



## e-Coastlines

---

**May - June 2008**

### President's Message

- ▶ [Stacie L. Buck, RHIA, CCS-P, LHRM, RCC, CIC FHIMA President](#)

### FHIMA News

- ▶ [2008 Convention Information](#)
- ▶ [Election Results](#)
- ▶ [Proposed Bylaws](#)

### Articles

- ▶ [AHCA Inpatient and Outpatient Reporting Rules](#)
- ▶ [AHCA Proposal to Repeal SIP Reporting Rule](#)
- ▶ [FHIMA Hill Day is a Success in Tallahassee!](#)
- ▶ [Emerging Issues in Release of Information](#)
- ▶ [eDiscovery and Florida State Courts Update](#)
- ▶ [Can't Work With Them, Can't Work Without Them...](#)

### AHIMA Update

- ▶ [AHIMA Releases Privacy Roundtable Report](#)
- ▶ [Inpatient PPS Proposed Rule on Display](#)
- ▶ [Join AHIMA in Support of the RAC Moratorium Act](#)
- ▶ [AHRQ Web Resource Now Available](#)
- ▶ [HIMSS Study Notes Gaps in Patient Security](#)
- ▶ [AHIMA Rolls Out New Brand Campaign](#)
- ▶ [AHIMA's 2008 Hill Day Draws Record Attendance](#)

---

### President's Message

Stacie L. Buck, RHIA, CCS-P, LHRM, RCC, CIC

FHIMA President

Email: [stacie@southeastrad.com](mailto:stacie@southeastrad.com)



As I sit here writing this message it is hard to believe that my time as FHIMA President has almost come to an end. Serving in this role over the past year has been an extremely rewarding experience and I am going to miss serving the members of FHIMA in this capacity.

Over the past year, the FHIMA Board and Committees have been working diligently to better meet the needs of FHIMA members and our profession. One of our key priorities was to improve communications with members and we have met all of our goals in this area.

To review our strategic objectives please visit: [http://fhima.org/2007-2009\\_Strategic\\_Plan.pdf](http://fhima.org/2007-2009_Strategic_Plan.pdf). During the membership luncheon at convention I will be providing a summary of all activities accomplished the past year.

## Call for Volunteers!

FHIMA is currently soliciting volunteers for 2008-2009. Please visit the website for a summary of positions and duties - [http://fhima.org/AboutFHIMA\\_Volunteer.htm](http://fhima.org/AboutFHIMA_Volunteer.htm)

If you are interested in any of the volunteer opportunities simply complete the online form and your information will be passed along to Dwan Thomas-Flowers, President-Elect to assist in making her committee appointments for next year.

## Registration for the 2008 Annual Convention Is Now Open!

This year the Program and Arrangements Committees have been working very hard to bring you a jam packed program filled with the most educational sessions that we have ever had. Both Tuesday, July 15<sup>th</sup> and Wednesday, July 16<sup>th</sup> will each kick off with a Keynote Address followed by three separate tracks each day. On Thursday, July 17<sup>th</sup> there will be two tracks for coders and we have added an all day legal track titled "Complying with Florida Medical Records Laws and HIPAA – Avoiding Trap Doors for the Unwary" presented by attorney Michael Lowe. Attendees will receive approximately eight (8) hours of classroom like instruction in a fun, interactive and question and answer type of setting designed to answer questions for all attendees, as well as a lengthy handout/set or presentation materials including copies of the applicable Florida Statutes and regulations.

I am also pleased to announce that on Tuesday evening I will be hosting a President's Reception made possible by a generous sponsorship from DML Consulting. All attendees who purchase a full meeting registration or a Tuesday registration are welcome to attend. We will have a DJ, so bring your dancing shoes and there will be plenty of food, so you won't need to make any dinner plans. Your first drink will be "on us" and after that it will be a cash bar. Please be sure to indicate that you plan to attend when your register for convention.

## Advocacy Update

March and April were very busy months for our advocacy efforts. On March 13<sup>th</sup> FHIMA held its third Hill Day in Tallahassee to advocate for House Bill 637 and Senate Bill 1998 which create the Florida e-Health Initiative Act establishing a low interest loan program to assist physicians on the adoption of electronic Medical Records Systems to facilitate the electronic exchange of health information. During our visits we were told that the bills probably wouldn't move this year because of the appropriations attached to the bills, but since our visit we have seen the House Bill move along through several committees and is ready to hit the full House floor. On the Senate side, the bill is on its way to its second committee stop as of this writing. It is through our Hill Day efforts and the tireless work of Linda Renn, our FHIMA Advocacy Liaison that the legislation has made it so far. Stay tuned for more details as we move toward the end of this legislative session.

On April 8<sup>th</sup> approximately 170 AHIMA members descended on our nation's capitol for AHIMA Hill Day. Myself, Barbara Flynn (Chief Delegate), Dwan Thomas-Flowers (President-Elect) and Lori Langley (AHIMA Delegate) had the privilege of attending and representing the state of Florida. During our appointments we were advocating for many different pieces of legislation including a one year moratorium on the Medicare Recovery Audit Contractor program, calling for the adoption of ICD-10-CM, funding for the Office of the National Coordinator on Health Information Technology (ONC) and establishment of ONC as a permanent entity, and support for HIM and informatics education. It was a long and exhausting day running around the capitol, but it was also a very rewarding experience knowing that we are playing a role in advancing our profession at the national level.

## See you all in July!

[top](#)

---

## FHIMA News

### FHIMA 2008 Annual Convention Information – July 14-17, 2008

**Agenda Highlights:** For a complete Agenda, visit the FHIMA website at [www.fhima.org](http://www.fhima.org) under the Calendar of Events tab.

**Tuesday, July 15<sup>th</sup> and Wednesday, July 16<sup>th</sup> – Every Day will be breakout day!** Each day there are informative sessions on coding, E-HIM, general HIM topics, compliance and career development. In the past we've had a few breakout sessions in the afternoon on Wednesday but this year the entire agenda is track driven so you can customize your

convention learning experience to fit your needs!

**Tuesday, July 15<sup>th</sup> - Keynote Speaker, Judy Carter "When Things Get Dire – Inspire"**

A lot of speakers talk about "Leadership" but nobody does it as funny as Judy. Using multimedia movie clips, audience participation, and magic, Judy shows leadership secrets that apply to managers, CEOs, and even parents that will inspire you, as well as making you laugh-out-loud.

**Thursday, July 17<sup>th</sup> - New for FHIMA 2008! FHIMA is pleased to offer a Special Workshop – Michael R. Lowe, Attorney presents "Complying with Florida Medical Records Laws and HIPAA – Avoiding Trap Doors for the Unwary"**

This presentation will be a day long seminar designed to educate health information management (HIM) professionals in all health care settings on applicable Florida medical records confidentiality laws and HIPAA privacy regulations. The presentation will cover in-depth the Florida Statutes governing patient medical records with topics addressing proper release of patient medical records, what to charge for copies, proper use of release and authorization forms, the release of substance abuse, mental health and HIV/AIDS information, how to handle subpoenas and recent HIPAA enforcement trends. Attendees will receive approximately eight (8) hours of classroom like instruction in a fun, interactive and question and answer type of setting designed, as well as a lengthy handout/set of presentation materials including copies of the applicable Florida Statutes and regulations.

**Thursday, July 17<sup>th</sup> – CODING Topics galore.** As usual, we have continued our tradition of offering coding related topics on Thursday as well as adding in something for non-coders (see Michael Lowe's information above).

**Registration:**

This year, all attendees will register online! The agenda, hotel information, registration information, etc. is all on our website at [www.fhima.org](http://www.fhima.org).

Need to give something to your employer before they will write the check? No worries! You can register online and indicate you will be paying by check. You can print out registration information to submit to your facility for payment/reimbursement. You will mail your check in to complete your registration.

Early registration deadline is June 15th.

**Hotel Information:**

Omni Orlando Resort at ChampionsGate  
1500 Masters Blvd, ChampionsGate, Florida 33896

[Visit the resort website!](#)



**Great Room Rates: FHIMA has secured fantastic room rates at this beautiful hotel! Room Rates for FHIMA Convention Attendees:**

Single/Double - \$149 and Junior Suite - \$338.00. These room rates do not include tax. And there is NO resort fee! In-room high speed internet access is included in the room rate. Other suite sizes are available. Contact Hotel for FHIMA rate.

**Online Hotel Reservations:** FHIMA attendees can make hotel reservations online! Click the link below to access the hotel's online reservation system.  
<http://www.omnihotels.com/FindAHotel/OrlandoChampionsGate/MeetingFacilities/Flo>

Reservations must be received **no later than June 13, 2008**. Reservations must be guaranteed by advanced payment of one night room deposit. If you'd like to make reservations by phone, the toll free number is 1-800-843-6664. You will need to mention FHIMA to access the room block.

[top](#)

---

**FHIMA Announces Newly Elected Officers!**



Thank you to those who voted during FHIMA's recent online elections. Congratulations to the following elected candidates! FHIMA's elected positions are volunteer positions and we truly appreciate all who willingly stepped forward to have their name placed on the ballot!

President-Elect: Kimberly Eichner, MBA, RHIA

Delegate: Anita Doupnik, RHIA

Director: Barbara Bermudez, RHIT

Director: Lisa Libby, RHIA, CCS

Director: Dean Ritchey, RHIA

[top](#)

---

### **FHIMA Proposed Bylaw Amendments for FHIMA 2008 House of Delegates Meeting**



The following proposed FHIMA Bylaw amendments will be voted on at the FHIMA House of Delegates meeting at the July 2008 FHIMA convention. Strikethroughs are recommended deletions and highlighted text is additional wording.

[View the Proposed Bylaw Amendments](#)

[top](#)

---

## **Articles**

### **AHCA Inpatient and Outpatient Reporting Rules -**

Florida Hospital Association Submits Comments on Proposed Changes to AHCA

By: Kim Streit ([kims@fha.org](mailto:kims@fha.org))

*VP Health Care Research & Information Services, Florida Hospital Association*

The Agency for Health Care Administration (AHCA) held a second rule workshop on March 6 to review changes to 59E-7 (hospital inpatient discharge data reporting) and 59B-9 (ambulatory care data reporting), and to get feedback from the stakeholders and general public. The reporting rules are being re-opened to align with the recent changes to data elements that are used on the UB-04, to clarify some ambiguity, which is resulting in different interpretations of what is supposed to be reported, and to require rehabilitation hospitals to submit the same data that are currently being submitted for acute care and psychiatric hospitals. FHA, which supported and encouraged AHCA to re-open the rule, has several concerns about the proposed revisions to the reporting rule. Among these concerns is how the data are reported for those hospitals with multi-campus; clarity of the instructions and the definitions; identification of those outpatient procedures which are required to be reported; requiring hospitals to sequence the external cause of injury codes (E-codes); requiring hospitals to assign a type of service code to each record; use of "charity" as a payer code; and requiring ED admission date and time on the inpatient reporting rule along with inpatient admission date and time. A copy of the FHA comments is available at <http://www.fha.org/acrobat/ComAHCArule032108.pdf>. AHCA is reviewing the comments it has received but has not indicated yet if and when it will publish the rule or have another workshop. As it stands now, these changes would be effective January 1, 2009.

[top](#)

---

### **AHCA Proposal to Repeal SIP Reporting Rule**

By: Kim Streit ([kims@fha.org](mailto:kims@fha.org))

The Agency for Health Care Administration (AHCA) is proposing to repeal rules 59B-15.001-15.007, which require hospitals to submit their data for the Surgical Infection Prevention (SIP) measures to AHCA. As part of the 2004 transparency legislation that required infection data reporting, Florida hospitals recommended that AHCA make available the SIP measures to provide a perspective on infection prevention in hospitals. However, not all hospitals were reporting the SIP data to the Centers for Medicare & Medicaid Services (CMS) at that time, so AHCA promulgated rules to require all Florida hospitals to report this data to the state. A rule challenge delayed the data submission, which resulted in AHCA using the SIP data that hospitals reported directly to CMS. While hospitals submitted several quarters of the SIP measure data to AHCA, none of these data were ever posted to the consumer Web site. The Florida Hospital Association (FHA) encouraged AHCA to repeal the rule since it created a duplicative reporting requirement on hospitals and because AHCA was not using any of the data that hospitals were submitting directly to them. A public hearing on the repeal of the SIP rule will be held on April 28, if it is requested. AHCA has issued a 30-day extension to all reporting facilities for any reports due prior to the repeal of the rule. FHA commends AHCA for identifying opportunities to eliminate duplicative reporting burdens on hospitals.

Please click [here](#) for a copy of the letter.

[Learn more](#)

[top](#)

---

## **FHIMA Hill Day is a Success in Tallahassee!**

*Contributed by Linda Renn, RHIT, CCS, CPC, CPC-H  
FHIMA Advocacy Liaison [[advocacy@fhima.org](mailto:advocacy@fhima.org)]*

FHIMA members traveled to Tallahassee on March 13<sup>th</sup> and met 27 legislators and communicated our support of House Bill 637 and Senate Bill 1998 to 43 legislators! It was a busy, successful day! These bills provide for Electronic Health Records legislation. These are not 2 separate bills but as you recall from US Government classes way back when, a bill must have 2 different numbers – one for the Senate side and one for the House of Representatives side. The wording of the bill is exact for both sides, just a different number.

The Budget is a big concern this year for our state. Many bills with appropriations (money) required to carry out the legislations won't be passed, however, it was important that we communicate to our legislators that we support these bills. We accomplished that goal!

The latest on the Senate Bill 1998: This bill passed out of the Senate Committee on Governmental Operations with a favorable vote of 5 Yeas to 0 Nays. The next Senate committee stop is before the Health and Human Services Appropriations Committee. However, time during session is swiftly running out! Senator Peaden has indicated verbally to Senator Ring that he would sign a withdrawal card allowing SB 1998 a free pass from being heard in his committee. What this means is that if Senator Peaden signs the withdrawal card, then SB 1998 does not have to go before the Senate Committee on Health and Human Services Appropriations. Once on the Senate floor, plans are that SB 1998 will be laid on the table and the House bill (HB 637) will be taken up in its place. The bill will then go into messages between the House and the Senate so that any language differences can be ironed out. If all of the above should occur, then Florida's Electronic Health Record legislation (FHIN) goes to the Governor's office for his veto or his signature.

On the House side, House Bill 637 has passed its third stop before the full House with a vote of: YEAS 109, NAYS 0. So, the Electronic Health Record legislation has made the trip on the House side.

Legislative Trivia: In order for any legislation to pass, it must pass favorably through all of its assigned Committee/Council stops, on both on the Senate and House side. If it completes this trip and makes it to the full House and Senate floors, then the bill goes into messages between the Senate and House Chambers to make sure that both the Senate and House versions match. If they don't, it goes back and forth in messages until this is accomplished. Once this is done, then moves towards passage by the full state legislature and sent on the Governor's desk where he can either sign it, or veto it. (And yes, he has been known to use his veto power).

As you can see, passage of any piece of legislation is not an easy thing to accomplish when we only have a 60 day session! Please stay tuned to email alerts as we will be sending out updates through alerts on the progress of these bills.

[top](#)

---

## Emerging Issues in Release of Information

By Barry S. Herrin, FACHE  
Attorney, Smith Moore LLP



We wanted to let you know of two recent events that may continue to affect the business of release of information services companies and health care providers. The first occurred in Florida in the form of a class action lawsuit against a hospital and its HIM vendors. The suit claims that the hospital and its vendors inappropriately charged patients for copies of their medical records in violation of state copy charge limits. If you want to see a copy of the class action notice, which summarizes the lawsuit and the claims of the class plaintiffs, go to [http://www.legalhimformation.com/pdfs/200804\\_classaction.pdf](http://www.legalhimformation.com/pdfs/200804_classaction.pdf).

The second occurred in Illinois, where the state legislature has changed the way medical records custodians can charge for the production of electronic versions of medical records. This is the first such statute in what could become a series of changes to state laws governing how providers charge for copies of records. You can see a version of the statute at <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=095-0478>.

Because the plaintiffs' bar is the highest utilizer and requester of medical records copies (according to surveys and statistics summarized in *Advance* magazine on March 10, 2008), we are certain that challenges to record copy charges, both in court and in the legislature, are going to continue and are likely to increase.

Medical records custodians and release of information companies should consider the following in an attempt to resist these challenges:

- Become active in your AHIMA component state association. Each has a legislative committee that can coordinate member efforts to explain how the ROI function works and the real costs of producing and maintaining these important records.
- Adopt precise policies and procedures regarding when and how to charge for records, making sure that they comply with any state law and with the HIPAA Privacy Rules. Understand the difference between a patient who requests copies of her records for her attorney and an attorney requesting copies of records or her client.
- Make sure that you differentiate between records that are *stored* electronically and records that can be *produced* electronically. Providing a scanned copy of a paper record should (in our humble opinion) be charged at the paper copy rate, and not at the electronic copy rate (unless your state law requires otherwise).
- Start keeping track of the real time and expense for the production of electronic record copies. You'll need that data if you're going to combat legislation in your state that assumes one method is cheaper than the other.
- Understand what an electronic copy of your record will generate if you produce it directly from the system without review or without converting it to some image format. Metadata, prior versions of records, and other data may "tag along" if you simply copy your record onto a disk or some other media. Considerations of ROI should not, in the real world, drive the definition of your legal EHR, but developments like this should certainly create more focus on these issues in the future.

*Article reprinted with permission from Smith Moore, LLP. Article first published by Legal HIMinformation ® in the April 2008 issue, Volume IV, Number 4.*

For more information, visit their website at <http://www.legalhimformation.com/>

## eDiscovery and Florida State Courts Update

Kelly McLendon, RHIA, FHIMA Legislative Co-Chairperson is continually researching topics of a legislative and EMR nature. Recently, Kelly addressed the issue of eDiscovery adoption for Florida state courts. Here is his update:



I spoke with an attorney who is heading up a Florida Bar Rules Committee investigating eDiscovery adoption for State Courts in Florida. He advised me that there had been many disparate federal decisions to date on eDiscovery and this was making it difficult to plot a course for Florida to make its rules in. They are concerned about causing more litigation if they do not proceed with care. There probably won't be any new formalized rules for eDiscovery in the State courts for another year or so. In Florida this Rules Committee of the bar has jurisdiction.

He said that in Central Florida magistrates might handle discovery requests but that their budgets were getting cut, so getting any kind of legislative or Court attention on this matter is tough right now. For now they advise to proceed as if the data were in paper, utilizing similar procedures for discovery.

He also said that if a provider of care has defined Policies & Procedures and follows them, most times they will be fine. He also said the Family Courts are leading the way in electronic data issues with the courts because of text messages, video's etc.

[top](#)

---

## Can't Work With Them, Can't Work Without Them...

*What to do when personalities clash at your office*

By Tina Allan, Sales Consultant, Omnia Group

A friend recently confided to me that she can't stand the coder her boss just hired. She says they can't seem to agree on anything. Ever the diplomat, I tried reminding her that sometimes it's good to work alongside people with opposing viewpoints, different perspectives and alternative business practices.

In response she only rolled her eyes then reminded **me** that other times this kind of feuding leads to untold regrettable acts and surefire disaster for a department!

The reality is that each one of us has various levels of various traits. Most times these traits allow us to blend well with others, providing balance if they're different and solidarity when they're the same. Occasionally, though, there will be people who find our characteristics and resulting behaviors nothing short of intolerable. And, unfortunately, whether working at a small company or a larger one, there are bound to be at least a handful of employees who just can't get along.

While some personality clashes are caused by conflicts in the interpretation of roles, goals and responsibilities, many others are triggered when people communicate on different levels or have very unrealistic mutual expectations. It's seldom that two colleagues just arbitrarily hate each other.

Often, when co-workers say they can't stand one another it's really that they can't *understand* one another!

### **"Why is she so stubborn?"**

Some people routinely defy others and stubbornly dig in their heels, insist on doing or saying things their way. This, of course, breeds resentment, especially if the independently minded person does not have any real power or authority! The best way to work peacefully with bull-headed people is to first understand that these are typically individuals who dislike any form of change – it intimidates them! So, if you spring a last minute surprise or try to introduce new methods, expect some form of discontent – ranging from under-the-breath mutterings to openly hostile rage. Regimented individuals feel safer maintaining the status quo.

To avert conflicts, try to provide these people with at least some warning of breaks from their routine, a different approach. And try to be patient; they need time to adjust. It's virtually impossible to push these uncompromising personalities into any action they are not already aware of and intent on taking.

If you find yourself managing a stubborn, independently minded employee, consider rewarding his or her compliance with some autonomy. Plan *with*, but avoid planning *for* the person -- as this will allow your free-

spirited worker to at least *think* he or she has some say in matters. These tactics can help provide the breathing space and advance notice that unyielding, self-governing employees need, as well as the peaceful environment everyone else around them wants.

### ***"Doesn't he ever stop talking?"***

Good communication is always key. It pays to know what to say (and sometimes more importantly what **not** to say!) in order to trigger a positive response from a colleague. In order to do this, though, you need to first have some insight into the innate traits of that person. For example, outgoing people are usually openly enthusiastic, chatty and animated; however, they too often expect everyone else to be as colorful and excitable as they are and can become upset, seem personally insulted, when their audience appears to be anything less than exuberant.

Misunderstandings occur. Emotions run high. And mutual feelings of resentment between two people build.

It is behaviors -- not personalities -- that can change. Once co-workers start to correctly "read" one another, they will be better able to find common ground. Limit conversations around quiet types. Don't ask a barrage of non-critical questions, as introverts see this as unnecessary and annoying. Get right to the point, stick to the main subject, and maintain a serious, professional demeanor.

Conversely, if interacting with lively talkers, show signs of interest in their conversation. Try engaging in some bit of small talk or telling a quick anecdote, as this can establish rapport, promote harmony, and make you seem more like them -- which is what makes them happy.

### ***"Who does she think she is?"***

Sometimes two people will inadvertently inflame each other without even realizing they're doing so. This often happens during times of stress, since stress causes a person's most dominant traits to intensify. For example, a very assertive person might become more aggressive and try to force a cautious person to make a quick decision. The more the aggressor does this, the more hesitant the apprehensive individual becomes. What might start out as a "push-pull" exchange between two disparate co-workers can suddenly explode into a full-fledged war between two mutually resentful opponents!

Knowing in advance how co-workers, superiors or subordinates are apt to respond under pressure can make team-building strategies easier to devise and implement. You'll gain a clearer understanding of how and why certain people react to situations the way they do and then anticipate how best to respond.

It's critical for managers to better assess the probable personality interaction between new hires and existing staff. By understanding how to cope with less-than-perfect staff members and maintain harmony at your agency, you're also bound to increase employee loyalty and retention. And, as a result, the money and time too often wasted on frequent employee turnover will be saved!

Why should you or anyone on your team have to go to work each day knowing the chance of getting into an argument with a colleague is high? Personality conflicts inside an office can -- and should -- be tempered or eliminated.

Isn't there already enough uncontrollable stress in the outside world?

**About the author:** Tina Allan is a Sales Consultant with The Omnia Group located in Tampa, Florida. She conducts workshops, facilitates training sessions, and advises clients on how to successfully hire, manage and motivate employees. Call Tina at 800-525-7117 ext 1227 or email her at [tallan@omniagroup.com](mailto:tallan@omniagroup.com).

[top](#)

---

## **AHIMA Update**

### **AHIMA Releases Privacy Roundtable Report**

A new privacy and security report from four leading HIM experts is now available. In "Online, on Message, on Duty: Privacy Experts Share Their Challenges" four experts in health information privacy participated in a roundtable discussion on key issues related to the privacy and security of health information—and ways in which the industry may best address those issues. The report was released in conjunction with AHIMA's fifth annual Health Information Privacy and Security Week April 13-19 established to raise public and professional

awareness of issues related to the privacy and security of patient health information. The complete report is available at [http://www.ahima.org/emerging\\_issues/2008PrivacyRoundtable.pdf](http://www.ahima.org/emerging_issues/2008PrivacyRoundtable.pdf). For more information on Privacy and Security Week visit <http://www.ahima.org/hipsweek/>.

### **Inpatient PPS Proposed Rule on Display**

The Centers for Medicare and Medicaid Services (CMS) has issued the hospital inpatient PPS proposed rule for fiscal year 2009 and it is expected to be published in the *Federal Register* on April 30. Several additional hospital-acquired conditions (HACs) that would be subject to the HAC payment provision on October 1 are being proposed. Under the HAC payment provision, CMS is proposing to pay the CC/MCC MS-DRGs only for those HACs coded as "Y" (yes, present on admission) and "W" (clinically undetermined) present on admission (POA) indicators. The CC/MCC MS-DRGs would not be paid for HACs coded as "N" (no, not present on admission) and "U" (unknown) POA indicators. CMS is considering whether payment should be made for HACs coded as a "U" POA indicator for certain discharge status codes. **Comments on the proposed rule are due to CMS by June 13.** Written comments from AHIMA will be forthcoming.

To access the display copy of the proposed rule, visit <http://www.cms.hhs.gov/AcuteInpatientPPS/downloads/CMS-1390-P.pdf>. (Please note that this is a large file which may take a few moments to open.)

### **Join AHIMA in Support of the RAC Moratorium Act**

One of AHIMA's primary advocacy goals for its 2008 Hill Day was to increase support for HR 4105, the "Medicare Recovery Audit Contractor Moratorium Act." To continue our effort, we are requesting that all AHIMA members visit the action center of the Advocacy Assistant at <https://secure.ahima.org/DC/Login.asp> and send a letter to your congressional representative in support of HR 4105. An action alert is already active on the site; simply select it, review the alert, edit the letter (if you wish), enter your contact information and hit send. HR 4105 was introduced by Rep. Lois Capps (D-CA) in response to problems identified in the Medicare RAC pilot programs in California, Florida, and New York which have not been resolved in spite of complaints from these three states and the industry. AHIMA fears that without evaluation and resolution of these problems, healthcare providers will suffer significant costs due to the administrative problems caused by the RAC program and the Medicare program.

### **AHRQ Web Resource Now Available**

A new Web resource that allows users to learn, share, and adopt innovations in the delivery of health services was launched today by the Agency for Healthcare Research and Quality. Health Care Innovations Exchange is available at [www.innovations.ahrq.gov](http://www.innovations.ahrq.gov). Some of the tools of particular interest to HIM professionals include a description of a physician-patient e-mail system and a number of performance improvement project tools.

### **HIMSS Study Notes Gaps in Patient Security**

A recent study commissioned by HIMSS Analytics indicates there is a significant blind spot when it comes to patient identity theft. Commissioned by Kroll Fraud Solutions, the report notes that many data breaches go unreported and only 56 percent of breached organizations notified the patient involved. The press release is available [here](#). To request a copy of the report, visit <http://www.krollfraudsolutions.com/about-kroll/HIMSS-Patient-Data-Security-Study.aspx>.

### **AHIMA Rolls Out New Brand Campaign**

AHIMA is launching an awareness campaign featuring AHIMA members. The objective is to clarify the role of HIM professionals for healthcare professionals and executives who may have limited understanding of the HIM function. Watch for print advertisements in upcoming issues of *Modern Healthcare*, *Healthcare Executive*, *Healthcare Financial Management*, and *the Journal of AHIMA*. Online advertisements, Web pages, direct mail and promotional merchandise will also be part of the campaign. Click here <http://www.ahima.org/iwork1/> for an example of the campaign.

### **AHIMA's 2008 Hill Day Draws Record Attendance**

On April 8, AHIMA held its annual Hill Day and members from across the country visited Washington, DC, to meet their senators and congressmen. This year set a new attendance record with 170 Hill Day participants representing 36 states and the District of Columbia. Hill Day attendees met with over 213 House and Senate offices to discuss critical AHIMA advocacy issues such as:

- support for HR 4105, the "Medicare Recovery Audit Contractor Moratorium Act"

- implementation of ICD-10-CM and ICD-10-PCS by October 1, 2011
- work force and the need for the Senate to pass HR 1467, the "10,000 Trained by 2010 Act"
- additional issues as health information technology, standards, classifications and terminologies, and the need to pass genetic information nondiscrimination legislation

AHIMA's Hill Day events launched on April 7 with an in-depth policy briefing on the association's key advocacy issues. Hill Day officially began on April 8 with a breakfast briefing to address any final questions. Look for additional follow up on 2008 Hill Day in the June issue of *AHIMA Advantage*.

[top](#)