
HCFA/CMS

ALUMNI NEWS

SUMMER 2015 (Vol. 21 No. 3)

MESSAGE FROM THE PRESIDENT

Well, Memorial Day and the 4th of July have come and gone and Labor Day seems right around the corner. Let's all enjoy the best of the rest of the summer.

I am pleased that the association continues to attract new members. On page 2 you will see a list of 10 new members, bringing the current membership to 732. By providing a Member Directory, a quarterly newsletter, and e-mail messages about happenings at CMS, we promote a continuing connection between CMS (formerly HCFA) and its retirees, both at the central office and regional office levels. We certainly strive to provide varying information of interest to all of our retirees.

In this issue you will find items about the COLA Count (looks like so far we are not in line for a COLA because the count is in the negative), a report on the successful Spring/Summer Cookout, a report in this issue and a separate flier about, an OKTOBERFEST on October 7, and senior management announcements. We have a series of articles by alumni members regarding the 50th anniversary of the Medicare and Medicaid programs and the creation of HCFA. We again serve up some whimsical pieces in the Komedie Korner. There are lots of items that hopefully will be of interest to you.

We are also enclosing a new 2015 Member Directory in hard copy for those members receiving this in the mail and electronically for those receiving it via an e-mail attachment, as we try to do with each Summer issue of the HCFA/CMS Alumni News.

I want to wish you all a Wonderful Rest Of The Summer and continued happiness, good health and prosperity in retirement.



William L Engelhardt

HCFA/CMS ALUMNI NEWS

Published four times a year for the members of the Health Care Financing Administration /Centers for Medicare and Medicaid Services (HCFA/CMS) Alumni Association

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DUE DATES FOR FUTURE ISSUES

Fall Issue – September 25, 2015
Winter Issue – December 31, 2015

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http://www.cms.gov/About-CMS/Career-Information/CMS_Alumni/index.html

NEW MEMBERS

The Association extends a hearty "Welcome Aboard" to the following new members:

Ralph Ballman
Terry Bogue
Pamela A Cascio
Jenny Gladioux
Marla Kahn
Barbara Keller
Al Lazar
Nancy Moore
Gem Nenninger
John Voorhees

We now have 732 active members.

MEMBERSHIP RENEWAL update

Some 115 Alumni members still have not renewed their membership for 2015, and dues for 65 of those are in arrears for even longer. All members receiving this issue electronically will again receive a renewal form and should refer to the EXPIRDT column of the Member Directory to determine whether they need to renew. Members receiving this issue via mail should find a renewal form included if they need to renew. **Anyone whose membership expiration date on the mailing label, if they received the newsletter in the mail, or in the Member Directory if they received the newsletter electronically, is 12/31/14 or earlier needs to renew. Those with a date of 12/31/15 or later are paid up and do not need to renew at this time.**

MEMBERSHIP SEARCH

As always, we acknowledge that there are many HCFA/CMS retirees that we have not been able to reach to tell them about the Alumni Association and invite them to join. We continue to ask for your assistance in spreading the message about us to them. If you know of any retiree that is not a member, please let them know about us and tell them how to contact us by telephone, snail mail or e-mail (all of that information can be found on page 2 of this issue). We will be very happy to send, either electronically or via snail mail, anyone the enrollment form and further information about membership.

SOCIAL SECURITY ALUMNI ASSOCIATION

We'd like to again remind members that we also have a link to our sister alumni, the Social Security Alumni Association, web site on our web site. The actual URL for it is "<http://www.ssaanational.org>" but you can just click on the link on our page. Many HCFA and/or CMS retirees also worked for the Social Security Administration somewhere along the line, and are eligible for membership in both alumni associations.

SOCIAL SECURITY ALUMNI ASSOCIATION BLOG

Joe Vaughan, President of the Social Security Alumni Association (SSAA) has reminded us again that HCFA/CMS folks are certainly welcome to participate in any Social Security Alumni activity. Many of us are eligible to, and some of us actually do, belong to both alumni associations. The

SSAA has developed a blog. Go to <http://ssaanews.blogspot.com/> to check it out. If you are a former SSA worker you just might be interested enough to join the SSAA.

SOCIAL SECURITY ADMINISTRATION RETIRED PERSONS

There is also a web site created by and for Social Security Administration Retired Persons. It is a website for SSA retirees and employees who worked for SSA, but retired from other agencies (like CMS). Current employees are also invited to visit often and to join the mail list. The ssarp.org administrator is Stanley LeBlanc, Dallas Region, who retired June 3, 2003. Retirees with the support of SSA employees began the site, but it is not an official SSA site. There is an email communication list for those who subscribe. The ssarp.org administrator is Stanley LeBlanc, Dallas Region, who retired June 3, 2003. A username and password is needed to access some of the sections and you can obtain it by sending an e-mail request to retired@ssarp.org. Check it out at:

<http://www.ssarp.org>

SSA EAA NOW FEDERAL EAA

The long time Social Security Administration Employee Activities Association (SSAEAA) has been replaced by the Federal Employee Activities Association (FEAA), serving Federal employees nationwide. The web site can be accessed at:

**SSA EAA NOW FEDERAL EAA
(Continued):**

<http://www.federaleaa.org/News1.html> and the people listed as “Our Team,” EAA Directory of Employees, are all at CMS. That page of the web site also says, “The EAA was formed in 1942 for the welfare and recreation of our employee-members. The EAA supports and donates to many Federal sponsored charities and programs. The EAA strives to provide our members with many different benefits. We currently have an EAA service center within the CMS building.”

That office is located near the Copy Center in the Lower Lobby area of the Central Building.

HCFA/CMS retirees are eligible to participate in discount purchases and to take advantage of everything the EAA has to offer.

COLA COUNT

Through nine months of the counting period toward the January 2015 federal retiree cost of living adjustment, the inflation index used to set that adjustment stands at - 0.19 percentage points. The new CPI-W figure for June 2015 was 232.804, 0.19 percent lower than the average CPI-W for the third-quarter of 2014, which was 232.242. The 2014 third-quarter average is the reference figure for determining the 2016 COLA. October through January saw modest drops in the COLA count but February, March, April, May and June each saw a monthly increase, ending up with a net loss of 0.19% for the counting period. There are three months left in the counting period. If the

COLA count remains in the negative there will not be a pension reduction, there just won't be a COLA.

SPRING/SUMMER COOKOUT

Some 35 Alumni members and friends came to the spring/summer cookout at the home of alumni member Lillian Lehnert in Fulton, Maryland on June 10. Everyone had a wonderful time. Lillian was again a most gracious host and we can never thank her enough for her hospitality. Many of the partygoers brought hot or cold covered dishes and/or desserts. Food was plentiful and fantastic. A lot of reminiscing, story telling and just great conversation filled the air. We hope to repeat the wonderful experience with another great picnic next year. We hope to see even more of you next year.

OKTOBERFEST

The Spring/Summer Cookout was such a huge success that Lillian Lehnert has graciously offered to host an Oktoberfest on Wednesday, October 7, 2015. The enclosed flier provides the details and contains the signup form. Plan to celebrate the Fall Festival and the joys of retirement From Noon until 4:00 p.m. on October 22. Say hello to old friends and just have a wonderful time. The menu will consist of wursts, hot dogs, potato salad, beans, sauerkraut, beer, and German desserts.

HOLIDAY LUNCHEON ALERT

The 19th annual Alumni Holiday Luncheon will take place at the Turf Valley Country Club on Wednesday, December 9, 2015. This year's event will again be in the Cameo

Room. More details and a flyer will be included with the FALL issue of the HCFA/CMS Alumni News.

CARROLL COUNTY MARYLAND SHIP NEEDS VOLUNTEERS

HCFA/CMS Alumni member Gary Kavanagh volunteers with the Carroll County Maryland State Health Insurance Assistance Program (SHIP) and hopes other alumni members might be interested in helping out. He writes:

““The Carroll County Maryland State Health Insurance Assistance Program (SHIP) is in real need of volunteer counselors in preparation for the 2015 Medicare Open Enrollment period from October 15-December 7. SHIP Counselors help Carroll County seniors and their caregivers navigate the often-difficult decisions and issues associated with the Medicare Insurance program. Being a SHIP counselor is not only personally rewarding but truly provides the only face-to-face assistance that millions of Medicare's current and future beneficiaries need. If you are interested in volunteering, please contact the Carroll County SHIP Program Coordinator, Tina Herrero-Backe, at 410-386-3806 or cbacke@ccg.carr.org.

SENIOR MANAGEMENT ANNOUNCEMENTS

2015 AFFIRM LEADERSHIP AWARD

The Association for Federal Information Resources Management (AFFIRM) has

announced the winners of the 2015 Leadership Awards in 15 categories.

CMS' own **Jon G. Booth**, Director of the Web and New Media Group (WNMG), in the Office of Communications (OC) has been chosen for the Leadership Award for Service to the Citizen and the Country.

The presentation of the 2015 Leadership Awards took place at a reception on June 17th, 2015 at the Grand Ballroom of the Willard InterContinental Hotel, 1401 Pennsylvania Avenue, NW, Washington, DC 20004.

CHIEF OPERATING OFFICER

Deborah Taylor has been appointed Acting Chief Operating Officer. Deb has a distinguished federal career that spans 40 years. She joined CMS in 2000 as the Deputy Chief Financial Officer (CFO), and during her tenure she led the agency's efforts to improve financial management and instill sound internal controls over the programs we administer, helping CMS receive its first unqualified audit opinion. In 2009, Deb was appointed the agency's CFO.

She replaces **Tim Love**, who has retired and put into place his long-planned migration to Oregon where he and his wife, Laurel, first met in college over 30 years ago. They have been looking forward to returning to the Pacific Northwest ever since.

THE BIRTH OF MEDICARE

Submitted by William A. Grant

The last issue of the Alumni News reported that July 31, 2015 would be the 50th anniversary of the Medicare and Medicaid

THE BIRTH OF MEDICARE
(Continued):

programs. I would like to share with you some of my personal memories of that historical event.

In June of 1965 I was a program analyst in the Social Security Administration's (SSA) Division of Field Operations. My assignment was working with regional offices and state agencies on Social Security coverage of state and local agency employees.

Suddenly in the last week of June 1965 I was reassigned together with 12 other staff from the Division of Field Operations to begin planning for a new health insurance program being considered in Congress. We joined about 100 or so staff recruited from SSA's central office, regional offices, payment centers and district offices in a new location in the Gwynn Oak Building located across Social Security Blvd. from the headquarter complex.

Like most of the people that joined this "task force" I was a little apprehensive about what I would be doing. I really enjoyed my job helping bring social security coverage to state and local employees. But I was reassured that I could return to my former position when the task force work was completed. Not many of us went back to former jobs because the new positions were both challenging and rewarding.

I was initially assigned to a work group made up of staff mostly experienced in working in SSA's field organization; i.e. district, regional offices and payment

centers. I knew most of our staff through previous personal and telephone contacts.

Our initial planning projects were too numerous to mention or even remember now but in June 1965 they were vital. For example, new claim forms had to be designed to pay health insurance claims from beneficiaries, physicians, hospitals and other medical providers. I learned that a claims form had to capture not only all of the information necessary for paying the claim but it had to meet many legal and statistical requirements. Securing final approval and clearances of new forms as well as almost everything in this new program required input and approval from the highest levels in the organization.

Significant work on planning was being done throughout SSA. For example, the Division of Accounting Operations had a special unit devoted to setting up systems to identify beneficiaries eligible for health insurance and to interact with private contractors to pay health insurance claims. Other SSA divisions had similar groups and individuals working on health insurance issues. However, to the extent possible everything was being coordinated through the task force. Task force members were usually participants in off site work groups.

As more information became available about the various provisions of titles XVIII and XIX of the Social Security Act it was obvious that we faced a completely new and complex task in implementing health insurance benefits in only eleven months, i.e. signed into law July 31, 1965 and operational on July 1, 1966.

Fortunately, SSA had successfully taken on other major benefit programs covering the

THE BIRTH OF MEDICARE

(Continued):

disabled, self-employed and state and local employees. All of these new additions were major expansions to the benefit programs but none could compare to the impact, complexities and broader issues involved in Health insurance coverage for the millions of existing and new beneficiaries.

The entire Social Security organization would be involved in administering the health insurance program. Some of the early issues that had to be considered and planned for included but were not limited to the following:

The 1300 district offices and 6 program payment centers would be the focal point for servicing health insurance beneficiaries. Employees in these offices had to be knowledgeable about provisions of the new law and be able to communicate with not only beneficiaries but also medical providers of service and interact with insurance carriers and intermediaries.

Program payment centers would be responsible for collecting premiums from beneficiaries not collecting social security benefits as well as premium payments from state agencies under the buy-in program.

Insurance companies and Blue Cross Blue Shield organizations must be able to exchange information with the SSA's computer systems in order to pay beneficiary and medical providers claims. Also, these organizations would have to be able to answer beneficiary and other inquiries regarding the status of claims.

Those were some of the major issues that had to be addressed during the eleven-month planning stage. Not to mention that new liaison functions were required with the Civil Service Commission, the Railroad Retirement Board, Treasury Department, Defense Department and State Welfare Agencies.

With July 1, 1966 the emphasis changed from planning to operations. Although I think the planning phase went well some problems did develop when operations began. Most serious problems were quickly identified and corrected. A few of the memorable ones were that beneficiaries were not properly enrolled and could not be identified in the payment systems. Some claims submitted by beneficiaries and providers of service were not being paid promptly, were lost in the system or incorrectly denied. For the relatively small number of beneficiaries who did not have their Part B premiums deducted from their Social Security checks, Railroad Retirement benefits or Civil Service Annuities, the premium collection system was not crediting premiums and beneficiaries lost entitlement to Part A and/or Part B benefits.

This operation phase involved large numbers of complaints and efforts to resolve issues at insurance companies, regional offices, SSA field offices, state agencies and other federal agencies; i.e. Civil Service Commission, Treasury Department and State Welfare agencies. Most of the early members of the task force did a fair amount of traveling to various organizations.

Changes came fast and often in the new organization. New units were being formed at a fast pace. We soon outgrew the Gwynn Oak Building and moved to the 4th floor of the Operations Building. By the end of 1966 the Division of Health Insurance now

THE BIRTH OF MEDICARE

(Continued):

the Bureau of Health Insurance occupied space not only in the Social Security Headquarters complex but also in several outlying buildings as well.

In 1965 the basic organization units within SSA were Division Branch and Section. Health Insurance brought a major change in the organization of SSA. By 1967 the SSA organization units were Bureau, Division, Branch and Section. The telephone directory dated April 1967 shows that the new bureau (BHI) had six major divisions. The new Bureau of Health Insurance in addition to the usual management functions had divisions devoted to completely new functions necessary in health insurance.

Health insurance was unlike any of the other benefit programs administered by SSA. It was a new experience to be sharing responsibility in processes and functions actually performed by private insurance companies, state agencies and private contractors. The operational processes were managed by multiple independent players under guidelines furnished by BHI.

During the early years of the program much of the processing of claims were handled by the major insurance companies and Blue Cross and Blue Shield (BCBS) plans. Later BCBS handled most of those duties.

Many private insurance companies and even State agencies had to be reminded that health insurance was a benefit program provided for by Federal law. It had to be administered fairly and equitably regardless of economic or other normal business practices. Claims submitted had to be

completely adjudicated to payment or denial. Denied claims had to provide for appeal rights as provided for in the law.

One of my early assignments beginning in July 1966 and continuing into August and September was to visit hospitals in New York, Chicago and Minneapolis to make sure hospital claims were being properly submitted for payment and beneficiaries were not being billed for services covered by the new law. These and other similar visits resulted in adopting more standardized billing practices among hospitals. Making sure that the health insurance program was being administered fairly and equally throughout the country I think became one of the major jobs for the Bureau of Health Insurance.

In any event, the new mix of organizations involved in operating the health insurance program made working very interesting and exciting. I consider it both a privilege and an honor to have been involved in the very beginning of health insurance coverage under Social Security. Incidentally, it was not known under the term "Medicare" until well into the program.

Later in this issue you will find a copy of the program for the 20th anniversary of Medicare and Medicaid on July 30, 1985. The program includes a listing of the Program Honorees, 14 members of the original Medicare/Medicaid Implementation Task Force. You will also find a copy of 2 pages from the SSA telephone directory dated April 1967 listing the Bureau of Health Insurance Organization Units.

**The Creation of the Health Care
Financing Administration: A Short
Summary**

**By
Stuart Hoffman HCFA (CMS) Human
Resources Specialist (Retired)**

During the 1976 Presidential Campaign, the Democratic Party nominee, Governor Jimmy Carter of Georgia, took issue with the incumbent Nixon-Ford Administration's health policy. As one example of Governor Carter's critique he cited, in his opinion, the disjointed and inefficient Federal health programs being administered by Medicare and Medicaid. The larger Medicare program was administered by the Department of Health, Education, and Welfare's (HEW's) Social Security Administration (SSA), while the smaller, but growing, Medicaid program was administered in another part of HEW, the Social and Rehabilitation Service (SRS).

Upon taking office in January of 1977, President Carter began to direct efforts to reorganize and streamline the administration of these health programs. The resulting HEW Reorganization was announced on March 8, 1977. HEW Secretary Joseph A. Califano, Jr. announced the reorganization as follows: A new HEW Operating Division (OPDIV), called the Health Care Financing Administration (HCFA) would combine under one administration the oversight of the Medicare program, the Federal portion of the Medicaid program, and related quality assurance activities.

The Medicare program provides health insurance coverage for people age 65 and over, younger people who are receiving social security disability benefits, and

persons who need dialysis or kidney transplants for treatment of end-stage renal disease. Prior to the reorganization, the Medicare program was administered by the SSA Bureau of Health Insurance (BHI). The entire BHI staff and functions transferred to the new HCFA OpDiv. Other SSA organizations and staff such as the Division of Health Insurance Systems and the Division of Health Insurance Operations that supported BHI and the Medicare program were to be transferred to the new HCFA, but at later date.

Medicaid is the medical assistance program jointly financed by State and Federal governments for eligible low-income individuals. It covers health care expenses for all recipients of Aid to Families with Dependent Children; Most States also cover the needy elderly, blind, and disabled receiving cash assistance under the Supplemental Security Income Program. Coverage also extended to certain infants and low-income pregnant women and, at the option of the State, other low-income individuals with medical bills that qualify them as categorically or medically needy. The Medicaid program would also be transferred to the new HCFA from the SRS. The SRS was to be totally abolished and its remaining OPDIV components transferred to other HEW areas.

The Medicare/Medicaid programs include a quality assurance focal point to carry out the quality assurance provisions of the programs; the development and implementation of health and safety standards of care providers in Federal health programs; and the implementation of the end-stage renal disease and the peer review provisions. To maximize the coordinated health policy and programs, the Health Standards and Quality Bureau (HSQB) was transferred from the HEW Public Health

The Creation of the Health Care Financing Administration: A Short Summary (Continued):

Service to the new HCFA. HSQB had two main functions, funding and oversight of the national organizations engaged in peer review of Medicare claims and the staff engaged in the survey and certification of health care providers.

The first permanent HCFA Administrator was Robert A. Derzon a health policy academic and hospital administrator who served from June of 1977 to November of 1978.

HCFA's Initial Challenges:

While the 1977 HEW Reorganization brought together the Medicare, Medicaid, and health quality programs within one administration, major challenges remained. The two main challenges were:

1. The dispersed physical location of the three programs. Medicare staffs were located in the SSA complex in suburban Baltimore, Md.; Medicaid staffs were located in the Washington, DC Southwest Federal Center; and HSQB staffs were located in the Rockville, MD area. A number of future reorganizations would eventually bring all the programs and staffs together at the renamed Centers for Medicare and Medicaid Services (CMS) Single Site location in suburban Baltimore in the 1990s.
2. Establishing a unique "corporate identity" was also a new challenge. The "Stand Alone" initiative tried to separate Medicare from SSA in the eyes of the health community and the public. That

would take a few years before the health community and the general public would recognize HCFA and later CMS as a separate entities.

My Medicare/Medicaid Stories for the 50th Anniversary of Medicare and Medicaid

By Tony Hausner

I worked at CMS from 1979-2006. Where I had the privilege to work on many important projects. For 13 years, I was in the Office of Research and Demonstrations (ORD) and the remaining 13 years in the Managed Care Policy Division. I want to single out 4 stories which have particular significance for me.

- 1) The Evaluation of the Obstetrical Access Project.

I served as the evaluation project officer for this grant.

This project was written up in the Health Care Financing Review in 1987. This project expanded the women eligible to participate in the Medicaid and included an expanded set of prenatal care services of psychosocial, health education and nutrition services. The project achieved a 33% reduction in low-birth-weight babies vs. a matched control group. This was cited as an incredibly successful project. The study was cited as a key finding when Congress twice expanded the Medicaid prenatal care program in 1985 and 1987. This has resulted in a tremendous increase in the number of healthy infants being born and savings both short term and long term in costs to the U.S.

My Medicare/Medicaid Stories for the 50th Anniversary of Medicare and Medicaid (Continued):

2) Home Health Prospective Payment Demonstration

From 1985-1993, I served as the evaluation project officer for this demonstration. During this time period, I worked with the evaluation contractor, Mathematica Policy Research, to develop the case-mix system to be used in the demonstration. The system that we developed was incorporated for the most part into the Outcome and Assessment Information Set (OASIS) which CMS (then called HCFA) implemented as written into legislation in the 1998 Budget bill. This prospective payment system has resulted in tremendous savings to the Medicare program and is still used today.

3) Home Health Quality of Care Demonstration

In 1985, I proposed that CMS (HCFA) develop an outcome-based approach to the quality of care for home health services. This approach focused on the following outcome measures: re-hospitalizations and activities of daily living (ADLs) such as eating, bathing, dressing, toileting, and transferring. These ADLs are considered key to successful rehabilitation of home health patients. CMS and the Robert Wood Johnson Foundation combined to award a contract to the University of Colorado to develop such a measurement system. I served as project officer for the first 5 years of that contract. After successful completion of that contract, which occurred after I left ORD, another contract was awarded to test these outcome measures in a demonstration.

That demonstration resulted in a 25% reduction in re-hospitalizations, which represents a dramatic savings to the Medicare program. Those measures were incorporated into the OASIS system mentioned above to ensure that not only was payment optimal but also to maximize the quality of care outcomes.

4) Medicare + Choice regulations

In the 1997 Budget bill, Congress authorized the Medicare+Choice program. This program significantly expanded the Medicare HMO program with many new policy features such as case mix payment, bidding, rate setting, marketing plans, access and quality of care provisions, etc. Congress mandated that CMS (HCFA) issue interim final rules within 9 months of enactment, an incredibly short period of time for such rule development. I was tasked with coordinating the efforts of 23 workgroups which were assigned the different provisions of these rules. Five months after enactment, we held a public meeting to layout some of our preliminary thoughts and questions and receive the public's input on these issues. In developing the rules, we had to brief CMS officials, Department officials and OMB staff. We published the interim final rules exactly on our deadline, which was considered an incredible accomplishment. Many of these provisions were incorporated into the current Medicare Advantage Program.

KOMEDY KORNER

**NEW VERSIONS OF GOLDEN
OLDIES**

Some of our old favorites have now been re-released. The following songs are on a new album called "Baby Boomers Turn Gray: Re-heated Oldies."

Paul Simon -- "Fifty Ways to Lose Your Liver"

Carly Simon -- "You're So Varicose Vein"

The Bee Gees -- "How Can You Mend a Broken Hip?"

Roberta Flack -- "The First Time Ever I Forgot Your Face"

Johnny Nash -- "I Can't See Clearly Now"

The Temptations -- "Papa Got a Kidney Stone"

Nancy Sinatra -- "These Boots Are Made For Bunions"

ABBA -- "Denture Queen"

Leo Sayer -- "You Make Me Feel Like Napping"

Commodores -- "Once, Twice, Three Times My Back's Out"

Procol Harum -- "A Whiter Shade of Hair"

Steely Dan -- "Rikki Don't Lose That Clapper"

Herman's Hermits -- "Mrs. Brown You've

Got a Lovely Walker"

Credence Clearwater Revival -- "Bad Prune Rising"

Marvin Gaye -- "I Heard It Through the Grape Nuts"

The Who -- "Talkin' 'Bout My Medication"

The Troggs -- "Bald Thing"

MODERN DAY DICTIONARY!

ADULT: A person who has stopped growing at both ends and is now growing in the middle.

BEAUTY PARLOR: A place where women curl up and dye.

CHICKENS: The only animals you eat before they are born and after they are dead.

COMMITTEE: A body that keeps minutes and wastes hours.

DUST: Mud with the juice squeezed out.

EGOTIST: Someone who is usually me-deep in conversation.

HANDKERCHIEF: Cold Storage.

INFLATION: Cutting money in half without damaging the paper.

MOSQUITO: An insect that makes you like flies better.

RAISIN: A grape with a sunburn.

SECRET: Something you tell to one person

MODERN DAY DICTIONARY!

(Continued):

at a time.

SKELETON: A bunch of bones with the person scraped off.

TOOTHACHE: The pain that drives you to extraction.

TOMORROW: One of the greatest labor saving devices of today.

YAWN: An honest opinion openly expressed.

WRINKLES: Something other people have, Similar to my character lines.

LETTER TO SCHOOL!

Someone who teaches at a Middle School in Florida forwarded the following letter. The letter was sent to the principal's office after the school had sponsored a luncheon for the elderly. This story is a credit to all human kind.

Dear Hudson Middle School,

God bless you for the beautiful radio I won at your recent senior citizen's luncheon. I am 84 years old and live at the Hudson Assisted Home for the Aged. All of my family has passed away. I am all-alone now and it's nice to know that someone is thinking of me. God bless your for your kindness to an old forgotten lady.

My roommate is 95 and always had her own radio, but before I received one, she would never let me listen to hers, even when she

was napping. The other day her radio fell off the nightstand and broke into a million pieces. It was awful and she was in tears.

She asked if she could listen to mine, and I said, "Drop dead!"

Thanks again!

Sincerely,

Edna

GOLFING ON SUNDAY

The Reverend Francis Norton woke up Sunday morning and, realizing it was an exceptionally beautiful and sunny early spring day, decided he just had to play golf. So, he told the Associate Pastor that he was feeling sick and convinced him to say Mass for him that day.

As soon as the Associate Pastor left the room, Father Norton headed out of town to a golf course about forty miles away. This way he knew he wouldn't accidentally meet anyone he knew from his parish. Setting up on the first tee, he was alone. After all, it was Sunday morning and everyone else was in church!

At about this time, Saint Peter leaned over to the Lord while looking down from the heavens and exclaimed, "You're not going to let him get away with this, are you?"

The Lord sighed, and said, "No, I guess not."

Just then Father Norton hit the ball and it shot straight towards the pin, dropping just short of it, rolled up and fell into the hole. It

GOLFING ON SUNDAY (Continued):

WAS A 420-YARD HOLE IN ONE!

St. Peter was astonished. He looked at the Lord and asked, "Why did you let him do that?"

The Lord smiled and replied, "Who's he going to tell?"

MEMORIES AND GOOD FORTUNE

An elderly couple were celebrating their sixtieth anniversary. The couple had married as childhood sweethearts and had moved back to their old neighborhood after they retired.

Holding hands, they walked back to their old school. It was not locked, so they entered, and found the old desk they'd shared, where Andy had carved, "I love you, Sally."

On their way back home, a bag of money fell out of an armored car, practically landing at their feet. Sally quickly picked it up, but not sure what to do with it, they took it home. There, she counted the money. It totaled fifty thousand dollars.

Andy said, "We've got to give it back."
Sally said, "Finders keepers." She put the money back in the bag and hid it in their attic.

The next day two FBI men were canvassing the neighborhood looking for the money, and knock on the door. "Pardon me, but did

Sally said, "No."

either of you find a bag that fell out of an armored car yesterday?"

Andy said, "She's lying. She hid it up in the attic."

Sally said, "Don't believe him, he's getting senile."

The agents turned to Andy and began to question him. One said, "Tell us the story from the beginning."

Andy said, "Well, when Sally and I were walking home from school yesterday..."

The first FBI guy turned to his partner and said, "We're outta here!!!"

OLD FRIENDS

Two elderly ladies had been friends for many decades. Over the years they had shared all kinds of activities and adventures. Lately, their activities had been limited to meeting a few times a week to play cards.

One day they were playing cards when one looked at the other and said, "Now don't get mad at me... I know we've been friends for a long time, but I just can't remember your name. I've thought and thought, but I can't recall it. Please tell me what your name is."

Her friend glared at her. For at least three minutes she just looked at her. Finally she said, "How soon do you need to know?"

IN MEMORIAM

The Alumni Association respectfully acknowledges

the passing of the following

Alumni/Employees/Spouses and expresses its

sympathy to family members:

**JOSEPH D DUNNE (6/10/15)*
FRANK C. SPRUILL, JR. (5/9/15)***

* HCFA/CMS Alumni Member

**If you are aware of any other deaths of Alumni please notify the editorial staff
July 2015**

MEDICARE MEDICAID 20th



Department of
Health & Human
Services

Health Care
Financing
Administration

PROGRAM
20TH ANNIVERSARY OF MEDICARE/MEDICAID
1965-1985

2:00 P.M., Tuesday
July 30, 1985
Altmeyer Building Auditorium
Woodlawn

Introductory Remarks.....Richard P. Teske, Acting Associate
Administrator for External Affairs

Presentation of Certificates
to Original Members of
Medicare/Medicaid Implementation
Task Forces.....

Carolyne K. Davis, Ph.D.
HCFA Administrator

Remarks.....Carolyne K. Davis, Ph.D.

* * * * *

20th Anniversary Program Honorees

Stephanie Crowley	BPO	Michael Moran	HSQB
Alvin Diamond	BPO	Edward Holtzman	BQC
Carol Hehir	QMB	John Graves	BPO
Harris Freeman	BPO	William Hogsten	BPO
Henry Hehir	BERC	Joanne Lanahan	OIG
Martin Kappert	AAO	Newton Dikoff	BPO
Leonard Monfred	BPO	Marlene Jones	BPO
Irvin Robinson	BPO	Frank Spruill	BPO
Wayne Fowler	BPO	Dan Baker	BPO
Sue Hibshman	BPO	William Grant	BPO
Sheila Ryan	BERC	Louise Burne	OPSA
Alan Platt	OMB	Eugene Whooley	BQC
James Riley	PRRB	Joseph Young	BPO
Arthur Muller	BERC	Mary Kenesson	BQC

Refreshments at the East High Rise Building Cafeteria immediately after the ceremony, with music by the Charm City Band.

DO:OS	Systems Branch Chief John P Gillespie 3-Q25	4797
DO:OR	Program Analysis and Reporting Branch Chief Ben O Long 237	4434

BUREAU OF FEDERAL CREDIT UNIONS

FC:BD	Director J Deane Gannon IND	13-33215
	Deputy Director IND	13-36415
	Assistant Director for Program Management Robert W Seay IND	13-25770
	Employee Development Officer Edward M Cook IND	13-22764
	Assistant to the Director John S Rippey IND	13-33215
	Writer-Editor Jo Ellen Jennette IND	13-34402
FC:A	Division of Administration Director Carroll Smith IND	13-36415
	Administrative Officer Harry Auerbach IND	13-22930
	General Services Sarah A Trotter IND	13-34872
	Records Section Isabelle McIntyre IND	13-35394
	Fiscal Section Chief Gladys M Ayres IND	13-22975
	Personnel Officer Agnes M Martin IND	13-34888
FC:E	Division of Examination and Accounting Director Kenneth L Wimer IND	13-26361
	Assistant Director Joseph Bellenghi IND	13-26361
	Technical Assistant Edward T Bernhoft IND	13-26361
	Technical Assistant Claude Y T Shehane IND	13-26361
	Technical Assistant Jerauld C Kluckman IND	13-26361
	Principal Review Examiner Rene W Lacoste IND	13-26361
FC:O	Division of Organization and Standards Director Samuel B Myrant IND	13-27661
	Principal Program Analyst Lawrence P Hurter IND	13-27661
	Technical Assistant Bernard Snelnick IND	13-27661
	Administrative Assistant Doris E Learn IND	13-27661
FC:S	Division of Statistical Research and Analysis Director Edwin J Swindler IND	13-27754
	Principal Statistician Ronald M Gardner IND	13-27754
	Statistician Vincent J Olive IND	13-27754
	Statistical Assistant Kay T Collins IND	13-27754

BUREAU OF HEALTH INSURANCE

HI:BD	Director Thomas Tierney 700	2971
	Deputy Director 700	2973
	Assistant to the Bureau Director Robert M Mayne 706	4275
HI:PRS	Professional Relations Staff Arthur Kimball 708	5914
	Professional Relations Staff Bill S Byrd 4-R14	5516
HI:MS	Medical Staff Dr Erwin Witkin 718	2848
HI:M	Division of Management Assistant Bureau Director Morris B Levy 700	2978
	Acting Deputy Dr John H Michener 720	6094
	Administrative Assistant Albert Fox 4-R15	5792
HI:M:AM	Administrative Management Branch 4-R15	5791
	Administrative Services Section Chief Robert L Howard 4-R16	4382
	Management Analysis Section Chief Trent McPherson 4-R18	5802
	Manpower Management Section Chief James Linhard 4-N6	5807
	Plans and Reports Staff Lou Sirkin 4-R18	4258
HI:M:FM	Financial Management Branch Chief Morton R Small 4-R18	5815
	Fiscal Processing Section Acting Chief Carol Bassler 4-N6	5600
	Budget Management Section Chief Sol Juni 4-R19	5817
HI:R	Division of Reimbursement Assistant Bureau Director 4-M1	5591
	Deputy Assistant Bureau Director Harris Berman 4-M1	5591
	Administrative Liaison Officer Jerry Litfin 4-M1	5591
HI:R:HI	Hospital Insurance Reimbursement Branch Chief Abraham Fox 4-L1	5235
	Hospital Reimbursement Section Chief Hugh McConville 4-L2	5235
	Post-Hospital Reimbursement Section Chief Harvey Eidman 4-K2	2851
HI:R:MI	Medical Insurance Reimbursement Branch Chief Morris Older 4-M2	2926
HI:R:DI	Direct Reimbursement Branch Chief Samuel Koening 4-K1	4357
	Claims Operation Section Chief Richard Foristel PACA	PP127

	Hospital Operations Analyst Chief Bernice Mizdail PACA	PP129
	Reimbursement Claims Unit Supervisor Earle Gruhn PACA	PP129
	Control and Service Unit Supervisor Lafayette Grier PACA	PP126
HI:SO	Division of State Operations Assistant Bureau Director James L Calhoon 4-F1	5851
	Deputy Assistant Bureau Director William J Rivers 4-G1	5853
HI:SO:PC	Provider Certification Branch 4-G1	5855
	Assistant Branch Chief Gerald S Sheinbach 4-G1	5855
HI:SO:SO	State Operations Branch Chief Raymond A Del Rosso 4-H1	5859
	Administrative Section Chief Charles Sylvester 4-H1	5857
	Fiscal Section Chief David R Lit 4-J1	5861
HI:S	Division of Systems Assistant Bureau Director George E Rawson 4-R5	4181
	Deputy Assistant Bureau Director Melvin H Wunsch 4-R6	5704
HI:S:BP	Beneficiary and Public Agency Procedures Branch Chief William H Hosten 406	5707
	Beneficiary Procedures Section Chief William A Grant 4-O6	5763
	PA & Group Procedures Section Chief Frank C Spruill 406	5713
HI:S:BPS	Benefit Payment Systems Branch Chief Daniel A Baker 4-R6	5702
	Systems Coordination Section Chief Victor Kandel 4-Q6	5708
	Third - Party Procedures Section Chief W A Fowler 4-R5	5711
HI:S:IC	Instructions Coordination Branch Chief Harold Fishman 4-P6	5714
HI:IO	Division of Intermediary Operations Assistant Bureau Director Dr Thomas G Bell 4-R12	5601
	Deputy Assistant Bureau Director David L Kopelman 4-R11	4183
HI:IO:NL	Contract Negotiation and Liaison Branch Chief Arthur Fogelson 4-R10	5603
	Deputy Branch Chief Walker Evans 4-R10	5605
	Contracting Section Chief James Williamson 4-R9	5607
	Liaison Section Chief Earl Robinson 4-R10	5609
HI:IO:FM	Contract Financial Management Branch Chief Wilson Jones 4-P9	5619
HI:IO:PR	Contract Performance Review Branch Chief Joseph Coakley 4-N8	5735
	Deputy Branch Chief Eugene Hess 4-M8	5737
HI:PS	Division of Policy and Standards Assistant Bureau Director	5681
	Deputy Assistant Bureau Director C Wayne Tucker 4-R1	5681
	Technical Advisor Max Perlman 4-R2	5683
HI:PS:AG	Advisory Groups Branch Chief Robert O'Connor 4-P1	5659
HI:PS:RSP	Representatives and Services Policy Branch Chief Erwin Hytner 4-P1	5669
	Medical Services Section Chief William Gardner 4-Q2	5688
	Hospital Independent Laboratories Section Chief Paul Rettig 4-P1	5661
HI:PS:P	Basic Policy Branch Chief Leon Bernstein 4-Q1	5679
	Technical Issues Section Chief Robert A Trazzi 4-R2	5671
	Beneficiary Eligibility Section Chief Charles Berlinrut 4-R3	5675

BUREAU OF HEARINGS AND APPEALS

HA:BD	Director Charles M Erisman HEWS 4006	13-22262
	Deputy Director James H Nease HEWS 4006	13-23331
HA:C	Chairman Appeals Council Charles M Erisman HEWS 4006	13-22262
	Deputy Chairman Appeals Council James H Nease HEWS 4006	13-23331
	Member Appeals Council John T Allen HEWS 4026	13-23095
	Member Appeals Council Lucille V Covey HEWS 4036	13-23117
	Member Appeals Council Herman Elegant HEWS 4036A	13-23123
	Member Appeals Council Norman S Kerns HEWS 4026	13-22870
	Member Appeals Council Lester Schuker HEWS 4040	13-23401
	Member Appeals Council Jackson C Smith HEWS 4018	13-22864
	Member Appeals Council Irving Trager HEWS 4054	13-22850
	Member Appeals Council HEWS 4016	13-22806
HA:M	Medical Advisory Staff Chief Medical Advisor Dr Archibald Sinson HEWS 4070	13-33107
	Medical Officer Neuropsychiatry Dr Jean G N Cushing HEWS 4086	13-24160
	Medical Officer General Medicine & Surgery Dr Sylvia Heymann HEWS 4080	13-23980
	Medical Officer Cardiovascular Disease Dr Allan E L Lee HEWS 4084	13-24109
	Medical Officer General Medicine & Surgery Dr Donald J O'Brien HEWS 4092	13-24244
	Medical Officer Pulmonary Disease Dr Harold I Passes HEWS 4096	13-24319
HA:P	Division of Program Operations Assistant Bureau Director Robert B Hannings HEWS 4046	13-24275
	Deputy Assistant Bureau Director	13-23597