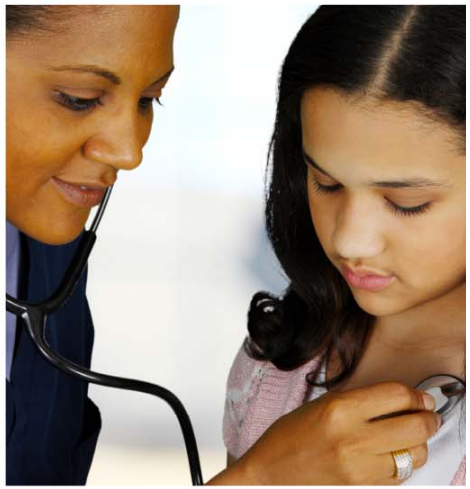
UCF REGIONAL EXTENSION CENTER

A Division of the College of Medicine



CFMGMA

2016 CMS FOCUS & 2017 ICD-10 UPDATES

PRESENTED BY:
TRISH STONE, RHIA, CPMA, CHSP, CPC, AHIMA APPROVED ICD-10-CM/PCS TRAINER

AGENDA

Compliance

1. Security Risk Analysis: A Foundation for HIPAA Compliance
2. Billing Audits: Showing your Intent
3. Effective Documentation: E/M Coding

ICD-10 Updates 2017

COMPLIANCE PROGRAM

Can you afford to lose Medicare and Medicaid income?

Since 2010, a compliance program has been **required** for Medicare and Medicaid providers.

WHAT IS A COMPLIANCE PROGRAM?

- Operation Manual
- HIPAA polices and procedures Manual
- Coding compliance plan
  - The detailed policies and procedures that insure the coding and billing processes comply with all rules and guidelines.

COMPLIANCE: #1

Security Risk Analysis: A Foundation for HIPAA Compliance

HIPAA

- Sets rules for protection of ePHI
- HIPAA applies to a bewildering variety of organizations, from one-doctor practices to vast medical systems, to every kind of specialty, and to Business Associates

A FOUNDATION FOR COMPLIANCE

Every organization should complete three processes to lay a foundation for HIPAA compliance:

1. Conduct a Security Risk Analysis
2. Implement updated HIPAA documentation, including polices and procedures, BA Agreements, and the Notice of Privacy Practices
3. Complete and Document HIPAA Compliance Training

THE PRIVACY RULE

1. Protects every form of PHI, whether electronic, written, verbal, or otherwise
2. Governs use and disclosure of PHI
3. Guarantees patients the right to access their own PHI
4. Patients have the right to manage the disclosure of their PHI

THE PRIVACY RULE – CORE PRINCIPLE

Minimum Necessary

1. Business Associates can access PHI *only* if it is necessary to their services
2. Only the minimum necessary information for a legitimate purpose should be shared

THE SECURITY RISK ANALYSIS

- The Security Risk Analysis is the first and most important requirement of the Security Rule
- Consists of three parts
  - Risk Assessment, a detailed list of assessment questions based on ONC/OCR/NIST guidelines
  - IT Infrastructure Assessment
  - Produces detailed remediation report to close compliance gaps

WELCOME TO THE CIA

- The Security Rule concerns the Confidentiality, Integrity, and Availability (CIA) of ePHI
- The Security Rule requires technology measures such as firewalls, but the primary goal is to create a "culture of compliance"
- A culture of compliance is realized through proper policies and procedures, training on those policies and procedures, and sanctions for failing to follow the rules

REQUIRED OR ADDRESSABLE?

- Specifications are either Required or Addressable
- Addressable does **NOT** mean optional
- Addressable specifications allow more flexibility, but organizations must document why the specification does not apply or demonstrate an alternative method of satisfying it

BREACHES

- Investigations come in response to breach reports, patient complaints, and whistleblowers
- A breach typically leads to an investigation that exposes many other violations, increasing fines
- The "Wall of Shame" has more than 1,300 breaches of 500+ records

WHAT IS A BREACH?

- Merely losing control of PHI is a breach, even if there is no evidence that the data was ever accessed
  - Loss or theft of hardware storing PHI is a breach
- Unauthorized access is a breach
  - A provider who snoops in a health record but is not involved in care
- Unauthorized disclosure
  - Faxing PHI to the wrong patient

NOTIFICATION REQUIREMENTS – 500+

- Patients must be informed of a breach within 60 days of discovery
- Patients should be informed by letter whenever possible
- Business Associates must inform Covered Entities of any breach, and the Covered Entity must inform patients
- For breaches of **500 records or more**, HHS must be informed within 60 days, and the breach will be listed on the "Wall of Shame"

NOTIFICATION REQUIREMENTS – <500

- For breaches of ***fewer* than 500** records, the organization must inform HHS annually, within 60 days of the end of the year
- Steps to address
  1. Incident Report
  2. Incident investigation
  3. Incident Tracking log

AUDIT PROTOCOL EXAMPLE

Sanction Policy Audit Protocol:

1. Inquire about formal process
2. Obtain and review the formal documentation
3. Evaluate content
4. Obtain evidence
5. Determine

HIPAA TRAINING

- Training is an essential element of HIPAA compliance
- Employees should be required to complete HIPAA training as part of orientation and then once a year
- Workforce training should be both brief and affordable
- Many breaches could have been prevented by proper training
- Organizations are fined for lack of training

2016 SRA TOOL WORKSHEET

Security Risk Assessment Tool Worksheet						
SECTION						
Maintaining Your Security Program (21/21)						
Administrative (16/16)	Y/N	REASON	CURRENT ACTIVITIES	REMEDIATION	LIKELIHOOD	IMPACT
A01: Does your practice develop, document, and implement policies and procedures for assessing and managing risk to its ePHI?						
A02: Does your practice have a process for periodically reviewing its risk analysis policies and procedures and making updates as necessary?						
A04: Does your practice periodically complete an accurate and thorough risk analysis, such as upon occurrence of a significant event or change in your business organization or environment? **A05:** Does your practice have a formal documented program to mitigate the threats and vulnerabilities to ePHI identified through the risk analysis?						
A07: Does your practice document the results of its risk analysis and assure the results are distributed to appropriate members of the workforce who are responsible for mitigating the threats and vulnerabilities to ePHI identified through the risk analysis?						
A08: Does your practice formally document a security plan?						
A14: Is your practice's security point of contact qualified to assess its security protections as well as serve as the point of contact for security policies, procedures, monitoring, and training?						
A57: Does your practice maintain and implement policies and procedures for assessing risk to ePHI and engaging in a periodic technical and non-technical evaluation in response to environmental or operational changes affecting the security of your practice's ePHI?						
A58: Does your practice periodically monitor its physical environment, business operations, and information system to gauge the effectiveness of security safeguards?						
A59: Does your practice identify the role responsible and accountable for assessing risk and engaging in ongoing evaluation, monitoring, and reporting?						
P001: Do your practice's processes enable the development and maintenance of policies and procedures that implement risk analysis, informed risk-based decision making for security risk mitigation, and effective mitigation and monitoring that protects the privacy, confidentiality, integrity, and availability of ePHI?						

SRA MITIGATION REPORT

ID	Citation	Answer	Flagged	Risk Level	Current Activities	Notes	Remediation	Reason	Last Edit
A01	§164.308(a)(1)(i)	No		High	Our practice needs to create a policy on how we develop, document, and implement policies and procedures for assessing and managing risk our ePHI.		We will be using the ONC Information security policy templates as a guide to create a policy on how we develop, document, and implement policies and procedures for assessing and managing risk our ePHI. Estimated completion date: Owner:	Complexity	[TT]12/28/2015 8:29:05 am
A02	§164.308(a)(1)(i)	No		High	Our practice needs to create a process for reviewing our risk analysis policies and procedures and making updates as necessary.		Our practice will be creating a process for reviewing our risk analysis policies and procedures and making updates as necessary. Estimated completion date: Owner:	Complexity	[TT]12/28/2015 8:29:19 am
A04	§164.308(a)(1)(ii)(A)	No		High	Our practice needs to create a process of completing an accurate and thorough risk analysis, annually and/or upon occurrence of a significant event or change in our business organization or environment		Our practice will be creating a process of completing an accurate and thorough risk analysis, annually and/or upon occurrence of a significant event or change in our business organization or environment Estimated completion date: Owner:	Complexity	[TT]12/28/2015 8:29:42 am
A05	§164.308(a)(1)(ii)(B)	No		High	Our practice needs to create documentation for our formal program to mitigate the threats and vulnerabilities to ePHI identified through the risk analysis.		We will be using the ONC HIPAA policy & procedure templates as a guide to create our documentation of the security risk analysis and mitigation plan. Estimated completion date: Owner:	Complexity	[TT]12/28/2015 8:33:33 am

COMPLIANCE: #2

Billing Audits: Showing your Intent

CMS ANNOUNCES

- CMS Final Rule States:
  - Medicare Providers Liable For Six Years Of Overpayments.
- Increasing the number of RAC audits in 2016.
- Expand RAC audit program to Medicare Advantage

WHY PERFORM AN AUDIT?

- Identification/Suspicion of Practice Deficiencies
- Potential Means to identify Missed/Additional Revenue
- Reduce Payment Denials
- Compliance

WHAT IS A CHART AUDIT?

An unbiased review of a random selection of encounters per clinician

1. Identify Discrepancies
   Undercoding, over-coding, miscoding, non-compliance

2. Recommend Enhancements
   Coding, billing, documentation processes and revenue cycle

3. Mitigate Disciplinary Actions and Fines
   Third party carriers, federal, state, and other regulatory agencies

AVERAGE PERCENT OF ERRORS

- CMS estimates that 30% to 40% of medical bills contain errors
- The Access Project, a Boston-based health-care advocacy group, says it may be as high as 80%
- Audits we've conducted over the past year have error results ranging between 20% - 85%

IT COMES DOWN TO YOUR INTENT!

The **False Claims Act** (FCA) imposes civil liability on **any person** who knowingly submits, or causes to be submitted, a false or fraudulent claim to the Government.

The "**knowing**" standard includes actions related to the truth of the claim:

- Deliberate Ignorance
- Reckless Disregard

Civil penalties for violating the FCA may include:

- Fines of $5,500 - $11,000 *per incident*
- AND Up to 3 times the amount of damages sustained by the Government as a result of the false claims.

(Ex: 57 encounters resulting in an overpayment of $4,560. $4,560 x 3 = $13,680. Possible fines: $313,500 - $627,000)

There also is a **criminal** FCA (18 U.S.C. Section 287).

- **Criminal penalties** for submitting false claims may include fines, imprisonment, or both.

DETERMINE THE CODE

New Patient (3/3)

DOCUMENTATION GUIDELINES
(New Patient must have 3/3)

Code/Component	99201	99202	99203	99204	99205
HISTORY	Problem Focused • CC • Brief HPI (1-3 Elements) • No ROS • No PFSH	Expanded Problem Focused • CC • Brief HPI (1-3 Elements) • Problem Pertinent ROS (1 System) • No PFSH	Detailed • CC • Extended HPI (4+ Elements) • Extended ROS (2-9 Systems) • Problem Pertinent PFSH (1 Element)	Comprehensive • CC • Extended HPI (4+ Elements) • Complete ROS (10+ Systems) • Complete PFSH (All Elements)	Comprehensive • CC • Extended HPI (4+ Elements) • Extended ROS (10+ Systems) • Complete PFSH (All Elements)
EXAMINATION	Problem Focused • 1 area or organ system	Expanded Problem Focused • 2 organ systems	Detailed • 3-7 organ systems	Comprehensive • 8+ organ systems or complete single organ system	Comprehensive • 8+ organ systems or complete single organ system
MEDICAL DECISION MAKING	Straightforward • Minimal # of Dx or Mgmt. Options • Minimal Amt. & Complexity of Data • Minimal Overall Risk	Straightforward • Minimal # of Dx or Mgmt. Options • Minimal Amt. & Complexity of Data • Minimal Overall Risk	Low Complexity • Limited # of Dx or Mgmt. Options • Limited Amt. & Complexity of Data • Low Overall Risk	Moderate Complexity • Multiple # of Dx or Mgmt. Options • Moderate Amt. & Complexity of Data • Moderate Overall Risk	High Complexity • Extensive # of Dx or Mgmt. Options • Extensive Amt. & Complexity of Data • High Overall Risk
NATURE/SEVERITY OF PROBLEM	Self-limiting or Minor	Low to Moderate	Moderate	Moderate to High	Moderate to High
FACE-TO-FACE TIME	10 Minutes	20 Minutes	30 Minutes	45 Minutes	60 Minutes

DETERMINE THE CODE

Established Patient (2/3)

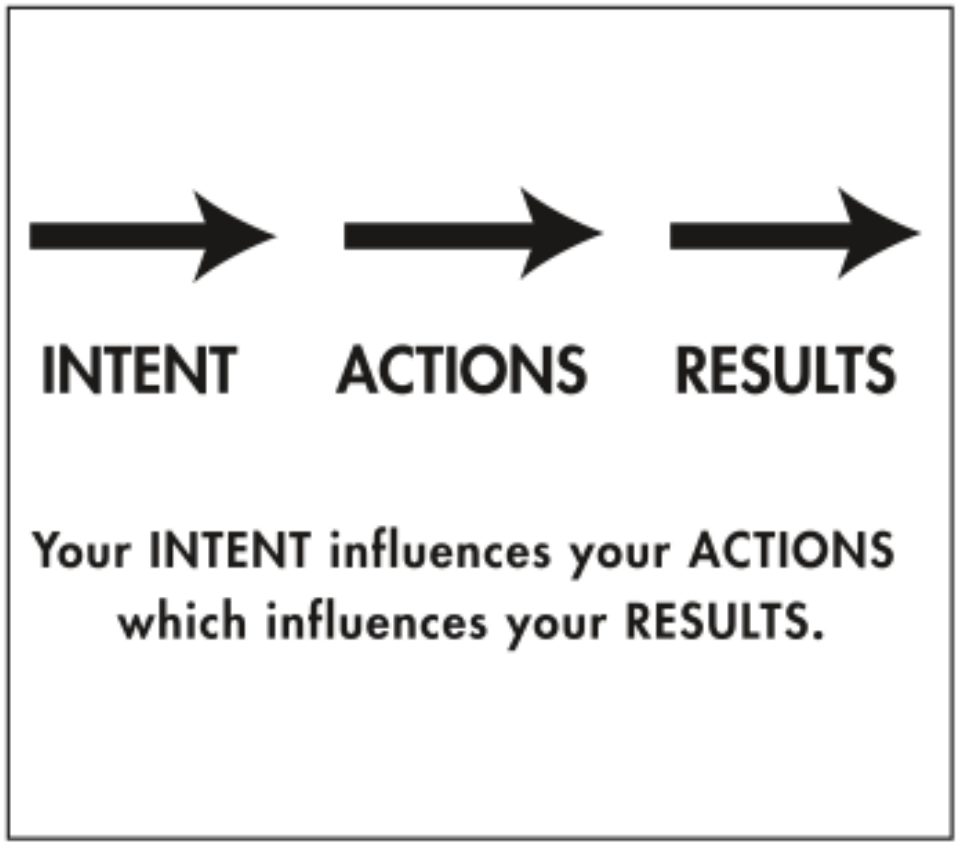
DOCUMENTATION GUIDELINES
(Established **Patient must have 2/3**)

Code/Component	99211	99212	99213	99214	99215
HISTORY	N/A • CC • May not require presence of a physician	Problem Focused • CC • Brief HPI (1-3 Elements) • No ROS • No PFSH	Expanded Problem Focused • CC • Brief HPI (1-3 Elements) • Problem Pertinent ROS (1 System) • No PFSH	Detailed • CC • Extended HPI (4+ Elements) • Extended ROS (2-9 Systems) • Problem Pertinent PFSH (1 Element)	Comprehensive • CC • Extended HPI (4+ Elements) • Extended ROS (10+ Systems) • Complete PFSH (All Elements)
EXAMINATION	N/A • No Physical Exam Required	Problem Focused • 1 organ systems	Expanded Problem Focused • 2 -4 organ systems	Detailed • 5-7 organ systems	Comprehensive • 8+ organ systems or complete single organ system
MEDICAL DECISION MAKING	Minimal • Minimal # of Dx or Mgmt. Options • Minimal Amt. & Complexity of Data • Minimal Overall Risk	Straightforward • Minimal # of Dx or Mgmt. Options • Minimal Amt. & Complexity of Data • Minimal Overall Risk	Low Complexity • Limited # of Dx or Mgmt. Options • Limited Amt. & Complexity of Data • Low Overall Risk	Moderate Complexity • Multiple # of Dx or Mgmt. Options • Moderate Amt. & Complexity of Data • Moderate Overall Risk	High Complexity • Extensive # of Dx or Mgmt. Options • Extensive Amt. & Complexity of Data • High Overall Risk
NATURE/SEVERITY OF PROBLEM	Minimal	Self-limiting or Minor	Low to Moderate	Moderate to High	Moderate to High
FACE-TO-FACE TIME	5 Minutes	10 Minutes	15 Minutes	25 Minutes	40 Minutes

ENCOUNTER/ CHART AUDIT DELIVERABLES:

- Completed audit sheets and summary reports for each provider
- Organizational audit summary report
- Final meeting for presentation and review of audits/ summary reports per provider and organization

INTENT TO COMPLY



COMPLIANCE: #3

Effective Documentation: E/M Coding

EFFECTIVE DOCUMENTATION

E/M, CPT, and ICD-10-CM Codes:

Assure medically necessary services were provided

"If it isn't documented, it didn't happen!!"

DOCUMENTATION SPECIFICITY

Identify most common Dx by physician

Determine if documentation supports the level of detail for the codes selected

EVALUATING YOUR DOCUMENTATION

Assess the quality of medical record documentation

Assess the impact on:

1. Coding & Billing
   a. Productivity
   b. Accuracy

2. $$$ Impact on Revenue Cycle

EVALUATING YOUR DOCUMENTATION

- Is the Chief Complaint documented?
- Does documentation support the E/M Level claimed?
- Is the diagnosis documented to the highest specificity?
- Is the assessment of the patient's condition apparent in the medical record?

DENIALS

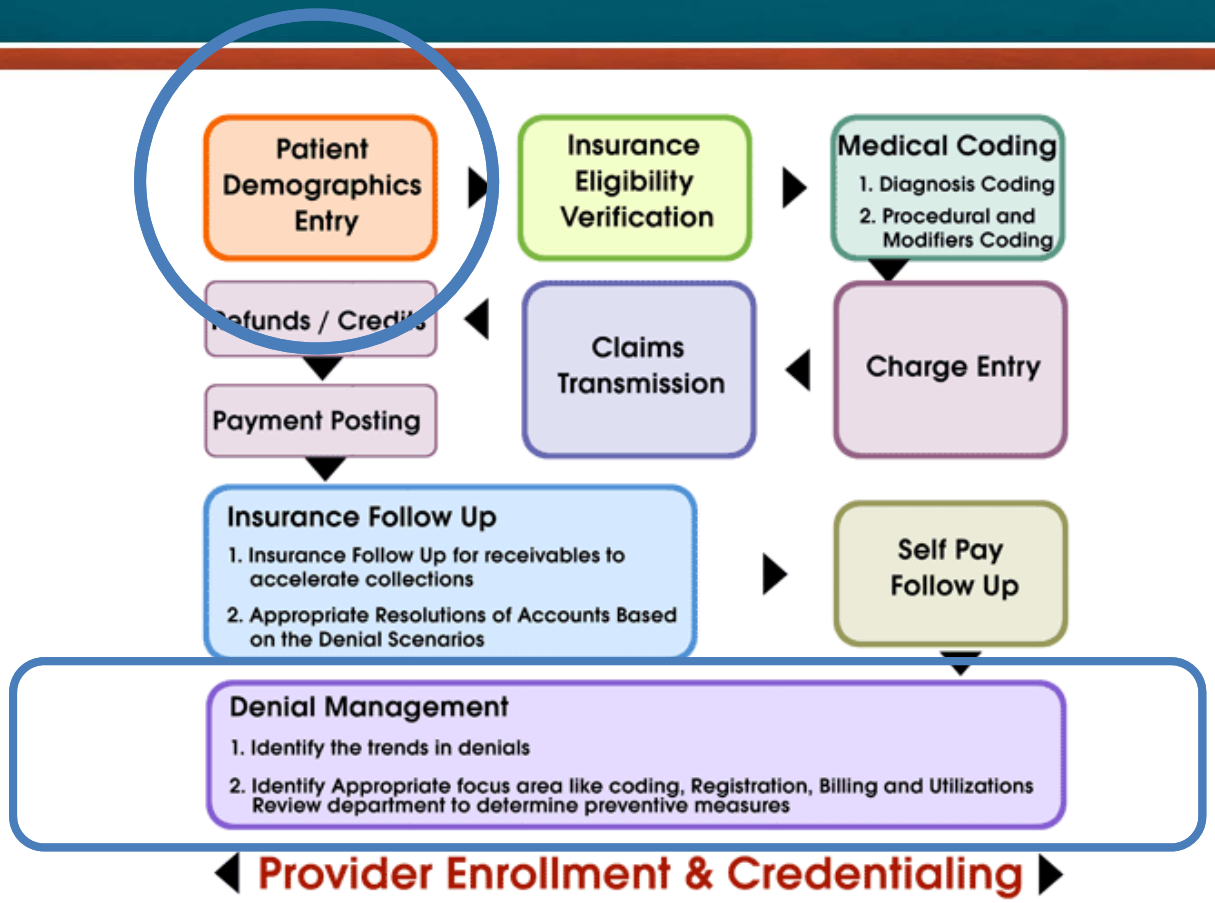
Common Reasons for Claim Denials:

1. Patient registration errors
2. Lack of referral/authorization
3. Incorrect diagnosis codes
4. Medical Necessity
5. Duplicate billing
6. Timely filing
7. Changes to payers' organizations

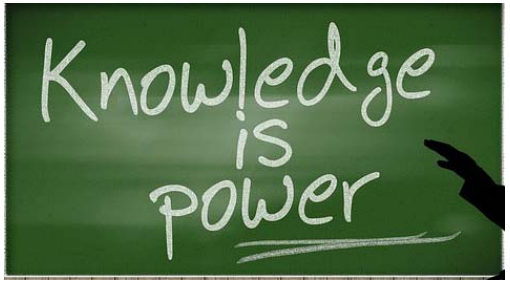
APPEALS

Nationally, only **35%** of providers appeal their denied claims.

PROCESSES


Patient Demographics Entry
Insurance Eligibility Verification
Medical Coding
1. Diagnosis Coding
2. Procedural and Modifiers Coding
Refunds / Credits
Claims Transmission
Charge Entry
Payment Posting
Insurance Follow Up
1. Insurance Follow Up for receivables to accelerate collections
2. Appropriate Resolutions of Accounts Based on the Denial Scenarios
Self Pay Follow Up
Denial Management
1. Identify the trends in denials
2. Identify Appropriate focus area like coding, Registration, Billing and Utilizations Review department to determine preventive measures
Provider Enrollment & Credentialing

EDUCATION PROGRAM



- Focuses on Remediation Plan
- Supports the Compliance Program
- Provides Medical staff education on the correct methods
  - Documentation
  - Coding
  - Processes
- Optimizes results and leads to better data quality

ICD-10

2017 ICD-10 Updates

2017 ICD-10 UPDATES

ICD-10-CM

487 code revisions

1,928 new diagnosis codes

305 deletions

ICD-10-PCS

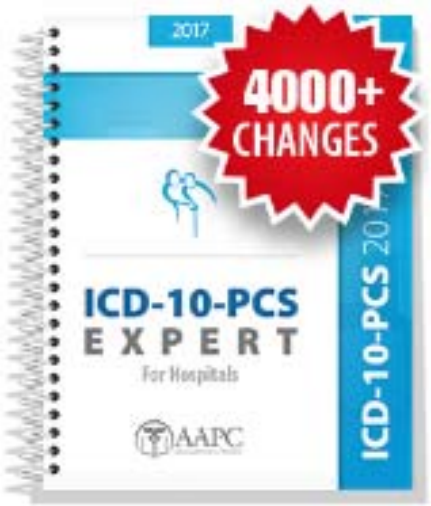
3,651 new procedure codes

Root Operation changes

2017 ICD-10-PCS

Biggest changes/revision

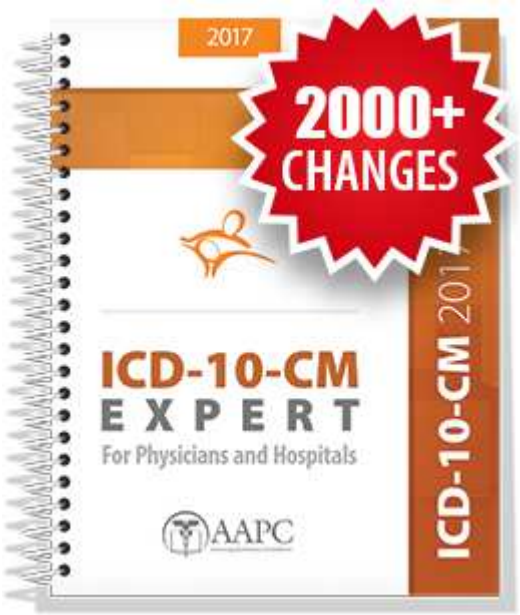
- Root Operations Definitions
  - Control and Creation
- New Root Operation
  - Perfusion
- Body Part Terminology Changed
  - Heart and Great Vessels Body System.



2017 ICD-10-CM

Addenda Changes:

Index (90 pages)
Table of Drugs and Chemicals (2 pages),
Neoplasm Table (11 pages),
External Cause Index (9 pages), and
Tabular (160 pages)



Missing File

2017 ICD-10-CM Official Coding & Reporting Guidelines.

INDEX ADDENDA

ICD-10-CM INDEX to DISEASES and INJURIES
2017 Addenda

No Change	**A**
No Change	**Abnormal, abnormality, abnormalities** - see also Anomaly
No Change	- diagnostic imaging
Delete	- - urinary organs R93.4
Add	- - bladder R93.41
Add	- - kidney R93.42-
Add	- - renal pelvis R93.41
Add	- - urinary organs specified NEC R93.49
Add	- - ureter R93.41
Revise from	- urination NEC R39.19
Revise to	- urination NEC R39.198
No Change	- urine (constituents) R82.90
Revise from	- - microbiological examination (culture) R82.7
Revise to	- - microbiological examination (culture) R82.79
Revise from	- - positive culture R82.7
Revise to	- - positive culture R82.79

TABULAR ADDENDA

ICD-10-CM TABULAR LIST of DISEASES and INJURIES

2017 Addenda

No Change **Chapter 1**

No Change **Certain infectious and parasitic diseases (A00-B99)**

No Change **Other bacterial diseases (A30-A49)**

No Change **A40 Streptococcal sepsis**

No Change **Code first**
Revise from postprocedural streptococcal sepsis (T81.4)
Revise to postprocedural streptococcal sepsis (T81.4-)

No Change **A41 Other sepsis**

No Change **Code first**
Revise from postprocedural sepsis (T81.4)
Revise to postprocedural sepsis (T81.4-)

Delete **Excludes1:** sepsis NOS (A41.9)

CHAPTERS 1 - 5

Chapter 1 (Infectious and Parasitic Diseases)

Chapter 2 (Neoplasms)

Chapter 3 (Diseases of Blood and Blood Forming Organs and Certain Disorders Involving the Immune Mechanism)

Chapter 4 (Endocrine, Metabolic, and Nutritional Diseases)

Chapter 5 (Mental, Behavioral, and Neurodevelopmental Disorders)

CHAPTERS 6 - 13

Chapter 6 (Diseases of the Nervous System)

Chapter 7 (Diseases of the Eye and Adnexa)

Chapter 8 (Diseases of the Ear and Mastoid Process)

Chapter 9 (Diseases of the Circulatory System)

Chapter 10 (Diseases of the Respiratory System)

Chapter 11 (Diseases of the Digestive System)

Chapter 12 (Diseases of the Skin and Subcutaneous Tissue)

Chapter 13 (Diseases of the Musculoskeletal System and Connective Tissue)

CHAPTERS 14 - 21

Chapter 14 (Diseases of the Genitourinary System)

Chapter 15 (Pregnancy, Childbirth, and Puerperium)

Chapter 16 (Certain Conditions Originating in the Perinatal Period)

Chapter 17 (Congenital Malformations, Deformations, Chromosomal Abnormalities)

Chapter 18 (Symptoms, Signs, and Abnormal Clinical and Laboratory Findings)

Chapter 19 (Injuries, Poisoning, and Certain Other Consequences of External Causes)

Chapter 20 (External Causes of Morbidity)

Chapter 21 (Factors Influencing Health Status and Contact with Health Services)

APPROACH - EVALUATE

Your Compliance Program

Provider Encounter Documentation to Claims (CPT & ICD-10 codes)

Core Diagnosis and/or procedure codes

UCF REC SERVICES

WE PROVIDE

- Billing Audits
- Evaluation and Management (E/M) Coding & Documentation Training
- HIPAA Training (Annual or Privacy & Security Officer)
- ICD-10 Training by Specialty
- Coding Compliance Plan Development
- HIPAA Policy & Procedure Manual Development
- Security Risk Assessments
- Operations Manual Development
- MACRA Education
- EHR System Evaluation, Selection and Implementation
- Meaningful Use Support
- Audit Preparedness
- Patient Centered Medical Home (PCMH) Transformation
- Healthcare Analytics

QUESTIONS?

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