



MHIMA Uplink

February 2010

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Welcome to February 2010 Uplink

Welcome to the February 2010 issue of our MHIMA member e-newsletter, Uplink, now a monthly publication.

We're always interested in articles that are of interest to our broad MHIMA membership. Your article should be no longer than 500 words, and you receive **two (2)** CEU credits for your work. Contact [Executive Director](#).

Current and past issues of our e-newsletter are available under the UPLINK E-NEWSLETTER button on our website.

If you would like to unsubscribe to our Uplink e-newsletter, please contact [Executive Director](#)

2010 MHIMA Annual Meeting and 2010 LTC Spring

MHIMA 2010 Silent Auction

The MHIMA Silent Auction will once again be held during our Annual Meeting. This is a great opportunity to gift items to our Silent Auction event, as well as bid enthusiastically for these items when the auction opens on Thursday morning at our meeting.

For your convenience, we've included a 2010 Silent Auction form in your Annual Meeting program mailer. You can also download it from this link: [Silent Auction Gift Form](#).

Remember, all proceeds from our Silent Auction benefit our MHIMA Scholarship Fund, which provides financial support to deserving students completing their HIM education.

MHIMA Coding & Data Quality Coding Roundtable

Meeting



Our 75th Annual Meeting and Educational Conference is less than 3 months away. Come join us as we "Celebrate Our Past; Lead Into the Future" during this special diamond anniversary of our state association at the Northland Inn April 28-30, 2010.

To view or download the MHIMA Annual Meeting program of events, [Click Here.](#)

To register as a MHIMA Annual Meeting participant, [Click Here.](#)

This year we welcome the AHIMA LTC Practice Council to its Spring Meeting, held in conjunction with our annual meeting at Northland Inn on April 28-29. This meeting is packed full of relevant information for anyone working in LTC and is open to AHIMA/MHIMA members as well as non-members.

To view or download the LTC program of events, [Click Here.](#)

To register as a LTC meeting participant, [Click Here.](#)

President's Message

Steph Luthi-Terry

February seems to be starting out as the month of anticipation of regulatory changes. While Punxsutawney Phil has seen his shadow, leaving us to anticipate warm breezes and tulips poking through the soil, we are also anticipating recovery audit contractors (RACs), anticipating compliance with new ARRA regulations and anticipating the 2010 legislative session start.

While Minnesota has not yet received any RAC complex demand letters, HCPro, an on-line newsletter, identified that some 20% of providers have received requests with additional demand letters and complex review requests (source: hcpro.com) Both Connolly and HDI contractors are active with issuing demand letters in Florida and Montana, respectively.

If you have not yet seen the most recent update from CMS posted on January 28, 2010, please take time to review this. CMS has modified the FY2010 Additional Documentation Request (ADR) Limits and has expanded the scope of the rule to include all institutional providers. The change in the rule applies to all physicians, other providers and DME suppliers. The new information indicates additional demand letters will remain capped at 200 per 45 days for all providers/suppliers.



Tool Kits

The MHIMA Coding & Data Quality Committee has created several toolkits for use by MHIMA members to support coding education and discussion in your facilities and at your regional meetings. There is a general "Do It Yourself" PowerPoint tool kit giving you the guidelines to set up a coding roundtable.

Additional tool kits on specific topics that have been developed to-date include Interventional Radiology, E&M, Heart Failure, **newly updated Present on Admission (POA) and Aftercare vs Follow Up.**

All are available on the [Coding and Data Quality button](#) on the MHIMA website. Watch for additional toolkits as they are developed!

And a reminder about your general coding questions: You are encouraged to use AHIMA's Coding CoPs for coding related questions. There is a general coding CoP community for coders as well as several for specific coding areas. These CoPs are a great resource for submitting coding questions and participating in the discussion threads surrounding the questions of others. To participate in these CoPs, [Click Here.](#)

Effective FY April-September 2010, providers/suppliers who bill in excess of 100,000 claims to Medicare, across all claims processing contractors, would be capped at 300 additional demand requests per 45 day period. Limits apply per defined organizational campus and not per the National Provider Identifier (NPI). CMS defines a campus on providers' Tax ID Numbers plus the first three numbers of the ZIP code where those provider entities are physically located.

Organizations which have DME components (durable medical equipment) should be aware of the RAC issues which will impact them. According to Brad Anderson, Allina Hospital and Clinic's HOME Business Manager, thorough documentation related to wheelchair, oxygen and CPAP includes orders and justification of service as a requirement, and likely will include follow-up orders and assessment of need documentation by the ordering physician. Watching CERT review trends is likely a good indicator of what RAC complex reviews will focus on. Potential complex reviews will be comprehensive in nature that will span the scope of the patient care continuum.

On February 17, 2010 there are some new ARRA regulations that take effect. These regulations concern a) patient requests for non-disclosure of information to payers when the patient requests, and b) to provide information in an electronic format if the patient requests (164.524 of title 45, Code of Federal Regulations). Both of these requirements create unique and difficult operational work process analysis. In the case of the non-disclosure requirement, it applies to patients who make the request known at the time of registration AND pay for the service in full. It doesn't apply if the patient requests this at some later date (then the standard HIPAA process for restriction/revocation of consent would apply).

The difficulty with this standard in an EMR is there are many pieces of longitudinal information that populate various components of the patient record. Many EMR vendors do not restrict longitudinal information because it is not supportive of patient safety concerns. With regard to the provision of a request in electronic format, if requested, the organization must have the capability to do this. Your organization will need to define "what" electronic process can be accommodated.

The standard also indicates a copy charge structure which indicates "cost of labor", which is different than the MN allowable charges for retrieval and per page fee. Your organization will need to determine and document your charge structure.

And finally, the Minnesota legislative session starts on February 5, 2010. This will be a very busy legislative session with many budget restrictions, health care reform, GAMC reductions, education, and of course MHIMA's interest in SF 857 regarding proposed copy fee changes.

MHIMA continues to work closely with MHA and other organizations to address the issues raised and continued dialogue with Senate and House members regarding SF 857. There are many different committees where this legislation could be included and we need to be diligent in our review of committee action in both the Senate and the House. As has been previously noted, hospitals, nursing homes, clinics and others have significant concerns with the proposed reductions in the retrieval and per page fee structure changing.

Education of your local leaders and health care leaders is important in order to understand the complexity of patient information disclosure. Misunderstanding is common regarding the ease of use

2009 MHIMA Legal Resource Manual

The 2009
Legal
Resource
Manual is
now
available



for purchase! The Manual is a complete update of the 2007 version and includes the laws and rules that address the majority of issues that may arise with respect to health information practice. There are many new updates in every chapter. As one member states, "This is truly a valuable resource for anyone that works with health care." It's a compilation of best practices and experience of HIM professionals and the facilities they represent in Minnesota and has had legal review.

There will not be an update to the Legal Manual in 2010. The next full update is planned for the Spring of 2011. In the interim, significant changes in topics in the Manual will be posted on our website under the Legislative Updates button.

All HIM Departments should have this Manual. It's available on CD only and

of an EMR. An EMR has actually made internal review prior to disclosure more time consuming. And, many organizations have multiple patient indexes that exist in multiple legacy systems and card index; records maintained in a variety of media/hybrid forms that may be stored on-site and off-site, decentralized HIM departments as well as a variety of different access points for patients to request and receive information. Managing information and data has become much more complex in 2010 than it was in 1992 when the original assessment of time and effort to retrieve and provide a copy of a medical record was established.

Looking forward, the 2010 annual MHIMA meeting is rapidly approaching. Our annual meeting will be April 28-30 at the Northland Inn, Brooklyn Park, MN. Concurrent with the annual meeting is a jointly sponsored long term care conference on April 29 and 30. The annual meeting education committee has once again, put together an outstanding program. Please see the MHIMA website for on-line (or downloadable) registration. Early registration is open through March 29, 2010. I hope to see you there!

2010 MHIMA Scholarship Applications Now Open



MHIMA is once again offering scholarships to Minnesota residents, or AHIMA members with MN designated as their state affiliation, who are enrolled in an in-state or out-of-state HIM program. The number of scholarships awarded and the award amounts will be determined based on funding availability.

Applicants must have completed 50% of one of the following programs:

- Accredited Health Information Technology or Health Information Management program
- Graduate program related to HIM in a college or university accredited by a nationally recognized accrediting agency
- Coding Certificate program
- AHIMA Coding Basics Interactive Campus program

Applicants must also have a cumulative GPA of 3.0 (out of 4.0) and be a member of AHIMA.

APPLICATION PROCESS

Applicants are required to submit the following information:

- [Completed Scholarship Application](#)
- [Verification Form](#) from Program Director, verifying that student is in their last year and is expected to graduate
- One letter of recommendation from a faculty advisor, faculty member or mentor
- An official school transcript of grades indicating cumulative GPA
- Completion of an essay: 300-700 words, titled "How I Will Use This Degree to Advance the HIM Profession"

Please refer to

can be purchased from the [MHIMA website's main page](#). Order your manual today!

MHIMA Job Bank

Are you seeking a job? Are you an employer looking for a potential employee? Is your facility looking for someone with a skill set of MHIMA members? Be sure to check out the MHIMA Job Bank Network on our website. Here, you'll find information about registering as a "Job Seeker" or as an "Employer". New positions are posted frequently, so check us out often!

Job Seekers: There is no fee to register.

Employers: Job posting fees are very reasonable and reach all of our MHIMA membership. E-blasts of job announcements are also available.

[Click Here](#) to visit the MHIMA Job Bank.

Coding Audioseminar CDs Available

Looking for CEU opportunities at low cost? Consider the MHIMA coding audioseminar rental

[Scholarship Guidelines](#) for further information.

The scholarships will be awarded on April 29, 2010, at the MHIMA Annual Meeting at the Northland Inn, Brooklyn Park. Winning essays will be published in the June 2010 MHIMA Uplink. **Completed application materials including essays must be received no later than February 26, 2010 and should be mailed to:**

MHIMA Executive Director
PO Box 16246
Duluth MN 55816-0246

Lunch & Learn Webinars

MHIMA Audioconference/Webinar Education



MHIMA continues its audioconference/webinar series! Dial directly into these live presentations from your work environment. No travel required! Fit as many colleagues as you can into a room with a speaker phone and an internet connection. Your call is a toll-free number.

All sessions are from 12 noon to 1 pm and earn one (1) CEU for each attendee at each connection location. The registration fee of \$49 for MHIMA/AHIMA members (\$89 non-members) covers all the staff you can invite on one phone line/internet connection. Multiple phone lines require a separate registration for each line.

The next webinar topic and date:

"Get Ready...Get Sets...Code!, a webinar on ICD-10, on Thursday, March 25, 2010, at 12 noon. Presenter is Gina Sanvik, RHIA, Product Manager, HIM Solutions, for QuadraMed.

Registration Deadline: All registrations must be received in our office by 5 pm on March 19, 2010.

To download the ICD-10 Coding webinar flyer, [Click Here](#).

To register securely online for this webinar, [Click Here](#) and select the ICD-10 webinar.

Four days prior to the program, you'll receive an email containing instructions on how to download the presentation material for the conference, the codes to access the website and the conference call, and CEU information for everyone attending at your site.

Cancellation: Registration fees, less a \$15 cancellation fee, are refundable if notice is received five (5) working days before the program date.

An Update on the February 5, 2010 **"Getting Practical with Critical Access Hospitals"** webinar: the presentation will be available for a limited time for viewing, at no charge, for those members who

library. We have several CDs available and each is worth 2 CEUs. Here are some of the comments from folks who have rented the CDs:

- Coding Interventional Radiology Services: "excellent presentation"
- Coding for Cardiovascular Procedures: "excellent discussion with pertinent, helpful Q&A"
- Coding Kidney Disease & Treatment: "helpful; well presented"
- Coding for Diabetes: "excellent presentation with great examples"; "great information"
- Present on Admission Reporting: "presentation is well done; good use of examples"

For more information, visit our [MHIMA Store](#) on our website and scroll down to the ordering information on our audio CDs.

Call for PHR Volunteer Presenters

CALL FOR PERSONAL HEALTH RECORD VOLUNTEERS
AHIMA has a new PHR campaign. If you have not seen it, check it out at [MyPHR](#). They have done an excellent job on this website and campaign.

Currently, we are looking for people who might be interested in becoming a

purchased the original webinar. Please contact [Myrna Wells-Ulland](#) for more information.

Last Call for MHIMA 2010 Distinguished Member Nominations

The MHIMA Nominating Committee seeks your input for nominees for our 2010 Distinguished Member. This is MHIMA's highest award of honor and is not an elected award. The MHIMA Nominating Committee receives names of nominees and recommends selection of the Distinguished Member to the MHIMA Board.

This award celebrates and honors outstanding members of MHIMA for their loyal service to our state association and their contributions to our profession. Candidates must have been an active member of MHIMA for five (5) years or longer and have made an outstanding contribution to the profession in more than one of the following:

- Volunteer service to our association as an officer, director, committee chair or member, project or task force chair or member, CoP facilitator, or representative of the HIM field at governmental or state health care associations
- Outstanding achievement in professional practice through leadership in a specialty area or innovative approaches to methods improvement
- Leadership in education through regular presentations at HIM conferences or other educational events, respected instructor in academic HIM programs, or development of teaching strategies
- Contributions in research or published materials such as authorship, editing, or service on editorial boards for journals, books and other publications that advance the HIM profession

You can review the Criteria for Nominations and a list of prior MHIMA Distinguished Members by [Clicking Here](#)

Please email the name(s) of MHIMA members you wish to be considered, along with supporting nomination information, to [Diane Larson](#) before February 16, 2010.

Sample Notice of Privacy Practices

Looking for assistance in developing a Notice of Privacy Practices for your facility? Our Legal Manual team has collected some sample documents for your evaluation and use:

This [Sample Privacy Practice](#) document contains the information with the additional applicable Minnesota state law requirements.

Another document can be found on this link: <http://www.atcomd.org/downloads/hipaa1.pdf>.

They've also provided some information about additional applicable state law requirements:

PHR presenter in local communities. Organizations who welcome presentations include public health, senior citizen organizations, community education programs, etc. I found out that people want to hear about the PHR but they also want to learn more about how to access their health records in general. This is a great way to spread the word about our profession too!

We will be holding a FREE training session on Friday morning (8-11 am) at our Annual Meeting on April 30th to "train the trainers." If you've previously been trained on presenting the PHR information, we highly encourage to attend this session. All of the materials have been updated.

If you would like more information, please contact me at [Carolyn Gaarder](#). Thanks, and think spring!

Research: Minnesota law generally requires patient consent for disclosures of protected health information to entities to outside researchers for medical research purposes. (Facility) will obtain such consent from their patients or refusal to participate in any research study, or will make a good faith effort to obtain such consent or refusal, before releasing any identifiable information to an outside researcher for research purposes.

Military Personnel: Minnesota law generally requires patient consent for disclosures of protected health information by (facility) for military purposes referenced in privacy notice, unless the disclosure is specifically required by federal law.

Law Enforcement Activities: Minnesota law generally requires patient consent for disclosures of protected health information by (facility) for law enforcement purposes, unless the disclosure is in response to a valid court order or warrant.

Funeral Directors: Minnesota law generally requires the consent of a patient's authorized family or legal representative for disclosures of protected health information by (facility) Minnesota Entities to funeral directors.

National Security Activities: Minnesota law generally requires patient consent for disclosures of protected health information by (facility) for national security purposes, unless the disclosure is specifically required by federal law.

If anyone has developed a NPP that includes both MN and WI applicable state laws, we'd love to see it, and share it, if possible. Questions? Contact [Chris Bushaw](#)

The "Write" Stuff

Carolyn Gaarder, RHIA, MLA

I found some wonderful articles written by C. Kay Smith and published by the National Cancer Registrar's Association under the title of Write On! I have permission from both Kay Smith and NCRA to publish portions of those articles. They deal with those questions we all have with written English language and didn't know who to ask. So, here goes. Let me know if this article is helpful.

Select the best choice in each of the following sentences.

1.

- a. The patient who/whom is in room 5409 was scheduled to be discharged today.
- b. Who/Whom was elected chair of the committee?
- c. The investigation team decided that testing serum samples from whoever/whomever reported having symptoms was prudent.
- d. Whoever/Whomever is speaking, please identify yourself.
- e. The director will select the candidate who/whom he decided will serve the organization's needs the best.

Answers:

a. The patient who is in room 5409 was schedule to be discharged today.

You will probably recall from your school days that **who** is used as a subject, and **whom** is used as an object. Although that seems to be a simple rule, real-world sentences makes deciding the correct usage more difficult.

In statement a, who is the subject of the verb is, and patient is the subject of was scheduled.

b. Who was elected chair of the committee?

In statement b, **who** is still the subject of the verb "was elected" even through the sentence is in the form of a question.

c. The investigation team decided that testing serum samples from whoever reported having symptoms was prudent.

Statement c is a bit more complicated because the clause **whoever reported having symptoms** is the object of the preposition from, and whoever is the subject of the verb reported.

d. Whoever is speaking, please identify yourself.

Statement d is likewise complicated because the subject-verb order is reversed and because whoever is used as a relative pronoun with this, the subject of the clause, as the antecedent.

e. The director will select the candidate who he decides will serve the organization's needs the best.

To solve e, remove the expression he decides to see that the subject of the verb will serve should be who.

2. Select the best choice in each of the following sentences.

a. Her lack of an adverse reaction to the first vaccination effected/affected her decision to continue taking the series.

b. The infection's effect/affect on the patient's breathing was apparent within the first 24 hours.

c. The therapist noted that Jane's effect/affect was a classic sign of her mental disorder.

d. To effect/affect a change, the medication will require more time.

e. The medication's effects/affects will require more time before a change can be detected.

Answers

a. Her lack of an adverse reaction to the first vaccination affected her decision to continue taking the series.

b. The infection's effect on the patient's breathing was apparent within the first 24 hours.

c. The therapist noted that Jane's affect was a classic sign of her mental disorder.

d. To effect a change, the medication will require more time.

e. The medication's effects will require more time before a change can be detected.

Effect and affect are often confused because they both can be used as a noun or a verb and they both can mean "influence." One key difference, however, is that affect is used as a noun only in regard to psychology or psychiatry, as in the case of statement c. When used in this sense, the accent is on the first syllable of affect. In the rare event of effect being used as a verb, meaning "to make happen" as in the case of statement d, it must have an object. Typically, you will be safe using affect as a verb and effect as a noun.

3. Select the best choice in each of the following sentences.

a. The principle/principal finding of the investigation was the basis of the health department's recommendation to the city council.

b. The human subjects review determined the principle/principal investigator's protocol was public health practice, not research.

Answers:

a. The principal finding of the investigation was the basis of the health department's recommendation to the city council.

b. The human subjects review determined the principal investigator's protocol was public health practice, not research.

The rule we learned in school about the principal being our pal might be the reason we sometimes use principle incorrectly. Principal means chief or foremost, even when referring to inanimate objects. Principle means a law or rule of action or conduct (ex, we stand on our principles).

4. Select the best choice in each of the following sentences.

a. Sue said she prefers a Chihuahua/chihuahua, but Dennis prefers a Toy Poodle/toy poodle instead.

Answer:

Sue said she prefers a Chihuahua , but Dennis prefers a toy poodle instead.

Why is the name of one breed of dog capitalized and the other not? When the common name of a plant or animal is taken from a proper noun, the common name often retains the capital letter. The Chihuahua dog takes its name from the state of Chihuahua in Mexico, but toy poodle is simply a common noun.

b. In reporting their results, the researchers noted how many participants were white/White, black/Black, Hispanic/Hispanic, or asian/Asian.

Answer:

In reporting their results, the researchers noted how many participants were white, black, Hispanic or Asian.

Writers often want to capitalize white and black when referring to race, but neither of those terms require capitalization. In contrast, Hispanic and Asian, which are adjectives derived from proper names, always should be capitalized.

I hope this article has proved helpful, or at the best, interesting. Communications, both verbal and written, are vital in today's professional world. Anytime we can add a little polish, it is a real plus.

Carolyn Gaarder

 PRINTABLE FORMAT

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