



FHIMA

Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARD

PRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

President's Message

September/October 2002

Planning Our Strategy

Sharol Pausal Noblejas, MBA, RHIA

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This summer, FHIMA has done a great deal in planning for the upcoming year. You may recall that the theme for the year is "United We Stand". Remember the oath that each member took at the leadership luncheon? Ask yourselves these questions... Have you joined the CoP? Have you hired a new student? Did you vote in the last election? Have you recruited at least one member into our profession? If the answer is "NO" to any of these questions, resolve to answer "YES" in the next month. It will take each of us to participate in enhancing our profession in order for us to be viable.

This July, our state leaders had an opportunity to attend the AHIMA Leadership Conference and Team Talks in Chicago, Illinois. AHIMA will be concentrating on the following key areas:

- 1) HIM Education

- 2) Membership
- 3) Coding
- 4) Workforce

AHIMA's marketing department has continued to develop tools for CSA's to use in student recruitment. In the AHIMA website, is a student recruitment tool kit that contains video clips, audio clips, press releases, presentations and more! The new recruitment CD was also debuted. This CD features an animated parachutist as the emcee who will walk students through the interactive recruitment video.

The number of associate members of AHIMA increased from 1,765 in 2001 to 2306 in 2002. Overall members increased from 38,948 to 40,907 from 2001 to 2002. AHIMA's goal is to increase membership by 4%. The member get a member program is now in full swing. Each AHIMA member is encouraged to recruit inactive members or new members into our profession.

AHIMA would like to "jump-start" the Coding Roundtables. At the Leadership Conference, some of the CSA's stated that they were very successful with their coding roundtables as a forum for their coders to meet and discuss coding issues. FHIMA will be investigating Coding Roundtables this year. The CCA (Certified Coding Associate) examination will be offered for entry level coders this September.

Workforce is a strategy developed in order to increase recognition of the value of the AHIMA credentialed professionals through image and building alliances. Within the last year, over 40,000 posters were distributed to more than 14,000 requestors. AHIMA exhibited at HIMSS, HFMA, ACHE, Neurological Surgeons and the HCCA Compliance Institute. The workforce study has been launched through the establishment of the Project Advisory Committee, a new employer web site, new job bank within the CoP's, and a new classified section in the Journal. Several Surveys' will be sent out to students, faculty and members. Make sure to participate in the survey!

The results of the National Election were also announced. A special congratulations to Florida A&M Professor, Barbara W. Mosely, PhD, RHIA who won the election for HIA Educator on the Council of Accreditation! Congratulations Dr. Mosely! FHIMA is most proud of this achievement!!!

Our own FHIMA Board had its first meeting in August. Sadly, we had two committee chairs resign in the summer months due to other obligations. Sandra McDonald, RHIA, has accepted appointment as the new Program Committee Chairperson following Bobbi Tadwalt's resignation. Margaret Heller, RHIA has also accepted appointment as the new Scholarship Committee Chairperson following

Gwen Anderson's resignation.

FHIMA's Leadership Conference was held in Orlando in August with 10 of 11 regions having representation. In addition to team building activities, the regional leaders were informed of the AHIMA goals. FIRE committee chair, Stacie Buck, RHIA, gave a presentation on plans for the FIRE committee this year. The committee will be investigating the cost for FHIMA to produce their own recruitment video. Please forward any ideas to Stacie at staciebuck@adelphia.net. Our leaders also started work on a resolution to present at the HOD at the AHIMA Annual Convention. It is hoped that this resolution would inform AHIMA of Florida's belief that the value of our credential needs to be recognized.

This summer, we were deeply concerned to learn of several incidences regarding the Department of Children and Families. Specifically, records were sold at a public auction when the Tampa office had closed. Another incident was identified in which a caseworker falsified patient records. These incidences have violated the state laws of patient confidentiality, record retention and falsification of health information. Had our government officials been informed about our existence, these incidences may not have occurred. On behalf of FHIMA, I have already been written [a letter to Governor Jeb Bush](#) asking for the passing of legislation that requires credentialed health information management professionals to manage records in all Government agencies.

Our Legislative Committee led by Tanya Kuehnast, RHIA is working on a letter writing campaign to inform our government officials of our profession. A sample letter will be sent to all Regional Presidents. I encourage each member to participate in this campaign by writing your local representatives.

John F. Kennedy wrote, "We are Americans. This is a proud boast. That is a great privilege, to be a citizen of the United States, and we must meet our responsibilities." I cannot emphasize the need for all FHIMA members to participate in our committees and participate in our profession!!!



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Backlog woes?**FHIMA**

Florida Health Information Management Association

HOME
SEARCH
BULLETIN
BOARDPRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

FHIMA News

September/October 2002**FIRE Committee Update***Stacie L. Buck, RHIA, Chairperson*

The FIRE Committee is off to a blazing start for 2002 – 2003!!!

On August 10th I had the pleasure of speaking with all regional presidents and the FHIMA board about FIRE Committee activities. All participants were presented with a strategic plan for committee activities planned for the coming year and suggestions were solicited from the group as well.

The hot topic at the leadership conference was discussion of a recruitment video produced by FHIMA. The group had several creative ideas on how to reach high school students and stimulate their interest in a career in health information management. Over the next couple of months the options for filming and the cost of producing a video will be explored. Stay tuned to e-coastlines for more details as they become available.

This year the mission for the committee has been modified to include an emphasis on image marketing in addition to recruitment. Some of the goals of the committee for the next year include:

1) Increasing member participation at the regional and

state level

- 2) Each FHIMA member to recruiting a new member
- 3) Reaching at least 2 high schools per region through participation in career days and/or career shadowing activities
- 4) Increasing enrollment in HIT/HIM programs
- 5) Securing one radio, TV or newspaper spot per region.
- 6) Producing the FHIMA recruitment video.

In order for us to reach our goals the FIRE Committee needs you! We cannot succeed without the participation of the regional associations. Each regional association should appoint a liaison to the FIRE Committee to coordinate activities at the local level and report back to the committee. We also need several members from each region to volunteer to actively participate in recruitment activities. If you are interested in becoming a liaison for you region please send an e-mail to staciebuck@adelphia.net.

Reminder! Health Information and Technology week is quickly approaching. (November 3rd – 9th). This is the perfect time for image marketing. Contact your local newspaper to discuss featuring the HIM profession in the career section of the newspaper

FHIMA'S CALL FOR NOMINATIONS



To Serve Or Not To Serve?...FHIMA Needs enthusiastic, volunteers LIKE YOU!

Each year, we seek candidates for the following positions:

President-Elect*: The position is actually a 3-year commitment. The president-elect sits on 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 Committee Chair or officer in a regional association or prior HIM leadership role in another state. 2) Active Membership in AHIMA and FHIMA. Prior experience on

FHIMA Board is preferred.

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

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

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

Qualifications: 1) Previous or present FHIMA Board experience, 2) Served as a delegate to FHIMA House of Delegates, or 3) Previous service as a delegate to AHIMA, 4) Active Membership in AHIMA and FHIMA.

Click here to obtain [2003 FHIMA Nomination Form](#).

For more information, please contact:

Jacquie Jones, RHIA
14202 Charmont Court
Orlando, FL 32837
(407) 857-9172
Jmasjones@aol.com

The deadline is December 31, 2002.

FHIMA Leadership Conference

Ashlyn Dellenger, RHIA



The Board of Directors and Regional Leaders of FHIMA met on August 10, 2002 for the Annual Leadership Meeting. The meeting was held at the brand new Crowne Plaza Hotel in Orlando. The agenda was full of information from

the AHIMA Team Talks that were held in July in Chicago as well as House of Delegate information that will be addressed in September at the AHIMA House of Delegates prior to the start of the National Convention.

Stacie Buck, RHIT, President-Elect of the Suncoast Region and FIRE Committee Chair, brought the group up to speed on the status of the FIRE Committee as well as the exciting plans the Committee has for this year. The Committee is looking at putting together a recruitment video just for Florida. The FIRE Committee is going to rely on the regions to assist in performing recruiting practices at middle and high schools. Stacie's presentation led the group into a marketing discussion. The leaders in the room felt that recruitment, though important to the future of our profession, was not the only focus FHIMA and AHIMA should have. The group felt that marketing our profession to other healthcare settings as well as professions outside of healthcare was vital to our membership.

The group decided to put together a motion to present at the AHIMA House of Delegates in September to urge AHIMA to focus on marketing our profession to other organizations. This was a lively discussion and everybody in the room was on board with the motion.

As a whole the leaders in the room felt the Leadership Conference was a success. This was the first year the meeting was a one-day meeting as opposed to a day and a half session. Most felt that the meeting needed to be longer, since there were so many items that needed to be discussed.

FHIMA has never been an organization to take a back seat on issues. The developments of the Leadership conference echoed that over and over. Look for an exciting year!



FMQAI Joint Summit Conference Update
Gladys Worlds, RHIA



On July 11 and 12, FMQAI held its First "Joint Summit" conference in Orlando , Florida . The conference theme centered around the concept of bringing the 6th SOW tasks together while providing new information about the 7th SOW to providers. Using a three-part marketing strategy, as well as disseminating notices through provider newsletters, FMQAI attracted approximately 400 providers. The Conference offered an impressive line up of speakers including representatives of American Heart Association, Joint Commission, fellow QIO colleagues, private entrepreneurs, Holy Cross Hospital, Tenet Health Systems, AHCA, CMS, Stakeholders and FMQAI Associates. During the planning of this event, there were many firsts for FMQAI. It was the first time we had advertised the conference with other sources. It was also the first time we used our Web address to register and offer credit card payment plans to attendees. We also achieved many of our own internal goals, including positioning ourselves on a new level, image wise. The overall feedback from providers was very positive. Many thanks to all of the associates at FMQAI, who from behind the scenes or out on the front line, played an important role in the success of the Conference.

Carol Barr's Retirement Party

Daniel Land, RHIT, CCS



A cocktail party held at Lee's Lakeside in Orlando , Florida on July 27, 2002 , provided the opportunity for 75 colleagues of Carol J. Barr, MA, RHIA to pay tribute to the well-known educator. Mrs. Barr retired July 31, 2002 , from her position as Director of the Health Information Management Program at the University of Central Florida . During her career, she mentored over 450 HIM students. The highlight of the evening was the announcement of the creation of the Carol J. Barr Endowed Scholarship Fund. To date \$4868.00 has been donated to the Fund. The University of Central Florida requires that a grand total of \$10,000 be reached within five years from the creation of the Scholarship. For information regarding the fund or to make a donation, please contact Nancy Gabriel at the UCF Foundation at 407.823.0655 or email her at ngabriel@mail.ucf.edu.

**Central Florida Health Information
Management Association**

*Christina Martinez, RHIA
President 2002-2003*



Welcome! Things are starting off very well for CFHIMA. We held our Installation Dinner in May and installed the new officers and chairmen for CFHIMA.

Our first board meeting was held on July 27. We discussed many items for the coming year. As an organization we are embarking on this year with many new ideas and great potential. In the coming months, you will see some proposed Bylaw changes that would change the frequency and structure of our Monthly Business meetings. We also have some fun fundraising opportunities, planned.

Kimberly Eichner, RHIA, Program Chair, has already begun working to schedule some excellent speakers for the upcoming meetings. Please refer to the enclosed listing of our Calendar of Events for the year. The Monthly Business meetings will be held on the 3rd Thursday of the month. If you have a topic of interest that you would like to hear more on, please contact Kimberly.

Our first meeting will be held on August 15 at Orlando Regional Medical Center in Classroom 103. Social time will begin at 5:30 and our speaker will begin at 6:00pm, followed by our business meeting.

I am honored to have been elected, President of CFHIMA and I promise to give this job all that I have. I hope that as members of this organization, you all will do the same. I challenge our members to participate with the new Board and myself, to accomplish our goals in 2002-2003. Remember that CFHIMA would not experience any of its success were it not for the talent and dedication of our members.

You, too, can have a rewarding experience as a member of CFHIMA. If you are not yet a member, I hope you will consider joining us. If you are already one of our members, thank you for your support and service to CFHIMA.

SAVE THE DATE!



FHIMA Annual Convention 2003
July 14-17, 2003 (Monday - Thursday)
Gaylord Palms Resort
www.gaylordpalms.com

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(T-1 capacity)



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room replenished daily



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Free transfers to and from Disney Theme Parks




Complimentary transfers to and from Falcon's Fire at
Gaylord Palms Golf Course and FREE range balls



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Medical/Legal Guide to Health
Care Records in Florida**

The new Medical/Legal Guide to Health Care Records in Florida is now available and ready for purchase. The manuals are \$125. Students enrolled full-time in an accredited HIT/HIM program may purchase the guide for \$65.

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SEARCH
BULLETIN
BOARDPRESIDENT'S
MESSAGE

FHIMA NEWS

ARTICLES

AHIMA UPDATE

e-Coastlines

Articles

September/October 2002

Report on the AAMT Convention

*Sherry A. Davis, RHIA**HIM Specialist, Medical Transcription
Orlando Regional Healthcare*

The American Association for Medical Transcription (AAMT) held it's annual Convention and Expo in Dallas, Texas August 1-4, 2002. As a first time attendee, and as someone whose job is to support a Transcription Department, I was eager to attend this meeting.

The convention had a broad range of sessions and activities. It opened with the Annual Leadership Conference on Wednesday, July 31 and Thursday morning. The keynote speaker was Tom Sullivan, a multi-talented writer, singer, producer, composer actor and athlete, who happens to have been blind from birth. He brought a unique perspective to transcription, as a person who has had all of his work transcribed throughout his career. He gave a truly inspiring speech on how anyone can succeed, in the face of great adversity.

There were several excellent general sessions on Friday and Saturday. George Strait, former ABC medical correspondent and healthcare expert, gave an insightful look into the world AIDS/HIV pandemic. He outlined the

challenges and the opportunities facing the world community and stressed the potential impact to the world population if they are not met. Neil M. Davis, PharmD, FASHP gave an interesting overview of drug names and how they are developed. Scott Faulkner, president of the Medical Transcription Industry Alliance (MTIA) presented a well-balanced review of the globalization of medical transcription. He exposed the hype and shattered some myths. He gave an excellent business analysis of what offshore transcription services have done wrong and what they have done right, who could potentially be competitors for US transcription business and who probably could not. He also

The education breakout sessions were oriented for clinical information and technology, with a few professional development and education and HIPAA sessions sprinkled in. Clinical sessions covered cosmetic surgery, limb prosthetics, oncology, neurosurgery, infertility, urinary incontinence and headaches. The hot topics in technology were voice recognition and the Internet. The vendor exhibits were varied and very well represented.

It wasn't all work and no play, however. There were several banquets and luncheons, not to mention an AAMT Talent Show. (No, I did not compete). You also had your choice of visiting a Texas Rangers baseball game, or attending a barbecue and rodeo. I, of course, put on my spurs and two-stepped down to the rodeo. Dallas has a wealth of attractions, museums, parks, restaurants and wonderful shops.

The most important thing that I learned was that AAMT's members face the same challenges that AHIMA and FHIMA members face. Technology is changing faster than most of us can keep up with, and many of us fear that technology will eliminate our jobs. Qualified people are getting harder to find. Shrinking budgets are forcing the healthcare industry to do more work with fewer resources. Physicians and administrators still don't really know what we do and how important we are to patient care and to the fiscal viability of our companies. We have much in common, it behooves us to forge a strong alliance with AAMT to attain our common goals.

Now, go hug your transcriptionists!

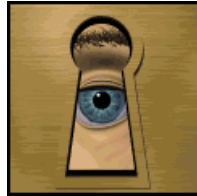
For more information go to:

www.aamt.org The American Association for Medical Transcription web site

www.mtia.com The Medical Transcription Industry Alliance web site

UNDERSTANDING HIPAA PRIVACY AND SECURITY – WHAT'S THE DIFFERENCE?

*Sharon Henderson
HIPAA Educator
Orlando Regional Healthcare*



The privacy and security regulations established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) work together to establish a base line of protection for health information. They compliment and support each other in several ways. Where the Privacy Rule focuses primarily on establishing patients' rights to their health information, the proposed Security Rule establishes the standards that organizations and individuals must meet to protect patient information.

The Privacy Rule includes a requirement for minimum necessary health information to be used or disclosed for the required purpose. This standard means to make organizations evaluate processes and establish methods of ensuring that information is utilized on a "need-to-know" basis. The proposed Security Rule supports this with requirements for access management controls like role-based access and proper authorization of access.

Both the final Privacy Rule and the proposed Security Rule require that there be a documented person or office assigned the responsibility of ensuring that compliance with HIPAA is documented. The Privacy Officer and the Security Officer, if they are designated as two different people (instead of one for a small facility or office), must work very closely together to direct and advise the organization when opportunities or questions arise concerning the privacy and security of protected health information (PHI).

Another area where the regulations work together is the requirement for business associate contracts in the Privacy regulations and the chain of trust agreements required in the proposed Security regulations. Instead of requiring two separate agreements or contracts for these, the expectation is that there will be slight changes made to the requirements so that only one agreement is necessary and will incorporate aspects of each of the other contractual requirements.

One might associate the Privacy Rule requirement to

provide patients with an accounting of disclosures for non-treatment, payment, or healthcare operations situations with the proposed Security Rule's requirement for an audit trail, but in fact these serve very different functions. An audit trail is typically a record of each time a sensitive record is altered, how it was altered and by whom, but it does not usually record each time a record is used or viewed. The accounting required by the Privacy Rule provides individuals with information about to whom a disclosure is made. And this accounting would not capture uses. If the two requirements were combined, it would be very difficult to distinguish between accesses of the PHI for use and accesses for disclosure.

With the finalization of the proposed changes to the Privacy Rule this month, healthcare is another step closer to ensuring the protection of the health information of patients. The changes that were made in the rule have eliminated or made optional several difficult to implement features like the consent for the use and disclosure of health information. Now as we wait for the finalization of the Security Rule, take special care to evaluate the requirements and implement those features that are proposed by Security and also encouraged by the Privacy Rule.

So You Want to Be a Contract Coder?

Karla Philippou, RHIT, CCS, CCS-P, CPC



I am often asked about the benefits and drawbacks of being a contract coder. Indeed, there are advantages and disadvantages. Contract coding is not for everyone. I would like to give all of you coders, coding supervisors and hospital directors some food for thought, when it comes to contract coding. What does each of these groups need to know about contract coding and how can they determine if this is a correct fit for them?

First, what are the qualifications of a contract coder? While this might seem obvious, there are a number of factors to be considered. The contract coder needs to have experience with different types of coding. Is the coder proficient in emergency room coding, ambulatory surgery coding, ancillary services coding, and inpatient coding? Inpatient coding can also be further categorized. Is the coder familiar with newborn, labor and delivery,

trauma, burns, cardiac procedures, and oncology, to name just a few? Many hospitals have special services that only they provide and they need coders to be knowledgeable of their specialty in order to be certain that they will be properly reimbursed. Contract coders may, and sometimes do, specialize in inpatient, outpatient, ER, or other coding, but they should know about all areas of coding to be certain that they are providing the best service to their client.

There are other qualities that may enhance a contract coder's abilities. Coders who are familiar with more than one type of encoder have an advantage. Different facilities use different types of computer systems, encoders, security measures and billing software. A coder who is versatile and learns new systems quickly will benefit both the facility and the company contracting with the coder. Contract coders should also be able to code fast and accurately. One does not go without the other. A contract coder needs to verify with the coding supervisor what services are coded in the HIM department. Services that are not "hard coded" from the Charge Description Master, are coded in the HIM department. This is likely to vary from facility to facility and the contract coder needs to be aware of which services to code and which will be "picked up" by the CDM.

There are other considerations before deciding that this is the job for you. Most contract coders spend a great deal of their time on the road. While some may think traveling is glamorous, the schedule can be rigorous. Many contract coders spend 10 or more hours a day at a facility. There is little time left for socializing, sightseeing, or other activities. Life on the road can be interesting or lonely, depending on your perspective. An outgoing person will make many new friends and contacts wherever they travel. In introverted or shy person can spend many a lonely hour eating meals alone.

Another consideration is the expenses. Most companies expect the contract coder to cover expenses and be reimbursed at a later date. These expenses can add up very quickly. Typical expenses will include airfare, hotels, meals, car rentals and other incidentals. When flying, who makes the arrangements for airline tickets, hotels, and car rentals? It's important to know when to expect reimbursement for these out-of-pocket expenses. Most contract coders are not paid for travel time, so it's important to factor in the amount of time it takes to arrive and return home at the end of the week. If the contract coder is using his/her own car, how much is paid for mileage? The federal government currently allows \$0.365 per mile.

Compensation is also a very important factor for contract coders. Coders' salaries have risen in the last few years, because of the shortage of qualified coders. Salary surveys can be found on AHIMA's website, www.ahima.org and also on AAPC's website, www.aapc.org. Contract coders' salaries need to be higher for several reasons. Contract coders are usually not employees of the company they work for. They do not receive any of the benefits afforded employees. There is no retirement fund with matched employer deposits, no healthcare coverage, no vacation time, and no paid sick time. It's important to realize this and budget accordingly.

It's also important to determine how the contract coder will be paid. Many contract coders are paid per record, encounter, chart, etc. A coder, who is fast and accurate, is rewarded when paid in this manner. Some companies want to pay contract coders an hourly salary. That can be beneficial in a facility where all of the records are complex and more difficult to code. The coder needs to calculate all the benefits not being paid for in order to be certain he/she is adequately compensated. When will the coder be paid is also important. Will the coder be paid weekly, every two weeks, monthly, or whenever the contracting company feels like it? It should be clarified up front, especially if the coder has financial obligations to meet.

The most important factor is the contract that is signed by the contract coder and the contracting company. It's very important to read the contract carefully. Anything that is unclear should be discussed and clarified before signing. The contract should explain the responsibilities and duties of the contract coder; the compensation, including allowed expenses, to be paid and when; and how to terminate the contract. The contract may also cover what to do if a dispute arises. Do not hesitate to pay a contract lawyer to read the contract. It may be well worth the expense. The contract coder should also be paid for "down time." "Down time" is defined as time when the facility computers are down, incapacitated or otherwise nonproductive. "Down time" could also be the period when the contract coder is waiting to be given passwords, instructions and/or training at a facility. As a contract coder, "down time" should be covered, unless the coder is being paid an hourly wage.

A good contract coder may be able to negotiate better terms, since each contract coder is signing an individual contract. Don't hesitate to bargain for better terms. This is especially true if the facility has "problem" charts. If the facility has very complex coding, such as a transplant center, burn center, or major trauma, the contract coder may be justified in asking for more compensation. Facilities recognize good contract coders and will request that those coders with excellent skills come back; so good coding skills are leverage for better compensation.

So, if you still want to be a contract coder and you think you have the skill, versatility, and desire; opportunity awaits you. You will learn new things, hone your coding skills, and make new friends. Good luck!

Technology Update

Sherry Davis, RHIA



August 1, 2002 Feds Concerned with Wireless Security. Richard Clarke, President Bush's cyberspace security adviser and chairman of the Critical Infrastructure Protection (CIP) Board, speaking at a July 30 wireless security conference in Washington, DC, cited a recent Chicago Sun-Times story in which reporters were able to easily get behind network firewalls, including that of a health care system. "What does it mean to have HIPAA and privacy rights, what does it mean to have firewalls and spending on IT security," Clarke asked according to Federal Computer Week, "if you can for \$100 buy a PCMCIA card and get in behind the firewalls?" Because there are few commercial wireless devices that the Defense of Department (DOD) officials feel they can safely rely on, the department soon will issue a directive outlining the rules for its personnel concerning the use of those devices. To address broader concerns, the CIP board has almost completed a new version of the National Plan for Cyberspace Security, which will be a companion to the Homeland Security National Strategy, released July 15. The new cybersecurity plan incorporates input from industry and academia, and will be released September 18. *For the full story go to* <http://www.hipaadvisory.com/news/index.cfm#0801dod>.

August 6, 2002 Trojan horse technology exploits Internet Explorer. -- A new technology could let a Trojan horse disguise itself as the Internet Explorer browser and allow hackers to steal data from PCs by fooling firewalls into thinking it's a trusted Microsoft Corp. application, say three security consultants.

The trio of South African researchers demonstrated the technique for breaching firewalls at Def Con, the annual security conference that draws hackers, security professionals and cybercrime investigators.

Security professionals have been warning for two years that a Trojan horse bypassing firewall detection is the

inevitable next step in hacking technology. At Def Con, it appeared in the form of Setiri, a demo Trojan horse that can operate without a user or firewall detecting its actions. The researchers say they won't release Setiri into the wild for hackers to use, but they called on Microsoft to change the IE features that permit it to operate. *For the full story - [Click here](#).*

Computer Security Resource Center (CSRC)

<http://csrc.nist.gov/>

The SCRC is a service of the Computer Security Division (CSD), one of eight divisions of the National Institute of Standards and Technology's (NIST) Information Technology Laboratory.

"The mission of NIST's Computer Security Division is to improve information systems security by:

Raising awareness of IT risks, vulnerabilities and protection requirements, particularly for new and emerging technologies; Researching, studying, and advising agencies of IT vulnerabilities and devising techniques for the cost-effective security and privacy of sensitive Federal systems; Developing standards, metrics, tests and validation programs:

- to promote, measure, and validate security in systems and services to educate consumers and
- to establish minimum security requirements for Federal systems
- Developing guidance to increase secure IT planning, implementation, management and operation"

The website is a wealth of information on computer security including:

Standards	Testing
Threats	Best practices
Encryption	Public awareness
Policy/Issues	Emerging technologies
Research	Assessment tools
Management	Educational tools

The site contains links to other security sites. Many of the tools, programs, and publications can be downloaded directly from the website. Users can sign up for a list service to receive immediate email notifications of security publications or news. This site is a must for anyone involved in computer security. In July, drafts were posted about wireless network security and email security, two hot issues in healthcare. To review these and other publications

available, go to

<http://csrc.nist.gov/publications/drafts.html>.

2002 House of Delegates Summary

Ashlyn Dellenger, RHIA

President-Elect



The FHIMA 15th HOD met on Tuesday June 4, 2002 at the Caribe Royale Resort in Orlando Florida . All but one region was in attendance at the meeting. This year's HOD broke tradition and the entire group of delegates in attendance met and discussed each issue brought before them, instead of the usual break out sessions that had been done in the past. This new format enabled the attendees to speak their minds about all three issues, instead of having to choose only one issue to discuss.

There were three issues that were brought before the delegates. Each issue brought about much debate and all sides of each issue were thoroughly examined. The issues were as follows:

Issues # 1 – Should FHIMA restructure regions to accommodate membership and reinforce participation? If so, should the regions be consolidated as proposed to change regional structure from the current 11 to 5 regions.

Background:

This issue was brought to the HOD since the regional presidents and president-elects talked about the difficulties they were having getting members to attend the local meetings. Florida currently has 11 regions. According to a study that Sharol Noblejas, RHIA had done, Florida has a very large number of regions compared to other states. This study also showed that most states are having difficulty in getting members to attend local association meetings. Different state structures were examined during this issue discussion. FHIMA does not govern the regions in any way.

Summary of Issue #1

Each of the regions in attendance stated that they were

not in favor of restructuring their region. Most of the regions had already made some changes in meeting frequency and the type of meetings that were held. The meeting attendance was still low, but most regions felt that the changes that were implemented were positive.

Discussion continued on different ideas that could be used to help increase attendance and/or obtain speakers for the regional meetings. Suggestions included using the Florida COP for sharing of ideas and advertising regional educational seminars. There was also discussion about where the regional members were obtaining their CE's. The delegates also mentioned that there were many non-traditional HIM members within all of the regions and that the local meetings seemed to center around traditional HIM positions. There needs to be some identification of what type of members are within each region and what type of education would be most beneficial to the regional members.

Issue #2 – Should FHIMA move the House of Delegate Authority for Voting to the Electronic Platform?

Background:

FHIMA currently conducts business once per year at the House of Delegates. Delegates are selected within each region to attend this meeting. At times, a delegate is unable to attend the HOD at the state meeting due to schedule conflicts; hence, their opinions and discussion are lost from the group.

AHIMA utilized the Communities of Practice platform to conduct a Virtual House of Delegates this past April. The delegates voted on the new privacy and security credentials. The virtual HOD was very successful.

Summary of Issue #2:

Of the regions that were present at the House of Delegates, all of them felt that a Virtual HOD would be a positive move for FHIMA. To set the HOD up within a COP would enable all delegates to have a vote and a voice regardless if they would be able to attend the formal HOD at the state meeting. This structure would also be a financial savings to FHIMA as well as the elected delegates within each region.

A few concerns were noted and would be worked out between the state and the regions. One region voiced concern about issue information not being available in advance to review it thoroughly prior to voting. There was also a concern about timeframes of when online discussion and voting would take place. Some delegates also

discussed the lack of motivation and time to work on the computer once they are out of the workplace.

It was noted that only 200 members of FHIMA were currently a member of the Florida COP. This will be discussed further at the Leadership meeting in August, where the regional Presidents and President-elects will be urged to encourage their members to join the COP.

One delegate stated that the Online Community is the future. The FHIMA delegates are paving the road for FHIMA's future!

Issue # 3 – Should a resolution from FHIMA be proposed to AHIMA to develop a strategy that secures the value of the coding credentials? (CCS, CCS-P)

Background:

Coding professionals are in demand and more and more healthcare organizations are seeking qualified coders. There has been an increase within the coding marketplace of non-AHIMA credentialed coders, which in turn is taking jobs away from AHIMA credentialed coders. There was legislation passed in the state of Hawaii, which required all independent coding/billing reviewers to be CPC certified.

Summary of Issue #3

Of the regions represented, all felt that some security of the CCS and CCS-P credentials needs to be put in place. All felt that AHIMA needs to ensure that the coding segment of our organization not be threatened by lesser known organizations.

Some of the other concerns that were raised were that we need to market our expertise and credentials to the physician's offices and insurance companies. There was discussion that these areas were hiring individuals that had non-AHIMA coding credentials.


Most organizations outside of hospitals do not know of the CCS and CCS-P.

Some of the educators in the forum discussed how important it is to educate the HIM and HIT students in coding. There was also mention of how graduating students could be given a basic coding credential until they are able to sit for an AHIMA exam. This base credential would show that they have graduated from an AHIMA accredited program.

All coders should be encouraged to gain credentials since

AHIMA is looking to lobby that all coders be credentialed. The feeling within the group is that if AHIMA doesn't grab this legislation first, then some other organization may step up and gain control.

This issue will be discussed further at the AHIMA HOD in San Francisco this September.



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NEW AHIMA VENDOR DIRECTORY

AHIMA's new Vendor Directory is now available on the website. It provides a source for finding companies that provide HIM products or services. You can search for a specific company name, search for a specific state or specialty. You can also browse through an alphabetical listing of companies.

About the Directory

The AHIMA Vendor Directory is provided as a service to AHIMA members. Our mission is to provide a resource listing current products and services for the HIM industry. The Directory is accessible from both the public and member-only sections of the AHIMA Web site.

Who is listed in the Directory?

Companies who are current exhibitors, donors/sponsors, display or banner advertisers or Corporate Affiliates of AHIMA receive complimentary listing in the Directory. Other companies can also purchase a listing in the Directory. Listings are for one year, after which companies must requalify for complimentary listing or purchase a new listing. The listing year is December 1 – November 30.

For more information about the directory go to the AHIMA website or click on the following link:

<http://www.ahimanet.org/vendorsdirectory/>

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- Advocacy—A larger membership base results in a greater advocacy base, which is important because of the constantly evolving regulatory and legislative environment in which we work.

It's simple: the larger our professional network, the better connected and knowledgeable we'll all be. For details go to <http://www.ahima.org/membership/mgm.html>

Health Information & Technology Week November 3-9, 2002

UNLOCKING THE POWER OF PROFESSIONALISM

It's time to begin planning for Health Information and Technology Week. Commemorative items are already available to purchase from the AHIMA web site. Additional planning aids should be posted in the near future. Don't wait till the last minute. Go to <http://www.ahima.org/hitweek/> and place your order.

Contacting AHIMA

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

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