Advocacy Flowers with April Showers: Privacy, Security, E/M, ICD-10-CM Top Concerns

by Dan Rode, MBA, FHFMA

This month marks a milestone for HIM professionals with the actual, as opposed to regulatory, beginning of the HIPAA privacy rule. In addition, the recently published final security rule will keep HIM and privacy professionals busy. This article will discuss HIPAA deadlines, old and new, and other projects on deck for AHIMA this spring.

Security: Moving Forward

The publication of the HIPAA security rule gives us another April deadline (in 2005) to work toward. The rule, published on February 20, will have a 60-day congressional review period and a 180-day implementation period from the time that a final modification or addition is published in the *Federal Register*.

As with other rules, it is likely that at least for privacy, and eventually security, the Department of Health and Human Services (HHS) will try to target April 1 as a date, rather than the mid-month implementation dates we have seen so far, because the government prefers to start this type of initiative on the first of a month or quarter.

Privacy: Are You Ready?

Many covered entities, especially physician offices, are still behind in implementing the privacy rule. It appears that the Office for Civil Rights (OCR) will take some of the National Committee on Vital and Health Statistics' (NCVHS') suggestions from hearings in fall 2002 on how it will enforce the law and will be aware of the problems with implementation.

So what should you do if you're not quite ready for HIPAA privacy on April 14? The immediate answer is simple—don't stop, keep going. Your staff members need to know the situation and where your organization is in the implementation process. Your notice of privacy practices needs to go out because you can expect that your patients will be reading about HIPAA privacy and will have questions.

Obviously, you need to push for completion of other privacy rule plans. But if a patient wishes to exert one of his or her rights, outside of those that require discussion at intake, you have some time to respond and still be within the limits of the law. Clear communication is key. Let the patient know what the process will be and let him know that even though HIM professionals have been securing the privacy of health information for decades, these are new rules and you are working your way through them for the first time to comply with the law.

A Time for Advocacy

This month, AHIMA members will attend the Association's Hill Day in Washington, DC, and speak with congressional members. This is an important activity for any association or group, because there is nothing like an individual face-to-face contact for communication of important issues. Four issues will be taken to the Hill this year: consistency of coding, the building of a national health information infrastructure, privacy, and work force.

Legislative change is often a gradual process. HIPAA is a rather extreme example—initial legislation approaching the elements of HIPAA began in 1992. Between 1992 and 1996, when HIPAA became law, there was a national election, a debate about healthcare systems, delivery, and financing, major change in Congress, and more. Ideally, however, we hope that the issues that AHIMA brings forward will be recognized by Congress and acted upon quickly. All HIM professionals should take the time to begin a relationship with their members of Congress.

The Tasks at Hand

Other key projects include the Evaluation and Management (E/M) Task Force project, in conjunction with the American Hospital Association (AHA). The E/M Task Force, which includes a number of AHIMA volunteers, is undertaking the monumental task of developing codes and guidelines that can be used to represent institutional services rendered in emergency rooms and outpatient clinics, as opposed to physician offices or clinics.

This project was launched in response to an invitation by the Centers for Medicare & Medicaid Services (CMS) in last November's final rules for the Medicare outpatient prospective payment system. CMS recommended that an independent group headed by AHIMA and AHA undertake this task, acknowledging that professional E/M codes (in the CPT system) do not recognize the services and resources used in facility outpatient services rendered in emergency departments and clinics.

The task force will work to meet CMS' stated needs and restrictions while also considering the divergence of practices in emergency departments and clinics. The task force is also trying to recognize the diversity of facilities and develop a system that would meet the needs of all health plans and payers. It is a big task with a short timetable, given that CMS would like to implement a new system for E/M by January 2004.

A second task force is working to evaluate NCHS' ICD-10-CM coding structure and the steps that will be necessary to implement ICD-10-CM. We were gratified to have more than 200 volunteers respond to our initial call on this project. Now the group is receiving training on the new coding structure, actual coding of services, and using the new standards. The group is also completing a survey process to determine outcomes of these plans and what needs to be considered with implementing ICD-10-CM.

Advocacy is an ongoing process. The work mentioned above will set the tone and the environment for years to come—from new laws and regulations that protect patients to advances in coding and e-health systems and standards that can make our healthcare industry more effective, efficient, and safe.

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