Organizing to Respond to HIPAA and Realize the Benefits



Presented By: Steven S. Lazarus, PhD, FHIMSS Boundary Information Group 4401 South Quebec Street, #100 Denver, CO 80237 (303) 488-9911 sslazarus@aol.com www.boundary.net www.hipaainfo.net

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- VVorkgroup for Electronic Data Interchange
- Founded 1992
- Nonprofit Association
- To Foster Widespread Support for the Adoption of Electronic Commerce Within Health Care
- Consumers, Government, Mixed Payer/Providers, Payers, Providers, Standards Organizations, Vendors
- Named in 1996 HIPAA Legislation as an Advisor to the Secretary of DHHS
- Website: WWW.wedi.org
- Strategic National Implementation Process (SNIP)
- Steven Lazarus, WEDI Chair-Elect (2000)

HIPAA REGULATIONS STATUS AS OF SEPTEMBER 12, 2000

HIPAA REGULATION	PROPOSED RULE PUBLICATION	FINAL RULE PUBLICATION	EXPECTED EFFECTIVE DATE
Standards For Electronic Transactions	May 7, 1998	August 17, 2000	October 16, 2002
National Standard Health Care Provider Identifier	May 7, 1998	Expected 2000	2003
National Standard Employer Identifier	June 16, 1998	Expected 2000	2002 - 2003
Security and Electronic Signature Standards	August 12, 1998	Expected 2000	2002-2003
Privacy and Patient Confidentiality	November 3, 1999	Expected 2000	2002
Standards for Electronic Claims Attachments	Expected 2000	Expected 2001	2003
National Standard Health Plan Identifier	Expected 2000-2001	Expected 2001	2003
Enforcement	Expected 2000?	Expected 2001	To be effective with each final rule

STANDARDS FOR ELECTRONIC TRANSACTIONS AND CODE SETS

- Health Claims or equivalent encounter information
- Enrollment and Disenrollment in a Health Plan
- Eligibility for a Health Plan
- Health care payment and remittance advice
- Health Plan premium payments
- First Report of Injury
- Health Claim status
- Referral certification and authorization
- Health Claim attachments
- Coordination of Benefits

THE MAJOR PROVIDER BENEFITS



- Reduce staff in business office and registration
- Reduce IS support for interface engine and EDI communication
- Reduce staff that manage enrollment, referral, and eligibility by phone and paper
 - Collect most accounts at time of service; health plan and sponsor payments within ten days.
 - Reduce bad debt
- Protection of your information resources procedures
- Standard security/privacy policies and procedures

QUICK AND DIRTY HIPAA ADMINISTRATIVE SIMPLIFICATION BENEFIT CALCULATION ESTIMATOR

Assumes Implementation of all Standard Transactions, Code Sets and Identifiers, Excluding Implementation and Operations Cost

	-	-	
	(1) Number of Staff	(2) 50% of 1	(3) Salaries, benefits & overhead for (2) per year
1. Business Office			
Staff posting paper insurance remittance			
Patient and insurance collections staff			
Error correction and insurance			
rebilling staff			
2. Managed Care Coordination			
Precertification/			
preauthorization staff			
Eligibility and benefit verification			
3. Cash to bottom line			
Patient bad debt in dollars x 25%			
Insurance denials for lack of			
preapproval or timely filing			
50% of postage and fees for			
patient statements			
Total annual operation saving potential			
(excluding EDI setup and transaction			
fees)			

BIG ESTIMATED TRANSACTIONS AND CODE SETS BENEFITS FOR MEDICAL GROUPS

Sample Demographics

- 20 medical groups
- 19 groups of 8 or more physicians
- 1000 physicians

 Average Annual Savings (excluding cost) \$7.2 million for the 20 groups \$360,000 per medical group \$7,200 per provider 0.7% of revenue

BIG ESTIMATED TRANSACTIONS AND CODE SETS BENEFITS FOR MEDICAL GROUPS (con't)

- Business Operations Savings Areas
 - Business office 51%
 - Managed care 12%
 - Bad debt, postage, etc. 37%

THE MAJOR PAYER BENEFITS



- Reduce staff that process
 employer/sponsor premiums
- Reduce staff that manage enrollment, referral, and eligibility by phone and paper
 - Reduce rejected claims with eligibility, coding, and timely referrals
- Reduce subscriber inquiries
- Protection of your information resources
- Standard security/privacy policies and procedures
- Lower the cost for business operations collaboration opportunities with other payers

ACHIEVE THE SAVINGS BY:

- Take an enterprise approach
- Implement E-health (e-commerce)
- Change collections/adjudication policy and practice
- Change workflow
- Security standards
 - Administrative policy
 - Technical
 - Technical mechanism
 - Physical
 - (Electronic signature)



THE EIGHT STEPS TO HIPAA IMPLEMENTATION: PROJECT SAMPLE TIME FRAME

Total Time		25-48 months
8.	Monitor	Ongoing
7.	Certify and Go Live	3-6 months
6.	Review	2-3 months
5.	Implement	12-24 months
4.	Plan	2-3 months
3.	Risk and Cost/Benefits Analysis	3-6 month
2.	Gather Current State Information	2-3 months
1.	Think and Educate	1-3 months

• The Big Choices

- When to start? 2000, 2001, 2002
- Centralized vs. Decentralized approach?
- Sponsorship/Executive Leadership
- E-commerce integration?
- Compliance vs. compliance plus significant benefits



• Create a HIPAA Vision 2002-2003

- Business office
- Financial performance
- Referral management
- Patient relations
 - billing/collections
 - registration
 - primary statement
- Relationship with key trading partners
- Define goals
- Compliance with the regulations



- Proactive Vision
 - E-commerce based
 - Significant reduction in Business Office staff
 - Increased cash flow
 - Reduced bad debt
 - User friendly security technologies
 - HIPAA Security and Privacy aware staff
 - Collaborative relationship with business partners
 - Patient/subscriber friendly
 - Positive consumer public relations
 - Valued business partner relationships

- Compliance Focused Vision (Provider)
 - HIPAA claims only transacted, forget the rest
 - Increasing Business Office Staff
 - Growing accounts receivable
 - Increased bad debt
 - Complex, hard to use security measures that interfere with patient care
 - Staff have minimal HIPAA security and privacy awareness
 - Adverse relationship with Business Partners
 - Inadequate systems and administrative policies to support security and privacy

- Sponsors/Steering Committee
 - CEO, CFO, CIO, COO
 - Compliance Officer
 - Risk Management
 - Privacy Officer
 - E-commerce
 - Chief Information Security Officer
 - General Counsel/Government Relations
 - Workflow/Change Management



- Project Management Organization (assume enterprise approach)
 - Core staff (few or many)
 - Dedicated project team vs. Shared resources
 - Mix of staff and consulting resources
 - Mix of HIPAA and operations knowledge
 - Independent Verification and Validation (IVV)

- HIPAA Scope Definition
 - Suggested Initial Project HIPAA Regulation Scope
 - Standard Transactions
 - Employer (sponsor) Identifier
 - Provider Identifier
 - Payer Identifier
 - Electronic Attachments
 - Security
 - (Privacy)
 - Business Clinical and Operations Applications
 - IS Applications (Infrastructure)
 - Key Trading Partner identification

HOSPITAL SYSTEMS EFFECTED BY HIPAA Business Applications

- Laboratory
- Pharmacy
- Radiology
- Registration (ADT)
- Orders
- Results
- Credentialling
- Data Warehouse
- Cost Accounting

- Materials Management
- Master Person (Patient)
 Index
- Patient Accounting
- Home Care
- Nursing home
- Physician practice
- Human Resources
 - HIPAA training management

HOSPITAL SYSTEMS EFFECTED BY HIPAA Business Applications

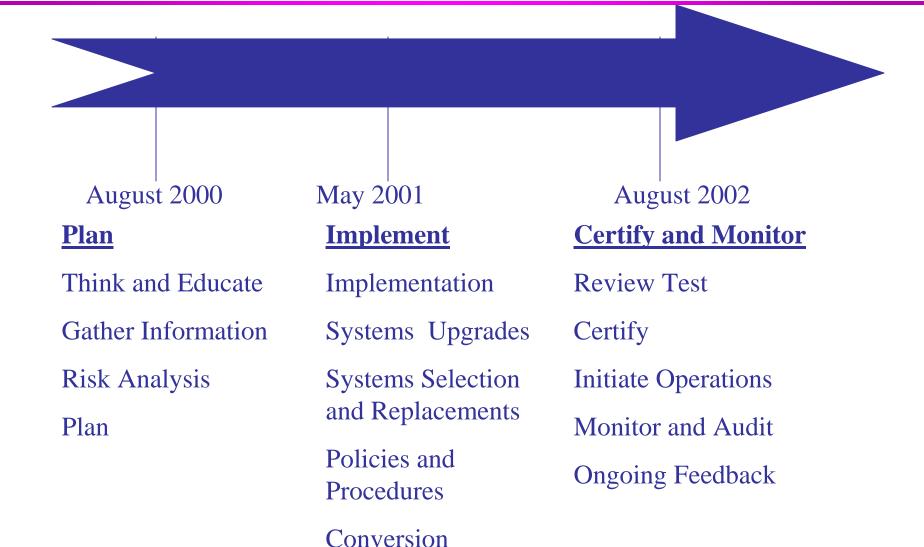
- Medical Records
 - Coding and Abstracting
 - Chart Tracking
 - Document Imaging
 - Electronic Medical Records
- Clinical Data Repository
- Demand Management
- Patient Scheduling
- Referral Management
- Other

- Not Impacted
 - Payroll
 - General Ledger
 - Accounts Payable

HOSPITAL SYSTEMS EFFECTED BY HIPAA IS Applications

- Internet and point-to-point data communications
- Interface Engine(s)
- EDI Engine(s)
- Infrastructure
 - Firewall
 - Network Security
 - Physical Security
 - Security Policies and Procedures
 - Security Audit Systems
 - Security Technology and Technology Mechanisms

TIMELINE FOR RECOMMENDED HIPAA ACTIONS



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FOR MORE INFORMATION

- WEDI: www.wedi.org
- DHHS/HIPAA: aspe.os.dhhs.gov/admnsimp
- BIG HIPAA: www.hipaainfo.net -- see articles section
- www.gao.gov -- See April, 2000 Reports

