

Perspectives Online

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FROM THE PRESIDENT



"Together we can face any challenges as deep as the ocean and as high as the sky"

Spring is the season of new beginnings and a time of change and growth. When spring rolls into our lives, we begin to pick up the slack that winter instilled inside us. Now is the perfect time to take action to enhance our professional skill set, to grow our association, and assess the direction in which we are headed. This includes our continuing education needs for the upcoming year and other opportunities, such as serving NYHIMA in a volunteer position, or on one of our committees. It is also that time of the year when our elections are right around the corner! Consistent and strong leadership within our association is the key to our ongoing success. I encourage you to consider becoming involved with NYHIMA by running for a Board position, committee chair, participating on a committee, submitting articles for the newsletter, or helping to plan for our annual conference.

The 79th NYHIMA Annual Conference will be held in Albany, New York on June 1-4, 2014. Our Co-Chairs, Lynn-Marie Wozniak, MS RHIT and Sandy Macica, MS RHIA CCS, have put together a program that is high in quality and valuable in content, along with great arrangements and activities. As I write this message, Lynn has already obtained some of the best speakers to assure you are getting the most for your attendance. The Board and the Annual Conference Co-Chairs are very excited about this event. The theme, 'Capitalizing on our Strengths', is designed to encourage and empower our members to thrive in the future. Please save the date and I am sure you will leave the conference with valuable and current information.

[Click here](#) to learn more about what we've been doing!

Submitted by: Renato L. Estrella, MSHA, RHIA, FAHIMA

SAVE THE DATE!

NYHIMA 79TH ANNUAL CONFERENCE



CAPITALIZING ON OUR STRENGTHS

It's that time of year!

Mark your calendar for the upcoming Annual Conference, taking place June 1-4, 2014 in Albany, NY. Watch for the announcement of the conference at a glance and online registration information – coming soon!

Program Highlights

- 15 total credits available (2 additional for Sunday PM programs)
- Topics include: ICD-10; CDI; EHRs: physician training; audits and appeals; regulatory updates; reimbursement systems; compliance; meaningful use; HIM leadership and development; and much more!

Social Events

- Welcome Party – Sunday, June 1, 2014
 - City Beer Hall – Join us for food, drinks and games!
- A Night at the NYS Museum – Monday, June 2, 2014
 - Private reception in the Adirondack Wilderness Exhibit, with a special gift for all attendees!
- Awards Banquet – Tuesday, June 3, 2014
 - Join us to honor our outstanding students, members and mentors!

ICD-10

ICD-10-CM Coding of Smoking

The ICD-10-CM places an emphasis on the reporting of alcohol and tobacco abuse and dependence. There are many situations where there is instruction for a coder to use an additional code to specify tobacco usage such as with certain neoplasms; ear conditions; heart disease; respiratory disorders; and mouth and throat disorders. It was unclear from the index what to use if a person was described as a "smoker" without further clarification of use or dependence. The American Hospital Association's Coding Clinic for ICD-9-CM and ICD-10-CM/PCS, Fourth Quarter 2013 discussed this issue. Based on their answer it appears that "smokers" are assumed to be dependent on nicotine.

Question: How would a documented diagnosis of "smoker" be coded in ICD-10-CM? Should it be coded as tobacco use or dependence?

Answer: In ICD-10-CM, a diagnosis of "smoker" is coded to dependence. Assign code F17.200, Nicotine dependence, unspecified, uncomplicated, when the provider documents "smoker". Please note the following reference in the Alphabetic Index to Diseases: Smoker - see Dependence, drug, nicotine.

Submitted by: Sandra Macica, MS, RHIA, CCS

Working As A Team With ICD-10-CM/PCS

My co-worker and I were at a client site working to identify potential DRG shifts due to ICD-10-CM/PCS (I10) implementation by recoding the cases in I10. The facility has taken a very pro-active approach in their I10 efforts and has already started dual coding. In addition to DRG shift findings they were using the results for I10 coding validation. To their credit, the facility decided their approach to I-10 preparedness was to include Finance, Health Information Management, Clinical Documentation Improvement, Medical Staff, and consultants.

[Click here](#) to read the rest of this article

Submitted by: Eva M. Gregorek, RHIT, CCS, AHIMA APPROVED ICD-10 TRAINER

CAHIIM PROGRAMS NEWS•NOTES

SUNY Alfred

As a Health Information Management (HIM) Director or supervisor, have you ever had a position open but have been unable to locate pool of qualified professionals to interview and hire? Do you resort to on-the-job training of non-credentialed people, only to determine the time and lack of productivity is too difficult, so you resort to paying overtime to your current, over-worked staff?

The answer is to have an educated pool of qualified candidates to choose from. In fact, there are more Health Information Management (HIM) Associate degrees and Bachelor degrees (and Coding certificate programs) than ever before, yet it remains too difficult to find qualified candidates because they often lack on-the-job experience.

[Click here](#) to read the rest of this article.

Submitted by: Tracy Fulmer Locke, MS, RHIA / Lisa Boyle, RHIT



Monroe Community College HIT Club

In the months of November and December, the HIT Club donated 165 hats, mittens, gloves, and scarves to a Rochester city school, as well as 12 blankets to Latta Road Nursing Home. On December 8th, representatives from the club along with their adviser, Sharon Insero, volunteered at the local Ronald McDonald House to serve scrambled eggs, home fries, sausage and toast for more than 30 patrons. In February, the HIT Club participated in several events in rapid succession, all of which were extremely successful. On February 7th, members of the club participated in a school-wide "Go Red" event to raise awareness for heart disease in women. In just one hour the club received more than \$30 in donations and passed out heart-healthy recipes and personal health record forms to the many in attendance, encouraging both a healthier lifestyle and the monitoring of one's own health record. On the 9th, members participated in the Rochester Polar Plunge to raise money for the Special Olympics. The club raised \$1182 toward the cause, and six club members braved the frozen waters of Lake Ontario in celebration of an unprecedented year of donations. On the 13th, the HIT Club hosted their annual "Be The Match" Bone Marrow Drive, which raised more than \$400 from carnation, popcorn, and water sales, which will go directly to Be The Match Foundation, operated by the National Marrow Donor Program, which oversees the largest and most diverse bone marrow registry in the world. They also recruited 61 potential donors during the 4-hour event!

The HIT Club's aim is to make a difference in the Greater Rochester Community by promoting general health and well-being through events and volunteering. They are planning a drive to collect food and hygiene products for troops stationed overseas, a day of promoting health and hygiene at a local high school in conjunction with another MCC club, and to volunteer at this year's Rochester Clean Sweep event in April/May.

Submitted by: Brenda Embrey, MPA, RHIA ,CHP

NYHIMA NEWS♦NOTES

Delegates Vote on Two Issues at AHIMA

The NYHIMA delegates to AHIMA recently voted on two issues: global membership and board member resignation and removal. Both issues passed. Technological advances now make it possible to participate in communities, exchange knowledge, and contribute to the profession no matter where in the world a person may be located. In 2012, the AHIMA Board voted unanimously to pursue a global business plan and to make Chicago the global headquarters for AHIMA's activities worldwide.

In addition the Governance Committee of the Board of Directors proposed a bylaws amendment on the resignation and removal of Board of Directors and Officers. AHIMA's Illinois Attorney identified that Illinois law requires that, where Directors are elected by members, they may be removed only by members.

Submitted by: Sandra Macica, MS, RHIA, CCS

Board Update

The next NYHIMA Board meeting is scheduled for April 7th. Some of the issues the board is working on include:

- This year's NYHIMA House of Delegate issues
- 2014-15 ballot
- Annual Conference in Albany
- Upcoming educational sessions
- Updating policies and procedures
- Plans for the transition of the Central Office

Submitted by: Sandra Macica, MS, RHIA, CCS

Local Associations News

AdHIMA Update

In January we presented Cancer Reporting and Coding in ICD-10-CM. The session presented information about current cancer treatment trends, cancer registry submission and cancer coding practice. Upcoming sessions include AP-DRGs and our full day annual conference in May. A coding carnival is planned for the afternoon with games prepared to help attendees learn more and test their current knowledge of ICD-10 coding.

Submitted by: Sandra Macica, MS, RHIA, CCS



CNYHIMA Update

CNYHIMA had a busy fall! Members were provided with several educational courses throughout the fall season. Here is a brief recap of all we did and what members were able to take away from each program.

[Click here](#) for a synopsis of our Fall 2013 Educational Program Calendar.

Submitted by: **Cindy Alsheimer, RHIT**

LIHIMA Update

Our LIHIMA education programs have introduced our members to new concepts, different approaches to changes and some concrete examples of changes needed where HIM skills will be most helpful. In August, Scott Damm of John T. Mather Hospital gave an overview of the technical side, that is, the IT perspective, of the EHR with his presentation called "What's Behind the Magic Curtain." In October our presenter, Glenda Bosanko, Manager of HIM Education for Jzanus Consulting, Inc., enlightened us with some of the challenges that we will face with our implementation of ICD-10-CM and ICD-10-PCS and how to best prepare for our training needs. At our December meeting, the topic focused on data integrity with a presentation called "Overcoming the Challenges of Dirty Data" by Beth Haenke Just, Founder and CEO of Just Associates, Inc. Beth discussed the integrity issues with the Master Patient Index. She gave examples of what happens with duplicate medical record numbers within the electronic health record systems and how HIM can get involved in finding solutions within their organizations. These presenters gave their time to help us to develop our professional skills and we are forever grateful for their willingness to share their knowledge and experiences.

There are many changes taking place in the HIM educational programs. The AHIMA education committee, with the help of the many HIM educators, has developed a new curriculum map for the educational programs to be in line with the transformation of the HIM profession. The colleges will be redesigning their course content, their curriculum, and their programs at the associate, baccalaureate and masters levels. The HIM profession is changing and we need to keep our focus on today but we need to have a vision of what and where we will be over the next several years. Education is our mission and we will continue to provide our members with up to date information that will help guide us into the future.

Submitted by: **Diane Fabian, MBA, MS, RHIA**

AHIMA NEWS♦NOTES

Leadership and Advocacy Symposium and Hill Day

AHIMA's 2014 Leadership and Advocacy Symposium and Hill Day meetings will take place in Washington, DC - March 17-18, 2014. This year our Legislative Director, Diane E. Cohen, RHIA, will attend on NYHIMA's behalf. Diane has been preparing by attending AHIMA sponsored webinars. The two issues that will be addressed in the Legislative meeting talking points are:

- Recovery Audit Contractors: audits and the demand on facilities when responding to the audits
- ICD-10

There will also be a "Dear Colleague" letter to request support for a bill that addresses RAC audits. More sponsors are being sought.

Submitted by: **Sandra Macica, MS, RHIA, CCS**

PROFESSIONAL DEVELOPMENT RESOURCES

IFHIMA Meeting Synopsis

I had the privilege of attending and presenting at the May 2013 *International Federation Health Information Management Association* (IFHIMA) in Montreal, Canada. This was the 17th Congress of the IFHIMA (previously known as IFHRO, this Federation of Health Record organizations was formed in 1968). This international conference was hosted by CHIMA (Canada Health Information Management Association) which is the Health Information Management Association of Canada. Those registered represented a total of 30 countries, totaling 500 people. The Canada Nursing Association was invited to participate as well. The top five countries in attendance included Canada, United States, Japan, Nigeria, and Australia. The next Congress of IFHIMA, which meets every three years, will be held in Tokyo, Japan in 2016. I also had the privilege of attending and presenting at the 16th IFHIMA Congress in Milan, Italy in November 2010.

[Click here](#) to read the rest of this article.

Submitted by: **Tracy Fulmer Locke, MS, RHIA**



WHAT'S NEW IN WASHINGTON

U.S. Department of Justice News

Florida Hospital System Agrees to Pay \$85 Million in Stark Law Test

The Stark Law forbids a hospital from billing Medicare for certain services referred by physicians who have a financial relationship with the hospital. The government alleged that the facility knowingly violated the Stark Law by executing contracts with six medical oncologists that provided an incentive bonus that improperly included the value of prescription drugs and tests that the oncologists ordered and the facility billed to Medicare. The government also alleged that the facility knowingly violated the Stark Law by paying three neurosurgeons more than the fair market value of their work. The whistle blower will receive \$20.8 million of the settlement.

Submitted by: Sandra Macica, MS, RHIA, CCS

SOURCE: WWW.JUSTICE.GOV

Government Teams Recovered \$4.3 Billion in FY 2013 and \$19.2 Billion Over the Last Five Years

Attorney General Eric Holder and HHS Secretary Kathleen Sebelius recently released the annual Health Care Fraud and Abuse Control (HCFAC) Program report. The report showed that for every dollar spent on health care-related fraud and abuse investigations through this and other programs in the last three years, the government recovered \$8.10. According to the report this is the highest three-year average return on investment in the 17-year history of the HCFAC Program.

The Justice Department and HHS are using strike force teams advanced data analysis techniques to identify high-billing levels in health care fraud hot spots so that interagency teams can target emerging or migrating schemes as well as chronic fraud by criminals masquerading as health care providers or suppliers.

Submitted by: Sandra Macica, MS, RHIA, CCS

SOURCE: WWW.JUSTICE.GOV

