PRESIDENT’S MESSAGE
Karen Gallagher Grant, RHIA, CHP

What a year it has been! I have learned so much and look forward to being your President this year. I would like to thank all the members of MAHIMA, the volunteers, sponsors, committee members, chairs, and support staff. I am astounded at their dedication and willingness to take on work to enable our members to have such a great state association. Over the past year, I had the pleasure to work with Jeanne Fernandes, our President, who has been on numerous committees and is a wealth of knowledge. Jeanne was patient and was always thinking of our members as she worked with all of us on the board. I am so grateful to have her as a mentor as we move the organization forward. I was thrilled to be able to participate on numerous AHIMA calls and attend the Leadership Meeting in Chicago. These opportunities have provided me with new knowledge which will help me lead the Massachusetts Health Information Management Association this year.

One of the exercises that we worked on at the March Board Meeting was the MAHIMA strategic plan. This plan is

“CHARTING THE COURSE”
MAHIMA ANNUAL MEETING, MAY 15-17, 2016
A Perspective from MAHIMA Member Vanessa Lester, RHIA
on her First Annual Meeting

It was high tide at the Seacrest hotel in Falmouth, MA as we were all getting ready for our three day journey through the intriguing aspects of health information. Through unseasonable weather, high seas, and the promise of distant shores, the leaders, sponsors, and members joined together to determine the direction of this important organization.

The winds of change were blowing on May 15-17 as MAHIMA took this opportunity to evaluate the changing currents of privacy, cyber security, coding, big data, and health information technology.

None of this would have been possible if it weren’t for the tireless efforts of the organizers of this event that made it smooth cruising. Working together by sharing information, collaborating, and networking as sailors work to rig sails and tar ropes, we launched on our endeavor to better our profession and find ways to contribute to the healthcare industry.

Called to the Captains Quarters after a continental breakfast with an amazing ocean view, I had a chance to attend some captivating presentations and learn about “Healing Human Relationships in Healthcare,” “Developing Skillsets In the
MaHIMA BOARD MEMBERS GO TO WASHINGTON!
Advocacy Leadership Symposium
Norma Chitvanni, RHIT, CHPS

On April 4th & 5th, three MaHIMA board members attended a two day Leadership Symposium in Washington, D.C.

Joy Rose, Director of Education Committee, Jeanne Fernandes, President, and Norma Chitvanni, Director of Legislation and Advocacy were in attendance. Their participation in the symposium included advocating for patients on behalf of MaHIMA.

The two days included sessions on advocacy, and AHIMA’s work in 2016 on the Hill.

The second day was dedicated to meeting with state senators and representatives to discuss the following topics:

Telehealth
Overview:

Bills have been introduced to Congress to expand the use of telehealth and remote patient monitoring services under Medicare. The goal of the bills is to allow Medicare providers to practice across state lines without having to obtain another state license.

Any expansion of telehealth services or coverage at the federal level should ensure that telehealth record requirements are consistent with other health record documentation requirements to ensure that the record is consistent, accurate, timely and does not contain duplicative documentation.

AHIMA is asking to include HIM professionals from their congressional district in future discussions on the expansion of telehealth services at the federal level.

Patient Matching
Overview:

In 1996 HIPAA mandated a Unique Patient Identifier for healthcare purposes.

Because of privacy concerns, the 1999 Omnibus Appropriations Act prohibited the use of appropriated funds by HHSS to “promulgate or adopt any standard for a unique health identifier until legislation is enacted specifically approving the standard.”

Since then, Congress has called for the adoption of EHR’s to advance nationwide health information exchange. However, accurate and reliable patient

OCR CLARIFIES GUIDANCE ON CHARGES FOR PHI
May 26, AHIMA E-Alert

OCR Clarifies Guidance on Charges for PHI

In response to concerns about guidance issued by the US Department of Health and Human Services, the Office for Civil Rights provided a new FAQ this week, “New Clarification — Up to $6.50 Flat Rate Option,” regarding the amount of money an individual may be charged for a copy of their protected health information (PHI). Entities may choose the fee calculation method that is most appropriate for their circumstances, within the boundaries of what is permissible under the HIPAA Privacy Rule. In April, AHIMA sent a letter to OCR expressing concerns about the fee methodology proposed by OCR in its guidance.

OCR issued the guidance because complaints from individuals about not being able to access their health information are among the office’s top 5 HIPAA complaints—today it is no. 3. “The bottom line [for healthcare] is: the individual is permitted to get

A QUICK PRIVACY TIP: PAGERS – WHAT’S BEING SHARED?
Submitted by Martha Hamel, CHPC

Most hospitals have some sort of paging system for their staff members. This helps coordinate patient care, and is a quick way to communicate with others. But! Have you ever thought about the information that is being shared between clinical staff, and others, through the paging system? Most pagers do not have encryption, and the risk of them being lost is very high. Anyone could find a lost pager and start to access all kinds of information about your patients. Surprisingly, there are also instances where staff uses pagers for private conversations with each other, and sometimes these exchanges are inappropriate! Messages can sit on a pager and be accessed by an unauthorized person. Or, if there is a shared pager, the person who last had it might not realize what they are handing over.

Here are some ideas to share with your staff members:

• Delete all messages when you are finished using them
• All information on your pager is considered hospital property
• Pagers are to be used for professional business purposes only – not for personal messaging