News and Views

News & Views
October, 2020

Mission: Empowering People to Impact Health

Vision: A world where trusted information transforms health and healthcare by connecting people, systems & ideas.
“In the middle of difficulty lies opportunity.” – Albert Einstein

Difficulties have become inherent in our day to day lives due to COVID-19. This year and this pandemic have been hard. The magnitude of challenges this crisis has thrown our way is unprecedented. The way we work, connect, learn, and live has all shifted- adapting to a new normal. In the midst of difficulty, we have been challenged to change how we do “life”. This has created new opportunities and is cultivating innovation. It’s easy to get wrapped up into all the chaos that surrounds 2020, but I choose to see this year from a different perspective. At the center of our COVID-stricken pandemic is the key which unlocks it’s solution; change. There have been so many good changes and creative ideas that have come from this pandemic. My personal favorite is the article about a man that built a “candy slide” out of PVC pipes, so he could safely deliver candy to the trick or treaters in his neighborhood. Whether you’ve been able to pick up an old hobby you forgot you loved, spend extra time with your kids, or create a new way of doing something; those have been the solution to this year. We do not know what post-COVID life will look like, but I hope we can remember one positive change and take it with us throughout the years.

During this year, there is no other profession I would rather be a part of. HIM professionals show up and step up to the plate when it matters most. Agility is one of AHIMA’s transformation values for a reason. We are no strangers to change. It’s the only constant in healthcare and what we handle best. This year has truly pushed NHIMA to be futuristic thinkers. Instead of wanting to change, we are changing. Tough decisions have had to be made. The NHIMA Board has kept our members and fiscal responsibility at the forefront of every decision. I believe we have served you well with the following announcement.
The NHIMA Board has voted to cancel the in person 2021 Annual Conference in Kearney. We will still be providing a virtual 2021 Annual Conference to our members. We are in the beginning stages of planning this virtual conference and would love to hear from you. If you have any comments, questions, or suggestions please go to https://www.nhima.org/contact-us/. Please make sure to read my other article in this Newsletter for further insight to the conference decision and what we have planned in the coming years.

There is also a fantastic article summarizing the 2020 Virtual AHIMA House of Delegates meeting written by Lori Richter- NHIMA 2nd Year Director. There is a lot happening at AHIMA, so make sure you read it to stay up to date!

I hope you all are staying healthy!

Jennifer Hoffman, RHIA
President, NHIMA

The NHIMA Board wanted to give the members a little background on the discussion behind the choice to cancel the in person 2021 Annual Conference. It was a very tough decision and a lot to consider. We are unsure of what 2021 will look like or when this pandemic will be over. The financial impact COVID has had on organizations and individuals has been substantial and one of the main focus points when making this decision. Educational funding from organizations is being cut which would leave some members to pay their own way. Members would have to travel, pay for a hotel, pay for the conference, and budget other expenses. We did not think April 2021 would be enough time to recover from the financial burdens brought on by COVID. There are too many uncertain and unpredictable variables to have an in-person conference. Making this decision now helps us plan a well thought out virtual conference and gives us time to receive input from you!

We know many of you value the networking an in-person Annual Conference offers. The board had been noodling ideas for monthly “Chat with the Board” zoom meetings. This could be a “lunch and learn” or just a “Coffee with the Board” so we can engage with our members and give you opportunities to network. Is that something you would be interested in? Let us know! (contact link below)

When notifying Younes Center of our cancellation, they informed us it would be a $11,000 cancellation fee. NHIMA understands this situation is unfortunate for both parties but being
long time customers of the Younes center, we worked with them to meet in the middle. After much discussion between the Board and Younes Center, it has been decided to book a one-day conference in April 2022 and a one-day conference in April 2023. By booking the one-day conferences in 2022 and 2023, we were able to avoid the $11,000 cancellation fee. The Board was being fiscally conscious with this decision along with following our strategic plan. The 2019-2020 NHIMA Board created a five-year strategic plan that included the slide below. At the time we created the strategic plan, we wanted our five-year plan to explore new educational opportunities which included changing the format of our three-day Annual Conference. We want to be able to have a few one-day conferences and open up our possibilities. This circumstance was the push we needed to actually make a change.

This year has been hard on the NHIMA Board. We want to make sure we are serving our members right. We have taken these decisions very seriously. If these decisions made you have questions or sparked some good ideas, we encourage you to make your voices be heard! We encourage you to volunteer for upcoming elections! The NHIMA Board wants our members engaged and voices being heard. We want to hear from YOU! Let us know your thoughts, questions, or suggestions at this link https://www.nhima.org/contact-us/.

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### Board Action Plan

**One Year**

- Develop and distribute environmental scan of our membership on at least a bi-annual basis.
- Evaluate the legal guide on at least a bi-annual and coordinate with legal counsel on an as needed basis.
- Develop a standardized agenda for regular updates, decisions to be made that’s built on content of the strategic plan.

**Five Year**

- Explore new educational opportunities based on the conference committee recommendations.
- Multiple one-day conferences, ½ day conferences, in person or virtual

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####
Five of your NHIMA board members were proud to represent you, the Nebraska Component State Association (CSA) at the AHIMA House of Delegates (HOD) during the 2020 Virtual HOD Meeting on October 17!

The meeting looked quite different this year as we all embraced the virtual platform due to the current state of the pandemic. I believe it went very well during this historic time healthcare has had to embrace such vast amounts of change – and so did the HOD – and I think we all did it with grace! During the HOD the day centered around 10 categories. I will highlight them below. If there are any questions or interest for more information please don’t hesitate to utilize the ‘Contact Us” section of the NHIMA home page at nhima.org.

- The Challenge
- Sustainment
- Professional Enhancement Campaign
- ACCESS
- PatientID Now
- Social Determinants of Health
- Timely Content
- Pathfinder Sessions
- Bylaw Amendments

**The Challenge:** This year AHIMA continues to challenge us to be purpose driven, transformational leaders and role models. We are all called to embrace the future of health information, human information. As Wylecia Wiggs-Harris, AHIMA CEO, opened the day she emphasized the importance of anchoring back to our mission, vision and primary purpose.

- Mission – empowering people to impact health
- Vision – A world where trusted information transforms health and healthcare by connecting people, systems, and ideas
- Primary Purpose – The primary purpose of AHIMA as a member association is to commit to excellence in the management of health information for the benefit of patients and providers.
Sustainment: AHIMA has had a keen focus in 4 categories to ensure sustainment in this environment: defense, stabilize, offense, and reset. This is an important way to help leaders within AHIMA, all of us, to structure our way of thinking; by organizing our challenges and proactively thinking through how to make sure that we are not a part of the 7% of nonprofits that are expected to fail in the next 36 months. This model helps us understand what we do well... what we must do immediately... and what we need to remove/reset and stabilize to get us to a place of playing offense to help us leverage our resources across AHIMA.

The NHIMA Board valued this presentation as it continues to show the openness and new agility of AHIMA with Wylecia’s plans to keep AHIMA in the healthcare space.

Professional Enhancement Campaign: The AHIMA team presented on the Professional Enhancement Campaign (PEC). The PEC’s focus is to clearly define the role of health information professionals, while simultaneously elevate the importance of the profession and its impact to patient care; ensuring we always see the patient behind the data is so very vital. Health information IS human information. Health information is everywhere; because health is everywhere, we need to be everywhere. We all need(ed) to expand our thinking of how to move into a global network/community. We encourage everyone to create their own personal story, their own personal brand. Access the toolkit link here: Professional Enhancement Campaign Toolkit.

Here is my personal brand statement to give you an example.

As a Health Information Professional, I draw on a comprehensive understanding of operations and compliance across multiple care sites within the health IT regulatory environment to ensure that health information created (by any means) is able to be maintained in a secure location, where the data is
accessible, retains its integrity, is interoperable, and trusted by professionals and patients throughout the healthcare continuum.

In my specific role as a leader in Health IT Regulatory Oversight, I lead through expertise and influence with my ability to partner across the organization communicating a holistic approach to the healthcare environment keeping an eye on, and conveying compliance risks, while asking the right (sometimes hard) questions. I am successful by utilizing a focused approach, breaking down the details and providing oversight – focusing on the integrity and governance of the information. In working closely with clinicians, information technology, revenue cycle, virtual care teams, digital leaders, legal and others, I lead towards bringing the focus back to documentation integrity for our patients and business records. In doing so I provide expertise to bridge the gap between documentation requirements, information governance and clinical needs so we can better care for, and communicate with, patients in our communities and work towards the healthcare of the future.

**ACCESS:** Wyclecia Wiggs-Harris focused during the HOD on the themes of hope and community. Watch for the role out of a new place for partnerships... collaboration... And growing our professional community. AHIMA Access debuts in the early part of 2021. ACCESS will be the place to build your health information network and professional community. ACCESS will be an uplifting on-line space evolving our membership expertise and support each other through enhanced growing, learning and communication. This new ACCESS system will replace the current AHIMA Engage communities. I was proud to announce, alongside her this new tool for AHIMA members. ACCESS stands for AHIMA, Curated, Communities to Enhance Success and Sustainability.

In 2021 ACCESS will be the place where you go to build your health information network and professional community. ACCESS is expanded across health information and other professional resources. ACCESS will allow you to customize your health information professional persona by joining communities specific to your interest and leadership path. ACCESS will provide you unlimited access to networks outside of traditional HIM, in the broader healthcare ecosystem. I am proud to say I was part of an agile work group Wyclecia pulled together to help imagine ACCESS and create the future of collaboration across our organization! I look forward to sharing it with you further in 2021! #hottopics #payorprovider #healthIT #regulatorycompliance #bestpractices #educator #diversityequityinclusion #careermobility
**Strategic Outcome:** Another focus of the day was looking at strategic outcomes.

1- Strategic Outcome #1 is to advance and advocate for the creation and use of trusted information across the evolving health care continuum.
   
a. AHIMA’s Future Role: AHIMA is a thought leader, legislative and regulatory authority, and industry convener around cutting-edge topics across the health information lifecycle. This includes advancing the way accurate, quality information is created, stored, protected, accessed, and used to improve care at all touchpoints across the health continuum and in all settings and methods of delivery.

2- Strategic Outcome #2 is shaping the information profession by growing the influence and competitiveness of health information skill sets.
   
a. AHIMA’s Future Role: The healthcare industry looks to AHIMA as the knowledge provider, certifier, trusted advisor, and preferred partner for organizations and professionals in the use of health information. AHIMA’s professional audiences are viewed by healthcare and other industries as leading experts in the use of trusted information. To do this, it includes industry collaborations with Ken Blanchard Companies, Quest Diagnostics, Wolters Kluwer, HFMA, CHIME, and many others!

3- Strategic Outcome #3 is to drive strategic transformation and renewed growth as a great partner and place of work.
   
a. AHIMA’s Future Role: AHIMA is a customer-centric, innovative growth organization that delivers an unparalleled experience for its audiences, and partners with industry leaders to achieve its vision. AHIMA staff thrive in a safe, inclusive, and high-performing culture that enables teams and individuals to grow and drive strategic impact

**PatientID Now** – AHIMA is a founding member of Patient ID Now. Their work was vital in helping ensure the U.S. House of Representatives voted to remove the longstanding ban that stifles innovation around patient identification. Go to the website to learn more: [https://patientidnow.org/](https://patientidnow.org/)

**Social Determinants of Health** – AHIMA is focused on and encourages all members to find a seat at the table to understand vulnerabilities within our communities. There is a new article in the Journal of AHIMA focusing on this topic with a vibrant article by Julie Pursley. I encourage you to read this article and learn more about this topic.

**Three New Policy Statements** - The AHIMA board provided three new policy statements to the HOD this year. Four more were recently approved as well. The three highlighted are listed below.

To read further on AHIMA and Advocacy read here: [https://www.ahima.org/advocacy/key-issues/](https://www.ahima.org/advocacy/key-issues/)
AHIMA Policy Statements

Integrating Clinical and Administrative Health Data
AHIMA supports the use of policy and other tools to realize the benefits of greater integration of clinical and administrative data, including improved patient experience, decreased administrative costs, reduced provider burden, and improved quality of care and outcomes.
Read full statement

Patient Identification
AHIMA supports the accurate identification of patients to enhance patient safety, while also improving interoperability and the appropriate use of workforce resources. Health information (HI) professionals have extensive knowledge and expertise to inform and advance public policy that seeks to improve the accuracy of matching patients to their health information.
Read full statement

Health Information held by HIPAA non-covered entities
AHIMA supports the use of policy to address existing privacy, confidentiality, and security gaps in the protection of health information held by Health Insurance Portability and Accountability Act (HIPAA) non-covered entities. Federal privacy and security baseline standards should be developed for the protection of health information held by data holders 1 outside of the scope of HIPAA.
Read full statement

Timely Content: AHIMA has worked hard to create timely content; content we never knew we would need, such as content to help navigate COVID related documentation and healthcare needs. AHIMA has worked on stepping up their game with more content in the form of webinars, articles, templates, telehealth, enforcement and other. They are working ‘just in time’ to be our resource, a resource of choice for all members. I encourage you to use AHIMA.org as a resource!

Pathfinder Sessions: A highlight from our day was being able to break out into separate meeting virtual rooms for deep dive discussions with smaller groups on the direction of the organization and where we all believe our focus should be and where healthcare is going; including how COVID has played such a large role in changing some of our healthcare landscape quicker than expected (such as in telehealth and other virtual care aspects). These breakout sessions focused in 6 areas: 1) Taking the Lead in Data Governance, 2) The Future of Patient Identification and Matching, 3) The Role of the HI Professional in Shaping Health Equity, 4) Public Health, Ethics, and Health Information, 5) Revenue Cycle Challenges for Health Information and 6) Telehealth in the Future. Watch for more materials or discussions on these vibrant breakouts.

Bylaw Amendments: There were 4 bylaw amendments reviewed to move forward. There was much healthy discussion. Jennifer Hoffman, NHIMA President is highlighting the proposed amendments in an additional article in this News and Views.

Thank you for your attention to the many details above! I know there were many, we were amazed at how busy our AHIMA leader have been over the past year.

# # # #

8
AHIMA House of Delegates (HoD) Bylaw Changes

Jennifer Hoffman, RHIA

This year the HoD meeting was held virtual which made the debating and voting process look a little different than in person. We voted on an app called slido and were able to “raise” our hand in Zoom if we wanted to debate or propose any new amendments. Even though the meeting was virtual, it was still conducted following Roberts Rules of Order and Parliamentary Procedure. The process did take longer as we all adjusted to the new format, but we made it through!

There were six action items that were being voted on during this meeting. AHIMA had proposed new bylaw changes before the HoD for the delegates to review. Since AHIMA was making the proposed changes, the motions did not have to be seconded. During the debate of the proposed motions by AHIMA, amendments were brought forward by CSA delegates. Almost all of the six action items had amendments brought forward. The motion to amend needed to be seconded, then debated, then voted on. If the amendment passed, the HoD then went back to debate and vote on the newly amended proposed bylaw change. Only one of the amendments brought forward was passed and this was for action item 4.2. The other action items did have amendments proposed by CSA delegates, but they did not get enough votes to pass. The other five proposed new bylaws changes by AHIMA (action items) all got the two thirds majority to pass.

4.2 bylaw change as proposed by AHIMA:

The changes are as follows: 4.2. Rights of Members. Membership shall entitle individuals to participate in the programs and services of AHIMA, and to be a member of a Component State Association, with the rights and benefits that are accorded to members by AHIMA from time to time. Members shall also have the right to elect the Board of Directors, certain Officers of AHIMA, and certain members of The Commission on Certification for Health Informatics and Information Management, all as set forth below. Members with a preferred mailing address within the United States will be included as a member of a Component State Association (2020 House of Delegates Frequently Asked Questions Changes to the AHIMA Bylaws 10.10.20 Page 2 of 5 (including members with preferred mailing addresses in the Commonwealth of Puerto Rico, the District of Columbia and the territorial possessions of the United States, where a Component State Association has been organized). Members with a preferred mailing address outside the United States will not be assigned to a Component State Association and will be entitled to digital membership privileges. (This highlighted section was amended during the HoD meeting).

Tennessee made an amendment to this proposed change to allow international AHIMA Members the option to choose a CSA. (See highlighted sentence). The Tennessee amendment passed and the proposed (by AHIMA) amended (by Tennessee) motion passed. AHIMA is still working on getting the full bylaw changes published. Once those are
posted we will post to the NHIMA Facebook Page. If I remember correctly the new bylaw will state something similar to this, “Members with a preferred mailing address outside the United States may choose a Component State Association…”

Please refer to the Q & A attached to the end of the newsletter for the rationale and decisions behind the other action items. Please reach out if you have any questions! I know Parliamentary Procedure can be confusing, so I hope I explained this well.

**AHIMA Journal**

Have you heard the Journal of AHIMA has gone digital….The newly all-digital Journal of AHIMA is available on-line and will no longer be available in a paper format.

The Journal can be accessed at journalahima.org.

**Welcome to the following new NHIMA members!**

<table>
<thead>
<tr>
<th>Kristine Aitmassaoud</th>
<th>Jessie Burrows</th>
<th>Taylor Colson</th>
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<tr>
<td>Becky Contrerez</td>
<td>Sue Devoy</td>
<td>Diane Ehrhart</td>
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<td>Mary Gulzow</td>
<td>Jennifer Harris</td>
<td>Amanda Hoferer</td>
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<tr>
<td>Jessica Houseworth, RHIT</td>
<td>Wendy Kennedy</td>
<td>April Kosiba</td>
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<tr>
<td>Angie Lemieux</td>
<td>Chris Marker</td>
<td>Jenny Newman, CCA</td>
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<tr>
<td>Kaylen Parsons</td>
<td>Jasna Polivka, RHIT</td>
<td>Kristina Propes</td>
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<tr>
<td>Erin Reed</td>
<td>Nancy Steidley</td>
<td>Kelby Stueven</td>
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<tr>
<td>Natalie Stuto</td>
<td>Stacy Styskal</td>
<td>Candace Tingelhoff</td>
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<tr>
<td>Blanca Vasquez</td>
<td>Diana Vela-Svasek</td>
<td>Laurie Weimer</td>
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**NEW CREDENTIALS**

Congratulations to those earning new credentials!

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<thead>
<tr>
<th>Stephanie Brooks, RHIT</th>
<th>Jessica Houseworth, RHIT</th>
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<tr>
<td>Cynthia Miller, CCA</td>
<td>Nancy Steidley, CCA</td>
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NEHII

Nebraska Health Information Initiative (NeHII), announced it is expanding its behavioral health data platform, which includes social determinants of health data, to six additional states including Iowa, Kansas, Minnesota, Missouri, North Dakota and South Dakota. Read the complete article at


Save on UPS Shipments with Your AHIMA Membership

AHIMA and UPS took the guesswork out, and put the easy in. Members now have access to new and improved flat-rate pricing with savings of 50 percent on Domestic Next Day/Deferred; 30 percent on Ground Commercial/Residential; and up to 50 percent on additional services. In addition, members can take advantage of UPS Smart Pickup® service for free. Log into myAHIMA and scroll down to the UPS Affinity partner for more information and the member-only to link to get started.
~Building Blocks for Professional Growth~

Virtual Conference

The NHIMA virtual conference/webinars are ready and posted on the website. Purchase options are available from one session to the entire offering. Select from presentations on I-11, Chargemaster and Charge Capture, Medicare/Medicaid Fraud Targets, Hot Topics in HIM, I-10 Coding Scenarios, Obstetrics Coding and the 2021 E/M level changes!

#####

FY 2021 ICD-10-CM Official Coding Guidelines Available

The Fiscal Year (FY) 2021 ICD-10-CM Official Guidelines for Coding and Reporting have been posted on the Centers for Disease Control and Prevention web site. Changes include a new guideline for vaping-related disorders and updated COVID-19 guidelines.

The FY 2021 ICD-10-PCS Official Guidelines for Coding and Reporting were previously posted on the Centers for Medicare and Medicaid Services website.

#####
Information Blocking and Interoperability Resources

The final rules on information blocking and interoperability promise significant improvement in health data access and interoperability for every healthcare stakeholder—from patients and providers to technology vendors and payers.

Meeting the basic imperatives of the Cures Act is not the end of a process, however, but the first step in a much longer journey toward an interoperable, person-centered healthcare system.

In the October issue of Journal of AHIMA you will find a curated collection of articles on implementing the information blocking and interoperability final rules. These articles will equip health information professionals with the necessary resources to adapt to new realities, while also empowering them to provide evidence-based expertise to professionals in every domain of the healthcare ecosystem.

#####
Nebraska Hospital Association’s Document Retention Schedule

The Nebraska Hospital Association (NHA) is pleased to provide its membership with a Document Retention Schedule (Schedule). The Schedule includes a comprehensive list of hospital documents and their suggested retention timelines.

This retention schedule is provided as a benefit to NHA members for informational purposes only and should not be viewed as legal advice or opinion on particular matters. It is important that hospitals seek advice from their legal, information technology, business, compliance and other departments when adopting and updating such policies.

The Document Retention Schedule can be found at

file:///C:/Users/nebra/Downloads/NHA%20Retention%20guidelines.pdf

COVID’s Impact on the Future of HIM: Coding, CDI, and ROI

In this virtual roundtable, three HIM experts share insights gleaned from their experiences during the initial COVID-19 outbreak. The focus is on challenges and best practices in coding, clinical documentation improvement, and release of information.

And Finally........

Questions, comments, thoughts to share? Contact the NHIMA Board at

nhima_coordinator@outlook.com

NHIMA website: nhima.org

NHIMA Board

Jennifer Hoffman, RHIA, President
Mindi Benis, RHIA, CCS, Past President
Michelle Perkins, CCS, CPC President-Elect
Marilyn Blunck, RHIT, Secretary
Cindy Sestak, RHIA, Treasurer
Lori Richter, RHIA, CPHIMS, CHPS, 2nd year Director
Paula DeFreece, CCS, 1st year Director
Elizabeth Morgenroth, CPC, Student Representative
Mary Meysenburg, RHIA, CCS, Central Office Coordinator

You often feel tired, not because you've done too much, but because you've done too little of what sparks a light in you.

Leadership First. giffordthomas1@gmail.com

2020 House of Delegates Frequently Asked Questions
Changes to the AHIMA Bylaws 10.10.20

(Changes are noted in blue)

1. **Why is management being removed from specific sections of the Bylaws?**

   **This change aligns our bylaws with our original purpose statement.** “...The primary purpose of AHIMA as a member association is to commit to excellence in the management of health information for the benefit of patients and providers.” This purpose refers to the “excellence in the management of health information”.

   This change relates only to the phrase “health information management profession” in the bylaws.

   **What this change does NOT do:**

   This change does not necessitate a name change for AHIMA, our CSAs, our academic programs, or individual job titles. It does not seek to define the types of work AHIMA members do but rather aims to create a broader platform to talk about the profession and a larger, more cohesive voice for those who work in it.

   **Why are we talking about this now?**

   For many years we have heard from AHIMA members that there is industry confusion about our profession. There are many perspectives about what health information professionals do, which has led to a misunderstanding about our importance, knowledge, subject matter expertise, and value. AHIMA’s Professional Enhancement Campaign, based on research and discussion with members about the need for a stronger professional identity, is a way to address this challenge.

   One of the recommendations of the campaign is to speak consistently in a language that gives us the highest probability of clarity, recognition, and perceived value as a profession. “Health information profession” is recommended as it creates a broader focus on the health information ecosystem versus a targeted focus on the management function. It allows for the profession to keep evolving while showing that we are open to change as the industry rapidly changes around us. We must continually look for and embrace new career opportunities and positions in health information areas where we have not previously served.

   As a profession we have always changed with the times. The association has changed its name many times over the years; credential names have changed as well. While none of those changes are being proposed here, they are examples of how we have and are willing to change to meet the ever-evolving changes in the healthcare market.

   “Health Information Professional” is already being used in some contexts at AHIMA, including the current “HIP Week.”

   The word management is proposed to be struck from the following articles / sections of the bylaws in Tab 5: 4.3 Types of Members, 4.8 Annual Meeting of the Members, 7.1 Purpose, and 7.7 Powers and Duties.

2. **What are the changes to 4.2?**
The changes are as follows:

4.2. Rights of Members. Membership shall entitle individuals to participate in the programs and services of AHIMA, and to be a member of a Component State Association, with the rights and benefits that are accorded to members by AHIMA from time to time. Members shall also have the right to elect the Board of Directors, certain Officers of AHIMA, and certain members of The Commission on Certification for Health Informatics and Information Management, all as set forth below. Members with a preferred mailing address within the United States will be included as a member of a Component State Association (including members with preferred mailing addresses in the Commonwealth of Puerto Rico, the District of Columbia and the territorial possessions of the United States, where a Component State Association has been organized). Members with a preferred mailing address outside the United States will not be assigned to a Component State Association and will be entitled to digital membership privileges.

Why is this change proposed?

Changes to the rights of members are being proposed based on what is recommended in the new membership model. The addition of sentences 3 and 4 clarifies how members are assigned or not assigned to a CSA. The highlighted information was added in September 2020 to assure that all current CSAs are counted as having a US address.

When a member applies or reapplies for membership, the person submits a preferred mailing address. Based on that address, AHIMA’s association management system (AMS) automatically assigns a CSA if a state, Puerto Rico or District of Columbia are entered. The member has the option of choosing a different CSA if he/she wishes.

If a person submits a preferred mailing address outside the US, they are not given an option to have a CSA. This has been the case since 2014 when the Global member type was added.

3. What are the changes to 4.3 and member types?

The changes are as follows:

4.3. Types of Members. The membership of AHIMA shall include at least the following five (5) two (2) types:

4.3.1 Professional. Any professional in the health information profession or its related fields who meets the qualifications set forth in these Bylaws is eligible for Professional membership. Professional members in good standing shall be entitled to full membership privileges including the right to vote on matters before the members.

4.3.2 Student. A student currently enrolled in a formal certificate or degree granting program directly relevant to AHIMA’s Purposes, who meets the qualifications set forth in these Bylaws, is eligible for Student membership. A student may retain this type of membership until graduation from that program, or for a maximum of four years or until registering for an AHIMA certification examination—after which the student shall be transferred to Professional membership. Student members shall have the same rights and privileges as Professional members, except that, Student members shall not have any voting privileges or be eligible to serve as an Officer or Director of AHIMA or to serve in the House of Delegates.

Why is this change proposed?
The proposed recommendation is to reduce the number of member types from five (5) to two (2). The types will be Professional and Student. The types are defined above in this question and in Tab 5 of the House Packet. The change is in response to simplifying the experience for current and prospective members. With the proposed change, the following will now appear as a member status under the Professional member type: Emeritus, Honorary, and Premier.

Membership types were last changed February 2014 when a Global member type was added.

If approved, the bylaw amendment that is being recommended to the House will go into effect in 2021.

4.3.3, 4.3.4, and 4.3.5 will be removed including the Global member type.

4. Why are the statuses for Honorary, Emeritus and Premier being removed from the Bylaws?

Within the bylaws, member types are defined, but member statuses are not. Honorary and Emeritus are being removed and will become statuses. Similarly, Premier member status is not defined in the bylaws. These three will be statuses in the new model; while still available, they will not be defined in the bylaws. If the bylaw amendment is passed, statuses will be defined on AHIMA.org for members.

5. If the present section of 4.4 is stricken, does it still need to be addressed in the bylaws?

This bylaw change reflects the current application process. The board does not approve membership applications. The application process is managed by staff and so is not in the bylaws.

6. What is the change to 4.5 (which becomes 4.4 in the proposed revised version)?

4.4 Failure to Pay Dues and Fees. Members shall pay membership dues and fees to AHIMA within thirty (30) days of their due date. Those who pay within the 30 days following their due date will incur a late fee. Failure to timely pay dues and fees shall cause a member to cease being in good standing.

This was modified to incentivize members to pay before their membership expires. Currently, the association sends out a total of 12 reminders beginning 90 days before the member’s paid through date and through the grace period. In total, the association communicates with members 150 days prior to suspending benefits.

The nominal late fee will be forgiven for 2021 and become effective in 2022.

7. What are the proposed member types and definitions as defined in the bylaws and what are the proposed statuses and definitions? What are the dues for the member types and statuses?

The two member types and the definition of each are defined in the bylaws under Tab 5. Within the bylaws, member types are defined, but member statuses are not.

Honorary, Emeritus and Premier are statuses in the new model; while still available, they will not be defined in the bylaws. Members will continue to have the option to request Emeritus status if they meet the eligibility requirements that are offered to AHIMA members who are 65 and
older. Honorary membership in AHIMA is awarded by the Board of Directors and is complimentary. The Premier status benefits will be outlined for members on ahima.org.

Current pricing structure:

- Active Member Dues - $135
- Premier - $199
- New to AHIMA - $79
- New Grad $79 - for those transitioning from Student to Active
- Student Member Dues - $49
- Emeritus status - $49
- Global - $109 • Honorary - $0

Proposed dues under new membership model:

- Professional Member Dues - $135
- Student Member Dues - $49

Statuses:
- Premier - $199
- Emeritus status - $49
- Honorary - $0

The dues are approved by the Board of Directors and are not part of the bylaws amendment being proposed.

Under the current model, CSAs receive 20% plus the 5.75% provision as a dues rebate. In the new model New Grad and new members will be under the Professional member type and pay the Professional fee of $135. There will no longer be a New to AHIMA status. The dues rebate will not change.

If the proposed bylaws amendment is adopted, the CSA Rebate for a Professional Member who has Premier Status will remain the same: $51.24 ($199 x .2575)

Changes Not Related to the Bylaws
1. What changes are happening to the way members are billed for certification and membership?

   a) You will no longer be required to maintain AHIMA membership for two consecutive years to earn a discount to maintain a certification. You will only need to be a member at the time you re-certify to qualify for the member discount. AHIMA members will continue to qualify for a discount on recertification fees. This change is intended to make both the renewal and the re-certification processes less confusing.

   b) This means that you will receive two separate invoices, one for membership and one for recertification. The timing of each will be based on your respective join date and your re-certification date. Membership renewal is annual and re-certification renewal is bi-annual.

<table>
<thead>
<tr>
<th>Proposed Billing Cycle</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Dues</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Member Recertification</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   c) Membership invoices are generated based on join date and will continue to be sent annually. Members will continue to receive renewal notices beginning 90 days prior to their expiration date. For example: if you joined in June 2019, you would have received renewal reminders in April 2020 with an expiration date of June 30, 2020.

2. A dues increase has been approved by the Board of Directors. When would it take effect?

   The proposed membership dues increase would take effect January 1, 2022. Dues:
   - Professional: will increase from $135 to $149
   - Student: will increase from $49 to $54

   The last dues increase took place in 2014. In 2017, membership dues were decreased from $175 to the current rate of $135. Dues are currently lower than they were in 2014.