



TABLE OF CONTENTS

HIPAA Privacy and Security Efforts	1
CPT Code 99245 Office Consultation: Medicare prepayment reviews	2
Corresponding in an Electronic World ... What Are The Guidelines?	2



In our last newsletter I provided an update on the Economic Stimulus Act officially titled the American Recovery and Reinvestment Act of 2009 and its significant expansion of HIPAA Privacy and Security requirements. Within this massive legislation, a section titled the Health Information Technology for Economic and Clinical Health (HITECH) Act encourages a move to electronic health records along with additional measures to protect privacy of patient information. The Act also provides payment incentives for physicians and hospitals that use electronic health records.

In order to begin educating key stakeholders at UCHC about this law, the Compliance Office has formed a small ad hoc group to review the law and clarify the expectations within it. The group consists of representatives from the Privacy and Security Offices at UCHC, Patient Accounts Departments of JDH and UMG/UD, Health Information Management, the Assistant Attorney General, as well as the Contracting and Purchasing Departments. The group has met on several occasions to review the law and educate themselves on the various components of the law including:

- New security breach notification requirements with increased notification requirements to patients.
- Expansion of the accounting of disclosures requirements when using

electronic medical records including accounting of disclosures for treatment, payment and healthcare operations and those of our business associates.

- Additional allowances for patients to restrict access/disclosure of protected health information.
- Extension of the HIPAA Privacy and Security provisions to our Business Associates, which will require updates to existing Business Associates Agreement contracts.
- Prohibition of the sale of electronic health information.
- Patient access to health information in electronic format.
- Updates to the “minimum necessary standard”.
- Changes to the fundraising rules.
- Revised and expanded penalties for violations.

Because there are various deadlines for the specific requirements for compliance and the Act requires that other regulations be written to further inform the law, the group is also watching for these new regulations and the impact they will have on our HIPAA compliance efforts. Education regarding operational changes and all required new policies will be made available to all UCHC staff affected by the Act prior to any compliance deadlines.

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Research Compliance Office Receives Best Practices Award

UCHC has received a national award for Best Compliance Practices from the Health Ethics Trust, a Division of the Council of Ethical Organizations, in the area of “Clinical Research/Adverse Event Reporting”. The Research Adverse Event Committee (RAEC), which oversees our Adverse Event Reporting System, is a sub-committee of the Human Subjects Protection Office (HSPO).



The 2009 Annual Mandatory Compliance Training will be launched this fall. Watch Broadcast Messages for more details.

Medicare Contractor National Government Services (NGS) Announces Prepayment Review of CPT 99245 “Office Consultations”

According to National Government Services any claim in which CPT 99245 Office Consultation is billed, a letter will be sent to the submitting provider requesting documentation from the beneficiary’s medical record supporting the service and the level billed.

This prepay review of CPT 99245 is an extension of a previous review which was conducted between January 23, 2009 and March 9, 2009. Findings revealed of the 9289 services that were reviewed, 4122 (44 percent) were denied, 3401 (37 percent) were down-coded, and only 1766 (19 percent) were paid as billed.

“Remember the 3 R’s: Request, Render and Report”

Consultation Documentation Tips:

- A physician or qualified NPP has **requested** a consultation
- The consultant’s opinion is **communicated** by a written report to the requesting physician.
- **The reason** for the consultation must be documented by the consultant
- A level **99245 Consultation** Visit **requires** a comprehensive history, comprehensive examination and high medical decision making.
- **Know** the difference between a consult and a transfer of care.
Transfer of care: A physician or qualified NPP requests that another physician or qualified NPP takes over the responsibility for managing a patient’s complete care for a specific condition.
- **Follow-up visits** by a consultant following an initial consultation should be reported as either subsequent hospital care codes (99231-99233) or office or other established patient codes (99212-99215).
- **Second opinions** are **not** considered to be consultations. (A second opinion E/M visit initiated by a patient and/or family is not reported using consultation codes)
- **Standing orders** in the medical record for consultations **do not meet** the criteria for consultation services
- **Documentation must** be legible and **include** the provider’s signature, identification of the patient, and correct date of service.

References:

Centers for Medicare & Medicaid *Claims Processing Manual*, Publication 100-04, Chapter 12, Section 30.6.10

If you have questions or concerns please contact:

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Corresponding in an Electronic World... What Are The Guidelines?



Electronic communication has become vital to our daily work and has changed not only the tools we use but the way in which we exchange information. Messages may be transmitted through numerous media including computers and various mobile computing devices such as laptops, PDAs, and cell phones. Their ease, speed, and efficiency are undeniable. However, they carry with them certain responsibilities, particularly when it comes to their management and preservation. This is the first in a series of “Compliance Courier” articles dedicated to State of Connecticut regulations surrounding the use of electronic communication.

On June 30, 2009 the Connecticut State Library Public Records Administrator issued a general letter providing updated guidance for all types of “electronic messages” which, for this purpose, includes e-mail, fax, instant messaging, text messaging, and voice mail.

Contained in the letter are important definitions relevant to all state agencies, including UCHC. First, the Connecticut Uniform Electronic Transactions Act defines “electronic record” as “a record created, generated, sent, communicated, received or stored by electronic means...” Second, Connecticut General Statutes define “public records” as “any recorded data or information relating to the conduct of the public’s business prepared, owned, used, received, or retained by a public agency, or to which a public agency is entitled to receive a copy by law or

contract..., whether such data or information may be handwritten, typed, tape-recorded, printed, photostated, photographed, or recorded by any other method.”

The letter goes on to say that, based on these laws, “*electronic messages sent or received in the conduct of public business are ‘public records.’*” It is possible that such correspondence may be disclosed in response to a request under the Freedom of Information Act (FOIA), a court action, or an audit. Therefore, it must be handled just as you would any other recorded information.

In light of these statutes and the State Code of Ethics UCHC employees should never use private e-mail accounts to conduct UCHC business nor use UCHC electronic systems to send or receive messages for any purpose other than work-related business.

Future articles will focus on legal implications as well as proper management and retention of electronic communication .

For additional information please refer to General Letter 2009-2 from the Connecticut State Library:

<http://www.cslib.org/publicrecords/GL2009-2Email.pdf>

Questions may be forwarded to the Compliance Office at x 4180 or compliance.officer@uchc.edu.

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