## Countdown to Compliance For HIPAA

Results of the Winter 2004
Healthcare Industry HIPAA Compliance Survey
conducted by
HIMSS and Phoenix Health Systems

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## **17th!** Healthcare Industry Quarterly HIPAA Survey

- Conducted in collaboration by Phoenix Health Systems and HIMSS
- Participants completed the online survey during early January 2004, at Phoenix' web site <u>HIPAAdvisory.com</u>
- Expanded coverage of transactions readiness

## Who Participated?

- 631 industry representatives across the nation responded
- 70% of total respondents were Providers
  - Hospitals represented 51% of the total
  - Remainder were physician practices and other providers
- 30% of respondents were Payers and Vendors, and only a few Clearinghouses

## Who Participated?



- Almost 90% of respondents hold an "official" role within their organization for HIPAA compliance
  - 52% CIOs or senior department managers
  - 28% specific role in compliance or security

## Transactions and Code Sets: Key Findings

- Less than 50% of respondents are ready to conduct all HIPAA standard transactions
  - Only 50% have completed external testing
- 85% of Payers continued to accept noncompliant transactions into January
  - 34% will stay on this course for at least three more months
  - An additional 34% will continue until the Centers for Medicare and Medicaid Services (CMS) ends its temporary Contingency Plan

## Ready for All HIPAA Transactions

	Ready Now	Within 3 Months	Do Not Know
Providers	45% (up from 18%)	18%	21%
Payers	56% (up from 53%)	17%	10%
Vendors	40% (down from 47%)	16%	12%
Clearinghouses (4 responses)	50%	0%	0%

### Focused Efforts

Transaction	Provider	Payer
837	78%	85%
835	68%	82%
276/277	41%	72%
270/271	41%	63%
834	19%	55%
820	8%	38%
None	2%	0%

# Obstacles: "We Have Met the Enemy, and the Enemy is Us"

#### **Providers**

- 1. Payers are not ready to accept/transmit standard transactions
- 2. Payers are not ready for testing
- 3. Cannot get needed information from Payers, Vendors and Clearinghouses

#### **Payers**

- 1. Providers are not ready for testing
- 2. Providers have not captured the data required for standard transactions
- 3. Cannot get needed information from Providers, Vendors and Clearinghouses

#### Obstacles:

## "We Have Met the Enemy, and the Enemy is Us"

#### **Clearinghouses**

- Payers are not ready for testing
- Payers are not ready to accept/transmit standard transactions
- Providers have not captured the data required for the standard transactions

#### **Vendors**

- 1. Ambiguities exist in Implementation Guide specifications
- 2. Payers are not ready to accept/transmit standard transactions
- 3. Providers have not captured the data required for the standard transactions

## The CMS Contingency Plan

- Over 50% of Providers and 33% of Payers felt that CMS should maintain its Contingency Plan for up to three months.
- 32% of Providers and 50% of Payers want the Contingency Plan extended up to six months or longer.

## Internal Contingency Plans: What's Plan C?

#### **Providers**

- Direct Data Entry and/or Paper
- Clearinghouse

#### **Payers**

- Accept paper processing
- Continue to accept non-compliant transactions

#### **Vendors**

- Advise Providers to use a compliant Clearinghouse
- Continue to accept non-compliant transactions

#### **Clearinghouses**

Use compliant Clearinghouse

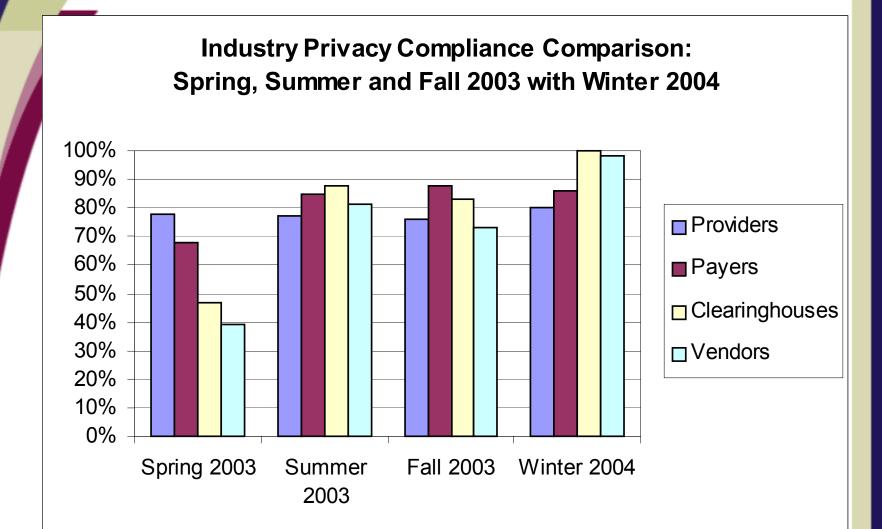
## Interesting Comments

- Provider: "Clearinghouses and Payers were not ready – and some still are not."
- Provider: "Various of our Payers tell us that they are ready, however they provided the wrong PIN, lost our Trading Partner Agreements, fail to return phone calls, lost our test files...."
- Payer: "We are currently capable of accepting and sending compliant transactions. We are awaiting our Provider/Clearinghouses to be ready."
- Payer: "...We are only able to accept the 837 transaction from our largest Providers. The smaller ones...are too small for the Clearinghouse to have reached them on their testing schedule."

## Interesting Comments

- Clearinghouse: "Our challenges lie in our trading partners' misinterpretation of the Implementation Guides, reduced or nonexistent claim-level acknowledgement responses, and their general issues associated with implementing a new X12 system."
- Clearinghouse: "Inconsistent interpretation of the Implementation Guides by the Payers, [is] causing more Payer-specific customization in all translator programs than anticipated."

## Privacy Progress



## Privacy: Key Findings

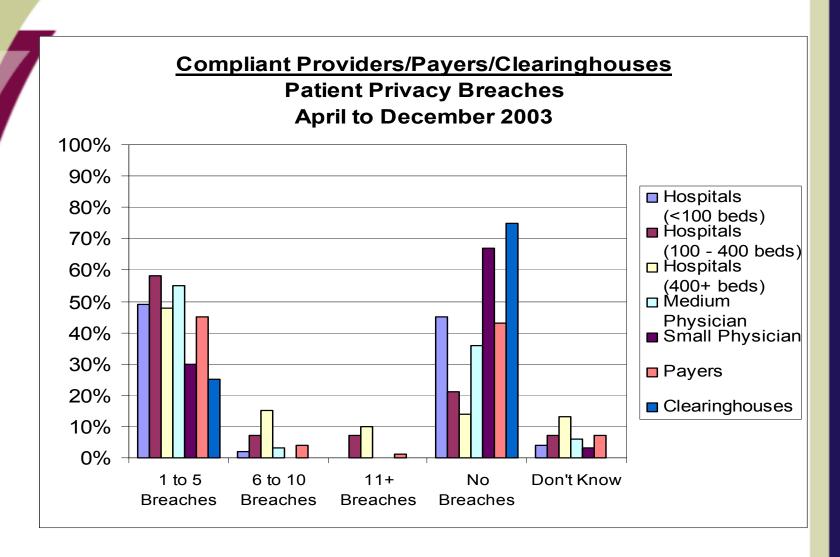
- 20% of Providers and 14% of Payers reported that they remain non-compliant with the Privacy Rule, nine months after its effective date.
- Even among "compliant" organizations, compliance gaps remain in areas such as establishing Business Associate Agreements and monitoring internal Privacy compliance.
- An average of 56% of Provider and Payer respondents reported their organizations had experienced one or more privacy breaches since April 2003.

## Privacy "Spot-Check"

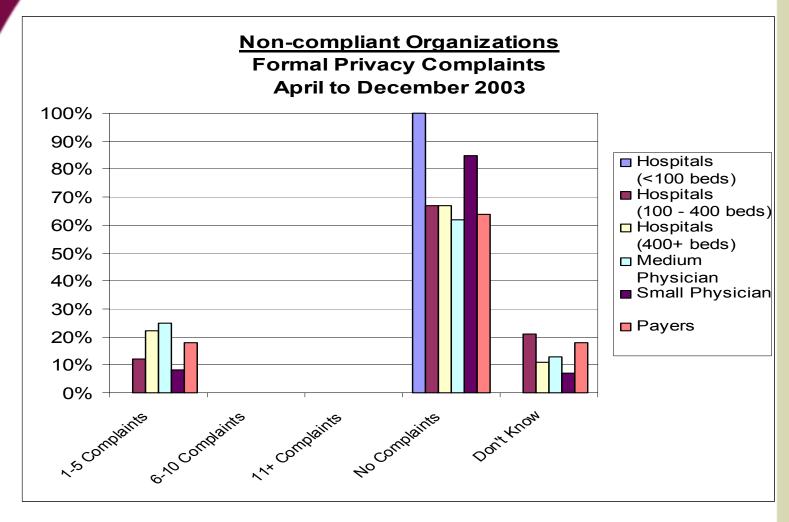
#### **Detailed Spot Check of "Privacy-Compliant" Organizations**

Areas of Privacy Compliance	Providers	Payers
Obtain Patient Authorizations for use and disclosure of PHI	99%	97%
Enable mandated patients' rights (review, amend, restrict records)	99%	99%
Post and distribute Notice of Privacy Practices	98%	93%
Obtain acknowledgement of receipt of Notice of Privacy Practices	98%	N/A
Provide ongoing Privacy training	95%	100%
Use "Minimum Necessary" Restrictions	94%	N/A
Document Privacy policies and practices	93%	99%
Maintain Accounting of Disclosures	93%	96%
Implement security protections as required under the Privacy Rule	89%	95%
Provide overall workforce Privacy training updates	85%	96%
Monitor organizational compliance with Privacy regulations	76%	87%
Have obtained all required Business Associate Agreements	73%	93%

## Privacy Breaches ARE Happening



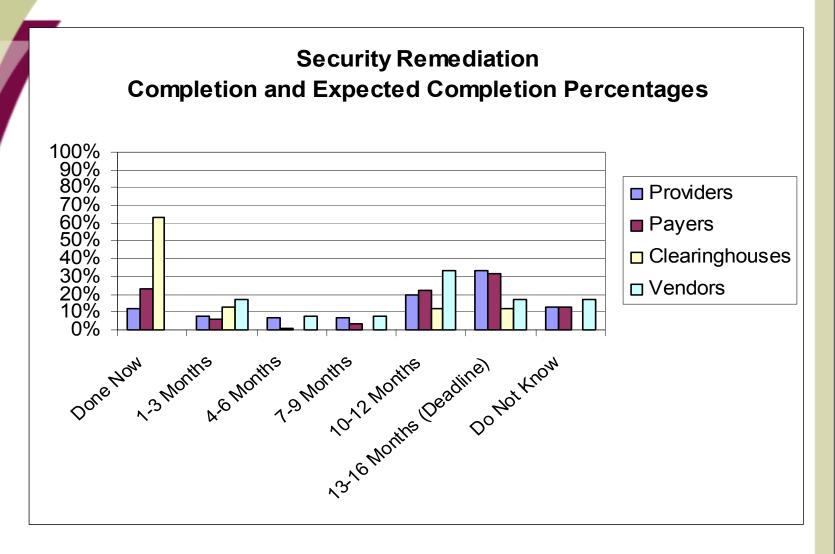
## Formal Complaints (HIPAA and Civil Action)



## Security: Key Findings

- Initiatives for Security Rule compliance are moving slowly – over one-half of Providers and Payers reported they will not be fully compliant until 2005.
- An average of 24% of Providers, Payers and Clearinghouses reported that their organizations experienced one or more data security breaches from October to December 2003.

## Security Progress



### Data Security Breeches

- 24% of respondents reported that their organizations had experienced one or more data security breaches from October to December 2003.
- The vast majority of respondents reported experiencing no breaches at all.
- Possible Biases: Desire not to report, breeches unknown to the reporter, or breeches unknown to the organization.

## Consultant Support

- 49% of participants reported using outside consultants:
  - Payers and large hospitals are most likely to engage outside assistance
  - Most contracted for HIPAA
     Assessment and Implementation
     Planning and/or Implementation
     Support
  - Security Risk Analysis also popular

## HIPAA Budget Highlights

- Across the industry, HIPAA budgets for 2004 are lower than for 2003:
  - Payers showed the most dramatic drop as they wind up transactions spending.
  - Payers and Clearinghouses should need to spend comparatively less on Security compliance.



### Summary

- Industry focus is on Transactions compliance, with Security compliance a secondary priority.
- Privacy compliance has improved, but is still not complete:
  - A significant number of those reporting compliance still have issues.
  - Complaints are a real force.
- All industry segments have Transactions barriers, and each group believes the others are major barriers.
- Security compliance is a year off (2005) for many respondents.
- Spending on HIPAA compliance activities is dropping.

### Complete Survey Results

 Survey results are published each quarter at <u>www.HIPAAdvisory.com</u>, --compare results with previous surveys!



## Questions About Survey

 For further information about the Quarterly Industry HIPAA Surveys, please contact:

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