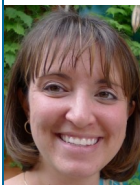




Vital Signs of Northeastern New York

Presidents Message



Dear HFMA Colleagues:

As we wrap up another successful chapter year, I would like to take this opportunity to thank you for your time and commitment to the NENY HFMA Chapter. Your continued support in attending educational sessions and encouraging new membership in your organization is very important to the future of our chapter, HFMA National, and most importantly to the Health Care industry as a whole. I want to share a few highlights with you from this year:

Education: We met and exceeded our educational goals, providing over 2,200 hours of education to you and your colleagues in the industry in a broad range of subjects such as Debt Financing, Cost Reporting, ICD-10, Managed Care, ACO's, RAC and other Compliance Issues, etc. New this year, we started offering free monthly webinars to make education more accessible to those where cost or location is a barrier.

Membership: We have maintained and grown our membership base to 205 members. Most recently we awarded chapter membership to two scholarship winners – Laura Bens and Sara Pennings, who both are being mentored by an individual in their organization that is interested in their career growth and participation in the chapter. Congratulations to you both for stepping up!

Certification: We had several members who passed the certification (CHFP) exams, and I would like to recognize them for their initiative and aptitude. They are: Karen Bonadies, Tige Monacelli, Kathy Petersen, and Karen Richards. I would also like to recognize Kathy Petersen, FHFMA Mike Wallner, FHFMA, MSHA who both recently became a Fellow in HFMA.

LINK Committee: HFMA National has initiated a forum to provide local and regional based feedback on posed Federal regulations, such as ACO's,

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HFMA's Vision Is "To Be An Indispensable Professional Resource For Healthcare Financial Managers."



Believe to Achieve



“Vital Signs of Northeastern New York” is the official newsletter of the Northeastern New York Chapter of the Healthcare Financial Management Association.

EDITORIAL POLICY

Submission of material for publication is strongly encouraged. Articles should be typewritten. The editor reserves the right to edit material and accept or reject contributions whether solicited or not. All correspondence is assumed to be a release for publication unless otherwise indicated. Send all correspondence, or materials for publication, to:

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

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HFMA helps finance leaders create and maintain fiscally sound healthcare organizations in order to provide excellent patient care.

[Benefits of membership!](#)

to HFMA’s Health Care Advisory Board who will be collecting feedback and responding to CMS and Washington. I am chairing this committee for Region 2 (New York and Puerto Rico) and if you are interested in participating or learning more, please contact me at kennedymo@ellismedicine.org

This is a great opportunity to have your comments and feedback heard at a national level.

Lastly, I want to ensure you that you are in good hands with our incoming President, Mike Wallner and President-Elect, Paul Gordon who are headed to New Orleans for HFMA’s Leadership Training Conference this month to prepare for the upcoming chapter year.

Please continue to provide feedback to the officers and board of directors so that we can continue to offer you and your organization the tools and education needed to keep up with the ever changing healthcare financial industry.

Sincerely,

Mollie Kennedy, President

EDUCATIONAL EVENTS

Interesting educational topics that you may find useful:

Local Events:

Unraveling the Mysteries of Split Billing for Hospital Based Departments

and

Clinics and How to Maximize Revenue for Hospital Employed Physician Assistants

Date: June, 15, 2011

Time: 8:00 - 11:30 am

Where: Edison Club, Rexford New York

Hospitals risk millions of dollars in lost revenue every year due to inappropriate billing and payer denials for services performed at hospital-based departments and clinics.

This presentation will address some of the more significant challenges facing hospitals today as they increasingly acquire professional practices as hospital-based clinics.

Hospitals are employing physician assistants at an



increasing rate for many specialties. More and more PA's are graduating with specialized fields which provide greater support to physicians which allow physicians more time to see new patients, thus generating more revenue. There are many issues that hospitals must prepare for before bringing a PA on board in order to maximize revenue.

This presentation will assist hospitals in being proactive in the PA billing and reimbursement arena.

Speakers:

Jean C. Russell, MS, RHIT, CIRCC
Epoch Health Systems, LLC

Shannon Campoli, CPC, Manager, Revenue Cycle, Ellis Medicine

Jean Russell has over thirty years of healthcare and information system experience. Her areas of expertise include the Medicare outpatient prospective payment systems (APCs, and APGs), as well as Charge Description Master (CDM), admission status

reviews, and outpatient coding and compliance. Jean has an M.S. from the University of Houston in Biomedical Engineering with a minor in Information Systems; a B.S. from Colgate University in Biology; and her RHIT from the independent study program through the American Health Information Management Association. Jean is also a Certified Interventional Radiology coder through AAPC.

Shannon Campoli has over eighteen years of experience in health care coding, reimbursement, revenue cycle, and primary care business operations. Her areas of expertise include E/M coding, OB/GYN coding, revenue cycle management, profit and loss analysis, pay for performance, and budget development and variance reporting. Shannon has a B.S in Healthcare Administration from Empire State College and her CPC through Bryant and Stratton. She is an active member in MGMA and the AAPC.

Please remember to support our generous sponsors:



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Webinars:

Preparing for Success in the Bundled Payment Era

Date and Time

June 21, 2011, 2:00 - 3:30 Central Time

Speaker

Steve Dobbs
Consultant
Dobbs Group

Webinar Summary

This session will demonstrate how providers and potential accountable care organizations (ACOs) can prepare to implement successful global bundled payment systems.

For more information and to register [click here](#)

Recommended For

CFOs, COO's, accounting directors, and finance executives at small to mid-sized hospitals in financial distress.

Pricing

HFMA Members: Free
Non-Members: \$99

Evolving to an ACO: Better Outcomes and Lower Expenditures

Date and Time:

May 26, 2011
Time: 1:00—2:30pm Central Time

Speakers:

Tom Deas, Jr. M.D.
Chief Medical Officer, Practicing Gastroenterologist, NTSP Board Member Sandlot, LLC

Webinar Summary

This webinar will show how the fundamentals of ACO (Accountable Care Organization) formation, HIE (Health Information Exchange) and clinical decision

NEW MEMBERS

Please Welcome! [Matthew Nolan](#)
[Debra Mussen](#)

NEW MEMBERS:

[John P. Macy](#)
[Paul T. Gordon](#)
[Sara Pennings](#)
[Sachin Dev](#)
[Robin Dunning](#)
[Shirley J. Baker](#)

REINSTATED

[Michelle A.G. Gromoll](#)

TRANSFERS:

[Katie Koller](#)
[Rebecca France](#)





SAVE THE DATE

ANNUAL REGION 2 FALL INSTITUTE

Turning Stone, Resort & Casino

Verona, New York

Reservations: 1-800-HILTONS

SAVE THE DATE: OCTOBER 5-7, 2011



CHAPTERS:

- Central New York
- Hudson Valley
- Metropolitan New York
- Northeast New York
- Puerto Rico Chapter
- Rochester New York
- Western New York

HFMA Annual Golf Tournament

July 11, 2011

Mc Gregor Links Country Club



359 Northern Pines Rd
Wilton, NY 12831

Please contact:
Rick Henze
(518) 427-4456

Email: frederick.e.henze@us.pwc.com

support tools improve quality of care, cost efficiencies, and overall patient and physician satisfaction. North Texas Specialty Physicians (NTSP) will present case studies and tools that they have utilized in creating their ACO model.

Pricing

HFMA Members: Free

Non-Members: \$99

Recommended for CFO, CEO, CMIO, CMO

For more information or to register please

[click here](#)

Conferences:

HFMA's 2011 ANI: The Healthcare Finance Conference

June 26-29, 2011, Orlando, Florida

Gaylord Palms Resort and Convention Center

For additional details on our location, see our

[Registration, Hotel and Travel page](#). HFMA

strongly encourages making hotel

arrangements early to ensure your preferred accommodations.

Please join us for the premiere education event of the year for healthcare financial executives:

More CPEs:





A record-setting number of CPEs are available to attendees: 9 preconference, 18.5 ANI conference = 27.5 CPEs.

All presented in classroom sessions covering all of the hottest topics effecting financial management, revenue cycle, payment/reimbursement, managed care and compliance.

Keynote and featured speakers including Mike “Coach K” Krzyzewski, Head Coach, Duke University and U.S. Olympic championship basketball teams, who will present “Victory Through Teamwork and Leadership”, and Benjamin K. Chu, MD, MPH, MACP Regional President, Kaiser Permanente Southern California who will present “Increasing Value Through Clinical Transformation”.

Networking:

Four days of dynamic ANI networking opportunities where you can engage speakers, industry leaders, HFMA leadership and your peers from around the country. Opportunities include our sponsored special events such as the Welcome Reception, the Chair’s Banquet and the Conference Exhibit Hall with more than 400 top industry suppliers, the ANI Product Showcase, networking, prizes, lunch and reception.

Future ANI Locations and Dates

June 25-28, 2012

Mandalay Bay Resort and Convention Center
Las Vegas, NV

June 16-19, 2013

Orange County Convention Center
Orlando, FL

Greg Adams, New Chairman’s Theme for the Coming Year!

“Believe to Achieve”

In health care today, it sometimes seems like you are being asked to do the impossible. The industry is preparing for an influx of millions of newly insured patients in a reform environment where payments are shrinking and expectations around quality are growing. In a nutshell, you are expected to do more with less—and do it better than ever before.

“Believe to achieve” encompasses the keys to success in this new environment. It reflects the need to believe in your organization’s mission and in others who share your dedication to achieving that mission. It means believing in yourself. Last but not least, it means believing in the possibility of a better future.

Believe in your mission. If your organization is like most in health care, its mission centers around improving peoples’ lives. It’s important



to keep that mission uppermost in your mind as you confront the challenges and deal with the distractions inherent in today's rapidly changing environment. Believing in your organization's mission means remembering *why* you do what you do, and knowing that your role—though it may be behind the scenes—is integral to the successful achievement of that mission.

Believe in each other. Behind every accomplishment, every “winning basket,” there is someone who has “passed the ball” to you, someone, whether colleague, leader, or follower, whose performance was integral to the accomplishment, someone who reminds you that accomplishments are never the work of one person, but always the work of a team. To achieve your goals, in sports or any other field of endeavor, you must believe that your teammates have the skills, dedication, and motivation to come through for you, and for the good of the team as a whole. You must believe in each other, so you can work effectively together in new teams that transcend traditional boundaries and alliances.

Get your HFMA Certification!

HFMA's Certification programs prepare you for increasingly responsible positions in the healthcare finance industry. It demonstrates your comprehensive understanding of healthcare financial management and your proficiency in one or more specialty areas.

[Please Click here for more information...](#)

Believe in yourself. You need confidence in your ability to step out of your comfort zone into the new roles and responsibilities required to succeed in the reform era. However, that doesn't mean you should expect to succeed on your first attempt. High-functioning leaders and teams are willing to take risks, willing to fail. Great sports figures, innovators, and political and business leaders often fail before they are successful. Effective leaders and teams are willing to try difficult things and learn from mistakes.

Believe in the possibility of a better future. In health care, there have always been naysayers who believe that the problems of the day are just too difficult to overcome. Their voices have been particularly loud, of late. But you can choose to believe that a better future is within reach, and to dedicate your professional life to making that happen. You can only achieve what you believe.

Your beliefs guide you every day. They influence your actions, your decisions, and your attitude toward yourself and others. Good teams--in sports or in business—understand the importance of believing in your teammates, although—or perhaps *because*—they have different skills, perspectives, and strengths than you do. Good coaches, or leaders, recognize the talents of each team member and believe in the value they bring to the team. Not everyone can be the leading scorer—but the basket wouldn't have happened without the pass. The



popular acronym is true: **T**ogether **E**veryone **A**chieves **M**ore.

By choosing to believe that, together, we can solve the problems that have challenged our industry for so long; we can find a place for ourselves and our organizations in the new reform environment and help shape the future of American health care.

Feature Article:

DOES THE REVENUE CYCLE IMPACT THE TOTAL PATIENT EXPERIENCE? AND ARE HOSPITALS MISSING A FINANCIAL OPPORTUNITY

By Steve Chrapla, Director Third Party Solution at Revenue Cycle Partners

According to Jennifer Robinson, Senior Editor for the Gallup Management Journal, “for over 20 years or so, healthcare organizations have realized providing exemplary medical care isn’t enough to engage hospital patients. That’s because, from the patient’s perspective, excellent medical attention is the least a healthcare organization can offer. Many hospitals recognize this and now focus on the patient experience.”

So what is the “Patient Experience”?

The Beryl Institute collaborated with healthcare professionals and practitioners at hospitals around the county to develop a definition.

Patient Experience- *The sum of all interactions, shaped by an organization’s culture, that influence patient perception across a continuum of care.*

This statement and effort is so powerful that 93% of healthcare leaders say patient experience is among their top 5 priorities. Additionally, Health Leaders Media Patient Experience Leadership Survey indicated 45% of healthcare executives see this as a priority 5 years from now.

As consumers spend more and more of their disposable income on monthly health insurance premiums, higher co pays and out of pocket expenses, they are demanding more from their chosen “provider.” In addition, the landscape around experience in healthcare is shifting dramatically in part due to the Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS) and the pending value-based purchasing program that will link payments to clinical care.

This will, in the future significantly impact the market basket index, that is used to annually adjust the Medicare Inpatient Payment Rates. The level of reimbursement hospitals receive from their largest payer will be directly tied to





the HCAHPS survey.

Healthcare economists are advising hospitals with the advent of healthcare reform and future reimbursement levels, one of their financial objective hospitals will need to achieve is to generate positive returns under government reimbursement policies. This places increased significance on the outcomes of HCAHPS surveys and hospitals will need to take a more proactive step in managing their operations as they are reflected within the survey.

The HCAHPS survey consists of 27 questions that cover everything from the cleanliness of the patient room, to nurse-patient communication, to pain management. However there are 2 questions, by their nature transcend the entire spectrum of the healthcare delivery system.

Rate the hospital on a scale from 0 to 10.
Would you recommend the hospital?

The responses to these questions can definitely be impacted by the administrative processes within the Revenue Cycle. Remember the revenue cycle representatives are usually the last contact with patients upon completion of their healthcare experience.

While the time line for the HCAHPS survey requires the survey to be administered within 6 weeks of discharge, there is ability, for a deliberate focus on the patient interactions by

the revenue cycle representatives, stressing the organization's culture and responsiveness to assist with the administrative challenges patients deal with, to influence the patient's perception of the hospital. This is not only good business sense from an accounts receivable management position but also allows for a world class customer service environment that is proactively managing the patient's account portfolio. In contrast to an approach that just puts out the fires and is limited to responding to questions and focused only on the immediate collection of a debt.

Make no mistake collecting everything that is due is important but realize the collection of an out of pocket patient liability or even one entire patient account balance has far reaching effect on greater future reimbursements.

In fact hospital revenue cycle representatives are the final personal touch points that usually occur between patients and the hospital.

You need to ask these questions.

Are these touch points/encounters being used to positively support the hospital's mission statement?

Is there active participation with patients during these encounters to shape the hospital's reputation and brand?

The answer to these questions all center around



how to guide the patient's journey through the healthcare reimbursement maze to find the most appropriate solution for the patient's situation. This journey can be accomplished through the use of specific tools that focus on enhanced communications and a comprehensive resolution of the patient's account. By using people-driven, technology supported services you can achieve a high level of patient satisfaction. Through this satisfaction you can enhance both patient and physician loyalty to the hospital.

The loyalty of these patients can unlock huge future potential revenue sources. The patient life time revenue value is the amount of revenue a patient can expect to generate for a hospital over their lifetime if they choose to utilize the same hospital for all the medical needs. With the impact of consumerism in healthcare this lifetime revenue value is becoming an important part of hospital's reputation management process and strategic marketing initiatives.

What are things you need to do to maximize the revenue cycle impact on the patient experience as well as protect your future patient lifetime revenue potential?

- Educate all employees of the patient experience initiatives especially the revenue cycle representatives and their impact on the outcomes.
- Create an environment that fosters

patient loyalty as a critical outcome.

- Design a patient centered revenue cycle process that is focused on customer service excellence while resolving all patient concerns.
- Integrate HCAHPS survey completion within the patient revenue cycle communication process.
- Utilize technology to support the customer service function with call centers personnel trained and motivated to achieve established goals.
- Insure all third-party service providers are fully supporting your mission and your initiatives to enhance the patient experience.
- Explore social media sites to communicate your message and encourage patients to be positive spokes persons for your organization.

Remember your reputation matters and what your patients are saying is crucial and these experiences are still be formed long after the patient leave the hospital. That is why revenue cycle operations are critical to effective Total Patient Experience initiatives.

Revenue Cycle Partners, a division of Avadyne Health provides customer service solutions for hospitals nationally that improve profitability while enhancing the Total Patient Experience. Call Steve Chrapla at (847) 395-7655



Thinking Beyond the Financial Aspect of a Conflict of Interest

Kevin Kinross, Associate, Bricker & Eckler LLP

Congratulations, you have just been asked to serve on the board of a local nonprofit corporation. At your first meeting, the board is set to make a decision on engaging a new financial advisor. You are excited to see that a former mentor who helped propel your professional career is one of the finalists being considered. You have always felt in debt to this individual for helping you launch your career.

The organization’s conflict of interest policy suggests you must announce to the other board members a conflict only when you will receive a financial benefit. Since you will receive no financial benefit in advocating and voting for your former mentor, you stay silent when the chair inquires as to whether there are any conflicts of interest with the finalists. You ignore the presentation and arguably superior experience of the other finalist, and vote for your former mentor.

Welcome to the world of non-financial

conflicts of interest.

The law requires that the management and board members of nonprofit organizations exercise the duties of care and loyalty. These legal requirements provide a guidepost to ensure that a fiduciary’s only consideration in each decision is the organization itself. Acting in the best interest of the organization, however, goes beyond the most commonly and easily avoided conflict of interest – that of extracting financial gain from the relationship.

When discussing conflicts of interest, most boards immediately assume there must be an issue with a financial benefit to a board member or staff to the detriment of the organization. While that might be the most common conflict of interest boards face, there are others. These include when directors serve on another board for a similar organization or industry, and when directors serve on another board – regardless of the nature of the organization – and the two organizations solicit funds from the same sources. These non-financial conflicts of interests, as well as the tangential issues associated with classic financial conflict, are often overlooked.

The sample IRS conflict of interest policy, which most organizations follow for compliance with Form 990 purposes, requires:

- (1) A duty to disclose, whereby the interested person discloses the existence of the financial

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interest and is given the opportunity to disclose all material facts to the other directors or committee of directors considering the proposed transaction;

- (2) A determination of whether a conflict exists by the disinterested board members or disinterested committee members considering the transaction; and
- (3) A determination of other potential alternatives to the transaction at issue and whether a more advantageous alternative is available that would not give rise to a conflict.

These policies typically do not address the tangential issues associated with a financial conflict, and since they are not described in the organization's conflicts of interest policy, some boards may be overlooking these critical issues.

Boards need to view conflicts more broadly and look beyond the initial financial conflict that may be present when evaluating any board action. This includes looking beyond the legal requirements that simply protect an approved action from being voided or voidable.

Boards must consider how the interested director's personal or professional interest will affect his or her ability to put the best interests of the organization before personal or professional interest, and whether or not these conflicting loyalties will affect the director in

such a way that the conflict cannot be overcome. These considerations go beyond whether or not a transaction with an interested director is fair in price and fair in dealing. Boards must consider all tangential issues associated with a potential conflict beyond simply ensuring that an interested director discloses the conflict, refrains from discussion and refrains from voting on the matter. Boards must consider questions like:

- Will the interested director remember which hat he or she is wearing when making decisions on behalf of the organization after an interested transaction is approved?
- Will the interested director be able to make decisions solely in, or not opposed to, the best interests of the organization after an interested transaction is approved (and not make decisions to protect what will then be an interested position)?
- Will the other directors begin to question the motivation behind the decisions or questions that are raised by the interested director after an interested transaction is approved?
- Will the board have to closely consider such motivation as part of future board discussions?
- What is the impact on the board composition and director relations if the organization needs to terminate the engagement or end the transaction early?





- And finally, what happens if the transaction or engagement with the interested director turns sour?

Boards need to fully consider and evaluate questions like these when addressing a transaction involving a potential conflict of interest. Still, since most conflict of interest policies fail to address, and thus most boards fail to consider, these tangential issues, most boards are not prepared to address such issues when they arise.

Failure to consider these tangential issues associated with transactions with a director, or with engaging a director for professional services, could find a board going down a path that might prevent it from effectively providing the necessary oversight and direction to the organization. It can cause internal dissension among the directors and an environment that leads to more finger-pointing than focusing on the strategic objectives of the organization. Indeed, if a board fails to evaluate all of the potential tangential issues, a board may find itself seeking not only a new service provider, but also a new director (or several new directors).

Fiduciaries should develop policies to avoid conflicts of interest and help define the potential conflicts. As with all policies, the conflict of interest policy should be regularly reviewed, especially as new board members are added. The

review provides a topical reminder of the primary objective of a fiduciary: the advancement of the mission.

Kevin Kinross is an associate with law firm Bricker & Eckler, LLP. He can be reached at (614) 227-8824 or kkinross@bricker.com. William M. Courson, President of Lancaster Pollard Investment Advisory Group, can be reached at (614) 224-8800 or wcourson@lancasterpollard.com.

CAREER CORNER

Top Interview Secret: Know the Right Questions To Ask

Most interview preparation books are filled with sample questions that you'll have to answer during an interview. While it's certainly important to know how to answer tough interview questions, it's equally important to know how to ASK questions in an interview. There are three good reasons to be prepared to ask great questions during interviews.

To uncover the interviewer's hiring motives.

To demonstrate your interest and intelligence.

To uncover any unspoken concerns or "red flags."



Let's look at each of these points:

1. To uncover the interviewer's hiring motives.

A big mistake candidates make going into a job interview is to assume that they know the hiring motives of the interviewer based solely on the job description. But the reality is that each person within an organization will have a slightly different idea of the perfect person for the job.

It's up to you to find out the hiring motives of each person you interview within any one organization. Ask a simple question and you'll know what your interviewer is looking for. Such as:

- What do you see as the most significant challenges for this position?
- What qualities do you look for to fill this position?

Then just listen closely. He/She will tell you just what you need to know in order to tailor your answers to his/her desires.

2. To demonstrate your interest and intelligence.

Nothing works better than a well thought out question to convince your interviewer of the sincerity and interest. Additionally, a good

question is the simplest, yet most effective way of impressing them with your intelligence.

The main thing is that you want your question (s) to be specific to the organization you are interviewing with. Avoid generic questions such as "Where do you see your company going in five years?" The interviewer is going to realize you just asked the last five companies that same question. A more targeted and specific question will win you points in the interview, and may tip the scale in your favor when they're discussing which candidate to hire.

3 To uncover any unspoken concerns or "red flags."

Before you walk out of your interview, find out any concerns that may eliminate you as a candidate. This is your best chance to defend your candidacy. This is also your second chance to undo an interview error, or provide vital information. Ask a question something like:

"What concerns do you have that would prevent you from calling me back for the next interview?"

Spoken concerns can be answered with new information on how you've overcome challenges, learned new skills, or adjusted to new industries quickly. Remember, if you don't ask, they will not tell you, and you'll always wonder why they didn't call you back.





When it comes to interviews, there is no such thing as over preparation. A resume will get your foot in the door, but the interview will seal the deal. Make sure you're ready to win the job by *asking* the right interview questions.

Deborah Walker, Certified Career Management Coach

Read more career tips and see sample resumes at:

www.AlphaAdvantage.com

email: Deb@Alphaadvantage.com



MEMBER SPOTLIGHT

Diane Seeley

This interview was conducted for HFMA Northeastern New York by Rabin Kayastha, Newsletter Editor, HFMANENY

RK: Please tell us about your current position, and how you came to a career in healthcare.

DS: I am currently in a newly created position of Revenue Integrity Specialist in the Fiscal Services Department of Saratoga Hospital. I assist with updating and maintaining the charge master through regular reviews and audits, work with various department managers to learn processes and educate, as well as investigate the billing and denials system and look for opportunities to increase revenue. I currently hold a national credential of an RHIT (Registered Health Information Technician), and previously worked in Health Information Services (aka Medical Records) for 10 years in various roles including Outpatient/Inpatient Coding Specialist, Coding Compliance, and Supervisor of Release of Information. I view my present job role as a great opportunity to branch out into the finance aspect of the healthcare industry, while still utilizing my skills and experience and applying it in a new way.

RK: How did you first learn about the Healthcare Financial Management Association (HFMA)? What would you say are the primary benefits of HFMA membership?



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healthcare financial management association

DS: Since I have only been in my new position a few months, I was introduced to HFMA through my co-workers, who thought it would be a great way to get involved and learn more about the local Northeastern NY Chapter. I realize the benefits of networking and belonging to an organization, and want to stay current in my field. It's a great way to learn firsthand what is going on in the healthcare finance industry as well as providing the benefits of continuing education through seminars and conferences. I also am volunteering on projects such as the local chapter's newsletter. The healthcare field is very dynamic, and it's important to stay ahead of the curve. I feel that HFMA can provide the resources I need through their membership to work with other healthcare finance professionals and also assist with maintaining my credentials.

RK: What is the biggest challenge you expect to face in your job this coming year?

DS: I think that the biggest challenge that I expect to face in the coming year is the learning curve in filling a newly created position. I hope to continue to gain more knowledge and expertise in the field and become a valuable resource for the hospital when it comes to validation of the charge master, revenue cycle and educating. Each unit has specialized needs, and working with them to create a valid charge and coding set is crucial to having accurate data and billing systems, and will ultimately benefit the hospital.

RK: Please share with us some information about your personal life (interests, hobbies, family, etc.).

DS: I enjoy music, and currently am a member of the Lake George Chamber Orchestra, where I play the Viola in three concerts a year. It's a great way to relieve stress, and helps me use my creative side. I enjoy life on the river, and love boating, kayaking, and fishing. I am married and have a cat (no children...yet). My husband's family goes on a yearly trip to Old Orchard Beach, Maine, each summer, which is always a fun experience. The lobster is also a plus! I have three siblings and parent's that live in the Syracuse/Oswego area, as well as a nephew and niece and a new one on the way!

RK: Thanks for letting us get to know you, Diane. One last request, would you share some of your favorites with us?



CERTIFICATION HAS GOTTEN EASIER!

NEW: Effective January 2011

- Successful completion of 1 comprehensive exam - NOT TWO!!
 - Current Membership in HFMA (Eliminated 2yr Member Req.)
 - All preparation materials will be online! (Previously, book & online)
- For More Information [Click Here](#)



Favorite Types of Music: You name it—EVERYTHING.. From classical to country to rock!
Most Watch TV Shows in the Seeley household: American Idol and Deadliest Catch
Favorite Places you'd like to travel: California, Alaska and Yellowstone National Park
Favorite Artist/Musician: Josh Groban, Lucia Micarelli

2011 - 2010 Northeast Chapter Leaders

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Northeastern New York
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