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The *TxHIMA Journal* is the official publication of the Texas Health Information Management Association (TxHIMA), a professional association chartered under the State of Texas non-profit corporate law. Views expressed in the *TxHIMA Journal* are those of the author(s) and do not necessarily reflect the policies or opinion of the Texas Health Information Management Assoc., Editor, or Publication staff.

Dear TxHIMA Members,

Hope all is well and you and your family are able to enjoy these summer months. It's hard to believe that the TxHIMA fiscal year, and my term as TxHIMA's President, is almost over. Where does the time go?

Early in our time together, I shared the TxHIMA strategic goals for this fiscal year. It is now time to report our successes over this last year and reprioritize those initiatives that are still in progress. I am pleased to report the following activities to support our strategic goals for the 2005-2006 reporting year:

Strategic Goal #1: Increase HIM Advocacy and Coding Related Activities:

- AHIMA legislative activists participating in the 2006 annual convention
- Legislative Director, Karen Clark, participated in Hill Day in Washington, DC in March 2006
- Karen Clark and Stacey McIntosh invited to participate in the Health Information Technology Advisory Council (HITAC)
- Offered regional and dedicated coding roundtables session at 2006 annual convention
- TxHIMA received 2005 RACE Award for coding roundtables excellence
- Offered regional coding meeting with AHIMA on "Achieving Coding Excellence"
- Activated coding roundtables message board on www.txhima.org website to encourage coding roundtable communications
- Board members and other TxHIMA volunteers conducted myPHR education sessions with varied special interest groups

Strategic Goal #2: Engage Membership and Invest More into Student Scholarships

- Stacey McIntosh created bi-monthly District President's newsletter to enhance membership communications
- Message board technology was enhanced to enable more participation by members. Additionally, message board moderators were assigned to ensure member's questions were answered.
- Offered "Volunteer of the Year" Award at 2006 annual convention. Additionally TxHIMA sponsored the

- Volunteers Brunch at 2006 annual convention.
- Offered Silent Auction at 2006 annual convention with proceeds to go to TxHIMA scholarship fund.



Dana Choate
MBA, RHIA, CHP

Strategic Goal #3: Build Affiliations with Other Associations

- Offered education sessions to Louisiana Health Information Management Association members to those displaced by hurricanes.
- TxHIMA participated in the Texas Tumor Registrars Association (TxTRA) annual convention. TxTRA invited to participate in TxHIMA 2006 annual convention.
- Opened dialogue with HIMSS association to offer joint education sessions for membership benefit.

Strategic Goal #4: Reactivate Inactive Districts

- Use of district president newsletter enhanced member communications with Districts.
- Concho Valley assumed leadership for Big Country district to form active District 15.
- Capital District conducted educational session and leadership selection.
- Positive communications with potential leaders in remaining three inactive districts to give hope for rejuvenation 2006-2007 reporting period.

As I close, I want to thank the TxHIMA membership for this challenging, educational and humbling opportunity to serve as your President. I will never forget the relationships built and friendships gained through this experience. I am hopeful that many of you will consider serving as an officer at the local and state level. Your time and talents are so critical as we continue to build one of the most dynamic component state associations in the nation. As we continue to move forward as a strong and resourceful association, we must do so with collaborative minds and a common vision.

Warmest regards,

Dana Choate, MBA, RHIA, CHP
President, TxHIMA ☺

CODING ROUNDTABLE CORNER

by Sarah Glass

Are you prepared to identify which diagnoses were present on admission? On March 1, 2007, the new UB-04 goes into effect. Starting May 3, 2007, the UB-92 will no longer be accepted. The number of diagnosis fields will expand from 9 to 18. The number of procedure codes will expand from 6 to 7 positions. A “Present on Admission” (POA) field will apply to all diagnosis codes. Choices will be: yes, no, unknown, and not applicable. “Not applicable” can only be reported if the codes are on a list developed by the Cooperating Parties (which will be published in the Official ICD-9-CM Coding Guidelines). Guidelines will be published to assist coders in determining POA conditions.

These topics were discussed at the Coding Roundtable during the 2006 TxHIMA annual convention:

- APR-DRGs and the IPPS proposed changes for 2007
- Chargemaster; Infusion/Injection; Ambulance Coding
- Physician Office; Home Health; Nursing Home; LTAC; Ambulatory Care; Rehab; Psych

- and Other Specialty Facilities
 - ICD-9-CM Coding and UB-04 changes
 - CMS Target Areas
 - LCDs, NCDs, and ABNs
 - Students and Recent Graduates
- Links to discussions of these topics and references for more information



will be posted on www.txhima.org on the Coding Roundtable message board.

Successful coding roundtables covering intermediate/advanced coding scenarios were held in May. Special thanks to Charlotte Creason, RHIA for hosting the coding roundtable on May 19th at Tyler Junior College, and to Jennifer Sayles, RHIA for hosting the coding roundtable on May 20th at Baylor University Medical Center in Dallas.

During the month of July, a coding roundtable will be held at El Paso Community College, hosted by Jean Garrison, on July 14th. Kathy Garnett is hosting a coding roundtable on July 21st at Northwest Texas in Amarillo. A session is tentatively planned in Victoria on August 11th. If you plan to attend these sessions, please bring an ICD-9-CM codebook. Attendees will code intermediate and advanced coding scenarios.

If you'd like to be put on the list for coding roundtable announcements, please email Sarah Glass at sglass@sleh.com with your name, your email address, facility, title, city, and which of these cities is closest to you: Houston, San Antonio, Hurst, Harlingen, Tyler, Wharton, San Marcos, El Paso, Dallas, Amarillo, Austin, Midland, Victoria, or Wichita Falls. 📍

TxHIMA Has a New Message Board!

Check it out!

txhima.org

We are interested in hearing your feedback on the new message board.

TMF Offers Tool for Reducing Audit Risk

TMF Health Quality Institute, the Medicare quality improvement organization for Texas, has an efficient way for hospitals to identify potential areas of compliance vulnerability and risk.

Through a quarterly report called PEPPER (Program for Evaluating Payment Patterns Electronic Report), hospitals have free access to hospital-specific and statewide aggregate data that can help them spot possible payment issues. "PEPPER contains hospital-specific data for diagnosis-related groups and discharges that have been identified by the Centers for Medicare & Medicaid Services as at high risk for payment errors," says Judi McCabe, RN, manager of the Hospital Payment Monitoring Program at TMF. "One-third of Texas hospitals have already discovered how useful the report is, but we'd like everyone to know how PEPPER can prioritize findings and provide guidance on areas where a hospital may want to focus their auditing and monitoring efforts."

Hospital compliance officers, utilization review managers and health information management staff are invited to learn more about PEPPER online at www.tmf.org/pepper.

This material was prepared by TMF Health Quality Institute, the Medicare Quality Improvement Organization for Texas, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

AHIMA Offers Six HIM Career Flyers

Have you visited the AHIMA website recently? On the main page, AHIMA is informing visitors of six new HIM career flyers highlighting a student or recent



HIM graduate.

These flyers (or posters) can be downloaded and printed locally.

They are a great tool in for student recruitment activities. We know that several of our district's interact with the local high schools to attract students to the profession. These flyers can be useful tools in highlighting what is attractive to other students about the HIM profession.

These flyers can also be used with your local colleges. Many of you visit local colleges to talk with current HIM students about participating with your district's HIM activities. We encourage you to utilize these tools in your discussions.

For more information, visit the AHIMA website at: www.ahima.org/careers/howto01.asp

FY2007 IPPS Proposed Rule

Changes to the inpatient prospective payment system (IPPS) were published in the April 25th, 2006 Federal Register (Volume 71, Number 79). CMS is taking public comment until June 12, 2006.

The plan calls for full implementation by October 1, 2007 and is designed to improve payment accuracy based on weights assigned to DRGs based on hospital cost vs. charges and adjusting DRGs for patient severity.

For more information on the proposed changes, please visit: www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp#TopOfPage

Inclusive Membership Proposal—A HOT Topic!

State delegates were recently forwarded information regarding the upcoming national House of Delegates (HOD) items up for vote. One of the action items for the HOD is regarding proposed bylaw amendments on inclusive membership.

Based on the recent vote by the AHIMA HOD, action on the bylaw amendment concerning inclusive membership has been postponed for discussion and action until the national meeting in October.

During the recent convention in Galveston, the TxHIMA board solicited feedback from attendees on the inclusive membership action item. Via this article, we are encouraging you to review the information available on this topic and forward your opinions, ideas, and comments to one of the TxHIMA board members. We want your opinions to be heard and the Texas delegates need your input prior to the HOD vote in October. Visit the AHIMA CoP to learn more about the inclusive membership proposal. On page 8 you will find one of the documents that AHIMA has published as part of the discussion of this proposal. 📄

EDUCATION PROGRAMS UPDATE

Houston Community College Update

The Health Information Technology instructors and students of Houston Community College have been busily engaged in the dance of teaching and learning. Of the 69 current enrollees, 17 are scheduled for summer graduation with an Associate of Applied Science degree. These graduates will be eligible to sit for their RHIT shortly thereafter. There are 20 students who will complete the Coding Certificate and will be equipped to master the Certified Coding Associate credential. Also this summer 20 students will finish their Analyst Certificate and will be qualified for an entry level clerk job in any health information department.

One goal of the program is to be a premier coding institute. Therefore, the program will apply for accreditation of the Coding Certificate with CAHIM of the AHIMA. Starting this fall semester, the program will offer continuing education courses to those planning to sit for the CCS and CCS-P exams. The courses will be held on six consecutive Saturdays from 9am - 12noon (October 7th, 14th, 21st, 28th and November 4th and 11th).

Students who have graduated from the Health Information Technology program of HCC and were unsuccessful attempting the RHIT exam are welcome to audit the RHIT Competency Review class gratis. The course will be held this summer July 10th through August 13th on Tuesdays and Thursdays from 4pm-10pm.

The program welcomes your communications. Houston Community College may be found on the web at www.hccs.edu. Should you like to contact the program directly, please call Dr. Carla Tyson-Howard at 713.718.7347, or Mrs. Carolyn Stariha at 713.718.7349. You may also contact us by email carla.tyson@hccs.edu and carolyn.stariha@hccs.edu.

Submitted by Dr. Carla Tyson-Howard, Program Chair

North Harris College Update

The coding certificate program at North Harris has received it's accreditation from AHIMA this past year. We



Graduating seniors from North Harris College: front, L to R, Elizabeth Wilkins, Jennifer Turner and Sally Hodges. Back, L to R, Wilma Jones, Susan Collins, Grace Borromeo, Tamara Ruffin, Tammy DeKoch and Octavia Rodriguez.

are very proud of our graduating seniors (see photo), who have worked hard to achieve their goal of certification. These seniors will complete their AAS degree in Health Information Technology this year.

Submitted by Jeanne Qualey, Director of HIT Program

DeVry University-HIT Program Houston Campus

The Associate of Applied Science Degree in Health Information Technology (HIT) offers a solid education in a rapidly growing professional field. You will not only study courses in medical science and HIT, but will have hands-on experiences that will help you to build technical skills and gain an understanding of the healthcare environments in which HIT professionals work.

All of the HIT courses are held in what is called an “accelerated” format or session. DeVry Houston’s HIT courses are offered on Friday evening and Saturdays. In an accelerated session, classes meet twice as long as they would in a regular semester. This allows students to finish a course in eight weeks. These accelerated courses can be taken concurrently with regular 15-week courses that have been designed to complement the accelerated sessions. HIT courses are also offered online, allowing for additional ‘mix-and-match’ scheduling depending upon student

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LEGISLATIVE REPORT – TxHIMA

JUNE 2006 *Submitted by Karen Clark, Legislative Director*

Legislative Monitoring

- FY 2007 IPPS Proposed Rule: Changes to the inpatient prospective payment system was published in the Federal Register, 4/25/06, Vol. 71, No. 79. CMS is taking public comment until 6/12/06. The plan calls for adjusting DRG's for patient severity and would go in to affect 10/1/07.
- HR 4157 – The Health Information Technology Protection Act: Proposes upgrading of our U.S. procedure and diagnostic classification system, by requiring HHS to issue a final rule for the adoption of ICD-10-CM and ICD-10-PCS to reverse the trend of deteriorating health data and to allow the healthcare industry to prepare for a smooth transition to modern classifications systems.
- S.1952 – The Critical Access to Health Information Technology Act: Requires the Secretary of HHS to establish access to healthcare in rural areas by improving health information technology. Directs the Secretary to promulgate a final rule concerning the replacement of ICS-9-CM with ICD-10-CM.
- Tx. SB 45 – Created the Health Information Technology Advisory Committee under the Statewide Healthcare Coordinating Council to form a long-range plan for the use of health information technology in Texas.
- S.306 – The Genetic Information Nondiscrimination Act: Ensures that non-discrimination legislation

that includes appropriate penalties, be adopted to protect individuals when their genetic or other health information is misused.

- Opinion No. GA-0399: Attorney General of Texas offers opinion on whether section 241.154(b) of the Health and Safety Code or section 408.025(d) of the Labor Code governs the fees a hospital may charge a workers' compensation carrier to provide certain records in a workers' compensation proceeding. Section 408.025(d) of the Texas Labor Code governs fees for the release of reports and records required under chapter 408 or Tx Dept of Insurance, Division of Workers' Compensation rules. A hospital licensed under chapter 241 of the Tx Health and Safety Code that is requested by a workers' compensation carrier to provide such reports and records must charge fees authorized the fee schedule promulgated under section 408.025(d) of the Labor Code. A hospital that is requested by a workers' compensation carrier to provide other medical records in a worker's compensation proceeding may charge fees under section 241.154(b) of the Health and Safety Code.
- S.1716 – The Emergency Relief Act of 2005: Designed to speed aid and support to those in need while helping hospitals recover so they may prepare for the next crisis and continue vital community and healthcare services.
- Fees for copies of patient health records increased 9/1/05.

- Fees for copies of birth and death certificates increased 12/1/05.

National Initiatives - Capital Hill Update

- March 15 – 17, 2006 – Texas represented at AHIMA National Hill Day, meeting with Texas politicians to lobby for bills and issues that are important to the Health Information Management Profession.

Call for TXHIMA Members Who are Interested in Legislative Participation

- What a great TXHIMA Conference in Galveston this year! We had Don Asmonga, Director of Government Relations for AHIMA speaking about Advocacy on a National Level, and Stephen Palmer, Policy Analyst for the Texas Health Care Policy Council in the office of Texas Governor Rick Perry giving a legislative update on health technology issues in Texas.
- If you would like to become more active in HIM issues that are on the forefront with our State and National legislature, volunteers are needed to help monitor the activities in our state and to help coordinate our own "Hill Day" in Texas. If you would like to volunteer, please forward your contact information to me at karen.clark@christushealth.org and label it Legislative Volunteer! Be brave, take a step out, and get involved.....Together Everyone Achieves More!

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State Initiatives – Health Information Technology Advisory Committee (HITAC) Update

ASSIGNED TO	DUE DATE	DUE	DELIVER TO
Subcommittee members/Chair	May 25, 2006	First Draft Recommendations	Project Management Team
Project Management Team	May 26, 2006	First Draft Recommendation Comments	Subcommittee Workgroups
Subcommittee Workgroups	June 8, 2006	Second Draft Recommendations	Project Management Team
Project Management Team	June 27, 2006	First Draft Report	Subcommittee Members
Subcommittee Members	June 30, 2006	First Draft Report Comments	Project Management Team
Project Management Team	July 3, 2006	Second Draft Report	HITAC
HITAC	July 7, 2006	Second Draft Report Comments	Project Management Team
Project Management Team	July 14, 2006	Final Draft Report	SHCC
SHCC	July 20, 2006	Approve HITAC Report	
SHCC	Aug 18, 2006	Public Comment Period Ends	Project Management Team
Project Management Team	Aug 19, 2006	Begin Reviewing Public Comments & Distribute to S/C	Project Management Team
HITAC Committee Meeting— Austin	Sept 1, 2006	Review Changes of Final Document and vote for Final Approval	HITAC Subcommittees and Work Groups
Project Management Team	Sept 14, 2006	Deliver Final Document to SHCC	SHCC

EDUCATION UPDATE, continued from page 5

needs and online course availability.

The Health Information Technology (HIT) associate degree programs at DeVry’s Alpharetta, Decatur and Irving campuses are accredited by the Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM). CAHIIM requires separate review of each eligible program at each location. Our application was submitted in April 2006.

DeVry Houston is located of Beltway 8 at Clay Road. For additional information, contact admissions at 713-973-3000, or Vanda Crossley, MIT, RHIA at 713-973-3161. More information is available at www.devry.edu.

Submitted by Vanda Crosley, MIT, RHIA, HIT Program Chair

Texas State University

With the 25 students graduating with the BSHIM in May, the number of grads from the program now totals over 600 since the first 4 students graduated in May 1978. Graduates continue to find employment in a variety of

positions to include ones we consider to be the more traditional entry-level HIM jobs such as team leader, manager, and coder to those that illustrate the expanding role of the HIM professional such as pharmaceutical research positions, privacy and security jobs, and positions related to various aspects of the implementation and maintenance of the EHR.

The HIM Program is offered in two formats, the traditional on campus program and the on-line program that was started in the fall of 2000 as an RHIT progression program. This fall, the distance program will be expanded to accept individuals who do not have the previous health information education and certification but who have previous degrees in other fields and/or have experience working in health information or related positions. Professional practice experience sites will continue to be very important for all students to be able to provide the real-world experience that cannot be duplicated in the classroom.

Submitted by Sue Biedermann, , MSHP, RHIA, Chair, HIM Program 📧

Counterpoint to AHIMA FAQ on Inclusive Membership Bylaw Proposal

PRO	CON	QUESTIONS RAISED	POTENTIAL ALTERNATIVE PROPOSALS
<p>Associate members should have equal rights as credentialed members as it would foster broader collaboration on issues.</p>	<p>There already is such collaboration in existence. Associate members may and do serve and vote on committees, may receive Fellowship certification, may win certain awards (including Triumph), may attend and present at all educational conferences, may publish and teach, may volunteer, and may access all member resources and publications and participate in discussions in COPs.</p>	<p>Associate membership category has continued to increase in numbers. If there was an interest in obtaining a 'vote' at the CSA or HOD level, or to hold office, why has there been little effort made by associate members to obtain the education or credential required to obtain these privileges? Has market research been done to survey which individuals actually have requested this change for vote and office?</p>	<p>Allow 'interested' associate members, after a minimum of one year of associate membership, to take the RHIT or RHIA certification examination (dependent on associate or bachelor degree minimum status), and if successful, would be granted credential with then valid movement into 'active' membership category. If demonstrating competency through a single examination, they should have equal rights.</p>
<p>This change will expand the profession's influence.</p>	<p>AHIMA members have been asked to participate in large numbers of influential national task forces, provide input into more regulatory events, provide testimony at the highest government levels, and been appointed to more volunteer interdisciplinary teams than any other 'health informatics' related group. Other groups have attempted to gain such presence, but have failed to do so due to lack of standard common educational background and lack of common purpose and agenda. Why would we choose to 'dilute' this strength and thus risk future credibility and influence?</p>	<p>How does changing vote and office holding privilege of those not educated by accredited school programs (minimum competencies) expand the profession's influence? Aren't 50,000+ members able to generate enough influence, and if not, should research be done to explore a specific problem?</p>	<p>Continued business partnership and joint activities such as cohosting educational activities, teaming to lead initiatives (such as CCHIT with NAHIT and HIMSS), and welcoming other professionals as associate members as well as having AHIMA members participate in other association's activities are all healthy parts of joining strengths, without diluting 'active' membership standards of a professional trade association such as AHIMA.</p>

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PRO	CON	QUESTIONS RAISED	POTENTIAL ALTERNATIVE PROPOSALS
<p>This change will promote the growth of 'well qualified' members to fill the shortage of HIM jobs predicted.</p>	<p>Similar shortages have existed in the HIM profession (as well as other health professions such as nursing, physical therapy, and pharmacy) for over ten years. AHIMA has experienced great membership growth in response to these vacancies over the past 10 years. The 'prediction of decline' displayed in the graph in the AHIMA FAQ document of HIM workforce vs. the projected growth ignores the factual data that demonstrates almost a decade of continuous growth in the HIM workforce and focuses upon the past year of data only.* *Recent dip in active membership growth which represent only one year of data to date, is purely reflective of decreased school enrollment the year prior which directly feeds active member growth. This school enrollment dip is not fixed by giving greater privileges in membership to those who do not choose to go to school to become 'well qualified.'</p>	<p>Most of the growth in jobs in HIM is coding or transcription related – is there research on how many coders or transcriptionists who are not already active AHIMA (or AAMT) members, have the desire and actually would join AHIMA, and will ONLY join if given vote and office holding privileges? What is the definition of 'well qualified'? Is someone 'as qualified' to be an active member because they have a similar interest and a different credential, or is qualification based on educational standards and competency based national examination and certification? Has the recent change in HIM school competencies (decreasing clinical, management, and other record management related standards to push more of an emphasis on 'IT' content— networks, databases, etc.) having an impact on who would want to attend the accredited HIM schools?</p>	<p>Perhaps research dollars dedicated to encouraging recruitment for schools is appropriate, and research dollars dedicated to exploring why individuals with other types of credentials have not been pursuing the additional education with the desire to pass the national examinations and receive an AHIMA credential/certification.</p>
<p>It is viewed that credentials and membership are two separate issues and that this change will reinforce the credential vs. devalue it since it will expose non credentialed individuals to resources and materials. There has been discussion put forth around requiring the majority of the Board of Directors to have an HIM credential.</p>	<p>Non-credentialed individuals in associate membership status have the same access to resources and materials they can gain as an active member. This will not increase by providing vote and office to these members. This devalues the credential since it does not differentiate the 'privilege' obtained by those individuals who have worked hard to go to school and gain and maintain their credential via continuing education standards.</p> <p>Other associations exist that AHIMA can join that do not have an education based credential as</p>	<p>Has AHIMA conducted research to explore whether non-credentialed members or associate members feel that they have restricted access to AHIMA information and resources and expertise or is that an assumption? If subscription to the Journal of AHIMA is an issue, make this available to non-members or other categories of membership (CE only, Associate, etc.) for a production fee that covers costs and/or provides additional revenue for AHIMA.</p>	<p>Without licensure, active membership will continue to be synonymous with certification, credentials, and education. If licensure exists, 'open' membership may exist with less controversy. As an alternative, why not have AHIMA focus on pursuing 'national' licensure to become a 'health information' having graduated from an accredited HIM educational program and receiving a certification by passing a national examination, thus actually truly strengthening the credential and separat-</p>

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PRO	CON	QUESTIONS RAISED	POTENTIAL ALTERNATIVE PROPOSALS
	<p>a core value and this remains an option for those dissatisfied with current structure of AHIMA, just as those that wish to join AHIMA have an option to gain education and credential/certification for full membership privileges.</p>		<p>ing the membership issue from the credential. practitioner' defined as having graduated from an accredited HIM educational program and receiving a certification by passing a national examination, thus actually truly strengthening the credential and separating the membership issue from the credential.</p>
<p>Not many AHIMA members exercise their right to vote or hold office, so why shouldn't members have a choice by voting or running for office thereby providing for a potentially more diverse leadership, even if not HIM credentialed?</p>	<p>Should there be non HIM educated individuals governing the association and making its decisions in either voluntary or paid positions, determining its educational standards, CE or certification standards, practice standards, or Code of Ethics, and most of all controlling financial decisions about the association? . Even if the majority of the Board of Directors is credentialed, it only takes 'one' poor major leadership decision, to impact the course of a profession adversely.</p>	<p>Is market research needed to determine why AHIMA members have been apathetic in elections or otherwise do not participate in various leadership and volunteer activities? Are these trends any different than other professional organizations in terms of voter turnout or should there be concern? Should there be a popular vote required (vs. Delegate) on major bylaw changes?</p>	<p>Apathy should not be confused for ignorance. Perhaps an alternative governance participation model should be explored where AHIMA would provide a mechanism for the popular general vote (as in general US elections) for major bylaw/membership issues, and retain the Delegate vote (as in the US Congressional House of Representatives) for practice issues.</p>
<p>AHIMA will not receive more income as a result of this change so it is assumed this is not driven financially unless there is a large increase in membership or membership merge with another association.</p>	<p>Political motivation from other professional groups or vendors who would like to gain access to AHIMA's financial resources and its position of influence in the industry must not be underestimated. Potential mergers with other organizations who feel currently impotent and want to increase their size or financial and membership strength, even if long into the future could potentially jeopardize AHIMA's focus and dilute its strength and objectivity compared to the bias present in other organizations today.</p>	<p>What other models exist to show financial gain or disadvantage for other organizations similar to AHIMA (open vs. non open)? If there are not large numbers of individuals expected to join the association and increase the revenue stream, does this not negate the argument that this addresses the workforce shortage because of this change?</p>	<p>Explore separate sections with potentially separate dues structure. Consider equal privileges within separate sections with separate responsibilities, rights, dues, and resources that can be 'cross-joined' for a discounted price.</p>

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PRO	CON	QUESTIONS RAISED	POTENTIAL ALTERNATIVE PROPOSALS
<p>Non credentialed individuals who are 'exposed' to credentialed individuals will want to obtain an education and credential, thus providing a potential pool of recruitment for schools. Students today are not taking the exam upon graduation, and thus AHIMA is losing members, even if they go to an HIM accredited school.</p>	<p>Providing vote and office does not expose non-credentialed members to any more credentialed individuals than today, thus would not increase the pool of recruitment candidates to schools. In fact, rewarding those without schooling or credentialing devalues the credential and incentive for those to pursue this particular course of education and thus may jeopardize the livelihood of the school programs themselves.</p>	<p>Is the exam taking rate percentages decreased from previous rates in repetitive enough patterns to demonstrate a trend, or are they consistent with the fact there are less students in total in schools, and thus less students taking exams total?</p>	<p>AHIMA should perform market research on recent graduates and address any marketing issues for recruitment as well as credential examination failure. Is job diversity a driver of whether credential is applicable? How many students pass on exam in first year, to return and take exam at a later point?</p>
<p>Other similar organizations have open membership or are exploring changes in membership structure.</p>	<p>Some of these organizations that are 'open' are considered 'vendor driven' or 'consultant driven' and have little influence on national policy, procedure, or practice standards. Other 'clinical' based organizations which are most closely aligned with AHIMA and its 75 year history such as the AMA, ANA, ABA, and many others would never consider allowing non-educationally trained or credentialed members to have equal privilege and governance over those that do.</p>	<p>Have the majority of AHIMA members asked for this change in membership category as a benefit to them or is this being driven top down?</p>	<p>Publish membership structure data on similar organizations that have a formal educational program, certification, and national examination and then poll AHIMA's national members for desired change.</p>
<p>Other 'more qualified' individuals are taking 'our' jobs. This change will help prevent that. Proposal has been made to have all members follow "Code of Ethics."</p>	<p>Professional competence and hiring standards are two separate issues but education and the credential which = active membership rights are the same issue. This is an unproven threat that feeds on fear promulgation. There is no proof or data to show that any HIM jobs are being lost to non HIM credentialed individuals. In fact there is much anecdotal evidence that HIM professionals are taking more and more leadership jobs away from other individuals and in more and more diverse areas within the provider and vendor environments.</p>	<p>What research has been conducted to demonstrate trends in this area that show percentage of jobs lost? There is more evidence of wider scope of responsibility given to HIM managers, vs. the other way around. What is the definition of 'more qualified'? A physician? An informaticist? A nurse? An IT trained individual? An attorney? These are all individuals who at times profess to 'know' HIM standards, but as AHIMA members know, this does not usually prove to be the case.</p>	<p>Provide membership sections for 'other' specialties (and Informatics section, a Nursing section or society, etc.) that will allow full voting and office holding WITHIN that section, but not in general HIM elections. If this is desired, pursuit of AHIMA credential should be encouraged.</p>

Continued on next page

PRO	CON	QUESTIONS RAISED	POTENTIAL ALTERNATIVE PROPOSALS
Other 'more educated' members are needed in AHIMA vs. 'associate degree' level members.	This marginalizing statement assumes that a higher level of education equates to better performance regardless of the job requirements. Is an M.D. more qualified to code a record than an RHIT with an associate degree and appropriate educational training?	AHIMA has published recent data stating employer's value credentials more than 80% of the time. Will this same value be true if membership is diluted and what data has been collected to reinforce this.	Continue to look at ways associated members can obtain other possible certification and education so that they can work their way towards and be encouraged to receive an HIM credential to become an active member.

This document was completed collaboratively by the following individuals:

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Thanks! Thanks! Thanks!

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Willingness to Serve

TxHIMA is asking you to actively participate in the continued growth and leadership of the association. Please give thoughtful consideration to submitting your name as a possible nominee for a position on the Board of Directors or as a volunteer to assist an officer or director with one or more of the responsibilities listed below:

President

- _____ serve as Parliamentarian
- _____ serve as Financial Advisor

Past President

- _____ assist with advertisement solicitation for web page
- _____ member of the Ethics and Conduct Committee (committee activated only if needed)

Education Director

- _____ coordinate RHIA/RHIT Exam Review
- _____ coordinate CCS or CCS-P Exam Review
- _____ coordinate the Long Term Care Seminar
- _____ coordinate Coding Seminar
- _____ coordinate eHIM Seminar
- _____ assist with any seminar held in your area
- _____ participate in Coding Roundtable discussion

Convention & Meetings Director

- _____ assist with Convention
- _____ assist with Fall Symposium

Public Relations Director

- _____ chair/member of Student Recruitment Committee
- _____ chair/member of HOSA Committee
- _____ chair/member of HIM Week Committee

Legal Director

- _____ chair/member of Legislative Monitoring Committee
- _____ chair/member of Drafting Legislation Committee
- _____ assist with editing the Health Record Information Manual
- _____ coordinate Legal Seminar
- _____ coordinate HIPAA Seminar

Yes, I would like to be a Nominee for:

- _____ President (3 year term)
- _____ Director (2 year term)
- _____ Education
- _____ Legislation
- _____ Public Relations
- _____ Convention & Meetings

Name: _____

Mailing address: _____

City, State, Zip: _____

Daytime phone #: _____ E-mail: _____

By completing this form, I authorize this information to be posted to the TxHIMA website.

Please Return to:

**TxHIMA Executive Office
1700 A Ranch Road 12 #345
San Marcos, Texas 78666**

You can also sign up to volunteer on the TxHIMA website (TxHIMA.org) under ‘Volunteer Bureau.’