



FHIMA

Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARD

PRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

President's Message

January/February 2006

President's Message

Holly Woemmel, MA, RHIA



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Can you believe it! A new year is upon us again. I hope everyone had a Happy Holiday and a great New Year. It doesn't seem possible, but half of my term is already flown by and what a productive one it has been. I am so grateful to have a great Board to work with as well as Committee Chairs. They have done a great job so far this year.

I wanted to remind everyone that each of your Presidents and President Elects of your region were trained on the Personal Health Record from AHIMA. If you have a group, such as a church group, Mommy and Me groups, that you would like us to present this to, make sure to contact us. Barbara Flynn and Elizabeth Whitmer have been very active in doing these presentations in the Southwest and Central Florida regions. The information has been well received and makes all of us as HIM professionals show off our skills and knowledge in the area of personal health information.

I want to also encourage our students to apply for the scholarship awards this year. This will help defray the costs of the HIM related education. The following eligibility

requirements are as follows:

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.

The deadline for application is March 31st.

Linda Renn and Karen Bakuzonis have been working hard on the Florida Legal Manual and the rewrite of 395. Expect an updated version of the manual to come out in the Spring. The Board will be working with Linda on hiring a lobbyist to help us push through the rewrite of 395. We have a good chance of getting this through during the legislative sessions in March. Keep an eye out for more information on this important issue.

There is so much going on in the HIM arena at this time. PEPPER reporting, report cards from ACHA and the stillbirth certificate registration legislation. It is our time to stand up and make our voices heard regarding these important issues. It is such an exciting time for all of us in this profession, the extreme makeover – HIM edition.

HIM & ONCOLOGY SUPPORT SERVICES

Backlog woes?

FHIMA

Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARD

PRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

FHIMA News

January/February 2006

FHIMA News



FHIMA CALL FOR ELECTIONS!

Deadline for nominations is January 20, 2006!

MAKE A DIFFERENCE...

FHIMA Needs Enthusiatic 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 HIMA 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 have registration fees waived to the annual meeting

[Click here to obtain the 2006 Nominations Form](#)

For more information, please contact:
Ashlyn Dellenger, RHIA
FHIMA Nominations Chair
(407) 804-1372
adellenger@cfl.rr.com

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:

Sandra Smart, RHIA
2785 Mariah Drive
Melbourne, FL 32940
(W) (321) 799-7177
sandra.smart@health-first.org

Deadline for receipt of nominations is March 17, 2006.

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 [Service Awards Criteria](#)

2006 FHIMA SCHOLARSHIPS INFORMATION



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 2006 Annual Convention. Scholarship recipients are strongly encouraged to be present at the Annual Convention Membership Luncheon to accept the award.

APPLICATION INFORMATION:

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, 2006

Mail Applications & Attachments To:

Lisa Libby, RHIA, CCS
3230 Yule Tree Drive
Edgewater, FL 32141
(W) (407) 321-4500
lisa.libby@hcahealthcare.com

Click Here For The [FHIMA Scholarship Application and Criteria](#)

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

FHIMA Annual Convention 2006



July 24-27, 2006 (Monday - Thursday)
Gaylord Palms Resort
www.gaylordpalms.com

Gaylord Palms Resort & Convention Center is a total destination resort offering world class meeting facilities, exceptional service, family entertainment, a Canyon Ranch Spa Club and recreation. Enjoy this grand Florida mansion!

FHIMA's Program Committee has been working hard to set up an awesome agenda packed with useful information. Some of the topics may include: disaster planning, HIPAA and Security, coding topics and many more! Watch the website and your email for more information!



The Medical/Legal Guide to Health Care Records in Florida is under revision!

The 2006 edition of the Medical/Legal Guide to Health Care Records in Florida will be available soon! The FHIMA Legislative Committee has been working on the revisions for this manual. Watch for more details!

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Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARDPRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

Articles

January/February 2006

Articles



Military Healthcare Practices and Coding CoP Opens

by: Carnell Hansley, RHIA

AHIMA has launched a new Communities of Practice (CoP) that focuses on military healthcare and coding practices. On November 15, 2005, the Military Healthcare and Coding Practices (MHCP) CoP was opened to members. The idea for this CoP came from a need to bridge the gap between civilian and military coding practices. Military coding is a unique entity and thus it is often difficult to find information and resources related to coding. The goal of the MHCP is to provide a central location for HIM and other healthcare professionals to find information relative to the military healthcare system and its coding practices. Users will be able to find and share information with their peers about situations unique to the military, while also staying abreast of what is occurring in the civilian communities.

Tri-Service Collaboration:

The Department of Defense (DoD) has three branches of service the Air Force, Navy, and the Army; the Marine Corps fall under the direction of the Navy. Together, this tri-service network provides healthcare services and support to 9.1 million beneficiaries, including members of the armed forces, their family members, and others entitled to DoD healthcare (Nema.org, 2005).

While the practice of capturing and coding healthcare encounters is not new by civilian practices, it has only become a requirement for the military over the last few years.

Because the military is divided into several branches and is spread out across the United States and abroad, it is often difficult for those who work together on a regular basis to meet or form a relationship with one another. Most of our interaction takes place via email or over the phone. Thus, there are numerous lost opportunities for networking or resource sharing. The MHCP provides healthcare professionals with a forum to talk to their peers, share their knowledge/experience, stay abreast of changes in the industry and find additional resources to help them in their jobs.

Starting A Communities of Practice (CoP)

The idea to start the MHCP CoP came to me while attending a Communities of Practice (CoP) facilitators meeting at the 2004 AHIMA Conference in Washington D.C. A CoP designed specifically for the military and its unique issues would provide an opportunity for the Tri-service branches to come together and share information and ideas regarding coding and other healthcare concerns. After discussing this idea with a colleague who also works with the military, the idea of "Military Healthcare and Coding Practices" was born. Through collaboration with Carolyn Guyton-Ringbloom, who is the Volunteer Services Manager for AHIMA, we submitted our proposal for the CoP. The approval process is relatively simple. Individuals interested in starting a CoP should log onto their personal page and click on the "Suggest A

Community” link. From there the member is asked to complete a form on the suggested community. This process is quick, and members can expect a response within one to two weeks.

The MHCP CoP is not just open to individuals working with or for the military. Our goal is to close the gap between civilian and military coding practices by providing AHIMA members with an opportunity to learn about the healthcare practices within the military. Through collaboration with other healthcare professionals, we can eliminate much of the disparity while also sharing our knowledge and expertise regarding coding and other healthcare issues. Additionally, members will be able to capitalize on all of the resources, services and networking opportunities provided through their AHIMA affiliation. So, I encourage each of you to take a moment to visit the site and see what is available. We welcome any comments, suggestions or resources you have to offer.

For more information, please visit the MHCP CoP at www.ahima.org.

References

Nema.org, (2005, Mar 9). *U.S. DoD Military Health System to Implement 3M Coding and Compliance Software Worldwide*. Retrieved December 19, 2005, from the NEMA website: <http://www.nema.org/media/ind/20050304b.cfm>

FHIMA Regional Associations Update!

by Carolyn Glavan, MS, RHIA, Executive Director

In the past few months, HIM professionals in the Panhandle Region have discussed the viability of the region and stepped up to the plate to reinstate the Panhandle region as an active regional association of FHIMA. At the December, 2005 FHIMA Board of Directors meeting, the Board members voted to recognize the Panhandle Region. Therefore, at the 2006 FHIMA House of Delegates, the Panhandle Region will be able to send delegates to vote on issues. We are very happy to have the Panhandle Region functioning again!

As I’ve said before, as an FHIMA member, belonging to a regional association keeps you in touch with what’s happening locally and provides networking opportunities with local HIM professionals. So, with all that said and in the spirit of this year’s theme, do an “extreme HIM makeover” professionally and join your regional association. And, if you really want to make it “extreme”, volunteer at the regional and state level for various leadership positions!

Below is an updated chart of the regional associations.

Florida Health Information Management Association – Regional Associations
Regional Associations recognized by the FHIMA Board of Directors, December 2005

<p>Region I. – Northwest</p> <p>CONTACT: Denese Collier, RHIA dcollier@dasee.com</p> <p>Bay Calhoun Franklin Gadsden Gulf Holmes Jackson Jefferson Leon Liberty Madison Taylor Washington Wakulla</p>	<p>Region IV. – Gulf Coast</p> <p>CONTACT: Cathy Minan, RHIT, CCS cjminan@aol.com</p> <p>Citrus Dixie Hernando Hillsborough Levy Marion Pasco Pinellas Polk Sumter</p>	<p>Region VII. – South</p> <p>CONTACT: Ivette Castillo, RHIA icastillo@mercymiami.org</p> <p>Broward Miami-Dade Monroe</p>
<p>Region II. – Northeast</p> <p>CONTACT: Chandrika Horton, RHIA</p>	<p>Region V. – Ocean</p> <p>CONTACT: Judy Gureckis, RHIT</p>	<p>Region VIII. – Southwest</p> <p>CONTACT : Elizabeth Whitmer, RHIT</p>

<p>Horton.chandrika@mayo.edu</p> <p>Alachua Baker Bradford Clay Columbia Duval Gilchrist Hamilton Lafayette Nassau St. Johns Suwannee Union</p>	<p>Judy.gureckis@fhmd.org</p> <p>Flagler Putnam Volusia</p>	<p>ewhitmer@theheartgroup.com</p> <p>Charlotte Collier De Soto Hardee Highlands Lee Manatee Sarasota</p>
<p>Region III. – Central</p> <p>CONTACT: Diana Albers, RHIA Diana.alberts@fhosp.org</p> <p>Brevard Lake Orange Osceola Seminole</p>	<p>Region VI. – Panhandle</p> <p>CONTACT: Donna M. Soto, RHIT, CPC dsoto@nemours.org</p> <p>Escambia Okaloosa Santa Rosa Walton</p>	<p>Region IX. – Suncoast</p> <p>CONTACT: Diana Spaulding, RHIT dianaspaulding@comcast.net</p> <p>Glades Hendry Indian River Martin Okeechobee Palm Beach St. Lucie</p>

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FHIMA
Florida Health Information Management Association

HOME
SEARCH
BULLETIN BOARD

PRESIDENT'S MESSAGE
FHIMA NEWS
ARTICLES
AHIMA UPDATE

e-Coastlines

AHIMA Update

January/February 2006

1. AHIMA Replies to Stark and Anti-kickback NPRMs



In letters to the Centers for Medicare & Medicaid Services and the HHS Office of the Inspector General (OIG), AHIMA responded to two notices of proposed rule making (NPRM) related to potential modifications to the Stark (self-referral) and anti-kickback rules respectively. The two NPRMs were proposed by the HHS agencies to provide relief from these two rules and to allow hospitals to provide devices, software, and training to physician practices for e-prescribing and implementation of electronic health records (EHRs).



AHIMA pointed out to CMS and OIG that while their attempt to modify the regulations was welcome, the focus was too narrow to provide hospitals, practices, and other healthcare providers confidence to donate or receive such assistance without running afoul of the federal regulations or statutes. AHIMA noted that the proposed changes did not fully appreciate the relationship between e-prescribing and the EHR and the relationships between hospitals, physicians, practices, and other healthcare entities. AHIMA also suggested that the value in implementing e-prescribing and EHRs be taken into consideration against the potential for fraud. The NPRMs for the two rules can be found in the October 11 *Federal Register*. AHIMA's comments are available at the AHIMA website, under the heading "Recent Testimony and Comments."

2. American Health Information Community to Meet January 17

The Office for the National Coordinators for Health Information Technology has announced the third meeting of the American Health Information Community on January 17, 2006, in Washington, DC (70FR73476). The meetings can also be viewed via the Internet. The meeting agenda will be posted online at <http://www.hhs.gov/healthit/>. The December 12 *Federal Register* notice can be found at http://www.access.gpo.gov/su_docs/fedreg/a051212c.html. A transcript of the group's November 29 meeting (as well as an archived webcast) is available at <http://www.hhs.gov/healthit/m20051129.html>.

3. HHS Continues Seeking Input Comment on Federal Health Regulations

The office of the HHS Assistant Secretary for Planning and Evaluation (ASPE), has announced additional hearings on the economic impact of federal healthcare regulations. The ASPE hearings will take place in Oklahoma City, OK, on January 12, 2006, and in San Francisco, CA, on February 2, 2006. Information about these town hall meetings and registration procedures are available on the ASPE Web site at <http://aspe.hhs.gov/arrb/index.shtml>. The December 2 *Federal Register* notice is available at http://www.access.gpo.gov/su_docs/fedreg/a051202c.html.

4. OIG Posts Reports on Use of Modifiers 25 and 59

The Office of Inspector General (OIG) has posted two inspection reports on the use of modifiers 25 and 59. The study of the use of modifier 59 found that 40 percent of code pairs billed with this modifier in fiscal year 2003 did not meet Medicare program requirements, resulting in an estimated \$59 million in improper payments. Specifically, modifier 59 was used inappropriately with 15 percent of code pairs because the services were not distinct from each other and with 25 percent of code pairs because the services were not adequately documented. This inspection report can be downloaded at <http://www.oig.hhs.gov/oei/reports/oei-03-02-00771.pdf>.

In another study, the OIG found that 35 percent of claims using modifier 25 that Medicare allowed in 2002 did not meet Medicare program requirements, resulting in \$538 million in improper payments. A large number of additional claims submitted used modifier 25 unnecessarily, such as by attaching the modifier to an E/M claim when no other service was performed on the same day. This report is available at <http://www.oig.hhs.gov/oei/reports/oei-07-03-00470.pdf>.

5. Report: Broadband Implementation Could Save US Billions

The US has at its disposal an overlooked "secret weapon" that could significantly reduce healthcare costs and kickstart the nation's sluggish economy: accelerated deployment of broadband. A report prepared for the New Millennium Research Council by Brookings Institution economist Robert Litan says that broadband deployment could produce \$927 billion in cost savings and output benefits, with an additional \$532 to \$847 billion in economic benefits from accelerated broadband deployment. The report notes that broadband deployment and use could create lower medical costs, lower costs of institutionalized living, and increase productivity for senior and individuals with disabilities in the labor force. The council was created in 1999 to develop solutions to the issues and challenges in the fields of telecommunications and technology. The report and press release are available at <http://www.newmillenniumresearch.org/>.

6. AHIMA Preparing for 2006 Hill Day

During the cold and snow of winter, AHIMA is readying elements for 2006 Hill Day on March 15, 2006. AHIMA is hoping for another great turnout from members to allow us to turn up the heat and advocate in force. In the new year, watch e-alert and <http://www.ahima.org> for more information on Hill Day.

7. Johnson Health Information Technology Bill Needs You

AHIMA is continuing its efforts to pursue support for HR 4157, the "Health Information Technology Promotion Act." A critical piece of AHIMA's advocacy agenda, this legislation addresses a wide range of health information technology issues, including the implementation of ICD-10-CM and ICD-10-PCS. AHIMA is asking all members to visit the Advocacy Action Center of the Advocacy Assistant at <https://secure.ahima.org/DC/Login.asp> to send a letter to Congress in support of this legislation. If you have not sent a letter yet, please visit the Advocacy Action Center today to help our efforts. In addition, many of you will be receiving an e-mail from AHIMA encouraging you to send a letter to your member of Congress—when you receive this letter, please act immediately. This legislation is very important to the future of HIM and health information technology and we need your help for it to pass.

8. Latest Research in *Perspectives*

Three new articles were published in *Perspectives* in HIM, AHIMA's online peer-reviewed research journal, last week. In "From Regional Healthcare Information Organizations to a National Healthcare Information Infrastructure," a group of IT architects and software engineers at IBM research present an overview of key solutions and technologies that address the challenges of creating a nationwide healthcare information technology infrastructure. To read the article, go to http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_028946.html.

A new instrument to measure attitudes, behaviors, beliefs, skills, and knowledge about Lyme disease is shared in "Development of a Public Health Assessment Tool to Prevent

Lyme Disease: Tool Construction and Validation," by Jennifer Hornung Garvin, PhD, RHIA, CPHQ, CCS, CTR, FAHIMA, a medical informatics postdoctoral fellow at the Veterans Administration, and Thomas F. Gordon, PhD, Clara Haignere, PhD, MPH, CHES, and Joseph P. DuCette, PhD, faculty members at Temple University in Philadelphia, PA. "The article covers specifics about developing the tool and suggests areas for future research. This study was funded in part by a research grant from AHIMA's Foundation on Research and Education. To read the article, go to http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_028881.html.

The authors of "Using MedPAR Data as a Measure of Urinary Tract Infection Rates: Implications for the Medicare Inpatient DRG Payment System" discuss a new tool for measuring hospital-acquired urinary tract infection rates as a possible indicator of hospital quality. Jerry Stringham, BS, MBA, and Nancy Young, BA, of Medical Technology Partners, Inc. in Rockville, MD, note that "patients would benefit if CMS discontinued the practice of paying hospitals for hospital-acquired urinary tract infections through the presence of CC codes in the DRG payment system. Such a system discourages adoption of infection-reducing initiatives in America's hospitals." To read the article, go to http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_028894.html.

9. CoP News You Can Use Getting the Most Out of Practice Briefs

The FORE Library: HIM Body of Knowledge (BoK) is designed to enable HIM professionals to access information quickly and easily. Practice briefs are just one of the many resources you can access in the BoK. The latest practice brief, published in the November/December *Journal of AHIMA*, is "Update: Maintaining a Legally Sound Health Record—Paper and Electronic," which reviews the legal documentation guidelines for entries in and maintenance of the paper and electronic health record (EHR). Many of the guidelines that originally applied to paper-based health records translate to documentation in EHRs as well. In addition, new guidelines and functionalities have emerged specific to maintaining legally sound EHRs.

AHIMA convened an e-HIM® work group to re-evaluate and update the 2002 practice brief "Maintaining a Legally Sound Health Record" in order to address the transition many organizations face in the migration from paper to hybrid to fully electronic health records. This work group was supported by a grant to FORE from Precyse Solutions, Inc. You can access the full text of the updated practice brief at http://library.ahima.org/xpedio/groups/public/documents/ahima/pub_bok1_028509.html.

To log in to the BoK, visit <http://www.ahima.org> and select the Body of Knowledge icon at the top-right section of the page. Click the "log in" button in the top tool bar and enter your AHIMA ID number and your password. Remember that your password may be your last name if you have not changed it in your member profile or joined AHIMA online.

10. Make a Difference: Volunteer for a National Office

Reap the rewards of volunteering for a national office. Serving in an AHIMA leadership role helps you:

- gain an AHIMA perspective on issues facing the profession
- enhance your leadership skills and abilities
- strengthen your professional network
- become more valuable to your current employer and more marketable to potential employers
- establish new personal friendships that last a lifetime

Please take time to carefully consider yourself and your colleagues who are fellow members and who have made leadership contributions at the AHIMA component state association or AHIMA level, or through their work with our commission, committees, task forces, communities of practice, or other organizations of a similar nature. We encourage you to nominate those deserving individuals for service in one of the open positions.

To learn more about the available positions, visit <http://www.ahimanet.org/COP/AHIMA/Resources/Attachment.fusion?>

[AttachmentID=15682attachment](#). This information is also available by logging into the AHIMA Communities of Practice, visiting the AHIMA CoP, and looking for the document "AHIMA Election—2006 Call for Nominations" in the Resources section. **Please note that nominations are due before the close of business on Tuesday, January 31, 2006. All nominations must be submitted electronically.**

11. Call for Speakers: 2006 Audio Seminars

Put your expertise in the spotlight when you present an AHIMA educational audio seminar. AHIMA audio seminars focus on various coding, reimbursement, and HIM issues, and reach a national audience of HIM professionals at all levels of expertise. Beginning in January 2006, approximately 50 audio seminars will be presented. These 90-minute seminars consist of a 70-minute interactive presentation by a team of two presenters followed by a 20-minute question and answer session with the audience. Presenters will be required to participate in conference calls prior to the seminar and to work in tandem with the co-presenter to submit presentation materials on schedule. Presenters will receive an honorarium.

To view the scheduled topics for 2006 and to download the audio seminars speaker application form, visit <http://campus.ahima.org>, and click on the link under the heading "What's New."

12. 2005 Convention Webcasts Now Available

Selected sessions from the recent AHIMA Convention and Exhibit in San Diego, CA, are now conveniently available as webcasts. These broadcasts of the audio and slides from convention sessions will be available for you to view as often as you wish through October 31, 2006, for \$75 per session. You will receive one AHIMA CEU for each webcast viewed. Here is what's available:

- Clinical Aspects of Pneumonia
- Finding the Sweet Spot—Measuring and Demonstrating the Fusion of Healthcare Quality and Cost
- Data Linking—Patient Identity: Available Today
- Natural Language Processing Technology and Terminology: Mining Free Text
- The Legal EHR—Issues and Perspectives

To register, visit <http://imis.ahima.org/orders/>. A link to your webcast will be sent to you within two weeks of registration.