The Twenty-Third National HIPAA Summit
Welcome and Introductions

STEVEN S. LAZARUS, PHD, CPEHR, CPHIE, CPHIT, CPORA, FHIMSS

PRESIDENT, BOUNDARY INFORMATION GROUP

CO-FOUNDER, HEATH IT CERTIFICATION, LLC

MARCH 18, 2015

BIG
BOUNDARY INFORMATION GROUP

Health IT Certification   EHR   HIT   HIE   ORA

Steven S. Lazarus, Boundary Information Group

- 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**

The First National HIPAA Summit

- October 15-17, 2000, Grand Hyatt Hotel, Washington, DC
- The first HIPAA Summit
- CMS was known as HCFA at the time
- Final rules
  - Transactions and code set standards, August 17, 2000
  - Privacy rule
    - Proposed rule November 3,1999
    - Final rule December 28, 2000 (after the HIPAA Summit)

The First National HIPAA Summit

- Proposed rules
  - Security rule
    - NPRM August 12, 1998
  - Standard healthcare provider identifier
    - NPRM May 7, 1998
  - Standard employer identifier
    - NPRM June 16, 1998

2015 Background and Perspective

- Several health care IT related initiatives are happening over the next three years.
- These initiatives are related.
- There are both cost savings and compliance reasons for the industry to support these changes.
- There are three active final rules with compliance deadlines in place for transactions and code sets! A fourth regulation is expected in 2015.

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, or longer.

- 1. Complete implementation and use of ICD-10 on October 1, 2015 (effective November 5, 2012)

- 2. Implement and utilize the HPID and OEID by (November 5, 2014 to be determined, effective November 5, 2012)
  - Small health plans have until November 5, 2015 for HPID

Current HIPAA, ARRA, and ACA "IT" Initiatives

- 3. 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).

- 4. Implement and utilize CAQH CORE third set of operating rules, final rule with comment is expected to be published in late 2015 or 2016.

The Clock is Ticking

- Health plans must Certify for the first four operating rules and standards by December 31, 2015 (date uncertain).
  - 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.
  - Self insured health plans are included.

Challenges

- 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

- 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, but this is changing due to cost savings and product availability.

- 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

- 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 <u>throughout</u> the Health Care industry. The participants have to be open to disclosing the barriers and accepting reasonable compromises to achieve the overall goal.

Challenges

- HHS priorities are on the three year effort to successfully implement the health insurance exchanges and meaningful use. The HHS implementation of the exchanges has shifted resources and priorities from other programs to this initiative for 2013-2016.

- Congressional action to delay ICD-10 until October 1, 2015 has raised uncertainty among vendors, health plans and others as to whether to invest early or late in new administrative simplification initiatives. This delay rewarded those who invested late or hadn't invested at all while penalizing those who invested early, including all of the 2014 graduates of coding programs that learned how to code in ICD-10 and were not trained in ICD-9.

The Strategy for Developing Effective Operating Rules

- 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, June, 2013

- 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

- 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.

- Understand the requirements of self-funded employer sponsored health plans and their obligations under HIPAA.

- 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.

- 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

- Denesecia Green, Acting Director, Administrative Simplification Group, Office of E-Health Standards and Services, Centers for Medicare and Medicaid Services

- Denise Buenning, Director, Committee on Operating Rules for Information Exchange, Council for Affordable Quality Healthcare

- Gwendolyn Lohse, Deputy Director, CAQH CORE

- Alden Bianchi, Practice Group Leader, Employee Benefits and Executive Compensation Practice, Mintz, Levin, Cohn, Ferris, Glovsky & Pope, PC

- Ross Lippincott, Vice President, Regulatory Implementation Office, UnitedHealthcare

- Robert Tennant, Senior Policy Advisor, Medical Group Management Association

- Steven S. Lazarus, President, Boundary Information Group, Moderator

Contact Slide

- Steven S. Lazarus, PhD, CPEHR, CPHIE, CPHIT, CPORA, FHIMSS

  President, Boundary Information Group

  www.boundary.net

  Co-Founder, Health IT Certification, LLC

  www.healthitcertification.com

  sslazarus@boundary.net

  (303) 488-9911 (office), (303) 809-9337 (cell)