

The 27th National HIPAA Summit

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Outline of the Day Three Program

- Overview of the Administrative Simplification Provisions of HIPAA and the ACA and Identification of Outstanding Issues
- Introduction of Today's Speakers
- Speaker Presentations
- Closing Plenary Session with Faculty Q&A
- Live and Internet Audience Q&A

Admin Simp: A Brief History

- ❑ Dr. Sullivan, WEDI, and Dr. Braithwaite
- ❑ **The Health Insurance Portability Act (1996)** Title II Sub F
- ❑ Purpose was to: *“improve...the efficiency and effectiveness of the health care system ... through the establishment of standards and requirements for the electronic transmission of certain health information”*
- ❑ By creating standards for:
 - Key administrative transactions and code sets
 - Identifiers for employers, providers, HPs, and patients
 - *“The Secretary shall carry out section 1173 not later than 18 months after the date of the enactment of (HIPAA), except that standards relating to claims attachments shall be adopted not later than 30 months after such date.”*
- ❑ Covered entities: Health Plans, Clearinghouses, Providers (not vendors)

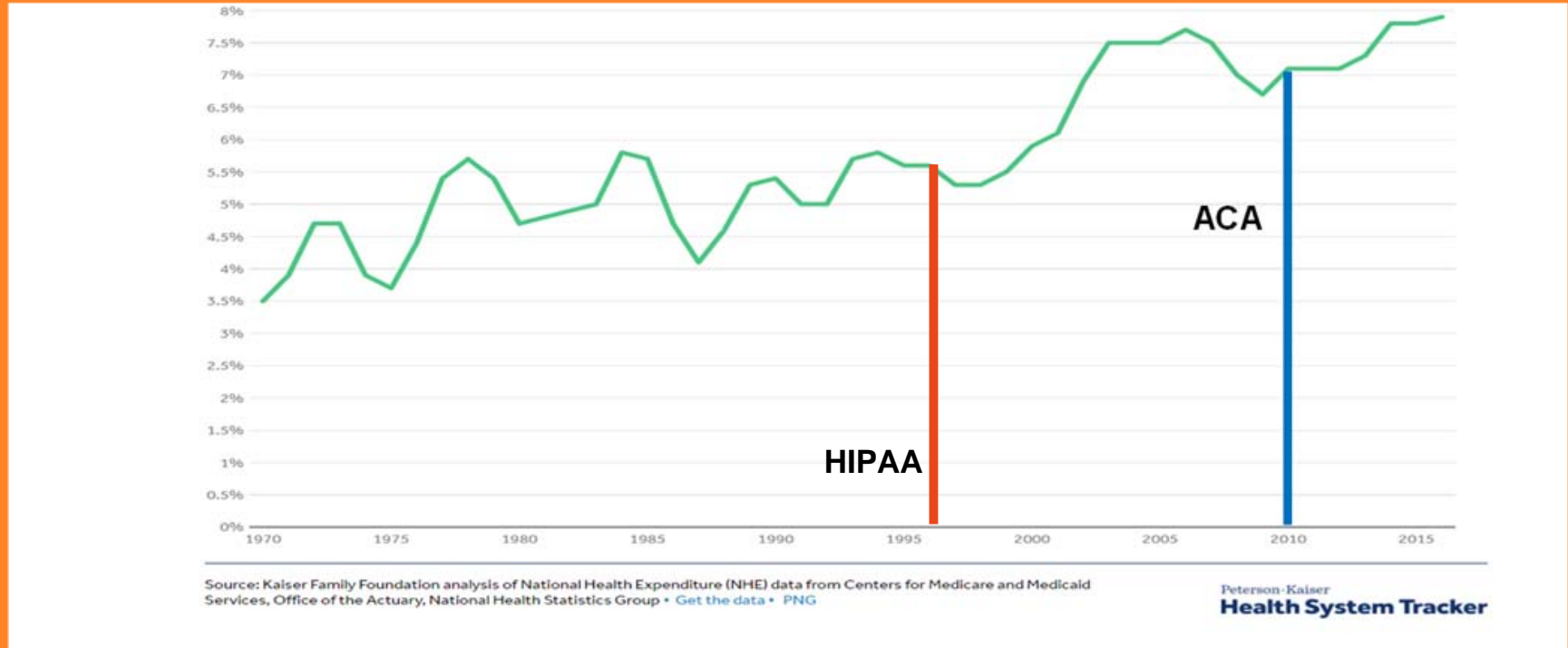
Admin Simp: A Brief History

- ❑ The Affordable Care Act (2010) sections 1104 and 10109 included additional admin simp provisions with the goal of furthering simplifying of the business of health care
- ❑ The ACA required HHS to adopt:
 - Standards for electronic funds transfer (by Jan. 2012)
 - Electronic claims attachments (by Jan. 2012)
 - A standard unique identifier for health plans
 - Operating rules for each of the existing transactions
 - A process to certify health plan compliance with the adopted standards and operating rules (with significant new penalties for non-compliance)
 - And explore standardizing provider enrollment, and other admin simp opportunities

3/13/18
JAMA
Article

- ***Health Care Spending in the United States and Other High-Income Countries***
 - 17.8% of GDP on healthcare (much higher than other nations)
 - *“Prices of labor and goods, including pharmaceuticals, and administrative costs appeared to be the major drivers of the difference in overall cost between the United States and other high-income countries”*
 - Administrative costs of care-accounted for 8% of total healthcare costs, compared with a range of 1%-3% for other countries

Healthcare Administrative Costs Continue to Rise



Source: Kaiser Family Foundation
(Healthsystemtracker.org)

HIPAA/ACA Requirements

Completed Requirements

- National Identifiers for Employers, Providers
- National Code Sets
- Electronic Transactions (270/271-Eligibility, 837-Claim, 276-Claim Status, 278-Preauth and Referral, 835-Remittance, 820-Premium Payment and Advice, 834-Enrollment)
- ePayments Standards (EFT)
- Operating Rules (270/271, EFT/ERA)

Not Yet Completed

- National Identifiers for Patients, Health Plans
- Health Plan Certification
- Electronic Attachments
- Additional Operating Rules

Critical Industry Issues

- Lack of Widespread EDI Adoption
- Lack of software certification
- Transactions / ePayments Abuses
- Non-Compliance and Enforcement

Today's Faculty

- ❑ **Madhusudhan Annadata:** Director, Division of National Standards, Centers for Medicare & Medicaid Services
- ❑ **Erin Weber:** Director, Committee on Operating Rules for Information Exchange (CORE), CAQH
- ❑ **George Arges:** Senior Director, Health Data Management Group, American Hospital Association
- ❑ **Margret Amatayakul:** President, Margret\A Consulting
- ❑ **Dr. Steven S. Lazarus:** President, Boundary Information Group
- ❑ **Jay Eisenstock:** President and Founder, JEConsulting
- ❑ **Heather McComas:** Director, Administrative Simplification Initiatives, American Medical Association
- ❑ Followed by a Full Panel Q&A