

PHiMA

Pennsylvania Health Information
Management Association

Keystoner

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May 2009

Sponsors



PHIMA President's Address

Greetings to my fellow members- It is May and all thoughts go towards SPRING--- and the PHIMA ANNUAL MEETING!



The agenda for the Annual Meeting is OUTSTANDING with great variety of topics and speakers. Our Education Committee and Coding Roundtable OUTDID themselves- please take a look at the agenda!!! Lorri will have more to tell you- she has lined up a lot of GREAT VENDORS with interesting products and services. In addition- another FIRST- there will be an Educators Forum at the Annual Meeting for our PA Educators!

Your Board and Committees have been very busy- please take a look at the Website and CoP for updates.

I hope you are finding the Keystoner interesting and informative. Please let me know if you have any suggestions. We are trying to let you see the people serving PHIMA and what your Committees are doing.

Our PHIMA election is over--- and **You have elected great representatives**. I was surprised and disappointed about the voter turnout- maybe we can find a way to improve a little next year! I want to especially thank the 316 Members who took the time to vote- it is greatly appreciated.

Number of Votes: 316

of Eligible Voters as of March 7th: 2139

Voting Response Rate: 15%

President-Elect
Chris Parfitt, RHIT
Secretary
Denise Duniyak, MS, RHIA
Director
Dawn Criswell, MS, RHIA
Delegate
Kathy Arner, LPN, RHIT, CCS, CPC
AHIMA Nominating Committee
Eve-Ellen Mandler, MS, RHIA, CCS

Thank you for allowing me this privilege to serve you. Hope to see you at the Annual Meeting.

Eve-Ellen

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PHIMA Board of Directors Elections Statistics

Submitted by: Lorri L. Luciano, RHIA

Thanks to all the PHIMA Member who took the time to exercise your right and duty to help select the next PHIMA Board of Directors. The election period for the 2009/2010 Board of Directors was held from February 1, 2009 to March 6, 2009.



In the 2008 and 2009 election, only 15% of our members participated in this critical activity of the association.

2008 Region Results (321 Ballots)

Local Association	# of Votes
CPHIMA	49
LVHIMA	16
NEPHIMA	18
NWPHIMA	3
SEPHIMA	107
WPHIMA	88
Unknown	40

2009 Region Results (313 Ballots)

Local Association	# of Votes
CPHIMA	65
LVHIMA	25
NEPHIMA	20
NWPHIMA	4
SEPHIMA	69
WPHIMA	87
Unknown	43

As an association we are pleased and proud our membership continues to show they do want to get involved especially with an important activity like voting for the Board of Directors. Attend the 2009 PHIMA Annual Meeting (www.phima.org/AnnualMeetingHome.htm) May 18 – 20, 2009, to meet your 2009/2010 PHIMA Board of Directors.

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PHIMA March Board Meeting Highlights

Submitted by: Carol Houlihan, Secretary

The PHIMA board held its third 2008/2009 meeting on 3/12/09 in Carlisle, PA. Highlights include:

2009/2010 Board Election: The votes are in, 15% of the membership chose to participate... look for the results soon! Look for some committee reorganization as well, including a new committee "Clinical Documentation Improvement Committee".

ROI Manual: The comments from the legal review of the ROI Manual have been received. The comments were to be responded to by the end of March 2009 so look for the manual to be available very soon. Distribution will be via download or CD (no paper version).

2009 PHIMA Annual Meeting: As of 3/12/09 we still had 10 vendor spots available.

PHIMA Fiscal vs Calendar Year: There had been recent interest in learning whether there would be an advantage to changing our budget cycle from Fiscal Year (July-June) to Calendar Year (Jan-Dec). Talks were held with BMM which recommended that we NOT change our cycle. We will however begin investigating the feasibility of having one (1) membership application for PHIMA & those local associations who are now using KnowledgeConnex.

Financial Analysis Audit: Our Treasurer, Executive Director & BMM recently participated in audit of our records. All in all we have a good double checking system in place with only a few minor enhancements suggested.

PA School Counselors Association (PSCA): PHIMA will be participating in the PSCA Annual meeting to be held at the Milton Hershey School, Hershey PA, on April 16th & 17th.

RHIT/RHIA Reimbursement: As of 3/12/09 PHIMA has awarded 15 RHIA/RHIT examination reimbursements. A survey to recent graduates as to their knowledge of the reimbursement potential was sent out in February 2009. Of 175 email sent, we had a 6% (20 responses) response rate. Of those 20, only 12 were aware of our reimbursement policy. The survey will be resent in the near future.

Next meeting will be held during the PHIMA Annual Meeting, May 18-20, 2009, in State College PA.

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2nd Year Director Article

Submitted by Kathy Arner, LPN,RHIT,CCS,CPC,MCS,CPMA

It is hard to believe that it is almost a year since Eve-Ellen and I sat down at the PHIMA State meeting last year in State College to review what duties the 2nd Year Director had to do. Eve-Ellen felt that position would be an opportunity to collaborate with other groups.

The challenge was on! Eve-Ellen gave me several groups to contact right from the start. But I kept calling and e-mailing other groups as well. I met and spoke with such nice people who were willing to share their activities as well.

A calendar was developed with everyone's activities and was posted on the PHIMA.org website. This calendar took a little to coordinate, so after 6 months Eve-Ellen, Lorrie Luciano met before Board meeting in Dec and decided whatever information I received from outside groups I would send to Lorrie and she would keep the calendar updated. This way it will be available all of the time for everyone.

We have been given a lot of different opportunities this year to participate in other opportunities we may not have had without this activity.

Through collaboration, we have gained insight to other organizations, speakers, new education opportunities and some new members.

I would like to take this opportunity to thank those I have made contact with or have personally

met this year:

Bruce Marcolongo – Past President of DVHIMSS (Delaware Valley)

Tim Schoener, CPHIMSS, FHIMSS – Williamsport

Sean O'Brien – Hospital Council of Western Pa

Eve-Ellen Mandler – President PHIMA

Lorrie Luciano – Executive Director of PHIMA

Carol Croft – PA – AHDI

Mary Ann Leonard – Long Term Care

Barry Ross – Past President WPHIMSS

Jen Pojedinec – President WPHIMSS

Robert Glanville – Event Coordinator for Healthcare Trade Faire– Oregon

Paula Frost – AHDI

Stephanie Serra – Manager Member Services HIMSS

HFMA

ACDIS

Jane Montgomery – RAC Coding Programs

PAMGMA – Bruce Armstrong, President

Thomas Miele – Director, Information Security

Scott Sutherland FBI

We accomplished a lot this year, and it will continue to be an ongoing process. Not everything that was tried worked, but the stepping stones have been laid for the future.

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AHIMA Hill Day from a First Timer's Perspective

By Denise Duniak, MS, RHIA



For the past 4 or 5 years, my friend and colleague Wannetta Edwards (Advocacy Chair of SEPHIMA) has attended AHIMA's Hill Day. At times, my job responsibilities had me traveling in a sales support role which

made attending impossible. Last year, I registered, but last minute health issue kept me away. (And NO, it wasn't an intentional ploy to relieve me of that day.) This year, I was determined to attend. Much to Wannetta's delight, I joined her along with Gloria Davis, Joyce Garozza, Karen Gibson, and Fran Guiles of SEPHIMA and Valerie Watzlaf of WPHIMA and current AHIMA board member. This was the largest representation ever from Pennsylvania.

The afternoon prior we had a de-briefing by Don Rode, Don Asmonga and others on the issues at hand including gaining support for SNOMED, reclassifying the HIM job description with the Department of Labor (DOL), Bureau of Labor and Statistics (BLS), and the Office of Personnel Management (OPM), seeking support to increase funding to Allied Health Professionals and the like. That was followed by a networking reception, which allowed for networking with old friends and making new ones.

Bright and early on Tuesday morning, we met for breakfast and when Don Asmonga called out: Pennsylvania, the excitement began to build (well at least for me) as we found out that we had appointments with Senators Bob Casey and Arlen Specter and Congressman Tim Murphy from Pittsburgh, Jim Gerlach from Chester County, and Robert Brady from Philadelphia. We hopped a cab and arrived on Capitol Hill for our appointments. It was far from balmy (about 30 degrees when we started), but our excitement and enthusiasm quickly warmed us up.

We met with aides for Casey, Specter, Murphy and Brady, but Jim Gerlach met with us personally. We were impressed by his interest. And he actually stumped us with: WHO OWNS/MANUFACTURED SNOMED and DOES THE VA'S VISTA USE SNOMED? We DO have some follow up. He agreed to send a "dear colleague" letter to his counterparts to help reclassify the HIM profession with the DOL, DLS, and OPM.

If you asked Wannetta to sum up Hill Day in one word, she would say, "exhilarating"... I would have to agree. While I was tongue tied at times (and for those who know me, that doesn't happen often), it truly was exciting to be where the action is, where history is made and to at least influence change.



My plea to all of you reading this article: PLEASE CONSIDER JOINING US NEXT YEAR. Pennsylvania is so close to DC. It's an easy trip. If states like Florida and Tennessee can send upwards of 4, 5 to 10+ people, we should easily be able to double our numbers from this year.

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Spotlight on your 1st Year Director



As 1st year Director, I am really proud and excited to serve on the PHIMA board and participate in the HIM community. It is an exciting time for health care but most importantly, it is an exciting time for the HIM professional. Since President Obama signed the American Recovery and Reinvestment Act of 2009 (AARA) on February 19, 2009, many of us have been working on various initiatives or projects that directly relate to this legislation. Whether we are volunteering, teaching, selecting, implementing, or using an EHRs we are getting involved with the migration

toward the electronic health record. HIM professionals will shortly see much activity around the adoption and diffusion of the EHRS and this year PHIMA's annual meeting offers many sessions to prepare us for this transition. The program this year is timely because it offers the fundamentals of project management, change management and other topics that can strengthen our knowledge base. I look forward to seeing you at the annual meeting!

In my role as a PHIMA board member, I will highlight the many ways that I have been involved with the membership. First, I have given a lot of attention to the processing of the PHIMA RHIA/RHIT exam reimbursement. PHIMA really supports education and the growth of our profession with this initiative and so, it is a pleasure to reimburse recent graduates (especially in these economic times I might add). I call the RHIA/RHIT reimbursement process "work in progress" and it is an iterative process as we survey the applicants and find better ways to support and streamline this process. The policy for reimbursement remains the same, but we are enhancing the procedure. We are making it easier for the graduate to use the online application. PHIMA's support for education extends beyond the membership; we have contacted the HIA and HIT professional schools in PA and we are working closely with them to identify how our organization (PHIMA) can continue to support education. Secondly, I have been involved in the Student Scholarship process, which is always a pleasure. The Student Scholarship Awards will be announced at the annual meeting. In January, I offered an audioconference on virtual employees. Overall getting involved with PHIMA has been rewarding and encourage you to do the same! I hope to see you at the annual meeting.

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Legislative and Advocacy Committee Article

Submitted by Karen Jadach, RHIA CCS, Stephen Young, RHIA
Co-Chair Legislative and Advocacy Committee

The Committee has indeed been busy with a variety of legislative and regulatory issues. For this issue of the Key stoner, we are pleased to be able to provide a snapshot of several bills introduced into the General Assembly, along with updates to PA e-HI, the Governor's budget initiatives as well record retention requirements for Infant Foot Prints.

Legislation which reauthorizes the Pennsylvania Health Care Cost Containment Council (PHC4) has been introduced by both Senate and House. [Senate Bill 89](#) and [House Bill 173](#) includes a number of changes recommended by HAP to reduce compliance costs and provide for more transparency and accountability of PHC4 actions. Both bills have been referred to Committee for review.

[House Bill 84](#) prohibits a health care provider from seeking payment from a health payer, patient, or other responsible party of the patient for a preventable serious adverse event. The bill defines "preventable serious adverse event" as an event that occurs in a health care facility that is within the health care provider's control to avoid, but that occurs because of an error or other system failure and results in a patient's death, loss of body part, disfigurement, disability, or loss of bodily function lasting more than seven days or still present at the time of discharge from a health care facility. Such events shall be within the list of reportable serious events adopted by the National Quality Forum. This bill has been referred to Banking and Insurance committee for review.

Several members of the committee have actively represented PHIMA as working members of the PA e-HI subcommittees. Members contributed to the draft content of the PA e HI White Paper

“Ensuring and Addressing Privacy and Security of Health Information Exchange in Pennsylvania” Summary and full-text versions of the white paper are now available on www.PAeHI.org as well as the PHIMA website and PA COP.

Governor Ed Rendell introduced a proposed 2009-2010 state budget on February 4 that cuts Medicaid payments to hospitals by \$130 million in combined state and federal funds. To help pay for the \$28.9 billion budget, the Governor plans to increase taxes on tobacco and natural gas extraction; use funds from the Rainy Day Fund and other sources; and use funds expected to be part of the federal stimulus package. Additional provisions in the proposed budget include expansion of the CHIP and adult BASIC programs, establishment of a new tax on managed care organizations, changes to the pharmacy services offered under HealthChoices, restatement of the administration’s desire to address the Mcare Fund’s unfunded liability, and creation of a new state agency to address long-term, home, and community-based care for the elderly and disabled.

Finally, for those members who struggle with the state interpretive guidelines regarding retention of Infant Foot Prints, we urge you to contact Karen Jadach at K_Jadach@FCCC.edu. HAP is willing to work with PHIMA to revise the interpretive guidelines. We are collecting comments from members regarding specific retention practices within facilities and the specific problems that the indefinite retention requirement poses.

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Technology Committee Article

The PHIMA Technology Committee’s two primary charges are to facilitate the Pennsylvania CoP on the AHIMA extranet and to advise the PHIMA board on the content and functionality provided on the PHIMA website. The committee works very closely with the Executive Director who is vitally important in monitoring and updating both the Pennsylvania CoP (PaCoP) and PHIMA’s website.

If you have not yet utilized the Pennsylvania CoP, I encourage you to do so. It is a great way to share information with others, ask a question, network with over 800 Pennsylvania-based colleagues and provide feedback on statewide or national issues. The PaCoP contains news, links to helpful resources, and, most importantly, solutions and ideas from peers. It's much more than a discussion board, because there are many tools integrated into this site to help members connect with members. You must be a member of AHIMA to access the PaCoP. Just click the Pennsylvania CoP link at the bottom right of the PHIMA website to get started.

The Pennsylvania CoP can also provide a CEU opportunity now that AHIMA has given approval for up to 2 CEUs just for using the AHIMA PaCoP site. PA is the first state to give this a try. [Please read the policy](#) regarding how use of the Pennsylvania CoP can translate to CEUs.

You may not have noticed but there is a new Regions tab on the PHIMA website. Over the last year, PHIMA has worked with several of the regional associations to enhance each of their websites functionality while enhancing the quality and use of the PHIMA website. Three regional associations have partnered with PHIMA in using one website vendor. This pooling of website technology has enabled the regional associations to share the costs of maintaining a high quality website while gaining the benefit of advanced functionality, such as online registration and voting, that may have otherwise been unaffordable or difficult to maintain for the regional association. This has benefited those regions greatly and has provided benefits to every member of those regions whether they are PHIMA Premiere Members or not.

The PHIMA Technology Committee and the Executive Board continue to use technology to provide or enhance the benefits received by PHIMA members. The Technology Committee welcomes any comments, questions or recommendations you may have regarding the PaCoP or the PHIMA website.

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Understanding E-Codes

Submitted by: Linda Massey, CCS, CCS-P and Chris Parfitt, RHIT

Coding Roundtable Co-Chairs and Nathan McWilliams, MPA, RHIA, Director MIS/Trauma Registry
PA Trauma Systems Foundation

EXTERNAL CAUSES OF INJURY

E-Codes are the main classification system for providing data for injury research and evaluation of injury. They are the capturing of the mechanism of injury (cause) and intent (accident, intentional, etc.) and the place where the injury or poisoning occurred. E-Codes are extremely important to institutions of all types and vitally important for the nation's public health information needs.

Multiple Causes E code Guideline: If two or more events cause separate injuries an E code should be assigned for each cause. The first listed E-code should correspond to the most serious diagnosis. You must follow the hierarchy in your ICD-9 Code Book.

Unknown or suspected Intent Guideline: If the intent is unknown or unspecified, questionable, probable or suspected code the intent as undetermined E980-E989. These codes are used most often when there is not detailed documentation.

Undetermined Causes Guideline: When the intent is known and the causes is not known use E928.9. These codes should be rarely used, some cause of injury is usually documented. E 92839 is unspecified accident it should not be a "catch all" it does define intent.

Late effects of External Causes guideline: It should never be used with a current injury. It is meant to go with sequelae of the injury, which may occur at any time after the injury.

Misadventure and Complications of care guidelines: E870-876 misadventure stated by provider. E878-E879 attributes complication but no mention of misadventure.

Terrorism guidelines: Must be identified by government (FBI) as terrorism. Additional assault E codes should not be assigned.

USING THE ALPHABETIC and TABULAR INDEXES TO THE E CODE: Be sure to follow all cross references. Review all includes and excludes notes. Review any applicable descriptions in the tabular list and take note to the fourth digit requirements.

TABLE OF DRUGS AND CHEMICALS: This table consists of classification of drugs and chemical substances used to identify poisonings, overdoses, wrong substance given or taken or intoxication. The table also contains a listing of external causes of adverse effects. An adverse effect is a pathological manifestation due to ingestion or exposure to drugs or other chemical

substances. It is important to remember that the alphabetic index and the tabular list and the table of drug and chemicals, when appropriate, should all be used together when determining the proper E code or codes.

DEFINITIONS AND INSTRUCTIONS BY COMMON MECHANISMS OF INJURY: There are hundreds of ways for people to get injured. In Pennsylvania the most common mechanisms of injury are Motor Vehicle injuries and fall's and Gunshot wounds. This is according to the PA trauma System Foundation 2006 data.

Traffic and the Non- traffic Motor Vehicle accidents: It is extremely important to read thoroughly the tabular list which contains the definitions and examples related to motor vehicle accidents.

Accidental fall's: The most common E-codes for the elderly population. There are many excludes notes in this section. There is some controversy over the fall striking other object codes (E888.0 and E888.1) Go back to your guideline and always use the one that most relates to the principle diagnosis.

Gunshots: There is very few includes and excludes notes. Most common E codes for 20-30 year old population. Things to look for in the documentation is what were they shot with and was it accidental or intentional.

PLACE OF OCCURRENCE: This category is for the place where the accident occurs. There are many examples given for each place, but pay attention to the exclude notes. The most common used place of occurrence E codes is E849.5 (street) and E 849.0 (home).

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



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 by [clicking here](#).

Direct link to Guide is:

http://library.ahima.org/xpedio/groups/public/documents/internal_projectplanning/bok1_043192.pdf

Technology Co-Chairperson Spotlight



Steve A. Young, RHIA graduated from Temple University's Health Information Management program in 2007 with a Bachelor of Science and is currently the Director of Health Information Management for a 360 bed long term care and physical rehabilitation facility for the County of Bucks. His former experiences include Temple University Hospital, St. Christopher's Children's Hospital, Diskriter, and Children's Hospital of Philadelphia's Biomedical Informatics Department. Steve takes part in PHIMA as a co-chair for the legislative and e-health committee. He is also a member of the Pennsylvania Electronic Health Initiative (Pa eHI) and a co-facilitator for AHIMA's Leadership CoP.

Stephen has been fortunate enough to have great mentors in his past and current endeavors and is passing along the experience to his interns from Gwynedd Mercy College's H.I.M program.

Taking Back the ROI Request Process

How a shared-service, release-of-information (ROI) process helped Riddle Memorial gain control while maintaining revenues

By Kelly Henry, MS, RHIT, CHP
Director, Regulatory Preparedness, HIM, MSO, Special Projects
Riddle Memorial Hospital
Media, Pennsylvania

Although many hospital leaders do not consider the release-of-information (ROI) request process the top priority on their action list, inadequate ROI management can cause problems for all involved.

Riddle Memorial Hospital in suburban Philadelphia, Pa. realized several years ago that they were missing out on financial improvement opportunities and their ROI process needed help. The issue was placed among the hospital's top five departmental priorities.

Fortunately, the organization discovered there was a better business model for handling ROI and were surprised at some of the benefits.

Releasing information the old-fashioned way

Riddle Memorial Hospital, a 207-bed hospital, records roughly 10,000 admissions, 76,000 outpatient visits, 500,000 laboratory procedures and 29,000 emergency room visits annually.

In addition to the usual ROI requests from the business office, physician practices, patients, health plans, lawyers, law enforcement and research organizations, Riddle Memorial also fields requests from auditors on behalf of state-mandated initiatives.

In 2004, it was obvious to the organization that the ROI process lacked structure. The system in

place at the time was little more than a manual “first in, first out” method that created huge piles of paperwork.

Tracking requests in response to inquiries was completely manual and extremely difficult. Fulfilling some requests required a visit to the basement in another building. If a requester didn't pay their bill, there was little to no follow-up as there was no easy way to track unpaid invoices.

The staff had typewriters instead of computers in place, which, of course, did not offer a strong tracking process for ROI volume, statistics and status. The staff was at a disadvantage, simply because the process had never been updated from the old-fashioned way.

A “shared-service” solution that made sense

Riddle Memorial had dedicated and engaged staff involved in the ROI process and was not seeking to reduce staff in the restructure, but wanted to give them the right tools to make the process run smoother. Receiving financial benefits was not expected, as the primary objective was simply to gain control.

The first priority was to enhance the ability to process the requests quickly and to improve efficiency by working smarter. With the right system in place, for example, the need to repeat the same ROI request was eliminated. Riddle Memorial also sought a method to easily investigate status requests, as an effort to serve customers more responsively. Management wanted a “dashboard” that would show how well the hospital was doing in terms of request volumes, turnaround times, pending ROIs, outstanding invoices and other ROI benchmarks.

Previous ROI experiences led Riddle Memorial to re-think the entire approach from the ground up. Although the 100% in-house option wasn't efficient, there was a reluctance to re-visit another conventional option – complete outsourcing. Instead, Riddle Memorial wanted to own the process.

During the search for a solution that fit well, Riddle Memorial became aware of MRO Corp. in King of Prussia, Pa and its ROI Online product, offering a shared-service, ROI request model. As Riddle Memorial learned more and more about the shared-service approach, the organization could see the value in the proposal: Riddle Memorial would still handle the front-office functions, while MRO would manage the back office. The revenues would be shared.

This approach would let Riddle Memorial keep its staff, maintain control and, through ROI Online, gain access to the vendor's specialized expertise – all of which were top criteria in selecting a new process for release-of-information. Riddle Memorial decided this was a perfect solution and moved forward with installation.

The transition to the front-office/back-office model

The new ROI process begins with Riddle Memorial staff opening the mail and logging requests immediately – not when it's time to work the request. Performing the function of logging the mail allows the hospital to begin tracking a request the moment it is received. Hospital personnel conduct the research, retrieve the relevant information and validate that it is for the right hospital, right date of service and right patient.

Using a virtual print driver from the vendor's application, selected records from the hospital's document imaging system are captured and transferred into the online system without having to print and scan. If the requested data is available only on paper or microfilm, the paper or reprinted documents from film are scanned using one of two desktop scanners.

The vendor handles the rest of the process. After confirming the information is correct, the company conducts all records distribution, either in printed or electronic format. It manages the ROI billing, including collections, and fields telephone inquiries from requesters such as attorneys, insurance companies and record retrieval services. In addition, the vendor supplies and maintains the software at no cost to Riddle Memorial.

The hospital's online release-of-information process went live in August 2004. Implementation required only a few computers, two scanners and the vendor's software package. The cost for startup was minimal and did not require a large, up-front investment into a traditional ROI software package.

The biggest obstacle had nothing to do with the ROI process itself. It was a simple matter of training. At the time, Riddle Memorial was operating in a mainframe environment, so staff needed to be introduced to some basic principles of the PC and mouse operation that most of us take for granted.

A win-win-win situation

Before implementing the online release-of-information system, the process was poorly organized, and hospital staff could not easily determine how many ROI requests were pending for processing. Now the status of every request can be tracked.

With the new shared-service process in place, the entire process is far more efficient. As a surprise to the hospital, even with the revenue sharing, Riddle Memorial is bringing in the same amount of revenue as before the new system was in place. The vendor's expertise in billing and collections has positively impacted gross revenues.

ROI Online has successfully assisted Riddle Memorial Hospital transform the ROI process at its facility, allowing hospital staff to move on to other priorities while providing excellent customer service.

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CPHIMA Regional Report

Submitted by Jennifer Zimmerman, RHIA
Public Relations Chairperson



CPHIMA held its Quarterly Education Session on March 20, 2009 at Select Medical Corporation in Mechanicsburg, PA. We started the day off with a panel discussion on Clinical Documentation Improvement (CDI). The panel members were from local hospitals and shared their CDI strategies with the group. Panel members included; Michele Johnson RN, BSN Documentation Specialist Supervisor, Wellspan Health, Trish Stoltzfus, CCS, Manager Data Collection,

Vicki Marth, RN, MS, *Manager, Outcomes Management Department, PinnacleHealth Hospitals* and Pat Swetland, RHIT Manager, HIS Coding Services, Penn State Hershey Medical Center. Following lunch and the CPHIMA business meeting Richard C. Seneca, Esquire took the floor and gave the group an update on privacy law and understanding the new federal red flag rules.

Upcoming Events:

CPHIMA has education sessions slated for the following dates;

- June 12, 2009 - Normandie Ridge, York, PA
- September 18, 2009 - Lancaster General Hospital, Burle Industry, Lancaster, PA
- December 18, 2009 - Hershey Hotel, Hershey, PA

Additional information about CPHIMA, our newsletter and registration information for upcoming educational sessions and Coding Roundtable information can be found on our **NEW** website!
www.phima.org/CPHIMA.htm

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SEPHIMA Regional Report

Greetings from Southeastern Pennsylvania.

We are coming down the home stretch for this year's board which included:

President: Fran Guiles, RHIA, CTR

President-Elect: Karen Jadach, RHIA, CCS

Past President: Cathy A Flite, M.Ed., RHIA

Secretary: Renee Silverman, RHIT, CCS

Treasurer: Dasantila Sherifi, MBA, RHIA

Committee Chairpersons:

Bylaws: Joyce Garozzo, MS, RHIA, CCS

Education Arrangements: Eileen Lambert, RHIT, CCS

Finance: Karen Jadach, RHIA, CCS

Membership: Geralynn Bryers, RHIA, CTR

Nominating: Cathy Flite, M.Ed., RHIA

Technology: Gerard Harter, RHIT, CTR

Public Relations: Denise Duniak, MS, RHIA

Advocacy: Wannetta Edwards, MS, RHIA

President's Message

Submitted by Fran Guiles, RHIA, CTR

Happy Spring! Time is flying by, and it's so hard to believe that my term as your President is winding down very quickly. I would like to thank the membership for the wonderful opportunity to serve the association.

Our Board and Committee Chairs have been really busy this year. Just take a look at this great newsletter our Public Relations Chair put together. The Education-Arrangements Committee has given the membership three fabulous education sessions and working on our annual for June. Joyce Garozzo is busy working on Bylaws changes and thanks to Gere Bryers, our membership numbers are increasing. Our President-Elect, Karen Jadach was successful with recruiting two of our Board Members to run for a PHIMA Office, and I would like to congratulate Denise Dunyak, incoming Secretary for PHIMA. Our 2009-2010 Ballot is underway for election of officers to SePHIMA's Board of Directors. With our new website enhancements on line voting will be available. Stay tuned for details.



As President-Elect of PHIMA, I represented the organization by attending the AHIMA Winter Teams Talks on March 23rd. and Hill Day on March 24th in Washington, DC. I traveled the Yellow Brick Road to Washington with Joyce Garozzo, PHIMA Delegate and SePHIMA Bylaws Chair. Denise will tell you all about Capitol Hill Day. But I just want to say that Wannetta Edwards, SePHIMA's Advocacy Chair, was key to inspiring many of us to attend. Her Hill Day presentation during our Holiday session was excellent, but the scope and magnitude of actually being present at such an event is an experience that cannot be described to its

fullest.

Winter Team Talks, as well as Capitol Hill Day was well attended by Pennsylvania. The entire day can be described as an awesome interaction of top-flight ideas and ideals from AHIMA executives, state leaders and members throughout the nation, creating an eclectic mix of aspirations in support of our development.

We got started around 8:30am with a welcome by Vera Rulon, AHIMA President. Linda Kloss, AHIMA Executive Director presented highlights of the Health IT provisions of the American Recovery and Reinvestment Act (ARRA), what AHIMA will be working on, and what the focus should be for the Component State Associations (CSAs). On February 17, President Obama signed the "ARRA of 2009". The final agreement contained \$19 billion for health information technology and health information exchange, \$2 billion of which is designated for the Office of the National Coordinator for efforts toward health exchange, standards analysis, and testing and administration of funds. \$17 billion is dedicated for HIT and HIE incentives.

State-Designated Entities will receive grants to facilitate health information exchange and the use of health information through enhancing participation in HIE. AHIMA will continue to lead the State Leaders HIE consensus best practice project. Component State Associations should redouble their efforts with state and local HIE organizations. Visit the website at www.slhie.org to learn how the states are doing. AHIMA will work to encourage accredited programs to be positioned to secure grants and the State Associations should focus to support the HIM education programs in their states and develop a state level HIM workforce plan. Privacy and Security: "HIPAA II"- 55 pages will include increased duties for Business Associates, PHR vendors now covered, new enforcement and penalties to name a few. Here we go again, Stay Tuned!!! Should you wish to read the ARRA, <http://fdsys.gpo.gov/fdsys/pkg/BILLS-111hr1ENR/pdf/BILLS-111hr1ENR.pdf>. Begins on page 114.

AHIMA President-Elect, Rita Bowen, got us going with a group discussion and reporting exercise. Scenarios of the future for HIM in 2015 were presented. The most extreme scenarios were

"Ground Hog Day "and "Stairway to Heaven". "Ground Hog Day " is an economy that has low or no growth, limited interest in HIM education and workforce, multiple interfaces that are costly to develop and maintain. What AHIMA would need to succeed in this world would be training HIM professionals for CIO positions and more master level positions. We will need to promote ourselves with vendors and more education on Genotyping. The major impact would be loss of credibility and loss of membership. "Stairway to Heaven" is coordinated care across the continuum (patient focused), uniform compliance with data/interoperability standards, all health care workers have a higher info competence and increased competition to AHIMA from new entrants in the HIM space. Stairway to Heaven focused on nirvana: a state of healthcare where consumers were in the driver's seat able to access healthcare anywhere, anytime with true transparency to information about providers. Having access to the best care where geography truly has no borders. There would be global standardization so that no matter where a consumer is treated, key patient information is available. Much discussion also surrounded standard care protocols that are taught in medical school. It was a fun exercise and in the end, the AHIMA staff collected our responses.

After our networking lunch we learned about the Triumph Awards Program and the Awards Committee. We were very excited that Denise Duniak was one of 4 members to be elected to the committee to select individuals from the applicants to receive the 2009 Triumph Awards. Next the House of Delegates Teams presented their accomplishments and future focus. I would like to mention that the HIM Higher Education and Workforce HOD Team developed a Clinical Practice Sites/Professional Practice Experience (PPE) Guide. This will be ready for download from the AHIMA CoP shortly.

We ended the Winter Team Talks session with a presentation and discussion of AHIMA's 2009 Key Initiatives. AHIMA will be a positive force for ICD-10. Visit the new web page at <http://www.ahima.org/icd10> and sign up for the I-10 Newsletter at <http://www.ahima.org/images/newsletters/ICDTen/subscribe.html>. For ICD-10 there will be no additional exam requirement, additional CEU's will be required, requirements may vary by credential, exact number of additional CE's TBD and the reporting timeframe is 2013.

My goal was to cover the highlights of AHIMA Winter Team Talks and I hope you will be able to find a little something that stirs your interest and some education of topics that were unfamiliar. There is so much more, and I strongly suggest you visit the AHIMA website for updates on the wonderful intuitive discussions of these subjects. So much information, so little time!!!

On March 27th, our spring education included a discussion on Interventional radiology by Linda Holtzman, MHA, RHIA, CCS, CCS-P, CPC, CPC-H with Clarity Coding and a discussion on Medical Identity Theft by Laurinda Harman, PhD, RHIA from Temple University. The session was attended by 55 members.

According to Gere Bryers, membership chair, our recent membership drive resulted in 233 members broken into the following categories:

Active 185 – up from 157

Seniors 3 – up from 2

Students 45 – up from 41

Karen Jadach served as liaison to the PHIMA nominating committee. Denise Duniak was on the ballot for secretary and Wannetta Edwards for Delegate.

Wannetta Edwards, Advocacy Chair, was successful in her goal to increase participation in AHIMA HILL Day (see separate article in Keystoner). She also reports that AHIMA kicked off a "Congressional Education Program" which was described in the Feb. 26 AHIMA Advantage e-Alert. Members are encouraged to send letters to their representatives using the preformatted letters in the AHIMA Advocacy Action Center. It's NEVER too late to educate our senators and congressman. See My AHIMA Advocacy Action Center for details.

For more information, visit the SEPHIMA website.

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NWPHIMA Regional Report

Notice to all North Western PHIMA (NWPHIMA) Members

As of March 22, 2009, PHIMA has received official notice the local region Northwestern of PHIMA has been disbanded. If you have any questions or concerns about this decision please contact Sandy Frey (sandyfrey9127@msn.com) or WPHIMA President, Michele Bartholomew (mmb78@comcast.net)

Former NWPHIMA Members are welcome to participate in any WPHIMA activities. Feel free to check out the website www.wphima.org or the President Michele Bartholomew for information at mmb78@comcast.net

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Pennsylvania College of Technology

New Health Information Degree Tailor-Made for Career Enhancement



She has an associate degree from a well-respected institution and a rewarding job with one of the region's top employers, so what could be more attractive to Kathryn M. Barbera? How about a front-row seat for future advancement in one of the nation's fastest-growing fields – without compromising her current position?

Developed especially for working professionals and offered exclusively in a convenient distance-learning format, Pennsylvania College of Technology's new four-year health information management major is the first of its kind to be offered by a public institution in Pennsylvania.

And for Barbera, who obtained her two-year degree in health information technology from the college in May 2007 (along with a certificate as a coding specialist) – and who now will be able to earn a bachelor's without forsaking her job to return to school – it's a perfect fit.

A full-time employee of Susquehanna Health, she skillfully makes sense of the diagnosis codes and billing for an increasing number of physicians' services, an avalanche of data that allows for insurance reimbursement and statistical research and comprises medical record-keeping in this electronic age.

Once considered the stuff of high-tech fantasy – enabling a vacationing doctor to remotely access his office files after being paged by an ailing patient, for instance – health information technology is among those futuristic careers whose time definitely is now.

“Employers are looking for more-educated and certified staff,” Barbera said, noting that both the volume and confidentiality of patients’ health information require absolute precision and responsibility. That need becomes even more prevalent as the profession moves from the decades-old diagnostic codes (which assign specific values to everything from the flu to heart failure) to a new set of numbers aimed at global uniformity of data collection and storage.

With the same responsiveness that it employed when recently adding “green” construction and computer-network security to its curricular offerings, the new baccalaureate major again puts Penn College in fine position to readily guide its alumni into meaningful postgraduate employment.

“The creation of regional, national and international health information networks has brought a phenomenal potential for new jobs on the horizon,” said Daniel K. Christopher, assistant professor of health information in the college’s School of Business and Computer Technologies. “In order to improve patient care, physicians will need access to information. It’s a great career outlook.”

The U.S. Department of Labor’s Bureau of Labor Statistics projects a 49-percent growth in the number of health information management positions by next year, making it one of the 10 fastest-growing health-care occupations in the nation. Those jobs – in nursing homes and hospitals, law firms and insurance companies – represent a wise move for qualified employees.

A new graduate with an associate degree in health information technology can earn a salary in the \$25,000-to-\$30,000 range, Christopher explained; a bachelor’s degree in information management can raise that average to as high as \$50,000.

Recently discussing the new major as it was heading for endorsement by the college’s Curriculum Committee and approval by the administration, Christopher and his deans in the School of Business and Computer Technologies said the four-year degree was “the next logical step.” The number of two-year graduates in the health-information field has reached “critical mass,” they said, making it the right time to offer the heightened education that the explosively expanding field demands.

As explained by Christopher; Edward A. Henninger, dean of business and computer technologies; and Francesca M. Troutman, assistant dean of business and computer technologies; the new major is designed for graduates of Penn College’s associate-degree program (or similar two-year programs at other institutions) and others in the field who carry the Registered Health Information Technician credential.

Attainment of the four-year diploma requires fewer than 70 credits beyond the two-year degree. By taking only two or three online courses at a time, that can be accomplished in two years – a boon for Barbera and other working professionals juggling continuing education with the need for a regular paycheck.

“It’s a great program,” said Barbera, who started her Susquehanna Health employment as a unit secretary around the time she began classes in the Fall 2004 semester. “It’s all distance learning and it won’t be that many more classes. I wouldn’t have been able to do this without Penn College.”

The Central Pennsylvania Health Information Management Association, which serves the middle corridor of the state from Altoona to Lancaster and points north, is supportive of the new major, recognizing the need for a four-year degree and offering to be represented on its corporate advisory board. As the first class of students enrolls for the Fall 2009 semester, the major also is expected to be spotlighted at a May 18-20 meeting of the Pennsylvania Health Information Management Association in State College.

For more information about majors in the School of Business and Computer Technologies, visit www.pct.edu/schools/bct or call 570-327-4517. For general information about Penn College, visit www.pct.edu, e-mail admissions@pct.edu or call toll-free 800-367-9222.

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Making the Most of the 2009 AHIMA Election

We recently spoke with members about their experiences voting in the AHIMA election. Patricia Maccariella-Hafey, RHIA, CCS, CCS-P, emphasized how simple the voting process is. "Voting for the leaders of our association is a snap," she said. "When I log on at www.ahima.org and click on Communities of Practice, a reminder to vote pops up. I can even review the candidates' biographies before I cast my vote. It really could not be a simpler process."

Jennifer Sundby, MA, RHIA, votes because, "this is an exciting time in our profession and there is an amazing movement happening in HIM. The people in these key elected positions are extremely important and they need to be outstanding, passionate, and experienced HIM professionals," she says. "A way for me to make certain that the right person is elected is by voting. Because voting is easy, convenient, and fast, there are no excuses."

Before the 2009 election cycle begins in late May, review the slate of candidates and timeline below to help you make the most of the process.

President-elect

Bonnie Cassidy, MPA, RHIA, FAHIMA, FHIMSS (GA)

Mary Beth Haugen, MS, RHIA (CO)

Directors for the Board of Directors

Cassi L. Birnbaum, RHIA, CPHQ (CA)

Tasha Green, MS, RHIA (DC)

Beth A. Kost-Woodrow, RHIA (GA)

Chrisann K. Lemery, MS, RHIA, FAHIMA (WI)

Anne M. Mahalik, MPA, RHIA, FAHIMA (IL)

Lois M. Yoder, RHIT, CCS (FL)

Commission on Accreditation for Health Informatics and Information Management Education

Associate-level Educator

Bonnie L. Hemp, MBA, RHIA, CPHQ (OH)

Rosalie M. Majid, RHIA (CA)

Baccalaureate-level Educator

Marilyn R. Davidian, MA, RHIA (CA)

Melinda Wilkins, PhD, RHIA (AR)

Commission on Certification

HIT Educator

Hertencia V. Bowe, MSA, RHIA (FL)

Carolyn J. Gaarder, MLA, RHIA (ND)

RHIA Professional

Donna L. Barnard, MBA, RHIA (NY)

Amanda S. King, RHIA (TN)

2009 Election Timeline

May 26–June 5—Candidate CoP opens at 9 a.m. CDT May 26 and closes 5 p.m. on June 5.

June 8–June 26—AHIMA polls open at 9 a.m. CDT (June 8) and close at 5 p.m. CDT (June 26)

Mid-July—Announcement of the 2009 AHIMA election results in the weekly e-alert. ♦

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