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Onward and Upward
Ashlyn Dellenger, RHIA



During any journey that one takes, to look forward always shows how far there is still to travel, and can at times become overwhelming. Looking back and seeing where you have traveled from can motivate you and show you what you have accomplished. FHIMA is no where near finished it's journey, but looking back, we have covered a lot of ground so far this year.

FHIMA took a road trip recently. We traveled to Tallahassee to attend Hill Day. Our mission: Create awareness of FHIMA and to become a resource for health issues for the state's leaders. In attendance was the FHIMA Board of Directors, Stacie Buck, RHIA, Legislative Chairperson, Pamela Bell, RHIA, Carnell Hansley, RHIT, Dwan Thomas-Flowers, RHIA, Monica Hardy-Johnson, RHIA, and Monica Cole, RHIA, Perry Ellie, RHIA and Don Asmonga, AHIMA Director of Government Relations. Thank you to all that attended, without you, Hill Day would not have been a success. Yes, Hill Day was a huge success for FHIMA. First, Hill Day would not have become reality without Stacie Buck's hard work. She went over and beyond the call of duty to ensure every detail was planned.

We met with 38 Senators and Representatives and were able to discuss issues such as workforce, the proposed Electronic Medical Record bill, and were able to educate these legislators as to the skills and talents Health Information Management professionals possess and how we can help them in the future. A letter has been sent to the senator and representative sponsoring the EMR bill with hopes that an FHIMA member will be able to sit on the Governor's task force and testify for the implementation of an EMR.

It was a great feeling to be able to talk about our profession and bend the ear of decision makers for our state. While in Tallahassee, we were able to hear about a coalition that is sponsoring a bill that wants to make state hospital data public as well as publicize hospital charge masters. Obviously, FHIMA is not in favor of this bill and heard from the FHA lobbyist about the efforts to dismiss this bill or at least tone it down. FHIMA is excited to assist in this process.

All in all, this was a great road for FHIMA to travel. There will be more Hill Days in the future, so get involved next year. The best way to speak to your state senator or representative is to see them in their district office. Stop in and talk with them about your profession, we have the materials already created you can leave with them.

The FIRE committee has been busy at work re-creating the AHIMA recruitment CD. Elizabeth Whitmer, RHIT, FIRE Committee Chairperson has found someone that is willing to help us redo certain parts of that CD. Elizabeth is searching for pictures of HIM Professionals in different job roles to place on this CD. Put on your best smile and send Elizabeth your picture!

At the last FHIMA board meeting in March, Lori Eytel Lucas, RHIA, FHIMA Executive Director, resigned her position. Lori will be greatly missed. She has worked as the Executive Director for 8 years and has helped make FHIMA the successful CSA it is today. We are looking to replace Lori as soon as possible. You can review the current position description and salary information at www.fhima.org/whatsnew/whatsnew.html. The FHIMA Board of Directors would like to expand the duties and salary of the Executive Director in the near future to include more advocacy efforts as well as some secretarial support for the position. If you or someone you know would be interested in this position, please send your resume to adellenger@cfl.rr.com by April 15, 2004.

Perry Ellie, RHIA, AHIMA Delegate for FHIMA, will be on the ballot for AHIMA President-elect. It has been a very long time since an FHIMA member has been on the ballot for AHIMA President-Elect. FHIMA is behind Perry 100%

and asks that every FHIMA member vote in the upcoming AHIMA election. The AHIMA election begins April 14, 2004. The election will be on the CoP again this year. Make your vote count, vote for Perry!

There is still a lot of ground for FHIMA to cover, but we have traveled along way in a short period of time. A great team can do anything together.



FHIMA Participants on the steps of the State Capital

FHIMA Hill Day - March 5, 2004

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FHIMA Annual Convention - 2004

**"A FHIMA EXPEDITION:
DISCOVERING NEW TERRITORIES FOR A BETTER TOMORROW"**

Date:
July 12-15, 2004 (Monday - Thursday)

Place:
[Gaylord Palms Resort & Convention Center](#)
6000 Osceola Parkway
Kissimmee, FL 34746
(407) 586-2000



Monday July 12, 2004	(TENTATIVE SCHEDULE) 18 CEU's OFFERED
Registration Hours	10:00 AM – 1:00 PM
Hospitality Hours	CLOSED
Exhibit Hours	CLOSED
10:00 AM – 1:00 PM	Registration
	House of Delegates

1:00 PM – 5:00 PM	<i>All members are encouraged to observe the FHIMA Legislative process</i>
6:00 PM – 8:30 PM	Leadership Dinner (By Invitation Only)
Tuesday, July 13, 2004	
Registration Hours	7:00 AM – 11:00 AM
Hospitality Hours	10:00 AM - 12:00 PM 2:00 PM - 4:00 PM
Exhibit Hours	10:00 AM - 12:00 PM 2:00 PM - 6:00 PM
7:30 AM - 8:15 AM	New Member/Student Orientation
8:30 AM - 9:30 AM	"Releasing Brilliance" <i>Simon T. Bailey, Keynote Speaker</i> America's leading authority on releasing brilliance. Find your passion and take action. (Management Development – 1 CEU)
9:30 AM - 10:30 AM	Emergency Management & JCAHO Requirements <i>Dave Freeman</i> Learn hospital safety and emergency response requirements. (External Forces – 1 CEU)
10:30 AM - 11:00 AM	Break
11:00 AM - 12:00 PM	Mastering Medicare Medical Necessity <i>Stacie L. Buck, RHIA, LHRM</i> How to deal with the challenges of medical necessity. (Clinical Data Management – 1 CEU)
12:00 PM - 2:00 PM	Membership Luncheon
2:00 PM - 3:00 PM	ROI and the Mental Health Record <i>Saby Pichel</i> Venture into the release of mental health records. (External Forces – 1 CEU)
3:00 PM - 3:30 PM	Break
3:30 PM - 4:30 PM	Overseas Transcription <i>Ray Dyer</i> <i>Vice President, Acusis</i>

	Outsourcing overseas...why and why not? (External Forces – 1 CEU)
4:30 PM - 6:00 PM	Membership & Vendor Reception <i>Sponsored by the FHIMA Board of Directors</i>
Wednesday, July 14, 2004	
Registration Hours	7:00 AM – 11:00 AM 3:00 PM - 5:00 PM
Hospitality Hours	10:00 AM - 3:00 PM
Exhibit Hours	10:00 AM - 3:00 PM
8:30 AM - 9:30 AM	AHIMA Update <i>Gail Graham, RHIA</i> A dynamic presentation on the latest news from AHIMA. (Management Development – 1 CEU)
9:30 AM - 10:30 AM	Process Engineering- Foundation for CIS Implementation <i>Kim Barkman, RN,BC,MSIT,MBA and Jennifer Hamilton, BA,MSBSM</i> Discover how to define the current state of operations in preparation for a Clinical Information System (CIS) implementation, as presented at HIMSS. (Technology - 1 CEU)
10:30 AM - 11:00 AM	Break
11:00 AM - 12:00 PM	JCAHO IM Standards and the 2004 Survey Process <i>Patricia J. Brown, MS, RHIA</i> Gain insight regarding the new survey process. (External Forces – 1 CEU)
12:00 PM – 2:00 PM	Lunch with Exhibitors
2:00 PM – 3:00 PM	Auditing and Monitoring HIPAA Privacy AND Common Sense and the Impact of the Final Security Rule <i>Linda Noel, RHIA and Gary Swindon</i> Common sense and the impact of the final security rule. (External Forces – 1 CEU)
	Taming Your Tiger <i>Len McMillan, PhD</i>

3:00 PM – 4:00 PM	Discover how to tame your inner critic. (Management Development – 1 CEU)
4:00 PM – 5:00 PM	Legislative Update <i>William A. Bell, Esq.</i> EMR and other hot legal topics. (External Forces - 1 CEU)
Thursday, July 15, 2004	
Registration Hours	7:45 AM – 10:00 AM
Hospitality Hours	CLOSED
Exhibit Hours	CLOSED
8:30 AM – 10:30 AM	ICD 10 <i>Mario A. Perez, III, RHIA, CCS, CCS-P</i> The latest and greatest on ICD 10. (Clinical Data Management – 2 CEUs)
10:30 AM – 10:45 AM	BREAK
10:45 AM – 11:45 AM	Data Quality <i>Mark Michelman, MD</i> A physician's perspective on data quality. (Clinical Data Management – 1 CEU)
11:45 AM – 1:00 PM	LUNCH (on your own)
1:00 PM – 2:00 PM	Coding Compliance <i>Denisha Lich, MS, RHIA</i> A presentation from an authority in the field. (Clinical Data Management – 1 CEU)
2:00 PM - 3:00 PM	Unbilled Management <i>Karen G. Youmans, MPA, RHIA, CCS</i> Best practices in the hospital environment. (Clinical Data Management - 1 CEU)
3:00 PM – 3:15 PM	BREAK
	CODING ROUND TABLE <i>Mario Perez, III, RHIA, CCS, CCS-P, Denisha</i>

<p>3:15 PM – 5:00 PM</p>	<p><i>Lich, MS, RHIA, Karen Youmans, MPA, RHIA, CCS, Barbara Flynn, RHIA, CCS and Mark Michelman, MD</i></p> <p>Hot topics discussion facilitated by experts in the industry.</p> <p>(Clinical Data Management – 1 CEU)</p>
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Registration Fee Structure:

Registration Type	FHIMA MEMBER Advance (by June 16, 2004)	FHIMA MEMBER Late	NON-MEMBER Advance (by June 16, 2004)	NON-MEMBER Late
FULL (7/13-7/15) includes ALL food functions	\$285	\$310	\$310	\$335
Two Days Only (7/13-7/14) includes Membership Luncheon and Exhibitor Luncheon	\$200	\$225	\$225	\$250
One Day Only (7/13, 7/14 or 7/15) includes functions for the day an admittance to the exhibit hall on 7/15 & 7/16 Please Specify Date: _____	\$135	\$160	\$160	\$185
* Student - includes ALL food functions	\$90	\$110		
* Student - does NOT include food functions * Students MUST pre-register by June 16, 2004 to qualify for free registration.	\$0	\$35		
Exhibit Hall Only	\$50	\$50		
Additional Tickets for Membership Luncheon	\$35	\$35		

* HIM students - to qualify for the discounts, you **MUST** be an AHIMA member, a member of FHIMA **AND** have your Program Director sign the registration form.

To register on-line with a credit card, [CLICK HERE.](#)

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Attire: Business Casual

For exhibit space, contact Lori Eytel Lucas, RHIA at fhima@infionline.net or (239) 597-1751.

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[Lori Eytel Lucas, RHIA](#) at (239) 597-1751

Visit the resort website for more information at www.gaylordhotels.com

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***Support Your Fellow FHIMA Member -
Vote for Perry Ellie, MA, RHIA
For AHIMA President-Elect***



Polls for the AHIMA election will be open from April 14, 2004 until June 4, 2004. Members will be able to cast their vote via the AHIMA web site or by telephone. Be sure to visit <http://www.ahima.org/> for upcoming details of the national election.

VOTE PERRY ELLIE FOR AHIMA PRESIDENT-ELECT!!!!



2004 FHIMA BALLOT	
President Elect	(Vote for One)
<input type="checkbox"/> RoseAnn Webb, RHIA, LHRM <i>Dania Beach - Suncoast</i>	
<input type="checkbox"/> Holly Woemmel, MA, RHIA <i>Cocoa Beach - Central</i>	
Director	(Vote for Three)
<input type="checkbox"/> Stacie L. Buck, RHIA, LHRM <i>North Palm Beach – Suncoast</i>	
<input type="checkbox"/> Dwan Thomas Flowers, RHIA, CCS <i>Jacksonville - Northeast</i>	
<input type="checkbox"/> Tanya Ritchey Kuehnast, MA, RHIA <i>Cocoa Beach - Central</i>	
<input type="checkbox"/> Sheri Skipper, RHIT, CCS <i>Cape Coral - Southwest</i>	
<input type="checkbox"/> Marie Stangl, MBA, RHIA, CHP <i>Sarasota - Southwest</i>	
<input type="checkbox"/> Elizabeth A. Whitmer, RHIT <i>Ft. Myers Beach - Southwest</i>	
Delegate to AHIMA	(Vote for One)
<input type="checkbox"/> Sue Hitchens, RHIT, HCRM <i>Cape Coral – Southwest</i>	
<input type="checkbox"/> Patricia Schnering, RHIA, CCS <i>St. Petersburg - Gulfcoast</i>	
<input type="checkbox"/> Kelly Ann Wilson, MBA, RHIA, LHRM <i>Dade City - Tri-County</i>	

Exercise your privilege to vote and return your ballot
no later than June 4, 2004.

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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:

Yamile Luna, RHIA
9804 Montclair Cir
Apoka, FL 32703-1966
(W) (407) 303-7958
yamile.luna@flhosp.org

Deadline for receipt of nominations is April 16, 2004.

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.](#)

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Principles Of Medical Record Documentation

*Elton Cust, RHIA, CCS –
Co-Chairman, Coding Compliance and Data Quality*



Good documentation is a must in all settings but it is of paramount importance in acute care settings. Data has shown that correct physician documentation has financial implications for hospitals.

Elements of Documentation

1. The Medical Record should be complete and legible.
2. The documentation of each patient encounter should include: the date, the reason for the encounter, appropriate history and physical exam; review of lab, x-ray data and ancillary services, where appropriate; assessment and place of care including discharge plan where appropriate.
3. Past and present diagnoses should be accessible to the treating and/or consulting physician.
4. The reasons for, and results of, x-rays lab tests, and other ancillary services should be documented or included in the medical record.
5. Relevant health risk factors should be identified and clearly stated.

6. The patient's progress including response to treatment, change in treatment, change in diagnosis, and patient non-compliance should be documented.
7. The written plan for care should include treatments and medications, specifying frequency and dosage; any referrals and consultations; patient education; and specific instructions for follow-up.
8. The issue involving medically necessary services should be defined; i.e. all monitored tests when requested should be accompanied by an appropriate diagnosis justifying medical necessity.
9. The documentation should support the intensity of the patient evaluation and/or the treatment, including thought process and complexity of medical decision making.
10. The CPT and I-9 codes, reported on the UB-92 claim form, must reflect the documentation in the medical record.

A recent FMQAI (Florida PRO) publication addressed physician documentation and financial ramifications. The use of a slash mark, by physicians, is appearing in medical records with increasing frequency. According to FMQAI the meaning of the slash mark can cause data inconsistencies. Does the slash mark mean and/or, or just and or just or? Does it mean causing, like, "IDDM/periph/ neurop/ renal failure" or "bronchitis/pneumonia"? What "syncope/weakness," or "chest/abd. pain" or "cough/URO" mean?

A specific example cited by FMQAI demonstrates significant financial implications:

A diagnosis of "atelectasis/pneumonia" without clarification will yield a DRG payment of about \$1,800 and 2-day LOS. If the physician clarifies in the record that the patient has pneumonia and atelectasis, the DRG payment is about \$5,600 and an 8-day LOS. "The discrepancy between the anticipated morbidity and the morbidity represented by the DRG would be quite significant - a profile any physician would like to avoid.

It is important to remember that the use of a slash mark may predispose records to be coded with less-than- optimal accuracy.

Document-specific Issues:

Listed below are some physician documentation issues:

Lack of specificity in the documentation of some diagnosis is of concern as vague terms can prompt the coding technician to assign a nonspecific code(s).

Postoperative conditions when present should be so documented. This would prevent the coder from making the wrong assumptions.

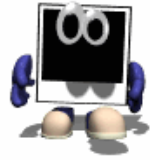
In many instances, discharge records are brought to the HIM department with blank face sheets. It is left to the coder to assume the role of diagnostician. This is quite risky and can lead to inappropriate ICD-9 code assignments with subsequent inaccurate DRG assignment.

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DEVELOPING A SECURITY FRAMEWORK USING IDENTITY AND ACCESS MANAGEMENT

Donna Padnos, MBA, MS, Superior Consultant Company

Introduction



Healthcare organizations are seeing a proliferation of information system technologies, platforms, and applications that must be managed for an increasing number of employees, partners, and patients. Internally, companies have to make available the necessary resources including applications, workstations, printers, files, and databases for users to do their job. As e-business continues to develop, enterprises need to authenticate and provide secure access to information and applications by both internal and external stakeholders.¹ User accounts must be set up easily and appropriately to assure they are current and are established in accordance with guidelines for role-based access control and with policies for workstation use.

Regardless of its size, scope and type, each healthcare organization must develop and document some form of a security framework that supports the company's security policies and business objectives. Every organization needs to implement a comprehensive and dynamic access control solution into their information systems, in order to assure secure and appropriate access by many categories of users to multiple enterprise resources.

WHAT ARE THE BUSINESS DRIVERS FOR DEVELOPING A SECURITY FRAMEWORK?

Increased Complexity of Information Technology

User provisioning is the process of creating and maintaining user accounts for the network and for applications. Each application has its own requirements for user setup and for role definition which determine access (what the user sees) and permissions (what the user can do). These security requirements are specified in the business logic embedded in each application.²

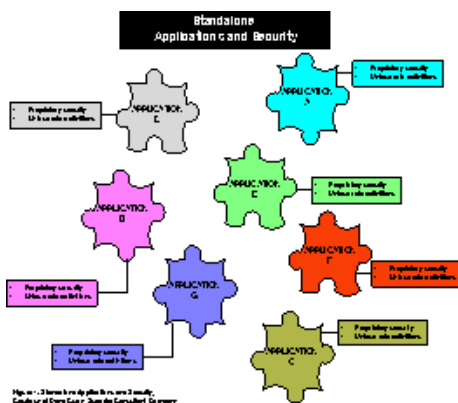
With different systems and applications and the inherent variations in user administration procedures, the result is inconsistent and disparate user provisioning across the organization. This approach of decentralized maintenance of application security, not only produces many distinct identities for each user, but is difficult for the company to support.³

There are ongoing administrative costs associated with the maintenance of the user data and security codes for each of the applications.⁴ Since each application analyst/owner is responsible for the security of the application(s) assigned to him/her, application owners may spend a disproportionate amount of time on user account administration.

Without a "centralized security enforcement mechanism across applications, there is increased risk that security holes are left open---for example, when an employee is terminated."⁵

If an organization does not have an integrated security infrastructure, the standalone security solutions will proliferate, consuming valuable resources of the

Information Technology (IT) department, as well as departmental staff, and will result in varying levels of user satisfaction and productivity.^{6,7} See Figure 1.



Operational Inefficiencies

New employees, physicians and contractors need access to the appropriate systems, applications, and resources to be productive from the start of employment or contract. Most organizations cannot provide adequate turnaround time for timely user provisioning. If a person's organizational role (job classification) changes over time, their computer access may change as well, but these changes are not usually processed proactively. When the employee, physician or contractor leaves or no longer needs access to information, it is important to make sure that such access is revoked quickly and completely. Many organizations experience a significant lag time before access is turned off---if at all.

The increase in the number of applications and modules generates more data about employees, partners, and customers as computer users – creating information that has to be stored somewhere. There are a number of different physical directories that can be maintained by an organization. "A directory service provides a place to store information about network-based entities such as applications, files, printers, and people."⁸ In today's environment most of these directories are proprietary and have to be managed by an IT administrator, further increasing the resource requirement for application administrators.⁹

The IT Help Desk is also affected, since Help Desk staff spends a disproportionate amount of time assisting users to remember their log-on credentials. "Help desk staffers often find themselves bogged down resetting passwords and updating user information instead of devoting their time and expertise to more important tasks."¹⁰

IT managers and application owners must generate and review audit logs from the security systems of multiple applications and directories in order to meet the HIPAA Security requirement specified below for Audit Control.¹

Shared Logons

Users are assigned different credentials (logon identities and passwords) that may be unique to each application. The increased number of logons and passwords that each user must remember for multiple applications may cause users to share logons. Many organizations setup a logon for a workstation or for an application that is shared by several users in order to reduce the inconvenience of individually signing on to the workstation, network, or application. However the Health Insurance Portability and Accountability Act (HIPAA) security requirements demand a unique logon for each user, further increasing the administrator's security setup

volume and the Help Desk calls.

Regulatory Compliance

In the HIPAA Privacy regulation the "minimum necessary" rule requires that organizations define the following:

- Those persons or classes of persons, as appropriate, in its workforce who need access to protected health information (PHI) to carry out their duties; and,
- For each such person or class of persons, the category or categories of PHI to which access is needed and conditions appropriate to such access.

Furthermore, the "reasonable efforts" rule requires that a covered entity must make reasonable efforts to limit the access of such persons or classes of persons to PHI consistent with the information access defined for that class.¹²

The HIPAA Security regulation defines standards for administering these privacy requirements.¹³

Under Administrative safeguards, the applicable standards are the following:

Access Authorization

- Implement policies and procedures for granting access to electronic Protected Health Information (PHI), for example, through access to a workstation, transaction, program, process, or other mechanism

Access Establishment and Modification

- Implement policies and procedures that, based upon the entity's access authorization policies, establish, document, review, and modify a user's right of access to a workstation, transaction, program, or process

Workforce clearance procedures

- Implement procedures to determine that the access of a workforce member to electronic protected health information (EPHI) is appropriate

Termination procedures

- Implement procedures for terminating access to EPHI when the employment of a workforce member ends or as required by determinations

Password management

- Implement procedures for creating, changing, and safeguarding passwords.

Under technical safeguards, there are several standards:

Access Control

- Assign a unique identity name and/or number for identifying and tracking user identity
- Implement technical policies and procedures for electronic information

systems that allow access only to those persons or software programs that have been granted access rights

- Implement electronic procedures that terminate an electronic session after a predetermined time of inactivity
- Implement procedures for obtaining the necessary electronic PHI in an emergency

Person or Entity Authentication

- Implement procedures to corroborate the identity of any individual or entity that has or obtains access to electronic PHI. The preamble uses the following examples of specific means of authentication—unique user identification, biometric identification, passwords, personal identification numbers, and telephone callback or token systems that use physical devices for user identification

Audit Control

- Implement hardware, software and/or procedural mechanisms designed to record and examine system activity

WHAT IS THE SOLUTION FOR DEVELOPING A SECURITY FRAMEWORK?

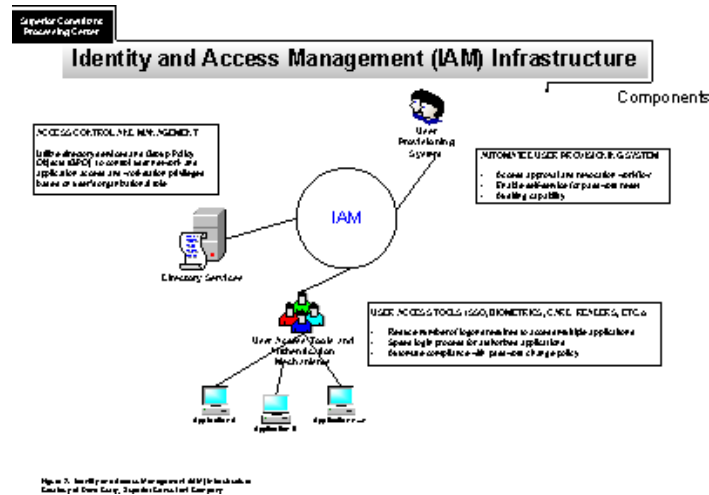
Identity and Access Management (IAM) is a business approach that provides the concepts and technology for administering digital identities in a heterogeneous environment.¹⁴ It is the basis for a security framework that supports comprehensive and secure access to enterprise information assets. The IAM solution brings together people, processes and technologies to enable organizations to efficiently manage access to those resources throughout the user lifecycle.

A well-constructed IAM program will create access and security policies, enforce those policies, and automate the process of creating, modifying and disabling user credentials.

IAM solutions answer the questions:

- Who are the users?
- Which resources can they access?
- What operations can they perform with a system, network and/or applications?
- How should the users and their identities be managed?

The IAM architecture consists of several integrated, yet modular components, which include directory services, automated user authorization and provisioning, and user access tools and authentication mechanisms. Role-based access control (RBAC) is a fundamental design component of the IAM infrastructure that supports the regulatory requirements of the HIPAA privacy and security rules. See Figure 2.



WHAT ARE THE BENEFITS OF DEPLOYING A SECURITY FRAMEWORK?

"A security framework, containing Identity and Access Management functionality, is capable of bringing together the disparate security services into one shared platform for user identity and access control, allowing one infrastructure to be developed to meet all the security requirements of the organization."¹⁵

The deployment of an IAM program provides significant benefits to the healthcare organization from both a risk and a business perspective.

Improves User Productivity and Appropriate Access

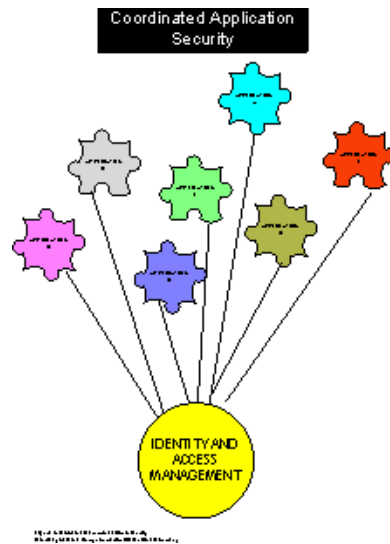
Users will get timely access to the applications, databases, and resources that they need to perform their jobs, thus increasing initial productivity for new users. There will be better turnaround time to modify the access of current users due to changes in user relationships with the organization.

Increases User Satisfaction

Authentication mechanisms, such as single sign-on tools, can streamline the procedure for administrative and clinical users to access applications most frequently used in performing their jobs or providing patient care. These tools can also allow the user to make profile changes and to reset passwords without involving the HELP desk or the application security administrator.

Enhances Operational Efficiency

The effort required to provision users is reduced because security administration is centralized, standardized and automated. A defined workflow process is developed for authorizing, issuing, maintaining, and revoking user accounts. Users are assigned access based on common roles and policies developed by the organization. With directory services, the effort required to keep data about users and resources consistent and up to date is streamlined. These automated methodologies reduce the administrative workload, time and costs to provide appropriate and secure user access. See Figure 3.



Since the most common cause of Help Desk incidents are for forgotten passwords, user self-help tools that are deployed as part of the IAM solution will decrease Help Desk costs.

● Mitigates Security Risks

IAM solutions assist organizations in mitigating security risks through access control policies, password management, strong authentication, and audit capabilities. Organizations can

use the IAM tools to create defined, repeatable and auditable security processes, in order to promote consistent enforcement of such policies throughout the enterprise. _

● Supports Organizational Compliance with HIPAA requirements

IAM solutions can enable regulatory compliance and help satisfy the HIPAA privacy requirements for the minimum necessary standard and the HIPAA security requirements for information access authorization, establishment, modification, and control, password management, and workforce security. Implementing role-based access control and unique user accounts will help reduce the risk of security and privacy breaches. Auditable logs are provided to track account authorization and administration history.

Conclusion

Even the smallest healthcare organization needs to review its computer access procedures, inventory its applications and users, develop a password policy, and establish an ongoing process as applications and users change. The establishment of an Identity and Access Management program will satisfy compliance requirements and provide improved business value in terms of administrative efficiency, reduced resources and costs, and user productivity and satisfaction. Identity and Access Management solutions are the foundation of an enterprise strategy that enables the secure operation of critical business applications and reduces the costs and risks of administering those applications.

References:

1. Butler Group Report. "Identity and Access Management," 2003

<http://www.butlergroup.com/reports/iam>

2. Netegrity White Paper. "Securely Let Business In—Keep Risk Out: The Strategic Advantage of Identity and Access Management." May 15, 2003.
3. Ibid.
4. Ibid.
5. Ibid.
6. Ibid.
7. Curry, Dona, Client Presentation, "Identity and Access Management (IAM) Program". March 4, 2004
8. Microsoft Active Directory Overview.
<http://www.microsoft.com/windows2000/server/evaluation/features/dirlist.asp>
9. Netegrity White Paper. "Identity and Access Management: The Promise and the Payoff." June 18, 2003.
10. Ibid.
11. Ibid.
12. 45 CFR Parts 160 and 164. "Standards for Privacy of Individually Identifiable Health Information"; Final Rule published December 28, 2000 and Modifications published August 14, 2002.
13. 45 CFR Parts 160, 162, and 164. "Health Insurance Reform: Security Standards." Final Rule published February 23, 2003.
14. Netegrity, "Securely Let Business In..."
15. Butler Group Report.
16. Gartner Research Note. "Business Drivers of Identity and Access Management." October 31, 2003.
17. Computer Associates White Paper. "Building a Comprehensive Identity Management Infrastructure," 2003

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DHHS Issues National Provider Identifier Regulations

Background



On January 23, 2004, the U.S. Department of Health and Human Services ("DHHS") issued the Standard Unique Health Identifier for Health Care Providers under HIPAA (the "Final Rule"). The Final Rule adopts the National Provider Identifier ("NPI") as the standard unique identifier for covered health care providers. The National Provider System is designated as the entity assigning and maintaining NPIs under federal direction. The NPI will be ten digits in length, and each health care provider will have its own unique NPI. The NPI will not be embedded with information about the health care provider.

Effective Date

The effective date of the Final Rule is May 23, 2005, and the compliance date is May 23, 2007 for covered entities, except "small health plans" that must comply with the Final Rule by May 23, 2008.

Applications

Beginning May 23, 2005, covered health care providers (as defined by HIPAA) may apply for NPIs. Both paper and electronic applications for NPIs will be permitted. The Final Rule also contemplates the issuance of NPIs to "subparts" of health care organizations in certain circumstances. Health care providers that are not covered

entities under HIPAA may, but are not required, to apply for NPIs.

NPI Usage

On and after May 23, 2007, a covered health care provider must:

- * use its NPI to identify itself on all standard transactions;
- * disclose its NPI upon request for another entity's use in a standard transaction;
- * communicate any changes in its required data elements to the National Provider System within 30 days of the change;
- * require its business associates to use its NPI in all standard transactions; and
- * require each of its "subparts" to comply separately with the Final Rule if the health care provider has been issued more than one NPI for such subparts.

Additionally, health plans (except "small health plans") and health care clearinghouses must use the NPI of any health care provider or "subpart" on all standard transactions on or after May 23, 2007.

We will provide more details about the Final Rule in an upcoming edition of HIPAA Law Focus. If you have any questions about the Final Rule, please contact any of the following members of HMSC's HIPAA Compliance Team:

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NCVHS Privacy Panel Reviews Banking, Law Enforcement, School Impact of HIPAA

The privacy and confidentiality subcommittee of NCVHS met last week to review the impact of the HIPAA privacy rule on banking, law enforcement, and schools. The bulk of testimony related to problems that schools (from elementary through universities) are having with HIPAA privacy rules and their local interpretation. Two problems were identified. First, in several situations it is unclear whether schools are covered by HIPAA. This is particularly the case in some colleges and universities serving both students and non-students. Second, there are severe problems regarding the ability of school health-related professionals (especially elementary and secondary) to obtain needed PHI from healthcare providers in order to provide health-related services. Most non-private schools are covered by the 30 year-old Family Education Rights and Privacy Act legislation that predates the current healthcare environment of schools, state laws, and HIPAA.

AHIMA member Laura Manley Knoblauch, MBA, RHIA, testified on behalf of the American College Health Association and noted that universities and colleges were caught among these various rules, which are applied differently depending on the patient. All of the non-federal testifiers requested that the subcommittee assist them in resolving the uncertainty of the current situation and seek legislation that would provide appropriate privacy in the nation's schools.

Those testifying on banking concerns raised a number of issues surrounding PHI that flows through or is stored in the banking and finance systems. It was reported that several banking systems were now performing what might be considered healthcare "clearinghouse functions." HIPAA section 1179 specifically addresses the banking industry, but clarity is needed to determine in what situations and for what services a bank might be considered a covered entity. However, it was clear that HIPAA covered entities needed a business associate agreement in all cases involving direct banking services. No current problems with inappropriate release of PHI were brought to the subcommittee's attention. Banking does fall under a number of different federal rules, not necessarily all coordinated.

There was limited testimony on the subject of law enforcement problems with HIPAA in spite of the recent media coverage of this subject. Those testifying noted many problems associated with formal and informal requests for information by law enforcement officials and the responses or lack of response by healthcare covered entities. Problems vary due to the preemption of state law over federal in many of these cases.

The privacy and confidentiality subcommittee will be meeting in early March and will be making some recommendations to the full NCVHS at that time. Handouts and a transcript from the February 18-19 meeting will be available shortly on the NCVHS Web site at: <http://ncvhs.hhs.gov/>.

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AHIMA Responds To *New York Times* Editorial

Last week, AHIMA's CEO Linda Kloss, RHIA, CAE, submitted the following letter to the editor to The New York Times in response to an editorial they ran regarding high-profile cases involving medical records.

"Since last April there has been no shortage of public discussion concerning the value of new federal privacy laws enacted under the Health Insurance Portability and Accountability Act (HIPAA). Some say it goes too far, others say not far enough.

Regardless of which side of the HIPAA fence you are on, the current crop of high-profile court cases challenging the privacy of medical records and personal health information should send a clear message to us all: We need HIPAA-and

we are fortunate to have it. While the privacy rule needs more refinement, it provides a common national standard essential for protecting the health information of every American citizen.

We must remain vigilant about protecting the privacy of medical records by scrupulously following existing laws and regulations or risk the consequences of unnecessary and damaging disclosure of this most confidential personal information. Public trust is essential as the healthcare industry makes vital improvements to information systems in order to improve the quality of patient care."

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Get Ready for Health Information Privacy and Security Week

National Health Information Privacy and Security Week begins April 11 and runs through April 17. If you have not yet planned your celebration, you still have time. To see what you and your organization can do to commemorate the week, visit the AHIMA Web site at: <http://www.ahima.org/hipsweek> to take advantage of this great opportunity raise privacy and security awareness in your community. National Health Information Privacy and Security Week provides AHIMA members the chance to display their skills, roles, and responsibilities by undertaking initiatives to increase their visibility along with the importance of privacy and security.

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Genetics and NHI Still Awaiting Action— Your Help is Needed

AHIMA and a number of other organizations are still working on critical issues pending before Congress, including:

1. genetic nondiscrimination legislation (S. 1053/HR 1910)
2. legislation to advance the national health information infrastructure (HR 2915)

We need you to help this legislation become law. If you have not yet done so, visit the Advocacy Action Center of the Advocacy Assistant at: <http://www.ahima.org/dc/aa> to send your letters to Congress in support of these measures. The letters are already drafted but can be easily

personalized by you. Simply add your contact information, point, click, and hit send. Please send your letters today as the legislative time left this year is disappearing fast.

In the coming weeks, continue to visit the Advocacy Assistant as we expect frequent updates and a new campaign to support HR 4016, the Allied Health Professions Reinvestment Act of 2004. AHIMA has been helping draft this legislation to provide education and training mechanisms as scholarships and loans for allied health professionals and students.

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Upcoming AHIMA National Election

The Candidate CoP is open now through April 12. Use this Community to converse with the candidates, read the position descriptions, and more. To join this CoP, select the Join/Visit passport icon on the top toolbar. Click on the letter "C" and then check the box for Candidate CoP and the Join button at the bottom of the page.

The polls will open April 14 at 12 a.m. CST and close on June 4 at 11:59 p.m. CST. Members will be able to cast their vote via the AHIMA Web site or by telephone. To view the candidates' brief bios, position statements, and pictures, go to the Resources section of the Candidate CoP and look for National Ballot, 2004 National Ballot Candidates. You can also look in the May Journal of AHIMA for the candidate's brief bio, job description, and photo. Be sure to visit: <http://www.ahima.org/> for additional details on the upcoming national election. Help us in our "Success by Association," by getting the message out to your fellow HIM professionals to cast their vote.

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Call for Volunteers for Two Work Groups

As a part of the e-HIM™ initiative, AHIMA is forming two working groups of 20 volunteers each. The **Electronic Records Management** work group will develop or identify standards for the management of electronic health records. The **Computer Assisted Coding** work group will research coding support software applications where the software assigns medical codes based on clinical text. These will be virtual work groups, meeting only via weekly conference calls and in private Communities of Practice (CoP).

If you would like to be part of the **Computer Assisted Coding** work group, you must submit a qualification statement by close of business on Monday, April 12, to Mary Stanfill at mary.stanfill@ahima.org.

If you would like to be part of the **Electronic Records Management** work group, you must submit a qualification statement by close of business on Wednesday, April 28, to Carol Quinsey at carol.quinsey@ahima.org

Before sending in a qualification statement, please review the work group description and volunteer responsibilities. For further information and details on these two work groups please see the Call for Volunteers in the Community News section of the AHIMA Community of Practice at: <http://www.ahima.org/>.

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April 16 CCS/CCS-P Exam Registration Deadline Fast Approaching

Early registration for the June 12 CCS/CCS exam ends on April 16. To save \$80 on the registration fee for the June 12 exam, make sure your registration is postmarked no later than April 16. For more information on the CCS and CCS-P credentials or to register for the exam, please visit: <http://www.ahima.org/certification> then choose "CCS" or "CCS-P."

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2004 Triumph Awards Committee Members Announced

The following individuals were selected to serve on the 2004 Triumph Awards Committee. The committee is charged with promoting the awards program to the AHIMA membership, selecting the year's Triumph Awards recipients, and drafting citations honoring the award recipients.

Chair

Jill Sell-Kruse, RHIA, CCS (CO)

Members

Delena C. Bidwell, MA, RHIA, CCP, CPUR (KY)

Barbara Fuller, JD, RHIA (MD)

Anita Hazelwood, MLS, RHIA, FAHIMA (LA)

Angela Kennedy, MBA, RHIA, CPHQ (LA)

Stacy McIntosh, RHIA, CHP, CCS (TX)
Lou Ann Schraffenberger, MBA, RHIA, CCS, CCS-P (IL)
Heidi Shaffer, RHIA (CA)
Gail Wood, RHIA (MA)

For details on submitting a nomination for this year's process, please visit:
<http://www.ahima.org/fore/practice/awards.cfm>. All nominations are due by June 4. Presentation of the 2004 Triumph Awards is made possible by MedQuist Inc.

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Upcoming Getting Practical with Privacy and Security Seminar

April 19-20, Anchorage, AK

Faculty: Carol Ann Quinsey, RHIA, CHPS, and Tom Walsh, CISSP

AHIMA presents a privacy and security seminar to bring you the most up-to-date and pertinent information on privacy and security. "Getting Practical with Privacy and Security" is a two-day seminar that will help you climb to the next level in understanding privacy and its impact on HIM, as well as understand the ins and outs of security from an expert in the field and how it relates to privacy management. You will also learn how to develop HIPAA-compliant policies, procedures, forms, tools, and training materials. The seminar will be held April 19-20 at the Sheraton Anchorage Hotel. For more information and registration, visit: <http://www.ahima.org/privacy>.

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Upcoming Audio Seminars

Dispelling the HIPAA Myths

April 13

Faculty: Linda Sanches

One year after the implementation of the HIPAA privacy rule, misconceptions remain around the rules and their interpretation. This seminar will help clear up the most common misconceptions. We'll also explore allowable uses of PHI without an authorization and the prohibitions. For registration and information, visit:

<http://imis.ahima.org/orders/productByType.cfm?t=1> or call (800) 335-5535.

Advanced Home Health Coding

April 15

Faculty: Prinny Rose Abraham, RHIT, CPHQ

This seminar will help coding professionals in the home health industry understand and adhere to coding guidelines, OASIS data set, and UB-92 billing requirements. Learn to apply ICD-9-CM codes as they relate to the home health setting and accurately report ICD-9-CM codes on the OASIS data set and UB-92. For registration and information, visit: <http://imis.ahima.org/orders/productByType.cfm?t=1> or call (800) 335-5535.

AHIMA is cosponsoring the HFMA audio seminar, "Getting Paid for Blood: Your Costs Have Gone Up, But Has Your Reimbursement Kept Up?" on April 22. For more information, visit:

http://www.hfma.org/education/atc/april22_2004.htm.

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AHIMA Publication Spotlight—New Book

Available for immediate shipment

ICD-9-CM Diagnostic Coding for Long-Term Care and Home Care

This new book fills the gap between acute care-oriented coding resources and the needs of coders in post-acute care settings. It deals specifically with the unique challenges and reporting requirements of long-term care and home care.

Member price: \$56

Non-member price: \$70

There are two easy ways to order:

1. Visit the online bookstore at:
<http://imis.ahima.org/orders/productDetail.cfm?pc=AC200804&bURL=%2Forders%2Findex%2Ecfm%3F>
2. Call toll free (800) 335-5535

For more information on bulk purchases, contact James Bannen at (312) 233-1158 or via e-mail at:

james.bannen@ahima.org.

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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 -
Go to: <http://imis.ahima.org/preferences>. Here you can update your membership contact information and complete the Member Profile.

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