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HIPAA Civil Money Penalties: Is There A Limit?

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The Office for Civil Rights ("OCR") recently posted the HIPAA training materials used to educate the State Attorneys General ("State AGs").[1] The Health Information Technology for Clinical and Economic Health ("HITECH") Act, part of the American Recovery and Reinvestment Act of 2009, empowered State AGs to bring civil actions on behalf of their state residents for violations of the HIPAA Privacy and Security Rules. OCR created HIPAA training materials to familiarize the State AGs with OCR's view of the HIPAA Privacy and Security Rules and how they presumed the State AGs would use their new authority to enforce HIPAA.

The HIPAA training materials consist of a number of video recordings of the presentations made to the State AGs. Of interest for purposes of this article is the OCR presentation on computing Civil Money Penalties ("CMPs") and how to maximize the penalties imposed.

The HITECH Act increased significantly the dollar amount of CMPs that could be imposed for violations of the HIPAA Privacy and Security Rules by OCR. Prior to HITECH the maximum penalty that could be imposed for a HIPAA violation was $100 per violation with a maximum of $25,000 per calendar year. The HITECH Act created four levels of CMPs with the minimum amount per category being set based on degree of culpability. The yearly maximum was increased from $25,000 per year to

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LETTERS TO THE EDITOR

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

Letter from the Publisher and Editor

Dear Reader,

The Washington Healthcare News web site has a library of our previously published healthcare management articles. These articles are easy to read, high resolution PDF documents that download relatively quickly.

However, our library has been difficult to use. The original design was "old school" html, ill-designed to search. It helped when we added a robust search engine but this was also overkill, like swatting a fly with a cannon!

Our solution was to archive each article in a database that could be easily and quickly queried. Our library can now be queried by article topic, title, and author. If this doesn't produce results then the search engine can be used.

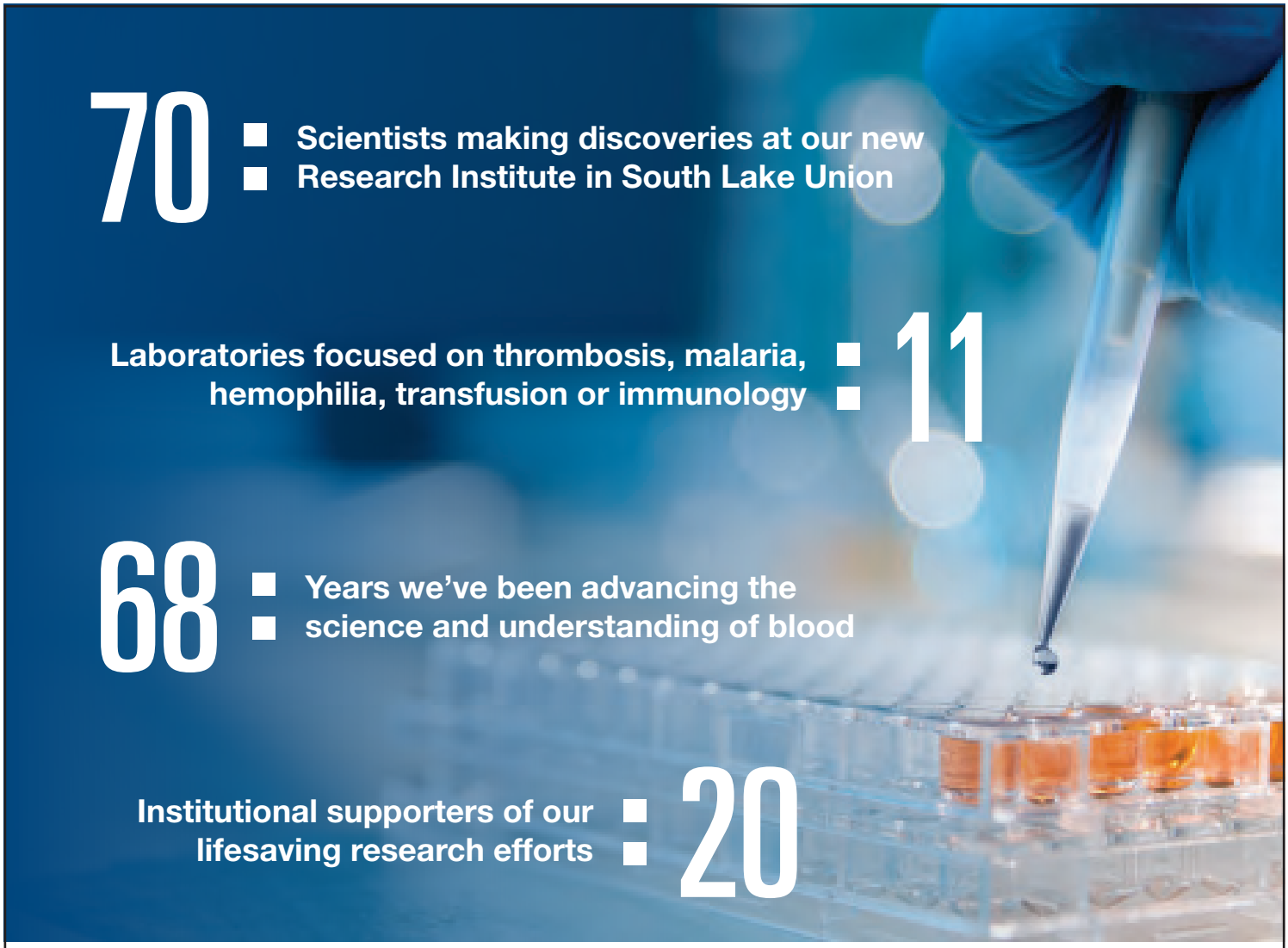
Our library has hundreds of articles and we encourage you to link to it from your web site. The link is http://www.wahcnews.com/library

Until next month,

David Peel, Publisher and Editor

Washington Healthcare News 2012 Editorial Calendar

Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2012	Hospitals	December 1, 2011	December 26, 2011
February 2012	ASCs	January 3, 2012	January 30, 2012
March 2012	Hospitals	February 1, 2012	February 27, 2012
April 2012	Insurance	March 1, 2012	March 26, 2012
May 2012	Clinics	April 1, 2012	April 30, 2012
June 2012	Human Resources	May 1, 2012	May 28, 2012
July 2012	Hospitals	June 1, 2012	June 25, 2012
August 2012	Hospitals	July 2, 2012	July 30, 2012
September 2012	Clinics	August 1, 2012	August 27, 2012
October 2012	Human Resources	September 3, 2012	September 24, 2012
November 2012	Hospitals	October 1, 2012	October 29, 2012
December 2012	Clinics	November 1, 2012	November 26, 2012



70 Scientists making discoveries at our new Research Institute in South Lake Union

Laboratories focused on thrombosis, malaria, hemophilia, transfusion or immunology **11**

68 Years we've been advancing the science and understanding of blood

Institutional supporters of our lifesaving research efforts **20**

2,500 Lives taken by heart attack and stroke in the U.S. every day

These numbers tell a story. We're working to change the ending.

That's why we're investigating unwanted blood clotting — the leading cause of heart attacks and strokes.

Our blood research saves lives. Perhaps even yours. To learn more, visit **psbc.org/research**

Puget Sound Blood Center

blood services | medicine | research

Statutory Damages		
For Violations Occurring on or After 2/18/2009	For Violations Occuring	
	SAG	OCR
Damages/Penalty Amount	Up to $100 per violation	$100 to $50,000 or More per Violation
Calendar Year Cap	$25,000	$1,500,000

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$1,500,000 per year.[2]

OCR was given authority to impose significantly higher penalties by HITECH. Simultaneously State AGs were given authority to prosecute HIPAA violations where the State AG has reason to believe that the interest of one or more of its state residents has been or is threatened by a HIPAA violation. However, the State AGs were not given the same latitude with respect to imposition of CMPs. Rather, the State AGs were limited to the first tier maximums for CMPs they could seek in court: $100 per violation with a $25,000 yearly maximum. The HIPAA trainers presented the table above to explain the difference between the CMPs that OCR could impose versus what the State AGs could impose.[3]

The OCR HIPAA training materials first note that CMPs with a $100 per violation and $25,000 yearly maximum might seem measly, but then introduce their concept of "continuing violations." The training materials explain that "continuing violations" allow State AGs to "expand" the $100 per violation maximum and take full advantage of the CMPs that can be imposed.

OCR explains that continuing violations can be found where the HIPAA violator acts in an improper basis on a continuing basis or where the entity subject to HIPAA fails to act when the Privacy or Security Rules require action by that entity. Examples are given.

Under HIPAA, Covered Entities are required to have in place written

policies and procedures implementing the HIPAA Privacy and Security Rules. Failure to have written policies and procedures constitutes a HIPAA violation. Under the OCR "continuing violation" theory, failure to have written violations does not constitute just one $100 violation. OCR argues that the $100 penalty can be assessed for each day that it can be shown that written policies and procedures were not in place. Thus, if the State AG determines that no written policies or procedures were in place for 2011, a CMP of $25,000 can be imposed. OCR states that the entity is fined $100 per day for 365 days which equals $36,500, but the total CMP is capped by the $25,000 per year maximum. However, OCR notes that the State AG can go back multiple years, so that if no policies or procedures were in place for the last six years a CMP of $150,000 can be imposed: $25,000 per year for each of the six years.

After explaining the concept of "continuing violations," the HIPAA trainers explain how to "stack" violations to maximize CMPs imposed. As part of the HIPAA training each State AG participant was provided with a listing of the HIPAA Privacy and Security Rules and were encouraged to use those materials "as a guide in terms of how many violations you could possibly find" as part of any investigation. The HIPAA trainers noted that many investigations start with just one issue, but once the investigators start reviewing matters they can find other issues and violations.

The OCR HIPAA trainers highlight two pre-HITECH cases which occurred when the maximum CMPs allowed were $100 per violation with the $25,000 yearly cap where they were able to impose total CMPs of $1,000,000 or more. For each of these cases the OCR investigators determined that the entity being investigated failed to have proper HIPAA policies and procedures in place. Further, OCR determined that multiple employees at multiple locations within the chain of stores being investigated had violated the Privacy Rules by failing to properly dispose of documents containing protected health information ("PHI") and that none of the employees had been disciplined for their failure to comply with the Privacy Rule requirements concerning the proper destruction of documentation containing PHI.

Stacking the various continuing violations allowed OCR to calculate CMPs for the two chains of $1,000,000 or more according to the table on page 6.[4]

The OCR trainer noted that, for each chain, they assessed CMPs going back three or more years and concluded by stating:

> *So, each year, there may be a max of $25,000 for each violation, but if you multiply each of those violations and you're looking at multiple years, multiple violations, and multiple covered entities, you can reach a million dollars.*[5]

OCR provided HIPAA training at four separate locations throughout the United States in 2011.[6] Every State Attorney General was invited to send attorneys for training

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Stacking the Various Continuing Violations Allowed OCR to Calculate CMPs for the two Chains of $1,000,000 or More:		
164.530(i)(1)	Privacy Rule: Written Policies and Procedures	$25,000 per year per store
164.502(b)	Privacy Rule: Minimum Necessary Requirements	$25,000 per year per store
164.502	Privacy Rule: Prohibition Against Impermissible Use	$25,000 per year per store
164.530(B)(1)	Privacy Rule: Workforce Education on HIPAA:	$25,000 per year per store
164.530(e)	Privacy Rule: Employee Sanctions Requirement	$25,000 per year per store
164.308(a)(1)(ii)(C)	Security Rule: Employee Sanctions Requirement	$25,000 per year per store

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and most states took advantage of this training. OCR's emphasis on stacking violations and use of "continuing violations" to maximize CMPs underscores OCR's tightening of enforcement standards for HIPAA. In the current era of significant budget shortfalls for states, there is little doubt that states will actively pursue HIPAA enforcement and the aggressive assessment of CMPs.

Emily R. Studebaker practices exclusively in the area of health law, advising ambulatory surgery centers and physician practices on issues including accreditation, certification and licensure as well as certificate of need and transactional matters. She can be reached at estudebaker@gsblaw.com.

Stephen Rose has more than 25 years of experience representing clients in the healthcare industry. His practice focuses on Medicare / Medicaid reimbursement, defending healthcare providers during and after government audits, developing and implementing corporate compliance plans, addressing certificate of need issues, and assisting hospitals with credentialing and privileging issues. He can be reached at srose@gsblaw.com.

[1]http://www.hhs.gov/ocr/privacy/hipaa/enforcement/sag/index.html

[2]42 U.S.C. § 1320d-5(a).

[3]http://www.hhshipaasagtraining.com/module6.php at slide 13.

[4]All regulation references are to 45 C.F.R. Part 164.

[5]http://www.hhshipaasagtraining.com/module6.php

[6]http://www.hhs.gov/ocr/privacy/hipaa/enforcement/sag/registration.html

HHS Proposes Changes to the Medicare Wage Index System

By Cheryl Storey, CPA
Partner
Moss Adams LLP

By Paul Holden
Senior Manager
Moss Adams LLP

Medicare, like any large organization or business, has long known that labor costs vary across the nation. For example, a small community may lie less than 20 miles from a large metropolitan area, but the two are likely to be worlds apart when it comes to what the average health care worker in each city is paid. Which only makes sense—after all, it typically costs quite a bit more to live in a city of three million people than it does in a community of only 20,000.

So, to ensure equitable reimbursement rates across a range of geographies whose labor costs vary, Medicare uses a wage index system to adjust the labor portion of its payments to providers. Currently, that index is calculated by taking the average hourly wage (AHW) paid by hospitals within a geographic area and dividing it by the national AHW.

But under a new proposal, that method of calculation would change—in a way that could impact hospitals across the spectrum.

The impetus for change stems from the Affordable Care Act, which required the Department of Health and Human Services to develop a comprehensive plan to reform the Medicare wage index system. HHS submitted its plan to Congress on April 11, with recommendations to abandon the current method of calculation, which uses core-based statistical areas (CBSAs) and metropolitan statistical areas (MSAs), in favor of a commuting-based wage index (CBWI). HHS and CMS believe the change will allow for greater accuracy in accounting for a hospital's true cost of labor.

CMS is proposing that the CBWI be calculated for each hospital by weighting the AHW of the hospital's employees based on their home ZIP code, which will yield a hospital-specific AHW. The hospital specific wage index will then be calculated by dividing the hospital-specific AHW by the national AHW.

What could this mean for your hospital? Simply put, your wage index would be based on where your employees live rather than where they work. In addition, each hospital would have its very own wage index rather than a wage index value applied to all hospitals within a given geographic area. The hospitals most impacted by the change would be those whose employees

live outside the area where the hospital is located. HHS has also taken the step of outlining what it perceives to be the advantages and concerns of adopting a CBWI.

Advantages

Under the current wage index system, more than a third of DRG hospitals nationwide reclassify to another CBSA to optimize their reimbursement. Reclassifications are generally applied for through the Medicare Geographic Classification Review Board or are automatic if the hospital resides in a "Lugar" county. Named after Indiana senator Richard Lugar, a proponent of the 1987 law that sought to correct the Office of Management and Budget's (OMB) classification system for the hospital labor market, Lugar reclassifications are automatic and occur when a county is adjacent to another CBSA and the commuting pattern to that CBSA would assign the hospital to a single CBSA under OMB rules.

Hospitals can also enhance their wage index value through an "outmigration adjustment" based on certain factors. Outmigration adjustments allow for wage index blending for counties in low wage index areas based on the number of county residents who commute to higher wage index areas.

CMS anticipates that the accuracy of the CBWI will allow for the elimination of all geographic reclassifications. Wage index reclassifications are an area of great scrutiny, and phasing them out is a priority objective for CMS.

Concerns

The first issue HHS anticipates having to confront is the availability of accurate and timely commuting data. For one thing, if the CBWI is accepted by Congress, CMS believes a new reporting mechanism will be necessary to capture employee home ZIP codes. And for another, employee specific information will need to remain confidential and not be an administrative burden on providers.

The second issue involves the potential for providers to change their hiring patterns to optimize their wage index. Since the CBWI will calculate a weighted AHW based on an employee's home ZIP code, this may give a provider an incentive to direct its recruiting efforts at specific areas, especially in populous metro areas, to optimize its AHW. Despite the concern, CMS believes any change in provider

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behavior wouldn't be any greater than steps taken to reclassify in the current environment and could be mitigated by federal policy.

The third issue centers around the impact of the CBWI on other Medicare payment systems, such as those for skilled nursing facilities and home health agencies. This has not yet been determined.

Looking Ahead

As usual, CMS expects the wage index process to be budget neutral. Therefore, some providers will gain while others will lose in the transition. HHS proposes to shift to the CBWI in a manner that will give providers adequate time to adjust to the change in reimbursement.

While the use of the CBWI to establish a hospital-specific wage index is only a proposal at this point, wage index reform in its entirety has been a top priority for CMS and Congress. All providers should begin the process of evaluating their data collection methods and analysis in this area and continue active dialogues with their lobbying groups and legislators.

We're Here to Help

Moss Adams LLP will continue to keep you informed of new developments regarding the wage index and other financial and operational issues vital to the well-being of your organization. In the meantime, for more information about this and other health care topics, please contact your Moss Adams Health Care professional.

Cheryl has built her experience in the health care field since 1981. She specifically focuses on various Medicare and Medicaid reimbursement issues and related billing and coding issues. Her experience includes project management for operational issues, organization structures, work standards and third-party reimbursement issues. Cheryl has also worked with health care providers on graduate medical education programs, compliance with CMS's provider-based requirements, such as signage, attestations, and certification and licensure of the provider-based departments in conjunction with the applicable state departments. In addition, she provides client support during Medicare and Medicaid audits and appeals. Cheryl works closely with hospitals in various states on their

payment and funding issues, which include services such as wage indices and geographic classifications and reclassifications.

Paul has been in public accounting since 2003. His experience includes providing audit and consulting services to numerous types of health care organizations, including long-term care organizations. Paul has extensive experience with not-for-profit and governmental health care organizations. As a sub-specialty, he provides reimbursement consulting services to numerous hospitals in Oregon, Washington, and California, including Medicare and Medicaid cost report preparation and appeal support. Paul is a member of the Healthcare Financial Management Association (Oregon Chapter) and the Oregon Health Care Association.

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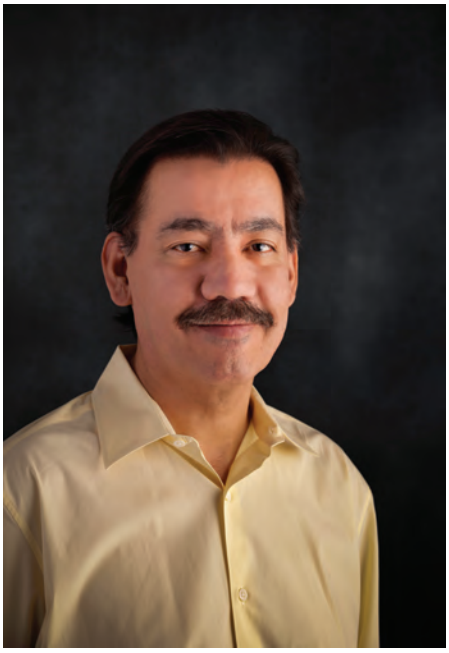
Are You Ready For Final Jeopardy?

José López, MD
Chief Scientific Officer
Puget Sound Blood Center



Imagine you're in the final round of Jeopardy. Alex Trebek is looking at you expectantly. The category: medical science. Being from the health care sector, you're pretty confident. Alex says, "This is the only human tissue not perfused by blood. Remember, your response must be in the form of a question!"

"What is the cornea?" That's the question Alex is looking for. There are no blood vessels in the cornea because its highly specialized function demands transparency – uniquely, it receives its nutrients through a process of liquid diffusion. But all other tissues and organs in your body are perfused by blood.

We know that blood is amazing, that it carries oxygen and nutrients to every cell in your body, to every organ and tissue -- except that one Alex was asking about. It fights infections. It helps heal wounds. Blood and its components are used in surgeries, and for treatment of trauma and burns. It's used in transplants and cancer therapies. But we've only just begun to discover everything we need to know about how blood therapies can benefit patient care.

Puget Sound Blood Center's Research Institute conducts comprehensive, multidisciplinary investigations into blood. We intensively study the diverse ways blood is used in health care, seeking to further improve the safety and efficacy of blood applications. We study red blood cells containing hemoglobin that transport oxygen throughout the body. And white cells – leukocytes – which are part of our immune system defending against infection. There are platelets (thrombocytes) which prevent blood loss by plugging leaky vessels, but which are also capable of killing us by forming deadly clots. And we study plasma, a fluid in which all of these cells are suspended. We do research on blood "containers," which in our world includes both vessels in our bodies and the specialized bags we use to receive donations and from which patients receive transfusions.

Let's focus on just two areas of investigation into blood: genetic typing and thrombosis prevention.

Most people will need a red blood cell transfusion at some time during their lives. Traditional blood typing began in 1901 when A, B, and O groups were identified. Advancing science revealed that blood cells carry many proteins and other molecules that differ between individuals that can be recognized by the immune system. After a patient receives a transfusion, antibodies sometimes form against those molecules. If a patient needs transfusion again, they may require specially matched blood to prevent harmful immune reactions. Emerging genetic-typing technologies make it more likely that these problems can be prevented -- and if they've occurred in the past, they can be avoided in the future. Better matching between donor and patient blood types reduces the possibility of adverse, immune system reactions arising from transfusion. Our research in this area is translational — what we are learning in the lab is applied to diagnosis and treatment. And we're involved in clinical studies, studying patients and outcomes directly.

So what do stroke, heart attacks, cancer, diabetes, malaria and lu-

pus have in common? Thrombosis is the common mechanism that connects them. Thrombosis, or unwanted pathologic blood clotting, is our newest and biggest research challenge. Strokes and heart attacks are the leading cause of premature death in the world. By conducting new research on clotting we're seeking to identify, prevent and avoid events or conditions that lead to thrombosis. Ours is the only research team in the Northwest dedicated to thrombosis research.

Blood research saves lives, and helps people regain productive, meaningful lives. Our discoveries helped make open heart surgery and bone marrow transplants possible. We've improved transfusion therapy for surgeries, and increased life expectancy for people with blood and clotting disorders. Our new research facility in the South Lake Union neighborhood houses scientists recognized worldwide for expertise in transfusion medicine, blood vessel biology, blood genetics, thrombosis, treatment of hemophilia and sickle cell disease. We're working collaboratively towards new discoveries and new cures – both internally, and with a host of partners at UW Medicine, Seattle Cancer Care Alliance, Fred Hutchinson Cancer Research Center, Seattle Children's and other institutions in the region.

So now you're ready to impress your friends while playing Jeopardy. Even the one tissue in your body that doesn't depend on blood perfusion (hint: "what is the cornea?) is depending on all the other tissues and organs that do. Our blood research saves lives – perhaps one day, even yours. To learn more about our research investigations, visit our website at psbc.org/research.

José A. López, MD is Chief Scientific Officer for Puget Sound Blood Center and leads its Research Institute. The López laboratory has been involved for many years in studies aimed at understanding the basic mechanisms of platelet adhesion, vessel blockages in sickle cell disease, and the role platelets play in inflammation. Additional focus areas include thrombosis and the role of microparticles in normal hemostasis. López is a Professor of Medicine (Hematology) and Adjunct Professor of Biochemistry at the UW School of Medicine. Prior to joining PSBC in 2006, López was Vice Chair of Medicine for Research at Baylor College, Houston.

Sprig Health Expands to Washington, Bringing a Simple way to Schedule and pay for a Doctor Online

By Kristina Gorriarán
President
Sprig Health

By definition, "sprig" means new growth. For Sprig Health, it means a new way for people to get the health care that they need.

At www.SprigHealth.com people can find appointments with a variety of doctors and practitioners at prices that are typically 20 to 30% below the average market value. Its unique model is available to everyone seeking health care, whether they have insurance or not.

Breaking down the barriers

There's no easy answer to the challenges facing the approximately 50 million Americans who lack health insurance. But we believe that Sprig Health is a step in the right direction. Our goal was to eliminate the barriers that prevent people with little or no health insurance from getting the care they need.

At www.SprigHealth.com, people can find a health care provider, schedule an appointment and prepay for their visit via credit card. Significant savings for health care services are available because payment is made up-front and doctors don't have to deal with processing insurance paperwork. For example, women's wellness exams are available for approximately $200, compared to the average market rate of approximately $450-$600.

While Sprig Health doesn't require health insurance, our customers also include insured people who lack coverage for complementary care or those with high deductible plans who need to pay out of pocket for their health care expenses.

Recognizing this, we've recruited providers from a variety of preventive, wellness and diagnostic services. Sprig Health currently offers appointments for family medicine, optometry, physical therapy and diagnostic imaging. There's also a wide range of alternative and complementary services including acupuncture, massage, chiropractic care, naturopathic services and more.

Mutual benefit for providers, customers

For patients, the benefits of Sprig Health include the transparency of up-front pricing, the convenience of online appointment scheduling, and the affordability of services. Customer surveys have been overwhelmingly positive.

As one customer put it, "I love the online booking process. I am what you would call 'under-insured' and Sprig gave me the opportunity to get health care without worrying about what it's going to cost me."

Providers seeking to maintain or grow a thriving clinic or practice also have a reason for joining.

Sprig Health helps them fill open appointment slots or cancellations and reduces administrative costs; there are no claim forms to file or billing and collections to bother with.

Kimberly Brandt, a FNP at Pearl Health in Oregon says, "I like that Sprig Health enables patients to go online and schedule an appointment with me. It gives me more time to do what I love—see patients."

New growth on the way in Washington

Launched last year in Portland, Oregon, Sprig is now ready to expand into Washington. We've already recruited over twenty providers and expect to be fully launched in the Seattle and Tacoma markets later this year.

In Washington, we have already recruited providers from a variety of practices, including dental, primary, chiropractic and naturopathic. Our long-term goal is to build a broad selection of services so that people in Washington have options when it comes to their health care.

Washington providers who are interested in signing up are welcome to contact us at 855-697-7744 (855-MY-SPRIG).

Business owners interested in partnering with Sprig Health to benefit their employees can also call us for more information about our new employer program, *Sprig Select*.

Kristina Gorriarán is the President of Sprig Health. She has held numerous leadership positions in the high technology industry over the past 20 years. Prior to leading Sprig, Kris served as Vice President & General Manager of the Electronic Control Room and Signage Division at Planar Systems in Portland, Oregon. She began her career at Xerox, ultimately serving as Vice President, Customer Satisfaction and Quality within Xerox Europe. Kris is an alumnus of the University of Oregon and she is an active community leader in Oregon. She lives in Portland, Oregon with her husband and their two teenage children.

Physician Leaders in Training

Jennifer Lawrence Hanscom
Associate Executive Director/
Chief Operating Officer
Washington State Medical Association

Of the countless terms that enter the medical field's lexicon each year, the phrase "physician leader" has garnered significant attention in the recent past. According to Hospitals & Health Networks magazine, medical school deans, health system administrators and physicians themselves, sizing up the clinical and economical shifts in the health care industry, are calling for a growth in the comprehensive leadership skill development afforded to physicians. In Washington, the Washington State Medical Association (WSMA) is providing just such an opportunity with our biannual Physicians Leadership Course.

In 2010 the WSMA conducted a survey and series of focus groups to assess our members' needs regarding the expertise outside the patient care realm. The results revealed that approximately 40% of our members practice in a group of 100 or physicians, and that the incident of leadership responsibilities was frequently disproportionate to a member's level of leadership training.

Through our focus group discussions we found that physicians in those larger practices, particularly younger physicians, were being asked to serve on committees or head sections and didn't feel prepared to do so. In addition, our members wanted to seek out the necessary training, but between their practice and personal life they didn't have the time to commit to getting a MHA or MBA.

With the help of a grant, guidance from our physician advisory board, which includes Dr. John Vassall from Swedish, Dr. Jeff Collins from Providence, Dr. Joyce Lammert from Virginia Mason Medical Center, Dr. Hugh Maloney and Dr. Edward Walker from the University of Washington Healthcare Leadership Development Alliance, we created a convenient introduction to physician leadership

The WSMA Physician Leadership Course is a partnership with the UW Graduate Programs in Health Administration, and UW Professional and Continuing Education. The course represents the intersection between physicians' needs and interests and their time constrains. Our 10-week course consists of eight weeks of online assignments and group work bookended by two in-person weekend meetings. The first in-person session spans two days and involves forming six groups of five physicians, who will collaborate throughout the rest of the course, and learning about each participant's personal and leadership style, in addition to how differing styles can interact productively.

The in-person sessions are held in either Seattle or Spokane. The online portion is formatted in a Moodle — an open source course management system — through which groups spend roughly two hours a week completing assignments and working toward a final capstone case. The course is rooted in the constructivist theory that advocates learning by actively building and doing rather than passive reading.

Divided into four units, the course covers leadership and management, quality and patient safety, planning and budgeting, and the synthesis and application of those principles.

Contributing to the Broader Picture

For Julie Mattson, M.D., family medicine physician at The Everett Clinic, leadership training had always been a goal, but time limitations had pushed the pursuit to the backburner. The changes in health care, coupled with her conviction that physicians should play an active role in health care improvements, prompted her to enroll.

"Prior to the course, I had heard terms like 'quality improvement' tossed around so much, but never really knew or understood the background or logical approach for starting such a project," says Dr. Mattson. "The course granted me basic skills and vocabulary and self-confidence for being more involved in my organization's leadership activities."

According to Dr. Mattson, those lessons will apply directly to her career and professional involvement at The Everett Clinic. For Dr. Walker, the direct relationship between what participants learn in the course and what they take back to their respective organizations is crucial.

Just as important is the familiarity physicians gain through exposure to financial, planning and interpersonal management concepts and how that exposure may spark an interest in individuals, leading to further leadership development.

"I think that trained physicians make very good leaders, because they understand how to balance what the organization needs and what the individual patient needs," says Dr. Walker. "Administrators of small and large health care organizations need strong, well-trained physician partners to help them partner with the medical and nursing staff, and these are the doctors who are most likely going to be able to do that."

For more information or to register for the upcoming WSMA/UW Physician Leadership Course, please visit the WSMA website at www.wsma.org or call 206.441.9762 (1.800.552.0612).

Jennifer Lawrence Hanscom is the Associate Executive Director/Chief Operating Officer of the Washington State Medical Association. Prior to joining the Washington State Medical Association in 1996, Jennifer worked as a survey research manager & lobbyist at Public Affairs Counsel in Salem Oregon. Jennifer received her BA at Willamette University.

Career Opportunities

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

Director of Business Services
(Eugene, OR)

Directs the management of coding, billing and collections workflow and process throughout the organization, which serves the other employees of Oregon Medical Group as well as the physicians and patients of the organization.

Education and/or Experience: Bachelor degree in HealthCare Administration or related field. Five years managerial health care experience in coding reimbursement, patient billing or related field.

To learn more and apply visit

www.oregonmedicalgroup.com

Director of Healthcare Services
Care Access and Monitoring (UM)
(Bothell, WA)

Molina Healthcare is a Fortune 500, national managed care organization dedicated to the quality service of financially vulnerable individuals & families.

POSITION SUMMARY

- This position has oversight responsibility to plan, develop, and direct all of the functions of the Care Access and Monitoring (CAM) unit including the Prior Authorizations unit, Inpatient Utilization Management unit & Transitional Care services.
- The CAM unit is comprised of 50+ employees including managers, supervisors, RNs, & social workers
- Directs all Care Access and Monitoring (CAM) functions including prior authorizations, inpatient concurrent review, and transitional care programs.

QUALIFICATION

Education:

- Bachelor's degree in Nursing and RN license required

Experience:

- Minimum of 5 years of supervisory experience in a healthcare setting including management of supervisory staff.

Licensure/Certification:

- Active RN licensure in Washington State

Contact Info:

Brian Stanley
Corporate Recruiter
Brian.Stanley@Molinahealthcare.com
888.562.5442

Chief Executive Officer
(White Salmon, WA)

Skyline Hospital is Public Hospital District Critical Access (CAH) hospital with approximately 170 dedicated employees. It is located in the heart of the Columbia River Gorge in White Salmon, WA. Skyline Hospital is a technologically progressive organization keeping abreast in all fields of healthcare while maintaining a secure financial bottom-line. Services range from cutting edge technology to a broad range and growing number of visiting physicians. Skyline Hospital provides excellent quality care to its patients with the vision of becoming the choice healthcare in the Columbia River Gorge. Skyline Hospital is privileged to have an exceptional working relationship with one of the few independently owned physician groups in Washington State.

Skyline Hospital is a newly renovated/updated patient service organization that is seeking an individual that is able to lead the hospital in continuous growth and financial stability.

To learn more contact **robinloomis@skylinehospital.org**

To apply, download and complete this application form and return with your cover letter and resume to:

Skyline Hospital
Attn: Human Resources
PO Box 99
White Salmon, WA 98672

Alternatively, fax your materials to 509-493-5114

No recruiters please

Marketing Director
(Snoqualmie, WA)

Only 30 minutes from the heart of downtown Seattle and 15 minutes from the slopes of Snoqualmie Pass, Snoqualmie Valley Hospital overlooks the beautiful Snoqualmie Valley. The Hospital offers the opportunity to work with a successful organization built on collaboration and respect. Its employees take pride in providing exceptional patient care in a spectacular Northwest setting.

Snoqualmie Valley Hospital is seeking a highly qualified candidate for the position of Marketing Director (internal title: Director, Swing Bed Intake and Marketing).

Deering and Associates has been retained to recruit their new Executive Director.

The primary responsibility of the Marketing Director is Swing Bed Program growth. The director personally develops external relationships to achieve program growth while developing and managing the Swing Bed Team with the goal of growing program referrals and maximizing the conversion of referrals into hospital admissions.

Qualifications:

Education/Training

- Experience in medical sales required

Experience

- Two to five years of previous medical sales experience with proven track record of sales growth and customer development
- Experience with customer relationship management (CRM) systems
- Knowledge and experience in post-acute care services desired
- Management experience desired

For more information please contact:

George C. Deering
President
Deering and Associates
gdeering08@comcast.net
(425) 264-0865 (Office)

Chief Program Officer
(Palm Springs, CA)

The Chief Program Officer (CPO) position is responsible for the overall development, expansion, integration and implementation of Desert AIDS Project's program strategy. The ultimate goal of Desert AIDS Project's (D.A.P.) program strategy is to achieve D.A.P.'s: 1) mission 2) community service values and 3) guiding principles. The CPO serves as a member of the leadership team and participates actively in developing D.A.P.'s overall strategic direction. The CPO leads D.A.P.'s Program Departments and sets goals, monitors work, and evaluates results to ensure that departmental and organizational objectives and operating requirements are met and are in line with the needs and mission of D.A.P.

Education and Experience: Graduate or professional degree in a relevant field (health care administration, public health, social science, business, etc.) strongly desired. At least 10 years of relevant experience working in a leadership position in a mission driven public health care setting. Thorough understanding of healthcare financing for low-income populations. Deep knowledge of health concerns among low-income people, HIV/AIDS, Federally Qualified Health Centers (FQHCs), HIPAA rules and regulations.

To apply, please send a résumé and cover letter via e-mail or fax to:

Justin Warren or
Joe McCormack
McCormack & Associates
1775 E. Palm Canyon Drive
Suite 110-202
Palm Springs, CA 92264
Phone 323.549.9200
Fax: 323.549.9222
Email: **search@mccormackassociates.com**
Online: **www.mccormackassociates.com**

All inquiries or referrals will be held in strict confidence

Chief Site Administrator
(Merced, CA)

Golden Valley Health Centers (GVHC) is a Joint Commission-accredited, private, non-profit Federally Qualified Health Center system serving the Central Valley of California with an operating budget of approximately $35 million. Through our community health centers, we provide comprehensive primary medical and dental care to an ethnically diverse population, in line with the organization's mission, values and vision.

The ideal candidate will possess knowledge and skills that will ensure success in the management and oversight for the development of high quality, patient-centered, cost effective and integrated medical and dental services. Work closely with all levels of leadership and ensure that the goals and objectives of the clinic are met. Will develop and implement all day-to-day clinical operations-related policies.

Requirements

Bachelors Degree in Health Care, Hospital or Business Administration from an accredited college or university; Masters Degree is preferred; Minimum of seven (7) years of progressively responsible administrative experience in an outpatient setting, with at least five (5) years experience in administration/staff supervision and multiple project management.

Apply at **www.gvhc.org**

Career Opportunities

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PeaceHealth is a comprehensive, Catholic not-for-profit health care system with medical centers, critical access hospitals, medical group clinics & laboratories located in **Alaska, Washington and Oregon.**

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- Director, Oncology & Palliative Care (Bellingham, WA)

Professional

- Financial Analyst Sr (Bellingham, WA)
- Program Mgr Planned Care/Medical Home (Bellingham, WA)

Clinical

- Occupational Therapist (Florence, OR)
- Pharmacist (Ketchikan, AK)
- RN, Clinical Research (Bellingham, WA)
- RN, Labor & Delivery (Ketchikan, AK)
- RN, Operating Room (Bellingham, WA)
- Speech & Language Pathologist (Ketchikan, AK)

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