Health Information Compliance Alert

News in Brief: HHS OCR is New HIPAA Security Regulator

EHR: Show your physicians what's in it for them.

The Department of Health and Human Services is handing over the administration and enforcement of the Security Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the **HHS Office for Civil Rights.**

CMS formerly oversaw enforcement of the rule. The Security Rule specifies a series of administrative, technical, and physical security procedures for covered entities to use to assure the confidentiality of electronicprotected health information.

OCR has enforced HIPAA's Privacy Rule since 2003. CMS hopes the Security's Rule's move to OCR will trim some administrative inefficiency and improve regulation, given that privacy and security are so closely connected.

"The Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act of 2009 (ARRA), mandated improved enforcement of the Privacy Rule and the Security Rule," points out an HHS release.

• EHR: Show your physicians what's in it for them. If the clinicians at your hospital or health system are carping about your EHR system's learning curve, here's one way to win their buy-in. Show them how your EHR can reduce denials for their reimbursement on the Part B side.

An EHR can eradicate a common reason physicians get denials for Part B services in Part A settings -- a missing chief complaint, explains **Jules Enatsky,** RT, BSN, CPCH, a senior consultant with JA Thomas & Associates.

When several different specialists are seeing a hospital patient, for example, they begin their notes by commenting how the patient is responding to a treatment or medication, without documenting why the patient is being treated, Enatsky writes in The Coding Edge. "If an admitting physician and one or two consulting providers all bill subsequent inpatient care using the same principal diagnosis, only the provider who gets his claim to the payer first will be paid," he adds. "The others most likely will be denied as duplicate services."

Take this scenario where good EHR can help physicians document properly: A cardiologist admits a patient to the hospital for an acute AMI, but the patient also has a history of DM II, COPD and GERD. Therefore, a PCP and pulmonologist are called in to help manage the patient. The chief complaint on the cardiologist's claims would be the AMI; the PCP would code the DM II and the GERD, and the pulmonologist would record the COPD, Enatsky concludes.

• Senior Medicare patrol recovered $4.5 million by watching for fraud and abuse. Seniors volunteer for this program, which aims to help the OIG detect issues that might constitute fraudulent billing or coding trends.

The government recruits different types of people to check for Medicare fraud, but not all of those recruits are attorneys or federal employees. In fact, some of them might be your very own Medicare patients, who are eligible to join the Senior Medicare Patrol, a group of over 4,600 volunteers who are trained to detect fraud, waste, and abuse in the Medicare system.

The Senior Medicare Patrol (SMP) has been in business since 1997, and during that 12-year period, its members have recovered over $4.5 million for Medicare. In addition, the SMP has been responsible for over $100 million total in savings to the government via Medicare, Medicaid, Social Security, and other programs attributable to the SMP, according to a May 18, 2009 OIG report entitled "Performance Data for the Senior Medicare Patrol Projects."

According to the SMP Program's Web page, it teaches its volunteers to watch for fraud and abuse, such as upcoding,

unnecessary test referrals, and billing for services that weren't provided. The program also advises seniors of Medicare and Medicaid scams that they might encounter and offers information on how to identify and report any such scams.

Stay Stress-Free

Upon learning of the SMP's intentions, some medical practices have expressed concern that they are being audited even when they are not aware of it. But the prog-ram isn't designed to turn Medicare patients into under-cover detectives, experts say.

"The Senior Medicare Patrol is an education-based program showing Medicare beneficiaries and their families how to watch for Medicare fraud," **Julie Schoen, Esq.,** director of California's SMP program, tells **Eli.**

"We tell patients that if they are billed for a service they didn't receive, they should question that. We're not telling the volunteers to go out after providers, but instead we tell them, 'If you see something going on, report it,' " Schoen says.

If the SMP administrators see a pattern among the volunteers' reports and find complaints about a particular provider, they determine whether they've found a trend which might result in them looking at a provider more closely.

For example: "We're currently investigating a com-plaint regarding a provider who is billing the 75-minute personal counseling session for every patient he sees," Schoen says. "That is the type of case that would make us want to investigate further."

To read the OIG's report on the Senior Medicare Patrol program, visit http://oig.hhs.gov/oei/reports/oei-02-09-00170.pdf.

• Tool reveals whether e-prescribe will get bang for your buck.

Yeah, yeah, yeah. We've all heard that physicians are eligible for e-prescribing bonuses, but will the cost of a new system or upgrade be worth it?

The American Medical Association (AMA) has unveiled a new tool to help physician practices decide about e-prescribe. "A recent survey found about 30 percent of physician participants use an e-prescribing system in their practice," said **Joseph Heyman,** MD, an AMA board member, in a June 30 statement. "This is a sizeable increase from the 13 percent who said the same at the end of last year."

The AMA's online portal allows physician practices to calculate time savings and eligibility for incentive payments.

Comparison shop: Potential e-prescribe buyers can access the AMA's "system finder tool" that selects three systems that might suit your practice, based on your responses to a questionnaire.

(Note to HIT vendors: Visit the site to see how you and your competitors stack up.)