

MHIMA | An Affiliate of AHIMA

FOCUS

Michigan Health Information Management Association | American Health Information Management Association®

NEWSLETTER OF THE MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

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March/April
2009

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CDIP CODING ROUND TABLES

On December 4th and 5th, two CDIP Coding Roundtable sessions took place in conjunction with the MHIMA sponsored CPT seminars in Grand Rapids and in Livonia. 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!!!

We had a lot of consensus on the topic, but also a few varying answers too! The topics and group discussion/decisions were as follows:

Issue #1 - CPT: Infusion

ISSUE: Pt with cellulitis in Emergency Center 10/29 5:29 a.m. gets Unasyn infused over 30 mins. = 90765

Pt transferred to a nursing unit for continued observation & receives eight more 30 min infusions of Unasyn:

- 10/29 - 8:00 p.m.
- 10/30 - 2:00 a.m. & 9:30 p.m.
- 10/31 - 3:30 a.m., 9:00 a.m., 3:15 p.m. & 9:00 p.m.
- 11/1 - 2:00 a.m. & 8:50 a.m.

The first 2 infusions (10/29 5:25 a.m. & 8:00 p.m.) are reported with 90765 & 90767.

Question:

Can the other seven, 30 min infusions for 10/30 - 11/1 of the same drug be reported? If so, how?

Possible Options:

1. 90766 x7 for each additional 30 mins?
2. 90766 x3 by adding them up to make full hours?
3. 90767 x7 more - for each additional 30 mins?
4. 90767 x3 more - once for each day?
5. No. (only 90765 & 90767 x1)
6. Other?

References found:

CPT Codebook - Instruction under 90767: "Report 90767 only once per sequential infusion of same infusate mix".

HCPPro Webcast 6/30/08 - Injection and Infusion Coding Made Easy, pg 20:

VISIT US ON THE WEB:
www.mhima.org

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



(Continued on page 2)

MHIMA

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April 15, 2009

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or electronically to the Editor.

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CDIP CODING ROUND TABLES (continued from page 1)

Subsequent/Sequential - add-on codes: "Reported once per encounter for the same infusate mix; additional hours reported with additional hours therapeutic infusion code; it is reasonable to report multiple sequential infusion codes if multiple different drugs/infusates are administered".

AHIMA OPPS COP: Healthcare Coding and Consulting Services flow sheet for Therapeutic/Diagnostic Therapy as Initial Service, notes: "Code 90767 can only be used once per drug".

NOTE: No examples for multiple infusions of the same drug found in any of the following: CPT Assistant, Coding Clinic for HCPCS, APC Answer Letter (HCPro), Accuro CodeCorrect Coach or AHIMA COPs.

Thanks Sheila!

Group's Consensus:

RO: 90765 x 1
90766 x 4
GR: 90765 x 1
90766 x 2
or
90765 x 1
90766 x 4

Issue #2 - CPT: Cystourethroscopy

ISSUE: How would you code the following:

ANESTHESIA: General.

PREOPERATIVE DIAGNOSIS: Urethral calculus.

OPERATION: Cystourethroscopy with urethral stone extraction.

INDICATIONS: This is a 66-year-old gentleman with a history of BPH who underwent a simple prostatectomy many years ago in the past who presented to for consultation of dysuria. He underwent an office cystoscopy that revealed a urethral calcification at the 12 o'clock position of the prostatic fossa. The patient presented today for a cysto and stone extraction. He was informed of the risks, benefits, and alternatives to the procedure and has signed a consent.

OPERATIVE PROCEDURE: The patient received preoperative antibiotics and was brought back to the operating suite and placed in a supine position. After an adequate general anesthetic was introduced, he was then repositioned into dorsal lithotomy and cleaned, prepped, and draped in the standard sterile fashion.

Using a 22.5 French sheath cystoscope the urethra was entered atraumatically. The urethra was free of tumors and ulcerations and the prostatic fossa was widely patent. Upon close inspection of the

prostatic fossa, there was a large calcification attached to the 12 o'clock portion of the prostatic fossa. This was easily mobilized with a scope and knocked into the bladder. The stone was then extracted through the cystoscope without difficulty. It was approximately 12 x 5 mm in size. We then completed a cystoscopy with a 30-degree lens. Bilateral ureteral orifices appeared grossly normal in size, shape, and location. There were no other bladder stones, tumors, ulcerations, or foreign bodies identified. Upon inspection of the prostatic fossa, the fossa was hemostatic and there were no other significant calculi.

The scope was then removed and the patient was awoken and taken back to the post anesthesia care unit awake, alert, and in good condition. There were no complications at the end of the case and Dr. Rosenberg was present for the entire operation. The patient received a script for Vicodin for pain and was told to follow-up with office as an outpatient.

Group's Consensus:

RO and GR: 52310

Issue #3 - CPT: Eye Procedure

ISSUE: How would you code the following?

ANESTHESIA: Topical.

PREOPERATIVE DIAGNOSIS: Keratoconus, left eye.

OPERATION: Implantation of INTACS, left eye.

COMPLICATIONS: None.

INDICATIONS: This is a 23-year-old gentleman with keratoconus in his left eye. He presents for surgical intervention to improve his visual function of the left eye. The indications, risks, and benefits of the procedure were discussed with the patient and informed consent had previously been obtained.

PROCEDURE: The patient was brought into the major operating room where topical anesthesia was applied. He was prepped and draped for surgery to the left eye. A lid speculum was placed.

An 11-mm zone marker was used to mark the center of the cornea. A procedure marker was used to mark the position of the insertion point for placement of the INTACS inserts. Ultrasonic pachometry was used to measure the cornea at 602 microns. A diamond blade was set at 450 microns to use to make the incision. Pocketing hooks were used to create pockets at the incision site. A symmetric glide was used to extend the pockets. A vacuum-centering glide was then positioned over the cornea and vacuum was applied. Clockwise and counterclockwise corneal

separators were used to create the intrastromal tunnel. Two 0.35-mm INTACS inserts then placed into the intrastromal tunnels without difficulty. These were positioned with a Sinsky hook. A single 10-0 nylon suture was used to close the incision site. Maxitrol ointment, a pack and a shield were placed over the eye.

The patient tolerated the procedure well and there were no complications.

Group's Consensus:

RO: 371.60
 0099T – LT
 76514 – But need to check the
 CDR to see if included
 GR: 0099T

Issue #4 - CPT: Cancelled Procedures – Attempted Fracture Reduction

ISSUE: Attempted fracture reduction. A patient was seen in the emergency room with a fracture to the proximal phalanx of the little finger, left hand. Two attempts were made to reduce the fracture; however, an X-ray showed that the fracture was only partially reduced. The fingers were then taped together and a splint was applied. What is the correct way to report the fracture care provided?

Group's Consensus:

RO and GR: 26725 – F4

Issue #5 - CPT: Cancelled Procedures - Colonoscopy

ISSUE: EXAMPLE 2 - Incomplete colonoscopy. A patient is admitted to undergo a diagnostic colonoscopy for abdominal pain. After administration of anesthesia, the colonoscope was inserted and passed into the rectum and advanced into the sigmoid colon. Several attempts were made to pass the sigmoid colon, but these attempts were unsuccessful. The colonoscope was removed and a pediatric colonoscope was inserted but again the scope could not advance past the sigmoid colon. A small polyp was found in the rectosigmoid junction, which was removed by snare cautery. How should this encounter be reported?

Group's Consensus:

RO and GR: 45385

Compiled by Sheila Bowlds, MBA, RHIA and Karen Cole, RHIT, CCS-P, RCC, CPC-H

Deepest sympathy to the family of Carmen Foster, RHIT upon her death on February 4, 2009, and in the loss of her husband on January 31, 2009.

A Giving Challenge is Extended...

Graduation parties are starting to fill our calendars for April and May. Given a few quiet moments, many of us can remember the excitement we experienced as we were closing in on that HIM degree. School was almost “done” and the career could begin!

With those memories close at heart, I challenge all MHIMA members to sit down and write out one more graduation gift check. Make it out to “Michigan Medical Record Charities” and make it out in an amount equal to the number of years since you graduated from your HIM program or passed your certification examination. For instance, this anonymous challenger graduated in 1974 so my check this year will be for \$35.00 and will be mailed to Marsha Allen’s attention at the MHIMA Central Office in early May.

Today’s economy is not conducive to frivolous expenditures. However, this donation is tax deductible and will positively influence the life of a future HIM leader. Please join me in supporting the Michigan Medical Record Charities.

Geographic Michigan CoP Now Michigan Community

On January 30, 2009, the naming convention for the geographic communities was changed. The term “geographic” was dropped from in front of the name of each state. So now Geographic: Michigan is the Michigan Community.

You will be able to more easily search and find a community for a state in the Join/Visit Communities. If you currently belong to a geographic community, you will now find it on your Personal Page under My Communities by the state name such as M for Michigan instead of G for Geographic: Michigan.

You will not have to rejoin and this will not affect the great content you receive within the community. This change is based on the recommendations of the CoP Focus Groups conducted in 2007, the CSA Advisory Task Force and the CoP Advisory Task Force and approved by the CSA Advisory Task Force.



CCA

Diane A'Hearn Troy
 Patricia Kloka Bay City
 Barbara Orr Oxford
 Vijaya Thillaivanan Grand Rapids

CCS

Elizabeth Goodrich Gaylord
 Dana Hageman-Allen Westland
 Marie Hickey Lansing
 Ellen Lehner Washington

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 Amber Clemons Hazel Park
 Shelley Coon Millington
 Esmeralda Creaney Plymouth
 Jeanifer Cruz Hamtramck
 Sara Drougel Wyoming
 Jessica Dumond Grand Rapids
 Diane Forfar Fostoria
 Da Neil Gorgon Imlay City
 Kimberly Hudson Davison
 Deborah Kasoff Grand Blanc
 Linda Krebill Grand Rapids
 Amy Lyon Jenison
 Blanche Meyers Auburn
 Jennifer Mulder West Olive
 Tanya Povio Hudsonville
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ICD-10 UPDATE

AHIMA is offering 2 sessions, called the AHIMA Academy for ICD-10 Trainers, this year – one in July in conjunction with the Assembly on Education meeting (the target audience for this session is educators associated with an academic program) and another one in September in conjunction with the AHIMA annual meeting. Registration details can be found on the AHIMA Meetings web page: <http://www.ahima.org/meetings/>

AHIMA cautions you that they don't recommend that coders be trained until 6-9 months prior to ICD-10 implementation. So, it is too early for someone who attends one of these Academy training programs to go out and start training coders (so people attending one of these programs will likely require re-training or a refresher course when we get closer to the time to start training coders). Additional sessions of our Academy for ICD-10 Trainers will be offered as we get closer to implementation.

*Sue Bowman, RHIA, CCS
Director, Coding Policy and Compliance
American Health Information Management Association*

Call to Meeting

THE ANNUAL CONVENTION

of the

MICHIGAN HEALTH INFORMATION
MANAGEMENT ASSOCIATION

will be held

MAY 13-15, 2009

at the

Soaring Eagle Casino and Resort
MT. PLEASANT, MICHIGAN

The Business Meeting
will be on
Wednesday, May 13th
at 10:15a.m.

Bonnie Jameson, RHIT, CCS
Secretary/Treasurer

Community Education Presenter Training Planned

If you are interested in being trained as a MYPHR presenter, a session is being planned for Tuesday, May 12, 2009, from 1:00 -5:00 pm in the Fox Room prior to the MHIMA Annual meeting at the Soaring Eagle Casino and Resort in Mt. Pleasant, Michigan.

Community Presenter Responsibilities:

1. Attend Community Presenter training session
2. Deliver educational presentations in your community
3. Track and report the following performance measures:
 - a. Number of consumer presentations delivered
 - b. Date
 - c. Location
 - d. Hosting organization
 - e. # of attendees
4. Administer, collect, and return completed participant surveys to AHIMA for tracking and aggregation

Actively participate in Community Education Campaign CoP

Only AHIMA members may be trained to present this program. If your status changes to "Credential Maintenance" only or you drop your membership entirely, you are not eligible to present this program but may continue to work on the project as an advocate and assist trained presenters.

There is a form to be completed and forwarded to Margaret Neterer. If you are interested, please contact:

Margaret Neterer, MM, RHIA
E-Mail: my_mi_phr@comcast.net
2827 Brentwood Avenue
Phone: 517.332.7155
East Lansing MI 48823-4718

or

Marsha Allen, RHIA
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President's Message

By the end of March, we will have submitted our applications for the latest Component State Association awards from AHIMA. Michigan has consistently received these accolades for our high level of volunteerism on behalf our members, and there is no reason to think we will not continue with success.

Big MiHIN news! The MiHIN Commission has proposed a modification to the nine independent trading partners structure. They proposed some of the functions be centralized rather than regionalized, and wanted input from the public about what those functions should be. Thursday February 19, 2009 was the public hearing that Karen Schmidt and I attended. We are going to follow up with a written response to their questions. Obviously the regional trading partners were concerned about how some of the functions would impact their plans. The Commission had concerns about the potential differences in cost that the uses could incur if all the regions had different costs for use; how could a physician be expected to pay for example, \$.50 for a transaction with the UP regional and \$.75 for a transaction from the south east regional. While this example is purely hypothetical, it could happen if we had nine different trading partners maintaining nine different business models. March 5 the Commission will vote on this modification of intent, so we will let you know of the results as soon as we know.

We could use an interested volunteer to help Marsha Allen in the Central Office to keep up with the maintenance of our web site. Anyone, students included, would be welcomed as volunteers, so please let Marsha know as soon as you can.

Last Board Meeting we had an unprecedented joint meeting with the reactivated Upper Peninsula HIMA. The 20 or so hearty souls braved a snowstorm to get together in the Sault. We will be hearing more after the elections and creation of bylaws.

By the way, thank you for your trust in me as your president. It has been my pleasure to serve you.

Nancy Walker, MS, RHIA
MHIMA President



MHIMA MEMBERSHIP February 2009

MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

CLASSIFICATION	MEMBERSHIP 12-08-08	MEMBERSHIP 2-7-09	CHANGE
Active RHIT/RHIA/CCS CCS-P/CCA/CHP	1762	1813	+51
Active Senior	41	44	+3
Student	446	526	+80
Graduate	193	180	-13
Honorary	2	2	-
Corporate	13	11	-2
	2457	2576	+119
Certified Nonmembers	935	914	-21*

PLEASE NOTE: WHEN CHOOSING YOUR CATEGORY OF MEMBERSHIP, BE AWARE YOUR CHOICE OF SELECTING A STUDENT CLASSIFICATION MAY PREVENT YOU FROM VOTING IN NATIONAL AND STATE ASSOCIATION ELECTIONS.

*AHIMA changed the way they count these members.
The number includes all previous members even if dues have not been paid.

From the Editor...

They say that the older you get, the faster time goes by... well, I am finding out quickly how true that really is! This issue of *FOCUS* celebrates the 80th anniversary of the Michigan Health Information Management Association! I was taken aback by that fact, because I realized that I was privileged to be the Editor of *FOCUS* for both the 60th and 70th anniversaries of our association in 1989 and 1999, respectively! How time does fly! I cannot believe that I have been in the profession for more than 20 years! I have seen so many changes thus far and am excited for the things yet to come!

In reviewing the archives of our organization, we have printed a special section which highlights our roots as Medical Record Librarians! It is an impressive feat to have a professional association with the longevity of MHIMA and I am proud to have been a part of it for so many years! I hope I am around for the 90th and 100th anniversaries, too, and look forward to seeing the many new ideas and technologies that evolve in the years to come!

I hope you enjoy this special issue and also hope to see everyone at the conference in May in Mt. Pleasant!

Peggy Chapo

Be Creative and Informative!

If you would like to contribute to an upcoming issue of

FOCUS

please e-mail the editor at pchapo@botsford.org



Celebrate MHIMA's 80 years. Enjoy excerpts from the MHIMA historical archives...

Past Presidents

1929-30.....	Dorothea Trotter	1974-75.....	Paul G. Gustafson
1930-31.....	Jessie Morris	1975-76.....	Jeanette C. Linck
1931-33.....	Ethel Cavanagh	1976-77.....	Barbara E. Davis
1933-35.....	Florence Oberlin	1977-78.....	Karel M. Weigel
1935-37.....	Dorothea Trotter	1978-79.....	Kathryn H. Sheehy
1937-39.....	Marie Hynes	1979-80.....	Shirley Packwood Wise
1939-41.....	Marion Wheeler	1980-81.....	Patricia Mattson
1941-43.....	Sister Mary Pauline	1981-83.....	Yvonne Harbert
1943-45.....	Agnes Smokevitz	1983-84.....	Catherine Wrobel Saurbier
1945-47.....	J. Kathryn Sheetz	1984-85.....	Carol Jaeger
1947-49.....	Sister Mary Pauline	1985-86.....	Gail Alder
1949-51.....	Theresa Melvin	1986-87.....	Carol Jennings
1951-53.....	Elizabeth Sweet	1987-88.....	J. Thomas Donnelly
1953-54.....	Florence Oberlin	1988-89.....	Janice Crocker
1954-56.....	Marjorie Balmer	1989-90.....	Marie Sickelsteel
1956-57.....	Grace Gardiner	1990-91.....	Ann Witcher
1957-58.....	Kathleen Casse	1991-92.....	Judy Asiala
1958-59.....	J. Kathryn Sheetz	1992-93.....	Margaret Neterer
1959-60.....	Viola Farr	1993-94.....	Jackie Kirkey
1960-61.....	Jeanette Chamberlain	1994-95.....	Pat Rubio
1961-62.....	M. Ruth Ragan	1995-96.....	Joan Tyree
1962-63.....	Bess M. Gregory	1996-97.....	Lauren Mendes
1963-64.....	Sister Mary Vita	1997-98.....	Michele Wills
1964-65.....	June Hawkins	1998-99.....	Janet Gerhard
1965-66.....	Donna V. Neal	1999-00.....	Rochelle Cooper
1966-67.....	Joan VanMalsen	2000-01.....	Bambi Ketzbeau
1967-68.....	Alice Carraher	2001-02.....	Peggy Chapo
1968-69.....	Judith Groty	2002-03.....	Amy Savage
1969-70.....	C. Judith Noye	2003-04.....	Leslie Mack
1970-71.....	Evelyn Griffith	2004-05.....	Tracy Mardis-Brown
1971-72.....	Helena Gavorin	2005-06.....	Sally Rynberg
1972-73.....	Brenda J. Farran-Heenan	2006-07.....	Denise Holstege
1973-74.....	Dolores Hancock Martinez	2007-08.....	Charlie Robinson

EXCERPTS FROM: QUALIFICATIONS AND DUTIES OF A RECORD LIBRARIAN

By

Malcolm T. MacEachern, M.D.

Associate Director, American College of Surgeons

QUALIFICATIONS

Good appearance and pleasant personality:

Her appearance and personality are particularly important when she is dealing with physicians who are sometimes peevish and impatient and therefore most difficult to handle in respect to securing records. The record librarian must have "winning ways" so that she may secure the cooperation she needs in her work.

Tact and diplomacy:

The importance of tact and diplomacy can hardly be overstressed. You are all aware of the difficulty of keeping the records up to the standard and how easy it is to antagonize doctors, especially those who still believe they should follow their own dictates in regard to writing records or carrying out other regulations in the hospital. To secure the best cooperation from the members of the medical staff, the exercise of tact and diplomacy will be an invaluable asset to the record librarian.

Industry:

The record librarian cannot be lazy or a mere routinist. If she is to make her work important and beneficial to the hospital, she must be ever on the job, energetic, interested, keen, alert, and industrious.

Persistence:

The tendency of procrastination in keeping up records calls for a display of persistence from every record librarian who desires to fill her job to the best advantage. Oftentimes she may have to keep after one person day after day to obtain the record desired.

Progressiveness

The record librarian should be progressive because there is still much to learn in this special field. An open-mindedness toward the beliefs and experience of others in her field will stamp her as being a progressive worker. She should always desire to improve her knowledge and experience through seeking information as to what others are doing, attending meetings with her associates, observing the work in other hospitals, reading, and keeping abreast of the modern advances in record keeping. Her department always offers a welcome to anyone legitimately concerning himself with clinical records. The open door, the inviting chair, and the work table in her department should symbolize a welcome to members of the attending and resident medical staffs or others interested in the work for which she is responsible.

RESPONSIBILITIES

The problems incident to the securing of good clinical records are well known to all hospital executives and med-

ical staffs. It is a generally accepted principle that the hospital management should provide every physician permitted to work in the institution with the necessary facilities and assistance to produce acceptable records. This can best be achieved through the record librarian, who should not only see that all the facilities are conveniently available, but in addition offer her services for dictation if so desired.

A keen, alert record librarian can do much to stimulate interest in clinical records and, in fact, make the indifferent, the procrastinating, and even the obstinate physician write his records promptly.

AND FINALLY TO SUMMARIZE:

Because there are so few courses being offered today which give satisfactory training for record librarians, an individual who desires to be a success in this work must be willing to pioneer the field and blaze a new trail. In order that she may give to her work the proper open mindedness and scientific consideration it demands, she should be a high school graduate with excellent secretarial qualifications.

A record librarian must have a good appearance and a pleasing personality so that she may secure all the material necessary for the efficient organization of her clinical records. She must be a diplomat, ever tactful and considerate. She must be ever willing to learn, always alert and progressive.

ASSOCIATION OF RECORD LIBRARIANS OF MICHIGAN SEMI-ANNUAL MEETING

November 12, 1938

Saginaw General Hospital, Saginaw, Michigan

PROGRAM

- 10:00 A.M. Registration.
- 11:00 A.M. Business Meeting
- 12:30 P.M. Guest Luncheon, Saginaw General Hospital.
- 2:00 P.M. "Dr. Samuel A. Mudd and the Assassination of President Lincoln," by Dr. R. D. Mudd, Industrial Physician of Saginaw.
- 3:00 P.M. Report of New York Convention of Association Record Librarians of North America, by Miss Florence Babcock, Record Librarian, University Hospital, Ann Arbor, Michigan.
- 3:30 P.M. Round Table Discussion on Record Room Problems, by Miss Dorothea M. Trotter, Record Librarian, Blodgett Hospital, Grand Rapids, Michigan.

MINUTES FROM THE FIRST ANNUAL MEETING OF THE MICHIGAN CHAPTER OF THE ASSOCIATION OF RECORD LIBRARIANS

The first annual meeting of the Michigan Chapter of the Association of Record Librarians was held in conjunction with the Michigan Hospital Association May 28-29, 1930 in the Pantling Hotel, Grand Rapids, Michigan.

The Librarians held their business meeting separately with twelve out of nineteen members present, four new members and three visitors.

Newly elected officers are Miss Jessie Morris, President Butterworth Hospital; Mrs. Ethel Ockerblad, Vice President; Mrs. Maude Wheeler, Secretary/Treasurer.

It was necessary to substitute a Round Table conducted by Miss F.G. Babcock, U of M, for the paper that was planned on "The Function of the Record Department" by Miss Jessie Morris. Miss Babcock: I am not going to give a talk but will start with my contribution. To me the most important function is the critical inspection of the records, as "the mills of the Gods grind slowly but they grind exceedingly fine" so the records of the hospital mount up (not so slowly) but they grind a wealth of material in making the history of the hospital and measuring the work of all the doctors who serve the organization. If you were writing a book for students to use, you would be very careful not to make statements that would create false impressions on the students' mind, and so the careful inspection of records exactly corresponds to the writing of the text book, in fact the records verily become the text books. One more reason which strikes me as being most important in this matter is the fact that discoveries in Medicine and new forms of treatment come along so fast that frequently after a most authentic treatise is written on a subject differences of opinion arise and it is of great importance that other cases of the same kind be carefully worked up as they may prove of great value for comparison. One concrete example of the value of thorough inspection is the recent study of Syphilis now being made by the League of Nations and in attempting to answer their questionnaire it was found that in one hospital only 10% of their records before the days of the record department are usable and since the records have been inspected and checked 100% are usable. This seems to me to justify a Record Department. The Record Department is the melting pot for all clerical errors in the hospital, start where they may, and they usually remain to be untangled in the Record Department. They frequently involve questions of policy which adds further responsibility to the Record Department and now I'm sure many of you have something to offer.

Dr. Gruber, Eloise Hospital, said that every chart should have sufficient information in it to justify the patient's stay in the hospital. Also, a lot of information put on charts is going to have to be boiled down for the matter of storing records has come to be such a problem and as institutions grow it will be more and more of a problem.

Dr. W. L. Babcock, Grace Hospital - Detroit, said there should be sympathy for the patient and attending physician. Admitting clerks should ask after taking the patient's name, "Have you ever been a patient here before?" If the patient says "yes", he should then be taken immediately to his room or ward and the former record obtained from the record office and social data copied from it. Too much responsibility is put on the busy attending physician which should be given to the resident, and in smaller hospitals, the intern. The attending physician should not have to supply the history, etc.

D. M. Trotter, Blodgett Hospital - Grand Rapids, recommended that supervisors be instructed in record room activity and problems so that they could better instruct their student nurses in charting and assist in getting information from the doctors that could best be obtained on the halls before the patients left the hospital.

The next meeting will be held in Lansing in September and all Michigan Record Librarians are invited to come and join the chapter if they have not done so.

- D. M. Trotter

ASSOCIATION OF RECORD LIBRARIANS OF NORTH AMERICA

Mrs. Grace W. Myers, Honorary President
CONVENTION NEWS

September 17, 1937

Dear Friends:

Do you have that suitcase all packed? Are you ready for one of the finest Conventions you have ever attended? This is exactly what you are heading for.

Chicago is ready and eager to prove itself your ideal host city. The theaters, the museums, radio programs, churches, Brookfield Zoo, the Aquarium or Planetarium—anything or everything is right at your doorstep. Can you afford to pass up an opportunity like this?

We have learned from the many letters that have been pouring in your likes and dislikes. Our one aim now is to please you.

Mr. Carl Schreiber and his world renowned orchestra has been engaged to play for the dance after the banquet. Two hundred complimentary tickets for the dance will be given to the Interns in the different hospitals of Chicago, so there will be a partner and a good time for everyone.

Remember, no matter where you hail from, you will find your own kind of folks here, ready to make your trip the most entertaining, educational and restful one you have ever spent.

May we be looking forward to your arrival on October 25th.

Arrangements Committee
Frieda N. Tranter
735 Fullerton Ave.
Chicago, Illinois

**STATEMENT OF CASH
RECEIPTS
AND DISBURSEMENTS
Period Nov. 1, 1933 to Sept. 30, 1934**

RECEIPTS

Registration Fees	\$ 390.00
Miscellaneous receipts	21.15
Total Receipts	\$ 411.15

DISBURSEMENTS

Registration Fees Refunded	\$ 14.50
Stamps and Stationery	67.57
Personal Expenses:	
Minnie G. Morse	35.50
Dorothea M. Trotter	35.50
T. R. Ponton, M.D	35.50
Alice G. Kirkland	30.30
Stenographic Services	30.00
Application Blanks	4.94
Card Boards for Mailing Certificates	3.43
Cash Book	1.69
Bank Check Tax52
Initiation Fee forwarded to Treas. Assoc. of Record Librarians	2.00
Engrossing certificates.....	39.85
Total Disbursements	\$ 301.30
Excess of Cash Receipts over Disbursements,	\$ 109.85
Balance in Bank, September 30, 1934....	\$ 97.65
Add - Checks not yet deposited.....	12.20
Cash Excess Above.....	\$ 109.85

**CURRICULUM FOR THE
TRAINING OF MEDICAL
RECORD LIBRARIANS**

- 1934 -

Student Requirements

- 1- Age
 - (a)- minimum limit 21
- 2- Education
 - (a)- Graduate from an approved High School
 - (b)- proficiency in typing and shorthand
 - (c)- certificate of good health from reputable doctor must accompany application.
- 1- Training which hospitals are required to offer student applicants
 - a- Length of course
 - 1-minimum of 6 months
 - b- Course
 - 1-Theoretical
 - (a)- Anatomy

- (b)- Theory of record keeping
- (c)- Medical terminology
 - (1)- Anatomical terms
 - (2)- Nomenclature of disease and conditions
 - (3)- Nomenclature of operations
 - (4)- Terms used in symptomatology and treatment
 - (5)- Terms used in materia medica
 - (6)- Laboratory and bacteriological terms

- 2- Practical
 - (a)- Case Records
 - (1)- Checking
 - (2)- Assembling
 - (3)- Making of case summaries (various types)
 - (4)- Filing (various methods)
- 3- Indexing of cases
 - (a)- diagnosis file (various types)
 - (b)- operation file (various types)
 - (c)- Doctor's file (various types)
 - (d)- Medical statistics
 - (1)-Daily
 - (2)-Monthly
 - (3)-Annual (including narrative report)
- 4- History Taking
 - (a)- Theoretical instruction (record librarian, historian, intern or member of staff)
 - (b)- History writing from dictation (historian, intern, staff)
- 5- Work in Operating Pavilion or on operative cases
 - (a)- Indexing and filing
 - (b)- Reporting operations (dictation or dictaphone)
- 6- Work on Hospital Laboratory Reports
 - (a)- Indexing and filing
 - (b)- Case reports (dictated)
 - (c)- Autopsy reports (dictated)
- 7- Work in Out-Patient Department
 - (a)- Indexing and filing
 - b)- History taking
 - (1)- From dictation
 - (2)- Practical experience (under supervision)
- 8- Work in Social Service Department
 - (a)- Medical-Social terminology
 - (b)- Indexing and filing
 - (c)- Social history and follow-up record
 - (1)- From dictation
 - (2)- Practical experience (under supervision)
- 9- Work in admitting office
 - (a)- Registration of patients
 - (b)- Indexing and filing
 - (c)- Daily census
 - (d)- General hospital statistics
- 10- Hospital visiting: (For acquaintance with varied systems of general hospital)
 - (a)- Special hospitals (psychiatric, tuberculous, feeble-minded, etc.)
 - (b)- Out-Patient department and charity organizations (doctor's office may also be included)

COULD YOU PASS THIS TEST TODAY?!

EXAMINATION FOR REGISTRATION OF RECORD LIBRARIANS, MARCH, 1937

Candidates PLEASE NOTE:

1. Read the questions carefully before answering.
2. Use typewriter if one is available.
3. Write on one side of paper only.
4. Marks will be deducted for lack of the following:
 - a) Organization and system
 - b) Conciseness and accuracy
 - c) Legibility and neatness

TIME ALLOWED - Three and one-half hours.

1. (15 points)
 - a) (5 points) What is meant by an accredited system of clinical records and what are the requirements?
 - b) (5 points) Name the different Nomenclatures of which you have a working knowledge, and state, by comparison, the important characteristics of each.
 - c) (5 points) Describe in detail the centralized serial system of filing records and show how it differs from a decentralized serial system.
2. (10 points) State briefly the pertinent facts about the following:
 - a) Record Committee of the Staff
 - b) Monthly Analysis
 - c) Morbidity and Mortality
 - d) Value of accurate hospital records
 - e) Association of Record Librarians of North America
3. (10 points) A physician wishes to make a study of Appendicitis of all types basing his study on all cases which have occurred in your hospital during the past year, and has asked you to analyze the records. The study is for staff presentation and there is no intention of out-side publication.
 - a) How would you prepare to make the analysis?
 - b) List the points you would consider in the analysis.

Note: For "Appendicitis" may be substituted one of the following diagnoses: Mastoiditis, Cataract, Toxemia of Pregnancy, Acute Miliary Tuberculosis Acute Anterior Poliomyelitis, Dementia Praecox.

4. (5 points) What is the percentage of autopsies required in a standardized hospital? Give three reasons why autopsies are important.
5. (10 points)
 - a) (2 points) Name the layers of the abdominal wall, proceeding from the abdominal cavity outward.
 - b) (2 points) Name and locate three endocrine glands and name a disease affecting each.
 - c) (2 points) What organs are located in the pelvic cavity of the female? Of the male?
 - d) (2 points) What are the separate functions of the extensor, adductor, and abductor muscles of the arm?
 - e) (2 points) Into how many chambers is the heart divided and what are they named?
6. (10 points) Define and locate 10 of the following. Be explicit.

1. Latissimus dorsi	9. Gluteal region
2. Tendo Calcaneus	10. Aorta
3. Acromion Process	11. Gall bladder
4. Metatarsus	12. Retina
5. Pectoralis Major	13. Mediastinum
6. Trachea	14. Carotid Artery
7. Pericardium	15. Jugular Vein
8. Popliteal space	
7. (10 points)
 - a) (6 points) State in detail the data which is required in the medical record of a patient suffering from a malignant disease.
 - b) (4 points) How would you handle the following requests for information from the record of a discharged patient
 1. from a member of the staff other than the

attending physician?

2. from the representative of an insurance company?

3. from the patient's attorney?

4. from another hospital in which the patient is now being treated?

8. (10 points)

a) (5 points) Give operative terms synonymous with 10 of the following:

1. Spinal fusion

2. Anastomosis of colon

3. Drainage of gall bladder

4. Amputation of breast

5. Removal of fibroid tumor of uterus

6. Suturing of lacerated cervix

7. Repair of vaginal wall

8. Excision of nerve

9. Tapping of Pleural cavity

10. Lengthening of tendon

11. Puncture of Ear Drum

12. Removal of stone from kidney

13. Fixation of kidney

14. Excision of hydrosalpinx

15. Examination of interior of cavity

b. (5 points) Give the meanings of the following prefixes, suffixes, and abbreviations:

1. ectomy

9. neo

2. otomy

10. entero

3. ostomy

11. aa

4. oscopy

12. ss

5. orrhaphy

13. a.c.

6. epi

14. q.i.d.

7. ren

15. tr.

8. chore

THE CANDIDATE IS TO ANSWER ANY TWO OF THE FOLLOWING QUESTIONS.

9. (10 points) State five points in the family and past history of the obstetrical patient which may be of

value in the present delivery, and give one reason for the value of each.

10. (10 points) Give your opinions on the value of a Follow-Up system and state definitely how you would or do handle it in your hospital. If your system is not what you consider ideal how would you change it? In what types of cases do you feel that such a system is most important and why? How long should it be continued?

11. (10 points) What reports of special examinations, other than routine urinalysis and blood count, would you expect to find in records with the following diagnoses: Typhoid fever, Ulcer of stomach, Tabes dorsalis, Meningitis (any form), Pneumonia, Toxic Goiter, Cholecystitis, Tuberculosis of Lung, Psychosis (any type), Pregnancy with deformity of pelvis and Cesarean Section

12. (10 points)

a) (5 points) Under what diagnostic service do you classify the following: Agranulocytosis, Endometritis, Keratitis, Urethritis, Myolitis, Encephalitis, Salpingitis, Eustachian, Malunion following fracture, Rickets, Vincent's Angina

b) (5 points) State one operation which may be indicated by each of the following diagnoses: (Be specific. One word such as "drainage" will not answer.) Prolapse of uterus, Thromboangiitis obliterans, Orchitis, Pyosalpinx, Nephroptosis, Pancreatitis, acute, suppurative, Deflection of Nasal Septum, Hallux valgus, Dacryocystitis, Ileus

FEBRUARY 1957

POSITION OPEN:

Woman's Hospital, Detroit — 384 bed hospital — Registered Medical Record Librarian to reorganize Department. Salary \$6,000. Please apply to Miss Catherine Maloy, Administrator.

Letter to HIT Commission

The MiHIN initiative in Michigan originally had a focus of nine semi-independent trading partners, which are the nine different regional HIE organizations. In March the Health Information Technology Commission made an adjustment to that model by adding a 'backbone' or centralized portion to this model. The centralized portion would have a master patient locator, the master rules for privacy and security, a messaging gateway, a master disaster recovery function and a master patient index repository with the 'source of truth' (the correct ID information) coming from the regional entities since that is where the patient would reside. This is the testimony that Nancy Walker presented on behalf of MHIMA to the HIT commission in early March

Beth A. Nagel
Michigan Department of Community Health
Health Information Technology Manager
HIT Commission

3-4-09

Dear Beth and members of the Commission,

In attendance at the Commission Meeting in Lansing Thursday February 19, 2009 were Karen Schmidt, President-Elect and Nancy Walker, President of the Michigan Health Information Management Association. We listened with great interest in the discussion concerning the change in focus of the MiHIN strategic framework. We would like now to provide a written response to the issue to be voted upon by the Commission at the March 4 meeting. The Michigan Health Information Management Association is an organization of over 2200 members throughout the state who work with all the stakeholders of MiHIN. We work in physician offices, hospitals, clinics, insurance companies, quality review organizations and other health related providers. In those arenas, one of the duties we perform now is allowing the exchange of information to occur. In very few of those entities are we able to utilize technology but for perhaps faxing. Most often, requests for clinical information come in by phone or by letter, are screened for legal requirements, validated concerning patient and requestor identity, and responded to, all by hand. That time to process means certain wait time for clinical people during medical decision-making and treatment. It can likely mean untimely decision making by the clinical team. Time in clinical decision-making is not the only cost involved. Requests for information total thousands per year at each hospital, and probably the highest number of requests comes from the payers/insurers. If that alone could be automated, a dramatic reduction in labor costs would occur. But I am preaching to the choir. I emphasize these points only to remind the Commission that in these years after the Conduit of Care report, our members are still sending thousands of pages of paper, and our health care system wants relief NOW.

We would like to respond to your most recent update of the revised structure.

- We are delighted that Privacy and Security Standards will be centralized and think that could be quickly finalized using a compilation of the existing regional results. It will provide for better clarity in training and use of the backbone system.
- We agree that centralizing the MPI with regional 'sources of truth' will allow for accuracy for all users.
- As discussed in the meeting, providing a master business plan will be less confusing for all users, and provide a consistency in fees structure.
- Training and support should be regionalized, with a centralized training format concerning the centralized functions such as privacy and security.
 - With that in mind, we wish to offer the services of the Health Information Management Association as a partner in the creation and deployment of this training at both the state and the regional level.
 - We can also provide support, not necessarily with the technological aspects, but certainly with the process and procedure aspects of using the technology. One of our organization's mission statements includes the education of its members, and we are well organized at providing education. We could easily dovetail and co-support the education of stakeholders in the MiHIN rollout. Also, among our membership are the educational institutions where most of our members have been schooled in the Body of Knowledge of the Health Information profession.

In summary, the Michigan Health Information Management Association supports any and all information sharing efforts. We will continue to be involved and supportive in any way we can.

Your Partners In Health Information,
Nancy S. Walker, MS, RHIA, President, Michigan Health Information Management Association



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. (There are 6 Board meetings each year and mileage is paid. Call in to conference is allowed.)

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

I would be willing to serve: _____
COMMITTEE / PROJECT

NAME TYPED / PRINTED SIGNATURE DATE

PLACE OF EMPLOYMENT PREFERRED PHONE NUMBER E-MAIL ADDRESS

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

NAME PHONE NUMBER E-MAIL ADDRESS

NAME PHONE NUMBER E-MAIL ADDRESS

NAME PHONE NUMBER E-MAIL ADDRESS

Please return completed forms by March 31, 2009 to:

Karen Schmidt, RHIT, CCS
c/o MHIMA Central Office
3311 David-Bee Street
Muskegon, MI 49444
Phone 231.767.9717
Fax 231.767.2557



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MHIMA Member Survey

1. Do you feel that you have enough opportunities for continuing education from MHIMA?

Yes _____ No _____

If no, please explain why.

2. Do you feel there is adequate variety of days of the week and times when educational opportunities are available?

Yes _____ No _____

If no, please list preferred options.

3. Do you feel that there is enough variety in subject matter presented?

Yes _____ No _____

If no please comment on preferred subjects.

4. Would you be interested in attending a session that focuses on Electronic Health Information in a roundtable format?

Yes _____ No _____

Please pick the top three choices of E-HIM topics that you would like to have discussed at a roundtable:

____ Document imaging

____ Electronic Signature

____ Voice to Text technology

____ Legal EHR

____ Change Management - Managing in the times of transition

____ RAC

____ Release of Information in the electronic environment

____ Remote HIM operations

____ Other – please define _____



Please take a few minutes to complete this survey and fax it to the MHIMA Central office at 231-767-2557.

Watch for an electronic copy to come via email in the next few weeks.

healthreform.gov

Last week, the Department of Health and Human Services (HHS) launched a new website, *healthreform.gov*. The website will serve as a forum where the American public can voice their opinions on health reform and the role that HIT will play in this endeavor, while also tracking the corresponding government actions and initiatives. Currently, the main feature of the site is a collection of reports summarizing the 3,000 plus Health Care Community Discussions held in December of 2008 at the request of then-President-elect Obama. The reports, representing the health reform and HIT-related opinions of over 30,000 Americans, have been consolidated into one report that was formally presented to President Obama, and was the foundation for the March 5 White House Forum on Health Reform.

Carrie Dunkle, RN - MI DDS/ICP

NEW MEMBERS

Suzan Alameddin Dearborn
Dana Alexander Flint
Nancy Antos Clio
Marjory Antuna Novi
Sherianne Babcock Mason
Connie Bartshe Alma
Lisa Bascomb Oak Park
Mary Anne Belanger Traverse City
Denise Belcher Detroit
Barbara Benjamin Eaton Rapids
Amita Bhandari Macomb
Shabana Bibi Melvindale
Brandis Bishop Southgate
Heather Blakeman Ann Arbor
Joyce Bonventre Flint
Amber Bosley Hart
Charmaine Brauer Southfield
Deann Britt-Maliskey Au Gres
Tammy Brooks Davison
Elizabeth Brown Clinton Township
Rebecca Brownlow Rives Junction
Jayme Bush Comstock Park
Nellie Byrd Riverview
Traci Byrd Ypsilanti
Anna Calderon Macomb Township
Chiquita Clark Inkster
Nurgul Cooper Grand Blanc
Kathy Corba-Wood Clio
Jean Cowan Lapeer
John Crescenti Warren
Alan Dahlen Dearborn
Brian Desso Caledonia
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Angela Edwards Taylor
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Vivian Hayton Warren
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TREASURER'S REPORT



Total MHIMA Assets

February 8, 2009

\$36,307.29

Corporate Members 2009

DATE	CORPORATE NAME/ADDRESS/PHONE	CONTACT PERSON	WEBSITE/EMAIL
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 Transcription Services 4345 44th Street SE, Suite C Grand Rapids, Michigan 49512	Greg Ingersoll Senior Account Representative (616) 974-8200	www.vanbelkum.com
1/94	Keen Imaging 15959 Kroupa Road Traverse City, Michigan 49686	Karen Lobbs President (231) 223-9474	keenimg@aol.com
3/94	The Rybar Group, Inc. 1495 Dauner Road Fenton, Michigan 48430-1561	Claudine Hildreth Marketing Director (810) 750-6822	www.therybargroup.com
10/96	Nuance 160 Gould Street Needham, Massachusetts 02494	Lauren Underhill Marketing (781) 565-5000	www.nuance.com
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3/03	TLM Consulting P.O. Box 456 St. Clair, Michigan 48079	Terri McIntosh (248) 347-1416	www.LubawayMasten.com
1/05	Moretti Transcription Solutions 471 W. South Street, Suite 41B Kalamazoo, Michigan 49007	Jon Moretti Director, New Business Development (269) 343-0118	www.morettigroup.net
2/05	CareTech Solutions, Inc. 901 Wilshire Drive, Suite 100 Troy, Michigan 48084	Leslie Mack Director, HIM (248) 233-3043	www.caretechsolutions.com
1/06	Axlotl 160 W. Santa Clara Street San Jose, California 95113	Veridiana Croce Marketing Assistant (408) 920-0800 ext. 151	www.axlotl.com
1/08	MRO 1016 W. 8th Avenue, Suite A King of Prussia, Pennsylvania 19406	Steve Hynes President & CEO (610) 994-7500	www.mrocorp.com



MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

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Michigan Health Information Management Association

CALENDAR OF EVENTS



DATE	LOCATION	SPONSOR	TOPIC	CONTACT	PHONE
3/20/09	MHA, Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
3/26/09	MHA, Lansing	MHIMA	UB 04 Billing and Coding	MHIMA	231-767-9717
5/12/09	Soaring Eagle, Mt. Pleasant	MHIMA	Board Meeting	MHIMA	231-767-9717
5/13-15/09	Soaring Eagle, Mt. Pleasant	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717
10/3-8/09	Dallas, Texas	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
5/12-14/10	Marriott, Troy	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717
9/25-30/10	Orlando, Florida	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
5/11-13/11	Soaring Eagle, Mt. Pleasant	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717

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