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FHIMA

Florida Health Information Management Association

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President's Message

January / February 2003

'Twas the Night before Christmas – HIM Style....

Sharol P. Noblejas, MBA, RHIA, HCRM



'Twas the night before Christmas
And all through the house,
Not a creature was stirring,
Not even a mouse.

The stockings were hung
By the Chimney, it's true,
Will St. Nick know about HIM?
He doesn't have a clue.

Our FHIMA Board
Is all snug in their beds,
While visions of all the committees work
Dances in their heads.

Regional FIRE committee volunteers
Are still lacking,
The board needs support...

We need members' backing.

Contact Stacy Buck to help
With a new recruitment CD,
Once done it may be given
To students for free.

Our convention has moved
From June to July,
If members come to the Gaylord Palms
They will see why.

Some topics are OIG,
Genetics and Revenue,
The update from AHIMA and legal,
Just to name a few.

Since there is no Midyear
We added a day,
The speakers will talk of coding
We hope the attendees will stay.

Kimberly Eichner's arrangements crew
Is progressing along,
The theme of "United We Stand"
Will definitely be strong.

Scholarship and Service awards will have
The criteria posted,
At the Membership Luncheon
Will the most deserving be toasted.

The ballot for FHIMA Board
Is almost set,
When it is time to vote
Please do not forget!

The resolution that was brought forth
To the AHIMA table,
Delegates should vote on our new Virtual House
When they are able.

Once again, I hope members
Remember my theme,
"United We Stand"
Is not such a dream.

I rolled over and thought these
Thoughts in my head
FHIMA will be okay,
I have nothing to dread.

When suddenly I heard on my roof
Such a great noise,
My husband and son are asleep

So it can't be the boys.

When what to my wondering
Eyes should appear,
It's Santa, but he only has
Just two reindeer!

The recession has even hit
the North Pole,
Santa had to lay off
The other six to stay whole.

As I entered the family room and hid
Behind a chair,
Down came Old Santa
With his beard and white hair!

He spoke not a word
But went straight to his work,
He filled all the stockings
And turned with a jerk.

As Santa turned he spotted my
Journal on the table,
I said, "Go ahead and take it
And read it when you are able."

Then laying his finger
Aside of his nose,
In one hand was the Journal
And up the Chimney he rose.

And I heard him exclaim
As he rode out of sight,
I will read about HIM
After I finish this night.

So Florida members
Let this be a lesson,
Even Santa can learn
Of the HIM profession.

I hope everyone will enjoy a safe
Holiday with family and friends so dear,
Have a very Merry Christmas
And a Happy New Year.





**NEW! FLORIDA SHOTS
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FHIMA Annual Convention 2003



July 14-17, 2003 (Monday - Thursday)
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Complimentary transfers to and from Falcon's Fire at

SERVICE AWARDS

ATTENTION: All FHIMA Members

Nominations are now open for the following awards:

- Distinguished Member
- Distinguished Service (FHIMA Member or Non-member)
- Literary
- Outstanding Student
- Outstanding New Professional
- Outstanding Professional (Practitioner or educator)

We have many deserving members. Please review the criteria and submit your nomination to:

Eudelia (Skip) Thomas, MS, RHIA
4501 Capper Road
Jacksonville, FL 32218
(W) (904) 766-6749
ethomas@fccj.org

Deadline for receipt of nominations is March 14, 2003.

****Please Note:** As per 2000-2001 policy and procedures **nominees** will be contacted to provide supporting information to the committee.

Nomination Form - Service Awards



Distinguished Member



Outstanding Student



Distinguished Service



Outstanding New Professional



Literary Award



Outstanding Professional

Click Here For The [Service Awards Nomination Form](#).

Click Here For The [FHIMA Resume Criteria for Awards Nomination](#).

2003 FHIMA SCHOLARSHIP

Margaret Heller, RHIA



Florida Health Information Management Association 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.

As in years past, scholarships will be awarded to FHIMA members to defray the cost of a Health Information Management related education. Awards will be presented at the Membership Luncheon during the 2003 Annual Convention. Scholarship recipients will be notified in writing of their award in June. Scholarship recipients are strongly encouraged to be present at the Annual Convention Membership Luncheon to accept the award.

APPLICATION INFORMATION:

Applications are available from Program Directors, on the FHIMA website, or by contacting the Scholarship Chairperson. Your completed scholarship application and required attachments must be received by the FHIMA Scholarship Chairperson no later than published deadline.

Eligibility Requirements:

Applicants must be presently enrolled in one of the following program

Health Information Management Program.

Health Information Technology Program.

Graduate level degree seeking program relevant to H.I.M. (Graduate applicants must be either an RHIA or RHIT and have a bachelor's degree)

Current membership in AHIMA/FHIMA .

An individual is only eligible to win one scholarship for each category.

APPLICATION DEADLINE: March 31, 2003

Mail Applications & Attachments To:

Margaret Heller, RHIA
FHIMA Scholarship Chairman - 2003
2200 Heathwood Cir
Orlando , FL 32825-4605
(W) (407) 897-5711
margaret.heller@flhosp.org

SCHOLARSHIP SELECTION:

FHIMA utilizes a point system to evaluate scholarship applicants. Scholarship Committee members will review the applications for the following criteria:



Properly completed application -- with attachments present



Scholastic ability -- official transcripts will be reviewed



Leadership ability -- the resume and/or other documents will be reviewed. The following areas will be considered: awards/honors, previous and current employment (if any), school activities, volunteer work etc...



Potential contribution to the profession -- the essay titled "How I Plan to Achieve My Long Range Professional/Career Goals" (undergraduates) or career objectives (graduate) will be reviewed.



Professionalism – supporting letters and

professional organization membership

Click Here For The [FHIMA Scholarship Application AND Reference Criteria Form.](#)

GULF COAST SYMPOSIUM



Tracy L. Peabody, RHIA
Program Chair, Gulf Coast Chapter FHIMA

The Gulfcoast Chapter of FHIMA will be sponsoring their annual spring Symposium on Wednesday, May 21st in the Media Room at All Children's Hospital, 701 6th Street South, St. Petersburg, FL from 8am to 5pm. The Symposium's focus will be on legal updates and coding topics of interest with a little humor sprinkled in. Don't miss this year's symposium – last year's was very well attended with over 100 participants from the Tampa Bay area. If you are interested in attending and would like more information, please e-mail tracy.peabody@eclipsys.com for more details, the pre-registration deadline is May 7th.



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THE GAME

WINNING THE PROSPECTIVE PAYMENT SYSTEM

*Joanne P. Smith, RHIA, CCS
Clinical Documentation Manager
Winter Haven Hospital*



Documentation improvement is a crucial component of the big game of hospital prospective payment reimbursement. The object of any game is to win; no one wants to lose. Being a winner in the prospective payment game is no easy task. But like many games, the ones with the biggest challenges usually are the ones that offer the biggest rewards.

The first step to playing any game is to know the objectives and rules of the game. The objective of the prospective payment system (PPS) is to control the cost of inpatient hospital services to Medicare recipients. We all hope that when we become eligible for Medicare services, the Medicare trust fund still has money available for us. From the hospital perspective the objective is to receive proper reimbursement for services rendered. This game has many rules, and each year some of the rules change. In order to be a winner the hospital needs to be aware of any new changes to the rules of the game. The most important rules to know are: coding guidelines, DRG assignment, and case mix index.

Without physician documentation we cannot even begin to play the game. Coding, DRG assignment and case mix index

are all based on physician documentation. The better the documentation the better chance you have at winning the game. As Health Information professionals we already know this, but how do we get this across to all the other players that help to play this game.

Education is the key. Once people become aware that a game is being played, and that they play a part in winning the game, they want to know more. They want to know what they can do to help the team win. I like to think of the physician as the quarterback. He throws the ball and executes the plays, but the rest of the team needs to be there to complete the plays and make the touchdowns.

Identifying who needs to be educated and how to educate them is very important. The key participants in the documentation improvement process are: physicians, HIM and coding professionals, hospital administrators, and non-physician clinicians. Depending on the size of the facility this can be a very large group to coordinate.

The first group to educate is the hospital administrative team. It is very important to have their support. Your hospital administrative team will set the tone for the entire program. Administrators are also the group that will have the most outside influence with the medical staff. Educating the administrative team is in direct contrast to educating the other groups. The other groups will have a clinical focus where administrators are not clinical at all. They want to know about the bottom line. How is this going to improve the case mix index?

Before approaching your administrative team, you will have to do your homework. Your homework will consist of retrospective or concurrent documentation reviews, and data collection once the reviews are completed. You want to collect the data that shows how any suggested changes would affect coding, DRG assignment, and the case mix index. All of this information should be presented in a report that shows the projected financial impact that a documentation improvement program will have on your facility. Your administrative team will want details about opportunities for documentation improvement and a cost-benefit analysis to support those findings. Once administrators understand that gross revenues can be increased by the thousands to millions of dollars, they then will want to know how long it will take to see the benefits of adopting this type of program to their facility. When you have administrative buy-in, it's time to educate and spread the word to the other areas.

The next target group will be your medical staff. It will help if the Medical Staff Chief was included in the administrative education process. The Chief of Staff, or another physician that is also part of the administrative staff, can aid in

educating physicians and help them to understand the process. The most important thing to remember in educating physicians is not to waste their time. Break your physicians into medical specialty groups and focus the presentation on what is relevant to them. Another point to remember is to show the physician how this will help him in his practice. Demonstrate how good documentation will give a clear picture as to how much time and resources are being used on very sick patients. Remind them that they are being compared by the use of "physician report cards", and that good documentation will help them to get a better "grade" on those report cards. Also show how good documentation can assure proper reimbursement in their offices, and decrease denied claims. Reassure physicians that we understand that they are busy, and we do not expect them to code charts and determine the proper DRG. There are other players on the team that will do that. Ask physicians to keep an open mind when asked questions concerning documentation on charts. These questions are being asked to give a more accurate picture of clinical care, and to be sure the hospital is being reimbursed correctly for the services provided.

The non-physician clinicians consist of the following: case managers, nurse managers, respiratory and physical therapists, pharmacists, and dieticians. Depending on your facility there may be others you need to include in this training. Training for non-physicians should be specialty specific and relevant to their area of expertise. The largest groups of non-physician clinicians to train will be the case managers, utilization review, nurse managers, and staff nurses. These groups have the most one on one interaction with the medical staff. Their understanding of why accurate documentation is needed can be brought into play when interacting with physicians. Their training should consist of coding basics, DRG assignment, and understanding case mix index. This will give them the necessary tools to ask the right questions, and get the answers documented in the medical record.

The HIM and coding staffs are the groups that probably already have training in most of these areas. Training for them should include a review of coding guidelines, DRG assignment, and case mix index. Examples from your initial documentation reviews should be used to show detailed examples of documentation improvement opportunities. The experience level of the coding staff will dictate how much clinical education will be needed. If your coding area has a high vacancy rate, and a high percentage of your coding staff are new coders, it is a good idea to incorporate more anatomy and physiology, disease process and pharmacology into their training. This will prepare them to query physicians in a confident manner.

Documentation improvement is a huge undertaking. However, if planned properly and executed in a systematic

manner, hospitals can win on all levels in the game of prospective payment reimbursement.

HIPAA BITES

Educational Resource Material

*Linda Noel, M.Ed., RHIA
Corporate Privacy Officer
Orlando Regional Healthcare*



Uses and Disclosures of Protected Health Information (PHI)

Authorization from the patient is not required to "use" the patient's PHI for treatment, payment and regular hospital operations such as quality management, risk management. We can "disclose" PHI without an authorization

- If required by law
- For public health
- In abuse cases
- To healthcare oversight agencies
- In legal proceedings
- For worker's comp
- To law enforcement
- To funeral directors and coroners
- For organ donation
- For some research
- To protect someone's health or safety

For most other disclosures made outside Orlando Regional Healthcare, an authorization is required. A valid authorization contains specific items required by HIPAA regulations. A defective authorization is an authorization that has been revoked, has not been filled out completely, has an expiration date that has passed or contains false information.

Privacy and Security Corner

HIPAA's information security regulations were released in final form at the end of December. Although the compliance date will be early 2005, there are some aspects of security that must be in place by April 14 of this year (the compliance date

of the privacy regulations) because breaches of security mean breaches of the privacy regulations too.

For example, if someone acquires another's log-on and password to access a system that they do not normally access, and if in doing so they acquire protected health information, a breach of privacy has occurred. Similarly, if PHI is visible to visitors and non-treating staff (such as on computer screens and white boards), a breach of privacy and security has occurred. Be careful to safeguard PHI in your control, and do not allow access by unauthorized persons.

Security of PHI is everyone's responsibility. Do a quick assessment of your work area and look for some of these common security issues:

- Are medical records left open on nurse servers or on counters at the nursing station?
- Are computer screens turned so that the public can see them?
- Has the password feature been removed from the screensaver on any computer?
- Do employees share log-ins and passwords?
- Do white boards contain PHI that is visible to the public?
- Are spaces with PHI left unlocked when unoccupied?
- Do sign-in sheets contain PHI that other patients can see?

If you answered "yes " to any of these questions, take corrective action now.

"Need to Know"-- HIPAA's "Minimum Necessary" Requirement

HIPAA requires a "minimum necessary" standard when using or disclosing PHI or when PHI is requested by another healthcare provider. This means that employees with access to PHI are limited to accessing only the information needed to carry out their jobs. For example: a Health Information Management employee may need to *view* PHI in the medical record but is not permitted to *write* in the chart; that is not part of their job. A support person in Food and Nutrition or Engineering would not be permitted to view medical records at all because access to medical records is not necessary to perform their job functions. In the same way that information is limited to perform a job function, disclosure of PHI should

be limited to meet the purpose of the request. The entire medical record should not be released or requested unless the entire medical record is the minimum amount of information needed for the intended purpose. "Minimum necessary" does not apply to disclosures for purposes of treatment, payment or healthcare operations; disclosures to the patient; or disclosures required by law.

Did you know that viewing your own medical record would not only be unethical but would violate the "minimum necessary" HIPAA standard? Accessing your own PHI without requesting it through your physician or HIM would be using your job for personal reasons.

DISABILITY EVALUATION UNDER SOCIAL SECURITY

*Robert A. Rumbley
Division of Disability Determinations
Social Security Administration*



The Social Security Administration (SSA) has responsibility for the administration of both the Social Security Disability Insurance program (Title II) and the Supplemental Security Income (SSI) program (Title XVI). The evaluation of disability is essentially the same under both programs. It requires the documentation of a medically determinable impairment(s) as well as consideration of the degree of limitation such impairment(s) may impose on the individual.

The definition of disability as defined by the SSA is "The inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months".

Social Security requires objective clinical and laboratory findings to support the administrative determination of disability. Therefore, the Division of Disability Determinations (DDD) relies heavily on the medical evidence of record (MER) to make a sound decision on each disability claim. The Florida DDD receives about 250,000 disability claims each year. Approximately sixty of those claims are decided on the MER provided by hospitals, labs, attending physicians and other health-care providers. In the other forty of claims, consultative examinations are purchased by DDD to properly document the disability claims. Since MER is crucial to DDD's decision-making process, it is very important for every

medical source to provide quality records in a timely fashion. The DDD offers payment of one dollar per copied page up to a maximum fee of sixteen dollars.

DDD truly appreciates your taking the time to respond to our requests for MER. If I can answer any questions please feel free to call me. My name is Bob Rumbley and I can be reached toll-free at 1-800-817-1598, extension 441.

A Busy Semester at Lake-Sumter Community College (LSCC)

*Brandy Ziesemer, MA, RHIT
Program Director*



Lake County Public Health opened a medical clinic in July and a dental clinic in November in the new Health Sciences Building on the Leesburg Campus of LSCC. We have a new in-house professional practice experience (PPE) for freshmen in the HIM program. It requires students to work with medical records in both the health and dental clinics during the semester. In addition they must complete the processing of 50 hospital (de-identified) medical records from assembly and analysis, through record tracking and the incomplete record control process (including provider notification). Students use SoftMed software and a mock medical record department that has been set up in the HIM computer lab. This PPE also requires the students to practice numbering and filing systems using terminal-digit filing. Our first student was able to observe the conversion of the health clinic filing system from alphabetic to terminal digit using pre-printed labels.

Sheri Runnels and Debra Lee, both LSCC HIM students, passed the CCS exam this fall. Sheri completed the Applied Technology Diploma (ATD) in medical coding at LSCC last spring and Debra has completed all courses in the ATD except Foundations of HIM and Medicolegal Aspects of Records, which she will take this spring. Both students are also working toward their degree in HIM. These are the first students from the LSCC program to take this exam. We have not had anyone attempt the CCA exam as of this fall but several students have inquired about this new credential.

The Health Information Students' Association (HISA) arranged for all HIM students to receive a stadium cup with the 2002 National Health Information and Technology Week logo by the start of HI&T week. Additionally, the students also arranged

to purchase an HI&T week poster to display in the HIM Classroom.

The program has 45 part-time students taking courses this fall toward the HIM degree and 6 who are working toward the Applied Technology Diploma in Medical Coding & Billing. In December, our 21st student will graduate with the degree in HIM since our first graduating class in 2000. Of these, 10 have obtained the RHIT credential on their first attempt. At least 6 others are planning to take the national exam the first quarter of 2003.

Catch the Wave at LSCC!

SHIMA Producing Leaders of Tomorrow

*Kyle McElroy, President
Student Health Information Management Association (SHIMA)
University of Central Florida*



Health Information Management is an intricate part of the ever-evolving healthcare system. In the last twenty years HIM has shredded their old stereotype of shuffling papers to playing a vital role in informatics, as well as, a crucial role in hospital reimbursement. The Student Health Information Management Association is geared toward exposing students to some of the real life pressures that professionals encounter on a daily basis. SHIMA, at The University of Central Florida, is a one or two year learning opportunity that enables students to build certain personal and professional skills before being plunged into the "Real World". This opportunity allows students and professionals to interact over special projects or program changes and show their abilities to excel in many different skill sets. Some of the most valuable aspects of SHIMA are developing leadership skills, time management proficiency, and networking opportunities.


First of all, SHIMA conducts structured meeting that mirrors Robert's Rules of Order, which as many professionals know is one of the most common forms of governing meetings. Being associated with some form of organized meeting is critical because in the field this is considered a norm and the professional way to exchange information in a group setting. Since SHIMA conducts a wide range of events over a semester, delegation of tasks relieves stress and empowers others. For example, appointing a particular individual to

specific tasks reduces the many hours that are invested in fundraising and community service ventures. Motivating others to participate in SHIMA events are valuable skills that will thrust any aspiring professional to future success. Executive positions in SHIMA also allow members to become leaders through educating others. These individuals have many opportunities to converse with the junior class and answer questions from a peer point of view. Mentor program between the junior and senior class helps break any communication barriers, as well as, increases morale.

Secondly, SHIMA molds aspiring professionals with time management and decision making skills. Since most SHIMA members are juggling a challenging job and a rigorous course load, extra curricular activities can really develop time management skills. Whether it is donating a morning to fundraising or a Saturday for community service these time organizing skills are essential for any successful professional. Also, SHIMA provides many opportunities for members to make decisions and make deadlines for activities such as producing T-shirts, organizing parties, and working with Student Government.

Lastly, The Health Information Management field is relatively small and the opportunity to get your name and face out to others is imperative. SHIMA provides a carefree transition to local and state associations and the ability to meet managers at local healthcare facilities. Along with professional practices the local association is the best way to meet HIM leaders and to grab entry-level jobs. The state association provides a plethora of information in the HIM world. The states website is a quick and effective way to locate what's new in the field, local education seminars, and job opportunities. SHIMA members also have the opportunity to attend to National Convention that is held yearly. This convention is just another opportunity to meet HIM leaders, converse with vendors, and attend continuing education seminars.

In conclusion, SHIMA provides the opportunity for students to excel in many different areas that will elevate tomorrow's leaders. This organization develops leadership skills, time management proficiency, as well as, networking opportunities. Ultimately, SHIMA builds the foundation for a successful Health Information Management career.



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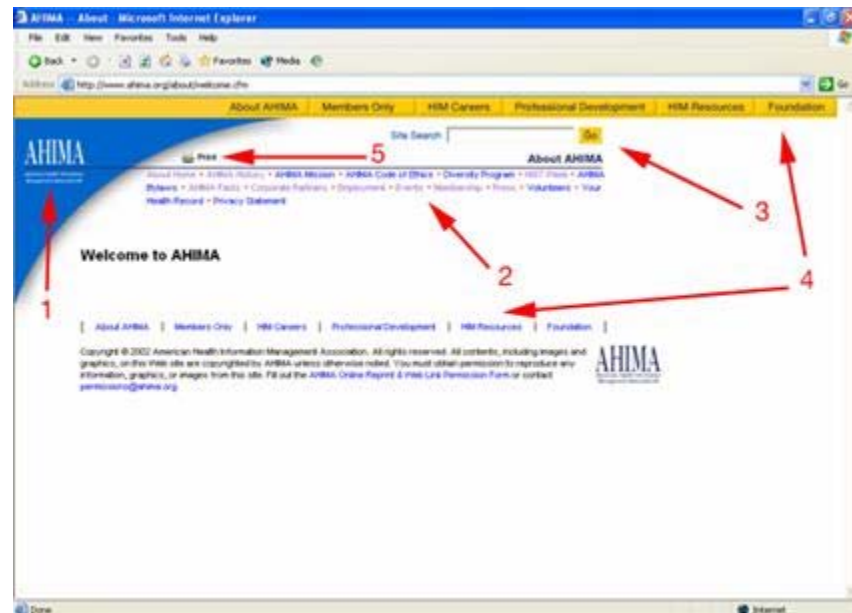
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AHIMA Update

January / February 2003
THE NEW WWW.AHIMA.ORG

A New Look

They have completely overhauled the main AHIMA web site, and would like to point out a couple of key new features!



1. Anytime you need to get back to the home page, just click here!
2. Important links related to this page and area.
3. Now you can search the entire www.ahima.org site from any page - just enter your search terms and click Go.
4. Top and bottom links are now on every page, designed to help

you find what you need quickly.

Recommendations

To take full advantage of all the new improvements that have been made at ahima.org, it is strongly recommending that users of all AHIMA web resources have Netscape 6.0 or above, and Internet Explorer 5.5 and above. Both of these browser releases have significant improvements in rendering, security, script support, and ease of use. Links are provided for you may upgrade your Internet Explorer (for Windows) and Netscape.

Bookmarks

Some of your bookmarks to specific pages may have changed with the new redesign. They have taken great care to ensure that everything important has been carried over to the new look and feel. Just in case, they will be keeping the old look pages up for a month to give you time to change your bookmarks, and then begin archiving them.

FORE LIBRARY AND AHIMA BODY OF KNOWLEDGE

Do you need quick information on how to improve your daily routine operations? How about guidance and plans for implementing new regulations? Maybe you've been charged with upgrading your technology and want to research the options. Use the FORE Library and AHIMA Body of Knowledge as your one-stop shop for hundreds of articles, practice briefs, checklists, and model plans. Here is a sample of the topics you can search with one click of the mouse:

- AHIMA
- Career
- Compliance
- Education
-
- Financing/Reimbursement
- HIPAA
- Management
- Patient Advocacy
- Professional Tools
- Records Management
- Technology
- Accreditation
- Coding
- Disaster Planning
- E-Health
- Health Care Delivery
- Legislation
- Organizations/Agencies
- Practice Briefs
- Quality Management
- Research/Library Tools

Want to learn more? Click on <http://library.ahima.org/bok/>

POLICY AND GOVERNMENT RELATIONS

Regulatory change is a way of life for HIM professionals. 2003 will see the implementation of HIPAA Privacy Standards and many changes in Medicare's Prospective Payment Systems. How can you stay on top of those changes? Help is only a mouse click away at <http://www.ahima.org/dc/>. This page contains information on both proposed and finalized regulations and legislation. Read AHIMA's comments, testimonies and analysis of proposed legislation. You can easily find AHIMA's Position Statements, news articles, and a wealth of resources and links to regulatory sites. In ten minutes you can find all the information you need to stay informed and prepare for the changes. If change is the only constant, then make this web page a bookmark for constant updates.

AHIMA EVENTS

Date	Event
January 16 1:00 PM to 2:30 PM ET	Audio Seminar - OPPTS APC Update
January 21 to January 23	Seminar-Getting Practical with Privacy and Security - Denver , CO
January 23 1:00 PM to 2:30 PM ET	Audio Seminar - HIPAA: Privacy for Patient Accounting Staff
January 24	2003 National Ballot Nominations Deadline
January 30 1:00 PM to 2:30 PM ET	Audio Seminar - Modifiers for Hospital Outpatient Coding
February 3 to February 5	Seminar - Getting Practical with Privacy and Security, Nashville , TN
February 13 1:00 PM to 2:30 PM ET	Audio Seminar - CPT Coding for Interventional Radiology
February 18 to February 20	Seminar - Getting Practical with Privacy and Security, Orlando , FL
February 20 1:00 PM to 2:30 PM ET	Audio Seminar - OPPTS Category Codes and Pass-Through Devices
February 24 to February 26	Seminar - Getting Practical with Privacy and Security, Las Vegas , NV
February 27 1:00 PM to 2:30 PM ET	Audio Seminar - HIPAA: Patient Registrars and the Privacy Rule
March 3 to March 5	Seminar - Getting Practical with Privacy and Security, Boston , MA

March 6 1:00 PM to 2:30 PM ET	Audio Seminar - ICD-9-CM Diagnosis Coding Guidelines for Physician Reporting
March 10 to March 12	Seminar - Getting Practical with Privacy and Security, San Diego , CA
March 17 to March 19	Seminar - Getting Practical with Privacy and Security, New Orleans , LA
March 19 to March 20	Seminar - Achieving Coding Excellence
March 20 1:00 PM to 2:30 PM ET	Audio Seminar - Medical Visit Reporting for Hospital Outpatients
March 28	Application Deadline - Grant-in-Aid & Dissertation Assistance Awards
March 28	Application Deadline - Practice Solutions
April 3 1:00 PM to 2:30 PM ET	Audio Seminar - Diagnosis Coding for Urinary Sepsis, Septicemia, Bacteremia
April 7 to April 9	Seminar - Getting Practical with Privacy and Security, Scottsdale , AZ
May 21 to May 22	Seminar - Achieving Coding Excellence
May 30	Application Deadline - FORE Merit Scholarships & Educational Loans
June 13 to June 14	Seminar - Achieving Coding Excellence
June 27	Application Deadline - Practice Solutions
September 26	Application Deadline - Practice Solutions
September 26	Application Deadline - Grant-in-Aid & Dissertation Assistance Awards
October 18 to October 23	2003 AHIMA National Convention and Exhibit
October 31	Application Deadline - Best Practice Awards
December 5	Application Deadline - Practice Solutions
October 9, 2004 to October 14, 2004	2004 AHIMA National Convention and Exhibit

AHIMA CALL FOR NOMINATIONS FOR 2003 NATIONAL BALLOT

Deadline – January 24, 2003

Each year future leaders of the Board of Directors, the Council on Accreditation, and the Council on Certification are selected through a national election. The Nominating Committee, based on criteria for the elected positions, selects the slate of candidates for the election. As we begin the process of selecting those individuals who will assume office in January 2004, our first appeal is to you the member. We encourage you to seek one of the national elected positions or assist the Nominating Committee by identifying AHIMA members who will provide strong leadership for AHIMA in the years ahead.

For qualifications and nomination forms go to:

http://www.ahima.org/directory/2003_call_for_nominations.html

Contacting AHIMA

For general queries, email info@ahima.org. For professional practice questions, go to the AHIMA Online practice forums at <http://www.ahima.org/bibs/index.html> or send email to: proprac@ahima.org.

If you'd like to update your mailing address or email address, include your full name, member ID number and your new information - send to: info@ahima.org. For general questions, contact [AHIMA Online](#).
