

HAWKEYE HIGHLIGHTS



Fall 2007

Presidents Message

Dear AAHAM Member:

I hope everyone is enjoying the summer. August has been a little hot, but that's just summer in Iowa. I am looking forward to fall I love fall weather and of course who doesn't like the fall meeting.

I think you will find our fall meeting as hot as some of those August days. I hope to see everyone in Des Moines on September 19-21 for this meeting. We have a great line up of speakers and time for networking. We will also be announcing the election results at the Thursday lunch.

Next year we are going to try having one and a half day meetings to see if that helps with attendance. If you have any ideas for these meetings please contact a board member or me. We are interested in what you think and what you would like to see in the way of the meetings.

I will be attending the National Institute and presidents meeting in Ft. Lauderdale, September 26-28. I hope some of you can attend the National meeting too. They have some great speakers lined up.

Again, I hope to see you at the fall meeting in Des Moines September 19-21 2007.



Respectfully,

Luke Gruber

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Hawkeye Highlights is published three times a year by the Hawkeye Chapter of AAHAM.
The statements and opinions expressed represent the attitudes of each author.
Readers are encouraged to express their opinions of the written articles.
Articles and letters to the editor are subject to editing and condensing.

HAWKEYE CHAPTER ADMINISTRATION OFFICERS & BOARD MEMBERS

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The Differences in Automated Medicaid and Charity Applications

Christopher Thunder and Ryan Brebner, Business Development Executive
R&B Solutions / Waukegan, Illinois

With the uninsured population rapidly growing past 46 million Americans, state budget crunches, and an increase focus on fraud, hospitals have begun to look towards grabbing a bigger piece of the pie and most importantly properly assisting the uninsured and under-insured. Automating the Medicaid and Charity process is one way to ensure that best practices are followed and assistance is given only to those who need it.

The Lewin Group, a national health care and human services consulting firm for public, non-profit, and private sectors, published a report entitled *Electronic Applications Present Opportunities to Improve Enrollment into New York's Public Health Insurance Programs*. The article concluded that an automated system reduces errors, duplication, staff effort and time, common mistakes, and increased real-time access to enrollment data. Furthermore, according to a General Accounting Office (GAO) study, up to 60% of Medicaid applications are rejected for administrative reasons, not because of ineligibility.

The Lewin Group also found that although automation may increase compliance with application submission, it may not assist them in attaining the required documents or meeting eligibility criteria. At the time of this article, there are only a handful of companies promoting a software or online program that claim to meet these needs. Of them, some are simply verification tools to confirm Medicaid enrollment. Others use credit information to try and determine eligibility in one program or another. However, very few companies have taken the current pen and paper process and transferred it onto a computer screen.

As of only a few years ago automation had not been brought to government health insurance programs,

either internally or externally. Healthcare providers across the nation have been moving rapidly towards electronic patient records and other upgrades in technology due to strong government recommendations. In the long run, we are told technology upgrades undoubtedly will help not only patients, but hospital budgets as well. Now, several companies offer an automated process to screen uninsured and underinsured patients for Medicaid and Charity programs. However, companies offering such a solution vary greatly not only in their product offering but in their knowledge of state Medicaid programs and hospital charity guidelines.

One of the options available in the marketplace at this time can be easily defined as Enrollment Verification. This product is valuable in that it provides hospitals with the knowledge that an individual is already enrolled in a government program. This saves the provider time and money in the review of a patient. Unfortunately, this does not help the hospital with patients not enrolled in Medicaid. Furthermore, it does nothing to address the hospital's charity needs.

In response to hospital's needs for charity and Medicaid screening, many companies developed programs that use credit information to determine eligibility. Credit information is a valuable asset for hospitals to have because it will assist them in determining who may be eligible for charity, and who can be moved on to bad debt. An additional benefit is that these programs provide address and social security verification, and the patient's available credit; all of which can help hospitals prevent against fraudulent activity. The downside is that credit scoring alone should not be used to determine Medicaid or charity. A credit score is unable to find whether a person is blind, pregnant, or disabled. It does provide important information, but not necessarily information that accurately determine Medicaid or Charity.

Perhaps the most complete option is the automated application tool. This system takes a hospital's and eligibility company's current process and refines it through technology. In doing this, hospital's keep with best practices and all patients are asked the same questions, eliminating the possibility of

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repetition and other forms of human error. Many of these tools also enable providers to utilize staff without requiring extensive Medicaid knowledge or training, and allow the service to be offered in outpatient areas. Those with integrated calculators compute spend-down requirements with income and assets to facilitate easy point-of-service collection. All of this information is kept on file for report generation and the elimination of duplicate applications in multi-system hospitals. At the end of the interview, the tool will bring forth the appropriate application form, necessary attachments, and the lists of documents required by the state for eligibility determination, including recording undocumented immigrants. By being electronic, the application is then capable of being submitted online or by facsimile with the use of an electronic signature. Regrettably, this option is not widely offered as a result of the fact that not all states accept electronic applications, and ~ since the application process itself is not standardized ~ the company needs to have knowledge of each state's applications in order to customize and configure them into the program. This requires extensive programming and costly man-hours for each new state, which is why so few companies offer it.

Unfortunately, the process itself goes beyond an application, and the measure of quality healthcare providers must recognize in these programs is whether it will assist in simply easing the manual methodology or streamline the entire progression. Depending on the format of the program, applicants may find themselves denied for care they are eligible for simply because the automation they are filtered through has completely removed the human element of the problem itself, in which case the program has merely verified their poverty level.

Just as a hammer needs a carpenter to function, technology should not remove the element of human interaction. As is the mark of any good tool, it assists and refines human procedure. From first glance, a great deal of the products available on the market were rushed to meet the demands the uninsured and underinsured patients placed on the hospitals, and designed to automate their patient inventory as opposed to integrating a patient care priority within it. Inasmuch as these programs are beneficial from an accounts receivable point-of-

view, their connection or expertise in the Medicaid process in regards to the patient exists solely as a design term within the program.

In the end, all automated options should be viewed as valuable services, and the choice each provider makes is based largely on what that hospital needs. When looking to outsource, hospitals should consider the motives and knowledge behind the company that creates the software. The true motive of outsourcing should be to lessen the burden of the hospital but also simultaneously extend their mission. The more hospitals lean towards automating Medicaid and charity programs, the greater pressure they will be able to put on federal and state governments to automate the Medicaid program itself. The greatest benefit for all parties will occur when there is a universal standard capable of incorporating each other's technological format.



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AAHAM Board Meeting Minutes

May 23, 2007

Present: Luke Gruber, Tara Spidle, Liz Baptist, Steph Hultman, Laurie Gaffney, Jolene Hansen, Craig Lee, Mike Dobbs, Steve Stewart, Kristina Gursky, Heather Hulscher

Luke updated the group on the chapter-mentoring project. Iowa has been mentoring Missouri. Missouri's recent meeting we shared a speaker with. They have a new president. Steph has provided them with information on newsletter and communications.

National Board Meeting Events / Luke Gruber:

Luke informed the group the national meeting is in September in Fort Lauderdale, FL. He will be attending.

Pam will be presenting the opening remarks at the spring conference. The agenda was confirmed, with the exception of Irene Lyon filling in for Linda Wright for the Cahaba presentation.

The fall 2007 conference is scheduled from September 19-21 at the Hilton Garden Inn. Wednesday the 19th, the board meeting will take place in the morning. Luke will be responsible for the food. Thursday afternoon Dennis Grindle will be presenting. Thursday Linda Schaeffer will be presenting in the morning, and we may be sharing her with the NE chapter. Thursday afternoon we discussed Shannon with IHA presenting with the Attorney General and legislative updates, possibly relating to the lien statute or worker's compensation. IHA is also holding an 855 Medicare enrollment seminar in August, so we need to be aware of this. Other Friday topics include Cahaba, the Meridian transition, and other payers.

Change of the meeting format was discussed, to change it from 3 days to a 2-day format. The meeting will be a 1-½ day format, and we would stop allowing ½ day pricing. One day would be quality programming, and the ½ day would focus on payers.

It was discussed if programming was changed, would individuals needing CEU's for certification requirements be able to keep the CEU's up. The IL chapter holds many one day or ½ day meetings 4-5 days a year. Members should be able to maintain CEU's if the meeting format is changed. There was also discussion members could qualify for CEU's if we held joint sponsored events, such as the AAHAM logo on IHA events. IL has been able to charge \$50 for meeting registrations, and have 150 individuals in attendance. The IA AAHAM chapter is able to drive rates down for meeting expenses by booking in advance.

Liz motioned to move to a 1-½ day meeting format. Steve seconds the motion. The motion carried. In 2008, IA AAHAM will focus on 1-½ day conferences.

May 21/22nd are tentative dates. A motion was made to have the program be all day Wednesday, and ½ day Thursday, with the board meeting to follow Thursday afternoon.

A motion was made and was carried to hold the meeting at the Hilton Garden Inn in Urbandale for the 2008 dates.

September 2008 the meeting will be held on the 11/12th. A motion was made, and was carried.

Treasurer's Report / Connie Dunning:

The treasurer's report is unavailable. The treasurer's audit will occur in the fall.

Certification / Liz Baptist:

Liz reported on certification. The sign up for the August exam will begin next week. Liz has taken on the role of the national certification chair for professional exams. They are working towards online capabilities, and are hoping to have it available in Fall 2007, but it is possible the online exam won't happen until Spring 2008. There are currently five Hawkeye members interested in the professional exam. Study sessions will be hosted. When the exam goes online essay, short answers, and math questions will still be part of the exam. The compliance exam is available for \$35. It is

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online, with immediate results. There is no guide available.

The technical exam has seen growth on the provider side.

Liz will need to pass on the IA certification committee chair, or obtain assistance from the membership. Liz is unable to get away to promote certification at the state level. A certified member will need to take the position, or a good assistant will be needed. Liz will approach a couple of good candidates for assistance.

Membership / Kristina Gursky:

Kristina reported on membership. Iowa has 100 members. AAHAM is realigning its focus to be on PFS.

Hawkeye Highlights / Jolene Hansen:

Jolene reported on Highlights. Steph has done an excellent job as publisher. The Highlights went as scheduled in May. September is the next deadline, and December will be the final edition for the year. In August a special edition will need to be sent for the fall elections. Pam is continuing to try and get articles from our speakers, but this has proven difficult.

Legislative / Mike Dobbs:

Mike reported on legislative. The NPI implementation date was today. AAHAM did a great job in getting the contingency plan in place for one year, with facilities working in good faith to have a plan for final implementation.

A special bulletin was just released regarding Medical Education payments. Details were provided.

Sponsorships / Craig Lee:

Craig reported on sponsors. The current listing can be found in the brochure. CBA/Bruce Tichenor did not renew sponsorship. Preferred Medical Deposits did not renew, Steve will discuss this with them. Heather is working on United Healthcare. Pam will talk to Coventry. Discussions will also take place with Midland, and the payers presenting on Friday morning.

New Business:

New Members/First time attendees will be presented with portfolios at this week's conference. The fall elections are coming up with two board member positions open, Craig and Jolene's. Luke will introduce the certified members and Pam will introduce the sponsors. Jackets are available for board members not previously present to receive theirs. Luke will speak with Vickie Drish about becoming the nomination chair for elections. The minutes from the last meeting were reviewed and approved.

The meeting was adjourned.



Respectfully Submitted,
Kristina Gursky

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HAWKEYE CHAPTER OF AAHAM

TREASURER'S REPORT FOR PERIOD ENDING: 07/31/2007

BALANCE SHEET

ASSETS:

Cash in Bank	\$11,871.73
Certificate of Deposit	\$7,500.00
TOTAL ASSETS	\$19,371.83

LIABILITIES:

Payables	\$0.00
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EQUITY:

TOTAL LIABILITIES AND EQUITY	\$0.00
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OPERATING STATEMENT

REVENUES:

Corporate Sponsors	\$0.00
Interest Income	
Registrations	\$375.00
Professional/Technical Exams	\$2,625.00
TOTAL REVENUE	\$3,000.00

EXPENSES:

Travel	\$253.59
Professional/Technical Exams	\$2,055.00
Miscellaneous	\$1366.10
Membership Dues	\$0.00
TOTAL EXPENSES	\$3,674.69

NET INCOME (LOSS) (\$674.69)

BEGINNING CASH BALANCE \$15,760.46

ENDING CASH BALANCE \$11,871.83

OTHER (INCREASE OR DECREASE IN CASH) \$0.00

FUTURE PAYABLES

ACCRUED CASH BALANCE **\$11,871.83**



Respectfully Submitted,
Connie Dudding, Chapter Treasurer

Fall 2007 Certification Update

The first online Professional Exams will be offered this fall. It has taken a long time to get to this point and we are so excited to be able to offer a more modern, efficient exam. Next spring, we plan to offer the exam on additional dates and times instead of just one Saturday in April.

The Technical Certification program continues to grow, with more and more facilities realizing the value of educating staff members. Next year AAHAM will offer Continuing Education Units to maintain Technical Certification for its National members.

A new CEU recording period for Professional Certification begins in January 2008. See www.aaham.org for how to submit CEU's and what qualifies. When you attend our Hawkeye AAHAM meetings, your credits are submitted for you. But don't forget to submit any other educational events, as well as articles you wrote or programs you presented.



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Mark Your Calendars

Spring AAHAM Meeting

May 21-22, 2008

Hilton Garden Inn

Des Moines/Johnston, IA

AAHAM Hawkeye Chapter Fall Conference

September 19 – 21, 2007

Hilton Garden Inn

Des Moines/Johnston, IA

Wednesday, September 19th

PROVIDER-BASED STATUS: WHAT YOU DON'T KNOW MAY HURT YOU

Dennis K. Grindle, CPA Partner in
Healthcare Consulting
Seim, Johnson, Sestak & Quist, LLP

This is a must-attend session for all hospitals operating or contemplating operating any hospital department outside the walls of the hospital, including physical therapy departments, cardiac rehab, radiology departments, physician clinic and physician joint ventures. A review of management contracts that may affect these departments will be covered. This session will provide an overview of the requirements to bill Medicare in these locations, state licensure requirements, Attestation, Form CMS-855 disclosures, application of the regs to rural health clinics, timing issues and common mistakes.

Dennis K. Grindle, CPA, Partner in Health Care Consulting, has been with the consulting and accounting firm of Seim, Johnson, Sestak & Quist, LLP, since 1989 and prior to that time he had two years of tax consulting experience with a national accounting firm and four years of physician reimbursement management experience with a hospital-owned physician management group.

In 1983, Dennis graduated with a Bachelor of Science degree in Business Administration with a specialization in

Accounting from the University of Nebraska at Omaha.

Dennis focuses on the following services: Medicare provider enrollment (Form CMS-855 completion and compliance consulting) issues; Medicare provider-based issues; Medicare reimbursement (fees, reimbursement schedules, jurisdiction, rules and regulations, etc.); physician and non-physician practitioner Medicare billing issues, corporate compliance programs; non-Medicare reimbursement (coverage issues, RVU, fee schedules, etc.); physician compensation issues; practice restructurings; financial accounting; practice valuations; evaluation of managed care contracts; review of economic implications of physician contracts; negotiation of hospital-based physician contracts; and other such issues.

Dennis has lectured on Medicare provider enrollment (Form CMS-855) issues, Medicare provider-based issues, physician and non-physician practitioner reimbursement matters, corporate compliance plans, physician compensation plans, and other practice management issues at a local, state and national level, including the Healthcare Financial Management Association, National Medical Group Management Association, Iowa and Nebraska Medical Group Management Associations, American Health Lawyers Association, United Communications Group (Part B News), The Coding Institute, American College of Chest Physicians, Bones Society, Inc., Metropolitan Omaha Medical Society, Omaha Mid-West Clinical Society, Iowa Medical Society, Iowa Hospital Association, Nebraska Medical Association, Nebraska Hospital Association, Greater New York Hospital Association and

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Iowa and Nebraska Chapters of the American Association of Healthcare Administrative Management.

Dennis frequently does presentations on provider enrollment and reimbursement issues with representatives from the CMS-Central Office, CMS Regional Offices, Medicare intermediaries and carriers and various other payors.

He is a member of the American Institute of Certified Public Accountants, Nebraska Society of Certified Public Accountants, American Health Lawyers Association, Iowa Medical Group Management Association, Nebraska Medical Group Management Association and Healthcare Financial Management Association.

Thursday, September 20th

ENSURING QUALITY IN AN EVER-CHANGING HEALTHCARE ENVIRONMENT

Linda S. Sheaffer, CPAM, CCAM-
National AAHAM Chairman
Corporate Director, Patient Administrative
Services, WellSpan Health

NATIONAL AAHAM UPDATES

Linda S. Sheaffer, CPAM, CCAM

Linda Sheaffer has over 30 years experience in the healthcare field. She currently serves as Corporate Director of Patient Administrative Services at WellSpan Health in South Central PA—a health system with two acute care hospitals, multi-practice medical group, ambulatory surgery center, retail pharmacy, and home health agency. She oversees the operations of registration, access call center pre-registration, billing, customer service, cash

app/EDI, and collections for the two hospitals.

Linda is a certified patient account manager (CPAM) and a certified clinic account manager (CCAM). She currently serves as Chairman of the Board of the American Association of Healthcare Administrative Management (AAHAM) for the 2006-2007 term, and is active in her state on various Medicare and Hospital Association Committees.

NATIONAL HEALTHCARE TRANSPARENCY INITIATIVE

Susan Horras, CPA & Manager, Health
Care Consulting / RSM McGladrey, Inc.

Increase scrutiny by consumers and the government is requiring hospital to be more accountable and transparent. This discussion will include a background on what is driving the national healthcare transparency initiative and provide insight on how to become more transparent in pricing services at your facility.

Susan Horras is a Health Care Consulting Services Manager with the RSM McGladrey's Midwest Regional Healthcare Consulting Group and resides in Des Moines office. Susan is the Revenue Integrity leader and has over 10 years of health care industry experience and has led development of comprehensive Rational Pricing strategies. Susan has experience with managed care contracting, Medicare/Medicaid reimbursement, internal control processes, and has provided other financial management services to our clients. She provides services to several types of health care entities, including freestanding hospitals, large- and medium-sized health

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systems, skilled nursing facilities, home health agencies and facilities home health agencies and managed care payers.

Susan has gained experience understanding the healthcare industry while serving as the Manager of Finance at a skilled nursing facility system and the Reimbursement Manager at a hospital. Susan is a CPA and is a member of the HFMA-Iowa Chapter.

COVENTRY HEALTH CARE UPDATE

Melisa J. Hinders, BA, BSN; Supervisor, Provider Contracting

MEDICARE ADVANTAGE PANEL DISCUSSION

Lynn Anthony, Provider Relations Manager, Humana, Inc.

Jamie Reynoso, Director Reimbursement Policy & Implementation, Secure Horizons Finance & Administration
Wellmark's Presenter

IOWA HOSPITAL ASSN. LEGISLATIVE UPDATE

Shannon Strickler, Director Government Relations, IHA

Shannon Strickler is the Director of Government Relations and Staff Legal counsel for the Iowa Hospital Association. She has responsibilities for legislative strategy and policy development, finance policy, and providing legal analysis and guidance to IHA members. Shannon is a graduate of Simpson College and Drake University Law School. She joined IHA in June 2002 as an attorney and lobbyist. Shannon is a member of the Iowa State Bar Association, the American Bar Association, the Iowa Society of Healthcare Attorneys and the American Health Lawyers Association.

IME PROVIDER SERVICES UPDATE

Kathy C. Eshelman, Education and Outreach Coordinator, Team Lead

Kathy Eshelman has been in the Insurance industry for over 20 years. I have experience in all aspects of Commercial Insurance, Medicare and now Medicaid. I have worked in several professional office settings including hospital billing. I have been with Medicaid over three years. I started with ACS in the Provider Service phone room and was promoted to Field Representative while at ACS. I moved with the new contract to the Iowa Medicaid Enterprise.

My position with the IME is Education and Outreach, Team Lead. In this position we train providers to bill Medicaid and also help them with problem claims. The Education and Outreach Department conducted the Fall Training sessions during the months of October and November 2005 and 2006. We had multiple provider session in eight different locations across the state of Iowa. Also, one of my duties in this department is to train providers how to bill on our free software, PC-Ace Pro32 so they can bill electronically.

Friday, September 21st

CERTIFICATION UPDATE

WELLMARK BLUE CROSS & BLUE SHIELD UPDATES

Sheryl R. Nuzum

CAHABA UPDATE

Irene Bumann Lyon, Provider Education Coordinator
Cahaba Government Benefit Administrators[®], LLC

Irene Bumann Lyon, began working in the
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Medicare Part A Provider Outreach and Education department in October 20005. Her focus includes conducting teleconferences, workshops and web-based training for Part A Fiscal Intermediary providers, primarily Skilled Nursing Facilities, and Fiscal Intermediary Standard System (FISS) training. Her past experience includes ten years of internal and external training in customer service for annuities and underwriting voluntary group life benefits for the financial services industry, and nine years working as a Certified Medical Assistant for Medical Clinics. Irene also earned her Health Insurance Association of America (HIA), Fellow Life Management Institute Level I, and Associate Customer Service (ACS) designations.

WEBSITE ALERT

The Iowa Hawkeye Chapter is excited to announce our website for members at www.hawkeyeaaham.org. The site includes:

- Chapter officers and board members
- Membership information
- Upcoming events-Calendar of events
- Link to the National AAHAM website
- Chapter Bylaws
- Current and Past Newsletters
- Sponsor information
- Photos from past meetings

Watch for more information to be added every month. Since the site is new, we are looking for any ideas for additional information from our members. Please contact board member Laurie Gaffney at Gaffney.laurie@bvrnc.org with ideas.

May 2007 – Summer Meeting Photos Des Moines, IA



Introduction of new AAHAM Members.



Breakout sessions during the meeting.

New Medicare Administrative Contractor Award Announced

The Centers for Medicare & Medicaid Services (CMS) announced this week that Wisconsin Physician Services Health Insurance Corporation (WPS) has been awarded the contract for the combined administration of Parts A and B Medicare fee-for-service claims in Jurisdiction 5, which includes Iowa, Nebraska, Missouri and Kansas.

Section 911 of the Medicare Modernization Act requires the Secretary of Health and Human Services to implement Medicare contracting reforms that would ultimately replace all current fiscal intermediaries (FIs) and carriers with Medicare Administrative Contractors (MACs) by 2011. The FI and carrier contracts historically have been competed to a limited number of contractors, which, according to CMS, may or may not have been the best qualified organizations to complete the work. The contracts also have not included performance incentives; MAC contracts allow for performance incentives to be earned.

The period of performance for the MAC contract is a base period of one year, with four one-year renewal options. The total value of the Jurisdiction 5 contract for the five-year period is approximately \$225 million.

Seven contractors presently conduct the Part A and B business for all of Jurisdiction 5, including Cahaba Government Benefits Administration, the FI for Iowa, and Noridian Mutual Insurance Company, the carrier for Iowa. The implementation of MAC activities that are needed to move the workload of the four states will begin

immediately, with full implementation no later than September 9, 2008.

WPS, headquartered in Madison, Wisconsin, will subcontract with EDS, which will supply Part B Medicare business systems, and Corporate Mutual of Omaha, which will supply Part A print and mail services, Part A data center programming services, records storage and leased facility space.

Upon completion of the transition, CMS anticipates beneficiaries and providers will have separate single points of contact with the Medicare program that will allow for higher quality of services to each group.

855 Form Education Program Rescheduled for November 8

The education program “Medicare Provider Enrollment: CMS-855 A, B, I and R Forms” that was originally scheduled for August 29 will be held November 8. This program will be presented by Dennis Grindle from Seim, Johnson, Sestak and Quist in Omaha, and will give providers the opportunity to hear a detailed explanation on how to complete CMS-855 forms, including the embedded compliance risks associated with the forms. The latest information on the National Provider Identifier will also be given during this program.

This program, which is sponsored by IHA and the Iowa chapters of the Healthcare Financial Management Association and American Association of Healthcare Administrative Management, will be held at the Des Moines Marriott Downtown. To register, go to the IHA Web site at www.ihaonline.org.

Don't Forget AAHAM!

If you've recently had a change to your personal contact information, please let AAHAM know. If we aren't able to contact you, we can't keep you informed of all the great benefits AAHAM has to offer. So please, keep us in mind as your life changes and let us know how to reach you.

To update your local chapter records please contact Kristina Gursky, membership chair:

Phone: (800) 685-0595 ext. 6987

E-mail: kgursky@icsystem.com

To update your national file, please log on to www.aaham.org, click on Members Only, and after logging in, click on "Click Here to Update Your Contact Information." You may also fax your change of information to AAHAM, attn: Debra Fernandez, at (703) 359-7562, or you may mail information to:

AAHAM

Attn: Debra Fernandez

11240 Waples Mill Road, Suite 200

Fairfax, VA 22030

Corporate Sponsors

The Hawkeye Chapter wishes to thank its Corporate Sponsors. Their generous financial contributions help ensure our chapter meets its goals and objectives, and allow us to provide educational programs, social functions, training programs for member certification, and the *Hawkeye Highlights* newsletter.

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