

September 15, 2008

MIHIMA e-Alert

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From the President



As the children go back to school, leaves change and a cooler feel to the air begins to tell us fall is not far away, things are not cooling for MHIMA! They are really heating up - the AHIMA House of Delegates is preparing for an electronic vote starting September 15 on the issues that will be described in more detail in the newsletter. You should have also received them in an e-mail blast. There will be other issues to be voted on at the AHIMA Convention on October 12 in Seattle. Your voice as members will be needed to help your Delegates represent your views. Please send your comments to me or to any delegate listed on the website at www.mohima.org.

Your Board is also working to finish a Strategic Plan that will not only provide you, our members with information and tools that you have requested, but also allow us to do what we can in a fiscally responsible manner. As we begin to share with you that information and those tools, please let us know how we can do things better. Not to get political but - always remember, we serve you!

Enjoy this newsletter issue, and let us know how we can best serve you.

Hope you have a wonderful fall season!

Janice

Meet the MHIMA Board 2008-2009

President (Chief Delegate)

Janice Noller, RHIA, CCS, CPHQ

Past-President

Julie Wolter, MA, RHIA, FAHIMA

President-Elect (Delegate)

Jeff McGraw, RHIT

Director, Marketing

Julie A. Dooling, RHIT

Director, Communications

Jennifer Melvin, RHIA

Director, Recruitment

Diane Swift, RHIT

Director, Education

Ruth Koch, RHIT

Delegate 1st Year

Margaret (Maggie) Gambill

Delegate 1st Year

Sue LaBonte, RHIA, CHP

Delegate 2nd Year

Teresa Knox, RHIA

Treasurer

Sharon Farley, RHIA

Annual Meeting Chairperson

Melanie Schattauer, MA, RHIA

Central Office Coordinator

Ann Nowlin, RHIT

Webmaster

Andrea Koppelman, MS, RHIA

[Click here for contact information for Board Members.](#)

Special points of interest:

- Meet The Board
- New Proposals
- Survey Results
- ICD-10 Update
- Spotlight on KCHIMA
- Calendar of Events

Feedback Needed for House of Delegate Issues !

The following items will be voted on by the House of Delegates (HOD) in October. Please review the information below and provide feedback to your delegates by October 5, 2008 at 9:00am CST.

Email your Delegates:

Maggie Gambill, RHIA - margaretgambill@gmail.com

Teresa Knox, RHIA - EHR@mohima.org

Sue LaBonte, RHIA, CHP - Slabonte@FavoriteStaffing.com

The detailed information on each of the action items have been posted to the AHIMA State Leaders and House of Delegates CoP, category "Action Items". See the links below.

Proposed Privacy & Security Resolution

[Click here to review the action item](#)

Proposed Credential in Health Data Analytics

[Click here to review the action item](#)

Proposed Bylaws Amendments on Certification Governance

[Click here to review the action item](#)



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DHSS Meetings Focus On TCD, Trauma Systems



The Missouri Department of Health & Senior Services is inviting interested parties to participate in two series of meetings concerning the state's time critical diagnosis system and trauma system.

The TCD meetings will focus on developing a new system modeled after the state's trauma system. It will address the medical care that stroke and ST-elevated myocardial infarction (STEMI) patients receive. Gov. Matt Blunt signed the authorization for this system into law earlier this year. The first meeting is scheduled from 9:30 a.m. to 4 p.m. Tuesday, Sept. 30, at the State Public

Health Laboratory at
101 N. Chestnut in Jefferson City.

Another series of meetings will assess the state's trauma system. Because the DHSS plans to model the TCD system on the trauma system, it is using this opportunity to evaluate the current trauma system. The first meeting is scheduled from 9:30 a.m. to 4 p.m. Thursday, Sept. 18, at the State Public Health Laboratory at 101 N. Chestnut in Jefferson City.

Individuals interested in attending these meetings should contact [Beverly Smith](#) at the DHSS. Individuals who are unable to attend the meetings but would like to stay abreast of the discussions should contact the Missouri Hospital Association. (Bryant McNally, ext. 1372, bmcnally@mail.mhanet.com)

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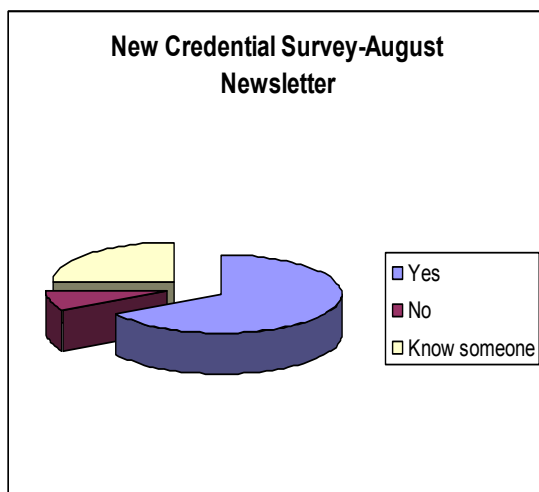
Travel With Your Personal Health Record

Many of you know how important it is to keep and maintain a PHR, but do you carry it with you when you're hundreds—or even thousands—of miles away from home? In a medical emergency, time is of the essence. Transferring medical records across states, oceans, and countries is not only difficult, it's sometimes near impossible.

We encourage you to bring your PHR with you whenever and wherever you travel. Whether it's a family vacation, an overnight stay, a business trip, or an international excursion, always leave home prepared. Please remember to be prepared with your PHR when traveling to AHIMA's October Annual Convention in Seattle. Use this opportunity to train yourself to bring your health information along whenever you leave home.

You've worked to create it, now don't forget it! Set an example for others to show how versatile and useful it can be. Please remember to bring your PHR with you when you travel and encourage your loved ones to do the same.

August Hot Topic Survey Results



Thanks to everyone who responded to last month's survey! We asked for your opinion on the proposed new credential, "Health Data Analytics".

A Certified Health Data Analyst (working title) would be able to:

*Provide expertise to acquire, manage, analyze, interpret and transfer data into accurate, consistent and timely information.

*Balance the 'big picture' strategic vision with the details of a project

*Communicate with individuals and groups at multiple levels internal and external to the organization

*Possess broad knowledge of the processes and outputs of many departments within the organization

*Prioritize and manage multiple projects

Our survey asked if MHIMA members would be interested in pursuing a Health Information Analytics credential.

As you can see from the chart, the majority of respondents, 69% indicated they would be interested in this new credential, 23% indicated they were not interested but knew someone who was, and 8% indicated they were not interested.

We hope you enjoyed this survey, voicing your opinion and seeing the results. Please see the following article for this month's Hot Topic Survey-Personal Health Records.

September Hot Topics Survey-Personal Health Records

This month's survey is on Personal Health Records. The benefits of maintaining a Personal Health Record include empowerment of patients, improved patient-provider relationship, increased patient safety and improved quality of care. As the article on the first page explains, having your PHR with you while traveling could be extremely beneficial should a health emergency situation arise.

This month we are asking members where they stand on personal health records. Please follow the link below to answer the following survey questions. Results will be reported in next month's newsletter.

- I maintain a personal health record.
- I do not maintain a personal health record.
- I am considering creating a personal health record.



[Click here to complete the survey](#)

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ICD-10

The Department of Health and Human Services (HHS) today announced a long-awaited proposed regulation that would replace the ICD-9-CM code sets now used to report health care diagnoses and procedures with greatly expanded ICD-10 code sets, effective October 1, 2011. In a separate proposed regulation, HHS has proposed adopting the updated X12 standard, Version 5010, and the National Council for Prescription Drug Programs standard, Version D.0, for electronic transactions, such as health care claims. Version 5010 is essential to use of the ICD-10 codes.

“We are taking a giant step forward toward developing a health care system that focuses on quality and affordability through the implementation of health information technology,” HHS Secretary Mike Leavitt said. “The greatly expanded ICD-10 code sets will enable HHS to fully support quality reporting, pay-for-performance, bio-surveillance, and other critical activities. Conversion to ICD-10 is essential to development of a nationwide electronic health information environment, and the updated X12 transaction standards are a critical step in the implementation of these new codes.”

In 2000, under authority provided by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the ICD-9-CM code sets were adopted for use in the administrative transactions by both the public and private sectors to report diagnoses and inpatient hospital procedures. Covered entities required to use the ICD-9-CM code sets include health plans, health care clearinghouses, and health care providers who transmit any electronic health information in connection with a transaction for which a standard has been adopted by HHS.

Developed almost 30 years ago, ICD-9 is now widely viewed as outdated because of its limited ability to accommodate new procedures and diagnoses. ICD-9 contains only 17,000 codes and is expected to start running out of available codes next year. By contrast, the ICD-10 code sets contain more than 155,000 codes and accommodate a host of new diagnoses and procedures. The additional codes will help to enable the implementation of electronic health records because they will provide more detail in the electronic transactions. This granularity will also help to improve efficiencies by helping to identify specific health conditions such as Methicillin-Resistant *Staphylococcus aureus* (MRSA) and other conditions.

“Now is the right time to move forward with the transition from ICD-9 to ICD-10,” said CMS Acting Administrator Kerry Weems. “We recognize that the transition to ICD-10 will require some upfront costs, but each year of delay would create additional costs, both because of the limitations of ICD-9 and because of the need to employ the greater precision that ICD-10 codes provide to support value-based purchasing of health care and other initiatives. We will continue to work collaboratively across the health care system to ensure a smooth transition to use of the updated transaction standards and ICD-10.”

The ICD-10 code sets proposed rule would concurrently adopt the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding. The new codes would replace the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Volumes 1 and 2, and the International Classification of Diseases, Ninth Revision, Clinical Modification (CM) Volume 3 for diagnosis and procedure codes, respectively.

Updated versions of current HIPAA electronic transaction standards require the use of the ICD-10 code sets for claims, remittance advice, eligibility inquiries, referral authorization, and other widely used transactions. The currently adopted standard, Version 4010/4010A1 of the American Standards Committee X12 group, cannot accommodate the much larger ICD-10 code sets.

Under the updated transaction standards proposed rule, compliance with Version 5010 (health care transactions) and Version D.0 (pharmacy claims) would be required by April 1, 2010. In that rule, a standard for the Medicaid pharmacy subrogation transaction is also proposed. Medicaid pharmacy subrogation is the process by which state Medicaid agencies recoup funds for payments they have made for pharmacy services for Medicaid recipients, in cases where another third party payer has primary financial responsibility. Compliance would be required two years after the effective date of the final rule, except for small health plans, which would have an additional year.

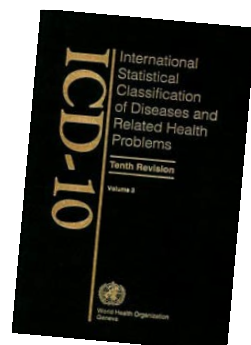
Both regulations may be viewed at:

http://www.cms.hhs.gov/apps/media/fact_sheets.asp.

http://www.cms.hhs.gov/TransactionCodeSetsStands/02_TransactionsandCodeSetsRegulations.asp

Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.

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Calendar of Upcoming Events

September

9/17/08	EMHIMA: Dr. Myesorkar-Hyperbaric Wound Center/Trauma experience	St. John's Hospital St. Louis, MO	4:30 pm
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October

10/2/08	EMHIMA: Tom Flanigan-RHIOs	St. John's Hospital St. Louis, MO	4:30 pm
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10/10/08	MMHIMA Meeting For a tentative agenda see below	Lake of the Ozarks Regional Health System Osage Beach, MO	8:30-4
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10/11/08	AHIMA Convention	Seattle, WA	
		Click here to learn more	

10/21/08	Pony HIMA: National Patient Safety Goals	Missouri Western State University-Murphy 310	5:30 pm
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November

11/2/08	HI&T Week		
		Click here to learn more	

11/6/08	EMHIMA Annual Meeting Jim Applebaum The FBI's Role in Healthcare Fraud	Viking Hotel Lindberg & Watson St. Louis MO	4:30-7:30
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MMHIMA Tentative Meeting Agenda

- 8:30-9:30-Presentation on RACs: Janice Noller, RHIA, CCS, CPHQ SMS Health Care, St. Louis
- 9:30-10:30-Moving Towards a Digital Hospital Crystal Stallings, RHIA, MBA CIO, Skaggs Medical Center, Branson, MO
- 10:30-10:45-Break
- 10:45-11:45-Missouri Cancer Registry Jeannette Jackson-Thompson, MSPH, PhD Operations Director/Research Associate Professor Health Management & Informatics
- 11:45-12:45-Lunch and Business Meeting
- 12:45-1:45-Hospice Vanessa Deem MSW Clinical Liaison/Marketer SSM Home Care, Hospice HME& Infusion
- 1:45-2:45-To Be Announced
- 2:45-3:00-Break
- 3:00-4:00-Wilma Oursborn (Motivational Speaker) Lake Regional Health System