



Newsletter

— December 2018 —

PRESIDENT'S MESSAGE

By Daniel Castanon, BS, RHIA

It is tradition to recap the year, so as 2018 comes to an end, I would like to highlight just some of the many successful endeavors of SDHIA:

Unparalleled Attendance: The number of people regularly showing up for our monthly educational sessions has been outstanding. As a matter of fact it, this past year marks one of the highest attendance rates ever for SDHIA. September was the educational session with the highest turnout. It was the first time in the history of our CLA that attendance exceeded 100 people at a single session. What a great accomplishment to celebrate: let's keep it up!

Outstanding Speakers: Overcoming the common fear of public speaking is no small feat. It takes guts and steady nerves to speak in front of groups of people. We truly appreciate those who have made a special effort to share their unique knowledge, insight, and expertise with our members. A special thanks to each and every person who presented this past year. Our speakers have been phenomenal!

Dedicated Members: Yes, this means you! I know it's not easy to get off of work or school and come to a 2 hour presentation. Despite the many demands of modern life, you have made participating in our meetings an ongoing priority. Thank you for making SDHIA such a resounding success!

I wish you all a Merry Christmas and Prosperous New Year!

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UPCOMING EVENTS

January 8, 2019

Data Analytics Opportunities in Healthcare. Quality Improvement

LOCATION:

Sharp Techway Building
8520 Tech Way
1st Floor – Room A
San Diego, CA 92123

[Register ▶▶](#)



UPCOMING EVENTS

Data Analytics Opportunities in Healthcare. Quality Improvement

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SDHIA does not endorse any company, vendor or product.

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EDUCATIONAL CORNER**By Keith Hass, RHIA****NOVEMBER 27, 2018 EDUCATIONAL MEETING SPEAKER RECAP**

The SDHIA November 27, 2018 monthly meeting had another 2 great HIM leaders from the healthcare educational sector from Mesa College.

Title: Leading the Way to Cultural Competency

SPEAKERS:

Holly Jagielinski, MPH, RHIA

Connie Renda, MA, RHIA, CHDA

Connie and Holly approached the topic with a team approach. Connie began with the objectives of, why is it important that we have a discussion on "cultural competency"? This opened the audience to engage in open ended questions leading to understanding our perspectives of cultural competency.

Holly emphasized how perspective plays a role in our cultural competency. That perspective being the "words" that illuminate and bring into perspective cultural competency.

"We all judge everybody by our own cultural lens. We have nothing else but our own cultural lens, unless we get proper cultural training, we're unable to see the same situation from multiple perspectives simultaneously."

Raju Chebium, Society for Human Resource Management (SHRM)

With an open discussion Holly taught and directed the audience to the understanding of Diversity, Inclusion and what cultural competence refers to. Holly stated, "The building of confidence leads to trust of inclusion. Belong, have a place." The bouncing discussion between the audience and Holly lead to controlled scenarios of patients vs. Individuals and how that plays in the respect for cultural values among patients, families and the employee in the healthcare environment. Additionally, how that interacts with self-culturalism and the employer.

From a public health perspective cultural competency can lead to data collection errors. In discussion with the audience, Holly notes such errors in judgment can result in:

- Risky Dx Test
 - Increase or decrease patient satisfaction scores
 - Whole Body Approach Method used with patient centered care
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- o Collaborative
 - o Coordinated
 - o Accessible

With this all-in mind Holly and Connie had the group do a fun and interactive activity where we all could put into practice, "Cultural Competency". With the tool of a CULTURAL SCAVENGER HUNT! The audience then went around the room to search for individuals that may fit a description on the sheet.

Afterwards Connie took to the helm as speaker and discussed our interactions and results of the Scavenger Hunt. This led to the components of cultural competency:

- Awareness of one's own cultural worldview
- Attitudes of cultural differences
- Knowledge of different cultural practices and worldviews
- Cross-cultural skills

Connie went deeper into the healthcare work environment and how we can bring cultural competence.

- Proper data collection and analysis
- Tailoring the delivery of care to the patients
- Education
- Create a culture of diversity in hiring practices

Another great quote from, Robert Frost in reference to the conversation on how we can use education as a tool in being culturally competent.

"Education is the ability to listen to almost anything without losing your temper or your self-confidence."

From the evening there was more open discussion with Connie on individual vs cultural behavior. Are we meeting the cultural competency of ourselves and employers in healthcare? Where are we on this spectrum?

Connie stated, "To make changes that are positive in the healthcare culture and including hiring employees, the richness of diverse perspectives is needed."

Connie presented to the audience – The Continuum of Cultural Competency. Where are we as individuals and employees of healthcare organizations?

Reference: Dr. Jeffrey Culler, 2015

If you would like to contact Connie and Holly for further information on this topic and references:

<p>Connie Renda, MA, RHIA, CHDA Associate Professor & Program Director Health Information Technology & Management San Diego Mesa College crenda@sdccd.edu 619-388-2606</p>	<p>Holly Jagielinski, MPH, RHIA Assistant Professor Health Information Technology & Management San Diego Mesa College hjagielinski@sdccd.edu 619-388-2276</p>
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CHIA Nominating Committee Announces 2019 Ballot

The CHIA Nominating Committee is pleased to announce the 2019 CHIA Ballot. The CHIA election and online voting will begin on January 14, 2019 and close January 25, 2019. Check out the January-February *CHIA Journal* and upcoming email bulletins for complete election details.

Congratulations to all of these ballot candidates, and a sincere thank you to those who volunteered and offered their name for consideration. CHIA and the HIM profession are stronger with the leadership of our valuable members.

President-elect Candidates

Roberta Baranda, MS, RHIA, CHP (SHIA)
Melany Merryman, MSL, RHIA, CRCR (IAHIA)

Director Candidates

Sally Gibbs, RHIA, CCS (SVHIA)
Vickie Skidmore, RHIA, IGP (SHIA)
Vivian Thomas, RHIA, CHDA, CHPS, CHPQ (GOCHIA)
Svetlana Woersching, RHIA, CCS, CPC (SDHIA)

AHIMA Delegate Candidates

Liz Duggan Graham, RHIT, CCS (NCHIA)
Shirley Lewis, DPA, RHIA, CCS, CHC (SCHIA)

Thank you also to the CHIA Nominating Committee for your work preparing the CHIA ballot. Chair: Deborah Collier; Board Liaison: Nancy Andersen; Members: Ashley Baker; Jacqueline Bloink; Kamar Braish; Rebecca Clark; Linda Dietz; Steve Kim; Monica Leisch; Krista McComb; Pattie Small; Monica Thurston; and Anafrancia Tordilla.

Learn more about the [CHIA Leadership Nomination Process](#) and consider submitting your name next year for the 2020 CHIA Ballot.

San Diego Health Information Association, SDHIA

CALENDAR of EVENTS for 2018 - 2019

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Treasurer Report



Nov 30, 2018

Checking:	\$9,477.15
Savings:	\$12,580.47
Petty:	\$67.00
Total:	\$22,124.62



A

CODING CORNER

by Nancy J. Cervi, RHIT, CCDS

CMS Finalizes Documentation, Coding, and Payment Changes for Evaluation and Management (E/M) Visits

The Centers for Medicare and Medicaid Services released the final rule on the Medicare Physician Fee Schedule (MPFS) and the Quality Payment Program (QPP) on Nov. 1, 2018.

As part of the Trump administration's Patients Over Paperwork initiative, the agency is updating the E&M documentation framework for the first time in more than 20 years, according to CMS Administrator Seema Verma.

These documentation, coding, and payment changes for office/outpatient evaluation and management (E/M) visits will take place over several years. For CYs 2019 and 2020, CMS is implementing several documentation policies to provide immediate burden reduction. Other changes to documentation, coding, and payment would be implemented in CY 2021.

For CY 2019 and beyond, CMS is finalizing the following policies:

Continue the current coding and payment structure for E/M office/outpatient visits.

Practitioners should continue to use either the 1995 or 1997 versions of the E/M guidelines to document E/M office/outpatient visits billed to Medicare for 2019 and 2020 - with the exception of the final policy to eliminate redundant data recording as noted below:

- Remove the requirement that the medical record must document the medical necessity of furnishing the visit in the home rather than in the office.

- Simplify the documentation of history and exam for established patients for E/M office/outpatient visits:

- Practitioners need not re-enter in the medical record information on the patient's chief complaint and history that has already been entered by ancillary staff or the beneficiary. The practitioner may simply indicate in the medical record that he or she reviewed and verified this information.

- When relevant information is already contained in the medical record, practitioners may choose to focus their documentation on what has changed since the last visit, or on pertinent items that have not changed, and need not re-record the defined list of required elements if there is evidence that the practitioner reviewed the previous information and updated it as needed.

- Practitioners should still review prior data, update as necessary, and indicate in the medical record that they have done so.

Also, for CY 2019 and beyond, coding and payment for telehealth and communication technologies include the following:

- Two newly defined physicians' services furnished using communication technology:

- Brief communication technology-based service, e.g. virtual check-in (HCPCS code G2012); and
 - Remote evaluation of recorded video and/or images submitted by an established patient (HCPCS code G2010).

- Add the following codes to the list of Medicare telehealth services: HCPCS codes G0513 and

G0514 (prolonged preventive service(s) beyond the typical service time of the primary procedure; first 30 minutes and each additional 30 minutes.

Beginning in 2021, CMS modified changes in payment coding, and associated documentation rules for E/M office/outpatient visits. These changes incorporate many significant changes from their proposals based on suggestions from the many comments received from the Proposed Rule.

Beginning in 2021, for E/M office/outpatient levels 2 through 5 visits, CMS will allow for flexibility in how visit levels are documented, specifically a choice to use the current framework, MDM or time:

- For E/M office/outpatient level 2 through 4 visits, CMS will also allow choice of documentation methodology (current framework, MDM or time).

- CMS will also apply a minimum supporting documentation standard associated with level 2 visits.

- For level 5 visits (for PFS payment purposes), a practitioner can use the current framework with the documentation requirements applicable to a level 5 visit or the current definition of level 5 MDM. As another alternative, the practitioner can document using time, which will require documentation of the medical necessity of the visit and that the billing practitioner personally spent at least the typical time associated with the level 5 CPT code that is reported face-to-face with the patient (40 minutes for an established patient and 60 minutes for a new patient).

- For administrative simplicity, CMS suggests it may be most straight-forward to track to the typical time for the CPT code.

Beginning in 2021, CMS finalized a **single payment rate for levels 2 through 4 E/M** office/outpatient visits (one rate for new, and one for established patients) and will maintain separate payment rates for new and established patients for level 5 E/M office/outpatient visits to account for the most complex patients and visits.

Beginning in 2021 CMS will adopt **new "extended visit" add-on codes** that describe the additional resources inherent in visits for primary care and non-procedural specialized care complexity adjustment. These codes will only be reportable with E/M office/outpatient level 2 through 4 visits, to account for the additional resources required when practitioners need to spend extended time with the patient. These codes are neither required nor restricted by physician specialty.

HCPCS Placeholder	Descriptor
GPC1X	Visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services (Add-on code, list separately in addition to level 2 through 4 office/outpatient evaluation and management visit, new or established)

GCG0X	Visit complexity inherent to evaluation and management associated with non-procedural specialty care including endocrinology, rheumatology, hematology/oncology, urology, neurology, obstetrics/gynecology, allergy/immunology, otolaryngology, interventional pain management, cardiology, nephrology, infectious disease, psychiatry, and pulmonology. (Add-on code, list separately in addition to level 2 through 4 office/outpatient evaluation and management visit, new or established)
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Finally, beginning in 2021, CMS is finalizing separate payment for HCPCS code GPRO1, **(Prolonged evaluation and management or psychotherapy service(s))** (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; 30 minutes (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service with the input values as proposed as below:

Minutes Spent on Extended Outpatient Visits (Established and New Patients)

Established Patient			New Patient		
Level	Minutes Spent	Codes reported	Level	Minutes Spent	Codes Reported
1	N/A		1	N/A	
2	34-69	99212/3/4+extended services G-code	2	38-89	99203/4/5+extended services G-code
3			3		
4			4		
5	70+	99215+99354	5	90+	99205+99354

It is noted that CMS intends to engage in further discussions with the public over the next several years to potentially further refine their policies through future notice and comment rulemaking for 2021.

To read the Final rule, go [here](#)

To read the Summary CMS Fact Sheet on the Final Rule, go [here](#)



SDHIA Scholarships for CHIA Student Members

SDHIA has established a scholarship to support SDHIA CHIA students who have completed 50% of their coursework towards a credential in health information management. SDHIA is committed to helping students

complete their education and enable them to successfully embark on their HIM career path. You must be a CHIA student member if you have not signed up please register here:

<https://californiahia.org/join>

Applications are required to be submitted by the March 1, 2019 deadline. The eligibility criteria, application, and selection/notification process can be found here:

CHIA: <https://californiahia.org/student-scholarships>

SDHIA:

https://drive.google.com/file/d/1i6MT4ioVWk6D5_eoxYU0xe5HtAOeWb78/view?usp=sharing

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Vote!

**Svetlana Woersching, RHIA, CCS, CPC
for CHIA Director**



**“Real Leaders are Ordinary People with
Extraordinary Determinations.”**

~ John Seaman Garns

*Health Information Professional with over 15 years' experience in Data Analytics,
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- Standards Task Force Member

CHIA

- Committee Member - Coding and Data Quality, Professional Education, Candidates, Nominating, Convention, Awards and Scholarship

SDHIA

- Proud President- Elect, President & Past President
- Delegate Annual Convention
- Committee Member- Nominating, Coding and Data Quality, Finance, Newsletter Editor



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UC San Diego:

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Palomar Health:

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