

The official newsletter of the **New Hampshire-Vermont Chapter** of the Healthcare Financial Management Association



## President's Message

Dear Chapter Members,

Happy New Year! We are ringing in the New Year with our Chapter Annual Meeting on March 3rd and 4th. This year's Annual Meeting is unique as we have never offered a virtual Annual Meeting. This event is free to members! Sign up today on our [website](#). We are excited to provide a mix of topics from leadership, to revenue cycle, to local legislative updates. We as a chapter have been collaborating with our fellow HFMA chapters more and more — combining resources to provide more robust content. In our *new normal* virtual environment we can now highlight the best chapter's content and bring it to you locally. Are you looking to take advantage of HFMA's free certifications? We are partnering with other chapters to bring you higher quality certification trainings.

We are consistently requesting your feedback and acting on it. Our chapter is committed to providing quality educational content and subjects that most interest you, our members. Of course, some fun events such as social awards event scheduled immediately following our Annual Meeting. This year our National Theme was "Dare You to Move". What does that mean? Tune in to our Annual Meeting for the HFMA chair's presentation to find out.

We will continue offering webinars this spring please check our website for the most recent scheduled events. Lastly, don't forget to get involved! The members who get the most out of HFMA are the ones who get involved. Volunteers are the heart of our chapter. Opportunities range from quick jobs to ongoing positions; from one-time gigs, to year-long commitments. All are important, and one of them may be just right for you! When you volunteer, you take away something new; a skill, a contact, a friendship. We are a volunteer run chapter. When you volunteer, the chapter gets the help it needs with an event, newsletter, or web page. You make a difference! It is as easy as emailing me that you're interested [gknight@bnnncpa.com](mailto:gknight@bnnncpa.com).

### Greg Knight

NH-VT HFMA President

## NEWSLETTER POLICY

### EDITOR: Thomas Jabro, CTP

The editor strongly encourages the submission of material for publication. The editor reserves the right to edit material and accept or reject contributions whether solicited or not. Send all correspondence 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.

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

[#NHVTHFMA](http://www.nhvthfma.org)



# Mark Your Calendars for the Virtual 2021 Annual Meeting

Well this is no surprise really but we are excited to bring our members together for this virtual conference. The Annual Meeting we had planned for last March when the pandemic shut us all down had a stellar line up of program content and speakers. We're fortunate that a number of those speakers welcomed the opportunity to bring their program to you virtually this year. **We've restructured this Annual Meeting to be held two afternoons, March 3rd and 4th, 2021.** More details will be sent to you all in the coming weeks. Briefly we have the following lined up:

**Tammy Galindez**, Chair-elect HFMA National:

**Dare You To Move – National update**

**Eric Schell**, Stroudwater:

**Financial Sustainability – Creating a Revenue Strategy**

**Bill Knox, Nthrive and Chris Healy**,

Cottage Hospital:

**Optimize Health Care Revenue Cycle Operations with Robotic Process Automation**

**Del Gilbert**, Accelerating Excellence:

**Thrive! 7 Ways to Win at Work and Life**

**Kevin Connell**, Echo and

**Matt Huber**, Peoples Bank:

**Capital Finance Update**

**Paula Minnehan**, NH Hospital Association,

**Mike DelTreco**, Vermont Association of Hospitals and Health Systems and

**David Winslow**, Maine Hospital

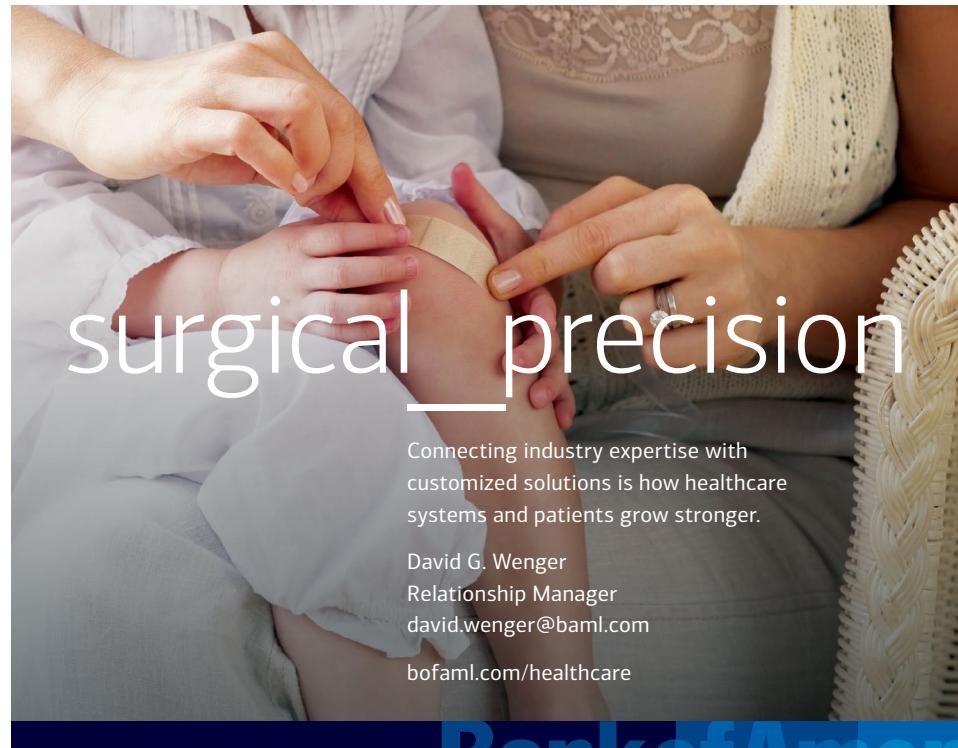
Association:

**Legislative Update**

**Networking Event: TBA**

We'll also be presenting chapter awards and holding a networking event at the conclusion of the conference.

Please join us and mark your calendars.



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GAIN perspective



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BerryDunn has recently merged with VantagePoint Healthcare Advisors.

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# CMS Price Transparency Final Rule

*Robert Gilbert, Senior Manager, BNN Healthcare Advisory Group*

On November 15, 2019, following an executive order from President Trump, the Centers for Medicare and Medicaid Services (CMS) finalized a comprehensive rule on healthcare price transparency. When the final rule was published, there was general industry sentiment that it would likely be halted in a superior court, given the proprietary information that is being required to be reported. However, the final rule is yet to run into significant legal resistance, and went into effect on January 1, 2021.

## Who is impacted by the final rule?

All non-governmental hospitals.

## What needs to happen by January 1, 2021?

All non-governmental hospitals are required to:

1. Display all charges in a machine readable format on their website; and
2. Display 300 “shoppable” services in a consumer friendly format on their website.

Both of the above need to include the following components:

- *Billing identifier (CPT/HCPCS/DRG);*
- *Charge or service description;*
- *Gross charge of service;*
- *Payor-negotiated rates;*
- *De-identified minimum and maximum payor-negotiated rates; and*
- *Self-pay cash rate.*

## What happens if I do not comply?

The final rule stated that CMS will be monitoring for compliance. Hospitals that fail to comply will be assessed a \$300 per day (per facility) penalty. This penalty has the potential to amount to \$109,500 per hospital, per year.



## HFMA Annual Conference 2021

Due to the COVID-19 pandemic and related government restrictions, HFMA will be unable to host its Annual Conference in person on June 28, 2021 – July 1, 2021 in Boston. Instead, HFMA is planning to host its annual conference in person later this year on Nov. 8-10, 2021, in Minneapolis.

**Save the Date!**

**HFMA Annual Conference**

**Nov. 8-10, 2021**

**Minneapolis, MN**



**hfma**<sup>TM</sup> new hampshire-vermont chapter  
healthcare financial management association

# Member Benefit – Recorded Educational Webinars?

**Jeff Walla, Education Committee Co-Chair**

The summer of 2020 has been packed with educational webinars and we've recorded most of them for our members to enjoy at their convenience. They are easy to find on the chapter website [www.nhvthfma.org](http://www.nhvthfma.org) under the Education & Events tab. The topics include:

- *Reimbursement Update, Proposed IPPS, CARES Act*
- *FQHC #1 – Using Data for Decision Making and Managing Collections*
- *Worksheet S-10*
- *FQHC #2 – 340B Drug Pricing Update and FQHC Cost Reporting*
- *Pricing Transparency*
- *Working from Home Strategies*
- *Final IPPS Rule*

These are available to all members so please take advantage of this benefit.

We have a number of webinars scheduled through January including the ever popular Excel Webinar series with Jeff Lenning – Excel University, Legislative Updates and both Reimbursement and Cost Reporting topics of interest.

Finally, we are in the early planning stages to bring two live conferences to our members in the Spring of 2021. We are continually monitoring best practice for such events and hope for great success in those who are involved in developing the vaccine for this COVID-19 virus. Regardless, we will adapt to the situation as it unfolds continuing to serve you our members.

On a final note, we thank each of our corporate sponsors for sticking with us these past few months with meeting cancellations and the opportunity to interact with each of you at those meetings. We most certainly rely on the support of our sponsors during the year. Thank you.

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# == 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

### Welcome New Members

**Joandrew Cousins** · **Valerie Truell** *MGR Finance Systems, Dartmouth-Hitchcock Medical Center*

**Martin Mellish** *Director, Aspen Advisory Services Ltd.* · **Christie Bobo** *Client Manager, AdvantEdge*

### Share the value of membership with your colleagues — refer them to HFMA.

**\$25 off dues for them and a \$25 gift card for you!**

You have the power to help your colleagues navigate today's challenges and prepare for a sustainable future. Refer them to HFMA and help them gain access to a vast problem-solving network of local and national colleagues and unlimited access to industry information.

Invite your peers in all healthcare settings to join — providers, health plans and/or business partners — everyone would benefit from HFMA during this challenging time.

**YOU HAVE THE POWER TO HELP YOUR COLLEAGUES.**

To make it even easier, your friends and associates will save \$25 on their dues when they join. In appreciation of your participation in the program, you'll receive a \$25 Amazon gift card for every referral who joins. Referrals by student members are limited to 10. Thank you for your commitment to the HFMA community we all share and need now more than ever. Together, we can overcome any challenge.

Visit the [My Referrals](#) page under your HFMA profile to get started.

# 5 Cybersecurity Threats to Healthcare During COVID-19

Noah Dermer, Former Chief Security Officer at Epic Systems

Digital processes and experiences continue to increase for healthcare as COVID-19 draws on. For patients, this means paying more bills online and using virtual care options when medical attention is needed but not life-threatening. Healthcare providers are changing business operations to enable more digital interactions. This includes a shift to remote work to help maintain social distancing and other physical safeguards. This heavily digitized "new normal" also presents a new vulnerability for cybersecurity attacks.

## Cybercrime Grows During COVID-19

The rise in remote working arrangements and the digitization of business operations creates an opening for hackers. Healthcare organizations are a prime target for cybercrime given the sensitive nature and depth of medical data and payment information that lives on their networks. IBM Security's [2020 Cost of a Data Breach Report](#) noted that [the average cost of a healthcare data breach is \\$7.13 million](#). Within weeks of declaring COVID-19 a pandemic, the US Health and Human Services Department experienced a distributed denial-of-service (DDoS) attack. In April, the World Health Organization reported a [five-fold increase in cybersecurity attacks](#).

## 5 Types of Cybersecurity Attacks

More digital vulnerabilities make healthcare organizations even bigger targets to cybercrooks. Becoming familiar with the tactics of hackers and other types of cyber criminals can help you know what to look out for to better protect against costly data breaches.

You'll want to guard against [social engineering](#), a method of intrusion via digital or in-person interaction designed to trick someone into breaking security protocol and sharing confidential information. Criminals use social engineering tactics to gain employee credentials, compromise authentication systems, take over social media accounts and more.

Here are five examples of common types of cybersecurity attacks facing healthcare today:

### Business Email Compromise (BEC)

BEC involves a scam to obtain confidential, personal or financial information from business contacts through email. Tactics include:

- **Email spoofing or masking** involves emails with forged headers that hide the message's real point of origin. Criminals use this method to trick employees into sharing sensitive company and client information and initiating payments using fraudulent instructions.
- **Client email compromise** happens when criminals access an employee's email account or a corporate network to understand the communication style of a company's client or customer. The hackers then mimic this communication style in interactions with members of the organization to commit fraud or steal confidential information.
- **Business partner email compromise** is an exploit where criminals impersonate an organization's business partners or vendors via email interactions to gain access to data and company information.
- **A lookalike domain** closely resembles the domain of a legitimate organization. Criminals use these domains to set up email accounts and send phony messages to employees to gain access to critical company information.

### Phishing

[Phishing](#) is the act of sending fraudulent communications that appear to be from reliable sources to trick victims into sharing information or downloading malware. This tactic often relies on emotions and plays to a sense of urgency or fear. Criminals use this approach to access systems and personal data or to enact financial fraud. Types of phishing include attacks that target individuals rather than groups (spear phishing) and attempts to coerce information through voice communications on the phone (voice phishing or vishing).

### Ransomware

Criminals use ransomware to extort organizations by encrypting and holding their data hostage until a ransom is paid. Ransom costs vary based on the ransomware-type and the criminals using it. The [FBI's 2019 Internet Crime Report](#) notes that the FBI received over 2000 ransomware-identified

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## Continued from page 6

complaints with adjusted losses of more than \$8.9 million. Impacted organizations risk the permanent loss of data that can make it hard for the business to operate properly. This October, the [US Cybersecurity and Infrastructure Security Agency](#) issued a warning related to ransomware stating that "there is an imminent and increased cybercrime threat to U.S. hospitals and healthcare providers."

### Mobile Threats

Remote workers often rely on mobile devices for communication needs. This opens another channel for criminals to harm organizations. Malicious and spoofed company applications, the removal of operating system restrictions and the use of public Wi-Fi can all increase exposure to attack.

### Compromised Business Social Media Accounts

Social media is a popular channel for hackers looking to infiltrate organizations and personal data. Their method of approach is to target accounts of the business and individual employees. The use of unauthorized and vulnerable third-party applications to access social media accounts, human error and interacting with imposter accounts can all lead to serious security threats.

### Tips to Help Prevent Cyber Attacks

It's important to use secure and compliant systems to protect against cyberattacks. Make sure everyone at the company understands their role, too.

Here are tips for how employees can help prevent cybercrime:

- *Only use company-approved email platforms and tools. For added protection these tools should offer spam filtering and multi-authentication.*
- *Only click links and open attachments from trusted sources.*
- *When engaging with colleagues or IT personnel, always verify their credentials and any other business-related identifiers to confirm their identity. Don't be afraid to contact your IT colleagues via their business phones to confirm any remote access requests. Never share your password information.*
- *When working remotely, treat your computer the same as you would when in the office. Be sure to lock your screen when away from your computer and use strong passwords when updating your credentials.*
- *Always ensure that your software, browser and operating systems are up to date.*
- *Always keep your machine's anti-virus and ad-blocking software on.*
- *Never enter personal credentials on a website when using public wi-fi.*
- *When on your home network, be sure to update the default password before logging on. Then, create one for yourself and your work and another for guests and children.*

# 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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CRCR Bootcamp - Friday, March 12th, 2021

Sponsored by HCI: A Healthcare Receivables Management Company



# CRCR BOOTCAMP

## Promote Yourself

As part of our Certification efforts, AZHFMA is proud to provide continuing education for Revenue Cycle professionals aiming to take the CRCR certification exam, or those simply wanting to expand their understanding of this critical function.

This comprehensive bootcamp, led by two of the Association's most tenured and knowledgeable Revenue Cycle professionals, will provide a dynamic opportunity to prepare for the exam, ensuring a successful outcome.

### Why CRCR?

In a word, agility. In the dynamic arena of healthcare finance, long-term success depends upon thinking and acting quickly, whether you're leading a team or defining your own unique career path.

HFMA offers proven education paths to help you meet today's challenges and position your organization for future success.

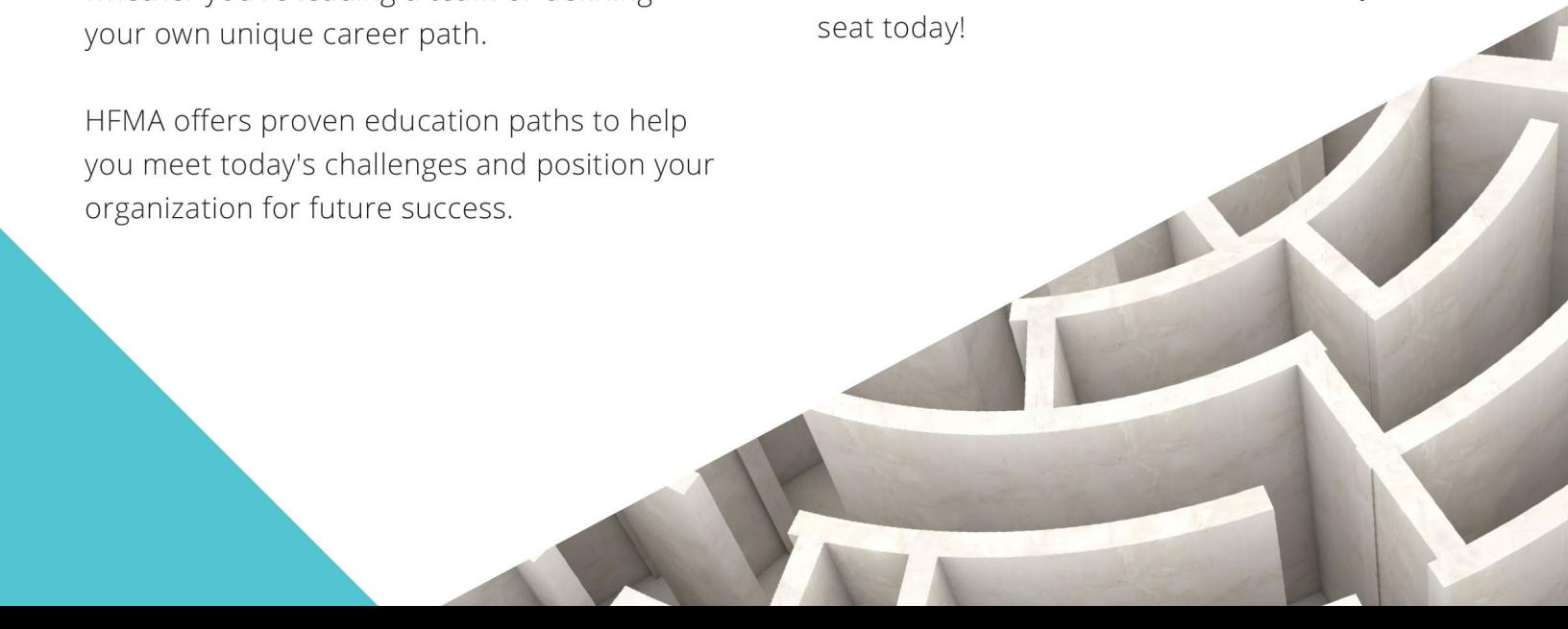
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- **Position your organization for success.** Increase your team's knowledge to help meet and exceed leadership expectations

HFMA certification is the gold standard in healthcare finance, helping you navigate the What Now and the What Next. Reserve your seat today!



## Preliminary Agenda - Friday, March 12, 2021

7:45 - 8:00 am	Log in, test AV, meet your peers
8:00 - 10:00 am	Compliance and Patient Access
10:00 - 10:10 am	Break
10:10 - 11:40 am	Claims Processing and Account Resolution
11:40 am - 12:10 pm	Break
12:10 - 1:10 pm	Cash and Financial Management
1:10 - 2:40 pm	Healthcare Reform and Other Departments
2:40 - 3:00 pm	Exam Prep and Final Thoughts

## Expert Presenters



Terry Brennan exemplifies excellence and experience in Revenue Cycle. Terry received his CHFP and FHFMA certifications in 2007. He has served HFMA as the Arizona Chapter President, a member of the HFMA Board of Examiners, the Chapter Advancement Team, and is the current Region Executive for Region 10. He has worked in healthcare since 1977 and has been an HFMA member since 1980. He has worked for small and large health systems, as well as small/rural hospitals.



Jason Metcalf received his CHFP and CRCR certifications in 2009 and his FHFMA in 2012. He has assisted and proctored over 40 different people to obtain their CRCR and has been involved in HFMA since 2001. He has worked for large and small health systems, including Providence Health and Kingman Regional Medical Center, and is currently the Director of Revenue Cycle Services at Yavapai Regional Medical Center in Prescott, AZ.

## Pricing and Registration

Space is limited and registration is required. To secure your seat, please register [here](#). For bulk registration of your team, please email [admin@azhfma.org](mailto:admin@azhfma.org) and let us help.

- **COMPLIMENTARY:** Enterprise Members, Providers (hospital, physician group administrators) and Health Plans receive complimentary registration
- **\$19:** HFMA Member Business Partners
- **\$39:** Non-Member Business Partners

**Who Should Attend?** Healthcare Revenue Integrity, Medical Records, Patient Access, Patient Accounts, Patient Financial Services, Revenue Cycle, Business Development, Claims, Admissions, Emerging Leaders

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## Four Key Pillars for the Successful Preparation of Legacy A/R Projects

Harnessing best practices for successfully winding down legacy A/R accounts means coming up with an intentional plan to get ahead of a conversion.

Legacy A/R is usually the largest current asset on an organization's balance sheet, but hospitals and health systems don't always properly prioritize it when facing a conversion. Successful system conversions require appropriate upfront planning to manage that valuable asset, which can run into tens of millions or hundreds of millions of dollars.

Experienced revenue cycle professionals who have navigated conversions safely and successfully do four things right—and well in advance of a go-live:

### 1. Develop a Comprehensive Strategy

A [2018 Deloitte report](#) notes that developing a comprehensive strategy is "critical to managing a patient accounting transition." The advantages, in particular, of a comprehensive strategy are the ability to create a governance structure to manage the wind-down and a longer term data management solution for legacy A/R accounts.

Starting the planning process 12 months to 18 months in advance of go-live is recommended.

Leadership buy-in is also important; this means that everyone should be on the same page about specific goals and expected outcomes, resources to be allocated to the effort, and various timelines.

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## 2. Line Up the Right Vendor as a Partner

While some hospitals and health systems go it alone when it comes to legacy A/R accounts, it's a decision that can be fraught with risk. As such, experts recommend an outsourcing strategy to place aging accounts with revenue cycle vendors. This will not only help organizations focus on easily collectible accounts, but also (and perhaps most important) enable staff to focus on training and essential go-live preparation.

But working with the right vendor is critical. Organizations should choose a partner that has the experience—and the scale—to handle their conversions and one that possesses familiarity with myriad revenue cycle platforms. The right partner will enable the organization to focus attention on the new platform and handle legacy A/R, assuring the least amount of revenue leakage.

Here are four key questions to ask when scouting potential partners:

- *Is your prospective vendor a market leader?*
- *Will your vendor collaborate with you on building key performance indicators (KPIs) to measure success?*
- *Does your prospective vendor have hands-on experience with your legacy platform?*
- *Is your prospective vendor a good cultural and operational fit for your organization?*

## 3. Allow Adequate Time for Vendor to Work Placed Accounts

Plan on issuing a request for proposal (RFP) at least 10 months in advance of go-live to identify a partner who will handle your legacy A/R accounts. Identifying the winning vendor

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approximately eight months in advance of go-live allows enough time to finalize agreements and start the preliminary test work for the engagement, including the establishment of agreed-upon KPIs.

Having the vendor work accounts no later than six months in advance of go-live is a best practice to ensure that accounts are resolved and to ensure cash flow deceleration doesn't trigger serious financial problems for your organization, including the need to tap into cash reserves.

## 4. Monitor Agreed-upon Financial KPIs

Handing legacy A/R accounts over to an outside vendor allows you to focus on training for a new system and prepping for the go-live. To work with your outsource partner successfully, you will want them to collect and report on KPIs customized for your hospital or health system.

The most common KPIs tracked by organizations include:

- *Days in A/R*
- *Denial Rates*
- *Cash as a Percent of Net Revenue*
- *A/R Aging*
- *Cost-to-collect Ratios*
- *Write-off Ratios*

The best partners will work with you to identify the best KPIs for your organization, collect and report them, and help you to fine-tune your systems, processes and workflows to produce better financial results.

Organizations that acknowledge the experience of revenue cycle experts should adopt these four principles. Doing so will ensure your organization is ready to forge a safe, successful path to a new patient accounting system.

To learn more about how to successfully navigate a platform conversion, visit <https://parallon.com/LegacyAR>.

# How Personalization Can Improve the Patient Payment Experience

By Deirdre Ruttle, Vice President of Strategy,  
InstaMed, a J.P. Morgan Company

## Rising Patient Payment Responsibility

Today's patients owe more for their healthcare than ever before. Steady increases in health plan premiums and high deductible plans lead to ever-growing patient financial responsibility. The Kaiser Family Foundation's 2019 annual employer benefits [survey](#) notes that the average family coverage premium rose by 54% over the prior ten years. Employee wages, however, have not grown at nearly the same speed. Additionally, deductibles remain a crucial driver of patient out-of-pocket costs, adding to the payment responsibility strain. The number of patients with employer-sponsored coverage with deductibles rose to 82%.

As patient payment responsibility grows, so does the worry about whether they can pay these rising healthcare costs. In fact, [73% of patients](#) express concern about their ability to pay their medical bills. The pressure of uncertainty of COVID-19 also heightens financial hardships as unemployment concerns press on.

In addition, recent data shows that demographics like gender and age can shift the impacts of patient financial strain. For example, millennials are [two times more likely](#) to avoid healthcare due to cost than baby boomers.

## Personalizing Payment Options Helps Both Patients and Providers

The growth in patient out-of-pocket responsibility impacts payment preferences. Patients want convenient, easily accessible and easy to understand options to help them navigate their medical expenses. [83%](#) of patients prefer digital payment options like those they use for their non-healthcare bills to pay for their medical expenses. The emergence of COVID-19 and the need for social distancing drive even more demand for digital options. Contactless technologies, such as mobile wallets and EMV chips, enable safe on-site payments without ever having to touch a keypad or hand a credit card over to office staff.

Digital payments can help eliminate the friction between patients and providers within the payment process. With payment options that fit their circumstances, patients can better manage medical expenses before balances reach collections. Empowering patients with personalized experiences not only helps providers get paid quicker, but also helps streamline back-office processes.

Keeping in mind the many factors to consider, between demographics and financial components, there is no one-size-fits-all payment solution. To fit patients' specific needs, providers must create flexible payment experiences.

Taking steps to personalize the payment experience can increase collections while the pandemic continues and beyond.

## Save Cards on File to Streamline and Automate Payments

Patients want simple choices to control their healthcare payments. One way to achieve this is to empower them to schedule payments based on their preferences and budgets through automated payments. You'll need to implement a process to [securely save patient credit cards](#) on file for a convenient payment option that promotes automatic collection as soon as claims are adjudicated. Be sure to establish a policy to communicate with patients before cards are charged and deliver receipts after payment processing.

## Enable Payment Plans To Reduce Debt and Simplify Staff Processes

Many patients face medical-related debt that they can't afford. Moreover, [56%](#) of consumers are unable to pay balances above \$1,000. To help patients pay large bills over a period of time, consider using save cards on file for payment plans.

Digital payment plans simplify processes while also helping ensure collection without relying on paper statements. Furthermore, digital technology with robust reporting tools can help staff more clearly address balances and avoid sending a patient to general collections. Automating payment plans are also a cost-effective way to lessen manual paper-based processes.

## Implement eStatements and Self-Service Portals to Empower Patients

Sending eStatements, rather than sending paper bills, creates a more efficient and economical process. Payments can happen faster and there are no mailing costs.

Online patient portals can offer an easy to understand and secure path to payment while putting patients in control of their medical billing obligations. Patients can readily access their payment information and see exactly what they owe. They can then pay online, eliminating the need to send paper checks in the mail or engage in-person for payments with office staff.

Because online portals are self-service, they save time and money on costly back-office processes, too. These advantages are even more significant when staff works from home or by other alternative arrangements in response to COVID-19.

## Offer Payment Experiences as Unique as Your Patients

Patients are unique. Their payment needs are no different. By offering multiple payment channels, healthcare providers can deliver personalized patient payment experiences while positively impacting their bottom line.



## THE (NEW) GOLD STANDARD

# Certified Healthcare Financial Professional

Health care is changing – and so is the Certified Healthcare Financial Professional (CHFP) designation.

The new CHFP from HFMA prepares finance professionals, clinical and nonclinical leaders, and payers to address the continually evolving healthcare business environment. Multidisciplinary courses focus on providing today's essential skills: business acumen, strategy, collaboration, and leadership.

Course modules include:

### **The Business of Healthcare**

Healthcare finance overview, risk mitigation, evolving payment models, healthcare accounting and cost analysis, strategic finance, and managing financial resources

### **Operational Excellence**

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# Chapter Committee Chairs

Visit our Committee Opportunities webpage for more information about volunteering to be on one or more of our Committees.

## Advisory Council Committee

### Travis Boucher

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## Executive Committee

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## Corporate Sponsorship Committee

### Barbara A. Lynch

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## Newsletter Committee

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## Nominating Committee

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## Social Event/Social Media Committee

### Eric F. Walker, CPA

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# Meet your chapter officers



## Gregory Knight

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Greg is a Manager at Baker Newman Noyes in the firm's healthcare advisory group with experience in providing reimbursement services to hospitals, rural health clinics, nursing homes, and home health agencies. Greg is actively involved in Medicare and Medicaid cost reports, 340B reviews, third-party reimbursement reviews, and regulatory appeals. Greg earned a bachelor's degree in accounting from the University of Maine.



## Erin Cutter

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Erin is the Revenue Integrity Manager for Concord Hospital. She received her undergraduate degree from Plymouth State University and her graduate degree from Southern New Hampshire University. Erin has been a member of the chapter since 2013 and served as the Newsletter Chair from 2016 through 2018.



## Zachary Colby

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Barbara is the Senior Vice President of Account Management for Balanced Healthcare Receivables, LLC located in Nashua NH. Balanced Healthcare Receivables (BHR) is a privately held company specializing in Self-Pay, System Conversion Receivables – Legacy wind downs, Third Party Receivables Resolution and Primary and Secondary Bad Debt. Barbara has been involved in the healthcare industry for over 30 years.

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