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NOVEMBER NEWSLETTER EDITION

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER.

Office of Institutional Compliance



New Staff Members

The Office of Institutional Compliance welcomes three new staff members to the Compliance Team.

John Geist is the Managing Director of Compliance at TTUHSC, starting in June 2014. Prior to joining TTUHSC, John was the Compliance Officer for University Medical Center. John's family is truly a TTUHSC family. His wife, Becky, is a Faculty Instructor for the School of Nursing and their two teenage sons periodically work as Standardized Patients in the Simulation Lab. John received his Bachelor's and Master's degrees from Texas Tech University and is excited to be part of the Institutional Compliance Office at TTUHSC.

Sherri Johnston is the Lubbock Regional Privacy Officer for Institutional Compliance. Prior to joining TTUHSC, Sherri worked at Eastern New Mexico University in Portales, NM as the Director of Internal Audit. She retired from ENMU in 2010 after 26 years of service. She then moved to Lubbock where she was employed by Texas Tech University as a Staff Auditor in Audit Services. She has over 20 years of auditing experience which provided her with the necessary skills needed to make the transition from auditing to compliance.

Terri Calderon is the Executive Administrative Associate for Institutional Compliance. Prior to joining the Compliance Office, she was the Section Coordinator for Workforce Relations and Employee Development in Human Resources. Terri has 21 years of service with TTUHSC.



Physician Open-Payments Database

The Physician Open-Payments Database is online as of September 30, 2014, which means hospitals, the government and the general public will be able to see how much physicians are paid by pharmaceutical and medical device manufacturers. According to the Centers for Medicare and Medicaid Services (CMS), the Open Payments national disclosure program promotes transparency by publishing financial relationships between the medical industry and health care providers (physicians and hospitals) on a publically accessible website developed by CMS. For additional information regarding the Open Payments Program please visit http://www.cms.gov/ Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html

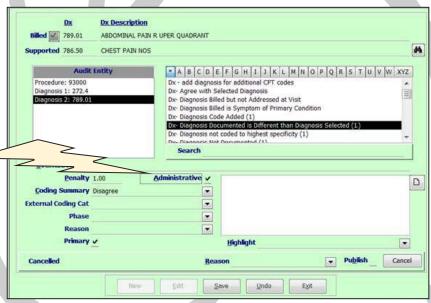
GOOGLE GLASS USE IN THE HEALTH CARE SETTING



Technological innovation and advancement continues to grow and evolve the health care industry. The latest technological advancement in wearable technology, Google Glass (aka Glass), has a lot of features that respond to voice action instructions and directional head movements. These features make it easy to record or take a picture without someone's knowledge. If implemented or used in a clinical setting without adequate and appropriate safeguards, concerns over patient data privacy and security issues pose heightened risk to the safety and integrity of patient data. The use of Glass in the health care industry has its limitations. One major limitation comes courtesy of the Health Insurance Portability and Accountability Act (HIPAA) which requires covered entities such as TTUHSC to protect its electronic Protected Health Information (ePHI) and create electronic audit trails of everyone who accesses the information. Google is yet to create measures available to Health Compliance and IT Security offices for creating, maintaining, and reviewing ePHI audit logs. Also, HIPAA requires that a written contract known as a Business Associate Agreement (BAA) must exist between a covered entity and a business associate - a person, entity, or subcontractor - that creates, receives, maintains, or transmits the covered entities' PHI. By signing this agreement, the business associate accepts full responsibility for managing patient information in accordance with the HIPAA rules. Google, which stores data recorded via Glass on its servers, won't sign contracts including such requirements, for Glass. TTUHSC does not have a standing BAA with Google for any of its services. Therefore, to remain HIPAA compliant, TTUHSC's ePHI cannot be sent to, transmitted through, or stored on Google servers. The Office of Institutional Compliance will begin reviewing Glass in a controlled non-clinical environment towards a possible clinical implementation. Until the reviews are completed and all HIPAA compliance and security concerns are resolved, the use of Glass in a clinical setting or environment is not approved.

MDaudit Tip

When assigning an audit finding (point) to a coder, remember to check the Administrative box. If this box is not checked, the finding and any associated points will be assigned to the provider by default.



HIPAA HINT

Protecting our patients' protected health information (PHI) is all of our responsibility. TTUHSC has invested significant resources for technology and training to insure PHI is not made available to those who might misuse the information. Breaches of patient information aren't always something dramatic like having a lap top stolen or a hacker accessing the system. It can be as simple as handing a piece of paper to the wrong person. There were two instances in August where clinic staff handed visit summary reports to the wrong patients. In both cases, the issues were resolved. However, it is important for all of us to be aware of how PHI is handled and insure it is going to the correct individual; whether by fax, email or simply handing to the patient.



From Novitas' Solutions, "Correct Reporting of Inpatient Hospital Initial E&M Services"



"Incorrect provider reporting of initial hospital E&M services (99221-99223) most commonly results from medical records not demonstrating one or more of the required key components. For services performed on or after October 1, 2013, upon review of a claim for such a service, Novitas will manually adjust the service in order to accurately reimburse the provider for the medically reasonable and necessary work demonstrated in the record. For E&M services performed on or after October 1, 2013, when appropriate to do so, Novitas' will allow the payment associated with an E&M code from the subsequent hospital services group (99231-99233). Such allowance is made when the medically reasonable and necessary key component work documented matches one of the CPT codes 99231-99233."

EXPORT CONTROL AT TTUHSC by Chad Copeland, Research Compliance Officer

With the beginning of the new fiscal and school year it is a good idea to go over some basics regarding export controls. Export Control means export activities controlled by government regulations in order to protect the interests of the United States (US) and to further US foreign policy objectives. It is important to remember that every item or commodity exported from the US is subject to some form of export control. Maintaining export control compliance can be a struggle between meeting researchers' needs and complying with laws and regulations put in place to protect the interests of the US. There are two main export control laws that most exports fall into. The International Traffic in Arms Regulations (ITAR) is for materials with military-use and is reviewed by the Department of State. The thing to remember regarding

ITAR is that it is for materials that are strictly for military-use only. The Export Administration Regulations (EAR) is for those materials that could be considered dual-use in nature. Meaning materials or research data that isn't inherently military related (aircraft for example) but could be used in that capacity. EAR laws are administered by the Department of Commerce. What is an export? It is any item that is sent from the US to a foreign destination. Some examples could be commodities or software and technology. If an item or technology is provided to a foreign national in the US that is referred as a deemed export meaning that because the technology was accessed by a foreign national it is viewed by the government

as having left US soil. Therefore it is very important for researchers to know who has access to their laboratories. There are many exceptions and exclusions written into export control law. At this time the research conducted at TTUHSC falls into the fundamental research and educational exclusions. However it is still very important that proprietary information as well as toxicological agents used in our laboratories are protected. If you ever have any export control questions or think you may have seen an instance where export control laws would be relevant, please contact Chad Copeland, Export Control Officer for TTUHSC at Chadley.Copeland@ttuhsc.edu

CMS PHYSICIAN AND HOSPITAL BILLING

CMS is starting to knock down walls between physician and hospital billing. On September 4, 2014, CMS issued Transmittal 540, which allows Medicare Administrative Contractors (MACs) Zone Program Integrity Contractors (ZPICS) to recoup a surgeon's Part B payment if the inpatient procedure is denied as not reasonable and necessary. CMS further elaborates, "for services where the patient's history and physical (H&P), physician progress notes or other hospital record documentation does not support the medical necessity for performing the procedure, post payment recoupment may occur for the performing physician's Part B service." Although Transmittal 540 is related to surgery, it also opens the door for auditors to review and deny, with CMS's clearance, other related hospital/physician claims. CMS considers claims related if documentation associated with one claim can be used to validate another claim.

Allowing Medical Student Documentation in the AAMC Electronic Health Record

Electronic health records (EHRs) provide opportunities to improve patient care and increase the accuracy of communication. For the full potential of EHRs to be realized, they must become part of the educational experience from the beginning. Medical students need to have hands-on experience, including entering and retrieving information in the medical record, as a first step toward preparation for residency and beyond. The Compliance Advisory, *Electronic Health Records (EHRs) in Academic Health Centers*, encourages institutions to educate medical students about documenting and using EHRs while minimizing the compliance risks.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER Office of Institutional Compliance

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In the News

Almost two decades after teaching physician billing was identified as a compliance risk, it's back in the limelight with a false claims settlement. Albert Einstein Healthcare Network and Fornance Physician Services agreed to pay \$348,854, the US Attorney's Office for the Eastern District of Pennsylvania said August 15. Fornance Physician Services is part of the Einstein Medical Center network. According to the US Attorney's Office, bills allegedly were submitted to federal health care programs for services under a teaching physician's name when they were actually performed by resi-

dents between November 10, 2010, and January 25, 2012. Also, federal health care programs were charged for services performed by the teaching physician although documentation allegedly wasn't adequate to support the billable service, and some bills were upcoded, the US Attorney's Office says. Einstein and Fornance self-disclosed the allegations to the US Attorney's Office. Visit http://tinyurl.com/ozr989b