

I068 Other rheumatic aortic valve diseases
I069 Rheumatic aortic valve disease, unspecified
I070 Rheumatic tricuspid stenosis
I071 Rheumatic tricuspid insufficiency
I072 Rheumatic tricuspid stenosis and insufficiency
I078 Other rheumatic tricuspid valve diseases
I079 Rheumatic tricuspid valve disease, unspecified



Overview of Transactions & Code Sets, Operating Rules, Health Plan Identifier and ICD 10 Implementation

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HIPAA – Still a Work in Progress

Impacts are greater, stakes are higher than ever before

- According to the U.S. Healthcare Efficiency Index, more than 5 billion health care transactions today are conducted electronically, at a cost savings of more than \$23.5 billion versus paper – the magic “ROI” – with room for more savings – an additional \$29 billion if all transactions were conducted electronically
- As industry’s business needs change, now more than ever there is a need for transparency and collaboration – We ARE the industry.
- It all works together: We can do it “better, faster, cheaper” but still maintain and/or improve quality

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HIPAA – Still a Work in Progress

Roadmap to the Future of E-health

The alignment of administrative simplification, meaningful use and other e-health initiatives to achieve seamless, secure and accurate exchange and processing of health care information and transactions.

The ultimate goal

A better health care system

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The Affordable Care Act and HIPAA

- **Sec 1104 – Administrative Simplification**
 - Operating Rules (definition, requirements, timeline) (*partially completed*)
 - Health Plan Certification Requirements (*under development*)
 - Unique Health Plan Identifier (*completed*)
 - Electronic Fund Transfer (*completed*)
 - Claim Attachments (*data gathering*)
 - HHS Review Committee (*to be determined*)

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Why We Need *Admin Simp*

- 17% of U.S. GDP is spent on health care (20% by 2020)
- Est. 1/3 of all Health Care Spending is on administrative costs (\$315 Billion by 2018)
- Up to 12% of a physician practice's annual revenue are Billing and Insurance Related costs
- Per physician, 2/3 of an FTE (27 hours) is necessary for BIR tasks

Higher administrative costs = Less quality care

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Administrative Simplification: Timeline

Jan. 1,
2013

- Eligibility and Claim Status Operating Rules

Dec. 31,
2013

- Health Plans must certify/provide adequate documentation that their “data and information systems... are in compliance” with Eligibility, Claim Status, EFT, and ERA Standards and associated operating rules*

Jan. 1,
2014

- EFT Standards
- EFT & ERA Operating Rules

Oct. 1,
2014

- ICD-10

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** Regulations have not been published*



Administrative Simplification: Timeline

Nov. 5,
2014

- Health Plans to obtain Health Plan Identifier (HPID) – small health plans have until November 5, 2015

Dec. 31,
2015

- Health Plans must certify/provide adequate documentation that their “data and information systems... are in compliance” with claims, enrollment, premium payments, claims attachments, and referral standards and associated operating rules*

Jan. 1,
2016

- Claims Attachment Standard*
- Operating Rules for claims, enrollment and disenrollment, premium payments, claims attachments, and referral certification and authorization*

Nov. 5,
2016

- Covered entities must use HPID to identify health plans in transactions

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ACA Standards/Operating Rules

What regulations we've completed,
and what we have yet to finish

Completed

**HPID, ICD-10, Operating rules
for eligibility for a health plan
and claim status**

**Standard for EFT and operating
rules for EFT/ERA**

In Progress

**Health Plan
Certification
NPRM/Final Rule
Operating Rules for
remainder of HIPAA
standards/transactions**

**Standard for Claims
Attachment**

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Health Plan Identifier (HPID) and Other Entity Identifier (OEID)

The Health Plan Identifier (HPID)

- Required under the ACA to eliminate/streamline the multiple, proprietary identifiers health plans required providers to use in the standard transactions
- Can be obtained/used by either a Controlling (CHP) or Subhealth (SHP) plan

The Other Entity Identifier (OEID)

- Is voluntary
- Must need to be identified in the standard transaction
- Not NPI eligible
- Not eligible to obtain an HPID
- Not an individual



HPID Registration

HIOS Sign in: <https://insuranceoversight.hhs.gov/>

Health Insurance Oversight System

Friday, September 21, 2012

Sign-In

* Indicates required fields.

*User Name:


*Password:

[Forgot Password?](#)


[Register for New Account](#)

Type the letters you see in the image into the Word Verification field below. If you are unable to read the image pictured below, please select the Play Audio Code link for audio verification.

*Word Verification: Please enter the letters you see in the image. If you use the Audio Verification, type the pronounced numbers and the first letter of each word.



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[Generate New Image](#)

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HPID Information

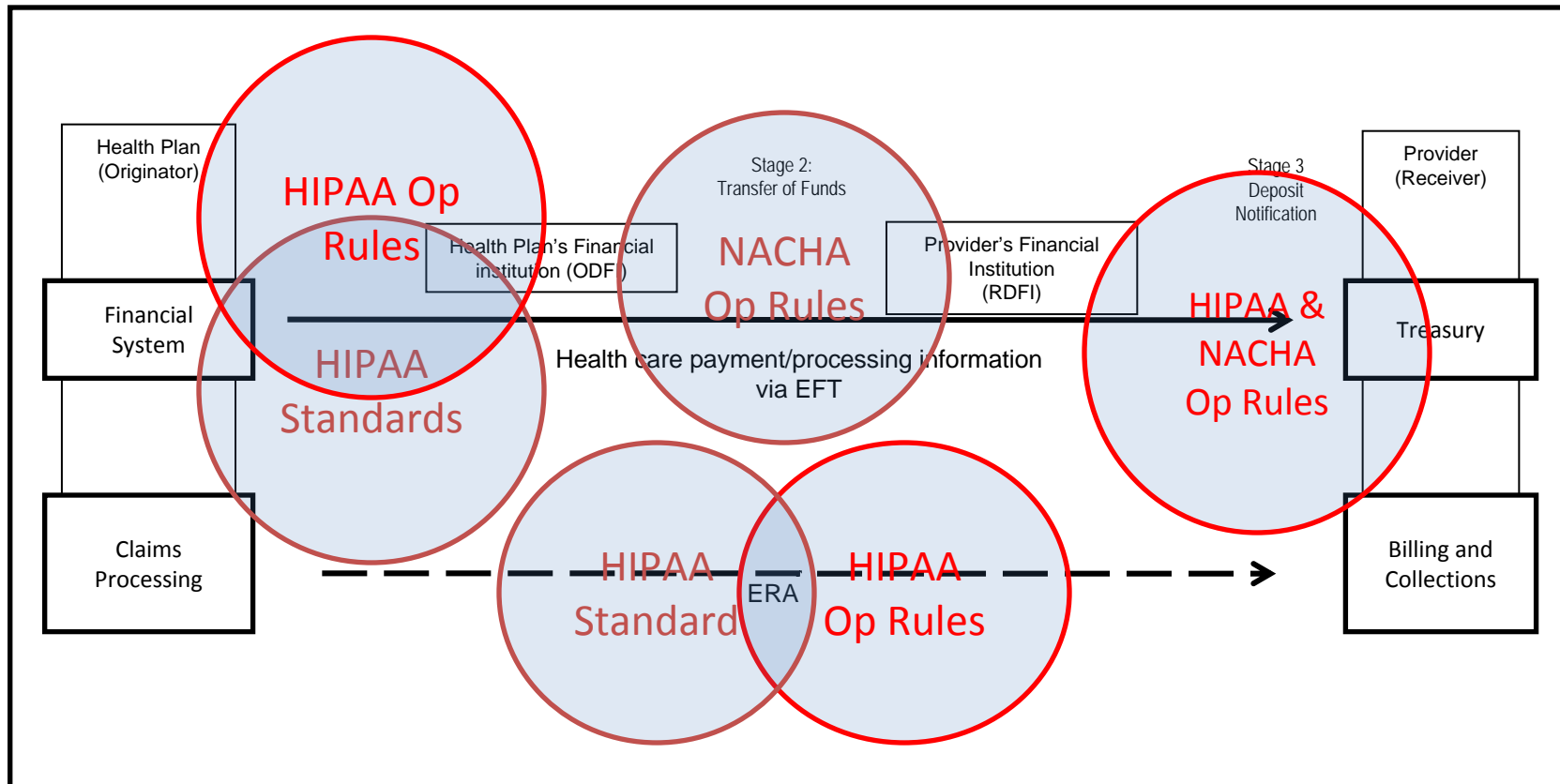
Visit the CMS HPID website

<http://www.cms.gov/Regulations-and-Gidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html>

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Standards/Op Rules Health Care EFT/ERA



ICD-10 Integration with EDI

ICD-10 takes effect October 1, 2014.

But the connections among all of CMS' e-health initiatives are unmistakable

Interoperability requires the alignment of the use of uniform health information standards such as ICD-10, given the level of structured documentation required to achieve EHR meaningful use, which involves the use of electronic quality measures (eQMs).

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CMS Implementation of ICD-10

CMS continues with its implementation of ICD-10.

- Agency Steering Committee continues to meet bi-weekly to address cross-cutting Concerns
- Overall, a 63% completion rate; but some areas with dependencies may not be able to achieve completion until later in the process
- Goal is to have all systems and business processes in place by October 2012³ leaving a year for industry testing
- Industry outreach will focus on practical tools for small providers and hospitals

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Standards Testing and Compliance

Version 5010 showed us that we still are not all speaking the same language.

We need general consensus on:

End to end testing

Compliance

Readiness

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A Tale of Two Pilots

Standards Pre-testing Process/Protocols

Problems:

- Past implementation challenges – 5010 lessons learned
- Upcoming regulatory requirements – need a level playing field

Goals:

- Develop a process and methodology based on industry understanding of administrative simplification requirements
- Develop “best practices” to make the process consistent, faster and smoother

Outcomes:

- Checkpoints for testing methodology
- Universal testing that can be adopted by all industry segments
- Agreement on what constitutes end-to-end testing, readiness and compliance.

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A Tale of Two Pilots

Pre-adoption of Standards

- Emdeon pilot focuses on a process/protocol for testing the standard to determine if HHS should adopt the standard in a regulation

End to End Testing

- The NGS contract focuses on the time period after adoption and the industry is testing with trading partners
- Using ICD-10 as a test case
- The process and methodology will be a framework that can be used across all Administrative Simplification requirements.

We are also developing definitions for end-to-end testing, compliance, and readiness to ensure a common understanding.

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Contact Information

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