# Indian Health Service
## New HIM Supervisor 101

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# Introduction

This presentation will provide:

1. Tips and best practices of how to get started in your new role as a HIM supervisor.

2. High level overview of HIM Supervisor responsibilities.

3. Standard HIM requirements for accreditation and HIM program management.

# Supervisor Checklist

This check list can be used as a guide to assist you.

**NEW HIM DIRECTOR/SUPERVISOR CHECKLIST**

| PERSONNEL | |
|---|---|
| 1. Staffing | # of HIM FTEs, vacancies, establish roster |
| 2. Establish CAPHR worksheet | Cheat sheet for HIM Staffing |
| 3. Catalog HIM Position Descriptions | |
| 4. HIM Organization Chart | |
| 5. EMAPs | |
| 6. Competencies/Mandatories | Status of HIM staff completeness, IDP What is required |
| 7. Employee Folders | |
| 8. Develop employee survey | |
| 9. Work schedule | Rotational shifts |
| 10. Union | |
| 11. Meet-n-Greet | |

| HIM DEPARTMENT | |
|---|---|
| 1. Policies & Procedure Manual | Up-to-date, missing |
| 2. Scope of Service | For HIM |
| 3. Safety, Infection Control | |
| 4. Code Green / ER call-back | Roles |
| 5. Equipment | PMs, on-hand, what is needed |
| 6. Security of department | Restriction |
| 7. Section orientation | Chart orientation, Master Control Log Archiving status |
| 8. Projects | Currently working on Future |
| 9. Health Centers/Stations | Site visit |
| 10. Type of reports (Boss, Exec) | Hospital Leadership, Governing Board Monthly, Revenue |
| 11. Committee memberships | |
| 12. HIM Committee | |
| 13. EHR | Services on EHR |
| 14. Performance Improvement activities | Reporting, due date |
| 15. Strategic Planning activities | |
| 16. ITAS | Future leave schedule |
| 17. Backlogs | Coding, ROI, Scanning |

| COMPUTER | |
|---|---|
| 1. PHR | Status |
| 2. RPMS Applications Coordinators | |
| 3. CACs | |
| 4. RPMS Reports | Training needs |
| 5. ITAC | |

| RISK MANAGEMENT | |
|---|---|
| 1. Torts, Subpeona process | |
| 2. Locked files | |
| 3. Adoption Process | |

| SERVICE UNIT | |
|---|---|
| 1. Workload statistics | |
| 2. Services provided at site | |
| 3. Leadership | |
| 4. Hospital Survey | Any follow-up for HIM |
| 5. Medical Staff By-Laws | |

| IHS HIM PROGRAM | |
|---|---|
| 1. HIM Manual | |
| 2. Privacy Policies | |
| 3. Standard Code Book | |
| 4. RRM | |

| RECORDS MANAGEMENT | |
|---|---|
| 1. General Records Schedule | |
| 2. File Plan | |
| 3. Establishing Admin Files | |

| FINANCE | |
|---|---|
| 1. Department Budget – Travel, Training | |
| 2. UFMS | |
| 3. Purchase Card | |
| 4. Acquisition Process | |

| PRIVACY PROGRAM | |
|---|---|
| 1. Designation | |
| 2. Records Management | |
| 3. IRT | |
| 4. Orientation & Training | |
| 5. Handling of complaints, investigations, audits | |

| DEPT ORIENTATION | |
|---|---|
| 1. Business Office | Registration, Billing, MPI |
| 2. PRC | |

| REFERENCES | |
|---|---|
| 1. IHS web site | |
| 2. AHIMA | |

| TIPS | |
|---|---|
| 1. To-do-list | By section |
| 2. Be organized | Set up office |
| 3. References needed | Identify |

# Meet-N-Greet

Sponsor a Meet-n-Greet to get to know your HIM staff.

➢ Have a mini-reception

➢ Newsletter – mini story

➢ Email - Introduction

# Staffing

➢ Find out from Finance the total FTEs and vacancies.

➢ Create a Dept. roster.

**HIM Dept Vacancy Listing  Total = 11 as of 07/02/18**

| P# | | PD# | PCN# | POSITION TITLE | SERIES & GRADE | VICE | REMARKS/HR STATUS |
|---|---|---|---|---|---|---|---|
| 1 | 3 | 177010 | 3017-50 | Medical Records Technician (Specialized Coder) | GS-675-8 | 03/21/15 | To be re-announced. No additional selection made |
| 2 | 3 | 177010 | 3017-32 | Medical Records Technician (Specialized Coder) | GS-675-8 | 02/07/16 | Pending CEO approval for announcement. |
| 3 | 3 | 177010 | 3017-38 | Medical Records Technician (Specialized Coder) | GS-675-8 | 06/09/18 | Pending CEO approval for announcement. |
| 4 | 3 | 177010 | 3017-44 | Medical Records Technician (Specialized Coder) | GS-675-8 | 02/02/18 | To be re-announced - Selectee Declined |
| 5 | 4 | 88880/1/2/3 | 3017-43 | Medical Records Technician (Coder) | GS-675-4/5/6/7 | 07/24/17 | To be re-announced to include GS-4 level |
| 6 | 4 | 88880/12/3 | 3017-33 | Medical Records Technician (Coder) | GS-675-4/5/6/7 | 7/7/18 | Pending CEO approval for announcement. |
| 7 | 2 | 888910/1 | 3017-10 | Medical Records Technician | GS-675-3/4 | 11/2/17 | Pending announcement |
| 8 | 2 | 888910/1 | 3017-07 | Medical Records Technician | GS-675-3/4 | | Pending announcement |
| 9 | 2 | 888910/1 | 3017-12 | Medical Records Technician | GS-675-3/4 | | Pending announcement |
| 10 | 1 | 187330 | 3017-02 | Supervisory Medical Records Technician (Coding Supervisor) | GS-675-10 | 12/26/15 | Pending announcement |
| 11 | 5 | 888940 | 3017-22 | Medical Records Technician (ROI) | GS-675-5 | | To be re-announced in 120 days (on 8/24/18) |

| | | | |
|---|---|---|---|
| Pink = | Submitted & In process w/HR | Green = | Pending release & approval |
| Gray = | Position on HOLD | Yellow = | Release, CAPHR completed & |
| White = | Announced/closed/Selection | Orange = | To be reannounced. No appl. |
| Red | Position FROZEN | Blue = | Pending Classification |

# Staff Worksheet

Establish a CAPHR Worksheet. This will assist you with knowing where your employees are in Grade and Step Increase.
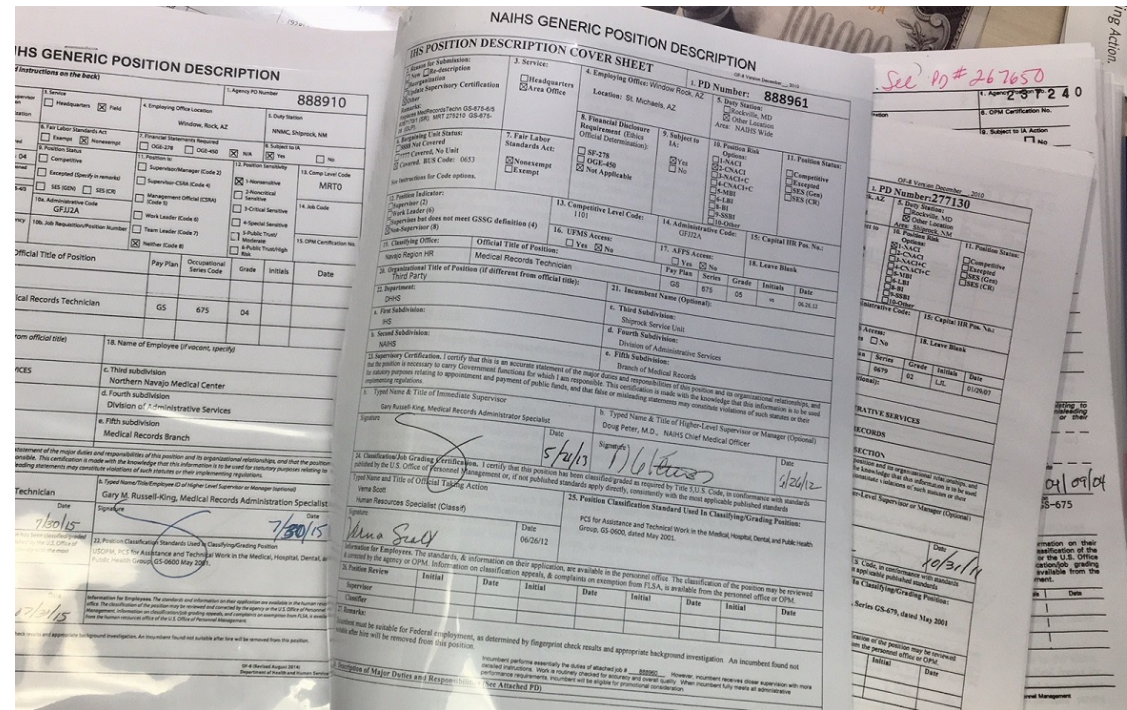
### CODING UNIT
**Updated 05/01/18**

| NAME | EMPLOYEE ID # | PCN # | POSITION # | JOB CODE | SCD | GRADE | STEP | NEXT WIGI | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| Employee A | 00000001 | 3017-20 | 00231505 | 888892 | 06/26/16 | GS-5 | 3 | 06/25/17 | GS-6 Eligible |
| Employee B | 00000002 | 3071-33 | 00089752 | 888891 | 10/19/14 | GS-7 | 1 | 04/29/18 | 3/21/15 |
| Employee C | 00000003 | 3017-43 | 00111893 | 888890 | 03/20/05 | GS-7 | 5 | 05/17/17 | |
| Employee D | 00000004 | 3017-26 | 00095724 | 888880 | 12/13/92 | GS-8 | 8 | 06/11/17 | |
| Employee E | 00000005 | 3017-52 | 00167893 | 888890 | 07/13/14 | GS-7 | 3 | 07/09/17 | |
| Employee F | 00000006 | 3017-38 | 00083845 | 888890 | 08/16/09 | GS-7 | 3 | 10/15/17 | |
| Employee G | 00000007 | 3017-03 | 00032580 | 888880 | 03/01/93 | GS-8 | 9 | 07/09/17 | |
| Employee H | 00000008 | 3017-40 | 00025430 | 888891 | 01/25/92 | GS-6 | 8 | 06/09/19 | 6/12/16 GS-7 Eligible 06/10/17 |
| Employee I | 00000009 | 3017-11 | 00143965 | 888890 | 03/05/06 | GS-7 | 5 | 04/01/18 | |
| Employee J | 00000010 | 3017-09 | 00013475 | 167320 | 05/17/18 | GS-3 | 1 | 05/18/19 | |
| Employee K | 00000011 | 3017-24 | 00097081 | 888890 | 03/19/95 | GS-7 | 8 | 05/12/19 | |
| Employee L | 00000012 | 3017-21 | 00031731 | 167500 | 06/28/96 | GS-6 | 10 | Ineligible | HIM EOD 4/16/17 |
| Employee M | 00000013 | 3017-39 | 00108249 | 888892 | 06/12/16 | GS-5 | 1 | 06/11/17 | GS-6 Eligible 06/11/17 |
| Employee N | 00000014 | 3017-28 | 00110182 | 888892 | 12/09/07 | GS-5 | 9 | 11/25/18 | GS-6 Eligible 12/09/08 |
| Employee O | 00000015 | 3017-44 | 00106776 | 888892 | 01/22/17 | GS-5 | 1 | 01/21/18 | GS-6 Eligible 01/21/18 |
| | | | | | | | | | |
| Med Rec Tech (Spec Coder) | | 3017-18 | 00130039 | 177010 | | GS-8 | | | Vacant – Vice: E. P |
| Med Rec Tech (Spec Coder) | | 3017-50 | 00183743 | 177010 | | GS-8 | | | Vacant – Vice: E. Q |
| Med Rec Tech (Spec Coder) | | 3017-41 | 00031671 | 177010 | | GS-8 | | | Vacant – Vice: E. R |
| Med Rec Tech (Spec Coder) | | 3017-42 | 00106777 | 177010 | | GS-8 | | | Vacant – Vice: E. S |
| Med Rec Tech (Spec Coder) | | 3017-51 | 00183998 | 177010 | | GS-8 | | | Vacant – Vice: E. T |
| Med Rec Tech (Spec Coder) | | 3017-04 | 00299560 | 177010 | | GS-8 | | | Vacant – Vice: E. U |

# HIM Position Description

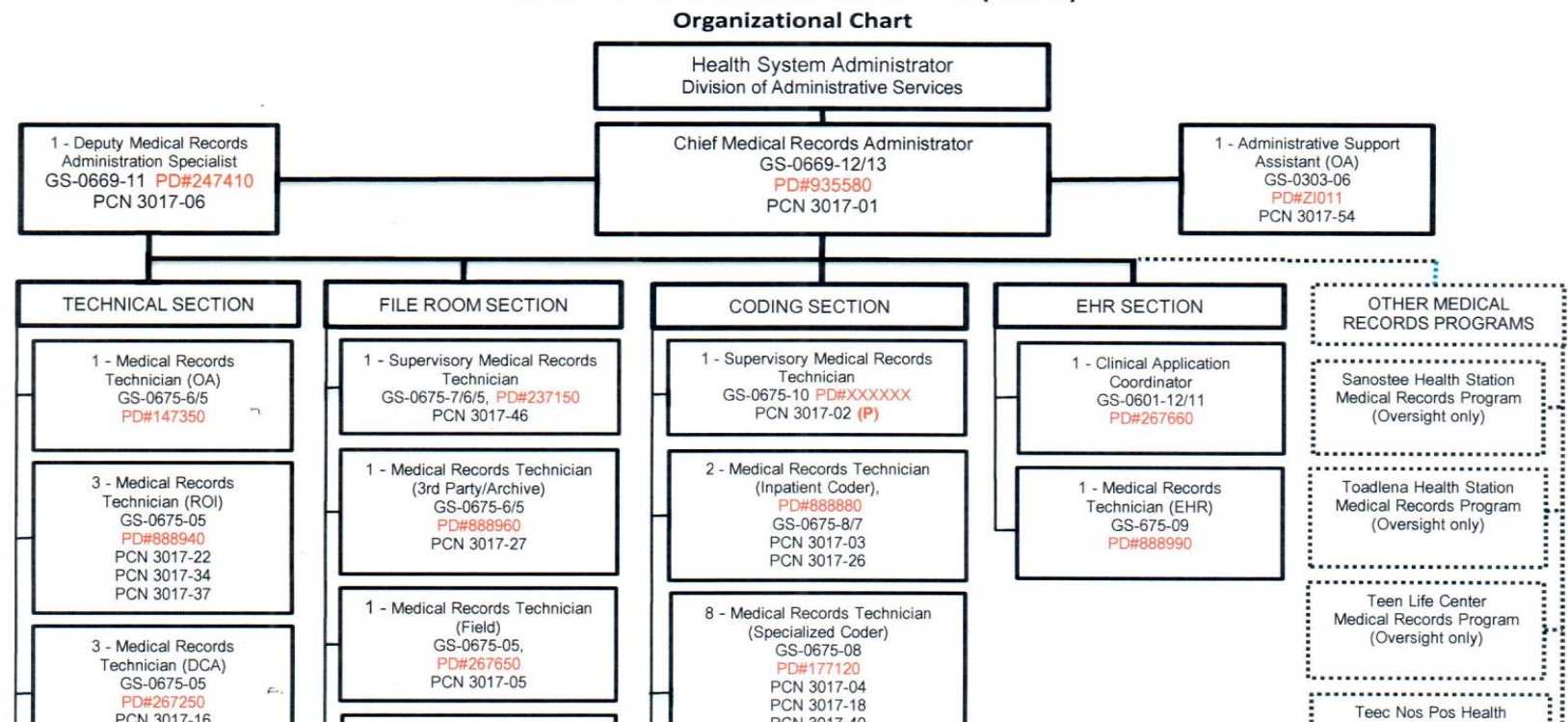Catalog you HIM Position Descriptions. This will help determine if they need to be updated.

# HIM Organization Chart

➤ Include PCN

➤     PD #

➤     # of employees



**Organizational Chart**

Health System Administrator
Division of Administrative Services

Chief Medical Records Administrator
GS-0669-12/13
PD#935580
PCN 3017-01

1 - Deputy Medical Records Administration Specialist
GS-0669-11  PD#247410
PCN 3017-06

1 - Administrative Support Assistant (OA)
GS-0303-06
PD#ZI011
PCN 3017-54

**TECHNICAL SECTION**

1 - Medical Records Technician (OA)
GS-0675-6/5
PD#147350

3 - Medical Records Technician (ROI)
GS-0675-05
PD#888940
PCN 3017-22
PCN 3017-34
PCN 3017-37

3 - Medical Records Technician (DCA)
GS-0675-05
PD#267250
PCN 3017-16

**FILE ROOM SECTION**

1 - Supervisory Medical Records Technician
GS-0675-7/6/5, PD#237150
PCN 3017-46

1 - Medical Records Technician (3rd Party/Archive)
GS-0675-6/5
PD#888960
PCN 3017-27

1 - Medical Records Technician (Field)
GS-0675-05,
PD#267650
PCN 3017-05

**CODING SECTION**

1 - Supervisory Medical Records Technician
GS-0675-10 PD#XXXXXX
PCN 3017-02 (P)

2 - Medical Records Technician (Inpatient Coder),
PD#888880
GS-0675-8/7
PCN 3017-03
PCN 3017-26

8 - Medical Records Technician (Specialized Coder)
GS-0675-08
PD#177120
PCN 3017-04
PCN 3017-18
PCN 3017-40

**EHR SECTION**

1 - Clinical Application Coordinator
GS-0601-12/11
PD#267660

1 - Medical Records Technician (EHR)
GS-675-09
PD#888990

**OTHER MEDICAL RECORDS PROGRAMS**

Sanostee Health Station Medical Records Program (Oversight only)

Toadlena Health Station Medical Records Program (Oversight only)

Teen Life Center Medical Records Program (Oversight only)

Teec Nos Pos Health

# PMAP

- Do all employees have one on file?
- Creating new PMAP
- Keep it simple
- Create a evaluation worksheet

**EMAP WORKSHEET – CODER:** _____

**ADMIN:**
   a.   All Mandatory Trainings done?   Yes        No

   b.   Provides Provider orientation: _____   Average score: _____

   c.   Shreds documents:

   d.   Monthly Reports received:
        - Jan = _____        Apr = _____
        - Feb = _____        May = _____
        - Mar = _____        June = _____

1. **DAILY PRODUCTIVITY** - Must be under 5,000 uncoded visits
   AVERAGE = _____
        - Jan = _____        Apr = _____
        - Feb = _____        May = _____
        - Mar = _____        June = _____

2. **DATA QUALITY AUDIT:**
   _____ of 25 met
   Top Fall-outs:

3. **CODING AUDIT** (EM/Trans)
   _____ of 25 met
   Top Fall-outs:

4. **THIRD-PARTY REVENUE:**
   *ORAP Coding @ 6 days*
   AVERAGE Billing Errors = _____
        - July = _____.        Oct = _____
        - Aug = _____        Nov = _____
        - Sept = _____        Dec = _____

5. **INCOMPLETE VISITS:**
   AVERAGE days to complete after notification = _____
        - July = _____        Oct = _____
        - Aug = _____        Nov = _____
        - Sept = _____        Dec = _____

**NOTE:**

# Creating PMAP

Target the major components of the job:

1. Coding

2. Timeframe for compliance

3. Productivity

4. Data Quality

5. Maintaining a legal medical record

# Coding PMAP - Example

In accordance to the ORAP Internal Control Policy, all visits must be coded within four (4) days of visit, based on a random sample of 25 encounters:

AO:  All twenty-five (25) encounters coded same day.

AM:  20-24 encounters coded within 2 days.

AE:  15-19 encounters coded within 4 days.

PA:  10-14 encounters coded 5-7 days after encounter date. Needs improvement.

UR:  Nine (9) or more encounters coded after 8 days or more. Unacceptable.

# Coding PMAP - Example

Random review of twenty-five (25) encounters for medical coding proficiency and competency by coding auditor for the rating period:

1. All diagnoses and procedures identified with appropriate codes for all services provided.
2. Coding specificity. No "unspecified" or "not elsewhere classified" codes used.
3. All ICD-10, CPT and HCPCS codes are correctly assigned, with G-Codes and Modifiers, when needed.
4. E&M codes appropriately assigned.
5. Codes are appropriately sequenced for encounter.
   - AO:  All twenty-five (25) encounters met criteria.
   - AM:  20-24 encounters met criteria.
   - AE:  15-19 encounters met criteria.
   - PA:  10-14 encounters met criteria. Needs improvement.
   - UR:  Less that nine (9) encounters met criteria. Unacceptable.

# Competencies

Keep it simple with key components.

**NNMC MEDICAL RECORDS**
**STAFF COMPETENCY CHECKLIST**

EMPLOYEE: _____     SUPERVISOR:

| COMPETENCIES / KEY RESPONSIBLITIES | Verbalizes Understanding | Understands | Demonstrates | Return Demonstration | Demonstrates Proficiency | Date | Initials |
|---|---|---|---|---|---|---|---|
| 1. Knows how to find a patient's health record number. | | | | | | | |
| 2. Is proficient with explaining how to complete an 810 form. | | | | | | | |
| 3. Can demonstrate how to locate health information in E.H.R. Example: Lab result, weight, POV, problem list. | | | | | | | |
| 4. Knows how to check out a paper record from the main file room. | | | | | | | |
| 5. Can perform quality check on a scanned document. | | | | | | | |
| 6. Can explain how to use the Master Control Log. | | | | | | | |
| 7. Can demonstrate how to sequence a paper chart. | | | | | | | |
| 8. Knows how to protect damaged/soiled patient records/documents | | | | | | | |
| 9. Is able to determine inactive date for patient record for archiving. | | | | | | | |
| 10. Knows how to appropriately disclose minor medical records. | | | | | | | |

**CIRCLE THE CATEGORY THAT FITS EMPLOYEE:**          **SIGNATURES:**

Competent          Inadequate Performance          Unable to Fulfill          Employee: _____
                   Needs Assessment                Job Description

                                                                              Supervisor:_____

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# Equipment Use Competencies

➢ Problem-prone equipment

➢ High-usage equipment

**NNMC MEDICAL RECORDS BRANCH**
**Equipment / Skills Matrix**

EMPLOYEE: _____ EOD: _____

**Completed demonstration on the following equipment:**

| EQUIPMENT | LOCATION | FREQUENCY | DEGREE OF RISK | PROBLEM PRONE | DATE | INITIALS |
|---|---|---|---|---|---|---|
| Mobile File Unit <br> • Locking mechanism <br> • tripping hazards <br> • moving carriages individually <br> • moving carriages gently <br> • carriage handle hazards | GC-107A | Daily | High | Yes | | |
| DataCard 280 Plus Embosser <br> • Card jam <br> • loading cards correctly <br> • rebooting system | GC-107A | Daily | None | Yes | | |
| DataCard/New Bold Model 861/862 Addressograph <br> • how to imprint forms <br> • replacement of ink roller | GC-107A | Daily | None | No | | |
| Personal Computer <br> • log-on <br> • errors/assistance | GC-107A | Weekly | None | Yes | | |
| HP LaserJet 1200 Printer <br> • paper jam <br> • loading toner <br> • loading paper | GC-107A | Weekly | None | Yes | | |
| Mitel Superset 4025 Telephone <br> • volume control <br> • transferring calls | GC-107A | Daily | None | Yes | | |
| Mobile Cart <br> • tripping hazards <br> • safety | GC-107A | Daily | Low | No | | |
| Xerox Copier <br> • paper jam <br> • rebooting <br> • turning on <br> • replacing toner <br> • how to transmit (use for fax) | GC-106 | Daily | None | Yes | | |
| Paper Shredder <br> • paper jam <br> • removing paper <br> • appropriate usage <br> • error codes | GC-109 | Daily | High | Yes | | |
| Microwave <br> • how to appropriately use <br> • items not to use <br> • safety & cleanliness | GC-107 | Weekly | Low | Yes | | |
| Beeper <br> • how to retrieve messages & delete <br> • how to recharge | GC-107 | Daily | None | Yes | | |
| Proxy-Card Reader <br> • how to appropriately use <br> • who has access to restricted area | GC-107 | Daily | High | Yes | | |

SIGNATURE OF SUPERVISOR: _____ DATE: _____

# Mandatory In-Services

➢Tracking by employee & by topic

| EMPLOYEE: | ISSA Trng/Rules of Behavior (DUE: 03/24/18) | HIPAA (PA) Training (DUE: 09/30/2017) | SRSU HIPAA-Patient Confid in IHS 2017 (DUE: 09/30/2018) | RRC Non-Clinical I Trng (DUE: 09/30/2018) | RRC Non-Clinical II Trng (DUE: 09/30/2018) | EEO & Diversity Trng Old/Revised (DUE: 09/30/2018) | SRSU-(EMTALA) ER Med Trt&Labor Act | SRSU New Employee Orientation | Baby-Friendly Policy Review (DUE: 00/00/2018) | SRSU - Active Shooter | SRSU - EMTALA-2017 P&P (DUE: 01/29/2018) | EMTALA (DUE: 02/15/2018) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 02/22/18 | | | | | | | | | | | 01/19/18 |
| | 12/14/17 | | | | | | | | | | | 01/18/18 |
| | 10/24/17 | | | | | | | | | | | 01/14/18 |
| | 2/27&3/7/18 | | | | | | | | | | | 01/29/18 |
| | 10/13/17 | | 07/10/18 | 07/10/18 | 07/10/18 | 07/10/18 | 07/10/18 | | | | | 01/12/18 |
| | 12/11/17 | | | | | | | | | | | 01/12/18 |
| | 02/22/18 | | | | | | | | | | | 01/23/18 |
| | 01/23/18 | | | | | | | | | | | 01/23/18 |
| | 04/30/18 | | 04/30/18 | 04/30/18 | 04/30/18 | 04/30/18 | | | 04/30/18 | | | |
| | 10/08/17 | | | | | | | | | | | 05/01/18 |
| | 02/22/18 | | | | | | | | | | | 01/12/18 |
| | 10/11/17 | | 07/04/18 | 07/05/18 | 07/05/18 | 07/04/18 | | | | | | 01/12/18 |
| | 02/26/18 | | | | | | | | | | | 04/26/18 |
| | 02/22/18 | | | | | | | | | | | 01/11/18 |
| | 10/23/17 | | | | | | | | | | | 05/09/18 |
| | 10/05/17 | | 07/09/18 | 07/09/18 | 07/09/18 | 07/09/18 | 07/04/18 | | | | | 05/03/18 |
| | 10/05/17 | | 07/05/18 | | | 07/05/18 | | | | | | 04/26/18 |

# Employee Folders

Annually Review Accreditation Requirements for Employee Files, include:

- Position Description
- Training certificates
- Current SF-50
- Criminal check
- Health screening
- Licensure and Credentials
- Orientation sheet
- EMAP
- Competencies.
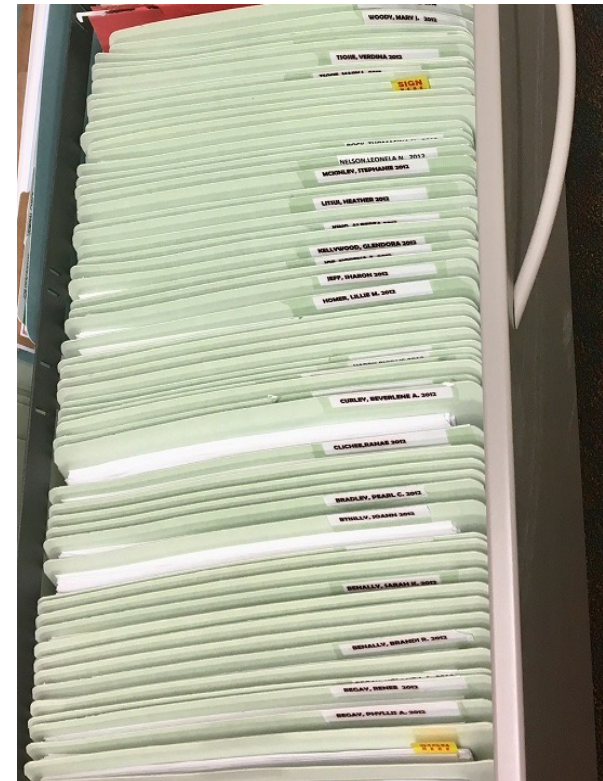
# Work Schedule

➤ Create a work schedule grid

➤ ITAS – Future leave requests

➤ Union Collective Bargaining Agreement

# Equipment

➢ Inventory

➢ Preventative Maintenance

➢ New equipment needed

# HIM Projects

➢ What is currently being worked on?

➢ What's the status and target completion date?

➢ Identify Future projects
- Who can be designated a Lead?
- Who is your SME?

# Health Centers/Health Stations

➢ Schedule site visit

➢ Is HIM department in compliance?

➢ What assistance is needed?

➢ Monthly HIM meeting.

# HIM Reports

- ➢ Type of required reports
- ➢ Leadership
- ➢ Governing Body
- ➢ Revenue



Operational Workload Quarterly Report – FY' 2017
4th Quarter (July-Sept) – Shiprock Service Unit

o FY-16 4th Quarter (July-Sept) = ＋ 3.2% overall for Ambulatory visits SU-wide

| AMBULATORY | FY-17 4th Qtr | FY-16 4th Qtr | %of Difference |
|---|---|---|---|
| Total | 96,213 | 93,219 | +3.2% |
| NNMC | 75,008 | 74,757 | +0.3% |
| DZHC | 4,046 | 4,288 | -5.6% |
| FCRHC | 9,705 | 9,766 | -0.6% |
| Teen Life Center | 74 | 767 | -90.4% |
| Sanostee Health Station | 819 | 801 | 2.2% |
| Toadlena Health Station | 90 | 92 | -2.2% |
| Major Clinics: | | | |
| 1. Urgent Care | 5,207 | 4,696 | +10.9% |
| 2. Family Medicine | 9,132 | 9,161 | -0.3% |
| 3. Internal Medicine | 2,755 | 2,393 | +15.1% |
| 4. Pediatrics | 2,187 | 3,800 | -42.4% |
| 5. Dental | 3,806 | 3,832 | -0.7% |
| 6. Emergency | 3,731 | 3,576 | +4.3% |
| a. Injury Diagnoses | 730 | 856 | -14.7% |
| b. Alcohol-related | 377 | 351 | +7.4% |
| 7. Pharmacy | 29,432 | 32,171 | -8.5% |
| a. New scripts | 63,044 | 59,259 | +6.4% |
| b. Refills | 75,996 | 87,116 | -12.8% |
| Top 10 Ambulatory Diagnoses | 1. Issue of medication refill 2. Other specific counseling 3. Screening for DM 4. DM Type 2 5. Hypertension 6. Immunization 7. Administrative encounter 8. Encounter for specific aftercare 9. Hyperlipidemia 10. Screening for Dental Care | | |

| INPATIENT | FY-17 | FY-16 |
|---|---|---|
| Admissions | 394 | 415 |
| Discharges | 473 | 530 |
| Length of Stay | 3.9 | 3.6 |
| Inpatient Days | 1,558 | 1,571 |
| Births | 86 | 98 |
| Deaths | 7 | 8 |
| Top 10 Admitting Diagnoses | 1. False Labor (after 37 weeks) 2. Sepsis 3. Hypo-osmolality & hyponatremia 4. Cellulitis 5. Pneumonia 6. DM with Ketoacidosis 7. Matern care low transverse 8. Urinary Tract Infection 9. Heart Failure 10. Acute Kidney Failure | |

| | FY-17 | FY-16 | % of Difference |
|---|---|---|---|
| New Patients | 661 | | |

# Workload Statistics

## Shiprock Service Unit Statistical Report – Fiscal Year - Ambulatory & Inpatient Data

| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ocation** | | | | | | | | | | | | | | | | | | | | | | |
| NMC | 83,383 | 160,226 | 181,690 | 203,826 | 259,866 | 210,658 | 215,309 | 231,584 | 232,496 | 231,319 | 240,341 | 241,529 | 239,629 | 245,511 | 254,331 | 267,776 | 255,733 | 261,718 | 279,399 | 312,165 | 313,803 | 311, |
| zilth | 11,521 | 21,944 | 22,951 | 25,442 | 24,848 | 24,331 | 23,117 | 23,375 | 23,847 | 25,264 | 26,869 | 24,351 | 22,119 | 20,121 | 22,756 | 22,371 | 18,516 | 17,432 | 20,524 | 17,552 | 17,937 | 17, |
| ecnospos | 2,445 | 3,060 | 4,110 | 4,727 | 5,391 | 4,586 | 4,930 | 5,352 | 5,696 | 5,321 | 4,944 | 4,330 | 1,190 | - | - | - | ↓ | - | - | 46,362 | 46,463 | 38, |
| en Life | 309 | 1,017 | 1,036 | 1,462 | 1,912 | 2,203 | 1,838 | 1,757 | 2,149 | 2,640 | 2,675 | 2,284 | 1,890 | 1,443 | 1,232 | 1,937 | 1,849 | 1,953 | 1,626 | 1,410 | 1,158 | 1, |
| nostee | 617 | 978 | 1,061 | 784 | 1,153 | 1,021 | 1,095 | 1,368 | 1,492 | 1,526 | 1,627 | 1,585 | 1,368 | 1,485 | 2,416 | 2,399 | 2,093 | 2,788 | 2,670 | 2,656 | 3,184 | 3, |
| adlena | 562 | 801 | 1,026 | 905 | 876 | 1,069 | 979 | 878 | 822 | 870 | 917 | 864 | 805 | 739 | 909 | 734 | 1,041 | 880 | 1,042 | 703 | 311 | |
| CRHC | - | - | - | - | - | - | - | -- | - | - | - | - | 6,092 | 19,815 | 29,481 | 36,139 | 40,582 | 39,355 | 43,866 | 4,700 | 5,869 | 5, |
| hools | 107 | 3,458 | 3,595 | 3,143 | 3,930 | 5,657 | 5,606 | 5,425 | 2,930 | 2,623 | 5,078 | 4,683 | 8,063 | 7,984 | 10,727 | 9,587 | 6,332 | 5,774 | 5,385 | 4,626 | 2,903 | 3, |
| urse Home | - | 1 | - | - | 1 | 6 | - | - | - | 4 | 71 | 648 | 901 | 1,128 | 1,200 | 784 | 1,055 | 208 | 715 | 936 | 835 | |
| obile Van | | | | | | | | | | | | | | | | | | | | | | |
| ome | 630 | 8,013 | 8,417 | 7,801 | 8,028 | 7,037 | 7,059 | 6,433 | 5,893 | 5,613 | 6,409 | 5,968 | 4,658 | 5,892 | 5,644 | 6,369 | 6,141 | 6,745 | 6,426 | 12,495 | 10,169 | 7, |
| ther LOC | 90 | 1,893 | 2,111 | 1,613 | 1,895 | 2,060 | 721 | 2,499 | 2,437 | 4,992 | 6,030 | 4,962 | 6,071 | 6,031 | 9,634 | 15,449 | 6,714 | 12,311 | 13,783 | | | |
| rvice Unit | 99,664 | 201,390 | 225,997 | 249,703 | 260,006 | 258,647 | 260,654 | 277,793 | 277,762 | 280,168 | 294,907 | 291,205 | 292,786 | 310,149 | 338,330 | 363,545 | 340,915 | 350,164 | 375,436 | 404,439 | 402,632 | 390, |
| **npatient -** | **NNMC** | | | | | | | | | | | | | | | | | | | | | |
| dmission | 2,912 | 3,067 | 3,235 | 3,733 | 3,727 | 3,665 | 3,672 | 3,766 | 3,652 | 3,818 | 4,026 | 4,015 | 4,033 | 4,181 | 4,808 | 3,961 | 3,439 | 2,251 | 2,205 | 2,054 | 1,989 | 1, |
| ischarges | 3,651 | 3,858 | 7,857 | 4,555 | 4,557 | 4,471 | 4,470 | 4,558 | 4,411 | 4,538 | 4,822 | 4,818 | 4,890 | 4,984 | 4,799 | 4,617 | 4,026 | 2,774 | 2,251 | 2,503 | 2,442 | 2, |
| OS | 3.9 | 3.7 | 3.6 | 3.6 | 3.8 | 3.7 | 3.4 | 3.4 | 3.3 | 3.0 | 3.2 | 2.9 | 3.1 | 3.0 | 3.1 | 2.9 | 3.1 | 3.7 | 3.7 | 4.1 | 3.6 | |
| pt Days | 7,147 | 11,553 | 11,791 | 13,503 | 14,116 | 13,824 | 12,646 | 12,797 | 12,248 | 11,607 | 13,013 | 11,996 | 12,633 | 12,872 | 12,644 | 11,711 | 10,829 | 8,541 | 8,143 | 8,619 | 7,281 | 6, |
| rths | 728 | 788 | 770 | 829 | 819 | 807 | 799 | 794 | 754 | 721 | 795 | 803 | 853 | 817 | 817 | 639 | 584 | 532 | 550 | 445 | 450 | |
| eaths | 27 | 38 | 41 | 42 | 36 | 50 | 48 | 42 | 42 | 28 | 34 | 52 | 50 | 43 | 57 | 43 | 39 | 39 | 49 | 46 | 51 | |
| bservations | - | - | 1 | 470 | 17 | - | 1 | 4 | - | - | - | - | - | - | - | - | 148 | 1,238 | 1,022 | 685 | 855 | |
| **esources -** | **NNMC** | | | | | | | | | | | | | | | | | | | | | |
| Reg Pop | 79,290 | 83,255 | 86,783 | 90,266 | 93,880 | 97,100 | 100,302 | 103,786 | 106,832 | 109,770 | 112,803 | 115,811 | 118,895 | 121,885 | 125,954 | 128,880 | 131,132 | 134,511 | 136,866 | 139,134 | 141,363 | 143, |
| ew pts | 3,696 | 4,128 | 3,705 | 3,630 | 3,909 | 3,415 | 3,447 | 3,765 | 3,331 | 3,201 | 3,327 | 3,239 | 3,326 | 3,712 | 3,733 | 3,428 | 3,154 | 2,918 | 3,033 | 2,649 | 2,535 | 2, |
| edicare A | 4,543 | 4,927 | 5,300 | 5,682 | 6,100 | 6,518 | 6,956 | 7,440 | 7,827 | 8,263 | 8,749 | 9,239 | 9,770 | 8,862 | 10,001 | 10,934 | 11,142 | 11,578 | 21,100 | 12,774 | 12,999 | 13, |
| edicare B | 4,600 | 4,961 | 5,314 | 5,651 | 6,086 | 6,472 | 6,916 | 7,376 | 7,797 | 8,213 | 8,681 | 9,156 | 9,636 | 8,764 | 9,942 | 10,755 | 10,943 | 11,360 | 11,804 | 12,418 | 12,605 | 13, |
| edicare D | 5 | 5 | 6 | 6 | 7 | 11 | 9 | 11 | 19 | 21 | 15 | 1,877 | 2,663 | 3,047 | 3,343 | 3,685 | 3,950 | 4,202 | 4,433 | 4,913 | 5,045 | 5, |
| edicaid | 6,162 | 7,389 | 8,445 | 9,713 | 11,910 | 13,226 | 15,209 | 19,028 | 21,265 | 24,326 | 25,477 | 25,358 | 25,895 | 29,925 | 32,088 | 34,069 | 36,837 | 39,012 | 41,367 | 40,846 | 50,082 | 52, |
| ivate Ins | 4,259 | 5,098 | 6,096 | 8,170 | 11,909 | 13,001 | 14,515 | 15,374 | 16,475 | 17,210 | 18,251 | 19,066 | 19,475 | 20,176 | 19,779 | 20,936 | 20,959 | 21,609 | 21,849 | 21,585 | 21,430 | 22, |

# EHR Status

Is the facility 100% electronic?

- ➤ BCMA
- ➤ VistA Imaging
- ➤ DENTRIX

**NNMC E.H.R. IMPLEMENTATION**

**NNMC - OUTPATIENT**

- 2007 March - Physical Therapy & Podiatry Clinics
- 2008 September - Pediatrics & ENT Clinics
- 2010 April - OB/GYN Clinics
- 2010 May - Urgent Care
- 2010 August - Internal Medicine & Family Medicine Clinics Remaining Ambulatory Clinics
- 2016 August - OR Day Suergery, PACU
- 2016 November - Emergency Department

**NNMC - INPATIENT**

- 2011 March - Pediatric Nursing Unit
- 2011 June - Medical Surgical Nursing Unit
- 2012 March - Intensive Care Unit
- 2014 November - OB/GYN/Post-Partum/Newborn Stabilization Unit

**NNMC - E.H.R SUPPORT PACKAGES**

- 2009 January - VISTA Digital Radiology Imaging - 100% Filmless in Radiology
- 2009 December – HIM VISTA Imaging -Scanning of Medical Documents
- 2012 May - Electronic Dental Records (Dentrix)
- 2014 May - Bar Code Medication Administration (BCMA) Medical Surgical Nursing Unit
- 2014 June - Bar Code Medication Administration (BCMA) Pediatric Nursing Unit
- 2014 June - Conversation from RPMS Scheduling to BMW Scheduling - January 2016 - completed February 2017.

# Facility Orientation

1. Business Office

2. Purchased Referred Care

3. Clinical Chairs

4. MU Coordinator

5. Risk Manager

6. Compliance Officer

7. Nursing

# Identify Training Needs

Identify training for HIM Staff:

➢ Assess training needs after **meeting with staff**

➢ Who are the HIM SMEs?

Identify training for yourself:

➢ ITAC, Concur, ITAS, Secure Data Transfer, etc.

➢ RPMS EHR – Supervisor keys

➢ VisTA Imaging (Keys)

➢ Federal, State and local laws and regulations

# Tips

➢ Create a master "To Do" list by HIM Section/Topic

➢ Use post-it-notes to identify what two things to complete that day

➢ Feel good about completing the task no matter how small

➢ Get organized – Set up your office and keep it tidy

➢ Create worksheets

➢ Create folders.
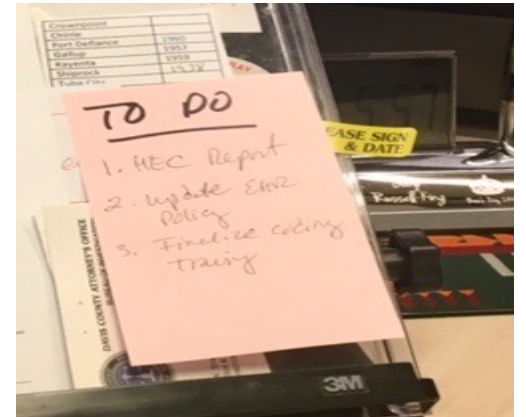
# More Tips

➢ Read policies, procedures, bylaws etc.

➢ Use only one calendar for your schedule

➢ Have routine documents handy for access

➢ Establish email folders

➢ Set up one day every quarter to clean up files (electronic/paper)

➢ Use Microsoft outlook to set up reminders.
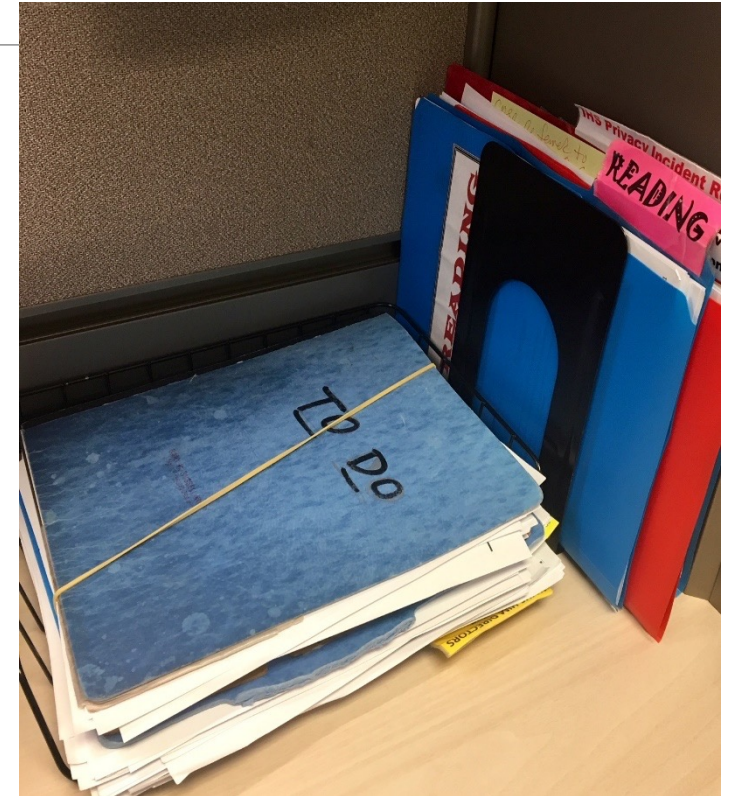
# Time Management

➢ Allocate certain day of the week to work on issues

➢ Designate time to read emails – reply, file or delete

➢ Start on new or complicated projects early in the work week

➢ Delegate.

# Personal Tips

➢ Know that you will always be "**BUSY**"

➢ Always expect the unexpected

➢ Accept the fact you will never get caught up

➢ Appreciate those rare times of recognition or thank you

➢ Don't put dedication before your health and well-being

➢ Know that work will always be there

➢ Have humor!

# Introduction

This session of the presentation will provide a

1. High level overview of HIM Supervisor responsibilities

2. Use of system applications by HIM

# Ethics of the HIM Professional

➢[I H S Code of Ethics](#)

➢AHIMA Code of Ethics

➢Standards of Ethical coding

➢Standards for ethical clinical documentation integrity professionals

# Team Work

➢Leadership

➢Health Informatics

➢Providers

➢Business Office

➢Patients

➢Insurance Companies

➢Attorneys

➢Coworkers

# RPMS Application Coordinators
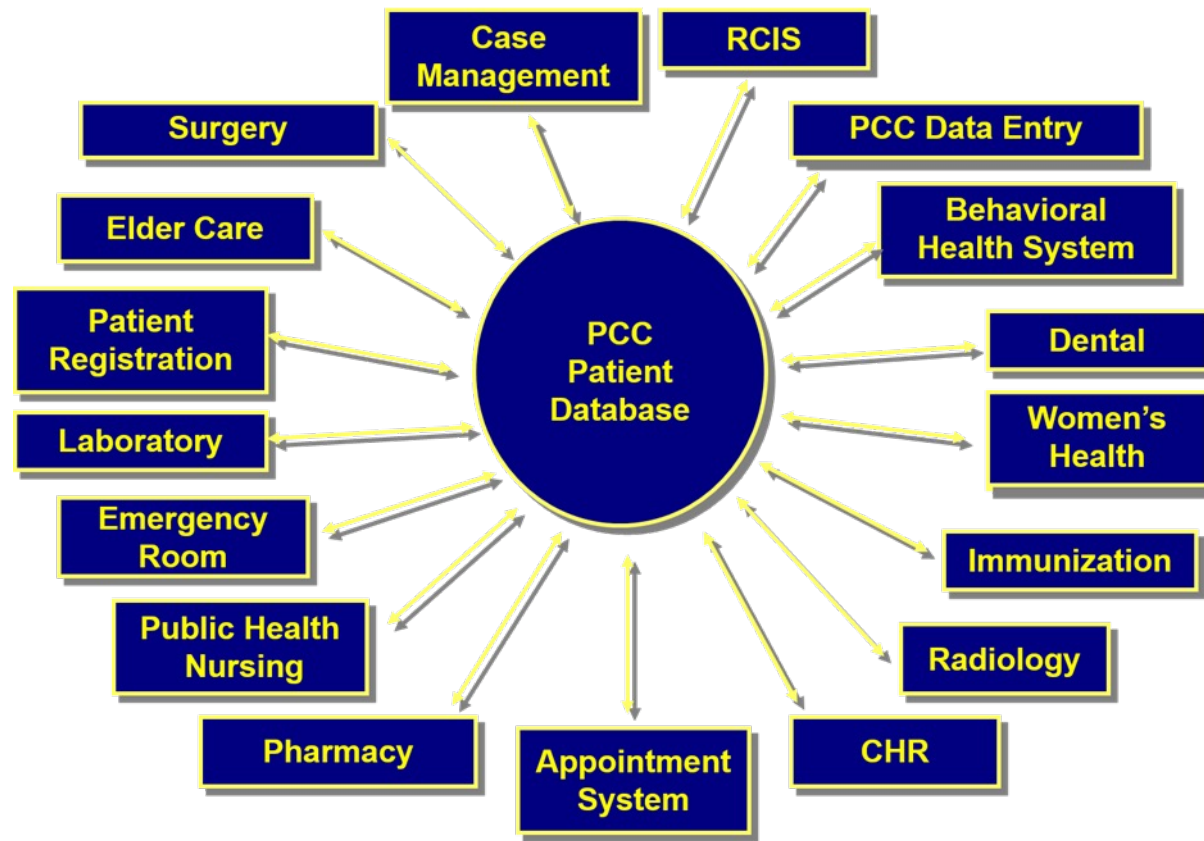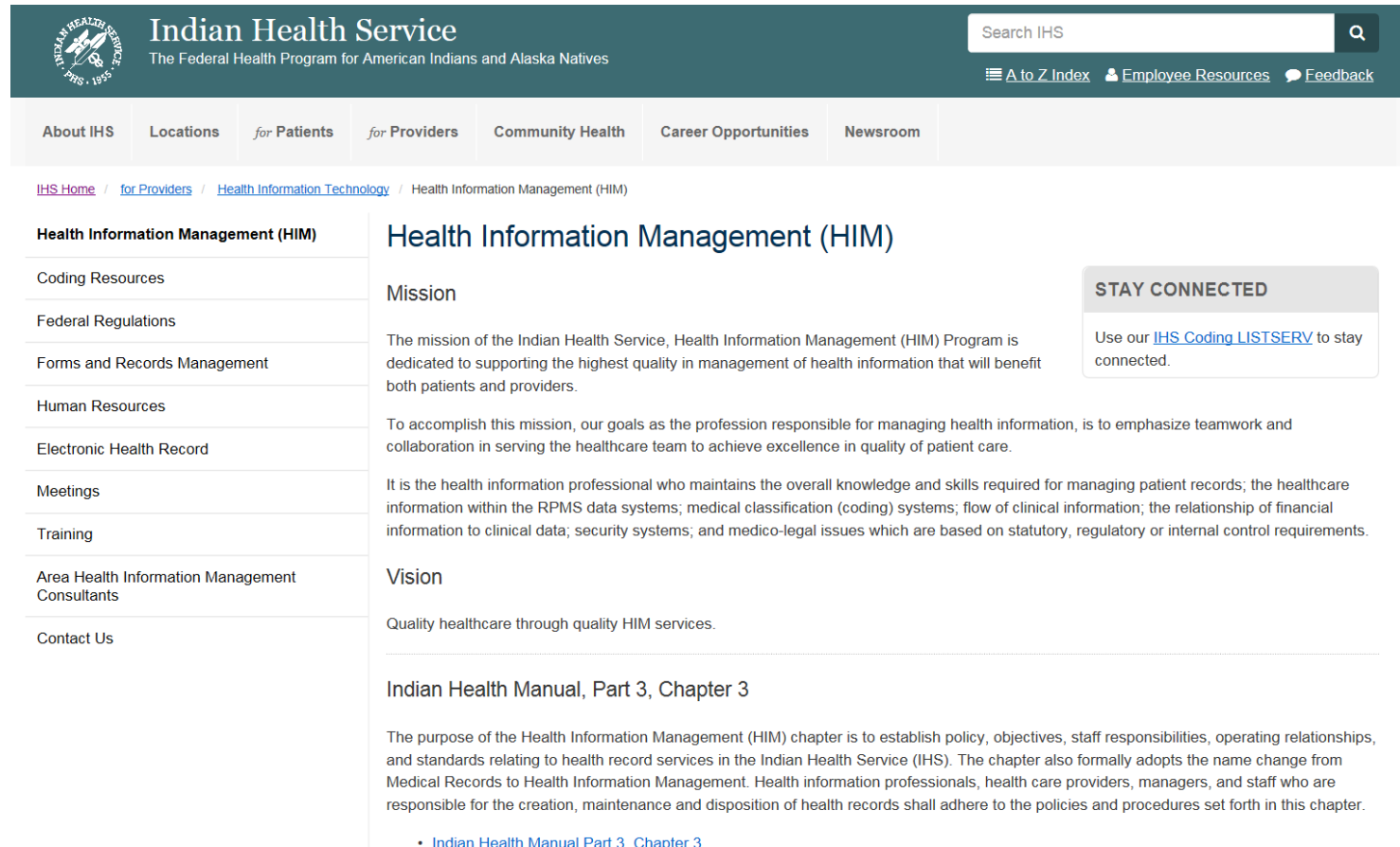
# Leadership

➢Headquarters, Area, Service Unit, Division

➢Health Board

➢Governing Body

# Indian Health Manual, Chapter 3, Part 3

# Hospital Accreditation

➢ Access to Accreditation Standards and CMS Conditions of Participation Information Management, Record of Care, National Patient Safety Goal, Patient Rights

➢ When is next survey? Hospital or Lab

➢ Do you need to follow up on any items

➢ Are Chart Reviews conducted?

# AAAHC Sample Clinical Records Audit Tool

## Clinical Records Worksheet

**Instructions**

| Related Standards | Unless otherwise indicated, mark each box below as:<br>Y: Yes<br>N: No<br>NA: Not Applicable | For Org to complete: Location (page or tab in EHR) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4.E.2 | Appropriate and timely diagnoses are made based on findings of the current history and physical examination. | | | | | | | | | | | | | |
| 4.E.3 | Medication reconciliation is performed. | | | | | | | | | | | | | |
| 4.E.4 | Treatment is consistent with clinical impression or working diagnosis. | | | | | | | | | | | | | |
| 4.E.5, 6 | The record documents appropriate and timely consultation and follow-up of referrals, tests, and findings. | | | | | | | | | | | | | |
| 6.C.1, 6.F | Content and format of the record are uniform and consistent with the clinical records policies. | | | | | | | | | | | | | |
| 6.C.2 | Clinical record entries are legible, including items that are scanned into an electronic record. | | | | | | | | | | | | | |
| 6.C.3 | Clinical record entries are easily accessible within the record to the organization's personnel. | | | | | | | | | | | | | |
| 6.E | The record includes appropriate patient identifiers including, at least: name, identification number (if used), date of birth, gender, and responsible party (if applicable) | | | | | | | | | | | | | |

# Policies & Procedures

➢To meet Accreditation standards, Conditions of Participation, etc.

➢Keep up to date according to Service Unit, State and Federal laws

➢Be familiar with your policies

➢Reference and follow

➢Easily accessible by staff
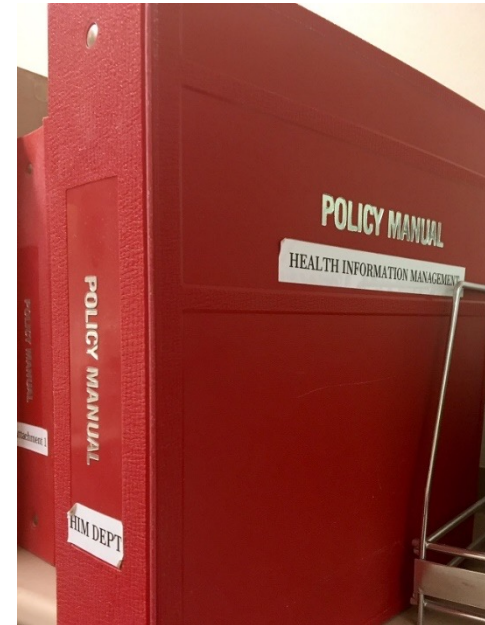
# Medical Staff By-Laws/Rules & Regulations

➢Medical Record content:

  H&P

  Discharge Summary

  Operative Report, etc.

➢  Privileges

➢  Administrative Closure of incomplete notes

➢  Timely completion of documentation
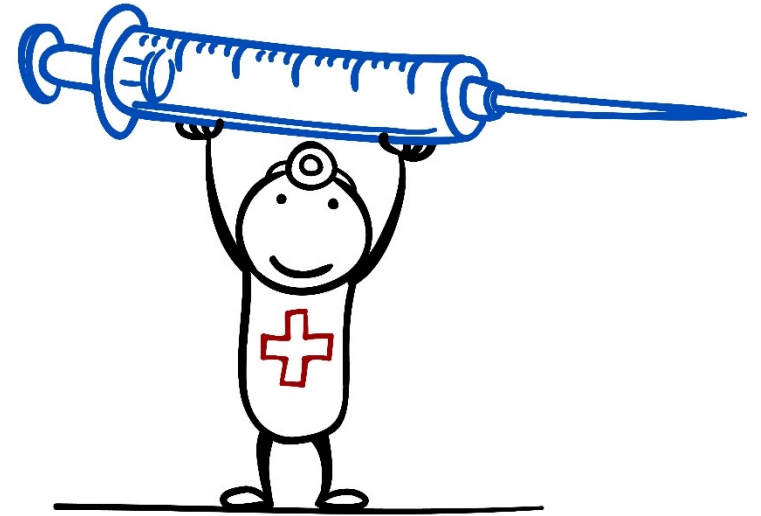
# HIPAA

➢[Mandatory Privacy Training](#) and [Information Systems Security Awareness Training](#)

➢Receipt of the Notice of Privacy Practice (NPP)

➢NPP is posted throughout facility with contact to report any concerns

➢Use [secure data transfer](#) to send any PHI/PII.

➢Ensure your organization is committed to protecting the patient's health information

➢Access PHI only for business need to know to perform the job

➢[I H S HIPAA Forms, Policies and Procedures](#)

# Privacy Program

➢ Facility Privacy Liaison designation

➢ Privacy Orientation & Training

➢ Process of handling complaints, investigations, and audits

➢ Incidence Reporting Tracking System Records Management – maintaining files

# Privacy Incident Reporting

➢Privacy incidents are those incidents that involve PII/PHI in any way e.g.

Damaged or lost records, (any damaged or lost record, not just medical records)

Misdirected faxes

Unsecure PHI/PII in unsecure Email (sent or received)

Lost PIV

Lost computer

Unattended PIV

Lost Government Cell Phones

Unauthorized Access

Unauthorized Disclosure

Unattended Computer (logged in)

Documents containing PHI left on a printer or fax machine or copier

Patients 1 Medications/records given to Patient 2

# Privacy Incident Reporting

ALL staff are required to report privacy incidents within 1 hour of discovery. [Link for reporting IHS Privacy Incidents](#)

In addition, reports that do not contain PHI/PII can be made by emailing [ihsprivacyincidents@ihs.gov](mailto:ihsprivacyincidents@ihs.gov)

Before an investigation can be completed, we must receive a complaint in writing. Be sure this is a true complaint and not something like "see who was in my records".

No investigation should ever begin without an incident number from Privacy Incident Response.

Alternately, we conduct our monthly monitoring of all staff access, including area office staff, under §164.308(D). If we as HIM Directors see suspicious activity, we can file an F07-02b form here: https://hqabqdispswhd01.d1.na.ihs.gov/helpdesk/WebObjects/Helpdesk.woa/wo/3.7.21.1 and our filing of the IRF serves as a written complaint.

Retain this complaint or the SPT report with your investigative file which must be retained for six years.

ALL staff are required to cooperate with the privacy investigator.

ALL staff are permitted to contact either the Area Privacy Official or the IHS Privacy Officer, without fear of retaliation or reprisal.

Privacy Officials are required by law to protect all staff who file a privacy incident. No disclosure of the reporters name is permitted.

# Sensitive Patient Tracking and User Security Audit (BUSA)

➢ BUSA is a utility that enables capture and tracking of all user activity relating to patient-data querying, adding, editing, copying, deleting, and printing

➢ Employees be advised - No right to privacy

➢ Both used for privacy investigations

# Release of Information

➢To ensure that PHI is disclosed in accordance with all state and federal laws, health information management professionals and management must be diligent in their efforts to ensure that all requests for PHI adhere to all regulatory requirements.

➢Have current policies and procedures for release of information (ROI) and review them annually

➢Have a commitment to the compliant and timely disclosure of PHI, must be completed within 30 days

➢Knowledgeable, experienced, and well-trained staff ensure disclosures are compliant and requests are processed efficiently.

➢Highly Sensitive PHI –HIV/AIDS, STD, testing for cancer or other live threatening illnesses, sexual abuse or assault, mental health, alcohol or substance abuse (CFR Part 2)

➢Know where these type of data is captured, note titles

  Minors  Adoptions                    FMCRA cases

  Restrictions        Sensitive Patient    Patient Flags

➢Use the RPMS ROI module to record, track the requests and disclosures.

# IHS 810

FORM APPROVED: OMB NO. 0917-0030
Expiration Date: 09-30-2023
*See OMB Statement on Reverse.*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

## AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

**COMPLETE ALL SECTIONS, DATE, AND SIGN**

I. I, _____, hereby voluntarily authorize the disclosure of information from my
health record.  *(Name of Patient)*

II. **The information is to be disclosed by:**

| NAME OF FACILITY | NAME OF PERSON/ORGANIZATION/FACILITY |
|---|---|
| ADDRESS | ADDRESS |
| CITY/STATE | CITY/STATE |

**And is to be provided to:**

III. **The purpose or need for this disclosure is:**

☐ Further Medical Care   ☐ Attorney   ☐ School   ☐ Research   ☐ Other *(Specify)* _____

☐ Personal Use   ☐ Insurance   ☐ Disability   ☐ Health Information Exchange (IHS/Other) _____ )

IV. **The information to be disclosed from my health record:** *(check appropriate box(es))*

☐ Only information related to *(specify)* _____

☐ Only the period of events from _____ to _____

☐ Other *(specify) (CHS, Billing, etc.)* _____

☐ Entire Record

**If you would like any of the following sensitive information disclosed, check the applicable box(es) below:**

☐ Alcohol/Drug Abuse Treatment/Referral   ☐ HIV/AIDS-related Treatment

☐ Sexually Transmitted Diseases   ☐ Mental Health *(Other than Psychotherapy Notes)*

☐ Psychotherapy Notes ONLY (by checking this box, I am waiving any psychotherapist-patient privilege)

V. I understand that I may revoke this authorization in writing submitted at any time to the Health Information Management Department, except to the
extent that action has been taken in reliance on this authorization. If this authorization was obtained as a condition of obtaining insurance coverage or

46

# I H S Policies - Release of Information

RPMS Release of Information Disclosure User Manual

PROCEDURES FOR PATIENTS' RIGHTS TO ACCESS, INSPECT, AND OBTAIN A COPY OF THEIR PHI

Procedures for Access to Deceased Patient Records or Records of Non-U.S. Citizens not Lawfully Admitted for Permanent Residence

Request for Access to Deceased Patient Records by Persons Who Are Not The Deceased Patient's Personal Representative

PROCEDURE FOR MATTERS RELATED TO ACCOUNTING OF DISCLOSURES OF PHI

PROCEDURE FOR THE USE OR DISCLOSURE OF HEALTH INFORMATION PURSUANT TO AUTHORIZATION OR VALID WRITTEN REQUEST

PROCEDURE FOR SENDING AND RECEIVING PHI BY FACSIMILE

PROCEDURE FOR THE MAINTENANCE, USE, AND DISCLOSURE OF PSYCHOTHERAPY NOTES

PROCEDURE FOR ACCESS TO OR DISCLOSURE OF PHI OF UNEMANCIPATED MINORS

PROCEDURE FOR THE USE AND DISCLOSURE OF PHI FOR EMANCIPATED MINORS AND ADULTS WITH PERSONAL REPRESENTATIVES OR LEGAL GUARDIANS

PROCEDURE FOR VERIFICATION OF IDENTITY PRIOR TO DISCLOSURE OF PHI

PROCEDURE FOR THE DISCLOSURE OF PHI TO LAW ENFORCEMENT OFFICIALS

Procedure for limiting the use or disclosure of and requests for PHI to the Minimum Necessary

IHS Patient Forms

# Standard Code Book

➢ Clinic Code definitions

➢ Provider Codes

➢ ASUFAC Codes

➢ Used for workload and user population reporting

➢ NPIRS - National Data Warehouse
   - Data transmission to NPIRS on regular basis
   - For workload and user population reporting

# Federal Medical Care Recovery Act (FMCRA)

➢ HIM will enter in database and follow up on case to accurately capture the visits related to the accidents or injuries caused by third party

➢ Work with Office of General Counsel representative

➢ Communicate with other departments, Business Office, PRC

➢ FMCRA Policy

➢ FMCRA Database

➢ IHS-961 IHS Agreement to Assign Claim Upon Request Form

➢ IHS 810 – Authorization for Use or disclosure of protected health information

➢ **Use secure email to transmit PHI:** Secure Data Transfer

# Risk Management

➢ Tort & Subpoena
- What is the process?
- Who is the contact person?

➢ Locked Files (electronic/paper)
- Process, approval authority

➢ Adoption Process
- Registration, timeliness, paper chart process

# Committee Membership

➢ Revenue Committee

➢ Utilization Review

➢ Executive Committee

➢ CAC Committee

➢ Clinical Practices Committee

➢ HIM/E H R/Informatics/Forms Committee

➢ Quality Care Committee

# HIM/EHR/ Forms Committee

➢Purpose is to establish and define policies and procedures for a multi disciplinary committee responsible for the oversight of the Service Unit health record and the ongoing records review program.

➢Review of templates, documents scanned into Vista Imaging accurately

➢All documentation shall be available electronically
   - EHR Templates, Vista Imaging, Dentrix, BCMA
   - Paper charts no longer maintained

➢I H S Standard Forms - HHS Intranet

# Archiving Records

Per NARA's strategic plan, all paper records shall be sent to Federal Records Center.

NARA will no longer accept paper records for long-term storage.

The deadline has been extended to **June 30, 2024** for final shipment of records with approved accession/transfer numbers to assigned Federal Records Center. Check with your designated Area Records Liaison Officer for internal final dates.

# Workload Reports

➢Vista Imaging QA

➢ROI Productivity

➢Unsigned notes

➢VUA – view user alerts

➢PDP – Duplicate Charts

➢Temporary Charts

➢Determine the type, frequency, reporting to whom

# Staffing

➢IHS RRM ([Resource Requirements Methodology](#))

➢IHS Use for additional staffing

➢ Evaluate current productivity

*RRM Category: ANCILLARY SERVICES*

## Overview

The RRM HIM staffing module estimates the requirements for a HIM administrator, HIM technician, a Patient Care Component (PCC) supervisor, and PCC data entry personnel to manage and organize all patient treatment records using the PCC part of the RPMS computer system. The workload parameters that are the key variables in the staffing estimation are Average Daily Patient Load (ADPL) and Primary Care Provider Visits (PCPVs).

**Staffing Criteria**

Fixed HIM Administrator staff of 1.00 FTE.

**Inpatient:**
Fixed HIM Technician staff of 1.00 FTE per facility, plus 1.00 FTE HIM Technician for every 14.3 ADPL.

HIM Technician (CHA/P) - 1.0 FTE for every 40,000 CHA/P encounters.

**Outpatient:**
1.00 FTEs HIM Technician for every 4,550 PCPVs, plus 1.0 FTE for every 40,000 CHA/P encounters.

**Patient Care Component (PCC):**
PCC Supervisor staff of 1.00 FTE for every 4.0 PCC data entry staff.

1.00 FTEs PCC Data Entry staff for every 16,000 OPVs (A population factor is also a part of the formula. Based on both Inpatient and out patient workloads).

PCC Data Entry (CHA/P) - 1.0 FTE for every 16,000 CHA/P encounters.

Fixed Coder (Inpatient) staff of 1.0 per hospital, plus 1.0 FTE for every 1250 admissions over 1000.

Fixed Coder (Outpatient) staff of 1.0 FTE per facility, plus 1.0 FTE for every 20,000 OPVs.

**Runners:**
1.00 FTE Medical Runner staff for every 144,000 OPVs. ( A population factor is also part of the formula.)

# Personal Health Record/Direct Messaging

➢Enroll your patients to provide timely access to their own health information

➢Patients are able to communicate electronically between patient and designated staff.



Personal
Health
Record

# Patient Flags

➢Establish a policy & procedure

➢Avoid flag fatigue

➢Identify who is responsible to run reports to monitor the PRFs on regular basis

➢Identify who can add a flag

➢Inactive PRF when no longer needed

# Internal Controls Standards

➢IHS Third Party Internal Controls

➢Office of Inspector General - Introduction to Internal Controls

# Coding

➢Revenue Operations Manual

➢Monitor Coding Productivity and Backlog

➢Error Report Management

➢Establish coding accuracy and productivity standards

➢Audit and Train

➢Provide Resources

# Freedom of Information Act (FOIA)

➢A request from any person for access to:

  ➢Agency program files

  ➢Personal records on another individual

  ➢Personal records about himself/herself that are not filed within a Privacy Act system of records.

➢Any FOIA requests or questions that are received by program offices must be forwarded immediately upon receipt to the HQ FOIA staff to IHSFOIAMailbox@ihs.gov

➢Time sensitive requests

➢Headquarters FOIA staff are only allowed to release FOIA documents

➢I H S FOIA website

# Research

I H S does not provide researchers or students with direct access to RPMS/ E H R for research purposes.

I H S makes *disclosures* to researchers with an IHS Institutional Review Board (IRB) approved research protocol

IHM Chapter 7 Research Activities

Procedure for the Use and Disclosure of PHI for Research Purposes

Procedure for creating a Limited Data Set

Procedure for De-identification of PHI and Subsequent Re-identification

IHS PROCEDURE FOR LIMITING THE USE OR DISCLOSURE OF AND REQUESTS FOR PHI TO THE MINIMUM NECESSARY

# Contingency Plan

➢ Be familiar with HIM role in your contingency Disaster Management plan

➢ Use paper PCC Form during system down time

➢ Know how the information will be entered once system is restored

➢ Ensure PCC forms are available in clinical areas or stocked in HIM

➢ Update provider signature log

➢ Employee call back list

| Area | HIM Consultant | Email |
| --- | --- | --- |
| Alaska | | |
| Albuquerque | Jacque Candelaria | Jacque.Candelaria@ihs.gov |
| Bemidji | Heather Goudreaux | Heather.Goudreaux@ihs.gov |
| Billings | Crystal Casey | Crystal.Casey@ihs.gov |
| California | Martha Ross | Martha.Ross@ihs.gov |
| Great Plains | Carla Reumann | Carla.Reumann@ihs.gov |
| HQ Federal Lead | Brian Burrell | Brian.burrell@ihs.gov |
| HQ HIM Informatics | Tammy Crazy Bull | Tammy.crazybull@ihs.gov |
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| Navajo | Vacant | |
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# Links to References and Resources

I H S FOIA website

Complying with Medicare Signature Requirements

Standard Code Book

I H S HIPAA Forms, Policies and Procedures

I H S Standard Forms - HHS Intranet

Office of Inspector General - Introduction to Internal Controls

IHS Third Party Internal Controls

FMCRA Policy

IHS-961 IHS Agreement to Assign Claim Upon Request Form

IHS 810 – Authorization for Use or disclosure of protected health information

I H S PCC Suite Data Entry User Manual

BUSA User Manual

AHIMA

# HIM Leadership

➤ Managing the legal medical records

➤ Ensuring compliance

➤ Enforcing patient confidentiality

➤ Advocating for the patient

➤ Working towards one mission


Our Mission:
To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

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