

Mountain Views

Sept/Oct 2013



Thank you for your participation in last year's survey! We still need your help!

Every year HFMA National sends out a member satisfaction survey to all our members. Historically, the response rate from our chapter hovers around 20%. Chapter leadership appreciates all who responded to our survey last year! We heard you and are working hard to continue serving our membership in new and exciting ways! The survey is designed

to have members rate the chapter as Extremely Satisfied, Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied or Extremely Dissatisfied. Our chapter is measured only on the percentage of those who responded with either Extremely or Very Satisfied. While the response rate was similar to the previous year, the chapter's survey results increased by 10% to 58% who responded as being either Extremely or Very Satisfied with the services provided by our chapter.

Each year National HFMA establishes certain benchmarks for the chapters. This year chapters are required to meet either a 60%, or 5% increase from the previous year, of chapter members responding as being either Extremely or Very Satisfied.

The survey will be sent from National at the end of October to our members, and we are looking for your attention again! The survey asks members to rate the chapter on the previous chapter year. We'd like to remind our members of all that we accomplished together during the 2012-2013 year with an overview of major milestones.

Education:

The 2012-2013 education year was packed with a variety of learning venues, topics, and speakers. Our mission was to continue to be the indispensable resource for healthcare

financial professionals and deliver the right message, at the right place at the right time.

Some of the education programming highlights were:

- Revised the Revenue Cycle and Claims Workshop into the Fall and Spring Institutes. Multiple tracks-institutes were held in Concord, NH and Lake Morey, VT to address location concerns for attendees. Pricing was held the same as the previous year.
- Significantly increased the number of webinars offered at no cost to HFMA members. These were usually held during 12:00-1:00 pm to reduce scheduling conflicts for attendees.
- Creation of Speaker Bureau set up to attract a variety of speakers, a way to assess appropriate topics to deliver timely education while providing sponsors a venue to present on a topic. This created additional valuable education offerings through the Speaker Bureau webinar series offered at No Cost to HFMA members. These were also usually held during 12:00-1:00 pm to

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MOUNTAIN VIEWS is published five times a year. Our objective is to provide members with information regarding chapter activities as well as ideas to help the individual in the performance of his/her duties.

EDITORIAL POLICY-The editor strongly encourages the submission of material for publication. Articles should be typewritten and doubled spaced. Letters should be neat and legible and must be signed. The editor reserves the right to edit material and accept or reject contributions whether solicited or not.

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Opinions expressed in articles or features are those of the author and do not necessarily reflect the views of the Healthcare Financial Management Association, New Hampshire/Vermont Chapter or the editor.

Welcome to the New Chapter Year! Strategic Plan Update



June 1st marked the beginning of a new program year for the NH/VT HFMA Chapter. The chapter had a very successful 2012-2013 year thanks to the support of our members and the impressive dedication of all of our volunteers. We appreciate all of your support and efforts!

We are striving to keep the momentum going and diligently serve our members through continuing our work on our strategic plan goals while demonstrating the value of HFMA to our membership. I am excited about the efforts underway by our hardworking and talented team to serve our members this year.

We will continue to focus on:

- Increasing our new volunteer base by inviting others to become involved and share their ideas.
- Mentoring new volunteers and new members in our chapter/industry.
- Utilizing a variety of education venues/methods that best serves our members. This includes increased webinars and specific location and target audience events.
- Ensuring timely topics and high quality speakers at education programs.
- Increased collaboration with other organizations such as MGMA, ACHE, the NH & VT hospital associations and other HFMA chapters for education events.

Your local Chapter leadership team is continually focused on being the indispensable resource for Healthcare Financial Professionals. With all of

the industry changes taking place (Health Insurance Marketplace, Changing Reimbursements, ICD10, ACO, 501r and (potential in NH) Medicaid Expansion-to name a few) it can be an overwhelming and daunting challenge to stay ahead of every issue and comprehend the impact it will have on the healthcare landscape. The team has planned events to help our members navigate the new terrain of healthcare.

Steve Rose, the 2012-2013 HFMA National Chair introduced as his theme, "Whatever it Takes."

He explained at LTC and ANI that members of organizations had to pitch in and work together in new and collaborative ways in areas that may not always fall under the finance domain. Team members need to ask, "if not me then who?"

Can we challenge ourselves to be "we thinkers" vs. "me thinkers?" I think it is something we must each ask of ourselves and our organizations during this pivotal time in healthcare.

Our leadership team is first and foremost dedicated to serve our members. We look forward to working on your behalf this year. I invite you to contact me or any member of our leadership team with suggestions, ideas or to participate in our chapter so we can all do "Whatever it Takes" to succeed.

Sincerely,

Sandra Pinette

Chapter President

Thank you for your participation in last year's survey! We still need your help!

(Continued from Cover)

- reduce scheduling conflicts for attendees.
- All webinars were recorded for "on-demand" listening. Offered at no cost to HFMA members.
- Chapter collaboration with NHHA PFS/VAHHS VPAM to deliver education through a program series at a location and time convenient for those working closely through ICD-10 implementation.
- Post-election Update from Chad Mulvany from HFMA National on the landscape of the industry, ACA, and future impacts.
- Reimbursement / Cost Report boot camp held in Manchester NH.
- Regularly scheduled NH-VT Legislative Updates Webinars-offered at No Cost to HFMA members.
- NHVT HFMA/MGMA educational program collaboration on ACOs.

- ACO Program with all major NH and VT ACO's discussing status and plans followed by a robust panel discussion with several hospital CEO's, clinical leaders and ACO leaders.
- Annual Meeting at the Inn at Mills Falls, Meredith, NH which included:
 - HFMA Nationally recognized speakers
 - CFO Breakfast
 - CFO Panel
 - Local Updates from Providers
 - Chapter Awards Dinner
- More information posted on NH/VT HFMA LinkedIn page to get the word out about upcoming events.
- HFMA National awarded the Chapter two Yerger Awards for collaboration and innovation for the ICD-10 and speaker bureau programs.
- National HFMA recognized the Chapter with a Hottum Award for education program-

ming during the 2012-2013 year. The Hottum Award is the highest level to be achieved by a chapter, recognizing chapters that have achieved a significant increase in educational performance from one year to the next, and is based on the education hours per chapter member.

Certification:

- Summer Certification Coaching Webinar Series in which we collaborated with 3 other chapters.
- Additional Webinar Series facilitated through nationally recognized certification instructor Christoph Stauder to further support the learning needs of the certification practicum.
- Six new certified members in our chapter during 2012-2013.
- National HFMA recognized the efforts of the webinar series with a Multi-Chapter Yerger

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New Hampshire Hospital Association Legislative Update

by Leslie Melby

The New Hampshire Legislature wrapped up its six-month session in late June with passage of the state budget for the next two years beginning July 1, 2013. Despite the discord leading up to the final bipartisan budget agreement, the state's \$10.7 billion two-year budget was overwhelmingly supported by the House and Senate and signed into law by Governor Maggie Hassan.

Medicaid DSH (disproportionate share hospital) funding for hospitals remains a concern. But thanks to the persistence of Senate leadership, the final budget compromise includes an additional \$40 million for DSH payments in FY 2014. However, hospitals are significantly shortchanged in the second year of the biennium, with possible resolution through a federal waiver. Budget writers increased funding for behavioral health services, created a study commission to weigh in on Medicaid Expansion in New Hampshire, and reformed the state's Certificate of Need program.

Legislators are currently studying bills they held over for action next year. NHHA has been working closely with legislative committees on two bills introduced last session in response to the drug diversion incident at a New Hampshire hospital last year.

Medicaid State Budget – Payment Rates and DSH

The Legislature passed a \$10.7 billion budget for the next two years beginning July 1st. Throughout the session budget writers acknowledged that the Medicaid program is vastly underfunded and that additional revenues are needed to support patients and communities. In an attempt to revitalize the state's DSH program, an additional \$40 million is front-loaded in FY 2014, leaving hospitals vulnerable in FY 2015. It's expected that this will force efforts to leverage additional federal funds through a Medicaid 1115 waiver.

Medicaid Hospital Payments

The state budget includes Medicaid funding for inpatient and outpatient hospital services at \$143 million in FY 2014 and \$137 million in FY 2015. The reduction in the second year is attributable to projected savings from Medicaid Managed Care, and an additional \$29 million is available due to the ACA primary care rate increase.

DSH/Provider Tax

The budget bill created a Medicaid Enhancement Tax Commission to address ongoing concerns about the definition and interpretation of Net Patient Revenues on which the MET is assessed. The Legislature's intent is to simplify the MET calculation and improve the predictability of annual MET revenues. The Commission held its first meeting August 21st and will complete its work by November 1, 2013. Three members of the Commission represent CAH, PPS and specialty hospitals.

Medicaid Expansion

Legislators did not provide for Medicaid Expansion in the budget. Instead, they created a study commission on Medicaid Expansion. With a deadline of October 15, 2013, the Legislature left open the possibility for a January 1st implementation. NHHA and our stakeholder partners are continuing to push for implementation by January 2014.

The Commission is currently studying:

- Potential costs and benefits of expanding Medicaid
- Feasibility of tailoring the Expansion to maximize federal funds; purchase private health insurance; use the insurance Marketplace for those at 100-138% of the poverty level, use co-payments and incentives
- Availability of providers
- Impact on cost-shifting
- Ways to provide legal and financial protection to NH if the federal government reneges on its funding obligation

The Commission has scheduled a public input session for August 27th to hear from a panel of NH health care providers and other interested members of the public. Commission members will begin deliberations on Medicaid Expansion options in September. It's expected that a special session of the Legislature will be held in the fall on legislation that would enable Expansion implementation for January 2014.

Behavioral Health Funding

An additional \$24 million has been appropriated to boost the state's behavioral health system in order to implement New Hampshire's Ten-Year Mental Health Plan, "Addressing the Critical Mental Health Needs of NH's Citizens: A Strategy for Restoration." Initiatives to be funded include:

- Expansion of inpatient capacity to reduce and/or eliminate wait times in hospital EDs for an inpatient bed and to provide stepdown capacity in order to discharge patients from NH Hospitals.
- Expansion of housing options to reduce readmissions to NH Hospitals, reduce inpatient stays at NHH, discharge patients who are homeless into stable housing, improve treatment outcomes, and reduce costs.
- Addition of 10 Assertive Community Treatment (ACT) teams to reduce admissions and readmissions to inpatient programs, reduce inpatient stays, reduce hospital ED visits and improve outcomes.
- Increased funding for the Referral Education and Assistance Program to provide outreach and evaluation to older adults with mental illness or substance abuse problems.

Medicaid Managed Care

Due to low payment rates, the three Medicaid MCOs have had difficulty establishing adequate provider networks over the past year. In order to provide them greater flexibility to increase payment rates to hospitals and other providers, NH Medicaid raised the PMPM rates. To further expedite provider enrollment, the Legislature required hospitals to sign on with the MCOs by August 1, 2013 in order to receive their DSH payments

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Test Your Knowledge

1. Which one of the following is an integral part of the financial statements:
 - (a) Balance Sheet
 - (b) Statement of Operations (Income Statement)
 - (c) Statement of Changes in Net Assets
 - (d) Statement of Cash Flows
 - (e) Notes to Financial Statements
2. Financial Statements typically present two years side-by-side.
 - (a) True
 - (b) False
3. Current Assets are cash and other assets that are expected to be turned over in
 - (a) three months
 - (b) six months
 - (c) one year
 - (d) three years
4. Which one of the following is not considered patient service revenue:
 - (a) Medicare
 - (b) Medicaid
 - (c) Capitation
 - (d) Managed Care
 - (e) Commercial Insurance
5. After what date is bad debt shown as contra revenue instead of an operating expense?
 - (a) January 1, 2012
 - (b) December 31, 2011
 - (c) September 30, 2011
 - (d) December 15, 2011
6. Only securities held to maturity are reported at cost; all others are reported at fair market value with the realized/unrealized gain/loss included in income.
 - (a) True
 - (b) False
7. Which of the following is not a Profitability Ratio:
 - (a) Operating Margin
 - (b) Contractual Discount Percentage
 - (c) Acid Test
 - (d) Non-Operating Gains
 - (e) Return on Equity
8. Which of the following is not a type of budget:
 - (a) Operating
 - (b) Statistical
 - (c) Capital
 - (d) Cash
9. Responsibility reporting refers to the delegation of responsibility for the adherence to budgets to the budget's owner at the departmental level and holding them responsible for variances between actual and budget.
 - (a) True
 - (b) False
10. Contribution Margin per unit equals the revenue per unit minus the fixed cost per unit.
 - (a) True
 - (b) False
11. At breakeven, contribution margin equals
 - (a) Fixed costs
 - (b) Variable Costs
 - (c) Revenue
 - (d) Profit
12. The present value rule states that a project should be adopted only if the present value of the cash flow it generates in the future exceeds the cost.
 - (a) True
 - (b) False
13. Which of the following is a component of the patient care function of the revenue cycle process:
 - (a) Financial Counseling
 - (b) Admissions and Registration
 - (c) Case Management
 - (d) Pre-registration
14. Segregation of duties is an accounting control that limits the access to assets.
 - (a) True
 - (b) False
15. Which of the following is not a core element of the mandatory compliance plan:
 - (a) Written standards and procedures
 - (b) Non-delegation of authority to sanctioned individuals
 - (c) Consistent enforcement
 - (d) Periodic assessment of the program
 - (e) None of the above
16. Providers who participate in Medicare receive 5% higher reimbursement than non-participating providers.
 - (a) True
 - (b) False
17. Which of the following is not an element of a valid contract;
 - (a) Mutual Assent
 - (b) Consideration
 - (c) Choice of Law
 - (d) Capacity
18. MS-DRGs consist of up to three severity levels. The 'basic' DRG without comorbidities makes up what percentage of the discharges:
 - (a) 85%
 - (b) 75%
 - (c) 70%
 - (d) 60%
 - (e) 50%
19. APR-DRGs are used today by how many states for evaluating hospital performance:
 - (a) 15
 - (b) 20
 - (c) 25
 - (d) 40
20. Which of the following is not a HFMA MAP key:
 - (a) Charity Care
 - (b) Preregistration rate
 - (c) Clean Claim Rate
 - (d) Cost to Collect
 - (e) Bad Debt

Answer Key:
 (1) E
 (2) A
 (3) C
 (4) C
 (5) D
 (6) A
 (7) C
 (8) B
 (9) A
 (10) B
 (11) A
 (12) A
 (13) C
 (14) A
 (15) E
 (16) A
 (17) C
 (18) D
 (19) C
 (20) E

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Mark A. Hartman, HFMA, CPA, SVP Finance & Treasurer, Arkansas Heart Hospital



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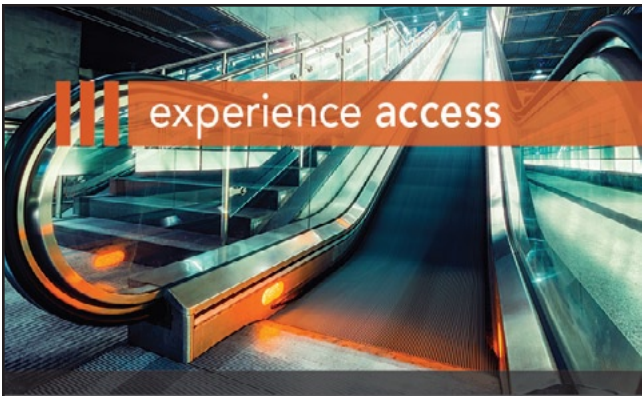
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Have you visited HFMA's Online Membership Directory lately? Log in at <http://www.hfma.org>. When you select "HFMA Directory," not only can you search for members of your chapter, you can also search for all your HFMA colleagues by name, company, and location—regardless of chapter! Using an online directory instead of a printed directory ensures that you always have the most up-to-date contact information.

While accessing HFMA's Online Membership Directory, you can view your current contact information and make edits to your profile. You can also see products you have ordered, events you have registered for, your CPE credits, your Founders points, and more!

It's vital that HFMA has your correct information, so please take a moment to review your record now. By doing so, you'll ensure that HFMA continues to provide you with valuable information and insights that further your success.

Take The Next Step – Get Involved

You know that HFMA provides relevant education events, and you know that the certification programs give you a superior understanding of the health care industry (your boss knows too, by the way), but what else can your membership do for you? For starters:

- Give you opportunities to network with other members throughout NH and VT
- Help you develop leadership skills
- Let you help set the course for educational programs and newsletter articles

Involvement in HFMA provides opportunities that may not exist in your day job. The chapter Board (all volunteers) and committees (also all volunteers) want to give you every opportunity to get as much out of your membership as we have; we've made increasing volunteer involvement a goal in our strategic plan.

To achieve that goal, we've added a Volunteer Coordinator position and have made a concerted effort to make sure you know what opportunities are available. You'll see lists of where we need your help in the newsletter and on our website. We'll be contacting CFOs regularly to let them know what's available and ask them to encourage members to participate. And we're going to ask members to help.

If you're a new member or newly certified, you may get an email asking if you would be interested in helping with a specific project. If you're not one of those, please call us. There are small tasks and big projects, ongoing commitments and one-off requests. Some may be right for you, some not. If you're interested, we'll help find something that you'll enjoy.

You'll find current opportunities in the "Get Involved" section of this newsletter. Please email the coordinator at Judith.a.deavers@hitchcock.org and let's talk about increasing the benefits of your membership.

Medicare QuickStop

Gerri Provost, FHFMA
Baker Newman Noyes

- Placed on display on August 2, 2013, the FFY 2014 Inpatient Prospective Payment System (IPPS) Final Rule was published in the Federal Register on August 19, 2013. This Final Rule is effective for discharges occurring on/after October 1, 2013. Highlights of the FFY2014 IPPS Final Rule include:

Payment rates for inpatient stays in acute-care hospitals paid under the IPPS that successfully participate in the Hospital Inpatient Quality Reporting (IQR) Program will be increased by 0.7 percent. This increase reflects a market basket update of 2.5 percent, less a 0.5 percentage point multi-factor productivity adjustment, less a 0.3 percentage point adjustment required by the Affordable Care Act (ACA). It takes into account a negative 0.8 percent recoupment cut to the standardized amount to begin implementing the documentation and coding adjustment in FY 2014. Also taken into consideration is an additional 0.2 percent reduction to offset projected spending increases associated with proposed new admission and medical review criteria for inpatient services.

Annual payment updates for those hospitals that do not successfully participate in the IQR Program are reduced by 2.0 percentage points. Commencing in FY 2015, hospitals that do not participate in the Hospital IQR Program will lose one-quarter of the percentage increase in their payment updates. The number of quality measures hospitals are required to report under the Reporting Hospital Quality Data for annual payment update is reduced under this Final Rule from 59 to 57 measures for FY 2015 and FY 2016.

CMS finalized proposals to implement Section 3133 of the ACA that will reduce and repurpose DSH payment. In FY 2014, hospitals that are eligible for DSH payments will receive 25 percent of the amount they previously would have received under the current methodology plus an uncompensated care payment comprised of three factors: 1) the remaining 75 percent of total DSH payments 2) adjustment factor reflecting the decline of uninsured under age 65 and 3) each DSH eligible hospital's share of total of uncompensated care furnished by all DSH eligible hospitals.

The Final Rule responds to hospital requests for additional guidance concerning when an inpatient admission is appropriate and payable by Medicare; CMS codified the definition of an inpatient admission at 42 CFR Section 412.3. The Final Rule creates a presumption that an inpatient admission is reasonable and necessary for encounters that cross "two midnights" in the hospital and for procedures on the "inpatient only" list.

The Outlier fixed loss threshold for FFY 2014 is \$21,748, slightly lower than the FY 2013 threshold of \$21,821.

In FY 2014, the maximum penalty under the Hospital Readmissions Reduction Program increases to 2 percent of a hospital's base operating DRG payments.

Beginning in FY 2014, labor and delivery days will be considered inpatient days for purposes of determining the Medicare share for direct graduate medical education (GME) payments. In addition, a GME hospital can no longer count and be reimbursed for the time residents train at critical access hospitals, even if it incurs the cost.

All applications for Round 6 GME and IME slots under the Sec. 5506 closed hospital slot redistribution program must be received by the CMS Central Office by October 31, 2013.

Starting in FY 2015, CMS will penalize the 25 percent of hospitals with the worst Hospital Acquired Condition (HAC) performance by reducing all inpatient payments by 1 percent.

- The Rural Hospital Access Act of 2013, Senate Bill 842 and House Bill 1787, was introduced this Spring to extend the Medicare-dependent hospital program and increase payments under the Medicare low-volume hospital program through September 30, 2014. Both programs are set to expire at the end of FFY 2013. To date, 20 senators have co-sponsored S.842 and 56 house members have co-sponsored H.R.1787.
- The 2.0 percent sequestration reduction to all lines of Medicare payment for dates-of-service or dates-of-discharge on or after April 1, 2013 is being made on claims payments. The cost reporting forms have not been updated to incorporate sequestration into the Medicare cost report settlement for filing purposes. The 2 percent reduction will also apply to Medicare EHR incentive payments for reporting periods ending on and after April 1, 2013.
- According to CMS's FY 2015 Hospital Wage Index Development Timetable, two preliminary FY 2015 wage index files will be released on September 13, 2013. November 21, 2013 is the deadline for hospitals to request revisions to their Worksheet S-3 wage data and occupational mix data as included in the September PUFs, and to provide documentation to support the requests.

Tips on Preparing for the HFMA Certified Healthcare Financial Professional (CHFP) Examination

Judith LaFrance
NH/VT HFMA Certification Committee

As members of the NH/VT Certification Committee, our primary role is to coach and mentor candidates preparing to take the Certified Healthcare Financial Professional (CHFP) exam. However, many of you may not know that I am also currently a candidate for the exam. While I am not new to finance, I am new to the world of hospital finance; so I knew that preparing for the exam would have its challenges.

First thing I needed to do was to review how was I going to approach studying for this exam. Being new to hospital finance I knew there was a lot I had to learn. I decided to speak with others that either were currently studying for, or already had, taken the exam to find out how they approached preparing for the exam.

In talking with several individuals, I found some common themes among them as well as some study tips I'd like to share.

1. Develop a timeline and a schedule for studying that works for you within your day. Find a time where you can focus and be disciplined about it. For some it may mean getting up a half hour earlier every day to study while for others it may mean designating several hours a specific day/ time of the week. Most agree, however, that preparing for the exam takes about 30-50 hours of study time.
2. Webinars and On-line Study Guides – The NH/VT Chapter, along with three other HFMA Chapters, have developed, with Christoph Stauder, a former

healthcare consultant with Arthur Andersen, a webinar series to coach candidates through each Knowledge Domain for the certification examination. Christoph has a wealth of knowledge and his straightforward approach and his ability to share information in a very succinct manner makes the impossible seem possible. Anyone thinking about becoming certified should definitely take advantage of this series.

In addition to the webinar series provided by the Chapter, HFMA also provides an on-line study guide. This on-line study guide is a great way to test your knowledge after participating in the webinar series. There is a 'practice' exam at the end of the study guide where you can test your knowledge and identify the areas where you may need improvement. However, don't be fooled. Passing this practice exam does not guarantee that the 'real' one will be similar.

3. Know your ratios - If you speak with any candidate who is currently studying for the exam, or has taken and passed the exam, they will all say you need to not only review and understand your ratios, but you need to memorize your ratios. Many of the candidates (as well as certified members) strongly recommend using flash cards to learn your ratios. And for those of you using an iPhone (or iPad) there is a flashcard app that allows you to have your flashcards at your fingertips at all times.

This exam is not one to take lightly. While it is not difficult, it is challenging. The questions are very diverse and specific. Questions that may seem easy to answer can be some of the most difficult (to answer). Be sure to focus on those areas you feel you are not as strong, i.e. those with a background in revenue cycle may want to spend more of their time focusing on financial reporting.

Finally, while there are many resources for candidates who are trying to achieve this certification, however, ultimately they have to be dedicated to achieving this goal. Your success in passing is completely in your hands. It will be a fulfilling and worthwhile achievement once you receive your CHFP designation.



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Submission deadline 10/15/13 or 12/11/13

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- Free CPE's available
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Accounting Corner

Public vs. Non-public Not-for-profits, Simplified Accounting for Private Companies and Revised Lease Accounting

By W. Karl Baker, CPA

Through approximately August 15, 2013, the Financial Accounting Standards Board (FASB) has been active by issuing 11 Accounting Standards Updates (ASUs) along with a combination of 18 proposed ASUs which includes consensus of the Emerging Issues Task Force (EITF) and the Private Company Council (PCC) (collectively referred to as Proposed ASUs).

The list of ASUs include the following 2013-01 – Balance Sheet, 2013-02 – Comprehensive Income, 2013-03 – Financial Instruments, 2013-04 – Liabilities, 2013-05 – Foreign Currency Matters, 2013-06 – Not-for-Profit Entities, 2013-07 – Presentation of Financial Statements – Liquidation Basis of Accounting, 2013-08 – Financial Services – Investment Companies, 2013-09 – Fair Value Measurements, 2013-10 – Derivatives and Hedging, and 2013-11 – Income Taxes.

A select list of proposed ASU topics include Derivatives and Hedging, Presentation of Financial Statements, Investments – Equity Method and Joint Ventures, Leases, Intangibles-Goodwill and Other, Business Combinations, Consolidation, and Definition of Public Business Entity.

Some have more relevance to the health care industry than others. We will focus on a couple matters in this issue of “Accounting Corner”.

The FASB addressed in Proposed ASU 2013-310, “Definition of a Public Business Entity,” issued on August 7, 2013, that essentially will remove the distinction between public versus nonpublic, not-for-profit (NFP) entities in future accounting standards. Instead, each standard will be evaluated on a case-by-case basis whether future standards will apply to NFPs.

Secondly, it is important to note the FASB is making progress in issuing proposed accounting standards that would apply to private companies. These new standards, once and if adopted, will allow for different (and simpler) accounting standards for any company that is considered a “private company.” On July 1, 2013, the PCC issued three Proposed ASUs requesting comments on proposed standards for private companies pertaining to the following topics: business combinations, intangibles – goodwill and other, and derivatives and hedging. All three of these Proposed ASUs by the PCC have excluded non-profits, but again, future standards could apply. This new process will track similarly to the current ASU process, including proposed ASU, comment period, and approval period.

Finally, on May 16, 2013, the FASB issued its latest iteration of a revised accounting standard on leases. In this Proposed ASU, the “right of use” model survived, meaning the general rule will be that all lessees will be required to treat leases with a maximum possible term of more than 12 months as a financing lease therefore the lease will be capitalized on the balance sheet. The asset will be classified as a “right-to-use” asset with a corresponding “lease liability” on the other side of the balance sheet.

The accounting for these leases depend on whether the lessee is expected to consume more than an insignificant portion of the economic benefits embedded in the underlying asset. For most assets in the “equipment” category, accounting will fall under a Type A Lease as usage will be more than insignificant. The accounting will be similar to a capital lease under existing accounting standards. For assets in which the lessee does not expect to consume more than an insignificant portion of the economic benefits embedded in the underlying asset, Type B lease accounting rules will apply in which the recognition, measurement, and presentation of the lease will be a straight line amortization as payments are made. Leases of land, buildings, and/or parts of a building will fall in this category.

For leases with a maximum possible term of 12 months or less, lessees would be permitted to develop an accounting policy to apply simplified accounting requirements akin to current accounting for operating leases.

Contact me with questions about these or any other accounting matters you may have.

New Hampshire Hospital Association Legislative Update

(Continued from Page 4)

A Medicaid Managed Care Commission was established by Governor Hassan to advise her on the implementation of the State's Medicaid Managed Care program; seek input and expertise from the public; assess the program's progress and performance; assess the need for future changes; and review proposed plans for all phases of the program. The Commission has been meeting monthly since May and has been gathering information on implementation, Medicaid Expansion, network adequacy, long term care, 1115 Medicaid waiver, and client communications and enrollment. The Commission has publicly endorsed Medicaid Expansion. The Commission's website, <http://www.governor.nh.gov/media/news/2013/pr-2013-04-10-medicare-care.htm>, includes all meeting materials including agendas and minutes.

Health Insurance Exchange/ Marketplace

Despite session long efforts to prevent the implementation of the ACA, the Legislature passed the necessary provisions to allow New Hampshire to move forward with its Marketplace plan management. New Hampshire law is now in conformance with the ACA so that the NH Insurance Department can enforce ACA consumer protections (subject to approval by the legislative Health Reform Oversight Committee); allow tobacco rating to be introduced in the small group market; and allow age to be used as a rating factor.

Efforts to provide consumer assistance related to marketplace outreach and education, as well as providing assistance to eligible individuals with tax subsidies, are developing despite efforts by opponents of the ACA to reject federal funds to be used to provide outreach assistance. Most recently, federal funding was awarded to Bi-State Primary Care Association and Planned Parenthood of Northern New England to assist consumers.

NHHA is continuing to work with strategic partners and the NHID

to ensure that consumers can access assistance to obtain information on health insurance coverage options.

Health Costs

A growing concern of state and county corrections officials around the cost of health care for prison inmates prompted legislation, HB 432, relative to health care costs for county and state inmates, to cap payments for health services provided by licensed independent healthcare providers to prison inmates at 125% of Medicare. The bill retains current law regarding payments to hospitals and adds a new provision requiring Medicaid payment for care provided to inmates who qualify for Medicaid in accordance with the ACA.

Health price transparency is the subject of a retained bill, HB 476, relative to medical care price disclosure and transparency. As introduced, HB 476 would have required health care providers to provide the "direct care price" for medical services upon request by an uninsured patient. It also would have required hospitals to extend uninsured patient discounts to insured patients and their employers. Over the past several months, the Insurance Department has provided information on its NH HealthCost website that provides consumers pricing information for hospitals throughout the state. Legislators are now focusing on improvement and expansion of this website. Deliberations are continuing and recommendations are expected for the 2014 session.

Patient Safety

New Hampshire's hospitals supported HB 293 to update the state's adverse events reporting system for hospitals and ambulatory surgery centers. As of July 15, 2013, the list of reportable adverse events enumerated in NH statute has been replaced with a reference to the National Quality Forum (NQF) publication of serious reportable events. In a reaction to NH's drug diversion incident, the Legislature

(Cont'd on page 16)

NH VT HFMA Education Calendar

2013-2014

Date	Topic	Location	Coordinator(s)	Education Co-Chair
10/1/2013	NH/VT Legislative Update Webinar	Webinar	Jeff Walla	Jeff Walla
10/9/2013	Fall Institute	Lake Morey, VT	Wendy Dumais	A Vaughan/G Provost
10/23/2013	Speaker Bureau Webinar #3 Crash Course for Supply Chain Cost Reduction	Webinar	Mike Long	Amy Vaughan
11/13/2013	NH MGMA Co-Sponsored Meeting Health Insurance Exchange & NH Medicaid	Manchester, NH	Jake Schwamb, Angela Parisi	Gerri Provost
11/15/2013	NNE AHCE Annual Meeting - Co-Sponsorship	Woodstock, VT	Diane Maheux, Brandon Lynch	Jeff Walla
12/5-12/6/13	Medicare Cost Report Boot Camp	Portland, Maine	Gerri Provost	Gerri Provost
12/12/2013	Strategies for Health Care Reimbursement	Manchester, NH	Amy Vaughan, Gerri Provost	Amy Vaughan
1/23/2014	ACO Seminar	W. Lebanon, NH	Jeff Walla, Abe Berman	Jeff Walla
2/12/2014	NH MGMA Co-Sponsored Meeting - ACO Take II	Manchester, NH	Jake Schwamb, Angela Parisi	Gerri Provost
3/26-27/14	Annual Meeting	Portsmouth, NH	Officers	Amy Vaughan
3/28/2014	NH/VT Legislative Update Webinar	Webinar	Jeff Walla	Jeff Walla
4/2/2014	Spring Institute	Concord, NH	Wendy Dumais	J. Walla/G. Provost

Welcome Summer 2013 New Chapter Members

Name	Title	Organization
Joanne Miller	Revenue Coordinator	Alice Peck Day Memorial Hospital
Jerome J Cahill	Staff Accountant	BerryDunn
Linda M Laperle	Vice President, Administrative Services	Androscoggin Valley Hospital
Tara Banks	Chief Finance Officer	VT Health CO-OP
Darcy L Tatro	Accountant	Northwestern Medical Center
Karen Brown	Director, PFS	Central Vermont Hospital
Edward M Giroux	Director, Revenue Cycle	HowardCenter
Deborah Sgro	IT Analyst/PM	Concord Hospital
Mark G Hamilton	Director of Fiscal Services	Alice Peck Day Memorial Hospital
Gene D Cloutier	Business Manager Perioperative Services	Fletcher Allen Health Care
Lynn B. White	Senior Revenue Analyst	Dartmouth-Hitchcock Medical Center

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New Hampshire Hospital Association Legislative Update

(Continued from Page 14)

added reporting requirements for the intentional exposure of another person to a bloodborne disease.

Drug Diversion

Two bills were introduced in response to last summer's drug diversion incident at a NH hospital. The initial proposals would have mandated drug testing for health care workers as well as to require all medical technicians to register with the state. Based on compelling testimony about the overreaching proposals, the legislative committees retained the bills for further study and action during the 2014 session. Legislators have relied on the work of the multi-disciplinary Drug Diversion Steering Committee formed last year by NHHA and the NH Medical Society. The Steering Committee is continuing to work on options for legislative, regulatory and/or voluntary solutions.

- HB 597, relative to mandatory drug testing for certain health care workers, will be amended to propose an alternative to mandatory drug testing. The bill will require licensed health care facilities to have a drug-free workplace policy that sets forth procedures for prevention, detection and resolution of controlled substance abuse, misuse and diversion. The policies would apply to employees, contractors and agents of the facility and include education of health care workers, procedures for monitoring storage, distribution and procurement of controlled substances, procedures for voluntary self-referral, co-worker reporting, appropriate drug testing, employee assistance and confidentiality, and a process for the investigation, reporting and resolution of drug misuse or diversion.
- HB 658, relative to registration for medical technicians, is being revised to remove the term medical technician, and instead provide an alternative term that is broader in scope while limiting it to individuals who have contact with patients. Details as to the categories of healthcare workers required to register will be determined by a newly created Board and promulgated in its regulations. This would exclude all professions currently regulated. The new Board would have the authority to investigate complaints in the same manner as other professional boards.

Certificate of Need

NHHA-backed CON reform legislation, HB 677, was ultimately inserted into the final budget document. These CON changes consist almost entirely of recommendations by a 2010 legislative study committee.

The current 10-member CON Board will be dismantled and replaced by a five-member independent board with no professional or financial relationship to the health care system.

The new CON Board will be required to:

- Develop a state health plan to provide guidance to the CON process as well as to provide strategies for improving the health of NH citizens that ensure quality of health care, access to care and efficient spending.

- Regulate all types of equipment leases;
- Develop standards and criteria by which projects are reviewed that include: " ... the financial impact of increased utilization, the effect on the average cost of a procedure, whether total health care costs will be increased, not just whether unit costs will be decreased, and health outcomes."

The moratorium on nursing home and rehab hospital beds has been extended until June 2016, and there is a prospective repeal of the entire statute on June 30, 2016 in anticipation of accountable care organizations and other market reforms. Though the legislation calls for an effective date of August 1, 2013 for the process of creating the new Board, the timing of the transition from the current Board to the new Board is uncertain. The current Board, however, will remain in place until the new board is established. The remaining CON changes go into effect February 1, 2014.

Simplifying Healthcare Decision Processes

With leadership from the Foundation for Health Communities, New Hampshire's advance directives statute has been improved in order to reduce confusion for those carrying out advance directives. SB 170, relative to advance directives pertaining to life-sustaining treatment, simplifies the definition of life-sustaining treatment to include "medically administered nutrition and hydration," to lessen confusion for patients, their families and health care providers so that patients are able to carry out their intended wishes. The instructions in the New Hampshire Advance Directive form have been clarified to provide a person the opportunity to include specific desires or limitations, "such as your preferences concerning medically administered nutrition and hydration, when or what life-sustaining treatment you would want used or withhold, or instructions about refusing any specific types of treatment that are inconsistent with your religious beliefs or are unacceptable to you for any other reason." These changes will go into effect January 1, 2014.

Looking Ahead to 2014

Legislators will begin filing proposals for 2014 legislation this coming September and October. Further action on retained bills will continue with recommended legislative changes on the drug testing and medical technician registry bills, as well as the price transparency bill.

For additional information on New Hampshire legislation, go to NHHA's website, <http://www.nhha.org/>

Champlain College Health Care Administration and Health Information Technology Degree Programs and the 2013 Christopher F. Weinheimer Scholarships

By: Michael D. Zemany, MBA, FACHE,
Director and Assistant Professor
Health Care Administration and
Technology Programs Divisions of
Graduate & Continuing Professional
Studies Champlain College

Champlain College, through its Divisions of Graduate and Continuing Professional Studies, has developed a leading-edge and vibrant suite of graduate and undergraduate health care administration and healthcare information technology degree programs to address the rapidly growing need for highly qualified leaders in these fields. This initiative began in 2007, a year after the publication of the Vermont Blueprint for Health, with the launch of a comprehensive program in health care administration. This academic program was designed to provide working professionals with the skills to manage and lead in the healthcare field and to fundamentally improve the quality of healthcare delivery.

The five distinct components of the curriculum follow the guidelines established by the Commission on Accreditation for Healthcare Management Education (CAHME) and the Association of University Programs in Healthcare Administration (AUPHA) and include two degrees and three certificates: Bachelor of Science (BS) and Master of Science (MS), both in Health Care Administration (HCA); an undergraduate Professional Certificate in HCA; and two graduate certificates in Healthcare Quality Improvement and Healthcare Information Technology (HIT). Today, over 100 students are enrolled in these comprehensive programs, with new students entering during five admission opportunities each year.

In 2009, in line with its strategic plan, the Division of Continuing Professional Studies launched the-HIT degree program to respond to a well-documented gap in the regional and national workforce of skilled professionals who can lead and manage the transition from paper to electronic health records. The program, which was designed using American Health Information Management Association (AHIMA) industry standards, provides a BS Degree in HIT.

Champlain's HCA and HIT programs were developed in consultation with industry professionals including physicians, nurses, technicians, insurance professionals, hospital, practice and health system administrators, and patients. During the program development phase, Champlain hosted industry focus groups, conducted

interviews, and initiated site visits with hospitals and health systems throughout the state and region. This research resulted in a powerful and unique integrated healthcare curriculum, fully supported by and aligned with the needs of healthcare organizations and systems, across their many components.

The online health care degrees at Champlain are anchored in the real world with instructors who are also healthcare practitioners, and who are passionate about their areas of expertise, and in assuring our students' success. Because these degrees are built for individuals currently working, or with a strong background in health care, students learn from each other by sharing best practices and diverse perspectives, with the guidance of our expert faculty.

(Cont'd on page 18)

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(Continued from Page 17)

This year, with the generous support of the New Hampshire–Vermont Chapter of the Healthcare Financial Management Association (NH/VT HFMA), we are pleased to honor two students currently enrolled in our BS in HCA degree program: Ms. Marcia Abdelrahman and Ms. Rebecca Fenn. As recipients of the Christopher F. Weinheimer Scholarship, both Marcia and Rebecca exemplify the qualities necessary for success as tomorrow's health care leaders.

Marcia, a Registered Nurse at Fletcher Allen Health Care, expects to graduate in December 2013, and plans to utilize her extensive clinical experience, coupled with her BS HCA to provide leadership and management expertise to enable her unit to provide the highest levels of patient care.

Rebecca is an Administrative Assistant at the HowardCenter, and plans to graduate with a BS HCA in December 2014. Her interests are in the operational aspects of health care

organizations, leveraging policy and procedure to create opportunities to provide ever increasing levels of effectiveness and efficiency in the provision of community health services. On behalf of Marcia and Rebecca, and everyone here at Champlain, many thanks to the NH–VT HFMA Chapter for its generous support of our students and future health care leaders.

HFMA / UNH Health Management and Policy Program: Making a Difference for the Future

By Robert J. McGrath, Ph.D.
Associate Professor
Director of Graduate Programs & Chair
Department of Health Management and Policy
University of New Hampshire

As the Chair for the Department of Health Management and Policy (HMP) at the University of New Hampshire, I personally want to thank the NH/VT Chapter of HFMA for their ongoing support of our students through the Christopher Weinheimer Scholarship, and to introduce its membership to two current students who are benefiting from the award, and who will no doubt impact the health care field of tomorrow.

The NH/VT Chapter of HFMA has had a long history of supporting undergraduate students in HMP at UNH. This past year, two students received important scholarships through the Weinheimer Scholarship Program, established to recognize outstanding NH and VT students in the field of health care finance and administration. The students are chosen based on academic achievement. Over the years, this scholarship program has supported a number of students who have gone on to important and impactful careers.

The first 2013 awardee is Jenna Kantor, an HMP junior and honors student who comes from East Burke, VT. Jenna is the class scholar for the junior class with a 3.88 GPA overall. She is also a nationally ranked skier in the slalom (12th) and competes for UNH. She is spending her summer internship at Cross View Health and will be the VP for HFMA (unofficial liaison with HFMA) in the Student Organization for Health Leadership in the fall.

The second is Emily Rivard who comes from Manchester, NH. Emily is also an honors student and holds a 3.75 GPA. She is also the Coxswain for the UNH women's Crew Team. Her honors thesis examines the financial implications of the Affordable Care Act on hospitals. Her summer internship is being spent at Sloane Kettering Medical Center in New York City.

In a time when tuition dollars are at a premium for regional families, these funds make a big difference. And I should know. I was the beneficiary of the 1995 Weinheimer Scholarship myself, and it helped me along on my professional road. We congratulate this year's recipients, and thank the membership of HFMA for their ongoing commitment to tomorrow's leaders.



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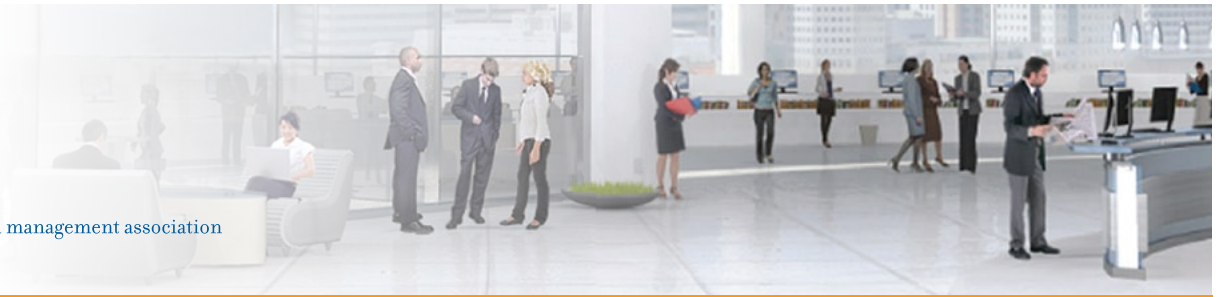
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FEBRUARY LIVE EDUCATION SCHEDULE

KEYNOTE SESSION

What's Ahead for Healthcare Delivery and Payment in 2013

Joseph J. Fifer,
FHFMA, CPA, HFMA President & CEO
Richard L. Gundling,
FHFMA, CMA, HFMA Vice President of Healthcare Financial Practices

OTHER EDUCATION SESSIONS

HFMA Value Project: Managing Risk Exposure in the Transition to Value

Jim Landman,
HFMA Director of Thought Leadership Initiatives

ICD-10 Lessons Learned: What to Expect from Computer Assisted Coding Applications

Rose Dunn,
FHFMA, CPA, FACHE, RHIA, Chief Operating Officer of First Class Solutions

Meet Your Leaders

2013-2014 Chapter Leadership

Sandra Pinette

Position: President
Affiliation: Financial Health Strategies - VP of Client Development
Phone: (603) 379-2095
Address: 108 Post Rd., North Hampton NH 03862-2032
Email: spinette@finrx.com

Sandra is Vice President of Client Development for Financial Health Strategies. She has over a decade of experience developing and managing client relationships as a healthcare financial executive. Prior to joining Financial Health in 2006, she was Regional Vice President of Business Development at the CCS Companies and its subsidiary, Claim Assist. She holds a Bachelor's degree from The University of Massachusetts, Amherst. While she is active in multiple chapters across the country, she became a member of the NH-VT Chapter of HFMA in 2006.



Amy Vaughan

Position: President Elect
Affiliation: Fletcher Allen Health Care, Director, Revenue Finance & Reimbursement
Phone: (802) 847-7809
Address: 111 Colchester Ave., Burlington, VT 05401-1416
Email: amy.vaughan@vtmednet.org

Amy is currently the Director of Revenue Finance and Reimbursement for Fletcher Allen Health Care in Burlington, Vermont. Prior to joining Fletcher Allen in 2001, Amy worked in health care reimbursement in Denver, Chicago and Connecticut, specializing in skilled nursing facilities. Amy holds an MBA from Regis University and a Bachelor's Degree from Bowdoin College. She has been a member of the NH/VT HFMA Chapter since 2001, serving on the Board of Directors from 2009-2012. In addition to her officer position, Amy is the current Education Program Co-Chair.



Robert Gilbert

Position: Secretary
Affiliation: Wentworth-Douglass Hospital
Phone: (603) 740-6562
Address: 789 Central Ave., Dover, NH 03820
Email: Robert.Gilbert@wdhospital.com

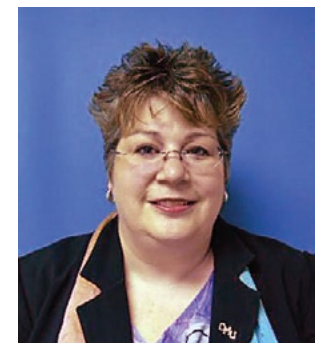
Rob is a Revenue Manager with a focus on revenue integrity and charge capture at Wentworth-Douglass Hospital in Dover, NH. Prior to joining Wentworth-Douglass, he was the Reimbursement Manager at LRGHealthcare in Laconia, NH. Rob holds his MBA from Southern New Hampshire University and a Bachelor's from the University of New Hampshire in Health Management and Policy. He has been a member of the NH-VT Chapter since 2006 starting as a student member. Rob was also on the Board of Directors from 2012-2013.



Diane L. Maheux, FHFMA

Position: Treasurer
Affiliation: The Memorial Hospital
Phone: (603) 356-5461
Address: P.O. Box 5001, North Conway, NH 03860-5001
Email: dmaheux@memorialhospitalnh.org

Diane is the Controller at The Memorial Hospital in North Conway, NH. She has been an active member of NH-VT HFMA and has served in the past on the Certification, Membership, Newsletter, and Education Committees, as well as serving on the Chapter Board of Directors. Diane also served on the National Board of Examiners and has participated in HFMA's US-UK Exchange. She has earned Fellowship status in both HFMA and with the American College of Healthcare Executives (ACHE). Diane earned both her undergraduate and graduate degrees at Plymouth State College and is currently a Doctoral Candidate at Central Michigan University and working on her doctoral dissertation. In addition, she taught on both the undergraduate and graduate level at Plymouth State from 1995-2010. In her free time, she is an active hockey mom.



EDUCATION NEWSFLASH

The Education Committee is excited about the Educational offerings for our members this year! Hopefully you have been able to take advantage of the multiple webinars we have held since the Chapter year began in June. All of these webinars are provided at no cost to our members, and are recorded and made available on our website for on-demand viewing at your convenience (links below).

Between June and August, we hosted four separate “Hot Topic” webinars on issues of current interest to health care finance professionals. These include:

- 6-18-13 - Privacy and Security Matters , presented by Anne Cramer and Shireen T Hart of Primmer, Piper, Eggleston & Cramer PC
- <https://www3.gotomeeting.com/register/624288462>
- 7-17-13 - IRS Community Benefit and Capital Finance Update, presented by Barb McGuan of Berry Dunn and Steve Bittel of Bittel Financial Advisors, LLC
- <https://www3.gotomeeting.com/register/506826182>
- 8-5-13 - CMS EHR Incentive Audits, presented by Jim Tate, President of EMR Advocate, Inc.
- <https://www3.gotomeeting.com/register/787041862>
- 8-20-13 - Affordable Care Act, presented by Craig Miskovich, of Downs Rachlin Martin, PLLC
- <https://www3.gotomeeting.com/register/210249046>

We have also hosted two webinars as a result of submissions received through our chapter’s Speaker Bureau:

- 7-24-13 - 340b Drug Pricing Program - The Latest in Compliance Issues, presented by Brad Brotherton of BKD LLP
- <https://www3.gotomeeting.com/register/698821366>
- 9-4-13 – The Occupational Mix Survey: Is Your Hospital Ready?, presented by K. Michael Webdale, President & CEO, R-C Healthcare Management
- Link to recording available at: <http://www.nhvthfma.org/Default.aspx?pageId=1328354>

Save the Dates!!

Be on the lookout for these upcoming event registrations, and save the dates on your calendar!

On-site Educational Events & Networking Opportunities

- 10-9-13 – Fall Institute, Lake Morey Resort in Lake Morey, VT. Registration is now open: <http://www.cvent.com/d/q4q77x/1Q>
- 11-13-13 – Health Insurance Exchange & NH Medicaid, co-sponsoring with NH MGMA, Manchester, NH
- 11-15-13 – NNEACHE Annual Meeting, co-sponsoring second day of two-day meeting, Woodstock, VT
- 12-5 & 6-13 – Medicare Cost Report Boot Camp, co-sponsoring with Maine HFMA Chapter, Portland, ME
- 12-12-13 – Strategies for Health Care Reimbursement, Manchester, NH
- 1-23-14 – ACO Seminar, West Lebanon, NH
- 2-12-14 – ACO Take II, co-sponsoring with NH MGMA, Manchester, NH
- 3-26 & 27-14 (tentative) – NH/VT HFMA Annual Meeting, Portsmouth, NH
- 4-2-14 – Spring Institute, Concord, NH

Webinars (free to HFMA members)

- 10-1-13 – NH & VT Legislative Updates, presented by Bea Grause of VAHHS and Steve Ahnen of NHHA
- 10-23-13 – Crash Course for Supply Chain Cost Reduction, presented by Michael Bohon and Mike Rudomin of HealthCare Solutions Bureau
- 3-28-14 - NH & VT Legislative Updates, presented by Bea Grause of VAHHS and Steve Ahnen of NHHA
- More webinars are being added to the education calendar on a continuous basis, so check the Chapter’s web site for updates! <http://www.nhvthfma.org/events>

Please contact the 2013-2014 NH/VT HFMA Education Program Co-Chairs, Amy Vaughan and Jeff Walla, with any questions. Amy can be reached at (802) 847-7809, and Jeff can be reached at (603) 518-2643.

Chapter Scholarship Update

By Jeffrey Walla, CPA, FHFMA
Scholarship Committee

Most of the chapter members are aware that we have various scholarships available, but we often don't hear much about the recipients of these scholarships. As a means of providing an update on these various programs I thought the members would like to learn a little about the recent recipients and some of the more recent changes to the programs.

Here are some specifics about scholarship programs the Chapter offers.

Christopher F. Weinheimer Scholarship Fund

The Christopher F. Weinheimer Scholarship program provides for four annual \$1,000 scholarships to individuals majoring in a health care related field at University of New Hampshire and Champlain College. This past year we changed the Vermont school we work with from UVM to Champlain College to better align the scholarship with the curriculum offered at the school with the Christopher F. Weinheimer Scholarship objectives.

Marianne Fairall Scholarship Fund

The second was the result of an enhancement that was added by the Board of Directors in 1999. The enhancement allows an immediate family member of an HFMA member to receive \$1,000 per year for up to four years while they complete a four year degree at an accredited college or university, continue to major in a financial management related field, and maintain a 3.0 or better grade point average on a 4.0 scale. Two new scholarships are intended to be awarded annually until there are a total of eight scholarships each year.

Applications for the Marianne Fairall Scholarships are due to the committee by June 30th so that we can make the award for the following academic year. The Marianne Fairall Scholarship Application Form should be returned to the address indicated by June 30th to be considered for an award.

Continuing Education Scholarship Fund

Overview

- **What is it?**

The New Hampshire/Vermont Chapter would like to provide a benefit to its members who wish to continue their formal education in Healthcare Financial Management through a scholarship program. The successful recipient will receive an award of the lesser of \$1,000, or the cost of the specific course.

- **Who may benefit?**

Any New Hampshire/Vermont HFMA regular or advanced member in good standing who has 10 founders award points may apply for the scholarship. The member must be enrolled in an accredited college or university in a bachelors, masters, or doctoral program concentrating in the field of healthcare finance or administration. The applicant must apply for one course per college term, and is limited to two New Hampshire/Vermont Chapter HFMA Continuing Education scholarship awards in their lifetime.

- **When is it awarded?**

Applications will be accepted from the successful candidate on a prospective basis, i.e., prior to the beginning of their course work. The application must be submitted to the chairperson of the Scholarship Committee in writing by November 1 (for coursework beginning during the winter/spring term) or July 1 (for coursework beginning during the summer/fall term) prior to your attendance. The Scholarship Committee will consider all applications and will base its recommendations for awards, subject to Chapter board approval, which will be based on availability of scholarship funds, based on the candidate's ability to prove financial need, service to the Chapter, and ultimately the scholastic performance of the member in the course. The Chapter is currently limited to an annual expenditure of \$1,000 at the discretion of the Board of Directors. Payments will be made directly to the school for the benefit of (f/b/o) the recipient.

- **How to apply?**

The member must complete the scholarship application and submit all required material prior to November 1 or July 1, as described above, of the year prior to their enrollment in the specific course, which would be covered by the scholarship.

If you need further information on either of these programs, please go to the chapter website and click on the sponsorship page and you'll find the applications.

The individuals responsible for each of the programs at UNH and Champlain College have contributed articles regarding what this scholarship means to their students and a little about each of the most current recipients of the Christopher Weinheimer Scholarship.

Chapter LINK Committee in Action

On June 24, HFMA issued a Comment letter to the Centers for Medicare & Medicaid Services (CMS) in response to the FY14 Inpatient Prospective Payment System (IPPS) Proposed Rule, which addresses a wide variety of issues related to Medicare hospital reimbursement.

Chapter LINK committee chairs were asked to provide local input as HFMA drafted the comment letter. One area the letter speaks to is payment adjustment for Medicare disproportionate share hospitals (DSH). HFMA is concerned about the potential for CMS to underestimate DSH payments, which would ultimately result in an underfunded pool of uncompensated care payments for distribution to providers.

In the letter, HFMA strongly recommends that CMS annually reconcile estimated DSH payments to actual DSH payments. HFMA further suggests that any necessary adjustments be made to the uncompensated pool in the next available federal fiscal year.

Another area on which the letter focuses is hospital readmissions. HFMA strongly recommends that CMS conduct a thorough analysis of the role that economic factors play in Medicare readmissions. HFMA believes the analysis should be conducted at the claims level for readmitted Medicare patients, matching their zip codes to existing poverty data. The thought is that this would provide an accurate understanding of the role that economic conditions, which are beyond a hospital's control, play in hospital readmissions.

Further programs and policies covered in the letter include:

- Implementation of the Hospital-Acquired Conditions Reduction Program for FY15
- Hospital Value-Based Purchasing Program
- Hospital Inpatient Quality Reporting Program
- Policy on Admission and Medical Review Criteria for Hospital Inpatient Services under Medicare Part A and Related Cost Offset Adjustments

Background—Chapter LINK Committee

HFMA's LINK (Local Information NetworK) committees provide local perspective on impact of the Affordable Care Act (ACA), ramifications and response strategies for providers, payers, employers, and communities, and input and comment on HFMA's positions. The outcome of the committee's work reinforces the seamless system of service on issues of importance to HFMA members, informs HFMA's various Advisory Committees (ACs) of ramifications at the local level, provides an opportunity to engage additional healthcare executives at the local level, and supports comment letter development.

How does the process work?

1. CMS releases regulations.
2. Staff prepares summary of issues, timing, etc. and develops key questions to inform on key state/local issues.
3. Summary, questions, and other information is sent to LINK committee chair. The LINK committee chair gathers responses from committee members and summarizes the aggregate view with focus on size, geography, and communities served, and returns to staff within the specified period of time.
4. HFMA develops a comment letter using LINK committee feedback along with other input. Once the comment letter is cleared with the Executive Committee of HFMA Board of Directors, it is then submitted to CMS under the signature of HFMA's President and CEO, Joseph J. Fifer.

Interested in Becoming Involved?

The LINK committee chair is the lead volunteer at local level to coordinate input and response to HRAC. The LINK committee is usually made up of CFOs, CEOs, CMOs, revenue cycle executives, and others providing input to LINK committee chair. The call for comments is approximately three to four times a year—each with a short response of seven to ten days. Our chapter's LINK committee chair is Robin Fisk. Committee members include Robin Fisk, Evalie Crosby, Abe Berman, Gerri Provost and Dick Ford. If you are interested in learning more about the committee, contact Robin Fisk, LINK chair at rfisk@fisklawoffice.com.

Thank you for your participation in last year's survey! We still need your help!

(Continued from Page 3)

Award

- In April 2013 we conducted a local on-site live five hour session with Christoph Stauder in Manchester, NH.
- NH-VT HFMA Chapter continues to have a higher % of certified members compared with other chapters nationwide.

Volunteer Opportunities:

- New Volunteer Coordinator (NVC) position was created to match our volunteer needs, resulting in 12 new volunteers added and counting!
- New volunteer initiatives were added to have a new volunteer at the registration desk for each live event and to inform our membership of volunteer opportunities at live events through presentations and announcements.
- The registration desk new volunteer attended the event at no cost and learned about volunteering at an event.
- The NCV contacted new members to see if interested in becoming more involved and learning more about the chapter.

Membership/Social:

- Held a Holiday Social with

Food Drive and Raffle to benefit the NH Food Bank

- Annual Fisher Cats Social Event-members attend at no cost!
- Membership desk representation at each live event to answer member questions and questions from potential new members about the value of HFMA membership.
- Retained and increased the number of Chapter members overall and were presented a Silver Membership Award by National.

Newsletter:

- Quarterly newsletter with high quality, meaningful articles written by local and national authors to address a wide variety of topics.
- Continues to be highly rated by members in survey results.
- Increased number of articles posted on NH/VT HFMA LinkedIn page for further discussion.

3 Year Strategic Plan Review and Revision:

Chapter Board and leadership reviewed for the chapter by revising our 3 year strategic plan to ensure that our members' needs were always at the forefront of all goals.

- Conducted SWOT analysis of current strategic plan to ensure that members' needs are being met in a changing industry landscape.
- Identified areas for further collaboration with other HFMA chapters and industry organizations such as-MGMA, ACHE, and NHHA and VAHHS to name a few. The chapter activity collaborated with those organizations and is working on further expansion of collaboration.
- Increased use of webinars/social media to ensure various accesses for members for learning and information sharing with peers on issues affecting members.

During the next 12 months the Chapter will be offering various events and opportunities dedicated to assisting members during a time of great change in our industry. The leadership team is committed to doing "Whatever it takes" to ensure that we deliver on our mission for YOU! We thank you for your attention to the survey. We invite you to become involved and contact any of the leadership team with ideas or feedback about how we can serve you.

What do YOU think?

Have you ever read an article in Mountain Views and had a thought you just HAD to share?

Join the NH-VT HFMA **Linked In** Group and post your thoughts!

Go to: http://www.linkedin.com/groups?gid=2362148&goback=.gna_2362148 to join now!



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If you can read this...



Then you should consider joining the newsletter committee!

Do you enjoy reading Mountain Views?

Are you looking to network and get more involved in the NH/VT HFMA chapter?

Consider joining the newsletter committee! Commitment is flexible around how involved you want to become! We are always looking for new writers, and for people to reach out and contact prospective contributors.

Contact Kristina Griffin at: kristina.griffin@wellsense.org if you're interested in learning more!

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The New Hampshire/Vermont Chapter of the Healthcare Financial Management Association (HFMA) is a professional membership organization for individuals in financial management of healthcare institutions and related patient organizations.

How the ACA Impacts Health Care Providers as Employers

W. Karl Baker, CPA
CliftonLarsonAllen LLP

By now, we are all familiar with the Patient Protection and Affordable Care Act (ACA). Since its passage, new regulations have been added and clarifications made. Health care providers feel the effects of the ACA both from a provider and an employer perspective. As most hospitals provide employee health care coverage through either fully insured or self-insured products, it will be important for them to evaluate their health benefit costs in 2014 and beyond.

Many key aspects of the law will impact the bottom line and employee benefits, including:

- **The individual mandate:** The law requires nearly all individuals to obtain health insurance coverage or pay a penalty to the U.S. government. Penalties start at the greater of \$95 per person or 1 percent of income in 2014 and escalate from there.
- **New employer requirements:** The ACA requires employers to provide employees with a summary of benefits and coverage, information about the availability of health insurance exchanges (HIX), and other information. Vermont is establishing a state exchange; New Hampshire is taking a state/federal partnership approach, while other states like New Jersey are deferring to the federal government HIX.
- Employees will be able to opt out of employer coverage and choose to obtain coverage from a HIX.
- Large employers (who issue 250

or more W-2s) were required to report the cost of health benefits on W-2s beginning in January. Small employers will be required to disclose these benefits on W-2s in 2014.

- **Large employer penalties:** In the original law, those with 50+ full-time equivalent employees may have to pay a per-full-time employee penalty if they do not offer affordable, minimum-value health insurance coverage to their full-time employees after January 1, 2014. In early July 2013, the Obama administration postponed this requirement to January 1, 2015.
- Employers with 200 or more employees will be required to automatically enroll their employees in health care benefit plans once final regulations are issued. Employers will be required to file information returns in 2015 for health plan coverage provided to full-time employees in 2014.
- **New fees:** For plan years beginning on or after October 1, 2012, health insurance plans and self-insured (employer) plans are required to pay a per participant fee to fund comparative effectiveness research for certain medical treatments. The fee is \$1 and \$2 per participant in years one and two, respectively. The rate is inflation adjusted after year two and phased out by 2019.
- **New taxes:** The Medicare tax has increased to 2.35 percent

for certain higher income earners (\$200,000 single, \$250,000 married filing joint). A new net investment tax of 3.8 percent is also being applied to the same income group for certain unearned income.

- **New assistance available for low to middle income earners:** Beginning in 2014, some states will expand Medicaid coverage to individuals and families earning less than 138 percent of the federal poverty level. Those with household incomes between 100 percent and 400 percent of the Federal Poverty Level who lack “affordable” employer-sponsored coverage also may be eligible for sliding-scale assistance to help them purchase insurance coverage via an exchange.

Requirements of the Affordable Care Act continue to be phased in through 2019. Clearly, there are many considerations to evaluate and integrate into an organization’s systems. In some cases, an employer’s health care costs would be reduced even if it paid penalties and maintained coverage. In other cases, health benefit costs would increase because more employees would enroll in employer-sponsored coverage. In yet another scenario, employers might be subject to penalties while employees received insurance through an exchange, yet both would experience lower costs than they currently pay.

Regardless of each individual employer’s situation, it pays to evaluate all options carefully.

IF YOU OFFERED TO VOLUNTEER

For those who completed the recent survey questions included as part of the election ballot and graciously offered to volunteer, thank you, but we may have missed getting your name.

Since we received so many responses to volunteer, we felt the need to reach out to you.

If you think you may be one of these respondents, **please** let us know by contacting Judi Deavers (judith.a.deavers@hitchcock.org or 603.653.1554) or any member of the Board.
Hope to hear from you!!



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CERTIFICATION CALL FOR ACTION

DID YOU KNOW...

The Certification Committee has been coming up with creative ways to help support you financially, and academically, to achieve your goal of becoming a certified member.

HOW...

We have had some vendor sponsors donate resources towards these costs and we have worked with the budget committee to earmark funds to help offset the costs of the certification online study guides and live webinars.

A NEW APPROACH...

We recently sent letters to the CFO and other leaders in your organizations outlining our programs and the importance of their employees achieving certification. An excerpt is below:

The Certification Committee discussed how to get additional funds for coaching formats for the CRCR and CHFPP program. Our suggested program is unique and allows us to offer such programs for coaching participants and the members of our Chapter. The proposed program will advance revenue cycle staff's proficiency and technical expertise while motivating participants and members to seek CRCR certification.

The fundamental value will be to provide Hospital

organizations an opportunity for additional exposure to our membership as well as the opportunity to educate their staff on the revenue cycle functions and responsibilities.

These providers will be joining a special group of sponsors and will achieve recognition during our CRCR and CHFPP certification webinars and throughout the chapter's certification program. Their financial support will be used solely for the benefit of participants seeking CRCR or CHFPP certification.

HOW YOU CAN HELP...

If each member reached out to leadership within his/her organization to explain the importance of NH/VT HFMA and of certification, explaining our fundraising efforts and what they would achieve, perhaps your organization would be willing to contribute a nominal amount.

Our goals as an organization are to provide an opportunity to all members to become certified in their areas of expertise, to be challenged in other areas of financial management, and to advance their opportunities within their organizations as well as add value to their organizations. Please consider "how you can help" our Chapter achieve these goals by connecting with leaders in your organization. Thank you!

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