

MDS Alert

MDS, Compliance & Clinical News

Your facility's HIPAA disclosure obligations could soon increase. A proposed Health & Human Services rule published in the May 31 Federal Register would require you to offer patients an "access report" listing the specific people who electronically viewed their protected health information (PHI). The list would include every instance of access to the patient's PHI -- including legitimate reviews for treatment and payment reasons -- as well as other instances. It won't, however, indicate why the person accessed the records. HHS proposes instituting the right to access reports beginning on Jan. 1, 2013 for electronic designated record set systems acquired after Jan. 1, 2009; the requirements would take effect the following year for systems acquired as of Jan. 1, 2009.

CMS wants nursing facilities to tap the expertise of their state RAI coordinators. That's the word from the agency's **Tom Dudley.** "We want to encourage providers to reach out to state RAI coordinators as their first line contact for questions that come up regarding the MDS 3.0," said Dudley in the May 2011 SNF/LTC Open Door Forum.

There's good news on the RAC front: Despite their reputation as "bounty hunters," the RACs do appear to be returning money to practices that were underpaid. During the first quarter of 2011, the RACs returned \$22.6 million to practices. All told, they found \$184.6 million in incorrect Medicare payments during the first three months of this year.

To read the complete CMS report, visit www.cms.gov/RAC/Downloads/FFSNewsletter.pdf.

Orthopedic trauma can affect rehab patients' mental health. That's the conclusion of a new review article by Brown University researchers who found evidence linking posttraumatic stress disorder (PTSD) to injuries caused by "high-velocity trauma, such as motor vehicle accidents and falls from height," according to **Daniel Aaron, MD,** a clinical instructor with the Department of Orthopaedics at Brown University. (See the press release on the study at http://www6.aaos.org/news/pemr/releases/release.cfm?releasenum=999.)

Aaron reports that he and colleagues are now taking at a look at this issue in elderly patients with hip fractures. This population may also have "an emotional and psychological component" related to their fractures, although it's not specifically post-traumatic stress, Aaron tells Eli. "While it hasn't been well studied," information in the literature suggests "that some elderly patients have [a fear of refalling] after a hip fracture," he says. And the fear "inhibits their ability to participate in rehabilitation."