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AHIMA
American Health Information
Management Association®

FHIMA is a professional
association for individuals
in the health information
management field.



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President's Message



Dwan Thomas Flowers, MBA, RHIA, CCS

S.H.I.N.E.

Showcase **H**ealth **I**nformation's **N**iche,
Expediently



This term has been so exciting for me, and I hope each member has been equally thrilled. With my term approaching its end, there is still so much work to be done to ensure that we S.H.I.N.E. Now is definitely the

time to become engaged in what HIM is all about. There are so many pivotal initiatives that affect us; we sincerely need to **Showcase Health Information's Niche, Expeditiously**. There are several examples to validate the need.

In March, Kimberly Eichner, Anita Douplik and I attended AHIMA's Winter Team Talks, followed by Hill Day. I am still starry-eyed over the experience. The National Agenda for HIT is moving forward, rapidly, and this time, AHIMA has a seat at the big table. With all the focus on EHRs, myPHR, the American Recovery and Reinvestment Act (ARRA) and ICD-10, there was never a greater time to showcase the HIM professional's skills, talents and professionalism—this is our niche. It's the right time to be in HIM.

However, just beneath the surface of all the excitement, we must all expeditiously increase our recruitment, retention and mentoring efforts like never before. The growing need for our skills has once again highlighted our workforce issues. Among the many points clarified during AHIMA's Hill Day, the experience also gave your FHIMA representatives (us) the opportunity to share the need to update the outdated definition of our profession with the Department of Labor (DOL), Bureau of Labor Statistics. As the HIM profession is accurately identified, the workforce issues can be better expressed in current studies. We need each of you on board! Since retirement looks bleak for many, given the current state of our economy, I challenge each, highly-valued, seasoned HIM professional to lend his or her experience to these efforts. Although it may require new skills for some, remember, we all hold the competencies necessary to master and lead these efforts—even ICD-10!

Election Results

I sincerely thank those who were willing to be placed on FHIMA's ballot. Your willingness to run shows your commitment to the profession and acknowledges that you value FHIMA's mission, vision and values. Congratulations to all who were elected for the 2009-2010 term:

President-elect
Tanya Kuehnast MA, RHIA, CHPS

AHIMA Delegate
Carla Gaines, MPH, RHIA, CCS

Directors (1st year)
Diana Alberts, RHIA
Alice Noblin, MBA, RHIA, CCS
Martin Smith, MEd, RHIT, CCA

They will be serving on the Board along with Kimberly Eichner, MBA, RHIA, our 2009-2010 President and the 2nd year directors: Barbara Bermudez, RHIT, Lisa Libby, RHIA, CCS and Dean Ritchey, RHIA.

2009 Convention – It's HI Time to S.H.I.N.E.

The plans for the convention are coming along nicely. Please look forward to another invigorating and informative convention. Come indulge in all things that shine as we convene once again at the Omni Orlando Resort at Champions Gate in Orlando, July 13th – 16th.

As usual, there is so much more to share. FHIMA continues to SHINE via its mentoring, advocacy and mentoring efforts. It has been an exceptionally wonderful term, and I am so grateful for all the volunteers that make our organization a success. The relationships are everlasting and are precious to me. It has been an absolutely illuminating experience for me that I would not trade for anything in this world. Remember, now is definitely your time to SHINE.

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FHIMA News

Registration for the FHIMA 2009 Convention is now open!

Please visit www.fhima.org/AnnualMeetingHome.htm to connect and register today! At this link, you'll find information about hotel, agenda, directions, etc.

The 2009 Florida Health Information Management Association Annual Convention is July 13-16, at

the beautiful Omni Orlando Resort ChampionsGate!

19 AHIMA CEU's and 6 AAPC CEU's are available!

All attendees will register online and can pay by credit card or check. If you are paying by check, simply go to the website and register. You will mail your check in to complete your registration. You can print out registration information to submit to your facility for payment/reimbursement. Early registration deadline is June 12th.

We have a packed agenda! Come learn about ICD-10, RACs, ARRA, Joint Commission, identity theft and MORE! This year we are again offering an all-day legal session for HIM professionals on Thursday, July 16th in addition to our "Coding Day". This legal session is taught by attorney Michael Lowe, Esq. and has different, updated content from last year's session! Check out the details on the agenda!



If you're ready to experience true, yet sensible luxury, you've come to the right place. The Omni Orlando Resort at ChampionsGate offers a 15-acre playground full of virtually limitless leisure activities. Surrounded by 1,200 acres of well preserved wetlands, the Omni Orlando Resort at ChampionsGate has two world class golf courses. Ready to relax? Indulge in treatments with a European sensibility at our unparalleled spa, ride our 850-foot lazy river or simply escape to a private cabana.

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FHIMA CCS & CCS-P Exam Prep Workshop in Orlando a SUCCESS!

Over 93 people attended the 4th workshop at the University of Central Florida on Saturday, April 25th. Many thanks to Alice Noblin, MBA, RHIA, LHRM, HIM Program Director at the University of Central Florida for hosting the event. In addition, the workshop would not have been a success without the following HIM students at UCF who gave up all or part of their Saturday to help at the workshop:

Christopher Gaarlandt
Joyce Sison
Quynh Nguyen
Janine Vance
Michelle Gay
Ryan Hoeksema
Trang Le
Donnie Jordan
Victor Nunez

Look for great things in the future from these dedicated, hardworking HIM students!

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Results of the FHIMA Elections!

Congratulations to the newly elected FHIMA officers!

President-Elect

Tanya Kuehnast, MA, RHIA, CHPS

Directors

Diana Alberts, RHIA

Alice Noblin, MBA, RHIA, CCS

Martin Smith, M.Ed, RHIT, CCA

Chief Delegate

Carla Gaines, MPH, RHIA, CCS

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PHR Audio Seminar a Success

Thank you to all that participated in the recent myPHR audio seminar hosted by Stacie Buck. And a HUGE Thank You to Stacie for acting as our audio host. Stacie reenacted an actual Personal Health Record presentation that was filled with lively trivia and great facts. It was a wonderful performance and allowed the listener to learn about the PHR: how to access, manage, and protect this private and valuable information. For those that missed this great opportunity, don't worry, you can still learn about your PHR and earn 1.5 CEU's for a small fee of \$20.00. Go to FHIMA.org and look for the link to online education.

www.fhima.org/OnlineEducation.htm

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Calling all PHR Presenters

Just a reminder to the myPHR Presenters to mail your completed myPHR survey sheets to Genita Gulley at AHIMA Headquarters in Chicago, Illinois. The survey sheets assist AHIMA and FHIMA in keeping an accurate accounting of all the presentations and health fairs we have participated in. Thanks for all your efforts in promoting the PHR to your community.

Our current status is:

Health Fairs:

Myra Merillo -1

Sallee Silverman -1

Julie McCall -2

PHR Presentations:

Sallee Silverman – 1

Julie McCall – 3

If you have given the PHR Presentation or hosted a Health Fair and I did not recognize you, please email me at Mccall.Julie@mayo.edu so that I can share your success with our members.

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Articles

Hospital Acquired Conditions Present A Financial Challenge for IPPS Hospitals

By: Carla M. Gaines, MPH, RHIA, CCS

On February 8, 2006 the President signed the Deficit Reduction Act (DRA) of 2005. This Act requires a quality adjustment in Medicare Severity Diagnosis Related Group (MS-DRG) payment for certain hospital-acquired conditions (HACs). For Inpatient Prospective Payment Systems (IPPS) Hospitals this means that for discharges occurring on or after October 1, 2008, IPPS hospitals will not receive additional payment for cases when one of the selected conditions is acquired during hospitalization. The case would be paid as though the secondary diagnosis was not present. According to Section 5001(c) of DRA , the condition must be high cost or high

volume or both, result in the assignment of a case to a higher DRG that has a higher payment when present as a secondary diagnosis, and could reasonably have been prevented through the application of evidence-based guidelines. Additionally, the selected conditions must have a unique ICD-9-CM code that clearly describes the condition.

On July 31, 2008, in the IPPS Fiscal Year 2009 Final rule, CMS included 10 categories of conditions that were selected for the payment provision. Those categories include:

1. Foreign Object Retained After Surgery
2. Air Embolism
3. Blood Incompatibility
4. Stage III and IV Pressure Ulcers
5. Falls and Trauma (Fractures, Dislocations, Intracranial Injuries Crushing Injuries, Burns, Electric Shock
6. Manifestations of Poor Glycemic Control (Diabetic Ketoacidosis, Nonketotic Hyperosmolar Coma, Hypoglycemic Coma, Secondary Diabetes with Ketoacidosis, Secondary Diabetes with Hyperosmolarity.
7. Catheter-Associated Urinary Tract Infection
8. Vascular Catheter-Associated Infection
9. Surgical Site Infection (Mediastinitis Following Coronary Bypass Graft, Bariatric Surgery, Certain Orthopedic Procedures Involving the spine, Neck, Shoulder, or Elbow)
10. Deep Vein Thrombosis or Pulmonary Embolism Following Total Knee or Total Hip Replacement.

The implementation of this payment provision is considered to be an integral part of the CMS transition to a more active purchaser of quality healthcare services in its value-based purchasing strategy. Ultimately, the goals for Medicare are to improve the quality of care, encourage the efficient use of resources, and provide information to beneficiaries to assist them in making medical choices. However, this transition could pose major implications for institutions' reputations, the day-to-day operations of healthcare compliance, and hospital financial reimbursements. CMS reported 2006/2007 data for FY 2009 HACs for Medicare recipients as follows:

Condition	Reported Cases 2006	Reported Cases 2007	\$/Stay 2006	\$/Stay 2007
Stage III & IV Pressure Ulcers	322,946	257,412	\$40,381	\$43,180
Deep Vein Thrombosis		140,010		\$50,937
Pulmonary Embolism	–		–	
Falls & Trauma	>175,000	193,566	–	\$33,894

Vascular Catheter Associated Infection	*	29,536	*	\$103,027
Certain Manifestations of Poor Control of Blood Sugar Levels	–	16,060	–	\$35k – 45,989
Catheter-Associated Urinary Tract Infections	11,780	12,185	\$40,347	\$44,043
Foreign Object Retained After Surgery	764	750	\$61,962	\$63,631
Surgical Site Infections Following Certain Orthopedic and Bariatric Procedures	–	747	–	\$63K – 180,142
Infection After Coronary Bypass Graft (Mediastinitis)	108	69	\$304,747	\$299,237
Air Embolism	45	57	\$66,007	\$71,636
Blood Incompatibility	33	24	\$46,492	\$50,455

*No identifiable ICD-9-CM Code Available

-Information Not Available

It should be noted that CMS in consultation with the Centers for Disease Control and Prevention and other appropriate entities may revise the list of selected diagnoses annually. As required by the Statute, there will always be at least two conditions selected for discharges occurring during any fiscal year and the diagnosis codes and DRGs are not subject to judicial review. Also, the annual selection of at least two new conditions does not necessarily mean that existing conditions will be excluded.

Although HACs may not currently have a significant financial impact on the acute healthcare delivery system, IPPS hospitals should prepare for its impact in the future. Many other payers are expected to follow suit in the near future and the list of HACs is expected to grow significantly each year as CMS continues to make significant steps towards value-based purchasing. The importance of consistent and complete documentation in the medical record cannot be overemphasized. The true financial impact of HACs will be dependent upon the level of clinical documentation and coding accuracy at each facility.

While reimbursement is the main driver for HAC compliance, hospitals must recognize their reputation for quality care may be directly impacted by their response to HAC requirements. Nurses and other clinicians can play an important role in this issue by identifying and documenting HACs during the initial nursing assessment as well as strengthening infection control practices to prevent these conditions from occurring. Multidisciplinary teams must work collaboratively to identify, address, and resolve the challenges of this CMS policy as HACs are here to stay.

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In 2008, the AHIMA House of Delegates (HOD) organized itself into six teams to focus on different areas of the profession. The six HOD Teams are: Environmental Scanning, Best Practices/Standards, Professional Development and Recognition, Volunteer and Leadership Development, HOD Operations and Health Information Management (HIM) Higher Education and Workforce. The AHIMA Board of Directors sets specific charges for each of the HOD Teams to work on throughout the year.

One of the charges for the HOD Team on HIM Higher Education and Workforce is to provide support and recommendations to increase the number of clinical practice sites and opportunities for students to complete professional practice experiences. To that end, the Team created a Clinical Practice Sites/Professional Practice Experiences (PPE) Guide that provides information and best practices about serving as a clinical practice site and hosting students who are completing their required professional practice experiences. The Guide provides specific, helpful information to: site managers, department mentors, Component State Associations (CSA), academic programs and students. If you are involved with or considering hosting students, take a few minutes to review the helpful information found in the Guide. It can be accessed in the AHIMA and State Leaders and HOD Communities of Practice and on the AHIMA Web site by [clicking here](#).

Direct link to Guide is:

http://library.ahima.org/xpedio/groups/public/documents/internal_projectplanning/bok1_043192.pdf

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Do You Have a PHR?

By Julie McCall, RHIT

As HIM professionals we all know the extreme importance of a complete medical record and how an incomplete record can impact a patient adversely. I like to provide three reasons why a personal health record (PHR) is a valuable asset.

Reason #1

Your personal health information is likely scattered across several healthcare providers, possibly in different cities or states. This information is kept in various combinations of paper-based and electronic record-keeping formats. Unfortunately, these multiple medical records often lead to an incomplete story. A PHR can fill in the missing information for your healthcare provider resulting in more effective treatment options and a better overall outcome for you. This means you are the most effective source of your own complete medical history; you are the common thread that links all your medical providers.

Reason #2

In today's ever changing environment it is imperative that individuals take a proactive approach to their healthcare. The high cost of insurance results in employers' frequently changing health insurance carriers, thereby, forcing their employees to change health care providers to those that participate in their current health insurance plan. It is not uncommon for a person to change healthcare providers every year, resulting in a lack of continuity of care. Providers do not have unlimited space to house your records and must store inactive records. This can result in substantial delays in retrieving information that your current provider needs. However, with a PHR you already have the information and can provide it to your current healthcare provider.

Reason #3

It is very difficult to recall details during times of emergency. The stressful, frightening, and urgent environment generated in an emergency room can cause you to forget vital information or to misinform your health care provider. These situations can result in a medical error being performed causing additional recovery time or tragic consequences. The presence of a PHR ensures that you have the information you need when you need it.

That is why FHIMA is providing a free public education program entitled "Your Personal Health Information: How to Access, Manage, and Protect It". The goal of the program is to provide information to individuals so they can better manage their personal health information and to teach them how to maintain their PHR. I hope these three reasons will inspire you to begin your PHR today.

For more information about your PHR go to: myPHR.com

To schedule a meeting or to volunteer and promote the PHR go to: myPHRFlorida@gmail.com

AHIMA Update

Upcoming Events

5/5/2009 - 11:00 PM to 1:30 PM CT

[Webinar: ICD-10-CM/PCS Impact Assessment](#)

May 6

Data Replication in the EHR

Noon–2 p.m. CST(Virtual Meeting)

How does replication affect data integrity in the electronic health record (EHR)? To capture patient data, healthcare professionals are increasing their use of the EHR, but as the number of institutions and facilities employing EHRs grows, few guidelines have been developed to govern the use of the copy and paste function. In many cases, the copy and paste function is used by healthcare professions without any oversight at all, running greater risks for patient safety and provider liability if the EHR's data integrity is comprised. Register and find more information [now](#) or call (800) 335-5535.

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Data Analyst Institute

AHIMA National Office, Chicago, IL

As healthcare continues to be data-driven, the analysis of this data is vital to an organization's success. Join your peers in Chicago, IL, for the Data Analyst Institute where the following topics will be discussed:

- Explore types of data individuals or organizations may choose to analyze
- Review potential internal and external data sources and various analysis methods
- Benchmarking and its importance
- Participate in hands-on practice of data analysis skills
- Demonstrate knowledge of data analysis and presentation skills

Register and find more information [now](#).

5/7/2009 - 11:00 PM to 1:30 PM CT

[Audio seminar/webinar: Auditing Your RAC Results: What It Means for Your Organization](#)

5/14/2009 - 11:00 AM to 12:00 PM CT

[Student Community Chat with Peers](#)

5/19/2009 - 12:00 PM to 1:30 PM CT

[Webinar: The Intersections between E-Prescribing and HIM](#)

5/21/2009 - 12:00 PM to 1:30 PM CT

[Audio seminar: Cardiac Catheterization: Successful Coding and Chargemaster Practices](#)

6/4/2009 - 12:00 PM to 1:30 PM CT

[Audio seminar/webinar: Coding Laboratory Services](#)

6/9/2009 - 12:00 PM to 1:30 PM CT

[Webinar: The Legal Health Record and E-Discover: Where You Need to Be](#)

6/18/2009 - 12:00 PM to 1:30 PM CT

[Audio seminar/webinar: Coding Respiratory Services](#)

6/23/2009 - 12:00 PM to 1:30 PM CT

[Webinar: Auditing for Privacy and Security Compliance](#)

7/16/2009 - 12:00 PM to 1:30 PM CT

[Audio seminar/webinar: Physician Practice E&M Auditing](#)

7/21/2009 - 12:00 PM to 1:30 PM CT

[Webinar: MPI Clean Up: It's a Must!](#)

7/23/2009 - 12:00 PM to 1:30 PM CT

[Audio seminar/webinar: APC Revenue Cycle: Tips for Success](#)

7/28/2009 - 12:00 PM to 1:30 PM CT

[Audio seminar: Hospital-Acquired Conditions and Never Events: What This Means for You](#)

10/3/2009 to 10/8/2009

[2009 AHIMA Convention and Exhibit – Grapevine, TX](#)

9/25/2010 to 9/30/2010

[2010 AHIMA Convention and Exhibit – Orlando, FL](#)

10/1/2011 to 10/6/2011

[2011 AHIMA Convention and Exhibit - Salt Lake City, UT](#)

9/26/2012 to 10/4/2012

[2012 AHIMA Convention and Exhibit - Chicago, IL](#)

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New Online Courses Available

The Impact of Accurate Coding on IPPS

This six lesson, two continuing education unit course looks at the many facets of the Center for Medicare and Medicaid Services' (CMS) inpatient prospective payment system (IPPS). The structure, components, adjustments, and provisions for this system are discussed in detail. As the intricacies of the IPPS methodology are discussed, the importance of accuracy in coding and reporting to reimbursement is highlighted. The relationship of IPPS with MS-DRGs, the RHQDAPU program, and the HAC provision are presented and resources for staff education sessions are provided. For information and registration, [visit here](#).

Coding Assessment and Training Solutions: Diagnosis Code Reporting for Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders

Learn how to assign correct endocrine, nutritional, metabolic, and immunity disorder diagnosis codes based upon the coding guidelines associated with each covered disease, and understand the disease processes associated with these conditions and how this may impact assignment of principal diagnosis. (Note—categories 249 and 250, diabetes mellitus, are covered in a separate online course). Lessons will contain information on corresponding codes in the ICD-10-CM classification system, which has an anticipated implementation date of October 1, 2013. The course and assessment are sold separately. For registration and information, [visit here](#).

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Recent Topics

HIT Policy Committee Initial Appointments Made by GAO

The Government Accountability Office (GAO) announced initial appointees to the American Recovery and Reinvestment Act (ARRA) designated Health Information Technology Policy Committee. A complete list of appointed members and the constituency they represent is available [here](#).

AHIMA has worked closely with a number of these individuals and looks forward to working with the entire committee. In addition to those listed, Paul Egerman, co-founder of ICD and eScription has been named by House Speaker Nancy Pelosi (D-CA) while Gayle Harrell, a healthcare administrator has been appointed by House Minority Leader John Boehner (R-OH). Committee members to be chosen by the Senate and the Health and Human Services speaker have yet to be named. Previously David Blumenthal was announced as the new National Coordinator for Health Information Technology. Blumenthal will have a key role with the Committee. The new Standards Committee is expected to be announced once the new Secretary is confirmed by Congress.

Meanwhile, several AHIMA volunteers are working with AHIMA staff to prepare the Association to respond to requests for input to the planning process for all of the ARRA health information provisions and to ensure that AHIMA members continue to have access to information as it is released by the pending Secretary and the National Coordinator as well as upgraded resources to meet the demands and requirements of the new act. AHIMA's current information on ARRA can be found at www.ahima.org/dc under the "Analysis" section.

Standards Development Organizations Establish Collaborative Agreements

The owners of Logical Observation Identifiers, Names, Codes (LOINC), Nomenclatures, Properties and Units (NPU), and SNOMED CT terminology standards are beginning a trial of cooperative terminology development involving laboratory testing. The International Federation of Clinical Chemistry (IFCC) and the International Union of Pure and Applied Chemistry (IUPAC) contribute NPU content. The trial provides an opportunity to assess the SNOMED CT observables model as a structure for representation of LOINC and NPU laboratory test terminology content. Click [here](#) for more information.

IHTSDO, HL7 Announce Collaboration

Prominent healthcare standards organizations have recently established formal collaboration agreements to advance sharing of health information. Health Level Seven (HL7) and the International Health Terminology Standards Development Organization (IHTSDO) have announced a collaboration agreement that will foster interoperability by eliminating gaps and overlaps between HL7 and IHTSDO standards. Both organizations plan to work within the context of the International Organization for Standardization (ISO) Technical Committee 215 (ISO/TC215) joint initiative on SDO Global Health Informatics Standardization. Click [here](#) for information.

HL7, IHE Renew Charter Agreement

[Health Level Seven](#) (HL7) and [Integrating the Healthcare Enterprise](#) (IHE) have renewed their associate charter agreement initiated in 2005. The new agreement enhances collaboration between the two groups and reduces duplication of effort. Click [here](#) for more information.

AHIMA Congressional Education Campaign Continues: Visit Your Congressman Today

Did you miss AHIMA's 2009 Hill Day? Was there too much on your plate? AHIMA completely understands and has instituted a Congressional Education Campaign (CEC) to provide you with the tools to bring Congress to you. The resources and information AHIMA used for our Hill Day have been placed in the AHIMA Community of Practice (CoP) along with guidance to help you initiate and schedule meetings with your representatives and senators back home. Just visit the AHIMA COP Community Resources under "Capitol Hill Day." The goal of the CEC is to further advance AHIMA's advocacy efforts through building alliances between our members and their elected officials. We are asking you to continue our advocacy efforts back where you work and live. Join our effort today to bring AHIMA and HIM to Congress. To access the CoP, go to www.ahima.org. Go to myAHIMA on the right side and enter your **AHIMA ID number** (the seven-digit number on your membership card) and your **password**.

Free, Scalable Solution Helping Organizations Tie Health IT Systems into the NHIN

The Federal Health Architecture is making software available as a first step to help public and private health information technology systems communicate to the nationwide health information network, a federal initiative to facilitate the electronic exchange of health information. The Federal Health Architecture, an e-Gov initiative led by the Office of the National Coordinator for Health Information Technology, is making this free software, called CONNECT, and supporting documentation available at www.connectopensource.org.

Survey Results Indicate Healthcare IT Continues to Grow, Despite Economy

Results from the 20th annual Healthcare Information and Management Systems Society leadership survey shows a strong commitment to healthcare IT in the form of electronic medical records (EMRs) and computerized provider order entry systems as the top issues. 31 percent of respondents said their primary focus would be ensuring their organization has a full EMR while 17 percent said the primary focus would be the installation of a CPOE. Complete survey results are available [here](#).

Plan to Submit a Triumph Award Nomination

Each year the Triumph Awards are given out at the AHIMA Convention and Exhibit. It is a great honor to be nominated for and receive one of these prestigious awards. You can find out the descriptions, qualifications, and guidelines for nominations by [clicking here](#) and choosing the Award Categories. On this page, you can also review the list of past recipients including the 2008 recipients. The Nomination form is also available and is an online form new this year. Don't miss out in 2009! AHIMA is seeking your help to ensure that worthy individuals

are recognized. These awards honor the excellence, dedication, and service of those professionals whose steadfast efforts have bettered the HIM field. The 2009 Triumph Awards are a great way to honor your colleagues for their work in HIM. It is easy to submit a nomination. There are 10 awards available with two new award categories for 2009. The new awards are the **Community Outreach Award** and the **Pioneer Award**.

For information and an online nomination form, click [here](#). **Remember that the 2009 nomination deadline is June 1.** If you have any questions, please contact Marilyn Render at marilyn.render@ahima.org. The 2009 Triumph Awards will be presented at AHIMA's Convention and Exhibit in Grapevine, TX. The Triumph Awards are sponsored by the AHIMA Foundation.

2009 Triumph Awards Committee Members Announced

The members of the Triumph Award Committee have been chosen and are as follows:

Chair—Beth A. Kost-Woodrow, RHIA (GA)

Members—Kelli A. Anderson, RHIT, CCS (IA); Janet B. Baucom, RHIA (NC); Virginia E. Bell, RHIA, FABC (MD); Denise A. Duniak, RHIA (PA); Suzanne M. Forrest, RHIT, CCS, CCS-P (CA); Jennifer A. Melvin, RHIA (MO); and Marcus J. Trinite, MHA, RHIT (UT).

Thank you to these members for your service on this committee.

New CATS Online Courses, Assessments Now Available

CATS: The Impact of Accurate Coding on IPPS

This six lesson, two CEU course looks at the many facets of the Center for Medicare and Medicaid Services (CMS) Inpatient Prospective Payment System (IPPS). The structure, components, adjustments, and provisions for this system are discussed in detail. As the intricacies of the IPPS methodology are discussed, the importance of accuracy in coding and reporting to reimbursement is highlighted. The relationship of IPPS with MS-DRGs, the RHQDAPU program, and the HAC provision are presented and resources for staff education sessions are provided. For information and registration, [visit here](#).

CATS: Diagnosis Code Reporting for Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders

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HHS Nomination Stalled Until After Congress' Spring Recess

President Barack Obama's nomination of Kansas Governor Kathleen Sebelius as Secretary of the Department of Health and Human Services seemed to be on a fast track for approval before an unexpected and anonymous hold was put on the nomination by a Republican senator. Chairman of the Senate Finance Committee, Senator Max Baucus (D-MT) hoped to have her nomination approved by the Senate on April 2, the same day as her nomination hearing in the Senate Finance Committee. The \$8,000 in back taxes paid by the Governor and her husband do not appear to be a factor in the hold put on her nomination. The Senate Finance proceedings on Sebelius' nomination are available [here](#). The Senate Health, Education, Labor and Pensions Committee hearing on Governor Sebelius' nomination is available [here](#).

HHS Publishes Genetic Guidance

In the April 7, *Federal Register*, the Department of Health and Human Services published guidance on the "Genetic Information Nondiscrimination Act (GINA): Implications for Investigators and Institutional Review Boards." The guidance document provides background on protections provided by GINA and discusses implications of GINA for investigators who conduct, and institutional review boards (IRB) that review genetic research, particularly with respect to criteria for IRB approval of research and the requirements for obtaining informed consent under the DHHS regulations for the protection of human subjects (45 CFR part 46). More information is available [here](#) and [here](#).

House Subcommittee Reviews Broadband Provisions in ARRA

Last week the Subcommittee on Communications, Technology, and the Internet held a hearing entitled "Oversight of the American Recovery and Reinvestment Act (ARRA) of 2009: Broadband." Title VI of ARRA created the "Broadband Technology Opportunities Program" and provided \$4.7 billion for its implementation including a wide range of initiatives to expand broadband technology throughout the United States for a multitude of purposes including healthcare and education—topics important to AHIMA. The hearing testimony and proceedings are available [here](#).

House and Senate Pass Budget Resolutions, Head Home for Recess

Just prior to adjourning for spring recess, the House and Senate each passed budget resolutions that will require a House-Senate Conference Committee to resolve the differences between the two resolutions. The respective budget resolutions were passed without any Republican support on April 2. The House passed H. Con. Res. 85, 233-196 while the Senate passed S. Con. Res. 13, 55-43. Each resolution contained a deficit-neutral reserve fund for healthcare reform that enables Congress to pay for healthcare reform without breaking budget rules. The Senate resolution is much more specific in that it provides an 11-year payback period for healthcare reform as opposed to the normal six-year period. Additionally, the House included language that would enable consideration of healthcare reform in the budget reconciliation process effectively enabling the bill to pass the Senate by majority vote rather than requiring the 60-votes needed to eliminate any potential filibusters. The Senate did not include the same language and many Senators are opposed to moving healthcare reform within the context of budget reconciliation. These differences need to be resolved in conference when Congress returns the week of April 20. For further information on the House and Senate budgets, visit the Action Center of the [Advocacy Assistant](#).

ICD-10-CM/PCS Conference Call Audio Transcripts Now Available

The audio transcripts of the ICD-10-CM/PCS conference calls sponsored by the Centers for Medicare and Medicaid Services in 2008 for Hospital Staff (October 14), Other Part A and Part B Providers (November 12), and Physicians (November 17) are now available and can be accessed in the [downloads section](#) of the CMS site.

Industry Study on Speech-Recognition Technology

AHIMA, along with several other industry groups, is supporting research being conducted by the Medical Transcription Industry Association (MTIA). If you have personal experience with speech-recognition technology (SRT), either front-end, back-end, or both, we encourage you to [participate in this survey](#). Your insight and feedback will be critical to shaping best practices and standards around use and adoption of SRT.

AHIMA's Election Is Around the Corner

Our theme for the 2009 AHIMA election is "I Lead." We ask that you join us in our efforts to be heard. Help us to get the message out to your fellow HIM professionals to cast their vote! We invite you to interact with the ballot candidates on the Candidate CoP. **The Candidate CoP will be open May 26 at 9 a.m. CST thru June 5, at 5 p.m. CST. The polls will open June 8 at 9 a.m. CST and close on June 26 at 5 p.m. CST.** Members will be able to cast their vote via the AHIMA Web site only. The June *Journal* of AHIMA will have the candidate's brief bio, job description and photo, while the CoP will house a more detailed profile of the candidates, and their position statement. Be sure to visit www.ahima.org and the Communities of Practice for upcoming details of the AHIMA election.

Events with Partner Resources

AHIMA is collaborating with the American Health Lawyers Association to bring you the conference recording of the following educational program. "Information Technology Contracting 101: What You Need to Know." Become more knowledgeable about information technology agreements covering software, hardware, service, and maintenance with the CD-ROM from AHLA. Visit [here](#) for a program description and [here](#) to order the conference recording.

New Online Courses Now Available

Exam Prep: RHIT Domain 2—Health Statistics, Biomedical Research, and Quality Management

This training provides a review of the important aspects of healthcare statistics, biomedical research, and quality management that may be covered in the RHIT exam. A review of how to take data and turn it into information by understanding how to perform and utilize statistics is included. The research process is explained, and the process of quality management and tools used to present performance improvement data are covered. For information and enrollment, [visit here](#).

Exam Prep: RHIT Domain 3—Health Services Organization and Delivery

This course is designed to assist students in successfully completing a particular section of their RHIT certification exam. You'll gain education and resources on healthcare delivery system, compliance, and confidentiality, as well as on ethical, legal, and privacy issues. For information and enrollment, [visit here](#).

Joint Commission's Updated Hospital COP-related Requirements

In January 2009, The Joint Commission posted 165 new and revised requirements as part of its hospital deeming application to the Centers for Medicare and Medicaid Services (CMS). Following successful discussions with CMS, a number of those requirements were considered equivalent to existing elements of performance or were already addressed in The Joint Commission survey process. As a result, the number of new and revised requirements has been reduced to 87. These updated conditions of participation-related requirements are posted online, along with a side-by-side comparison between the standards posted on January 5 and the March 26 release.

Hospitals will be surveyed on these requirements from April 6–June 30; however, non-compliance will not impact the accreditation decision. Hospitals will receive feedback separate from the official accreditation decision report on their efforts to meet these requirements. Beginning July 1, non-compliance will impact the accreditation decision.

Organizations should note that CMS' final decision regarding the deeming application will be made later this year, and there may be further changes to the standards based on that decision. The Joint Commission remains confident that it will receive deeming authority. To view the requirements, visit [the Joint Commission Web site](#) or [here](#).

HL7 EHR System Functional Model as an International Standard: Voting Period Open

The period to vote for the Health Level Seven (HL7) Electronic Health Record System Functional Model (EHR-S FM) as an international standard is open until April 19. Both the International Organization for Standardization (ISO) and HL7 have ballots out to vote on the functional model. Both HL7 members and non-members can sign up [here](#) for the HL7 ballot by April 12. There is an administrative fee for non-members who wish to vote on this standard. If the functional model vote passes in ISO and HL7, it will be the first international standard that specifies EHR functional requirements.

Study Shows Low EHR Use

A recent study published in the *New England Journal of Medicine* found that only two percent of 3,000 hospitals are using comprehensive electronic health records. The report, "[The Use of Electronic Health Records in U.S. Hospitals](#)" found that larger teaching institutions were more likely to have EHRs and cost remains the primary barrier.

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CoP News You Can Use

Browsing the BoK

The HIM Body of Knowledge (BoK) is your online library. There are a number of ways to access resources in the BoK. You can browse the entire contents of the BoK using the HIM Topic Folders on the Main page. This provides you content-specific results in a subject area. Follow the instructions below for browsing the BoK folders.

1. Click on any of the folder icons to access topics indexed in the BoK.
2. If the folder has a plus symbol, click on the icon to reveal subfolders.
3. To close an open folder, click on it.
4. Clicking a folder's title will display all the content in that folder and its subfolders organized by publication date, with the most recent at the top.
5. Items on the results list can be retrieved by clicking on the title.

Did you know you can bookmark this page? When using Internet Explorer, pull down the Favorites menu at the

top of the screen and select "Add to Favorites," then click OK. If you're using Netscape or Firefox, pull down the Bookmarks menu and select "Add Bookmark" (Netscape) or "Bookmark this Page" (Firefox).

To access the BoK, enter your AHIMA ID and password in the **myAHIMA** section of the AHIMA home page. Click on the FORE Library: HIM Body of Knowledge (BoK) icon on the page. You will be in the BoK. Or you can access the BoK from the CoP. Click on the BoK icon (computer) on the top toolbar.

Using the HIM Body of Knowledge

Are you looking for HIM resources? Look no further than AHIMA's HIM Body of Knowledge (BoK). The BoK contains more than 5,300 documents and as a member you have access to them all. Just a sample of the documents available are:

- most *Journal of AHIMA* articles published since January 1998
- many *AHIMA Advantage* articles published since January 2002
- AHIMA practice briefs, position statements, reports, guidelines and white papers, job descriptions, and other Association information (including HOD Resolutions).
- government publications such as parts of the Federal Register and DHHS documents
- links to other useful HIM documents
- Practice guidance reports on current e-HIM topics

Please remember to vote in the poll on RSS feeds on your Personal Page. We would love to hear from you.

To access the BoK, visit the [AHIMA home page](#) and enter your AHIMA ID and password in the **myAHIMA** field. Under **myAHIMA**, click on the FORE Library: HIM Body of Knowledge (BoK) icon on the page. You can also access the BoK from the CoP by selecting the BoK icon (computer) from the top toolbar.

Catch Up with Communities Networking with Fellow Members

AHIMA is a community of professionals who share the same issues and ideals. We've made it easy for you to identify other members with similar interests, backgrounds, and job functions and contact them via e-mail using the **Member Search** function in the Communities of Practice. To search for fellow members, click on the Member Search icon at the top of the CoP page and follow these steps.

- To locate a specific individual, fill in as many fields at the top of the page as you can.
- To locate individuals with a common title, company, city, or state, fill in the appropriate search criteria fields. The search will list individuals who match your request.
- To select specific **Areas of Interest**, **Job Functions**, and **Work Settings**, click on the item, then click the **Add** button to move it to the right-side window.
- Click the **Search for Members** button. The screen displays the results of your search.
- To send an e-mail message to any of the individuals located, place a check mark next to the name, and click the **Send Message** button. The screen displays the messaging window.
- Click to select the subject of your message.
- Type the text of your message.
- Click the **Send Message** button.

To access the CoP, go to www.ahima.org. Go to **myAHIMA** on the right side and enter your **AHIMA ID number** (the seven-digit number on your membership card) and your **password**.

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