

# The Twenty-Second National HIPAA Summit

## Welcome and Introductions



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Health IT Certification





# Steven S. Lazarus, Boundary Information Group

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- Business process consultant focusing on electronic health records, and electronic transactions between organizations
- Consultant to CAQH CORE Project
- HIPAA Expert Witness
- 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 three successful EHNAC applicants
- Former positions with MGMA, University of Denver, Dartmouth College

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

- **Strategic IT business process planning**
- **ROI/Benefits realization**
- **Operating Rules**
- **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, HIE and ACO training and facilitation**
- **Medical Banking**
- **EHNAC Support**

# Background and Perspective

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- 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.
- **There are five active final rules with compliance deadlines in place for transactions and code sets!**

## Current HIPAA, ARRA, and ACA “IT” Initiatives

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- Meaningful Use incentive payments to providers utilizing Certified EHRs to qualify for Medicare and/or Medicaid incentive payments in stages during 2011-2015, or longer.
- 1. Implement a new HIPAA standard for ERA and EFT (Stage 1) by January 1, 2014 (effective January 10, 2012)

# Current HIPAA, ARRA, and ACA “IT” Initiatives

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- 2. Implement and utilize CAQH CORE EFT/ERA operating rules by January 1, 2014 (effective August 10, 2012)
- 3. Complete implementation and use of ICD-10 on October 1, 2014 (effective November 5, 2012)
- 4. Implement and utilize the HPID and OEID by November 5, 2014 (effective November 5, 2012 )
  - Small health plans have until November 5, 2015 for HPID

## Current HIPAA, ARRA, and ACA “IT” Initiatives

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- 5. Prepare for and file ACA health plan certification for eligibility, claim status, ERA and EFT operating rules and standards. NPRM published on January 2, 2014. Health plan Certification filing proposed deadline is December 31, 2015. (HIPAA fines and penalties already apply as of January 1, 2013 and January 1, 2014).

# The Clock is Ticking

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- Health plans must Certify for the first four operating rules and standards by December 31, 2015.
  - NPRM published on January 2, 2014. Final rule expected in 2014.
  - This could be a lot of work for health plans who do not currently support some of the four standard transactions and operating rules.
  - It may be difficult to find 25 testing partners for HIPAA Certification, especially for those health plans who wait to test until the second half of 2015.
  - Do not wait until 2015 to start working on this!



# Challenges

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- 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
- Providers and their vendors are focused on Meaningful Use, not transactions and code sets. BIG and others predict that many Stage I Meaningful Use certified vendors will not achieve Stage II Certification.



# Challenges

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- 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, but this is changing

# Challenges

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- 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.

# The Strategy for Developing Effective Operating Rules

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- PMS, HIS, and EHR vendors, third party vendors\*, and healthcare clearinghouses, are key to educating providers and delivering the ROI to them, and supporting the ROI for them, especially for small to mid-size providers.
- 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.

\*Hanson & Lazarus, *The Impact of the Growing Patient Financial Responsibility on Healthcare Providers*, [www.boundary.net](http://www.boundary.net), June, 2013

# Bending the Medicare Cost Curve and Lowering Rate of Increase of Health Care Costs in the United States

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- Rapid action essential – 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

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- 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 importance of planning and testing early, and having provider-vendor partnerships that are effective in supporting efficiency and the exchange of administrative and clinical information electronically.

# Today's HIPAA Summit Program on Transactions and Code Sets

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- 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, e.g., acknowledgements

# Today's Speakers

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- Denise Buenning, Acting Deputy Director, Office of E-health Standards and Services
- Jim Daley, Director, IS Risk and Compliance, BlueCross Blue Shield of South Carolina
- Jay Eisenstock, National Head, Provider eSolutions, Aetna
- Ross Lippincott, VP, Regulatory Implementation Office, UnitedHealthcare
- Gwendolyn Lohse, Managing Director, CAQH CORE
- Robert Tennant, Senior Policy Advisor, Medical Group Management Association
- Steven S. Lazarus, President, Boundary Information Group, Moderator
- Faculty Panel for questions and answers. Matthew Albright, Director, Administrative Simplification Group, CMS joins us for the panel

# Contact Slide

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