

# The Twenty-Sixth National HIPAA Summit

## Welcome and Introductions



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**MARCH 31, 2017**





# 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**
- **Medical Banking**

# Introduction Agenda

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- 1. Status on HIPAA & ACA Transactions, Identifiers, Code Sets & Operating Rules – Slide 4
- Changes to Medicare Cards and Numbers – Slide 7
- HPID Update – Slide 14
- Today's Faculty – Slide 15
  - Includes Value Based Payment as a new topic for this track

# The First National HIPAA Summit

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- October 15-17, 2000, Grand Hyatt Hotel, Washington, DC
- The first HIPAA Summit
- 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)

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

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- 1. Implement and utilize the HPID and OEID by ? (November 5, 2014, effective November 5, 2015; actual dates to be determined, )
  - Small health plans have until November 5, 2015 for HPID
  - First HPID NPRM published in 1998
  - Final rule published on September 5, 2012
  - On September 23, 2014, NCVHS recommended that the HPID not be used in HIPAA Transactions
  - **Enforcement delayed**

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

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- 2. Health Plans are required to 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 proposed filing deadline was December 31, 2015. (HIPAA fines and penalties already apply as of January 1, 2013 and January 1, 2014). **No Final Rule**
- 3. Implement and utilize CAQH CORE third set of operating rules, final rule with comment is expected to be published in 2017 or 2018, or maybe not.

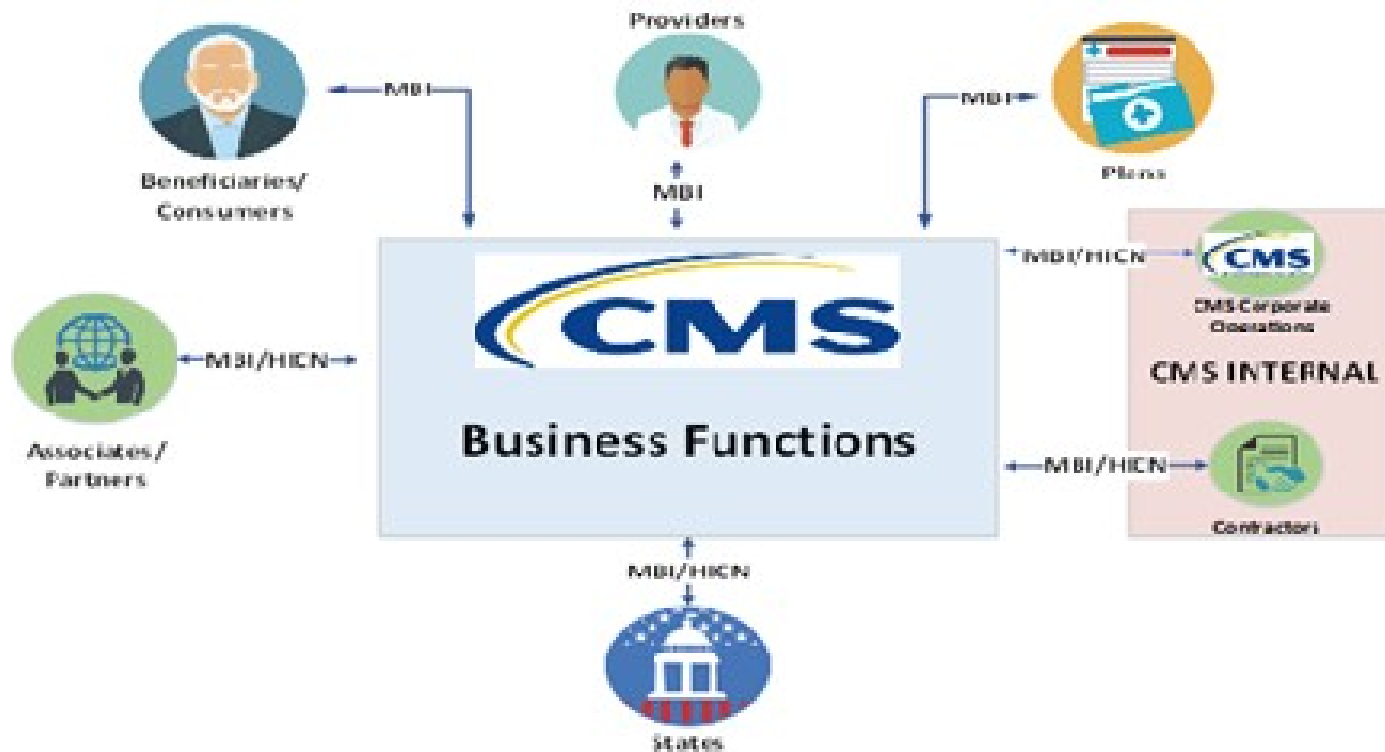
# Social Security Number Removal Initiative (SSNRI)



- The Centers for Medicare & Medicaid Services (CMS) uses the HICN with multiple parties, such as Social Security Administration (SSA), Railroad Retirement Board (RRB), States, Medicare providers, Medicare plans, etc.
- The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 mandates the removal of the SSN-based HICN from Medicare cards to address current risk of beneficiary medical identity theft
- Per the legislative requirement, CMS must mail out all Medicare cards with the new Medicare Beneficiary Identifier (MBI) by April 2019

# SSNRI Stakeholders

CMS has identified approximately 90 different stakeholder entities or groups that are impacted by SSNRI, (i.e. currently receive, store, use, and/or provide a HICN today)





# MBI Solution Concept

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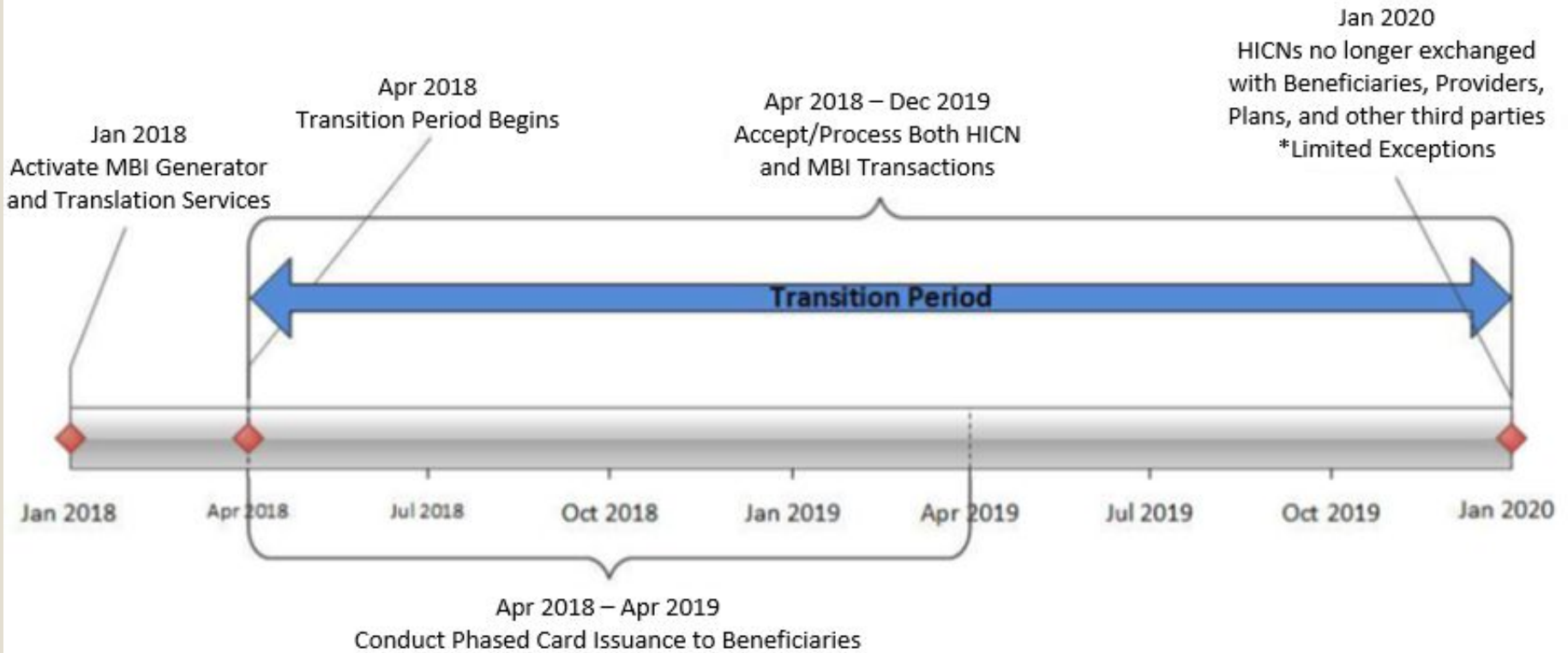
The solution for SSNRI must provide capabilities to accomplish the following:

1. **Generate MBIs for all beneficiaries:** Includes existing (currently active and deceased or archived) and new beneficiaries
2. **Issue new, redesigned Medicare cards:** New cards containing the MBI to existing and new beneficiaries
3. **Modify systems and business processes:** Required updates to accommodate receipt, transmission, display, and processing of the MBI

**CMS will use an MBI generator to:**

- Assign 150 million MBI's in the initial enumeration (60 million active and 90 million deceased/archived) and generate a unique MBI for each new Medicare beneficiary
- Generate a new unique MBI for a Medicare beneficiary whose identity has been compromised

# MBI Generation and Transition Period



# SSNRI Transition Period

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- CMS established a transition period during which the HICN or MBI will be accepted from providers, beneficiaries, plans, and other external stakeholders
- CMS expects the transition period to run from April 2018 through December 31, 2019
- CMS' processes and systems will be updated to accept and return the MBI as of April 1, 2018. CMS will accept, use for processing, and return to stakeholders **either** the MBI or the HICN **during the transition period**
- All stakeholders who submit or receive transactions containing the HICN must modify their processes and systems to submit or exchange the MBI as of April 1, 2018. Stakeholders may submit **either** the MBI or HICN **during the transition period**

# SSNRI Transition Period

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- CMS will tell you in the message field on the eligibility transaction responses when we've mailed a new Medicare card to each person with Medicare. Your eligibility service provider can give you this information
- During the transition period, CMS will return the same beneficiary identifier to you that you submitted on the incoming transaction. Also during the transition period, we'll return the MBI on the remittance advice starting October 2018 when you submit a claim using your patient's HICN
- After the transition period, affected systems interacting with stakeholders will only use the MBI for most information exchanges
- There may be limited exceptions for use of the HICN after transition; (i.e. appeals, adjustments or other scenarios)

# Final Thoughts on SSNRI



- These slides and a complete slide deck can be found at <https://www.cms.gov/Medicare/SSNRI/Index.html>
- Additional information can be obtained from our SSNRI website using the link provided below:  
<http://go.cms.gov/ssnri>
- Please submit any additional information to the SSNRI team mailbox to the link provided below:  
[SSNRemoval@cms.hhs.gov](mailto:SSNRemoval@cms.hhs.gov)

# HPID Update

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- **Route Transactions**
  - Original purpose in the 1990s
  - Industry developed a working routing approach in the 2000s
- **Enumerate all Health Plans**
  - Unique with sufficient granularity to support business purposes
  - Needed for Health Plan Certification
  - May be useful in determining if a Prior Authorization is needed
  - May be useful in identifying ACO, Network or benefits
- **NCVHS Hearing on HPID on May 3, 2017**

# Today's Speakers

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- Madhu Annadata, Director, Division of National Standards, Program Management & National Standards Group, CMS, “Advancing Administrative Simplification”
- Gwendolyn Lohse, Deputy Director, CAQH, “ACA Operating Rules and CAQH Update”
- Merri-Lee Stine, Vice Chair, ASC X12Insurance Standards Subcommittee, and Manager, Aetna, “Plans for X12 Standards, Version 7030”
- Robert Tennant, Senior Policy Advisor, Medical Group Management Association, “HIPAA Administrative Simplification Opportunities for Physician Practices”

# Today's Speakers

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- Margret Amatayakul, President, MargretVA Consulting, and Gwendolyn Lohse, “Value Based Payment and the HIPAA Standard Transactions and Operating Rules”
- Carol Wanke, Vice President, Managed Care Operations, Sharp Healthcare, “Administrative Simplification in the World of Value Based Purchasing – A California Study Using Encounter Data”
- Eyal Gurion, Director, Strategic Initiatives, Integrated Healthcare Association, Faculty Panalist
- Steven S. Lazarus, President, Boundary Information Group, Moderator



# The Big HIPPO is Needy

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# Contact Slide

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