

# Compliance Web Wednesday Newsletter

Montefiore Medical Center  
Office of Corporate Compliance

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MONTEFIORE



## CMS Clamps Down On Outlier Payments

CMS announced December 3, 2002 new steps to protect Medicare from excessive outlier payments. The measures are intended to close a loophole in the Medicare reimbursement formula that has allowed some hospitals to collect disproportionately large shares of such payments. CMS is telling fiscal intermediaries (FIs) to look closely at hospitals where outlier payments make up more than 10 percent of their operating and capital DRG payments for FY02 discharges, excluding outlier, indirect medical education, and disproportionate share payments. According to CMS, this number affects approximately 7 percent of hospitals covered by Medicare inpatient prospective

payment system. Program Memorandum A-02-122 details the initial directions to the FIs, and further instructions are expected by December 15.

"We will carefully scrutinize any billing trends or other indications of inappropriate reimbursement," said CMS Administrator Tom Scully. "That means that although the fiscal intermediary reviews will be triggered by questionable outlier payments, all operations of the targeted hospitals will be thoroughly scrutinized for any other improper conduct." In the longer term, CMS will revise the existing outlier policy that will strengthen the agency's efforts to further reduce inappropriate billing for Medicare services.  
<http://www.MedicalNewswire.com>



Serving Up your Cup Of  
Compliance News  
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## General Overview Of Privacy Standards

*Standards for Privacy of Individually Identifiable Health Information* (the Privacy Rule), promulgated by the Department of Health and Human Services (HHS).

To improve the efficiency and effectiveness of the health care system, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, included "Administrative Simplification" provisions that required HHS to adopt national standards for electronic health care transactions. At the same time, Congress recognized that advances in electronic technology could erode the privacy of health information. Consequently, Congress incorporated into HIPAA provisions that mandated the adoption of Federal privacy protections for individually identifiable health information. In response to the HIPAA mandate,

HHS published a final regulation in the form of the Privacy Rule in December 2000, which became effective on April 14, 2001. This Rule set national standards for the protection of health information, as applied to the three types of covered entities: health plans, health care clearinghouses, and health care providers who conduct certain health care transactions electronically. By the compliance date of April 14, 2003 (April 14, 2004, for small health plans), covered entities must implement standards to protect and guard against the misuse of individually identifiable health information. Failure to timely implement these standards may, under certain circumstances, trigger the imposition of civil or criminal penalties. Secretary Tommy Thompson called for an addi-

tional opportunity for public comment on the Privacy Rule to ensure that the Privacy Rule achieves its intended purpose without adversely affecting the quality of, or creating new barriers to, patient care. After careful consideration of these comments, in March 2002 HHS published proposed modifications to the Rule, to improve workability and avoid unintended consequences that could have impeded patient access to delivery of quality health care. Following another round of public comment, in August 2002, the Department adopted as a final Rule the modifications necessary to ensure that the Privacy Rule worked as intended.

The Privacy Rule establishes, for the first time, a foundation of Federal protections for the privacy of protected health information.

[www.hhs.gov/ocr/hipaa/privacy.html](http://www.hhs.gov/ocr/hipaa/privacy.html)

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### Special points of interest:

- MMC Compliance Hot Line 1-800-662-8595
- Please Call Zameena Rasheed to schedule your HCCS Web-based Training

# Office Of Civil Rights -HIPAA: Frequently Asked Questions

**Q. Does the HIPAA Privacy Rule allow parents the right to see their children's medical records?**

A. Yes, the Privacy Rule generally allows a parent to have access to the medical records about his or her child, as his or her minor child's personal representative when such access is not inconsistent with State or other law. There are three situations when the parent would not be the minor's personal representative under the Privacy Rule. These exceptions are: (1) when the minor is the one who consents to care and the consent of the parent is not required under State or other applicable law; (2) when the minor obtains care at the direction of a court or a person appointed by the court; and (3) when, and to the extent that, the parent agrees that the minor and the health care provider may have a confidential relationship. However, even in these exceptional situations, the parent may have access to the medical records of the minor related to this treatment when State or other applicable law requires or permits such parental access. Parental access would be denied when State or other law prohibits such access. If State or other applicable law is silent on a parent's right of access in these cases, the licensed health care provider may exercise his or her professional judgment to the extent allowed By law to grant or deny parental access to the minor's medical information .

Finally, as is the case with respect to all personal representatives under the Privacy Rule, a provider may choose not to treat a parent as a personal representative when the provider reasonably believes, in his or her professional judgment, that the child has been or may be subjected to Domestic violence, abuse or neglect, or that treating the parent as the child's personal representative could endanger the child.

**Q: If a child receives emergency medical care without a parent's consent, can the parent get all information about the child's treatment and condition?**

A: Generally, yes. Even though the parent did not consent to the treatment in this situation, the parent would be the child's personal representative under the HIPAA Privacy Rule. This would not be so when the parent does not have authority to act for the child (e.g., parental rights have been terminated), when expressly prohibited by State or other applicable law, or when the covered entity, in the exercise of professional judgment, believes that providing such information would not be in the best interest of the individual because of a reasonable belief that the individual may be subject to abuse or neglect by the personal representative, or that doing so would otherwise endanger the individual.

Excerpted From: [www.hhs.gov/ocr/hipaa/privacy.html](http://www.hhs.gov/ocr/hipaa/privacy.html)

## HCCS Web-Based Compliance Training Serves MMC



The HCCS Training Program has been customized to include a special introduction by Dr. Foreman, President of Montefiore Medical Center and Eugene Porter, Compliance Officer. Each MMC associate receives an individual login from the office of Corporate Compliance. Associates have computer access to HCCS either in their Departments or in the Moses Medical Library. All users who complete the HCCS training receive a certificate of completion. These certificates are signed by Dr. Foreman.

**Educational credit:** The American Academy of Professional Coders (AAPC) offers 2 hours of Continuing Educational Unit (CEU) credits upon completion of the HCCS training.



## Engineering Department Compliance Program...

*By Paul Ammirato, Engineering Maintenance Manager*

The Engineering Department will be second to no department in this or any other medical institution when it comes to compliance with federal, state, local or in-house policies and procedures to insure the health and safety of the patients, associates, contractors working with us, or visitors. This is not just a motto or good public relations spin, it is the creed by which the Vice President of Facilities, Mr. Charles Balancia, P.E. and the Director of Engineering, Mr. Ed Pfling, P.E. manage.

I am a long-time associate of Montefiore Medical Center, it is my obligation, on behalf of this institution, to maintain a wide variety of programs to engender compliance. Each week, at our Wednesday manager's meeting, the engineering supervisors get re-educated on a specific policy and procedure. They discuss the effect it has on the various shops and contractors who perform work for MMC. Every manager takes the opportunity, throughout that week, to discuss that policy and procedure with the union staff. On-going training is an important aspect of Engineering's commitment to their associates. The Engineering Department has multiple training programs that are on-going throughout each month.



Most recently, they had staff training sessions led by Infection Control. Some supervisors have attended a special seminar relating infection control to renovation work as well as new construction within the hospital. Throughout the year there are seminars of various lengths which one or more of the managers attend. Upon completion they come back to give a report and/or demonstration, educating the rest of the departmental supervisory staff.

The workmen directly take part in educational sessions regarding a wide range of important topics, such as ladder safety, Occupational Safety and Health Administration (OSHA) standards, asbestos awareness and the MMC code of ethics. Zameena Rasheed, the Compliance Coordinator for our institution spoke to our department union and non-union staff on the responsibilities regarding compliance. The Compliance Wednesday Newsletter, is an important educational resource for each associate in the Maintenance Engineering Department.