments, preparing summary plan descriptions, handling funds and filing reports.

How self-funding works

Most employers that self-fund employee benefits have more than 100 employees. Risk can then be spread over a large employee base.

The employer generally retains a consultant to help set up the plan. The consultant makes recommendations on the third party administrator, the provider network, the extent and provider of medical management administration and the stop-loss insurance carrier.

A plan document is prepared that contains all provisions of the plan to include eligibility provisions, benefits and exclusions. This is a legal document between the employer and employee that governs the plan in case of disputes or grievances. Since this is a legal document, a qualified and experienced attorney should be retained to review its contents. A third

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party administrator (TPA) is retained to administer eligibility and claims, issue ID cards, manage funding, prepare reports and bill and collect any premiums or other administrative fees. The TPA should be qualified and experienced because both the employer and employee perceive value of the plan according to the level of customer service.

The consultant will also help the employer select the amount and type of stop-loss. This will be based on the employer's size, benefit plan, financial status, tolerance of risk, employee demographics and health status. Risk not covered by stop-loss is the employer's risk.

Self-funding advantages over insured plans

Employers have found self-funding offers the following advantages over fully insured benefits:

- There is no state premium tax

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- There are no high risk pool assessments
- Administrative expenses are often lower
- There is no carrier profit and reserve charge
- There is a significant cash flow benefit
- There is control over plan design
- Mandatory benefits can be eliminated

Disadvantages compared to insured plans

Self-funded plans aren't for every

employer. Some of the disadvantages, when compared to fully insured health plans, include:

- The employer assumes risk for claims and administrative charges
- The employer must arrange for services the insurance carrier normally provides
- The employer's assets are exposed to any legal liability of the plan
- The employer pays additional costs for stop-loss
- There is the potential for premium taxes and high risk pool assessments in the future

Self-funded benefit plan administrators in Washington State

Unlike fully insured health plans, self-funded benefit plan administrators aren't required to report public financial and operational information. Many of the administrator organizations are privately held.

Some of the most prominent administrators include Great West Healthcare, Health Management Administrators (HMA) and KPS Health Plans. There is enough competition from these administrators for a large employer to ask

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for and receive concessions although it's difficult to compare and quantify the related value.

John Casper, Regional Manager of Pacific Northwest Group Sales for Great West Healthcare notes "the economics of the provider system is such that PPO networks have meaningful discounts and good network access to hospitals and physicians."

"The northwest has embraced consumer-driven health plans, wellness programs and preventive health care promotion, along with incentive plans that are impacting claim dollars. Washington also

has healthy insurance carrier competition that promotes competitive pricing and innovation."

Each of these administrators has a direct contracted provider network. There are significant differences in rates the networks have with providers. Health Management Administrators (HMA) offers its customers their direct contracted network, HMA Preferred, or the First Choice Health Network.

John Feltz, Vice President of Sales & Marketing for HMA says his organization has embraced a strategy of choice because "when a customer purchases any of our services the choice of networks is important."

"Rather than dictate a network to our customer, we provide information that allows an educated choice to be made. This way our customers can not only choose their benefit structure but they can also choose the network that will provide those benefits."

The employer's perspective

Most hospitals and health plans self-insure employee medical benefits. Among large provider groups, it's less common. Insurance broker organizations will self-fund if they are large enough but rarely will if they have under 100 employees.

Continued on next page

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Harrison Medical Center, with facilities in Bremerton, Silverdale and Port Orchard, has self-insured, fully insured or done a combination of both at various times over the last decade.

According to Jim Rowson, the Harrison Chief Financial Officer and VP of Operations, “Our employee benefit programs are very important to attracting and retaining our staff. We need the ability to design benefits to meet their needs and control plan design. Self-funding allows this flexibility.”

“We work with our plan administrator, KPS Health Plans, to design benefits necessary in our employee benefit programs. Some of these benefits are not offered in a “standard” large group insured product. KPS has been a great administrator of our medical plan.”

Ty Tabor, Director of Marketing for KPS Health Plans, notes that Harrison “has had KPS Health Plans as an administrator for at least thirty years. At various times KPS provided Harrison fully insured plans or self-insured administration.”

“One of the benefits of having a business relationship with KPS is our license as an insurance company.”

“Because of our licensing structure, Harrison has been able to alternate between full and self-funded insurance from year to year. This has given them a great amount of flexibility.”

Concluding comments

While there isn't competition in all aspects of the Washington State healthcare system, there clearly is among the administrators of self-funded benefit plans. Increasingly, large groups understand this and choose to self-fund, rather than insure, their employee benefits.

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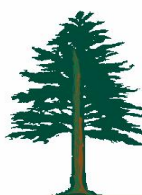
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Puget Sound Medical Office Space Analysis

How Do Load Factors Affect My Overall Space Costs?

By *Charlie Hampton*

Vice President, Grubb & Ellis Company

What are “load factors” and how can they impact your organization’s decision on space?

Utilized by most landlords and expressed as a percentage, it is the multiplier to a tenant’s useable square footage (the physical space

you occupy) that determines a tenant’s rentable square footage (what you actually pay for). A simpler way to look at it is load factors represent the efficiency of an office building.

For example, it’s common for a tenant to unknowingly pay significant rental premiums for office space they choose to lease because they were unaware of the varying efficiencies between properties of interest. The following chart illustrates the impact of load factors on separate buildings with 20,000 useable square feet.

Description	Bldg. A	Bldg. B
Useable sq. ft.	20,000	20,000
Load Factor	16%	6%
Rentable sq. ft.	23,200	21,200
Rental Premium	9.43%	0.00%

As a result of the load factor, building A has a 9.43% premium over building B. When reviewing space with your representative, evaluate your load factor as it can make a significant difference in your bottom line.

Next month:

Review of Grubb & Ellis’ 2007 Real Estate Forecast for Greater Seattle.

Washington State Medical Office Building Listings

Property Name	City	Size (sf)	Rate (NNN)	Class	Location/Features
Fairview Research Center	Seattle	92,700	Negotiable	B	South Lake Union
Evergreen Plaza	Kirkland	69,410	\$24.00	B	Adj. to Evergreen Hospital
Seattle Life Science Center	Seattle	68,000	\$35.00		Attached via tunnel to Swedish
Olympus Medical Building	Tacoma	45,000	\$26.55	B	Downtown Tacoma, near Allenmore
15th Ave. Professional Building	Puyallup	44,000	\$21.00		Near Good Samaritan Hospital
Fed Way Center	Federal Way	43,500	\$25.00	A	Adjacent to St. Francis Hospital
M Street	Seattle	41,129	\$32.55	A	On First Hill near hospitals
Bothell Medical/Dental Pav.	Bothell	36,774	\$27.00	B	Fall 2007 completion
Meridian Medical Pavillon	Seattle	33,684	\$27.00	B	Near Northwest Hospital
Gig Harbor Urgent Care	Gig Harbor	30,000	\$24.70	B	Built in 1990
Emerson Courtyard	Fircrest	26,400	\$19.50	C	High visibility, easy access
14818 179th Avenue SE	Monroe	26,058	Negotiable	B	Near Kelsey Place Retail Center
McMurray Medical Office Bldg	Seattle	25,123	\$26.00	A	Near Northwest Hospital
Allenmore Medical Office	Tacoma	20,000	\$25.00	A	Adjacent to Allenmore Hospital
Jefferson Tower	Seattle	14,685	\$23.88		On Swedish/Providence campus
The Pathways @ Newcastle	Newcastle	14,232	\$26.00		Adjacent to Valley Medical Clinic
Stevens Building	Edmonds	13,935	\$15.00	B	Near Stevens Hospital
Creekside Plaza II	Lynnwood	13,200	\$17.00		For sale or lease
Meridian South Professional Ctr	Kent	13,000	\$26.00	A	Under construction

Source: Grubb & Ellis Company, Commercial Broker’s Association. Includes both completed, under construction and proposed properties.



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*Ratings from 1995-2005 FEBH Guide to Employees Benefits Plan

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An Interview with Barbara Shaw of Minor & James Medical

Barbara Shaw is the Chief Executive Officer of Minor and James Medical, one of the oldest and largest multi-specialty clinics in the State of Washington. Barbara has completed much in her career to include being named one of the 50 most influential women in the State of California. She has published a book, taught evening MBA classes and attended the Army War College at Carlisle Barracks for the last week of their program. This program is the equivalent of a PhD in the military. This January 2007 interview was held in Seattle.

Editor: I've been told you have an eclectic background. Can you describe it?

Shaw: Eclectic is a good way to describe my background. I began my career in corporate retail and then, seeking a more challenging industry, moved to banking. In my first banking position, I was charged with growing the business and led the bank's increase in annual revenues from \$800 million to \$8 billion netting a VP slot by age 32. After this successful venture, I accepted an offer at the Federal Reserve Bank of Minneapolis. My position there was to build the marketing, sales, research and product development structure of the organization.

After my position at the Federal Reserve Bank, I accepted health-care leadership positions in Minneapolis and California. In California, I was a Vice President of the Daughters of Charity Health-care System. After leaving them, I started my own company which is

still alive and well today. All of my clients were trying to hire me. After two years I agreed to serve as the CEO at San Jose Medical Group (SJMG).

SJMG was technically bankrupt when I first arrived and the acting CFO recommended to the Board that they declare bankruptcy. Instead, I opted to work with the Bank and install process improvement to turn the clinic around. After developing and implementing a successful business plan, over six years revenues grew from \$25 million to \$125 million. SJMG also won a series of awards for their quality of care including the prestigious California State Bronze Quality Award. They made it to consensus for the first Malcolm Baldrige pilot and SJMG was named the most efficient and effective managed care medical group in the United States by the Advisory Board.

After SJMG, I spent seven years in health care technology and was eventually recruited into a Venture Capital funded clinical software company. After the dot bomb hit, raising capital was nearly impossible.

I was then recruited by an international Search firm to go back to the provider side as CEO of an Oregon medical group where I had an interesting experience as the fourth CEO in four years of a group that had nearly imploded following a bad billing software implementation. Today, I'm in my fourth CEO gig with a

very prestigious group of physicians at Minor and James Medical.

Editor: Why did you choose to take the Minor and James CEO position in Seattle?

Shaw: There were several reasons. In doing my due diligence I found the community felt the physicians were well respected and quality oriented. Organization's that focus on quality are in better position to improve. In fact, many physicians in the community are patients of the Minor and James Medical physicians. In addition, one of our children works for Microsoft and lives in the Seattle area with his wife so being close to my family was an added bonus.

Editor: Can you describe the Minor and James organization?

Shaw: Minor and James Medical is the preeminent Multi-Specialty Medical Group in Washington State. By the end of 2007 we'll have approximately 85 doctors. We have a large base of internal medicine doctors as well as a large subspecialty group.

We have added to our base of surgeons by acquiring an ENT ambulatory surgery center. The four ENT physicians agreed to become part of the Minor and organization as well.

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We recently added two top Seattle orthopedic surgeons and, in December, expanded to a larger clinic in Bellevue with 8,200 square feet of space. Our OB and endocrinology services moved to the 15th floor of Norstrom Tower this fall.

We are growth oriented but never at the expense of fiscal prudence or quality. We want to make it as easy as possible to shop and select a doctor. Since Seattle has the highest per capital education in the nation, we decided to provide a free physicians visit for those shopping for a physician. www.minorandjames.com, is our

website and features interviews with our doctors with a two minute “streaming” video describing their philosophy towards care and a little bit about the doctor. We have not seen anything else like it in the United States. A visit to the site averages 12 minutes.


Last of all, we installed the Nextgen billing system in 2006 and are in Phase IV of the Electronic Medical Record (EMR) software. EMR installations are delicate and complicated so we are bringing out each new phase at two month increments with significant training included each time. We don’t believe in the “big bang” as it almost always fails.

Editor: What is the Minor & James organizational vision?

Shaw: Our vision encompasses our physician’s passion for medicine along with a team focused on continuous improvement in business and clinical processes. “Lessons learned” is common lexicon. We are eager to utilize the data from our EMR to prove the level of quality we provide to our patients and to the business community here.

We have also focused on excellence in customer service. Our dashboard reports how many patients leave Minor & James voluntarily each month and average seen at our clinics each month.

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 * Colorectal Surgery * Ear Nose & Throat * Audiology * Travel Medicine * Imaging

An Interview with Barbara Shaw of Minor & James Medical

> Shaw

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Those leaving average single digits each month. This compares to an average of 1,700 new patients each month. Our technology is also the most advanced. We just upgraded to the most sophisticated MRI sold by General Electric, the leaders in MRI technology. We are adding a 64 slice Cat Scan Unit this spring that will improve the quality of reads for everything from liver tumors and

lung nodules to orthopedic and vascular imaging to sinus and temporal bone studies. The scan speed is faster with no compromise in image quality and exposes patients to less radiation than other Cat Scan Units. The entire body can be scanned in one breath-hold. This is particularly important for cancers. In addition, scans should not have to be repeated. We think the insurance companies will like this.

As noted previously, the Puget Sound region has the highest educated population in the nation

and they expect high quality care, superior service levels and state of the art medical technology.

Most importantly, 39% of Minor and James physicians were named "top doctors" in Seattle by both Seattle Metropolitan Magazine and Seattle Magazine. This is far higher than any other group of physicians in Washington State and we trust with the information gained through our EMR will cement our position as leaders in clinical quality.



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Plan and Hospital Financial Information

YTD Net Income and Members through 09/30/06 for the Largest Health Plans in Washington State (1)

Plan Name	Net Income	Members	Plan Name	Net Income	Members
Health Plans:			Columbia United Providers	(\$502,235)	34,975
Regence BlueShield	\$77,525,937	924,802	LifeWise Health Plan of AZ. (3)	(\$5,346,512)	22,395
Premera Blue Cross	\$65,486,471	712,018	Arcadian Health Plan	(\$284,746)	11,896
Group Health Cooperative	\$188,406,430	402,085	Timber Prod. Manuf. Trust	(\$667,457)	10,704
Molina Healthcare of WA	\$34,586,378	279,865	Aetna Health, Inc.	\$2,081,429	9,935
Community HP of WA	\$4,072,178	220,535	Vision or Dental Plans:		
Group Health Options	\$2,360,912	103,814	Washington Dental Service	\$20,083,648	862,213
LifeWise Health Plan of WA	\$6,376,334	87,408	Vision Service Plan	\$4,823,279	514,673
Asuris Northwest Health	(\$1,384,806)	64,557	Willamette Dental	\$466,030	68,955
Pacificare	\$30,794,810	62,735	Dental Health Services	(\$167,719)	22,593
KPS Health Plans	\$4,284,231	42,856	Pacific Visioncare	(\$15,422)	4,825

YTD Margin and Days through 09/30/06 for the Largest Hospitals in Washington State (2)

Hospital Name	Margin	Days	Hospital Name	Margin	Days
Swedish Medical Center	\$62,222,968	112,331	St. Joseph Hospital Bellingham	\$8,181,458	43,164
Sacred Heart Medical Center	\$28,906,825	107,650	Good Samaritan Comm Health	\$12,738,532	37,997
Harborview Medical Center	\$15,194,000	98,252	Valley Medical Center	\$10,999,458	37,415
University of WA Med Ctr.	\$17,429,950	79,670	Evergreen Hospital Med Center	\$11,068,118	36,236
Providence Everett Med Ctr.	\$29,269,041	70,985	Yakima Valley Memorial	\$9,368,142	35,712
St. Joseph Medical Center	\$38,552,878	68,183	Highline Community Hospital	\$3,668,582	35,491
Southwest WA Med Ctr.	\$13,302,158	64,927	Kadlec Medical Center	\$1,093,239	30,661
Virginia Mason Medical Ctr.	\$13,341,784	61,718	Swedish Providence Med Ctr	(\$6,289,847)	30,402
Providence St. Peter Hospital	\$25,718,595	60,520	Central Washington Hospital	\$8,702,854	29,414
Tacoma General Allenmore	\$36,122,987	59,641	Northwest Hospital	\$3,354,077	29,366
Children's Hospital	\$18,795,003	51,376	Holy Family Hospital	\$9,853,919	28,861
Deaconess Medical Center	\$5,463,130	51,270	Peacehealth St. John Med Ctr	\$16,889,055	27,603
Harrison Medical Center	\$7,812,368	46,559	Stevens Healthcare	(\$694,113)	25,106
Overlake Hospital Med. Ctr.	\$15,692,431	46,399	North Valley Hospital	(\$343,544)	22,483

1. Source: WA State OIC. 2. Source: WA State DOH 3. LifeWise Health Plan of AZ's enrollment is in Arizona.

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