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President's Message



Kimberly Eichner MBA, RHIA
FHIMA President



Yeehaw...Howdy partner!

I am writing to you from the 2009 AHIMA National Convention in Grapevine Texas. There is such a wide variety of quality topics and content rich educational sessions to attend. Of course my favorite part was at the HOD, where we extended a "Magical Mouskateer" invitation to join us in 2010 at the Orlando Gaylord for the AHIMA Convention.



Since my last president's message there has been quite a bit of activity. Most recently FHIMA hosted a leadership conference where the FHIMA BOD and Regional leadership convened to update the strategic plan. Fortunately, I am surrounded by a number of talented professionals that are steadfast in making a difference as a volunteer this year. The FHIMA BOD and Regional leaders are committed to the strategic plan key priorities. These priorities capture the significance of the charge set forth to

enhance member education, leadership development, student mentoring, strategic partnerships, and maintaining legislative momentum.

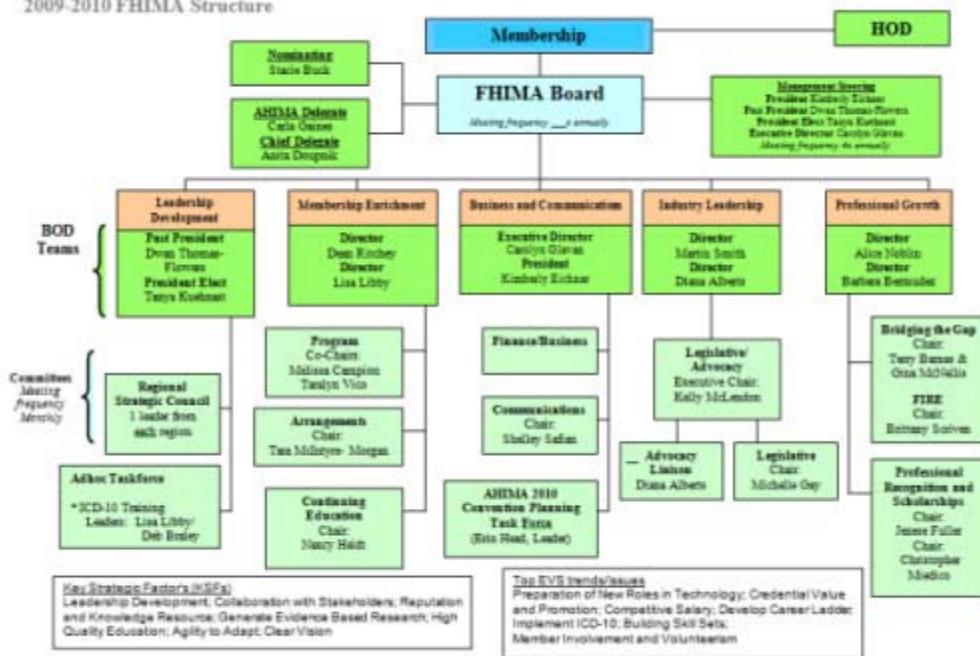
In addition we have established a new governance structure and reporting process.

The primary responsibility of the FHIMA Board of Directors is to set the vision, mission and strategic direction of FHIMA. In recognition of this responsibility the board has approved some recent changes to our governance structure. I believe the change will support and strengthen our objectives as an association.

Purpose and rationale:

- * Enhance leadership development and succession planning
- * Board member active involvement at the committee level
- * Establish Regional ownership
- * Increase strategic discussion and planning at board meetings
- * Strengthen alignment with AHIMA

2009-2010 FHIMA Structure



FHIMA Board of Directors Governing Mission
The primary responsibility of the FHIMA Board of Directors is to set the vision, mission and strategic direction of FHIMA.

[Click here](#) to view the organization chart document.

As a final point, there is very exciting momentum among the FHIMA work teams. The Legislative/Advocacy and Program teams are driving efforts to build relationships and identify key stakeholders with outside associations. Seeking out more strategic relationships with key partners in the healthcare industry will be a priority going forward. Currently the team is targeting strategic opportunities with Florida HIMSS. One of the many goals is to increase awareness of FHIMA and its members. As more people recognize our expertise, we gain value and strength as individuals and professionals.

I would especially like to thank the FHIMA committees, Board members and Regional leadership. The development of the strategic plan, improved governance model and innovative thought around creating key partnerships is due to the dedication and passion demonstrated from these individuals.

I want to personally wish you a happy and safe holiday season. I hope you enjoy the time you spend with your family and friends for the Thanksgiving and Holiday season. Something to remember as we close 2009 and begin a new year.... I believe our accountability to ourselves and others defines our character. It determines our success and our ability to adjust to the challenges, changes and risks that confront us.

“Climbing to New Heights...Forging Pathways to the Future”.



Articles

FHIMA Leadership Conference

Tanya Kuehnast, MA, RHIA, CHPS
FHIMA President Elect

Board members and leaders representing 9 regions across the state of Florida participated in the FHIMA Leadership Conference. This year's conference was held in Orlando on September 25th and 26th. The event provided a wonderful opportunity for FHIMA Leaders to network and gain valuable insight on current AHIMA activities, web resource tools, and the FHIMA strategic plan.

The conference kicked off with introductions and participants stating their commitment with aligning their Regional association with FHIMA.

AHIMA Update

Anita Doupnik presented an overview of the AHIMA update from the Summer Team Talks held in Chicago. The AHIMA key success factors (KSF) were reviewed. KSFs are factors or activities that we must achieve in order for our profession to be successful in the future.

AHIMA Key Success Factors

1. Agility: Ability to adapt
2. Leadership Development
3. Collaboration with Stakeholders
4. Generate Evidenced-based Research
5. Reputation as a Trusted Knowledge Source
6. High Quality Education
7. Effective Accreditation and Certification
8. Service Support for Members
9. A Clear Vision
10. Influence/shaping policy. Leadership of policy

Tools You Can Use

Carolyn Glavan demonstrated various on-line resources that are invaluable to our membership. Carolyn provided a demonstration of the AHIMA and FHIMA websites.

Did you know that FHIMA is now on Facebook, My Space, and Twitter? Join today and be connected to the most up to date information!

New Board/Leadership Organizational Structure

Kimberly Eichner reviewed the new Board/Leadership organizational structure. The new structure will include a committee of the Regional Leaders. The Leaders will meet on a regular basis to network and keep abreast of HIM news! The Leaders will be encouraged to communicate the information with their Regional membership.

Strategic Planning Session

On the final day participants worked on developing a strategic plan. The goal was to develop a strategic plan that is aligned with AHIMA, however focused on the priorities impacting the membership of FHIMA. At the end of the day, a new strategic plan was developed! Each Regional Association volunteered to actively participate in work groups focused on carrying out the established initiatives.

FHIMA Key Success Factors

1. Industry Leadership
2. Workforce Readiness
3. Membership Value
4. Grow and Strengthen

Thank You

Thank you to the Leaders who participated in the conference. The development of the new FHIMA strategic plan and the new Board/Leadership organizational structure are the road maps to our future. We are hopeful that the new revisions will empower and engage the membership and set the path for the success of the HIM profession. In order to be successful, we need you to volunteer, be involved, and communicate!

Tool Compares Federal and State Privacy Laws

Linda Renn, RHIT, CCS, CPC, CPC-H
AHIMA SAW Committee

Florida's Agency for Health Care Administration has launched on its Web site a crosswalk tool to make sense of federal and state health privacy and security laws.

The crosswalk search tool, available for providers and consumers, is designed to assist individuals in identifying and becoming aware of the applicable requirements of the federal privacy regulations arising from the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and of Florida state law with regard to the use and disclosure of protected health information.

The agency received a federal grant from the Office of the National Coordinator for Health Information Technology to develop the crosswalk. It is built upon a federally created

Comparative Analysis Matrix. The matrix is a collection of nearly 150 topics that involve health information exchange and are typically addressed by state law. The topics are available in the "Report" feature of the crosswalk tool.

The information on this site is only intended as general summary information that is made available to the public. It is not intended to provide specific legal advice or take the place of either written law or regulations. This site does not substitute for legal guidance. Please read the full [disclaimer and terms of use](#) before using this site.

The tool is available at: <http://apps.ahca.myflorida.com/crosswalk/>, and for more information on using this site please contact:

[HIPAAXWALK Application Support Staff](#)

Report from the AHIMA House of Delegates Meeting

October 2009 Dallas, TX

Florida sent 5 delegates to the AHIMA House of Delegates in Dallas, Texas in October 2009. During the meeting, the delegates voted on a proposed bylaw amendment to change delegate apportionment or the amount of delegates allotted to each state. There was concern raised about the time to consider the bylaw amendment. Multiple states expressed support for a "Senate" model of representation. There was the perception that states that lose delegates are de-valued. In the end, it was decided that this bylaw amendment required further review by the HOD Operations Team and no changes were made to delegate apportionment.

The Tennessee Health Information Management Association proposed a resolution for professional guidelines/best practices for electronic documentation. The resolution was approved.

The HOD Team on Volunteer and Leadership Development proposed a resolution on volunteer and leadership development. The resolution was approved.

During the House of Delegates meeting, the delegates participate in different discussion groups on various "issue items". These groups then report back to the entire House of Delegates. Below is a summary of discussion points generated during the meeting for each of the issue items.

Summary of Issue Item: "Workforce"

What should HOD or AHIMA focus on? Delegates felt that CSAs need to reach out to the governor offices to get a seat at the table when the states are working out the HIT actions. In addition, CSAs need marketing kits to send the right message to right people.

What do our graduates need to be effective in the workforce? Delegates discussed that graduates need more IT skills, an emphasis on technology, more education on project management and project analysis.

What role does the Professional Practice Experience (PPE) play in workforce readiness? During the discussion, delegates emphasized that there is a need to refocus the role of PPE,

perhaps get skill building virtually and utilize the sites for soft skills: communications, professional interactions, learning how to solve problems in HIM, etc.

Summary of Issue Item: "Health Information Exchange"

Bullet points from discussion group include:

- Keep showing up: HIM visibility one-by-one; takes time
- Form CSA HIE Committee: 3-year terms to ensure continuity
- Develop clear, uniform message to avoid contradiction in CSA message; especially re privacy/security
- Encourage an HIE business model; consider where it fits in the infrastructure
- Push for HIM functionality answers to operational and data integrity challenges (patient identity, database overlays)
- Assert HIM expertise in information content, use, terminology, flow and processes
- Leverage committee presence to open doors into other opportunities
- Don't wait for an invitation!

Summary of Issue Item: "Organizational Futures Project"

Potential new HIM roles include:

- Focus on developing both HIE and EHR adoption—need a balance
- Bringing HIM to thread through the business processes across the continuum
- Driving new governance structures in healthcare organizations
- Explore: What defines the profession as new people with different educational backgrounds get interested in HIM? How can we identify and find them? Is there a model for what we will look like?
- Find ways to collaborate with other industry stakeholders; be a convener, build communication and trust. May be easier to do this at the state level.
- Build a body of knowledge based on sound information management principles that can be portable across domains to solve problems.
- Streamline communication between AHIMA leadership (councils, HOD, etc.) and members.
- Make sure HIM professionals in all settings/roles share the same vision of what AHIMA is and is trying to accomplish.
- How will the association support the diversity of members without losing track of the basics?
- Collaboration: determine what unique value we bring and make sure others recognize it.
- CSAs need clear directions, priorities, specifics to accomplish strategy with impact and accountability
- Look for ways to do outreach to the right audiences about who we are

Summary of Issue Item: "ICD-10 Implementation and Training"

Discussion included how CSAs can use various mechanisms: coding roundtable process, data quality committee, other volunteer Board Members, local educators, paid consultants to educate. Many CSA's planning to start by providing anatomy and physiology training. CSA's might explore mechanisms to provide scholarships, funding assistance for existing workforce (a shift from only doing this for incoming workforce, i.e. academic students). For smaller,

more rural states: identify those who will be trained by employers, collaborate with nearby CSAs. States exploring training delivery mechanisms, e.g. collaborate with local hosp association to use their webinar technology or CSAs are considering an academy in their state, some sending a trainer to the academy and then will train in their state, etc. It will be important for CSAs to have a roadmap with a clear training strategy so know what they should be doing at key timeframes.

Summary of Issue Item: "EHR Implementation – HIT Adoption and ARRA"

This group focused on the first question, "Who are we and what is our message with EHR and ARRA? First the group identified the qualities of the HIM professional:

- Privacy Champions: We are consumer advocates, privacy experts.
- Content Experts: We understand content, data usage.
- Document Experts: We know what the rules are.
- Gatekeepers: We ensure that all of the pieces come together.
- Balancing Act: We understand how the clinical drives the financial.
- Infrastructure: We are an integral part of the infrastructure that supports EHRs.
- Educators: We educate the healthcare industry regarding health information, regardless of paper or electronic formats.
- Integrity Specialists: We are the safety officers of the eHealth World.
- Best Practice/Standards: We know the standards and best practices that will support accurate, timely health information management.
- Visionaries: We see the big picture of HIT adoption outcomes.

Secondly, the group proposed and answered the question, "How can HIM support HIT adoption?" The group considered both the national level and the state level. At the national level, suggested ideas include: developing a presentation toolkit, creating a letter to justify importance including testimonials, expansion PHR campaign to include EHR, use ACE members for representation, generate a specific letter directed at Regional Extension Centers about HIM and to spotlight successful journeys in newsletters/journals. At the state level, suggested ideas included a state advocacy, partnering with other state associations, create a EHR Road Show and to send newsletters to state legislators.

Other business that was announced at the 2009 HOD was that Wendy Mangin, MS, RHIA, will serve as the chair of the 2010 Nominating Committee. With the recent bylaws amendment, Elizabeth Allan, RHIA (CA), will continue into a second year to fulfill a two-year term, and Jill Callahan Dennis, JD, RHIA (CO), will start her two-year term as the member-at-large of the 2010 Nominating Committee. The House voted in September on the 2010 Nominating Committee. The other members are:

1. Jennifer McManis, RHIT, Montana HIMA
2. Sue Biedermann, MSHP, RHIA, Texas HIMA
3. Alicia Blevins, RHIA, CHP, Tennessee HIMA

Finally, at the end of the HOD, your 5 Florida Delegates approached the stage with Mickey ears and t-shirts, (of course singing M-I-C-K-E-Y) to welcome the Delegation and all participants to the 2010 AHIMA National Convention to Orlando, Florida! Mark your calendars now for the 82nd Annual AHIMA Convention and Exhibits scheduled for September 25-30, 2010 at the Gaylord Palms in Orlando, Florida. "See ya real soon"

Legislative and Advocacy Update

It's time for our HIM professional expertise and skills to shine! The HIM profession is being looked to now more than ever for knowledge in face of the rapidly changing landscape of legislative and advocacy.

Legal Beagles

Breaking News...In a recent issue of the Journal of AHIMA, a practice brief defined the common ground between HIM and HIT professionals and stated that the line between the traditional roles has been blurred by the convergence of functions and reporting structures in the electronic healthcare environment. In an effort to lead the way in this area, your FHIMA Board of Directors has begun the process of seeking a partnership with the Healthcare Information and Management Systems Society (HIMSS). Our initial aim is to partner with them in various advocacy and legislative efforts to form one voice to deliver to our elected officials in Tallahassee. We have invited HIMSS to take part in our Hill Day on March 11, 2009 and we hope that this will be the beginning of a committed relationship that will benefit both parties.

Legal Manual Updates

Michelle Gay was appointed Chair of Legislative and has been working with the entire group that rewrote the legal manual in 2007 to create new manual edits. Drafts revisions will be complete by the end of October.

AHCA Universal Authorization

A formal comment was sent from FHIMA to AHCA regarding the proposal of a Universal Patient Authorization. AHCA was receptive to feedback and will be issuing a formal response at a later date. More information to come as this proposal develops.

HIMSS Partnership

A great opportunity exists through the combined strength of the FHIMA and HIMSS organizations. The FHIMA advocacy team has developed a collaborative relationship with the HIMSS Board Members. Initial activities in support of a joint effort include:

- Website links between both associations so that members can easily view information from both FHIMA and HIMSS. We hope to have these in place in the coming weeks. Notification will be sent once complete.
- 2010 Hill Day combined forces for Advocacy. The 2010 Hill Day scheduled for March 11. The FHIMA and HIMSS representatives would attend this event together as a unified front providing more effectiveness in helping to shape the legislative process.
- Sharing Speakers will be complementary to both associations. HIMSS has a tremendous group of speakers with excellent knowledge of the current technology issues impacting the HIM profession.

Want to be part of paving our way?

- Advocacy Liaison: We are seeking an HIM professional interested in service to FHIMA

as the "Advocacy Liaison" for the 2010-2011 term. This representative would begin their duties immediately by serving as apprentice to our current Advocacy Liaison, Diana Alberts. Activities would include assistance with Hill Day preparations and monitoring current legislative and advocacy issues.

- Advocacy Listener: Join the advocacy team and provide support by listening to issues on the forefront and helping keep watch of legislative activity.

If interested in either of these roles, send a message with your contact information to FHIMA at info@fhima.org.

FHIMA News

FHIMA Service Awards

Nominate a HIM Professional who deserves recognition!

Nominations will be taken soon for the following awards:

- Distinguished Member
- Distinguished Service (FHIMA Member or Non-member)
- Literary
- Outstanding Student
- Outstanding New Professional
- Outstanding Professional
- Educator Award (NEW!)
- Mentor Award (NEW!)

We have many deserving members. Be sure to think about your colleagues and nominate them for an award.

[Click here](#) for Service Awards Criteria

[Click here](#) for Service Awards Nomination Form

2010 FHIMA Scholarships Information

Attention HIM Program Students!

FHIMA is pleased to announce a continued support of individuals pursuing Health Information Management careers. FHIMA has again voted to provide scholarships this year to students enrolled in both undergraduate and graduate studies related to the Health Information Management field. In addition, FHIMA will again award the Charlotte Stockton Memorial Scholarship.

As in years past, scholarships will be awarded to FHIMA members to defray the cost of a Health Information Management related education.

FHIMA announces that it will again award the Charlotte Stockton Memorial Scholarship. This scholarship honors the memory of Charlotte Stockton (Stat Solutions, Inc. and Professional Outsourcing Solutions, Inc.) who was committed to the HIM Profession. This scholarship will

be offered to qualified applicants enrolled in AHIMA approved Coding Certificate programs.

[Click here](#) for general FHIMA Scholarships Application

[Click here](#) for Charlotte Stockton Memorial Scholarship for Coding Certificate Program students

FHIMA Call for Elections!

MAKE A DIFFERENCE...

FHIMA Needs Enthusiastic Volunteers LIKE YOU!

Each year, we seek candidates for the following positions:

President-Elect: The position is a 3-year commitment. The president-elect is a member of the Board and works closely with the President and Management Steering Committee. The 2nd year is the President, and the 3rd year, sits on the Board as Past President/Director.

Qualifications:

- 1) Experience serving as an FHIMA Board Member
- 2) Active Membership in AHIMA and FHIMA

Director: This is a 2-year commitment. Each year THREE Directors are voted on to the Board. They serve as liaisons to Committees and conduct business of the Association.

Qualifications:

- 1) Experience serving as an FHIMA Committee Chair or officer in a regional association or prior HIM leadership role in another state.
- 2) Active Membership in AHIMA and FHIMA.

Delegate to AHIMA: This is a 2-year commitment. The first year the AHIMA Delegate attends the AHIMA Annual meeting, and the second year, attends the AHIMA Meeting AND sits on the Board as Chief Delegate.

Qualifications:

- 1) FHIMA Board or Committee Chair experience.
- 2) Served as a delegate to FHIMA House of Delegates
- 3) Active Membership in AHIMA and FHIMA.

*FHIMA Board members who fulfill their term obligations will receive a complimentary FULL registration to the FHIMA Annual Convention!

[Click here](#) to complete the online call for nomination form

AHIMA Update

AHIMA Calls on Members to Write Letters to Senate Opposing HR 3763

AHIMA recently sent a [letter](#) to Senator Chris Dodd (D-CT) and the Senate Committee on Banking, Housing and Urban Affairs to oppose any consider of HR 3763, legislation that would exempt certain businesses, including healthcare practices with 20 or fewer employees, from the requirements of the Red Flags Rule. **AHIMA is asking members to visit the Action Center of the [Advocacy Assistant](#) to send a letter to their Senators opposing this legislation. The letter has already been drafted and can be personalized if you wish to do so.** According to the Center for Studying Health System Change's report, "A Snapshot of US Physicians: Key Findings from the 2008 Health Tracking Physician Survey," 47 percent of physicians are in practices no larger than six. If you include practices with up to 50 physicians, this would equate to 66 percent of all practicing physicians in the US. Excluding any portion of these offices from the Red Flags Rule would make them an even larger target for identity theft and healthcare fraud perpetrators. This would be extremely detrimental to raising the awareness of identity theft and its impact on healthcare fraud.

AHIMA believes that if HR 3763 is enacted, it would create a void not only in the ability to protect an individual's health information privacy, but also further inhibit our nation's ability to fight the ongoing and burgeoning problem of healthcare fraud. Government and law enforcement agencies estimate healthcare fraud costs the US between 3 percent and 10 percent of its healthcare expenditures each year—potentially \$226 billion! The Red Flags Rule was implemented to raise awareness and act as a barrier against identity theft and healthcare fraud. With this in mind, please [send your letter](#) to the Senate today.

More Delays for the Red Flags Rule

The Federal Trade Commission has announced a new delay for the Red Flags Rule. Enforcement will now begin June 1, 2010. The delay, announced October 30, comes at the request of Congressional members, the FTC said. The rule was scheduled to go into effect November 1.

The announcement comes a week after the House of Representatives passed an amendment to the rule that would exclude certain businesses, including small healthcare, accounting, and legal practices. The House bill is currently in the Senate (see story 3). Read more at the [Journal of AHIMA](#)

House Democrats Release Reform Proposal, Administrative Simplification Language Included

On October 29, House Democratic leaders announced the unveiling of HR 3962, the "Affordable Healthcare for America Act," and are readying for floor consideration on either November 5 or 6. The bill addresses:

- Coverage and choice
- Affordability
- Shared responsibility
- Prevention, wellness, and public health
- Workforce investments
- Controlling costs

One of the cost-controlling measures in the legislation is language to provide for administrative simplification by establishing standards for financial and administrative transactions. In addition, the bill provides for the adoption of a single, binding, comprehensive companion guide that includes operating rules for each ASC X12 version 5010 transaction—effective until a new version of these transactions are adopted and implemented. AHIMA is supportive of the above provisions but continues to work against a provision that would require the promulgation of an interim final rule to establish a standard for a health claims attachment transaction. The claims attachment language would require the interim final rule within one year of enactment of HR 3962. For additional information, access the Action Center of the [Advocacy Assistant](#).

HHS Issues Interim Final Rule to Implement the HITECH Act's Strengthened Civil Money Penalty Scheme

The US Department of Health and Human Services (HHS) Office for Civil Rights (OCR) issued an interim final rule on October 30 to conform the enforcement regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to currently effective statutory revisions made pursuant to the Health Information Technology for Economic and Clinical Health (HITECH) Act, which was enacted as part of the American Recovery and Reinvestment Act of 2009.

In this interim final rule, published in the October 30 Federal Register, HHS amends HIPAA's enforcement regulations that relate to the imposition of civil money penalties to incorporate the HITECH Act's categories of violations, tiered ranges of civil money penalty amounts, and revised limitations on the Secretary's authority to impose civil money penalties for established violations of HIPAA's administrative simplification rules. This interim final rule does not make amendments with respect to those enforcement provisions of the HITECH Act that are not yet effective under the applicable statutory provisions. This interim final rule is effective November 30.

HHS has invited public comments on the interim final rule, which will be considered if received no later than December 29. This interim final rule will be available for public comment at www.regulations.gov.

AHRQ Releases New Resources for Health IT System Adoption

New information for healthcare providers adopting health information technology (health IT) systems is now available on [AHRQ's National Resource Center \(NRC\) on Health Information Technology](#). The new topic areas, found on the NRC's health IT bibliography [Web page](#), include [disease registries](#), [personal health records](#), [usability testing](#), [education and training](#), [privacy and security](#), [quality measurement and improvement](#), and [transitions in care](#). AHIMA's and the American Medical Informatics Association's joint [reports](#), "Building the Work Force for Health Information Transformation" and "Health Information Management and Informatics Core Competencies for Individuals Working With Electronic Health Records," are also available here.

The health IT bibliography represents both peer-reviewed articles from professional journals and Web-based resources from highly respected healthcare and IT organizations. The bibliography's articles and resources provide knowledge and insight that may help clinicians

and organizations implement systems and models related to the American Recovery and Reinvestment Act and the Health Information Technology for Economic and Clinical Health Act.