

HIPAA's Applicability to Self-Insured Employers

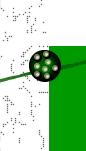
Paul W. Brand, President REAL Health Association

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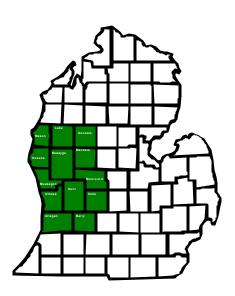
- Regional Employer Alliance (REAL) on Health
 - Originally Three West Michigan Employer Coalitions
 - Grand Rapids
 - Holland
 - Muskegon
 - Coalitions merged to REAL Health July,
 1999





What is REAL Health?

- Thirteen (13) West Michigan Counties
- 93 Member Employers
- 65,000+ Employees
- Member, National Business Coalition on Health (NBCH)







- Health care costs skyrocket (late '80s, early '90s)
- Perception that quality has decreased
- System is broken
 - Deaths from medical errors
 - Inefficiencies in the system (lost medical records, claims chasing, illegible scripts, lack of provider communication)



Why Employer Coalitions?

- To meet the needs of healthcare purchasers
 - "Managed Care" has failed
 - Negotiating for deeper discounts has failed
- To create an environment where the purchase of healthcare is based on VALUE

$$Value = \frac{Quality}{Cost}$$





- Created Value Purchasing Organization (VPOTM)
- Developed level playing field fee schedule
- Negotiated Direct Contracts with Providers (partnership with Multi*Plan*)
- Established central claims clearinghouse



- Implemented Performance Measurement System (partnership with Solucient)
 - Gather all claims (in- and out-of-network) data
 - Measure cost and quality of services
 - Partner with providers in use of data to drive quality improvement initiatives
 - Hold providers accountable

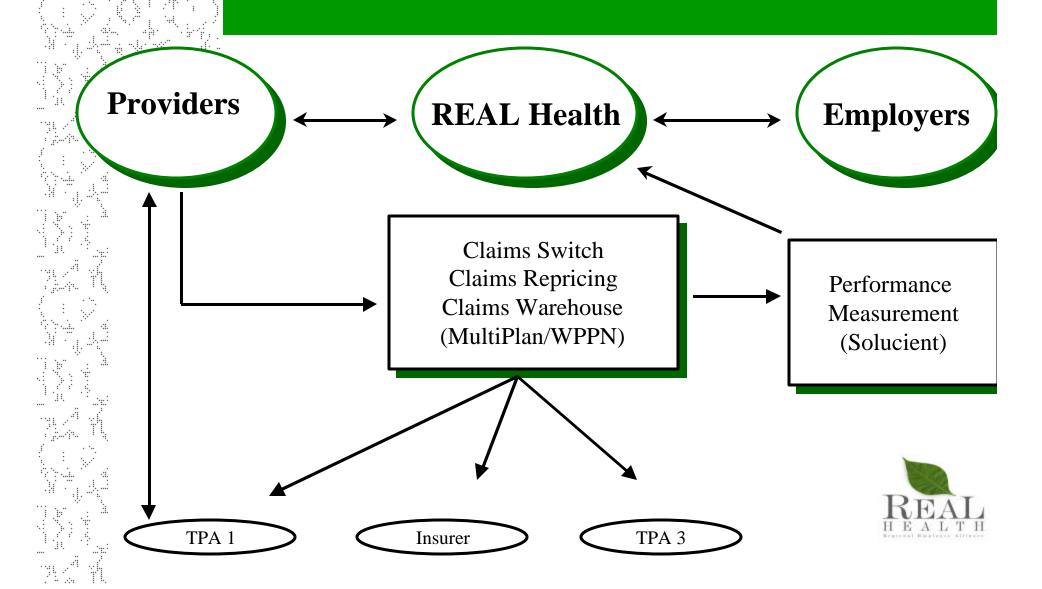


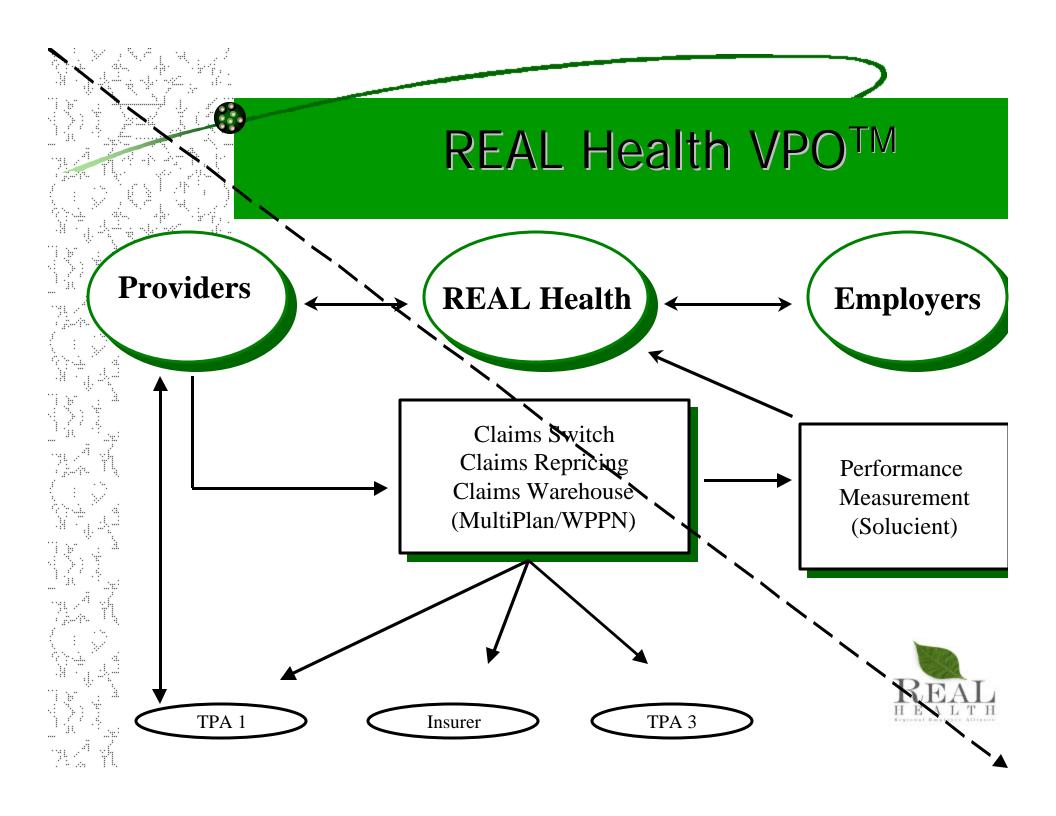


- Largest provider network in West Michigan
- National MultiPlan Wrap
- 14,000+ employees/33,000+ members
- Performance Measurement
- Provider Partnership Committee



REAL Health VPOTM









Did we say claims data?



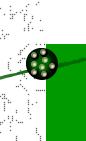
- Multiple standards for storing, processing, communicating and securing data
- Lack of standard data format a barrier
- Over 450 different electronic claim formats
- Lack of transaction uniformity among existing standards





- Standardize electronic formats and transactions
- Encourage electronic processing
- Establish privacy guidelines
- Establish security guidelines
 - Data integrity, confidentiality, availability
 - Protection against unauthorized access
 - Provision for electronic signatures



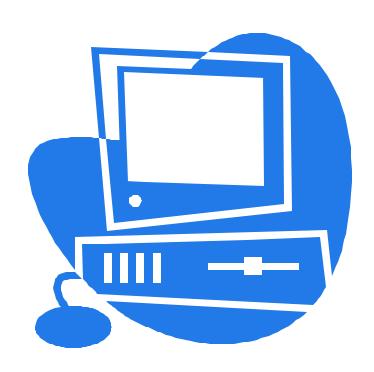


Employer Benefits

- Reduced paperwork
- Improvements in eligibility processing
- Improvements in claims processing
- Improvements in both areas means:
 - less administrative time spent by the Plan Administrator
 - better data
 - \$ savings



HIPAA - Transaction Standards, Codes & Identifiers (TCI)



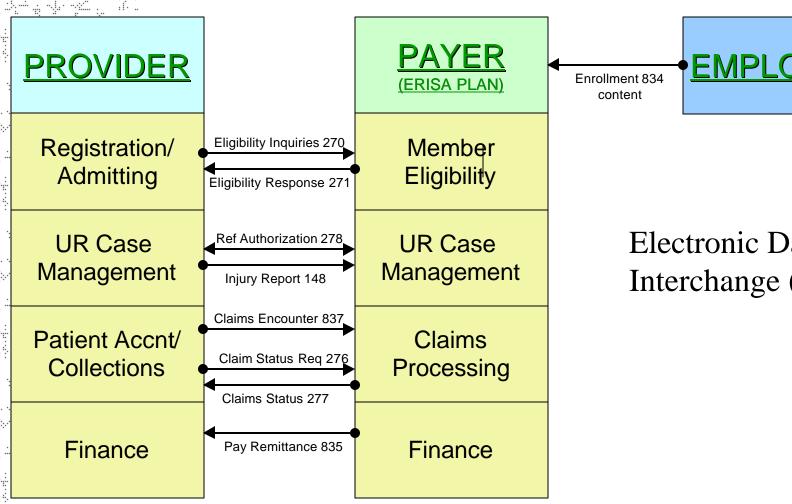




- All Large Health Plans and Clearinghouses required to comply
- Clearinghouses may accept nonstandard transactions for the purpose of translating into standard formats and vice versa.
- All providers submitting electronic transactions must comply with EDI standard
- ERISA plan is a covered health plan under HIPAA







Electronic Data Interchange (EDI)



TCI Implications

Effective TCI connectivity improves the speed and uniformity of many core administrative processes

Member Decrease time to collect/update member info

Demographics Improve quality of member information

Decrease member liability by maximizing collections

Provider Maximize co-pay & deductible payments

Adjudication Improve collections & maximize COB with 3rd parties

Decrease denials

Health Plan Automate manual processes

Processing Decrease time to conduct transactions

Decrease duplicate tasks

Enable intelligent processes by working exceptions

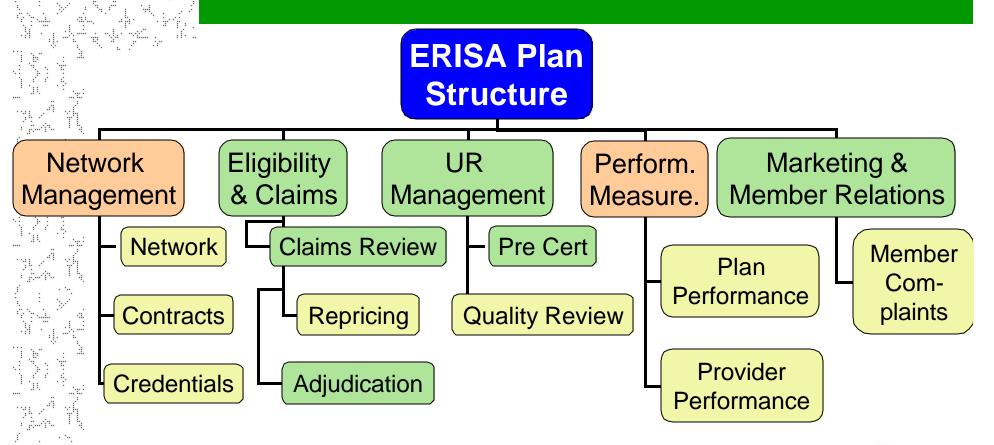


TCI Impact on Employers

- Minimizes duplication
- Creates opportunities for savings
- Creates opportunities for re-engineering claims processing
- Creates opportunities for fitting alternative benefit services
- Improves delivery & efficiency of healthcare delivery



Opportunities for Change







- Standards dependent on consistent policies, practices and technologies
- Actions of one business associate may generate liabilities for others
- Sloppy planning and implementation by one may be costly to all.





- Providers not obligated to implement
 TCI standards if stay with paper
- Providers have no direct incentives to convert
- Erodes efficiencies HIPAA is designed to deliver
- Compromises cost savings



HIPAA - PRIVACY

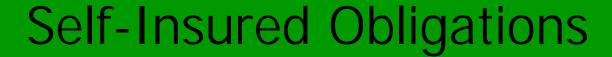




Privacy

Issue: Not what information you have, but how you distribute it.





- Self-insured Employers not Covered Entities...their ERISA Plans are.
- Self-insured Employers not considered Business Associates





- Privacy rule creates specific obligations & limits Protected Health Information (PHI)
- ERISA plans prohibited from using PHI to discriminate against an individual based on eight protected health factors



Protected Health Information (PHI)

- Names
- All geographic subdivision smaller than States
- All elements of Dates excluding year
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers

- Account numbers
- Certificate/License numbers
- Vehicle identifiers
- Device identifiers and serial numbers
- WEB universal resource locator (URL)
- Internet protocol address number (IP)
- Biometric identifier
- Any other unique identifying number, characteristic, or code



Protected Health Factors

- Health status
- Medical condition
- Claims experience
- Receipt of health care

- Medical history
- Genetic information
- Evidence of insurability
- Disability





To permit the disclosure of PHI to an Employer by an ERISA Plan:

- Certification by the employer
- Amend Summary Plan Document & share PHI data for designated purpose
- Provide disclosures to member participants





- Prohibit use or disclosure of PHI other then as permitted by the Summary Plan Document
- Ensure subcontractors and/or agents which receive PHI are Business Associates
- Preclude use of any PHI in employment-related decisions
- Report to ERISA Plan any impermissible use or disclosure
- Make available to plan participants an accounting of the plan's disclosures of PHI as provided in the Privacy rule

PHI – Summary Plan Description

- Identify permitted and required uses and disclosures of PHI by the ERISA Plan
- Identify all employees or classes of employees to whom PHI may be disclosed
- Restrict plan administrative functions performed by employer to those named in plan
- Create mechanism to resolve issues of noncompliance by designated persons



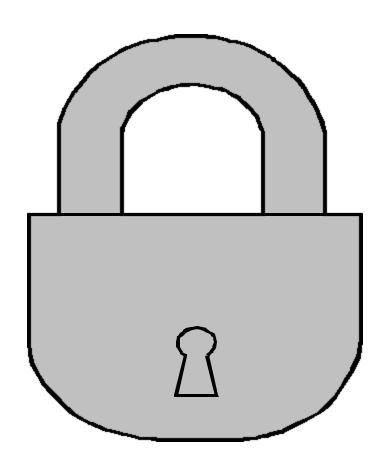
- ...disclose PHI to Employer for defined administrative functions only
- ...not disclose PHI to Employer for employment-related decisions
- ...provide summary health information to plan sponsor for purpose of obtaining premium bids on health insurance
- ...provide notice of privacy practices





- Designate a Privacy Official to manage HIPAA
- Institute and document policies and procedures to comply with Privacy rule
- Train and document employees on all PHI policies and procedures
- Have in place appropriate administrative, technical and physical safeguards to protect privacy of PHI
- Apply and document sanctions against workers who violate privacy policies

HIPAA - SECURITY





HIPAA Security Guidelines

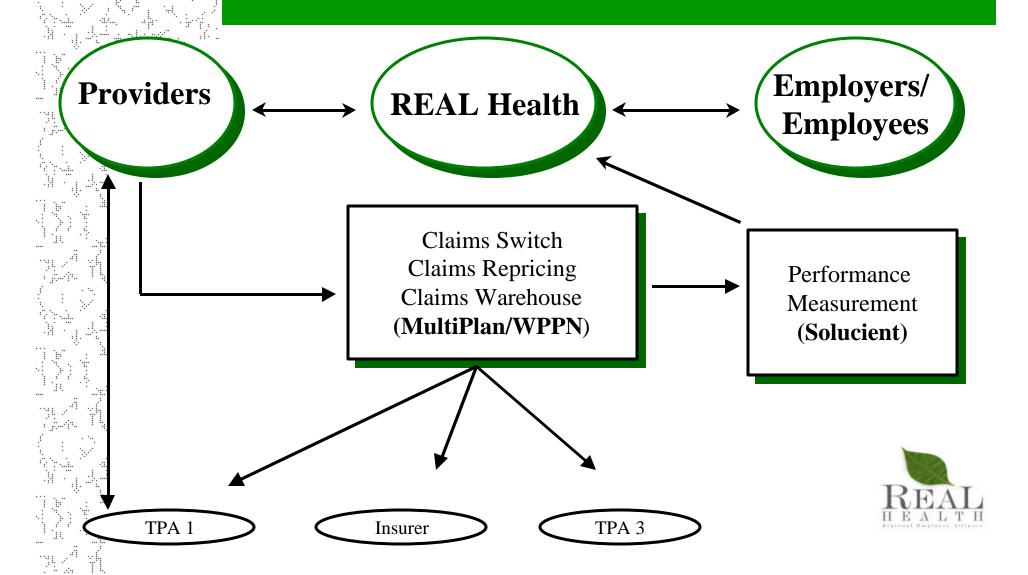
Proposed Guidelines

- Assigned Security Responsibility
- Physical Access Controls
 - Facility security plan
 - Media control
 - Authorization procedures
 - Visitor escort policy
- Workstation & Laptop Use
 - Physical access
 - Security software/hardware controls
 - Encryption
- Security Awareness Training
- Gap Analysis

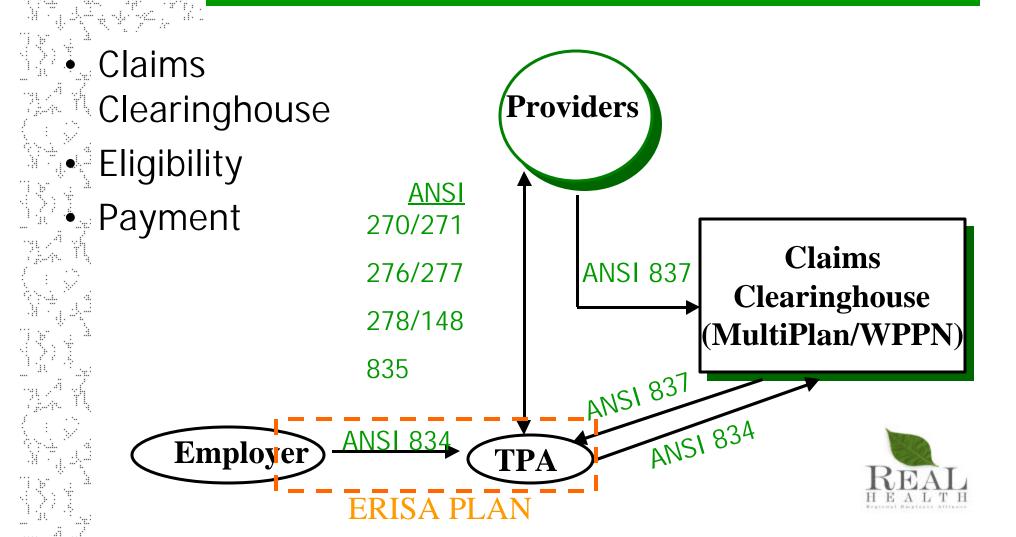




REAL Health Situation







REAL Health Role



REAL Health

- Product Management
- Quality Intervention
- Reports (employers, providers)
- WEB Interface (employers, employees, providers)
- Customer Service
- ERISA/HIPAA Firewall



Whew!

And on top of all that...the regulations do not preempt states from introducing more stringent standards...



HIPAA: Threat or Opportunity

Conventional Wisdom

- HIPAA is a major compliance challenge bigger than Y2K
- Implementation should be delayed as long as possible
- HIPAA compliance is an IT problem
- Trading partner implementation negotiations will be contentious

Opportunistic Perspective

- HIPAA presents an industrydefining opportunity
- Early adopters will achieve benefits sooner
- HIPAA is a business process improvement opportunity
- Trading partner incentives for implementation are aligned





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