



Multi-Institutional/Regional Approaches to HIPAA Compliance: The Minnesota Experience

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Why collaborate?

- Implementing HIPAA requires coordination and collaboration among trading partners
- There is no competitive advantage to be 'HIPAA Ready', if your trading partners aren't ready
- Collaboration and coordination will lead to cost-efficient implementation
- Avoid the 're-inventing the wheel all over again' syndrome

Why collaborate?

- Standards are dependant on consistent policies, practices and technology among trading partners and business associates.
- Actions of a trading partner or business associate may generate liabilities for one's own organization.
- Sloppy planning and inefficient implementation will be costly to everyone.

Key Elements for Collaborative Environment

- Trust
- Commitment
- Clear Vision

Trust

- Joint ownership
- Joint accountability
- No dominant player
- Balanced interests
- No hidden agendas
- Neutral meeting ground

Commitment

- Leadership and support from top governmental officials (Governor & Secretary of HHS)
- Academic medical centers and key hospitals
- Leading health plans / insurers
- Professional societies & associations
- Key vendors

Clear Vision

- Use HIPAA as an opportunity to re-engineer healthcare to make it more responsive and efficient.
- Keep the health of the individual as the core objective.
- Improve delivery and efficiency of healthcare through information technology and secure communications.



WEDI™

SNIP

Strategic National Implementation Process

SNIP Regional Efforts

***Keys to Achieving HIPAA
Compliance***

SNIP Regional Efforts Group

- **Purpose**: Develop and maintain contact lists, start-up information and on-going communications in support of regional implementation efforts and activities.
- **Scope**: Establish and maintain communication with regional HIPAA implementation efforts and to foster development of regional groups where none currently exist.

Examples of Regional Effort Groups

- **North Carolina:**

- ◆ Convener: NC Healthcare Information & Communications Alliance, a non-profit est. in 1994
- ◆ Structure: multi-organizational public-private collaborative effort
- ◆ HIPAA Focus: Work Groups planning: sequencing of implementation of transactions, codes and data elements; development of security self assessment tools, analysis and publication of most stringent privacy regulations (Federal vs state); development of strategy for network security & interoperability,; and carrying out awareness, education & training workshops
- ◆ Website: www.nchica.org

Examples of Regional Effort Groups

- **Utah:**

- ◆ Convener: Utah Health Information Network, a non-profit organization established in 1992
- ◆ Structure: multi-organizational public-private collaborative effort
- ◆ HIPAA Focus: Transaction implementation; several working groups looking at each transaction; also working on security
- ◆ Special projects: UHIN operates a centralized secure information clearinghouse for health care transactions; implementation of security systems (HealthKey)
- ◆ Website: www.uhin.com

How You Can Get Involved

- SNIP web site: www.wedi.org/snip
- SNIP listserv: snip@wedi.org
- Questions on SNIP Regional Efforts:
 - Walter Suarez, Minnesota Health Data Institute
walter.suarez@mhdi.org
 - Holt Anderson, North Carolina Health Information and Communication Alliance
holt@nchica.org



SNIP Regional Efforts Group

Case Example: Minnesota



HIPAA in Minnesota

Minnesota Health Data Institute

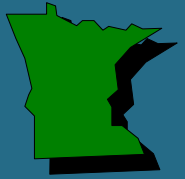
- ↓ Non-profit public-private partnership created in 1993
- ↓ Governed by a 21-member Board of Directors representing consumers, employers, providers, plans, researchers and policymakers
- ↓ Its mission is to measure and improve the quality and efficiency of health care in Minnesota
- ↓ Three core programs:
 - ↓ Quality Measurement
 - ↓ Data Privacy
 - ↓ Minnesota Center for Healthcare Electronic Commerce (MCHEC)



Minnesota Center for Healthcare Electronic Commerce



- ◆ First independent center dedicated exclusively to the education and promotion of health care electronic commerce
- ◆ Established as a member-driven alliance of health care organizations in Minnesota
- ◆ Its mission is to promote uniformity and standardization of health care information exchange through education, training, and project collaboration

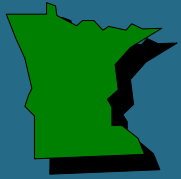


Minnesota Center for Healthcare Electronic Commerce



◆ MCHEC Program Components:

- ◆ HIPAA Implementation Coordination
- ◆ State Health Information Network
(MedNet)
- ◆ Electronic Commerce Project
Collaboration



MN - HIPAA Implementation Coordination Program

- I. Minnesota HIPAA Open Forums
- II. HIPAA Education Coordination Initiative
- III. Transaction and Code Sets Efforts
- IV. Data Privacy Efforts
- V. Health Information Security Efforts
- VI. Future HIPAA-Related Efforts
- VII. Working with other state groups



II. HIPAA Education Coordination Initiative

- ↓ Purpose: To coordinate the implementation of education efforts to providers in Minnesota
- ↓ Participants: Health plans, provider professional associations, Medicaid, Medicare
- ↓ Method: 12 one-day workshops around the state between March and April, 2001
 - ↓ Standardized message
 - ↓ Simple tools to assess HIPAA readiness
 - ↓ Open to all health care professionals (hospitals, clinics, nursing homes, pharmacies, labs, etc)



III. HIPAA Transaction Implementation Workgroups

- ◆ Involve key personnel from plans, providers, and others directly dealing with the transactions
- ◆ Started with Eligibility (270/271); Claim (837) and Remit (835)
- ◆ Goals are to:
 - ◆ Evaluate IGs. Fall 2000
 - ◆ Plan pilot testing of Txs Spring 2001
 - ◆ Implement pilots/share results Fall 2001
 - ◆ Begin early implementation Spring 2002



III. HIPAA Transaction Implementation Workgroups

- ◆ Key areas for community collaboration
 - ◆ Coordination of readiness for testing and implementation (sequencing of transactions)
 - ◆ Testing and certification
 - ◆ Trading partner agreement template
 - ◆ Mapping of paper to electronic forms (HCFA 1500, UB92, Referral, etc)



III. HIPAA Transaction Implementation Workgroups

- ◆ Key areas for community collaboration (cont.)
 - ◆ Code Set Implementation (NDCs, Local Codes elimination, claim adjustment reason codes, taxonomy codes)
 - ◆ Version Control of Medical and Non-Medical Code Sets

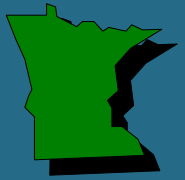


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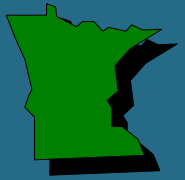
IV. Data Privacy Standards

- ◆ Data Privacy Committee established by Board of MHDI
- ◆ Responsible for reviewing and commenting on the proposed privacy regulations
- ◆ Representing six core constituencies: consumers, employers, providers, plans, policymakers/public health, and researchers
- ◆ Currently working on the review and evaluation of final data privacy rules



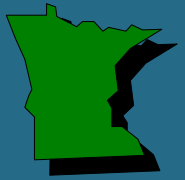
IV. Data Privacy Standards

- ◆ Key areas for community collaboration
 - ◆ Training/Education
 - ◆ Common templates for:
 - ◆ Consent and Authorizations
 - ◆ Notice of Information Practice
 - ◆ Privacy Policies and Procedures
 - ◆ Privacy Officer Job Description/Functions
 - ◆ Trading partner and business association information sharing agreement



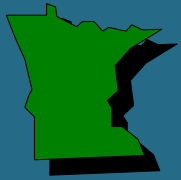
IV. Data Privacy Standards

- ◆ Key areas for community collaboration (cont)
 - ◆ Rights to individuals
 - ◆ Accounting of disclosure
 - ◆ Review of federal vs state privacy regulations
 - ◆ Compliance checklist



V. Health Information Security

- ◆ Established a Security Workgroup in 1998
- ◆ Formed by security officers of local health care organizations
- ◆ Reviewed and commented on proposed rules
- ◆ Serving as oversight committee for the HealthKey-MN Project
 - ◆ Developed consensus around a standard Certificate Policy Statement
- ◆ Currently evaluating Security Checklist and Assessment Toolkit (NCHICA's *EarlyView*®)



V. Health Information Security

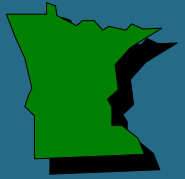
- ◆ Key areas for community collaboration
 - ◆ Training/Education
 - ◆ Public Key Infrastructure (PKI) approach
 - ◆ Common templates for:
 - ◆ Security Policies and Procedures
 - ◆ Security Officer Job Description/Functions
 - ◆ Trading partner and business association information sharing agreement (security component)
 - ◆ Adopt and implement security checklist and assessment toolkit



VI. Upcoming HIPAA-Related Efforts

- ↓ Review and Evaluation of Final Regulations
 - ↓ Security
 - ↓ Unique Provider Identifier
 - ↓ Unique Employer Identifier

- ↓ Review and Comment on Proposed Regulations
 - ↓ Unique Health Plan Identifier
 - ↓ Claims Attachment Standards
 - ↓ Compliance/Enforcement



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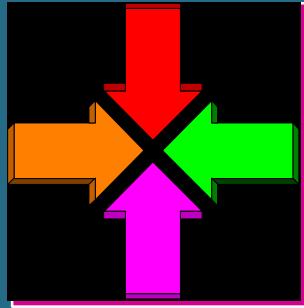
VII. Coordination With State and National Groups

- ◆ MN Administrative Uniformity Committee
- ◆ MN HCPCS Committee
- ◆ MN State Uniform Billing Committee
- ◆ Active national participation in SDOs-DCCs (HL7, X12N, NUCC, NUBC), WEDi-SNIP, and other national groups



Take Home Messages

- ◆ Importance of community collaboration
- ◆ Get involve in your local effort
- ◆ If there isn't one, get one started
- ◆ Participate with all key local players
- ◆ Organize working committees to address the core HIPAA issues
- ◆ Think Nationally, but Act Locally!



Key HIPAA Resources



National HIPAA-Related Resources

- HIPAA Law: <http://aspe.os.dhhs.gov/admsimp/pl104191.htm>
- DHHS: <http://aspe.os.dhhs.gov/admsimp/>
- National Committee on Vital and Health Statistics
<http://www.ncvhs.hhs.gov/>
- HCFA: <http://www.hcfa.gov/medicare/edi/edi.htm/>
- Health Privacy Project: <http://www.healthprivacy.org/>
- Privacy, Public Health, and Health Research:
<http://aspe.os.dhhs.gov/admsimp/PHR.htm>
- Data Interchange Standards Association (DISA):
<http://www.disa.org>
- WEDI: <http://www.wedi.org/>
- Washington Publishing Company: <http://www.wpc-edi.com>



National HIPAA-Related Resources

- National Uniform Claims Committee:
<http://www.nucc.org>
- National Uniform Billing Committee:
<http://www.nubc.org>
- ANSI ASC X12N:
<http://www.x12.org/>
- National Council for Prescription Drug Programs
<http://www.ncpdp.org>
- Health Level Seven (HL7)
<http://www.hl7.org>
- American Dental Association
<http://www.ada.org>
- Public Health Data Standards Consortium:
<http://www.cdc.gov/nchs/otheract/phdsc/phdsc.htm>