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washington-alaska chapter

Member Newsletter

Dear Chapter Members,

As we close out another strong quarter, it's clear that the momentum within our chapter continues to build. Over the past few months, we've seen a meaningful rise in CRCR certifications following our multi-chapter bootcamp led in part by incoming President Marie Smith, along with record-breaking attendance at our fall event in Spokane. That energy carried into the new year with a strong showing at the Western Region Symposium in Las Vegas this past January.

Looking ahead, there's even more to be excited about. Our Spring Conference taking place April 14–16 in Bellevue, WA will bring together education, connection, and celebration, including our board installation and the informal transition to our incoming president ahead of the official change of hands at the close of our chapter year on May 31. Shortly after, a dedicated group of chapter volunteers will represent us at the HFMA National Leadership Conference in Austin, TX from April 26–28.

As we reflect on this season, it's clear how fully our current President Marni Leonard's theme, "Finding Treasure in Healthcare Financial Management," has come to life. Through education, participation, and a growing sense of community, our chapter has become a place where you can find connection, purpose, and a genuine sense of belonging, especially for those who are engaged, passionate and driven.

Cameron Marks
Communications and Newsletter Chair
Washington-Alaska HFMA

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You're Cordially INVITED ⚡

... to join us for an unforgettable 80's-themed Installation Dinner where neon colors and iconic beats set the stage for an evening of celebration. Enjoy great food, high-energy vibes, and a touch of retro flair as we officially install our new leadership and honor the achievements that brought us here.

**Tuesday,
April 14th**

**6:00 PST
HILTON BELLEVUE**

Dress Code: 80's Flair!

Program Highlights

- ★ Installation of Our New President & Board Members
- ★ Dinner & Cocktails
- ★ Music & Dancing

*Register
Here!*



Cost

Members Attending Spring Conference: Free
Members Not Attending Spring Conference: \$50
Non-Members & Guests: \$100

RSVP

RSVP by CVENT to secure your spot at this historic event. We look forward to celebrating in style as we raise our glasses to our new President!

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HFMA WASHINGTON-ALASKA 2026

Alaska Conference

May 1, 2026 | 8:30am – 5:00pm

PROVIDENCE CANCER CENTER, ANCHORAGE, AK



Register Now

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SPONSOR A MARINERS SUITE

\$2500 INCLUDES:

- Suite-Level Game Day Experience
- 4 Guests



MAY 20

Doors at 11:30 AM



AUGUST 26

Doors at 11:30 AM

For More Details Contact **Coco Wachtman** nichole@efscollects.com

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Q1 Happenings



Western Region Symposium- Las Vegas, NV



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CRCR Bootcamp

Congratulations to the following WA-AK HFMA members who have passed the CRCR since the bootcamp!

First Name	Last Name	Business Name	Title
Shannon	Barnhart	Mason General Hospital	Director, Patient Access
Sara	Bonnett		Account Resolution Specialist III
marbella	chavez	yakima valley farm workers clinic	billing specialist
Dillon	Clare	Confluence	Insurance Specialist
Robert	Dennis	Fred Hutch	Cash Reconciliation Specialist
Taylor	Dill	R1	Director, Payer Accountability
Donna Mae	Fleek	Private Business	Certified Public Accountant
Jennifer	Foskett	Overlake Medical Center	Manager, Patient Financial Services
Michael	Halbach	Kaiser Permanente	Sr. Systems Administrator
Clarence	Henderson	Kaiser Permanente	Data Reporting and Analytics Consultant III Traini
Kristin	Hise	Southeast Alaska Regional Health (SEARHC)	Revenue Integrity Analyst
Adam	Lough	The Wilshire Group / Anchor Healthcare Consultants	Sr. Strategic Advisor
La Donna	Mayfield	Kaiser Permanente	Consultant IV, Strategic Transformation & Process
Joslynn	McCreary	Trinity Health	Supervisor
Tammy	McCuller	Kaiser Permanente	IT Operations Specialist - Rev Cycle Administratio
Alexandria	McGee	Confluence Health	Insurance Specialist
Lorena	Melendrez	Confluence Health	Insurance Specialist
Armen	Minasian	STUDENT	
Maribel	Moran	Yakima Valley Farm Workers Clinic	Lead AR Billing/Coding Specialist
Heather	Morse	Kaiser Permanente	Dir, Revenue Cycle / Patient Accounts, Front
Yadira	Nunez Quezada	Yakima Valley Farm Workers Clinic	Specialty Supervisor
Bridget	O'Shea	Mason General Hospital	Financial Clearance Supervisor
Teveon	Perkins	STUDENT	
Beatriz	Pickett	Confluence Health	Insurance Follow Up Denial Specialist
Veronica	Preciado	Confluence Health	Insurance Specialist BL
Alexis	Preciado	Confluence Health	Insurance Specialist
Rachel	Price	The Rural Collaborative	Revenue Cycle Project Manager
Gerald Robert	Quinones	DashCSM	Revenue Cycle Analyst
SNYDER	REBECCA	Kittitas Valley Healthcare	Referrals Coordinator
Verenice	Reyes	Yakima Valley Farm Workers Clinic	Cash application Supervisor
Angela	Robinson	Kaiser Permanente	Audit Analyst III
Anna	Schubert	Confluence Health	Insurance Specialist
Megan	Snyder	COLUMBIA COUNTY HEALTH SYSTEM	Cash Poster
Angela	Stanford	Mason General Hospital	Patient Access Supervisor
Tracey	Tsihlakis	Kaiser Permanente	VP Insurance Billing Collections & Adjustment Post
Jacque	White	Experian Health	Revenue Cycle Solutions Consultant

Top Reasons to Earn Your CRCR with HFMA

- Career Growth: Open doors to promotions and leadership roles.
- Practical Skills: Apply actionable insights immediately at work.
- Networking Power: Connect with peers across HFMA chapters.
- Stronger Together: Collaborate across regions to tackle challenges in a dynamic industry.
- Industry Credibility: Stand out as an expert in revenue cycle management.



Navigating Rural Health Transformation Program Reporting: What Rural Hospital Leaders Need to Know About Clawback Risk

The Rural Health Transformation Program represents the most significant federal investment in rural healthcare in decades: \$50 billion distributed across all 50 states over five years. As of December 2025, every state has received its initial award, with funding averaging approximately \$200 million per state for 2026. For rural hospital CFOs and CEOs, this funding represents both tremendous opportunity and considerable accountability.

But for many rural hospital leaders, a new concern has emerged: the very real possibility that these crucial funds could be clawed back if states fail to demonstrate adequate progress and compliance.



**Pat
Atwal**

Chief Executive Officer

Pat Atwal serves as CEO of InlandRCM, guiding the company's mission to strengthen the financial health of hospitals and clinics. With two decades of executive leadership experience, she is known for fostering motivated teams that deliver consistent, measurable results. Pat approaches each client as an investment in a long-term relationship, grounded in collaboration, service excellence, and trust. Her leadership ensures InlandRCM delivers responsive support and lasting value for every client partnership.

Understanding the Stakes: Why Clawback Provisions Matter

Unlike traditional grant programs where funding is distributed and largely left alone, the Rural Health Transformation Program includes explicit clawback provisions that allow CMS to recapture funds from states that fail to meet their commitments. According to CMS Administrator Dr. Mehmet Oz, funding will be recalculated annually, giving the administration the authority to claw back funds if states don't pass promised policies or demonstrate adequate progress toward stated goals.

This is a fundamental shift in how federal rural health funding operates. States must fulfill most policy commitments by the end of 2027, or risk losing previously awarded funds. For rural hospitals that are counting on subgrants or direct support from these state allocations, this creates a cascade of uncertainty.

The Annual Recalculation: A New Accountability Model

What makes this program unique is its technical scoring system that gets recalculated every year based on state reporting. States will be continuously evaluated on their progress and must submit quarterly and annual progress reports demonstrating measurable outcomes and milestones.

According to CMS's Notice of Funding Opportunity (NOFO) released in September 2025, the program uses a "Technical Score" that evaluates three critical areas:

Data-Driven Factors: States are compared against each other on quantifiable metrics that measure actual health outcomes and system improvements in rural areas.

Initiative-Based Factors: CMS conducts qualitative assessments of programmatic initiatives, evaluating whether states are following through on the specific projects and interventions outlined in their approved applications.

State Policy Action Factors: States can lose funding if they fail to implement policy changes they committed to in their applications.

What Triggers a Clawback? Seven Compliance Violations to Watch

Based on CMS guidance and the Notice of Funding Opportunity, several specific violations can trigger fund recapture:

- 1. Using funds for unapproved or restricted activities** – This includes spending on new construction, certain clinician salaries, independent research and development, EMR replacement beyond specified limits, or services that duplicate existing billable services.
- 2. Failing to finalize proposed state policy actions** – If a state committed to implementing specific policies but doesn't follow through by the December 2027 deadline, funds are at risk.
- 3. Not benefiting rural areas broadly** – CMS expects funds to have a measurable impact across rural communities, not just benefit isolated providers or regions.
- 4. Missing reporting deadlines or requirements** – States must file Federal Financial Reports (SF-425) either annually or semiannually, along with quarterly and annual progress reports. Missing these deadlines can jeopardize funding.
- 5. Failing to follow through on application commitments** – The initiatives, timelines, and outcomes metrics states outlined in their applications create binding obligations.
- 6. Violating terms and conditions of the award** – This includes standard federal grant compliance requirements under 2 CFR 200 and HHS Grants Policy Statement provisions.
- 7. Mismanagement, fraud, waste, or abuse** – Any improper use of funds, including cybersecurity breaches involving protected health information, can result in clawback.

The Metrics That Matter: What Success Looks Like

States were required to identify at least four quantifiable performance metrics in their Rural Health Transformation Plans, with targets for measurable outcomes. These typically fall into three categories that rural hospitals should be tracking:

Access Metrics: Number of primary care visits in rural clinics, patient travel time to nearest hospital, specialist appointment wait times in rural areas, and expansion of telehealth services.

Quality and Health Outcomes: Rural hospital readmission rates, chronic disease management indicators (diabetes control, hypertension rates), maternal and infant health outcomes, and rural opioid overdose death rates.

Financial Metrics: Operating margins of rural hospitals in aggregate, reduction in uncompensated care at rural hospitals, and the number of rural hospitals achieving financial sustainability.

If your hospital is receiving subgrant funding or participating in state-administered initiatives, you should understand which specific metrics your state is tracking.

Preparing Your Hospital: Five Action Steps for Rural Healthcare Leaders

1. **Understand Your State's Specific Plan:** Review your state's approved Rural Health Transformation application to understand the commitments made, timelines established, and metrics being tracked. Many states have published these on their health department websites.

2. **Align Your Initiatives:** If you're pursuing subgrants or participating in state-funded programs, ensure your projects directly support the outcomes your state committed to measure. Document how your initiatives contribute to statewide goals.

3. Build Robust Data Systems: You'll need the infrastructure to collect, analyze, and report on the specific metrics your state is tracking. Consider whether your current revenue cycle management and data analytics capabilities are sufficient.

4. Plan for Sustainability: Remember, this five-year funding ends in 2030. Any programs you launch should either be self-sustaining or have a clear wind-down plan that doesn't destabilize your operations.

5. Maintain Meticulous Documentation: In an environment where funds can be clawed back, documentation is your protection. Track how funds are used, maintain evidence of outcomes achieved, and preserve records of compliance with all program requirements.

The Bottom Line for Rural Hospital Executives

For rural hospital leaders, the key to the Rural Health Transformation Program is proactive engagement. Work closely with your state health department to understand reporting requirements, ensure your initiatives align with state commitments, and build the systems needed to track and document your contribution to statewide success metrics. By understanding the clawback risks upfront and building compliance into your strategic planning, you can position your organization to benefit from this historic investment while protecting against the downside of fund recapture.

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2026-2027 Chapter Calendar

January



February



March



April

HFMA WA-AK Spring Conference

04/14-04/16
Bellevue, WA
[Event Details](#)

HFMA Leadership Summit

04/26-04/28
Austin, TX
[Event Details](#)

May

HFMA WA-AK Alaska Conference

05/01
Anchorage, AK
[Event Details](#)

HFMA WA-AK Mariners Social

05/20
[Contact Nichole Wachtman for Details](#)

June

HFMA Annual Conference

06/07-06/10
Harbor, MD
[Event Details](#)

July

HFMA Networking Social

Date & Location TBD
[Contact Nichole Wachtman for Details](#)

August

HFMA WA-AK Mariners Social

08/26
[Contact Nichole Wachtman for Details](#)

September

HFMA WA-AK Women's Conference

Date TBD
Renton, WA
Details forthcoming

October

HFMA WA-AK Fall Conference Golf

Indian Canyon Golf Course
10/12
Spokane, WA

HFMA WA-AK Fall Conference

Spokane, WA
Details Forthcoming

November

HFMA Networking Social

Date & Location TBD
[Contact Nichole Wachtman for Details](#)

December

HFMA Networking Social

Date & Location TBD
[Contact Nichole Wachtman for Details](#)

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