Multi-Institutional/Regional Approaches to HIPAA Compliance

Utah Health Information Network

HIPAA Transaction System
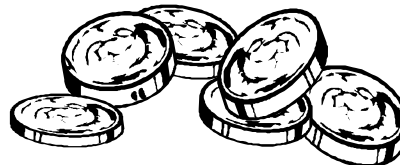
Utah Health Information Network
HIPAA Focus

- Transactions

- Codes

- Security

- National Identifiers

- Privacy - not a UHIN issue

UHIN Current Model

- State Not-for-Profit
- Owned by a coalition

- Consensus
- UHIN acts like the postal service

- Baseline activities
- Low Cost

Major Users

- Payers:
  - Regence/BCBS
  - Intermountain Health Care Health Plans
  - Medicaid
  - Medicare
  - CHIP
  - DMBA
  - EMI
  - United HealthCare
  - others….

- Providers
  - Intermountain Health Care
  - University of Utah Medical Center
  - Every hospital in the state (and mental hosp)
  - All ambulatory surgery centers
  - approx % of health care providers in Utah
    - (not dental or retail pharmacy)

Cooperative Competition

- Agreement
  - Electronic commerce infrastructure
    - no competitive advantage
      - developing your own is expensive
      - reduces provider adoptance rate

    - UHIN infrastructure reduces costs

UHIN Current Model

- FOR PROVIDERS:
- Operate on the lowest common platform
  - DOS
  - PC (486 or higher)
  - Manual or automated data download
  - uses common data formats
    - Print screen image for UB-92 and HCFA 1500 forms
    - NSF flat file
  - Dial-up access or frame relay
- Very inexpensive ($50/year for 1 doc shop)
- Maximize # of potential users

The Challenge - Provider

- How to get providers to adopt Electronic commerce?
  - fewer IT resources
  - less organized as a group
    - each specialty keeps to itself
    - The owner the business (the provider) doesn't run the business
      - disconnect between business decisions and business operations
   - reluctance to give up paper methods

The Challenge - Payer

- The 'muscle'
- Do it my way!
  - cost considerations
  - provider pressure
- The value of UHIN
- Compromise
- Repeated education
- Learn: in EC, payers win when providers win
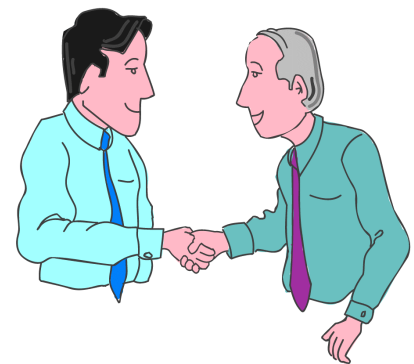
The Challenge - Government

- Why involve government?
  - UHIN = total community
  - Claims transaction = State health data
    - Immunization
    - Hospital discharge data
    - Ambulatory surgery centers
  - A single infrastructure is not intrusive
  - State insurance commissioner
    - UHIN Standards become rule
    - Industry generated = widespread compliance
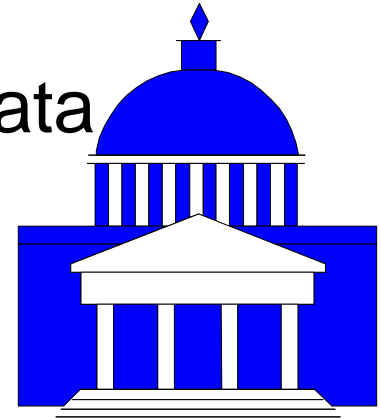
Working in a Coalition

- Goal: Create WIN-WIN solutions
- Example: Anesthesiology claims
  - Problem:
    - payer: ASA vs CPT
    - payer: minutes vs. units
    - anesthesiologists: ASA codes and only minutes
      - waiting for surgeon
      - delayed claim filing
      - increased incidence of mis-billed claims

Working in a Coalition

- Anesthesiology Solution
  - Provider pay off:
    - ASA codes was more cost effective
    - more accurate units
  - Payer pay off:
    - more timely and accurate claims
    - fewer incorrectly paid claims
   - increased electronic claim volume
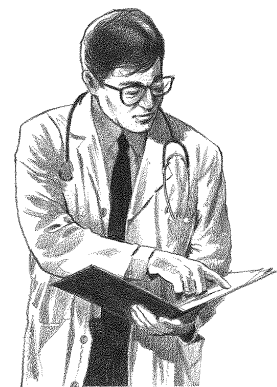
UHIN Occupies a Central Position

- Win-win solutions
  - it is not about competition
  - it is about COMMUNITY health care costs
  - you get enough
- Trust
- Value
- The EC broker

UHIN Current Model

- Very successful approach
  - 60% of the claims go to local payers
  - 90% of those go electronically through UHIN
- Intermountain Health Care Health Plans
  - 95+%
- Regence BCBSU
  - 95+%
- Medicaid
  - 100% of institutional claims
 - moving to 100% of professional claims
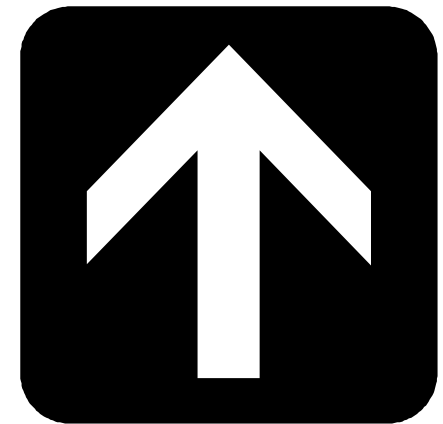
UHIN Current Model

- Pass standard X12 transactions
  - claims
  - remittance advice
  - enrollment
- Providers have the option to
  - purchase a translator offered by UHIN <u>OR</u>
  - use their own translator
    - must conform to UHIN transaction standards
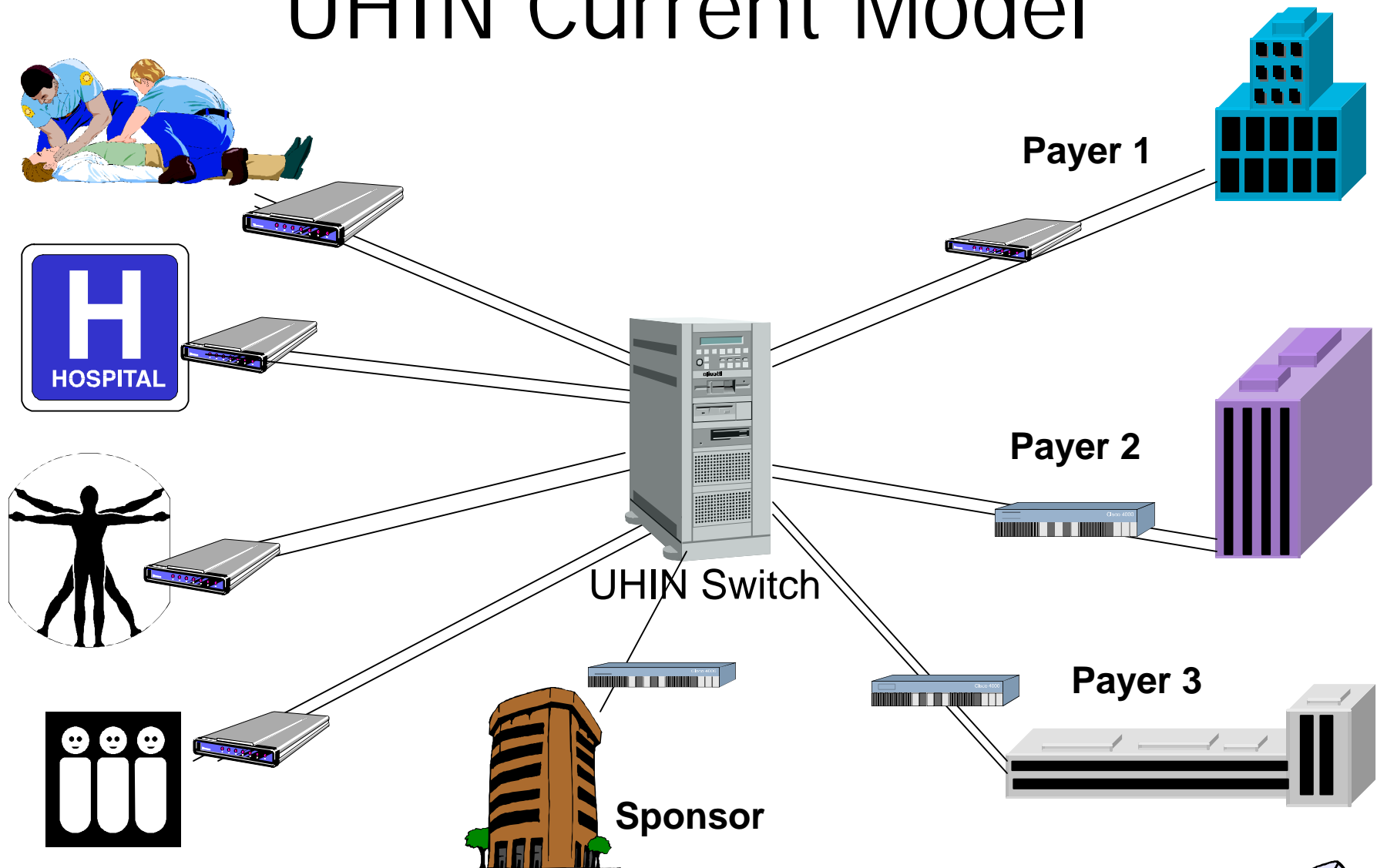- Payers have their own translators

UHIN Current Model

Dial up (modem)

….. or

Payer 1

HOSPITAL

Payer 2

UHIN Switch

Payer 3

Frame Relay
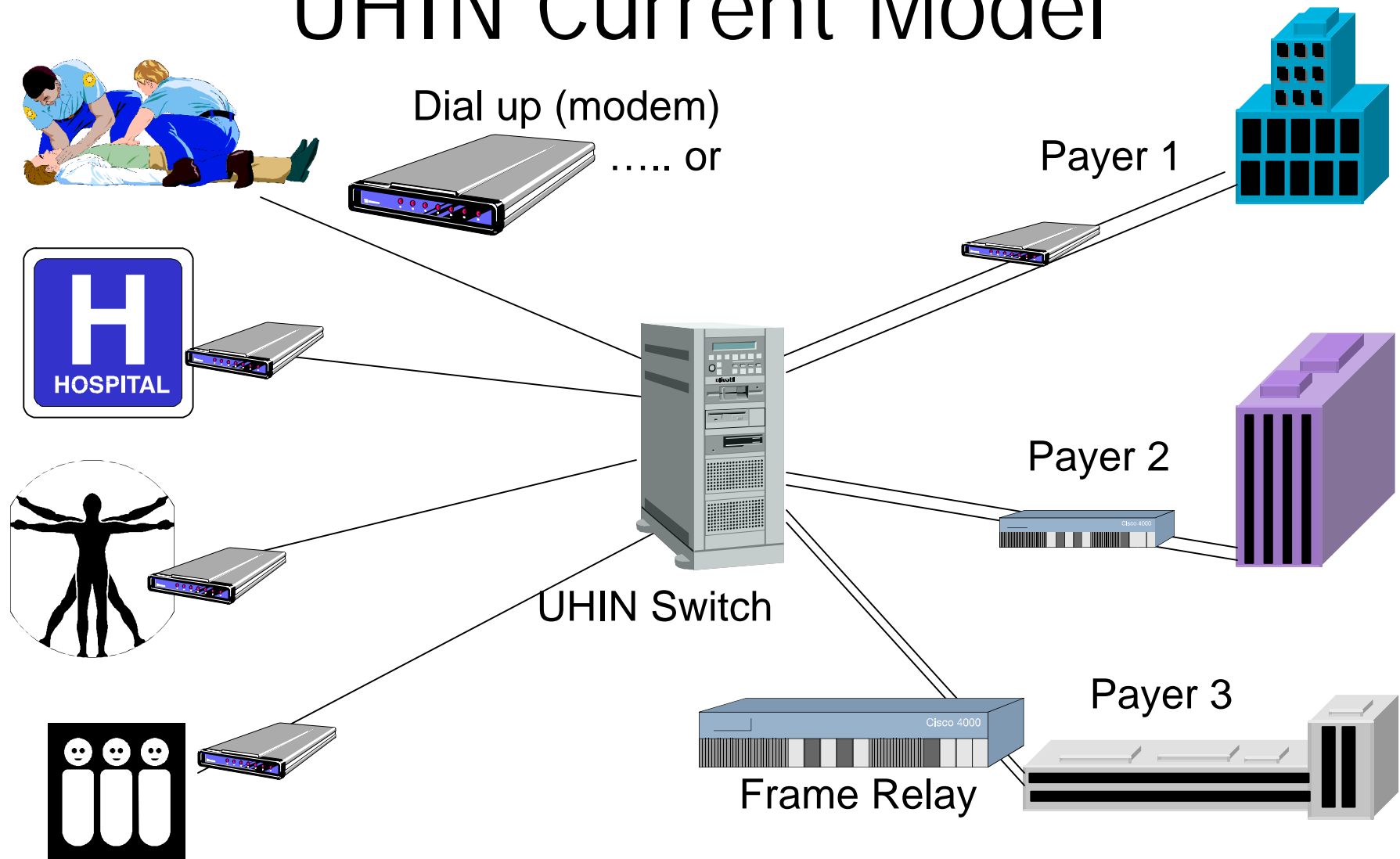
Connection methodology is standardized

UHIN Current Model

Payer 1

Payer 2

Payer 3

UHIN Switch

Sponsor

Everyone picks up and receives envelopes except sponsors

Provider - Baseline Product

– baseline translator software

– upgrades/maintenance/help is free

– OR

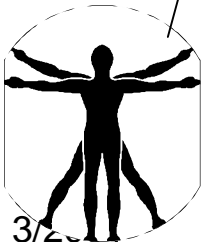– May use their own translator

– Must be compliant

– 386 or better PC

– modem

– Output a standard format

– "One-stop shopping"

• Few payer-specific edits

AcClaim and ProClaim

owned by Regence

UHIN sets much of the content

Applying the Existing Business Model to a HIPAA Implementation

- Pass all HIPAA transactions + 997

- HIPAA Security

- Bringing Sponsors/Employers

- Bringing in dental providers

- New technology - browser based
  - Intranet application

- Goal: Make it ADOPATABLE
 - must reduce workload
  - must reduce cost

UHIN HIPAA Transaction System

- Community centered approach
  - must meet the needs of all users
- UHIN creates the 'baseline' product <u>OR</u>
  - users may create their own
  - must inter-operate with UHIN product
  - members may created additional value-added products for themselves

- Must offer "one-stop shopping" for members
  - connecting to UHIN portal gives you connection to all members

UHIN Portal

UHIN HIPAA Transaction System

- Scaleable
- Inexpensive
  - reduce administrative costs
- All standard HIPAA X12 transactions
- All batch transactions will use 997
- Must apportion the security risks
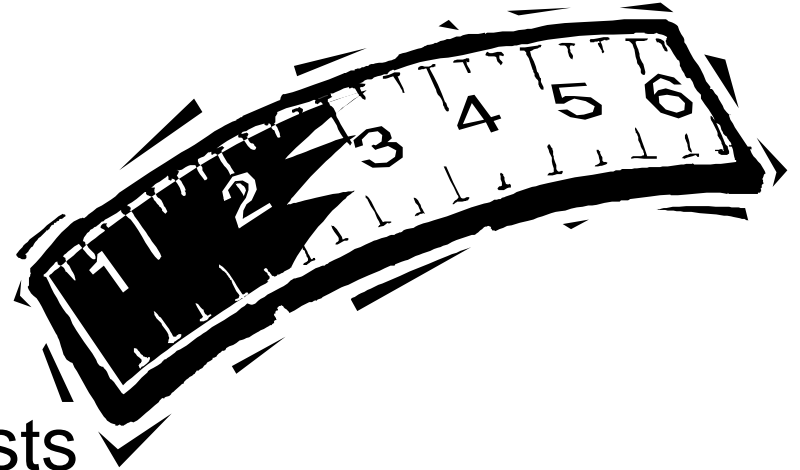
Pilot Acknowledgement

- Pilots in a coalition environment

- Shaunna Wozab
  - UHIN Project Manager for the pilot

  - Doreen Espinoza
   - Designed screens

Pilot Participants w/ UHIN

- Intermountain Health Care - Provider and Payer
- Regence Blue Cross Blue Shield - Utah - Payer
- Deseret Mutual Benefit Association - Payer
- Public Employees Health Program - Payer
- University of Utah Medical Center - Provider
- Canyon View Medical Center - Small Provider
- Salt Lake City Corporation - Employer
- A dental provider

Vision of the Product

- Payer
  - receive and submit transactions
  - connect when they wish
    - many will be real time
    - connect methodology is standardized
    - security methodology is standardized
  - have own translator

UHIN Portal
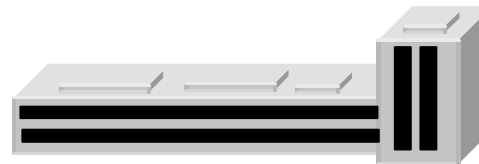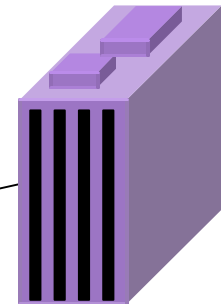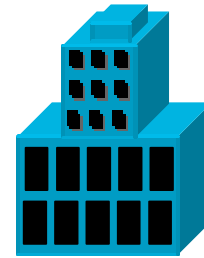
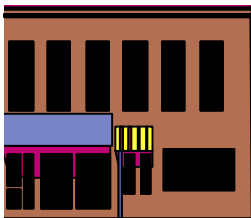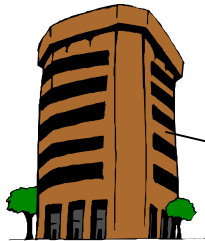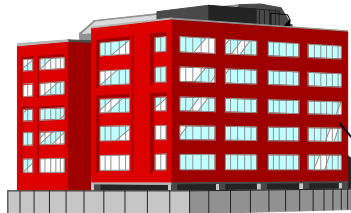# Vision of the Product

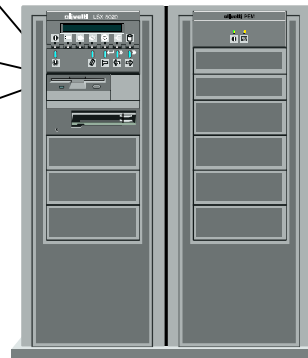**Employer/sponsor Portal**

    – enrollment

    – premium payment

- More specific to each payer

    – requires set up by each sponsor

Sponsors

UHIN Portal

Payers

How it works

- **Enrollment - Batch and Real Time**
  - – Set up screen
    - • choose payers
      - – choose plans
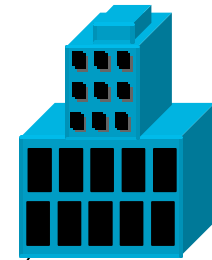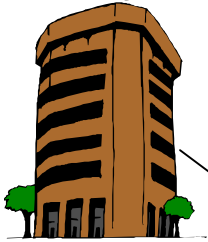   - – results in required fields for that plan
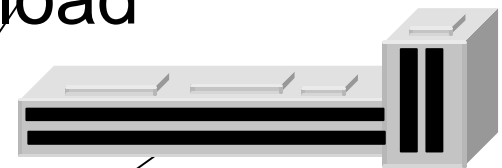 - – Manual entry OR flat file download
  - – Basic data edits
  - – Sorts file by payer
  - – Transmit encrypted file to each payer

Employer

Payers

UHIN Portal

How it works

- **Premium Payment - Batch**
  - Set up screen
    - choose payers
  - Manual entry OR flat file download
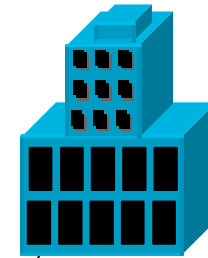 - Basic data edits
  - Put all payers into a single file
    - Translator sorts file by payer
  - Transmit encrypted file to each payer

Employer
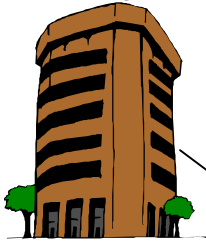
Payers
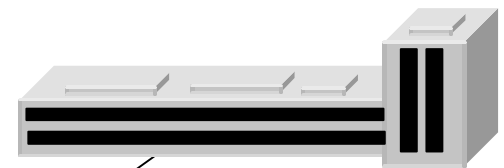
UHIN Portal

Vision of the Product

- Providers
    - Eligibility (send and receive)
    - Prior Authorization (send and receive)
    - Claim
    - Claim status (inquiry and response)
    - Remittance Advice

Payers

UHIN Portal

Vision of the Product

Payer 1

Payer 2

Payer 3

UHIN Portal

How it works

UHIN Portal
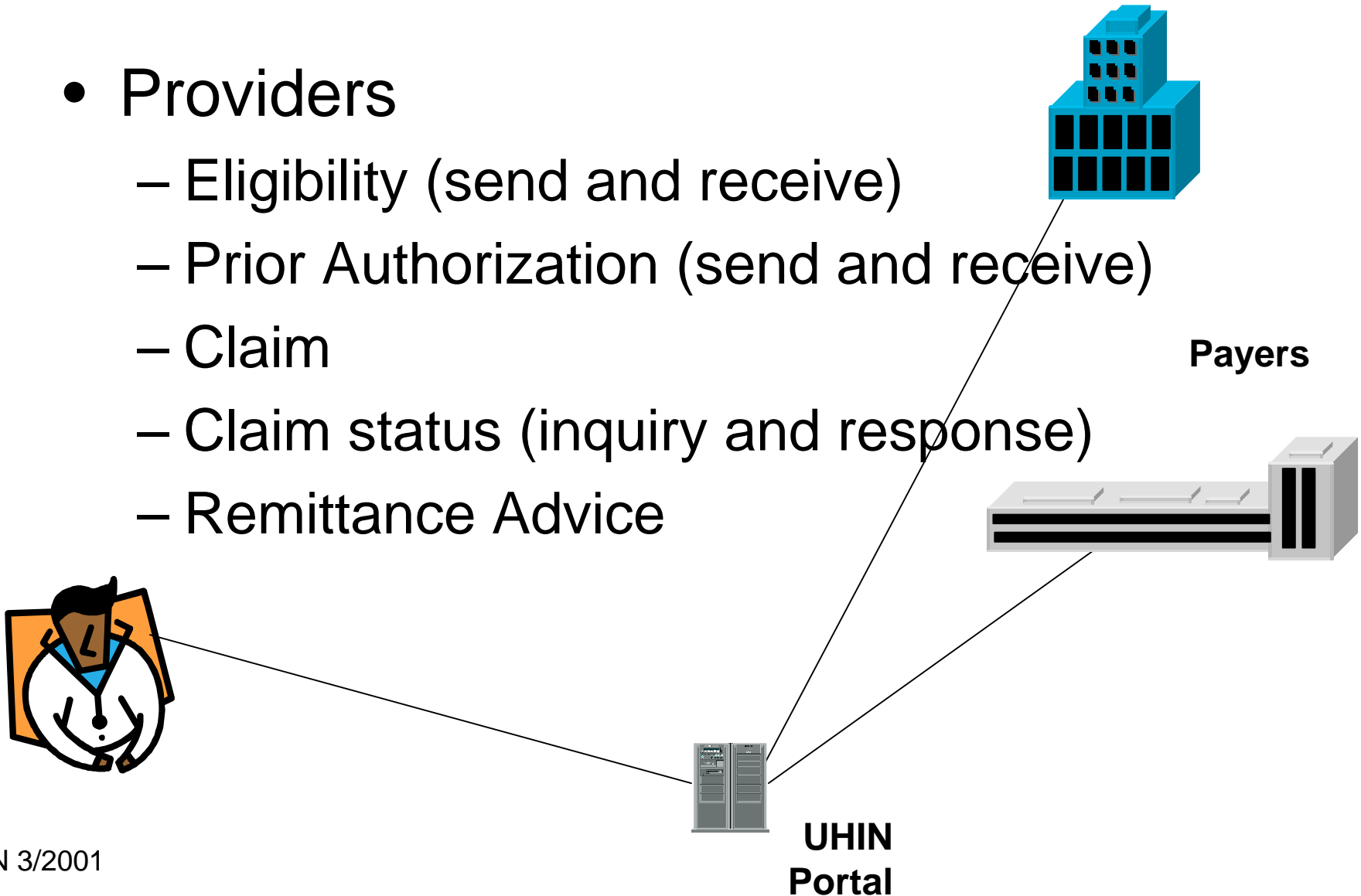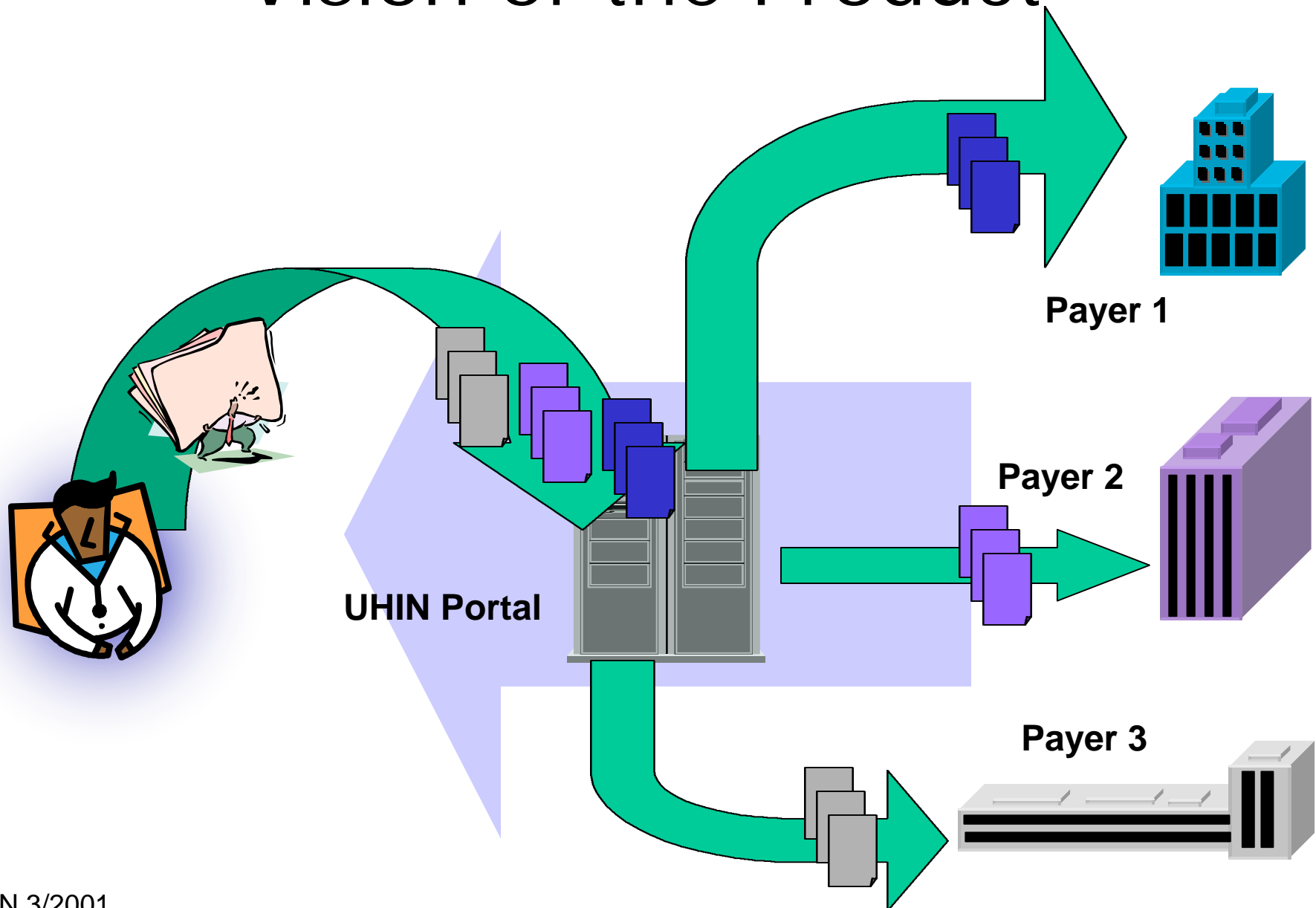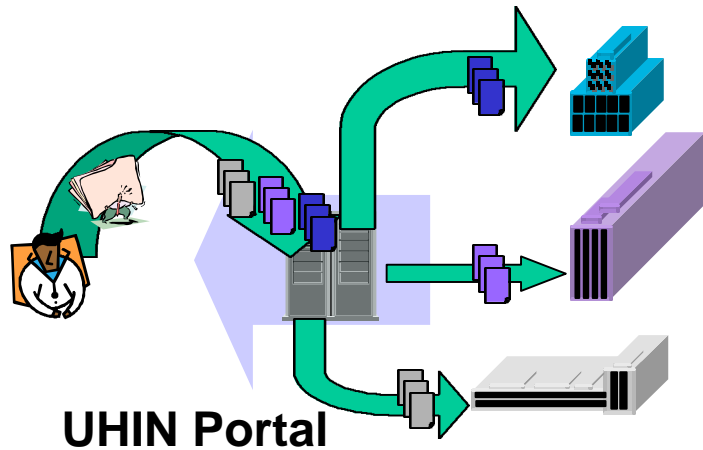
- Eligibility - Batch and Real Time
  - Real Time
    – type inquiry into screen, transmit
    - receive reply immediately

  - Batch
  – upload all of tomorrow's patients in a flat file, transmit
    - receive reply either immediately or later
    - depends on payer's capability

How it works

- **Prior Authorization - Batch**
  - Sent from provider to payer
    - Send prior to the claim
  - Response from payer
    - not real time response

UHIN Portal

How it works

UHIN Portal
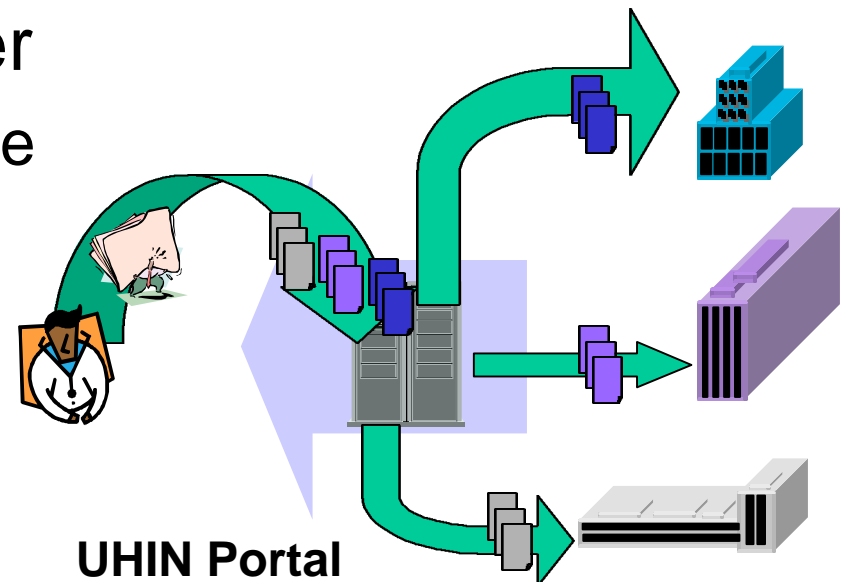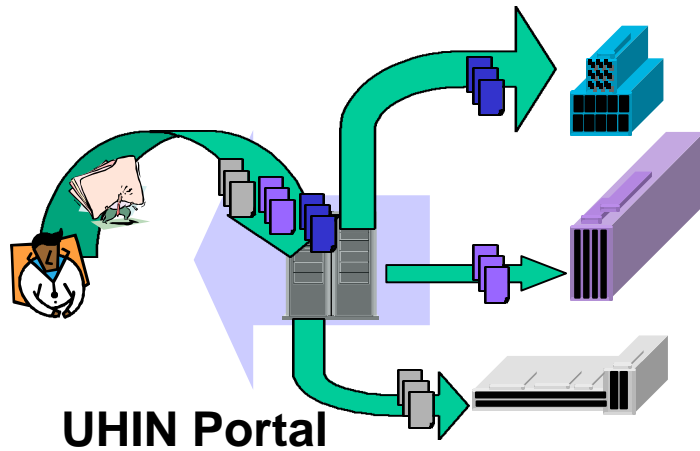
- Claims - Batch
- Standardized claim/encounter submitting

- Standardized front-end report (non-HIPAA transaction) returned to provider
  - 277 unsolicited

How it works

- ## Claim Status - Batch and Real Time
  - Batch
    - Providers queue up submitted claims aged over X days
  - Real Time
    - Providers type in one status inquiry at a time
  - Payers
    - handle response batch or real time
      - their business decisions
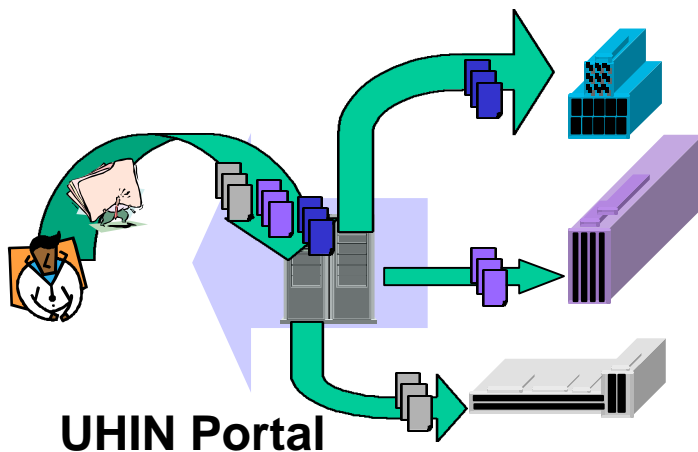
UHIN Portal

How it works

- **Remittance Advice - Batch**

- **Payers send RAs as they choose**
  - some do real time processing

- **Providers pick up RAs when they choose**
  - autopost if they choose

UHIN Portal
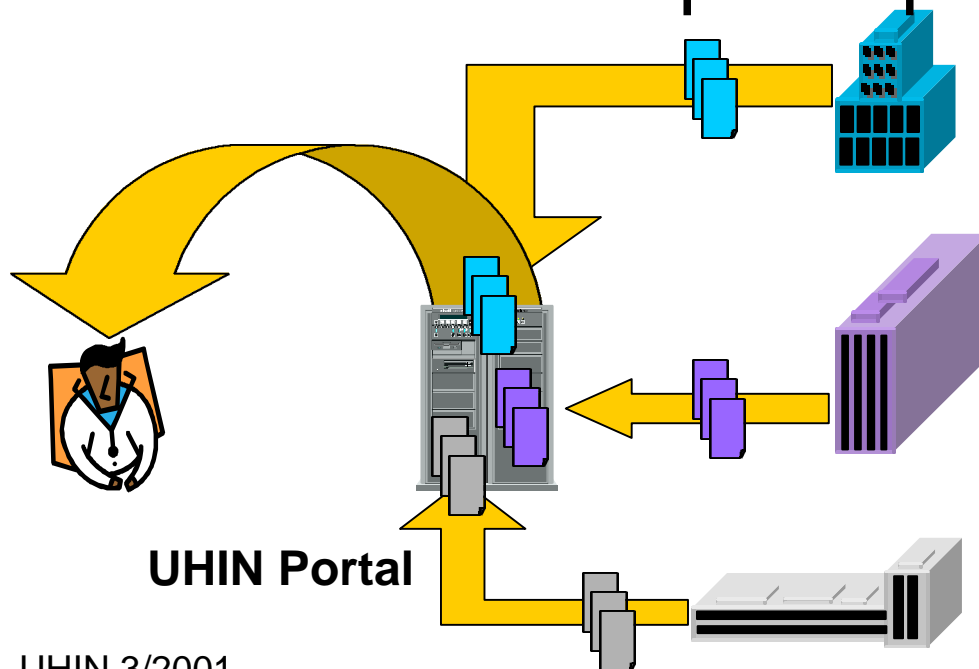
National Identifiers

- On hold until the final rules come out
- Extensive discussions about possible impact on business processes
  - If providers must request NPI, how many will they need?
    - How will they determine this?
  - How will payers number their plans?

? ? ? ? ? ? ? ? ?

HIPAA Security

- Grant from Robert Wood Johnson Foundation - HealthKey
  - explore the development of a security infrastructure for the UHIN HIPAA product.
  - What are "baseline" activities for security?
  - Work with other HealthKey states
  - Share progress
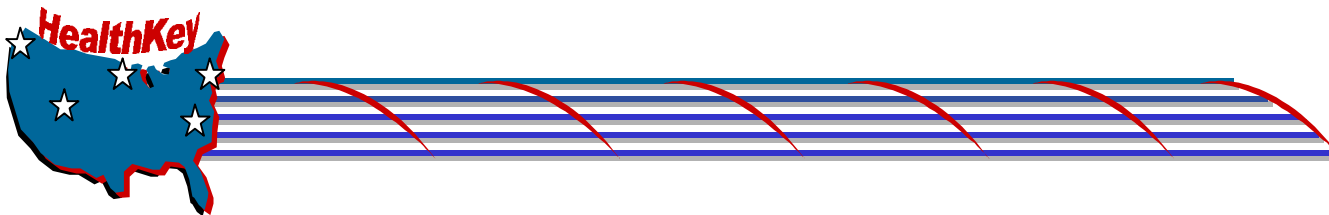
HealthKey
Security Infrastructure in Health Care

- **Security Infrastructure in Health Care**
  - North Carolina - using PKI for specific clinical applications
    - *HIPAA EarlyView* ™ Security assessment tool
  - Washington - Chain of Trust
  - Massachusetts - Interoperable Secure Email
  - Minnesota - Bridge CA
  - Utah - HIPAA Transaction system
- Sharing ideas on security infrastructure

HealthKey Lessons

- Security is complex and could be costly
  - policy, procedural
  - technological challenges
  - interoperability
  - Security is more complex when you interact with outside organizations
  - Security should be approached incrementally

- HealthKey Roadmap - security landscape
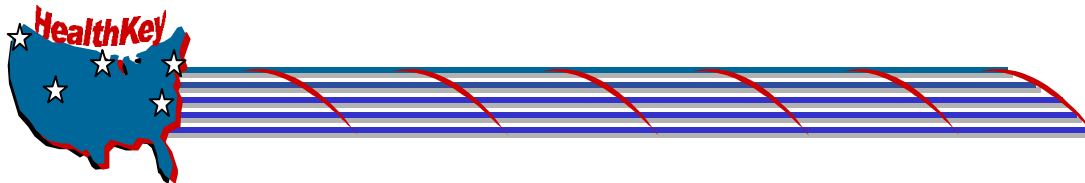
HealthKey's Roadmap - Implementation Options

Enterprise Preparedness | Enterprise Co-Existence | Enterprise Affiliation | Community-Wide Participation

Enterprise Preparedness
- Assurance & Tiger Team
- Intrusion Detection
- DMZ
- Internet Border
- Protect Electronic Perimeter
- Upgrade Applications
- Set Privacy Policies
- Certificates
- Biometrics
- Smart ID's
- Passwords
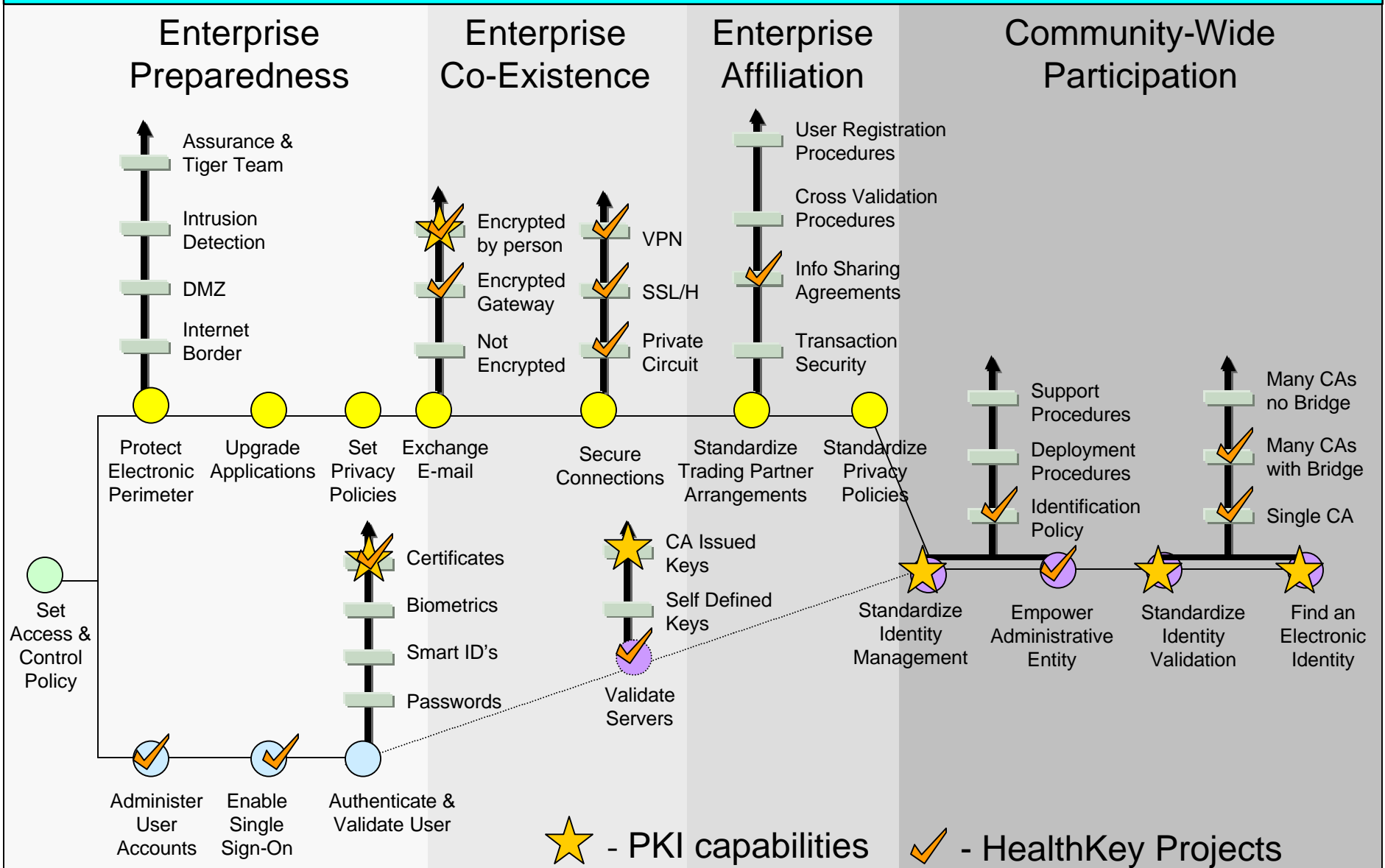- Set Access & Control Policy
- Administer User Accounts
- Enable Single Sign-On
- Authenticate & Validate User

Enterprise Co-Existence
- Encrypted by person
- Encrypted Gateway
- Not Encrypted
- VPN
- SSL/H
- Private Circuit
- Exchange E-mail
- Secure Connections
- CA Issued Keys
- Self Defined Keys
- Validate Servers

Enterprise Affiliation
- User Registration Procedures
- Cross Validation Procedures
- Info Sharing Agreements
- Transaction Security
- Standardize Trading Partner Arrangements
- Standardize Privacy Policies

Community-Wide Participation
- Support Procedures
- Deployment Procedures
- Identification Policy
- Standardize Identity Management
- Empower Administrative Entity
- Many CAs no Bridge
- Many CAs with Bridge
- Single CA
- Standardize Identity Validation
- Find an Electronic Identity

⭐ - PKI capabilities   ✓ - HealthKey Projects

Vision of the Product

- **Apportioning Security**
  - UHIN Security Framework
  - Describes who is responsible for what
  - Based on Security NPRM list of security issues
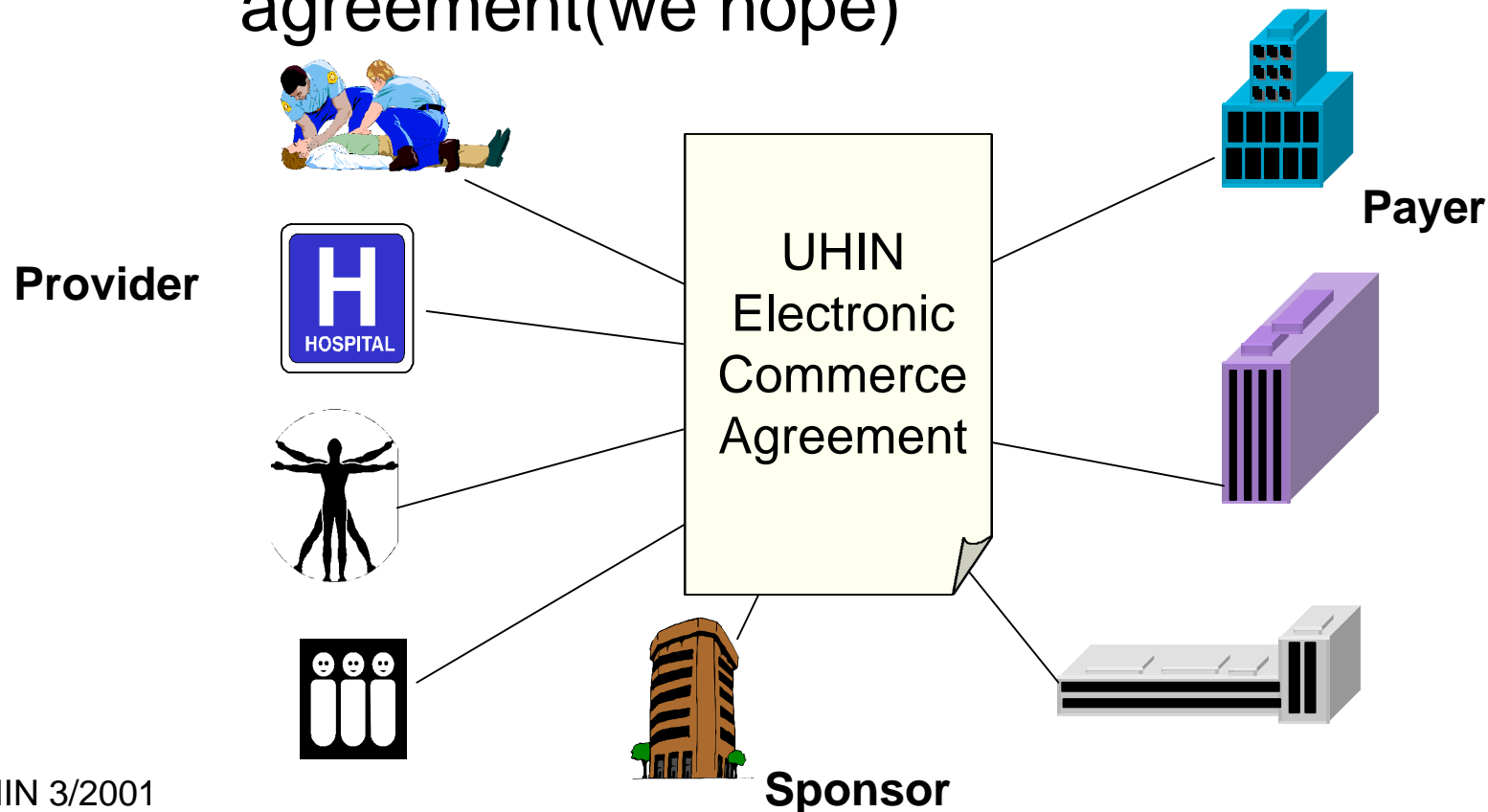 - Apportions risk between users and network

HIPAA Security

- UHIN is the "pipeline"
  - we stop at the user's 'front door'

**What risks belong to UHIN and what risks belong to the users?**
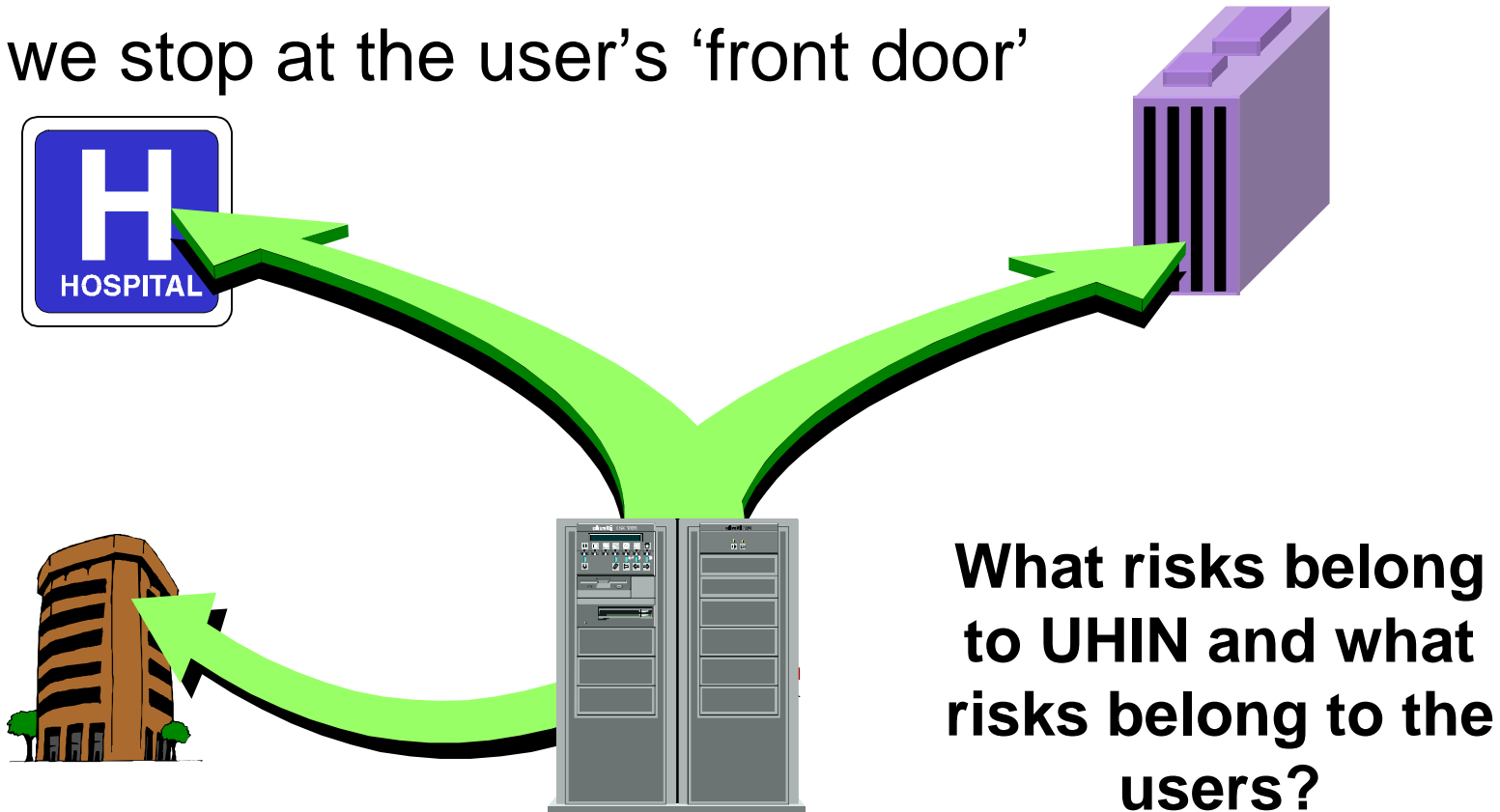
UHIN Risks - Administrative

- ● Electronic Commerce Agreement
  - – centralized chain of trust partner agreement(we hope)

Provider

Payer

UHIN
Electronic
Commerce
Agreement

Sponsor

UHIN Risks - Administrative

- Everything that belongs to the 'pipeline'
  - Community standards for
    - security policy
    - security configuration management
  - Participants shall have
    - a named Security Officer
    - a security policy and abide by it
  - Participants shall
    - report to UHIN any security incident associated with the UHIN pipeline

**Security Policy**

Security Policy
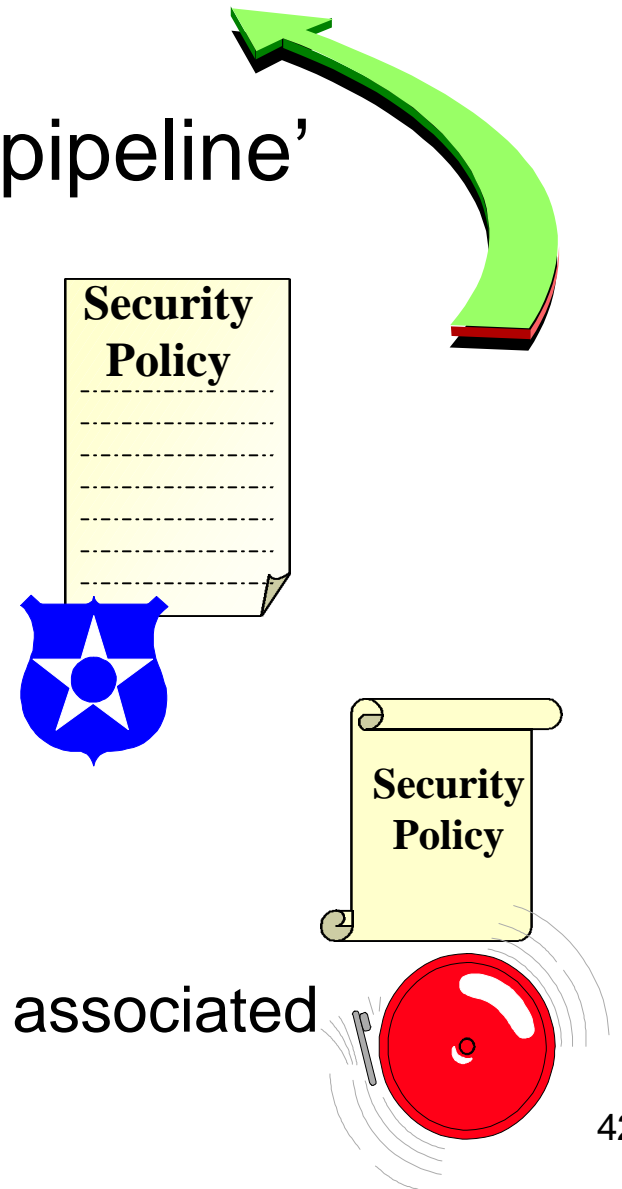
UHIN Risks -Technical

- Everything that belongs to the 'pipeline'
  - 128-bit encryption (minimum) for session key(s)
    - SSL, Intranet

  - Message receiver (payer) authentication controls
    - PKI on payer servers (1024 bit)

  - Message sender (provider/sponsor) authentication controls
    - logon & password
    - plus whatever controls the user has (security badges? Swipe card? Etc.)
  - Data integrity?
  - Firewall?
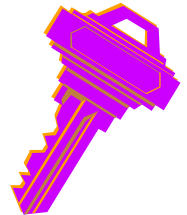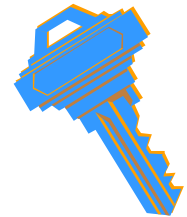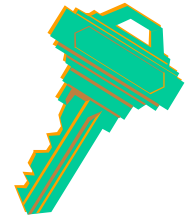
HIPAA Security

- All other risks belong to the participant
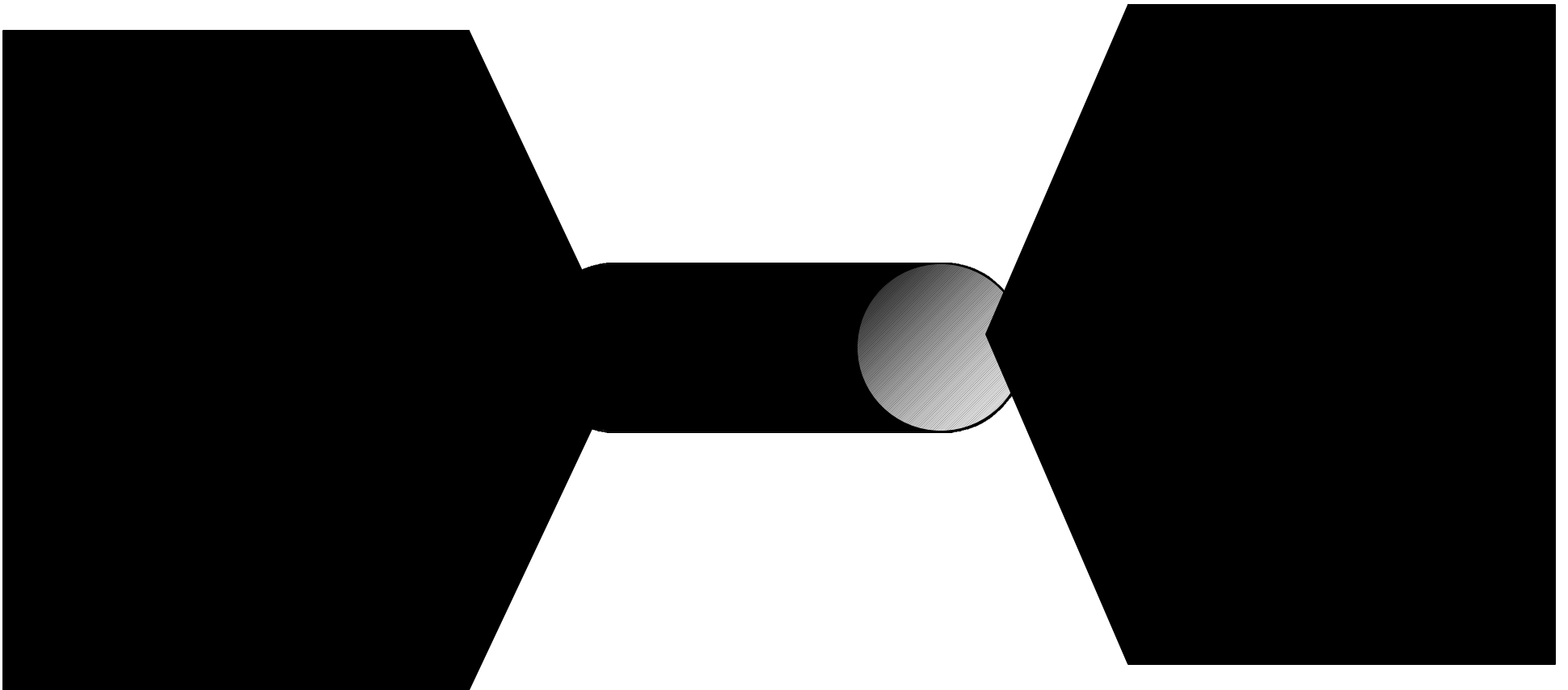
HIPAA Security

- Common Reaction upon reading HIPAA Security issues (from NPRM)

- People feel trapped
  - It will cost too much
  - I don't have the resources

HIPAA Security

- UHIN Emphasis:
  - HIPAA security = good business practice.
  - BUT . . . .
    - Elaborate security is not required
  - Keeping costs affordable is a priority
- Small business might have very simple policies
    - Example: Disaster Recovery Plan:
      - turn off lights and lock the door
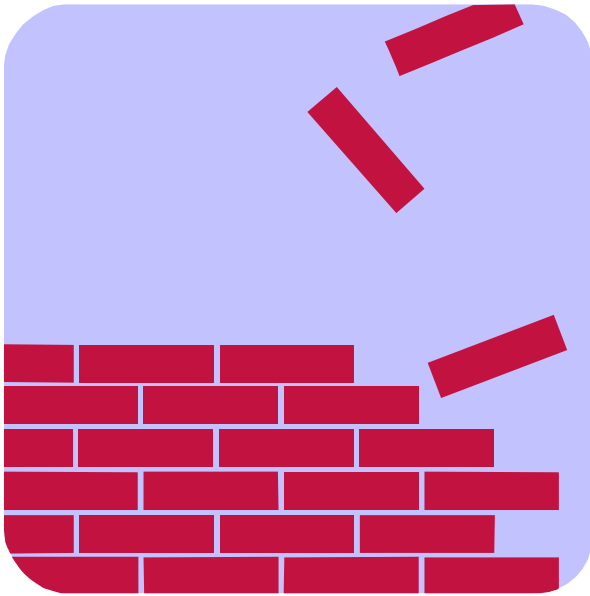   - go home and call the insurance company
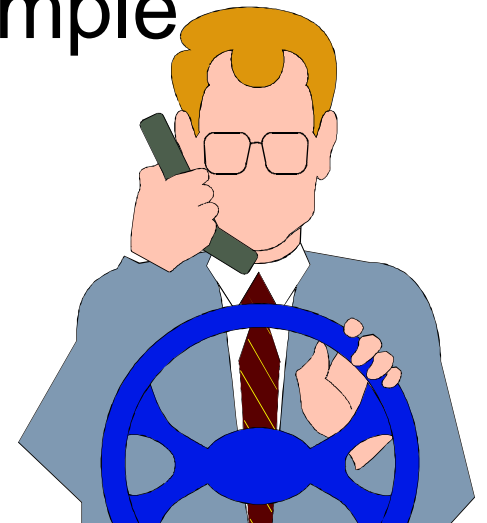
UHIN's Position on Security

- Right now:
  - discussing security is saying the Emperor has no clothes!
  - Nobody wants to admit they have a problem

What?! I haven't had any security problems (so far.......!) (that I know of......!)

UHIN's Position on Security

- Rome wasn't built in a day
  - Security will come to health care
    - incremental steps are key

- You must begin somewhere
  - start with small, common issues
    - termination policies
    - building (physical) security
 - work up to appropriate level of security for your business

UHIN's Message on Security to Coalition Members

- Start THINKING about security
  - Build it into your language
  - Build it into your business
  - Build it into your business relationships

  - Security is good business
  - UHIN will help where we can
    - community standards

UHIN & HIPAA

- UHIN builds the pipeline
  - community input
  - community standards
- Minimize shipping costs to members
- Low shipping investment for users
- Providers, payers and sponsors
  - invest scarce resources in internal HIPAA issues
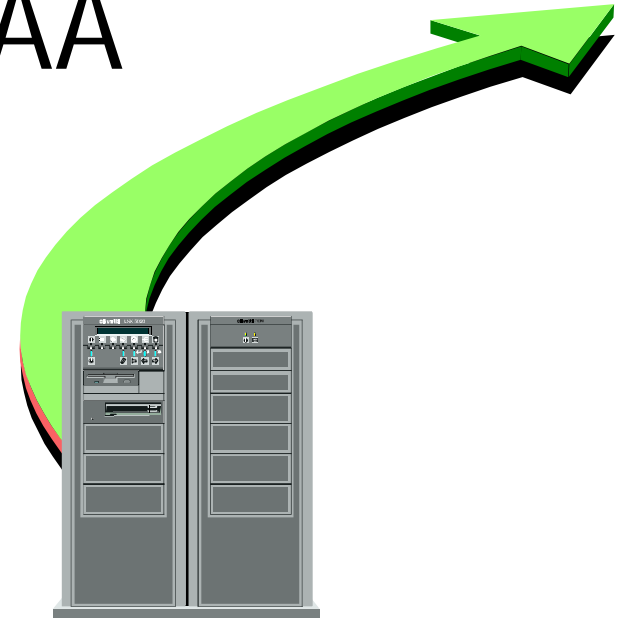
UHIN's HIPAA Implementation

- Summary
  - Taking current business practices
    - UHIN's baseline activities
  - Applying them to a HIPAA product
  - Security education

  - Moving in incremental steps to the future
  - HIPAA is doable
  - HIPAA is affordable

UHIN HIPAA Portal