



FOCUS

NEWSLETTER OF THE MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

IN THIS ISSUE

September/October
2002

Summary of Recent Changes to the HIPAA Privacy Rule	1-4
MHIMA Publication Staff	2
From the Editor	4
MHIMA Practice Corner	5
President's Message	6
AHIMA Summer Team Talks	8-10
2002 National Health Information and Technology Week Facts	11
MHIMA Leadership Conference	12
Regional Health Information Management Association Membership	14
MHIMA New Members	15
Congratulations RHIA's and RHIT's ..	15
Attention MHIMA Members	16
ICD 9-CM Coding Update	17
Corporate Members	18
MHIMA Board of Directors	19
Calendar of Events	20

Summary of Recent Changes to the HIPAA Privacy Rule

by Gwen Hughes-Wright

Posted to Communities of Practice HIPAA 9/2/02

Background

On August 14, 2002, the Department of Health and Human Services amended the Standards for the Privacy of Individually Identifiable Health Information, more commonly referred to as the HIPAA Privacy Rule. These amendments are intended to correct problems identified in the original Privacy Rule, published on December 28, 2000.

Amendments/Changes to the Privacy Rule

These amendments appear in the order in which they are presented and discussed in the Privacy Rule.

Marketing - The amended Privacy Rule requires that an authorization be obtained for activities that meet the definition of marketing. The amended rule defines marketing as "to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service." The definition then describes several exceptions. Communications that are specifically excluded in the definition of marketing are those:

- 1) Which describe the covered entity's health related products or services (or payment for such products or services) provided by, or included in a plan of benefits of the covered entity making the communication. . .
- 2) for treatment of the individual or
- 3) case management or care coordination for the individual, or directions or recommendations for alternative treatments, therapies, health care providers or settings of care to the individual.

The new definition also makes it clear that marketing includes the selling of protected health information by a covered entity to another company for the marketing of that company's products for services.

Although the amended rule requires an authorization for uses or disclosures of protected health information (PHI) for marketing communications, it exempts two types of marketing from the authorization requirement. The two types of marketing that do not require an authorization are:

- marketing communication that occurs in a face-to-face encounter between the covered entity and the individual; and
- marketing that involves a promotional gift of nominal value.

VISIT US ON THE WEB:
www.mhima.org

OUR MISSION

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

Michigan Health Information Leaders

(continued on page 2)

MHIMA

Publication Staff

Marsha Allen, RHIA

Peggy Chapo, RHIA

Amy Savage, RHIA

Mary Spencer, RHIA

Denise Holstege, RHIT, Editor

DEADLINE

for November/December issue:
October 31, 2002

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

For issues concerning MHIMA contact:

PRESIDENT

Amy Savage, RHIA

E-mail: amy.savage@baker.edu

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

Denise Holstege, RHIT

3647 Sheridan Road

Muskegon, Michigan 49444

Phone: 231.728.4695

E-mail: dholsteg@hackley-health.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

Summary of Recent Changes...

(continued from page 1)

The amended Privacy Rule also clarifies that nothing in the marketing provisions of the Privacy Rule are to be construed as amending, modifying or changing any other Federal or State statutes or regulations, for example anti-kickback, fraud and abuse, or self-referral statutes or regulations.

Changes of Legal Ownership – The amended Rule modifies the definition of health care operations. The revised definition permits disclosures by a covered entity of its PHI upon a sale, transfer, merger, or consolidation, to another party that is or will become a covered entity in connection with that transaction.

Uses and Disclosures of PHI: General Rules - The amended Privacy Rule explicitly permits certain incidental uses and disclosures that occur as a byproduct of a use or disclosure otherwise permitted under the Privacy Rule. Such an incidental use or disclosure is permissible only to the extent that the covered entity applies reasonable safeguards and implements the minimum necessary standard when applicable.

The amended Rule exempts from the minimum necessary standard any uses or disclosures for which the covered entity has received a valid authorization.

Parents and Minors – The amended Rule clarifies that State law or other applicable law, governs disclosures to parents and minors.

Hybrid Entity – The amended Rule permits any covered entity to be a hybrid entity if it is a single legal entity that performs both covered and non-covered functions. This would allow them to avoid the burden of creating firewalls between components of their entity when it is administratively simpler to treat the entire entity as a covered entity. Under the amended rule, the covered entity must designate its health care components. If it fails to do so, the entire entity will be a covered entity.

Group Health Plans – The amended Rule clarifies that a group health plan, health insurance issuer, or HMO acting for a group health plan, may disclose enrollment or disenrollment information to a plan sponsor

without amending plan documents to incorporate privacy protections.

Consent – The amended Privacy Rule makes optional the requirement that covered entities obtain a consent for uses and disclosures of information for treatment, payment and healthcare operations. Covered entities that obtain consents are also required to obtain written acknowledgements of receipt of the notice. The amended Rule allows covered entities complete discretion in designing their consent process so the acknowledgement and consent could be on the same form.

Disclosures for Treatment, Payment and Healthcare Operations – The amended Rule clarifies that covered entities may disclose protected health information, without consent, to other covered entities or providers for treatment, payment, and for healthcare operations where both entities have a relationship with the individual.

Authorizations – The amended Rule allows covered entities to use one authorization form for all purposes. Authorizations must contain

- A description of the information to be used or disclosed
- Identification of the persons or class of persons authorized to make the use or disclosure
- Identification of the persons or class of persons to whom the covered entity is authorized to make the use or disclosure
- A description of each purpose of the use or disclosure
- An expiration date or event. If an authorization for research does not have an expiration date, this fact must be stated on the authorization form.
- The individual's signature and date
- If signed by a personal representative, a statement of the representative's authority to act on behalf of the individual
- A statement that the individual may revoke the authorization in writing with instructions for revoking the authorization or a reference to the notice of privacy practices

- A statement that treatment, payment, enrollment or eligibility for benefits may not be conditioned on obtaining the authorization if such conditioning is prohibited by the Privacy Rule, or if conditioning is permitted a statement about the consequences of refusing to sign the authorization
- A statement about the potential for the PHI to be re-disclosed by the recipient.
- In an authorization for marketing, a statement as to any remuneration the covered entity will receive for the marketing information

Institutional Review Board (IRB) or Privacy Board – The amended Rule allows researcher’s to use a single combined form to obtain consent to participate in research and authorization to use or disclose protected health information for the same research. It also streamlines the privacy authorization waiver criteria to more closely follow the Common Rule.

FDA Regulated Products or Activities – The amended Privacy Rule permits covered entities to disclose protected health information, without an authorization, to a person subject to the jurisdiction of the FDA with respect to the quality, safety, and effectiveness of FDA regulated products and activities.

De-identification – The amended Rule clarifies that the permitted re-identification code is excepted from the list of 18 identifiers that must be removed when using the safe harbor de-identification method.

Limited Data Set – The amended Rule establishes a new standard and implementation specifications for a limited data set. A limited data set can be used for research, public health or health care operations purposes. The Rule specifies that the direct identifiers that must be removed for data to qualify as a limited data set include:

- name
- street address
- telephone and fax numbers
- e-mail address
- social security number
- certificate/license numbers

- vehicle identifiers and serial numbers
- URLs and IP addresses
- full face photos or other comparable images
- medical record, health plan beneficiary and account numbers;
- device identifiers and serial numbers and
- biometric identifiers.

The limited data set standard does not require the removal of dates, zip codes, state, county, precinct or the equivalent.

Disclosure of a limited data set requires a data use agreement between the covered entity and the recipient of the limited data set. Such disclosures are subject to the minimum necessary standard, but do not require IRB approval or waiver.

The limited data set standard includes certain requirements for the data use agreement and will operate in some ways like that of a business associate agreement. The recipient is required to report to the covered entity any improper uses or disclosures of limited data set information of which it becomes aware. The covered entity is obligated to take reasonable steps to cure breaches or end violations and if unsuccessful, discontinue disclosure of PHI.

Notice of Privacy Practices – The amended Privacy Rule requires that direct treatment providers make a good faith effort to obtain an individual’s written acknowledgement of receipt of the notice. With one exception for emergency treatment situations, the Rule requires that the good faith effort be made no later than the date of the first service delivery, including service delivered electronically. This notice acknowledgement provision is designed to preserve the “initial moment” when individuals can discuss privacy practices and concerns with providers in the absence of a consent requirement.

Accounting of Disclosures – The amended Rule eliminates the need to track disclosures made pursuant to a valid authorization, disclosures that are part of a limited data set, and disclosures that are incidental to another permissible use or disclosure.

It allows covered entities to meet the accounting requirement for research (involving at least 50 records), by providing individuals with a list of all protocols for which the patient’s protected health information may have been disclosed for research pursuant to a waiver of authorization, as well as the researcher’s name and contact information.

The amended Rule retains the required tracking for public purpose disclosures that do not meet the definition of health care operations.

The preamble clarifies that covered entities may deny access to the personal representative of an abuse report disclosure entry in the accounting of disclosures under 164.502(g)(5).

Research Transition Provisions - The amended Rule permits the use or disclosure of PHI created or received for research before the compliance date provided there was an express legal permission from the individual, informed consent, or a waiver by an IRB.

Business Associates – The amended Rule includes sample business associate contract language (modified since the proposed rule to clarify ambiguities).

The amended Rule’s transition provisions permit covered entities, other than small health plans to continue to operate under certain existing contracts with business associates for up to one year beyond April 14, 2003.

During the transition period, covered entities are not relieved of their responsibilities to make information available to the Secretary, including information held by a business associate. Similarly, the transition period does not relieve a covered entity of its responsibilities with respect to an individual’s rights of access, amendment, or accounting of disclosures by a business associate. Additionally, the covered entity is not relieved of its responsibilities to mitigate harmful effects of an inappropriate use or disclosure of PHI by its business associate.

Protected Health Information – The definition of PHI is modified to clarify that protected health information does not include employment records.

(continued on page 4)

Summary of Recent Changes...
(continued from page 3)

Disclosure Fees - The preamble clarifies that it limits only the disclosure related fees that may be charged to individuals or their personal representatives. The fee limitations do not apply to other permissible disclosures such as those to payers, attorneys or other entities that have the individual's authorization.

Accessing the Privacy Rule

You can access the amended Privacy Rule and future guidance documents from the Office of Civil Rights web site at <http://www.hhs.gov/ocr/hipaa/>.

WE WILL NOT FORGET...



**“DO NOT WAIT
FOR LEADERS;
DO IT ALONE,
PERSON TO PERSON”**

- MOTHER TERESA

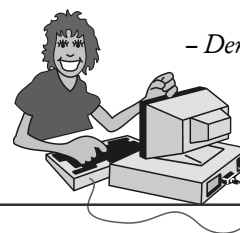
FROM THE EDITOR...

I am very excited to begin this project. Marsha Allen from the Central Office and I have been putting our heads together to present a new look to the Focus. With the help of our printing company, we are sure that you will be pleased with our new look

This issue will cover the most recent HIPAA release and summaries of the Summer Team talks. I encourage everyone to read the interesting articles and keep our Sponsors and advertisers in mind when looking for new products.

By the time of this publication, AHIMA annual meeting will have passed. We will be anxiously awaiting reports from delegates for our next issue and highlights of the National meeting.

We would be very interested in accepting any articles or items of interest to put in the Focus. Please feel free to contact me for any suggestions you may have. I look forward to this new adventure.



*- Denise Holstege, RHIT
Editor*

Deepest sympathy
to the family of
Marilyn Kee, RHIT
who passed away on
July 26, 2002

With sympathy to
Lauren Mendes, RHIA
who lost her sister on
September 11, 2002

Deepest sympathy to
Marian Davidson, RHIT
in the loss of her son,
Stuart Selfridge III
in September.

**MICHIGAN
COMMUNITY
OF
PRACTICE**

Did you know that there is a Community of Practice for Michigan AHIMA members? It was launched May 23, 2002 and the lead facilitator for the Community is Tracy Brown. If you are an AHIMA active member, log in to the Communities of Practice (www.ahimanet.org) and click on the icon that says "Join Communities". The Geographic: MIchigan CoP appears on the list and you can easily add it to your personal page. Michigan has about 1,800 members, but so far only 68 people have joined the CoP. This is a great networking opportunity for members of our state, so take a moment to sign up and network with your fellow Michigan HIM colleagues!

- Peggy Chapo, RHIA

**Be creative and
informative!**

**If you would like to contribute
to an upcoming issue of
FOCUS**

**please e-mail the editor at
dholesteg@hackley-health.org**

MHIMA PRACTICE CORNER

Question:

Our hospital attorney has told us we need to provide a patient with a written accounting of disclosures of their protected health information for the six years prior to this request. I understood that is rule does not go into effect until April 2003, and tracking begins with that date. Is this answer correct?

Answers:

#1. That is correct under the HIPAA privacy rule going into effect on 4/14/2003. It is voluntary right now, but we must be able to document releases after that date for six years. The time prior to the effective date does not fall within that six-year time frame. This would be for releases of information over and above the notice that is provided to the patient at time of service of the hospital related entities (ie UR, insurance) that will be having access to the record.

#2. The facility is required to make an accounting of all releases for the six years prior to the date of the request. Technically, the person has to wait until April 2003 to make the request or for the facility to have to respond. Probably initially if you could not produce six years in April 2003 you would be ok. However, it would be a good idea to start maintaining the logs now. There is an article in the Health Information Compliance Insider, July 2002, (periodical published by HIMSS) which states that you only have to provide documentation of releases that occurred from April 13, 2003 forward.

#3. This is part of the upcoming HIPAA requirements. This is one of the main reasons why so many more institutions are looking at imaging, because then all transactions (viewing, printing, etc) to a record or document are trackable.

#4. This applies to HIPAA's mandate to account for disclosures (45 C.F.R. 164.528). Individuals will have the right to request an accounting of all disclosures of their PHI (Protected Health Information) made during the six years prior to the date of the request. This does not include disclosures for treatment, payment or other healthcare operations (TPO). Also, the starting date is 04-13-03 and it will be a forward accounting, meaning that you won't have to give six years of data until 04-13-03. So you do not have to produce a copy of your log at this time. Also, I would not copy the log. I would provide them a printed summary.

#5. (Accounting of Disclosures 164.528): -The regulation begins April, 2003 -Nothing prior to that date is required to be released -A reasonable charge can be applied for the listing -No PTO accounting has to be listed (payment, treatment or operations) -If patient authorization was obtained for release -this does not require disclosure on the listing. -The list provided to the patient must be kept for 6 years (after disclosure). -Examples of accounting to be kept (to release upon patient request): Animal bite notification, communicable disease notification, gunshot wound notification and other specialized government functions that require reporting.

For anyone who may be interested, AHIMA has a Practice Brief called "Accounting and Tracking Disclosures of Protected Health Information". It has sample forms and explains this Privacy rule very well.

Marsha Allen, RHIA, Central Office Coordinator

Alder Consulting means solutions.

We utilize the most advanced methods to produce efficient solutions to even the most difficult health information management problems.

Our comprehensive services, combined with our expertise, will cure your problems and enable you to focus on the high levels of service expected of you.

Consulting Areas

- Health Information
- Quality & Clinical Resource/Utilization Management
- Risk Management
- Tumor Registry

Consulting Services

- Department Operational Assessment & Analysis
- Systems Analysis • Systems Design/Development
- Benchmarking & Productivity Standards
- Staffing Analysis
- Interim Management
 - Director
 - Supervisor
 - Team Lead
- Special Projects
- Computerization
- Coding Compliance/DRG/APC/OIG Audit
- Coding Training
- HIPAA Assessment & Plan Implementation
- JCAHO Survey Preparation
 - On-Going Record Review
 - Clinical Pertinence Review
- AOA, MDPH, ACS, BC/BS Survey Preparation

Outsourcing Services to fit your needs.

- Coding Services - On & Off-Site
- Quality & Clinical Resource/Utilization Management
- Risk Management
- Tumor Registry
- Clerical/Technical Support
 - Filing
 - Release of Information
 - Abstracting, Analysis & Assembly



Alder Associates, Inc.
Health Information Management
248-473-0906
Farmington Hills, Michigan
Fax #: (248) 473-0949
E-Mail: GDALDER@MSN.COM



President's Message



By the time you read this address, we will be well on our way into another productive year for MHIMA! Back in July, all of our delegates attended the AHIMA summer team talks in Chicago in preparation for the National Convention at the end of September. We were well represented, and this issue of FOCUS will highlight some key initiatives identified by AHIMA.

I had the opportunity to attend the AHIMA Leadership Conference, which followed the Team Talks, in Chicago. I would like to share my experience with you. The conference was hosted by three facilitators from a company called Leadership Outfitters of Virginia. Their goal was to provide us, as leaders of the respective CSAs, with tools and techniques to be more effective leaders. We began the morning with an activity involving candy and a kaleidoscope tube, proceeding to build our own kaleidoscope by filling part of the tube with different shapes and colors of candy, and eating the rest that wouldn't fit in the tube! This was the beginning of a discussion in which collective and individual thoughts were shared in answer to "What's in your Leadership Kaleidoscope?" We had been assigned to a specific table in an effort to mix things up a bit and not sit with those from our own state association. It was an opportunity to meet leaders from other states.

Each table had one of the following items:

- Heart – for a positive idea or a caring moment
- Fish – nicknamed “negafish” for negative behavior or comments
- Brain – for a good idea
- Cow – “we’ve never (or always) done it that way”, you know those “sacred cows” we all have
- Cheese – what goes best with cheese? “Whine”

These items can all be put into a “meeting kit” and used to liven up the discussion at any meeting. We certainly had a good time tossing items back and forth when warranted. Yes, the brain would fly across the room when a good idea was shared and the cheese was tossed to

those who sounded as if they were whining, and so on. We talked about five practices that represent “The Leadership Challenge”. Throughout the discussion, I thought about how these challenges impact any leader, whether they are elected, appointed, or perhaps an “informal” leader. Being a “leader” isn’t exclusive to running an organization, instead, we can all use the following practices to empower ourselves and others to “lead.” Read on and see what you think.

Challenge the Process

- search for opportunities to change status quo
- experiment and take risks
- accept disappointments as learning opportunities

Inspire a Shared Vision

- envision the future
- share the vision
- get others to see possibilities for the future

Enable Others To Act

- foster collaboration
- involve others in the process
- create an atmosphere of trust and respect
- strengthen others

Model the Way

- establish and stick to operating principles
- set an example
- act as a coach
- create opportunities

Encourage the Heart

- recognize contributions
- celebrate accomplishments
- care for the team

Well, what do you think? I see these as guidelines for any of us to use along our journey to strengthen our skills as credible professionals, leaders, and most importantly, individuals. I believe that one of the most important abilities of an effective leader, in whatever capacity, is to lead by example and motivate others. What is a motivating leader and how does one motivate

others? Think of someone you consider a “leader”, and reflect on the following:

Does this person—

- give people resources to do the job
- treat people consistently
- share power/resources
- reward good performance

These are some qualities of a motivating leader. There are also many fun ways to motivate staff, co-workers, and volunteers, such as:

- Letters of thanks
- Pizza lunch on the organization
- Give novelty items that match a personality – it makes you smile
- Balloons
- Thank spouses/families with a card or flowers
- TREATS!!
- Flex time
- Office or meeting theme days
- Surprise day off
- Time with a mentor or respected professional
- Tickets to a play, concert, etc.
- Have a star named after your Star Staff or Star Volunteer
- Adopt an office pet or allow staff to bring a pet on occasion
- Glue chocolate bar to boring memos
- Recognize at meetings
- Early out Fridays
- Make a donation in someone’s name

The list could go on and on, but I think you get the idea. It is so important to recognize the efforts of others, no matter how small the contribution may be. I challenge you to motivate others in your life, and lead with confidence. I hope that the rest of your year is productive and rewarding. Now go seize the day!

- Amy Savage, RHA



MHIMA MEMBERSHIP - AUGUST 2002

MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

CODE	CLASSIFICATION	MEMBERSHIP 5-31-02	MEMBERSHIP 7-31-02	CHANGE
10	Active RHIT/RHIA	1501	1535	+34
	Affiliate Member	1	1	-
11	Active Senior	28	28	-
20	Associate	67	76	+9
21	Student	156	177	+21
	Honorary	1	1	-
50	Corporate	10	10	-
		1764	1828	+64
	Certified Nonmembers	551	540	-11

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.



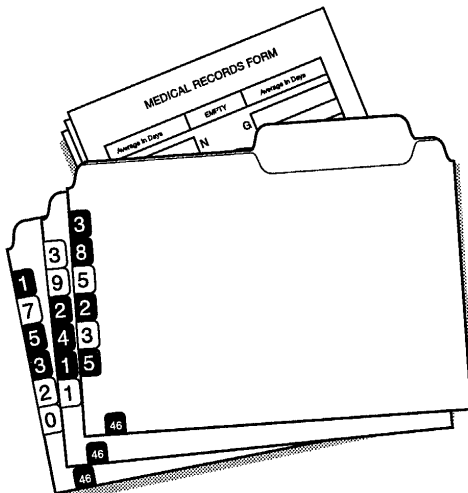
TREASURER'S REPORT

Total MHIMA Assets
August 13, 2002

\$67,289.64

Providing Medical Professionals Records & Information Management Storage Solutions

For comprehensive medical file storage, management and services, call the experts at Iron Mountain.



- Open Shelf Filing
- Storage & Retrieval
- Release of Information
- Facilities Management
- Interfiling
- Imaging
- Destruction Services
- 24 Hour, 7 Day a Week Access



IRON MOUNTAIN[®]
HEALTH INFORMATION SERVICES

www.ironmountain.com

1-800-899-IRON

For Local Service, Please Call: 586-758-4400

AHIMA SUMMER TEAM TALKS

July 19, 2002

AHIMA 2002 Strategic Issues

(This is a summary of the presentation made by Sandy Fuller, MA, RHIA at Summer Team Talks held in Chicago on July 19, 2002.)

AHIMA has identified four "Planning Horizons":

1 - 2 Years: Action Planning – Annual Operating Plan, Continuous Adjustment

3 - 5 Years: Strategic Planning – Goals, Objectives and Strategies, Reviewed Annually

5 - 10 Years: Mega Issues – Assumptions About the Future, Reviewed Annually

10 - 30 Years: Vision – For the Future

Remember, the difference between a dream and a goal is a plan!

The 2002 Strategic Issues have been identified as:

1. Membership
2. Workforce
3. HIM Education
4. Coding

Membership retention and recruitment strategies were discussed in detail throughout Team Talks (and also during the Leadership Conference on the following two days). Currently AHIMA is at budget for the year for new members. As of June 30th we have 40,907 members, which is a 5% increase over last year. The membership recruitment programs of "Member Get a Member", "Student Get a Student" have been successful thus far. Overall membership satisfaction is solid and is steadily increasing. The percentage of those who are "very" or "extremely satisfied" has moved from 52% in 1999 to 58% in 2000 and to 60% in 2001.

Workforce recruitment strategies were presented, including ways to increase the number of AHIMA credentialed professionals in the marketplace. There are three new credentials being offered, Certified Healthcare Privacy (CHP), Certified Healthcare Security (CHS), and Certified Healthcare Privacy and Security (CHPS).

Exams will be held in October. Workforce recognition efforts were explained. AHIMA has developed four new consumer brochures that will be available for distribution in the near future. A study of workforce needs has been launched with the development of a project advisory committee, and surveys for students, faculty and members. This is being done to insure appropriate entry-level education and credentialing, to upgrade the skills of current HIM professionals through professional development, and to build a relevant education accreditation process that fosters innovation.

The HIM Education Strategic Issue presentation included an explanation of how the Communities of Practice (CoP) are being utilized in education, and we had the opportunity to view a new student recruitment CD that will be distributed in the near future. New accreditation standards are coming to the HOD in September.

Lastly, the Coding Strategic Issue included discussion about ways to increase AHIMA's leadership position in the coding market to insure ongoing influence in the areas of data quality and classification systems. We were informed about coding advocacy participation efforts, and about the initiative to have all CSAs (Component State Associations) increase the frequency that Coding Roundtables are offered. AHIMA has established the goal of each CSA holding 6 Coding Roundtables per year.

As a wrap-up discussion of the Strategic Issues, Sandy presented statistics on the Communities of Practice. The success criteria are on target: 13,208 members have visited CoPs at least once, 7,827 have joined a CoP, 7,235 have updated their member profile, 59% of members have e-mail addresses on file. Each CSA was challenged to a "contest" with the other CSAs to increase the number of members that update their member profile on CoP. The winning CSA will be eligible for one paid full registration at next year's annual meeting. (Come on Michigan, if we can win this, we can raffle the prize at our annual state meeting!)

*Submitted By: Leslie Mack,
RHIT, President-Elect*

CSA Initiatives

Sandy Fuller from AHIMA shared information about membership recruitment and retention, student recruitment and education, and the coding roundtable process with a focus on how the component state associations can be supportive with these initiatives.

Historically, AHIMA membership growth has consistently varied between 1% - 3%. Overall membership between all 5 categories of Active, Associate, Honorary, Senior, and Student is up 5% over the same time last year. In highlighting specific categories there was significant growth in Associate members at 30.7%, Student members at 16.1%, and a consistent growth in Active members at 2.0%. AHIMA's goal for 2003 is a 4% membership increase, to which they have made a commitment to surpass. The groundwork has been laid throughout this past year to increase above the historical average.

One of the initiatives that has been rolled out is a program called Member-Get-A-Member (MGM). As of June 2002, 182 new members have been recruited through this initiative. This program is further detailed on the AHIMA website. CSAs can play a key role in meeting the 2003 membership goal by:

- Promoting to credentialed non-members
- Advancing the MGM program
- Creating relationships with new members to increase retention
- Visiting local accredited college programs

AHIMA has developed recruitment tools to assist CSAs and individual members in the process of recruitment and retention. Examples of such tools are posters, videos, online "tool box" and HIM career information on other websites. You can actively participate by visiting the AHIMA website and accessing some of this information to share. AHIMA has also established recruitment partners to expand the reach of the HIM career. An interactive CD-ROM was developed to target guidance counselors, health occupation departments, and the second career market. In addition, a professional brochure was designed to educate consumers about privacy and security of personal health information, which is a collaborative effort with a few large health organizations throughout the country.

AHIMA will be identified as the source of information and creator on the brochure. We, as individual members of our state association, can actively participate in this initiative by networking with our coworkers and professionals to promote the importance of active membership in our professional association.

AHIMA is also re-energizing the coding roundtable process by actively communicating through the Communities of Practice technology. There is a very active CoP for the Society of Clinical Coding (SCC), as well as a private CoP for all state roundtable coordinators. The SCC community is a very good resource for the grass roots coding community to share coding practices, challenges, and get help in answering questions. In the coming months, AHIMA will be retooling the roundtable process which will assist CSAs in refocusing energies to the local process.

*Submitted by: Amy Savage, RHIA,
President Elect*

•••••

FORE Campaign

FORE has a new mission statement. "The Foundation of Research and Education of AHIMA provides financial and intellectual resources to sustain and recognize continuous innovation and advances in HIM for the betterment of the profession, healthcare, and the public". The support for FORE has increased 56% in the past five years. The pace of change has increased, which makes it necessary to raise additional funds to keep up with that change. There is a one million dollar campaign going on to fund some new and expanded programs.

There are four areas being promoted: a workforce assessment study, practice innovations, professional resources, and leadership development. They need \$630,000 for the Workforce Assessment Study and Merit Scholarship Program. 3M and MedQuist have already donated \$140,000. There were 144 applicants last year for the scholarship program, and they would like to increase the number of individuals that can receive them. Practice Innovations will need \$150,000 to assist with Best Practices, Practice Solutions, and Applied Research. They would like to make more grants available to allow people to take advantage of

participation. Professional and Educational Resources will need \$120,000 to keep the FORE Library and Body of Knowledge up to date and advance the HIM Curriculum in schools. Leadership Development will need \$100,000 for the Leadership Conferences and Resources, and Triumph Awards.

The money is being proposed to come from: individual members, \$230,000, Corporate Partners, \$480,000, CSA's \$40,000, and then AHIMA will match \$250,000. All of the AHIMA Board members have made significant personal contributions. CSA's are being asked to donate \$1.00 for each of its members. The Not-So-Silent-Auction, individual gifts, and gifts in memory of others help fund FORE. The FORE role is more critical now than ever to ensure the visibility and viability of the profession, and to advance the practice of HIM.

The success of this campaign depends on individual members, component state associations, and corporate partners. We can all help make this shared vision a reality. Send your donations to FORE at AHIMA, 233 N. Michigan Ave., Suite 2150, Chicago, IL 60601-5519

*Submitted by: Marsha Allen, RHIA,
Central Office Coordinator*

•••••

AHIMA Public Policy and Advocacy

Jill Callahan-Dennis, JD, RHIA, Dan Rode, MBA, and Don Asmonga, MBA presented an informative session on AHIMA's Public Policy and Advocacy at the 2002 Summer Team Talks. They are all active advocates for AHIMA, with Rode and Asmonga working for AHIMA out of the Washington office.

AHIMA's mission, vision, board goals and key issues guide AHIMA's public policy and advocacy efforts. Callahan-Dennis stressed that, as advocates, they focus on the issues that matter to the members. Key issues come out of concerns addressed at team talks, from the Component State Associations (CSAs) and through the Communities of Practice (COP). Input is also gathered from AHIMA committees, task forces, staff and the AHIMA board. Callahan-Dennis encourages all members to let them know the issues they are dealing with in their workplaces.

AHIMA's current key issues include:

- Coding consistency
- National Healthcare Information Infrastructure (HIPAA, e-health, patient safety, bioterrorism, etc.)
- Privacy and Confidentiality
- Workplace shortage (making others aware)

AHIMA's voice is heard through Rode and Asmonga's representation on numerous congressional committees and federal advisory groups. In addition, they are actively involved with state government through the CSAs, standard groups and other alliances and associations.

Rode and Asmonga want AHIMA members to recognize that today they are invited to participate because of AHIMA's recognition in the healthcare industry. In fact, Linda Kloss, Executive Vice President and CEO, was recently recognized by *Modern Healthcare* as one of the top 100 leaders in the healthcare industry.

One of Rode and Asmonga's primary objectives is to educate policy makers on AHIMA's position and goals. At the same time they listen and learn from other groups to better understand the collective needs of all parties.

Current national issues include ICD-9-CM with a proposed implementation date of October, 2005, ICD-10-CM and ICD-10-PCS, HIPAA funding, "Allied Health" educational support, Medication Error and Patient Safety, Medicare Reform, Privacy issues and e-health and transaction standards.

Rode invited all AHIMA members to come to "HILL" Day on Thursday, April 10, 2003. This will be an opportunity for all members to discuss the issues with members of Congress. Look for more information in upcoming Journals.

To conclude Rode and Asmonga wanted members to know they can easily be reached via e-mail. Asmonga's e-mail address is don.asmonga@ahima.org and Rode's e-mail address is dan.rode@ahima.org. Contact them with your issues!

*Submitted by: Lauren B. Mendes,
RHIA, Delegate*

Environmental Scan 2010: Strategic Questions Facing AHIMA and HIM

Every time the AHIMA Board of Directors meet, they begin by doing an “Environmental Scan”, or taking time to determine what is really happening in the world of Health Information Management. From this environmental scan, AHIMA can better develop short-term goals, as well as forecast into the future and do some long-range planning.

AHIMA’s Vision is “A world in which the public values the contribution of health information management professionals and the American Health Information Management Association in the advancement of health through quality information.”

Some of the forecasts and challenges that are anticipated for 2010 revolve around the issues of Health and Health Care, Technology, Information, and the Workforce.

In looking ahead to 2010, an older and more diverse population will be served, and many new diagnostic and treatment technologies will be introduced. Business processes will be automated and the EMR will be a reality. Case management will be automated and empowered patients will be even better informed.

In taking a look at the HIM arena and how we can better prepare for the challenges of 2010, AHIMA developed a list of eleven strategic questions that fall into 4 categories: a) Membership b) Practice Influence c) Academic Education and Research d) HIM Professional Definition.

At the Summer Team Talk Session in Chicago in July 2002, all attendees were asked to ponder the future trends and their criticality to HIM and the state and national associations. We were then asked to rank the eleven strategic questions within each of the four categories and then rank all eleven questions without respect to the categories.

The results from the ranking exercise are printed below. It is reassuring to know that AHIMA is constantly reevaluating our future as HIM professionals and trying to stay competitive in our ever-changing environment.

Summarized by Peggy Chapo, MS, RHIA

Working Draft – AHIMA Strategic Questions for 2003-2005

(excerpt from AHIMA’s Board of Directors Meeting in January 2002)

Future trend readings and brainstorming resulted in eleven (11) key questions organized into four categories. All questions are considered important to AHIMA and the future stature of health information management professionals (HIM). However, HIM in the world of the electronic health record (HER) emerged as the critical central question.

Ranking Across Category		Ranking Within Category
2	Membership 1. How can we attract those with an interest in health information management practice to become members of the association?	The most prevalent answer (mode) is 7
3	2. Should active membership be more inclusive?	The most prevalent answer (mode) is 10
1	3. How will the association meet the needs of a diverse professional membership, including integration issues?	The most prevalent answer (mode) is 6
	Practice Influence	
2	1. How can AHIMA serve as a resource in helping consumers manage their persona health information?	The most prevalent answer (mode) is 4.5
3	2. What is AHIMA’s role internationally in health information informatics?	The most prevalent answer (mode) is 10
1	3. What should AHIMA be doing to advance and set standards for the HER?	The most prevalent answer (mode) is 3
	Academic Education and Research	
1	1. How do we ensure that the professional continues to survive	The most prevalent answer (mode) is 3
2	2. What short-term strategies are needed to improve formal education while repositioning the profession?	The most prevalent answer (mode) is 8
	HIM Professional Definition	
1	1. How do we define and expand the HIM domain, leveraging emerging trends, to increase recruitment and professional recognition.	The most prevalent answer (mode) is 2
3	2. How do we assure a strong future for HIM within the healthcare informatics arena?	The most prevalent answer (mode) is 9
2	3. How should AHIMA validate and promote the value of the profession and the credential to the industries we serve?	The most prevalent answer (mode) is 11

.....

The Role of the Delegate

The AHIMA Delegate Task Force has been looking at redefining the role of the delegate. This is particularly important at this time due to the change in how the AHIMA House of Delegates (HOD) operates today.

In the past, the work of the House of Delegates was primarily performed at the Annual Meeting. Many of us can remember when the House of Delegates met for two to three days to complete the business of the organization. Over the last few years, the House has been able to conduct business in one day.

However, there has been a need to keep the delegates up to date as we found that most of the meeting time was spent updating the delegates on the issues or explaining why AHIMA recommended certain changes.

With the advent of the Team Talk sessions twice a year, delegates got an opportunity to hear the issues in advance, dialogue on the issues and then bring the issues back to the state membership for discussion and input.

The one drawback to all of this was that the House still had to wait until once a year to vote on the issues and the Board and the Delegates felt that this was affecting the members as a whole because it took too long to complete business.

All professional organizations are in the same bind. There is a need to make decisions quicker. For once, we feel that AHIMA is in the lead. With the development of the COPs, AHIMA is able to share information with all members but especially the delegates much faster. And with the development of the COPs, we have also seen the development of the ability to vote on-line. This has created an all year House of Delegates capability.

With the need to be an all year round delegate, the role of the delegate has changed drastically. We used to be able to save all the printed material and read it on the plane to national. Now the expectation is that we access the HOD COP at least weekly to keep up to date and give input to the issues.

In the past year, we have completed multiple electronic votes: the 2002 Nominating Committee and the security/privacy

certification. Next month we will vote for the 2003 Nominating Committee electronically.

What this all means is that a delegate must now have access to the Internet, they must be willing to access the HOD COP at least weekly and provide feedback. They must also keep the MHIMA Office Coordinator aware when they are unavailable for a vote and coordinate with CSA leadership the assignment of an alternate delegate when participation in a HOD activity is not possible.

Another major change is that our current job description states that the delegate will vote the will of the state membership. With the fast changing pace of how the HOD is operating, the delegate may not have time to acquire as much input from the membership as we would all like. Even if there is membership input, the delegate needs to take that input plus the input nationally from the COPs and vote what is best for the organization as a whole and not just the region where the delegate resides.

As mentioned earlier, all organizations are going through this change. HFMA is looking to AHIMA to help them make the transition to a COP process. Change is occurring rapidly and the organization has to be able to make decisions quicker to stay ahead of the competition.

Submitted by Carol Jennings, RHIA

AHIMA's Kloss VOTED ONE OF HEALTHCARE'S MOST POWERFUL

AHIMA's Executive Vice President and CEO Linda Kloss, RHIA, CAE, was listed as one of the 100 most powerful people in healthcare. The list was featured in the August 26, 2002, issue of Modern Healthcare magazine. Kloss ranked number 47 and is recognized for her work at AHIMA at all levels. Topping the list is US Department of Health and Human Services Secretary Tommy Thompson, followed by Thomas Scully, administrator of the Centers for Medicare & Medicaid Services.

*Excerpt from AHIMA Advantage E-Alert
Volume 4, Issue 35*



THE POWER OF PROFESSIONALISM

2002

NATIONAL HEALTH INFORMATION AND TECHNOLOGY WEEK FACTS

What: Health Information and Technology (HI&T) Week recognizes the expanding roles of health information management professionals. The week also educates the public and healthcare industry on our significant contributions to patient care and the bottom line.

When: November 3-9, 2002

Theme: Unlocking the Power of Professionalism

Materials: Decorate your facility with AHIMA NEW line of eye-catching exclusive AHIMA ornaments, HI&T Week banners, posters, balloons, and tent cards. T-shirts, buttons, insulated lunch bags, and other quality products are available - and ideal - for staff recognition. Order online now at www.ahima.org.

**The MHIMA Central Office has
promotional items available as well...**

Gray Tee Shirts
with darker gray logo on sleeve.
Size: Small - Ex-Large
\$10.00

Green Windshirts
with lighter green logo.
Size: Small - Large
\$40.00

Coffee Mugs
off white with green logo.
\$5.50

Post It Notes
white with green logo 4 x 6.
\$2.00

Contact Marsha Allen, RHIA at 231-767-9717,
or marsha@mhima.org for details.

MHIMA LEADERSHIP CONFERENCE

July 26, 2002

The MHIMA Leadership Conference was held at the Michigan Hospital & Health Association in Lansing, Michigan on July 26, 2002 in conjunction with the Board meeting. The conference was attended by Amy Savage, RHIA, President/Delegate, Peggy Chapo, RHIA, Past President Director/Delegate, Leslie Mack, RHIT, President Elect, Alison Miller, RHIA, Secretary Treasurer, J. Thomas Donnelly, RHIA, AHIMA Nominating Committee candidate, Carol Jennings, RHIA, Delegate, Lauren Mendes, RHIA, Delegate, Rochelle Cooper, RHIA, CCS, Delegate, Karen Cole, RHIT, CCS, Nominating Committee Chair, Sheila Bowlds, RHIA, CCS, CDIP Project Manager, Tracy Brown, RHIA, Legal Manual Project Manager, Sally Rynberg, RHIA, Data Work Group Project Manager, Karen Schmidt, RHIA, Legislative Project Manager, Ginger Barrett, RHIT, CCS, CPUR President Elect SWMHIMA, Kathy Rae, RHIT, CPUR, Secretary SWMHIMA, Mari Dulin, RHIT, President NWMHIMA, Darlene Lindsey, CPC-H, President MICHIANA HIMA, Paul Rice, RHIT, CTR, Treasurer MICHIANA HIMA, and Marsha Allen, RHIA, MHIMA Central Office Coordinator. All attendees introduced themselves and discussed their roles.

L. Mack and A. Savage attended the Leadership Conference that AHIMA presented last week in Chicago. They proposed a new team exercise for those attending to get to know each other better. We were broken into four teams and asked to draw a large box on paper, with four divisions labeled, name, skill/talent, unique attribute, and ideas for MHIMA for the coming year. One person recorded, and each person in the group gave information regarding themselves and their ideas. When everyone finished, one person presented all of the information about the individuals in their group. The group learned some interesting facts about each other and came up with several great ideas for MHIMA to focus on. The following are the ideas that were suggested to the Board.

- More coding roundtables
- More education on data use/presentation
- Record retention in Michigan law in 2003
- Further improvements to the web site
- Golf shirts for promotions at the annual meeting in Traverse City

- Evaluate a restructure of regions in Michigan to promote more volunteerism
- More education on west side of the state
- Decrease our certified non-members and increase our active membership
- Advertisement MHIMA and UR issues
- More coding education/less management/more motivational
- Better support for regionals that are struggling
- Education in HIPAA, medical staff, privacy issues, palm/notebook devices
- Implement the electronic Newsletter
- Put Legal Manual and updates on CD and/or online
- Investigate electronic checking for MHIMA

L. Mendes had another suggestion. Members frequently ask questions regarding legal issues, and the Central Office sends those to the Board for answers. These questions and answers could be posted in Focus and on the website for all members to review.

Each of the regional associations represented shared what they have done in the past year.

P. Rice reported from Michiana. They have 30 members, but only 4-10 attend their educational programs. They did not have elected officers last year, but they did have six educational programs. He presented a packet with all of the brochures that were sent to members and hospitals in their area. They switch between Michigan and Indiana for meetings to try to increase attendance. A suggestion was made that perhaps if all of the regional Presidents were notified of seminars there might be attendance from others. If the Central Office is notified, they can be posted on the website and in FOCUS, which could also generate more interest.

G. Barrett and K. Rae reported from SWMHIMA. Their first seminar was presented in March, and a Coding Roundtable was presented after that. They are offering a free seminar next month for everyone in the regional association. It will be on Plato code, which is technology being used in Australia with ICD 10. It scans transcribed document for diagnosis and converts them to ICD 10 codes. They are working on a process to convert to ICD 9. It is a tool to be used with the coder as a validator. They want input from actual coders. It is scheduled August 7, 2002 at

Zeeland Hospital. The suggestion was made to talk to them about presenting at the state meeting. In November they plan a full day seminar to include coding and the FBI. They currently have 108 members. They send program notices to all current members, previous members, to Drs. Office boxes, and to hospitals in the area. The Roundtables are held in the evening in Grand Rapids, which is centrally located. They hold several Roundtables, two half day Programs and a full day seminar. To hold down costs, the programs are usually located where the Board can hold them at the least cost.

Mari Dulin reported from NWMHIMA. They have held no programs yet this year. She went to school in Florida, and has no contacts in Michigan. She could use some help in securing speakers and setting up meetings. It was mentioned that Ferris used to host one of the meetings for NWMHIMA, with student involvement. M. Allen will contact the school to see if that is still a possibility. It was suggested that she contact the past officers of NW for some input. A. Savage made the suggestion that perhaps the advocates could be more involved in assisting with these meetings. She will contact D. Holstege and M. Allen for further help.

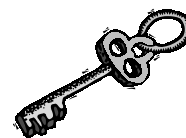
Karen Cole reported from SEMHIMA. They now have 466 members, which is down from the 585 members they used to have. They are doing some mass mailings and second mailings to try to increase membership. They have had three seminars so far this year; E & M coding, Cancer Registry, and a Technology Forum. Their next program will be Janet Garza from MPRO regarding the PEPP Program. They have a publication they send to members called the Horizon, which has been printed three times this year already.

The need to re-evaluate the current regions of Michigan was again brought up. There has been growth in South Central area, and educational needs are not being met there. It would be a good idea to publish regional membership application in FOCUS so members know whom to contact if they are interested in joining a regional association.

The rest of the Conference was spent reviewing the material from the AHIMA Team Talks and Leadership Conference, which is presented separately.

Submitted by Marsha Allen, RHIA

**Your Key
To
Success...**



For further details on the services offered by The Rybar Group, or to schedule an appointment to discuss your individual needs, please contact our Marketing Department at

810-750-6822

email: Mktg@TheRybarGroup.com

APC Validation Audits
ABN Process & LMRP Reviews
Denial Management
Cardiac Catheterization/ Interventional Radiology Review
Revenue Cycle Management
Education Services
Compliance and HIPAA Management Assistance
Outpatient Coding & CPT-4 Validation
DRG Review
Charge Description Master Review
Observation Service Review
Inpatient Documentation Assistance Program
Operations Analysis

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

DIRECTOR OF HEALTH INFORMATION MANAGEMENT



Three separate Michigan hospitals in north, east and southeast Michigan are seeking candidates for their department head positions.

For more details, contact:

Steve O'Connor
MHA Service Corporation
6215 West St. Joseph Hwy.
Lansing, MI 48917
(517) 323-3443 x 8319 (office)
(517) 485-3240 (direct dial)
(517) 485-3522 (fax)
soconnor@mha.lans.org



MICHIGAN HEALTH & HOSPITAL ASSOCIATION

SERVICE CORPORATION

Sharing in Excellence...
Creating Solutions for Tomorrow

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.

2002 Regional Association Membership Application

NAME _____

CREDENTIALS: RHIA RHIT CCS Student Other _____

EMPLOYER/ORGANIZATION _____

ADDRESS (ÿ Work ÿ Home) _____

PHONE _____ FAX _____ E-MAIL _____

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

CHECK THE ASSOCIATION YOU ARE JOINING:

- | | | |
|---|---|--|
| <input type="checkbox"/> Michiana Health information Management Assn. (MichianaHIMA)
Mail to: Darlene Lindsey, CPC-H
114 W. Ninth Street
Mishawaka, IN 46544
219-283-1232
Dues: Active - \$10.00 Assoc.-\$5.00
Check payable to: MichianaHIMA | <input type="checkbox"/> MidMichigan Health Information Management Assn. (MMHIMA)
Mail to: Joyce Simons, RHIT
12055 Stratford Dr.
St. Charles, MI 48655
989-497-2500, Ext. 3059
Dues: \$15.00 Students-\$10.00
Check payable to: MMHIMA | <input type="checkbox"/> North Central Michigan Health Information Management Assn. (NCMHIMA)
Mail to: Bonnie Owens, RHIT
Standish Community Hospital
1100 Brick Road, West Branch, MI 48661
989-846-34754
Dues: \$15.00
Check payable to: NCMHIMA |
| <input type="checkbox"/> Northwest Michigan Health Information Management Assn. (NWMHIMA)
Mail to: Mari Dulin, RHIT
1834 Crowley St.
Muskegon, MI 49441
231-739-9492
Dues: \$10.00
Check payable to: NWMHIMA | <input type="checkbox"/> Southeast Michigan Health Information Management Assn. (SEMHIMA)
Mail to: Karen Cole
1321 Aspen
Plymouth, MI 48170
248-988-8945
Dues: \$20.00
Check payable to: SEMHIMA | <input type="checkbox"/> Southwest Michigan Health Information Management Assn. (SWMHIMA)
Mail to: Christine Kocsis, RHIT
Borgess
403 Cherry Street, Bangor, MI 49013
616-226-5706
Dues: \$10.00
Check payable to: SWMHIMA |
| <input type="checkbox"/> Upper Peninsula Region Michigan Health Information Management Assn. (UPRMHIMA)
Mail to: Beverly Achatz, RHIT
PO Box 402
Ishpeming, MI 49849-0402
906-485-2150
Dues: \$10.00
Check payable to: UPRMHIMA | | |

NEW MEMBERS

Manal Abedrabbo Dearborn Heights
 Kathy Anderson Pontiac
 Debbie Barnes Grand Rapids
 Paula Barrett Hesperia
 Sally Barrons Quinnesec
 Janet Bierlein Kalamazoo
 Katherine Bond Waterford
 Margo Bouchard Petoskey
 Mary Boudreau Escanaba
 JoAnne Bourgoise Canton
 Theresa Briggs Roseville
 Krystal Brown Southfield
 Brandi Carrier Fremont
 Maureen Clark Jackson
 Donna Cyr Sterling Heights
 Karen Daily Lansing
 Kimberly Davis Detroit
 Sophia Ferguson Marlette
 Roxanne Frey Kalamazoo
 Mary Godbold Warren
 LaGreta Groves Detroit
 Patricia Hoard Royal Oak
 Fonda Holbrook Flint
 Nancy Hollis Fenton
 Shirley Hope Flint
 Rachel Jenkins Temperance
 Deborah Jerome Linden
 Linda Johnson Marquette
 Rosemary Kapsa Trenton
 Brenda Kendall Detroit
 Katherine Kucherak Howell
 Susan LaFrate Grand Rapids
 Paula Lawrence Northville
 Barbara Lenz Fenton
 Marcia Lukens Grand Junction
 Susan Maninga Ypsilanti
 Ginger Morgan Sault St. Marie
 Christine Mosher Lapeer
 Marie Neal Manistee
 Vickie Newby Detroit
 Ann Marie Niedbala Dearborn Heights
 Jayna Passmore Elsie
 Edith Regina St. Clair Shores
 Doreen Schliter West Branch
 Verlena Sexton-Walker Detroit
 Evelyn Smith Elkton
 Carrie Soukup Livonia
 Helen Spain Fenton
 Gabrielle Struven Montague

Jalanna Taplin Pontiac
 Michelle Thomas Macomb
 Laurie Verellen Livonia
 Crystal Vinci Clinton Township
 Deb Walker White Lake
 Anna Welton Detroit
 Adrena Williams-Goodloe Redford
 Kathryn Wood Dafer
 Loretta Wingard Grayling
 Vian Youkhanna Sterling Heights

Congratulations!

The following members were successful in their respective examinations!

RHIAS

Gloria Depew-Kendrick White Lake

RHITS

Sandra Altomonte Dearborn Heights
 Beth Bochenek Mason
 Laura Bush Riverview
 Maureen Clark Jackson
 Patricia Dunaway Livonia
 Wendy Hartman White Lake
 Elizabeth Hazel Brighton
 Linda Heard Grand Rapids
 Teresa Hearn Westland
 Jennifer Irving Royal Oak
 Cynthia Klaus Cass City
 Carrie Kowalski Ishpeming
 April Martin Gregory
 Sarah Morse Ludington
 Pamela Tingay Jackson



Attention MHIMA Members We Need You!

The Nominating Committee is asking you to seriously consider becoming more active in the leadership ranks of MHIMA. In order for MHIMA to continue its growth and activities, please consider submitting your name as a possible nominee for:

OFFICERS:

President-Elect: Attend all meetings of the Board of Directors. Maintain liaison with regional associations; appoint the Chair of the Nominating Committee with the approval of the Board of Directors, and to perform such duties as delegated by the President and/or Board of Directors.

Vice-President: Serve as an aide to the President; assume the duties of the President in his/her absence or inability to serve. Serve as General Chairman of the Convention Arrangements Committee.

Director: (2 year term) Attend all meetings of the Board of Directors and assist in carrying out the business of the Association. Perform such duties as delegated by the President and/or Board of Directors.

Delegate: (2 year term) Represent MHIMA at AHIMA's House of Delegates; serve as an advocate to regional associations. Requires access to e-mail and the Internet, good communication skills, and critical and strategic thinking skills.

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

I would be willing to serve: _____
OFFICE OR COMMITTEE

PLACE OF EMPLOYMENT SIGNATURE

PREFERRED PHONE NUMBER DATE NAME TYPED / PRINTED

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

Please return completed forms by November 1, 2002 to:

Karen Cole, RHIT
Chairman, MHIMA Nominating Committee
1321 Aspen
Plymouth, MI 48170-4526
Phone 248-988-8945
Fax 248-647-2301

or

Marsha Allen, RHIA
MHIMA Central Office
3311 David-Bee Street
Muskegon, MI 49444
Phone 231-767-9717
Fax 231-767-2557

ICD 9-CM CODING UPDATE

PRESENTED BY

The Michigan Health Information Management Association

<p>Friday October 25, 2002</p>	<p>HOLIDAY INN LIVONIA WEST 17123 North Laurel Park Dr. Livonia, MI 48152 I-275, Exit 170, Six Mile Rd. Should see sign from road. 734-464-1300</p>
<p>Friday November 1, 2002</p>	<p>SHERATON LANSING HOTEL 925 South Creyts Rd. Lansing, MI 48917 Exit 95 from I-96 517-323-7100</p>



COST: Members- \$100.00 Students - \$25.00
Non-Members (includes Maintenance of CE) - \$115.00

TIME: Registration – 8:00 a.m. Lunch and Break included
Program: 8:30 a.m. – 2:30 p.m.

The program will include the new ICD 9-CM diagnosis and procedure codes, the DRG changes for 2003, and a review of OPPS proposed rules. There will be some time for questions as well.

Rochelle Cooper, RHIA, CCS, CPC
will be the presenter



5 CE CREDITS

Please make Checks payable to: **MHIMA**

REGISTRATION (mail to): MHIMA Central Office, 3311 David- Bee , Muskegon, MI 49444-3619.
Contact: Marsha Allen at (231) 767-9717 Fax: (231) 767-2557

NAME _____

STATUS: Member Non Member Student

PLACE OF EMPLOYMENT _____ PHONE _____

ADDRESS _____

CITY

STATE

ZIP

EMAIL ADDRESS _____

REGISTER ME FOR: **October 25, 2002**
LIVONIA **November 1, 2002**
LANSING

Corporate Members

2002-2003

DATE	CORPORATE NAME/ADDRESS/PHONE	CONTACT PERSON	WEBSITE
7/93	Van Belkum Voice & Data Systems 535 Cascade West Parkway SE Grand Rapids, MI 49546	Brian Elling Vice President (800) 968-2740	www.vanbelkum.com
3/94	The Rybar Group, Inc. 1495 Dauner Road Fenton, MI 48430-1561	Carol A. Jennings, MPA, RHIA (810) 750-6822	
10/96	Dictaphone Corporation 45833 Lathum Drive Novi, MI 48374	David W. Quinley Healthcare Specialist (888) 843-6266	www.Dictaphone.com
8/98	Dolbey and Company 4222 Pontiac Lake Road Waterford, MI 48328	Mark Kuenzel Regional Vice President (888) 384-7828, Ext.155	www.dolbeyco.com
6/99	Transolutions Transcription Services, Inc. 18 N. Waukegan Road, Suite 100 Lake Bluff, IL 60044	Att: Sales (888)286-8340 Fax (847)234-3471	www.transolutions.net
3/01	Crescendo Systems, Inc. 5305 Notre-Dame West, Suite 200 Laval, Quebec H7W4T8	Costa Mandilaras President (450) 873-8029	www.crescendo.ca
5/01	Business Informaiton Systems, Inc. 18481 W. 10 Mile Road Southfield, MI 48075	Roland Leonard Regional Sales Manager (248) 557-8200, Ext.127	www.misbis.com
3/01	Rex Corporation 1840 N. Michigan Avevue Saginaw, MI 48602	Terianne Carey President (989) 753-4450	www.rexdms.com
4/00	3M Health Information Systems PO Box 206 Metamora, MI 48455	Karen Ruehl Account Representative (810) 678-3574	www.mmm.com
4/02	Iron Mountain Health Information Services 2097 Bart Warren, MI 48091	Cindi Boettcher Branch Manager (586) 758-4400, Ext. 128	www.ironmountain.com

MICHIGAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

BOARD OF DIRECTORS 2002- 2003

PRESIDENT
Amy Savage, RHIA
 Work: 810-766-4147
 Home: 810-653-3765
 Fax: 810-766-4049
 E-mail: amy.savage@baker.edu

PRESIDENT-ELECT
Leslie Mack, RHIT

Work: 616-897-0811
 Home: 616-897-8227
 Fax: 616-897-4957
 E-mail: lamack@mackconsulting.com

VICE- PRESIDENT
Deborah Sherman, RHIA

Work: 989-635-4213
 Home: 989-673-4662
 Fax: 989-635-4234
 E-mail: mch.ds@centurytel.net

PAST PRESIDENT
Peggy Chapo, RHIA

Work: 248- 471- 8180
 Home: 734- 397- 7056
 Fax: 248- 471- 8508
 E-mail: pchapo@botsford. org

SECRETARY/TREASURER
Alison Miller, RHIA

Work: 248-551-6584
 Home: 248-740-7684
 Fax: 248-551-7686
 E-mail: amiller@smtpgw.beaumont.edu

DIRECTOR 1ST YEAR
Karen Ruehl, RHIA

Work: 810-678- 3574
 Home: 810-678- 2772
 Fax: 810-678- 2785
 E- mail: karuehl@ mmm. com

DIRECTOR 2ND YEAR
Denise Holstege, RHIT

Work: 231- 728- 4695
 Home: 231- 773- 1574
 Fax: 231- 728- 5654
 E- mail: dholsteg@ hackley-health.org

CENTRAL OFFICE COORDINATOR

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

NOMINATING COMMITTEE

Karen Cole, RHIT
 Work: 248-988-8945
 Home: 734-207-0852
 E-mail: krattan1@aol.com

MHIMA REGIONAL ASSOCIATIONS

ADVOCATE

Karen Ruehl, RHIA
 Work: 810-678-3574
 Home: 810-678-2772
 Fax: 810-678-2785

Rochelle Cooper, RHIA

Work: 248-551-5120
 Home: 248-879-7993
 Fax: 248-551-0298

Carol Jennings, RHIA

Work: 810-750-6822
 Home: 810-695-2735
 Fax: 810-750-6733

Denise Holstege, RHIT

Work: 231-728-4695
 Home: 231-773-1574
 Fax: 231-728-4799

Peggy Chapo, RHIA

Work: 248-471-8180
 Home: 734-397-7056
 Fax: 248-471-8508

Lauren Mendes, RHIA

Work: 616-772-7556
 Home: 616-335-2536
 Fax: 616-772-5760

Amy Savage, RHIA

Work: 810-766-4147
 Home: 810-653-3765
 Fax: 810-766-4049

MID MICHIGAN

PRESIDENT
Joyce Simons, RHIT

Work: 989-497-2500
 Home: 989-865-6679
 Fax: 989-791-2855

Darlene Lindsey, CPC. H

Work: 574-256-1153
 Home: 574-256-1153

NORTH CENTRAL

Bonnie J. Owens, RHIT

Work: 989-846-3452
 Home: 517-345-3445

NORTHWEST

Mari Dulin, RHIT

Work: 231-739-9492

SOUTHEAST

Karen Cole, RHIT

Work: 248-988-8945
 Home: 734-207-0852

SOUTHWEST

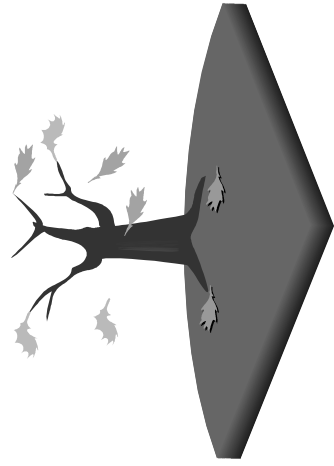
Christine Kocsis, RHIT

Work: 616-226-5706
 Home: 616-427-7092

UPPER PENINSULA

Beverly Achatz, RHIT

Work: 906-485-2150



Michigan Health Information Management Association

CALENDAR OF EVENTS

DATE	LOCATION	SPONSOR	TOPIC	CONTACT	PHONE
9/13/02	"MHA, Lansing, Michigan"	MHIMA	Board Meeting	Central Office	231-767-9717
9/21-26/02	"San Francisco, California"	AHIMA	Annual Meeting and Exhibit	AHIMA	www.ahima.org
10/11/02	"MSU Mgmt Ed Cntr, Troy"	MHIMA/HISA	Managing the IT Revolutiona	Central Office	231-767-9717
10/25/02	Holiday Inn Livonia	MHIMA	ICD 9 CM Coding Update	Central Office	231-767-9717
11/1/02	"Sheraton Inn, Lansing"	MHIMA	ICD 9 CM Coding Update	Central Office	231-767-9717
11/15/02	"MHA, Lansing, Michigan"	MHIMA	Board Meeting	Central Office	231-767-9717
1/17/03	"MHA, Lansing, Michigan"	MHIMA	Board Meeting	Central Office	231-767-9717
2/?/03	Lansing	MHIMA	CPT Updates. Hot Topics	Central Office	231-767-9717
2/?/03	Detroit	MHIMA	CPT Updates. Hot Topics	Central Office	231-767-9717
3/14/03	"MHA, Lansing, Michigan"	MHIMA	Board Meeting	Central Office	231-767-9717
5/14-16/03	Traverse City	MHIMA	Annual Meeting	Central Office	231-767-9717
10/18-23/03	"Minneapolis, Minnesota"	AHIMA	Annual Meeting and Exhibit	AHIMA	www.ahima.org
10/9-14/04	Washington DC	AHIMA	Annual Meeting and Exhibit/ IFHRO Health Rec. Cong.	AHIMA	www.ahima.org

DO WE HAVE YOUR E-MAIL ADDRESS?

If not, please e-mail Marsha Allen in the Central Office at marsha@mhima.org

MHIMA Website!

Check out the new MHIMA website at mhima.org!

There is now a job bank. You can post your resumé or any jobs you have open at not cost if you are a member. We are working on the charges for posting jobs for those who are non-members.

Let us know what you think. You can contact the central office through the website. Be sure to let us know what your email address is if you have not already sent it to us.

Any suggestions for improvements or additions to the site will be considered. We are working out a few bugs, but the site should be much easier to use and beneficial to all members.

Marsha Allen, RHIA
Central Office Coordinator
marsha@mhima.org

MHIMA

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

PRSRT STD
U.S. POSTAGE
PAID
GRAND RAPIDS, MI
PERMIT NO. 1

POSTMASTER: DATED MATERIAL, PLEASE DELIVER PROMPTLY!