



1st Quarter 2025

Compliance Quarterly

From the Compliance Office...*The UBMD Compliance Hotline*

We're getting settled into 2025 now, and the UBMD Compliance Office has begun implementing our Work Plan for the year, though it is an ever-changing plan. As everyone knows, the rules and regulations that govern healthcare practices are constantly evolving - new laws and regulations, technology updates and advancements, patient privacy concerns, cybersecurity concerns - the list goes on and on. We will continue working to provide the guidance needed and training required to ensure UBMD Physicians' Group provides the exceptional, compassionate and personalized care our patients expect and deserve. Remember, our door is always open for any questions or concerns you may have.

Compliance Training Updates

Please note: All required training must be done by everyone personally. You should **not have coworkers summarize training programs or complete quizzes for you.*

HIPAA Training—NEW PROGRAM!

HIPAA training is mandatory for all new hires, and annually thereafter. We have created a **new** training program, which is now up on our website (<https://ubmd.com/about-ubmd/Compliance/Education-training.html>). All new employees must complete this training program when hired. Though annual training is covered via our newsletters and other notices we may send out throughout the year, this training program is a good refresher for existing employees as well.

2025 Mandatory Fraud, Waste & Abuse Training

The 2025 Mandatory Annual Fraud, Waste & Abuse Training will be sent out during the 2nd Quarter. All UBMD Practice Plan personnel are required to complete this training, including physicians, mid-levels, ancillary providers, registered nurses, licensed practical nurses, administrative and office staff, technicians, coders and others. FWA training is a State and Federal requirement for ALL practice administration, providers & staff upon hire and annually thereafter. In addition, some 3rd party payers now require attestations of full staff completion.

2025 Mandatory Sexual Harassment Prevention Training

New York State requires **all persons** employed within the state to complete annual Sexual Harassment Prevention training. The hospital collaboration 2025 Mandatory Sexual Harassment Prevention Training will be sent out around October or November, and will have a completion deadline of mid-late December. The 2024 training program remains available for new employees and for existing employees who have not yet completed it. The training can be accessed [here](https://www.ubmd.com/about-ubmd/Compliance/Education-training.html), and can be found on our UBMD Compliance website (<https://www.ubmd.com/about-ubmd/Compliance/Education-training.html>) under Education & Training.

Annual Cultural Competency Training

The NYS Department of Health requires that all providers complete cultural competency training on an annual basis. Most 3rd party payers require that **all** healthcare employees complete the training. Therefore, all UBMD personnel (providers and staff) should complete the training. At this time the only training they accept is NYS *Think Cultural Health* through the HHS. The links and instructions for this training are on page 6 of this newsletter.

New Provider E/M & Documentation Training

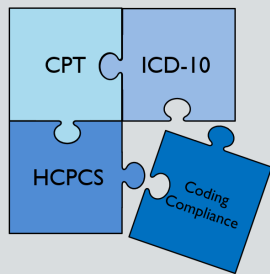
Required for all newly hired providers. It also serves as a good refresher for not-so-new providers. This training is now available online by visiting the Education & Training page on the UBMD Compliance website. (<https://ubmd.com/about-ubmd/Compliance/Education-training.html>).

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HELP US HELP YOU!!

We want you to be involved!
If you have a question or topic you would like to see covered (general, specific or practice-focused) in a future edition of the *Compliance Quarterly*, please contact Sue Marasi at: smmarasi@buffalo.edu



The Coding Corner

Let's Break Down Billing G2211 with Modifier 25

Sandy Setlock, CPC, CRC, CEMA, CHCO, Director of Audit & Education

Overview: HCPCS Level II add-on code G2211 is designed to recognize the ongoing relationship between a patient and their physician, providing additional reimbursement for the extra time and effort required to manage a patient's long-term needs. This includes comprehensive care plans, collaborative decision-making, and proactive care management. Further, beginning January 1, 2025, Medicare allowed payment for G2211 when utilized with the base codes of E/M services. The E/M would be appended with modifier 25 and provided on the same date of service.

The Medicare Annual Well visit (AWV), initial preventive physical examination (IPPE), with a vaccine or Medicare preventive service can now be utilized with G2211 and Mod 25. Please review the further guidelines from Medicare at the following link. A list of Medicare preventive services is available [from CMS](#).

Purpose: G2211 compensates physicians and nonphysician practitioners (NPPs) for the cognitive load and practice expenses involved in building long-term patient relationships. It is distinct from medical decision-making and is not tied to specific clinical conditions.

Billing and Coding:

- Medicare Part B began reimbursing G2211 on January 1, 2024.
- Coverage by Medicare Advantage plans varies, and Medicaid and commercial payers are not required to cover G2211.
- As of 2025, G2211 can be billed with E/M services (CPT® 99202-99215) even when modifier 25 is used, under certain conditions such as preventive exams, vaccine administration, or other Medicare Part B preventive services.
- G2211 is not payable in rural health centers or federally qualified health centers.
- Physicians should bill G2211 if they are the primary care provider or manage a single, serious, or complex condition.
- G2211 is reimbursed payer and plan specific. This is a Medicare Part B reimbursable code, when medically appropriate.
- Utilizing G2211 has a cost share/ monetary responsibility to the patient.

Documentation: CMS has not specified exact documentation requirements but expects documentation to include:

- The reason for the visit
- Medical necessity for the E/M service
- Medically reasonable and necessary care supporting G2211, which may include detailed medical history, claims history, assessment and plan details, and other relevant service codes.

Audit Checklist: When reviewing documentation look for elements and visit complexities that support a continuous provider-patient relationship. Look for possible documented visit complexities.

Training, Implementation, and Monitoring: To effectively use G2211, practice should:

1. Train providers on appropriate documentation.
2. Update electronic health record templates and refine workflows.
3. Establish regular chart review intervals, analyze claim patterns, and provide feedback to improve accuracy.

In closing, G2211 offers the opportunity to capture the ongoing care for a single, serious condition or complex condition, that you manage building an effective and trusting longitudinal relationship between you and your patient.

Resources:

[MM13473 - How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211](#)

AAPC Feb 2025: Bill G2211 with Confidence (and Modifier 25)

HIPAA: Back to Basics - Revisiting Two Problem Areas with Electronic Medical Record Access

Sue Marasi, CHC, CPCA, Compliance Administrator

Electronic Medical Records (EMRs) provide many benefits for both patients and healthcare providers, such as faster and more legible documentation, protected data, improved patient engagement and coordination of healthcare, and real-time access to patient data. Unfortunately, some problems can arise with EMRs as well. In this article we'll focus on two issues with EMR access: timely access to patient records, and accessing employee or family member records. We have written about both in the past, but they seem to resurface as problem areas from time to time.

Timely Access to Patient Records

On March 6, 2025, The HHS Office for Civil Rights announced a \$200,000 civil monetary penalty against Oregon Health & Science University (OHSU), a public academic health center and research university, for violating a patient's right to timely access of her medical records through a personal representative.

HIPAA requires that patients or their representatives have timely access to their protected health information (PHI). HIPAA covered entities must provide access to an individual's request for information within 30 calendar days from the time they receive the request. If the entity cannot respond within that time, they can request an extension of up to 30 days. But they must inform the individual in writing during the initial 30 day period explaining the reasons for the delay and provide the date that they will respond by.

However, it is important to understand that, according to **New York State law**, once a patient requests an inspection of their medical records, a physician or healthcare facility has **10 days** to provide the patient an opportunity to view them. In addition, New York State law requires that providers must respond to requests for copies of medical records within a reasonable time, and the New York State Health Department considers **10 to 14 days to be a reasonable time in which a provider should respond to a request for copies**.

If healthcare providers fail to provide patients timely access to their records they may face penalties, including fines, investigations and in some cases lawsuits.

Accessing Employee, Family Member or VIP Records

Physicians and staff members accessing their own or family members' PHI in the EMR is **absolutely forbidden!** This is a topic we have trained on before, more than once. Unfortunately, it is something we continue to see occurring, and it has to stop.

Accessing PHI in healthcare records, whether your own or those of a coworker or family member, is governed by HIPAA. Below are some key points that everyone should be aware of and be sure to follow:

1. Accessing Your Own Records

- You have the legal right to view your own PHI records. However, **you MAY NOT access them directly via the EHR system**.
- You may only access your PHI records via the patient portal, or request a copy of your records from your treating physician.

2. Accessing a Family Member's or a Co-worker's Records

- You **CANNOT** access a family member's or co-worker's EMR without their written consent or legal authority. You cannot even look in their EMR "just to find an address" to send a get well or birthday card.

4. Accessing VIP Records

- You **CANNOT** access the EMRs of VIP patients (for example: athletes, media members, other local public figures) unless you are directly involved in their care.
- You should **NEVER** share any information on a VIP with anyone, including the media, your family members, or co-workers not directly involved in their care.

3. Exceptions and Legal Considerations

- In emergencies, providers may share records without consent if it is necessary for immediate care.
- Employers do not have the right to access employees' EMRs unless required for specific reasons (for example, disability accommodations, occupational health).

The Golden Rule in HIPAA Privacy is **MINIMUM NECESSARY**. Only individuals with an authorized need-to-know basis to perform their jobs may have access to PHI in the EMR. HIPAA requires healthcare workers to use or share only the minimum necessary information to perform their job duties. Non-compliance will result in disciplinary action up to and including termination.



Teaching Attestations Tip Sheet

Sandy Setlock, CPC, CRC, CEMA, CHCO, Director of Audit & Education

UBMD participates in the Medicare PATH Guidelines and, with these guidelines, it is imperative that compliant attestations be noted on documentation. These attestations document the Teaching Physician and the collaborative work with the Residents and Fellows.

Please read the following guide points:

1. The attestation needs to be a clear and concise statement by the Teaching Physician.
2. The Teaching Physician will add critical key portions to the attestation noting that they have reviewed and discussed the plan of care. Additionally, comments will be made if they agree or if additional recommendations are needed.
3. The statement will confirm their physical presence and direct involvement in patient care.
4. Utilization of the macro in the Allscripts EHR is available in the contents section when documenting your note. The macro provided states the following:

PATH:

"I have seen and evaluated the patient. I have reviewed the patient history, exam and care plan with the Resident/Fellow and agree with the findings and recommendations as detailed above on (date of service)".

Other Acceptable Attestation Examples:

"I have seen and examined the patient. I agree with the resident's note except [TP adds appropriate information.]" Complete with the date of service (you rounded to the patient).

"I was present with the resident during the visit. I discussed the case with the resident and agreed with the note as documented by the resident. Complete with the date of service (you rounded to the patient).

"I have reviewed and discussed the plan of care with Dr. X and agree with the findings (or add what your additional comments are) "Complete with the date of service (you rounded to the patient).

Dr. X Resident Signature/Date

Dr. Y Teaching Physician /Date

Unacceptable Attestations Examples:

"Agree with the above."

"Rounded, reviewed, agree."

"Discussed with resident. Agree."

"Patient seen and evaluated."

There is also a PATH Requirements section in our UBMD Compliance Plan, under the Coding & Documentation policy, which everyone should review if they haven't already. The UBMD Compliance Plan can be found on our website at <https://www.ubmd.com/about-ubmd/Compliance.html>.

If you have any questions, please contact the Compliance Office.



**More
Coding Corner**

General Compliance: 2025 OIG Work Plan & 2025-2030 Strategic Plan Highlights

Sue Marasi, CHC, CPC-A, Compliance Administrator

The Office of Inspector General (OIG) Work Plan outlines key projects, such as audits and evaluations, that are either currently underway, or that they plan to address in the future. These projects focus on areas that impact the quality, safety and efficiency of healthcare services, and are aimed at enhancing the integrity and efficiency of Health & Human Services programs.

One of the biggest priorities of the 2025 OIG Work Plan is Medicare Advantage Compliance. Their objective will be evaluating the accuracy of diagnosis codes submitted to CMS. Accurate diagnosis coding is essential for appropriate reimbursement and quality measures. This evaluation will ensure organizations comply with coding requirements which, in turn, will safeguard program integrity and taxpayer funds.

Some of the other key highlights from the 2025 OIG Work Plan include:

- **Hospital Reporting of Patient Harm Events:** Ensuring accurate reporting of patient harm events is crucial for improving patient safety and healthcare quality.
- **Opioid Use in Medicare Part D:** Identifying and addressing high-risk opioid prescribing can help mitigate misuse, and improve patient outcomes.
- **State Medicaid Programs:** Strengthening Medicaid programs integrity ensures that resources are used appropriately and that beneficiaries receive necessary services.
- **Public Health Emergency Preparedness:** Enhancing preparedness ensures a more effective response to future public health emergencies which safeguards public health.

The Work Plan is updated regularly to ensure developing issues and priorities are addressed throughout the year. It can be reviewed any time at <https://oig.hhs.gov/reports-and-publications/workplan/index.asp>.

In addition to the 2025 Work Plan, the HHS-OIG also has a Strategic Plan for 2025-2030 which outlines its mission to provide objective oversight to promote efficiency, effectiveness and integrity of HHS programs and the health and welfare of the people.

In the Strategic Plan, the OIG establishes three clear goals:

- **Fight Fraud, Waste & Abuse:** Enhance efforts to detect and prevent fraud, waste and abuse within HHS programs.
- **Promote Quality, Safety and Value:** Ensure that programs deliver high-quality services that are safe and provide value to beneficiaries.
- **Advance Excellence and Innovation:** Foster a culture of excellence and innovation within the OIG to improve oversight capabilities.

In order to achieve these goals, the OIG plans to:

- Utilize data analytics to identify fraud, waste and abuse.
- Develop new and innovative investigative techniques.
- Strengthen relations with other law enforcement and oversight agencies.
- Increase the OIG's visibility and outreach efforts.

Both the Work Plan and the Strategic Plan illustrate a definite focus on detecting and preventing fraud, waste and abuse, so it is very important that all healthcare providers and staff have a strong understanding of how to:

- Recognize and distinguish fraud, waste and abuse;
- Recognize major laws and regulations pertaining to fraud, waste and abuse;
- Understand potential consequences and penalties for violations;
- Identify and apply methods of preventing fraud, waste and abuse;
- Report known or suspected fraud, waste and abuse; and
- Correct fraud, waste and abuse.

With this in mind, in lieu of a second quarter newsletter, we will be distributing our Mandatory Annual Fraud, Waste and Abuse Training, which all UBMD providers and staff are required to complete



**Compliance
is
EVERYBODY'S
job!**

Cultural Competency Training: Links and Instructions

As stated on page 1 of this newsletter, below are the links and instructions for required annual Cultural Competency Training.

PHYSICIANS & NURSE PRACTITIONERS: Please complete the course titled "A PHYSICIAN'S PRACTICAL GUIDE TO CULTURALLY COMPETENT CARE" and save your completion certificate in case you are asked to show proof of completion. Your Human Resources department or other practice representative may ask you to send certificates to them.

- Three courses are available to choose from (**you only have to complete one course per year**). Providers can alternate year-to-year between the various courses.
- If you have taken the program in its entirety and need to retake the program, request an email reset by emailing: contact@thinkculturalhealth.hhs.gov or calling: 833-485-1664.
- Please use this link for the physician/nurse practitioner course: <https://thinkculturalhealth.hhs.gov/education/physicians>

ADMINISTRATIVE & CLINICAL STAFF: Please complete the course titled "GUIDE TO PROVIDING EFFECTIVE COMMUNICATION AND LANGUAGE ASSISTANCE SERVICES".

- This course will **NOT** grant you a certificate of completion. Instead, you need to attest that you completed the training by going to <https://smbweb.med.buffalo.edu/ubmd/training.aspx> and selecting "2024 Think Cultural Health" from the Training Module dropdown menu. (The year will change annually, so it will soon change to "2025 Think Cultural Health.")
 - ⇒ Enter your UBIT Name if you have one. If not, leave blank.
 - ⇒ Enter your Last Name, First Name and select the practice plan that you are employed by.
 - ⇒ Click on "A" for Question 1. By doing so, you are attesting that you completed the training program.
- Please use this link for the administrative/clinical staff course: <https://thinkculturalhealth.hhs.gov/education/communication-guide>

Think Cultural Health can determine whether or not someone actually completed the program (should it come up during a state or federal investigation of a practice plan in the future), so it is strongly advised that no one sign the Attestation of Completion without actually doing the training.

UBMD Compliance Office Website:

<https://ubmd.com/about-ubmd/Compliance.html>

CONTACT US:

77 Goodell St., Suite 310
Buffalo, NY 14203

Fax: 716.849.5620

Lawrence C. DiGiulio, Esq.
Chief Compliance Officer
716.888.4705
larryd@buffalo.edu

Suzanne Marasi, CHC, CPC-A
Compliance Administrator
716.888.4708
smmarasi@buffalo.edu

Sandra Setlock, CPC, CRC, CEMA, CHCO
Director of Audit & Education
716.888.4702
sandrased@buffalo.edu



COMPLIANCE HOTLINE

UBMD COMPLIANCE HOTLINE: 716.888.4752

CONFIDENTIAL!

Report known or suspected fraud/abuse, HIPAA concerns, or
other potential problems.

Ask questions or request guidance | Provide relevant information
Remain anonymous if you wish | Non-retaliation policy will be adhered to

CLICK HERE FOR PRINTABLE FLIER: [Hotline Flier](#)

(This is a voice mail box monitored during working hours. If there is an immediate threat to person or property, do not leave message; contact direct supervisor immediately!)

Compliance Quarterly Quiz

To submit your quiz answers, please click link below:

[2025 1st Quarter Compliance Newsletter Quiz](#)

1. CMS expects documentation for add-on code G2211 to include which of the following?
 - A. The reason for the visit
 - B. Medical necessity for the visit
 - C. Medically reasonable and necessary care supporting G2211, which may include detailed medical history, claims history, assessment and plan details, and other relevant service codes.
 - D. All of the above
2. G2211 can be billed with E/M services (CPT 99202-99215) even when modifier 25 is used, under certain conditions such as preventative exams, vaccine administration, or other Medicare Part B preventative services.
 - A. True
 - B. False
3. Which of the following statements is false regarding records access in the EMR?
 - A. You cannot access a family member's or co-worker's EMR without their written consent or legal authority.
 - B. You cannot access the EMRs of VIP patients unless you are directly involved in their care.
 - C. It is okay to access your own PHI records via the EHR system.
 - D. Only individuals with a need-to-know basis to perform their jobs may have access to PHI in the EMR.
4. If healthcare providers fail to provide patients timely access to their records, they may face penalties, including fines, investigations and, in some cases, lawsuits.
 - A. True
 - B. False
5. Which of the following is an acceptable PATH attestation?
 - A. "Agree with the above."
 - B. "I have seen and evaluated the patient. I have reviewed the patient history, exam and care plan with the Resident/Fellow and agree with the findings and recommendations as detailed above on (date of service)."
 - C. "Discussed with resident. Agreed."
 - D. All of the above are acceptable.