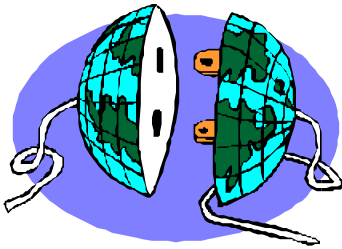


Notes on AMI's Amendment Utility

By Art Todras



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Health care providers, covered entities, and business associates like AMI—to use the official terminology—are actively gearing up to meet the regulations included in the Health Insurance Portability and Accountability Act (HIPAA) Privacy rule. Of particular relevance to AMI clients are the provisions for documenting an individual's request(s) to amend a patient's medical record. The individual may be the patient or someone acting on the patient's behalf.

The regulation governing the amendment of "protected health information," as stated in the Privacy rule, consists of several key components:

- 1 The amendment history—the individual's request and the responses of the provider or covered entity—must be maintained in a "designated record set." In other words, it must be kept as a history within the patient's medical record for ready access if the individual requests it.
- 1 The provider/covered entity must link the amendment request to other related records in the designated record set. Among these related records would be the provider/covered entity's acceptance or denial of the amendment. In case of a denial, the link would include the individual's "statement of disagreement" and the provider/covered entity's "rebuttal statement."

How AMI Will Respond

The next software release of the AMI TIME System, Version 2002, slated for the first quarter of 2003, is dedicated to enabling client compliance with the Privacy rule and with the electronic claims regulations embodied in the new Transaction and Code Sets. To meet HIPAA's demand for a complete and separable amendment history, this next release will unveil a simple yet effective solution to a complex challenge. The new release will introduce a new category under Progress Notes. This category, PRA, will be used exclusively to record all information pertaining to a patient's request for access to their medical records and/or a patient initiated amendment request, the acceptance or denial of the amendment, disagreement with the denial, and rebuttal of the disagreement. AMI will exercise complete control over the category to prevent any change to its code and description, ensuring its intended purpose and the integrity of any reporting and record retrieval of the amendment history.

The new category will possess the flexibility to allow the components of the amendment record both to be differentiated from each other and grouped together. AMI clients may, if they wish, create a series of Progress Note subcategory codes for the different amendment components: one for the acceptance or denial, one for

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From the President

Simplifying Complexity Enhances Productivity

By Elizabeth A. Evans

As the year nears its end and time marches ahead for good or ill, I think about the work we have accomplished and hope that, as a result of it, AMI and HMG will have done good by doing well. Here are some other thoughts, thoughts about a future that I see.

I see a rocky road ahead as HIPAA emerges from the shadows of concept into the light of practice. As you probably already know from the letter that you should have received in September, AMI is ready for the current regulations. Is HIPAA worth the effort? Only time will tell. However, when we view HIPAA from the mountaintop of ideals, its purpose—to provide a national computing infrastructure and a set of technology standards—is a worthy one. It is the foundation for enabling *shared* information among healthcare constituents while protecting the identity of individual medical information.

The President's Information Technology Advisory Committee Report states its support of this ideal thusly: "Information technology tools can provide the health care sector with unprecedented productivity and quality of care if there is a strategic vision and adequate research to ensure success."

Productivity covers administrative functions such as electronic claims submission and automatic remittance application, and quality of care includes clinical functions such as clinical orders and medical documentation. The preferred reality is that both functions, administrative and clinical, be based on standards—formats, codes, and data sets, for example—so that the industry is technologically positioned to reduce the cost and difficulty of integrating data that reside on a variety of systems and on disparate technologies. The buy-in from the healthcare and information technology markets has been significant.

AMI has bought into this technology vision since 1981, leveraging technology with an integrated rule-based approach that simplifies complex processes. An example of this rule-based approach is Maestro, an approach that simplifies a complex medical documentation process with an enter-analyze-plan procedure that occurs without going to another screen. Another example is our use of single-entry clinical data to drive medical billing, employing the output to electronically bill the primary insurer and, when the claim is electronically paid, to automatically manage the payments and write-offs claim by claim and line by line.

The power of a simple idea! In each of these examples, we began with the end in mind and worked toward achieving it, much the same as each month relentlessly leads to the end of the year.

With this in mind, and as AMI and HMG anticipate the upcoming holidays with great hope and optimism, we wish you and your staff a wonder-filled holiday season that brings you the joy and fulfillment to which we all aspire.

(AMI's Amendment Utility, *continued from page 1*)
the disagreement, one for the rebuttal, and so forth. Assigning a subcategory to any "amendment" note with the amendment master category would provide an up-to-date status of the amendment request, benefiting both the individual seeking disclosure of the amendment records and the covered entity maintaining the records. Each amendment record will be logged with the employee code of the user who entered it and with its date and time of entry.

As with any application utility, the effectiveness of the amendment category feature will depend partly on how it is applied. We will provide instructions on its use and any assistance you need for it to work effectively.

Hands On

Six new employees recently joined AMI.

RONDA PARARES and DOUG PITT are Analyst/Programmers in the Software Development Group. Ronda has experience in financial and EDP auditing, financial analysis, and financial application development in the Windows environment. Doug spent 10 plus years as a software developer and consultant with AMF Bowling Industries and ACUMEN Corporation, primarily in the data warehousing and manufacturing areas.

JIM HARTIGAN, GERALD HOBBS, and ANN GARRISON joined the Client Services Group as, respectively, an Analyst/Programmer, Systems Analyst, and Client Services Analyst. Jim accumulated 12 years of application design and development, database administration, and consulting experience in the publishing, warehousing, manufacturing, and association industries. Gerry comes from a manufacturing company where he was responsible for the Corporate UNIX systems and supported the Corporate Windows network. Ann has over 25 years as an Accounts Receivable Coordinator, Programmer, and Systems Analyst. She is highly experienced in computer training and support.

CATHY WHITE is the new Quality Assurance Analyst, having created a Quality Assurance department and provided high-level customer support for a chemical industry software company in downtown Richmond.

Are you ready for HIPAA?

By Anne Webber

Has your organization begun to prepare to implement HIPAA? The administrative simplification sections of the Health Care Insurance Portability and Accountability Act (HIPAA) include two major provisions. The first requires all electronic claims and remittances to be submitted via standardized transaction sets. The second frames new patient privacy protections.

Only a small part of the new requirements will affect your data systems. Most of the preparation and implementation actions relate to health care providers' policies, procedures and staff training.

The purpose of this article is to provide some suggested action items for you to consider specific to the privacy provisions, which must be implemented by April 2003. This is by no means a full list of requirements and AMI strongly suggests you consult with your counsel to ensure full compliance.

The privacy provisions require health care providers to:

- 1 Designate a privacy officer. This privacy officer must develop and implement the policies and procedures relating to privacy.
- 1 Develop, implement and train staff to follow new policies and procedures relating to the new privacy requirements.
- 1 Provide ongoing training to staff affected by any changes to the privacy policies and procedures.
- 1 Secure written authorization from the patient or legal representative for all releases of health information (medical records) and record details about what was released and to whom.
- 1 Allow patients to view and request changes to their medical records. Similar to a request to change errors on your credit report, patients must be allowed to view their medical records if they so request and ask for changes to be made if they believe the record contains errors of fact. The health care provider must annotate the medical record indicating the request for changes. (Note: special provisions apply to mental health records.)
- 1 Provide an updated record to any entity to whom the medical record was released if the patient has requested changes to the portion of the medical record released.
- 1 Carefully review contracts with all entities with which you share medical record data to ensure these contracts meet the privacy provisions.

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AMI University News



New AMI University Certifications

ID² Data Warehouse Developer:

Allen Helmandollar	University of Virginia
Rita Alza	Shands Healthcare
Lara Jordan-Morris	Shands Healthcare
Susan Lorash	Shands Healthcare
Carolyn Robinson	Shands Healthcare
Matt Snyder	Shands Healthcare
Michael Williams	Shands Healthcare
Jim Hartigan	AMI Healthcare Systems
Ronda Pararas	AMI Healthcare Systems
Doug Pitt	AMI Healthcare Systems

Financial Administrator:

Jane Pestick	AMI Healthcare Systems
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System Administrator:

Jerrold Swafford	Renal Care Group
Christopher Bowers	Healthcare Management Group
Drew Reinders	AMI Healthcare Systems



Mark Your Calendars Register Now!

- ◆ Next ID² Training: February 10-14
May 12-14

For further information, contact Art Todras, Director, AMI University: email (atodras@amihealthcare.com), FAX (804-934-9365) or phone (804-934-9370).

Or, check out the Quick Find guide on AMI's website: www.amihealthcare.com. Follow the Training and Education link to the AMI University course catalogue, with descriptions, schedules, and pricing information on all AMI University courses. Use the on-line course registration form.

AMI Holiday Closings

Christmas Eve (at noon)	Tuesday, December 24
Christmas Day	Wednesday, December 25
New Years Eve (at noon)	Tuesday, December 31
New Years Day	Wednesday, January 1

TIME-ly Tips

By Mary Beth Plante

Reviewing Patient Information in Detail

Most of the modules of the Patient Review Report provide information only on the six most recent clinical occurrences. There are, however, two modules, Diagnosis and Hospitalization Profiles and Hematology and Chemistry Lab Results, that allow you to expand the set of occurrences through a controllable date range.

In order to select this detail version of these modules, a third option, **D** (after **Y** or **N**), is available on the Select Report Data Modules screen. When **D** is entered, a screen like the following is displayed.

```
replace not stored      update      record 1 of 1
Select Report Data Modules
Y - Modul  Diagnosis/Hospitalization History  tion/Allergies,
N - Modul  Start Date: 08/31/02  End Date: 09/30/02
D - Modul  Order: R
D - Modul
N - Module 5: Infection Profile
```

This screen allows you to select the date range and the order—chronological or reverse chronological—in

which the data should be printed. When the detail option is selected for Module 3, Diagnosis and Hospitalization Profiles, all active and inactive diagnoses and all hospitalizations that occur within the specified start and end date are included on the report. Likewise, when the detail version is selected for Module 4, Hematology and Chemistry Lab Results, the associated lab results within the selected date range are included. The order in which the records are displayed is based upon the selection made in the Order field of the pop-up screen.

If **Y** is the selected option for either of these modules, only the six most recent records based on the report date are included. So, for an extended history of hospitalizations and chemistries, enter **D** for Detail.

(Are You Ready for HIPAA, continued from page 3)

On August 14, 2002 proposed changes to the provisions were published in the Federal Register. Some of the changes were necessary because of the threat of bio-terrorism and the need to release confidential information without an authorization.

As your business associate, AMI is actively preparing our organization to meet the HIPAA privacy provisions.