

MaHiMA

AHIMA Affiliate

Massachusetts Health Information
Management Association

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MEMBER SPOTLIGHT: Karen Grant



The HIM profession is full of opportunity, and Karen Gallagher Grant, BS, RHIA, CHP has discovered it! Karen is the Chief Operating Officer at Medical Record Associates, LLC, in Quincy, MA and a member-at-large with MaHIMA. Karen strives every day to evolve the health information management function using her diverse set of experiences and knowledge. *"Industry forces pose multiple challenges to the HIM function today,"* mentions Karen.

"Now is the time for MaHIMA members to evolve their roles and assume new professional responsibilities within their own organizations." Karen doesn't just talk-the-talk of change . . . She walks-the-walk!

HIM and Beyond

Starting as an Assistant Medical Records Administrator in 1979, Karen's career spans a wide variety of HIM-related functions including utilization review, quality assurance, transcription and privacy. She's managed HIM operations and led HIM Departments at all levels—community hospitals, health plans and integrated delivery systems. Karen's list of after-work, volunteer activities in HIM is equally impressive.

She currently serves on AHIMA's National Foundation Board and has been an active participant in local and national task forces she was a member of the American College of Health Care Executives (ACHE) and the Health Information Systems Society (HIMSS). Karen's diverse set of healthcare connections brings new interests and

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Sitting Disease

By Mariann Smith, RHIT, CCS

When I volunteered to write a coding article for the Newsletter, my first thoughts were, "What do I write about??" In my past, someone suggested – "write what you know about." Well, I have been coding for over 20 years and my first degree was in Physical Education and Health, so why not combine the two? With the help of some of my excellent co-workers, we came up with the idea for an article about "Sitting Disease".

"Sitting Disease" could be coded as V69.0 in ICD 9; lifestyle problem with lack of physical exercise, and in our soon to be implemented ICD 10, Z72.3. At the onset of my coding career, the job was very different. At that time I would walk down to retrieve the records, analyze the records, code the records and file the records in the file room - a fluid and partly mobile job. Through no intent of harm and with the in-crease of time studies, cost effectiveness and productivity bench marks, the coder is now a "sitter;" often only getting up to take a break, attend a meeting, or have lunch. Some of us don't even move records or turn pages as all documents are scanned now! Our main movement activity is clicking or typing. Add to that the drive in and back just more sitting- and no movement opportunities!

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UPCOMING EVENTS

ICD-10 Forum

October 22
2:00 pm - 4:00 pm

Coding Roundtable

October 30
3:30 pm - 5:30 pm

Twitter Rally

October 30
1:00 - 3:00 pm
#ICD10Matters
#ICD10MattersInMA

Dot Wagg Memorial Legislative Seminar

November 7
7:30 am - 3:00 pm

ICD-9 CCS/CCS-P

Exam Prep
November 15

Winter Meeting & Coding Seminar

January 23, 2015
7:30 am - 3:00 pm

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Four Factor Breach Risk Assessments

By: Martha Hamel

It's been just over a year since the HIPAA Omnibus final rule became effective. The risk assessment is meant to help determine if there was a significant risk of harm to the individual as a result of an impermissible use or disclosure – the presence of which would trigger breach notification. For example, if there was a mis-mailing of PHI and the recipient reported it right away, and confirmed that they shredded it, the risk assessment would most likely re-veal a very low risk of the information being compromised, thus, no reporting would be necessary. When conducting these assessments, be sure to keep all of your documentation together in the event of an outside audit or re-request from OCR in response to a patient complaint.

Under the old HIPAA rule, covered entities needed to report a breach if the “nature of the data breach did not create a risk of financial, reputational or other harm to the individual.”

Under the new Omnibus final rule, it replaces the risk of harm to the individual and now requires a four factor analysis to determine the risk of “unsecured protected health information”.

This is the language from HHS.gov:

Definition of a Breach – “An impermissible use or disclosure of protected health information is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the protected health information has been compromised based on a risk assessment of at least the following factors:

1. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
2. The unauthorized person who used the protected health information or to whom the disclosure was made;
3. Whether the protected health information was actually acquired or viewed; and

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CMS Offers Separate Payment for Non-Face-to-Face Chronic Care Management (CCM) in 2015

By Pat Rioux, RHIT

The Centers for Medicare and Medicaid Services (CMS) is committed to supporting primary care and has recognized care management as “one of the critical components of primary care that contributes to better health for individuals and reduced expenditure growth.” They finalized their 2014 proposal for separate chronic care management reimbursement in the Physician Fee Schedule for 2015 with the following basic proposed requirements and benefits (CY2014 PFS):

- non-face-to-face care coordination services furnished to Medicare beneficiaries with two or more chronic conditions
- multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, that place the patient at significant risk of death, acute exacerbation/decomposition, or functional de-cline
- 20 minutes or more; per 30 days, \$41.92 per month
- the term practitioner means both physicians and other non-physician practitioners who are permitted to bill for services furnished incident to their own professional services
- chronic care management service is available to a beneficiary 24-hours-a-day, 7-days-a-week to address the patient's chronic care needs
- electronic health record required - should include a full list of problems, medications and medication allergies in order to inform the patient-centered care plan, care coordination, and ongoing clinical care
- management of care transitions between and among health care providers and settings
- providing the beneficiary with a written or electronic copy of their care plan

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