

2024 Annual Meeting & Exhibit Program Agenda*



MONDAY, APRIL 22, 2024 In-Person Sessions (5.5 CEUs + 1 CEU for Visiting Exhibitors)		
7:30 AM - 8:30 AM	CHECK-IN / CONTINENTAL BREAKFAST	
7:30 AM - 5:15 PM	SILENT AUCTION	
8:30 AM - 8:45 AM	WELCOME & OPENING ANNOUNCEMENTS	
8:45 AM - 9:00 AM	The Legacy of H.I.M.	
9:00 AM - 10:15 AM	An RHIA Looks at 50	
10:15 AM - 11:15 AM	AHIMA Report to the CAs	
11:15 AM - 11:30 AM	Business Meeting Check-in	
11:30 AM - 12:30 PM	IHIMA Annual Business Meeting	
12:30 PM - 1:30 PM	LUNCH IN EXHIBIT HALL / NETWORKING / EXHIBITOR SHOWCASE / RAFFLE DRAWINGS / SILENT AUCTION	
	Meeting Room: FORUM B & C	Meeting Room: FORUM A
1:30 PM - 2:30 PM	Cyber Security Best Practices for Cyber Insurance	Best Practices to Improve Dialogue Between Coders and Auditors
2:30 PM - 2:45 PM	NETWORKING / EXHIBITOR SHOWCASE / RAFFLE DRAWINGS / SILENT AUCTION	
2:45 PM - 3:45 PM	OCR's NPRM on Reproductive Health Privacy and State Legislative Updates: What Does It Mean for You?	Applying AI/ML + GenAI to virtual health screenings and medical diagnoses: Clinically Validated Research
3:45 PM - 4:45 PM	Patient Health Literacy: It's Everyone's Responsibility	
5:00 PM - 6:00 PM	RECEPTION / RAFFLE DRAWINGS / SILENT AUCTION	

TUESDAY, APRIL 23, 2024 Live Virtual Sessions (7 CEUs)			
7:45 AM - 8:00 AM	WELCOME & OPENING REMARKS		
	INPATIENT CODING	OUTPATIENT CODING	LEADERSHIP
8:00 AM - 9:00 AM	Complicated Cardiac Procedures	Maneuvering through the Complexities of Critical Care Coding	How to Implement a Medical Coding Productivity Program that Works for Your Organization
9:00 AM - 10:00 AM	PSI and HAC Coding and Clinical Documentation	Thinking Like an MD for Medical Decision Making (MDM) within E/M Services	Utilization Review Basics for HIM - Tearing Down the Silo
10:00 AM - 10:15 AM	BREAK		
10:15 AM - 11:15 AM	CDI/Coding Hot Topics - Updates from Recent Coding Clinic Advice affecting CDI/Coding Practice	The Impact of CMS-HCC Version 28	Privacy Laws: Where We've Been and Where We're Going
11:15 AM - 12:15 PM	Diagnosis & Procedural Coding for Aortic Aneurysms and Endoleaks	Observation Care Status and Condition Code 44	Updates on Health Equity & Social Driver of Health Requirements
12:15 AM - 12:45 PM	LUNCH		
12:45 PM - 1:45 PM	Appeals and Denials/Tips to Help Prevent Denials and Win Appeals	Staying Safe in 2024, a Proactive Approach to Compliance	Navigating Regulatory Compliance - A Holistic Approach
1:45 PM - 2:45 PM	Reducing Alert Fatigue and Optimizing Quality Integrity for Providers and Coders through A.I.	From Welcome to Wellness: A Comprehensive Guide to Medical Coding for Annual Visits	Leadership Insights: Transforming Healthcare Organization
2:45 PM - 3:45 PM	The Journey to Truly Autonomous Coding	2:45pm - 4:15p Mastering Complex Interventional Radiology Coding: Expert Tips to Audit-Proof Your Claims	ChatGPT & AI Revolution: An Executive's Guide

*Agenda may be subject to change without notice.

2024 Annual Meeting & Exhibit Program Description

April 22, 2024
Monday

7:30 AM – 8:30 AM
CHECK-IN / REGISTRATION

7:30 AM – 8:30 AM
CONTINENTAL BREAKFAST

7:30 AM – 5:15 PM
SILENT AUCTION
Support the IHIMA scholarship fund by bidding on your favorite items. We encourage you to visit the Silent Auction to bid often in the spirit of this worthwhile cause! Pick-up at 5:30 PM. You must be present to claim your item!

8:30 AM – 8:45 AM
WELCOME & OPENING REMARKS
Bonnie Aspiazu, JD, MBA, RHIA
2023 – 2024 IHIMA President

Join our IHIMA President as she kicks off the meeting with opening remarks.

8:45 AM – 9:00 AM
THE LEGACY OF H.I.M.

Watch this inspiring video of the Legacy of H.I.M. as we look back on the health information profession and the significant changes and growth over the years.

9:00 AM – 10:15 AM
AN RHIA LOOKS AT 50

Danita Forgey, MIS, RHIA, CCS, CCS-P
President, Danita Forgey Consulting, LLC
2000 to 2008 HIM Program Director, Indiana University
Indianapolis

This presentation will detail the history of the HIM profession, including the progression of credentials and roles HIM professionals have served during this time. Challenges facing HIM professionals in the future will also be discussed. After attending the presentation the attendees will be able to: identify changes in the roles of HIM professionals over the years; identify challenges faced by HIM professionals in the future; and describe the impact federal regulations have had on the HIM profession.

Domain VI: Organizational Management and Leadership

10:15 AM – 11:15 AM
Charting a Better Course – Today and Tomorrow

Dasantila (Tila) Sherifi, PhD, MBA, RHIA
Board of Directors, AHIMA
Assistant Professor and HIM Program Director at Rutgers
School of Health Professions, Ambler, Pennsylvania

AHIMA has great plans for 2024, and we want you to be the first to know! Join your AHIMA Board Liaison in an interactive discussion focused on AHIMA staffing, recertification policy updates, enhanced membership benefits and growth strategies, advocacy and public policy updates including information on Data for Better Health, as well as information on the development of AHIMA's new strategic plan. Through a series of pre-recorded updates, hear what AHIMA Leadership and your fellow colleagues have to say on these topics.

Domain VIII: Evolving Topics/Other HIM Relevant Topics

11:30 AM – 12:30 PM
IHIMA ANNUAL BUSINESS MEETING
The IHIMA Annual Business Meeting will be conducted at this time and the new IHIMA Board members will be introduced.

12:30 PM – 1:30 PM
LUNCH & RAFFLES IN EXHIBIT HALL
Join us in the Exhibit Hall! Enjoy lunch and participate in the raffles while browsing through the wide variety of exhibits. Raffle winners will be announced. You must be present to win!

5:00 PM – 6:00 PM
MONDAY'S RECEPTION
Join us for appetizers and drinks with past and present HIM professionals! Relax after a fulfilling day of thought-provoking sessions. Mingle, network with fellow attendees, connect with friends and colleagues, and make new connections all in a casual atmosphere. This event is complimentary with your registration.

CONCURRENT SESSIONS: 1:30 PM – 2:30 PM

Cyber Security Best Practices for Cyber Insurance

Mark Clausman, B.S.

President of The Sterlyn Group, Inc.

This presentation will cover the top 10 cybersecurity best practices that will help prevent breaches and HIPAA violations, as well as meet the new Cyber Insurance requirements.

Important topics to be covered include:

- Top 10 cybersecurity best practices
- Examples of those top 10
- How to prevent those top 10- cyber insurance requirements that include these top 10

Domain II: Information Protection: Access, Disclosure, Archival, Privacy and Security

Best Practices to Improve Dialogue Between Coders and Auditors – Finnegan

Dana Finnegan, B.S.

Director of Market Strategy at MDaudit

In 2023, based on MDaudit data, 56% of coders failed coding quality & integrity audits. In addition, coding remains one of the most tangible revenue realization opportunities for health systems. The MDaudit data also showed more than 10% of professional claims, 3% of outpatient claims and 3% of inpatient claims were initially denied for billing & coding-related issues. Cumulatively these issues accounted for 16% of overall denials worth \$17B from our sample size.

Domain VI: Organizational Management and Leadership

2:30 PM – 2:45 PM

BREAK & RAFFLE DRAWINGS IN EXHIBIT HALL

Take advantage of this break to visit the many offerings of the Exhibit Hall, along with the opportunity to participate in the raffle drawings! You must be present to win.

CONCURRENT SESSIONS: 2:45 PM – 3:45 PM

OCR's NPRM on Reproductive Health Privacy and State Legislative Updates: What Does It Mean for You?

Elizabeth Delahoussaye, RHIA, CHPS

Chief Privacy Officer at Datavant

In this presentation, we delve into the critical aspects of the Office for Civil Rights' (OCR) Notice of Proposed Rulemaking (NPRM) on Reproductive Health Privacy and explore its intersection with state legislative updates. We begin with a concise overview of the NPRM, its proposed changes to the Health Insurance Portability and Accountability Act (HIPAA) Rule, and the potential impact on covered entities and business associates. The discussion then focuses on key concepts and definitions related to reproductive health privacy, examining real-world scenarios and challenges such as navigating diverse state regulations and disclosure dilemmas in legal proceedings.

Learning Objectives:

- Gain a comprehensive understanding of OCR's NPRM on Reproductive Health Privacy and its proposed changes to the HIPAA Rule.
- Explore the intersection between OCR's NPRM and state legislative updates, analyzing the implications for healthcare entities.
- Identify challenges and potential compliance strategies related to disclosing reproductive health information in various legal contexts.
- Discuss practical solutions and strategies for compliance with both the NPRM and state laws, emphasizing the importance of staying informed about evolving regulations.

Applying AI/ML + GenAI to virtual health screenings and medical diagnoses: Clinically Validated Research

Nathan Hiscock, M.S. Information and Communication Sciences, AWS Certified Solution Architect

Director of Growth, Sela Cloud US; Adjunct Professor of Cloud Technologies and Ball State University

Michael Mullarkey, Ph.D.

Senior Clinical Data Scientist at Aiberry

This cutting-edge technology session will focus on how Artificial Intelligence, Machine Learning, and Generative AI have been used in mental health and health care applications to improve patient experiences and deliver objective, clinically-validated results that are equivalent to the current industry gold standard. We will cover trends in AI/ML-assisted assessments and diagnoses then dive deep into how one company, Aiberry, took their proprietary research for mental health evaluations, translated it into an AI-based assessment platform that captures text, voice, and video to generate real-time risk scores and insights for depression, anxiety, and other mental health disorders. Users have an engaging, guided conversation with a virtual assistant in an interview. These results and trends can be viewed in aggregate via a dashboard to support employers, healthcare systems, clinicians, and more.

We will also discuss how the clinically-validated results support a better patient experience and evaluation. Attendees will get a vision for how AI/ML could be applied in other areas of health care to capture and process large amounts of health information to accelerate more accurate providers' diagnosis. How will AI/ML + GenAI impact health care? What can Artificial

By the end of this presentation, participants will be equipped with the knowledge and insights needed to navigate the complex landscape of reproductive health privacy, ensuring compliance with regulatory changes and safeguarding sensitive patient information.

This presentation is sponsored by: **Datavant**

Domain V. Health Law and Compliance

Intelligence and Machine Learning do for health care providers? How does it stand up against traditional methods? How does it impact patient experience?

This presentation is sponsored by: **Sela Cloud**

Domain VIII: Evolving Topics/Other HIIM Relevant Topics

CONCURRENT SESSIONS: 3:45 PM – 4:45 PM

Patient Health Literacy: It's Everyone's Responsibility

Darin Challacombe, Ph.D., SHRM-CP

Director, Talent Development at Verisma Systems

Elizabeth McElhiney, MHA, CHPS, CPHIMS

Director, Compliance and Government Affairs at Verisma Systems

Modern healthcare is a landscape of increasing technology usage, ever changing privacy rules, and complicated forms and processes. It is no wonder many patients have low health literacy—even professionals in the field can find it complicated. Patients need to know their rights. They need to know how they can be more empowered with their healthcare. Everyone in healthcare should be more mindful about these needs. We should see these needs are our shared responsibility. This presentation will go over the regulations and provide suggestions on how we can increase patient literacy nationwide.

Domain VI: Organizational Management and Leadership

5:00 PM – 6:00 PM

MONDAY'S RECEPTION

Join us for appetizers and drinks with past and present HIM professionals! Relax after a fulfilling day of thought-provoking sessions. Mingle, network with fellow attendees, connect with friends and colleagues, and make new connections all in a casual atmosphere. This event is complimentary with your registration.

7:50 AM – 8:00 AM

WELCOME & OPENING ANNOUNCEMENTS

CONCURRENT SESSIONS: 8:00 AM – 9:00 AM

INPATIENT CODING	OUTPATIENT CODING	LEADERSHIP
<p>Complicated Cardiac Procedures</p> <p>Patrea Darringer, CCS, CDIP Inpatient Coding Trainer/Educator at Community Health Network</p> <p>Heart Cath coding is not particularly difficult. But when the patient has had a previous CABG and you add in angioplasties, multiple stents, heart pumps, FFR and IVUS, etc., they can get overwhelming pretty quickly. We will break down the anatomy of the heart vessels and the key points to coding each procedure so you will be more equipped when come across your next advanced heart cath.</p> <p>Important points to be covered include:</p> <ul style="list-style-type: none"> • Anatomy of the coronary arteries, native and bypassed • Coding multiple stents and angioplasties • How to code for Heart Assist Devices • Making sense of the op note and what is important <p><i>Domain VII. Clinical Foundations</i></p>	<p>Maneuvering through the Complexities of Critical Care Coding</p> <p>Deborah Grider, CDIP, CCS-P, CPC, CPC-I, CPC-P, COC, CPMA, CEMC Senior Healthcare Consultant at KarenZupko & Associates</p> <p>There is a significant variability in education and interpretation of appropriateness of coding and documentation of critical care services. This session will address key recommendations of coding and documentation for all critical care practitioners who participate in the same including physicians, advanced care providers (both NPs and PAs). This session will also cover various aspects of documentation, coding and billing Adult and Pediatric Critical Care Services. Understanding coding and documentation for Critical Care Services is essential for professional coders, hospital administrators, advanced practice providers and physicians. This session will cover coding rules for critical care services for both adults and pediatrics and the importance of supporting documentation to support medical necessity for reimbursement.</p> <p>At the end of this presentation the participant should have a clear understanding of how documentation plays a significant role in supporting medical necessity for Critical Care services. We will also review split/ shared visits performed by physicians with advanced practice providers and provide examples of critical care services.</p> <p>Learning Objectives: 1) Recognize how medical necessity is the driving factor in supporting critical care services. 2) Explain split/shared visits in critical care and hospital services with required documentation and modifiers to support the visit. 3) Recognize how documentation impacts reimbursement for critical care visits. 4) Review documentation examples common to critical care services.</p> <p><i>Domain I: Data Structure, Content, and Information Governance</i></p>	<p>How to Implement a Medical Coding Productivity Program that Works for Your Organization</p> <p>Jill Alfrey, B.S., RHIT, CCS Inpatient Hospital Coding Manager at Community Health Network</p> <p>Julia Howe Sr Revenue Cycle Analyst at Community Health Network</p> <p>As HIM & AI continue to evolve around the ever-changing medical world, some standards like productivity and quality were put on the backburner. No matter what EMR is used, there are always workflow changes, upgrades to systems, and everyday Rev Cycle challenges. Establishing coding productivity can help convey the importance and benefits of the process and outcomes that can be used for billing, reimbursement, research, and quality improvement purposes. As changes are implemented, Coders are asked to assist with tasks outside of just coding the record, leading to more non-productive time than ever before. This has created a challenge for organizations trying to identify productivity standards and then maintain those standards.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • HIM: Present the problem – How to gauge productivity of an individual and among teams • Analyst: Describe the process from data model to excel to Power BI. Demo via slides (removing PHI) • HIM: How does Coding Leaders use and how do team members utilize? • Analysts: Issues arose – Iterative work (how to successfully partner with operations) • HIM: Show growth of metrics <p><i>Domain VI: Organizational Management and Leadership</i></p>

CONCURRENT SESSIONS: 9:00 AM – 10:00 AM

INPATIENT CODING	OUTPATIENT CODING	LEADERSHIP
<p>PSI and HAC Coding and Clinical Documentation</p> <p>Lynette Thom, RHIA, CCS, CDIP HIM Coding Liaison at R1 RCM/Ascension</p> <p>Discover issues related to coding for Patient Safety Indicators (PSI) and Hospital Acquired Conditions (HAC). Hospitals face penalties related to pay-for-performance for the occurrence of PSIs and HACs. Learn about the Agency for Healthcare Research & Quality (AHRQ) program to improve the quality of care provided by hospitals and healthcare systems.</p> <p>*Understand the AHRQ program related to PSIs and HACs *Discover clinical documentation concepts related to the reporting of PSIs and HACs *Learn about coding and coding auditing related to reporting of PSIs and HACs</p> <p><i>Domain IV. Revenue Cycle Management</i></p>	<p>Thinking Like an MD for Medical Decision Making (MDM) within E/M Services</p> <p>CJ Wolf, MD, M.Ed., CPC, COC, CIA, CHC, CHPC, CHRC, CCEP Faculty/Consultant at Codermedschool and Univ. Illinois College of Medicine</p> <p>The E/M guidelines require selecting the level of E/M based on either time or Medical Decision Making (MDM). This session will use the case study approach to demonstrate how physicians think of MDM and how coders can use this knowledge to better code E/M services. The cases are of different patient presentations to a physician and explore the thought processes clinicians undertake relating to their Medical Decision Making (MDM).</p> <p>This presentation is sponsored by: www.codermedschool.com</p> <p><i>Domain I: Data Structure, Content, and Information Governance</i></p>	<p>Utilization Review Basics for HIM – Tearing Down the Silo</p> <p>Ronald Hirsch, MD, FACP, CHCQM, CHRI Vice President Regulations and Education at R1 RCM</p> <p>HIM professionals often interact with their utilization review colleagues in the hospital. That relationship can improve by understanding the work of the UR staff. In this talk, Dr Hirsch will review many of the important concepts of utilization review that HIM professionals should understand.</p> <p><i>Domain VI: Organizational Management and Leadership</i></p>

10:00 AM – 10:15 AM
BREAK

CONCURRENT SESSIONS: 10:15 AM – 11:15 AM

INPATIENT CODING	OUTPATIENT CODING	LEADERSHIP
<p>CDI/Coding Hot Topics - Updates from Recent Coding Clinic Advice affecting CDI/Coding Practice</p> <p>James Kennedy, MD President - Chief Medical Officer at CDIMD</p> <p>Since the Coding Clinic for ICD-10-CM/PCS is the official publication for ICD-10-CM/PCS coding guidelines and advice as unanimously designated by the four cooperating parties (including AHIMA and CMS), everyone (including physicians, coders, and their CDI advocates) involved in the joint effort to attain consistent and complete documentation essential to ICD-10-CM/PCS coding must embrace their directives as to ensure coding and billing compliance. Join Dr. Kennedy as he unpacks and explains recent Coding Clinic advice and challenges affecting provider documentation and coding requirements affecting inpatient and outpatient practice, reimbursement, and quality measurement. Topics will focus on the most recent advice available on the day of the lecture.</p> <p><i>Domain IV. Revenue Cycle Management</i></p>	<p>The Impact of CMS-HCC Version 28</p> <p>Lou Ann Wiedemann, MS, RHIA, CHDA, CDIP, FAHIMA Director of Coding Relations at CSI Companies</p> <p>When the Center for Medicare and Medicaid Services (CMS) announced the final rule for the HCC Risk Adjustment Model for the payment year 2024, sweeping changes were announced. Transitioning from version 24 (V24) to version 28 (V28) includes significant changes to HCC codes, disease mappings, and impacts on RAF scores. Organizations have some good news as a blended percentage will be used for the 2023 data collection year. Now is the time to review documentation to achieve accurate code assignments.</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> • Understand differences between V24 and V282. • Identify the potential financial impact of V283. • Learn how to prepare for the changes. <p><i>Domain VIII: Evolving Topics/Other HIM Relevant Topics</i></p>	<p>Privacy Laws: Where We've Been and Where We're Going</p> <p>Mark Swearingen, JD Shareholder at Hall Render</p> <p>This presentation will discuss the current landscape of state and federal privacy laws affecting health care organizations, including HIPAA, 42 CFR Part 2, and state consumer protection laws, and look toward recent and future developments that are part of the ever-changing privacy law landscape. The presentation will use current hot issues in health care privacy law to illustrate this changing landscape, including OCR enforcement, notable data breaches, website tracking technologies, and artificial intelligence.</p> <p>Attendees of this presentation will:</p> <ul style="list-style-type: none"> • Understand the current landscape of health care privacy laws • Learn about recent trends and future changes in the health care privacy landscape

- Gain awareness of how changes in health care privacy laws could impact their organizations
- Be prepared to make necessary adjustments in their organizational policies and procedures to proactively address health care privacy challenges.

Domain V. Health Law and Compliance

CONCURRENT SESSIONS: 11:15 AM – 12:15 PM

INPATIENT CODING	OUTPATIENT CODING	LEADERSHIP
<p>Diagnosis & Procedural Coding for Aortic Aneurysms and Endoleaks</p> <p>Dianna Foley, RHIA, CCS, CDIP, CHPS Self-employed Coding Consultant</p> <p>This presentation is designed to provide attendees with in-depth knowledge of the various types of aortic aneurysms and endoleaks. The appropriate ICD-10-CM codes will be covered with vignettes which will also address the repairs of these conditions. The procedural coding will include both ICD-10-PCS and CPT coding. Illustrations of the types of aortic aneurysms and repairs will be included to help provide a deeper understanding. Attendees will come away from the presentation with: Ability to apply distinctions in diagnosis coding for aortic aneurysms A deeper understanding of the types of endoleaks ICD-10-PCS and CPT knowledge for aortic aneurysm and endoleak repair procedural coding Identification of applicable Coding Clinic and/or CPT Assistant guidance on this topic</p> <p><i>Domain I: Data Structure, Content, and Information Governance</i></p>	<p>Observation Care Status and Condition Code 44</p> <p>Maya Turner, CPC, CPMA Lead Ambulatory Coding Physician Educator at Franciscan Alliance</p> <p>To describe the pitfalls of escalation of care due to poor communication in the medical record between physicians, staff, etc. The UC/UM review all documentation for indicator to escalate care but often fail to do so due to late entries, interpretations and results which could have made the difference in the care.</p> <p><i>Domain I: Data Structure, Content, and Information Governance</i></p>	<p>Updates on Health Equity & Social Driver of Health Requirements</p> <p>Madeline Wilson, MSN, RN, CLSSBB Quality & Patient Safety Advisor, Health Equity Lead at Indiana Hospital Association</p> <p>Health equity requirements have been building over the last several years-especially after the pandemic. In 2015, CMS introduced the first ever "Equity Plan for Improving Quality in Medicare". This plan has grown exponentially, and what started as collecting race, ethnicity and language date, has progressed to the collection of social determinants of health data which will become mandatory for many hospitals through various regulatory programs. Indiana began the SDOH program journey 5 years ago.</p> <p>Join this session to learn:</p> <ul style="list-style-type: none"> • The history of equity and CMS's plan for improving quality of care • New health equity measures being introduced and who has to collect them • The state of the state for collecting Z codes and improvement rates • The impact of your work as Health Information Management Professionals. <p><i>Domain VI: Organizational Management and Leadership</i></p>

12:15 AM – 12:45 PM
LUNCH BREAK

CONCURRENT SESSIONS: 12:45 PM – 1:45 PM

INPATIENT CODING	OUTPATIENT CODING	LEADERSHIP
<p>Appeals and Denials/Tips to Help Prevent Denials and Win Appeals</p> <p>Michelle Barrett, JD, RN Quality and Education Clinical Validation Appeals Specialist at Mayo Clinic</p> <p>This presentation focuses on current denial trends including helping to understand steps that can be taken on the front end to help prevent denials. It will also help to identify query opportunities to obtain documentation that will help win appeals.</p> <p>The presentation will help you to read the ICD-10-CM Official Guidelines for Coding and Reporting in a new way including focusing on what is meant by the language used in the Guidelines. It will also provide a better understanding of the role that AHA Coding Clinic can play in helping to win appeals.</p> <p><i>Domain VIII: Evolving Topics/Other H11M Relevant Topics</i></p>	<p>Staying Safe in 2024, a Proactive Approach to Compliance</p> <p>Sonal Patel, BA, CPMA, CPC, CMC, ICDCM CEO & Principal Strategist at SP Collaborative, LLC</p> <p>Post-payment audits have already begun for 2021 E/M visits in the office and outpatient settings in 2023! The overhaul of E/M guidelines in 2021 and 2023 (and additional changes in 2024) continue to challenge our providers when selecting E/M code levels. Further still, post-payment audits place additional scrutiny on corresponding clinical documentation - it must support the claims billed to payors. This session dives deep into the benefits of taking a proactive approach to compliance, keeping in mind the payor perspective. This presentation aims to show you pro-tips for effective documentation in the current landscape of E/M coding. 1. History and exam - the new standard2. Problems addressed - the new standard3. Data analyzed - the new standard4. Risk to patient management - the new standard5. Time - the new standard</p> <p><i>Domain V. Health Law and Compliance</i></p>	<p>Navigating Regulatory Compliance - A Holistic Approach</p> <p>Roger Shindell, M.S., CHPS, CISA, CIPM President & CEO of Carosh Compliance Solutions, LLC</p> <p>In today's ever-evolving healthcare landscape, compliance with regulations is essential to ensure the delivery of high-quality care and maintain the trust of patients and the community. This presentation will focus on three critical pillars of compliance - HIPAA, OIG Exclusion Screening, and OSHA - providing practical insights into the requirements, implications of non-compliance, and the impact on healthcare practices. Our goal is to deliver high-quality, innovative, and affordable education that equips healthcare providers with the knowledge needed to stay in compliance without promoting any specific product or service.</p> <p>This presentation is designed to provide high-quality, innovative, and affordable education to healthcare practices. It emphasizes practical, real-world solutions, ensuring that participants leave with actionable knowledge and strategies to enhance compliance and protect their organizations' reputation and revenue. Explanation of HIPAA regulations and their relevance to healthcare practices Requirements for compliance, including data security and privacy safeguards; Ramifications of non-compliance, including legal penalties and patient trust; Discussion of recent developments and emerging challenges Practical tips for implementing HIPAA compliance in healthcare practices OIG (Office of Inspector General) Exclusion Screening.</p> <p>By the end of this presentation, participants will be able to:</p> <ol style="list-style-type: none"> 1) Understand the core principles of HIPAA, OIG exclusion screening, and OSHA. 2) Identify the specific compliance requirements for each regulation. 3) Recognize the potential consequences of non-compliance, both financially and legally. 4) Implement practical strategies to maintain a culture of compliance 5) Safeguard their organization's reputation and revenue. <p><i>Domain V. Health Law and Compliance</i></p>

CONCURRENT SESSIONS: 1:45 PM – 2:45 PM

INPATIENT CODING	OUTPATIENT CODING	LEADERSHIP
<p>Reducing Alert Fatigue and Optimizing Quality Integrity for Providers and Coders through A.I.</p> <p>Gerasimos (Gerry) Petratos, MD, MS CEO at HITEKS Solutions Inc.</p> <p>While CAC and CA-CDR have been around for over 10 years to facilitate Coding and CDI Specialist workflow, respectively, reaching Providers with more timely and relevant clarifications can reconcile the clinical indicators needed to optimize coding. Improving timeliness and quantity of clarifications for the increasing emphasis on Quality Integrity such as AHRQ PSI clinical indicators can help reconcile coding. Provider clarification of PSI9: Post-Operative Hemorrhage, can help alert the coder that the patient was on heparin and ask the provider to explicitly state if bleeding was due to the heparin.</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Regarding Quality-sensitive diagnoses such as Other Neuropathies, typical Revenue Integrity with CAC may identify and optimize the MCC for Encephalopathy, but for the Elixhauser, delirium needs to be captured as being due to the Encephalopathy. 2. Techniques to reduce alert fatigue require appropriate placement of clarifications within provider workflow, and also to help physicians create better content for their notes from the beginning. 3. Empowering Coding and CDI teams through data-driven understanding of likelihood of diseases being present can help deter future denials and reduced revenue cycle. <p>This presentation is sponsored by: HITEKS Solutions Inc.</p> <p><i>Domain I: Data Structure, Content, and Information Governance</i></p>	<p>From Welcome to Wellness: A Comprehensive Guide to Medical Coding for Annual Visits</p> <p>Elizabeth Herbert, RHIA, CPC, CDEO, CPMA, CRC, CCC, AAPC Approved Instructor Epic Application Analyst at Baptist Healthcare System</p> <p>What does it mean when a patient presents for their “annual physical” or “wellness visit?” In this session, we will break down the elements of each type of annual visit, including Welcome to Medicare, AWVs, and preventive visits. We will also review additional services that may be provided, including advance care planning, SDOH risk assessment, and preventive screenings. CPT, HCPCS, ICD-10-CM, and modifiers will also be covered.</p> <p><i>Domain I: Data Structure, Content, and Information Governance</i></p>	<p>Leadership Insights: Transforming Healthcare Organizations</p> <p>Alina Smith, M.S. in Health Information Management Contractor at Medlinks</p> <p>In "Leadership Insights: Transforming Healthcare Organizations," Alina Smith, a seasoned healthcare executive and expert in Health Information Management, delves into the dynamic world of healthcare leadership. This enlightening presentation offers a comprehensive exploration of leadership strategies and insights that have the power to drive profound transformation within healthcare organizations. Drawing upon over two decades of hands-on experience, Alina Smith presents a thought-provoking session that will empower healthcare professionals to navigate the complex challenges of today's healthcare landscape.</p> <p>Learning Objectives: By attending this presentation, participants will gain:</p> <ul style="list-style-type: none"> • A deeper understanding of effective leadership principles in healthcare. • Insights into innovative approaches to organizational management and transformation. • Practical strategies for addressing challenges and driving positive change within healthcare organizations. • Knowledge to inspire and lead teams toward excellence and improved patient outcomes. <p>Join Alina Smith for an engaging discussion that will equip you with the leadership insights and practical tools needed to lead transformational change within your healthcare organization. Discover how effective leadership can shape the future of healthcare and enhance the quality of patient care.</p> <p><i>Domain VI: Organizational Management and Leadership</i></p>

CONCURRENT SESSIONS: 2:45 PM – 3:45 PM

INPATIENT CODING	OUTPATIENT CODING	LEADERSHIP
<p>The Journey to Truly Autonomous Coding</p> <p>Suhas Nair Executive Director of Product Management at AGS Health</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> • Medical Coding and Its Evolution • Autonomous Coding and Supporting Technology • Benefits of Autonomous Coding • Limitations of Current Autonomous Coding Solutions • Considerations for Selecting an Autonomous Coding Solution • Truly Autonomous Coding – What Does It Mean? • AGS AI Platform • Q&A <p><i>Domain VIII: Evolving Topics/Other HIIM Relevant Topics</i></p>	<p>SESSION: 2:45 PM – 4:15 PM (1.5 CEUs)</p> <p>Mastering Complex Interventional Radiology Coding: Expert Tips to Audit-Proof Your Claims</p> <p>Stacie L. Buck, RHIA, CCS-P, CPCO, CCC, CIRCC, RCC, RCCIR President & Senior Consultant at RadRx</p> <p>Are you confident that you are coding correctly for the most common complex interventional procedures? In this session, interventional radiology coding expert Stacie Buck will provide tips for documentation improvement to audit proof your claims and ensure that you are getting all the revenue to which you are entitled. If all the coding rules and documentation requirements for coding complex interventional radiology procedures sometimes leave you dazed and confused, this session is for you! Specifically, Stacie will provide documentation tips for the following procedures: diagnostic angiography, angioplasty, stent, atherectomy, thrombectomy, thrombolysis and embolization.</p> <p>Note: This is a 90-minute session.</p> <p>This presentation is sponsored by: RadRx</p> <p><i>Domain I: Data Structure, Content, and Information Governance</i></p>	<p>ChatGPT & AI Revolution: An Executive's Guide</p> <p>Joseph Ours, MBA Partner and National Service Offering Lead at Centric Consulting</p> <p>Artificial Intelligence expert Joseph Ours will provide an executive's guide to what leaders need to know about ChatGPT and AI. You will learn how to begin with solid use cases for integrating ChatGPT as a productivity solution at the individual and organizational level.</p> <p>Attendees will better understand:</p> <ul style="list-style-type: none"> • What ChatGPT is and what it is not • The importance of adopting AI for individual and organizational success • Specific ways to boost efficiency by as much as 40% using ChatGPT • Considerations to address your organization's responsible use of policies including key security, governance and ethics topics. <p><i>Domain VIII: Evolving Topics/Other HIIM Relevant Topics</i></p>

3:45 PM

PROGRAM CONCLUSION

2024 Annual Meeting & Exhibit Program Speakers



Jill Alfrey, B.S., RHIT, CCS

Inpatient Hospital Coding Manager at Community Health Network

Jill Alfrey is currently the Inpatient Hospital Coding Manager with Community Health Network, going on her 22nd year in Health Information Management. Jill started just out of high school in June 2002 as a Chart Analyst, went to school for her bachelor's degree in Health and Human Sciences graduating in 2014, and pursued a Coding career shortly after. For the last 10 years, encouraged by her drive for improvement and helping others, Jill held the Hospital Coding Supervisor role that in 2022 lead to the Hospital Manager role. Currently, she holds her RHIT and CCS.



Michelle Barrett, JD, RN

Quality and Education Clinical Validation Appeals Specialist at Mayo Clinic

Michelle Barrett, Attorney at Law, RN is currently a Clinical Validation Appeals Specialist at Mayo Clinic. Since September of 2018, she has been instrumental in starting Mayo Clinic's robust clinical validation appeals program from the ground up. She came to Mayo Clinic as a contract Clinical Documentation Integrity Specialist through CDI MD in April of this 2018 and worked with CDI on the Phoenix, Arizona Campus until she transitioned to the appeal role. She has worked as a CDIS since 2010 including 8 years at Wishard/Eskenazi Health in Indianapolis, IN. Michelle currently works on a variety of appeals including high dollar, Claim Payment Integrity Reviews, National Coverage Determination, coding/RAC and clinical validation. She also participates in peer-to-peer conversations, State Fair Hearings and Administrative Law Judge Hearings

Michelle is admitted to practice law in good standing in the States of Indiana and Texas with her Texas law license currently being inactive. She is licensed as a registered nurse in the State of Indiana. She has worked in a variety of roles as a registered nurse and a practicing attorney.

At Eskenazi/Wishard, in addition to completing medical record documentation reviews, she performed second level and above payer denial appeals for medical necessity and clinical validation including providing expert medical testimony at Administrative Law Judge hearings when necessary.

She has participated in Medicaid Chart Audits for the State of Virginia. In addition, she worked in Quality and Safety at St. Vincent helping to ensure compliance with CMS, Joint Commission and State Department of Health Standards.

As an attorney she has practiced as a Deputy Prosecutor in the areas of child support and paternity including seeking reimbursement of Medicaid dollars paid for the birth of the child. She has also worked in private practice in the areas of family law and medical malpractice. She has tried multiple cases and been a presenter in multiple settings during her years of practice both as a registered nurse and an attorney.

Michelle received a BS from Purdue in 1982, JD from IU School of Law in 1985 and an ASN from IU School of Nursing with highest distinction in 2003.



Stacie L. Buck, RHIA, CCS-P, CPCO, CCC, CIRCC, RCC, RCCIR

President & Senior Consultant at RadRx

Stacie L. Buck, RHIA, CCS-P, CPCO, CCC, CIRCC, RCC, RCCIR is President & Senior Consultant at RadRx in Stuart, FL. Stacie is a nationally sought out speaker who provides consulting services to providers of interventional and diagnostic radiology services. Stacie has 32 years' experience in healthcare, 24 of which she has spent working in radiology. She is the author of the book *Cracking the IR Code: Your Comprehensive Guide to Mastering Interventional Radiology Coding* and has developed a comprehensive online training program for interventional coding for those who wish to sit for the CIRCC exam and she also has developed a course for diagnostic radiology coding. She has authored numerous articles on radiology coding and reimbursement topics for *AAPC Healthcare Business Monthly*, *Journal of AHIMA* and the *Radiology Management: The Journal of AHRA*. In addition, she has served on the editorial advisory board of several national radiology publications.



Darin Challacombe, Ph.D., SHRM-CP

Director, Talent Development at Verisma Systems

Darin Challacombe, SHRM-CP, Ph.D., is the Director of Talent Development at Verisma Systems. He has worked in the education space for 18 years, and in the medical records industry for five years. He is an integral member of the HR team and oversees onboarding and training for all Verisma employees. Currently, he also serves on the executive leadership team for AHIOS as Secretary.



Mark Clausman, B.S.

President of Sterlyn Group

Mark Clausman serves as president of the Sterlyn Group, Inc – an Indianapolis based company that specializes in information security professional services. Mark has been active in the data communications industry for over 25 years. His career includes serving as Manager of Data Communications for Indiana University-Purdue University Indianapolis (IUPUI), Manager of Technology Systems for Polygram Records in Los Angeles, and System Engineer for Nortel Networks. Mark earned his Bachelor of Science in Electrical Engineering Technology from Purdue University and holds several industry technology certifications. Security Chair of the Indiana Security & Privacy Network - a consortium addressing security and privacy best practices for Indiana-based healthcare organizations. Contributor to Indiana Chamber Biz Voice publication on Indiana security and privacy regulations. Past Chair of Indiana HIPAA Workgroup - consortium addressing HIPAA security and privacy best practices for regulatory compliance. Past Instructor for computer courses and security awareness classes at IUPUI.



Elizabeth Delahoussaye, RHIA, CHPS

Chief Privacy Officer at Datavant

With more than 20 years of healthcare experience, Elizabeth is responsible for all aspects of the company's privacy functions, planning and directing of compliance functions, and ensuring the organization is compliant with all federal and state regulations. Elizabeth has served on various committees at the national level with AHIMA, including as co-chair on AHIMA ROI Tool Kit in 2013, the AHIMA Annual Program Committee in 2014-2015, and is currently serving on the AHIMA Privacy and Security Council; AHIMA Board of Directors and the Speaker of the House of Delegates (2016); Representative for THIMA on the AHIMA House of Delegates, President-Elect and President for THIMA (2008-2010); Becker's Hospital Review –Women in Health IT to Watch (2022); and 2022 Women Power Players in Health IT (2022).



Patrea Darringer, CCS, CDIP

Inpatient Coding Trainer/Educator at Community Health Network

Patrea Darringer is the Inpatient Coder Trainer for Community Health Network. She started coding in 2011 and knew early on she wanted to be an inpatient coder. She became the trainer at Community in 2016. She teaches an in-depth training course to new coders as well as monthly/weekly trainings with all staff.



Dana Finnegan, B.S.

Director of Market Strategy at MDaudit

Dana Finnegan has 20 years in the healthcare industry. His experience spans provider side, hospital side, payer side and vendor side. He has spent a large majority of his career at Mass General Brigham – a large AMC in Boston MA – holding various billing compliance, revenue cycle and revenue integrity roles. Dana has been with Hayes/MDaudit for 6 years – currently the Director of Market Strategy. Dana works closely with current clients to optimize their experience using the MDaudit billing compliance and revenue integrity platform.



Dianna Foley, RHIA, CCS, CDIP, CHPS

Self-employed Coding Consultant

Dianna is an HIM professional with over 25 years of experience. She earned her bachelor's degree from the University of Cincinnati and holds RHIA, CHPS, CDIP, and CCS certifications from AHIMA, along with being an AHIMA-approved ICD-10-CM/PCS trainer. Dianna has held many positions in HIM and is now an independent coding consultant. She previously served as the program director for Medical Coding and HIT at Eastern Gateway Community College. Dianna is an AHIMA-published author and has volunteered with AHIMA on projects including certification item writing, certification exam development, coding rapid design, and most recently has served on AHIMA's nominating committee. She is a presenter on coding topics at the national, state, and regional levels and serves as OHIMA's Education Coordinator. Dianna mentors new AHIMA members and also provides monthly educational lectures to coders and clinical documentation specialists.



Danita Forgey, MIS, RHIA, CCS, CCS-P

President at Danita Forgey Consulting, LLC

Danita Forgey, MIS, RHIA, CCS, CCS-P has been extensively involved with coding and reimbursement issues for over 20 years as a hospital department manager, consultant and educator. She is the former Program Director for the Health Information Administration Program at Indiana University and has held leadership positions in HIM professional associations nationally and at the state level. She has given numerous presentations internationally, nationally and locally dealing with coding and reimbursement. She received her certification as an ICD-10-CM/PCS trainer in 2009.



Deborah Grider, CDIP, CCS-P, CPC, CPC-I, CPC-P, COC, CPMA, CEMC

Senior Healthcare Consultant at KarenZupko & Associates

Deborah is a senior consultant with Karen Zupko & Associates and a nationally sought-after leader in the industry. She is passionate about assisting physicians and hospitals in improving their coding, documentation, and business operations to maintain compliance and improve revenue. Deborah holds multiple coding certifications including Certified Professional Medical Auditor and is a certified Clinical Documentation Improvement Practitioner. Deborah brings over thirty-six years of healthcare industry experience as a practice administrator, medical record auditor, clinical documentation improvement practitioner, as well as a sought-after speaker and educator. She has worked with a variety of medical specialties. She works with physicians, hospitals, and outpatient facilities both small and large and provides practice assessments, revenue cycle guidance, coding, auditing, CDI development, education, and project management. She also provides litigation support to attorneys nationally on behalf of their physician and health-system clients. Deborah combines teaching with practical advice on coding and revenue cycle issues to many national organizations. She has numerous books and publishing credits including book publications for the American Medical Association and the Society for Critical Care Medicine. She has also developed coding program curriculum for several organizations. She currently serves on the ICD-10 Monitor Editorial Board and Indiana Health Information Management Association Executive Board of Directors as the treasurer. She is the past president of the Indiana Health Information Management Association and the past president of the American Academy of Professional Coders National Advisory Board. Deborah has served on the CPT Editorial panel, the editorial board of Contexo Media. She is the 2017 AHIMA Triumph Literacy Legacy Award Recipient.



Elizabeth Herbert, RHIA, CPC, CDEO, CPMA, CRC, CCC, AAPC Approved Instructor

Epic Application Analyst at Baptist Healthcare System

Elizabeth has over 25 years' experience in a variety of healthcare roles: Coding/Billing, Education, CDI, Medical Assisting, Pharmacy, and Epic Application Analysis. She is a current Virtual Instructor and Subject Matter Expert on the AAPC Documentation Advisory Committee and enjoys volunteering her time to speak on favorite coding topics, including vascular, cardiovascular, risk adjustment and E&M. Her hobbies include gaming, houseplants and macrame.



Ronald Hirsch, MD, FACP, CHCQM, CHRI

Vice President Regulations and Education at R1 RCM

Dr. Ronald Hirsch is a Vice President of the Regulations and Education Group at R1 RCM Inc. Dr. Hirsch was a general internist and HIV specialist and was Medical Director of Case Management at Sherman Hospital in Elgin, IL from 2006 to 2012, where he was Chairman of the Medical Records Committee from 1995 to 2012, and also served on the Medical Executive Committee. Dr. Hirsch is certified in Health Care Quality and Management by the American Board of Quality Assurance and Utilization Review Physicians, certified in Revenue Integrity by the National Association of Healthcare Revenue Integrity, and on the Advisory Board of the American College of Physician Advisors. He is on the editorial board of RACmonitor.com. He is the co-author of The Hospital Guide to Contemporary Utilization Review, with the third edition published in 2021.



Nathan Hiscock, M.S.

Director of Growth, Sela Cloud US; Adjunct Professor of Cloud Technologies and Ball State University

Nathan has a B.S. in Computer Science and M.S. in Information and Communication Sciences. Nathan is also an AWS Certified Solution Architect. Nathan is a serial entrepreneur and digital native to Indianapolis, IN. He currently works for Sela Cloud as the Director of Growth in the US and Adjunct Professor of Cloud Technologies. He is a frequent speaker, has created multiple startups, and serves in multiple leadership roles in Indianapolis cloud technologies including AWS Community Leader, Leadership Coach at TechPoint.



Julia Howe

Sr Revenue Cycle Analyst at Community Health Network

Julia has been in healthcare for over 30 years with the past 15+ years in various roles at Community Health Network. She has been in Revenue Cycle as a Sr. Revenue Cycle Analyst for the last 9+ years. She is passionate about improving processes and finding efficiencies which makes her current position a perfect fit.



James Kennedy, MD

President - Chief Medical Officer at CDIMD

James S. Kennedy, MD is the founder and President of CDIMD, a Nashville-based physician and facility advisory and consulting firm that advocates ICD-10-pertinent clinical documentation and coding integrity essential to healthcare revenue cycles and quality measurement. As a coding and clinical documentation integrity (CDI) expert with over 20 years of experience and as a frequent speaker to medical staff, Health Information Management (HIM) and CDI associations, Dr. Kennedy is nationally recognized for his subject matter expertise, communication skills, and problem-solving approach. He has been designated as a Certified Coding Specialist and Certified Documentation Improvement Practitioner by the American Health Information Management Association and as a Certified Clinical Documentation Specialist by ACDIS. Dr. Kennedy authored AHIMA's book on MS-DRGs in 2006-2007 (now out of print), contributed significantly to the American Medical Association's text on HCC risk adjustment, and has previously on the advisory board of the American Clinical Documentation Improvement Society (ACDIS).



Elizabeth McElhiney, MHA, CHPS, CPHIMS

Director, Compliance and Government Affairs at Verisma Systems

Elizabeth McElhiney, MHA, CHPS, CPHIMS is the Director of Compliance and Government Affairs at Verisma Systems. She has worked in the Release of Information industry for over 14 years; covering all areas of the industry from customer service to compliance. Currently, she is the Government Affairs Chairperson at the Association of Health Information Outsourcing Solutions (AHIOS). Ms. McElhiney is also a first-year delegate for the Illinois Health Information Management Association.



Michael Mullarkey, Ph.D.

Senior Clinical Data Scientist at Aiberry

Michael Mullarkey earned his Doctor of Philosophy (PhD) in Clinical Psychology from the University of Texas at Austin. Dr. Mullarkey has spent 10+ years blending the worlds of clinical psychology and data science. He translated his frontline experience providing mental health support in high schools, outpatient settings, and a psychiatric emergency room into over 30 scientific publications in clinical psychology and machine learning. He also authored two open-source treatment manuals for clinicians and a bestselling depression workbook for teens. Dr. Mullarkey previously worked as a senior data scientist in a startup environment and provides a unique combination of clinical, technical, and product-focused skills.

Suhas Nair

Executive Director of Product Management, at AGS Health



Suhas Nair is a product enthusiast who is passionate about transforming real-world challenges into opportunities for product innovation.

With over 15 years of experience in healthcare technology, Suhas has delivered several SaaS products from concept to market. Suhas considers himself a perennial learner of emerging technologies and has gained a lot of experience applying Natural Language Understanding, knowledge engineering and other AI technologies in commercial SaaS applications such as Computer-Assisted Coding and CDI. He is fascinated by the potential that technology holds to truly bring healthcare into the 21st century.



Joseph Ours, MBA

Partner and National Service Offering Lead at Centric Consulting

Joseph Ours is responsible for Centric Consulting’s AI strategy and Modern Software Delivery. He believes that delivering rapidly and reliably in the modern world requires us to bring together lean & agile concepts, DevOps automation, AI integration, and Cloud technology through a focus on people, platforms, practices and principles. Joe's strategic thought process and ability to translate vision into action have resulted in many large successful initiatives. This expertise has led to numerous international and national speaking engagements.



Sonal Patel, BA, CPMA, CPC, CMC, ICDCM

CEO & Principal Strategist at SP Collaborative, LLC

Sonal has over 14 years of experience understanding the art of business medicine. She is a nationally recognized thought-leader, speaker, author, creator, and consultant. As the CEO & Principal Strategist of SP Collaborative, LLC, she serves as a partner to healthcare organizations, medical practices, physicians, healthcare providers, vendors, consultants, medical coders, auditors and compliance professionals in working together to elevate coding compliance education for the business of medicine.

Gerasimos (Gerry) Petratos, MD, MS

CEO at HITEKS Solutions Inc.



Dr. Gerry Petratos trained in Medical Informatics in 2001-2003 after which he joined the BioPharma industry in 2003, first for Schering Plough as a medical coder for safety surveillance, and then Roche/Genentech. Gerry immersed himself in Pharmaceutical Medicine after his NIH Fellowship at the National Library of Medicine and a Master's Program in Biomedical Informatics at the University of Utah Health Sciences Center. At the University of Utah, Intermountain Health Care, and the Department of Veterans Affairs he conducted public health research in adverse drug event computerized monitoring for hospitalized patients. His interests blended the business side with the science of health care, and Gerry realized that his potential was to pioneer new innovative business models and analytics technology to help practicing clinicians make better decisions regarding their patients’ health and simplify administrative workflow.

Dasantila (Tila) Sherifi, PhD, MBA, RHIA

AHIMA Board of Directors, Secretary

Assistant Professor and HIM Program Director at Rutgers School of Health Professions, Ambler, Pennsylvania



Tila is Assistant Professor and HIM Program Director at Rutgers School of Health Professions. She has over 20 years of teaching experience in higher education and loves combining some of the traditional methods (such as hands-on activities) with new technologies and tools into her teaching. She believes that a greater learning experience happens when students are challenged beyond their comfort zone. Tila earned a PhD in Health Services with specialization in Public Health Policy from Walden University, a Master’s Degree in Business

Administration from Southern Illinois University, a Bachelor of Science Degree in Health Information Administration from Gwynedd Mercy College, a Bachelor's Degree in Marketing from University of Tirana, Albania, and an Advanced Management Certificate from University of Nebraska. In addition to teaching, Tila worked as a Quality Management Analyst at Holy Redeemer Hospital, Discharge Analyst at Fox Chase Cancer Center, Admissions Counselor at Gwynedd Mercy College, Research Assistant at Merck & Co, Inc., faculty of business and economics courses at Shkodra University and Director of Business Assistance Center at Shkodra University, Albania. She has volunteered in various capacities for AHIMA, the Pennsylvania Health Information Management Association, and the Southeastern Pennsylvania Health Information Management Association.



Roger Shindell, M.S., CHPS, CISA, CIPM

President & CEO of Carosh Compliance Solutions, LLC

Roger Shindell, M.S., CHPS, CISA, CIPM, serves as the CEO and co-founder of Carosh Compliance Solutions, a consultancy aiding small- and mid-sized healthcare practices in achieving HIPAA and other regulatory compliance. Dedicated to optimizing healthcare professionals' patient-focused efforts, he simplifies and streamlines the compliance process. With over 30 years of diverse experience in healthcare, Roger has founded two medical device companies and advised numerous healthcare, technology, and service enterprises. A former member of AHIMA's Privacy and Security Practice Council, Indiana HIMSS board, and past chair of HIMSS Risk Assessment Work Group, he actively contributes to the industry's advancement. As a prolific author, Roger shares insights through columns in various industry journals and serves on the editorial advisory board of HMP Communications' Today's Wound Clinic. He frequently speaks at conferences such as the National Association of Occupational Therapy and state chapters of the Health Information Management Systems Society and the Medical Group Management Association, demonstrating his commitment to knowledge sharing and industry improvement.



Alina Smith, M.S. in Health Information Management

Contractor at Medlinks

Alina Smith, a seasoned healthcare professional with over two decades of experience in the industry, brings a wealth of expertise to the field of Health Information Management (HIM). With a strong foundation in healthcare and a passion for advancing the industry, Alina has established herself as a leader in the domain. Alina Smith holds a Master's degree in Health Information Management, which has provided her with a deep understanding of the intricacies of healthcare data management and information systems. Currently pursuing a Doctorate in Health Information Management, she remains dedicated to advancing her knowledge and contributing to the ever-evolving healthcare landscape. Throughout her career, Alina has held executive roles, including the position of CEO, where she has led organizations to success through effective organizational management strategies. Her commitment to excellence and innovation in healthcare management has been a driving force in her career. As a sought-after speaker and subject matter expert, Alina Smith is dedicated to sharing her insights and best practices in healthcare organizational management. She is excited to bring her wealth of knowledge to the IHIMA Annual Meeting, where she will discuss the critical topic of effective organizational management in healthcare.



Mark Swearingen, JD

Shareholder at Hall Render

Mark has practiced in the area of health information privacy and security for over 25 years, with particular focus on HIPAA compliance, data breach response, and government investigations. Since the HIPAA Breach Notification Rule was issued in 2009, Mark has handled a substantial number of health care data breaches, including cases involving ransomware, email phishing, lost/stolen devices, insider threats, medical devices, and online tracking technologies. He regularly guides clients through government investigations of privacy and security incidents and has successfully negotiated resolutions and settlements with both federal and state agencies. Mark also advises clients on issues relating to emerging technologies, such as telemedicine, medical apps, and artificial intelligence. Mark understands the complexities of health care privacy and security as well as the various challenges that health care organizations face with these issues. He has worked with a broad spectrum of organizations, including health systems, hospitals, physician practices, health plans, governments, technology companies and business associates and uses his experience to help clients develop and implement a privacy and security program that is specifically tailored to the particular structure, operation and mission of the client. Mark speaks and writes frequently, both regionally and nationally, on health care privacy and security matters. Since 2006, he has been a Board member of the Indiana Security and Privacy Network (InSPN), a volunteer, non-profit organization that provides a forum for health care organizations to collaborate on security and privacy best practices. He is also a member of the Indiana Governor's Executive Council on Cybersecurity.



Lynette Thom, RHIA, CCS, CDIP

HIM Coding Liaison at R1 RCM

Lynette Thom has over 20 years of experience in the field of Health Information Management (HIM). She began her career working in Release of Information in acute care hospitals and then outpatient clinics. She has worked as a coder, coding auditor, consultant and college instructor in the field of HIM. She currently works for a healthcare system as a Coding Liaison, auditing coding and clinical documentation and providing education to the Coding, CDI, and quality departments. As a long-time member of AHIMA, she has served in the Oregon and Indiana CSAs on the legislative and nominating committees, and as president-elect, president, past-president and delegate. She was a speaker at the 2018 AHIMA Annual Meeting as well as at several IHIMA Annual Meetings.

**Maya Turner, CPC, CPMA**

Lead Ambulatory Coding Physician Educator at Franciscan Alliance

Maya Turner, CPC, CPMA is a certified professional coder and auditor who is a published author, speaker, SME, and educator who is passionate about presenting new perspectives to educate, uplift, and empower coders to the next level of excellence.

**Nicole Van Andel, MS, RHIA, CHPS, CHDA, CDIP**

Lecturer at Indiana University Health Information Management Program

Nicole Van Andel, MS RHIA CHPS, CHDA CDIP, is a lecturer at Indiana University's Health Information Management Program. She also coordinates practicums for HIM students and medical coding/billing certificate students. She has her bachelor's degree in HIM and her Master's Degree in Adult Education, both from Indiana University. She has served in various roles in IHIMA, including President (twice). She is currently serving as CCHIIM Commissioner.

**Lou Ann Wiedemann, MS, RHIA, CHDA, CDIP, FAHIMA**

Director of Coding Relations at CSI Companies

Lou Ann Wiedemann is a successful healthcare consultant with more than 30 years of experience in the field. As the Director of Coding Relations for CSI Companies, she provides compliant solutions for acute care coding, CDI, and pro fee coding. She works with all types of healthcare entities including physician groups, health plans and hospitals. Lou Ann's goal is to ensure that HIM professionals have the skills and knowledge to be their very best. She serves individuals and organizations by offering customizable solutions that focus on risk adjustment, compliant coding, and clinical integrity.

**Madeline Wilson, MSN, RN, CLSBB**

Quality & Patient Safety Advisor, Health Equity Lead at Indiana Hospital Association

After serving over 30 years in the nursing field in acute and ambulatory settings in quality, risk, regulatory, and patient safety, Madeline decided to take her passion for zero harm to the next level by using her skills in change management both at the state and national level. She assists hospitals in harm reduction with performance improvement initiatives, educational resources, and culture of safety coaching. Also serving as the health equity lead for the Indiana Hospital Association, Madeline has assisted hospitals with the development of systems to track social determinants of health through Z code tracking to better identify the needs of communities. She is a member of the Indiana Sexual Violence Prevention Council and has been trained in the Indiana Trafficking Victims Assistance Program (ITVAP). Madeline also holds a master's degree in nursing with a focus on Healthcare Policy and advocates at both the patient and hospital level.



CJ Wolf, MD, M.Ed., CPC, COC, CIA, CHC, CHPC, CHRC, CCEP

Faculty/Consultant at Codermedschool and Univ. Illinois College of Medicine

Dr. C.J. Wolf is an experienced full-time compliance officer, medical coder, auditor and educator with over 24 years of professional experience. He currently spends his time as a consultant and educator through codermedschool.com. He is a Clinical Asst. Professor at the University of Illinois at Chicago College of Medicine/Department of Medical Education as well as faculty at Brigham Young University—Idaho. He has worked full-time in various medical coding and compliance roles for Intermountain Healthcare, MD Anderson Cancer Center, the University of Texas System and as Chief Compliance Officer for an international medical device company. In addition to his medical degree from the University of Illinois at Chicago College of Medicine, Dr. Wolf holds a Master of Education (M.Ed.) from the University of Texas at Brownsville and a Bachelor of Science from Brigham Young University in Provo, UT. Dr. Wolf also holds the following professional certifications: Certified Compliance and Ethics Professional (CCEP); Certified in Healthcare Privacy Compliance (CHPC); Certified in Healthcare Research Compliance (CHRC); Certified in Healthcare Compliance (CHC); Certified Professional Coder—Hospital (COC); Certified Professional Coder—Physician (CPC); AAPC Approved Instructor; Certified Internal Auditor (CIA)

Last updated 4.22.2024