

## The ASCA Compliance Plans, Testing, and Transactions Deployment

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#### **Topics**

- ASCA Compliance Plans Tables
- Testing options under HIPAA
- The ASCA extension and testing
- The WEDI SNIP testing model
- Myths
- Measuring progress



## Summary of ASCA data

Entity Type	Percent	Number	
Clearinghouse – Health Plan	0.0%	258	
None	0.2%	1,207	
Clearinghouse – Health Plan – Provider	0.3%	1,525	
Health Plan Provider	0.5%	2,631	
Clearinghouse	1.0%	5,478	
Health Plan	6.5%	35,928	
Provider	91.4%	501,617	
		548,644	



## Provider Types

Provider Type	Percent	Number
Hospice	0.4%	1,459
Home Health Agency	1.6%	6,612
Hospital	1.9%	8,052
DME Supplier	2.5%	10,513
Nursing Home	2.8%	11,642
Pharmacy	3.4%	14,090
Dentist	8.5%	35,443
Other	34.6%	143,805
Physician/Group Practice	44.2%	183,692
		415,308



## Multiple Reasons for Delay

Number of Reasons	Respondents		
1	123,077		
2	109,381		
3 ← Median	101,355		
4	80,625 <mark>90%</mark>		
5	51,063		
6	35,464		
7	19,542		
8	11,401		
9	6,491		
10	3,671		
11	5,686		
12	888		



## Reason for Delay

Reason for Delay	Percent
Implementation Time	67.5
Waiting on Vendor	47.1
Standards Information	46.0
Testing Time	40.6
Clarification	34.5
Waiting on Clearinghouse	33.2
Money	16.6
Hardware	15.7
Staff	12.3
Data Requirements	9.4
Other	8.1
Codeset Implementation	6.7



#### **Estimated Cost**

Estimated Cost Range	Percent of Respondents
<\$10,000	35.9
\$10,000 - \$100,000	20.0
\$100,000 - \$500,000	5.1
\$500,000 - \$1M	1.7
Over \$1M	2.4
Don't Know	35.0



## Estimated days to complete

		Days						
Phase	Num	Max 😍	95%	75%	50%	25%	5%	Min
Awareness	208,414	335	273	122	61	0	0	0
Operational	444,941	3,257	550	365	184	92	0	0
Testing	531,140	3,136	487	212	153	90	0	0
All Three	300,584	2,922	669	395	304	153	0	0



#### 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
- Not specified in ASCA
  - Internal testing
  - External testing (Testing with Trading Partners)



#### The ASCA extension

- Did YOU file for the ASCA extension?
  - What is YOUR plan for testing the transactions?
- If a vendor is testing...
  - Vendors are not Covered Entities
  - Does the provider / client need to test?
  - Does the clearinghouse or vendor testing cover all of its clients?



#### HIPAA - ASCA Testing Options

- No testing of transactions.
  - "Testing is not required by HIPAA." 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.



#### 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

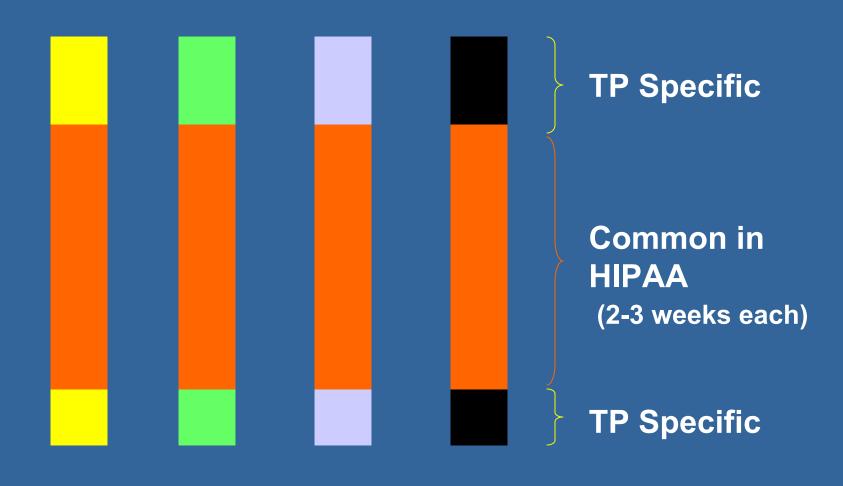
2-3 weeks

3-4 days

3-4 weeks

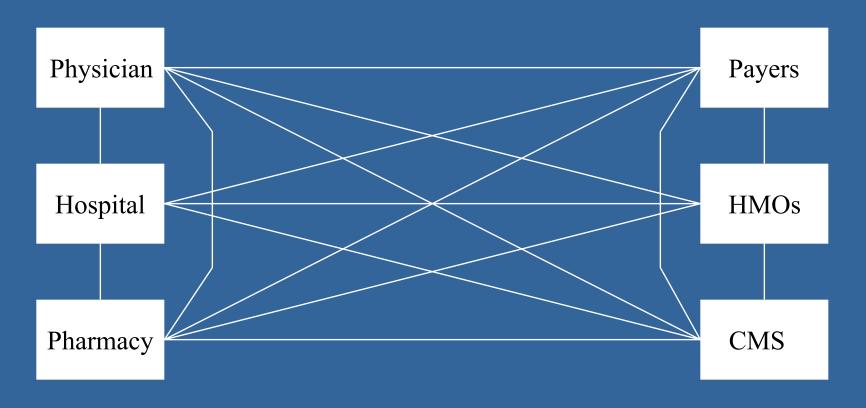


## Testing with multiple Trading Partners

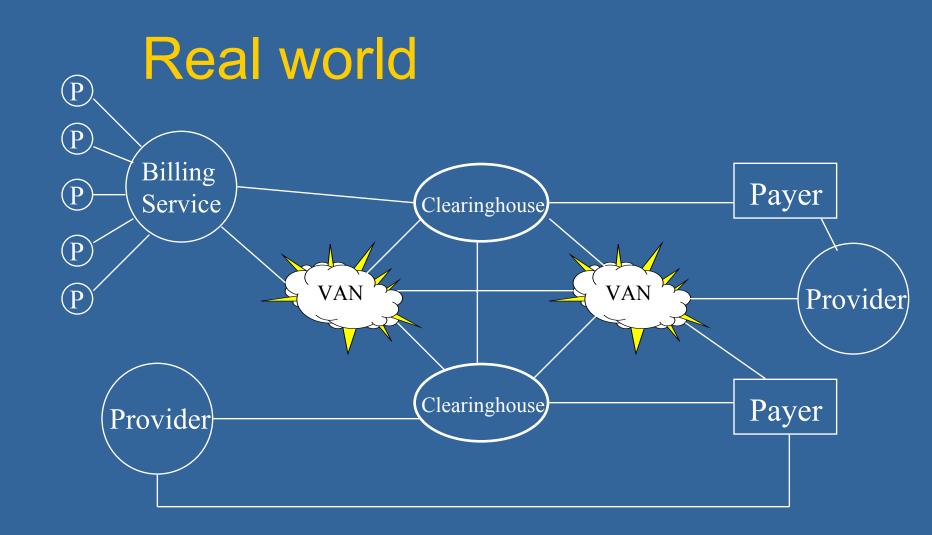




## Industry Business Relationships







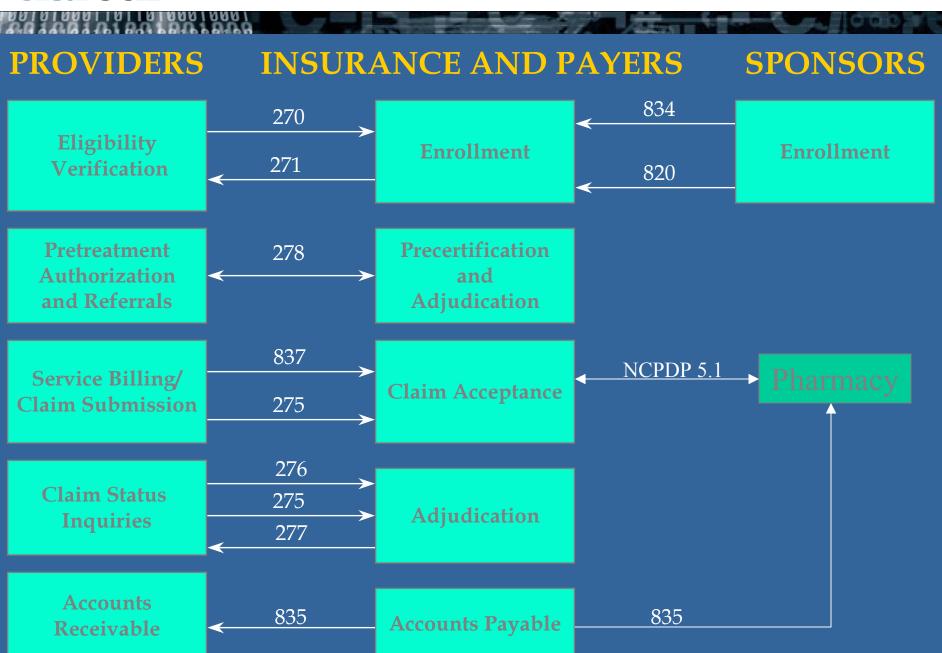
Simplified Connectivity Model



#### 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

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#### 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

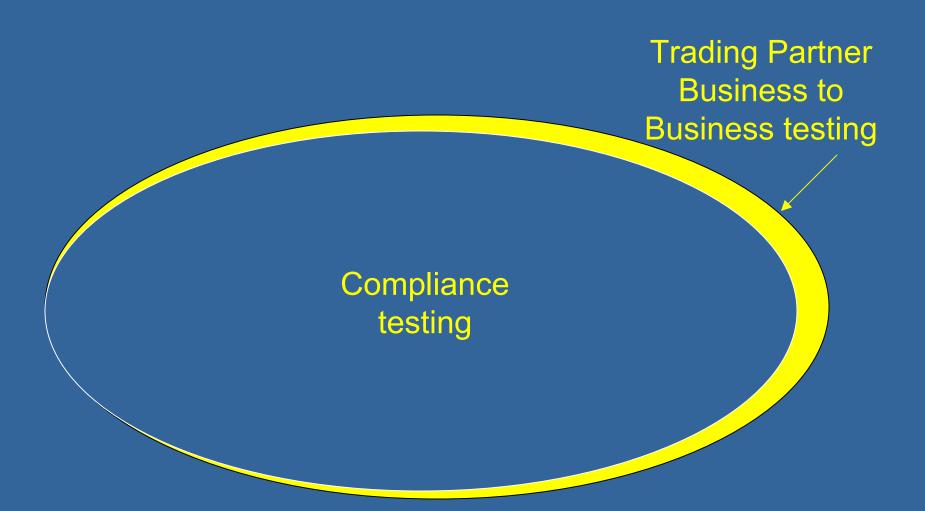


## **SNIP Compliance testing**

- "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.



#### The ideal HIPAA scenario





## The cell phone model







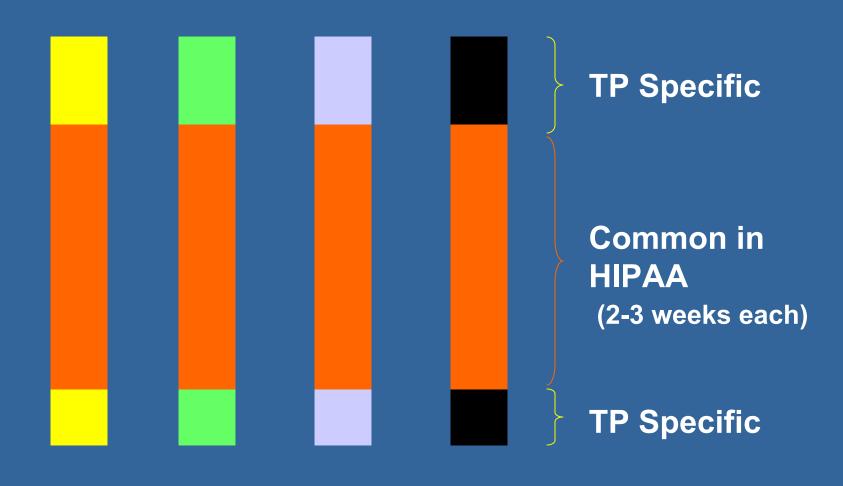






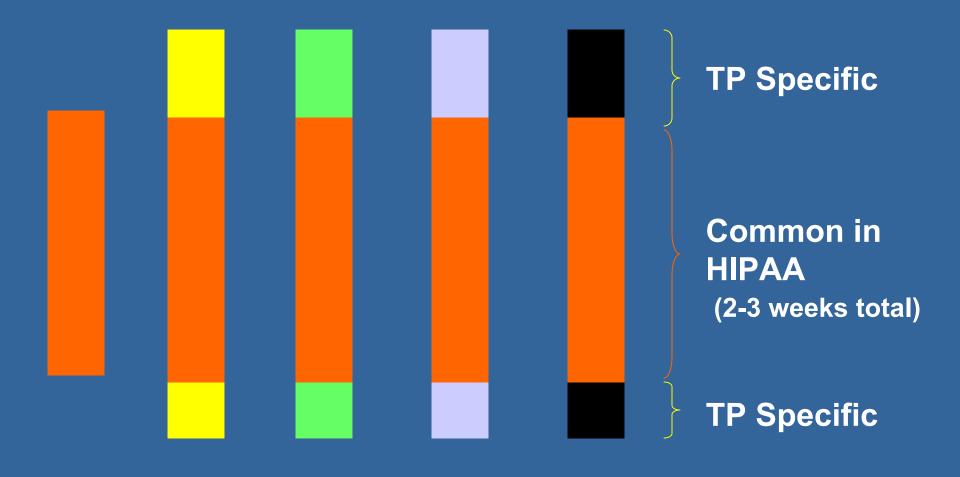


## Testing with multiple Trading Partners





# Certification prior to Testing with multiple Trading Partners





# Certification prior to Testing with multiple Trading Partners

TP Specific

Common in HIPAA

TP Specific



#### 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

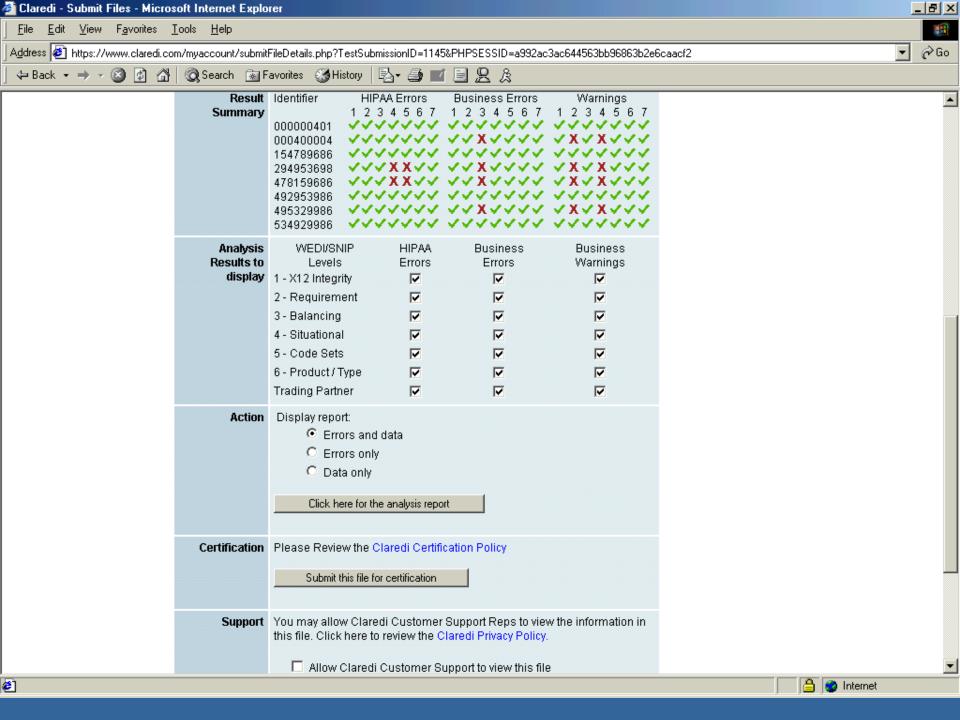
#### Certification is not

- 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.



#### 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

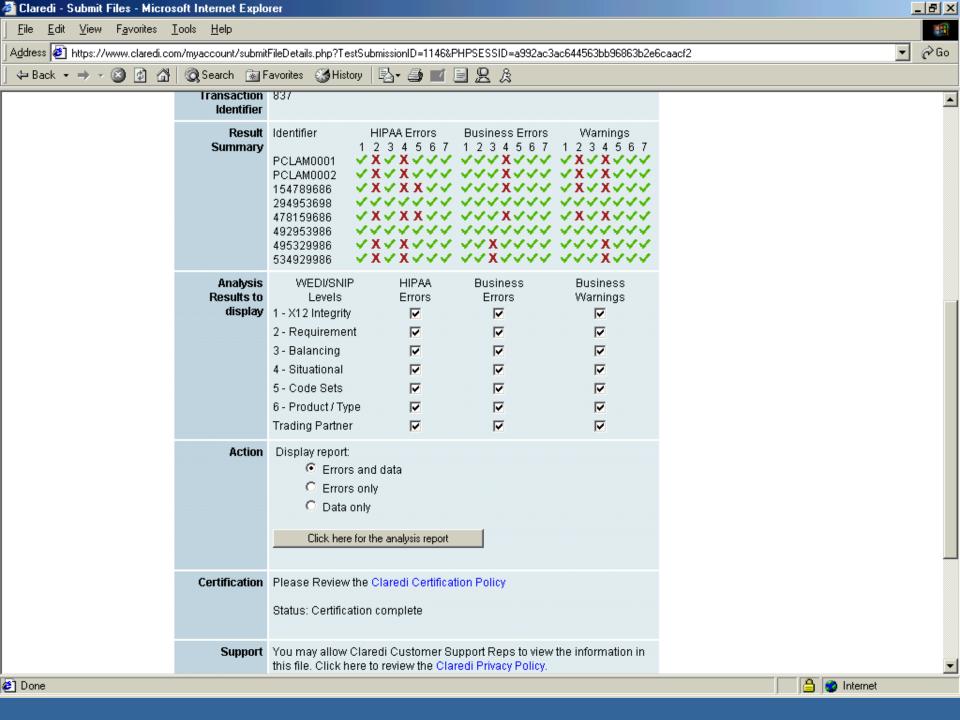




#### The "Blanket Approval" myth

(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 ⇒ different requirements
  - Different software version ⇒ different data stream and contents
  - Different EDI format to clearinghouse ⇒ different content capabilities
  - Different provider site install ⇒ different customization
  - Different users ⇒ 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





## 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?



#### Progress not perfection

- Perfection may be impossible
  - Industry standard is 95% today
- Incremental progress
  - Implement some transactions, not others
  - Implement some Bill Types, not others
- Not all claims will be compliant
  - Gap filling issues
  - Implementation guide errors
  - Legacy data, data errors



## Measuring Progress

- Measure your own transactions
  - Inbound
  - Outbound
- Measure against what?
  - Reference testing and certification svc.
  - Trading partners' rejections
- Start at 80-85% acceptance rate
  - Increment by 5% every 6 months



#### 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!





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