

# International Center for Chiropractic Office Managers

Learning Center

*"ICCOM, A Leader in Chiropractic Office Management and Compliance Training"*



<http://www.iccom.org>

**Question: I took a webinar about HIPAA and I need help understanding.**

November 7, 2012

(QUESTION) / (ANSWERS)

Edie,

My state association sponsored a webinar today with a HIPAA checklist. According to them, we are missing/not performing certain things in our office and I need help making this happen.

Here are my questions:

1. What is involved in chart audits and how many charts per year are we to audit?

The individuals from the physician practice involved in these self-audits would ideally include the person in charge of billing (if the practice has such a person) and a medically trained person (e.g., registered nurse or preferably a physician (physicians can rotate in this position)). Each physician practice needs to decide for itself whether to review claims retrospectively or concurrently with the claims submission. In the Third-Party Medical Billing Compliance Program Guidance, the OIG recommended that a baseline, or "snapshot," be used to enable a practice to judge over time its progress in reducing or eliminating potential areas of vulnerability. This practice, known as "benchmarking," allows a practice to chart its compliance efforts by showing a reduction or increase in the number of claims paid and denied.

The practice's self-audits can be used to determine whether:

- Bills are accurately coded and accurately reflect the services provided (as documented in the medical records);
- Documentation is being completed correctly;
- Services or items provided are reasonable and necessary; and
- Any incentives for unnecessary services exist.

A baseline audit examines the claim development and submission process, from patient intake through claim submission and payment, and identifies elements within this process that may contribute to non-compliance or that may need to be the focus for improving execution.<sup>7</sup> This audit will establish a consistent methodology for selecting and examining records, and this methodology will then serve as a basis for future audits.

There are many ways to conduct a baseline audit. The OIG recommends that claims/services that were submitted and paid during the initial three months after implementation of the education and training program be examined, so as to give the physician practice a benchmark against which to measure future compliance effectiveness.

## 2. Do we need to audit 10 Medicare charts/year or more frequently and what is involved with those?

Although there is no set formula to how many patient records should be reviewed, a basic guide is five or more medical records per Federal payor (*i.e.*, Medicare, Medicaid), or five to ten medical records per physician. The OIG realizes that physician practices receive reimbursement from a number of different payors, and we would encourage a physician practice's auditing/monitoring process to consist of a review of claims from all Federal payors from which the practice receives reimbursement.

## 3. What is a claim denial audit and how do we conduct this?

The practice should examine its claims denial history or claims that have resulted in repeated overpayments, and identify and correct the most frequent sources of those denials or overpayments. A review of claim denials will help the practice scrutinize a significant risk area and improve its cash flow by submitting correct claims that will be paid the first time they are submitted.

## 4. What is an accounting log for HIPAA?

An accounting log is a list of the Uses and Disclosures of Protected Patient Healthcare Information under HIPAA. Include the patient name, date, what was used or disclosed and who it went to. You should have one in your HIPAA Privacy Manual or create your own.

## 5. Does my accountant and his help need to sign a form for HIPAA compliance?

Yes, you are required to have your accountant sign a Business Associate Agreement.

*(ii) Provides, other than in the capacity of a member of the workforce of such covered entity, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for such covered entity, or to or for an organized health care arrangement in which the covered entity participates, where the provision of the services involves the disclosure of individually identifiable health information from such covered entity or arrangement, or from another business associate of such covered entity or arrangement, to the person.*

## 6. Is there a website that we need to have on our HIPAA form to give to patients if they want to file a complaint? If yes, what is it?

Go to my website at <http://iccom.wildapricot.org/HIPAA>

Click on #8 on that page and download a FREE copy.

7. Are there any updates that we need to have in our compliance manual since we first established our manual with you? If so, how do we get them?

The latest updates to HIPAA were part of the American Recovery and Reinvestment Act of 2009/ HITECH Rule.

1. If you have a HIPAA Privacy and HIPAA Security manuals that were purchased before 2009, all you need are the UP-Dates.

2. If they were purchased after that time, if should have been included.

3. If you do not have both a HIPAA Privacy and HIPAA Security manuals, you may purchase them today.

4. They are all available in our [Success Products Store](#).

Thanks for your help with these questions. I look forward to your response.

Sincerely, Dr. Elizabeth

My Pleasure, Edie Hofmann if you have a question, please [Contact Us](#)



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