

Health Reform Ushers in New Era of Standard Transaction Enforcement

A year after health reform’s enactment, the Centers for Medicare and Medicaid Services is well on the way to implementing the law’s detailed new requirements for health care transactions — and adopting an aggressive new enforcement stance, especially toward health plans. To implement these provisions of the Patient Protection and Affordable Care Act, “we are going to be adopting a number of new standards and operating rules,” as well as “much more significant penalties for noncompliance, and a much more robust audit program,” said Lorraine Tunis Doo, a senior policy advisor at CMS’s Office of E-health Standards and Services. CMS plans to issue interim final rules as soon as this summer, Doo said, on operating rules for the existing eligibility and claim status transactions, and on the long-delayed health plan identifier. *Page 2*

Proposed Federal Health IT Strategic Plan Highlights Privacy, Security

Ensuring the privacy and security of patient medical records is critical to the success of the national strategic plan for health information technology, according to a draft plan released for comment by the Office of the National Coordinator for Health Information Technology. As required by the HITECH Act, ONC is developing a federal health IT strategic plan for 2011-2015 that encompasses the major health IT policy changes of the HITECH Act and PPACA. ONC’s plan outlines the office’s strategy for improving health and health care for all Americans through the use of information and technology. ONC accepted comments on the draft plan through May 6. Following analysis of these comments, ONC said it will publish a final version of the plan on its website later this year. *Page 3*

Privacy, Security Issues in New ACOs: Participants to Share Data

Privacy and security experts say a new proposed rule brings to light the need to protect the privacy of information shared among participants of the soon-to-be created accountable care organization system. The proposed rule (76 Fed. Reg. 19528) outlines CMS’s proposed process for establishing the Medicare Shared Savings program as mandated by Section 3022 of PPACA. The program aims to create incentives for health care providers to collaborate when treating an individual patient across care settings. Eligible providers, hospitals and suppliers will participate in the shared savings by creating or joining an ACO. Patient and provider participation in an ACO is voluntary, according to CMS. *Page 4*

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Update Pages

- ¶793, Health IT Future, has been updated. Fig. 793-1 has been revised to reflect the current status of the HITECH Act implementation timeline.

- ¶850, Enforcement Actions, has been revised.

- ¶851, Civil Enforcement, has been added, including new case information.

- ¶852, Criminal Enforcement, has been added.

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