

Footprints

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President's Message

Laura Pait, RHIA, CCS



The first several months of 2009 brought sweeping changes, some surprises, and a renewed support of Health Information Management (HIM) issues. President Obama signed into law an economic stimulus package titled the American Recovery and Reinvestment Act of 2009 (public law 111-5) worth almost \$800 billion. Provisions of the final bill contain dollars for health IT to HIPAA, expansion of HIM and health IT work force, and improved quality reporting and incentive payments for the adoption

and meaningful use of certified electronic health record technology. Several of the articles in this Footprints issue provide further detail, but above all else they demonstrate the involvement of your delegates with national and local issues.

In early February 2009 the protests were resolved and the stop order lifted permitting the RAC program to proceed. NCHIMA will partner with NCHA to help bring valuable information to your workplace. Join us June 9th for a program at the Four Seasons in Greensboro.

March also welcomed the much anticipated final rule for HIPAA electronic transaction standards and modifications to medical data code set standards to adopt ICD-10-CM and ICD-10-PCS. Many of us thought we would be retired before we saw ICD-10. Now we will be leaders in our organizations and facilitators within our community as we prepare for implementation. NCHIMA is dedicating budget dollars to bring education and training to the membership throughout this ramp up.

With these few HIM issues and the many more near future changes, the industry will be looking to HIM professionals to guide them. Meeting with your organizations leadership and becoming part of task forces will demonstrate our strengths and talents. Committee's and work groups are now more critical than ever to demonstrate and reinforce your commitment.

Redesign of the NCHIMA board will provide year round involvement of NCHIMA volunteers and inclusion of AHIMA initiatives in our discussions. The impact these issues have on the state of North Carolina will be felt by the membership at all levels. We look to you the membership to bring your concerns and interests to regional meetings, to your delegates, and your leadership to help ensure "Success" for all.

Mission Statement

NCHIMA shall promote the quality, access, and security of health information in all healthcare settings for the benefit of the members, healthcare consumers, providers and other users of clinical data.

Winter Team Talks 2009:

"I Lead" the Organization of the Future

Amy Crisson, MHA, RHIA, President-Elect

I had the privilege to attend AHIMA's Winter Team Talks on Monday, March 23, 2009, in Washington, DC, along with Laura Pait (NCHIMA President), Comelia McClure (Delegate), and Deanie Auton (Delegate). The four of us were thrilled to learn that two other NCHIMA members were there: Jewel Johnson (Piedmont Region member) and Denise Moline (Triangle Region member). This one-day event was filled with great information! The agenda included:

- National HIT Agenda
- Creating the Future Organization
- AHIMA Foundation
- HOD Teams Update
- Key 2009 Initiatives

National HIT Agenda

Linda Kloss, RHIA, CAE, FAHIMA, reviewed the highlights of the recent American Recovery and Reinvestment Act (ARRA) and the national HIT agenda to make EHRs available to all citizens by 2014 and establish a nationwide health information network. In addition, under the Privacy and Security umbrella, HIPAA II will be forthcoming. A few short term priorities that AHIMA has established are to work with the Office of National Coordinator (ONC) for HIT, on issues related to national policies, harmonizing standards, encouraging accredited programs to be positioned to secure grants, contributing to the development of Privacy and Security regulations, and providing training for members as regulations become final. Component State Organizations (CSAs) and HIM professional should focus on engaging with health information exchange (HIE) organizations, supporting HIM educational programs, developing a state level HIM workforce plan, reviewing and commenting on proposed privacy regulations.

Creating the Future Organization

We reviewed several possible future

scenarios for the US HIM Industry in 2015 workforce. The scenarios and discussion will serve to assist AHIMA with critical "weak signals" to the future, based on the top uncertainties:

- State of information integration
- Healthcare market reform
- Economy
- HIM workforce
- State of medical innovation • Role of the customer
- Competition to association • HIM recognition/reputation
- Delivery of care

AHIMA Foundation

Vera Rulon, MS, RHIT, CCS, FAHIMA, presented the branding of the AHIMA Foundation (formerly, the FORE Foundation). The key investment areas for the Foundation are: Students & Faculty, HIM Professionals, Health Policy & Applied Research and Public Outreach. We were able to see a glimpse of the new website, which I feel sure you will find impressive!

HOD Teams Update

The House of Delegates Teams continue to meet via conference call on a year round basis. They have added additional team charges for 2009, to include succession planning. There are six House Teams:

- Environmental Scan
- HIM Higher Education and Workforce
- Best Practices/Standards
- HOD Operations
- Professional Development and Recognition
- Volunteer and Leadership Development

Key 2009 Initiatives

AHIMA's Key 2009 Initiatives were presented by Sandy Fuller, RHIA, FAHIMA. The initiatives fall are under three leadership categories:

- Industry Leadership

Calendar of Events

April 28 – May 1

NCHIMA 59th Annual Meeting
Greenville Convention Center
Greenville, NC

For more information please visit
www.nchima.org

- ▶ Improve practice through effective use of standards (HL-7, Confidentiality, Privacy & Security)
- ▶ Design policies, develop standards & secure adoption (e-HIM workgroups)
- ▶ Health information resources (i.e. lead ICD-10-CM)
- Professional Leadership
- ▶ Advanced HIM/HIT professional education and certification
- ▶ Communications / Messaging (e-Newsletters, journal website, Facebook & Twitter, new website features, Privacy & Security week blog, and new COP by the end of the year)
- ▶ Certification, accreditation & long-term education strategy (distance education)
- Associational Leadership
- ▶ Grow membership
- ▶ Value added products and services
- ▶ Resources to key customer segments



AHIMA Winter Team Talks 2009

Front row left to right: Amy Crisson, Laura Pait | Back row left to right: Cornelia McClure, Deanie Auton

The Winter Team Talks agenda was full. The information was abundant. It was great to be in Washington!

Environmental Scanning

Cornelia L. McClure, RHIA, CCS, Delegate, Strategic Plan

Hello NCHIMA members. Hope this article finds you doing well and planning to attend the NCHIMA annual meeting beginning in Greenville, NC April 28th. I am writing this article to try and help the NCHIMA membership understand the importance of Environmental Scanning. Four of the NCHIMA delegates were fortunate enough to participate in the AHIMA Winter team talks and Hill Day held in Washington, DC on March 23rd and 24th. It was an eye-opening event. Part of what we were doing on Capitol Hill was related to Environmental scanning.

During the team talk discussions, environmental scanning kept rising to the top. Many of the AHIMA delegates understand what environmental scanning does and why it is important. The North Carolina delegates have been trying to update the regions to the importance of environmental scanning within their region and then feeding that regional information back to the NCHIMA board. The Board would like input from the regions to help with the strategic plan and to be sure we are providing the members with things they think are important and that affect the HIM field.

Environmental scanning is important to the association because it helps us plan for the future and helps us know where we want to go and what we want to accomplish. Environmental scanning means we are looking across the horizon to try and determine the things that will affect the HIM profession soon and somewhere in the not to distant future. We must remember that anything that affects the HIM profession also affects the HIM professional. As I mentioned

earlier the AHIMA delegates were on Capitol Hill discussing items with our respective state Senators and Representatives that we would like to see in relation to the American Recovery and Reinvestment Act



(ARRA) that was recently passed. This act included 17.2 billion in payment incentives for HIT to meaningfulEHRusers. Our discussions with our respective state Senators and Representatives included the importance of designating Health Information Management as a work profession. At the current time we are classified under clerks for the Bureau of Labor and Statistics. We have asked to have that changed and have HIM reclassified. We also wanted to discuss with them the importance of maintaining HIM education programs to be able to have trained professionals available to work in various fields. Many HIM professionals are involved with IT and moving facilities toward an electronic health records. We want to keep HIM working in these areas. This includes not just implementing electronic records but also in the design and development of the record.

The above information helps you

see how environmental scanning on a national level is important. If we as an organization did not look to see what was happening nationally we could miss out on important opportunities to advance our profession and help put it in the spotlight. I know you are thinking – so what does that have to do with North Carolina and environmental scanning. We need to do the same thing within our state. The difference being, when we do it for our state we also have to look at what is happening nationally. We need input from the NCHIMA membership to tell the Board what you think is important in relation to the HIM profession. If you know of things that are happening that will affect the HIM workforce, please inform the Board. We need your help in the completion of the annual AHIMA environmental scanning form. Your thoughts and comments will assist the Board in addressing adjustments to our strategic plan. The Board would like the membership to give input to regional coordinators between April and June 2009 and they will then feed that information through their team assignments. Once the form is submitted to AHIMA our information will be compiled with information from the other states. They will rank it and incorporate the top ranked items into the AHIMA strategic plan.

You can make a difference!

CORE MEASURES 101

Ella Nix, RN, BSN, CCS-P

CMS (the Center for Medicare & Medicaid Services) established the Core Measures in 2000 and began publicly reporting data related to the Core Measures in 2003. Currently, there are 26 Core Measures including areas such as: Heart Failure, AMI (Heart Attack), Pneumonia, and Surgical Infection Prevention.

A Core Measure is the percentage of eligible patients that receive care represented by the measure. For example: The percentage of AMI patients that receive aspirin on arrival. If 100 patients with Acute Myocardial Infarction are admitted during one quarter to the hospital with Acute Myocardial Infarction and 78 of those patients receive aspirin on arrival, as documented by the medical records, that hospital's core measure for the core measure of Aspirin on Arrival is 78 percent.

The purpose of the Core Measures is for hospitals to use them as an improvement tool. The hospital's goal would then be to devise methods to improve that value from 78 percent to a higher number. The data collection results are then submitted on a quarterly basis to CMS, who publicly reports the data to aid in hospital improvement efforts and transparency with the public. The reasons hospitals try to improve their core measure rates is to assure their community and their Board of Directors that the hospital is providing high quality care. Hospitals that reach certain benchmarks receive higher reimbursement from Medicare and other payers.

This data is usually collected after the patient is discharged. A nurse on the hospital staff goes back through the patient chart to determine if the patient was an eligible Core

Measure patient, if the appropriate care was delivered, and if the documentation was in accordance with the mandated abstraction process. The information abstracted is then entered into software that compiles the statistics and submits the report to CMS.

With the current system, the tracking and reporting of Core Measure performance is a huge amount of work which occupies the time of multiple clinical staff members. No funding is provided by CMS for the mandate, so the cost of tracking and reporting the data is ultimately absorbed by the hospital. The number of Core Measures is expected to expand dramatically, as will the workload and cost involved. In order to increase success with the performance measures, frontline care staff needs to understand measure requirements and take greater ownership of associated care processes in real-time.

Some hospitals use a more labor intensive manner. Some hire quality improvement nurses, called patient care analysts, to work with frontline providers to improve their practice patterns and use of evidence-based interventions. The analysts are responsible for reviewing patient care and records while the patient is still in the hospital. The analysts spend a significant proportion of their time in daily rounds on the medical and cardiac units, reviewing patient records. Once the analyst identifies a record where there may be a counseling, education, or documentation opportunity, the analyst works with the appropriate physician or nurse one-on-one. Identifying the "failures" in real-time gives staff and physicians the opportunity to comply with evidence-based standards and improve the hospital's performance

on the specific measures. This is an expensive, but real-time method to improve patient care.

Some of the problems with reporting core measures occur when a conflict of interest arises with a hospital using their own employees to report their own measures. When there is pressure to improve the numbers, sometimes only the numbers improve and not the care. Researchers are still studying whether the Core Measures program really does reduce morbidity and mortality. Another problem that can occur with the scores of Core Measures is that the result can create misleading impressions when used not as an improvement tool, but as a hospital rating tool, particularly for small hospitals. Small hospitals do not see a large enough volume of patients in some areas and thus their data may be skewed. Additionally, small hospitals may not be able to afford dedicated personnel to the Core Measures project that have enough training.

Accurate and complete documentation is becoming more essential at every level of the health care industry. It is critical not only in quality improvement and patient safety efforts, but is also increasingly vital to maximizing reimbursement. For more information on the CMS Core Measures visit www.qualitynet.org.

Editor's note: Ella Nix, RN, BSN, CCS-P is a Data Abstractor in Winston-Salem, NC for Clinical-Insights.

“That BIG day - GRADUATION and Now What!!”

Kim A. Bell, RHIA, Chair, Health Information Technology
Edgecombe Community College, <http://www.edgecombe.edu>

This article speaks to anyone who has dreamed the dream of graduating from college and often while juggling everything else in your life that has continued to beckon and call for your attention – work, children, spouses, pets, extended family, housework, music lessons, and football, basketball, soccer, softball and/or baseball games. Whew, this is along with a multitude of other demands on your schedule. You likely have burned the midnight oil on many occasions and wondered how you will be able to function tomorrow at work. All of these things have been the very essence of your life for two to four years, depending on your course load. Oh, and a life... what life? You have been mired under tons of books, a computer and its web links, papers and sundry other tools and resources you've been working with in achieving success in your HIT courses. And all the while... yes, you've been getting ready for that BIG day – YOUR GRADUATION DAY! It has been a “long range” plan for sure. But believe it or not, OMG, it is finally here!!! Can you believe it? Pinch yourself because opportunities to break into the field and expand your breadth of HIM work experiences are here for sure!

Hopefully, your instructors have prompted you to begin your job search activities long before graduation. It can take on average three to six months to land that job that you desperately need, especially in larger facilities. You are nervous but your ability to display confidence can make or break your early career experiences and the perceptions of others that interact with you. It is important to pay close attention to details – a perfect resume with a letter of

introduction and a business card to give quick access to your contact information for that prospective employer or even a colleague or friend who may know of your perfect job! Remember, in these busy and hectic times, it is important to make it easy for someone to reach you directly - via 1) email, 2) cell phone, or 3) other reliable means.

Two critical factors involving your job search is 1) your readiness to provide your information when and wherever needed for that perfect job and 2) your networking skills. The familiar adage is “It's not just what you know but who you know as well!” So getting widespread word out about your desire for a job can only help you. And too, please remember that sometimes, it can be something as simple as being in the right place at the right time that opens the pathway to that perfect job so your readiness when needed can indeed make a great deal of difference. And most importantly, be sure to tell your future employer during any interview just how very much you WANT the job that they need to fill. This is not the time to be making any assumptions; so make it very clear how very much you want and need this job!

Although, you may have been an honor society member and always made a 4.0 GPA, please know that none of us walk around life with that information emblazoned on our foreheads. So you, as a new graduate, studying thoroughly and taking the national exam and being awarded your credentials as soon after graduation will speak louder for you than anyone else could possibly do. This validates all of your hard work in college and says, “I've achieved what you are looking

for... a qualified HIM professional.” What is thorough studying? It means 8-10 intensive weeks of planned comprehensive review and study with your HIM “Bible” (your primary HIM textbook) along with a highly recommended study guide for the AHIMA national examination. Your instructor(s) should have helped you to assess where your strengths and weaknesses are within your HIM body of knowledge. With this information, you should plan your study time accordingly... the most time spent on your weak areas while still thoroughly reviewing content for your strong areas. If you were an A or A/B student, you will still need to study well to prepare for your challenge ahead. If you were a B student, you will need to do a more thorough review and work on practical application of theories. For C students, please know that intensive reading and study of chapters with pen & highlighter in hand for anecdotal notes to yourself can make all the difference for you. And for all students, time is indeed your worst enemy. If you took greater than two (2) years to complete your HIM studies, you must also refresh your knowledge gained in earlier years of study. Remember, “What you don't use, you lose.” So keep this in mind as you study. I recommend scheduling your national exam test taking within three (3) months of graduation. I do NOT recommend taking your national exam while you are still in school as it simply does not allow you any “real” review/study time as you are still learning in the final semester courses. But AHIMA is correct in advising you to indeed take your certification exam as quickly as possible for best outcome! For any standardized
(*Continued Page 6*)

(Graduation Continued)

test, you should ALWAYS study and study well. You want to pay for your examination once, take it once and do well the first time!

If you have a lapse of time between completing your college studies and your national exam and/or your entry into the HIM profession – you had better have a good reason for this and be prepared to explain. Otherwise, hiring managers may have a tendency to think that either you couldn't pass the exam or wonder why you have not been hired into the HIM profession; could it be a poor reference from a prior employer? While in reality, it may be that you are still working for the employer that you worked for while you were in college and it is simply a matter of "comfort zone" for you. Please know that your "comfort zone" could be a big deterrent to launching your HIM career. And finally, prospective employers could make reference to your somewhat misguided work ethics simply based upon your lack of initiative in getting your national exam completed timely to launch a bright and productive HIM career. Why else would an eligible college graduate not do everything under their power to enhance their career efforts by getting those coveted "RHIA" or "RHIT" credentials? Either of these situations can stand between you and your first HIM job. Every employer wants to think they've got the gem that everyone else wants on their team!

In closing, now that you've accomplished your goal of graduating from college with your degree in health information, please know that your goal really is not fulfilled and completed until you get your "RHIA" or "RHIT" credential because THAT is what is going to get you those wonderful jobs. Many employers, especially in the coding arena, are now requiring graduates to have completed their studies AND successfully passed their national exam as well. Why, because they are paying quite well for your expertise and they want to take no further risks than they must in hiring you as a new employee. You've done the most difficult task already in successfully completing your studies and graduating from college. So go and get those coveted credentials now!! And never, NEVER let your credentials lapse for any reason as you surely don't want to have to take that exam EVER again in this lifetime!!

Congratulations to all of the Class of 2009 graduates that hail from the ten (10) fine, accredited health information programs of North Carolina!! (Wouldn't it be interesting to find out just how many new HIM professionals North Carolina educational programs produces for 2009? Are we as a state really doing our part in putting the needed HIM workforce out into the field to fill the dire need for HIM positions? Are hospitals and NCHIMA professionals doing what they need to do to fill the anticipated needs?) Hmmm, this could be fodder for another article but not now because we are celebrating our graduates right now!!

8 accredited HIT Programs (2yr colleges)

- 1) Brunswick CC – Supply, NC
- 2) Catawba Valley CC – Hickory, NC
- 3) CPCC – Charlotte, NC
- 4) Davidson Co. CC – Lexington, NC
- 5) Edgecombe CC – Tarboro & Rocky Mount, NC
- 6) McDowell Tech CC – Marion, NC
- 7) Pitt CC – Winterville, NC
- 8) Southwestern CC – Sylva, NC

2 accredited HIA Programs (4 year colleges):

- 1) East Carolina University – Greenville, NC
- 2) Western Carolina University – Cullowhee, NC

NCHIMA HIM professionals look forward to seeing your name and your credentials listed in the JAHIMA upon passing your national exam!

Good luck!
"Mrs. B"

[Kim A. Bell, RHIA, a "Pirate" graduate from East Carolina University's Class of 1975. Mrs. Bell has served NCHIMA since early in her HIM career the late '70s on numerous NCHIMA committees and as its Treasurer and Vice President with the responsibility of planning the NCHIMA Annual Meeting Convention as Program Committee Chair. She was most recently elected Secretary for the 2009-2010 NCHIMA Board.] She mentors her students for "not just the two years they are in the program but is with them for life!"

Congratulations to Lisa Gimber, RHIT, CTR (Treasurer, Triangle Region) and the staff at Nash General for a successful ACoS Survey as a Community Hospital Cancer Program. Nash General was recognized by the Commission on Cancer as a 2008 Outstanding Cancer Center of Excellence.

NCHIMA Takes Active Role in Hill Day

Deanie Auton, MHA, RHIA, CCS, Legal Advocacy Delegate

Capitol Hill Day takes place each spring in Washington, D.C. AHIMA members from across the nation are briefed on key advocacy issues by the AHIMA Policy and Government Relations Team. The key topics for this year were as follows:

- Confidentiality, Privacy, and Security
- Improved Quality of Health Data and Coding
- Health Information Exchange
- HIM Workforce
- Recognition of the HIM Professional
- American Recovery & Reinvestment Act (ARRA)

Hill Day provides AHIMA advocates an opportunity to meet their individual state senators and representatives, provide information about our professional association to these officials, and address specific messages regarding HIM policy. This year the NCHIMA delegation was represented by Laura Pait, Cornelia McClure, Amy Crisson, and Deanie Auton. Denise Moline and Jewel Johnson, also from NC, joined the delegates as we met with our senators and representatives to discuss the issues.

Our delegation was scheduled to meet with Senator Richard Burr, Representative David Price, Representative Larry Kissell, and Senator Kay Hagan. I was a little disappointed that three of our meetings were held with aides or the Chief of Staff for the officials; however, Representative David Price was available to meet with our group.

During each meeting, which lasted from 45 minutes to 1 hour, we thanked them for passing the American Recovery and

Reinvestment Act (ARRA); however, we asked for consideration of some specific HIM issues that were not included in ARRA.

Improved Quality of Health Data – Terminologies & Classifications

Explanation of the importance of standardized terminologies was discussed and we requested the following:

A. Congress must approve and support a public/private national authority to be responsible for ensuring:

1. Robust and up-to-date terminologies and classifications
2. Standard guidelines for developing terminologies and classifications in electronic health records and personal health records
3. Effective, responsible participation in international terminology and classification standard setting.

B. Congress should enact legislation to initiate a feasibility study for such an authority. Note, a final entity must have a relationship with the HIT organization recently approved under HHS/ONC by Congress (ARRA).

C. Formally adopt SNOMED-CT as the standard clinical reference terminology for the US to facilitate health information exchange Health Information Management Workforce

We explained that HIM professionals serve patients and the healthcare industry as not only the stewards of health information, but also as the workforce leading the adoption of standards-based electronic health records (EHRs) and interoperable health information exchange (HIE). At a time when our nation's need for HIM skills is increasing, the number of educated and trained HIM

professionals is limited and notably insufficient to meet projected needs.

A. Congress must provide funding and programs under the Health Resources and Services Administration specifically allied health education – allied health professionals are the largest segment of healthcare employees who must be skilled in the use of EHRs. The ARRA specifically mentions funding for physicians, nurses and pharmacists. We asked that this be expanded to cover the HIM training.

B. Congress must authorize the Department of Labor (DOL) Director of Labor Statistics to incorporate appropriate identification of HIM professionals so the industry has the ability to identify shortages in this crucial profession. Currently the DOL categorizes HIM professionals in either "Management" or "Clerical" category which misrepresents the education, experience, and roles or functions of the profession.

Health Information Exchange (HIE) All were aware that NC is one of the leading states when it comes to HIE
A. Congress must consider updating the HIPAA regulations to allow for periodic and routine upgrading of standards. HIPAA related standards currently are required to go through a process that can take up to seven years to upgrade a standard. Congress should take up the language similar to that introduced in the 110th Congress (HR 6179 and S 628) so the healthcare industry can upgrade its electronic standards as needed to all other US industries.

B. Congress should look to reduce barriers to the exchange of health information across state lines. When such barriers are identified, Congress should consider preemptive laws

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(Hill Day Continued)

to overcome these obstacles or support state efforts to make laws associated with health information exchange compatible.

Confidentiality, Privacy & Security of Health Information HIM professionals are the operational stewards of health information in the nation's hospitals, large clinics, and similar healthcare-related organizations. AHIMA believes that confidentiality, privacy, and security are essential to fostering trust between healthcare consumers and providers.

A. Congress should address discrepancies – legal or technical – that may arise from recently passed ARRA that could prove a barrier to reaching the nation's goals for standard EHR and HIE or result in gaps in appropriate privacy protections with key stakeholders.

B. Congress should become aware of and willing to work on, or encourage, legislation to ensure uniform, consistent, nation-wide privacy laws and regulations to eliminate disparate laws that can result in potential errors, confusion, and significant administrative costs, or inappropriately lessen the privacy protections surrounding personal health information.

Thank you for allowing us the opportunity to experience the 2009 Hill Day.

Health Information Exchange, Where is it in the world of E-HIM?

Kris-Shae McCall, RHIA, Alliance/Uniform Billing/NC HIE Liaison

Health Information Exchange (HIE) is electronic movement of healthcare information between organizations within a specified region or community. The goal is to allow access and retrieval of clinical data for timelier, safe, and effective patient care. HIE's are smaller networks that connect with others to form the National Health Information Network (NHIN).

Health Information Exchange is important to the HIM profession. It will be our professional responsibility to be involved in the activities around the privacy and security of the movement of PHI through various technical portals, such as developing policies about handling the release of information, amendment processes, and information rights. The HIM professional's role and expertise keeps expanding.

Participating in a Health Information Exchange requires many stakeholders from consumers, hospitals, health clinics, physician offices, IT Vendors, payers, and etc.

Benefits for the ability to exchange health information primarily are to improve patient care, patient outcomes, and patient safety. Allowing healthcare providers to have access to critical clinical information before making clinical decisions will improve the status of public health. The fact remains that there are North Carolina residents who do not always get treated in the same facility or even within the same County. Those patients who seek treatment in various Emergency Departments are at risk when they are unable to communicate pertinent information such as allergies, medication lists, or medical history. A Health Information Exchange will allow us to better serve our diverse population in NC; veterans, indigent population, elderly, and everyone better.

There are resources that you can use to help you increase your knowledgebase about Health Information Exchange. Websites such as AHIMA, Department of Health and Human Services (HHS), GOOGLE will allow you to browse and find related articles and studies done about Health Information Exchange. There are volunteer opportunities to be involved at the professional association level. AHIMA has a HIE Practice Council to volunteer on the national level. At our North Carolina state level there are volunteer opportunities on committees within the NC HIE Council. (Contact NC HIE Liaison)

I wanted to provide an introduction to HIE and what it will mean to us as consumers and professionals. Are you interested in knowing more? There is more to come at this year's NCHIMA Annual Meeting during the Alliance Track on Friday. (Kris-Shae McCall: McCallKJ@GMH.ORG)



Do we have your current contact information?

Please visit www.ahima.org to update your member profile. NCHIMA promotes member communication via email blasts.

You may be missing out on important educational opportunities, so please be sure to update your profile today!

NCHIMA Region Spotlight

Lee Ford, MHA, RHIT

The Triangle Region hosted an excellent meeting on Friday, March 20, 2009. Speakers from LFord Consulting, InfraWare, Inc. and SLG Consulting spoke on topics relating to coding 'hot' topics of clinical documentation for MS-DRG's, POA's, RAC coding issues & Red Flag Rules, Digital Transcription Technology, & OPPS and ChargeMaster Issues. In February, a regional meeting was also held including hot topics such as RACs, Hybrid Record and ICD-10 update with speakers from HealthPort. Meeting was hosted by Medquist, Inc.

Information was shared with attendees regarding the Triangle, NCHIMA & AHIMA Update. Assisting with NCHIMA's Get Out The Vote campaign, Mary Jane McCracken of Clinical-Insights graciously provided laptop access for eligible members to vote.

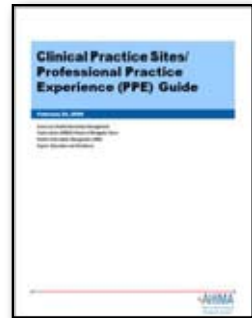
The Triangle Region is actively calling for volunteers to serve for the 2009-2010 board. Positions of Coordinator-Elect, Secretary and Program-Chair are currently open for nomination. There is a quote from Henry Ford that he once said: "Coming together is a beginning... Keeping together is progress... working together is a Success!" Let's keep working together in the Triangle Region! If you are interested in volunteering, or nominating another, please Email your interest to any Triangle Region board member.

Also, the Triangle Region would like to send out congratulations to all members who recently passed their coding certification, RHIT, RHIA or other AHIMA credential exam. We proudly congratulate you!

HOD Team creates a Clinical Practice Sites/ Professional Practice Experiences (PPE) Guide

Source: AHIMA.org

In 2008, the House of Delegates (HOD) organized itself into six teams to focus on different areas of the profession. The six HOD Teams are: Environmental Scanning, Best Practices/Standards, Professional Development and Recognition, Volunteer and Leadership Development, HOD Operations and Health Information Management (HIM) Higher Education and Workforce. The AHIMA Board of Directors sets specific charges for each of the HOD Teams to work on throughout the year.



One of the charges for the HOD Team on HIM Higher Education and Workforce is to provide support and recommendations to increase the number of clinical practice sites and opportunities for students to complete professional practice experiences. To that end, the Team created a Clinical Practice Sites/Professional Practice Experiences (PPE) Guide that provides information and best practices about serving as a clinical practice site and hosting students who are completing their required professional practice experiences. The Guide provides specific, helpful information to: site managers, department mentors, Component State Associations (CSA), academic programs and students. If you are involved with or considering hosting students, take a few minutes to review the helpful information found in the Guide. It can be accessed in the AHIMA and State Leaders and HOD Communities of Practice and on the AHIMA Web site (ahima.org).



Lee Ford (LFord Consulting), Steve Emery (Healthport), Cathy Steadman (Healthport)



Sherry Elliott, RHIA, Elliott Health Information Pros



Members in audience



Eric Dolbear, RHIA and Ebele Achonu, RHIA 2008 ECU HIM Graduates

Pick Me!

Nina C. Massey, MA, RHIT, Health Information Training Institute

Pick me, pick me! Please pick me! Please, Please! Remember when you were in elementary school and it was time to play a game, be a part of a team or work on a project? Were you chosen first because you had a reputation for being popular, athletic, or just fun to be around? Or were you one of those kids who was picked last? Remember how it felt to be picked last? Not a fond memory? I would like to share a little of what some of our Health Information Management students are feeling. All AHIMA students have worked hard to complete their programs, pass their exams and are now waiting on new opportunities.

As a former coding supervisor, I completely understand the end of the month rush and meeting those budgetary guidelines, but if we are not careful, our profession in HIM could be in jeopardy! As our veteran staff members are retiring we need to pass the torch of their expertise on to new HIM professionals. As HIM professionals, we should look at what we have in our hands, RAW TALENT! As the Chief Academic Officer of a Coding Program, I view on a daily basis students who are enthusiastic and eager to learn all there is about HIM. They want to be a part of the solution of helping healthcare facilities stay financially strong. They desire to be a part of an elite group of health information professionals but are often turned

away due to their lack of experience with little regard to their education, certification and hard work. With more and more recruiters in charge of HIM positions, the dialogue is often the same - "although you did a great job passing the CCS, CCS -P or RHIT you do not have enough experience to get an interview". Should we as HIM professionals rely on non-HIM recruiters who have no HIM experience to qualify employment for our well educated, zealous students seeking to find their place in our profession?

I have been in several industries including retail, insurance and on Wall Street. It seems that HIM is one of the few fields encountered where after you receiving your education and credentials that few want to give you an opportunity to prove what you have worked so hard to learn. Yes, I understand that HIM administrators have deadlines to meet and really want seasoned HIM personnel that already know what to do. We must realize that now, more than ever before, we have seasoned veterans from other fields eagerly trying to enter the prestigious HIM world! These professionals now HIM certified, are experts in other areas and fields which may enhance our profession. They have prepared themselves and have successfully passed comprehensive AHIMA certification exams. Do you remember when you

were preparing for your certification exam and remembering that it was no easy task? We have to give them a chance to enter the wonderful world of HIM. Someone at sometime gave us an opportunity to prove our potential and value, whether it was the first time your Mother let you cook dinner for the family or it was your turn to host a birthday party for a family member.

All of us want to be included in the in-crowd! As a mentor, there is nothing more satisfying then to watch when one of the "chosen one's" take flight and achieve all that they pursue. You are an expert and new graduates want to follow in your footsteps. Take the time to nurture a relationship with a graduate who has followed all the rules, completed their program and has achieved an AHIMA credential. Take the time also to host students during their practicum, which is a great opportunity to view what they can do without it costing one dime. Your senior coders would most likely welcome the opportunity to mentor. If you are interested in becoming a host site, let's sit down and work out all the details. A local HIM student is waiting for you to become the answer to their pleas for entrance into the HIM field!

For more information about the NCHITI, contact Nina Massey at nchiti@verizon.net.



Call for Articles!

If you have ideas, topics or articles that you would like to have published in Footprints, please send them to Sherry King, RHIA, CTR, the Publications Chair for 2008-2009 (snking@wakemed.org).

NCHIMA LEGAL REFERENCE MANUAL UPDATED

In 2007 the NCHIMA Legal Reference Manual was completely rewritten. Also in December 2008, the manual was reviewed and updates added as appropriate.

The 2008 Update reflects significant changes in the law that occurred following the publication of the 2007 Legal Reference Manual. Realizing that this is an ongoing process, this revision includes changes that the committee is aware of at the time of publication. The manual addresses various providers across the different health care settings and provides guidance on legal issues which affect health information practice in the State of North Carolina. The manual addresses coordination of North Carolina law and the privacy requirements of the Health Insurance Portability and Accountability Act ("HIPAA"). The manual, however, is not intended to be a comprehensive treatment of HIPAA. The manual is also not intended to serve as an exclusive legal reference, nor does it provide legal advice or preclude the need for consultation with legal counsel. The Legal Reference Manual provides guidance on legal issues that affect health record

practices in the State of North Carolina. Information is based on state and federal statutes and regulations, texts and periodicals, and current practices in effect at the time of the revision. The manual will be available for sale at the Annual Meeting in May.

Legal Reference Manual:

Paper Copies: \$150.00 (Notebook with tabs provided)

CD: \$125.00

If you purchased a 2007 NCHIMA Legal Reference Manual an updated manual may be purchased at a reduced price.

Paper Copy: \$50.00

CD: \$35.00

A notebook will not be provided for those with the 2007 Manual. It is recommended that you replace the 2007 material with the updated material to ensure you always have the most current version available.

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!!! GET OUT THE VOTE !!!

Thank you to the NCHIMA active members that voted in the Executive Board election this year, almost 20% participation.

The 2009-2010 NCHIMA Executive Board **winners** are:

President-Elect:	Sherry King, RHIA, CTR
Vice President:	Audrey Chase, RHIA
Secretary:	Kim Bell, RHIA
Treasurer:	Kevan Weaver, RHIT
Regional Liaison:	Annette Morrison, RHIT, CCS
Delegate:	Susan Richardson, RHIA, MHSA, CPHQ

The Nominating Committee,

Lisa A. Walter, Chairman,
Gretchen Haralson, Susie Harris, Tracy Thomas, and Dina Williams



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AHIMA Vision 2016: CCS Credential

Lee Ford, Triangle Region Coordinator

Question: *In information from an AHIMA 'White Paper' on AHIMA's Vision 2016 Plan. It does address that AHIMA will expand on educational requirement for the CCS credential to require an associate degree: "will individuals that hold the credential of the CCS prior to the 2010? Mandatory date be 'grand fathered-in' and allowed to maintain their current credential as full status as the projected requirements? Or will those CCS individuals be required to complete an associate degree to keep their CCS credential?" In particular, how will this relate to a 'company' that only offers a coding boot camp for the CCS or CCS-P credential? (Question summarized due to length).*

Answer:

Dear Lee,

This is an incomplete and inaccurate reading of the Vision 2016 proposal. Let me assure you first, that current CCS and CCS-P members will not be effected by Vision 2016. Credentialed members must maintain their CE requirements to keep their credential current, and through this method; today's practicing coders will stay on top of new developments in the field of coding.

For new students entering the HIM field in 2016, it has been proposed that the associate degree programs evolve from a "generalist" technician associate degree to specialty tracks.

The student will receive their RHIT core courses in Year One, with specialty track training in Year Two.

The proposal is evaluating the nature of the specialty tracks, and could include picking up a second credential in: CCS/CCS-P, CTR, CHPS, or CHDA for example. Not every school will offer all specialty tracks - the tracks offered will reflect the needs of the community, and the strengths of the faculty at that school.

This proposal for specialized training comes from the employer community who complain that they no longer have staff available to "train" new graduates in their jobs so they prefer to only hire individuals with two years of work experience in a given area. The idea of deep learning in a chosen specialty is in reaction to this employer bias. The deep learning in a given specialty will help the new grad to enter into the workforce ready to be productive on Day One. Hopefully this will reduce the incidence of employers relying on two years of work experience in a given area.

That said, a lot can happen between 2009 and 2016. For example, the legislation mandating a move to ICD-10-CM/PCS by 2013 will put even more emphasis on the need for quality coders with a solid academic foundation in anatomy, medical terminology, pharmacology, and

pathology in order to be able to code in the new nomenclature.

The "coding boot camps" that exist today to teach someone specifically how to pass a particular exam do nothing to advance the HIM profession; and mostly leave their students unemployable. Elevating the coding profession to requiring an associate degree is a way to eliminate the prevalence of coding programs that operate outside the restraints of the community college environment. Not all business model coding programs are bad, some are quite good. However, the predominate business model (the one most often encountered) is predatory and poorly prepares their graduates for any role in coding.

I would like to assure the NCHIMA membership that current credentialed members (CCA, CCS, CCS-P, RHIT, RHIA) are unaffected by these academic changes that are proposed for 2016. I encourage you to read the Vision 2016 Report for yourself. You can read the full report at: http://www.ahima.org/emerging_issues/Vision2016BlueprintforEduc.pdf

Best regards,

Patt Peterson, MA, RHIA
Director of Education, AHIMA
312-233-1132 (Office)
888-508-6393 (Fax)
patt.peterson@ahima.org

The NCHIMA – Behavioral Health Section Presents the 29th Annual Conference

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Check the message board at www.nchima.org
for more information.



Preparing for the future.....
Navigating Through the Changes

NCHIMA 59TH ANNUAL MEETING

Tamara Flynn, RHIA, Vice President

The Program Committee is actively planning for our 2009 annual meeting. Our meeting will be held **April 28 - May 1, 2009** at the Greenville Convention Center in Greenville, NC, home of the 2008 Conference USA Champion ECU Pirates!! We are very excited about meeting for the first time in the east! If you have never been to Greenville, this is your chance to experience the shopping, restaurants and great atmosphere! Please come join us for many educational and networking opportunities! NCHIMA's mission is to *promote the quality, access and security of health information in all healthcare settings for the benefit of the members, healthcare consumers, providers and other users of clinical data*. How can we accomplish our mission in this ever-changing electronic age without learning to accept the changes that are surrounding us and embracing them?

NCHIMA Embracing e-HIM



2009

Agenda

The draft agenda is included in this issue of *Footprints* for your review and posted on at www.nchima.org. We have a variety of topics which will be presented by excellent speakers! We will be applying for 21 continuing education hours. We are proud to offer a Coding Roundtable again in 2009, in conjunction with the annual meeting.

Registration

For your convenience, we will be using online registration through CVent again this year. Additional details of the meeting will be sent to you via an electronic invitation in February. You may register for the entire meeting or specific days. **Please visit AHIMA.org to update**

your member profile in order to ensure we have your current e-mail address. Please visit nchima.org to register if you don't receive an electronic invitation.

Fees

The registration fees are as follows:

	<u>Members</u>	<u>Non-Members</u>	<u>Students**</u>
Full Meeting / Early registration (by 3/28/09)	\$275.00	\$325.00	\$75.00
Full Meeting / Late registration (after 3/28/09)	\$325.00	\$375.00	\$75.00
Tuesday ONLY (Coding Roundtable)	\$ 50.00	\$ 65.00	\$ 0.00
Wednesday ONLY	\$150.00	\$165.00	\$30.00
Thursday ONLY	\$150.00	\$165.00	\$30.00
Friday ONLY	\$100.00	\$115.00	\$15.00

****Student Fee Note:** The fees for students are to cover the cost of meals/breaks only.

Hotel Accommodations

We have contracted with two hotels this year. Additional information about the hotels and their amenities will be included in your electronic meeting invitation. The block rooms are on a first come, first serve basis, so reserve your room quickly! The group rates are as follows: **please use the conference code NCH when making your reservations at either hotel.**

Greenville Hilton \$134.00 per night + tax
<http://www.greenvillenc.hilton.com>

The City Hotel & Bistro \$109.00 per night + tax
<http://www.cityhotelandbistro.com>

For more information about the Greenville Convention Center, visit (<http://www.greenvilleconventioncenter.com>).

Please mark you calendars and plan to attend. We look forward to serving you!

NCHIMA 2008-2009 Program Committee

Tamara Flynn, RHIA, Vice President
Pamela Lail, RHIA
Amy Crisson, MHA, RHIA
Valerie Dobson, RHIA

Julie Thomas, RHIA
Kou Lo Yang, RHIA
Tammy Downum, RHIA

Your RAC Auditing Plan: A Tool for RAC Readiness

Ruth Orcutt, RHIA

Are you prepared for the arrival of the Recovery Audit Contractor (RAC) program? Are you confident in the accuracy of the inpatient coding done by your coders? Have you had an external coding audit done to assess your risk under the RAC program? If not, you may want to consider developing a RAC Audit Plan to assess your RAC readiness.

A baseline review of coding quality of individual coders and the coding team will help to identify opportunities for improvement both in educating coders and in documentation improvement. This knowledge provides the direction needed to meet the RAC challenge, and promote confidence in your coding staff.

If you have never conducted a coding audit, getting started may actually be easier than you think. Most RAC audits are conducted by the coding manager or by one of the more experienced coders on staff. Based on the results of the RAC demonstration project, a good place to begin is by reviewing the targeted Medicare MS-DRGs (see Table 1. below) and Short Stays (see Table 2. below) which are likely to be the focus of the initial RAC reviews in the permanent RAC program. It may be wise to include a sample of all financial classes so that coding trends can be uncovered. There may only be a few cases in some of these MS-DRGs; therefore, 100% of cases should be reviewed. When there are many cases, a sample of 40 to 50 percent of the cases may be sufficient for review purposes.

Follow these seven basic steps for auditing inpatient records:

STEP 1. Design a simple form to capture information for summarizing audit results. It should include patient

identifiers, original and revised MS-DRGs, disposition code changes, and POA changes. A comment section may be used to describe the type/source of error.

STEP 2. Review all medical record documentation along with ICD-9-CM code assignments, MS-DRG assignment, disposition code and POA indicators. Ask yourself these seven questions:

1. Does the principal diagnosis truly meet the Uniform Hospital Discharge Data Set (UHDDS) definition of principal diagnosis ("reason for admission after study")? Does it conform to the circumstances of admission and ICD-9-CM coding conventions and guidelines?
2. Are there multiple diagnoses that meet the definition of principal diagnosis, and if so, is the focus of the admission on one diagnosis more than others? Is a change needed?
3. Is the MS-DRG assignment valid? If it is a MS-DRG OR procedure unrelated to Principal Diagnosis, analyze carefully.
4. Are all CCs/MCCs supported by documentation in the medical record? Is a CC missing? This is especially important when a single CC/MCC impacts the MS-DRG assignment.
5. Have all appropriate procedure codes been assigned and are they accurate and supported by documentation?
6. Is a physician query necessary; would this possibly change MS-DRG assignment?
7. When changes are necessary, are supporting reference materials (e.g. Coding Clinics, official coding guidelines) available to explain the recommended changes?

STEP 3. Identify types of coding errors, including the principal diagnosis selection, resequencing, omissions,

code revisions, disposition code, and POA indicator changes.

STEP 4. Determine accuracy and error rates, and prepare summary reports by MS-DRG and by coder.

STEP 5. When errors are discovered, determine the impact on reimbursement, make the corrections and re-submit corrected claims as necessary.

STEP 6. Analyze audit results to determine opportunities both for coder education and for documentation improvement. Does an individual coder need specific training and/or continued focused review, or do all coders need additional training? Is your query process adequate? Are changes in coding policies and procedures necessary?

STEP 7. Develop and implement a corrective action plan to avoid repeated mistakes.

Your RAC Audit Plan is manageable and the benefits are many. Your plan focuses on specific areas of risk that you need to address immediately and over the next 12 months. The entire plan or specific steps in the plan can be reviewed quarterly or more frequently if warranted.

Additionally, you must be confident that your audits are unbiased and being performed independently. This can be through an internal audit team or if resources are limited through an external auditor with appropriate skills.

This activity should demonstrate to your administration that you are proactive in RAC preparedness. Furthermore, knowing where documentation is lacking may also help in preparing for ICD-10 implementation in your facility.

Table 1. Targeted MS-DRGs

MS-DRGs	DESCRIPTION	CODING & DOCUMENTATION CHALLENGES
186, 187, & 188	Pleural Effusion	Correct principal diagnosis; was CHF present?
207 & 208	Respiratory System Diagnosis W/Vent Support	Correct principal diagnosis; was sepsis present on admission? + accurate determination of vent start/stop times
393, 394 & 395	Other Digestive System Diagnosis	Correct principal diagnosis
463, 464 & 465	Wound Debridement & Skin Graft for Musculo-Conn Tiss Disease	Correct debridement procedures + supportive documentation
573-578	Skin Graft & Debridement for Ulcer	Correct principal diagnosis
813	Coagulation Disorders	Correct principal diagnosis; coagulopathy due to Coumadin should not be coded 286.5 (Coumadin is not a "circulating anticoagulant")
870, 871 & 872	Septicemia	Correct principal diagnosis
901, 902 & 903	Wound Debridements for Injuries	Correct debridement procedures + supportive documentation
945 & 946	Rehabilitation	Correct principal diagnosis + presence of CC/MCC
981- 989	OR Procedure Unrelated to Prin. Diag.	Correct principal diagnosis + correct principal procedure code

Table 2. Targeted MS-DRGs for Short-Stays Discharged Alive

NOTE: Medical necessity is important to short stay review; however, this is not addressed in a coding audit, and should be reviewed by Care Management.

MS-DRGs	DESCRIPTION	CODING & DOCUMENTATION CHALLENGES
64, 65 & 66	CVAs	Correct principal diagnosis; was infarction/hemorrhage truly ruled in?
291, 292 & 293	Heart Failure & Shock	Correct principal diagnosis
313	Chest Pain	Correct principal diagnosis; was an underlying cause determined & coded?
391 & 392	Esophagitis, Gastroenteritis & Misc. Digestive Disorders	Correct principal diagnosis; was an underlying cause determined & coded?
551 & 552	Medical Back Problems	Correct principal diagnosis
640 & 641	Nutritional & Misc. Metabolic Disorders	Correct principal diagnosis; was an underlying cause determined & coded?
689 & 690	Kidney & Urinary Tract Infections	Correct principal diagnosis

Editor's Note: Ruth Orcutt, RHIA is a coding and auditing consultant in Chapel Hill, NC for Clinical-Insights.

Membership Benefits

Amy Crisson, MHA, RHIA, President-Elect

I would like to introduce you to the NCHIMA Member Services Team:

Amy Crisson, MHA, RHIA
President-Elect & Team Chair

Tamara Flynn, RHIA
Vice President

Jolene Jarrell, RHIA, CCS
Education Chair

Marsha Hunter, RHIA
Coding Roundtable Chair

Annette Morrison, RHIT, CCS
Regional Liaison

Cornelia McClure, RHIA, CCS
Delegate (Strategic Planning)

Sherry King, RHIA, CTR
Publications Chair

Margo Morganti, RHIA, CCS-P
Webmaster

Audrey Chase, RHIA
Special Projects

Judy Butner, RHIT
Western Foothills Region Coordinator

Melissa Strenger, RHIA
Southeast Region Coordinator

Shan Miller, RHIA
Long Term Care Section Coordinator

We held our first conference call on February 10, 2009 and have our next one scheduled for April 24, 2009. Our mission is to **promote member benefits by providing quality continuing education, timely communication and opportunities for networking through volunteerism and mentorships.** We are dedicated to ensuring that you have access to the information/education that you need in order to manage health information at both the regional/section and state levels. There are many benefits of being a member of AHIMA and our component state association (CSA), NCHIMA. Are you taking advantage of those benefits? A few benefits include:

- Continuing Education
- Electronic Communication
- Networking

Continuing Education

I am pleased to say that all of our regions/sections are active. Our region/section officers, Education, Coding Roundtable and Program Committees are committed to offering you quality education on relevant HIM topics. Because your input is vital to planning future education events, we will be sending out a survey to determine your education preferences and limitations, which may be caused by our current economy.

Registration for the **2009 NCHIMA Annual Meeting** is still open. If you have not received an electronic invitation to register for this meeting, please visit www.nchima.org and click on the Annual Meeting link. We are offering a variety of topics, most of which were requested by you, the members, by completing last year's Annual Meeting survey. We are excited to hold the meeting in Greenville for the first time. I do hope you can join us!

Electronic Communication

Have you updated your member profile through AHIMA lately? It is a very simple process and allows you to have access to timely information via email blasts about continuing education opportunities, as well as major issues that affect our profession. Visit www.AHIMA.org and click on the "update my profile" button. **Be aware, that if you check the "opt out" button, you will not receive AHIMA or NCHIMA email communication.** You should update your profile on at least an annual basis and more often, if you have a change employer or email address. By doing so, we know how to reach you to let you know about great opportunities!

We publish a bi-monthly electronic newsletter, Footprints, which is posted at www.nchima.org/newsletters. We strive to include useful information

in our newsletters. In addition, you can also find information/resources via our website. If you have any suggestions for improving our website or the information it contains, please let us know. We will be working over the next year to make changes to our website in order to make it a more effective and user-friendly tool.

Networking

There is no better way to link to a group of people in your profession than volunteering! We have nearly 80 members serving as volunteers on NCHIMA committees this year. I want to thank each of them for their willingness to serve! If you have previously volunteered to serve and still desire to do so, but have not been contacted please let me know. We still have opportunities for you.

We also want to evaluate our need for mentors. Webster's definition of the word "mentor" is "a wise and trusted guide and advisor". Are you a seasoned member of NCHIMA? If so, there may be new members who need you to give them some guidance as they begin their life long journey in the HIM profession. If you are interested in becoming a mentor or if you are a new member who needs a mentor, will you please let me know?

By providing continuing education on relevant HIM topics, timely communication about upcoming events or issues that impact our environment, and opportunities for volunteerism and mentorships, we commit to meeting your professional needs. Will you also commit to us by providing feedback on how the Member Services Team can be of assistance to you? I look forward to hearing from you. I can be reached via telephone at 704-323-2220 or email Amy.Crisson@orthocarolina.com.

NCHIMA 2009 Corporate Partners

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NCHIMA Advertising Guidelines

Revised: January 2008

NCHIMA disclaims any endorsement for products or services advertised in its Commercial Advertising section of Footprints and/or the Annual Meeting Program.

Rates for commercial advertising per issue are as follows:

Size	Cost per Publication	Dimensions
Full Page	\$250.00	7.5" x 10"
½ Page	\$150.00	7.5" x 5"
¼ Page	\$ 75.00	3.75" x 2.5"
Business Card	\$50.00	3.5" x 2"

Advertisements must be submitted as follows:

- Electronically, as camera-ready artwork
- Sized to the above specifications
- Requiring no additional preparation for publication
- With contact name, mailing & email address, and phone number
- By the submission deadline of the issue in which the advertisement is scheduled to appear. Note: the submission deadline will be set by the Publications Committee & the Program Committee, based on publication type

Corporate Partners are entitled to one of the following in our bi-monthly newsletter, Footprints, at no charge:

- A spotlight article or
- ¼ page advertisement

Vendors providing sponsorships for the annual meeting may be given advertisement opportunities at a discounted rate, at the discretion of the NCHIMA Executive Board.

Educational HIM / HIT programs that are not accredited by the Commission on Accreditation for Health Informatics and Information Management (CAHIIM) will not be allowed to advertise in NCHIMA publications.

Rates are subject to change, upon annual review.

ATTENTION!



If you have any photos of recent meetings that can be published in Footprints, please send them to Sherry King (snking@wakemed.org).

NORTH CAROLINA HEALTH INFORMATION MANAGEMENT ASSOCIATION (NCHIMA) CORPORATE PARTNER INFORMATION AND BENEFITS



ELIGIBILITY

Any corporation interested in the purposes of NCHIMA is eligible for corporate partnership. Each corporate partner shall designate one individual who receives the rights and privileges of corporate partnership for one year. Subsidiaries, affiliates, and divisional companies are not included under the corporate partnership of the parent corporation but are eligible for corporate partnership in their own right.

ANNUAL DUES

Annual dues for corporate partners are \$250.00. Partnership is for one calendar year (January to December), with no pro-ration.

HOW TO APPLY

Complete the enclosed application. The application must be signed by the corporate representative to whom NCHIMA will assign the rights and privileges of a corporate partner.

BENEFITS

1. PUBLICATIONS

All corporate partners are invited to view Footprints, on the NCHIMA website – www.nchima.org. Footprints is a bimonthly publication which contains many interesting articles as they relate to current affairs in HIM and the activities of NCHIMA.

2. MAILING LIST

Upon request, the NCHIMA mailing list is available to corporate partners.

3. REPRESENTATION

Corporate partners are eligible to serve on committees with voice. Corporate partners shall not be entitled to vote, hold office or serve as a delegate to AHIMA.

4. MAILINGS

Corporate partners receive announcements of educational seminars and other mailings of interest to NCHIMA members.

5. DISCOUNTS

Corporate partners are entitled to NCHIMA member registration fees for workshops and seminars sponsored by NCHIMA. Corporate partners receive NCHIMA member rates on publications. Corporate partners exhibiting at the annual convention are also eligible for corporate partner discounted rates which are set annually by the NCHIMA Executive Board.

6. RECOGNITION

Corporate partners are entitled to one “spotlight” write up or a free 1/4 page ad in Footprints. A listing of corporate partners is published in every issue of footprints. There is a corporate partner listing on the NCHIMA web site, www.nchima.org. In addition, corporate partners are listed in the NCHIMA annual report, annual meeting program and new member handbook.

**AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION
NC HEALTH INFORMATION MANAGEMENT ASSOCIATION, COMPONENT STATE
(AHIMA / NCHIMA)**

CODE OF ETHICS

PREAMBLE: The health information professional abides by a set of ethical principles developed to safeguard the public and to contribute within the scope of the profession to the quality and efficiency of health care. This code of ethics, adopted by the members of the American Health Information Management Association, defines the standards of behavior which promote ethical conduct.

1. The Health Information Management Professional demonstrates behavior that reflects integrity, supports objectivity and fosters trust in professional activities.
2. The Health Information Management Professional respects the dignity of each human being.
3. The Health Information Management Professional strives to improve personal competence and quality of services.
4. The Health Information Management Professional represents truthfully and accurately professional credentials, education and experience.
5. The Health Information Management Professional refuses to participate in illegal or unethical acts and also refuses to conceal the illegal, incompetent or unethical acts of others.
6. The Health Information Management Professional protects the confidentiality of primary and secondary health records as mandated by law, professional standards and the employer's policies.
7. The Health Information Management Professional promotes to others the tenets of confidentiality.
8. The Health Information Management Professional adheres to pertinent laws and regulations while advocating changes which serve the best interest of the public.
9. The Health Information Management Professional encourages appropriate use of health record information and advocates policies and systems that advance the management of health records and health information.
10. The Health Information Management Professional recognizes and supports the Association's mission.

North Carolina Health Information Management Association Corporate Partner Application

Period Covered: Jan 2009 - Dec 2009
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- Initial Application
 Renewal Application

***Include information as you would like listed on the NCHIMA website:

Corporation Name: _____

Type of Business: _____

Corporation Representative:

Name: _____

Title: _____

Address: _____

(city)

(state)

(zip)

Phone: _____ **Fax:** _____ **Email:** _____

Website (if applicable): _____

In the name of the above corporation, we hereby apply for designation as a corporate partner with the North Carolina Health Information Management Association and upon acceptance agree to uphold the AHIMA Code of Ethics:

Signature of Corporate Representative Date

Check payable to NCHIMA must accompany application **(fee - \$250.00)**.

Completed application should be mailed to:

Amy Crisson, MHA, RHIA
 NCHIMA President-Elect and Corporate Partnership Chairman
 3416 Leaning Pine Drive
 Lincolnton, NC 28092

OFFICIAL USE ONLY: TO BE COMPLETED BY NCHIMA REPRESENTATIVE		
Approved by:		Comments:
Title:		
Date:		Check#:



Volunteer Form

All NCHIMA officers, committee chairs and members, project/task force chairs, delegates, etc. are **VOLUNTEERS**. These individuals volunteer their time, effort, and talents to serve the state association and regions. In order for an organization that is managed by volunteers to be successful, new volunteers are needed each year. The new volunteers provide fresh ideas and new perspectives on issues and projects. A description of each Committee, Chair and member's responsibilities are listed below.

If you would like to **VOLUNTEER** to serve the association and profession on any of the following committees please complete this form and send it to Amy.Crisson@orthocarolina.com or return it to a member of the Program Committee at the Annual Meeting.

Name: _____ **Credentials:** _____

AHIMA ID#: _____ **Phone Number (work)** _____ **(home)** _____ **(cell)** _____

Address: _____ **City/State/ZIP:** _____

County of Residence: _____ **NCHIMA Region:** _____

E-mail Address: _____

Place of Employment: _____

FINANCE TEAM

Bylaws;

Chairperson: Delegate

Objective: Receive, review and develop proposed amendments to Bylaws and coordinate the updating of the NCHIMA Procedure Manual.

Public Relations:

Chairperson: Appointed

Objective: Promote the activities of the Association to make the general public aware of the; health information management profession and its contribution to the quality of the health information services for the welfare of the public.

MEMBER SERVICES TEAM

Coding Roundtable:

Chairperson: Appointed

Objective: Plan and present coding workshops.

Education:

Chairperson: Appointed

Objective: Arrange mid-year educational programs, coordinate student scholarship process, and award continuing education credits for approved programs.

Membership:

Chairperson: President-Elect

Objective: Strive to obtain new members to the Association, ensure that membership changes are posted to the state files, and maintain contact with all members regarding association concerns.

Program: Chairperson: Vice President;

Objective: Plan the program, accommodations and activities for an annual meeting of the North Carolina Health Information Management Assoc.

MEMBER SERVICES TEAM (continued)

Publications:

Chairperson: Appointed

Objective: Prepare a state newsletter containing timely articles pertaining to the profession.

Mentor:

Objective: Strive to meet the professional/networking needs of new members.

Regional Liaison:

Chairperson: Regional Liaison

Objective: Maintain communication with the regions.

Strategic Planning:

Chairperson: Delegate

Objective: Establish long and short term goals and objectives for NCHIMA.

Website:

Chairperson: Appointed;

Objective: To monitor and coordinate the functions and maintenance of the NCHIMA Web Site

INDUSTRY TEAM

Awards & Nominating:

Chairperson: Director

Objective: Coordinate recognition awards and prepare an official ballot for election of officers of NCHIMA.

Legal Affairs:

Chairperson: Delegate / Reports to the Member Services Team

Objective: Monitor pending or proposed state and national legislation relative to the health information management profession and provide communication with the Association regarding such legislation; publish the NCHIMA Legal Reference Manual.

Liaison:

Chairperson: Appointed

Objective: To establish and coordinate contacts with key organizations and agencies within the state to promote NCHIMA mission and philosophy.

Please choose one of the following alliance relationships

- Council on Allied Health in North Carolina (CAHNC)
- North Carolina Healthcare & Communications Alliance (NCHICA)
- North Carolina Healthcare Finance Management Association (NCHFMA)
- Association for Healthcare Documentation Improvement (AHDI)
- Association of North Carolina Cancer Registrars (ANCCR)
- North Carolina Health Information Exchange (NCHIE)
- North Carolina Uniform Billing (NCUB)
- Healthcare Information Management Systems Society (HIMSS)
- North Carolina Hospital Association (NCHA)
- Medical Group Managers Association/Charlotte (MGMA)
- Association for Clinical Documentation Improvement Specialists (ACDIS)

Other (Please specify) _____

NCHIMA 2008-2009 Executive Board

President

Laura Pait, RHIA, CCS
2900 Meadowview Court
Apex, NC 27539
(919) 662-7861 H
(919) 943-5763 C
lwp@nc.rr.com

President-Elect (Membership)

Amy Crisson, MHA, RHIA
3416 Leaning Pine Drive
Lincolnton, NC, 28092
(704) 323-2220 W
amy.crisson@orthocarolina.com

Vice President

Tamara T Flynn, RHIA
PO Box 59
Bethel, NC, 27812
252.825.9869 (Office)
866.849.0929 - toll free
336-369-0356- fax
tflynn@transrs.com

Treasurer

Kevan Weaver, RHIT
5421 Queen Anne Rd.
Charlotte, NC, 28217
(704) 330-6452 (W)
kevan.weaver@cpcc.edu

Secretary

Susan Richardson, RHIA, MHSA, CPHQ
140 Farm Wind Road
Gaffney, SC 29341
(704) 487-3834 W
(864) 480-9276 H
(704) 473-1792 C
susan.richardson@
carolinashealthcare.org

Director (Awards/Nominating Comm)

Lisa Walter, RHIA
8711 Taybrook Drive
Huntersville, NC 28078
(704) 947-9038 W
(704) 453-1543 C
lisaw_0609@hotmail.com

Regional Liaison

Annette Morrison, RHIA, CCS
10409 Perisimmons Creek Dr.
Charlotte, NC 28227
(704) 650-4993 W
amorr73088@aol.com

Delegate – Legal

Deanie Auton, MHA, RHIA, CCS
P.O. Box 1763
Lincolnton, NC, 28093
(704)783-1425 W
(704) 735-3867 H
gauton@northeastmedical.org

Delegate – Strategic Plan

Cornelia McClure, RHIA, CCS
P.O. Box 1285
Pembroke, NC 28372
(910) 615-6009 W
(910) 521-9445 H
mcclurec@capefearvalley.com

Delegate – Bylaws

Sandy Allender, RHIA, CCS
475 Hiatts Drive
Greensboro, NC 27455
336-832-7359 W
336-298-3398
sandy.allender@mosescone.com

Coding Roundtable

Marsha N. Hunter, RHIA
8311 Brickle Lane
Huntersville, NC 28078
704-878-4620 W
marsha.hunter@iredellmemorial.org

Publications

Sherry N. King, RHIA, CTR
4301 Thistlehill Court
Raleigh, NC 27616
(919) 350-5671 W
snking@wakemed.org

Public Relations

Kozie Phibbs, MS, RHIA
8517 Hawk Grove Ct
Huntersville, NC 28078-6871
(704) 977-0996 W
(704) 942-1127 C
kphibbs@digital-voice.com

NCHICA Liaison

Jean Foster, RHIA
202 Castle Way
Winterville, NC, 28590-9471
(252)847-4249(W)
jfoster@pcmh.com

Webmaster

Margo Morganti, RHIT, CCS-P
1961 19th Ave Drive NE
Hickory, NC 28601
Cell: 828-291-3565
mmorganti@charter.net

Education

Jolene Jarrell, RHIA, CCS
9724 Beaver Hollow Court
Charlotte, NC 28269
(704) 649-5596 C
Jolene.Jarrell@ps.net

Liaison Coordinator

Jan Baucom, RHIA
2357 Wynbourne Dr.
Gastonia, NC 28056-8430
(704) 834-2113 W
baucomj@gmh.org

NCHIMA 2008-2009 Executive Board

Western Mountain

Judy Butner, RHIT
P.O. Box 386c
Nebo, NC 28761-0022
(828) 659-3217 W
kayden4@verizon.net

Piedmont Region

Heather Kyles-Watson
1360 Alderny Place
High Point, NC 27265
336-249-8186 x 6310 (W)
336-249-9060 (Fax)
hkWatson@davidsonccc.edu

Western Foothills

Dana Hoots, RHIT
160 Gibbs Rd.
Hendersonville, NC 28792-8160
(828) 213-5423 W
danahoots@gmail.com

Behavioral Health

Hallie Dunlap, RHIT
1233 Kelston Place #1106
Charlotte, NC 28212
(704) 336-3427 W
Hallie.dunlap@
mecklenburgcountyNC.gov

Charlotte Region

Debbie Bowders, RHIT
4101 Christine Lane Apt C
Waxhaw, NC 28173-7973
(704)355-3487 W
Debbie.bowders@
carolinashhealthcare.org

Coastal Carolina Region

Merrill Brinson, RHIA
313 Pinewood Rd.
Greenville, NC 27858-6528
(252) 847-6219 W
mbrinson@PCMH.com

Long Term Care

Shan Miller, RHIA
124 Deer Haven Lane
Lexington, NC, 27292-5459
(336)224-5473 (W)
shanmiller@lexcominc.net

Triangle Region

*William L. Ford "Lee", MHA, RHIT,
CPC, CPC-H, CHC*
3808 Country Club Drive NW
Wilson, NC 27896-8165
(252) 531-7091 C
lfordconsulting@yahoo.com

Southeastern Region

Melissa Stenger, RHIA
3505 Kyle Ct.
Wilmington, NC 28409-7900
(910) 343-2690 W
melissa.stenger@NHHN.org

NCHIMA
North Carolina Health Information
Management Association

An Affiliate of
AHIMA
American Health Information
Management Association®

VISIT US ON THE WEB!
www.nchima.org