The 29th National
HIPAA Summit

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GHC
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DAY 3--HIPAA Administrative Transactions: Background and Speaker Introductions

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Outline of the Day Three Program

- Overview of the Administrative Simplification Provisions of HIPAA and the ACA

- Focus on Prior Authorization

- Introduction of Today's Speakers

- Speaker Presentations

- Closing Plenary Session with Faculty Q&A

- Live and Internet Audience Q&A

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Admin Simp: A Brief History

- ❑ Dr. Louis Sullivan, WEDI, and Dr. William Braithwaite
- ❑ **The Health Insurance Portability and Accountability Act (1996)** Title II Sub F
- ❑ Purpose was to: "*improve…the efficiency and effectiveness of the health care system* …
- ❑ By creating standards for:
  - ➢ Key administrative transactions and code sets
  - ➢ Identifiers for employers, providers, HPs, and patients
- ❑ Input required from industry stakeholders, standards groups, NCVHS
- ❑ Covered entities: Health Plans, Clearinghouses, Providers (not vendors)

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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 the business of health care

❑ The ACA required HHS to adopt:

  ➢ Standards for (i) electronic funds transfer (by Jan. 2012), (ii) Electronic claims attachments (by Jan. 2014)
  ➢ 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

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HIPAA/ACA Requirements

Completed Requirements	Not Yet Completed
• National Identifiers for Employers, Providers	• National Identifiers for Patients (Congressional Hold), Health Plans (Rescinded in 2019)
• National Code Sets	• Health Plan Certification
• Electronic Transactions (270/271-Eligibility, 837-Claim, 276-Claim Status, 278-Referral and Authorization, 835-Remittance, 820-Premium Payment and Advice, 834-Enrollment)	• Electronic Attachments
• ePayments Standards (EFT)	• Electronic Acknowledgements (part of the CORE ORs)
• Operating Rules (270/271, 276, EFT/ERA, 278)	• Additional Operating Rules

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Focus on Prior Authorization

MGMA Annual Regulatory Relief Survey

TOP 5 REGULATORY BURDENS IN 2019

Percentage of respondents who reported the issue as VERY or EXTREMELY burdensome	
Prior authorization	**83%**
Medicare Quality Payment Program (MIPS/APMs)	**77%**
Audits and appeals	**67%**
Lack of EHR interoperability	**65%**
Medicare Advantage chart audits	**61%**

Source: MGMA Annual Regulatory Burden Survey

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Provider-Payer Collaborative 2018 Joint PA Statement
Health care providers and payers will work together to:

1. Reduce the number of health care professionals subject to PA requirements
2. Regularly review the services and medications that require PA
3. Improve channels of communications between plans, providers, and patients
4. Protect continuity of care for patients
5. Accelerate industry adoption of national electronic standards for PA

HHS Feb. 21 Report: "Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs"

❑ <u>Evaluate and address other process and clinical workflow factors</u> contributing to burden associated with PA.

❑ Support automation of ordering and PA processes for medical services and equipment through adoption of standardized templates, data elements, and <u>real-time standards-based electronic transactions</u> between providers, suppliers and payers.

❑ Incentivize adoption and/or use of technology which can generate and exchange <u>standardized data supporting documentation</u> needs for ordering and PA processes.

❑ Work with clinicians, suppliers, payers and other intermediary entities to support pilots for <u>standardized electronic ordering of services/items</u>.

❑ Coordinate efforts to advance <u>new standards approaches</u> supporting PA.

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Prior Authorization: Challenges and Opportunities

❑ PA continues to be a burdensome, manual process

❑ Low level of automation

❑ Missing standards (attachments)

❑ Huge increase in provider EHR use

❑ High priority area for HHS

❑ Look to the future: point of care standards (HL7 FHIR) hold promise

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Today's Faculty

- ❑ **Alix Goss:** Vice President and Senior Consultant, Imprado, Co-Chair, Standards Subcommittee, NCVHS, Co-Chair, ONC HITAC ICAD Task Force
- ❑ **April Todd:** Senior Vice President, CORE and Explorations for CAQH
- ❑ **Gail Kocher**: Director National Standards, Blue Cross Blue Shield Association
- ❑ **Terrence Cunningham**: Director, Administrative Simplification Policy, American Hospital Association
- ❑ **Heather McComas**: Director, Administrative Simplification Initiatives, American Medical Association
- ❑ **John Kelly:** Principal Business Advisor, Edifecs, Managing Director, HealthIT LLC
- ❑ Full Panel Q&A

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