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Hello and Happy Autumn! I hope that as your summer came to a close and the leaves and the temperature are falling that you’ve been able to take in some of the nature’s beauty with the changing leaves.

Last month MHIMA sent its full delegation of 5 to Miami Beach, Florida for the 72nd Annual House of Delegates (HoD) meeting. There were several topics that were presented to the HoD; of those topics, the most heavily discussed centered on the apportionment of the HoD itself and the relevancy of the HoD. Over the years, both topics have been discussed largely but no definitive decisions were made.

The way the House is currently apportioned is based on the number of active members within the Component State Association (CSA). Each CSA is allowed 1 delegate for every 100 members with a maximum of 5 delegates per CSA. With our active membership well into the thousands, it is easy to see how we are considered a large CSA. There are several states, however, that have smaller delegations. As a result, it was proposed to the House that instead of following a representation style similar to our US House of Representatives (where representation is based on the membership of each CSA), we should adopt a US Senate type of model where each CSA has 2 representatives. One of the major drivers for having each CSA have 2 representatives is to help smaller CSAs be able to participate at HoD meetings.

Overall, discussions really tied into the relevancy of the HoD, and leaned mostly to how this would drastically limit the number of delegates along with the ability for the House to serve both as a great “think-tank” and representation of the greater AHIMA membership to the AHIMA Board. In the end a poll was conducted, which resulted in 48 of the 52 CSAs asking to leave the House’s current apportionment model as is.

As we look to the Fall here in our own CSA, it is a very busy time of year for many. There are many region meetings taking place as well as educational webinars so be sure to check out the Calendar of Events and register if you would like to attend!

Continued on the next page...
There are also lots of ways to become active with MHIMA! Whether you are brand new to MHIMA or a seasoned member, there are always many different ways you can be active or volunteer. Do you have a particular area of expertise that you’d like to provide education in? Are you good with planning and organizing? Would you like to share ideas or help to plan? There are limitless ways in which your volunteering, even just in small amounts of time, can make profound and lasting differences to our association. If you would like to know more about any of the many different opportunities there are, or if you have an idea for something brand new, please do not hesitate to contact any of your Board Members or committee chairs.

Stay warm and stay safe this fall!

Best,
Ryan Johns
President, MHIMA
CALL FOR NOMINATIONS
By: Christina Snaza

Call for Nominations for Board of Directors and Audit Committee

The MHIMA Nominating Committee is seeking nominations and volunteers interested in having their names placed on the ballot for our MHIMA 2019 election. Positions open are:

- President-Elect (3-year term)
- Delegate Director – 2 members (2-year term)
- Secretary (1-year term)
- Treasurer (2-year term)
- Audit Committee – 1 member (2-year term)

Eligibility:

- All candidates on the ballot must be active AHIMA/MHIMA members. Credentialing requirements are listed below:
  - President Elect, Delegate Director(s), must have an AHIMA-approved credential
  - Treasurer, Secretary, Audit Committee Members do not require an AHIMA-approved credential.
- President-Elect candidates shall have been a MHIMA board member within the last five (5) years, MHIMA committee chair within the last three (3) years, a Regional President within the last three (3) years, or active as an AHIMA volunteer role within the past three (3) years.
- Delegate Director candidates shall have been a MHIMA committee chair, shall have held another elected office, or have been a Regional officer within the last three (3) years.

The election occurs in March 2019 and the elected positions take office on July 1st, 2019. If you have questions about volunteering, are interested in volunteering, or want to recommend someone for consideration, please contact Christina Snaza at past-president@mnhima.org no later than December 14th, 2018.
AHIMA’s 90th Anniversary Convention and Exhibit held in Miami Beach, Florida last month was energizing. *Inspiring Leadership and Influencing Change* was the theme and this year inaugurated a unique opportunity for students & new graduates. The Convention Volunteer Program, coordinated by Rebekah Quinn, Manager, Student Engagement - Academic Affairs, was a competitive process that afforded 29 members throughout the country the experience of attending the convention as volunteers and gave opportunity for education, insight, and networking with others in the HIM industry. Minnesota was well represented with 5 student/new graduates: Angela Francis, student, Christin Cole, BS, RHIA, Cindy Mossberg, AAS, RN, student, Stephanie Hill, RHIT, and Tarah Davis, RHIT.

Volunteer activities were designed to provide assistance with convention events while allowing opportunity for engagement and networking with other HIM students, new graduates, professionals, educators, and vendors. Some were introducing speakers, greeting attendees, ticket-taking at events, attending the Information and Foundation desks, assisting with downloading & functionality of the AHIMA Convention APP, ushering, and assisting Rebekah with other activities.

The benefits of this program are endless. Students attended the all-day Student Academy where they received insights into goal setting, job search skills, utilizing AHIMA career tools, non-traditional HIM careers, soft skills, credential importance and value, as well as the advantage of continuing education. All volunteers enriched their knowledge, gained insight into trends, best practices, and legal issues, networked with HIM leaders, and interacted with AHIMA Board members and staff.

Volunteering provides countless opportunities to learn, collaborate, demonstrate responsibility and leadership, and gives visibility. It is anticipated that AHIMA will continue this exciting program, so watch the AHIMA Student section for the application process for 2019 Convention, being held in Chicago, the hometown of AHIMA.
As fall-like temperatures fell upon the Midwest, MHIMA board members Ryan Johns, Mary Juenemann, Jeri Romano, Lori Diederichs, and Brandi Bierbrauer ventured to the “Magic City” of Miami, Florida for the 72nd Annual House of Delegates (HoD) Meeting and 90th Annual Convention & Exhibit.

The purpose of the HoD meeting is to bring the delegates together from the various component state associations (CSAs) to innovate, advocate, and govern the profession through collaboration on various issues/trends impacting our association. The goals of the meeting included reviewing the work that has been done over the past year, accessing the current environment based on information gathered from the HOD, and then provide recommendations for the upcoming year. On Sunday, the delegates gathered to discuss this year’s topics including HIM Reimagined, Environmental Scanning, and the Future of the House as it relates to Apportionment and Relevancy. There was a lot of lively conversations that each of our delegates participated in, and the recommendations made during this meeting will aid our work at the national level for the year to come.

The convention kicked off on Monday, September 4th with General Session speaker Delos Cosgrove, MD, former president and CEO of Cleveland Clinic, and Carlos Migoya, president and CEO of Jackson Health System as a moderator. Cosgrove discussed how Cleveland Clinic transformed their organization by implementing a more patient-centric model and viewpoint that “everyone is a caregiver” no matter what their role was. He also talked about fostering a leadership mentality within all employees for growth and collaboration. Victoria Labalme, a communications expert, followed Cosgrove in a moving presentation that encouraged listeners to frame all their actions in terms of a positive framework that will engage others. She also emphasized the importance of discovering your “through line”, or what makes you operate at your very best.

Continued on next page...
The Triumph Awards were announced during the general session as well, and the Distinguished Member Award was awarded to Mark Dietz, who died in May. The award was accepted on Dietz’s behalf by Jeanne Solberg during the ceremony.

After the Exhibitor Hall and lunch, the afternoon consisted of various breakout sessions focusing on CDI-clinical validation, international HIM, revenue cycle, data analytics, information governance, leadership, coding operations, and innovation.

Tuesday’s breakfast for the delegates was offered by AHIMA as a networking breakfast where each of the CSA’s in attendance shared successes of the year and provided opportunity for knowledge sharing and engagement. The general session for Tuesday started with an incoming president address by Valerie J. Watzlaf who showed great excitement for the year to come, and suggested members to “be fearless and let your voice be heard.” Following the address was the CEO Update by Wylecia Wiggs Harris. She began by asking the question, “Why does AHIMA exist?” and explained all of the hard work AHIMA Board of Directors and staff are doing to build alignment across AHIMA’s strengths and gaps, including reaching out to our membership and healthcare leadership across different disciplines. This feedback and review will foster a newly created strategic plan that aligns with where AHIMA will be of most value in the future to cultivate renewal in the association and bring us back to the forefront of innovation, illustrated in the graph below. As Wylecia mentioned during the general session on Tuesday, “AHIMA must be the disruptor, not the disrupted.” She cautioned that this may mean as an association, we must embrace change and the possibilities that are before us and ask the question: “In what ways must we let go of what was in order to not miss what is or what can be?”

Continued on next page...
A panel discussion followed discussing the current events in politics, moderated by Jackie Nespral, NBC Channel 6. Former chair of the Democratic National Committee Donna Brazile and conservative strategist Karl Rove discussed various subjects surrounding the midterm elections, including increased millennial engagement, women involvement/running for office, the “Blue Wave” phenomenon, and the work that must be done to increase trust in our national and civic institutions. The final general session speaker on Tuesday was Jean Moody Williams, RN, MPP deputy director of the Center for Clinical Standards and Quality, CMS, who was tasked to answer the question, “What was CMS thinking?” Tuesday afternoon breakout sessions included focused discussions on alternate settings/post-acute care, CDI-physician engagement, coding practice, hot topics, informatics, payment reform, privacy, security, and cybersecurity, and workforce development.

For the final day of the convention, delegates attended breakout sessions on various topics including auditing, CDI-outpatient, EHR-lessons learned, leadership, physician practices, quality measures, revenue cycle, and other hot topics. Wednesday’s general session with Nancy Grace, Legal Analyst and Elizabeth Vargas, Former ABC News Anchor and Correspondent closed out the convention discussing perseverance through adversity as it related to their own struggles with addiction, death, and women in the workplace today.

The Delegate Directors will be headed to regional meetings this fall to provide more detail regarding these events and answer any questions you may have about their experience in Miami. All five of the delegates were proud to have represented the state of Minnesota during the HoD meeting and Annual Convention, and look forward to another year to work for our members.

Brandi Bierbrauer, RHIA, CPhT
Delegate Director, 2nd Year
MHIMA members connecting in Miami!
Each quarter a sample OP report will be presented with suggested ICD-10-PCS codes with rationale. Suggested codes are based upon the information in the most current draft form of ICD-10-PCS and the Official Coding Guidelines and are subject to change when the final version is available.

**PREOP DIAGNOSES:**
1. Intrauterine pregnancy, term.
2. Previous cesarean section.
3. Repeat cesarean section.
4. Requesting tubal.

**POSTOP DIAGNOSES:**
1. Intrauterine pregnancy, term.
2. Previous cesarean section.
3. Repeat cesarean section.
4. Requesting tubal.

**PROCEDURE:**
1. Repeat low transverse cesarean section.
2. Tubal sterilization.

**TYPE OF ANESTHESIA:** As per anesthetic record.

**ANESTHETIC:** Spinal.

**FINDINGS:** Viable male, 7 pounds 13 ounces. Apgar scores 8 at 1 minute and 9 at 5 minutes.

**ESTIMATED BLOOD LOSS:** Less than 500 mL.

**DISPOSITION:** The patient went to recovery in stable condition.
DESCRIPTION OF PROCEDURE: The patient was taken to the operating room, placed on the table in the sitting position, and given a spinal anesthesia. Then she was placed in a supine position and prepped and draped in a sterile manner. Elliptical incision was used to remove to old cicatrix down through the skin and subcutaneous tissue through to the fascia. The fascia was excised laterally and then stripped off the rectus muscle. The rectus muscle was split. The abdominal peritoneum was entered, and lower uterine segment was identified. Bladder flap was developed. Bladder blade was inserted. Nick was made in the myometrium. Two fingers were inserted. It was extended laterally and superiorly and then membranes were ruptured. Suction was broken, and the head was elevated through the incision. The infant was delivered. Nasopharynx and oropharynx were cleaned. The rest of the infant was expressed through the incision. The cord was clamped and cut. The infant was passed off. The placenta was removed manually, and the uterine cavity was scoured with a wet lap, and a ring forceps dilated the cervix. After this had been done, uterus was placed on a wet lap. Angled sutures were placed. First angle suture closed the incision. Hemostasis was obtained with the first pass. On the second pass, the angle suture was used to bring the bladder flap up over the defect. After this had been done, tubes and ovaries were checked. The midportion of the right tube was picked up with a Babcock, and the mesosalpinx was stripped off. Sutures were placed proximal and distal and then tied and cut. A piece of tube 2 cm long was removed on the right side, and a similar procedure was done on the left. Hemostasis was obtained. Posterior cul-de-sac was cleaned of all clot. Uterus was placed back inside. Prior to closing the abdominal peritoneum, both tubal areas were checked. They were dry and hemostatic. The incision was checked one more time and hemostatic. The abdominal peritoneum was closed in a running interlock. The rectus muscles were reapproximated with 4 interrupted sutures. The fascia was closed from each angle to the mid portion. The subcutaneous tissue was closed with plain, and the skin was closed with staples. The patient tolerated this procedure well and was taken to the recovery room in stable condition following straight drain. Urine was clear.

See rationale on next page!
Rationale:

The patient had a previous cesarean section and the physician is performing this cesarean section by incising through the previous cicatrix. The definition of “Cicatrix” is the scar of a healed wound. This is not captured in PCS coding but will be captured in the CM coding.

Let’s discuss the coding of Cesarean deliveries. Cesarean deliveries are assigned to the root operation Extraction in the Obstetrics section as are other deliveries that require the assistance of instrumentation.

The root operation “Extraction” is defined as Pulling or stripping out or off all or a portion of a body part by the use of force.

The body part is “products of Conception”.

The documentation states that an excision was made in the skin and subcutaneous tissue and it extended through the fascia rectus muscle, and abdominal peritoneum. The lower uterine segment was identified, bladder flap developed and a bladder blade inserted. The membranes were ruptured and the head was elevated through the incision. Therefore this is coded as an open approach.
For FY 2018 the qualifiers were Classical, Low Cervical and Extraperitoneal.

For FY 2019 the qualifiers (shown above) have been revised from Classical to High (Value O) and Low Cervical to Low (Value 1). Value 1, Low will now designate a low vertical incision and a low transverse (low cervical) incision.

Qualifier Value 2, Extraperitoneal remained the same.

These revisions were made in order to facilitate the appropriate classification of cesarean delivery procedures using existing codes.

There are 3 types of cesarean procedures:

Low cervical is also known as a low transverse incision into the lower part of the uterus using an abdominal peritoneal or pelvic cavity incision. Low transverse incisions are the most common. This incision would be assigned to qualifier value 1, Low. Shown on the graphic above is a low transverse (horizontal) incision and a low vertical incision. A low vertical incision is also assigned to qualifier value 1, Low.

A Classical cesarean is when the incision is into the upper part of the uterus using an abdominal peritoneal incision. This is a vertical (high) incision which is assigned to qualifier value 0, High.

The physician identifies the procedure as a Repeat low transverse cesarean section. The documented description of the procedure supports that an Elliptical incision was used to remove to old cicatrix down through the skin and subcutaneous tissue through to the fascia. The abdominal peritoneum was entered, and lower uterine segment was identified.

The lower uterine segment is formed when the uterine isthmus, a narrow topographic zone that lies between the uterine corpus and the cervix, enlarges during pregnancy.
The qualifier is “low.”

Next, a tubal sterilization was done. The midportion of the right tube was picked up with a Babcock (a surgical forcep), and the mesosalpinx (part of the lining of the abdominal cavity, specifically the portion of the broad ligament that stretches from the ovary to the level of the uterine tube) was stripped off. Sutures were placed proximal and distal and then tied and cut. A piece of tube 2 cm long was removed on the right side and a similar procedure was done on the left.

Per Coding Clinic Third Quarter 2015, page 31; there are several distinct procedures performed on the fallopian tubes for sterilization, including ligation alone, fulguration, and ligation followed by excision. These are coded to the root operations “Occlusion, Destruction, and Excision” respectively.

In this case, excision is the definitive procedure performed after the ends of each tube are ligated a 2 cm long piece was removed, excised, from each tube.

Per ICD-PCS Official Coding Guideline B4.3 Bilateral body part values are available for a limited number of body parts. If the identical procedure is performed on contralateral body parts, and a bilateral body part value exists for that body part, a single procedure is coded using the bilateral body part value. If no bilateral body part value exists, each procedure is coded separately using the appropriate body part value.

**ICD-10-PCS Code Suggestions:**

10D00Z1, Extraction of Products of Conception, Low, Open Approach

0UB70ZZ, Excision of Bilateral Fallopian Tubes, Open Approach
REGION D MEETING

WHAT: MHIMA Region D Meeting
East Central/St. Cloud Area

WHEN: Friday, October 26, 2018

WHERE: Health Sciences Building -- Room 143
St. Cloud Technical and Community College (SCTCC)
1245 15th St N
St. Cloud, MN 56303

Registration Information:

Pre-registration by Sunday, October 21, 2018; no walk-in or e-mail registrations.

Price: $35.00 MHIMA member fee
       $37.00 non-MHIMA member fee
       $20.00 Student Fee

Make check payable to MHIMA Region D
5 CEUs available

Parking pass:
Download your parking pass by clicking here: Region D Parking Pass Fall 18.pdf

Map:
SCTCC Campus Map is available here: Campus Map.JPG
REGION D MEETING

8:30 – 8:50 a.m.  Registration/Continental Breakfast

8:50 – 9:00 a.m.  Welcome
Lynn Zormeier, RHIA
Health Information Technology Program Director
St. Cloud Technical and Community College

9:00 – 10:00 a.m.  2019 ICD-10-CM Coding Updates
Lorene Swenson, RHIT
Clinical Data Reimbursement Technician
CentraCare Health – St. Cloud Hospital

10:00 – 11:00 a.m.  People-The Social Engineer’s Dream
John Harmon
C.O.O.
FRSecure

11:00 – 11:15 a.m.  Break

11:15 am – 12:15 p.m.  Medical Coding: Ambulance Edition
Kerry Degen, BA, NRP, FP-C, CPC
Program Director, Paramedicine & EMS
St. Cloud Technical and Community College

12:15 – 1:15 p.m.  Lunch
Reg. D Finance Report – Joy Mulder, Treasurer
MHIMA Update – Lori Diederich, Delegate

1:15 – 2:15 p.m.  How Social Media and a Patient-First Culture Leads to Organizational Growth
Luke Riordan
C.E.O.
Dayta Marketing

2:15 – 2:30 p.m.  Break

2:30 – 3:30 p.m.  More Than Just a Preference: An Intro to Transgender Healthcare
Shannon Prom, CNA (pronouns: she/her/hers)
Patient Navigator/Surgical Care Coordinator
Region G will be holding its fall educational meeting on Friday, October 26, 2018 at John Nassif Conference Center (United Hospital campus) in St. Paul. Registration is now open!

We are excited about our program and speaker line-up; it will be a fun and informative day! Our speakers will be addressing the Culture of a Remote Workforce in a panel discussion, ROI Re-Imagined, I-10 October Updates, and Diabetes Management.

Region G is proud to announce a “pilot” new option for meeting attendance by Webex. We will offer a slightly discounted individual rate and a flat rate of $125 for a group of 5. All attendees via Webex must submit their email addresses and complete the survey in order to obtain their CEU certificates. This will be the first time MHIMA and a regional association has trialed a Webex process for a “live” meeting. Please be patient with us if we have any technical difficulties.

In upcoming news: keep an eye out for Region G Board nominations! The nomination process will open up in the next several weeks, with electronic ballot and voting the last week of February 2019. Please watch for details in upcoming E-Blast. Criteria is you must hold an AHIMA-approved credential and you must live in the 7 county metro area.

If you have any questions about Region G, feel free to reach out to Steph Luthi-Terry, Region G president (steph.luthiterry@gmail.com).
As I was thinning down my bookshelf, I found a book that I had not looked at for a long, long time. The name of the book is Medical Records in the Hospital written by Malcolm T. MacEachern, MD, with a publication date of 1937. This book predated the first book written by Edna Huffman in 1941 that we used for years in the Health Information Educational programs. This book was “Dedicated to Medical Record Librarians whose devoted service contributes so materially to the welfare of the patient and to the advancement of medical science.”

THE MEDICAL RECORDS LIBRARIAN

“At the head of the medical records department should be a Registered Medical Records Librarians recognized by the Association of Records Librarians of North American which has definitely fixed the qualifications adopted a curriculum for training schools, and established a national registry. Under the chief medical records librarian will be a staff of assistant librarians and stenographers”.

Qualifications

Education: “The medical record librarian should be at least a high school graduate, but preferably should have two years of college training. She should have a thorough knowledge of stenography so that she may be able to type accurately and take shorthand, including medical dictation, with skill and ease. She should be familiar with medical terminology.”

Appearance and Personality: “Good appearance and pleasant personality are both essential qualifications of the medical records librarian because of the numerous contract she must make. Her appearance and personality are particularly important when she is dealing with physicians whose entire training is such that they demand these qualities in those with whom they come in contact.”

Continued on next page...
Tact and Diplomacy: “The importance of tact and diplomacy can hardly be overestimated. It is difficult to keep medical records up to the standard, and it is easy to antagonize physicians, especially those who have not been accustomed to submit to any influence outside their own profession and may resent the demand for medical records, considering it an undue interference in their own particular field of endeavor. To secure the best cooperation from the members of the medical staff, the exercise of tact and diplomacy will be an invaluable asset to the medical records librarian.”

Accuracy: “In keeping medical records accuracy is essential. Statistics are of great value if accurate, but if not they are worse than useless.”

Industry: The medical records librarian cannot be lazy or a mere routinist. She must see that the records are kept up to date, which means that she must be constantly on the job.”

Persistence: “The tendency to procrastination on the part of those concerned in the compilation of medical records calls for a display of persistence. Oftentimes the medical records librarian may have to contact repeatedly the same person in order to obtain the data desired”.

Honesty: “It is taken for granted that all hospital personnel must be honest. This particular attribute is necessary so as not to jeopardize the life of the patient. Of more than minimum importance is honesty as applied to the medical records librarian. Honest criticism and honest action at all times are most desirable, and this quality should be thoroughly characteristic of every person connected with the work of the medical records department.”

Cooperation: “Because of the manifold relations and contacts of the medical records librarians it is necessary that she mains a cooperative attitude. Perhaps no other employee in the institution comes into contact more frequently and more closely with the staff, both individually and collectively, than does the medical records librarian. If she is to receive adequate support she must maintain an attitude of cooperation.”
Progressiveness: “The medical records librarian must be progressive because there is still much to learn in her special field”.

I have to admit that I was put off by the constant use of the pronoun “she”. Apparently it did not occur to Dr. MacEachern that our profession could possibly include males.

Continuing in this textbook, see if the list of responsibilities in this 1937 edition sound somewhat like mission today even through technology has changed our methods.

**Responsibilities of the Medical Record Librarian**

• “Plan, set up, organize and manage an efficient medical records department.
• Promote in every possible manner the obtaining of good medical records
• Cooperate with all other department of the hospital in the matter of records.
• Assemble, file, and cross-index medical records.
• Assist the medical records committee of the medical staff in its work of reviewing and appraising the medical records.
• Assist the program committee of the medical staff in preparing the program or agenda for the medical staff conference.
• Prepare monthly, annual, and periodic medical statistical reports.
• Make group studies of disease and collect scientific data from the literature for the medical staff.”

Some things change and some things do not.
# CALENDAR OF EVENTS

For agendas, registration and contact information, please see http://www.mnhima.org/calendar/calendar.html

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<td>Oct. 24, 2018</td>
<td>MHIMA Coding Roundtable</td>
<td>MHIMA Coding Roundtable October 24 at 12 noon Amber Michelizzi, RHIA and Vickie Sather, RHIT, CCS Coding Roundtable Hosts for 2018</td>
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<td>Oct. 25, 2018</td>
<td>MHIMA Region C Fall Meeting</td>
<td>The MHIMA Region C Fall Meeting will be held October 25, 2018 at the Alexandria Technical and Community College (ATCC), 1601 Jefferson St., Alexandria, MN 56308. 5 CEUs will be offered. Registration Link and Agenda will be posted later.</td>
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<td>Oct. 26, 2018</td>
<td>MHIMA Region G Fall Meeting</td>
<td>MHIMA Region G will hold its fall meeting on Friday, October 26, 2018. Location: John Nassif Neuroscience Conference Center, United Hospital Campus, St. Paul, MN Time: 8:30 am to 3:00 pm.</td>
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| Oct. 26, 2018   | Region D 2018 Fall Meeting   | Region D will hold their Fall Meeting on Friday, October 26, 2018 from 9am-4pm.
Deadline for registration is Sunday, October 21st.
Location: St. Cloud Technical & Community College, Health Science Building; 15 Street N., Room 143
Parking will be available in the lot outside the building. |
| 9:00 AM - 4:00 PM |                              |                                                                                                                                            |
| Oct. 27, 2018   | Region F MHIMA Fall Conference 2018 | WHAT: Region F MHIMA Fall Conference 2018
WHEN: Saturday, October 27, 2018, check-in at 7:30
WHERE: Rochester, Mayo Clinic, Gonda Building, Floor 2, Mathys Lecture Hall. Parking is free downtown Rochester on the weekends. Please contact Theresa M. Honsey, RHIA at Honsey.theresa@mayo.edu if there are any questions. |
<p>| 8:30 AM - 4:00 PM |                              |                                                                                                                                            |</p>
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<td>Nov. 16, 2018</td>
<td>MHIMA Board Meeting</td>
<td>The MHIMA Board Meeting will be held Friday, November 16, 2018 from 10 am to 2 pm at Allina’s Education Center at Unity Hospital at 620 Osborne Road, Fridley, MN 55432. This meeting will also be available via WEBEX.</td>
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Thank you for your article submissions!

We would like to give our great appreciation for everyone who helped with this newsletter. Special thanks to those who submitted content: Ryan Johns, Christina Snaza, Angela Francis, Carolyn Gaarder, Brandi Bierbrauer, Lynn Zormeier, Steph Luthi-Terry, Anne M. Pavlik, Patricia Poli, and Rae Ann Hecker.

Do you have an article you would like to submit for the next newsletter, or a topic you’d like to see featured? Please e-mail us at marketing-communications@mnhima.org - we would love to hear from you!

Follow us on Facebook and Twitter!

Follow us on Facebook (MN Health Information Management) and Twitter (@MNHIMA) to receive information and keep up with current events!