Editor’s Note

By: Sherisse Monteiro

I first want to thank Clare Carvel for her unwavering dedication to Connect and MaHIMA. She has generously helped me with my transition as Connect Editor and I can only hope to continue her extraordinary work.

As a 2011 graduate of Laboure College’s HIT associate degree program, I share MaHIMA’s enthusiasm in educating our members on new initiatives. It is both interesting and refreshing to find successful professionals within our state eager to learn in this continuously changing profession. These professionals rely on MaHIMA as a valued resource for updates and education.

Connect is just one of the great tools MaHIMA utilizes to connect members to events and valued resources and I am grateful for the opportunity to contribute as the Connect Editor. It is my hope that my participation will encourage other students and recent graduates to get involved in MaHIMA’s many volunteer opportunities. I began going to conferences as a student and received an overwhelming welcoming from all of the attendees, sponsors and organizers. This welcoming encouraged me to get involved and I encourage other students and recent graduates to do the same. I also encourage directors and managers to take on students as Jackie Raymond, RHIA did with me almost two years ago. I was hired as her administrative assistant and I have had the unique opportunity to get hands on training everyday. Our profession provides a multitude of job opportunities in traditional and non-traditional roles; please keep this in mind the next time a student reaches out to you for a job or for an internship.

This issue of Connect is full of new information and recaps of events that our dedicated board members have coordinated and presented at this year. The events and presentation recapped in this issue include ICD-10 Summit presentations, Winter Team Talks, MaHIMA Hill Day and the NE HIMA Annual Conference. If you have missed any one of these meetings please take this opportunity to stay ‘connected’.

Please feel free to contact me at smonteiro1@partners.org or 617-697-9319 if you have ideas or suggestions for articles.

TOP

Sherisse Monteiro, MaHIMA Connect Editor smonteiro1@partners.org

President’s Message

By: Mary Radley, RHIA
It is hard to believe that my year as President-elect is ending. This past year has been a wonderful experience and I’ve had the opportunity to participate in many events. The Leadership Conference/Team Talks at AHIMA last July started off my year with some excellent educational sessions and breakout meetings. This was a great experience and I came away with a better understanding of the many resources available at AHIMA, and how CSA groups (state organizations) throughout the country are communicating and educating their members about the many new initiatives in our field. I came away with renewed enthusiasm for my career choice, and for my opportunity to serve on the Board of MaHIMA.

I am excited and very grateful for the privilege to serve as President of MaHIMA for the upcoming year! My goal for this coming year is Education to Meet Today’s Challenges. Legislation, technology and the explosion of social media have all brought many changes and challenges in healthcare providing opportunities for HIM professionals to emerge and take the lead in important projects and issues. This is a time when collaboration with peers will help us all as we rise to the many changes and challenges ahead. As your state professional organization for HIM, MaHIMA will strive to provide a wide variety of timely and relevant educational programs, as well as expand the opportunities for networking and peer-to-peer discussions using a combination of face-to-face meetings and webinars available from your desk. Our Strategic Planning session in March had a record number of attendees which provided a long list of suggestions for topics of interest and new initiatives that members would find beneficial. There are many dedicated volunteers serving on the MaHIMA Committees and there is always an open invitation for others to join and participate in a wide variety of ways! Please consider joining a committee to help us roll out the plans during the coming year!

MaHIMA activities over the past several months include:

- MaHIMA Strategic Planning Session (March 2011)
- Winter Team Talks and Hill Day in Washington DC (March 2011)
- ICD10 Summit (April 2011)
- NE Annual Conference, Mohegan Sun, CT (May 2011)
- Massachusetts Hill Day, State House in Boston (May 12, 2011)

The NE Annual Conference was held May 1 – 3 at Mohegan Sun in CT. The theme for the meeting was HIM, Our Time is Now… Seize the Day! There was record-breaking attendance with 358 attendees from six New England states, and 70 vendors participating in the exhibit hall. The agenda was excellent and offered something for everyone. For the first time this year, a VOTING BOOTH was available at the MaHIMA hospitality booth in the exhibit hall. This was used to encourage and assist attendees to vote in the AHIMA election. This was very successful and all six states had record-breaking percentages for members who voted in this year’s election. The overall percentage of AHIMA voting eligible members who voted across all states was 13% (up from 10% last year). Percentages for voting members for the 6 NE area states were: Connecticut 15.4%, Maine 15.6%, Massachusetts 24.2%, New Hampshire 20%, Rhode Island 26.6%, and Vermont 24.2%. Across the country - Rhode Island, Massachusetts and Vermont were the top three states for the highest percentage of voting eligible members who voted in the election this year. We may be small states, but we can be mighty!

Thank you to everyone who voted! I hope we can continue to increase member participation in both AHIMA and MaHIMA elections. If we can ‘double’ the number of voting members that participate next years elections – we could potentially exceed the actual number of voters from any other single state! That would be a very strong message that would help us to get local representation at the national level!

I welcome any input and ideas you may have. Please feel free to contact me a 617-355-5502, or by email at mary.radley@childrens.harvard.edu.

Have a great summer, and I look forward to seeing you in the Fall.

Mary Radley, RHIA, President, MaHIMA
mary.radley@childrens.harvard.edu
Committee Updates & Social Networking Sites

By: Jeanne Fernandes, RHIA, Director, Communications

The Communications Committee work is aimed at continuously improving member communication.

Our Social Networking Team has established MaHIMA’s online presence and is focused on enhancing our online content. MaHIMA is now on Facebook, Twitter, and LinkedIn.

We encourage you to follow us online:

[facebook] www.facebook.com/massachusetts health information management association

[LinkedIn] www.linkedin.com/company/massachusetts-health-information-management-association-mahima

[twitter] www.twitter.com/MaHIMAResources

The Committee continues to work on website updates, member e-surveys, Job Alerts and e-Alerts to keep our members informed of industry, Association news and events. Our newly formed Marketing Task Force will be holding its first meeting in July.

Finance

Report for 3rd Quarter (July 2010 - March, 2011)

By: Linda A. Hyde, RHIA, Finance Committee Chair

Income for the first nine months of the year is $98,100 with expenses of $85,171. 58% of our income to date comes from educational programs, 20% from AHIMA rebates and 18% from our portion of last years New England Annual Meeting income. All the meetings held so far were profitable due to both attendance and sponsorships. 12% of expenses represent board expenses including income tax filing, AHIMA Summer Team Talks and Annual Meeting House of Delegates, 39% for educational programs and 45% administrative costs.

As of the end of March MaHIMA has $113,412 in assets with 75% ($85,521) in the Merrill Lynch and Fidelity accounts for reserves. The year-end budget reports will be available in August and the board will start working on budget planning for next fiscal year this summer. The proposed FY 2012 budget will be presented to the membership at the Fall meeting in September.

Legislative Affairs

6th Annual MaHIMA Beacon Hill Day

By: Karen Griffin, Outgoing Director, Legislation/Advocacy

The MaHIMA Legislative Committee was pleased to offer the 6th Annual MaHIMA Beacon Hill Day, held at the State House in Boston on Thursday, May 12, 2011. In attendance at the event were 200... Lastly, an optional State House Tour was conducted filled with informative facts about the history of our State House. If you were unable to attend Beacon Hill Day, this year’s plans...
In attendance at the event were 30+ individuals which included a Breakfast Networking Session with visits from over 25+ legislators and aides. Next a morning educational session was held in a private Hearing Room that included a presentation on Health Care Reform in Massachusetts by Senators Richard T. Moore, Senate Chair, Joint Committee on Health Care Financing; Representative Steven M. Walsh, House Chair, Joint Committee of Health Care Financing, and Senator Bruce E. Tarr, Member, Joint Committee on Health Care Financing. To follow was an update on the Health Information Technology in Massachusetts by Rick Shoup, Director, Massachusetts eHealth Institute and State HIT Coordinator. Beth English, Deputy Program Manager for Operations, DPH Immunization Program, provided an update on the Massachusetts Immunization Information Systems (MIIS).

After lunch, a presentation by Pat Scanlon, Former Clerk of the Senate and Parliamentarian about How to Write a Bill. Following the presentation, members had an opportunity to participate in group visits to their senate and house representative offices to engage in conversation regarding important issues facing the HIM profession, both on a state and national level such as, HIM Workforce; 2011 HITECH Congress Continued Support of ARRA and HITECH Programs; 2011 Patient Identity Solution with regards to health information exchange; Massachusetts Standardized Coding Legislation-All Payer data and health care claims; Nursing Home ARRA Funding.

To view the complete list of Talking Points and AHIMA documents, click here.

Unable to attend Beacon Hill Day this year, please consider attending the event next year. It's an experience that will remind you how each and every one of us has the ability to impact the legislative process as constituents of the Commonwealth.

Here are just a few of the comments shared by those in attendance:

About the Health Care Reform in Massachusetts presentation:
“Wish it could have been a longer session. Very informative.”

About the Health Information Technology in Massachusetts presentation:
“Excellent presentation; very knowledgeable”

About the How to Write a Bill presentation:
“Found the flowchart outlining stages of a Bill to be extremely helpful.”

About the event:
“Excellent Speakers/Excellent Day”

Events such as Beacon Hill Day could not be possible without the generosity of our sponsors. Please take a moment to thank our sponsors: HealthPort, Hoffman Transcription, Medical Record Associates, (MRA), Nuance Communications, Inc, and Philbrick Transcription for supporting MaHIMA's legislative efforts. Please take a moment to enjoy some photographs of the day’s event. 2011 MaHIMA Hill Day.

Volunteer Highlights
Service with a Smile!

By: Karen O'Donnell, RHIA, Administrative Director

The MaHIMA Registration desk is usually the first stop for attendees when they arrive at one of our educational sessions. For many years, there have been a few very familiar, smiling faces waiting to greet you, sign you in, and direct you on your way.

Peggy DiConza, RHIA and Sue Lipizzi, RHIT, CCS, both employees of Medical Record Associates, have each given over 10 years of volunteer time at the MaHIMA registration desk. I can always count on a call from Peggy a few months out from the date of an educational session letting me know she and Sue are ready and willing to be onsite, whatever the weather, to help out. When the day arrives, they are most often already onsite ready to help unload the meeting boxes and bins and help set up for the day. Our events run so smoothly with Peggy & Sue on hand!

Peggy says the following about volunteering for MaHIMA:
“I have enjoyed participating and assisting the MaHIMA team. It's a nice way to help out the association and a good opportunity to catch up with old friends and meet new ones.”

MaHIMA (and myself!) wish to thank both Peggy and Sue for their sincere, undying dedication to MaHIMA and its many registrants they have serviced over the years. Service with a smile!

IN THE NEWS:

New England Sinai Hospital Featured in For The Record

By: Susan Pepple, Chair, Marketing Task Force

New England Sinai Hospital, winner of the 2010 HIM Innovation Award from MaHIMA, was featured in a recent issue of For The Record magazine. The full article is available here: http://www.fortherecordmag.com/news/enews_0511_02.shtml

Senator John Keenan Reaches Out to MaHIMA

By: Karen Griffin, Outgoing Director, Legislation & Advocacy
Karen Griffin, MaHIMA Outgoing Director of Legislation and Advocacy, received a call from Michael Mullen, Legislative Aide, to State Senator John Keenan requesting a meeting with the Senator and staff to discuss the disclosure of protected health information. State Senator Keenan is the Senate Chair, Joint Committee on Mental Health and Substance Abuse and serves the Norfolk and Plymouth Districts; Quincy, Braintree, precincts 2 and 6 to 12, inclusive, Holbrook, in the county of Norfolk, Abington and Rockland in the county of Plymouth. As the new Chair; Senator Keenan was interested in speaking with MaHIMA regarding the effect of the federal healthcare reform law as it relates to electronic health records with a focus on the challenges with the exchange of mental health and substance abuse records between providers. As Michael stated, “Senator Keenan and our office are interested in building a dialogue with MaHIMA that would be helpful in these issues moving forward.” The office asked for MaHIMA to be prepared to discuss the following topics:

- An overview of MaHIMA
- Current work
- Budget priorities and legislation
- Federal healthcare reform
- Electronic health records in the mental health and substance abuse system

A team of MaHIMA representatives was assembled to speak to the issues. The group included:

- Deborah Adair, MPH, MS, RHIA, Director, HIS and Privacy Officer at Massachusetts General Hospital; Massachusetts HIT Council Member
- Karen Griffin, Manager HIS at Brigham and Women’s Hospital; MaHIMA Director of Legislation and Advocacy
- Heather Hedlund, RHIA, Clinical Relationship Manager, Regional Extension Center-Massachusetts eHealth Institute; MaHIMA Legislative Affairs Member
- Jackie Raymond, RHIA, Director, HIS and Privacy Officer at Brigham and Women’s Hospital; Appointed Member of the AHIMA Health Information Exchange (HIE) Practice Council; Member on the State Privacy and Security Workgroup; MaHIMA Past President

Senator Keenan expressed a desire to learn more about the challenges for exchanging privileged information. The discussion included sharing professional work experiences and the difficulty HIM professionals are faced with when attempting to satisfy a disclosure request for mental health and substance abuse records while adhering to current state regulations and statutes. The Senator and staff were engaged with the discussion and understood the current gaps in the process, preventing full disclosure in absence of patient consent.

Jackie Raymond shared her experiences working on the state workgroup, Privacy and Security, specifically the Consent Policy Workgroup that was charged with a similar challenge with regards to the electronic exchange of HIV information and the need for patient informed consent prior to disclosure.

This was a wonderful opportunity for MaHIMA and Senator Keenan to both engage in a collective discussion in an attempt to better understand and work together on issues where HIM expertise were needed. In this scenario, MaHIMA was the “go to” association for such expertise and I feel strongly that this is just the beginning of many more meetings to come on the state level.

If Senator Keenan is your senator, please take a moment to thank him and his staff for extending the invitation to MaHIMA and taking the time to reach out to discuss these very important issues.

Senator Keenan’s webpage:
http://www.ma.gov/People/Profile/JFK0

MyPHR "On the Road Again"
By: Marianne Garfi, RHIA, CCS-P

On the Road with your Personal Health Record - Take it With You!

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 this summer. Whether it’s a family vacation, an overnight stay, a business trip, or an international excursion, always leave home prepared. Use this opportunity to train yourself to bring your health information with you whenever you leave home.

MyPHR.com is being promoted as the ultimate resource for consumers to investigate resources necessary for effective management and protection of personal health information. The redesigned Web site provides:

- Tools and resources
- PHR forms in English and Spanish
- Step-by-step guide to creating a PHR
- Valuable information about privacy rights Online newsroom
- Glossary of terms Videos on PHRs and personal stories

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.

AHIMA has again restructured the MyPHR website and presentation. The website is user friendly, and has newer, fresher tools to start your own Personal Health Record. The new Presentation is also fresh, easier to understand and shorter! Please consider having a presenter share this informative presentation for your group gatherings. For more information or to schedule a presentation, please contact Marianne Garfi, RHIA, CCS-P at the Central Office address PO Box 681, Tyngsboro, MA 01879, Ph: 978-649-7517 Fax: 978-649-2730 or email at MaHIMA@MyPHR.org.

LEGAL CONNECTIONS:

Massachusetts Superior Court Addresses Scope of Psychotherapist Privilege

In a recent decision, the Massachusetts Superior Court held that the psychotherapist privilege does not extend to information needed to verify that the counselor was in fact a psychotherapist, nor does it apply to information such as the dates and cost of counseling, or to the ultimate diagnosis made by the psychotherapist.

The case addressing this was Julie Bruinsma v. Sonja B. Selami, in the Worcester Superior Court, Civil Action No. 2009-829-E, and the decision was issued on March 3, 2011. The issue arose when the defendant’s attorney was questioning the plaintiff in a deposition. Questions were asked about the reasons for counseling that had occurred. The plaintiff’s attorney objected and instructed his client not to answer, and the parties stopped the deposition and asked the Court to decide whether their questions must be answered. The Court held that the Massachusetts psychotherapist privilege statute, Mass. Gen. L. ch. 233, § 20B, “does not prohibit all inquiry into such treatment.” The Court further held that the patient who is a party in a court case must disclose certain information, so it can be determined whether the therapist qualifies as a psychotherapist, and that the privilege is not waived by disclosure of the identity of the psychotherapist, or the dates of costs of treatment, or revealing a general description of the substance of communications. In addition, portions of the records that are non-privileged must be disclosed, such as the ultimate diagnosis. The lesson in this case is that questions about privilege must be pursued carefully and on a case-by-case basis.

TECHNOLOGY CONNECTIONS:

Medicare Shared Savings Program (ACO)

By: Pat Rioux, RHIT
Product Management, eClinicalWorks

When the Patient Protection and Affordable Care Act (PPACA) was signed in 2010, the White House promoted a vision of a health system connected by electronic health records (EHRs), integrated care coordination, and compensation based on performance. The promise of accountable care organizations (ACOs) is ‘better care, better health, and lower costs.’

The Centers for Medicare and Medicaid Services issued proposed regulations for a new Medicare Shared Savings Program (MSSP) from Accountable Care Organizations as part of a reform effort that they predict will save the programs approximately $510 million between 2012 and 2014.

Three Key Principles and Five Quality Zones

The ACO model has three key principles: local accountability, shared savings, and performance measurement. Improving overall quality is key in five zones: Patient Experience, Care Coordination, Patient Safety, Preventive Health, and At-Risk Population (Frail Elderly). The ACO quality measures are aligned with those of the Physician Quality Reporting System (PQRS).

Five Models of ACOs

The ACO will agree to participate for three years, care for a minimum of 5,000 Medicare beneficiaries, receive and distribute shared savings, and take an economic risk to repay shared losses. Five models offered include: Integrated Delivery Systems, Multispecialty Group Practices, Physician-Hospital Organizations, IPA – Independent Practice Associations, and Virtual Physician Organizations Group. The Medicare Shared Savings Program (MSSP) and ACOs are designed to replace today’s fragmented system that is based on volume to a new integrated system that is paid for based on value and performance. This delivery system reform initiative has a triple aim: better care for individuals, better health for population, and lower growth in expenditures.

Resources:

Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations (429 pages)
http://www.cms.gov/SharedSavingsProgram/

Better to Best: Value Driving Elements of the Patient Centered Medical Home and Accountable Care Organizations
http://mobile.commonwealthfund.org/Content/Publications/Other/2011/Accountable-Care-Organizations.aspx

FEATURE ARTICLES:

Converting Quality Measures to ICD-10 - Getting Involved

By: Linda Hyde, RHIA, Director, Clinical Quality Management, MedMinedTM Services, CareFusion

Measure developers have been working on retooling their measures for transition to electronic health records (EHR) and ICD-10. Many of the currently endorsed measures being used for national and state reporting are based on ICD-9 diagnosis and/or procedure codes. Whether ensuring the accuracy and completeness of ICD-9 code sets for existing measures or creating a comparable code set under ICD-10, HIM professionals need to be at the forefront of this activity. Recently AHIMA engaged a group of coding experts to evaluate a set of eMeasures released by the National Quality Forum for public comment. While these eMeasures were created to support collection from an EHR they also include ICD-10 codes used primarily to identify measure populations. A summary of their findings can be found using the following link:
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_048814.ppt

These findings illustrated the variations across measure vendors in the selection of correct and complete ICD-10 codes as well as issues surrounding the selection of SNOMED CT codes. Since these measures will ultimately be used to compare hospital performance as well as affect reimbursement, it is critical that they are complete and correct. Leveraging our current coding expertise and enhancing our knowledge of other classification systems, such as SNOMED CT, RxNorm and LOINC, being used for these measures can provide an invaluable service for healthcare quality reporting. Please consider participating in the next call for volunteers to review measure code sets either from AHIMA (via e-Alerts or CoP notices) or at the local level.
The REC Report
By: Heather Hedlund, RHIA
Clinical Relationship Manager, Regional Extension Center
Massachusetts eHealth Institute

REC Enrollment Going Strong
As reported in the last REC Report, on March 16, Massachusetts became the first REC in the nation to reach its enrollment goal of 2500 Priority Primary Care Providers. We continue to educate, recruit, and enroll providers with a new focus on specialists. As of June 1st, over 2600 providers from Provincetown to Pittsfield are enrolled with the REC and working towards implementing and meaningfully using a federally certified EHR.

The MASS MUvment
The Office of the National Coordinator for Health IT (ONC) and the national network of RECs have established the Meaningful Use Vanguard program to honor and bring together providers who have made the transition to EHRs and are successfully using their system as a clinical management tool. The Massachusetts REC has branded our program The MASS MUvment.

We are currently identifying REC providers to be MASS MUvers who will serve as local advisors and regional champions of EHR adoption and Meaningful Use. These MUvers are early adopters of health IT and will be among the first to attest to Stage 1 Meaningful Use. They are also interested and willing to share their experiences with their peers and educate patients on the benefits of EHR technology.

As a MASS MUver, providers will:

- Be recognized as leaders
- Collaborate with other MUvers regionally and nationally
- Speak at educational conferences and meetings
- Be advisors on testing of new tools and materials
- Give feedback on Meaningful Use and HIT policies and procedures
- Testify on Beacon Hill and/or Capital Hill

You may actually have a MASS MUver or two in your organization!

Medicare EHR Incentive Program Update
As of April 18, eligible professionals and hospitals who have demonstrated Meaningful Use of federally certified EHR technology for a 90 day continuous period can attest to CMS for their first year of participating in the Medicare EHR Incentive Program. The first round of payments was issued to providers across the country on May 19, totaling $75 million. In the second year and subsequent years of participation in the program, providers must demonstrate Meaningful Use based on a full year reporting period.

To access the Medicare & Medicaid EHR Incentive Program Registration and Attestation System, click here:
https://ehrincentives.cms.gov/hitech/login.action

Please note that the Massachusetts Medicaid Registration & Attestation system is still scheduled to be ready in August.

So You Think You Know MU??
Take the ONC Meaningful Use Challenge and test your MU knowledge with this fun, interactive "Jeopardy" game. Good Luck!
http://hitrc-collaborative.org/jeopardy/frameset.htm

Heather Hedlund can be reached at 617-371-3999 x234 or Hedlund@masstech.org. www.maehi.org/REC

Recovery Audit Contractor (RAC) News: "Worth the Effort: Administrative Law Judge (ALJ) Appeals"
By: Linda Young, JD, RHIA
Senior Consultant and Assistant General Counsel
At some point, almost every provider across the country will have spent countless hours, effort and supplies appealing to CMS to overturn adverse payment decisions from the recovery audit contractors (RAC), only to fail in their attempt. They are then faced with the decision of whether or not to appeal any further. After an unsuccessful reconsideration, the next stage of appeal is to the administrative law judge (ALJ).

The reason why providers struggle to overturn adverse determinations at the lower levels of appeal is because redetermination and reconsideration appeal decisions are placed entirely within CMS’ organizational structure. Consequently, the process elicits agency pressures that although these may not be formal pressures, they exist inherently nonetheless. This leads to indirect pressures preventing independent adjudication through of the various contractors working for CMS as well.

Such is not the case at the ALJ level of appeal. ALJs are strongly independent, and hold the authority to formally preside over Medicare hearings and administrative proceedings. They are specifically insulated from pressures which could inherently be thrust upon them by CMS and its various contractors. ALJs are barred from presiding over any matter which presents prejudice to any party. As such, an ALJ is an independent fact finder trained to evaluate each case independently on the merits, weighing facts and the evidence free of agency influence.

With proper planning and preparation of evidence, providers can prevail at a high rate at the ALJ. This was proven during the 2005-2008 demonstration programs. However, during the demonstration programs, neither CMS nor its contractors frequently intervened or ever participated in ALJ hearings. Under the permanent program, the dynamics have changed and CMS has upped the ante. Where it was once infrequent, it is now more common for CMS and its contractors to be a party at hearings. Providers without representation are now placed into a quasi pro-se Appellant role. Although providers can prevail at a high rate at the ALJ, when facing CMS, their experts and their lawyers, a “win” is not as likely should they go into this uneven playing field alone. Even though they have a well thought out appeal, without a clear understanding of the mechanics for proper presentation of evidence, providers will find themselves unsuccessfully jockeying for leverage during hearing. During testimony, providers struggle to follow the federal rules of procedure to perform effective presentation of evidence and cross-examination. As an independent fact finder, the ALJ will weigh the evidence of your case and render a decision based upon a preponderance of the evidence. When evidence fails to be presented effectively or properly by the provider, the preponderance standard will be found in favor of CMS.

AMS can provide senior staff consultants, who have expert legal and coding expertise and experience at ALJ hearings. Providers will be better positioned to prevail when they engage our skilled consultants to ensure your interests are thoroughly protected.

1 Section 931 (b)(2) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) and 42 C.F.R. § 405.1026 require that ALJs remain “independent” adjudicators.

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**PRESENTATION SUMMARIES:**

**MaHIMA ICD-10 Summit - April 8, 2011**

- "Transition to ICD-10-CM/Diagnostic Code Structure" by Luisa DiIeso, RHIA, CCS
- "Preparing Data Analysis and Quality Reports for ICD-10" by Linda Hyde, RHIA

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**Winter Team Talks Recap - Spring, 2011, Washington, DC**

By: Elyse DiScullo, RHIA
Outgoing President

The Cherry Blossoms were in full bloom on The Mall and boy was that ecstatic to see their beauty, it was breathtaking! By some miracle, the Cherry Blossoms were in full bloom. By some miracle, the Spring snow storms did not delay the opening of the Cherry Blossoms on The Mall. As always, the cherry blossoms on The Mall were breathtaking.

Team talks are always interesting both professionally and socially. Networking opportunities are plentiful and seeing HIM professionals from all over the country allows for an exchange of ideas and at the same time, fosters relationships with far away colleagues. It is comforting to know that we are all up against the same issues and dilemmas.

We spent a portion of our day hearing about the AHIMA HIM professional core model, which helps to define our evolving role in healthcare. The categories of the core model include: Data Capture, Validation and Maintenance; Data/Information Analysis, Transformation & Decision Support; Information Dissemination & Liaison; Health Information Resource Management & Innovation; Information Governance & Stewardship; Research; Education; Policy and Standards.

AHIMA leadership discussed the work that has been accomplished in 2010, the AHIMA mission, vision, values and guiding principles. We had reports from the various House of Delegates and House Teams on their work this year. The 2011 Key Initiatives were reviewed in the areas of:

- HIM Professional Practice & Agility
- Membership Services
- Finance
- Advocacy and Alliance
- Initiatives/Deliverables

We also received an update from the legal counsel for AHIMA regarding the AHIMA Bylaws change as a follow-up to the discussion from summer team talks. This change is in regards to the corporate authority and liability of the House of Delegates and the Board of Directors. More to come on what this actually means to MaHIMA and its members soon.

Last but not least, on day two, we had a morning briefing on "what to expect on Capitol Hill Day" and the topics we would be discussing with our state leaders. Walking through the majestic buildings and meeting with our MA Senators and Representatives is a really fantastic opportunity to shine as HIM professionals. There is great interest in our profession right now given the EMR mandate created by ARRA and HITECH. It is the perfect time for us as a profession to "sell our skills" and help to promote support for funding of new HIM education programs. I am so glad that I had the opportunity to be a part of such an exciting event!
"Transition to ICD-10-CM/Diagnostic Code Structure" by Luisa DiIeso, RHIA, CCS

Highlights of Diagnostic Coding Convention Differences:

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
<th>ICD-9-CM</th>
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<tbody>
<tr>
<td>Alphanumeric Codes: Max. 7 Characters</td>
<td>Numeric Codes: Max. 5 Number</td>
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<tr>
<td>Example: J15.0</td>
<td>Example: 482.0</td>
</tr>
<tr>
<td>Laterality Captured: Right, Left, Bilateral</td>
<td>No Laterality Captured</td>
</tr>
<tr>
<td>Example: 727.41 Bilateral Wrist Joint Ganglion (codes to ganglion – wrist joint)</td>
<td>Example: M67.432 and M67.431 Codes Reflect Right and Left Wrist Joint Ganglions</td>
</tr>
<tr>
<td>7th Character Extensions: Injuries, Poisonings, Adverse Effects, Underdosing, Fractures to reflect episode of care/status of injuries.</td>
<td>No Additional Extensions: Extensions are not available in ICD-9 to reflect injury or fracture episodes of care.</td>
</tr>
<tr>
<td>Place Holder “X”: Used for certain categories of codes that require 7th character extensions. The place holder “X” allows for expansion of codes/code categories. Example: T41.41xA – Initial Encounter, Poisoning by Anesthetic</td>
<td>No Place Holders: Place holders are not available in ICD-9-CM resulting in overall limited expansion opportunities for several codes/code categories. Example: 968.4 Poisoning by Anesthetic There is no place holder or 7th character extensions available</td>
</tr>
</tbody>
</table>

Highlights of Draft ICD-10-CM Coding Guideline Differences:

- **Sequencing for Anemia in Malignancy:**
  - ICD-9-CM: Anemia is malignancy is sequenced as the PDX. when the reason for admit was to treat the anemia due to the malignancy.
  - ICD-10-CM: Malignancy is sequenced at the PDX. even when the reason for admit was to treat the anemia due to the malignancy.

- **Diabetic Conditions:**
  - ICD-9-CM: Dual Diagnoses Coding (2 Codes Required for Etiology/Manifestation Conditions)
  - ICD-10-CM: Diabetic Combination Codes (1 Code Includes Etiology and Manifestation)

- **Acute Myocardial Infarctions:**
  - ICD-9-CM: AMI Reporting: 8 Weeks
  - ICD-10-CM: AMI Reporting: 4 Weeks
  - Additional Category 122 for Subsequent AMI Within 4 Weeks - Sequencing Considerations
  - Specific Category: 123 for Post-MI Complications
  - 125.2 History of MI Code beyond 4 weeks

- **Adverse Effects, Poisonings, Underdosing (note: Underdosing concept new to ICD-10-CM):**

<table>
<thead>
<tr>
<th>Category</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poisonings</td>
<td>Drug/Substance : 1st Listed Intent E Code : 2nd Listed Additional Dxs : 3rd</td>
<td>Drug/Substance-1st Listed with 7th Character Extension Additional Dxs. – 2nd Listed</td>
</tr>
<tr>
<td>Adverse Effects</td>
<td>Issue/Effect – 1st Listed Adverse Effect E-2nd Listed</td>
<td>Drug/Substance – 1st Listed with 7th Character Extension Issue/Effect – 2nd Listed Sequencing Change</td>
</tr>
<tr>
<td>Underdosing</td>
<td>Condition/Dx. 1st Listed Possible V Code – Non-Compliance – 2nd Listed</td>
<td>Condition/Dx. 1st Listed Drug/Substance – 2nd Listed with 7th Character Ext., Intent – 3rd Listed</td>
</tr>
</tbody>
</table>

- **Pregnancy, OB, Post-Partum**

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th Digits for Episode of Trimester Designations-1st</td>
<td></td>
</tr>
<tr>
<td>Care</td>
<td>2nd, 3rd</td>
</tr>
<tr>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td>Postpartum Period = 6 weeks</td>
<td>Postpartum Period = 6 weeks</td>
</tr>
<tr>
<td>Multiple Fetuses - No 5th Digit to Capture Fetus Involved/Affected</td>
<td>Multiple Fetuses - 7th Character Extensions to Capture Fetus Involved/Affected</td>
</tr>
</tbody>
</table>

**Resources:**


"Preparing Data Analysis and Quality Reports for ICD-10" by Linda Hyde, RHIA

Since ICD-9 was first introduced, diagnoses and procedure codes have become used in increasingly diverse ways both within and outside healthcare organizations. One of the sessions in this year’s 2nd annual Mahima ICD-10 summit focused on the effect ICD-10 will have on data reporting. Starting an inventory of all applications that use ICD-9 for internal and external reporting is an important first step. Organizing key stakeholders in the departments that use ready applications to begin planning for a transition to ICD-10 should be started soon if not already underway. Plans should include reviewing the ICD-9 codes and data definitions for current applications, determining equivalent codes for ICD-10, and reconciling different code sets that can affect interpretation of the data before and after October 2013. Planning should also include use of tools such as the CMS General Equivalence Mappings (GEMs) as part of the code set conversion process.


The migration to ICD-10 has been described (amongst other ways) as "Y2K for coding". While the doomsday prophecies of Y2K were undoubtedly more threatening to life in general, ICD-10 has the potential to impact ill-prepared medical facilities in much more strategic and specific ways than Y2K ever could. For perspective, when our neighbors to the north implemented ICD-10 several years ago, their coder productivity decreased by 50% on average, and today coder productivity has rebounded to be 'only' 25% down from ICD-9 levels. Add the fact that Canadian hospitals are not reimbursed based on coding, and it's easy to understand the concern here.

Guidelines for using legacy ICD-9 data should be developed and ICD-10 education programs created for all staff that responsible for creating or using ICD based reports. All systems that send or accept ICD based codes need to be identified and requirements developed for incorporating ICD-10 codes. AHIMA provides many resources to help with ICD-10 implementation including planning for data reporting and analysis. Visit their ICD Home page [http://www.ahima.org/icd10/default.aspx](http://www.ahima.org/icd10/default.aspx) to find out more.

In addition to ICD-10, Fusion CAC offers many other benefits, including:

- Outpatient & Inpatient CAC
- Running DRG
- Abstraction of Ancillary Charts
- Encoder Agnostic - works with all Encoders
- EHR Integration & Hybrid Chart Processing
- Physician Query (including PQ Response Rates)
- Concurrent Coding to Support CDI Initiatives with Core Measure Monitors
- NLP Physician Problem List - Meaningful Use
- Link Results for Audit
- Medical Necessity Monitors
- Automatic Billing Re-Submission
- Charge Master Integration
- Automated POA Module
- Automatic Abstraction
- Cautionary Alerts
- Triggers – high/low lab values
- Annotation of Hand-written Progress Notes

Click [here](http://www.dolbey.com) to view Henry’s presentation slides.

About Dolbey

Since 1914, Dolbey has delivered timely solutions with an emphasis on customer partnering. For more information, visit: [www.dolbey.com](http://www.dolbey.com).
PRESENTATION SUMMARIES & RECAP:
New England HIMA Annual Conference - May 1-3, 2011

- Recap of Conference by Clare Carvel, RHIA, CCS
- "MaHIMA Director/Manager HIM Forum" by Jackie Raymond, RHIA, Director, HIS/Privacy Officer, Brigham & Women's Hospital
- "Update on Meaningful Use Regulations" by Ray Campbell, JD, MPA, Massachusetts Health Data Consortium
- "Improving Communication Between Coding & Medical Staff" by Jennifer Cavagnac and Walter Houlihan, MBA, RHIA, CCS, BayState Health System
- "What is the Cost for Not Communicating Effectively?" by Stacey Hanke, 1st Impression Consulting
- "Healthcare Reform's Impact on Cost & Quality" by Justine Carr, MD, Steward Health Care System

Also at the Business meeting, Donna Casey, RHIA was presented with the Distinguished Member Award. Donna’s 30 years of service to MaHIMA includes the following:

- MaHIMA Archivist, 2001–present
- Delegate & Nominating Chair (1997–98)
- Served as President, President-Elect, Past President (1994–97)
- VP, Legislative Affairs (1993–94)
- State Shaper (mentor to new members) (1992–93)
- Chaired Education Committee (1992–93)
- Chaired Public Relations (1982–83)

During the presentation, Karen O'Donnell recalls the instrumental role Donna played in the planning of MaHIMA’s 75th Anniversary in 2005. She pieced together the organization’s entire history and then created a wonderful slide show. Donna’s commitment and continuous active participation at Board meetings and educational events were recognized with the Distinguished Member Award.

Linda Peterson, RHIA, attended the meeting and was presented with the MaHIMA Retiree award. Other retirees recognized but were unable to attend include Kathy Benjamin, RHIA, Marie Udas, RHIT and Audrey Sailese, RHIA.

Linda Peterson is a lifelong HIM Professional working more than 47 years in the field. She graduated from Simmons College in 1963 with a degree in Business Administration and a certification in Medical Records from Mass General Hospital. She worked at Mass General Hospital as an assistant medical record librarian until 1985 and then worked for the Risk Management Foundation of the Harvard Medical Institutions until last July 2010. She received the Distinguished Member Award in 1996 and was President of MaHIMA in 1971. Linda has held most of the Board positions and committees of MaHIMA as well as participation on committees for AHIMA.

Although Marie Udas was unable to attend the meeting, a letter of appreciation was submitted by Diane L. Morel, RHIT, paraphrased as follows:

Marie Udas worked at Norwood Hospital in Norwood MA for 28 years, the last ten served as Director of the HIM Department. During those ten years, Marie never forgot the AHIMA Mission Statement and her department doors were always open for students to perform their internships. She knew these students were the future of the HIM profession and, in fact, many of them eventually worked for her. Though many of these students and new graduates did not have direct experience in the field, that did not deter Marie from hiring them. She never forgot that at one time she also had "no experience" and that someone gave her a chance. Because of Marie there are many of us who are grateful the words "no experience" did not stop her from taking us in. She has made it possible for many of us to obtain our HIM goals.

Presentation of the Student Achievement Awards will be made at the Fall Meeting in September, 2011.

Please visit the links below to view photos from the Business Meeting on May 2 and the Education Sessions and Vendor Area on May 3, provided by Clare Carvel:
- New England HIMA 6 State Annual Meeting
- MaHIMA Business Meeting At NEHIMA 6 State Meeting

Back to NEHIMA Conference article list
"MaHIMA Director/Manager HIM Forum" by Jackie Raymond, RHIA, Director, HIS/Privacy Officer, Brigham & Women's Hospital

The MaHIMA Director/Manager HIM Forum is a Massachusetts HIM group formed in 2009 to encourage networking among HIM Professionals. We all have individual jobs/roles in various HIM settings using various HIM systems but rarely get together with the sole purpose of exchanging ideas and exploring a hot topic or issue. The group gets together quarterly and the location changes as different HIM Professionals volunteer to host. Jackie Raymond, RHIA keeps the Outlook email lists and sends meeting reminders, posts documents to the Mass. CoP and asks the members to suggest hot topics for discussion. To date we have over 100 members in the MaHIMA Director/Manager HIM Forum. We typically have 15-20 attendees at each meeting. Last summer AHIMA awarded the MaHIMA Director/Manager HIM Forum the AHIMA Core Services Achievement Award in Diversity. Jackie Raymond presented a summary of the MaHIMA Director/Manager HIM Forum to the AHIMA Leadership group. They were impressed by the HIM Forum and compared it to an HIM Roundtable.

The meaningful use rule as finally adopted consists of 25 objectives, of which 15 are mandatory and 10 are part of a "menu set" of objectives from which 5 must be chosen. Each meaningful use objective comes with a corresponding "measure" that specifies how well a doctor or hospital has to do on that particular objective to achieve meaningful use. At this point, some of the objectives are fairly straightforward (use the EHR to record smoking status), whereas others (use computerized provider order entry, incorporate clinical lab data results into EHR as structured data) are more ambitious.

Taken as a whole, the full scope of meaningful use objectives and measures makes for a challenging to-do list for even the most advanced early adopter organizations. For smaller providers just starting the Journey, the challenge is that much harder. However difficult the task, provider organizations would be wise to embrace the challenge of meaningful use because the federal government has made clear it will not be going away. Instead, CMS and ONC have already unveiled plans for second and third "stages" of meaningful use that will be even more ambitious than the current goals.

And lest anyone starts to think that all this might not be worth the incentive payments that are available, starting in 2015 CMS will begin imposing escalating payment penalties on providers that do not achieve meaningful use. For these and other reasons, the HITECH Act and meaningful use will be with us for many years to come.

Click here to view Ray's presentation slides.

"Update on Meaningful Use Regulations" by Ray Campbell, JD, MPA, Massachusetts Health Data Consortium

The animating force behind the federal government's ambitious health information technology (HIT) agenda is the Health Information Technology for Economic and Clinical Health (HITECH) Act.

The HITECH Act was enacted into law in February, 2009 as part of the federal stimulus bill known as the American Recovery and Reinvestment Act. The HITECH Act represents a massive expansion (10,000%) in federal funding for HIT and the related field of electronic health information exchange (HEI), and will have a major impact on the US healthcare delivery system for many years to come.

The most significant feature of the HITECH Act is the program of incentive payments for doctors and hospitals that achieve "meaningful use" of electronic health records (EHRs). These payments are made through the Medicare and Medicaid programs, and can total several million dollars for hospitals and up to $63,250 for eligible professionals in the Medicare program (up to $44,000 under the Medicare version).

The key concept underlying the incentive program, and thus the entire federal HIT/HEI agenda, is that of meaningful use. While the HITECH Act established the EHR meaningful use requirements for participation in the incentive program, it provided very few details. As a result, the Center for Medicare and Medicaid Services (CMS) and the Office of National Coordinator for HIT (ONC) went through an elaborate and detailed process, the outcome of which is not so much a definition of the term "meaningful use" as it is a framework for how EHRs can be used to improve and even transform the delivery of healthcare.

"Improving Communication Between Coding & Medical Staff" by Jennifer Cavagnac and Walter Houlihan, MBA, RHIA, CCS

At the NE HIMA conference this year the presentation "Improving Communication Between Coding and Medical Staff", was well received by a full house audience! The main goals of the presentation were to share successful communication methods to effectively gather and share data with physicians and the key mutual benefits of collaborative efforts between medical and HIM staff. The speakers, HIM Corporate director Walter Houlihan MBA, RHIA, CCS, Senior Documentation and Coding Analyst, Jennifer Cavagnac, and Medical Director of Hospital Medicine Programs Roy Sittig MD, FHM are from Baystate Health, a four facility integrated healthcare system and major teaching hospital based in western Massachusetts. Their HIM staff and hospitalist program have developed a team approach that has assisted the hospital in meeting the ever changing documentation and coding challenges in the healthcare world.

Click here to view Jennifer and Walter's presentation slides.

"What is the Cost for Not Communicating Effectively" by...
Stacey Hanke, Guru, Author, Speaker, 1st Impression Consulting

What have you done this year to enhance your ability to communicate with influence? Do you know the cost of not communicating effectively?

10 Steps to Investing in Your Communication

1. Involve your listeners, engage and connect. Ask open-ended questions. Only speak when you see your listeners’ eyes. Know when to stop talking and start listening.

2. Opening message. Make an immediate connection with your listeners. Ask them for their immediate interaction and tell them what is in it for them if they do interact. Avoid opening with the statement, “I am here today to talk about…” This statement invites your listener to tune out.

   - What do you listeners know about your topic?
   - What do they need to know about your topic?
   - What’s their opinion about your topic?
   - Who are they?

4. Every word and pause counts. Speak in short and clear sentences. When you pause, you’re able to clearly hear your listeners’ expectations. Use your listeners’ words. Pause to get to the point and honor your listeners’ time.

5. Confidence, credibility and trust. Speak to be heard! Confidence is perceived through your posture and voice. Credibility is perceived through your words and pauses. Trust is perceived through your eye connection. Do your delivery skills need a brush-up?

6. Authenticity. Trust what your listeners want is the real you. It’s easier for them to relate to your message if they can relate to you.


8. Videotape yourself. See and hear what your listeners see and hear. Is what you’re saying consistent with how you’re saying it? Nine out of 10 times how you feel will be inconsistent with how your listeners perceive you.

9. Ask for balanced feedback. Seek out balanced feedback from your peers, associates, clients and family. Don’t accept feedback such as, “Nice job.” “It went well.” Specifically ask what you did well and what you said that was perceived as good. Ask for feedback that focuses on a specific behavior. Without balanced feedback, we get comfortable and lazy.

“Healthcare Reform’s Impact on Cost & Quality” by Justine Carr, MD, Steward Health Care System

Click here to view slides from this presentation.

COLLEGE CONNECTIONS:

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TOP

FISHER COLLEGE

By Patricia Parkes, RHIA
Program Director, HIT & Medical Coding

Congratulations to the following Fisher College students who graduated between August 2010 and May 2011:

Associate of Science in Health Information Technology
Teresa Barnabe
Erin Blais
Melissa Caron
Debra Carr
Patricia Cerasulo
Sara Lynn Clark
Christine Dalute
Jochim D’Sa
Linda Lacki
Noelle Rilleau
Nicole Scott
Amy Somensky
Natalya Svirkova
I want to thank all of you for your support and assistance in teaching these wonderful new HIM professionals, especially those of you who welcomed student interns or gave tours to students. Please continue all that you do to mentor these individuals so that they may have a successful future in the HIM field. Thank you and have a fantastic summer!

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LABOURE COLLEGE
By Maureen Smith

Laboure College held its commencement for the Class of 2011 at the Cathedral of the Holy Cross on May 7, 2011. One hundred and thirty-three students completed their programs of study as certificate, associate-degree and bachelor-degree candidates. Special congratulations go out to:

- Kevin Mannix, who completed the Coding Certificate Program. Kevin will be continuing in Laboure’s Professional Certificate in Health Information Technology Program.
- Sherisse Monteiro-Betts, who graduated “with distinction” with an Associate in Science degree in Health Information Technology
- Richard Parker, who completed “with honors”, a Professional Certificate in Health Information Technology. Rick was named the MaHIMA Student Achievement Recipient for 2011.

Laboure continues to accept applications for the 2011/2012 academic year to:

- Coding Certificate Program
- Health Information Professional Certificate Program (open to students interested in the health information field who hold an associate degree or higher)
- Health Information Associate Degree Program

Application and program information can be found at the College’s website: www.laboure.edu

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