

Always Be Prepared, Because Challenges Never Cease

Save to myBoK

By Lynne Thomas Gordon, MBA, RHIA, FACHE, CAE, FAHIMA, chief executive officer

It started with the Civil War.

When we think of the False Claims Act (FCA) today, headlines of healthcare billing fraud and abuse settlements may come to mind. But the Act actually goes back to 1863, when the US government found itself ill-served by contractors who were selling it sick horses, bad leather, and more: “For sugar, [the government] often got sand; for coffee, rye; for leather, something no better than brown paper; for sound horses and mules, spavined beasts and dying donkeys...” as 19th century historian Robert Tomes wrote in Harper’s.¹

It would be many years before the FCA became associated with healthcare fraud and abuse as we know it today. But HIM professionals recognized early on that their work would be critical to compliance efforts. In 1979, AHIMA’s then-member newsletter Counterpoint reported that the American Medical Record Association attended a conference on “fraud, abuse, and error” which featured President Jimmy Carter as a speaker: “An important message for medical record practitioners resulting from the conference is the expanded need for, and use of, medical and health data, and extensive use of computerization in detection of fraud and abuse.”²

Since then, the FCA has been amended multiple times, and other laws such as the Anti-Kickback Statute and the Stark Law have been implemented. HIM saw an uptick in scrutiny of coding in the 1990s, and our participation in compliance continues to expand. Newer developments like RAC audits, potential changes in the Federal Rules of Civil Procedure, reporting for the “meaningful use” EHR Incentive Program, and new provisions for HIPAA enforcement all demand our attention. Increasingly, these audits and requirements have an electronic component, which leads to what we’re calling in this issue “e-Compliance.” This month’s features describe some of the latest challenges and articulate the skills HIM professionals will need in the future to properly meet them. In “[Be e-Prepared](#),” Mary Butler takes stock of the array of ever-changing demands as well as the technological advances that may make compliance easier—and harder—to achieve.

As we work with data, it’s important to understand its origin, ownership, and usage. Vernessa Fountain, RHIA, discusses the importance of data provenance as more patients create their own information in “[Using Data Provenance to Manage Patient-Generated Health Data](#).”

Health information exchange (HIE) is another component of healthcare’s long journey toward interoperability. In “[Making Health Information Exchange Work](#),” AHIMA’s 2013 HIE Practice Council makes recommendations for future HIE models and practices to ensure sustainability.

With significant changes being made to the HIM curricula recently, seasoned HIM professionals need to make sure their skills are as up-to-date as those of new graduates. Ryan Sandefer, MA, CPHIT, enumerates the evolving competencies in “[Keeping Current in the Electronic Era](#).”

More than 150 years after the FCA, HIM is entering the world of e-compliance. With our expertise, we can succeed.

Notes

1. Tomes, Robert. “The Fortunes of War.” *Harper’s New Monthly Magazine* 29, no. 170 (July 1864): 227-232. http://memory.loc.gov/ammem/ndlpcoop/moahtml/title/lists/harp_V29I170.html.
2. Zender, Anne. “The 1970s: We Must Speak Both Languages.” *Journal of AHIMA* 74, no. 7 (July/August 2003).

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