Thank you for joining us this year at the DoubleTree Hotel in Bloomington, Minnesota for the 2014 MHIMA Annual Meeting! It was definitely one we will not forget. From the fabulous speakers to the fantastic food, we hope there was something you were able to enjoy this year. The 2014 Annual Meeting made $10,916.31 this year! Our Silent Auction was a huge hit as well, making $3,994.00 plus $675.00 in direct donations! Thank you to those that donated, as this will go towards MHIMA scholarships. We really enjoyed getting our vendors and members involved in the ‘Minute To Win It’ games at our Vendor Reception, too - it was a great way to continue our vendor connections and relationships with them! We would like to thank all of our incredible speakers this year. To name a few presentations: Randy Krulish shared his touching story of faith and discovery after paralysis; Melanie Endicott was able to get us geared-up for ICD-10; and Jerry Bridge and Diana Jordan were able to make us laugh! We cannot believe all the planning for the 2014 Annual Meeting has come to an end already. We have had a blast this past year, but are looking forward to passing the baton along to our 2015 Annual Meeting Co-Chairs, Mallory Young and Brenda Peschl. The 2015 Annual Meeting is scheduled for April 29 – May 1, 2015 at Treasure Island Resort and Casino in Welch, MN - put this on your calendars! See you there, and thanks for a wonderful year!
President’s Message

Happy summer to you all! I trust you are enjoying the warmth of the sun after the long, cold winter we had this year. The short summer months have been busy within MHIMA, with many exciting things going on...

In June, your MHIMA Board met to do a transitional board meeting, welcoming in new members and thanking those whose terms came to an end this year. Some days it is hard to imagine finding the time to volunteer, but I do encourage all of you to take advantage of the opportunity if you have any interest. There are many opportunities with varying levels of commitment, and the benefits are overwhelming. I have made great friends, and created an invaluable network of professionals in our field. It is comforting to have the support of your peers and association in the ever changing environment we work in.

I have the privilege of serving as President of the Board this year, and would like to thank you for the chance to lead. I would also like to thank the leaders and volunteers before me for the continued guidance and preparation for this role. Danika Brinda will continue on the Board as the Past President, and Advocacy co-chair.

Your MHIMA Delegates, Kristi Lundgren, Madonna LeBlanc, Christina Wallner, Laura Blabac, and myself, will be on our way to Chicago this month for AHIMA’s 2014 Leadership Symposium. The agenda will cover many things including AHIMA Strategy, Healthcare changes, ICD-10, and CSA development. We will share a summary of our learnings in the next Newsletter, and would be happy to attend one of your local meetings as well, to present to your regional associations.

In August, we will be working on our MHIMA Strategic Plan. We would like to develop educational tools, information, and content that is current, helpful, and meaningful. If you have any ideas, suggestions, questions, or if you need anything from MHIMA, please feel free to contact me directly at macdonell.jean@gmail.com.

Looking forward to the upcoming year.

Sincerely,
Jean MacDonell, MBA, RHIA
2014-2015 MHIMA President
In the early part of 2014 and during the MHIMA Annual Meeting, the Emerging Issues Committee performed a single question survey to identify areas that we as members thought were critical topics emerging in health information management within Minnesota and the profession in general. The survey was sent out to membership via email blasts and was present on our Facebook page, MN Health Information Management. A total of 290 responses were received. The results are in and shown below. The top 3 areas identified as emerging and critical topics by the respondents were Clinical Documentation Improvement (50.34%), Shared EHR system management / records management (37.24%) and HIM Professional skills development (32.41%). Among the narrative responses provided, the topics of ICD-10 and job availability post-graduation were most frequently identified. The committee plans to use this information for future education opportunities on the issues of interest.

Laura Blabac, MS, RHIA
KFA, Emerging Topics Committee
2014-2015 President-Elect
Medical identity theft is a growing concern. It is a situation which occurs when an individual’s health information is misrepresented and maybe used by unauthorized individuals. The objective could be to obtain ineligible or unentitled healthcare services, goods or money. The Fair and Accurate Credit Transaction Act of 2003 defines medical identity theft as “fraud committed or attempted using identifying information of another person without authority. The Federal Trade Commission reports that medical identity theft is one of the fastest growing crimes and it affected 10 million victims in 2008 which was an increase of 22 per cent from 2007. It is difficult to detect and the victims have little or no protection.

There are two primary types of medical identity theft. The first type involves the unauthorized using a person’s name, and other unique identifiers such as Social Security numbers to obtain medical services or goods. The second type involves fraudulently using a another person’s identity to obtain money by submitting false claims. Medical identity theft can be committed by friends, family and total strangers who steal a person’s identity. While identity theft is usually thought of as caused by external forces outside the organization, internal medical identity theft can also be committed by facility personnel with access to patient information. The World Privacy Forum reports that internal crimes occur more frequently than external ones.

The American Health Information Management Association (AHIMA) has an excellent Practice Brief titled “Identity Crisis. Organizations are Implementing Medical Identity Theft Teams to Combat Rising Incidents” written by Robin Bowe, BSN, RN, CHC. Robin is the compliance coordinator and privacy officer at Kern Medical Center based in Bakersfield, CA. This Practice Brief was first available in January 2013.

In this Practice Brief, Robin outlined Kern Medical Center’s employee medical identity theft training. It includes:
1. Pay attention to alerts from consumer reporting agencies or service providers.
2. Be alert for suspicious documents such as Social Security cards, driver’s licenses, other government identification that do not match each other. Watch for forged or otherwise altered documents.
3. Pay attention to suspicious conduct, such as a family member calling a patient by a different name than the registered name.
4. Keep current on the changing methods and practices of criminal fraud. Update policies and procedures periodically to reflect changes in the laws.
5. Watch for other signs of possible identity theft such as reports showing duplicate Social Security numbers and clinical reports of extreme variations in height and weight. Also, note case management reports of wrong demographic information. For the complete text of this Practice Brief, access AHIMA’s Body of Knowledge.

Carolyn Gaarder, RHIA

Emerging Topics: HIM Competency Changes

From The Competent HIM Professional: Are You Ready?
AHIMA Summer Leadership Symposium 2014

Updates have been made to the associate, baccalaureate and graduate degree Health Information Management curriculum competencies. The competencies for this were introduced at the July 2013 Assembly on Education (AOE) meeting in Baltimore. Widespread input had been received from AHIMA leaders, members and others, along with external input through an open comments period. After the comments were reconciled, the final curricula were released in November 2013, with a 2017 implementation requirement date.

A key point made at this informative session: Are the new HIM Competencies for educators and students only? No! These competencies are applicable to all HIM professionals; over the next several years, graduates entering the workforce will have these competencies. For HIM professionals in the field, it is an ideal time to perform a self-assessment against the new competencies, in order to align with the industry and workforce needs. Futuristically, new practice domains will update and replace current domains for obtaining CEUs. To learn more about the new curricula competencies for future graduates and self-assessment tools for professionals, visit http://www.ahimafoundation.org/education/curricula.aspx.

With the findings from the 2011-12 HIPAA Audits showing that many covered entities are struggling with compliance to the HIPAA Privacy and Security regulations, OCR is preparing for another round of HIPAA audits. While no exact schedule for the audits has been published, documentation supports the audits will start in the Fall of 2014 and end in the Summer of 2015.

Audit Specifics
The first step in the 2014 HIPAA audits will be to conduct a pre-audit survey on 1200 HIPAA covered entities and business associates. The goal of the survey is to evaluate the organization’s readiness for a potential OCR HIPAA Audit by allowing the OCR to evaluate the organization based on size, complexity, and appropriateness for a potential audit. From the 1200 organizations surveyed, the OCR will determine how many will actually be audited at that point in time based on the outcomes. While unofficial, an OCR spokesperson stated in April 2014 the goal is to audit 350 covered entities and 50 business associates the first time around.

The goal of the OCR HIPAA audits is to focus on compliance to the HIPAA Privacy and Security Rule as well as the Omnibus Rule of 2013. The top area of focus for the audits will be the HIPAA Security Rule, specifically looking at compliance with risk assessment and risk mitigation requirements. Some other top areas of focus are breach notification, encryption, training of workforce, and HIPAA policy and procedure compliance.

How to Prepare for the Audits
Healthcare organisations as well as covered entities should start conducting a HIPAA Risk Assessment and evaluating their current compliance with the HIPAA regulations. It is wise to assure an overall compliance analysis is conducted to show any areas that might be out of compliance, especially with lack of policies and procedures as well as workforce education issues that have been documented. From the risk assessment, a detailed mitigation plan and strategy should be created to address all the areas of weakness and risk identified for the organization. As an organization works through the mitigation plan, clear documentation should exist showing successful reduction in the risk identified. Organizations should also assure that they circle back to the controls selected at a later point to assure that it was successful in reducing or eliminating the risk.

Don't wait to start – compliance with HIPAA’s Privacy and Security regulations is a necessity. It is important for healthcare organization to start working towards compliance and assessing areas of non-compliance. It will also provide confidence in HIPAA compliance!

Danika Brinda, RHIA, CHPS
2014-2015 MHIMA Past-President

As we start a new MHIMA year, please take a few minutes to review all of the exciting and beneficial volunteer opportunities that are available! Just a few of the benefits of volunteerings are networking, continuing education credits, knowledge and skill building, and of course, FUN!!

There are so many ways to volunteer that we are unable to list them all on the brochure so if you have any questions you can complete the volunteer form on mnhima.org. As of the Volunteer Coordinator, I will be in contact with you to help answer questions and find a good fit between you and MHIMA!

I look forward to hearing from you!

Amanda Maas, RHIA, CHPS
KFA, Marketing & Communications Committee
Katherine Gray, The College of St. Scholastica
AHIMA Student Advisory Council

Gray is pursuing a degree in Health Information Management with a minor in Computer Information Systems. She is the Health Information Management Faculty/Student Committee Sophomore representative at the College of St. Scholastica, and currently works as an office worker in the Health Information Management Department.

Take a couple of minutes today and visit the AHIMA website ahima.org. Log in with your seven-digit AHIMA member number and your password. Click on My Profile/Dues Renewal. Review all of the sections and update any old information.

2014 Scholarship Applicant Essays

The 2014 MHIMA scholarship winners were announced in the April MHIMA Connection. Check out the Education/Scholarships page on www/mnhima.org to view the scholarships. We hope you enjoy reading them!

RHIT Program
- Angela Purdom, Rochester Community & Technical College
- Thomas Ross, St. Catherine University
- Brice Silvernail, Rochester Community & Technical College
- Danene Kong, St. Paul College
- Kathryn Sands, St. Paul College
- Mindie Burton, Rochester Community & Technical College
- Jennifer Omari, Rasmussen College

RHIA Program
- Mai Thao, The College of St. Scholastica

Educational Doctorate Program
- Amy Watters, Hamline University
Finding Your Niche in HIM

I remember it like it was yesterday. I was sitting in Disease Conditions class with my friend Anna. Both of us were in the Health Information Technology program at our local technical college, but neither one of us really understood the significance of the career path we had chosen. I looked at my friend and said, “What can we do with this degree anyway?” Since that time, I have had several HIM jobs. With each role I have learned more about this multi-faceted field we call HIM, and in the process I have learned more about myself. It is the things I have learned about myself that have led me to my niche in HIM. I hope that through my story, you will learn to let your passion guide you to your niche in HIM.

The very first thing, I had to learn was that wherever you start is an exciting place. I started as a scan lead in a multi-specialty clinic practice – exciting, huh? Actually it is! Even if your first role is not directly related to Health Information Management, the skills you acquire there can be valuable as your career progresses. As a scan lead, I learned how to write detailed procedure documentation, train users on the scan system, and lead small projects. From there I was promoted to an HIM Coordinator position, where I was involved in the implementation of a new scanning system across our 40+ clinics, release of information, and several other larger projects. These roles formed the base of what I knew about HIM, and it was here that I realized some things I was passionate about: workflow documentation, technical aspects of systems, and project management. I sensed that it was time for a change, and the next role I moved into was a bit more challenging. My new role taught me another valuable lesson. It is in the midst of challenges that you learn, grow and find your strengths rising to the surface. I was hired as an HIM manager of a staff of seven at a small hospital. This role challenged me and forced me to learn more than I even knew existed about HIM operations in the hospital world. The challenging roles are important because even though they are difficult, they show you what you are made of and help you to clearly distinguish the things you love and the things that are not your favorite. This role was a pivotal point for me in my HIM career. I realized that I had a passion for process, workflows, and technology and using all of these things together to make our work efficient and productive. I found out that I had a way with people too. I was able to bring people in and make them part of the change process, engage them, and make the change theirs. I became passionate about these things, and sought to find a path where I could do them every day. This was when I realized that it is only through becoming aware of your interests and passions, and opening your eyes to new opportunities that you truly find your niche.

I am now an HIM Business Analyst. In my current role, I get to do all of the things that I am passionate about, and I can see how my education and each job I’ve had have led me to this point. I have finally found my niche! When I began as a student in the Health Information Technology program, I never dreamed my career would wind down this path, but I have learned to be guided not only by my knowledge of HIM concepts and topics, but by my interests, talents, and passions. The amazing thing is that I am able to contribute the skills and talents that come naturally to me to the HIM field. Some of us love coding, release of information or scanning, and that is wonderful! Some of us are still looking for that place where we are able to say that we love what we do. I want to encourage you – you will find your niche. I see the HIM field as a tapestry, and each of us is an important piece. The beautiful thing about this tapestry is that no two of us are exactly alike, and it takes all of us to create the whole picture. As you identify and embrace the things you love, you will begin to see your place in the tapestry.

Christina Celadita, RHIA