



4th Quarter 2025

Compliance Quarterly

From the Compliance Office...

The holiday season is almost upon us! Is it just us, or does it seem to come quicker and quicker every year? As we wrap up the year, we want to thank all of you for your hard work and dedication throughout the year. With the ever-changing regulatory environment and required training, healthcare compliance can be a struggle. But with continued teamwork and communication, we can ensure that UBMD maintains an effective compliance program.

As we look forward to 2026, we'd like to wish you and your loved ones a safe, happy and restful holiday season. May it be filled with warmth, laughter and cherished memories!

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 - Earlier this year, we updated our HIPAA training program, which is now available on our UBMD Compliance Office website (<https://ubmd.com/about-ubmd/Compliance/Education-training.html>). **This is the program newly hired UBMD employees should be directed to complete going forward. The old program should not be distributed any longer.**

Although annual training is covered via completion of newsletter quizzes, and distribution of other alerts or 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

2025 Mandatory Annual Fraud, Waste & Abuse Training was sent out on July 10th. If you haven't yet completed it, please go to the UBMD Compliance Office website and do so at this time. 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. All new employees must also complete FWA training upon hire.

2025 Mandatory Sexual Harassment Prevention (SHP) Training

NYS requires **all persons** employed within the state to complete annual SHP training upon hire and annually thereafter. The UBMD/Hospital Partners 2025 Mandatory SHP Training was sent out on October 31st, and has a completion **deadline of December 19th**. All UBMD personnel, including providers with hospital privileges, must complete this UBMD/Hospital Partners SHP training program. The training can be accessed [here](#), and can be found on our UBMD Compliance website under Education & Training. This training program will remain available on our website for new employees until the 2026 training program becomes available.

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.

Annual Cultural Competency Training

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.

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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

Utilizing AI Scribes in Multi-Specialty Practices: Promise Meets Peril

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

Artificial intelligence scribes are making their way into outpatient practices across the country. From family medicine to neurology, dermatology, and pediatrics, these tools promise to ease the burden of documentation and give clinicians more time with their patients. But as with any innovative technology, the benefits come with risks that providers cannot afford to ignore.

Why Providers Are Interested-Some Thoughts

1. **Efficiency gains:** AI scribes draft notes in real time, cutting down after-hours charting.
2. **Better patient connection:** Freed from typing, clinicians can focus on listening and eye contact.
3. **Consistency across specialties:** Standardized notes improve communication between providers.
4. **Burnout relief:** Less paperwork means more energy for actual medicine.

For a busy provider, these advantages are compelling.

What About The Risks? To Review a Few:

1. **Accuracy gaps:** Everyday language can be misinterpreted, leading to incorrect diagnoses or documentation.
2. **Privacy pitfalls:** Continuous listening in small exam rooms risks capturing sensitive family or social details.
3. **Legal liability:** Physicians remain responsible for every word, even if the AI made the mistake.
4. **Utilizing phone App's without Compliance/IT support:** Risk of privacy and security to systems and patient confidentiality.
5. **Loss of reflection:** Writing notes forces critical thinking; outsourcing that process risks dulling diagnostic judgment.

Looking Toward 2026: What to Expect!

In 2026, AI scribes will likely be embedded in most outpatient EHRs. The future practice plans should be expected to have the following:

1. Mandatory patient consent: before AI recording.
2. Hybrid oversight models: where staff review AI drafts before finalization.
3. Regulatory frameworks: requiring explicit physician verification.
4. Higher level of scrutiny from regulatory agencies and payers
5. Automated reviews to see if your documentation was created by AI alone with no further interpretation or verification from the provider.
6. Vendor competition: pushing practices to choose between affordability and accuracy.

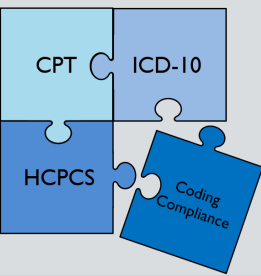
The question isn't whether AI scribes will arrive — it's how responsibly they'll be used.

Final Word

AI scribes are neither saviors nor saboteurs. They are tools — powerful ones — that can reduce burnout and improve efficiency, but only if used with vigilance. As we move forward, each specialty and practice plan has unique complexities, leaving very little room for error.

The opinion here is clear: AI scribes should be assistants, not authors.

The purpose of AI Scribe mantra is:
AI Scribes can draft, but providers **must** own the final word.
Patient trust, professional integrity, clinical accuracy depends on it.



The Coding Corner

2026 CPT® Code Updates – Quick Summary For A Need to Know!

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

Introduction

The **Current Procedural Terminology (CPT®) 2026 code set**, released by the American Medical Association (AMA), is one of the most comprehensive updates in recent years. Effective **January 1, 2026**, the new code set modernizes healthcare billing to capture emerging technologies and evolving clinical practices.

The AMA's 2026 (CPT®) code set introduces **288 new codes, 84 deletions, and 46 revisions (418 total changes)**. These updates reflect advances in **digital health, remote monitoring, AI-supported diagnostics, hearing device services, and procedural innovations such as leg revascularization**. With a great sigh of relief, I can tell you that **the Evaluation and Management section** of the CPT® has very little change for the upcoming calendar year of 2026.

The Key Highlights of 2026 CPT Changes

1. Digital Health & Remote Monitoring

- Check out the New Codes 99445 and 99470 (New Codes)
- New guidelines – review them!
- Revisions to these codes set:

98979 (new) **Remote therapeutic monitoring** treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; **first 10 minutes**

98984 (new) **Remote therapeutic monitoring** (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, **2-15 days in a 30-day period**

98985 (new) **Remote therapeutic monitoring** (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, **2-15 days in a 30-day period**

98986 (new) **Remote therapeutic monitoring** (e.g., therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, **2-15 days in a 30-day period**

99445 **Remote monitoring of physiologic parameter(s)** (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, **2-15 days in a 30-day period**

99470 **Remote physiologic monitoring treatment management services**, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; **first 10 minutes**

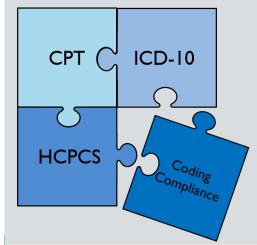
- **Four new codes** for short-duration remote monitoring (2–15 days within a 30-day period).
- **Two new codes** for treatment management after **10 minutes per month**

2. Augmented Intelligence (AI) Services * Review your Insurance Billing Updates with Payers*

Please note, any augmented AI services or interpretive services need to be reviewed for any patient or compliance risk.

- New codes for **AI-augmented diagnostics**, including **coronary plaque assessment** and **perivascular fat analysis**.
- Documentation must capture **algorithm role and clinician oversight**.

3. Proprietary Laboratory Analyses (PLA) 206 new codes – WOW! According to AAPC, most of those codes were released early for 2025 and are currently in effect.



More Coding Corner

4. Procedural Innovations

This is one of the most important updates. There are numerous changes in the Surgery section, including:

- Revisions to existing codes.
- Many new codes, including **lower extremity revascularization codes** 37254-37299, biopsy codes 55707-55715, and spinal decompression codes 62330-63032.

⇒ AMA highlighted leg revascularization as one of the key areas for procedural updates. If this is your specialty, make sure you review those updates!

5. Radiology/Imaging updates: CTA head/neck, cerebral perfusion CT, prostate biopsy, and lower extremity vascular procedures.

- To report computed tomographic angiography and analysis (70471-70473), and
- Surface radiation therapy (77436-77439)

6. Audiology & Hearing Device Services

- 12 new codes for:
 - ⇒ Patient training/support with connected hearing devices
 - ⇒ Psychosocial factor assessment
 - ⇒ Device performance verification



Deletions and Revisions for CPT 2026

- **84 codes deleted**, including outdated PLA and vascular codes.
- **46 codes revised** with descriptor tweaks, bundling rule adjustments, and inclusion/exclusion note updates.
- **Revised descriptors**: Many existing codes have descriptor tweaks, inclusion/exclusion note updates, bundling rule adjustments; you must compare old vs new descriptors.

The **CPT® 2026 update introduces 418 changes**, ensuring healthcare billing reflects digital health, AI, and procedural advances. As we are all preparing for the upcoming changes, now is the time to review our coding, documenting and continued auditing practices. By updating systems and educating all healthcare providers and their staff we can ensure smooth compliance and accurate reimbursement.

Follow up questions, please contact the Compliance Office. Our team is committed to assisting you with Compliance and Education question and concerns.

HIPAA: 2026 Proposed Rule Change

Sue Marasi, CHC, CPCA, Compliance Administrator

On January 6, 2025 the Department of Health and Human Services (HHS) published a proposed rule change to modify the *HIPAA Security Rule to Strengthen the Cybersecurity of Electronic Protected Health Information (ePHI)*. The Final Rule is expected to be published in 2026, with a goal of boosting the cybersecurity of ePHI. A dramatic rise in cyberattacks and data breaches in healthcare over the past several years is the motivation for this rule change.

The document is 125 pages and provides detailed guidelines for the protection of PHI and ePHI. The proposal would significantly tighten HIPAA cybersecurity obligations. Some of the major changes include¹:

- Remove the distinction between “required” and “addressable” implementation specifications and make all implementation specifications required with specific, limited exceptions.
- Require written documentation of all Security Rule policies, procedures, plans, and analyses.
- Update definitions and revise implementation specifications to reflect changes in technology and terminology.
- Add specific compliance time periods for many existing requirements.
- Require greater specificity for conducting a risk analysis, including identifying threats, vulnerabilities, and potential impacts on ePHI.



Continued on page 5

¹ <https://www.hhs.gov/hipaa/for-professionals/security/hipaa-security-rule-nprm/factsheet/index.html>

- Require the development and revision of a technology asset inventory and a network map that illustrates the movement of ePHI throughout the entity's electronic information system(s) on an ongoing basis, but at least once every 12 months and in response to a change in the regulated entity's environment or operations that may affect ePHI.
- Require notification of certain regulated entities within 24 hours when a workforce member's access to ePHI or certain electronic information systems is changed or terminated.
- Strengthen requirements for planning for contingencies and responding to security incidents.
- Require regulated entities to conduct a compliance audit at least once every 12 months to ensure their compliance with the Security Rule requirements.
- Require that business associates verify at least once every 12 months for covered entities (and that business associate contractors verify at least once every 12 months for business associates) that they have deployed technical safeguards required by the Security Rule to protect ePHI through a written analysis of the business associate's relevant electronic information systems by a subject matter expert and a written certification that the analysis has been performed and is accurate.
- Require encryption of ePHI at rest and in transit, with limited exceptions.
- Require the use of multi-factor authentication, with limited exceptions.
- Require vulnerability scanning at least every six months and penetration testing at least once every 12 months.

This list does not include all of the changes included in the proposal, but more information can be found at the HHS link referenced on the previous page. More information on this Proposed Rule will be forthcoming as we get into the new year.

The following chart² illustrates a brief comparison of the Current Rule versus the Proposed 2025 Updates.

Category	Current HIPAA Security Rule	Proposed 2025 Updates (NPRM)
Safeguards	Mix of "required" and "addressable" controls (flexible).	<u>Removes distinction</u> — nearly all safeguards become mandatory.
Asset Management	Risk analysis required, but no explicit asset inventory.	Requires a written technology asset inventory and data flow maps updated annually.
Access Controls	Passwords, IDs, logoff controls required; MFA optional.	Mandatory MFA, session timeouts, role-based access, access revoked within 1 hour of termination.
Encryption	Encryption "addressable" (optional with justification).	Mandatory encryption of ePHI at rest and in transit.
Testing	Requires "regular" review, no set frequency.	Vulnerability scans every 6 months + annual penetration testing.
Incident Response	Contingency planning required, details flexible.	Requires a written incident response plan, annual testing, and recovery of critical systems within 72 hours.
Business Associates	Must sign BAAs, obligations less specific.	Must notify covered entities within 24 hours of contingency activation; aligned obligations.
Documentation	Flexible, varies by entity.	Requires detailed documentation of risk analyses, policies, test results, and version histories.

² <https://www.hipaavault.com/resources/hipaa-security-rule-updates-2025/>

Reflecting on 20 Years of Change and Growth: UBMD and Healthcare Compliance

Sue Marasi, CHC, CPCA, Compliance Administrator

Late December will mark my 20-year anniversary in the Legal & Compliance Office of UBMD, a milestone that has triggered plenty of reflection not only on my personal experience, but also the remarkable transformation of UBMD, and healthcare/healthcare compliance.

Although I had experience in the legal field, the healthcare field was a new environment for me, and the combination of the two was a venture I was excited about. I haven't always naturally embraced change; I value consistency, structure and familiarity – all the things change tends to disrupt. Though I don't necessarily embrace it, adapting isn't usually a problem, thankfully...because I had no idea the amount of change I was in for!

When I was hired, "UBMD Physicians' Group" did not exist. We were the 18 completely separate practice plans of the medical school's "Faculty Practice Management Plan." UBMD was an idea that was in its infancy. The idea of merging practice plan services such as managed care contracting, compliance, finance, billing, patient access and service quality, and marketing and communications, into one consolidated model was in the planning stages. The goals of a consolidated model included having one audit, one tax return, one set of board and committee meetings, more effective marketing, consolidated staffing. Over months and years of planning, UBMD began to take shape. The model evolved, changing often, in little ways and big ways, but still with the same goal – to provide better, more efficient patient care to the WNY community.

As an aside for those who may not know what the "UBMD Physicians' Group" name and logo represent, "UBMD" shows the duality of being a professor (UB) and a physician (MD). The descriptor line (Physicians' Group) helps to further explain the brand. The connected circles reinforce the fact that all of us – all the plans, all the physicians, all the administrators and staff – are connected together as one group. The circles are joined together, like a molecular diagram, showing our research and scientific background.

Once UBMD was established, discussions began regarding building one central clinical location to accommodate the teaching physicians, resident and medical students of various practices with have offices to see patients. Locations were scouted near the University's North and South Campuses, and downtown. After some time, it was decided that the best fit would be downtown, near several hospitals where many of the physicians already practiced. The final result was the Conventus Building.

Healthcare and healthcare compliance evolved quite a bit as well. I think I'd have to write a book rather than a newsletter article to cover every change that has occurred in healthcare and compliance over the past 20 years! But, for a quick summary, some of the more major changes included: The HIPAA Enforcement Rule established processes and penalties for violations of Administrative Simplification rules, HITECH was enacted and the Breach Notification Rule became effective, the Meaningful Use program began, the HIPAA Final Omnibus Rule compliance date was implemented, the transition for ICD-9 to ICD-10 medical coding standards took place, the Cures Act was signed into law, and new final rules for the Stark Law and Anti-Kickback Statute took effect creating exceptions for value-based arrangements and cybersecurity donations.

One major change - the Affordable Care Act (ACA) was signed into law. While the OIG issued its first formal compliance program guidance specifically for hospitals in 1998, the ACA transformed compliance programs from recommendations into a mandate for most healthcare organizations. It gave HHS the authority to require compliance programs as a condition of enrollment in Medicare and Medicaid. More guidance has regularly been added, and in 2023 the OIG issued new General Compliance Program Guidance for the entire healthcare industry, which it continues to update in the present.

The evolution hasn't only been structural. I've seen many, many colleagues come and go. I've seen two University Presidents and three medical school Deans in my years here. Many UB Associates personnel, practice plan Chairs and countless practice plan employees have come and gone, due to retirement or other life changes. Each personnel change has brought its own set of adjustments, but also offered opportunity for new perspectives and continued growth.

The past 20 years have reinforced in me the importance of adaptability - learning to not only accept change, but to also see it as a driver of progress and improvement. No two days have been alike, and I look forward to many more of those days, even years, of watching UBMD continue to grow into what was imagined so many years ago!



General Compliance



While writing the previous article, I was reminded of one of my favorite books, *Oh, the Places You'll Go!* After playing around with yet another change from 20 years ago - ChatGPT - I came up with the following to end with a little fun (with apologies to one of my favorite authors, Dr. Seuss).

Oh, the Changes I've Seen!

Oh, the changes I've seen!
Oh, the things that have been!
When I first arrived, it was tiny, it's true,
A spark, a small start - oh, the things we would do!

I started my journey, a bit unsure,
For change was a thing I did not adore.
But UBMD was growing, expanding each day,
And healthcare compliance was changing its way.

Back then, compliance was gentle, quite light,
A whisper of rules, not a big, blazing fight.
"No need to worry!" the guidance would say,
But oh, how that landscape has grown in its way!

Oh, the regulations, they shifted, they swirled!
New policies popping, new rules in the world!
Personnel came and personnel went,
Each shift, each change, each lesson well-spent.

At first, I resisted, "I like things just so!"
But I learned that to grow, you must bend, not say no.
Adaptability, nimble, flexible, keen -
That's how you survive all the changes you've seen!

So here's to the growth, to the UBMD we know,
To learning, to leading, to helping it grow.

*"The more that
things change,
the more they
stay the same."*

*~ Rush
"Circumstances"*

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>

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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 4th Quarter Compliance Newsletter Quiz](#)

1. Risks involved in Artificial Intelligence scribes include:
 - A. Accuracy gaps and privacy pitfalls
 - B. Legal Liability
 - C. Loss of reflection
 - D. All of the above

2. When using AI scribes, it will not be necessary to get patient consent.
 - A. True
 - B. False

3. With 418 total changes in AMA's 2026 CPT code set, now is the time to review our coding, documenting and continued auditing practices. By updating systems and educating all healthcare providers and staff, we can ensure smooth compliance and accurate reimbursement.
 - A. True
 - B. False

4. The 2026 HIPAA Proposed Rule Change would significantly tighten HIPAA cybersecurity obligations in regards to ePHI.
 - A. True
 - B. False

5. The 2026 HIPAA Proposed Rule change will require which of the of the following?
 - A. Encryption of ePHI at rest and in transit, with limited exceptions.
 - B. Use of multi-factor authentication, with limited exceptions.
 - C. Both A & B
 - D. None of the Above