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

NEWSLETTER OF THE MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

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March/April
2008

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www.mhima.org

OUR MISSION

The Mission of the Michigan Health Information Management Association is to be Michigan's expert voice on health information.

Michigan Health Information Leaders

CDIP CODING ROUND TABLES

On December 5th and 6th, two CDIP Coding Roundtable sessions took place in conjunction with the MHIMA sponsored CPT seminars in Grand Rapids and in Livonia. The format of these sessions was a true roundtable fashion in which eight topics were presented to the entire group. The group was then split into smaller sub-groups for discussion of the topics. After discussion, the sub-groups then reconvened into one large group to discuss the sub-groups' comments and come to one conclusion on each topic as a large group. Note, that these recommendations are not "official coding" advice, but the advice from coding peers, working on the front lines in our coding community. This was a great opportunity for participants to seek input from their peers on these topics, network with colleagues and meet new friends. The feedback received from participants was very favorable, and we will attempt to plan similar roundtable sessions in the future.

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

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

Issue #1 - CPT: Excision of Axillary Breast Tissue

Issue:

What is the appropriate code for excision of axillary breast tissue? Please see example report below. 19120-50 or 15839 and 15839-59? Other?

PREAOPERATIVE DIAGNOSIS:

Bilateral axillary breast tissues.

OPERATIVE PROCEDURE:

Excision bilateral axillary breast tissue.

INDICATION FOR PROCEDURE: This is a 34 year-old woman who complains of masses of breast tissue along the bilateral axillary regions. These collections of breast tissue are difficult to monitor utilizing a self breast examination or mammogram. The plan is to excise this tissue in order to prevent any future confusion of the tissue with a neoplastic process. The patient successfully lost over 150 lbs. The patient understands this is a medically necessary procedure. She has signed.

The patient was taken to the operating room and placed in the supine position after the induction of satisfactory general endotracheal anesthesia. All pressure points were padded. Sequential compression devices were placed. Tents and drapes were placed around the axillary regions. The axilla was prepped and draped in usual sterile fashion with Betadine. Attention was placed to the axillary region. The skin was incised in an elliptical incision configuration circumferentially around the masses of axillary breast tissue. The tissue was progressively dissected and excised. Care was taken to avoid the effected tissues and hemostasis was confirmed and tissues were approximated within interrupted intradermal stitches of 3-0 Monocril and a running subcuticular stitch of 3-0 Monocril.

(Continued on page 2)

MHIMA

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DEADLINE
for *May/June issue:*
April 15, 2008

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

For issues concerning MHIMA contact:

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Concensus:

Livonia: 19120-50, 15839, 15839-59

Grand Rapids: The break-out groups were split without being able to come to a full consensus:

15839-50 = 3 groups; based on pt's weight loss, felt this was "excess" tissue.

19120-50 = 2 groups; based on the tissue being specified as breast tissue & notation that this tissue is difficult to monitor with self-breast exam or mammogram (exams only applicable to breast tissue).

Comments:

If reporting 15839, it should be reported once with modifier 50 per CPT codebook instruction under 15839 for codes 15832-15839 performed bilaterally.

No Pathology specimen sent so apparently there was no real concern about the nature of the "masses" or tissue.

All groups recommended contacting/querying the physician to clarify the intent of the procedure: to remove excess skin/subcutaneous tissue or to remove abnormal/aberrant breast tissue or an excessive axillary tail of the breast.

Issue #2 - CPT: Endoscopy

Issue:

An Operative Report was reviewed describing an endoscopic px (colonoscopy) where a tattooing was done to mark a lesion. The physician also deployed a Hemoclip to help mark the lesion. How would this be coded

Group's Consensus Livonia and Grand Rapids:

45381 for the India ink injection. Report nothing for the hemoclip placement.

Issue #3 - CPT: Mastectomy

Issue:

An Operative report describing a Unilateral Simple Mastectomy with Sentinal Lymph Node Resection was reviewed. How would this be coded?

In addition to 38792 (Dye Injection), would this be reported as:

- a) 19303 - Mastectomy, simple complete & 38525 - Biopsy or excision of lymph node(s); open, deep axillary node(s)
- b) 19302- Mastectomy, partial; with axillary lymphadenectomy
- c) Other?

Group's Consensus Livonia and Grand Rapids:

19303-RT, 38525 & 38792

Issue #4 - CPT: Breast Clip

Issue:

An Operative Report describing a Breast Clip Placement after Cyst Aspiration (w/o Biopsy) was reviewed.

Reference: CPT Codebook Entry/Instruction for +19295 & AHIMA Radiology Coding & Compliance COP Question Posted 7/19/07

Would the clip placement be reported at all or with 19499-Unlisted Procedure Breast?

Group Consensus Livonia:

Report: Three Groups would report 19499 for the clip and three groups would not report the clip. Groups were split on this topic.

(Continued on page 3)

Group's Consensus Grand Rapids:

19000 – RT; No code to be reported for the breast clip

Comments:

All groups considered reporting the intended BX procedure 19102-74 & 19295, but all went back to just assigning the completed procedure. One group was divided in-half between the options, but since 4 1/2 of the groups went with 19000, listed that as the consensus.

No one felt that the unlisted code, 19499, should be reported as discussed in AHIMA COP.

Issue #5 - CPT: Hysteroscopy

Issue:

(Gen'l) Diagnostic Hysteroscopy with subsequent Endometrial Thermal (NovaSure) Ablation

References: Coding Clinic for HCPCS 3rd Qtr 2006 pgs. 4-5, Accuro/CodeCorrect Q&A posted 6/7/07, NCCI Edit & AMA CPT Separate Procedure designation.

Scenario: Diagnostic hysteroscopy performed & hysteroscopy removed. Then NovaSure Endometrial ablation is performed.

Would this be reported as:

- a) 58353 – Endometrial ablation, thermal w/o hysteroscopic guidance
- b) 58353 and 58555 – Hysteroscopy, diagnostic (separate procedure)
- c) Other

Group Consensus – Livonia:

1 group report 58353

5 groups report 58353 and 58555 with modifier 59

Group's Consensus Grand Rapids:

58353 & 58555-59

Comments:

If the CCI allows a modifier, then the Diagnostic hysteroscopy should be reported with modifier 59.

One group did think it would be reportable with 58563-Endometrial ablation, thermal, with hysteroscopic guidance, but also agreed with 58353 & 58555-59.

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

TREASURER'S REPORT

Total MHIMA Assets

FEBRUARY 27, 2008

\$91,942.70

Congratulations!

**The following
members have passed
examinations!**

CCA

Leah Braybrook Zeeland
 Melanie Mickalich Hancock
 Lori Piggott Marquette
 Sherry Siemion Casco
 Gail Straight Bellaire
 Nicole Kathleen Sullivan Grandville

CCS

Pallavi Gupta Houghton
 Vananala Sham Grand Rapids
 Debra Smith Saginaw

CCS-P

Cheri Ferguson Redford

RHIA

Jennifer Delamater Traverse City

RHIT

Catherine Al-Saffar Highland
 Angela Arduin Iron Mountain
 Crystal Crocker Twining
 Melissa Berolatti St. Clair Shores
 Tanesha Butler Saginaw
 Barbara Cronce-Roloson North Branch
 Briann Cummer Parma
 MeShawn Foster Detroit
 Michelle Jeffrey Sacramento
 Jennifer Krys Saginaw
 Wendy Kujawa Grass Lake
 Joan Marzolino Sterling Heights
 Timothy Mika Rockford
 Inman Moussa Dearborn
 Tracy Parpart Warren
 Derek Post Big Rapids
 Amy Ruba Scottville
 Tamra Saathoff El Mirage, AZ
 Joy Schaefer Plymouth
 Aimee Spiteri Livonia
 Tracie Syring Auburn
 Stephanie Taylor Warren
 Fung Tse Sterling Heights

President's Message

Dear MHIMA Member,

Winter is almost over and Spring is just around the corner! Your MHIMA Board has been hard at work with AHIMA Nominations for Awards and Recognition for the great strides in member communication, educational opportunities, and our award winning CDIP.

The 2008 MHIMA elections ended on March 1st, 2008 and we will soon hear who our newly elected 2008-2009 MHIMA Board members are. Your Delegates will soon be attending virtual or live Winter Team Talks. If you have any questions for your Delegates please visit the MHIMA website at www.mhima.org and locate the contact information for your MHIMA Delegates. Karen Schmidt, Legislative Liaison, and I will be attending Capitol Hill Day in Washington D.C. If you have any questions for Karen and I please feel free to send me an e-mail at charlie.robinson@caretechsolutions.com and I will share this with Karen before we head to Washington.

Over the last year the MHIMA Board has been evaluating new ways to deliver education to you the members. In the very near future we will be posting a survey on the, to be unveiled, newly designed MHIMA website at www.mhima.org. The MHIMA Board is interested in learning how you prefer to receive your ongoing HIM education. The survey will help MHIMA to determine if providing education via onsite seminars, webinars, audio conferences, or recorded live presentations will best suit you the MHIMA member.

Quote of the day:

Nothing great was ever achieved without enthusiasm.

-Ralph Waldo Emerson

Best regards,
Charlie



A strong positive mental attitude will create more miracles than any wonder drug.

PATRICIA NEAL

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


MHIMA MEMBERSHIP February 2008

MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

CLASSIFICATION	MEMBERSHIP		CHANGE
	12-10-07	2-11-08	
Active RHIT/RHIA/CCS	1647	1690	+43
CCS-P/CCA/CHP			
Active Senior	34	38	+4
Associate (eliminated)	-	-	-
Student	448	496	+48
Graduate	136	131	-1
Honorary	2	2	-
Corporate	17	13	-4
	2284	2370	+86
Certified Nonmembers	950	923	-27*

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.



Call to Meeting

THE ANNUAL CONVENTION

of the

MICHIGAN HEALTH INFORMATION
MANAGEMENT ASSOCIATION

will be held

MAY 19-21, 2008

at the

Mission Point Resort
MACKINAC ISLAND, MICHIGAN

The Business Meeting
will be on
Monday, May 19th
at 11:00 a.m.

Jeanette Mills, RHIA
Secretary/Treasurer

THE YEAR AHEAD IN HIM

A Conversation with AHIMA's Incoming President

As director of medical records at Good Samaritan Hospital in Vincennes, IN, Wendy Mangin, MS, RHIA, understands the challenges and opportunities that lay ahead for the HIM profession. She discussed some of these during her presentation at the October 10, 2007, general session during the AHIMA National Convention in Philadelphia. She also shared some thoughts with *AHIMA Today* on the coming year as convention geared up.

Q: How does your perspective as director of medical records at Good Samaritan Hospital influence your HIM interests?

Working each day as an HIM director in a 230-bed hospital puts me "in the trenches," so to speak. Like many members, I am actively involved in installing an electronic health record at my facility. At Good Samaritan, we are discussing what constitutes the legal electronic health record, access rights, and printing rights. Living and breathing the electronic health record movement continues to reinforce the importance of the HIM profession in these efforts. We have great value to bring to the table, and the resources made available through AHIMA prove so beneficial in these endeavors.

Q: What are some of the big challenges and opportunities HIM professionals can anticipate in 2008?

The opportunities for HIM professionals seem to have no boundaries. We can continue our efforts impacting the movement to the electronic health record, whether we work in acute care, long-term care, physician office practice, etc. In another 10 years, our current e-HIM® practices may seem primitive. We must constantly strive to improve the quality of the electronic health record. We need better solutions to practice problems. I also see continued challenges in the data quality area. We must take part in data collection discussions where we work. Ensuring that attention is paid to collecting quality data the first time will provide greater opportunity for accurate reimbursement and data re-use.

Q: As you look forward to your year as AHIMA President, what do you hope to accomplish?

I hope to see our members embrace the ACE initiative and log 51,000 ACE events! This is such a dynamic way to share our expertise with others, through speaking, writing, mentoring, and volunteering. I hope to work with our members and the Board in exploring various options for Vision 2016, our blueprint for HIM education. It is my hope that our delegates and members spend 2008 formulating actions to move us forward as a profession. I would also like to see our association influence change in laws, regulations, and business practices related to privacy and security.

Q: What parts of the job do you look forward to?

I look forward to the wonderful opportunity to work with energized members who care deeply for this association and our profession. It is so rewarding to talk to members who are doing great things in their own backyard, such as getting involved in their state health information exchange; being responsible for corporate compliance, privacy, and security in their healthcare facility; working hard to get an electronic health record installed; teaching our HIM professionals of tomorrow; or working on data quality efforts — the list goes on and on. The breadth of knowledge and competencies our members possess always makes me proud of this association and its members.

Q: What are some of the challenges you face?

Since I have a real job back home like most of our other volunteers, I face the same challenges of finding the appropriate balance between hospital work, association work, and most importantly, my family. It is truly an exciting time to be in the HIM profession, and I am thankful to still be playing an active role. As we all know, change is inevitable, and it is occurring at seemingly breakneck speed. These changes will challenge us all to work together in advancing change.

Q: Attending convention is a great way to enhance professional development. What are some of the other ways you keep current with the profession?

Read, read, read. I try to read as many professional publications as time permits (most importantly, the *Journal of AHIMA*). I also feel actively participating in the various CoPs keeps me current with the issues and questions facing our members. I love the fact that I can post a question and have the expertise of approximately 52,000 members at their keyboards. By having my personal profile set to receive e-mails from AHIMA, I stay current with industry and association news through the e-Alerts. I also value the interaction with my state and regional associations, as they provide quality educational programs to our members.

From AHIMA 10-10-07

FOR THE Record

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**REGIONAL HEALTH INFORMATION MANAGEMENT ASSOCIATION
MEMBERSHIP**

As you are aware, when you join AHIMA you also become a member of a component state association, which in your case is MHIMA. AHIMA rebates MHIMA 20% of the dues as your state association dues. However, the Regional HIM Associations in Michigan have separate memberships and dues.

The regional HIM Associations sponsor three to four quality educational programs every year. Some publish newsletters. They can also provide support through knowledge of local resources, and give you the opportunity to network with professionals in your area.

The membership application below allows you to join *any* or *all* of the Regional HIM Associations. You do not have to live in the area to be a member, and you don't have to be a member of MHIMA. Maybe you have co-workers who would benefit from membership to a regional association. Photocopy the application, as necessary. Once you join, you will be sent renewal notices each year.

2008 Regional Association Membership Application

NAME _____

CREDENTIALS: RHIA RHIT CCA CCS/CCS-P Student Other _____

EMPLOYER/ORGANIZATION _____

ADDRESS (Work Home) _____

PHONE _____ FAX _____ E-MAIL _____

HAVE YOU BEEN A MEMBER OF A REGIONAL ASSOCIATION? YES NO

CHECK THE ASSOCIATION YOU ARE JOINING:

Michiana Health information Management Assn. (MichianaHIMA)
Mail to: Janice Crocker, RHIA, CCS, CHP
225 Bell Road
Niles, MI 49120-4016
574-239-7811
Dues: Active - \$10.00 Associate - \$5.00
Check payable to: **MichianaHIMA**

MidMichigan Health Information Management Assn. (MMHIMA)
Mail to: Glenda Nielson, RHIT, CCS
4116 Dutcher Road
Gladwin, MI 48624
gnielson@ejourney.com
Dues: \$15.00 Students: Free
Check payable to: **MMHIMA**

Northwest Michigan Health Information Management Assn. (NWMHIMA)
Mail to: Denise Holstege, RHIT, CCS
3810 Manning
Muskegon, MI 49444
231-728-4695
Dues: \$10.00
Check payable to: **NWMHIMA**

Southeast Michigan Health Information Management Assn. (SEMHIMA)
Mail to: Annette Fox, RHIT
2616 Bay Vista Drive
Highland, MI 48357
248-937-3348
Dues: \$20.00 Students: \$8.00
Check payable to: **SEMHIMA**

Southwest Michigan Health Information Management Assn. (SWMHIMA)
Mail to: Janna Baxter, RHIA
200 S. Webster Street
Greenville, MI 48838
616-451-4537
Dues: \$15.00 Students: \$5.00
Check payable to: **SWMHIMA**

Upper Peninsula Region Michigan Health Information Management Assn. (UPRMHIMA)
Mail to: Beverly Achatz, RHIT, CPC-H
P.O. Box 402
Ishpeming, MI 49849-0402
bcachatz@yahoo.com
Dues: \$10.00
Check payable to: **UPRMHIMA**

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North Central MHIMA Dissolves

We are sorry to announce that the North Central MHIMA Regional Association has made the decision to dissolve as an MHIMA Regional Association. The hospitals are small and spread apart. They have had difficulty setting up sessions and getting together. Members have been unable to volunteer the time to be officers and assist with scheduling seminars.

There are other active Regional Associations that will offer several educational programs each year to assist members in the area. Mid Michigan HIMA presents several educational sessions each year and an annual meeting in October. The contact for them is

Glenda Nielson, RHIT, CCS
Treasurer MMHIMA
4116 Dutcher Road
Galdwin, MI 48624
g Nielson@ejourney.com

SEMHIMA also presents several seminars each year. Their contact is:

Annette Fox, RHIT
SEMHIMA
2616 Bay Vista Drive
Highland, MI 48357
afox@dmc.org

A special thank you to Bonnie Owens, RHIT, CCS, the President of NCMHIMA for her valiant efforts to keep the group together for the past three years. We will miss the North Central group, but hope to see its members still involved in MHIMA.

Congratulations to Michigan Hospitals

The following hospitals were presented Thomson Top 100 Hospital Awards for 2006, in May of 2007.

Major Teaching Hospitals:

University of Michigan & Health Center, Ann Arbor
St. John Hospital & Medical Center, Detroit

Teaching Hospitals:

McLaren Regional Medical Center, Flint
Metro Health Hospital, Grand Rapids
Mid Michigan Medical Center, Midland
Munson Medical Center, Traverse City
William Beaumont Hospital, Troy

Large Community Hospitals:

St. Mary Mercy Hospital, Livonia

Medium Community Hospitals:

Gratiot Medical Center, Alma
Hackley Hospital, Muskegon
Holland Hospital, Holland
Mercy General Health Partners, Muskegon
Port Huron Hospital, Port Huron

Small Community Hospitals:

Mecosta County Medical Center, Big Rapids
Pennock Hospital, Hastings
St. Joseph Mercy Saline Hospital, Saline

IMPLEMENTING A TELEHEALTH PROGRAM

Session Outlines VA Program to Expand Home-based Monitoring

The Centers for Medicare and Medicaid Services (CMS) estimates home care's 2007 total national health expenditures to be \$36.1 billion. To decrease these expenditures, home care providers, caregivers, and consumers are turning to telemedicine to improve patient care, reduce home visit rates, and continuously monitor chronic medical conditions with the goal of reducing costly hospital utilization.

Presenters Mary Johnson and Pawan Goyal, MD, MHA, PMP, CPHIMS, provided an overview of the VA's telehealth program during the Monday, October 9th session at the 2007 AHIMA Annual meeting. "Developing and Implementing Telehealth Program: The VA's Story."

Help for a Heavy Workload

The VA handles more than 5.5 million patients at more than 1,400 sites of care. It has 50 million outpatient visits annually and 550,000 admissions each year.

During the past decade, the VA has undergone a tremendous structural transformation from a hospital-based system to a system geared to greater ambulatory care. It has also recently developed a patient-centered care coordination perspective, which aims to reduce healthcare access barriers for veterans and to provide care in a more efficient manner for community-dwelling veterans whose chronic diseases require complex care.

Home telehealth technologies, which integrate information and communication technologies through communication services such as messaging devices and videophones allow veterans and their care coordinators to maintain direct communication.

Extending Health Monitoring to the Home

What exactly is telehealth? CMS describes it as an interactive audio and video telecommunications system that permits real-time communication between the distant-site physician and the Medicare beneficiary. As a condition of payment, the patient must be present and participating in the telehealth visit.

The VA established the Office of Care Coordination (OCC) in July 2003, having evolved from the pre-existing Telemedicine Strategic Healthcare Group. OCC supports the development of new models of care in the VA that use cutting-edge health IT to address the pressing health needs of veterans. OCC's vision is that the home is, when appropriate, the preferred place of care.

The Care Coordination Home Telehealth (CCHT) is a project coordinated by the OCC to improve care for patients with chronic conditions that can benefit from more frequent monitoring. CCHT is the wider application of care and case management principles to the delivery of healthcare services using health informatics, disease management, and telehealth to facilitate access to care and to improve the health of designated individuals and populations. The CCHT program's principal goal is to reduce avoidable and costly VA healthcare services such as hospitalizations.

How the System Works

VHA facilities identify patients and monitor them daily through medical devices that are placed in their homes. Veterans interact with disease management protocols or video and capture measurements through these devices and then transmit the data to VHA. Providers use the data to closely monitor and stabilize patients without bringing them to the hospital. As of September 2007 the program supports more than 29,000 patients.

Care coordinators are a vital link in the process. They are licensed healthcare professionals who assess and monitor patients using home telehealth. Care coordinators help detect changes in chronic diseases and conditions. They guide and support patients and caregivers to ensure they receive the right care in the right place at the right time from the right person.

The Results

VA's program is the largest home telehealth program in the world, with 29,600 active patients. It has implemented a vendor server environment in Austin, TX, with redundant systems in Hines, TX. The VA created a home telehealth Web site for weekly census data, as well as a home telehealth Web site for survey data. Home telehealth outcomes analysis is also available.

The speakers presented data from one of the regional programs showing:

- Hospital admissions were down 34 percent
- Bed days of care decreased 50 percent
- Nursing home admissions decreased 60 percent (nursing home bed days of care were down 52 percent)
- Patient satisfaction was rated at 88 percent with services
- Provider satisfaction was high at more than 90 percent

The success of VA's CCHT program suggests that home telehealth can minimize avoidable healthcare service use 24 months after implementation, as evidenced by the reduction in hospitalizations in the various study groups and as demonstrated by the reduction in care coordinator-initiated primary care clinic visits.

From AHIMA 10/9/2007



I am still determined to be cheerful and happy, in whatever situation I may be; for I have also learned from experience that the greater part of our happiness or misery depends upon our dispositions, and not upon our circumstances.

MARTHA WASHINGTON (1732 - 1802)

AHIMA Update

Kloss Presents to NCVHS on Healthcare Terminologies, Classifications

On February 21, AHIMA CEO Linda Kloss, MA, RHIA, CAE, FAHIMA, and Keith E. Campbell, MD, PhD chief technology officer of Informatics, Inc. presented to the National Committee on Vital and Health Statistics (NCVHS) "Healthcare Terminologies and Classifications: an Action Agenda for the United States." Kloss presented to the committee on the joint task force that was formed by AHIMA and the American Medical Informatics Association in 2006. The task force addressed the need for developing a nation-wide strategy for coordinated development, maintenance, and use of terminologies and classifications. The complete report is available at: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_034273.pdf.

CMS Publishes HIPAA Security Enforcement Checklist

The Centers for Medicare and Medicaid Services (CMS) announced that this year, PriceWaterhouseCoopers (PWC) will be conducting HIPAA audits on its behalf. PWC is set to conduct 10 to 20 audits through the end of 2008. The entities selected to be audited will be on a complaint-driven basis (already have a HIPAA complaint filed against them). It was also noted that the audits would have a focus on remote access.

CMS has published a checklist of the type of information that might be requested for an on-site investigation. Keep in mind that the checklist is a guide, not a comprehensive list of all areas that may or may not be applicable for investigation. It is listed below.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of E-Health Standards and Services 1 Sample - Interview and Document Request for HIPAA Security Onsite Investigations and Compliance Reviews

1. Personnel that may be interviewed

- President, CEO or Director
- HIPAA Compliance Officer
- Lead Systems Manager or Director
- Systems Security Officer
- Lead Network Engineer and/or individuals responsible for:
 - administration of systems which store, transmit, or access Electronic Protected Health Information (EPHI)
 - administration systems networks (wired and wireless)
 - monitoring of systems which store, transmit, or access EPHI
 - monitoring systems networks (if different from above)
- Computer Hardware Specialist
- Disaster Recovery Specialist or person in charge of data backup
- Facility Access Control Coordinator (physical security)
- Human Resources Representative
- Director of Training
- Incident Response Team Leader
- Others as identified...

2. Documents and other information that may be requested for investigations/reviews

- a. Policies and Procedures and other Evidence that Address the Following:
 - Prevention, detection, containment, and correction of security violations
 - Employee background checks and confidentiality agreements
 - Establishing user access for new and existing employees
 - List of authentication methods used to identify users authorized to access EPHI
 - List of individuals and contractors with access to EPHI to include copies pertinent business associate agreements
 - List of software used to manage and control access to the Internet
 - Detecting, reporting, and responding to security incidents (if not in the security plan)
 - Physical security
 - Encryption and decryption of EPHI
 - Mechanisms to ensure integrity of data during transmission - including portable media transmission (i.e. laptops, cell phones, blackberries, thumb drives)
 - Monitoring systems use - authorized and unauthorized
 - Use of wireless networks
 - Granting, approving, and monitoring systems access (for example, by level, role, and job function)
 - Sanctions for workforce members in violation of policies and procedures governing EPHI access or use
 - Termination of systems access
 - Session termination policies and procedures for inactive computer systems
 - Policies and procedures for emergency access to electronic information systems
 - Password management policies and procedures
 - Secure workstation use (documentation of specific guidelines for each class of workstation (i.e., on site, laptop, and home system usage)
 - Disposal of media and devices containing EPHI
- b. Other Documents:
 - Entity-wide Security Plan
 - Risk Analysis (most recent)
 - Risk Management Plan (addressing risks identified in the Risk Analysis)
 - Security violation monitoring reports
 - Vulnerability scanning plans
 - *Results from most recent vulnerability scan*

- Network penetration testing policy and procedure
- *Results from most recent network penetration test*
- List of all user accounts with access to systems which store, transmit, or access EPHI (for active and terminated employees)
- Configuration standards to include patch management for systems which store, transmit, or access EPHI (including workstations)
- Encryption or equivalent measures implemented on systems that store, transmit, or access EPHI
- Organization chart to include staff members responsible for general HIPAA compliance to include the protection of EPHI
- Examples of training courses or communications delivered to staff members to ensure awareness and understanding of EPHI policies and procedures (security awareness training)
- Policies and procedures governing the use of virus protection software
- Data backup procedures
- Disaster recovery plan
- Disaster recovery test plans and results
- Analysis of information systems, applications, and data groups according to their criticality and sensitivity
- Inventory of all information systems to include network diagrams listing hardware and software used to store, transmit or maintain EPHI
- List of all Primary Domain Controllers (PDC) and servers
- Inventory log recording the owner and movement media and devices that contain EPHI

HIPAA Enforcement Final Rule published

On February 16, 2006, the Department of Health and Human Services (HHS) published a final rule which details the bases and procedures for imposing civil money penalties on covered entities that violate any of the Health Insurance Portability & Accountability Act of 1996 (HIPAA) Administrative Simplification Rules. To view this information, see HIPAA Enforcement Final Rule in the Related Links Outside CMS section below.

On October 15, 2002 the Centers for Medicare and Medicaid Services (CMS) was named to enforce HIPAA Transactions and Code Set Standards. The HHS Office for Civil Rights continues to enforce Privacy Standards. To view the Remote Access Security Documents, you can go to this link: <http://www.cms.hhs.gov/SecurityStandard/Downloads/SecurityGuidanceforRemoteUseFinal122806.pdf>

Enforcement Procedures

On March 25, 2005 HHS published a Notice in the Federal Register detailing procedures for filing a non-privacy complaint with the Department. The Notice is entitled "Procedures for Non-Privacy Administrative Simplification Complaints Under the Health Insurance Portability and Accountability Act of 1996." See the HIPAA Enforcement Procedures link in the "Related Links Outside CMS" section below.

HIPAA Onsite Compliance Reviews and Investigations

The authority of CMS to investigate complaints, collect information and determine a covered entity's compliance is found at 45 CFR 160.300-160.316. These provisions require cooperation from covered entities, including, as deemed necessary, access to its facilities, records and other information during normal business hours, or at any time, without notice.

The Office of E-Health Standards and Services (OESS) within CMS will utilize contracted services to assist with onsite investigations and onsite compliance reviews related to potential HIPAA Security Rule violations. Onsite investigations may be triggered by complaints alleging non-compliance, while onsite compliance reviews will typically arise from non-complaint related sources of information such as media reports or self-reported incidents. OESS will exercise its discretion to determine whether or not an onsite investigation or onsite compliance review is warranted on a case-by-case basis.

A list of the type of information that might be requested in an onsite HIPAA Security investigation/compliance review is available for download from the link below; however, the document is not a comprehensive list of applicable investigation/review areas nor does it attempt to address all non-compliance scenarios. The individual circumstances of each applicable case will dictate the type of information that will be requested during an investigation or review. The document also serves to highlight several areas of vulnerability associated with the security of electronic protected health information, and may provide a starting point for evaluating or reevaluating an entity's general level of HIPAA Security Rule compliance. Further information and links can be found at this link: http://www.cms.hhs.gov/Enforcement/025_GeneralEnforcementInformation.asp#TopOfPage

Join Members for the 2008 Winter Team Talks Meetings

Come to 2008 Winter Team Talks and have an opportunity to meet with your peers, learn about ongoing plans within the Association, receive comprehensive meeting materials, and share your thoughts on upcoming strategic decisions? all free of charge! All members are welcome to attend these informative meetings and you will receive continuing education credits for attending.

March 6 – Winter Team Talks in Las Vegas, NV
(*Planet Hollywood Casino & Resort*)

April 7 – Winter Team Talks in Washington, DC
(*Renaissance M Street Hotel*)

April 8 – Hill Day in Washington, DC
(*Renaissance M Street Hotel*)

March 27 – Virtual Winter Team Talks. 12 p.m.-1:30 p.m., CT

Registration details are available in the "Resources" section of the State Leaders and HOD CoP under the category: Virtual Winter Team Talks, title: Virtual Winter Team Talks – March 27, 2008 – Registration and Join Conference Details.

The meeting registration information is located at <http://www.ahima.org/meetings/RegistrationDC.asp>. Hotel registration and transportation details are posted to the Resources section of the State Leaders and HOD CoP.

From AHIMA E-Alert 2-27-08 and CMS website



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

NEW MEMBERS

Tracy Ancheta Lincoln Park
Melissa Atchley Dearborn Heights
Diane Belinc..... Wyandotte
Suzanne Berna Allen Park
Annedette Beurer Livonia
Marissa Blackmond Dowagiac
Jason Bradley Warren
Diane Brown Westland
Beth Browning Grand Rapids
Doretta Broyles Niles
Melanie Burns New Baltimore
Kathy Butkin Wyandotte
Cynthia Burry Detroit
Michelle Callahan Dearborn
Debbie Camehl Flint
Cyndi Canning..... Grand Rapids
Miriam Capps Fraser
Tricia Christian Oxford
Amanda Compoe Niles
Laura Conner Lansing
Kathleen Costanza Macomb Township
Esmeralda Creaney Plymouth
Marie Czarnik Twining
Charlene Davis Ecorse
Larry DeBlaay Jenison
Lynn Dehar Chelsea
Jennifer Delamater Traverse City
Kelsey DeVries Wyoming
Angela Dodge Chesterfield
Donna Drew Flint
Loretta Duzan Grand Rapids
Darcey Edwards Clio
Rebecca Even Brighton
Breck Flory Marcellus
Mary Francis Harrison Township
Latosha Franklin Taylor
Diane Gadomski Hancock
Martha Gambrell Sterling Heights
Jacqueline Gill Grand Blanc

Kimberly Goertz Canton
Elisa Gonzalez Warren
Erika Gould Hastings
Danielle Graham Riverview
Moureen Gray Westland
Kathleen Green Lapeer
Bilbo Griffin Flint
Jennifer Grzebyk Lincoln Park
Catherine Gumina Garden City
John Haikio Pontiac
Linda Hall Reese
Gina Hamilton-Wood Niles
Colleen Harris Edwardsburg
Steven Haven Capac
Mary Heffelfinger Whitmore Lake
Eleanor Henderson Caledonia
Barbara Hopkins Riverview
Kay Ingraham Taylor
Laura Jennings Gibraltar
Barbara Jones Jonesville
Julie Jones Nashville
Sarah Jones Davison
Amanda Justice Riverview
Pamela Kingston Wyandotte
Asmaa Kouider Big Rapids
Denise Krazel Westland
Clayton Lawler Plymouth
Megan Lee Flint
Christopher Long Twin Lake
Mary Lynch Grandville
Sheila Machota Clifford
Deborah Maddox Saginaw
Samuel Makun Eastpointe
Jacqueline Malloy St. Clair Shores
Gia McCall Detroit
Laura McCann Roseville
Susan McDonald Pinckney
Rose McKeever Dearborn
Denine McKenna Warren
Amanda Merlino Ithaca
Mimi Micu Grand Rapids
Leslie Minth Richmond
Jennifer Moody Kincheloe
Debra Moore Bonita Springs
Patricia Mora Birch Run

Michelle Muizelaar Wyoming
Mary Murray St. Clair Shores
Meredith Nicholls Allen Park
Jeanette Oberlin Iron River
Christina Oery Ferndale
Tanesha Pearson Flint
Kathleen Pulford Manchester
Elaine Radtke St. Clair Shores
Monica Reece Roseville
Mary Rekowski Flint
Constance Rempala St. Clair Shores
Marcy Robertson Saginaw
Debra Rooney Kalamazoo
Laura Samonie Chesterfield
Marisa Sand Flint
Rhonda Sauline Comstock Park
Mary Senko Waterford
Heidi Shallman Metamora
Monda Shaver Caro
Denise Sigler White Lake
Nancy Sims Zeeland
Arvella Sivec Eastpointe
Garon Smith Southfield
Michelle Stabb Ann Arbor
Cathleen Stack Clinton Township
Susan Stahlheber South Lyon
Sherrie Stanifer Monroe
Melody Suvada Rochester Hills
Jocelyn Totz Warren
Nancy Trask Clinton Township
Claudia Tye Allen Park
Ashley Van Conant Fraser
Pa Tang Vang Warren
Debra Veryser Grosse Pointe Woods
Donna Zammit Rockwood



Corporate Members 2008

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



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

----- SOUTHEAST -----

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

----- NORTHWEST -----

----- SOUTHEAST -----

----- SOUTHWEST -----

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

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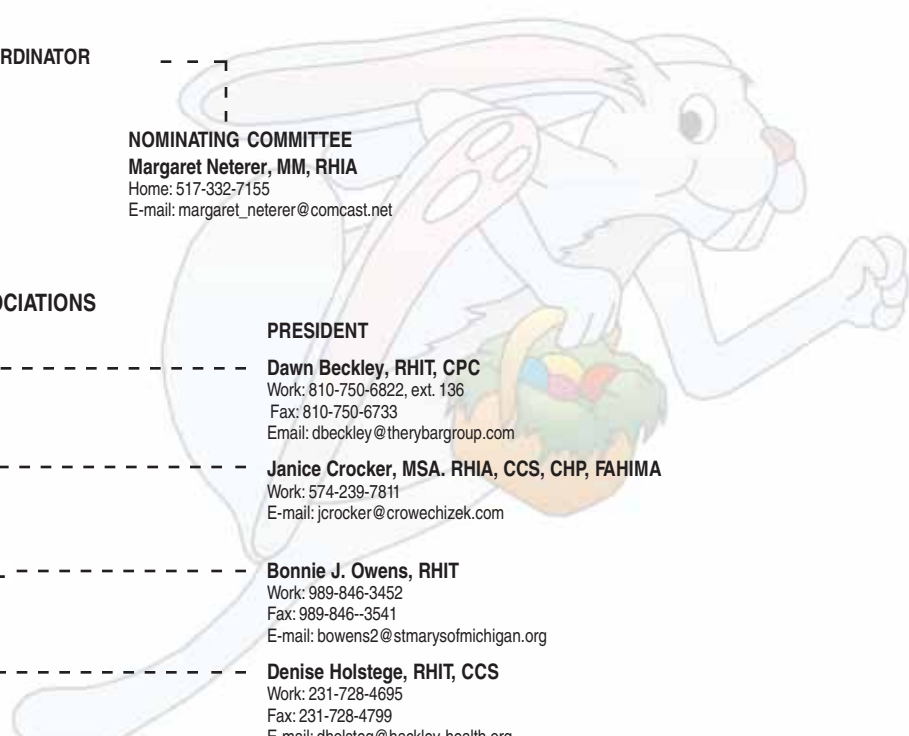
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Michigan Health Information Management Association

CALENDAR OF EVENTS

DATE	LOCATION	SPONSOR	TOPIC	CONTACT	PHONE
3/14/08	MHA, Downtown Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
3/27/08	Online	AHIMA	Virtual Winter Team Talks	AHIMA	www.ahima.org
4/7/08	Washington D.C.	AHIMA	Winter Team Talks	AHIMA	www.ahima.org
4/8/08	Washington D.C.	AHIMA	Hill Day	AHIMA	www.ahima.org
5/16/08	Conference Call	MHIMA	Board Meeting	MHIMA	231-767-9717
5/19-21/08	Mission Point, Mackinac Island	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717
7/18/08	Wyndham Hotel, Chicago	AHIMA	Summer Team Talks	AHIMA	www.ahima.org
7/19-20/08	Wyndham Hotel, Chicago	AHIMA	Leadership Conference	AHIMA	www.ahima.org
7/20/08	Wyndham Hotel, Chicago	AHIMA	Coding Round Table Summit	AHIMA	www.ahima.org
7/25/08	MHA, Lansing	MHIMA	Board Meeting/Leadership Conference	MHIMA	231-767-9717
9/19/08	MHA, Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
10/11-16/08	Seattle, Washington	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
11/21/08	MHA, Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
1/23/09	MHA, Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
3/20/09	MHA, Lansing	MHIMA	Board Meeting	MHIMA	231-767-9717
5/12/09	Soaring Eagle, Mt. Pleasant	MHIMA	Board Meeting	MHIMA	231-767-9717
5/13-15/09	Soaring Eagle, Mt. Pleasant	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717
10/3-8/09	Dallas, Texas	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
5/12-14/10	Marriott, Troy	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717
9/25-30/10	Orlando, Florida	AHIMA	Annual Meeting and Exhibits	AHIMA	www.ahima.org
5/11-13/11	Soaring Eagle, Mt. Pleasant	MHIMA	Annual Meeting and Exhibits	MHIMA	231-767-9717

MHIMA

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

POSTMASTER: DATED MATERIAL, PLEASE DELIVER PROMPTLY!