

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Feds Turn Up The Heat On Your Practice

Medicare patients 4 times as likely to need emergency medicine

Watch out: You could find your practice under a heavy compliance lens again soon.

Department of Health and Human Services Secretary **Mike Leavitt** told the **House Budget Committee** July 18 that the **Bush Administration** would seek additional funding for fiscal year 2008 to combat Medicare fraud -quot; to the tune of \$1.3 billion.

The goal is to secure funding for a program jointly operated by HHS and the Department of Justice to coordinate federal, state and local law enforcement efforts to reduce fraud in Medicare.

Leavitt also said the administration hopes to revise current law to allow some of the funds recovered in fraud investigations to go toward efforts to address fraud. Current law puts all funds recovered in fraud investigations back into the Medicare trust fund.

In other news:

- Older adults have an Emergency Medical Services (EMS) utilization rate four times that of younger patients, researchers say.

According to a study published in the journal Academic Emergency Medicine, researchers found: 38 percent of EMS responses were for senior patients (age 65 or older) between 1997 and 2000; 62.2 million older adults visited the emergency department during that same three-year period; and 167 older adults per 1,000 was the average rate of EMS utilization per year, compared to a rate of 39 per 1,000 for younger patients.

EMS utilization will only increase with increased volumes of older patients, the study warned.

- Provider enrollment may get even trickier, thanks to a new transmittal.

Providers have 60 days to respond to a pre-screening letter requesting information and documentation. -If the contractor makes a follow-up request for information, the 60-day clock does not start anew,- the **Centers for Medicare & Medicaid Services** (CMS) emphasizes in June 29 Transmittal 214 (CR 5504). The contractor can, at its discretion, extend the time clock if the provider is working toward compliance, CMS adds.

Program Safeguard Contractors (PSCs) and CMS satellite and regional offices can initiate revocations by going through the Division of Provider and Supplier Enrollment, the transmittal adds. You can read the transmittal at www.cms.hhs.gov/transmittals/downloads/R214PI.pdf.

- [The feds may be getting more serious about investigating potential violations of the Health Insurance Portability and Accountability Act \(HIPAA\).](#)

[In addition to the HHS Office of Inspector General conducting its first HIPAA security rule audit this spring, the Department of Health and Human Services has granted subpoena power to the HHS Office for Civil Rights \(OCR\), which is in charge of HIPAA enforcement.](#)

[The authority covers -subpoenas in investigations of alleged violations of the HIPAA Privacy Rule and of the Patient](#)



[Safety and Quality Improvement Act of 2005,- the HHS OCR Web site notes.](#)