

Advanced Issues in Transactions, Data Code Sets and Identifiers: Testing and Certification

The Fifth National HIPAA Summit

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Topics

- Testing options under HIPAA
- The ASCA extension and testing
- The WEDI SNIP testing model
- Certification, what is it?
- Myths
- Measuring progress
- Trading partner specific issues

HIPAA Testing Options

Testing not required by HIPAA

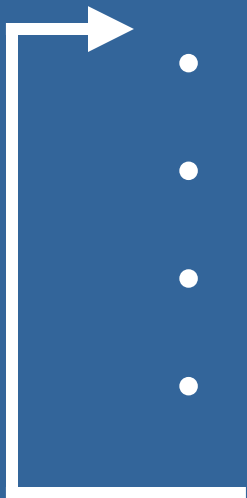
- No testing of transactions.
 - “Testing is not required.” mantra.
- Testing by “sympathy”
 - Other people with the same vendor have tested already. Why should I test?
- Testing my first couple of connections
 - I expect them to be all the same.
- Testing every single connection.
 - Time consuming, difficult, expensive.
- Compliance testing and certification
 - Followed by trading partner testing. SNIP model.

The ASCA extension

- The ASCA says that the compliance plan filed must include a timeframe for testing beginning no later than 4/16/2003.
 - Testing was not required under HIPAA
- Did YOU file for the ASCA extension?
 - What is YOUR plan for testing the transactions?
- If a vendor is testing...
 - Does the provider / client need to test?
 - Does the clearinghouse or vendor testing cover all of its clients?

Testing today

- Find trading partner that agrees to test with you
 - Typically one that will eventually benefit from your transactions.
 - They must be ready. Or “readier” than you are.
- Send or get test files
- Get test report from/to trading partner
- Correct errors found with trading partner
- Repeat the cycle until no more errors



Graphical view

- EDI Submitter contract
- Telecom / connectivity
- X12 syntax
- HIPAA syntax
- Situational requirements
- Code sets
- Balancing
- Line of business testing
- Trading partner specifics

1-2 days

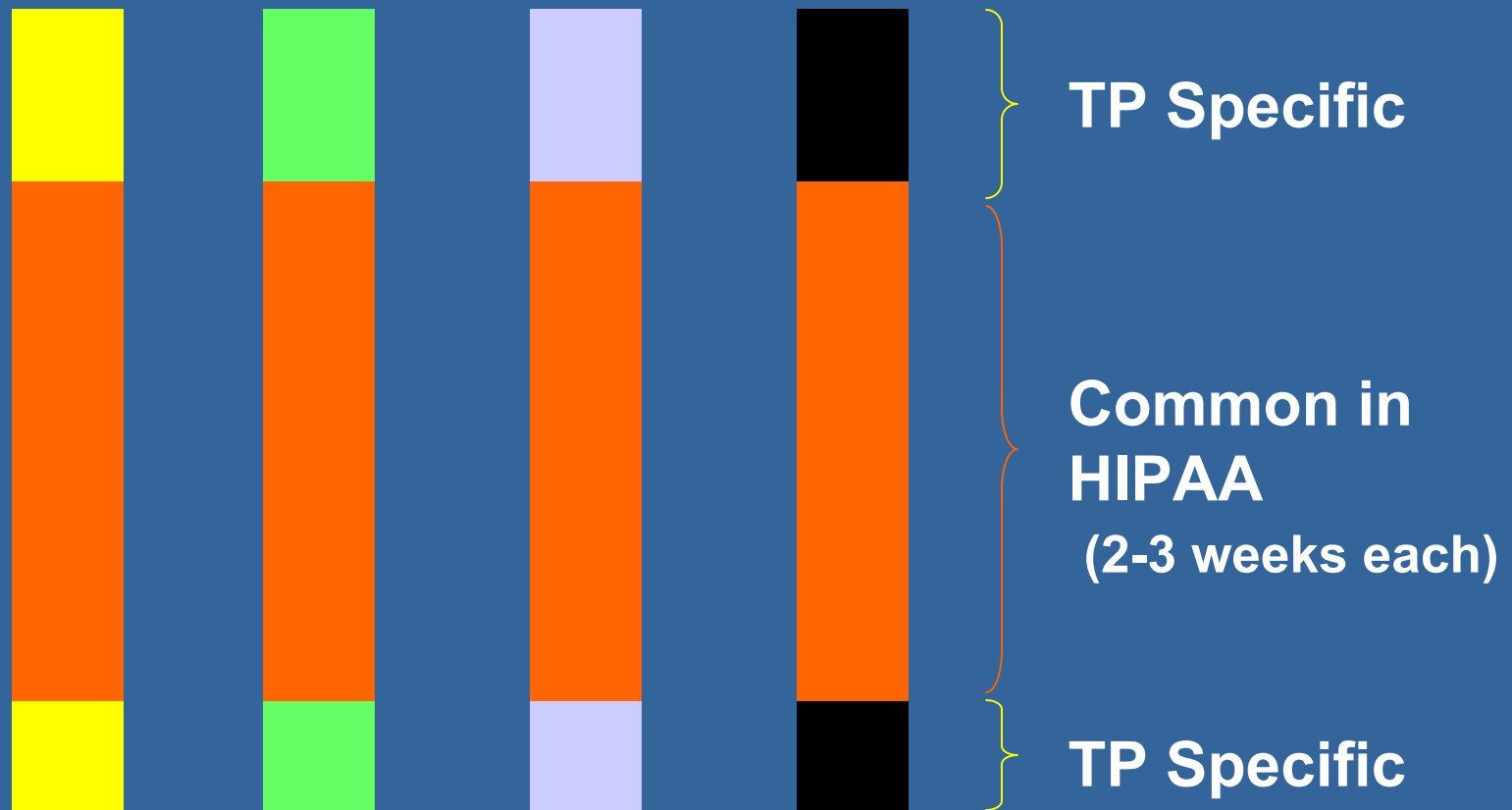
2-3 weeks

3-4 days

3-4 weeks



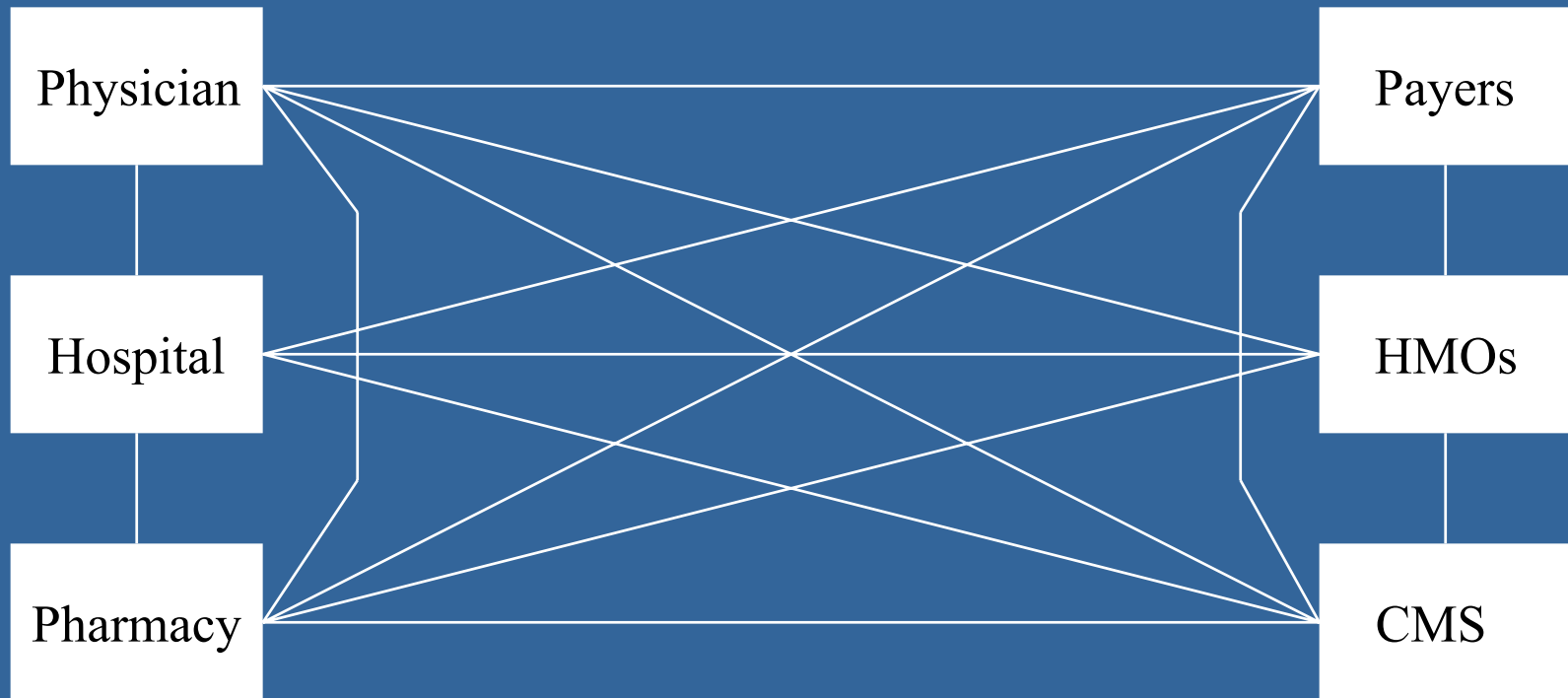
Testing with multiple Trading Partners



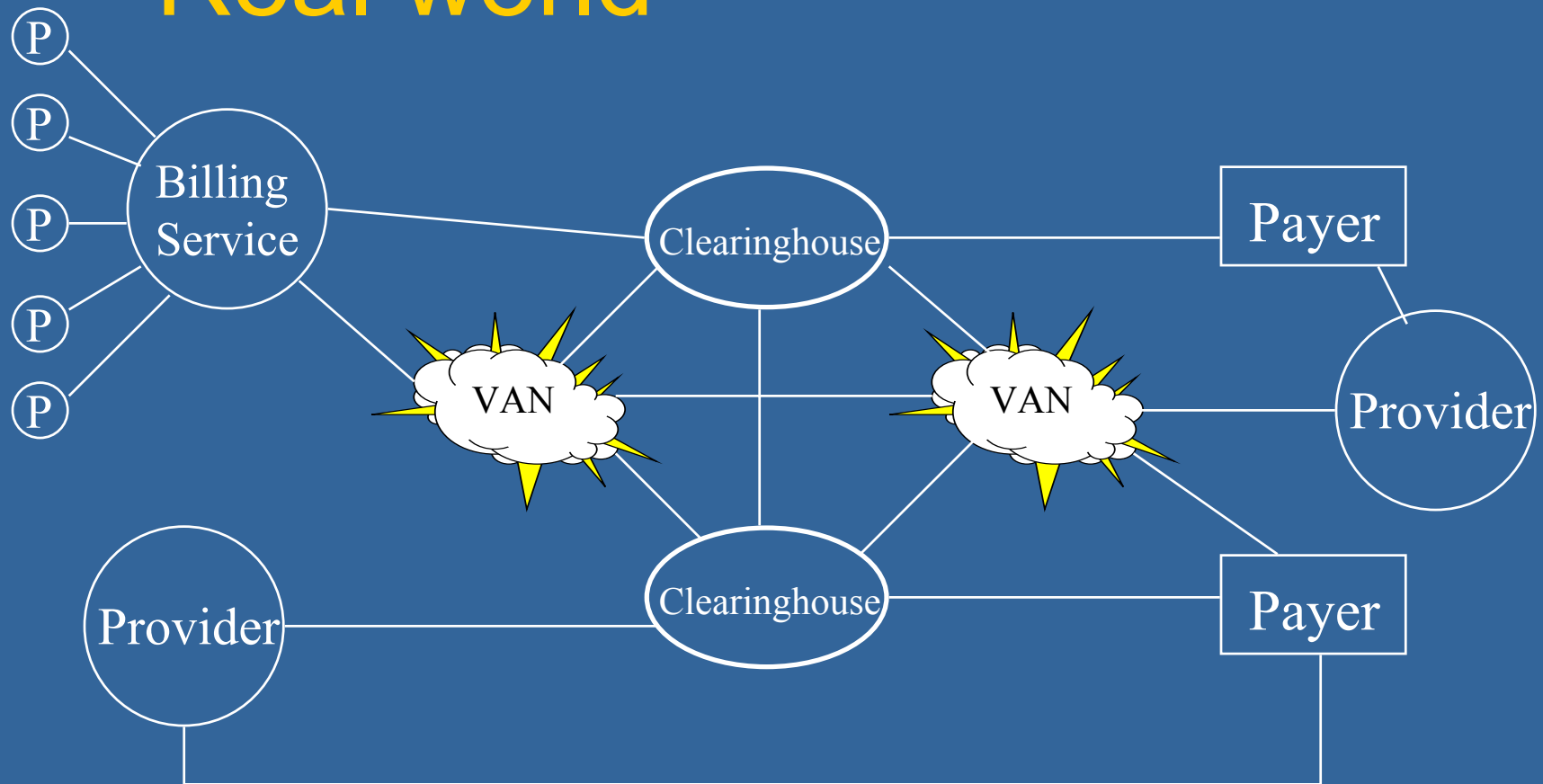
Results of this testing

- Creates a bottleneck
 - Cannot start until **both** trading partners are ready
- If trading partner does not care about certain data elements
 - No errors reported this time
- If trading partner requires some data elements
 - Not an error for anybody else
- Is the error in the sender or the receiver of the transaction?
 - Cannot tell for sure.
 - Different interpretations.
- Unfair cost for the “readier” partner.
 - They end up debugging their trading partners.

Industry Business Relationships



Real world



Simplified Connectivity Model

Gartner Research

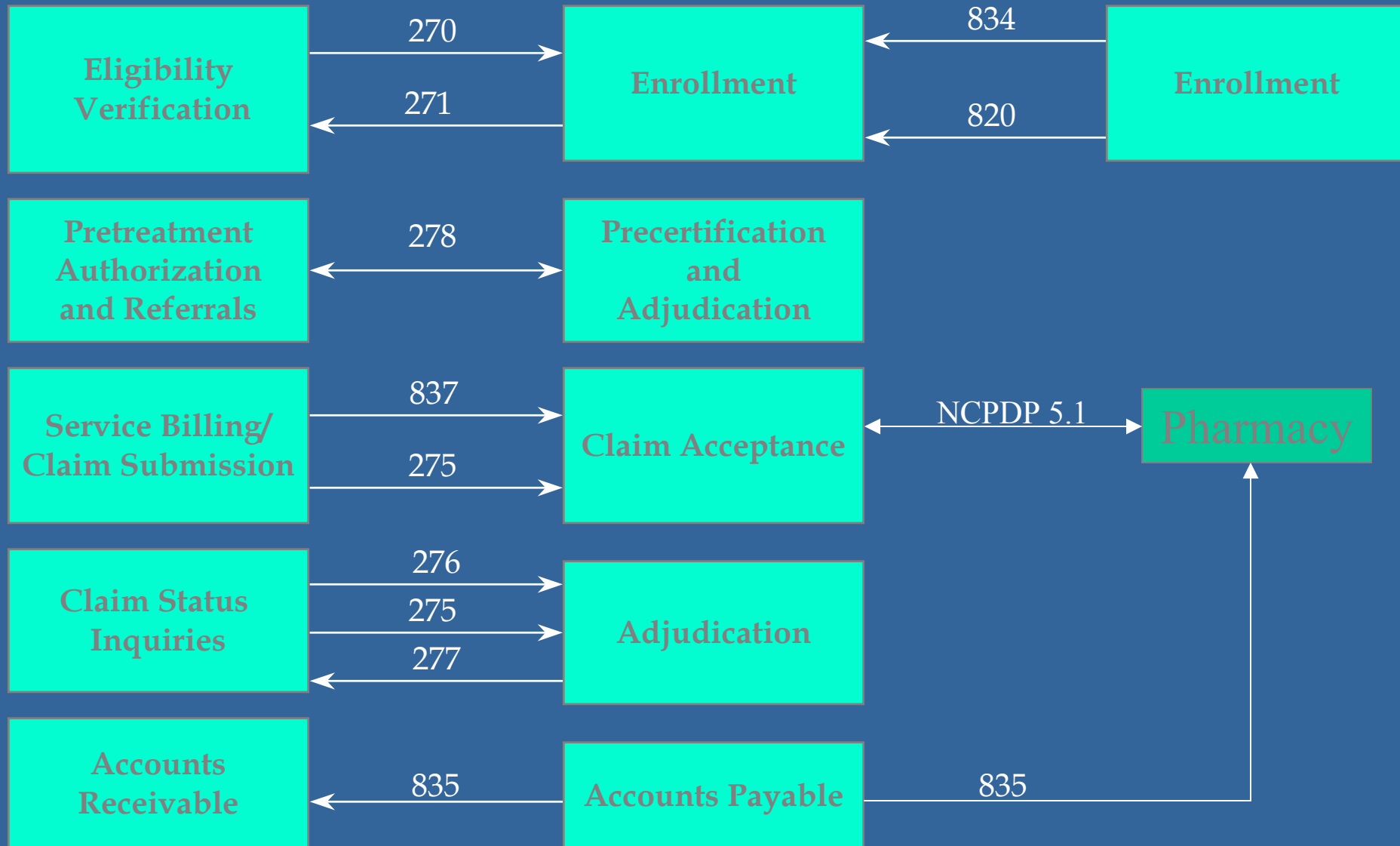
“For HIPAA to work, more than 13 million pairs of a payer and a provider must implement an average of 2.2 transactions each.”

- Assuming only one analyst day per transaction, the industry would need 2.9 Million analyst months to implement HIPAA

PROVIDERS

INSURANCE AND PAYERS

SPONSORS



The SNIP testing approach

- Compliance testing
 - Testing your own system first. Independent from trading partners. Start testing now.
 - Structured testing, complete testing. 7 Types.
 - Test against HIPAA Implementation Guides.
- Business to Business testing
 - Assume both trading partners are already compliant. Don't repeat the compliance testing part.
 - Test only peculiar TP issues.
 - Test against Companion Documents

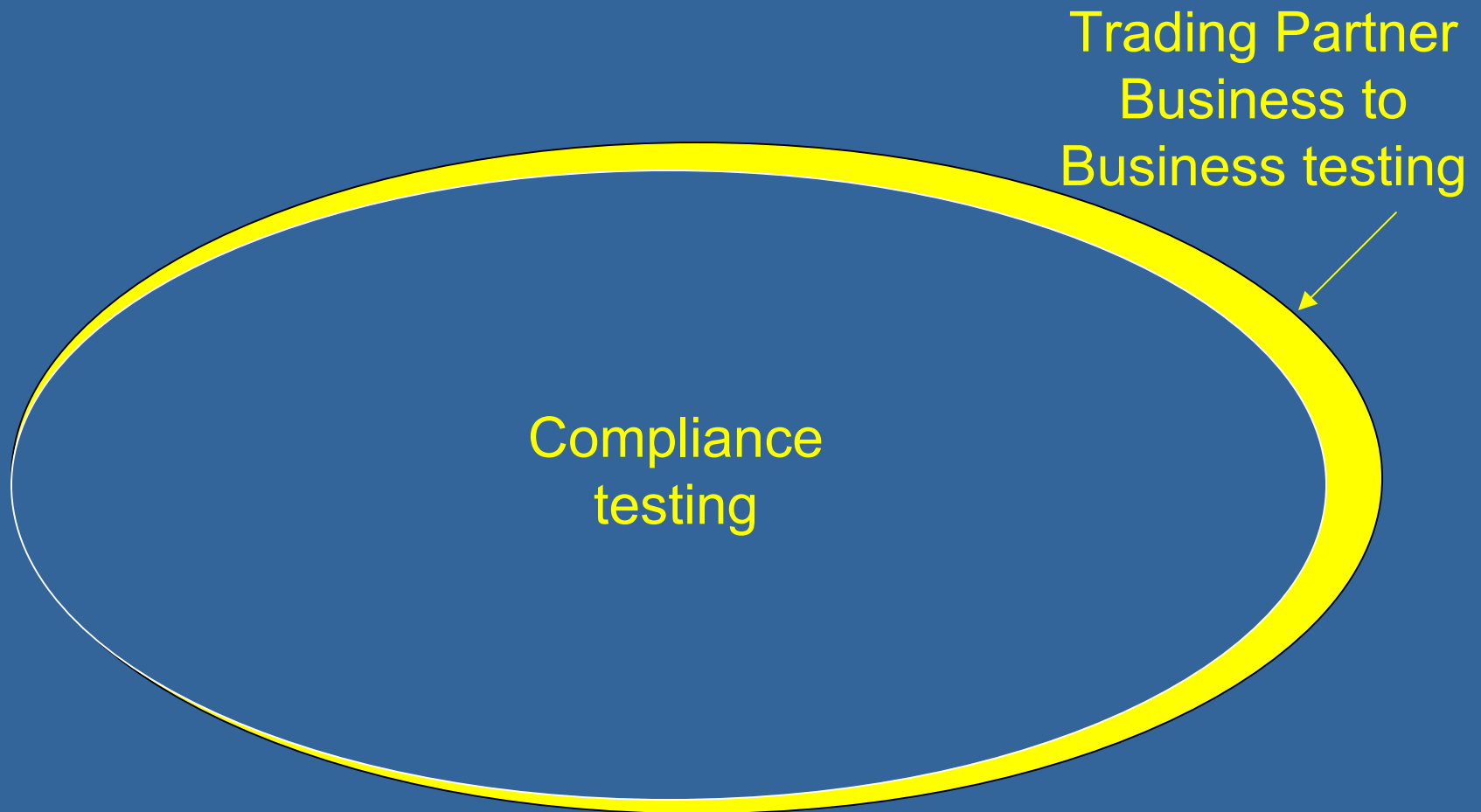
SNIP Compliance testing

- “Types” of testing defined by WEDI/SNIP:
 1. EDI syntax integrity
 2. HIPAA syntactical requirements
 - Loop limits, valid segments, elements, codes, qualifiers
 3. Balancing of amounts
 - Claim, remittance, COB, etc.
 4. Situational requirements
 - Inter-segment dependencies
 5. External Code sets
 - X12, ICD-9, CPT4, HCPCS, Reason Codes, others
 6. Product Type, Specialty, or Line of Business
 - Oxygen, spinal manipulation, ambulance, anesthesia, DME, etc.
 7. Trading Partner Specific
 - Medicare, Medicaid, Indian Health, in the HIPAA IGs.

SNIP Compliance Testing

- Methodical vs. “statistical” (trial and error) testing process
- All seven types (old “levels”) of test are required
 - Cannot stop at an arbitrary point
- Required compliance testing **BEFORE** starting the Business to Business testing process
- Recommends third party certification of compliance

The ideal HIPAA scenario



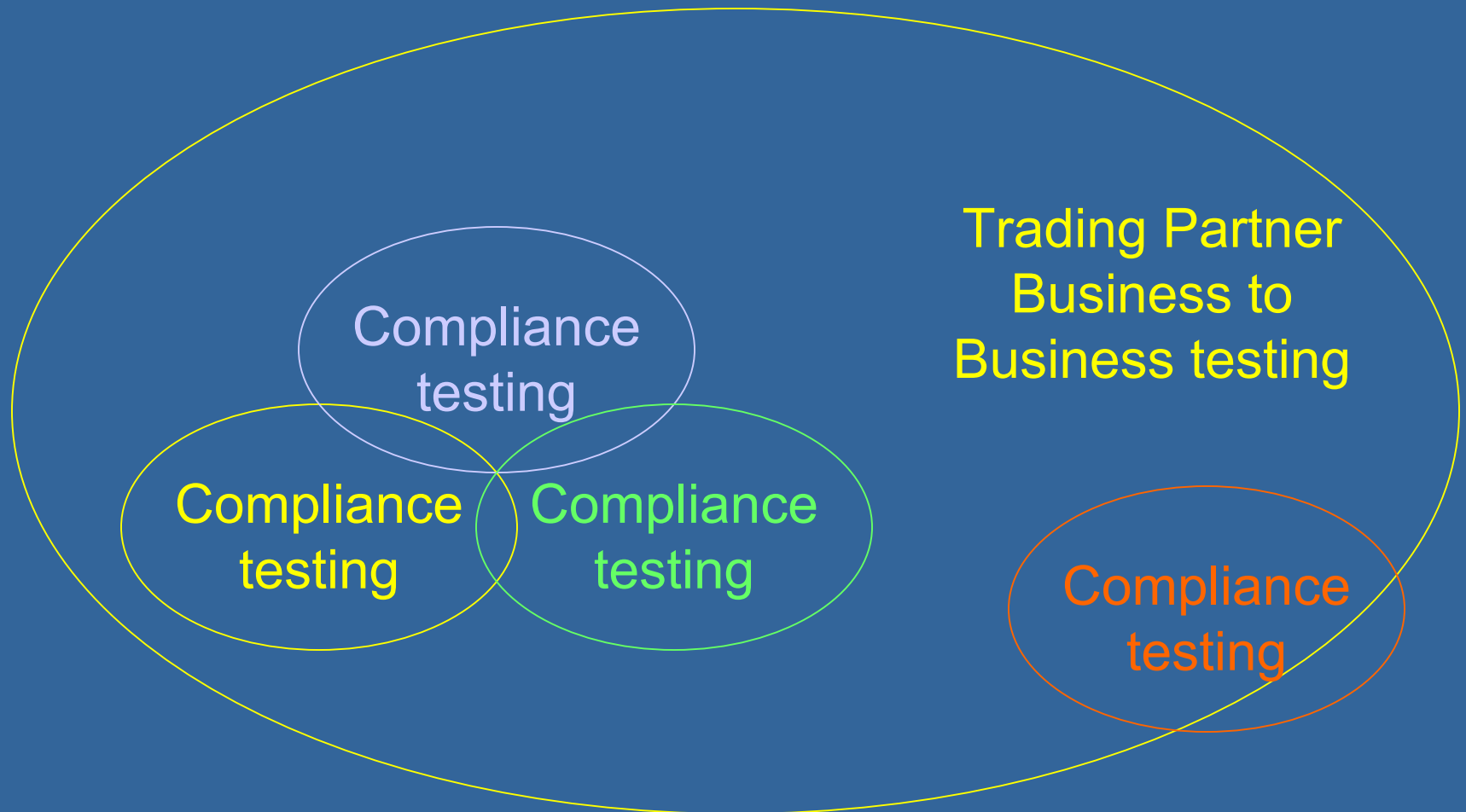
The cell phone model



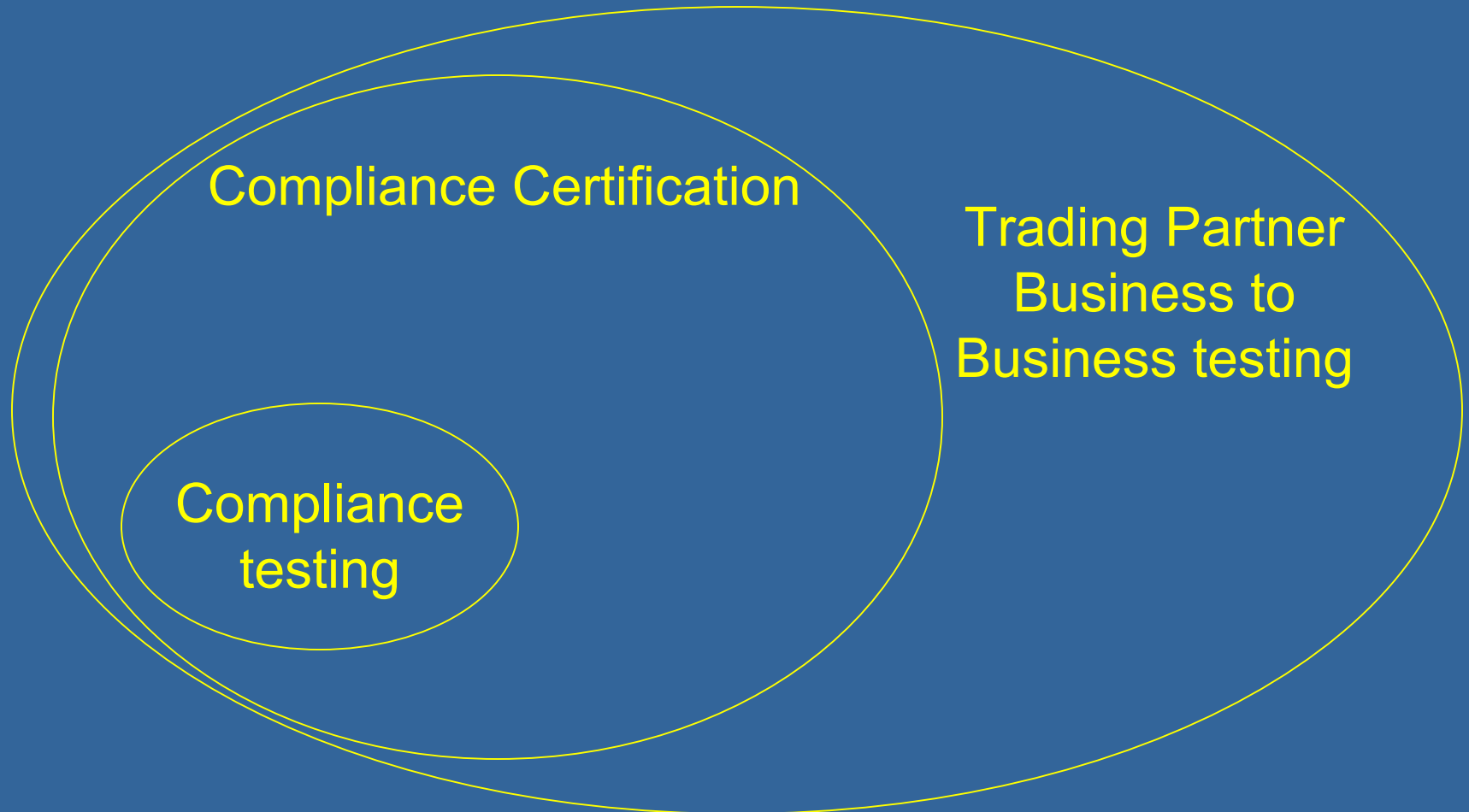
Today's Compliance Testing



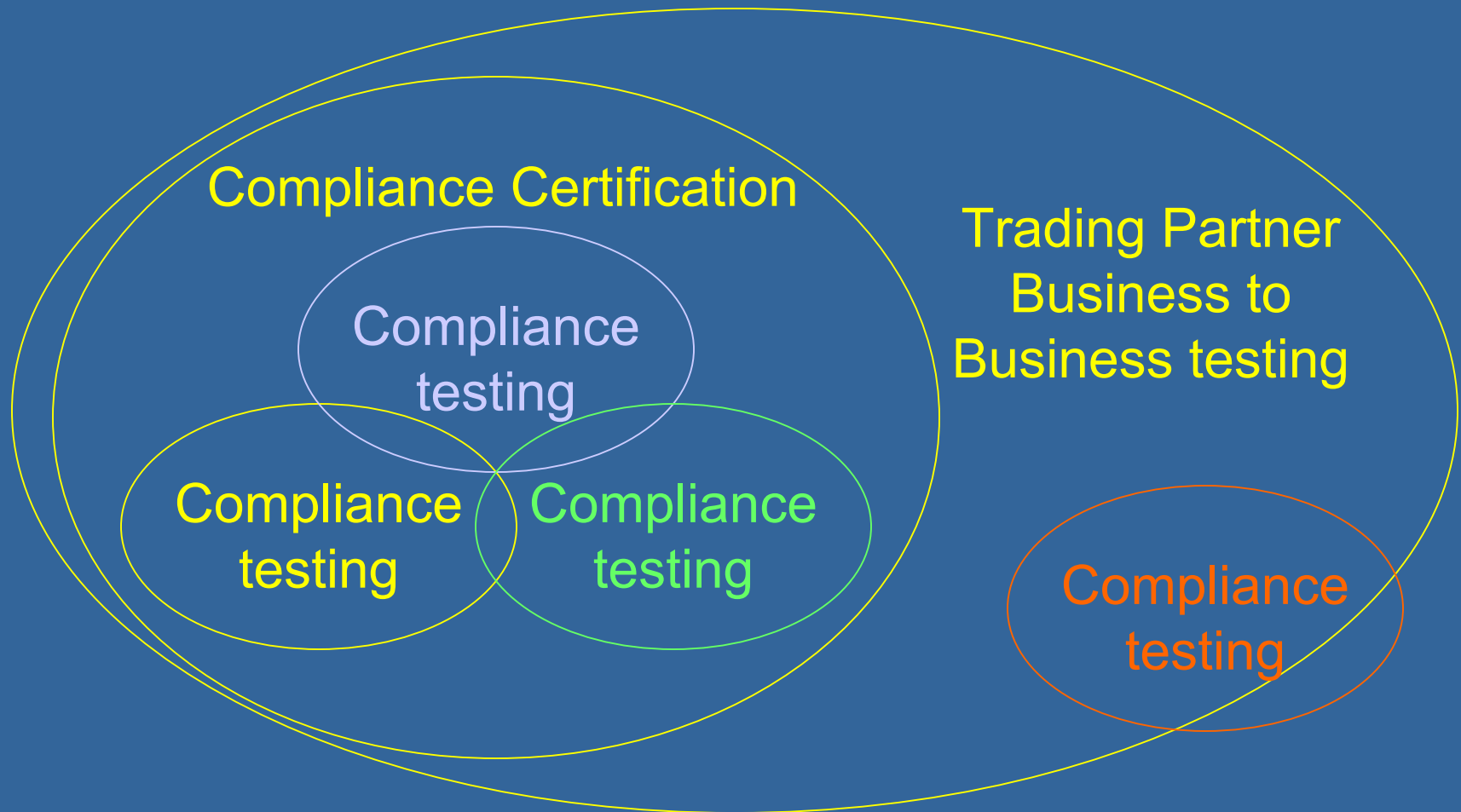
Multiple testing scenarios



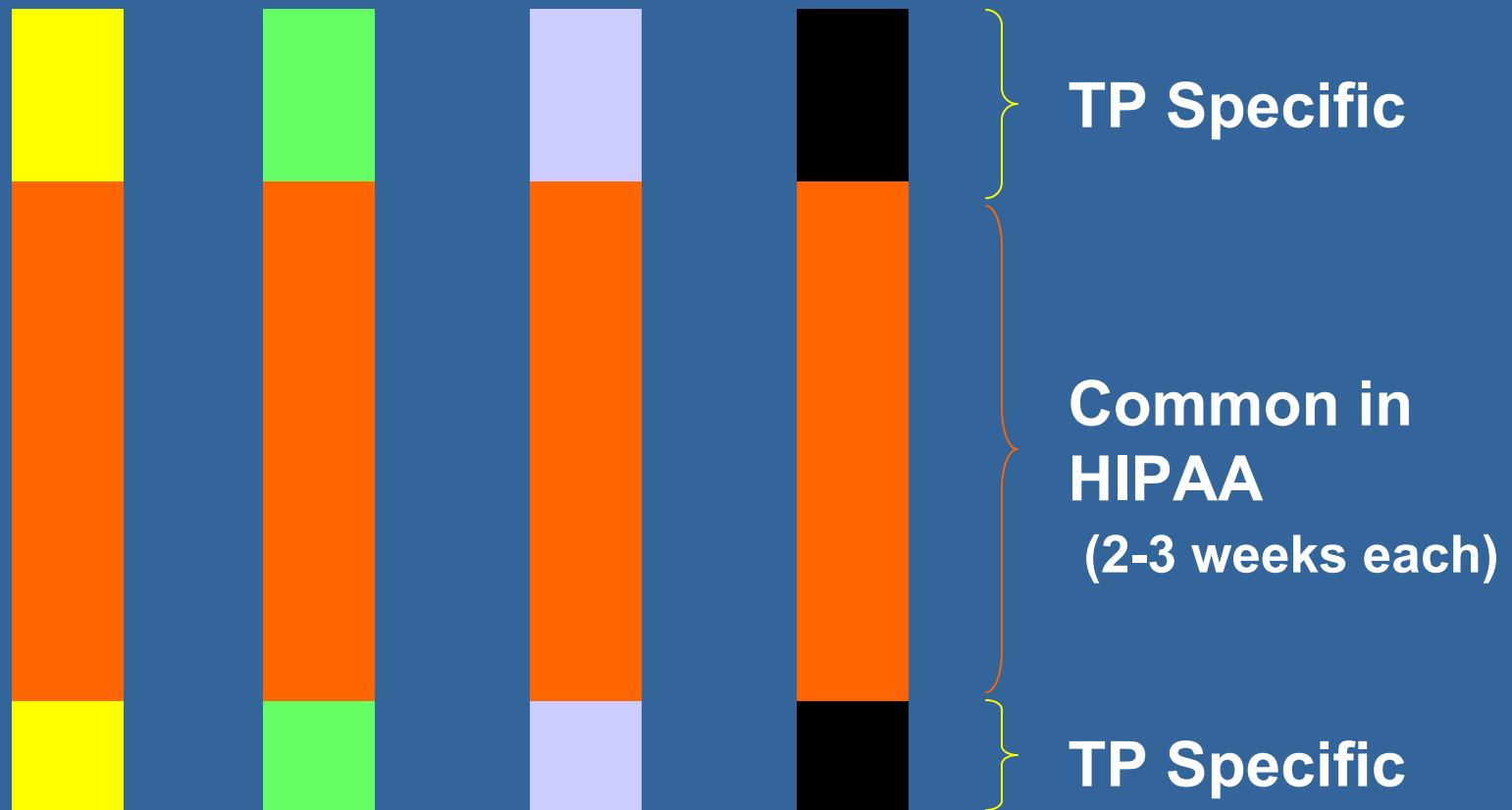
Compliance Certification



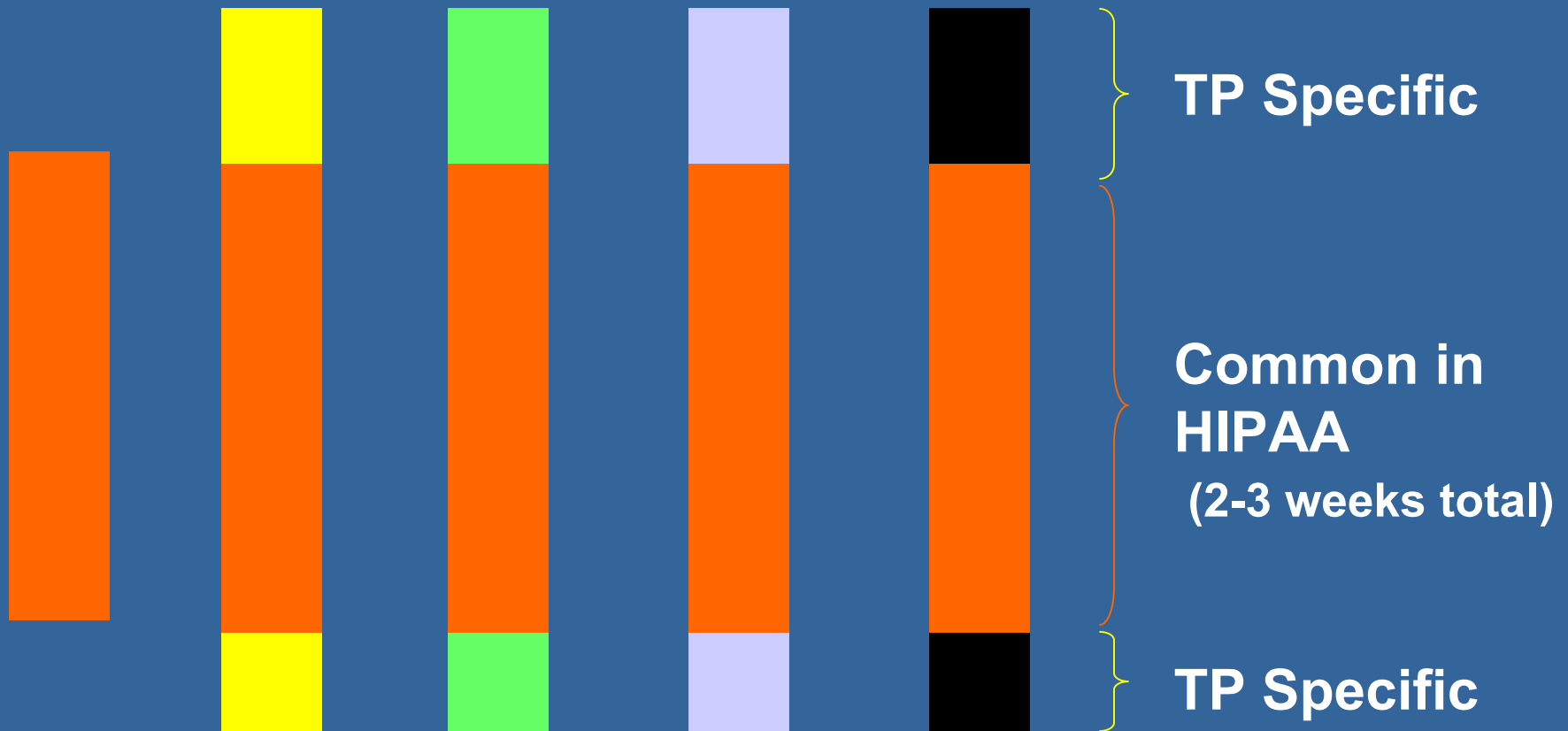
Compliance Certification



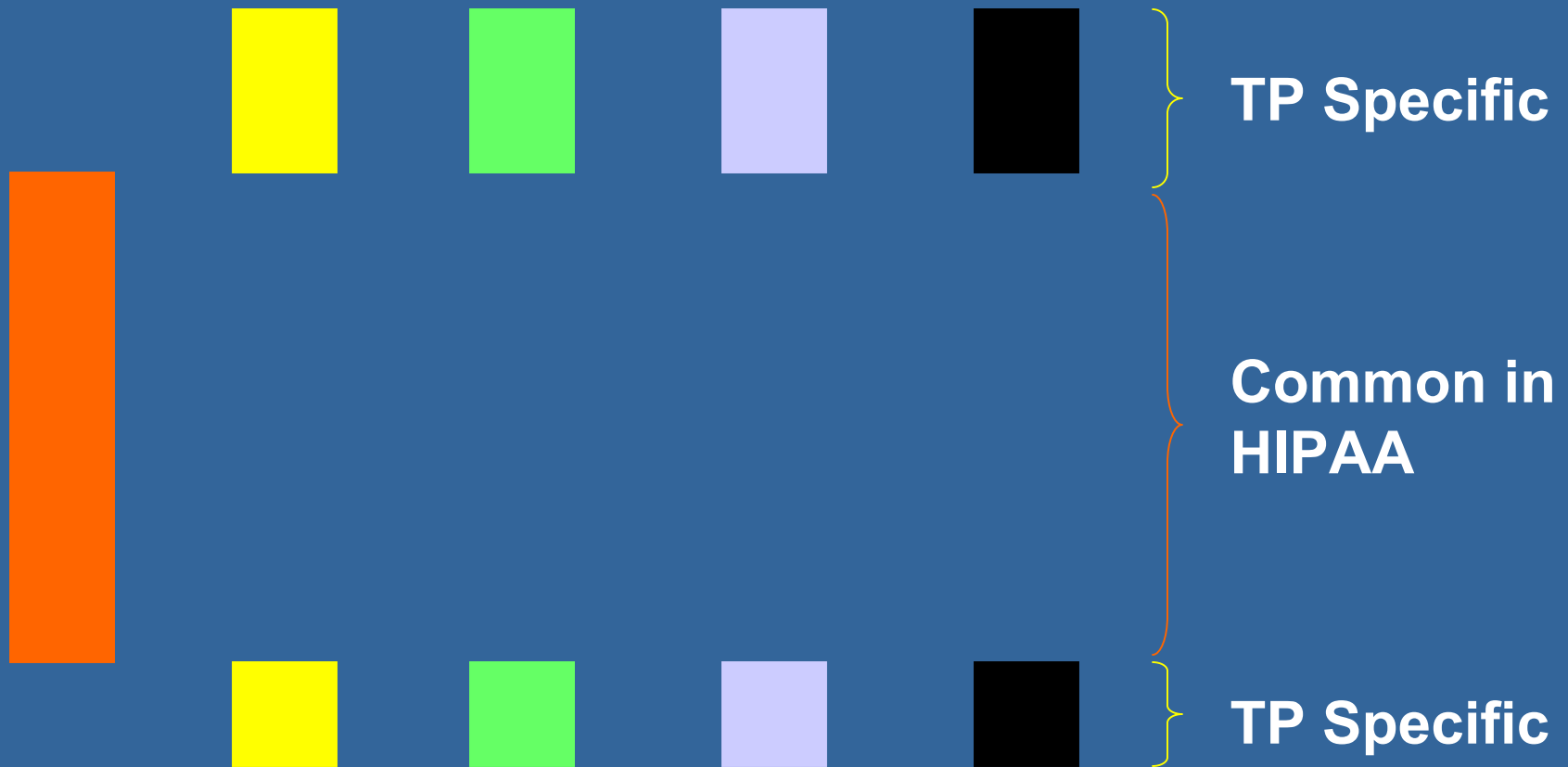
Testing with multiple Trading Partners



Certification prior to Testing with multiple Trading Partners



Certification prior to Testing with multiple Trading Partners



Certification is

- Third party verification of the demonstrated capabilities to send or receive a subset of the HIPAA transactions, for specific business purposes, in compliance with the HIPAA Implementation Guides

Certification is not

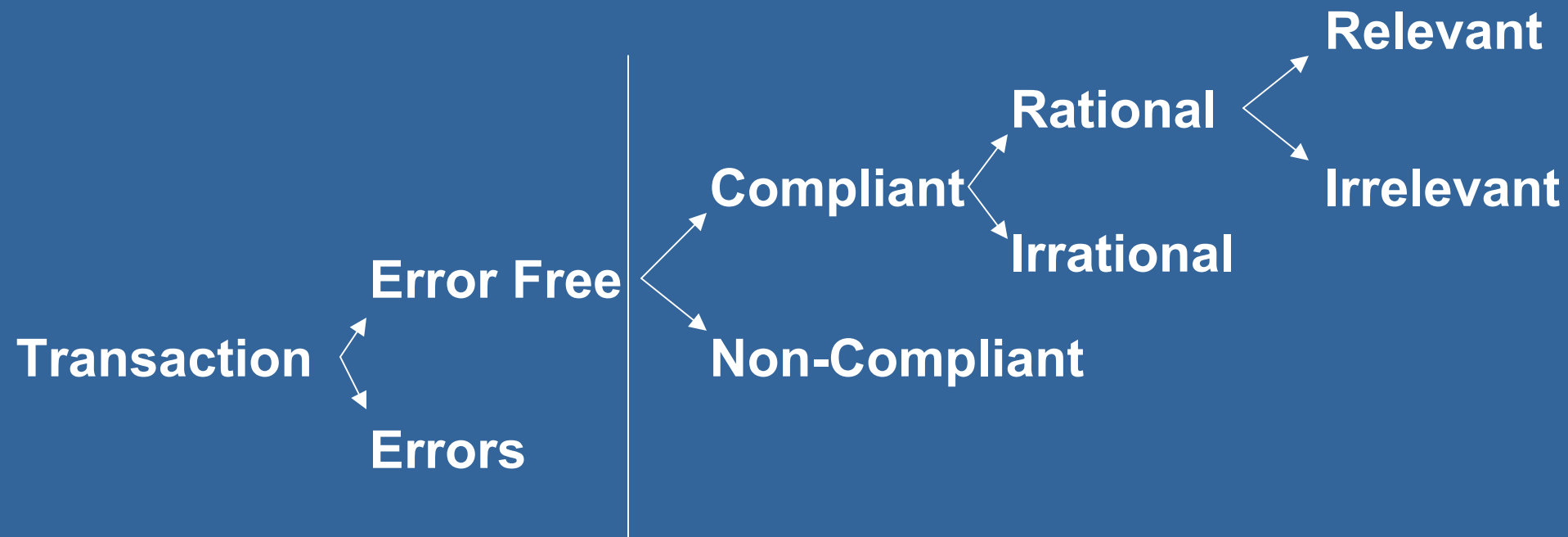
- Testing. It does not replace testing. Complements testing.
- A guarantee that all transactions will be forever perfect.
- The assurance that the receiving trading partner will accept the transactions.

Breaking the cycle

- First phase: **testing**
 - Start testing as early as possible. HIPAA IG's.
 - Confidential Testing against a neutral third party test tool, not with my trading partners.
 - You know where you are. Interpret the results.
- Second phase: **certification**
 - Now I am really ready. Third party verification.
 - I want the world to know.
 - I want to start engaging trading partners.
- Third Phase: **Business to Business**
 - Repeat for each “companion document” / TP

The “clean test” myth

- If a transaction has no errors, it must be “HIPAA compliant”



Additional “Business” requirements

- These are not “HIPAA Requirements”
- Proper “Sequencing” of dates
 - Transaction, service, admission, etc.
- Transaction specific business issues
 - Initial in-patient claim without room and board revenue codes
- Clean transactions
 - Do not mix ambulance and podiatry services in the same claim
- Medicare requirements

The “vendor will fix it” myth

- My vendor / clearinghouse is HIPAA compliant. Why should I have to worry about it? They are going to take care of my HIPAA EDI compliance for me.
 - Providers and payers MUST get involved.
 - This is NOT an IT problem. It's not Y2K
 - There are profound business implications in HIPAA.
 - Liability for Clearinghouses and vendors due to the unrealistic expectations of providers

**Result
Summary**

Identifier	HIPAA Errors							Business Errors							Warnings						
	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
000000401	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
000400004	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓
154789686	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
294953698	✓	✓	✓	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓
478159686	✓	✓	✓	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓
492953986	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
495329986	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓
534929986	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Analysis
Results to
display**

WEDI/SNIP Levels	HIPAA Errors	Business Errors	Business Warnings
1 - X12 Integrity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 - Requirement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3 - Balancing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4 - Situational	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5 - Code Sets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6 - Product / Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trading Partner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Action

Display report:

- ☒ Errors and data
☐ Errors only
☐ Data only

[Click here for the analysis report](#)
CertificationPlease Review the [Claredi Certification Policy](#)
[Submit this file for certification](#)
Support

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The “Blanket Approval” myth

(Is certifying of the vendor/clearinghouse enough?)

- The issue is Provider Compliance
 - Provider’s responsibility to be HIPAA compliant
- Each Provider is different
 - Different provider specialty \Rightarrow different requirements
 - Different software version \Rightarrow different data stream and contents
 - Different EDI format to clearinghouse \Rightarrow different content capabilities
 - Different provider site install \Rightarrow different customization
 - Different users \Rightarrow different use of code sets, different data captured, different practices, etc.
- Vendor’s capabilities not the same as provider’s
 - Vendor or clearinghouse has the **aggregate** capabilities of all its customers
 - The Provider does **not** have all of the clearinghouse or vendor capabilities

Claredi - Submit Files - Microsoft Internet Explorer

FileEditViewFavoritesToolsHelp

Address

https://www.claredi.com/myaccount/submitFileDetails.php?TestSubmissionID=1146&PHPSESSID=a992ac3ac644563bb96863b2e6caacf2

Go

BackForwardStopHomeSearchFavoritesHistoryPrintMailNewTabNewWindow

Transaction Identifier

837

Result Summary

Identifier	HIPAA Errors							Business Errors							Warnings						
	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
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PCLAM0002	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✓	✓	✓
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478159686	✓	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✓	✓	✓
492953986	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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Click here for the analysis report

Certification

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Status: Certification complete

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Internet

Kinds of compliance

- Compliant by coincidence
 - Providers only
 - Office visits, simple claims
 - Perhaps as high as 60%?
- Compliant by design
 - Need remediation effort
 - Software upgrade, new formats, etc.
 - Maybe about 40%?
- How can you tell the difference?
- When can you tell the difference?

Certification Challenge

- Each entity has unique requirements
 - Commercial business, HMO, Medicare
 - Generalist, specialist, ambulance, anesthesiologist, chiropractor, DME, etc.
- A “generic” certification is meaningless
- What does it mean to be “certified”?
- Must consider submitter capabilities and receiver requirements in business context.

Progress not perfection


- Certification of the capability
 - Certif. for some transactions, not others
 - Certif. for some Bill Types, not others
- Not all claims will be compliant
 - Gap filling issues
 - Implementation guide errors
 - Legacy data, data errors
- Perfection may be impossible

Trading Partner Specific

- Unavoidable under HIPAA
- Business Requirements
 - State mandates
 - Contractual requirements
- How do we communicate to providers and vendors
 - Companion Documents
 - Human readable. Difficult to locate.
 - Computerized verification of “match”
 - Machine readable companion documents.

How are you doing?

- EDI implementation of the claim takes about 6 months
 - Compare with 2-3 weeks for NSF or UB92
- Waiting for your trading partners?
 - Are they waiting for you?
- What is your plan to start testing?
 - ASCA deadline April 15, 2003
- Avoid last minute rush!



**One locust
is called
a grasshopper.
Put a few
thousand in
one place and
we call it...**



A Plague.