A Note From the President

Eric Walker, CPA, FHFMA

Greetings! Welcome to the 2017-18 HFMA Chapter Year. This year’s HFMA Theme is Where Passion Meets Purpose:

“Each of us are called to do our part. Our unique contribution is to lead healthcare finance. As leaders, we are met each day with the challenge to reimagine and transform what we know into what our patients and families need and deserve.” Carol Friessen, 2017-18 HFMA National Chair

As I begin the coming year as president, I am now embarking on a new adventure that I am greatly looking forward to. I am surrounded by an outstanding and engaged board as well as active committee leaders who are true experts in their respective fields.

To meet our members’ needs, our chapter continues to offer many live webinars in the upcoming year in conjunction with our live in-person events throughout our two states. These events provide our members opportunities for face-to-face interactions with our expert speakers. The chapter has revitalized our Social Committee and is working on some new and exciting networking events coming soon.

We are now very active on Social Media. In the past year we have added Facebook, Twitter, and our very own app on the Apple Store and Google Play! These platforms allow a new avenue for our chapter and all members to engage, interact, post questions, post updates, tag pictures, and follow along with our Social Events and other updates that have anything to do with HFMA in our chapter.

We recently held our three-year Strategic Planning session with Terry Brennan, a long-time HFMA member from Arizona. We reviewed recent statistics of the chapter, performed a SWOT analysis and used SMART goals to determine actionable items for which our Chapter will attempt to work on for the coming year. The Strategic Plan can be found on the website.

As discussed more fully in a separate newsletter article, chapter leadership sincerely appreciates our members who take the time to complete the Member Satisfaction survey sent out by National HFMA at the end of October. We always look forward to receiving your feedback, and we work hard to incorporate your ideas and suggestions into our planning for the upcoming year. Last year, 70% of respondents were either Extremely Satisfied or Very Satisfied with the services of the NH/VT Chapter. We also recognize that there are always opportunities for improvement. We value your input, and encourage you to complete the survey. Please contact me or any of our chapter leaders or committee chairs with any suggestions or ideas to help us make your year with HFMA the greatest one yet.

We have many volunteer opportunities and welcome anyone who would like to get involved to reach out to our Membership/Volunteer committee. For me, volunteering over the years in different facets has been a very rewarding experience and allowed me opportunities to get to know many of you in our chapter.

I am grateful for this opportunity to serve the chapter in my role for the coming year.

Sincerely,
Eric Walker, CPA, FHFMA
2017-18 Chapter President
Welcome New Members

Jorge Quintero, Director of Revenue Cycle Services, Speare Memorial Hospital
Brandon Reed, Finance Director, Brattleboro Memorial Hospital
Catherine Kraft, Chargemaster Analyst, Catholic Medical Center
Aimee O’Brien, Windham Professionals
Cliff Prevete, Accounting Manager, Augusta Health
Peter Angerhofer, COLBURN HILL GROUP
Nicole Tholl, Supervisor, Patient Access, Littleton Regional Healthcare
Jeff Means, Colburn Hill Group
Gigi Batchelder, CFO, Monadnock Family Services
Chris Paul, Director of Revenue Integrity, Huggins Hospital
Tyler Kurasek, Colburn Hill Group
Richard Pitone, Financial Analyst, University of VT Health Network-Central Vermont Medical Center
Abraham Gates, Accounting Analyst, Monadnock Community Hospital
Shauna Cameron, Director, Primary Care, Memorial Hospital
Andrew Garami, Financial Analyst, Mt. Ascutney Hospital and Health Center
Amy Quinn, Director, Cerner
Matthew Dungelman, Controller, Lamprey Health Care
Jill Batty, Senior VP/CFO, Cambridge Health Alliance
David Mercier, Vice President, Advanced Patient Advocacy
Pamela Martel, Executive Director, Finance, Catholic Medical Center
Lisa Thornton, Patient Access Manager, LRGHealthcare
Betsy Macey, Senior Accountant, Central Vermont Medical Center
Paul Bechtold, Chief of Staff, University of Maryland Medical System Health Plans, Inc.
Joel Degenaars, Director of Budget & Decision Support, Wentworth-Douglass Hospital
Cindy Moniz, Catholic Medical Center
Sheila Skane, CFO, Coastal Connections, Inc.

HFMA Chair’s Theme
2017 – 2018 Chair Carol Friesen, FHFMA

Where Passion Meets Purpose

THEME TAGLINE: Where Passion Meets Purpose

EXPLANATION OF THEME:

Every day in small and big ways we have the privilege and honor to serve others. We are blessed to see our work and its impact through and in the lives of others. There is always a story being written of a patient, family, leader, friend, or member. As leaders, we meet our community in their story with compassion, confidence, and a vision for the future. Each of us has a calling to do our part. Our unique contribution is to lead healthcare finance. As leaders, we are met each day with the challenge to reimagine and transform what we know into what our patients and families need and deserve.

Some days, we let the worries of changing payment models, presidents, rules, and the endless list of challenges get in our way of living our story and making our mark with the gifts we’ve been given. The calling is a simple one of stewardship—lives, populations, relationships, and wealth. It is time for us to make our contribution and write the story for future generations.

Answering the call, seizing the opportunity, and achieving meaningful outcomes demands an internal fire, unwavering commitment, and fearless perseverance for whatever it takes to make it a reality. That place where passion meets purpose is truly the “sweet spot.” It’s where the magic happens, where goals are achieved, and where the impossible becomes possible.

This year, healthcare finance professionals are being encouraged to discover—or perhaps rediscover— their passion. It’s a process that requires self-reflection and determining the answers to questions such as:

- What is my story?
- Why have I chosen a career in healthcare, or why did it choose me?
- Am I making the most of the endless possibilities presented by each new day?
- What motivates me to do my best?
- And, how and where can I make the biggest difference?
- What mark do I want to leave?

Pursuing one’s passion is an endeavor that demands our best. Finding that spot where passion meets purpose, however, rewards with significance and meaning only meant to be told in your story.
Looking for the Light at the End of the Tunnel: Tactics for Overcoming an A/R Follow-Up Backlog

By Reginald Holmes, MPH, Senior Associate, Atlanta, GA, Emily Anne Nolte, MBA, CHFP, Manager, Boston, MA, and Sarah Vanas, MPH, Experienced Associate, Atlanta, GA

If there is one thing that revenue cycle management hates to see, it is a growing upward trend in A/R. A buildup can overwhelm even the most experienced of staff and lead to feelings of exasperation and frustration with no clear solution in sight. When hospitals start to see a trend of their A/R increasing, there are a number of different factors that management can look to in order to explain the increase. Oftentimes, the underlying problem lies in an equally upward trending of A/R follow-up backlog, which can seem intimidatingly overwhelming for staff to tackle. Revenue cycle management may feel like they are constantly chasing dollars and seeing little to no results for their efforts. However, if an increase in A/R is indeed due to a growing backlog of A/R follow up, there are solutions that healthcare organizations can leverage in order to stop the bleeding. These solutions often require organizational transformation and involve an investment of time, resources, technology and education of staff. However, the investment that hospitals take now will almost certainly pay off exponentially in the future.

In order to best tackle a growing A/R follow-up backlog, both the situation and parameters must be defined and well understood so that appropriate steps are taken. The first step that executive leadership should take involves diving into the data in order to better understand the systemic issues contributing to the backlog. By strategically analyzing the correct data, management can derive information about where the majority of the claims are, which can include factors such as Discharge Not Final Billed (DNFB), Discharge Not Submit to Payer (DNSP) awaiting edits, rejections, or sitting with the payer. Once this information has been identified, additional sampling of accounts can determine the cause of payment delay. It may be that the payer is waiting for additional information from the hospital, or that departments are depending on the action of another - such as coding, nurse review, or simply claims awaiting write-off. Another key understanding involves extracting data by payer, which can be further broken down by age bucket and outstanding balance. This can help organizations to identify the more problematic payers, which can inform decisions around payer escalation strategies discussed in further detail later.

A second crucial step that organizations can take to reduce backlog is to critically evaluate current workflow processes used to follow-up on claims. Oftentimes, an understanding of processes can result in the identification of “quick hits”, or key areas where organizations can take immediate action, while awaiting some of the longer-term changes to come to fruition. Some questions to ask include whether or not PFS staff are working the same payer and/or similar claims. If not, aligning and organizing reps by payer can result in increased efficiency and reduced time for account resolution. Practices should also understand how workflow is distributed and whether or not a workflow technology solution is needed to increase efficiency and strategically prioritize A/R follow-up. Finally, management should have a firm understanding of current staff skill levels and should appropriately identify gaps and areas for educational opportunities so that reps are equipped with the necessary skills to bring in cash and resolve outstanding A/R.

The final step that organizations should take in order to define the problem is to evaluate the payer escalation process. Organizations can have highly trained
staff and useful bolt-on solutions, but if payer escalation processes are lacking, they will most certainly continue to see their A/R on the rise. Current processes with payer representatives should be evaluated and management should identify ways to collaborate and improve upon communications between the hospital and various payers. If a payer representative is unable to process certain claims (e.g. those above a certain dollar amount), staff must work to identify the appropriate path for escalating these claims (e.g. through managed care). Even if an organization has a longstanding relationship with a payer, there may be areas for improvement and ways to approach a change in escalation processes that does not damage these relationships and that can result in an ease in communication for all parties.

Once hospitals have adequately addressed the fundamental issues listed above and have defined the situation, it is time to move towards the future. To some this may seem like a huge endeavor to undertake, but fortunately, most strategies mentioned in this article can be appropriately managed with the right technology via a high performing workflow driver.

Depending on gaps identified and the areas for improvement, there are various A/R strategies that organizations can quickly and efficiently implement using a workflow driver. For instance, in order to maximize workflow and optimize utilization of reps, management should eliminate “switching” between the staffs’ workflow as much as possible. A consistent workflow should be developed and reps should be assigned accounts in a way that reduces selection bias, so that they are not picking and choosing which accounts they work. With a workflow driver, management can create workstreams based on financial class/payer, aging bucket, responsible area, level of effort/skills needed, etc. and assign each of the workstreams to an individual rep or a group of reps, thereby, controlling the accounts each rep or group of reps work. Work streams should be assigned based on experience, performance, and skillset of different reps. For example, if temp employees are being brought in to reduce backlog, they should be focused on lower risk areas, such as low dollar claims. More experienced reps can be assigned to high dollar accounts, which should be worked on a more frequent basis. An appropriate high dollar threshold typically is in the range of balances > $50,000. Other accounts that must be resolved, such as write-off approvals and credit balances, should be strategically assigned, so that they are being worked in a steady cadence on a regular basis.

It is also best practice to develop a quality assurance program, preferably with randomly selected accounts designated for review. Certain A/R workflow drivers will have functionality to automatically select accounts to be included in the “QC” or quality control; these accounts can be scored by senior reps and managers on an objective scale with yes/no questions. The percentage

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of accounts selected for quality review can be based on an individual’s average quality score (i.e. the lower a reps score, the higher percentage of accounts selected for review and vice versa). This quality score can then be incorporated into an employee’s overall evaluation so that skillset and performance of staff can be measured on an ongoing basis.

Management can also create a SWAT team of experienced team members for special projects. They can fill in for staff who are on vacation/leave, provide audit support, and help in targeted backlog reduction efforts. During special projects such as “claims events” where large volumes (typically 500+) of claims are scrubbed and reviewed with a specific payer, be mindful to not remove regular core team from working regular claims and instead leverage SWAT staff. Pulling the normal team runs the risk of addressing a problem in the short term, but setting the team up for a larger mess six months down the line.

Additionally, metrics should be monitored and shared with the team, preferably on a weekly basis to ensure consistency of performance and to identify problematic areas as they arise. Both managers and staff should have a firm understanding on what is being shared with executive leadership so that they can perform and tackle A/R appropriately. Metrics and reporting can be further enhanced by having the right tools to allow your managers to pull real-time reports to assess current progress and track results. This can empower managers to strategically review and better understand the breakdown of their A/R, allowing them to take control of their teams’ performance by developing “quick hit” opportunities and moving towards a brighter future state.

Lastly, celebrate the small successes. When an organization makes the decision to strategically reduce A/R and follow-up backlog, changes will occur that impact staff through a shift of roles and responsibilities. By developing creative opportunities for teams to showcase their efforts with leadership, staff can experience the benefits - and not the burden - of these changes. Combining this with a comprehensive assessment of the situation through analysis of data, workflow processes, and payer escalation protocols, organizations can begin to enact and drive forth change that will reduce a formerly overwhelming situation.

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Are you ready and willing to help?

The NH/VT HFMA Newsletter Committee welcomes you to share your ideas and knowledge with fellow members.

• Have you come up with a cost saving idea?
• Do you have a process that is innovative?
• Would you like to share your knowledge about a particular topic?

You can write a quick article or let us interview you and we will write it!

Interested or have questions? Please contact Carol Barrett at cbarrett@elliot-hs.org, Erin Cutter at ecutter@crhc.org, or any member of the Newsletter Committee.
## Upcoming Education and Events

We hope you will join us for one or more of these upcoming events. For more information, click the links below, or visit nhvthfma.org/events.

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The 2016/2017 legislature finished their work on June 22, 2017, and there were many bills that were passed into law this year. Below is a list of those bills that affect hospitals and we will send an updated listing of the final bills once all the bills have been enrolled and the Governor has signed them into law.

The State budget for SFY 2018/2019 was the main priority for legislative leaders as well as the Governor. Since the House was unable to pass a budget to send over to the Senate, the Senate crafted a budget that included their priorities. However, a committee of conference of both House and Senate members met to craft a final budget that passed on June 22, 2017.

While we were disappointed that the final budget underfunds the Disproportionate Share Hospital (DSH) payments owed to the acute care hospitals, we will continue to work with the Governor, Senate and House Leadership to address our concerns and ensure that future DSH payments are consistent with the terms and conditions of the settlement agreement reached in 2014.

While the budget begins to address the needs of the state regarding the behavioral health crisis, there is much more work to be done. Specifically, the budget provides funding to establish more designated receiving facility beds (via an RFP process), more mobile crisis teams, and funding to develop an integrated data management system that provides real-time information about the patients waiting placement for appropriate levels of care. There is also a requirement in the budget for the Commissioner of DHHS to develop a plan to move the children from the New Hampshire Hospital to another setting to free up beds at New Hampshire Hospital to care for more adults. We will continue to work with the Governor, Commissioner and legislative Leaders to advocate for our hospitals and their patients to ensure that the necessary funding and resources are appropriated in the coming months.

** Links to the bills and affected statutes are provided below. Please note that the online RSAs are provided for ease of reference, however they have not yet been revised with the enacted changes.

### Behavioral Health

HB 208 establishing a commission to study current mental health procedures for involuntary commitment.

Chapter 162 of the Laws of 2017

HB 208 amends RSA 135-C by establishing a commission to study current mental health procedures for involuntary commitment.

Effective June 28, 2017

HB 400 requiring the department of health and human services to develop a 10-year plan for mental health services, relative to due process rights of persons subject to involuntary emergency admissions, relative to the Philbrook center, relative to reports of abuse and neglect, and extending the commission to review child abuse fatalities.

Chapter 112 of the Laws of 2017

HB 400 amends RSA 127, RSA 169-C and RSA 170-G to require the Department of Health and Human Services to develop a 10-year plan for mental health services, review the due process rights of persons subject to involuntary emergency admissions, and develop a plan to remove persons from New Hampshire hospital and relocate them to a more appropriate setting as well as a number of reports to be issued relative to the Child Protection Act. Effective June 14, 2017

SB 147 establishing a committee to study mental health and social service business process alignment and information system interoperability.
Chapter 116 of the Laws of 2017
SB 147 establishes a legislative committee to study mental health and social service business process alignment and information system interoperability. Effective June 15, 2017

Emergency Medical Services
SB 59 relative to blood testing orders.
Chapter 208 of the Laws of 2017
SB 59 amends RSA 141-G to create a process for individuals to request a blood testing order when they have been exposed to another individual’s bodily fluids. Effective September 8, 2017
SB 190-FN repealing the sunset provision on the first responder’s critical injury benefit fund. Chapter 111 of the Laws of 2017
SB 190-FN amends RSA 281-A to repeal the sunset provision on the first responder’s critical injury benefit fund. Effective June 8, 2017

Health Care Access
SB 158 relative to authorization for clinician-prescribed substance use disorder services.
Chapter 185 of the Laws of 2017
SB 158 amends RSA 420-J to allow for the authorization for medication-assisted treatment for substance use disorders. Effective August 28, 2017

Health Care Information/Privacy
SB 61 relative to medical records of a deceased spouse or next of kin.
Chapter 108 of the Laws of 2017
SB 61 amends RSA 560:22 and RSA 332-I to clarify the procedure for receipt of medical records of a deceased spouse or next of kin. Effective January 1, 2018

Health Insurance
HB 329 establishing a committee to study balance billing and authorizing municipal ratification of certain meetings and elections.
Chapter 20 of the Laws of 2017
HB329 establishes a committee to study balance billing and authorizing municipal ratification of certain meetings and elections. The study committee will study the practice of balance billing by health care providers for services received by and insured person at an in-network health care facility. Effective April 21, 2017
SB 157 relative to network adequacy and consumer rights under the managed care law.
Chapter 214 of the Laws of 2017
SB 157 amends RSA 420-J to require network adequacy rule modification to address access to substance use disorder providers. It also requires the health carriers to notify persons of their consumer rights under the statute. Effective January 1, 2018

Licensing and Certification
HB 184-FN relative to the license requirement for medical imaging and radiation therapy and relative to registration by practitioners with the board of medical imaging and radiation therapy.
Chapter 11 of the Laws of 2017
HB 184-FN amends RSA 328-J by extending the dates for performing medical imaging and radiation therapy without a license and for registering with the board under the grandfather provision for current practitioners. The dates have been moved from July 1, 2017 to July 1, 2018. Effective April 17, 2017
HB 322 adding rulemaking authority to require completion of a certain survey as part of the license renewal process for health care providers.
Chapter 131 of the Laws of 2017
HB 322 amends various statutes (RSA 126-A, RSA 317-A, RSA 318, RSA 326-B, RSA 328-D, RSA 328-F, RSA 329-B, RSA 330-A, RSA 330-C) to allow certain licensing boards for health care providers to adopt rules to require completion of a certain survey as part of the license renewal process. Effective June 16, 2017
HB 334 relative to exemptions from licensure by the board of medical imaging and radiation therapy.
Chapter 217 of the Laws of 2017
HB 334 amends RSA 328-J to exempt from licensure by the board of medical imaging and radiation therapy regulated practitioners that are covered under their scope of practice, education, training, and competence. Effective September 8, 2017
HB 373 relative to rulemaking on forms for allied health professionals and relative to information on court cases concerning the validity of administrative rules.
Chapter 101 of the Laws of 2017
HB 373 amends RSA 328-F to allow application forms for allied health professionals be adopted as a rule by the board of directors of allied health professionals rather than by each governing board. Effective August 7, 2017

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HB 468-FN relative to licensure of mental health practitioners from other states.
Chapter 220 of the Laws of 2017 HB 468 amends RSA 330-A to allow persons licensed as mental health practitioners in other states to practice in this state not more than 60 days after application to the board of mental health practice pending final approval. Effective September 8, 2017

HB 650 relative to procedures of the board of psychologists.
Chapter 192 of the Laws of 2017 HB 650 amends RSA 329-B to make various changes to the regulation of psychology practitioners including the requirements of the board of psychologists relating to investigations, hearings, complaints and disclosure of patient records. Effective August 28, 2017

SB 137-FN relative to temporary licensure of certain nurses seeking licensure by endorsement from the board of nursing.
Chapter 213 of the Laws of 2017 SB 137-FN adds a new section to RSA 326-B that allows for temporary licensure of certain nurses seeking licensure by endorsement from the board of nursing from the states of Vermont, Massachusetts, and Connecticut. Effective August 9, 2017

SB 212-FN establishing the physical therapy licensure compact.
Chapter 189 of the Laws of 2017 SB 212-FN amends RSA 328-A by establishing the physical therapy licensure compact, to be implemented by the physical therapy governing board. Effective July 1, 2017

SB 235-FN relative to Medicaid reimbursement to schools for students with medical needs.
Chapter 187 of the Laws of 2017 SB 235-FN amends RSA 167:3 by establishing a Medicaid to schools for medical services program, which allows schools to pay for services provided to children with medical needs, regardless of whether the student receives special education services through an individualized education plan (IEP). The bill also adds a reporting requirement to the existing Medicaid to schools program. Effective August 28, 2017

SB 237-FN relative to telemedicine services.
Chapter 43 of the Laws of 2017 SB 237-FN amends RSA 167:4 to allow medical providers who practice in metropolitan areas to be reimbursed by Medicaid for telehealth services. Effective July 8, 2017

SB 230-FN establishing the Uniform Power of Attorney Act.
Chapter 178 of the Laws of 2017 SB 230-FN adds a new section, RSA 564-E to RSA 564 to establish the Uniform Power of Attorney Act. Effective January 1, 2018

Prescribed Drugs
HB 264 establishing a commission to study allowing pharmacists to prescribe or make available via protocol oral contraceptives and certain related medications.
Chapter 23 of the Laws of 2017 HB 264 amends RSA 318 to establish a commission to study allowing pharmacists to prescribe or make available via protocol oral contraceptives and certain related medications. Effective April 25, 2017

HB 455-FN relative to the practices of pharmacy benefit managers.
Chapter 50 of the Laws of 2017 HB 455-FN amends RSA 318 to establish a commission to study allowing pharmacists to prescribe or make available via protocol oral contraceptives and certain related medications. Effective April 25, 2017

SB 155 relative to implementation of the Medicaid managed care program.
Chapter 258 of the Laws of 2017 SB 155 clarifies RSA 126-A that Step 2 of the Medicaid Managed Care Program, which impacts long-term care services.
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Chapter 224 of the Laws of 2017
HB 455-FN amends RSA 420-J to prohibit pharmacy benefit managers from requiring providers to attain accreditation, credentialing, or licensing other than by the pharmacy board or other state or federal entity until May 1, 2018. Effective July 11, 2017

SB 60 relative to chemical analyses of controlled drugs.
Chapter 253 of the Laws of 2017
SB 60 amends RSA 318-B to establish a criminal penalty for knowingly making a false entry in a certificate of the results of chemical analyses of controlled drugs. Effective July 1, 2017

SB 64 establishing a committee to study medication synchronization.
Chapter 19 of the Laws of 2017
SB 64 establishes a committee to study medication synchronization to be used as a tool to improve adherence to medications when patients are on a regular chronic medication regimen. The committee's study shall include, but not be limited to:
(a) The effectiveness of pharmacies and pharmacists to establish and implement programs which would allow patients to synchronize prescription drug refill dates.
(b) The barriers which impede pharmacies and consumers from synchronizing prescription drug refill dates.
(c) A determination relative to the education of patients to better use synchronization.
(d) How to encourage more pharmacies to offer synchronization programs. Effective April 17, 2017

Public Health/Health Promotion
HB 362 prohibiting certain immunization requirements for noncommunicable diseases.
Chapter 137 of the Laws of 2017
HB 362 amends RSA 141-C by declaring that immunization/vaccine requirements shall not be required for diseases that are noncommunicable. Effective August 15, 2017

HB 511 establishing a commission to study environmentally-triggered chronic illness.
Chapter 166 of the Laws of 2017
HB511 amends RSA 126-A to create a commission to study environmentally-triggered chronic illness. The commission will study and develop a number of recommendations to include but not limited to: ways to alert public health officials to higher than expected rates of chronic disease, determine a method to inform citizens of programs related to chronic disease, determine best method of compiling data to develop a public health oversight program as well as determining what current health databases and reports are available to study chronic conditions and other health-related impacts. Effective June 28, 2017

SB 65 relative to vaccines administered by pharmacists.
Chapter 149 of the Laws of 2017
SB 65 amends RSA 318 to add certain vaccines to the law which allows licensed pharmacists to administer vaccines. The vaccines added include hepatitis A, hepatitis B, Tdap, MMR and meningococcal. Effective January 1, 2018

SB 150 relative to pharmacist administration of vaccines.
Chapter 51 of the Laws of 2017
SB 150 amends RSA 318 to allow a pharmacy intern, under the direct supervision of a pharmacist, to administer immunizing vaccines. Effective July 11, 2017

SB 222 relative to the New Hampshire birth conditions program and relative to the administration of certain prescription medication for treatment of a communicable disease.
Chapter 42 of the Laws of 2017
SB 222 amends RSA 141-C and RSA 141-J to clarify the definition of “birth condition” for the purposes of the New Hampshire birth conditions program and authorizes health care professionals to prescribe certain medications for treatment or prevention of a communicable disease. Effective May 9, 2017

Quality and Patient Safety
HB 469 establishing a continuous quality improvement program for pharmacies, relative to vaccines administered by pharmacists, and relative to the authority of the insurance department on federal health care reform.
Chapter 221 of the Laws of 2017
HB 469 amends RSA 318, RSA 541-A, RSA 404-G, and RSA 420-N requiring licensed pharmacies to establish continuous quality improvement programs to identify weaknesses in processes and systems and make appropriate corrections; Adds hepatitis A, hepatitis B, Tdap, MMR, and meningococcal vaccines to the list of vaccines which may be administered by certain licensed pharmacists and nullifies the provision of SB 65 of the 2017 regular legislative session which addresses the same matter and adds provisions for the insurance department concerning federal health care reform, and repeals these provisions on July 1, 2020

Section 1 effective September 8, 2017; Section 2 effective January 1, 2018; Section 8-11 effective July 1, 2020; remainder effective July 10, 2017
State Budget

Amendment to State Budget – HB 144 - making appropriations for the expenses of certain departments of the state for fiscal years ending June 30, 2018 and June 30, 2019. Effective July 1, 2017

Chapter 155 of the Laws of 2017

HB 144 (which is the bill used as the budget vehicle – typically referred to as HB 1) includes the appropriations for all state agencies for the next fiscal year, SFY 18-19. (see summary above) Effective July 1, 2017

Amendment to State Budget – HB 517 - relative to state fees, funds, revenues, and expenditures.

Chapter 156 of the Laws of 2017

HB 517 (which is the bill used as the budget trailer bill vehicle – typically referred to as HB 2) includes all the various state department policy changes affected by the passage of HB 144 (HB 1). (see summary above) Effective July 1, 2017

Substance Misuse

HB 629-FN establishing a preference for the appointment of the child’s grandparent as guardian of the minor in certain cases and making an appropriation to the department of health and human services.

Chapter 53 of the Laws of 2017

HB 629-FN amends RSA 463 to address a number of concerns relative to establishing a preference for the appointment of the child’s grandparent as guardian of the minor in certain cases. Effective January 1, 2018

SB 234-FN relative to hypodermic syringes and needles containing residual amounts of controlled drugs and authorizing the operation of syringe service programs in New Hampshire.

Chapter 117 of the Laws of 2017

SB 234-FN amends RSA 318:52 and RSA 318-B to exempt residual amounts of controlled substances in hypodermic syringes and needles from the provisions of the controlled drug act, authorizes persons other than pharmacists to dispense hypodermic syringes and needles and allows them to be sold in retail establishments other than pharmacies and authorizes the operation of syringe service programs in New Hampshire. Effective June 16, 2017

Workforce/Professional

HB 194 permitting employers to pay wages to employees weekly or biweekly.

Chapter 45 of the Laws of 2017

HB 194 amends RSA 275 to allow employers to pay wages to employees weekly or biweekly. Prior to the statute being amended the commissioner of labor had to grant permission to pay less frequently than weekly. Effective July 11, 2017

SB 152 relative to criminal history background checks for certain health care workers.
Thank you for your participation in last year’s membership satisfaction survey!

WE STILL NEED YOUR HELP!
By Eric Walker/Amy Vaughan

Every year HFMA National sends out a member satisfaction survey to all members. As a leadership team, the NH/VT Chapter officers and directors look forward to receiving this valuable input from our members, and we work hard to incorporate the feedback and suggestions into our plans for future years so that we may better serve the membership. The member satisfaction survey is designed to have members rate the chapter as Extremely Satisfied, Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied, or Extremely Dissatisfied. At a National HFMA level, our Chapter is measured solely on the percentage of respondents who rate their experience with the chapter as either Extremely Satisfied or Very Satisfied. The National HFMA benchmark for each Chapter to achieve is 60% of chapter members responding as being either Extremely or Very Satisfied with the chapter over the previous year.

The 2017 membership satisfaction survey will be sent to our members from National HFMA in October, and we want to hear from you! We appreciate all those members who took the time to respond last year. Based on the thoughtful comments and suggestions we received on last year’s survey, you will see thought out, fun Social Events for the upcoming HFMA year. We also appreciate all of the positive feedback we received on our expanded webinar offerings! We will provide even more timely and relevant webinar offerings to our membership throughout the year, as well as continue to record those webinars and make them available “on demand” from our website www.nhvtlfma.org. In advance of the launch of the member satisfaction survey, we would like to take this opportunity to remind our membership of all that we accomplished together during the 2016-2017 year. Below is an overview of the major milestones:

EDUCATION
- Presented eleven live webinars on a variety of topics, in addition to six pre-recorded webinar series for certification coaching. Posted recordings of all live webinars on our website to be available for on-demand viewing.
- Organized or co-sponsored a total of five live face-to-face education events throughout the NH/VT region.
- Continued our Chapter’s collaboration with the NH MGMA, co-sponsoring two live educational events.
- Held two full day Cost Report (Beginner and Intermediate) sessions for our members.
- Held our 2nd Annual Women’s Conference in Bedford, NH with over 80 participants.
- Provided over 4,700 registrant hours of HFMA education in 2016-17, 12.2 hours per member.

NEWSLETTER
- Valued highly by our membership; was the only item to receive a 0% as “one thing to change” on last year’s membership satisfaction survey!
- Published five issues of our comprehensive newsletter, made available to the public on our website and through Chapter emails.
- Received high praise from other HFMA chapters nationally for our newsletter’s robust content.

CERTIFICATION
- Hosted four certification lunch and learn sessions to go over the value and types of HFMA certifications.
- Recorded lessons for CHFP for certification that are publicly available on Youtube.

MEMBERSHIP/SOCIAL
- Held two HFMA Early Careerist events and had panels speak to students about career paths and their views on the Health Finance industry. We value our student members in HFMA and look to engage them in our organization as the future leaders of our industry.
- Welcomed 32 new volunteers in the last two years! We are thrilled to have so many wonderful individuals taking a more active role in the chapter.

SCHOLARSHIP
- We awarded two $1,000 Marianne Fairall Scholarships to Jack Walsh and Julia Walsh. Jack is a Senior at Temple University and Julia is a Sophomore at Temple University.
- Awarded four $1,000 Christopher Weinheimer scholarships, which benefit two students each from UNH and Champlain College.. The two UNH students receiving the scholarships were Alyssa Henry and Julia DeLucia and the two students from Champlain College receiving the scholarships were Tina Lamphere and Kathy Jameson.

We appreciate your thoughtful consideration as you complete the membership satisfaction survey when it arrives in your email in October. If at any point in time you are not Extremely or Very Satisfied with your membership in the NH/VT Chapter, please reach out directly to Eric Walker, 2017-18 NH/VT HFMA Chapter President, at 603-263-7116. We welcome your ongoing feedback to meet the needs of our members. Thank you so much for your participation.
HFMA Social Event: September 2017

Please join us after the Annual Reimbursement Seminar Thursday, September 28th being held in Concord NH for our first Social Event of the HFMA year at Concord Escape Room New Hampshire! What is an Escape Room anyway? An Escape Room is a room full of puzzles, challenges, locks, and other items that when solved will eventually lead you out of the room. A team of 12 HFMA participants will work together to escape the room in under an hour. We have reserved 2 rooms, so space is limited to 24 participants. You can register for our Social Event even if you did not go to the Reimbursement Seminar. There is no cost for this FUN event.

To register, please email our Chapter President Eric Walker at ericwalkercpa@gmail.com or call 603-263-7116 by September 20th. More information will be provided to registrants.

New Hampshire/ Vermont Chapter Sponsors

Because of the generosity of the organizations listed below, we are able to offer quality services, such as this newsletter, to our members. To these organizations, we say “thank you”.

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NHVT HFMA APP

YOUR PEERS, YOUR STAFF, YOUR MOVE

MEMBER-GET-A-MEMBER PROGRAM

You know – more than anyone – the value of belonging to HFMA.

Spread the word. Invite your peers, your staff, and your colleagues to join you – and join HFMA.

Win prizes for each new member you recruit.

HFMA.ORG/MGAM
Chapter Committee Chairs 2017–2018

**Advisory Council**

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**Nominating Committee Member-at-Large**

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Visit our Committee Opportunities page for more information about volunteering to be on one or more of our Committees.
Meet your chapter officers for 2017-2018

Eric F. Walker, CPA, FHFMA
Position: President
Affiliation: New Hampshire Healthy Families
Phone: (603) 263-7116
Address: 2 Executive Park Dr., Bedford, NH 03110-6915
Email: erwalker@centene.com

Eric is a Senior Manager of Finance with NH Healthy Families and CentiCare Health located in Bedford, NH. He received his Bachelors and Masters of Accounting degrees from the University of Maine. Eric holds both an active CPA license and Fellowship with HFMA. He has been a member of the Chapter since 2007 and has previously served as Newsletter Chair and on the Board of Directors.

Travis Boucher
Position: President Elect
Affiliation: New Hampshire Hospital Association
Phone: (603) 415-4253
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Greg Knight
Position: Treasurer
Affiliation: Baker Newman Noyes
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Greg is a Senior Healthcare Consultant for Baker Newman Noyes. He specializes in Medicare and Medicaid cost reports and third-party reimbursements. Greg received his Bachelor’s degree in Accounting from the University of Maine.

Erica L. McNamara, CPA
Position: Secretary
Affiliation: Central Vermont Medical Center
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Diane L. Maheux, FHFMA
Position: Immediate Past President
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Diane is the Chief Financial Officer of Calais Regional Hospital located in Calais, ME. 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). She 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, Diane taught on both the undergraduate and graduate level at Plymouth State from 1995-2010. In her free time, she is an active hockey mom.

Engage with our Chapter on Social Media

#NHVTHFMA