

Health Information Link

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"Put HIM on
Your Ballot"

The 2004 Fall Conference will be held September 16 & 17, 2004.

Featured speaker
Linda Kloss,
Chief Executive
Officer
of AHIMA

DAVE

The latest of new acronyms to impact Long Term Care
By Marge Gehrke, RHIA

In the world of acronyms, health information professionals have long been familiar with new additions being added. In recent years we have been familiarized with HIPAA, CMS, SARS, etc., and now DAVE. The Data Assessment and Verification project launched by CMS and tasked with assessing Minimum Data Set (MDS) data accuracy nationwide.

Many long term care (LTC) professionals are bracing its anticipated impact. Just as the coding world saw a significant impact with the onset of DRG's and APC's in acute care facilities, the review that DAVE will bring to the completion process of the MDS in nursing facilities is expected to be very similar.

In a nutshell, CMS realized the significance of the MDS data that nursing facilities submit. In addition to the financial significance this data brings to both CMS and the nursing facility, quality measures are also assessed through this process. Thus, a task force was launched to establish a surveillance process and the DAVE project was created to focus on the accuracy of the MDS with the goal to expand the program to include Outcome and Assessment Information Set (OASIS) data submitted by Home Health Agencies as well.

The DAVE project was piloted in May 2002 in Georgia and Indiana, and quickly expanded to four additional states (Texas, Florida, Washington and Pennsylvania). In

January of this year, CMS launched the DAVE initiative to assess the MDS data, the quality of care nursing facilities provide, and the payment for these services nationwide.

What does it involve? Audits can be offsite or onsite. An offsite audit is very similar to an additional documentation request (ADR) by the fiscal intermediary (FI) for Medicare. It is a retrospective record review. You will receive a letter from CMS authorizing the review and a letter from Computer Sciences Corporation (CSC) also informing you of the review and listing specific record needs. To date, approximately 20 nursing facilities in Wisconsin have already had to or are in the process of submitting records for verification through the DAVE project.

If you are one of the lucky ones chosen for an onsite review, it will be conducted by two DAVE clinicians and take about three days. You will receive notification of the review 2-3 days prior to the visit. The onsite review will consist of an entrance conference, and a two-staged retrospective medical record review (RMRR), and an exit conference. During the two-stage review, a DAVE clinician will evaluate a resident who has recently been assessed by the facility and then compare that assessment with the one performed by the facility. The retrospective review entails a detailed review to determine if the assessments submitted by the facility are supported by documentation

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About WHIMA

The Wisconsin Health Information Management Association [WHIMA] is a component state association of the American Health Information Management Association [AHIMA]. WHIMA is the leadership organization and premier resource for the management of health records in Wisconsin. WHIMA has regional associations and more than 1200 members working in hospitals, physician practice groups, nursing homes, vendor organizations, consulting firms, and government agencies.

Editor, Vicky Wolf, RHIT, CPHQ

Managing Editor

Cassandra Bissen, MS, RHIA

Editorial Associates

Joan Campbell, WHIMA

Jean Bahn, CCS

Marge Gehrke, RHIA

Sheri Gorske, RHIA

Brenda Nielsen, RHIT

Nannette Roberts, CCS

From the Editor

Hi Everyone!

I hope all of you "Hit the Jackpot" and enjoyed the annual conference in Appleton. I know I did. It is always a great time to network. I want to thank those of you who took the time to complete our Readership Survey during the Annual Business Meeting. I am tallying up the results and reading your comments. As you know we are looking at the prospect of again changing "The Link" to better serve you.

In this issue we have some news about DAVE for our Long Term Care readers, Cathy, our President, shares with us what is happening on the national level, Debbie Case shares news from the Capitol and this issue contains some interesting news about the workforce...Enjoy!

If you have any suggestions and/or comments you would like to make about "The Link" and didn't get a chance to complete the survey, feel free to give me a call or an email. I can be reached at (920) 474-7461 or by email at vwolf@powerweb.net.

Looking forward to hearing from you and I will keep you posted,

Vicky Wolf, RHIT, CPHQ

Editor

President

Catherine Hansen, RHIA
Cjhansen@scrmc.org

President-Elect

Theresa Eckman, RHIA
Theresa_Eckman@ssmhc.com

Past President

Marilyn Toninato, RHIA
mtoninato@anwtc.edu

Directors

Debbie Case, RHIT
djcase@execpc.com

Lori Cherrier, RHIA
lcherrier@cch-inc.com

Nicole Geiser, RHIT
ngeiser@affinityhealth.org

Heather Pinske, RHIA
Heather_pinske@ssmhc.com

Kim Reid, RHIA
Kim.reid@phci.org

Sandra Stevens-Berens, RHIT
sstevens@affinityhealth.org

Executive Director

Cassandra (Sandy) Bissen, RHIA
Sbissen@execpc.com

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President's Message

By Catherine Hansen, RHIA

Crocus, daffodils and tulips are peeking through the earth in the Northland – finally, signs of spring! An active spring it has been, too, with lots happening at both the state and national level. In March AHIMA held Winter Team Talks, one of which was held in Milwaukee. On March 30th several WHIMA members testified at the legislative hearings in Madison concerning the proposed copy fees. April will bring us the first National Health Information Privacy and Security Week (11th – 17th) as well as WHIMA's 69th Annual Conference in Appleton (28th – 30th).

Theresa Eckman, Heather Pinske, Sandy Bissen and I represented the WHIMA Board of Directors at the Winter Team Talks. It was great to see several other WHIMA members in attendance as well. Although turn-out in Milwaukee was small compared to other cities, the day was very productive. The theme for this year was "*Success by Association*". Those present discussed 2004 strategic issues, 2004 House of Delegate issues, and leveraging our foundation.

Shared Strategic Directions - AHIMA and component state associations (CSA's) need to continue working together on the same goals. The AHIMA/FORE HIM Workforce Study, funded by FORE through contributions of members and corporations, revealed five key themes: the impact of technology on the profession; a professional identity that is changing and adapting; the value of credentials; challenges for academic education; and continuing education and image marketing. The results of the study are driving AHIMA's strategic direction for the next 3-5 years, which centers on membership, practice leadership, academic education and research, and HIM professional definition. How do we develop leaders? How do we meet the needs of an increasingly diverse membership? How do we prove the value of our profession in improving the quality of healthcare? How do we assure a strong future for HIM within the healthcare informatics arena? These are questions that need to be addressed as we look to future planning; state leaders were encouraged to discuss these questions with their state membership as well as on the various CoP's.

2004 House of Delegate Issues – After the controversial dues issue of 2003, the AHIMA Board of Directors is not recommending any change in dues at this time. AHIMA investments performed better last year, and the outlook for 2004 is positive, but guarded. The HOD will be asked to

address a bylaws amendment to bring AHIMA Bylaws into compliance with standards for recognition by the Council on Higher Education Accreditation. As you may recall, the 2003 House voted to approve a resolution addressing HIM academic program education. CHEA recognition is highly prestigious and requires AHIMA's accreditation process to be top notch. Work will also continue on AHIMA's Code of Ethics. At the 2003 House members approved a name change to the Professional Ethics Committee. This group has been working on the revisions to the code, which will contain guidelines for each principle to help members interpret the Code of Ethics in their daily practice.

Attendees at Winter Team Talks were asked to discuss whether to introduce a bylaw amendment to extend the RHIA proviso beyond 2004 and redefine eligibility criteria. The current window closes December 31, 2004. The current proviso sets eligibility requirements for RHIA's to sit for the RHIA exam. Discussions included the impact extending the proviso would have on the profession as well as HIM education. Other potential House issues include a new professional member transition plan, which would possibly include a new dues structure to help transition student members into active/associate membership.

Leveraging Our Foundation – Last fall, CSA's were asked to sign an affiliation agreement with AHIMA. This agreement provides for consistent services to members across all CSA's, confirms the AHIMA/CSA relationship,

The AHIMA/FORE HIM Workforce Study revealed five key themes: the impact of technology on the profession; a professional identity that is changing and adapting; the value of credentials; challenges for academic education; and continuing education and image marketing.

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From the Capitol...

By Debbie Case, RHIT

The past year WHIMA has been involved in legislation regarding workers compensation authorizations, amendments to 146, possible elimination of HFS 124, and copy fees.

In an effort to create a form that met HIPAA requirements, the Department of Workforce Development developed an authorization for release of information. They did not seek WHIMA input on this form and for quite a while, it created confusion and conflict. HIPAA and State compliance of the authorization was questionable and it raised patient rights concerns. While the compliance issues were resolved, patient rights were still an issue. A survey was distributed to WHIMA members and, according to the responses, practices varied but most felt that it was a violation of patient rights.

Recently, on April 19th, Wisconsin Statute 146 was amended to make patient health care records concerning healthcare operations inapplicable to restrictions on release without informed consent as defined by HIPAA. This amendment took effect on April 30, 2004. WHIMA will be working to update the Legal Resource Manual to reflect the changes.

The Wisconsin Hospital Association recommended amendments to 124, the state administrative rules for the oversight of hospitals. Overall, WHIMA supports the recommendations, specifically, transforming the current language to reflect transitioning from a paper medical record to an electronic medical record. However, WHA has recommended eliminating the requirement of a medical records administrator to oversee the health information departments. WHIMA submitted a letter in opposition to the removal of this language citing the education and experience of HIM professionals will still be required in an electronic environment. HFS 124 remains on the list of projects for HFS to work on. It's possible there will be a bill introduced in the upcoming year to replace these rules with the Medicare Conditions of Participation. It's unclear what the impact of this change would be.

And finally, probably the biggest legislative event of the past year was the copy fees. In the past year, the Department of Health and Family Services submitted their proposal for fees regarding copies of medical records. Their proposal extended HFS117 to all requestors, including healthcare providers, rather than attorneys only. The proposed fees for requests consisting of less than 5 pages was \$12.50 per request and 31 cents per page with a certification fee of \$5.00. For requests greater than five pages, the proposed rate was \$15.00 per request, 31 cents per page, and a certification fee of \$7.50. Patient requests under the HFS 117 proposal were limited to 31 cents per page. Since the intent of the update to HFS 117 was to develop fees based on actual costs and these rates were significantly lower than the actual costs involved in copying medical records, WHIMA remained extremely involved in the process. A public hearing was held on December 15th. Several WHIMA members submitted comments and Chrisann Lemery testified in opposition to the rule on behalf of WHIMA.

The rule was then assigned to the Assembly Health Committee and a hearing was scheduled for March 30th. Several WHIMA members were present at the hearing and testified in opposition to the rule. In response to their outstanding testimony, the Health Committee returned the proposal to the Department of Health and Family Services for modification.

The Committee is requesting an audit by the Legislative Audit Bureau in order to determine actual costs of duplicating medical records. If, after the audit, the Department does not agree to make the recommended modifications, the Committee will object to the proposed rule in its entirety. The next step for the members of WHIMA is to become involved with the activities of the Legislative Audit Bureau and provide them with enough information to properly determine actual costs. ♦

Apprenticeship Training Programs for the Health Care Industry

By Anna Kopp, Education Consultant

Since 1911, Wisconsin has had a formal registered apprenticeship program through the Development of Workforce Development – Bureau of Apprenticeship Standards (BAS). **Until recently, the main focus of the BAS activities has been construction and industrial occupations.** Through the help of a Department of Labor grant to expand registered apprenticeship training to “non-traditional” occupations, the BAS has focused its efforts on health care.

Apprenticeship is the combination of work base training with related instruction. Apprentices are actively employed while they learn the didactic component to enhance their retention of skills. The Medical Coding apprenticeship program is an eighteen-month training program with 288 hours of related instruction that was developed by experienced medical coding professionals. Apprentices who complete the program can qualify to take the Certified Coding Associate certification through AHIMA.

Apprentices, experienced Medical Coders and employers can all benefit from the training received through a formalized apprenticeship program. Apprentices earn while they learn and receive technical college credit that can be applied towards an associate's degree. Experienced Medical Coders (preceptors/mentors) are actively involved in training process from the very beginning. Employers have a structured method of training workers that is consistent from one employee to the next and can foster employee loyalty through investing in their workforce.

Wisconsin is leading the way in developing Medical Coding, CT, MRI and Mammography apprenticeship and will continue to develop quality programs to ensure the quality of Wisconsin's workforce. For more information call or e-mail Anna Kopp, Education Consultant with the BAS at 608.261.8487 or anna.kopp@dwd.state.wi.us. ♦

Keeping Gener-xers on the Job

Much is said about the challenges of working with four different generations in the workplace. Each generation carries with it their own baggage, assets, and expectations -- probably the most unique challenges thus far have been in providing a workplace culture that retains and encourages Generation-Xers. Born approximately between 1964-1984; these are the nation's "latch key" kids of whom over half had divorced parents. As a result they learned how to fend for themselves and have a "survivor" spirit. The "free agent" mentality, that older generations are having to acquire because of the unstable economy, comes natural to the Gen-Xers.

Here are some strategies that help create an appealing work environment for Generation-Xers:

- Use bullet points. Avoid the temptation to get into lengthy explanations.
- Make it fun. All work no play makes Jack a dull boy.
- Provide growth opportunities. They thrive on change.
- Provide a range of projects. Remember they're experts at multi-tasking.
- At your regular meetings, ask them to list of what they've learned, i.e., lessons, techniques, skills. This reaffirms job value.

Be flexible. They want to 'have a life' and will expect their job to yield in some way to some personal priorities.

"Leaders think about empowerment, not control."

(Continued from page 1) **DAVE**

in the medical record. The exit conference is expected to take a couple hours and will include discussion of any inconsistencies found in completion of the MDS. These inconsistencies may or may not result in Resource Utilization Group (RUG) changes.

What will it do? The DAVE data will be used to 1) communicate with State Agencies (quality of care issues), 2) address FI's (possible Medicare claim adjustments) and 3) inform CMS of educational needs. With the financial implications and state survey concerns being derived from the MDS through the DAVE audit, LTC facilities are taking notice. And, now that CMS realizes the vast importance of its quality and financial implications --- the MDS has become an enormous and powerful tool. Just as DRG's greatly changed how we trained and regarded our coding process in acute care, the MDS carries the same weight in the LTC arena.

To be stagnant in the HIM field means the government, FI's or competition has gained on us. As Benjamin Franklin once said "The only way to be safe is never be secure". Thus, in the HIM profession, we once again must be on top of these changes and educate all staff involved in the MDS process to assure they are aware of the implications. And remember, if you receive a letter or a call from DAVE, it may not be an old friend.

For more information on DAVE, go to the CMS web site at www.cms.hhs.gov/providers/psc/DAVE/Homepage.asp

Resource

1. The Centers for Medicare and Medicaid Services' Resident Assessment Instrument User's Manual, December 2002 revision, can be accessed at cms.hhs.gov/Medicare/mds20/man-form.asp.
2. Validating MDS and OASIS Data with DAVE, Michelle Dougherty, RHIA, Journal of AHIMA/March 2004 ♦

2004 WHIMA Fall Conference

"Put HIM on Your Ballot"

**2004 WHIMA
Fall Conference
September 16-17, 2004**



This year's WHIMA fall conference will be held at the Chula Vista Resort in Wisconsin Dells, Wisconsin. Opening keynote address will be Linda Kloss, RHIA, Chief Executive Officer with AHIMA in Chicago. Linda Kloss will help attendees take a look at the current national environment shaping the health information agenda and its implications for HIM. The Fall Conference Team has developed a program that offers a session for managers who are supervising several projects, for coders on clinical vocabulary standards, a coding roundtable and E&M codes, for those who are working on teams to implement the Electronic Health Record or develop productivity standards and members who also wear the hat of "cancer registrar" in their organization. The closing speaker, Tom Thibodeau, will discuss the positive power of humor in our personal and professional relationships.

The Wisconsin Dells offers a wonderful scenic venue for the Fall Conference along the Wisconsin River. Attendees can wander on the walking path, relax and enjoy the 65,000 square-foot indoor water park or meet friends in the southwest ambience of the on-site restaurants. ♦

Provider Profiles Available On the Internet Starting September 30, 2004



The Bureau of Quality Assurance (BQA) announced a plan to publish provider profile summaries on the Internet beginning September 30, 2004. This follows similar actions implemented by the federal Centers for Medicare and Medicaid Services (CMS) for federally certified nursing homes and home health agencies. BQA will publish information specific to both the state-only and the federal requirements for various provider types and offer links to the federal websites for nursing homes and home health agencies.

BQA staff frequently receive requests for information on specific health care facilities. Other than the information available on federally certified nursing homes and home health agencies, the information given to consumers is based on the facility profile we make available for purchase. Internet access will make this information more readily available to consumers.

As part of BQA's ongoing strategic planning to deliver on our obligation to assure that Wisconsin citizens have access to the information they need to make important health care decisions, BQA will begin publishing provider profiles on the BQA website beginning September 30, 2004.

The format for the type of information that will be published has not yet been determined; however, at a minimum, information to be included in the electronic profile will include outcomes of recent BQA annual surveys and complaint investigations. ♦

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and maintains accountability between AHIMA and the CSA. Certain core services, such as coding roundtables and education, communications, so forth, are thus available to all members. AHIMA's report to the CSA's, *"Success by Association, the Future of HIM Starts with You"*, will be available for CSA's to present to their members. Moving member web site content to CoP as a cost saving and common portal for members was also discussed, as was the possibility of a geographic CoP template.

Watch for a summary of Winter Team Talks to be posted on the State Leaders and HOD Community of Practice. AHIMA's report, *"Success by Association..."* will be presented during WHIMA's Annual Business Meeting in Appleton later this month.

Summer team talks will be held July 17 & 18 in Chicago. I would definitely encourage anyone interested in attending to do so. Team Talks are open to all AHIMA members. There is no registration fee, and CE's are awarded for attendance. Remember, **YOU are AHIMA!** The AHIMA Board of Directors is sincerely interested in what we, as members, have to say; that is, what's happening in the workforce today, what direction do we need to go in, and how do we get there? ♦

**FOR THE
RECORD, the
ONLY health
information
management
magazine
endorsed by 22
state HIM
associations!**

Calendar of Events

August

August 11, 2004

How Ready Are You for a JCAHO or State Survey?

Wintergreen Resort, Wisconsin Dells, WI

For more information, call Joan Campbell at 608-787-0168



September

September 16-17, 2004

WHIMA Fall Conference

"Put HIM on Your Ballot"

Chula Vista Resort

Wisconsin Dells, WI

For more information, call Joan Campbell at 608-787-0168

September 17, 2004

Board of Directors Meeting

Radisson Paper Valley Hotel

Appleton, WI



October

October 9-14, 2004

14th International Health Records Congress "Sharing Solutions in the Global Community"

Washington, DC

For details see ifhrocongress@ahima.org

November

November 7-13, 2004

National Health Information and Technology Week

November 17, 2004

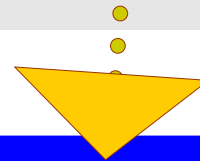
Board of Directors Meeting

Conference Call



HIM Marketplace

To advertise your job opening in the next issue of the Health Information Link or on the WHIMA web site call 608-787-0168 or go to the WHIMA web site and "click" on Job Bank.



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