Being HIPAA Compliant
is Part of How Physicians get Paid

By Jonathan Krasner, Director of Business Development, HIPAA Secure Now

On April 27, CMS came out with a proposed rule on how physicians will get paid under MACRA (the Medicare Access and CHIP Reauthorization Act). If you want to read the whole 962 page snooze fest have at it. But sleep or not, this regulation changes the fundamental Fee-For-Service (FFS) system that CMS has used since Medicare’s enactment in 1966. The new system is premised on tying physician payments to quality and value, and is directly related to the Triple Aim of providing better care, lower costs, and improved health.

Open for comments

Like all proposed rules, there was a 60 day comment period, and we fully expect an army of criticism from lobbyists, vendors and a whole host of other interested parties. Based on the comments, a final rule will be published, most probably in the fall. The final rule will be imperfect and controversial. It will be despised by many. But don’t expect MACRA to be repealed. According to Anne Phelps of Deloitte & Touche, MACRA is the rare health care law that was passed with overwhelming bipartisan support and continues to enjoy strong support from Republicans and Democrats in Congress. This all but ensures its continued implementation, regardless of the outcome of the November elections”.

Who can blame Congress, with health care costs spiraling out of control, something has to be done. So once it comes out, all affected parties should remember the saying “if you can’t beat’em, join’em”.

HIPAA is not optional in MACRA

We are not here to give you the complete lowdown on MACRA. There are lots of other resources for that. However, we do want to emphasize one very important point: the role of HIPAA compliance. As indicated above, MACRA changes the way physicians will be paid. No longer will they be paid for just providing services (FFS). Rather, there is a

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Recent Lunch & Learn Session

The Pulaski County Medical Society recently held a Lunch & Learn session titled "New Overtime Rules and the Impact to Your Office" which went over the new exempt and non-exempt rules that go into effect December 1, 2016.

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What motivated you to choose Medicine as a career?
I would have to say that my parents example of hard work, academic excellence and service to others were traits they instilled in me and my siblings. After I finally figured out that my athletic abilities were not going to get me in pro ball, as many young men and women find out early in life, I turned to academic pursuits. None of us succeed in our goals without many mentors along the way. Mrs. McDuff in 9th grade English and Literature, Mrs. Huett in 10th grade Biology, Mr. Anderson in 11th grade Physics, and Mrs. Jones in 12th grade Trigonometry are just a few that come to mind in High School that saw the potential that I possessed to attain a higher education. As many students, I certainly had not decided that medicine was my only choice early in college. In fact, I initially thought that a business finance degree was my calling. Who wanted to take all those hard science classes? After about 30 college hours, I switched majors to Chemistry with a Math minor. I also delved into the political science world for elective classes. That was probably my downfall later in life as I became more active in the political world. Ultimately, I did pursue a political path and am in my 2nd term in the Arkansas General Assembly. I like to tell folks that in medicine I can treat one patient at a time. What I do in the political world affects all of Arkansas and her people. I am honored and it is truly a privilege to represent my constituents, our patients and Medical practices. I still love the one to one personal relationships that we as physicians have with our patients. Even though I’m not practicing full time, my days are filled with the excitement that I can do something good for a patient. Being active politically allows me the same excitement and allows me to be part of something that is bigger than me. I think all physicians are called to serve others. In no other profession does one take on such responsibility.

Why did you choose your specialty?
Years ago while in Medical school, a Urologist told me, “make them pee or make them see and you’ll have the happiest patients”. I’ve always remembered that quote. I knew early on that a surgical career was in the cards. My Dad was an old time general practice Doc in Morrilton as I grew up. My 9th grade year, he entered his Ophthalmology residency at UAMS. In Med School, I took as many surgical subspecialty electives that time allowed. I just fell in love with each one as I completed various rotations. During my internship year at the University of Tennessee I almost accepted an ENT residency slot. About the same time, I was offered an Ophthalmology Residency at LSU Shreveport. On my initial interview, I just knew it was the right fit for me and for my family. I always have had a keen interest in diabetic eye disease. My grandfather was blind with just bare ambulatory vision and two of my closest childhood friends developed all the terrible complications related to juvenile diabetes. After residency, I was offered a fellowship in vitreoretinal disease; one if the best decisions in my entire medical career.

Who were the people who influenced you the most in your professional life and why?
If I were to pick one person, it would be Don Hall, MD in Shreveport La. Don, at the time, was one of the most respected Ophthalmologists in the Shreveport area and on the clinical staff at LSU. I will never forget the day that Don stopped by the VA Hospital where I was doing a rotation. He came into the office,
WELCOME NEW PCMS MEMBERS

The following Physicians have applied for membership and were accepted at the May 17, 2016 and July 19, 2016 Board meetings.

Umair Afzal, MD
CHI St. Vincent Hospitalist Group

Nuri Akkus, MD
Baptist Health Cardiology & Medicine Clinic

Duane Birky, MD
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St. Vincent Hospitalist Group

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OrthoArkansas, PA

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St. Vincent Hospitalist Group

Adam T. Sandlin, MD
UAMS

sat down on my desk and asked me what I was going to do in terms of fellowship training. He was a retinal sub specialist for whom I had great respect. His encouragement and council led me to apply for additional training in retinal disease. Absolutely the best decision that I made with regards to my career and one that I may not have made were it not for Don. I am forever indebted to him.

What advice would you give a Medical Student in school right now?
You are the brightest of the bright. Make your choices wisely. Listen to your mentors. Not only are they teaching you from their years of practice, they are teaching you wisdom. You don’t get that from a book. You get that from those that have gone before you. You owe them the deepest sense of appreciation and gratitude. Take as many rotations in all fields, make a decision and pursue your dreams. You will never look back. I also want to say that pretty soon, I will access healthcare with some sort of diagnosis and I expect younger Docs to take care of me in my senior years. So learn all that you can because my care depends on you.
Some parents do not wish to vaccinate their children, and this has put many practices that treat children in a difficult position. Some of those practices have made the tough decision to refuse to provide healthcare to those non-vaccinated pediatric patients. That being said, how do you want to handle established patients whose parents have decided to cease their vaccinations? You have two options: continue to treat the patients or terminate them from your practice.

Terminating non-vaccinated patients from your practice is best handled delicately by the physician. If you decide to do so, it may be best to have several conversations to determine if the parents are willing to reconsider before you take action. If the parents hold their position, share your decision to end your care, explaining you will continue care until such time that the parents are able to find another physician. This may require more than 30 days of care. Offer any assistance you can make available to help these parents find another pediatrician.

If you decide to continue caring for patients whose parents refuse to allow vaccinations, document all conversations you have with the parents regarding their refusal. If you believe vaccinations are the best route, you may want to counsel parents to reconsider vaccinating.

It may be helpful to obtain input from all healthcare providers and staff before implementing a practice-wide policy refusing to treat patients whose parents refuse vaccinations. It is important that all healthcare providers are on the same page and agree on such a policy. Vaccinations can be a difficult topic to discuss. If you have any questions, please call your healthcare professional liability insurer.

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Calendar of events

September 28, 2016
LUNCH & LEARN

Learn to be Lean
Anne Pontius, SVMIC

This presentation introduces the quality improvement methodology of Lean. The goal of Lean is to eliminate or minimize non-value added steps to create efficient processes and procedures. Attendees will learn how to identify the eight forms of waste that contribute to practice inefficiency and excessive cost. A Value Stream Mapping tool will be presented to show how to identify value and non-value added steps in processes.

October 13, 2016
2016 HIPAA Compliance Conference
Arkansas Realtors Association Building

Rebecca Tutton, JD, RN
Stephen Yarberry

This annual conference will explore. We will review the changes in HIPAA and the increase in audits and how this may affect your practice, and responsibilities under different relationship scenarios and discuss the impact that roles have on security vetting of products, services and processes.

December 1, 2016
2016 Annual Meeting & Dinner
The Capital Hotel

Invitations for this event will be sent out in October, but please put it on your calendar now.

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very complicated formula called the MIPS Composite Performance Score (CPS) that will be used to determine adjustments to a physician’s Medicare payment. These adjustments can be as high as +9% by 2022 (By the way, in order to amplify the effect of MACRA, CMS is explicitly encouraging private payers to implement similar programs). In order to receive a substantial portion of the MIPS CPS and maximize revenue opportunity, each provider will have to have performed a HIPAA Security Risk Analysis (SRA) within their practice. It is important to understand that since the SRA is for the practice, it can be used for all physicians within the practice. Here is a quote from the MACRA Rule:

“We would require the MIPS eligible clinician to meet the requirement to protect patient health information created or maintained by certified EHR technology to earn any score within the advancing care information performance category; failure to do so would result in a base score of zero, a performance score of zero, and an advancing care information performance category score of zero.”

Furthermore, the document also states
“As privacy and security is of paramount importance and applicable across all objectives, the Protect Patient Health Information objective and measure would be an overarching requirement for the base score”.

Maximize payments
Clearly there is some MACRA/MIPS specific language in those quotes. Don’t get hung up on these terms. What is important is the role of HIPAA compliance: perform a HIPAA Security Risk Analysis and you are in position to maximize your MIPS CPS and your revenue. Don’t perform the Risk Analysis, and be prepared to take a hit on your payments.
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