



TxHIMA JOURNAL

TEXAS HEALTH INFORMATION MANAGEMENT
ASSOCIATION

November/December 2001/January 2002



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Awards & Scholarships

Time to nominate a co-worker (or yourself) for a TxHIMA award or scholarship.

The TxHIMA Executive Office has begun accepting nominations for their annual awards which will be presented at the Annual Convention in June.

The **Outstanding Student Award** is designed to identify and honor two outstanding students; one in a Health Information Technology and one in a Health Information Administration program in the state of Texas. A student is eligible for nomination if he or she is a graduating student in the last year of an HIA or HIT program, and has an overall cumulative and overall major grade point average (GPA) minimum of 3.0. Students are judged on leadership qualities, and awards or honors received as well as scholarship.

The **Peggy P. Starks Scholarship** was designed to assist students with their graduate studies. It is awarded to graduate students studying in fields related to medical information such as law, business, education or hospital administration. Applicants must be a member of AHIMA, have completed at least nine hours in post baccalaureate work in a Texas school, be a resident of Texas for at least 1 year and have a minimum grade point average of 3.5.

The **TxHIMA Scholarships** are also available. One award each will be given to a student in an accredited HIT (associate level) program and a HIA (bachelor level)

program in the state. Applicants must be members of TxHIMA, provide letters of recommendation from faculty and show leadership qualities both within and outside of their programs, while maintaining a minimum grade point average. Applicants must be entering the last year of their program in the fall of 2002.

Contact the Executive Office for an award nomination form or scholarship application at (512) 465-1077 or by e-mail at txhima@aol.com.

The **Distinguished Member Award** identifies and honors outstanding members for their loyal service to the Association and their contribution to the profession. Nominations may be from individuals or organizations. Nominees must be a member of AHIMA and TxHIMA, but cannot be current members of the TxHIMA Board of Directors. The nominees are judged on association activities (either local, district, state or national), activities outside of the HIM profession which relate to health or administration, published articles or books, teaching activities and any other outstanding leadership or management activities.

This is our most prestigious award. To nominate a candidate for this award, simply clip and complete the form below and send it to the TxHIMA Executive Office. We will contact the nominee and collect the necessary information for the judges. ☺

NOMINEE FOR THE DISTINGUISHED MEMBER AWARD

Name of Nominee: _____

Address: _____

City/St/Zip: _____

Daytime phone #: _____ Fax: _____

E-mail address: _____

Nominator Name: _____

Daytime phone #: _____

Reflecting & Planning *For the Future*

The lazy, hot summer days are over for this year. Fall is here and it feels great. The coolness of the fall air brings a sense of rejuvenation. It is strange how the changing of the seasons has such a powerful effect on all of us and it happens year after year. Our bodies and minds are definitely in tune with the changing of the seasons and the weather. Fall is probably my favorite time of the year. Everyone is getting in the holiday spirit and families come together to celebrate the various holidays. There is nothing like fall and family.

Fall is also a good time for reflection on the past and planning for the future. The TxHIMA Board has always had a tradition of getting together once a year to do just this. During November of this year, the TxHIMA Board met in Dallas, Texas to reflect on the past year and to strategically plan for the upcoming 12 to 18 months. During this time, the Board reviewed its accomplishments and areas that require further attention. It was also a time for the Board to discuss the members and their needs. The Board continues to have two main objectives. One objective is to meet the needs of the membership. The second objective is to ensure that the TxHIMA organization remains strong and viable so it can support the membership for years to come.

In reflecting on the past year or so, the Board took note of the

progress being made on the new TxHIMA web page. It was rolled out this past year and offers more information on-line than ever before. The most prominent laws affecting our members are now available. The educational calendar is available. People have the ability to post jobs for all the members to access. We even have a message board for members who need assistance. In addition, on-line registration is now available. TxHIMA now accepts credit cards. This is a first in the history of TxHIMA. The web page changes almost daily due to the support of our partners, ZMAC Technologies.

In addition to rolling out a wonderful communication tool such as the web page, we increased the number of educational sessions offered throughout the state. We have been able to get to a number of great cities around Texas for the purpose of providing education. There continues to be a strong demand for the one-on-one educational opportunities. For me personally, everywhere I go, I meet such wonderful and open people. I cannot tell you the joy that brings to me.

The annual meeting in June was a huge success. The Board received tremendous feedback and most of it was incredibly positive. With your feedback, we can only get better and better. This next year our annual meeting will be in Corpus Christi and we are going to have the time of

our lives. I hope you all join us.

In looking toward the future, the Board has decided to continue to offer as many one-on-one educational sessions as the members can support. The emphasis over the next few months will be to continue the ROI, Coding, HIPAA and other programs. HIPAA will begin to take a lead further in the year since the April, 2003 date for compliance is right around the corner. We also want to try some new mediums for education. Our goal is to try our first audio-conference series in February. If the series is a success, the Board will try and ensure that others are offered.

Another strategic objective of the Board is to try and improve public relations and public awareness throughout the state on behalf of the Board and the association. The Board has several specific initiatives planned to support this endeavor.

One of the primary strategic plans is to develop and provide more and more professional resources for the membership. We have started the process of updating the HIM manual by awarding the contract to a consulting company. Once finalized, it will be available to everyone at meetings and through the web page by shopping through our storefront. We



Donna Bowers, JD, RHIA

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also want to provide the membership with best practice information, HIPAA resources and links to other available resources.

The area of communication is always an area for any Board to take a look at. The TxHIMA Board wants to ensure communication is always open and effective. Some keys strategies were developed to improve in this general area.

The last initiative the Board wants to work on is professional development and getting members involved. There are true professional and personal rewards for getting involved. This organization is so great because people find the time to volunteer and they have it in their hearts to do so. The profession has

given so many of us wonderful opportunities. We would be remiss in not offering something back to the profession.

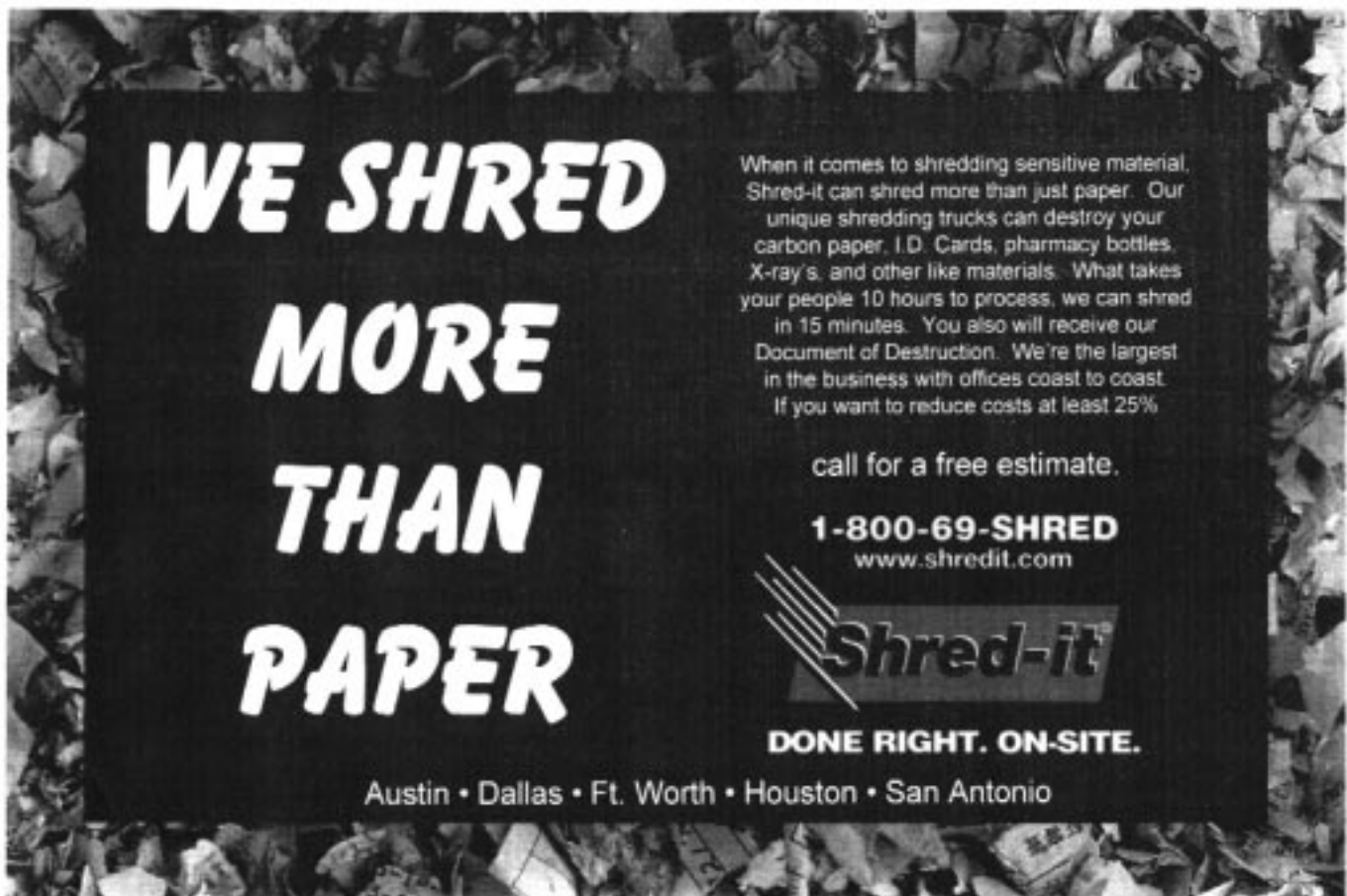
As you can see, your Board was very busy planning for your future. I want to pay a special thanks to the Executive Office and the Board members for being so committed and giving of their time and work. It is all for you, the members.

I also want to close by saying that we are sorry we had to cancel the Fall Meeting. However, under the circumstances, we felt it would not be right to meet with our country in such turmoil. We also didn't want to place our membership in any harm. Since our Fall Meeting was scheduled the same week of the

initial attacks on our country, we had no way of foreseeing what was going to happen. In addition, many of us could not make it by air travel. We apologize if the cancellation had a negative impact on anyone. We tried desperately to reach each and every one of you.

I also want to give thanks to those who are defending us and defending our freedom. They are brave individuals and our thoughts and prayers are with them. We hope all our service men and women come home safely.

I hope you had a wonderful holiday season and continue to enjoy your family and friends. ☺



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Mary C. Sidelnik Retirement

Mary Crow Sidelnik, MSHP, RHIA, recently retired after 26 years with the Long-Term Care Regulatory (LTCR) program at the Texas Department of Human Services (TDHS). LTCR is responsible for the state licensure and enforcement of federal Medicare and state/federal Medicaid regulations affecting long term care facilities in Texas. This includes nursing homes, facilities for the mentally retarded, assisted living facilities, home health agencies, and hospice providers. LTCR also provides credentialing of medication aides and nurse aides, licensure of nursing facility administrators and maintenance of the employees misconduct registry.

At the time of her retirement, Ms. Sidelnik held the position of Manager of Professional Services Section, LTCR. This section was responsible for monitoring state and federal legislation and regulations impacting long term care providers and practitioners; assisting in writing new state licensure and Medicaid certification rules, policies, and provider letters; responding to public inquiries about the applicable state/federal regulations and laws; providing information and training to regional LTCR staff on state/federal laws and regulations; participating in workgroups and committees to research new trends in long term health care or related issues; and to participate in projects as assigned by the Deputy Commissioner for LTCR.

Over the years Ms. Sidelnik held

other management positions within LTCR: Chief Medical Record Specialist, Assistant Division Director, Division Director, Director of Administrative Services, and Executive Assistant to the Deputy Commissioner.

In May 2001 she received a Significant Contribution to LTCR Award from the Deputy Commissioner for LTCR for her outstanding contributions to TDHS and Texans. In June 2001 she received the TxHIMA Distinguished Member Award with particular emphasis on her leadership and mentoring in the area of long term care information management.

Ms. Sidelnik has been active in TxHIMA since 1975 when she began her professional career in health information management in Texas after moving from Bloomington, IL. She served two years on the TxHIMA Board as a Regional Director in the 1970s. She has also participated in numerous TxHIMA planning and program committees at the local and state levels. She continues to be the coordinator for the TxHIMA Long Term Care committee that plans and sponsors educational seminars/sessions for

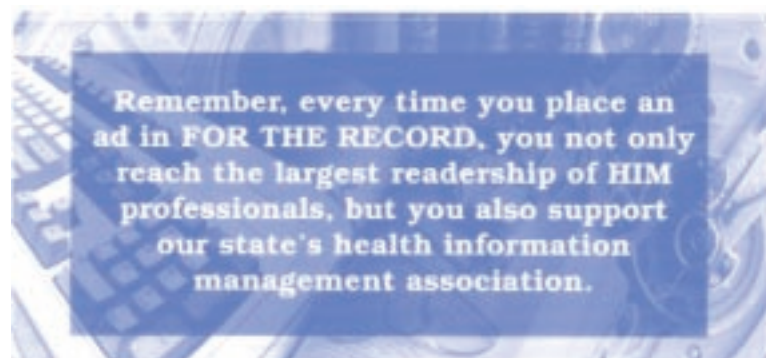
members.

Likewise she has been actively involved with AHIMA through her membership in the Long Term Care



Section, serving on the AHIMA Taskforce on Data Resource Administration/Management in 1999-2000, and most recently was featured in the November-December 2001 issue of the Journal of AHIMA, Departments Profile.

Following her retirement in September 2001, Ms. Sidelnik can be found enjoying her free time at home in Austin. She enjoys spending time hiking with her dog, Daisy; reading; staying current in HIM issues; visiting her granddaughter, Isabeau; and gardening. She hopes to travel in the future and possibly do some volunteer work (exactly what to be determined later). TxHIMA has already tapped her for volunteer work as a site facilitator for a TxHIMA seminar in Austin. ☺



AHIMA Delegate Reports

Summary reports from the National Convention

TOPIC: Educating Physicians: Evaluation & Management Coding

SPEAKER: C. B. Daniel, MD

**SUMMARY AUTHOR: Lynn
Marlow, RHIT, CCS**

Dr. Daniel emphasized that even though their livelihood depends on it, physicians are not taught about coding. His opinion is that physicians need to understand the "big picture." That picture is that the physician has to document regardless who codes the encounter. Physicians also need to see how any interruption/delay in the billing cycle due to lack of documentation increases the reimbursement time. As interns, if physicians don't document the medical necessity of the treatment the teaching staff will criticize them. As practicing physicians, they may be accused of fraud or abuse. Physicians understand that the CPT code tells the payer what was done and how much is to be paid. They don't always realize the linkage of the ICD-9-CM codes to why they should get paid especially when they order diagnostic tests. He encouraged HIM professionals working in physician offices to educate the physicians that the time invested in learning about E&M will pay off on the back end.

Although CMS proposed very prescriptive documentation guidelines in 1997, there is still work and testing going on with a revised set of 2000 guidelines, which are more like

the 1995 set. Dr. Daniel believes that CMS must educate physicians on the new guidelines. The guidelines need to be more clinically relevant, and physicians need the clinical vignettes. CMS is supposed to be working on those at this time. Dr. Daniel gave tips on how physicians can improve their documentation.

- 1) Read the E&M section of the current CPT book;
- 2) Read both the 1995 and 1997 guidelines;
- 3) Implement a system of including documentation of all phone calls with patients, and other providers or payers about the patient.

Tips for HIM professionals:

- 1) Audit the practice and profile physicians documentation patterns;
- 2) Work with physicians to correct identified deficiencies;
- 3) Develop clinical vignettes based on coding guidelines and the type of patients seen in the practice;
- 4) Help physicians stay current on payer's coding and documentation issues;
- 5) Highlight information in the CMS bulletins and local medical review policies (LMRPs), and any other relevant payer information for them to read.

Dr. Daniel also stated that he felt that most physicians do more under coding than over coding and that they have to go out of their way to

over code. Like most people, physicians are honest people who make honest mistakes and we can help them avoid those mistakes.

TOPIC: Implementing Concurrent Documentation to Achieve Accurate Coding

**SPEAKER: Cheryl Hammen,
RHIT**

**SUMMARY AUTHOR: Lynn
Marlow, RHIT, CCS**

Ms. Hammen discussed two approaches to improving documentation concurrently in order to improve coding accuracy. One approach was to form teams of coders and case managers, possibly by unit/clinic, to work together. A second approach to concurrent documentation improvement is the use of physician advisors (PAs). These physicians serve as liaisons between the medical staff and the coders. Some facilities use both case managers and PAs.

A successful program takes facility-wide planning, education and an implementation schedule. As with many other initiatives this should be done with a team approach and implemented in stages. Problems can then be identified and improvements made throughout implementation. After the system is implemented coders are able to trend documentation issues and make improvements

with the assistance of the case manager and/or PA. Several audience members attested to the success of the use of a concurrent documentation program in improving both documentation and accuracy of coding.

TOPIC: Generating Internal Report Cards: A Kaleidoscopic Approach

SPEAKER: Joann Sammons, RN

SUMMARY AUTHOR: Beverly Rhodes, MSHP, RHIA

Joann Sammons, RN, a clinical data analyst at Saint Vincent Healthcare Center, presented her facility's approach to using one quality data report for all layers of the organization. Using this approach, they were able to capture the interest of administrative and medical staff and compel organizational change. Although the organization had been using quality data to produce good update reports, they had been unsuccessful in identifying specific drill-down projects based on reports.

Saint Vincent's approach is to narrow down the focus by DRG, using internal data, such as high volume DRGs, in addition to external provider demands for information. They trend the data over a three year period to obtain a clear picture of practice patterns. Using a color system—a kaleidoscope of colors—they identify areas functioning as expected (green), problem areas (red), potential problem areas (yellow), trends toward significance (blue), and averages (white). By presenting the data in color, users are quickly able to identify trends by DRG and by physician. Saint Vincent has used the data to motivate the physicians' interest in

improving quality by posting the scores (without the physician name to preserve confidentiality). The physicians have been able to take an active part in identifying why their patient population looks different from others in the same category. For physicians who are not interested in pursuing their own data interpretations, leadership is able to take objective data to them to assist in the drilldown process. The Performance Improvement Committee also takes a leadership role in drilldown projects to improve processes.

The Kaleidoscope approach to displaying, reporting, and using quality management data has simplified working with the Medical Staff, the Board, and senior management. The use of color has simplified interpretation for all levels of users.

TOPIC: Educating Physicians: APC Validation Audits ...The Nitty Gritty Details

SPEAKER: Lisa Knowles, RHIT, CCS & Karen A. Lowe, RN

SUMMARY AUTHOR: Kimberly Suggs, RHIA, CCS

A session presented by Lisa Knowles, RHIT, CCS, and Karen A. Lowe, RN outlined the steps to successfully conduct an audit of your facilities APC assignment, whether the audit is performed in-house or by an external consulting firm.

The Nitty Gritty Details

Knowles and Lowe outlined the following basic steps in performing an APC audit:

Decide on the sample

- Will it be a random or focused sample? A focused sample will

allow you to focus on APC's that may be problematic for your facility. A random sample will give you an overall snapshot.

- What services to audit? Five of the most common areas that you receive APC reimbursement for include, Emergency Department visits, Ambulatory surgeries, Interventional Radiology, Hospital-based outpatient clinics, outpatient radiology.
- It is also very important to look at any codes that may be hard-coded onto the Chargemaster.

Pull together the data tools need for the audit

- The medical record
- A copy of the coder's abstract containing all codes assigned
- A copy of the UB-92
- A CPT code book
- A ICD-9-CM code book
- The copy of the final APC rule
- A copy of the Transitional pass through list
- Any other references as needed

Perform the audit

- Auditor should recode the record, assigning appropriate ICD-9, CPT, and modifier codes
- Auditor should compare the codes from the coder's abstract to the UB-92
- Auditor should compare the codes assigned by the auditor to the codes assigned by the facility coders
- Auditor should review the UB-92 for correct assignment of revenue codes as they apply to surgical CPT codes and the transitional pass through codes
- Auditor should review all codes hard-coded through the Chargemaster for appropriate

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assignment

Plan an audit schedule

- Audits should be performed on a quarterly basis as part of an ongoing audit process

Discuss the results of the audit with appropriate audience

- The results of the audit should always be reviewed with facility coders
- The results of the audit should always be reviewed with hospital leadership

Educate, Educate, Educate

- Findings from audits are often accepted best by coders when presented in an educational tool format
- Education is important for everyone, coders, managers, etc...

A well performed APC audit will give you the nitty-gritty details of where your coding compliance efforts should be directed.

TOPIC: Patient Safety

SPEAKER: Patrice Spath, RHIT

SUMMARY AUTHOR: Beverly Rhodes, MSHP, RHIA

Patrice Spath gave an excellent in-depth presentation on how your organization should approach the new JCAHO standards regarding patient safety. According to Ms. Spath, there are four common factors of organizations with effective safety initiatives:

- 1) Committed and involved people.
- 2) Supportive culture.
- 3) Error containment activities.
- 4) Error reduction activities.

The first step in the process of improving your organization's patient

safety program is to evaluate your existing structure. What patient safety activities are currently underway? What individual, committee, and/or groups are responsible? The organization should keep in mind that patient safety involves elements of performance improvement and quality, clinical aspects, and security and risk management aspects.

Although there is no one right person or group to head up patient safety initiative, Ms. Spath recommends that it is someone other than the Safety Officer due to the many clinical aspects involved. The important thing to keep in mind is that you don't want to duplicate activities. Initially, the team identified to head up patient safety should identify all safety-related measures currently in place and who reviews the results. The Patient Safety team should review all these measures.

The team next needs to identify warning signs of problems with a patient safe culture, such as individuals, teams, etc., not being self-critical, not forthcoming to face problems, form error prone habits over time, and resist criticism or changes. This is a critical step in the patient safety process, as Ms. Spath warns that a program will fail without the correct culture.

The team must understand all the standards that address patient safety; these standards are found in leadership, performance improvement, patient rights, and education.

Once the team has identified safety measures and feels comfortable that efforts are in place to ensure the right culture is in place, risk assessment activities and root cause analysis, and failure mode analysis can begin. During these activities the team will ask questions, such as *If*

the step is not performed as expected, what is the potential impact on patient outcomes? A Criticality Score is also useful in identifying risk: *Likelihood of an error occurring multiplied by Amount of harm.* The last steps are to redesign processes and analyze and test them. JCAHO emphasizes testing new processes before final implementation.

TOPIC: Coding Alternatives

Speakers: Karen Grant, Brigham & Women's and Donna Bowers, JD, RHIA, Baylor University Medical Center

SUMMARY AUTHOR: Donna Bowers, JD, RHIA

There is a coding shortage across the country. Most organizations do not see the problem getting better any time soon. If anything, the problem is going to escalate. It will become even more difficult to recruit, train and maintain qualified coders in the future. There is a great need for more coders. The demand is higher than the number available.

Two organizations, Brigham & Women's and Baylor University Medical Center, took the matter into their own hands. Both organizations, one in Boston and the other in Dallas, decided to start their own coding programs. The programs were developed out of a common need. However, the structure for the programs vary significantly.

Brigham joined forces with a near by university and has successfully completed at least one 9-month program.

Baylor developed a hospital based program that is 6 months in length and the students earn income

while being trained. The students must agree to a 2-year work agreement after the completion of the program. Baylor has completed one class and will be nearing the end of its second class with great success. Karen, Jackie and Donna all agree that these programs were desperately needed. ☺

Many thanks to all of our summary authors. Your insight is greatly appreciated.

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FORE Announces 2001 Scholarship Recipients

The American Health Information Management Association's (AHIMA) Foundation of Research and Education (FORE) is committed to providing health information management (HIM) professionals with the resources they need to increase their skills and knowledge in the HIM field. FORE's Annual Scholarship Awards encourage and support students pursuing careers in HIM with financial assistance to attain their degrees. In addition, they encourage and support members who are working to advance the HIM profession through continuing education at the graduate level. FORE recently awarded **Lillian Polanco-Valdez, RHIA** a MedQuist-DVI-SpeechMachines Scholarship and **Kristel Aalbers** a FORE Scholarship. Polanco-Valdez, is pursuing a master's degree in MS Interdisciplinary Studies, focused on Educational Technology and Aalbers is pursuing a bachelor's degree in HIM. Both women are students at

Southwest Texas State University. FORE also awarded **Ben Steen, RHIT, RHIA** the Julia LeBlond Memorial (St. Anthony Publishing/Ingenix, Medicode Companies) scholarship and **Paula Jean Reeves** a FORE Scholarship. Steen is pursuing a degree in Instructional Technology at University of Houston at Clear Lake, and Reeves is pursuing a HIT degree at Wharton County Junior College.

FORE received nearly 200 applications from students qualified to receive graduate and undergraduate scholarships. This is twice the amount of qualified applications received in 2000. In 2001, a record number of scholarships were awarded—14 graduate and 30 undergraduate.

Created in 1962, FORE is a separately incorporated affiliate organization founded and managed by AHIMA. FORE provides an infrastructure of knowledge, research, and education in the field of HIM. This year's FORE Scholarships were

underwritten by generous grants from: MedQuist-DVI-Speech Machines; MC Strategies, Inc.; St. Anthony Publishing/Medicode, Ingenix Companies; Care Communications, Inc.; Redi-Tag Corporation; The Esther Mayo Sherard Foundation; Aspen Systems Corporation; Smart Corporation; The FORE Foundation and AHIMA member donations.

AHIMA is the leading professional Association representing more than 40,000 specially educated and certified health information management (HIM) professionals who work throughout the healthcare industry. HIM professionals serve the healthcare industry and the public by managing, analyzing, and utilizing data vital for health system management.

For more information, contact: Theresa Reynolds, Public Relations Associate, 312/233-1159, 312/233-1459 (fax), or email theresa.reynolds@ahima.org ☺

Accounting for Disclosures to Patients Under HIPAA

*Diann Brown, MS, RHIA, TxHIMA, Past President
Journal Editor*

The current practice of most HIM departments is to maintain some type of written or computerized log of release of information activities. However, accounting for disclosures of protected health information (PHI) under the HIPAA regulations will have a far more reaching impact on hospitals and covered entities simple because this new Privacy Rule impacts other departments within the covered entity. The covered entity will need to implement new procedures and processes to ensure that the required accountings are tracked.

The Privacy Rule states in section §164.528 that individuals have a right to receive an accounting of disclosures of PHI made by a covered entity in the six years prior to the date on which the accounting was requested. However, the following types of disclosures are not required to be included in the accounting:

- Disclosures to carry out treatment, payment and healthcare operations;
- Disclosures made to individuals of the PHI;
- Disclosures for facility directory or to person's involved in the individual's care or other notification purposes
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officials;
- Disclosures that occurred prior

to the compliance date of the regulations.

Suspension of an Accounting

The covered entity must temporarily suspend an individual's right to receive an accounting of disclosures to a health oversight agency or law enforcement official, if a covered entity receives a written statement that such a disclosure would impede the agency's activities. The statement must specify the time for which such a suspension is required. The agency or law enforcement official can also make an oral request to temporarily suspend the disclosure. In this instance, the covered entity must document the statement, include the identity of the agency or official making the statement; temporarily suspend the individual's right to an accounting; and limit the temporary suspension to no longer than 30 days from the date of the oral statement.

Content of the Accounting

The covered entity must provide the individual with a written accounting of each disclosure (subject to the exceptions above) and it must include the following:

- Date of the disclosure
- Name of the entity or person who received the PHI and their address if known
- A brief description of the PHI disclosed
- A brief statement of the purpose of the disclosure or a copy of the individual's written authorization or written request for a disclosure.

- Multiple disclosures made to the same entity or person for the same reason can be summarized. The summary should include the first disclosure, the frequency or number of disclosures and the date of the last disclosure in the accounting period.

Provision of the Accounting

Covered entities must provide the requested accounting no later than 60 days after receipt of the request. An extension of 30 days is allowed if the individual is provided with a written statement of the reasons for the delay and the date by which the accounting will be provided. The individual must be notified of the delay during the initial 60-day period. However, only one extension is allowed per request.

Fees

The rules state that the first accounting to an individual in any 12-month period is provided without charge. However, a reasonable, cost-based fee for each subsequent request for an accounting by the same individual within the 12-month period is allowed. The covered entity is required to inform the individual in advance of the fee, which allows the individual to withdraw or modify the request for subsequent accountings in order to avoid or reduce the fee.

Documentation

All documentation must be retained for 6 years and covered entities must document:

- All disclosures of PHI subject to the accounting requirement;

- All written accountings provided to the individual;
- The titles of the persons or offices responsible for receiving and processing requests for an accounting.

Recommendations

I recommend that during your policy development phase an assessment of the different healthcare delivery settings where the policy will need to be implemented be completed. The assessment should identify the issues and a determination of how the function will be handled within your covered entity. For example, the decision will need to be made on whether the accounting for disclosures will be centralized or decentralized. Your policy should identify and address breach vulnerabilities within your organization.

What technology requirements are needed and what is the impact if the process is done manually? Consideration should be given to staffing and training needs. Determine who should be involved in carrying out the policy.

As you work through the Privacy Regulations you will need to make business decisions such as "what other policies and processes are dependent on this policy?" Which should be implemented first? For example, your privacy notice will need to include information on patient rights to an accounting. You will also need to reconcile any current release of information procedures. You are also required to provide the patient with an accounting of the disclosures made by a covered entity's business associates, so you'll

want to ensure that your Business Associate agreements are in place. The answers will be different for each covered entity on how these will be implemented successfully.

For additional information on HIPAA's Privacy rule, please review the TxHIMA HIPAA web page at www.txhima.org/hipaa.htm.

References

[Accounting of Disclosure of Protected Health Information, Federal Register](#). Volume 65, No.250, Thursday, December 28, 2000, Rules and Regulations. Section §164.528. pp. 82826. ☺

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HIPAA and Amendments to PHI

by Jerry Hopgood, Director, Office of HIPAA Compliance, Baylor Health Care System

As a Health Information Management professional, you're probably already aware that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will have many implications on the day to day operations of a health information management department. From the changes required by the Transactions and Code Sets to the expected changes that will result from the finalization of the Security rule and the Identifiers rules, health information management will need to change. However, the HIPAA Privacy rule may well impact HIM professionals the most of all of the HIPAA regulations.

To summarize the Privacy rule, you can basically break it down into two sections. One outlines some specific patient rights afforded to the patient as relates to the protected health information. These patient rights include, among others, the right to an Accounting for Disclosures, the right to know the privacy practices of an organization, the right to access their health information, and a right to request an amendment to their protected health information (PHI).

The Privacy rule also dictates that organizations take appropriate measures to ensure the privacy of patient PHI. Among these measures are to obtain consents from the patient before using their PHI, obtain an authorization from the patient before disclosing their PHI to third parties, to utilize the minimum data necessary to fulfill objectives of

requests for PHI, and to place some restrictions on how patient data is used for marketing, research and fundraising. Of course, organizations are also required to meet those patient rights listed above.

The topic for this article, however, is the effect that a patient's right to request an amendment to their PHI will have on an organization. Specifically, what effect this will have on an organization's health information management department. First, it's always important to actually read what the regulations state. Regarding Amending PHI, in § 164.501 it states:

Standard: right to amend.

1. **Right to amend.** An individual has the right to have a covered entity amend protected health information or a record about the individual in a designated record set for as long as the protected health information is maintained in the designated record set.
2. **Denial of amendment.** A covered entity may deny an individual's request for amendment, if it determines that the protected health information or record that is the subject of the request:
 - i. Was not created by the covered entity, unless the individual provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
 - ii. Is not part of the designated record set;

- iii. Would not be available for inspection under § 164.524; or
- iv. Is accurate and complete.

Essentially, the patient has a right to amend their PHI or information in a record that exists as part of what the Privacy rule calls the "Designated Record Set". **This is a very important note.** The Designated Record Set includes more information than what is considered to be the traditional "Medical Record". By definition from the Privacy rule, § 164.501, the Designated Record Set includes data from the following:

Designated record set means:

1. A group of records maintained by or for a covered entity that is:
 - i. The medical records and billing records about individuals maintained by or for a covered health care provider;
 - ii. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
 - iii. Used, in whole or in part, by or for the covered entity to make decisions about individuals.
2. For purposes of this paragraph, the term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

Here, for providers, notice that

the Designated Record Set not only includes medical records, but also billing records. Plans will need to be made to include your billing office in the organization's decision on how to address amendments to PHI.

So, now you know that the patient has a right to request an amendment, and you know what information can actually be amended. Did you know you don't have to arbitrarily accept all requests for amendments?

Like many rules, the Privacy rule provides some exceptions to the general requirement allowing amendments to PHI. Listed in the regulation above, we can go over them individually. Reasons for denial of a request for amendment to PHI include:

- **The PHI was not created by the organization receiving the request for amendment.** If an organization didn't create the information, then they are not obligated to accept the request for amendment. However, there is an exception granting the patient this right IF they believe that organization that originally created the PHI can no longer act on their request. If this is the case, the organization must act upon the patient request.
- **If the PHI is not a part of the Designated Record Set,** then the request for amendment can be denied. As discussed earlier, much information is included in the Designated Record Set, including both Medical Records and Billing Records. However, if the request is made to amend information about the patient that is not a part of the Designated Record Set, then the organization is not obligated to

accept the amendment.

- **If the PHI would not be available for inspection to the patient,** then the organization is not required to accept a request for amendment to the patient's PHI. Types of PHI a patient may not be able to inspect are listed in the Privacy rule in § 164.524, and include psychotherapy notes, information compiled for a civil, criminal or administrative action, and certain information covered by Clinical Laboratory Improvements Amendments of 1988.

- **If the PHI is accurate and complete.** Of course, if you have the correct and complete information on the patient, there's no reason to accept an amendment for information that is inaccurate.

Another important aspect is, if you accept a request for amendment, that you do simply that; amend the PHI. There is no requirement within the Privacy rule that requires you remove information from the Medical Record or Billing Record. It simply requires that you amend the record with the correct information. This is an important distinction to make.

The final note regarding amendments is to understand that amendments are not necessarily made in a vacuum. This requirement does not apply solely to the organization, but also those third parties with which the organization does business. Specifically, if you have Business Associate (a third party that performs a function for your organization or on your organization's behalf AND uses or creates PHI), then any amendment that your organization

makes must be communicated to the Business Associate and they must make this amendment. This factor makes important the requirement to have a Business Associate agreement in place with all of your Business Associates, and to reflect the amendment requirement within that agreement.

As you can see, the HIPAA Privacy rule requirement regarding Amending PHI is going to call for some changes to be made. Of course, there is a deadline for making sure that all of this is done; April 14, 2003. The changes include a few actions that you'll need to ensure your organization is taking. Briefly, they are to:

- Assign someone to lead this project
- Read the regulations
- Determine the position that the organization is going to take regarding amendments
- Review existing policies and procedures
- Make any required changes to policies and procedures
- Educate/Train all areas in relation to the new policies and procedures
- Ensure Business Associate agreements are in place and address the amendment requirements

Once these items have been put into place, your organization should be well on its way to complying with HIPAA's Privacy Rule as it relates to Amending a patient's Protected Health Information.

For more information on HIPAA's Privacy rule, including topics such as Amending Protected Health Information, please review the TxHIMA HIPAA web page at www.txhima.org/hipaa.htm. ☺

How to Appropriately Use the Documentation Prompter Notes

Submitted by Texas Medical Foundation

In July 2001, the Texas Medical Foundation (TMF) mailed self-adhesive documentation prompter notes to all hospitals in Texas. These documentation prompters can be utilized to improve medical record documentation to ensure correct coding and billing. These prompter notes were developed for the DRG 416 (septicemia), DRGs 079/080 (complex pneumonia), DRG 140 (angina pectoris) and DRG 127 (congestive heart failure) Payment Error Prevention Program (PEPP) projects. To successfully use these prompter notes to assist with physician documentation, TMF recommends you follow these steps:

1. Meet with your medical staff to familiarize them with the prompter notes. Obtain their input on the utilization of the notes; would it be more helpful to place the notes in all medical records for patients with that clinical condition, or only in specific medical records to highlight areas that may require additional documentation? Explain that designated staff members will place the prompter notes in the medical record as a reminder to include pertinent documentation with regards to a particular diagnosis or as an indication of missing or insufficient documentation. The designated staff may indicate on the prompter note what elements of documentation are necessary for correct coding and billing. Emphasize that the physicians should not write on the prompter notes themselves, but that they should document within the body of the medical record. Remind physicians of their role in compliance and how important appropriate, thorough documentation is to quality coding and billing as well as to patient care.
2. Designate staff members (e.g., case management, utilization review, nursing staff or concurrent coders) to be responsible for placing the prompter notes in the medical record. The hospital may choose to place the prompter notes in all medical records for that clinical condition, or they may be placed only in records in which clarification or additional documentation is necessary. The designated staff may indicate on the prompter note what is unclear or incomplete in the medical record. This can be accomplished by writing a note to the physician on the prompter note itself or by circling or highlighting applicable statements on the prompter note.
3. Instruct health information management (HIM) staff to remove the prompter notes when assembling and analyzing the medical record upon the patient's discharge.


The following is one example of how to successfully use the self-adhesive documentation prompter notes:

The case manager is reviewing the medical record for a patient admitted with septicemia. She observes that the physician has only documented a few septicemia clinical indications (e.g., elevated temperature and WBC). She knows from her assessment and from speaking with the physician that more clinical indications are present (e.g., altered mental status changes and hypotension) to support a diagnosis of septicemia. The physician has also documented that the patient has "urosepsis." The nurse knows that this diagnosis will need clarification for the HIM staff to properly code the record. She knows that "urosepsis," if not clarified as sepsis by the physician, will code to a urinary tract infection resulting in decreased reimbursement for the hospital. She also observes that the laboratory findings indicate *E. coli* as the etiology of the sepsis yet the physician has not documented this in his progress notes. In this situation, it would be appropriate for the case manager to place the septicemia self-adhesive documentation prompter note in the medical record and circle (and/or highlight) what additional information the physician needs to document (see example).

Using the documentation prompter notes and following this process will help ensure that the coders have the necessary documentation in order to appropriately code the record. This will also help minimize the use of the physician query form. A concurrent approach to documentation improvement through the use of the documentation prompter notes is an excellent way to improve documentation as well as prevent payment errors.

If you would like to order the documentation prompter notes, please complete the order form which can be found in the Payment Error Prevention Program section of TMF's Web site at www.tmf.org. The price for one note pad with 50 sheets is \$1.50. TMF is only charging the amount necessary to cover production costs.

If you have questions about TMF's documentation prompter notes, please contact the Health Services Assessment Department at 1-800-725-9216 and ask for a PEPP Specialist. ☺



*Dr. Jones - If applicable - please document the circled items.
Thank you - Case Management*

Septicemia

Include the following documentation to substantiate the severity of illness and ensure proper coding/billing.

- ❑ Document clinical indications to support septicemia:
 - Acute mental status changes
 - WBC including bands
 - Elevated temperature or hyperthermia
 - Hypotension
 - Tachycardia
 - Tachypnea or pCO₂ < 32 mm-Hg
 - Decreased urinary output/oliguria
 - Other organ involvement

- ❑ Document if positive blood cultures are present.
 - Negative blood cultures do not preclude a diagnosis of sepsis, but there should be clear documentation to support a diagnosis of sepsis.

- ❑ Indicate if antibiotics were received prior to admission.

- ❑ Indicate etiology of septicemia: Specific bacteria or organism, Pylonephritis, Meningitis, Pneumonia, Cholangitis, Cellulitis, Peritonitis, or other.

- ❑ Avoid using the term "urosepsis" – document as generalized sepsis or UTI.

- ❑ "Bacteremia" is an abnormal lab finding (presence of bacteria in the blood) and is not synonymous with septicemia.

Texas Medical Foundation

Example of how to use the septicemia documentation prompter note.

Article Clarification

A few clarifications need to be made concerning an article in the last issue of the TxHIMA Journal (Aug./Sept./Oct. 2001) entitled "PEPP Task Force Update".

Number 4, Hospital Responses to DRG Monitoring Reports – 83 hospitals were asked to review a sample of records, not to develop an improvement plan. The Task Force received a report on this review from

71 hospitals; of those 71 hospitals, 40 had identified opportunities for improvement and had developed improvement plans (voluntarily). If hospitals do not improve after implementing improvement plans, this does not result in notification to CMS or to the OIG. PEPP is an educational program and strives to keep the relationship with hospitals positive.

Number 10, the TMF Screening Criteria Manual is available on CD.

Many thanks to **Kimberly Hrehor, MHA, RHIA, CHE**, Assistant Director, PEPP for this information. ☺

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CALENDAR

2002 CALENDAR of EVENTS

February 8	CPT Coding, Children's Medical Center of Dallas, 1935 Motor St., Dallas
February 14-15	AHIMA HIPAA Privacy Meeting, Dallas Marriott Las Colinas, 223 West Las Colinas Blvd., Irving
February 25	HIPAA, The Institute for Rehabilitation and Research (TIRR), 1333 Moursund, Houston
March 6	ROI Audioconference
March 28	Rehab PPS Reimbursement, Harris Methodist Hospital, 1301 Pennsylvania Ave., Ft. Worth
April 3	ROI Audioconference
April 19	Long Term Care, THA Bldg., Institute Room, 6225 Hwy. 290 East, Austin
April TBA	Management and HIM's Role, Clear Lake Regional Medical Center, 500 Medical Center Blvd., Webster
May 1	ROI Audioconference
June 8-9	RHIT/RHIA Exam Review, TxHIMA Annual Convention, Omni Hotel Corpus Christi, 900 Shoreline Blvd., Corpus Christi, 78401
June 9-12	TxHIMA Annual Convention, Omni Hotel Corpus Christi, 900 Shoreline Blvd., Corpus Christi, 78401
August TBA	HIPAA/ROI
October TBA	HIPAA/ROI

TxHIMA 66th Annual Convention and Exhibit

Submitted: Kim Suggs, RHIA, CCS, Convention & Meetings Director

Kick your summer off with a bang! Join us in sunny Corpus Christi, Texas for the TxHIMA Annual Convention and Exhibit, Monday, June 10 – Wednesday, June 12, 2002.

The Annual Convention is always a place to reconnect with friends and colleagues and a place to broaden your HIM professional network. This year's convention promises a schedule packed with general sessions, educational tracks, special events, and an exhibit hall brimming with product information. From the kick off of the convention with an AHIMA update from fellow Texan Barbara Odom-Wesley to the closing session on Wednesday, you'll have more opportunities than ever before to acquire the educational and professional tools to face the future with excitement, knowledge, and leadership.

Take advantage of personal access to vendors and exhibitors offering state of the art products and services. There will be ample opportunity to network from the Grand Opening Reception on Monday, June 10, 2002

until the Exhibit Hall closes on Wednesday at 12:00 pm.

Food, Fun, and Sun – There's never an end for things to do in Corpus Christi. Located in the midst of close to 131 miles of Gulf beaches, world-class bay and deep-sea fishing, sailing, and water sports, Corpus offers busy days of sightseeing, shopping, and cultural attractions.

Hotel Information: Omni Corpus Christi Hotel, 900 N. Shoreline Blvd., Corpus Christi, Texas 78401
Phone: 361-887-1700, Reservations: 1-800-THE-OMNI (843-6664) Reservations must be received by Monday, May 20, 2002 to receive the rates agreed upon. Rates: Single, Double, Triple, or Quad – \$110.00

Other attractions: greyhound racing, bay cruises and sightseeing tours, the ships of Christopher Columbus, the USS Lexington – Museum on the Bay, multi-cultural dining experiences, and more!

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