

President's Message... by Renae Spohn

When I began the year looking for committee chairpersons, I recall being very excited when I had SDHIMA members that were willing to serve as chairpersons. I asked for volunteers and I think had about two. I am very grateful to the committee chairpersons and the committee members who were willing to volunteer their time to this great organization. The committee chairs are listed as follows:

- Linda Maas-- Bylaws
- Jamie Husher, Educational Funding
- Rose Goeden—Membership
- Christy Swan—Co-Chair Coding Roundtable
- Joyce Havlik—Wall of Fame & Archives
- Dorine Bennett—Newsletter
- Jane Klemme-Awards
- Sherri Zimmer—Legislative/Legal
- Jean Murtha—Marketing and Recruitment
- Jennifer Gholson, Scholarship
- Carrie Vilhauer—Education/Arrangements (Spring)
- Sherri Zimmer—Co-Chair Coding Roundtable
- Christal Pummel—Education /Arrangements (Fall)
- Dorine Bennett--Each One Reach One
- Kathy Dorale—Finance
- Katherine Andersen-McCarthy—Nominating

Thank you all for your wonderful contributions to SDHIMA!

It has been a wonderful experience to work with the SDHIMA Board of Directors. We have done a lot of background work this year to help improve the efficiency of operations of SDHIMA to help to prepare for the future.

One of the accomplishments that I want to lift up is that of having board meetings that last approximately two hours long. In order to do that we handled the work in the following ways:

1. Issues that needed immediate decisions by the board were discussed via e-mail.
2. New committee chairs were oriented and received a checklist of duties and timelines.
3. Board members were deliberate about keeping connected to committee chairs.
4. President issued call for reports about a month in advance to committee chairs directly with a copy to the Board of Directors.
5. Board members were connected by conference call. Board members near the site of the meeting attended in person while those further away connected by conference call.

One of the ways that the Board members have been rewarded in the past is by having a meal during the meeting. During this year, the Board opted for the shorter meetings, the ability to conference call and we skipped the meal. We are re-allocating those dollars toward the Spring Conference in Madison. I will try to find a way to thank our Board members for their work!

We can say we have tested the waters by having board meetings successfully via conference call. Chris learned our voices very quickly and adjusted to taking minutes over the phone in Pierre very gracefully. Thank you for the great job Chris!

It's been a wonderful experience to be a part of the SDHIMA Board of Directors. I encourage each one of you to get involved in SDHIMA. There is nothing more rewarding than the relationships that develop by working with the membership of SDHIMA.

I want to say a special "thank you" to Christal Pummel, Kathy Dorale, Michele Almquist, DeAnne Kribell, Chris VandenBos and Karin Morey for your service on the Board. Thank you to each member of SDHIMA for your encouragement and support. I have thoroughly enjoyed serving as your SDHIMA President.

Feel free to contact Kathy Dorale to let her know what committee you would like to chair or to be a part of for the July 2005 – June 2006 year.

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**HOME HEALTH CARE CODING**  
By Kathy Boomgarden, RHIT, CCS, CCS-P, HCS-D

Medicare began reimbursing home health agencies (HHA) under a prospective payment system in October, 2000. Reimbursement is determined based on completion of the Outcome and Assessment Information System (OASIS). The OASIS form allows one primary diagnosis (MO230) and five other diagnosis (MO2340) codes. When assigning diagnosis codes for home health episodes of care, the ICD-9-CM Official Guidelines for Coding and Reporting should be followed. CMS has allowed certain exceptions to accommodate special circumstances related to home health.

The primary diagnosis (MO230) is defined as the condition that is the chief reason for providing home care. If more than one diagnosis is treated concurrently, the diagnosis that represents the most acute condition and requires the most intensive services should be entered as the primary diagnosis. October 1, 2003, CMS allowed V codes to be used as the primary diagnosis. The primary diagnosis must match on the OASIS MO230 and the UB-92.

Other diagnosis (MO240) is defined as all conditions that co-existed at the time the Plan of Care was established, or which developed subsequently. Conditions actively addressed in the Plan of Care should be included, as well as any comorbid condition affecting the patient's responsiveness to treatment and rehabilitative prognosis. October 1, 2003, CMS allowed V codes and E codes to be used as secondary diagnoses.

The payment diagnosis (MO245) was created to accommodate the use of a V code as primary diagnoses without jeopardizing reimbursement. The payment diagnosis is completed when a V code is assigned as the primary diagnosis and replaces a case mix diagnosis. Case mix diagnoses are conditions from three diagnostic categories: orthopedic, neurological and diabetes. Diagnoses in these groups are assigned a score to help determine the patient's clinical dimension total score when the diagnosis appears in the OASIS primary

Information for this article is based on Kathy's interpretation of the following:

- OASIS Implementation Manual, Chapter 8, and Addendum D to Chapter 8;
- OASIS Diagnosis Reporting Case Examples;
- AHIMA Audio Seminar: Home Health Coding, 10-02-02;
- Decision Health Audio Seminar: Overusing V57.1;
- Discover More Accurate Coding Strategies for Home Health Therapy, 02-08-05.

Kathy Boomgarden is a Health Information Specialist for Avera Health in Sioux Falls, SD

diagnosis field (MO230). A complete list of case mix codes can be found in the Federal Register, July 3, 2000, Pp. 41195-41201.

The following areas require special instructions for home health coding.

#### Cerebrovascular Accident (CVA) – 434.91

CMS has indicated that if a patient is receiving home health services during the “acute phase” or “the patient continues to show improvement” and has not “plateaued,” the acute CVA should be coded. If the home health services are for “maintenance” treatments of residuals of the CVA, or if the patient has “plateaued” and is no longer improving, then code the late effect of a CVA.

#### Fractures

Official Coding Guidelines indicate that the acute fracture should only be coded during the initial episode of care. When the patient transfers to home health services, the aftercare for healing fracture codes (V54.01 – V54.29), or therapy (V57.1) should be assigned. The acute fracture code can be used as the payment diagnosis (MO245).

#### Abnormality of Gait – 781.2

Six points of normal gait are: Equilibrium, Locomotion, Intact bones, Muscle tone, Vision, and Reciprocal innervation. If any of these normal functions are missing, then the patient has an abnormal gait. Abnormality of gait should be coded for:

- Neurological problems: CVA, MS, Alzheimer’s, Parkinson’s;
- Orthopedic treatments (joint replacements, fracture reductions/fixations);
- Diabetic foot problems.

#### Difficulty Walking – 719.7

Difficulty walking should be used when a chronic condition is present and there has been no repair of the joint or bone:

- Rheumatoid Arthritis;
- Osteoarthritis (DJD);
- Gout; and,
- Traumatic Arthropathy.

When determining the correct sequencing of home health diagnoses, the following questions should be asked:

- Are multiple aspects of an acute condition being treated? If yes, sequence the acute condition as primary diagnosis.
- Are multi-discipline services (therapy and nursing) being provided for the same condition? If yes, sequence the condition as primary diagnosis.
- Are multiple aspects of a chronic condition being treated? If yes, sequence the chronic conditions as primary diagnosis.

- Is a single aspect of a chronic condition being treated? If yes, sequence the single aspect as primary diagnosis.
  - Is therapy the most intense service and nursing services are for a different reason? If yes, sequence therapy as the primary diagnosis.
  - Is nursing the most intense service and therapy is for another reason? If yes, sequence the reason for nursing services as primary diagnosis and then code therapy and reason for therapy.
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## DO YOU KNOW SOMEONE WHO SHOULD BE HONORED?

SDHIMA is proud to announce the new awards program to honor excellence, dedication and service of those professionals whose steadfast efforts have bettered the health information management (HIM) field. These honors are a celebration of outstanding accomplishments which will be known as the Achievement Awards.

The Achievement Awards are state awards designed to recognize those special individuals who have made a difference in the HIM profession. A new awards program was developed in 2004-2005 as part of a campaign to recognize individuals who have made a difference in the HIM profession in the state of South Dakota. State awards are similar to the awards honored on the national level, known as the Triumph Awards. The Triumph Awards honor leadership in the HIM field, reward contributions that build our knowledge base, recognize excellence in preparing future HIM professionals, and encourage fresh and new leadership. These same qualities will be the basis of the State Achievement Awards program established/redesigned in 2004-2005.

Please take a few minutes to think of the person who is well-deserving of such recognition and take the time to nominate that person today. The nomination form and policy and procedure for nominating an individual can be found on the SDHIMA website at [www.sdhima.dsu.edu](http://www.sdhima.dsu.edu)

Achievement Awards will be awarded during the SDAHO convention held in the fall of each year. State awards will automatically advance to the national awards provided a national award exists and all supporting documentation is available.

Please send the nomination forms and materials to Jane Klemme, Awards Committee Chair, postmarked by Friday, April 22, 2005.

Jane R. Klemme, RHIA  
605 S. Grand Avenue  
Harrisburg, SD 57032-0494

Jane requests that the entire zip code be utilized to secure receipt of the nomination. You may contact either Jane Klemme or Kathy Dorale should you have any questions with the process.

Jane Klemme  
[jklemme@iw.net](mailto:jklemme@iw.net)  
(605)767-2655

Kathy Dorale  
[kathy.dorale@avera.org](mailto:kathy.dorale@avera.org)  
(605)322-4731

## Celebrate National Health Information Privacy and Security Week This April!

There has been continuous and energetic talk about the challenges and opportunities facing our profession. One challenge—and major opportunity—in the limelight this year is continuing to safeguard patient privacy and adopting the security measures that ensure those protections are a reality. Now is the time to demonstrate our willingness, expertise, and capability to meet the demands of the 21<sup>st</sup> century healthcare system—a system where privacy and security concerns are paramount.

AHIMA members have long been the leaders in protecting and securing personal health information. National Health Information Privacy and Security Week, April 10 through 16, is the perfect opportunity to educate employers, providers, and consumers about protecting the privacy and security of health information while promoting the vital role of the HIM professional.

To assist members, AHIMA offers a free online educational kit. Materials in the kit are designed for copying and distribution to patients and healthcare professionals in your institution. The kit is available at [www.ahima.org/hipsweek](http://www.ahima.org/hipsweek) and includes:

- List of top privacy and security challenges of the EHR transition
- HIPAA quizzes for HIM professionals and the public
- List of privacy and security resources
- Official product guide with commemorative merchandise to enhance your activities
- Press release
- Power Point presentation
- Downloadable logo

There are many things you can do to raise awareness during this week. Below are some ideas to help you get started (check out the online education kit for even more ideas):

- Lunch and Learn—Hold a brown bag lunch and learn for all facility employees.
- HIPAA Quiz Drawing—Distribute the HIPAA Quiz to employees to complete and turn in as an entry for a drawing. Check out the Official Product Guide for prize possibilities.
- Local Media Coverage—Work with your community newspaper or local TV or radio station to do a story on healthcare privacy and security. Use the sample press release on the Privacy and Security Week Web site to pitch your story to the local media.
- Advocacy—Use this week as an opportunity to address the challenges and opportunities facing the HIM profession. Visit the Advocacy Assistant at [www.ahima.org/dc/aa](http://www.ahima.org/dc/aa) where you can write letters to Congress, find and contact your local media and state-elected officials on important HIM issues, and access many other useful advocacy and policy resources.

For more information about National Health Information Privacy and Security Week, go to [www.ahima.org/hipsweek](http://www.ahima.org/hipsweek). Start planning for your successful Privacy and Security Week today!



Congratulations to Heather Moore, Lindsey Rice, and DeAnn Mattheai for earning the Sioux Valley Hospital USD Medical Center T.O.R.C.H. Award for Healthy in Spirit. It is great to see those in the HIM profession recognized for their exemplary work ethic and attitude! Way to go!!

AHIMA's Proposed Dues Increase  
Questions and Answers  
February 2005

These questions and answers were developed to help CSA leaders and state delegates answer inquiries from members. The March and April issues of *AHIMA Advantage* will also contain notices about the proposal. Feel free to distribute this document as you see fit; however, be advised that it is likely to be updated from time to time. For the most current information, go to the State Leaders and HOD Community of Practice at [www.ahima.org](http://www.ahima.org). Questions posted in the discussion threads will be answered by members of the Business and Audit Team of the AHIMA Board of Directors and staff.

What is the proposed dues increase?

If the proposal is approved, effective January 1, 2006, dues for active and associate members will be raised an additional \$20 per year. Dues amounts for students and new graduates would not change. Dues for senior members would increase by \$10. The increase would be as follows:

Class	2005	2006
Active	\$135	\$155
Associate	\$135	\$155
Student	\$35	\$35
New Graduate	\$100	\$100
Senior	\$50	\$60

(Note: These prices do not include CE assessment fees.)

Why is a dues increase needed now?

The dues increase is being proposed as a business decision. Its timing is partly a response to the concerns expressed in 2001 when the House of Delegates last enacted a dues increase (which was the first since 1993). In effect, members asked us "not to wait so long" next time, indicating that they would prefer smaller increases over shorter periods of time.

Today, AHIMA has a number of opportunities that did not exist in 2001. As movement toward a national health information infrastructure and e-HIM grows, there is more pressure than ever on AHIMA to take advantage of these opportunities for the HIM profession and provide new products and services. Despite stringent expense management, the price of member benefits and services continue to increase, thanks to inflation. To meet current demands and still balance the association budget, a dues increase is necessary.

A dues increase will help a strong organization remain strong. A corresponding increase in rebates to the component state associations (CSAs) will ensure that the states stay strong as well. CSA's currently receive 20% of dues, which totals \$1,060,000 in 2004. That amount will increase with the proposed dues increase to \$1,220,000.

Where do my dues dollars go?

AHIMA uses dues revenue dollars for three purposes:

1. CSA rebates: CSAs receive 20 percent of AHIMA membership dues annually

2. Direct member benefits
  - a. Communications
    - i. *Journal of AHIMA*: Showcasing the HIM profession in an award-winning publication with a broad array of practical content
    - ii. Other communications: Bringing you the latest news about the association and the profession in publications like *AHIMA Advantage*, the electronic newsletter E-Alert, and the online research journal *Perspectives in HIM*
  - b. Online services: Offering timeliness and information with other electronic forms of communication, like the ahima.org Web site and Job Bank
  - c. Communities of Practice: Encouraging information sharing among members with a one-of-a-kind online networking and collaboration tool
  - d. The FORE Library: HIM Body of Knowledge: Opening research possibilities with an online repository of HIM and industry content for members only
  - e. FORE Foundation: Support of programs advancing the HIM profession - research, e-HIM funded initiatives, leadership development, and scholarships
  - f. Volunteer support: Supporting state leaders, councils, committees, and task forces while they address association and practice-related issues
  - g. Professional practice support: Expanding and improving professional content in all member benefits and throughout the industry publications
3. Support for the HIM profession:
  - a. Professional practice - Standards development: Achieving new levels of cooperation with other organizations to build consensus on standards for the industry
  - b. Legislative: Influencing legislative and regulatory actions to advance HIM positions as well as communicate these to members
  - c. Education: Ensuring high-quality educational programs and providing support to educators
  - d. Accreditation: Strengthening accreditation of academic programs through the work of the Commission on Accreditation for Health Informatics and Information Management Education
  - e. Public relations: Enhancing the image of the profession and spreading the word throughout the healthcare industry

This chart shows the total cost of benefits and services per member:

Category	Dollars/Member
CSA Rebates	\$21
Communications	\$7
Membership Department	\$16
Communities of Practice/ Body of Knowledge	\$10
FORE Foundation	\$5
Volunteer Support/ Governance	\$24
Professional Practice	\$33
Legislative & Regulatory	\$23
Education/Accreditation	\$7
Public Relations/ Image Marketing	\$9
Total Cost of Benefits & Services	\$156

What portion of member benefits and HIM professional support is not covered by dues?

The financial strength of a membership association such as AHIMA is determined by membership growth and retention, its ability to generate revenue other than dues, and the health of its fund balance or reserves. All three of these factors have been in good alignment for AHIMA. Because of this financial strength, the association has been able to expand programs and undertake new initiatives on behalf of its members.

An important factor is our ability to generate non-dues revenue. Currently, dues revenue comprises just over 25 percent of total AHIMA revenues. In contrast, the dollar amount of dues an individual member pays is low compared to the services provided and the value of the benefits he or she receives. Currently, active members pay \$135 per year and receive \$156 in benefits.

Why can't revenues other than dues cover the shortfall for the costs of member benefits not covered by dues revenue?

While revenues other than dues opens opportunities for AHIMA to do some things, the association can't rely on it to cover all expenses, for these reasons:

- AHIMA must focus on its mission. Over reliance on pursuing non-dues revenue may compel us to lose focus on the mission or chase opportunities that may not mesh with the mission. In addition, one aspect of our mission is to provide professional development opportunities that may only be important to a small segment of the membership.
- AHIMA wants to keep prices for its products reasonable. This necessarily limits the profitability of any given product.
- Non-dues revenue does not generate automatically; it has to be re-earned each year. The levels of non-dues revenue generated may vary from year to year.
- There is the risk each year that markets and the economy may change quickly and the non-dues revenues would be significantly reduced in a short period of time.
- We're spending it as we make it. Currently, all profit from non-dues revenue is being directed to support other products or member benefits.

Why can't we use money from our fund balance (reserves) to cover the shortfall?

AHIMA thinks of its fund balance or reserves as a savings account. They are resources for an emergency or a one-time opportunity. It may help to think of the fund balance the way you would think of your retirement savings-good financial management would indicate you wouldn't use this money to pay your day-to-day bills. In the same way, AHIMA does not want to enter into a situation of deficit spending where it is permanently spending more than it takes in.

The fund balance is currently at a level of 127%, meaning it could subsidize 127% of AHIMA's operations for a year in the absence of any revenue. This level of funding gives the association the security to weather a short-term financial crisis or to invest in new opportunities without an immediate payback.

Similarly, investment returns cannot be counted on in the short term to fund operations. Our returns were excellent in 2003 and good in 2004, but these are not guarantees that future years will be just as good. (Remember how your 401K statements looked in 2000, 2001, or 2002?)

Will maintenance of certification fees remain the same?

Yes, there are no increases in maintenance fees scheduled for 2005 or 2006.

What are dues trends in other associations?

An analysis conducted in January 2005 shows that dues in other associations vary widely, but many are as high or higher than those paid by AHIMA members and some include additional state or local chapter dues.

Association Name	Annual dues	Dues Information	StateRebate/ Support
American Health Information Management Association	\$135		Yes
American Medical Informatics Association	\$250		No
American Association for Medical Transcription	\$135	\$45-\$60/3 year cycle. State/local chapters may charge additional dues. Does not include maintenance fees	No
American College of Healthcare Executives	\$220/<3 years \$285/3-5 years \$325/> 5 years	\$110 application fee	Yes
Healthcare Financial Management Association	\$225		Yes
Canadian Health Information Management Association	\$215	Includes both dues and maintenance fee. Provinces usually charge additional dues.	Yes
American Physical Therapy Association	\$245	Does not include state dues - range from \$0-180	No
Medical Group Management Association	\$355	\$95 application fee	No
American Dietetics Association	\$175		Yes
American Academy of Professional Coders	\$85		Yes
American Nursing Association	\$171 - \$400	Dependent on state licensing fees	Yes

Are there ways I may be able to convince my employer to pay my dues?

Yes, AHIMA has put together a number of talking points for members to use to help convince their employers to pay their membership dues. The "Value of Membership" flyer explains how employers benefit from AHIMA members being on staff and how paying for membership supports education, leadership, quality, and employee retention. The flyer is available at [http://www.ahima.org/membership/value\\_membership.cfm](http://www.ahima.org/membership/value_membership.cfm).

Can I pay my dues in installments?

AHIMA will pilot test a payment plan for active and associate members.

Here's how it would work for an active member without a CHP or CHPS credential (higher annual certification maintenance fees for the privacy/security credentials):

- three \$60 dues payments over six months
- includes an up-front processing fee of \$15
- includes a \$10 annual certification maintenance fee (for active members)

The payments will be set up as automatic withdrawals from bank accounts or applied as charges to credit cards.

We hope this document has helped you better understand the dues increase proposal. For the most current information, go to the State Leaders and HOD Community of Practice at [www.ahima.org](http://www.ahima.org). Questions posted in the discussion threads will be answered by members of the AHIMA Board of Directors and staff.

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#### Important Correction Notice

In the letter with the SDHIMA ballots, I inadvertently stated that the election results would be announced at the Spring Meeting in Spearfish -- that should have read "Spring Meeting in Madison".

Ballots are due on April 1, 2005 and the results will be announced on April 7th.

Please except my apologies. I hope this did not confuse anyone.

Hope to see all of you in Madison.

Thanks.

Katherine Andersen-McCarthy



We would like to say congratulaions to Julie Anderson on her marriage to Brent Knickrehm on October 2, 2004! Julie is Claims Supervisor of Centralized Billing Services for Sioux Valley Hospitals and Health System. Best wishes to Brent and Julie Knickrehm!









nurses around the region through its advanced telemedicine to provide the best possible care to ICU patients. The effects on documentation, patient outcomes, and other aspects of the eICU will also be presented.

3:30 – 4:30 PM      **"Making a Business Case for an Integrated Practice Management and Electronic Medical Records System"**

Presenter: Justin Ingalls with High Plains Technology (Formerly with Sioux Valley Clinics)

Description: This clinic-focused presentation will walk through the places where our system can streamline operations, lower expenses, and add additional revenue while creating an environment that is highly efficient with an emphasis on optimizing patient care. As part of the presentation, we will make an offer to attendees to help gather clinic specific facts which will result in a customized business case relative to their clinic.

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**Friday, April 7, 2005**

**"Turning Theory into Practice: The Next Steps for e-HIM"**

Presenters: Mary Stanfill, RHIA, CCS, CCS-P and Michelle Dougherty, RHIA, CHP AHIMA representatives

Description: Understand and master the changes that occur when moving from a paper-based to an electronic health record (EHR) system.

- 8:00 – 8:15 AM      Introduction
- 8:15 – 9:45 AM      Achieving the EHR in the Context of Organizational Challenges
- 9:45 – 10:00 AM      Networking Break
- 10:00 – 12:00 PM      Migration Path to EHR
- 12:00 – 1:00 PM      Lunch
- 1:00 – 3:00 PM      Fundamentals of EHR Technology
- 3:00 – 3:15 PM      Networking Break
- 3:15 – 4:15PM      e-HIM Practical Tools
- 4:15 – 4:30PM      Questions

## SDHIMA 2005 Annual Conference

Dakota Prairie Playhouse  
820 N. Washington Avenue (North side of Madison)  
Madison, South Dakota  
April 7 and 8, 2004

SDHIMA REGISTRATION: Use for Thursday and Friday

AHIMA ID# \_\_\_\_\_ List Credential(s) \_\_\_\_\_  
(Section above for SDHIMA members only)

Full Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If Student, HIT/HIM Program Director's Signature: \_\_\_\_\_

### REGISTRATION FEES:

	Entire SDHIMA Conference (Thur – Fri.) (14 CE's)
SDHIMA/AHIMA Member	\$95
Non-Member	\$150
Student	\$25

Meals Included: Breakfast, lunch, and breaks on Thursday and Friday.

- Lodging availability:
- 1) Americinn Lodge and Suites **(605)-256-3076**  
504 SE 10<sup>th</sup> Street (off of Hwy. 34 – Southeast side of Madison)
  - 2) Super 8 Motel **(605) 256-6931**  
219 N. Highland Avenue (off Hwy 34 on the Southwest side of Madison)
  - 3) Lake Park Motel **(605) 256-3524**  
1515 NW 2<sup>nd</sup> Street (off of Hwy 81 on West side of Madison)
  - 4) Camp Lakodia on Lake Herman **(605) 256-3719**  
45156 235<sup>th</sup> Street – Cabins by the lake (off of Hwy34/Hwy 81 on far West side of Madison)

### Payment & Mailing Instructions

Send registration form(s) with payment to: **Michelle Almquist, RHIA, CCS, CCS-P**  
**Avera Health - 3900 W. Avera Drive Sioux Falls, SD 57108**

**Deadline to register:** April 1, 2005

SDHIMA Members requesting help for funding conference expenses? See scholarship application and information available in this newsletter.

This year marks a great milestone on the campus of Dakota State University. Thirty years ago the Health Information Management Program was started here at DSU. Many changes have happened throughout the 30 years and we would like to celebrate. We are planning a 30 year reunion to be held on the campus of Dakota State University on April 9, 2005. The event will be held at the Dakota Prairie Playhouse. There will be a brunch in the morning with speakers, campus tours, and plenty of visiting following brunch and throughout the day. Please see the schedule below for the plans for the day. Cost to attend is \$15.00 which includes the meal. Attendees will also receive 1 CE Credit for the motivational speaker. This event is being planned in conjunction with the SDHIMA Convention so plan to come and enjoy yourselves. If you would like more information about the SDHIMA Convention, please visit [www.sdhima.dsu.edu](http://www.sdhima.dsu.edu). We do not have a complete mailing list of the HIM Alumni so please spread the word about this event, especially to the alumni that are out of state.

### Schedule of Events

9:30-10:30 – Registration  
10:30-11:00 – Welcome  
Dr. Knowlton – DSU President  
Dorine Bennett – Director of the HIM Program  
Rena Spohn – President of SDHIMA  
11:00 – Brunch  
12:30 – Speakers  
Dorine Bennett – Director of the HIM Program – Recognize Past Faculty  
Keynote Speaker – Brenda Hanley – Motivational Speaker (attendees will receive 1 CE Credit)  
2:00 – Campus Tours  
3:00 – Closing and gathering in the Marketplace

If you have any questions or comments please e-mail Dorine Bennett at [Dorine.Bennett@dsu.edu](mailto:Dorine.Bennett@dsu.edu) or Christi Lamb at [lambc@pluto.dsu.edu](mailto:lambc@pluto.dsu.edu). We hope you can plan to attend the 30 year reunion of Health Information Management!!

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Name: \_\_\_\_\_  
Number planning on attending: \_\_\_\_\_  
Amount enclosed: \_\_\_\_\_  
Year graduated: \_\_\_\_\_  
Degree Earned: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Current Employment and job title: \_\_\_\_\_  
Brief Biography (family, hobbies, etc.): \_\_\_\_\_

Please return this form by March 29, 2005 to Christi Lamb  
211 N. Jefferson  
Madison, SD 57042

## **Continuing Education Funding Money Available**

Continuing education money is available to active SDHIMA members for the purpose of helping practitioners who are financially responsible for all or most of their own continuing education hours. The continuing education dollars must be used to attend the SDHIMA Spring Meeting.

Criteria have been established by the Education Funding Committee, presented to the board and approved by the membership. A “scholarship” will be available for two SDHIMA members to attend the 2005 Spring SDHIMA meeting in Madison.

The scholarship money provided may be used to help with the expenses of the registration fee, meal, lodging, and travel expenses. A maximum of \$150.00 will be awarded to two members.

Scholarship Criteria:

- Must be an active SDHIMA Member
- Must receive no or partial employer assistance
- Must be a member of SDHIMA at least two years (showing level of commitment)
- Must agree to submit an article for upcoming newsletter summarizing highlights of meeting attended.

The scholarship money will be awarded in a lump sum to the recipient at the Spring Meeting. If necessary, the recipient may make prior arrangements with the Treasurer for the scholarship money.

Awards will be given based on:

- Amount of assistance received from employer
- Number of years of membership
- Positions held/committee involvement in State Association
- Brief narrative of accomplishments, etc.
- Future goals
- When, if ever, money was received before from this fund

Records will be kept of those who receive funding and of those who apply, but do not qualify or receive funding. An effort will be made to give preference to those who have not received funds previously (or in the recent past). In no even will funds be awarded to one person more frequently than every two years.

Applications for the scholarship will be included in the SDHIMA newsletter and must be returned as outlined in the registration form.

The selection committee will consist of the Director of Education of SDHIMA, the Treasurer of SDHIMA (each serving during their term on the board), and two members from the Education Funding Committee.

The Treasurer will notify the scholarship recipient/s at least seven days prior to the due date of registration of the Spring Meeting.

If one, or both, of the recipients is/are not able to attend the Spring Meeting, other applicants may be considered for the scholarship money. This will be at the SDHIMA Board’s discretion.

Revised: October 2004

**South Dakota Health Information Management Association  
Continuing Education Scholarship  
2004 –2005**

Name: \_\_\_\_\_ Credential: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

For the current year, list the dollar amount received from you Employer for Continuing Education \_\_\_\_\_  
\_\_\_\_\_

**\*Provide a brief narrative of accomplishments, future goals, etc.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Active Member of SDHIMA for \_\_\_\_\_ years**

**\*Please list and briefly describe any position held/committee involvement for in SDHIMA. (Note: Criteria for selection for this scholarship are not based solely on prior SDHIMA involvement.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*You may also attach a current resume.*

**If awarded a Continuing Education Scholarship, I agree to submit an article for an upcoming SDHIMA Newsletter regarding a highlight of the event attended. (Summarize an educational session, meeting highlight)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit completed  
application to:  
Jamie L. Husher  
711 NE 8<sup>th</sup> Street  
Madison, SD 57042**



The SDHIMA Membership Committee urges you to review your membership profile at the AHIMA website. Please update and make changes as needed. It is very important that it contains correct information about you. Thank you for your prompt attention to this matter!