

Prairie Record News

Inside This Issue

- 1-2 Message from the President
- 2 President's message cont....
- 3 President-Elect/CEU Notice
- 4 Educational Director
- 4-6 Educational Dir. - REACH
- 6 Legislative Update
- 7 Membership Director
- 8 Past President
- 9 Nominating Chairman
- 9 Reminder-Lunch & Learn

Message from the President-Deb Selland

Fall Conference

I hope everyone is taking advantage of this great fall weather we are having. We had a great conference in September with many compliments on the agenda. We need to thank Patti Kritzberger and the site coordinators Cindy Hubbard and Sue Hanna for all of their hard work. If you are interested in presenting, have an idea for a presentation or would like to volunteer as a site coordinator please get in touch.

National Convention

Deb Boppre and I attended the AHIMA National Convention in Orlando and participated in quite an exciting House of Delegates this year. Tennessee's resolution to change the AHIMA name to AHIMA (American Health Informatics and Information Management Association) was defeated. Nebraska's resolution to move to a senate model House of Delegates (2 delegates per state association) was amended by New Jersey to a Thirds Model (2 delegates per small CSA, 3 per medium, and 4 per large) was also defeated.

CEUs

At the summer change-over meeting the Board decided to move to a two-city rotation for our conferences (Bismarck and Fargo) in hopes of improving the attendance. Recognizing this may cause some travel difficulties for some of our members in the Minot and Grand Forks areas, the Board will provide no less than 2 free CEUs per year. The NDHIMA Board will meet in November to plan the CEUs.

POA 1

As of January 1, 2011 (coinciding with version 5010 implementation), hospitals will no longer report the present on admission (POA) indicator of "1," according to Transmittal 756 (Change Request 7024) in the *One-Time Notification Manual*. CMS stated that ICD-9-CM codes that are exempt from the POA reporting requirement should instead be left blank.

<http://ndhima.org>

Your organizations
website...let us know
what you would like to
see.

MESSAGE FROM THE PRESIDENT *cont....*

Code Freeze

During the [ICD-9-CM Coordination and Maintenance Committee](#) meeting September 15, the committee finalized a partial freeze for ICD-9-CM codes. The committee will make the last regular, annual updates to both ICD-9-CM and ICD-10 code sets October 1, 2011.

On October 1, 2012, the committee will make limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of the [Medicare Prescription Drug Improvement and Modernization Act](#) of 2003.

The committee will make limited code updates to ICD-10 code sets to capture new technologies and diagnoses October 1, 2013. However, the committee will not make any updates to ICD-9-CM. On October 1, 2014, regular updates to ICD-10 will begin.

Happy Fall!

Also from Deb Selland

NDHIMA ICD-10 Planning Committee Under Way

The North Dakota Health Information Management Association is committed to assuring that we provide education to our members with the ICD-10 conversion on October 1, 2013. Part of our commitment to our association is to plan and coordinate our efforts with other state associations. We have formed an ICD-10 Partners Group and will meet on November 17th to get input from them on their needs and how we can assist them as well with the transition moving forward.

Realizing that there is a great deal of education needed in the area of physician documentation, administrative support for training and training all staff that will be impacted by I-10 may seem like a daunting task. However, our committee members are looking at establishing initial training sessions for physicians and administration and ultimately for the coding staff also.

At this time, we have several NDHIMA members who are already certified as ICD-10 trainers and we will be using them as resources to help guide in our planning and direction going forward. To find a list of trainers, access the NDHIMA website for information. We will also update the website with our progress through the year, so keep monitoring the website for additional information on ICD-10!!

ICD-10 AHIMA certified trainers in North Dakota as of 11/1/10 are:

- Sue Roehl
- Laurie Peters
- Deb Selland
- Kim Samuelson

As a NDHIMA member, if you become certified, please contact either myself or Jeanne McGuire, Membership Director so your name can be added to the list.

President-Elect: Deb Boppre

2010 AHIMA National Convention Highlights

AHIMA House of Delegates Summary

The issues that Deb Selland presented at the NDHIMA fall meeting generated a lot of dialogue in the action forums that preceded the actual House of Delegates formal meeting. However, once we got into session, both proposed bylaws amendments were defeated with very little argument.

The first issue, a proposal that would change the name of AHIMA was defeated.

The second issue, a proposal regarding the way delegates are apportioned (number of delegates from each state) to the House was also defeated.

The action forums really addressed 7 different strategic items that AHIMA is focusing on: The HIM Role in the EHR

- Health Information Exchanges

- Defining "Health Informatics" for our profession now and in the future

- Current House Action Items

- Work Force and Professional Practice Experience

- Leadership Development/Academy

- ICD-10 Implementation and Training

Overall, the House of Delegates moved very quickly and except for the roll to tally the votes, where each member had to stand and be counted to assure the 2/3 majority was attained to defeat the bylaws amendments, business concluded and we actually finished early that afternoon. Having last been to the house as a NDHIMA delegate in 1998, the formality returned and really feeling a part of the decision-making process was an empowering experience.

LUNCH AND LEARN

On January 27, 2011 NDHIMA will be holding a FREE CEU audio conference from 12:00 Noon - 1:30 p.m. The topic is "Coding for Excisional Versus Non-excisional Debridement." This is a hot topic for the RAC audits...

Deb Boppre's company - United Audit Systems, Inc. - has not only agreed to provide NDHIMA access to their very impressive reference library free of charge - they will also provide the free 800-number for our members to dial in and listen to this audio conference!

Educational Director – Patti Kritzberger

News from the Education Director

Well, the Fall Meeting has come and gone and I just want to thank everyone for the awesome feedback from the evaluations. This was the most “commented on” meeting in my 4 years as Education Director but that is GREAT! As a little recap of the meeting, we had 61 registrants for both days, 25 registrants for Thursday alone and 2 registrants for Friday alone so the meeting was very well-attended. The comments received indicated that everyone was satisfied with the agenda, meals, etc.

Now it is time to prepare for the 2011 Spring meeting. As you are aware, the spring meeting will be held in Bismarck and the fall meeting will be held in Fargo. I have reserved the Kelly Inn as our venue and the meeting is scheduled for Thursday and Friday, April 14 and 15, 2011.

I have contacted several people so far and hope to have the following topics presented: management issues; ND Medicaid Meaningful Use; the Role of Brachytherapy in Cervical Cancer Treatment and other OB/GYN issues; ND Privacy, Security and Electronic Signature Laws and Regulations; a motivational speaker; and, North Dakota health information exchange groups. Deb Boppre has offered to do a coding roundtable for E/M coding and we will also have the regular coding roundtable so I will make sure that we have separate meeting areas if there is enough interest on the registration forms.

Our Board of Directors will be meeting via BTWAN on November 11 to decide on what type of CEUs to offer to our members via BTWAN. I am certain this will prove to be a good resource for our members.

In closing, please make sure to speak to those in charge at your facilities regarding the REACH program. This is a wonderful opportunity for a very reasonable cost.

Have a great holiday season and I hope to see you all in Bismarck in April!!

REACH – The Regional Extension Center for HIT

According to some of the fall conference comments, some people still do not quite understand what REACH is all about. I hope this will clarify the center somewhat and I urge all of you to access their website at www.khaREACH.org to get more information and to register for their services. There are discounts available if you can sign up by **November 30, 2010**. The Field Service Manager for ND and MN is Tina Kessel, RN. She can be reached at (701) 857-9732 or email tkessel@ndhcri.org.

The Regional Extension Center for HIT is a non-profit federal health information technology regional extension center. Its purpose is to help providers in clinics, small hospitals and other settings in ND and MN implement and use EHRs. Their mission is to assure each client achieves meaningful use.

REACH – The Regional Extension Center for HIT ...cont...

This is a program of Key Health Alliance, which is a partnership between Stratis Health, National Health Resource Center and the College of St. Scholastica. These entities collaborate with NDHCRI and UND Center for Rural Health.

If you are ready to commit to achieving meaningful use, they will assist you whether you have:

- No EHR system
- An installed EHR that is difficult or impossible to use
- A working EHR that needs to be optimized to fully benefit you and help you exceed federal meaningful use requirements

Providers and health care facilities can sign up for discounted EHR consulting services. As I indicated above, for a limited time, qualifying primary care providers and small hospitals can receive discounted services of up to 90% off the actual cost. This is made possible through federal recovery act incentive funds.

They use a process consultation approach, giving providers the skills and tools they need to make changes in an informed and sustainable way. They focus on organizational change factors – leadership, culture, process, workflow re-design – to prepare organizations for EHRs.

The services they offer include the following:

- **Readiness assessments** – they help you determine where your organization is on the continuum of readiness to adopt an EHR and they provide a plan to prepare your organization for the adoption process.
- **Practice and workflow redesign** – planning and preparing for the cultural changes, as well as clinical, and business benefits of EHR.
- **Assisting in the selection of a certified EHR product** that offers the best value for your needs – taking you from developing your system requirements/needs through identifying the right vendor for your organization.
- **Vendor contracting** – they provide sample contracts and opportunities to connect with preferred vendors for an accelerated contracting process.
- **Process for EHR project management** – they offer a process to work with your selected vendor to ensure effective implementation of a certified product.
- **EHR optimization and meaningful use** – leveraging an EHR's potential to improve quality and value of care by enhancing clinical and administrative workflows, process improvement, template building and clinical decision support alignment.
- **Technical reporting** – Crystal Report writing, SQL programming or other technical services to support attestation and quality data submission to CMS.
- **Privacy and security best practices** – they will provide training on how to comply with legal requirements to protect health information, including breach notification, risk mitigation, policy and procedure templates and business associate management.

REACH – The Regional Extension Center for HIT ...cont...

- **Functional interoperability and HIE assessment and guidance** – from the basics of e-prescribing to preparing your organization to participate in HIE with other provider organizations and with other entities such as the immunization registry, public health and for quality reporting.

As you can see, they provide a mission-critical service to organizations. The steps they go through are very important in achieving your goal of implementing an EHR or making changes in the system you have.

Patti Kritzberger, RHIT – Education Director

LEGISLATIVE DIRECTOR – DEBI NELSON

State Advocacy Project

AHIMA has broken down the 50 states into 12 regions. ND is in region 9 with Kansas, Missouri, Nebraska and SD. Each region has a 'volunteer advocacy' position appointed by AHIMA. Anyone can apply for this position and the application is online at AHIMA. Each State is then asked to further "advocacy" within their state.

Examples of this would be when AHIMA sends out a notice to members to go to AHIMA and log on to the Advocacy website and send an electronic letter by filling in your name/email address and then using a drop down to find our state legislators. It is pretty easy. You will get a response from the legislator too 😊 Another example would be watching ND legislation as it affects our state and then contacting our State legislators and offering out opinion. His presentation had slides that mostly talked about getting contact info on our state legislators and becoming familiar with the process along with making allies of other organizations that could weigh in with us and help support our cause. AHIMA would also be available to help us if there was a State bill we were concerned about either passing or failing.

To that end.....I would like to see if there is interest in a ND Hill Day!

Hill Day in ND!

I contacted our local legislator to ask some process issues. Session starts January 3rd and ends in May 2011. He thought we could meet some of our delegation if their offices knew ahead of time. There is also a video that is shown at the capitol along with a tour that discusses how bills become law. I was thinking we would partner with NDHA. Would there be enough people interested in coming to Bismarck for a 8am – 12N (with lunch) type day? He indicated morning sessions are when bills get 'sliced/diced/amended' and are most interested to see.

MEMBERSHIP DIRECTOR – JEANNE MCGUIRE

First off – I would like to thank Patti for **another** exceptional conference. Comments on the evaluation forms indicated an overall high rating for the 1½ day meeting and we are a tough crowd to please.

For any/all students in the crowd!! NDHIMA continues to sponsor a scholarship to any student who:

1. Is enrolled in an accredited program
2. Has a 3.0 GPA (on 4.0 scale)
3. Has completed 1 semester of school
4. Is a student member of NDHIMA
5. Is a resident of ND

The criteria are pretty simple, the application process is pretty simple, and all the forms you need to apply are on the NDHIMA website (www.ndhima.org). And this year, there is a bonus!! In honor of our recent Distinguished Member recipient, Cora Mae Shipmen, the scholarship this year will be \$600.00! I encourage anyone who meets the criteria to check out the website, under the education tab, for complete application information. This is not just for the new students – second year students can, and should apply also. The scholarship money is sent directly to your school who will apply the money to any outstanding charges you may have. If there is money left, or you have no outstanding bills, the school will write you a check for whatever is left, or the full amount – whichever is applicable. You do need to spend a little time completing the application and writing a brief essay – I would say the chance at \$600 is well worth the time. All portions of the completed application are due to me by April 1st so you do have timebut don't wait too long: it's amazing how quickly time flies. Check it out, start doing some thinking and give it a shot – you have nothing to lose and a lot to gain.

Hill Day: the Board met recently to discussion multiple topics and one of them was the possibility of having a Hill Day in North Dakota (see Debi Nelson's article). From the response Debi has received, it appears that many of you are interested in such an excursion. Dates at this point are uncertain, but it would be sometime after the first of the year. If you think your legislative representative would be willing to meet with the group, or if he/she has been a strong supporter of healthcare issues, let Debi know: she will add the name to her list. If you are interested in a ND Hill Day and haven't contacted Debi drop her an e-mail and let her know.

Finally – take special note of the Lunch and Learn message: at our Fall Conference the Board presented the idea of sponsoring CEU opportunities via BTWAN/Audio, etc., to the membership. Here's your chance!! Deb Boppre's company (UASI) has an extensive library of educational seminars from AHIMA and they are willing to share this library, **FREE of CHARGE**, and provide the conference call set-up, also free of charge to our membership. First topic is "Coding Excisional versus Non-excisional debridebment". As with any audio, invite as many staff members as would benefit – it is not limited to NDHIMA members. So mark the date: **January 27, 2011 at 12:00 – 1:30 p.m.** Let any of the Board members know if you have a "burning desire" (topic that is!) and we will see what we can do.

Have safe and Happy Holidays and I hope to see you all in Bismarck – April 14th & 15th

Past President – Sue Roehl

What is the RAC looking at now?

Whether you are from a PPS Hospital or a Critical Access Hospital, or a Physician office, the Recovery Audit Contractors are busy in all healthcare settings. If you have not heard from them yet, just be patient..... Here are some of the approved RAC review areas:

IV Hydration should be billed with a maximum number of units (1) per patient per date of service

When reporting service units for untimed codes (excluding Modifiers -KX, and -59) where the procedure is not defined by a specific timeframe, the provider should enter a 1 in the units bill column per date of service.

Blood Transfusions should be billed with a maximum of (1) unit per patient per date of service

Certain procedures are only performed once in a persons lifetime. Query identifies claims paid for those procedures for more than one service date. (Examples – cholecystectomy, appendectomy)

Neulasta (HCPCS code J2505) Claims submitted with the total number of milligrams instead 1 unit per 6mg. Claims for J2505 should be submitted so that the units billed represent the number of multiples of 6mg administered, not the total number of mgs.

There are multiple DRG validations on the approved RAC review list. See <http://racinfo.healthdatainsights.com>.

Admissions to the inpatient setting require a physician's order in order to qualify and be paid as an inpatient stay. This review will be conducted on all charts received when applicable. Valid orders must be dated, timed, specify the patient status (inpatient, outpatient, observation), and be signed by the physician who originated the admission.

Claims billed for minor surgical or other treatment are identified for medical record review based on risk of improper payment for inpatient care when outpatient care was provided.

One day inpatient stays are under very close scrutiny. Many facilities are receiving record requests for records in 2007.

We cannot change our admission, billing, or coding practices from the past. But, we can learn from the identified issues and reviews. Let's make sure all HIM personnel are the proponents for keeping up with correct coding and billing policies.

Nominating Committee – Sue Roehl

NDHIMA needs you!

Now is the time to begin thinking about the opportunities to serve NDHIMA. We will be looking for candidates for President Elect, Membership Director, Treasurer, and Education Director. I know there are many talented people in our organization that would be great at these positions. There are many benefits to becoming a member of the NDHIMA Board – such as paid registration for our state meetings, opportunities to meet new people, and develop leadership skills. It is always good to have new members on the Board to present fresh ideas and input. Please call me at 701-476-8770 or send an email to sroehl@eidebailly.com to let me know you are interested! You can also contact any member of the Board.

REMEMBER THE DATE-MORE INFO WILL FOLLOW

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North Dakota Health Information Management Association (NDHIMA) is a professional association chartered under the State of North Dakota non-profit corporate law. The Prairie Record is the official free newsletter that is published biannually to inform its members about issues, news and education at the state and national association levels. It is a forum for open discussion and all information presented may not reflect the official policy of NDHIMA or of the institution with which the author is affiliated, unless otherwise specified. The newsletter is electronic and can be accessed at www.ndhima.org in the spring and fall. Letters and comments addressed to the Editor are welcome.

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