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President's Message

March/April 2006

Holly Woemmel, MA, RHIA



Ty Pennington's famous words in "Extreme Makeover – Home Edition" are "Bus Driver, Move That Bus!" We have been moving the bus quickly in the last two months since my last President's message.

The Board has been working closely with the Legislative Committee updating statute 395.3025. The Board passed in the December meeting to hire a lobbyist in conjunction with the Association of Health Information Outsourcing Services (AHIOS). AHIOS is a formation of outsourcing service companies that provide a cohesive action and response to the growing number of healthcare related legislative initiatives and they maintain a strong affiliation with AHIMA. The arduous process of contacting lobbyist, interviewing them and signing a contract was completed by the end of January. FHIMA and AHIOS have contracted with Rayford Taylor of Stiles, Taylor and Grace, P.A. Mr. Taylor has been working closely with Bill Bell of the Florida Hospital Association in deciding on how best to attack this with our legislators during this session. Some of the changes to this statute are the following:

- ◇ the term "licensed facility" means a public or

private hospital, ambulatory surgical treatment center, nursing home, independent practice association or physician hospital organization, or any other entity where health care services are provided to any person.

◇ “practitioner” means any health care practitioner, including a physician, dentist, podiatrist, advanced practice nurse, physician assistant, clinical psychologist, or clinical social worker.

◇ shall be paid by the person requesting copies of records at the time of such copying which shall be a \$20 fee for search, retrieval and processing records pursuant to a request and \$1.00 per page for copies made on a standard commercial photocopy machine; copies made from microfiche or microfilm shall be \$1.25 per page. Actual postage may be charged in each instance.

◇ The licensed facility or practitioner may charge for duplication of record material or information that cannot routinely be copied or duplicated on a standard commercial photocopy machine, imaging machine or computer, such as X ray films or pictures, which charge shall be \$20 to process the request for copies and \$5.00 for each such film or image produced. In the case of records stored or produced on a compact disc, a per-disc fee may be charged. Fees articulated in this section apply to the processing of records and copies beginning January 1, 2007.

◇ All of the fees allowed by this section shall be adjusted annually, beginning January 1, 2007, in accordance with the medical component of the Consumer Price Index. The Financial Impact Estimating Conference shall be responsible for calculating this annual adjustment, which will become effective on January 1 of each year, and shall be posted on its website.

It has been over 10 years since this statute has been updated. As you can see, FHIMA, AHIOS and FHA are working together to make sure that everyone who is in charge of reproducing records are being fairly compensated for this job. In the very near future, we may be contacting all of you to make your voice heard with your local legislators to help get this amended statute passed. Please contact myself or Carolyn Glaven if you have any questions or concerns with this very important initiative.

Another initiative that FHIMA would like everyone to support is the letter writing campaign that AHIMA is advocating. This is in regards to ICD-10 adoption, allied health reinvestment and non-discrimination legislation. The Legislative Committee will be posting a letter on the

CoP that FHIMA would like all of you to send out to your local legislators. It was adopted from the letter that AHIMA put together and can be accessed through <https://secure.ahima.org/DC/Login.asp>. Together, we can make a difference.

An e-mail blast went out on Friday, February 10th in regards to DRG 496. Thanks to Barbara Flynn, everyone was made aware of the issues surrounding DRG 496 and the need to perform a 100% review of all cases assigned to DRG 496 in the FFY 2005-2006. We all know the complexity of coding the anterior and posterior fusions. Make sure that if you are in a hospital setting you take the time to complete these audits.

One other note, FHIMA is co-sponsoring Georgia's HIM association coding seminar. It will be in Atlanta, GA. April 28-28 at the Doubletree in Buckhead. Some of the topics will be interventional radiology coding, ER coding, Cardiac procedures, pathophysiologic approach to coding, teaching coders to think like physicians and much more. Information is posted on the FHIMA and AHIMA website.

I wanted to remind everyone that we will be doing electronic voting this year. We have quite a list of qualified candidates for the upcoming year and it is everyone's responsibility to make your vote count.

I want to wish everyone a great Health Information Privacy and Security Week April 9th through the 15th. It is our duty to promote awareness among healthcare professionals, employers and the public the importance of privacy, confidentiality and the security of personal health information. We will keep that bus rolling to achieve the "Extreme Makeover - HIM Edition."

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March / April 2006
FHIMA Annual Convention - 2006

"Extreme Makeover - HIM Edition"

Date:
July 24-27, 2006 (Monday - Thursday)

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



Monday July 24, 2006	(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
1:00 PM – 5:00 PM	House of Delegates <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 25, 2006	
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 - 4:00 PM
7:30 AM - 8:15 AM	New Member/Student Orientation *tentative
8:30 AM - 9:30 AM	"Laughing Matters" <i>Kent Rader, Keynote Speaker</i> This keynote program will take participants on a journey showing how humor is a proven tool in combating stress. (Performance Improvement – 1 CEU)
9:30 AM - 10:30 AM	RAC Update - Recovery Audit Contractors <i>Mark Michelman, MD, MBA</i> A new CMS 3 state pilot that includes Florida and its impact on miscoded DRGs and medical necessity. (External Forces – 1 CEU)
10:30 AM - 11:00 AM	Break in Exhibit Hall C
11:00 AM - 12:00 PM	Six Sigma for Healthcare - Already in Progress <i>Carol Przybycin, RN, BSN, MS</i> Six Sigma is a data-driven method of identifying weaknesses in business and service functions, methodically devising solutions, and systematically monitoring their continued improvement. (Performance Improvement – 1 CEU)
12:00 PM - 2:00 PM	Membership Luncheon
2:00 PM - 3:00 PM	Health Law Updates - Release of Information <i>Michael Lowe, Esq.</i> Covers the highlights of release of information in Florida including state and Federal guidelines. (External Forces – 1 CEU)
3:00 PM - 3:30 PM	Break in Exhibit Hall C
	Florida Current Legislative and Regulatory

3:30 PM - 4:15 PM	<p>Issues <i>Kathy Reep, FHA</i></p> <p>A view on the current legislative health care issues impacting Florida.</p> <p>(External Forces – 1 CEU)</p>
4:15 PM - 5:00 PM	<p>Quality Initiatives - FHIMA Edition of 'From Trash to Treasure' <i>Maureen M. Gritz, CIC</i></p> <p>Public Data: its' evolution; the reasons; the sources; data collection; data uses; patient safety; future challenges and the impact on the HIM profession.</p> <p>(Clinical Data Management - 1 CEU)</p>
<p>Wednesday, July 26, 2006</p>	
<p>Registration Hours</p>	<p>7:00 AM – 11:00 AM</p>
<p>Hospitality Hours</p>	<p>10:00 AM - 2:00 PM</p>
<p>Exhibit Hours</p>	<p>10:00 AM - 2:00 PM</p>
8:30 AM - 9:30 AM	<p>After the Storm: The Path to Recovery <i>Tami Duplantis, RHIA and Danielle Berthelot, RHIA</i></p> <p>We welcome our fellow AHIMA members from Louisiana as they share their experiences in dealing with Hurricane Katrina.</p> <p>(Management Development – 1 CEU)</p>
9:30 AM - 10:30 AM	<p>EMR: Present and Accounted For <i>Beth Acker, RHIA</i></p> <p>Learn about the VA's electronic health record - including what worked for the Hurricane Katrina disaster and also the national electronic health record standards.</p> <p>(Technology - 1 CEU)</p>
10:30 AM - 11:00 AM	<p>Break in Exhibit Hall C</p>
11:00 AM - 12:00 PM	<p>Security from the IT Perspective <i>Michael Dunleavy</i></p> <p>Identity theft and EMR: Don't become the next victim! Are your patient records secure?</p> <p>(Privacy and Security – 1 CEU)</p>
12:00 PM – 2:00 PM	<p>Lunch with Exhibitors</p>

2:00 PM – 3:00 PM	<p>Career Makeover - Tools of the Trade <i>Perry Ellie, MA, FAHIMA, RHIA</i></p> <p>Optimal career tools will be shared in a common sense and interactive fashion.</p> <p>(Performance Improvement – 1 CEU)</p>
3:00 PM – 4:00 PM	<p>AHIMA Update <i>Angela Kennedy, MBA, RHIA, CPHQ</i></p> <p>What's new on the national level with AHIMA.</p> <p>(Management Development – 1 CEU)</p>
4:00 PM – 5:00 PM	<p>Teambuilding through Colors <i>Michele Stern, RHIA</i></p> <p>By knowing our "true colors," we can realize how this information causes shifts in the way we interact with people at work and in our lives.</p> <p>(Performance Improvement - 1 CEU)</p>
Thursday, July 27, 2006	
Registration Hours	7:00 AM – 10:00 AM
Hospitality Hours	CLOSED
Exhibit Hours	CLOSED
8:30 AM – 9:30 AM	<p>Fluid Balance and Kidney Disease <i>Robert S. Gold, MD</i></p> <p>Learn about the effects of diseases on fluid balance in the body, acute renal disease and the effects of chronic renal disease on fluid balance. Tie in the new hypovolemia codes with acute and chronic renal (failure? insufficiency?)</p> <p>(Clinical Foundation – 1 CEU)</p>
9:30 AM – 10:30 AM	<p>Neurological Work Up <i>M. Jeffrey Slep, MD, MBA, FACEP</i></p> <p>Learn the clinical pathways for neurological type problems such as mental status changes, weakness and stroke protocol.</p> <p>(Clinical Foundation - 1 CEU)</p>
10:30 AM – 11:00 AM	Break
11:00AM – 12:00 PM	<p>Present on Admission Indicator and the Proposed Changes to the Hospital IPPS for FY 2007 <i>Barbara Flynn, RHIA, CCS</i></p>

	(External Forces - 1 CEU)
12:00 PM – 1:00 PM	Lunch
1:00 PM - 2:00 PM	<p>Best Practices for Coding</p> <p>Panel discussion for specific "hot topics", areas of concern, opportunities and what a few of our Florida hospitals have in place so you don't have to re-invent the wheel.</p> <p>(Performance Improvement - 1 CEU)</p>
2:00 PM – 3:00 PM	<p>The Problem Solvers - Inpatient Edition <i>Mario A. Perez, III, RHIA, CCS, CCS-P</i></p> <p>In depth analysis of current inpatient coding clinic guidelines, coding conventions and document requirements as they affect adherence to compliance regulations, 3rd party payers and reimbursement. Includes discussion on discrepancies that affect the consistent applications of these guidelines.</p> <p>(Clinical Data Management – 1 CEU)</p>
3:00 PM – 4:00 PM	<p>The Problem Solvers - Outpatient Edition - Infusion Confusion <i>Andrea Clark, RHIA, CCS, CPCH</i></p> <p>Design internal audit techniques for your facility. Work step-by-step scenarios and UB92 examples for ED, IV therapy and chemotherapy. Session also explores operational issues for Medicare and non-Medicare.</p> <p>(Clinical Data Management – 1 CEU)</p>

Registration Fee Structure:

Registration Type	FHIMA MEMBER Advance (by June 16, 2006)	FHIMA MEMBER Late	NON-MEMBER Advance (by June 16, 2006)	NON-MEMBER Late
FULL (7/25-7/27) includes ALL food functions	\$315	\$340	\$340	\$365
Two Days Only (7/25-7/26 or 7/26-7/27) includes food functions	\$220	\$245	\$245	\$270
One Day Only (7/25, 7/26 or 7/27) includes food functions				

for the day specified and admittance to the exhibit hall if the hall is open on the day specified. Please Specify Date: _____	\$155	\$180	\$180	\$205
* Student - Full - includes ALL food functions	\$90	\$110		
* Student-Full- does NOT include food function	\$25	\$50		
*Student - One day only (7/25 or 7/26 or 7/27) - WITH FOOD	\$35	\$35		
*Student - One day only (7/25 or 7/26 or 7/27) - NO FOOD	\$25	\$25		
Exhibit Hall Only	\$50	\$50		
Additional Tickets for Membership Luncheon	\$40	\$40		

* 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.

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[Click Here For Printer Friendly Registration Information](#)

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Be on the lookout for FHIMA's electronic ballot information on Monday, March

13th. The electronic voting polls will remain open until Friday, April 7th. All of the candidate's bios will be available for review on March 13th. Please encourage your peers within your region to vote in FHIMA's first electronic voting experience.

Listed below are all of the candidates that will be running in this year's election.



2006 FHIMA BALLOT
<p>President Elect:</p> <p>Stacie L. Buck, RHIA, LHRM (Suncoast Region) Lori Eytel Langley, RHIA (Southwest Region) <small>(formerly Lori Eytel Lucas, RHIA)</small> Dwan Thomas Flowers, BS, RHIA, CCS (Northeast Region)</p>
<p>Director:</p> <p>Jill Finkelstein, RHIA (South Florida Region) Carla Gaines, MPH, RHIA, CCS (Northwest Region) Monica Hardy Johnson, EdD, RHIA (Northeast Region) Xiomara "Sam" Olazagasti, RHIA (Central Region)</p>
<p>Delegate to AHIMA (Chief Delegate):</p> <p>Barbara Flynn, RHIA, CCS (Central Region) Tanya Kuehnast, MA, RHIA (Central Region)</p>

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March/April 2006**AHIMA Adds Two New Practice Councils in 2006***by: Stacie L. Buck, RHIA, LHRM*

In 2005 the American Health Information Management Association established practice councils to work with member experts and leaders to help shape policy, research, and education in three specific areas: clinical terminology and coding classifications, the electronic health record and privacy and security. For 2006, these councils will continue their work and AHIMA has added two new practice councils one for the physician practice setting and one for the long term care setting. Each council is comprised of individuals recognized as experts in their field. As a member of this year's Physician Practice Council I am interested in hearing the ideas and opinions of FHIMA members working in the physician practice setting.

Members of the Physician Practice Council will advise and provide AHIMA with expertise related to best practices of HIM roles and functions in the physician practice environment. Specifically, this practice council will:

- Identify and advise on strategic planning issues related to HIM practices and issues in the physician practice setting except EHR-related issues (which are addressed in the EHR Practice Council), specifically;
- Monitor developments and advise on emerging issues in physician practice settings;
- Monitor and advise on desirable legislative/regulatory advocacy positions;

- Identify and advise on needs for increased knowledge base and skill sets for practitioners working in this sector;
- Identify and advise on job opportunities for health information professionals in this sector.

The council had its first conference call on January 31, 2006. During this kick off call the council focused on environmental scanning. Much of the discussion centered around the fact that many physician practices do not currently employ credentialed HIM professionals nor are they aware of the knowledge and skill sets possessed by HIM professionals. All members of the council agree that HIM knowledge and expertise must be incorporated into the physician practice setting.

To accomplish these goals, the recommendation was made that AHIMA partner with other organizations such as the Medical Group Management Association (MGMA) and the American Medical Association (AMA), as well as the various specialty societies. In addition, state and local HIM associations should develop partnerships with state and local medical societies.

The next conference call is scheduled for March 28th. If you have any suggestions, please submit suggestions to me at stacie@southeastrad.com



AHIMA Mentors: Helping Students “Bridge the Gap” from Education to Employment

By: Stacie L. Buck, RHIA, LHRM

AHIMA Student Mentor 2003 - 2006

This year one of the goals on the FHIMA strategic plan is to “bridge the gap” between education and employment. One method of accomplishing this goal is for FHIMA members to become a part of the AHIMA Student Mentoring Program. If you are looking for a way to get involved but are short on volunteer time, then mentoring may be a good fit for you. If you can spare a total of 1 -2 hours per month, you can easily fit your mentoring activities into your daily schedule from the comfort of your home or office.

The AHIMA Mentor Program links and promotes ongoing dialogue between HIM students and experienced, enthusiastic, and committed HIM professionals who are willing to contribute to the future excellence of the HIM profession. AHIMA mentors share their experiences with students, offer advice and encouragement, answer questions, and act as the leaders and advisors that we all wish we had access to at the beginning of our careers.

The AHIMA Mentor Program strives to provide the following:

1. A forum where students can obtain practical and honest career advice from seasoned professionals.
2. A safe environment in which students and professionals can communicate honestly and without fear.
3. Information for students that is timely and useful, and responds to contemporary and ongoing student concerns.
4. Mentor responses that are thoughtful, accurate, and representative of the current climate in HIM.
5. A support system for students in times of professional difficulty, crisis, or confusion.
6. Opportunities for interaction that bring out the best in both students and professionals and which could lead to life-long relationships.
7. Examples of conduct that inspire students and instill in them a sense of pride in the profession they are entering.
8. Increased awareness about the association's commitment to the future of HIM, about the vast array of online and other AHIMA resources available to support students, and the many benefits of continued membership.
9. A method for efficiently directing students to appropriate external information sources when necessary.
10. A way of identifying and gauging the future direction, needs, concerns, and challenges of the HIM profession as a whole.



SUBJECT: DRG 496

By: Barbara Flynn, RHIA, CCS

It has recently been brought to light that coding errors may have resulted in incorrect DRG assignment to DRG 496 in many Florida hospitals during the Federal Fiscal year 2005. Based on the findings indicated below, we are encouraging our member hospitals to review their own data concerning cases that may have been assigned to DRG 496 – Anterior and Posterior Spinal Fusion, during the FFY 2005 to now.

Finding #1: In FFY 2005, DRG 496 had a GMLOS of 6.6 days and an AMLOS of 8.9 days with a Relative Weight of 5.8072. Sixty-eight (68) hospitals reporting DRG 496 had an average length of stay of less than the GMLOS for this DRG. Ten (10) hospitals had an average length of stay of 2 days or less.

Finding #2: There has been much confusion on how the spinal fusion ICD-9-CM codes should be applied and what is included in the procedure. An anterior “technique” spinal fusion is performed by making an incision on the anterior side of the body and going through the abdominal or cervical structures to reach the anterior side of the spinal column. Even though the anterior side of the interspace can now be fused through a posterior incision (PLIF or TLIF), this procedure is not an anterior technique spinal fusion. This procedure is a 360-degree spinal fusion as described in the *1Q2004 Coding Clinic for ICD-9-CM*.

Finding #3: If the appropriate code for 360-degree spinal fusion (81.61) had been used for this procedure during the FFY 2005, the DRG that would have been assigned would have been 497 (with CC) or 498 (w/o CC).

Finding #4: The orthopaedic surgeons or neurosurgeons performing the procedure and manufacturers of the devices used in this procedure were insisting that this was an anterior and a posterior spinal fusion and indicated that both the anterior and the posterior technique code should be used to describe this procedure. In addition, the surgeons usually did not indicate that this procedure was a 360-degree spinal fusion which led hospitals to under report this procedure.

Finding #5: The 360-degree spinal fusion code was deleted effective October 1, 2005. An additional explanation of the spinal fusion codes remaining was published in the *4Q 2005 Coding Clinic for ICD-9-CM* with an effective date of October 1, 2005. Even though the effective date of the advice is October 1, 2005 neither the procedure nor the ICD-9-CM code descriptions have changed over the last 3 years. The code 81.06 and 81.08

have always been defined by the "approach" and not by the side of the vertebra that was being fused. Therefore, if the hospital coded the procedure incorrectly by using both codes instead of the code for the single approach, the hospital violated coding guidelines that were in effect at the time.

Finding #6: Anterior approach spinal fusions have a much longer recovery period and in most cases require two surgeons when performed in conjunction with posterior approach spinal fusions. The anterior or posterior part of the procedure is accomplished first and then the patient is turned over and the second stage (opposite approach) is then accomplished.

Additional information

- Prior to October 1, 2004, 360-degree spinal fusion was assigned the procedure code of 81.61 and was assigned to DRG 496 (Combined Anterior/Posterior Spinal Fusion).
- From October 1, 2004 to September 30, 2005, 360-degree spinal fusion was assigned the procedure code of 81.61; however, this code was removed from DRG 496 and reassigned to DRGs 497 and 498. This change was made because the cases reported with code 81.61 involved only making an incision posteriorly and then fusing both the anterior and posterior portion of the spine. DRG 496 was designated for those cases involving two separate surgical approaches to reach the site of the spinal fusion, an anterior and a posterior incision.
- For the fiscal year beginning October 1, 2005, the 360-degree spinal fusion code has been deleted from the code books. Correct coding of this procedure continues to map to DRGs 497 and 498. The ICD-9-CM procedure codes are based on the approach, anterior or posterior. If only one or more posterior or posterolateral incision is made, only the posterior or posterolateral technique code is assigned.

We strongly suggest that you perform a 100% review of all cases which were assigned to DRG 496 in the FFY 2005-2006 with a length of stay less than 6 days. If you do find any cases were incorrectly coded, we encourage you to rebill these cases.

Present on Admission Indicator

By: Barbara Flynn, RHIA, CCS

The "Present on Admission" indicator must be attached to each ICD-9-CM secondary diagnosis code (excluding E-codes) in the Inpatient Data submitted to AHCA for all discharges occurring on or after January 1, 2007. The POA indicator will be used to identify complications that occur while patients are Inpatients in Florida hospitals. The rate of certain complications such as infections that occur after admission to the hospital will be published on the AHCA website.

The National Uniform Billing Committee (NUBC) also intends to include the POA indicator in the UB-04 data. The adoption of the UB-04 is anticipated sometime in mid to late 2007. In addition, two states, California and New York, have had the requirement for a POA indicator for some time and have developed their own state specific requirements for how the POA indicator is applied to the Principal and Secondary diagnoses submitted to state regulatory agencies. There are differences in the requirements set forth by the Florida rule and the NUBC recommendations.

In November 2005, FHA brought together a "Present on Admission" work group to discuss the issues and develop coding guidelines for the application of the POA indicator to meet the requirements of the Florida rule by January 2007. In addition, the work group will make recommendations to AHCA on coding guidelines and how best to educate Florida hospitals to meet the requirement by January 1, 2007.

The workgroup is in the final stretch of putting together our consensus for recommendations to the Agency for Health Care Administration. Within a few weeks, you may receive a survey from FHA asking for contact information for your encoding and abstracting vendors so that we can determine whether these vendors will be able to meet the January 2007 deadline. I have attached the current comparison of the "Present on Admission" proposals from the NUBC, the AHCA rule, and the FHA POA Work Group recommendations. If you have any information to add, please contact me at barbaraf@fha.org or by phone at 407-841-6230.

[Click Here for Comparison of Present on Admission proposals](#)

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1. HHS Post Final HIPAA Administrative Simplification Enforcement Rule

The Secretary of Health and Human Services has posted a final rule adopting policies for the imposition of civil money penalties on entities that violate the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This final rule (71FR8390) amends existing rules relating to the investigation of noncompliance to all HIPAA administrative simplification rules, rather than exclusively to the privacy standards. The final rule also amends existing rules relating to the process for imposition of civil money penalties. Additionally, this final rule clarifies the investigation process, bases for liability, determination of the penalty amount, grounds for waiver, conduct of the hearing, and the appeals process. This final rule becomes effective on March 16 and a copy (beginning on 71FR8424) as well as a section-by-section description and response to comments can be found in the February 16 *Federal Register* at http://www.access.gpo.gov/su_docs/fedreg/a060216c.html.

2. AHIC Announces Third Round of AHIC Work Group Meetings

The American Health Information Community has announced that its four work groups will meet beginning March 20 in Washington, DC (71FR8858-8859). These four work groups are assigned to develop breakthroughs for health information technology and its use. The work groups and their meeting dates are:



Consumer empowerment—March 20
Electronic health records—March 21
Chronic care—March 22
Biosurveillance—March 23

These notices were posted in the February 21 *Federal Register* available at

http://www.access.gpo.gov/su_docs/fedreg/a060221c.html.

More details on the Community and its work groups can be found at <http://www.hhs.gov/healthit/workgroups.html>.

3. Senator Durbin Introduces Bill to Change Individual's Medicare Identifier

On February 16, Senator Dick Durbin (D-IL) introduced S. 2312 to the Senate Finance Committee. This bill is designed to change the numerical identifier used to classify Medicare beneficiaries. The bill would require that the Secretary of HHS establish and implement procedures to change the numerical identifier within one year... "to insure that such individual's social security number is not displayed on their Medicare identification card or any of their explanations of Medicare benefits." The bill has been referred to the Senate Finance Committee, which has not made any plans for action on this matter.

4. AHIMA Continues Press on HIT Legislation and ICD-10

Working with alliance partners and a range of others, AHIMA continues pressing Congress to pass HR 4157, the "Health Information Technology Promotion Act," which was introduced by Rep. Nancy Johnson, chair of the House Ways and Means Health Subcommittee. This legislation and its language provide for the implementation of ICD-10-CM and ICD-10-PCS by 2009 and will be a primary focus for AHIMA's Hill Day attendees on March 15. AHIMA's Advocacy Assistant letter-writing campaign supporting HR 4157 is still going strong. Nearly 1,500 AHIMA members have sent letters in support of this effort. If you have not yet sent a letter, please visit the AHIMA Advocacy Assistant at <https://secure.ahima.org/DC/Login.asp> and send your letter today.

5. Council Releases White Paper on Top-10 Identity Issues

The Smart Card Alliance is a not-for profit, multi-industry association working to accelerate the widespread acceptance of smart card technology. The alliance has developed an identity council to promote the need for better use of technologies, policies, and usage solutions for identity information in many industries, including healthcare. The paper covers a range of topics and offers perspective on how the most critical identity issues can be addressed with policy, process, and technology

solutions. The topics include the actions government, businesses, and individuals can take to prevent identity theft and describing both the institutional mechanisms and the individual actions that can keep an individual's personal information private.

"The Identity Council will draw upon industry resources and expertise in order to add clarity and direction to the public discourse and policy discussions on a subject that can be daunting and misunderstood," said alliance executive director Randy Vanderhoof. For more information about the Smart Card Alliance, visit <http://www.smartcardalliance.org>. To download the white paper, visit http://www.smartcardalliance.org/alliance_activities/top_10_identity.cfm.

6. Oracle Announces Results of Healthcare Provider Exam Study

Oracle recently released the results of a study on the healthcare industry's developments in transitioning to an electronic health record. The results revealed that of the 364 participating provider organizations, more than three-fourths had plans to implement an EHR infrastructure while 75 percent noted IT implementation costs as the primary obstacle to EHR deployment.

"The provider community recognizes that through embracing the potential of EHRs there is significant opportunity to improve quality of care and patient outcomes, as well as to reduce costs," Mychelle Mowry, Oracle's vice president for Global Health Industries, said in a press release. To view the study in its entirety, visit <http://www.oracle.com/start> and enter the keyword 'EHRSurvey.'

7. Avian Flu Travel, Workplace Precautions Available

To date, neither the Centers for Disease Control nor the World Health Organization have recommended restrictions on travel based on concerns about the spread of avian flu. The Air Transport Association recommends airlines adhere to CDC guidance regarding avian flu. Visit <http://www.airlines.org/news/d.aspx?nid=9448> for more information.

These groups recommend that people not travel if they have a fever or symptoms of a respiratory disease. Since some people travel before they realize they are ill, they are asked to report their illness as soon as it becomes evident. Observance of precautions such as having up-to-date immunizations and frequent hand washing are also recommended.

These same precautions should apply in the healthcare industry. Request that employees not report to work if they are running a fever or have respiratory symptoms. Whatever

the potential for a flu pandemic, keeping immunizations up-to-date and washing hands frequently is always good advice during the cold and flu season.

8. FORE Award Deadlines Coming Soon

The FORE motto, "Anticipate, Educate, Innovate," is an indication of the importance of this core value of education to FORE's mission. As the move to an electronic health information environment gains momentum, the opportunities in HIM are expanding exponentially. Along with the demand for highly skilled professionals, the development of HIM professionals as leaders in defining and validating the unique body of knowledge encompassed by HIM has never been greater. FORE provides the financial support and recognition to encourage continued professional advancement in HIM through the Merit Scholarship program, Grant-in-Aid Research Awards, Dissertation Awards, and Faculty Development Stipends.

2006 Award Application Deadlines

FORE Merit Scholarships—April 28 deadline. Visit <http://www.ahima.org/fore/programs.asp> for more information

Grant-in-Aid Research Awards—March 24 and September 22 deadlines. Visit <http://www.ahima.org/fore/programs/gia.asp> for more information

Dissertation Assistance—March 24 and September 22 deadlines. Visit <http://www.ahima.org/fore/programs/dissertation.asp> for more information.

Faculty Development Stipends—March 1 deadline. Visit <http://www.ahima.org/fore/programs/stipends.asp> for more information.

For additional information, e-mail FORE at fore@ahima.org.

9. Immediate Scoring Now Available for CCS/CCS-P Certification Exams

Candidates who sit for the CCS/CCS-P exams from now until May 6 will receive their scores immediately after taking the exams. The score report will be distributed at your test center and will include the number of questions answered correctly in each domain and sub-domain for the multiple choice section (part one). It will also include scaled score information on the case portion of the exam (part two). To get more information and apply online, visit <http://www.ahima.org/certification> or call 1-800-335-5535.

10. Upcoming Audio Seminars

Coding for Cardiovascular Procedures

March 9

Faculty: Penny J. Schimke, CCS, and William V. Walker, MD, CCS

Correctly coding for cardiac diagnostic and revascularization procedures requires knowledge of clinical indications and techniques specific to cardiovascular procedures. Two experts—a physician and an HIM professional—will provide instruction on the clinical indications specific to cardiovascular procedures, and the associated codes and guidelines. For registration and information, visit:

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

Free Audio Seminar Demonstration

For a free 10-minute sample of an audio seminar webcast, visit <http://campus.ahima.org>.

11. Upcoming e-HIM Seminars

Do you have the tools you need to make a smooth transition to e-HIM®? Our experts bring you two seminars that provide you with critical knowledge for making informed decisions as you move ahead with e-HIM. These one-day seminars contain all-new material for 2006.

Turning Theory into Practice: The Next Steps for e-HIM

March 22, San Antonio, TX*

April 3, St. Louis, MO

May 25, Hilton Head, SC*

For more information on this seminar, visit

<http://www.ahima.org/infocenter/ehim/ehimmeetinghome.asp>.

Strategic Transformational Change: An e-HIM Challenge

(presented with Care Communications, Inc.)

March 23, San Antonio, TX*

May 24, Hilton Head, SC*

For more information on this seminar, visit

<http://www.ahima.org/meetings/strategicindex.asp>.

* Save \$50 when you by register for both the "Turning Theory into Practice" and the "Strategic Transformation Change" seminars in select cities. "Turning Theory into Practice" will focus on the technical and workflow challenges of technically implementing an EHR. "Strategic Transformational Change" will focus on the human aspects of change often overlooked in implementations. The pairing will give participants a rounded perspective with tips and information for success in implementations.

