Happy Fall to You All!

Your Board of Directors, Region Leaders, and Volunteers have been hard at work over the past months working on the Strategic Plan for MHIMA. We have moved to a three year plan for continuity and consistency, and will be focusing on the following over the coming months:

- Advocacy
- Consumer Engagement and Education
- Member Engagement
- Marketing and Communication
- Industry Collaboration
- Industry Experts

A common theme we continue to hear about at the AHIMA Summer Leadership Symposium, and again at the AHIMA National Convention, is “staying relevant” in our field, which is ever changing. Our roles are expanding, and we need to be ready to take on new challenges in areas that may not have always been considered “HIM”. To quote AHIMA CEO Lynn Thomas Gordan, “We are not your mother’s AHIMA anymore!”.

Another common theme is social media and its importance in our efforts to stay connected. Have you checked out our MHIMA Facebook page? Search for MN Health Information Management, and “like” the page. You will see important reminders and informational posts there.

Also, AHIMA is asking us to be active on Twitter, especially during the ICD-10 grassroots campaign (see article in this month’s newsletter for more information), to send information to our state and federal leaders. Our MHIMA twitter handle is @MNHIMA. How many of you have logged into AHIMA’s Engage website? If you haven’t already, please take the time to get out there (engage.ahima.org), login, and check it out! It is a great informational resource for us, where you will find “hot topics”, as well as events occurring in our association. Engage replaced the old Communities of Practice, and is a spot you can go to ask questions of your peers, and connect with professionals across the country.

Please let me know if you have any questions, suggestions, or comments for your Board.

Thank you,
Jean MacDonell, MBA, RHIA, MHIMA President
TECH TIP

By: Diane Wolfe, RHIA

Application = Microsoft Excel

THE SITUATION: I have a spreadsheet of patient names I want to sort by last name. One of the patient’s is named Shirley True. When I sort by last name, she always shows up at the bottom of the list. Why is she not showing up with the letter T names?

THE SOLUTION: The word TRUE is recognized by Excel (and other SQL based programs) as a function (True/False) rather than text. So unless you tell Excel you want it to treat the word as text, it sees it as the function TRUE. To do this, you can simply put an apostrophe in front of the word True. In the cell, type ’True. This tells Excel that you want to treat that cell as text no matter what is typed in it. The same goes for cells that may have a numeric or alpha numeric/value in them. If they are not falling into the sort where they should, it is probably due to the cell having a format other than text. Add the apostrophe to cells that might not be intuitively text.
2015 ANNUAL MEETING

"Expedition: Health Intelligence"

Whether you prefer to: Hit the Trail, Set Sail, Escape, Hit the Highway, Dive in, Set out, Start out, or Blast off it is time to prepare for our 2015 MHIMA Annual Meeting. Be sure to mark your calendars, April 29th through May 1st, for the journey. We will learn many of the realms of Health Information as it presents itself as Health Intelligence. The Island is calling, what a better place to do some exploring. The tropics? Sure, why not. Since MHIMA’s last visit in 2011, Treasure Island Resort and Casino has completed some exciting renovations to their convention space for us to soak up the knowledge. The facility is also noted to have award-winning chefs, so bring your appetites! Day one is set to focus on leadership and change management; The Health Information industry is constantly changing, and it’s important to keep moving forward and prepare everyone for the change! Day two starts with traditional health intelligence and leads us through our progress and the goals that are set during the business meeting. After the business meeting you will see we will have a few forks in the road, including the Student Track, some HIM Skills Development presentations, and Electronic Health Record discussions. Day three will be full of twisting and turning paths to satisfy your quest for intelligence including Health Management Technology, Privacy and Security, and Clinical Documentation/Coding. There will also be a session dedicated for Health Information educators too. It won’t be all work and no play. There will be a Distinguished Member luncheon that is held in honor for a notable individual within the Health Information profession. Perhaps they helped forge a trail for HIM’s place on the map? On our trip there are two evenings that will allow you to kick back and let the brain cells rest. These nights are a mystery for now but are in the hands of some fantastic travel agents. We are expecting close to forty vendors to help us on our quest, and each of them will provide you answers to treasures you can find along the way. Thirty four scouts have signed up to help make this expedition a great one. However, there is always room for more! Maybe
"Expedition: Health Intelligence” (continued)
you want to share your skills during the HIM Skills Development, or maybe you are the Northern Minnesota expert on Privacy, or you are currently working on moving Health Information from one location to another. We are calling for speakers, so please take a moment and complete our call for presentations form! The scouts would love you to share your expertise. We, Brenda and Mallory, are looking forward to you joining us at Treasure Island Resort & Casino next spring! So, pack up your gear, make your arrangements and make a break to the Island as we set out on our Expedition: Health Intelligence.

By: Brenda Peschl, RHIA & Mallory Young, RHIA

www.mnhima.org
--Conferences & Events
--Annual Meeting
Check out the updated Annual Meeting page on the MHIMA website for more details! This page will include the registration info, agenda, call for speakers and silent auction information as soon as it is available.

Hi my name is Lorna Clodfelder and I am one of the Co-Chairs for the Marketing and Communication Committee. This year I am taking on the task of coordinating vendors and marketing our annual conference that is being held at Treasure Island Resort and Casino. At this time we have sent out emails to vendors to “save the date” for our April 29th – May 1st conference and now the committee is calling potential vendors to make them aware of the conference and to receive updated information so we are sending notice to the correct person. Once calls are made the vendors will receive an email so they can register online for the meeting. We have been receiving new vendors this year and if you know of someone that would like to participate, please notify Deb Switzer the Executive Director with business, name, phone and email at executivedirector@mnhima.org.

By: Lorna Clodfelder, RHIT
EMERGING TOPICS

RELEASE OF INFORMATION BASICS WEBINAR
MHIMA’s “Lunch & Learn” webinar series continued on June 25th with Release of Information – Essential Basics for Everyone” presented by Christina Wallner, RHIA. This webinar reviewed the required components that make up a valid authorization, as well as highlighted patient rights and both the state and federal laws/rules that govern release of information. Are you aware of who can authorize the release of a patient’s medical records? What if the patient is a minor or is deceased? What are the requirements for documenting a release? The answers to these questions and more were also part of the discussion! If you were not able to attend the “live” webcast, an archived copy is available for purchase at a rate of $49 for members or $89 for non-members.
MHIMA is planning an additional Release of Information-focused webinar for this fall as part of its “Lunch & Learn” series for 2014 – 2015. Stay tuned for upcoming communications!

By: Christina Wallner, RHIA

MHIMA SUPPORTS THE BLUE BUTTON CAMPAIGN!
The Office of the National Coordinator for Health IT (ONC), part of the U.S. Department of Health and Human Services, is sponsoring a national campaign to raise awareness about Blue Button Initiative (BBI) and how consumers can use this resource to exercise their rights and empower themselves with health data. AHIMA is participating in this campaign, as well. As part of this effort, myPHR.com is hosting a series of public service videos to create increased awareness for the BBI campaign. Visit the MHIMA webpage and click on Blue Button to view the Blue Button PSAs. Don’t forget that the CSA Blue Button Toolkit is available through Badger Graphics can help you spread the word to your CSA members and in your communities about the Blue Button Initiative.

Attention MHIMA Members:
MHIMA and AHIMA need YOUR help!!!!!
HR 1701/S.972 - Cutting Costly Codes Act(s) are still active in the US Congress and will remain active until January 3, 2015. The Cutting Costly Codes Act(s) has language which would “kill ICD-10” and prohibit the Secretary of Health and Human Service from replacing ICD-9-CM with ICD-10-CM and ICD-10PCS. We need your help to raise the issue and assure that the Minnesota Representatives understand and oppose the Cutting Costly Codes Act. What can you do? Get out there and contact your members of Congress and US Senators. AHIMA has drafted a letter to be sent through e-mail or printed letter for HR1701 and S.972. This information can be access at http://capwiz.com/ahima/home/ - feel free to send both an e-mailed letter as well as a printed letter.
Don’t know who your representatives are or how to contact them -- Problem Solved! AHIMA has published different search methods by entering in your zip code or state on the main page of http://capwiz.com/ahima/home/
Additionally, use social media to inform our Minnesota Representatives and inform them of the importance of implementing ICD-10-CM on October 1, 2015. Get out there and make some noise! Support ICD-10-CM and all the time and effort that many of you have spent getting ready. You can help MHIMA and AHIMA make a difference!
Preaching to the Choir or inviting the Choir to sing?

If I’m asked to address the topic of Personal Health Records (PHR) with my fellow professionals, I often fear I am preaching to the proverbial choir. But knowing better than to assume anything, an age-old idiom (“the cobbler’s children have no shoes”) reminds me that I know better. In other words, as cliché as it is, do we practice what our profession preaches? Do YOU actively engage in the creation and maintenance of your own PHR? How can you use your professional voice to help those that need your guidance in doing so as well?

There’s been no shortage of information on the topic of PHRs and it’s been wrapped in a host of vehicles of late. In the academic arena, two of the final applied projects (FAPs) of my three students dealt with health literacy and promoting patient engagement via PHRs and a third FAP as a second reader which also highlighted the need for engaging patients in meaningful use of the EHR and PHRs. The Centers for Disease Control and Prevention report that health literacy is defined by the Patient Protection and Affordable Care Act of 2010, Title V as: “the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.” It’s one thing to gather the information or have access to our health information and quite another to comprehend what it all means. And, while you may understand, what about your aging parents or your non-medical spouse? Are you able to help them grow their health literacy so they can actively and knowingly participate in their health journey?

On the professional forefront, AHIMA pledges to promote the VA’s Blue Button Initiative as part of the their own myPHR campaign to call healthcare consumers to fully participate in their healthcare by promoting the right to access their health information electronically, download copies or request copies for their own keeping. This Blue Button video (26:48 min.) provides an in-depth look at one particular patient’s successful engagement in his EHR/PHR in the face of a terminal diagnosis.

On the population health frontlines, critical factors in public health include the call for patients to actively participate in the EHR/PHR, but a proportional crux in the matter is what has been coined as social determinants. The social determinants of health are defined by the World Health Organization (WHO) as:

“... the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. It may not be enough to be willing to participate in EHR/PHR engagement when there isn’t financial resource for ready computer access, whether it be funding for internet access or access to a PC. The variations of the compounding factors are exponential to the combinations of issues, even between geographic zip codes within the same city and from block to block. Social determinants can also include a disconnect in how patient participation can directly impact healthy outcomes; it may not be about belligerence in compliance as it is about genuine ignorance of the benefits of being an actively compliant patient. How can we utilize our knowledge to help those populations where access is underserved? Patient rights to access (Blue Button), patient comprehension (health literacy) and patient resources (social determinants) are challenges that our profession has the capacity to navigate with patients, as well as our own family and friends. I invite you to seek out those opportunities to bridge these penetrable barriers for those that need your expertise in health information management and do what you can to model the process and expound the benefits. Your voice can make a difference!

By: Madonna LeBlanc, MA, RHIA
Health Information Exchange In the Healthcare Delivery System

Within the past decade, the development of healthcare in the United States has been emerging as a professional business. The public and private sectors of healthcare have brought attention to the quality of care provided to the individual consumer. Current trends that challenge the United States healthcare delivery system and the consumer include the Affordable Care Act, Electronic Health Record (EHR) implementation, ICD-10 implementation, control of costs, and the security and confidentiality health information. How is the United States healthcare delivery system managing these trends while still providing high quality care to consumers? One such practice in current utilization is health information exchange. Health information exchange (HIE) is the process of electronically transferring and utilizing health information within healthcare systems and organizations to provide continuity of care.

In 2004, the Office of the National Coordinator (ONC) for Health Information Technology initiated Regional Health Information Organizations (RHIOs) to sustain the quickly emerging health information network across the nation. RHIOs are health information groups within a specific geographical location that practice the transmission of health information. Each RHIO in practice strategizes quality improvement in healthcare and integrates with their adjacent RHIOs to create the Nationwide Health Information Exchange Network (NwHIN), currently known as the eHealth Exchange, operationally supported by Healtheway. Healtheway is “an independently sustainable public-private community.”

As part of the eHealth Exchange, the state of Minnesota grants and recognizes qualified HIE service providers certification status as either a Health Information Organization (HIO) or a Health Data Intermediary (HDI). HIOs are not-for-profit associations that offer many wide scale HIE options. HDIs are for-profit associations that offer more restricted HIE options.

A few examples of certified HIE service providers are The Community Health Information Collaborative and the Eldermark Exchange. The Community Health Information Collaborative (CHIC) is an HIO located in Duluth, Minnesota that promotes and engages in health information exchange by providing services such as emergency preparedness and immunizations to the community. The Eldermark Exchange is an HDI located in Minnetonka, Minnesota that takes part in health information exchange by providing senior citizens residencies, such as assisted living and skilled nursing facilities, with the ability to electronically transmit health information of residents among corresponding health service providers. For instance, in reasonable circumstances, a physician working in a clinic and a nurse employed in a skilled nursing facility have the ability to electronically transmit and communicate the status of a resident’s medications. Despite the advantages of health information exchange, Health Information Organizations and Health Data Intermediaries such as the CHIC and Eldermark Exchange, face challenges that must be addressed to improve and prevent risks of healthcare quality. Perhaps the most significant topic of concern is the security and confidentiality of consumer health information. How can the safety of the consumer be protected among this extensive method of communication? What actions will be taken to assume the responsibility of consumer protection? If health information exchange is to advance, these questions must be evaluated.

The Community Health Information Collaborative and Eldermark Exchange are just a few of the certified associations participating in health information exchange. Every association participating in the eHealth Exchange collaborates with each other to create a changing and developing quality healthcare system to consumers across the United States. Current movements in healthcare, such as the Affordable Care Act, Meaningful Use, Electronic Health Record implementation, and ICD-10 implementation, and future movements cannot progress without the practice of health information exchange.

By: Laura Halverson, RHIT
The Minnesota Legal Reference Manual is a manual containing information on key aspects of the Health Information Management (HIM) world in Minnesota. There are currently 14 Chapters that address a variety of HIM related topics. While focusing primarily on the legal issues within HIM, the manual also includes best practice guidelines for the handling of medical information. The manual is reviewed continuously for updates and revisions by the Legal Reference Manual Committee as well as a team of legal professionals. The Legal Manual Committee is made up of HIM professionals from different facilities and companies across the state, each bringing their own expertise and experience to the table. This creates a wide body of knowledge from all areas of HIM. The Legal Reference Manual is available for purchase online at www.mnhima.org. Once purchased, the Manual is accessible online at the same site.

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Go online to register and purchase the electronic legal manual. Prices reflect a years subscription to the continually updated manual.
ICD-10 BOOT CAMP
Now Is The Time!
As HIM and coding professionals, you must have the fundamental skills necessary to be successful in the ICD-10 environment. Now is the time to assess your knowledge of anatomy and physiology in order to be fully prepared for ICD-10’s more detailed documentation requirements for code capture, as well as thorough understanding of the ICD-10 system including guidelines and concepts of ICD-10.

Let Us Prepare You
MNHIMA has partnered with himagine solutions to provide a 2-day ICD-10 boot camp to fully prepare you as coding professionals to identify and assign ICD-10-CM and PCS codes.

himagine solutions, formerly Kforce Healthcare, Inc., is the largest coding company in the U.S. with a significant and growing base of HIM Subject Matter Experts to provide support for registry services, CDI initiatives, interim management and HIM consulting services. himagine solutions is nimble, accurate and efficient. When it comes to quality coding and other healthcare solutions, we are everything you need and more.

Boot Camp Highlights
Attendees of the 2-day workshop will learn the fundamentals of the ICD-10-CM and PCS systems, and will complete exercises to help enhance your ICD-10-CM and PCS coding skills. Each day is strategically structured to focus on specific areas of preparation for ICD-10-CM and PCS.
Day 1 will focus on ICD-10-CM, while day 2 will address ICD-10-PCS along with concepts, exercises and training.

HIM expert presenters will:
- Establish a clear understanding of the differences between ICD-9 and ICD-10.
- Discuss the ICD-10 coding system from an anatomical perspective, providing an overview of the ICD-10-CM system and the body systems, diseases and disease processes that HIM professionals should know to accurately assign codes in ICD-10.
- Establish a clear understanding of the documentation requirements for ICD-10-CM and PCS.
· Establish a clear understanding of the ICD-10-CM guidelines and conventions.
· Establish a clear understanding of the ICD-10-PCS guidelines and conventions, including root operations, body systems, body parts, approaches and qualifiers.
· Provide practice exercises for ICD-10-CM and ICD-10-PCS coding.

Take Advantage Now
Watch for MHIMA eblast to learn how to sign up to ensure you have the tools, skills and knowledge to be a key HIM professional who is fully equipped for ICD-10 go live.

Educational materials utilized during the 2-day workshop will be provided electronically. In addition, MNHIMA suggests that all attendees have access to a ICD-10-CM and a ICD-10-PCS coding book.

ICD-10 Webinar Series
In the third quarter of 2014, CMS provided an official notice of the new ICD-10 implementation date of October 1, 2015. In a strategic move to leverage the time before ICD-10 go live, MNHIMA has teamed up with himagine solutions, the largest coding company in the U.S., to provide you the opportunity for additional preparation for ICD-10 implementation.

MNHIMA is extremely excited to announce the launch of the ICD-10 Refresher Webinar Series, in conjunction with himagine solutions!

DETAILS
· The ICD-10 refreshers will be available through MNHIMA. Watch for eblasts and check website.
· The ICD-10 Refresher Series consists of 18 presentations around ICD-10 CM and ICD-10 PCS, ranging from 1-2 hours each on average.
· Common objectives include:
  o Discuss the format and structure of ICD-10 CM and PCS
  o Discuss major changes from I-9 to ICD-10-CM and ICD-10 PCS
  o Discuss coding guidelines for ICD-10-CM and ICD-10 PCS
  o Discuss documentation challenges for ICD-10-CM and ICD-10 PCS
  o Discuss PDX selection in acute care, rehab, and swing beds
· MNHIMA will provide pre-read materials to assist with completion of the webinar activities and reference materials to assist with your continued education and training efforts for ICD-10.
· CEUs
  o A short assessment will be required at the completion of each webinar for CEU eligibility.
  o Upon approval, CEU’s will be provided within 10-15 days of webinar completion.
  o CEUs are available from AAPC and AHIMA.
  o CEUs range from 1-2 CEU per webinar. The number of CEUs will be identified for each webinar.
· Pricing Includes:
  o Individual Webinar: $74.99
  o Purchase six (6) webinars, get two (2) webinars Free: $449.94
  o Complete Package of 18 Webinars: $900.00

MNHIMA remains focused on preparing members for ICD-10. We are confident these supplemental resources will be beneficial to your ICD-10 education and training efforts, leading to your ultimate success in the ICD-10 environment.
Student Profession Interaction
Think back to when you were in school and the leaders that showed you the path in the wonderful profession of Health Information Management. Did they answer your questions? Did you get to follow them a day on the job? Now you can be that person! Be a resource, mentor, leader and role model to someone eager to learn the profession by taking a student for their practicum, internship or final project. Students and education institutions are constantly looking for individuals to aid in a student’s final learning experience, the professional practice. The AHIMA Assembly on Education Symposium hears this topic frequently in regards to lack of file rooms due to EHR, fear of HIPAA breach and overall lack of voluntary locations for the students. There is the misconception that it will take so much time away from your day-to-day work to have a student assist in the department. This is the opposite, students thrive on being able to utilize the knowledge and building blocks they have, professionally and educationally. Do not keep that door shut. Open the door and lead them on the path. As we see from year to year at our MHIMA annual meeting, student membership remains strong. Let’s keep it going and enhance our availability to the students and show them the wonderful profession we are part of. Please contact your area Health Information program and let them know you will stand to be a role model for our future MHIMA members and leaders. Attracting Students to HIM is a committee actively looking for involvement. If you are willing to share some of your time and ideas, please join us and share with others the great profession we belong to.

By: Joy Schmitt, RHIT

NEW MHIMA MENTORING PROGRAM!
It’s official, MHIMA now has a mentoring program! Visit mnhima.org and find the Mentor Program page under Members. Follow the instructions and complete the form to be either a mentor or mentee. Someone will contact you as soon as a match is made!
HAPPIER MEETINGS 101

1. Start on Time. The habit of always waiting for late comers just sends the message that being late is OK. End on Time. Let it be known that there is a limit and that helps to keep things on track. Make an announcement about no pagers or cell phone calls. Also, consider a policy on laptop use. Nothing is more distracting than members checking their email messages during a meeting. Use a slightly non-typical starting time such as 10:03am rather than 10:00am. Somehow an odd time fuses better into the brain and it is surprising how many more people tend to be on time.

2. Answer the question, “Why are we here and what do we hope to accomplish?” Nothing is worse than the feeling that a meeting was called just for the sake of having a meeting. Have a reason.

3. Do an ice breaker even if the committee members know each other quite well. Choose a totally benign and harmless question, such as “What is your favorite flavor of ice cream or holiday food”? This is no place to bring up any hot topics. This type of opener may help the attendees get to know each other better and therefore bond into a smoother working group. Also, it helps to get the meeting off to a lighter start.

4. Follow-up from previous meetings. This reinforces that these meetings do accomplish credible work and the results are not just filed away and ignored.

5. Develop an agenda and hand it out early, such as a week in advance. At that time ask for additional agenda items. Last minute agenda items often lack the background to be fully discussed and may disrupt planning.

6. Stick to the agenda. Make it a point to check off items to show that progress is being made.

7. Arrange items to the benefit of a smooth meeting. Open with a non-controversial item. Celebrating good news/outcomes can be a good way to start on a high note.

8. If something cannot be completely addressed at this time, consider it a parking lot issue that will be returned at a later date. Move on.

9. Summarize at the end and thank everyone for attending. I witnessed a real pro handle a reluctant group of students who looked determined not to participate. After her presentation, she asked, “What questions do you have?” Not a murmur. She asked again and again not a murmur. At that point she swiftly moved to the first person in the front row, looked the person in the eye and asked the same question. This time she stood there and waited until the participant realized that this person was not going away and came up with a question. The questions came slowly at first but as she moved down the row, the other participants quickly realized that their turn was coming and the questions started surfacing faster and faster. Yes, this was an extreme measure and I suggest considering this tactic only in cases of a hostile or noncompliant audience. This was a classroom setting and probably the reason it worked so well.

By: Carolyn Gaarder, MA, RHIA

Check out the Career & Student Center on mnhima.org for great information on the MHIMA Job Bank! Sign up and receive regular emails with job openings in MN. Make sure to have your AHIMA settings open to receiving emails.
Making Lemonade: A HIT Student’s Perspective on the ICD-10 Delay

“Did you hear that Congress is voting to delay 10?” One question posed in an elevator on the way to class suddenly threatened to blow up all my carefully strategized plans to job retrain and launch a new career. I walked into Legal class in a daze. More of the evening was spent on Google trying to find out what had happened than listening to the instructor go over ethical dilemmas. Catastrophic thinking soon set in. My entire leap of faith into a career field that promised job variety and growth now seemed like just another cosmic joke.

After two days of whining and wallowing, however, I decided it was time to find a way to “make it work”. The first challenge was how to be competent in ICD-9 after being trained exclusively in ICD-10. Some classmates and I formed a summer self-study group to work on forming a basic level of competence in ICD-9. Google and networking became our tools of choice. We found a number of websites with guidance and practice quizzes. Additionally, instructors and MHIMA members and conference speakers generously gave us review materials and old tests to work with. By the end of the summer, a number of us had a decent grasp on what we knew and what we needed to work on. Just learning ICD-9 wasn’t enough, however. I needed to find a way to prove to myself and potential employers that I was capable of coding in the older system. To accomplish this I signed up to sit for AHIMA’s CCA credential exam. The AHIMA study guide proved an invaluable tool to study for the exam. I quickly discovered where I was weak (Medicare reimbursement) and was provided with pointers for finding the correct information.

I passed the exam and received my credential in mid-August. If it hadn’t been for the delay I probably wouldn’t have even bothered. Preparing for the exam, however, has been one of the best learning experiences I’ve had this past year. Finally, I found a way to appreciate all the benefits I earned from learning to code ICD-10-CM and PCS. At first it was easy to complain that I spent all this time and money and I may never get to use it. Turns out that is a very short sighted point of view. The granularity of 10-CM forced me to dig deeper into my A/P, med term, and human disease training. It forced me to think through all aspects of a diagnosis. Learning to code ICD-10-PCS taught me to tear apart an operative report. I’ve already utilized that skill during a summer internship as in indexer. It also makes using the encoder a lot easier. Even if I never get to code in ICD-10, the training made me a better candidate for a wide variety of HIM positions. Fingers crossed 2015 will be our year. But if another delay occurs, my response will probably be more along the lines of “whatever”.

By: Cindy Kennedy, CCA

ACCREDITED HIM PROGRAMS IN MINNESOTA:
Anoka Technical College - RHIT
College of Saint Scholastica - RHIA & Masters
MN State Community & Technical College- RHIT
Rasmussen College, Brooklyn Park - RHIT
Rasmussen College, Eagan, Bloomington - RHIT
Rasmussen College, Lake Elmo, Mankato, St. Cloud - RHIT
Rasmussen College, Bloomington Online - RHIT
Ridgewater College - RHIT
Rochester Community & Technical College - RHIT
Saint Paul College- RHIT
St. Catherine University - RHIT
St. Cloud Technical & Community College - RHIT
“I enjoy volunteering because it is an opportunity for me to give back to my profession. One of the best things about volunteering for MHIMA is that there are many ways to contribute, and I was able to pick an area that both interested me and I felt I had the skills for. Volunteering is a great way to learn new things about HIM, build a resume, and network with other HIM professionals—all of which I feel are very important as I continue my HIM career. I highly encourage others to sign up and volunteer with MHIMA!”

By: Kelsey Donatelle, RHIA

Articles Sought for MHIMA Connection
The MHIMA Marketing and Communications Committee is seeking articles relevant to HIM for the 2015 issues of the MHIMA Connection e-newsletter. If you or a colleague has a story or article related to HIM that you would like to share with over 2,400 MHIMA members, please send the article in MS Word format to Amanda Maas, Marketing and Communication Coordinator, or Deb Switzer, MHIMA Executive Director. Earn 2 AHIMA CEUs for your original article of approximately 500 words. We will notify you if your article is selected for publication. Put on your thinking cap and indulge your flair for writing!

By: Amanda Maas, RHIA, CHPS

Get Engaged with AHIMA!
In 2013, AHIMA launched the Engage Online Communities, a social media site for its members with a health information management (HIM) angle. Since then, Engage has grown into an ongoing HIM convention/summit/confab for members and nonmembers alike. Through Engage, professional peers from around the world can connect, collaborate, network, and more! With several public HIM communities and multiple members-only ones, there’s always something happening on Engage!
Check it out on http://engage.ahima.org
MHIMA wishes to extend a very big thank you to all of the volunteers on our Board of Directors, Regions and Key Focus Areas (KFAs). We really appreciate all of the time and effort that you dedicate to this organization. We could not do it with you!

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Sue Nathe Danika Brinda

LEGAL MANUAL COMMITTEE
Diane Wolfe Linnea Hansen Callie Arnzen
Lorna Clodfelder Bonnie Coffey Amanda Deering
Lisa Deml Deb Gilbertson Laura Halverson
Andrea Heikkinen Ryan Johns Asia Johnson
Lydia Kannah Nyssa Larsen Josh Larson
Joni Leithe Barb Miller Emily Morley
Sue Nathe Minday Parlin Louise Sather
Bonnie Stejskal Charles Tchuinkwa

MARKETING/COMMUNICATIONS KFA
Amanda Maas Lorna Clodfelder
Kelsey Donatelle Amelia Lisi
Tammy Olson Amy Dinger
Angela Jones Brandi Bierbrauer
Carolyn Gaarder Cindy Norling
Eunice Carlson Gabriel Vincent
Karrie Elliot Linnea Sommer
Melissa Campbell Rita Wadekamper

EDUCATION KFA
ANNUAL MEETING PLANNING COMMITTEE
Melissa Aykens Dawn Barwald Maggie Borchardt
Lorna Clodfelder Jessica Dalton Janine Ellingson
Barbara Fleischer Lanette Geissler Laura Halverson
Theresa Honsey Mary Juenemann Meredith Lathrop
Amelia Lisi Robyn Mechtel Julie Tiemann
Christina Wallner Brielle Wolf Emily Morley
Chris Lucas Danika Brinda Deb Switzer
Amanda Maas Diane Wolfe Katie Kerr
Tammy Olson Kelsey Donatelle Lori Diederichs
Joy Schmitt Gina Sanvik Katie O'Hearn
Linnea Hansen Vicki Chelf-Lawrence

ATTRACTING STUDENTS COMMITTEE
Gina Sanvik Mindy Parlin Joy Schmitt

KATIE KERR

CODING KFA
Katie Kerr Angela Rundquist
Sharon Dressel Jennifer Erickson
Gina Hale Laura Halvorson
Brittany Johnson

EMERGING TOPICS KFA
Laura Blabac Amy Verhulst
Mary Johnson Lydia Kannah
Laura Halverson

REGIONAL PRESIDENTS
A-Tracy Ware B- Ryan Johns
C-Open D- Brenda Peschel
E-Joy Mulder F- Linda Feshami
G-Open
Call for Nominations for Board of Directors!

The MHIMA Nominating Committee is seeking names of individuals interested in having their names placed on the ballot for our MHIMA 2015 election. Positions open are:

- **President-Elect (3 year term)**
- **Secretary (1 year term)**
- **Treasurer (2 year term)**
- **(2) Delegate Directors (2 year term)**

Nominees for President-Elect must be active MHIMA members with an AHIMA-approved credential, have been a MHIMA board member within the last five years, a MHIMA committee chair within the last three years, or active in an AHIMA volunteer role within the last three years. This is a significant leadership position, expected to provide 80+ volunteer hours per year. Serves as a MHIMA delegate to the AHIMA House of Delegates (HOD). Attends AHIMA's leadership and team talks events. As President, has responsibilities on a weekly basis, including chairing the bi-monthly MHIMA Board meetings, leading the annual MHIMA strategy planning meeting, presiding at the MHIMA annual business meeting, and is the chief delegate to the AHIMA HOD. Some travel is required, both in-state and to AHIMA events. As Past-President, chairs the MHIMA Nominating Committee and serves as the KFA for Advocacy and Collaboration. Delegate Director nominees must be active MHIMA members with an AHIMA-approved credential, have been a MHIMA committee chair, held another elected office, or have been a regional officer within the last three years. These positions are expected to provide 80+ volunteer hours per year. Delegate Directors chair the MHIMA Bylaws Committee, Scholarship Committee, and provide liaison to the regional associations. They serve as MHIMA delegates to the AHIMA HOD and attend AHIMA's leadership and team talks events. Some travel is required, both in-state and to AHIMA events. Secretary nominees must be active MHIMA members with an AHIMA-approved credential. This position is expected to provide 15-40 volunteer hours per year. The Secretary attends all Board, planning and annual business meetings, takes minutes, and participates in all Board decision making. Some travel may be required in-state to Board and planning meetings. Treasurer nominees must be active MHIMA members with an AHIMA-approved credential. This position is expected to provide 40-80 volunteer hours over a two-year term. The Treasurer attends all Board, planning and annual business meetings, attends and chairs Finance Committee meetings, attends annual budget meetings, and reviews periodic financial reports presented to the Board. The Treasurer presents the annual Treasurer's Report to the membership at the Annual Meeting. The Treasurer receives monthly bank statements, confirms reconciliation of money market account with Executive Director. The Treasurer confirms that all required tax returns are completed and filed as required. Some travel may be required in-state to Board and planning meetings. The election occurs in March and the elected positions take office on July 1, 2015. If you are interested, or want to recommend someone for consideration, please contact Danika Brinda at dbrinda@css.edu no later than January 26, 2015.
OCTOBER 8TH
Annual Meeting Planning Committee 3-4 pm

OCTOBER 18TH
Region F Fall Meeting 8-4:30 pm

OCTOBER 24TH
Region D Fall Meeting 8-4 pm

OCTOBER 30TH
Region A Fall Meeting 8:30-3 pm

NOVEMBER 5TH
Annual Meeting Planning Committee 3-4 pm

NOVEMBER 7TH
Region E Fall Meeting 8-2:30 pm

NOVEMBER 14TH
Board Meeting

NOVEMBER 20TH
Region B Meeting 8-4 pm

NOVEMBER 21TH
Region C Meeting 8-4 pm

DECEMBER 3RD
Annual Meeting Planning Committee 3-4 pm