UC RIVERSIDE School of Medicine
COMPLIANCE ADVISORY SERVICES

THE ADVISOR

News & Updates November 16, 2020

Welcome Britney D'Amato

Britney D'Amato is the new IT Security Analyst that recently joined UCR SOM. Britney has a wide range of IT experience to include work supporting IT business operations, setting up tactical networks, and helping to protect organizations against cyber threats. Her IT experience comes from working many years in the military as well as the sports industry. When she is not working, she loves running or going to a baseball game. We are excited to have Britney as a new member of the Compliance Advisory Services team!

Meet Jade Mabanto: IT Security Student Assistant

Jade is a Business Administration major with a concentration in Information Systems. She transferred to UC Riverside this Fall quarter, so this is her first year at UCR. She attended Moorpark College where she received a Associates Degree in Business Administration. She had no idea what to major in when she first attended college, but quickly found a passion for computers when taking a lower-division information systems course. Jade is bilingual and can speak English and Tagalog fluently. Please join us in welcoming Jade to Compliance Advisory Services.

Expansion of Open Payments

The Physician Payments Sunshine Act is designed to 'shed light' on payments that are received by physicians and teaching hospitals. The Act requires the manufacturers of medical products (including devices and pharmaceuticals) to disclose any payments made to physicians and teaching hospitals, to CMS. These payments are then, in turn, published publicly on the website: cms.gov/OpenPayments.

CMS has announced the expansion of open payments beginning in 2021, to include disclosure of payments made by industry to the following additional categories of providers:

Physician assistants

- Nurse Practitioners
- Clinical nurse specialists
- CRNS's and Anesthesiologist assistants
- Certified nurse-midwives

Though payments to these additional professionals must be disclosed beginning January, 2021, it will not be published on the Open Payments website until 2022.

National Cyber Security Awareness Month (NCSAM)

The month of October was National Cyber Security Awareness Month (NCSAM). Over the course of the month we distributed emails to help raise awareness about various cyber security issues. We discussed topics such as phishing, social engineering, and protecting yourself on social media. We appreciate everyone that participated and offered feedback. For anyone that participated in our NCSAM survey, you were entered into a drawing for a Free Target gift card.

Congratulations to all the winners!

Kay Monteith
Ariel DeGuzman
Maria Alcaraz
Jonathan Park
Kristen West
Sheri Nichols

Monitoring the Privacy of the EMR

Compliance Advisory Services is in the process of implementing a new tool for monitoring the integrity of our electronic medical record, using the sophisticated technology of Maize Analytics®. The technology will monitor EPIC access 24/7, for a variety of irregularities. For example, if a patient's medical records is accessed at any time by anyone who is not a member of the patient's care team (or otherwise privileged to access it), the Compliance staff will receive a notification, which will be logged and investigated. This real-time monitoring is an added layer of protection to help ensure that patients at UCR Health can trust that their electronic health information is safe and secure.

Preparing for 2021 Evaluation & Management Changes

In 2019, CMS started reducing the clinical documentation burden associated with evaluation and management (E/M) coding. We have seen the regulatory changes to the documentation provided by the medical students and for the chief complaint or history recorded by the ancillary staff or patient in the medical record verified by the attending physician rather than re-documenting the work.

In 2021, another change to the E/M documentation guidelines will ease the clinical documentation burden on the providers. This will give more clinical relevance to the patient's care and treatment than for the providers to perform and document activities that have minimal relevance in order to reach that level of payment that they deserve.

So what significant changes are going into effect by January 1, 2021? Here are some facts you need to know and prepare for:

- **Office outpatient services** – The E/M modifications will only impact these E/M ranges (99202-99205 and 99211-99215.)
- **Deletion of CPT 99201 –** Code 99201, office new patient evaluation and management will be deleted due to low utilization and has the same straightforward medical decision making as 99202.
- **History and Exam components will no longer be factored in the E/M code selection** – Both components will not be counted but will still be required. A "medically appropriate" level of history and physical examination need to be documented and be clinically relevant to the presenting problem(s). Any areas of history and exam that are not pertinent to the encounter do not need to be documented.
- **Definition of TIME** – Counseling and/or coordination of care will no longer be the controlling factor for the E/M visit. Provider may choose to report services based on the TOTAL time they spent on the day of the encounter. The time will not be limited to face-to-face time, but will include non-face-to-face time as long as the time can be attributed directly to caring for that patient on that day. Providers will still need to document clinically relevant and pertinent information in addition to documenting the time spent. Note that time will not always apply in every encounter. If minor procedures and other diagnostic tests are performed on the same day, the time spent for these services must be carved out from the E/M visit.
- **Level of E/M code will be based on Medical Decision Making (MDM) or TIME** – The definitions of MDM is also changing. There are four levels of MDM: straightforward, low, moderate and high. Both new and established codes will need to meet two of the three COLUMNS in MDM (continued in next column):

Preparing for 2021 Evaluation & Management Changes (Continued)

COLUMN 1: The Number and Complexity of Problem(s) Addressed

COLUMN 2: The Amount and/or Complexity of Data to be Reviewed and Analyzed

- **Category 1:** Tests and documents
- **Category 2:** Assessment requiring an independent historian(s)
- **Category 3**: Discussion of management or test interpretation

COLUMN 3: The Risk of Complications, Morbidity, and/or Mortality of Patient Management Ambiguous terms (e.g. "mild" problem) were removed. Important data elements were re-defined to focus on tasks that affect the management of the patient (e.g. independent interpretation of a test performed by another provider and/or discussion of test interpretation with an external physician.)

A complete list of definitions for the elements of medical decision making, (e.g. problem addressed, stable, chronic illness, acute uncomplicated illness or injury, test, external, independent historian, independent interpretation, social determinants of health) and the details of the changes, may be found in AMA's official CPT E/M office or other outpatient and prolonged services code and guideline changes, at:

https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf

One thing to remember and consider that hasn't changed – Medical necessity. CMS still states that the "medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code."

To learn more and be ready for the 2021 E/M changes, please plan to join us for a live online webinar training scheduled on December 10, 2020, 11:00am-12:30pm or the evening session 5:00-6:30pm. The online webinar training will be conducted by NAMAS (National Alliance of Medical Auditing Specialists.) More details on the mandatory provider training will be sent out soon.

Update to 950-02-201 Acceptable Use Policy

The SOM policy on Acceptable Use has been revised to simplify adherence to UC Systemwide Information Security Policy.

It applies to all SOM Institutional Information and IT Resources, which means that there are certain expectations for conduct that follow the data. It reflects the need for minimum standards for IT Resources, expands acceptable user behavior, and clarifies risk-based access controls to Internet websites.

Below are the updated User Responsibilities:

1. Comply with relevant laws, contractual obligations, and IS-3 and supporting standards and SOM policy in accordance with their relevant role and the classification of Institutional Information or IT Resources being handled.
2. Not falsify their identity or enable others to falsify their identity.
3. Are responsible for all use and activities assigned to their accounts.
4. Promptly report the theft, loss, or unauthorized access of Institutional Information or IT Resources to an appropriate authority.
5. Access, use or share SOM Institutional Information only to the extent it is authorized and necessary to fulfill assigned job duties.
6. Exercise good judgement regarding the reasonableness of personal use of SOM resources.
7. Not circumvent authentication or security of any IT Resource; must support efforts to safeguard IT Resources and Institutional Information.
8. Be subject to security and network monitoring, which may be un-obfuscated, by authorized individuals in conjunction with other applicable policy.
9. Promptly comply with requests from other departments to facilitate this and other applicable policy.

Guidance on Asset Classification

UC Systemwide Policy BFB-IS-3 Electronic Information Security,

adds to the UC requirements on tracking and safeguarding assets, including both SOM Institutional Information and IT Resources. Whenever you create or acquire data, you must classify that data and ensure it is safeguarded in accordance with the classification standard.

Institutional Information and IT Resources are classified into one of four Protection Levels based on the level of concern related to confidentiality and integrity, P4 being the most restrictive and P1 being minimal.

P1 Minimal – Public information or information intended to be readily obtainable by the public; for example: press releases, public informational website, course catalog, hours of operation, published research.

P2 Low – Information not protected by statute and not intended for public use or access; for example: routine business records, exam content, research using publicly available data, unpublished research work, FERPA directory information.

P3 Moderate – Confidential information that may be legally protected or which unauthorized disclosure could result in moderate damage; for example: student records, personal data, employee records, human video recordings, study results and supporting data, deidentified human data, medical devices supporting diagnostics.

P4 High – Restricted information that is legally protected or which unauthorized disclosure could result in significant damage; for example, HIPAA PHI, PII, CUI, payment cards, financial aid or payroll data, passwords or pins, identifiable human subject research, medical devices supporting care.

New Federal Rules Increase Patient Access to EHI

The Office of the National Coordinator for Health Information Technology ("ONC") and the Centers for Medicare and Medicaid Services (CMS) have each issued Final Rules related to the 21st Century Cures Act. The Act and attendant regulations are designed to give patients and health providers access to health information. Important provisions include certification requirements for healthcare IT to increase interoperability between electronic systems, along with new rules surrounding patients' access to their electronic health information. Specifically, the "Information Blocking Rule" (codified at 42 U.S.C §300jj-52) sets out a requirement that patients' be able to access their electronic health information (EHI) electronically at no charge. This means that patients' will have greater and more immediate access to their health information. There are exceptions that apply, most notably where a provider believes, in their medical judgment, that the release of information may lead to substantial harm. In such cases, providers may restrict a diagnosis from flowing into MyChart by unclicking it when it auto populates onto the Problem List and may click a large rectangular box that will also enable the notes to be withheld. Though compliance with the Rule is not required until April 2021, beginning on November 2nd, the following type's information are being shared in MyChart to increase patient access to information and to improve patient care:

Open Notes

- Outpatient notes, including mental health- shared by default
- Operative Reports- shared by default

(Note: Psychotherapy notes are NOT being shared in MyChart)

Labs

- General Bloodwork- shared by default
- Microbiology-shared by default

Shared but Subject to a Delay

- Cardiology reports- 4-day delay
- Neurodiagnostics- 4-day delay
- Radiology Reports- 4-day delay

What May Not Be Shared

- HIV results, hepatitis antigens, toxicology
- Pathology/ Cytology