

CT SCANNER

Using Lean and Six Sigma to Improve Medical Necessity Workflow

By Laura A. Nicoletti, M.S.A., C.S.S.B.B.

Danbury Hospital uses Lean and Six Sigma to facilitate improvement. Six Sigma focuses on reducing variation and Lean Six Sigma focuses on streamlining process. While Six Sigma focuses heavily on statistical analysis, data measurements are essential to both philosophies. There was a clear need to use both methodologies to improve medical necessity process.

Identifying covered diagnoses for Medicare accounts had been the historical responsibility of revenue center department billers (not business office staff). The billers would review the admitting diagnoses along with the final diagnoses and designate a code based on the patient record. This system was adequate until the onset of many new Medicare coverage guidelines in 2008.

A complicated workflow evolved. Claims were not passing the business office claim scrubber. The business office staff put the pending hard copy claim in interdepartmental mail to the department biller. Since the business office was off-site, this caused a delay of at least one day, and often more if mail was not checked in a timely fashion. The department billers manually checked the patient record and all admitting diagnoses again to see if a covered diagnosis was available. This system continued for most of 2008 and into early 2009. Amazingly, only a small number of rejections were realized despite this process.

A team was organized to review the workflow and define the problem. Team members included the Central Scheduling and Contact Center manager, Medicare billing supervisor (business office), Revenue Cycle Applications Director, billing supervisor (cardiology department) and Director of Revenue Compliance. A Six Sigma project begins with defining the problem(s) and taking preliminary measures. First, a review of 93 nuclear cardiology accounts in early 2009 illustrated that 29 accounts, 31%, did not have covered diagnoses at the time of scheduling. Second, a review of 840 nuclear cardiology charges showed an average billing time of 2.3 days with a high variation (standard deviation) of 4.22 days. The two key problems targeted were delays to billing and extra process steps without value. The associated project goals were to reduce the average and variation time in billing and reduce process steps.

Two major process improvements resulted from the team's work. One was incorporating medical necessity software into central scheduling operations and the other was streamlining workflow. There was significant work in setting up and programming the medical necessity software that the hospital had previously purchased. Department personnel had to identify the charge master codes associated with medical necessity and match those to the specific scheduling components provided by the Director of Revenue Cycle Applications. A resource in the revenue cycle group had to program the charge codes in the scheduling system. A vendor program runs each month to update the medical necessity requirements by billing code. Once all the systems were updated, the scheduler in the Contact Center received a message that the diagnosis either passed or failed medical necessity. If a diagnosis failed, the scheduler would ask for additional diagnoses from the patient record.

Process was easily streamlined once technology refinements were in place. Hard-wiring medical necessity as part of the scheduling process led to a significant increase in the number of covered codes obtained during scheduling. This reduced the number of

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President's Corner

By Jim Harris, Chapter President

I hope you had an enjoyable summer and were able to spend quality time with friends and family.

This past June I had the opportunity to attend the Annual National Institute held in Seattle, WA. The keynote speaker was Al Gore, our former Vice-President and Nobel Peace prize winner. He shared his views on the impact of global warming on the environment and the challenges with our current political climate on implementing healthcare reform.

Seattle is a great place to visit. An excellent way to learn about the city is to go on the duck boat tour. The weather was beautiful. They tied the record for most days in a row without rain at 29. They may have broken the record but my wife and I decided to go on a tour to



Mount Rainier. That day it poured so hard we couldn't even see the summit. The tour guide said the rain reminded him of the rain we have on the east coast. We also went to Everett, WA to tour the Boeing plant, the world's largest building by volume (472,000,000 cubic feet or 13,385,378 cubic meters); the hanger doors are as large as a football field. And while we were there we saw the new Boeing 787 Dreamliner being built. If you go to Seattle I would encourage you to go on the Seattle underground tour. It is a guided walking tour beneath Seattle's historic Pioneer Square.

As a member of HFMA you may not be familiar with the overall structure of HFMA National and the individual chapters. HFMA National was founded in 1946, as the American Association of Hospital Accountants (AAHA), in Westchester, Illinois. There are currently 68 individual chapters across the United States with over 34,000 members. Each chapter is grouped into one of eleven regions. The New England Chapters (Connecticut, Maine, Massachusetts/Rhode Island and New Hampshire/Vermont) comprise Region 1.

National HFMA and all the local chapters are on a fiscal year that starts on June 1. Each chapter is governed by bylaws and other organizational documents. Every chapter prepares their own record keeping, banking and other business activities. Chapters elect Officers, Directors and Committee Chairs to manage the activities of the chapter and continue to provide valuable services to our membership.

The Connecticut Chapter is governed by a 17-member Board of Directors. The Board is comprised of the President, President-elect, Treasurer, Vice President of Membership, Vice President of Programs, Secretary, Past President and ten Directors each serving terms of two years.

Our Chapter's goal is member involvement. I encourage you to consider how you can participate: promote an associate or staff to become a member of the association, join a committee, attend education programs, network with colleagues, be a mentor, or become a sponsor. Your involvement will create a stronger connection to healthcare as a profession and to realize the benefits of our association.

If you have any comments or suggestions on how we can help you realize the full benefits from your HFMA membership, please contact us at our Web site www.cthfma.org.

I hope you have an enjoyable Fall. I look forward to having the opportunity to see you at one of our chapter events.

Our Chapter's goal is member involvement. I encourage you to consider how you can participate: promote an associate or staff to become a member of the association, join a committee, attend education programs, network with colleagues, be a mentor, or become a sponsor.



Connecticut Chapter — Healthcare Financial Management Association

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CT HFMA New Members

We extend a sincere welcome to the following individuals who have chosen to join the Connecticut Chapter of HFMA. We hope our new members will contact one of the Chapter Officers or Directors with any questions they may have and also let us know if they have an interest in becoming involved or participating on one of our committees.

Jennie M. McCall

Director of Corporate Finance
Paradigm Healthcare Development

Arlene Paul

Senior Budget & Reimbursement Analyst
Middlesex Hospital

Mary Ann Stemm

Reimbursement Analyst – Oncology
John Dempsey Hospital

Members Transferred from Other Chapters

We extend our welcome to these HFMA members who have moved into Connecticut and who recognize the value that the local Chapter has to offer.

William E. O'Brien

Director of Patient Accounts
Hartford Hospital

Transferred from the Massachusetts/ Rhode Island Chapter

William W. Roe

Chief Financial Officer
Danbury Hospital

Transferred from the Central Ohio Chapter

Wm. Frank Shiffer, CPA, MPH

Executive Consultant
Integrated Healthcare Solutions

Transferred from the Tennessee Chapter

Connecticut Chapter HFMA Upcoming Education Sessions

Friday, September 18, 2009

8:30 a.m.-Noon

Masonicare Ashlar Village Conference Room, Wallingford

RAC Attack Strategies for Survival

Presenter: Day Egusquiza, President, AR Systems

Monday, October 19, 2009

8:30 a.m.-3:00 p.m.

Masonicare Ashlar Village Conference Room, Wallingford

A Strategic Approach to Managed Care Negotiations and Contracting

Presenter: Christopher Kalkhof, Director, Healthcare Industry Group, Alvarez & Marsal

Wednesday, October 28, 2009

8:30 a.m.-Noon

CHA Wallingford

Basic Medicare Cost Reporting

Presenter: Frank J Miceli, CPA & MBA, Saslow, Lufkin & Buggy

Thursday, November 5, 2009

8:30 a.m.-Noon

CHA, Wallingford

Legal and Accounting Considerations for Form 990 & UBIT

Presenters: Theresa Bolton, General Counsel, St. Francis Hospital, Dan DeBarba, Chief Operating Officer, Norwalk Hospital, Rick Buggy, Tax Partner, Saslow Lufkin & Buggy, Kennedy Hudner, Robert Giunta, & Ken Levine, Partners, Murtha Cullina

Thursday, December 3, 2009

Time: TBD

CHA, Wallingford

Medicare Update

Presenters: CMS & NGS Representatives



Web Site Information

Chapter – www.cthfma.org

Sue Stanley, Chair

stanke143@aol.com

National – www.hfma.org

**For current Chapter news and information,
go to the Web site or LinkedIn**

Connecticut Chapter HFMA Member Battles Burn Injuries

By Tara Neal

HFMA member Sheryl Raffile is battling burn injuries sustained in a small plane crash last month. She is at New York Presbyterian Hospital Burn Unit. Sheryl Raffile works in the reimbursement department at Yale-New Haven Hospital as a Chargemaster Analyst. She came to Reimbursement from YNHH's Patient Accounts Department where she gave them several years of service. Although she has only been in the Reimbursement Department for a year, she has become an asset to the department and the hospital. Sheryl has always gone above and beyond her normal duties to complete her job. In addition, she is notorious for assisting others to ensure projects are completed timely and accurately. Sheryl is the type of individual that every employer wants. She is always willing and anxious to learn new things and give ideas to promote value to the projects.

Sheryl was working on a degree in the field of business prior to the accident. She managed to stay on top of her classes and maintain a full-time work schedule. If that is not enough to keep her busy she is a single Mom raising two boys, ages 6 and 11.

Every Fall Sheryl participates in the United Way Days of Caring. She leads a group of YNHH employees in assisting a

residential community filled with clients who need supervision while living independently. Sheryl and her co-workers dressed to impress while they landscaped the grounds surrounding Harbor Health Care. Not surprisingly Sheryl and her co-workers were recognized at its Road to Recovery Gala for the outstanding work they completed.

After so many accomplishments in her life and her willingness to help others, Sheryl now needs our help and prayers. Sheryl suffered severe burns when the small plane she was in crashed just shy of the runway after its engine stopped. The crash happened in the northern New Mexico community of Las Vegas. While the staff at Yale-New Haven Hospital struggle to come to terms with this tragedy, Sheryl struggles to get through each day. Sheryl's condition is critical and her road to recovery will be long, so we ask that everyone keep her in their prayers.

Sheryl's Yale-New Haven Health co-workers set up a fund to help the family. Any fellow HFMA members that wish to contribute funds to assist with Sheryl's boys and medical expenses can deposit them directly at the Bank of America to account: Sheryl Raffile Med & Family Assist Fund. Remember, Sheryl may not be there yet, but she is closer than she was yesterday.



Rock Cats a Hit with CT HFMA!

By Marko Pavela



New Britain, CT - Warm weather and blue skies welcomed 5,677 baseball fans to New Britain Stadium to see the Binghamton Mets take on the New Britain Rock Cats. Among the most boisterous were 30 CT HFMA members and their guests, seated just behind home plate as part of the second annual CT HFMA Day at the New Britain Rock Cats.

It wouldn't take long for CT HFMA to make its presence felt — Chapter President Jim Harris took part in a pre-game ceremony to throw out the first pitch. Soon, however, HFMA members rooting for the home team were made to worry. The Mets jumped out to a four-run lead before the Rock Cats were even able to pick up a bat.

Fittingly, the Rock Cats showed the resilience of a Connecticut hospital and battled back to tie the game. The seventh inning stretch gave this newsletter a moment to speak to CT HFMA President-Elect Joe Pajor, who organized the outing. Joe recognized the need to promote interactions between CT HFMA members and was optimistic about hosting additional chapter events in the near future.

Things were looking good for the Rock Cats, who entered the ninth inning with an 8-6 lead. But the Mets fought back, and in the end it was too much Mets for the Rock Cats to handle. Binghamton won the game 11-8 in extra innings, with a home loss spoiling an otherwise great day at the ball park for CT HFMA.



Jim Harris throws out first pitch at Rock Cats Game



Jim and Mary Lou



HFMA members watching the Rock Cats game



Joe Pajor, John Roemer and Jim Harris enjoy the game



The Harris family



The Wetherell family

CT HFMA Changing Economic Times Seminar July 29, 2009

By Janet F. Roemer



Jim Harris, CT HFMA President Welcomes attendees to the July 29 Seminar

The first educational event of the new HFMA year was held on Wednesday, July 29, 2009 at CHA. Jim Harris, President of the Connecticut Chapter welcomed attendees. Forty people attended this informative program.

The program began with a presentation by Ms. Susan Prior, a partner at VantagePoint Healthcare Advisors. Ms. Prior's presentation was titled **"Considering Collections at the Front-end of the Revenue Cycle."** She stressed the importance of collecting co-pays and deductibles at the front of the revenue cycle. The industry has changed from a system where insurance carriers paid in to a

many high deductible and co-pay options. Ms. Prior stressed the importance of pre-service activities: patient registration, scheduling, appointment management, authorization, benefit verification and pre-certification management. Getting the correct information on each patient is critical to the revenue cycle. Getting it wrong creates denials, untimely filing, and increased staff expense.

Ms. Prior suggested using technology to streamline the registration process. She said people are comfortable with kiosks and offered that as a suggestion. There is also a patient portal option. A patient pre-registers online through a secure portal in the privacy of their home.

The process must be measured to be successful. The patient registration staff should be accountable and their work compared to established metrics. Training is critical to a smooth process. It's important that the staff and doctor's office work as a team. The team must be on the same page with the same expectations. Communication within the team and with the patient is crucial. The team should manage the patient's expectation to pay by asking how they wish to pay: cash, check or credit card. Be clear and concise, but always be patient-friendly. Ms. Prior ended by telling us to get it right the first time: verify, verify, verify.



Susan Prior, Partner at Vantage Point Healthcare

The second half of the seminar was a panel. The panel addressed **"Changing Economic Times."**

Matt Schuster from Eastern Account Systems moderated. The panelists were Enrique Balaguer, Sr. VP TransEngen; Trevor Caplan, VP TransEngen; Margaret Beley, Patient Financial Manager, Hartford Hospital/ Midstate Medical Center/ Connecticut Children's Medical Center; Gary Bergenty, General Manager for Century Financial Services and Martin O'Neill, President of HCE.

Each panelist gave a brief presentation and then there was a Q & A period. Matt Schuster began this half of the program with information on the increased number of uninsured and underinsured in this country.

Margaret Beley continued the discussion by specifically addressing the number of uninsured in Connecticut. The hospital system she works at is seeing the number of uninsured double. She also gave an overview of the issues with the Charter Oak plan in Connecticut. Hospitals have signed on, but doctors have not, so it is difficult to direct patients who receive services through the ED to a physician for followup care. She suggested that providers try to qualify the uninsured for Medicaid. Enrique Balaguer discussed re-certifying MCD patients. Trevor Caplan discussed high deductible plans and the option of using "card on file" like hotels to automatically charge deductibles and co-pays once they are known. Gary Bergenty gave an update on the current collection rules and how the business has changed over the years. Marty O'Neill spoke on NY Medicaid eligibility. He said states want to use healthcare reform to expand Medicaid with Federal matching funds.

Favorable evaluation results from this seminar showed those in attendance were pleased.



Matthew Schuster, from Eastern Account Systems, moderator of panel discussion



Enrique Balaguer, Trevor Caplan, Margaret Beley, Gary Bergenty, Martin O'Neill

RAC Is Here and the MIC's Are Coming!

By John A. Roemer FHFMA

Most healthcare providers in Connecticut have been preparing for the RAC Contractor to appear. Committees are formed, software is in place and processes discussed. We've read about the horror stories from the demonstration project and kept on top of the changes. We've talked to our neighbors in New York State to gain some insight. We are breathing a sigh of relief (if that's possible) that Connecticut was not part of the demonstration project. There are new guidelines in place that the RAC must follow. AHA tells us that meaningful improvements have been made. Are we ready? Time will tell.

The first step in the process is the kick-off meeting. This was completed, August 5, 2009 at CHA. Representatives from CMS and DCS were at the meeting. It's good to put names and faces to a project.

The RAC has the files from Connecticut healthcare providers. The files are now in review to determine what issues will be audited in Connecticut. The first audit is the "Automated Review".

We won't know what issues DCS will be targeting until they receive approval from CMS. Check the Web site—(www.dcsrac.com)— nothing posted yet. Once those issues are posted, we'll be waiting for the Demand Letter to come. Can't wait!

The good news is that complex reviews will not start until next year. Maybe we can hold off on those extra FTEs for now — but wait what about the MICs?

Now we are hearing about MICs coming too. Are we ready for their arrival? The MICS will be auditing Medicaid claims and are expected by the end of the year. So what rules will they follow?

As of now there are few rules. There is no limit to the number of medical records or claims they can request. The look back period is not limited to October 1, 2007 like the RACs. It is whatever look back period the state is working in. There is no nationwide standard to provide medical records, it is state driven. Unlike the RACs the MICs might just arrive at your facility!

So what activities can we expect from the MICs?

- Audit provider claims
- Identify overpayments
- Educate state employees on payment integrity and quality of care
- Review provider actions to determine if fraud or abuse occurred

Another difference is that there are three types of MIC Contractors. (Just what we need: multiples!)

- Review MICs, which analyze data and identify issues to pursue
- Audit MICs
- Education MICs, which provide education to providers and others on Medicaid payment integrity and quality of care

There are new guidelines in place that the RAC must follow. AHA tells us that meaningful improvements have been made. Are we ready? Time will tell.

So when will we know that they are here? The first encounter will probably be through a letter requesting medical records. Once the records have been reviewed and conclusions made, the information will be given to CMS in draft audit reports. After CMS reviews it, the report next goes to the state to review

(The provider has not yet seen the report). After the state reviews the report, it goes back to the contractor and then finally the provider receives a copy. There will be 30 days to review. If the provider believes documentation is needed to support their position, do so and then the process starts again. This appears to be a drawn out procedure and no one knows what to expect. The state is ultimately responsible to recover overpayments.

To keep up-to-date visit the CMS MIC (Medicaid Integrity Program) Web site: www.cms.hhs.gov/medicaidintegrityprogram.

Good Luck!

CT HFMA Balance Sheet as of May 31, 2009

(Taken from the CT Chapter 990)

Assets

Cash and Equivalents	\$24,028.43
Savings Accounts	\$72,126.78
Accounts Receivable, Net	\$28,800.00
Prepaid Expenses/Deferred Charges	\$500.00
Total Assets	<u>\$125,455.21</u>

Liabilities and Chapter Equity

Accounts Payable/Accrued Expense	\$21,918.40
Deferred Revenue	\$2,075.00
Chapter Equity	\$101,461.81
Total Liabilities & Chapter Equity	<u>\$125,455.21</u>

Reminder — CT HFMA Is Now on LinkedIn!

By Marko Pavela

What is LinkedIn?

LinkedIn is a social networking Web site geared towards working professionals, and job seekers. LinkedIn users create a profile and then choose whether or not they'd like their name and profile to be public. A typical user profile will read like a summarized resume. Users are then able to search LinkedIn's member pool and 'connect' with professionals that they've interacted with in the past, either academically or professionally. Joining LinkedIn is free.

CTHFMA and Social Networking?

Of course! LinkedIn is a tool that has many potential benefits for our chapter. Being on LinkedIn will help increase CTHFMA's presence on the internet. Anyone with interest in CT HFMA can join our group, and from this community, CT HFMA hopes to draw in new chapter members. LinkedIn will also serve as a tool to broadcast chapter news and events to individuals with interest in our chapter, but aren't yet full-fledged members.

LinkedIn also offers services to existing chapter members. There are tools on the Web site for sharing news articles, and a message board for discussion. Members can also visit our group page for information on upcoming chapter events.

So Join Already!

LinkedIn is a mature social networking site that will allow you to stay in touch with colleagues — past and present. Creating a LinkedIn profile and joining the chapter group is also a great way to remain visible to other chapter members.

How Do I Join?

- Go to www.linkedin.com
- Create your own user profile
- Search LinkedIn 'Groups' for 'HFMA – CT Chapter,' and join!

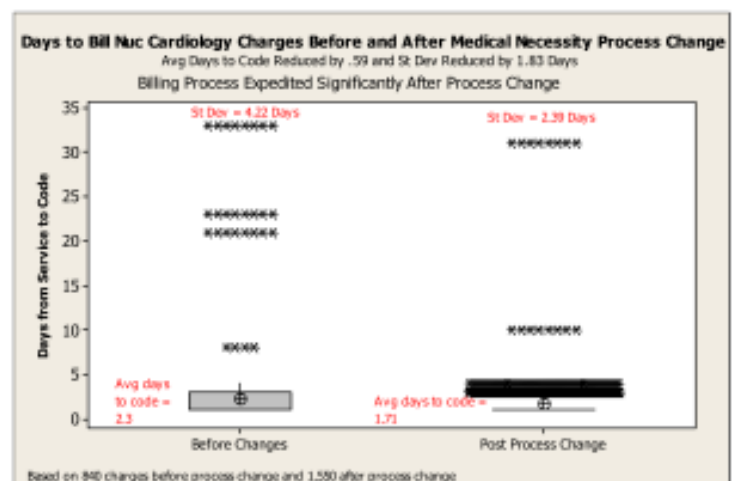
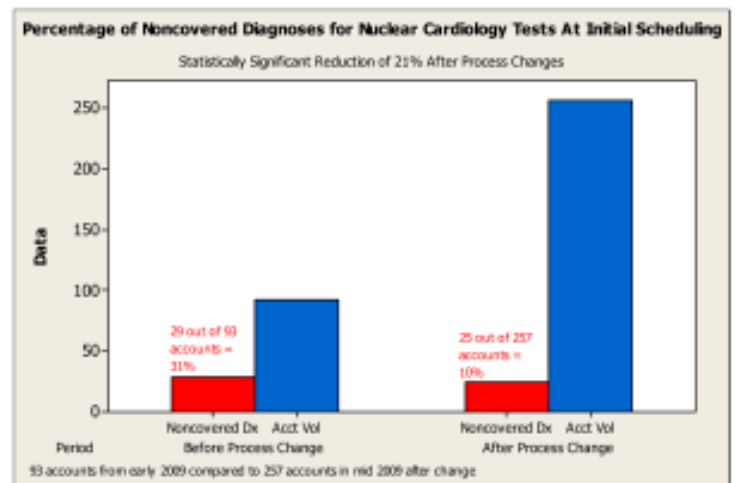
Using Lean and Six Sigma to Improve Medical Necessity Workflow

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accounts that department billers needed to research, prompting a reduction in processing time. The number of claims not passing the business office claim scrubber was reduced. Data before and after process changes is attached. The bar chart illustrates a 21% reduction in non-covered codes at the time of scheduling. The box plot illustrates a reduction in average days to bill by .59 and, most importantly, a reduction in the typical variation (standard deviation) of 1.83 days. Both categories of improvement were statistically significant.

A key step in the Six Sigma process is to designate a control plan to maintain improvement and assess next steps. The revenue department billers notify the Contact Center manager when an occasional account passes or fails medical necessity inappropriately. To date, only isolated cases were identified, but this ongoing feedback loop between department billers and the Contact Center assures the process performs appropriately. Vascular testing was initiated in the new work flow after nuclear cardiology and similar documented improvements were experienced. Plans are being made to transition radiology tests with one last modality in the early planning stages to follow radiology.

The medical necessity project illustrates how Six Sigma and Lean tools can be used to facilitate improvement. Preliminary measures of non-covered codes at scheduling along with variation in billing time confirmed the problem. Project team members' knowledge of each process step was critical to identifying solutions. Post project data compared to previous state data provided statistical validation of improvement. A control plan assures that the improvement will be maintained.



Awards from National



Silver Award for Certification



Hottum Award for Educational Performance



Bronze Award for Membership Growth



Multichaper Yerger Award



Bob Broadway, outgoing HFMA Chairperson, Jim Harris, CT HFMA Chapter President and incoming HFMA Chairperson, Catherine Jacobson at ANI.

Photo credit: RC Photographic Productions

HFMA'S 2009-2010 SEMINARS

20 IN-DEPTH SEMINARS COVERING:

- Reducing RAC risk: Strategies for preventing improper payments
- Practical budgeting methods for better financial reporting, increased productivity and an improved bottom line
- Preparing cost reports for more efficient and accurate reimbursement
- Building a Chargemaster that will maximize payments
- Using Activity-Based Management and Lean Six Sigma to lower costs and improve quality
- Models for maximizing physician alignment and collaboration
- KPIs and denials management to maximize revenue

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FEBRUARY 9-11, 2010

SEATTLE, WA:
MAY 4-6, 2010



hfma educational foundation
healthcare financial management association

Founders Points Updated

By Steve Vargo

Founders Points are awarded to members who provide volunteer services to the Chapter, Regional or National events. We have just completed the process of updating all Founders Points earned by our members for the 2008-2009 Chapter year. Many of the points will be posted automatically based upon your involvement in various Chapter, Regional or National events. To assure all of our members have received all of their Founders Points that they earned we rely on each member to verify their points and notify us if there is a discrepancy.

In April 2004, HFMA had changed the way in which Founders Points are earned, returning to its core purpose of "Recognizing the Volunteer in You." In addition, the level of points needed to achieve the various levels of recognition was revised.

William G. Follmer Bronze Award	25 points
Robert H. Reeves Silver Award	50 points
Frederick T. Muncie Gold Award	75 points

Some of the ways everyone can earn Founders Points are:

- Be an Event Volunteer
- Serve on a Chapter Committee
- Write an article for the newsletter or the **hfm** magazine
- Volunteer or write an article for another HFMA Chapter

In order to assure that you have been credited with all of the Founders Points you earned you must check your personal profile on the HFMA Web site.

How do I locate my Founders point details?

- Go to the HFMA Web site: www.hfma.org
- Click on: **Membership** then **Manage My Account**
- Log in with your HFMA username and password (don't have one or can't remember – follow the notations)

If you have not been here in a while the screen format has changed.

- Scroll down to **Founders Points** and click on **View Founders Points**. A listing of all of your earned points will come up on the screen.

Any discrepancy of the information on the Web site with your records should be reported immediately. It is ultimately the responsibility of the individual member to report points earned to the Chapter's Founders Award Chairperson, who serves as a liaison to HFMA National.

The Founders Points contact for CT HFMA is Steve Vargo who can be reached at (203) 678-7862 or by e-mail at svargo@masonicare.org.

Check out those Founders Points today to be sure you are on your way to earning the award levels that you should be.

Notes from the Editor

I wanted to write something light for this newsletter, but today the nation lost a great Senator.

Senator Edward Kennedy died at his home in Hyannis Port, MA. Healthcare reform has lost a great champion. Senator Kennedy's life-long goal was to provide healthcare coverage to all Americans. Ted Kennedy was a man who over the years demonstrated he had the same weaknesses as many powerful men. What set Ted Kennedy apart was the love he had for his country and the devotion he had to his family. He was the last surviving brother of a great political family.

My last Ted Kennedy moment came last summer when John and I were leaving a Tanglewood concert. We noticed a black SUV with a State police escort. Ted Kennedy was in that SUV. He was heading back to his hotel. He was at the same concert we were but no fanfare, just another concertgoer while he was there. We waved. He waved back. We'll miss seeing him at Tanglewood.

I have some newsletter updates. Steve Vargo, past editor has decided to resign from the Newsletter Committee. Steve is responsible for many of the improvements in the current newsletter. He decided it was time to step aside to allow new members to join the team. He also wants to spend more time focusing on membership. Thanks for your dedication to the newsletter and for your quarterly member updates. You will notice that Steve wrote an article for the issue. I know we can still call on you for your wisdom and guidance. Thanks again Steve.

And on that note, please welcome Laura A. Nicoletti to the Newsletter Committee. Laura is the Business Director, Cardiology at Danbury Hospital. Laura inquired about contributing an article to the newsletter, which I'm sure you have read on page 1, and I invited her to join the team. She accepted. We are so glad to have you, thanks for joining.

Please keep in mind that with membership is involvement. Please join a committee, contribute an article or attend our fine educational programs.

Janet F. Roemer, FHFMA

Editorial Policy

The statements and opinions appearing in articles are those of the authors and not necessarily those of the CT HFMA Chapter, or the editor. 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.

Article Submission

CT Scanner encourages submission of material for publication. Articles should be typewritten and submitted electronically to the editor by the deadline listed below. The editor reserves the right to edit, accept or reject materials, whether solicited or not. HFMA Founders Points are granted for any articles published in the *CT Scanner*.

**December/January Newsletter
Deadline for Submission: December 4, 2009**

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