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Northwest Health Insurers Report Profits in 2009

Investment Gains Offset Lower Underwriting Margins, Membership Losses Continue

By David Peel
Publisher and Editor
Washington Healthcare News

Northwest health insurance companies continued their profitable ways in 2009 despite the region's difficult economic conditions. Year-end membership for the six largest companies decreased, and underwriting gains, the profit an insurance company makes on business aside from investments, income taxes and other non-operations related revenues and expenses, were lower at 19 of the 24 companies reviewed. Net income increased as investment gains offset the reduction in underwriting gains. Total adjusted capital, or net worth with adjustments for insurance industry accounting rules, increased considerably due mainly to investment gains. All figures reflected in this article are from reports filed with various insurance regulators and don't reflect self-insured membership.

Membership Gains and Losses

For 14 of the 24 companies reviewed, year-end membership decreased from 2008. The total membership decline for all companies was 157,000. (See table on page 5).

Eric Earling, Senior Communications Manager at Premera Blue Cross, attributed their membership decrease to "the effects of the challenging economy and higher unemployment."

However, Community Health Plan and Molina Healthcare of Washington, companies that cover low income and destitute people, saw significant gains in enrollment.

David Kinard, Director of Marketing/Corporate Communications for Community Health Plan said, "This (increase) is primarily two-fold. Not only did Community Health Plan gain significant enrollment due to the increases in the state's Healthy Options (Medicaid) program, but we also gained approximately 10,000 new members between October and December 2009 due to our work in redesigning the statewide GA-U managed care program which also integrated a new behavioral health component for members." GA-U (General Assistance Unemployable) is a managed care program designed to provide benefits for those who are physically and/or mentally incapacitated and unemployable for 90 days from the date of application.

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LETTERS TO THE EDITOR

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

Letter from the Publisher and Editor

Dear Reader,

During the bipartisan healthcare summit held in Washington, D.C. in late February, Speaker of the House Nancy Pelosi cited a remarkable statistic about proposed healthcare reform. She said, "In its life it will create 4 million jobs, 400,000 jobs almost immediately. Jobs, again, in the healthcare industry but in the entrepreneurial world as well."

According to the U.S. Department of Labor, there were 14.3 million healthcare jobs in 2008. Assuming Speaker Pelosi considers the 4 million jobs in the same category as the U.S. Department of Labor, there would be an astonishing 28% increase in healthcare employment as a result of healthcare reform.

There are already shortages of experienced healthcare managers. If healthcare reform is enacted, these shortages will be exacerbated and competition for management talent will be fierce. A solid recruitment strategy now, including favorably branding your organization to prospective new managers, will be key to success in this new era.

David Peel, Publisher and Editor

Washington Healthcare News 2010 Editorial Calendar

Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2010	Clinics	December 1, 2009	December 21, 2009
February 2010	Human Resources	January 2, 2010	January 19, 2010
March 2010	Hospitals	February 1, 2010	February 23, 2010
April 2010	Insurance	March 1, 2010	March 23, 2010
May 2010	Clinics	April 1, 2010	April 20, 2010
June 2010	Human Resources	May 3, 2010	May 25, 2010
July 2010	Hospitals	June 1, 2010	June 22, 2010
August 2010	Insurance	July 6, 2010	July 20, 2010
September 2010	Clinics	August 2, 2010	August 24, 2010
October 2010	Human Resources	September 1, 2010	September 22, 2010
November 2010	Hospitals	October 1, 2010	October 19, 2010
December 2010	Facilities	November 1, 2010	November 23, 2010

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Also bucking the trend was the Group Health organization, which reported an overall increase in membership of 14,000. This includes the Group Health Cooperative HMO, Group Health Options and KPS Health Plans. Total membership at the end of 2009 was 584,000 versus 570,000 at the end of 2008.

Ric Magnuson, Senior Vice President and Chief Financial Officer of Group Health, explained the increase in membership, "We made the decision to grow membership by focusing on our plans with enhanced provider choices for our members. We saw most of our growth on the Group Health Options plans as our individual and family products became popular with those that found themselves without coverage as the result of the recession. In addition, we maintained and slightly grew our large group business, despite enrollment losses due to the recession."

Total Revenues

Despite the reduction in total membership of about 3%, the 24 companies increased total revenues by $298 million or about 2%. However, the effective increase in premiums was not 5% because employers continue to switch to higher deductible plans that cost less but provide fewer benefits.

Underwriting Gains and Losses

The total underwriting gain for the 24 companies in 2009 was $24 million, much lower than 2008's $234 million. Recessions are tough on health insurance companies because people tend to use their benefits if they know they are going to lose their insurance. They also use their benefits when they are coming back to work as many have "pent-up demand" for healthcare services from the time they were without coverage.

Magnuson commented on Group Health Cooperative's reduction in underwriting margin, "Group Health saw a significant degradation in underwriting margin in the first and second quarter of 2009. This was consistent with what was happening in the rest of the U.S. and was primarily the result of employees using medical benefits in anticipation of losing their jobs. Our third and fourth quarter 2009 numbers were much better and were more consistent with what we usually see. We continue to work hard on bending the cost curve through our utilization and administrative cost reduction efforts and anticipate continued suc-

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Health Insurance Company Financial Results

ID, OR and WA Domestic Carriers (000's omitted)

Calendar Year Ended 2009 versus 2008

		Year End Membership			Total Revenues			Net Underwriting Gain (Loss)[2]			Net Income or (Loss)			Total Adjusted Capital[3]		
Insurance Company[1]	State	2009	2008	Change	2009	2008	Change	2009	2008	Change	2009	2008	Change	2009	2008	Change
Regence BCBS of OR	OR	719	777	(58)	$2,440,405	$2,595,654	($155,249)	($2,051)	($29,300)	$27,249	$21,885	$25,094	($3,209)	$565,468	$486,293	$79,175
Premera Blue Cross	WA	595	664	(69)	$2,439,686	$2,552,089	($112,403)	$17,775	$56,816	($39,041)	$21,049	$34,930	($13,881)	$790,356	$672,236	$118,120
Kaiser Found. HP of the NW	OR	467	468	(1)	$2,430,953	$2,320,950	$110,003	$13,416	$18,123	($4,707)	$36,292	$32,592	$3,700	$494,918	$480,100	$14,818
Regence BlueShield	WA	723	782	(59)	$2,394,442	$2,281,263	$113,179	($32,381)	($22,861)	($9,520)	$10,463	($16,312)	$26,775	$894,640	$797,173	$97,467
Group Health Cooperative	WA	352	388	(36)	$1,925,761	$1,939,292	($13,531)	($53,324)	$29,870	($83,194)	$16,214	($24,350)	$40,564	$593,198	$550,235	$42,963
Providence Health Plan	OR	184	206	(22)	$967,530	$894,251	$73,279	$16,823	$26,345	($9,522)	$28,801	($2,142)	$30,943	$373,505	$343,050	$30,455
Molina Healthcare of WA	WA	334	299	35	$725,042	$709,310	$15,732	$31,101	$55,486	($24,385)	$22,416	$40,397	($17,981)	$80,991	$94,621	($13,630)
Group Health Options	WA	193	139	54	$651,597	$481,404	$170,193	($5,107)	($1,596)	($3,511)	($4,623)	($1,236)	($3,387)	$69,648	$29,968	$39,680
Community Health Plan of WA	WA	264	247	17	$558,581	$533,495	$25,086	$3,335	($335)	$3,670	$4,149	($4,260)	$8,409	$69,451	$63,431	$6,020
PacificSource Health Plans	OR	183	151	32	$520,645	$512,341	$8,304	$4,545	$1,092	$3,453	$4,290	($3,633)	$7,923	$110,482	$96,198	$14,284
Regence BlueShield of ID	ID	185	205	(20)	$512,428	$508,110	$4,318	($14,330)	($6,383)	($7,947)	($5,094)	($10,620)	$5,526	$116,708	$108,358	$8,350
Health Net Health Plan of OR	OR	111	123	(12)	$434,200	$421,387	$12,813	($6,537)	$6,171	($12,708)	($3,231)	$3,838	($7,069)	$73,677	$57,423	$16,254
PacifiCare of WA	WA	43	45	(2)	$417,577	$429,210	($11,633)	$39,879	$57,376	($17,497)	$32,020	$45,816	($13,796)	$81,114	$249,555	($168,441)
Arcadian Health Plan	WA	29	25	4	$272,763	$230,338	$42,425	$18,080	$2,462	$15,618	$14,291	$3,976	$10,315	$45,183	$30,667	$14,516
PacifiCare of OR	OR	25	29	(4)	$253,422	$273,933	($20,511)	$17,851	$41,060	($23,209)	$12,651	$29,245	($16,594)	$28,374	$44,885	($16,511)
Asuris Northwest Health	WA	78	79	(1)	$219,353	$195,235	$24,118	($15,527)	($4,835)	($10,692)	($9,392)	($2,119)	($7,273)	$43,808	$32,796	$11,012
LifeWise Health Plan of OR	OR	65	82	(17)	$217,902	$267,715	($49,813)	($5,387)	($17,271)	$11,884	$767	($9,953)	$10,720	$58,464	$58,819	($355)
ODS Health Plan	OR	68	60	8	$216,864	$182,592	$34,272	($20,223)	($1,027)	($19,196)	($9,979)	$1,329	($11,308)	$71,413	$39,846	$31,567
LifeWise Health Plan of WA	WA	78	87	(9)	$210,246	$206,941	$3,305	$10,557	$9,127	$1,430	$7,079	$5,692	$1,387	$46,867	$37,283	$9,584
KPS Health Plans	WA	39	43	(4)	$146,063	$154,014	($7,951)	($4,562)	($2,051)	($2,511)	($1,930)	($3,488)	$1,558	$13,719	$17,327	($3,608)
Columbia United Providers	WA	44	38	6	$97,101	$84,545	$12,556	$4,950	$3,670	$1,280	$3,257	$3,500	($243)	$14,476	$11,098	$3,378
CareOregon[4]	OR	6	5	1	$70,638	$67,352	$3,286	$4,249	$12,261	($8,012)	$3,739	$10,250	$3,501	$27,019	$29,105	($2,086)
Samaritan Health Plans	OR	5	5	0	$53,586	$46,691	$6,895	$412	$933	($521)	$270	$834	($564)	$6,275	$6,490	($215)
Puget Sound Health Partners	WA	4	4	0	$53,351	$43,482	$9,869	$487	($751)	$1,238	$633	($647)	$1,280	$5,636	$3,405	$2,231
Total All Insurance Companies		4,794	4,951	(157)	$18,230,136	$17,931,594	$298,542	$24,031	$234,382	($210,351)	$206,017	$158,733	$57,296	$4,675,390	$4,340,362	$335,028

Notes: Source of information: State of Washington, Office of Insurance Commissioner web site and the National Association of Insurance Commissioners. [1] Blue Cross of Idaho Health Service is among the largest carriers but had not filed their annual statement at press time. [2]Net Underwriting Gain (Loss) is the profit or loss an insurance carrier makes on business without considering investment gains or losses, income taxes and other non-operations related revenues and expenses. [3]Total Adjusted Capital is the carrier's net worth after adjustments are made for insurance industry specific accounting rules. [4]Does not include information for the Oregon Health Plan, the program for low income Oregonians.

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cess going forward."

Earling noted, "(Premera's) lower underwriting gain resulted primarily from two factors: lower revenues related to the economy from higher unemployment and a continued increase in medical cost trends. Medical costs accounted for 87% of revenues in 2009, up from 86% in 2008. That 1% increase in medical expense ratio alone reduced 2009 operating gain by over $24 million. These lower underwriting gains are consistent with the industry as well."

Net Income

Total net income of $206 million was 36%, or $57 million, higher than 2008. Investment gains occurred as values rebounded from the troughs of 2008 and the companies cashed in on the change. Large investment gains are unlikely to repeat in 2010 since the baseline has now been reset to historical norms.

Total Adjusted Capital

Like net income, the change in total adjusted capital was significant. The increase from 2008 was $335 million or about 8%. This was caused almost exclusively by investment valuation increases from 2008. Insurance companies must record stock-type investments at current market value, with some exceptions, but the changes only impact their balance sheet and not their income statement, unless these investments are actually sold. This explains how total adjusted capital can increase so much without a related change to net income.

Earling agreed, "(Increased total adjusted capital) reflected the improved value of our investment portfolio following the severe market downturn in 2008."

Outlook for 2010

It's hard to imagine 2010 will be more eventful than 2008 and 2009. Healthcare reform is still alive but if enacted, will likely roll-out in *conjunction* with the health insurance companies rather than *on top* of them.

Magnuson summarized it well when he said, "We expect 2010 to be more of a stable year."

I'm sure the rest of the industry hopes it will be too.

David Peel is the Publisher and Editor of the Washington Healthcare News. Prior to founding the News, he was the Chief Financial Officer of three separate health insurance companies. He can be reached at 425-577-1334 or dpeel@wahcnews.com.

Washington's New Domestic Partner Law Causes Headaches for Employers

By John Walch
Employee Benefits and Executive Compensation Practice Leader
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In early December 2009, Washington's "Everything but Marriage" law that expanded its existing domestic partnership law to include any rights available to an opposite-sex married couple under any state law, became effective. The law now provides a number of benefits to domestic partners, like the right to use sick leave to care for a domestic partner, the right to wages and benefits when a domestic partner is injured or dies, and the right to unemployment, disability, or other insurance benefits, such as employer-provided health insurance.

To be registered as partners, same-sex couples must share a home, must not be married or in a domestic partnership with someone else, and be at least 18 years of age. Unmarried opposite-sex couples are also eligible for domestic partnerships if one partner is at least age 62. The couples must register the partnership with the Washington Secretary of State or in another state that registers domestic partnerships.

Employers should note that the law requires them to *offer* health insurance to such domestic partners, but coverage is not automatic. First, it may be necessary to amend the terms of the health plan, since many health plan documents restrict eligibility to "spouses," usually defined as an opposite-sex married person. In addition, like any other non-employee dependent, a domestic partner usually needs to be formally enrolled in the health plan.

If a plan allows a newly acquired spouse to enroll at any time, then it must allow a domestic partner the same right, so an employee wanting to add a domestic partner to a health plan may not need to wait until open enrollment. However, federal law does not recognize a domestic partner as a spouse for benefit or income tax purposes. That means self-insured health plans are not subject to the new state law, and therefore are not subject to the offer of coverage mandate. In addition, adding a domestic partner may make the value of the health insurance taxable to the employee unless the domestic partner meets the federal income tax definition of "dependent."

For purposes of federal income tax-free health plan coverage, a dependent is a citizen or resident of the United States or a resident of Canada or Mexico that:

- Is not a "qualifying child"[1] of the employee or any other taxpayer.
- Is a member of the employee's household other than a spouse *having the same residence as employee for that taxable year*. Note that this requires a shared residence for the entire tax year.
- Receives over one-half their support from the employee.

This definition causes difficulty for both employers and employees. First, when a domestic partner has not shared the employee's residence for the entire year they cannot be a "dependent," making the value of the benefit taxable to the employee (although the employer may still offer the health insurance to them). Second, enrollment in benefit plans is usually prospective, done late in one year in preparation for the next. The dependent test is historic, since it looks backwards to a completed tax year. Thus, at the time of enrollment neither the employer nor employee knows whether the benefit is going to be federal income tax-free or not for the coming year.

Since the key test is the support test, only when both partners know their income for the coming year will they know whether the support test is met.

That causes withholding, tax reporting, and possibly eligibility issues at the end of the year if the domestic partner fails one of the dependent tests. Either the domestic partner is not eligible for the benefit already received (if the health plan restricts eligibility to the employee's "dependents"), or income and employment taxes were over- or under-withheld. Similar difficulties arise in cafeteria plans or with payroll, which may have to pay some employee contributions for benefits on a pre-tax basis (for the employee and "dependents") and some on an after-tax basis (for domestic partners or their children not meeting the "dependent" definition). Employers should address and correct such situations as quickly as possible.

Washington employers also need to review their employment policies and practices for compliance with the new law in such areas as leave policies, health and retirement benefits. For example, a domestic partner now has the right to use sick leave to care for an ill partner. However, the Washington state law does not modify FMLA, which does not consider a domestic partner as a spouse. Washington employers, therefore, must provide benefits under state law that are not required under federal law. Employers will want to consider how they enroll domestic partners and their children to ensure the process is similar to enrolling a traditional spouse and children, and otherwise treat domestic partners the same as traditional spouses.

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[1]Children of a domestic partner may also meet the definition of "qualifying child" and become dependents for income tax purposes. However, it may be necessary for the employee-partner to adopt such a child for them to meet the qualifying child definition.

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An Interview with Jonathan Hensley, President of Regence BlueShield in Washington

Jonathan Hensley is the President of Regence BlueShield in Washington in Seattle, WA. The Regence BlueShield service area is primarily Western Washington. David Peel, Publisher of the Washington Healthcare News, asked Mr. Hensley a few questions in this January 2010 interview.

You have held several executive positions in the Washington State healthcare system. You were vice president of sales for Regence BlueShield from 2004 to 2007 and CEO of United Healthcare's Pacific Region from 2007 to early 2009. How are you adapting to your new role as President of Regence BlueShield in Washington?

I love my job at Regence. Regence is a different kind of company – it's non-profit; the company lives by its values, and has a long and unique history both in the Washington community, and in the healthcare industry. Regence grew out of the community-oriented healthcare system formed by Northwest loggers in the early 1900s to pool their resources to pay for catastrophic illnesses or injuries among their members. Even after 92 years of doing business, this community spirit is still alive at Regence today. What I enjoy most about my job is the connection to the community and the businesses we serve, even in the toughest times. It's more important now than ever to play our part in providing affordable benefits to meet the varying needs of the 20,000 business customers we serve here in Washington – from sole proprietors to the largest and most sophisticated employers.

"We believe a key component of any kind of healthcare reform is engaged consumers who actively take a role in their healthcare decisions."

Healthcare reform will affect health insurance companies in positive and negative ways. What do you see as the top three positive and top three negative aspects of healthcare reform using the recently passed Senate bill as the basis for your comments.

A lot has changed recently in the push for healthcare reform, and a lot still remains to be determined before we see a final outcome. As the debate continues, we at Regence remain committed in the belief that reform is necessary. Some of the positive and negative aspects we have seen to this point include:

Positive:

- Increased public awareness of reform issues, which is critical to getting it right. Many more people are much more aware now of the reasons why reform is necessary and are more engaged in the process.

- Eliminating medical underwriting – the dreaded pre-existing conditions – we want to get rid of that as much as everyone else.
- Funding for related issues such as comparative effectiveness and electronic medical records. This is where the federal policy can really help the industry as a whole to get moving in this direction, to make sure our dollars are well-spent on care that improves outcomes.

Negative:

- Weak incentives for everyone to get covered. This is a package deal – if people want insurers to take the risk of covering their costs, then the more people who share the risks, the fairer the costs that are spread among all of us.
- Downplaying costs is hazardous. A lot of work has been done to identify cost drivers, and the entire health sector, including insurers, needs to change the way we do things to lower costs.
- Finding the right funding for subsidies and other costs is challenging, and Congress needs to be aware that taxes on medical devices, insurers, "Cadillac" plans etc, are likely to make premiums more expensive. That makes it all the more important for us to do everything we can do bend the cost curve.

Through innovative educational programs, such as Whatstherealcost.org, Regence has been able to help create awareness among our members and the public about this critical issue of cost, and how everyone can have a meaningful positive impact to help keep healthcare affordable. Ultimately, everyone has a role to play in reforming the healthcare system.

Again, using the recently passed Senate bill as the basis for your comments, what type of health insurance products (individual, small group, etc.) will fare better and what will fare worse.

We hope that reform will encourage, rather than stifle, innovation. What we don't want to see is a set of mandates on what insurers need to cover and how services are delivered. We see this as an opportunity to partner with all players in the healthcare system – doctors, hospitals, employers and members – to come up with ways we can improve care. One example of this kind of collaboration is comprehensive wellness programs that are being adopted more widely, and with great success in improving health, reining in healthcare costs, and importantly for employers in the current economic climate, increasing employee productivity.

Regence has implemented our own integrated wellness program, in which more than 68 percent

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of our employees participated in 2008. What we found was that participants showed 20 percent less likelihood of unplanned absence and 28 percent less likelihood of disability. In addition, participants with monetary incentives had claims that averaged $66 a year less than nonparticipants. We estimate that the return on investment (ROI), even after applying program costs more rigorous than any published study to date, was an average $1.59 for every $1 invested (productivity savings + claims cost savings).

By being able to demonstrate this kind of return to our customers, we have grown our membership in our Vitality product, which features comprehensive wellness incentives, to more than 300,000.

We believe a key component of any kind of healthcare reform is engaged consumers who actively take a role in their healthcare decisions. We would hope that we would have the opportunity to innovate in the areas of wellness, consumerism and partnerships with all stakeholders to add value to the system. We need to be careful not to simply create a bureaucracy that does not add value.

Moving away from healthcare reform, what new products and features can we expect from Regence BlueShield in Washington over the next year.

Regence has been at the forefront for several years in providing innovative products that focus on improving cost and healthcare quality. We hope to roll out products with new features that provide customers and members with more affordable benefit choices. Our overall goal is to build programs and services that support and engage consumers to stay well and reduce health risks, and deliver ever better and more comprehensive tools and information to help them make informed healthcare decisions.

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The Small Revolution in Delivering Primary Care Services

By Elizabeth Anne Gilje
Principal Consultant
Clariot Consulting

Consumer driven, convenient, proactive, transparent. Doesn't sound like our industry? Healthcare is fast becoming a consumer oriented business.

Quickly disappearing are the concepts of rich benefits, low deductibles, and all encompassing physician networks. Health insurance programs designed to attract the most desirable employees have historically given companies the competitive edge. Now, the employment market has downshifted so rapidly that employers can sift through hundreds, sometimes thousands, of potential employees without regard to exclusive employee benefits. Employees used to seek services from the most expensive physicians and facilities without regard to cost. The cost of service was hidden from the employed patient. Today, an employer's budget concern over rising insurance premiums or deductibles is offset with a high deductible health plan or health savings account. Bad for our industry? Maybe not.

High deductible plans have forced consumers to finally attend to the cost of care. Individual consumers bearing their own healthcare financing have different demands, consumer oriented demands. Consumers want to control costs, have flexible retail options, and insist on service. Controlling cost translates into price transparency, thereby requiring medical providers to disclose prices upfront to patients shopping for services. The industry is reacting and new solutions are expanding in the market.

Two of these solutions include serving primary and urgent care at an affordable cost for the consumer. For example, mini urgent care clinics within pharmacies and store chains like Walmart, Walgreens, and CVS, serve as front door cost savers to the consumer. Within these clinics, visit charges average $60, no health insurance is required. These types of clinics don't bill carriers. Typically, staffed by ARNPs or PAs, they require no appointment, reserving more expensive visits to the emergency room or comprehensive urgent care centers for more serious conditions.

Flourishing too are retainer style primary care practices. Not expensive boutique or concierge access practices, but real medical treatment for a transparent price and monthly billing. Is this familiar? Yes! Retainer practices were started in the mid 1800's by lumber companies; Western Clinic (1916); Mayo Clinic (1929); Dr. Garfield and Henry Kaiser (1930's); Home Owner's Loan Corporation organized Group Health as mortgagees defaulted on home loans due to medical expenses (1937); 1945 Group Health Cooperative of WA. Eventually, forming HMOs with hospitals, clinics and financing.

We're back to the beginning. Hundreds of physicians across the US are revolting against the paperwork and scrutiny of public and private payers. Physicians are adding a pre-paid or retainer component to practices, some with only 10% of patient panels and others transferring their entire practice. The cost of primary medical care in retainer practices is approximately $100 per month. Most doctors request patients purchase a high deductible plan or health savings account along with the retainer services. Regular, working folks can once again purchase affordable medical care directly through their doctor.

Primary care clinics like Qliance, deliver care with a flat monthly fee in return for unlimited primary care, chronic disease management, x-rays and urgent care. Polyclinic and Swedish have found an avenue for serving Medicare patients the way their doctors chose – through Medicare Advantage capitation.

Clinics are adding retainer medicine to their lineup of third party payers in every state. Many states including Washington have already legislated specific regulations guiding clinics in developing their retainer practices.

Tom Curry, WSMA CEO stated, "WSMA has long maintained the position that public policy should not force a monolithic approach to the delivery of healthcare services. We see the growth of these (retainer) practices as reflecting abject frustration with private and public payer hassles." Physicians, patients and employers are upset with our industry. Could our own substantial reform come from the inside out through our own efforts? A small revolution is already underway.

Ms. Gilje is the principal consultant of Clariot Consulting. Prior to establishing the firm in 1997, she served 18 years with Kaiser Permanente, Group Health, Virginia Mason, and Providence. In 2007, she reopened Clariot after 8 years as CEO of Kitsap Physicians Service where she conducted a successful financial turnaround.

Clariot's success is in identifying and implementing consumer wishes in products or programs; then, serving proof of success through the client's financial statements. Clariot's research and practice encompasses areas vital to survival and growth in today's healthcare climate including strategic market planning and positioning; customer satisfaction; development of products and programs and their target marketing; business, financial, strategic planning; and organizational cultural transformation.

Ms. Gilje has served as an annual guest lecturer for the MHA program at UW and for the MBA program at PLU where she earned her MBA. She is a Fellow with the American College of Healthcare Executives and frequently presents to regional and national professional organizations.

For further information or to contact Elizabeth call 206.817.3927 or email elizabeth@clariot.us.

Career Opportunities

PeaceHealth

Dedicated to Exceptional Medicine and Compassionate Care

Located just north of Portland, Oregon in Southwest Washington State, PeaceHealth's Lower Columbia Region, in Longview, Washington, includes St. John Medical Center, a 200-bed acute care and Level III trauma center community hospital and the 100+ clinician multi-specialty PeaceHealth Medical Group.

We are a nonprofit, mission and values-oriented healthcare delivery system. We offer a competitive salary and comprehensive benefits package. For a complete job description and to apply on line, visit: **www.peacehealth.org/careers**

Curious seekers contact: **DTroyer@peacehealth.org**, 360-636-4106.

Business Development Director

Great opportunity to develop, facilitate, and partner on new business growth. Minimum of five (5) years experience in strategic business development and marketing in a healthcare setting required. Need excellent facilitation, communications, and relationship development skills. Good project management and market assessment, data analysis experience required.

Major Gifts Officer

Live your passion and enthusiasm for engaging in planned giving and major gifts for a mission and values-oriented non-profit healthcare system. Reports to Executive Director. Minimum three (3) years experience in healthcare, academic medicine, or higher education fund raising. CFRE preferred.

Columbia Basin Health Association

Pharmacy Operations Manager

(Othello, WA)

Columbia Basin Health Association, selected as one of the top Not-For-Profit Companies to Work for in Washington State, is a financially stable community health center located in the beautiful Columbia Basin of Eastern Washington. We offer an exceptional compensation and benefits package including a generous Pension and Profit Sharing Plan. If you like rural lifestyle, enjoy sunshine and want a busy, satisfying career then CBHA is the place for you.

CBHA is currently seeking a Pharmacy Operations Manager to assure legal adherence to the functions of consultation on and dispensing of pharmaceuticals, monitor inventory, supervise all pharmacy staff, and provide regular reports to the Director of Clinical Services.

Qualifications: Bachelor's degree in business or related field required, Master's in a management related field preferred. Five years management experience in a professional setting preferred. Must posses or have the ability to attain a Pharmacy Assistant license.

Log onto **www.cbha.org** to view a full job description and to apply.

St. Joseph Health System Sonoma County

Your health. Your future. Our passion.

Manager - Medical Practice Operations (Santa Rosa, CA)

St. Joseph Health System – Sonoma County is currently recruiting for a full time Manager for their Medical Practice Operations. The Manager will be responsible for the operations management, administration, direction and coordination of all practice activities, not related to professional medical judgment, including Human Resources, Planning and Marketing, Information Management, Risk Management/Compliance, Customer/Patient Satisfaction, Total Quality Improvement and the overall growth of the physician practice. The qualified candidate must possess a BS or BA in Business Administration or Clinical Discipline, Master's preferred and a minimum of five years of progressive management experience managing all aspects of a group medical practice with experience in accounts receivable management in a multi-specialty group medical practice setting required. Experience working with All Scripts or other EMR and MGMA membership strongly preferred.

To apply, please e-mail your resume to **barbara.darling@stjoe.org**. For additional information, please contact Barbara Darling, Recruiter at 707-522-1505. Principals only, no agencies or recruiters please. EOE

Come join our wonderful staff at Community Health Center La Clinica. We are a multi-specialty organization that provides a variety of services, including medical, dental, behavioral/mental health, housing, and social services in two clinic sites. We offer competitive wages and excellent benefits. Our benefits have been rated one of the best in Washington State. Our community consists of a population of 208,000 and we are only a 3.5 hour drive away from both Seattle, WA and Portland, OR.

If you are interested in applying for any of our open positions, please fax your resume and/or completed application to:

Community Health Center La Clinica
Attn: Human Resources
Fax#: (509) 547-6670

or mail to:
Community Health Center La Clinica
Attn: Human Resources
P.O. Box 1452
Pasco, WA 99301

For more specific information, please contact:
Anita Castellanos (866) 574-2204 x1917 or
Laura Flores (866) 574-2204 x1916

We are currently seeking the following key positions:

- A/R and Billing Manager
- Chief Medical Officer
- Controller
- Customer Service Department Manager
- Family Practice Physician
- Internal Medicine Physician

La Clinica

Career Opportunities

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

HMA HEALTHCARE MANAGEMENT ADMINISTRATORS

Director, Client Services

(Bellevue, WA)

The Director, Client Services is responsible for long term strategic planning and the day to day management of HMA's Client Services department – the department that is HMA's primary liaison to our brokers and clients. The Client Services department is charged with mission critical responsibilities which require a talented and skillful Director to oversee the complex operations, develop the department business plans, ensure best practices are in place, develop and manage the annual budget, support and develop the departmental employees, and drive departmental and corporate strategic plans forward to successful completion.

Requirements

A Bachelors Degree or equivalent work experience, and ten years proven success in client services management. A minimum of 5 years of progressively more responsible managerial experience supported by a large staff and operational responsibility for a high volume client management in a self funded environment. Thorough knowledge of various systems in support of the above functions is required.

If you would like to learn more about our organization, please E-mail your resume, cover letter and salary history to: **recruiter@accesstpa.com** Faxed resumes are welcome at 305/574-0443. Be sure to visit our website at **www.accesshma.com** to see the detailed job description and additional requirements.

Clinical Manager Labor & Delivery Unit

Pasco, WA *(Tri-Cities)*

- Develop, implement and maintain nursing policies, procedures, standards and objectives.
- Assist with directing, supervising, training and evaluating staff.
- A critical attribute required for this position is exceptional interpersonal customer service consisting of an outgoing positive attitude, warm friendly joyful demeanor, and the utmost care and reverence for our guests, patients, families, customers and colleagues.

Required Qualifications

- Current WA State RN Licensure
- Current BLS and NRP Certifications
- 3-5 yrs recent experience in OB including L& D and circulating in C Sections

Kelly Meredith - *Professional Recruiter*
(509) 546-2283 *office*
(509) 546-2296 *fax*
Kmeredith@lourdesonline.org

Visit **www.lourdeshealth.net** for instructions on how to apply and a complete listing of positions.

ST. JOSEPH HEALTH SYSTEM SONOMA COUNTY
Your health. Your future. Our passion.

Nurse Manager - Surgical Services (Santa Rosa, CA)

Work in an environment that encourages you to do your best work everyday! At St. Joseph Health System - Sonoma County you will have the opportunity to strengthen the link between your career and your values, leaving you feeling connected to the organization and the community you serve.

Santa Rosa Memorial Hospital is currently recruiting for a full time Nurse Manager for their Surgical Services Department. The Nurse Manager is responsible for overseeing the operation of the department with accountability for leadership, fiscal management, staffing, and management of patient care. The qualified candidate must possess a CA RN license, BSN degree with five years of clinical and two years of management experience. Master's Degree preferred.

We offer competitive salary and excellent benefits and are committed to demonstrating our values in all our interactions.

To apply, please e-mail your resume to **barbara.darling@stjoe.org**. For additional information, please contact Barbara Darling, Recruiter at 707-522-1505. Principals only, no agencies or recruiters please. EOE

GroupHealth

Clinical Operations Manager Specialty Services - 100230

Group Health's Capitol Hill campus is an open, welcoming, and respectful community. Our medical center campus is located in the heart of Seattle in the scenic Capitol Hill neighborhood. This facility offers over 25 multi-specialty and primary care outpatient services and a limited service hospital to a diverse patient community.

The individual selected for this position in partnership with their physician dyad partner will support and lead the clinical staff and physicians in the implementation of standard processes using the LEAN methodology to engage staff and benefit our patients. Initial emphasis will be focused exclusively on the optimization of the Neurosurgery clinic.

Qualifications

5 years Clinical experience including 4 years supervisory or management experience and prior managed care experience. Advanced Knowledge of regulatory requirements, managed care, health care delivery systems and nursing practice; verbal and written communication skills; management skills, including human resources, program & budget; team leadership and development skills; customer service skills required. RN with Masters Degree In Nursing, Administration, Business, Healthcare or related field. or Bachelors degree with commensurate health care management experience. At time of hire Current Registered Nurse license required.

To apply, see additional requirements, and learn more visit **www.ghc.org/careers** and search for job 100230.

Group Health is an Equal Opportunity Employer committed to a diverse and inclusive workforce.

NEW CARDIOVASCULAR SERVICES - NEW DIRECTOR OPPORTUNITIES

The Communication.
The Collaboration.
The Spirit of PeaceHealth.

New CardioVascular Services – New Director Opportunities

PeaceHealth's Lower Columbia Region, in Longview, Washington, includes St. John Medical Center, a 200-bed acute care and Level III trauma center community hospital, and PeaceHealth Medical Group, a multi-specialty physician practice. We currently have the following positions available:

Director, Imaging and Cardiovascular Services

Position is responsible for the successful development, implementation, and growth of our Imaging Department and Cardiovascular service line. Develop and implement business plans and strategic initiatives to ensure alignment with PeaceHealth's mission and organizational objectives. Reports to Vice President of Surgery and Professional Services.

Requires at least five years experience in related scientific field, including two years of progressively responsible leadership experience. In-depth knowledge of imaging and/or cardiovascular services and regulatory standards of care. Applicable active license to practice in area of clinical study. Current BLS. Complete job description available online.

Please contact Debbie Troyer, Recruiter, **Dtroyer@peacehealth.org**, or 360-636-4106 for additional information or to submit a resume.

Director, Surgical Services

Position is responsible for the successful development, implementation, and growth of Surgical Services. Develop and implement business plans and strategic initiatives to ensure alignment with PeaceHealth's mission and organizational objectives.

Min. of five years of experience in a clinical setting. Operating Room experience preferred. Three years progressively responsible healthcare management experience, and current RN licensure or healthcare equivalent is also required.

Please contact Lisa Wishard, Recruiter, **Lwishard@peacehealth.org**, or 360-636-4144 for additional information or to submit a resume.

We offer a competitive salary and comprehensive benefits package. For a complete job description or to complete an application, please visit our website at **www.peacehealth.org**

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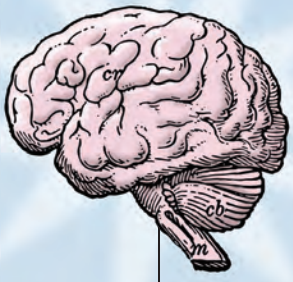
SMART • HEALTHY • CHOICES



Tuesday evening, 7:59 PM.

Watch *MacGyver* rerun.

Go to fridge for two scoops of butterscotch ice cream.

MacGyver uses fire extinguisher as jet pack to zoom over wall. (Saw it twice before.)

Walk dog.

Decide to take the long route up the hill, past the high school.

3100 steps on pedometer. Enter information into your personal online Premera Health Tracker.

You feel great. Your doc's happy.

Dog wags tail.

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An independent licensee of the Blue Cross Blue Shield Association.

At Premera Blue Cross, we provide our members with information, online tools and programs to support their choices for lifelong health. Because at Premera, we think the first job of a health plan is to promote good health. To learn more, visit premera.com.

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Our breadth of experience keeps our clients focused on their mission—providing quality care to their patients. Serving health care clients for over 75 years, we provide sound and practical advice to health care professionals, clinics, and institutions in such areas as labor and employment, risk management, regulatory compliance and licensing, business transaction and litigation services. For more information contact Mary Spillane: 206.628.6656.

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