Dear SDHIA Members,

Accurate Information, Quality Care, is the theme for this year’s Health Information Professional’s (HIP) week which is scheduled for April 3 – 9, 2016. As stated on the AHIMA website, “HIP Week is a great opportunity for professionals to showcase the benefits of their profession, and collectively work to deliver quality healthcare through quality information.” During HIP week, health information professionals from all over the United States will be gathering in Washington DC to discuss the need for a national voluntary patient safety identifier and then, share this with Members of Congress and their staff. To help escalate awareness of the need for a patient safety identifier, AHIMA launched a petition on March 21, 2016 addressing the issue. For more information of how you can become involved, check out AHIMA.org. The press release is also located on page 12 of this month’s newsletter.

Health Care Information Security was all over the news in February with the assault on Hollywood Presbyterian Hospital. If you are interested in learning more about information security, make sure to attend our April 12, 2016 meeting where Steve White will demystify information security for you. In addition to being married to Ginger White, one of our SDHIA Past Presidents, Steve has been in the Information Security industry for many years. Registration information may be found at the link below:

https://www.eventbrite.com/e/sdhia-april-2016-educational-session-tickets-23016967369

Finally, our last meeting of the 2015/2016 SDHIA educational season will be at Tom Ham’s Lighthouse on May 10th. In addition to earning two CEUs, we will be enjoying a buffet dinner, install the officers for the 2016/2017 SDHIA season, and give away some prizes. To secure early bird pricing for the May event, make sure to register on Event Brite at the link below before midnight on April 30th.

https://www.eventbrite.com/e/sdhia-may-2016-dinner-and-educational-session-tickets-23016013516

Looking forward to seeing you on April 12th and May 10th.

HAPPY HIP Week!

All my best,

Dorothy O’Hagan, your SDHIA President

“I’ve learned that you shouldn’t go through life with a catcher’s mitt on both hands; you need to be able to throw something back”
~ Maya Angelou
TREASURERS REPORT

by Pati Conover, RHIT

March 29, 2016

Checking $5,856.91
Savings $11,070.00
Petty Cash $67.00
Total Assets $16,994.91
The purpose of the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits is to prevent improper payment when incorrect code combinations are reported. The NCCI contains one table of edits for physicians/practitioners and one table of edits for outpatient hospital services.

The latest updates (appear in red text) to the NCCI Manual which are effective January 1, 2016 can be found here:


As part of the release, CMS has updated its general correct coding policy guidance regarding in the following areas:

- Endoscopic procedures performed with non-endoscopic procedures.
- Definitive surgical procedure requiring access through diseased tissue.
- Appropriate use of Modifier -59 that is applicable only to codes for which the unit of service is a measure of time.
- Appropriate use of modifier -59 for procedures performed on different digits.
- Misuse of Code Edit Rationale.

Be sure to read the latest guidance and update your coding procedures accordingly.

**ICD-10 UPDATE**

**International task force releases new sepsis definition**

The Third International Consensus Definitions Task Force updated the standards of sepsis and septic shock, (Sepsis-3) including simplified clinical criteria for rapid recognition of sepsis-related organ failure and new criteria for septic shock, according to an article published February 23 in the Journal of the American Medical Association (JAMA).

The new definitions were developed based on analysis of more than 800,000 encounters at 177 hospitals worldwide.

Coding and CDI professionals need to be aware that the code set definitions of sepsis and severe sepsis remain the same, and are different from the task force’s criteria.
ICD-10 Coordination and Maintenance Meeting Summary (March 9-10, 2016)

ICD-10-CM Code Updates for October 1, 2016

There are limited CM code update requests for October 1, 2016 implementation (listed below). The majority of CM code requests are for October 1, 2017 implementation date.

Comments for proposals are due by April 8, 2016 for CM topics requesting October 1, 2016 implementation date:

- Zika Virus
- Classification of Myocardial Infarction
- Congenital Sacral Dimple
- Post-operative Seroma

Comments for proposals are due by May 6, 2016 for CM topics requesting October 1, 2017 implementation date: C&M Meeting Proposed and Summary Information for ICD-10-CM can be found here:

http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

ICD-10-PCS Code Updates for October 1, 2016

Summary of New and Revised ICD-10-PCS Codes as of March 9, 2016:

Of the codes added, 3,549 new codes (97% of the total update) are cardiovascular system codes. Of the new cardiovascular system codes, 3084 new codes (84% of the total update) resulted from a group of proposals to create unique device values for multiple intraluminal devices and to apply the qualifier Bifurcation to multiple root operation tables for all artery body part values. Other cardiovascular system proposals include more specific body part values for the thoracic aorta, specific table values that uniquely capture congenital cardiac procedures, and codes involving placement of an intravascular neurostimulator.

All code titles revised are in the Heart and Great Vessels body system, and result from changing coronary artery number of sites to specify number of vessels, and modifying the previously non-specific thoracic aorta body part to specify descending thoracic aorta.

Other proposals that resulted in new codes are in the lower joint body systems, for expanding the body part detail available in the root operations Removal and Revision, and adding unique codes for unicondylar knee replacement. There are also new codes for intracranial administration of substances (such as the Gliadel
chemotherapy wafer) using an open approach. There are planned new codes for face transplant, hand transplant and donor organ perfusion.

Comments for proposals due by April 8, 2016 on proposed new PCS codes and revisions for October 1, 2016 implementation date:

C&M Meeting Proposed and Summary as well as FY2017 New-Revised-ICD-10-PCS Codes can be found here:


EDUCATION CORNER

by Joanne Hewitt, RHIT, SDHIA President

March’s Educational Session Summary

March’s Health Information Exchange (HIE) educational session with a panel of terrific speakers was extremely informative. A HIE is a secure, standardized electronic system in which providers can share important patient health information. The use of this system promotes the access, exchange, and analysis of health information. Enables participating organizations to: Save time and reduce paperwork, facilitate more informed treatment decision-making, and leads to improved care coordination, higher quality of care, and better health outcomes.

Dan Chavez, CEO of San Diego Health Connect (SDHC)

San Diego Health Connect – What is it?
- Not-for-profit, public benefit organization
- Connectivity – secure, private network
- Medical information exchange
- Portal access
- Secure messaging
- Interoperability
- 100% HIPAA compliant – no greys

The mission: To connect healthcare stakeholders to deliver quality, comprehensive information for better care.

SDHC is a portal; it is not on the Internet, and it is purely for medical information. SDHC is 5 years old. It is part of the HealthieWay. SDHC information is encrypted at rest and in transport. SDHC strives to continue to work on patient consents. Starting to realize the benefits in San Diego! HIM professionals can help to drive provider engagement.

Elizabeth Renfree, Director of Interoperability, Sharp HealthCare

Sharp’s internal HIE went live in April 2012.
- Real time consolidated clinical view of patient information
- Includes data from all Sharp hospitals, Sharp Homecare and Sharp Rees Stealy
- CVS Minute Clinic visit summaries
- SCMG provider clinical data
- Connectivity with SD Community HIE – San Diego Health Connect
• Collaborate – provides a view of a patient’s Sharp record for providers who refer to Sharp HealthCare facilities

Conversation started in 2010. To serve providers using the hospital EHR (Cerner), Sharp Rees-Stealy Clinic’s EHR (Touchworks) and the Sharp Community Medical Group doctors using Touchworks. Use of the HIE has reduced the number of cancelled surgeries.

Collaborate is the application available to referring doctors, who are not granted access to Sharp HIE. It links the patient to the non-Sharp attending, admitting or consulting provider. There are over 150 users. Family Health Centers use Collaborate to obtain information on patients seen at Sharp Grossmont Hospital.

SDHC – Sharp was working on the opt-in model. If a patient was seen in a hospital in 2014 or at Sharp Rees-Stealy in 2013 they received the opt-in letters. After testing with 4 other facilities to be sure the expected information was received it went live in summer 2015.

Dorothy O’Hagan, Director of HIM, Rady Children’s Hospital, (RCH) San Diego

Internal HIE: “Care Everywhere” is the internal HIE that Children shares with other Epic user hospitals. A link is established and the physician gets informed on their navigational bar and can go to the link and pull the information.

SDHC: RCH was one of the first adopters! They begin with consenting patients in July 2012. The opinion was at that time to ask patients to opt in for emergency care purposes. This approach was successful with well over a 95% adoption rate. As of January 2016:

- Patients Consented Share - 407,048
- Do Not Share - 8,273
- Emergency Only –12,829

Did you recently graduate? Have you received a new credential? Please write to SDHIA@CaliforniaHIA.org and tell us about yourself and your achievements. Tell us when you plan to attend the next SDHIA meeting so that we may recognize you at the meeting! Thank you.

Thank you to our March meeting Sponsor:

[Image]
<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker</th>
<th>Topic</th>
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<tbody>
<tr>
<td>September 08, 2015</td>
<td>Janet Robertson, RHIA (with SCHIA)</td>
<td>AHIMA and CHIA update</td>
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<td></td>
<td>Students attend for free</td>
<td>AHIMA Domain: Management Development, External Forces</td>
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<td></td>
<td>Janet is the CHIA Delegate to AHIMA and the HIT Program Director at Santa Barbara City College.</td>
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<tr>
<td>October 13, 2015</td>
<td>Panel / Town Hall Forum</td>
<td>Journey to ICD-10 Preparation and Implementation</td>
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<td>AHIMA Domain: Clinical Data Management and Clinical Foundations</td>
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<td><strong>SPONSOR:</strong> Allied Health Group and Medical Staffing Network</td>
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<td>November 10, 2015</td>
<td>Karla Coronel, CTR – Cancer Data Services, Evelyn Lindenmuth, CTR</td>
<td>Cancer Registry</td>
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<td></td>
<td>Samantha Tweeten, PhD, Epidemiologist II (County of S.D., Epidemiology &amp; Immunization Services Branch, HHSA</td>
<td>Dept of Public Health: Epidemiology and Immunizations</td>
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<td></td>
<td>Kathi Ayers, Trauma Program Manager, Sharp Memorial Hospital</td>
<td>Hospital Trauma Registry</td>
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<td>AHIMA Domain: External Forces, Clinical Foundations</td>
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<td><strong>SPONSORSHIP AVAILABLE</strong></td>
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<td>December 8, 2015</td>
<td>Sharon Lewis, MBA, RHIA, CHPS, CPHQ, FAHIMA, CHIA Chief Executive Officer (CEO)</td>
<td>A Message from new CEO</td>
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<td></td>
<td>Cynthia Doyon, RHIA</td>
<td>Information Governance: Metrics &amp; I10 State of the Union</td>
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<td>Vice President Coding &amp; Client Audit Services, Precyse</td>
<td>AHIMA Domain: Clinical Data Management, Performance Improvement, External Forces.</td>
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<td><strong>SPONSOR:</strong> Precyse</td>
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<td>January 12, 2016</td>
<td>Connie Greenwald, Sharp HealthCare Certified Lean Six Sigma Greenbelt</td>
<td>Six Sigma Lean – Work Out Session Applied to a SDHIA Issue</td>
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**SPONSOR:** Integrity Document Solutions
San Jose, CA [www.integritydocument.com](http://www.integritydocument.com)
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<tr>
<th>Date</th>
<th>Event Description</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>February 6, 2016</td>
<td>Learn about CPT 2016 and ICD-10 Updates</td>
<td>James S. Kennedy, MD, CCS, CDIP</td>
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<td>President CDIM – Physician Champions</td>
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<td>VP-MA Health Solutions</td>
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<td>Suzanne Forrest, MS, RHIA, CHC, CCS, CCS-P, CPC</td>
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<td>Director of Business Operations at Sharp Healthcare</td>
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<td>Patty Hartman, BS, RHIT, CCS, CCDS, AHIMA Approved ICD-10 Trainer</td>
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<td>HIM Consultant, ELISe, Inc.</td>
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<td>February Coding Roundtable</td>
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<td>This meeting will be held at the Rady Children’s Business Center at 5855 Copley Drive, San Diego, CA 92111, 1st Floor Café</td>
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<td>AHIMA Domain: Clinical Data Management and Clinical Foundations: (this program is approved for ICD-10 credit)</td>
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<td>SPONSOR: CDIMD, Physician Champions</td>
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<td>March 8, 2016</td>
<td>Key players discuss the implementation of the electronic health record exchange to safely and securely share health information across San Diego County hospitals and medical offices responsible for patient care.</td>
<td>Panel Discussion (Confirming speakers)</td>
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<td>Dan Chavez, CEO, San Diego Health Connect</td>
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<td>Elizabeth Renfree, Director</td>
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<td>Interoperability, Sharp HealthCare</td>
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<td>Dorothy O’Hagan, Director of HIM, Rady Children’s Hospital, San Diego</td>
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<td>Interoperability – Regional HIE</td>
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<td>AHIMA Domain: Technology, Privacy and Security, and External Forces</td>
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<td>SPONSORSHIP: San Diego Health Connect</td>
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<tr>
<td>April 12, 2016</td>
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<td>Steve White, B.S., (Electrical Engineering) Security Consultant, WHItech Consulting</td>
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<td>Steve is at the forefront, and has had an illustrious career spanning decades. This presentation will be extremely interesting. You don’t want to miss it.</td>
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<td></td>
<td>Security Demystified</td>
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<td>AHIMA Domain: Privacy and Security, and Technology</td>
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<td>May 10, 2016</td>
<td>SDHIA Delegates to CHIA</td>
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<td>Help strengthen our CLA by providing your input on the topics for discussion in June at the CHIA HOD meeting. Our delegates are tasked with speaking on behalf of our membership.</td>
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<td>CHIA HOD Topics – Break Out Discussion Session</td>
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<td>The topics will be available in April</td>
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<td>AHIMA Domain: Management Development, and External Forces</td>
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Congratulations!!!

President-elect: Svetlana Woersching, RHIT
Secretary: Daniel Castanon, RHIA

CHIA House of Delegate: Heidi Shaffer, RHIA
Alternate CHIA Delegate: Caryn Nowak, RHIT

Volunteer Positions

The following volunteer positions are non-elective. Please let any member of the SDHIA board know if you are interested.

HOSTESS: Provides refreshments at each educational meeting. All expenses are reimbursed through treasurer.

RULES and REGULATIONS COMMITTEE: Reviews any changes or rules and regulations from CHIA and assures that they do not conflict with SDHIA, making any necessary changes and obtains SDHIA board approval. The changes are then sent to CHIA for approval and posted on the CHIA website link, where the local association has the ability to make comment. The rules and regulations are then approved by the local board and reviewed at the May dinner for final approval.

CODING ROUNDTABLE COORDINATOR: Makes arrangements for the 1–2 Coding Roundtables offered each year. Obtains speakers, arranges for location, refreshments, announcements, etc.

NEWSLETTER COMMITTEE: Those who serve on this committee have traditionally been current students from the HIET program at Mesa College. This committee receives articles and direction from the SDHIA board and volunteers for inclusion in monthly electronic newsletter. There are a couple of hard copy mailings each year also.
The **SDHIA Meeting** on **April 12, 2016** will be held at

**Sharp Health Care’s Tech Way Building, Room 124A - 1st Floor**  
8520 Tech Way, San Diego, CA. 92123

The **SDHIA Meeting** on **May 10, 2016** will be held at **Tom Ham’s Lighthouse**  
2150 Harbor Island Drive  
San Diego, CA 92101
San Diego Health Information Association’s April 12, 2016 Meeting: Security Demystified

Date: Tuesday, April 12, 2016
Time: 5:15 pm - 7 pm – At-the-door
Registration begins at 4:45 pm
Location: Sharp Healthcare’s Tech Way Building
Room 124A - First Floor

Mark your calendars, register online, and Join us for a Cybersecurity update!

Guest Speaker: Steve White, B.S., Security Consultant, WHItech Consulting.

This presentation is based on the premise that, in any industry, 94% of the breaches are the result of small numbers of mistakes (typically less than 10). The objective is to describe several common security problems and their solutions with a simple non-jargon description. Also, since our personal and professional lives are likely to overlap, some of these will be personal security solutions.

Registration Fee
- $20 Non-Member
- $15 Member
- $10 Student Member

Continuing Education
- CEU’s: 2
HIIM Domain: Privacy and Security, and Technology

For more information, contact the SDHIA President Dorothy O’Hagan at SDHIA@CaliforniaHIA.org or call (858)966-4095

Register and pay online at (Credit/Debit acceptable):
https://www.eventbrite.com/e/sdhia-april-2016-educational-session-tickets-23016967369

Special Requests If you have a special need, indicate what accommodations you require within 7 business days of the meeting to SanDiegoHIA@gmail.com

Although online registration is preferred, walk-in registration is available on site with cash or check only – please make your check payable to SDHIA.
San Diego Health Information Association

SDHIA May 2016 Dinner and Educational Session

Date: Tuesday, May 10, 2016

Time: Door Registration begins at 5:00 pm
Dinner 5:30 pm – 8:30 pm

Location: Tom Ham's Lighthouse
2150 Harbor Island Drive
San Diego, CA 92101
http://www.tomhamsllighthouse.com/directions-location.html

Parking is Free

Registration Fee through April 30, 2016
$30 Members & Student Members
$35 Non-Members/Guests

After April 30, 2016
$40 – All tickets

For more information, contact the SDHIA President Dorothy O’Hagan
SanDiegoHIA@gmail.com or call (858) 966-4095

Meeting Facilitated by your 2015/16 SDHIA Board of Directors

Continuing Education

CEU's: 2

HIM Domain: Management Development and External Forces

Register and pay online at (Credit/Debit acceptable):
https://www.eventbrite.com/e/sdhia-may-2016-dinner-and-educational-session-tickets-23016013516

Special Requests If you have a special need, indicate what accommodations you require within 7 business days of the meeting to SanDiegoHIA@gmail.com
AHIMA Launches Petition for National Voluntary Patient Safety Identifier
Urges White House to Address Critical Patient Safety Need

CHICAGO – March 21, 2016 – The American Health Information Management Association announced today it has launched a petition to ask the White House to address the need for a national voluntary patient safety identifier by removing legislative language that has prevented open discussion between the government and others, including AHIMA, who are seeking a solution to this critical patient safety issue.

The petition, available on petitions.whitehouse.gov, needs 100,000 signatures by April 19 to ensure a response from the Obama administration.

“As a patient, you know there’s only one you. But sometimes a name or some personal information is so similar to someone else’s that doctors’ offices or hospitals can have a hard time identifying records correctly,” said AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA. “It’s a dangerous and costly problem that can lead to missed diagnoses, inappropriate treatments or unnecessary tests, as well as making it difficult for providers to exchange health information.”

AHIMA believes a possible solution is a voluntary patient safety identifier that could allow patients to create a way for medical systems to recognize them quickly and accurately. An identifier will help ensure all each patient’s health information is kept together and is complete, all the while remaining under the patient’s control.

The petition aims to encourage federal government leaders to engage experts in the private sector who have experience in accurately identifying people, as they do in banking and other financial businesses, along with security experts. With 80 percent of doctors and 97 percent of hospitals currently using an electronic health record, having a way to accurately and safely exchange information can make healthcare more safe and effective.

“The voluntary patient safety identifier – created and controlled by patients – will be a complete and positive game-changer in healthcare in terms of patient safety, quality of care and financial consequences,” said Thomas Gordon. “We encourage patients, healthcare professionals and the public to think about patient safety and sign our online petition and to share it with their networks. We want to make healthcare safer, more efficient and more effective for everyone.”

The petition specifically asks for the removal of the federal legislative ban that currently prohibits the U.S. Department of Health and Human Services (HHS) from participating in efforts to find a patient identification solution.
The challenge of accurate patient identification is illustrated by a study conducted by the Harris County Hospital District in Houston, which found that, among 3.5 million patients, there were nearly 70,000 instances where two or more patients shared the same last name, first name and date of birth. Among these were 2,488 different patients named Maria Garcia and 231 of those shared the same birth date.

###

**About AHIMA**
The American Health Information Management Association (AHIMA) represents more than 103,000 health information professionals in the United States and around the world. AHIMA is committed to promoting and advocating for high quality research, best practices and effective standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA’s enduring goal is quality healthcare through quality information. [www.ahima.org](http://www.ahima.org)

The petition [https://petitions.whitehouse.gov/petition/remove-federal-budget-ban-prevents-hhs-working-voluntary-patient-safety-identifier-myhealthid](https://petitions.whitehouse.gov/petition/remove-federal-budget-ban-prevents-hhs-working-voluntary-patient-safety-identifier-myhealthid) will be online from March 20 – April 19; 100,000 signatures are needed to ensure a written response from the administration. As the SDHIA newsletter goes to press over 3,000 have signed up.

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**WHO – World Health Day**

• World Health Day is celebrated every year on 7 April, under the sponsorship of the World Health Organization (WHO).
Vibra Hospital of San Diego - HIM Medical Records Clerk (Per Diem - Job Code: 4914)

Vibra Hospital of San Diego, part of the Vibra Healthcare system, is committed to providing superior patient care in a compassionate manner. Located in the center of San Diego's community in Hillcrest, our 110-bed Long Term Acute Care Hospital (LTAC) specializes in the care of medically complex and catastrophic rehabilitation patients who may require extended stays. As a smaller, specialized hospital, we offer an opportunity to work in a fast-paced and friendly work environment where you really get to know your patients and their families.

Performs health information management department functions such as patient record assembly and analyzing, processing health information requests, and filing. Assists with release of information functions and performs routine data collection; assists with chart completion processes, generate transcription reports and update deficiencies in HMS. Provide support to the Manager of HIM as needed.

http://chc.tbe.taleo.net/chc05/ats/careers/requisition.jsp?org=VIBRHEAL&cws=1&rid=4914&source=Indeed.com

Rady Children’s Hospital - Billing & Compliance Auditor (Full Time - Req Number: 45907)

Under the general supervision of the Sr Director of Revenue Cycle, the Billing & Compliance Specialist is responsible for ensuring the accuracy & integrity of the billing process. This is accomplished by conducting periodic audits, reading payer contracts & interpreting billing regulations then working with the appropriate areas within revenue cycle to ensure systems are updated & all employees are trained on the changes.

Minimum Qualifications
 Bachelor’s Degree
 5 years of experience
 Extensive knowledge of Medi-Cal/CCS billing rules and reimbursement
 Strong understanding of California laws and payer rules
 Intermediate skills using MS Office products
 Ability to read and interpret payer contracts and provider manuals
 Experience in conducting routine audits and problem resolution


Rady Children’s Hospital – Reimbursement Specialist I (Full Time - Req Number: 45727.4)

Under the direction of PFS Leadership, the Reimbursement Specialist I is responsible for billing and collections of outstanding account balances for commercial, government, and managed care payors as assigned. The Reimbursement Specialist I is required to identify and report payor issues to their leadership. It is a requirement for the Reimbursement Specialist I to read, interpret and apply complex payor contract language to expected reimbursement calculations and pursue all payments due to the organization. The Reimbursement Specialist I must perform account collection activities utilizing internet resources and professional telephone communication etiquette. The Reimbursement Specialist I is required to compose professional written correspondence with all internal and external entities. This position expects the Reimbursement Specialist I to demonstrate organization and time management skills to manage account collections.

Minimum Qualifications
 High School Diploma, GED or foreign equivalent
 2 year of experience
 Proficient in Microsoft Excel, Word and Outlook

http://jobs.rchsd.org/reimbursement-specialist-i-full-time-benefits-eligible/job/5717597
Rady Children’s Hospital - Billing & Compliance Auditor (Full Time - Req Number: 45265)

Under the general supervision of the Sr Director of Revenue Cycle, the Billing & Compliance Specialist is responsible for ensuring the accuracy & integrity of the billing process. This is accomplished by conducting periodic audits, reading payer contracts & interpreting billing regulations then working with the appropriate areas within revenue cycle to ensure systems are updated & all employees are trained on the changes.

Minimum Qualifications
Bachelor's Degree
5 years of experience
Extensive knowledge of Medi-Cal/CCS billing rules and reimbursement
Strong understanding of California laws and payer rules
Intermediate skills using MS Office products
Ability to read and interpret payer contracts and provider manuals
Experience in conducting routine audits and problem resolution


Sharp - Clinical Audit Specialist (FTE 0.5 - Requisition ID: 70870)

The Clinical Audit Specialist is responsible for performing quality reviews on medical records to validate the ICD-9-CM codes, DRG appropriateness, missed secondary diagnoses and procedures, and ensure compliance and accuracy of the MS-DRG, APR DRG and APC system. The Clinical Audit Specialist will continuously evaluate the quality of clinical documentation and monitor the appropriateness of physician queries with the overall goal of improving physician documentation through physician education and feedback and achieve accurate coding to support the optimal allowable reimbursement. The Clinical Auditing Specialist works closely with the Coding Compliance Manager to provide coding staff with feedback to assure coding uniformity, consistency and accuracy with ICD-9-CM and CPT-4 guidelines, UHDDS, sequencing guidelines, Federal and State regulations and the American Hospital Association coding guidelines and its publication Coding Clinic and AMA’s publication CPT Assistant. The Clinical Audit Specialist works in conjunction with the Coding Compliance Manager and Director of Revenue and Compliance to develop coding in-services and health system coding policies to ensure that coding policies complement the official coding rules and guidelines. The Clinical Audit Specialist maintains the confidentiality of patient health information and follows all health system policies and procedures.


Sharp - Clinical Coding Specialist III Health Information Management (Full Time - Requisition ID: 65386)

The Clinical Coding Specialist III assures that coding and abstracting functions are complete and accurate within established internal and external regulatory guidelines. Is responsible for understanding the variables and clinical difference in DRGs/APCs and how to review records to assign the most accurate codes for optimal reimbursement. The coding technician interacts with physicians, admitting staff, nursing staff and patient financial services as necessary to assure that accurate and timely information is submitted. May also perform any other job functions that the employee has been trained for on an as-needed basis.


Tri-City Medical Center - Coder (multiple positions)

Under the direct supervision and guidance of the Director, the Level 3 Coder is responsible for coding all diagnoses and procedures using current ICD-9-CM and CPT/HCPCS coding systems in compliance with Uniform Hospital Discharge Data Set (UHDDS) guidelines, ICD-9-CM coding conventions, federal and state regulations. The hospital services that are coded in this position may include acute inpatient (including Obstetric and Newborn), Physical Rehabilitation, Behavioral Health, Same Day Surgery, Interventional Radiology, & Emergency Department records.

https://careers-tricitymed.icims.com/jobs/search?ss=1&searchKeyword=coder
Sharp - Clinical Coding Specialist III Health Information Management (Full Time - Requisition ID: 68115)

The Clinical Coding Specialist III is responsible for performing coding, abstracting and sequencing of medical information for functional areas in the Sharp HealthCare system. Assures correct assignment of ICD-9-Cm and CPT 4 codes for all diagnoses and procedures, including comorbidities and complications, sequenced, and grouped (DRG’s, MS-DRG’s and APC’s) as mandated. Uses the most accurate codes for reimbursement purposes, research, epidemiology, statistical analysis outcomes, OSHPD data financial and strategic planning, evaluation of quality of care, and communication to support the patient’s treatment. Maintains the confidentiality of patient records and procedures. The level of coding represents those coders who have the ability to code the most complex cases.

The coding areas reports to the Coding Supervisor in the Health Information Management Department. We have an Ongoing Work from Home Program for the coding area which allows flexible schedules for coders.


Enterprise Consulting Solutions (ECS) - Medical Records Field Technician (Job # 2011-1181)

Overview: Since 1999, Enterprise Consulting Solutions (ECS) has been providing innovative business solutions to the health care industry. We specialize in Chart Retrieval Services, Credentialing Site Reviews, and Electronic Medical Record Storage. ECS has grown to over 2,000 dedicated staff members across the United States. We continue to meet the growing demand for our services by expanding our network of skilled staff to provide our clients with immediate and secure professional services.

ECS is an established nationwide company looking for individuals with medical record experience. This is a temporary position where individuals will be engaged to scan medical records in various provider offices.

This is a project related position and applicants must be able to commit to the project for 6 – 9 months. Applicants must be available to be scheduled Monday through Friday 8am to 5pm no including travel time. Training and equipment will be provided.

Compensation is hourly and varies based on project. Competitive reimbursements for drive time and mileage are available. There is also opportunity to earn a $35.00 per week bonus.

Responsibilities:
• Travel to and from medical offices arriving on time, prepared to work and in professional appearance
• Scan medical charts at various medical facilities using company provided equipment.
• Upload scanned medical charts to our corporate data center using your high-speed internet connection

Qualifications:
Professional
• Must have an extensive knowledge of medical records and terminology
• Must have proficient computer skills and be capable of utilizing various EMR systems
• Must have the ability to work independently
• Must dress and act in a professional manner
• Must have strong communication & organizational skills
• Must comply with all aspects of ECS’s code of conduct including but not limited to Compliance with the Law and Regulations, Security Policies and Practices, Honesty and Fairness, Diversity and Respect, Conflict of Interest, Confidentiality, Health Care Fraud, Waste and Abuse.

Technical
• Must have in home high speed wireless internet and a functioning printer
• Must have a functioning personal computer
• Must have the ability to maneuver a 45lb equipment case in and out of your personal vehicle
• Must have reliable transportation (capable of traveling up to a minimum of 50 miles one way per day)

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...to submit your articles and input by the 15th of April, 2016 to be reviewed for the May issue.