Cutting the Cost of HIPAA Compliance and Realizing the Benefits





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March, 2001



BOUNDARY INFORMATION GROUP (BIG)

- Virtual Consortium of Health Care Information Systems Consulting Firms
- Founded 1995
- Internet-Based
- Company website: www.boundary.net
- BIG HIPAA Resources: www.hipaainfo.net
- Senior Consultants with HIPAA Leadership Experience Since 1992
- Clients include:
 - Hospitals and multi-hospital organizations
 - Medical groups
 - Health plans
 - Vendors

WEDI



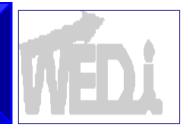
- Founded 1991
- Nonprofit Association
- Consumers, Government, Mixed Payer/Providers, Payers, Providers, Standards Organizations, Vendors -- 165 organization members
- Named in 1996 HIPAA Legislation as an
- Advisor to the Secretary of DHHS
- Website: WWW.wedi.org
- Strategic National Implementation Process (SNIP)
- Steven Lazarus, WEDI Chair

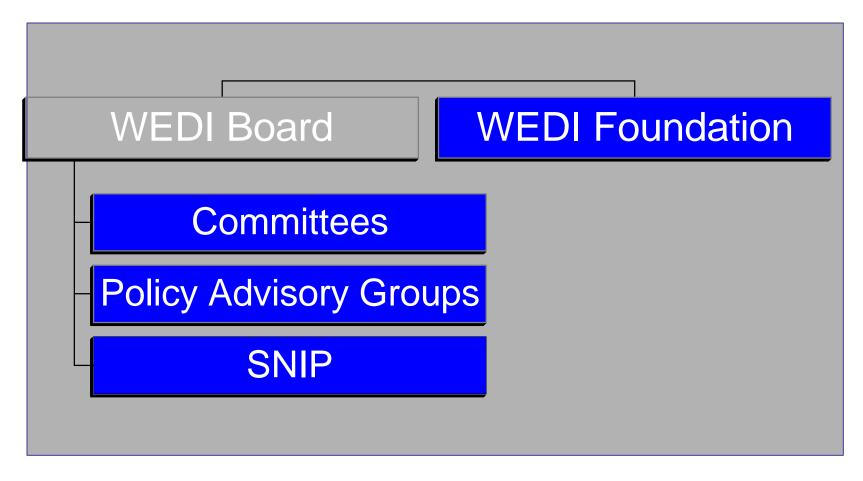
WEDI MISSION



 To foster widespread support for the adoption of electronic commerce within healthcare

FUNCTIONAL RELATIONSHIPS





WEDI POLICY ADVISORY GROUPS (PAGs)



- Develops industry consensus recommendations to WEDI Board and DHHS
 - Pre NPRM
 - NPRM
 - Initial Final rule
 - Other (e.g., periodic meetings with DHHS)
- Next PAG: Attachments Pre-NPRM, April 17, 2001
- Future PAGs:
 - Security Final Rule
 - Identifier Final Rule
 - Health Plan Identifier NPRM

WEDI SNIP



- Develops industry consensus for HIPAA implementation
- Includes over 70 volunteers in leadership positions
- Has 2000 plus participants on the LISTSERV
- Presents and receives HIPAA implementation advice through www.wedi.org/snip and conferences
- Reaches to local areas through 40 regional SNIPs

SNIP DELIVERABLES



- White papers
- Audio conferences
- Quarterly WEDI SNIP conferences
- Other Forums
 - 25 WEDI and WEDI SNIP Leadership presenters at this conference

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
- NCPDP for Retail Pharmacy

MAJOR PROVIDER BENEFITS



- 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 possible within ten days.
- Reduce bad debt
- Protection of information resources
- 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

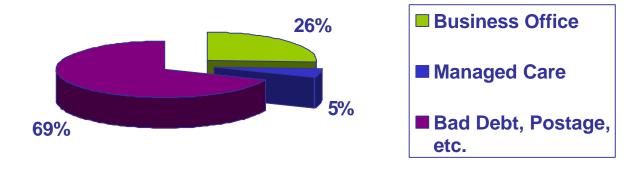
	(1)	(2)	(3) Salaries, benefits &
	(1) Number of Staff	(2) 50% of (1)	overhead for (2) per vear
Business Office Staff posting paper insurance remittance Patient and insurance collections **Toff**			
staff Error correction and insurance rebilling staff			
 2. Managed Care Coordination Precertification/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

"BIG" Estimated Transactions and Code Sets Benefits for Hospitals

- Sample Demographic
 - 16 Hospitals (CA and NV)
 - 1,407 hospital beds
 - \$1B in revenue (\$62M average)
- Average Annual Savings
 - \$1.1M per hospital
 - \$2.4% percent of revenue (range 0.9% to 7.5%)
- Five Year Impact (assume four years of benefits)
 - \$4.4M per hospital (excluding costs)
 - \$1.2M in the business office

"BIG" ESTIMATED TRANSACTIONS AND CODE SETS BENEFITS FOR 16 HOSPITALS

Business Operations Savings Areas



- Business Office Benefit Sources
 - Increased electronic claims
 - Electronic remittance
 - Eligibility (registration)
- Improve Collections Policy and Practice

"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)

\$360,000 per medical group

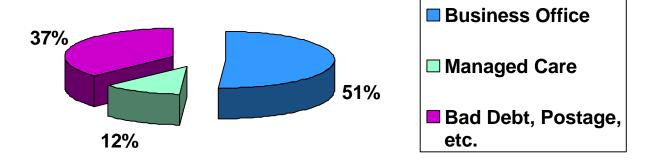
\$7,200 per provider

2.9% of revenue (range 0.6% to 6.0%)

- Five Year Impact (assume four years of benefits)
 - \$1.4M per medical group
 - \$0.7M in the business office

"BIG" ESTIMATED TRANSACTIONS AND CODE SETS BENEFITS FOR 20 MEDICAL GROUPS

Business Operations Savings Areas



Business Office Benefit Sources

- -- Increased electronic claims
- -- Electronic remittance
- -- Eligibility (registration)

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 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
- Use the SNIP industry consensus white papers
- Participate in national and local SNIP
- Share lessons learned



FOR MORE INFORMATION

- WEDI: www.wedi.org
- DHHS/HIPAA: aspe.os.dhhs.gov/admnsimp
- BIG HIPAA: www.hipaainfo.net

