

# The NorEaster

SUMMER 2023



## President's Message

Hello Chapter Members and welcome to the Northern New England Chapter of HFMA. I am honored and humbled to be able to serve as your Chapter President for the 2023-2024 Year. I hope you are all enjoying the early summer weather and finding time for family and friends. We are entering year three of our newly formed chapter and I look forward to this year as we can now officially say post-public health emergency.

The Chapter held our Annual Conference and Awards Dinner at the end of March in North Conway, NH and it was well attended. It was a great event with great Education and an awards dinner which celebrated many wonderful volunteers.

We recently held our Mini-LTC and our Education Planning for the upcoming year where we planned the vision and educational events both virtual and in-person for the upcoming year. Education events being planned will include the Reimbursement Conference in the fall and our Annual Conference in the Spring. Plans for this year will also be to work more with our members on Certifications and our student members and our enterprise members to increase engagement and participation. Speaking of Students if you are continuing your education for your Bachelors or Masters don't forget NNE HFMA Chapter has Scholarship opportunities that can help you.

As we start this year, I want to say THANK YOU to many people including our Leadership Team, Board of Directors, our Sponsors, and most of all our members. Our Chapter continues to grow and is up to almost 1,800 members which is amazing. We have many opportunities for our members to volunteer and be involved in our Chapter, if you are interested visit our [website](https://www.hfma.org/northern-new-england) or email me directly [zachary.colby@northcountryhealth.org](mailto:zachary.colby@northcountryhealth.org) and we can discuss how you can best volunteer in our Chapter.

I along with the rest of the Leadership Team are here to serve and support you, if you have any questions, ideas, or thoughts on how you can utilize your HFMA membership better or how we can support you, don't hesitate to reach out. We are here for you!

**Zachary Colby**

President, Northern New England Chapter, HFMA

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## NEWSLETTER POLICY

EDITORS: Thomas Jabro, Chelsea Desrosiers, Jeff Walla

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:

**Thomas Jabro, Newsletter Committee Chair**  
Treasury Management Officer, JP Morgan  
412-310-2126 | [Thomas.jjabro@jpmorgan.com](mailto:Thomas.jjabro@jpmorgan.com)

**Chelsea L. Desrosiers, CPA, MBA**  
President-Elect and Newsletter Committee Co-Chair  
Chief Financial Officer, Cary Medical Center  
207-498-1140 | [chdesrosiers@carymed.org](mailto:chdesrosiers@carymed.org)

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Carol Barrett, Diane Blaha, Emily Anne Nolte, Kimberly Spaulding, Eric Walker, Gerri Provost, Jane Kapoian, Erin Cutter, Judi Deavers, Rob Gilbert, Robin Fisk, Chelsea Desrosiers, Mike Whitten

The Newsletter is published four 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, Northern New England Chapter or the editor.

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## 10 tips for a successful healthcare IT system conversion

*By BerryDunn Professionals: Lana Davidson, Senior Manager Healthcare Outsourced Accounting; Jonathan Findlay, Manager, Management Information Technology Group; Denny Roberge, Principal and Leader of Revenue Cycle Services*

Healthcare system conversions are risky endeavors. But what is the alternative? Stay with a system you've outgrown and no longer meets your organizational needs? Based on our experience working with organizations as they have transitioned to new enterprise systems such as Electronic Health Records (EHR) and Enterprise Resource Planning (ERP) systems that there are 10 key areas to focus on in order to have a successful conversion.

### 1. Start preparing early

If you know you'll be bringing in a success partner to help you through the conversion, bring them early in the planning as possible. The success of the entire project depends on how well you've planned and if you've brought in a strong methodology to approach the implementation.

### 2. Assess your needs before you make a decision to change systems

Before you even decide that you need a new EHR or ERP system, the first step is to conduct a thorough assessment of your current system and determine if you actually need a new system. It's possible that your current system could and will meet your needs if set up correctly.

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Connie Ouellette



Jeff Walla

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If you determine that you do need a new system, the next step is to conduct a thorough needs assessment that details exactly what your organization needs out of the system. It's important not to think in terms of what your old system was capable of, but to focus on the problems that you want the new system to solve. Talking to other organizations or consultants, who are solely focused on and have experience in this work, can help you determine what best-in-class systems can do.

### 3. Understand and mitigate the risks

There are risks at every stage of the process, from not identifying your needs correctly, not assessing the facility's readiness for change, choosing a subpar vendor, having an incomplete contract, not monitoring the implementation very closely to meet the deadlines, and not addressing the risks as they appear. It's important to manage the steps correctly at each phase, beginning with:

- Documenting detailed requirements for the EHR or ERP system
- Initiating a formal RFP process to include the system requirements in writing
- Thoroughly vetting and evaluating vendors consistently
- Negotiating a solid contract that holds the vendor accountable for support and a timeline
- Assessing what staffing changes and training are needed
- Providing sufficient time for testing pre- and post-go-live
- Understanding and planning for the impacts to your revenue cycle

### 4. Manage the vendor

The vendor may be managing the project, but who is managing the vendor? Whether you hire a consultant or have in-house resources, managing the vendor can be a full-time job. In our experience, the vendor wants to have a successful implementation as much as you do, and they also want to go live on time so they can move on to their next project. You will need to advocate for your organization and be able to hold the vendor accountable to what was agreed on, even if that means

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taking more time. If your contract was thorough, you should have enough leverage to do so. The bottom line: Don't feel rushed to go live until you know you are ready.

Insist on a detailed implementation plan from the vendor that shows realistic timelines for the tasks needed to be accomplished to meet the go-live date. The project should include weekly communication meetings with the vendor to ensure any problems and delays identified can be addressed quickly.

### 5. Make sure your internal project team is ready

Just as it's important to ensure your vendor is well-staffed, prepared, and held accountable, these factors are equally important for your internal project team. Take the time at the beginning of the project to create a plan for success that takes into account roles, communication, and contingency plans. A good plan will include:

- Establishing a project charter to formalize governance, teams, and roles and responsibilities
- Communicating and reinforcing the project as a mission-critical effort
- Establishing regular project meetings to follow up on and manage risks, actions, issues, and decisions

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- Monitoring competing priorities and alleviating non-project efforts for staff where possible
- Anticipating project team turnover and having a plan for backfilling team members in advance

## 6. Help your staff adopt the new system

Even if you implement the best system in the world, if your nurses, doctors, and billing staff don't use it (or don't use it correctly), it won't be effective. You need to be able to manage the people side of change, starting with building the case for why you are switching systems and how it will benefit the working staff. Having a thorough training plan and making sure people are ready for the conversion is a key step that shouldn't be neglected.

## 7. Allocate enough time and the right resources for testing

Before you go live, you need to know the system is going to work for specific scenarios in every department that uses it. For EHR systems, that is every department that touches a patient. A solid testing plan begins with identifying the key, critical scenarios in each area and assigning the right people to be involved in testing – ideally, those who will be using the new system and have a firm grasp on the typical workflows. The plan should “follow” a patient from the point of registration to treatment, discharge, billing, and patient follow-up. A good testing plan will confirm if the system functions as intended and will drive issue resolution and any needed configuration changes. Ultimately, the result of testing will be to determine if you're ready for go-live.

## 8. Get your accounting systems in order

Many healthcare organizations implement new accounting ERP systems at the same time they convert their EHR. It is important to determine concurrently how the operational and financial data from the EHR will be integrated into the general ledger and reporting dashboards. A study will need to be made on the ease with which the payroll information from the outside software application can be accurately uploaded. Your chart of accounts likely will need to be revamped. Electronic invoice routing and approvals have become very sophisticated and can improve efficiency with the proper setups. Your new accounting ERP system should not be a “last minute thought” but carefully selected and planned as the EHR is being implemented to ensure accurate and state-of-the-art reporting to deliver to your internal and external audiences.

## 9. Don't neglect your revenue cycle

Launching a new system is not business as usual. Most new EHRs introduce new complexity to the clinically driven revenue cycle. This requires different management skills and tighter coordination across the organization. Success requires advance planning around charge master structure changes, patient access, and other workflows that will heavily change. Attention needs to be paid to leveraging clearinghouse functionality, and testing plans should incorporate all charging and payor scenarios.

In addition, no matter how prepared you thought you were, your clinicians are just not going to be able to do things as fast as usual when using a new tool. It takes time to build proficiency in any new system. When launching a new EHR, you'll need to schedule lighter patient loads in the weeks after your go-live, allowing flexibility for fixing problems and for taking into account learning curves.

Because of this lighter load, your revenue cycle will be impacted. Fewer patients will be cared for, and fewer patients will be billed. You need to consider these cash flow impacts and plan around legacy receivables well before launch day (ideally as much as two years prior) so you can plan for it and ensure that you're accounting for, and finding ways around, any shortfalls.

## 10. Manage the post-go-live transition

So you went live with your new system. Congratulations! But this isn't the end. The two weeks after your go-live date are very important. Are you meeting with the vendor to track defects? Are you getting everything out of the system that you dreamed of? Do you have a plan for addressing deficiencies and adding more functionality? Most vendors have a two-week window to help you post-go-live. You need to take advantage of that while you still have their attention. Once you transition to help desk support, you're just not going to get the attention that you were before. Having a plan and a system in place for these post-go-live weeks is crucial.

## Are you asking yourself - Is it time to bring in a success partner?

To be successful, you need a partner who can address all of your needs and be your advocate, and expert, providing the support – and the answers – to questions you might not even know to ask. Choose a partner that works with healthcare organizations every day, all year long, guiding them through EHR and ERP selection, vendor management, system implementation, testing, and beyond to mitigate risks and help ensure your investment pays off.

# Northern New England HFMA 2023 Annual Conference

North Conway Grand Hotel — March 23 – 24, 2023



# JZ Modifier Requirement Becomes Effective July 1: Who needs to comply and what drugs are impacted?



Robert Gilbert, FHFMA, COC, Senior Manager Baker Newman Noyes

Effective July 1, The Centers for Medicare & Medicaid Services (CMS) will now require Modifier JZ appended to HCPCS that are single-use vials that have **ZERO** waste. CMS began allowing the use of the modifier on January 1, 2023. On October 2, 2023, claim edits will be implemented and returned to the provider when the JW or JZ modifiers are not used correctly.

The new modifier JZ will show Medicare if providers are using pharmaceuticals efficiently by identifying the amount of unused and discarded drugs from single-dose containers or single-use packages. One way to remember the correct use of these drugs is waste vs zero-waste. Modifier JW is used to report wasted drug vs modifier JZ is used to report when there is **zero waste**.

**JW= Waste (Drug amount discarded/not administered to any patient)**

**JZ= Zero Waste (Zero drug amount discarded/not administered to any patient)**

	<b>Required to Use JZ Modifier</b>	<ul style="list-style-type: none"> <li>Any drug that has an HCPCS with an OPPS status indicator "G" (Pass-Through Drugs and Biologicals)</li> <li>Any drug that has an HCPCS with an OPPS status indicator "K" (NonPass-through Drugs and Nonimplantable Biological, Including Radiopharmaceuticals)</li> <li>Critical Access Hospitals (CAH) are not exempt</li> </ul>
	<b>JZ Modifier Not Required</b>	<ul style="list-style-type: none"> <li>Drugs that are not separately payable:</li> <li>Packaged Outpatient Prospective Payment System (OPPS) drugs</li> <li>Drugs administered in a rural health clinic (RHC)</li> <li>Drugs administered in a federally qualified health center (FQHC)</li> <li>Drugs considered "packaged" that have an OPPS Status indicator "N"</li> </ul>

A recently published CMS FAQ indicated that this new modifier was introduced due to the "observed low compliance with JW modifier use ... JZ modifier, will be required on claims for single-dose container drugs to attest when there are no discarded amounts."

Critical Access Hospitals (CAHs) are required to comply with this new billing requirement.

CMS clarified that modifiers JW and JZ do not apply for drugs that are **not separately payable**. CMS defines drugs as not separately payable as those that are packaged Outpatient Prospective Payment System (OPPS) or drugs administered in a rural health clinic (RHC) or federally qualified health center (FQHC).

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Specifically, Question 19 in the FAQ states that both modifiers JW and JZ apply to any drug that has an HCPCS with an OPPS status indicator "G" (Pass-Through Drugs and Biologicals) or "K" (NonPass-through Drugs and Nonimplantable Biological, Including Radiopharmaceuticals). If the drug is considered "packaged" and has an OPPS Status indicator "N" then modifier JW or JZ are not required to be reported.

For example:

BEVACIZUMAB	
<ul style="list-style-type: none"> <li>HCPCS J9035</li> <li>Billed per 10 mg</li> <li>Supplied in 100mg or 400mg vials</li> </ul>	
SCENARIO 1	SCENARIO 2
<p><b>Patient requires 300mg</b> <b>3 x 100mg vials would be used</b> The organization would report one line of J9035 with 30 units with Modifier JZ.</p>	<p><b>Patient requires 350mg</b> <b>1 x 400mg vial would be used</b> The organization would report J9035 on two separate lines. Line 1: 35 units without a modifier Line 2: 5 units with modifier JW</p>

Organizations need to make sure their formularies are set up correctly now to avoid potential denials or delay in payment. All pharmaceuticals with a status indicator of either G or K will need to be submitted as indicated in the example above and have a JZ or JW modifier on the claim.

### References:

<https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>  
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55932>  
<https://www.cms.gov/files/document/mm13056-new-jz-claims-modifier-certain-medicare-part-b-drugs.pdf>

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[zachary.colby@northcountryhealth.org](mailto:zachary.colby@northcountryhealth.org)

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Principal, BerryDunn  
1000 Elm St., 4th Floor  
Manchester, NH 03101-1715  
Phone: (603) 518-2643  
[jwalla@berrydunn.com](mailto:jwalla@berrydunn.com)

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Cell: 207-228-5649  
[dkennedy@northernlight.org](mailto:dkennedy@northernlight.org)

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Principal, BerryDunn  
1000 Elm St., 4th Floor  
Manchester, NH 03101-1715  
Phone: (603) 518-2643  
[jwalla@berrydunn.com](mailto:jwalla@berrydunn.com)

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Senior Manager, Healthcare Consulting  
Baker Newman Noyes  
75 Portsmouth Blvd, Suite 130  
Portsmouth, NH 03801  
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[rgilbert@bnnn CPA.com](mailto:rgilbert@bnnn CPA.com)

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Immediate Past-President  
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[chdesrosiers@carymed.org](mailto:chdesrosiers@carymed.org)

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Immediate Past-President  
Consultant, Stroudwater  
1685 Congress St, Suite 202  
Portland, Maine 04102  
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[WGallon@stroudwater.com](mailto:WGallon@stroudwater.com)

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Principal, BerryDunn  
1000 Elm St., 4th Floor  
Manchester, NH 03101-1715  
Phone: (603) 518-2643  
[jwalla@berrydunn.com](mailto:jwalla@berrydunn.com)

### Andrew Murry, CPA

Baker Newman Noyes  
280 Fore Street  
Portland, ME 04101  
Ph: 207.791.7584  
[AMurry@bnn CPA.com](mailto:AMurry@bnn CPA.com)

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Manager, Baker Newman Noyes  
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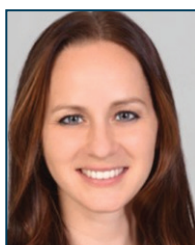
# Meet the Leadership Team



## Zachary Colby, CRCR, President

[zachary.colby@northcountryhealth.org](mailto:zachary.colby@northcountryhealth.org)

The first two years of our Chapter has been exciting and I honored to serve our Chapter in this upcoming year as your President. I know this Chapter will continue to evolve and grow which is exciting. I am the Patient Financial Services Manager for North Country Healthcare which consists of Androscoggin Valley Hospital, Upper Ct. Valley Hospital, Weeks Medical Center, and North Country Home Health and Hospice. When not working for NCH or volunteering for HFMA I enjoy spending time with my wife, two teenage children and friends. I also enjoy gardening and cheering on the Bruins, Celtics, Patriots and Red Sox. I look forward to see everyone in the near future.



## Chelsea Desrosiers, CPA, MBA, President-Elect

[chdesrosiers@carymed.org](mailto:chdesrosiers@carymed.org)

I am honored to serve as President-Elect for our Chapter. As a CFO at a rural hospital in Northern I look forward to networking opportunities that are available to all our members. I envision continued success and growth for our chapter with many engaged volunteers working to expand our educational opportunities and collaboration with other HFMA Chapters, Organizations in addition to students. When I'm not at Cary Medical Center, you can find me with my two adorable (but very active!) children, Livia and Raymond. I enjoy traveling, renovating an old farm house with my husband and quality time in the outdoors.



## Andrea Garami, CHFP, CRCR, Secretary

[andrew.garami@mahhc.org](mailto:andrew.garami@mahhc.org)

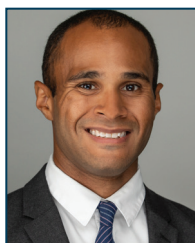
I'm thrilled to serve another year on the Northern New England HFMA board and as the chapter's secretary. With each passing year, the benefits of involvement become more evident. I am fortunate to be part of such a great group of knowledgeable and experienced healthcare finance professionals. I am the Senior Financial Analyst for Mt. Ascutney Hospital and Health Center based in Windsor, VT. I enjoy boxing, traveling, ceramics, and cooking.



## Michelle Smith, Treasurer

[Michelle.smith@mdihospital.org](mailto:Michelle.smith@mdihospital.org)

It is my pleasure and honor to serve as Treasurer for the Northern New England Chapter of HFMA. An organization that provides A+ educational and networking opportunities throughout the Northern New England Region. I am the Vice President/Chief Financial Officer at Mount Desert Island Hospital located in Bar Harbor, Maine and surrounded by beautiful Acadia National Park. When I am not busy at my day job, I enjoy spending time with my family at camp, horseback riding and supporting my community in many volunteer roles.



## Wade Gallon, FHFMA, CSMC, Immediate Past President

[WGallon@stroudwater.com](mailto:WGallon@stroudwater.com)

I'm really looking forward to continuing to serve the NNE chapter this year! I've found that engaging in this community has better prepared me for my professional roles and has allowed me to make great connections in the healthcare finance space. Outside of work, I enjoy spending time with my family and getting outdoors whenever possible. Paddling, fishing and running are the current frontrunners out of a long list. I look forward to continuing to work with all the great volunteers in our chapter.

# Board of Directors



## Wendy Dumais, CRCR, Director

[wdumais@crhc.org](mailto:wdumais@crhc.org)

I really enjoy being a part of the Northern New England Chapter of HFMA. The Chapter has provided me with excellent educational and networking opportunities. I am excited to continue to serve on the Board. I am the Administrative Director for Revenue Cycle for Concord Hospital Health System. Outside of work, I enjoy reading, traveling, spending time on the water and eating really good food.



## Erin Cutter, COC, CPC, CHRI, Director

[ecutter@crhc.org](mailto:ecutter@crhc.org)

Erin is the Director of Revenue Integrity at Concord Hospital Health System in Concord, New Hampshire. She has 13 years of progressive Revenue Cycle and Revenue Integrity experience. Erin oversees Charge Description Master (CDM), charge capture design, optimization, and reconciliation; denial prevention; reimbursement optimization; revenue cycle analytics; and third-party and internal audits. Erin has been a Volunteer of HFMA for the past eight years and served as Chapter President in 2021 - 2022.



## Matthew Streeter, FHFMA, FACHE, Director

[matthew.streeter@northcountryhealth.org](mailto:matthew.streeter@northcountryhealth.org)

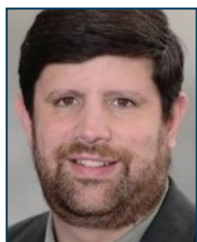
My involvement with HFMA started the same year as my career in healthcare. So, for the better part of two decades now, HFMA has played a major role in my professional development and a way to give back to our industry through volunteerism. As Past-President of the Wisconsin Chapter of HFMA, I am excited to now serve on the board of directors for the NNE Chapter of HFMA. My role as CFO of North Country Healthcare also allows me to share the value and importance of HFMA to our 200+ Enterprise members. In my spare time, I enjoy cooking, traveling, and being around friends and family.



## Thomas Jabro, CTP, CRCR, Director

[Thomas.j.jabro@jpmorgan.com](mailto:Thomas.j.jabro@jpmorgan.com)

I am excited to continuing serving on the Northern New England chapter board and committees. We have done so much and will continue to achieve more! Professionally, I work for J.P. Morgan serving healthcare organizations and their payment, treasury, and integration needs. Outside of HFMA and my job at J.P. Morgan, I enjoy being in the mountains either skiing or hiking, swimming whenever and where ever I can, craft beer and traveling. I am proud to have visited every single US state and I am seeking to summit the highest peak in Maine, New Hampshire, and Vermont this summer. I am looking forward to the chapter's continued success!



## Tige Monacelli, Director

[tmonacelli@mainehealth.org](mailto:tmonacelli@mainehealth.org)

I am excited to continue serving this chapter and being a part of this top-notch organization. When I am not working at MaineHealth or on HFMA, I enjoy playing softball, as well as watching football and baseball.

## Board of Directors, continued



### Chris Mouradian, CPA, Director

[cmouradian@berrydunn.com](mailto:cmouradian@berrydunn.com)

I'm truly honored to serve as a board member for the Northern New England HFMA chapter. As we look ahead to this year, I'm not only excited to meet many of you in person, but also to bring engaging content and valuable services to our members. As a Senior Manager in the healthcare practice group at BerryDunn, a leading professional services firm based in New England, I'm fortunate to be in a position to apply my experience to the chapter.

Beyond my professional engagements at BerryDunn and HFMA, I love to unwind by the lake or the beach with friends and family. Alongside this, my father and I are avid followers of horse racing. This hobby has taken us to many racetracks across the nation. However, our 2015 trip to Belmont Park in New York stands out. It was there that we witnessed the crowning of the first Triple Crown winner in almost four decades. A memory we both treasure.



### Andrew Murry, CPA, Director

[AMurry@bnnccpa.com](mailto:AMurry@bnnccpa.com)

I am excited to be a part of the Northern New England HFMA! I work for Baker Newman Noyes as an audit manager. Outside of BNN and HFMA, I spend most of my time running road races and golfing. I love going on golf trips to see unique courses while losing a lot of golf balls. I look forward to meeting many of you in person this year!



### Mark Bonica, PhD, MBA, Director

[Mark.Bonica@unh.edu](mailto:Mark.Bonica@unh.edu)

I am an associate professor in the University of New Hampshire's Department of Health Management and Policy where I teach and oversee the undergraduate internship program. I am also the host of the Health Leader Forge Podcast (<http://healthleaderforge.org>) and I write a weekly newsletter for healthcare leaders (<https://markbonica.substack.com/>). When I am not preparing the next generation of healthcare leaders, you can usually find me paddling my kayak on the Oyster River or somewhere else around Great Bay.



### Artem Maksutov, Director

[artem.maksutov@mdihospital.org](mailto:artem.maksutov@mdihospital.org)

I am looking forward to another great year serving the Northern New England Chapter HFMA and all of its members. Healthcare Finance is an exciting, ever-evolving field; there is never a dull day. HFMA is a wonderful resource for everyone in healthcare finance, no matter where they are at in their career path, and I'm looking forward to seeing how it will evolve in the future. When not at work, I enjoy fishing, kayaking, bird watching and listening, playing video games, and woodworking. I am proud to be a member of NNE HFMA.



### Nancy Pierce, MBA, Director

[npierce@spearehospital.com](mailto:npierce@spearehospital.com)

I am excited to have this opportunity to collaborate with so many talented individuals who share a common vision and passion for making a difference. It has been beneficial having the support of my HFMA chapter especially being relatively new to healthcare finance in a leadership role. I enjoy being outside in the fair weather in my free time – hiking, gardening, and paddleboarding. I'm not a huge fan of outdoor winter activities, but reading is a passion, so the season is tolerable! I look forward to working with and getting to know everyone throughout the coming year.

Engage with our Chapter on Social Media

