

## IN THIS ISSUE

### January/February 2008

CDIP Coding Round Tables .....	1-3
In Sympathy .....	3
President's Message .....	4
The Legal EHR .....	4
Mentors Make a Difference! .....	6
Penny Wars.....	7
How do you get your Continuing Education (CE) credits? .....	7
Hospital Chart Bloopers .....	8
MHIMA Bylaws Update .....	8
Scholarship Award Announcement .....	9
Yvonne Harbert Student Achievement Award .....	9
Mission Possible: Bridging the Gap through Education and Collaboration	10
Meeting the Challenges of Discharge Not Final Billed .....	11
Attention MHIMA Members .....	12
New Members .....	13
Congratulations .....	13
Corporate Members.....	14
MHIMA Board of Directors.....	15
Calendar of Events .....	16

## PLEASE VOTE BALLOT INSIDE

## 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

## CDIP CODING ROUNDTABLES

On September 12th and 14th, two CDIP Coding Roundtable sessions took place in conjunction with the MHIMA sponsored ICD-9 seminars in Grand Rapids (GR) and in Royal Oak (RO). 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" 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, Sheila Bowlds and Karen Cole for proctoring 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- ICD-9-CM PROCEDURE: URETERAL STENT

**Issue:** A patient is admitted for a hysterectomy. The physician places ureteral stents prior to the hysterectomy. Would the ureteral stents be coded as an additional procedure?

#### Group's Consensus:

RO = Yes would code

GR = The group consensus is that if there was an additional surgeon (urologist) called in to do the stent, then they would code it.

### ISSUE #2- ICD-9 CODING DIAGNOSIS: LACERATION

**Issue:** How would you code laceration of the uterine artery during a c-section? The patient lost 2500 ccs of blood. We were looking at two possible codes 665.5 or 665.8.

#### Group's Consensus:

RO and GR = 665.8X

### ISSUE #3 - ICD-9 CODING DIAGNOSIS: POST-PARTUM ANEMIA

**Issue:** What criteria should be used in coding postpartum anemia? Would you code this if a routine lab following delivery showed a low hemoglobin and the physician documented anemia? Treatment?

#### Group's Consensus:

RO = The group discussed and concluded that they would code it if documented by the physician and treated (iron and transfusions were considered treatment by the group).

Note: Payer auditing representatives who were present in this group stated that from their payer perspective this would not be coded unless treated.

GR = Group discussed and concluded that this condition should be treated the same as any other secondary. The physician must document the anemia as being post partum. Lab results are only

(Continued on page 2)

# MHIMA

## Publication Staff

Peggy Chapo, MS, RHIA, Editor  
Wendy Paulot, RHIT, Advertising  
Marsha Allen, RHIA

**DEADLINE**  
for March/April issue:  
February 15, 2008

Please forward articles in hard copy  
or on disk to the Editor.

For issues concerning MHIMA contact:

### PRESIDENT

Charlie Robinson, RHIT, CCS-P  
E-mail: charlie.robinson@caetechsolutions.com

### CENTRAL OFFICE

Marsha Allen, RHIA  
MHIMA  
3311 David Bee Street  
Muskegon, Michigan 49444  
Phone: 231.767.9717  
Fax: 231.767.2557  
E-mail: marsha@mhima.org

### PUBLICATION

Peggy Chapo, MS, RHIA  
Botsford Hospital  
869 Burlington Road  
Canton, Michigan 48188  
Phone: 248.471.8180  
Fax: 248.471.8508  
E-mail: pchapo@botsford.org

### ADVERTISEMENT INFORMATION

Wendy Paulot, RHIT  
1477 Fairfax Drive  
Canton, Michigan 48188  
Phone: 248.615.7475  
E-mail: wpaulot@botsford.org

### Important numbers to know:

AHIMA: 312.233.1100  
AHIMA Washington Fax: 202.296.9480  
JCAHO: 630.792.5000  
AMA: 312.464.4737

### Printing and Design by:

GREAT LAKES PRINTING SOLUTIONS, INC.  
1117 E. Mt. Garfield Road  
Muskegon, Michigan 49441  
Phone: 231.798.7931  
E-mail: artdepartment@glpsi.com

## CDIP CODING ROUNDTABLES (continued from page 1)

for reference and should not be coded from. Also, the anemia had to meet the criteria of a secondary diagnosis; monitoring/evaluation, extend LOS or treatment.

### ISSUE #4 - ICD-9 CM DIAGNOSIS: PRECIPITANT LABOR

**Issue:** A patient was admitted for induction of labor for a past history of precipitant labor. What code would you use? One code I suggested was 659.81.

#### Group's Consensus:

RO = Majority of groups agreed to 659.81 with V23.49. However, some groups felt that the appropriate code should be 650 with V23.49 due to the fact that the precipitous labor was not present on this admission.

GR = Group agreed to 659.81

### ISSUE #5 - ICD-9 CM DIAGNOSIS: HYPERBILIRUBINEMIA

**Issue:** 3-day-old baby as admitted for Hyperbilirubinemia due to breast milk and maternal hypothyroidism. Baby does not have hypothyroidism and is given phototherapy. Would you code 774.39 and 760.8 or would 774.39 include both.

#### Group's Consensus:

RO = Groups decided that if the documentation reads that the hyperbilirubinemia is due to hypothyroidism to code 774.39 plus 760.8. However, if it is not specified as being due to the hypothyroidism, 774.39 plus V18.1 should be coded.

GR = Both codes should be used. Physician states cause of jaundice is the breast milk and mother's hypothyroidism. Baby doesn't have to have the hypothyroidism to code the 760.8

### ISSUE #6 - CODING ICD-9 DIAGNOSIS: SYNCOPE

**Issue:** How is syncope due to hypotension due to dehydration coded

276.5 458.9 or 458.9 276.5

IV hydration was given and all BP meds were held

#### Group's Consensus:

RO = Code 276.51 plus 458.9

GR = Group had long discussion on this one. Most said the dehydration. Although, another section of the group didn't think it mattered. Both conditions present, both treated. Hospital should be able to choose.

### ISSUE #7 - CODING ICD-9 PROCEDURE: OPERATION

**Issue:** How would you code the following procedure in ICD-9-CM (39.28? 01.24? 01.12? Other suggestions?):

PREOPERATIVE DIAGNOSIS: Moyamoya disease.

POSTOPERATIVE DIAGNOSIS: Moyamoya disease.

PROCEDURE PERFORMED: Microsurgical encephaloduroarteriosynangiosis.

ANESTHESIA: General.

COMPLICATIONS: None.

SPECIMEN SENT: None.

INDICATIONS FOR PROCEDURE: This patient, with sickle cell disease with history of severe vascular compromise in the left hemisphere, as well as on the right side, with more marked impairment on the left side, has presented for EDAS anastomosis. Risks of surgery including but not limited to stroke, paralysis, hemorrhage, infection, persistence, and recurrence of present complaints were discussed with the family prior to operation.

**DESCRIPTION OF PROCEDURE:** Patient was brought from preop holding area to the operating room, was anesthetized in the usual manner and endotracheal intubation was performed. Patient was positioned supine with the head turned to right side, exposing the left frontotemporoparietal region. This part was shaved, cleaned, prepped in the usual sterile fashion. Using the Doppler, superficial temporal artery was marked out. At this point, this region was shaved, cleaned, prepped in the usual sterile fashion. Incision was made along the previous incision. Subcutaneous dissection was performed. Superficial temporal artery was dissected for approximately 8 cm and small branches were coagulated and cut. The artery was elevated from the fascia and retracted laterally. Incision was then made in the pericranium and the pericranium was elevated from the bone, exposing an area of about 3 cm in diameter. Two bur holes were made superiorly and inferiorly. An elliptical craniotomy was drawn out. Bleeding was controlled from bone edges with bone wax. Dura was then opened, avoiding the middle meningeal artery. It was opened on either side of the middle meningeal artery. The inner layer of dura was extremely vascular and had neovascularization. On incising the inner layer, the arachnoid was seen. Arachnoid was opened along a length of sulcus. The superficial temporal artery was then laid along this opening and sutured with 10-0 nylon. The dural edges, after adequately controlling bleeding, were everted. Multiple incisions in the dura were made where the dura could not be everted. This area was then filled with fibrin glue. Dura repair graft was placed. The bone was replaced and secured with Osteomed plates and screws. The wound was then closed with subcutaneous Vicryl and approximated with Steri-Strips. Patient was reversed and transferred to recovery room in stable condition. Patient tolerated the procedure well.

**Group's Consensus:**

RO = 39.28 plus 02.12

GR = 02.12? Group consensus is that they would need to query the physician for more information.

**ISSUE #8 - CODING ICD-9 MS DRG'S**

**Issue:** List two things you are doing at your facility to prepare for MS DRG's.

**Group Discussions:**

- Attended AHIMA – Coding Excellence Meeting
- Revenue Cycle Education
- Audioconferences/Seminars
- Documentation specialists - educating physicians – attending medical staff meetings
- Posters – Importance of Severity of Illness Documentation
- Vendors
- Physicians educating physicians

*Compiled and written by Sheila Bowlds, MBA, RHIA  
CDIP Project Manager*

*Outstanding leaders go out of their way to boost the self-esteem of their personnel. If people believe in themselves, it's amazing what they can accomplish.*

– SAM WALTON

**Now it is Time  
to Vote**

**February 1, 2008  
the ballot will be online**

**Vote at  
[www.mhima.org](http://www.mhima.org)**

**The paper ballot  
is in the mail.  
You will need to  
submit your ballot by  
March 1, 2008**

**PLEASE  
BE SURE TO  
VOTE!**

*Deepest sympathy to Gina Smith, RHIT, and her family, in the sudden loss of her brother Brian Schaner, on November 2, 2007.*

*Sincere sympathy to Vivian Hite, RHIT in the loss of her sister and Barbara Blakie, RHIT in the loss of her aunt, Virginia Chester on December 21, 2007.*

*Heartfelt sympathy to Merry Price, RHIA in the loss of her mother Delphine Van Fleteren on December 26, 2007.*

# President's Message

## HAPPY NEW YEAR!

Well, 2007 has come to an end, and we are ready to embark on a new and exciting year for MHIMA! Over the past year we have offered numerous education opportunities including our annual conference in Kalamazoo, the managers hot topics in August, two ICD-9 updates in September and two CPT updates in December. We have had successful results with recording the ICD-9 and CPT seminars for remote viewing by MHIMA members.

In this issue of FOCUS, I have posed the question about maintaining your CEUs and how you prefer to get your CEUs. In an effort to provide the absolute best education opportunities and mediums, we need your feedback. In December 2007, AHIMA published an article on the main page of their website regarding credentials and how employers perceive their credentialed employees. The results were very favorable and the feedback was that employers feel that there is less time needed to train credentialed staff, coding and billing accuracy is better, and credentialed staff have more experience. All of these put you as a credentialed HIM professional ahead of the rest.



Keep an eye out for the new MHIMA web page! We are updating our look in January and are very excited to bring to you a more user friendly website with more information than ever.

Let 2008 be another successful year for you and your peers. Dream big, worry little, and prosper much!

Make the best of every opportunity.....

“Many of life’s failures are people who did not realize how close they were to success when they gave up”

– Thomas Edison

Charlie

## THE LEGAL EHR

Monday October 8, 2007

As more healthcare organizations migrate their records from paper to electronic, more are questioning just what constitutes a legal electronic health record — a sound electronic record that can stand as the organization’s business record. It is becoming one of the hottest topics in HIM, and it was the focus of seminars and educational tracks at the AHIMA annual convention. AHIMA began drawing attention to the issue early in the transition to e-HIM®. Now the discussion is moving to the next stage.

“I think we are hitting a very pivotal and critical point on this topic where we are going beyond just exploration of the issues and moving into discussion of operational and tactical changes,” said Michelle Dougherty, RHIA, CHP, director of practice leadership for AHIMA and a presenter at legal EHR sessions during the convention.

### Firsthand Experience of the Benefits

Sound EHR systems offer better quality of care and maximize return on investment. They also offer reduced legal risk because they serve as legitimate business records.

An organization whose EHR can’t produce a valid business record may find itself maintaining a separate paper record for legal purposes.

The firsthand experience of how a well-planned EHR improved both clinical care and the bottom line at a large Philadelphia hospital was the focus of the Monday, October 8, 2007 seminar “Leveraging Your Legal EHR for Financial Benefits.” The session reviewed the HIM department’s success at the Hospital of the University of Pennsylvania (HUP).

Rachel Chebelev, MBA, RHIA, director of medical records and professional fee abstraction at HUP, was joined in the discussion by hospital CFO Diane Corrigan, MBA. In the four years since its EHR went live, the hospital has leveraged its system to achieve multiple financial benefits.

The soundness of an organization’s EHR as a business record is only as good as the EHR system itself, said Chebelev. It’s a point she demonstrated as she discussed the overall legal and financial improvements her hospital gained after implementing its system.

One set of benefits came from faster reimbursement and greatly reduced denials. Another came from a lowered risk of litigation. This lowered risk comes both from strong management of records as well as easy access, Chebelev said. Having an electronic record audit trail that is “absolutely infallible” also helps during legal proceedings.

“If you have some sort of complaint and you are able to address it as immediately as possible, you are going to lower your risk,” she says. “I think people are much less likely to pursue litigation if you say, ‘Hey, this is an open book, this is your record. We can absolutely give you a copy of it.’”

### Legal EHR Conference

The legal EHR was the focal point of a one-and-a-half day conference over the weekend on October 6-7, 2007 at the AHIMA national meeting. The “Legal EHR Conference: Ensuring Health Record Integrity” built on the highly successful conference offered by AHIMA in Chicago earlier in the summer. Presenters discussed the new e-discovery rule and how to prepare for it, and HIM and legal professionals gave various perspectives on defining legal requirements and processes for EHR systems.

Kicking off the conference were members of The Sedona Conference Working Group on Electronic Documentation Retention and Production, who discussed aspects of litigation and addressed the components of the e-discovery rule and the issues and challenges in preparing for it.

The legal EHR sessions were planned to offer good introductions and expert insights for HIM professionals. Legal issues abound when it comes to EHRs, and HIM professionals should step up and ensure their organizations’ electronic record is legally sound, Dougherty said.

“Even if an organization is implementing its EHR one application at a time, HIM professionals need to be at that table talking with the implementation team, assisting the organization in purchasing applications that will produce a legally sound business record,” she said.

*From AHIMA Today 10/8/2007*

**Michigan Health & Hospital Association  
SERVICE CORPORATION**

**Director of Health Information Management**

A small, independent community hospital in southern Michigan is seeking a Medical Records Director. This person will manage a staff of 15 people and report to the CFO. This hospital is approximately 85% electronic in its Medical Records service and uses the *Kean* system. Transcription is almost entirely outsourced, is on-line with this vendor and has a two-hour turn around time. This facility just completed a \$27 million expansion project that will add 38 private rooms on new third and fourth floors. About 11,000 square-feet of the second floor will also be renovated, and when complete in late 2007 all of the hospital's 77 acute care rooms will be private. The first phase of the project (19 private rooms on the new fourth floor) opened in May 2007. They are expanding to make all acute care rooms private to enhance patient privacy, reduce the risk of infection, decrease patient stress, speed healing, shorten hospital stays and improve family amenities.

The salary range for this position is approximately \$70,000, with very competitive benefits and relocation assistance provided.

Interested candidates should contact:

Steve O'Connor SPHR  
Senior Director: Professional Search Services  
Michigan Health & Hospital Association Service Corp.  
6215 West St. Joseph Highway  
Lansing, Michigan 48917  
Office: (517) 663 5755  
Voice mail: (517) 886 8319  
Toll Free: (800) 747 5755  
Email: [soconnor@mha.org](mailto:soconnor@mha.org)

# FOR THE RECORD

The Nation's Foremost Newsmagazine for Health Information Professionals

## SUPPORT YOUR PROFESSION

Each time a recruitment ad is placed in **FOR THE RECORD**, a portion of the revenue goes back to the Michigan state **HIM** association for its use in promoting the profession.

Thank you for your continued support and for making **FOR THE RECORD** the Nation's foremost newsmagazine for **HIM** professionals; the only health information management magazine endorsed by 26 state **HIM** associations!

FOR MORE INFORMATION

FOR THE RECORD

3801 SCHUYLKILL ROAD

SPRING CITY, PA 19475

(800) 278-4400

[WWW.FORTHERECORDMAG.COM](http://WWW.FORTHERECORDMAG.COM)

**Celebrating 23 Years of Healthcare Recruiting Excellence**

## The Whittaker Group Healthcare Search Consultants

**Providing executive search & consulting services  
exclusively to the healthcare community**

### Local and National Services

#### Specialty Practices:

- Coding, DRG, Abstracting
- Health Information Management (HIM)
- Audit
- Reimbursement / Revenue Management
- CDM
- Risk Management / Compliance
- Clinical Specialists / Clinical Information Systems
- Consulting (travel and remote)

*We offer the highest degree of responsiveness and integrity*

Michelle Whittaker McCracken, CPC, CIR, SPHR, is managing partner and a nationally recognized expert in healthcare recruiting. She has been a member of both MHIMA and AHIMA for over a decade and is proud to be a MHIMA corporate sponsor. Please contact her at [mwhittaker@wgsearch.com](mailto:mwhittaker@wgsearch.com).

The Whittaker Group LLC  
P.O. Box 2993  
Ann Arbor, Michigan 48106

(734) 475-9300

[www.wgsearch.com](http://www.wgsearch.com)



**The trusted name in national healthcare recruitment**

# Mentors Make a Difference!

In his last President's Message, Charlie Robinson talked about what it means to be a mentor. Professionally, we have all had mentors who have helped us along our career paths. The MHIMA Board talked about this topic at their November 2007 meeting and Charlie asked members present to submit a brief summary of their own experience with mentoring. The following examples show how mentors shape our lives and futures!

One of my mentors was Geraldine Smothers, RHIA. From the first day I met her on the first day of class for the medical record program, she demonstrated she was a leader, teacher and friend. Geri was already an ART when she entered the program. She was older than the rest of the students. She had quit her job as a medical records supervisor to become an RRA. She had two small children. I, too, was older than the rest of the students, having worked for 5 years after quitting college to get married. Geri and I both signed up for the four-quarter plan so we could get back to work as soon as possible. Geri helped me understand what the profession was all about. She was so committed to the profession that it was contagious.

We ended up graduating together. She volunteered to be a committee chairperson for the state organization right away and asked me to be a member. She practiced what she preached: She supported the medical record organizations at the local, state, and national level.

When I became a medical record supervisor, she would give me advice about how to handle employee problems. By then she was director at a small hospital. She was always so supportive and encouraging. Geri went on to start her own company. The company recruits and places permanent and temporary medical record employees.

I am grateful to Geri for her guidance and support.

*Jeanette Mills, RHIA*

I have had the pleasure of working with many HIM professionals but the person who has impacted me as a mentor the most is Debbie Sheets. Deb and I started working together in 1999. I was subcontracting with Deb on various projects and learned so much from her. In the years following I ended up working directly for Deb and gained a wealth of knowledge regarding compliance, charge master reviews and working through the ins and outs of APCs with Dr. Jim.

Deb taught me everything from standardized report writing to client presentations and public speaking. This may come as a shock to some but I wasn't always the guy that can easily get in front of a group and talk. Deb had me attend a two day seminar where they video recorded presentations and played it back for others in the room to critique (with you sitting there). There is no such thing as a self made man. We reach our goals through the help of others. Deb has helped me more than she realizes and is a mentor and friend that I cherish!

Thanks Deb...

*Charlie Robinson, RHIT, CCS-P*

Webster's defines the word "mentor" as "2a: a trusted counselor or guide". There are two women in particular in my professional life that fit this definition. I am not sure if I should mention proper names in this note, so I'll just refer to one as "J" and the other as "C". Temperamentally they are polar opposites. I have never seen "J" blow her top, without a smile and a shrug as if to say, "That's another one for the books. What needs to be done next?" "C", on the other hand, literally flares when frustrated.

"C" is very dogmatic, as I am. Observing her and how others react to that trait in a woman in authority, I have learned to cushion my strong opinions (somewhat). Both of them are very logical thinkers who are able to eliminate the unnecessary details others bring to an issue and focus on the bottom line to solve the problem or creatively move a project forward. Even though I do not see either of them often, each is always willing to help me sort out my emotions from the true issue when I need an outside view of my head. Sadly, I probably don't thank them often enough for what they have done for me and my career so far.

*Margaret Neterer, MA, RHIA*

My first professional mentor was Patricia McLane, who at the time was a professor at Mercy College of Detroit. She spent a good part of one day out of her busy schedule to show me around the campus and explain to me what the "Medical Record Administration" program was all about and why it might be a good "fit" for me as a career path. I left that day feeling energized about my future as never before!

After that day, Pat McLane became my instructor at Mercy College of Detroit and was instrumental in my getting my first position in the HIM field as a student. All these years later, I still remember her generosity that first day in taking the time to encourage me!

I have always tried to "pay it forward" in my own career by spending time talking with and encouraging students, particularly those who serve as interns in my department. I recently had the pleasure of feeling as if things had come full circle when I myself was introduced as a "mentor" by a student intern. It made me feel as if I had made a difference and what a great feeling that was!

*Peggy Chapo, MS, RHIA*

My career in Health Information Management began in 1966, when I started microfilming prep at a local hospital after school. The first boss that I had has been my mentor all of my life. She is Patricia Mattson, and anyone that knows me, knows that she is also my Mom. She always set a great example on work ethic, and because I was the "boss' daughter, she always expected twice as much from me. I think what I remember most about her is that she never asked or expected from anyone she worked with anything she would not or had not done herself. She always led by example.

She set a wonderful professional and personal example for me, and all she worked with. She is the person who encouraged me to become involved in the Michigan Health Information Management Association. She was the first RHIT President for the state of Michigan. She continues to be involved in HIM, even after her retirement. She still does scanning prep at the first hospital she worked for, and continues to demonstrate her important work ethic daily.

*Marsha Allen, RHIA*

*If you would like to share an example of how a mentor changed your life, please submit your summary to Peggy Chapo, Editor, at [pchapo@botsford.org](mailto:pchapo@botsford.org)*

---

*A leader leads by example not by force.*

*— Sun Tzu*

# PENNY WARS

Charlie Robinson, RHIT, CCS-P

Individually we can accomplish great things, but as a team nothing is impossible! Back in November of 2007, I spent the HIT week with the HIM department of Northern Michigan Regional Hospital (NMRH). I had the opportunity to participate in one of the greatest team efforts I have ever been involved in during that week, and I wanted to share this experience with my MHIMA peers.

A *team* member of the HIM department is currently off work due to stage four cancer that was found incidental to an injury sustained. After multiple treatments with local practitioners, this peer was told nothing else would work. However, she wanted one more shot and came to Detroit for medical care. It was in Detroit that they said, "yes, we can help"! And so began the team effort! Travel expenses to drive from Petoskey to Detroit were expensive and assistance was needed.

During HIT week in the HIM department at NMRH the *team* decided to have a food drive and a penny war! For the food drive the goal was to collect 100 items and the *team* collected over 200 items that their peer was able to eat.

Do you know what a penny war is? Prior to this week, I sure didn't! A penny war works like this: you divide the group into *teams* and each *team* gets a bucket to put their pennies into and each penny is worth one point. However, if the other *team* puts silver (nickel, dime quarter) into your bucket these are minus points. For example, if you have 100 pennies you have 100 points. If the other *team* puts in two quarters you now only have 50 points because those two quarters were worth a minus 50 points. Each morning a *team* member would add up all of the points and give totals. The *team* with the most points at the end of the week won a prize. The NMRH HIM department was separated into three *teams*, Coding, Transcription and Clerical and the penny war began. All of us thought how nice it would be to raise a few hundred dollars by the end of the week. Keep in mind, the penny war started late Monday and ended at 11am on that Friday.

At 10:55am that Friday it was a mad dash to put as many pennies in your own bucket and as much silver in the other *team's* bucket. When all was said and done, the NMRH HIM department raised over \$1,500 and over 200 items of food for a peer, friend, and a member of the *team*.

What does teamwork mean to you? *Teamwork* can be as great as what the team at NMRH accomplished or as little as helping a peer file charts. A quote I read by an unknown author read "Teamwork can be summed up in five little words: We believe in each other". If you believe in the goal and in your team, nothing is impossible!

TOGETHER EVERYONE ACHIEVES MORE

## How do you get your Continuing Education (CE) credits?

With a variety of methods for obtaining continuing education credits, what is your preference for obtaining your CE requirements? This question or one similar, will be posted on the MHIMA website in early 2008 as a polling question in an effort to keep up with changing times and maintaining our mission of being Michigan's expert voice in Health Information.

MHIMA realizes that there are multiple organizations, including our parent organization, AHIMA, and regional associations, which provide education that is convenient and is offered at a reasonable cost. In the coming few months, MHIMA will have a few polling questions that pertain to CE credits and how you prefer to receive and pay for them.

It is very important that every member participate in the survey to ensure that MHIMA is meeting your continuing education needs and maintaining our status as experts and leaders!

If you have any questions or comments that you would like to share with the MHIMA Board regarding continuing education credits, please e-mail me at [Charlie.robinson@caretechsolutions.com](mailto:Charlie.robinson@caretechsolutions.com), or our central office coordinator, Marsha Allen, at [marsha@mhima.org](mailto:marsha@mhima.org).

Happy New Year!

Charlie

**COMING SOON!**

**1st Annual MHIMA Scholarship Golf Outing.**

**May, 2008, in conjunction with the Annual Meeting.**

**Watch for details....**



# HOSPITAL CHART BLOOPERS

(Actual writings from hospital charts)

1. The patient refused autopsy.
2. The patient has no previous history of suicides.
3. Patient has left white blood cells at another hospital.
4. She has no rigors or shaking chills, but her husband states she was very hot in bed last night.
5. Patient has chest pain if she lies on her left side for over a year.
6. On the second day the knee was better and on the third day it disappeared.
7. The patient is tearful and crying constantly. She also appears to be depressed.
8. The patient has been depressed since she began seeing me in 1993.
9. Discharge status: Alive but without permission.
10. Healthy appearing decrepit 69-year old male, mentally alert but forgetful.
11. Patient had waffles for breakfast and anorexia for lunch.
12. She is numb from her toes down.
13. While in ER, she was examined, x-rated and sent home.
14. The skin was moist and dry.
15. Occasional, constant infrequent headaches.

16. Patient was alert and unresponsive.
17. Rectal examination revealed a normal size thyroid.
18. She stated that she had been constipated for most of her life, until she got a divorce.
19. I saw your patient today, who is still under our car for physical therapy.
20. Both breasts are equal and reactive to light and accommodation.
21. Examination of genitalia reveals that he is circus sized.
22. The lab test indicated abnormal liver function.
23. Skin: somewhat pale but present.
24. The pelvic exam will be done later on the floor.
25. Patient has two teenage children, but no other abnormalities.

## MHIMA BYLAWS UPDATE

The changes to the bylaws for 2007 have been incorporated and are now posted on the website for your review.

*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](mailto:pchapo@botsford.org)

## MHIMA MEMBERSHIP December 2007

### MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

CLASSIFICATION	MEMBERSHIP 10-22-07	MEMBERSHIP 12-10-07	CHANGE
Active RHIT/RHIA/CCS CCS-P/CCA/CHP	1625	1647	+22
Active Senior	31	34	+3
Associate (eliminated)	-	-	-
Student	481	448	-33
Graduate	145	136	-9
Honorary	2	2	-
Corporate	17	17	-
	2301	2284	-17
Certified Nonmembers	933	950	+17*

**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.



**MHIMA**

Michigan Health Information  
Management Association  
3311 David Bee  
Muskegon, MI 49444

PRESORTED  
FIRST CLASS MAIL  
U.S. POSTAGE PAID  
MUSKEGON, MI  
PERMIT NO. 313

**MHiMA**

Michigan Health Information  
Management Association

An Affiliate of

**AHiMA**

American Health Information  
Management Association®



**MHIMA CANDIDATE PROFILES**  
**2008-2009**

MHIMA Bylaws state: Election shall be by a plurality of the votes cast by the ACTIVE members.



**PRESIDENT ELECT**



**Carol A. Jennings, MPA, RHIA, FAHIMA**

Corporate Manager Professional Reimbursement Education  
William Beaumont Hospital, Royal Oak

**EDUCATIONAL BACKGROUND**

Masters of Public Administration  
University of Michigan  
Bachelor of Science, Medical Record Science  
Mercy College of Detroit

**OFFICES HELD/COMMITTEE FUNCTIONS**

**AHIMA:** Member, CSA Advisory Task Force 2006-07  
Chair, Professional Ethics Committee 2005  
Member Professional Conduct Committee 2003-04  
Member Fellowship Application Committee 2003, 2004  
Appointed to HOD Workgroup for 2002 meeting  
Member Delegate Committee 2001-02  
Moderator TRACK 3: Compliance 2001 Annual Meeting  
Speaker 2006 and 2007 Team Talks

**MHIMA:** Chair Nominating Committee 2005-06  
Member Convention Arrangements Committee 2004-05  
Vice President 2003-04  
Director 2000-02  
Education Project Team 1998-99  
Past President Director 1987-88  
President 1986-87  
President-Elect 1985-86  
Utilization Management Chair Treasurer 1968-69  
Delegate 1986-88, 1990-91, 1998-99, 2000-02, 2006-08  
By Laws Chair 1967  
Education Chair

**OTHER PERTINENT INFORMATION**

Baker College Advisory Board Member 2005  
Speaker HFMA "Revenue Cycle Management at 5 seminars across the country in 2006 and 2007

**MEETINGS ATTENDED**

**AHIMA:** 2006-07  
**MHIMA:** 2006-07  
Speaker 1996, 1998, 2000, 2001, 2003-05  
**SWMHIMA** - Speaker 1997  
**MMHIMA** - Speaker 1997, 1999  
**HFMA** - Speaker 2001-03

**SPEAKER:**

AHIMA Ambulatory Care Section 1997 - Fraud and Abuse  
MHIMA Fraud and Abuse 1999  
MHIMA Charge Master 1999

**MEMBER:**

BC/BSM and MHA Participating Hospital Agreement Task Force  
BC/BSM Utilization Management Committee  
Chair, Medical Record Network, Sisters of Mercy Health Services

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2009 nominee for office of President Elect, of MHIMA, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

If I am elected to the office of President Elect, I will try to identify members in the state in the 9 regions to represent MHIMA in participation with the MiHIN. I feel that the more MHIMA and its members are heard, the more our members will benefit as our health care settings become automated. MHIMA has members knowledgeable in the issues who can participate in the development and also provide valuable education.

**PRESIDENT ELECT**



**Karen Schmidt, RHIT, CCS**

Director, Medical Record Services  
Privacy & Information Security Office  
Henry Ford Hospital & Health Network

**EDUCATIONAL BACKGROUND**

AHIMA Correspondence Course 1971

**OFFICES HELD/COMMITTEE FUNCTIONS MHIMA**

**MHIMA:** Legislative Project Manager 2001-08  
Education Project Team member, 1998-99  
Baker College Advisory Board Member 2005

**ARTICLES:** Michigan House Bill 4706 – *FOCUS*  
MHIMA Position Statement – *FOCUS*  
Governor Signs Medical Record Retention into Law – *FOCUS*  
Michigan Medical Records Act – *FOCUS*

**MEETINGS ATTENDED**

**AHIMA:** 2006-07  
**MHIMA:** 2006-07  
**SEMHIMA** – Current Member  
**MMHIMA** – Past Member

**OTHER PERTINENT INFORMATION**

National & Local speaker on HIPAA & Privacy  
National & Local speaker on the Electronic Health Record  
Certified Professional in Healthcare Quality

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2009 nominee for office of President Elect, of MHIMA, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

I support MHIMA's current representation at the HIT Commission meetings and recommend continuing to bring information from these meetings back to the membership. I suggest reaching out to the MHIMA members who currently participate (or would like to volunteer to participate) in one of the nine local exchanges (RHIOs) in their region as they begin to develop. Updates on the individual HIEs will keep the membership informed and kept abreast of the advancement of health care information sharing. As health care professionals we must increase our knowledge of HIEs and, through this collaboration, continue to promote our profession.

**VICE PRESIDENT**



**Rochelle Cooper, MSA, RHIA, CCS, CPC**  
 Director, Education and Coding Compliance  
 Beaumont Hospitals

**EDUCATIONAL BACKGROUND**

Master of Science in Administration  
 Central Michigan University  
 Bachelor of Science, Medical Record Administration  
 Ferris State University

**OFFICES HELD/COMMITTEE FUNCTIONS IN MHIMA, SEMHIMA**

**MHIMA:** Director 2006-07  
 Chairperson MHIMA Elections Committee 2005-06  
 Project Manager, MPRO Liaison 2001-05  
 Past President Director 2000-01  
 President 1999-00  
 President Elect 1998-99  
 Vice President, 1997-98  
 Project Manager, Promotions - 1996-97

**SEMHIMA:** Elections Committee 2007-08  
 Nominating Committee, 1995-96, 1992-93  
 Recording Secretary, 1991-92  
 By Laws Committee, 1991-92

**MEETINGS ATTENDED**

AHIMA Annual Convention, 2006  
 AHIMA House of Delegates, 1999-00  
 MHIMA Annual Convention, 2006-07

**OTHER PERTINENT INFORMATION**

Certified Coding Specialist (CCS) AHIMA  
 Certified Professional Coder (CPC) AAPC

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2009 Nominee for office of Vice President, of MHIMA, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

As a nominee for Vice-President of MHIMA I would suggest the MHIMA Board of Directors provide for a formal introduction of our association, strategies and member compilation so as to promote our expertise in the various HIM venues. An invitation to a MiHIN representative to attend a future MHIMA Board meeting will allow for two-way dialog as to how we might help one another in a win-win situation. In addition the MHIMA Board and members should make a concentrated effort to attend MiHIN meetings (as applicable) so as to remain on their radar screen. As members, we need to keep abreast of activities and projects of MiHIN so as to be available for assistance should the opportunity be presented.

**VICE PRESIDENT**



**Virginia Pitts, RHIT, RN**  
 Manager Accreditation, Clinical Risk, Medication Safety  
 Hackley Hospital  
 Muskegon

**EDUCATIONAL BACKGROUND**

Graduate Baker College RHIT program, 1987  
 Graduate of Hackley School of Nursing 1972  
 Pursuing Certification in Risk Management

**OFFICES HELD/COMMITTEE FUNCTIONS IN MHIMA, NWMHIMA**

**AHIMA:** Member since 1987  
**MHIMA:** Vice President, 2007-08  
 Member, Nominating Committee 2000-01  
 Member Convention Arrangements 1999-02, 2004-Present  
 Teller, Annual meeting 1999  
 Member since 1984  
**NWMHIMA:** Member since 1987  
**MAHQ:** Member since 1989

**MEETINGS ATTENDED**

**AHIMA:** 1994  
**MHIMA:** 2006-07

**SPEAKER**

**MHIMA:** 2001 Annual Meeting - "Transcription Services – home vs. outsourcing vs. traditional"  
**MHIMA – JCAHO & CMS Preparation** 2002  
**MHIMA, Denials Management,** 2004  
**MAHQ/MPRO Quality Expo,** 2004 - "Process Improvements - Pneumonia"  
**NWMHIMA:** 1996 - "Ready, Set, JCAHO"  
**MAQAP:** 1996 "Winning Michigan Quality Leadership Award"  
 "One Day Stay Outcomes Congress" January 2007

**OTHER**

Served on the Hospice Board, Muskegon, Oceana, 1998-03  
 Previously on Baker College Advisory Board  
 Previously instructor at Baker College – Quality Assurance"  
 Advance Care Planning Facilitator and Educator, September 2003  
 Serve on Muskegon End of Life Coalition  
 Den Leader for Wolf Den 4 Pack 3014  
 Volunteer, Second Grade, St. Mary's School  
 Mentor, RN students  
 Published author, "Quality Indicators in Acute and Critical Care," Critical Care Nursing Clinics, Volume 18, Number 4, December 2006

I have held various positions at Hackley Hospital the last 30 years with experience in medical records, transcription, Quality, Utilization, discharge planning, social work management, policy/procedure and standing orders, tumor and trauma registry, infection control, risk management and JCAHO liaison since 1989. My current position is Manager, Accreditation/Clinical Risk/Medication Safety. I feel that this varied background would make it possible for me to represent understand the interests and needs of all the members of the groups represented in MHIMA.

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2009 nominee for office of Vice President of MHIMA, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

Having been a member of MHIMA since 1984 (starting as a student), I have observed significant changes in our roles as HIM professionals. I have had the opportunity to work in MHIMA as a committee member, officer, speaker and attendee of almost all annual meetings. As Vice President, I would personally interact with this group to ascertain how MHIMA involvement could/would enhance both organizations and how we can work together for efficiency, involvement and promotion of our profession. Having worked in multiple aspects of the profession at my facility, I feel I can bring a well-rounded approach to this.

**SECRETARY/TREASURER**



**Karen Kramer, RHIT**

Health Information Manager

Hamilton Community Health Network – Flint, Michigan

**EDUCATIONAL BACKGROUND**

Associate in Applied Science, Health Information Technology  
Schoolcraft College

**OFFICES HELD/COMMITTEE FUNCTIONS**

**AHIMA:** Member since 1996

**MHIMA:** Awards Project Manager 2005-07  
Convention Arrangements Member 2005-07  
Member since 1996

**SEMHIMA:** Past President 2006-07  
President 2005-06  
President Elect 2004-05, 2007-08  
Vice President 2003-04  
Member since 1996

**MMHIMA:** Member since 2007  
Nominating Committee member 2007

**MEETINGS ATTENDED**

**MHIMA:** 2006-07

**SEMHIMA:** 2003-07

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2009 nominee for office of Secretary/Treasurer of MHIMA, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

We need to keep communication open between the two groups. We need to have a representative from MHIMA go to their meetings and educate MiHIN about AHIMA and MHIMA. We could have a link on our website to their website. We could have a seminar on MiHIN, to keep our members apprised on what MiHIN is doing for Michigan. I think we need to keep our schools and students involved also by keeping them informed. We are one of the links for Health Information in Michigan.

**SECRETARY/TREASURER**



**Bonnie Owens, RHIT, CCS**

Health Information Services Manager

St. Mary's of Michigan Standish Hospital  
Standish, Michigan

**EDUCATIONAL BACKGROUND**

Associate in Business, Lansing Business University/Lansing Community College  
AHIMA Independent Study Program – RHIT

Classes to pursue RHIA – Ferris State University, Big Rapids

**OFFICES HELD/COMMITTEE FUNCTIONS IN AHIMA, MHIMA, NCMHIMA**

**AHIMA:** Member since 1989

**MHIMA:** Member since 1989  
Nominating Committee, 2004, 2006-'07  
Annual Convention Committee 2006-'07

**NCMHIMA:** Member since 1987  
Various Board positions since 1989  
President & Secretary/Treasurer 1999 to Present

**MEETINGS ATTENDED**

**MHIMA:** 2006-07

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2009 nominee for office of Secretary/Treasurer of MHIMA, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

I think that MHIMA needs to be proactive and continue to evolve as advocates to the Michigan Health Information Network (MiHIN). This is no individual effort. We need to have MHIMA represented in the Health Information Technology Commission. We are experts in our field and need to become involved in these statewide planning efforts. We all need to get involved to share our knowledge.

We need to take small steps now and stay informed on the work that is being done in each of the nine Health Information Exchanges (HIE) and to do this we need to have representation from an MHIMA member or group in each of these nine HIE's.

One of the major goals that is contained in the MiHIN report for the upcoming years is to evolve patient health records to a uniform format for all health care providers. We as health information experts need to be involved in these types of initiatives as it will change our work drastically.

**DIRECTOR**



**Cindy Hilton, RHIA, CCS**  
Transcription Operations Supervisor  
Sparrow Health System  
Lansing, Michigan

**EDUCATIONAL BACKGROUND**

Bachelor Health Services Administration, Baker College  
Associate in Applied Science, Health Information Technology  
Baker College

**OFFICES HELD/COMMITTEE FUNCTIONS**

AHIMA: Active member since 1997  
MHIMA: Active member since 1997

**MEETINGS ATTENDED**

MHIMA: 2005 and 2007

**OTHER PERTINENT INFORMATION:**

Certified Coding Specialist AHIMA  
Previously Director of Health Information Management, Pennock Hospital  
Hastings, Michigan

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2010 nominee for office of Director of MHIMA, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

The first step in collaboration between MHIMA and MiHIN would be to attend the monthly MiHIN meetings. These meetings are open to the public with the schedule of the meetings posted on the Internet. This would be an opportunity for MHIMA to network with commission members.

The next step would be to obtain a seat on the commission. When I reviewed a list of the commission members, there was representation for physicians, pharmaceutical managers, pharmacists, hospitals, community health, health plans, etc. There was no one representing Health Information Technology as outlined in the bill. I feel our representation on this commission is critical. MHIMA and MiHIN would both benefit by having a member of MHIMA on this commission.

**DIRECTOR**



**Connie Klein, RHIT, CCS-P, CPC, CPC-H**  
Lead Coder  
SYNERGY Medical Education Alliance  
Saginaw

**EDUCATIONAL BACKGROUND**

Certified Procedural Coder, Hospital 2004  
Certified Coding Specialist, Physician Office 2003  
Certified Procedural Coder 2003  
Associate Applied Science, Health Information Management, RHIT 1996  
Baker College

**OFFICES HELD/COMMITTEE FUNCTIONS**

MHIMA: Director 2004-06  
Member since 1995

MMHIMA: President 2004  
President Elect 2003

**MEETINGS ATTENDED:**

MHIMA: 2006-07

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2010 nominee for office of Director of MHIMA, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

With the creation of PA-137-06 a wonderful opportunity has been created to facilitate collaboration between MHIMA and the MiHIN.

What better way to get our name out there then ask for representation on their membership Board? I think it would be wonderful if we approached the Governor and ask that we have representation on the membership Board. Our organization exemplifies what HIT is all about.

We have a vast knowledge of the ins and outs of HIM and would be a wonderful source of knowledge of the inter workings of the management of Health Information. With our regional groups already in place we are setup for networking management in Michigan.

I would also encourage a link between the MiHIN website with our MHIMA website. It might be helpful to post our current MHIMA Board Directory with our regional association information.

I would also encourage MiHIN to query concerns or issues to our Board. We have a vast knowledge of information at our fingertips, OUR MEMBERS, who are the best resources we could utilize.

**DIRECTOR**



**Michele Wills, RHIA**

Privacy Officer, Health Information Services and Communications Supervisor  
Caro Center, Caro

**EDUCATIONAL BACKGROUND**

Bachelor of Science, Medical Record Administration  
Ferris State University

**OFFICES HELD/COMMITTEE FUNCTIONS**

**AHIMA:** Member of eHR Workgroup “Defining the Legal Health Record”, 2005  
Chairman of Delegate Workgroup, 2004

**MHIMA:** Project Manager, Education 2006-08  
Delegate, 2003-05  
Project Manager, Education 2004-05  
Alternate Delegate 2001-02  
Past President Director, 1998-99  
President, 1997-98  
President Elect, 1996-97  
Vice President, 1995-96  
Project Manager, Annual Meeting, 1993, 1984  
Project Manager, Distinguished Member, 1994  
Project Manager, Distinguished Student, 1994  
Alternate Delegate, AHIMA annual meeting 1994

**MIDMHIMA:** President, 1993

**MEETINGS ATTENDED**

**MHIMA:** Annual Convention – 2005

**AHIMA:** Annual Convention – 2003 and 2004

**OTHER PERTINENT INFORMATION**

Baker College Flint Campus – Health Information Technology Program Faculty 2001-present.

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2010 nominee for office of Director of MHIMA, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

We must embrace current and future legislation and organizations that will impact our profession and healthcare in Michigan.

Open lines of communication are a must in order to enhance collaboration between MHIMA and the MiHIN. In addition, we must work together to ensure that “territorialism” does not impede the accomplishment of established/legislated goals and objectives.

It is incumbent upon the leadership of MHIMA to work together within the scope of our bylaws to continue growth and advancement of our organization.

**DELEGATE**



**Denise Holstege, RHIT, CCS**

Manager, Medical Records  
Hackley Hospital, Muskegon

**EDUCATIONAL BACKGROUND**

Associate of Applied Science, Medical Record Technology  
Baker College of Muskegon

**OFFICES HELD/COMMITTEE FUNCTIONS IN MHIMA, AHIMA**

**MHIMA:** Past President Director 2007-08  
President 2006-07  
President Elect 2005-06  
Delegate 2003-05, 2006-08  
Editor, *FOCUS* 2002-05  
Director 2001-03  
Vice-President 2000-01  
Convention Arrangements Project Manager 2000-01  
Secretary Treasurer, 1998-00  
Convention Arrangements, 1997-98  
Elections Committee, 1994-95

**MEETINGS ATTENDED**

**MHIMA:** 1992-2007

**AHIMA:** 2001-07

**ADVISORY BOARD**

Health Information Technology Advisory Board, Baker College of Muskegon  
Health Information Technology Advisory, Davenport University

**NWMHIMA**

Secretary/Treasurer, 2000 - Present  
President, 1999  
President Elect, 1998  
President, 1995, 1991  
President Elect/Program Chair, 1994, 1990

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2010 nominee for office of Delegate of MHIMA, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

As a delegate, I will assist in the education of our members about the Michigan Health Information Network. Education must include the explanation of the Commission that was created, the work that the MHIMA Board has done to date and the purpose of MiHIN. We need to insure that our membership is up to date with current policies and procedures for the exchange of information via these networks. This brings new challenges to Health Information professionals in regards to the passing of patient information with new technology. We must stay abreast of the rapidly changing environments that we are in, both traditional and non-traditional settings. I would suggest that we strategically place members on as many committees as possible and enlist the assistance of those members who may already be participants in these initiatives. We are the experts of Health Information and therefore we should promote that expertise.

**DELEGATE**



**Tracy C M Rowland, RHIA**

Director of Patient Information  
Hillsdale Community Health Center, Hillsdale  
Director Medical Records  
Oaklawn Hospital, Marshall

**EDUCATIONAL BACKGROUND**

Bachelor of Science, Medical Record Administration  
Ferris State University

**OFFICES HELD/COMMITTEE FUNCTIONS**

**MHIMA:** Geographic Michigan CoP Facilitator 2003-07  
Past President Director 2005-06  
President 2004-05  
President Elect 2003-04  
Project Manager, Legal Manual 2001-06  
Director 1999  
Delegate 1997-99, 2004-06  
Project Manager, Legislative Affairs 1996-97, 1999  
Chair, Nominating Committee 1994  
Chair, Elections Committee 1993

**SWMHIMA:** Past President Director, Nominating 1994  
President 1993  
President Elect 1992  
Activities Director 1991

**MEETINGS ATTENDED**

**MHIMA:** 2006-07

**AHIMA:** 2006

**OTHER PERTINENT INFORMATION**

HIT Program Coordinator Baker College, Jackson  
Clinical Instructor Baker College, Jackson  
CEO, TCB Consulting

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2010 nominee for office of Delegate of MHIMA, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

I believe traditional approaches will not be effective in getting our professionals into this new and exciting venture. A couple of thoughts come to mind. The notice of the meetings for 2008 are posted on the mihin.org website. It could be posed at the MHIMA Board meeting that representation, possibly a delegate responsibility or a designated project manager, be scheduled to attend the meetings, as they are open to the public.

Another possible avenue to take may be MHIMA's excellent relationship with the State Registrar's office through the birth certificate revision committee. This process has been in representation since 2003. A possible leveraging of this positive relationship may help "get the foot in the door" if the State Registrar is able to share the positive role that our association played in the revisions to the State Birth Registry process, both in content and software. There have been Board members on the revisions component as well as many of our members involved in the upgrade to the new State electronic birth certificate application. These positive relationships demonstrate our unique perspective that we bring to the electronic health information process. Once we have an introduction from Glen Copeland, State Registrar, perhaps the value of our organization can be utilized.

**DELEGATE**



**Deborah Sherman, RHIA**

Health Information Management Manager, Utilization Review Coordinator,  
Chief Privacy Officer  
Marlette Regional Hospital, Marlette

**EDUCATIONAL BACKGROUND**

Bachelor of Science in Health Information Management, 1994  
Ferris State University  
AHIMA Independent Study RHIT, 1988  
Associate Degree Baker College Allied Health Science, Medical Assistant, 1978

**OFFICES HELD/COMMITTEE FUNCTIONS IN MHIMA, AHIMA**

**MHIMA:** Vice President, 1999-00  
Convention Arrangements Committee, 1998-2000

**MEETINGS ATTENDED**

**MHIMA:** 2004 and 2007

**MMHIMA:** President, 2001  
President Elect, 2000  
Chair, Nominating Committee 1991-1992  
Member, Nominating Committee 1990-1991, 2004, 2006-07

**OTHER PERTINENT INFORMATION**

Instructor at Baker College, Cass City/Port Huron, 1992; Facility Billing, Physician Billing, UB-92, HCFA 1500, Specialty Billing and Insurance Claims, ICD-9 and CPT Coding.

Sanilac Intermediate School District, Health Occupations Instructor Medical Terminology, Physician Billing, Coding, 1997-Present.

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2010 nominee for office of Delegate of MHIMA, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

As a nominee for the office of Delegate of Michigan Health Information Management Association, I would enhance collaboration between MHIMA and the Michigan Health Information Network by distributing the MiHIN newsletter electronically to each MHIMA regional President to be discussed at their board meetings. I would electronically distribute the flyer and dates for MiHIN upcoming meetings to regions for input at their meetings. Also I feel quarterly a MiHIN representative should attend MHIMA's board meeting to keep both of us abreast to current issues regarding data bases, quality issues and patient safety concerns. A List serv could be developed between the 13 members for the MiHIN commission and the MHIMA board to "facilitate and promote the design and implementation, operation and maintenance of an interoperable healthcare information infrastructure in Michigan." I would represent MHIMA to be best of my ability.

## AHIMA Nominating Committee



**Janice Crocker, MSA, RHIA, CCS, CHP, FAHIMA**  
Health Care Consultant  
Crowe, Chizek and Company LLC, South Bend, IN

### EDUCATIONAL BACKGROUND

Master of Science in Administration  
University of Notre Dame  
Bachelor of Science, Medical Record Administration  
College of St. Scholastica

### OFFICES HELD/COMMITTEE FUNCTIONS

**AHIMA:** Past Chair, Quality Management Section, 1999  
Chair, Quality Management Section, 1998  
Chair-Elect, Quality Management Section, 1997  
Secretary, Quality Management Section, 1996  
Attendance at majority of AHIMA Team Talks since inception.

**MHIMA:** Member Convention Arrangements Committee 2006-07  
Chair, Nominating Committee 2003-04  
Co-Chair, Convention Program, 1995-96, 1996-97  
Delegate to National Convention, 1988-89; 1993-94  
Director, 1991-93 Past President Director, 1989-90  
President, 1988-89 President - Elect, 1987-88  
Vice President, 1987-88 Secretary, 1982-83  
Chair, Education Committee, 1984-85, 1977-78

**MICHIANA:** President, 2006-08, 2005-06, 2003-04, 1998-99, 1977-79;  
President Elect, 1997-98, 1976-77;  
Secretary, 2002-03, 1975-76

### MEETINGS ATTENDED

**AHIMA:** 1987-present  
**MHIMA:** 1982-present (except 2 years)

### ARTICLES

"Interviewing Techniques" - MHIMA *FOCUS*.  
"Expert Witness in Long Term Care," "Long Term Care Section *SPECTRUM*"

### MEMBER

HIT Advisory Board, Baker College, 1994-1996, 2000-present  
Office Administration Advisory Committee, Southwestern Michigan College, 1980-93  
Task Force Committee to design vital statistics records, MDPH, 1988  
Access and Oversight Committee, Michigan Health and Hospital Association, 1988-93  
Data Expansion Subcommittee, 1989

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2010 nominee for office of MHIMA representative on the AHIMA Nominating Committee, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

With the creation of the Michigan Health Information Technology (HIT) Committee and the formation of the nine Health Information Exchange (HIE) regions, Michigan Health Information Management Association (MHIMA) has a nice opportunity to work with, and gain from, the Michigan Health Information Network (MiHIN). To enhance collaboration between MHIMA and MiHIN, it will be important for MHIMA to proactively explore the structures of MiHIN and the nine HIE's. MHIMA can then work to get members in each of the regions to serve on the regional task forces or committees, as well as at the state level in MiHIN. Even if MHIMA cannot get appointed to committees/task forces, it is important to have our members attend as many meetings, hearings, or other events planned by the HIE's; and thus, provide informal comments and input as permitted. Even informal attendance at meetings can help keep MHIMA informed of MiHIN activities and potentially be alerted to volunteer opportunities for various activities that may surface. If MHIMA is actively participating, the members at the table can tap into other MHIMA members to assist with assignments or get additional input through using our e-mail processes and our website. Our entire membership can be kept informed by articles in FOCUS. We are presented with a window of opportunity to demonstrate our value to the healthcare industry regarding health information exchange; I believe it is our responsibility to proactively help move this effort forward.

## AHIMA Nominating Committee



**Carol A. Jennings, MPA, RHIA, FAHIMA**  
Corporate Manager Professional Reimbursement Education  
William Beaumont Hospital, Royal Oak

### EDUCATIONAL BACKGROUND

Masters of Public Administration  
University of Michigan  
Bachelor of Science, Medical Record Science  
Mercy College of Detroit

### OFFICES HELD/COMMITTEE FUNCTIONS

**AHIMA:** Member, CSA Advisory Task Force 2006-07  
Chair, Professional Ethics Committee 2005  
Member Professional Conduct Committee 2003-04  
Member Fellowship Application Committee 2003, 2004  
Appointed to HOD Workgroup for 2002 meeting  
Member Delegate Committee 2001-02  
Moderator TRACK 3: Compliance 2001 Annual Meeting  
Speaker 2006 and 2007 Team Talks

**MHIMA:** Chair Nominating Committee 2005-06  
Member Convention Arrangements Committee 2004-05  
Vice President 2003-04  
Director 2000-02  
Education Project Team 1998-99  
Past President Director 1987-88  
President 1986-87  
President-Elect 1985-86  
Utilization Management Chair Treasurer 1968-69  
Delegate 1986-88, 1990-91, 1998-99, 2000-02, 2006-08  
By Laws Chair 1967  
Education Chair

### OTHER PERTINENT INFORMATION

Baker College Advisory Board Member 2005  
Speaker HFMA "Revenue Cycle Management at 5 seminars across the country in 2006 and 2007"

### MEETINGS ATTENDED

**AHIMA:** 2006-07  
**MHIMA:** 2006-07  
Speaker 1996, 1998, 2000, 2001, 2003-05  
SWMHIMA - Speaker 1997  
MMHIMA - Speaker 1997, 1999  
HFMA - Speaker 2001-03  
**SPEAKER:**

AHIMA Ambulatory Care Section 1997 - Fraud and Abuse  
MHIMA Fraud and Abuse 1999  
MHIMA Charge Master 1999

### MEMBER:

BC/BSM and MHA Participating Hospital Agreement Task Force  
BC/BSM Utilization Management Committee  
Chair, Medical Record Network, Sisters of Mercy Health Services

*The Michigan Health Information Technology (HIT) Commission was created by PA 137-06, effective May 12, 2006. Nine Health Information Exchange (HIE)\* regions have been established. As a 2008-2009 nominee to represent MHIMA on the AHIMA Nominating Committee, what suggestions do you have to enhance collaboration between MHIMA and the Michigan Health Information Network (MiHIN)?*

At the AHIMA Nominating Committee level, I will have access to Nominees from across the country. Some of the nominees will have strengths relating to health information networks that MHIMA may be able to network with to strengthen our position with MiHIN.



## 2008-2009 OFFICIAL BALLOT

### INSTRUCTIONS FOR COMPLETING BALLOT:

1. Indicate your selection for each office by placing an "X" on the line next to the candidate of your choice.
2. Write your AHIMA number, name and address in the upper left hand corner of the self-mailer. If your name and AHIMA ID number do not appear on the self-mailer, **it will invalidate your vote.** Do NOT sign the ballot. Please secure the self-mailer with tape before mailing. You may now vote online on the MHIMA website at [www.mhima.org](http://www.mhima.org). (NOTE: You may vote only one time, either by mail or online.)
3. Return the ballot by March 1, 2008 to:

Marsha Allen, RHIA  
MHIMA CENTRAL OFFICE  
3311 David Bee Street  
Muskegon, MI 49444-3619

4. Faxed ballots are not valid.

### VOTE FOR ONE ONLY IN THESE CATEGORIES:

President-Elect	_____ Carol Jennings, MPA, RHIA, FAHIMA _____ Karen Schmidt, RHIT, CCS
Vice President	_____ Rochelle Cooper, RHIA, CCS, CPC _____ Virginia Pitts, RHIT, RN
Secretary/Treasurer	_____ Karen Kramer, RHIA _____ Bonnie Owens, RHIT, CCS
Director	_____ Cindy Hilton, RHIA _____ Connie Klein, RHIT, CCS-P _____ Michele Wills, RHIA
Delegate	_____ Denise Holstege, RHIT, CCS _____ Tracy (Mardis-Brown) Rowland, RHIA _____ Deborah Sherman, RHIA
AHIMA Nominating Committee	_____ Janice Crocker, MSA, RHIA, CCS, CHP, FAHIMA _____ Carol Jennings, MPA, RHIA, FAHIMA

### REGIONAL CANDIDATES FOR MHIMA NOMINATING COMMITTEE, VOTE FOR THREE:

\_\_\_\_\_ Kim Buti, RHIA (SEMHIMA)  
\_\_\_\_\_ Silvia Cantu, RHIT (MidMHIMA)  
\_\_\_\_\_ Cynthia Miller, RHIA (NCMHIMA)  
\_\_\_\_\_ Mary Mills, RHIT, CCS (SEMHIMA)  
\_\_\_\_\_ Margaret Neterer, MM, RHIA (SWMHIMA)  
\_\_\_\_\_ Susan Robledo, RHIT, CCS (MidMHIMA)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

AHIMA ID # \_\_\_\_\_

**BALLOT**

MARSHA ALLEN RHIA  
MHIMA CENTRAL OFFICE  
3311 DAVID-BEE STREET  
MUSKEGON MI 49444-3619



CUT, FOLD, TAPE & MAIL



# Michigan Health Information Management Association

## 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, 2008. Students may obtain a copy of the application from their Program Director, 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.

## YVONNE HARBERT STUDENT ACHIEVEMENT AWARD

### ATTENTION ALL STUDENTS!!!

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, 2008. A blank application may be requested from the MHIMA Central Office.

### 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 applications have been sent to all directors of HIA/HIT programs

# Mission Possible: Bridging the Gap through Education and Collaboration

## TENTATIVE SCHEDULE

### Sunday, May 18, 2008

12:00-2:00 pm Art Craft Set up  
 2:00-6:00 pm Exhibitor Set up  
 2:00-6:00 pm Board meeting  
 4:00-6:00 pm Registration  
 1:00-5:00 pm Community Education Trainer session

Sound Stage  
 Sound Stage

### Monday, May 19, 2008

8:00-11:00 am Exhibitor Set up  
 7:00-8:00 am Registration – Continental Breakfast  
 8:00-8:15 am Welcome – Mayor of Mackinac Island – Margaret Doud  
 8:15-9:45 am Keynote – ABC's of Selling Yourself – Laurie Brown - 1.5 CE  
 9:45-10:00 am Break  
 10:00-11:00 am Compliance – Ed Grima - 1.0 CE  
 11:00-11:30 am Business meeting  
 11:30-12:30 pm AHIMA Update – Renae Spohn - 1.0 CE  
 12:30-2:00 pm Lunch with vendors  
 2:00-3:30 pm Break out E-HIM – Belinda Wiegand - EHIM Best Practices  
 New VBC Standard – David Woodrow - 1.5 CE  
 3:30-4:00 pm Break with vendors  
 4:00-5:00 pm Break out Medicare Conditions of Participation – Carol Jennings  
 Security Concerns with Off Shore Transcription – David Woodrow - 1.0 CE  
 5:30-8:00 pm President's Reception – summit room

Sound Stage  
 Theater  
 Theater  
 Theater  
 Theater  
 Sound Stage

Sound Stage

Total 6.0 CE + 1 vendor

### Tuesday, May 20, 2008

7:30-8:00 am Continental Breakfast  
 8:00-9:30 am Management Challenges – Amy Dixon - 1.5 CE  
 9:30-10:15 am Break with vendors  
 10:15-11:45 am Bridging the Gap – Holly Sutton - 1.5 CE  
 11:45-1:45 pm Lunch with vendors  
 1:45 pm Exhibitor Tear down  
 1:45-3:15 pm Physician Quality Reporting Initiative – Carol Jennings - 1.5 CE  
 3:15-3:30 pm Break  
 3:30-5:00 pm Break out HIE/MiHIN update – John Hazelwinkel - 1.5 CE  
 Going PaperLess – Leslie Mack

Sound Stage  
 Sound Stage  
 Sound Stage

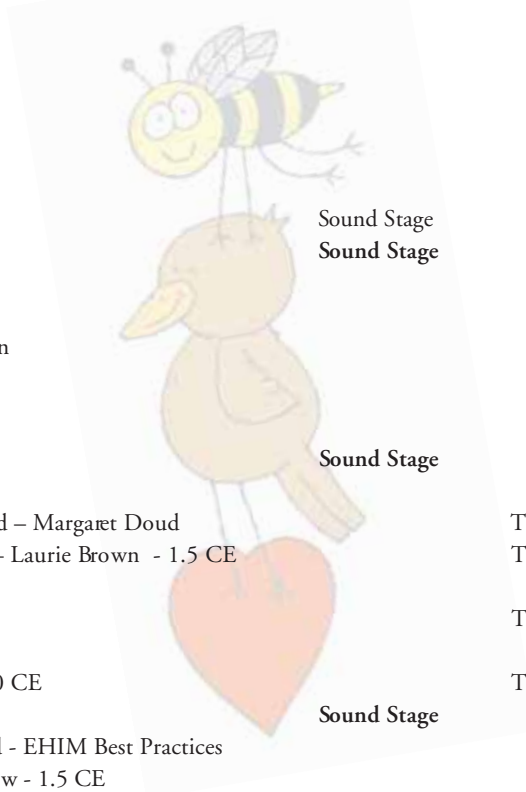
Total 6.0 CE + 1 vendor

### Wednesday, May 21, 2008

7:00-8:00 am Awards Breakfast  
 8:00-9:00 am State of Michigan Healthcare – Brian Peters - 1.0 CE  
 9:00-10:30 am Legal Update – Med Rec Access Act – HIPAA – Veronica Marsich - 1.5 CE  
 10:30-10:45 am Break  
 10:45-12:15 pm Fraud Investigations – Blue Cross Blue Shield – Dennis Drake - 1.5 CE

Total 4.0 CE

Grand Total CE 16 + 1 vendor



# MEETING THE CHALLENGES OF Discharge Not Final Billed (DNFB)

## How One Organization Implemented Charge-Entry Solutions to Manage DNFB

Does the rising cost of healthcare place a constant emphasis on your organization's revenue cycle? Is your outpatient charge-entry process inconsistent or without charge process controls? Have your organization's leaders asked how HIM can reduce outpatient late charges?

Attendees who answered "yes" to any of these questions attended the October 6, 2007 coding session, at the AHIMA National meeting, "Meeting the Challenges of Managing the Outpatient DNFB". The session focused on how New York City's St. Vincent Catholic Medical Center implemented charge-entry solutions to streamline hospital outpatient charge operations and improve its revenue cycle.

Presenters Cheri Kane, MSA, FACMPE, FHFMA, formerly of St. Vincent Catholic Medical Center and now vice president of revenue cycle at Grady Health Systems, and Maria Muscarella, RHIA, vice president of HIM and patient access at St. Vincent, noted that, their facility was not immune to these questions. Kane also found that this issue isn't specific to the HIM department. "The hospital outpatient DNFB is not only an HIM issue—it is a hospital-wide issue," she said.

Before implementing outpatient hospital charge-entry solutions, St. Vincent's outpatient discharge-not-final-billed—referred to as the outpatient exception report/file (OPX)—totaled \$20 million annually in late outpatient charges and an average suspense period of 14 days.

Over an 18-month period, St. Vincent decreased both the late-charge fees and the suspense period. "The initial efforts of our charge-entry solutions work resulted in a reduction in suspense days from 14 to seven days, reducing the OPX by more than \$5 millions system-wide," Kane noted.

### Charge Process Assessment and Solutions

St. Vincent laid the groundwork by identifying its multi-hospital outpatient charge process issues. Kane and Muscarella cited the following initial issues and solutions:

- **Centralized charge processes** resulted in more than \$250 million total inpatient and outpatient late charges annually. It was determined this was not the most efficient method for charge entry. The charge-entry function was returned to the individual departments or facilities.
- **Complex and varying workflow processes.** St. Vincent created revenue cycle improvement groups at multiple hospitals to implement improved workflow processes. These groups ensured OPX benchmark ownership and accountability.
- **Varying outpatient exception management** by hospital. Following the initial suspense day reduction, stage two multidisciplinary hospital teams were created to meet OPX benchmark at two hospitals.

St. Vincent's system-wide vice presidents for HIM and patient access initiated additional solutions for the two remaining hospitals. "We further investigated OPX reports to determine the depth of the issues and to determine the viability of each account for potential collection," Muscarella said.

The organization found that the root causes consisted of duplicate accounts (emergency room/inpatient or outpatient/inpatient), a lack of procedure codes passing to the bill, a lack of diagnosis codes from clinics, omitted or incorrect demographics, and a lack of insurance verification.

### Focused Solutions through Partnership

The presenters noted that culture change within the multidisciplinary teams was an essential key to achieving the OPX benchmark in the two remaining hospitals. Each multidisciplinary hospital team included representation from management, patient access, emergency department, outpatient clinics, laboratory, the central business office, information technology, and an HIM supervisor.

"The multidisciplinary team approach resulted in departmental staff education, increased staff accountability, and department 'champions,'" Muscarella said.

As the teams evolved, one hospital met the OPX benchmark. However, another hospital required more extensive management as the charge process and operational issues were more diverse and complicated. "The HIM department was responsible for identifying and resolving the majority of issues," Muscarella noted.

HIM further identified erroneous charge posting, invalid accounts, incomplete records, and valid uncoded accounts. Muscarella noted these findings led HIM to implement increased supervisor accountability, improved departmental procedures, performance of daily record reconciliation, routine physician communication, and physician dictation improvements.

"After extraordinary efforts from the responsible departments, the OPX benchmark has been achieved and sustained in the remaining hospital," she said.

St. Vincent's proven success in meeting its multiple hospital outpatient DNFB improvements is a result of a multidisciplinary teamwork culture and effective outpatient charge process solutions. "The new challenge at St. Vincent is sustaining and improving this achievement," Muscarella concluded.

*From AHIMA Today 10/8/2007*

What the caterpillar calls  
the end of the world, the  
master calls a butterfly.



~ RICHARD BACH

# 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. (This involves 3-4 conference calls per year and perhaps attendance at an educational session to assist with registration. Project manager attends Board meetings and sends written reports)

**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. (This involves 5-6 conference calls and 1-2 physical meetings at the convention site. Mileage, meals and other expenses are covered. Project manager is Vice President who attends Board meetings and sends written report.)

**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.** (Your application and resume will be submitted to the current committee for approval. 1-2- meetings a year, and mileage is covered. Project manager attends Board meetings and sends written report.)

**COMMUNICATION:** *FOCUS*– Help write articles and edit the newsletter. Editor attends Board meetings and sends written report.)

**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. (Mileage, meals and copying of materials is covered by MHIMA. Time for presentations is donated by presenters.)

**e-HIM:** Become involved in e-HIM in the state of Michigan through regional HIE's and/or the Michigan Health Information Network (MiHIN). (This is a developing Project, mileage will be paid, and several conference calls.)

**MHIMA COMMUNICATION RESOURCES:** Help create and implement policy, procedures and methods for keeping members informed quickly regarding important legislation and other pertinent issues. (This is another developing Project, mileage will be paid, several conference calls a year.)

**MONITOR LEGISLATION:** Help MHIMA keep abreast of current healthcare legislation that will affect our members. (NetScan sends all legislation in Michigan that is being proposed. It involves reviewing current legislation and forwarding important legislation to Board for action. May need input from Corporate attorney. Project Manger attends Board meetings and sends written report.

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, 2008 to:

Nancy Walker, MS, RHIA  
c/o MHIMA Central Office  
3311 David-Bee Street  
Muskegon, MI 49444  
Phone 231.767.9717  
Fax 231.767.2557

## CCA

Beth Browning ..... Grand Rapids  
 Jill Doubler ..... Grand Rapids  
 Elizabeth Goodrich ..... Gaylord  
 LuAnne Lahmann ..... Belleville  
 Rachel Walters ..... Oak Park

## CCS

Nichole Butcher ..... Vanderbilt  
 Anandaramagupta Chintalapalli ..... Battle Creek  
 Kim Logan ..... Livonia

## CCS-P

Breck Flory ..... Marcellus  
 Barbara Hopkins ..... Riverview  
 Susan Johnson ..... Grand Rapids  
 Shirley Santo ..... Rockford

## RHIA

Faith Collier ..... Grand Rapids



## NEW MEMBERS

Janine Allison ..... Rockford  
 Linda Bemis ..... Flushing  
 Daniel Bickmann ..... Rochester  
 Joyce Bouwma ..... Grand Rapids  
 Lisa Burns ..... Wyoming  
 Allison Chase ..... Holly  
 Billie Cnudde ..... Bay City  
 Nancy Deyman ..... Cedar Springs  
 Charlene Ferguson ..... Detroit  
 Jamie Galloway ..... Livonia  
 Rebecca Gilbert ..... Alma  
 Tamara Humes ..... Saginaw  
 Jenel Jackson ..... Livonia  
 Candice Johnson ..... Grand Rapids  
 Suzanne Kolasinski ..... White Lake  
 Heather Martiss ..... Macomb  
 Michele Milantoni ..... Riverview  
 Brigitte Myers ..... New Hudson  
 Beth Oudbier ..... Grand Rapids  
 Karen Philavong ..... Romulus  
 Katherine Phillips ..... Berrien Springs  
 Amanda Postma ..... Zeeland

# Congratulations!

## The following members have passed examinations!

### RHIT

Julie Brzezinski ..... Macomb  
 Casey Broom ..... Mount Morris  
 Cody Chau ..... Warren  
 Erin Cook ..... Saginaw  
 Velma Cuevas ..... Detroit  
 Lindsey Evens ..... Muskegon  
 Colleen Frizzell ..... Livonia  
 Sylvia Gerards-Herman ..... Grand Rapids  
 Danielle Hunter ..... Macomb  
 Lori Josephson ..... Warren  
 Valerie Kidd ..... Lansing  
 Christy Kiefer ..... Grand Rapids

Clayton Lawler ..... Plymouth  
 Susan Lodovisi ..... Warren  
 Vicki Maley ..... Romeo  
 Jennifer Moody ..... Kincheloe  
 Frances Orchard ..... Harrison Township  
 Rebecca Samojedny ..... Macomb  
 Robin Searcy ..... Grandville  
 Angela Seiber ..... Warren  
 Alice Sekulovski ..... Utica  
 Diane Silas ..... Grand Blanc  
 Lisa Stanton ..... New Hudson  
 Julie Thomas-Clarke ..... Saint Clair Shores  
 Veronica Turbeville ..... Montrose  
 Janice Upcott ..... Shelby Township  
 Antwoine Ward ..... Detroit  
 Valerie Wasson ..... Garden City  
 Tammy White ..... Waterford  
 Jamie Williams ..... Detroit  
 Dawn Wisusik ..... Taylor

## TREASURER'S REPORT

Total MHIMA Assets  
 JANUARY 7, 2008  
 \$67,992.37

**“Each day is a new life. Seize it. Live it.”**

~ David Guy Powers

Robert Rodriguez ..... Westland  
 Monika Schwab ..... Jackson  
 Elizabeth Shubitowski ..... Redford  
 Julie Stickels ..... Plainwell  
 Nicole Sullivan ..... Grandville  
 Stephanie Tavoularis ..... Sterling Heights  
 Lori Tolman ..... Lansing  
 Rebecca Warner ..... Kincheloe  
 Vernice Williams ..... Detroit  
 Melissa Wilson ..... Flint

**Success and happiness  
 are not matters of chance  
 but CHOICE.**

~ Zig Ziglar

# Corporate Members 2008

DATE	CORPORATE NAME/ADDRESS/PHONE	CONTACT PERSON	WEBSITE/EMAIL
7/92	<b>3M Health Information Systems</b> PO Box 206 Metamora, Michigan 48455	Karen Ruehl Account Representative (810) 678-3574	www.mmm.com
7/93	<b>VanBelkum Companies</b> 535 Cascade West Parkway SE Grand Rapids, Michigan 49546	Greg Ingersoll Senior Account Representative (616) 974-8200	www.vanbelkum.com
1/94	<b>Keen Imaging</b> 15959 Kroupa Road Traverse City, Michigan 49686	Karen Lobbs President (231) 223-9474	keenimg@aol.com
3/94	<b>The Rybar Group, Inc.</b> 1495 Dauner Road Fenton, Michigan 48430-1561	Claudine Hildreth Marketing Director (810) 750-6822	www.therybargroup.com
10/96	<b>Dictaphone, a division of NUANCE</b> 6592 Braemer Avenue South Noblesville, Indiana 46062	Curt Bragg Regional Sales Manager (888) 471-3463	www.nuance.com
8/98	<b>Dolbey and Company</b> 7182 Gateway Park Drive Clarkston, Michigan 48346	Mark Kuenzel Regional Vice President (888) 384-7828, Ext.155	www.dolbeyco.com
3/03	<b>Lubaway, Masten &amp; Co., LTD</b> 27780 Novi Road, Suite 255 Novi, Michigan 48377	Terri McIntosh (248) 347-1416	www.LubawayMasten.com
1/05	<b>Moretti Transcription Solutions</b> 471 W. South Street, Suite 41B Kalamazoo, MI 49007	Jon Moretti Director, New Business Development (269) 343-0118	www.morettigroup.net
2/05	<b>CareTech Solutions, Inc.</b> 901 Wilshire Drive, Suite 100 Troy, Michigan 48084	Leslie Mack Director, HIM (248) 233-3043	www.caretechsolutions.com
1/06	<b>Axolotl</b> 160 W. Santa Clara Street San Jose, California 95113	Sara Allstot Marketing Communications (888) 296-5685	www.axolotl.com
3/06	<b>United Transcription</b> 11709 Fruehauf Drive, Suite 126 Charlotte, North Carolina 28273	Kiersten Huth Vice President (704) 688-3708	www.unitedtr.com
1/08	<b>The Whittaker Group Healthcare Search Consultants</b> 1876 Westbourne Court, Suite 102b Chelsea, Michigan 48118	Michelle Whittaker-McCracken Healthcare Managing Partner (734) 475-9300	www.wgsearch.com
3/07	<b>MedPlus, Incorporated</b> 4690 Parkway Drive Cincinnati, Ohio 45040	Vicki Joyce Marketing Events Coordinator (800) 444-6235	www.medplus.com

# MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

## BOARD OF DIRECTORS 2007 - 2008

**PRESIDENT**  
**Charlie Robinson, RHIT, CCS-P**  
 Work: 248-823-0038  
 Home: 586-731-9399  
 Fax: 248-928-0951  
 E-mail: charlie.robinson@caretechsolutions.com

**PRESIDENT-ELECT**  
**Nancy S. Walker, MS, RHIA**  
 Work: 248-551-5422  
 Home: 248-645-0207  
 Fax: 248-551-4960  
 E-mail: nwalker@beaumont-hospitals.com

**VICE-PRESIDENT**  
**Virginia Pitts, RHIT, RN**  
 Work: 231-728-4629  
 Home: 616-842-9241  
 Fax: 231-728-5774  
 E-mail: gpitts@hackley-health.org

**PAST PRESIDENT DIRECTOR**  
**Denise Holstege, RHIT, CCS**  
 Work: 231-728-4695  
 Home: 231-773-1574  
 Fax: 231-728-5664  
 E-mail: dholsteg@hackley-health.org

**SECRETARY/ TREASURER**  
**Jeanette Mills, RHIA**  
 Work: 248-551-9365  
 Home: 248-626-0513  
 Fax: 248-551-0265  
 E-mail: jmills@beaumont-hospitals.com

**DIRECTOR 1ST YEAR**  
**Chris McCann, MPA, RHIA**  
 Work: 248-324-8179  
 Home: 248-615-3453  
 Fax: 248-488-9605  
 E-mail: mccann@trinity-health.org

**DIRECTOR 2ND YEAR**  
**Rochelle Cooper, RHIA**  
 Work: 248-551-5120  
 Home: 248-879-7993  
 Fax: 248-551-1078  
 E-mail: rcooper@beaumont.edu

**CENTRAL OFFICE COORDINATOR**  
**Marsha Allen, RHIA**  
 Work: 231-767-9717  
 Fax: 231-767-2557  
 E-mail: marsha@mhima.org

**NOMINATING COMMITTEE**  
**Margaret Neterer, MM, RHIA**  
 Home: 517-332-7155  
 E-mail: margaret\_neterer@comcast.net



### MICHIMA REGIONAL ASSOCIATIONS

**DELEGATES**

**Denise Holstege, RHIT, CCS - 2nd Year**  
 Work: 231-728-4695  
 Home: 231-773-1574  
 Fax: 231-728-5664  
 E-mail: dholsteg@hackley-health.org

**Carol Jennings, MPA, RHIA, FAHIMA - 2nd Year**  
 Work: 248-551-8559  
 Fax: 248-551-5426  
 E-mail: cjennings@beaumont-hospitals.com

**Charlie Robinson, RHIT, CCS-P - 1st Year**  
 Work: 248-823-0038  
 Home: 586-731-9399  
 Fax: 248-928-0951  
 E-mail: charlie.robinson@caretechsolutions.com

**Rita Montague, RHIT, CTR - 1st Year**  
 Work: 313-874-7962  
 Home: 734-675-0534  
 Fax: 313-874-6730  
 E-mail: rmontag1@hfhs.org

**Melody Czapski, RHIT, CCS-P - 1st Year**  
 Work: 248-551-2602  
 Home: 734-421-5303  
 Fax: 248-551-2603  
 E-mail: mczapski@beaumont-hospitals.com

**ADVOCATE**

**Carol Jennings, RHIA, FAHIMA**  
 Work: 248-551-8559  
 Fax: 248-551-5426  
 Email: cjennings@beaumont-hospitals.com

**Rochelle Cooper, RHIA, CCS**  
 Work: 248-551-5120  
 Fax: 248-879-7993  
 E-mail: rcooper@beaumont.edu

**Chris McCann, MPA, RHIA**  
 Work: 248-324-8179  
 Fax: 248-488-9605  
 E-mail: mccann@trinity-health.org

**Denise Holstege, RHIT, CCS**  
 Work: 231-728-4695  
 Fax: 231-728-4799  
 E-mail: dholsteg@hackley-health.org

**Rita Montague, RHIT, CTR and**  
 Work: 313-874-7962  
 Fax: 313-874-6730  
 E-mail: rmontag1@hfhs.org

**Nancy S. Walker, MS, RHIA**  
 Work: 248-551-5422  
 Fax: 248-551-4960  
 E-mail: nwalker@beaumont-hospitals.com

**Charlie Robinson, RHIT, CCS-P**  
 Work: 248-823-0038  
 Fax: 248-928-0951  
 E-mail: charlie.robinson@caretechsolutions.com

----- MID MICHIGAN -----

----- SOUTHEAST -----

----- NORTH CENTRAL -----

----- NORTHWEST -----

----- SOUTHEAST -----

----- SOUTHWEST -----

----- UPPER PENINSULA -----

**PRESIDENT**

**Dawn Beckley, RHIT, CPC**  
 Work: 810-750-6822, ext. 136  
 Fax: 810-750-6733  
 Email: dbeckley@theybargroup.com

**Janice Crocker, MSA, RHIA, CCS, CHP, FAHIMA**  
 Work: 574-239-7811  
 E-mail: jcrocker@crowechizek.com

**Bonnie J. Owens, RHIT**  
 Work: 989-846-3452  
 Fax: 989-846-3541  
 E-mail: bowens2@stmarysofmichigan.org

**Denise Holstege, RHIT, CCS**  
 Work: 231-728-4695  
 Fax: 231-728-4799  
 E-mail: dholsteg@hackley-health.org

**Annette Fox, RHIT**  
 Work: 248-937-3348  
 Fax: 248-937-4910  
 E-mail: afox@dmc.org

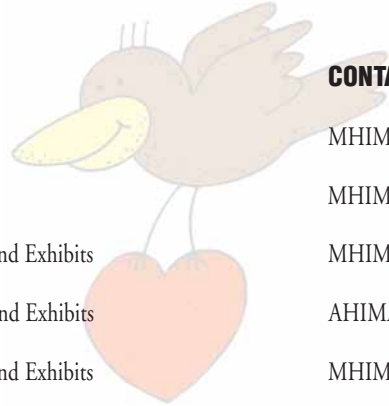
**Amy Eckert, CCS**  
 Work: 616-486-3122  
 E-Mail: amyeckert@spectrum-health.org

**Beverly Achatz, RHIT**  
 Work: 906-485-2150  
 Fax: 906-485-2116  
 E-mail: bcachatz421@yahoo.com

# Michigan Health Information Management Association

## CALENDAR OF EVENTS

DATE	LOCATION	SPONSOR	TOPIC	CONTACT	PHONE
3/14/08	MHA, Downtown Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
5/18/08	Mission Point, Mackinac Island	MHIMA	Board Meeting	MHIMA	231-767-9717
5/19-21/08	Mission Point, Mackinac Island	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717
10/11-16/08	Seattle, Washington	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
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



### MHIMA

Michigan Health Information  
Management Association  
3311 David Bee  
Muskegon, MI 49444



**POSTMASTER: DATED MATERIAL, PLEASE DELIVER PROMPTLY!**