How to Ensure Proper PHI Disclosure Management in the Business Office

By Kim Charland, RHIT, CCS; Cindy Zak, MS, RHIA, PMP, FAHIMA; and Kyle McElroy, MS-HSA, RHIA

HEALTH INFORMATION MANAGEMENT (HIM) professionals face mounting challenges in response to the rising volume of release of information (ROI) requests made to business offices to support payment of claims. Business office personnel release millions of patient records annually to commercial health plans and government payers to expedite payment, validate appropriate level of care, authorize services, appeal denials, or fulfill auditor requests. The process of pulling and attaching records in the business office can require up to 40 to 45 percent of personnel time, taking them away from their core responsibilities. In addition to workflow inefficiencies and distracting business office staff from tasks directly related to revenue, navigating privacy and security in this environment raises HIPAA concerns and presents obstacles to compliance.

Business office personnel are primarily billers and collectors who lack the training and expertise to manage proper disclosure of protected health information (PHI). As a result, HIPAA compliance must be top priority to identify and address privacy and security risks.

The list of challenges across the industry is extensive, including the following:

- Business office staff distracted from core objectives
- High-priority requests requiring timely fulfillment
- Increased backlogs and requests to resubmit records multiple times
- Privacy risks and concerns
- Disparate processes among business office, HIM, and payers
- Incomplete and inconsistent business office request trackability
- Inefficient processing of business office medical record requests
- Convoluted issue resolution processes
- Lack of transparency
- Limited technology

This article explores PHI disclosure management technologies and workflows for improving collaboration between HIM and the business office when fulfilling documentation and claim attachment requests. Two HIM leaders share their experiences and offer strategies to optimize business office workflows to achieve efficiencies, cost savings, and compliance.

Gaining Transparency and Efficiency

Yale New Haven Health, a major provider based in Connecticut, initially focused on two common industry challenges—the need for transparency in HIM and an efficient HIM procedure for billing releases. Because the business office maintained ownership of payer requests, HIM lacked visibility into the processing of high volumes of patient information. Once records were pulled and copied by HIM, the information was sent back to the business office for shipping—a costly and inefficient process that also created additional labor requirements for both the business office and HIM. The goal of HIM and the business office was to create a standardized, efficient, and centralized release of information process for the health system.

To resolve those issues, Yale New Haven Health implemented a streamlined, stepwise approach using a combination of technology and centralized ROI workflows based on payer specifications:

With medical record requests on the rise for business offices, centralizing those requests and transferring work to HIM can help ensure the information is processed and delivered efficiently.

1. Business office logs the request, or creates a proactive request, and then attaches billing documents if necessary and moves the request to HIM.
2. HIM reviews and verifies the request online—ensures the right documents, payer, and delivery method.
3. HIM selects the correct portions of medical records to be sent electronically via the payer's preferred delivery method.
4. The medical records are sent securely via the payer's preferred delivery method.

With medical record requests on the rise for business offices, centralizing those requests and transferring work to HIM can help ensure the information is processed and delivered efficiently. This approach allows the business office to focus on billing and cash collection, and HIM to handle release of information to payers in a centralized and standardized manner that is consistent with their current ROI process. Centralization also allows for full transparency for the business office, payer, and HIM.

Aligning ROI Functions

Steward Health Care, a large-scale private, for-profit physician-led healthcare network, faced similar challenges due to a significant increase in ROI requests made to the business office for health records to support claims payment. HIM's lack of visibility into records being released was a critical issue that affected efficiency, privacy, and security. Additional issues included the following:

- Increased payer denials routed directly to the business office for copies of health records
- Decreased business staff productivity—approximately 30 percent—due to the high volume of requests
- Inconsistent ROI processes—delivery method and printed documentation
- Increased denials due to missing elements such as admission order, history and physical, operative report, or pre-admission medical necessity information
- Need to improve technology around record delivery

Resolving those issues required the right combination of technology, centralized resources, and redesign of workflows to improve efficiency and promote privacy and security. Steward chose a straightforward approach to align all ROI functions through a single platform, and elected to add one payer at a time versus by hospital.

The main goal was to move business office record claim attachment functions from billers and collectors to an HIM-managed process, while ensuring a more transparent delivery method. A secondary goal was to ensure the organization was not missing out on any billable record opportunities through the release of records for audit purposes. Overall, centralization of ROI has proven to be the best solution for ensuring payers receive the right records in a timely manner for processing claims more accurately and efficiently.

Positive Outcomes Promote Enterprise-wide Compliance

Through establishing proactive approaches to ensure proper health record attachment, Yale New Haven Health and Steward Health Care have achieved the following positive outcomes:

- Business office staff is focused on billing and collecting.
- HIM staff is focused on pulling the requested health records.
- Only the portion of the health record that is requested is being sent.
- Paper processes are shifting to electronic delivery.
- Workflows are based on payer specifications.
- Health record claims attachments are sent within 24 to 48 hours of receipt.
- Requests are now trackable to promote transparency.

Solutions for optimizing technologies and workflows to improve PHI disclosure efficiency, cost savings, and HIPAA privacy and security compliance include:

- Centralize all requests for records
- Transfer work to HIM
- Outsource ROI services
- Automate processes

For both organizations, the system business office and HIM personnel now collaborate more effectively, focusing on their core responsibilities to maximize productivity and efficiency. The new technology and workflows have decreased business office staff time processing health record requests and reduced paper processes, creating significant cost savings, and enhancing enterprise-wide compliance. ⚪

Kim Charland (KCharland@mrocorp.com) is the director of revenue cycle services for MRO. Cindy Zak (cindy.zak@ynhh.org) is executive director, clinical revenue services, at Yale New Haven Health in New Haven, CT. Kyle McElroy (kyle.mcelroy@stewart.org) is the executive director of HIM at Steward Health Care, West Division. The views and opinions expressed in this article are those of the authors and do not necessarily reflect or represent the views, opinions, or policies of MRO Corporation.