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HIPAA Transactions Testing and Certification Service

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Topics

- HIPAA compliance testing
- Transaction testing
  - Incoming
  - Outgoing
- Telecommunications testing
- Certification
- Challenges

Compliance Testing in HIPAA

- Level 1 – Developmental testing
  - Done by the SDOs while developing transactions
- Level 2 – Validation testing
  - Testing of sample transactions to see whether they are written correctly
- Level 3 – Production testing
  - Testing of a transaction from the sender through the receiver's system
- "Pilot Production" Projects recommended. Level 2½ ?
  - Not mandatory, only voluntary
- Who certifies the "compliance tester" ?
  - HHS declined to certify the certifier.

The chicken or the egg

- How do I test my transaction ?
  - I am almost ready to start testing.
  - My trading partners are NOT ready yet.
    - Payers say this.
    - Providers say it too.

"Almost ready" syndrome

- I am not "done" yet…
  Almost ready…
  - Not ready for expensive Trading Partner exchange
  - Assurance: I am going to work in isolation a little more, until I am ready.

Breaking the cycle

- Early phase testing system.
  - Start testing as early as possible.
  - Confidential Testing against a neutral third party, not my trading partner.
  - Know where you are.
- Late phase certification system.
  - Now I am really ready.
  - I want the world to know.

Outgoing Testing

- Six levels of testing recommended by SNIP:
  - X12 syntax integrity
  - Implementation Guide requirements
    - Loops, valid segments, elements, codes
  - Balancing of amounts
    - Claim, remittance, COB, dates, etc.
  - Code sets
    - X12, ICD-9, CPT4, HCPCS, Reason Codes, others
  - Situational requirements
    - Inter-segment dependencies
  - Specialty or Line of Business
    - Oxygen, spinal manipulation, ambulance, anesthesia, DME, etc.
- Above level 6, trading partner specific

Outgoing Testing

Considerations

- Multiple "interchanges," "functional groups," or "transactions" per file.

- Multiple versions of HIPAA guides.

Incoming Testing

- Test data to test your own translator functionality
- Documented library of Static Tests being built by WEDI SNIP workgroup
  - Both Compliant and "typical errors"
  - Downloadable from the Internet
  - Each test file will be documented
- Dynamic user generated test cases
  - Test your own boundary conditions, loop limits, etc.
  - Customize at high or low level of detail
  - User provided data in dynamic response
- Transactions are complex
  - "How to" examples for developers
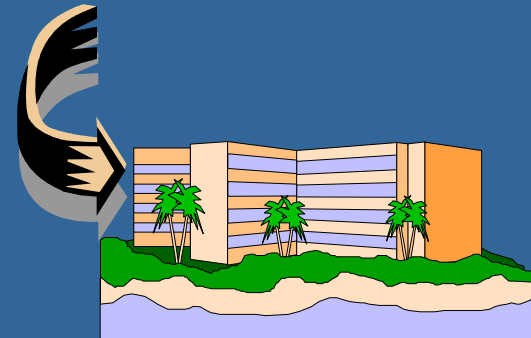
Other testing considerations

- Privacy issues
  - Testing with synthetic transactions
  - Using "live" data or de-identified transactions
- Quality of test data
  - Synthetic well defined tests
  - "Live" data must be representative of provider's business.
- Multiple simultaneous versions of HIPAA guides
- Reporting of test results
  - Transaction: 997, 277, 824, other?
  - Readable result
    - Paper or electronic?
    - X12, NSF, or UB92 "reference" error messages?

HIPAA code sets

- Standards for code sets
  - Developed by private and public entities
    - CPT4 (changes yearly)
    - HCPCS Level II (many new national codes expected)
    - ICD-9-CM (small changes yearly, then ICD-10 hits the fan)
    - CDT3 (recently implemented in 2000)
    - NDC (not quite going away…)
    - X12 (new code sets for most users)
    - NCPDP (new codes for version 5.1)
  - Created codes sets where none were available
    - Adjustment reason codes, Payment remarks, etc.
- How are we going to test for code sets?

Telecommunications

- No HIPAA standards
- Hodgepodge of bulletin board systems today
- Things to look for:
  - Dial-up with Kermit, X/Y/Zmodem
  - TCP/IP with FTP for direct submitters
  - SSL connectivity over Internet for real time or fast batch transactions
  - Other Internet (EDIINT, PGP+FTP ?) with encryption

Testing Challenges

- How to test my trading partners within the compliance dates?
  - Without becoming their "EDI trainer"
  - Without constant disputes and finger pointing
  - Without disrupting my production
  - Without losing my shirt
- How are payers and clearinghouses going to test all the small submitters?
- Is "certification" the solution?
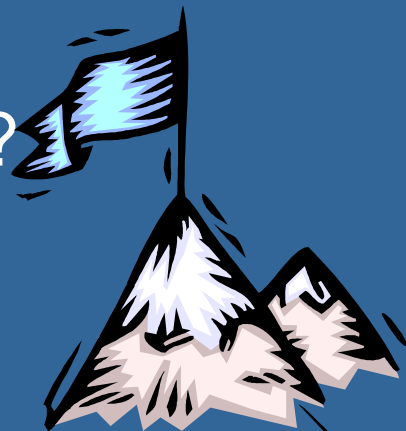
Industry Business Relationships

Physician		Payers
Hospital		HMOs
Pharmacy		HCFA
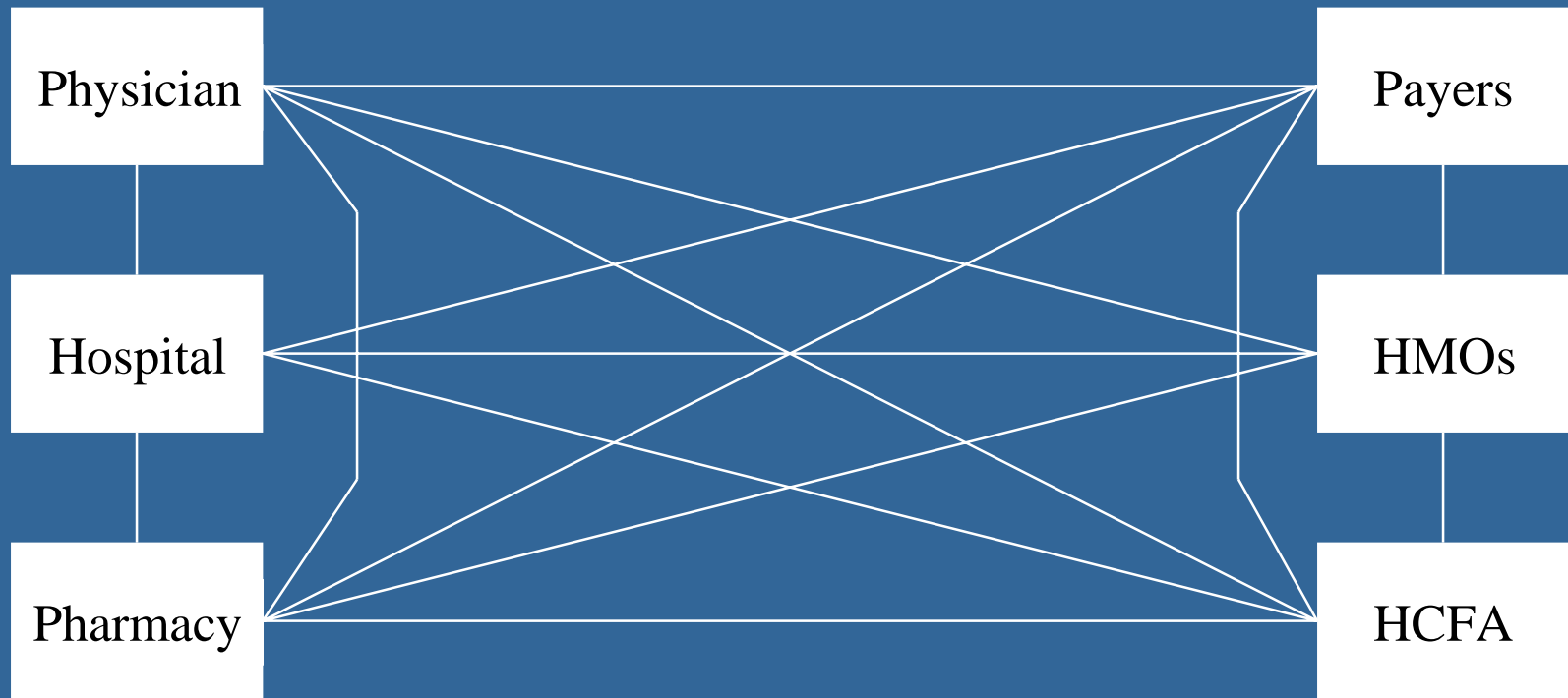
Business Relationships

- Example
  - 6 Players
  - 15 Connections
- Participants
  - 100,000 Medical Sites
  - 55,000 Pharmacies
  - 5,000 Hospitals
  - 1,700 Payers
  - 400 HMOs
  - 150 Medicaid, Carriers, Intermediaries

- Total Connections
  - 100,000 x 20 Physicians
  - 100,000 x 15 Pharmacies
  - 100,000 x 5 Hospitals
  - 100,000 x 400 Payers
  - 100,000 x 5 HMOs
  - 100,000 x 2 HCFA
  - 55,000 x 15 Pharmacies
  - 55,000 x 15 Hospitals
  - 55,000 x 100 Payers
  - 55,000 x 5 HMOs
  - ETC.
- Over 57 Million connections

Real world
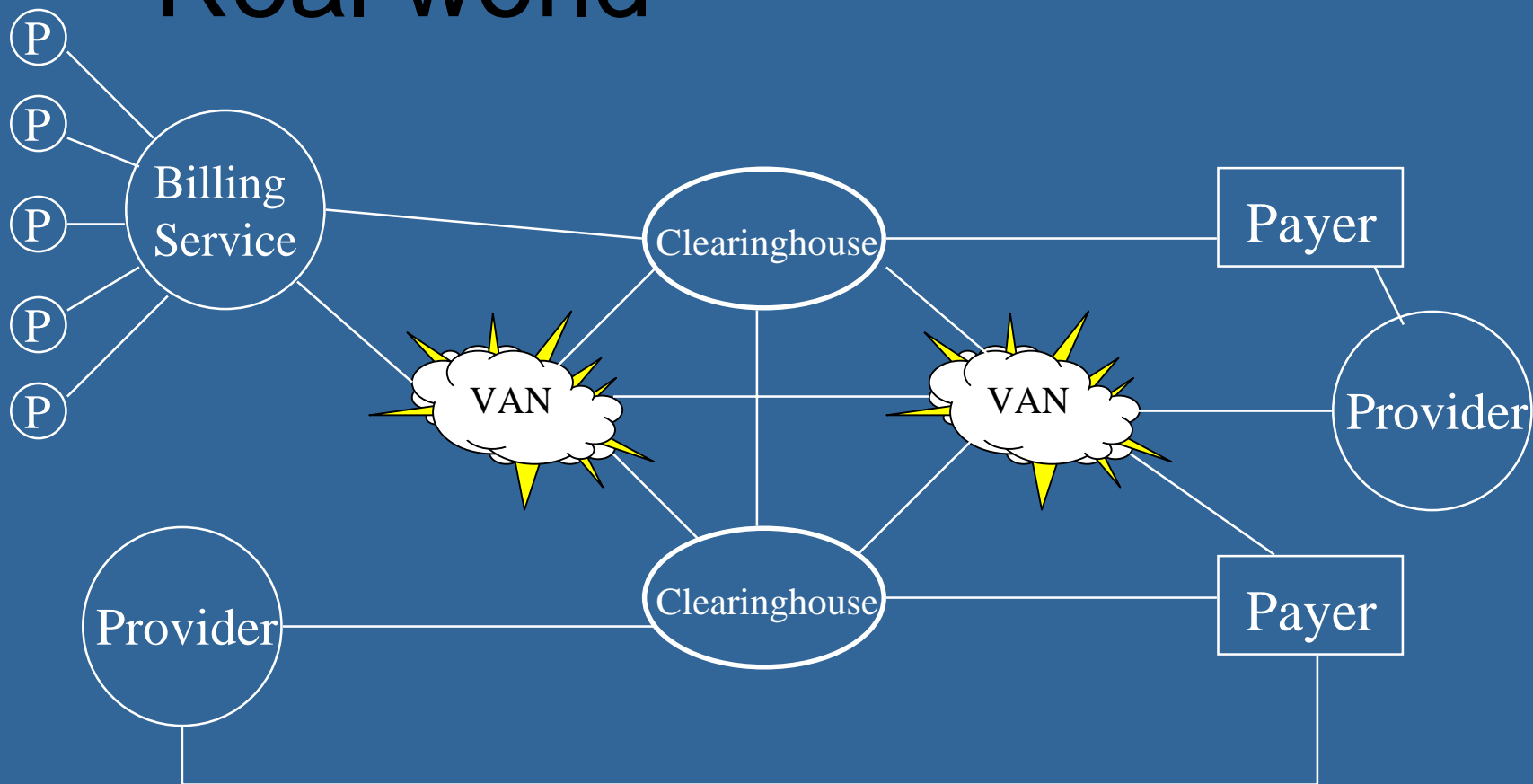
Simplified Connectivity Model

HIPAA compliant nonsense

- Nonsense data certifiable as in compliance with IGs.
- Multiple levels of testing:
  - IG spells out requirements for HIPAA compliance.
    - Minimum requirement.
    - Tested as per WEDI SNIP levels 1-6
  - Additional "Business" requirements
    - Filter out non-sense
    - Needed for interoperability

Examples of "Business" Requirements

- "Balancing of dates"
  - Transaction, service, admission, etc.
- Use of qualifiers
  - HIPAA identifiers are not ready yet.
  - Identifier in both NM109 and REF03
- Transaction specific issues
  - In-patient claim without room and board revenue codes

Food for thought

- If you have a ruptured appendix, would you let a doctor operate on you?

  – What if he only has a doctorate in English?

- Qualifications matter.

  – The "HIPAA Certification" needs to be qualified.

Certification vs. Testing

- Testing is for yourself, or between yourself and your trading partners
- Certification is by third parties
- Certify once, use certification in many trading partner relationships
  - Simplify testing
  - Reduce cost of testing phase
- Certification should be recognized by all trading partners
- Certification must be done by a neutral third party
- Certification process must be disclosed, verifiable, and accepted by industry

Certification under HIPAA

- Voluntary "Compliance Testing"
- Self Certification
  - What is the value?
- Third party certification
  - Not required by HIPAA
  - Screening mechanism for Providers before starting testing
  - May be required by trading partner as part of the Trading Partner Agreement
- Who certifies the certifier?
  - Issues with quality and depth of testing

Certification Challenge #1

- Each entity has unique requirements
  - Commercial payer, HMO, Medicare.
  - Generalist, specialist, ambulance, anesthesiologist, chiropractor, etc.
- Cannot have a "generic" certification.
- Multiple "Certification Categories."
- Must consider submitter capabilities and receiver requirements

Certification Challenge #2

- Certification of the capability to receive incoming transactions
  - Self reporting not enough
  - Same specialty or line of business issues as in Challenge #1
  - Must "demonstrate" the capability

Value Proposition of Certification

- Faster testing of trading partners
- Uniform across the multiple states
- Lower cost of implementation for both Providers and Payers
  - Substantial elimination of point-to-point testing
- Administrative Simplification

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