

# Technology & Information

## Medicare to Stop Mailing Standard Paper Remittance (SPR) to Providers/Suppliers Also Receiving the Electronic Remittance Advice (ERA)

Beginning June 1, 2006, the SPR received through the mail will no longer be available to providers/suppliers who also receive an ERA, whether the ERA is received directly or through a billing agent, clearing house, or other entity representing a provider/supplier. In response to the provider/supplier communities continued

signed to incorporate new functionality to save providers/suppliers time and money. The paper output generated by MREP is similar to the SPR format.

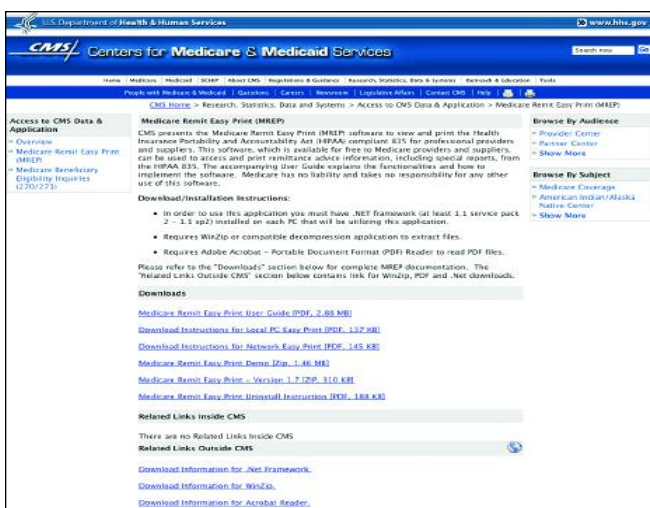
CMS has worked with other payors to insure their acceptance of the SPR generated by the MREP software for Coordination of Benefit claim submission. Additionally, CMS has worked with clearinghouses to assure similar software is available to read and print an ERA for those providers/suppliers that utilize clearinghouse services. Providers/suppliers currently receiving the ERA, who don't use software to read and print RAs from these files, are encouraged to begin using MREP or other similar software before the June 1, 2006 cutoff. An MREP User's Guide that explains the functionalities and how to implement the software is available on the CMS Web site at: [www.cms.hhs.gov/AccessstoDataApplication/02\\_MedicareRemitEasyPrint.asp](http://www.cms.hhs.gov/AccessstoDataApplication/02_MedicareRemitEasyPrint.asp).

## Blue Cross/Blue Shield Association Testimony Warns Against Undue Haste in Adoption of ICD-10 Coding

At a recent hearing on health care information technology before the House Ways and Means Subcommittee on Health, Joseph Smith, Senior Vice President and Chief Information Officer of Arkansas Blue Cross and Blue Shield, urged Congress to adopt a realistic timetable for moving medical coding systems from ICD-9 to ICD-10. The bill, HR 4157, the Health Information Technology Promotion Act of 2005, calls for the major conversion of diagnostic and procedural codes that providers and insurers must use by 2009. Systems would change from ICD-9 diagnosis codes, which include 13,000 codes, to ICD-10, which includes over 120,000 possible codes.

While supporting much of HR 4157, Smith strongly urged the committee to al-

need for SPRs, CMS has developed free software called "Medicare Remit Easy Print (MREP)" that gives providers/suppliers a tool to read and print a remittance advice (RA) from the Health Insurance Portability and Accountability Act (HIPAA)-compliant Health Care Claim Payment/Advice (835) file. The MREP software was de-



low 3 additional years to switch to ICD-10. According to Smith, “More time is critical because extensive work is required before providers and payors can implement this complete coding overhaul.”

Smith argued that an additional 3 years is necessary to make the change responsibly, without putting provider payments and patient care at risk. He noted that hospitals, physicians, and other health care providers will need time to acquire and learn to use the technology necessary to determine which of the 120,000 codes is appropriate. In addition, Smith’s testimony cautioned against the current timetable’s layering multiple simultaneous system changes; in this case, coupling a conversion to ICD-10 with Medicare’s planned consolidation from 50 contractors to 15. To avoid unnecessary risk, Medicare contractor consolidation must take place before contractors can shift to ICD-10.

## GAO Questions Security of Medicare Information

Federal investigators say that millions of medical and financial records gathered by Medicare, Medicaid, and other government programs are not secure because of inadequate computer security. Significant weaknesses in information security controls increase the risk from those who would inadvertently or deliberately disclose, modify, or destroy sensitive data, the US Government Accountability Office (GAO) recently disclosed.

As reported by *USA Today*, the soon-to-be-released GAO report focuses on the Department of Health and Human Services (HHS), whose agencies use computer systems to pay more than a billion Medicare claims worth more than \$290 billion each year, track medical research at the National Institutes of Health, and manage Food and Drug Administration programs.

“Instead of firewalls to safeguard sensitive data, we have Swiss cheese,” said Sena-

*The GAO recently disclosed that significant weaknesses in information security controls at the Department of Health and Human Services increase the risk from those who would disclose, modify, or destroy sensitive data.*

tor Chuck Grassley, R-Iowa, Chairman of the Senate Finance Committee, which requested the report. Grassley’s office says Medicare keeps a variety of personal information on beneficiaries, including Social Security numbers, addresses, birth dates, and medical conditions.

A GAO review of management and audit reports from 2004 and 2005 that outline security practices at 13 HHS divisions revealed:

- anti-virus software not installed or up to date;
- lack of adequate control over computer passwords;
- employees and contractors serving without background checks; and
- inadequate physical controls to prevent spying or theft, such as nonworking surveillance cameras and unrestricted access to a data center.

The review comes as the federal government is pushing computer technology as key to improving medical quality and slowing costs. In fiscal 2006, HHS will spend nearly \$5 billion on information technology, much of it to help process Medicare payments to physicians and hospitals.

In a written response in the report, HHS officials said investigators do not provide an accurate or complete appraisal of its security programs and fail to note a 2005 effort that resulted in a reduction of 57% in reportable deficiencies. MPM