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May/June/July 2002

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Future Now!

The incoming president of Texas Health Information Management Association (TxHIMA) has the honor of choosing the theme for the state convention. I chose "Future Now!" based on the input from some of my Health Information Management (HIM) coworkers. They told me they were tired of hearing about how healthcare is changing or how we are challenged to do our jobs in this environment, and they unanimously rejected any themes that had anything to do with "change" or "challenge". They were weary, they said, of hearing that HIM was "going to be" important in whichever new environment was emerging at the time. They were essentially asking, "Aren't we there yet?" I agree with them; HIM is a profession that has evolved over the years, whose members are capable of conquering the many challenges and constant changes of the health care environment. HIM's future is now as a leader in this industry. HIM is a profession of which I am proud to be a member, and prouder still to be a leader.

Last year, the outgoing president, Diann Brown, stated in the body of her speech, "I love this profession." At the time, I thought "love" was a strong word to use for a profession. "Love" is usually reserved to express our intense feelings for God, family, and a few select friends. After reflecting on her choice of words and observing our longevity in the profession, I believe her description of the level of commitment of HIM

professionals is accurate. According to AHIMA at Team Talks in March, AHIMA has a retention rate of approximately 93%, an amazingly high number considering the mobility of our society. Most of us have stayed in the profession for some reason, and it must love it or something like it to compel us to remain. It surely is not for the glory, recognition, or understanding of our peers in the industry. We do get glimpses of these on occasion; however, those accolades are generally reserved for front line caregivers. Although the compensation is changing for the better, pay has not kept most of us in the profession over the years.

Our profession is comprised of a myriad of professionals. Some of us are directors or managers in HIM departments, in facilities of all sizes, some overseeing operations in several sites. We are coders, the sudden hot commodity that we always knew we were, the value escalated by compliance specialists, another role some of us have undertaken. We are privacy officers, like me, learning a new role. Some of us are security officers or in another way work with Information Systems. We are quality management professionals, risk managers, and administrators. Some are physician practice managers. We even have many vendors in our membership. Of critical importance are the educators, the dedicated individuals who assure the quality of our profession.

We practice in a variety of settings—huge acute care facilities,

long-term care, physical rehab, psychiatric, nursing homes, physician offices, universities, insurance companies, and so on. I have no doubt



Beverly Rhodes,
MSHP, RHIA

that most of you give at least partial credit for your success to your HIM background and training, wherever you have landed professionally. I worked in a medical record department during my college years under the supervision of Peggy Berry, RHIA, whose support and encouragement helped enable me to pursue a degree.

Within about a year of being out of school and working in my first director position, I volunteered initially on the local HIM Alamo Area board. I started coordinating state meetings, and then felt prepared to serve at a state level for TxHIMA, first as Education Director and then Public Relations Director. When I was asked to run for president-elect, which means a three-year commitment, I discussed the offer with my boss at the time, Rick Marek. His response was unequivocal; "giving back" to my organization is both a duty and an honor. Part of this honor is working with a board of dedicated and talented individuals. The TxHIMA board for 2002-2003 is a diverse board, a well-qualified board, a board of many talents. I can personally attest

Continued on page 3

to their dedication and hard work, and to the quality of their work. They are enthusiastic and energetic, and I can attest to their love for this profession.

I can also tell you there are no supermen or women among them. They all go to bed tired each night and sometimes they even miss deadlines. Sometimes they read a novel instead of the AHIMA Journal. At some point, they felt a prompting to "give back" to an organization that has educated them, listened to them, and has been their voice to lawmakers and the public at large. Your board wants to serve you as role models, not an unreachable elite.

I know there are many role models in our membership. Among our membership are clinical site supervisors, published authors, workshop coordinators, people involved with our colleges and universities, people involved everywhere from on a local level to on a national level. Some of you have heard that prompting to serve and have resisted it because of a million reasons, legitimate reasons, I am sure. Let me assure you that, as a member of TxHIMA, we need you. I urge you to volunteer in some way this year. You do not have to serve on your state board for your service to be valuable and appreciated. Each of you has a talent, and I encourage you to find a way to use it for your professional organization if you have not already.

Where does TxHIMA go from here? In Donna Bowers' Farewell Address, she recounts where we have been this year. It has been an incredible year of great accomplishments. Last year a vendor told me that I would have big shoes to fill following Donna as president, and I agreed. I had been shopping many times with Donna, so I also quipped, "Big,

expensive shoes."

Each year, I am certain that the new president feels some trepidation taking the leadership from the remarkable person who steps into the past president role, just as I do. Fortunately, the TxHIMA board functions as a board, and we all work closely together, corporately completely an annual strategic plan and budget for the organization.

We have many objectives in our role as TxHIMA board, but I can narrow it down to two primary objectives: To serve you, the membership, and to be a link to AHIMA. First, in serving you, each year we outline a budget, a grueling process, focusing on how to serve you as a membership through education and other resources. Over the last five to six years, we have had a very aggressive budget and have been very successful in maintaining expenses and meeting or exceeding revenues. Second, we provide a link to AHIMA for the TxHIMA members. Many of our activities involve connecting to the national activities, such as the privacy credential and the entry level coding credential issues. We must thoroughly understand such issues to assist you in understanding them. We also harness educational opportunities, expertise, and knowledge from a very capable and involved national leadership team.

Our plans for TxHIMA for 2002-2003 are:

- Continue to give back financially to the membership as the budget allows through scholarships and reasonably priced educational workshops.
- Ensure that the executive office remains up to date, technologically, staffing, etc., so that we can provide support to the board and to the membership.
- Address the "hot topics", such as

HIPAA, and continue to provide core education, such as coding, via educational workshops. The TxHIMA board provides many of the speaker resources as part of our commitment to the membership; however, this year we would like to recruit additional expert speakers from the membership at large.

- Send representatives to Team Talks twice a year. Participating in grassroots-type activities as part of a regional group of AHIMA members, led by the AHIMA board, we bring back new ideas to improve the function of our state operations. We are able to network with peers from all over the country and interact with the AHIMA board.
- Continue to make improvements on the TxHIMA website. We need your input!
- Complete the HIM Manual and obtain bids on a HIPAA/Privacy Manual.

As my friend and mentor, Roy Braswell, urged us at the installation luncheon, I also encourage you to remember that whatever your job title or work place, the patient is the primary focus in our efforts to improve our profession. TxHIMA needs your input, your ideas, your talents, and your support to continue to succeed. I encourage you to volunteer in some capacity this year. I encourage you to utilize resources offered to you as a member both on a state and on a national level. If you have not updated your profile on the AHIMA website, I encourage you to do that. AHIMA uses that information to serve us better. I urge you to help us help you succeed in your profession. Thank you for the privilege of serving you, and God Bless you. ☺

Thank You

As I look back over the past year, it seems like such a short period of time that I have been your president. It seems like just yesterday that my family was sitting at the table and my brothers were asking if beer and peanuts were going to be served. Only in Texas!

I am not going to spend a lot of time imparting words of wisdom. Instead, I am going to spend my time thanking you for the opportunity to serve you and the organization. It has been fun, exciting and a lot of work. This was a goal of mine in life and you all made it possible for me and I want to thank you from the bottom of my heart. You have given me something that can never be taken away. It is with great pride and joy that I will be sitting at the distinguished table of Past Presidents, shortly. The most exciting thing for me has been meeting all of you. Some I got to know better than others, but I have enjoyed meeting, talking and corresponding with all of you. We are all in the same boat professionally. We deal with identical issues. It has been a year of sharing. We even deal with the same personal struggles of trying to balance family, work and our faiths. I do pledge to you that my door/email will always be open to you even after I leave office. I love working with you. As long as I am physically and mentally able, I will be available.

It has been some year hasn't it? We left Arlington last year all geared up for the Fall Meeting in South Padre. The very week we were to embark on the island, one of the worst tragedies to hit American soil

occurred. We sat glued to our TVs in total shock. We couldn't move; we couldn't work. That same week, the bridge in South Padre was damaged. We obviously had to cancel the meeting. We made the decision that we all needed to be home with our families. It was not a time to meet. Our hearts went out to New York and all of the families affected by the tragedy.

Americans are strong people. TxHIMA is strong. Like most Americans we got past the shock and began to focus on our future. TxHIMA, instead of getting down and allowing the events to have too negative of an impact, we decided to move forward with our strategies. TxHIMA continued to work on the Web Page. We made on-line registration available and started accepting credit cards. This has been extremely successful. We have had over 100,000 visits to the sight since we went live with the new version. Over \$21,000 of revenue has been generated for TxHIMA through seminars and products purchased through the website. The message board grows and grows.

We are planning on further developments in order to meet your needs.

I don't know what you think of your board members, but I want you to know what the board thinks of you. I feel it is important that you know that each board member only thinks of what is best for the membership. I have had numerous conversations and meetings and the overall theme of the discussions has always been, "What do our members

want and what do they need". I am proud to have been a part of a board that has been so dedicated to its' members. We have had fun; we have bonded and we worked hard. We did this because we respect you and we respect the mission and goals of our organization and we wanted what was best for everyone. I want to thank the board members for their support and their work.



Donna Bowers,
JD, RHIA

From a financial standpoint, we have had our best year yet! Our financial advisor, Bob Tippens, informed us that this is the first time in TxHIMA's history that our revenue and expense ratio was in the positive at this point in the budget year. This is because of the work of the board and the support of the membership. We tried new things and they proved to be good choices. We did our first audio conference and we reached close to 300 people on each segment. WOW! We will continue to strive to be leaders of change. Our goal is to meet your needs.

I am going to close now because I think we want to hear more about our future than our past.

Again, thank each one of your for this opportunity. I am leaving the position of president in excellent hands. ☺

2002 TxHIMA Awards & Scholarships

Outstanding Student Award:

Anita Kelley of Liberty, Lee College, Baytown, HIT program

Scholarship Winners:

Crystal Thomas of Pearland, Texas Southern University, Houston, HIA program

Jennifer Gannon of El Paso, Southwest Texas State University, San Marcos, HIA program

Distinguished Member Award:

Barbara Odom-Wesley, PhD., RHIA

2002-2003 TxHIMA Distinguished Member Award

For the second time, Barbara Odom-Wesley, PhD, RHIA has been honored with the TxHIMA Distinguished Member Award. Prior to this 2002-2003 award, Barbara was named Distinguished Member in 1991.

Barbara earned a BS degree in Medical Record Administration from Incarnate Word College in San Antonio in 1969, a MA degree in Multidisciplinary Studies from IWC in 1980, and a PhD in Family Studies from TWU, Denton in 1991. She has worked in a variety of healthcare facilities and academic institutions, and in 1991 established MEDPRO Services which provides medical record and health



information management consulting services to healthcare facilities. She has published numerous articles in professional journals and is author of the Medical Record Handbook for the Physician's Office published by the Texas Medical Association. Barbara also continues to teach at TWU and speak at local, state, national and international conferences. She has remained active in her professional organization, throughout her career. Barbara is a Past President of TxHIMA and is the current President of the American Health Information Management Association.

Congratulations, Barbara!

Call for **PRESENTATIONS**

for the
TxHIMA 2003 Annual Convention
Sunday, May 31 through Wednesday, June 4, 2003
Fort Worth, Texas

Do you have ideas/suggestions for next year's educational program? Please list them below.

Topic: _____

Presenter: _____

Job Position: _____

Organization: _____

Address: _____

City, State, Zip _____

Phone: _____

Fax: _____

E-mail address: _____

Please provide the following attachments:

Program outline

Objectives

Resume/Biography of the presenter

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Connecting People and Places: Workgroup Information Systems

By Angie Fares, MBA, RHIA

A workgroup is a group of two or more people who are working towards a common goal. Workgroups can be local or distributed, permanent or temporary, homogenous or diverse. Whether the workgroup is a team, department, task force, etc., there are three major components that drive the group. There are functions (reason to exist), roles (relationships between workgroup members) and norms (rules by which the group operates for maximum effectiveness and efficiency). All of these components have an influence over workgroup information systems are used.

To remain viable in the organization, workgroups should meet or exceed expectations within the parameters of the project, satisfy the requirements of the personnel within the group who perform specific tasks and function in a way to promote future cooperation and continued success. In order to be an effective, efficient group, there has to be group effort, group knowledge and skills and, finally, a strategy used to approach assigned tasks. The purpose of workgroup information systems is to promote efficiency and effectiveness of the workgroup.

Workgroup Information Systems

In reality, workgroup information systems are made up of people, hardware, software, protocols (proce-

dures) and data. However, the term "information system" is often used interchangeably with hardware and software used to develop workgroup support systems. By this definition, workgroup information systems support the controlled sharing of data and resources between members of the workgroup within certain predefined parameters. The assumption is that access to the knowledge and resources of the entire group will enhance decision-making and facilitate efficiency. However, controlled sharing involves controlled security and revision control to avoid multiple updates that destroy current information. Often, not everyone in the workgroup needs or should have access to highly sensitive information. Passwords and other forms of security can protect vital information on the project. Granularity is another factor to consider when setting up workgroup information systems. Granularity refers to the size or level of data being shared. For example, if granularity of a shared documentation system is at the document level, then the entire document may be checked out to a member of the workgroup for revision and processing. The smaller the level of granularity, the less likely it is that data collisions and lost updates will occur; however it may increase the cost of administering the shared information.

Workgroup Information System Categories

Workgroups information systems are generally grouped into hardware-sharing applications and data-sharing applications. Hardware-sharing systems allow users to share expensive equipment that could not be cost-justified on its own, such as high-speed color printers, by networking the users into a group. Data sharing applications are the more diverse of the two groups because the tools focus on communication, data analysis, resource allocation, information retrieval, etc. Within each of these disciplines, there are tools that focus on improving productivity, coordinating the operations of the work group and enhancing the group dynamics of problem solving and decision-making.

Workgroup Information Systems Facilitate Communication

Many types of information systems facilitate workgroup communication. The most common workgroup communication applications are electronic mail, group conferencing and collaborative writing systems. New technology continues to develop at a tremendous pace.

E-mail is, perhaps, one of the most interesting developments. No longer a passive product that used to require the user to remember to

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check a mailbox, e-mail programs have shown tremendous development and sophistication. E-mail is now efficiently intertwined with electronic calendars, scheduling, task lists, note pads and address books. E-mail is a cheap, effective way to distribute information to members of a work group.

Group conferencing applications are extremely varied and can range from simple electronic bulletin boards and asynchronous meetings to chat rooms and videoconferencing where business is conducted in "real time." Group networks and shared drawing tools are also excellent examples of group conferencing techniques.

Collaborative systems are taking a tremendous leap in terms of development. Collaborative writing systems allow workgroup members to work on important documents, reports and graphics simultaneously, within pre-defined outlines, where immediate feedback and redirection can be provided. Collaborative systems focus on workgroup coordination by providing features and functions that allow revision control in which only one entity at a time can check out documents for updates. Other members of the group who have input on revisions are permitted to add comments or corrections prior to publication of the final version, however multiple versions of the proposed revision are not permitted. In this way, lost update problems and data deadlocks are avoided.

Workflow systems are another group of applications that demonstrate great promise in the world of information technology development. Workflow automation allows workgroups to define a process in advance and then set the parameters

in the systems to ensure that the process is followed each time. For example, if document revisions require review and authorization, then workflow automation would ensure that the document was passed along through the correct sequence of people and would track the document until all review and approval tasks were completed.

Workgroup project management systems are the newest tool in the arsenal of workgroup information management systems. Project management systems are designed to improve throughput and reduce wasted time due to delays, avoidable and unavoidable. A project management system tracks the progress of each group and subgroup by tracking the completion of each task against its scheduled completion date. If associated resources and materials are required, the system can track available requirements and, if necessary, can alert members of the workgroup of possible delays caused by missed deadlines or unplanned occurrences.

Records and Information Management Adds Value to Workgroup Information Systems

Workgroup information systems add value to the organization by helping workgroups make the decisions necessary to facilitate change. Informed decisions can help workgroups facilitate change in a way that minimizes unplanned, unpleasant outcomes. Workgroup information systems require more sophisticated operations than the personal computing environment, therefore special skills are needed in the areas of information technology operations, data administration and information management. Without strategic management of corporate information assets, there is no guarantee that the information used by the workgroups has value and integrity. There are a number of growing opportunities for records and information management professionals with information technology skill sets to facilitate workgroups by contributing their unique training and perspective on records and information management. By improving the performance of organization workgroups, the quality of the product, process or outcome is more likely to be successful. ∞

OFFICIAL CALL TO ORDER OF HOUSE OF DELEGATES

by Beverly Rhodes, MSHP, RHIA,
TxHIMA President

TxHIMA Fall Meeting – August 23, 2002
Radisson Resort South Padre, 500 Padre Blvd., South Padre Island

In accordance with Article VI, Section 6.2 of the
Texas Health Information Management Associations Bylaws.

Medical Records of Licensed Hospitals and Physicians

E. Earl Hauss, B.S.N., R.N. – Owner and principal "PRS of Texas",
Disclosure of Protected Health Information with a Focus on Proactive Risk Management.

The fees allowed by state and federal statutes for disclosing protected health information or release of information (ROI) in Texas can be the source of contentious and stressful communications for the health information professional involved in this function. Health information management (HIM) professionals must be able to respond to questions and concerns raised about these fees from patients, insurance companies, attorneys and other third party entities. In Texas, health information professionals involved with release of information in hospitals and physicians' offices have the benefit of two detailed and comprehensive state statutes for guidance and direction on questions regarding the charges or fees allowed for providing this information. These are generally cited as follows:

- *Texas Health & Safety Code – Chapter 241, Subchapter G. Disclosure of Health Care Information*, which governs licensed hospitals; and
- *Texas State Board of Medical Examiners Board Rule 165* that governs licensed physicians.

There are additional statutes and regulations, which impact fees in specific circumstances. However, the focus for this article will be a review of the sections in each of above referenced statutes that govern fees for providing protected health information in the hospital and physician office setting and the affect of the

HIPAA Privacy Rule on fees and specifically "medical records". The section of the HIPAA Privacy Rule governing fees for protected health information is the following:

The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) "*Standards for the Privacy of Individually Identifiable Health Information; Final Rule.*" 45CFR Part 160. Federal Register 65, no. 250 (December 28, 2000) referred to as the HIPAA Privacy Rule and specifically Sec. 164.524(c)(4) which governs fees.

As with most laws, there are areas in each of these statutes that are very specific and clear in their language while there are other sections that are subject to interpretation. Understanding the details and applicability of each statute will allow the personnel in health information management (HIM) handling release of information to comply with those statutes applicable to their circumstances and respond to questions and inquiries regarding fees from a statutory and knowledge based perspective.

History of Fees in Texas

Prior to 1995, the only reference regarding fees which could be charged for providing copies of medical records in Texas was the term "reasonable" cost. This was subject to interpretation and there were sub-

stantial variations in the fees charged by different health care facilities and offices. One entity would charge nothing for this information, while another would require payment of costly fees for a few pages of records.

Over the years several attempts had been made to create legislation, in Texas, governing medical records disclosure without success. The Texas Hospital Association (THA) and Texas Health Information Management Association (TxHIMA) requested legislation that would provide guidelines for the disclosure of health care information and establish limits on fees for reproducing documents. After compromises with the Texas Trial Lawyers Association, Senate Bill 667 was passed in 1995 and added "Subchapter G. Disclosure of Health Care Information" to Chapter 241 of the Texas Health and Safety Code. In addition, Senate Bill 667 required the Texas State Board of Medical Examiners to establish by board rule, what constitutes a reasonable fee for copying records. Senate Bill 975 was passed in 1997 with minor modifications to Subchapter G. House Bill 2827 was passed in 1999 and required that the authorization for disclosure be in a separate document from the consent for treatment. In June 2001 House Bill 398 specifically provided for the inclusion of billing records in the medical records provisions of the Texas State Board

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Chronology of statutes governing disclosure of health information in Texas.

09-01-95	Senate Bill 667 – "Subchapter G. Disclosure of Health Care Information" to Chapter 241 of the Texas Health and Safety Code effective.
09-01-97	Senate Bill 975 –Minor modifications to Subchapter G.
09-01-99	House Bill 2827 – Minor modification to Subchapter G.
12-28-00	HIPAA Privacy Rule – Final rules published in Federal Register
04-14-01	HIPAA Privacy Rule effective
06-15-01	House Bill 398 –Added billing records to medical records provisions of Texas State Board of Medical Examiners board rule 165
03-27-02	Proposed modifications to HIPAA Privacy Rule published
04-14-03	Compliance date for HIPAA Privacy Rule

of Medical Examiners board rules regarding fees.

Current Fees for Licensed Hospitals in Texas

The current fees allowed for disclosure of a patient’s recorded health care information from licensed hospitals in Texas are contained in the Texas Health & Safety Code – Chapter 241, Subchapter G. Disclosure of Health Care Information – Section 241.154. This section of the statute as it currently appears is reprinted below and is followed by a table for easier reference.

§§ 241.154. Request

(a) *On receipt of a written authorization from a patient or legally authorized representative to examine or copy all or part of the patient’s recorded health care information, or for disclosures under Section 241.153 not requiring written authorization, a hospital or its agent, as promptly as required under the circumstances but not later than the 15th day after the date the request and payment authorized under Subsection (b) are received, shall:*

(1) *make the information available for examination during regular business hours and*

- provide a copy to the requestor, if requested; or*
- (2) inform the authorized requestor if the information does not exist or cannot be found.*
- (b) Except as provided by Subsection (d), the hospital or its agent may charge a reasonable fee for providing the health care information and is not required to permit the examination, copying, or release of the information requested until the fee is paid unless there is a medical emergency. The fee may not exceed the sum of:*
 - (1) a basic retrieval or processing fee, which must include the fee for providing the first 10 pages of the copies and which may not exceed \$30; and*
 - (A) a charge for each page of:*
 - (i) \$1 for the 11th through the 60th page of the provided copies;*
 - (ii) 50 cents for the 61st through the 400th page of the provided copies; and*
 - (iii) 25 cents for any remaining pages of the provided copies; and*
 - (B) the actual cost of mailing, shipping, or otherwise delivering the provided copies; or*
 - (2) if the requested records are stored on any microform or other electronic medium, a retrieval or processing fee, which must include the fee for providing the first 10 pages of the copies and which may not exceed \$45; and*
 - (A) \$1 per page thereafter; &*
 - (B) the actual cost of mailing, shipping, or otherwise delivering the provided copies.*
- (c) In addition, the hospital or its agent may charge a reasonable fee for:*
 - (1) execution of an affidavit or certification of a document, not to exceed the charge authorized by Section 22.004, Civil Practice and Remedies Code; and*
 - (2) written responses to a written set of questions, not to exceed \$10 for a set.*
- (d) A hospital may not charge a fee for:*
 - (1) providing health care information under Subsection (b) to the extent the fee is prohibited under Subchapter M, Chapter 161;*
 - (2) a patient to examine the patient’s own health care information;*
 - (3) providing an itemized statement of billed services to a patient or third-party payer,*

except as provided under Section 311.002(f); or

(4) health care information relating to treatment or hospitalization for which workers' compensation benefits are being sought, except to the extent permitted under Chapter 408, Labor Code.

(e) Effective September 1, 1996, and annually thereafter, the fee for providing health care information as specified in this section shall be adjusted accordingly based on the most recent changes to the consumer price index as published by the Bureau of Labor Statistics of the United States Department of Labor that measures the average changes in prices of goods and services purchased by urban wage earners and clerical workers' families and single workers living alone.

The statute also provides that the copies do not have to be provided until payment is received. In addition, the only circumstances provided for in which a hospital may not charge for medical records include the following:

1. Requests for records related to applications or appeals for benefits from Medicaid or Social Security Disability;
2. Patients to examine their own health care information;
3. Relating to treatment or hospitalization for workers' compensation benefits, except as provided under Chapter 408, Labor Code.

Hospitals are also fortunate, in that the legislature allowed for an annual review of these fees and adjustment according to the most recent changes to the consumer price index as published by the Bureau of

Hospital Fees for Disclosing Protected Health Information in Texas

(Effective September 1, 2001 through August 30, 2002)

Basic Retrieval or Processing Fee pages	\$34.85 – includes 1 st 10
Basic Retrieval or Processing Fee pages "if the requested records are stored on any microfilm or other electronic medium"	\$52.28 – includes 1 st 10
11 th through 60 th page	\$1.16/page
61 st through 400 th page	\$.58/page
401 st through any remaining pages	\$.30/page
11 th page and thereafter "if the requested records are stored on any microfilm or other electronic medium"	\$1.16/page
Mailing, Shipping or Delivering copies	Actual Cost
Execution of Affidavit or Certification of Document *See below	\$1.00
Written Responses to a Written Set of Questions	\$10.00/set
Notary Fee	\$6.00

*There are different opinions on the interpretation of this charge and exactly what the \$1.00 covers. Does it include completion of the affidavit and/or the notary fee?

Labor Statistics of the United States Department of Labor. This is adjusted annually on September 1st.

Current Fees for Licensed Physicians in Texas

The current fees for providing copies of medical records by licensed physicians in the state of Texas are contained in the Texas State Board of Medical Examiners – Board Rule 165.2(e) and 165. This section of the statute as it is currently appears is also reprinted below and is followed by a table for easier reference.

(e) *The physician responding to a request for such information shall be entitled to receive a reasonable fee for providing the requested information. A reasonable fee shall be a charge of no more than \$25 for the first twenty pages and \$.15 per page for every copy thereafter. In addition, a reasonable fee*

may include actual costs for mailing, shipping, or delivery. If an affidavit is requested, certifying that the information is a true and correct copy of the records, a reasonable fee of up to \$15 may be charged for executing the affidavit.

Physician Fees for Disclosing Protected Health Information in Texas

1 st Twenty Pages	\$25.00
21 st page and thereafter	\$0.15/page
Mailing, Shipping or Delivery	Actual Costs
Affidavit	\$15.00
Notary	\$6.00

Written Responses to a Written Set of Questions – This is not addressed and is therefore probably subject to the "reasonable fee" and "reasonable, cost-based" language.

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The physician is also entitled to payment prior to releasing the health care information unless this information is requested by a licensed Texas health care provider or physician licensed by any state, territory, or insular possession of the United States or any State or province of Canada if requested for the purpose of emergency or acute medical care. If the request for records is from a health care provider for purposes other than emergency or acute medical care, the physician may retain the records until payment is received. If payment is not included with the request, the physician is required to notify the requesting party in writing of the need for payment and may withhold the information until payment is received. Further, medical records may not be withheld from the patient, the patient's authorized agent, or the patient's designated recipient based upon a past due account for medical care or treatment previously rendered to the patient. Board Rule 165.2(i) states "The allowable charges as set forth in this chapter shall be the maximum amounts..."

Impact of HIPAA on Fees in Texas

HIPAA addresses fees for protected health information in Section 164.524(c) of the privacy rules. This section as it is currently written is reprinted below. At this time, the proposed changes published in March do not indicate any modifications to this section.

(4) *Fees. If the individual requests a copy of the protected health information or agrees to a summary or explanation of such information, the covered entity may impose a reasonable, cost-based fee, provid-*

ed that the fee includes only the cost of:

- (i) *Copying, including the cost of supplies for and labor of copying, the protected health information requested by the individual;*
- (ii) *Postage, when the individual has requested the copy, or the summary or explanation, be mailed; and*
- (iii) *Preparing an explanation or summary of the protected health information, if agreed to by the individual as required by paragraph (c)(2)(ii) of this section.*

The impact HIPAA will have on fees in Texas relate to the statement "reasonable, cost-based fee". This will require hospitals and physicians to evaluate HIPAA in relation to those statutes currently operating in Texas and make policy decisions using the preemption process provided for in the HIPAA Privacy rule.

In reviewing the original legislative history and intent behind Senate Bill 667 enacted in 1995, Texas statutes regarding fees appear to be consistent with the underlying premise and intention of HIPAA. The title of Subchapter G added by Senate Bill 677 to the Texas Health & Safety Code is "Disclosure of Health Care Information" whereas HIPAA has promoted the concept of "Disclosure of Protected Health Information". In addition, as previously discussed, prior to 1995 Texas hospitals and physicians could provide copies of medical records at "reasonable" costs. However, the definition of reasonable varied quite extensively between health care providers and was one of the primary reasons for the enactment of the bill. Presumably, Senate Bill 667

established guidelines and specific definitions for what the legislature believed were reasonable charges with input from and compromises between the THA, TxHIMA and the Texas Trial Lawyers Association.

One approach hospital and physicians may want to consider as they evaluate their compliance with this section of HIPAA regarding fees would be to perform a cost-based analysis of the supplies and labor required in their release of information department or operations. This would then provide the availability of objective data in the event questions were raised regarding the basis for health care providers fees under HIPAA. ☺

Mr. Hauss has over 20 years experience in health care, professional liability litigation and release of information. He has authored publications and presented seminars to the medical and legal community on release of information, medical records and health care liability issues. Comments about this article are welcomed.

It is the author's intent to continue this article with further reviews of disclosure of protected health information in Texas regarding other statutes that apply, issues related to billing records and radiology/x-ray film requests, with additional focus on HIPAA as we approach the compliance date next year. The author would be interested in any suggestions on future topics.

The author may be contacted via email at earl@prsoftexas.com.

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References

Medical Record of Licensed Hospitals and Physicians

Texas Health & Safety Code Subchapter G. Disclosure of Health Care Information Ch. 241.151 – 241.156;

Texas State Board of Medical Examiners Board Rule – Medical Records 165.1-165.4;


State of Texas 74th Legislature – Senate Bill 667; Effective September 1, 1995 – Amended Section 241, Texas Health & Safety Code, adding Subchapter G;

State of Texas 74th Legislature – Senate Bill 667 House Committee Report – Bill Analysis; May 9, 1995;

State of Texas 75th Legislature – Senate Bill 975; Effective September 1, 1996 – Amended Section 241.151, Texas Health & Safety Code;

Bearden, Mary M. "Texas Legislature Clarifies Medical Record Disclosure Requirements" Senate Bill 667; State Bar of Texas Health Law Section Report – Fall 1996;

"Standards for the Privacy of Individually Identifiable Health Information; Final Rule." 45CFR Part 160. Federal Register 65, no. 250 (December 28, 2000)



Remember, every time you place an ad in FOR THE RECORD, you not only reach the largest readership of HIM professionals, but you also support our state's health information management association.

Meet Your Board

Education Director

Name: Dana M. Choate, RHIA

Employer: Baylor University Medical Center – Dallas, TX

How long: 7 years

Job title: Associate Director HIM

What other positions have you held within the HIM field?

Release of Information Manager (1995 – 1999)

Data Center Manager (1999)

Associate Director (1999 – present)



How did you become interested in a career in HIM?

I knew I always wanted to be involved in health care, but the traditional nursing route was not for me. I heard about health information management from my college advisor. Little did I know what I was getting my self into!! However, it's been a great choice and I'm a real advocate for our profession.

Describe someone who you feel was an important influence in your HIM career.

There have been so many great professionals that I have worked with in my short tenure in health information management that this is a difficult question to answer. However, Donna Bowers has been a tremendous influence to me. She has been a great resource to me and has inspired me at so many levels.

What led to your interest in serving on the Board of Directors for TxHIMA?

I have been active with TxHIMA for some time through some speaking engagements and assisting with site coordinator activities. It was a natural progression for me to volunteer my time as a board member for TxHIMA. The State of Texas has an outstanding membership and this is a great opportunity to work with them.

What is a major goal that you would like to achieve during your current term as a TxHIMA Board member?

There is a great foundation already in place for the educational programs offered by TxHIMA. I hope to expand the educational opportunities for the organization by utilizing Internet learning capabilities and offering more non-traditional educational sessions (i.e., Registry Management, Accounts Receivable Workshops, JCAHO preparation workshops). ∞

Meet Your Board

President-Elect

Name: Wade Harless, RHIA

Employer: Med-Task Copy Corporation

How Long: 6 Years

Job Title: Senior Vice President of Corporate Marketing and Operations



What other positions have you held within the HIM field?

1. Vice President, Baptist Hospital, Beaumont, TX
2. Corporate Consultant, AMI Corporation, Houston, TX
3. Director/Asst. Director, 3 Acute Care Facilities
4. Consultant for Renal Dialysis Facilities/Nursing Homes/MHMR Facilities/Acute Care Facilities

How did you become interested in a career in HIM?

In college, I was pursuing a degree in computer science. Professor came into class one day and told the class "you realize there are no jobs out there for you?" Needless to say, we scrambled. My other interest was in the medical field, so I decided to see what was available. Found the HIM program and was able to combine my medical interest with computer science. (Believe it or not, computers were just starting to be used in the hospital setting!)

Describe someone who you feel was an important influence in your HIM career.

There were two people. Sister Elaine at St. Patrick Hospital in Lake Charles, LA and Rita McBride at AMI. Sister Elaine, who was the DHIM, taught me the HIM business from dealing with the physicians to staff development. I still utilize many of her ideas to this day. Rita McBride was a mentor. She was very knowledgeable, could move from HIM professionals to Administrators to Corporate Administrators with ease. She also taught me to always know your information as related to your areas of responsibility and be prepared for anything. At a multiple region Administrator's meeting, the speaker's flight was cancelled and I watched Rita give a 2-hour presentation with no preparation. (It ended with a standing ovation!)

What led to your interest in serving on the Board of Directors for TxHIMA?

The dramatic changes that have occurred in the Association over the past 5 years – oh and the relentless persistence of Diann Brown! Seriously, I am so excited about the resource and peer networking Association into which we have evolved. There are so many opportunities for us out there. Alone, the challenge and the massive amount of information to learn could be intimidating, and cause us to be reluctant to try. But, with TxHIMA as a resource of so many bright, creative and respected professionals, we can support each other in attaining whatever goals we want to pursue. Bring on all the other, we are not afraid of the challenges because we know who we are, our knowledge is unsurpassed, and we have over 2500 resources to support us. When we "sell ourselves", the others can try all they want, but we are what they really need.

What is a major goal that you would like to achieve during your current term as a TxHIMA board member?

1. Continue the momentum of the past 5 years.
2. Provide an atmosphere of openness, communication, and input.
3. Encourage the provision of educational opportunities not only in HIM core areas, but also educational opportunities to widen the horizons (and add spokes to our wheel of knowledge) of the membership. ☺

Fall Symposium 2002 & House of Delegates

Radisson Resort South Padre
500 Padre Boulevard
South Padre Island, Texas 78597
(956) 761-6551

Agenda

Friday, August 23, 2002

8:45 a.m. – 12:00 Leadership Conference

Improving Employee Satisfaction – Diann Brown, MS, RHIA, TxHIMA Past President

Interpersonal Skills: Managing Diversity – Dana Choate, RHIA

Alternative Professions for HIM Professionals – Gwen Duffie, RHIA, TxHIMA Legislative Director

Leadership Conference is FREE. Pre-registration is required.

12:00 – 1:30 p.m. Lunch on your own

1:30 – 5:00 p.m. House of Delegates

The governing body of TxHIMA meets to discuss AHIMA issues and vote on Association business.

Non-delegate participants and observers are welcome to attend.

Parliamentarian: Isabel Chavez, RHIT

Saturday, August 24, 2002

8:00 – 8:45 a.m. Registration

8:45 – 9:00 a.m. Welcome

9:00 – 10:00 a.m. Technology TBD

10:00 – 10:15 a.m. Break

10:15 – 11:15 a.m. Coding Update Lynn Marlow, RHIT, CCS

11:15 – 12:00 Stress Management Roy Sheneman, LPC

12:00 – 1:00 p.m. Lunch provided

1:00 – 2:30 p.m. Leading Change Beverly Rhodes, MSHP, RHIA & Ralph Leal, BS

2:30 – 3:30 p.m. HIPAA TBD

3:30 – 3:45 p.m. Break

3:45 – 4:30 p.m. Dealing with Difficult Employees TBD

4:30 p.m. Wrap-up

Special Thanks... Thanks to Fall Symposium Chairman, Patricia Zamora, RHIT; Fall Symposium Program Coordinator, Ymelda Villarreal, RHIT, Fall Symposium Arrangements Coordinator, Lupita Escobar, RHIT; and Maria Sanchez, RHIA for assistance with this meeting.

Sponsors: •3M •Records Imaging •District 5 – RGVHIMA

Speakers: Lynn Marlow, RHIT, CCS; Roy Sheneman, LPC; Beverly Rhodes, MSHP, RHIA; Ralph Leal, BS

The views expressed during the educational presentations are those of the speakers and do not necessarily reflect the policies or opinions of the Texas HIMA Officers, Board, or staff.

Hotel Information

Radisson Resort South Padre
500 Padre Blvd.
South Padre Island, Texas 78597
Single/Double \$109.00
Hotel Reservations: 800/292-7704
Above hotel rates apply until July 31, 2002
To receive the above rate, you must inform reservationist that you are a TxHIMA attendee.

Ground transportation

From Harlingen Airport – SurfTran Transportation
Special rates for TxHIMA Fall Symposium attendees to hotel:

\$28.00 one way per person

\$35.00 roundtrip

per person

Reservations 800/962-8497

To receive the discount rate, you must reserve 72 hours in advance of your arrival, identify yourself as a TxHIMA attendee, and provide a credit card guarantee.

Early Registration

In order to qualify for the early registration rates, registrations must be received by August 9, 2002.

TxHIMA Members	\$ 75.00
Non-Members	\$105.00
TxHIMA Student Members	\$ 40.00

Quantity Discounts

A discount will be given for 3 or more registrants from the same facility or company. The registrations must be received by August 9, 2002, and must be sent together. Students may count toward the required 3 registrants, but no quantity discount will be given to students, or regular and walk-in registrants.

Members	\$ 60.00 each
Non-Members	\$ 85.00 each

Regular Registration

All registrations must be received by August 9, 2002 to be eligible for the rates listed above. All other registrations (received after 8/9/02) and walk-in registrations will be charged the following registration fees:

TxHIMA Members	\$ 95.00
Non-Members	\$ 125.00
TxHIMA Student Members	\$ 60.00

Cancellations

Registrations cancelled prior to August 9, 2002 will be refunded less a \$15 processing fee. Registrations cancelled after August 9, 2002 are not refundable. Substitutions are accepted at no charge.

Continuing Education

Leadership Conference (Friday)	3 hours
Educational Program (Saturday)	6 hours

General Information

For more information on this or any TxHIMA sponsored event, please contact the TxHIMA

Executive Office by phone (512) 465-1077, or FAX (512) 465-1090 or E-mail txhima@aol.com.

Special Needs

Persons requiring special accommodations due to disability should contact the TxHIMA Executive Office one week prior to the meeting.

Please see page 18 for Registration Form.



Registration Form

Print out registration form and return it to the TxHIMA office. One name per form, please. Photocopy for additional names. Confirmations will be mailed to the address given below:

Name: _____

Address: _____

City/State/Zip: _____

Day Phone #: _____ Fax #: _____

E-mail: _____

ID#: _____

- Yes! I will be attending the State Leaders' Conference (at no charge) on Friday, August 23, 2002

EARLY REGISTRATION (received by August 9, 2002)

- TxHIMA Member \$ 75.00
 Non-Member \$105.00
 Student Member \$ 40.00
(AHIMA ID# _____)

Quantity discount (Three or more registrants from the same facility or company. Must be mailed together and received by August 9, 2002.)

- TxHIMA Member \$ 60.00 each
 Non-member \$ 85.00 each

REGULAR & WALK-IN REGISTRATION (received after August 9, 2002)

- TxHIMA Member \$ 95.00
 Non-Member \$125.00
 Student Member \$ 60.00
(AHIMA ID# _____)

Make checks or money orders payable to TxHIMA and send to:
TxHIMA Executive Office
P. O. Box 14423
Austin, Texas 78761-4423

OR

Register online with credit card at www.TxHIMA.org

*See you in
South Padre!*