

CT SCANNER

The Acquisition of Physician Practices Is Heating Up!

by Helen Hadley and Susan Prior (VantagePoint Healthcare Advisors)

The volume of activity for physician acquisitions by hospitals has certainly increased from the late 1990s. Hospitals are struggling to maintain market share as patient care continues to shift from an inpatient setting to an ambulatory setting. Physicians are tiring of the political bureaucracy of both governmental and private insurance carriers. Both are worried about the impact of healthcare reform on their business. Consequently, both physicians and hospitals are rushing to the table to best position themselves for what's ahead.

In the 90s hospitals purchased medical practices and expected that the combined mass would result in negotiating power with managed care plans. They expected referrals from purchased groups to flow to the hospital (the "downstream revenue"), and they anticipated that they would be able to manage physician practices more efficiently and enjoy increased revenues from doing so. The model failed. Hospitals lost millions of dollars. Many released the physicians and practices back into the community divesting themselves of these financial burdens.

Where in the past hospitals were the drivers of these transactions and many physicians left private practice reluctantly, today is somewhat different. In the current Connecticut marketplace, a significant number of small practices has at least one senior partner looking for an exit strategy over the next five years. Additionally, younger physicians are not seeking partnership in the traditional sense. Rather, they are seeking employment in large private practices or in integrated hospital-based healthcare systems. Combine these two factors with the challenge of managing a practice, decreasing reimbursements, and the looming expense of technology, and physicians are lining up at the front door of the hospital.

Today, hospitals and physicians — together — may have an opportunity to change the healthcare delivery model. But, a lot has changed in the way physicians are being brought into the hospital system.

Hospitals are choosing to employ physicians, but not purchase their practices. Employment agreements range from one to five year terms. There is little to no value being placed on goodwill. Relying on "Fair Market Value" for all transactions is necessary to ensure compliance with Stark. Many hospitals are not interested in buying

real estate, so the practice becomes a landlord to the hospital. The value in a practice is often limited to the hard assets.

It is important for the hospitals to understand physicians' motivations when they are approached. Are the managing partners overwhelmed or tired of running a practice? Are they looking for an exit strategy, or are some of the physicians nearing retirement? Are they burdened by real estate? Is the practice experiencing cash flow issues? Has the practice recently lost a provider and associated revenues? Conducting a practice evaluation during the due diligence process may uncover a variety of reasons or hidden problems as to why the physicians are interested in a change.

Methods for developing compensation packages have changed. Historically, collections and expenses were the only factors considered when compensating physicians. The packages being offered today vary, but do have some common themes. RVUs, number of patient encounters, quality measures, expense containment, patient satisfaction and participation in committees are some of the components that can be used to calculate a provider's annual salary.

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President's Corner

by Joe Pajor, Chapter President

My wife and I enjoy traveling abroad. We have been to most European countries over the last 10 years. Being in healthcare, I find myself comparing European health care delivery systems in countries we travel to with our U.S. system.




With all the focus on healthcare reform in the U. S. and with an eye on improving our healthcare delivery system, I would like to share with you the major differences I see between the American system and European healthcare systems.

- We want healthcare access now and don't keep me waiting!
 - In almost all European countries, citizens accept the fact that a doctors appointment may take months to secure.
 - That is the same for diagnostic tests or treatments.
 - When I talk to local residents, no one minds at all.

- In the U.S., we expect to be seen when we feel it is warranted.
 - This usually means within a few days.
 - Anything beyond that is unacceptable and poor customer service in the U.S.
- I am amazed now that we are trying to reduce the wait time in emergency departments to under an hour for non-emergency issues.
 - When every hospital's ED is always the largest source of bad debts and improper utilization.
- We are the customer and amenities matter!
 - In Great Britain, a maternity room is really a maternity ward where up to 20 women share one large room.
 - Try building a new hospital in the U.S. with a 20-patient maternity ward.
 - Compare that to our newest maternity rooms which often are large enough to accommodate an entire family overnight.
 - We don't mind the additional cost of creating wonderful environments because it makes the healthcare delivery experience more pleasant.
- Healthcare is best delivered using the competitive entrepreneur spirit.
 - In Europe, specialists are employed by the hospitals. Primary care physicians are not necessarily employed by the hospital.
 - When it comes time to schedule operating room procedures, operating room suites times are simply assigned to the employed surgeon.
 - Compare that to the U.S., where hospitals invest funds to attract entrepreneur surgeons to use their state of the art operating suites over other hospitals'.
 - In Europe, I have yet to see one billboard, one TV ad, one newspaper ad indicating this hospital or doctor is the best one for you.
 - Imagine the dollars that could be redirected to direct patient care every time you drive by a billboard stating this hospital is the best.
- You better get it right the first time or a lawsuit may be pending.
 - We not only expect healthcare access immediately, in a customer friendly setting, and in a competitive marketplace, but we also have the right to sue if anything goes wrong
 - The European countries do not rely on a lawsuit process to right wrongs.

So with all this, you say, "Yes, but our system is so much better than their systems!" We are only at the top of the leader board when it comes to costs. Our per capita costs are the highest in the world. When it comes to any measure of healthcare, whether it is life expectancy, quality of life, healthcare access or any other world health indicators, here are the facts.

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Connecticut Chapter — Healthcare Financial Management Association

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Compliance Program Responsibilities

by Timothy Cleary, FHFMA

The passage of the Patient Protection and Affordable Care Act of 2010 ("PPACA"), as amended by the Health Care Education Reconciliation Act of 2010 (Healthcare Reform Law), has mandated that providers, suppliers, and physicians adopt a compliance program.¹ Most organizations committed to conducting business in a manner that is ethical and in compliance with applicable law have already established and maintain a compliance program. ("Compliance Program").



The purpose of a Compliance Program is to prevent and detect violations of applicable law. This is accomplished by assisting the organization's officers, employees, contractors, and agents (such as members of the medical staff) in understanding and adhering to the laws, Code of Conduct and compliance policies and procedures. While it is expected that everyone will comply with applicable laws, Code of Conduct and policies, your organization should understand that the implementation of the Compliance Program cannot eliminate all risk of improper conduct. In the event that your organization becomes aware of possible violations of law, Code of Conduct or policies, the organization should investigate the matter and, where appropriate, recommend disciplinary action and ensure the implementation of corrective measures to prevent future violations.

A Compliance Program should cover ethical issues, values and regulatory compliance, including but not limited to Medicare and Medicaid regulations, Stark, EMTALA, and the Anti-Kickback Statute.

Your organization should have a standard Code of Conduct that provides policies and guidelines for all officers, employees, contractors, agents, volunteers and students. The Code of Conduct should be updated as necessary and distributed to staff. This generally occurs at an orientation to the organization and made available to staff on the organization's Intranet. The organization's Compliance Committees should regularly review the Code of Conduct to ensure it covers all significant risks caused by changing regulation and practices.

The Compliance Program should serve as the focal point for compliance activities and a Compliance Officer is responsible for carrying out the day to day functions of the program. The primary duties include serving as an internal consultant and resource for compliance matters; overseeing and monitoring the ongoing functions of the program, and participating in regular risk assessments to understand potential vulnerabilities. Many Compliance Programs undertake the responsibility to also serve as the organization's Privacy Office to ensure the adherence to HIPAA Rules regarding protection of patient health information.

In addition, the Compliance Program should report on a regular basis to the organization's governing body; periodically revise the program, with input from the organization's Compliance Committees; develop, coordinate and participate in training programs that

focus on the elements of the program and seek to ensure that all appropriate workforce members are knowledgeable of and comply with pertinent policies, laws and regulations. The Compliance Officer will coordinate and oversee compliance reviews and monitoring activities; respond to reports of issues or suspected violations related to compliance by independently investigating these matters, as appropriate; ensure, through consultation with the organization's Human Resources Departments that disciplinary policies and actions are applied fairly, equitably, appropriately and consistently; and develop policies and programs that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation or retribution.

In order for your Compliance Program to effectively meet the obligations set out in by the Federal Government, those responsible for the program need to have the authority to review all documentation and other information that is relevant to compliance activities, including, but not limited to, patient records, billing records, employee records, computer audit files, and arrangements between the hospitals and other parties, including employees, professionals on staff, independent contractors, suppliers, agents and hospital-based physicians.

The Compliance Program should report to the governing authority (either the Board of Directors, or a Committee of the Board, such as the Audit Committee) which has been assigned the responsibility for the organization's implementation and oversight of the Compliance Program.

Example of reports which should be brought before the Compliance Committee include:

- An annual compliance work plan
- Summaries of ongoing auditing/monitoring efforts
- Results of specific compliance audits
- Areas of compliance risk including patient privacy (HIPAA)
- Any governmental audits, investigations or activities undertaken at the hospitals
- Brief descriptions of the nature of any hotline calls/web reports
- Discussions of specific topics that are of special concern or risk

The organization's Compliance Officer should have the express authority to communicate personally to the governing authority (or designed committee) promptly on any matter involving criminal conduct or potential criminal conduct, and no less than annually on

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Compliance Corner will be a recurring article in the *CT Scanner* which will focus on compliance and privacy matters that affect healthcare organizations.

HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION

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SAVE THE DATE

The CT HFMA Chapter is pleased to announce a nationally recognized Medicare educational program that will again be conducted in state. The HCPRO 4½ day educational session, “Medicare Boot Camp for Hospitals” will be offered on April 11-15, 2011 at the Courtyard Marriott in Cromwell, CT.

This session is usually offered at sites throughout the country, which requires the additional cost of travel and lodging. By sponsoring this session here in Connecticut, the Chapter hopes that hospitals can spare the cost of air travel and/or lodging to permit staff to attend a nationally recognized quality program.

Last year marked the first time this program was provided here in Connecticut. Here are some testimonials from those in attendance last year:

“Medicare rules and regulations can be confusing and overwhelming! The Medicare Boot Camp provided clarity in a number of relevant areas and identified ways to stay up to date in a constantly changing environment. As a compliance officer, I found this session to be quite informative. I plan on attending a future Boot Camp session as a refresher course.”

Raymond Minor
Compliance Officer and Director of Internal Audit
Middlesex Hospital

“An excellent one stop Medicare program. The major value of the course was obtaining the basic Medicare regulation principles and contents. Being provided with the documentation referenced and traced back through Medicare Learning Network, Matters articles, CMS policies, rules and regulations within the Federal Register provided me with a better understanding of the regulations in place. Since this course, I continuously reference this material to further dissect issues we experience with our MAC. I plan on sending our Medicare and Denials team staff members to future courses.”

Yadira Weirshousky
Manager, Patient Accounts
Norwalk Hospital

“I found the Medicare Boot Camp a wonderful learning opportunity. Medicare is an area that challenges us all. This Boot Camp gave us an amazing amount of information from the basic (UB-04 requirements, value codes, etc) to the complicated (observation billing, for example). The speaker was very knowledgeable and expressive. She used real-life examples that helped us in understanding the more convoluted topics.

I highly recommend this Boot Camp experience to colleagues. It is a valuable educational experience for anyone who wants to learn and understand more about Medicare issues.”

Lucille Jaglal
Financial Applications Coordinator
Greenwich Hospital

The cost of the seminar is discounted both for HFMA members and/or early registration. While registration fees are higher for non-HFMA members, attendees that choose to join HFMA will find the cost of prorated HFMA membership to be offset by the savings in registration, thereby providing greater value to your staff.

The learning objectives for this 4½ day program include:

- Medicare research: end your confusion over the Medicare website and find what you need
- UB-04, ICD-9-CM, NPI, OCE and other must-know billing fundamentals
- OCE, MCE, and other Medicare claims fundamentals
- Medical necessity and non-coverage: what you need to know when Medicare is not paying the bill
- NCCI, MUEs, modifiers and other must-know coding fundamentals
- Tools for understanding and predicting Medicare outpatient revenue: overview of the OPSS
- The requirements and operation of the Recovery Audit Contractor (RAC) Program
- Hot topics: medical necessity of inpatient admissions and observation services
- Hot topics: outpatient coverage, coding and billing
- The Medicare appeals process
- Tools for understanding and predicting Medicare inpatient revenue: overview of the IPPS module
- When the DRG payment is not what you expect: special IPPS payments and adjustments

Registration fees include all learning materials (except a CPT-4 manual), continental breakfast, coffee breaks, and lunch (Monday thru Thursday). Participants will be asked to bring a CPT-4 manual, or can purchase one at an additional cost.

The early bird registration fee schedule is as follows:

Early Bird HFMA Member	\$ 1,499	Register by February 15
Early Bird Non-HFMA Member	\$ 1,699	Register by February 15
HFMA Members	\$ 1,699	Registration rates after February 16
Non HFMA Members	\$ 1,899	Registration rates after February 16

To insure a high-quality learning experience, the class size is being limited to 26 individuals. Therefore, only the first 26 registrations will be accepted. There will be no cancellations allowed, but substitutions will be permitted.

If you have any questions, please contact Joe Pajor at Joe.Pajor@Norwalkhealth.org
 To register, go to the Connecticut Chapter website, www.cthfma.org

CT HFMA Certification News

Two Newest CT HFMA Chapter Certified Members

The newest Chapter members to pass the national HFMA certification exam are Gerry Boisvert and Tim Cleary. They join an elite group of fellow HFMA members throughout the country. By becoming certified, they have confirmed the financial management expertise they have gained through years of education, experience, and study. Being certified provides instant recognition to those in the healthcare financial industry of their level of expertise and knowledge.

Joe Pajor, current CT Chapter President, reflected back on the day he became certified in 1983. “I remember this enormous feeling of pride, accomplishment and validation this certification gave me! While I had felt that I had a high level of healthcare financial expertise prior to becoming certified, I now had a visible achievement that supported my belief.”

Joe further commented, “It is a pleasure to see Gerry and Tim become members, and I strongly encourage all our Chapter members to seek certification. If nothing else, the preparation will enhance your financial healthcare expertise and thereby assist you in your career development.”



Gerry Boisvert



Tim Cleary

“If your fear is that you won’t pass on your first try, join the club! I failed in my first attempt in 1982 only to be in the top 10 in the country for those taking the examination in 1983. I simply focused on the areas I felt I needed to improve on and tried again.”

CT Chapter passes resolution — Reimbursement Available

At the November 19, 2010 CT HFMA Board Meeting, a resolution was passed to reimburse any and all CT HFMA members who pass the certification exam beginning with the new certification program, January 2011.

The following is our new program:

The member will pay upfront for their fees when they begin the process of certification. A member will pay:

Study materials (available online per member)	\$195
Examination Fee and CHFP application fee	\$395

After becoming certified the member may petition the Certification Committee for reimbursement of their out of pocket fees. (Contact Bill Wollman) The Committee will verify their certification with national HFMA Once the member is confirmed as certified by national, the Committee chair will submit to the Chapter treasurer a request for reimbursement to the member.

Connecticut Chapter HFMA FY2010/2011 Education Programs

December 10, 2010	January 2011	February 2011	March 2011	April 2011	April 2011	April 2011
Medicare Update	Medicare / OHCA 101	Legal Update	Revenue Cycle	Mini Leadership Training Conference	Corporate Compliance	Medicare Boot Camp

President’s Corner

Continued from page 2

- You will always see Italy, France, Spain and other European countries in the top 10 in the world.
- Where will you find the United States? Start looking in the 20-40 ranking range.

So when it comes to our healthcare system, I like to say, that the main driver in our cost inefficiencies is . . . **you and me and our expectations!** I see nothing in healthcare reform that addresses this culprit.

Compliance Corner

Continued from page 3

the implementation and effectiveness of the compliance program. The organization’s Compliance Program should be assessed internally every year. In addition, an assessment by an outside consultant should occur every 3 to 5 years to ensure it is up-to-date, accurately assesses the risk areas facing the organization, and devotes the appropriate amount of resources to ensure compliance effectiveness.

Note

1. See Section 6102 and Section 6401 of the Healthcare Reform Law.

2010 CT HFMA Scholarship Winners

The 2010 CT HFMA Scholarship Winners were announced, by Cassandra Mitchell, Chair of the Committee.

In addition to a cash award, the two winners receive a free one year membership to HFMA, a one year subscription to HFM magazine, all CT HFMA program fees waived for one year and membership on the Connecticut HFMA Scholarship Committee.

The first place winner and recipient of a \$4,000 dollar award is Oscar Axel Gerdner. Oscar wrote a brief biography, which you can read below. The second place winner and recipient of a \$1,000 cash award is Michael Gibilisco.

You can read the winning essays at <http://www.cthfma.org>

Oscar Axel Gerdner

I am currently a first year M.D. candidate and merit scholar with the Class of 2014 at the University of Connecticut School of Medicine. In 2009, I graduated *magna cum laude* with a B.A. in psychology from Georgetown University, where I conducted empirical research culminating in a thesis entitled "Rights and Duties in the Wake of Medical Error Disclosure and Lawsuit Threat" that earned me departmental honors from the Department of Psychology. At Georgetown, I completed a minor concentration in Spanish and was fortunate enough to travel to Mazatlán, Mexico, where I spent the summer of 2008 teaching English as a volunteer in an impoverished, underserved community. My professional and academic interests are diverse, but I have long been fascinated by ethical, social, and cultural considerations in healthcare. As a naturalized American born in Sweden, I am delighted to be home in Connecticut and thrilled to be starting my medical training at UConn after a year spent studying, working, and traveling in Europe.



My name is Michael Gibilisco, I am 21 years old and I am a first year dental student at the University of Connecticut School of Dental Medicine. I graduated this past Spring with a B.S. *summa cum laude* and Honors in an individualized major I created called: Social, Scientific, and Business Studies of Health. In my undergraduate education, I performed Computational Molecular Bi-

ology research with Dr. Craig Nelson and composed an honors thesis entitled "Strategic Analysis of a Small Private Dental Practice" about an oral surgery firm in southwestern Connecticut, overseen by Rexford Santerre at the University of Connecticut School of Business. I spent my last undergraduate semester in Copenhagen, Denmark where I did both a pre-med program and took health economics classes in order to see the differences in our two vastly different healthcare systems.

In the future, I plan on opening a private dental practice, most likely specializing in orthodontics or oral surgery when I graduate. I am very interested in treating patients but I realize that business and economics are essential in running an office and enacting policy changes that enact positive healthcare reform.

The Acquisition of Physician Practices Is Heating Up!

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The fast pace of acquisitions, mergers, and development of large physician groups will continue at an unprecedented rate for the next few years. We hope that all parties have learned lessons from the past and understand what is necessary to successfully bring hospitals and practices together.

Seek the advice of experts who have worked in both the hospital and physician setting to help craft the model that will best suit your market and long-term strategic goals.

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.

William M. Giovanni
Director of Operations
Century Financial Services

Alexis Kozmon
Assistant Director
Waterbury Hospital

Tracey Allen
Shipman & Goodman LLP

Blaine Ericson
Controller
Qualidigm

Cynthia A. Waranowicz
Vice President
Stamford Health Integrated
Practices

Jay Gepfert
Managing Director
New England Retirement
Consultants, LLC

Oscar Reyes
Internal Auditor
Community Health Network
of CT

Mary Beth Edmond
(no additional information)

Curtis L. Looney
Account Executive
Blue Line

Brenden R. Schultek
Manager
Pfizer

Vicki J. Eykelhoff
President
Medical Management Solutions,
Inc.

Kimberly A. Bailot
Associate Compliance Officer
Finance
University of Connecticut Health
Center

Shelly Mc Cafferty
Director PFS
Hartford Hospital

Members Transferred In from Other Chapters

John G. MacDonald
Finance Administrator
Hospital of St. Raphael

The Inaugural CT HFMA Member-Guest Social

by Cassandra Mitchell

On Thursday, October 28, 2010 the very first Member-Guest Social was held at Murphy and Scarlett's in Farmington. The informal event featured speaker Robert Reiss, who is the founder and host of The CEO Show where he has interviewed over 150 top CEOs from successful companies like EBay and Jet Blue. The Show is also presented in print in Reiss' monthly column with *Forbes*. As Reiss has been cited in the *Harvard Business Review* as "an expert in executive communications", he effectively entertained the standing room only audience with short anecdotal stories from his interviews. He then solicited audience participation and further related how the lessons learned would correlate to health care and good customer service.

The night began with the presentation of the two 2010 CT HFMA Scholarship awards. The Second Place \$1000 recipient was Michael Gibilisco, a 21-year-old first year dental student at the University of CT School of Dental Medicine. Graduating with a B.S. *summa cum laude* and Honors in an individualized and created major in the social, scientific and business studies of health, Michael performed computation molecular biology research and also composed an honors thesis about oral surgery and small private practices. He spent his last undergraduate semester in Copenhagen, Denmark and hopes to open a private dental practice upon graduation. The First Place \$4000 scholarship recipient is Oscar Gerdner, a first year MD candidate and merit scholar at the University of Connecticut School of Medicine

who graduated *magna cum laude* with a B.A. in psychology from Georgetown University. Oscar completed a minor concentration in Spanish and traveled to Mazatlan, Mexico for the summer of 2008 teaching English as a volunteer in an impoverished and underserved community. He is a naturalized American born in Sweden and is delighted to be home in Connecticut to begin his medical training.

Each attendee was able to enjoy complimentary food and beverages while socializing in a room of their peers. The event was free to non-members and members with a guest due to sponsorships from Kreg Information Systems, Blum Shapiro and TransEngen, Inc. in an effort to increase awareness of HFMA and its benefits, and to stimulate networking at a fundamental and social level. Registered attendees received complimentary copies of the book co-authored by Reiss, 'Golf and the Art of Customer Service' which is a business fable about hospital customer service and is currently being made into a film.

While budgeted attendance was for 50 members, the event attracted over 70 attendees who stayed well beyond the conclusion of the light presentation and mingled among the crowd. Survey results indicate that the event was a booming success with requests for additional events to be held around the state in the future. A special thanks to the speaker and vendors who assisted in making the event possible.

“The Impact of Federal Healthcare Reform” — Another CTHFMA Success!

by Marko Pavela

Recently, CTHFMA hosted a seminar titled ‘The Impact of Federal Healthcare Reform On the Connecticut Healthcare Industry.’ A diverse crowd of sixty converged in Cromwell, CT for a better understanding of the coming changes in healthcare. Represented were the provider community, insurers, large non-healthcare employers, and other interested parties as well.

Program Director Eric Wetherell’s speakers included Gerard Vitti (Healthcare Financial, Inc.) and Ann K. Edwards (PwC, LLP), both of Massachusetts and with a thorough knowledge of the Mass Model upon which much recent reform was predicated. Other speakers included Chad Mulvaney (HFMA), Cristine Vogel (OHCA), Nicholas Paulish (Deloitte Consulting, LLP), and Christine Cappiello (Anthem BCBS).

The event concluded with a social hour, where attendees enjoyed the chance to discuss the event in a casual atmosphere, and to connect/reconnect with peers in the industry.



Ann K. Edwards, Director, PwC, LLP



Nicholas Paulish, Director, Deloitte Consulting, LLP



Christine Cappiello, Director, Government Relations Division, Anthem BC/BS



Cristine Vogel, OHCA



Chad Mulvaney, Technical Director, Healthcare Financial Management Association

Mark Your Calendar

You won't want to miss it!

The **CT HFMA Annual Meeting**
has a new format and a new site.

It's not too early, so mark your calendar:
block out **Friday, June 10, 2011**

Where: The Farmington CT Marriott

- There will be a lunch and Vendor Fair in a beautiful 6,000 square foot ballroom preceding the education portion of our program.
- Sponsorship opportunities.
- Nationally known keynote speaker.
- Panel of Healthcare Finance Executives.
- A networking opportunity with cocktails and heavy hors d'oeuvres. Meet other healthcare professionals in a relaxed setting after an afternoon of current education.

Would You Like More Information?

Certification

Contact:
Bill Wollman
bwollman@evergreenendoscopy.com

Sponsorship

Contact:
Susan Prior
Sprior@VantagePointconsult.com

Interested in joining?

Contact:
Todd Thiesfeldt
tthiesfeldt@slbcpa.com

Notes from the Co-Editors

Healthcare as we know it now is in the midst of a massive transformation. Not only are healthcare providers learning how to provide services under the Healthcare Reform Bill, but we are facing new cuts. President Obama formed the National Commission on Fiscal Responsibility and Reform. This commission is charged with balancing the Federal budget. Since Medicare and Medicaid make up such a large portion of the Federal Budget, the commission has made billions of dollars in recommended cuts commencing in 2015. These cuts are in addition to the projected \$155 billion in the Affordable Care Act (ACA). I urge you to go to the website: <http://www.fiscalcommission.gov/> to read more.



As we near one of my favorite times of year, I must tell you a story of one of our own members and ask you to pray for her. Many of you know Terry Surh. She has worked in CT for many years, most recently at Norwalk Hospital, but previously at Bridgeport Hospital and Yale New Haven Health Services. Terry recently had a healthcare emergency that required hospitalization. As of today, things are looking better. She has a recovery to go through and needs all our support and prayers. Please also pray for her family, who will be helping her during this time.

Well the shopping is done, most of the presents are wrapped and John and I are looking forward to spending time with our family and friends. I always set a deadline to finish holiday shopping so that there is some time to enjoy this special time of year. I hope all of you do the same.

John and I wish all of you a Merry Christmas and a Happy and healthy New Year. Please remember to reach out to someone less fortunate than yourself during this time and share your time, talent and treasure.

Janet and John Roemer

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*.

March/April Newsletter

Deadline for Submission: March 4, 2011



The Officers, Directors and Committee Members wish you a very Merry Christmas and Happy Holiday.

May you have a Healthy and Prosperous New Year!

Hope to see many of you at our 2011 events!

*Additional information can be found at our website:
www.cthfma.org*

The Connecticut Healthcare Financial Management Association proudly thanks the annual sponsors below for their contributions to our Chapter for the current year.

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Bronze Sponsors

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Buggy, LLP**