



MHIMA
Michigan Health Information
Management Association

An Affiliate of
AHIMA
American Health Information
Management Association®

NEWSLETTER OF THE MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

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CDIP Coding Round Tables

On September 24th and 25th, two CDIP Coding Roundtable sessions took place in conjunction with the MHIMA sponsored ICD-9 seminars in Grand Rapids and in Detroit. The format of these sessions was a true roundtable fashion in which eight topics were presented to the entire group. The group was then split into smaller sub-groups for discussion of the topics. After discussion, the sub-groups then reconvened into one large group to discuss the sub-groups' comments and come to one conclusion on each topic as a large group. Note that these recommendations are not “official coding” advice, but the advice from coding peers, working on the front lines in our coding community. This was a great opportunity for participants to seek input from their peers on these topics, network with colleagues and meet new friends. The feedback received from participants was very favorable, and we will attempt to plan similar roundtable sessions in the future.

Thank you to Mary Schafianski and Karen Cole for facilitating the groups. Thank you also to the participants in the roundtable sessions for their excellent comments and participation!!!

There was much lively discussion regarding the various topics. We had a lot of consensus on the topics, but also a few varying answers too! The topics and group discussion/decisions were as follows:

Issue #1 - ICD-9-CM: Laparoscopic Evacuation of Hematoma

If a patient originally had a laparoscopic procedure and was taken back to surgery for an evacuation of a hematoma going through the same laparoscopic site, what code do we use?

Group's Consensus:

Grand Rapids: Query the physician for further information. What was the original procedure? Where was the hematoma? If no other information available, would use 54.19.

Detroit: Two groups = 54.12 , one group 54.0, one group 54.12 & 75.91 this group felt that 54.12 does not address the evacuation of the hematoma

Issue #2 - ICD-9 Coding Diagnosis: ITP

The patient has Idiopathic thrombocytopenic purpura (ITP) and is admitted for Rituxan infusion, first of three infusions. The patient has had a severe reaction ie. rigors, to Rituxan in the past and requires being pre-medicated with Demerol, Benadryl and Decadron. (He had been admitted 8/16 for lower extremity cellulitis and was treated with antibiotics at which time he was found to have a worsening of his plt. count.) He is now scheduled for a lumbar laminectomy redo on 9/10/09 thus the reason for the Rituxan infusion, to raise his platelet count.

What should the principal diagnosis in this case be? Would it be coded the way an admission for chemo would it be coded to the admission for Chemo? V58.89? ITP?

OUR MISSION
The Mission of the
Michigan Health Information
Management Association
is to be Michigan’s expert voice
on health information.
Michigan Health Information Leaders

MHIMA

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Deadline
for March/April issue:
February 15, 2009

**Please forward articles in hard copy
or electronically to the Editor.**

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Group's Consensus:

Grand Rapids:

- ITP-287.31 would be coded first. Based on 2 Coding Clinic reference. 1992- The reason for the immunotherapy should be sequenced first.
- When a patient is admitted for Biological Response Modifiers (which Rituxan is), the condition for which the BRM is given would be sequenced first.

Detroit:

- 1 Group = ITP 287.31 Admission for infusion
- 2 Groups = V58.12 Encounter for antineoplastic - Admission for infusion
- 1 Group = Pt Admitted for ITP 287.31 If the patient was admitted for the infusion to raise platelets. Pt Admitted for the lumbar procedure 7XX.XX

Issue #3 - ICD-9 Coding Diagnosis: Birmingham Hip Resurfacing

Birmingham Hip Resurfacing procedure done. It was not of a previous replacement.

Group's Consensus:

Grand Rapids: Depending on the component resurfaced-00.85-00.87

Detroit: 3 Groups agreed to 00.86 and one group felt that 00.85-00.87 would be the most appropriate (component)

Issue #4 - ICD-9 CM Diagnosis: Liver Autotransplant

Liver Autotransplant (the patient's own diseased liver is removed, the diseased portion of the liver resected, and the patient's own liver is then "transplanted" back into the patient)

Group's Consensus:

Grand Rapids: A lot of discussion on this one- final consensus is 50.99 - Other operations on liver.

Detroit: Three groups felt that 50.59 would be appropriate and one group felt this should be coded as - 50.59, 00.91

Issue #5 - ICD-9-CM Diagnosis: RAC

What has your facility been doing to prepare for the upcoming RAC audits?

Group's Consensus:

Grand Rapids:

1. Seminars
2. Looking at historical information within your own facility to see what, if any exposure you have.
3. Making sure infusion is well documented.
4. Forming a team-this seemed to be the most popular answer.

Detroit:

RAC Targets as of 8.26.09:

- a. Blood Transfusion
- b. Bronchoscopy services
- c. IV Hydration
- d. Neulasta
- e. Once in a Lifetime Procedures
- f. Untimed Codes

What other facilities are doing:

1. Using computer programs (3M Audit Expert) to flag potential RAC targets.
2. Performing a comprehensive audit and educating coding & UR staff based on the results. (DRGs, One day stays).

Create a RAC committee (HIM, Patient Accounts, Utilization Review, Admitting, Registration, Compliance).

CONTINUED ON PAGE 3

January/February 2010

Issue #6 - Coding ICD-9 Diagnosis: ICD-10

What has your facility been doing to prepare for ICD-10?

Group's Consensus:

Grand Rapids: No one in this group really was actively planning for ICD-10. Mainly, reading anything coming from AHIMA.

Detroit:

- Management & Audit staff is attending seminars to learn how to teach ICD-10.
- ICD-10 Project Management team

Issue #7 - Coding ICD-9 Procedure: Tricuspid Regurgitation

A patient is admitted with supraventricular tachycardia and undergoes a slow pathway AV node reentrant tachycardia ablation. The physician states in the Discharge Summary, "During his stay here, he had an echocardiogram which showed a normal left ventricular systolic

function with EF of 55% and trace tricuspid regurgitation and sclerotic aortic valve. He had a Cardiolite study at that time which showed no reversible ischemia, normal left ventricular function with EF of 60%." The physician never says any more about the tricuspid regurgitation or the sclerotic aortic valve or indicates their clinical significance.

Group's Consensus:

Grand Rapids

1. One group would code both the tricuspid regurgitation and the sclerotic aortic valve since the findings were mentioned.
2. Most of the sites would not code either, as these appear to be incidental finding.
3. Some would code the sclerotic valve but not the regurgitation as that was listed as "mild".

Detroit:

Group 1: 427.89 & 37.34

Group 2: Do not code

Group 3: 427.0 & 37.33

Group 4: No tricuspid regurgitation. Query the physician.



FOR THE Record

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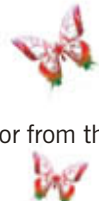
Mentor Award

MHIMA has a new Award. It is the Mentor Award. The Mentor Award honors individuals with long records of encouraging students or colleagues to realize their full potential who have helped others find ways to achieve their best. This person would have touched your life and helped launch you toward new horizons. The Mentor Award honors an individual who has demonstrated a great deal of support to a significant number of HIM students and/or colleagues. This individual has been instrumental in activities such as contributing to intellectual growth and development, career development, professional guidance, advocacy, positive role modeling, encouragement. This individual has also demonstrated a continued interest in aiding students and/or colleagues toward continued career advancement.

Please include the following materials along with the Awards Nomination Form:

1. A narrative summary (200 words or less) that explains the nominee's qualifications for the award and why you think your nominee deserves state recognition.
2. Letter(s) of support from others who are familiar with the nominee's accomplishments. The letters should address the nominee's specific accomplishment(s), the award guideline(s) met, how the nominee met these guidelines, and why the nominee is worthy of an award.
3. Examples:
 - A. Examples of contributing to intellectual growth and development of Students/colleagues.
 - B. Examples of Career development for students/colleagues.
 - C. Examples of Professional Guidance.
 - D. Examples of Advocacy.
 - E. Examples of Positive role modeling.

The form is available online under the Awards tab, or from the Central Office.





AHIMA Health Information Bill of Rights Member Introduction

From AHIMA Today October 6, 2009

Currently, health information is subject to a variety of federal and state statutes and regulations.

At the national level, the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations provide healthcare consumers with rights regarding their protected health information. However, only covered entities (healthcare providers, health plans, and health clearinghouses) must comply with these regulations. There are many entities who access or use health information that are not affected by these regulations. The American Recovery and Reinvestment Act of 2009 (ARRA) contains provisions known as HITECH that include significant changes to healthcare privacy and security protections.

At the state level, there are regulations in most states that address hospital-held health information and provide healthcare consumers with a right to obtain a copy of their medical records, for a fee. However, these regulations are not uniform or consistent. Additionally, healthcare consumers cross state lines for healthcare and their ability to access their health information is based on state regulations where the healthcare provider is located.

Since there is a wide variance among the states and no uniform national standard, healthcare consumers must have a number of rights regarding their health information. The following Bill of Rights has been developed to provide healthcare consumers with key rights regarding their information.

It should be noted that there is sensitive health information, such as alcohol and drug abuse treatment, behavioral health information, HIV/AIDS treatment records, and genetic information that have special protections at either the federal or state level. Healthcare providers must continue to follow these statutes and regulations in handling health information.

Healthcare consumers need to trust that their health information is accurate and complete and available to them. There is increasing use of consumer-controlled personal health records and this should be encouraged and supported by healthcare providers.

Health information is stored in a variety of media. Many healthcare providers are still using paper-based records. However, the use of electronic health records (EHRs) is increasing.

These rights are technology-neutral and should govern all health information whether stored in paper or electronic record systems.

The American Health Information Management Association (AHIMA) recommends that the healthcare industry move towards implementation of these rights. It is recognized that these rights are a major paradigm shift from current practice. To accomplish this may require legislative actions or changes in industry practice. AHIMA believes that these rights are important and will allow healthcare consumers to become more proactive in managing their health and their health information.

PREAMBLE

America has always sought to protect the rights of individual citizens to be informed and therefore free from exploitation. Over and above all other state obligations accepting only the guarantee of life and liberty does this requirement stand. With the dawn of a new century

come new challenges to protect our rights; especially in the sensitive area of privacy.

The American Health Information Management Association (AHIMA) is aware that the 21st Century daybreak that shines a bright promise across healthcare's new horizon also brings greater risk to light. That is why we are always committed to defending the rights and health of America's healthcare consumers by establishing a set of indisputable protections we call the AHIMA Health Information Bill of Rights.

AHIMA has established these seven measures for the sole purpose of protecting healthcare consumers. Ours is a comprehensive set of liberties to safeguard every individual's right to lawful access of their personal health information; to prevent unauthorized access to that information; to promote its best possible accuracy; and to seek proper remedy when any such privilege is violated.

The motive for unauthorized, illegitimate, and criminal invasion of a person's health information covers a broad range: from prying to profit to otherwise unattainable patient care. However, no rationale for denying, invading, and misinforming or mismanaging one's health information rises above one's right of access, security, accuracy, and responsible portability.

As America's foremost authority on the proper management of health information, we set forth this slate. We stand in authority behind the validity of each of these protections as we stand beside the individuals whose rights these protections seek to defend.

AHIMA HEALTH INFORMATION BILL OF RIGHTS

A MODEL FOR PROTECTING AMERICANS' HEALTH INFORMATION PRINCIPLES

1. The right to access your health information free of charge

You, the healthcare consumer, must have the right to read and review your healthcare information and clarify data thought to be inaccurate or missing. You should be able to obtain a copy of your health information for your personal use. You need to be aware that in some states and other jurisdictions where laws and/or regulations place conditions on-or prohibits-unconditional free access, said laws statutes and/or regulations must be adhered to.

2. The right to access your health information during the course of treatment

You or your personal representative should be able to have concurrent access to your health information during the course of treatment. Your healthcare provider should have policies and procedures to address a consumer's request to access their health information during a hospitalization or while undergoing diagnostic and treatment services on an ambulatory basis. A request to view your health information should not be denied solely because that information is incomplete.

3. The right to expect that your health information is accurate and as complete as possible

You, the healthcare consumer, should expect that your health information is accurate and as complete as possible. Inaccurate or incomplete health information does not only prevent you from obtaining a clear understanding of your overall healthcare picture, but can easily be an impediment to your proper care.

CONTINUED ON PAGE 5

4. The right for you or your personal representative(s) to know who provides, accesses, and updates your health information, except as precluded by law or regulation

You, the healthcare consumer, and those legally empowered to act on your behalf have the right to know who accesses your healthcare information and to know the source of that information. You should expect that security systems are in place to protect the privacy and security of your healthcare information from unauthorized persons or for illicit purposes. Today, many electronic health record systems do not have the capability to produce such information and consumers, along with healthcare providers, should join together to ensure that these protections are included in these systems.

5. The right to expect healthcare professionals and others with lawful access to your health information to be held accountable for violations of all privacy and security laws, policies, and procedures, including the sharing of user IDs and passwords

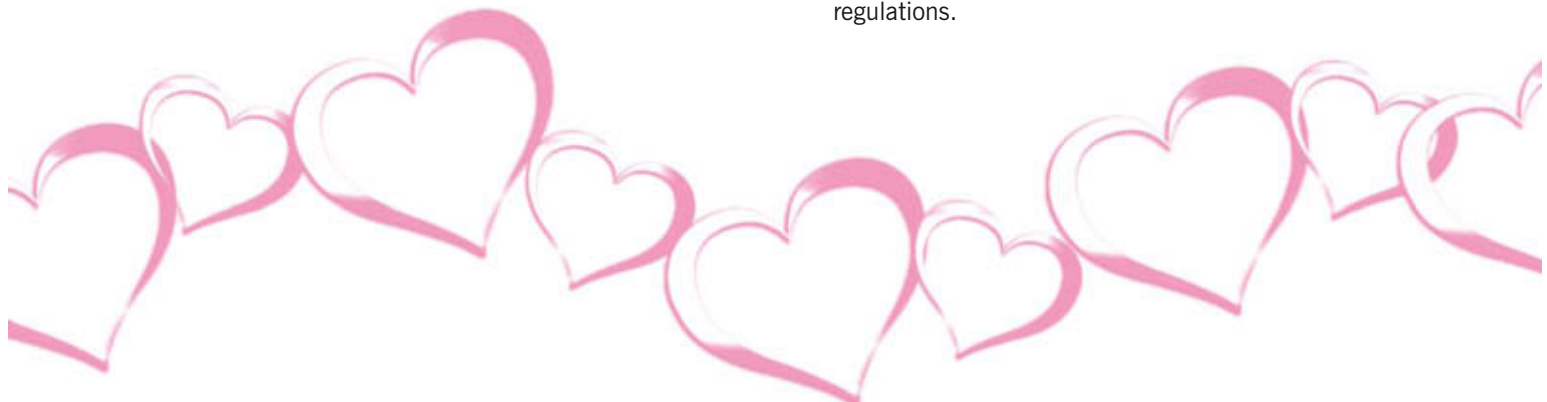
You, the healthcare consumer, have the right to expect that organizations will hold staff and business associates accountable for any improper access to, or use of, your health information. You have the right to expect that any breach of your protected health information will be handled promptly and thoroughly as prescribed by law and that you will be notified and assisted in any breach follow-up actions.

6. The right to expect equivalent health information privacy and security protections to be available to all healthcare consumers regardless of state or geographic boundaries or the location (jurisdiction) of where the treatment occurs

You, the healthcare consumer, frequently receive healthcare services across state and organizational lines. As a result, health information flows routinely across jurisdictional and geographic boundaries. The protections available to any given healthcare consumer should not be determined by what side of a state line he or she resides or seeks treatment. If America cannot achieve federal uniformity to protect patient confidentiality and privacy, there should at least be assurance, through state regulations and industry practices, that equivalent protections are available for everyone.

7. The right to the opportunity for private legal recourse in the event of a breach of one's health information that causes harm

You, the healthcare consumer, do not have a private right of action for breach of confidentiality under federal law. As a result, your ability to take legal action depends upon applicable state laws when existing safeguards have not effectively addressed your grievance. This results in inequalities in the protections available to healthcare consumers. If America cannot achieve federal uniformity to provide a private right of legal action, the right should exist through state regulations.



TREASURER'S REPORT

**DECEMBER 15, 2009
TOTAL MHIMA ASSETS**

\$35,568.12

Silent Auction

**April Martin, RHIA, CMT, AHDI-F,
Chair Silent Auction**

Due to the success experienced with the past two years' Silent Auctions for Michigan Medical Record Charities, this has become a regular event at the MHIMA Annual meeting. The Annual meeting this year will be held May 12-14, 2010, at the Detroit Marriott Hotel in Troy, Michigan.

Monies raised by Michigan Medical Record Charities are used to fund the student scholarships offered by MHIMA and to pay dues for the Yvonne Harbert Student Achievement Award winner.

Do you have a talent for creating great gift baskets? Would you be willing to create one for our 2010 Silent Auction? Do you have any items you would be willing to donate toward the 2010 Silent Auction? If so, email April Martin at amartin@qidtranscription.com so she can arrange to obtain the items if you are unable to attend next year's meeting. Thank you for considering our request and for helping to support the next generation of HIM professionals.

**Be creative and informative!
If you would like to contribute to an
upcoming issue of FOCUS**



email the editor at pchapo@botsford.org

ANNUAL MEETING & Tentative Schedule 2010 - Him Reform: Redefining Our Role

Tuesday, May 11, 2010

6:00-7:30 PM	.....Early registration - MHIMA promotional items will be available for purchase	
5:00-8:00 PM	.....Art Craft Set Up	.....Peninsula Grand Ballroom
8:00-11:00 PM	.....Exhibit Booth Set Up	.....Peninsula Grand Ballroom

Wednesday, May 12, 2010

7:00-8:00 AM	.....Registration Continental Breakfast	.....Conference Foyer
7:00-11:00 AM	.....Complete Exhibit Booth Set Up	.....Peninsula Grand Ballroom
8:00-8:10 AM	.....Welcome to the 2010 MHIMA Convention	.....Mediterranean
	Mayor of Troy - President SEMHIMA Mary Mills, RHIT, CCS	
8:10-10:00 AM	.....Leslie Charles	.....Mediterranean
2.0 CE Mgmt Dev	<i>Life is Not a Duress Rehearsal</i>	
10:00-10:15 AM	.....Break	.....Conference Foyer
10:15-11:00 AM	.....Business Meeting Installation of New Board	
11:00 AM-12:00 Noon	.....AHIMA Rep	.....Mediterranean
1.0 CE Mgmt Dev	<i>AHIMA Update:</i>	
12:00-5:00 PM	.....Exhibit area open	.....Peninsula Grand Ballroom
12:00-1:30 PM	.....Lunch (sit-down) with Vendors	
1:30-3:00 PM	.....Rochelle Cooper	
1.50 CE Ext. Forces	<i>RACs</i>	.....Mediterranean
3:00-3:30 PM	.....Break with the Vendors	.....Peninsula Grand Ballroom
3:30-5:00 PM	.....Denny Drake	
1.5 CE Ext. Forces	<i>Fraud and Abuse</i>	.....Mediterranean
5:30-7:00 PM	.....President's Reception	
	Cocktails and hors d'oeuvres ONLY	
	Honor our outgoing president, Karen Schmidt, RHIT, CCS	

6.0 CE credits total available for Wednesday and 1.0 CE credit for the Vendor area for Wednesday or Thursday

Thursday, May 13, 2010 - MHIMA Logo Day: Wear your MHIMA attire

7:00-8:00 AM	.....Registration/Continental Breakfast	.....Conference Center Foyer
8:00-10:00 AM	.....Laura Appel, Vice President of Federal Advocacy, MHA - Keynote	
2.0 CE Ext. Forces	<i>Michigan and Federal Legislative Update</i>	.....Mediterranean
10:00-11:00 AM	.....Break with the Vendors	.....Peninsula Grand Ballroom
11:00-12:00 Noon	.....Concurrent Sessions	
1.0 CE Ext. Forces	I. Veronica Marsich	.....Mediterranean
	<i>Legal Update - Hot Topics</i>	
1.0 CE Clin Data Mgmt	II. Lynn Kuehn	.....Dennison
	<i>Auditing and Monitoring of Professional Fee Coding</i>	
12:00-1:30 PM	.....Lunch (sit-down) with Vendors	.....Peninsula Grand Ballroom
	Post Lunch Visit Exhibits	.....Peninsula Grand Ballroom
1:30-2:30 PM	.....Concurrent Sessions	
1.0 CE Technology	I. Nancy Walker, MS, RHIA	.....Mediterranean
	<i>EHIM Panel</i>	
1.0 CE Clin Foundations	II. Dr. James Riddell	.....Dennison
	<i>Update on HIV/AIDS New Treatments</i>	
2:30-3:00 PM	.....Last Break with Vendors Door Prizes	.....Peninsula Grand Ballroom
3:00-7:00 PM	.....Exhibit Art Craft Tear Down	.....Peninsula Grand Ballroom
3:00-5:00 PM	.....Concurrent sessions	
	I. Beth Nagel	.....Mediterranean
2.0 CE Technology	<i>Update on HIT initiatives in Michigan</i>	
	II. Lynn Kuehn	.....Dennison
2.0 CE Clin Foundations	<i>Ortho/Spinal procedures</i>	
5:00-8:00 PM	.....Community Education Trainer Session MY PHR - Margaret Neterer, MM, RHIA	

6.0 CE credits total available for Thursday and 1.0 CE credit for the Vendor area for Wednesday or Thursday

Friday, May 14, 2009

7:00-8:00 AM	.....Registration/Continental Breakfast	.....Conference Foyer
8:00-9:30 AM	.....Joyce Weiss	
1.5 CE Mgmt Develop	<i>Be Direct With Respect</i>	.....Mediterranean
9:30-9:45 AM	.....Break	.....Conference Center Lobby
9:45-11:15 AM	.....Don Guinn	
1.5 CE Clin Foundations	<i>Medical and Ethical Considerations When Treating Jehovah's Witness Patients</i>	
11:00 AM 12:30 PM	.....Helen Peck	.....Mediterranean
1.0 CE Clin Foundations	<i>Cancer Clinical Trials</i>	
12:30 1:45 PM	.....Awards Luncheon	.....Salons A-D
1:45 3:45 PM	.....Concurrent Sessions	
2.0 CE Clin Data Mgmt	I. Ann Barta	.....Mediterranean
	<i>ICD 10 Update</i>	
2.0 CE Perf Improve	II. Peter Reilly	.....Dennison
	<i>MT Transition to Editor</i>	

6.0 CE credits total available for Friday Grand Total 18 + 1 for the vendor = 19

Congratulations!

THE FOLLOWING MEMBERS HAVE PASSED EXAMINATIONS!

CCA's

Bonnie Kendall
Kathy Mueller
Angela Ramus

CCS's

D'Anne Adrian
Julie O'Brien

RHIT

Barbara Allen
Cynthia Babcock
Amy Bodner

Tawas City
Sparta
Warren

Alpena
Alpena

Onsted
Canton
Canton

Kim Bodrie
Karen Clouse
Carol Current
Susanne Gleason
John Haikio
Frances Keigley
Michelle Knapp
Sharmini Kumar
Samuel Makun
Tina Penrod
Gerrilynn Voss
Marcine Washington

Trenton
Grass Lake
Owosso
Royal Oak
Fraser
Las Vegas, NV
Sterling Heights
Novi
Eastpointe
Harper Woods
Westland
Flint

MHIMA Bylaws Update

There are no changes to the bylaws for 2009 and the most recent version is posted on the website for your review.

NOW . . . Is The Time To Vote

February 15, 2010 the Ballot will be online. Vote at www.mhima.org. The paper ballot will be in the mail by the end of February. You will need to submit your ballot by March 15, 2010. Remember to include your Name and ID number on the paper ballot or it will not be counted.



AHIMA Update

The AHIMA Board of Directors made the following announcement of the appointment of the new CEO for AHIMA. He is Alan F. Dowling, PhD. Dr. Dowling, who will officially join AHIMA on January 13, 2010, is a seasoned executive with extensive experience in health information & informatics, academic preparation and administration, strategic planning, organizational development and redesign, business process innovation and professional development in industry and nonprofit organizations worldwide. The health information management profession has been adapting to change from external forces and the Board believes that Alan respects and appreciates the core fundamentals of our profession and will advance AHIMA's ongoing transformation to new heights.

Dr. Dowling joins us from his position as president of Global Health Associates LLC, which provides executive and board consulta-

tion on information systems and technology transfer and adoption in the U.S. and internationally. Dr. Dowling also serves as adjunct professor of information systems at Case Western Reserve University in Cleveland, OH.

Given the excellent foundation laid by Linda Kloss, all of you the excellent AHIMA staff and past volunteer leaders our Association is poised to move to the next level and to be an even more significant player in the national and global healthcare information industries. We believe that Alan embraces our history and culture, as well as the core principles of the HIM profession and is anxious to work with all of us in accelerating the advancement of the HIM profession

Please join in welcoming Alan to AHIMA!

New CoP Coming Soon

The new Communities of Practice will be unveiled in the beginning of 2010. Before the transition, we need your help. Please review

your resources and decide what you would like to save in the new CoP. Only the pertinent resources should be saved. Resources will move over into an archive area. Other items will not be moving over. If you want to save links, etc., save the information on your system so it can be added back in as a new topic. Watch for the new look soon.

Team Talks Update

The 2010 Winter Team Talks and Virtual Team Talks meeting dates have been confirmed. The first Winter Team Talks meeting date is March 11, 2010 in Las Vegas, NV, at the MGM Grand Hotel; the second meeting is on March 22, 2010 in Washington, DC, in conjunction with Hill Day on March 23, 2010 at the Hilton Washington Hotel. Virtual Winter Team Talks will take place on April 1, 2010. Registration and meeting details will be available in early January on the State Leaders and House CoP.

From AHIMA E-Connections

President's Message



KAREN SCHMIDT, RHIT, CCS
PRESIDENT, MHIMA

By the time you read this article the New Year will have snuck up on us! Along with the glitter, champagne, noise makers and kisses comes the age old traditional of "New Year's Resolution(s)". Celebrating the New Year with resolutions dates back to 46 B.C. The Romans, at the stroke of midnight on December 31st, began the tradition by looking at the old and deciding what could bring good fortune in the new. Although perhaps not in the same way, celebrating January 1 is done in many customs to ensure good luck in the coming year.

As health information professionals we can certainly reflect on healthcare in 2009 with its RACs, H1NI, Healthcare Reform, ARRA, HITECH, ICD-10, healthcare costs and electronic information sharing and match it with similar concerns for 2010. In our various health information management roles more will continue to be required of us as the days of the New Year fall of the calendar.

Being content with ourselves plays an important role in our everyday work, social and family lives.

As we look for our 'good fortune' in 2010, if you haven't already embraced a resolution I would like to share some self nourishing suggestions for 'New Year resolutions' (*no.....it's not too late to commit!*):

- Spend More Time with Family & Friends
- Learn Something New
- Help Others
- Get Organized
- Do Better at Your Job
- Get in Shape
- Improve Yourself
- Travel More
- Enjoy Life More

Wave goodbye to 2009 and say hello 2010, pick **one** and make a positive change to ensure this year is the best year yet!

Karen Schmidt, President

Schoolcraft Health Information Technology Club

By: Megan Palka, Vice President 2009-2010

Schoolcraft HIT Club is a central part of the Health Information Technology program at Schoolcraft College. The club's goal is to keep students on track throughout their program through different activities we have year round. Each year a new set of club officers are elected which brings freshness to the club and pulls in new members every year. To keep students up to date there is the HIT Club website, <http://www.schoolcrafthitclub.org>, for students to catch a quick glimpse of upcoming events such as scholarships available, activities being put on by the club, deadlines, and contact information.

One of the first events the HIT Club kicks off every year is the Welcome Back Breakfast. At this breakfast new students to the program are educated about health information management and are given tools and advice to get them started in the right direction. We educate the students about the different organizations to join and their websites, including SEMHIMA, MHIMA, and AHIMA. The new students are open to ask any questions they

have and the students getting ready to graduate get to answer the questions. This breakfast is always a success because new students are able to partner up with students getting ready to graduate and in turn succeed in their studies from this relationship.

Another activity that the club participates in is HIT Week each November. In 2009, the club decided on creating wallet size emergency medical information cards to hand out to students. We also had a chance to display AHIMA job opportunity cards that colorfully displayed students across the country that were in an RHIT or RHIA program and the reasons why they got started in the program and are interested in the health information management profession.

The instructors who teach our Health Information Technology program are the best of the best and the information gained from this program is invaluable. Because of this, the Schoolcraft HIT Club wants each student that enters the program to succeed in their studies, their relationships, and their job building skills while at Schoolcraft College.

New Members MHIMA December 2009

Christine Andersen	Lakeview
Kimberly Bell	Caledonia
Sally Billingham	Dowagiac
Ashley Bregg	Reed City
Michelle Breitner	Petersburg
Rita Brisentine-Miller	Redford
Lisa Copley	China
Lisa Cox	Edwardsburg
Anita Doneth	Rosebush
Faye Downing	Byron Center
Sandra Duffield	Cassopolis
Stacy Earl	Belmont
Arwa Elijahmi	Traverse City
Elizabeth Feys	Imlay City
Kimberly Fisher	Garden City
Lisa Fullilove	Farmington Hills
Mary Hall	Clinton Township
Dale Hodges	Hastings
Rochelle Juni	Royal Oak
Sherry Kudwa	Swartz Creek
Lisa Lashley	Roscommon
Crystal Lawrence	Macomb
Lisa Leonard	Reed City
Kathy Leone	Grosse Pointe Park
Ashley Logsdon	Grosse Ile
Susan Loranger	Macomb
Anna Lynch	Marine City
Lynnette Mann	Battle Creek
Kevin Miller	Taylor
Jautawn Moman	Detroit
Jessica Navarre	Monroe
Karyn O'Brien	Rochester Hills
Laurie Patterson	Livonia
Kim Pivinski	Hartland
Robert Porter	Jackson
Carol Pringle	Grand Rapids
Lori Prucha	Sault Sainte Marie
Christina Quainoo	Grand Blanc
Sandra Robert	Eastpointe
Ilonia Ruffin	Detroit
Nancy Shaw	Milan
Rebecca Sieracki	Algonac
Devon Stayhue	Gladwin
Kelli Taylor	Saginaw
Vicki Terwedo	Sturgis
Dana Thorne	Grand Haven
Deonna Thorne	Grand Rapids
Amanda Tikkanen	Coopersville
Rachel Vassallo	Shelby Township
Heather Walker	Niles
Janelle Wesley	Edwardsburg
Luan Westfall	Edwardsburg
Mark Weymouth	Grand Rapids
Samantha White	Clinton Township
Lenah Zahreddine	Dearborn
Lynn Zielinski	Clinton Township

The House of Delegates Operational Team Summary

Respectfully submitted, Denise Holstege, RHIT
2nd year Delegate, MHIMA

Our group met in early December. An overview of the [AHIMA 2010 Strategy Map](#) was provided. The House of Delegates is working in alignment with AHIMA's strategy and the work of all six Teams is reflected throughout this document. I would refer the reader to the CoP for review of the AHIMA 2010 Strategy Map. Strategy Map serves as a useful tool to prioritize work.

We had update on the work for the House Apportionment Workgroup. There was much discussion as to the feedback during the House of Delegates Session in Texas. We heard what the delegates had to say. The Team was reminded the goal is to conduct an electronic vote within this delegate term to capitalize on the in-depth discussions and communications with this group of delegates. The workgroup felt an informational gathering survey would aid in guiding the next apportionment model. The Team supported conducting the survey. A survey will be sent to the delegates in January to assist in guiding us towards the next apportionment model.

Future meetings will be to continue discussion on the apportionment model and get ready to send it to delegates for discussion and votes. We will also discuss House Performance Measures and the mid-term delegate survey.

Our next meeting will be scheduled for February 11.

MHIMA Participates In Southeast HIMSS Hill Day In Washington D.C.

Charlie Robinson, RHIT, CCS-P
MHIMA Delegate

On Thursday, September 24, 2009, Charlie Robinson, RHIT, CCS-P, MHIMA Delegate and Legislative Liaison, flew to Washington, D.C. to represent MHIMA on Capitol Hill. The Southeast chapter of Michigan HIMSS held a Capitol Hill Day during the National Health IT Week with a spotlight on the significant HIT/HIE talents and resources in the State of Michigan. Members of the Michigan Legislature were invited as guest speakers for this meeting. Unfortunately, none of the Michigan Legislators were present at the meeting due to the recent proposal for National Healthcare.

Presentations for this meeting were focused on the adoption of technology for electronic health records (EHRs) and health information exchanges (HIEs). Most notable was the presentation by Dr. Jack Taylor of the VHA. This presentation outlined how technology assisted with healthcare from afar. Dr. Taylor described an event where he was able to check in on an ER, in another State, that had a high volume of patients which resulted in significant wait times. The ER was able to quickly respond to a mounting problem thanks to the adoption of technology. All of the presentations focused on how technology adoption can positively impact healthcare. What better place to showcase these than in Michigan?

MHIMA was able to network with Central Michigan University (CMU) and the Michigan Primary Care Association (MPCA). Following this meeting, MHIMA was able to follow up with CMU and their initiatives with the HIE in their region. MHIMA is planning to become involved with the HIE efforts in the Central Michigan region. The MPCA is an organization that works very closely with Federally Qualified Health Clinics (FQHCs). These clinics are in need of expertise for EHR adoption and education. A considerable concern for the MPCA is that a large percentage of Medicaid recipients are treated by private physicians not associated with FQHCs. This poses a significant issue because private practices are less likely to adopt EHR technology because of cost. MHIMA will offer our HIT expertise to the MPCA and their members in 2010.

With the federal dollars tied to the American Recovery and Reinvestment Act (ARRA) this meeting was created to showcase technology in healthcare and the expertise that the State of Michigan has. Lastly, it was an excellent opportunity for MHIMA to offer our expertise to other like organizations in the State.



MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

MICHIGAN MEDICAL RECORD CHARITIES SCHOLARSHIP

SCHOLARSHIP AWARD ANNOUNCEMENT

The Michigan Health Information Management Association is proud to announce the annual scholarship awards.

WHAT IS THE SCHOLARSHIP AWARD

Five hundred dollars is awarded for the MHIMA scholarship. The funds are to be used for educational costs such as tuition and books for continuing education in an accredited health information technician or health information management program.

WHO IS ELIGIBLE

Students in the above programs who will be continuing their education during the next academic school year.

Students must have a minimum overall grade point average of 3.0, and hold AHIMA membership as a student or active RHIT/RHIA.

HOW TO APPLY

An application form is to be completed and returned to the Project Manager, Awards by March 15, 2010 to:

Kim Buti, RHIA
C/O MHIMA Central Office
3311 David-Bee Street
Muskegon, MI 49444

Students may obtain a copy of the application from their Program Director, download the form from the Colleges tab on the MHIMA website, or contact the MHIMA Central Office for a copy.

CRITERIA

A weighted point-value system will be used covering the following areas:

Overall grade point average

3.00 to 3.25	10 points
3.26 to 3.49	15 points
3.50 to 3.74	20 points
3.75 to 4.00	25 points

Contribution to the Profession

AHIMA membership	15 points
Participation in promoting health information	10 points
Honors, awards, recognition	10 points
Recommendation of program faculty regarding potential for professional leadership	20 points

EVALUATION AND SELECTION

A Committee composed of health information professionals (including one educator) will evaluate each application. Each applicant will compete with applications from all programs. The scholarship will be awarded to the applicant with the highest total number of points.

RESTRICTIONS

An individual is to be awarded the scholarship no more than once.

THE APPLICATION HAS BEEN SENT TO ALL DIRECTORS OF HIA/HIT PROGRAMS



ATTENTION MHIMA MEMBERS

We Need You!

Are you interested in serving MHIMA on a Committee or Project? The following Projects are part of MHIMA and can use the help of qualified professionals.

EDUCATION: Help schedule and set up educational meetings for the year.

ANNUAL CONVENTION/AWARDS/PROMOTIONS: Help with arrangements and the program for the annual meeting, or help with selecting Yvonne Harbert Student and/or MHIMA Distinguished Members or select items for promotions to be sold throughout the year.

CDIP CODED DATA INTEGRITY POLICY: Send your resume to help this group to assist in scheduling Coding Roundtables that are pertinent to your needs and answer coding questions from MHIMA members.

You must have a minimum of five years of coding experience.

COMMUNICATION: FOCUS Help write articles and edit the newsletter.

COMMUNITY EDUCATION CAMPAIGN: Train other trainers to present My PHR throughout the community, or become a trainer to bring My PHR to your local community.

MHIMA COMMUNICATION RESOURCES: Help create and implement policy, procedures and methods for keeping members informed quickly regarding important legislation and other pertinent issues.

MONITOR LEGISLATION: Help MHIMA keep abreast of current healthcare legislation that will affect our members.

Yes! I am willing to participate in MHIMA's future!

I would be willing to serve (project/committee): _____

Place Of Employment: _____

Name (Typed/Printed): _____ Signature: X _____

Phone: _____ Date: _____ Email: _____

You may also submit names of any MHIMA active or associate members who would be qualified for office or committee membership:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Please return this completed form by March 31, 2010 to:

Chris McCann MPA, RHIA
c/o MHIMA Central Office
3311 David-Bee Street
Muskegon, MI 49444
Phone: 231-767-9717
Fax 231-767-2557



Qualifying Continuing Education Activities And Calculation Of CEUs

Calculation of CEUs

Continuing education units are based on educational contact hours. Sixty minutes of attendance at an educational program equals one (1) CEU.

CE Activities

1. Participation in educational programs on topics relevant to HIIM.

- a. Educational portions of AHIMA meetings (national convention, state, local, or regional meetings). *One (1) CEU for each 60 minutes of participation*
- b. Educational portions of programs of allied health and other relevant professional associations. *One (1) CEU for each 60 minutes of participation*
- c. Educational portions of programs sponsored by organizations or vendors on topics, which maintain, update, or enlarge knowledge and/or skills relevant to the HIIM profession. *One (1) CEU for each 60 minutes of participation.*
- d. Telecommunications/teleseminars relevant to the HIIM profession. *One (1) CEU for each 60 minutes of participation*

2. Participation in formal educational programs of study that address subject areas relevant to HIIM.

- a. Post-secondary courses attended for credit, including guided independent study and regular college or university courses. Courses taken in pursuit of associate, baccalaureate, master, or doctorate degrees, that are relevant to the HIIM profession, are included. All coursework and final exams must be completed by the December 31 recertification cycle end date. *Fifteen (15) CEUs for each semester/trimester credit; Ten (10) CEUs for each quarter credit*
- b. Audit of academic course or relevant non-credit adult education course, including attendance at a college or university course with permission and following regulations, without completing necessary requirements for full formal credit. Course must be completed by the December 31 recertification cycle end date. *Six (6) CEUs for each semester/trimester credit; Four (4) CEUs for each quarter credit*
- c. Correspondence and other formal, independent, online, or distance education study programs accredited by the National Home Study Council or prior-approved by AHIMA, which consist of readings and exercises submitted to a knowledgeable instructor for evaluation. Courses normally cover several lessons to be completed in a specific time period. Certificate of completion must show that all coursework and exams were completed by the December 31 recertification cycle end date. (CEUs must be determined on an individual basis by CCHIIM)

3. Publication/presentation of material relevant to HIIM.

- a. Publication is the development of an original work, relevant to the HIIM profession, which has been reproduced by written or electronic means for general dissemination to the public

(unless required as part of work responsibilities see section VI.6.a and VI.6.b).

Author of a textbook, workbook, or manual *thirty (30) CEUs*

Editor of a textbook, workbook, or manual *twenty (20) CEUs*

Author of an article in a research journal *fifteen (15) CEUs*

Author of a chapter in a textbook, workbook, or manual *ten (10) CEUs*

Author of an educational article in a professional or trade journal *five (5) CEUs*

Editor of a professional or trade journal *five (5) CEUs* AHIMA Recertification Guide 8

AHIMA course writing (for example, Virtual Lab, Course share, EHR Hybrid Environment 6 lesson course) *five (5) CEUs*

Author of an educational article in a local or state newsletter *two (2) CEUs*

Reviewer of book manuscripts prior to publication *one (1) CEU per chapter*

- b. Presentation is the development of an original work delivered to an audience.

Speaker at an educational program *one (1) CEU for each 15 minutes of podium time*

Panel participant at an educational program *one (1) CEU for each 60 minutes of podium time*

4. Independent study activities relevant to the HIIM profession.

- a. Study groups devoted to topics relevant to HIIM. *One (1) CEU for each 60 minutes of participation*
- b. Enrollment in one or more AHIMA independent study program modules (CEUs pre-determined by CCHIIM)
- c. Enrollment in home study programs relevant to AHIMA core education content areas from organizations other than AHIMA (AHIMA prior approval required)
- d. AHIMA post-test offerings accompanying a *Journal of the AHIMA* article or book published by AHIMA (CEUs pre-determined by CCHIIM)
- e. Advanced research (for example, reading and analyzing material that is above and beyond one's knowledge of the subject matter) in an HIIM topic area to support activities associated with an expert panel, workgroup, or task force of AHIMA or its affiliate. *One (1) CEU per each year*

5. Item writing

- Item writing for AHIMA's certification exams (CEUs pre-determined by CCHIIM)

6. Other activities

- **Substantive oversight and involvement of directed clinical practice on behalf of a Commission on Accreditation for Health**

Informatics and Information Management Education (CAHIIM) accredited program. *Five (5) CEUs per student supervised with a maximum of ten (10) CEUs for student supervision allowed in each recertification cycle.*

- Visiting AHIMA exhibits at a national or state meeting. *One (1) CEU per meeting*
- Participation in an AHIMA volunteer leader conference or work group (CEUs pre-determined by AHIMA).
- Internet educational offerings relevant to AHIMA core education content areas (AHIMA prior-approval required).
- Facilitator for an AHIMA Community of Practice (CoP). *Five (5) CEUs for one year service, per community, each year of the two-year cycle*
- Activities defined by the guidelines for approval of CE programs for state, local, and regional HIM associations.
- Exceptional events recognized by the CCHIIM as defined in section II.H.AHIMA Recertification Guide 9

Non-Qualifying Continuing Education Activities

Examples of activities that do not qualify for CEUs are as follows. The list is illustrative and not intended to be inclusive.

- Responsibilities that fall within the normal parameters of an individual's job description, including but not limited to the following: (1) staff meetings; (2) grand rounds; (3) preparation for or participation in accreditation and licensure surveys; (4) preparation of procedure, policy, or administrative manuals; (5) conducting tours; (6) participation in career day activities; (7) development of employee and staff training materials
- Published materials and presentations developed as a direct part of an individual's employment
- Serving in a volunteer leadership role for AHIMA or any other professional organization
- Instructing or teaching a class
- Summarizing articles or audio-or video-tapes

Attention All Students!!!

MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

Yvonne Harbert Student Achievement Award

The Michigan Health Information Management Association is proud to announce the annual Yvonne Harbert Student Achievement Award.

WHAT IS THE ACHIEVEMENT AWARD

It is an annual achievement award given in honor of Yvonne Harbert, RHIA to an outstanding student in the HIA and HIT programs. The award recognizes the genuine interests in education expressed by Yvonne during her lifetime. She set a fine example for students by working diligently to progress to RHIA status. The first year's annual dues after successful completion of the national qualifying examination and a certificate of achievement will be presented to the outstanding HIA graduate and HIT graduate from American Health Information Management Association accredited Michigan based HIA/HIT programs at the Annual meeting in May.

WHO IS ELIGIBLE

Students in the above programs who will be completing course requirements and be eligible to write the certifying examination during this current year.

Students must have a minimum overall grade point average of 3.0, and hold AHIMA membership as a student or active HIA/HIT.

HOW TO APPLY

An application form is to be completed and returned to the Awards Committee Project Manager by March 15, 2010. A blank application may be requested from the MHIMA Central Office or downloaded from the website from the Colleges tab.

CRITERIA

A weighted point-value system will be used covering the following areas:

Overall grade point average	30 points
Organizations	25 points
Community service	20 points
Honors, awards, recognition	15 points
Work experience	10 points
Total	100 points

EVALUATION AND SELECTION

An Awards Committee composed of health information professionals (including one educator) will evaluate each application. Separate awards are evaluated comparing applicants from HIA and HIT programs. The award will be given to the applicant with the highest total number of points from each type of program.

RESTRICTIONS

May receive the award one time only.

The application has been sent to all Directors of HIA/HIT Programs

Membership Report - December 10, 2009

SUBMITTED MARSHA A. ALLEN, RHIA

CLASSIFICATION	MEMBERSHIP AS OF AUGUST 9, 2009	MEMBERSHIP AS OF OCTOBER 18, 2009	CHANGE
Active RHIT/RHIA/CCS/CCS-P/CCA/CSP	1819	1802	-17
Active Senior	46	45	-1
Student	594	688	+94
Graduate	173	114	-5
Honorary	2	2	-
Corporate	13	13	-
	2647	2664	+17
Certified Non-members	965	948	-17

Corporate Members 2010

7/92	3M Health Information Systems 13130 Willow Forest Drive Louisville, Kentucky 40245	Brad Sorgi Client Relationship Executive (502) 322-5013	www.mmm.com
7/93	VanBelkum Companies 4345 44th Street SE, Suite C Grand Rapids, Michigan 49512	Greg Ingersoll Director, Sales & Marketing (616) 974-8200	www.vanbelkum.com
3/94	The Rybar Group, Inc. 3150 Owen Road Fenton, Michigan 48430	Claudine Hildreth Marketing Operations Director (810) 750-6822	www.TheRybarGroup.com
10/96	Nuance Healthcare One Wayside Road Burlington, Massachusetts 01803	Lauren Underhill Marketing (781) 565-5000	www.nuance.com
8/98	Dolbey and Company 7418 Gateway Park Drive Clarkston, Michigan 48346	Mark Kuenzel Regional Vice President (888) 384-7828, Ext.155	www.dolbey.com
3/03	TLM Consulting P.O. Box 456 St. Clair, Michigan 48079	Terri McIntosh (586) 216-8108	www.tlmcintosh@comcast.net
1/05	MD-IT 471 W. South Street, Suite 41B Kalamazoo, Michigan 49007	Jon Moretti Manager/Director MD-IT Kalamazoo (269) 343-0118	www.md-it.com
2/05	CareTech Solutions, Inc. 901 Wilshire Drive, Suite 100 Troy, Michigan 48084	Leslie Mack Senior Director iDoc Document Imaging Delivery Division (877) 700-8824	www.caretechsolutions.com
1/06	Axolotl 160 W. Santa Clara Street San Jose, California 95113	Veridiana Croce Marketing Assistant (408) 920-0800 ext. 151	www.axolotl.com
3/06	United Transcription 5000 Nations Crossing, Suite 201 Charlotte, North Carolina 28217	Keirsten Huth Vice President (704) 527-8244	www.unitedtr.com
1/08	MRO Corporation 1016 W. 8th Avenue, Suite A King of Prussia, Pennsylvania 19406	John Walton V.P. Sales & Marketing (610) 994-7500	www.mrocorp.com
4/09	Iron Mountain 7277 N. Haggerty Canton, Michigan 48187	Ana Garcia Manager Healthcare Accounts (734) 456-5000	www.ironmountain.com
4/09	Davenport University 415 Fulton Street E Grand Rapids, Michigan 49503	Susan Slajus Associate Dean Health Professionals (616) 732-1166	www.davenport.edu

MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

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MHIMA

Michigan Health Information
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3311 David Bee
Muskegon, MI 49444

POSTMASTER, DATED MATERIAL, PLEASE DELIVER PROMPTLY!



MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

Calendar Of Events

DATE	SPONSOR	LOCATION	TOPIC	CONTACT	PHONE
May 12-14, 2010	MHIMA	Marriott, Troy	Annual Meeting And Exhibits	MHIMA	231-767-9717
September 25-30, 2010	AHIMA	Orlando, FL	Annual Meeting And Exhibits	AHIMA	www.ahima.org
May 11-13, 2011	MHIMA	Soaring Eagle, Mt. Pleasant	Annual Meeting And Exhibits	MHIMA	231-767-9717
May 16-18, 2012	MHIMA	Lexington, Lansing, MI	Annual Meeting And Exhibits	MHIMA	231-767-9717
May 15-17 2013	MHIMA	Grand Traverse Resort, Traverse City, MI	Annual Meeting And Exhibits	MHIMA	231-767-9717