HIPAA Summit
Welcome and Introductions

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Steven S. Lazarus, Boundary Information Group

- 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 Vision and Leadership Award as WEDI Chairman, WEDI Corporate Leadership Award, and WEDI Distinguished Service Awards
- Consultant to CAQH CORE Project
- HIPAA Expert Witness
- Consultant to three successful EHNAC applicants

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

- 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
- EHR and HIE training and facilitation
- Medical Banking
- EHNAC Support
Several health care IT related initiatives are happening over the next four years.

These initiatives are related.

There are both cost savings and compliance reasons for the industry to support these changes.
Current HIPAA, ARRA, and ACA “IT” Initiatives

- Meaningful Use incentive payments to providers utilizing Certified EHRs to qualify for Medicare and/or Medicaid incentive payments in stages during 2011-2015.
- Implement and utilize ASC X12 V5010 by January 1, 2012 – industry is still involved in significant cleanup and error resolution as of February, 2012.
- Implement and utilize eligibility and benefits, and claims status, the first set of CAQH CORE Operating Rules by January 1, 2013.
Current HIPAA, ARRA, and ACA “IT” Initiatives

- Implement a new HIPAA standard for ERA and EFT (Stage 1) by January 1, 2014 (effective date January 10, 2012)
- Implement and utilize CAQH CORE EFT/ERA operating rules by January 1, 2014 (adoption expected in 2012)
- Complete implementation and use of ICD-10 by a date (to be determined) later than October 1, 2013.
The Clock is Ticking

- Nine months left to the eligibility and benefits, and claims status inquiry operating rules compliance date (January 1, 2013).
- Six months remaining for all covered entities to begin final production testing with trading partners (per traditional industry recommended practice).
Challenges

- Health care industry has the expectation of delays in HIPAA transaction and code sets compliance dates (e.g., 4010, ICD-10, etc.)
- Health care industry has historically substantially underfunded its investment in IT (hardware, software, human resources, and workflow improvement)
- The health care industry views the initiatives as separate undertakings for the purposes of either complying with federal regulation or seeking an incentive payment, not as an opportunity to improve efficiency, workflow, or lower cost
The US health care industry (medical) is still burdened with legacy systems, a flat file approach to standard transactions, and a goal of minimizing investment cost rather than trying to maximize savings.

The concept of operating rules that will improve efficiency and interoperability is not well understood by many who are familiar with the “culture” of the HIPAA SDO standards and associated processes to develop them.
Challenges

- Developing effective operating rules takes time, requires leadership and thinking “outside the box”, research to determine the underlying causes of the inefficiencies and barriers to change, and a willingness to investigate feasible options to overcome the barriers and achieve interoperability and efficiency gains throughout the Health Care industry. The participants have to be open to disclosing the barriers and accepting reasonable compromises to achieve the overall goal.
CAQH CORE has demonstrated its ability to develop and implement operating rules on a voluntary basis for eligibility, claims status inquiry, electronic funds transfer, electronic remittance advice, and an infrastructure supporting interoperability.
Bending the Medicare Cost Curve and Lowering Rate of Increase of Health Care Costs in the United States

- Rapid action – every month of delay adds significantly to the Medicare deficit, delays the economic recovery in the United States, and delays the US improving its position in a global economy.
- Time is money!
Today’s HIPAA Summit Program on Transactions and Code Sets

- Designed to present the current status of progress toward meeting the regulatory requirements and achieving efficiencies
- Develop an understanding of operating rules and what it takes to be successful in implementing them.
- Understanding the role of financial institutions in health care interoperable data exchange.
• Understand what we can learn from the experience of implementing v5010.

• Understand that these major initiatives are all related and can not be efficiently addressed by approaching them one at a time in sequence.

• Understand the differences between compliance requirements and voluntary recommendations for the operating rules.
Today’s Speakers

- Denise Buenning, Director, Administrative Simplification Group, Office of E-health Standards and Services
- Janet Estep, President and Chief Executive Officer, NACHA
- Gwendolyn Lohse, Managing Director, CAQH CORE
- Sam Rubenstein, Technical Director, Montefiore Medical Center
- Peter Walker, Healthcare Transactions Advisor, Aetna
- Robert Tennant, Senior Policy Advisor, Medical Group Management Association
- Jim Daley, HIPAA Program Director, BlueCross BlueShield of SC
- Steven Lazarus, Moderator
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