



**HIPAA Compliance for Practices Made  
Easy:  
How Outsourced Billing and Collections  
Can Get You There**

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HIPAA  
developments  
to date

- ⌘ By April 14, 2003, all physicians are required to be fully compliant with HIPAA's Privacy policies ... they weren't
- ⌘ By October 16, 2003, all physicians and payors were required to be compliant with HIPAA's new national Transactions standards ... they weren't
- ⌘ Final Security regulations take effect in 2005 (though there are implicit Security requirements in the Privacy regulations) .. they won't be
- ⌘ SOOOO ... *private* enforcement of the law is starting to happen
  - Medical Societies and AMA getting angry and confused
  - Claim bounce-back is going WAY UP



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It's partly a  
technology  
problem

Technology to:

- ⌘ view all privacy-related information about a patient via a “privacy dashboard”
- ⌘ see and edit a patient privacy summary that accompanies each patient throughout care
- ⌘ track and report out on all disclosures
- ⌘ manage/store/print compliance forms
- ⌘ user access controls and audits all user behavior (strong passwords, T.O.D. restrictions, auto logoff, etc.)
- ⌘ Create/manage new fields to keep track of changing business rules at payors
- ⌘ Perhaps even technology to reshape transaction formats



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It's partly a  
knowledge  
problem

Knowledge is  
needed to:

- ⌘ Understand the “core regulation” carefully
  - Payors often get them wrong
- ⌘ Key track of changes in “companion guide” content
  - Payors (and even Uncle Sam) change them
- ⌘ Understand (this is the hardest one) what claim intermediaries actually can and can't do and know what to do about “droppage”



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It's partly a  
work problem

- ⌘ Push the knowledge where it needs to be to make a difference (all day long)
- ⌘ Police the technology to make sure it is used correctly
- ⌘ Practice with intermediaries and other covered entity until all the glitches are out
- ⌘ Persist with laggards (payors, intermediaries, providers, administrators)
  - Incomplete referring provider tables
  - Incorrect transaction guides
  - Incontinent transaction processors



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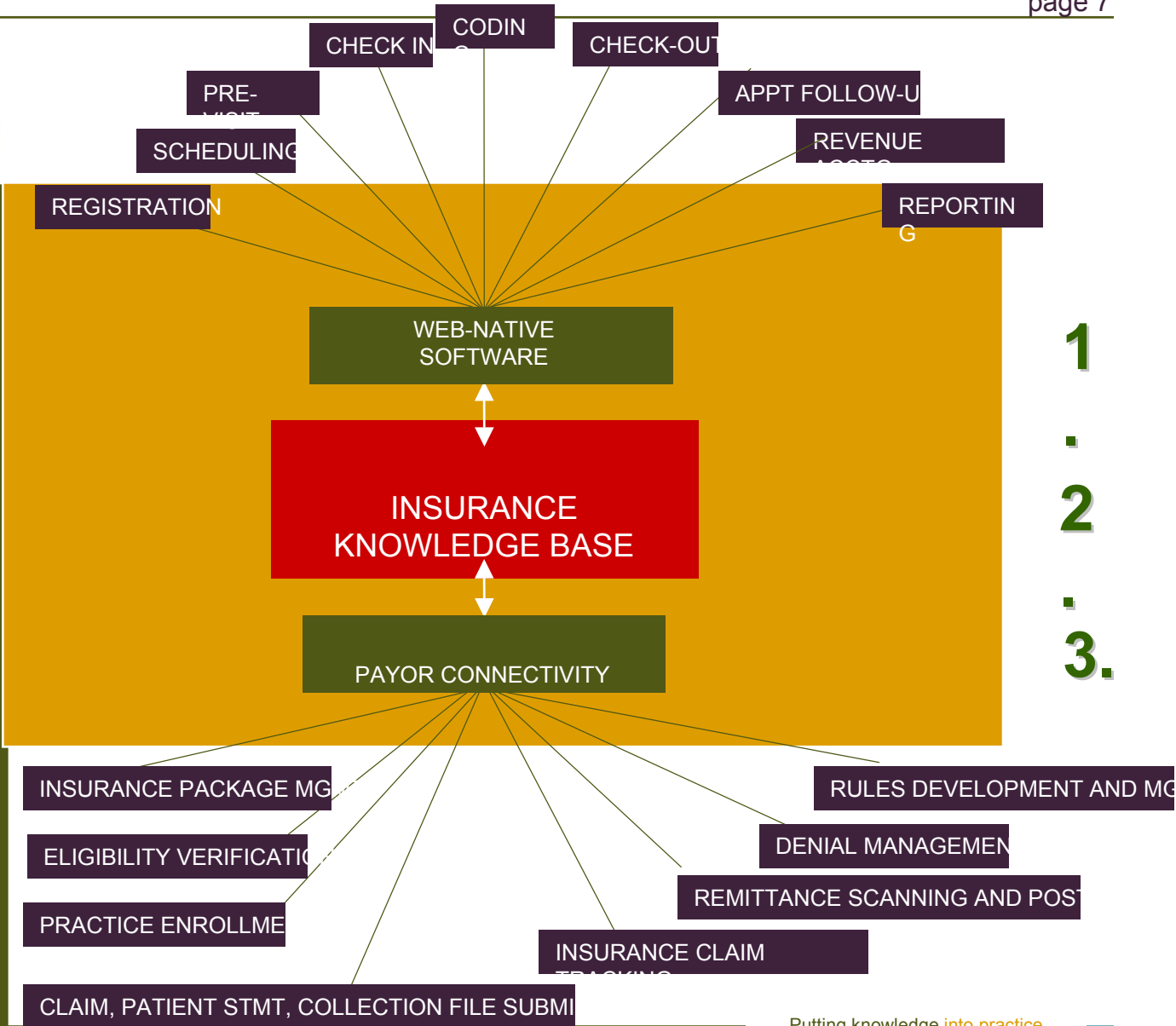
It's all three!

- ⚠ Each can be had separately... if you like “you people” syndrome
- ⚠ Each can be put off ... if you like rolling dice
- ⚠ ALL could be done internally ... but
  - be sure you are CHOOSING such a non-care-related strategic focus on purpose
  - be sure you are big enough to specialized enough to be effective without being really really really expensive



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Otherwise  
"CO-SOURCE":  
Outsource the  
non-patient care  
stuff &  
invest in the  
patient  
experience



1  
2  
3.



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OK, so how do  
we pay for it?

- ⌘ Huge amounts of research
- ⌘ Huge amounts of software features
- ⌘ Huge amounts of follow-up/check-up work





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Answer:  
a financially  
aligned, “public  
good”  
business  
model

- ⌘ Each investment in knowledge, technology and work automation is shareable by a much wider, financially and operationally aligned audience than would ever be possible at any one group
- ⌘ Use of web-native infrastructure dramatically reduces both cost of entry and cost of currency
- ⌘ Focus on “cleaning claim blockages” garners more supply chain cooperation than we ever imagined



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What your  
PMIS vendor  
should be  
doing for you  
on  
Transactions

- Building out the new HIPAA transaction set
- Transaction compliance testing: 7 types of testing independent of each other and designed to verify ability to generate new transactions
- Certification: Formal certification of HIPAA Transactions compliance by an independent 3rd party (not legally required by HIPAA, but a “best practice” nonetheless). (athena’s 3<sup>rd</sup> party certifier: Claredi). True best practice is “line-of-service”-specific certification
- Business-to-business testing: testing ANSI claims on a payor by payor basis to make sure that the vendor addresses any issues that are specific to a given payor’s interpretation of the ANSI standard



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What your  
PMIS vendor  
should be  
doing for you  
on  
Transactions  
(continued)

- Integration of new claim data capture requirements seamlessly in the workflow: i.e., allow practices to enter all information situationally required to submit claims using the new ANSI standard format. PMIS should be configured to show only those fields necessary to submit claims for the Lines of Service for which they bill

Patient's Condition Related to	Employment <input type="text"/>	Auto Accident <input type="text"/>	Other Accident <input type="text"/>
Referring Provider	chooseView		
Prior Auth Number	<input type="text"/>		
Notes	<input type="text"/>		

Specialty Fields			
Possible Specialties	<input type="checkbox"/> Post-Operative Care	<input type="checkbox"/> Diagnostic Lab Services	<input checked="" type="checkbox"/> Occupational Therapy

Occupational Therapy	
Ordering Provider	chooseView
Order Date	<input type="text"/>
Last Seen Date	<input type="text"/>

From	To	POS	Procedure	Units	Diagnoses Justifying this Procedure	FP	EP SDT	EMG	NOC Code Note
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	edit



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Example:  
patient  
privacy  
summary

athenaNet v8.0 SA - Sue Henderson - Microsoft Internet Explorer

### athenanet

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SA - Sue Henderson (shenderson)

[Find Patient](#) | [Find Claim](#)

33139 by id

[Daily Patient Schedule](#) | [View Claims](#)

Dept: BLUE HILL (HUB)

Date: 04/21/2003

#### SCHEDULING HELP

To view a schedule, choose a department, a date, and press Go. The appointments for that day will appear here.

## Quickview: SMITH, BETH M #33139

**action bar** click this bar to edit registration info, schedule the patient, print labels, etc.

**Patient Notes**  
4 pt's records were transferred to Dr. Schofield on 05/13/02

**Patient Outstanding**  
\$0.00 [view billing summary](#)

**Currently Admitted To**  
Not admitted [admit patient](#) [view admit history](#)

**Patient Privacy**  
Notice Given  Release of Info on File  Assignment of Benefits on File  [privacy](#)

**Last Name** SMITH **Status** Active

**First Name** BETH **Sex** Female

**M. Name + Suffix** M **Home Phone** (555) 123-4321

**Prev LastName** **Work Phone** (888) 123-4567

**DOB** 06/19/1930 **Primary Department** MAIN ST (HUB)

**SSN** 496580081 **Usual Provider** mcollins

**Address** 8762 STONERIDGE CT **Marital Status** MARRIED

**Zip** 01440 **Ethnicity**

**City** GARDNER **CompuSense Record#** 3674

**State** MA **Hospital Medical Record#**

**Email** demo@athenahealth.com

#### cbo notes

New Note

Start | Yahoo... | Inbo... | HIPA... | Micro... | https... | athe... | 9:53 AM



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Example:  
privacy alerts  
in the  
workflow

Dept. of Registration	BLUE HILL (HUB)	Guarantor Zip	
Primary Department	BLUE HILL (HUB)	Guarantor City	
Chart Home		Guarantor State	
Languages			
Ma			guarantor)
Dec			
Ho			
Reg Form Date Received	01/14/03		
How did you hear about us?			
Specify (if Other, above)			
Notice of Privacy Practices Given?	<input type="checkbox"/>		
Patient Signature on File Authorizing Release of Billing Information?	<input checked="" type="checkbox"/>		
Insured Signature on File Authorizing Assignment of Benefits?	<input checked="" type="checkbox"/>		
Internal (Private) Notes			
Statement Note			
	Save	Save and Schedule	Cancel

Microsoft Internet Explorer

? You have not checked whether the Notice of Privacy Practices was given. Continue?

OK Cancel



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Example:  
time of day  
restrictions  
by user,  
auto-logoff  
features

### Users

#### Update User

Username	<input type="text" value="nsommers"/>	Organization	<input type="text" value="Client of AthenaHealth"/>
Last Name	<input type="text" value="Sommers"/>	DOB	<input type="text"/>
First Name	<input type="text" value="Nan"/>	Hire Date	<input type="text"/>
Department Name	<input type="text"/>	<b>Security-Related Fields</b>	
Position	<input type="text" value="Receptionist"/>	New Password	<input type="text"/> <i>Unchanged if left blank</i>
Voicemail	<input type="text"/>	Account Expiration Date	<input type="text"/> <i>Will not expire if left blank</i>
Pager #	<input type="text"/>	Force Change Password on Next Login?	<input type="checkbox"/>
Pager Pin	<input type="text"/>	Block Account?	<input type="text" value="No"/>
Email	<input type="text" value="nsommers@demo"/>	Session Timeout	<input type="text" value="10"/>
		Time-of-day Restrictions	<a href="#">hide</a>
		Allowed Days	Allowed Hours
		<input checked="" type="checkbox"/> Monday	<input type="text" value="7AM"/> to <input type="text" value="1PM"/> <input type="text" value="EST"/>
		<input checked="" type="checkbox"/> Tuesday	
		<input checked="" type="checkbox"/> Wednesday	
		<input type="checkbox"/> Thursday	
		<input type="checkbox"/> Friday	
		<input type="checkbox"/> Saturday	
		<input type="checkbox"/> Sunday	



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## Final words of advice

- PMIS vendors should be helping you with the points described today
- Ask your vendor if they are doing these things – and ask to see the details (don't accept the standard vendor "brush-off" answer: "Oh, we're HIPAA-compliant, definitely," or, worse yet, "HIPAA schmipaa")
- Legacy vendors are almost certainly going to charge you to do some or all of the things I've mentioned (or make you do them yourselves via a consultant or custom programmers)
- FYI: athenahealth has invested over \$2 million to implement the best practices I've mentioned in this presentation in our athenaNet system. Charge to clients: \$0.