

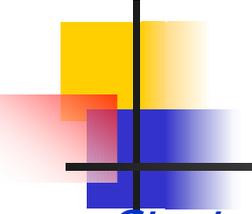
Transactions, Code Sets and Identifier Update

Steven S. Lazarus, PhD, CPEHR, CPHIT,
FHIMSS

President, Boundary Information Group

April 11, 2006



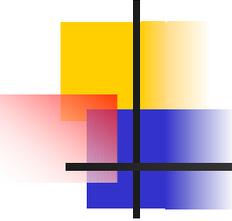


Steve Lazarus.
Boundary Information Group

Strategies for workflow, productivity, quality and patient satisfaction improvement through health care information

- Business process consultant focusing on electronic health records, and electronic transactions between organizations
- Former positions with MGMA, University of Denver, Dartmouth College
- Active leader in the Workgroup for Electronic Data Interchange (WEDI)
- Speaker and author (two books on HIPAA Security and one on electronic health records)
- Recipient of the HIMSS 2005 Book of the Year Award
- Co-Founder of Health IT Certification

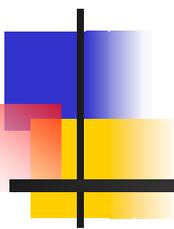
- **Strategic IT business process planning**
- **ROI/benefits realization**
- **Project management and oversight**
- **Workflow redesign**
- **Education and training**
- **Vendor selection and enhanced use of vendor products**
- **Facilitate collaborations among organizations to share/exchange health care information**

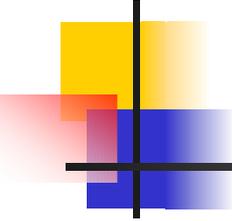


Agenda

1. National Provider Identifier
2. Operating Rules for the 270/271 Eligibility and Benefit Transactions
3. Health Savings Accounts

National Provider Identifier (NPI) Implementation

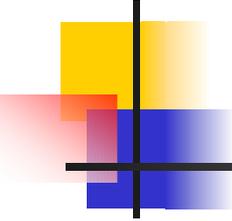




Implementation Date: May 23, 2007 (Except for small health plans)

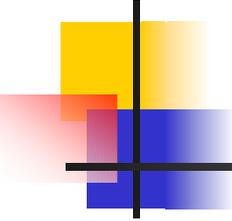
- Individual providers and their organizations need to obtain their NPIs early in the process
- Health plans, hospitals and specialist physicians need their referring MD NPIs
- All need to upgrade systems
- All need to crosswalk current provider identifiers to the NPIs
- All internal and trading partner uses need to be tested

- 11 NPI White Papers
- Audio conference
- NPI Public Hearing, April 18, 2006, Chicago, Illinois
- NPI preconference and several NPI sessions at 15th Annual WEDI Conference, May 22-25, 2006, Baltimore, Maryland
- WEDI NPIOI (www.wedi.org)



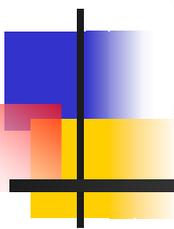
NPI – Questions For Your PMS and HIS Vendors

1. When will you have the upgrade to print the new CMS 1500 and/or UB 04 with NPI?
 - Needed for hard copy submissions
 - Will my print drivers be supported?



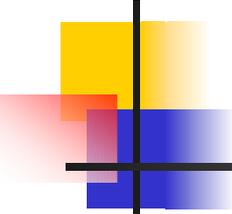
NPI – Questions For Your PMS and HIS Vendors

2. What changes are needed to capture and use the NPI Electronically
 - Storage and retrieval for the individual NPI
 - Storage and retrieval of taxonomy codes
 - Storage and retrieval of organization NPI
 - Storage and retrieval of subpart NPI, may vary by payer



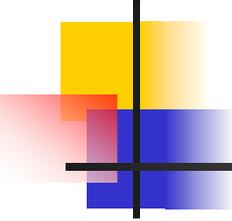
CORE Operating Rules for the Eligibility and Benefits 270/271 Transactions

Launched by CAQH in January,
2005



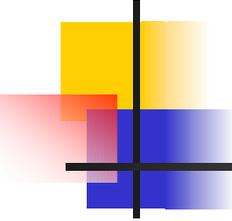
CORE Stakeholders

- CORE is more than 85 industry stakeholders – health plans, providers, vendors, CMS and other government agencies, associations, regional entities, standard-setting organizations and banking industry experts
- These stakeholders maintain eligibility/benefits data for more than 135 million commercially insured lives, plus the Medicaid eligibility processed by some of the plans and vendors, (e.g. Unisys), and the Medicare beneficiaries



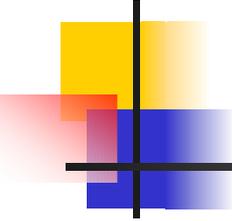
CORE Phase I Rules/Policies

- Finalized in March 2006
- Address content that helps providers:
 - Determine which health plan covers the patient
 - Determine patient benefit coverage
 - Confirm coverage of certain service types and the patient's co-pay amount, coinsurance level and base deductible levels (as defined in the member contract) for each of those types



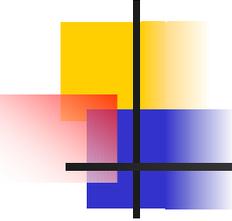
CORE Phase I Rules/Policies

- Address policies that govern data exchange:
 - System connectivity standards (HTTP/S)
 - Standardized inquiry acknowledgements
 - Maximum response times to inquiries (real-time and batch)
 - Minimum number of hours a system must be available to receive/respond to inquiries
 - A testing certification and enforcement process to ensure CORE compliance
 - Standardization of companion guide flow and formatting



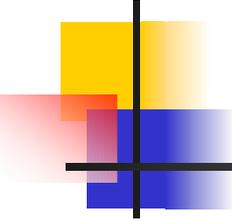
CORE Phase I Certification: Education Sessions

- Entities that create, transmit or use eligibility data can become CORE certified; others can become CORE endorsers
- In-person Workshops
 - WEDI 15th Annual National Conference, May 25, 2006, 11:30a.m. – 3:30p.m., Hyatt Regency Baltimore on the Inner Harbor
 - 2006 WEDI Fall Conference, November 6-9, 2006, Phoenix, AZ (Specific location and timing of Workshop TBD)



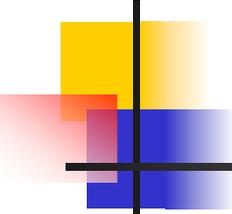
CORE Phase I Certification: Education Sessions

- Audio/webcast workshops (Specific dates and timings TBD)
 - June 2006
 - September 2006
 - October 2006



CORE Phase II Rules Development

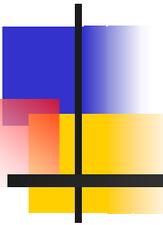
- CORE is developing the operating rules that will govern the exchange of administrative information
- It is critical to engage stakeholders throughout the healthcare system; by participating, your organization will have a voice in the development of the operating rules, and will be contributing to a solution that will address the complexity found in today's system
- Download application and join us today
 - http://www.caqh.org/ben_join.html
- Contact Gwendolyn Lohse at glohse@caqh.org for more information on CORE



simplifying healthcare administration

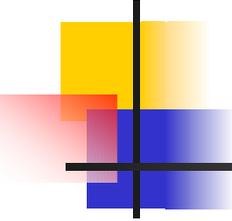
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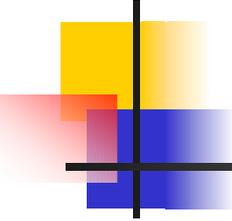
Health Savings Accounts

HIPAA and Business Process
Implications



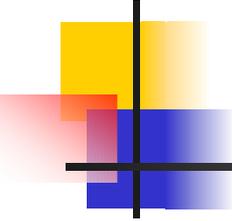
WEDI HSA Task Group

- Chaired by Steve Lazarus
- 2005 White Paper released January 23, 2006
- Addressing five 2005 Task Force Recommendations in 2006



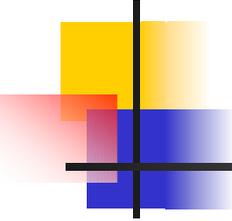
WEDI 2005 HSA Task Group Recommendations

1. Encourage real-time eligibility transactions between providers and insurance companies and group health plans, with cumulative reimbursements toward deductibles
2. Determine what role WEDI can play in educating providers, health plans, HSA trustees and custodians, governmental authorities, and consumers on the use of HSAs.



WEDI 2005 HSA Task Group Recommendations

3. Determine what business processes will work with respect to HSAs and HDHPs and data transmissions, and based on these processes consider the need to increase patient and provider awareness of new responsibilities among health plans, providers and individuals when HSAs are involved.
4. Study options for integrating HDHP and HSAs operationally to promote prompt and accurate eligibility, claims and collections among providers, patients, and health plans.
5. Develop advice, if appropriate, to the federal government regarding HSAs.



Contact Information



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